Luton & Dunstable University Hospital
Board of Directors

Board of Directors

COMET Lecture Hall

1 November 2017 10:00 - 1 November 2017 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	Minutes of the Previous Meeting: Wednesday 26 July 2017 (attached) To approve 3 Minutes BoD 260717 version 1.doc 7	S Linnett	10.10
4	Matters Arising - Action Log (no actions) To note	S Linnett	10.15
5	Chairman's Report (verbal) To note	S Linnett	10.20
6	Merger Update (attached) To note 6 Merger Update.docx 15 6 i PwC Weekly Update weeks 1 and 2.pdf 17 6 ii Resource Plan.docx 21	D Carter	10.25
7	Executive Board Report (attached) To note 7 Executive Board Report November 2017.doc 23	D Carter	10.30
8	Performance Reports (attached) To note 8 Performance Reports Header.doc 43		
8.1	Quality & Performance 8.1 Quality Performance Report for Board meetng... 45	S Oke/C Jones	10.45

#	Description	Owner	Time
8.2	Finance 8.2 Finance Performance Board Paper.docx 71	A Harwood	10.55
8.3	Workforce 8.3 Workforce Report Nov 2017.pptx 79	A Doak	11.05
9	Clinical Outcome, Safety & Quality Report (attached) To note 9 COSQ Report July.doc 85	A Clarke	11.15
10	Finance, Investment & Performance Committee Reports (attached) To note 10 FIP Report to the Board_Q2 FY1718 v3.docx 91	A Harwood	11.20
11	Audit & Risk Committee Reports (attached) To note 11 Audit and Risk Committee Minutes_October 201... 95	D Hendry	11.25
12	Charitable Funds Committee Reports (attached) To note 12 Charitable Funds Minutes 041017.doc 103	C Bygrave	11.30
13	Hospital Redevelopment Programme Board Report (attached) To note 13 Hospital Redevelopment Report - October17.do... 107	D Hendry	11.35
14	Risk Register (attached) To approve 14 RR November 2017.doc 111	V Parsons	11.40
15	Board Secretary Report (attached) To ratify 15 Board Secretary Report November 2017.doc 115	V Parsons	11.50

#	Description	Owner	Time
16	Details of Next Meeting: TBC, 10.00am, COMET Lecture Hall		
17	CLOSE		12.00

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LUTON & DUNSTABLE UNIVERSITY HOSPITAL

BOARD OF DIRECTORS

Agenda item	3	**Category of Paper**	Tick
Paper Title	Minutes of the Meeting held on Wednesday 26 July 2017	**To action**	☒
Date of Meeting	Wednesday 1 November 2017	**To note**	☐
Lead Director	David Carter	**For Information**	☐
Paper Author	David Carter	**To ratify**	☒
Indicate the impact of the paper: **Financial** ☒ **Quality/Safety** ☒ **Patient Experience** ☒ **Equality** ☒ **Clinical** ☒ **Governance** ☐			

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

PURPOSE OF THE PAPER/REPORT

To provide an accurate record of the meeting.

SUMMARY/CURRENT ISSUES AND ACTION

Matters arising to be addressed through the action log.

ACTION REQUIRED

To approve the Minutes.

Public Meeting ☒ Private Meeting ☐

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

Minutes of the meeting held on Wednesday 26 July 2017

Present: Mr Simon Linnett, Chairman
Mr David Carter, Acting Chief Executive
Ms Cathy Jones, Deputy Chief Executive
Ms Angela Doak, Director of Human Resources
Mr Andrew Harwood, Director of Finance
Ms Sheran Oke, Acting Director of Nursing & Midwifery
Dr D Freedman, Chief Medical Adviser
Ms Jill Robinson, Non-Executive Director
Mr David Hendry, Non-Executive Director
Mr Cliff Bygrave, Non-Executive Director
Mr John Garner, Non-Executive Director
Dr Vimal Tiwari, Non-Executive Director
Mr Mark Versallion, Non-Executive Director

In attendance: Ms Philippa Graves, Director of IT
Mr Ian Allen, Director of Estates
Ms Gwen Collins, Senior Clinical Adviser
Ms Victoria Parsons, Board Secretary
Mrs Anne Sargent, Minute Secretary
14 non Board members, including governors

1. CHAIRMAN'S WELCOME & NOTE OF APOLOGIES

The Chairman opened the meeting, welcoming governors & members of the public. With the exception of public & governors, papers would be assumed to have been read. Questions would be taken at the end of the meeting, other than points of clarity. Actions would be summarised by the Board Secretary following the meeting. The audience were reminded that this was a meeting in public, as opposed to a public meeting. Apologies were recorded from A Clarke and M Collict. Karen Radley was in attendance to respond to any issues in terms of Serious Incidents (SIs).

2. ANY URGENT ITEMS OF ANY OTHER BUSINESS TO BE DECLARED AND ANY DELARATIONS OF INTEREST?

No items of any other business were raised. No declarations of interest were made.

3. MINUTES OF MEETING HELD ON WEDNESDAY 3 MAY 2017

Pg 3, Finance Report, should read STF funding (not STP).

Subject to the above, the minutes were approved as an accurate record.

Proposed: M Versallion **Seconded: J Garner**

4. MATTERS ARISING (ACTION LOG)

Pg 6, action re management costs – the Board were assured by A Doak that there are a number of areas where increases have happened, for a number of reasons, e.g. movement of contract, fixed contract from bank etc across a number of staff groups, none of which are pure management posts.

5. CHAIRMAN'S REPORT

The Board received the Chairman's report as follows:

The Chairman congratulated the Board on the summer staff engagement events, the range of themes and messages were very well understood. A Doak particularly mentioned governors who gave time freely: Belinda Chick, Pam Brown and Ros Bailey. At the event, we announced that Pauline Philip has been seconded to NHSI and had also been made a Dame. Congratulations were recorded to Pauline and to the L&D in supporting her.

Governor appointment(s) – V Parsons noted that the close date is 28 July; results should be known soon after close.

We have heard once again that we lead the field in A&E Performance, but that the gap is closing.

The Chairman encouraged attendance at the forthcoming Medical Lecture on 11 October focusing on colorectal surgery.

6. EXECUTIVE BOARD REPORT

The Board received the Executive Board Report with attention drawn to the following:

Infection Control – the L&D are above the C Diff trajectory and whilst the supply of antibiotics in improving, Dr Mulla is looking nationally to ascertain if there is a link to the increased incidence of C Diff.

Deanery Issues – the GMC survey shows positive feedback in Paediatrics, whilst highlighting areas including Gastroenterology, Respiratory, T&O and ENT where further improvements to the training environment are necessary. The Board were assured that we have met with trainees involved in a recent SI to reiterate our intention to work more closely with them.

Complaints – response times show an improvement.

Mortality – attention was drawn to the cases that will require a full mortality review, noting this is high on our agenda and our mortality rate is decreasing.

Needs Based Care – the SOC is completed, work continues on discharge projects, dialogue has taken place with CCGs and Councils locally to ensure maximum value from social care funds. 'Red to Green' is being rolled out and is dependent on the leadership of nurses to sustain. A further project is being planned to get patients mobilised and thinking about why they are in hospital, known as pyjama paralysis.

Haem Onc Unit – the opening and remembrance event is in September.

Ward 5 – the Chairman noted that it is symbolic to emphasise that we hope not to use this ward any more than very infrequently. D Carter noted the added benefit of not stretching the nursing staff so frequently.

Nursing & Midwifery Staffing – S Oke noted the increase in numbers of patients requiring 1:1 cohort nursing, that we have a significant number of vacancies that we are actively recruiting to and also looking a new roles and ways of working. She gave an explanation of how care hours are recorded, adding there is a focus on the appraisal process including robust objectives.

Compliance issues – the positive initial feedback of the PHE visit to assess Antenatal and Newborn Screening Services was noted.

Endoscopy – the difficulties in dealing with current reduced capacity were noted, along with measures to overcome this and work to accelerate progress on delivery of the 5th endoscopy room.

Junior Doctor Vacancies – it was noted that whilst this remains a concern, work continues to improve retention.

Ultrasound – attention was drawn to the cost pressures to DTO resulting from the high proportion of vacant posts, coupled with unprecedented demand for scans.

Trust Quality Buddy System – G Collins advised the Board that this is a way of engaging the whole organisation in owning and maintaining the CQC standards, the response rate to which has been very good.

Equality & Diversity – J Garner updated the Board that we now have a full time member of staff in this role, giving us a good foundation with which to go forward.

BLMK STP – attention was drawn to the latest briefing, attached to the report, D Carter added that our expectation is that funding should begin to become available from October, with further waves to follow.

Sterile Services – following a recent external audit, the team were commended on excellent quality management systems.

7. PERFORMANCE REPORTS

Quality & Performance Report – the Board received the report, with the following points highlighted:

We will be looking at peaks in pressure ulcer incidence in June to ascertain if there is a link to the high temperatures. We are looking at developing a 'patient passport' to ensure consistent written information. Falls are currently less than the national average. We continue to exceed the target for VTE risk assessment. We have seen a decrease in number of complaints, coupled with a corresponding increase in responding within target time.

C Bygrave queried recent press coverage of patients being placed on waiting lists, for example while they stop smoking, before going on surgical waiting lists. C Jones assured the Board that we do not have such a system at L&D. D Carter added that there are areas where patients have to go through certain pathways before going onto surgical waiting lists.

We continue to work closely with Engie with a focus of dialogue to achieve consistency in cleaning standards.

We have been requested by NHSI and the Cancer Alliance to include reasons for patients taking longer than 62 days from referral to treatment. All such cases are explored very carefully, it was noted that the 62 day target is difficult for patients with complicated diagnostics, or the delay can be due to a patient choosing to delay.

All Cancer targets for April and May were met. A&E performance has been exceptionally good, particularly given our recent, busiest ever day. 18 weeks also continue to deliver, with work to improve our tolerance.

Finance Report – Andrew Harwood presented the report.

A detailed report was presented to FIP on 12 July, noting that the control total requires £10.1m surplus. The plan is phased more favourably in Q1, and becomes more challenging later in the year. It was noted that income projections are placing pressure on CCGs. Our Q2 results will be incredibly important, our cash position remains strong. In terms of debtors, A Harwood clarified that one transaction we had anticipated would have been Q4 STF from last year had a delay linked to release of money and was actually received on 14 July, which would have improved the debtor position, had it come on time. A Harwood explained that in terms of MRET and Re-admissions income, the A&E Delivery Board make decisions on the way this is used, a formula has been reached with a risk sharing agreement. J Robinson added that the capital schemes, some of which are major, are worthy of note. We need to look forward at implications when considering these schemes.

Workforce Report – Angela Doak presented the report, noting the following:

Recruitment remains constant to healthcare and consultant posts. She acknowledged differences in the way nursing vacancies are shown in this report vs the nursing report, which she and S Oke are working to rectify. Work continues on absence management and our appraisal rate has increased by 4%.

8. CLINICAL OUTCOME, SAFETY & QUALITY (COSQ) COMMITTEE REPORT

D Hendry, on behalf of A Clarke, talked to the COSQ Report, highlighting the following:

A key observation from COSQ is that quality objectives need to be owned Trust-wide and linked to the overall objectives. The inpatient survey notes some areas of focus where we have some low scores. A medical devices

audit identified issues in Training where replacement of equipment needs to be addressed. V Tiwari added that the patient story is a valuable contribution to COSQ. S Oke added that this is intended to be a regular item. D Carter would also like to introduce patient stories to the Board.

9. FINANCE, INVESTMENT & PERFORMANCE (FIP) COMMITTEE REPORTS

Jill Robinson presented the report, noting the following:

There are large schemes coming forward, such as the helipad, which cut across backlog maintenance. I Allen acknowledged this. J Robinson noted that the energy centre is a pre-requisite for many of the schemes. P Graves noted that following a 'kick off' meeting, business cases for the GDE project would be presented to FIP circa October.

10. AUDIT & RISK COMMITTEE REPORTS

David Hendry talked to the report, noting key headlines:

The majority of the of report focuses on internal and external audit. There is a key recommendation in relation to communication from STP on a bi monthly basis to give an assessment of STP progress and impact to the BLMK footprint. The report contained approval of the internal audit plan for 2017/18.

11. CHARITABLE FUNDS COMMITTEE REPORT

Cliff Bygrave presented the report, noting the following:

A meeting later in the day would deal with the sign off of audited accounts within which, it will be noted that donated income for this year is the highest it has ever been, for which credit is due to Sarah Amexheta.

12. HOSPITAL RE-DEVELOPMENT COMMITTEE REPORT

The Chairman presented the report, noting the following:

The application for the helipad had been submitted. We have agreed to take on first floor of Arndale House. It is hoped that we will take a decision re the energy centre towards the end of this year.

13. RISK REGISTER

V Parsons highlighted a number of issues and work that had taken place to review the same.

A number of new risks were noted with more to be developed and added from the Executive Board report.

14. BOARD SECRETARY REPORT

Victoria Parsons talked to the report, noting:

The Conflict of Interest and Declaration of Interest Policy was appended for

information, noting there would be some further changes to this national document. It has been to the Audit & Risk Committee and to the Policies & Procedures Approval Group. We are developing a plan to get this information out to individuals.

ANY OTHER BUSINESS

No further business was raised.

QUESTIONS/COMMENTS FROM NON BOARD MEMBERS

The following questions were asked by the audience:

1) The Nursing & Midwifery staffing report mentions nurse associates. S Oke explained that the direction from the NMC is that we will have 2 tiers of registration, and clarified that assistant practitioners cannot deliver medication.
2) It was acknowledged that it is worrying to have to open contingency areas during the summer,
3) Some items have disappeared from reports, i.e. FOI, it was clarified that these do not have to be reported each time, and ambulance turnaround times, it was noted that we stopped reporting when the penalty regime changed.
4) Have we abandoned the intention to re-introduce exit interviews? A Doak responded that this will definitely not be abandoned, we are deciding how best to undertake these, in the meantime some questions have been revised on the leaver forms. We need to ensure that robust conversations take place when these forms are filled. She would report back to the Board following further outside dialogue. ***AD***

SUMMARY OF ACTIONS

To be made available after the meeting. ***VP***

15. DETAILS OF THE NEXT SCHEDULED MEETING:

Wednesday 1 November 2017, 10.00am, COMET Lecture Hall

16. 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 1998 and Caldicott Guardian principles

LUTON & DUNSTABLE UNIVERSITY HOSPITAL

BOARD OF DIRECTORS

Agenda item	6	**Category of Paper**	Tick
Paper Title	Merger Update	**To action**	☐
Date of Meeting	1 November 2017	**To note**	☒
Lead Director	David Carter – (acting) Chief Executive	**For Information**	☐
Paper Author	David Carter – (acting) Chief Executive	**To ratify**	☐

Indicate the impact of the paper:

Financial ☒ **Quality/Safety** ☒ **Patient Experience** ☒ **Equality** ☐ **Clinical** ☒ **Governance** ☒

History of Committee Reporting and Date	N/a	
Links to Strategic Board Objectives	Objective 1 – Deliver Excellent Clinical Outcomes Objective 4 – Deliver National Quality and Performance Targets Objective 5 – Progress Clinical and Strategic Developments Objective 7 – Optimise our Financial Position	
Links to Regulations/ Outcomes/External Assessments	NHS Improvement CQC Commissioners Internal Audit	
Links to the Risk Register	1163 – Hospital Redevelopment 1178 - Non-Achievement of Financial Target 1210 – Vacancy rates	945 – CCG verification processes 1212 – Agency costs 1211 – Backlog maintenance 1213 – Management capacity

PURPOSE OF THE PAPER/REPORT

Update on proposed merger.

SUMMARY/CURRENT ISSUES AND ACTION

The paper updates the Board of Directors on the progression of the proposed merger with Bedford Hospital.

ACTION REQUIRED

To note the Merger update.

Public Meeting ☒ Private Meeting ☐

Luton and Dunstable University Hospital NHS Foundation Trust and Bedford Hospital NHS Trust

Proposed Merger Update

Introduction

This paper updates on the progress in respect of the proposed merger.

Progress to date

PWC were appointed as advisers for the preparation of the LTFM and Full Business Case and running of the PMO following a framework mini competition.

The weekly updates from PWC are attached.

An update on the current resource is also attached.

www.pwc.com

Luton & Dunstable FT Bedford Hospital

PwC Business Case support
Weeks 1 and 2 progress update

pwc

PwC weekly update

w/c 13 October 2017

Key progress this week	Observations	Key issues and next steps
• We have met with six of the eight workstreams; IM&T and Comms will be met with during w/c 16 October. • We have engaged with NHSi and will map out the planned interfacing between PwC and NHSi. • PMO and Business Case support are working to map out the key tasks by workstream into detailed project plan template. • Implementation of the weekly rhythm confirmed including SRO briefing, Integration Board, and weekly Highlight Report templates shared with workstreams via the PMO managers.	• The Trust's workstream owners are well-engaged with the programme. • Strategic queries are emerging from the workstreams, namely in respect of the relationship between the programme and STP. • The LTFM needs further work and consideration before the 24-Oct meeting with NHSi, particularly in respect of capital assumptions. • The PMO structure of allocating the experienced PMO managers to interface with specific workstreams is effective in providing ownership of relationships.	• Feedback from NHSi on the SOC to be discussed at the Integration Board w/c 16 October. • The relationship with the STP to be communicated to workstreams. • Confirmation of capital approvals to be discussed with NHSi • Scope of services to be finalised and Engagement Letter formally agreed. • Trust to complete the business case for the merger consultancy spend.

PwC weekly update

w/c 20 October 2017

Key progress this week	Observations	Key issues and next steps
• After meeting Comms and IM&T, we have now met all workstreams and can begin to create the critical path to delivery of the FBC. • Created and shared with the workstreams a detailed list of expected merger tasks, categorised into pre-FBC, pre-day and post-day priority. This will be presented to the Integration Board on 24/10. • Continued to engage with Katherine and Miranda at NHSi, including understanding views on the merger. • Agreed approach with Andrew Harwood to 24/10 NHSi Finance meeting. • Agreed at Integration Board and coordinated the response to NHSi's feedback on the SOC for sending before the meeting on 24/10. • Discussions underway re – CMA with the clinical workstreams and NHSi.	• The Integration Board needs to agree how it will engage with the NEDs as a collective group. • Engagement with the CCGs needs more consideration, given the high degree of influence each group has on the merger. • Whilst the PMO has mobilised quickly, pace of the progress by workstream needs to be accelerated to ensure a first draft BC is ready for the end of November. Sharing of merger tasks will help provide direction to the workstreams which will likely be needed.	• Finalise the required tasks for Day 1 to develop the critical path, based on the detailed list shared with workstreams. • NHSi – meet in response to SOC feedback particularly to discuss strategic rationale. • Planning for wider Integration Board on 30/10 – discussing with Cathy Jones on 24/10. • Decision required at Integration Board 24/10 regarding due diligence funding, resourcing and timing. • Create detailed timetable for the week leading up to submission of FBC on 22/12. • Engagement letter to be formally agreed (continued from w/c 13/10).

Luton and Dunstable University Hospital NHS Foundation Trust and Bedford Hospital NHS Trust – Proposed Merger

RESOURCE PLAN

	Workforce Workstream	Backfill Resource	Other Support
Business Case preparation	PWC appointed on framework contract from 2/10/17 to prepare Business Case		
Communications	1 wte Ruth Adams seconded from 14/9/17		Band 4 support identified if needed
HR	Heather Taylor 0.5 wte appointed as HR Lead		
PMO	1 wte Tom Joyce seconded from 2/10/17 PWC appointed to manage the PMO from 2/10/17 Stephen Conroy appointed to act as the PMO SRO 0.5wte		BHT have seconded 2 wte from 2/10/17
Finance	PWC appointed to prepare the LTFM from 2/10/17 Damien Reid appointed as the Finance LTFM lead		
IT	See next page		

IT:

Merger IM&T Business Case Costs - 5 Months	BAND	NO.	COST
Project Lead - Technical Architect - some of salary in R68	8D	1	15,000
Technical input for Architecture - Networks/Security/UC Platform/Integration/Desk Top/Servers - B&L	7	days	15,000
Business Case & Strategy Production October - March - Portico Consulting - estimated	Workpackage		40,000
Backfill for Technical Head of IT & CIO (Specific Tasks) - 65 days at £650 per day	Day Rate	1	42,250
Junior PM to orchestrate workstreams across both sites	7	1	35,000
			147,250
Capital Non-Personnel Costs - to enable single Trust Platform			
PAS Migration Architecture - DXC Deep Dive Costs	Capital		25,000
Additional Servers set up for early migration	Capital	10 x£5K	50,000
Network extension to join Bedford & Luton - no visibility or UC without it	Capital		30,000
Resource to assure plans - external expert	Day Rate		15,000
UC & Network & Server HIT squad for here and now delivery of technical infstre for 31/3	7	1	40,000
			160,000

LUTON & DUNSTABLE UNIVERSITY HOSPITAL

BOARD OF DIRECTORS

Agenda item	7	**Category of Paper**	Tick
Paper Title	Executive Board Report	**To action**	☒
Date of Meeting	Wednesday 1 November 2017	**To note**	☒
Lead Director	D Carter	**For Information**	☒
Paper Author	Executive Directors	**To ratify**	☐
Indicate the impact of the paper: **Financial** ☐ **Quality/Safety** ☒ **Patient Experience** ☐ **Equality** ☐ **Clinical** ☒ **Governance** ☒			

History of Committee Reporting and Date	Executive Board – 24 October 2017	
Links to Strategic Board Objectives	All Objectives	
Links to Regulations/ Outcomes/External Assessments	CQC Monitor Information Governance Toolkit	
Links to the Risk Register	1163 – Hospital Redevelopment 1178 - Non-Achievement of Financial Target 1210 – Vacancy rates	945 – CCG verification processes 1212 – Agency costs 1211 – Backlog maintenance 1213 – Management capacity

PURPOSE OF THE PAPER/REPORT

To update the Board on items discussed / presented / approved by the Executive Board in readiness for Board awareness or approval.

SUMMARY/CURRENT ISSUES AND ACTION

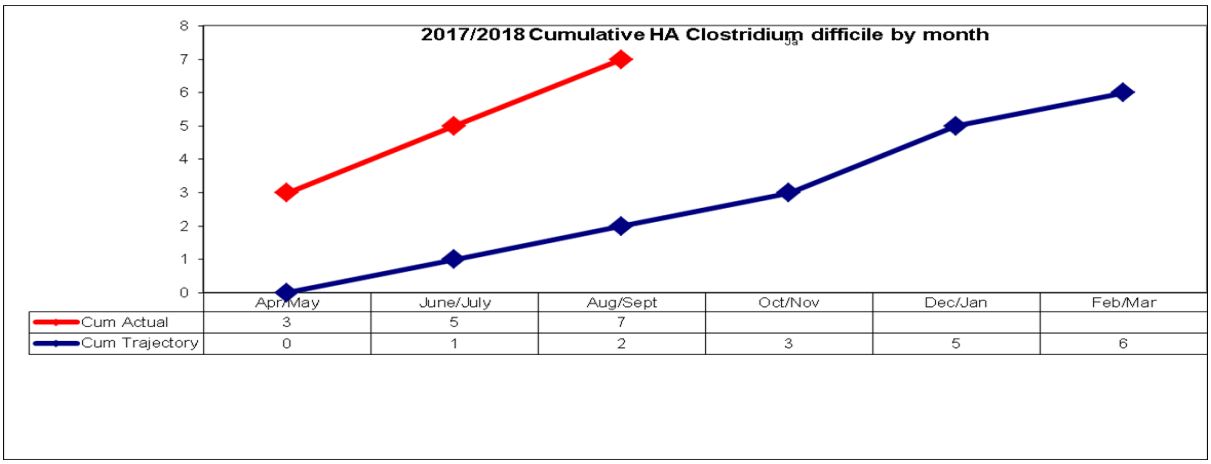
1. Infection Control Report - to note
2. Deanery Issues - to note
3. Complaints Board Update - to note
4. Mortality Board Update - to note
5. Needs Based Care - to note
6. Nursing & Midwifery Staffing - to note
7. Management of CQUIN - to note
8. Compliance Issues - to note
9. Pain Management Programme – Commissioning Update - to note
10. Endoscopy - to note
11. Junior Doctor Vacancies - to note
12. Medical Agency Spend - to note
13. Information Governance Quarterly Report - 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

ACTION REQUIRED To note / consider / review / approve as specified above.	
Public Meeting ☒	Private Meeting ☐

1. INFECTION CONTROL REPORT

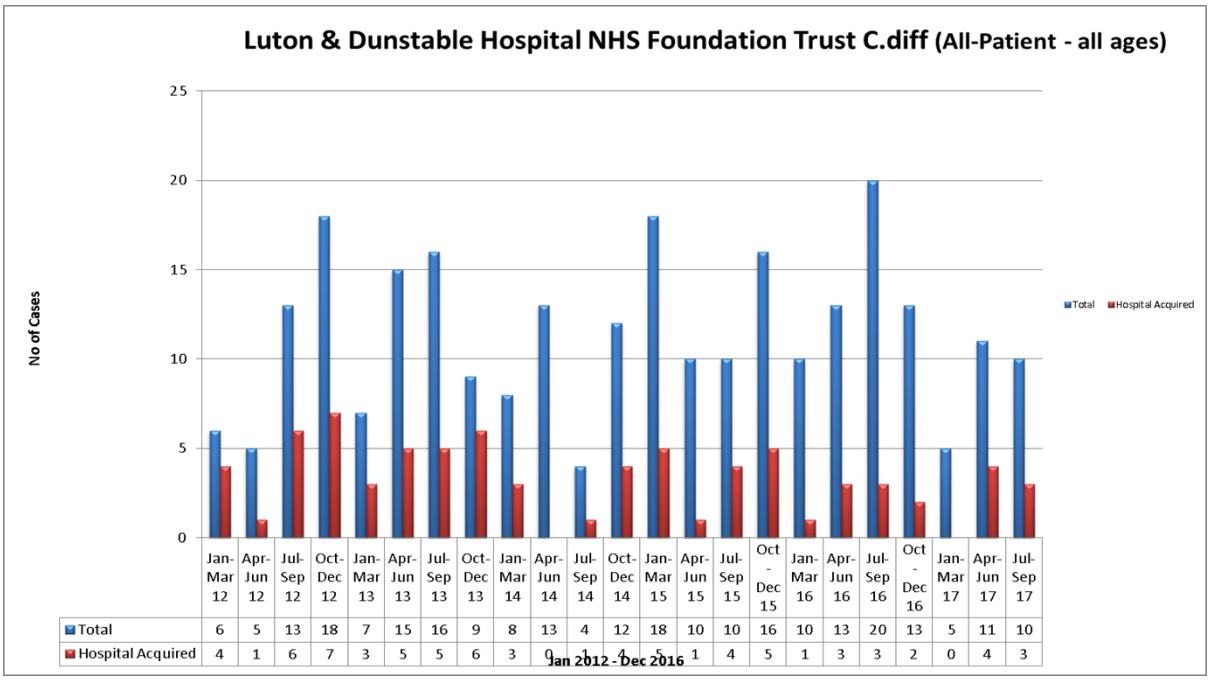
- **Clostridium difficile**

In the two quarters up to September 2017 the Trust reported 7 cases of hospital acquired (HA) infections (ceiling is 6 cases).



	Apr/May	June/July	Aug/Sept	Oct/Nov	Dec/Jan	Feb/Mar
Cum Actual	3	5	7			
Cum Trajectory	0	1	2	3	5	6

A further case has been diagnosed in October bringing the total of hospital acquired cases to 8. All isolates are also sent for typing to the reference laboratory to identify any clusters.



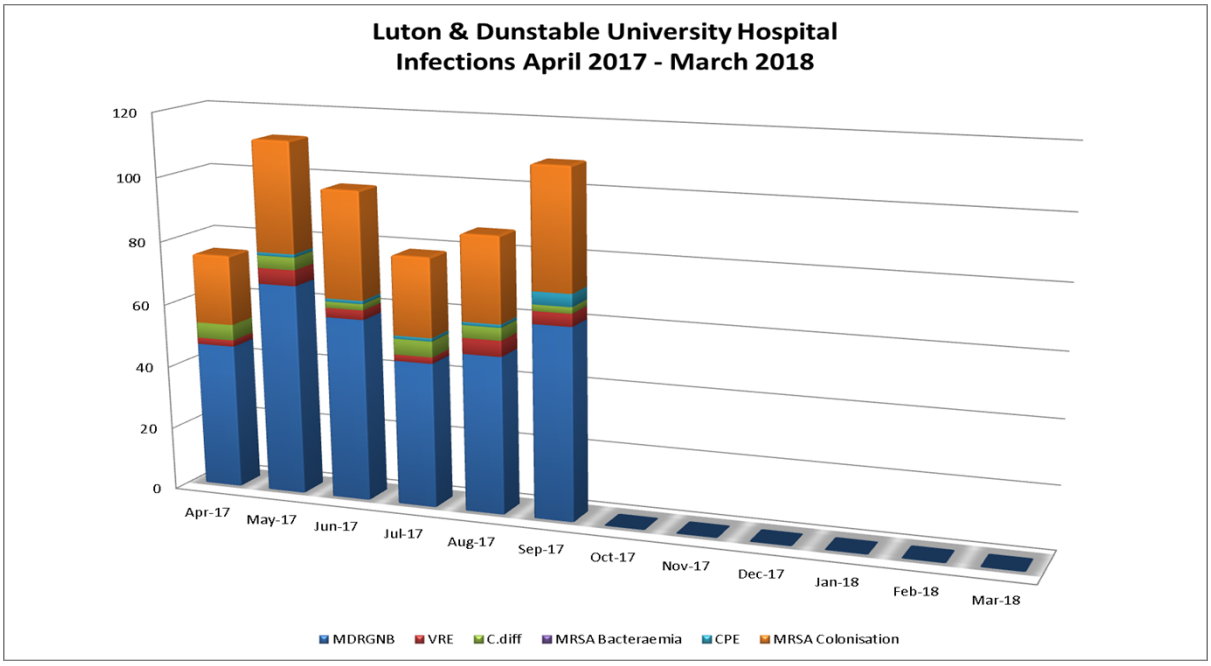
	Jan-Mar 12	Apr-Jun 12	Jul-Sep 12	Oct-Dec 12	Jan-Mar 13	Apr-Jun 13	Jul-Sep 13	Oct-Dec 13	Jan-Mar 14	Apr-Jun 14	Jul-Sep 14	Oct-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct - Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16	Oct - Dec 16	Jan-Mar 17	Apr-Jun 17	Jul-Sep 17
Total	6	5	13	18	7	15	16	9	8	13	4	12	18	10	10	16	10	13	20	13	5	11	10
Hospital Acquired	4	1	6	7	3	5	5	6	3	0	1	4	5	1	4	5	1	3	3	2	0	4	3

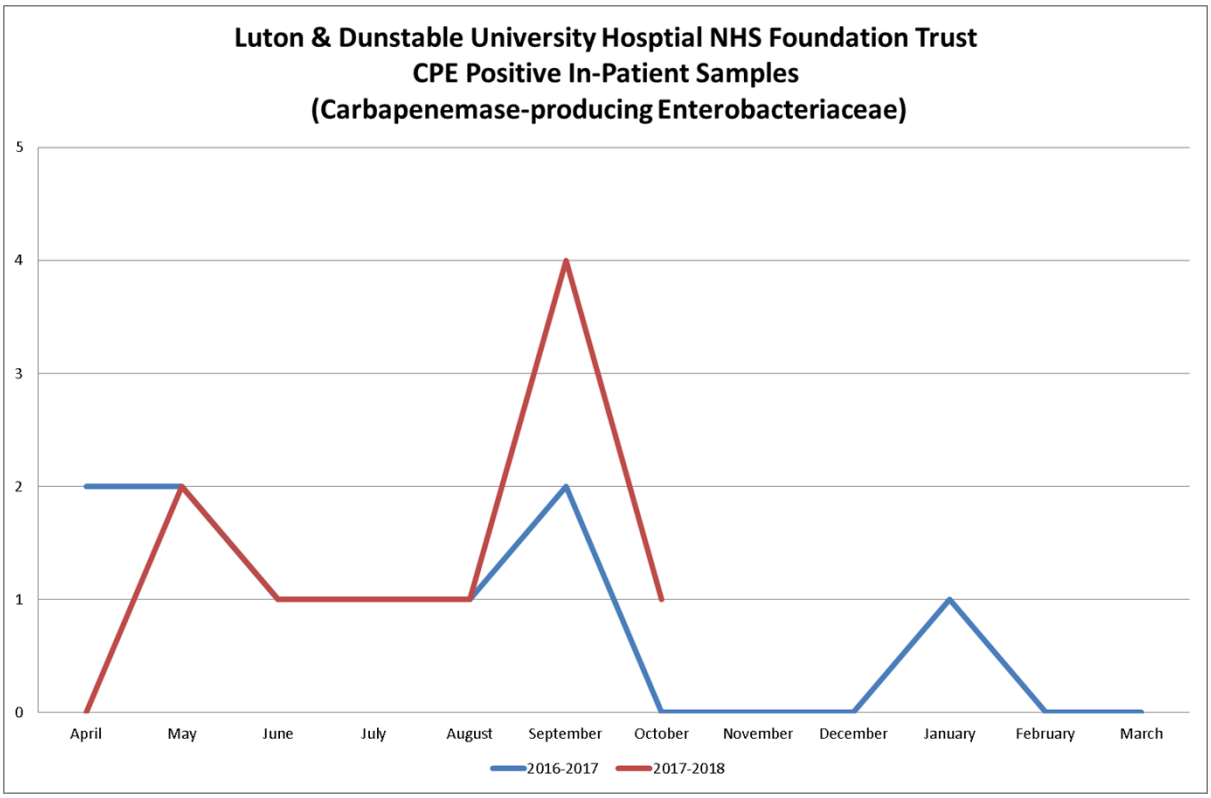
- **MRSA bacteraemia**

So far this year no cases of bacteraemia due to MRSA have been identified.

- **Multi-drug resistant organisms (MDRO)**

In the last quarter the numbers of MDRO cases has gone up but is in line with numbers from previous months.





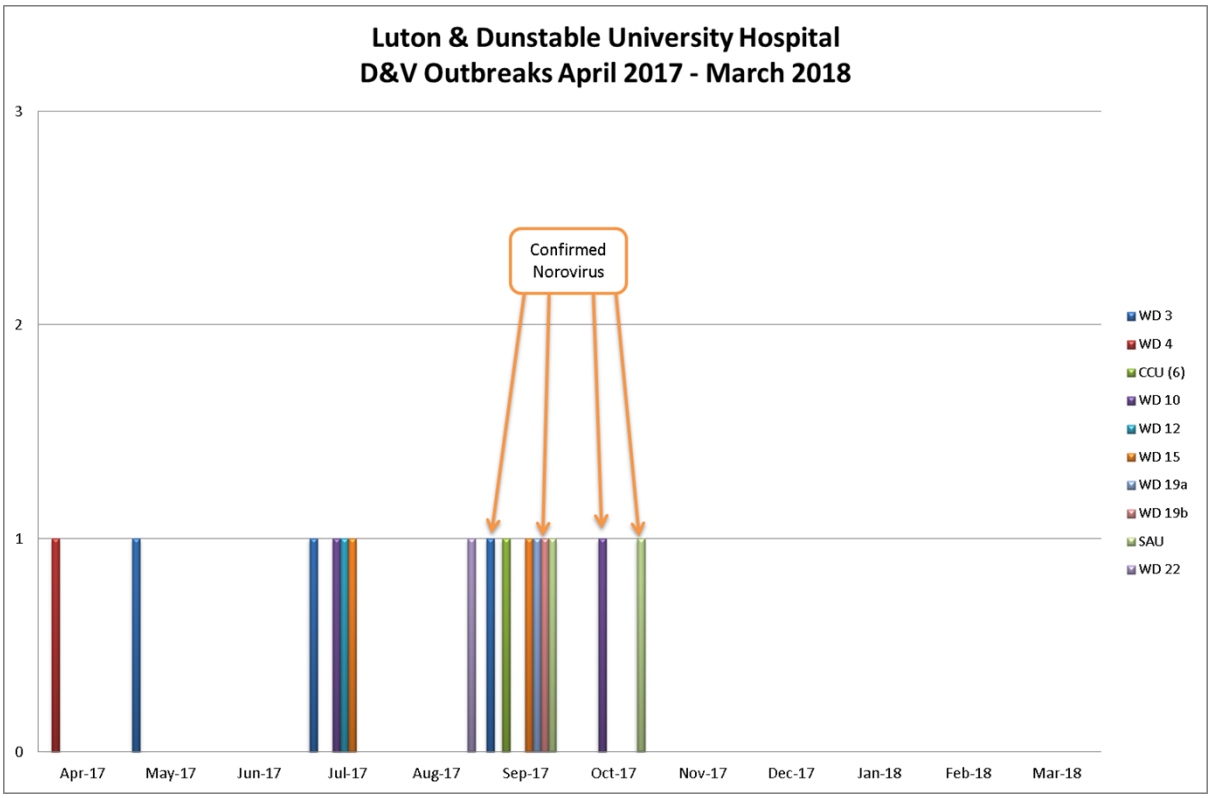
These organisms (currently rare in the hospital) are very difficult to treat as they are resistant to most commonly used antimicrobials.

- **Influenza and Respiratory Syncytial virus (RSV)**

With the onset of the winter season we have started seeing cases of seasonal influenza and RSV. It is expected that the flu season this winter is likely to be severe. The Occupational Health team have commenced vaccinations and all staff should get vaccinated to protect themselves and their patients.

- **Diarrhoea and Vomiting Outbreaks**

Since August this year a number of outbreaks of diarrhoea and vomiting have been reported. Over half of these have been confirmed to be due to Norovirus.



2. DEANERY ISSUES

No updates to report.

3. COMPLAINTS BOARD UPDATE

No updates to report.

4. MORTALITY BOARD UPDATE

The Mortality Board continue to review and monitor the Trust death rate as well as the HSMR and SHMI. We are pleased to report that the latest available data shows the HSMR and SHMI again within range however deaths in the first 9 months of 2017 are 9% higher than the same period in 2016. Most of the difference stemmed from deaths in January and February which we have already discussed in previous Board Updates.

The Board oversees the investigation of any clinical condition that is identified as an outlier through Dr Foster and supports the ongoing education of staff in areas identified for improvement.

The Mortality Board has published its Learning from Mortality Review Policy. All deaths are currently reviewed and the learning shared via a number of forums. There is a requirement for the outcomes of the Mortality Reviews to be shared quarterly through the Board Quality report from September 2017.

5. NEEDS BASED CARE

The Full Business Case for Needs Based Care is being presented to the FIP meeting on 15 November 2017 and presents the strategy for emergency medicine for the next five years.

The proposal sets outs the planned growth for the Medicine Division in pharmacy, therapies, medical staff and specialist nursing over the next two years, and represents a significant investment in improving the specialist input to our patients 7 days a week, and improving continuity of care for our patients.

6. NURSING & MIDWIFERY STAFFING

The report for July, August and September is attached as **Appendix 1**

7. MANAGEMENT OF CQUIN

Quarter 1 achievement for the 2017/18 CQUIN schemes has been assessed by the commissioners. The Trust fully achieved all the scheme milestones for Quarter 1 with the exception of part of the Sepsis scheme. Our audits showed that we delivered antibiotics within the hour to 77% of patients. The target for the quarter was 90%, therefore we receive part of the award for that part of the scheme.

The reports for the second quarter of the 2017/18 CQUINS were submitted to Luton CCG within the deadline, and we currently await the outcome of the CCG review panel. Our understanding is that the evidence provided demonstrates our achievement of schemes in full.

8. COMPLIANCE ISSUES

A Breast Screening Quality Assurance (QA) visit took place on 7 September 2017. Immediate actions were responded to and the draft report is awaited.

9. PAIN MANAGEMENTPROGRAMME – COMMISSIONING UPDATE

The Pain Management Programme (PMP) at the Luton and Dunstable Hospital has existed for the past 17 years and treats approximately 100 people per year. It is a psychology-led, multidisciplinary team provision for people suffering with persistent

pain. Outcome data since 2011 has indicated that after completion of the PMP, over 60% of patients are able to accept their pain and find meaningful ways of improving their quality of life in spite of pain. A high proportion of patients referred to PMP report recovery in comorbid mental health conditions, including depression and anxiety.

The Trust currently provides three 8 week programmes a year with 20 places as well as guided self-help sessions for circa 45 patients. The programme has been historically oversubscribed to the extent that the Trust needed to close the service in June 2016 to new referrals to manage the current cohort of patients. It should be noted that this is an unfunded service; the Trust receives no income for providing PMP.

The Pain team have been working with commissioning leads from Luton CCG to establish PMP as a commissioned service, and to double the capacity for new referrals. Progress to date has been positive and the team are working with the CCG to develop new pathways with the community MSK provider, Virgin. The trust aim for this to be a commissioned service from 1st April 2018.

10. ENDOSCOPY

Endoscopy remains a significant operational risk, with the unit under pressure to deliver routine diagnostic tests and surveillance endoscopy within the target time. The team are working hard to ensure safe management of the capacity issues and in support of the pending JAG accreditation review. The current delays in booking routine patients means that the diagnostic target has not been met in August or September 2017. This has been highlighted as a risk on the risk register.

11. JUNIOR DOCTOR VACANCIES

The situation with junior medical vacancies within the FY2 and registrar levels within Surgical Division continues to add pressure to the team, but is an improving situation, with a further step change in the FY1 rota in December for general surgery to increase the number of doctors to 13. There remain issues with the levels of unfilled shifts, although this has improved since Quarter 1, and the working hours guardian, Dr Banerjee, has been ensuring support to the teams affected. Current forecast of new starters means that we expect the rotas to be fully established from December.

12. MEDICAL AGENCY SPEND

NHS Improvement (NHSI) have requested a summary of the issues influencing our agency spend on doctors, as the Trust continues to persistently breach the agency ceiling target. The Trust has responded to confirm that the expenditure is in high risk areas and that the use of agency medical staff is appropriate and essential for ongoing patient safety. Divisions have reforecast their expenditure and are expecting to deliver a year end spend which is within the agency ceiling plus 50% position.

13. INFORMATION GOVERNANCE QUARTERLY REPORT

Attached as **Appendix 2**.

14. BLMK STP

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

15. FREEDOM TO SPEAK UP

Summary of concerns raised

- There has been one new 'informal' concern raised which is currently being investigated.
- One previous concern is ongoing and has now been discussed with the relevant director and the Director of HR.

We are planning a brief message to mark the first year of having a FTSU Guardian, working in conjunction with HR.

16. ESTATES & FACILITIES UPDATE

Estates

The project for replacing the existing endoscopy decontamination facility is progressing with construction works expected to be sent out for tender in October.

An upgrade to the standing automatic fire detection alarm system is in design stage with specialist technical advisors in the process of preparing technical specifications for the purpose of securing a main constructor to undertake works.

An extension to the existing high dependency unit in NICU has been completed with the first patients being moved into place during week commencing 18th September.

Work continues on a number of small engineering schemes to replace life expired plant; these projects include the replacement of boiler plant in the Maternity Unit and updating of heating controls.

The recently completed, extended Maxillofacial Clinic opened to patients at the beginning of September.

The Estates Team are currently working on a number of schemes which are in the very early stages of development. In particular, a major investment in the site electrical infrastructure is planned to take place over the next 2 years; this work will underpin the future development aspirations for the hospital site whilst addressing the immediate challenges of the retained hospital estate.

STP

With the recent announcement of the merger between Luton and Bedford hospitals there have been initial discussions between the respective facilities to explore opportunities for sharing expertise and consider further joint collaborative purchasing initiatives for specialist maintenance services.

A number of joint procurement projects are already in hand - the first contract to be awarded is for total waste management across the two hospitals.

Outsourcing

The Trust continues to work closely with Engie to consistently achieve the required quality standards for cleaning and patient catering. The summer months have seen some standards drop below contracted quality thresholds. This has been evidenced in the results of service audit results being inconsistent.

Where concerns have been raised, additional monitoring has been introduced.

The Trust routinely meet with Engie in quality forums that include key clinical stakeholders to discuss the issues as they arise and consider what measures are needed to remedy. On occasion, this requires a joint approach to achieve desired outcomes.

Hospital Accommodation

The Trust has appointed an Accommodation Officer to support the overseas recruitment campaign. This role is focussed on making arrangements to house the new recruits as they arrive to take up their positions at Luton & Dunstable Hospital.

EDU Staff Consultation

A staff consultation is taking place during October regarding a proposal to recruit a further 2.0 WTE Technicians and adjust the rota in the Endoscope Decontamination Unit. This will allow the unit to provide a 7 day service, supporting the requirement for additional weekend endoscopy lists and allowing approximately 36 more patients to be seen each weekend.

The consultation will affect five members of staff, who currently participate in weekend working; the main change proposed is extending their hours at weekends from Saturdays only to both Saturday and Sunday one weekend in four.

Energy Centre

External advisors have been commissioned to support the Trust in the development of a new energy centre. The scheme is designed with the objective of supplying the whole hospital site with heating requirements and a portion of electrical power. Ultimately, the centre will contribute to lower energy running costs for the site and replace existing aging heating plant.

17. COMMUNICATIONS & FUNDRAISING UPDATE

COMMUNICATIONS:

Internal Communications and Events - the opening and tribute for Dr Rahul Joshi were very well attended and his family were very grateful for the Trusts support and recognition.

MERGER COMMUNICATIONS

The two communications teams have been working closely together to plan the communication and engagement strategy (including media activity) for announcement day and then going forward until the submission of the Full Business Case. Both media coverage and the reaction from staff about the announcement was, on the whole, very positive.

FUNDRAISING:

Donations financial year (to date) 2017: £753,817

- 536 donations made.

Fundraising activities July - October;

- George Hay Chartered Accountants are fundraising for the NICU parents' accommodation as the Charity for the year.
- John Lewis have donated 400 toys (Buster dogs) for our patients for Christmas.
- The team have attended 15 community events to promote, fundraising, membership and volunteering.
- Claddagh Gaels raised £2500 for the second year running for the paediatric unit.
- £30,000 received from the Grant Foundation for NICU.
- £10,000 received from Aoifes diabetes type 1 charity.
- Progressing arts University project for maternity.
- Since September the team has visited 6 local schools, including a one week of assemblies at Challney High School for girls, who have raised over £3000.

18. POLICIES & PROCEDURES UPDATE

The following Policies & Procedures were approved from August to October 2017:

F09 - Fundraising Policy
E14 - Emergency Preparedness, Resilience and Response
C24 - CBRN Plan
S14 - Managing sickness absence
E15 - EPRR Training Policy
M16 – Mortality Reviews

The following policies and procedures were extended to allow further review and implementation of national guidance:

D01 - Data Protection & Confidentiality Policy & Procedure
C18 - Consent Policy
M01 - Major Incident Policy

EXECUTIVE REPORT

QUARTERLY REPORT ON NURSING AND MIDWIFERY STAFFING LEVELS

Quarter 2 – July to September 2017

1. Summary of Report

We aim to provide safe, high quality care to our patients; our staffing levels are continually assessed to ensure we meet this aim. Following the investigation into Mid Staffordshire NHS Trust, the resultant Francis report NHS England (NHSE) and NHS Improvements (NHSI) requested that all Trust Boards receive reports on the levels of planned and actual nursing registered and unregistered staff. This is broken down between day and night shifts and includes the planned versus actual staffing levels.

This report provides the Trust Board with information regarding staffing levels for **1st July to 30th September 2017**.

Key Points:

- The Trust has maintained an overall staffing fill rate of above 90%. However we remain challenged in filling qualified shifts particularly during the day. Associate Practitioners and Pre-Registration nurses have played a valuable role in maintaining quality care in the absence of Registered staff
- A significant number of new starters are to commence in post during September. These are mostly newly qualified staff and from our international recruitment campaigns.

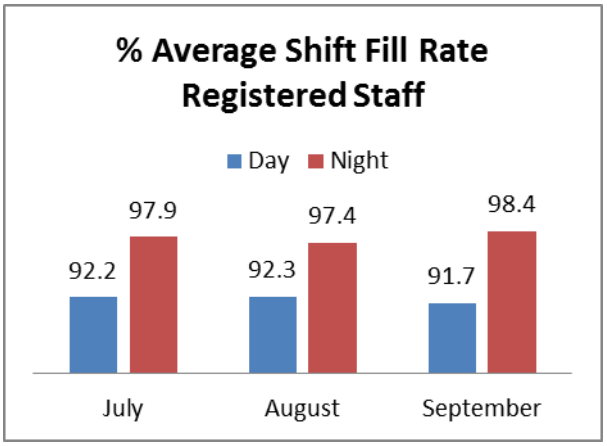
The following report details the breakdown of average shift fill rates for the Trust, staffing management, vacancies and recruitment activity.

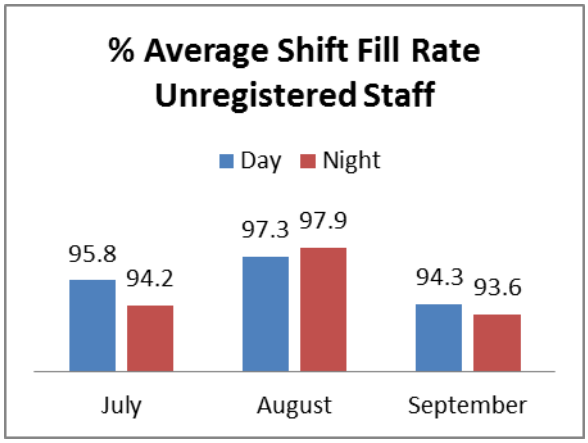
2. Breakdown of average shift fill rates for the Trust

Consistent with performance in previous quarters, shift fill rates for clinical areas across the Trust demonstrate that safe staffing levels for registered and unregistered nurses and midwives have been maintained. Given this information areas continue to struggle to fill shifts particularly on the day for registered staff which is further compounded when there is a need to identify additional staff for contingency areas. Staff are moved from base wards to these areas to ensure the safety of our patients.

Table 1 AVERAGE SHIFT FILL RATES FOR THE TRUST

Month	Day %		Night %		Overall average
	Registered	Unregistered	Registered	Unregistered	
July	92.2	95.8	97.9	94.2	**95.0**
August	92.3	97.3	97.4	97.9	**96.2**
September	91.7	94.3	98.4	93.6	**94.5**





3. Staffing Management

Actions are taken in accordance with the Trust Safe Staffing policy (2016). This dictates the escalation process when shortfalls occur. It also outlines the risk assessments and communication required.

The Trust has in place a number of mechanisms led by the Acting Director of Nursing and Midwifery to ensure the delivery of patient care is safe. Staffing is used flexibly across the wards and clinical areas dependent of acuity of patients and staff skill mix. Multi-professional operational meetings occur throughout the day where patient requirements are reviewed and planned for.

4. Vacancies and Recruitment Activity

Recruiting to existing vacancies remains a challenge; this is consistent with the national picture. Multiple initiatives are in place to retain staff including face to face leaver interviews and offers of rotation to other areas in the hospital.

We maintain our focus on recruitment and retention activities across band 2 to 6 in particular. A strategic response to the challenges of retention of staff has been developed.

During this reporting period 39 international nurses have commenced in post, only two of these hold an NMC registration. The remaining nurses work with us as a 'Pre-Registration Nurse' and are required to completed their IELTs or Objective Structure Clinical Examinations (OSCE) prior to obtaining their registration with the Nursing and Midwifery Council (NMC). Additional support is in place to support them and enable their transition to a RN post

We continue to explore new roles in order to address the national shortage of registered staff Many wards have employed Assistant Practitioners (APs), although not a Registered Nurse, the AP role is aimed at providing a higher level of support for our Registered Nurses to ensure the continuity and quality of patient care.

The Nursing Associate (NA) pilot is underway with 11 new trainees currently employed within the Trust. The development of the apprentice nurse pathway in the coming months will also offer an opportunity to bolster up the workforce whilst new recruits train towards registration over a four year period.

We hope to implement Dementia Support workers in the near future. These staff will support the delivery of quality care for Dementia patients on wards where they frequently are admitted and will play a key role in supporting our patients who required enhanced observation (specialling). During Quarter 2 we have seen an increasing requirement for enhanced observation in order to care for our patient's safely.
The Trust continues to attend local schools and Academies to promote the diversity that the NHS can offer in careers. We represent the Trust as part of the Luton Enterprise Advisory Network which allows us to help guide the school's curriculum in order to develop young people who are ready to enter the workforce.

Multiple events are planned for the next quarter including attending the University open days, and holding local recruitment days for Nurses and Midwives due to qualify in the New Year.

We are proud to say that we have a 60% first test pass rate for international nurses completing their OSCEs. This is followed by a 90% pass rate on second sitting. Multiple teaching initiatives have been put in place by the Education team to support the increasing numbers of nurses requiring OSCE training.

The use of social media as a recruitment and marketing tool is recognised. The Trust has a nursing and recruitment presence on these with support from the Communications Team. Significant work has been completed recently to provide a united approach to the use of social media. We hope this will increase the public's contact with our site and give updates on Trust activities.

5. Action required

- COSQ is asked to note the content of the report

Information Governance (IG)
Report to Trust Board – from Oct 2017 IG Steering Group (IGSG)

1. General Data Protection Regulations (GDPR)

As reported in previous IG Reports, during the IG Training session delivered to the Board on 7th June 17 and at Audit & Risk Committee in October, GDPR will become UK law on 25th May 2018.

Some of the key changes include:

Subject Access Requests	Currently charge £10.00 and have 40 calendar days to process. Under GDPR, must provide free of chanrge and within 30 calendar days.
Fair Processing Notices	Informing patients and staff how the organisation will use 'process' (use) their personal data – from creation, to storage, to sharing, to eventual archive and destruction – can no longer be a capture all.
Consent	More clarity required for consent: GDPR requires focus on an "opt in" rather than "opt out" model which may have impacts on areas such as our telephone/text reminder service. ALL consent must be recorded and reviewed.
Increased fines	ICO currently has the power to fine any organisation up to £1/2 Million for serious breaches. Under GDPR this increases to fines of up to 10 million Euros or 2 per cent of turnover.
Pseudonymisation	Will hold much more of an important role with ensuring personal data breaches do not occur but that information can still be shared.
Privacey by Design & Privacey Risk Assessments	Assessments of any new or changed use of personal information, including data security arrangements, third party standards, consultation, informing individuals (or obtaining consent where indicated). IG MUST form an integral part of all new systems and projects. Required to adopt significant new technical and organisational measures to demonstrate GDPR compliance.
Increased rights for all data subjects	Some will not be relevant to Health Records, but will be relevant to HR Records, Fundraising Database & FT Membership database.

GDPR brings about international change. To ensure the needs of the UK are adressed a new Data Protection Bill has been written and is currently being heard in the House of Lords. This bill will also come into force in May 2018 and will work in tandem with GDPR.

GDPR is reported to be the biggest legislation to come out of the EU. It is complex and ambiguous, eg item 37 states….

> *"A group of undertakings should cover a controlling undertaking and its controlled undertakings, whereby the controlling undertaking should be the undertaking which can exert a dominant influence over the other undertakings by virtue"*

Despite the ambiguity an L&D GDPR Implementation Action Plan has been developed and will soon be refined in line with official guidance which is slowly being issued by:

- Information Commissioners Office (ICO)
- EU Commission Working Party 29 comprising representatives from all EU data protection authorities (including the ICO)
- Information Governance Alliance on behalf of NHS Digital

Also need to take into consideration:

- BAU
- GDE
- Current IG Toolkit V14.1
- IG implications and actions required due to of Bedford & L&D merger
- FOI implications and actions required due to of Bedford & L&D merger

Progress and details of Action Plan to be reported to COSQ 15th November 2017.

2. Cyber Security

GDPR reinforces the Government endorsed Cyber Essentials Scheme. The work on meeting the requirements of this scheme commenced over 12 months ago and will continue to be embedded into the organisations policies, processes and procedures. This includes looking at the management of the entire life cycle of new and current IT systems which processes personal identifiable data.

The need for IT and IG involvement at the preprocurement stage of all applicable new systems is essential to ensure future systems meet the standards required under GDPR and the Cyber Essentials Scheme.

3. IG Toolkit

IG Toolkit standard leads are working on evidence required for the current IG Toolkit, V14.1 which is an interim solution pending the introduction of a redesigned IG Toolkit - as recommended in the National Data Guardian's Review of Data Security, Consent & Opt-outs and new Key Lines of Enquiry by CQC's and to take into account the requirements of GDPR.

4. Freedom of Information (FOI)

As can be seen by the figures below, the Trust is still failing to comply with the FOI Act, which requires the Trust to provide a response to ALL requests within 20 working days starting with the first working day after the day on which the request was received.

Executives Directors are asked to approve FOI responses within three days of being sent to them. Approval compliance figures will be presented at Senior Team meeting, together with a copy of requests outstanding for approval.

FOI compliance has been added as a monthly standing agenda item at General Managers meeting where the 10 day response compliance figures will be presented to help increase compliance.

Month	Number of requests received	Number of requests answered within legal deadline	Number of requests answered beyond the legal deadline	% of requests answered within the legal deadline
Jan-16	55	45	10	82%
Feb-16	57	43	14	75%
Mar-16	47	32	15	68%
Apr-16	62	46	16	74%
May-16	56	46	10	82%
Jun-16	70	64	6	91%
Jul-16	57	40	17	70%
Aug-16	63	45	18	71%
Sep-16	52	33	19	63%
Oct-16	64	42	22	66%
Nov-16	66	40	26	61%
Dec-16	35	14	21	40%
Jan-17	71	30	41	42%
Feb-17	69	44	25	64%
Mar-17	72	38	34	53%
Apr-17	59	31	28	53%
May-17	50	24	26	48%
Jun-17	41	24	17	59%

Jul-17	73	34	38	47%
Aug-17	76	35	41	46%
Sep-17	46	19	27	41%

Bedfordshire, Luton and Milton Keynes (BLMK) Sustainability and Transformation Partnership (STP) Central Brief: September 2017

Issue date: October 2017

News

Work progresses on proposed merger of Bedfordshire hospitals

There has been significant progress in the exploration of a merger between Bedford Hospital and Luton and Dunstable University Hospital (L&D) as work has formally begun to develop the Full Business Case (FBC) that is required as part of the approvals process. The Joint Integration Board (which is made up of Executives from both hospital Boards) has appointed PricewaterhouseCoopers (PwC) to programme manage and deliver the FBC for the proposed merger. A senior manager from each hospital has also been appointed to work with PwC and drive the programme of work required over the coming months.

Stakeholders, patients and staff from both hospitals will be engaged throughout the process and staff will play a key part in developing and shaping the Business Case content. Through working together, staff will be able to identify opportunities arising from single management and integrated teams.

Given that a merger of two Trusts is a relatively rare event, it is essential that independent and specialist skills are brought in to assist with this highly scrutinised and challenging process. This will ensure that the FBC clearly demonstrates the clinical and patient benefits as well as the anticipated financial efficiencies. A 'blended team' of PwC and the hospitals' staff will provide the best chance of achieving the aim of establishing a Joint Board and single organisation by April 2018.

The FBC will be submitted in December 2017 for formal approval under the NHS Improvement Approval Process. Information about the proposed merger can be found on both hospital websites:

www.ldh.nhs.uk and www.bedfordhospital.nhs.uk. If you have any questions or comments relating to the merger, please email communications@bedfordhospital.nhs.uk or communications@ldh.nhs.uk

Health and Wellbeing

Flu vaccinations

As winter rapidly approaches, BLMK partners are joining forces to ensure that both staff and local people are well protected against the flu.

Influenza commonly known as flu is a highly infectious viral illness which can lead to complications with hospital admissions and even death. Vulnerable populations are more susceptible to developing complications such as chest infections, infections of the tonsils, ears and sinuses, meningitis, encephalitis (infection of the brain) which can be fatal.

Every year, the flu virus puts huge pressure on NHS services that provide direct care and on the wider health and social care system that support local people, as well as having an effect on the health and wellbeing of our local communities.

Last year in the year 2016/17, out of the **98,429** eligible people residing in Bedfordshire, only **53,247 (54%)** had their free flu vaccination. The county also experienced **961** hospital admissions where Influenza or Influenza related illnesses was the primary diagnosis, out of these there were **97** deaths recorded. The flu vaccine is safe and effective, and can reduce the chances of getting flu infection and its complications by **70%** and of death from flu by **80%.**

A safe and effective inactivated (killed) flu vaccine is available, every year, **free of charge** to at-risk groups and can reduce the impact of flu. At risk groups include anyone aged over 65; pregnant women; people with long term health conditions (asthma, diabetes, chronic obstructive pulmonary disease, bronchitis, heart disease, kidney disease, liver disease, Parkinson's disease, motor neurone disease or weakened immune system due to HIV or chemotherapy, splenic dysfunction and with morbid obesity); carers, those living in care/residential homes; and children aged 2 to 8 or in school years 1, 2, 3 and 4. Children received nasal flu vaccine. Front line health and social care workers should also receive flu vaccination for free.

In the coming weeks, you will see a coordinated effort by all BLMK partners to ensure that staff and the local public are well informed about how and when they can receive their flu vaccination.

For more information, visit www.nhs.uk/staywell

Smoke-free estates

At the beginning of October Milton Keynes University Hospital (MKUH) became a smoke-free site, joining a number of partner organisations already smoke-free.

As a key strategic goal for NHSE and BLMK's first priority - illness prevention and health promotion – we are working with other partners organisations to achieve this.

So far the campaign has been largely well received by patients, visitors and staff at MKUH. To read more about their smoke free campaign, click here.

Investment

Award of transformation funding

Following the announcement in June that BLMK is one of eight 'lead' Accountable Care Systems in England, we are pleased to announce that the ACS has been awarded £4.5m of transformational funds for 2017/18.

The funding, provided by NHSE, is to support the delivery of the priorities that BLMK has committed to tackling. Each of the priorities and work streams have been asked to submit bids for transformational schemes which will be assessed against strict criteria. The transformational bids must demonstrate a return on investment in terms of quality and finance.

Engagement

Shaping the future of our digital transformation

On 14 September we held our second digital stakeholder event at Wybsoton Lakes Training Centre to discuss how we can share information and create a shared care record.

Over 70 colleagues from across BLMK's 16 partner organisations attended the full day event and were given the opportunity to raise questions and concerns that they had, listen to the discussions, share their views on what they would like to see delivered and explore how we can work together to build a shared care record.

The day saw us use for the first time the Open Space concept of conferencing where attendees created their own agenda. Over the course of the day over 30 issues/questions

were raised and discussed at length within individual groups, informally created by those who had initially raised them. At the end of each session a representative from the group was asked to write-up their discussions and submit them as part of a report from the day.

The report totals 40 pages and represents the discussions, views, recommendations and concerns of all who attended. The report will be used by the team to inform the work currently under way to identify the best solution for BLMK going forward. It is expected that the Target Architecture Options Appraisal will be completed by the end of October and will be subsequently taken to the CEO board for approval.

Thank you to everyone who came on the day and whose work will now help us shape the next steps.

LUTON & DUNSTABLE UNIVERSITY HOSPITAL

BOARD OF DIRECTORS

Agenda item	8	**Category of Paper**	Tick
Paper Title	Performance Reports	**To action**	☐
Date of Meeting	1 November 2017	**To note**	☒
Lead Director	1. Sheran Oke, Acting Director of Nursing / Marion Collict, Director of Operations, Risk and Governance / Cathy Jones, Acting Deputy CEO 2. Andrew Harwood, Director of Finance 3. Angela Doak, Director of Human Resources	**For Information**	☐
Paper Author	As above	**To ratify**	☐
Indicate the impact of the paper: **Financial** ☒ **Quality/Safety** ☒ **Patient Experience** ☒ **Equality** ☒ **Clinical** ☒ **Governance** ☒			

History of Committee Reporting & Date	COSQ Aug, Sept & Oct 2017, FIP Sept & Oct 2017, Executive Board 24 October 2017	
Links to Strategic Board Objectives	Objective 1 – Deliver Excellent Clinical Outcomes Objective 2 - Improve Patient Safety Objective 3 - Improve Patient Experience Objective 4 – Deliver National Quality and Performance Targets Objective 5 – Implement our New Strategic Plan Objective 6 – Develop all Staff to Maximise Their Potential Objective 7 – Optimise our Financial Position	
Links to Regulations/ Outcomes/External Assessments	CQC Internal Audit HSE External Auditors	
Links to the Risk Register	1212 – Agency Costs 1018 – HSMR 1210 – Vacancy rate	650 – Bed pressures 669 – Appraisal 1178 – Finance costs 796 – 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 ☐

Quality & Performance Report

July to September 2017 data

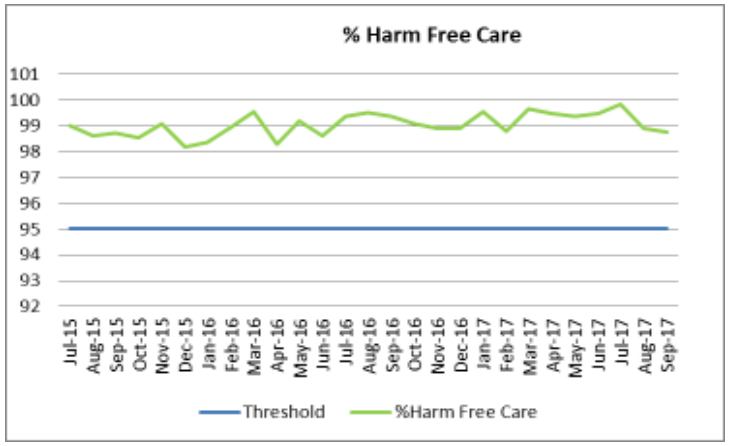
Medical Directors

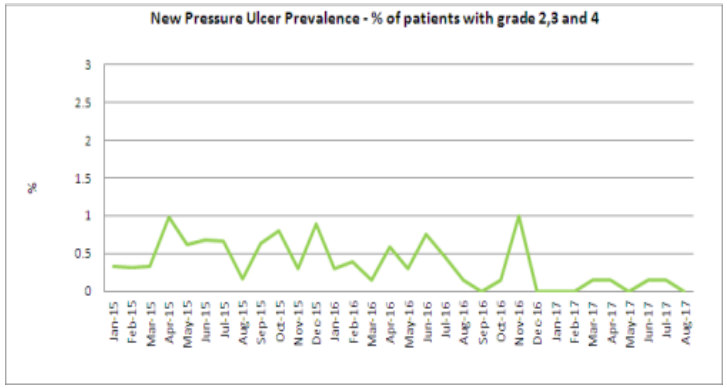
Director of Nursing and Midwifery

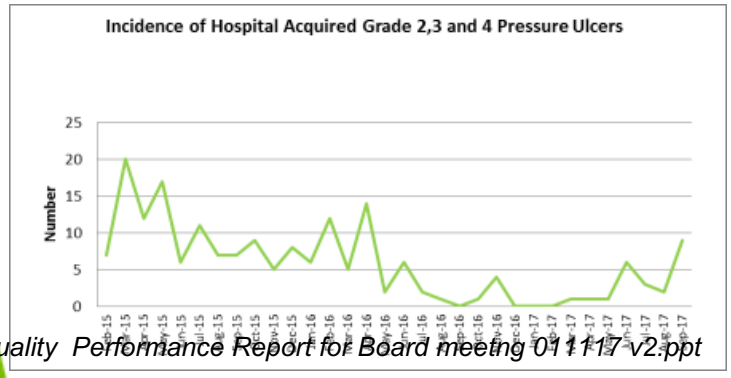
Director of Operations, Risk & Governance

Deputy Chief Executive

Safety Thermometer







New Harm Free Care

The Trust has continued to deliver high levels of new harm free care to our patients: 99.84% in July, 98.89% in August and 98.76% in September.

Pressure Ulcers

During July and August the incidence of hospital acquired pressure damage remained low with two grade 2s and 1 grade 3 validated in July and 2 grade 2s in August. September has been an extremely challenging month in terms of organisational activity, higher patient acuity and the need to utilise contingency areas. This has resulted in nursing staff being moved to support these areas, at a time when vacancy rates were high and fill rates were generally lower. There were 9 hospital acquired pressure ulcers validated on 8 patients during September, 7 of which were category 2 and 2 category 3. Of these, 3 ulcers where deemed unavoidable and 5 avoidable.

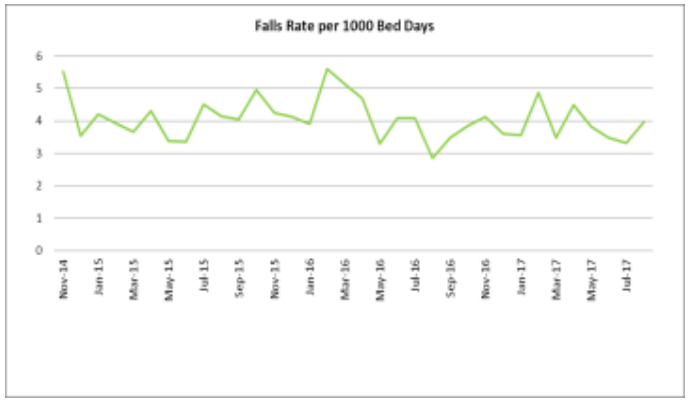
A thematic review was undertaken of all pressure ulcers in September, which has highlighted a concern around delays in escalating skin changes to senior staff. Immediate actions have been taken to address this gap led by the Tissue Viability Nurse lead and the Associate Director of Nursing which included the re- invigoration of regular rounding and the introduction of a revised 'rounding chart' which was been piloted on ward 19a with successful feedback. Senior Sisters are undertaking spot checks looking at documentation, body maps and risk assessments. The results will be shared at the next 'Stop the Pressure' study day in November.

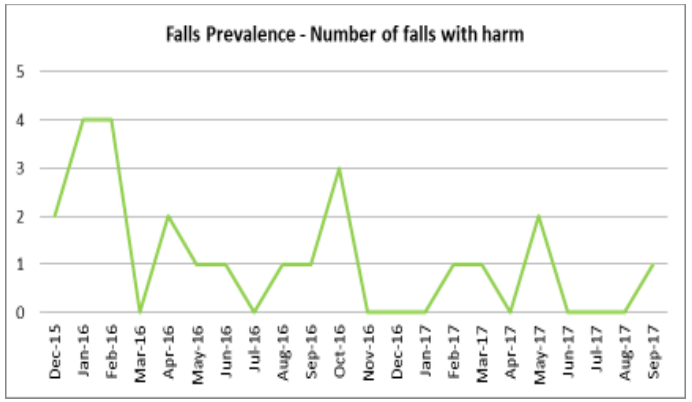
Working collaboratively with community colleagues and the CCG, plans are in place to produce a "Pressure Ulcer Passport" which will help to improve communication on wound care management across the system.

Safety Thermometer

Safe | Effective | Caring | Responsive

Falls





Falls with Harm (prevalence)
Safety Thermometer data (72hr period of data collection each month)

There was **one** fall with harm reported on Safety Thermometer this quarter (Q2). The patient sustained a minor laceration and bruising to knee.

Patient Falls (incidence)

In **July, August** and **September** there were **63, 76** and **71 (210 in total)** inpatient falls respectively. This is a 7% decrease in actual numbers from the previous quarter.

During **Q2 4** falls were reported that resulted in "moderate or above" harm. All **4** patients sustained hip fractures that required surgery. **2** incidents were deemed unavoidable when reviewed at Serious Incident panels. **1** is awaiting RCA investigation report and **1** is to be considered by an SI panel in October.

The enhanced observation assessment tool is now being used across the Trust to aid staff in management of high risk patients and to determine level of observation required. The "Baywatch" initiative has also been introduced on the wards. This gives an increased focus to the bays that are being cohorted with staff assigned to stay in the bay at all times to monitor the patients. Staff wear an orange "baywatch" lanyard and there are posters outside the bays to explain the concept to relatives and visitors.

The bed rail audit has been completed which highlighted significant differences in assessment and use of bed rails across the Trust. A bed rail audit has now been added to the monthly documentation review that the wards input onto Meridian which will be reviewed at the Nursing Quality Performance meetings.

The "Welcome" pack for patients that includes "Falls Prevention in Hospital" leaflet is now being distributed to patients in EAU and SAU. The monthly "drop in" sessions on Falls Awareness continue. Topics covered include assessment and care plan documentation, use of assistive technology, lying and standing blood pressure monitoring and falls risks associated with toileting.

The Trust Board Senior Clinical Advisor has undertaken a thematic analysis of falls since April 2015 which resulted in moderate and severe harm. An action plan has been developed which is currently being taken forward and will be monitored by the Trust Falls Steering Group and reported to COSQ.

Safety Thermometer

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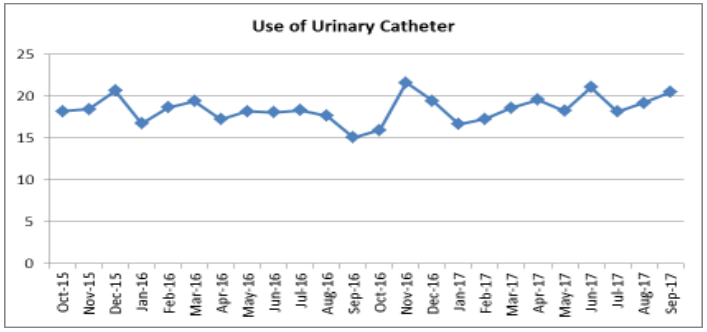
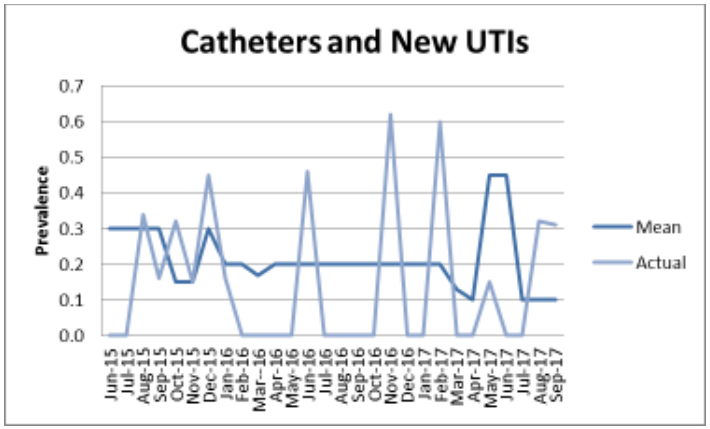
Catheter Acquired UTI





Use of Urinary Catheters:

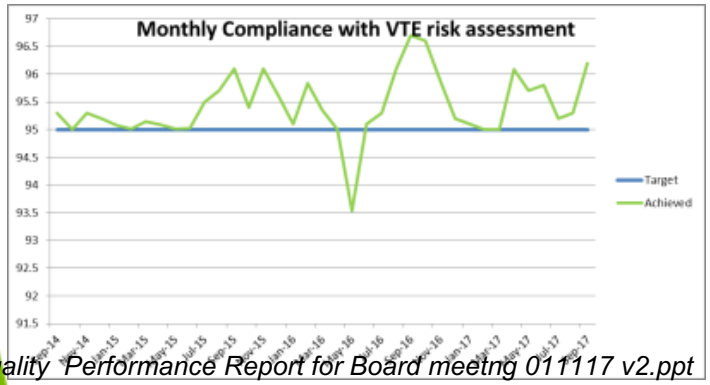
There was a decrease of nearly 3% in catheter usage in July with increases of 1% in both August and September. The increases were attributed to patients requiring a catheter during child birth (August) and increased activity and acuity of patients in September.

No CAUTIs were reported in July whilst 2 per month were reported for August and September - using the ICNET system.

A root cause analysis was completed on all 4 incidents by the Continence Clinical Nurse Specialist. The results have been disseminated to the wards to be used for learning. Three of the root cause analysis identified gaps in catheterisation documentation during both insertion and ongoing management. In one case the ward staff had not identified how long the community inserted catheter had been in situ, which led to the catheter being in situ for 4 months instead of 3 months. The CAUTI found in an ITU patient was unavoidable.

A further audit to take place regarding compliance.

VTE



VTE Risk Assessment:

The quarterly compliance with VTE risk assessment was 95.2% (July), 95.35% (August) and 96.2% (September).

Continual feedback is provided to all clinical teams regarding outstanding risk assessments on a daily basis. This has commenced being provided at speciality level for Surgery, to enable effective follow up for their patients.

It was necessary to delay the roll out of the electronic VTE risk assessment until November as the reporting mechanism within ePMA was unable to cope with the additional demand of reporting the VTE risk assessments. The delay will enable good communication regarding the changes and a longer time for training which will smooth the transition to the electronic system.

Infection Control

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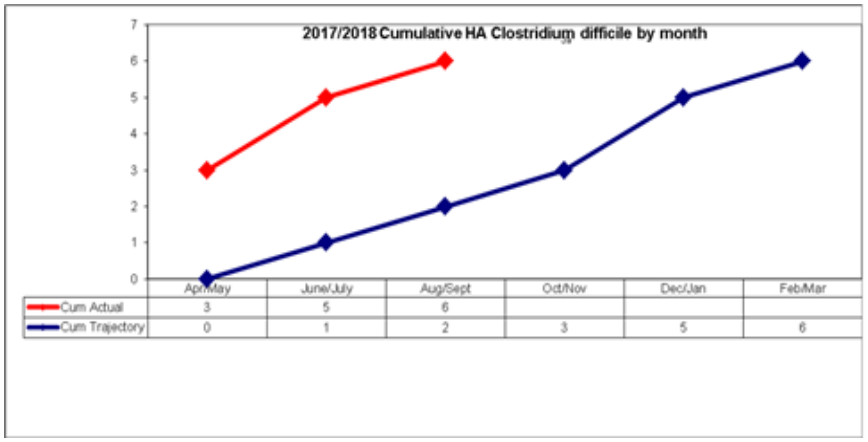
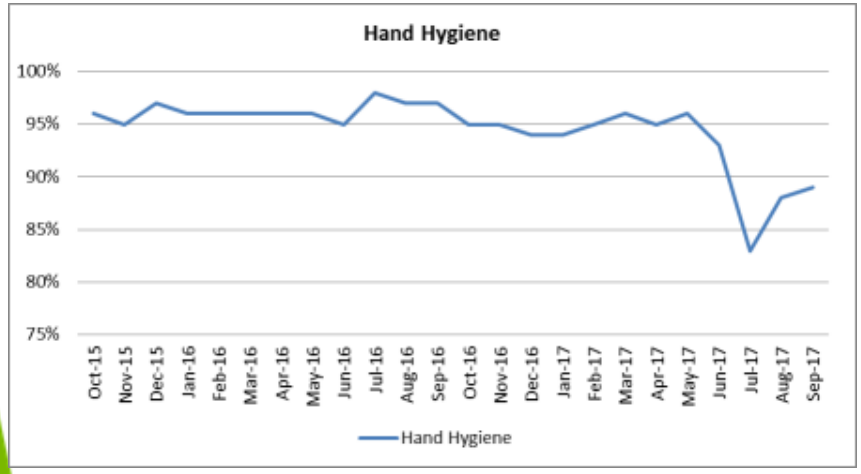
MRSA and C.Difficile

	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
C Diff	1	0	0	2	0	0	0	1	2	1	1	1	2
MRSA	0	0	0	0	0	0	1	0	0	0	0	0	0



Hand Hygiene



Hand Hygiene

Reporting of h and hygiene audit results via the meridian tool has continued. The Infection Control Team (ICT) have continued to support the wards in their understanding of the new Hand Hygiene tool during ward visits and an audit refresher study session provided in September.

C.Difficile – At the end of September 2017 we have recorded 7 cases of hospital acquired *C.difficile* infections. Typing to date has not identified any link between cases. In the last quarter the ICT has appealed against 3 hospital acquired cases and we are awaiting the outcome of the review panel.

MRSA bacteraemia – There were no reported cases of Hospital acquired MRSA bacteraemia during the quarter.

Infection Prevention Compliance Audits

Topic results currently being audited are:

- Cleaning and disinfection – Staff knowledge
- Glove use – Staff knowledge. The ICT are undertaking an audit of nursing and midwifery staff using a questionnaire that will enable us to identify staff understanding of:
  - What task is associated with glove use
  - What purpose the glove provides
  - Where staff are learning what to use

Cardiac Arrest Rate

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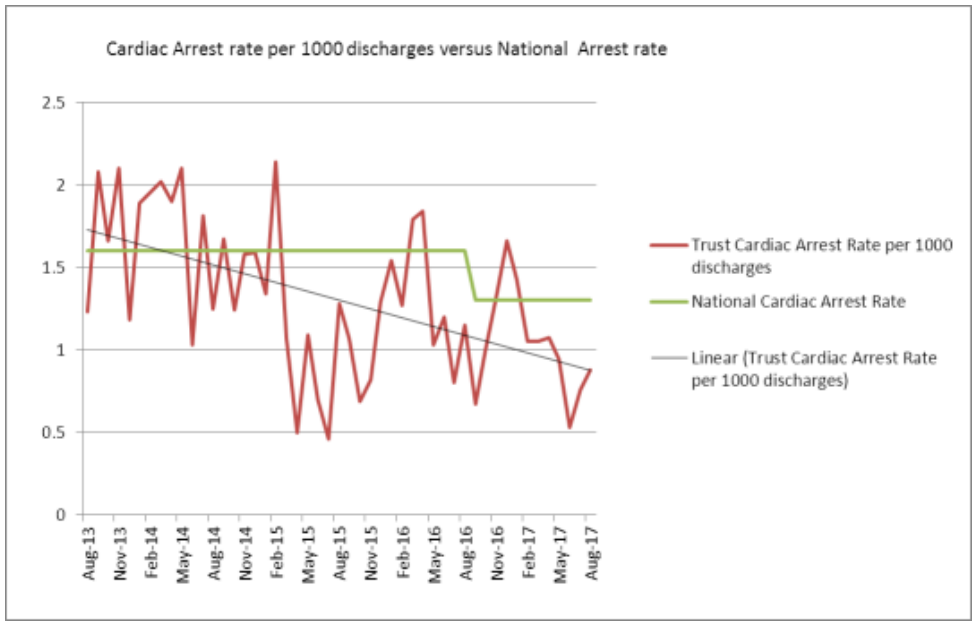

Over the last 6 months (Apr - Sept 17) the average Cardiac arrest rate has been 0.9, whereas the rate was 1.1 in the same period last year.

Improvement activities

Reviews are conducted into all cardiac arrests.

The main improvement focus continues to be on continuing to ensure that all wards have a comprehensive approach to monitoring and escalating concerns to medical staff and the Outreach team.

A new observation chart which is in line with the National Early Warning Scoring (NEWS) system is currently being piloted - it is anticipated it will replace the current colour banded chart in clinical areas where Wardware is not in use. It will be in line with the national recommendations and provide better guidance for staff monitoring patients in those areas.

Patient Experience

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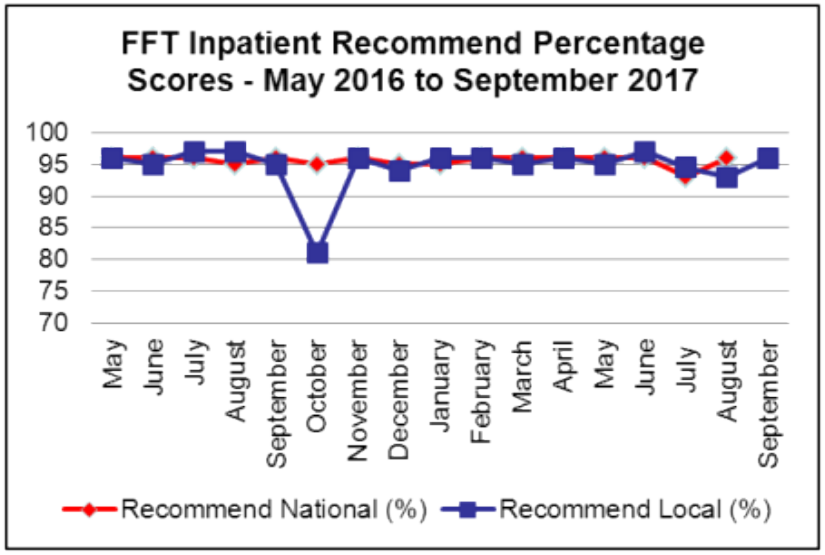
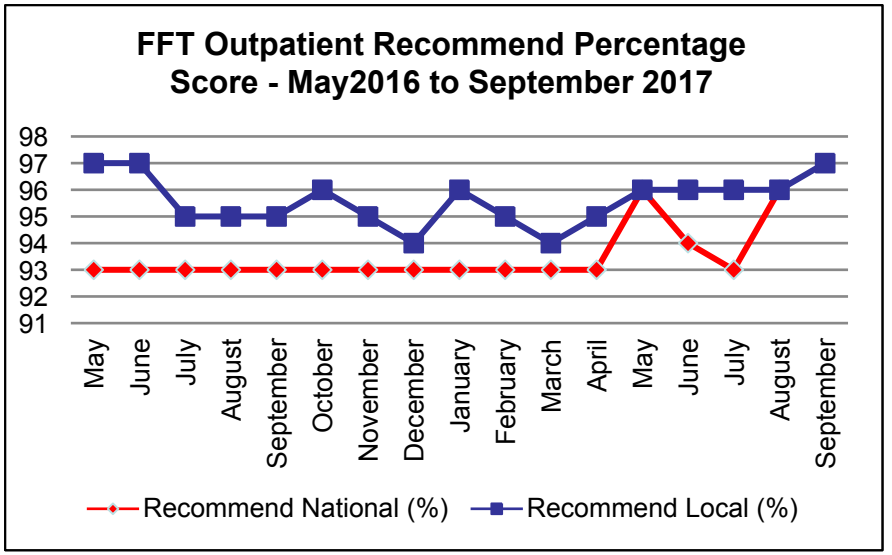
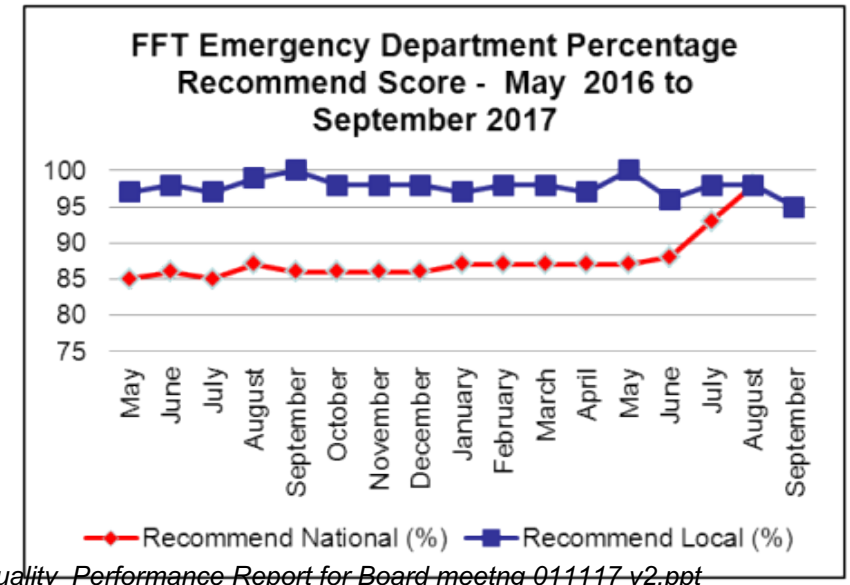
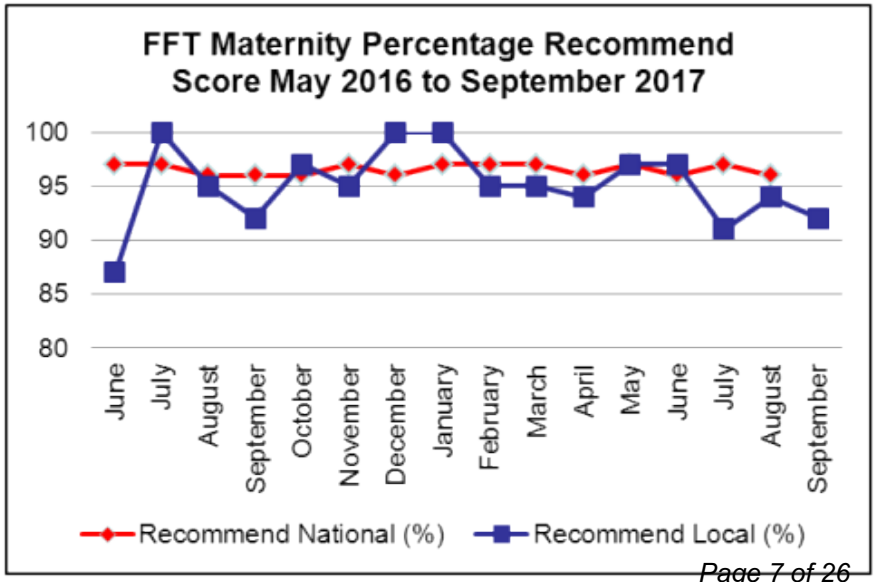
The Friends and Family Test (FFT) is a National Initiative, the scores are published each month by NHS England enabling benchmarking against other Trusts in England. The FFT asks the specific question ***'how likely are you to recommend our service / ward / birthing unit to friends and family if they need similar care and treatment'*** to every patient who has experienced a service from the Trust.









National comparison data for September will be published by NHS England in November 2017

Patient Experience

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Patient Experience

National Patient Surveys 2016

All national surveys reports for 2016 have been received and action plans produced and will be reviewed by the new Patient Experience Manager to ensure management teams are addressing the issues raised.;

- Inpatients
- ED
- Children and Young People
- Maternity

National Patient Surveys 2017

Patient demographic information for those who are eligible to be considered for the 2017 national inpatient survey have been sent to Quality Health for distribution. Results will not be available until Spring 2018All national surveys reports for 2016 have been received and action plans produced and will be reviewed by the new Patient Experience Manager to ensure management teams are addressing the issues raised.

Patient Experience Improvement Activity

Patient Experience Board : Information gathering in progress and review of the format for the group being considered.

Patient Essential Care Packs: The project is in progress. 1200 packs have been sent out, they also contain a feedback card for patients. These will be collated in October.

Service User Group: The first Integrated Pain Service User Group meeting has been held and will continue to be supported by the Patient Experience Team when needed.

Patient Ambassador Role: This will be piloted for three months using the volunteers who have shown an interest in the role. The pilot is planned to take place from November.

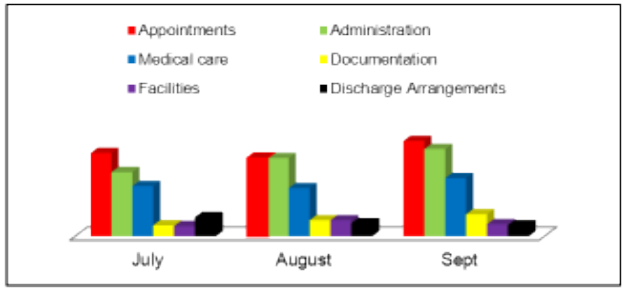
PALS (Patient Advisory and Liaison Service)

Method of Contact (Reported on Datix)

	Face to face	Emails	Telephone calls	Other calls not recorded on datix
July 2017	82	146	75	242
August	118	142	83	201
Sept	114	153	78	257

Telephone calls continue to be the most common way of contacting PALS. Appointments and administration were most common issues raised. The top 6 reasons in in the chart below:

PALS **resolved 295** queries in August; **37** were **pending resolution**; **16 complaints** were redirected to Patient Affairs at the patient's request.



Interpreting Services

Type of Appointment

	July	Aug	Sept
Face to face	466	491	472
Phone	58	63	51

Top languages requested

	July	Aug	Sept
Polish	123	127	148
Romanian	86	57	73
Bengali	89	62	67
Urdu	82	97	100

CQC

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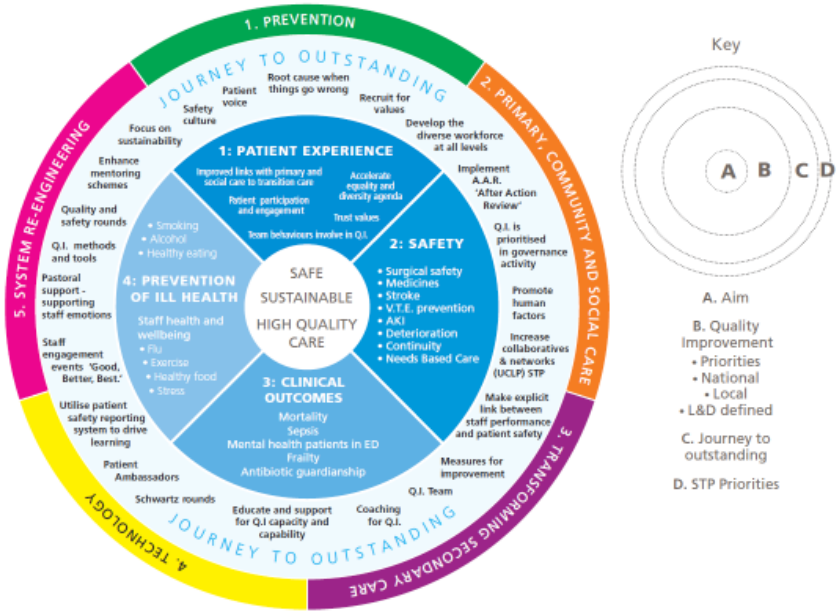


The Trust's "Quality Wheel" has been revised following consultation with staff and service users on our QI strategy

- Monthly nursing audits and Harm Free Care data collection which feeds into the Quality Management process. Ward Sisters and Matrons meet with the Corporate Nursing Team bi-monthly to scrutinise the data and to provide action plans and assurance on progress against actions.

A number of initiatives are underway to ensure that the Trust continues to be responsive over time. These include:

- The review of the real time patient experience survey that was launched in June 2017.
- Further workshops held in September to develop the Nursing and Midwifery Strategy 2018-2021.
- Recruitment to the role of the Patient Ambassador role in readiness for piloting from November.
- A proactive approach to engaging with patients through patient stories, service user groups to help drive improvement.
- The Quality teams from Luton and Beds CCGs have undertaken two site quality visits recently, with favourable feedback and some improvement suggestions which have been taken forwards.

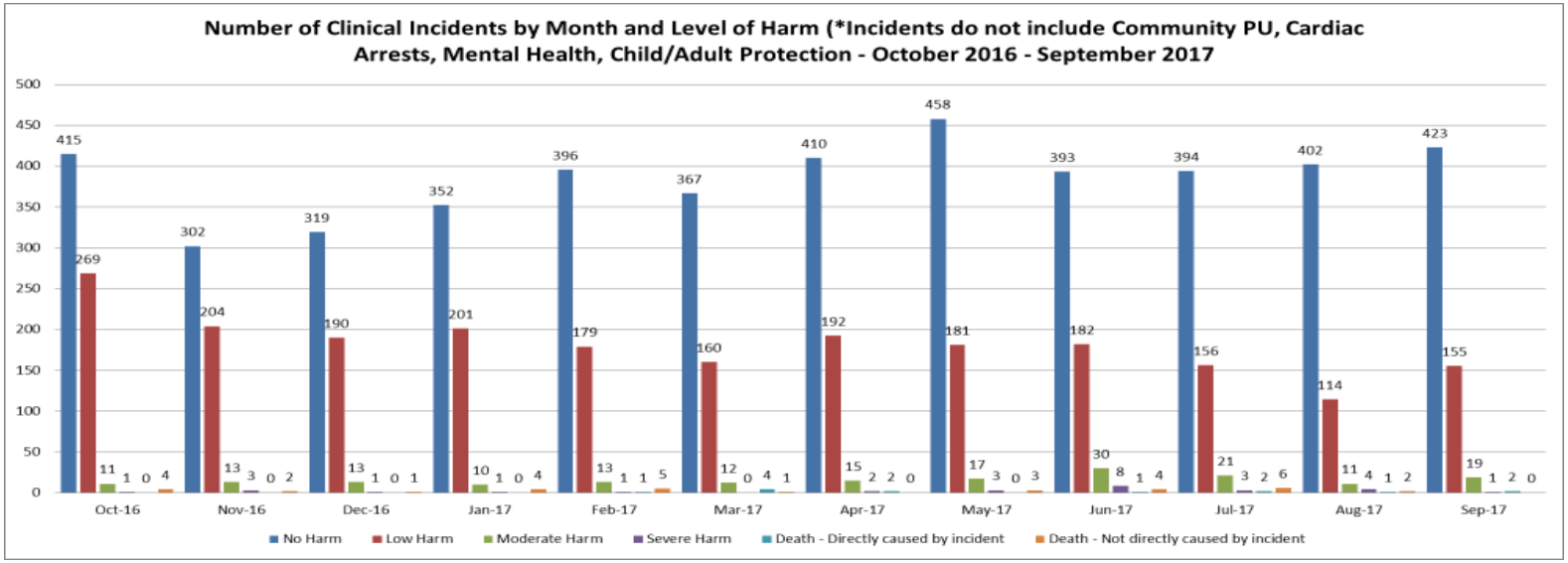
Development of a Quality Improvement Strategy:

The Strategy has been out to consultation and awaits Executive sign off before publication.

The second QSIR programme has completed. Trust has now trained 26 QSIR practitioners, with a third cohort starting in November.

The first QI celebration event was held on 2nd October. Several improvement projects were presented from a multidisciplinary range of trust staff. Speakers from UCH Improvement and NHS Improvement supported the day as well as Executive and Non-Executive Directors.

Incidents



Incident reporting: In Quarter 2 a total of 3348 incidents were reported via the Datix Incident reporting system of which 1716 were clinical related. The above graph provides details of the number of clinical incidents reported per month by level of patient harm. Incidents reported in the latter months may still be undergoing investigation and validation therefore data is liable to change.

Incident investigations: The Risk and Governance Team continuously monitor the status of incidents within Datix including the timeliness of investigations. The Team are supporting the Divisions in monitoring the number of open investigations by producing a fortnightly report along with a 'handlers' list and this is sent to divisional management and clinical leads. There is continued concern with the length of time it is taking to complete investigations (1270 (73.33%) overdue at 02/10/17 of which 462 (32%) are in WCS), this is a 7% improvement on last month. This data is monitored through COB.

Duty of Candour Compliance - Due to the reporting in arrears for Duty of Candour compliance, the latest validated data of notifiable patient safety incidents is available up to, and including, June 2017. 6 incidents required Duty of candour and the Trust was compliant in 6/6 cases (100%).

Incidents

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Serious Incidents - In September 2017, 2 Serious Incidents (0 Never Events), were declared by the Trust:

- Patient death from a hospital associated pulmonary embolism
- Potentially avoidable uterine rupture and hysterectomy following an intrauterine death

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2016/17	5	4	1	2*	2	1	2	2	0	0	0	3	22*
2017/18	4	7	0	3	6	2							22

11 serious incident investigation reports (including 2 Never Events) were submitted to the CCG in Q2. 11/11 (100%) met the contractual deadline.

A summary of the key learning from these incidents is as follows:

- Collaborative working with community partners and the CCG is much needed to promote continuity of care between providers.
- Severe intracranial pathology must be excluded in pregnant women presenting with hypertension and neurological symptoms, or new onset headaches, or headaches with atypical features or persistence.
- The risk assessment paperwork, whilst comprehensive, is challenging to complete in a busy ward environment. An audit of compliance has been undertaken and the document is being revised.
- Professional competencies for insulin safety have been developed and introduced and insulin syringes are being shown at all training courses. E-learning modules are supporting the face to face training sessions.
- A 'grab-pouch' for preparing insulin infusions has been introduced in paediatrics.
- Removable splints, braces and casts, should be removed daily when it is confirmed as safe to do so, to observe skin integrity and allow personal hygiene.
- Working conditions need to be standardised as far as possible, be supportive and involve simple processes.
- When 2 theatre lists are scheduled for the same specialty they are now, whenever possible, located in the same theatre complex
- An introduction of standardised, clear and unambiguous phrasing when reporting radiological findings.
- There needs to be a clear unambiguous understanding by all clinical staff on how and when to perform neurological observations and assessment.
- Handover sheets contain a high level of personal and clinical information and are carried by medical, nursing and therapy staff to enable them to carry out their roles. For data security a review of the process and scoping of an electronic alternative is in progress.

All learning points/recommendations are included in an action plan which are being implemented, monitored and measured by the divisions.

Never events , serious incidents and clinical incidents

Patient Experience

Safe | Effective | Caring | Responsive

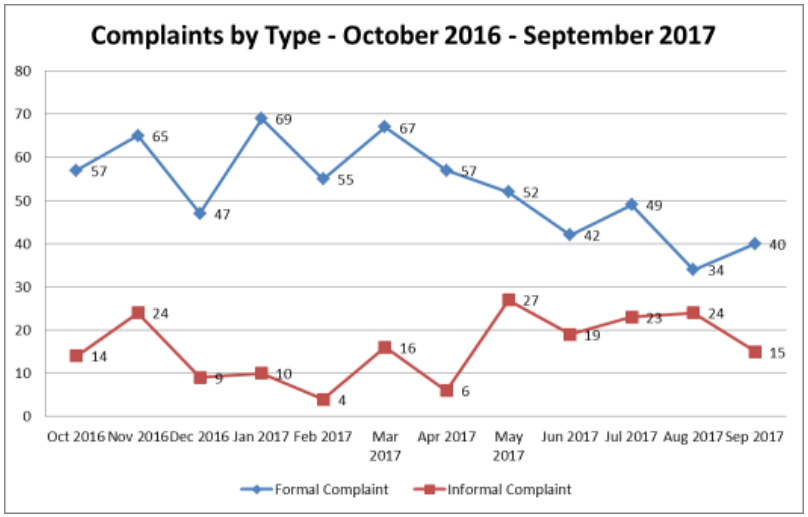
Complaints

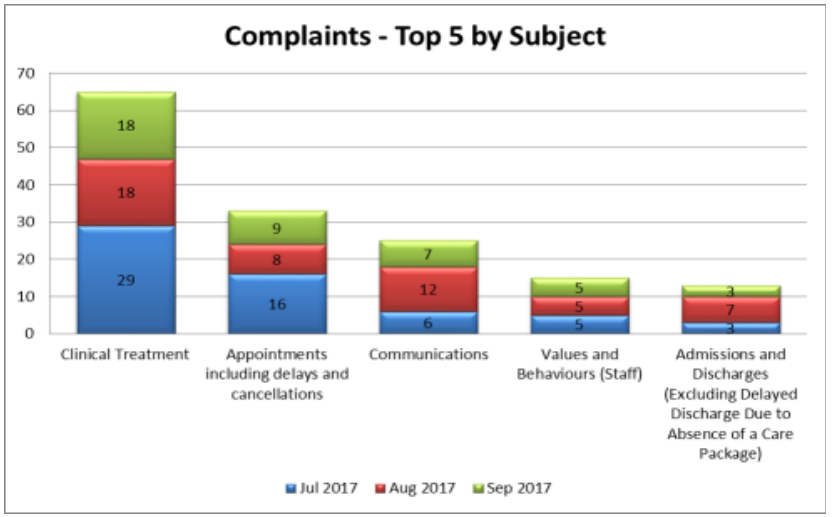
Month	Total Number of Formal Complaints Received	Patient Complaints: % of complaints acknowledged within 3 days of receipt	Patient complaints: % of complaints responded to within 35 working days
Jan-17	69	98.41%	45.31%
Feb-17	55	98.65%	49.09%
Mar-17	67	96.20%	39.58%
Apr-17	57	100.00%	57.14%
May-17	54	100.00%	67.14%
Jun-17	42	98.15%	69.86%
Jul-17	48	98.33%	66.07%
Aug-17	34	100.00%	56.60%
Sep-17	40	96.00%	45.65%

Complaints responded to within the 35 day timescale did not meet the required standard. The table below shows Divisional performance for September. A status report has been developed to identify where the delays are in the process. This will enable the Divisions to monitor and manage their complaints more efficiently.

Division	Formal Complaints Received	Complaints due for Acknowledgement	Complaints Acknowledged within 3 days	% Complaints acknowledged within 3 days of receipt	Complaints due for Response	Complaints responded to within 35 days	% Complaints responded to within 35 working days
Diagnostics, Therapeutics and Outpatients (DTO)	3	4	4	100.00%	2	2	100.00%
Medicine: Acute and Emergency Medicine	9	7	7	100.00%	3	2	66.67%
Medicine: Medical Specialties	9	10	10	100.00%	2	1	50.00%
Medicine: Medical Inpatients	2	7	7	100.00%	11	7	63.64%
Support Division	0	0	0	0.00%	1	1	100.00%
Surgery	13	14	12	85.71%	17	5	29.41%
Women and Childrens Health Unit	4	8	8	100.00%	10	3	30.00%
Totals	**40**	**50**	**48**	**96.00%**	**46**	**21**	**45.65%**

Patient Experience





The reconfiguration of the complaints module in Datix is complete. This ensures that data reported since April 2017 internally, and externally to NHS Digital (previously HSCIC), is accurate.

Examples of complaints regarding clinical treatment include inadequate pain relief or sedation, missed or delayed diagnosis and delays in treatment or procedures.

Complaints by Division and Outcome Closed in Quarter 2 (July 2017 - September 2017)	Not Upheld	Partially Upheld	Upheld	Total
Diagnostics, Therapeutics and Outpatients (DTO)	1	1	4	6
Medicine: Acute and Emergency Medicine	9	1	1	11
Medicine: Medical Inpatients	7	11	5	23
Medicine: Medical Specialties	4	0	2	6
Support Division	0	1	1	2
Surgery	12	24	22	58
Trustwide	0	1	0	1
Women and Childrens Health Unit	4	2	6	12
Total	37	41	41	119

This table demonstrates the outcomes for 119 of the 120 Formal Complaints closed in Quarter 2.

Mortality

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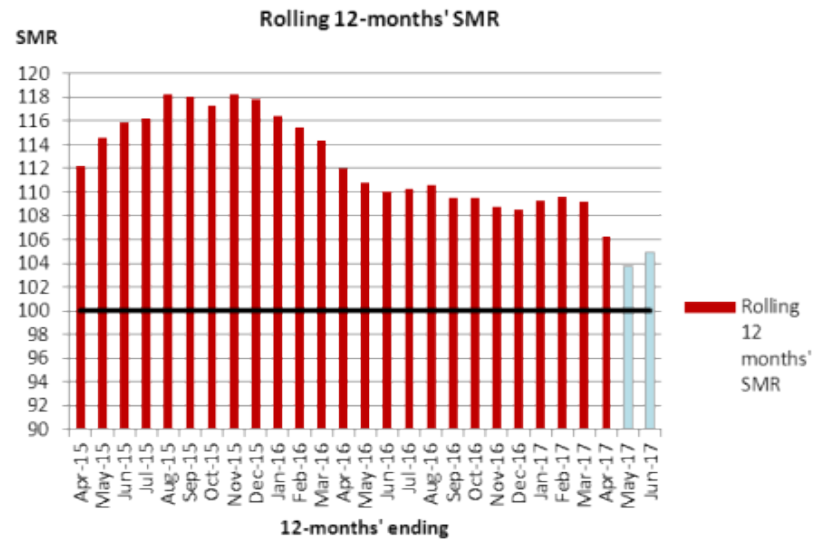
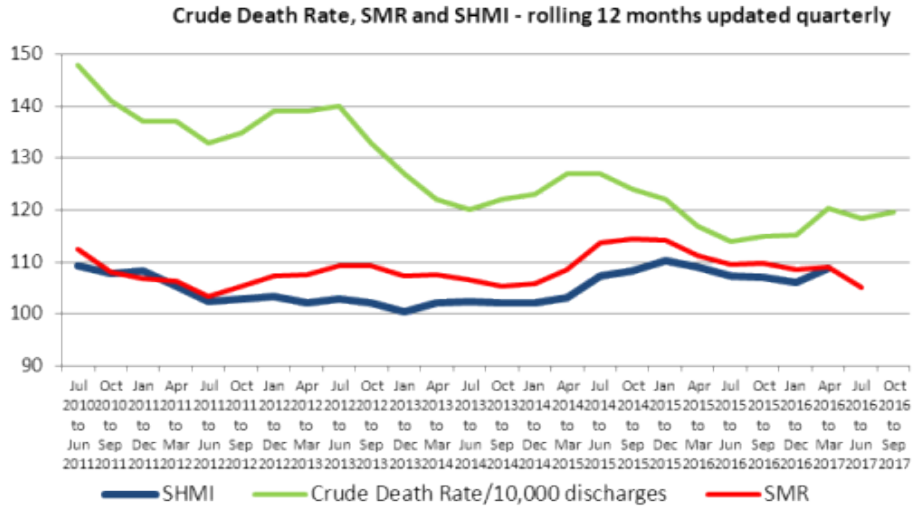
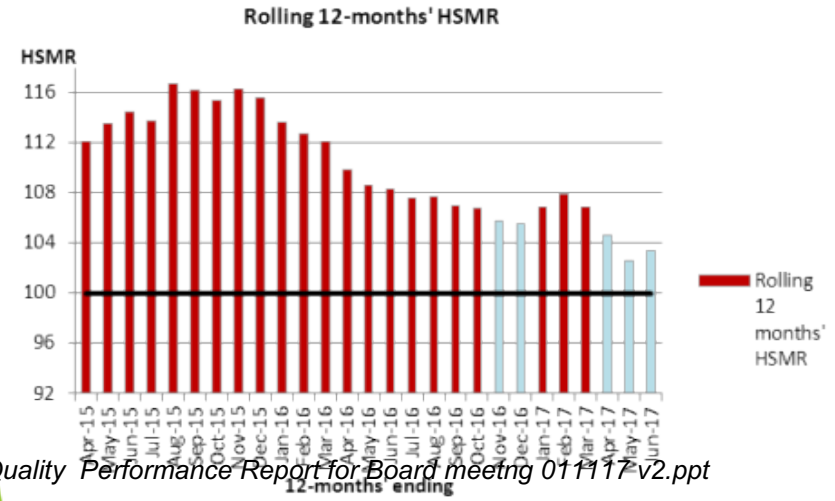
HSMR/SHMI

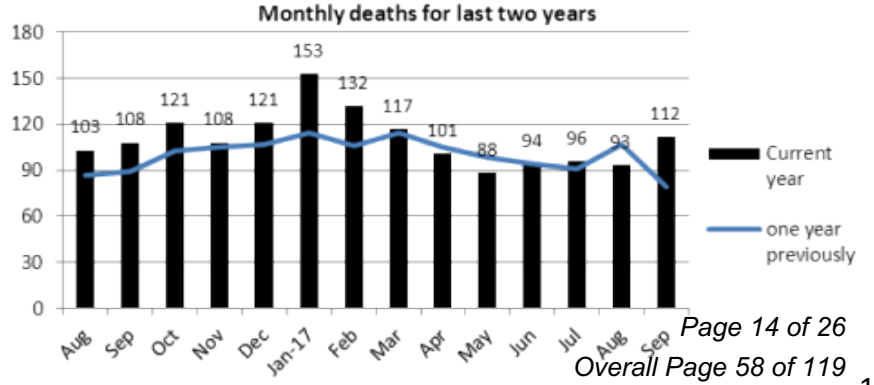
Both the SMR and HSMR figures for the year ending June 2017 continue to be within statistical limits, meaning that any variation from the national average could be just normal statistical fluctuation. The SMR is 104.97 and the HSMR is 103.44, both up a little from last month but still much better than the high levels of 2015 and 2016. The national average is 100. For the single month of June 2017 both the SMR and HSMR were almost exactly average. The latest SHMI value, covering the year to March 2017 is 108.71 an increase from the previous quarter, but not unexpected given the spike in deaths in January and February 2017 and the increase in the (H)SMR in that period. The SHMI includes deaths that take place in the first 30 days after a patient is in hospital. Given how the SHMI has closely mirrored the SMR in recent years, it is expected that there will be a reduction in 3 months' time. The latest crude death rate now stands at 119.3 deaths per ten thousand discharges, for the 12 months ending in September 2017.







There have been 986 deaths in the first 9 months of 2017 compared to 907 for the same months in 2016. Deaths are therefore 9% higher this year than in 2016 but most of this difference stemmed from January and February. Deaths in September 2017 were relatively high (at 112) contrasting with September 2016 which only saw 79.



Cleanliness

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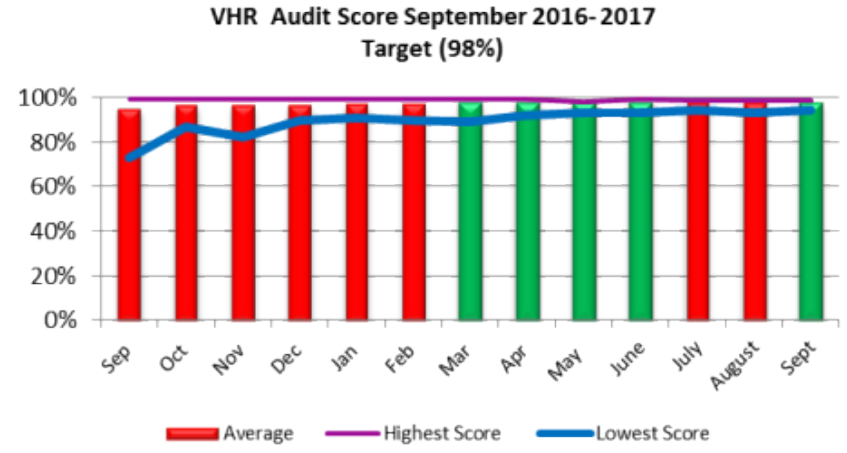
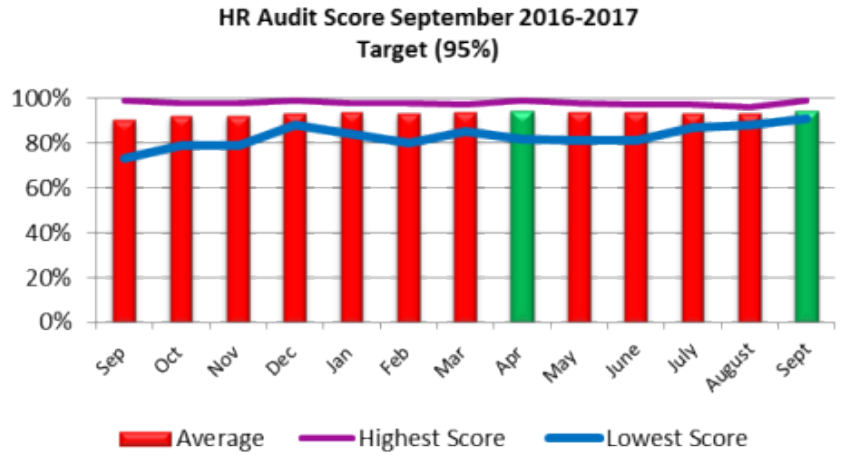
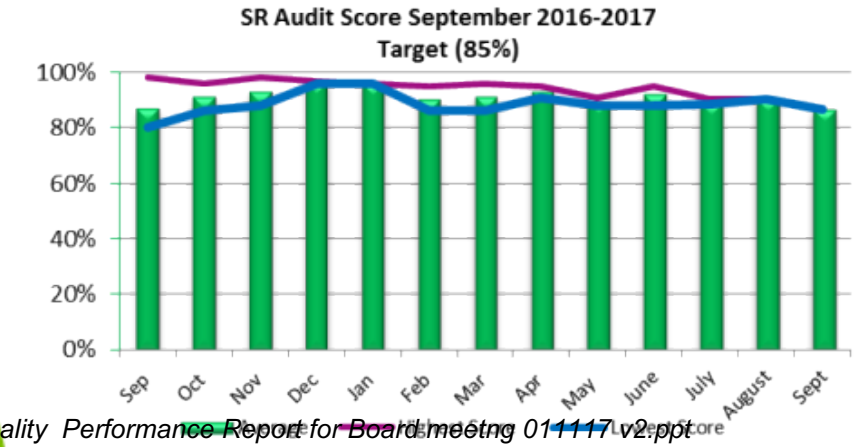
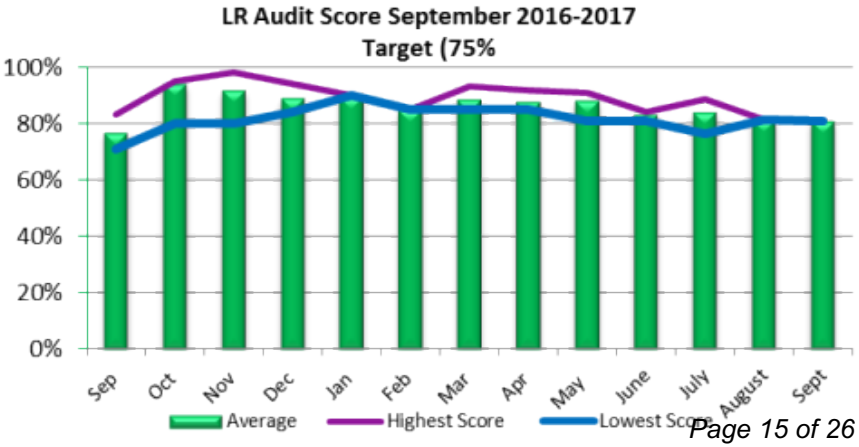
The graphs below show the average audit scores in respect of the cleaning service. The audits are performed within the areas unannounced in conjunction with Trust staff. There has been another recalibration of the way in which the audit scores were recorded in by an accredited cleaning auditor to provide additional assurance regarding the accuracy of the scores. The Trust is continuing its dialogue with senior officers for the Provider regarding the implementation of the remediation plan and the timescale for the service to be delivered at the contracted level. There has been some improvement in scores but the challenge is to ensure this level is sustained at all times.









Cancer Long Waits

Quality Review & Public Reporting of Cancer Long Waits - August

Function	LCCG - Commissioner	L&D - Provider	BCCG - Commissioner
Review numbers and reasons for 62 day breaches and >104 day long waiters via RAG long waiters tracker and agree action plan.	**Joint Commissioner/Provider Group** Luton Cancer Action Group *(1st Weds month)*		**Joint Commissioner/Provider Group** Bedfordshire Cancer Improvement Group *(2nd Tues month)*
a) Report numbers & outcomes/learning themes from 62 day breaches. b)Report numbers, outcomes/learning from RCAs and harm reviews for >104 day long waiters.	**Local commissioner quality group:** Patient Safety & Quality Group *(last Weds month)* Integrated Quality & Performance Report (IQPR)	**Local provider quality group:** Clinical Outcomes, Safety & Quality Committee *(3rd Weds month)* Quality Performance Report	**Local Commissioner Quality Group** Bedfordshire Cancer Improvement Group *(2nd Tues month)* Integrated Quality, Safety & Performance Report
	LCCG Board (Public Board, alternate months)	**L&D Board** (shared with Governing Board)	**BCCG Board** (shared with Governing Body)
Commissioner led escalation of issues related to cancer long waits.	**Regional Quality Surveillence Group**		

62 day breaches - 8 patients (6.5)

Number of days from referral to treatment	CCG	Breach	Tumour Site	Reason for Delay Post RCA
76	Luton	1.0	H&N	Patient delayed diagnostics due to holiday.
97	Luton	0.5	Urology	Delay in referral to tertiary centre due to delay in TRUS biopsy being performed and reported
63	Luton	1.0	Uology	Patient cancelled two outpatient appointments resulting in a 22 day delay
99	Luton	1.0	Lung	Complex diagnostic pathway
65	Aylesbury Vale	0.5	Urology	Initial diagnostics required under general anaesthetic
95	ENH	0.5	H&N	Late referral from Lister Hospital at day 85
70	Beds	1.0	LGI	Complex diagnostic pathway
71	Beds	1.0	Urology	Patient delayed diagnostics due to holiday resulting in a 12 day delay

104+ Days Breaches - 0 patients (0.0)

None

National Targets

Safe | Effective | Caring | Responsive

Cancer

	Threshold	Qtr1 2014/15	Qtr2 2014/15	Qtr3 2014/15	Qtr4 2014/15	Qtr1 2015/16	Qtr2 2015/16	Qtr3 2015/16	Qtr 4 2015/16	Qtr 1 2016/17	Qtr 2 2016/17	Qtr 3 2016/17	Qtr 4 2016/17	Apr-17	May-17	Jun-17	Qtr 1 17/18	Jul-17	Aug-17
All cancers: 31-day wait for second or subsequent treatment (3), comprising either:																			
Surgery	94%	98.0%	100.0%	100.0%	98.0%	96.4%	98.3%	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%	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	N/A	N/A	N/A
Cancer: two week wait from referral to date first seen (7), comprising either:																			
all cancers	93%	95.0%	94.6%	96.2%	96.1%	95.4%	94.1%	96.3%	97.7%	96.1%	96.3%	96.7%	96.8%	94.9%	94.9%	96.2%	95.4%	95.0%	95.5%
for symptomatic breast patients (cancer not initially suspected)	93%	95.9%	93.5%	96.5%	95.1%	94.5%	91.1%	98.0%	97.5%	98.0%	96.7%	98.3%	96.6%	95.1%	98.5%	95.8%	96.7%	100.0%	94.3%
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%	99.7%	100.0%	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
All cancers: 62-day wait for first treatment (4), comprising either:																			
from urgent GP referral to treatment	85%	92.9%	86.8%	87.1%	90.5%	90.9%	90.2%	87.9%	86.0%	86.9%	89.4%	88.3%	89.7%	88.3%	87.5%	91.9%	89.4%	89.4%	91.3%
from consultant screening service referral	90%	95.7%	96.1%	96.0%	96.1%	98.5%	92.5%	95.9%	91.4%	93.0%	95.9%	97.4%	96.4%	98.2%	95.7%	100.0%	97.9%	95.7%	93.8%

Note : When January 16 was reported , one breach was recorded due to an administration error. This was rectified through the Qtr 4 submission to Open Exeter.

The Trust continues to achieve all its cancer targets.

National Targets

Safe | Effective | Caring | Responsive

Cancer

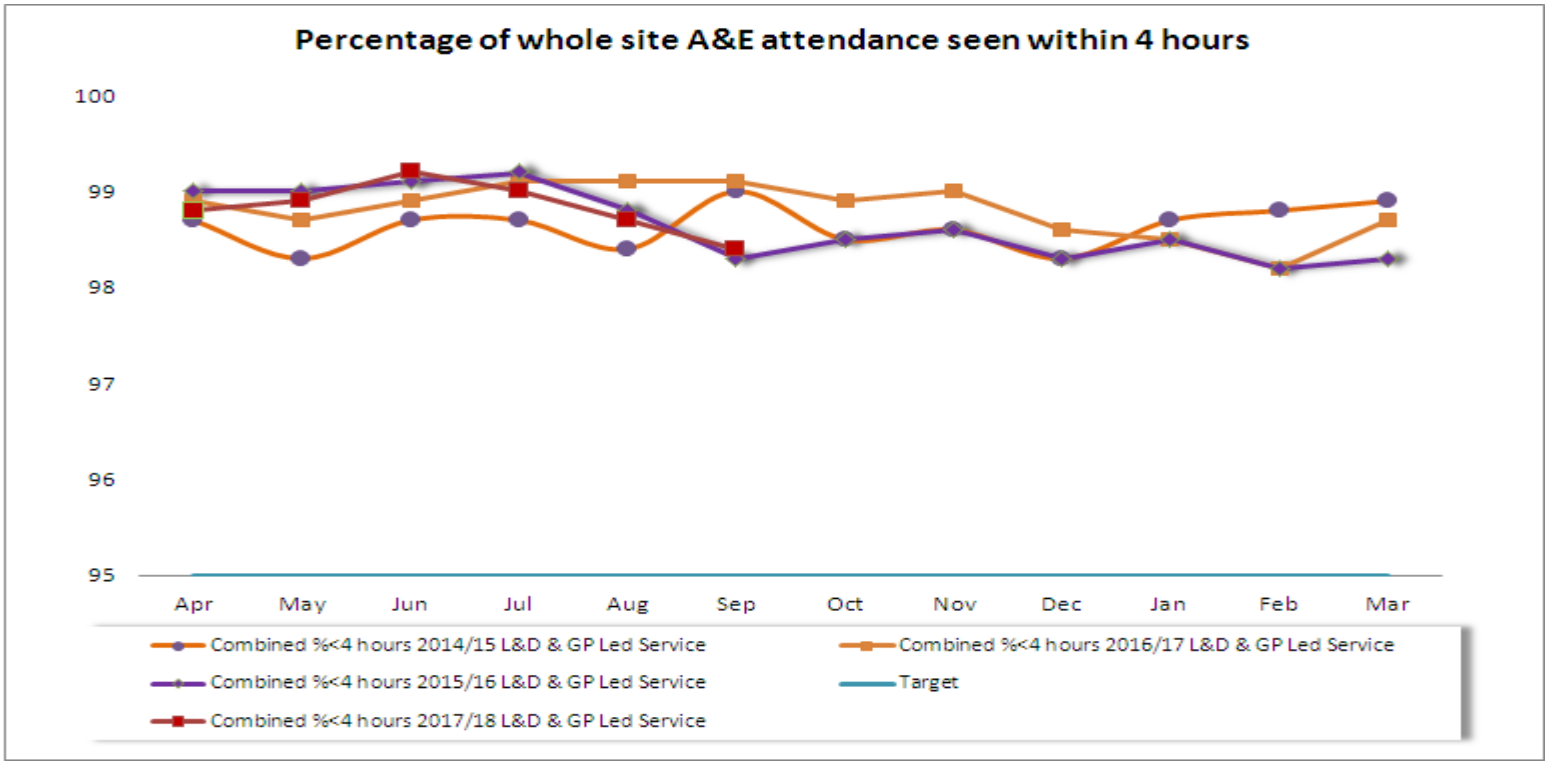
Cancer Plan 62 Day Standard by Tumour Site

	Accountable Total Treated					Accountable Breaches					% Meeting Standard				
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17
Breast	11	9.5	14	12	13	0	0	0	0	0	100.0%	100.0%	100.0%	100.0%	100.0%
Gynaecology	3	2	5	1	4.5	0	0	0	0	0	100.0%	100.0%	100.0%	100.0%	100.0%
Haematology	3	5	2	3	6.5	2	1	0	1	0	33.3%	80.0%	100.0%	66.7%	100.0%
Head & Neck	4	1.5	0.5	7	2	0	0.5	0	0	1.5	100.0%	66.7%	100.0%	100.0%	25.0%
LGI	7	4	11.5	6	6	1	0	1	0	1	85.7%	100.0%	91.3%	100.0%	83.3%
Lung	3.5	5	5.5	4	4	2	1.5	0	1	1	42.9%	70.0%	100.0%	75.0%	75.0%
Skin	10	8	8	6.5	21	0	0	0	0	0	100.0%	100.0%	100.0%	100.0%	100.0%
Urology	15	17	12.5	12	14	2	2	2.5	2	3	86.7%	88.2%	80.0%	83.3%	78.6%
UGI	2.5	1.5	2.5	3.5	2.5	0	1.5	1	1.5	0	100.0%	0.0%	60.0%	57.1%	100.0%
Sarcoma	n/a	0.5		n/a	1	n/a	0.5		n/a	0	n/a	0.0%	n/a	n/a	100.0%
Other	1	2	0.5	1.5	n/a	0	0	0.5	0.5	n/a	100.0%	100.0%	0.0%	66.7%	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)

There were 2 patients within the Head and Neck figure of 1.5 breaches in August resulting in 25% achievement for the 62 day standard for that tumour site. The 0.5 breach was incurred as a result of a late referral into our service from another hospital, and the 2nd patient chose to defer treatment due to holidays.

National Targets



The ED performance dropped in September due to very high volumes of patients attending the hospital, but continues to deliver significantly over the 95% target with 98.4% of patients presenting to the hospital site being seen within 4 hours during September 2017 (compared to 98.7% in August).

A&E

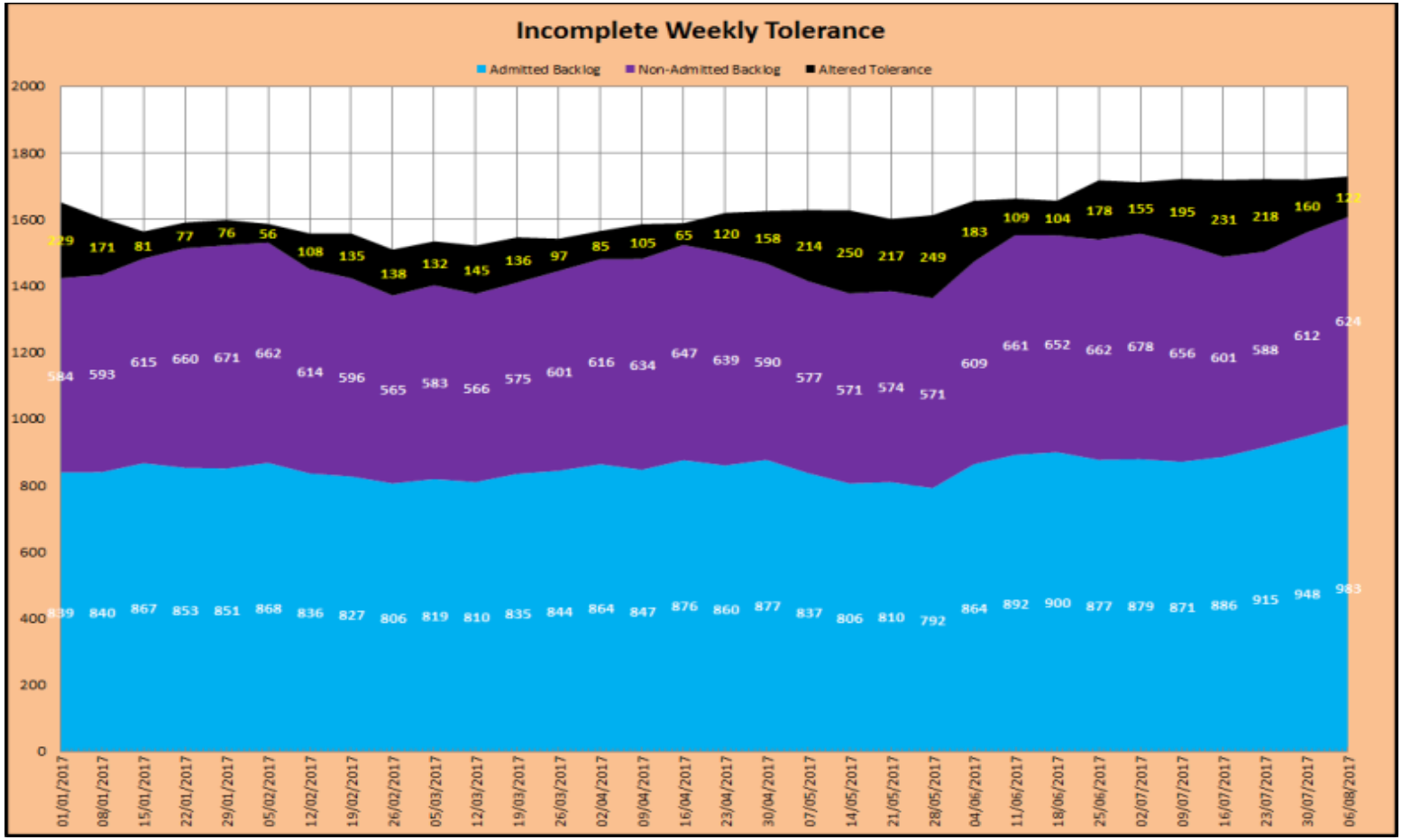
National Targets

Safe | Effective | Caring | Responsive

18 Weeks

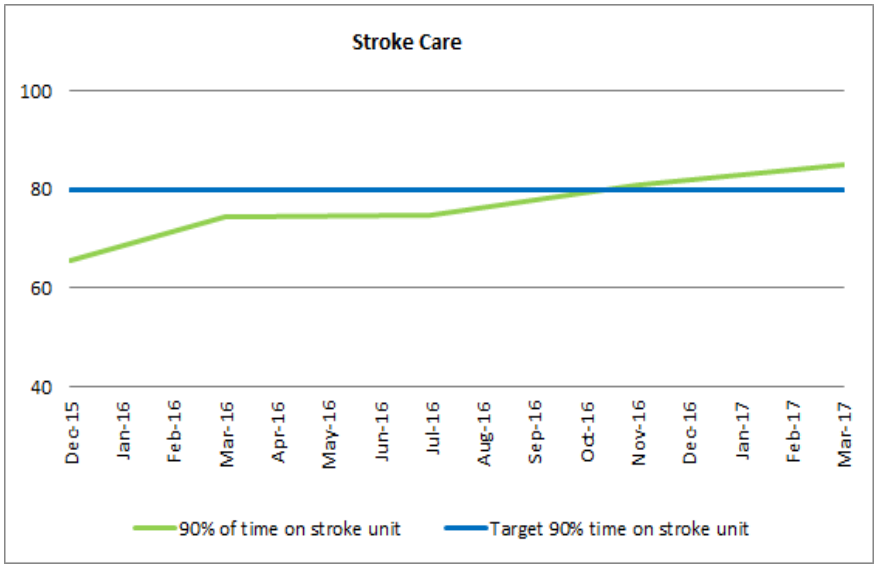
Treated Within 18 Weeks

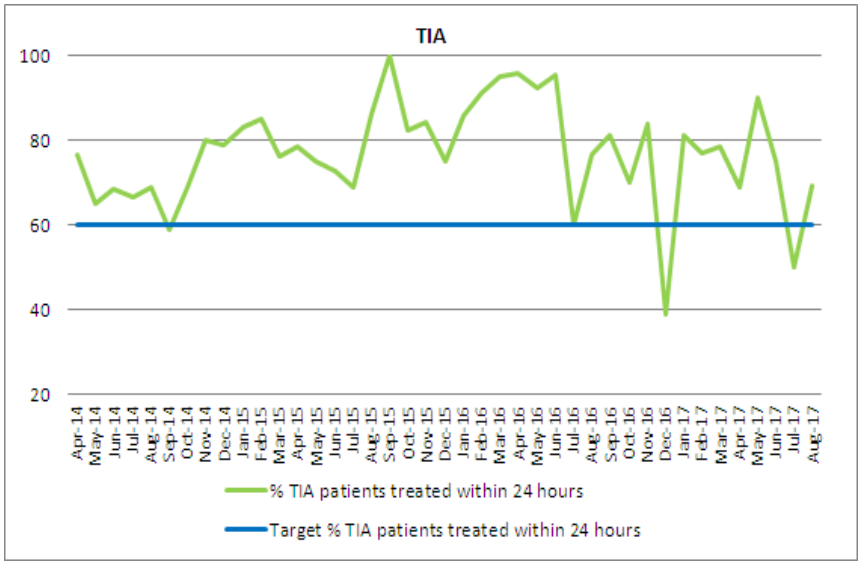
Incomplete	Targets	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2014/15	92%	96.9%	96.8%	97.0%	96.9%	97.1%	97.1%	97.1%	96.9%	96.7%	96.6%	96.8%	97.2%
2015/16	92%	97.9%	97.8%	97.6%	97.7%	97.3%	97.0%	96.4%	96.5%	95.3%	94.6%	94.2%	94.2%
2016/17	92%	94.2%	94.5%	94.8%	93.7%	92.9%	92.6%	92.2%	92.7%	93.1%	92.5%	92.9%	92.6%
2017/18	92%	92.8%	93.2%	92.7%	92.8%	92.6%	92.04%						



The September performance for the 18 week target was 92.04% which is very close to the 92% threshold. Patient level management of this target continues in all specialties , with Gynaecology, Pain, ENT and OMFS seeing particular pressures.

National Targets





The latest publication for the stroke audit report (SSNAP) demonstrates an improvement in our target time on the stroke ward to above the 80% target.

TIA clinic performance within 24 hours improved again in August 2017 after a drop in July.

The SSNAP audit report shows improvement in our total combined indicator score for the latest audit period, with overall performance maintained at a C. Total time on the stroke unit and SALT are the key areas still requiring improvement. The next audit period will reflect the changes made in therapy provision and concurrent improvement in these indicators. Work to improve time to the stroke ward for non-thrombolysable stroke is being prioritised by the Medical Division.

National Targets

Safe | Effective | Caring | Responsive

Stroke

SSNAP Scoring Summary:	Team type	Routinely admitting team	Routinely admitting team	Routinely admitting team	Routinely admitting team
	SCN	East of England SCN	East of England SCN	East of England SCN	East of England SCN
	Trust	Luton and Dunstable University Hospital NHS Foundation Trust	Luton and Dunstable University Hospital NHS Foundation Trust	Luton and Dunstable University Hospital NHS Foundation Trust	Luton and Dunstable University Hospital NHS Foundation Trust
	Team	Luton and Dunstable Hospital	Luton and Dunstable Hospital	Luton and Dunstable Hospital	Luton and Dunstable Hospital
	Reporting period	*Jan-Mar 2016*	*Apr-Jul 2016*	*Aug-Nov 2016*	*Dec 2016-Mar 2017*
	SSNAP level	D	D	C	C
	SSNAP score	50.3	59.8	66	67
	Case ascertainment band	A	A	A	A
	Audit compliance band	B	B	A	A
	Combined Total Key Indicator level	D	C	C	C
	Combined Total Key Indicator score	53	63	66	67
Number of records completed:	*Team-centred post-72h all teams cohort*	*155*	*206*	*260*	*302*
Patient-centred KI levels:					
Patient-centred Domain levels:	1) Scanning	B	B	A	A
	2) Stroke unit	E	D	D	D
	3) Thrombolysis	C	B	B	C
	4) Specialist Assessments	E	B	B	B
	5) Occupational therapy	A	A	A	B
	6) Physiotherapy	B	B	B	B
	7) Speech and Language therapy	E	E	E	E
	8) MDT working	E	E	D	C
	9) Standards by discharge	C	B	B	B
	10) Discharge processes	C	C	D	C
Patient-centred KI level	Patient-centred Total KI level	D	C	C	C
	Patient-centred Total KI score	52	64	66	66
Patient-centred SSNAP level	Patient-centred SSNAP level (after adjustments)	D	C	C	C
	Patient-centred SSNAP score	49.4	60.8	66	66
Team-centred KI levels:					
Team-centred Domain levels:	1) Scanning	B	B	B	A
	2) Stroke unit	E	D	D	D
	3) Thrombolysis	C	B	B	C
	4) Specialist Assessments	E	B	B	B
	5) Occupational therapy	A	A	A	A
	6) Physiotherapy	B	B	B	B
	7) Speech and Language therapy	E	E	E	E
	8) MDT working	E	E	C	C
	9) Standards by discharge	B	B	B	B
	10) Discharge processes	C	D	D	C
Team-centred KI level	Team-centred Total KI level	D	C	C	C
	Team-centred Total KI score	54	62	66	68
Team-centred SSNAP level	Team-centred SSNAP level (after adjustments)	D	D	C	C
	Team-centred SSNAP score	51.3	58.9	66	68
Patients assessed at 6 months after admission					
Applicability to be assessed at 6m:	Number of patients considered applicable to be assessed at 6 months - (ref B12.1)	185	139	150	175
	Percentage of patients alive who are considered applicable to be assessed at 6 months - (ref B12.3)	*98%*	*99%*	*98%*	*97%*
	Patients assessed at 6m (ref B13.1)	12	5	6	3
	Percentage of applicable patients assessed - (ref B13.3)	*6%*	*4%*	*4%*	*2%*

National Targets

	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Over 6 weeks		73	18	13	43	32	113	8	15	27	15	16	24
% over 6 weeks	<1%	2.04	0.48	0.31	1	0.87	2.88	0.2	0.36	0.69	0.4	0.4	1.57
Total Waiting		3578	3732	4118	4259	3697	3919	4,033	4,202	3,877	3795	4036	4291

	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Over 6 weeks		35	15	39	39	40	29	15	10	33	32	27	22
% over 6 weeks	<1%	0.82	0.3	0.93	0.92	0.98	0.65	0.36	0.24	0.89	0.8	0.6	0.4
Total Waiting		4290	4378	4,200	4,256	4,081	4,427	4,168	4,146	3,700	4112	4759	4987

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Over 6 weeks		17	80	146	32	119	244						
% over 6 weeks	<1%	0.37	1.67	2.92	0.83	3.34	5.28						
Total Waiting		4603	4781	4,998	3,862	3,567	4,617						

The diagnostic target was met in July 2017 following successful recovery of the ultrasound position with additional capacity. Endoscopy risks continue and was the cause of the non-compliance for August and September 2017. This will continue into October 2017 due to the challenges in recovering this position, but the team are working hard to ensure the position improves from Nov 2017.

National Targets

Safe | Effective | Caring | Responsive

Last Minute Cancellations

Last minute Cancelled Operations

	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Clinical reasons		42	44	59	31	43	39	45	60	51	59	52	39
Non-clinical reasons		38	48	60	28	32	27	40	28	47	57	76	48
Patients not-dated in 28 days	0	0	0	0	0	0	0	0	0	2	0	1	0
Elective activity*		3517	3339	3624	3468	3495	3625	3552	3546	3391	3499	3364	3763
% Cancelled operations	<0.8%	1.08%	1.44%	1.66%	0.81%	0.92%	0.74%	1.13%	0.79%	1.39%	1.63%	2.26%	1.28%

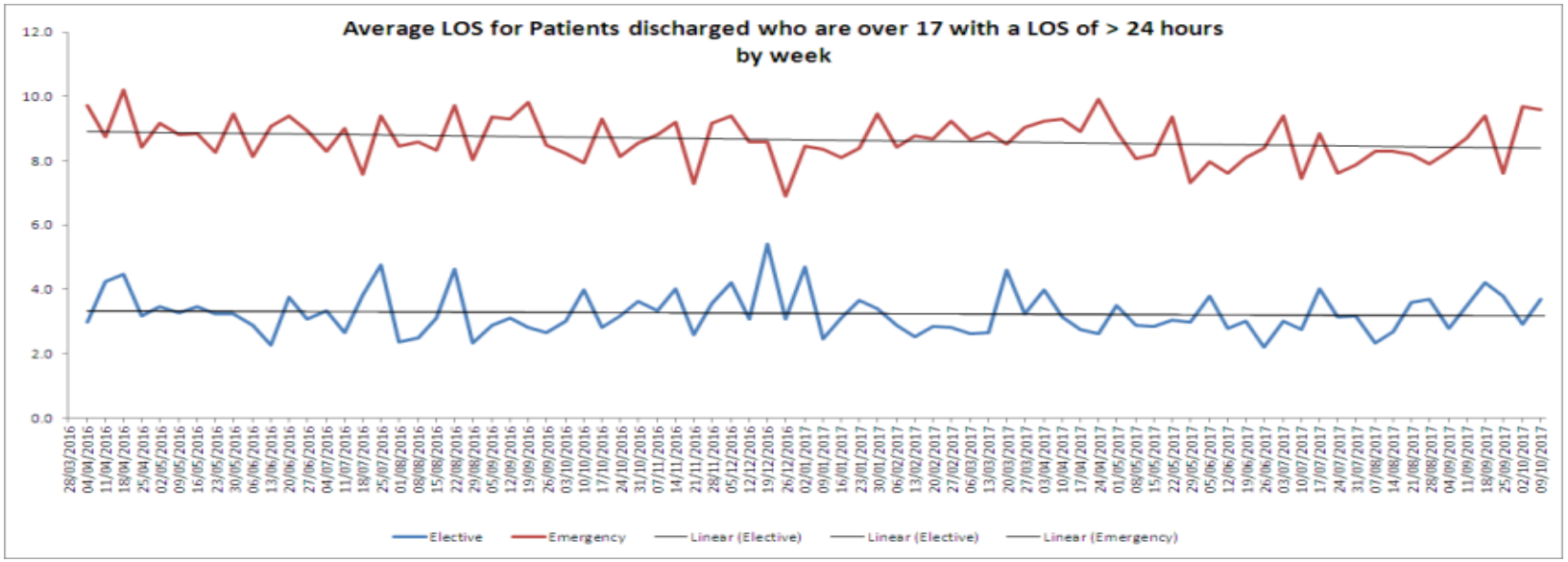
* Elective activity defined according to the performance assessment guidance (G&A ordinary and daycase first FCEs)

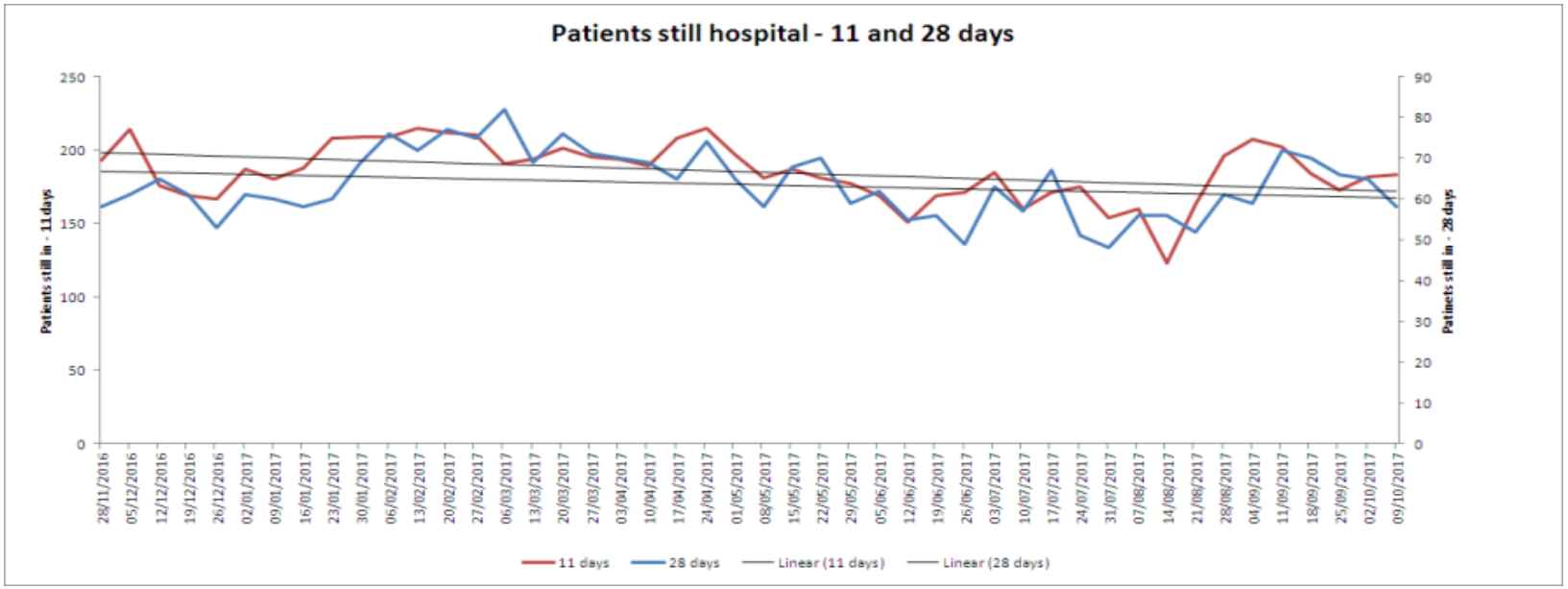
	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Clinical reasons		38	32	39	15	17							
Non-clinical reasons		43	24	31	41	37							
Patients not-dated in 28 days	0	0	1	0	0	0							
Elective activity*		3,060	3557	3629	3474	3526							
% Cancelled operations	<0.8%	1.41%	0.67%	0.85%	1.18%	1.05%							

All patients cancelled on the day of surgery were re-listed within 28 days in August 2017.

National Targets

LOS





Monitor Compliance

Safe | Effective | Caring | Responsive

Monitor Dashboard

	Threshold	Weighting	Qtr 1 2015/16	Qtr 2 2015/16	Qtr 3 2015/16	Qtr 4 2015/16	Qtr 1 2016/17	Qtr 2 2016/17	Qtr 3 2016/17	Qtr 4 2016/17	Qtr 1 2017/18
Total time in A&E - ≤4 hours (Whole site %)	95%	1.0 (failing 3 or more) 0.5 (failing 2 or less)	99.0%	98.8%	98.4%	98.3%	98.8%	99.1%	98.8%	98.5%	99.0%
All cancers: 31-day wait for second or subsequent treatment (3), comprising either:											
Surgery	94%	1.0									
anti cancer drug treatments	98%										
radiotherapy	94%		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%	1.0									
for symptomatic breast patients (cancer not initially suspected)	93%										
All cancers: 31-day wait from diagnosis to first treatment (6)	96%	1.0									
All cancers: 62-day wait for first treatment (4), comprising either:											
from urgent GP referral to treatment	85%	1.0									
from consultant screening service referral	90%										
Referral to treatment waiting times – Incomplete pathways	92%	1.0	97.8%	97.3%	96.1%	94.3%	94.5%	93.0%	92.6%	92.7%	92.9%
Clostridium Difficile – meeting the Clostridium Difficile objective of no more than 6 cases/year	6	1.0	1	4	5	1	3	3	2	0	4
MRSA – meeting the MRSA objective of no more than 1 cases/year	0	1.0	1	0	0	0	0	0	0	1	0

Finance Report
FY17-18

Report for Month 6

Executive Summary

Trust ahead of plan at Month 6, albeit a plan that is heavily front-ended (i.e. easier in M1-6).

The Trust has made a small surplus by the end of M6, the plan to NHSI requires this to be over £10m in the next 6 months.

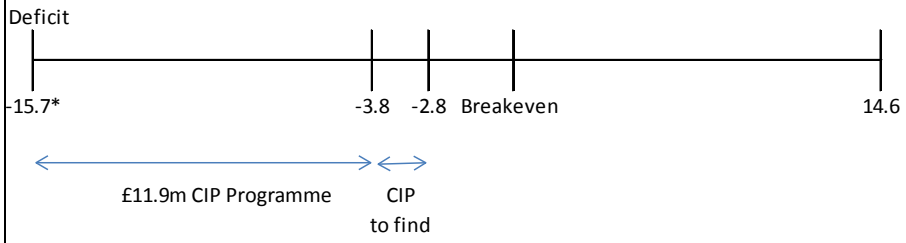
Pay growth out of line with NHSI and STP expectations, a significant driver of this is medical locum expenditure and the Trust is, without remedial action, on course to fail the Agency Ceiling (+50%) and the specific target around Medical locum spend

This report was created at working day 4, due to the early timing of the Finance Committee. This requires income to be estimated, and gives limited scope to review figures with Service Leads.

2017-18 Plan	Divisions presented recovery plans identifying £2.8m deficit	Amendments proposed to plan

MARCH PLAN

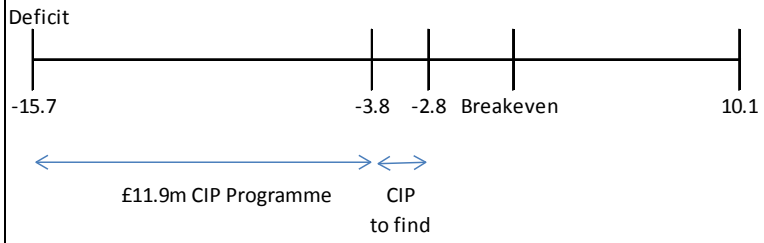
POSITION AGAINST £14.6M CONTROL TOTAL. FIP AGREED POSITION OF £2.8M DEFICIT



* Position excludes £11m of possible risks that FT will need to manage

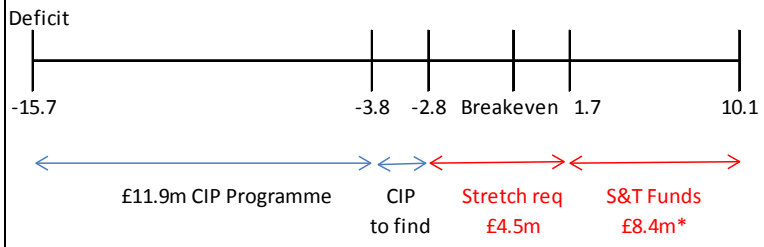
APRIL PLAN

OFFER OF REVISED CONTROL TOTAL £10.1M. INITIALLY DECLINED.



APRIL REVISION

On advice of CEO Control Total accepted. Additional CIP beyond March levels very challenging, dialogue with DH started in an attempt to support stretch target



* Requires FT to post £1.7m surplus to access S&T fund

I&E Phasing figures £m					
	In Month Core	YTD Core	In Month S&T*	In Month Stretch	YTD All
April	-1.6	-1.6	0.4		-1.1
May	-0.6	-2.1	0.4		-1.3
June	-0.3	-2.5	0.4		-1.2
July	-0.1	-2.6	0.6		-0.8
August	0.2	-2.4	0.6		0.0
September	-0.5	-2.8	0.6		0.1
October	0.6	-2.2	0.8		1.6
November	0.3	-2.0	0.8		2.7
December	-0.3	-2.2	0.8		3.3
January	0.6	-1.6	1.0	1.5	6.3
February	-1.4	-3.0	1.0	1.5	7.4
March	0.2	-2.8	1.0	1.5	10.1

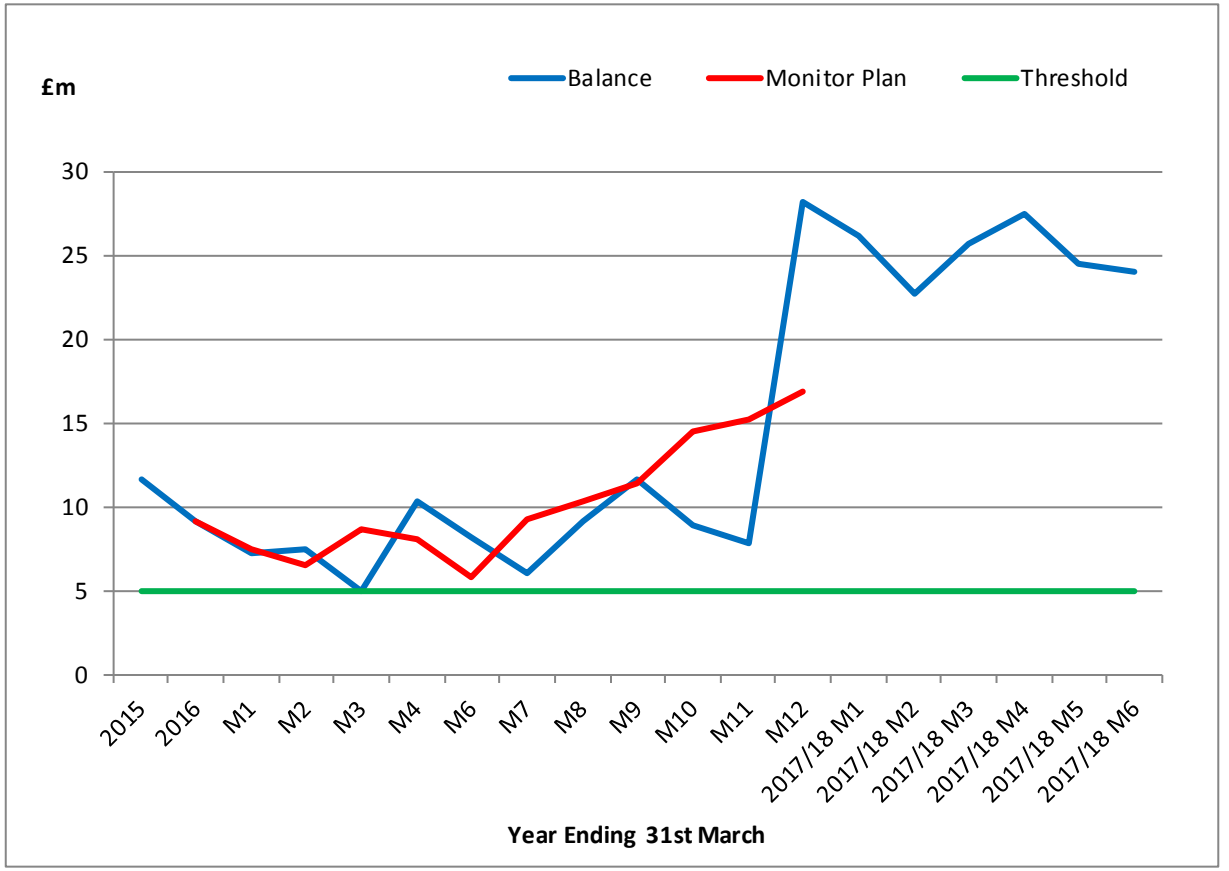
Next month step change required in "Core" performance of £1.1m
£0.7m relates to income (and is a factor of working / calendar days)
£0.4m relates to back-ended CIP schemes and delivery (or otherwise) is factored in to Divisions forecasts

Securing the stretch improvement resource of £4.5m represents a massive challenge. Options for consideration include:

- Securing external resource (as per FY16/17)
- Seek (via STP leadership) a re-distribution of STP acute Control Total within BLMK (MKGH has CT before STF of -£26.1m compared to LDH position of +£1.7m)
- Undertaken a substantial cost cutting exercise

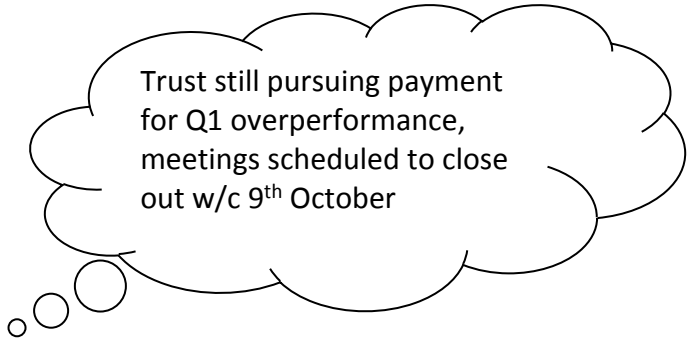
INCOME & EXPENDITURE ACCOUNT	Fin Year 2015/16 Actual Full Year £000s	Fin Year 2016/17 Actual Full Year £000s	Fin Year 2017/18 Budget Full Year £000s	Fin Year 2017/18 Budget YTD £000s	Fin Year 2017/18 Actual YTD £000s	Fin Year 2017/18 Variance YTD £000s
NHS Clinical Income - Contract	243,844	262,577	277,339	138,172	139,558	-1,386
Other Income	24,485	24,920	21,794	10,897	11,502	-604
Total Income	**268,329**	**287,496**	**299,134**	**149,069**	**151,060**	**-1,990**
Consultants	32,477	35,629	36,055	18,102	19,280	1,178
Other Medical	28,890	30,255	29,765	14,897	16,736	1,839
Nurses	68,485	72,972	75,706	37,908	37,630	-278
S&T	20,114	21,177	22,028	11,014	10,997	-18
A&C (Including Managers)	20,854	22,589	24,653	12,326	12,222	-104
Other Pay	7,132	5,526	5,576	2,788	2,873	86
Total Pay	**177,952**	**188,147**	**193,782**	**97,036**	**99,738**	**2,702**
Drug costs	26,003	27,558	28,064	14,032	13,500	-532
Clinical supplies and services	22,492	24,993	25,281	12,685	12,427	-259
Other Costs	38,820	42,159	43,997	22,717	22,941	224
Non-Recurrent		0	0	0	0	0
Total Non-Pay	**87,315**	**94,710**	**97,342**	**49,434**	**48,868**	**-566**
EBITDA	**3,062**	**4,639**	**8,010**	**2,599**	**2,454**	**145**
Non Operational	12,009	13,014	13,310	6,655	6,486	-169
Deficit	**-8,947**	**-8,374**	**-5,300**	**-4,056**	**-4,033**	**23**
Non SLA Income		2,516	2,500	1,250	1,250	0
Trading Position	**-8,947**	**-5,858**	**-2,800**	**-2,806**	**-2,783**	**23**
S&T Funding		10,078	8,418	2,947	2,947	0
Revenue Allocation		8,700	4,515	0	0	0
Non-Recurrent	9,000	0	0	0	0	0
Total Operating Surplus/Deficit (-)	**53**	**12,920**	**10,133**	**141**	**164**	**23**

Cash	Current cash position c1 month expenditure



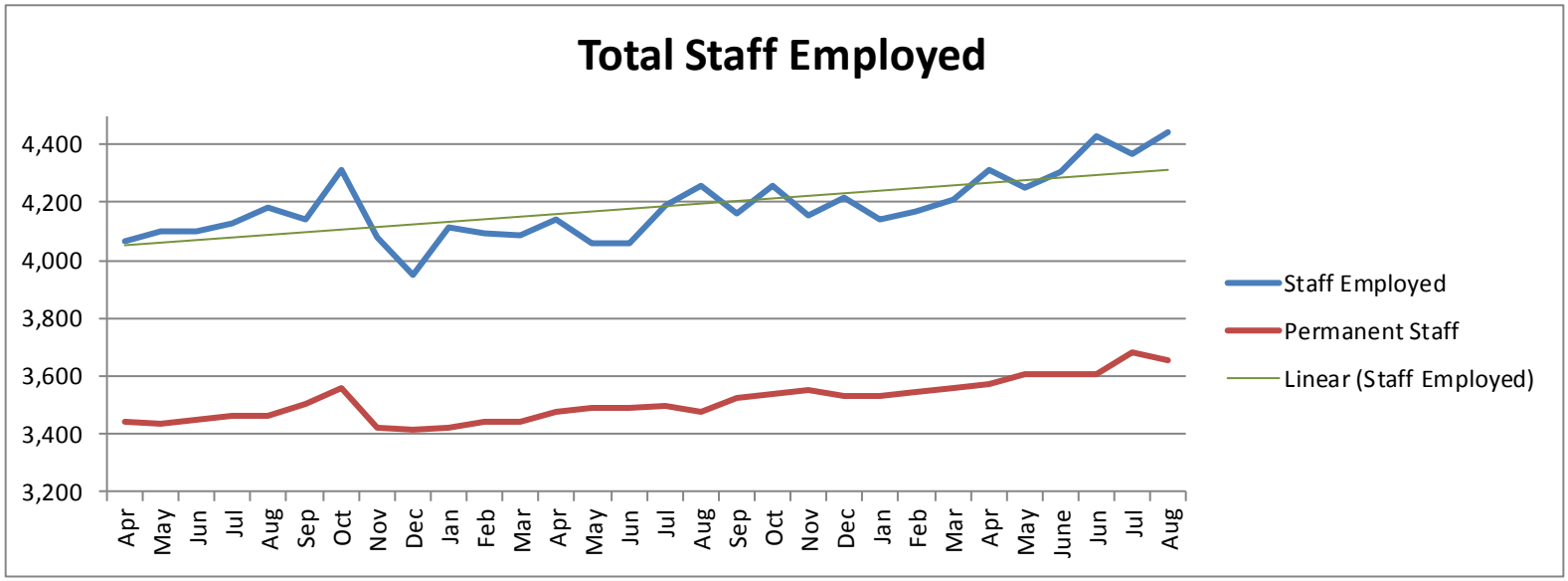
Statement of Financial Position

Statement of Financial Position For the period ended 30 Sep 2017	Opening 31 Mar 2017 £000s	Closing 30 Sep 2017 £000s
Non-Current Assets		
Property, plant and equipment	113,730	114,074
Trade and other receivables	1,917	2,093
Other assets	2,574	2,643
Total non-current assets	**118,221**	**118,810**
Current assets		
Inventories	3,291	2,809
Trade and other receivables	23,665	27,204
Cash and cash equivalents	28,176	24,057
Total current assets	**55,133**	**54,070**
Current liabilities		
Trade and other payables	-24,133	-23,711
Borrowings	-1,423	-1,423
Provisions	-407	-407
Other liabilities	-1,651	-1,614
Total current liabilities	**-27,614**	**-27,156**
Total assets less current liabilities	**145,740**	**145,724**
Non-current liabilities		
Borrowings	-29,612	-28,906
Provisions	-733	-603
Total non-current liabilities	**-30,345**	**-29,509**
Total assets employed	**115,395**	**116,215**
Financed by (taxpayers' equity)		
Public Dividend Capital	61,512	62,168
Revaluation reserve	8,316	8,316
Income and expenditure reserve	45,568	45,732
Total taxpayers' equity	**115,395**	**116,215**



Staff in Post

	2015									2016												2017								
	Apr	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**June**	**Jun**	**Jul**	**Aug**
Admin/Estates	696	705	704	713	719	709	722	709	695	724	712	706	753	733	746	763	767	740	760	709	742	743	753	751	774	768	771	792	786	793
WD Clk/Support	391	398	401	409	431	426	426	244	194	218	207	206	212	196	211	216	214	212	222	214	225	212	221	226	238	228	229	243	212	235
HCA	513	514	529	527	554	534	601	574	548	595	566	578	593	546	535	581	642	559	593	550	571	545	558	564	604	557	559	604	580	605
Consultant	224	221	227	228	239	236	240	244	230	247	247	253	246	252	254	258	263	258	259	263	266	263	254	255	262	269	281	284	271	274
Medical non-Cons	353	365	372	373	391	386	381	392	367	364	366	368	362	374	365	373	399	418	402	417	401	400	408	405	384	396	436	434	467	460
N&M	1,346	1,365	1,331	1,317	1,317	1,307	1,394	1,382	1,373	1,420	1,442	1,420	1,418	1,414	1,414	1,443	1,419	1,403	1,437	1,429	1,438	1,414	1,417	1,438	1,477	1,452	1,439	1,482	1,461	1,477
Learner	6	6	4	3	3	4	4	5	8	8	7	7	7	7	6	3	3	2	2	2	6	6	6	6	6	6	5	4	4	4
Therapy/Technical	340	339	339	345	351	357	364	362	365	363	359	360	361	352	343	350	342	348	362	358	358	362	371	371	366	373	374	371	378	383
Healthcare Scientists	192	188	192	210	178	179	178	165	170	172	184	184	187	185	183	202	204	215	219	212	203	190	177	189	197	198	204	209	206	208
Other	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Staff Employed	**4,063**	**4,103**	**4,102**	**4,129**	**4,185**	**4,142**	**4,312**	**4,078**	**3,952**	**4,113**	**4,093**	**4,084**	**4,142**	**4,061**	**4,060**	**4,190**	**4,255**	**4,160**	**4,259**	**4,156**	**4,213**	**4,139**	**4,167**	**4,208**	**4,312**	**4,249**	**4,302**	**4,426**	**4,369**	**4,442**
Made up of:																														
Permanent Staff	3,444	3,434	3,450	3,465	3,464	3,503	3,561	3,424	3,413	3,425	3,443	3,440	3,477	3,494	3,488	3,501	3,474	3,525	3,540	3,550	3,534	3,534	3,547	3,562	3,574	3,607	3,604	3,610	3,685	3,655
Locum / Bank	449	501	496	494	578	486	588	500	395	556	482	507	524	416	429	526	632	453	547	481	530	469	498	530	627	522	571	699	562	668
Agency	169	168	156	170	143	153	163	154	144	131	169	136	140	151	142	164	149	182	172	125	149	135	122	117	111	121	127	116	121	119



Agency Spend	Worse than initial forecast	Reforecast meets agency ceiling

£000s	15/16	16/17	17/18 Plan	17/18 Act
Apr	1,241	1,217	1,159	1,161
May	2,486	2,544	2,315	2,394
Jun	3,621	3,745	3,460	3,693
Jul	4,781	5,097	4,556	4,930
Aug	6,022	6,267	5,610	6,162
Sep	7,280	7,664	6,479	7,331
Oct	8,562	8,957	7,330	
Nov	9,839	10,031	8,170	
Dec	11,043	11,183	9,030	
Jan	12,135	12,306	9,862	
Feb	13,510	13,414	10,689	
Mar	14,660	14,394	11,511	

The Trust received notification from NHSI of an additional **"Medical Locum (agency) reduction target"**.

The communication set out that "The Medical Locum reduction target does not change the overall agency ceiling for your trust. The Medical Locum target aims to reduce the locum spend in 2017/18 compared to 2016/17 outturn position by the amount stated above." **The L&D's reduction target is £506k, which effectively equates to a Medical Locum (agency(ceiling of £5,654k**

Trust plans for 17/18 would deliver Medical locum (agency) spend of £4,887k, the ceiling in the table below has been phased by pro-rating the overall ceiling against the phasing in the Trust plan. **The Trust is currently on course to breach the Medical Locum (agency) ceiling.**

	Forecast				
	Medics	**Nursing**	**Other Clin**	**A&C**	**Total**
Apr-17	503	531	108	17	1,159
May-17	502	516	125	13	1,156
Jun-17	489	513	134	9	1,145
Jul-17	469	508	114	5	1,095
Aug-17	466	483	101	5	1,055
Sep-17	358	456	50	5	869
Oct-17	359	440	47	5	851
Nov-17	359	436	40	5	840
Dec-17	359	455	40	5	860
Jan-18	342	448	36	5	832
Feb-18	341	448	34	5	828
Mar-18	340	443	34	5	822

	Ceiling	Actual				
	Medics	**Medics**	**Nursing**	**Other Clin**	**A&C**	**Total**
Apr-17	582	599	471	83	9	1,161
May-17	581	617	496	101	19	1,232
Jun-17	566	698	443	151	6	1,299
Jul-17	542	688	413	155	-19	1,237
Aug-17	539	671	409	151	1	1,233
Sep-17	415	651	358	150	10	1,169
Oct-17	415					
Nov-17	415					
Dec-17	415					
Jan-18	396					
Feb-18	394					
Mar-18	393					

Workforce
November 2017

(Reporting August/September 2017 Data)

WORKFORCE BALANCED SCORECARD **Reporting Period: August / September 2017**

Workforce	Trust Target	Aug-17 Trust Actual	Aug-17 Corporate	Aug-17 Diagnostics	Aug-17 Medicine	Aug-17 Surgery	Aug-17 Women' and Children's	Sep-17 Trust Actual	Sep-17 Corporate	Sep-17 Diagnostics	Sep-17 Medicine	Sep-17 Surgery	Sep-17 Women' and Children's	Sep-16 Trust Actual
Workforce Statistics														
Staff in post (Assignment Headcount)	-	4074	502	729	1123	924	796	4102	504	728	1134	927	809	3929
Budgeted WTE	-	4145	480	653	1285	1007	719	4145	480	653	1285	1007	719	4014.0
Staff in Post (WTE)	-	3655	461	639	1021	866	668	3682	462	636	1035	869	680	3525
Vacancy Rates (%)	10%	11.82	3.95	2.26	20.60	13.96	7.04	11.15	3.80	2.66	19.50	13.68	5.32	12.19
Nurses & Midwives Budgeted WTE		1438	33.7	28.0	543.5	420.4	411.9	1438	33.7	28.0	543.5	420.4	411.9	1417.9
Nurses & Midwives in Post (WTE)	-	1195.2	38.3	26.5	409.0	346.8	374.6	1205.1	36.3	27.6	415.7	345.4	380.1	1191.7
Nursing & Midwives Vacancy Rates (%)	10%	16.86	-13.60	5.34	24.74	17.51	9.06	16.17	-7.67	1.42	23.51	17.84	7.73	15.95
Nursing Vacancy Rates (%)	10%	23.12	-13.60	5.34	24.74	17.51	11.94	24.01	-7.67	1.42	23.51	17.84	9.45	17.04
Midwives Vacancy Rates (%)	10%	5.72	-	-	-	-	5.72	5.72	-	-	-	-	5.72	8.82
Sickness FTE Days Lost	-	3713	515	458	1160	695	885	-	-	-	-	-	-	-
Sickness Rates (%)	3.32%	3.29	3.61	2.35	3.68	2.59	4.30	-	-	-	-	-	-	-
Estimated Sickness Cost (£)	-	266256	31176	34144	78422	49244	73270	-	-	-	-	-	-	-
Maternity Absence Rates (%)	-	2.70	1.15	2.33	2.96	1.77	4.93	2.58	1.06	2.30	3.08	1.60	4.37	2.84
Other Absence Rates (%)	-	1.01	0.15	0.63	1.37	1.23	1.11	0.13	0.01	0.04	0.16	0.12	0.27	0.56
Turnover %	10%	15.03	12.53	16.39	18.45	15.00	10.52	15.29	11.83	17.29	19.28	15.02	10.33	16.61
Appraisal Rate %	90%	78	80	85	75	82	74	79	79	89	73	80	75	73
Core Statutory Training %	80%	81	78	82	81	84	78	80	75	82	79	83	78	80

RECRUITMENT COMMENTARY

Nursing Recruitment - 33 nurses started in post between August and September of which 15 were already registered with the NMC and 18 with registration pending. There are a further 80 nurses at various stages of the recruitment process. The focus on recruiting overseas nurses that have already passed their IELT or are already NMC registered has resulted in 54 nurses being offered positions between August and September. These staff have a much shorter lead time than traditional overseas recruitment and Skype interviews are being held biweekly. Nursing recruitment events undertaken in the last period include the midwifery open day and Southern Ireland campaign. The low cost Southern Ireland campaign resulted in the recruitment of 1 nurse and 2 midwives.

General recruitment events also undertaken for the last period were: careers fairs at Luton Job Centre, Luton Enterprise Training and Skills Fair. Events planned for the next period include: Luton Mall, Combined Schools Fair for Staple, Putteridge & Ashcroft schools, University of Northampton Careers Fair and a Careers and Employment Exhibition at Central Bedfordshire College and a University of Hertfordshire Nursing Careers event.

International Recruitment - March 2017 a total of 26 International nurses have been recruited through our overseas agency. To date 7 of these nurses have passed their OSCE exam and are in receipt of their NMC PIN's. The remaining 19 nurses have dates scheduled to sit their exam and are currently undertaking OSCE training sessions. International recruitment activity continues to increase with a further 20 nurses scheduled to arrive between October and December.

European Recruitment - Of the 17 Italian nurses that have arrived at the Trust during the past 6 months 15 have now passed their IELTS exam and most are now in receipt of their NMC pin's.

HCA Recruitment - The Trust is continuing with regular division led HCA recruitment campaigns for both permanent and bank positions to keep vacancies to a minimum. There have been 10 substantive HCA starters throughout August and September and 9 were recruited for the bank.

STAFF IN POST WTE BY DIVISION

DIVISION	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	% Growth From April 2017	Average % Growth per month	% Growth over last 12 months
Corporate	432.9	431.2	433.4	431.9	439.2	446.5	446.0	451.8	453.5	453.73	461.5	462.2	3.64%	0.62%	6.77%
Diagnostics, Therapeutics and Outpatients	607.3	606.8	603.2	609.2	615.9	610.9	609.8	618.2	617.3	616.28	638.6	636.0	4.30%	0.43%	4.72%
Medicine	1030.0	1039.1	1022.4	1017.0	1008.5	1004.4	1018.2	1016.5	1017.7	1024.9	1020.6	1034.7	1.62%	0.04%	0.46%
Surgery	815.3	818.8	817.2	819.9	829.8	842.4	845.6	864.1	860.9	853.9	866.2	869.1	2.78%	0.60%	6.59%
Women's & Children's	654.1	654.9	657.9	656.4	654.9	658.0	654.2	656.2	654.8	651.42	668.0	680.4	4.01%	0.37%	4.02%
TOTAL	3539.7	3550.8	3534.1	3534.4	3547.3	3562.2	3573.7	3562.2	3604.3	3600.3	3654.8	3682.4	3.04%	0.37%	4.03%

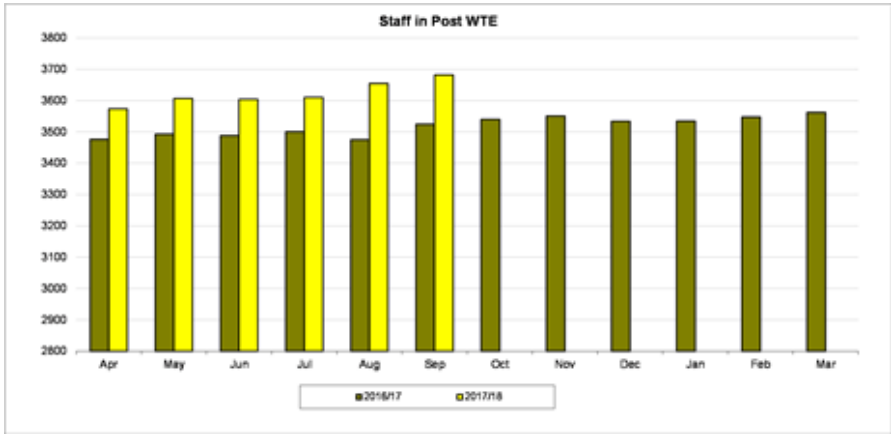
WTE COMMENTARY

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) has increased by 4.03% since October 2016 mainly attributed to recruitment to vacancies and recruitment to NHS fixed term contracts in place of Contracts for Service/agency.

- There are currently 120 band 5 Nursing vacancies across the Trust and there are 80 band 5 Nurses currently going through the recruitment process, which includes our recently interviewed (non-campaign) European and International nurses that already have their IELTS or NMC pin.

- Currently there are 25 vacancies for band 2 Healthcare Assistants with 15 currently going through the recruitment process and due to commence between October and December 2017.



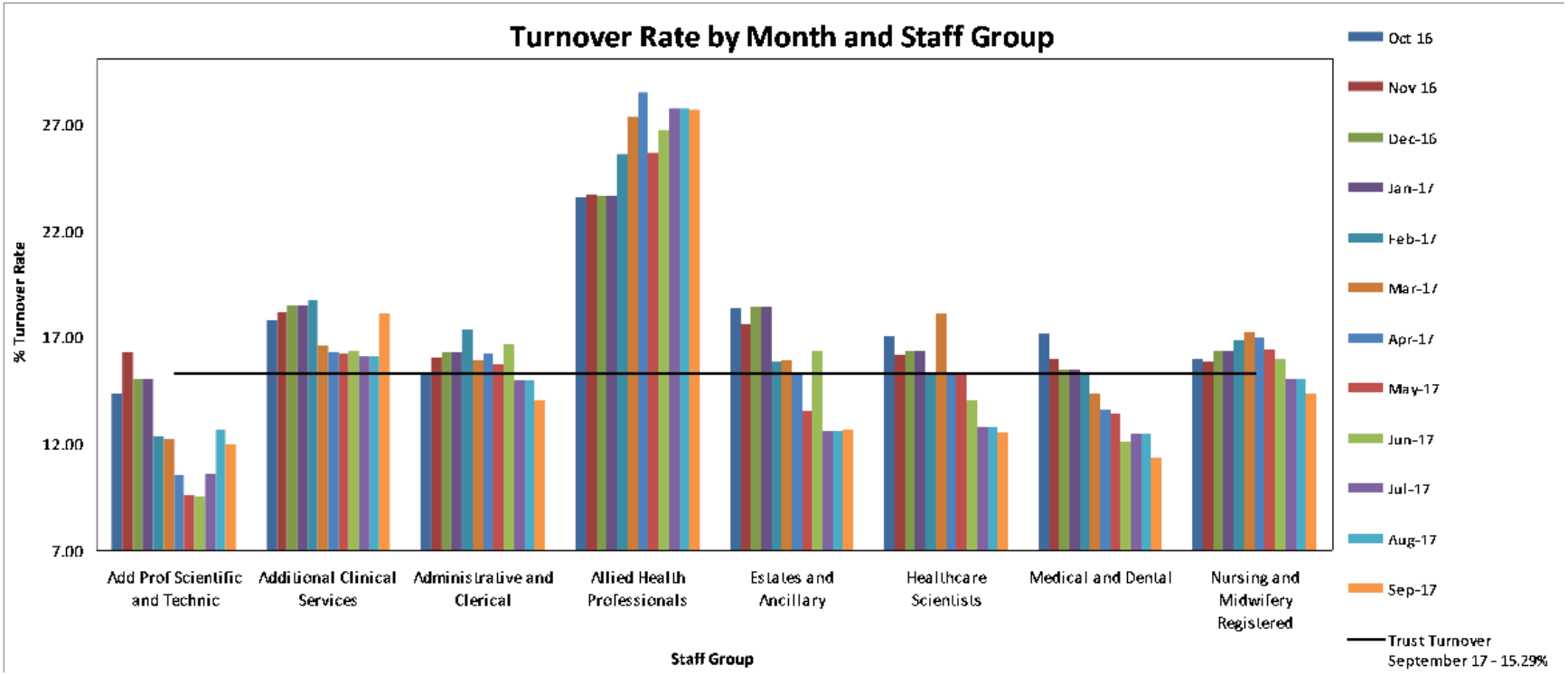
Medical Recruitment

During August 2017 there was 1 AAC held for Elderly Medicine, with 1 post offered. Further AACs are planned for November 2017 and December 2017 in the following specialties: Anaesthetics, Elderly Medicine, Respiratory Medicine, Orthodontics and Acute Paediatrics. AACs are at the planning stage for January 2018 with 3 scheduled in the following specialties Haematology, General Surgery and Restorative Dentistry.

New Starters

Locum Consultant commenced with the Trust during August 2017 in Histopathology a further 5 Locum Consultants commenced during September 2017 in Neurology (1), Genito- Urinary Medicine (1), Radiology (1), Emergency Medicine (1), and Paediatrics (1) a further 3 Locum Consultants are due to commence during October 2017 in the following areas: Anaesthetics (1), Orthodontics (1) and Obstetrics and Gynaecology (1). During January 2018 a substantive Consultant will commence in Elderly Medicine.

TURNOVER

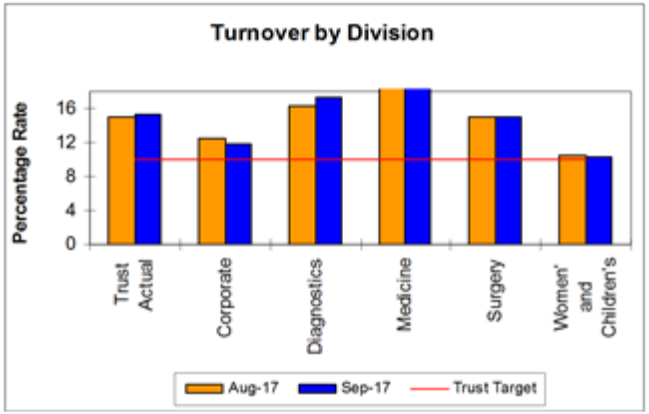


TURNOVER COMMENTARY

The Trust's overall turnover rate is 15.29% for the reporting year ending 30th September 2017. This is a reduction of 1.7% compared to the last period. Nursing and Midwifery turnover has reduced by 2.9% since a peak in March 17.

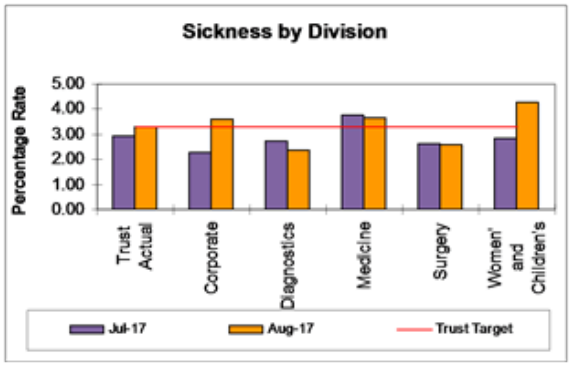
There were a total of 98 leavers in August and September (excluding medical staff) of these - 87% of these were due to voluntary resignation reasons, 3.06% retired and 4.08% were dismissed. There is a dedicated piece of work to support the wider retention plan and this is summarised within the Board Executive report.

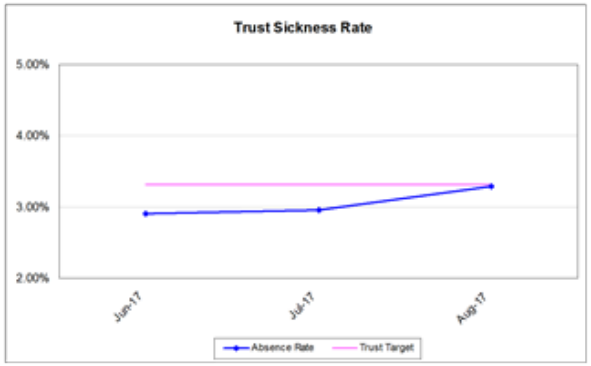
Turnover of staff in Additional clinical services has increased during the last month. These are typically healthcare support roles e.g. Health Care Assistant, Maternity Care Assistant , Theatre Support Worker roles. Initial analysis does not show any obvious patterns in respect of the reasons for leaving but this will continue to be monitored on a monthly basis. During September the number of HCA leavers was matched by the number of new starters so has not led to an increase in vacancies.

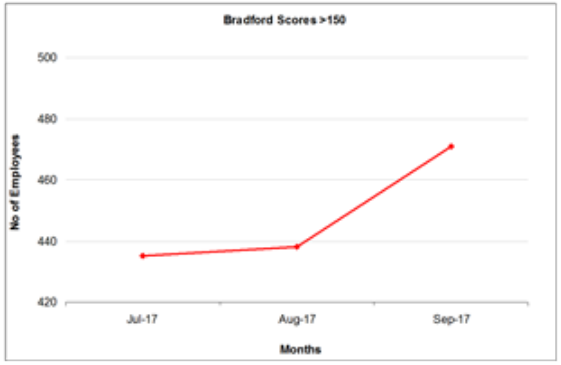


* Turnover figures above do not include Junior Doctors.

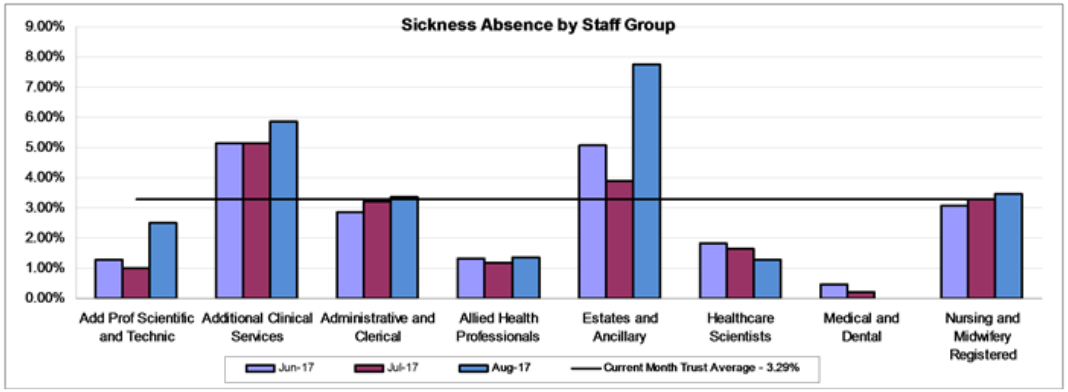
SICKNESS ABSENCE







Sickness Absence by Staff Group	Jun-17	Jul-17	Aug-17	Last 12 Months Average
Add Prof Scientific and Technic	1.29%	1.01%	2.50%	2.32%
Additional Clinical Services	5.16%	5.15%	5.85%	5.50%
Administrative and Clerical	2.86%	3.20%	3.35%	3.30%
Allied Health Professionals	1.32%	1.18%	1.36%	2.90%
Estates and Ancillary	5.08%	3.89%	7.75%	6.69%
Healthcare Scientists	1.81%	1.66%	1.28%	2.63%
Medical and Dental	0.45%	0.21%	0.00%	0.74%
Nursing and Midwifery Registered	3.07%	3.30%	3.48%	3.66%
Trust total	2.91%	2.96%	3.29%	3.46%



SICKNESS ABSENCE COMMENTARY

The monthly average for August 2017 (3.29%) is higher than for July 2017 (2.96%) but is below the Trust target of 3.32%. The Trust's overall average for the year ending 31st August 2017 is 3.46%. This is above the Trust target and slightly higher than the same period last year (3.38%).

The number of employees with a Bradford score over 150 increased in September 2017 to 471 from 438 in August 2017. All absences continue to be closely monitored and managed by the Divisions.

The increase in the Women's and Children's Division results from an increase in staff who are off work due to long term sickness.The HR team continues to support divisions with the management of sickness and are holding target case review meetings with managers to put together actions plans for each person.

TRAINING COMPLIANCE BY DIVISION

September 2017	APPRAISALS	INDUCTION	STATUTORY TRAINING						
			Fire	Infection Control	Safe Moving - Theory	Safe Moving - Practical	Information Governance	Safeguarding Adults	Safeguarding Children
TRUST TARGET	**90%**	**100%**	**80%**	**80%**	**80%**	**80%**	**80%**	**80%**	**80%**
Corporate	79%	100%	82%	78%	80%	59%	79%	77%	84%
Diagnostics, Therapeutics and Outpatients	89%	100%	86%	82%	90%	82%	79%	83%	83%
Medicine	73%	91%	79%	78%	80%	87%	77%	80%	88%
Surgery	80%	100%	84%	82%	84%	91%	81%	83%	88%
Women's & Children's	75%	78%	78%	78%	80%	88%	77%	76%	92%
TRUST TOTAL	**79%**	**94%**	**82%**	**80%**	**82%**	**87%**	**79%**	**80%**	**87%**
Change from last month	1%	-1%	0%	0%	-2%	7%	-6%	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%

TRAINING COMMENTARY

Statutory Training

We have seen a slight decrease in compliance with Safe Moving Theory and Safeguarding Children; all other topics have shown no change with the exception of Information Governance (IG). Following on from a data cleansing exercise, the IG figures this month show a decline but we have addressed this by contacting all non-compliant staff asking them to complete the Information Governance training as a matter of urgency. This should address the problem and we expect the compliance figures to improve next month.

Appraisals

The Trust-wide compliance figure has increased by 1% this month, with the majority of appraisal completions taking place within Diagnostics, Therapeutics and Outpatients. We have also seen a 1% increase in Women's and Children's which has been the targeted area over the previous few months. Unfortunately, we have seen a decrease of 2% in Medicine and Surgery as well as a 1% decrease in the Corporate division.

Following on from last month's approach of contacting individuals as well as departmental managers, we will be adopting this focus on staff from the Medicine division who have not had an appraisal within the last 12 months in order to improve compliance.

The next edition of the HR Update for Managers newsletter will focus on tips of how and when to conduct appraisals as well as the reporting cut-off dates for inclusion within the compliance reports.

LUTON & DUNSTABLE UNIVERSITY HOSPITAL

BOARD OF DIRECTORS

Agenda item	9	**Category of Paper**	Tick
Paper Title	Clinical Outcome, Safety & Quality Report	**To action**	☐
Date of Meeting	19 July, 23 August, 20 September, and 18 October 2017	**To note**	☐
Lead Director	Alison Clarke, NED	**For Information**	☒
Paper Author		**To ratify**	☐
Indicate the impact of the paper: **Financial** ☐ **Quality/Safety** ☒ **Patient Experience** ☒ **Equality** ☒ **Clinical** ☒ **Governance** ☒			

History of Committee Reporting and Date	Clinical Outcome, Safety and Quality Committee on 19 July, 23 August, 20 September and 18 October 2017.	
Links to Strategic Board Objectives	Objective 1 –Deliver Excellent Clinical Outcomes Objective 2 - Improve Patient Safety Objective 3 - Improve Patient Experience	
Links to Regulations/ Outcomes/External Assessments	CQC Internal Audit HSE	
Links to the Risk Register	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 19 July, 23 August, 20 September and 18 October 2017.

SUMMARY/CURRENT ISSUES AND ACTION

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

- Report on progress with the Quality Priorities 2017/18
- 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 19 July, 23 August, 20 September and 18 October 2017.

2. Patient Story

Patients attended COSQ at each of the meetings to share their experiences. The committee acknowledged any concerns raised and progressed outside the meetings with relevant Divisions to enable improvement.

3. Governance

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

It was noted that a thematic review of falls is being undertaken and will be reported back to COSQ in November. With regard to VTE assessments, COSQ were assured that a clear process is in place to ensure that assessments are undertaken upon admission. The improvement in cleanliness scores was noted. The committee noted the disappointing complaints response times in some Divisions and the approach that is required to ensure that this is improved.

Quality Improvement Strategy - COSQ received and commented on the draft strategy. It was noted that 4 key quality priorities have been identified which correlate with the previous quality priorities and the inclusion of prevention on the agenda which fits with the STP priority to support local quality priorities. The final document was accepted by COSQ at their October meeting.

Medicine Division – The Clinical Chair for the Medical Division was in attendance in September and gave assurance that clinical governance processes are working well within the Medicine Division. He updated the committee on Datix reports, key quality and safety risks, and the process for managing SI action plans and monitoring delivery of clinical audit plans.

CQC Trust Buddy Scheme – The quarterly buddy visits continue and feedback is communicated to Divisions. Matrons present the respective reports to Divisional Boards to progress comments and actions.

Assurance Framework – The committee reviewed the Assurance Framework and raised two issues in areas allocated to COSQ, one with regard to completion and oversight of action plans, and the other in relation to the risk around STP. COSQ continues to monitor both issues.

4. Nursing Harm Free Care Dashboard

The Acting Director of Nursing and Midwifery presented the nursing dashboards including the quality metrics, workforce and patient experience indicators for each ward and division. The results for hand hygiene were discussed and it was noted that the scores are now captured using Meridian. A Hand Hygiene Masterclass was organised reminding staff of the 5 elements and how to use the audit tool. The Director of Infection Prevention and Control (DIPC) is actively working to raise the profile of hand hygiene with medical colleagues.

5. Clinical Outcome & Patient Safety

Mortality – Improving HSMR data was acknowledged by the committee. The Mortality Review policy was received and this has now been approved and published on the Intranet.

Serious Incidents – COSQ received the reports giving an update on Serious Incidents and Never Events. Completed serious incidents and subsequent learnings are being actioned through Divisions and monitored by the Clinical Operational Board.

Patient Safety Walkabouts – COSQ received a briefing paper describing the process and methodology for Patient Safety Walkabouts, noting that they provide a formal process for members of the Executive team to talk with staff and patients about safety issues in their unit and to provide support to staff. The walkabouts have been taking place since July 2017.

Patient Safety Alert – Nasogastric tube misplacement – The committee received a report following a Patient Safety Alert which was issued on 22 July 2016. The report detailed the background of the alert and gave assurance of compliance of the required actions, and the findings to be progressed.

Infection Control – The Director of Infection Prevention and Control attended COSQ in July and presented the quarter 1 infection control report.

6. Patient Experience

Patient Experience Quarter 1 Report – The Patient Experience Report for April – June 2017 was received. The appointments of a new Equality and Diversity Lead and Patient Experience Lead are positive steps towards improvement. The “hello my name is ….” campaign is being promoted and as part of the ward teams’ ability to identify their own issues, the patient feedback survey has been enhanced since June and issues are discussed and resolutions identified at ward meetings and at quality performance meetings.

2016 National Inpatient Survey – COSQ received an update following the results of the survey. Case studies which have been sought from other organisations, together with input from the staff engagement events, have initiated some Trustwide workstreams. One of these is developing the Trust values and behaviours and it is anticipated that the project will be ready to be launched in December. Three workstreams are underway, one to focus on communications with patients, one on discharge and one in relation to medication safety.

7. Quality Priority Reports

A new reporting format was presented to COSQ in June. Each month the committee receives an update on the Trust Quality Priorities and CQUIN schemes, which are reported on a rolling programme enabling each scheme to report quarterly:

Quality Priority 1 – Clinical Outcomes

- *Improve our approach to mortality surveillance, identifying and reducing avoidable deaths* – as reported under item 5.
- *Reduce the impact of serious infections (Antimicrobial Resistance and Sepsis) (also CQUIN)* – COSQ noted the challenges in relation to available resources to search for audit information along with dedicated pharmacy and microbiology time to do the ward rounds.
- *Improve services for people with mental health needs who present to A&E (also CQUIN)* – The committee were assured that meetings have been held to closely review the system wide progress.
- *Provide services to patients experiencing frailty in line with best practice* – COSQ noted that one specialty Consultant was appointed in August with plans for a further appointment in November.
- *CQUIN – Offering Advice and Guidance* – COSQ noted achievement in full of the Q1 milestone.
- *CQUIN – NHS e-referrals* – COSQ noted achievement in full of the Q1 milestone.

Quality Priority 2 – Patient Safety

- *Improve continuity of care and deliver needs based care* – COSQ were informed that the business case for Needs Based Care is being presented to an extraordinary meeting of FIP on 25 October 2017.
- *Reduce the incidence of falls amongst patients staying in hospital* – A patient welcome pack, which includes an inpatient falls prevention leaflet, is being given to all patients on EAU and SAU. A thematic analysis of inpatient falls resulting in moderate and above harm has been undertaken in October and feedback will be presented to the November COSQ meeting.
- *Improve the management of deteriorating patients* – The Trust cardiac arrest rate continues to be lower than the national cardiac arrest rate. With regard to the management of patients who present with AKI results in optimal renal recovery, there is a current trend which demonstrates that survival rates are improving for those patients presenting with AKI from 83% at the end of 2016 to 90% for the period Jan-Jun 2017.
- *Reduce the incidence of medication errors for inpatients* – COSQ acknowledged the good quality improvement work taking place with strong collaborative working across professions and the robust sharing and learning from medication errors.

Quality Priority 3 – Patient Experience

- *Improve the experience and care of patients at the end of life and the experience for their families* – the Acting Director of Nursing and Midwifery presented the End of Life Care workplan for 2017/18 and noted the challenges faced by consultants identifying when a patient goes onto an ‘end of life care’ pathway and having appropriate conversations with relatives.
- *Improve the experiences of people living with dementia and their carers when using our outpatient services* – COSQ noted that the use of the butterfly symbol. A prompt will be added to outpatients letters for patients to ask for additional support if required.

- *Ensure proactive and safe discharge in order to reduce length of stay (also CQUIN)* – The 'Red to Green' project is being rolled out across the Trust. Work in Medicine has progressed well with clear impact on reducing length of stay.
- *Improve experience of care through feedback from, and engagement with, people who use our services* – Presence of service user representatives for quality improvement, staff recruitment and patient stories has increased. Ward teams are receiving bespoke feedback in order to tailor their quality improvement actions. The implementation of the texting service to increase FFT response rates has been delayed whilst procurement and IT support issues are addressed.
- *Support the continued delivery of care within residential and nursing homes to patients nearing the end of their life* – COSQ were assured that there has been improved integration working with community trusts and stakeholder engagement with Councils. However the risks were noted to recruit enough staff to run the service 24/7.
- *CQUIN – NHS Staff Health and Wellbeing* – The activities and actions from the health and wellbeing action plan developed for the 2016/17 CQUIN continue to be implemented and staff continue to receive communication regarding health and wellbeing initiatives within the Trust.

8. Report from Clinical Operational Board

Highlight reports from the Clinical Operational Board meetings were received and noted.

9. Workforce Update

Statutory Training and Appraisals – The Training and Development Reports covering activity up to 30 September 2017 were received and noted. The committee noted that the induction programme is being reviewed. With regard to appraisal compliance, the importance of appraisals has been re-enforced at various forums, including General Managers meetings. Conflict resolution training was discussed and the committee noted that options are being sought to re-invigorate compliance.

Nursing and Midwifery Workforce - COSQ reviewed the nursing workforce reports and noted that current fill rates are being maintained.

10. CQUIN 2017/2018

COSQ were informed that the Quarter 1 achievement for the 2017/18 CQUIN schemes has been assessed by the commissioners. The Trust fully achieved all the scheme milestones for Quarter 1 with the exception of part of the Sepsis scheme. Our audits showed that we delivered antibiotics within the hour to 77% of patients. The target for the quarter was 90%, therefore we receive part of the award for that part of the scheme.

11. Risk Register

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

12. Safeguarding

Adult Safeguarding – COSQ received the quarterly Safeguarding Adult report and noted its content.

13. Maternity

The committee received the Maternity Services Quality Improvement Programme noting the focus on the culture of the department and the interaction between staff and patients with an objective of creating a safer environment.

14. Clinical Audit

COSQ received the following internal audit reports and were given assurance that actions were being addressed:

- Medical Devices Audit
- Discharge Planning
- Delivery of Saving Scheme

Progress on the Corporate Forward Audit plan was also received for information.

15. Any Other Business

Outpatient letters – Following an issue raised by the Governors with regard to the delay in letters being sent following outpatient appointments, the Acting Deputy Chief Executive reported that she was working with the Divisions and with the Information Department to address this problem. Initially, she was able to report that there had been an improvement within orthopaedics where a realtime typing model is being incorporated wherever possible.

16. Papers Received for Information:

- Minutes of the Nursing and Midwifery Board meetings
- National Quality Publications of Interest

LUTON & DUNSTABLE UNIVERSITY HOSPITAL

BOARD OF DIRECTORS

Agenda item	10	**Category of Paper**	Tick
Paper Title	Finance, Investment & Performance Committee	**To action**	☐
Date of Meeting	1 November 2017	**To note**	☒
Lead Director	Andrew Harwood – Director of Finance	**For Information**	☐
Paper Author	Jill Robinson – Chair of Committee	**To ratify**	☐
Indicate the impact of the paper: **Financial** ☒ **Quality/Safety** ☒ **Patient Experience** ☒ **Equality** ☐ **Clinical** ☒ **Governance** ☒			

History of Committee Reporting and Date	Finance, Investment & Performance Committees: 13 September & 11 October 2017.	
Links to Strategic Board Objectives	Objective 1 – Deliver Excellent Clinical Outcomes Objective 4 – Deliver National Quality and Performance Targets Objective 5 – Progress Clinical and Strategic Developments Objective 7 – Optimise our Financial Position	
Links to Regulations/ Outcomes/External Assessments	Monitor CQC Commissioners Internal Audit	
Links to the Risk Register	620 – CIP Targets 944 - Non-Achievement of Financial Target	945 – CCG verification processes 638/815 – Agency spend

PURPOSE OF THE PAPER/REPORT

To update the Board of Directors on the findings and approval from the Finance, Investment & Performance Committees held 13 September & 11 October 2017.

SUMMARY/CURRENT ISSUES AND ACTION

The Reports give an overview of the matters addressed including the following:

- FY17/18 Financial Position
- FT approach to the FY17/18 Control Total
- Business Cases considered
- 5 Year Capital & Revenue Plans

ACTION REQUIRED

To note the Finance, Investment & Performance Committee Report from meetings held 13 September 2017 & 11 October 2017

Public Meeting ☒ Private Meeting ☐

FINANCE INVESTMENT & PERFORMANCE COMMITTEE REPORT TO THE TRUST BOARD

This summary report covers meetings held on 13 September 2017 & 11 October 2017.

The Committee members' attendance for each of the meetings is shown below:

Committee Member	13/09/2017	11/10/2017
Jill Robinson (Chair)	✓	✓
Simon Linnett	✓	×
David Hendry	✓	✓
Mark Versallion	✓	✓
John Garner	✓	✓
Clifford Bygrave	✓	×
Andrew Harwood	✓	✓
David Carter	✓	✓
Danielle Freedman	×	×
Angela Doak	✓	×
Cathy Jones	✓	✓
Sheran Oke	×	×

Matt Gibbons and Tim Hughes are regular attendees and were present for all the meetings above. Denis Mellon attended on 11 October.

Since the last meeting of the Board of Directors the FIP Committee have met twice and have received items for information, considered items for action and approval, and requested a number of actions:

- Received a number of information items covering national guidance matters issued by the DH / NHSI
- Considered and received assurances on achievability of the half-year FY17/18 financial position and full year forecasts, including issues associated with achieving the FT Control Total and actions required to mitigate the substantial financial risks faced by the FT.
- It was noted that agency expenditure (particularly in relation to new targets for medical locums) remains an area of significant concern and will remain challenging.
- Considered and received assurances on achievability of the Recovery Activity Plan presented by the Deputy Chief Executive.
- Ratified the year-end forecast submission (*due October 16th*) after due consideration of the assurances provided by the Deputy Chief Executive (as outlined in the Recovery Activity Plan).
- Requested a clear audit trail (for November FIP) to ensure that Divisional Plans could demonstrate how Divisions propose to achieve their year-end forecast with tangible evidence that these were delivering value immediately
- Considered a draft 5 year I&E Plan (linked to the proposed transaction with Bedford Hospital)
- Considered a draft 5 year Capital Plan (linked to the proposed transaction with Bedford Hospital). This report incorporated Business as Usual activity, Site Redevelopment matters,

Backlog Maintenance & GDE issues. It was noted that these do not include any provisions that may be required for work on the GDPR legislation which is to be implemented on 25 May 2018.

- Considered various issues linked to the proposed transaction with Bedford Hospital including benefits realisation activity, the FT request for transaction support funding, site redevelopment business case activity & risk mitigation opportunities
- Received and gave feedback from the FT Audit Committee
- Received three Internal Audit Reports covering financial governance, delivery of FY17/18 savings & Medical Devices
- Received an update on GDE & Needs Based Care activity *(business cases to be considered at a FIP Committee on October 25th)*
- Received an update on correspondence received from Commissioners and considered implications for L&D
- Considered HR matters linked to agency expenditure and further actions to mitigate
- Considered a plan to provide additional outpatient service capacity at Arndale House *(to be considered more fully at a FIP Committee meeting on October 25th)*
- Received an update on the delivery of the MRI Business Case
- Received various STP updates.
- Considered the Trust's approach to delegated authority with particular reference to the revisions in forecasts which showed material differences and the PWC internal audit report

Recommendation
The Board is asked to note this report.

LUTON & DUNSTABLE UNIVERSITY HOSPITAL

BOARD OF DIRECTORS

Agenda item	11	**Category of Paper**	Tick
Paper Title	Audit and Risk Committee	**To action**	☐
Date of Meeting	1 November 2017	**To note**	☒
Lead Director	Andrew Harwood – Director of Finance	**For Information**	☐
Paper Author	David Hendry	**To ratify**	☐
Indicate the impact of the paper: **Financial** ☒ **Quality/Safety** ☒ **Patient Experience** ☒ **Equality** ☐ **Clinical** ☒ **Governance** ☒			

History of Committee Reporting and Date	Audit and Risk Committee 11 October 2017
Links to Strategic Board Objectives	Objective 1 – Deliver Excellent Clinical Outcomes Objective 6 – Develop all Staff to Maximise Their Potential Objective 7 – Optimise our Financial Position
Links to Regulations/ Outcomes/External Assessments	External Auditors
Links to the Risk Register	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 **11 October 2017.**

SUMMARY/CURRENT ISSUES AND ACTION

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

- Memorandum of Understanding for STP
- External Audit - *Progress Report and Technical Update/ 2016/17 Charitable Funds Audit / Final ISA260*
- Internal Audit – *Final Annual Report/Risk Assessment and Annual Plan 2017/18/Progress Report/Medical Devices Report / Discharge Planning Update/ Cyber Security Update*
- Counter Fraud – *Progress Report*
- NAO Cyber Security & Information Risk Guidance for Audit Committees & GDPR Update
- Assurance from Sub Committees
- Board Secretary Report

ACTION REQUIRED

To note the **11 October 2017** Audit and Risk Committee Report.

Public Meeting ☒ Private Meeting ☐

REPORT of 11 OCTOBER 2017 AUDIT and RISK COMMITTEE MEETING

Please find attached the Report from the 11 October 2017 Audit and Risk Committee.

For governance and auditing purposes:-

- The Committee members present were:
  David Hendry, Alison Clarke, Denis Mellon, John Garner, Jill Robinson and Mark Versallion

- In attendance were:
  Fleur Nieboer (KPMG – External Audit), Paul Foreman (PwC – Internal Audit), Gina Lekh (PwC – LCFS), Andrew Harwood and Victoria Parsons.

- Apologies were received from: Vimal Tiwari, Cliff Bygrave and Danielle Freedman

- Conflicts of Interest & Changes:
  None identified.

- The minutes/report of the previous meeting held on 17 May 2017 were approved as an accurate record.

RECOMMENDATION

The Board is asked to note this Report.

Report from the Audit Committee

Introduction

This report updates the Board of Directors on the matters considered at the Audit & Risk Committee on 11 October 2017.

The Board of Directors is asked to note the content of the Audit & Risk Committee Report.

1. Apologies, Minutes and Action Log

1.1 Apologies
Noted

1.2 Chairman's Issues
None identified

1.3 Minutes of the Last Meeting
The minutes of the meeting on 17 May 2017 were approved.

1.4 Action Log

1.4.1 Action log taken as read with the following specific points noted:-

1. Scheme of Delegation (from March 2016 Committee) – this requires a robust review and is on the FIP agenda on the 11/10/17.
2. Adult Safeguarding - Planned for a Seminar, but there are many issues that need to be discussed in limited time availability.
3. Hospitality Register – Policy complete but communication yet to be issued. Aiming to have this completed in December 2017.
4. Estates – DH is having further meetings and will share the recent work and communication.
5. Cyber security – P Graves attending this meeting and the Board Seminar was completed. The internal audit was completed and will be reported to the next A&R Committee.
6. Checks on Non-Employed Individuals – To be discussed at COSQ on the 18th October 2017.
7. 2016/17 Costing Assurances Audit – On FIP agenda – remove from A&R action log.
8. Internal Audit recommendations – Continue to report these to the relevant Sub-Committees of the Board. VP to action.
9. STP Governance assurances – Agenda item 1.4.1.
10. Counter fraud– noted as part of ongoing reports.
11. Management stretch Risk – risk identified and logged. Committee requested risk be increased to reflect the merger concerns. Remove from action log.
12. Overseas Visitors – Agenda item 1.4.2. Remove from action log.
13. Medical Devices internal audit – complete and on the agenda. Assurances received that action is being taken towards these recommendations and they are being overseen by COSQ and FIP. Remove from action log.
14. HR Strategy – Terms of Reference have been drafted. However, this now needs to be reviewed in the context of the new organisation post-merger.
15. External Audit Recommendations – to be included in the follow up tracker to the sub-committees. VP to take forward.
16. Payroll Bureau Audit – Complete – remove from action log.
17. Assurances on Business Continuity and Health and Safety – prioritise Business Continuity – VP to action.

1.4.2 Memorandum of Understanding (MoU) for STP

A&R noted that the MoU previously seen in draft had now been signed by Richard Carr, STP CEO, on behalf of BLMK system leaders and that the MoU specifies imminent checkpoints for progression of the ACS requirements.

In relation to the agreed 16/17 external audit recommendation it was noted that FIP had received a report from Mark England, STP Chief of Staff, in July and October. However, these reports gave little further information or assurance being clearly aimed at the wider public.

It was also noted that the FIP agenda 11 October 2017 also contained an item regarding the CCG plans towards a single control total.

A&R discussed the on-going need to identify the impact of the STP measures on the L&D to assure us that mitigations are in place to address any identified risks. AH reported that the STP had made some progress but this has been overtaken by the financial pressures in the system. The key priority moving forward is priority 3 in relation to the proposed merger.

It was agreed that DH should request an update from David Carter, as our STP System Leader, regarding the status of the STP and how current and prospective plans are likely to affect the L&D.

Action – DH to request David Carter provide an update

1.4.3 Overseas patients

Reassurances were received that action is being taken to identify the patients and seek payment. AH provided assurance that the Trust received 75% of the costs back from the CCG and the exposure is limited for the Trust. Ongoing review is being undertaken by FIP.

2. Matters Arising

None

3. KPMG External Audit

3.1 Progress Report and Technical Update

KPMG attended the Trust Annual Members Meeting.

Planning is starting for the audit for the 2017/18 accounts and this will be addressed at the next meeting early 2018.

The Technical Update noted changes in the rules for Data Protection, the 'General Data Protection Rules' (GDPR). FN stated that it is important to have a plan in place about how this will be addressed and the fines associated with non-compliance are large. The A&RC need to understand the issues and it was agreed that it would be prudent to seek some independent assurance on the plans that they would meet the requirements.

3.2 2016/17 Charitable Funds Audit

FN reported that KPMG had completed the audit of the Charitable Fund and there were no issues or recommendations to take forward. It was an unqualified opinion and the ISA 260 is with these papers for information. JG queried if the CFC was using the funds correctly. FN confirmed that the CFC was using the funds in line with the Charitable Funds objectives.

3.3 LD NHSFT Final ISA260

The final ISA260 of the 2016/17 accounts was included for information as it was not final at the last meeting.

4. PricewaterhouseCoopers Internal Audit

4.1 Final Annual Report
The annual report was draft at the last meeting. The final version will be circulated. There were no changes from the draft to the final.
Action – PF to circulate the report

4.2 Risk Assessment and Annual Plan 2017/18
The final audit plan was discussed and agreed at the Board in May 2017. It is reported here for completeness. The plan will continue subject to any required adjustments PWC noting in particular that: STP; GDE and Redevelopment are potential areas that may warrant review, the committee also noted that GDPR would require an independent review..
Action – establish Independent Assurance for the action plan related to GDPR

The committee also agreed that its review of assurance for each "auditable unit" remained current noting that the shortfalls in assurance on Business Continuity and Health and Safety will be progressed in January 2018.

4.3 Progress Report
Discharge planning has been discussed with the Director of Operations, Risk and Governance and the final report will be ready shortly.
Action – report to be issued to COSQ for review

The plan is progressing broadly on schedule. The committee considered and agreed the recommended changes: to remove the review of balance sheet accounting controls at Period 6 on the basis that the merger reporting accountants would undertake this review and instead undertake a review of drug procurement. AH reported that the Chief Pharmacist had requested a review in line with the Carter Recommendations and this is an area where there are potential risks and savings.
Action – Internal Audit to include as part of the IA plans for 2017/18

The planned audit on the delivery of the corporate plan was agreed to be subject to a review at the next meeting due to the potential merger and there remain outstanding actions from the previous Divisional Internal audits.

4.4 Medical Devices
The final report was noted and reassurance received that the action plan is being taken forward by the Trust. The action plan will form part of the audit actions reported to COSQ.

4.5 Discharge Planning Update
Previously discussed

4.6 Cyber Security Update
This report is to be finalised. The department have a clear view of actions that need to be taken.
Action PF to issue report to A&RC members as soon as finalised.

4.7 Financial Governance and Delivery of Financial Plan
The committee discussed in detail the Scheme of Delegation and the high risk issue identified by PwC on the design of control, the key issue being a lack of process control that supported the level of autonomy given to the divisions. The matter was to be further discussed at FIP 11 October 2017 with the Acting Chief Executive and Deputy Chief Executive.

4.8 Delivery of Savings Schemes
In comparison with other NHS bodies good financial tracking and monitoring of schemes was noted. However, there was limited evidence of any quality impact assessments having been completed and project plans were incomplete or missing for some schemes. The A&RC felt the deadline for review of QIAs set at Q4 was too late.
Action AH to review missing QIAs and the CIPs and Recovery plans programmes with the Executive

4.9 New Health – A Vision for Sustainability
The report was noted

4.10 Discussion on Learning on a merger/acquisition transaction
FN and PF noted that there are key things that the A&R Committee need to consider:

- Valuations and fixed assets
- Internal and External Auditors
- Standing Financial Instructions and Scheme of Delegation needs to be clear
- Value for money and going concern
- Due diligence and how are the NEDs assured of progress
- Contracts, IT and working capital
- Assurance would be received during the due diligence process, with reporting accountants and legal advisors to be appointed, and through NHSI oversight.

Action – NEDs to ensure that there is ongoing oversight through the Board Meetings

It was noted that PWC have been appointed as the Project Management Office for the merger. The committee were reassured that there was no conflict of interest and this would be subject to ongoing review.

5. Counter Fraud

Progress Report
GL reported back on the alert regarding emails to suppliers requesting orders to be completed that have not been agreed with the Trust. This is not a risk for the Trust but we have informed suppliers that there is 'no PO no pay policy' therefore to confirm there is a PO before completing the order.

6. 2016/17 Compliance

Waivers – The Trust is no longer the STP paymaster and this is now being supported by Milton Keynes CCG.

7. Board Secretary Reports

Risk Management & Governance – Management stretch is now included as a risk and the committee requested a review of the risk in line with key workstreams e.g. merger and Needs Based Care (NBC).
Action – to review the Management stretch risk and include a risk on NBC and merger

8. Sub Committee Updates

8.1 COSQ
Medical Devices and the Discharge Audit to be reviewed in November 2017

8.2 FIP
3rd and 4th Quarter will be challenging and plans are being put in place.

8.3 Remuneration and Nomination
Report attached for information. Noting two secondments of Pauline Philip and Mark England

8.4 Hospital Re-Development Committee
Work with the estates and redevelopment teams are continuing. Progress with off site locations, energy centre and electrical infrastructure is ongoing.
Action – DH to send the current discussion to the NEDs

8.5 Executive Board
Report noted.

8.6 Charitable Funds
Report noted.

9. NAO Cyber Security and Information Risk Guidance for Audit Committees and GDPR Update
Gaynor Flynn (Information Governance Manager) Philippa Graves (Director of IM&T), James Slaven (IT Manager) and Carlton Keddo (IT Security Manager) presented to the committee.

GDPR
Reassurance was received from GF that the Trust has been reviewing the guidance that is available and considering the issues that are being identified. A gap analysis will be undertaken to ensure that the Trust puts plans in place by the implementation date. This also will have an impact on the Information Governance Toolkit. However, IM&T were concerned at the significance of the work from the aspect of: their other competing activities and the resources available; and the lateness with which detailed requirements were being received from Government.

Cyber Security – Gap Analysis against NAO "Cyber security and information risk guidance"
The committee received a presentation that highlighted against each section of the guidance the Trust's current state of preparedness and the areas where further work is being undertaken to enhance security. A specific concern was raised in relation to ensuring equipment "controlled" outside of IM&T but had access to the network were secure. AR&C were firm that IM&T need to have the mandate to sign off all such equipment from a security perspective prior to it being accommodated on the network.

There are concerns about timely firewall testing however, reassurance was received that the organisation manages the challenges of attacks well.

Merger - PG gave a verbal outline of the extensive workplan that needs to be established for IT in relation to the proposed merger and her commitment to document that plan and required resources to the Acting CEO.

STP Digitisation – PG gave also gave a verbal update on IM&T's leading role in the STP Digitisation Priority 4 workstream.

Action
GF to complete a gap analysis of the GDPR and report to COSQ in November 2017
PG & A&RC to highlight importance of GDPR to be raised with FIP and the Executive Board
PG & AR&C to highlight the need for new equipment that has an IT interface to be signed off by IT at Business case stage and prior to order
AH and PF to consider IM&T proposal for penetration testing and revert to IM&T in order that commitment to the work can be made by 20 October 2017. Chair requested to be advised that this had been actioned.

10. Any other business
None

11. Private meeting with the auditors (officers exited)

LUTON & DUNSTABLE UNIVERSITY HOSPITAL

BOARD OF DIRECTORS

Agenda item	12	**Category of Paper**	Tick
Paper Title	Charitable Funds Committee Reports to Board of Directors	**To action**	☐
Date of Meeting	1st November 2017	**To note**	☒
Lead Director	Andrew Harwood – Director of Finance	**For Information**	☐
Paper Author	Andrew Harwood	**To ratify**	☐
Indicate the impact of the paper: **Financial** ☒ **Quality/Safety** ☒ **Patient Experience** ☒ **Equality** ☒ **Clinical** ☒**Governance** ☒			

History of Committee Reporting and Date	Charitable Funds Committee 4th October 2017
Links to Strategic Board Objectives	Objective 5 – Progress Clinical and Strategic Developments Objective 6 – Develop all Staff to Maximise Their Potential Objective 7 – Optimise our Financial Position
Links to Regulations/ Outcomes/External Assessments	Links to NHS Improvement in relation to the Trust Governance Framework
Links to the Risk Register	N/A

PURPOSE OF THE PAPER/REPORT

To update the Board of Directors on the findings and approval of the Charitable Funds Committee held on 4th October 2017

SUMMARY/CURRENT ISSUES AND ACTION

The Reports give an overview of the matters addressed including the following:

- Chairman's Announcements
- Future of the Charity
- Finance Update
- Fundraising Update
- Management Reports
- Bids for review

Public Meeting ☒ Private Meeting

REPORT of 4 OCTOBER 2017 CHARITABLE FUNDS COMMITTEE MEETING

Report from the 4 October 2017 Charitable Funds Committee.

For governance and auditing purposes:-

- The Committee members Present were:
  Clifford Bygrave, David Hendry, David Carter, Alison Clarke, John Garner, Andrew Harwood, Simon Linnett, Sheran Oke, Denis Melon, Jill Robinson, Vimal Tiwari and Mark Versallion.

- In attendance were:
  Sarah Amexheta, Jim Machon, Sarah Newby and Victoria Parsons

- Apologies were received from:
  Marion Collict, Angela Doak, Mark England and Danielle Freedman,

- Conflicts of Interest & Changes:
  Other than dual interest for the committee members for the Trust and Charitable Funds, none identified

- The minutes/report of a meeting held on 26 July 2017 were approved as an accurate record.

- The minutes/report of the previous meeting held on 13 September 2017 were approved as an accurate record, with an adjustment under CC340 to clearly show the reserve is now £500k.

Introduction **Action**

This report updates the Board of Directors on the matters considered at the Charitable Funds Committee on 4 October 2017.

The Board of Directors is asked to note the content of the Charitable Funds Committee Report.

CC349 Chairman's announcements

CC349.1 – The Committee agreed the out of committee spend on a fridge for outpatients in the sum of £170

CC350 Apologies for absence

Danielle Freedman, Marion Collict, Angela Doak and Mark England

CC351 Minutes of last meetings – 26 July and 13 September 2017

Minutes of the previous meeting agreed, with one amendment to the minutes of 13 September to clearly state that the new reserve is set at £500k under CC340.

CC352 Matters arising not on the agenda

Matters arising from the last meeting:

1. Feedback / evaluation on patient welcome pack – carry forward to next meeting — S Oke
2. Merged fund proposal discussed under agenda item; 5 - CC355
3. The committee agreed that the wording from the NICU commitment from LD1A does not preclude the allocation being reverted. It was agreed this commitment could now be released and therefore would not need to be disclosed on future accounts under LD1A.
4. V Parsons evidenced that the post investment review had and will be added annually to the Terms of reference as instructed by the committee.
5. Committee agreed to £5k allocation for the University of Hertfordshire to produce artwork for the maternity department.

CC353 Future of the charity

Report noted. The committee agreed to follow the recommendations of our previous investment adviser, that investments should only be released in line with spending requirements. It was also noted that the procurement process to consider future investment advice would begin shortly.

CC354 Finance reports

The Chairman asked the committee to note that the accounts and annual report for 2016/17 have been submitted to the Charities Commission. In relation to other matters the committee considered:

1. Dormant Funds – The committee noted that no responses to the request of spending plans had been received from the signatories of the dormant funds. It was agreed that any money that remained in these funds would be transferred back to LD1A, if a plan of spending was not received by 31st December 2017. — A Harwood
2. General fund LD1A update – Noted. A request was made for a report into existing balances still allocated from old bids, with a view to reverse some of the balances held. — A Harwood
3. LD1A commitment to NICU – Noted. The Chairman asked the committee to agree to a separate investment portfolio with separate investment criteria for the NICU restricted fund, with investments profits and losses allocated against it. It was highlighted that it is a legal requirement under the Charities act to do so. Committee agreed. — A Harwood

CC355 Management Reports

1. Unifying departmental charitable funds - The committee discussed the report; concern was raised over the grouping of funds and impact on signatories and also honouring donor intentions. The chairman asked to review the report with Sarah Newby, to resubmit to the next meeting. — C Bygrave / S Newby

CC356 Fundraising Update

The report was taken as read. The fundraising team highlighted the change in donor behaviours and requested that the committee looks to locate the team in a public facing area to maximise on donor footfall and grow regular giving donations.

It was also requested by the committee that the next fundraising report provides a detailed account of GDPR compliance for the charity. — S Amexheta / G Flynn

CC357 Bids for Approval

- CC357.1 Fundraising administration two year allocation – £315,951 funding agreed, which includes an additional band 6 fundraising post for the Luton and Dunstable Hospital.
- CC357.2 Staff Wellbeing fund two year allocation - £15k agreed to be funded from LD1A.
- CC357.3 Staff engagement bid – £26,782 agreed to be funded from LD1A, any balances held over from previous staff engagement bids to be reviewed and reported. Costs to be circulated to committee. — A Harwood / V Parsons
- CC357.4 Chaplain - £8,383 one year allocation agreed to support post.
- CC357.5 Oral and Maxillofacial Unit, refreshing existing areas - £15,363 plus VAT agreed to be funded from LD1A, providing the main signage publicises the hospital charities contribution.

CC358 Any Other Business

1. Birthing Pool – The Chairman raised a concern that the birthing pool funded by the charity and opened back in July, is still not in use. It was noted that this was due to ventilation issues with the room and infection control sign off. The committee requested that this was investigated, along with the cost of the ventilation needed for this room. — C Bygrave / D Carter

CC359 Next meeting

- TBC

LUTON & DUNSTABLE UNIVERSITY HOSPITAL

BOARD OF DIRECTORS

Agenda item	13	**Category of Paper**	Tick
Paper Title	Hospital Redevelopment Report	**To action**	☐
Date of Meeting	1 November 2017	**To note**	☒
Lead Director	David Carter, Acting Chief Executive	**For Information**	☐
Paper Author	David Hartshorne	**To ratify**	☐
Indicate the impact of the paper: **Financial** ☒ **Quality/Safety** ☒ **Patient Experience** ☒ **Equality** ☐ **Clinical** ☒ **Governance** ☒			

History of Committee Reporting and Date	Redevelopment Programme Board, 9 August 2017 Redevelopment Programme Board, 13 September 2017 Redevelopment Programme Board, 4 October 2017	
Links to Strategic Board Objectives	Objective 1 – Improve patient experience Objective 2 – Implement our New Strategic Plan Objective 3 – Optimise our Financial Plan	
Links to Regulations/ Outcomes/External Assessments	NHSI HSE CQC	
Links to the Risk Register	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.
Work on the revision to the OBC for the redevelopment scheme to reflect development of the services block independently of the full redevelopment programme has been started. This will feed into the FBC for the proposed merger between the Trust and the Bedford Hospital Trust
The work on the extension of the Oral Maxillo-Facial facility was completed at the end of September.
The tender for construction of the Sexual Health Services clinic and the Dermatology and Phlebotomy facility at Arndale House has been issued. The target is to identify a building contractor at the end of November. Negotiations on the lease documents have commenced. This is a key activity to resolve by the end of November.
Refurbishment of the mortuary is underway and will be completed in November.
A funding application to support the proposed helipad has been issued to the LIBOR fund. A decision is expected imminently.

ACTION REQUIRED
The Board is requested to note the report.

Public Meeting ☒ Private Meeting ☐

REDEVELOPMENT PROGRAMME BOARD REPORT
18 October 2017

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 9 August, 13 September and 4 October 2017. The meeting on 9 August was not quorate.

3. Main scheme

Following the announcement of the proposed merger between the Trust and the Bedford Hospital Trust, work is now underway to revise the OBC for the redevelopment to reflect construction of the Services Block in isolation from the remainder of the redevelopment scheme. The activity assumptions are under review to ensure that the revised OBC reflects both the intent of the service strategy inherent in the merger and the wider strategy for secondary care services being developed by the BLMK STP.

An application for funding to support the development of the helipad was submitted to the LIBOR fund in July. A decision is expected at the end of October.

3. Enabling schemes

The contract for the extension of the OMFS area was completed at the end of September.

The design for the remaining part of the first floor at Arndale House to accommodate Phlebotomy and Dermatology services is complete. Tenders for the contract were issued in October. The strip out work by the landlord has commenced and is due for completion at the end of November. Discussions on the legal documents have commenced. Signature of the Lease documents will be deferred until a decision on the change of use application has been received. This is expected in mid-November. The current programme shows handover to the clinical teams at the end of March 2018.

The redevelopment team are supporting the major schemes to deliver new equipment for the Imaging department. An initial phase of works to refurbish the Imaging department has been agreed. This will proceed in parallel with the work to refurbish the current MR scanners and to provide a third scanner.

4. Energy Centre

The Redevelopment Board has approved the retention of Essentia, a trading arm of the Guys & St Thomas's NHS Trust, to support the development of a clear brief for the provision of energy generation facilities on the site. This is a key step ahead of engaging with third party suppliers.This work will need to proceed alongside the work to deliver the new services block.

5. Programme Risk Register

The risk register has been updated and was reviewed by the Programme Board at the meeting in March. The register will be reviewed again in Q3.

6. Future activity

The redevelopment team are supporting the development of projects which address short-term capacity constraints within the Trust.

BOARD OF DIRECTORS

Agenda item	14	**Category of Paper**	Tick
Paper Title	Risk Register	**To action**	☐
Date of Meeting	1st November 2017	**To note**	☐
Lead Director	All Directors	**For Information**	☒
Paper Author	Victoria Parsons – Board Secretary	**To ratify**	☒
Indicate the impact of the paper: **Financial** ☒ **Quality/Safety** ☒ **Patient Experience** ☒ **Equality** ☐ **Clinical** ☒ **Governance** ☒			

History of Committee Reporting and Date	Clinical Outcome, Safety and Quality Committee 23rd August 2017, 20th September 2017 and 18th October 2017. Executive Board 24th October 2017.
Links to Strategic Board Objectives	Objective 1 – Deliver Excellent Clinical Outcomes Objective 2 - Improve Patient Safety Objective 3 - Improve Patient Experience Objective 4 – Deliver National Quality and Performance Targets Objective 5 – Implement our New Strategic Plan Objective 6 – Develop all Staff to Maximise Their Potential Objective 7 – Optimise our Financial Position
Links to Regulations/ Outcomes/External Assessments	NHS I – Trust Governance Framework CQC – All regulations and outcomes MHRA
Links to the Risk Register	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

The are 23 Board Level Risks on the Risk Register (23 in July 2017). 61% are currently high risk (15+).

All the Board Level risks are up to date with an action plan.

Board of Directors Review

The Board reviewed the risks on the 26th July 2017.

Risk ref	Risk Description	Agreed conclusion
1212	Agency costs 2017/18	New risk noted. Maintain
650	Bed Pressures	Maintain risk
669	Appraisal rate	Maintain risk
1211	Backlog maintenance	New risk noted. Maintain
1210	Vacancy rate	Review risk rating

Clinical Outcome, Safety and Quality Committee (COSQ)

COSQ reviewed clinical board level risks on the 23rd August 2017, 20th September 2017 and 18th October 2017.

Risk ref	Risk Description	Agreed conclusion
1226	National Antibiotic Availability	Maintain risk and archived in September 2017
669	Appraisal Rates	Maintain risk
1213	Management Time	Maintain risk and review

Emerging risks of transport and Low Molecular Weight Heparin availability

Executive Board Review

The Executive Board reviewed all Board Level Risks on the 24th October 2017.

Risk Review

Nine new risks were reviewed and approved between 18th July and 20th October 2017. No risks allocated as Board Level:

18 risks were closed, two at Board level:
1175 – Agency Costs 2016/17 (new risk for 2017/18 opened)
1226 – National Availability of Antibiotics (position resolved)

LUTON & DUNSTABLE UNIVERSITY HOSPITAL

BOARD OF DIRECTORS

Agenda item	15	**Category of Paper**	Tick
Paper Title	Board Secretary Report	**To action**	☐
Date of Meeting	1st November 2017	**To note**	☐
Lead Director	Chief Executive	**For Information**	☒
Paper Author	Victoria Parsons – Board Secretary	**To ratify**	☒
Indicate the impact of the paper: **Financial** ☐ **Quality/Safety** ☐ **Patient Experience** ☐ **Equality** ☐ **Clinical** ☐ **Governance** ☒			

History of Committee Reporting and Date	N/A
Links to Strategic Board Objectives	All Board Objectives
Links to Regulations/ Outcomes/External Assessments	Monitor – Governance Framework
Links to the Risk Register	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
- Constitution Update

ACTION REQUIRED

Board are asked to:

- Approve the Constitutional Changes

Public Meeting ☒ Private Meeting ☐

1. Council of Governors

There are currently three vacancies on the Council of Governors

1) University of Bedfordshire
2) Bedfordshire CCG
3) Hertfordshire Valley CCG

Ann Blandford resigned as the appointed Governor for University College of London in September 2017. A replacement will be sought.

The election process was completed in August 2017 and the following governors were elected:

Public: Bedfordshire	Roger Turner (re-elected) Jim Thakoordin (new – returning) Linda Grant (new)
Public: Luton	Judi Kingham (re-elected) Sue Doherty (re-elected) Keith Barter (new – returning)
Public: Hertfordshire	Malcolm Rainbow (new – returning)
Staff: Medical and Dental	Ritik Banerjee (re-elected)

2. Members

The Medical Lecture on the 11th October 2017 was on Colorectal Surgery and Stoma Care. The lecture was very well received.

The next Medical Lecture is in April 2018 and will focus on Dementia and Dementia Care.

The next Ambassador magazine will be issued to members in February 2018. This magazine will have a focus on the merger and include Bedford Hospital.

3. Constitution

Proposed amendments for current Constitution

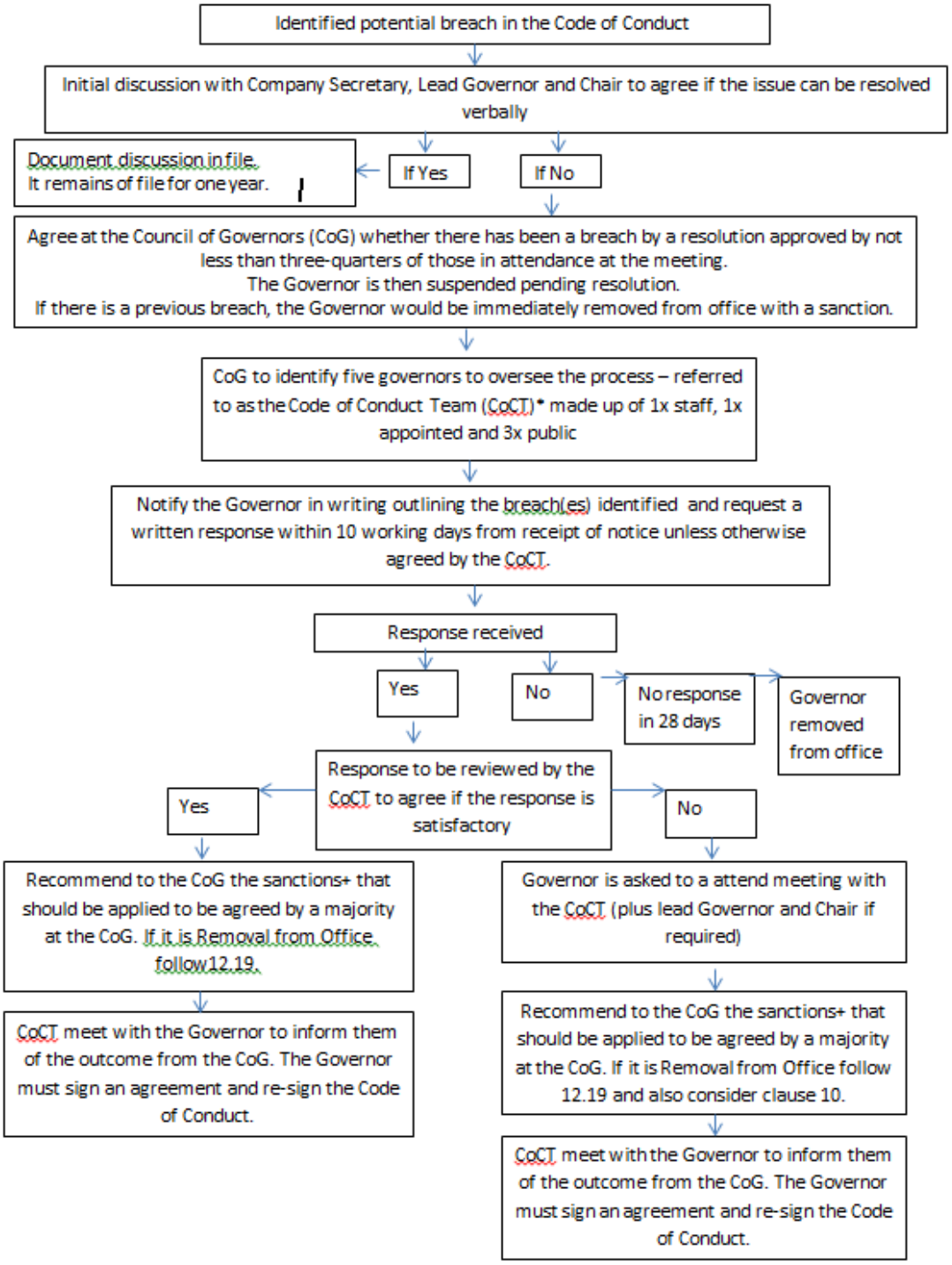
The Constitutional Working Group met on the 6th September 2017 and recommends the following amendments to the Constitution of the Luton and Dunstable University Hospital NHS Foundation Trust.

Previous / planned change	Addition/Change	CWG Agreement
Add the roles of 2 Deputy Lead Governors **Appointment of Lead Governor and Deputy Chairman of the Council of Governors** 12.13 The Council of Governors shall appoint one of the Governors to be Lead Governor and Deputy Chairman of the Council of Governors. 12.13.1 The Lead Governor	**Appointment of Lead Governor / Deputy Chairman of the Council of Governors and two Deputy Lead Governors** 12.13 The Council of Governors shall appoint one of the Governors to be Lead Governor/Deputy Chairman of the Council of Governors and **two other governors to be Deputy Lead Governors**.	Agreed

Previous / planned change	Addition/Change	CWG Agreement
and Deputy Chairman of the Council of Governors shall be elected by the Council of Governors for a period of 2 years. The elections will be held in October following the annual elections. 12.13.2 To be eligible to be the Lead Governor, a Governor must have been a Governor for 12 months 12.13.3 In the event of a vacancy, for any reason other than expiry of term of office, the Chairman of the Trust will appoint the chairman of one of the sub-committees of the Council of Governors to act as Lead, until a new Lead Governor and Deputy Chairman of the Council of Governors is elected for the remainder of that term of office. 12.13.4 The Council of Governors will elect a Lead Governor and Deputy Chairman of the Council of Governors within three months of the vacancy arising, to fill the seat for the remainder of that term of office	12.13.1 The Lead Governor/Deputy Chairman **and Deputy Lead Governors** of the Council of Governors shall be elected by the Council of Governors for a period of 2 years. The elections will be held in October following the annual elections. 12.13.2 To be eligible to be the Lead Governor **and Deputy Lead Governor**, a Governor must have been a Governor for the preceeding12 months 12.13.3 In the event of a vacancy, for any reason other than expiry of term of office, the Chairman of the Trust will appoint the chairman or **one of the Deputy Lead Governors** of the Council of Governors to act as Lead, until a new Lead Governor/Deputy Chairman of the Council of Governors is elected. 12.13.4 The Council of Governors will elect a Lead Governor/Deputy Chairman and **Deputy Lead Governor** of the Council of Governors within three months of the vacancy arising, to fill the seat for the remainder of that term of office	
12.18.2 If Governors fail to attend 6/12 meetings and seminars of which 4 should be meetings. If this is not achieved, this will be subject to a review meeting with the Chairman, Lead Governor and Board Secretary and could lead to a recommendation for the termination of office. Remove of which 4 should be meetings	12.18.2 If Governors fail to attend 6/12 meetings and seminars ~~of which 4 should be meetings~~. If this is not achieved, this will be subject to a review meeting with the Chairman, Lead Governor and Board Secretary and could lead to a recommendation for the termination of office.	Agreed
12.17.15 – Add new clause under eligibility to be a governor	have, within the last five years been removed from office as a governor of a Foundation Trust or other elected public office on grounds set out, or similar to those set out in 12.19.	Agreed
12.19 - A Governor may be removed from the Council of Governors by a resolution approved by not less than three-quarters of the remaining Governors present and voting on the grounds that Add using the process outlined in Annex 3	12.19 - A Governor may be removed from the Council of Governors by a resolution approved by not less than three-quarters of the remaining Governors present, **using the process outlined in Annex 3** and voting on the grounds that	Agreed
12.19.1 they have committed a serious breach of the code of conduct, or	12.19.1 they have committed a ~~serious~~ breach of the code of conduct, or	Agreed

Previous / planned change	Addition/Change	CWG Agreement
Remove the word serious		
Annex 3 – Governors Code of Conduct – Non-Compliance with the Code of Conduct. Propose amendments to the section.	See below**	Agreed

Code of Conduct Process Flowchart



* The Code of Conduct Team would have the support of the Company Secretary to ensure that the communications are pulled together and agreed through the legal and advisory channels.

+ Sanctions are: No Sanction, Verbal Warning, Written Warning or Removed from Office. The Code of Conduct Team are able to recommend and alternative sanction should these options not be deemed appropriate.

The following provisions shall apply to those subject to a Code of Conduct process:

a) Where misconduct takes place, the Chair shall be authorised to take such action as may be immediately required, including the exclusion of the person concerned from a meeting (s), Seminar (s) and Trust Committees.
b) If the Code of Conduct process is initiated, it would be suspended if the Governor resigns. However, should the person subsequently be re-elected as a Governor, the Code of Conduct process would be re-instated on election and before the office is taken up at the Annual Members Meeting. This is completed in line with the Code of Conduct Process Flowchart.

Recommendation

The Board of Directors are asked to approve the Constitutional amendments for the L&D Constitution.