

**Luton & Dunstable University Hospital**  
**Board of Directors**  
**Board of Directors**

COMET Lecture Hall




5 February 2020 10:00 - 5 February 2020 12:00



# AGENDA

#	Description	Owner	Time
1	Chairman's Welcome & Note of Apologies	S Linnett	10.00
2	Any Urgent Items of Any Other Business and Declaration of Interest on Items on the Agenda and/or the Register of Directors Interests	S Linnett	10.05
3	<p>Minutes of the Previous Meeting: Wednesday 6 November 2019 (attached)</p> <p>To approve</p> <p> 3 Minutes Public Board meeting 061119 final.doc 7</p>	S Linnett	10.10
4	<p>Matters Arising - Action Log (no actions)</p> <p>To note</p>	S Linnett	10.15
5	<p>Chairman's Report (verbal)</p> <p>To note</p>	S Linnett	10.20
6	<p>Merger Update (attached)</p> <p>To note</p> <p> 6 Proposed Merger Update Jan 2020.docx 15</p>	D Carter	10.25
7	<p>Executive Board Report (attached)</p> <p>To note</p> <p> 7 Executive Board Report February 2020.doc 19</p>	D Carter	10.30
8	<p>Performance Reports (attached):</p> <p>To note</p> <p> 8 Performance Reports Header.doc 57</p>		
8.1	<p>Quality &amp; Performance</p> <p> 8.1a Q and P Exec Summary.doc 59</p> <p> 8.1b Quality Performance Report Oct Nov Dec dat... 63</p>	L Lees/C Jones/C Thorne	10.40
8.2	<p>Finance</p> <p> 8.2 Finance Report.docx 97</p>	M Gibbons	10.50

#	Description	Owner	Time
8.3	<b>Workforce</b>  8.3 Workforce Report January 2020.pptx 109	A Doak	11.00
9	<b>Clinical Outcome, Safety &amp; Quality Report (attached)</b> To note  9 COSQ Report Oct Nov Dec Jan.doc 115	A Gamell	11.10
10	<b>Finance, Investment &amp; Performance Committee Reports (attached)</b> To note  10 FIP Report to Feb 2020 Trust Board v2.docx 121	I Mackie	11.15
11	<b>Hospital Re-Development Committee Reports (attached)</b> To note  11 Hospital Redevelopment Report - February 20.d... 127	M Prior	11.20
12	<b>Audit &amp; Risk Committee Report (attached)</b> To note  12 Audit and Risk Committee Report Feb 2020.doc 131	S Barton	11.25
13	<b>Charitable Funds Committee Reports (attached)</b> To note  13 Charitable Fund Board Report January 2020.doc 135	S Linnett	11.30
14	<b>Digital Strategy Committee Report (attached)</b> To note  14 Digital Strategy Committee Board Report Feb 2... 139	A Gamell	11.35
15	<b>Workforce Committee Report (attached)</b> To note  15 WorkforceCommitteeSept19.docx 143	R Mintern	11.40
16	<b>Risk Register (attached)</b> To note  16 RR February 2020.doc 149	V Parsons	11.45

#	Description	Owner	Time
17	<p><b>Board Secretary Report (attached)</b></p> <p>To ratify</p> <p> 17 Board Secretary Report - February 2020.doc 153</p> <p> 17a CFC Terms of Reference reviewed November... 155</p> <p> 17b RemNomCo ToR August 2019.docx 159</p>	V Parsons	11.50
18	<b>Details of Next Meeting: Wednesday 6 May 2020, 10.00am in COMET Lecture Hall</b>		
19	<b>Close</b>		

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## BOARD OF DIRECTORS

Agenda item	3	Category of Paper	Tick
<b>Paper Title</b>	Minutes of the Meeting held on Wednesday 6 November 2019	<b>To action</b>	<input checked="" type="checkbox"/>
<b>Date of Meeting</b>	5 February 2020	<b>To note</b>	<input type="checkbox"/>
<b>Lead Director</b>	David Carter, Chief Executive	<b>For Information</b>	<input type="checkbox"/>
<b>Paper Author</b>	Donna Burnett, Trust Board Secretary	<b>To ratify</b>	<input checked="" type="checkbox"/>
<b>Indicate the impact of the paper:</b> <b>Financial</b> <input checked="" type="checkbox"/> <b>Quality/Safety</b> <input checked="" type="checkbox"/> <b>Patient Experience</b> <input checked="" type="checkbox"/> <b>Equality</b> <input checked="" type="checkbox"/> <b>Clinical</b> <input checked="" type="checkbox"/> <b>Governance</b> <input type="checkbox"/>			

<b>History of Committee Reporting and Date</b>	N/A
<b>Links to Strategic Board Objectives</b>	All objectives
<b>Links to Regulations/ Outcomes/External Assessments</b>	CQC Monitor
<b>Links to the Risk Register</b>	All Board Level Risks rated High Risk (15+)

<b>PURPOSE OF THE PAPER/REPORT</b>  To provide an accurate record of the meeting.
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<b>SUMMARY/CURRENT ISSUES AND ACTION</b>  Matters arising to be addressed through the action log.
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<b>ACTION REQUIRED</b>  To approve the Minutes.
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Public Meeting



Private Meeting



**THE LUTON & DUNSTABLE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST  
BOARD OF DIRECTORS**

**Minutes of the meeting held on Wednesday 6 November 2019**

**Present:** Mr Simon Linnett, Chairman  
Mr David Carter, Chief Executive  
Ms Angela Doak, Director of Human Resources  
Mr Matthew Gibbons, Director of Finance  
Ms Catherine Thorne, Director of Quality & Safety Governance  
Dr Danielle Freedman, Chief Medical Adviser  
Ms Annet Gamell, Non-Executive Director  
Mr Simon Barton, Non-Executive Director  
Ms Gill Lungley, Non-Executive Director  
Mr Ian Mackie, Non-Executive Director  
Mr Mark Prior, Non-Executive Director  
Mr Mark Versallion, Non-Executive Director

**In attendance:** Ms Donna Burnett, Trust Board Secretary (minute taker)  
Ms Victoria Parsons, Associate Director of Corporate Governance  
Ms Philippa Graves, Director of IT  
Mr Dean Goodrum, Director of Estates  
Mr Peter Howitt, Director of System Redesign (agenda item 8)

**1. CHAIRMAN'S WELCOME & NOTE OF APOLOGIES**

The Chairman opened the meeting, noting it was a meeting in public and that questions (other than points of clarity), would be taken at the conclusion of the agenda. Apologies were noted from Liz Lees, Director of Nursing and Cathy Jones, Deputy Chief Executive and Richard Mintern, Non-Executive Director.

**2. ANY URGENT ITEMS OF ANY OTHER BUSINESS TO BE DECLARED AND ANY DECLARATIONS OF INTEREST**

There were no declarations of interest relevant to items of the agenda.

**3. MINUTES OF MEETING HELD ON WEDNESDAY 31 July 2019**

The minutes of the meeting held on 31<sup>st</sup> July 2019 were approved as a true and accurate record.

**Proposed:** Gill Lungley

**Seconded:** Annet Gamell

**4. MATTERS ARISING (ACTION LOG)**

There were no matters arising.

**5. CHAIRMAN'S REPORT**

The Chairman reported that work had been undertaken to look at how the



Council of Governors would develop and progress following the merged status with Bedford Hospital, including the public membership and the appointment of new governors to the Council for the Bedford borough (and surrounding counties) constituency. The Board were asked to note that a new framework for NED remuneration had recently been issued and that it was the Council of Governors who were responsible for setting the remuneration levels of the Non-Executive Directors through the Nomination and Remuneration Group.

The Chairman explained that there had been an increase in the number of patient admissions and increased levels of acuity observed in the Trust which had placed departments under extreme pressure to maintain the level of performance. The Chairman thanked the staff on behalf of the Board for the significant level of support they had provided during a difficult period.

## **6. MERGER UPDATE**

The Chief Executive updated the Board on the progression around the merger with Bedford Hospital and reported that work had continued at a good pace and the business case continued on track to be delivered in early December 2019. Discussions around the underlying financial position had also taken place with the regional Director of Finance.

The Board were informed that a shadow board had been appointed and conversations undertaken with the Derby and Burton Hospitals to look at lessons learned from their recent merger. The Chief Executive reported that that there had been engagement with general managers and clinicians at an evening event, and there had been positive discussions around new structures to ensure streamlined working; final designs were being pulled together.

The Board acknowledged that the key to success would be good planning to ensure that performance was maintained across both sites in light of the risks and challenges the merger would present.

## **7. EXECUTIVE BOARD REPORT**

The Chief Executive presented the Executive Board report and highlighted key areas for the Board. There had been a good response from junior doctor trainees around the maintained level of support provided by the Deanery which had been an area of positive improvement for the medical education team.

There had been pressure on in ED and teams had focused on supporting patient flow through to ensure safe discharge into the community.

The Chief Executive informed the Board that the JAG accreditation of endoscopy services had been complementary on the leadership and teams; but there had been challenge presented on the opening of endoscopy areas for contingency purposes which the team had agreed to address.

The Board were informed of the number of developments across pharmacy and medicines with digital upgrades to enable streamlined joined up services.

A large platform of digital change had been carried out, with the next business case for the roll out of ePMA. The funding received for the GDE to commence Phase 3 programmes would be spent carefully, with support being provided by the STP.

Non-Executive Directors noted the scale of planning and the efforts to mitigate risk in the delivery of such large scale projects and thanked the Board and staff for the immense work that had been undertaken to drive digital improvement.

## **8. BLMK Longer Term Plan**

Mr Howitt presented the BLMK long term plan and explained that there had been a large number of different partners and boards who had input into the development of the plan. The document would demonstrate to NHSi/E that the BLMK had implemented the national improvements and recommendations issued.

The Board noted that the BLMK plan would not be published until after purdah, but a video for public engagement would be created. The BLMK plan would be issued to all Boards for discussion and feedback.

The Board continued to discuss the challenges and opportunities the plan would present including the risks, both financially and system wide.

The Chief Executive summarised that there would be a need for all partners to come together to have open discussion and agree a strategy going forward.

***The Board supported the Chief Executive in signing off the BLMK Long Term Plan as the right direction of travel, noting that further detailed planning would be required to deliver the plans.***

The Board noted that the final version would be submitted to NHSi/E in mid-November 2019 and that any urgent comments be submitted to Mr Howitt.

## **9. PERFORMANCE REPORTS**

### **Quality & Performance Report:**

The Director of Quality and Safety Governance presented the report and highlighted a number of key points from the report. There had been a rise in pressure ulcers reported due to the new reporting process which had been implemented and improvements in staff recognising cases. A training package had been put in place and peer reviews undertaken.

The Board were informed that the number of C Diff. cases had increased due to the new reporting on metrics and how the data is collected. Elective waits had increased due to the impact of the pension issues on staffing but there had been a sustained focus on improving 18 week wait times and on the achievement of cancer targets.

The Director of Quality and Safety Governance went on to inform the Board that diagnostic performance remained steady and that funding was being looked at to install a third CT scanner in the Trust.

### **Finance Report**

The Director of Finance informed the Board that the Trust had achieved its control total for Q2 resulting in the payment of provider sustainability funding of £2.1m. There continued to be ongoing pressures with medical pay overspend which continued to impact on finances.

The Board noted that a revised outturn had been issued which had incorporated contingency planning with a challenging winter financially expected. A new capital plan had further been proposed.

### **Workforce Report**

The Director of HR reported that HCA vacancies had increased and a number of initiatives had been put in place to support with retention issues and make a difference for staff, with apprenticeships being offered and nursing led teams in place to provide guidance and support.

There had been an improvement in mandatory training compliance with 'pop-up' training sessions being held on site and safeguarding training showing a steady increase in take-up.

## **10. CLINICAL OUTCOME, SAFETY & QUALITY (COSQ) COMMITTEE REPORT**

The Chair of the COSQ reported that there had been a sustained focus on improving clinical correspondence turnaround times with a significant reduction in backlogs in some areas. The response rate to GPs had shown some slow improvement.

There had been an impact on performance due to the theatres closure for maintenance work, and consultant national pension issues continued to impact on staffing arrangements.

## **11. FINANCE, INVESTMENT & PERFORMANCE (FIP) COMMITTEE REPORTS**

The Board were updated on the financial position and business cases reviewed at FIP. The Chair of FIP outlined a continuing challenging position and ongoing work to review the medical agency spend in key areas of the organisation.

## **12. HOSPITAL RE-DEVELOPMENT COMMITTEE REPORTS**

The Board were updated in regard to progress on the key projects across the site as well as the development of the OBC for the Acute Services Block.

## **13. CHARITABLE FUNDS COMMITTEE REPORT**

The Chair of the Charitable Funds Committee reported that there had been substantial funding received with was very positive and had enabled a number of funding bids to be approved.

## **14. RISK REGISTER**

New risks for note to the Board included:

- The University of Bedfordshire Nurse Training Provision

***DECISION: The Risk Register was received and ratified by the Board.***

## **15. BOARD SECRETARY REPORT**

The Terms of Reference of the Digital (IM&T) Committee and the Workforce Committee were presented for approval.

***DECISION: The Terms of Reference of the Digital Committee and the Workforce Committee were APPROVED by the Board of Directors.***

The Board Secretary Report was received and noted by the Board.

## **ANY OTHER BUSINESS**

No further business was raised.

## **QUESTIONS/COMMENTS FROM NON BOARD MEMBERS**

**The following questions/comments were raised by the audience:**

1. Plea for the Engie staff to be remunerated at the same level as staff on the old NHS Contracts

UNION representative, Mr Winston Dorsett submitted a request to the Board for the outsourcing of housekeeping and cleaning staff to Engie to be brought back in-house at the end of the contract in November 2020 to address the discrepancies in pay between the staff on old contracts and new contracts. Over 2694 signatures to date had been received in support of the proposal.

The Board agreed to engage with staff side representatives as the procurement process progresses.

2. A public briefing on the hospital redevelopment would be held on 16<sup>th</sup> December 2019.

3. Concerns around the Stroke Pathway – Explanation sought

The Chief Executive explained that due to bed pressures, internal workforce issues and external factors, it was a challenge to deliver the level of service, including repatriation, until further capacity could be created.

## **SUMMARY OF ACTIONS**

To be made available after the meeting.

## **16. DETAILS OF THE NEXT SCHEDULED MEETING:**

Wednesday 5 February 2020, 10.00am, COMET Lecture Hall

**CLOSE**

**These Minutes may be subject to disclosure under the Freedom of Information Act 2000, subject to the specified exemptions, including the Data Protection Act 2018, General Data Protection Regulations (GDPR) and the Caldicott Guardian principles**



## BOARD OF DIRECTORS

<b>Agenda item</b>	6	<b>Category of Paper</b>	<b>Tick</b>
<b>Paper Title</b>	Proposed Merger Update	<b>To action</b>	<input type="checkbox"/>
<b>Date of Meeting</b>	5 February 2020	<b>To note</b>	<input checked="" type="checkbox"/>
<b>Lead Director</b>	David Carter –Chief Executive	<b>For Information</b>	<input type="checkbox"/>
<b>Paper Author</b>	David Carter –Chief Executive	<b>To ratify</b>	<input type="checkbox"/>
<b>Indicate the impact of the paper:</b>			
Financial <input checked="" type="checkbox"/> Quality/Safety <input checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Equality <input type="checkbox"/> Clinical <input checked="" type="checkbox"/> Governance <input checked="" type="checkbox"/>			

<b>History of Committee Reporting and Date</b>	N/a		
<b>Links to Strategic Board Objectives</b>	Objective 1 – Deliver the Quality Priorities Objective 2 – Deliver National Quality and Performance Targets Objective 3 – Implement the Strategic Plan Objective 5 – Optimise our Financial Position		
<b>Links to Regulations/ Outcomes/External Assessments</b>	NHS Improvement CQC Commissioners Internal Audit		
<b>Links to the Risk Register</b>	Hospital Redevelopment Non-Achievement of Financial Target Vacancy rates	CCG verification processes Agency costs Backlog maintenance Management capacity	

### PURPOSE OF THE PAPER/REPORT

Update on proposed merger.

### SUMMARY/CURRENT ISSUES AND ACTION

Attached is an update plus a copy of the Stakeholder update on the merger.

### ACTION REQUIRED

To note the Merger update.

Public Meeting



Private Meeting



## **Merger Update – January 2020**

Since the last report to the Board, there has been significant integration progress.

### **Project Management and Oversight**

The Trust has put in place project management to support the merger process. Stephen Conroy, CEO at Bedford Hospital, is the Programme Director supported by a team from Bedford and L&D. A Joint Integration Board with the Executives from both sites oversees the integration programme and the Shadow Board has been in place since October 2019 and meets monthly reporting into both Trust Boards

To develop the integration plans there are eight workstreams in place:

1. Operational and Clinical
2. Workforce
3. Performance and Information
4. Digital
5. Estates
6. Finance
7. Governance
8. Communications

The workstream owners are the responsible Executive Directors (on the shadow board) who lead the plans for integration involving relevant members of their team. This approach of devolved responsibility is the approach chosen by the Joint Integration Board to ensure that the processes for integration are fully embedded, owned and led by those that will be working within those structures.

Engagement across the workstreams has been completed through a series of 'Congresses' and these have demonstrated a high level of engagement and support across the workstreams. Their focus is on safe on Day one and implementation delivery across 2020/21.

### **Due Diligence**

A programme of due diligence has been undertaken across the workstreams supporting the integration. The Trust has also engaged:

- Capsticks to review the contracts and liabilities and Business Transaction Agreement
- Ernst Young as the Reporting Accountants reviewing financial reporting, governance, implementation plans and working capital
- PricewaterhouseCoopers (PWC) to support the Trusts through the integration process

These due diligence reports are in the process of being received by the Boards of both organisations with the final due diligence report due at the private Board on the 5<sup>th</sup> February 2020.

### **Engagement**

#### ***Staff***

Staff engagement has been Ongoing since October 2019.

A merger booklet was issued to all staff across both sites, L&D held have held monthly briefings and reported back to 2500 staff at the Engagement Event in December and Bedford have engaged through their weekly 'The Week' and completed a number of team and leadership briefings.



Clinical engagement initiated in November 2019 and corporate engagement in January 2020. This was supported by three well attended TUPE briefings at Bedford to ensure that all staff were informed of the legal move to the Luton and Dunstable University Hospital NHS Foundation Trust that will then change their name to Bedfordshire Hospitals NHS Foundation Trust.

The L&D and Bedford have consulted on some branding principles and these will form part of the engagement plans for the new integrated Trust.

#### *Public/Stakeholder*

Public engagement initiated back in 2017 and since then, the Trusts have been working closely with the local health economy, Mayors, MPs and other stakeholders. This engagement was restarted in October 2019 and monthly stakeholder briefings have been issued since October 2019. In December 2019, three public briefings were held, one at each site and one offsite. These were well attending and positive meetings. Engagement with the mayors and MPs has been ongoing through this process. A further public engagement is planned for the beginning of March 2020.

#### *Members and Governors*

In 2017/18 extensive work was undertaken to sign up 2000 new members from Bedford Borough and surrounding counties. Contact was made in early December 2019 to all members informing them of the merger plans and to start the process to obtain 5 public governors, six staff governors and one from Bedford Borough Council. The elections have been initiated and the Governors will be in place by the end of March 2020.

Plans are being put in place for the build-up and launch of the new integrated Trust that will include public and staff information and any branding implementation plans.

### **Approvals**

There are key milestones identified for approval that the Trust has met or are working towards:

- Board approval of the Full Business Case and Post Transaction Implementation Plan – Completed and submitted
- Board approval of the Heads of Terms – Completed November 2019
- Engagement with NHSI – Began in December 2019 with interviews of senior leaders and workstreams focussing on finance, workforce, digital, governance, operational and quality validating that the new integrated Trust will be safe on day one.
- Due Diligence – An ongoing process of due diligence with the workstreams and external providers. No material risk issues have been raised to date that would impact on the merger. Final due diligence reports are to be received at the Private Board on the 5<sup>th</sup> February 2020
- Business Transaction Agreement and Board Certifications – These documents have been drafted and final approval will be made of ahead of the transaction approval
- Shadow Board to Board with NHSI Region – this will take place on the 27<sup>th</sup> February 2020 and the Risk Rating from NHSI will follow this meeting.
- Final Board approvals for the transaction – This will be completed by Bedford Board on the 4<sup>th</sup> March 2020, L&D Board on the 11<sup>th</sup> March 2020 and by the Council of Governors on the 11<sup>th</sup> March 2020.
- Submission of the statutory information for Secretary of State sign off - this will be initiated on the 12<sup>th</sup> March 2020 for completion on the 31<sup>st</sup> March 2020.
- Launch of Bedfordshire Hospitals NHS Foundation Trust on the 1<sup>st</sup> April 2020



## BOARD OF DIRECTORS

<b>Agenda item</b>	7	<b>Category of Paper</b>	<b>Tick</b>																																				
<b>Paper Title</b>	Executive Board Report	<b>To action</b>	<input checked="" type="checkbox"/>																																				
<b>Date of Meeting</b>	Wednesday 5 February 2020	<b>To note</b>	<input checked="" type="checkbox"/>																																				
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<b>History of Committee Reporting &amp; Date</b>	Executive Board – 28 <sup>th</sup> January 2020																																						
<b>Links to Strategic Board Objectives</b>	All Objectives																																						
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<b>PURPOSE OF THE PAPER/REPORT</b>  To update the Board on items discussed / presented / approved by the Executive Board in readiness for Board awareness or approval.																																							
<b>SUMMARY/CURRENT ISSUES AND ACTION</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">1. Medical Education Update</td> <td style="width: 20%; text-align: right;">- to note</td> </tr> <tr> <td>2. Management of CQUIN</td> <td style="text-align: right;">- to note</td> </tr> <tr> <td>3. Complaints Board Update</td> <td style="text-align: right;">- to note</td> </tr> <tr> <td>4. Mortality Board Update</td> <td style="text-align: right;">- to note</td> </tr> <tr> <td>5. Nursing &amp; Midwifery Staffing</td> <td style="text-align: right;">- to note</td> </tr> <tr> <td>6. Nursing &amp; Midwifery Establishment Review</td> <td style="text-align: right;">- to note</td> </tr> <tr> <td>7. Winter Pressures and Super Stranded Patients</td> <td style="text-align: right;">- to note</td> </tr> <tr> <td>8. 18 Weeks</td> <td style="text-align: right;">- to note</td> </tr> <tr> <td>9. Compliance Issues</td> <td style="text-align: right;">- to note</td> </tr> <tr> <td>10. GDE Update</td> <td style="text-align: right;">- to note</td> </tr> <tr> <td>11. Information Governance Quarterly Report</td> <td style="text-align: right;">- to note</td> </tr> <tr> <td>12. Infection Control Report</td> <td style="text-align: right;">- to note</td> </tr> <tr> <td>13. Maternity Quality Improvement Board</td> <td style="text-align: right;">- to note</td> </tr> <tr> <td>14. BLMK STP</td> <td style="text-align: right;">- to note</td> </tr> <tr> <td>15. Freedom to Speak Up</td> <td style="text-align: right;">- to note</td> </tr> <tr> <td>16. Estates &amp; Facilities Update</td> <td style="text-align: right;">- to note</td> </tr> <tr> <td>17. Communications &amp; Fundraising Update</td> <td style="text-align: right;">- to note</td> </tr> <tr> <td>18. Policies &amp; Procedures Update</td> <td style="text-align: right;">- to note</td> </tr> </table>				1. Medical Education Update	- to note	2. Management of CQUIN	- to note	3. Complaints Board Update	- to note	4. Mortality Board Update	- to note	5. Nursing & Midwifery Staffing	- to note	6. Nursing & Midwifery Establishment Review	- to note	7. Winter Pressures and Super Stranded Patients	- to note	8. 18 Weeks	- to note	9. Compliance Issues	- to note	10. GDE Update	- to note	11. Information Governance Quarterly Report	- to note	12. Infection Control Report	- to note	13. Maternity Quality Improvement Board	- to note	14. BLMK STP	- to note	15. Freedom to Speak Up	- to note	16. Estates & Facilities Update	- to note	17. Communications & Fundraising Update	- to note	18. Policies & Procedures Update	- to note
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<b>ACTION REQUIRED</b> To note / consider / review / approve as specified above.																																							
Public Meeting <input checked="" type="checkbox"/> Private Meeting <input type="checkbox"/>																																							

## 1. MEDICAL EDUCATION UPDATE

### Performance & quality framework

**School of Anaesthetics** – there is a planned exploratory visit by the school of anaesthetic on 30<sup>th</sup> Jan 2020 to review progress against the previous action plans and meet trainees and Supervisors to review the Educational environment. The trust now has 4/5 higher anaesthetic trainees and the visiting team will meet these and all other trainees to seek feedback on the placement. There will be limited feedback to the trust on the day, with a formal report to follow within 2-4weeks of the visit.

**Trainee feedback** - the trust continues to have active processes to engage trainees and seek feedback which has been seen as positive by the trainees. The feedback from the trainee reps is that trainees value the input from the trust and recognise how the trust actively responds, in a timely manner, to concerns raised.

**Educational Supervisors** – there continues to be good support provided to trainees by all the Educational supervisors. Unfortunately the impact of the pension issues affecting senior Consultants has led to an increasing number of Consultants reducing their Educational activity or stopping Educational roles. This, if not addressed, will impact on trainee placements, their experience within the trust and also feedback both in the GMC survey and also to the Deanery.

## 2. MANAGEMENT OF CQUIN

The Trust is working to implement the National 2019/20 CQUINs. NHS England has prioritised quality improvements for this year's CQUINs which are aimed at fully embedding best practice (identified in NICE Guidance) to ensure long term sustainability across the NHS.

The datasets for quarters 1 and 2 were uploaded to NHS England by the due dates and Q3 data is currently being validated for submission. Flu data will be due in March 2020.

The new CQUIN schemes for 2020/21 were published by NHS England on 21<sup>st</sup> January. There are 8 schemes in total including the continuation of the antibiotic prescribing in urinary tract infections but extended to include all people aged 16 and over; continuation of the Staff Flu Vaccination with an increased target of 90% for full achievement plus six new schemes. These are currently under review within the Trust to better understand the requirements and implications for the Trust (and in considering opportunities and risks afforded by the upcoming merger).

## 3. COMPLAINTS BOARD UPDATE

The Complaints Board met on 13 November 2019 and received updates on current status of response times and improvement initiatives. The Clinical Midwifery Manager in Women's and Children's Division shared very positive outcomes of work

being undertaken in ante-natal care to address any issues while the women are on the ward. The Divisional Managers reported that they are all working with their teams to address issues by speaking directly to individuals to avert a formal complaint. Divisions shared initiatives that have been introduced in some specialties to help to reduce the number of concerns being directed through PALS relating to outpatient appointments.

#### **4. MORTALITY BOARD UPDATE**

Following a move across to CHKS from Dr Foster we have not been sighted on CUSUM triggers. We are working with CHKS and the quality team to resolve this issue. No feedback to date has been shared from the LeDeR programme about learning from local deaths. We are actively requesting information to inform of any actions that need implementation across the system.

We are seeing a reduction in the number of patients that die within 24 hours following admission. This is one of our quality measures. A thematic review identified 3 of 14 adult admissions that could have been managed differently offering a better quality death. This learning is shared with our community colleagues.

#### **5. NURSING & MIDWIFERY STAFFING**

The Report for October, November and December is **attached as Appendix 1**

#### **6. NURSING AND MIDWIFERY ESTABLISHMENT**

The 6 monthly (mid year) nursing establishment has been reviewed. This was split into two sections: Adult Inpatient Nursing and Midwifery Staffing.

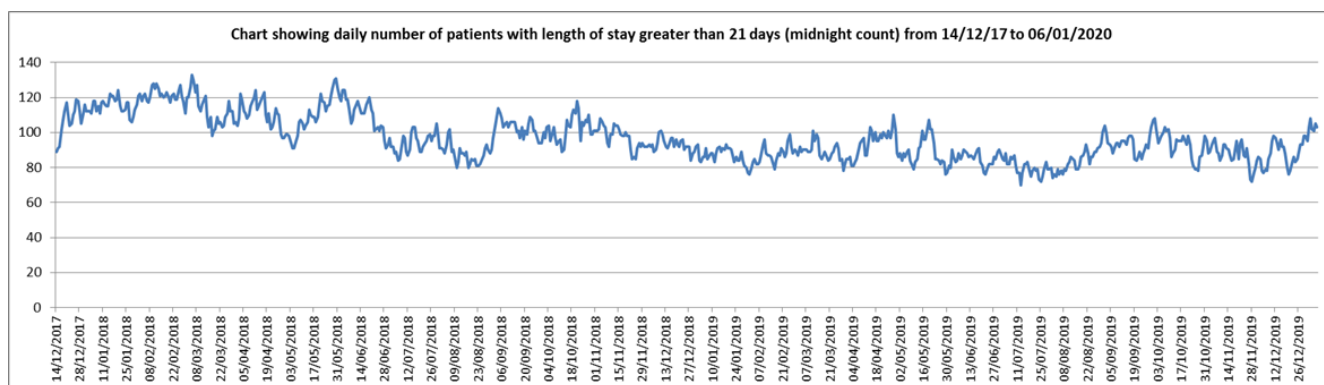
Adult Inpatient Nursing: The Trust is confident that the right ratios have been set. However, there are variations in the use of acuity scores, and they do not reflect the patient turnover elements for the assessment wards which will be picked up in the next review. In some wards the large therapy component is not captured and this will be rectified for the next review as therapies will align to nursing under the proposed new clinical structure. Additional focus for the next establishment review will be on Emergency Department Nursing and NICU.

Maternity Staffing: This is assessed using different methodology to Adult Inpatient nursing. The senior team, who do not appear on the rota, do drop into the establishment and Band 7 supernumerary cover means that there is general compliance. Additional midwifery posts have also been added. Midwifery red flags identified significant vacancy rate and maternity leave. A piece of work is being undertaken looking at skillmix in maternity where currently the ratio is 90% registered and 10% unregistered. However, there is evidence to suggest that maternity care support workers can take on additional roles and therefore a review to change the skillmix to 85% registered and 15% unregistered is taking place.

## 7. WINTER PRESSURES AND SUPER STRANDED PATIENTS

Emergency activity in the third quarter and during January 2020 has remained very high with the increase predominantly on patients with a length of stay of more than one day. Contingency bed usage has been very high, with emergency occupancy of the new short stay surgical recovery beds almost continual since the beginning of December. Most worrying has been the rate of cancellation of elective activity due to a higher than expected number of days where the Trust has been on OPEL escalation status 3, and occupying Theatres 1-6 recovery as well as parts of the recovery area supporting theatres E-H. This causes pressure on operating teams as patients cannot be moved promptly out of theatre, and has required a combination of cancellations on the day of surgery, as well as those we have cancelled the day before in anticipation of the areas being occupied by emergency inpatients. So far 122 patients have been cancelled since the beginning of December, with 72 of those directly as a result of inpatients being bedded within recovery. The remainder reflect a combination of lists running slowly because of ward bed pressures, surgeon illness and other operational issues.

Although the number of super-stranded patients was consistently higher during quarter three than in quarter two, it is still less than the winter 18/19 run rate which is encouraging. Actions taken in January with support from other health and local authority partners has seen the number reduce in mid-month. A small cohort of very complex patients continue to stay in hospital for more than 50 days.



## 8. 18 WEEKS

The Trust performance against the RTT target remained stable at 89.6% at the end of December 2019. The benefit of the opening of the new theatres has unfortunately been offset by higher than expected cancellations of elective surgery due to winter bed pressures in December 2019, and this risk carries forward to 2020. The assurance from the government regarding the resolution of the pensions issue for consultants in financial year 19/20 has been helpful in some areas with senior clinicians picking up additional work. However the main benefit has been in preventing a potentially catastrophic loss in job-planned activities if the senior workforce reduced to 10 sessions a week or less in order to avoid incurring a tapering of the allowance.

## **9. COMPLIANCE ISSUES**

On the 10<sup>th</sup> December 2019 the Trust received confirmation of its JAG accreditation status for the endoscopy service as 'accredited'. This is a fantastic achievement and reflects a great deal of hard work from Dr Tash, Clinical Director for Endoscopy, and all of the team members involved.

Following the submission of the Trust's NHS Core Standards for Emergency Preparedness Resilience and Response ("EPRR") Self-Assessment and a 'Confirm & Challenge' meeting undertaken on 11 October 2019, the Trust received confirmation that the regional NHS England / Improvement team have evaluated the Trust's level of compliance as 'fully compliant'. This is an improvement from last year where the trust's self-assessment of 'substantially compliant' was agreed with the regional team.

## **10. GDE Update**

On 17<sup>th</sup> September 2019, NHS Digital confirmed the Trust had delivered all of the Phase 2 programme key milestones, and authorised the release of the next tranche of funding, £1.5M to the Trust, to commence Phase 3. The detailed HIMSS Gap analysis required some Programme work stream changes, and the changed programme has been confirmed by NHS Digital, and has required some additional business cases to be written for consideration by the Trust. There is a HIMSS visit scheduled on 29<sup>th</sup> January 2020 to reassess our alignment to HIMSS 7 and the Funding Assurance Report is being developed with NHS Digital for the release of the next tranche of funding of £2M.

The Bedford Fast Follower relationship has been strengthened in the past few months through shared senior resources between Luton and Bedford, and through regular workshops ensuring information and lessons learnt are shared by both sides and best practice encouraged. A dedicated Programme Assurance role across the two sites has also helped and the newly recruited joint Chief Nursing Information Officer role will also help to deliver a shared digital journey. Milestones in Bedford GDE are being fast tracked with support from the Luton deliverables, for example in relation to Inpatient Care Coordination there will be a single 'instance' of Luton being shared with Bedford.

The GDE Programme is in implementation phase, with multiple projects that have either gone live or scheduled to go Live in the next three months. During September 2019, Refer to Pharmacy (TCAM) and FMD (False Medicine Directive) went Live, and a regional launch event for Refer to Pharmacy was on 17<sup>th</sup> September 2019, with AHSN, GP, Commissioners and Care providers being present, as well as the Trust's GDE & Pharmacy teams, and it was well received. The switchboard upgrade as part of the Unified Communications work stream went Live on 25<sup>th</sup> September 2019, with minimal impact to the Trust's business, and now there is a new switchboard infrastructure to replace the previous one which was 25 years old.

The eObs module of the Inpatient Care Coordination System went Live on the 7<sup>th</sup> October 2019 in ward 19B, an area that was new to mobile electronic observations, and was then implemented in all adult Trust areas that previously used the old

system Wardware on the 8<sup>th</sup> October 2019. Over 1000 users are currently using the new system with Wardware being stood down. This will be followed by the addition of new functionality every few weeks until March 2020 which includes e-handover, bed management, alerts and escalation, takelist and digital photography. This has been an incredibly fast paced project and a great achievement for the Trust, and we are really grateful to the project team and staff who supported the roll out process day and night throughout this intensive period.

EPMA Business Case has been approved and the team are working towards procurement completion and a Trust wide roll out in the summer of 2020. Telephone e-Forms have gone live with continuation and follow up e-forms due to Go Live by end of January 2020. ePortal/BI procurement are scheduled for sign off during February 2020. Virtual Clinic Pilot with Urology clinic went live during December 2019 with positive feedback. IAAS Migration is progressing well and scheduled to be completed by March end 2020. DASH procurement is scheduled to be completed by February 2020 with the delivery of solution across 2 specialities with PAS integration by May end 2020.

The 'Paperless A&E' Business Case progression has slowed down due to A&E winter pressures as staff are stretched in meeting patient demands. Milk Tracking and Pathology labelling are progressing well and on track for delivery.

Cranfield Innovation Centre reflects the innovative and creative nature of the GDE Programme, which showcases the clinical environment such as Nursing Bay, which is getting busier with more staff members and suppliers using the state of art facility with 7 pods being occupied by suppliers. There are approximately 35 staff members who use Cranfield as their office site, and all supplier planning sessions are being conducted there. On 28<sup>th</sup> August, there was a supplier engagement day which was well attended with positive feedback.

GDE Benefits RAG status currently stands as Amber/Green and the team are working to achieve Green RAG status during March 2020. A Clinical Reference Group to oversee the clinical direction and decision/approvals process has been established and it will approve clinical changes as well as monitor the delivery of clinical benefits. This will occur monthly.

As a GDE site the Trust is required to submit 6 Blueprints for technological change projects they have undertaken. The Trust has successfully submitted 4; these are the Emergency Department process, Electronic Referral management, IAAS and Virtual Ward. The team are currently working on Switchboard Upgrade for Blueprinting.

As the formation of Bedfordshire Hospitals NHS Trust progresses, the Fast Follower and Luton & Dunstable GDE Programmes will become even closer, and we will capitalise on this to support the digital maturity and safe running of the new organisation. The first deliverable linked to this is the expansion of the LDUH Nervecentre platform over to Bedford in Q2 2020, which will give a unified view of the new Trusts Bed state in the first instance. This follows on from the intensive Programme to deliver a single Pathology service for the new organisation.

Approved GDE CCN Plan shown below.

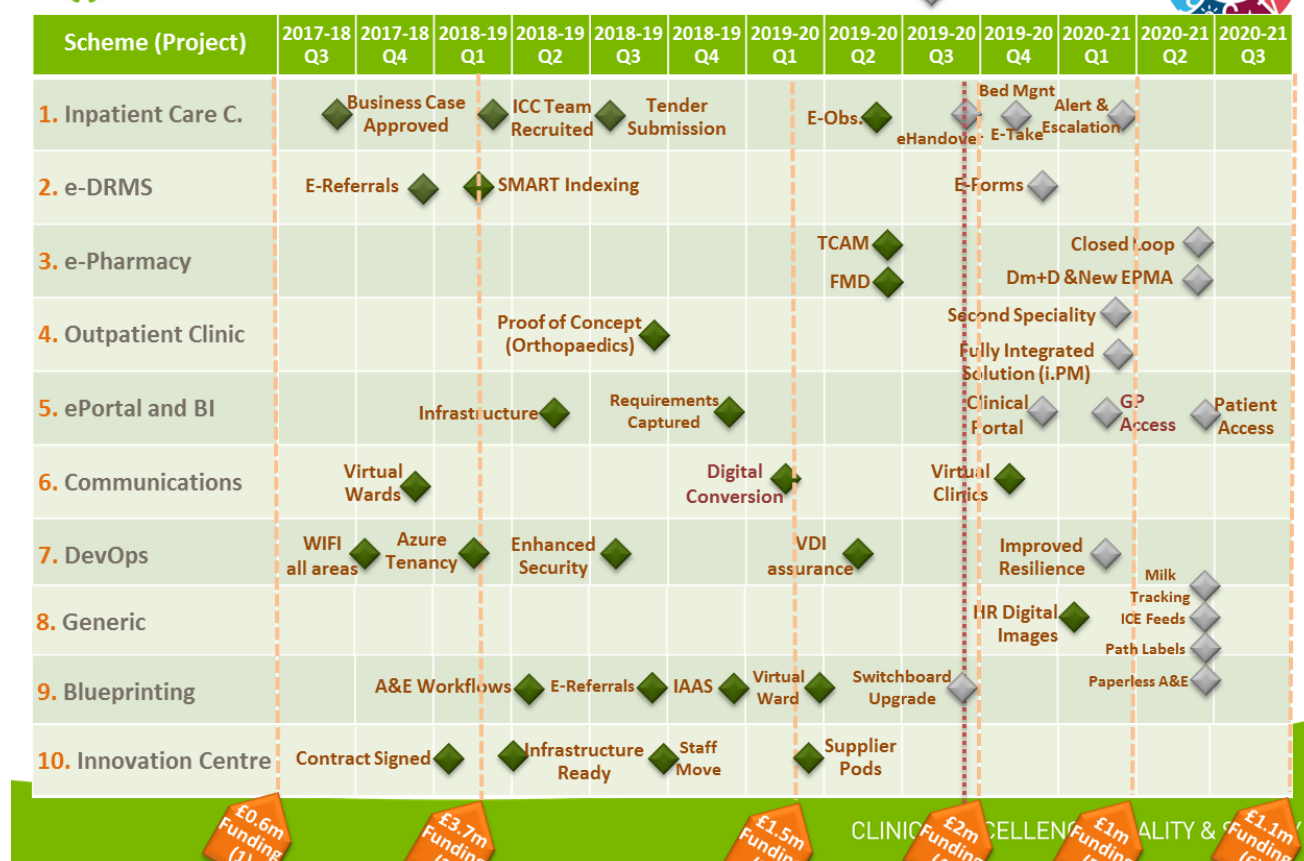




## GDE – Milestone Plan

HIMSS 5: June 2020  
HIMSS 6: October 2020  
HIMSS 7: February 2021

Completed  
 Possible delay  
 Delayed  
 On Track



## 11. INFORMATION GOVERNANCE QUARTERLY REPORT

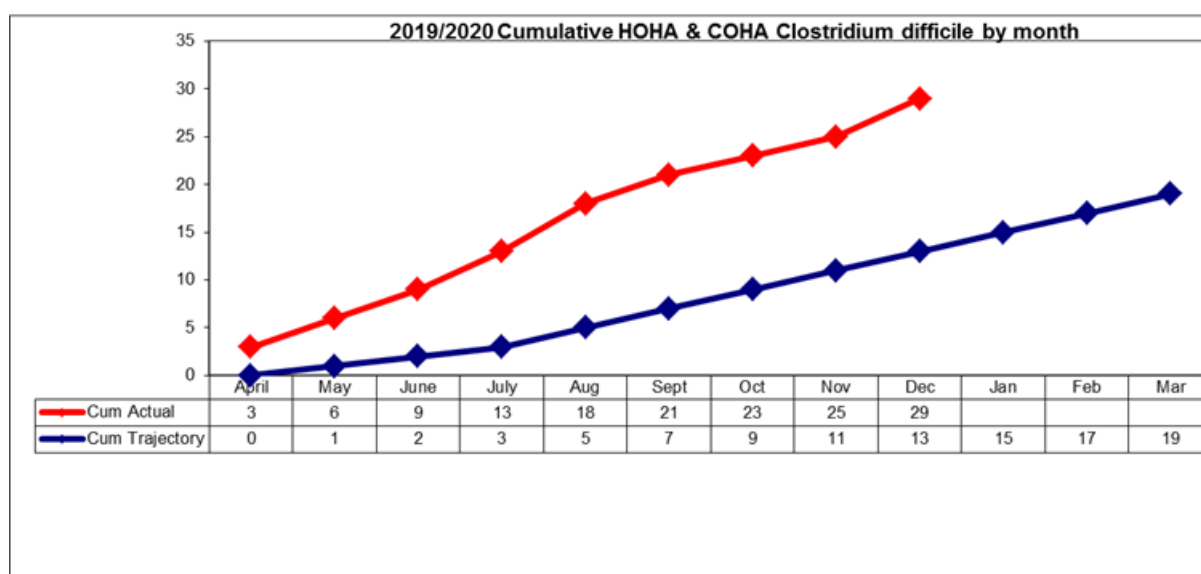
This is attached at **Appendix 2**

## 12. INFECTION CONTROL REPORT

**Clostridium difficile** - For 2019/20 cases reported to the healthcare associated infection data capture system will be assigned as follows:

- 1) *Hospital onset healthcare associated*: cases that are detected in the hospital two or more days after admission.
- 2) *Community onset healthcare associated*: cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous four weeks.
- 3) *Community onset indeterminate association*: cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous 12 weeks but not the most recent four weeks.
- 4) *Community onset community associated*: cases that occur in the community (or within two days of admission) when the patient has not been an inpatient in the trust reporting the case in the previous 12 weeks.

The new apportioned ceiling for C.difficile is 19 cases.



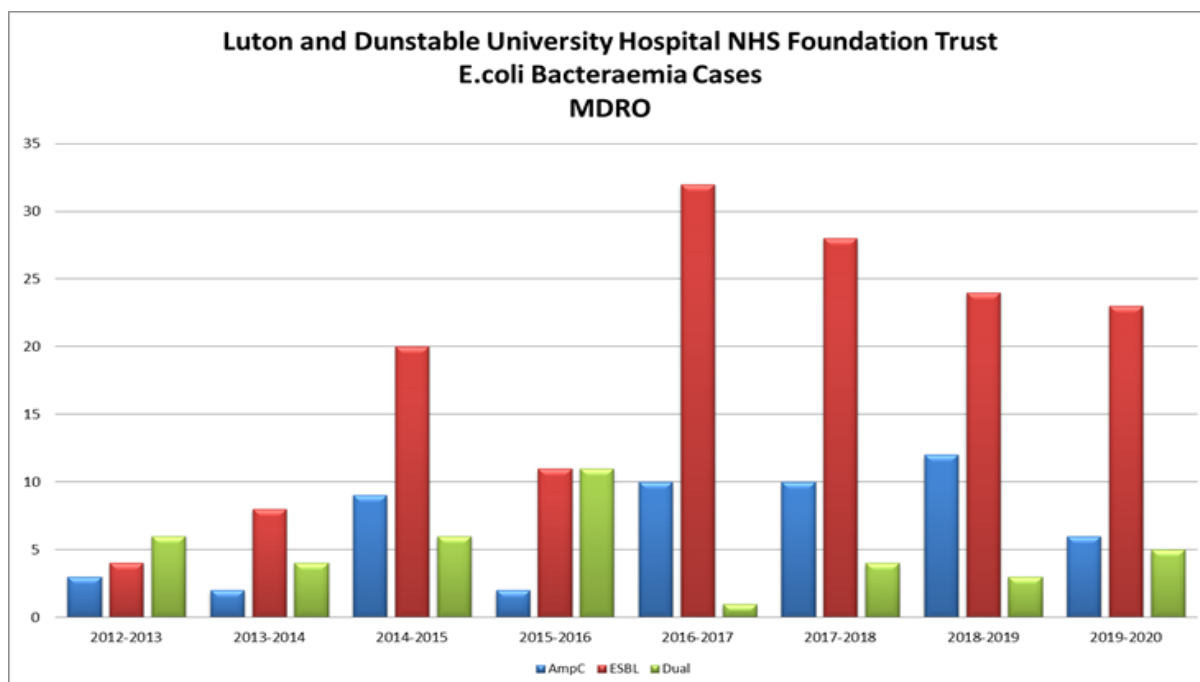
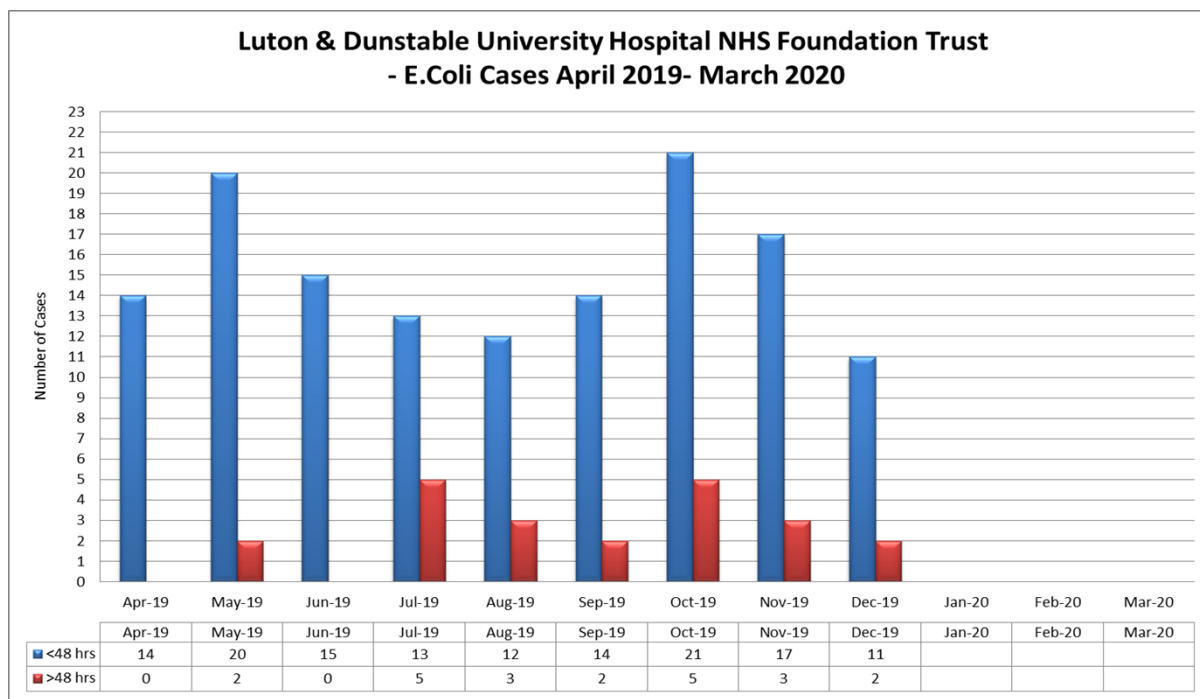
L&D figures up to date are:

Total against trajectory 34  
 Total to date HOHA 21  
 Total to date COHA 13

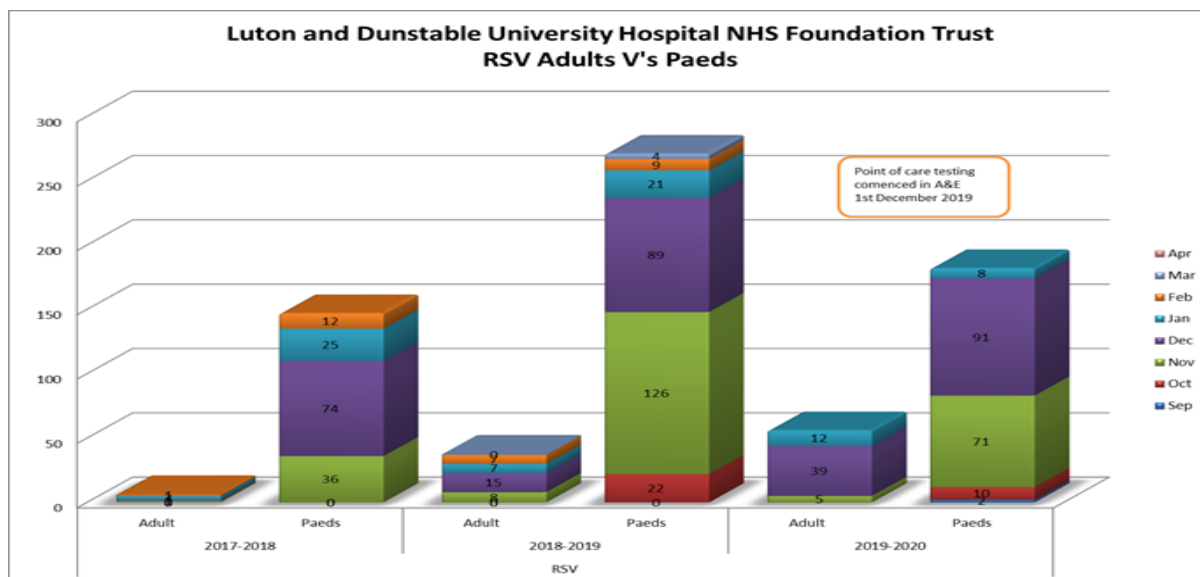
The Infection control team has focused on a number of areas.

- Antimicrobial prescribing: The consultant microbiologist, antimicrobial pharmacist and infection control nurses conduct antimicrobial ward rounds visiting most adult in-patient areas once a week where we interact with medical staff on the wards to rationalise antibiotic therapy. These ward rounds are very useful in helping junior medical staff investigate and treat difficult patients.
- Probiotic use: In the last six months considerable effort has been made to improve the use of probiotics for patients who are on antibiotics.
- PPI switch to ranitidine – currently not possible due to non-availability of ranitidine
- Hand hygiene: Compliance with hand hygiene is variable. Inappropriate use of gloves has been identified as a problem with some staff failing to change gloves between tasks / patients.
- Senior medical staff compliance with trust policy of being bare below the elbows is still sub-optimal.
- The patient environment: The Trust is considering a programme of pro-active “deep cleaning” and decontamination of shared facilities and equipment across the site.

**E.coli bacteraemia** - E.coli is the commonest cause of bloodstream infections. The majority of these infections are secondary to urinary tract infections. Of the 159 cases of bacteraemia in this financial year 34 (21%) are multi-drug resistant.



**RSV & INFLUENZA** - The Trust has reported increase in cases of Respiratory syncytial virus (RSV) and influenza in November and December. This year the Trust has implemented PCR based point of care testing in paediatrics, A&E and maternity. This was made possible following the successful award of funding from DoH to improve diagnostics for managing patients with respiratory illness in the winter. This additional capacity has resulted in rapid testing and streaming of patients attending the hospital.



Seventy six percent of our staff have been vaccinated against influenza.

### 13. MATERNITY QUALITY IMPROVEMENT BOARD

The newly formed Maternity and Perinatal Care Quality Improvement Board is well underway. Its function is to oversee, manage and monitor progress against the improvement recommendations associated with both the July 2019 NHSI external thematic review, alongside the ongoing Executive Maternity Safety Improvement Plan (Maternity Safety Plan – MSP). Within this there are also workstreams focussing on pathway redesign ensuring optimal patient experience, safety and patient flow

### 14. BLMK STP

The current STP Central Briefing is attached to this report at **Appendix 3**

### 15. FREEDOM TO SPEAK UP

Four new concerns were raised during the period 1 October 2019 to 31 December 2019, relating to policies/procedures/process, car parking, water quality in the trust and IT issues/access. Unlike previous quarters, there were no cases relating to attitudes and behaviours. Some issues were raised informally and diverted to the HR process or the staff members did not want their issues investigated, merely needed sign-posting.

**Guardian update** – the Trust's Acting Speak up Guardian attended FTSU Guardian Training on 10 October 2019 presenting an opportunity to network and buddy with neighbouring trusts, particularly Bedford Hospital (in view of the upcoming merger). The Central Office has changed some of the data fields in the quarterly reporting of data. During the study day, participants were informed about the need for Boards to engage with FTSU principles and become familiar with the close links (and

accountability of the Board) with the Well-Led Domain of the CQC Inspection template.

Three events during October were well attended and facilitated by the FTSP Guardian:

- Speak Up- stand in the main cafeteria
- Speak up sessions with staff at the Arndale Centre and the Orthopaedic Hub

In addition, an article was placed in the Staff Engagement Newsletter in December and the FTSP process role has been include as part of Adult Safeguarding Statutory Training. Further such promotion opportunities continue to be explored.

#### **Plans for next quarter**

- Make significant progress on the new FTSP policy and get this ratified
- Recruitment of more FTSP champions
- Greater communication of FTSP role and how it works at the L&D

## **16. ESTATES & FACILITIES UPDATE**

### **Hard FM Services**

#### **Water:**

- Water Tanks cleaning and repairing - Evolution are continuing works on site
- Capital team arranging tender for IPS panels and associated taps sinks etc. in the 2019/20 Capital budget
- Water safety and hygiene contract being prepared for tender

#### **Ventilation:**

- The 2 general air AHU units in the surgical block replacement works have been brought forward as we will not be able to carry out refurbishment works to Theatres 1-4 AHU's in January due to operational pressures. It is also intended to fit cooling coils to these AHU's to allow general area vent to be tempered in the summer months. AHUs being built in readiness for installation
- The new Chiller units have been sized to include this new load. ITT package out and returns scheduled for early January 2020. Package retendered as no contractor bid
- Procurement for testing and maintenance of the air handling units has been let to Messrs Howorth for a period of 5 years on a 3+1+1 Schedule. Pre-contract meeting has taken place. Theatres meeting required to set up schedules

#### **Electrical:**

- Electrical infrastructure project progressing. Substation H completed and handed over, Substation G has been handed over and migrations completed. The new kitchen panel has been installed and energised ready for migration works to take place
- Site wide PAT testing is continuing
- Fixed installation testing contract to be let end of January 2020

**Boilers:**

- New EPC will replace all primary heating / hot water systems during 20/21. SSD steam boilers also due to be replaced as part of EPC as early works. HSSD is now going to be fed hot water services from the existing boilers via plate heat exchangers rather than from Maternity which was causing flow issues within the Maternity building
- A new boiler has been fitted in the Maternity basement to bolster existing units as the old system was struggling in the winter months

**Lifts:**

- Dilapidation surveys have been carried out on all lifts and forwarded to the Lift AE for approval of remedial works. Lifts 1 and 4 replacement tenders have been awarded and lift pre contract meetings to be held January 2020

**Asbestos:**

- Asbestos clearance of the ducts is underway and good progress is being made
- 2019/20 re-survey and labelling of areas completed by Tetra

**Fire:**

- Fire alarm activations continue to fall year on year from 64 in 2018 to 32 in 2019 due to upgrade of fire alarm system, relocating and putting covers on call points and continued efforts to remove pop up and unsuitable rotary toasters
- Fire compartmentation and door tender interviews have been completed and a company selected. Work on the doors and compartments should commence soon

**Soft FM Services**

As the Engie contract comes to an end in November 2020 we are commencing Procurement process with SQ issue on 24<sup>th</sup> January. We are using OJEU process with negotiation.

**17. COMMUNICATIONS AND FUNDRAISING****COMMUNICATIONS:**

**External Communications and Media** - A quieter period of media interest than the last report to the Board, which featured a large number of requests relating to the capital funding announcement secured in the summer. However, there was good coverage over the festive period for a range of stories relating to the Trust – particularly around the charity and various activities taking place around the hospital (particularly on the children's wards) which got good coverage in the local press.

**Social Media** - We now have more than 6,000 Facebook followers and more than 3,500 Twitter followers, so our social media community continues to grow. These platforms provide a key opportunity to provide information on L&D news and stories, health awareness information, campaigns and jobs. At the end of 2019, our highest reached post on Facebook was on the capital funding announcement – it reached a total in excess of 35,000 people, while on Twitter, our most engaged with post was back on February 14 – celebrating 80 years of the L&D – reaching nearly 19,000.

**Internal Communications and Events** - Our Winter staff engagement sessions were again extremely popular, providing a valuable opportunity to speak directly to colleagues and get their views on a range of subjects – not least of which the merger and the site redevelopment plans for the L&D – both of which were high on the agenda.

Our Staff Briefing sessions have continued to be well received and well attended. We have had positive feedback about the times of the briefings which have been changed to target more members of staff.

We are making good progress with our redevelopment of the intranet, with this scheduled to go live ahead of our merger. The new platform will be cleaner, easier to use, and more suitable for staff to take greater ownership of their areas, making it easier to share information. The design and layout of the intranet will provide a template for Bedford who are also reworking their intranet (as well as their website), working in collaboration with our team.

We successfully launched a new internal communications channel – named The Week – after Bedford's existing email. Produced in a 'magazine style', the aim of this is to reduce all-staff email traffic and help staff to be exposed to key information in what can be a 'noisy' environment. It will also provide a more frequent touchpoint so that staff can be better kept up to date with important and timely information, as well as shining a light on colleagues and teams' efforts and news.

## **FUNDRAISING:**

- Current financial year 19/20 the charity has received £977,000.
- Outstanding pledges due in: £323,000
- Christmas Gifts donated 1275, estimated value of gifts donated: £12,750
- Volunteers:
  - Our Volunteers contributed 2140 hours in December, supporting Wards, Staff and patients, equating to £17,569 at minimum wage band.
  - Volunteers numbers in line with 400 target by end of FY. Growth 30% in FY.
  - Our second Youth Volunteering Cohort Started in December, 20 students currently supporting patient feeding. Further two programmes full.
- **Accounts:** Charity Annual Accounts submitted to Charity Commission.
- **Legacy received:** £38,000 - Eric George Eustace Legacy, NICU Accommodation
- **Public engagement December:** Last month over 12 positive press articles were published in support of Charitable activities. Social media posts reached 30k people. Presentations given at Bedfordshire Police Awards (300), Community Interest Luton Awards (600), Mayo Association Dinner (200), Bollywood event (400), Mayor events (150) and fundraising activities (250) delivered to over 1900 people.
- Schools:
  - Funding received in December from Schools: £8517
  - Though Assembly's and activities we engaged with:
    - 5623 students – aged 11-16 (Challney Girls, Challney Boys, Chiltern Academy, Luton Sixth Form)
    - 962 students – aged 6 – 11 (11 schools)

## **18. POLICIES & PROCEDURES UPDATE**

The following Policies & Procedures were approved during October, November 2019 to January 2020:

- C25 - Central Alert System Policy
- W01 - Waste Disposal Policy
- T03 - Translation Interpreting and Policy
- B05 - Business Continuity Policy – extended



## QUARTERLY REPORT ON NURSING AND MIDWIFERY STAFFING LEVELS

<b>Board of Directors</b>	<b>22 January 2020</b>
<b>Title: Nursing Staffing Levels</b>	
<b>Report from:</b>	<b>Liz Lees, Chief Nurse</b>

### Report Summary

This is a monthly operational status update for staffing of inpatient areas; the report compares the previous months actual staffing with the planned staffing as set out in the bi-annual safe staffing reviews. This report encompasses key indicators including fill rates, CHPPD and incidents for the month in question, plus trends in compliance over the previous months.

- Fill rate for December was marginally below that of November predominately due to the higher bed occupancy in December. The key contributory factor was a reduced demand for enhanced care and fewer escalation areas opened.
- Paediatric fill rates continue to be monitored due to concerns around vacancy and skill mix. The registered nurse day fill rates continued to improve over the last 3 months.
- CHPPD was stable in October and November but there was a marginal increase in December.
- The request for staff to support enhanced care reduced over the last quarter; however there are key areas that continue to require support, notably wards 14, 15, 19a and 21. Paediatrics and ward 11 had the highest use of RMNs.
- There has been a slight increase in sickness absence over the last 3 months but this has not impacted on fill rates. The key contributory factor is the reduction Band 5 and HCA vacancy. Paediatrics are recruiting overseas as part of their recruitment plan. Sickness and absence Hotspot areas include Maternity wards and inpatient Medicine

### Safe Staffing Process

The Trust has robust processes in place to ensure safe staffing across inpatient areas, outlined below are the standard actions that are followed.

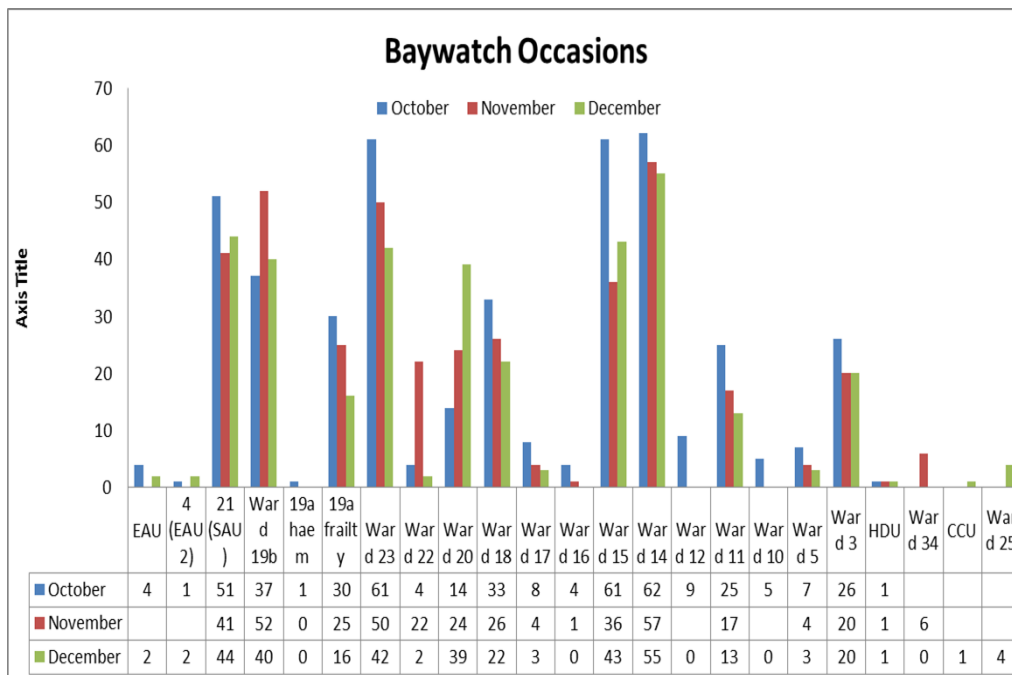
- Continued daily monitoring and ward RAG rating of staffing levels across inpatient wards.
- Active management by the Operational Matron and support from Divisional Matrons to review staffing requirements twice a day
- Working with agencies to identify long line of rostered duties to support areas with high vacancies.
- Controlled release of unfilled shifts to agencies.
- Additional support provided by e-Roster and Bank.
- Matrons, Specialist Nurses and the Education Team working clinically where needed. The provision of the Clinical Site Nurse service in the evening to cover the handover of the night shift and support staffing across the Trust.

## Nursing and Midwifery Workforce Report

Quarter 3, 2019/20



Average Unify Return fill rate by staff group		Oct 19	Nov 19	Dec 19	<p>There are a number of factors that affect fill rate including vacancy, sickness and opening of escalation areas. In the last quarter November had the highest fill rate whereas December had the highest bed occupancy. The higher bed occupancy in December impacting on opening of escalation areas makes December's fill rates good in comparison to October and November. Bed occupancy was 18,798 in October, 18,466 in November and 18,898 (432 more than November). Ward 5 remained opened throughout the last quarter.</p> <p>Escalation areas were opened on 50 occasions in November (8 occasions more than October) and 46 occasions in December. SSSU was the most opened area besides ward 5. The high bed (18) capacity of the new SSSU is a contributory factor to opening of contingency areas on fewer occasions despite the higher bed occupancy in December. The reduced demand for enhanced care and registered mental health nurses also positively impacted the fill rate.</p> <p>It is worth noting wards 11 and 21 improved their day registered nurse fill rate by minimum of 10% In November. Wards 19a, 20 and 25 in particular despite challenges around vacancy also had a steady increase in the fill rate the past 3 months.</p>
	% of Registered nurse day hours filled as planned	90.2%	92.1%	91.1%	
	% of Unregistered care staff day hours filled as planned	92.0%	90.6%	91.1%	
	% of Registered nurse night hours filled as planned	95.8%	96.2%	96.8%	
	% of Unregistered care staff night hours filled as planned	96.0%	98%	94.5%	
	% of total overall planned hours	93.5%	94.2%	93.4%	
Average Care Hours per Patient day	Registered nurse	6.3	6.3	6.5	<p>CHPPD measures the total care hours received by each patient over a 24 hour period. The standard calculation uses hours worked by staff divided by the number of patients on the ward in the 24 hour period.</p> <p>The increased fill rate in November did not impact on CHPPD because the fill rate is based on number of shifts, whereas CHPPD is based on hours worked. We may have filled more shifts but if those shifts consisted of shorter hours it would not have increased the contact time with patients.</p> <p>See appendix 1-6 for full unify fill rates and CHPPD for the last quarter.</p>
	Unregistered care staff	3.1	3.1	3.1	
	Overall	9.4	9.4	9.6	

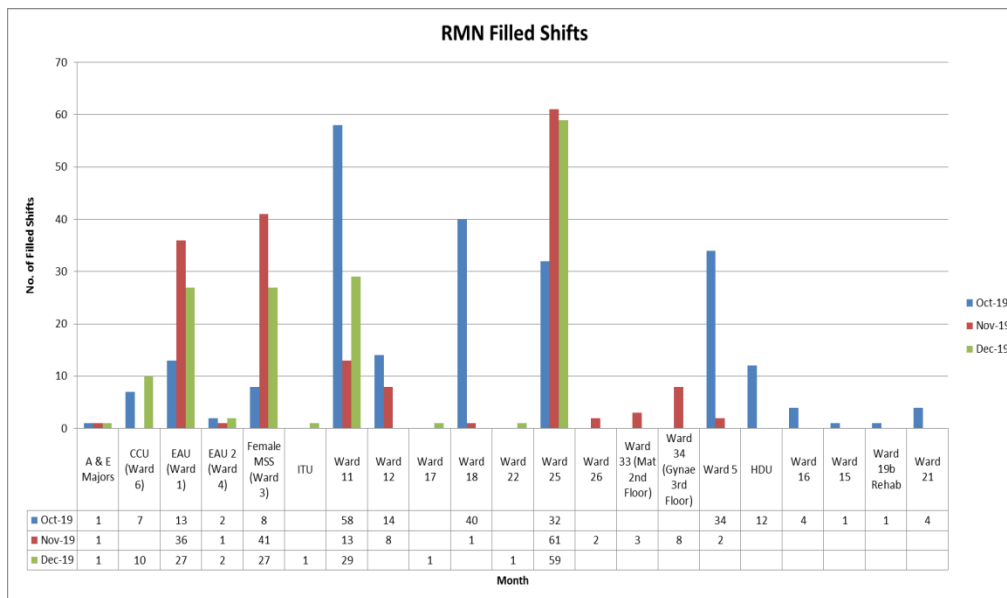


The Nursing and Midwifery Board acknowledges the continuous demand for enhanced care and ensures a robust system is in place to support both patients and staff in managing enhanced care.

In the last 3 months demand for enhanced care was at its highest in October – 444, 386 in November and 347 December. The reduction in demand contributed to the good fill rates for those 2 months.

There is no change of trend in wards that use enhanced care most of the time. It remains 19b the rehabilitation ward, 23 (the orthopaedic ward) and the elderly care wards 14 and 15, due to type of patients. Ward 15 though have had a significant decline in number of patients requiring enhanced care compared to ward 14. The manager could not identify any change in the process that led to the reduction. The input of independent support workers on some wards does have positive impact supporting Baywatch principles when providing care activities.

## Registered Mental Health Nurse Usage



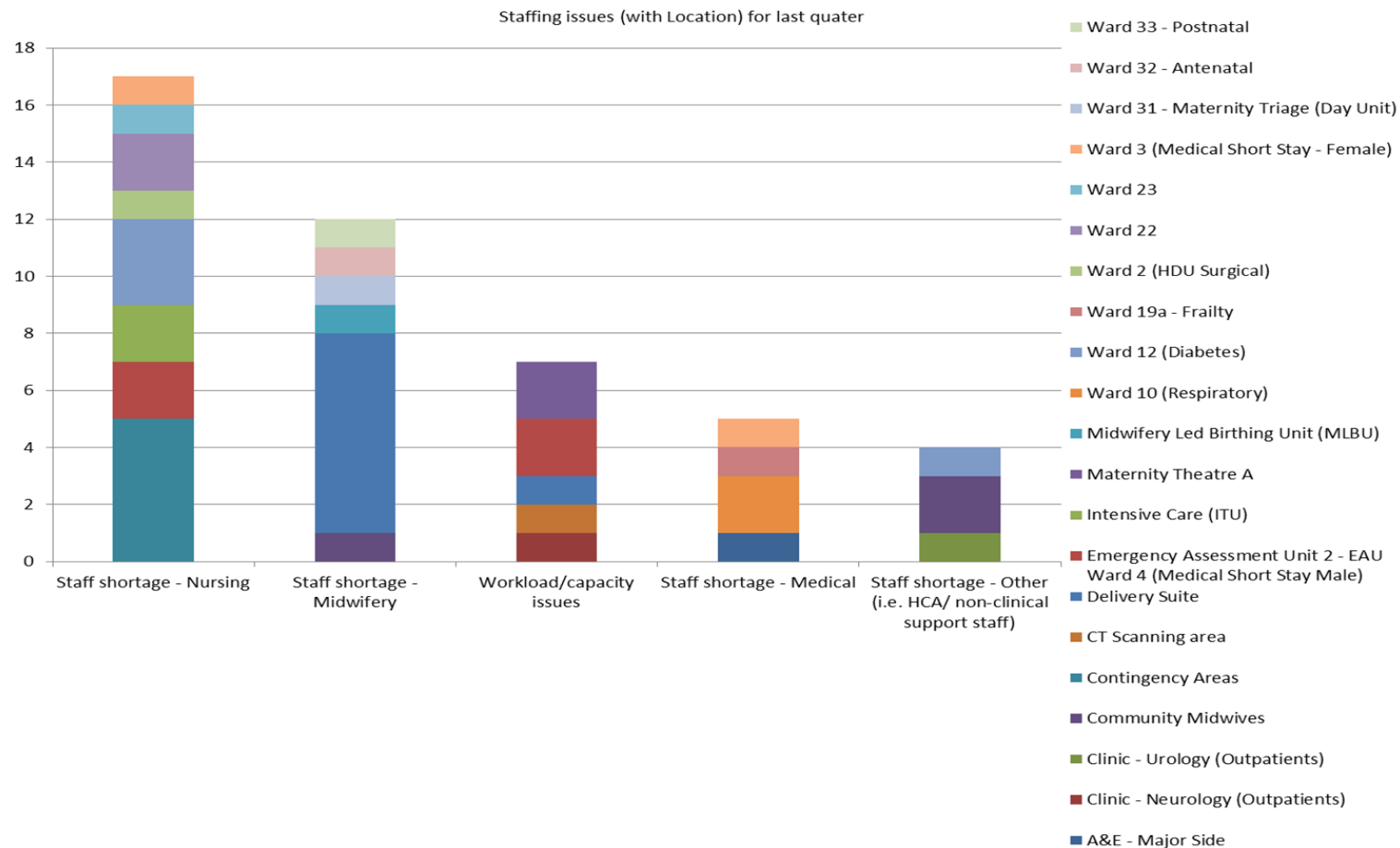
Oct-19		Nov-19		Dec-19	
Filled	Unfilled	Filled	Unfilled	Filled	Unfilled
231	49	174	20	158	32
82.50%	17.50%	89.69%	10.31%	83.16%	16.84%

The demand for registered mental health nurses on the adult wards has been on steady decline in the last quarter. Trend of wards using the service has remained the same with exception of ward 34 in October. There was a significant reduction in November & December, particularly noted on ward 18 who which did not require any usage in December. The overall fill rate also improved by 7% in November helping to support ward staff care for patients with challenging behaviours.

The use of registered mental health nurses in paediatrics had been high due to increasing demand for teenagers with mental health needs. November and December were particularly high. This was due a few patients that required RMN throughout their stay in hospital.

EAU had fewer use of RMN in December compared to November but it is expected for the unit to continue to use RMNs because as part of the patient journey EAU often undertake the risk assessment and request RMN support who transfers with the patient to a base ward and therefore may account for the increase in their requests.

Ward 3 (female short stay) is not the typical ward to have patients with mental health issues. The spike in November was due to a particular patient who had a 3 week stay. December's figure is within their usual numbers of usage of RMN usage.



**Nursing staff shortages:** 5 datixs were raised for escalation areas, Ward 12 raised 3, Ward 4, ITU, ward 22 raised 2 each, Wards 3, 23 and HDU raised 1 each.

**Midwifery staff shortage:** Delivery suit raised 7, Wards 31, 32, 33 and Birthing unit raised 1 each

**Workload capacity issues:** Maternity theatres and EAU raised 2 each, OPD Neurology and Delivery Suite raised 1 each

**HCA shortage:** Ward 12 and OPD Urology raised 1 each

*N.B The Midwifery staffing report for Q3 is included in the 6 monthly establishment review*

## Recruitment activity table for October, November and December

	RN (band 5)	HCA
Recruitment	70(recruited including overseas nurses)	31 (recruited, substantive & bank)
Overseas Arrivals	58	N/A
Vacancy	111	78
Leavers	22	7

**Registered Nurse Recruitment** - 70 nurses started in post between October and December of which 12 were registered with the NMC and 58 with registrations pending. 10 bank nurses also started in post during this period. 22 band 5 nurses left the Trust during this period.

The Trust continues with both local recruitment as well as overseas recruitment for registered nurses.

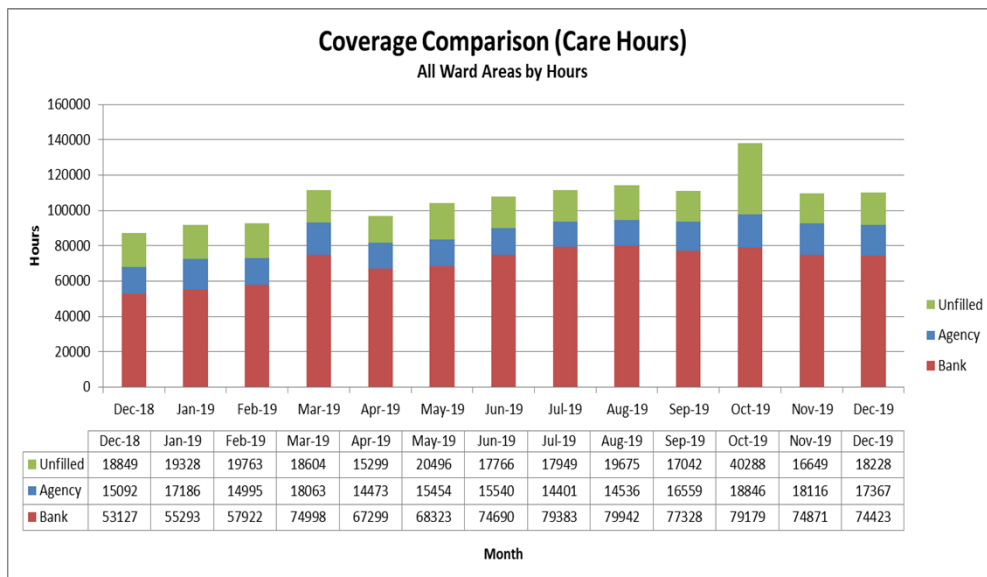
International Recruitment – There are currently 155 overseas nurses in the pipeline who have passed their IELTS/OET and are now progressing through the various stages of the NMC process. Throughout this period 58 overseas nurses arrived at the Trust. In that period they support the wards working supernumerary shifts. 45 of them passed their OSCE exam and gained their NMC registration. A further 12 overseas nurses are scheduled to arrive on 29th January 2020.

The remaining 37 nurses will sit their OSCE exam during the next two months. Dates for OSCE exams are limited due to high volume of overseas candidates throughout the country. Skype interviews are planned for Paediatrics only due to high number of vacancies. Generic Skype interviews are currently on hold while we seek Finance approval.

**HCA Recruitment** - The Trust continues with regular recruitment campaigns for both permanent and bank positions to try to reduce vacancies and provide an effective bank resource. There have been 21 substantive HCA starters and a further 10 HCA's joined the bank during this period. 7 substantive HCA's have left the Trust during this period. The next planned Open Day is scheduled for 20th January 2020. Recruitment Days for HCA's will continue on a monthly basis.

**Vacancies** - There are currently 111 band 5 Nursing vacancies across the Trust. There are 177 band 5 nurses currently going through the recruitment process. 155 are Pre-Registered Nurses and 22 have been recruited through local campaigns.

Currently there are 78 WTE vacancies for band 2 Healthcare Assistants with 12 going through the recruitment process and due to commence between January and March. This leaves a variance of 66 WTE.



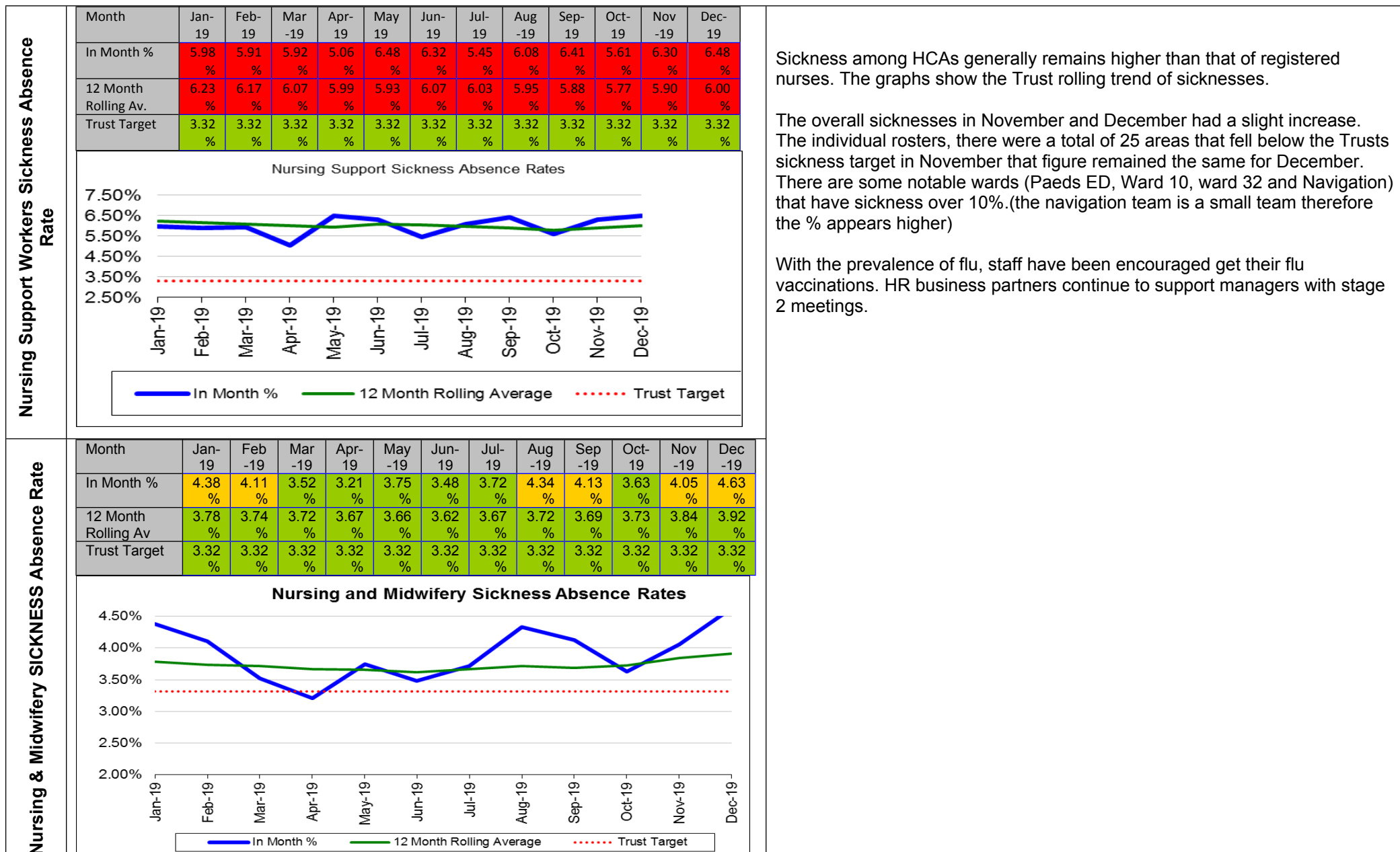
Fulfilment Type	October 19	November 19	December 2019
Agency	18846	18116	17367
Bank	79179	74871	74423
Unfilled	40288	16649	18228
Grand Total	138313	109637	110018

October had the highest unfilled filled shifts in the last quarter which is reflection of the fact that it had the highest demand of which majority had been filled with bank. The high unfilled shift correlates with RMN and enhance care demand.

Unfilled shifts could pose a risk to patients; wards mitigate this by reviewing their way of working to maintain patient safety. In cases some cases HCA 1;1 care is provided in place of RMN which also impact on HCA fill. Given the exceptionally high demand for RMN in October (231 with 49 unfilled) compared to November (177) and December (158), demand for RMN may have been a key contributory factor to the high unfilled shifts. The graph does not differentiate which staff group contributes most to the unfilled shifts.

Healthroster KPI's						<ul style="list-style-type: none"> <li>•Roster Approval Partial lead (time frame for Ward Manager to complete roster)</li> <li>•Roster Approval Full Lead (time frame for Divisional Matron to approve roster)</li> <li>•Annual leave (% of staff that should be on annual per roster period)</li> <li>•Net Balance (unused hours per roster)</li> </ul> <p>The table shows highlights of Healthroster KPI's by division for December. A detailed Healthroster KPI by ward is sent to the senior nursing team.</p> <p>All wards in Surgery and Acute Medicine missed the roster approval lead times by both Managers and Matrons apart from ward 19 b (rehab). Most wards on General Medicine, Speciality Medicine and Complex Medicine met the targets apart from wards 18 and Haem Onc. Paediatrics and Womens missed both targets.</p> <p>In November 13 out of the 49 rosters met the 13% - 15% of annual leave target. Nearly half of the ward met the target in December but the trend continues, whereby there are more rosters with under 13% of staff on annual leave than over 15% (7 wards)</p> <p>Net hours balance has been an ongoing challenge. A review of individual rosters show 20 wards in November and 19 in December out of the 49 areas met the target. There are multi factorial issues including the need for hours to accumulate to the equivalent of a complete shift. Other issues include timely removal of staff from ESR and Healthroster when they move to work in another area or leave the Trust.</p>
	Ward	Roster Approval (Partial Lead Time) (63 days before)	Roster Approval (Full Lead Time) (56 days before)	Annual Leave %	Net Hours Balance	
	Target per ward	63 days	56 days	13% - 15%	<75 Hours	
	Average	53.86	47.9	12%	142.13	
	Last Month's Averages	55.67	51.45	10.55%	166.59	
	Critical Care	59.00	59.00	17.10%	-6.28	
	Complex Medicine	63.60	39.40	9.68%	268.16	
	Specialty Medicine	61.60	57.80	11.48%	216.59	
	Cardiology	62.33	55.33	11.83%	101.46	
	Surgical	54.60	51.90	9.17%	200.21	
	Hospital at Home	54.00	49.67	11.17%	16.62	
	Childrens	50.00	49.86	17.83%	153.10	
	Womens	40.20	36.40	13.34%	47.87	





Sickness among HCAs generally remains higher than that of registered nurses. The graphs show the Trust rolling trend of sicknesses.

The overall sicknesses in November and December had a slight increase. The individual rosters, there were a total of 25 areas that fell below the Trusts sickness target in November that figure remained the same for December. There are some notable wards (Paeds ED, Ward 10, ward 32 and Navigation) that have sickness over 10%.(the navigation team is a small team therefore the % appears higher)

With the prevalence of flu, staff have been encouraged get their flu vaccinations. HR business partners continue to support managers with stage 2 meetings.

## Appendix 1- December Fill Rate

Ward Name	Day		Night	
	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)
Haem Onc Unit	88.28%	87.70%	95.16%	91.49%
Cobham Clinic	89.32%	86.57%	98.69%	97.30%
SCBU/ NICU	99.66%	100.46%	99.92%	100.00%
Ward 25	90.13%	94.54%	93.71%	90.80%
Ward 24	86.81%	99.71%	92.66%	84.80%
Ward 19b Rehab	91.68%	80.41%	97.94%	100.00%
Ward 19a	97.05%	87.04%	100.59%	92.96%
Ward 14	85.42%	84.02%	93.03%	97.49%
Ward 15	91.11%	88.66%	92.80%	101.25%
Ward 17	95.25%	88.50%	101.67%	91.72%
Ward 18	88.13%	93.56%	97.92%	92.05%
Ward 16	90.71%	102.50%	98.32%	107.45%
CCU (Ward 6)	90.25%	93.54%	95.43%	90.18%
Ward 12	90.33%	98.43%	96.03%	99.02%
Respiratory Ward (Ward 10)	83.65%	87.82%	98.84%	97.85%
Ward 11	88.98%	90.20%	86.72%	92.63%
EAU 2 (Ward 4)	98.26%	85.29%	101.23%	87.42%
Female MSS (Ward 3)	93.17%	89.03%	94.68%	91.07%
Ward 34 (Gynae 3rd Floor)	101.45%	89.82%	100.14%	96.77%
Ward 33 (Mat 2nd Floor)	88.31%	93.75%	82.72%	85.99%
Ward 32 (Mat 1st Floor)	85.28%	91.32%	101.66%	96.04%
ITU	93.82%	88.88%	96.22%	100.00%
HDU	98.60%	87.73%	99.38%	96.89%
Ward 23	90.22%	88.11%	101.00%	84.75%
EAU (Ward 1)	86.63%	87.62%	92.50%	98.49%
Ward 22	82.53%	116.79%	97.70%	98.96%
Ward 20	94.46%	81.64%	99.24%	96.00%
Ward 21	91.22%	88.57%	104.99%	88.41%

## Appendix 2 – December CHPPD

Ward Name	Registered midwives/ nurses	Care Staff	Overall
Haem Onc Unit	5.2	2.8	8
Cobham Clinic	4.8	2.5	7.4
SCBU/ NICU	12.6	1.1	13.7
Ward 25	8	2.7	10.7
Ward 24	7.2	4.1	11.3
Ward 19b Rehab	2.9	4	6.8
Ward 19a	3.6	3.9	7.5
Ward 14	2.8	4.4	7.2
Ward 15	2.7	4.4	7.1
Ward 17	4.8	4.4	9.2
Ward 18	3.5	3.6	7.1
Ward 16	3.2	2.6	5.8
CCU (Ward 6)	6.8	2.5	9.3
Ward 12	3.1	2.9	6
Respiratory Ward (Ward 10)	3	2.5	5.5
Ward 11	3.2	3.1	6.3
EAU 2 (Ward 4)	5.9	2.3	8.2
Female MSS (Ward 3)	4.1	2.6	6.7
Ward 34 (Gynae 3rd Floor)	5.8	3.2	9
Ward 33 (Mat 2nd Floor)	4.4	3.7	8.1
Ward 32 (Mat 1st Floor)	3.7	2	5.7
ITU	34	1	35
HDU	25.5	4.8	30.3
Ward 23	3.6	4.1	7.7
EAU (Ward 1)	6.1	2.9	9.1
Ward 22	3.4	3.1	6.5
Ward 20	3.6	2.5	6.1
Ward 21	4.7	4	8.7

### Appendix 3 – November Fill Rate

Ward Name	Day		Night	
	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)
Haem Onc Unit	90.70%	86.35%	100.33%	100.00%
Cobham Clinic	89.17%	85.43%	100.00%	91.18%
SCBU/ NICU	98.91%	103.76%	98.89%	120.00%
Ward 25	87.54%	94.17%	90.35%	98.26%
Ward 24	99.40%	103.62%	88.05%	89.75%
Ward 19b Rehab	93.00%	79.78%	100.05%	97.46%
Ward 19a	96.66%	89.54%	100.36%	100.00%
Ward 14	82.75%	82.08%	85.46%	99.29%
Ward 15	89.21%	87.12%	84.33%	104.22%
Ward 17	98.45%	93.38%	104.08%	88.31%
Ward 18	90.99%	92.94%	99.26%	85.31%
Ward 16	89.45%	102.20%	96.52%	98.99%
CCU (Ward 6)	86.05%	102.54%	100.00%	100.00%
Ward 12	94.01%	96.23%	98.47%	98.63%
Respiratory Ward (Ward 10)	96.20%	81.57%	100.00%	96.70%
Ward 11	97.75%	81.54%	85.96%	99.27%
EAU 2 (Ward 4)	90.84%	81.17%	98.85%	100.13%
Female MSS (Ward 3)	97.30%	93.14%	98.38%	97.85%
Ward 34 (Gynae 3rd Floor)	90.66%	93.36%	99.53%	97.23%
Ward 33 (Mat 2nd Floor)	88.58%	88.47%	82.76%	93.67%
Ward 32 (Mat 1st Floor)	82.93%	81.36%	102.11%	110.06%
ITU	91.40%	86.14%	95.31%	100.00%
HDU	97.17%	96.64%	99.79%	92.69%
Ward 23	90.14%	90.96%	96.74%	95.30%
EAU (Ward 1)	93.55%	90.92%	97.24%	100.00%
Ward 22	89.52%	97.64%	94.52%	111.52%
Ward 20	91.40%	84.88%	98.35%	98.09%
Ward 21	95.60%	90.69%	98.19%	82.58%

## Appendix 4 – November CHPPD

Ward Name	Registered midwives/ nurses	Care Staff	Overall
Haem Onc Unit	5.1	3.2	8.3
Cobham Clinic	4.8	2.5	7.3
SCBU/ NICU	14.5	1.3	15.3
Ward 25	8.0	2.8	10.8
Ward 24	7.6	4.4	12.0
Ward 19b Rehab	2.8	4.1	6.9
Ward 19a	3.6	4.0	7.6
Ward 14	2.7	4.2	6.8
Ward 15	2.5	4.2	6.7
Ward 17	5.0	3.6	8.7
Ward 18	3.6	3.3	6.8
Ward 16	3.1	2.5	5.7
CCU (Ward 6)	6.0	2.0	8.0
Ward 12	3.2	3.1	6.3
Respiratory Ward (Ward 10)	2.9	2.4	5.3
Ward 11	3.2	3.2	6.4
EAU 2 (Ward 4)	5.8	2.7	8.5
Female MSS (Ward 3)	4.2	2.5	6.7
Ward 34 (Gynae 3rd Floor)	5.3	3.3	8.6
Ward 33 (Mat 2nd Floor)	3.9	3.4	7.3
Ward 32 (Mat 1st Floor)	3.2	2.0	5.3
ITU	29.1	1.1	30.3
HDU	24.8	5.7	30.5
Ward 23	3.4	3.6	7
EAU (Ward 1)	6.8	3.3	10
Ward 22	3.4	3.2	6.6
Ward 20	3.4	2.7	6.2
Ward 21	4.7	3.6	8.3

## Appendix 5 - October Fill rate

Ward Name	Day		Night	
	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)
Haem Onc Unit	87.71%	80.02%	98.53%	96.79%
Cobham Clinic	85.61%	99.31%	96.83%	100.00%
SCBU/ NICU	95.88%	104.66%	98.60%	85.71%
Ward 25	86.35%	99.24%	95.63%	92.48%
Ward 24	91.17%	109.26%	93.86%	83.57%
Ward 19b Rehab	91.91%	84.79%	97.89%	96.85%
Ward 19a	94.67%	89.11%	100.62%	95.55%
Ward 14	82.97%	101.54%	85.50%	94.85%
Ward 15	86.11%	89.59%	82.39%	98.68%
Ward 17	96.18%	100.11%	101.08%	97.09%
Ward 18	91.55%	98.54%	95.89%	99.30%
Ward 16	85.59%	94.92%	95.41%	92.07%
CCU (Ward 6)	89.48%	102.95%	100.05%	96.88%
Ward 12	92.35%	91.27%	99.24%	98.17%
Respiratory Ward (Ward 10)	91.83%	84.06%	98.35%	99.89%
Ward 11	83.39%	94.00%	89.61%	94.01%
EAU 2 (Ward 4)	88.01%	91.05%	95.02%	101.17%
Female MSS (Ward 3)	91.90%	91.52%	93.56%	92.92%
Ward 34 (Gynae 3rd Floor)	101.10%	84.52%	97.38%	95.13%
Ward 33 (Mat 2nd Floor)	87.89%	89.74%	88.60%	97.56%
Ward 32 (Mat 1st Floor)	93.03%	83.01%	104.83%	111.16%
ITU	90.68%	82.20%	94.88%	100.00%
HDU	94.95%	82.94%	99.19%	86.21%
Ward 23	101.29%	84.82%	96.03%	97.60%
EAU (Ward 1)	87.16%	91.51%	96.68%	98.02%
Ward 22	88.86%	100.78%	97.47%	103.74%
Ward 20	82.92%	82.75%	99.20%	95.15%
Ward 21	86.18%	86.77%	89.61%	87.72%

## Appendix 6 - October CHPPD

Ward Name	Registered midwives/ nurses	Care Staff	Overall
Haem Onc Unit	5.6	3.4	9.0
Cobham Clinic	4.3	2.4	6.7
SCBU/ NICU	14.9	1.0	15.9
Ward 25	7.5	2.8	10.3
Ward 24	6.4	3.8	10.2
Ward 19b Rehab	2.7	4.1	6.9
Ward 19a	3.5	4.1	7.5
Ward 14	2.7	4.2	6.9
Ward 15	2.3	4.1	6.4
Ward 17	4.9	4.0	8.9
Ward 18	4.1	3.5	7.6
Ward 16	3.2	2.6	5.7
CCU (Ward 6)	6.8	2.6	9.4
Ward 12	3.3	3.1	6.4
Respiratory Ward (Ward 10)	2.8	2.5	5.3
Ward 11	3.6	3.2	6.8
EAU 2 (Ward 4)	5.4	2.7	8.1
Female MSS (Ward 3)	3.5	2.7	6.2
Ward 34 (Gynae 3rd Floor)	5.8	3.1	8.9
Ward 33 (Mat 2nd Floor)	3.7	3.8	7.5
Ward 32 (Mat 1st Floor)	3.8	2.0	5.8
ITU	30.0	0.7	30.6
HDU	24.3	4.4	28.7
Ward 23	3.4	3.8	7.3
EAU (Ward 1)	6.2	3.2	9.4
Ward 22	3.5	3.1	6.6
Ward 20	3.2	2.7	6.0
Ward 21	4.1	3.3	7.4

## Information Governance (IG) Quarterly Board Report January 2020

<b>Purpose of this report:</b>	• Update, information & awareness
<b>Report by:</b>	• Heidi Walker IG Manager/Data Protection Officer

### Data Security & Protection Toolkit (DSPT)

Luton and Dunstable University Hospital NHS Foundation Trust will be submitting a baseline assessment on the 31<sup>st</sup> March 2020

Four extra requirements have been added to the DSPT and the Trust's current position is: **Standards not met**

To achieve Standards met compliance The Trust must meet the requirements of all assertions.

**108 of 116** mandatory evidence items provided  
**32 of 44** assertions confirmed

As part of the Internal Audit plan, PWC is performing a review of the DSP Toolkit. The audit is focusing on a limited number of areas from the Toolkit to assess the adequacy of evidence of compliance.

The draft terms of reference were accepted and PWC will be reviewing the mandatory requirements for standards 1 and 6.

### IG Incident Reporting Tool

The DSP Toolkit also incorporates an IG Incident Reporting Tool which the Trust is required to use for reporting IG incidents. Under GDPR serious IG breaches (defined as incidents that are highly likely, to have an impact on the '*rights and freedoms*' of the individuals concerned), **MUST** be reported to the ICO within 72 hours of the Trust becoming aware of the incident. Once information about an incident has been submitted through the tool the details are automatically fed to the ICO unless the tool decides from the information provided that it is not a reportable incident.

There have been 4 reported incidents (using this tool) for the last quarter. None of the incidents required further input from the ICO

### General Data Protection Regulation (GDPR)

GDPR is business as usual. Areas of compliance currently being or about to be worked on include:

#### Data Privacy Impact Assessment (DPIA)

The Trust currently has 25 DPIA's that are being processed

#### Data Flow Mapping & Departmental Information Assets

Work continues with the Deputy I.G manager engaging with departments and reviewing the data flows both outward and inward bound.

The IG department has received 38 out of 65 data flow maps for 2019/20 (57%)



This a legal requirement and failure to have detailed information mapping of all the Trusts personally identifiable data flows could leave the Trust open enforcement action/fines from the Information Commissioners Office.

### **Data Protection spot check Audits**

As part of an ongoing effort to ensure compliance and raise data protection/information security awareness the IG team are conducting data protection spot checks throughout the hospital.

Our findings will be presented in the next quarterly report to board.

### **Shared folders/access controls**

To comply with GDPR, The Trust needs to have strict data access control and a full awareness of:

- what data they hold,
- why they are holding it and
- what permissions they have to use it.

PID is stored within folders on the share drive and it's necessary for workflow, however; if staffs are saving PID onto departmental folders (within the share drive) they must ensure that only the relevant staff members have access to that information.

It is advised that all heads of department review which staff members have access to their departmental folders/drive. This action needs to be prioritised and awareness raised to ensure that staff access' to PID within folders/drives are legitimate and not excessive.

Without a clear option to audit the share drive user access and the controls surrounding it leaves The Trust extremely vulnerable.

### **Subject access requests (SAR)**

Under the Data Protection Act 2018/GDPR we have 30 days to respond to a SAR; however we aim to comply with the Caldicott recommendation of 21 days.

The Trust has received and processed 813 subject access requests in the last quarter and the department continues to see an increase in requests for medical records from Solicitors, patients, Police, Courts, Council and other professional bodies.

Since the UK implemented the General Data Protection Regulation (GDPR) into the Data Protection Act 2018 90% of the requests are for ALL records opposed to records relating to the incident.

Compliance for responses within the legal 30 day deadline has risen from 82.5% to 87.5% in the last quarter.

Year 2019/20		No of requests
Q1	April-June	633
Q2	July – September	811
Q3	October – December	813
Q4	January – March (to date)	
Total Received		2257

Requests received from	Number of Requests				
	Q1	Q2	Q3	Q4	Total
Patient	201	226	199		
Court Order/Social Services	12	7	3		
Solicitors	244	379	461		
Health Organisations	59	55	43		
Police	11	19	34		
Coroner	8	6	5		
Government	16	24	33		
Insurance	27	44	1		
Legal	47	16	34		
Other pending requests	179	35	0		

### Freedom of Information (FOI)

Under the Freedom of Information Act public authorities are required to respond to requests no later than 20 working days.

The Act makes this clear:

*“a public authority must comply with section 1(1) promptly and in any event not later than the twentieth working day following the date of receipt.”*

Compliance for FOI responses this quarter has dipped again to 67.8% from 71%

Despite deadlines being closely monitored the department's compliance with FOI is mainly controlled by staff members within the trust for responses and approvals.

There are currently:

- 11 breached FOI's that are awaiting executive approval.
- 9 Breached FOI's that no responses have been received.

All breached FOI's for approvals and non-responses have been chased continuously.

Year 2019/20	No of requests	Breached Legal deadline of 20 working days
April-June	198	54
July – September	212	62
October – December	149	48
January – March		
<b>Total Received</b>	<b>559</b>	<b>164</b>

Part of transparent processing is about being clear, open and honest the IG department are preparing to publish all FOI responses within its publication scheme. This will allow the trust to conform to guidance and hopefully reduce the amount of duplicate requests whilst raising compliance figures.

### **Mandatory IG Training**

The Trust must adhere to national guidance which requires Information Governance training to be completed annually.

The compliance target required by the Data Protection Security Toolkit (DSPT) is 95% on an annual basis.

The Training and Development team have now added the annual competency to ESR and have successfully had a bulk of competencies removed which had longer compliance than applicable.

The IG Team are currently contacting heads of departments to raise awareness of the competency changes. Highlighting which staff members are non-compliant with the annual IG training and advising how to book/drop in to the class based training or online via ESR.

### **SIRO Training**

SIROs should be familiar with information risks, including those identified in the Data Security and Protection Toolkit (DSPT) and the organisation's response to risk ensuring they can provide the necessary input and support to the Board and to the CEO/Accounting Officer.

The CIO and DPO will be attending SIRO training on 4<sup>th</sup> February

### **National Data Opt Out**

The national data opt out is a service that allows patients to opt out of their confidential patient information being used for research or planning.

# National Data Opt-Out

This system will offer patients and the public the opportunity to make an informed choice about whether they wish their personally identifiable data to be used just for their individual care and treatment or also used for research and planning purposes.

## DOES APPLY:

- ✓ for research purposes such as to identify the effectiveness of a new drug
- ✓ to provide information to support the safe and effective delivery of health and care services
- ✓ for a patient who has died, where they had previously set a national data opt-out

**Patients and the public will be able to Opt Out online from 25 May 2018. All health and care organisations will be required to uphold patient and public choices by March 2020.**

## DOESN'T APPLY IF:

- Identifiable health information is used for the patients individual care and treatment
- patient has given explicit consent
- there is a legal requirement we must provide the data (court order or CQC inspection)
- there is a public interest (serious crime)
- data is provided in an anonymised form
- data provided for the National Cancer Registration Service, National Congenital Anomalies & Rare Diseases Register
- data is provided for the oversight and provision of population screening programmes
- patient registration information is shared with the Office for National Statistics for the production of official statistics

All health and care organisations in England must comply with the national data opt-out policy by March 2020

The Trust must:

- Implement a technical solution to enable staff to check lists of NHS numbers against those with national data opt-outs registered.
- Have a process in place to ensure only the filtered data is used or disclosed

The check for National Data opt-outs service uses the messaging exchange for social care and health (MESH)

The Trust does not currently comply with the National Opt-outs (as noted in the privacy notice) and Information Governance will be managing it locally until IT implements the relevant technical solution.

This item is with the solutions board.

## Axe the Fax

Health and Social Care Secretary bans fax machines in NHS.

From April 2020, NHS organisations will be required to use modern communication methods, such as secure email, to improve patient safety and cyber security.

NHS organisations will be monitored on a quarterly basis until they declare themselves 'fax free'

## Bedfordshire, Luton and Milton Keynes (BLMK)

### Integrated Care System

#### Central Brief: October 2019

Issue date: January 2020

#### News



#### ***BLMK Longer Term Plan engagement***

Last summer the partnership undertook a system-wide engagement initiative to capture the views of local people about what they feel is important to them for the local health and care.

Over four months we spoke to hundreds of local people at community events, meetings and forums, faith centres and shopping centres. The feedback we received is captured within the engagement and communications chapter in the Longer Term Plan (LTP), however, we intend to publish a more in-depth report that covers all the feedback we received as part of our engagement. We anticipate releasing this report in the Spring and will be distributed to everyone we spoke to as well as a wider release through stakeholder groups, the partnership organisations and through existing communications channels like the website.

As part of our plans to launch our LTP we are working with our local Healthwatches to produce a series of five short films which will cover cancer, mental health, long term conditions and GP access. Each film will include an interview with a patient who will share their experiences of services and a clinician will talk about what we are planning to do to transform services around these key areas.

#### ***Online Counselling and Support Tool Already Helping Young People In BLMK***

An online counselling and emotional support tool has helped over 500 young people in Bedfordshire, Luton and Milton Keynes access 24/7 support since its launch in July.

The service, which is called Kooth and is provided by XenZone, is accredited by the British Association for Counselling and Psychotherapy (BACP) and offers local children and young people between the ages of 11 and 19, 24-hour access to self-help materials, mood-tracking and goal setting tools, and live, moderated forums which cover topics ranging from exam stress and anxiety to eating disorders and grief.

Kooth provides a service to those young people who might be hesitant to access services face-to-face. The figures show that over 500 new users have registered with the service and used it on multiple occasions, with around 70% accessing it out of hours.

Anne Murray, Chief Nurse for the BLMK Commissioning Collaborative said “We are still only a few months into an 18-month pilot of Kooth but these figures show there is certainly a need to provide this service for the young people of BLMK. Where previously they might not have

sought help at all, we hope that providing this tool will help to improve the emotional wellbeing of our young residents.

“The fact that a large majority of the users have accessed the service out of hours, where traditionally there has been no provision to support them, is a great indication that Kooth is already proving to be a vital resource.”

Local Providers will promote the service and encourage even more young people to use Kooth to access support when they need it.

***Information about the service and how to access it is available at [www.kooth.com](http://www.kooth.com).***

## Events



### ***Liberating structures***

**When:** Thursday 6 February, 2020 10.00 am – 3.00 pm

**Where:** Rufus Centre, Lockyer Suite, Steppingley Road, Flitwick, Bedfordshire, MK45 1AH

This event will look at Liberating Structures and the powerful ways of involving, engaging and unleashing everyone to contribute ideas and shape the future to help each other support change. They are tools and techniques that help people connect, work together collaboratively, think differently, strategies, analyse, problem solve, plan and rapidly spread ideas.

There are 33 different structures and many more in development, so there is something for almost any context or occasion! During this lively interactive session you will find that they are deliberately simple, anyone can lead them, and they will spread virally in an organisation or group.

The immersion workshop will be led by Zoe Lord of the NHS Horizons team. She is a Liberating Structures practitioner and has used them in support of better outcomes with patients, families, and healthcare professionals.

#### Session Objectives:

- Learn how to liberate and unleash the energy of groups of people to shape the future in powerful ways
- Structure your change and improvement efforts around simple rules that can be used by everyone
- Stimulate creativity, inclusion, participation, clarity, purpose and fun
- Ensure that every person has at least one Liberating Structure that they want to start using immediately.

**Spaces are available to staff of the 15 Bedfordshire, Luton and Milton Keynes partners and associated voluntary organisations. To book your place contact: [nisha.patel54@nhs.net](mailto:nisha.patel54@nhs.net) or call 07943 534 437 and advise of any dietary requirements.**

***System-wide Conversation: “Transforming Mental Health Care across Bedfordshire, Luton and Milton Keynes”***

**When:** Wednesday 29 April, 2020 5.45 pm – 9.00 pm

**Where:** Rufus Centre, Lockyer Suite, Steppingley Road, Flitwick, Bedfordshire, MK45 1AH

BLMK ICS is delighted to invite you to an Event focussed on how we can improve mental health support across Bedfordshire, Luton and Milton Keynes. On the evening we will be joined by the following speaker to help us with this discussion:

**Amélie Bages, Head of Mental Health (Delivery), NHS England and NHS Improvement**

In addition, the evening will also include an opportunity for attendees to participate in break out groups to discuss about the mental health developments that are happening, what we can share and learn from each other, what issues exist and how we might all resolve them.

**Spaces are available to staff of the 15 Bedfordshire, Luton and Milton Keynes partners and associated voluntary organisations. To register for the event please email Nicola Dowlen – [nicola.dowlen@mkuh.nhs.uk](mailto:nicola.dowlen@mkuh.nhs.uk)**

Food and refreshments will be provided at the event and a full agenda will follow.

**To keep up to date with latest news**

Follow us at:  @BLMK\_STP

[www.blmkstp.co.uk](http://www.blmkstp.co.uk)







## BOARD OF DIRECTORS

<b>Agenda item</b>	8	<b>Category of Paper</b>	<b>Tick</b>
<b>Paper Title</b>	Performance Reports	<b>To action</b>	<input type="checkbox"/>
<b>Date of Meeting</b>	5 February 2020	<b>To note</b>	<input checked="" type="checkbox"/>
<b>Lead Director</b>	1. Liz Lees, Chief Nurse / Cathy Jones, Deputy CEO / Catherine Thorne, Director of Quality and Safety Governance 2. Matt Gibbons, Director of Finance 3. Angela Doak, Director of Human Resources	<b>For Information</b>	<input type="checkbox"/>
<b>Paper Author</b>	As above	<b>To ratify</b>	<input type="checkbox"/>
<b>Indicate the impact of the paper:</b>			
Financial <input checked="" type="checkbox"/> Quality/Safety <input checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Equality <input checked="" type="checkbox"/> Clinical <input checked="" type="checkbox"/> Governance <input checked="" type="checkbox"/>			

<b>History of Committee Reporting &amp; Date</b>	COSQ October 2019 – January 2020, FIP January 2020-, Executive Board January 2020		
<b>Links to Strategic Board Objectives</b>	Objective 1 – Deliver Quality Priorities (patient experience, patient safety and clinical outcomes) Objective 2 – Deliver National Quality and Performance Targets Objective 3 – Implement our New Strategic Plan Objective 4 – Develop all Staff to Maximise Their Potential Objective 5 – Optimise our Financial Position		
<b>Links to Regulations/ Outcomes/External Assessments</b>	CQC Internal Audit HSE External Auditors		
<b>Links to the Risk Register</b>	Agency Costs HSMR Vacancy rate	Bed pressures Appraisal Finance costs Inpatient Experience	

### PURPOSE OF THE PAPER/REPORT

To give an overview of the quality, activity, compliance and workforce performance of the Trust.

To provide a summary of the financial performance of the Trust

### SUMMARY/CURRENT ISSUES AND ACTION

The report gives an update on:

1. Quality & Performance
2. Finance
3. Workforce

### ACTION REQUIRED

To note the content of the reports.

Public Meeting



Private Meeting





## Executive Summary and Headlines:

### Quality and Performance Report – Oct-Dec 2019

#### RAG Key:

<b>Green</b>	Target attainment – no risks to escalate
<b>Amber</b>	Risk to targets and/or issues identified
<b>Red</b>	Targets not achieved – issues to escalate

	<b>Topic</b>	<b>Page No.</b>	<b>Internal threshold – in month RAG</b>
<b>1</b>	<b>Pressure ulcers</b> In Q3 there was a total of 183 hospital acquired pressure ulcers (HAPUs), representing a 17% increase in pressure ulcer incidence when compared to Q2 2019/20, although the severity of the damage has reduced. There have been changes in reporting guidance and an increase in reporting.	<b>2&amp;3</b>	<b>Amber</b>
<b>2</b>	<b>Falls</b> There was a total of 236 falls in Quarter 3. The number of falls per 1000 bed days remains at the external falls review recommendation of 4.8 and below. There were 9 falls with significant harm reported over the quarter. There were 7 moderate harm incidents. Promotion of the Inpatient Falls CQUIN continues across the Trust.	<b>4&amp;5</b>	<b>Green</b>
<b>3</b>	<b>CAUTI &amp; VTE</b> There has been little variance in catheter usage for the last 12 months which remained around a mean average of 16%. There were no catheter acquired urinary tract infections in Q3. VTE risk assessment remains consistently good.	<b>6</b>	<b>Green</b>
<b>4</b>	<b>Infection Prevention and Control and Cleanliness</b> New criteria for allocation of Clostridium difficile infections came into force from 1 April 2019. The revised ceiling for our Trust is 19 cases. However, at the end of Quarter 3 the total number of cases of C.Difficile (Trust apportioned) is 29 with 9 cases successfully appealed and 3 pending investigations ongoing. The Trust has failed to identify any clustering based on epidemiology and genotype studies. A programme of enhanced cleaning and HPV disinfection has been carried out in the ED and acute admission wards.	<b>7</b>	<b>Amber</b>
	The High Risk category areas continue to fail to achieve the required standard for cleaning. The Very High Risk area failed to meet the target in December.	<b>8</b>	<b>Amber</b>
<b>5</b>	<b>Incidents and serious Incidents</b> 6 serious incidents were declared in Q3 2019/20. The new Local Incident Review Panel meeting and associated processes have now commenced in Medicine to ensure weekly review of all incidents graded moderate, severe and death, and more broadly to encourage active review of incidents.	<b>9, 10</b>	<b>Green</b>
<b>6</b>	<b>Patient Experience / Complaints</b> Friends and Family Test response rates – our FFT remains above the national average for response rates for Inpatient and the Emergency department. There was a significant improvement in Maternity response and recommend rate in November. Recommend rates for Inpatients dipped slightly in September and October but have come back in line with the national average in November.	<b>11, 12, 13, 14, 15</b>	<b>Green</b>

	There were 35 formal complaints declared in December, 45 in November, and 48 in October. General Managers and Service Managers are instigating early interventions to try and reduce the number of reported complaints. The percentage of complaints responded to within 35 working days was 80% in December.		Amber
7	<b>Cardiac Arrest Rate</b> The cardiac arrest rate has been falling since the peak in September, the cumulative cardiac arrest rate for Q3 is 0.88 down from 1.17 in Q2 but is higher than for the same period last year.	16, 17, 18	Green
8	<b>Mortality</b> The latest mortality figures remain very good. Both the Standardised Mortality Ratio (SMR) and the Hospital Standardised Mortality Ratio (HSMR) for the year to October 2019 were better than the national average. <b>Fractured Neck of Femur</b> The HSMR for fractured neck of femur continues to show an improvement.	19, 20	Amber
	<b>Learning from Deaths</b> There were no deaths identified in Quarter 2 2019/20 for which the SJR outcome was 'likelihood of avoidability'.	21	Green
9	<b>Cancer</b> The Trust delivered the 62 day cancer GP referral to treatment target in October and November 2019 following the drop below standard in September 2019.	22, 23, 24	Amber
	<b>Cancer four-week (28 day) 'referral to definitive diagnosis'</b> – This standard will be fully implemented in 2020 and has commenced in shadow monitoring format for this year.	25	Amber
10	<b>Emergency Department performance</b> The Trust has been selected as one of 14 sites to field test the proposed new clinical access standards and so is not publishing 4 hour access standard data during the pilot period.	26	
11	<b>18 Weeks</b> The Trust did not deliver the 18 week target for October, November and December 2019.	27	Red
12	<b>Stroke</b> The Apr-Jun SSNAP report has been published and the Trust has achieved an A rating for the overall score. There have been improvements in the time to stroke unit, thrombolysis, SALT and MDT working domains.	28, 29	Amber
13	<b>Diagnostics</b> The excellent performance against the 6 week diagnostic target continues with the lowest number of breaches since April 2019 occurring in December 2019.	30	Green
14	<b>Late Cancellations</b> One patient whose surgery was cancelled on the day was not re-dated within 28 days during November 2019.	31	Green
15	<b>Length of stay</b> The Trust has a target to reduce the number of 'super stranded' patients (those staying over 21 days) to an average of 57 beds occupied by patients with a length of stay of over 21 days. The challenging position	32	Amber

	continues, with the Trust seeing persistently high numbers of patients over 21 days.		
<b>16</b>	<b>Dementia</b> All dementia indicators were achieved in October and November 2019.	<b>33</b>	<b>Green</b>



# Quality & Performance Report

October - December 2019 data

Chief Medical Adviser

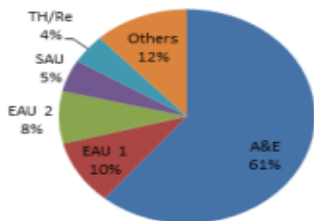
Chief Nurse

Deputy Chief Executive

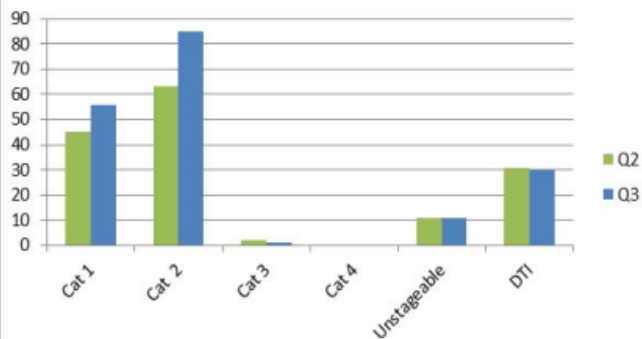
Director of Quality

From April 1<sup>st</sup> in line with NHS Improvement recommendations (June 2018), new reporting of hospital acquired pressure ulcers (HAPU) came into effect. In accordance with the new guidance this report will include all categories of pressure ulceration, identified after 6 hours of admission. This will include Categories (Grade) 1 to 4, Deep Tissue Injuries (DTI) and unstageable pressure ulcers where depth cannot be determined (previously referred to as Unclassified Category 3). Pressure ulcers caused by medical devices, i.e. Anti-Embolitic Stockings, Oxygen Delivery devices, Plaster of Paris, will be reported as Device Related (DR).

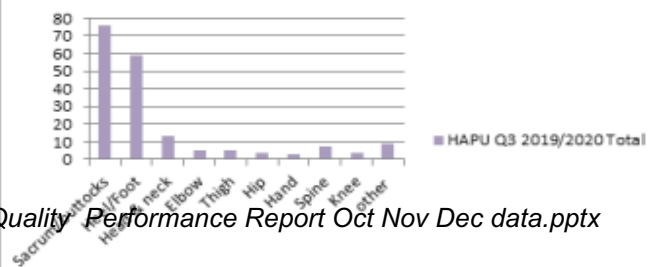
**Datix Incidents POA**



**HAPU Quarter 3 2019/2020**



**HAPU Q3 2019/2020 Anatomical Location**



## Reporting

There were 1792 incident reports (Datix) completed for pressure/moisture associated skin damage between October and December 2019 (Quarter 3 2019/2020), an increase of 12% when compared with Quarter 2. These included ulcers both present on admission and hospital acquired (POA/HA), the largest number of incidents reported was POA to hospital (1466), of which 61% (n= 896) were completed by A&E, 10% (n= 116) by EAU 1, 8% (n=71) by EAU 2 and 5% (n= 65) by SAU.

## Pressure Ulcer Incidence

In the reporting period there was a total of 183 hospital acquired pressure ulcers (HAPUs), October = 51, November = 71 and December = 62. This represents an overall incidence increase of 17% when compared with Quarter 2 2019/2020. The table to the left illustrates the breakdown by category comparing it to Quarter 2.

The organisation anticipated an increase in HAPU, reflecting the changes to reporting in particular the 6 hour time frame allowed to identify damage on admission as well as the inclusion of Category 1 and Deep Tissue Injuries (DTIs). The reporting and validation of these two elements have seen an increase month on month, since April 1<sup>st</sup> 2019. Overall Category 1 HAPUs have increased by 138% and DTIs by 134% when compared to the same period in reporting year 2018/2019 (April –December 2018).

An analysis of all HAPU demonstrated that 30% (n= 55 ulcers) were first identified an average of 1.4 days after admission (16 category 1, 21 Category 2, 16 DTIs and 2 Unstageable pressure ulcers). 3 pressure ulcers were caused by Plaster of Paris (POP) applied in A&E and identified within 5 days when reassessed in Fracture Clinic. The remaining 52 ulcers denote an increase in those categorised as hospital acquired since the new guidance (6 hour time frame) came into being in April 2019.



## Device related pressure ulcers (DRPU)

Since reporting changes there has been a significant increase in the incidence of DRPU. Staff are much more aware of the impact of medical devices on skin integrity and potential risks and are more likely to report. Of the 185 pressure ulcers 21.5% (n=40) were caused by medical devices (DRPU). A number of pressure ulcers were associated with continence related devices. The Tissue Viability Team is working closely with the company representative in providing targeted training in this area in the absence of a Continence Nurse Specialist.

## Analysis

Although the increased level is of concern following some thematic reviews there are a number of factors influencing this:

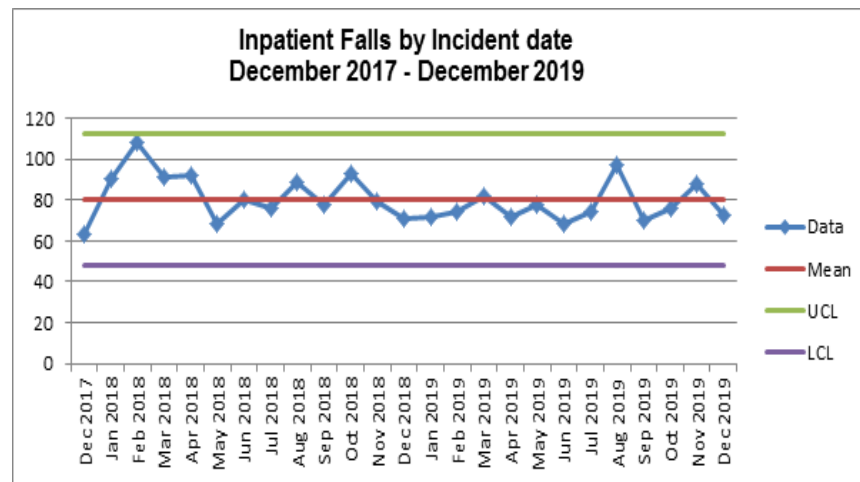
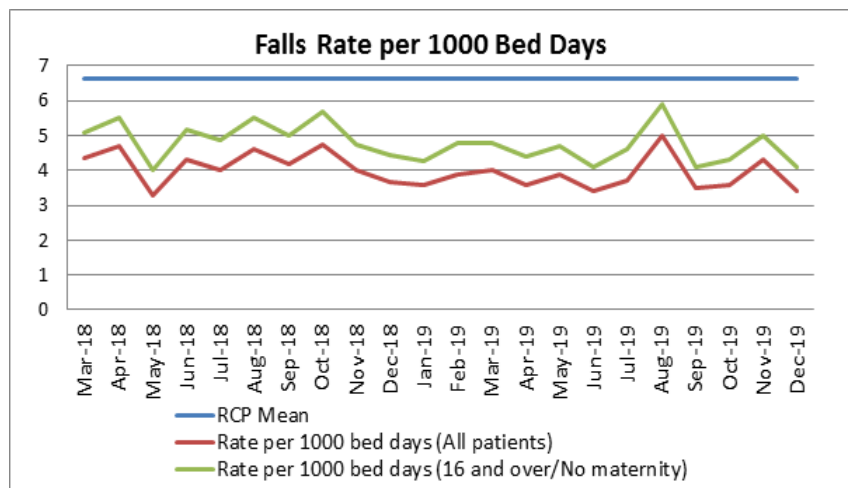
- Increase in activity in Q3 requiring opening of contingency.
- Increased awareness by staff of reporting any pressure damage has increased in particular with device related damage. Increase of 12% reporting during period when compared with the previous 3 months.
- Number of Category 1 pressure ulcers reported has increased by 138% and DTIs by 134% since April 2019 when compared with previous year. This is a positive indicator, as staff are assessing and reporting more damage and prevention further deterioration whilst in hospital.
- Missed opportunities of initial skin assessments with 30% (n=55) of pressure damage identified outside of 6 hour time frame resulting in hospital acquired. This is significant within the Assessment units as 31 of the 55 pressure ulcers attributed to these areas.
- Decrease in number of Plaster of Paris (POP)/orthotic device related pressure ulcers. Collaboration with Fracture Clinic Manager and Clinical leads resulted in clearer patient information leaflets, increased patient accountability and signposting patients when concerned.
- Workload of TVN team has increased significantly reducing capacity for visual assessment of pressure damage.

## Action and Next Steps

- Continued focus on ED and Assessment units regarding early identification of skin damage – Scoping exercise to take place on 14<sup>th</sup> January and Tissue Viability Team member spend time in departments, working with teams for 1 week – 20<sup>th</sup> -24<sup>th</sup> January.
- Tissue Viability Nurses currently undertaking QSIR Practitioner training – this will provide the team with the skills to design and implement a more efficient processes.
- Review of pressure damage validation process commenced:
  - Proposal that Matrons and Ward Sisters will undertake first line validation. This will require some coaching by Tissue Viability Team, commencing in January 2020.
  - It is also proposed to introduce a SWARM document when initial damage is identified; the purpose of this is to implement immediate action and feedback for staff involved.
  - This review will include scrutinising the RCA process regarding the timeliness of completion and ongoing monitoring of the associated action plan. It will also form part of the TV coaching commencing in January 2020.
  - Sharing best practice with Milton Keynes Quality Team.

8.1b Quality Improvement Report on Clinical Risk Report to improve accuracy of grading.

Thematic analysis of all HAPU Category 2-4, DTIs and Unstageable PU ongoing, with findings to be published at the end of Quarter 65 of 162



## Inpatient falls

In October, November and December there were 75, 88, and 73 falls respectively (236) in total. This is a slight decrease from Q2 (240) and Q3 last year when there were 243 reported. In Q3 the number of falls per 1000 bed days was 3.4 for whole Trust and 4.1 for the Royal College of Physicians (RCP) rate. The rate continues to remain below the RCP mean rate of 6.63 and the external review recommendation of 4.8.

Medicine and Complex Medicine each had 25% of the falls, Surgery 18%, Emergency Medicine 14% and Stroke 8% with the remainder between Contingency and Women & Children divisions.

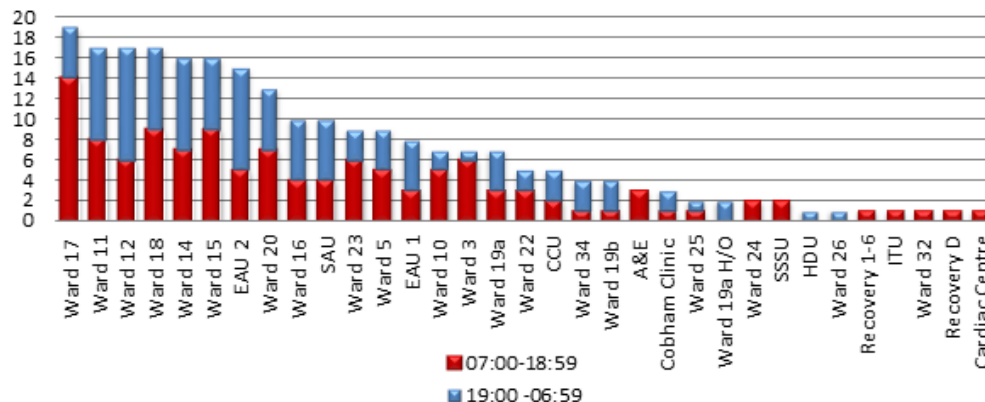
## Injurious falls

In total there were 9 falls with significant harm reported over the quarter. There were 7 moderate harm incidents, 1 patient required surgery to repair fracture to ulna and radius, the remaining 6 patients were managed conservatively.

2 patients sustained severe harm injuries (Fractured Neck of Femur), both underwent surgical repair.

1 fall with low harm was reported onto Safety Thermometer.

**Inpatient falls by location and by day/night hours during Q3 2019/20**



There were 122 falls during the day and 114 overnight during Quarter 3.

An increase in falls from commodes and in toilet areas has been a theme this month. This has been raised at training sessions and shared with Matrons to disseminate to their wards for action. A number of these incidents have occurred with patients under enhanced observation and the need to ensure that all staff understand the principles of enhanced care continues to be promoted.

## Falls prevention initiatives

Falls Awareness training continues across the Trust in a variety of forums, with current emphasis on Enhanced observation and a “revisiting” of Baywatch care management.

A newly appointed Practice Development Nurse for Emergency Medicine is supporting staff to focus on assessment and risk management strategies to reduce patient falls in these areas.

The Trust continues to participate in the National RCP audit on Inpatient falls that result in #NoF. The data set will increase in January to collect evidence of pre fall assessments and interventions along with the immediate post fall management.

The Falls Clinical Nurse Specialist and Patient Safety team continue to promote the Inpatient Falls CQUIN; the Q3 results continue to improve with a 7% increase in compliance. Work is currently underway with the GDE team to design the Falls Assessment and Care plan to be used on Nervecentre along with exploring the possibility of a mandatory field to capture patient Lying & Standing blood pressure for patients aged 65 years and over.

# Harm Free Care

Safe

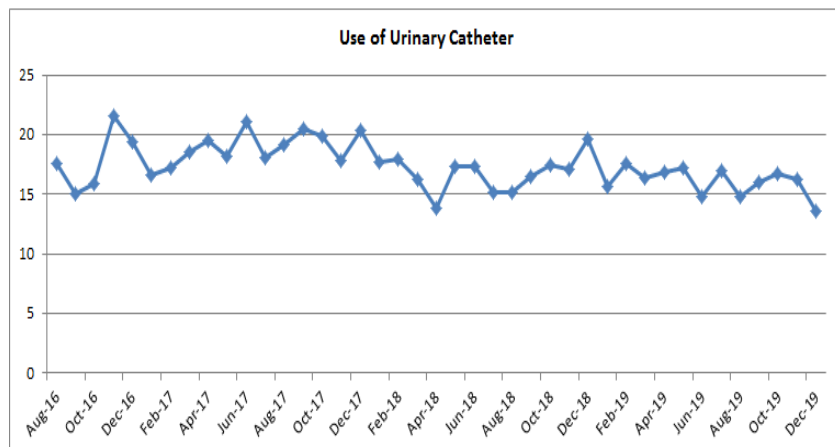
Effective

Caring

Responsive

Catheter Acquired UTI

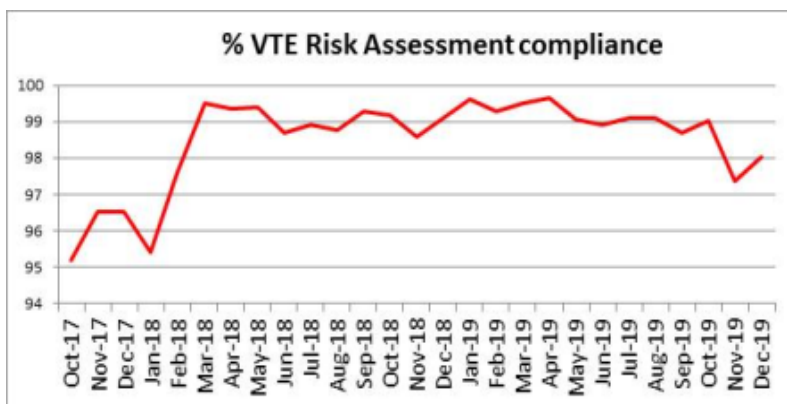
VTE



## Use of Urinary Catheters:

In Quarter 3, October to December 2019, the number of catheters increased by 2.1% compared to June.

However, there was a decrease in catheters inserted 16.24% in November. 13 patients were admitted with long-term catheters and 61 short-term catheters were inserted on admission, slightly less than October. One Urinary Tract Infection (CAUTI) was reported on Safety Thermometer in November but this was not confirmed by microbiology. December also saw a decrease in catheters inserted on admission by 2.68%, with no recorded CAUTI.



## VTE Risk Assessment:

The Trust percentage compliance remains above the targeted 95%. In November there was a slight reduction which could be attributed to the compliance now being reported following coding. December's compliance shows an increase to 98.04%. The Patient Safety Team continue to support the clinical teams by highlighting on a weekly basis those patients who do not have any thromboprophylaxis prescribed and the importance of completing accurate and timely VTE risk assessment to aid decision making.

## Safety Thermometer

The Harm Free Care data is sourced through a one day snapshot audit. The Trust has delivered harm free care well above the national expected threshold of 95% for the quarter.

# Infection Control

Safe

Effective

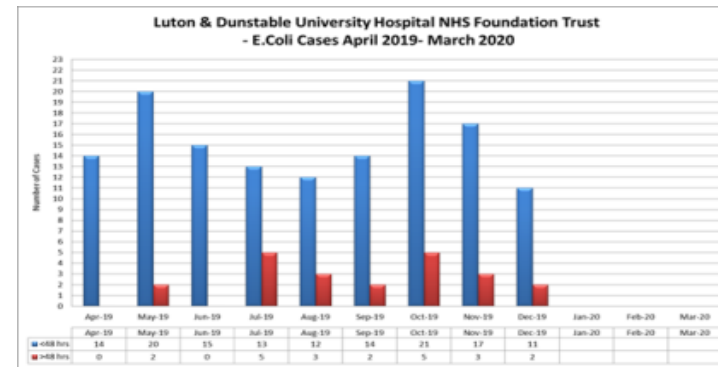
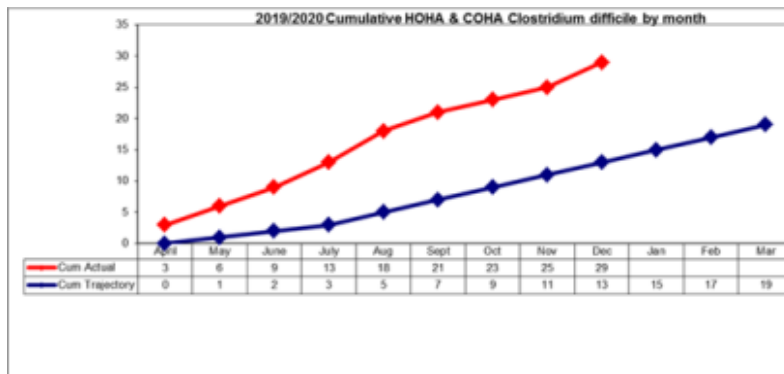
Caring

Responsive

New reporting from 1<sup>st</sup> April 2019

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
C Diff	0	1	0	0	0	0	1	0	1	0	0	1
MRSA	0	0	0	0	1	0	0	0	0	0	0	0
E.Coli	2	5	3	1	6	2	2	4	1	4	1	5

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
C Diff	3	3	3	4	5	3	2	2	3
MRSA	0	1	1	0	0	0	0	0	0
E.Coli	0	2	0	5	3	2	5	3	1



**C. difficile** – There were 2 Hospital Onset Healthcare Associated (HOHA) cases and 2 Community Onset Healthcare Associated (COHA) case in December. This brings the total number C.diff (Trust apportioned) cases to 29 with 9 cases successfully appealed as no lapse in the quality of care and 3 with appeal results pending. Investigations are ongoing but there is no indication of clustering based on epidemiology and typing studies.

**MRSA bacteraemia** – There were no MRSA bacteraemia in December.

**E. coli bacteraemia** – The largest number of cases continue to be identified on admission.

The changes to the CDI reporting algorithm for the financial year 2019/20 are:

- Reducing the number of days to identify hospital onset healthcare associated cases from >3 to >2 days following admission
- Community of healthcare associated: cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the Trust reporting the case in the previous 4 weeks
- Community onset indeterminate association: cases that occur in the community (or within 2 days of admission) when the patient has been an inpatient in the Trust reporting the case in the previous 12 weeks but not the most recent 4 weeks.

**Hand Hygiene** - In December 23 out of 42 areas recorded more than 50 hand hygiene opportunities observed with the rest recording between 1 and 49 over the month.

Overall Page 69 of 1627

Month	Returns	Before patient contact	Before clean/aseptic	After body fluid exposure	After patient contact	After contact with patient surroundings
April 2019	1982	90%	92%	93%	93%	88%
May 2019	1843	91%	91%	95%	95%	90%
June 2019	2194	86%	94%	94%	92%	88%
June 2019	2194	86%	94%	94%	92%	88%
July 2019	2180	91%	95%	97%	94%	90%
Aug 2019	2130	91%	95%	98%	96%	91%
Sept 2019	2415	92%	97%	98%	95%	91%
Oct 2019	2195	90%	96%	97%	95%	89%
Nov 2019	2210	93%	96%	98%	95%	90%
Dec 2019	2241	91%	92%	96%	94%	87%

# Cleanliness

Safe

Effective

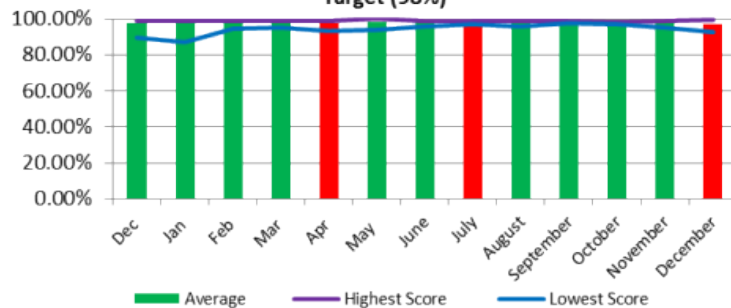
Caring

Responsive

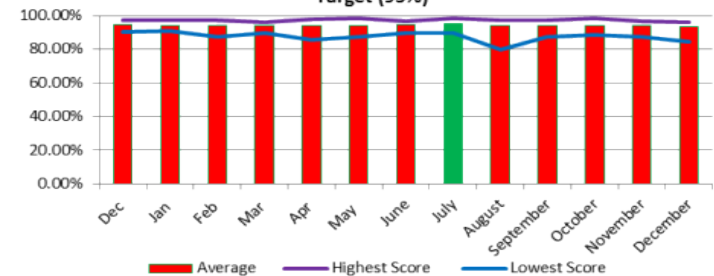
The graphs below show the average audit scores in respect of the cleaning service. December was a very disappointing month for Engie, although the team worked very hard, with staffing difficulties and the additional bed pressure the Trust experienced over the Christmas period, the cleaning standard dropped. Very High Risk and High Risk Areas both failed to meet target. Very High Risk areas scored 97.27% the lowest score in in this category in twelve months.

Engie is focussed to rectify all the service failures and get back on track. We are expecting to see an improvement in the coming months.

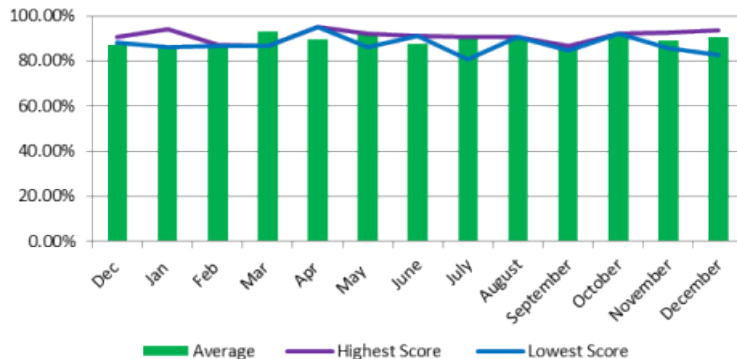
**VHR Audit Score December 2018-2019**  
Target (98%)



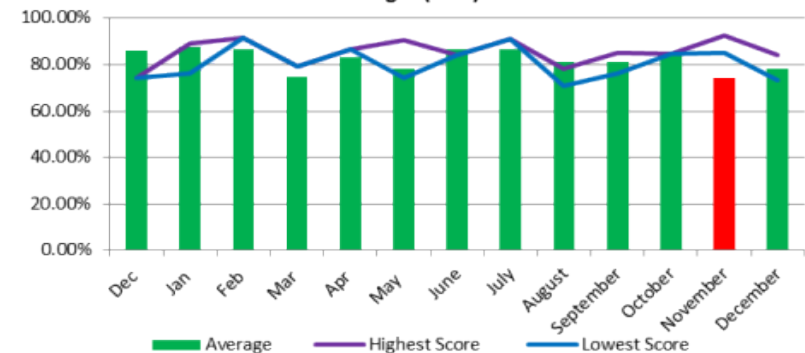
**HR Audit Score December 2018-2019**  
Target (95%)



**SR Audit Score December 2018-2019**  
Target (85%)

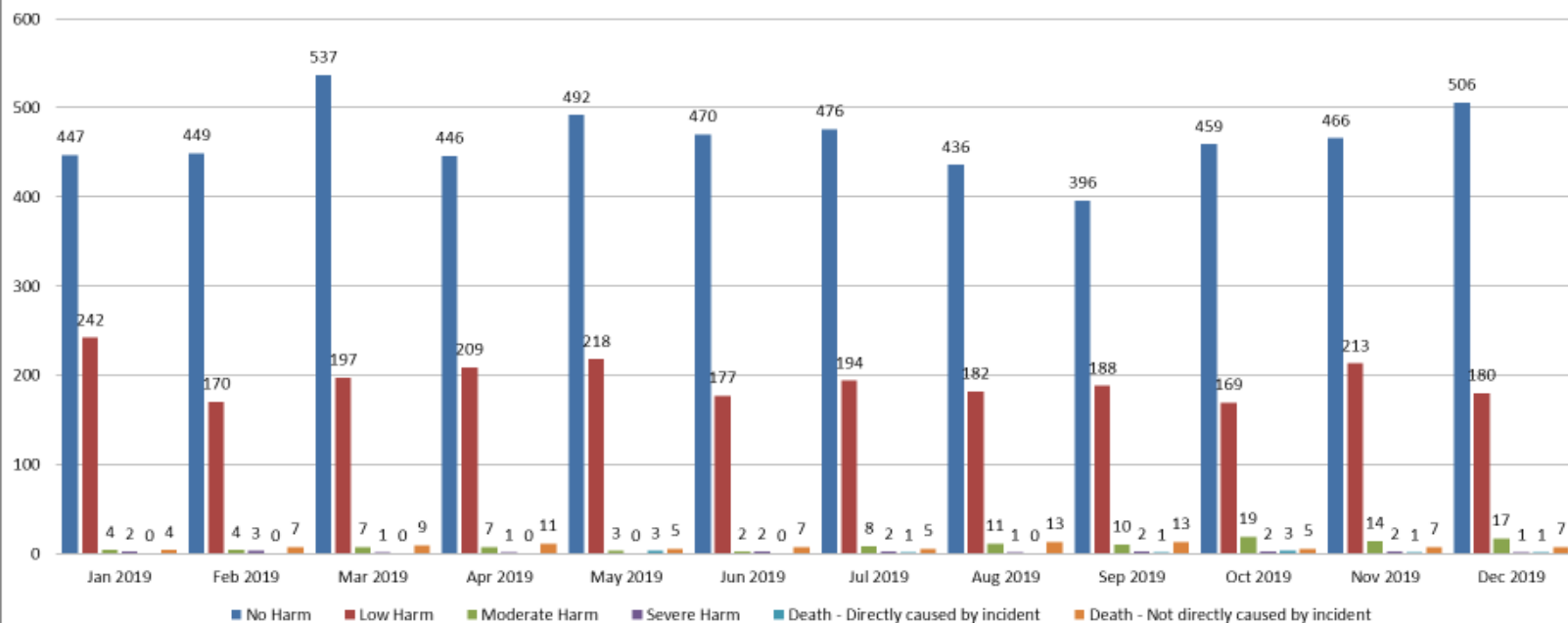


**LR Audit Score December 2018-2019**  
Target (75%)



**Number of Patient Incidents by Month and Level of Harm - January 2019 to December 2019**

Incidents shown do **NOT** include Community Pressure Ulcers /Moisture Lesions, Mental Health or Safeguarding Alerts



**Incident investigations:** On a daily basis the Risk and Governance Team monitor the stage at which incidents are within the system. The stages are 'awaiting review', 'being investigated', and 'awaiting final approval' and there are timescales for each stage. Incidents that exceed these timescales are considered to be overdue.

The new Local Incident Review Panel meeting and associated processes have now commenced in Medicine to ensure weekly review of all incidents graded moderate, severe and death, and more broadly encourage active review of incidents. A total of five cases were reviewed at the first meeting on the 17<sup>th</sup> January with resulting actions and learning identified.

Wider roll out of these measures is planned for the other divisions and future planned care streams.

# Incidents

Safe

Effective

Caring

Responsive

## Duty of Candour

Statutory Duty of Candour applies when a patient safety incident has been identified where the patient has suffered moderate harm, severe harm or death as a result of an act or omission in care.

The Risk Team is working with the Divisional Governance Facilitators to develop processes which will expedite these decisions to ensure the appropriate response for patients and their families. These numbers are reported a month in arrears.

	Mar-19	Apr-19	May-19	June-19	July-19	Aug-19	Sept-19	Oct-19	Nov-19
Compliant	4	2	2	2	3	2	2	3	TBC

## Serious incidents – run rate – 2 SIs declared in August 19 have been downgraded

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2017/18	4	7	0	3	6	2	4	2	2	1	0	3	34
2018/19	4	3	3	3	6	2	1	3	3	0	4	3	35
2019/20	0	3	2	2	2	1	0	4	2				14

No Serious Incident reports were due for submission to the CCG in December 2019

## 2 Serious Incidents were declared in December 2019, a summary of these cases is outlined below:

2019/27446 – Delayed diagnosis of cancer

Potential delay in the follow up of investigations leading to delayed diagnosis

2019/27559 – Potentially avoidable death

Patient was administered inappropriate antibiotics, based on her identified infection bacterial infection, potentially resulting in sub-optimal care



# Patient Experience

Safe

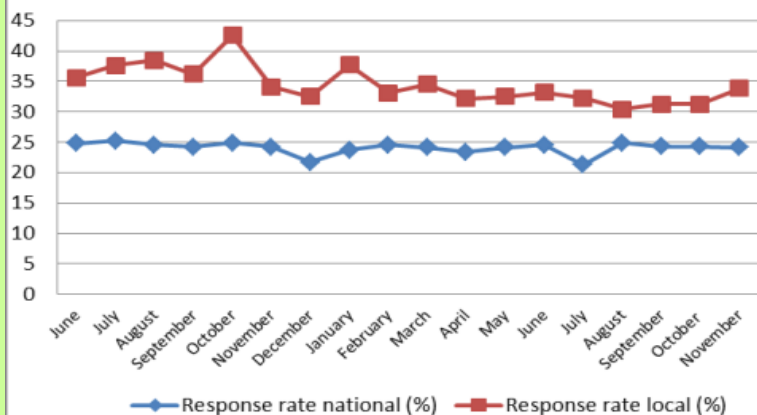
Effective

Caring

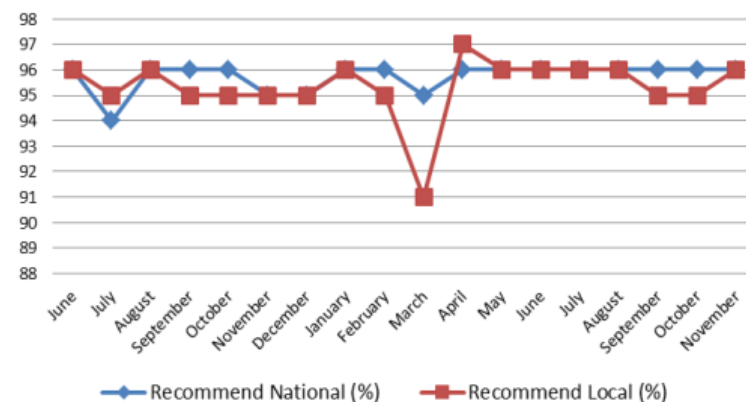
Responsive

The Friends and Family Test (FFT) scores are published each month by NHS England enabling benchmarking against other Trusts in England. The FFT asks the question **'how likely are you to recommend our service / ward / birthing unit to friends and family if they need similar care and treatment'**. The graphs below show comparison response rates for the four areas of Inpatients, Emergency Department, Maternity and Outpatients.

Response Rate (%) June 2018 to November 2019

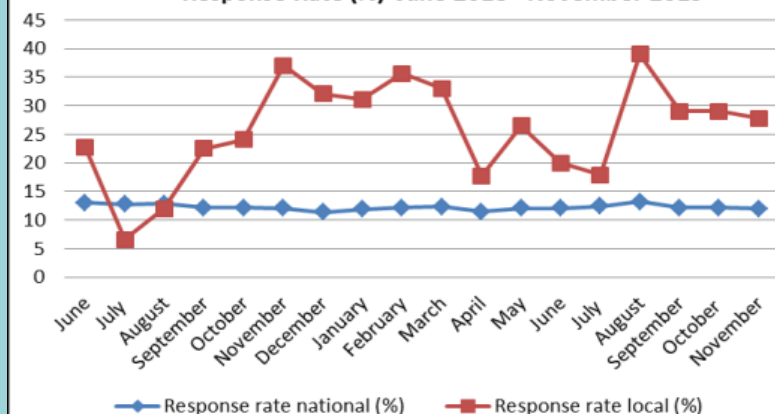


Recommend Rate (%) June 2018 to November 2019

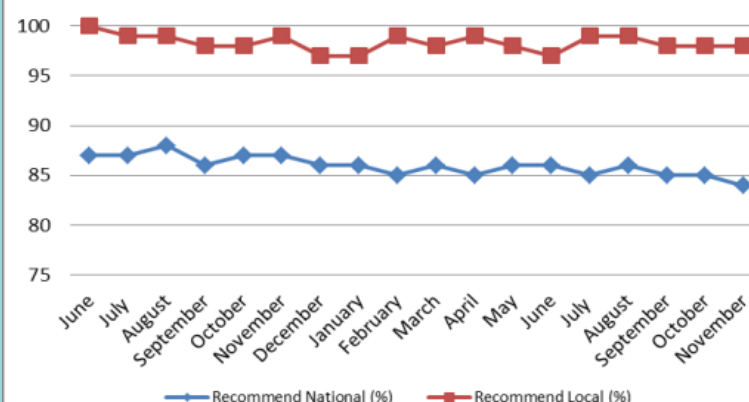


Inpatients

Response Rate (%) June 2018 - November 2019



Recommend Rate (%) June 2018 to November 2019



Emergency Department

# Patient Experience

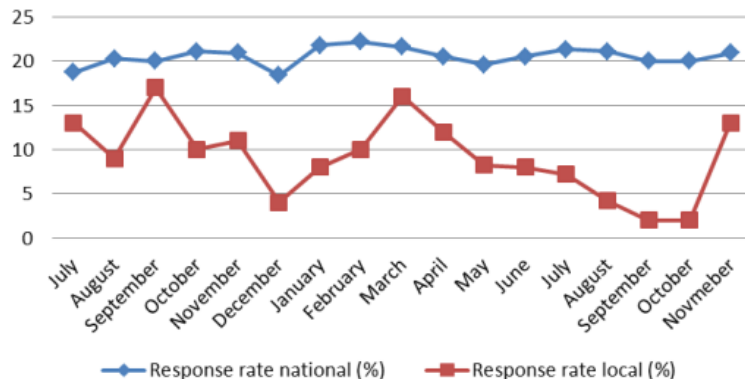
Safe

Effective

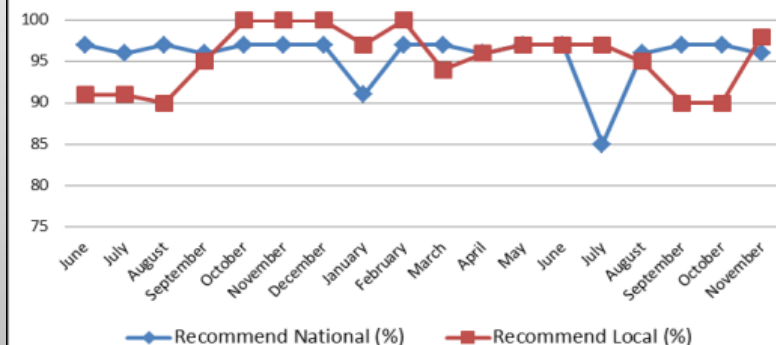
Caring

Responsive

Response Rates (%) June 2018 to November 2019

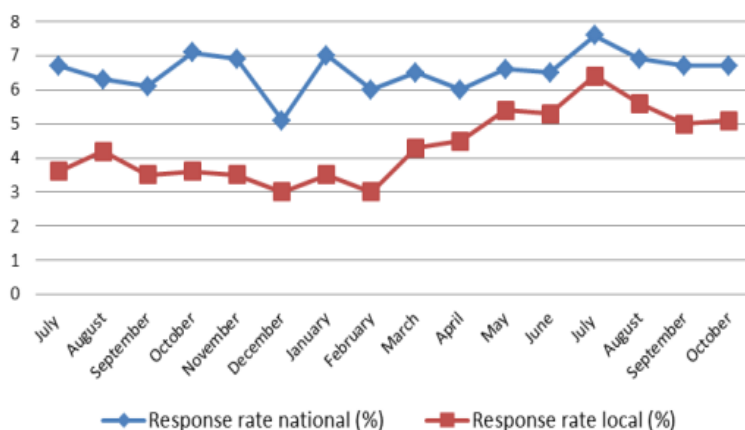


Recommend Rates (%) June 2018 to November 2019

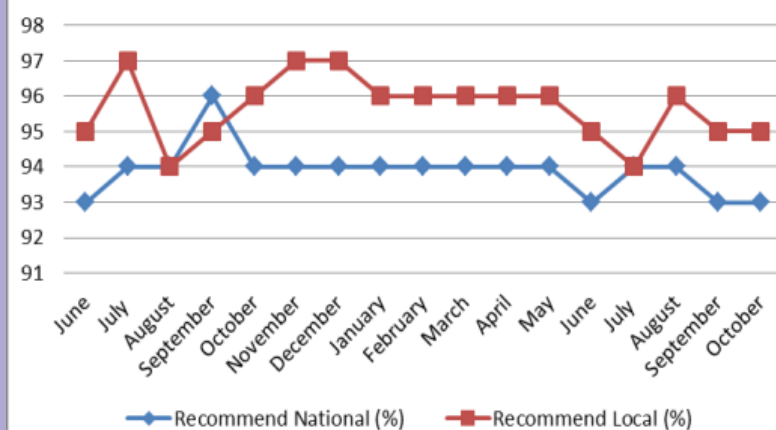


Maternity

Response rate (%) June 2018 to November 2019



Recommend rate(%) June 2018 to November 2019



Outpatients

There has been a significant improvement in the Maternity response rate for November. This improvement needs to be sustained and scores need to continue to increase.

# Patient Experience

Safe

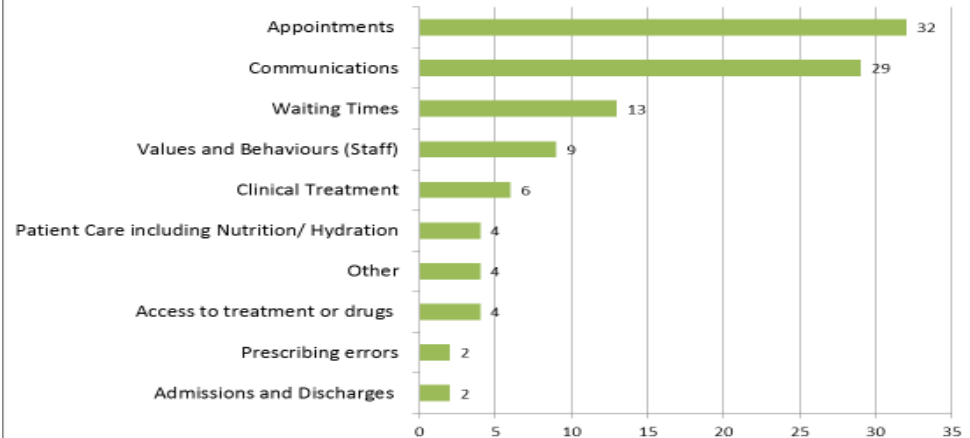
Effective

Caring

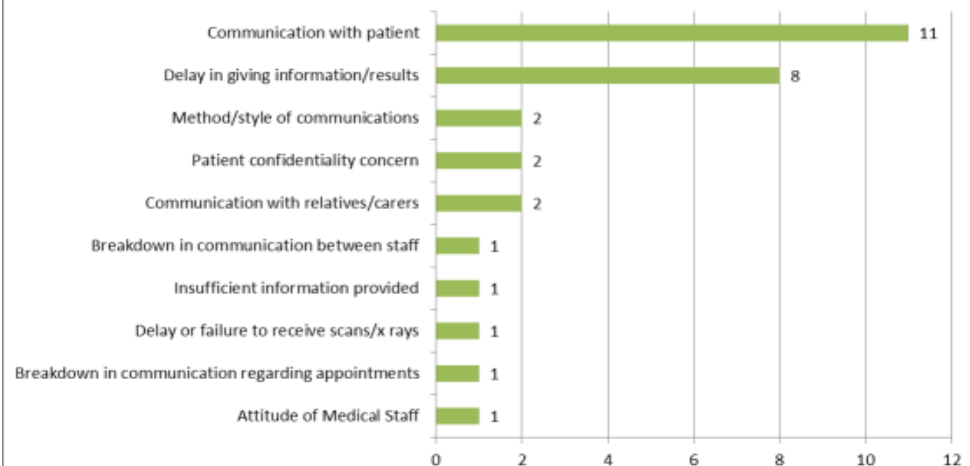
Responsive

## PALS (Patient Advisory and Liaison Service)

### Top 10 PALS Concerns December 2019



### Communication - Last Month Breakdown by Subject (Top 10)



### Compliments:

In quarter 3 there were 389 compliments. The Medical Division is collecting their information monthly from February and a more detailed breakdown will be reported from the beginning of Q4.

	Sep 2019	Oct 2019	Nov 2019	Dec-19	Total
Escalated to formal complaint (patient choice)	1	3	4	3	11

## NATIONAL SURVEYS

### Adult Inpatient Survey 2019

Field work ended in January.

Final response rates: **Trust 37% : National 45%**

Full management and comments reports due mid February

### Maternity Survey 2019

Management Report received. Results embargoed outside the organisation until publication by CQC. Initial results:

**Better than most Trusts** : 1 question "On the day you left was your discharge delayed for any reason?"

**About the same as most Trusts**: 46 questions

**Worse than other Trusts**: 1 question "Did the midwife or health visitor ask you about your mental health?"

## PATIENT EXPERIENCE ACTIVITY

### New National Guidance for the Friends and Family Test:

Guidance published by NHS England in January. Revised question from:

"How likely would you be to recommend this service.....?"  
to

"When you visited the ...(service) how was your experience?"

Patients will also be allowed to respond at anytime during their journey and as many times as they wish. Therefore response rates will not be measured nationally although we can set local targets.

- Further publicity expected from NHS England in February/March
- Local publicity to be launched in February
- Changes will come into effect on 1<sup>st</sup> April.

### Joint meeting with Bedford Hospital

- Being held in January to compare patient experience activity and joint working when we merge.

	Sep 2019	Oct 2019	Nov 2019	Dec-19	Total
By Telephone	16	32	65	42	155
Email	12	68	67	44	191
In Person	16	51	82	46	195
Not on datix recorded on tick sheet	389	465	483	467	1804
Total	433	618	698	599	2348

# Patient Experience

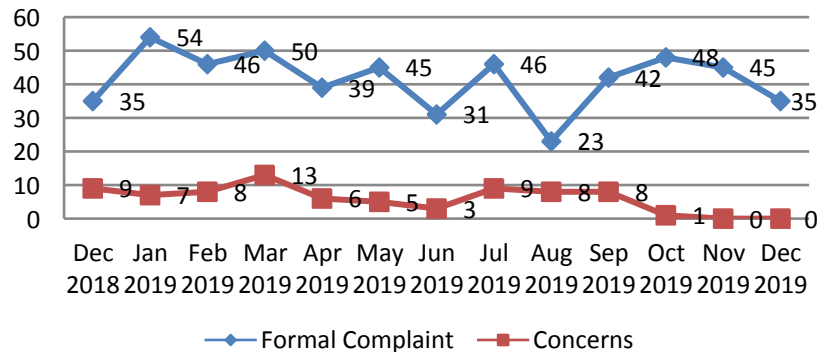
Safe

Effective

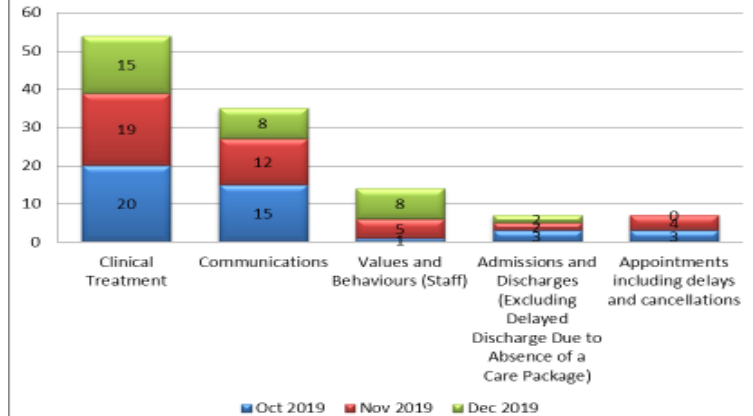
Caring

Responsive

**Complaints by Type**  
December 2018 - December 2019



**Complaints - Top 5 by Subject**



There were 35 formal complaints declared in December which was similar to the same time last year.

Complaints logged in December were slightly low which is as expected seasonally. 'Clinical Treatment' remains the top subject reported. The Complaints Manager attended the Risk and Governance Meetings for DTO and the Surgical Division to flag this up and to understand what services this trend relates to and measures in place to improve. With regard to the Surgical Division it appears 'Clinical Treatment' usually is at the top because patients expect to be given treatment which may not be agreed with the Clinicians. The Complaints Manager will also attend the Risk and Governance Meetings for the Medical Division and Women's and Children's Services in the near future. Training about dealing with Complaints is now in the staff training brochure and departments can book to have the training. If the dates in the brochure are not suitable training can be arranged to meet individual teams needs.

	Not Upheld	Partially Upheld	Upheld	Total
Diagnostics, Therapeutics and Outpatients (DTO)	2	4	2	8
Medicine: Acute and Emergency Medicine	9	5	1	15
Medicine: Medical Inpatients	4	11	4	19
Medicine: Medical Specialties	5	10	2	17
Support Division	0	1	0	1
Surgery	11	19	19	49
Women and Childrens Health Unit	6	6	8	20
<b>Total</b>	<b>37</b>	<b>56</b>	<b>36</b>	<b>129</b>

The Complaints Team achieved 100% target in December of acknowledging complaints received within 3 working days. Within Division: Diagnostics, Therapies and Outpatients (DTO) achieved 100% response rate; Medicine averaged 89%; Surgery dropped to 74% and Women's and Children's also dropped to 72% in comparison to the previous month (November). The Divisions have averaged an overall 80%. All formal complaints are now signed off by the Chief Executive and this is working well. The challenge now is for the Divisions, especially Surgery and Women's and Children's Services to continue to improve response times in order for all Divisions to regularly achieve the 90% target set by the Chief Nurse.

# Cardiac Arrest Rates and Outcomes

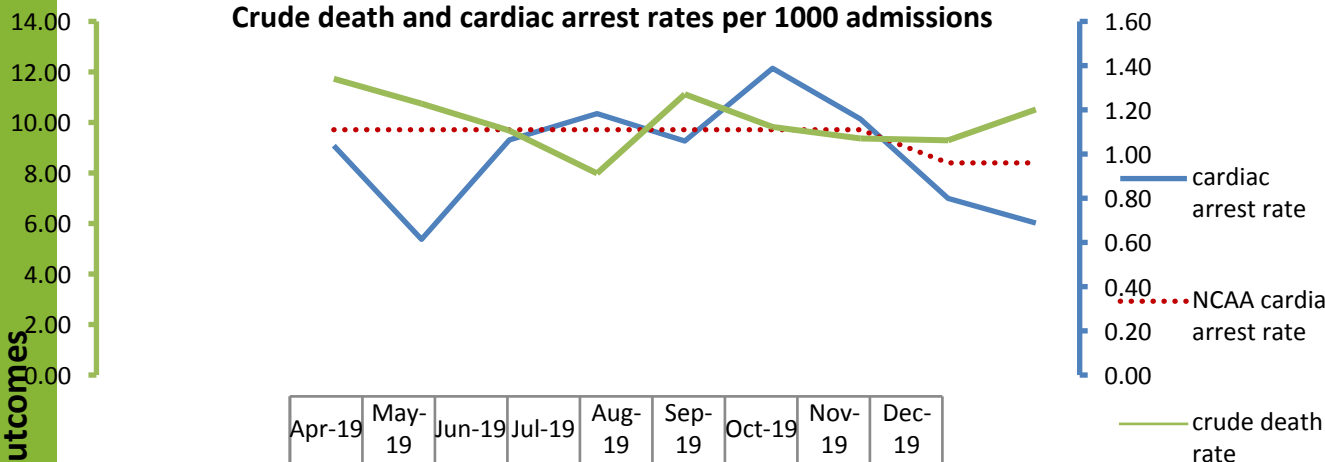
Safe

Effective

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Responsive

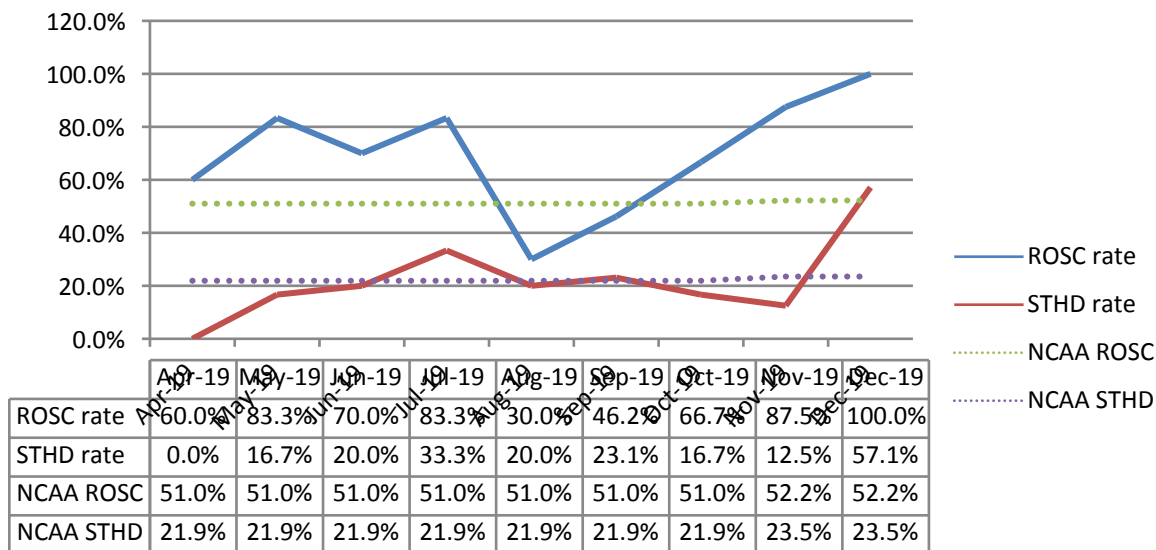
Crude death and cardiac arrest rates per 1000 admissions



The cardiac arrest rate has been falling since the peak in September, the cumulative cardiac arrest rate for Q3 is 0.88 down from 1.17 in Q2 but is higher than for the same period last year (0.79 Q2 2018/19). The most recent NCAA key statistics published in November '19 show a reduction in cardiac arrest rates nationally. The most recent comparative rate is 0.96/1000 admissions.

In Q3 ROSC was achieved in 81.5% of patients which is significantly higher than the NCAA average of 52.2%. Of those who had a cardiac arrest in Q3, 21.9% survived to hospital discharge. This is lower than the NCAA average of 23.5%.

Return of Spontaneous Circulation and Survival to Hospital Discharge rates



Cumulative rates	L&D Q1-3	NCAA 2018/19
Arrest rate	1.00	0.96
ROSC	67.0	52.2
STHD	21.6	23.5

# Cardiac Arrest Rates and Outcomes

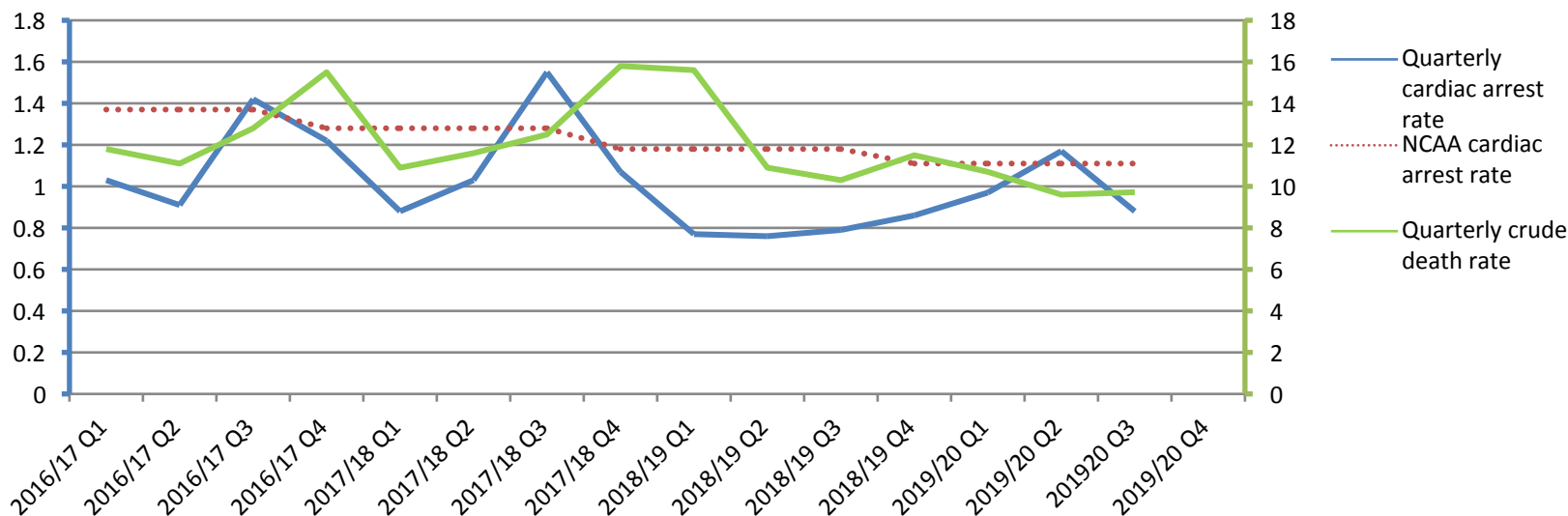
Safe

Effective

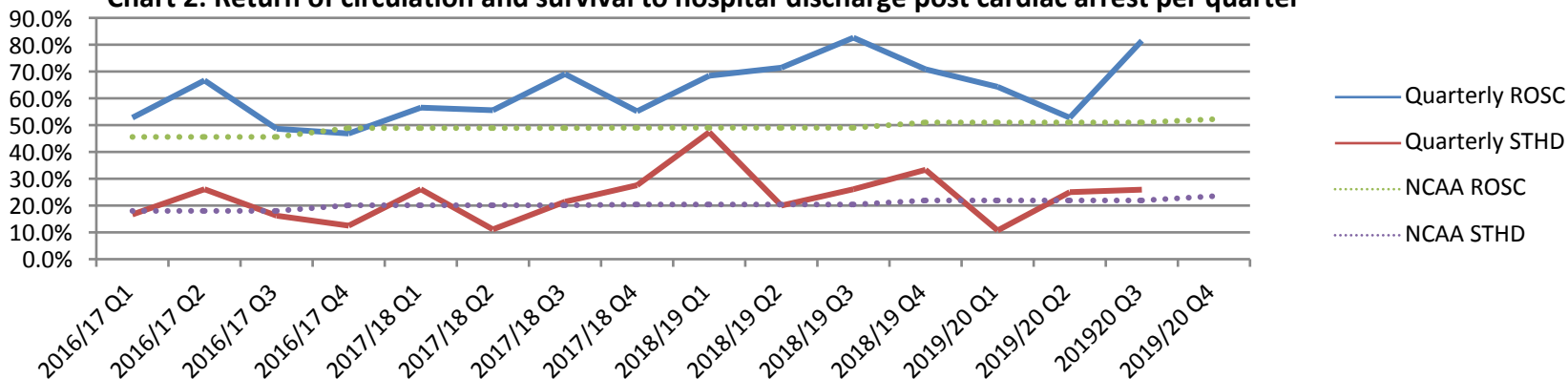
Caring

Responsive

**Chart 1: Quarterly cardiac arrest rate and crude death rate per 1000 admissions**

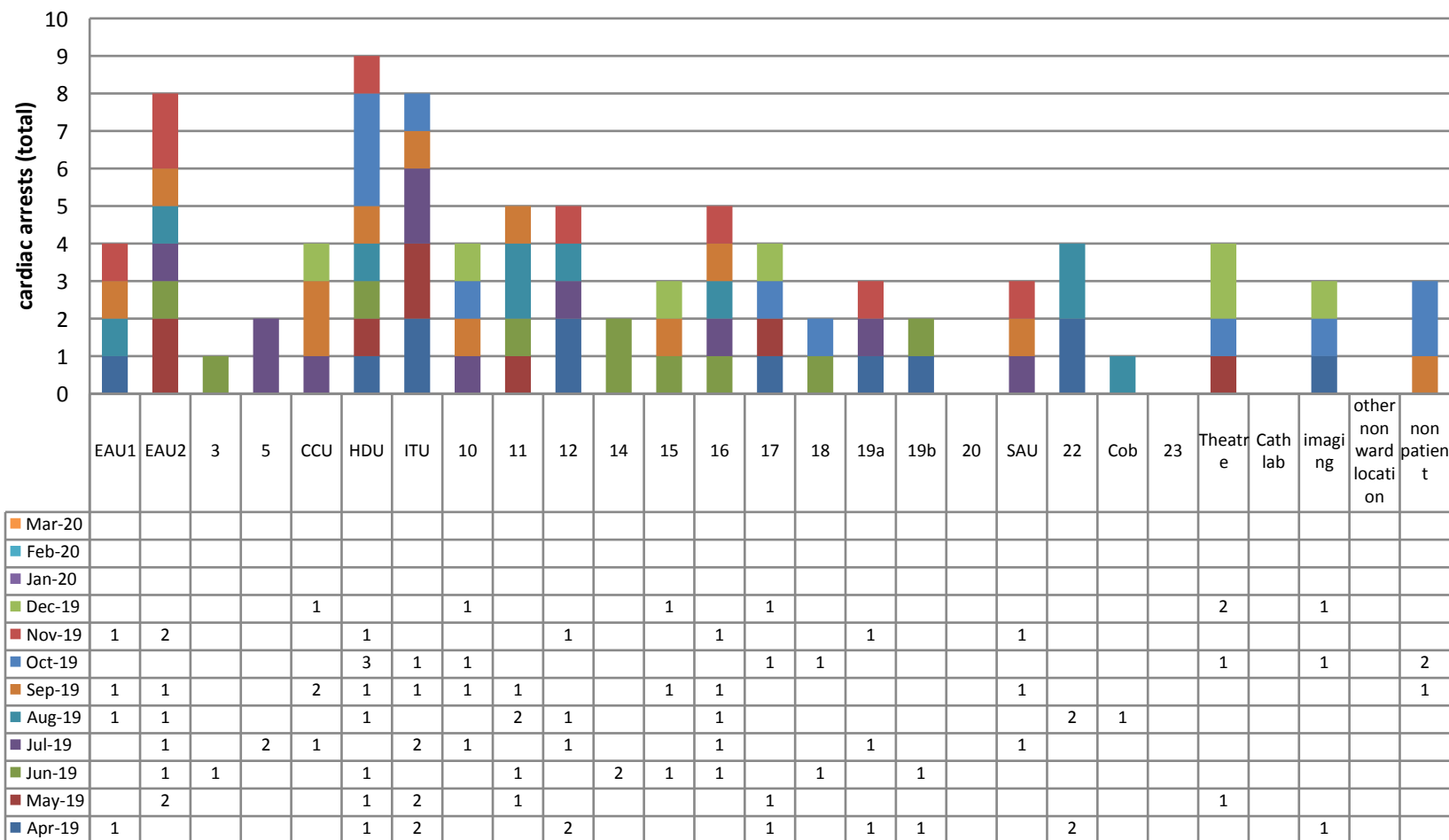


**Chart 2: Return of circulation and survival to hospital discharge post cardiac arrest per quarter**



Although there was an upward trend in cardiac arrest rate in 2019 the crude death rate has fallen. Cardiac arrest audit data indicates that resuscitation is being attempted on older patients, as well as those with longer hospital admissions. These patients are arguably the more complex and frail population group. Despite significantly higher than average ROSC rate the STHD was at its lowest quarterly rate in over 3 years at just 10.7%. A deep dive into all available data around Q1 showed that escalation planning was not always considered prior to arrest for those who would not benefit from resuscitation.

# Distribution of Cardiac Arrests



The distribution of arrests is heavily weighted to the medical wards which is in keeping with the national data. There are 3 notable peaks; EAU2, HDU and ITU. It should be noted that 2 patients had arrests on both ITU and HDU. Resuscitation decisions were being discussed for 4 patients however the arrest happened before DNACPR in place. There were no concerns identified with observation or escalation in critical care but there was one patient who's deterioration prior to admission to ITU was subject to PEARL review and raised as an SI. On EAU2 observation and escalation protocols were not always fully adhered to for all but 2 patients. The patient safety team are working in collaboration with the ward manager, PDN and matron to develop an action plan to promote appropriate monitoring of patients observations and timely escalation.



# Mortality

Safe

Effective

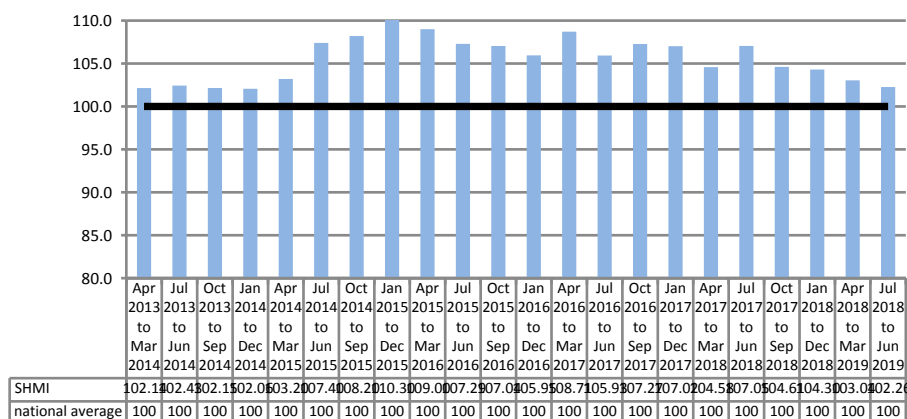
Caring

Responsive

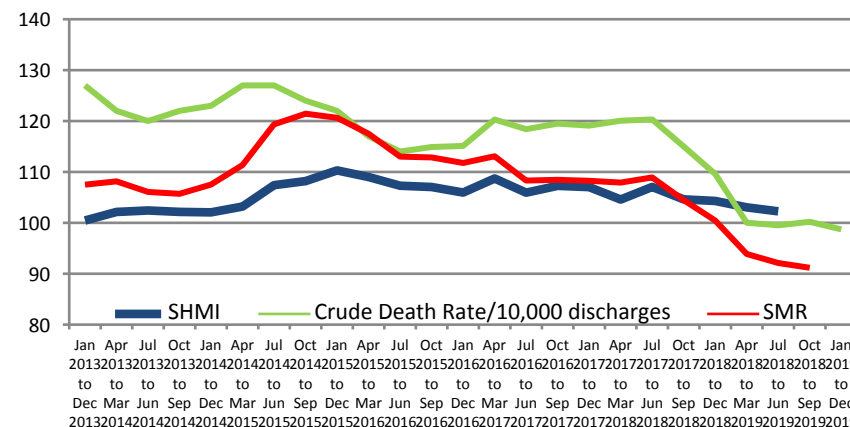
## Comparative Mortality Rates

There are several different ways of measuring mortality and it is best practice to look at, and compare, all these different mortality indicators rather than relying on any one measure. The latest mortality figures remain very good. The sustained improvement in crude death rates is now evident in the standardised mortality indicators too. Both the Standardised Mortality Ratio (SMR) and the Hospital Standardised Mortality Ratio (HSMR) for the year to October 2019 stood at 92 (8% better than the national average, which is always 100 for these indicators). Whereas the SMR includes all deaths and stillbirths the HSMR covers the 80% most common causes of death. The Risk Adjusted Mortality Index (RAMI), which not only adjusts for age, gender and casemix but also factors in the length of stay for some chronic conditions, remained marginally better than the national average at 99 for the 12 months ending October 2019. SHMI always lags behind the other mortality indicators as it includes deaths within 30 days of discharge. For the year ending July 2019 it stood at 101.3 (just 1% above the national average). This is the lowest SHMI has been for a number of years. Crude mortality is discussed in further detail below.

Summary Hospital-level Mortality Indicator (SHMI) - rolling 12 months

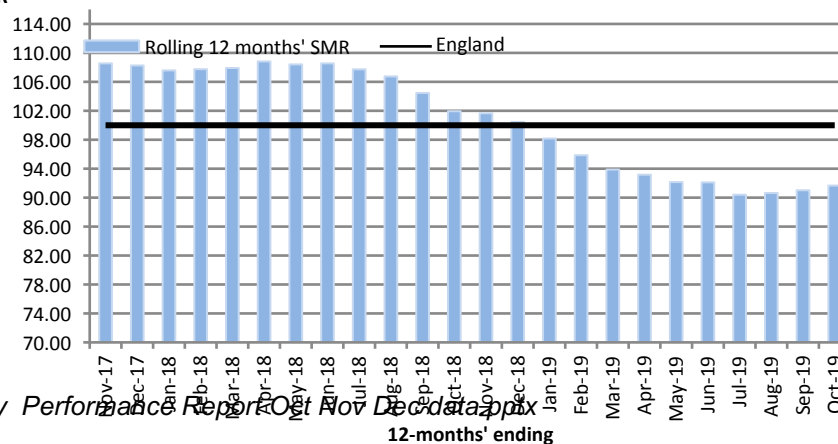


Crude Death Rate, SMR and SHMI - rolling 12 months updated quarterly



SMR

Rolling 12-months' SMR

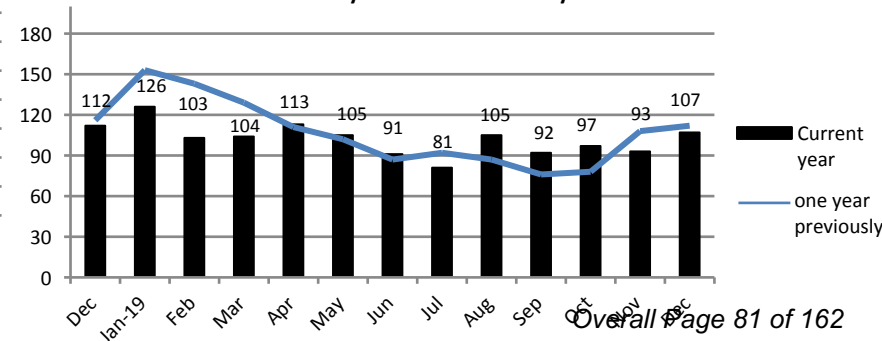


## Crude Mortality Rates and Actual Deaths

2019 saw 1217 deaths and stillbirths at the hospital, 61 fewer than for the previous 12 months despite an increase in admissions of over 5%. The crude mortality rate of 9.9 (deaths per 1000 discharges and deaths) is the lowest ever seen in the hospital for a full calendar year.

Note that January and February are months often seeing particularly high mortality.

Monthly deaths for last two years



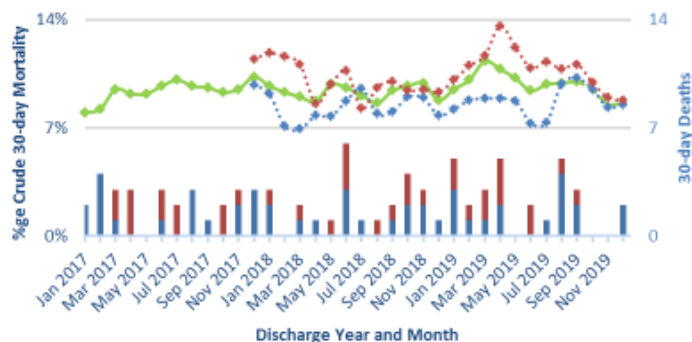
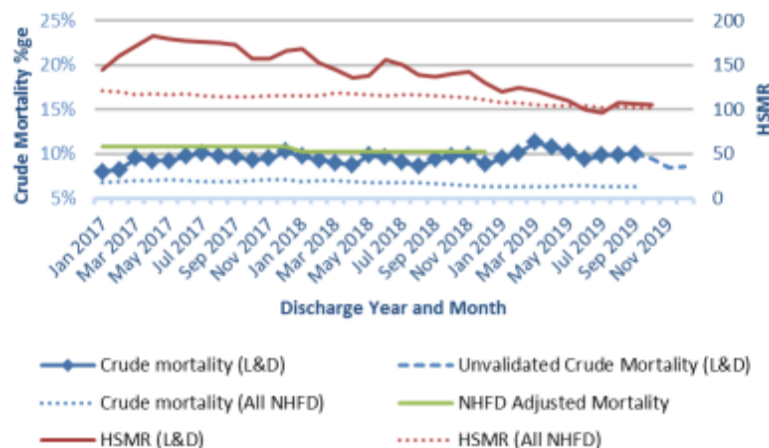
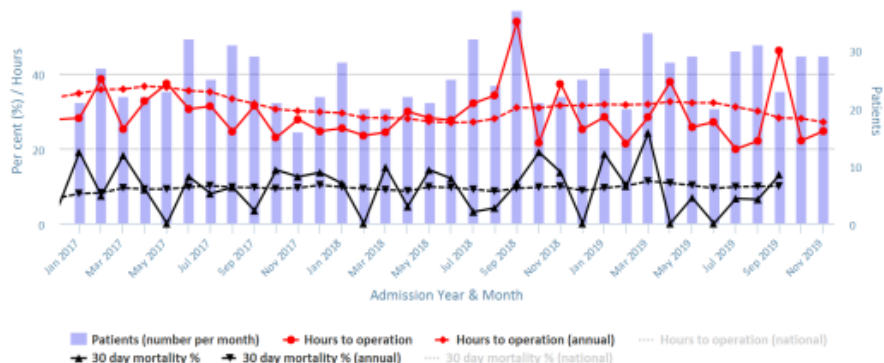
# Fractured Neck of Femur

Safe

Effective

Caring

Responsive



## Mortality

HSMR for 12 months to October is 105, the overall trajectory continues to show an improvement from a peak of 183 (12 months to April 2017). Whilst the crude mortality has stayed relatively static over this period, HSMR has shown an improvement in the most recent months.

Pre-fracture mobility information has been fully validated and inputted into the National Hip Fracture Database for 2019 and the Trust is therefore anticipating a much improved case-mix adjusted mortality for 2019.

The variance between crude mortality of patients being admitted at weekend vs Mon-Thurs has fallen significantly; for the period from October 2018 to date it has been very similar reflecting the improvements and investment in the out of hours service.

## Best practice

The quality improvement work and investment in hip fracture care has resulted in more consistent achievement of the best practice metrics, in particular getting patients to surgery within 36 hours of admission. This has resulted in increased best practice tariff income, with full year effect forecasted to be circa £300k.

## Key concerns

Repeated failed recruitment episodes to the 2<sup>nd</sup> consultant ortho-geriatrician.

Despite interest from the recent Sri Lankan recruitment episode, the ortho-geriatric service was unfortunately unable to offer the candidates elements of the role that they were seeking and so the 2x middle grade posts continue to be vacant.

# Learning from Deaths

Safe

Effective

Caring

Responsive

Summary of total number of deaths and total number of cases reviewed under the Structured Judgement Review Methodology

## Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable

	2018/19				2019/20	
	Q1 Total	Q2 Total	Q3 Total	Q4 Total	Q1 Total	Q2 Total
Total Number of Deaths in Scope	282	241	284	312	285	257
Primary Mortality Reviews Completed	275	238	134	68	94	68
Full Mortality Reviews Requested	77	66	40	18	33	14
Full Mortality (Structured Judgement) Reviews Completed	58	39	28	15	25	10
% Full Mortality Reviews Requested that have been Completed	75%	59%	70%	83%	76%	71%

A senior team including Medical Directors have reviewed all deaths and identified anywhere it was felt that deficiencies in medical or nursing care may have contributed to the patients' death as part of the Trust's primary review process. Consultants then complete the full mortality review (a Structured Judgement Review) which results in an avoidability score.

## Quarterly Structured Judgement Review findings:

	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
<b>1 - Definitely Avoidable*</b>						
2 – Strong evidence of avoidability						
3 – Would be probably avoidable (>50:50)	1	0	0	0	0	0
<b>4 - Would be possibly avoidable (&lt;50:50)</b>	8	4	2	0	1	1
5 - Slight Suggestion of avoidability	7	7	3	3	5	2
<b>6 - Definitely not avoidable</b>	42	28	26	12	19	7

\*Note: Where a structured judgement review score suggests some element of avoidability, this refers to the possibility that the death might have been avoided in that place, or at that time, if different actions or decisions had been taken. It does not mean that the eventual outcome for the patients would necessarily have been different.

## Cases Reviewed as Potentially Avoidable Death:

Two case reviews were identified as potentially avoidable deaths. However, following discussion at Post Event Action Review for Learning (PEARL) a decision was made that the actions would not have changed the outcome.

## Issues identified from Structured Judgement Reviews:

Ongoing concerns over late end of life decision-making, and failure to have end of life discussion with patients known to have life limiting conditions. These have been escalated to the Mortality lead and the Palliative Care Nursing team who are commencing a piece of work to try to quantify the problem and look at the issues from the patients' and doctors' points of view.

# Cancer Long Waits

Safe

Effective

Caring

Responsive

## Quality Review & Public Reporting of Cancer Long Waits - September 2019

62 day breaches - 8 patients (7.5 breaches)

Number of days from referral to treatment	CCG	Breach	Tumour Site	Reason for Delay Post RCA
63	Beds	1.0	Urology	Diagnostic pathway delays - early pathway not followed with MRI requested at 1st OPA rather than triage. TRUS booked 21 days post request then cancelled on the day as patient hadn't stopped medication, then listed for template biopsy. Template completed day 47 on pathway and treated on day 63 (no reallocation applicable)
70	Beds	1.0	Urology	Diagnostic pathway delays - early pathway not followed, MRI not reported in time for clinic+E29. Template biopsy completed day 37 of pathway. Bone scan staging reported day 67 on pathway, MDT and OPA to agree treatment plan on day 70 - patient commenced on hormones in clinic (no reallocation applicable)
73	Beds	0.5	Lung	Complex diagnostic pathway - multiple diagnostics required with surgical VAMLA staging before treatment plan could be agreed (remains a shared breach)
102	Beds	1.0	Urology	Diagnostic pathway delays - MRI requested and reported in time for clinic on day 18. Template biopsy 17 days from request. Patient DNA'd first oncology OPA before agreeing treatment plan of surgery at Lister. This was later changed to active surveillance at Lister (Breach reallocated to L&D)
77	Beds	1.0	Head & Neck	Theatre capacity inadequate to offer earlier date (27 days from OPA to TCI date - no reallocation available)
66	Herts Valleys	1.0	Testes	Diagnostic uncertainty - patient required repeat investigations before diagnostic plan could be determined (no reallocation available)
93	Luton	1.0	Urology	Diagnostic pathway delays - early diagnostic pathway not followed, MRI requested at OPA rather than at triage of referral. Template biopsy completed day 29 of pathway, patient give 19 days to decide on treatment option. Tertiary referral sent on day 70 of pathway, patient unable to accept earlier date offered for treatment at Lister, pause applied and breach reallocated to L&D.
71	Luton	1.0	Breast	Diagnostic uncertainty - multiple diagnostics required to obtain tissue diagnosis, all investigations returned a benign diagnosis until surgical treatment.

104+ Days Breaches - 4 patients (3.5 breaches)

Number of days from referral to treatment	CCG	Breach	Tumour Site	Reason for Delay Post RCA
118	Beds	1.0	Urology	Diagnostic pathway delays - MRI completed prior to clinic but not reported until after clinic appointment. Template biopsy 29 days from request. Patient opted for Radiotherapy, 28 day wait for Oncology outpatients. Patient on holiday from 10th August so pause applied by MVCC. Breach reallocated to L&D
120	Beds	1.0	Gynaecology	Diagnostic uncertainty - patient required repeat investigations before a surgical treatment plan and appropriate referral could be made. Referred for surgery on day 104. Breach reallocated to L&D
111	Beds	1.0	Urology	Complex diagnostic pathway - multiple diagnostics and mutation testing required under Lung team before diagnosis of metastatic renal cell carcinoma and appropriate referral to Urology team could be made. Patient treated with immunotherapy on day 111 of pathway. Breach reallocated to L&D
115	Herts Valleys	0.5	Urology	Diagnostic pathway delays - diagnostic pathway not followed, MRI requested at OPA and not at triage. Template biopsy completed on day 43 of pathway. Patient took 26 days to decide on treatment option with RALP taking 57 days to organise at Lister. Remains a shared breach

# National Targets



## Cancer

	Threshold	Qtr1 18/19	Qtr2 18/19	Qtr3 18/19	Jan-19	Feb-19	Mar-19	Qtr 4 18/19	Apr-19	May-19	Jun-19	Qtr1 19/20	Jul-19	Aug-19	Sep-19	Qtr2 19/20	Oct-19	Nov-19
All cancers: 31-day wait for second or subsequent treatment (3), comprising either:																		
Surgery	94%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
anti cancer drug treatments	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
radiotherapy	94%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A		N/A	N/A
Cancer: two week wait from referral to date first seen (7), comprising either:																		
all cancers	93%	96.4%	96.0%	95.8%	93.7%	95.4%	96.8%	95.4%	93.8%	93.3%	94.6%	93.9%	92.6%	94.0%	94.6%	93.7%	94.3%	93.2%
for symptomatic breast patients (cancer not initially suspected)	93%	93.8%	97.8%	93.4%	88.1%	95.6%	93.8%	92.50%	91.90%	96.8%	86.5%	92.0%	92.1%	93.3%	94.7%	93.3%	94.9%	87.8%

All cancers: 31-day wait from diagnosis to first treatment (6)	96%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
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All cancers: 62-day wait for first treatment (4), comprising either:																		
from urgent GP referral to treatment	85%	89.4%	86.4%	86.8%	88.1%	87.2%	89.5%	88.4%	87.2%	85.2%	86.2%	86.4%	89.8%	86.1%	84.1%	86.8%	86.3%	90.0%
from consultant screening service referral	90%	95.7%	93.5%	93.3%	87.2%	92.9%	96.9%	90.8%	93.8%	100.0%	100.0%	98.6%	92.3%	98.0%	97.6%	96.2%	96.3%	96.4%

As anticipated, the Trust delivered the 62 day cancer GP referral to treatment target in October and November 2019 following the drop below standard in September 2019.

The main performance challenge continues to be the 2week breast symptomatic pathway, with a significant proportion of women rescheduling their own pathways via the Choose and Book platform.

# National Targets

Safe

Effective

Caring

Responsive

Cancer Plan 62 Day Standard by Tumour Site

	Accountable Total Treated												Accountable Breaches												% Meeting Standard											
	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Breast	8.5	9	7	8	15	15	12.5	16.5	11	11	18	13	0	0	0	0	0	0	0	0	0	1	1	0	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	90.9%	94.4%	100.0%
Gynaecology	4	3	2	2.5	1.5	2.5	1	4.5	1.5	5	0.5	3.5	0	1	0.5	0.5	1	0	0	1	0	1	0	0	100.0%	66.7%	75.0%	80.0%	33.3%	100.0%	100.0%	77.8%	100.0%	80.0%	100.0%	100.0%
Haematology	2	8	1	5	2	2	4	1	5	2	3.5	2	1	0	0	0	1	1	0	0	0	0	0.5	0	50.0%	100.0%	100.0%	100.0%	50.0%	50.0%	100.0%	100.0%	100.0%	100.0%	85.7%	100.0%
Head & Neck	2	5.5	4	0.5	2.5	3	3.5	1.5	1.5	3.5	4	5	0.5	0.5	0.5	0.5	0.5	0	0	1.5	1	1	1	1.5	75.0%	90.9%	87.5%	0.0%	80.0%	100.0%	100.0%	0.0%	33.3%	71.4%	75.0%	70.0%
LGI	5.5	4.5	4	8.5	7	3	7	5	2	6	7	6	1.5	1	0	1.5	1	0	0	0	0	0	2	0	72.7%	77.8%	100.0%	82.4%	85.7%	100.0%	100.0%	100.0%	100.0%	100.0%	71.4%	100.0%
Lung	3	4	2.5	6	n/a	6	4	5	2	4	4	5.5	0	2	1	1	n/a	1	1	1	2	0	1	1	100.0%	50.0%	60.0%	83.3%	n/a	83.3%	75.0%	80.0%	0.0%	100.0%	75.0%	81.8%
Skin	5	9	4.5	10	10	15	6.5	10.5	7	8	5	8	0	0	0	0	0	0	0.5	0	0	0	0	1	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	92.3%	100.0%	100.0%	100.0%	100.0%	87.5%
UGI	4	4	2.5	3.5	3	6	3.5	4.5	1	4	3	1	1	0	0	0	0	0	0.5	1.5	0	0	0	0	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%	85.7%	66.7%	100.0%	100.0%	100.0%	100.0%
Urology	14	15	15.5	16	13	21	16	23	22.5	22	22.5	21	2	3	3.5	3	3	9	6	2.5	5	7	3	3	85.7%	80.0%	77.4%	81.3%	76.9%	57.1%	62.5%	89.1%	77.8%	68.2%	86.7%	85.7%
Sarcoma	n/a	n/a	n/a	n/a	0.5	1	n/a	1	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.5	0	n/a	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.0%	100.0%	n/a	n/a	n/a	n/a	n/a
Testes	2	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2	n/a	n/a	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	n/a	n/a	100.0%	n/a	n/a	100.0%	n/a	n/a	n/a	n/a	n/a	50.0%	n/a	n/a
Other	2	1	n/a	1	n/a	n/a	n/a	1	4	1.5	2	n/a	0	0	n/a	0	n/a	n/a	n/a	0	0	0	1	n/a	100.0%	100.0%	n/a	100.0%	n/a	n/a	n/a	n/a	100.0%	100.0%	50.0%	n/a

The cancer waiting time standards are set for all tumour sites taken together. Some tumour areas will exceed these standards. Others (where there are complex diagnostic pathways and treatment decisions) are likely to be below the operational standards. However, when taking a provider's casemix as a whole the operational standards are expected to be met.

(Ref: <http://systems.hscic.gov.uk/ssd/cancerwaiting/cwtguide8-1.pdf> page 5)

Urology has seen months with improved performance, with the pressure on lung and head and neck continuing.



# National Targets

Safe

Effective

Caring

Responsive

Cancer 28 day faster diagnosis performance by tumour site

TUMOUR SITE*	Accountable Total Informed						Accountable Breaches (Told after 28 days)						% Meeting Standard (95% target)					
	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Breast	8	11	14	7	15	14	0	0	0	1	0	1	100.0%	100.0%	100.0%	85.7%	100.0%	92.9%
Gynaecology	5	1	4	2	1	3	3	1	3	1	1	3	40.0%	0.0%	25.0%	50.0%	0.0%	0.0%
Head & Neck	5	2	3	4	2	2	4	2	2	3	1	2	20.0%	0.0%	33.3%	25.0%	50.0%	0.0%
LGI	5	6	3	4	4	6	3	3	1	3	2	3	40.0%	50.0%	66.7%	25.0%	50.0%	50.0%
Lung	4	2	3	6	n/a	n/a	1	1	1	2	n/a	n/a	75.0%	50.0%	66.7%	66.7%	n/a	n/a
Skin	15	6	5	1	2	2	4	2	1	0	0	0	73.3%	66.7%	80.0%	100.0%	100.0%	100.0%
UGI	2	2	4	4	2	3	2	2	2	1	0	1	0.0%	0.0%	50.0%	75.0%	100.0%	66.7%
Urology**	1	2	2	3	n/a	n/a	0	0	0	2	n/a	n/a	100.0%	100.0%	100.0%	33.3%	n/a	n/a
Prostate	23	20	22	3	11	12	17	13	16	2	9	8	26.1%	35.0%	27.3%	33.3%	18.2%	33.3%
Pancreatic	1	1	1	13	1	1	0	0	1	9	0	0	100.0%	100.0%	0.0%	30.8%	100.0%	100.0%
Cases where Cancer was Excluded	785	664	813	685	722	866	285	193	254	233	222	281	63.7%	70.9%	68.8%	66.0%	69.3%	67.6%
Total	855	719	878	733	763	919	320	218	284	258	237	305	62.6%	69.7%	67.7%	64.8%	68.9%	66.8%

\* Numbers by tumour site where a cancer diagnosis was made. Where a pt was referred under 2ww but were not diagnosed with cancer, cases are counted under the 'cancer excluded' row, regardless of suspected tumour site

\*\* (excl. Testes and Prostate)

The new four-week (28 day) 'referral to definitive diagnosis' standard which was included in the NHS 5 year forward view will be fully implemented in 2020, and has commenced in shadow monitoring format this year.

The above table shows the compliance by tumour site (where cancer was diagnosed), where cancer was ruled out, and the overall performance. The original plan commitment was for 95% of patients to receive their diagnosis within 28 days, but until the transitional year of shadow monitoring in 19/20 is complete, the actual target operating standard for 2020 is not confirmed.

The key area for improvement against this standard is in the formalisation and data capture of a 'confirmed not cancer' outcome. Teams are working on this to ensure opportunities to report good news early are not lost, whilst not adversely affecting the prioritisation of patients that need further diagnostics and treatment.

## A&E Clinical Access Standards

The Trust has been selected as one of 14 sites to field test the proposed new clinical access standards. This currently consists of two 6 week periods of testing, the first of which commenced on 22 May 2019.

The new standards that are now being measured are:

- time to initial assessment,
- mean time in ED for all patients who have been discharged home or admitted into the wider hospital,
- numbers of patient who wait longer than 12 hours from arrival.

It is expected that during the second phase of testing there will also be metrics around treatment within the first hour for critically ill and injured patients, and increased same day emergency care admissions. We are working closely with NHSE and NHSI and providing daily and weekly reports so that they can assess the impact of the new standards. As a Trust we are working to understand what changes to systems and processes might be needed in the future to ensure that we are able to meet the new standards as successfully as we have been able to maintain the 4 hour standard whilst ensuring good patient experience and outcomes.

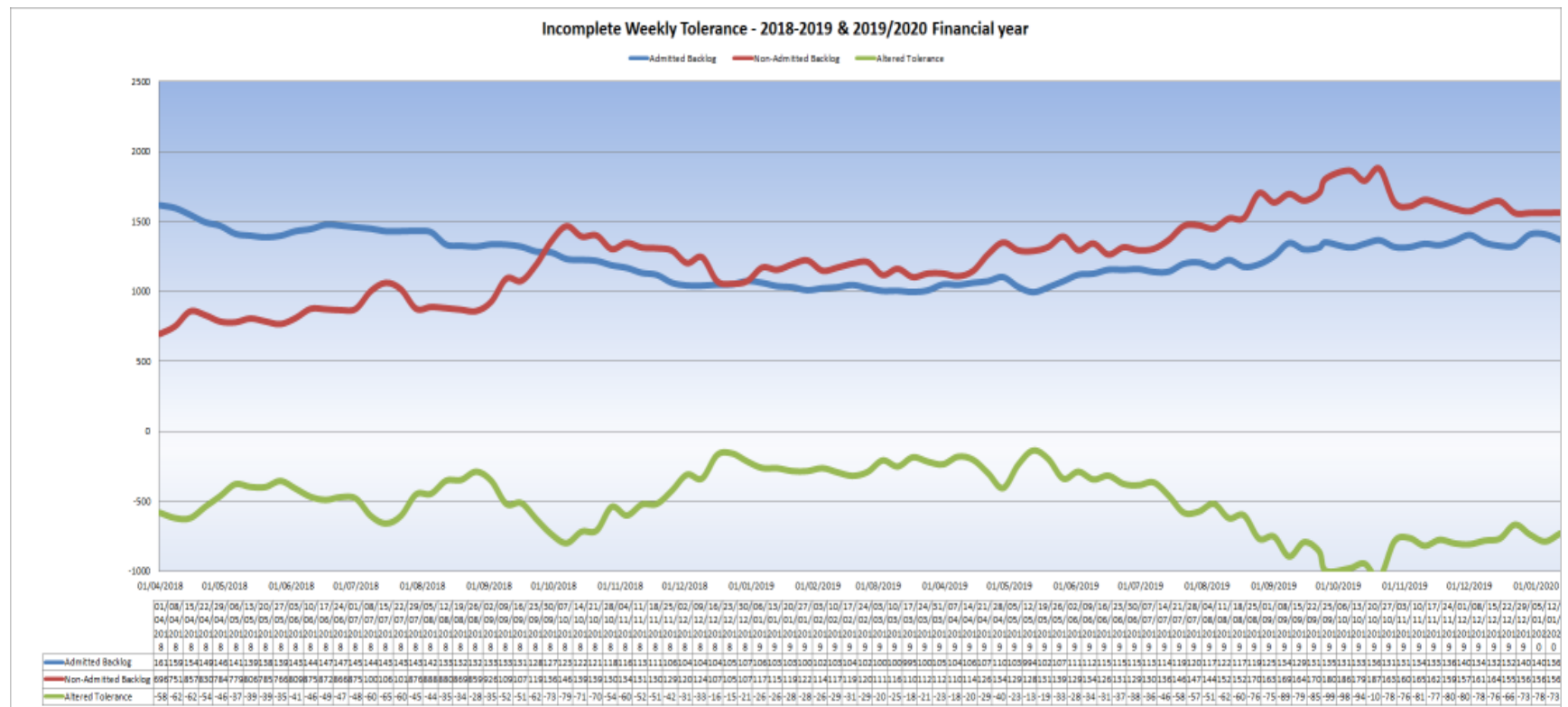


# National Targets

Treated Within 18 Weeks



Incomplete	Targets	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2014/15	92%	96.9%	96.8%	97.0%	96.9%	97.1%	97.1%	97.1%	96.9%	96.7%	96.6%	96.8%	97.2%
2015/16	92%	97.9%	97.8%	97.6%	97.7%	97.3%	97.0%	96.4%	96.5%	95.3%	94.6%	94.2%	94.2%
2016/17	92%	94.2%	94.5%	94.8%	93.7%	92.9%	92.6%	92.2%	92.7%	93.1%	92.5%	92.9%	92.6%
2017/18	92%	92.8%	93.2%	92.7%	92.8%	92.6%	92.0%	92.2%	92.2%	90.9%	91.0%	90.2%	90.0%
2018/19	92%	90.7%	90.9%	90.4%	90.8%	91.1%	89.6%	90.5%	91.5%	92.0%	91.8%	91.7%	91.7%
2019/20	92%	91.2%	91.6%	91.1%	90.8%	90.0%	89.5%	90.0%	89.8%	89.6%			



At the end of December 2019, 89.6% of the patients on open pathways were within 18 weeks (against the 92% standard). This is a stabilised position compared to the beginning of the financial year where the number of open pathways was growing by 400 per month on average, largely due to lost capacity from the pensions impact. The opening of the new theatres now provides opportunity to begin to improve the position although winter pressures represent a significant risk if elective procedures continue to be cancelled.

# National Targets

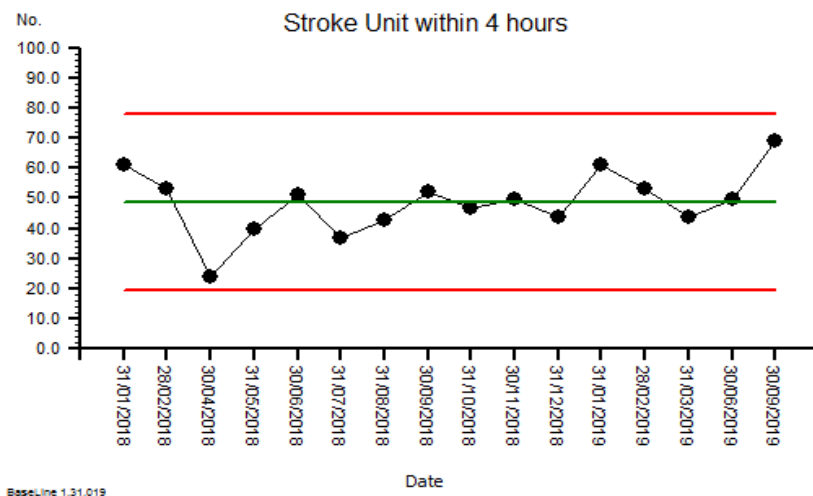
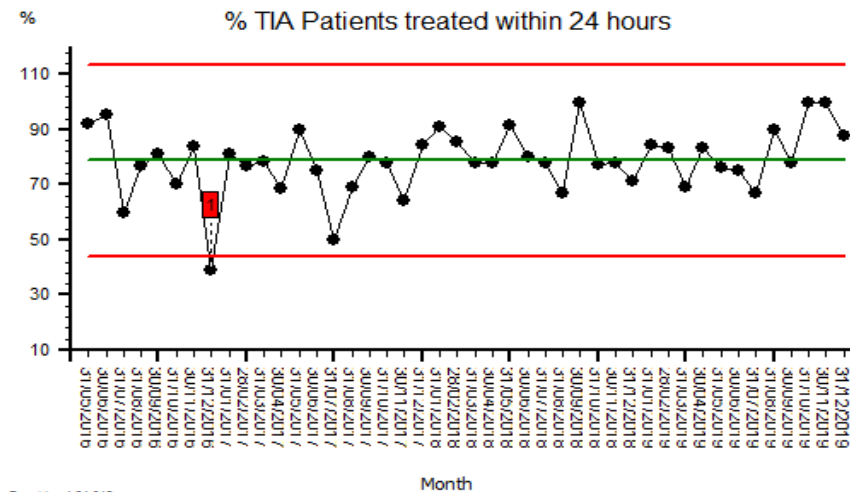
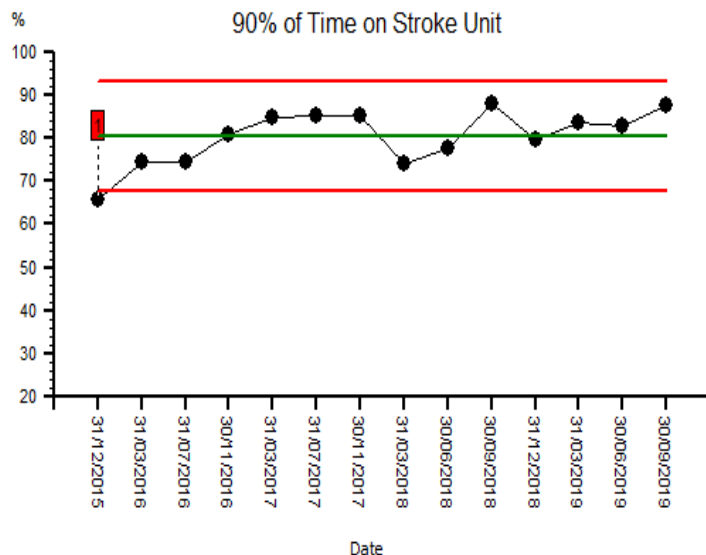
Safe

Effective

Caring

Responsive

Stroke



The Trust continues to deliver over the 80% threshold for patients spending more than 90% of their admission on the stroke unit.

The Trust has delivered the best performance since January 2018 for the number of patients arriving on the stroke ward within 4 hours, although performance continues to fall short of the 80% quality threshold.

TIA performance has seen three strong months (patients being treated for TIA within 24 hours) and performance remains above the 60% target threshold since Autumn 2017.

# National Targets

Safe

Effective

Caring

Responsive

## Overall SSNAP Performance (Jul – Sep 19 SSNAP Report)

Reporting Period	Apr-Jul 16	Aug-Nov 16	Dec - Mar 17	Apr-Jul 17	Aug-Nov 17	Dec - Mar 18	Apr-Jun 18	Jul-Sep 18	Oct - Dec 18	Jan-Mar 19	Apr-Jun19	Jul-Sep19
SSNAP level	D	C	C	B	B	D	B	B	C	B	B	A
SSNAP score	59.8	66	67	74	76	58	72	74	64.6	72.2	70.3	82
1) Scanning	B	B	A	A	A	A	A	B	A	A	A	A
2) Stroke Unit	D	D	D	D	D	E	E	D	D	D	D	C
3) Thrombolysis	B	B	C	B	B	D	C	B	B	B	C	B
4) Specialist Assessments	B	B	B	B	B	B	B	B	B	B	B	B
5) Occupational Therapy	A	A	A	A	A	C	A	A	C	B	A	A
6) Physiotherapy	B	B	B	B	B	C	B	C	D	B	B	B
7) Speech and Language Therapy	E	E	E	C	C	E	C	B	C	C	C	B
8) MDT working	E	C	C	C	D	E	D	D	D	C	D	C
9) Standards by discharge	B	B	B	B	B	B	B	B	B	B	B	B
10) Discharge processes	D	D	C	C	B	A	A	A	A	A	A	A
*Team level scoring												

The Trust has achieved an A rating for the overall score in the national SSNAP data for Jul-Sep 19. There have been improvements in the time to stroke unit, thrombolysis, SALT and MDT working domains.

# National Targets

Safe

Effective

Caring

Responsive

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Over 6 weeks		44	48	43	35	40	38	38	48	43	48	18	13
% over 6 weeks	<1%	0.9	0.93	0.81	0.75	0.84	0.83	0.76	0.95	0.98	0.99	0.34	0.22
Total Waiting		4864	5138	5,324	4,654	4,740	4,533	4,987	5,031	4,378	4,871	5,267	5,659

	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Over 6 weeks		32	30	41	34	34	40	37	40	23			
% over 6 weeks	<1%	0.6%	0.59	0.8	0.71	0.65	0.74	0.63	0.7	0.41			
Total Waiting		5227	5115	5,095	4,778	5,222	5,412	5,865	5,742	5,671			

The excellent performance against the 6 week diagnostic target continues with the lowest number of breaches since April 2019 occurring in December. The government support to consultants around the pensions tax issue has meant that we have been able to get additional sessions back into endoscopy, which helps mitigate some of the additional risk we have been carrying on this target over the summer and autumn.

# National Targets

Safe

Effective

Caring

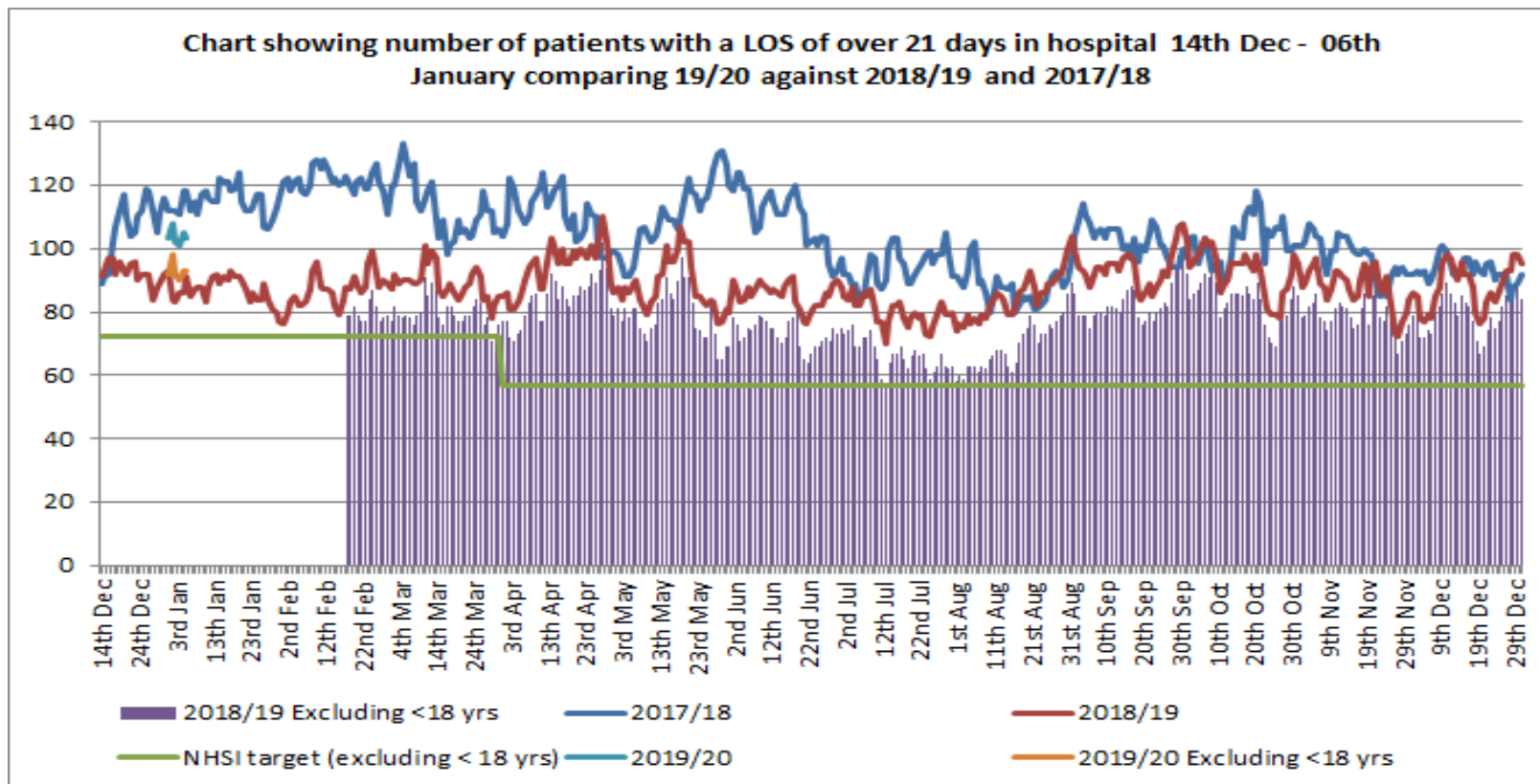
Responsive

## Last minute Cancelled Operations

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Clinical reasons		49	55	46	40	43	43	48	45	48	52	52	45
Non-clinical reasons		34	42	56	51	51	39	88	61	48	81	38	40
Patients not-dated in 28 days	0	0	0	1	0	0	1	0	0	3	3	0	1
Elective activity*		3,499	3658	3824	3791	3573	3473	3,888	3,974	3447	3909	3672	3766
% Cancelled operations	<0.8%	0.97%	1.15%	1.46%	1.35%	1.43%	1.12%	2.26%	1.53%	1.39%	2.07%	1.03%	1.06%

	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Clinical reasons		32	48	55	50	32	38	51	51				
Non-clinical reasons		32	40	26	60	23	62	45	62				
Patients not-dated in 28 days	0	0	1	0	0	0	0	0	1				
Elective activity*		3,694	3774	3635	4040	3532	3544	4,120	3,816				
% Cancelled operations	<0.8%	0.87%	1.06%	0.72%	1.49%	0.65%	1.75%	1.09%	1.62%				

One patient whose surgery was cancelled on the day was not re-dated within 28 days during November 2019. Cancellations for non-clinical reasons continued at a higher level than hoped due to the delay in opening the new operating theatres and a small number of cancellations due to extreme bed pressures.



The Trust has a target to reduce the number of 'super-stranded' patients (those staying over 21 days) by 25% during 2018/19 and by a further 15% in 2019/20, to an average of 57 beds occupied by patients with a length of stay of over 21 days.

Following a period of improved performance, the Trust has seen an increase in the number of patients over 21 days following the December bank holidays. The focus during January is to reduce this back to August levels.

# Performance

Safe

Effective

Caring

Responsive

2018/19

		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	QTR1	QTR2	QTR3	QTR4
Q1	Eligible 75+ emergency patients screened	369	353	368	408	422	373	386	398	388	377	407	448	1090	1203	1172	1232
	Total eligible 75+ emergency admissions	378	360	371	419	445	393	402	431	404	407	419	462	1109	1257	1237	1288
	% Screened	97.6	98.1	99.2	97.4	94.8	94.9	96.0	92.3	96.0	92.6	97.1	97.0	98.3	95.7	94.7	95.7
Q2	Assessments carried out	55	31	24	35	33	18	14	15	9	15	36	39	110	86	38	90
	Total assessments required	60	36	26	38	36	26	15	18	10	19	38	43	122	100	43	100
	% Assessed	91.7	86.1	92.3	92.1	91.7	69.2	93.3	83.3	90.0	78.9	94.7	90.7	90.2	86.0	88.4	90.0
Q3	Referrals from those assessed	30	16	16	13	14	8	8	8	2	3	13	13	62	35	18	29
	Total requiring referral	33	16	17	14	15	8	8	8	3	3	14	13	66	37	19	30
	% Referred	90.9	100.0	94.1	92.9	93.3	100.0	100.0	100.0	66.7	100.0	92.9	100.0	93.9	94.6	94.7	96.7

2019/20

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	QTR1	QTR2	QTR3	QTR4
Q1	Eligible 75+ emergency patients screened		424	387	449	406	482	404	449	429			1260	1292	878	
	Total eligible 75+ emergency admissions		441	418	467	458	496	444	492	471			1326	1398	963	
	% Screened		96.1	92.6	96.1	88.6	97.2	91.0	91.3	91.1			95.0	92.4	91.2	
Q2	Assessments carried out		15	30	45	21	32	31	36	29			90	84	65	
	Total assessments required		20	36	57	23	34	31	39	32			113	88	71	
	% Assessed		75.0	83.3	78.9	91.3	94.1	100.0	92.3	90.6			79.6	95.5	91.5	
Q3	Referrals from those assessed		5	11	18	18	24	19	18	13			34	61	31	
	Total requiring referral		5	11	21	18	24	19	19	13			37	61	32	
	% Referred		100.0	100.0	85.7	100.0	100.0	100.0	94.7	100.0			91.9	100.0	96.9	

The November 2017 update to the Single Oversight Framework added dementia assessment to the list of operational indicators that determine a Trust's performance segment. The performance assessment by NHSI is based on quarterly performance and the performance threshold is 90% for all three indicators. The Trust achieved the 90% in all four quarters of financial year 2017/18. This detailed report is included for information and reporting against this target will be provided on a monthly basis for 2018/19. Due to the time taken to complete the audit process, data is always 1 month in arrears.

In November 2019 the Trust achieved the national standard for all three dementia indicators for the fourth month in a row.





# Finance Presentation FY19-20



## Report for Month 9

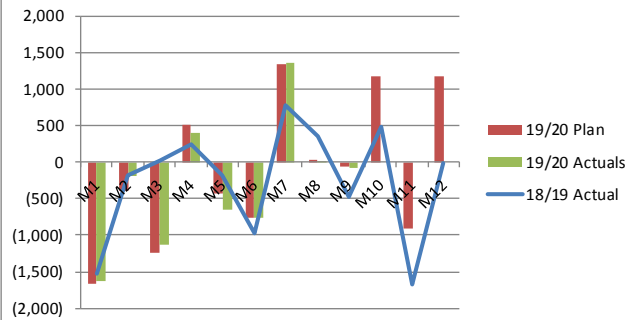
### Executive Summary

Despite a challenging end to the quarter the Trust delivered the Control Total and therefore gained access to the Provider Sustainability Funding (PSF). Due to the system not delivering the STP plan, and associated loss of system PSF (£0.7m), the Trust is behind the plan overall. The system is still forecasting to return to plan.

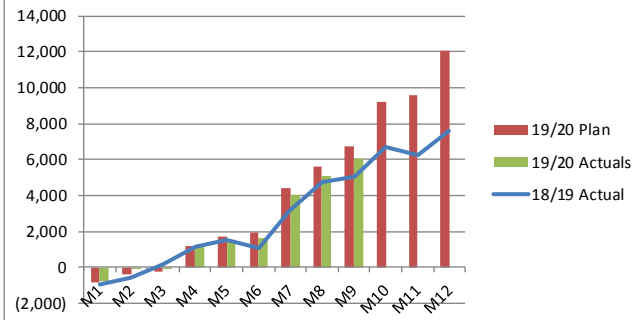
The recovery plans are having a mixed impact, and therefore there remains a degree of risk against delivery of the plan. The position will need careful management to ensure the Trust receives PSF for the full year.

Medical agency is driving a significant medical pay pressure (offset in part by vacancies in other pay groups).

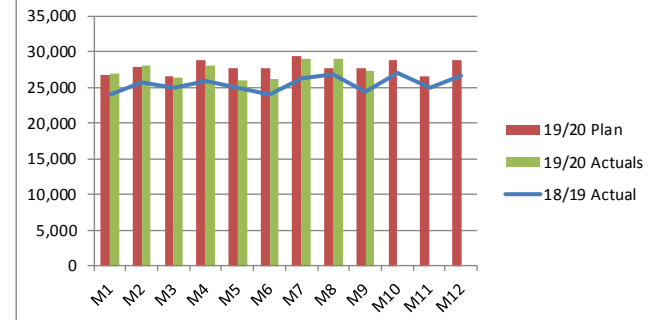
In Month Surplus / Deficit



Cumulative Surplus / Deficit



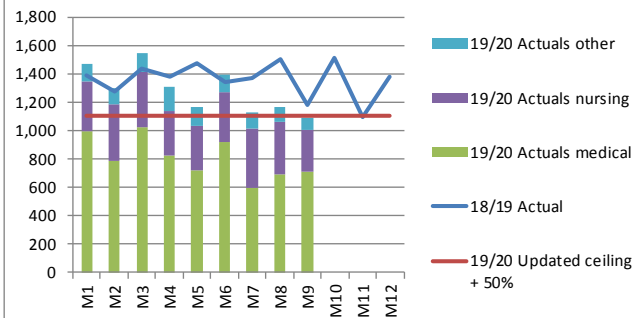
Contract Income



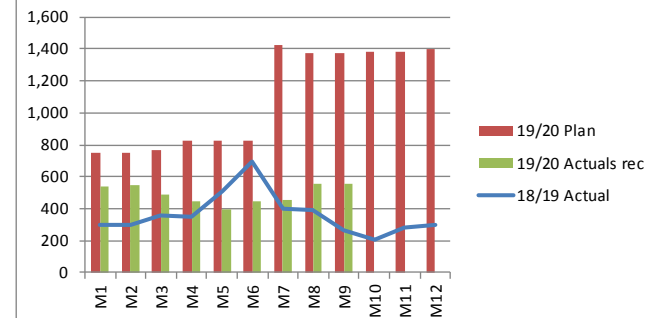
Pay



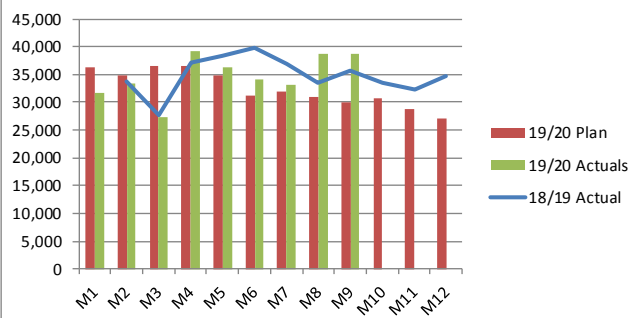
Agency Spend



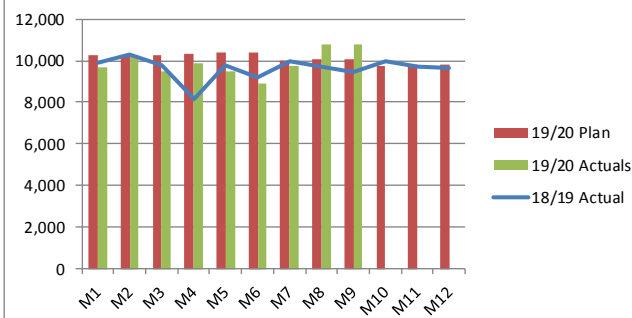
Efficiencies



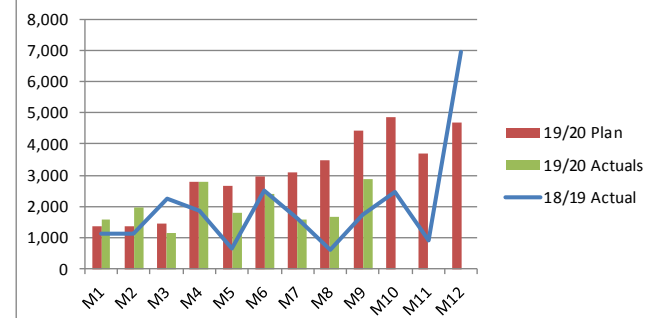
Cash



Non-Pay



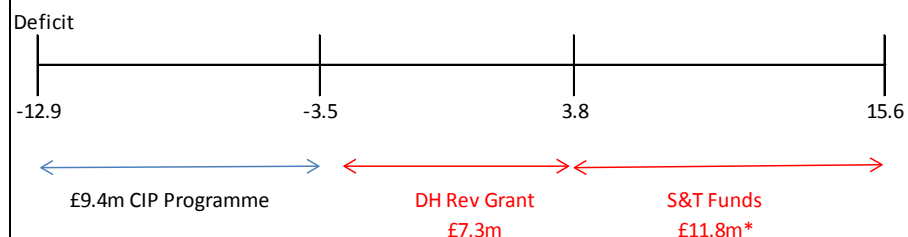
Capital Spend



## 18-19 Plan

## APRIL POSITION

As the Trust has delivered the Control Total in 17/18, it is permitted to reduce the Control Total requirement for 18/19 by £1.7m (from a £17.3m surplus to a £15.6m surplus)



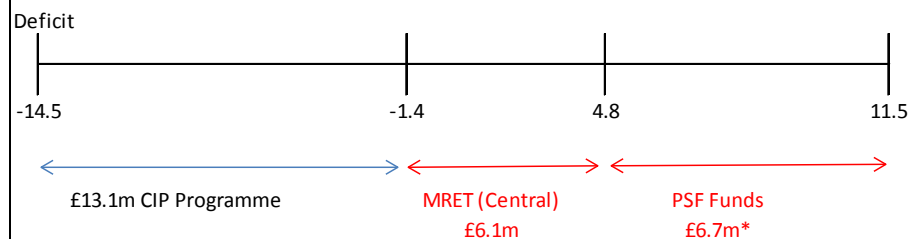
\* Comprised of £8.4m for Trust delivery and £3.4m for STP delivery

I&E Phasing £000s	In Month Core	Ytd Core	In Month PSF	Ytd PSF	YTD Plan
April	-1,162	-1,162	337	337	-825
May	103	-1,060	337	674	-386
June	-746	-1,806	337	1,011	-795
July	1,002	-804	449	1,460	656
August	64	-740	449	1,909	1,169
September	-261	-1,002	450	2,359	1,358
October	1,845	843	674	3,033	3,876
November	526	1,369	674	3,707	5,076
December	444	1,813	673	4,380	6,193
January	1,679	3,492	786	5,166	8,658
February	-408	3,083	786	5,952	9,035
March	1,673	4,756	786	6,738	11,494

## 19-20 Plan

## MAY POSITION

The Trust has a significant CIP programme, but by signing up to CT has gained access to MRET (guaranteed) and PSF (contingent on performance).



\* Split between Trust & STP delivery under discussion, c£1.4m may be dependent on STP

The Trust has now received confirmation (and amended financial forms) of the reduction in the Control Total from £19.2m to £11.1m. As part of the change, the Trust has agreed to overperform by £0.4m in 2019/20.

The phasing of the plan (see above) gives the Trust time to embed CIP changes, but with £10m of the £11.5m surplus being delivered in the last six months, it will be important for the Trust to maintain focus on existing and forthcoming CIP delivery in the “easier” first six months

Subsequent to the submission of the plan, the Trust has been notified of an additional £0.548m PSF relating to 18/19. Due to the late notification, this needs to be recognised in 2019/20. The Trust’s surplus target has been adjusted accordingly to £12.042m

**Control Total delivered – off plan due to STP performance (and knock on to PSF)**

	Fin Year	Fin Year	Fin Year	Fin Year	Fin Year	Fin Year	In Month	In Month	In Month
INCOME & EXPENDITURE ACCOUNT	2017/18	2018/19	2019/20	2019/20	2019/20	2019/20	2019/20	2019/20	2019/20
	Actual	Actual	Budget	Budget	Actual	Variance	Budget	Actual	Variance
	Full Year	Full Year	Full Year	YTD	YTD	YTD	£000s	£000s	£000s
	£000s	£000s	£000s	£000s	£000s	£000s			
NHS Clinical Income - Contract	283,064	297,593	333,796	249,663	246,532	3,130	27,733	27,403	330
Pay Award Funding		2,833							
Other Income (T&E, Secondment, RTA)	24,052	26,001	23,384	17,344	19,046	-1,702	2,013	3,162	-1,149
<b>Total Income</b>	<b>307,116</b>	<b>326,427</b>	<b>357,180</b>	<b>267,007</b>	<b>265,578</b>	<b>1,429</b>	<b>29,746</b>	<b>30,565</b>	<b>-819</b>
Consultants	40,151	42,215	44,528	33,391	33,669	278	3,745	3,718	-27
Other Medical	33,866	36,832	35,763	26,781	29,634	2,853	3,005	3,304	299
Nurses	77,152	82,892	87,177	65,216	65,707	491	7,289	7,275	-14
S&T	21,844	24,634	27,240	20,419	19,460	-959	2,274	2,118	-156
A&C (Including Managers)	24,171	27,002	29,269	21,908	21,188	-721	2,433	2,340	-93
Other Pay	5,839	5,987	6,897	5,175	4,806	-369	574	574	0
<b>Total Pay</b>	<b>203,024</b>	<b>219,563</b>	<b>230,875</b>	<b>172,891</b>	<b>174,464</b>	<b>1,573</b>	<b>19,320</b>	<b>19,329</b>	<b>9</b>
Drug costs	27,476	29,295	32,697	24,520	22,365	-2,154	2,725	2,513	-213
Clinical supplies and services	25,307	26,814	26,469	19,877	19,070	-807	2,171	2,162	-9
Other Costs	47,563	51,067	52,184	40,453	40,731	278	4,258	5,339	1,080
Non-Recurrent	0	0	0	0	0	0	0	0	0
<b>Total Non-Pay</b>	<b>100,345</b>	<b>107,176</b>	<b>111,350</b>	<b>84,850</b>	<b>82,166</b>	<b>-2,683</b>	<b>9,155</b>	<b>10,014</b>	<b>859</b>
<b>EBITDA</b>	<b>3,747</b>	<b>-312</b>	<b>14,955</b>	<b>9,266</b>	<b>8,948</b>	<b>319</b>	<b>1,271</b>	<b>1,222</b>	<b>49</b>
Non Operational	13,101	13,260	15,294	11,272	10,853	-419	1,252	1,192	-61
<b>Trading Position</b>	<b>-9,354</b>	<b>-13,572</b>	<b>-338</b>	<b>-2,006</b>	<b>-1,905</b>	<b>-100</b>	<b>19</b>	<b>30</b>	<b>-11</b>
MRET / Readmissions Gainshare	4,555	6,343	4,776	3,582	3,605	-23	398	399	1
PSF Funding	13,313	18,363	7,286	4,928	4,138	-790	673	551	-122
Revenue Allocation	4,500	7,300							
Non-Recurrent	2,355	3,390	318	239	239		27	27	0
PSF STP Funding	0	808					0	0	0
<b>Total Operating Surplus/Deficit (-)</b>	<b>15,369</b>	<b>22,631</b>	<b>12,042</b>	<b>6,743</b>	<b>6,076</b>	<b>667</b>	<b>1,117</b>	<b>1,007</b>	<b>110</b>

## Key Activity Metrics – Improvements in Elective, strong emergency, outpatient performance low in December

Category	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
<b>ELECTIVE INPATIENTS</b>	<b>3,888</b>	<b>3,974</b>	<b>3,447</b>	<b>3,909</b>	<b>3,672</b>	<b>3,766</b>	<b>3,690</b>	<b>3,773</b>	<b>3,631</b>	<b>4,046</b>	<b>3,545</b>	<b>3,550</b>	<b>4,122</b>	<b>3,816</b>	<b>3,806</b>
All Elective Surgery (excl Gynaecology)	2,375	2,500	2,122	2,379	2,346	2,342	2,236	2,248	2,176	2,472	1,967	2,084	2,419	2,130	2,256
All Elective Medicine	963	935	835	972	826	905	913	982	998	1,039	1,080	986	1,159	1,158	1,035
All Elective Womens & Children	230	201	223	218	195	214	224	209	205	211	190	187	206	198	189
All Elective Clinical Support Services	320	338	267	340	305	305	317	334	252	324	308	293	338	330	326
<b>NON-ELECTIVE INPATIENTS (excl well babies)</b>	<b>6,438</b>	<b>6,214</b>	<b>6,011</b>	<b>6,790</b>	<b>5,709</b>	<b>6,649</b>	<b>6,186</b>	<b>6,318</b>	<b>5,968</b>	<b>6,380</b>	<b>6,176</b>	<b>5,995</b>	<b>6,480</b>	<b>6,459</b>	<b>6,584</b>
All Non-Elective Surgery	950	844	834	900	805	915	862	935	906	1,007	1,025	923	1,040	1,010	884
All Non-Elective Medicine	2,296	2,384	2,298	2,550	2,300	2,480	2,476	2,523	2,356	2,478	2,442	2,296	2,469	2,412	2,445
All Non-Elective Womens & Children (excl *)	3,189	2,984	2,875	3,339	2,604	3,254	2,848	2,860	2,706	2,895	2,709	2,776	2,971	3,037	3,255
All Non-Elective Clinical Support Services	3	2	4	1	0	0	1	6	4	3	5	4	3	2	5
Number of Births*	445	0	427	414	374	432	422	440	448	465	454	427	425	432	0
<b>Consultant First Outpatient Attendances</b>	<b>11,193</b>	<b>11,212</b>	<b>9,346</b>	<b>11,101</b>	<b>10,297</b>	<b>10,767</b>	<b>10,082</b>	<b>10,955</b>	<b>10,082</b>	<b>10,706</b>	<b>10,521</b>	<b>11,116</b>	<b>12,049</b>	<b>11,415</b>	<b>10,099</b>
<b>Consultant Subsequent Outpatient Attendances</b>	<b>19,449</b>	<b>19,255</b>	<b>15,684</b>	<b>19,469</b>	<b>18,227</b>	<b>18,659</b>	<b>18,368</b>	<b>18,387</b>	<b>18,366</b>	<b>20,897</b>	<b>17,183</b>	<b>18,130</b>	<b>20,851</b>	<b>19,513</b>	<b>16,530</b>
<b>A&amp;E Attendances</b>	<b>8,868</b>	<b>9,323</b>	<b>8,933</b>	<b>9,177</b>	<b>8,290</b>	<b>9,491</b>	<b>9,051</b>	<b>9,127</b>	<b>9,083</b>	<b>9,435</b>	<b>8,834</b>	<b>8,884</b>	<b>8,911</b>	<b>9,022</b>	<b>9,217</b>
<b>Elective Inpatient per Working Day</b>	<b>169</b>	<b>181</b>	<b>181</b>	<b>178</b>	<b>184</b>	<b>179</b>	<b>185</b>	<b>180</b>	<b>182</b>	<b>176</b>	<b>169</b>	<b>169</b>	<b>179</b>	<b>182</b>	<b>190</b>
All Elective Surgery (excl Gynaecology)	103	114	112	108	117	112	112	107	109	107	94	99	105	101	113
All Elective Medicine	42	43	44	44	41	43	46	47	50	45	51	47	50	55	52
All Elective Womens & Children	10	9	12	10	10	10	11	10	10	9	9	9	9	9	9
All Elective Clinical Support Services	14	15	14	15	15	15	16	16	13	14	15	14	15	16	16
<b>Non-Elective Inpatient per Calendar Day</b>	<b>208</b>	<b>207</b>	<b>194</b>	<b>219</b>	<b>204</b>	<b>214</b>	<b>206</b>	<b>204</b>	<b>199</b>	<b>206</b>	<b>199</b>	<b>200</b>	<b>209</b>	<b>215</b>	<b>219</b>
All Non-Elective Surgery	31	28	27	29	29	30	29	30	30	32	33	31	34	34	29
All Non-Elective Medicine	74	79	74	82	82	80	83	81	79	80	79	77	80	80	82
All Non-Elective Womens & Children (excl *)	103	99	93	108	93	105	95	92	90	93	87	93	96	101	109
All Non-Elective Clinical Support Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Consultant First Outpatient Attendances per WD</b>	<b>487</b>	<b>510</b>	<b>492</b>	<b>505</b>	<b>515</b>	<b>513</b>	<b>504</b>	<b>522</b>	<b>504</b>	<b>465</b>	<b>501</b>	<b>529</b>	<b>524</b>	<b>544</b>	<b>505</b>
<b>Consultant FU Outpatient Attendances per WD</b>	<b>846</b>	<b>875</b>	<b>825</b>	<b>885</b>	<b>911</b>	<b>889</b>	<b>918</b>	<b>876</b>	<b>918</b>	<b>909</b>	<b>818</b>	<b>863</b>	<b>907</b>	<b>929</b>	<b>827</b>
<b>A&amp;E Attendances per Calendar Day</b>	<b>286</b>	<b>311</b>	<b>288</b>	<b>296</b>	<b>296</b>	<b>306</b>	<b>302</b>	<b>294</b>	<b>303</b>	<b>304</b>	<b>285</b>	<b>296</b>	<b>287</b>	<b>301</b>	<b>307</b>

Source: Summary Activity Count produced by Information Department

Note: This slide does not account for casemix (i.e. the tariff for a Surgical elective inpatient can range from £189 to £25,319)

<b>Contract Income</b>	<b>POD Breakdown</b>	<b>Non-elective ahead, high cost drugs behind</b>
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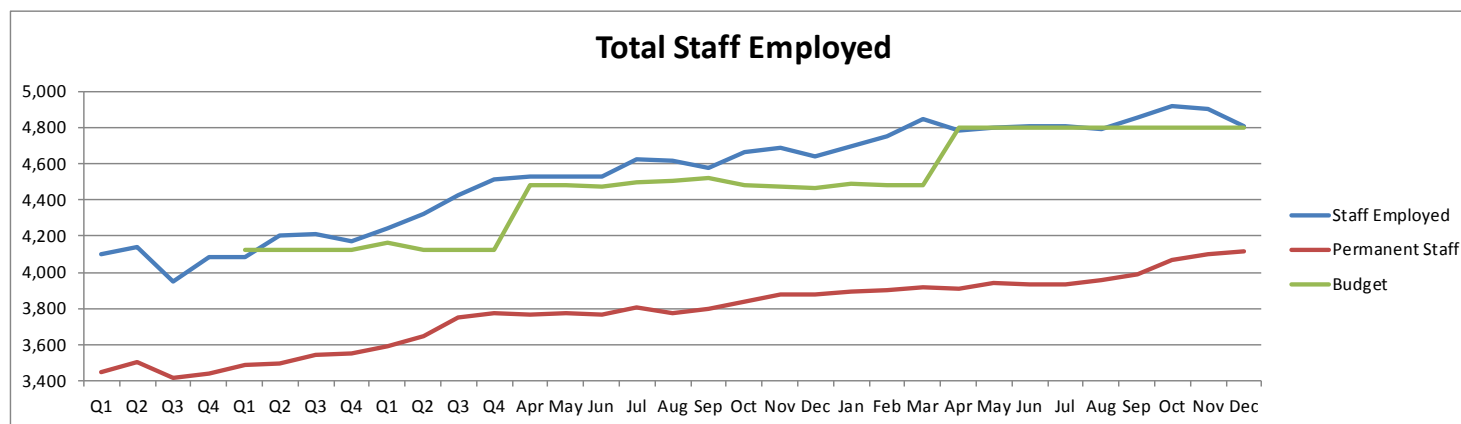
					Monthly Phasing												
Category £000s	Annual Plan	Ytd Plan	Ytd Actual	Variance	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	Total
Admitted Patients - Elective	22,187	16,340	14,023	-2,317	1,674	1,761	1,601	1,863	1,688	1,908	2,101	1,926	1,820	2,013	1,820	2,013	22,187
Admitted Patients - DC	24,292	17,986	17,843	-143	1,860	1,955	1,807	2,093	1,902	2,062	2,266	2,075	1,966	2,170	1,966	2,170	24,292
Admitted Patients - Non PbR - Elective	1,013	744	326	-417	76	80	72	84	76	88	97	89	84	93	84	93	1,013
Admitted Patients - Non PbR - DC	108	81	43	-38	9	9	9	10	9	9	10	9	9	9	9	9	108
Emergency EMRET/READ	-9,455	-7,092	-6,916	175	-788	-788	-788	-788	-788	-788	-788	-788	-788	-788	-788	-788	-9,455
Maternity Payment Pathway	11,706	8,795	8,608	-187	959	991	959	991	991	959	991	959	991	991	928	991	11,706
Outpatients - First	12,727	9,520	10,184	664	1,002	1,052	1,002	1,152	1,052	1,052	1,152	1,052	1,002	1,102	1,002	1,102	12,727
Outpatients - Follow Ups	13,956	10,440	9,910	-529	1,099	1,154	1,099	1,264	1,154	1,154	1,264	1,154	1,099	1,209	1,099	1,209	13,956
Outpatient - Multi-professional 1sts	808	604	1,107	503	64	67	64	73	67	67	73	67	64	70	64	70	808
Outpatient - Multi-professional FU	1,036	775	1,097	323	82	86	82	94	86	86	94	86	82	90	82	90	1,036
Outpatient Procedures	12,199	9,125	8,954	-171	961	1,009	961	1,105	1,009	1,009	1,105	1,009	961	1,057	961	1,057	12,199
A&E	18,419	13,839	13,625	-214	1,510	1,560	1,510	1,560	1,560	1,510	1,560	1,510	1,560	1,560	1,459	1,560	18,419
UB IMAGING	3,976	2,974	3,307	332	313	329	313	360	329	329	360	329	313	344	313	344	3,976
Direct Access (PbR)	2,204	1,649	1,431	-218	174	182	174	200	182	182	200	182	174	191	174	191	2,204
Same Day Chemo	1,073	803	961	159	84	89	84	97	89	89	97	89	84	93	84	93	1,073
Breast Screening	3,969	2,969	3,215	246	313	328	313	359	328	328	359	328	313	344	313	344	3,969
Critical Care	17,063	12,758	12,780	22	1,331	1,436	1,356	1,407	1,351	1,475	1,422	1,411	1,568	1,493	1,336	1,477	17,063
Admitted Patients - Non Elective OLOS	14,139	10,623	10,776	152	1,159	1,198	1,159	1,198	1,198	1,159	1,198	1,159	1,198	1,198	1,120	1,198	14,139
Admitted Patients - Non Elective 1+LOS	111,509	83,784	85,503	1,719	9,140	9,445	9,140	9,445	9,445	9,140	9,445	9,140	9,445	9,445	8,835	9,445	111,509
Admitted Patients - Non PbR - Non-Elective OLOS <sup>1</sup>	1,618	1,210	1,066	-144	128	134	128	146	134	134	146	134	128	140	127	140	1,618
Admitted Patients - Non PbR - Non-Elective 1+LOS <sup>2</sup>	1,647	1,234	804	-430	131	137	131	146	137	136	146	136	133	142	130	142	1,647
Direct Access	5,175	3,871	3,807	-64	408	428	408	469	428	428	469	428	408	448	408	448	5,175
Non-Prebooked outpatients	56	42	49	7	4	5	4	5	5	5	5	5	4	5	4	5	56
Outpatients - Non PbR	4,413	3,301	3,157	-145	348	365	348	400	365	365	400	365	348	382	348	382	4,413
Outpatients - Telephone	336	252	0	-252	26	28	26	30	28	28	30	28	26	29	26	29	336
Pre-assessment	1,478	1,106	1,065	-41	116	122	116	134	122	122	134	122	116	128	116	128	1,478
Onestop	2,414	1,806	1,395	-411	190	200	190	219	200	200	219	200	190	209	190	209	2,414
Other Services	20,924	15,715	15,092	-624	1,709	1,768	1,709	1,783	1,768	1,717	1,783	1,717	1,761	1,776	1,658	1,776	20,924
DRUGS	23,713	17,739	15,698	-2,041	1,868	1,961	1,868	2,147	1,961	1,960	2,147	1,960	1,868	2,054	1,867	2,054	23,713
CQUIN	3,507	2,630	2,716	86	292	292	292	292	292	292	292	292	292	292	292	292	3,507
Other	2	2	439	437	0	0	0	0	0	0	0	0	0	0	0	0	2
MRET / Readmissions Central	6,183	4,637	4,637	0	515	515	515	515	515	515	515	515	515	515	515	515	6,183
Contract Income Provision	-600	-600	-475	125	-100	-100	-100	-100	-100	-100	0	0	0	0	0	0	-600
<b>Total</b>	<b>333,796</b>	<b>249,663</b>	<b>246,532</b>	<b>-3,130</b>	<b>26,656</b>	<b>27,797</b>	<b>26,550</b>	<b>28,751</b>	<b>27,582</b>	<b>27,617</b>	<b>29,290</b>	<b>27,686</b>	<b>27,733</b>	<b>28,804</b>	<b>26,542</b>	<b>28,788</b>	<b>333,796</b>

## Efficiencies

NHSI Reporting	Pay/Non Pay	£000s Plan	Apr Plan	Apr Actual	May Plan	May Actual	Jun Plan	Jun Actual	Jul Plan	Jul Actual	Aug Plan	Aug Actual	Sep Plan	Sep Actual	Oct Plan	Oct Actual	Nov Plan	Nov Actual	Dec Plan	Dec Actual	Total Plan	Total Actual
Corporate Non Pay	Non pay	199	14	10	14	5	14	4	14	9	14	6	14	3	20	5	20	10	20	15	141	66
Corporate Pay	Pay (WTE reductions)	104	13	12	19	18	19	11	6	1	6	5	6	5	6	5	6	5	6	5	88	67
DTO Pay	Pay (WTE reductions)	879	123	78	114	70	66	35	73	36	63	27	63	12	63	37	63	29	63	30	692	355
DTO Non Pay	Non pay	90	7	7	7	5	7	7	7	7	7	7	7	7	7	7	7	7	7	7	67	64
Med Ed Non Pay	Non pay	7	1	0	1	0	1	0	1	9	1	4	1	3	1	0	1	0	1	0	5	16
Med Ed Pay	Pay (WTE reductions)	65	5	1	5	1	5	2	5	3	5	1	5	5	5	3	5	3	5	5	49	24
Medicine Pay	Pay (Skill mix)	2,233	193	80	193	80	193	73	193	72	183	62	183	56	183	61	183	60	183	65	1,685	609
Medicine Non Pay	Non pay	429	36	20	36	20	36	20	36	23	36	20	36	21	36	21	36	24	36	19	322	187
Operational Services Non Pay	Non pay	860	62	11	56	5	63	16	75	14	78	12	78	19	78	8	75	17	75	12	637	114
Operational Services Pay	Pay (WTE reductions)	15	1	0	1	0	1	0	1	1	1	0	1	0	1	0	1	0	1	1	11	2
Surgical Pay	Pay (Skill mix)	1,095	85	83	88	86	81	79	79	77	129	126	115	113	106	105	93	93	89	89	865	851
Surgical Non-Pay	Non pay	200	23	23	30	31	14	11	14	46	14	27	14	4	14	17	14	17	14	15	152	191
W&C Pay	Pay (WTE reductions)	84	7	5	7	5	7	4	7	4	7	4	7	7	7	7	7	4	7	4	63	44
Marginal gain on Population growth	Pay (WTE reductions)	2,188	189	96	181	88	181	83	181	85	181	88	181	88	182	89	182	176	182	179	1,640	973
Marginal gain on Population growth	Non pay	1,133	94	6	94	3	94	17	94	-1	94	4	94	5	94	5	94	5	94	5	850	50
Divisional stretch / Model Hospital / GIRFT	Pay (Skill mix)	1,732	16	55	7	72	7	44	22	58	22	-16	45	42	269	53	269	64	269	77	928	450
Divisional stretch / Model Hospital / GIRFT	Non pay	1,758	45	45	47	47	29	40	29	-10	29	-10	29	-10	260	-10	260	-10	260	-10	986	70
<b>Planned CIP 19/20</b>		<b>13,072</b>	<b>915</b>	<b>533</b>	<b>901</b>	<b>535</b>	<b>819</b>	<b>446</b>	<b>838</b>	<b>435</b>	<b>870</b>	<b>368</b>	<b>879</b>	<b>380</b>	<b>1,332</b>	<b>414</b>	<b>1,316</b>	<b>504</b>	<b>1,312</b>	<b>518</b>	<b>9,180</b>	<b>4,133</b>
CIP Mitigation	Pay (WTE reductions)	100	0	8	0	14	0	40	0	14	0	31	0	36	0	37	0	56	0	41	0	277
CIP Mitigation	Non Pay	204	17	0	17	0	17	0	17	0	17	0	17	31	17	0	17	0	17	0	153	31
<b>Additional CIPs</b>		<b>304</b>	<b>17</b>	<b>8</b>	<b>17</b>	<b>14</b>	<b>17</b>	<b>40</b>	<b>17</b>	<b>14</b>	<b>17</b>	<b>31</b>	<b>17</b>	<b>67</b>	<b>17</b>	<b>37</b>	<b>17</b>	<b>56</b>	<b>17</b>	<b>41</b>	<b>153</b>	<b>308</b>
<b>Revised CIP Total 19/20</b>		<b>13,376</b>	<b>932</b>	<b>540</b>	<b>918</b>	<b>549</b>	<b>836</b>	<b>486</b>	<b>855</b>	<b>449</b>	<b>887</b>	<b>399</b>	<b>896</b>	<b>447</b>	<b>1,349</b>	<b>451</b>	<b>1,333</b>	<b>560</b>	<b>1,329</b>	<b>559</b>	<b>9,333</b>	<b>4,441</b>

## Staff utilised in month returned to levels consistent with earlier in year

	2015				2016				2017				2018								2019												
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Admin/Estates	704	709	695	706	744	757	737	749	764	777	791	800	815	810	797	831	842	831	833	851	852	844	856	865	860	860	848	866	860	870	871	866	864
WD Clk/Support	401	426	194	206	206	214	220	220	227	220	224	228	230	228	220	238	240	235	234	244	243	242	241	243	249	258	257	260	257	264	266	254	240
HCA	529	534	548	578	558	594	571	555	560	569	551	572	567	559	578	621	621	621	611	610	614	603	626	632	637	623	637	633	669	664	652	648	614
Consultant	227	236	230	253	251	260	263	257	270	272	281	289	286	288	285	292	291	287	291	297	290	300	293	300	309	299	302	300	289	310	305	308	303
Medical non-Cons	372	386	367	368	367	396	407	404	402	440	444	447	452	445	459	469	447	419	471	434	422	458	469	502	476	466	491	482	473	500	477	474	479
N&M	1,331	1,307	1,373	1,420	1,416	1,422	1,435	1,423	1,446	1,456	1,541	1,571	1,561	1,565	1,562	1,531	1,546	1,546	1,577	1,608	1,582	1,609	1,625	1,650	1,606	1,632	1,623	1,607	1,611	1,615	1,690	1,693	1,649
Learner	4	4	8	7	7	3	3	6	6	4	7	10	10	10	10	10	5	5	5	5	4	7	7	7	7	7	5	4	3	3	3	3	3
Therapy/Technical	339	357	365	360	352	347	359	368	370	376	385	392	391	397	396	400	406	413	423	423	421	430	425	430	435	440	432	433	428	436	445	448	446
Healthcare Scientists	192	179	170	184	185	207	211	185	198	204	202	199	215	226	221	227	216	214	215	217	208	200	202	211	203	208	205	215	200	192	205	202	206
Other	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	3	3	2	3	3	3	3	3	3
Staff Employed	4,102	4,142	3,952	4,084	4,088	4,202	4,210	4,171	4,246	4,321	4,429	4,511	4,529	4,530	4,532	4,621	4,616	4,575	4,665	4,690	4,638	4,695	4,747	4,844	4,784	4,796	4,803	4,804	4,794	4,857	4,918	4,898	4,807
Made up of:																																	
Permanent Staff	3,450	3,503	3,413	3,440	3,486	3,500	3,541	3,548	3,595	3,650	3,750	3,772	3,764	3,772	3,763	3,806	3,774	3,797	3,835	3,878	3,877	3,895	3,903	3,916	3,908	3,942	3,932	3,935	3,958	3,988	4,069	4,098	4,112
Locum / Bank	496	486	395	507	456	537	520	499	531	552	550	614	623	617	614	670	690	640	678	663	515	529	584	619	743	733	734	746	732	758	740	702	585
Agency	156	153	144	136	145	165	149	124	120	119	129	124	142	141	154	145	152	138	153	149	118	138	114	154	133	121	137	122	105	111	109	97	109
Budget					4,127	4,127	4,127	4,127	4,164	4,127	4,127	4,127	4,482	4,483	4,476	4,495	4,501	4,520	4,482	4,473	4,466	4,485	4,485	4,483	4,799	4,799	4,799	4,799	4,799	4,799	4,799	4,799	4,799



\*Q3 Drop in 2015 is Engie

\*\* Locum / bank has been normalised for 4/5 week months to show consistency month on month



## Agency Spend

Improved performance in month, see agency paper for further narrative and action plan

£000s	17/18	18/19	19/20	19/20	19/20	19/20
	Actual	Cumm. Actual	Mthly Plan	Mthly Actual	Cumm. Plan	Cumm. Actual
Apr	1,161	1,384	1,118	1,465	1,118	1,465
May	2,394	2,655	1,054	1,297	2,172	2,762
Jun	3,693	4,090	1,077	1,519	3,248	4,281
Jul	4,953	5,472	1,040	1,307	4,288	5,588
Aug	6,185	6,946	1,167	1,168	5,455	6,756
Sep	7,354	8,290	1,006	1,124	6,461	7,879
Oct	8,580	9,661	973	1,162	7,435	9,042
Nov	10,059	11,160	1,013	1,164	8,447	10,206
Dec	11,137	12,341	751	1,093	9,198	11,299
Jan	12,339	13,852	1,138		10,337	
Feb	13,408	14,946	908		11,245	
Mar	14,831	16,322	1,006		12,250	

19/20	Medical Agency	£000s
Division	Service Line	Spend
Surgery	Anaesthetics	238
Surgery	Other	267
Medicine	General Medicine	1,992
Medicine	ED	695
Medicine	Cardiology	473
Medicine	Dermatology	334
Medicine	Respiratory	251
Medicine	Other	680
W&C	Total	227
DTO	Pathology	629
Other	Other	1,081
<b>Total</b>		<b>6,868</b>

	Plan				
	Medics	Nursing	Other Clin	A&C	Total
Apr-19	566	446	93	12	1,118
May-19	513	440	99	2	1,054
Jun-19	542	450	82	2	1,077
Jul-19	594	359	85	2	1,040
Aug-19	695	388	81	2	1,167
Sep-19	557	374	74	2	1,006
Oct-19	571	344	56	2	973
Nov-19	602	352	56	2	1,013
Dec-19	376	317	56	2	751
Jan-20	680	400	56	2	1,138
Feb-20	508	342	56	2	908
Mar-20	576	371	56	2	1,006
<b>Total</b>	<b>6,780</b>	<b>4,582</b>	<b>852</b>	<b>36</b>	<b>12,250</b>

	Actual				
	Medics	Nursing	Other Clin	A&C	Total
Apr-19	964	350	117	35	1,465
May-19	753	393	137	13	1,297
Jun-19	1,025	384	137	-27	1,519
Jul-19	824	310	172	1	1,307
Aug-19	718	317	113	20	1,168
Sep-19	589	348	103	84	1,124
Oct-19	597	415	119	31	1,162
Nov-19	690	372	119	-16	1,164
Dec-19	707	295	71	20	1,093
Jan-20					0
Feb-20					0
Mar-20					0
<b>Total</b>	<b>6,868</b>	<b>3,183</b>	<b>1,088</b>	<b>160</b>	<b>11,299</b>

## Statement of Financial Position

Statement of Financial Position For the period ended 31 Dec 2019	Closing 31 Mar 2019 £000s	Closing 31 Dec 2019 £000s
<b>Non-Current Assets</b>		
Property, plant and equipment	136,504	147,692
Trade and other receivables	2,927	2,396
Other assets	2,287	2,178
<b>Total non-current assets</b>	<b>141,718</b>	<b>152,266</b>
<b>Current assets</b>		
Inventories	3,733	3,730
Trade and other receivables	44,957	38,000
Cash and cash equivalents	34,766	38,811
<b>Total current assets</b>	<b>83,456</b>	<b>80,541</b>
<b>Current liabilities</b>		
Trade and other payables	-30,802	-30,533
Borrowings	-1,668	-1,823
Provisions	-407	-206
Other liabilities	-597	-1,519
<b>Total current liabilities</b>	<b>-33,474</b>	<b>-34,081</b>
<b>Total assets less current liabilities</b>	<b>191,700</b>	<b>198,726</b>
<b>Non-current liabilities</b>		
Borrowings	-27,198	-26,541
Provisions	-404	-552
<b>Total non-current liabilities</b>	<b>-27,602</b>	<b>-27,093</b>
<b>Total assets employed</b>	<b>164,098</b>	<b>171,633</b>
<b>Financed by (taxpayers' equity)</b>		
Public Dividend Capital	68,616	70,116
Revaluation reserve	11,913	11,913
Income and expenditure reserve	83,569	89,634
<b>Total taxpayers' equity</b>	<b>164,098</b>	<b>171,663</b>

# CAPITAL PLAN



## Report for Month 9

The Trust is now planning to spend £41.0m in 2019/20 (down from £45.7m). There has been spend of £17.8m year to date against a revised plan. The slippage on the plan is now assumed to be spent in 2020/21.

## Capital

CapEx £m Simplified	Actual FY17/18	Actual M12 FY18/19	Forecast FY19/20	Actual FY19/20	FY20/21	FY21/22	FY22/23	FY23/24	FY24/25	Project Total
<b>BAU</b>										
Medical Equipment	2.1	2.9	3.0	1.0	3.0	3.0	3.0	3.0	3.0	
BAU Estate ( <i>incl backlog</i> )	2.4	1.8	5.0	1.0	4.1	3.0	3.0	3.0	3.0	
BAU IT	2.8	0.7	0.8	0.2	1.0	1.0	1.0	1.0	1.0	
<b>BAU CapEx</b>	<b>7.3</b>	<b>5.4</b>	<b>8.8</b>	<b>2.1</b>	<b>8.1</b>	<b>7.0</b>	<b>7.0</b>	<b>7.0</b>	<b>7.0</b>	
<b>Schemes</b>										
MRI	0.6	3.8	0.2	-0.1						4.5
Imaging Corridor Works			0.9	0.1	1.0					1.9
Electrical Infrastructure	0.1	1.5	4.1	3.3	1.8					7.5
Decontamination & Endoscopy Rooms	0.4	2.0	0.5	0.3						2.9
IT Merger Enabling					4.0	4.0				8.0
Pathology Joint Venture		0.6	3.6	1.3						4.2
Acute Services Block		0.0	1.5	0.0	6.9	6.9	18.0	43.9	19.2	96.4
Critical Care Block			1.1	0.0	12.9	6.0	0.0	0.0	0.0	20.0
Site Redevelopment Team & Overheads			0.4	0.2						0.4
Enabling Schemes (inc. facilities re-provision)			2.6	0.0	3.7	1.4	1.4	1.3	1.3	11.6
Generators			3.3	0.0	0.0					3.3
Energy Centre Building		0.0	1.0	0.0	13.8	2.4				17.2
Energy Conservation Measures		0.0	0.2	0.2	5.8	3.0				9.0
Lifts / Helipad Enabling/ Ward 10/11/12			0.0	0.0	1.0	0.0				1.0
Ground floor imaging / switch room/ 3rd CT*			0.1	0.0	3.9	0.0				4.0
Anticipated slippage			-0.6	0.0	0.6					0.0
Car Parking Strategy		0.0	0.1	0.0	3.5	0.0	0.0	0.0	0.0	3.6
PAS		0.0	0.1	0.0	2.5					2.6
STP Portal			1.0	0.0	0.0					1.0
CT SPECT		0.9	0.1	0.1						1.0
NHS Winter Scheme (inc Theatre G & H)		3.0	4.7	4.4						7.8
CEO Patient Management App		0.1	0.2	0.0						0.3
Slippage on FY18/19 plan			1.8	1.1						
Dunstable Road House		0.3	0.1	0.1						0.3
Beds Contract		0.8	0.5	0.5						1.3
Other	2.4	3.9	0.7	0.4						
<b>Main Schemes</b>	<b>3.5</b>	<b>17.0</b>	<b>28.0</b>	<b>12.0</b>	<b>61.4</b>	<b>23.7</b>	<b>19.3</b>	<b>45.2</b>	<b>20.5</b>	
<b>GDE</b>	<b>0.4</b>	<b>2.8</b>	<b>4.1</b>	<b>3.7</b>	<b>3.0</b>					10.3
<b>Total</b>	<b>11.2</b>	<b>25.1</b>	<b>40.9</b>	<b>17.8</b>	<b>72.5</b>	<b>30.7</b>	<b>26.3</b>	<b>52.2</b>	<b>27.5</b>	
<b>Less Transfer to Deferred Asset</b>		<b>-1.3</b>								
<b>Total Capital Spend</b>		<b>23.8</b>	<b>40.9</b>	<b>17.8</b>	<b>72.5</b>	<b>30.7</b>	<b>26.3</b>	<b>52.2</b>	<b>27.5</b>	

# Workforce January 2020 2019

(Reporting November / December 2019 Data)

# WORKFORCE BALANCED SCORECARD

Reporting Period: November / December 2019

Workforce	Trust Target	Nov-19						Dec-19						Dec-18
		Trust Actual	Corporate	Diagnostics	Medicine	Surgery	Women' and Children's	Trust Actual	Corporate	Diagnostics	Medicine	Surgery	Women' and Children's	Trust Actual
<b>Workforce Statistics</b>														
Staff in post (Assignment Headcount)	-	4549	592	911	1293	1050	803	4562	595	820	1296	1051	800	4310
Budgeted WTE	-	4529	559	767	1334	1107	760	4528	559	767	1334	1107	760	4397
Staff in Post (WTE)	-	4099	541	715	1180	984	679	4112	545	721	1184	986	677	3800
^ Vacancy Rates (%)	10%	9.49	3.21	6.89	11.57	11.15	10.64	9.18	2.54	5.99	11.29	10.96	10.97	13.57
Nurses & Midwives Budgeted WTE		1502	49	28	565	428	432	1502	49	28	565	428	432	1456.0
Nurses & Midwives in Post (WTE)	-	1352.7	45.0	26.3	510.3	384.2	386.9	1362	46.0	25.9	517.6	388.2	384.6	1287.0
Nursing & Midwives Vacancy Rates (%)	10%	9.92	8.34	6.83	9.65	10.19	10.39	9.29	6.31	8.39	8.37	9.26	10.92	11.64
Nursing Vacancy Rates (%)	10%	10.00	8.34	6.83	9.65	10.19	11.28	9.03	6.31	8.39	8.37	9.26	11.84	12.95
Midwives Vacancy Rates (%)	10%	9.49	-	-	-	-	9.49	9.89	-	-	-	-	9.89	2.67
Sickness FTE Days Lost	-	4578	662	628	1177	1004	1106	-	-	-	-	-	-	-
Sickness Rates (%)	3.32%	3.74	4.05	2.93	3.34	3.44	5.44	-	-	-	-	-	-	3.49
Estimated Sickness Cost (£)	-	412005	61137	56495	81193	106051	107129	-	-	-	-	-	-	368491
Maternity Absence Rates (%)	-	2.51	1.56	1.87	2.91	2.00	3.96	2.53	1.71	2.23	2.96	1.82	3.77	2.80
Other Absence Rates (%)	-	0.38	0.17	0.39	0.43	0.41	0.40	0.35	0.36	0.32	0.29	0.41	0.36	0.41
Turnover %	10%	14.35	17.08	16.97	14.12	11.99	12.72	14.11	16.19	16.21	14.37	12.12	12.33	16.06
Appraisal Rate %	90%	78	73	83	82	79	69	78	75	84	82	79	69	80
Core Statutory Training %	80%	88	85	89	88	88	87	86	83	88	86	86	87	87

## RECRUITMENT COMMENTARY

**Nurse Recruitment** - 70 nurses started in post between October and December, of which 12 are NMC registered and 58 have their registration pending. 10 bank nurses also started in post during this period. 22 band 5 nurses left the Trust during this period. The Trust continues with both local recruitment as well as overseas recruitment for registered nurses. Over the period the Nursing vacancy rate has reduced from 14.49% in September 2019 to 9.29% which is below the Trust target.

**International Recruitment** – The Trust is continuing with regular Skype interview campaigns for Non-EU qualified nurses. There are currently 155 overseas nurses in the pipeline who have passed their IELTS/OET and are now progressing through the various stages of the NMC process. Throughout this period 58 overseas nurses arrived at the Trust and 45 overseas nurses passed their OSCE exam and gained their NMC registration. A further 12 overseas nurses are scheduled to arrive on 29<sup>th</sup> January 2020.

The remaining 37 nurses will sit their OSCE exam during the next two months. Dates for OSCE exams are limited due to high volume of overseas candidates throughout the country. Skype interviews are planned for Paediatrics only due to high number of vacancies.

**HCA Recruitment** - The Trust continues with regular recruitment campaigns for both permanent and bank positions to try to reduce vacancies and provide an effective bank resource. There have been 21 substantive HCA starters and a further 10 HCA's joined the bank during this period. 7 substantive HCA's have left the Trust during this period. Recruitment Days for HCA's will continue on a monthly basis. The Open Day scheduled for 20<sup>th</sup> January 2020 resulted in 24 offers being made.

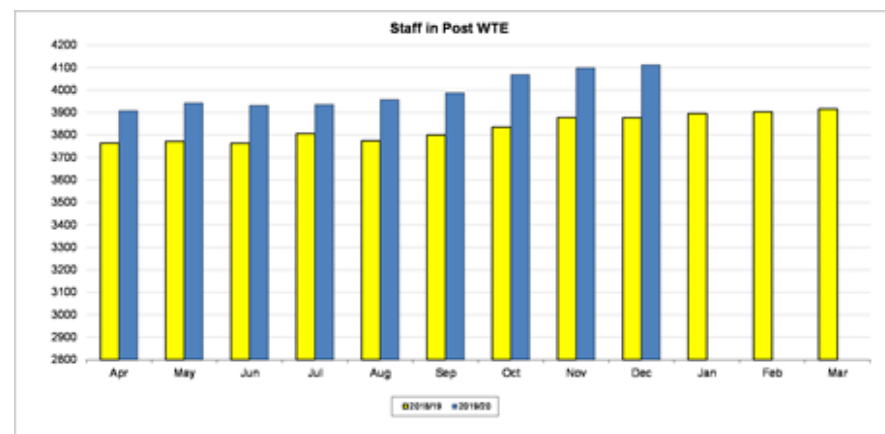
## STAFF IN POST WTE BY DIVISION

DIVISION	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	% Growth From April 2019	Average % Growth per month	% Growth over last 12 months
Corporate	530.9	527.51	530.7	531.0	531.0	524.0	527.0	532.4	533.6	543.4	541.1	544.8	2.61%	0.24%	2.63%
Diagnostics, Therapeutics and Outpatients	675.7	678.27	685.6	685.9	694.0	694.2	693.6	688.7	701.1	707.3	714.6	721.5	5.18%	0.62%	6.77%
Medicine	1100.4	1097.1	1095.6	1084.5	1102.0	1107.5	1115.4	1119.7	1141.6	1169.6	1179.9	1183.8	9.15%	0.69%	7.57%
Surgery	901.8	906.97	912.6	918.1	934.0	933.5	934.4	955.5	948.2	969.0	983.6	985.8	7.36%	0.85%	9.30%
Women's & Children's	686.6	693.59	691.9	691.8	684.2	676.6	664.9	661.4	663.6	679.7	679.1	676.6	-2.20%	-0.13%	-1.45%
<b>TOTAL</b>	<b>3895.4</b>	<b>3903.5</b>	<b>3916.5</b>	<b>3911.3</b>	<b>3945.2</b>	<b>3935.7</b>	<b>3935.3</b>	<b>3957.6</b>	<b>3988.2</b>	<b>4069.0</b>	<b>4098.4</b>	<b>4112.4</b>	<b>5.14%</b>	<b>0.51%</b>	<b>5.57%</b>

### WTE COMMENTARY

This data is based on staff in post excluding bank and honorary staff.

- The Trust's overall Staff in Post (SIP) by Whole Time Equivalent (WTE) continues to increase. With an increase of 5.14% since April 2019 and 5.77% over the past 12 months. Increases since April result from additional admin and clerical appointments, Nurses, HCA's and filling medical vacancies.
- There are currently 111 WTE band 5 Nursing vacancies across the Trust, of which 58 WTE are filled by international pre-registration nurses leaving a true vacancy position of **53 WTE**. There are 177 band 5 Nurses currently going through the recruitment process – 155 are international Pre-Registration Nurses and 22 have been recruited through local campaigns.
- Currently there are 78 WTE vacancies for band 2 Healthcare Assistants with 12 currently going through the recruitment process and due to commence between January and March. This leaves a variance of 66 WTE.



### Medical Recruitment

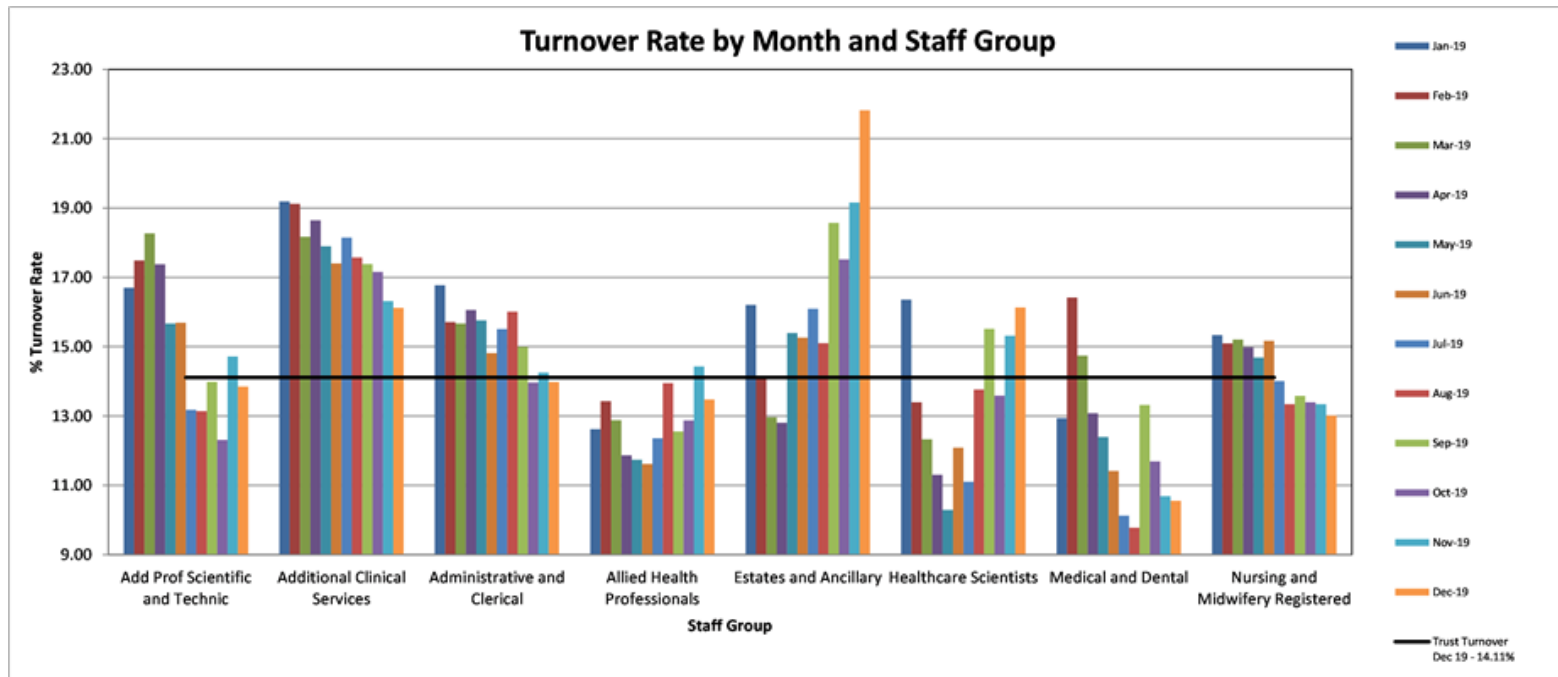
Between October and December 2019 four AACs took place and six Consultant appointments were made (2 – GUM; 1 – Elderly Medicine; 2 – Respiratory; 1 – Cardiology). Two AACs were cancelled due to no applications or no one was suitable to short list.

Between January to March 2020 six AAC's are scheduled for the following specialties: ENT, Obs & Gynae, Diabetes, Haematology, Dermatology and Histopathology.

### New Starters

Between October and December 2019 - 5 new substantive Consultants started in post in 1 – GUM; 1 – Haematology; 1 Elderly; 1 – Respiratory; 1 – Obs & Gynae.

## TURNOVER



### TURNOVER COMMENTARY

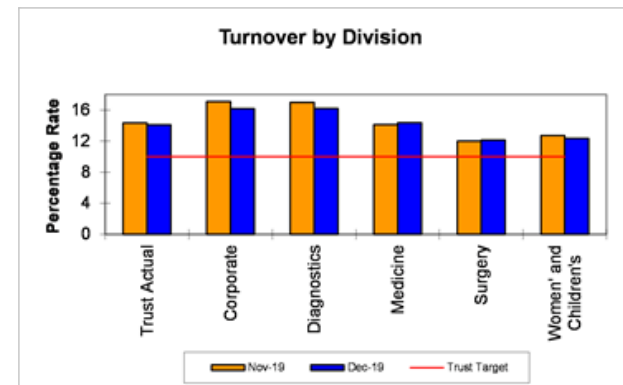
The Trust's overall turnover rate is 14.11% for the reporting year ending 31<sup>st</sup> December 2019. This is a decrease in month from November 2019 (14.35%) and when compared to November 2018 (16.55%).

Overall turnover is also below the EoE Q2 average of 14.70%.

Most staff groups are still showing an overall downward trend in turnover with the exception of smaller staff groups. Estates and Ancillary currently have only 116 head count employees in post and 25 leavers over the year. The peak in December is driven by the cumulative effect of 4 Porters leaving over the period (2 relocation, 1 lack of opportunities and 1 retirement) in addition to 4 Sterile Services Technicians highlighted in the last report. Healthcare Scientists have 115 head count in post and 18 leavers over the year.

Nursing and Midwifery turnover for December 2019 is 13.01 % which is a decrease of 2.81% when compared to December 2018. Over the year the top reasons for leaving for Nursing and Midwifery are 31% of nurses left due to relocation, 15% work life balance, 9% retirement and 7% promotion. The self rostering scheme trial in CCU is now underway and following the trial assessment will be made to see if this improves work life balance and retention rates.

Not including Junior Doctors at end of their contract across the Trust top reasons for leaving were: Relocation 19%, Work Life Balance 15%, Retirement 12%, Promotion 7% and End of Fixed Term 6%.

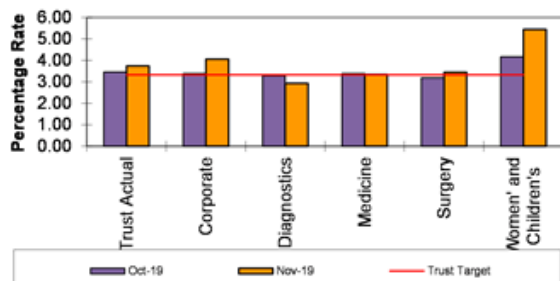


\* Turnover figures above do not include Junior Doctors.

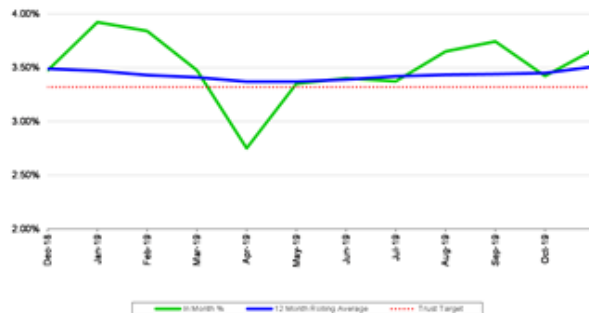


## SICKNESS ABSENCE

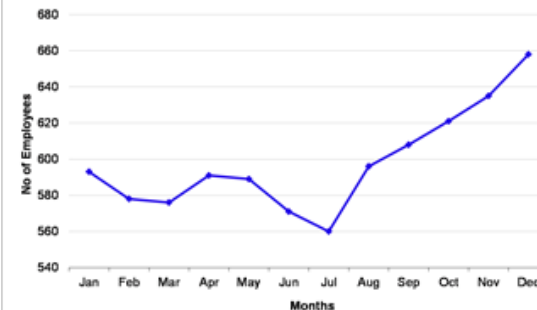
Sickness by Division



Trust Sickness Absence Rates

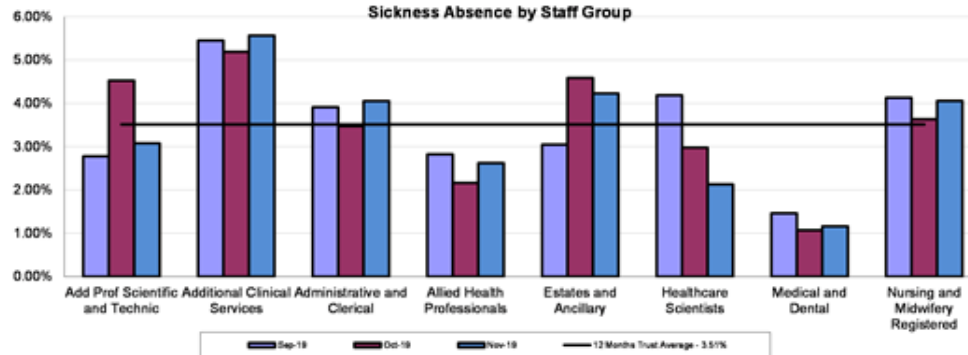


Bradford Scores >150



Sickness Absence by Staff Group	Sep-19	Oct-19	Nov-19	Last 12 Months Average
Add Prof Scientific and Technic	2.78%	4.52%	3.08%	2.82%
Additional Clinical Services	5.45%	5.19%	5.57%	5.14%
Administrative and Clerical	3.91%	3.47%	4.05%	3.84%
Allied Health Professionals	2.82%	2.16%	2.62%	2.21%
Estates and Ancillary	3.05%	4.58%	4.23%	4.19%
Healthcare Scientists	4.19%	2.98%	2.13%	2.14%
Medical and Dental	1.46%	1.07%	1.16%	0.99%
Nursing and Midwifery Registered	4.13%	3.63%	4.05%	3.84%
Trust total	3.79%	3.45%	3.74%	3.51%

Sickness Absence by Staff Group



## SICKNESS ABSENCE COMMENTARY

The monthly average for November 2019 (3.74%) is slightly lower than for September 2019 (3.79%) and is above the Trust target of 3.32%. The Trust's overall average for the year ending 30<sup>th</sup> November 2019 is 3.51%. This is slightly above the Trust target and for the same period last year (3.49%) but is lower than EOE Q2 Average of 3.70% and the NHS National median of 4.24%, which places the Trust in the lowest quartile for absence rates.

There were 658 employees with a BS over 150 at the end of December 2019, which was a 3.5% increase from the previous month (635) which was driven by a seasonal increase in sickness for Cough, Cold, Flu and Gastro reasons. The breakdown of sickness categories in December 2019 was 61% short term sickness; 27% short term due to underlying health issues; 10% long term sickness and 2% pregnancy related sickness. This was the 5<sup>th</sup> monthly increase in a row with growth proportional to the increase in staff in post.

Formal stage 2 meetings were held with 394 of employees (ie 60%) – a decrease from 64% compared to the previous month. A total of 88 of Stage 2 meetings were held in December 2019, compared to 49 in November 2019.

A further 48 Stage 2 meetings were cancelled in December 2019, more than double the figure cancelled in November 2019 (ie 23). The primary reason for cancellation was due to the employee being on annual leave or otherwise not on duty (20%) with the next highest reason due to the line manager being on annual leave or otherwise unavailable (29%). The highest single area for cancelled meetings was Paediatric Ward 24 (8 meetings cancelled), followed by A&E (5 meetings cancelled). Cancellation of meetings is being monitored on a monthly basis to enable them take steps to address any avoidable cancellations. Divisions are devising local plans to reduce the cancellations and are addressing issues with individual managers who have multiple avoidable cancellations.

## TRAINING COMPLIANCE BY DIVISION

	APPRAISALS	INDUCTION	STATUTORY TRAINING											
December 2019			Fire	Infection Control	Safe Moving - Theory	Safe Moving - Practical	Information Governance	Safeguarding Adults	Safeguarding Children	Core Safeguarding Child Level 3 ***	Specialist Safeguarding Child Level 3 ***	Conflict Resolution	Basic Life Support	Immediate Life Support
TRUST TARGET	90%	100%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Corporate	75%	91%	81%	82%	82%	88%	84%	82%	83%	33%	N/A **	77%	70%	100%
Diagnostics, Therapeutics and Outpatients	84%	100%	85%	85%	91%	92%	85%	88%	82%	100%	100%	85%	73%	33% *
Medicine	82%	89%	80%	88%	88%	90%	83%	87%	81%	68%	64%	75%	75%	49%
Surgery	79%	83%	80%	88%	89%	93%	81%	88%	83%	50%	100%	80%	73%	59%
Women's & Children's	69%	50%	84%	88%	89%	91%	82%	89%	91%	88%	81%	60%	72%	63%
TRUST TOTAL	78%	86%	82%	87%	88%	91%	83%	87%	84%	84%	78%	75%	74%	53%
Change from last month	0%	10%	-2%	-1%	-1%	-1%	-2%	-1%	-1%	2%	-2%	-1%	0%	-2%

### Compliance Thresholds

Appraisal	Induction	Stat Training
90 - 100%	95 - 100%	80 - 100%
65 - 89%	75 - 94%	65 - 79%
0 - 64%	0 - 74%	0 - 64%

\* This figure relates to less than 2 people

\*\* Training not required

\*\*\* Please note Core requires 2 hours training per year and Specialist requires 4 hours per year.

## TRAINING COMMENTARY

### Statutory / Mandatory Training

Whilst Induction compliance has improved by 10% in the period, overall training compliance has decreased by 2% (84%) during the December period.

Due to the high likelihood of training cancellations during the winter period, Training and Development scheduled a reduced number of courses during December and January. Despite running fewer courses in December, 1834 staff completed training but there were 383 DNAs and 165 cancellations. In the previous month there were 2767 staff who completed training and 641 DNAs and 503 cancellations. (Individual sessions of a programme are counted in these numbers)

We try to run only essential courses during December and January as non-mandatory courses are often the first sessions which staff are pulled from if the wards require additional staffing.

When creating the Training Brochure for 2020, the Training Office Manager and Subject Matter Experts have scheduled in courses throughout the year to meet the demand. This means that once the ward pressures have reduced, there are enough places available to improve training compliance if staff are booked and released to attend. We will continue to monitor course availability throughout the year, scheduling in additional study days if possible.

### Appraisals

The overall appraisals' compliance rate for the Trust has remained at 78% during the December period.

Appraisals compliance has increased by 43% for the 'Others' staff group in the Women's and Children's Division thanks to a number of appraisal completions during the December period. We have been assured that outstanding appraisal review meetings are being scheduled in as soon as possible for Admin and Clerical staff within the division.

As is standard procedure, a reminder e-mail has been sent to all staff who have not had an appraisal review meeting in the last 12 months.

## BOARD OF DIRECTORS

<b>Agenda item</b>	9	<b>Category of Paper</b>	<b>Tick</b>
<b>Paper Title</b>	Clinical Outcome, Safety & Quality Report	<b>To action</b>	<input type="checkbox"/>
<b>Date of Meeting</b>	5 February 2020	<b>To note</b>	<input type="checkbox"/>
<b>Lead Director</b>	Annet Gamell, NED	<b>For Information</b>	<input checked="" type="checkbox"/>
<b>Paper Author</b>		<b>To ratify</b>	<input type="checkbox"/>
<b>Indicate the impact of the paper:</b> Financial <input type="checkbox"/> Quality/Safety <input checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Equality <input checked="" type="checkbox"/> Clinical <input checked="" type="checkbox"/> Governance <input checked="" type="checkbox"/>			

<b>History of Committee Reporting and Date</b>	Clinical Outcome, Safety and Quality Committee on 30 October, 27 November, 18 December 2019 and 22 January 2020	
<b>Links to Strategic Board Objectives</b>	Objective 1 –Deliver Excellent Clinical Outcomes Objective 2 - Improve Patient Safety Objective 3 - Improve Patient Experience	
<b>Links to Regulations/ Outcomes/External Assessments</b>	CQC Internal Audit HSE	
<b>Links to the Risk Register</b>	All clinical board level risks	

### PURPOSE OF THE PAPER/REPORT

To update the Board on the findings and approval of the Clinical Outcome, Safety & Quality committee meetings dated 30 October, 27 November, 18 December 2019 and 22 January 2020

### SUMMARY/CURRENT ISSUES AND ACTION

The Report gives an overview on matters addressed, including the following:

- Report on progress with the Quality Priorities 2019/20
- Report from Clinical Operational Board
- Statutory training and appraisals
- Internal Audits
- Risk register – risks assigned to the committee

### ACTION REQUIRED

To note progress to date.

Public Meeting ☒

Private Meeting ☐

# CLINICAL OUTCOMES, SAFETY & QUALITY (COSQ) COMMITTEE REPORT

## TO BOARD OF DIRECTORS

### 1. Introduction

This Report updates the Board of Directors regarding the matters discussed at the Clinical Outcome, Safety and Quality meetings held on 23 October, 27 November, 18 December 2019 and 22 January 2020.

### 2. Governance

**Quality Report and Performance Report** - COSQ received and reviewed the Quality and Performance Reports and were updated with regard to the indicators including pressure ulcers, falls, mortality, cardiac arrest rates, infection control, cleaning, complaints, patient experience, mortality and national performance targets.

The Chief Nurse noted that focussed work continues to identify skin damage appropriately early on in the hospital stay. New mattresses are in place in ED. Assurance was given that the profile of damage has changed and is now predominantly categories 1 and 2, rather than 3 and 4. Some of these were not reported under the old guidance.

The committee discussed falls numbers and interventions that are now in place. The Chief Nurse explained the issues faced with deconditioning of patients. It was agreed that a deep dive is undertaken to look at how many medically fit patients have falls, develop pressure ulcers, sepsis etc and this would be reported back at a later date.

The Maternity Friends and Family Test (FFT) rate has improved. A new FFT question will be introduced in April 2020.

An upward trend was noted with cardiac arrests and a review was undertaken. It was determined that the death rates from cardiac arrests have not increased. COSQ noted the discussions with regard to conversations with families relating to DNA CPR and plans on discharge. The Trust is now fully compliant with NEWS2.

COSQ noted further improvements with regard to mortality and fractured neck of femur rates.

The Deputy Chief Executive reported on the single oversight framework measures for cancer performance and explained the change in the reallocation guidance. Although the Trust is performing in a similar way to previous, it was noted that a proportion of breaches are down to patient choice and the Trust needs to look at better advocacy and support to the patient. Urology has seen a huge increase in referrals on the prostate pathway due to a national campaign and the committee was alerted to the challenges with the short timescale to do MRI scans, biopsies etc. Assurance was given that every patient is micro managed by the cancer team.

With regard to stroke performance, the latest SSNAP score has moved to an overall rating of A which is partly attributed to good performance from the therapies and SALT team. Work continues to improve the time to the stroke unit.

**18 week Referral to Treatment** - COSQ received monthly reports regarding the 18 week referral to treatment target, The Deputy Chief Executive noted the huge revalidation effort in respiratory and endoscopy in October. At the end of December the performance against the RTT target remained stable. The opening of new theatres took place in December but unfortunately, due to winter pressures, there were higher than expected cancellations of elective surgery. The committee noted that there has been some resolution of the pensions issue for consultants and senior clinicians have been picking up additional work. Given the winter pressures and the pension issues, the 18 week referral to treatment target continues to be closely monitored.

**Clinical Correspondence** – The committee received monthly updates on clinical correspondence turnaround times, noting that the position is gradually improving. The Deputy Chief Executive assured COSQ that at service line level, backlogs are reducing and live typing is taking place and she is working closely with General Managers to monitor the performance.

**GiRFT** – COSQ were informed of a visit in December from the GiRFT team to discuss theatre delays and the impact of the pension issues and talked through data relating to winter pressures. The committee noted that the service lines have GiRFT improvement action plans which are regularly monitored at service level.

### **3. Clinical Outcome and Patient Safety**

**Serious Incidents** – COSQ received reports giving an update on Serious Incidents (SI) and Never Events. The Director of Quality and Safety Governance highlighted the open incidents and informed the committee that a task and finish group is being set up with the aim to get these open incidents closed off. Themes, trends and shared learning were discussed. The committee discussed Never Events and it was agreed to share the actions and learnings of a Never Event at the February meeting.

**Infection Control** – The ongoing focus on C.Difficile was noted with a lot of work in place to slow down the rate and understand what has happened in the first half of the year. The Director of Infection Prevention and Control attended the December meeting and reported that a deep cleaning exercise had been undertaken in the emergency areas and it was proposed that this is repeated in due course. There has been a focus on antimicrobial stewardship. A commode audit has been undertaken and has highlighted the necessity for the purchase of some new commodes.

With regard to 'bare below the elbows', the results of an audit undertaken over 3 days in DME, Medicine and Surgery by one of the Medical Directors were shared. Much improvement was evidenced, although there are still some areas to address.

**CQUIN** – The Deputy Director of Quality and Safety Governance presented a report at the November meeting giving progress on the CQUIN scheme. With regard to Alcohol and Tobacco CQUIN, it was noted that despite good screening, the Trust has not been so good at giving advice to those patients at middle risk on how they can cut down their intake.

## 4. Patient Experience

**Quarter 2 Patient Experience and Complaints Report** was received. It was noted that a new interpreter service is now in place and the number of requests for interpreters has increased.

**National Surveys** – COSQ received a briefing paper on the ED and Children & Young People national surveys. With regard to ED the outcome was about the same as previous with one category being worse – patients being informed on how long they would have to wait. For Children and Young People survey, one of the areas highlighted as worse was that there were not enough things for younger children to do in hospital which had already been actioned.

## 5. Quality Improvement

**Maternity** – The Divisional Director for Women's and Children's Services and the Head of Midwifery attended COSQ in October 2019 and briefed the committee on the development of a Maternity Quality Improvement Board. COSQ received a paper informing the aim of the QI Board and the role of the workstreams. The project consolidates the work that has been taking place for some time and has a wide scope which includes the range of safety initiatives together with improvement actions from an external review that was undertaken earlier in 2019. The complexity of the service that has to be offered to the population of the L&D and the numerous risks faced by maternity services was acknowledged.

It was agreed that there would be more maternity oversight through the COSQ committee with a focus every quarter against all the defined safety measures and actions raised from the external report. A further update was received at the January 2020 meeting. Key workstreams and sub groups have been developed to scope the work for the Maternity QI Board, this also encompasses work that is taking place at a national level.

**Discharge** - The Deputy Director of Quality and Safety Governance informed COSQ of an improvement project focussed on discharge. Multi disciplinary workshops have taken place to scope key workstreams including process mapping discharge through EAU; review and develop best practice board rounds; work with Alzheimers Society on some of their initiatives; review and develop evidence based approach to expected date of discharge; and a number of national initiatives around criteria led discharge, mental health pathways and mapping processes.

## 6. Report from Clinical Operational Board

Escalation reports from the Clinical Operational Board (COB) meetings were received. The issues raised were discussed, awareness and actions were acknowledged.

## 7. Workforce Update

**Statutory Training and Appraisals** – The Training and Development reports covering activity to 31 December 2019 were received and noted. The Director of HR highlighted a steady improvement on compliance of ILS and BLS resuscitation training to the end of November, however there was a slight dip in December. With regard to safeguarding level 3 training there is an increase on compliance for specialists. The

committee were given assurance that compliance of conflict resolution training has improved significantly over the last year. The Chief Nurse noted that the complaints and PALs team have also done some associated training and are working with ED staff.

Appraisal compliance remains static. COSQ noted that CQC had raised a concern with regard to the compliance of mandatory training for medics and were assured that much improvement has now been made.

**Nursing and Midwifery Workforce** - COSQ reviewed the monthly nursing workforce reports.

**Nursing Establishment** – The Chief Nurse presented a bi-annual review of the nursing establishment which was split into two sections: Adult Inpatient Nursing, and; Midwifery Staffing. COSQ were given assurance that the right ratios have been set.

## **8. Risk Register**

The risks assigned to COSQ which were due for review were discussed and updated.

## **9. Safeguarding – Adults, Children and Maternity**

COSQ received the Joint Safeguarding Report for Quarter 2 and the Joint Safeguarding Annual Report for information. The Chief Nurse noted the high volume of contacts with patients from a safeguarding perspective.







## FINANCE, INVESTMENT & PERFORMANCE COMMITTEE REPORT TO THE BOARD

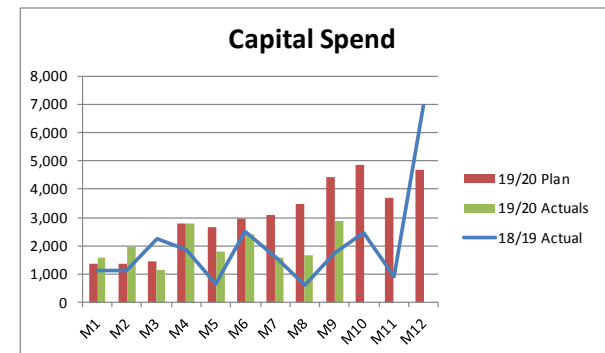
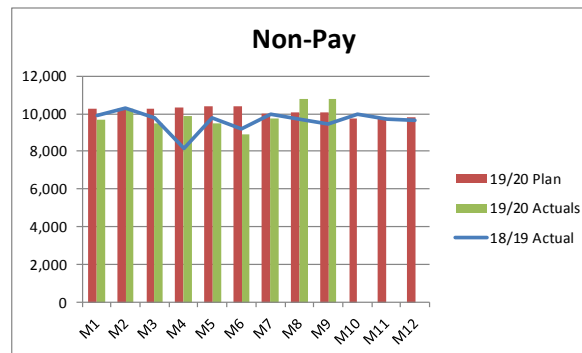
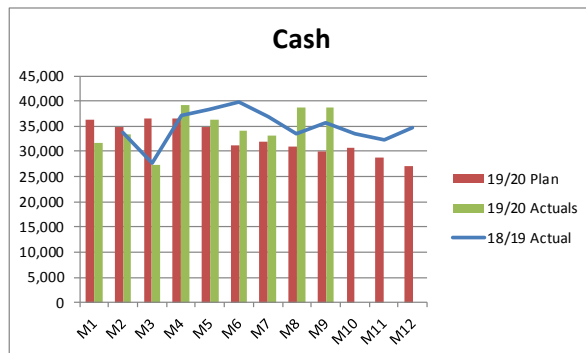
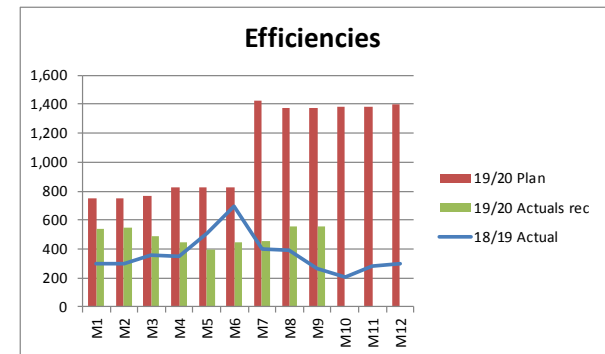
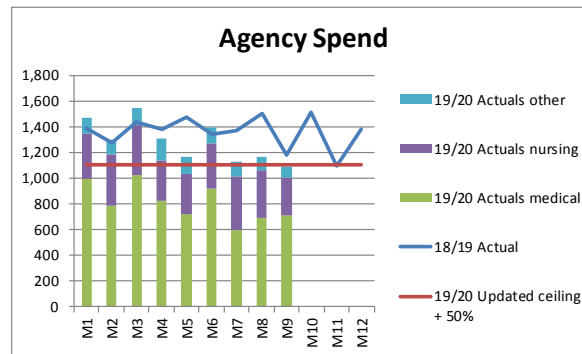
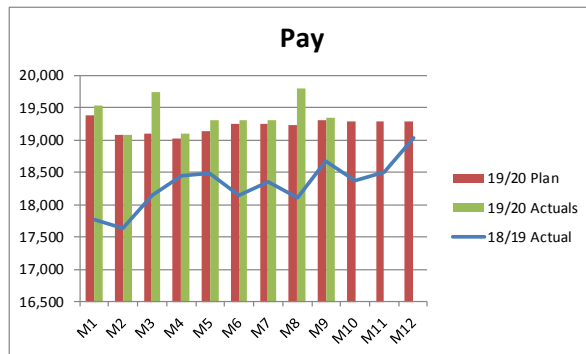
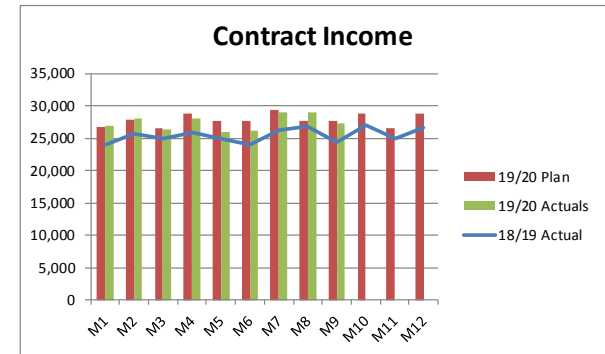
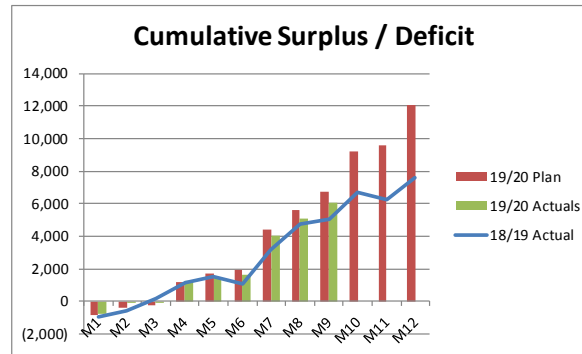
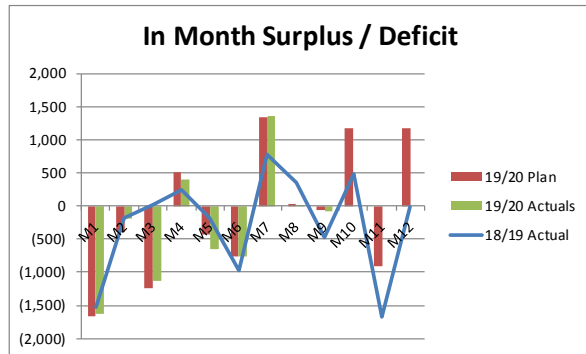
This report reflects the matters considered at the Finance, Investment and Performance (FIP) Committee meetings on 27<sup>th</sup> November 2019. Due to January's FIP meeting close proximity to the Board meeting, the matters considered on January 22<sup>nd</sup> are subject to formal approval. There was no FIP Committee meeting in December 2019.

**The key focus of the FIP Committee is to conduct Board level review of financial and investment policy. The Committee reviews financial performance issues and oversees overall performance against national and local targets.**

This report highlights the issues and themes presented to FIP in November 2019 & January 2020:

- 1) Trust and Divisional financial performance against the plan for the year to date 2019/20
- 2) Associated cost improvements, contracting issues, capital expenditure during 2019/20, cash-flow and associated FIP actions;
- 3) Investment decisions and review;
- 4) Other FIP matters.

## 1. Key Finance Issues – 2019/20 Performance



Area	Commentary	FIP Actions Noted
<b>Income</b>	<p>The Trust reported income of £265.6m for Q3 FY19/20 which is £1.4m behind plan (noting that the under-recovery on High Cost Drugs income is offset by an equivalent underspend on HCD expenditure). This value does not include £3.6m of MRET/Readmissions gainshare nor the £4.1m of PSF that the Trust is expecting to access for delivering its Control Total in Q3. FIP recognise that this income is significant in contributing to the planned cumulative surplus for FY19/20 that would otherwise be a small deficit.</p> <p>At January's FIP meeting it was noted that Q3 had been difficult financially for a number of different reasons, but in part due to the loss of a significant amount of elective activity (compared to plan). As has been reported previously this has been driven by both the pension scheme taxation issue and the prolonged extension to the new theatres opening.</p>	None not otherwise noted
<b>Expenditure</b>	<p>For Q3 FY19/20, spend was £1.1m favourable, but FIP have noted this with caution as a significant proportion of the favourable variance relates to an underspend on High Cost Drugs that is offset by equivalent under-recovery of income.</p> <p>The main source of concern is that pay is overspent by £1.57m with a £3.13m overspend on medical pay being offset by less substantial underspending in other pay categories. With regards to medical pay the sustained effort on recruitment, improved process control, revising agency engagement models and ensuring Executive sign off of all significant transactions continues to support a more optimistic outlook for 2020/21. It was also noted that M08 was particularly high on nursing pay costs as increased recruitment success resulted in more supernumerary costs being incurred. The Committee acknowledged that this would result in a pay back as these staff join the nursing rosters substantively.</p>	With sustained improvements, medical pay continues to be subject to a number of different actions.
<b>Surplus/ Deficit</b>	At Q3 the Trust reported a £6.08m surplus position compared to a planned surplus of £6.7m. The variance is due to the STP not reaching the Control Total and hence impacting on STP PSF. This was after accessing £4.1m of PSF.	None not otherwise noted
<b>CIPs</b>	The Committee noted that Divisional teams have reviewed their CIPs and additional recovery plans at length. Performance against CIP targets is mixed with DTO, Women's & Children and Operational Services being relatively close to target. Operational pressures in Medicine and the consequential impact of the delay in opening theatres in Surgery having a detrimental effect on CIPs in those Divisions. Medical staff engagement in successful delivery continued to be highlighted as being crucial to sustained success.	None not otherwise noted
<b>Cash</b>	The Trust reported a cash balance of £38.8m at 31st December 2019.	None not otherwise noted
<b>Capital</b>	The Trust is now planning to spend £41.0m in 2019/20 (down from £45.7m). There has been spend of £17.8m year to date against a revised plan. The slippage on the plan is now assumed to be spent in 2020/21.	None not otherwise noted

## 2. Investment Decisions & Review in 2019/20

Business Case	Summary of Proposal	FIP Actions Noted
<b>Energy</b>	FIP confirmed that approval to proceed with the procurement of the standby generators (required to provide temporary support to the HV ring) had been requested at the FIP meeting in October.	None
<b>Redevelopment Procurement Strategy</b>	FIP confirmed that the Redevelopment Team could progress the procurement of the construction work on the basis of a Site Specific framework and the framework should be based on the use of the New Engineering Contract suite of documents.	None
<b>Car Park</b>	FIP approved the Dunstable Road car park development based on the Heads of Terms presented.	None
<b>Overseas Nursing Recruitment</b>	FIP approved the investment in the overseas nursing recruitment plan, recognising the additional commitment for 2019/20 and acknowledging that the previous investment was already paying off. It was also acknowledged that the spend anticipated in 2020/21 would be less than 2019/20.	None
<b>Targeted Lung Health Checks</b>	Following a review of the paper submitted by the Programme Director for the national Targeted Lung Health Check scheme, FIP approved the Trust's participation in the scheme acknowledging its responsibility for employing nursing and admin staff as well as its responsibility for procuring the mobile unit contract, albeit clearly underwritten by the central team.	None

### **3. Other Matters**

While the topics covered at FIP continue to be wide and varied, the substantial themes of the merger and site-redevelopment continue to be foremost. In November and January the agency expenditure position, anticipated year-end outturn and post-implementation reviews of some investment decisions have been considered by the Committee at some length.

In January the Director of Finance presented a number of scenarios regarding the potential year-end outturn. The Committee noted that normal trading (i.e. similar to that which the Trust would have experienced historically in Q4) would result in the Control Total being delivered. It was also noted that external funding is being sought in order to mitigate the downside risk.

With regards to agency expenditure the Director of HR expressed a relatively high level of confidence based on the performance over the last 3 months. It was noted that the medical workforce recruitment process was credible and robust with all Divisions now benefiting from the improvements in the recruitment pipeline.

Post-implementation reviews were completed for the Haem-Onc Unit and Dermatology nursing. The Committee noted that the agency spend in Haematology is now improving and forecast to continue to do so. Perhaps most importantly patient experience is demonstrably much improved. It was also noted that the Dermatology nurse recruitment has played a substantial part in mitigating medical agency expenditure.

The Committee have also considered updates from the GDE Programme Board and approved the cleaning and catering contract tender process.

### **4. Conclusion**

The Trust Board is asked to note this written summary of the FIP Committee deliberations from November 2019 and January 2020 (albeit from minutes yet to be formally approved). The date of the next meeting of the FIP Committee is 26<sup>th</sup> February 2020.

## BOARD OF DIRECTORS

<b>Agenda item</b>	11	<b>Category of Paper</b>	Tick
<b>Paper Title</b>	Hospital Redevelopment Report	<b>To action</b>	<input type="checkbox"/>
<b>Date of Meeting</b>	5 February 2020	<b>To note</b>	<input checked="" type="checkbox"/>
<b>Lead Director</b>	David Carter, Chief Executive	<b>For Information</b>	<input type="checkbox"/>
<b>Paper Author</b>	David Hartshorne	<b>To ratify</b>	<input type="checkbox"/>
<b>Indicate the impact of the paper:</b>			
Financial <input checked="" type="checkbox"/> Quality/Safety <input checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Equality <input type="checkbox"/> Clinical <input checked="" type="checkbox"/> Governance <input checked="" type="checkbox"/>			

<b>History of Committee Reporting and Date</b>	Redevelopment Programme Board, 20 November 2019 Redevelopment Programme Board, 18 December 2019 Redevelopment Programme Board, 15 January 2020		
<b>Links to Strategic Board Objectives</b>	Objective 1 – Improve patient experience Objective 2 – Implement our New Strategic Plan Objective 3 – Optimise our Financial Plan		
<b>Links to Regulations/ Outcomes/External Assessments</b>	NHSI HSE CQC		
<b>Links to the Risk Register</b>	All estate and facilities risks		

### PURPOSE OF THE PAPER/REPORT

To update the Board on the progress of the redevelopment project

### SUMMARY/CURRENT ISSUES AND ACTION

A report on the progress of the redevelopment programme is attached.

The planning application for the main scheme was submitted on 17 January. Design work to support development of the OBC, and the procurement of a construction partner, is now underway. Construction of the second phase of the electrical infrastructure upgrade works is in progress. Work on the upgrade of sub-station D has started, and design work for the new UKPN incomer is in hand.

Construction of the new Day Surgery Unit was completed at the beginning of December. The Managed Services Agreement, which underpins the activity of the Energy Partner, will be submitted to FIP, the Trust Board and the Council of Governors in March.

The planning application for the new energy centre was approved on 8 January. Procurement of the new building will commence in February.

Work on the key enabling schemes – the temporary car parking, the temporary offices and the new Bariatric centre – is underway.

### ACTION REQUIRED

The Board is requested to note the report.

Public Meeting ☒

Private Meeting ☐

# **REDEVELOPMENT PROGRAMME BOARD REPORT**

## **5 February 2019**

### **TO BOARD OF DIRECTORS**

#### **1. Introduction**

This report updates the Board of Directors on the progress of the Redevelopment Programme

#### **2. Governance**

The Programme Board met on 20 November 2019, 18 December 2019 and 15 January 2020.

#### **3. Main scheme**

The design team have now completed the first stage of design work required to support the submission of the planning application to Luton Borough Council. This was submitted on schedule on 17 January. The Trust will shortly enter into a Planning Performance Agreement with the Council to support the review of the scheme. Both parties are targeting a submission to the Development Management Committee on 22 April 2020.

The scheme has been modified slightly following a review of the size and cost of the Critical Care block. The Critical Care service will now be delivered from the Acute Services Block, and the adjacent building will be constructed to provide two Maternity wards together with a floor of ancillary accommodation.

The Outline Business Case (OBC) for the scheme is being developed. The team charged with reviewing the scheme at DHSC and NHSI have been briefed. The OBC is on schedule for submission to NHSI at the end of March.

Procurement activity to identify a construction partner for the project will commence in February. A briefing for construction contractors on 4 November 2019 was attended by over 40 contractors. There is considerable interest from the market in the scheme.

Design work will continue to support the development of the OBC and procurement activity.

#### **4. Enabling schemes**

Work is in hand to upgrade sub-station D within the Surgical Block. This will be followed by construction of the new Hospital Incomer Sub Station (HISS) which will replace sub-station A. This, in turn, will allow main HV cable diversions around the Energy Centre site to progress.

Completion of the cable migrations to sub-station G has been deferred until the pressure on the hospital has eased.

Construction of the Day Surgery Unit was completed at the beginning of December.

Work will commence in April on the construction of the temporary car parks on Dunstable Road, the provision of the temporary office accommodation and the works to convert part of the Luton Travelodge to provide a new Bariatric Centre. All of these schemes are dependent on planning.

#### **5. Energy Centre**

The Managed Services Agreement with Centrica will be submitted for approval by the Trust Board on 11 March, and by the Governors on 18 March.

The planning application for the scheme was approved by Luton Borough Council on 8 January.



The tender package for the Energy Centre building will be issued in February.

The Early Works contract for design has been agreed with Centrica. The draft contract for lighting works should be concluded in February.

## **6. Programme Risk Register**

The risk register is submitted to the Redevelopment Board on a quarterly basis.

## **7. Future activity**

The initial phase of mobilisation to support the redevelopment programme is now complete. Additional internal resource is in place. The design teams, and supporting sub-consultants, are fully mobilised. The focus over the next quarter is on developing the detailed design to support submission of the OBC, the start of the main procurement process and the implementation of the enabling schemes.



## BOARD OF DIRECTORS

Agenda item	12	Category of Paper	Tick
Paper Title	Audit and Risk Committee Report	To action	<input type="checkbox"/>
Date of Meeting	5 February 2020	To note	<input type="checkbox"/>
Lead Director	Simon Barton, NED	For Information	<input checked="" type="checkbox"/>
Paper Author	Jenny Pigott, DDoF	To ratify	<input type="checkbox"/>
<b>Indicate the impact of the paper:</b> Financial <input checked="" type="checkbox"/> Quality/Safety <input checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Equality <input checked="" type="checkbox"/> Clinical <input checked="" type="checkbox"/> Governance <input checked="" type="checkbox"/>			

<b>History of Committee Reporting and Date</b>	Audit and Risk Committee 30 <sup>th</sup> October 2019
<b>Links to Strategic Board Objectives</b>	Objective 1 – Deliver Excellent Clinical Outcomes Objective 6 – Develop all Staff to Maximise Their Potential Objective 7 – Optimise our Financial Position
<b>Links to Regulations/ Outcomes/External Assessments</b>	External Auditors
<b>Links to the Risk Register</b>	Risks 15+ reviewed

### PURPOSE OF THE PAPER/REPORT

To update the Board of Directors on the findings and approval of the Audit and Risk Committee held on the 30<sup>th</sup> October 2019.

### SUMMARY/CURRENT ISSUES AND ACTION

The Report gives an overview of the matters addressed including the following:

- External Audit – *Progress Reports*
- Internal Audit – *Progress Report*
- Counter Fraud – *Progress Report*
- Board Secretary Report
- Assurance from Sub Committees
- Audit and Risk Annual Report to Board and Governors

### ACTION REQUIRED

To note progress to date.

Public Meeting



Private Meeting



# **AUDIT AND RISK COMMITTEE REPORT**

## **TO BOARD OF DIRECTORS**

### **1. Introduction**

This Report updates the Board of Directors regarding the matters discussed at the Audit and Risk Committee on the 30<sup>th</sup> October 2019.

### **2. Matters Arising**

The action log was reviewed and updates noted including changes to the arrangements for clinical audit and implementation of internal audit recommendations including GDPR compliance.

### **3. External Audit**

KPMG provided their progress report and technical update.

#### **External Audit of Accounts**

KPMG had completed the charitable funds audit since the previous meeting with no issues to report.

### **4. FY 2019/20 Compliance**

A report on waivers between April to September 2019 was presented.

### **5. Internal Audit**

#### **Business Continuity**

The terms of reference for a Business Continuity review were presented. It was agreed that COSQ would be responsible for actioning any resultant recommendations.

#### **Procurement & Contract Management**

The terms of reference for a Procurement and Contract Management review were presented. It was agreed that FIP would be responsible for actioning any resultant recommendations.

#### **Progress Report**

It was early in the internal audit programme for the year with only one assignment at draft report stage a verbal update of the findings from the Business Continuity Review was provided which is likely to be deemed high risk with the Trust not being in the top quartile in comparison with others. However, the issues identified were not dissimilar to other NHS organisations.

It was noted that further follow-up work had also been completed, and an updated summary of completed and open recommendations was included in the report.

### **6. Counter Fraud**

#### **Progress Report**

PwC presented their progress report which showed that the proactive work was being delivered in line with the plan. There is one open referral. The Trust is participating in a

national exercise on the prevention of procurement fraud.

## **7. Board Secretary Report**

Updates received on assurance framework, and risk management.



## BOARD OF DIRECTORS

Agenda item	13	Category of Paper	Tick
Paper Title	Charitable Funds Committee Reports to Board of Directors	To action	<input type="checkbox"/>
Date of Meeting	5 February 2020	To note	<input checked="" type="checkbox"/>
Lead Director	Matthew Gibbons – Director of Finance	For Information	<input type="checkbox"/>
Paper Author	Sarah Amexheta	To ratify	<input type="checkbox"/>
<b>Indicate the impact of the paper:</b> <b>Financial</b> <input checked="" type="checkbox"/> <b>Quality/Safety</b> <input checked="" type="checkbox"/> <b>Patient Experience</b> <input checked="" type="checkbox"/> <b>Equality</b> <input checked="" type="checkbox"/> <b>Clinical</b> <input checked="" type="checkbox"/> <b>Governance</b> <input checked="" type="checkbox"/>			

<b>History of Committee Reporting and Date</b>	Charitable Funds Full Committee 20 <sup>th</sup> November 2019
<b>Links to Strategic Board Objectives</b>	Objective 5 – Progress Clinical and Strategic Developments Objective 6 – Develop all Staff to Maximise Their Potential Objective 7 – Optimise our Financial Position
<b>Links to Regulations/ Outcomes/External Assessments</b>	Links to NHS Improvement in relation to the Trust Governance Framework
<b>Links to the Risk Register</b>	N/A

### PURPOSE OF THE REPORT

To update the Board of Directors on the findings and approval of the Charitable Funds Committee held on 20<sup>th</sup> November 2019

### SUMMARY/CURRENT ISSUES AND ACTION

The Report gives an overview of the matters addressed including the following:

- Update on Charity Shop (former RVS)
- Open spaces
- Investment portfolio update
- Review Charity annual accounts, report and audit
- Finance update
- Update on governance and risk management
- Charity Merger Plan
- Short Charity activity update
- Bids for Approval of funding
- Trustee Training and update on Terms of Reference

### ACTION REQUIRED

The Committee were asked to review the Charity risk register and forward any amendments to the Charity team. Board to agree Merger action plan, proposed merged Charity name and potential logo suggestion.

Public Meeting ☒

Private Meeting ☐

# **CHARITABLE FUNDS COMMITTEE REPORT**

## **TO BOARD OF DIRECTORS**

### **Introduction**

This Report updates the Board of Directors regarding the matters discussed at the Charitable Funds Committee held on 20<sup>th</sup> November 2019

### **Conflicts of interest:**

A dual interest for the committee members for the Trust and Charitable Funds

### **Matters arising**

- Update on Charity Shop (former RVS)
- Open spaces
- Helipad update
- Investment portfolio update
- Review Charity annual accounts, report and audit
- Finance update
- Update on governance and risk management
- Charity Merger Plan
- Short Charity activity update
- Bids for Approval of funding
- Trustee Training and update on Terms of Reference

### **Update on Charity Shop (former RVS)**

An update given by Sarah Amexheta. Delays in refurbishment works and recruitment had set back opening plans. The shop was opened on limited hours during December to enable Volunteer training, establish supply chains, processes.

### **Open spaces**

It was reported works had started, Simon Linnett to discuss with Kate Hayhurst and report back more detail.

### **Helipad update**

David Hartshorne confirmed building is due to commence 2020, with works aim to complete by late 2021. Still awaiting phase 3 drawings and an updated cost plan.

### **Investment Portfolio update**

- Waverton investments presented the portfolio, potential risks to portfolio highlighted: political instabilities with elections, Brexit and currency strength. RPI positioning confirmed as; RPI +3%. Within the Charity portfolio predicted gain 4% highlighted. A question was raised over NICU fund investment timeline, currently short term. Request for a note of recommendation to be circulated at the next Charitable Funds meeting.

### **Review Charity annual accounts, report and audit**

- Still awaiting audit outcome on Charity accounts (since confirmation accounts are now filed with Charity Commission Dec 2019).
- Matthew Gibbons to address audit performance issues raised.

### **Charitable funds finance update**

An update was given on the amount of money available in the general fund. The Committee



were made aware that the exercise to contact designated fund holders for their spending plans had taken place, with plans on most funds recognised, as part of the dormant funds process.

### **Update risk matrix**

Noted: The Charity Chair asked that the Trustee representatives to review and include any risks they perceive and report back. It was requested that this is updated and reviewed at each charitable funds meeting. Request to add shop to the matrix.

### **Charity merger action plan.**

Detailed document with outline assessment of merger and considerations presented and discussed. Noted that upon the Trust Merger all assets including the Corporate Trustee Charity will be transferred to the acquiring Trust with this Charity assimilating the other. A change in name will then need to be filed with the Charity Commission. The Committee agreed that it was appropriate to request information from Bedford Hospital to develop the proposition further. To be presented at next Charitable Fund meeting.

Actions:

1. The Committee were asked to review the document for consideration of any missing content.
2. It was highlighted that volunteering from Bedford would form part of the Charity proposition.
3. Agreed that an updated strategy and team costing be presented at March Charitable Funds meeting.
4. The Charitable Fund Committee requested that proposed name and proposed joint logo be presented at next Board meeting for agreement.

### **Fundraising team and Voluntary Services Report**

An update was given on donations, recent charitable engagement, volunteering growth and the progression of the new charity strategy.

### **Bids for approval of funding**

The Committee agreed to fund:

- £12k for 3 x Dementia Entertainment (RITA TV services) – agreed from general fund.
- £4k for 1 x Dementia Entertainment (RITA TV services) – agreed from dementia fund.
- £8k for Community Midwives room, funding split agreed. £5.5k from general fund, £3k from maternity charity fund.
- £1245 for Nurses ball deposit – agreed from general fund.
- £20.6k CIC Annual funding bid – agreed from general fund.
- £1198 for therapy cushions – agreed from general fund.

### **Trustee Training and Terms of reference**

The trustees were given updated training materials with guidance and invited to book in for individual training with Sarah Amexheta if wanted. An updated Terms of Reference was given out.

**Date of next meeting:** 22 January 2020.



## BOARD OF DIRECTORS

<b>Agenda item</b>	14	<b>Category of Paper</b>	Tick
<b>Paper Title</b>	Digital Strategy Committee	<b>To action</b>	<input type="checkbox"/>
<b>Date of Meeting</b>	5 February 2020	<b>To note</b>	<input type="checkbox"/>
<b>Lead Director</b>	Gill Lungley, NED	<b>For Information</b>	<input checked="" type="checkbox"/>
<b>Paper Author</b>		<b>To ratify</b>	<input type="checkbox"/>
<b>Indicate the impact of the paper:</b> Financial <input type="checkbox"/> Quality/Safety <input checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Equality <input checked="" type="checkbox"/> Clinical <input checked="" type="checkbox"/> Governance <input checked="" type="checkbox"/>			

<b>History of Committee Reporting and Date</b>	Digital Strategy Committee: (9 October 19, 10 December 19 & 15 January 2020)		
<b>Links to Strategic Board Objectives</b>	Objective 1 – Deliver the Quality Priorities Objective 2 - Deliver National Quality and Performance Targets Objective 3 – Implement our Strategic Plan Objective 5 – Optimise our Financial Position		
<b>Links to Regulations/ Outcomes/ External Assessments</b>	NHSI NHS Digital		
<b>Links to the Risk Register</b>	Cyber Security Business Continuity	Bed Pressures Acquisition of Bedford Hospital	

### PURPOSE OF THE PAPER/REPORT

To update the Board on the findings and approval of the Digital Strategy Committee on meetings dated 9 October 2019, 10 December 2019 and 15 January 2020.

### SUMMARY/CURRENT ISSUES AND ACTION

The Report gives an overview on matters addressed, including the following:

- ToR
- IT Strategy
- GDPR/Cyber Security
- BAU Metrics Performance
- Digital Merger and Financial Planning

### ACTION REQUIRED

To note progress to date.

Public Meeting



Private Meeting



# **DIGITAL STRATEGY COMMITTEE REPORT**

## **TO BOARD OF DIRECTORS**

### **1. Introduction**

This Report updates the Board of Directors regarding the matters discussed at Digital Strategy Committee meetings held on 9 October 2019, 10 December 2019 and 15 January 2020.

### **2. Purpose of Committee and Terms of Reference**

The purpose of the new Digital Strategy Committee is to give assurance, oversight and support in the development of the Trust's IT Strategy and identify what needs to be addressed to achieve that. The Committee will regularly update the Board of Directors on how it plans to improve the Strategy showing timelines and evidence of progression.

The Digital Committee's Terms of Reference (ToR) were reviewed at the first meeting on 9 October and again at the 10 December meeting in light of the impending merger to ensure the current membership is correct. The Committee fully approved the ToR with the agreement that the clinical representation, which provides vital input into the meeting, may require further consideration to ensure sufficient clinical presence due to some members having difficulties attending owing to clinical commitments.

Any further needs highlighted during the year will be revisited if required but an official review of the ToR has been set for December 2020.

### **3. History of IT Strategy and Moving Forward**

At the 15 January 2020 meeting Philippa Graves (PG), Director of IM&T & CIO, presented to the Committee a brief history of the Trust's IT development and current Strategic Plan in order to fully understand and feed into moving forward with the development of the new Strategy. The presentation showed the Trust's previous commitment to delivering clinical excellence, its recognition of our IM&T function and the way it worked to support all staff, particularly clinicians, in delivering safe care.

The Committee discussed moving forward with the new Strategy acknowledging with the impending merger the importance of giving proper deliberation to produce and deliver the right approach. PG highlighted the current, planned and future status of the Strategy which included looking at the Hospital infrastructure, internal/external integrated connectivity, patient management, data quality, logins, mobile technology, workforce and forward planning. PG shared the Trust's strategic goals and what the future goals will look like when the merger takes place. PG finished the presentation by showing the Committee the proposed new systems and implementations. This will be a standing item and will be regularly updated to the Digital Strategy Committee.

#### **4. GDPR/Cyber Security**

At the January Committee meeting GDPR and Cyber compliance was discussed. It was agreed that an update on where any gaps or risk/gaps might be will be brought back to the Committee in March. It was agreed any material risks will be escalated to the Board of Directors after this.

#### **5. Business As Usual (BAU) Metrics – Baseline Performance Review**

The Committee recognised one of the first exercises to undertake was to produce and agree a number of metrics, which will gradually be narrowed down to measure and identify what the current user experience and stability of the Trust's platform is and use these as a specific baseline going forward. At the 10 December Committee meeting James Slaven (JS), Head of IT, presented his findings following a Business As Usual (BAU) application usage review. This review measured quantitative and qualitative outcomes endeavouring to show where the Trust is presently performance wise through VDI versus PC results using various applications like ICE, Nerve Centre etc. in terms of login times, launch times, access, functionality and all round user experience. Again, with the view of narrowing down these metrics, they will start to be measured on a quarterly basis and brought to the next meeting in March.

#### **6. Digital Merger Financial Planning Linked to Strategy**

Matthew Robbins (MR) has been commissioned from Portcio Consultancy to assist with the development of the Strategy. MR has presented to the Committee the current status of the merger's financial planning process and funding linked to the Strategy for both Hospitals which included Capital Projects and GDE Programmes. MR has highlighted what this means in terms of systems, clinical access and infrastructure and aligned to this has compared the current strategies for both Hospitals side by side. The two main areas which will need to be closely monitored will be the understanding of revenue implications and capacity/pressure both sites will be under to deliver the scale of the task at hand. This will be a standing item and will be regularly updated to the Digital Strategy Committee.



## BOARD OF DIRECTORS

<b>Agenda item</b>	15	<b>Category of Paper</b>	Tick
<b>Paper Title</b>	Workforce Committee Report	<b>To action</b>	<input type="checkbox"/>
<b>Date of Meeting</b>	5 <sup>th</sup> February 2020	<b>To note</b>	<input type="checkbox"/>
<b>Lead Director</b>	Richard Mintern, NED	<b>For Information</b>	<input checked="" type="checkbox"/>
<b>Paper Author</b>	Angela Doak, Director of HR	<b>To ratify</b>	<input type="checkbox"/>
<b>Indicate the impact of the paper:</b> Financial <input type="checkbox"/> Quality/Safety <input type="checkbox"/> Patient Experience <input type="checkbox"/> Equality <input checked="" type="checkbox"/> Clinical <input type="checkbox"/> Governance <input checked="" type="checkbox"/>			

<b>History of Committee Reporting and Date</b>	Workforce Committee Reporting on 18 <sup>th</sup> September 2019	
<b>Links to Strategic Board Objectives</b>	Objective 1 – Deliver the Quality Priorities Objective 2 - Deliver National Quality and Performance Targets Objective 3 – Implement our Strategic Plan Objective 4 – Develop all Staff to Maximise Their Potential Objective 5 – Optimise our Financial Position	
<b>Links to Regulations/ Outcomes/External Assessments</b>	NHSI	
<b>Links to the Risk Register</b>	1213 – Management Time and Capacity 1490 – University of Bedfordshire 1423 – Mandatory Training	669 – Appraisal 1210 - Vacancy rate 1465 - Agency Costs

### PURPOSE OF THE PAPER/REPORT

To update the Board on the findings and approval of the Workforce Committee meetings dated 18<sup>th</sup> September 2019

### SUMMARY/CURRENT ISSUES AND ACTION

The Report gives an overview on matters addressed, including the following:

- Terms of Reference
- Areas of focus for future meetings of the Committee
- Standing agenda items

### ACTION REQUIRED

To note progress to date.

Public Meeting



Private Meeting



## WORKFORCE COMMITTEE MINUTES

These minutes reflect the matters considered at the 18<sup>TH</sup> September 2019 meeting of the Workforce Committee

Committee Member	18/09/2019			
Richard Mintern – Non- Executive Director (Chair)	✓			
Gill Lungley - Non-Executive Director	✓			
Annet Gammel - Non- Executive Director	-			
Liz Lees – Chief Nurse	-			
David Carter – Chief Executive	✓			
Cathy Jones – Deputy Chief Executive	✓			
Angela Doak – Director of Human Resources	✓			
Nisha Nathwani – Director of Medical Education				
Matt Gibbons – Director of Finance (Acting)	✓			

**In attendance:** Simon Linnett (Chairman), Jim Machon (Deputy Director of Human Resources), Helen Judkins (Associate Director of Nursing Workforce), Sally Gitkin (Head of OD and Learning),

<b>1.</b>	<b>Apologies</b>
	Annet Gammel - Non- Executive Director, Liz Lees – Chief Nurse, Nisha Nathani – Director of Medical Education, Jennie Jones (Head of Staff Engagement and Wellbeing)
<b>2.</b>	<b>Introduction</b>
	<p>This was the inaugural meeting of the Workforce Committee and the main purpose of the meeting is to agree the purpose and terms of reference for the Committee. The purpose of the Committee is to provide assurance to the Trust Board that workforce matters and ensure they are aligned to the both the Trust and national NHS workforce strategy. The NHS Interim People plan and Letter to Chairs and Chief Executives '<i>Learning lessons to improve our people practices</i>' were shared to provide context for the Workforce committee.</p> <p>The NHS Interim People Plan is broadly categorised under a number main themes:</p> <ol style="list-style-type: none"> <li>1. Make the NHS the best place to work</li> <li>2. Improve our leadership and culture</li> <li>3. Prioritising urgent action on nursing shortages</li> <li>4. Develop a workforce to deliver 21st century care</li> <li>5. Develop a new operating model for workforce</li> </ol> <p>The interim plan outlines immediate action for 2019/20 with the full plan expected to be</p>



	available at the end of the year. The interim plan includes over 70 recommendations to be completed by March 2020. The interim plan also indicates how NHSI /NHSE will be set up to measure Trust performance against these workforce priorities over time and the Workforce Committee will provide assurance to the Board that these are in place.
<b>3.</b>	<b>Terms of Reference</b>
	<p>The ToR were developed with the senior team. They were reviewed, discussed and agreed by the Committee. Given the Trusts current agenda e.g. merger, redevelopment, Brexit it is likely that the Committee will have to meet more often than quarterly.</p> <p><b>Action:</b> review the ToR in three months to ensure they remain fit for purpose</p>
<b>4.</b>	<b>What the Committee should/should not focus on in relation to workforce Issues</b>
	<p>It was noted that the Committee provides assurance and will need to be agile enough to react to emerging sensitive people issues without stepping into the realm of executive duties. The Committee will be strategy focussed and rather than operational.</p> <p>It was agreed that the Nursing Workforce Steering Group Chaired by the Chief Nurse should feed into the Workforce Committee.</p> <p>In relation to agency spend and volume this should not overlap with the Finance, Investment and Performance Committee (FIP). It was noted that the distinction is that FIP provides assurance around control mechanisms but the Workforce Committee should focus on strategy i.e. agency spend and volume data would be reviewed as an indicator of underlying workforce issues and the Committee would consider the strategic response to these underlying issues.</p> <p>The Committee would also provide assurance around digital workforce infrastructure: ESR, Allocate Systems (eRostering, roster planning, job planning) and existing projects led by the Executives would provide feedback/highlight reports to the committee. The principle of assurance and feedback from existing workforce initiatives will apply to other standing agenda items.</p>
<b>5.</b>	<b>Standing Agenda Items</b>
	<p>The standing agenda items were discussed and agreed as:</p> <ul style="list-style-type: none"> <li>- Merger (assurance relating to culture change and workforce strategies)</li> <li>- Future Workforce Model</li> <li>- Workforce report (Trust Board update)</li> <li>- Overview of employee relations activity (as required in the "Learning Lessons to Improve People Practices" letter from the Chair of NHSI)</li> <li>- Digital Workforce systems</li> <li>- Areas for escalation from the Trust Board and/or other Board sub-committees</li> <li>- Board Assurance Framework</li> <li>- Risk register</li> </ul>
<b>6.</b>	<b>Any other Business</b>
	Matt Gibbons provided feedback from a round table meeting with the centre around the current challenges of the unintended consequences of the tax regime and NHS Pension

	Scheme. There was representation from NHS Employers, NHS Providers, NHS England, the Treasury, HMRC, BMA, RCN and the L&D. The government has launched a new NHS Pension flexibilities consultation but it is likely to take some time for these to come into effect.
<b>7.</b>	<b>Date and time of next Meeting</b>
	<p>It was noted that the day of the meeting may need to be changed from Wednesday to fit in Committee members clinical commitments.</p> <p>Agreed to diaries monthly meetings. Richard Minter and Angela Doak will meet monthly to assess if an extraordinary meeting or sub-groups are required. From December the meetings should be synchronised with the main Board and sub-committee schedule.</p>

## WORKFORCE COMMITTEE ACTION LOG

### ACTION LOG arising from meeting held on Wednesday, 18 sEPTEMBER 2019

<b>Terms of reference</b>	Review the ToR in three months to ensure they remain fit for purpose	<b>RM/AD</b>
<b>Date of next meeting</b>	Diarise bi-monthly meetings with the next meeting in November	<b>JM</b>



## BOARD OF DIRECTORS

<b>Agenda item</b>	16	<b>Category of Paper</b>	Tick
<b>Paper Title</b>	Risk Register	<b>To action</b>	<input type="checkbox"/>
<b>Date of Meeting</b>	5 <sup>th</sup> February 2020	<b>To note</b>	<input type="checkbox"/>
<b>Lead Director</b>	All Directors	<b>For Information</b>	<input checked="" type="checkbox"/>
<b>Paper Author</b>	Victoria Parsons – Board Secretary	<b>To ratify</b>	<input checked="" type="checkbox"/>
<b>Indicate the impact of the paper:</b>			
Financial <input checked="" type="checkbox"/> Quality/Safety <input checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Equality <input type="checkbox"/> Clinical <input checked="" type="checkbox"/> Governance <input checked="" type="checkbox"/>			

<b>History of Committee Reporting and Date</b>	Clinical Outcome, Safety and Quality Committee November-January 2020 Executive Board January 2020
<b>Links to Strategic Board Objectives</b>	Objective 1 – Deliver the Quality Priorities Objective 2 - Deliver National Quality and Performance Targets Objective 3 – Implement our Strategic Plan Objective 4 – Develop all Staff to Maximise Their Potential Objective 5 – Optimise our Financial Position
<b>Links to Regulations/ Outcomes/External Assessments</b>	NHS I – Trust Governance Framework CQC – All regulations and outcomes MHRA
<b>Links to the Risk Register</b>	All Board Level Risks rated High Risk (15+)

### PURPOSE OF THE PAPER/REPORT

To update the Board on action taken to mitigate against the identified Board Level High Risks

### SUMMARY/CURRENT ISSUES AND ACTION

- To ratify the new board level risks identified through the risk review group

### ACTION REQUIRED

To note progress to date and identify any concerns or further risks that need to be added/revised

Public Meeting

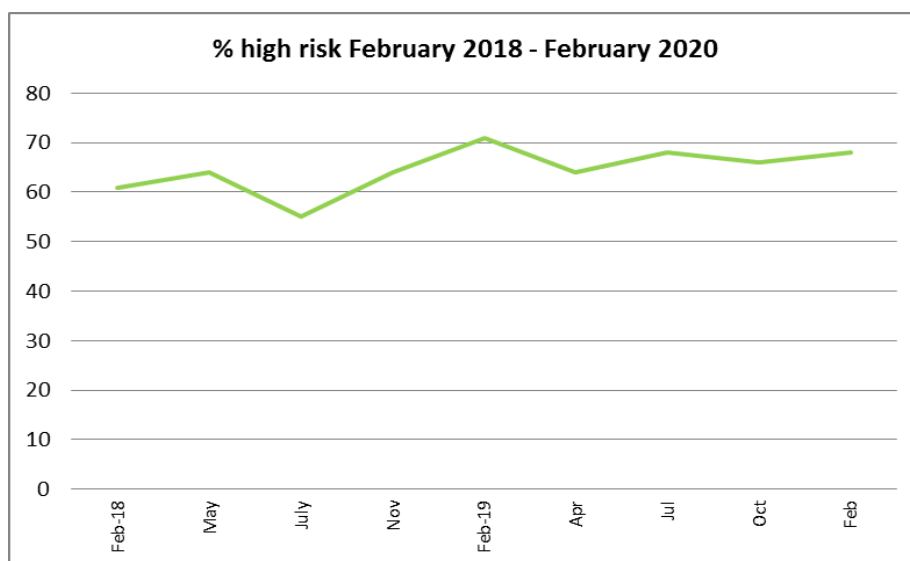


Private Meeting



## Risk Register Governance

There are 32 Board Level Risks on the Risk Register. 68% are currently high risk (15+).



## Board of Directors Review

The Board reviewed the risks on the 6<sup>th</sup> November 2019.

Risk ref	Risk Description	Agreed conclusion
1463	Impact of the pension scheme changes	Maintain risk
650	Bed pressures	Maintain risk
1465	Agency costs	Maintain risk
1466	Financial target	Maintain risk
1213	Management time and capacity	Maintain risk
1410	Brexit – medicines shortages	Maintain risk
1435	Pathology Integration	Maintain risk
1442	NEWs 2	Close risk
644	18 weeks	Maintain risk
1278	Acquisition of Bedford Hospital	Maintain risk
1353	Mount Vernon capacity	Maintain risk

## Clinical Outcome, Safety and Quality Committee (COSQ)

COSQ reviewed clinical board level risks:

Risk ref	Risk Description	Agreed conclusion
1463	Impact of the national pension scheme	Close risk
650	Bed pressures	Maintain risk
1410	Medicines shortage post Brexit	Maintain risk
1491	University of Bedfordshire Nurse Training	Maintain risk
644	18 weeks	Increase risk
669	Appraisal rate	Maintain risk
1210	Vacancy rate	Maintain risk
1423	CQC Mandatory Training	Maintain risk
1433	Ligature Points	Maintain risk
1200	Cyber Security	Maintain risk
796	Patient Experience	Maintain risk

<b>Risk ref</b>	<b>Risk Description</b>	<b>Agreed conclusion</b>
1259	JAG Accreditation	Close risk
1422	CQC Infection Control Practices	Maintain risk
1431	Fractured Neck of Femur	Maintain risk
1018	HSMR	Maintain risk
1353	Mount Vernon capacity	Review risk

Emerging risk – Clinical Pathology integration, Brexit escalation, Maternity

### **Executive Board Review**

The Executive Board reviewed all Board Level Risks on the 28<sup>th</sup> January 2020.

<b>Risk ref</b>	<b>Risk Description</b>	<b>Agreed conclusion</b>
1465	Agency 2019/20	Review risk
1466	Finance 2019/20	Maintain risk
1491	University of Bedfordshire Nurse Training	Maintain risk
1423	CQC Mandatory Training	Maintain risk
1422	CQC Infection Control Practices	Maintain risk
644	18 Weeks	Increase risk
1463	Impact of the national pension scheme	Maintain risk
650	Bed pressures	Maintain risk
1210	Vacancy	Maintain risk

Emerging risk – Coronavirus and infectious diseases

### **Risk Review**

Six new risks were reviewed and approved between 29<sup>th</sup> October 2019 and 27<sup>th</sup> January 2020. None were allocated as Board Level.

11 risks were closed, none at Board level.





## BOARD OF DIRECTORS

<b>Agenda item</b>	17	<b>Category of Paper</b>	<b>Tick</b>
<b>Paper Title</b>	Board Secretary Report	<b>To action</b>	<input type="checkbox"/>
<b>Date of Meeting</b>	5 <sup>th</sup> February 2020	<b>To note</b>	<input type="checkbox"/>
<b>Lead Director</b>	Chief Executive	<b>For Information</b>	<input checked="" type="checkbox"/>
<b>Paper Author</b>	Victoria Parsons, Associate Director of Corporate Governance Donna Burnett – Trust Board Secretary	<b>To ratify</b>	<input checked="" type="checkbox"/>
<b>Indicate the impact of the paper:</b>			
Financial <input type="checkbox"/> Quality/Safety <input type="checkbox"/> Patient Experience <input type="checkbox"/> Equality <input type="checkbox"/> Clinical <input type="checkbox"/> Governance <input checked="" type="checkbox"/>			

<b>History of Committee Reporting and Date</b>	N/A
<b>Links to Strategic Board Objectives</b>	All Board Objectives
<b>Links to Regulations/ Outcomes/ External Assessments</b>	NHSI Governance Framework
<b>Links to the Risk Register</b>	N/A

### PURPOSE OF THE PAPER/REPORT

To report to the Board progress with amendments against the Trust Governance structures and processes.

### SUMMARY/CURRENT ISSUES AND ACTION

- Council of Governors
- Membership Update
- Terms of Reference updates
- Use of the Trust Seal

### ACTION REQUIRED

Board are asked to:

- Note the progress
- Ratify the terms of reference

Public Meeting



Private Meeting



## 1. Council of Governors

There are currently five vacancies on the Council of Governors

- 1) Bedfordshire CCG
- 2) Hertfordshire Valley CCG
- 3) Luton Borough Council
- 4) University College of London
- 5) Staff – Ancillary and Maintenance

At this current time no action is being taken to request a representative from the CCGs. The new Constitution for the merged organisation does not have CCG representatives as appointed governors.

Luton Borough Council have been asked for a representative and action is being taken with UCL.

Bedford Hospital Staff Elections and Public Elections have begun and this will be completed at the end of March 2020. Contact has been made with Bedford Borough Council to request a representative.

## 2. Members

The next Ambassador will be issued post-merger to communicate as the new organisation.

Proposals are being considered to move the AMM to July to coincide with the Engagement Events.

## 3. Terms of Reference

The following sub-committees of the Board approved their terms of reference that are attached for ratification:

- Charitable Funds Committee
- Remuneration and Nomination Committee

## 4. Use of the Trust Seal

Date used	Seal number	Subject	Supporting information
3/12/2019	140	○ Consultancy agreement with Centrica for the Energy Centre	
9/1/2020	141	○ Reactive integrated services minor works asbestos removal	
29/1/2020	142	○ Deed of variation between the L&D and landlords of Dunstable Road land for the car park.	

## **TERMS OF REFERENCE**

### **CHARITABLE FUNDS COMMITTEE**

<b>Status:</b>	Sub-committee of the Board of Directors
<b>Chair:</b>	<p>Board Nominated Chair</p> <p>If the Board Nominated Chair is unavailable, the meeting will be chaired by a Non-Executive Director elected as the vice-chair of the Charitable Funds Committee.</p>
<b>Membership:</b>	<p>The Luton and Dunstable University Hospital NHS Foundation Trust is the Corporate Trustee of the Charitable Funds. The NHS Foundation Trust Board devolves responsibility for the on-going management of funds to the Charitable Funds Committee (CFC) which administers the funds on behalf of the Corporate Trustee.</p> <p>Four Non-Executive Directors and four Executive Directors serve as agents to the Corporate Trustee by being members of the Charitable Funds Committee.</p>
<b>In Attendance:</b>	<p>Deputy Director of Finance (Financial Control)</p> <p>Fundraising representative</p> <p>Board Secretary (as required)</p> <p>Representative from Investment Advisors (as required)</p>
<b>Meeting Frequency:</b>	Meetings shall be held not less than 4 times a year.
<b>Meeting Management:</b>	Agenda to be agreed by the Chair and agenda and papers to be circulated 5 days before the meeting, unless by exception and agreed with Chair of meeting in advance.
<b>Extent of Delegation:</b>	<p>The Charitable Funds Committee is a formal sub-committee of the FT Board of Directors and complies with the Standing Orders and the Scheme of Delegation.</p> <p>The Trustee has delegated authorities for expenditure from charitable funds, both designated and restricted, which are shown below:</p> <ul style="list-style-type: none"> <li>• Up to £5000 per request Fund Advisor</li> <li>• Up to £25,000 per request Chairman and Finance Director</li> <li>• Over £25,000 per request Charitable Funds Committee either at a regular meeting or a meeting especially called for that purpose</li> </ul>

<b>Authority and Chairs Action:</b>	<p>The Board Nominated Chair is, on an exceptional needs basis, granted delegated authority to make decisions on time critical issues arising between planned meetings of the Charitable Fund up to a threshold of £25k. Whenever such powers are exercised a full report explaining why such a necessity arose and exactly what action was taken, is to be made to the next quorate meeting.</p> <p>In the Chair's absence, the Director of Finance along with the Vice-Chair of the CFC can approve bids upto the threshold of £25k.</p>
<b>Quorum:</b>	2 Non-Executive Directors and 2 Executive Directors
<b>Accountability:</b>	<p>The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised by the Board to obtain outside legal or other professional advice and secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.</p>
<b>Reporting:</b>	<p>The minutes of the Charitable Funds Committee meetings shall be formally recorded.</p> <p>A report shall be made following each Charitable Funds Committee meeting to the next Board of Directors meeting on issues which need to be considered by the Board of Directors. The report shall give details of the action or improvement that is needed for the Board of Directors to approve.</p>
<b>Objectives:</b>	<p>The committee will ensure effective internal control including the management of the Charitable Trust's activities in accordance with laws and regulations, and the establishment and maintenance of controls designed to give reasonable assurance that assets are safeguarded, waste and inefficiency avoided, reliable information produced and that value for money is continuously sought.</p> <ul style="list-style-type: none"> <li>• To manage the affairs of the charitable funds within the terms of the declaration of Trust and appropriate legislation and ensure statutory compliance with the Charity Commission regulations - including annual reporting to the Charity Commission.</li> <li>• To act on behalf of the Trust in satisfying the duties and responsibilities of trustees in managing the funds.</li> <li>• To ensure funding decisions are appropriate, consistent with the hospital's objectives and provide added value and benefit to the patients and staff of the Trust, above those afforded by the Exchequer funds.</li> <li>• To approve the Annual Report and Accounts.</li> <li>• To set investment objectives to be followed by the investment fund manager and monitor the investment performance of the funds.</li> <li>• To review and monitor the activities of the Charity and</li> </ul>

receive regular reports on the performance of charitable fundraising activities.

- To ensure the implementation and adherence to appropriate, procedures and policies which ensure that accounting systems are robust, donations received and coded as instructed and that all expenditure is reasonable and clinically and ethically appropriate.
- The Committee may invite specialists to provide information or advice as required.
- To respond to the recommendations made in papers submitted to the Committee.

## **Members**

### **Responsibilities:**

1. Individual members are expected to act as champions of the Charitable Fund within the Trust and wider health community. Members are empowered to discuss issues with interested Parties outside of the meeting, subject to any confidential information shared.
2. Individual members are expected to act in the interests of the Charitable Trust not necessarily in the interests of the Board.
3. To set targets and agree control systems to ensure delivery of the stated objectives.
4. To establish and maintain links with other bodies such as local CCGs, Local Council, Ambulance Service and other Trusts, Social Services etc where Services are affected by or potentially impacted by the actions agreed.

### **Workplan:**

#### **Each meeting:**

- Update report from Fundraising Team
- Submitted bids to the Charitable Funds Committee
- Update report from Investment Advisors (as required)
- General Fund report including review of successful bids implementation (as required)

#### **Annually:**

- Annual Report & Accounts
- External Audit report
- Overview of the Activities for the year
- Dormant Fund Review
- Terms of Reference Review
- Post investment review of the General Fund commitments

*Luton and Dunstable Hospital NHS Foundation Trust  
Registered Charity: 1058704*

To be agreed 20<sup>th</sup> November 2019

To be reviewed by end November 2020



## **TERMS OF REFERENCE**

### **REMUNERATION AND NOMINATION COMMITTEE**

<b>Status:</b>	Sub-committee of the Board of Directors
<b>Chair:</b>	Non-Executive Director
<b>Membership:</b>	Trust Chair Three Non-Executive Directors
<b>In Attendance:</b>	<p>Chief Executive will attend in an advisory capacity but will withdraw from the meeting during any discussions regarding his/term terms of condition and remuneration.</p> <p>Director of Human Resources shall normally be invited to attend meetings in an advisory capacity.</p> <p>Other members of staff and external advisers may attend all or part of a meeting by invitation of the committee chair where required.</p> <p>Board Secretary to take the minutes.</p>
<b>Meeting Frequency:</b>	The committee shall meet at least once a year.
<b>Meeting Management:</b>	Agenda to be agreed by the Chair and agenda and papers to be circulated 5 days before the meeting, unless by exception and agreed with Chair of meeting in advance.
<b>Extent of Delegation:</b>	Remuneration and Nomination is a formal sub-committee of the FT Board of Directors and complies with the Standing Orders and the Scheme of Delegation.
<b>Authority and Chairs Action:</b>	<p>The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.</p> <p>The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience if it considers this necessary.</p>

<b>Quorum:</b>	No business shall be transacted at a meeting unless there are three Non-Executive Directors are present for the whole meeting.
<b>Accountability:</b>	The Chair of the R&N, along with the Chief Executive and Director of HR will maintain the link to the FT Board of Directors providing a report and assurance on the processes undertaken by the Trust.
<b>Reporting:</b>	<p>The Committee reports to the private Board at least quarterly.</p> <p>Provide a quarterly report and update to the Audit and Risk Committee.</p>
<b>Objectives/Role:</b>	<p><b>Remuneration Role</b></p> <p>The Committee shall in respect of remuneration:</p> <p>Establish and keep under review a remuneration policy for Executive Directors.</p> <p>Consult the Chief Executive about proposals relating to the remuneration of Executive Directors.</p> <p>In accordance with all relevant laws, regulations and the NHS Foundation Trust's policies, determine the terms and conditions of office of the Executive Directors, including all aspects of salary and any performance related pay or bonus and the provision of other benefits (for example, cars, allowances or payable expenses).</p> <p>Shall determine the levels of remuneration and terms of employment for Executive Directors to ensure they are fairly rewarded for their individual contribution to the NHS Foundation Trust – having proper regard to the NHS Foundation Trust's circumstances and performance and to the provisions of any national arrangements for such staff. In determining the level of remuneration ensure that for any starting salary over £142,500 there is a clear and documented rationale for the level of salary awarded and that an opinion from NHS is sought before confirming the appointment.</p> <p>Use national guidance and market benchmarking analysis in the annual determination of remuneration of the Executive Directors.</p> <p>Approve the arrangements for the termination of employment of any Executive Director and other contractual terms, having regard to any national guidance.</p>



Approve any non-contractual severance payments to all staff.

Ensure that any proposed compromise agreement is justified and that it is drafted in such a way as not to prevent proper public scrutiny by NHSI, the Department of Health or external auditors.

Oversee the performance review arrangements for the Executive Directors ensuring that each Executive Director receives an annual appraisal.

### **Nominations Role**

The Committee shall, in respect of nominations:

Regularly review the structure, size and composition (including the skills, knowledge and experience) required of the Executive Directors and make recommendations to the Board with regard to any changes.

Give full consideration to and make plans for succession planning for Executive Directors taking into account the challenges and opportunities facing the NHS Foundation Trust and the skills and expertise needed on the Board in the future.

Be responsible for identifying and nominating for appointment, candidates to fill posts within its remit as and when they arise.

Be responsible for identifying and nominating a candidate, for approval by the Council of Governors, to fill the position of Chief Executive.

Ensure that Executive Directors meet the requirements of the 'Fit and Proper' Persons Test.

Before an appointment is made, evaluate the balance of skills, knowledge and experience on the Board and, in the light of this evaluation, prepare a description of the role and capabilities required for a particular appointment. In identifying suitable candidates, the Committee shall use:

- open advertising or the services of external advisers to facilitate the search;
- consider candidates from a wide range of backgrounds; and consider candidates on merit against objective criteria.

Consider any matter relating to the continuation in office of any Executive Director at any time, including the suspension or termination of service of an individual as an employee of the NHS Foundation Trust.

To consider the engagement or involvement of any suitably

qualified third party or advisers to assist with any aspects of its responsibilities.

**Workplan:**

**Annually**

- Executive appraisals
- Terms of Reference Review
- CEA process
- Review of the board skill mix
- Executive salary review

**As required**

- Recruitment proposals and agreement of appointments

Agreed on 30<sup>th</sup> August 2019

To be reviewed by the end of August 2020