

Luton & Dunstable University Hospital

Board of Directors

COMET Lecture Theatre

01 February 2017 10:00 - 01 February 2017 12:00

AGENDA

#	Description	Owner	Time
1	Chairman's Welcome & Note of Apologies	SL	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	SL	10.05
3	Minutes of the Previous Meeting: Wednesday 2 November 2016 (attached) To approve  3 Minutes BoD 021116 version 1 (3).doc 5	SL	10.10
4	Matters Arising (Action Log) To note	SL	10.15
5	Chairman's Report (verbal) To note	SL	10.20
6	Chief Executive's Report (attached) To note  6 CEO Report February 2017.docx 11	PP	10.30
7	Performance Reports  7 Performance Reports Header.doc 15		
7.10	Quality & Performance (attached) To note  7.1 Quality and Performance Report final.ppt 17	PR/DC	10.40

#	Description	Owner	Time
7.20	<p>Finance (attached)</p> <p>To note</p> <p> 7.2 Finance Report.docx 37</p>	AH	10.50
7.30	<p>Workforce (attached)</p> <p>To note</p> <p> 7.3 workforce Report January 2017_V4.pptx 47</p>	AD	11.00
8	<p>Executive Board Report (attached)</p> <p>To note</p> <p> 8 Executive Board Report February 2017.doc 53</p>	PP	11.10
9	<p>Clinical Outcome, Safety & Quality Report (attached)</p> <p>To note</p> <p> 9 COSQ Report Oct Nov.doc 69</p>	AC	11.20
10	<p>Finance, Investment & Performance Committee Reports (attached)</p> <p>To note</p> <p> 10 FIP Committee Report (January 2017) Board Pa... 73</p>	JR	11.25
11	<p>Charitable Funds Committee Reports (attached)</p> <p>To note</p> <p> 11 CFC Report Nov and Jan.doc 83</p>	DH	11.30
12	<p>Hospital Re-Development Committee Report (attached)</p> <p>To note</p> <p> 12 Hospital Redevelopment Report - January 17.doc 87</p>	DH	11.35
13	<p>Sustainability & Transformation Plan for Bedfordshire, Luton & Milton Keynes, October 2016 Submission (attached)</p> <p>To note</p> <p> 13 BLMK Oct 16 Submission FRONT SHEET.docx 91</p> <p> 13 BLMK-STP-final-public-summary.pdf 93</p>	PP/ME	11.40

#	Description	Owner	Time
14	<p>Risk Register (attached)</p> <p>To approve</p> <p> 14 RR February 2017.doc 113</p>	VP	11.45
15	<p>Board Secretary Report (attached)</p> <p>To ratify</p> <p> 15 Board Secretary Report February 2017.doc 117</p>	VP	11.55
16	<p>Details of Next Meeting: Wednesday 3 May 2017, 10.00, COMET Lecture Hall</p>		
17	<p>Close</p>		12.00

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BOARD OF DIRECTORS

Agenda item	3	Category of Paper	Tick
Paper Title	Minutes of the Meeting held on Wednesday 2 November 2016	To action	<input checked="" type="checkbox"/>
Date of Meeting	Wednesday 1 February 2017	To note	<input type="checkbox"/>
Lead Director	Pauline Philip	For Information	<input type="checkbox"/>
Paper Author	Pauline Philip	To ratify	<input checked="" type="checkbox"/>
Indicate the impact of the paper: Financial <input checked="" type="checkbox"/> Quality/Safety <input checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Equality <input checked="" type="checkbox"/> Clinical <input checked="" type="checkbox"/> Governance <input type="checkbox"/>			

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 2 November 2016

Present: Mr Simon Linnett, Chairman
Mrs Pauline Philip, CEO
Mr David Carter, Managing Director
Ms Angela Doak, Director of Human Resources
Mr Andrew Harwood, Director of Finance
Ms Patricia Reid, Chief Nurse
Mr Mark England, Director of Re-Engineering
Dr Danielle Freedman, Chief Medical Adviser
Ms Alison Clarke, Non-Executive Director
Mr John Garner, Non-Executive Director
Dr Vimal Tiwari, Non-Executive Director
Mr David Hendry, Non-Executive Director
Mr Mark Versallion, Non-Executive Director

In attendance: Ms Marion Collicot, Director of Operations
Ms Cathy Jones, Director of Service Development
Mr Ian Allen, Director of Estates and Facilities
Ms Victoria Parsons, Board 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 Ms Jill Robinson and Mrs Sarah Wiles.

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 27 JULY 2016

The following amendments were highlighted:

Page 3 – Add 'Lord' to Carter recommendations.

Page 4, item 4, should read "will impact on the Trust financial rating" not on STP funding.

Page 5, item 14 – should read "there were no new Board level risks and risks have been closed ..."

Page 5, Question (a) – change to "Physician Associate".

The minutes were then approved as an accurate record.

Proposed: J Garner

Seconded: A Clarke

4. MATTERS ARISING (ACTION LOG)

There were no actions recorded.

5. CHAIRMAN'S REPORT

The Board received the Chairman's report as follows:

It was noted that Sarah Wiles, Chief of Staff, was off sick and the Board offered their best wishes to her.

Patricia Reid, Chief Nurse, is leaving the Trust in the new year to take up a new position at Poole Hospital and it was acknowledged by all that she will be missed.

It was noted that the new NHSI governance rating has been implemented and the Chairman thanked everyone for their hard work.

6. CHIEF EXECUTIVE'S REPORT

The Board received the Chief Executive's report. Attention was drawn to:

IHI Patient Safety Review – The Chairman asked when we would have completed our work with IHI in the design of the Patient Safety Initiative which will be launched at our December 'Good, Better, Best Event'. The CEO reassured him that the initiative would be ready in time for the launch.

Food Standards Agency Rating – The Chairman asked David Carter to explain the issues that have led to recent media interest relating to catering services. D Carter explained that the media interest related to Engine receiving a score of 1 in the food hygiene ratings. D Carter explained that a re-inspection was anticipated in January 2017 and an improved score was expected.

STP – Mark Versallion asked a number of questions relating to the next steps in the STP process. The CEO set out the intentions of the STP with regards to publication and engagement. Mark Versallion congratulated the STP team on the work that it has done to date, bringing together 16 organisations with a determination to provide the best possible care for our patients. The Chairman asked for an update on control totals and the position of the STP. He stressed that the proposed control total for L&D for 2017/18 would appear to be unachievable.

7. PERFORMANCE REPORTS

Quality & Performance Report – the Board received the report. The following key points were noted and discussed.

The Board congratulated Patricia Reid on the significant improvement in a number of areas of performance including pressure ulcers and falls. P Reid updated the meeting on our ongoing focus on cleaning. David Carter added that real progress is being achieved.

With regards to HSMR, P Reid updated the meeting on the work taking place to consistently scrutinise our hospital mortality. Dr Freedman reassured the Board that a number of meetings had occurred at a senior level to understand why our HSMR is not as low as would be expected given the overall performance of the organisation.

P Reid drew the Board's attention to the patient experience report and the progress that has been achieved. There was also some discussion about the decision to revert to the centralisation of complaints.

With regard to National Performance targets, D Carter reported that while our overall performance is good, RTT is becoming an increasing challenge and that a number of measures have been put in place to improve performance. The CEO stressed the importance of ongoing performance.

Finance Report – Andrew Harwood presented the report. The following points were highlighted.

In response to a question from D Hendry with regards to agency staffing, he discussed our most challenging issues. A Doak added that the real issue related to medical agency.

The Chairman asked about our end of year position with our CCGs. A Harwood stressed the importance of our local CCGs having access to funds that have been top sliced from their allocations.

Workforce Report – Angela Doak talked to the Workforce report and the following points were noted.

M Versallion asked about the conversion rate of our overseas applicants offered posts to actual recruits. The Board also discussed some issues with regard to references and notice periods.

8. EXECUTIVE BOARD REPORT

The CEO took the Board through the Executive Report and M Collict responded to questions from the chairman in relation to GP trainees and Trauma and Orthopaedic trainees.

9. CLINICAL OUTCOME, SAFETY & QUALITY (COSQ) COMMITTEE REPORTS

A Clarke introduced the COSQ committee report. There were no further questions.

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

David Hendry introduced the FIP committee reports. There were no further questions.

11. AUDIT & RISK COMMITTEE REPORT

David Hendry introduced the Audit and Risk Committee report. There were no further questions.

12. HOSPITAL RE-DEVELOPMENT COMMITTEE REPORT

The Board noted the report, which was taken as read. David Hartshorne highlighted progress with regards to the helipad project and other enabling schemes.

13. RISK REGISTER

Victoria Parsons reported Board level risks. D Hendry asked for further detail to be provided when a risk is closed.

14. BOARD SECRETARY REPORT

The Board noted the report from the Board Secretary. The Chairman expressed his thanks to Governors for all the work that they do to support the organisation.

ANY OTHER BUSINESS

No further business was raised.

QUESTIONS/COMMENTS FROM NON BOARD MEMBERS

The following questions were asked by the audience:

- a. In a response to a question concerning how complaints are managed, M Collicot explained the rationale behind the earlier decentralisation of complaint handling and the recent decision to have some centralisation moving forward.
- b. I Allen answered a question concerning the improvement of pathways and roads.
- c. In response to a question relating to appraisals, A Doak explained that a process is now in place that requires Divisions to provide assurance that managers are conducting appraisals in a timely manner.

SUMMARY OF ACTIONS

To be made available after the meeting.

VP

15. DETAILS OF THE NEXT SCHEDULED MEETING:

Wednesday 1 February 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



BOARD OF DIRECTORS

Agenda item	6	Category of Paper	Tick
Paper Title	Chief Executive's Report	To action	<input type="checkbox"/>
Date of Meeting	Wednesday 1 February 2017	To note	<input checked="" type="checkbox"/>
Lead Director	P Philip	For Information	<input checked="" type="checkbox"/>
Paper Author	P Philip	To ratify	<input type="checkbox"/>
Indicate the impact of the paper:			
Financial <input type="checkbox"/> Quality/Safety <input checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Equality <input type="checkbox"/> Clinical <input checked="" type="checkbox"/> Governance <input checked="" type="checkbox"/>			

History of Committee Reporting and Date	N/A
Links to Strategic Board Objectives	Objective 1 – Deliver Excellent Clinical Outcomes Objective 2 – Improve Patient Safety Objective 3 - Improve Patient Experience Objective 5 – Implement our New Strategic Plan Objective 6 – Secure and Develop a Workforce to meet the needs of patients
Links to Regulations/ Outcomes/External Assessments	Monitor CQC
Links to the Risk Register	None

PURPOSE OF THE PAPER/REPORT

To update the Board on current issues.

SUMMARY/CURRENT ISSUES AND ACTION

The report provides updates on current issues.

ACTION REQUIRED

To note the content of the report.

Public Meeting



Private Meeting



LUTON AND DUNSTABLE HOSPITAL NHS FOUNDATION TRUST

CHIEF EXECUTIVE'S REPORT

FEBRUARY 2017

1. STAFF OWNERSHIP AND ENGAGEMENT EVENTS

The Board will be aware that our most recent Good, Better, Best Christmas staff engagement event took place in December and was extremely well attended by all staff groups.

The themes for the event included sessions on Patient Safety, the L&D's new Freedom to Speak Up Guardian, and an update on the Bedford, Luton and Milton Keynes Sustainability & Transformation Plan (STP).

We were delighted to welcome Margaret Murphy as a keynote speaker. Margaret talked about the death of her son Kevin in 1999 following a number of errors in his care. Since his death she has worked tirelessly to raise the importance of Patient Safety internationally.

We are currently analysing all the feedback from the sessions which we will report back through Staff Briefing and Trust newsletters.

2. TRUST QUALITY BUDDY PROGRAMME

Gwen Collins, as the Clinical Advisor to the Board, is leading on re-initiating the buddy programme across the Trust. Gwen is redesigning the process, incorporating the current ward based nursing 'Back to the Floor', to ensure that the programme is supported by the senior management team and reported through the Trust's governance as part of overall assurance.

3. HEALTH SELECT COMMITTEE VISIT

The House of Commons Health Committee visited the Luton and Dunstable hospital and the East of England Ambulance station in Bedford on Tuesday 6 September 2016. Members of the Committee met with a range of staff and were able to explore the reasons behind the success of the Trust in delivering emergency care. Their visit was part of their research in the preparation of their report on winter pressures.

“*Winter pressure in accident and emergency departments*” was published on the 3rd of November 2016 and contains a reflection of the way in which the hospital has approached delivery despite the challenges we face. The report recognised the urgency in addressing the underfunding of adult social care to relieve pressure on emergency care.

4. WINTER PLANNING

NHS Improvement wrote to all Trusts on 9 December setting out their expectations with regards to Winter Planning. The Trust has been able to consistently deliver both emergency and elective performance during December and January and this has been reflected in daily reporting to NHSE and NHSI. I am sure the Board will wish to once again acknowledge the tremendous work done by our staff in ensuring that all of our patients receive good and timely care, despite the pressures that the NHS is experiencing.

5. SUSTAINABILITY AND TRANSFORMATION PLAN (STP)

Agenda item 13 included the STP October submission to NHSE, NHSI and other ALBs. There will be a national event for STP Leads on 30 & 31 January which will focus on the future work programme for STPs.

Work continues across all priorities with a high level of engagement from partners. There has been particular focus on the development of a Collaborative Improvement and Savings Programme across the 3 acute hospitals and the 3 CCGs. This will involve the design of critical interventions for patients to change clinical pathways early in 2017/18. These will include the care of patients in nursing and residential settings. This will be an exciting opportunity for the Trust to bring clinicians together from across the system to address some long standing fragmentation in care models. In addition, the STP continues to make good progress in a number of other areas, including improved Information sharing across pathways using SystemOne. There are regular updates, and more information is being added to the STP’s website: www.blmkstp.org

BOARD OF DIRECTORS

Agenda item	7	Category of Paper	Tick
Paper Title	Performance Reports	To action	<input type="checkbox"/>
Date of Meeting	1 February 2017	To note	<input checked="" type="checkbox"/>
Lead Director	1. Patricia Reid, Chief Nurse / David Carter, Managing Director 2. Andrew Harwood, Director of Finance 3. Angela Doak, Director of Human Resources	For Information	<input type="checkbox"/>
Paper Author	As above	To ratify	<input type="checkbox"/>

Indicate the impact of the paper:

Financial Quality/Safety Patient Experience Equality Clinical Governance

History of Committee Reporting and Date	Executive Board 24 th January 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	1175 – Agency Costs 1018 – HSMR	650 – Bed pressures 669 – Appraisal

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

October, November, December 2016 data

Medical Directors

Chief Nurse

Managing Director

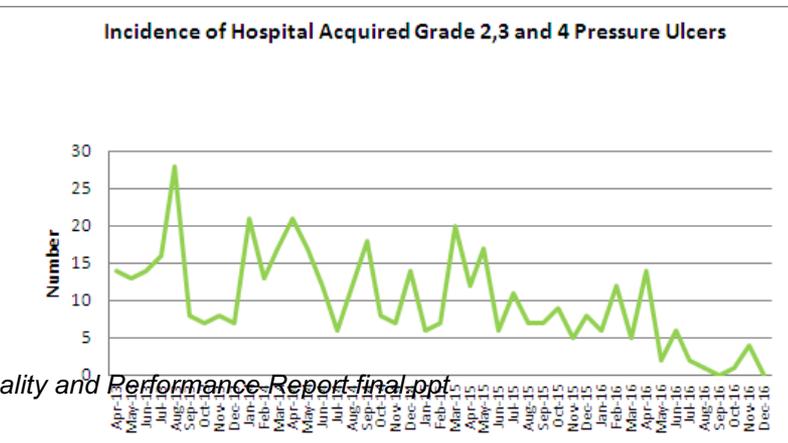
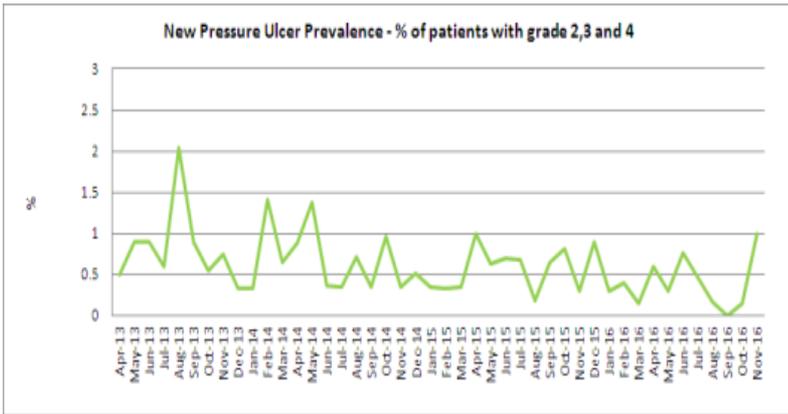
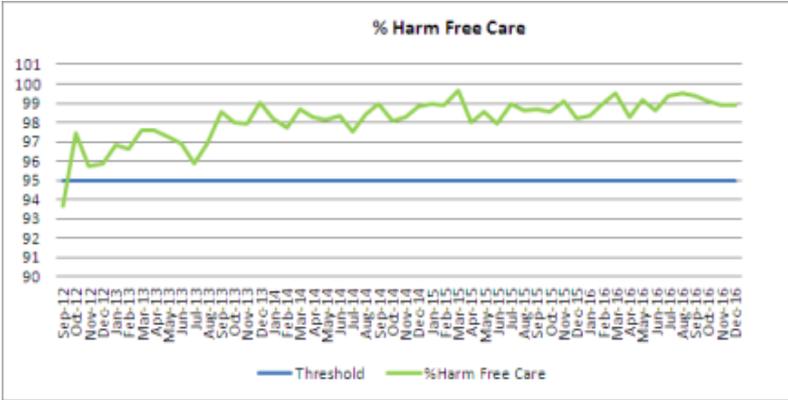
Safety Thermometer

Safe

Effective

Caring

Responsive



Harm Free Care

We have continued to deliver high levels of Harm Free Care to our patients (99.07% in October, 98.92% in November, 98.89% in December).

Pressure Ulcers

In October one unavoidable grade 2 pressure ulcer was recorded.

In November four patients developed a pressure ulcer whilst in our care, three patients sustained a Grade 2 and one a Grade 3. All were deemed unavoidable as all three patients developed skin damage despite optimum care and preventative measures in place. The Grade 3 is currently being investigated.

In December there were no pressure ulcers.

The Tissue Viability Service has also increased visibility and educational support to ward areas and has been reviewing all hospital acquired pressure damage on a daily basis Monday to Friday. Their focus has been on the prevention and management of heel ulcers, changing the heel protection product to a simpler product and by adding the new SSKIN care planning bundle into the patient admission booklet and educating staff at the bedside on its use. In addition, pressure ulcer training is given in 'Stop the Pressure' study days, in statutory training and opportunistically on the wards, taking every opportunity to improve care.

Suspected Deep Tissue Injury (SDTI)

A SDTI is defined as "a localised discoloured area of intact skin or a blood-filled blister". There are a number of reasons why SDTIs develop, including pressure and shear and they are often seen in patients who have been acutely unwell. Once identified, SDTIs are closely observed for signs of further deterioration over a two week period. In November all were resolved with SSKIN bundle care and were deemed as unavoidable whilst in December six of the SDTIs were on patients who passed away within a maximum of 9 days after SDTI identified.

Safety Thermometer

Safe

Effective

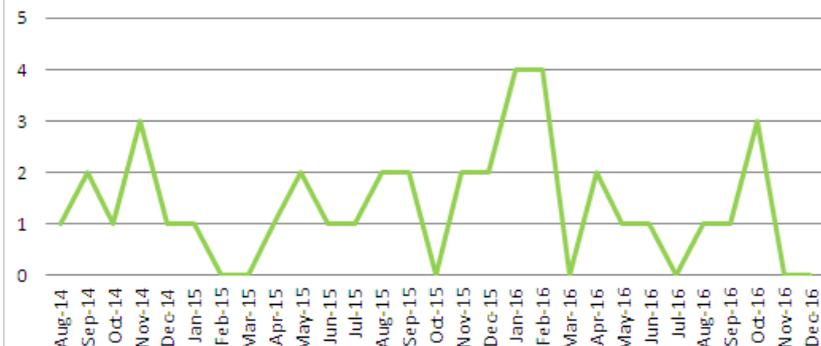
Caring

Responsive

Falls Rate per 1000 Bed Days



Falls Prevalence - Number of falls with harm



Patient Falls (incidence)

During October, November and December there were 75, 78 and 69 inpatient falls respectively. This is a 9% decrease from the same quarter last year. There was also a decrease in the 1000 bed day rate from 4.45 in Q3 last year to 3.85 this quarter.

There were 7 falls that were deemed to be "moderate or above" harm. Three patients sustained hip fractures that required surgical intervention. The other four injuries were managed conservatively. The injurious falls occurred Trustwide and all have, or are in the process of RCA investigation. Focus has been on ascertaining if these falls are considered unavoidable with all assessments in place and appropriate interventions actioned.

There continues to be a number of patients who are falling more than once during their admission. This is being highlighted to Matrons in their weekly falls data update and the patients are being reviewed by the Falls Clinical Nurse Specialist (CNS).

Use of enhanced observation for high risk patients continues to be closely monitored with daily review by Matrons and Ward managers.

The new Nursing Documentation is now in place Trustwide. This incorporates the recommended NICE multifactorial risk assessment for all patients 65 and over and those patients clinically considered to be at risk.

The Falls Sensor trial has now been completed with a successful trial of a wireless system that reduces the risk of patient/user error when moving from bed to chair and can also be used in side rooms. The plan is to introduce the new sensors on Ward 14 and 15 by February 2017.

The Falls CNS has been working with the Risk Team looking at ways of improving the reporting of falls incidents to obtain more meaningful data and trend analysis.

Safety Thermometer

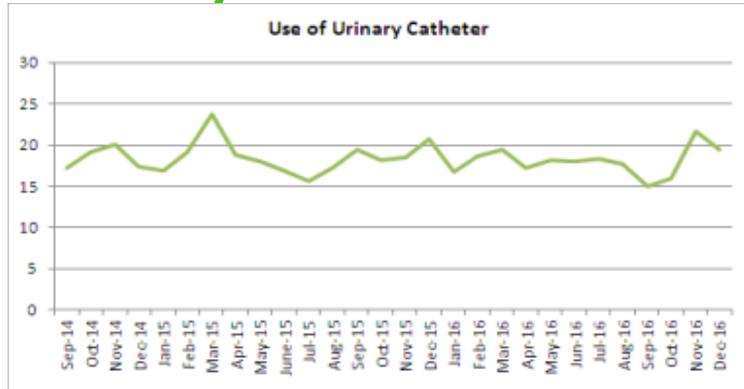
Safe

Effective

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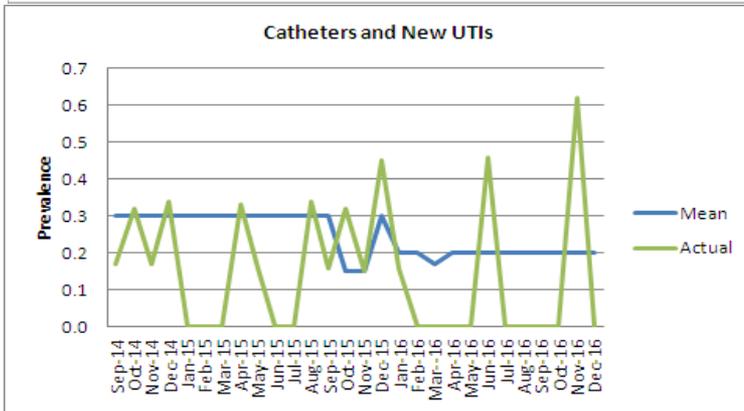
Catheter Acquired UTI



Use of Urinary Catheters:

The key reasons for catheter usage continues to be for either the accurate management of fluid balance or the management of urinary retention. In October 15.92% of patients had an indwelling catheter inserted with no patients developing a new urinary tract infection. In November there was an increase in the number of catheters in situ to 21.6 % due to increased patient activity. December has seen a reduction in the numbers of catheters to 19.43%.

The Clinical Nurse Specialists are working collaboratively to monitor the use of catheters and provide support to areas of high usage to ensure that all areas have a robust system of assessment of the need for catheters to remain in situ.



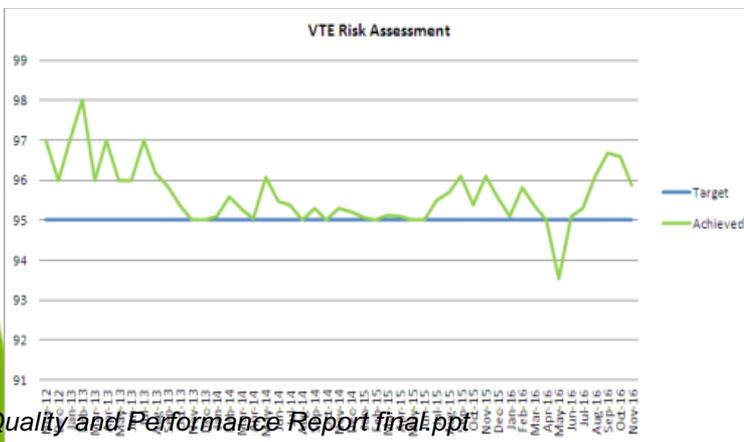
VTE Risk Assessment:

VTE risk assessment compliance has improved over recent months. The following strategies have been put in place to support improvements:

1. Providing managerial teams with patient level compliance data to enable them to follow up outstanding VTE risk assessments.
2. Providing VTE compliance rates to the wards, consultants and managerial teams to enable them to follow up wards with poor VTE compliance rates.

An upgrade to the electronic prescribing system has been implemented. This will enable the VTE risk assessment module to be implemented. This supports a trigger to VTE risk assess patients on admission. A pilot of this system will be trialled in Medicine.

VTE



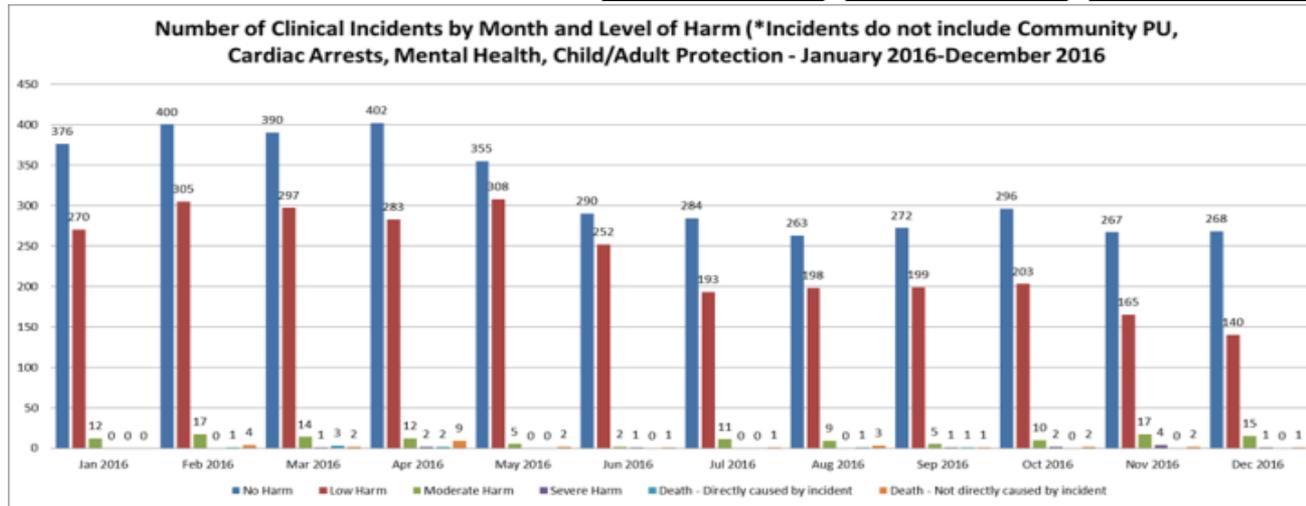
Incidents

Safe

Effective

Caring

Responsive



Incident reporting: The above graph provides details of the number of incidents reported per month and by level of patient harm. Improved training and support is contributing to greater accuracy of data.

Work continues to reconfigure the Datix risk management system to ensure the Trust can extract meaningful and accurate information. In Quarter 3, the following improvements have been made:

- The system has been upgraded to allow new users to register for an account
- 54% of user accounts have been configured into staff profiles which means they can now see:
 - incidents that apply to their areas/departments
 - to do list – this helps each user to manage their workload, showing the records that need their specific attention
 - actions module – this module allows tasks to be created based on the findings of incidents, risks and complaints enabling quality improvements from learning
 - my reports – this allows reports to be saved and created with a few clicks of a mouse
- Duty of candour sections have been launched on the reporting and investigation forms for incidents graded moderate harm, severe harm or death
- The investigation section has been modified to enable investigators to add their investigation findings and add lessons learned

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 for September and October. The Trust was 100% compliant across both months.

The Risk and Governance Team are currently validating November and December incidents where the statutory duty may apply.

Serious Incident (SI) Investigations: 2 Serious Incidents were identified and reported in October 2016, 2 in November 2016, none in December 2016:

October:

- Sub optimal care of a septic patient (severe harm)
- Colorectal surgery – procedural error (severe harm)

November:

- Avoidable Grade 3 Pressure Ulcer (severe harm)
- Perforated iliac artery during cardiology intervention (severe harm)

Learning from Serious Incidents:

During Quarter 3 the Trust submitted 5 Serious Incident investigation reports to Luton CCG.

- Child death from sepsis secondary to Chickenpox
- Intrapartum stillbirth
- Cardiac arrest – delays in transfers of care*
- Information Governance breach
- Intrauterine death

*Downgraded by Luton CCG on receipt of investigation findings which showed no acts or omissions in care that contributed to the outcome.

Key learning points from the completed investigations included:

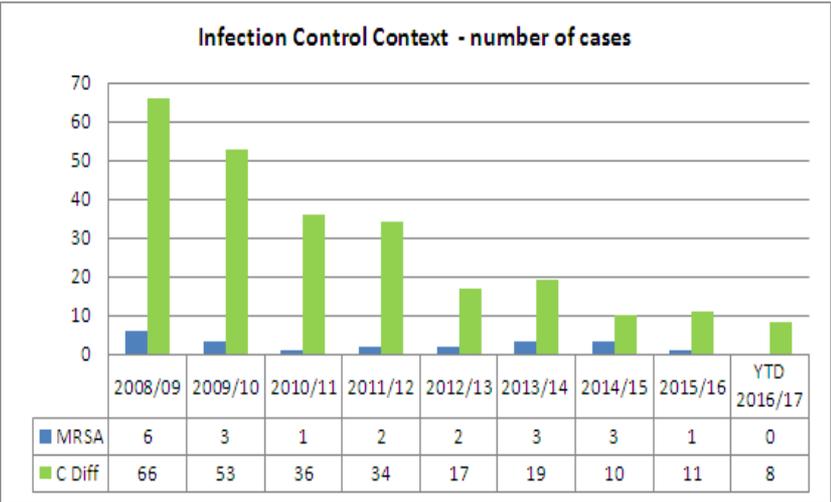
- The importance of handovers of care between professionals and organisations
- The importance of early recognition and treatment of sepsis using agreed standards and protocols
- The importance of thorough clinical assessments with findings documented
- The timeliness of epidurals in labour for pain relief to be optimal
- Situational awareness: The need for staff to consider alternate delivery technique(s) much sooner when faced with a challenging impacted fetal head at the time of delivery
- The requirement for safe and secure storage of patient data off site out of hours

Infection Control

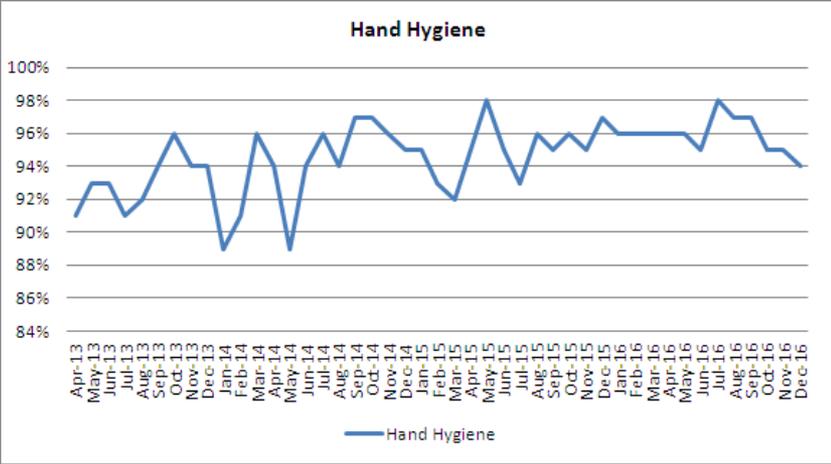


	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
C Diff	0	1	0	2	1	1	1	1	3	0	0	1	1	0	2	2	0	1	0	0	2
MRSA	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

MRSA and C. Difficile



Hand Hygiene



The Pilot Programme for Electronic Hand Hygiene Monitoring – Compliance with electronic hand hygiene has improved in two areas but all areas were still below the optimum target. Observational hand hygiene audits were carried out in all the participating wards over a 4 week period measuring compliance against the “5 moments of hand hygiene”. A six week improvement plan was agreed following the audit with a breakdown of the “5 moments” to enable staff to focus improvement on one aspect at a time. The Infection Control Team (ICT) continue to perform “traditional” observational audits with ward staff to understand more about staff perception of hand hygiene compliance and provide feedback.

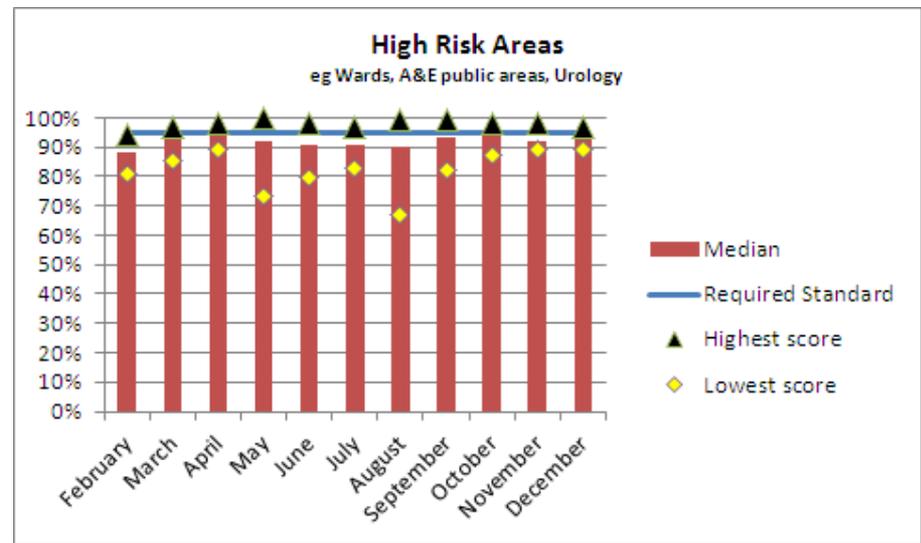
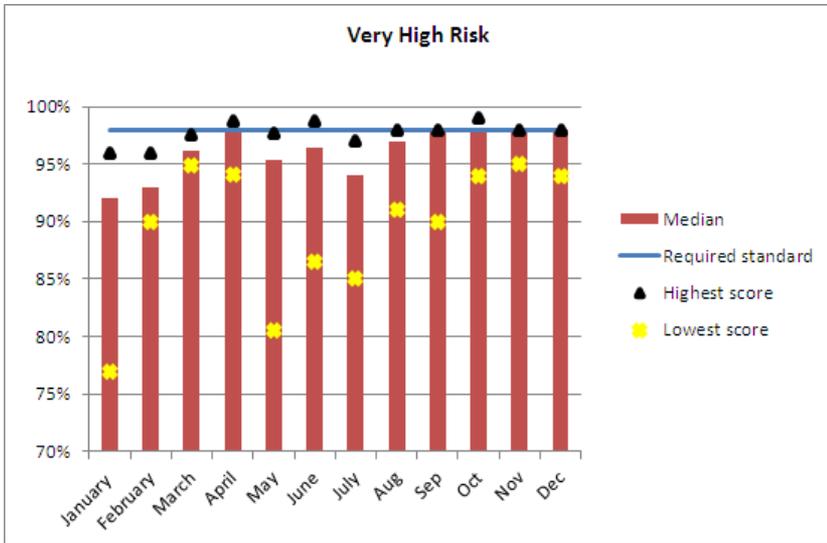
C.difficile – At the end of December 2016 we have recorded 8 cases of hospital acquired *C.difficile* infections. The outcomes of the RCAs performed by the clinical teams have been used for learning within the hospital and wider community. Where there are “no lapses in care” the ICT can appeal to the CCG for those cases to be removed from figures for financial penalty breach (they are still counted towards our trajectory). In December two such cases were identified and have been put forward for appeal.

Gram negative Multi-Drug Resistant Organisms (GNMDRO) – An additional alert flag has been introduced onto the Extramed System in October for identification of patients who require isolation and barrier nursing on admission because they have a previous infection/colonisation with MDRO. This information is critical to aid placement of these patients when re-admitted.

Cleanliness

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 was a recalibration of the way in which the audit scores were recorded in April following a review by an accredited cleaning auditor which means that the scores since May 2016 are more reliable than for earlier months (and based on much higher samples). 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.

Cleanliness

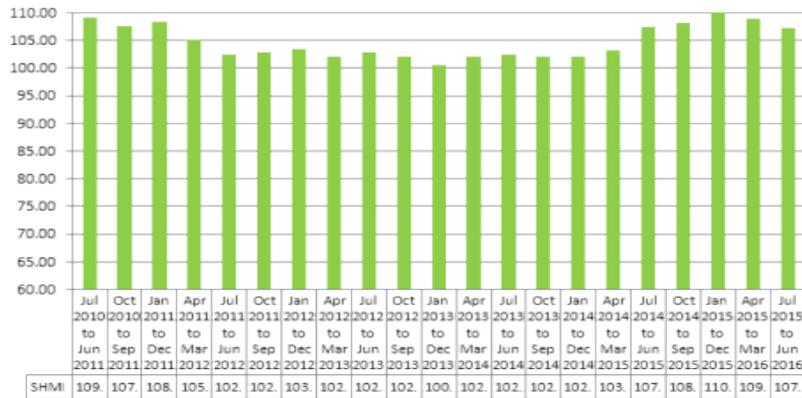


Mortality

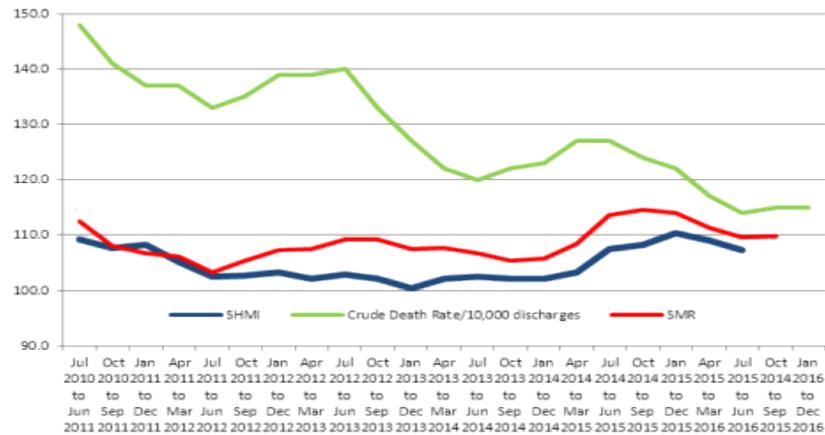


The rolling 12-month SHMI data saw a further reduction in June 2016 to 107.3, the trend closely following that seen for SMRs. The rolling 12-month SMR was 109.74 for September 2016. The crude mortality rate for 2016 as a whole remains low at 115 deaths per 10,000 discharges.

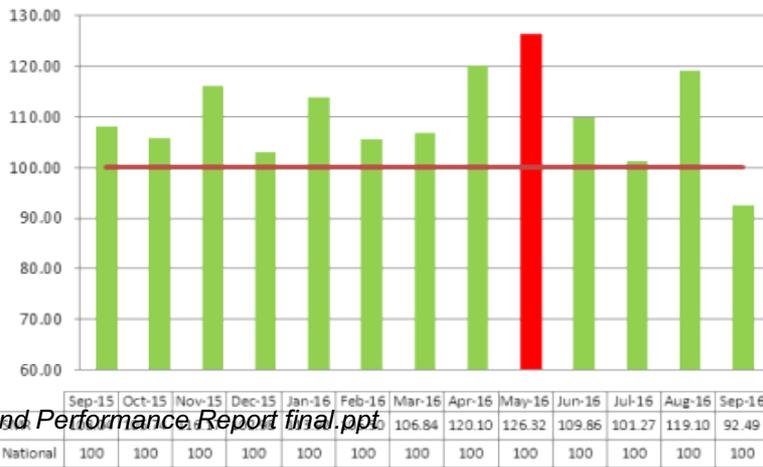
Summary Hospital-level Mortality Indicator (SHMI) - rolling 12 months



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

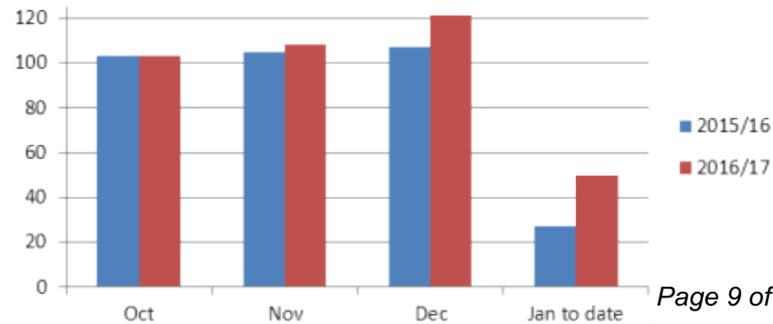


Standardised Mortality Ratio (SMR) - monthly



Early January 2017 has seen a sharp increase in deaths. The first 10 days of the month saw 50 inpatient deaths whereas in the same period in 2016 there were only 27 and 52 in 2015. Inpatient activity for 2016/17 as a whole has been nearly 6% higher than for 2015/16 but for the first 10 days of January 2017, admissions were 12% higher than the same period in 2016. Initial investigation suggests that many more than expected of these deaths are from Hertfordshire.

Actual inpatient deaths



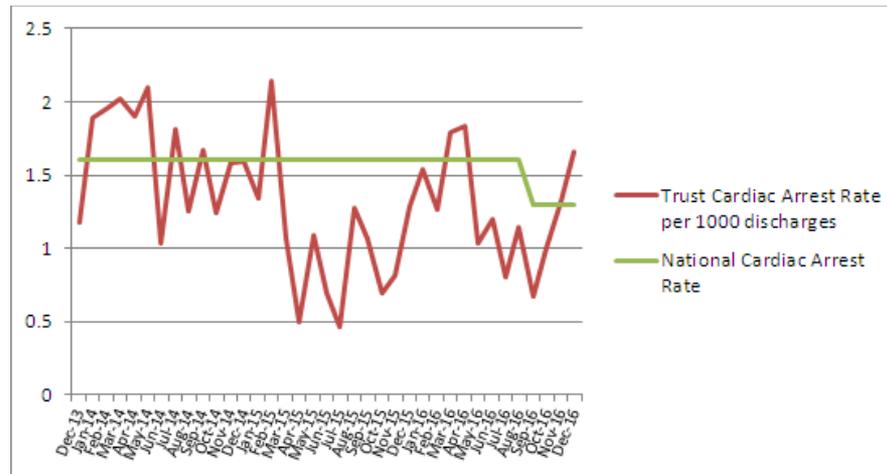
Cardiac Arrest Rate

Safe

Effective

Caring

Responsive



The average cardiac arrest rate for the last 6 months has been 1.09, compared to the same period last year when it was 0.935. Over the last 3 months there has been a steady increase in the cardiac arrest rate with the rate for December 2016 being 1.66. This mirrors the rise in the first quarter of 2016, following which an investigation was conducted, to identify the lessons learned. The investigation highlighted themes which were :

- increase in the number of arrests in the patients under the age of 65yrs;
- increase in the number of arrests within 36hrs of admission;
- management of acute abdomen;
- clinical areas with delayed observation;
- delayed decision making for critical care beds.

The medical team presented the findings at the Grand Round to engage clinicians in identifying the steps to improve the management of deteriorating patients.

There has been a focus on working with the wards where observations are delayed to understand the factors which influence the timeliness of observations. The resuscitation team are introducing a Treatment Escalation Plan in February 2017 – it is anticipated that this will assist with ensuring patients have decisions made appropriate to their needs by the responsible clinicians, so that out of hours clinicians have a clean plan for managing deteriorating patients.

Patient Experience



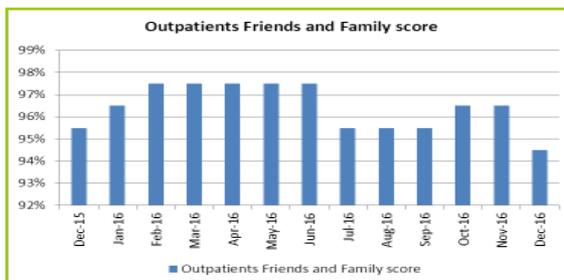
The Friends and Family Test (FFT) is a National Initiative, the scores are published each month by NHS England enabling benchmarking against other Trusts both regionally and nationally. Although NHS England only use data from inpatients, A&E and Maternity services, as a Trust we also monitor responses from all our outpatient areas. 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. It also encourages patients to leave both positive and negative comments about their experience, allowing specific wards or departments to take action and drive improvements and in some cases respond directly to the patient. This process is a key element to effectively monitor & learn from the Patient Experience in the Trust. Although we have been steadily increasing our response rate over the past year, exceeding **4500** in October & November 2016, work is still needed to ensure it is firmly embedded in all areas of the Trust. December showed a slight decrease in responses, however this is historically a pattern over the holiday period. We continue to work with particular wards where we have identified a need to increase their response rate to the Friends and family test (FFT). We continue to promote the use of the IPAD which enables staff to obtain and manage real time feedback, and has been a contributory factor to our overall increase in the total number of FFT responses received.

The overall Trust recommend score for December 2016 was **94%**, We still need to improve the response rates to achieve and exceed the National Average (NA): Our volunteers continue to support the wards using the IPAD collecting FFT feedback.

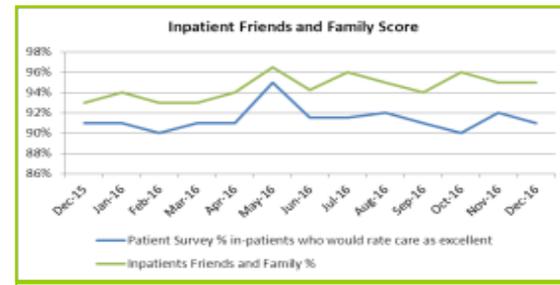
Friends and Family



The overall recommend score for **A&E** in December 2016 was **97 %**. This was a decrease from the November score of 98 %. However the trust has continued to maintain a score of more that 96% - since April 2016, consistently achieving above the latest national average score of **86%** (November 2016).



The overall recommend score for **Outpatients** in December 2016 was **94%** this was a decrease from the November & October 2016 scores. However remains above the latest national average score of **93%**.



The overall recommend score for **Inpatients** in December 2016 was **95%**, This score was the same as November 2016 and the same as the latest NHS England data which shows a national average recommend score of **95%** (figures from November 2016).

The **Maternity** score is only linked to question 2 of the FFT **'how likely are you to recommend our Labour ward, birthing unit or homebirth service to friends and family if they needed similar care or treatment?'**

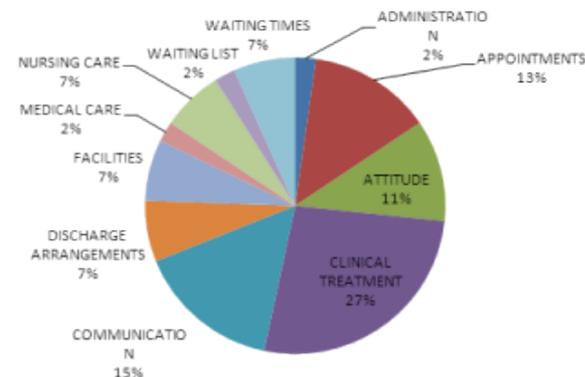
During December Maternity have continued to work to increase the response rate, and the Patient Experience team continue to make themselves available to support this work further. This month received **345** responses which was a drop from November's **500** however remains above the October figure (**229**). The recommend score has again increased to **96%** showing an improvement on the scores of **94%** & **91%** respectively in November. The response rate for November also showed significant improvement reaching 21% - just 2% below current national average of 23%.

Patient Experience



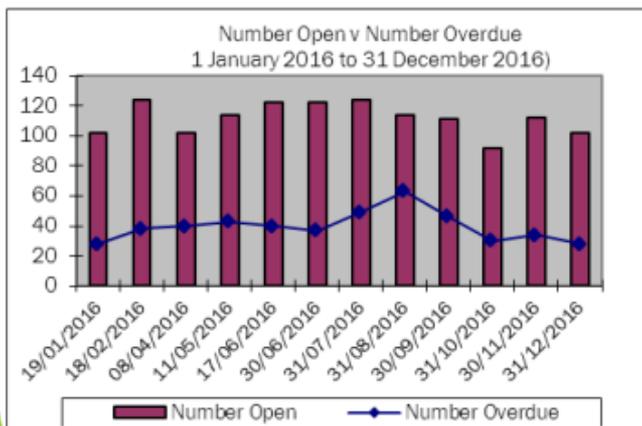
New Formal Complaints Including Re-Opened Complaints. The chart below sets out the monthly complaints received by Division in 2016.

Formal Complaints (Including Re-Opened Formal Complaints)												
	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Surgery	14	21	16	23	13	19	22	19	17	18	26	23
Medicine, Emergency Care, DME	17	29	27	25	35	22	14	19	26	23	29	19
Diagnostics, Therapeutics and Outpatients	3	2	4	3	7	4	11	5	6	2	5	6
Womens and Childrens Health	8	11	13	7	8	6	7	3	8	13	5	3
Support	3	1	0	2	1	1	2	1	3	3	1	6
Trust Wide	2	2	0	1	0	2	0	1	0	0	0	0
Totals:	47	66	60	61	64	55	56	48	60	59	66	57



The number of complaints received by month is relatively stable although in December the Medical Division and Women's and Children received significantly fewer formal complaints than in the preceding three months.

Subject Matter of Complaints December 2016 Data



The graph on the left shows the number of complaints that are overdue against the total number of complaints that are open in the system. The chart on the right sets out the overdue complaints by Division.

The number of overdue complaints has reduced overall, however Surgery continue to carry a higher proportion of the backlog.

The number of overdue complaints in the Medical Division has significantly improved.

End of Month Overdue Complaints	July	Aug	Sept	Oct	Nov	Dec
Surgery	26	36	31	19	19	18
MEDDME	17	23	9	6	6	4
DTO	0	0	0	0	0	0
Womens and Childrens	6	2	4	3	6	4
Support	0	0	1	1	2	1
Trust Wide	0	2	1	1	1	1
TOTAL	49	63	46	30	34	28

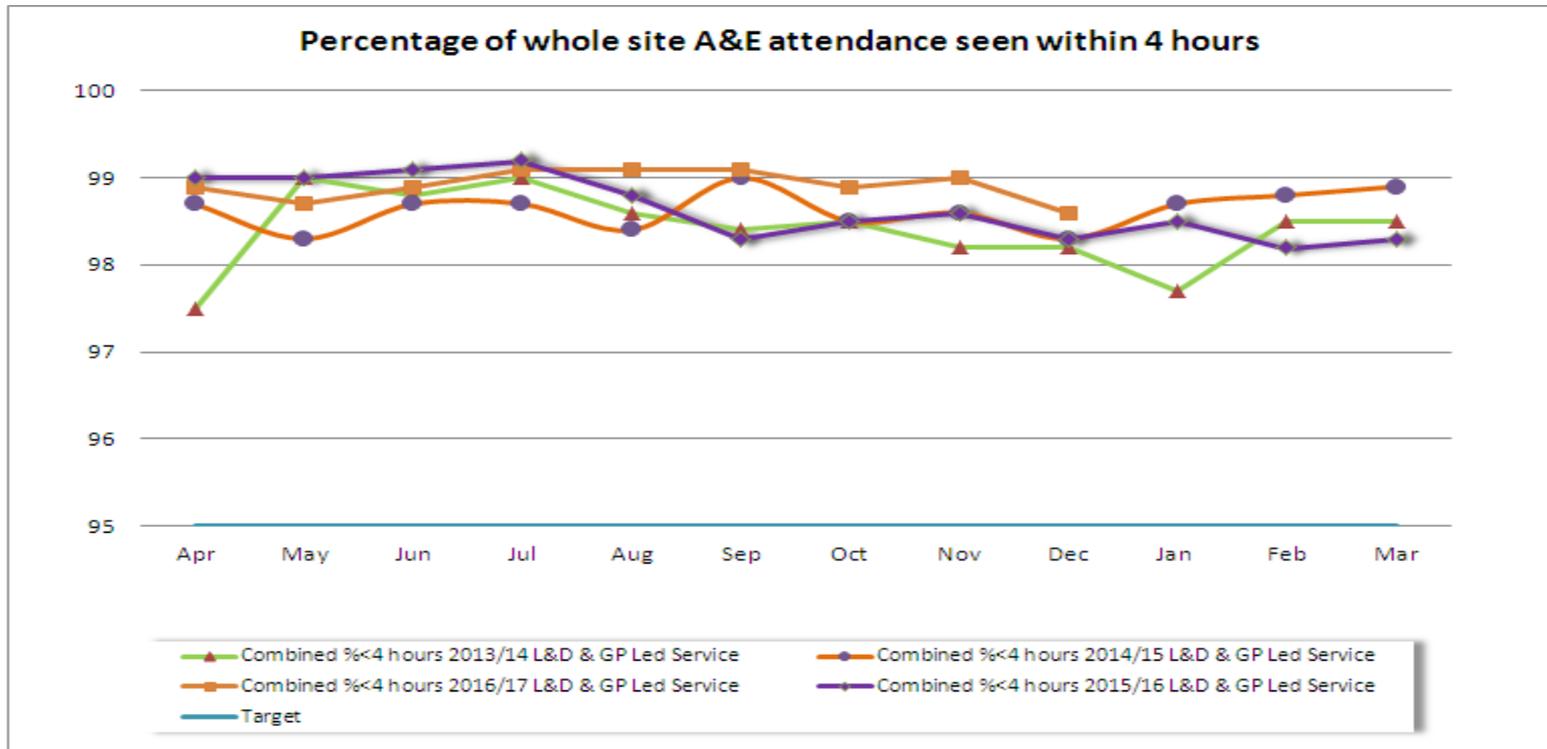
The various elements of the Trusts Quality Framework continue to progress. These include:

- Monthly nursing audits and Harm Free Care data collection which feeds into the Quality Management process.
- Staff development and appraisals are ongoing – and reported on, in more detail through the HR report.
- A Patient-Led Assessment of the Care Environment (PLACE) took place in December 2016 and the number of issues identified during this process is significantly reducing month by month. This will be reported on in more detail by the Estates department.
- Three cycles of the peer review quality monitoring process, which is integrated into the senior nurses / midwives “Back to the Floor” Friday, have now been completed. This process has encouraged and enabled senior staff to self assess in their own wards / departments and also to act as a critical friend for other departments, using the CQC Key Lines of Enquiry (KLOE) framework. It has enabled immediate feedback which has been helpful in addressing areas of need without delay.

The inclusion of the Quality of Interactions of staff with patients (QUIS) tool into each of the KLOE sessions has also been helpful in assessing the quality of staff interaction with patients, and how this impacts on the Patient Experience. The (QUIS) observation tool is used by a senior nurse who observes the interactions between patients and care staff. These interactions are coded as positive, neutral or negative, and enable staff to identify how their practice and behaviour changes can improve care and the patient experience.

It is planned that Cycle Four will progress in January 2017 and will focus on peer review against the CQC framework and the five domains.

National Targets



The Trust has continued to perform well against the 4-hour ED target. Over the winter period the level of attendances and admissions has remained stable.

The level of A&E attendances is at a rolling average of 276 and the 2016/17 cumulative numbers are 9.9% higher than 2015/16.

Since the New Year the hospital has been under significant pressure following the low level of discharges during the Christmas and New Year period and the reliance on contingency areas has been substantial.

National Targets



Cancer

	Threshold	Qtr1 2014/15	Qtr2 2014/15	Qtr3 2014/15	Qtr4 2014/15	Qtr1 2015/16	Qtr2 2015/16	Qtr3 2015/16	Qtr4 2015/16	Qtr1 2016/17	Qtr2 2016/17	Oct-16	Nov-16
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%
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%
radiotherapy	94%	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%	97.5%	97.1%
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%	99.1%	99.0%

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%	99.1%	100.0%
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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%	88.0%	87.6%
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%	97.8%	100.0%

The Trust achieved all its cancer targets and is predicting to meet the quarter targets.

National Targets



Cancer Plan 62 Day Standard by Tumour Site

	Accountable Total Treated								Accountable Breaches								% Meeting Standard							
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
Breast	6.5	12	14	19	9	11	7.5	12	0	0	0	0	0	0	0	1	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	91.7%
Gynaecology	2	3	4	2.5	1	2	1	0.5	0	1	0.5	0	0	0	0	0.5	100.0%	66.7%	87.5%	100.0%	100.0%	100.0%	100.0%	0.0%
Haematology	3	n/a	2	4	5	5	6	3	1	n/a	1	0	1	1	2	0	66.7%	n/a	50.0%	100.0%	80.0%	80.0%	66.7%	100.0%
Head & Neck	2	1	3	4.5	2	2.5	2	5	0.5	0.5	0	1	0	0.5	1.5	1.5	75.0%	50.0%	100.0%	77.8%	100.0%	80.0%	25.0%	70.0%
LGI	3	11	6	10	5.5	4	5	6	0	1	2	1	0	1	0	0	100.0%	90.9%	66.7%	90.0%	100.0%	75.0%	100.0%	100.0%
Lung	4.5	2.5	3.5	5	4.5	3.5	3	4.5	0	0	1	2	1.5	1	0	1	100.0%	100.0%	71.4%	60.0%	66.7%	71.4%	100.0%	77.8%
Skin	6.5	12	9	8.5	12	9.5	11	8	0	0	0	0	1	0	0.5	0	100.0%	100.0%	100.0%	100.0%	91.7%	100.0%	95.5%	100.0%
Urology	18	15.5	13	20.5	15	11.5	9	10.5	5.5	3.5	3	0.5	3	3.5	2	2.5	69.4%	77.4%	76.9%	97.6%	80.0%	69.6%	77.8%	76.2%
UGI	2	6.5	1	1	2	4.5	4.5	3	0	1.5	0	0	0.5	0.5	0	0	100.0%	76.9%	100.0%	100.0%	75.0%	88.9%	100.0%	100.0%
Sarcoma	1	n/a	0	n/a	100.0%	n/a																		
Other	n/a	n/a	1	n/a	n/a	2	1	n/a	n/a	n/a	0	n/a	n/a	0	0	n/a	n/a	n/a	100.0%	n/a	n/a	100.0%	100.0%	n/a

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

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

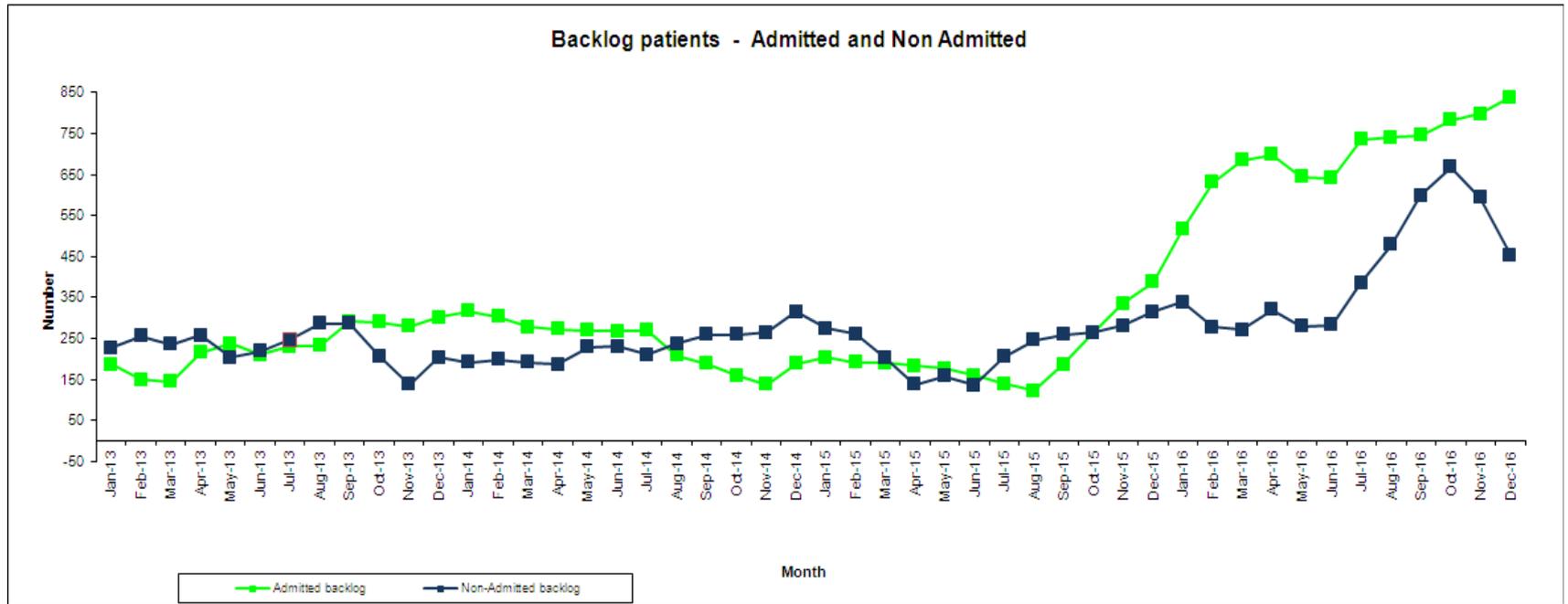
National Targets



Treated Within 18 Weeks

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

18 Weeks

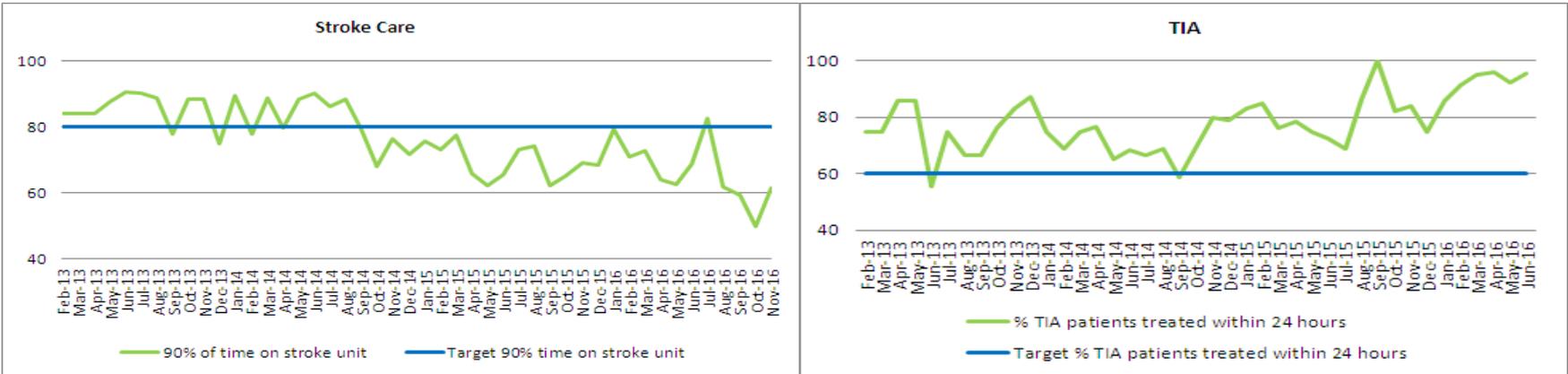


The Trust's performance has improved significantly with a performance of 93.1% and 92.83% for the week end 8/1/17. The efforts to create a 1% tolerance has succeeded but the Trust faces major challenges in sustaining this position.

National Targets



Stroke



The last published quarterly results for April through to July show some excellent improvements. Four domains including: 2) Stroke Unit; 3) Thrombolysis; 4) Specialist Assessments; and 10) Discharge Process have all improved. The overall rating had gone from a D to a C however, unfortunately due to an adjustment for audit compliance the unit remains a D.

The monthly results for October suggest a negative impact to both domain 2 (stroke unit) and domain 3 (thrombolysis) which appear to be connected to process at the front door and capacity/throughput of the unit.

A number of actions are planned to continue to work at improving this domain. This includes:

- All strokes being seen by the stroke physician irrespective of whether they are for thrombolysis or not.
- A revised pathway for all stroke patients within the hospital will be made and shared.
- On-going discussions with community colleagues and commissioners to improve services available to stroke patients at discharge including ESDs and in-patient settings.

On a positive note there has been dramatic improvement in domain 4 (specialist assessments) and 8 (MDT working) demonstrating improved education of nursing staff and implementation of locum speech and language therapists.

Over the winter period the Trust has faced challenges repatriating stroke and query stroke patients back to Bedford and Milton Keynes Hospitals due to their emergency pressures. This has impacted on our ability to place stroke patients in the Stroke ward.

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
Over 6 weeks		35	15	39	39	40	29	15	10
% over 6 weeks	<1%	0.82	0.3	0.93	0.92	0.98	0.65	0.36	0.24
Total Waiting		4290	4378	4,200	4,256	4,081	4,427	4,168	4,146

The Trust is compliant with the diagnostic target. This target has now been included within the Single Oversight Framework as a key indicator and one which will trigger intervention if not actioned for two consecutive months. The Trust has reinvigorated its efforts in respect of this target and reviewed its process for data collection and completion.

Monitor Compliance

Safe

Effective

Caring

Responsive

Monitor Dashboard

	Threshold	Weighting
Total time in A&E - ≤4 hours (Whole site %)	95%	1.0 (failing 3 or more) 0.5 (failing 2 or less)

Qtr 1 2014/15	Qtr 2 2014/15	Qtr 3 2014/15	Qtr 4 2014/15	Qtr 1 2015/16	Qtr 2 2015/16	Qtr 3 2015/16	Qtr 4 2015/16	Qtr 1 2016/17	Qtr 2 2016/17
98.6%	98.7%	98.5%	98.8%	99.0%	98.8%	98.4%	98.3%	98.8%	99.1%

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									

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
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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%	

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Referral to treatment waiting times – Incomplete pathways	92%	1.0
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96.9%	97.0%	96.9%	96.9%	97.8%	97.3%	96.1%	94.3%	94.5%	93.0%
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Clostridium Difficile – meeting the Clostridium Difficile objective of no more than 6 cases/year	6	1.0
MRSA – meeting the MRSA objective of no more than 1 cases/year	0	1.0

0	1	4	5	1	4	5	1	3	3
1	0	2	0	1	0	0	0	0	0

Finance Presentation

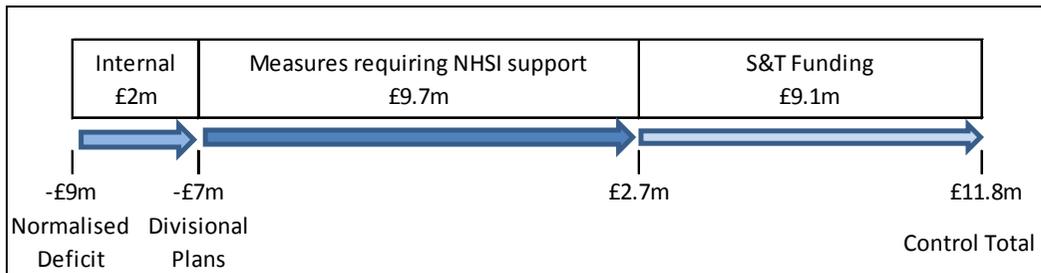
Discussion Document



Report for Month 9

Trust Marginally ahead of plan
Financial Recovery Plan taking hold
Agency Ceiling still requires remedial action

1. 2016/17 Plan



2. Phasing of Plan

Phasing of Hospital Plan £m	Q1	Q2	Q3	Q4	Total
Divisional Plan	-2.4	-1.5	-1.1	-1.9	-7.0
MRET / Readmissions Penalties	0.0	0.0	2.6	2.6	5.2
Winter Funding	0.0	0.0	1.3	1.3	2.5
Medically Fit Patients	0.0	0.0	1.0	1.0	2.0
Sustainability Funding	2.3	2.3	2.3	2.3	9.1
Bottom Line	-0.2	0.8	6.0	5.2	11.8

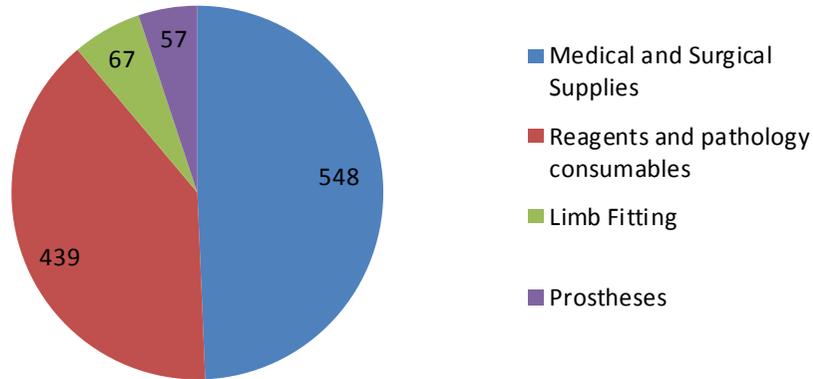
Planned surplus significantly higher in Q3 / Q4

3. Summary Results Q2

The FT has reported a surplus of £6.7m, slightly ahead of plan (after the application of S&T funding).

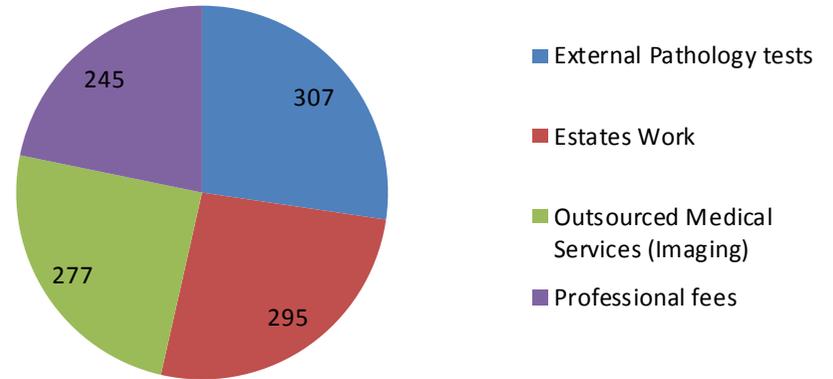
	Fin Year	Fin Year	Fin Year	Fin Year	Fin Year	Fin Year	Fin Year	Fin Year	Fin Year
INCOME & EXPENDITURE ACCOUNT	2015/16	2016/17	2016/17	2016/17	2016/17	2015/16	2016/17	2016/17	2016/17
	Actual	Budget	Budget	Actual	Variance	2016/17	Forecast	Budget	Actual
	YTD	Full Year	YTD	YTD	YTD	Change	YTD	Month 9	Month 9
	£000s	£000s	£000s	£000s	£000s	%	£000s	£000s	£000s
NHS Clinical Income - Contract	182,135	260,875	195,848	196,858	-1,010	8.1%	263,037	21,463	22,086
Other Income	18,084	21,957	16,468	17,496	-1,028	-3.3%	22,622	1,830	1,722
Total Income	200,219	282,832	212,315	214,354	-2,038	7.1%	285,659	23,293	23,807
Consultants	23,732	34,093	25,556	26,670	1,113	12.4%	35,953	2,824	3,000
Other Medical	21,923	29,106	22,237	22,677	440	3.4%	30,230	2,335	2,452
Nurses	50,545	72,754	54,838	54,539	-298	7.9%	72,705	5,998	5,827
S&T	14,974	21,498	16,146	15,979	-167	6.7%	21,602	1,786	1,755
A&C (Including Managers)	15,539	22,705	17,034	16,888	-146	8.7%	22,512	1,891	1,827
Other Pay	6,114	4,961	3,721	4,038	317	-34.0%	5,383	413	522
Total Pay	132,827	185,117	139,532	140,790	1,259	6.0%	188,385	15,248	15,384
Drug costs	18,864	26,910	20,182	20,308	126	7.7%	26,774	2,242	2,139
Clinical supplies and services	17,165	23,734	17,800	18,696	896	8.9%	24,649	1,978	2,315
Other Costs	27,281	41,122	30,205	31,213	1,008	14.4%	41,151	3,418	3,785
Non-Recurrent	-4,918	0	0	0	0			0	0
Total Non-Pay	58,392	91,765	68,188	70,218	2,030	20.3%	92,574	7,638	8,239
EBITDA	9,000	5,950	4,596	3,345	1,251	-62.8%	4,700	407	184
Non Operational	8,981	12,950	9,668	9,650	-19	7.5%	12,700	1,088	1,248
Deficit	20	-7,000	-5,073	-6,305	-1,232		-8,000	-681	-1,063
Actions requiring NHSI Support		9,700	4,850	1,828	-3,022		2,000	1,617	613
S&T Funding		9,100	6,825	6,825	0		9,100	758	758
External Revenue		0	0	4,350	4,350		8,700	0	1,450
								0	0
Total Operating Surplus/Deficit (-)		11,800	6,602	6,698	96		11,800	1,694	1,758

Clinical Supplies Overspend (£000s)

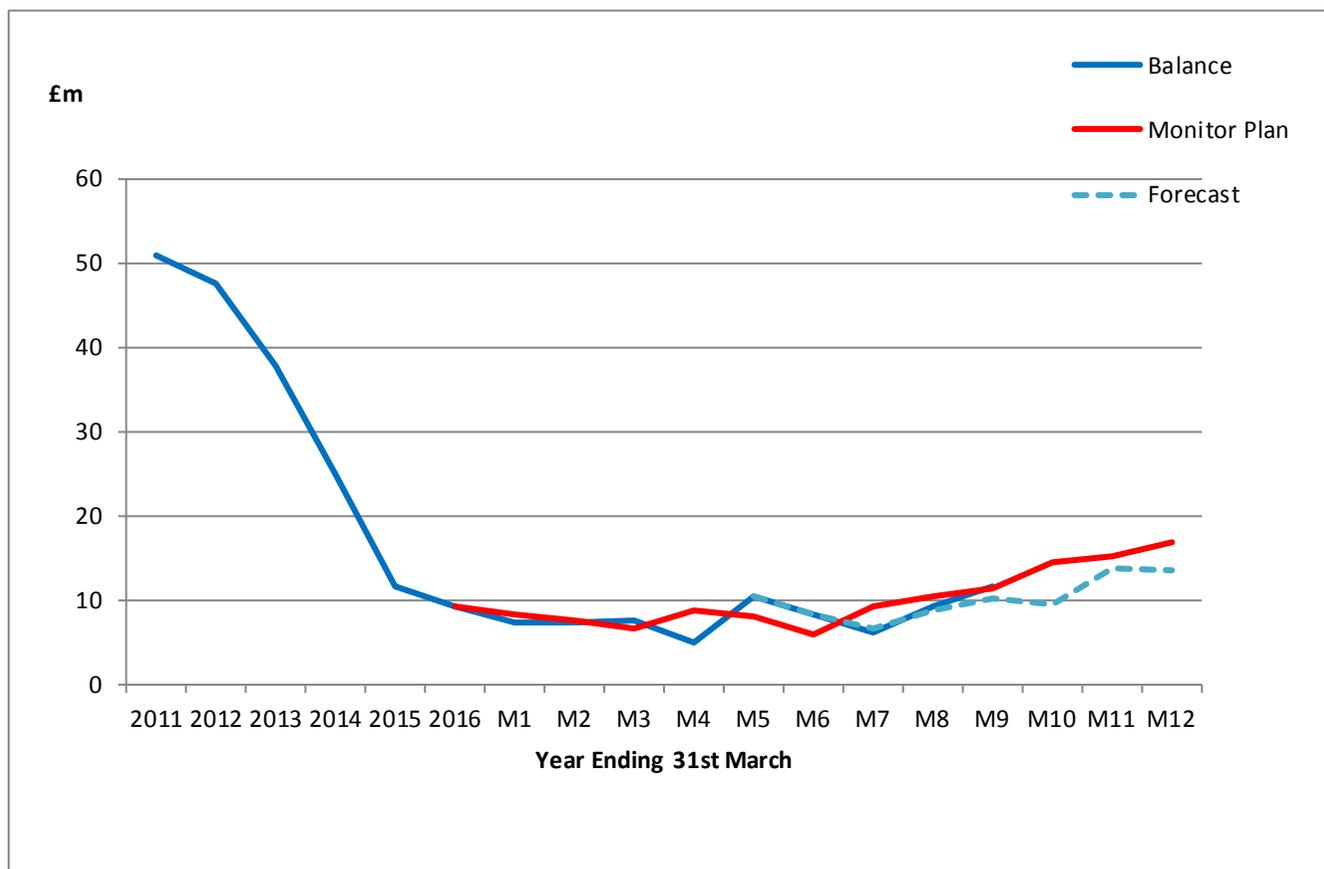


Increase in Clinical Supplies from 15/16 (8.9%), broadly in line with increase in activity and income (8.1%).

Other Costs Overspend (£000s)



Other costs less closely linked to activity. Significant increase in the number of patient tests being sent offsite, work ongoing to understate profile and volume changes. Review of other costs ongoing with specific service line leads.



Note: Assumes achievement of £11.8m surplus with £8.7m revenue support (as Capital to Revenue transfer)
 Assumes final quarter S&T funding received in 2017/18 (£2.25m)
 Assumes Capex of c£11m, full ITFF drawdown and negligible working capital movements
 A decision is required on ITFF loan (see Appendix 2 for breakdown of current position)

	Revised Plan £000s	YTD Spend £000s	Forecast Outturn £000s
Line A: Total C_Fwd Items FY15/16	3,052	1,265	2,055
Line B: Total Medical Equipmnet	1,465	585	1,482
Line C: Estates & Facilities	1,696	697	1,529
Line D: Sub Total Re-Development	5,655	2,139	4,503
Line E: Total IT	1,837	601	930
Line F: Other	395	266	265
Line G: Contingency £500k / Unallocated ITFF £4,620K	0	0	0
Line H (sum Lines A-G) Grand Total - Gross	14,100	5,552	10,764

	Revised Plan £000s	YTD Spend £000s	Forecast Outturn £000s
C_Fwd Items FY15/16			
DH Funded : E-Obs Visibility	176	38	50
DH Funded : IT E Handover	0	0	0
Estate FY15/16 : Replacement Sterile Services Washers	120	17	20
Estate FY15/16 : Oxygen VIE Upgrade	121	8	50
Estate FY15/16 : Site Wide Fire Alarm System	205	0	50
Estate FY15/16 : Nucleur Medicine Security Precautions	76	63	76
Estate FY15/16 : Corridor Redecoration	282	142	260
Estate FY15/16 : 4th Ultrasound Scan Room - Building Works	50	5	10
Med Eq - FY15/16 : Delayed Medical Equipment Purchases	189	170	189
IT FY15/16 : Infrastructure - Phase 1 & 2	46	45	45
IT FY15/16 : Infrastructure - Phase 3	603	228	264
IT FY15/16 : E Prescribing	75	75	75
IT FY15/16 : Cancer System (Chemocare)	239	43	139
IT FY15/16 : E-Rostering	95	63	95
General : Costing System	40	0	40
General : Civica SLAM (Billing)	31	31	31
ITFF Loan	306	209	306
Minor Schemes	236	112	236
Re-Development : Hot Block - AECOM Fees	120	5	90
Re-Development: Energy Centre - AECOM Fees	43	11	29
Line A: Total C_Fwd Items FY15/16	3,052	1,265	2,055

	Revised Plan £000s	YTD Spend £000s	Forecast Outturn £000s
Medical Equipment			
Surgery	660	233	382
Medicine	242	81	242
DTO	502	104	502
Women's & Childrens	300	167	300
Transfer to Leasing / Slippage	-345	0	0
Corporate (Datix Project)	106	0	56
Line B: Total Medical Equipmnet	1,465	585	1,482
Estates & Facilities			
Backlog	722	198	569
Ward Pantries	515	466	525
Asbestos	318	0	150
Equipment Replacement	90	1	180
Clinical Service Developments	15	0	15
Offices	36	32	90
Line C: Estates & Facilities	1,696	697	1,529

Redevelopment			
Project Costs			
Internal Team	527	133	240
Transfer of Internal Team to ITFF	-212	-83	-200
External Costs	0	17	36
Sub Total Main Programme	315	67	76
Enabling Schemes			
Ward 19 A	2,978	1,485	3,006
Day Unit	0	0	0
Ward 19 B (Extra 2 Beds)	100	0	0
St Mary's Additional Beds (Floor 2/3 - 8 Beds)	300	367	367
Therapies	400	4	400
Transfer of Internal Team to ITFF	212	83	200
Pathology	100	4	100
Ward 10	200	0	0
Ward 11	200	0	0
Sub Total Enabling Schemes	4,490	1,943	4,073
Keeping L&D Running			
Theatres Arrivals	25	0	25
Theatres A-F	0	0	0
Medical Gas	25	0	0
Sub Total Keeping L&D Running	50	0	25
Other D Hartshorne Schemes			
Cresta Hse	200	129	179
Mortuary	0	0	0
Max Fax	600	0	150
Sub Total DH Schemes	800	129	329
Line D: Sub Total Re-Development	5,655	2,139	4,503
IT			
ePMA Overspend (ED, Maternity, Outpatients)	153	30	153
Electronic Patient Record Project	100	98	96
LIMS (Pathology)*	967	33	67
PACS	20	73	73
Diamond	85	46	38
Unified Communications	122	129	142
WIFI	276	192	276
IT Infrastructure phase 3 - Overspend	30	0	0
NHS MAIL migration	0	0	31
Bighand Upgrade	84	0	54
Line E: Total IT	1,837	601	930
Other			
Off-site Beds	0	0	0
Ex SIFT - Simulation Equipment (borrowed FY15-16)	125	11	11
Ward 16 Medical Equipment	270	254	254
Other	0	1	0
Line F: Other	395	266	265
Line G: Contingency £500k / Unallocated ITFF £4,620K	0	0	0
Line H (sum Lines A-G) Grand Total - Gross	14,100	5,552	10,764

*LIMS forecast under review, to be finalised for Month 10

Statement of Financial Position For the period ended 31 Dec 2016	Opening 31 Mar 2016 £000s	Closing 30 Dec 2016 £000s
Non-Current Assets		
Property, plant and equipment	115,708	114,975
Trade and other receivables	1,492	1,681
Other assets	2,712	2,746
Total non-current assets	119,912	119,402
Current assets		
Inventories	3,210	3,488
Trade and other receivables	20,516	30,112
Cash and cash equivalents	9,146	11,574
Total current assets	32,873	45,174
Current liabilities		
Trade and other payables	-22,923	-25,530
Borrowings	-617	-595
Provisions	-407	-407
Other liabilities	-1,823	-1,716
Total current liabilities	-25,771	-28,247
Total assets less current liabilities	127,014	136,329
Non-current liabilities		
Borrowings	-20,682	-23,399
Provisions	-650	-550
Total non-current liabilities	-21,332	-23,949
Total assets employed	105,682	112,380
Financed by (taxpayers' equity)		
Public Dividend Capital	61,512	61,512
Revaluation reserve	11,521	11,521
Income and expenditure reserve	32,649	39,347
Total taxpayers' equity	105,682	112,380

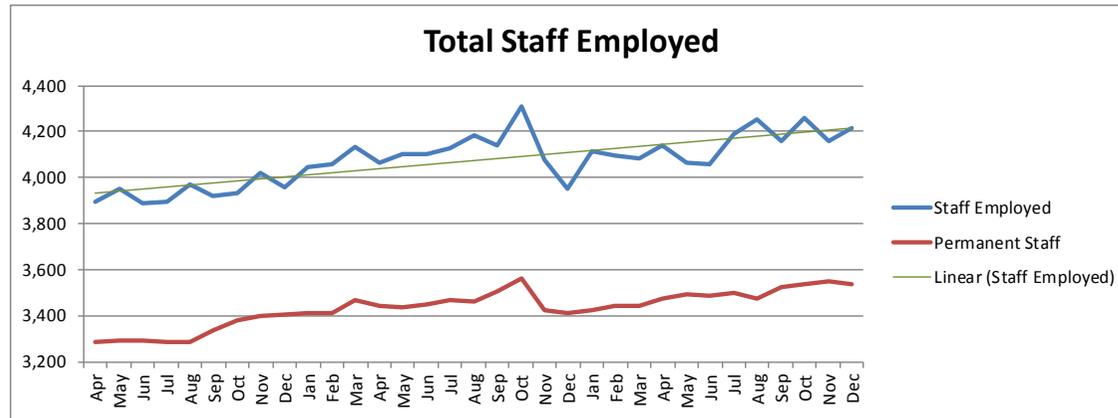
Planned SoFP needs to be developed in line with forecast and recovery plan

Largest factor in increase is accrued income for S&T Fund £2.3m and revenue grant £4.3m (clarity required on accounting treatment)
Some challenges on 15/16 CQUIN and MSK

Staff In Post

Reduction in substantive staff offset by increases to Agency and Bank

	2014												2015												2016											
	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	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
Admin/Estates	652	662	667	669	692	689	677	695	687	703	698	700	696	705	704	713	719	709	722	709	695	724	712	706	753	733	746	763	767	740	760	709	742			
WD Clk/Support	390	405	377	379	397	380	373	389	372	392	385	384	391	398	401	409	431	426	426	244	194	218	207	206	212	196	211	216	214	212	222	214	225			
HCA	472	480	465	461	478	479	501	508	483	511	514	536	513	514	529	527	554	534	601	574	548	595	566	578	593	546	535	581	642	559	593	550	571			
Consultant	208	208	211	224	214	225	221	216	222	220	229	233	224	221	227	228	239	236	240	244	230	247	247	253	246	252	254	258	263	258	259	263	266			
Medical non-Cons	351	349	354	355	379	358	353	358	342	344	353	375	353	365	372	373	391	386	381	392	367	364	366	368	362	374	365	373	399	418	402	417	401			
N&M	1,318	1,327	1,307	1,294	1,308	1,286	1,291	1,341	1,333	1,341	1,362	1,378	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			
Learner	7	6	5	5	5	3	3	3	6	6	6	6	6	6	4	3	3	4	4	5	8	8	7	7	7	7	6	3	3	2	2	2	6			
Therapy/Technical	323	319	315	317	324	322	323	325	326	332	326	324	340	339	339	345	351	357	364	362	365	363	359	360	361	352	343	350	342	348	362	358	358			
Healthcare Scientists	172	195	186	189	172	175	191	182	182	191	186	193	192	188	192	210	178	179	178	165	170	172	184	184	187	185	183	202	204	215	219	212	203			
Other	3	3	3	2	2	2	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	3,896	3,953	3,889	3,894	3,972	3,919	3,935	4,019	3,955	4,043	4,061	4,131	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			
<i>Made up of:</i>																																				
Permanent Staff	3,287	3,291	3,291	3,288	3,287	3,335	3,378	3,398	3,404	3,408	3,414	3,467	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			
Locum / Bank	475	512	453	460	575	479	438	495	420	504	514	497	449	501	496	494	578	486	588	500	395	556	482	507	524	416	429	526	632	453	547	481	530			
Agency	134	151	145	147	110	105	120	126	132	130	132	167	169	168	156	170	143	153	163	154	144	131	169	136	140	151	142	164	149	182	172	125	149			



Note: 234 staff (200 wte) transferred to Engie in November 2015 (shown in Wd Clk / Support), 18 wte transferred in for Sexual Health Services in April 2016. Most of these staff are in the Admin category.

Agency Spend

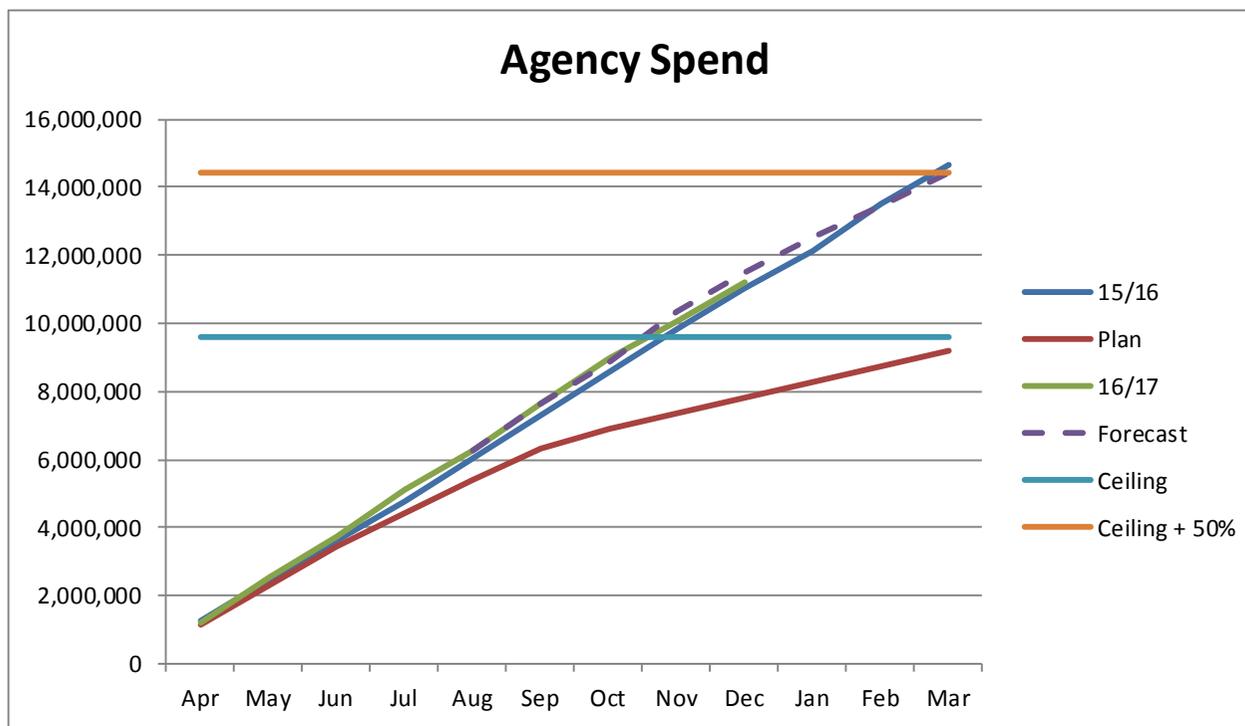
Just ahead of forecast

Still challenge to deliver Q4 forecast

£000s	15/16	Forecast	16/17
Apr	1,241	1,159	1,217
May	2,486	2,318	2,544
Jun	3,621	3,477	3,745
Jul	4,781	4,436	5,097
Aug	6,022	6,267	6,267
Sep	7,280	7,619	7,664
Oct	8,562	8,845	8,957
Nov	9,839	10,357	10,031
Dec	11,043	11,490	11,183
Jan	12,135	12,538	
Feb	13,510	13,478	
Mar	14,660	14,418	

	Medics	Other Clin	A&C	Total
Apr-15	515	682	44	1,241
May-15	489	676	80	1,245
Jun-15	510	574	51	1,135
Jul-15	516	604	41	1,161
Aug-15	701	452	87	1,241
Sep-15	655	525	77	1,257
Oct-15	483	764	36	1,283
Nov-15	541	682	54	1,277
Dec-15	527	634	43	1,204
Jan-16	362	686	44	1,092
Feb-16	463	832	80	1,375
Mar-16	457	619	75	1,150

	Medics	Other Clin	A&C	Total
Apr-16	527	651	38	1,217
May-16	573	694	59	1,327
Jun-16	430	673	98	1,201
Jul-16	590	689	73	1,352
Aug-16	503	582	85	1,170
Sep-16	649	668	79	1,397
Oct-16	528	671	95	1,293
Nov-16	595	618	-138	1,074
Dec-16	433	686	32	1,152
Jan-17				
Feb-17				
Mar-17				



Workforce February 2017

(Reporting November/December 2016 Data)

WORKFORCE BALANCED SCORECARD

Reporting Period: November / December 2016

Workforce	Trust Target	Nov-16						Dec-16						Dec-15
		Trust Actual	Corporate	Diagnostics	Medicine	Surgery	Women' and Children's	Trust Actual	Corporate	Diagnostics	Medicine	Surgery	Women' and Children's	Trust Actual
Workforce Statistics														
Staff in post (Assignment Headcount)	-	3964	472	703	1142	869	778	3945	474	697	1125	869	780	3813
Budgeted WTE	-	4014	464	650	1228	981	691	4014	464	650	1228	981	691	3851.1
Staff in Post (WTE)	-	3551	431	607	1039	819	655	3534	433	603	1022	817	658	3413
Vacancy Rates (%)	10%	11.54	7.07	6.64	15.39	16.53	5.22	11.95	6.60	7.20	16.74	16.70	4.79	11.38
Nurses & Midwives Budgeted WTE		1418	34.7	26.8	529.9	419.4	407.1	1418	34.7	26.8	529.9	419.4	407.1	1352.5
Nurses & Midwives in Post (WTE)	-	1201.7	36.5	27.1	436.9	325.0	376.2	1188.0	36.5	26.5	425.2	324.7	375.1	1167.8
Nursing & Midwives Vacancy Rates (%)	10%	15.24	-5.15	-1.16	17.55	22.51	7.59	16.22	-5.15	1.08	19.76	22.57	7.87	13.66
Nursing Vacancy Rates (%)	10%	16.68	-5.15	-1.16	17.55	22.51	0.00	17.58	-5.15	1.08	19.76	22.57	8.38	14.92
Midwives Vacancy Rates (%)	10%	5.90	-	-	-	-	5.90	7.24	-	-	-	-	7.24	5.88
Sickness FTE Days Lost	-	3791	586	534	1242	619	809	-	-	-	-	-	-	-
Sickness Rates (%)	3.32%	3.56	4.55	2.92	3.98	2.52	4.12	-	-	-	-	-	-	-
Estimated Sickness Cost (£)	-	305546	37608	54851	89350	56414	67323	-	-	-	-	-	-	-
Maternity Absence Rates (%)	-	2.69	2.29	2.83	2.70	1.86	3.86	2.72	2.15	2.84	2.77	1.81	4.03	2.83
Other Absence Rates (%)	-	0.53	0.17	0.89	0.10	0.82	0.76	0.48	0.12	0.69	0.11	0.73	0.80	0.26
Turnover %	10%	16.86	14.53	18.58	17.28	18.94	13.72	17.12	15.04	18.52	18.14	19.21	13.31	15.13
Appraisal Rate %	90%	63	63	77	68	75	68	71	65	75	74	77	63	80
Core Statutory Training %	80%	83	81	84	84	82	83	84	84	85	85	83	83	87

RECRUITMENT COMMENTARY
Nurse Recruitment

The Trust's overseas recruitment programme continued in November with a non EEA long-haul campaign to Singapore successfully recruiting 137 nurses and in December a European campaign to Italy that resulted in 19 job offers. From previous long-haul campaigns 5 have started in post, 5 are due to start in February and 116 continue with the IELTS, CBT and NMC process. From previous EU campaigns all 153 recruits started in post apart from 1. Ad-hoc advertising campaigns also continued throughout November and December resulting in 46 band 5 Staff Nurses and 1 Midwifery job offer being made. Start dates for these Nurses and Midwives are expected to be throughout February, March and April 2017.

HCA/MCA Recruitment

During November and December the HCA recruitment programme for both permanent and bank positions to minimise vacancies and maximise bank resources was delivered resulting in 19 HCA starters. Coupled with a slight reduction in turnover during the period the vacancy factor as of the 1st January gives an over establishment of 3 WTE.

Forthcoming Recruitment Campaigns

During January the Trust will be attending Career Fairs at Bedfordshire & Northampton University and Putteridge & Lealands High Schools. Further Career Fairs are also planned for February at the Luton Employment & Training Fair and Queensbury Academy.

The next stage of the overseas recruitment programme is a European campaign to Italy which is currently being planned for February.

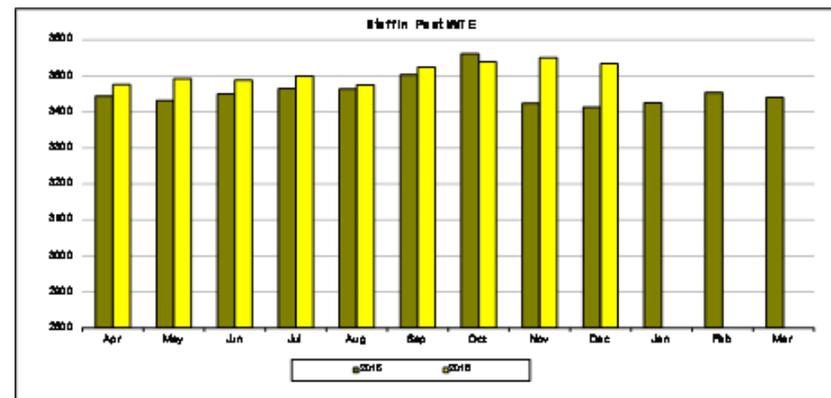
STAFF IN POST WTE BY DIVISION

DIVISION	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	% Growth From April 2016	Average % Growth per month	% Growth over last 12 months
Corporate	423.9	427.9	420.4	401.3	407.1	419.2	420.1	430.2	434.5	432.9	431.2	433.4	8.00%	0.20%	2.24%
Diagnostics, Therapeutics and Outpatients	593.7	593.6	591.8	594.7	594.1	589.0	592.7	585.2	596.1	607.3	606.8	603.2	1.43%	0.15%	1.61%
Medicine	955.9	969.5	978.4	1012.8	1015.5	1006.1	1017.9	1021.7	1027.6	1030.0	1039.1	1022.4	0.95%	0.63%	6.96%
Surgery	813.3	815.5	800.8	810.8	822.2	826.0	818.1	806.0	813.8	815.3	818.8	817.2	0.79%	0.04%	0.47%
Women's & Children's	638.4	647.9	648.6	657.3	655.0	647.9	651.8	632.0	652.6	654.1	654.9	657.9	0.10%	0.28%	3.05%
TOTAL	3425.2	3454.3	3440.0	3476.8	3493.9	3488.1	3500.5	3475.0	3524.6	3539.7	3550.8	3534.1	1.65%	0.29%	3.18%

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 3.18% since January 2016. With an increase of 8% in the Corporate Division since April 2016.
- There are currently 119 band 5 Nursing / Midwifery vacancies across the Trust. There are 85 band 5 Nurses currently going through the recruitment process.
- Currently there are 0 vacancies for band 2 Healthcare Assistants with 8 currently going through the recruitment process and due to commence between January and March 2017.



Medical Recruitment

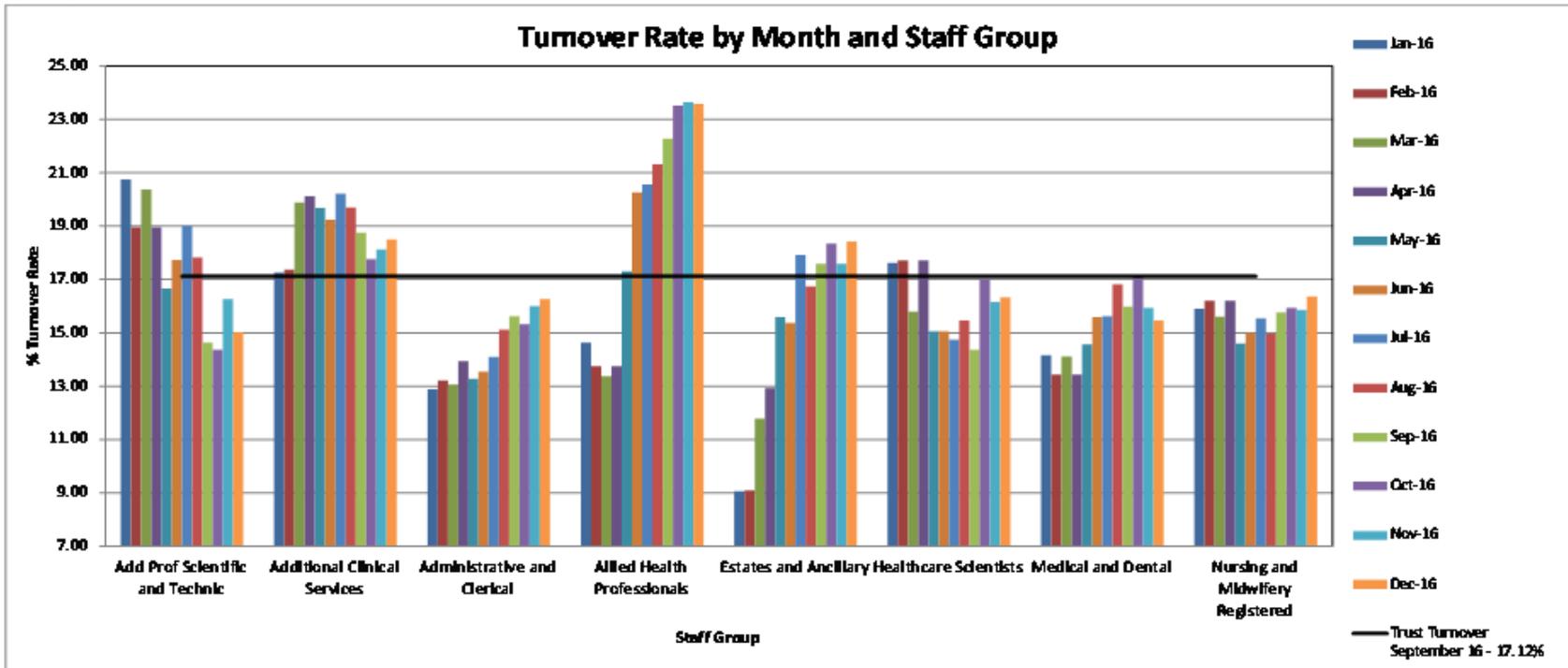
Between October and December 2016, there have been 3 AACs held to recruit Consultants in the following specialities: ENT(1 post), General Surgery – upper GI (2 posts), Obstetrics and Gynaecology (3 posts). Further AAC's are planned for 2017 in Anaesthetics (2 posts), Dermatology (1 post) and Haematology (1 post).

New Starters

There have been 6 substantive NHS Consultants starters between October and December 2016 in the following specialities: Anaesthetics (1 post), General Surgery – Upper GI (2 posts), Paediatrics (1 post) and Obstetrics and Gynaecology (2 posts).

There have been 9 NHS Locum Consultants starters between October and December 2016 in the following specialities: Acute Medicine (1 post), Diabetes (2 posts), Obstetrics and Gynaecology (1 post), Trauma and Orthopaedics (1 post), Paediatrics (1 post), Neonatal Medicine (1 post) and Radiology (2 posts).

TURNOVER



TURNOVER COMMENTARY

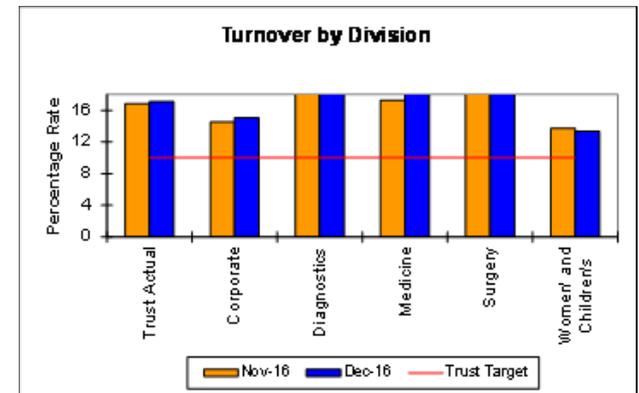
The Trust's overall turnover rate is 17.12% for the reporting year ending 31st December 2016 (compared to 16.4% Beds/Herts HEE average for Q2 16/17). The Allied Health Professionals staff group shows a steady increase in turnover rates with the top 3 reasons for leaving: work life balance (23%), relocation (17%) and better reward package (10%). This retention issue is being explored further and addressed with the effected services.

In October and November 2016, the top reasons for staff wanting to join the Trust were: career progression (32%), relocation (20%) and the Trust's reputation (12%).

92% of staff were happy with the way the Trust communicated with them throughout the recruitment process with 96% of staff feeling adequately supported by their line manager during their first few weeks with the Trust.

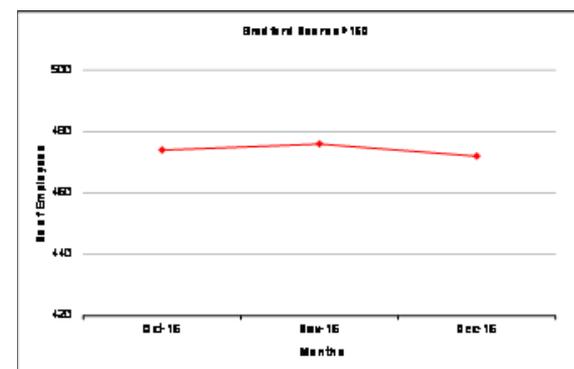
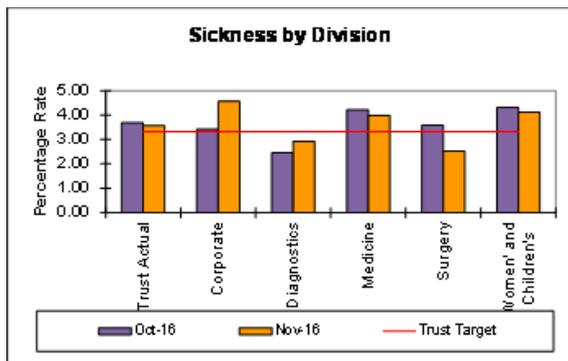
The top three reasons given by people leaving during this period were: retirement – 20%; relocation – 20% and work/life balance – 11%.

A summary of themes relating to additional comments provided by staff included: high /increasing workload and a lack of staffing. A high proportion of staff (83%) who returned questionnaires chose to remain anonymous, making it difficult to provide any further analysis by department or staff group to better understand the impact of these reasons for leaving.

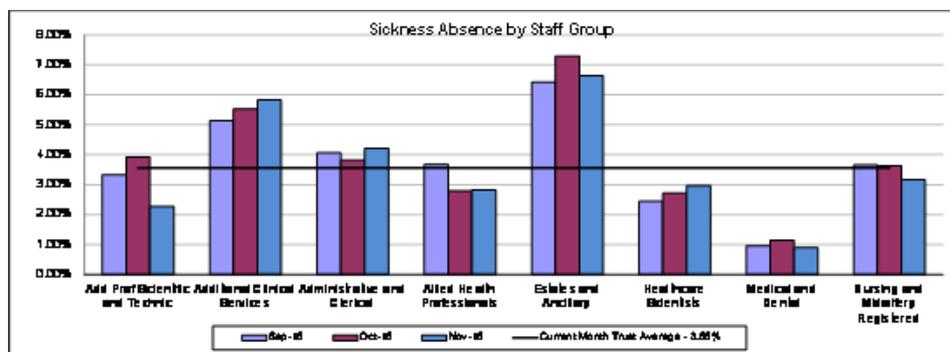


* Turnover figures above do not include Junior Doctors.

SICKNESS ABSENCE



Sickness Absence by Staff Group	Sep-16	Oct-16	Nov-16	Last 12 Months Average
Add Prof Scientific and Technic	3.34%	3.92%	2.27%	3.89%
Additional Clinical Services	5.14%	5.53%	5.82%	4.94%
Administrative and Clerical	4.06%	3.81%	4.21%	3.52%
Allied Health Professionals	3.67%	2.79%	2.82%	2.49%
Estates and Ancillary	6.42%	7.29%	6.64%	7.15%
Healthcare Scientists	2.44%	2.72%	2.97%	2.34%
Medical and Dental	0.96%	1.15%	0.90%	0.95%
Nursing and Midwifery Registered	3.65%	3.63%	3.16%	3.38%
Trust total	3.63%	3.68%	3.56%	3.37%



SICKNESS ABSENCE COMMENTARY

Overall monthly figures for November 2016 (3.56%) is less than for October 2016 (3.68%) but is above the Trust target of 3.32%. The Trust's overall average for the year ending 30th November 2016 is 3.37%. This is lower than the same period last year (3.74%) but still slightly above the Trust target.

Estates and Ancillary remain the staff group with the highest absence rates, reflecting a number of long term sickness absence cases which continue to be managed through to conclusion.

Since the reduction of the Bradford Score trigger from 200 to 150 with effect from 3rd October 2016, there was an initial increase in numbers above the reduced trigger point in November, followed by a decrease in December 2016. In October 2016 there were 72 employees who had a Bradford Score between 150 and 200. This increased to 79 in November 2016 and again to 92 in December 2016. The increase in staff in post numbers continues to reflect a similar trend to the number of staff above the Bradford score trigger.

The percentage of formal Stage 2 meetings has increased from 48% in October 2016 to 57% in November and 61% in December, which reflects increasing robust management of sickness absence across the Trust.

The workforce Reporting System 2017-14 opt revision in partnership with staff side colleagues.

TRAINING COMPLIANCE BY DIVISION

December 2016	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%	80%
Corporate	65%	100%	83%	81%	84%	94%	79%	81%	88%	
Diagnostics, Therapeutics and Outpatients	75%	100%	83%	83%	90%	83%	83%	84%	85%	
Medicine	74%	94%	85%	84%	87%	90%	82%	84%	91%	
Surgery	77%	93%	82%	83%	85%	86%	82%	82%	89%	
Women's & Children's	63%	100%	81%	80%	86%	86%	80%	80%	93%	
TRUST TOTAL	71%	96%	83%	82%	87%	87%	81%	83%	89%	
Change from last month	0%	12%	1%	-1%	1%	7%	0%	1%	0%	

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

Minor fluctuations can be seen across most stat training topics since the end of November position. Levels of compliance for Manual Handling Practical training within Corporate Nursing and Diagnostic, Therapeutics and Outpatients are improving, with these divisions now above 80% compliance.

Following a comprehensive review of our mandatory training provision we were able to submit a declaration of alignment to the Skills for Health Core Skills Mandatory Training Framework (CSTF) in December 2016. This has now been accepted, providing assurance that our training is sufficiently comprehensive and standardised across the East of England, and potentially paving the way for greater transference of CSTF aligned training across organisations. The next phase of the project is to review our approach to Induction for those staff already holding CSTF competencies, with a view to streamlining their pathway through commencement and out into clinical practice, whilst still maintaining high standards of training compliance and safety.

Appraisals

The Trust-wide compliance figure remains at 71% for the third month, with fluctuations of between 2 and 6% across all divisions.

Those areas that were reported as having less than 50% of their staff compliant for appraisal at the end of November were asked to submit action plans for improvement. Although improvement has been made or is planned for some areas, no response was received for nine of the areas, and compliance rates remain of concern. We will be following this up with the area leads as a matter of urgency, requesting the involvement of matrons and general managers for support. The Women's and Children's division is of particular concern currently, but action plans have been received that forecast significant improvement throughout January and February. A number of outstanding appraisals have already been reported. As compliance is weakest amongst clinical staff, the Head of Midwifery is closely monitoring the situation.



BOARD OF DIRECTORS

Agenda item	8	Category of Paper	Tick
Paper Title	Executive Board Report	To action	<input checked="" type="checkbox"/>
Date of Meeting	Wednesday 1 February 2017	To note	<input checked="" type="checkbox"/>
Lead Director	P Philip	For Information	<input checked="" type="checkbox"/>
Paper Author	Executive Directors	To ratify	<input type="checkbox"/>
Indicate the impact of the paper: Financial <input type="checkbox"/> Quality/Safety <input checked="" type="checkbox"/> Patient Experience <input type="checkbox"/> Equality <input type="checkbox"/> Clinical <input checked="" type="checkbox"/> Governance <input checked="" type="checkbox"/>			

History of Committee Reporting and Date	Executive Board – 24 January 2017		
Links to Strategic Board Objectives	All Objectives		
Links to Regulations/ Outcomes/External Assessments	CQC Monitor Information Governance Toolkit		
Links to the Risk Register	1175 – Agency Costs 1018 – HSMR Estates Risks	650 – Bed pressures 669 – Appraisal	

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 and Midwifery Staffing	- to note
7. Management of CQUIN	- to note
8. Compliance Issues	- to note
9. Estates and Facilities Update	- to note
10. Communications and Fundraising Update	- to note
11. Policies and Procedures Update	- to note

ACTION REQUIRED
To note / consider / review / approve as specified above.

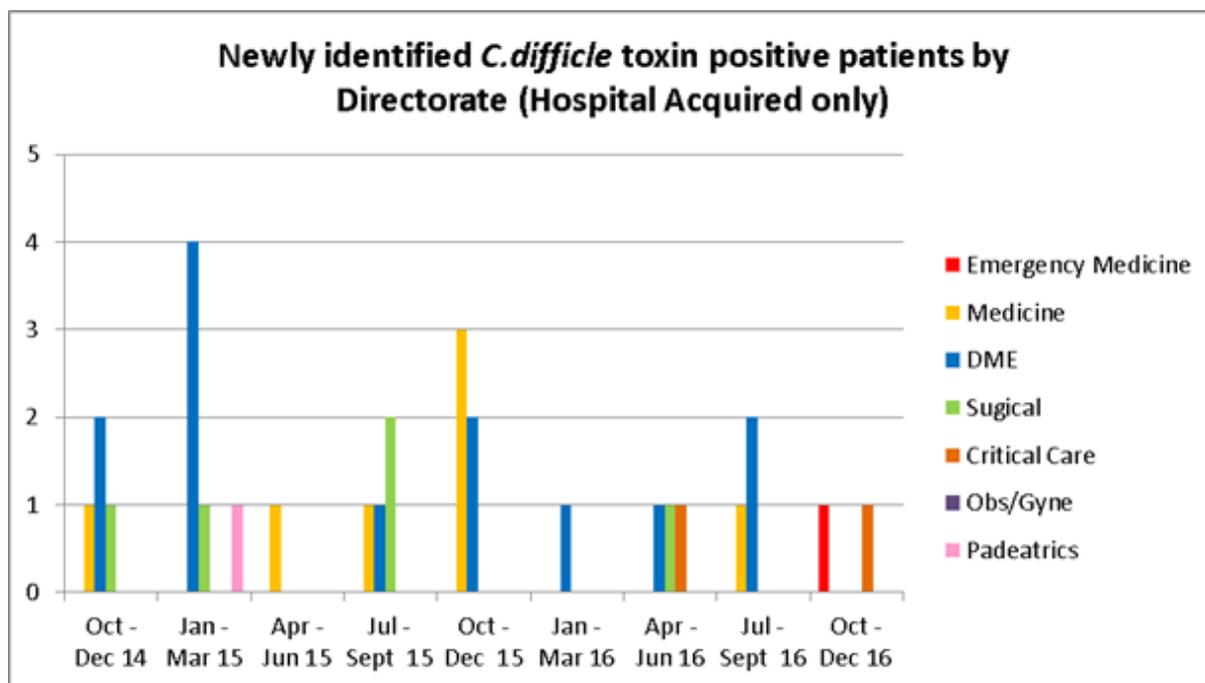
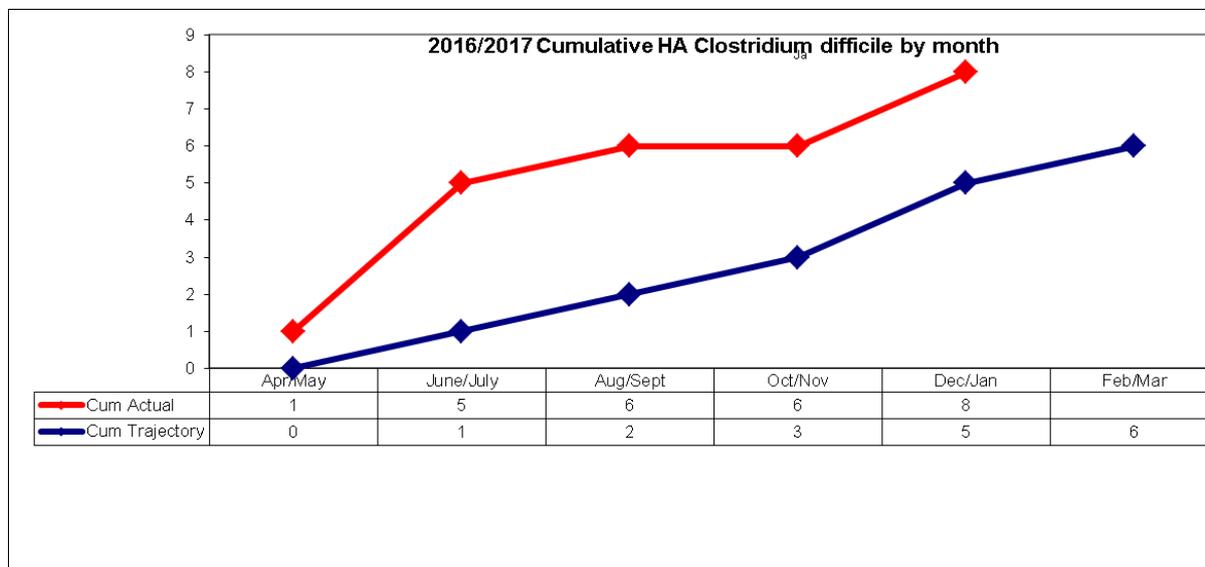
Public Meeting

Private Meeting

1. INFECTION CONTROL REPORT

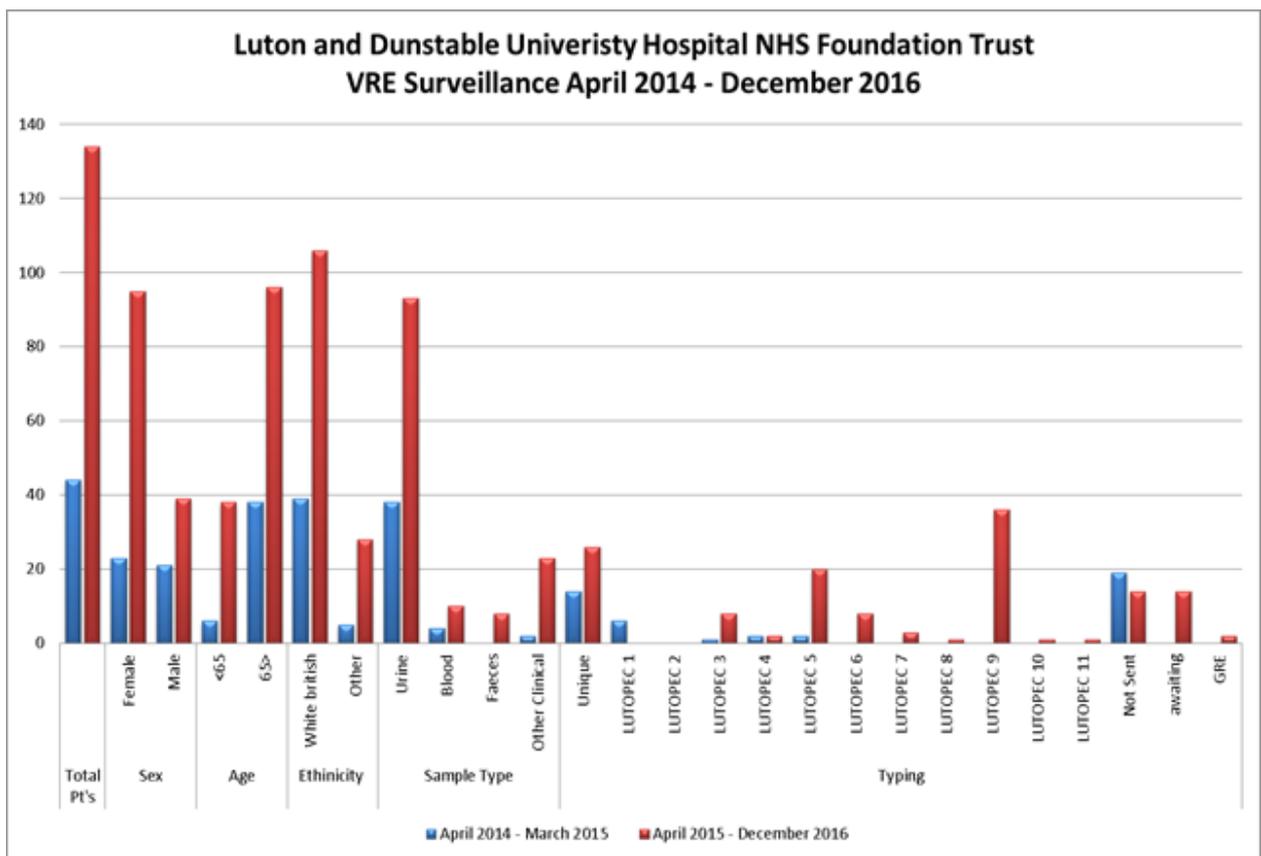
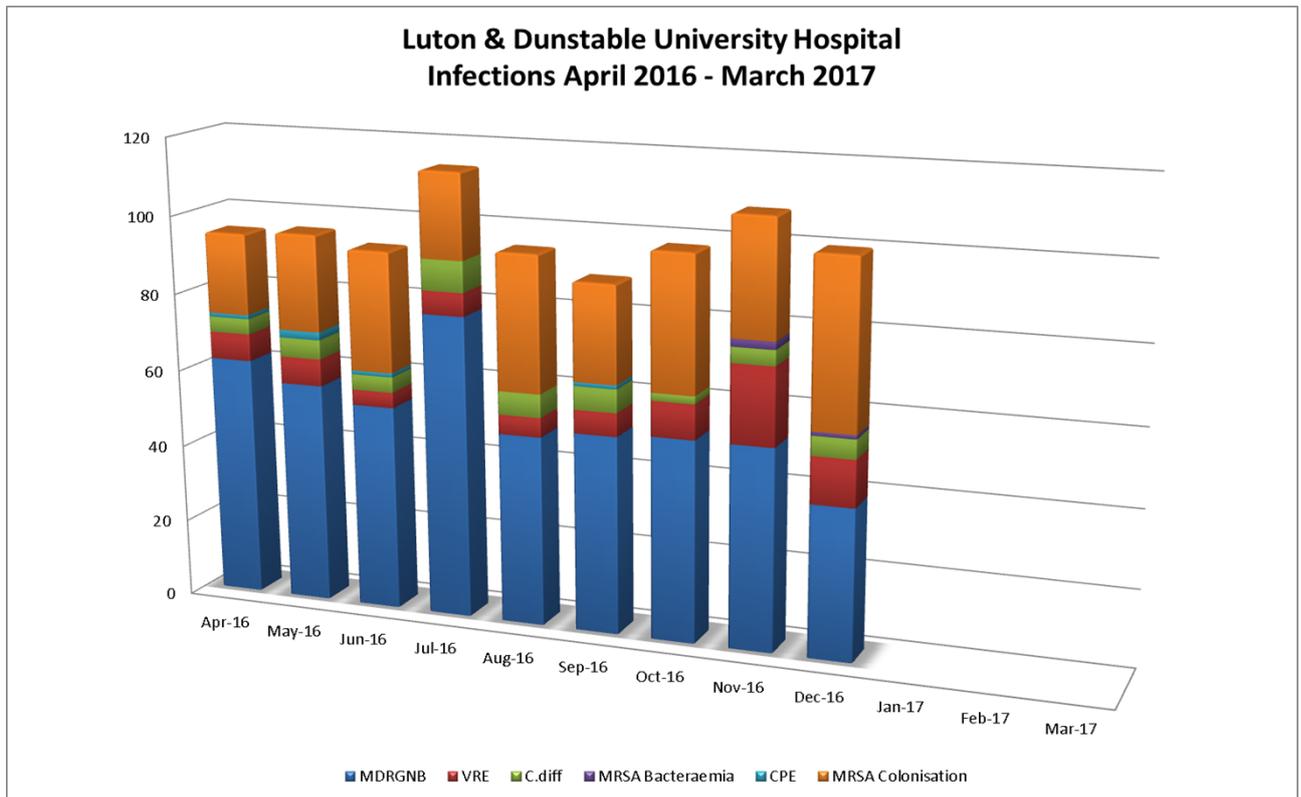
- Clostridium difficile**

The Trust ceiling for *Clostridium difficile* infection for the year April 2016 to March 2017 is 6 cases (hospital acquired). As predicted the Trust figures have exceeded the ceiling which was set very low. No particular type strain is dominant and no outbreaks / clusters have been reported.



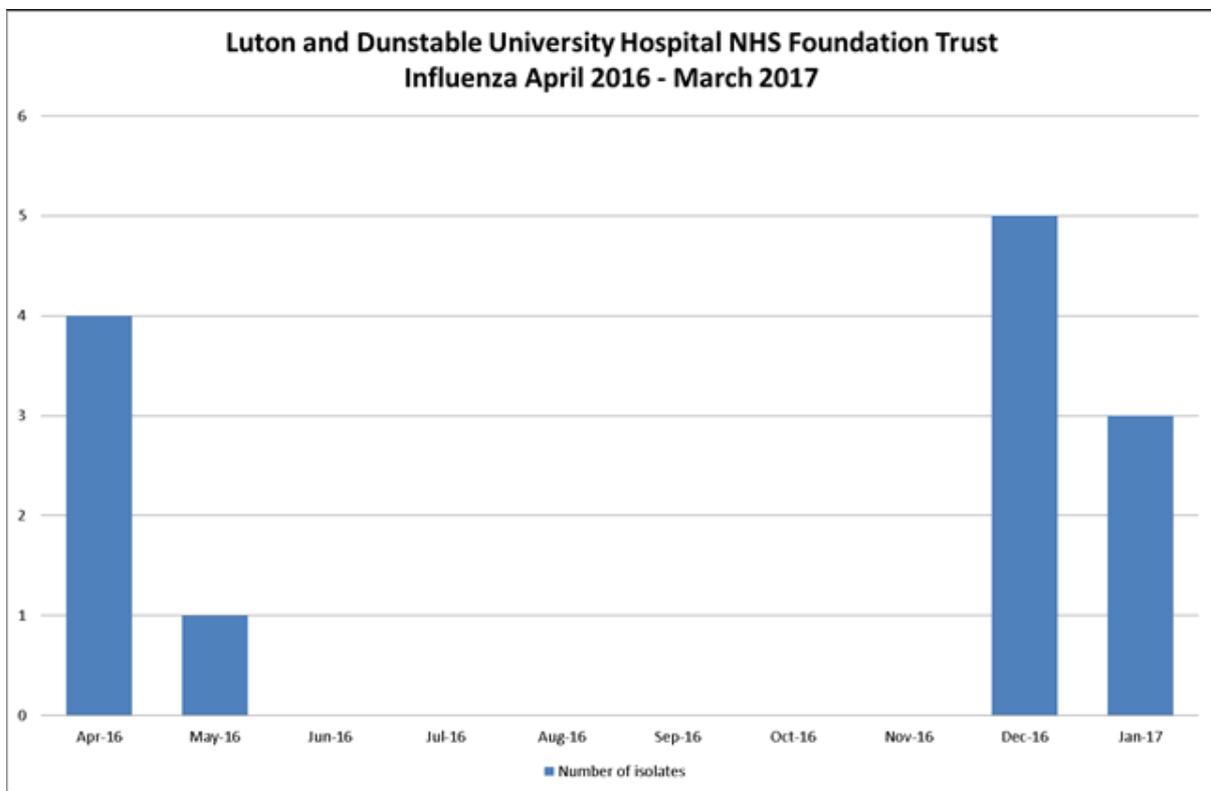
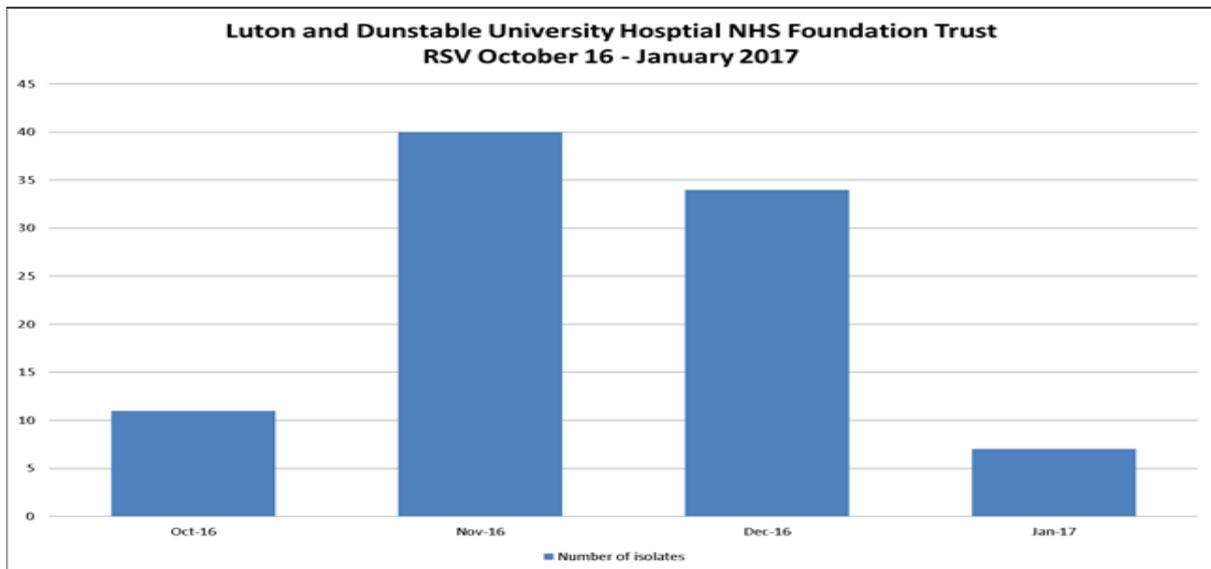
- Patients with Multi-drug Resistant organisms**

We continue to report high numbers of cases with MDROs. The Infection control team is continuing with its investigation of the increase in the number of vancomycin resistant enterococci.



- **Winter Respiratory Infections**

The seasonal increase in respiratory syncytial virus infection peaked in November. In recent weeks laboratory confirmed cases of seasonal influenza are increasing in the community. Many elderly care residential facilities are reporting outbreaks of influenza like illness. The hospital laboratory has reported seasonal influenza A from patients admitted with severe respiratory illness.



- **Norovirus**

Increase in Norovirus activity has been reported in parts of the country. However, at the L&D the incidence of viral gastroenteritis due to Norovirus remains low.

2. DEANERY ISSUES

GP Training Scheme Head of School Visit - July 2016

There was an area of concern with the Trauma and Orthopaedic post. It was felt the GPVTS trainee was not benefiting from the rotation and the post has therefore been removed. The department is using locums whilst it recruits a replacement. The

Director of Medical Education is meeting with the team regularly and support is being provided to improve whole team engagement. An Action Plan was submitted at the end of August 2016.

School of Paediatrics and Neonates visit – July 2016

The requirements from the visit were in relation to rotas and workload, team interaction and how to improve communication. This was mainly in NICU and we are pleased with the progress that has been made. An Action Plan was submitted at the end of November.

School of Obstetrics and Gynaecology Visit - July 2016

Work continues to progress with the O&G Action Plan. A number of actions around trainee participation in clinics and theatres is being addressed. An updated Action plan is due in January 2017.

Planned School of Anaesthetics visit – December 2016

We have identified a need to increase device training, there are a number of different anaesthetic machines and the Trust has been asked to review its training process to ensure all trainees and others are competent in the use of the devices.

At this time there are no other visits in the diary but we know that we are due a medicine and surgery visit this year.

3. COMPLAINTS BOARD UPDATE

The Complaints Board continues to monitor complaint response times and the quality of the responses. The overall number of complaints remains constant with no concerning increase in any particular area. Significant improvements have been made in the Division of Medicine and Women and Children's in consistently managing their complaint responses. The Surgical Division however continue to experience difficulties in clearing their backlog of overdue complaints despite making some changes to the divisional complaint management process. This has been escalated to the Divisional Chair and work is ongoing to support the Division in meeting its complaint response standard.

4. MORTALITY BOARD UPDATE

The Mortality Board continues to monitor and review the Trust's HSMR working with clinicians and Medical Directors to explore areas of concern and promote learning from Mortality Reviews. The Board is aware that the Trust has experienced a higher than expected HSMR over a period of time and a considerable amount of work has gone into understanding the reasons behind this using support from Dr Foster and external experts. I am pleased to report that the most recent rolling 12 months HSMR is now 106.31 and is no longer considered to be statistically significant. Having said that the Mortality Board is committed to supporting the ongoing scrutiny of all deaths that take place in the hospital so that further learning can take place and the Trust HSMR continues to improve.

5. NEEDS BASED CARE

The needs based care programme work continues to focus on the detailed clinical models that will underpin the concept. The post-implementation review of cardiology has demonstrated a significant reduction in length of stay from patients being admitted directly under a cardiologist; the data from the first six months suggests a saving of up to 15 beds; although this needs to be further validated with a larger sample size over a longer period this is very encouraging. The greatest challenge is the complex medical and general medicine patient cohorts, identifying the beds and consultant model that will deliver the best outcomes will be the main focus of the work.

The work with South Bedfordshire GPs (Chiltern Vale) continues with strong collaboration between the hospital, CCG, practices and SEPT to test and evaluate different processes for managing patients. We are now contacting practice matrons directly when the clinical navigation team review a patient in the Emergency Department, and are jointly reviewing high risk patients and creating admission avoidance plans. A presentation to Commissioners is scheduled during March to share findings and ideas from the work completed so far. Work on risk stratification of patients based on hospital, GP, social care and mental health data is progressing and starting to generate risk stratified patient lists to further target our admissions avoidance work.

6. NURSING & MIDWIFERY STAFFING

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

7. MANAGEMENT OF CQUIN

The Trust submitted the quarter 3 2016/17 CQUIN submission in accordance with the timetable in January.

The submission declared compliance against all milestones.

In relation to 2017/18 the Trust contract was signed in December 2016 and this included agreement regarding the CQUIN schemes. The schemes cover both 2017/18 and 2018/19 as it is a 2 year contract. The schemes are as follows:

- Improving staff health and well-being;
- Reducing the impact of serious infections (antimicrobial) resistance and sepsis;
- Improving services for people with mental health needs who present to A&E;
- Offering advice and guidance;
- E-referrals;
- Proactive and safe discharge;
- Preventing ill-health by risky behaviours – alcohol and tobacco.

8. COMPLIANCE ISSUES

Endoscopy – the Trust has received notification from JAG that the endoscopy unit has been awarded a continuation of its JAG accreditation following submission of the Annual Report Card 2016.

Critical Care – the Trust underwent a peer review visit in January from the Critical Care network. The report following the visit will be received in early February.

Histopathology – the histopathology department will host a UKAS accreditation inspection in March 2017.

Food Hygiene – the EHO inspection of Engie’s catering service has revised the food safety rating from 1 to 3 (satisfactory).

9. ESTATES & FACILITIES UPDATE

Outsourcing Update

Carte Choix (patient plated meal service) -The Trust Estates project team is well advanced with the ward pantry refurbishment project with 4 of the 5 phases of work to convert ward kitchens ready for the new patient meal service Carte Choix completed. Phase 5 construction works will be completed in February and after which all wards will be offering the new meal service to patients.

The new menu associated with Carte Choix, offers an extensive a-la carte range of meals available to our patients every day.

Early feedback from patients served with Carte Choix service has been very favourable and is a significant improvement over the previous arrangement

Luton Borough Council Environmental Health Officer - Since the last visit from Luton Borough Council Environmental Health Officer (EHO) in November 2016, our current provider have been working to rectify the issues identified in previous inspections that had not been addressed and resulted in the Trust’s food safety rating being downgraded to 1.

The EHO visited the Trust on the 4th January for an unannounced spot inspection in response to a formal re-inspection request lodged by Engie. During this inspection the EHO re-evaluated and tested the HACCP (management of food safety) system by visiting a number of wards, the staff restaurant and also spoke to staff involved with the food service.

From the feedback session with the EHO immediately after the inspection, it was confirmed that progress had been made against issues previously identified but there was still more work to be done.

The EHO received a sufficient level of assurance that food safety was being adequately managed to revise the food safety rating from 1 to 3 (satisfactory).

Our provider continues to work at embedding new processes for food safety management into their everyday work practises with the objective of securing a food safety rating of 5 at the next annual inspection which will take place anytime from March 2017 onwards.

Capital Works

An initial scheme of road and pavement repairs has been completed. Further work is underway to repair foot paths leading from the Trust Offices to Calnwood Road car park.

The urgent GP clinic has been the subject of a minor refurbishment project which is expected to be completed by the end of January.

Safety works to the Trusts electrical infrastructure are currently in the planning stage ready to be undertaken in late February. The works involves replacing old switch gear which has been reported as defective on other hospital sites.

Upgrades to the oxygen storage facility will be concluded in March. Once complete, the Trust will have the required additional oxygen storage on site to reflect recent new in patient developments.

Estates and Facilities Collaborative Working

The Trusts Estates and Facilities team continue to work with colleagues from Milton Keynes and Bedford General Hospitals exploring opportunities to secure value for money and service improvements by consolidating contract services into single arrangement. Prior to the holiday period, tender documents were released for waste management. The exercise is a single procurement but with separate contractual arrangements for each of the three Trusts.

A further project looking at postal and courier services is due to conclude in February with a market test exercise.

Appointments

The Trust welcomes the permanent appointment of a new Assistant Director of Estates and Facilities. The principle aspect of the role will be oversight and performance management of the outsourced services.

10. COMMUNICATIONS & FUNDRAISING UPDATE

FREEDOM TO SPEAK UP BOARD REPORT, OCTOBER 2016 – JANUARY 2017

The Freedom to Speak Up Guardian has been appointed and was introduced to the Trust staff during the staff Engagement events held over Christmas. An extensive communication plan is in place to ensure all staff are fully aware of the appointment and the function of the role.

The FTSU Guardian has already put systems and processes in place to make it as easy as possible for staff to raise any concerns and further options are being explored ensure a wide coverage across all departments of the Trust.

To date the Guardian has not received any formal concerns however a number of informal concerns have been recorded where staff did not want any action to be taken. A recording and reporting structure is being discussed to provide assurance that concerns are being acted upon. Once this structure has been agreed we will update the Board.

The Guardian is attending the FTSU annual conference and workshops and has joined the East of England FTSU Guardian network so ideas and issues can be shared. This has been particularly useful in hearing what other Trusts are doing to capture data and reassuring that everyone is experiencing the same with people wanting to remain anonymous.

COMMUNICATIONS

Media

There were 66 media enquiries in October, November and December.

Internal communications and events

The Communications team supported the 'Good, Better, Best' staff event in December and have assisted with various productions of newsletters throughout the Trust.

Intranet & Website

A new car parking section of the intranet has been introduced to assist staff with getting to work.

In relation to the external website, the details of local pharmacies have been introduced to help patients find alternatives to the use of A&E.

Social Media

Twitter has been used to promote alternative ways to get help rather than coming straight to A&E. This is part of the wider *Stay Well this Winter* campaign being run by the CCG.

Sustainable Transformation Plan (STP)

The Communications Team continue to support the STP process and relationships are being developed by the Communications Teams across Luton, Bedfordshire and Milton Keynes. A Luton sub-group has been developed to help public engagement locally. A survey is being carried out to gather opinions and suggestions to feed into the STP process going forward.

FUNDRAISING

Funds generated November 2016 – mid January 2017: £40,000

- £4400 from our Christmas Light up a life appeal towards NICU parents accommodation
- 448 donations made.
- We received US\$7275 donation from Crane Fund (£5800 approx) for the oncology rooms on the Children's ward. They are ongoing supporters of the ward.
- We have a runner in the London Marathon (with their own place) supporting NICU.

- A memory event for NICU and raised £1,555

Gift in kind donations (*not included above*)

- Over 800 Christmas gifts donated for inpatients by members of the public and local companies were given to patients on Christmas day, with an estimated value of £10,000.

Helipad Appeal

Preparation has begun on an application to the LIBOR fund (which administers levies from banks). Once the helipad has been approved and a date for the applications has been released we will submit our application.

11. POLICIES & PROCEDURES UPDATE

The following Policies & Procedures were approved in November 2016 – January 2017:

- I20 Imaging Patient Access
- R18 Policy for the revalidation of nurses and midwives V1.docx
- D10 The Trust Domestic Violence Policy
- T06 Trade Union Recognition Agreement
- A04 Alcohol and Substance Misuse Policy
- T02 Transfer and escort of patients

Minor Amendments were agreed to:

- Q01 Quality Framework
- P07 Policy for the Development and Management of Trust Policy and Procedural Documents
- D02 Data Quality Policy Extension to March 17 agreed

EXECUTIVE REPORT

QUARTERLY REPORT ON NURSING AND MIDWIFERY STAFFING LEVELS

Quarter 3 - October - December 2016

1.0 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. This report provides the Trust Board with information regarding nurse staffing levels from **1st October through to 31st December 2016**. The report provides details of the actual care hours of Registered Nursing, Midwifery and un-registered staff. This is broken down between day and night shifts and includes the planned versus actual staffing levels.

Key Points:

- Although the Trust has maintained an overall staffing fill rate of above 95% for the quarter, these figures continue to include higher than optimum numbers of agency nurses. The Chief Nurse and Deputy Chief Nurse continue to implement robust processes for ensuring safe staffing levels on a daily basis.
- The number of staff required per shift is calculated using evidence based tools, which is based on the level of dependency of the patient. This is further informed using professional judgement, taking into consideration issues such as the ward environment including size, layout, staff experience, incidence of harm and patient satisfaction plus any additional tasks that the ward staff might be required to perform. This method is in line with NICE guidance. This gives us the optimum **planned** number of staff per shift.
- We have commenced using care hours per patient day (CHPPD) to monitor the amount of care hours given to a patient over a 24 hour period (discussed more later). Benchmarking is underway with local Trusts.
- There are on-going challenges with international recruitment and the introduction of a high level IELTSs for both international and European recruits

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

2.0 Breakdown of average fill rates for the Trust

Across the Trust, the average actual level of Registered Nursing staff was generally within the levels planned across all shifts. Exceptions included areas where Assistant Nurse Practitioners are employed. These are in Complex Medicine – including the former Department of Medical Elderly, Cardiology and Surgery. Although not a Registered Nurse, this new role is aimed at providing a higher level of support for our Registered Nurses to ensure the high standard and continuity of patient care.

For some wards, there will be a difference between the planned and actual staffing hours. In some cases, departments will have used more hours than they planned to use and in other cases they will have used less hours than they planned. This is representative of the changing needs of patients on a daily basis.

Average fill rates for registered and unregistered staff have remained consistent over the last 3 months. Although the average fill rate for HCAs on night duty is above 100% this is attributable to the late cancellations of registered nurses due to sickness or the opening of escalation areas. Health Care Assistants were used as they were available to work.

We continue to explore new roles in order to address the national shortage of registered staff.

Table 1 BREAKDOWN OF AVERAGE FILL RATES FOR THE TRUST

Month	Day		Night		Overall
	% Average fill rate RN	% Average fill rate HCA	% Average fill rate RN	% Average fill rate HCA	
October	93	96	97	98	96%
November	94	95	97	98	97%
December	94	95	97	96	96%

3.0 Staffing Management

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

Operational staffing meetings continue up to 3 times a day in order to rectify staffing challenges in a timely manner. These are chaired by the Operational Matron in conjunction with either the Chief Nurse or Deputy Chief Nurse. Matrons from each division discuss the staffing shortfalls and move staff accordingly to meet the peaks of demand and shortfalls.

At the operational staffing meetings the use of agency nursing staff is discussed and only agreed once all local staffing options have been explored. As per Carter (2016) recommendations, we are actively exploring our use of staff for enhanced care (specialising) and investigating ways to address this while keeping our patients safe and well cared for. Weekly meetings between the Matrons and the Deputy Chief Nurse continue to review the utilisation of staff against establishment per ward.

In line with the Lord Carter (2016) recommendations to reduce 'unwarranted variation', a new e-rostering dashboard has been introduced. This is currently in the pilot stage. This is reviewed monthly with unit managers, Matrons and the Deputy/Chief Nurse.

3.1 Red flag occurrences

The Trust continues to collect incidences of red flags on a daily basis. These are used as indicators where intervention is required to maintain patient safety.

The amount of red flag occurrences this quarter is consistent with last quarter. This is most likely due to the on-going need for additional bed capacity (see table 2). Trust staff have been redeployed to these areas to ensure safety is maintained.

Table 2 RED FLAG OCCURENCES

Month	Red flag 1: Number of shifts where 50% or more of RNs on duty are agency (nights)	Red flag 2: Number of day shifts when RN to patient ratio is greater than 1:8
October	38 (2%)	62 (10%)
November	26 (3%)	64 (10%)
December	30 (2%)	94 (15%)

4.0 Variance report by ward/department

The Trust reports 'Hard Truth' data monthly which is uploaded to NHS Choices and the Trust website in order to promote transparency for the public. This data portrays the amount of staff needed versus the actual numbers on the unit each day.

Appendix 1 illustrates actions taken for any wards/departments identified as having a variance of less than or greater than 15% against either the day or night staffing for either Nursing, Midwifery or Care staff over the quarter.

4.1 Overstaffing:

It is important to note that where variances are a lot higher than expected there will be contributing factors such as:

- A requirement for extra staff on an ad hoc basis to provide 'enhanced care' to high risk/vulnerable patients.
- Overseas nurses awaiting their NMC registration number, so recorded as HCAs (unregistered).
- Assistant Nurse Practitioners at Band 4 have been introduced across the Trust, these are not Registered practitioners but are working at a more advanced level than a Health Care Assistant
- Extra Health Care Assistant being on duty when unable to fill with RNs (following local risk assessments).

4.2 Understaffing:

During the reporting period, all clinical areas in the Trust demonstrated an above 75% fill rate for both qualified and unqualified staff. Challenges remain in maternity services during peaks of high activity. The Head of Midwifery in conjunction with the Senior Midwives review staffing levels twice daily. Staff are redeployed as required following local risk assessments. Recent recruitment events have yielded midwifery staff who we anticipate will commence in post in October.

4.3 Care hours per patient day (CHPPD)

As set out in Lord Carter's final report, *Operational productivity and performance in English acute hospitals: Unwarranted variations* (February 2016) in order to have a consistent measurement of staffing levels, which enables benchmarking across hospitals and reduces variation, a new metric tool has been introduced. This is Care Hours per Patient Day (CHPPD). CHPPD describes the actual hours worked (both registered and non-registered) divided by the number of inpatients at midnight.

In May the Trust commenced reporting CHPPD to UNIFY and is currently undertaking a benchmarking exercise with other Trusts, initial review demonstrates consistency. Our CHPPD results per ward have been consistent over the last 3 months; we have commenced a benchmarking activity with our local Trusts within the STP footprint. Similarly these results should be available towards the end of the financial year, as part of the NHS wide 'Model Hospital Dashboard' initiative.

5.0 Vacancies and recruitment activity

In collaboration with the recruitment team, proactive recruitment activities continue with both targeted and expedient campaigns running monthly. The Trust has both attended and is energetically pursuing local, European and International recruitment opportunities.

The Trust is attending local Colleges, Academies and the Luton Employment Fair to discuss careers opportunities. Recently trips to Italy have yielded 18 registered nurses.

Bedfordshire University student nurses qualified in September, a significant number of those whom trained with us have chosen to remain working for the Trust, these nurses commenced employment during this quarter.

The recruitment department continues to work through the on boarding process with the Filipino and Indian applicants. The standard of nurses who were appointed was high. We are starting to see these nurses commence with us towards the end of October through to November. There are challenges in reducing the time into post due to difficulties they face in achieving the high pass rate required on the International English Language Test (IELTs). There are also delays with the Nursing and Midwifery Council in processing applications for registration. A recruitment campaign to Singapore in October yielded 134 job offers.

Recruiting to existing vacancies remains a challenge. This is consistent with the national picture. This is particularly evident in the amount of band 5 vacancies that are consistent month on month. Multiple initiatives are in place to retain staff including face to face leaver interviews and offers of rotation to other areas in the hospital. Trends are being fed back to the Matron and actions taken accordingly. An overall analysis will be completed in 6 months with feedback given to the Divisions and Human Resources.

The use of social media as a recruitment and marketing tool is recognised. The Trust has a nursing and recruitment presence on these. Regular updates are made each week. These tools are also used to communicate with our overseas nurses waiting to join us. We have increased our following and have generated over thousands of 'hits' to some adverts and events posted on these. We hope that this will direct potential candidates to our jobs posted on NHS Jobs.

In order to attract and recruit a better calibre of band 2 staff, a new 'strengths based recruitment' technique and candidate scoring system have been applied. We continue to use these and aim to evaluate its impact in December 2016. If successful this may be moved forward to include the recruitment of registered nursing staff.

In line with previous reports, the last 3 months vacancy data demonstrates an overall slight increase in Health Care Assistant vacancies.

Table 3 depicts the vacancies for the Trust during October to December 2016. The data presented describes the amount of nursing vacancies, taking into account staff working their notice and those going through the on boarding process.

Table 3 TRUST NURSING VACANCIES (WTE)

Band	Vacancies as at 1st Oct	Vacancies as at 1st Nov	Vacancies as at 1st Dec
Band 7	3.00	7.96	3.20
Band 6	20.72	5.39	9.59
Band 5	110.86	131.53	120.99
Band 4	4.00	-3.00	2.21
Band 3	1.22	1.00	1.00
Band 2	17.40	24.77	26.47
Total	157.20	167.65	163.46

6.0 Action required

- The Board is asked to note the content of the report.
- Be assured that there is the appropriate level of detail and assessment in reviewing the staffing across inpatient wards.

BOARD OF DIRECTORS

Agenda item	9	Category of Paper	Tick
Paper Title	Clinical Outcome, Safety & Quality Report	To action	<input type="checkbox"/>
Date of Meeting	19 October 2016 & 23 November 2016	To note	<input type="checkbox"/>
Lead Director	Alison Clarke, NED	For Information	<input checked="" type="checkbox"/>
Paper Author		To ratify	<input type="checkbox"/>
Indicate the impact of the paper:			
Financial <input type="checkbox"/> Quality/Safety <input checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Equality <input checked="" type="checkbox"/> Clinical <input checked="" type="checkbox"/> Governance <input checked="" type="checkbox"/>			

History of Committee Reporting and Date	Clinical Outcome, Safety and Quality Committee on 19 October and 23 November 2016		
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 October and 23 November 2016.

SUMMARY/CURRENT ISSUES AND ACTION

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

- Report on progress with the Quality Priorities 2016/17
- 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 October and 23 November 2016.

2. 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 Monitor performance targets.

The Chief Nurse highlighted that the success resulting from a falls and pressure ulcer collaborative training programme involving 4 wards. Another collaborative with further wards will be in place in 2017/18. With regard to cardiac arrests, there are initiatives in place to prevent the deterioration of the patient, one key theme being timely decision making regarding placement of care. COSQ noted that the friends and family response rate within maternity is low and the patient experience team are working to address this. A poor wifi service in the maternity building has negated the use of iPads to gain feedback. The Chief Nurse noted that a meeting is being held to establish how the current complaints process, particularly response time, can be improved.

Discussion took place regarding the challenges that nurses often experience in their ability to provide greater holistic care to their patients. This was due to the increased acuity and rapid turnover in the clinical areas. Although all aspects of fundamental care were delivered, it was felt that patients would benefit from greater psychological care and more one to one nurse time.

The Managing Director highlighted challenges with regard to meeting the cancer targets, particularly with the Christmas holiday period. The stroke performance is showing signs of improvement although there are issues with regard to repatriating patients to Bedford. The committee discussed the target for the time the patient spends on the stroke ward and the challenges to achieve this target when the availability of beds is overstretched.

Cleaning and Catering Contract – The Director of Estates and Facilities gave an update, noting that with regard to cleaning, generally the procedures are in place but there are still issues which are bringing the scores down. The committee discussed the recent poor environmental health score and noted that a re-inspection had taken place on 15 November.

Surgery Division – The Clinical Chair and a General Manager for the Surgery Division was in attendance at the November meeting and updated the committee on the governance arrangements in the Surgery Division. The Division is looking at a revised dashboard and process for complaints and by the end of December aim to have cleared the backlog. The challenge for recruiting middle grade doctors was noted and the impact this has on management tasks, including signing off NICE guidance, preparing SI reports etc. The Chair of COSQ highlighted the expectations for clinical audit. The Surgery Division highlighted challenges resulting from the absence of the rota co-ordinator and theatre scheduler.

3. Quality Dashboard

Nursing Dashboard - The Chief Nurse presented the nursing dashboards (Aug – Oct data) highlighting the quality metrics, workforce and patient experience indicators for each ward and division. The committee recognised the decrease in the use of nursing agency staff.

Open and Honest Care - COSQ received and noted the Open and Honest Care reports for

September and October 2016 and attention was drawn to the patient story.

4. Clinical Outcome

Mortality – Regular updates on the progress of the actions following the mortality review were provided. The most recent SHMI data saw an improvement and we continue to monitor the crude death rate which remains within expected limits. The Chair noted that she had attended the Mortality Board meeting and was assured that the focus remains high and issues are being addressed.

Sepsis – COSQ received the Sepsis CQUIN report in October and noted that the CCG are challenging that not enough patients have been audited. This is due to the fact that inpatients are being treated before they reach the red flag status and therefore there are insufficient numbers to meet the denominator. Therefore, we plan to audit the screening of all septic patients so that we can furnish the CCG audit requirements.

Managing Patients with AKI – The Head of Quality gave a verbal update and informed the committee of a Patient Safety Alert (stage 2 – resources) that was published on 17 August 2016 for completion by 17 February 2017. She explained the four elements which have to be achieved.

Litigation Report – The Head of Litigation was in attendance and presented a report. She noted the steady rise in clinical negligence claims and the committee discussed the numbers of adverts in the public domain which ‘encourage’ people to claim and which contribute to this increase. COSQ were alerted to the financial impact to the Trust. Further work is taking place with regard to learning through SI reporting, complaints and litigation, including comparing our claims levels with comparable Trusts.

5. Patient Safety

Thematic Review of Delayed and Missed Diagnosis – The committee were briefed on the initial findings following a review that has been undertaken of 11 cases of delayed and missed diagnosis going back several years. Assurance was gained through the achievement of actions and work in progress. The final report will go to COB and the Executive Team prior to being sent to the CCG.

Serious Incidents – COSQ received the reports giving an update on Serious Incidents and Never Events. Each month the Grand Round receives a Serious Incident presentation from one of the Divisions. An SI workshop has also been set up targeted specifically at junior doctors.

7 Day Service Review – The Head of Patient Safety presented an outline of the 7 day survey and its findings. She noted that this is a priority for NHS England (Keogh 2012) and the aim was to survey a minimum of 280 case notes, between 30 March and 5 April 2016, measuring a number of standards. The survey has to be repeated every 6 months. COSQ recognised the resource required to carry out these surveys.

Adult Safeguarding – The Lead Nurse for Adult Safeguarding was in attendance and briefed the committee on the activity with regard to adult safeguarding. She gave a summary of some of the cases raised and substantiated / partially substantiated against us. The Chief Nurse highlighted that these are very small numbers and the importance of documenting all aspects of care and key conversations. The committee acknowledged that the majority are cases relate to failed discharges.

Infection Control Quarterly Report – COSQ received the Infection Control Report for the period July – September 2016 for information.

6. Patient Experience

Quarterly Patient Experience Report - The Patient Experience report for quarter 2 was received

and noted. The Chief Nurse reiterated the challenge in gaining feedback from maternity, partly due to the difficulties with Wifi. There has been an increase in the use of interpreting services since the new provider has been established.

End of Life Care – The Deputy Chief Nurse provided assurance that work is ongoing to ensure optimum support for our patients at end of life. There has been a focus for the Trust to have access to the system (System One) which is used by primary care and the hospice so that we have shared information regarding the patient without having to repeatedly ask distressing questions.

7. Report from Clinical Operational Board

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

8. Workforce Update

Statutory Training and Appraisals – The Training and Development Reports covering activity up to 31 October 2016 were received and noted.

Nursing Workforce - COSQ reviewed the nursing workforce reports and noted the content. Discussion took place with regard to improving retention and it was noted that the Trust is not an outlier with regard to staff turnover. The highest turnover has been HCAs but improvements have been seen since the introduction of a more robust focussed intervention and the care certificate which has to be completed within 3 months.

Nurse Revalidation – The committee received assurance that nurse revalidation stands at 100%.

9. CQUIN

COSQ noted the position to date for Quarter 1 and Quarter 2 CQUIN submissions, and the good progress with the various quality improvement schemes.

10. Risk Register

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

11. Clinical Audit

The internal audit programme overview was received for information.

12. Papers Received for Information:

- Minutes Nursing and Midwifery Board, September and October 2016.
- National Quality Publications of Interest
- Deanery report – Obs and Gynae visit

BOARD OF DIRECTORS

Agenda item	10	Category of Paper	Tick
Paper Title	Finance, Investment & Performance Committee	To action	<input type="checkbox"/>
Date of Meeting	1 February 2017	To note	<input checked="" type="checkbox"/>
Lead Director	Andrew Harwood – Director of Finance	For Information	<input type="checkbox"/>
Paper Author	Jill Robinson – Chair of Committee	To ratify	<input type="checkbox"/>
Indicate the impact of the paper:			
Financial <input checked="" type="checkbox"/> Quality/Safety <input checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Equality <input type="checkbox"/> Clinical <input checked="" type="checkbox"/> Governance <input checked="" type="checkbox"/>			

History of Committee Reporting and Date	Finance, Investment & Performance Committees: 19 th October and 23 rd November 2016	
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 19 October and 23 November 2016

SUMMARY/CURRENT ISSUES AND ACTION

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

- STF & Control Totals 17/18 & 18/19
- Business Cases:
Haem Onc Ward / Stroke Service / Heli Pad / Luton Sexual Health Services Capex review /Dental Development
- Strengthening Financial Performance
- Capital Planning 3 Year Plan
- Month 7 Performance
- Operating Plan 16/17: STP Update
- Workforce

ACTION REQUIRED

To note the Finance, Investment & Performance Committee Report from meetings held 19 October and 23 November 2016

Public Meeting

Private Meeting

FINANCE, INVESTMENT & PERFORMANCE COMMITTEE REPORT TO BOARD OF DIRECTORS

This Report updates the Board of Directors on the matters considered at the meetings of the Finance, Investment and Performance (FIP) Committee on 19th October and 23rd November 2016.

October 19th 2016

Present: Jill Robinson (Chair), Simon Linnett, David Hendry, John Garner, Mark Versallion, Pauline Philip, Andrew Harwood, David Carter, Mark England, Danielle Freedman, Angela Doak & Pat Reid.

In Attendance: Alison Clarke, Vimal Tiwari, Matthew Gibbons & Tim Hughes. Louise Young, Rahul Joshi & David Hartshorne were in attendance for item 2 (Haem-Onc ward business case)

1. Apologies for Absence

None.

2. Chairman's Issues

Haem-Onc Ward Business Case

Following the presentation of the Haem-Onc Ward Business Case there was some discussion on the consequences of supporting the case.

From a revenue perspective the Chief Executive requested that the case be viewed in the context of the STP, and asked the Director of Business Development to fast-track a review of BLMK Haematology capacity and future service provision to ensure that the recommendation fits.

It was agreed in principle to proceed with the redevelopment of the ground floor of St Marys in line with the capital plan.

An update briefing paper is to be brought back to the next FIP clarifying capital, STP context and potential further revenue efficiencies.

STF & Control Totals 17/18 & 18/19

The Director of Finance summarised the key points associated with the publication of the 17/18 & 18/19 Control Totals.

There was some discussion on the best option for the Trust to proceed with in its planning assumptions.

The FIP Committee consensus was to seek to get Control Total changed.

Strengthening Financial Performance in 16/17

The Director of Finance summarised the letter from NHS Improvement describing the next steps for strengthening financial performance this year.

The Trust will work with other providers and the CCGs to seek to minimise system risk locally. In order to minimise the risk the BLMK STP is seeking to secure access to the 1% headroom that CCGs are mandated to retain. The table added below shows the latest values discussed between provider and CCG Directors of Finance:

16/17 contract values (£m)	LCCG	BCCG			MKCCG	Total
	L&D	L&D	BHT	Total	MKUH	
Provider position	127.3	65.3	123.6	188.9	132.3	448.5
Commissioner position	123.4	62.3	120.9	183.2	129.6	436.2
Gap	-3.9	-3.0	-2.7	-5.7	-2.7	-12.3
1 % headroom	2.6			5.3	3.0	10.9
Remaining gap	-1.3			-0.4	0.3	-1.4

Board Seminar Summary

The Board Seminar summary was accepted as a correct representation of the meeting.

3. Minutes of the Previous Meeting

The minutes of the previous meeting were accepted as a true, fair and accurate record.

4. FIP Action Log and Matters Arising not elsewhere on the Agenda

IT Strategy Paper

The paper was taken as read and resulted in a brief discussion.

Capital Planning 3 Year Plan

It was agreed to defer this item as it requires further Executive discussion.

The Chair of the Audit Committee asked for it to be noted that with the redevelopment being delayed there would be an impact of the amount of backlog maintenance required.

MRET/Readmissions Update

The Managing Director gave a verbal update and it was noted that NHS Improvement is attempting to continue its negotiation with NHS England, and the Trust would support this.

Scheme of Delegation

It was agreed to arrange a separate meeting to consider potential amendments to the Scheme of Delegation.

Internal Audit Terms of Reference

The Internal Audit terms of reference were agreed.

ePMA presentation

This was circulated as previously agreed, and it was noted that the upgrade had been concluded.

5. £10m IT Proposition

It was noted the L&D is one 12 Trusts earmarked to be in receipt of IT innovation funding. The investment case is being presented on 21st October and the financial arrangements were described by the Deputy Director of Finance. It was acknowledged that the outcome of the process is dependent on NHS England discussions with the Treasury.

6. FY16/17 - Financials

i) Q2 Accounts

The Deputy Director of Finance reported the Q2 position. It was noted that the Trust was marginally ahead of plan at Q2, recognising that the readmissions benefit was being accounted for in this statement on the basis of communications with NHSI. The Trust has accessed the Q2 S&T funding as a result of this position.

The Divisions are collectively forecasting agency spend of £13.7m by the end of the year, after the impact of the Financial Recovery Plans. It was recognised by the Trust Chairman that this would be a challenge for the Trust.

There was some discussion on this position.

ii) Q2 Service Line Analysis

The Deputy Director of Finance highlighted the Q2 service line position in comparison with the forecast.

It was noted that T&O was emerging as a specific and high risk in terms of the forecast.

iii) Financial Recovery Plans

The Managing Director outlined some of the difficulties associated with managing performance and access targets compared to delivering on financial expectations.

The Trust Chairman suggested that depending on how Q3 performs there may be some difficult decisions to make.

7. Q2 Performance Report

This item was deferred.

8. Operating Plan

i) Operating Plan Guidance 17/18 to 18/19

Attention was drawn to the planning timetable contained within the NHS Operational Planning and Contracting Guidance for 2017 to 2019. It was recognised that Board & FIP meeting dates should be aligned to meet submission dates.

ii) STP Update (5 Year Plan)

This item was deferred.

9. Workforce

i) Recruitment Trajectory

The Director of HR reported that the Trust is still waiting on a large number of nurses to arrive from the recruitment undertaken in India and the Philippines, mostly related to visa and IELTS issues. It was acknowledged that this is a difficulty being faced across the country.

ii) Apprenticeship Levy Update

It was agreed that there would be a short presentation on the apprenticeship levy at the next FIP.

10. Business Cases

i) Stroke Service – Progress Update

The Managing Director updated on the current situation with regards to Bedford Hospital patients, and the scope of the cover arrangements from the L&Ds consultants at Bedford. It was noted that there is a strong relationship with STP and Ian Reckless from Milton Keynes has been asked to define how an STP model might work.

Any future business case will be presented in the context of STP.

ii) Helipad Update

It was noted the Trust is in receipt of a cheque for £500k from a charitable fund. It is a cheque that will not be cashed until the business case is finalised and approved.

November 23rd 2016

Present: Jill Robinson (Chair), Simon Linnett, David Hendry, John Garner, Mark Versallion, Pauline Philip, Andrew Harwood, David Carter, Mark England & Danielle Freedman.

In Attendance: Alison Clarke, Vimal Tiwari, Matthew Gibbons, Tim Hughes & Jason Rosenblatt (for Angela Doak). Victoria Parsons attended for items 2 & 9, and Sally Gitkin attended for item 8(ii).

1. Apologies for Absence

Pat Reid & Angela Doak.

2. Chairman's Issues

Operating Plan 2017/18

The Chief Executive talked the Committee through the individual sections of the draft Operating Plan for 2017/18. It was noted that where there were changes to the key deliverables these were, in the main, in response to the national agenda.

The Director of Finance described the content of the Finance section. There was a lengthy discussion about the options the Trust has with regards to the 17/18 and 18/19 control totals. Two options were considered:

- 1) Do not accept the control total that has been proposed by NHS Improvement (a £14.6m surplus);
- 2) Accept the control total but with caveats similar to those expressed in 2016/17.

It was concluded that the Trust would submit a plan describing a £2.8m deficit in 2017/18 and that this would be communicated to NHS Improvement highlighting the continuation of the circumstances that have been described since October 2015. This is in a bid to have the proposed control total altered to a £5.6m surplus (including £8.4m of S&T funding).

It was also noted that the agency ceiling was extremely challenging for the Trust in 2017/18.

FIP/Board Dates

It was noted that the Operating Plan submission date was 23rd December and the Board Seminar on 21st December would allow for the final sign off.

NHS Provider Update on Tariff, Contracts and CQUINs

This item was taken as read.

On the Day NHS Provider Briefing

It was noted that there are now only three Trusts in England rated “Good” or better by the CQC that are meeting all their operating targets, and one of them is the L&D.

3. Minutes of the Previous Meeting

The minutes of the previous meeting were accepted as a true, fair and accurate record.

4. FIP Action Log and Matters Arising not elsewhere on the Agenda

Capital Planning 3 Year Plan

The Managing Director confirmed that a meeting was planned for December 8th the objective for which would be the formalising of the 3 year capital plan.

The Audit Committee Chair raised his concerns that with the delay to the Trust’s redevelopment the risks surrounding backlog maintenance continue to grow. It was acknowledged that the capital plan would have to recognise this issue. It was agreed that an assessment of the risks and cost would be presented by the Managing Director at the next FIP along with the capital plan.

MRET/Readmissions Update

The Managing Director stated that the Trust expected the outcome of this NHS England/Improvement process to be concluded imminently.

IT Strategy

The Committee Chair requested that IT submit a strategy paper to the January FIP.

Scheme of Delegation

A preliminary meeting has occurred and it has been agreed to arrange a separate meeting to consider in more depth potential amendments to the Scheme of Delegation.

5. FY16/17 - Financials

iv)M07 Accounts

The Deputy Director of Finance reported the M07 position. It was noted that the Trust was marginally ahead of plan, the FRP is beginning to impact but agency expenditure still requires some remedial action in order to achieve the forecast position against the ceiling.

The Divisions’ M07 position was noted.

The Trust Chairman and Chief Executive confirmed that they had reassurance from the Department of Health that the matters discussed with them in relation to £8.7m would be resolved.

The Director of Finance confirmed that the cashflow was structured on the basis that the £8.7m allocation would be a capital to revenue transfer. It was acknowledged that this was a prudent assumption.

The Deputy Director of Finance identified the need for the FT to resolve the ITFF spend. The Chief Executive stated that this would follow on from the resolution of the treatment of the £8.7m. In the interim it was agreed that the FT would not draw down the office block component of the loan.

v) M07 Service Line Analysis

The Deputy Director of Finance highlighted the M07 service line position in comparison with the forecast. It was noted that an in-month report had been added.

6. M07 Performance Report

This item was considered by the Committee members present at COSQ.

7. Business Planning

iii) STP Update (5 Year Plan)

This item was covered at the recent Board Seminar. It was acknowledged that the Operating Plan for 17/18 incorporates a £1m CIP for STP.

8. Workforce

ii) Recruitment Trajectory

The Deputy Director of HR reported that the Trust is still waiting on a large number of nurses to arrive from the recruitment undertaken in India and the Philippines, mostly related to visa and IELTS issues. It was also reported that the recent recruitment exercise in Singapore was expected to reap quicker rewards as IELTS would be less of a barrier. The Deputy Director of HR also confirmed that the Trust would not be incurring additional fees in relation to the Singapore recruitment.

iii) Apprenticeship Levy Update

The Head of Organisation Development & Learning presented a paper requesting additional resource to support the implementation of the apprenticeship programme.

The request, as presented in the paper, was approved. It was agreed that a report would come back to FIP in June 2017 that would feedback on the initial outcomes against those articulated in the business case.

9. Governance

i) Risk register & assurance framework

The Trust Board Secretary facilitated a discussion on the Trust risks relevant to FIP. Updates to the risk register were logged by the Board Secretary.

It was requested that an assessment of the financial impact of the new junior doctors contract be presented to the next FIP.

ii) Internal Audit Terms of Reference

The Chair of the Audit Committee requested that a sentence be added to the HR – Recruitment and Retention audit terms of reference.

It was suggested that the addition be along the lines of “PwC to make recommendations based on their wider experience.”

10. Business Cases

i) Haem Onc

The Managing Director summarised the paper submitted as an update to the Haematology/Oncology business case that was presented to the October FIP meeting. It was confirmed that STP would not impact on the decision to proceed with this development.

The Committee approved the business case.

ii) Luton Sexual Health Services Capex review

The Director of Finance confirmed that the Trust is in negotiation with Luton Borough Council with regards to the council loaning the Trust the funds for refurbishing Cresta House.

iii) Dental Development

The Managing Director noted that FIP had previously approved the Restorative Dentistry business case. It was acknowledged that this would now form part of the plan to move forward with the overall development of the Oral Maxillofacial department. It was reported that the Redevelopment Programme Director is drawing up a plan within the parameters of the existing capital plan.

It was requested that a formal summary briefing, including an update to the original business case, be brought back to the next FIP.

11. Any Other Business

None noted.

BOARD OF DIRECTORS

Agenda item	11	Category of Paper	Tick
Paper Title	Charitable Funds Committee Reports to Board of Directors	To action	<input type="checkbox"/>
Date of Meeting	1 February 2017	To note	<input checked="" type="checkbox"/>
Lead Director	Andrew Harwood – Director of Finance	For Information	<input type="checkbox"/>
Paper Author	Andrew Harwood	To ratify	<input type="checkbox"/>
Indicate the impact of the paper: Financial <input checked="" type="checkbox"/> Quality/Safety <input checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Equality <input checked="" type="checkbox"/> Clinical <input checked="" type="checkbox"/> Governance <input checked="" type="checkbox"/>			

History of Committee Reporting and Date	Charitable Funds Committee 7 July 2016
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 Monitor in relation to 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 Committees held on **16 November 2016** and **11 January 2017**

SUMMARY/CURRENT ISSUES AND ACTION

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

- Chairman’s Announcements
- Cheviots Investments
- Terms of Reference & Governance Statement
- Fundraising Update
- Management Reports
- Financial Services SLA
- Bids for review

Public Meeting

Private Meeting

REPORT FROM THE CHARITABLE FUNDS COMMITTEE

Introduction

This report updates the Board of Directors on the matters considered at the Charitable Funds Committee on **16 November 2016**.

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

CC307 Chairman's Announcements

Outside of the Committee the Chair together with the Director of Finance had approved funding of Day Unit Chairs. The Chair also advised that the Patient Safety Review, as discussed at the last meeting, was funded with the agreed impact of reducing the General Fund Reserve to £900k.

CC308 Apologies for Absence

Pauline Philip, Danielle Freedman, David Carter, Sarah Wiles and Vimal Tiwari

CC309 Minutes of Last Meeting – 15 June 2016

Minutes of the previous meeting agreed.

CC310 Matters Arising

Matters arising from the last meeting:

- CC310.1 Application for Chapel Renovation - *Approved*
- CC310.2 Information Pack for NEDs and Governors – *Document to be circulated*
- CC310.3 Maternity Bid – *Confirmed the Hospital Division would pick up revenue costs*
- CC310.4 Ophthalmology Bid – *Deferred to future meeting*
- CC310.5 Appointment of Vice Chair – *David Hendry appointed*
- CC310.6 Downgrading of minor Endowment Fund – *with Charity Commission for consideration*

CC311 Quilter Cheviot Investment Management Update

An update on the investment portfolio of the Charity was considered.

CC312 Management Reports

- CC312.1 A report on the individual Charitable Fund departmental accounts was considered.
- CC312.2 A report on General Fund was considered.
- CC312.2a Voluntary Services Re-Allocation of Bid - It was agreed to extend the existing voluntary services funding to March 2018 keeping within the existing financial allocation.

CC313 Audit Report on Annual Report and Accounts 2015/16

Following completion of the Audit of the Financial Accounts for the year ended 31st March 2016, the Audit Report was noted and thanks passed to the finance team.

CC314 Fundraising Update Report

The reports were taken as read.

CC315 Bids

1. Bid to fund: Blue Light Cystoscopy – The bid was supported. It was agreed that the fundraising lead would approach other Charitable Trusts in an attempt to fund this equipment.
2. Bid to fund: Engagement Event for all Staff –approved
3. Bid to fund: Accessible Changing Space for those unable to Weight Bear – agreed at a maximum cost of £18k (exc. VAT)



REPORT FROM THE CHARITABLE FUNDS COMMITTEE

Introduction

This report updates the Board of Directors on the matters considered at the Charitable Funds Committee on **11 January 2017**.

CC316 Chairman's Announcements

The Chairman noted that the Committee would attend to a small number of administrative matters

CC317 Training

Training for Committee members followed immediately after the Committee meeting the results of which will be feedback to the next Charitable Funds Committee meeting

BOARD OF DIRECTORS

Agenda item	12	Category of Paper	Tick
Paper Title	Hospital Redevelopment Report	To action	<input type="checkbox"/>
Date of Meeting	1 February 2017	To note	<input checked="" type="checkbox"/>
Lead Director	Pauline Philip, Chief Executive	For Information	<input type="checkbox"/>
Paper Author	David Hartshorne	To ratify	<input type="checkbox"/>
Indicate the impact of the paper:			
Financial <input checked="" type="checkbox"/> Quality/Safety <input checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Equality <input type="checkbox"/> Clinical <input checked="" type="checkbox"/> Governance <input checked="" type="checkbox"/>			

History of Committee Reporting and Date	Redevelopment Programme Board, 11 January 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 FBC has been suspended pending the outcome of the STP process.
 Ward 19A in St Marys has been completed. The remaining space on the ground floor of St Marys is being refurbished to provide single and twin bedded rooms that currently are proposed to be used as an Haemato-Oncology unit. These works will be completed at the end of March.
 A decision on whether to pursue additional sources of funding for the helipad, and therefore to continue with the development of the design, will be made at the end of January.
 Luton Borough Council has agreed to provide funding for the construction of the new sexual health services clinic in central Luton. Commercial arrangements with the Landlord will be concluded at the end of January.

ACTION REQUIRED
 The Board is requested to note the report.

Public Meeting

Private Meeting

REDEVELOPMENT PROGRAMME BOARD REPORT
18 January 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 11 January 2017.

3. Main scheme

Development of the Full Business Case for the redevelopment scheme has been suspended pending the outcome of the work on the STP.

Survey and design work has been completed to establish the scope of the enabling works required to allow construction of the lift shaft. As a consequence of this, a decision was made to relocate the lift shafts to a nearby position outside the footprint of the ED. This substantially reduced the scope and cost of the enabling works. The current budget is £5m.

The Trust will need to decide shortly whether to proceed with an application for additional grant funding, and consequently, if successful, to embark on detailed design, or whether to suspend further activity on the scheme.

3. Enabling schemes

Ward 19A was completed ahead of schedule and within budget on 16 December. Maintenance liability for both ward 19A and ward 19B has been passed back to Luton Health Facilities, the PFI Supplier. Construction work is now in progress to complete the refurbishment of the ground floor of St Marys. This will deliver six single rooms, two twin bedded rooms and two infusion suites, each with two chairs. This area will be used to support the delivery of the Haemato-oncology service. The work will be completed at the end of March.

The Therapies unit has now been relocated to the area opposite ward 5 on the first floor of the main building.

The proposal for extension of the OMFS area has been agreed. Detailed design has started. Construction is programmed to start at the end of March. The project requires the relocation of the outpatients admin team. They will be transferred into new office areas created by the refurbishment of the first floor of block 38, the Nurses Home annexe. These works will start in February.

Luton Borough Council has agreed to fund the construction work to create the new sexual health services clinic in the centre of Luton. The commercial terms for the lease of the first floor at Cresta House have yet to be agreed with the Landlord. The discussions on these should be concluded at the end of January following which the procurement of a contractor can commence.

4. Energy Centre

The Programme Board agreed that work should proceed with evaluating the options for provision of an energy centre despite the fact that work on the new services block had been suspended. A full peer review of the draft Outline Business Case will be commissioned. This will need to be supported by work from the Finance and Redevelopment teams to complete the financial case for each of the options. This work will take place over the next quarter.

5. Programme Risk Register

The risk register was reviewed by the Programme Board at the meeting in January. Four risks, which covered the generic issues associated with the redevelopment programme, had been identified. These were approved by the Programme Board for transfer to the central Trust risk register.

6. Future activity

The redevelopment team are supporting the development of projects which address short-term capacity constraints within the Trust. Resource within the team has been curtailed to reflect the current level of activity. The design team have been stood down, but remain available to support evaluation of specific issues arising on the site.

BOARD OF DIRECTORS

Agenda item	13	Category of Paper	Tick
Paper Title	BLMK October 2016 Submission to NHS England	To action	<input type="checkbox"/>
Date of Meeting	1 st February 2017	To note	<input checked="" type="checkbox"/>
Lead Director	Mark England/Pauline Philip	For Information	<input type="checkbox"/>
Paper Author	BLMK Partners	To ratify	<input type="checkbox"/>
Indicate the impact of the paper:			
Financial <input checked="" type="checkbox"/> Quality/Safety <input checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Equality <input type="checkbox"/> Clinical <input checked="" type="checkbox"/> Governance <input checked="" type="checkbox"/>			

History of Committee Reporting and Date	STP CEO September 2016
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	Monitor – 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 the recent BLMK Partners Submission to NHS England for the 5 Year Plan outlining the ideas so far for transforming public funded health and social care within the BLMK Footprint

SUMMARY/CURRENT ISSUES AND ACTION

- To note the October 2016 Submission to the Board of Directors

ACTION REQUIRED

To note the October 2016 Submission to the Board of Directors

Public Meeting



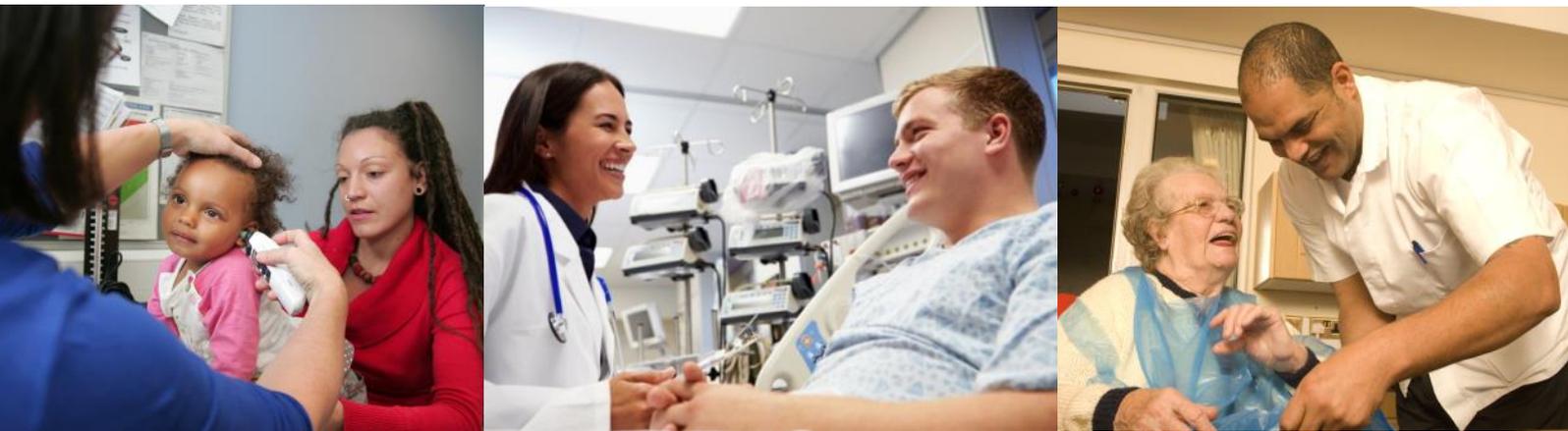
Private Meeting



Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Plan

October 2016 submission to NHS England

Public summary



15 November 2016





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About this summary

This document summarises the Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Plan (BLMK STP) submission to NHS England in October 2016. You can find more detail in the draft technical STP submission that is available on our website at www.blmkstp.co.uk.

The five year BLMK plan outlines the ideas that the STP partners have developed so far for transforming publicly-funded health and social care services in BLMK, building on already existing good practice. And it's not just about hospital services; the STP has a broad remit that includes social and community care, GP services, ambulance services, urgent and emergency care across the whole of Bedford Borough, Central Bedfordshire, Luton and Milton Keynes.

We have produced this summary to share our ideas with you and invite feedback from everyone with an interest in our services, including those who use them and those who work within them.

It's important to note that we are at an early point in the process and no decisions have been made as yet. At this stage, we want to gather your thoughts – what do you think of our ideas? Are we on the right lines? Is there anything else we need to be considering? Your input will help to shape the STP's development and no decisions will be made without further discussions with patients, the public, staff, local politicians and voluntary sector organisations, as well as formal consultation on any major service changes or decisions that impact on staff.



1. Introduction

What is the STP all about?

Sustainability and Transformation Plans (STPs) are an NHS England initiative. They give local NHS organisations and councils the opportunity to work together to improve the way health and social care is designed and delivered, so that local people receive the best possible service. Our staff and population are proud of our services, but we all know we can make them much better.

In Bedfordshire, Luton and Milton Keynes, 12 NHS organisations and four local councils¹ have been working together to find ways of improving and modernising services to meet the ‘triple aim’ – set out in NHS England’s *Five Year Forward View*² – of delivering improved health and wellbeing, transforming quality of care delivery and making NHS finances sustainable.

Almost one million people live in Bedfordshire, Luton and Milton Keynes (BLMK) – three very different places that are also diverse within themselves. These differences affect what local people need from their health and social care services. For example in Milton Keynes, services must meet the needs of one of the most rapidly growing populations in the country. In Bedford Borough and Central Bedfordshire, services must meet the needs of a population with a higher than average number of people aged over 75. And in Luton, services must meet the needs of one of the most vibrant and ethnically diverse populations outside of London.

There are also significant differences in general health and wellbeing, depending on where people live. For example, there is a 10 year life expectancy gap between women from the most and least deprived areas of Bedford Borough, and a 12 year gap for men from the most and least deprived areas in Luton. This is unacceptable and we are committed to tackling these inequalities to ensure everyone lives longer, healthier lives.

We have to respond to rising demand for health and social care services, making sure that patients and their needs are at the heart of the care we plan and provide. We want to improve our services by working with you more effectively and must plan for the different ways that people want to access and use services. We also want to help people take greater control of their own health and wellbeing, and we must do all of this with the money we have available to us.

This summary sets out our vision for future health and social care in BLMK and outlines our ideas for responding to the challenges we face. It also sets out our commitment to involve you, the people who use our services, to further develop our plans and proposals for the future of local health and social care services.

In five years’ time, if we deliver this plan, we will see people staying in good health for longer, with better care and more of it delivered closer to home. If someone does become unwell, they’ll have access to the best possible services to get on their feet again, or manage their condition so they can have the best quality of life possible.



We see this as an exciting opportunity to develop health and social care services for the communities we serve. As users of the services we deliver, we want you to help us get it right.

Pauline Philip

Chief Executive, Luton and Dunstable University Hospital NHS Foundation Trust and Lead for the BLMK Sustainability and Transformation Plan

1. For a list of the BLMK STP partners, see section 4 of this document (page 7)

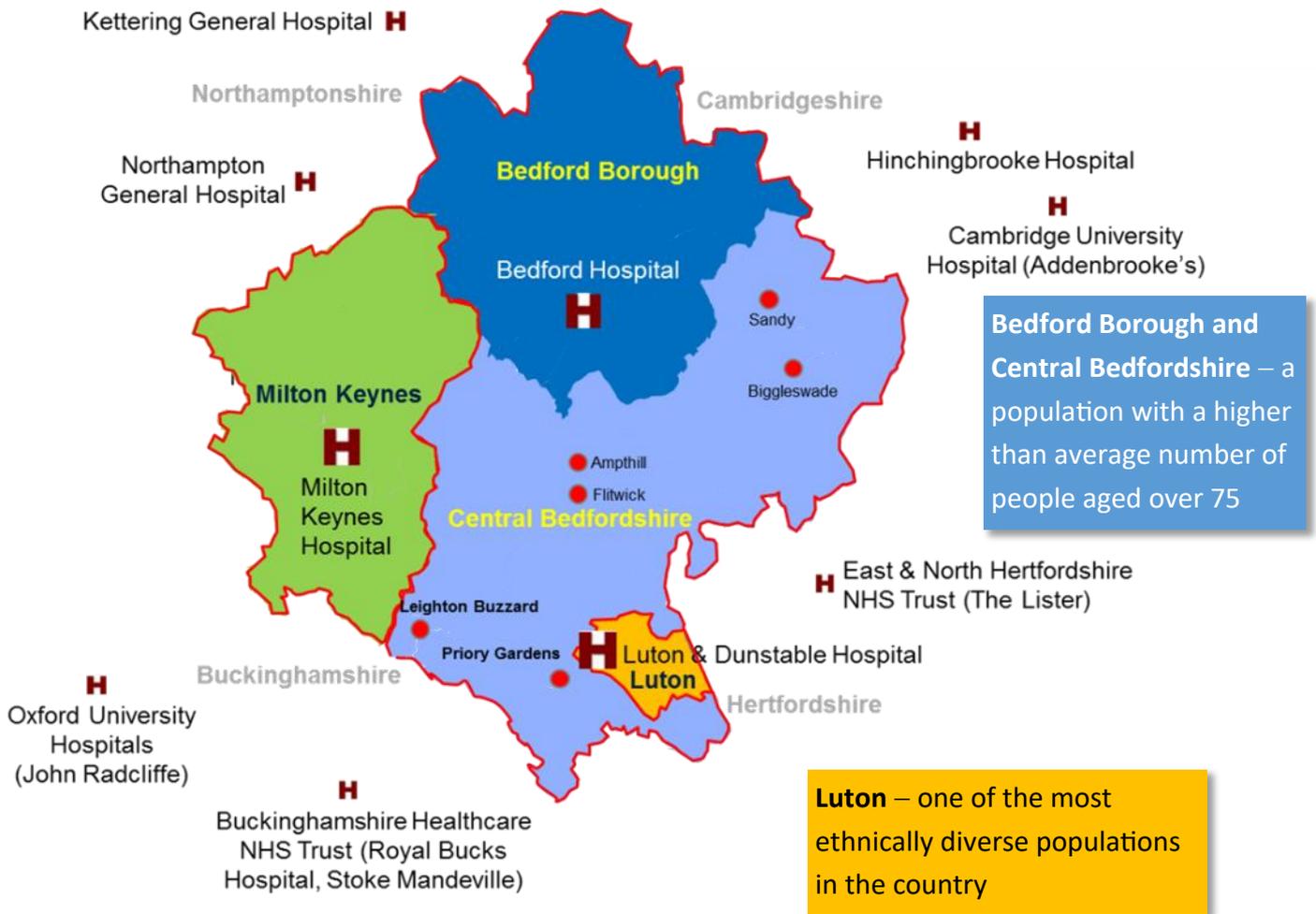
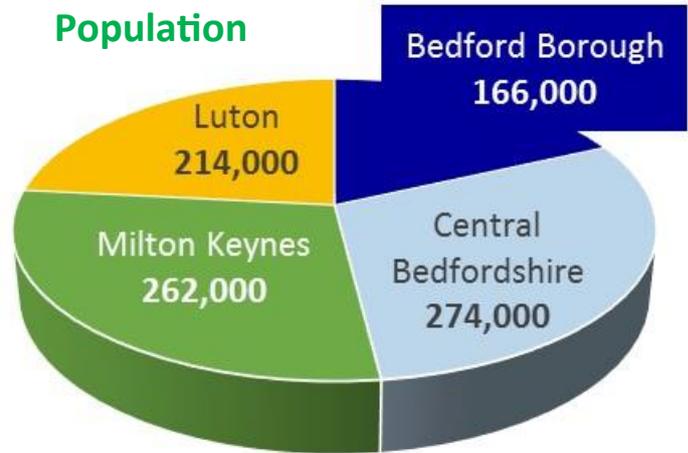
2. *NHS Five Year Forward View* (23 October 2015), available at www.england.nhs.uk/ourwork/futurenhs



2. Health and social care in BLMK

Almost one million people live in the BLMK area – 166,000 in Bedford Borough, 274,000 in Central Bedfordshire, 214,000 in Luton and 262,000 in Milton Keynes.³

Milton Keynes – one of the fastest growing populations in the country



As with many areas of the country, the BLMK health economy is facing a number of challenges. We have a growing population which is also getting older. More people are living with long term health challenges, such as diabetes and arthritis, that cannot be cured but can be effectively managed. The quality of healthcare that people receive and also their general health and wellbeing vary across BLMK. We are also facing workforce shortages and significant financial pressures.

3. Mid-2015 population estimates from the Office of National Statistics. If updated and validated demographic data becomes available as we move through the STP process, documents will be updated accordingly.





Some facts and figures

Health and wellbeing across BLMK

- Life expectancy is better than the national average in Bedford Borough and Central Bedfordshire, and worse or similar in Luton and Milton Keynes, but there are large inequalities in life expectancy across BLMK, depending where people live.
- One in five children are overweight or very overweight by the age of five, rising to one in three by the age of 11.
- Smoking remains the single greatest preventable cause of ill health and early death, and 1 in 10 expectant mothers smoke.
- Alcohol-related hospital admissions are rising across BLMK.
- The four main causes of early death are diabetes, cardiovascular disease, cancer and chronic obstructive pulmonary disease (COPD).
- Depression and severe mental illness is rising.
- The 85+ age group is predicted to grow faster than the rest of the population in the next 20 years.

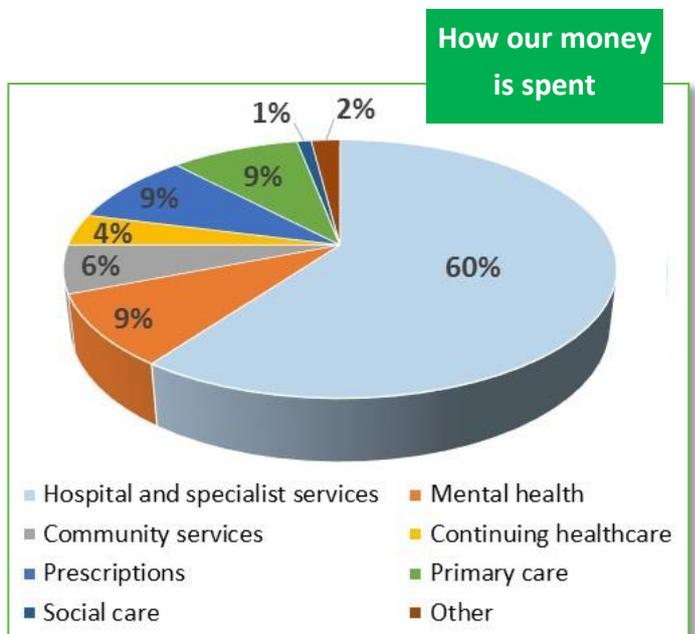
Ageing population



The 85+ age group is expected to grow fastest in the next 20 years

Care and quality across BLMK

- GP practices in BLMK have more registered patients per GP than the national average, which can mean some patients have difficulty getting an appointment.
- Our workforce is ageing and we face challenges recruiting health professionals in primary, community and social care.
- Patients are not always clear how to access urgent care services, with a number of different organisations operating NHS 111 and GP out-of-hours services across BLMK.
- Hospitals are struggling to meet demand while maintaining national standards.
- Ambulance performance, in particular their ability to meet national standards for attending emergencies, is under severe pressure.



Funding and finance across BLMK

- The current combined annual budget for health and social care is £1.33bn (see the chart on the right for a breakdown of how this budget is used).
- The good news is that we expect to see this funding rise to 1.67bn by 2020/21, an increase of 26%. The not so good news is that, if we don't change anything, this increase will be absorbed by rising demand for services.
- If we don't make changes, by 2020/21 our spending will exceed our income by £311m a year.

Financial challenge



If we don't make changes, by 2020/21 our spending will exceed our income by £311m a year



3. Why do we need to change?

The NHS has a ‘triple aim’ – set out in NHS England’s *Five Year Forward View*. It involves:

- Delivering improved health and wellbeing
- Improving the quality of care provided
- Making NHS finances sustainable, year on year

It is our responsibility to balance these three aims.

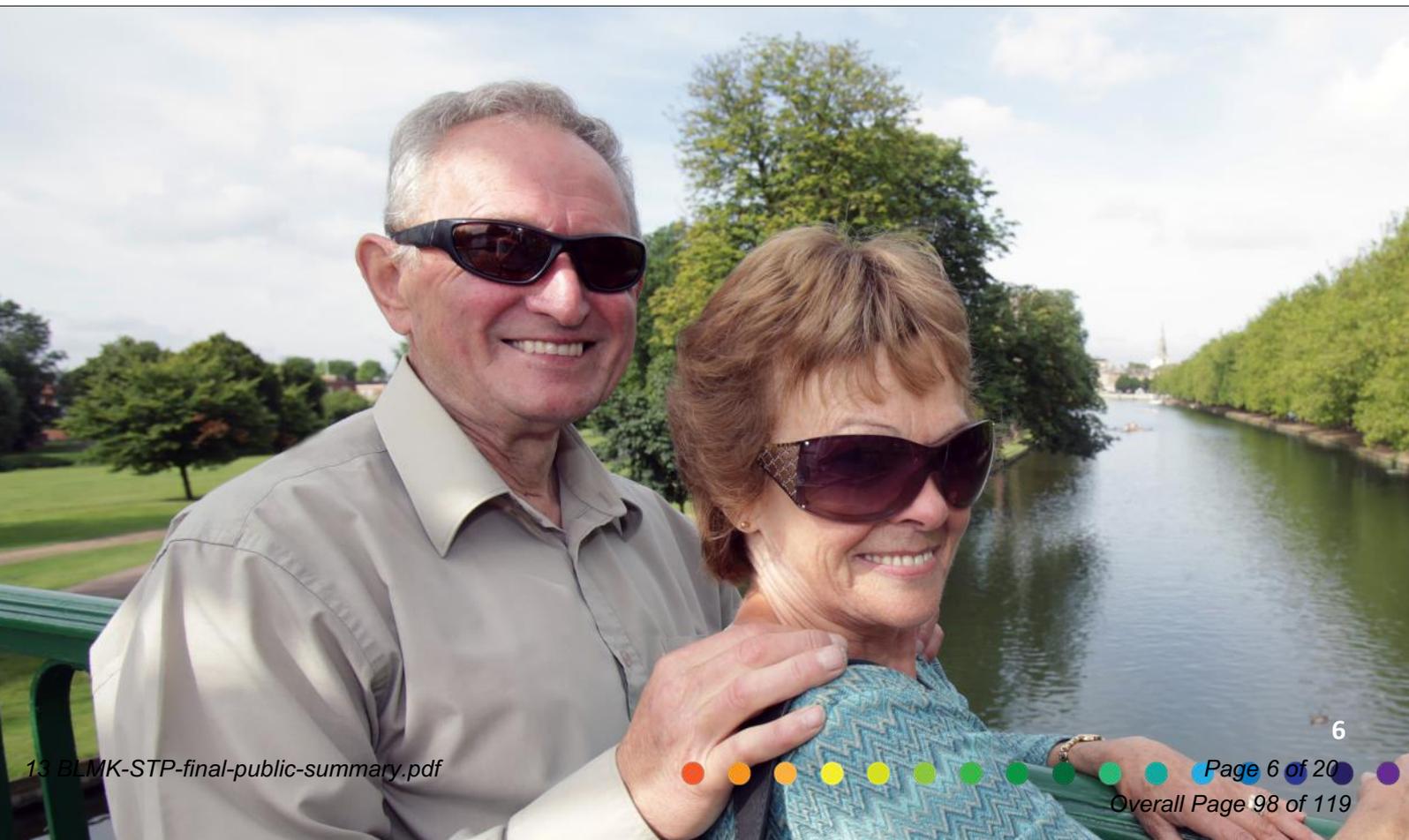
The health and social care system across BLMK has a significant financial challenge. If we do nothing, by 2020/21 the cost of meeting demand will far exceed the money that will be available to us. We must do something about this and, together, we need to determine what that is, and then work together to get on and achieve it.



NHS triple aim

In developing our plans to work together and work differently, we will need to show how those plans improve the quality of care we provide, the health and wellbeing of local people and how we can afford to do this with the funds available to us.

We, of course, need to deliver the best value possible for each taxpayer pound, but we will also ensure that we make informed, considered decisions involving local people, clinicians and other interested parties about how best to use the money available to us, while investing in and improving the care and services we provide.



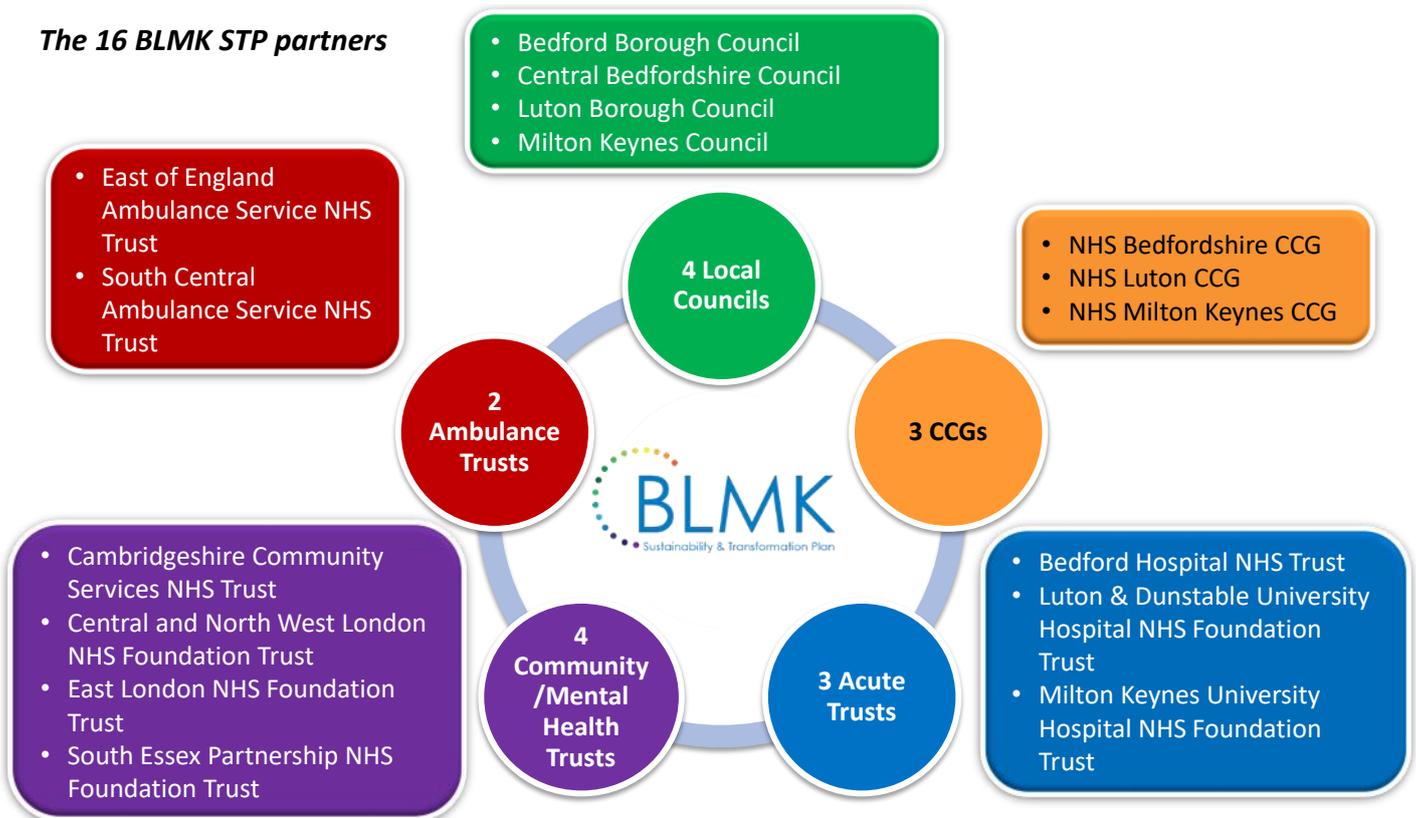


4. How the BLMK plan could address local health and social care challenges

The BLMK plan has brought together 16 partners to look collectively at how we can:

- Break down the boundaries between our local health and social care systems
- Address problems that threaten our clinical and financial sustainability
- Develop ideas and priorities to transform local services

The 16 BLMK STP partners



Note: our local councils provide social care services and the CCGs (clinical commissioning groups) buy healthcare services for local people.





4.1 Our vision for the future

The BLMK partners have developed a shared vision for the future of local health and care services. This vision is grounded in an honest assessment of the effectiveness, fitness for purpose and affordability of existing services.

We have much to be proud of, some good things to build on and a strong appetite for improvement. However, there is some way to go if we are to achieve clinical and financial sustainability in the coming years.

What does the future of health and social care look like in BLMK?



People have the **knowledge** they need to make informed choices about their own health and wellbeing. People are aware of the local health and care services that are available, what these services offer and how to access them.

Our **GPs** act as the crucial gatekeeper for people needing to access physical and mental health services. They lead specialist teams of health professionals including community and specialist nurses, care co-ordinators, therapists, pharmacists, dietitians and other clinical and support professionals. Our GPs spend their own time with those most in need, for example those who are chronically ill or who have complex diseases. Our GPs and their teams use technology to co-ordinate the safe, effective delivery of care and services to patients in their local communities.



Community physical and mental health services are given equal focus and work together in partnership with GP practices for better patient care. Community care workers have mobile technology at their fingertips so they can spend more time out in the community with their patients. Having immediate access to securely shared care plans and digital technology and communication will allow more time to be spent providing hands-on care and support. Social workers, clinicians and clinical support teams work in an integrated way, meaning patients benefit from co-ordinated packages of care and not multiple separate visits from individual professionals.





Staff in **nursing and residential care homes** are treated as vital members of the wider integrated team, having immediate access to shared care plans. They are able to play a more proactive role in the care of their residents. Care home residents are supported by community clinicians who proactively manage their physical and mental health and wellbeing. NHS bodies and local councils collaborate closely to meet the demand for care home places and home support in a timely manner, and everyone supports the timely discharge of patients.



People are educated and informed so they understand the difference between an **urgent care need and a life threatening emergency**, supported by the development of responsive, trusted and well signposted urgent care services. Such services reach into people's homes, with community paramedics and rapid response community health teams providing urgent care and support for those who are unable to use the networks of walk-in urgent care centres that are in place. Only those who need emergency care and treatment for serious illness and injury feel the need to use hospital emergency departments.

Fewer people need to be admitted to hospital and are instead treated in community settings. When **local hospital services** are required, high quality hospital care is available in a timely way on BLMK's three existing hospital sites. These hospitals are no longer isolated from each other, but work in an integrated way. As a result, between the three of them, they are able to deploy the latest advances in medical practice and technology to provide a safe, high quality service, delivering the very best clinical outcomes. Hospitals support and care for patients' needs beyond their walls, making maximum use of technology to support patients and clinicians in the community. People don't stay in hospital any longer than they need to.





4.2 Transforming health and social care – our five priorities

The STP partners have identified **five priorities** that we intend to focus on immediately to transform our local health and social care systems and achieve our vision for the future.

Taken together, these five priorities signal an ambitious and far-reaching overhaul of the health and social care landscape in BLMK. Delivery of change against these priorities will help us build a high quality health and care system that is financially sustainable, now and into the future.

There are three ‘front line’ priorities (focused on health, wellbeing and patient care), combined with two ‘behind the scenes’ priorities (technology and system changes) that are required to support the transformation process. As this is a system-wide approach, each of the five priorities are reliant on each other, so they will all be worked on at the same time.





Three ‘front line’ priorities

P1

Prevention

Encourage healthy living and self care, supporting people to stay well and take more control of their own health and wellbeing.



P2

Primary, community and social care

Build high quality, resilient, integrated primary, community and social care services across BLMK. This will include strengthening GP services, delivering more care closer to home, having a single point of access for urgent care, supporting transformed services for people with learning disabilities and integrated physical and mental health services.



P3

Sustainable secondary care

Make our hospital services clinically and financially sustainable by working collaboratively across the three hospital sites, building on the best from each and removing unnecessary duplication.



Two ‘behind the scenes’ priorities

P4

Technology

Transform our ability to communicate with each other, for example by having shared digital records that can be easily accessed by patients and clinicians alike, using mobile technology (e.g. apps), for better co-ordinated care.



P5

System redesign

Improving the way we plan, buy and manage health and social care services across BLMK to achieve a joined up approach that places people’s health and wellbeing at the heart of what we do.





4.3 Transforming health and social care – our ideas

In this section, we look at some of the specific ideas we are considering to deliver change against our five priorities.

P1

Prevention



A focus on prevention

The STP partners need to ensure that a focus on prevention is embedded within their organisations and plans. This way, we can deliver major improvements in prevention and early intervention across the health and care system.



Prevention services

We are also considering development of specific prevention services including a fracture liaison service and a social prescribing hub.





Primary, community and social care



Better care, closer to home

So we can provide better care, closer to home and ensure a joined up approach, we are considering the following:



Enhanced, supported GP services

Family doctors are the first port of call for most people when they are feeling unwell, but we also know that people can sometimes struggle to get a GP appointment.

To address this, we are looking to build a wider team of health professionals, such as clinical pharmacists and health coaches, aligned around GP practices so that family doctors can concentrate on managing the care of those patients with the most complex needs. We are also looking to remove from general practice work that is better undertaken elsewhere, so our GPs can concentrate on the work which only they can do.

To enable GP practices to deliver certain services for our growing population, some mergers, partnerships or other collaboration between GP practices may be required. We also need to improve and streamline the information available to GPs, so they have all the guidance at their fingertips to effectively refer patients to specialist physical and mental health providers in hospital, community or voluntary settings.



Co-ordinated, joined up care

A lack of joined up care between different parts of the health and social care system is an issue that's often raised by patients. To help address this, we are looking to bring together hospital specialists, primary care (GPs), community health and social care providers to deliver care at home, or close to home, and to locate other council services (such as housing) alongside healthcare services, for example in community hubs. We would also look to work more closely with voluntary organisations, charities etc to support local people's health and social care needs.





Co-ordination of hospital discharge

Patients tell us that another area where co-ordination of care can fall short is when they are waiting to be discharged from hospital. We are therefore proposing to provide dedicated teams to work between hospitals, GPs and social care providers to get people out of hospital quicker and reduce readmissions.

Improved care for patients with complex or multiple conditions

With people living longer and the number of people with long term conditions increasing, we are looking to recruit more than 80 additional healthcare workers across BLMK to enhance the care provided for patients with complex needs, with advanced illnesses or who are nearing the end of their lives. This care would most often be provided at home, in residential care homes and in community hospitals, supported by specialist GPs or community-based physical and mental health specialists for highly complex conditions.



Better use of medicines

To make sure we are prescribing the right medicines for the right people at the right time, we are looking to work in a more co-ordinated way to focus on innovative approaches and the effective, efficient and safe use of medicines across the health and care system.

Improved self care

We are looking to strengthen community support and develop individuals' and families' ability to look after their own health and wellbeing.





Single point of access (SPoA) for urgent care



We are looking to improve the quality and responsiveness of urgent care that takes place outside hospitals by creating a single hub dealing with urgent and non-urgent enquiries (calls, texts, chats, etc) that brings together 111, 999, NurseLine and other provider services. This service, which will require almost 100 additional staff, will offer informed, professional advice and guide patients to the most appropriate physical or mental health services for their particular needs.

This service will fully integrate with GP out-of-hours and other appropriate services to enable direct booking of phone consultations and face-to-face appointments.

P3

Sustainable secondary care



- The BLMK plan has now assumed responsibility for developing proposals to modernise the care provided at our local hospitals, so they can provide high clinical standards that are both fit for the future and financially sustainable. While the work of the previous Bedfordshire and Milton Keynes Healthcare Review has been fed into the STP process, the STP is looking more broadly across BLMK and more deeply at services outside of hospitals which significantly affect hospital demand.
- Our three local hospitals have committed to work together to plan, develop and provide a unified service across BLMK which reduces unnecessary duplication, with hospital services being located on the three existing sites in Bedford, Luton and Milton Keynes.
- The hospitals' chief executive officers, medical directors and directors of nursing are working closely together to create an integrated model of leadership, management and operations across the three hospitals, covering clinical services, support services and workforce requirements.
- We will fully discuss and consult with local people and staff on any significant changes to hospital-based care that might emerge from this work, before any decisions are made.





P4

Technology



- People have told us it can be frustrating to have to re-tell their story as they move through different parts of the health and social care system. To help address this, we are looking to introduce a Health Information Exchange to enable the safe, secure sharing of information, including the convergence of hospital records onto a single system across all three sites.
- Giving patients improved access to their own records, using mobile technology (e.g. apps), will enable them to better take ownership of their own health and wellbeing.
- Improved technology will also provide better evidence for clinical decision making and will help clinicians get a head start by, for example, managing and predicting the likelihood of a patient's condition worsening.



P5

System redesign



The STP partners have concluded that the current arrangements for analysing and assessing healthcare needs, and for buying and providing health and social care in BLMK, needs simplifying and streamlining.

A number of benefits are expected to arise from this:

- Commissioners will become more focused on the health and wellbeing of local people and on clinical outcomes where services are provided, rather than inputs and processes.
- Incentives between individual commissions and also between organisations delivering care will become better aligned, meaning service users and patients receive a more joined up service.
- More of BLMK's health budget will be spent on front line services and we will see administration costs fall.





5. What has happened so far?

Clinicians, public health professionals and senior managers from the 16 STP partner organisations started working together in March 2016. They have been looking at how can we can address the challenges faced by our local health and social care systems and have developed ideas and priorities to transform services so that our hospitals, GPs, primary, community and social care services can meet the needs of today’s generation and the generations to follow.

In June 2016, the STP made a submission to NHS England establishing our five priorities and outlining initial ideas for transforming local health and care. This was followed by a more comprehensive submission in October 2016, which is summarised in this document. You can find more detail in the draft technical STP submission that’s available on our website at www.blmkstp.co.uk.

The STP has been developed with strong input and involvement from local hospital, primary care and community clinicians. Our initial ideas for moving more care closer to home have also been discussed directly with local GPs and other healthcare workers.

6. What happens next?

Both NHS England and NHS Improvement are reviewing our October 2016 submission and will provide us with their feedback on our developing proposals.

The initial thinking and direction contained in the submission will now be shared more widely with interested parties so we can further refine and shape our plans. The more detailed technical STP submission that’s available on our website at www.blmkstp.co.uk will be considered by STP partner boards and governing bodies. It will also be discussed with local authority scrutiny committees, Health and Wellbeing Boards, our local Healthwatch organisations and partnership forums.

During this time, we will continue to develop our plans, including fully working through the financial aspects associated with our proposals, adding detail around our priorities and establishing how we can start to effect some of the changes we have identified.

The chart below shows the proposed timeline for the STP and how we are planning to involve you at each stage.





The publication of this summary marks the start of a period of engagement with local people, staff and other interested parties to gather your thoughts and feedback on our current thinking.

7. How we are involving you

We want to make sure you are involved and engaged in developing plans for transforming health and care services across Bedfordshire, Luton and Milton Keynes.

We are planning a series of events over the coming months across Bedford Borough, Central Bedfordshire, Luton and Milton Keynes where we will be discussing our plans with you, give you the opportunity to meet the team involved in the STP and ask any questions you may have. Details of these events will be available on the STP website www.blmkstp.co.uk.

We will be keeping you informed through online channels, social media, information documents such as this summary and through our local newspapers.

We would stress that no decisions have been made as yet. Furthermore, no decisions will be made without further discussions with the public, staff, politicians and voluntary sector organisations. We will also consult formally on any major service changes or decisions that impact on staff.

Make your feedback count

As a first step, we are looking to gather your feedback on the thoughts and ideas contained within this summary to inform the next stages of the STP's development. By giving us your feedback, you can help shape the transformation of our local health and social care services for today, and for tomorrow.

Please tell us:

- What do you think of the ideas we have presented in this summary?
- Do you have any additional comments or suggestions around the ideas we have presented?
- Is there anything else you think we need to be thinking about?

You can give us your views in a number of ways



Online – complete the online feedback survey at www.blmkstp.co.uk



By post – you can print off a hard copy feedback form at www.blmkstp.co.uk and post it to us, or send a letter to Bedfordshire, Luton and Milton Keynes STP, Milton Keynes University Hospital, H8 Standing Way, Eaglestone, Milton Keynes MK6 5LD



Email us at communications@mkuh.nhs.uk



Call us on **01908 996217**

The deadline for sending us your feedback is 31 January 2017



Working in partnership

NHS Bedfordshire Clinical Commissioning Group

NHS Luton Clinical Commissioning Group

NHS Milton Keynes Clinical Commissioning Group

Bedford Hospital NHS Trust

Milton Keynes University Hospital NHS Foundation Trust

Luton and Dunstable University Hospital NHS Foundation Trust

SEPT

NHS Central and North West London NHS Foundation Trust

East London NHS Foundation Trust

Cambridgeshire Community Services NHS

East of England Ambulance Service NHS Trust

South Central Ambulance Service NHS Trust

BEDFORD BOROUGH COUNCIL

Central Bedfordshire

LUTON BOROUGH COUNCIL

MILTON KEYNES COUNCIL



BLMK

Sustainability & Transformation Plan



Website: www.blmkstp.co.uk

If you would like this document as an audio file or in a different language, please contact us at communications@mkuh.nhs.uk or call us on 01908 996217



BOARD OF DIRECTORS

Agenda item	14	Category of Paper	Tick
Paper Title	Risk Register	To action	<input type="checkbox"/>
Date of Meeting	1 st February 2017	To note	<input type="checkbox"/>
Lead Director	All Directors	For Information	<input checked="" type="checkbox"/>
Paper Author	Victoria Parsons – Board Secretary	To ratify	<input checked="" type="checkbox"/>
Indicate the impact of the paper:			
Financial <input checked="" type="checkbox"/> Quality/Safety <input checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Equality <input type="checkbox"/> Clinical <input checked="" type="checkbox"/> Governance <input checked="" type="checkbox"/>			

History of Committee Reporting and Date	Clinical Outcome, Safety and Quality Committee 23 rd November and 25 January 2017 Finance, Investment and Performance Committee 23 rd November and 20 January 2017 Executive Board 24 th January 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	Monitor / 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

There are 29 Board Level Risks on the Risk Register (29 in November 2016). 41% (24% in November) are currently high risk (15+). The increase is mainly due to the high risks related to hospital re-development added.



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

Board of Directors Review

The Board reviewed the risks on the 2nd November 2016.

Risk ref	Risk Description	Agreed conclusion
1116	Impact of Non achievement of financial target and availability of cash	Maintain risk and consider new financial achievement risks for 2017/18 and 2018/19.
669	Appraisal rate	Maintain risk
650	Bed Pressures	Maintain risk
968	Use of Cardiac Centre	Maintain risk
1018	HSMR	Maintain risk
861	Pathnet/LIMS	Maintain risk noting agreement for improved controls

Agreed:

- The Re-Development risks agreed at the last meeting to be reflected in the Board Level Risk Register.
- There would be one Agency Risk

Clinical Outcome, Safety and Quality Committee (COSQ)

COSQ reviewed clinical board level risks on the 23rd November and 25 January 2017

Risk ref	Risk Description	Agreed conclusion
650	Bed Pressures	Maintain risk
1018	HSMR	Maintain risk

Risk ref	Risk Description	Agreed conclusion
776	Paediatric ED being used for adult patients	Maintain risk
796	Inpatient Experience	Maintain risk

Finance Investment and Performance Committee (FIP)

FIP reviewed finance and performance board level risks on the 23rd November and 20 January 2017

Risk ref	Risk Description	Agreed conclusion
1116	Financial Position	Close risk (new risk for 2017/18 and 2018/19)
604	Ward refurbishments	Close risk and develop new risks
617	Telephony risk	Maintain risk
638	Medical agency	Close risk and raise a new agency risk (now 1175)
641	Electrical infrastructure	Maintain risk
785	ED Ambulance Target	Risk closed by Division
861	Pathnet	Maintain risk and add closure date
815	Nursing agency	Close risk and raise a new agency risk (now 1175)
863	Ophthalmology accommodation	Review with view to closing/non board level
886	Beds MSK impact	Close risk /non board level
890	Rolling equipment replacement	Maintain risk
952	Off payroll engagements	Close risk
1117	CCG verification processes	Maintain risk
1175	Agency costs	Maintain risk

Consider new risks for financial position for 2017/18 and 2018/19, MRET and decontamination

Review all risks associated with re-development (604 – ward refurbishments, 641 - Electrical infrastructure, 619- gas resilience and 830 – Building Management System)

Executive Board Review

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

Risk ref	Risk Description	Agreed conclusion
650	Bed Pressures	Noted national position and maintain risk
1175	Agency costs	Increase risk
669	Appraisal	Maintain risk

Risk Review

11 new risks were approved for the risk register that were loaded prior to November 2016. None of these were Board Level or Trustwide.

25 new risks were reviewed and approved between 18th October 2016 and 19th January 2017. Five risks allocated as Board Level and one was assigned as Trustwide Risks:

- 1163 – Hospital redevelopment affordability
- 1164 – Hospital redevelopment delivery

- 1175 – Agency costs 2016/17
- 1165 – Hospital re-development plans
- 1166 – Hospital re-development model of care and workforce

29 risks were closed, four at Board level:

- 638 – Medical agency (became 1175)
- 785 – ED ambulance target
- 815 – Nursing agency (became 1175)
- 952 – Off payroll engagements

BOARD OF DIRECTORS

Agenda item	15	Category of Paper	Tick
Paper Title	Board Secretary Report	To action	<input type="checkbox"/>
Date of Meeting	2 nd November 2016	To note	<input type="checkbox"/>
Lead Director	Chief Executive	For Information	<input checked="" type="checkbox"/>
Paper Author	Victoria Parsons – Board Secretary	To ratify	<input checked="" type="checkbox"/>

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
- Constitutional Changes
- Non-Executive Directors
- Use of the Trust Seal

ACTION REQUIRED

Board are asked to:

- Note the report

Public Meeting

Private Meeting

1. Council of Governors

There are currently three vacancies on the Council of Governors

- 1) University of Bedfordshire (actively seeking a replacement)
- 2) Bedfordshire CCG
- 3) Hertfordshire Valley CCG (Trust has never had a representative)

The University College of London (one of the Trust stakeholders) has agreed on the 17th January 2017 for Professor Ann Blandford to replace Brian Davidson as their representative on the Council of Governors. Ann is a Professor of Human–Computer Interaction, is Director of UCL Institute of Digital Health and Chair of UK Computing Research Committee

The next election process starts in May 2017 and will end July/August 2017.

2. Members

The next Medical Lecture will be on the 27th April 2017 about stroke and stroke care.

The next Ambassador magazine will be issued to members in February 2017.

3. Constitution

At a private Board of Directors meeting on and subsequently at a private Council of Governors meeting on the 11th January 2017, there was an agreed amendment to the Trust Constitution. This amendment is documented in Appendix 1.

4. Non-Executive Directors

At a meeting of the Council of Governors on the 9th November 2016 it was agreed that the terms of office for the following Non-Executive Directors (including the Chair) be extended by a further three years:

- Simon Linnett to September 2020
- Jill Robinson to December 2020
- David Hendry and Mark Versallion to October 2020

At a private meeting of the Council of Governors on the 11th January 2017 it was agreed that Mr Cliff Bygrave would return as an interim Non-Executive Director.

5. Use of the Trust Seal

Date used	Seal number	Subject	Supporting information
21 st November 2017	117	○ Construction Contract for ward 19a with ARJ Construction Ltd.	

CoG Constitutional Working Group Recommendation

To amend the working on Page 25 Section 13 as below:

The board is to include:

13.2.1 the following non-executive Directors:

13.2.1.1 Chairman, who is to be appointed (and removed) by the Council of Governors at a General Meeting;

13.2.1.2 ~~Six~~ **Up to seven** other non-executive Directors who are to be appointed (and removed) by the Council of Governors at a General Meeting; in each case subject to the approval of a majority of the Council of Governors (in the case of an appointment) present and voting at the meeting, and three-quarters of all of the members of the Council of Governors (in the case of a removal);

13.2.2 the following executive Directors:

13.2.2.1 Chief Executive (who is the accounting officer), who is to be appointed (and removed) by the non-executive Directors, and whose appointment is subject to the approval of a majority of the members of the Council of Governors present and voting at a General Meeting;

13.2.2.2 Finance Director, a registered medical practitioner or a registered dentist, a registered nurse or registered midwife, and ~~three~~ **up to four** other executive Directors, all of whom are to be appointed (and removed) by a committee consisting of the Chairman, the Chief Executive and the other non-executive Directors.

This would be a permanent change to the constitution but would allow for a reduction in the Executives (and therefore Non-Executives) without having to change the Constitution.