Luton & Dunstable University Hospital

Board of Directors

COMET Lecture Hall

6 February 2019 10:00 - 6 February 2019 12:00

AGENDA

#	Description	Owner	Time
1	Chairman's Welcome & Note of Apologies	S Linnett	10.00
2	Any Urgent Items of Any Other Business and Declaration of Interest on Items on the Agenda and/or the Register of Directors Interests	S Linnett	10.05
3	Minutes of the Previous Meeting: Wednesday 7 November 2018 (attached) To approve 3 Minutes Public Board meeting 071118 final.doc 5	S Linnett	10.10
4	Matters Arising - Action Log (no actions) To note	S Linnett	10.15
5	Chairman's Report (verbal) To note	S Linnett	10.20
6	Merger Update (attached) To note 6 Proposed Merger Update 060219.docx 13	D Carter	10.25
7	Executive Board Report (attached) To note 7 Executive Board Report February 2019.doc 15 7a LDH RC9 7DS_self-assessment_template_Final... 47	D Carter	10.30
8	Performance Reports (attached) To note 8 Performance Reports Header.doc 51		
8.1	Quality & Performance 8.1a Q and P report header.doc 53 8.1b Quality Performance Report Q3.ppt 55	L Lees/C Jones	10.45

#	Description	Owner	Time
8.2	Finance [P] 8.2 Finance Report.docx 85	M Gibbons	10.55
8.3	Workforce [P] 8.3 Workforce Report_February 2019_v5.pptx 93	A Doak	11.05
9	Clinical Outcome, Safety & Quality Report (attached) To note [P] 9 COSQ Report Nov Dec Jan.doc 99	A Clarke	11.15
10	Finance, Investment & Performance Committee Reports (attached) To note [P] 10 FIP Report to 6 February 2019 Trust Board v2.d... 105	D Mellon	11.25
11	Hospital Re-Development Committee Reports (attached) To note [P] 11 Hospital Redevelopment Report - January 19.do... 111	M Prior	11.35
12	Charitable Funds Committee Reports (attached) To note [P] 12 Charitable Fund Board Report January 2019.do... 115	S Linnett	11.40
13	Risk Register (attached) To approve [P] 13 RR January 2019.doc 119	V Parsons	11.45
14	Board Secretary Report (attached) To ratify [P] 14 Board Secretary Report - January 2019.doc 123	V Parsons	11.50
15	Details of Next Meeting: Wednesday 1 May 2019, 10.00am in COMET Lecture Hall		
16	Close		

LUTON & DUNSTABLE UNIVERSITY HOSPITAL

BOARD OF DIRECTORS

Agenda item	3	**Category of Paper**	Tick
Paper Title	Minutes of the Meeting held on Wednesday 7 November 2018	**To action**	☒
Date of Meeting	6 February 2019	**To note**	☐
Lead Director	David Carter	**For Information**	☐
Paper Author	David Carter	**To ratify**	☒
Indicate the impact of the paper: **Financial** ☒ **Quality/Safety** ☒ **Patient Experience** ☒ **Equality** ☒ **Clinical** ☒ **Governance** ☐			

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

PURPOSE OF THE PAPER/REPORT

To provide an accurate record of the meeting.

SUMMARY/CURRENT ISSUES AND ACTION

Matters arising to be addressed through the action log.

ACTION REQUIRED

To approve the Minutes.

Public Meeting ☒ Private Meeting ☐

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

Minutes of the meeting held on Wednesday 7 November 2018

Present:	Mr Simon Linnett, Chairman Mr David Carter, Chief Executive Ms Cathy Jones, Deputy Chief Executive Ms Angela Doak, Director of Human Resources Mr Andrew Harwood, Director of Finance Ms Liz Lees, Chief Nurse Ms Catherine Thorne, Director of Quality Ms Alison Clarke, Non-Executive Director Mr Denis Mellon, Non-Executive Director Mr Mark Versallion, Non-Executive Director Mr Mark Prior, Non-Executive Director Mr Simon Barton, Non-Executive Director
In attendance:	Ms Victoria Parsons, Board Secretary Ms Philippa Graves, Director of IT Ms Anne Sargent (Minute Taker) 10 Members of the Public (including Governors)

1. CHAIRMAN'S WELCOME & NOTE OF APOLOGIES

The Chairman opened the meeting, noting it was a meeting in public and that questions (other than points of clarity), would be taken at the conclusion of the agenda.

The Chairman formally noted that John Garner had left at the end of his term and that David Hendry had left to take up a full time post. He welcomed Simon Barton and Mark Prior as new Non-Executive Directors, concluding that this was a refreshed Board.

Apologies were noted from V Tiwari and Dr D Freedman.

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

No items were declared.

3. MINUTES OF MEETING HELD ON WEDNESDAY 25 JULY 2018

Pg 1, final paragraph should read 'signed off by **the Trust'.**

Workforce Report should read 'with **12** applications submitted …..' (not 112).

Subject to these amendments, the he minutes were approved as an accurate record.

Proposed: D Mellon **Seconded:** A Clarke

4. MATTERS ARISING (ACTION LOG)

There were no matters arising.

5. CHAIRMAN'S REPORT

The Chairman reported that the hospital and the wider health sector are in a state of some disruption with a new Secretary of State and the merging of NHSE and NHSI. There is a huge dialogue in terms of future funding of the NHS and flow between primary and secondary care. We understand that the views of L&D have been listened to. It is hoped a decision on capital would be made by the end of the calendar year but was recognised that April may not be a likely merger date due to the required process to be undertaken.

6. MERGER UPDATE

D Carter reported that work continues, including T&O looking at services across each hospital to enable preparation of a template to look at other services. Pathology work is reaching a critical point in how the operating model would work, with a report due the following week, followed by progression to a business case. In the event that the hospitals do not merge it is anticipated that Pathology will move to a joint venture arrangement. In terms of IT, the spend is already agreed to create a hard link to connect the 2 sites. Other corporate services will also be considered with a view to bringing together across the 2 sites.

7. EXECUTIVE BOARD REPORT

D Carter presented the report, highlighting the following:

Medical Education – the refurbishment and new common room for trainees and junior doctors should be completed and opened at the end November.

Needs Based Care – the use of the model in Respiratory shows evidence that length of stay is reducing. C Jones added that we are seeing the impact of recruitment in terms of pharmacists although consultant recruitment remains slow, despite excellent Royal College feedback on the job description. It is anticipated that evidence of success will help attract candidates. D Carter highlighted the national shortage of consultants and that L&D NBC roles do have a heavy 'front door' commitment.

Compliance – the cancer patient experience survey shows very good results. There is some concern about JAG accreditation, with a lot of work underway in advance of the accreditation process in January.

18 Weeks – C Jones reported that we continue to reduce the numbers but a challenge remains around roll-out of booking to GPs. It is hard to publish far ahead in the electronic system so outpatient waiting times have stretched. There is a lot of work to put on additional clinics over the coming 3 months. She explained the guidance in relation to waiting lists, working with

commissioners who are heavily managed on this, to identify patients who could have a different pathway, i.e. be seen in the community. S Barton added that getting appointments published earlier is key to this. C Jones agreed, adding that the team are working on a number of different ways to get to this point.

Pre Assessment – this is now open and has been very useful.

Daily Status App – this will really help over the winter to focus on problems with discharge and escalation to our partners.

Approval of New Theatres – following support by the council of governors, tenders are currently being evaluated.

CQC Update – the Trust is currently at the stage of factual accuracy checking, with the report due in the first week of December and feedback to staff planned for the Christmas staff events.

GDE – P Graves updated the Board that suppliers are at the stage of presenting to the Trust. The recently visited hospital in Portugal will present their digital journey to L&D later in the week.

Nurse Staffing – L Lees outlined that new guidance requires a change in the way this is reported, that recruitment challenges remain constant and there is a focus by HR teams to attract and retain local and overseas nurses.

Workforce Race Equality Standards – this is also referred to in an appendix to the Workforce Report, which identifies areas where L&D struggle, such as declaration of ethnicity. There is a focus on representation at different grades to encourage staff to apply for promotions, and a lot of work on bullying and harassment. There is a campaign underway to recruit FTSU (Freedom To Speak Up) champions to support the guardian, along with encouraging union representatives to work with us.

BLMK – it was noted that M England has been seconded from BLMK to NHSI but will retain an overview of GDE for L&D. Mark Thomas has been appointed as BLMK CIO, a role designed to bring together the GDE strategy across the footprint. Peter Howitt has been appointed as BLMK Director of System Re-design. M Versallion felt that work is moving forward slowly but there is more consensus than previously although the overlap between CCGs and STPs remains confusing.

8. PERFORMANCE REPORTS

Quality & Performance Report – the Board acknowledged the report, highlights on the Quality section were presented by L Lees as follows:

The increase in falls during Q2 was noted, along with work to improve, including an external review which identified an opportunity for a multi professional approach to early identification and reducing risk. The Trust had an MRSA Bacteraemia in August, with a root cause analysis underway. There has been a marked improvement in pressure ulcers compared to Q1 with some focussed learning sessions to further reduce this. It was noted that

we do not hit our own target in responding to complaints, with awareness that some responses may require a multi organisation response. Work is ongoing to align teams and optimise the function of the complaints board. There is a plan to co-locate Complaints, PALS and Patient Experience into a Quality Hub. A Clarke added that COSQ monitors performance closely and has no particular areas of concern. With reference to Patient Experience it was noted that response rates in Maternity and Outpatients declined over the summer months and that a good response rate is for an accurate view of how the service is perceived.

C Jones commented on the performance section, noting a good improvement in stroke performance. D Mellon noted a BBC report of staff shortages in relation to scanning. C Jones responded that radiographer recruitment has been an issue for L&D, with high agency costs incurred. It was noted that urgent waits are very good.

Finance Report – A Harwood introduced the report, highlighting:

The report covers half year results, noting that the financial environment is challenging and it will be harder to achieve in Q3 & Q4. The Trust posted a £1m surplus in line with the plan. The divisional position was mitigated by an MRET agreement and significant non-recurrent gains which in aggregate totalled nearly £5m. The Trust has secured sustainability funds of £4m. Agency spend remains a challenge. NHSI have requested a meeting to explore performance in more detail. FIP met on 24 October to consider prospects for Q3 and Q4. The Trust is aware of the risk associated with delivery of the plan and are assured that action plans are in place. The Board acknowledged that whilst the cash situation is healthy, the Trust has approved some large investments this year, investing wisely in schemes that provide patient benefits. D Carter added that there has been support via MSC from consultants as to how they can help practically.

Workforce Report – A Doak presented the report, highlighting:

The focus on recruitment, particularly nursing and that the Trust is beginning to see the rewards from increased use of Skype interviews. Turnaround time of applicants has also improved. Medical staff recruitment remains a challenge. The latest figures show 55.2% of front line staff have had the flu vaccination, against our target of 75%. The staff survey has achieved a 40% return rate to date; this is being driven to improve the response rate. The Board were advised that a 'retention matters campaign' has enabled L&D to find alternative opportunities for staff to remain in L&D employment. Sickness remains steady overall with a programme to support staff back into work.

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

A Clarke noted that the Executive team are pursuing a better level of cover following concerns about availability of senior staff at Mount Vernon. There has been some improvement in fractured neck of femur. A report on stillbirths showed a higher than usual proportion of deaths related to parents who are related, COSQ notes that work is required to raise importance in the community, stressing that this requires sensitivity. D Carter added that it is a

public health issue, particularly with L&D's diverse population.

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

D Mellon took the report as read, given that the challenge for Q3 & Q4 had already been noted.

11. CHARITABLE FUNDS COMMITTEE REPORT

The Chairman advised that it is hoped that the private Board meeting will approve a significant donation associated with the naming of a ward. He also noted the work focusing on the L&D 80th birthday celebrations, the opening of the Paediatric oncology rooms and the promotion at a forthcoming Luton Town football match on the helipad appeal.

12. HOSPITAL RE-DEVELOPMENT COMMITTEE REPORTS

M Prior highlighted ongoing contractual issues in relation to the MRI unit, that negotiations are underway with the contractor selected to work on electrical infrastructure and that tenders for theatres are received, and that whilst L&D are negotiating to bring the programme forward, it is unlikely that the anticipated April completion date will be achieved. Energy Centre discussions are ongoing and progressing well.

13. RISK REGISTER

The Board Secretary noted the inclusion of the first risk associated with Brexit. D Carter added that no detailed guidance has yet been received.

14. BOARD SECRETARY REPORT

The Board Secretary noted the newly appointed governors.

ANY OTHER BUSINESS

No further business matters were raised.

QUESTIONS/COMMENTS FROM NON BOARD MEMBERS

The following questions/comments were raised by the audience:

1. In response to a query re Engie assessments, D Carter clarified that these are joint assessments with L&D involved and are constantly monitored.
2. With reference to diversity and discrimination, how does L&D know who is doing the discriminating? The Chairman agreed it is difficult to know, as these are statistics. The important point is for A Doak to be made aware of areas to focus on. A Doak added the importance of assuring ourselves that discrimination is not taking place whilst focusing on areas that may be highlighted by the public or our patients. She added that there is specific training for staff in areas with patients with conditions such as dementia.
3. In noting that a lot of patient experience feedback relates to transport, C Jones advised that there had been a helpful meeting with senior leads from EEAST relating to Non-Emergency Patient Transport where the move

of the control room in Bedford has improved responsiveness. C Jones added that we prioritise discharge patients over outpatients and have measures in place to take care of patients who are delayed. We also use private ambulances for journeys outside of the EEAST contract.

4. In response to an observation re agency staff, A Doak agreed to provide a dashboard to track actions, showing recruitment against spend and trajectory. C Jones clarified that this information is available at service level.

The Chairman took the opportunity to mention that A Harwood has decided to leave the organisation and that whilst that decision is respected, the L&D are desperately sorry to see him go. He has been resolute in his endeavours at L&D and an outstanding contributor to the hospital. The Chairman thanked him for this and wished him well for the next phase of his life. He advised the Board and the audience that Matt Gibbons will act up initially.

SUMMARY OF ACTIONS

To be made available after the meeting

15. DETAILS OF THE NEXT SCHEDULED MEETING:

Wednesday 6 February 2019, 10.00am, COMET Lecture Hall

CLOSE

These minutes may be subject to disclosure under the Freedom of Information Act 2000, subject to the specified exemptions, including the Data Protection Act 1998 and Caldicott Guardian principles

LUTON & DUNSTABLE UNIVERSITY HOSPITAL

BOARD OF DIRECTORS

Agenda item	6	**Category of Paper**	Tick
Paper Title	Proposed Merger Update	**To action**	☐
Date of Meeting	6 February 2019	**To note**	☒
Lead Director	David Carter –Chief Executive	**For Information**	☐
Paper Author	David Carter –Chief Executive	**To ratify**	☐
Indicate the impact of the paper: **Financial** ☒ **Quality/Safety** ☒ **Patient Experience** ☒ **Equality** ☐ **Clinical** ☒ **Governance** ☒			

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

PURPOSE OF THE PAPER/REPORT

Update on proposed merger.

SUMMARY/CURRENT ISSUES AND ACTION

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

ACTION REQUIRED

To note the Merger update.

Public Meeting ☒ Private Meeting ☐

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

Proposed Merger Update

Following submission of the STP capital bids in July, which included the L&D Acute Services Block/Merger bid as the first priority, the approvals in respect of the Wave 4 STP capital bids were announced in December. The L&D's bid was not approved although the formal response to the STP indicated that other funding options were being explored. The STP bids prioritised second and third were approved.

At this stage the Trust is aware that as indicated in the letter to the STP, opportunities to allow the overall capital envelope to increase are being explored although it is likely that a decision on this will not occur before March 2019.

In the meantime the Joint Integration Board has continued to meet, focussing its work on (i) the integration of the pathology service and (ii) developing joint IT plans as part of the GDE and Fast Follower programmes.

The Trust will review the position as more information becomes available.

BOARD OF DIRECTORS

Agenda item	7	**Category of Paper**	Tick
Paper Title	Executive Board Report	**To action**	☒
Date of Meeting	Wednesday 6 February 2019	**To note**	☒
Lead Director	D Carter	**For Information**	☒
Paper Author	Executive Directors	**To ratify**	☐
Indicate the impact of the paper: Financial ☐ **Quality/Safety** ☒ **Patient Experience** ☐ **Equality** ☐ **Clinical** ☒ **Governance** ☒			
History of Committee Reporting & Date	Executive Board – 29 January 2019		
Links to Strategic Board Objectives	All Objectives		
Links to Regulations/ Outcomes/External Assessments	CQC Monitor Information Governance Toolkit		
Links to the Risk Register	Hospital Redevelopment Non-Achievement of Financial Target Vacancy rates	CCG verification processes Agency costs Backlog maintenance Management capacity	

PURPOSE OF THE PAPER/REPORT

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

SUMMARY/CURRENT ISSUES AND ACTION

1.	Medical Education Update	- to note
2.	Complaints Board Update	- to note
3.	Mortality Board Update	- to note
4.	Nursing & Midwifery Staffing	- to note
5.	Management of CQUIN	- to note
6.	Compliance Issues	- to note
7.	Winter Pressures and 'Super-Stranded' Patients	- to note
8.	18 Weeks	- to note
9.	Daily Status Report App	- to note
10.	Flu Vaccine Uptake by Staff	- to note
11.	CQC – Mandatory Training	- to note
12.	7 Day Hospital Services Programme	- to note
13.	GDE Update	- to note
14.	Information Governance Quarterly Report	- to note
15.	Infection Control Report	- to note
16.	BLMK STP	- to note
17.	Freedom to Speak Up	- to note
18.	Estates & Facilities Update	- to note
19.	Communications & Fundraising Update	- to note
20.	Policies & Procedures Update	- to note

ACTION REQUIRED

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

1. MEDICAL EDUCATION UPDATE

Performance & School visits:

School of Surgery – The trust have appointed Heather Taylor to project manage the changes needed following the school exploratory visit support the changes needed to improve the junior doctor environment for service delivery and educational support. The IST changes for surgery will be introduced in August 2019 and the trust performance against the IST standards and exploratory visit action plan will be reviewed later in the year.

School of Anaesthetics – Higher anaesthetic trainees have been placed at the trust from August 2019. The department are working with the Head of School (HoS) for anaesthetics to promote training at the trust. The focus is on learning that can be achieved at the trust, the supportive environment (development of the live feedback via an app is key) the structured governance process and induction. The HoS is keen that the trainees are reassured about the departmental changes that have been made and are key to improving the learning environment and safeguard training.

Changes planned in training from August 2019 – that the Trust Board need to be aware of:

Improving surgical training (IST) and Internal Medicine training (IMT) - The trust has set up working groups to establish changes needed to trainee/junior doctor numbers and rota in readiness for the changes anticipated.

Dates for GMC survey 2019 - 19th March 2019 – 1st May 2019

2. COMPLAINTS BOARD UPDATE

The Complaints Board met on 5 December 2018 with a revised terms of reference and agenda, including thematic reviews and shared learning. The Trust's Complaints Policy is currently being reviewed and a revised draft policy will be presented to the next Complaints Board on 20 February 2019. The Chief Nurse continues to meet with Divisional teams to support improvement in compliance of meeting complaints response times. A peer review has been commissioned to commence at the end of January to look at the quality of complaint responses and the processes that are in place.

3. MORTALITY BOARD UPDATE

2018 saw the lowest crude mortality rate ever recorded at the Luton and Dunstable Hospital. The rate of deaths per thousand discharges has fallen to 11. This was despite high mortality rates in January and February of 2018 and overall inpatient activity being 5% higher.

SMR and HSMR data are now drawn from CHKS rather than Dr Foster. The latest SMR and HSMR data continue to improve in recent months.

CHKS have their own mortality indicator, RAMI, which links to length of stay. Again, the L&D's 12 month RAMI is better than the National average 78.18 vs 87.26.

SHMI lags behind other mortality indicators and includes deaths within 30 days of discharge from the hospital. Although the Trust's SHMI is 7% higher than the National average this still falls within the expected range. To understand this in more detail our community partners have agreed to review the numbers of deaths occurring in a community setting and this will be shared at the mortality board.

A detailed review of all deaths has been undertaken to investigate whether the reduction in mortality relates to any particular area across the Trust. Although the reduction in deaths seen in 2018 from the previous year is attributed to the Medical specialties there does not appear to be any single diagnostic group except an observed 40% reduction in deaths due to sepsis. This review also identified Surgical deaths increased in 2018 by 12% against an increased activity of 8%. This worsened surgical death rate from 4.10 to 4.26 deaths per thousand discharges warrants further review.

4. NURSING & MIDWIFERY STAFFING

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

5. MANAGEMENT OF CQUIN

The Trust is working on all the national CQUIN schemes for 2018-19:

- 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;
- Preventing Ill Health by Risky Behaviours (tobacco and alcohol)

During Quarter 2, the Trust achieved all the milestones with the exception that there was partial achievement in one element of the serious infections scheme and in the preventing ill health scheme. The Trust is working to improve the proportion patients who receive their antibiotics within an hour of diagnosis of Sepsis, from 81% (Q1 and Q2 achievement) to over 90%. There have also been a number of activities which will support an improving picture in Q4 for the preventing ill health scheme.

The Q3 submission to the CCG is due in January

6. COMPLIANCE ISSUES

Following successful assessment and accreditation of the Point of Care Testing elements of the Trust's pathology services, the team were delighted to learn that they have successfully achieved the full set of possible accreditations from UKAS. The L&D is one of only a handful of units in the UK to have achieved this.

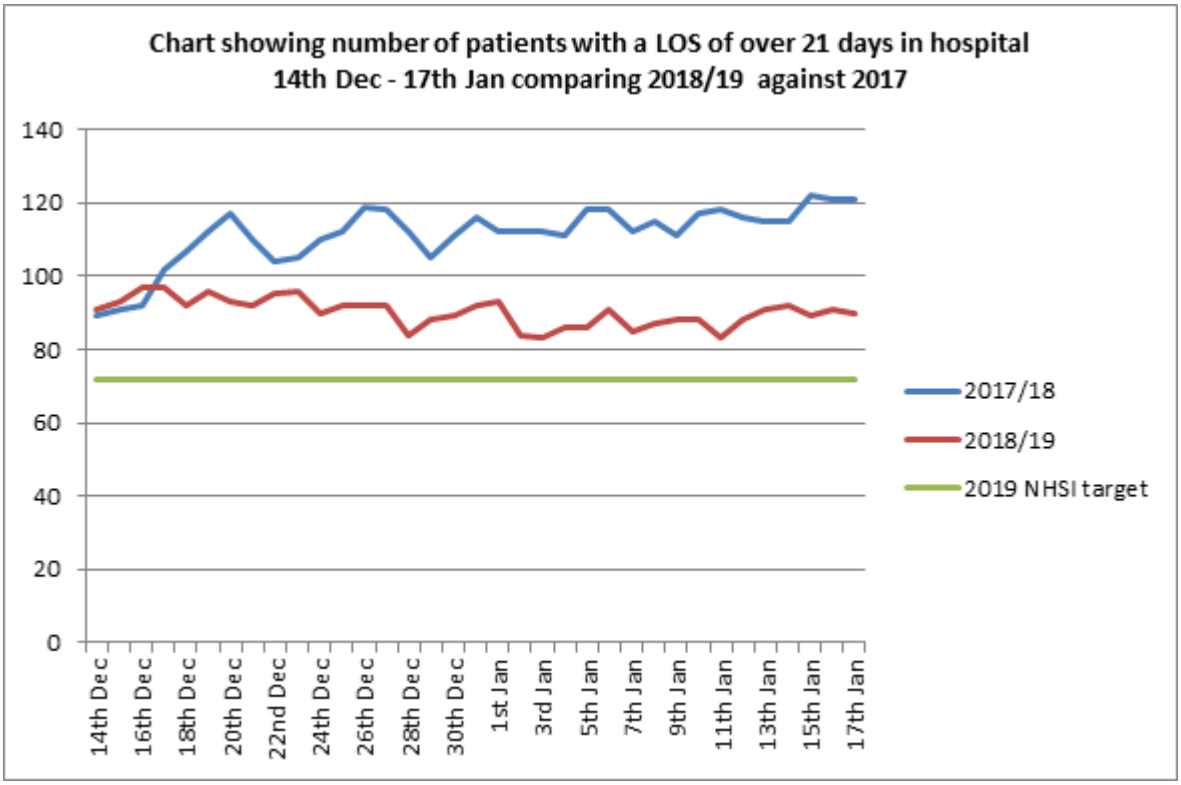
The Trust is expecting to receive the maternity patient experience results in the next month or so.

The GIRFT (Getting It Right First Time) visits have continued with detailed feedback sessions undertaken in General Surgery, Radiology and Dermatology since the last executive report. Senior staff have met with the GIRFT programme leads from the region and identified areas in which some of the central programme resource may be supportive in delivering the actions from the GIRFT visits.

Work continues following the endoscopy unit pre-JAG assessment in October 2018 to make the necessary environmental and process improvements prior to our JAG visit which is currently expected in April 2019. The pre-assessment inspection was very helpful in highlighting a number of areas in which action is recommended, and in focussing the team on the areas of greatest risk

7. WINTER PRESSURES AND 'SUPER-STRANDED' PATIENTS

Following the introduction of the status report application and the exec sitreps which are aimed at increasing focus on early escalation of complex discharges and reducing the number of patients staying over 21 days, the Trust has seen a marked improvement in the number of super stranded patients. The following chart, extracted from the quality and performance report, shows that as at 17th Jan 2019, there were 29 fewer beds taken up with patients over 21 days this year, compared to the same time last winter.



Whilst still not achieving the stretch target set by NHSI of a 25% reduction, the work so far has been very positive and it is anticipated that by continuing to provide senior

support to teams to improve ward processes we will retain a strong focus on discharge home as early as possible for all patients.

8. 18 WEEKS

In December 2018, the Trust achieved the 92% target for 18 weeks which is a tremendous success. Although the overall waiting list has increased further, continued work at the same rate will reduce backlog and enable us to focus validation and improvement effort on those specialties that do not have a significant backlog issue, but where the number of patients under 18 weeks has been increasing. It is unlikely, due to bank holiday pressures in December 2018, that the performance at the end of January will be above the 92% threshold, but return to compliance is expected from February 2019 onwards. This will however require sustained work on the high volume specialties to ensure that waiting time to new outpatient appointment continues to drop and that the steady reduction in the admitted and non-admitted backdrops continues.

9. DAILY STATUS REPORT APP

Following the switch of supplier from TAAP to Phew! the Trust has now embedded the daily status app in both the daily monitoring of delayed patients by the discharge team and as a high level escalation tool. The Trust is now looking to roll out the app as a system-wide solution.

10. FLU VACCINATION UPTAKE BY STAFF

One of the CQUIN targets for 2018/2019 is to improve the uptake of the flu vaccine to 75% of frontline clinical staff. A letter dated 7th September 2018 was sent to all Chief Executives of NHS and Foundation Trusts from NHSI and NHSE encouraging Trusts to ensure that flu action plans were in place in order to support the ambition for 100% of healthcare workers with direct patient contact to be vaccinated. The letter also required Trust Boards to assure themselves that the necessary processes were in place by completing and reviewing the Healthcare worker flu vaccination best practice management checklist. This was considered by the Board at its meeting on 19th December 2019, a copy of which is attached as **Appendix 2**. The checklist was published on the Trust website.

The Trust put a plan in place that actively encouraged all staff to have the vaccine. This included visits to wards, talks, attendance at stat training, induction, grand round, various meetings, emails, posters. Drop-in clinics were held in Occupational health every week day. Banner posters were also displayed within various areas of the Trust. Regular daily update e-mails are sent to advise staff of the drop in sessions but also to provide an update on progress towards reaching the target.

The annual Christmas staff engagement event was also used as an opportunity to encourage staff to have the flu vaccination. Over 2000 members of staff attended the event which was held of a period of 4 days. A banner poster displaying the jab ‘o

'meter was on show for the duration and an update was given at each session on how many staff had received their vaccine. Staff wanting to receive a vaccination could do so at the end of each event session.

Where staff indicated that they did not wish to receive the vaccine, they were asked to complete a declination form stating their reasons via a selection of tick box options. They were able to tick all options that they felt applied to them.

As at 24th January 2019 75.7% (2213) of front line staff have been vaccinated with 3% (88) actively opting out of having the vaccination and completing a decline form. The most popular reasons for declining the vaccine are that the staff did not believe that the vaccine prevented flu or that they were concerned about side effects and/or safety.

The campaign continues in order to encourage staff to have the flu vaccination.

11. CQC – MANDATORY TRAINING

The most recent CQC report raised concerns in relation to mandatory training compliance levels and the report stated that the Trust MUST ensure that:

- all staff attend mandatory training (see main Workforce report for figures)
- staff attend children's safeguarding level three training

January 2019 figures show 85% of relevant staff have been trained (of a total number of 459 staff to be trained)

The report also made reference to compliance in respect of Basic Life Support* and Intermediate Life Support**, both of which have, to date, not been reported at Trust Board level. Going forward the report will include these two subjects. However, the most recent figures are as follows:

Adult Basic Life Support	73% (a 2% increase since December 2018)
Intermediate Life Support	44% (no change since December 2018)

Training sessions are held on a monthly basis for all subjects.

The Board has approved an action plan in order to improve compliance in all areas but particularly in those areas/staff groups where compliance is well below the agreed target. The action plan, which will be monitored by COSQ, will include a change in the style of report to COSQ and the Board, introducing monthly meetings with Divisions and a letter to all medical staff to bring to their attention to the importance of mandatory training.

***Basic Life Support**	All staff with direct clinical care responsibility for patients (Total number of staff who require training = 1703)
****Intermediate Life Support**	May have to act as a first responder to a cardiac arrest and treat patients before the cardiac team arrive (Total number of staff who require training = 458)

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12. 7 DAY HOSPITAL SERVICES (7DS) PROGRAMME

The Seven Day Hospital Services (7DS) Programme is designed to supports providers of acute services to tackle the variation in outcomes for patients admitted to hospitals in an emergency, at the weekend across the NHS in England. This work is built on 10 clinical standards developed by the NHS Services, Seven Days a Week Forum in 2013.

With the support of the Academy of Medical Royal Colleges, four of these clinical standards were made priorities for delivery to ensure patients admitted in an emergency receive the same high quality initial consultant review, these are

- Standard 2: **Time to initial consultant review**
- Standard 5: **Access to diagnostics**
- Standard 6: **Access to consultant-led interventions**
- Standard 8: **On-going daily consultant-directed review**

Providers of acute services were previously required to complete a bi-annual self-assessment survey. This measured progress against the four priority standards through a combination of case note reviews and self-assessment. Whilst this was useful in supporting implementation, this survey placed a significant administrative burden on trusts as it involved reviewing many patient case notes.

In an attempt to reduce this burden and allow trust boards to provide direct oversight of 7DS progress, a revised system has been developed to measure 7DS through a board assurance framework. This consists of a standard template to assess progress in delivering 7DS, which is then assured by the trust board before submitting results to regional and national 7DS teams.

Trial run
In place of the proposed autumn 2018 7DS self-assessment survey, providers have been asked to undertake a trial run of the board assurance process. This is required to take place from November 2018 to February 2019 and attached is the completed template required to ensure that board assurance of the self-assessment has been gained. As this is a trial, Trusts are not required to complete any new audits to support these self-assessments and data from the previous 7DS survey can be used as in this paper.

Full Implementation
Full implementation of the 7DS board assessment framework will take place in March to June 2019 and will follow the same process of completing the measurement template and subsequent board assurance of the self-assessment. This self-assessment will be based on local data, such as consultant job plans and local clinical audits, and Trusts have been provided guidance on completion.

13. GDE Update

As part of the GDE Programme, Inpatient Care Coordination Procurement is progressing rapidly, aiming to appoint a supplier by the end of March 2019, with the aim to commence implementation in April 2019. This is on track. The team are

holding a Grand Round and site demonstration day on 11th February 2019 to welcome feedback from Trust staff members. Parallel to this, following the workshops organised in October and November months of 2018 for the e-Portal work stream, there are also 1:1 meetings organised with clinical and technical staff members across the organisation to complete the e-Portal specifications document by the end of February 2019. There has been significant progress in the Infrastructure, or DevOps work stream with workshops with partners Citrix and OCSL, aiming to achieve Infrastructure as a Service (IAAS) for the existing hardware environment allowing improved reliability and increased scalability. The business case for IAAS was approved by FIP in November 2018. This supports the Government Health Minister Matt Hancock's directive of moving all NHS storage infrastructures into 'the Cloud'. Process mapping for e-Pharmacy Fm+D Compliance is complete and the project team is working with the supplier, JAC, to implement this. An upgrade to the ePrescribing system, which delivers the directory of medicines compliance, is scheduled for the first quarter of 2019.

Electronic Forms in the Outpatient department will commence implementation from March/April 2019. As a GDE site the Trust is required to submit 6 Blueprints for technological change projects they have undertaken. We have successfully submitted 2, one relating to the Accident and Emergency Process at L&D and how digital platforms support performance management, and one for implementing electronic referral management. The team are currently working on blueprinting of IAAS which are on track for submission in Q3 2019. Pilot Virtual Ward was successfully deployed with positive feedback and currently process mapping is being carried out for Urology Clinic which will be the pilot for the Virtual Clinic project.

The GDE Innovation Centre in Cranfield reflects the innovative and creative nature of the GDE Programme which showcases the clinical environment such as Nursing Bay and also pods for third party suppliers to showcase clinical products which reflects the clinical transformation programme of GDE and their partnership commitment to the programme. Close to 30 staff members are now based in Cranfield.

The GDE programme is now entering a very intensive delivery phase and we will be focussing heavily on clinical planning for a successful implementation of such a pivotal system as Inpatient Care Co-ordination, and e-Portal along with the associated business change. The many benefits that have been described can only be delivered if we achieve the delivery timescales successfully, so the programme is now entering a critical phase. We are also focussing on the communications strategy for the programme; it is important it is understandable and relates to all staff groups in a meaningful way.

14. INFORMATION GOVERNANCE QUARTERLY REPORT

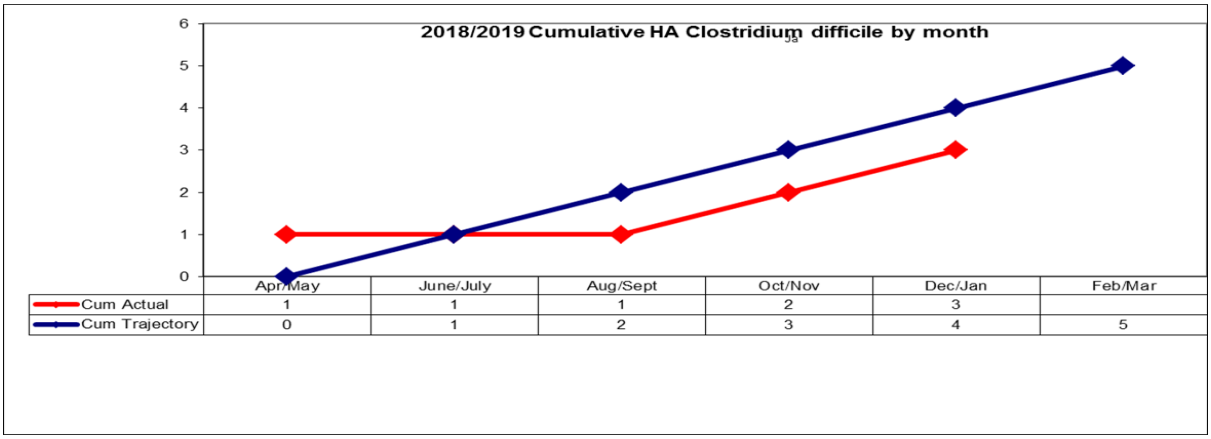
This is attached as **Appendix 3**

15. INFECTION CONTROL REPORT

- **Hand Hygiene & Bare Below the Elbows -** Following Infection Control audits and the identification of lapses in some staff compliance with hand hygiene and

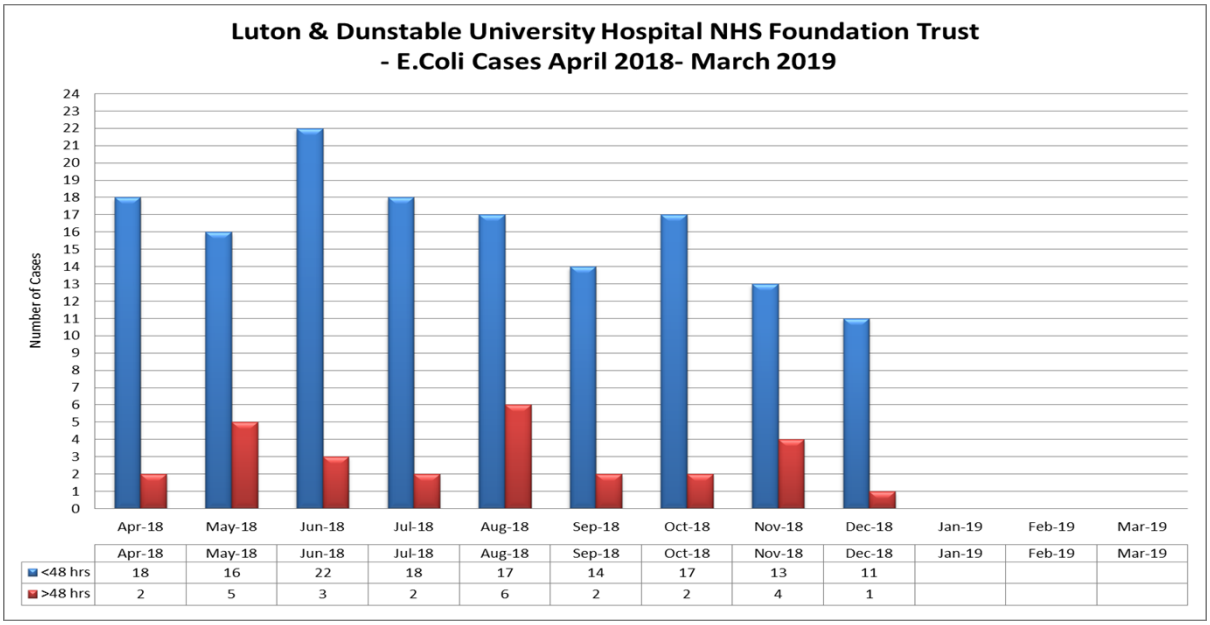
"bare below the elbows" policy the Trust is focusing attention on robustly implementing both these policies. All staff groups are required to adhere when present in a clinical area.

- **Clostridium difficile -** The Trust ceiling for *Clostridium difficile* infection for the year April 2018 to March 2019 has been set at 5 cases (hospital acquired). In the first 3 quarters of this year we have reported 3 cases of HA infections.



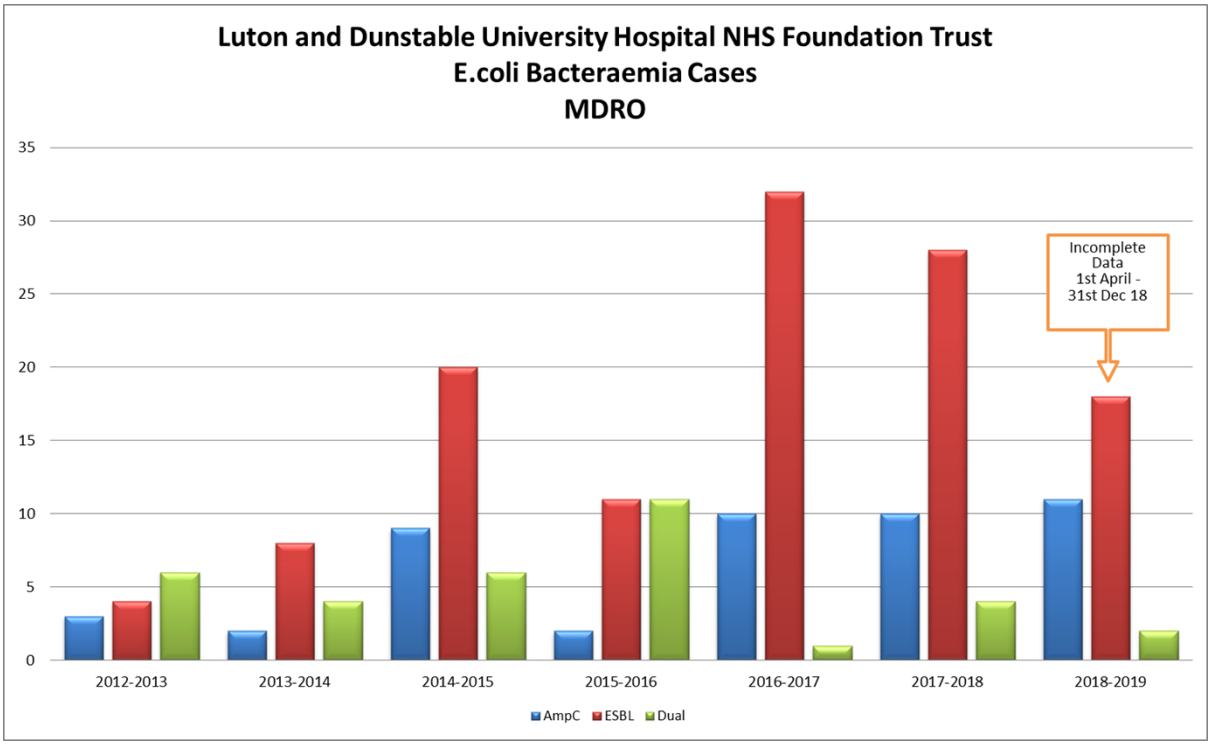
	Apr/May	June/July	Aug/Sept	Oct/Nov	Dec/Jan	Feb/Mar
Cum Actual	1	1	1	2	3	
Cum Trajectory	0	1	2	3	4	5

- **E.coli bacteraemia -** In 2018-19 there is an interesting trend observed with decreasing numbers of E.coli bacteraemia cases reported.

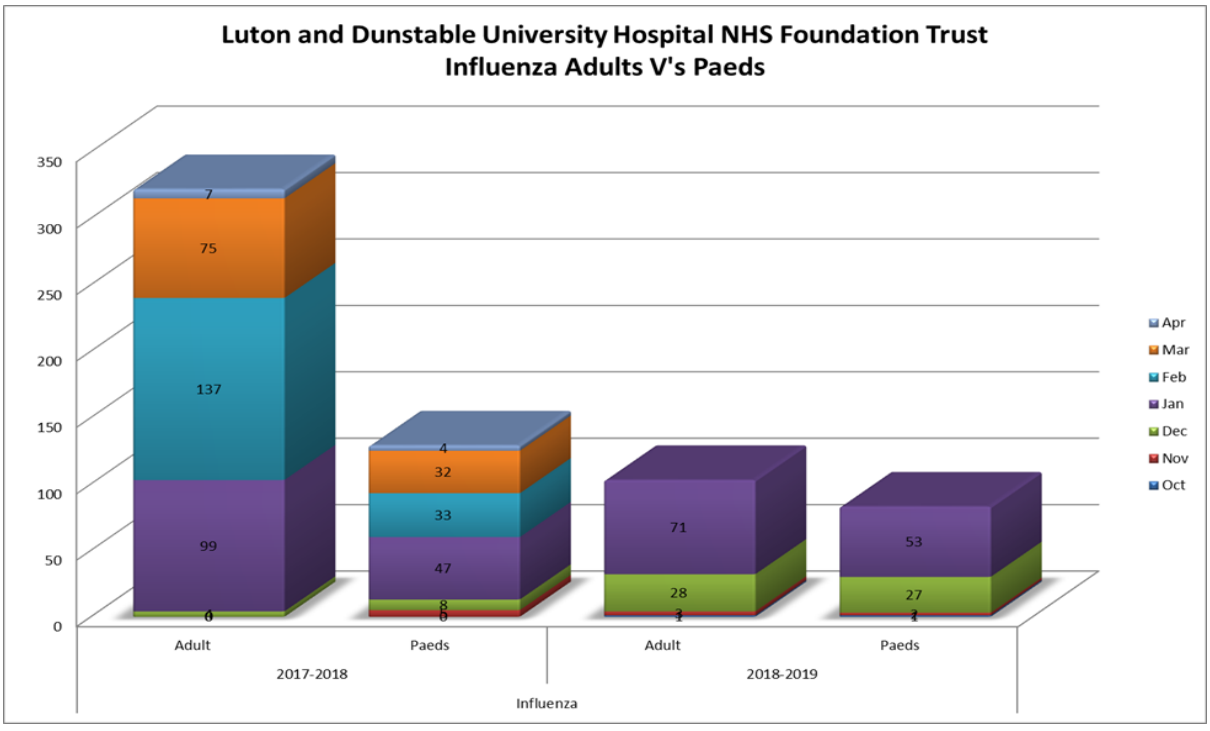


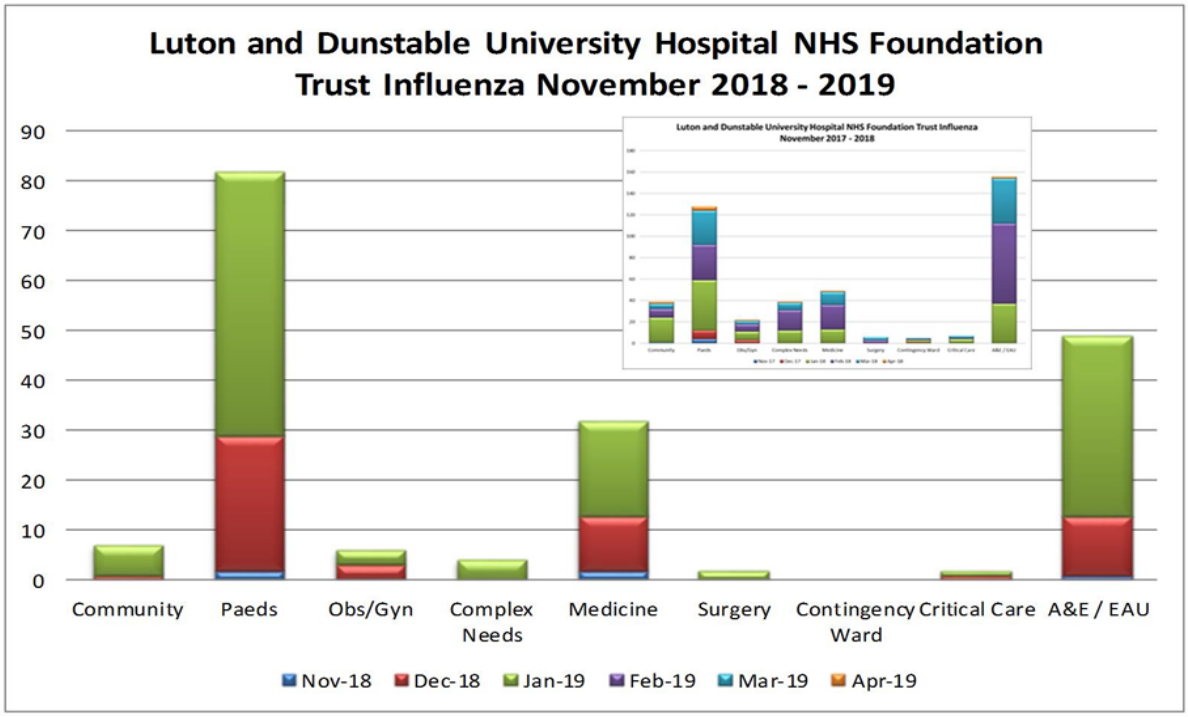
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
<48 hrs	18	16	22	18	17	14	17	13	11			
>48 hrs	2	5	3	2	6	2	2	4	1			

The choice of empirical antibiotics in patients with sepsis is influenced by the numbers of multi-resistant organisms. The high number of patients with multidrug resistant organisms also places a significant burden on our isolation capacity.



RSV & Influenza - The 2018 RSV numbers for this winter started going up in November and cases of influenza recordedan increase in December. Please note the cases of RSV have been higher than in the previous year**.**





The Microbiology department has successfully implemented a PCR based point of care test in paediatrics. This test is very rapid and has very good sensitivity and specificity. In the current season early typing results indicate majority of infections are due to Influenza A virus H1N1. Unlike last year very few cases are being reported due to Influenza B virus.

16. BLMK STP

The current STP Central Briefing is **attached to this report as Appendix 4**

17. FREEDOM TO SPEAK UP

Concerns raised:
There were seventeen new concerns raised by staff during the period 1st October to 31st December, eight of which were raised anonymously. Ten of these were around attitudes and behaviours (bullying and harassment) and three were regarding patient safety and quality. Six of the concerns were raised by nurses, three by HCAs, one by a midwife, three by admin & clerical staff and four other from different staff groups. The figures for this quarter may be slightly higher than normal because it was Speak Up month in October so there was a much higher presence of the guardian and promotion of raising concerns.

Guardian Update:
Three new Freedom to Speak Up Champions have been appointed after a very successful 'expression of interest' process. The Champions are Phil Spencer

(Estates), Clive Underwood (Theatres) and Mellisa Damodaram (Obs and Gynae). We are currently going through training and then promotion of the role will start in February.

18. ESTATES & FACILITIES UPDATE

Overview

The Trust Fire Officer/Deputy H&S Manager, left the Trust on 7th December. The role of Fire Officer is being covered by an interim who joined the Trust on 28th November.

Hard FM Services

Water Services: Positive legionella results in Surgical Block continue, precautionary measures remain in place in accordance with water safety management policy including:

- installation of specialist filters on showers and tap outlets
- increased water sampling
- water flushing and tap replacement programme

The use of a copper silver ionisation unit has been investigated that could eliminate / reduce the legionella in the hot water system and reduce specialist filter cost by around £30k pa. This option has been presented to the Water Quality Steering Committee which has been supported. Funding has been secured with orders placed that will see the installation of the unit at the beginning of February. Once installed, the benefits will be seen in the coming months. As part of the installation, copper silver monitoring will be implemented to ensure the correct dosing levels are achieved across the system.

In addition, the team are exploring pipework replacement options that will deliver improved flow and temperature control in the Surgical Block.

Lifts: A new lift maintenance contractor commenced on 4th January. The team has seen a marked improvement in communication and response times with the new contractor. The contractor is currently carrying out lift inspections / surveys, once received the Trust's lift consultant will review and confirm a course of action required to improve lift reliability.

It has been noted that damage to lift doors is currently the leading cause of lift failures. The facilities team are developing 'tool box talks' that can be delivered to all staff and contractors across the site that are moving equipment and materials via lifts.

Ventilation: A programme of critical plant replacement / major refurbishment is being developed and a capital allocation has been included in the draft capital plan for next financial year. The programme including surgical block chiller replacement will commence on completion and commissioning of the new theatres G and H.

Asbestos: Planning process on duct clearance is progressing in conjunction with further surveys in confined areas. A specification for phased removal is being

developed to ensure clear access for the electrical infrastructure project and Energy Performance Contract (EPC).

Boilers: Over the Christmas and New Year break a pipework leak in basement duct system caused reduced heating levels in parts of the surgical block until the source of the leak was isolated. The leak caused a pressurisation unit to fail which delayed the restoration of services.

Pressure Systems Insurance: All site inspections and insurances are up to date.

Medical gas: All quarterly air quality checks have been completed with no issues.

Foul Drainage: A broken drain under the kitchen block over the Christmas period resulted in the undercroft being contaminated with kitchen waste water, resulting in an offensive odour in parts of the hospital corridor. An urgent asbestos survey was commissioned which identified no asbestos allowing specialist waste team to attend and clear and sanitize the area. The drain has been repaired and the odour has diminished.

Soft FM Service

Cleaning Standards: Domestic standards overall were improving; however, a slight dip in very high risk category during December. The table below details the key cleaning KPI's:

Key Cleaning KPI's:

	Target Score	Engie Reported Scores - Oct	Engie Reported Scores - Nov	Engie Reported Scored - Dec
Very High Risk	98%	97.57%	97.95%	97.85%
High Risk	95%	94.21%	94.43%	94.40%
Significant Risk	85%	95.03%	86.57%	86.94%
Low Risk	75%	85.44%	81.42%	86.02%

The contract monitoring team are continuing to closely monitor the position / performance.

Food Safety / Patient Services:

Key Catering KPI's:

	Target Score	Engie Reported Scores - Oct	Engie Reported Scores - Nov	Engie Reported Scored - Dec
Very High Risk	97%	Pass	Pass	Pass
High Risk	100%	Pass	Pass	Pass
Significant Risk	100%	Pass	Pass	Pass
Low Risk	96%	Pass	Pass	Pass

The Trust commissioned an externally led inspection on Saturday 12th January by an independent ex EHO. The findings were not good and demonstrated no improvement. In some cases poorer results compared with last year's inspections.

This inspection was to determine if Engie are meeting the 5-star rating as required by the contract and what measures they need to take to achieve this. Engie set about remedial actions immediately and are making good progress on actions.

The contract monitoring team are continuing to closely monitor the position / performance and additional inspections are being organised.

PLACE – mini PLACE inspections continue to be carried out monthly.

Capital Works

Electrical Infrastructure: Works are progressing on site on phase one of the project which will see the construction of two new sub stations on the southwest and east of the site. This phase will see the introduction of one of the sites proposed new High Voltage generators on a temporary basis before being relocated to the new energy centre.

In the coming months, detailed planning works will be taking place with the contractor and Trust stakeholders to plan the migration of services from the existing substations to the new infrastructure.

Fire: The site-wide fire alarm upgrade is nearing completion. The remaining element of work is the decommissioning of the old fire alarm panels and migration of cables across to new and final testing.

Site Fire Compartmentation Survey: Progress has been slow and therefore additional resource had been brought onto site. Survey reports to date have not shown major issues but a multitude of minor issues. A remedial works allocation has been captured in the estates draft capital programme 2019/20 and the team are developing a prioritisation plan and associated tender documentation.

Pneumatic Tube System: The tube system has had a lifecycle upgrade across the site. The new system is now ‘current technology’ which will enhance speed and reliability. Reports are now available which will allow the department to identify activity across the system. This information will be utilised in both the portering review and in identifying further options to expand the system to other departments currently not served by the system infrastructure.

Human Resources

HR update until 31st December 2018

- Appraisal compliance for the division = 75%
- Stat training average compliance = 81%
- Sickness absence = 3.04%
- Stage 2 meetings have been held for 79% of employees with a BS over 150

Health, Safety and Fire

Health and Safety Incidents: For the period of December 2018 there were a total of 23 incidents reported on DATIX under the category of staff/visitor/contractor/relatives – Accidents and Injuries. When interrogating the DATIX reports the analysis showed 20 were correctly reported under the category ‘Accidents and Injuries’ and three

incidents were reported under the wrong coding. This is a decrease of four when compared to the same month last year.

Needle stick injuries being the highest reported category. The Trust is converting from Starsted blood taking equipment to a Vacutainer blood taking system. This offers a safer method of blood collection reducing the risk of spillages and needle stick injuries.

Physical Abuse there were six patients reported by staff, all of which were reported to be from confused patients.

Manual Handling incidents *in* the period amounted to three. One where a member of staff sustained and injury using the scoop stretcher and two from staff supporting falling patients.

Other incidents in the period included a staff member sustaining an injury when a door handle came away in their hand, a member of the WAR Team having a near miss incident from broken glass in a general waste bag and two staff reporting 'inappropriate behaviour' from colleagues in the way they were spoken to.

RIDDOR Incidents: There were two RIDDOR incidents reported in December, making a total of 12 for the current year against seven for the same period last year.

- Visitor slipped on a wet floor in ward 19B, left ankle twisted and right palm took impact graze.
- Musculoskeletal injuries from unloading a washer disinfector in Sterile Services, load slipped crushing staff member's hand.

Fire: Fire alarm activations – YTD there have been 64 alarm activations one more than compared to 2017/18. Fire Service attendance has been reduced to six compared to 11 in the previous year.

The main cause of the increase in activations to numbers previously reported has been as a result of water ingress into devices from leaks and activations associated with fire alarm commissioning process.

19. COMMUNICATIONS & FUNDRAISING UPDATE

COMMUNICATIONS:

External Communications and Media attention - we received 24 media enquiries over this period including impact of alcohol and drugs on A&E admissions, BBC Tracker results and preparations for winter pressures.

Social Media impact - The L&D now has over 4200 followers on Facebook and 2900 followers on Twitter. The team has created a structured schedule for posts to include weekly job posts and useful health information, as well as specific L&D messages around screening, services offered, events and staff/team achievements.

Internal Communications and Events – Staff briefing sessions and the staff engagement events are building in support and there is positive feedback from staff

about the content. Staff awards are well received and managers are giving very positive feedback about the staff that get nominated.

L&D's 80th

Preparations for the L&D's 80th are ongoing and activities (service of celebration, food stalls, L&D choir, memorabilia, L&D's 80th Exhibition) will all take place at the L&D on Thursday 14th February.

FUNDRAISING/ CHARITY:

Between the period of 1st April and January 2019, the charity has received over 500 donations totalling £1.15m

- We currently have 3 legacies due in totalling £160,000.
- We are outstanding the donation for the naming rights £275,000
- Christmas; over 800 presents for patients donated, lights campaign raised over £4000, with many external pantomime and sporting groups attending.
- Helipad pledges outstanding £1.6m.
- Major donor, Gala celebration event to raise funds for the helipad on Saturday 18th May, 6.30pm.
- Current partnerships Luton Town Football Club Supporters:, Lennons Solicitors, Luton Mayor, Luton Sixth Form College, Dominos, Foxley Kingham, Venture Estate Agents, Bedfordshire Chamber of Commerce, Caddington Grove Care Homes.

20. POLICIES & PROCEDURES UPDATE

The following Policies & Procedures were approved during November and December 2018 and January 2019:

S15 Skin Surveillance Policy
S30 Small Appliance Policy
F02 Fire Safety Policy
107 Information Governance Strategy
I13 Policy for Adverse Incident Reporting and Investigation of incidents
E11 E-Rostering Policy (Non-Medical)
E14 Emergency Preparedness, Resilience and Response (EPRR) Policy
H09 Human Tissue Quality Management Policy for Operating Theatres *(previously CG358)*

EXECUTIVE REPORT

QUARTERLY REPORT ON NURSING AND MIDWIFERY STAFFING LEVELS

Quarter 3 – October – December 2018

1.0 Summary of Report

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

This report provides the Trust Board with information regarding staffing levels for **1st October to 31st December 2018**.

Key Points:

- The Trust has maintained an overall staffing fill rate of above 90%. However trend analysis demonstrates difficulties in fill rates over the last 12 months, particularly on day shifts. During Q3 the challenge has been filling HCA gaps, predominately due to an increase in need for enhanced care.
- There has been a marked decrease in the number of RMNs used as the need for this level of observation as reduced, however the need to support enhanced care at HCA level remains continuous.
- There is a continued focus on recruitment of Registered Nurses; the pipeline of overseas nurses has remained consistent.
- As part of NHSI the Trust is engaged with “Developing workforce safeguards” which supports organisations to use best practice in effective and safe deployment and workforce planning. As part of the safe staffing review, the Director of Nursing and Medical Director must confirm in a statement to their board that they are satisfied with the outcome any assessment that staffing is safe, effective and sustainable. Trusts as part of their assessment must ensure three components, evidence based tools (where they exist) professional judgement and outcomes.

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 Shift Fill Rates for the Trust

Consistent with performance in previous quarters, shift fill rates for clinical areas across the Trust demonstrate that safe staffing levels for registered and unregistered Nurses and Midwives have been maintained. This quarter has shown a decrease in the ability to fill Health Care Assistant shifts on days which is linked to an increase in HCA vacancy across the Medicine Division coupled with the use of contingency beds. However there remains challenges in filling enhanced care requirements.

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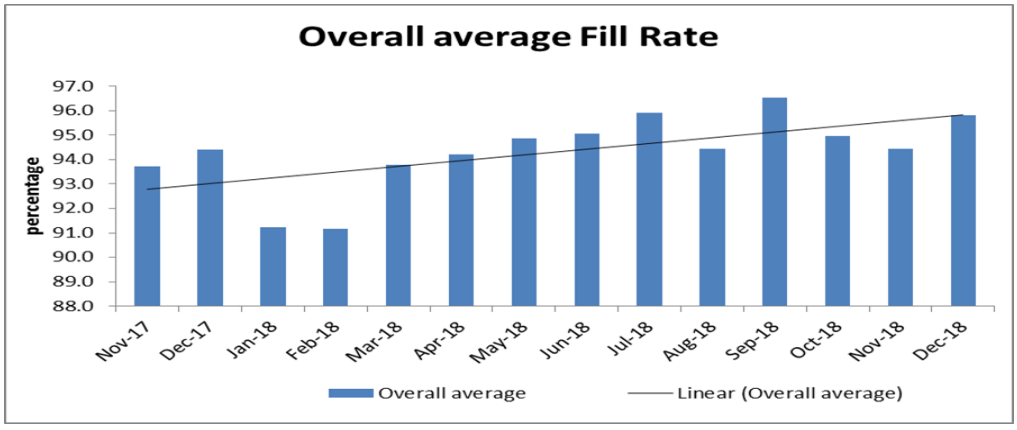
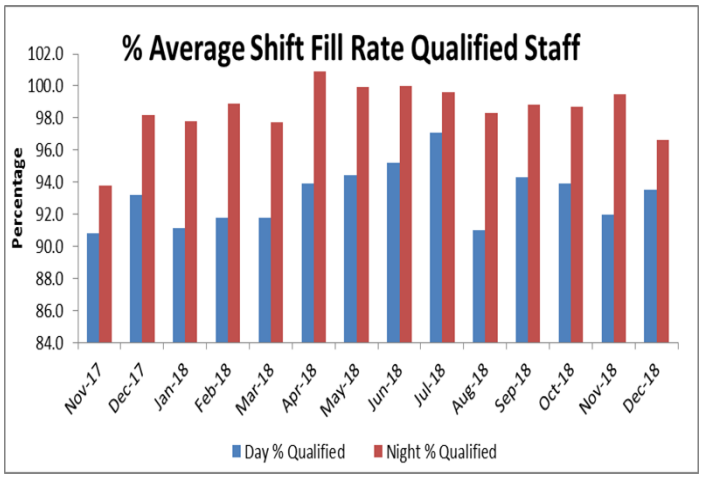
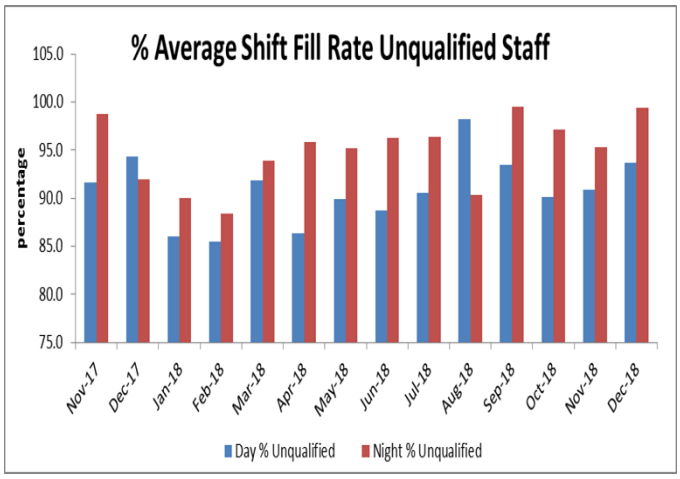
Table 1 AVERAGE SHIFT FILL RATES FOR THE TRUST

Month	Day %		Night %		Overall average
	Qualified	Unqualified	Qualified	Unqualified	
Nov-17	90.8	91.6	93.8	98.7	**93.7**
Dec-17	93.2	94.3	98.2	91.9	**94.4**
Jan-18	91.1	86.0	97.8	90.0	**91.2**
Feb-18	91.8	85.5	98.9	88.4	**91.2**
Mar-18	91.8	91.8	97.7	93.9	**93.8**
Apr-18	93.9	86.3	100.9	95.8	**94.2**
May-18	94.4	89.9	99.9	95.2	**94.9**
Jun-18	95.2	88.7	100.0	96.3	**95.1**
Jul-18	97.1	90.5	99.6	96.4	**95.9**
Aug-18	91.0	98.2	98.3	90.3	**94.5**
Sep-18	94.3	93.5	98.8	99.5	**96.5**
Oct-18	93.9	90.1	98.7	97.1	**95.0**
Nov-18	92.0	90.9	99.5	95.3	**94.4**
Dec-18	93.5	93.7	96.6	99.4	**95.8**







3.0 Staffing Management

The Trust has in place a number of mechanisms led by the Chief Nurse to ensure the delivery of patient care is safe. Staffing is used flexibly across the wards and clinical areas dependent of acuity of patients and staff skill mix. Multi-professional operational meetings occur throughout the day where patient requirements are reviewed and planned for. Actions are taken in accordance with the Trust Safe Staffing policy (2016). This dictates the escalation process when shortfalls occur. It also outlines the risk assessments and communication required.

In order to prepare for winter pressures across the Organisation Ward 5 opened with a robust staffing plan in place. The Corporate nursing team and Matrons worked collaboratively to ensure that a nursing establishment was agreed. A Senior Nurse was appointed; the workforce included substantive nursing staff supported by temporary staff. A 'winter support plan' was developed in order to ensure patient safety and quality of care during the most challenging months, this plan also supports escalation into other contingency beds.

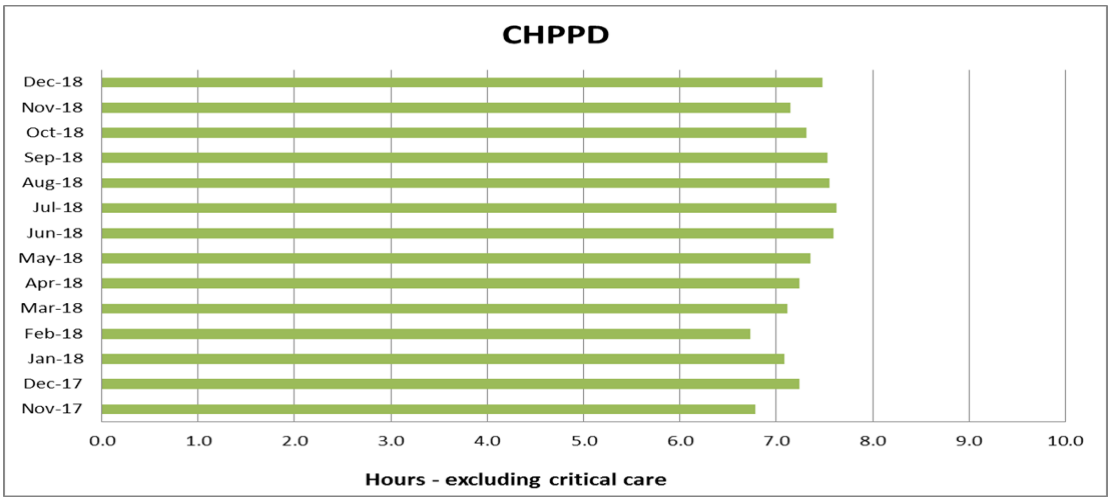
Consistent with the national picture, registered nurse vacancies remain a challenge. We have multiple pipelines for EU and Non-EU and local nurse recruitment. In Q3 we had an increase in qualified nurses starting in post, 28 overseas nurses joined from various overseas campaigns and 28 newly qualified nurses from local recruitment including Bedfordshire University.

4.0 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, Care Hours Per Patient Day (CHPPD) are recorded. CHPPD describes the actual hours worked (both registered and non-registered) divided by the number of inpatients at midnight per month.

There remains no national data for us to compare our CHPPD with. However comparisons with neighbouring Trusts demonstrate that our information is very similar. Dissimilar to the other Trusts, is that we include our maternity and acute medical units in these figures (see table 2). It is felt that this is important in order for us to monitor the CHPPD for these areas over time.

Table 2 OVERALL CHPPD MONTHLY COMPARISONS



5.0 Vacancies and Recruitment Activity

We maintain our focus on recruitment and retention activities across all bands with plans for 2019 underway. A strategic response to the challenges of retention of staff is being implemented in conjunction with the NHSI. This has seen the introduction of 'Itchy Feet' Careers Clinics, during Q3 we have met with 12 members of staff some of which we have supported in moving to other wards/ departments. The Trust continues to attend local schools, university job fairs, jobcentre careers days and academy events to promote the diversity that the NHS can offer in careers.

We remain challenged by the high IELTs mark requirements, but recent NMC review has now provided an alternative English exam called the Occupational English Test (OET). We have commenced a new European nurse pathway that provides in-hospital OET training to these nurses while they work as band 4 pre-registration nurses. At present we have around a 50% pass rate which is consistent with the national picture and a slight improvement on Q2.

We continue to average five international nurses arriving each month. These nurses are now undertaking an accelerated OSCE training programme delivered by our education team. This is required to prepare these staff for their OSCE examination necessary for them to register with the NMC. We are proud to state that we have one of the highest pass rates in England with 99.8%.

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 as per Carter recommendations
- Note that the ability to fill shifts due to short term sickness and vacancies – particularly during the day for RN's and HCA's remains the greatest challenge.
- Note the continued challenges to staffing when contingency areas are open when there is existing staff vacancies on base wards, however there is a robust process in place to ensure that these areas are monitored and that the nursing workforce is supported.

Healthcare worker flu vaccination best practice management checklist – for public assurance via trust boards by December 2018

	Section	Self-Assessment
A	**Committed leadership**	
A1	Board record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated, and for any healthcare worker who decides on the balance of evidence and personal circumstance against getting the vaccine should anonymously mark their reason for doing so.	The Board are committed to achieving maximum uptake by frontline health care workers, and where staff do not wish to receive the vaccine, they are asked to complete a declination form stating their reason. This information is collated by the Occupational Health department, and individuals declining are anonymous to the Trust
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers (1)	Quadrivalent (QIV) flu vaccine was ordered earlier in the year, plus 100 doses of Trivalent for those staff over the age of 65, as recommended
A3	Board receive an evaluation of the flu programme 2017-18, including data, successes, challenges and lessons learnt (2,6)	Report was written to demonstrate achievement of the CQUIN flu vaccine uptake target for 2017/18, detailing achievements and where individuals signed a declination form, reasons why they declined the flu vaccine
A4	Agree on a board champion for flu campaign (3,6)	Board Champion for Staff Health and wellbeing is the Director of HR
A5	Agree how data on uptake and opt-out will be collected and reported	Occupational Health collect data on uptake and opt out, recording this in the individuals occupational Health records
A6	All board members receive flu vaccination and publicise this (4,6)	Board members, have received the vaccination and this was publicised externally via face book and twitter and internally via newsletters and emails
A7	Flu team formed with representatives from all directorates, staff groups and trade union representatives (3,6)	The flu team has been members of the Occupational Health department, The Trust should investigate the value of having peer vaccinators for the 2019/20 flu vaccine season
A8	Flu team to meet regularly from August 2018 (4)	Occupational Health team members discuss uptake on a regular basis
B	**Communications plan**	
B1	Rationale for the flu vaccination programme and myth busting to be published – sponsored by senior clinical leaders and trade unions (3,6)	Myth busting article was published in the Octobers Staff Involvement group newsletter
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper (4)	Drop in clinics regularly advertised via emails, and signage outside the occupational Health department. Messages were placed on payslips for October and November stating the importance of having the flu vaccine, and to attend Occ Health.
B3	Board and senior managers having their vaccinations to be publicised (4)	Board members together with senior Managers who received the vaccination are publicised externally via face book and twitter and internally via newsletters and emails

	Section	Self-Assessment
B4	Flu vaccination programme and access to vaccination on induction programmes (4)	Occupational Health Staff member attends induction and also stat training sessions.
B5	Programme to be publicised on screensavers, posters and social media (3, 5,6)	Screensaver has been in place since October.
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups (3,6)	Regular feedback is given to the trust wide audience.
C	**Flexible accessibility**	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered (3,6)	We have not had peer vaccinators, but this does need to be visited in a timely manner for the 2019/20 flu vaccine season.
C2	Schedule for easy access drop in clinics agreed (3)	Staff members have been encouraged to drop into the occ health department, Monday - Friday, between the hours of 8 - 16.30. On a number of occasions the department has been manned from 7 in the morning, in order to catch night workers leaving shift
C3	Schedule for 24 hour mobile vaccinations to be agreed (3,6)	This has not been required in the past, and we do not see it as an issue, as we have no members of staff who solely work night shifts.
D	**Incentives**	
D1	Board to agree on incentives and how to publicise this (3,6)	The Occupational Health department offers a small token each year to encourage staff, the item in question being a branded pen for the last couple of years. Staffs main incentive should be to protect their patients.
D2	Success to be celebrated weekly (3,6)	Uptake is announced on a regular basis by way of email and reporting at meetings such as Infection control, Health and Safety and Board Committee.

Information Governance (IG) Quarterly Board Report
January 2018

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

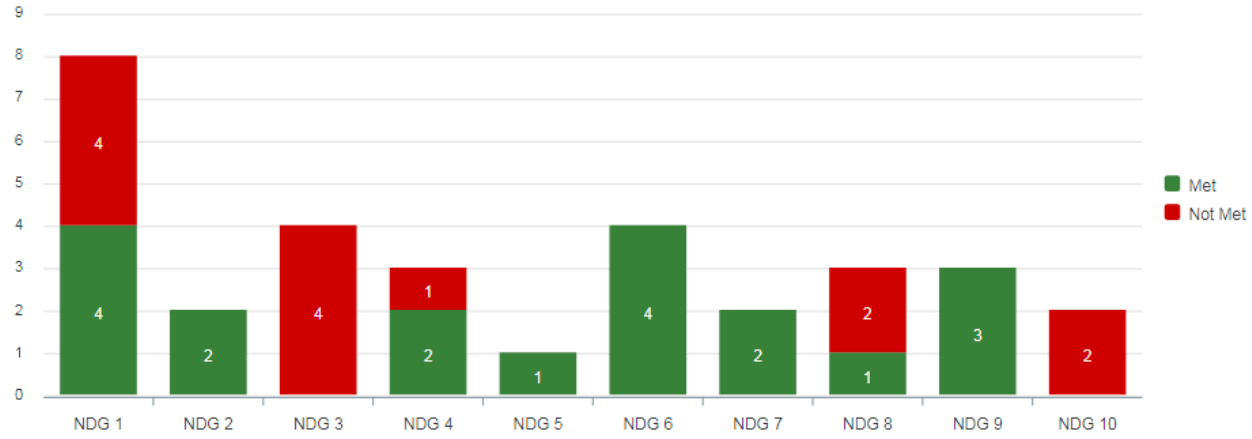
1. Data Security & Protection (DSP) Toolkit

As the toolkit is new and access was granted in July 2018, the Trust needs to fully complete the assertions for the full submission on 30th March 2019. The compliance table below will be updated again at this point, and the Trust continues to make good progress. The owners of each assertion are aware of the deadlines for submissions and the requirements within each assertion which needs to be addressed.

This year has seen an increase in IT security requirements with a focus on Cyber Security in a climate of increased cyber based crime, and the new requirements under the General Data Protection Regulations.

The Trusts has undergone a full audit by PWC last year, and has an onsite audit by NHS Digital, with the Cyber Essentials+ accreditation assessment occurring in May 2019.

Please see dashboard below on our compliance to date.



NDG 1 - Personal Confidential Data
NDG 2 - Staff Responsibilities
NDG 3 - Training
NDG 4 - Managing Data Access
NDG 5 - Process Reviews
NDG 6 - Responding to Incidents
NDG 7 - Continuity Planning
NDG 8 - Unsupported Systems
NDG 9 - IT Protection
NDG 10 - Accountable Suppliers

2. IG Incident Reporting Tool

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

There has been one reported incident (using this tool) for the last quarter.

3. General Data Protection Regulation (GDPR) Progress Update

Progress towards compliance with the requirements of GDPR continues. Areas of compliance currently being or about to be worked on include:

3.1 Data Privacy Impact Assessment (DPIA) –

Data protection impact assessments (also known as privacy impact assessments or DPIAs) are
tools which will help the Trust to identify the most effective way to comply with their data protection obligations and meet individuals' expectations of privacy. An effective DPIA will allow
organisations to identify and fix problems at an early stage, reducing the associated costs and
damage to reputation, which might otherwise occur.

DPIA's are structured risk assessments of the potential impact on privacy for a new or significantly changed process.

Proposals that indicate a risk may still be adopted because it is possible that the risks can be mitigated or that the requirement is vital to the interests of the Trust making some risk acceptable.

Work continues with imbedding the DPIA process within the trust. Completing a DPIA is a prerequisite to any new or significantly changed processing of personal identifiable data and is now a legal requirement.

3.2 Data Flow Mapping & Departmental Information Assets

Achievement of this will require us to identify all Personal Identifiable flows of information both internal and external to/from departments to assess if our current arrangements are robust in the transfer of data and to make sure we are protecting our data in the correct manner.

This has been a requirement under the Information Governance Toolkit for many years, however with the new GDPR this has now become a legal requirement and failure to have detailed information mapping of all the Trusts personally identifiable data flows could leave the Trust open enforcement action/fines from the Information Commissioners Office.

This task is challenging, however a number of project groups have met with members from those areas identified as being most likely to have complex data flows, such as Radiology and Pathology, and meetings with directorates have occurred to gather or revalidate existing flow maps. This needs to be an ongoing exercise as Flows are subject to change, with contract and service developments going forward. Extensive communication and awareness needs to be maintained to ensure compliance.

4. Shared folders/access controls

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

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

One action that needs to be prioritised is establishing clear and secure user access to any data that the organisation holds. Without a clear option to audit the share drive user access and the controls surrounding it leaves The Trust extremely vulnerable. Our security partners Occamsec are currently on site performing an audit of folder structures, access history and subject matter.

5. Subject access requests

Overview : -

- Individuals have the right to access their personal data.
- This is commonly referred to as subject access.
- Individuals can make a subject access request verbally or in writing.
- The Trust has one month to respond to a request.
- The Trust cannot charge a fee to deal with a request.

The right of access, commonly referred to as subject access, gives individuals the right to obtain a copy of their personal data as well as other supplementary information. It helps individuals to understand how and why we are using their data, and check we are doing it lawfully. We receive many requests in the Trust.

Medical Records
The Trust continues to see an increase in requests for medical records and is currently receiving in the region of 500 a month from Solicitors and patients. A further number of requests are received by Police, Courts, Council and other professional bodies.

Other Documentation
Other information can be requested under a subject access request. Individuals are entitled to request Information such as; emails, personal files, complaint files, etc. Any information which holds their personal data.

There needs to be ongoing training and communication to all staff with regard to the safe and acceptable use of email for Trust business. An email can be recalled and used in a court of law, so there is a duty of care to our staff to ensure they are properly inducted in this to support good practice adoption, and maintenance of the Trusts reputation.

6. Mandatory IG Training

The Trust is working to align all of the subjects that make up the mandatory training programme, with Skills for Health, who mandates the frequency of IG Training at every two years.

It must be highlighted to the Trust Board that this may result in non-compliance with the DataProtection & Security (DPS) Toolkit Assertion for IG Training which requires annual IG Training.

Bedfordshire, Luton and Milton Keynes

Integrated Care System

Central Brief: January 2019

Issue date: January 2019

News

NHS Long Term Plan

The NHS Long Term Plan was published on the 7th January and can be viewed here in full.

The plan endorsed the Integrated Care System (ICS) way of working and said that it wants all parts of an England to have an ICS by 2021. The focus now is not on how well individual organisations do, but how they contribute to an effective health and care system. It's great that in BLMK we already have the ICS in place, having been chosen as one of the first ten ICSs.

Many of the core elements of the long term plan, such as the creation of primary care networks (bringing together GP practices with community, mental health and social care staff) and the expansion of social prescribing are key programmes that we have been focusing on in BLMK in 2018/19. We are currently carrying out a gap analysis to identify where current initiatives will enable us to meet the long term plan commitments, where we will need to increase or accelerate work and where new programmes are needed.

Long Term Plans for our System

BLMK is now developing its own longer term plans which will be submitted in Autumn 2019. The CEOs of the partner organisations have agreed that the best way to do this is to create long term plans at place (i.e. for Bedford Borough, Central Bedfordshire, Luton and Milton Keynes), recognising the different needs of our constituent Local Authority areas. These can then be aggregated into a BLMK plan, identifying where there are opportunities for doing things once to make best use of resources.

Director of Resourcing

Lesley Macleod has joined the Integrated Care System as Director of Resources, taking over from Sophia Aldridge who is on a career break. Lesley has extensive finance and ICS experience, having recently worked in the Greater Manchester and Suffolk systems. She also knows the area well having previously been Chief Finance Officer at Milton Keynes CCG.

GP Practices Free Up 3,000 Extra Patient Appointments Through Primary Care Network

GP practices in Luton have worked together to provide more than 3,000 extra appointments a year including halving the number of appointments lost due to patient non-attendance.

As well as freeing up appointments, the Primary Care Network (PCNs) model has led to friends and family satisfaction with services being positive nine times out of ten, while complaints have fallen by 12 per cent and £50,000 has been saved.

A new video from NHS England shows Luton patients benefitting from the PCN as part of the Bedfordshire, Luton and Milton Keynes Integrated Care System.

In Luton's PCN, groups of GP practices pool their skills and resources to provide patients with access to more health professionals including GPs, pharmacists, paramedics, physicians associates and specialist doctors.

They can treat patients for a wide range of illnesses, ensuring they see the right person from the start and freeing up the GPs to spend more time with patients who have complex needs.

Transforming cancer services

In 2018, BLMK helped to deliver new tools to GP practices to aid early diagnosis of bowel cancer, improve communications between hospitals and GP practices, improve the treatment of prostate cancer and improve packages of care and support for patient's living with and beyond cancer. Furthermore, BLMK is working with cancer alliance colleagues to develop a one-stop shop for cancer diagnosis and care in BLMK - an initiative that has already been working well for urological cancer care in Luton since 2015.

Catching it early

Early diagnosis is a key to improving survival rates from many of the more common cancers. In BLMK, the funding is allowing partner organisations to work together to introduce FiT testing in primary care as well as developing innovative one-stop shop diagnostics for urological cancers.

FiT stands for Faecal Immunochemical Test. It is a type of faecal occult blood test which uses antibodies that specifically recognise human haemoglobin (Hb) and is used as a diagnostic test for suspected lower gastro intestinal (GI) cancers, with a view to identifying more patients at risk of colorectal cancer with otherwise low-risk symptoms.

It is hoped that by enabling GPs access to FiT it will help patients visiting their GP with symptoms to find out much quicker if cancer can be ruled out before they go onto a cancer pathway.

To support the roll out of FiT testing and ensure GPs across BLMK understood the test, how to advise patients and why this new test is important a short video was produced. This can be viewed here. In addition, a new leaflet was also produced to help patients understand the test and what they need to do.

Funding agreed for key new facilities

In December, BLMK learnt that two proposed schemes submitted for Wave 4 funding from NHSE had been approved – a new stroke unit based at Bedford Hospital and a pathway unit at Milton Keynes University Hospital.

The centralised stroke unit will help stroke survivors to achieve a good quality of life and maximise independence, well-being and choices. This new model of care will enable people to reach and maintain their optimal physical, sensory, intellectual, psychological and social functional levels. Rehabilitation provides disabled people with the tools they need to attain independence and self-determination. The model is built on the premise that rehabilitation should begin as soon as possible after a person has a stroke, and continue for as long as is clinically appropriate, to ensure the best possible recovery.

The new £9.9m Pathway Unit will incorporate an ambulatory assessment unit and a frailty unit designed to reduce admissions to the hospital, provide better integrated care supported by clinicians from primary care and the community. This will both manage the direct referrals from primary care into a frailty assessment service as well as improving the flow of complex patients presenting to A&E who may not need to be admitted. Overall it should better meet the needs of the ageing population in Milton Keynes. The unit will be located next to the Trust's A&E, but is expected to form part of a network of primary care hubs across Milton Keynes.

Opportunity

Secondment opportunity at Central Bedfordshire Council

An exciting secondment opportunity has arisen for a Project Manager. Salary (£36,363 – £41,007 per annum pro rata)

This position lasting to November 2019 will form part of the Service Development Team responsible for delivering services to the Social Care Health & Housing Directorate in relation to project management, business analysis and change and communication management.

Supporting the Head of Service for Integration, the post holder will be responsible for delivering a diverse range of projects in support of the Integration and wider transformation agenda across the Social Care Health & Housing Directorate and with key NHS partners. For more information see the job description **here.**

If you are interested please contact: Tolly Arbury or Patricia Coker

Next Generation GP

We are proud to announce the details of our very own **Next Generation GP**, starting on the 5 March 2019 for GPs working across Bedfordshire, Luton and Milton Keynes.

This nationally expanding and fully-funded programme seeks to inspire emerging future leaders in General Practice, and this year is no exception, with a fantastic line up of workshops and interviews by foremost leaders in healthcare as shown below. The programme will consist of 5 evening events, held at Rufus Centre, Flitwick and a meal will be provided. See full details within the flyer attached, application information and follow the links within to apply or read more about our chosen speakers.

Next Generation GP aims to:

· ENERGISE: through access to the stories, perspectives and expertise of inspiring leaders at the forefront of primary care.
· ENGAGE: through a supportive network of like-minded Trainees and early-career GPs
· EMPOWER: through a series of workshops to increase your ability for shaping care within and beyond your organisation.

Please note applications need to be submitted by Friday 22 February, so please act quickly and do spread the word with GP colleagues who may want to take part in this fantastic opportunity.

The application form can be found here - Bit.ly/NGGPFlitwickapply

Applications are open from Wednesday 30th January and close at 5pm on Friday 22nd February. If you have any questions, please email: nextgenerationgp@gmail.com

Engagement

Staff engagement events

Last year, a new website was created for all staff across BLMK. Throughout the year opportunities to learn and upgrade your skills are available. To find out more visit the dedicated website.

Changing the relationship between public servant and person; between citizen and state

When: 19 February, 9am to 4.30pm
Where: Milton Keynes Academic Centre - Milton Keynes Hospital, Standing Way, Eaglestone, Milton Keynes, MK6 5LD

Come and hear about these original and innovative perspectives and consider what this means for revolutionising relationships between public services and residents within our 4 places:

Donna Hall: Chief Executive of Wigan Council will come and share the experiences of the Wigan Deal; a community-based demand-management social experiment. It's not a project or pilot. It applies just as much to the chief executive of Wrightington, Wigan and Leigh NHS Foundation Trust as it does to the leader of the council, the chief police officer and the GP chair of our CCG, and all our staff working across the borough. As a result Wigan people are among the happiest in the UK. Council tax has been kept low for the last five years, while outcomes for people have improved. Looked-after children numbers are reducing year on year. Adult social care made a surplus last year – one of the few not to be in an overspending crisis. Wigan have one of the lowest levels of delayed transfers of care and the only "Outstanding" CQC reablement service. And both the hospital and council are rated by staff as the best organisations to work for in their sectors. Donna retires at the end of February so this is the last opportunity to learn from her experiences. You can get a taster of Wigan's experience here.

Ben Collins: Projects Director, Policy, Kings Fund. Sharing learning and evaluation from Montefiore Health System; a 'safety net' health system in the heart of the Bronx, which has found ways of helping even the most deprived, while contributing to the recovery of a struggling community. It has done so, in large part, by stepping beyond the bounds of conventional health services.

To keep up to date with latest news

Follow us at: @BLMK_STP www.blmkstp.co.uk

Priority 7DS Clinical Standards

Clinical standard	Self-Assessment of Performance	Weekday	Weekend	Overall Score
Clinical Standard 2: All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital.	Provide a brief summary of performance against this standard, highlighting any areas for improvement in the case of non-compliance Compliance agaist this standard in April 2018 ranged between 64-81% during the week and 70% at the weekend with the overall compliance being 70%. When broken down by Division it is clear that the area requiring most improvement is Surgery with 42% compliance, Paediatrics with 73% compliance and Medicine 81% compliance. It is anticipated that any future audits will be done prospectively from the take list, and look at compliance by speciality. To enable a realistic sample size of the differing specialities, audits may need to cover an extended timeframe. It is envisaged that this methodology will assist with ownership of the data and enable more accurate patient sampling. Following the spring audit, services will asked for pathway redesign plans to ensure 90% compliance reached.	No, the standard is not met for over 90% of patients admitted in an emergency	No, the standard is not met for over 90% of patients admitted in an emergency	Standard Not Met

Clinical standard	Self-Assessment of Performance		Weekday	Weekend	Overall Score
Clinical Standard 5: Hospital inpatients must have scheduled seven-day access to diagnostic services, typically ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and microbiology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week: • Within 1 hour for critical patients • Within 12 hour for urgent patients • Within 24 hour for non-urgent patients	Q: Are the following diagnostic tests and reporting always or usually available on site or off site by formal network arrangements for patients admitted as an emergency with critical and urgent clinical needs, in the appropriate timescales?	Microbiology	Yes available on site	Yes available on site	Standard Met
		Computerised Tomography (CT)	Yes available on site	Yes available on site	
		Ultrasound	Yes available on site	Yes available on site	
	Provide a brief summary of performance against this standard, highlighting any areas for improvement in the case of non-compliance. The Trust is compliant against this standard	Echocardiography	Yes available on site	Yes available on site	
		Magnetic Resonance Imaging (MRI)	Yes available on site	Yes available on site	
		Upper GI endoscopy	Yes available on site	Yes available on site	

Clinical standard	Self-Assessment of Performance		Weekday	Weekend	Overall Score
Clinical Standard 6: Hospital inpatients must have timely 24 hour access, seven days a week, to key consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear written protocols.	Q: Do inpatients have 24-hour access to the following consultant directed interventions 7 days a week, either on site or via formal network arrangements?	Critical Care	Yes available on site	Yes available on site	Standard Met
		Interventional Radiology	Yes available on site	No the intervention is only available on or off site via informal arrangement	
		Interventional Endoscopy	Yes available on site	Yes available on site	
		Emergency Surgery	Yes available on site	Yes available on site	
	Provide a brief summary of performance against this standard, highlighting any areas for improvement in the case of non-compliance. The Trust is compliant against this standard with the exception of interventional radiology for which only informal arrangements exist. The STP secondary care services transformation board has been trying to identify a local network plan, but this has so far not been successful. This remains a high risk area for the Trust. Access to PCI - if patients attend in hours or in our in-patient bed base PCI procedure is available on site - for OOH this would activate primary PCI pathway and go to PCI	Emergency Renal Replacement Therapy	Yes available on site	Yes available on site	
		Urgent Radiotherapy	Yes available on site	Yes available on site	
		Stroke thrombolysis	Yes available on site	Yes available on site	
		Percutaneous Coronary Intervention	Yes available on site	Yes available on site	
		Cardiac Pacing	Yes available on site	Yes available on site	

Clinical standard	Self-Assessment of Performance	Weekday	Weekend	Overall Score
Clinical Standard 8: All patients with high dependency needs should be seen and reviewed by a consultant TWICE DAILY (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least ONCE EVERY 24 HOURS, seven days a week, unless it has been determined that this would not affect the patient's care pathway.	Provide a brief summary of performance against this standard, highlighting any areas for improvement in the case of non-compliance. The Trust is compliant for the twice daily reviews both during the week and at the weekend. The Trust is compliant with once daily reviews during the weekday (92% overall), however at the weekend the Trust is only 69% compliant. Compliance therefore needs improving at the weekend. Compliance with once daily reviews needs to be broken down to speciality level and focus on weekend compliance which will potentially help to highlight staffing shortfalls and influence current practice at the weekend. There needs to be clearly defined expectations about what is 'asked of' consultants covering on call shifts at the weekend. Then the audit process can be set up to monitor against those standards/expectations. If the audit show there are clinical areas not meeting those standards, the rationale for non compliance with those standards can be explored and the situation rectified.	Once daily: Yes the standard is met for over 90% of patients admitted in an emergency	Once Daily: No the standard is not met for over 90% of patients admitted in an emergency	Standard Not Met
		Twice daily: Yes the standard is met for over 90% of patients admitted in an emergency	Twice daily: Yes the standard is met for over 90% of patients admitted in an emergency	

7DS Clinical Standards for Continuous Improvement

Self-Assessment of Performance against Clinical Standards 1, 3, 4, 7, 9 and 10
Provide a brief overall summary of performance against these standards, highlighting areas where progress has been made since 2015: Standard 1: Patients, and where appropriate families and carers, must be actively involved in shared decision making and supported by clear information from health and social care professionals to make fully informed choices about investigations, treatment and on-going care that reflect what is important to them. This should happen consistently, seven days a week. Response: In April 2018 survey compliance with provision of diagnosis management plan and prognosis within the first 48hrs was 68% and specific weekend compliance was 70%. Outside of 48hrs compliance was 32%. It is considered that this is due to documentation by medical nursing and discharge coordinators and an improvement workstream has been set up. For the 19/20 annual planning round specialties will be expected to commit to sevice redesign to ensure compliance against the 90% standard. Standard 3: All emergency inpatients must be assessed for complex or on-going needs within 14 hours by a multi-professional team, overseen by a competent decision-maker, unless deemed unnecessary by the responsible consultant. An integrated management plan with estimated discharge date and physiological and functional criteria for discharge must be in place along with completed medicines reconciliation within 24 hours. Response: Since 2015 there is an expectation that the Trust is compliant with the provision of an integrated management plan for each patient. Assessment against this standard will be audited in spring - summer 2019. Compliance with medicine reconciliation is currently 60% having improved from 20% in 2015 through deployment of additional clinical pharmacy resource; the Trust will continue to ensure that appropriate level of medicine's reconciliation is occurring in the high risk pathways. Standard 4: Handovers must be led by a competent senior decision maker and take place at a designated time and place, with multi-professional participation from the relevant in-coming and out-going shifts. Handover processes, including communication and documentation, must be reflected in hospital policy and standardised across seven days of the week. An improvement workstream will be initiated as part of the Trust's GDE programme, which introduces a new system for electronic 'take' and 'tasking' and so supports effective handover. The roll out of these modules is anticipated to commence in April 2019 .

7DS and Urgent Network Clinical Services

	Hyperacute Stroke	Paediatric Intensive Care	STEMI Heart Attack	Major Trauma Centres	Emergency Vascular Services
Clinical Standard 2	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust
Clinical Standard 5	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust
Clinical Standard 6	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust
Clinical Standard 8	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust

Assessment of Urgent Network Clinical Services 7DS performance (OPTIONAL)
Provide a brief summary of issues in cases where not all standards are met.

Template completion notes

Trusts should complete this template by filling in all the yellow boxes with either a free text assessment of their performance as advised or by choosing one of the options from the drop down menus.

LUTON & DUNSTABLE UNIVERSITY HOSPITAL

BOARD OF DIRECTORS

Agenda item	8	**Category of Paper**	Tick
Paper Title	Performance Reports	**To action**	☐
Date of Meeting	6 February 2019	**To note**	☒
Lead Director	1. Liz Lees, Chief Nurse / Cathy Jones, Deputy CEO / Catherine Thorne, Director of Quality and Safety Governance 2. Matt Gibbons, Interim Director of Finance 3. Angela Doak, Director of Human Resources	**For Information**	☐
Paper Author	As above	**To ratify**	☐
Indicate the impact of the paper: **Financial ☒ Quality/Safety ☒ Patient Experience ☒ Equality ☒ Clinical ☒ Governance ☒**			

History of Committee Reporting & Date	COSQ November 2018 - January 2019, FIP November 2018 – January 2019, Executive Board 29th January 2019	
Links to Strategic Board Objectives	Objective 1 – Deliver Quality Priorities (patient experience, patient safety and clinical outcomes) Objective 2 – Deliver National Quality and Performance Targets Objective 3 – Implement our New Strategic Plan Objective 4 – Develop all Staff to Maximise Their Potential Objective 5 – Optimise our Financial Position	
Links to Regulations/ Outcomes/External Assessments	CQC Internal Audit HSE External Auditors	
Links to the Risk Register	1212 – Agency Costs 1018 – HSMR 1210 – Vacancy rate	650 – Bed pressures 669 – Appraisal 1178 – Finance costs 796 – Inpatient Experience

PURPOSE OF THE PAPER/REPORT

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

To provide a summary of the financial performance of the Trust

SUMMARY/CURRENT ISSUES AND ACTION

The report gives an update on:
1. Quality & Performance
2. Finance
3. Workforce

ACTION REQUIRED

To note the content of the reports.

Public Meeting ☒ Private Meeting ☐

Executive Summary and Headlines:

Quality and Performance Report – December 2018

RAG Key:

	Target attainment – no risks to escalate
	Risk to targets and/or issues identified
	Targets not achieved – issues to escalate

	Topic	Page No.	Internal threshold – in month RAG
1	**Pressure ulcers** The Tissue Viability Team have validated a total of 56 Category 2-4 hospital acquired pressure ulcers for the Quarter. This is an increase of 36% compared to Quarter 2.	**2&3**	
2	**Falls** There was a total of 243 inpatient falls in Quarter 3. The falls rate over 1000 bed days was 4.9 which has slightly decreased from Q2 This is moving towards the external review benchmark recommendation of 4.8. The number of falls that resulted in moderate and above harm has decreased from 13 in Q2 to 6 in Q3. An external falls review has been undertaken and recommendation plans are in place.	**4**	
3	**CAUTI & VTE** Performance against CAUTI and VTE remains consistently good.	**5**	
4	**Infection Prevention and Control and Cleanliness** There was one case of C.Difficile in October and one case in December, bringing the total to 3 cases of C.Difficile for the year to date. 3 wards were closed for a short time due to suspected Norovirus in October.	**6**	
	The High Risk category areas have failed to achieve the required standard in Quarter 3. As a result, Engie have assigned extra supervision to address some of the poor scoring wards.	**7**	
5	**Cardiac Arrest Rate** The rate of cardiac arrests continues to trend downwards and remains consistently below the same period the previous year.	**8**	
6	**Incidents and serious Incidents** During Q3 7 serious incidents were declared (1 in October, 3 in November and 3 in December). There are currently 7 incidents categorised as serious that are open and under investigation, 21 serious incidents have completed investigations but have ongoing actions, and 5 serious incidents are awaiting comment/closure from Luton CCG. The Trust continues to meet its legal duties in respect to Duty of Candour.	**9,10**	
7	**Patient Experience / Complaints** Friends and Family Test response rates have continued to improve for ED and the response and recommender rate has improved for Maternity.	**11, 12, 13, 14, 15**	
	The percentage complaints response within 35 working days was a disappointing 43% in December. The Chief Nurse continues to meet		

	with the Divisions to clear the backlog. An external review of complaint policy and process has been planned for February.		
8	**Mortality** Crude death rate continues on a downwards trajectory with a corresponding improvement in SMR. We expect to see the same trend in SHMR in the next period. **Fractured Neck of Femur** Following the peak in HSMR in the summer, the downwards trend continues after multiple months with lower deaths.	**16,17**	
	Learning from Deaths There were no deaths identified in Quarter 2 for which the SJR was likelihood of avoidability.	**18**	
9	**Cancer** Achievement against all cancer standards in **Q2**. However, the Breast symptomatic pathway 2 week wait performance target was not achieved in October 2018. 8 women breached the symptomatic pathway of a total of 81 referred giving 90.1% performance (target 93%) – 7 of the 8 women rescheduled their appointment at least once during the pathway.	**19, 20, 21**	
10	**Emergency Department performance** The Trust continues to achieve higher than 98% for the 4-hour ED standard. During the quarter there was one 12 hour trolley breach (30th October), for which a root cause analysis has been undertaken.	**22**	
11	**18 Weeks** The Trust successfully delivered the 92% target for patients to be treated within 18 weeks of GP referral as at 31 December 2018. We expect this to be sustained from February 2019 with a slight deterioration expected in January 2019.	**23**	
12	**Stroke** The Jul-Sep 2018 SSNAP report has been published and our overall performance has remained a B rating.	**24, 25**	
14	**Diagnostics** The number of patients waiting over 6 weeks was within the target.	**26**	
15	**Late Cancellations** The Trust has continued to re-date all patients within 28 days of cancellation in November 2018 and the overall number of cancellations has dropped.	**27**	
16	**Length of stay** The Trust has a target to reduce the number of 'super stranded' patients (those staying over 21 days) by 25% during 2018/19 – the ambition target is 72. The extended SitRep went live on 6 wards from 19 November and appears to be supporting the aim to minimise the number of 21 day + patients.	**28**	
17	**Dementia** A plan to address the combination assessments for dementia and delirium are in progress. This will support improvement in the delirium compliance. Compliance with dementia assessments alone is over 90%.	**29**	

Quality & Performance Report

Q3 October, November & December 2018 data

Chief Medical Adviser

Chief Nurse

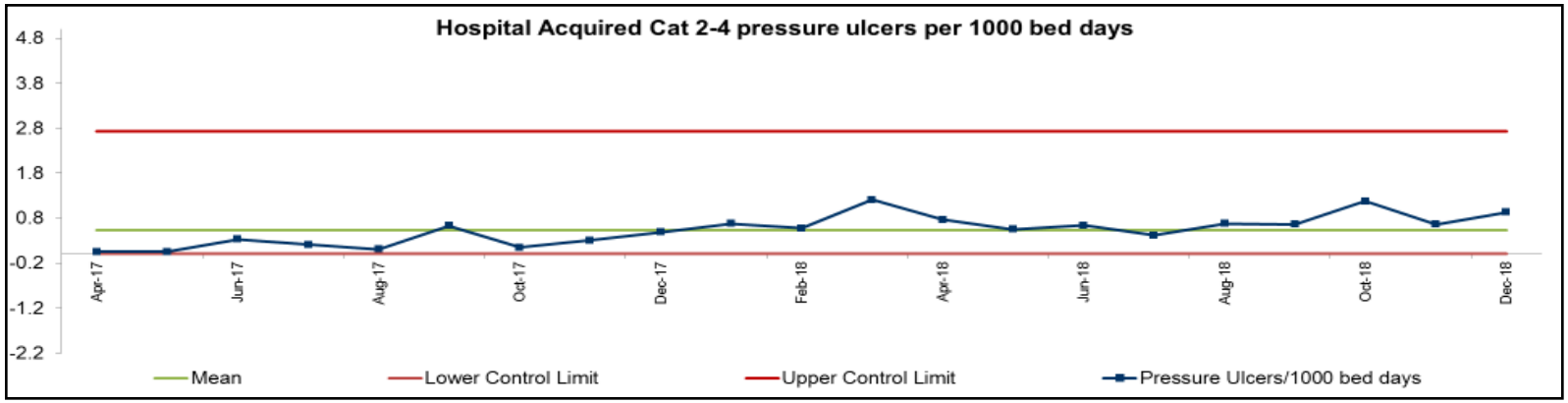
Deputy Chief Executive

Director of Quality

Harm Free Care

Safe | Effective | Caring | Responsive

Pressure Ulcers



Pressure Ulcers Incidence- Quarter 3 2018-2019

In October, November and December there was 23 (17 **Category 2**, 6 **Unclassified Category 3**), 14 (**all Category 2**) and 19 (18 **Category 2** , 1 **Unclassified Category 3**) inpatient hospital acquired pressure ulcers (HAPU), 56 Cat 2-4 pressure ulcers in total. This is an increase of 36% when compared to Quarter 2 with 35 HAPUs. During the reporting period 15 Deep Tissue Injuries (DTIs) were also validated, these are monitored for evolution/resolution until potential damage presents or patient is discharged or dies. Table 1 indicates the anatomical location and the number of device related pressure damage. Of the 56 cat 2-4 pressure ulcers 50 were found to be avoidable, the remaining 6 unavoidable.

	Cat 2	Cat 3	DTI	number of device related PU's
heel	11	3	10	0
Sacrum	13		3	0
Ankle	4	2		3
Leg	5			5
Ear	3	1		4
Thigh	3			3
foot inc toes	1	1	1	1
Other	9		1	7
Total	49	7	15	23

The majority of wards are now completing SSKIN compliance audits on a weekly basis – this information will assist in ensuring improvement work is targeted at the right area/process.

The Tissue Viability Team (TVT) continues in the process of ensuring the recommendations by NHS improvement are embedded across the organisation before the end of March. This includes: incorporating recommendations into training packages and updating pressure ulcer policy. In response to these changes the TVT have planned 11 whole day sessions on pressure ulcer prevention and management of pressure ulcers.

The team are also working collaboratively with Fall, Dementia, and Continence services to deliver Harm Free Sessions focusing on harms reduction and practice improvement.

Harm Free Care

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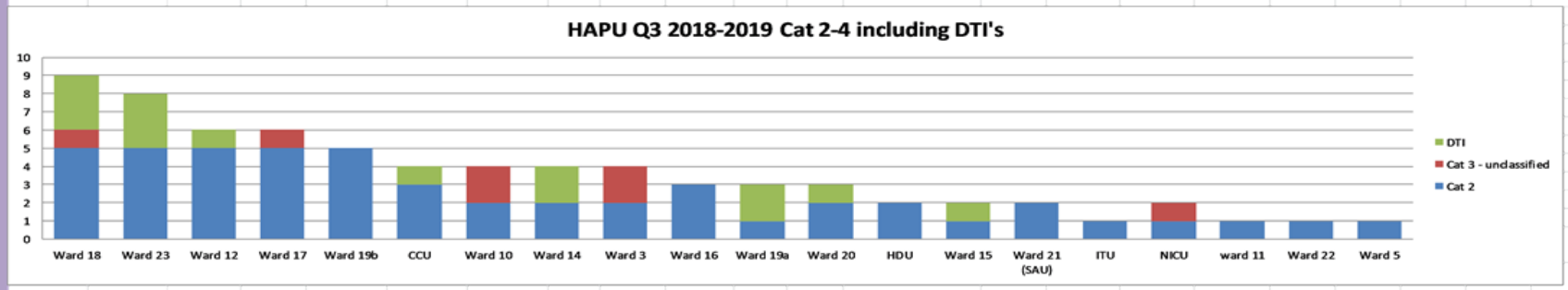
Hospital Acquired Pressure Ulcer Scorecard November 2018 *(last updated 14/12/2018*

Pressure Ulcers

Headline Incidence

Total Number HAPU Q2 Grade 2-4			Total Number HAPU Q2 2-4 Grade			Total number HA sDTI Q2			Total number of patient harmed (inc DTI)			Cumulataive Total HA PU 2018/2019	
8	13	14	22	14	19	7	2	5	24	16	20	Cat 2	114
Cat 2 = 8	Cat 2 = 12 Cat 3 = 1	Cat 2 = 13 Cat 3 =1	Cat 2 = 17 Cat 3 = 6	15 cat 2	18 cat 2, 1 cat 3	3 pt discharged 3 pts with 4 DTI's RIP	2 patient with DTI RIP	1 patient discharged, 1 patient RIP	6pt = 2 harms	1 pt = 2 harms	3pt = 2 harms	Cat 3	13
July	Aug	Sept	October	November	December	October	November	December	October	November	December	Cat 4	1

Incidence:
Grade 2, Grade 3 & sDTI Ulcers



Days since Last pressure Ulcer Cat 2-4 — last updated 01/12/2018

Ward	Days since last PU
Cobham	302
Ward 4 (EAU 2)	273
Recovery 1-6	258
EAU	236
Ward 19a (Haem/Onc	152
Ward 20	84
ITU	67
Ward 3	53
Ward 21 (SAU)	48
Ward 11	35
Ward 5	32
Ward 22	29
Ward 6 (CCU)	28
Ward 17	27

Ward	Days since last PU
Ward 15	26
Ward 19b	26
Ward 19a (Rehab	20
NICU	20
Ward 12	14
Ward 10	8
Ward 18	7
Ward 23	6
Ward 14	20
Ward 16	1
HDU	0

Days since last PU up until 31st December 2018

RAG Key

Green = Ward is Hospital Acquired pressure ulcer free for more than **90 days**

Amber = Ward has had no new hospital acquired pressure ulcers for more than **30 days**

Red = New hospital acquired pressure damage **within last 30 days.**

Learning from Incidents

- bandages **must** be removed on admission and thorough skin check undertaken
- Skin checks around/under medical devices including AES stocking must be checked routienly
- Timely use of preventative aids
- inaccurate skin assessments
- documentation continues to be problematic, lack of evidence surrounding pressure ulcer prevention.

From January 1st :

- All potential /actual pressure ulcers/moisture lesions must be identified within 6 hours of admission and recorded as Present on Admission (POA)
- Pressure Ulcers that has developed due to the presence of a medical device should be referred to as amedical device related PU.
- All deep Tissue Injuries (sDTI) will be included in all reports and days since last PU data
- Unclassidfied Cat 3 ulcers will be recorded seperately (currently incorporated into CAt 3) and will be refferd to as unstagable
- The definition of a "new" pressure ulcer within a setting is that it was first observed within the current episode of care to the organisation . the "72hr rule" will be abandoned
- All incident reports (Datix) must have the patients NHS number not Hospital number

Harm Free Care

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Falls

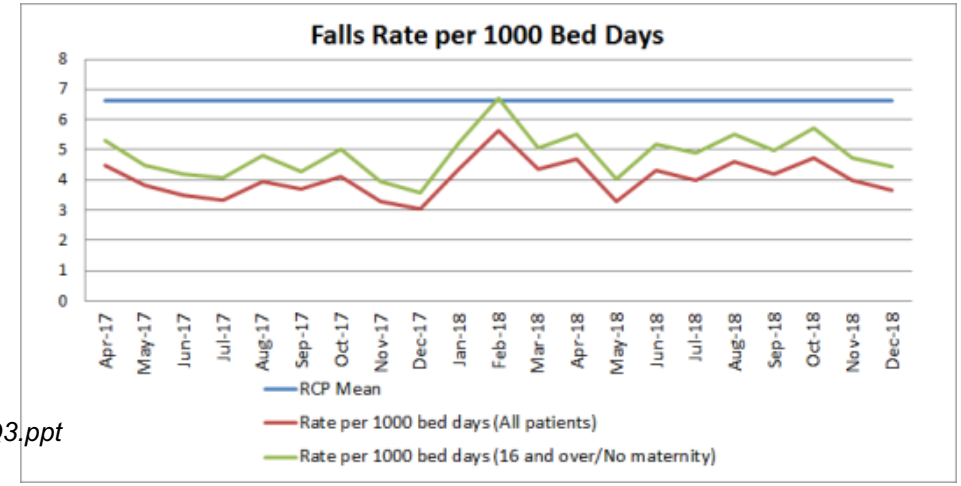
Falls

In **October, November** and **December** there were **93, 79** and **71** inpatient falls respectively (**243** in total). This is similar to **Q2** with **244,** however it is a **14%** increase from **Q3** last year. The falls rate over 1000 bed days has decreased from **Q2** with **4.9** for all patients and **4.1** for the RCP (Royal College of Physicians) rate. This is moving towards the external review benchmark recommendation of **4.8. 35%** of falls were in Complex Medicine with **26%** in Medicine, **19%** in Surgery, **11%** in Emergency Medicine, **4%** in Stroke and the remainder in contingency and Women & Children services.

The number of falls that resulted in moderate and above harm has decreased from **13** in **Q2** to **6** in **Q3.** Of these, **3** resulted in moderate harm injuries that were managed conservatively, **2** patients sustained fractured neck of femur injury that required surgery and **1** patient sustained serious head injury that has been referred to the CCG as a serious incident and is undergoing root cause analysis investigation.

13% of all the falls occurred in toilet/bathroom areas (**32 incidents),** this has decreased from **20%** in **Q2.** A safety audit report of toilet and bathroom areas has been undertaken and work approved. Issues identified include access to call bells and faulty toilet seats. **42** patients with dementia diagnosis fell during the quarter. Enhanced care assessments and use of the "Baywatch" initiative continue across the Trust. Following an external falls review, recommendation plans going forward include development of a dedicated enhanced care team to manage these areas.

The majority of wards are now completing monthly lying and standing blood pressure monitoring audits and link nurses continue to raise awareness on the wards. Training for 2019 will include Harm Free Care training days with Falls, Dementia, Continence and Tissue Viability Nurse Specialists delivering collaborative sessions on harms reduction and practice improvement. The Trust is participating in the Royal College of Physicians audit on Inpatient falls that result in fractured neck of femur. This commenced in January and will be an ongoing audit which will be triggered by National Hip Fracture Database data entry.



Harm Free Care

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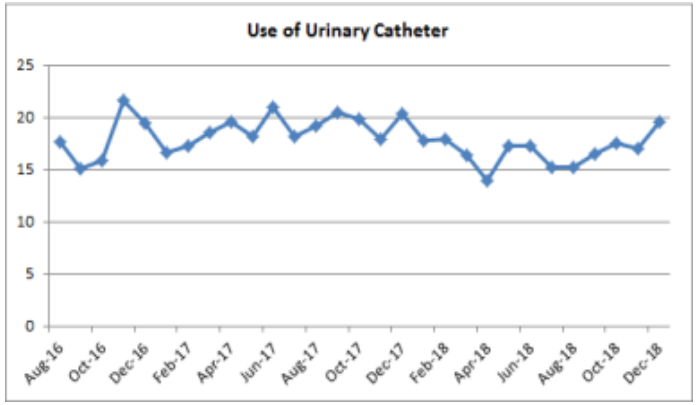
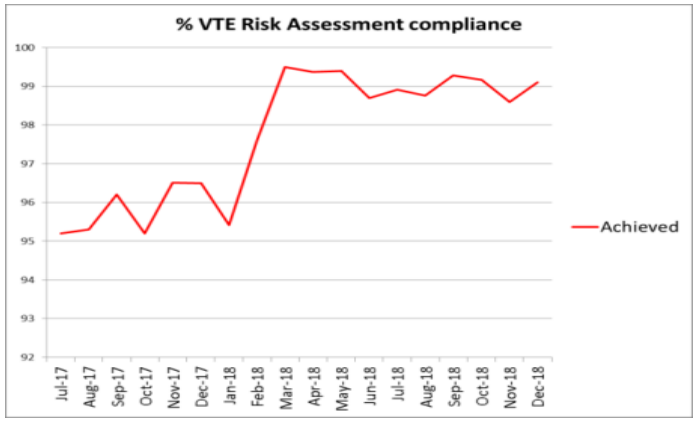
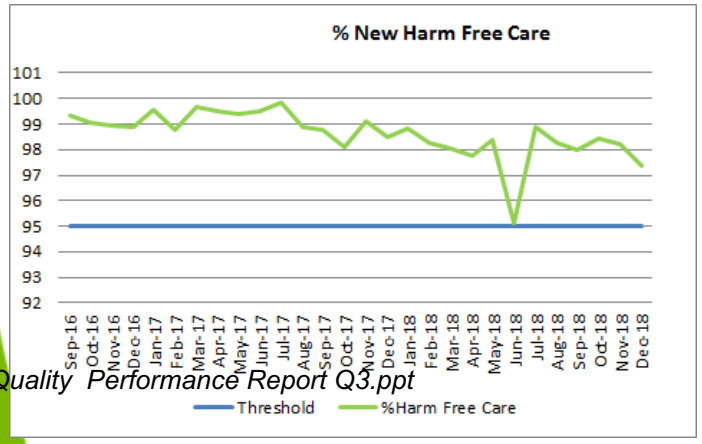
Catheter Acquired UTI

VTE







Use of Urinary Catheters:

During October and November 2018 the number of catheter use averaged 17.5%. However in December usage increased to 19.7%. This corresponds with incidence during December in previous years. It is noted that acuity is often more prevalent in winter months. Urinary retention and input and output remain the main reason for the use of catheters. There are a small number of long term catheters.

In Q3 there were 2 Catheter Associated UTIs (CAUTI) reported (both in November).

At the end of January 2019 a trial will be taking place on all-in-one catheter packs on 3 wards that have reported CAUTIs in 2018. If the results are positive and result in a reduction in these areas then this initiative will be rolled out across the Trust.

VTE Risk Assessment:

In December, more than 99% of patients were VTE risk assessed on admission, the 10th consecutive month where performance has been higher than 98%.

The focus for improvement is to ensure that VTE risk assessments are completed accurately and fully, and re-assessed as patient's condition changes. Analysis of Hospital Associated Thromboses in Q2 has highlighted that incomplete risk assessments and failure to re-assess have been contributory factors.

New Harm Free Care

The Harm Free Care data is sourced through a one day snapshot audit. The Trust has delivered harm free care well above the national expected threshold of 95% for Quarter 3.

Infection Control

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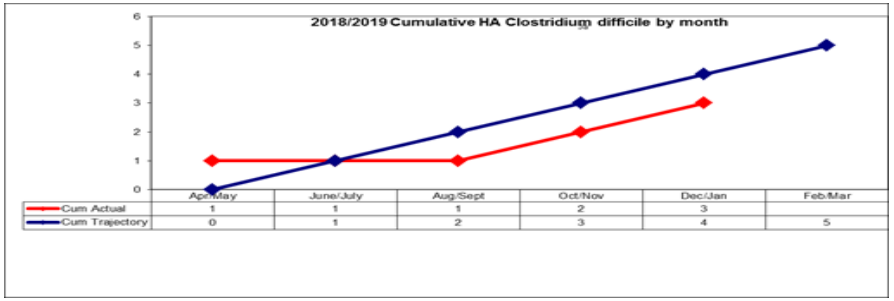
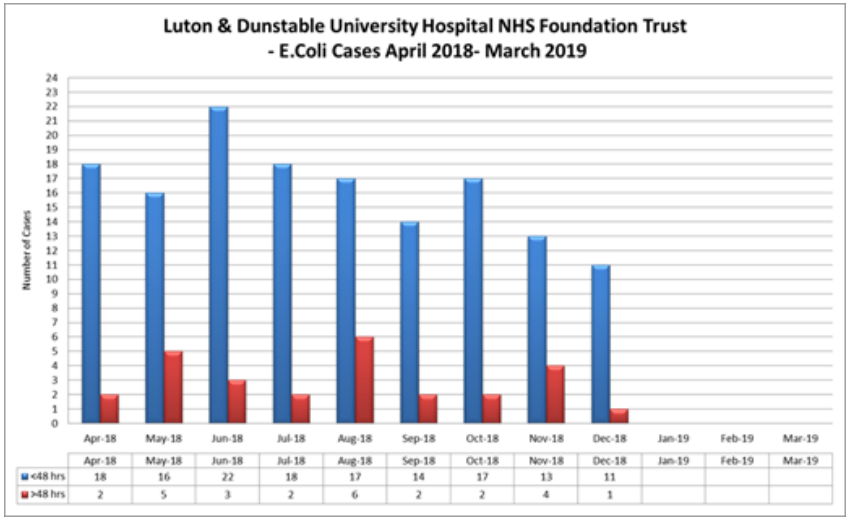
MRSA/C.Difficile/E.Coli

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
C Diff	0	0	2	0	0	0	1	2	1	1	1	1	1	0	1	0	0	0	0	1	0	0	0	0	1	0	1
MRSA	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0
E.Coli							2	2	4	3	0	3	2	0	3	2	2	1	2	5	3	1	6	2	2	4	1





C. difficile – There was one hospital acquired C.difficile case in December – the appeal for the May 2018 case has been unanimously upheld.

MRSA bacteraemia –There were no Hospital Acquired MRSA bacteraemia cases in October, November and December.

E. coli bacteraemia – The largest number of cases continue to be identified on admission with urinary tract through to be the most common primary source of infection.

Hand Hygiene

Seasonal infections: – The Occupational health department is working hard to encourage all frontline staff to take up the offer of vaccination against seasonal Influenza. In October reported cases of RSV (Respiratory Syncytial Virus) and influenza have remained low. There has however been a sharp increase in RSV infections in paediatrics in November. Cases of suspected Norovirus infection were reported on three wards in October. All stool samples tested from affected patients were "negative" for Norovirus.

Hand Hygiene: All wards are aiming to complete the minimum of **50** observed HH opportunities. In December 26 out of 43 wards recorded less than 50 hand hygiene opportunities with the rest recording between 50 and 124 over the month.

Month	Returns	Before patient contact	Before clean/aseptic	After body fluid exposure	After patient contact	After contact with patient surroundings
Sept 2018	925 ▲	89% ▲	92% ▼	97% ▲	91% ▼	85% ▼
Oct 2018	1613 ▲	88% ▼	91% ▼	96% ▼	91% ↔	84% ▼
Nov 2018	1788 ▲	89% ▲	92% ▲	95% ▼	92% ▲	85% ▲
Dec 2018	1700 ▼	89% ▲	96% ▲	96% ▲	93% ▲	84% ▼

Cleanliness

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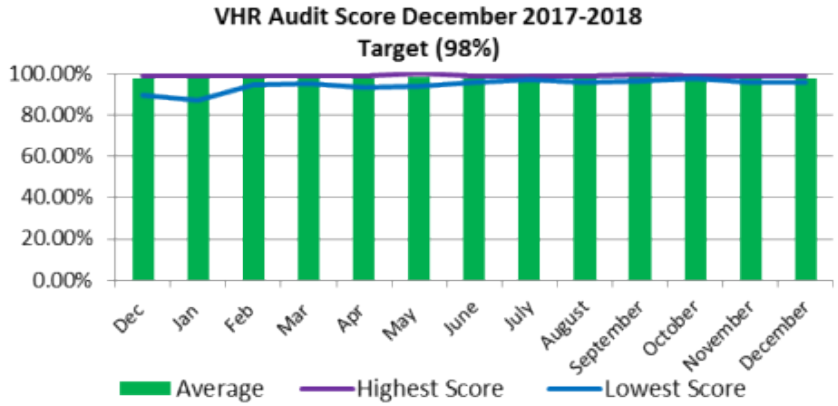
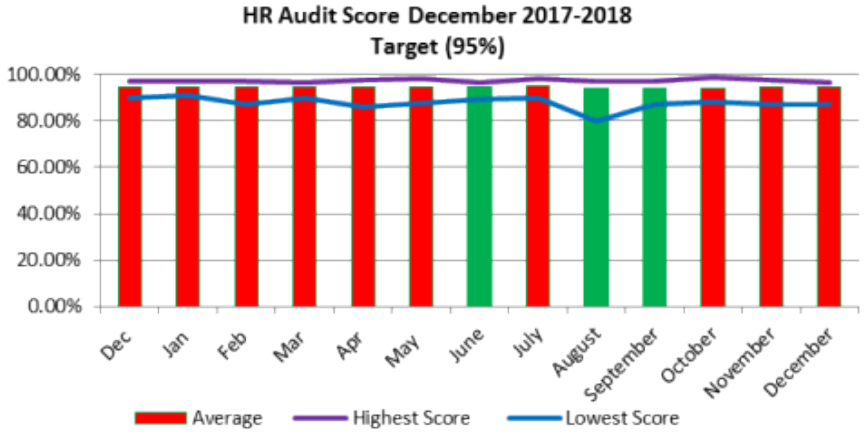
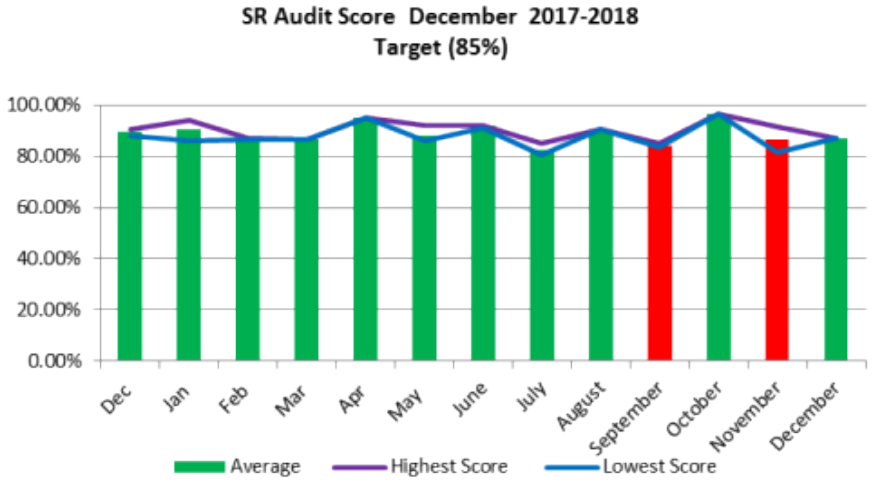
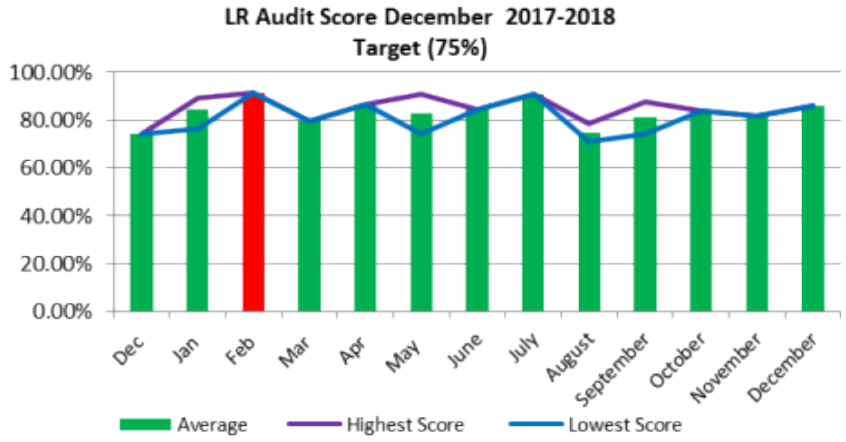
The graphs below show the average audit scores in respect of the cleaning service. Overall the cleaning standard is consistent month on month showing steady improvement. The High Risk category has failed to achieve the required standard in Quarter 3. As a consequence of this, Engle have assigned extra supervision resources to address some of the poor scoring Wards/Department. For December focus was to get all the ward kitchens to standard which hopefully will see an improvement in the January score. With continuing redevelopment works and the winter pressures the Trust monitoring team continues to support with advance notice regarding any planned project works.









Cardiac Arrest Rate

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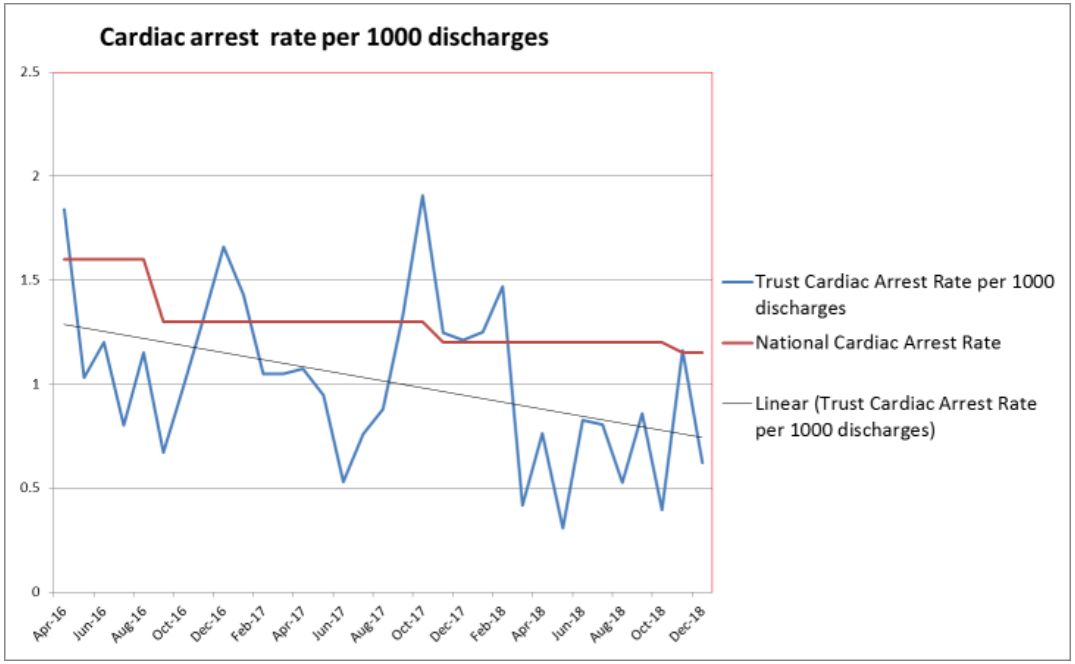


Improving the Management of the Deteriorating Patient

In November and December the cardiac arrest rate continued to trend downwards. Over the last 6 months (July - December) the average cardiac arrest rate has been 0.72 which compares favourably to last year where the rate was 1.22 for the same period.

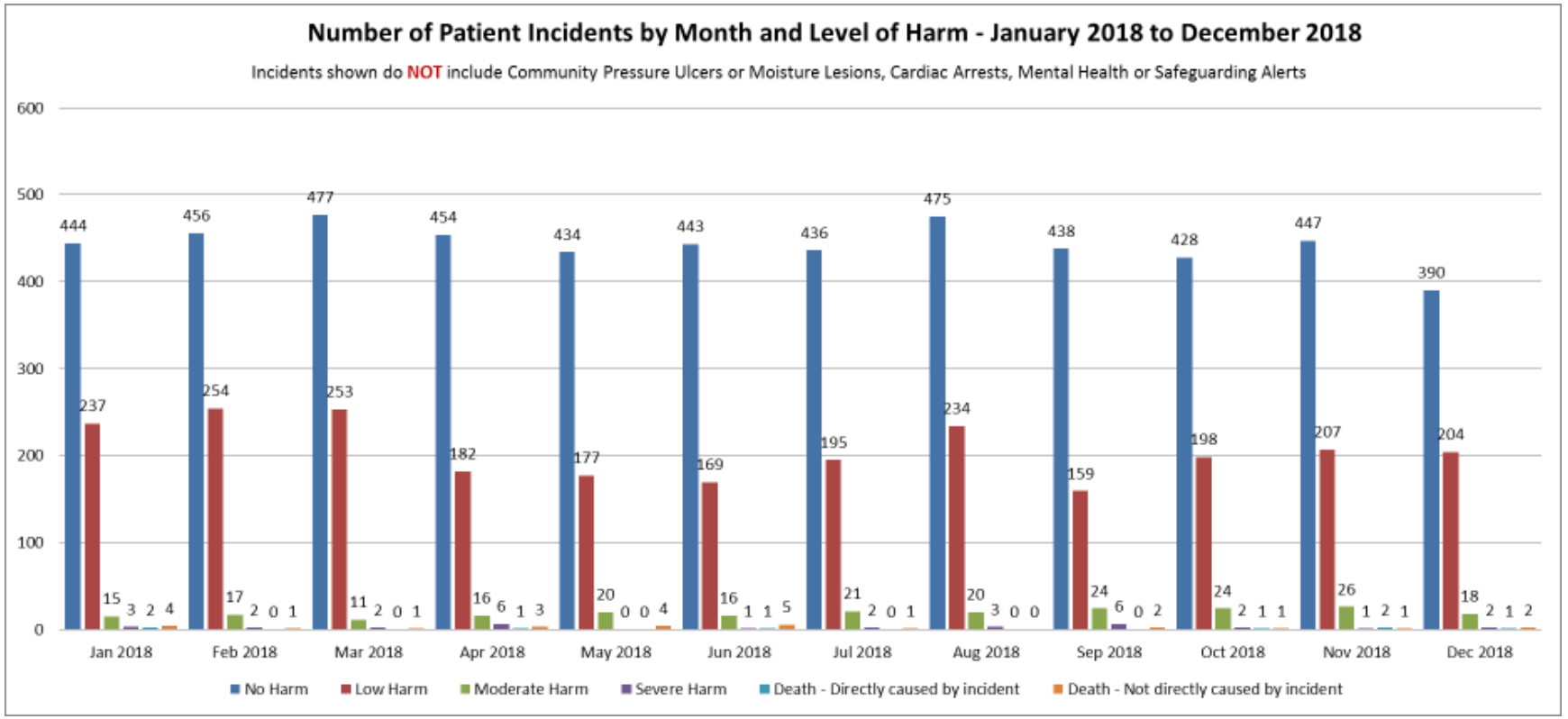
Improvement activities

In recent years the cardiac arrest rate has risen over the winter months. To try to avoid a spike this winter the patient safety team are focusing on ensuring all wards are monitoring patients according to protocols and acting promptly following deterioration to escalate to medical colleagues, to prevent further deterioration. In addition, to ensure that on admission or as soon as deemed appropriate, patients have Treatment Escalation Plans (TEP)s or DNACPR in place where relevant.

Incidents

Safe | Effective | Caring | Responsive

Never events , serious incidents and clinical incidents



Incident investigations: The Risk and Governance Team continuously monitor the status of incidents within Datix including the timeliness of investigations and produce a fortnightly report of outstanding incidents along with a 'handlers' list. This report is sent to divisional management and clinical leads. On 14/01/2019 there were 1817 open incidents, of which 1302 (72%) were overdue this seems to be steadily increasing month on month. Increased by 259 incidents since last month.

Duty of Candour Compliance: A statutory Duty of Candour applies to all patient safety incidents resulting in moderate harm, severe harm or death, where there has been mistake, error or deviation in care or treatment that has resulted in the incident. Data is reported in arrears.

Month	Oct-18	Nov-18	Dec-18
Number	0	2	TBC
Compliance %	100%	100%	TBC

Incidents

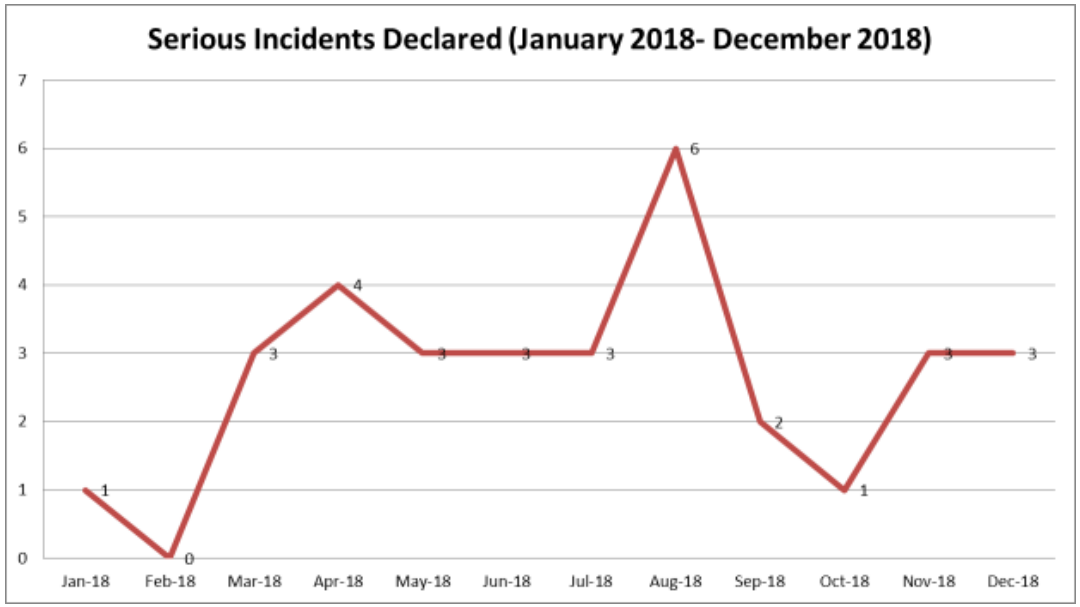
Safe | Effective | Caring | Responsive

Serious Incidents – December 2018

Three serious incidents were reported by the Trust:

- Treatment delay – loss of vision
- Death at home – pulmonary embolism
- Neonatal death

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2016/17	5	4	1	2*	2	1	2	2	0	0	0	3	22*
2017/18	4	7	0	3	6	2	4	2	2	1	0	3	34
2018/19	4	3	3	3	6	2	1	3	3				28



*1 incident in each reported month downgraded by the CCG

At the end of December the Trust had a total of 33 open Serious Incidents:

- 7 incidents under investigation
- 21 incidents had completed investigations but had ongoing actions
- 5 incident was awaiting comment/closure from Luton CCG

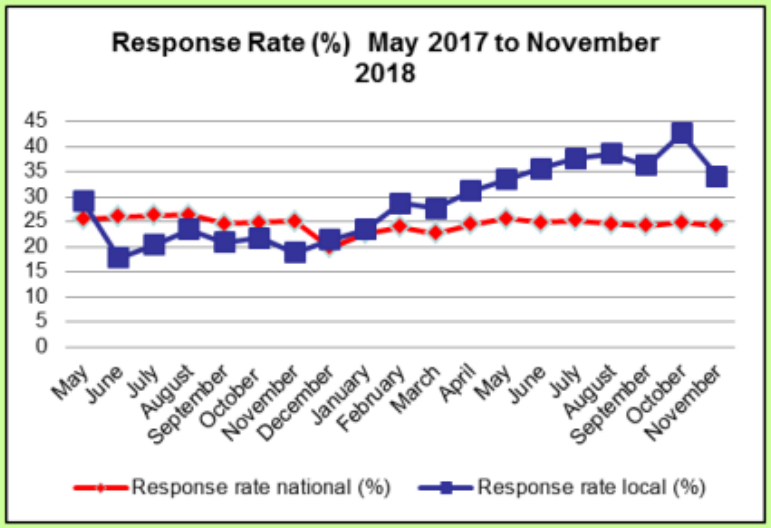
Never events , serious incidents and clinical incidents

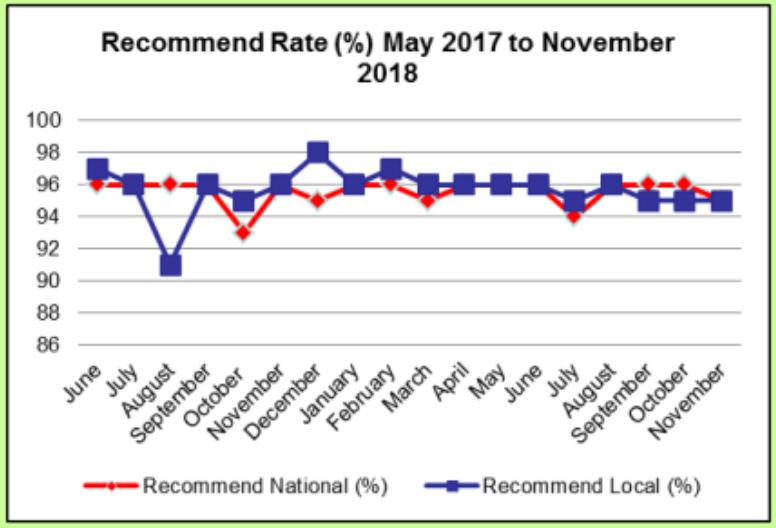
Patient Experience

Safe | Effective | **Caring** | Responsive

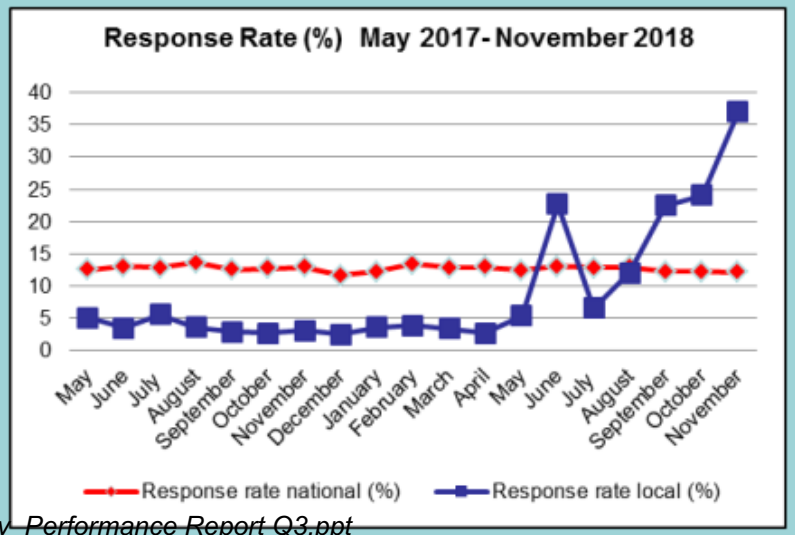
The Friends and Family Test (FFT) scores are published each month by NHS England enabling benchmarking against other Trusts in England. The FFT asks the question ***'how likely are you to recommend our service / ward / birthing unit to friends and family if they need similar care and treatment'.*** *The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

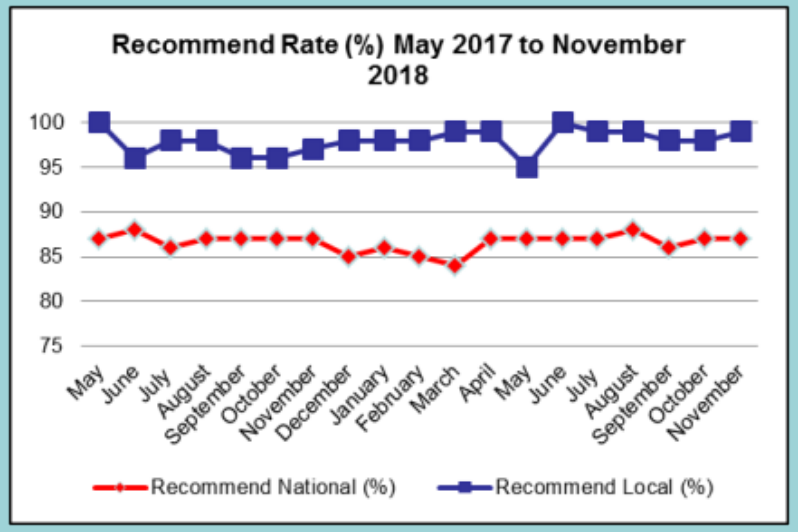
Inpatients





Emergency Department





Patient Experience

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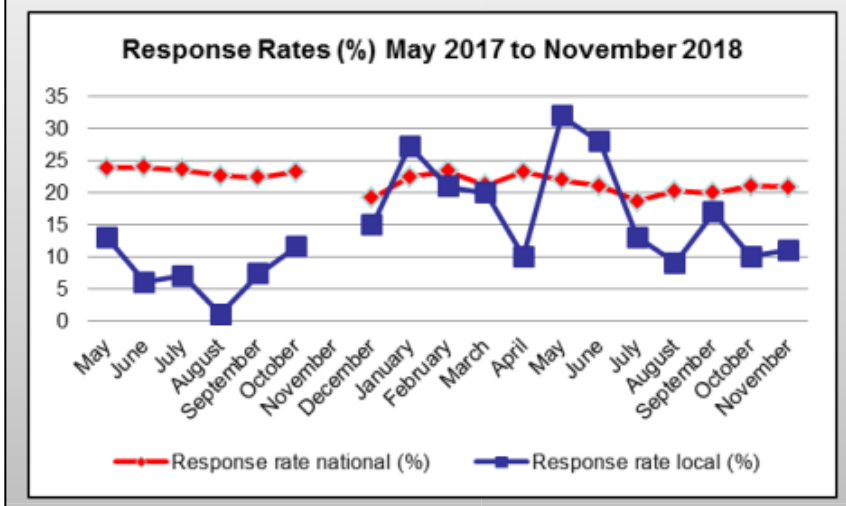
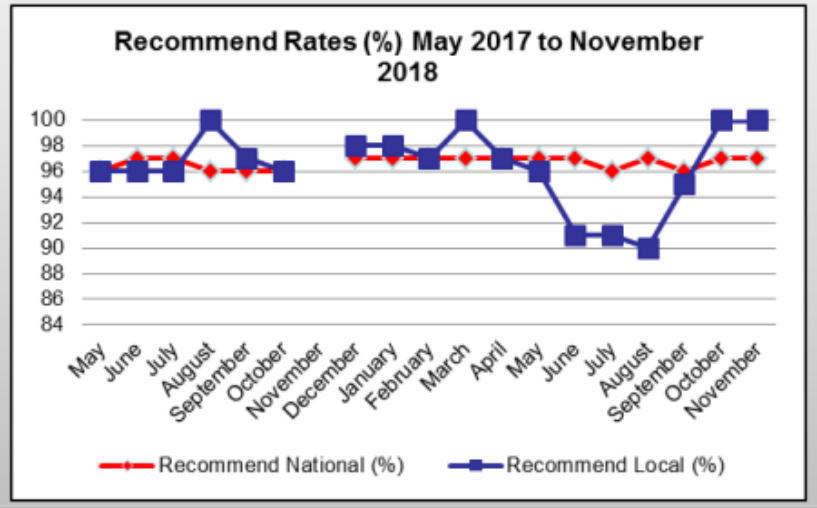
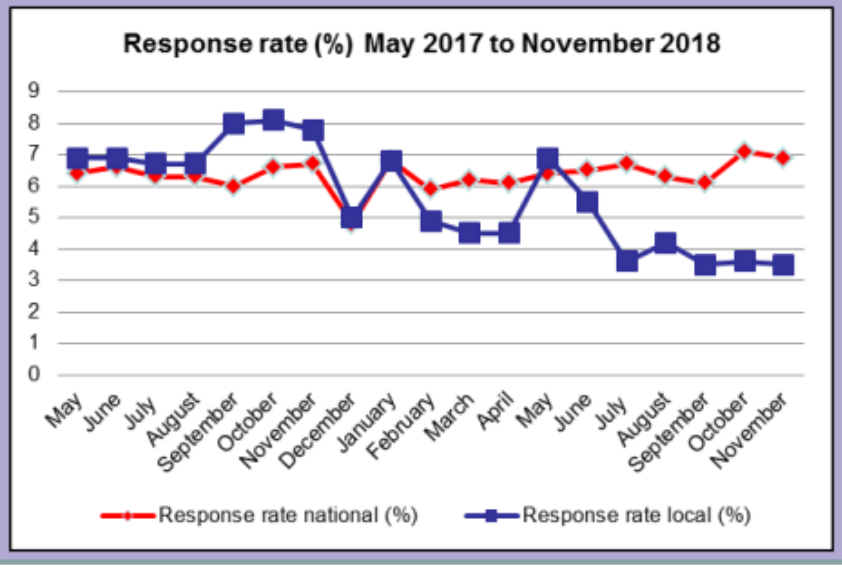
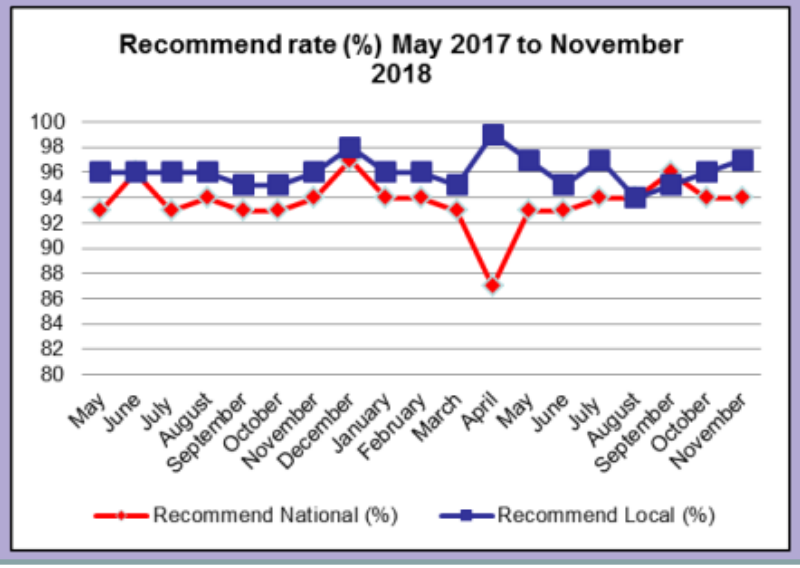




Maternity





Outpatients

National comparison data for December will be published by NHS England in February 2019 there was no national data for Maternity in November 2017 due to national technical problems.

Patient Experience

Safe | Effective | Caring | Responsive

Patient Experience

National Inpatient Survey 2018

- Survey closed January 4th initial results expected June 2019.

National Emergency Department Survey 2018

- Survey running response rate to date 25% compared to 27% national rate.

National Maternity Survey 2018

- Initial report received - public embargo until the end of January.
- Response rate 32.45% compared to 32% in 2017.
- There were no questions where L&D results were better than most Trusts.
- Scores were significantly higher for 2 questions compared to the previous survey.
- There was one question where L&D score was worse than other Trusts. This related to contacting someone if needed to provide emotional support.

National Maternity Survey 2019

- Posters providing information to be displayed in January and February. Mothers who deliver in February will be surveyed in the Spring.

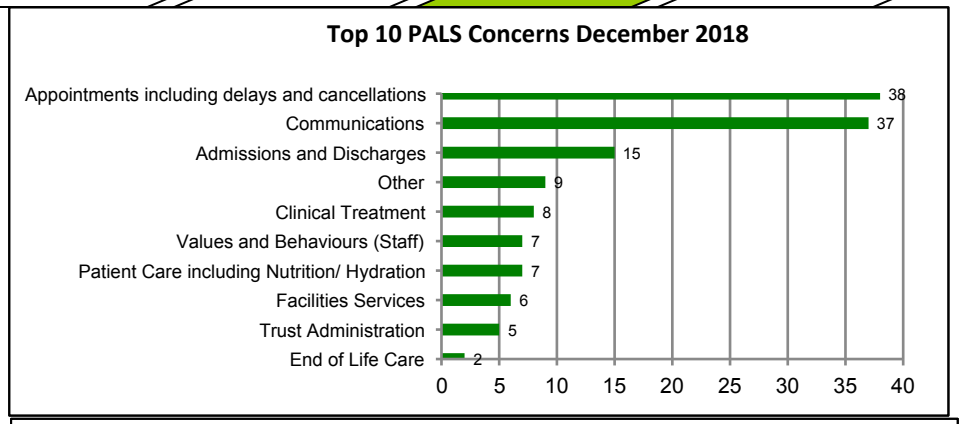
Patient Experience Activity

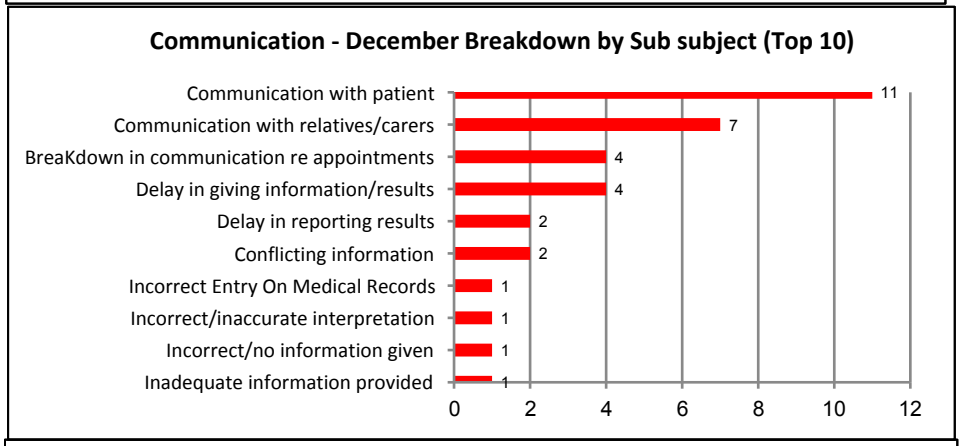
- Working with Carers in Bedfordshire to develop Carers Pack, plan to launch in March.
- Engagement event with Roma community planned late in January.

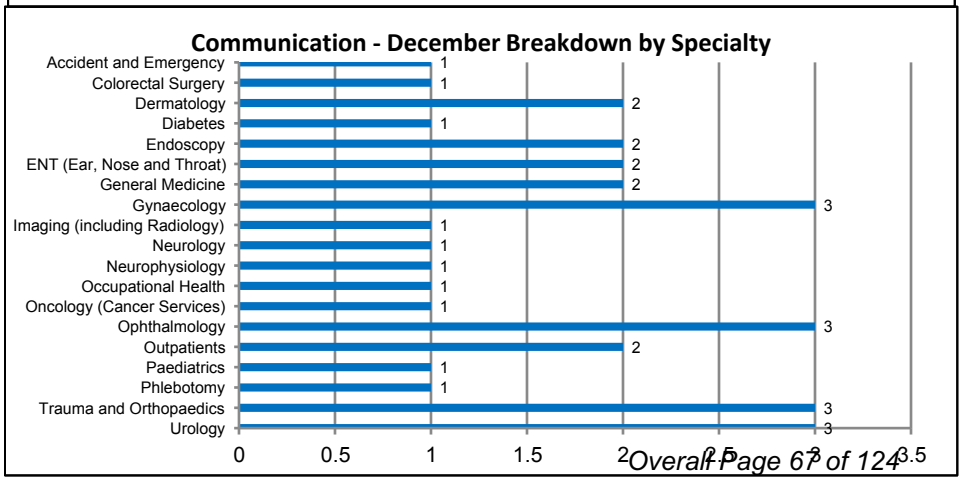
PALS (Patient Advisory and Liaison Service)

	Face to face	Emails	Telephone calls	Other contacts not recorded on datix
October	52	50	54	626
November	60	55	90	587
December	33	42	58	446

	Oct 2018	Nov 2018	Dec 2018
Escalated to Complaints (patient choice)	4	3	3







Patient Experience

Safe | Effective | Caring | Responsive

Complaints

Month	Total Number of Formal Complaints Received	Patient Complaints: % of complaints acknowledged within 3 days of receipt	Patient complaints: % of complaints responded to within 35 working days
Dec-17	34	100.00%	53.70%
Jan-18	61	100.00%	48.15%
Feb-18	65	100.00%	48.00%
Mar-18	73	98.59%	48.48%
Apr-18	47	91.89%	53.66%
May-18	49	96.77%	42.47%
Jun-18	34	95.74%	53.73%
Jul-18	45	100.00%	71.19%
Aug-18	50	100.00%	63.04%
Sep-18	43	100.00%	52.63%
Oct-18	45	100.00%	57.89%
Nov-18	46	98.21%	68.52%
Dec-18	34	100.00%	43.18%

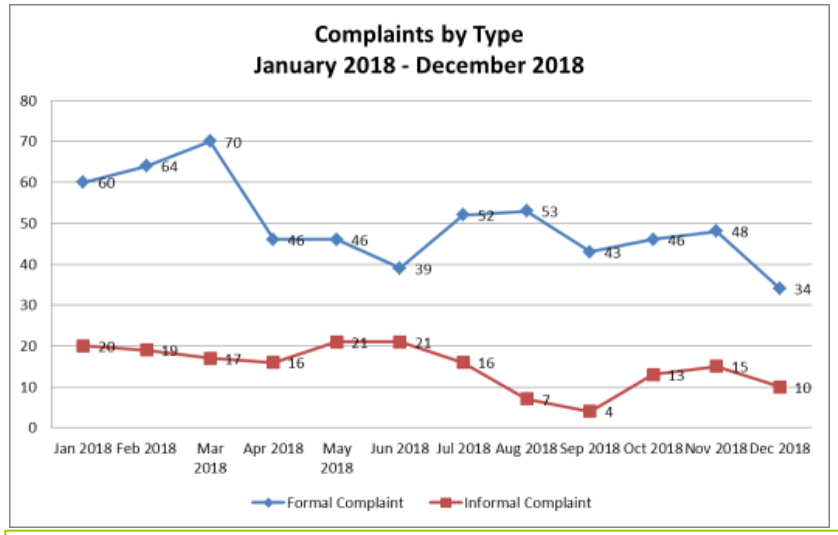
The complaints acknowledgement target dropped to 98.21% in November but it has now recovered to 100%. The Patient Affairs Team endeavour to log complaints and acknowledge on the same day if complaints come in via email and within 3 working days if they come by post. However, all complaints should be logged and acknowledge within 3 working days in line with the NHS Complaints Regulations.

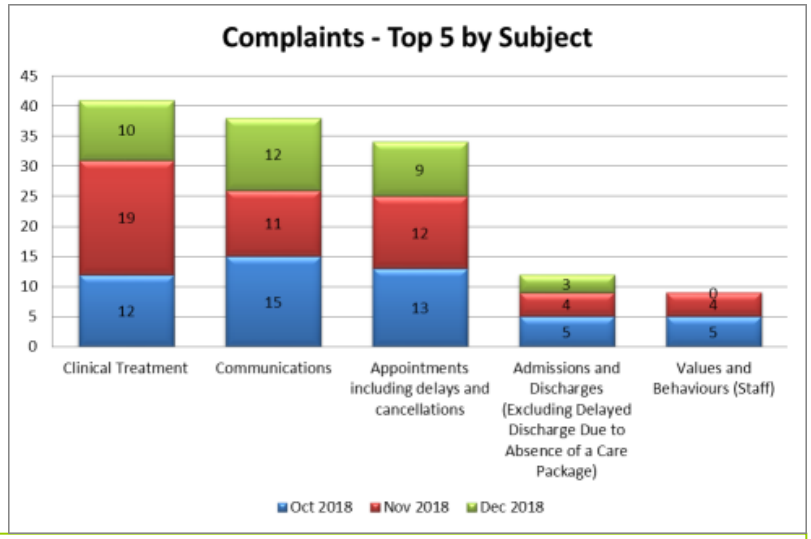
The Chief Nurse has been actively involved to address the back-log of complaints by having weekly meetings with the Complaint leads and General Managers, especially for the Surgical Division to find ways to reduce the backlog and improve response times. This has helped and improved the response rate in October and November. The response rate has dropped again in December, this is due to staff being on annual leave through the holiday season. The Chief Nurse has commissioned an external review of complaints policy and processes in February 2019.

Patient Experience

Safe | Effective | Caring | Responsive

Complaints





Formal complaints have reduced in December. Patient Affairs have been working closely with PALS to try and resolve some of the potential complaints taken by the PALS Team, instead of logging them as formal complaints. Service Managers continue to assist in resolving concerns in real time to prevent formal complaints. This appears to have a positive effect in reducing the overall number of complaints.

The main trends of complaints remain within clinical treatment, communication and appointments. These are the perennial top 3 and these were discussed at the last Complaints Board. The Chief Nurse has asked the Divisions to focus on learning, part of this ongoing exercise will be to bring examples of complaints about communications and to evidence the learning that has come out of it. This is due to be discussed in the next Complaints Board in February 2019.

	Not Upheld	Partially Upheld	Upheld	Total
Corporate Nursing	0	1	0	1
Diagnostics, Therapeutics and Outpatients (DTO)	3	7	5	15
Medicine: Acute and Emergency Medicine	15	4	0	19
Medicine: Medical Inpatients	20	11	3	34
Medicine: Medical Specialties	13	4	1	18
Support Division	2	0	1	3
Surgery	36	14	14	64
Women and Childrens Health Unit	11	11	10	32
Total	100	52	34	186

The table to the left shows outcomes for Complaints closed. Shown for the last 3 months.

October 2018 to December 2018

Mortality

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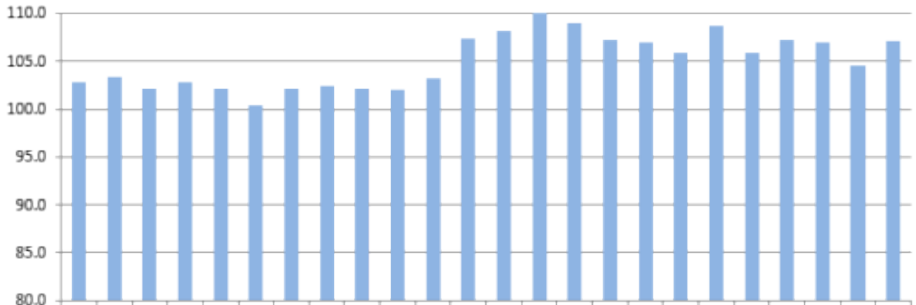
HSMR/SHMI

Comparative Mortality Rates

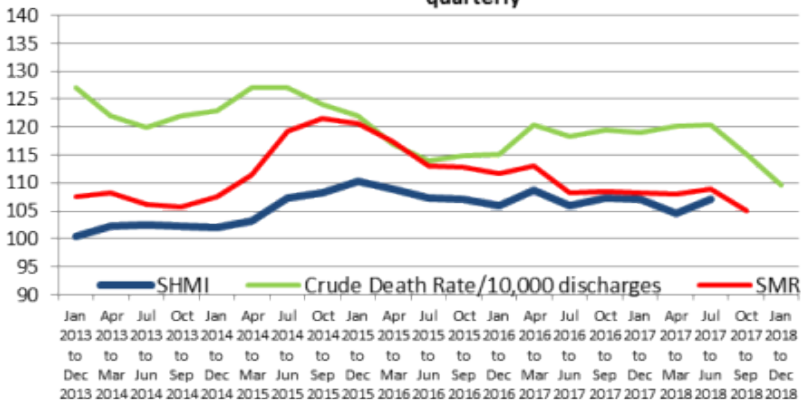
The latest SHMI for the year ending June 2018 shows a modest worsening to 107.05 (i.e. about 7% higher than the national average). SHMI includes deaths within 30 days of discharge from hospital. Earlier this year the Trust changed its provider of benchmarking data to CHKS who provide a new mortality comparison, the Risk Adjusted Mortality Index (RAMI) which not only adjusts for age, gender and casemix but also factors in the length of stay. To ease understanding the national RAMI average has been rebased so it is always 100 as seen for the SMR and HSMR. RAMI for the year ending October was 3% better than average. The latest 12-month (to October 2018) SMR and HSMR are now both just 2% higher than the national average continuing the improvement seen in recent months. This is the lowest these have been for several years. Best practice is to look at and compare all the different mortality indicators rather than rely on any one measure but the last few months are showing encouraging mortality trends across virtually all indicators.

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

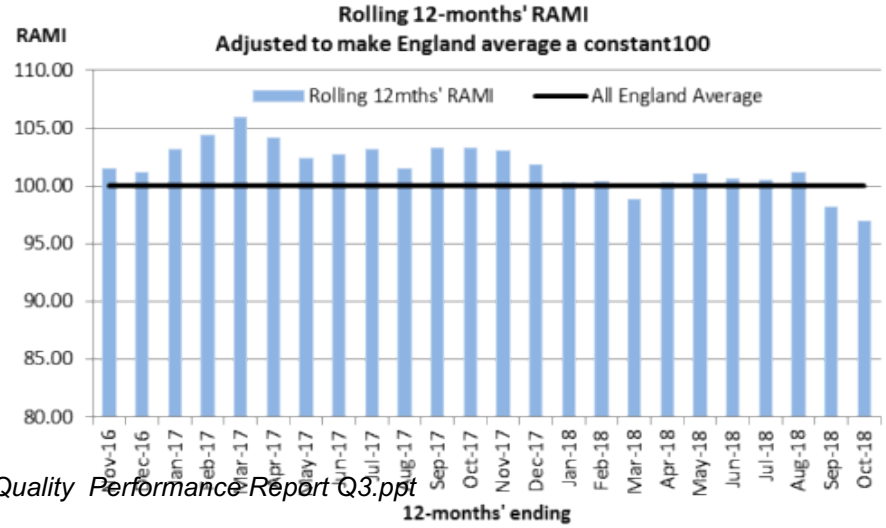


	Oct 2011 to Sep 2012	Jan 2012 to Dec 2012	Apr 2012 to Mar 2013	Jul 2012 to Jun 2013	Oct 2012 to Sep 2013	Jan 2013 to Dec 2013	Apr 2013 to Mar 2014	Jul 2013 to Jun 2014	Oct 2013 to Sep 2014	Jan 2014 to Dec 2014	Apr 2014 to Mar 2015	Jul 2014 to Jun 2015	Oct 2014 to Sep 2015	Jan 2015 to Dec 2015	Apr 2015 to Mar 2016	Jul 2015 to Jun 2016	Oct 2015 to Sep 2016	Jan 2016 to Dec 2016	Apr 2016 to Mar 2017	Jul 2016 to Jun 2017	Oct 2016 to Sep 2017	Jan 2017 to Dec 2017	Apr 2017 to Mar 2018	Jul 2017 to Jun 2018
SHMI	102.	103.	102.	102.	102.	100.	102.	102.	102.	102.	103.	107.	108.	110.	109.	107.	107.	105.	108.	105.	107.	107.	104.	107.

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



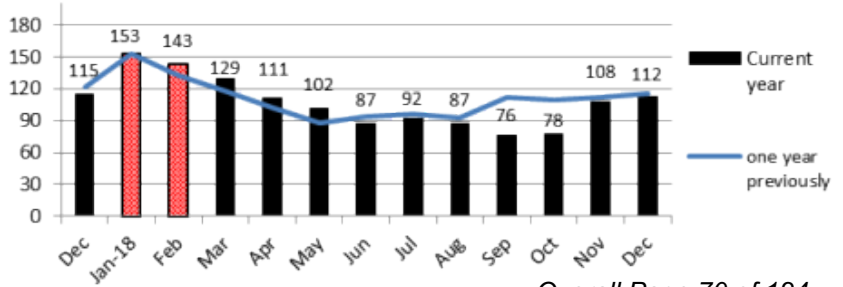
Rolling 12-months' RAMI
Adjusted to make England average a constant100



Actual Deaths

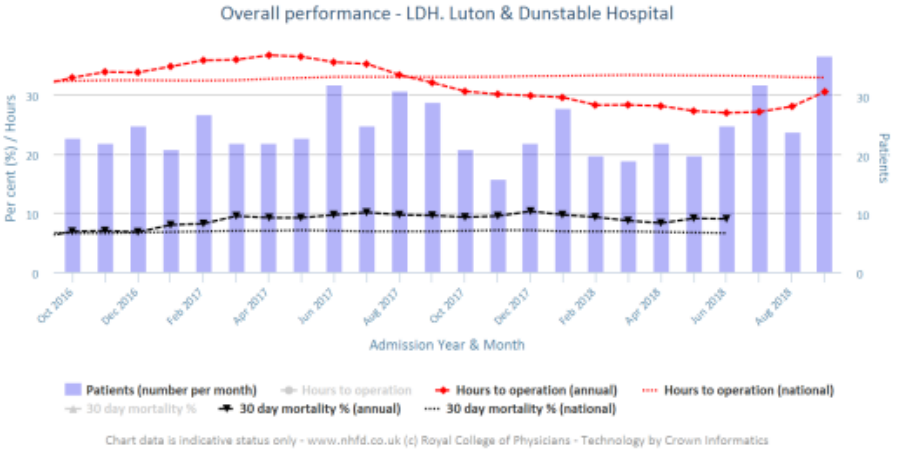
2018 saw the best crude mortality rate ever seen at the Trust with just 11.0 deaths per thousand discharges and deaths across the year as a whole.
Despite a particularly high number of deaths in January and February and despite a 5% increase in inpatient activity in the 12 months, the year ended with only 1278 deaths, 49 fewer than in 2017. The last 7 months of the year all saw fewer deaths than in the same months in 2017.

Monthly deaths for last two years

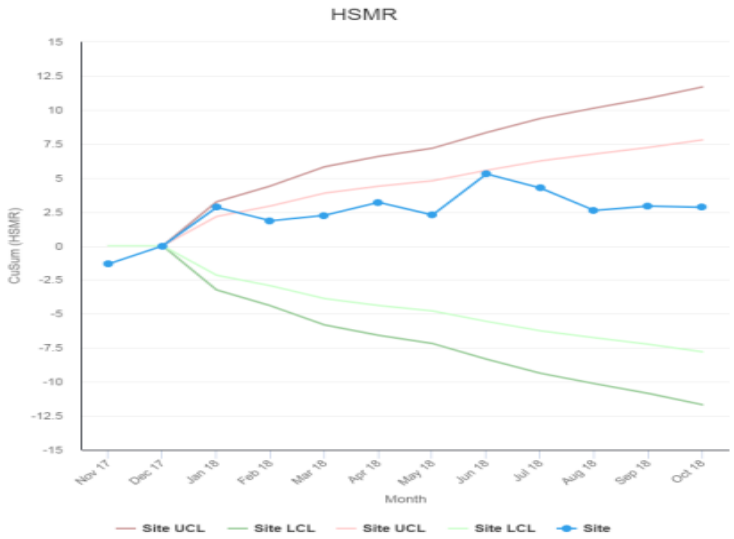


Fractured Neck of Femur

Safe | Effective | Caring | Responsive



HSMR (CUSUM)



On the 2nd August the Trust received a formal alert that although we are not triggering as an outlier, the L&D's mortality for fractured neck of femur is more than 2 standard deviations above national average. Our casemix adjusted mortality for 2017 was 10.8% vs national average of 6.9%. This issues had been detected in early 2017 as comparative increase in mortality from Jan-April 2017 had triggered a CUSUM alert. In response the Fractured Neck of Femur steering group was relaunched, with monthly multidisciplinary M&M reviews. A number of service changes have been made to support improved pathway management for the fractured neck of femur patients including the Orthopaedic on-call model moving to a 'hot week' basis, improvements to the trauma rota to reduce time to theatre and increasing the amount of trauma operating time on a Saturday by moving to all day lists. We have also implemented a golden patient policy to ensure early escalation for any fractured neck of femur patient that needs MDT input before theatre.

Since the increase in HSMR CUSUM which prompted the alert in June 2018, the crude mortality has decreased with low numbers of deaths in July and August. Subsequent iterations of CUSUM in future months will therefore improve.

Learning from Deaths

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

Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable			
	2017/18	2018/19	
	Q4 Total	Q1 Total	Q2 Total
Total Number of Deaths in Scope	403	282	241
Primary Mortality Reviews Completed	389	275	238
Full Mortality Reviews Requested	112	77	66
Full Mortality (Structured Judgement) Reviews Completed	91	58	39
% Full Mortality Reviews Requested that have been Completed	81%	75%	59%

A senior team including Medical Directors have reviewed all deaths and identified any where it was felt that deficiencies in medical or nursing care may have contributed to the patients' death as part of the Trust's primary review process. Consultants then complete the full mortality review (a Structured Judgement Review) which results in an avoidability score. The final findings for Q4 2017/18 are as follows:

Quarter 4 Structured Judgement Review findings:			
	Q4 17/18	Q1 18/19	Q2 18/19
1 - Definitely Avoidable* 2 – Strong evidence of avoidability 3 – Would be probably avoidable (>50:50)	1	1	0
4 - Would be possibly avoidable (<50:50)	11	8	4
5 - Slight Suggestion of avoidability	12	7	7
6 - Definitely not avoidable	67	42	28

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

Key findings from the SJRs:

- Ensuring effective use by clinical teams of 'fast-track' discharge processes when patients are identified as end of life
- Timely end of life decision making and treatment planning

Key objectives for the Learning from Deaths agenda:

- To launch the Datix Cloud IQ electronic Mortality Review software, to ensure full integration between Datix incident reports, complaints, litigation and mortality data to maximise the learning opportunities from this data.
- To ensure that each specialty has access to their completed SJRs, and drawing the learning from them to inform improvement opportunities.
- To introduce the Structured Judgement Review to the Surgical Division, to ensure process uniformity across all areas.

Cancer Long Waits

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Quality Review & Public Reporting of Cancer Long Waits - October

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

62 day breaches - 9 patients (8 breaches)

Number of days from referral to treatment	CCG	Breach	Tumour Site	Reason for Delay Post RCA
73	Beds	1.0	LGI	Patient initiated delay to diagnostic testing due to holiday
69	Beds	0.5	Lung	Complex diagnostic pathway, first definitive treatment at tertiary centre
75	Beds	0.5	Urology	Patient initiated delay to treatment
86	Luton	1.0	UGI	Complex diagnostic pathway
71	Luton	1.0	Urology	Delayed diagnostics, patient and hospital initiated
63	Luton	1.0	LGI	Delayed diagnostics, patient required further endoscopy procedure
77	Bucks	1.0	Urology	Inadequate capacity for template biopsy
103	Herts Valley	1.0	UGI	Complex diagnostic pathway
77	Luton	1.0	LGI	Delayed due to comorbidities which required surgery before cancer treatment could commence

104+ Days Breaches - 2 patients (1 breach)

Number of days from referral to treatment	CCG	Breach	Tumour Site	Reason for Delay Post RCA
127	Beds	0.5	Urology	Initial delayed diagnostics due to PSA re-test, once confirmed patient requested thinking time on treatment options and requested to delay surgery until October.
122	Beds	0.5	Lung / Sarcoma	Complex diagnostic pathway requiring external specialist opinion, first definitive treatment delivered at specialist centre

National Targets

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Cancer

	Threshold	Qtr1 17/18	Qtr2 17/18	Qtr3 17/18	Qtr4 17/18	Apr-18	May-18	Jun-18	Qtr1 18/19	Jul-18	Aug-18	Sep-18	Qtr2 18/19	Oct-18
All cancers: 31-day wait for second or subsequent treatment (3), comprising either:														
Surgery	94%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
anti cancer drug treatments	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
radiotherapy	94%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cancer: two week wait from referral to date first seen (7), comprising either:														
all cancers	93%	95.4%	95.6%	97.2%	97.7%	97.2%	96.5%	95.5%	96.4%	96.4%	96.0%	95.5%	96.0%	95.3%
for symptomatic breast patients (cancer not initially suspected)	93%	96.7%	97.7%	97.8%	97.4%	**92.4%**	94.0%	94.9%	93.8%	98.6%	96.6%	98.1%	97.8%	**90.5%**
All cancers: 31-day wait from diagnosis to first treatment (6)	96%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
All cancers: 62-day wait for first treatment (4), comprising either:														
from urgent GP referral to treatment	85%	89.4%	89.0%	90.0%	87.7%	90.2%	88.7%	90.4%	89.4%	86.8%	86.8%	85.4%	86.4%	86.6%
from consultant screening service referral	90%	97.9%	96.2%	95.2%	95.6%	100.0%	95.5%	91.7%	95.7%	90.6%	95.7%	94.1%	93.5%	92.4%

The Trust continues to perform strongly on the 31 day diagnostic and 62 day treatment targets, despite the capacity challenges associated with these pathways.
The breast symptomatic target remains a key risk for the Trust on the basis of women choosing to move their appointments via the on-line having being advised by their GP that they are not on a cancer pathway. The risk to ongoing compliance with this pathway has been raised with commissioners and with NHSI. The target was missed in Oct and April 2018, but was met in Nov 18 (subject to validation).

National Targets

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Cancer

Cancer Plan 62 Day Standard by Tumour Site

	Accountable Total Treated							Accountable Breaches							% Meeting Standard						
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Breast	8	11	15	14	16	9	9	0	0	0	1	1	0	0	100.0%	100.0%	100.0%	92.9%	93.8%	100.0%	100.0%
Gynaecology	2	2	2.5	2.5	6.5	1.5	3	0	1	1.5	1.5	2.5	0	0	100.0%	50.0%	40.0%	40.0%	61.5%	100.0%	100.0%
Haematology	7	5	4	6	7.5	5	2	2	0	0	0	0	3	0	71.4%	100.0%	100.0%	100.0%	100.0%	40.0%	100.0%
Head & Neck	4	3	1.5	4.5	5.5	5	1.5	0.5	0	1.5	1.5	1	1	0	87.5%	100.0%	0.0%	66.7%	81.8%	80.0%	100.0%
LGI	5	5	8	5	6	5	7	0	2	0	2	0	1	2	100.0%	60.0%	100.0%	60.0%	100.0%	80.0%	71.4%
Lung	n/a	6.5	2.5	2.5	5.5	3	2	n/a	0	0.5	1.5	1.5	1	0.5	n/a	100.0%	80.0%	40.0%	72.7%	66.7%	75.0%
Skin	12	10	5	22	12	13	11	0	0	0	0	0	1	0	100.0%	100.0%	100.0%	100.0%	100.0%	92.3%	100.0%
Urology	15	24	19.5	13.5	29	17	18.5	3	3	1	2.5	6	2	3	80.0%	87.5%	94.9%	81.5%	79.3%	88.2%	83.8%
UGI	2	3.5	1.5	3.5	5	2	3	0	1.5	1.5	0	0.5	0	2	100.0%	57.1%	0.0%	100.0%	90.0%	100.0%	33.3%
Sarcoma	n/a	n/a	n/a	1	n/a	1	0.5	n/a	n/a	n/a	0	n/a	0	0.5	n/a	n/a	n/a	100.0%	n/a	100.0%	0.0%
Other	1	1	2	n/a	n/a	n/a	2	0	1	0	n/a	n/a	n/a	0	100.0%	0.0%	100.0%	n/a	n/a	n/a	100.0%

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)

The number of accountable breaches of the cancer 62 day wait was 8 in October 2018. The Urology breaches occurred predominantly as a result of patients not being available for diagnostics during holiday periods, at a time of particular pressure on the urology pathway because of the surge in referrals earlier in the year. Head and neck and gynaecology diagnostics also continue to experience pressure from high referral volumes and clinical capacity pressures.

National Targets

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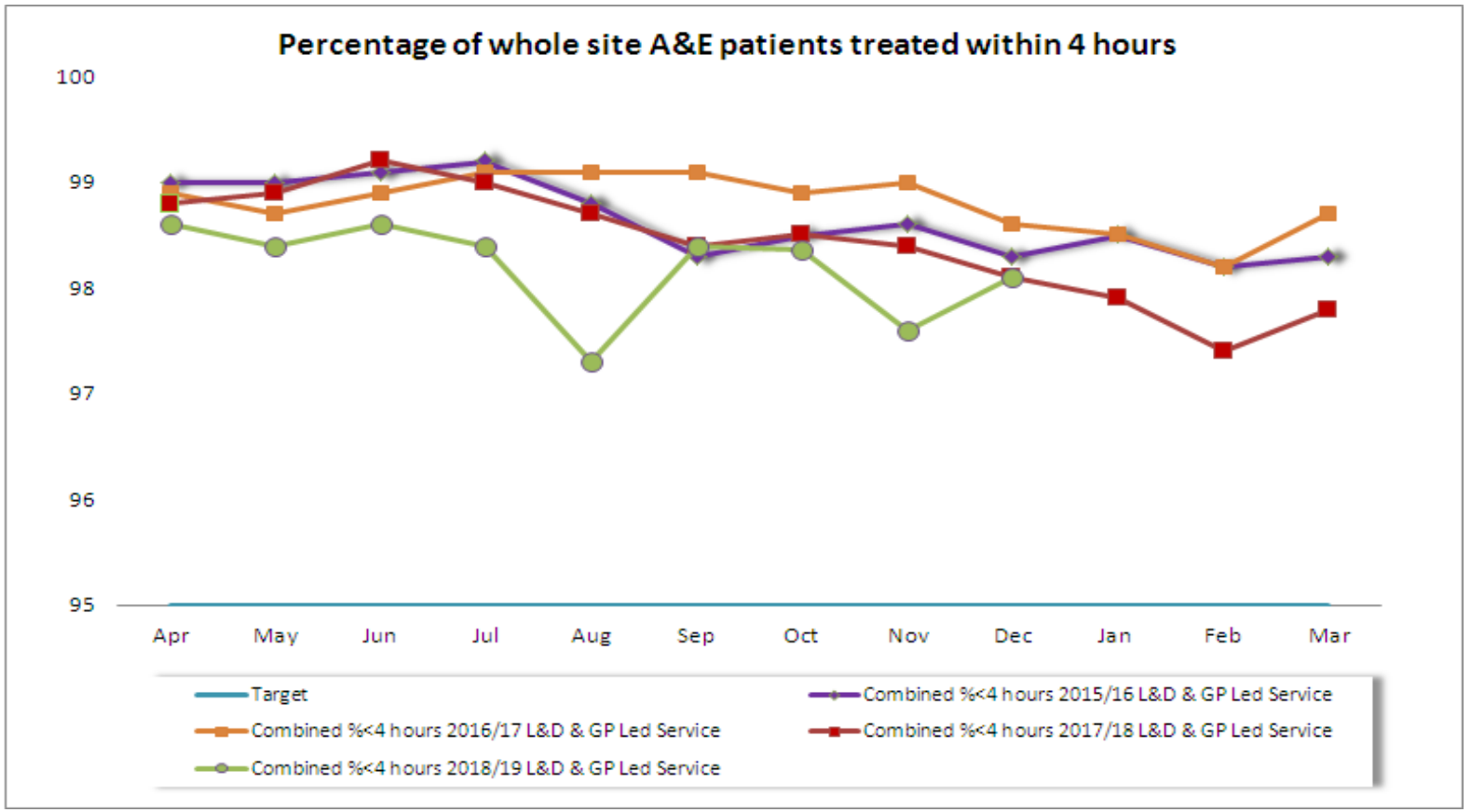


Following a challenging November, with several days of exceptionally high attendance figures, the ED performance improved in December, although for all months this year has remains well above the 95% threshold.

The Root Cause Analysis from the 12 hour trolley breach on the 30th October has been completed and the action plan is being monitored thought the A&E exec meetings.

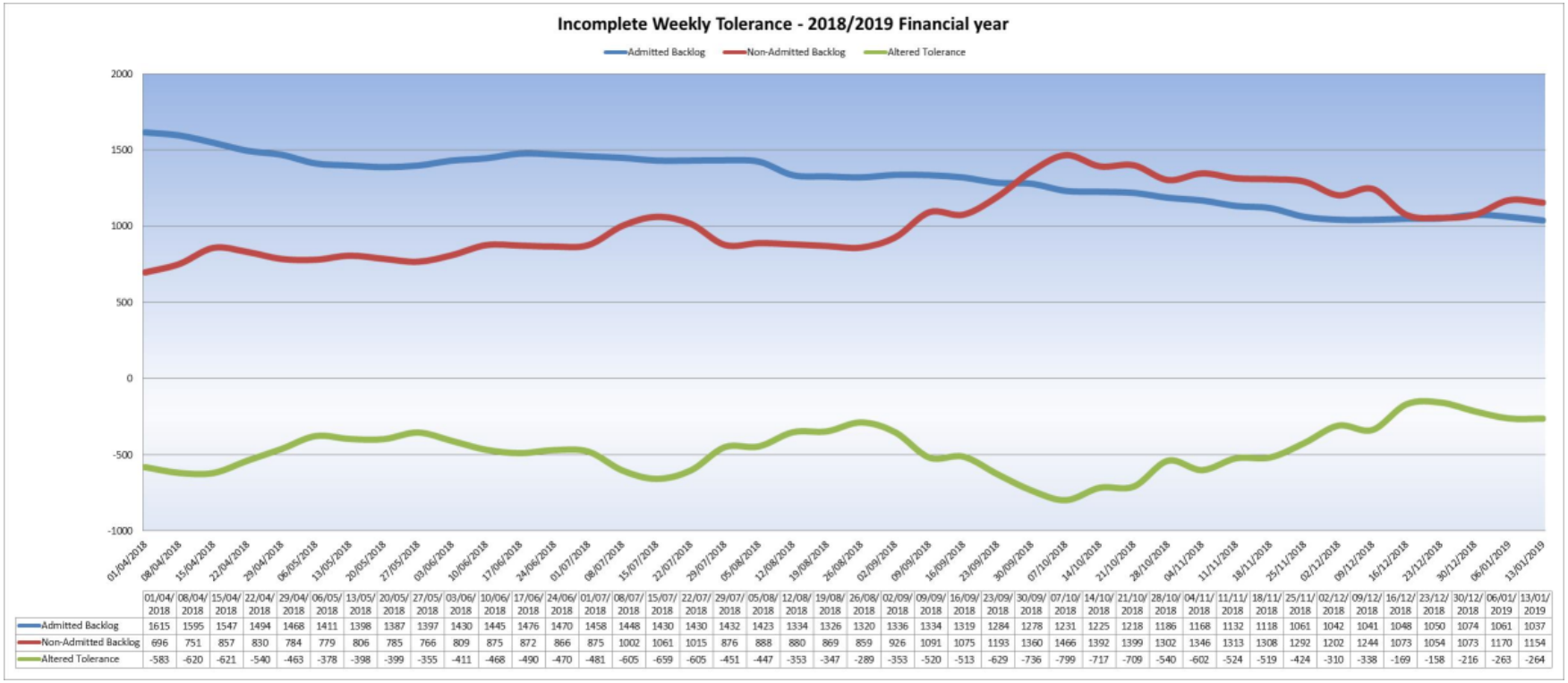
A&E

National Targets

18 Weeks

Treated Within 18 Weeks

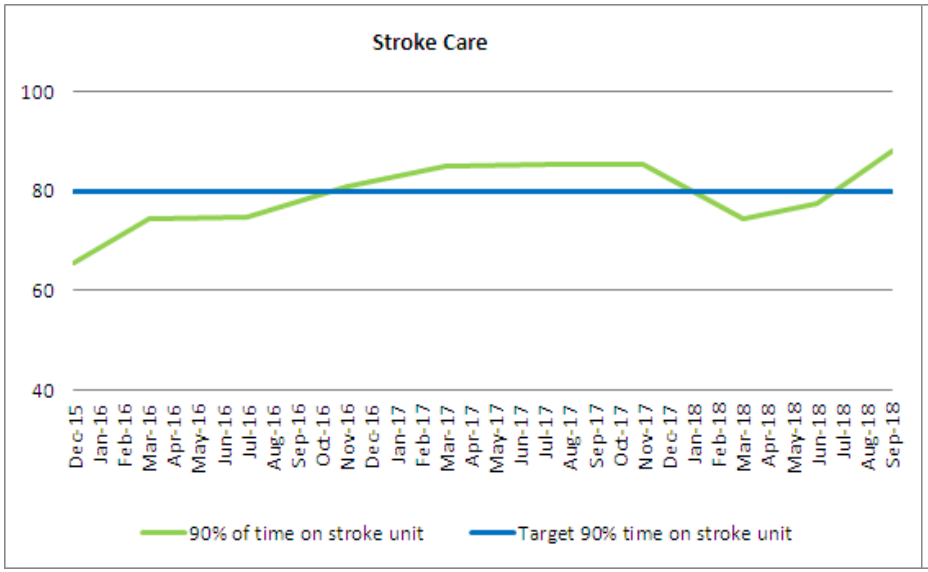
Incomplete	Targets	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2014/15	92%	96.9%	96.8%	97.0%	96.9%	97.1%	97.1%	97.1%	96.9%	96.7%	96.6%	96.8%	97.2%
2015/16	92%	97.9%	97.8%	97.6%	97.7%	97.3%	97.0%	96.4%	96.5%	95.3%	94.6%	94.2%	94.2%
2016/17	92%	94.2%	94.5%	94.8%	93.7%	92.9%	92.6%	92.2%	92.7%	93.1%	92.5%	92.9%	92.6%
2017/18	92%	92.8%	93.2%	92.7%	92.8%	92.6%	92.04%	92.2%	92.2%	**90.9%**	**91.04%**	**90.23%**	**90.01%**
2018/19	92%	**90.71%**	**90.9%**	**90.38%**	**90.8%**	**91.1%**	**89.6%**	**90.5%**	**91.5%**	92.0%			

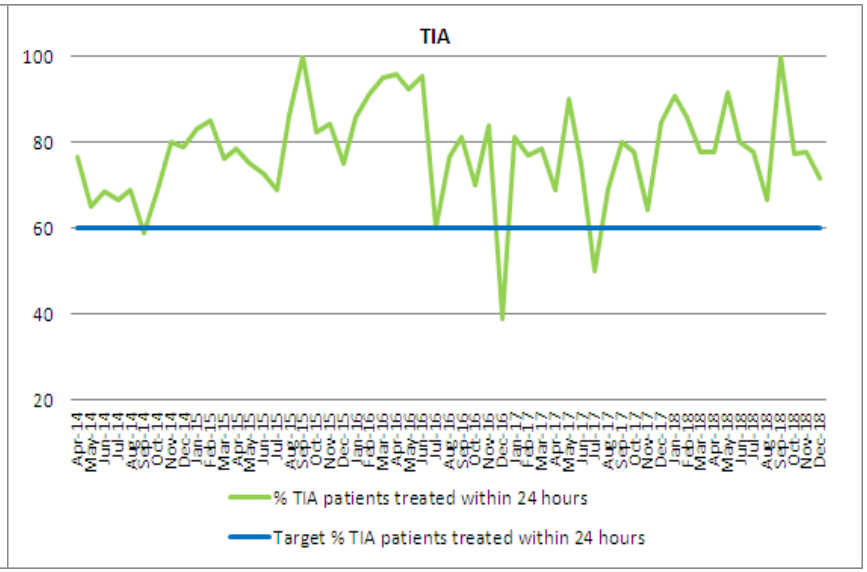


	01/04/2018	08/04/2018	15/04/2018	22/04/2018	29/04/2018	06/05/2018	13/05/2018	20/05/2018	27/05/2018	03/06/2018	10/06/2018	17/06/2018	24/06/2018	01/07/2018	08/07/2018	15/07/2018	22/07/2018	29/07/2018	05/08/2018	12/08/2018	19/08/2018	26/08/2018	02/09/2018	09/09/2018	16/09/2018	23/09/2018	30/09/2018	07/10/2018	14/10/2018	21/10/2018	28/10/2018	04/11/2018	11/11/2018	18/11/2018	25/11/2018	02/12/2018	09/12/2018	16/12/2018	23/12/2018	30/12/2018	06/01/2019	13/01/2019
Admitted Backlog	1615	1595	1547	1494	1468	1411	1398	1387	1397	1430	1445	1476	1470	1458	1448	1430	1430	1432	1423	1334	1326	1320	1336	1334	1319	1284	1278	1231	1225	1218	1186	1168	1132	1118	1061	1042	1041	1048	1050	1074	1061	1037
Non-Admitted Backlog	696	751	857	830	784	779	806	785	766	809	875	872	866	875	1002	1061	1015	876	888	880	869	859	926	1091	1075	1193	1360	1466	1392	1399	1302	1346	1313	1308	1292	1202	1244	1073	1054	1073	1170	1154
Altered Tolerance	-583	-620	-621	-540	-463	-378	-398	-399	-355	-411	-468	-490	-470	-481	-605	-659	-605	-451	-447	-353	-347	-289	-353	-520	-513	-629	-736	-799	-717	-709	-540	-602	-524	-519	-424	-310	-338	-169	-158	-216	-263	-264

The Trust successfully delivered the 92% target for patients to be treated within 18 weeks of GP referral as at the 31st of December 2018. The focus of work now is to continue to reduce the first outpatient waiting times and the admitted patient backlog to ensure that performance is sustained (there is a risk of a drop in January due to bank holiday pressures in December) and ensuring that the Reliance for patient C3 over 18 weeks (the green line above) is consistently above 100.

National Targets





The latest SSNAP data was published in December 2018 for the period Jul-Sept 2018. In each month, the % of patients achieving 90% of their time on the stroke ward has improved compared to previous month, and the 80 target was achieved for all three months.

TIA performance (patients being treated for TIA within 24 hours) has continued above the 60% target threshold since Autumn 2017. Work Is underway with commissioners to understand the performance for Bedfordshire patients, who as a subset of the whole population are not seeing such good access figures.

National Targets

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Stroke

Overall SSNAP Performance (September 2018 SSNAP

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

The SSNAP data for Jul – Sept 2018 maintains the overall score at a B.

There has been further good performance in the therapies domains for Occupational Therapy and Speech & Language Therapy and MDT working overall has held at a D. Physiotherapy has dropped to a C and the team are reviewing internally the options for improvement against this. The strong performance against scanning times has dropped slightly and the team continue to carry out weekly case reviews for all patients that are not scanned within target time. The time on the stroke unit, which is a heavily weighted indicator, has improved to a D due to improved focus at the front door.

National Targets

Safe | Effective | Caring | Responsive

Diagnostic Test Access

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Over 6 weeks		17	80	146	32	119	244	218	192	242	243	151	47
% over 6 weeks	<1%	0.37	1.67	2.92	0.83	3.34	5.28	4.6	3.7	5.4	5.6	3.07	0.97
Total Waiting		4603	4781	4,998	3,862	3,567	4,617	4,760	5,155	4,473	4,319	4,921	4,839

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

The target that 99% of patients should be seen within 6 weeks for routine diagnostics was delivered during December 2018, which is a particular success given long term staff sickness significantly affecting clinical capacity in endoscopy and requiring a significant level of patient rescheduling.

National Targets

Safe | Effective | Caring | Responsive

Last Minute Cancellations

Last minute Cancelled Operations

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Clinical reasons		38	32	39	15	17	43	53	43	84	42	37	42
Non-clinical reasons		43	24	31	41	37	29	40	43	116	130	118	113
Patients not-dated in 28 days	0	0	1	0	0	0	0	0	0	5	3	13	8
Elective activity*		3,060	3557	3629	3474	3526	3439	3716	3698	3199	3610	3340	3626
% Cancelled operations	<0.8%	1.41%	0.67%	0.85%	1.18%	1.05%	0.84%	1.08%	1.16%	3.63%	3.60%	3.53%	3.12%

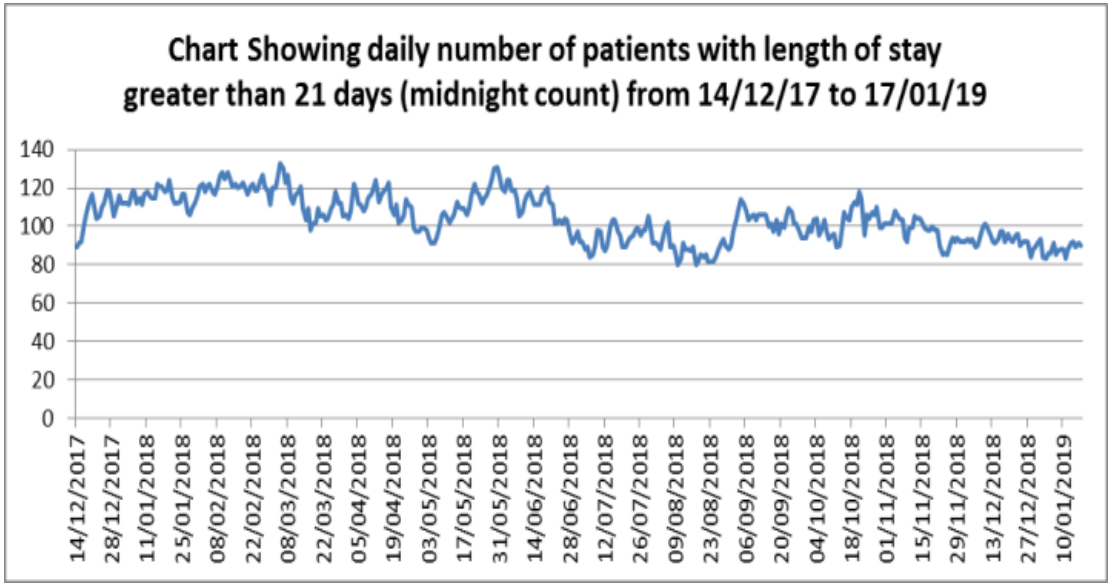
* Elective activity defined according to the performance assessment guidance (G&A ordinary and daycase first FCEs)

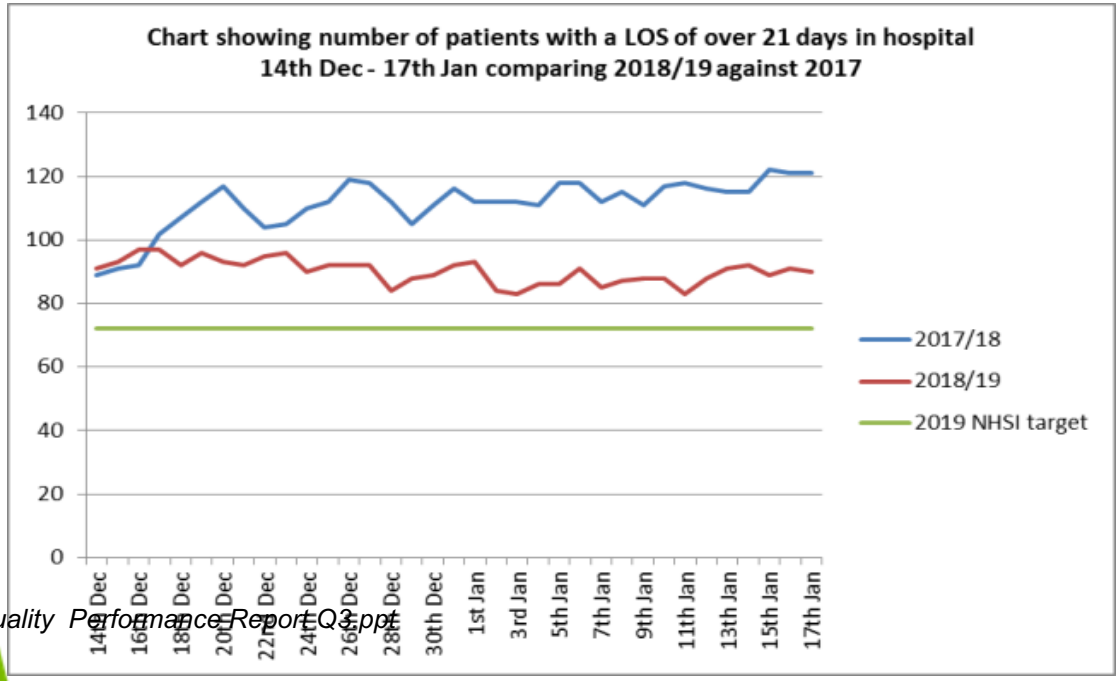
	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Clinical reasons		49	55	46	40	43	43	48	45				
Non-clinical reasons		34	42	56	51	51	39	88	61				
Patients not-dated in 28 days	0	0	0	1	0	0	1	0	0				
Elective activity*		3,499	3658	3824	3791	3573	3473	3,888	3,974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

The 28 day cancellation target was met again in November 2018 and the overall number of cancellations dropped as there were not as many theatre ventilation failures in November as had occurred in October.

Performance

LOS





The Trust has a target to reduce the number of 'super-stranded' patients (those staying over 21 days) by 25% during 2018/19. The top chart shows the performance since December 2017 which is showing a gradual reduction over the period, although with some seasonal variation.

The bottom chart compares the pattern seen over winter in 2017/18 where the number of patients 21 days + increased over December and remained high. When compared to the same period in 18/19 it is clear that the same increase has not occurred, and that the number of patients has dropped slightly. The difference between years is equivalent to 28 beds (one ward).

The extended SitRep went live on 6 wards from Nov 18, and appears to be supporting the aim to minimise the number of 21 day + patients.

Performance

Safe | Effective | Caring | Responsive

Dementia Assessment and Referral

2017/18

		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	QTR1	QTR2	QTR3	QTR4
Q1	Eligible 75+ emergency patients screened	362	387	351	363	391	362	405	390	393	423	377	360	1100	1116	1188	1160
	Total eligible 75+ emergency admissions	397	414	368	393	395	369	418	402	415	469	398	399	1179	1157	1235	1266
	% Screened	91.2	93.5	95.4	92.4	99.0	98.1	96.9	97.0	94.7	90.2	94.7	90.2	93.3	96.5	96.2	91.6
Q2	Assessments carried out	34	34	38	54	29	42	35	30	40	43	43	43	106	125	105	129
	Total assessments required	34	37	41	58	32	46	38	32	46	46	46	46	112	136	116	138
	% Assessed	100.0	91.9	92.7	93.1	90.6	91.3	92.1	93.8	87.0	93.5	93.5	93.5	94.6	91.9	90.5	93.5
Q3	Referrals from those assessed	13	16	17	32	15	24	20	16	22	22	24	21	46	71	58	67
	Total requiring referral	14	16	17	32	15	25	20	17	24	26	24	23	47	72	61	73
	% Referred	92.9	100.0	100.0	100.0	100.0	96.0	100.0	94.1	91.7	84.6	100.0	91.3	97.9	98.6	95.1	91.8

2018/19

		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	QTR1	QTR2	QTR3	QTR4
Q1	Eligible 75+ emergency patients screened	369	353	368	408	422	373	386	398								
	Total eligible 75+ emergency admissions	378	360	371	419	445	393	402	431								
	% Screened	97.6	98.1	99.2	97.4	94.8	94.9	96.0	92.3								
Q2	Assessments carried out	55	31	24	35	33	18	14	15								
	Total assessments required	60	36	26	38	36	26	15	18								
	% Assessed	91.7	86.1	92.3	92.1	91.7	69.2	93.3	83.3								
Q3	Referrals from those assessed	30	16	16	13	14	8	8	8								
	Total requiring referral	33	16	17	14	15	8	8	8								
	% Referred	90.9	100.0	94.1	92.9	93.3	100.0	100.0	100.0								

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

Delirium assessment remains an issue for the trust (audit show that dementia assessments are consistently completed) and work is underway to improve the screening and assessment proforma to remind clinical staff to document delirium assessments correctly.

NHSI Compliance

Safe | Effective | Caring | Responsive

NHSI Dashboard

	Threshold	Weighting	Qtr 1 2016/17	Qtr 2 2016/17	Qtr 3 2016/17	Qtr 4 2016/17	Qtr 1 2017/18	Qtr 2 2017/18	Qtr 3 2017/18	Qtr 4 2017/18	Qtr 1 2018/19	Qtr 2 2018/19
Total time in A&E - ≤4 hours (Whole site %)	95%	1.0 (failing 3 or more) 0.5 (failing 2 or less)	98.8%	99.1%	98.8%	98.5%	99.0%	98.7%	98.3%	97.7%	98.5%	98.1%
All cancers: 31-day wait for second or subsequent treatment (3), comprising either:												
Surgery	94%	1.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
anti cancer drug treatments	98%											
radiotherapy	94%											
Cancer: two week wait from referral to date first seen (7), comprising either:												
all cancers	93%	1.0										
for symptomatic breast patients (cancer not initially suspected)	93%											
All cancers: 31-day wait from diagnosis to first treatment (6)	96%	1.0										
All cancers: 62-day wait for first treatment (4), comprising either:												
from urgent GP referral to treatment	85%	1.0										
from consultant screening service referral	90%											
Referral to treatment waiting times – Incomplete pathways	92%	1.0	94.5%	93.0%	92.6%	92.7%	92.9%	92.5%	91.8%	90.4%	90.7%	90.5%
Clostridium Difficile – meeting the Clostridium Difficile objective of no more than 6 cases/year	6	1.0	3	3	2	0	4	3	2	0	1	0
MRSA – meeting the MRSA objective of no more than 1 cases/year	0	1.0	0	0	0	1	0	0	1	0	0	1

Note: Qtr 4 performance for CDIF and MRSA are flagged as red despite no avoidable infections being reported, as performance in previous quarters meant that the annual threshold had already been breached. 1 MRSA bacteraemia reported in August 2018 is being investigated as an SI.

Finance Presentation
FY18-19

Report for Month 9

Executive Summary

The Trust continues to deliver the Control Total through non-recurrent measures. The level of non-recurrent measures required in Month 9 (£0.6m) was more than Month 7 & 8.

Income on plan, but masks Outpatient underperformance of £1.5m & Elective underperformance of £1.1m. Underperformance offset by Emergency income.

Medical Pay is 6.3% overspent at Month 9 (7.1% up year on year).

Nursing Pay is 3.6% overspent at Month 9 (8.1% up year on year).

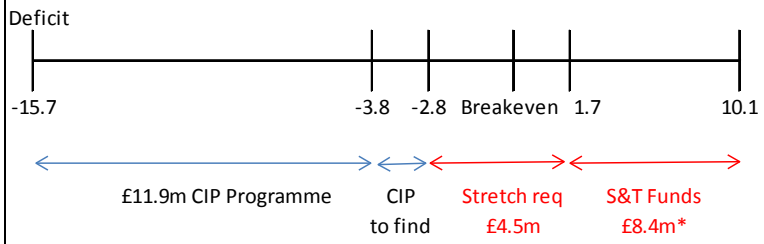
Agency spend is ahead of plan and the current run-rate would result in an annual spend of £16.5m

Trust has assumed receipt of PSF for Month 9, as Trust delivering Control Total, full-year PSF is contingent on Q4 performance.

17-18 Plan

APRIL REVISION

The FT accepted a Control Total of £10.1m in 17-18. This included an assumed £4.5m of DH Revenue Grant



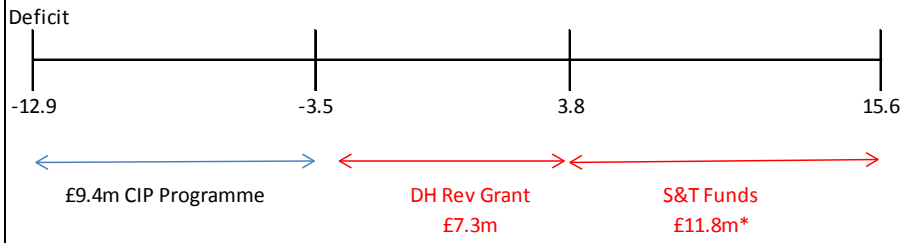
* Requires FT to post £1.7m surplus to access S&T fund

I&E Phasing £m	In Month Core	YTD Core	In Month S&T	In Month stretch	YTD Plan
April	-1.2	-1.2	0.6		-0.6
May	-0.2	-1.4	0.6		-0.2
June	-0.3	-1.7	0.6		0.0
July	0.2	-1.5	0.8		1.1
August	-0.4	-1.9	0.8		1.5
September	-1.2	-3.1	0.8		1.1
October	0.6	-2.5	1.2		2.9
November	0.5	-2.0	1.2		4.5
December	-0.7	-2.7	1.2		5.0
January	0.6	-2.1	1.4		7.0
February	-1.4	-3.5	1.4		7.0
March	-0.1	-3.5	1.4	7.3	15.6

18-19 Plan

APRIL POSITION

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



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

Again the Trust is in a position where it requires external support to deliver the Control Total. As previously, securing the stretch improvement resource of £9m represents a massive challenge. The Trust has accepted an offer to amend the Control Total by £1.7m, which reduces the "ask" from DH to £7.3m.

The Trust's plan shows receipt of a £7.3m DH Revenue Grant in Q4 of 18/19 to match Control Total error.

Delivered plan in Month 9 through £0.6m of non-recurrent items

	Fin Year	Fin Year	Fin Year	Fin Year	Fin Year	Fin Year			Fin Year	Fin Year	Fin Year
INCOME & EXPENDITURE ACCOUNT	**2016/17**	**2017/18**	**2018/19**	**2018/19**	**2018/19**	**2018/19**	**2017/18**	**2017/18**	**2018/19**	**2018/19**	**2018/19**
	Actual	**Actual excl STP & Merger**	**Budget**	**Budget**	**Actual**	**Variance**		**% Change 17-18 to 18-19**	**In Month Plan**	**In Month Actual**	**In Month Variance**
	Full Year	**YTD**	**Full Year**	**YTD**	**YTD**	**YTD**	**M9**	**M9**			
	£000s	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**			
NHS Clinical Income - Contract	262,577	283,064	296,699	222,361	222,611	-250	211,623	5.2%	24,196	24,655	-459
Pay Award Funding			2,759	2,069	2,125	-56			230	228	2
Other Income (T&E, Secondment, RTA)	24,920	24,052	22,966	17,225	18,885	-1,661	17,217	9.7%	1,914	2,004	-90
Total Income	**287,496**	**307,116**	**322,424**	**241,655**	**243,621**	**-1,966**	**228,840**	**6.5%**	**26,340**	**27,187**	**-846**
Consultants	35,629	40,151	41,108	30,637	31,287	651	29,535	5.9%	3,461	3,395	-66
Other Medical	30,255	33,866	32,684	24,635	27,444	2,809	25,300	8.5%	2,683	3,076	393
Nurses	72,972	77,152	79,247	59,526	61,682	2,156	57,038	8.1%	6,537	6,907	370
S&T	21,177	21,844	25,817	19,306	18,473	-834	16,115	14.6%	2,167	2,018	-149
A&C (Including Managers)	22,589	24,171	26,059	19,520	20,185	665	18,078	11.7%	2,180	2,179	0
Other Pay	5,526	5,839	8,223	6,178	4,621	-1,557	4,236		682	737	55
Total Pay	**188,147**	**203,024**	**213,137**	**159,802**	**163,693**	**3,890**	**150,301**	**8.9%**	**17,709**	**18,612**	**903**
Drug costs	27,558	27,476	29,097	21,816	21,936	119	20,710	5.9%	2,426	2,452	26
Clinical supplies and services	24,993	25,307	25,932	19,317	20,349	1,032	18,476	10.1%	2,159	2,437	279
Other Costs	42,159	47,563	49,212	37,045	38,001	956	34,199	11.1%	4,059	4,147	88
Non-Recurrent	0	0	0	0	0	0	0		0	0	0
Total Non-Pay	**94,710**	**100,345**	**104,242**	**78,179**	**80,286**	**2,107**	**73,385**	**9.4%**	**8,643**	**9,036**	**393**
EBITDA	**4,639**	**3,747**	**5,046**	**3,674**	**-357**	**4,031**	**5,155**		**-12**	**-461**	**449**
Non Operational	13,014	13,101	13,098	9,823	9,798	-25	9,585		1,091	1,254	162
Trading Position	**-8,374**	**-9,354**	**-8,052**	**-6,149**	**-10,156**	**4,006**	**-4,430**		**-1,103**	**-1,715**	**612**
MRET / Readmissions Gainshare	2,516	4,555	4,587	3,440	4,087	-647	2,250		382	398	15
PSF Funding	10,078	13,313	11,838	7,695	6,917	-778	5,472		1,183	825	-358
Revenue Allocation	8,700	4,500	7,276	0	0	0	0		0	0	0
Non-Recurrent	0	2,355	0	0	3,390	3,390	0		0	605	605
PSF STP Funding	0	0	0	0	778	778	0		0	358	358
Total Operating Surplus/Deficit (-)	**12,920**	**15,369**	**15,649**	**4,986**	**5,017**	**-31**	**3,292**		**462**	**471**	**-9**

Pay Award Commentary: Average uplift of 2.7% for AfC paid in Month 4, with arrears paid in Month 5. Medical pay award of 2% payable from Month 7.
Other Pay Commentary: Other pay variance is a combination of non-accrual of Medical Pay Awards (M1-6), underspends against pay reserves and staff capitalisation

Key Activity Metrics – Elective activity per WD maintained, fall off in Outpatient activity per day

Category	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
ELECTIVE INPATIENTS	**3,061**	**3,550**	**3,623**	**3,475**	**3,526**	**3,441**	**3,718**	**3,707**	**3,199**	**3,610**	**3,340**	**3,626**	**3,499**	**3,658**	**3,824**	**3,791**	**3,573**	**3,473**	**3,888**	**3,974**	**3,447**
All Elective Surgery (excl Gynaecology)	1,931	2,256	2,288	2,250	2,111	2,060	2,277	2,406	2,049	2,211	2,180	2,284	2,234	2,340	2,392	2,382	2,228	2,228	2,375	2,500	2,122
All Elective Medicine	614	741	775	730	872	841	890	773	697	857	699	818	769	785	908	845	789	746	963	935	835
All Elective Womens & Children	236	236	238	199	227	238	221	223	177	205	196	233	216	228	214	224	230	219	230	201	223
All Elective Clinical Support Services	280	317	322	296	316	302	330	305	276	337	265	291	280	305	310	340	326	280	320	338	267
NON-ELECTIVE INPATIENTS (excl well babies)	**5,195**	**5,777**	**5,507**	**5,454**	**5,298**	**5,420**	**5,565**	**5,751**	**5,692**	**5,750**	**5,322**	**5,842**	**5,487**	**5,914**	**5,543**	**6,374**	**5,735**	**5,689**	**6,438**	**6,214**	**6,011**
All Non-Elective Surgery	726	879	854	817	771	815	826	844	832	781	786	883	818	888	824	912	888	862	950	844	834
All Non-Elective Medicine	1,927	2,207	2,148	2,118	2,176	2,116	2,165	2,088	2,146	2,311	2,162	2,351	2,168	2,202	2,128	2,184	2,219	2,148	2,296	2,384	2,298
All Non-Elective Womens & Children (excl *)	2,542	2,690	2,505	2,518	2,349	2,485	2,572	2,817	2,711	2,656	2,374	2,560	2,499	2,823	2,589	3,275	2,628	2,675	3,189	2,984	2,875
All Non-Elective Clinical Support Services	0	1	0	1	2	4	2	2	3	2	0	2	2	1	2	3	0	4	3	2	4
Number of Births*	428	451	449	480	438	441	409	436	429	454	360	425	382	480	433	459	475	0	445	0	427
Consultant First Outpatient Attendances	**8,742**	**9,874**	**10,004**	**9,661**	**9,940**	**9,270**	**10,453**	**10,747**	**8,341**	**10,332**	**9,542**	**9,904**	**9,418**	**10,296**	**9,433**	**10,005**	**9,244**	**9,116**	**11,193**	**11,212**	**9,346**
Consultant Subsequent Outpatient Attendances	**15,568**	**17,975**	**19,061**	**17,331**	**17,567**	**17,336**	**19,246**	**19,913**	**15,448**	**19,954**	**17,737**	**18,498**	**17,830**	**18,481**	**17,371**	**18,062**	**17,529**	**16,604**	**19,449**	**19,255**	**15,684**
A&E Attendances	**8,411**	**9,182**	**8,913**	**9,062**	**8,337**	**8,689**	**9,170**	**8,940**	**8,847**	**8,795**	**8,043**	**8,858**	**8,477**	**9,241**	**9,178**	**9,665**	**8,605**	**8,815**	**8,868**	**9,323**	**8,933**

Elective M1-9 17-18	31,300	**Non-Elective M1-9 17-18**	49,659	**Outpatient 1st M1-9 17-18**	87,032	**Outpatient FU M1-9 17-18**	159,445	**A&E M1-9 17-18**	79,551
Elective M1-9 18-19	33,127	**Non-Elective M1-9 18-19**	53,405	**Outpatient 1st M1-9 18-19**	89,263	**Outpatient FU M1-9 18-19**	160,265	**A&E M1-9 18-19**	81,105
Increase	5.8%	**Increase**	7.5%	**Increase**	2.6%	**Increase**	0.5%	**Increase**	2.0%

Table below shows the activity restated per working day / calendar day to remove the impact of changes in month length

Elective Inpatient per Working Day	**170**	**169**	**165**	**165**	**160**	**164**	**169**	**169**	**168**	**164**	**167**	**173**	**175**	**174**	**182**	**172**	**162**	**174**	**169**	**181**	**181**
All Elective Surgery (excl Gynaecology)	107	107	104	107	96	98	104	109	108	101	109	109	112	111	114	108	101	111	103	114	112
All Elective Medicine	34	35	35	35	40	40	40	35	37	39	35	39	38	37	43	38	36	37	42	43	44
All Elective Womens & Children	13	11	11	9	10	11	10	10	9	9	10	11	11	11	10	10	10	11	10	9	12
All Elective Clinical Support Services	16	15	15	14	14	14	15	14	15	15	13	14	14	15	15	15	15	14	14	15	14
Non-Elective Inpatient per Calendar Day	**173**	**186**	**184**	**176**	**171**	**181**	**180**	**192**	**184**	**185**	**190**	**188**	**183**	**191**	**185**	**206**	**185**	**190**	**208**	**207**	**194**
All Non-Elective Surgery	24	28	28	26	25	27	27	28	27	25	28	28	27	29	27	29	29	29	31	28	27
All Non-Elective Medicine	64	71	72	68	70	71	70	70	69	75	77	76	72	71	71	70	72	72	74	79	74
All Non-Elective Womens & Children (excl *)	85	87	84	81	76	83	83	94	87	86	85	83	83	91	86	106	85	89	103	99	93
All Non-Elective Clinical Support Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultant First Outpatient Attendances per WD	**486**	**470**	**455**	**460**	**452**	**441**	**475**	**489**	**439**	**470**	**477**	**472**	**471**	**490**	**449**	**455**	**420**	**456**	**487**	**510**	**492**
Consultant FU Outpatient Attendances per WD	**865**	**856**	**866**	**825**	**799**	**826**	**875**	**905**	**813**	**907**	**887**	**881**	**892**	**880**	**827**	**821**	**797**	**830**	**846**	**875**	**825**
A&E Attendances per Calendar Day	**280**	**296**	**297**	**292**	**269**	**290**	**296**	**298**	**285**	**284**	**287**	**286**	**283**	**298**	**306**	**312**	**278**	**294**	**286**	**311**	**288**

Source: Summary Activity Count produced by Information Department
Note: This slide does not account for casemix (i.e. the tariff for a Surgical elective inpatient can range from £189 to £25,319)

Contract Income | **POD Breakdown** | **Estimated Position**

NHS Activity	Annual Plan	M1-8 Plan	M1-8 Actual	Variance	M9 Plan	M9 Estimate	Variance
Admitted Patients - Elective	43.8	29.8	28.7	-1.1	3.2	3.3	0.0
Admitted Patients - Non Elective 30%	81.2	53.2	55.6	2.3	7.1	7.3	0.2
Readmissions	-3.7	-2.5	-2.3	0.1	-0.3	-0.3	0.0
30% Adjustment - Luton	-3.3	-2.2	-2.6	-0.4	-0.3	-0.4	-0.1
30% Adjustment - Beds	-2.0	-1.3	-1.7	-0.4	-0.2	-0.3	-0.1
30% Adjustment - Herts	-0.5	-0.4	-0.5	-0.1	0.0	-0.1	0.0
Admitted Patients - Non Elective 100%	28.0	18.6	19.2	0.6	2.4	2.4	0.0
Maternity Payment Pathway	11.2	7.5	7.4	-0.1	0.9	0.8	-0.1
Outpatients - First	14.0	9.5	8.4	-1.1	1.1	0.9	-0.1
Outpatients - Follow Ups	13.5	9.1	8.4	-0.8	1.0	0.9	-0.1
Outpatient - Multi-professional 1sts	0.5	0.4	0.6	0.2	0.0	0.1	0.0
Outpatient - Multi-professional FU	0.7	0.5	0.7	0.2	0.1	0.1	0.0
OP PROC	11.3	7.6	7.6	0.0	0.9	0.8	0.0
A&E	16.0	10.7	10.8	0.1	1.4	1.3	0.0
UB IMAGING	4.1	2.8	2.6	-0.2	0.3	0.3	0.0
Direct Access (PbR)	2.3	1.5	1.4	-0.2	0.2	0.2	0.0
Same Day Chemo	1.2	0.8	0.7	-0.1	0.1	0.1	0.0
Breast Screening	3.9	2.7	2.8	0.1	0.3	0.3	0.0
Critical Care	16.8	11.2	10.8	-0.4	1.4	1.4	0.0
Admitted Patients - Non PbR - Elective	0.8	0.5	0.6	0.1	0.1	0.1	0.0
Admitted Patients - Non PbR - Non-Elective	2.4	1.6	1.7	0.1	0.2	0.2	0.0
Direct Access	4.3	2.9	3.2	0.4	0.3	0.4	0.0
Non-Prebooked outpatients	0.1	0.0	0.0	0.0	0.0	0.0	0.0
Outpatients - Non PbR	4.0	2.6	2.5	-0.2	0.3	0.3	-0.1
OPTEL	0.2	0.1	0.2	0.1	0.0	0.0	0.0
Pre-assessment	1.3	0.9	0.9	0.1	0.1	0.1	0.0
Onestop	2.1	1.4	1.3	-0.1	0.2	0.2	0.0
Other Contracted income	17.7	11.7	11.9	0.2	1.5	1.4	-0.1
DRUGS	19.6	13.1	13.4	0.3	1.7	1.8	0.1
CQUIN	6.3	4.2	4.3	0.1	0.5	0.5	0.0
Other	-0.1	0.2	0.5	0.3	-0.1	0.0	0.1
Challenges	-0.9	-0.6	-0.2	0.4	-0.1	0.0	0.1
YTD Total	**296.7**	**198.2**	**198.6**	**0.4**	**24.2**	**24.0**	**-0.1**
MRET - Luton	2.2	1.5	1.7	0.3	0.2	0.3	0.1
MRET - Beds	1.7	1.1	1.4	0.2	0.1	0.2	0.1
MRET - Herts	0.7	0.5	0.5	0.0	0.1	0.1	0.0
YTD Total	**4.6**	**3.1**	**3.6**	**0.5**	**0.4**	**0.5**	**0.1**

Months 7-8 had improved performance against Elective and Outpatient activity, but this was offset by underperformance against Outpatient activity in Month 9. The Trust is anticipating improvement against Elective and Outpatient activity in Month 10.

Overperformance in Month 7-8 means that the Trust is now delivering the income plan year to date. Reverting to the Month 7-8 performance level is key to delivering the recovery plan.

CQUIN assumed to be 100% for Q1-Q3, and 95% fixed settlement for full year, this is in line with the Trust forecast.

Guidance on Referral to Treatment Times

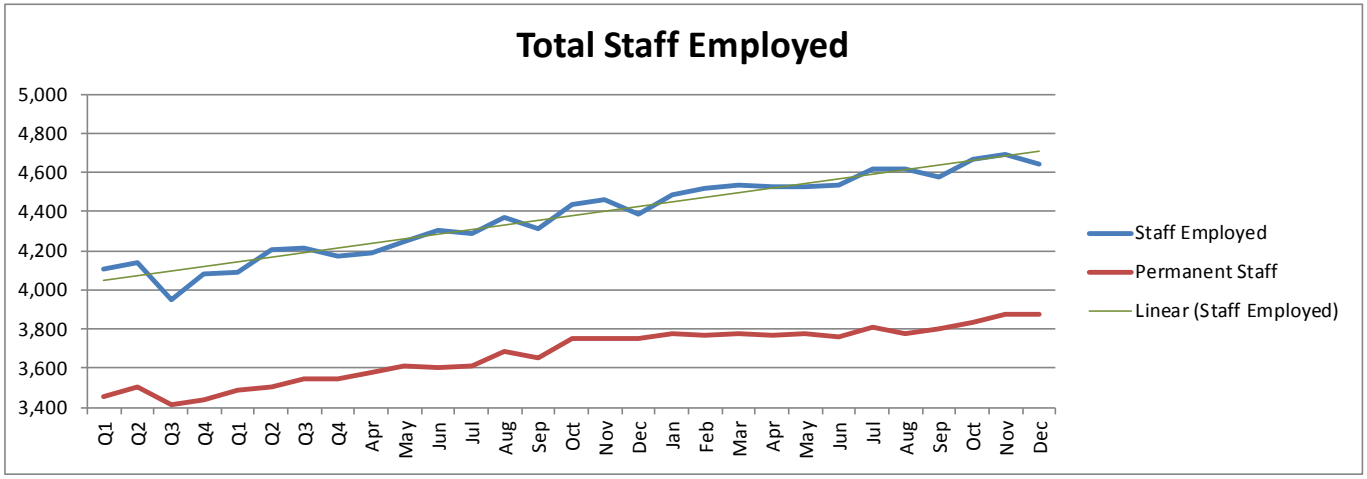
The 2018/19 allocations now allow for improvements in the volume of elective surgery being funded next year, and improvements in the number of patients waiting over 52 weeks.

A more significant annual increase in the number of elective procedures compared with recent years means **commissioners and providers should plan on the basis that their RTT waiting list, measured as the number of patients on an incomplete pathway, will be no higher in March 2019 than in March 2018** and, where possible, they should aim for it to be reduced. Numbers nationally of patients waiting more than 52 weeks for treatment should be halved by March 2019, and locally eliminated wherever possible.

		Within 18 weeks					> 18 weeks					Total					Change Mar 18 to
		Apr-17	Mar-18	Aug-18	Sep-18	Oct-18	Apr-17	Mar-18	Aug-18	Sep-18	Oct-18	Apr-17	Mar-18	Aug-18	Sep-18	Oct-18	Oct 18
100	General Surgery	1,287	1,280	1,255	1,251	1,298	149	303	131	138	127	1,436	1,583	1,386	1,389	1,425	-158
101	Urology	1,021	1,087	1,275	1,353	1,375	125	201	171	184	151	1,146	1,288	1,446	1,537	1,526	238
110	Trauma & Orthopaedic	944	1,287	1,115	1,061	1,079	43	123	80	70	49	987	1,410	1,195	1,131	1,128	-282
120	ENT	1,746	2,046	1,910	1,910	1,927	160	344	319	397	437	1,906	2,390	2,229	2,307	2,364	-26
130	Ophthalmology	1,940	1,905	2,506	2,462	2,770	151	146	182	216	198	2,091	2,051	2,688	2,678	2,968	917
140	Oral & Maxillofacial	1,626	1,568	1,439	1,421	1,406	206	470	484	458	396	1,832	2,038	1,923	1,879	1,802	-236
160	Plastic Surgery	106	101	116	124	132	2	2	0	1	0	108	103	116	125	132	29
300	General Medicine	570	593	642	636	614	0	15	9	8	13	570	608	651	644	627	19
301	Gastroenterology	683	762	835	823	827	9	15	46	62	33	692	777	881	885	860	83
320	Cardiology	966	973	1,030	1,003	1,023	10	25	69	98	100	976	998	1,099	1,101	1,123	125
330	Dermatology	876	859	1,256	1,222	1,174	68	50	92	169	137	944	909	1,348	1,391	1,311	402
340	Respiratory Medicine	726	789	761	812	869	34	41	46	94	64	760	830	807	906	933	103
400	Neurology	498	551	760	758	751	12	49	59	88	76	510	600	819	846	827	227
410	Rheumatology	249	255	318	318	336	0	0	0	0	0	249	255	318	318	336	81
430	Elderly Medicine	131	169	176	178	192	1	1	3	4	4	132	170	179	182	196	26
502	Gynaecology	1,242	1,737	1,839	1,717	1,651	162	150	172	179	177	1,404	1,887	2,011	1,896	1,828	-59
X01	Others	4,235	4,103	4,587	4,865	4,781	329	292	270	368	367	4,564	4,395	4,857	5,233	5,148	753
	Total	**18,846**	**20,065**	**21,820**	**21,914**	**22,205**	**1,461**	**2,227**	**2,133**	**2,534**	**2,329**	**20,307**	**22,292**	**23,953**	**24,448**	**24,534**	**2,242**

Staff in Post

	2015				2016				2017									2018											
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Admin/Estates	704	709	695	706	744	757	737	749	754	768	771	771	786	775	788	792	794	799	807	793	815	810	797	831	842	831	833	851	852
WD Clk/Support	401	426	194	206	206	214	220	220	224	228	229	228	212	221	224	226	223	226	232	226	230	228	220	238	240	235	234	244	243
HCA	529	534	548	578	558	594	571	555	564	557	559	563	580	563	549	551	553	559	572	584	567	559	578	621	621	621	611	610	614
Consultant	227	236	230	253	251	260	263	257	259	269	281	277	271	269	285	285	272	278	293	296	286	288	285	292	291	287	291	297	290
Medical non-Cons	372	386	367	368	367	396	407	404	374	396	436	415	467	437	447	459	426	458	439	445	452	445	459	469	447	419	471	434	422
N&M	1,331	1,307	1,373	1,420	1,416	1,422	1,435	1,423	1,448	1,452	1,439	1,454	1,461	1,452	1,549	1,544	1,529	1,559	1,567	1,587	1,561	1,565	1,562	1,531	1,546	1,546	1,577	1,608	1,582
Learner	4	4	8	7	7	3	3	6	6	6	5	4	4	4	7	7	7	9	10	10	10	10	10	10	5	5	5	5	4
Therapy/Technical	339	357	365	360	352	347	359	368	364	373	374	369	378	380	384	385	385	392	394	391	391	397	396	400	406	413	423	423	421
Healthcare Scientists	192	179	170	184	185	207	211	185	191	198	204	203	206	203	201	210	196	200	199	198	215	226	221	227	216	214	215	217	208
Other	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3
Staff Employed	**4,102**	**4,142**	**3,952**	**4,084**	**4,088**	**4,202**	**4,210**	**4,171**	**4,186**	**4,249**	**4,302**	**4,286**	**4,369**	**4,308**	**4,437**	**4,462**	**4,388**	**4,483**	**4,516**	**4,533**	**4,529**	**4,530**	**4,532**	**4,621**	**4,616**	**4,575**	**4,665**	**4,690**	**4,638**
Made up of:																													
Permanent Staff	3,450	3,503	3,413	3,440	3,486	3,500	3,541	3,548	3,574	3,607	3,604	3,610	3,685	3,655	3,750	3,753	3,747	3,773	3,771	3,772	3,764	3,772	3,763	3,806	3,774	3,797	3,835	3,878	3,877
Locum / Bank	496	486	395	507	456	537	520	499	501	522	571	559	562	534	568	567	515	586	632	623	623	617	614	670	690	640	678	663	515
Agency	156	153	144	136	145	165	149	124	111	121	127	116	121	119	119	142	127	123	113	137	142	141	154	145	152	138	153	149	118



*Q3 Drop in 2015 is Engie

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

Agency Spend	Worse than plan

£000s	15/16	16/17	17/18	18/19	18/19	18/19
	Actual	Actual	Actual	Plan	Mthly Plan	Actual
Apr	1,241	1,217	1,161	1,143	1,143	1,384
May	2,486	2,544	2,394	2,278	1,135	1,271
Jun	3,621	3,745	3,693	3,323	1,045	1,435
Jul	4,781	5,097	4,953	4,361	1,038	1,382
Aug	6,022	6,267	6,185	5,329	968	1,474
Sep	7,280	7,664	7,354	6,369	1,040	1,343
Oct	8,562	8,957	8,580	7,491	1,122	1,372
Nov	9,839	10,031	10,059	8,545	1,054	1,498
Dec	11,043	11,183	11,137	9,472	927	1,199
Jan	12,135	12,306	12,339	10,460	988	
Feb	13,510	13,414	13,408	11,457	997	
Mar	14,660	14,394	14,831	12,451	994	

The Trust's current plan breaches both the **Medical Locum** (agency ceiling of £5.654m and the new (tougher) annual **Agency Ceiling target of £8.862m**

Current run-rate results in Agency spend of £16.5m

If the Trust remains within 150% of the annual target (£13.293m) this would normally be sufficient to avoid NHSI scrutiny.

Failure of this target **allows** NHSI to apply a soft override to the Trust's Use of Resources Rating (Financial Risk Rating). It is not known whether NHSI will exercise this right.

The Trust has the highest paid Agency staff (£145 per hour) in the Midlands and East, and this is gathering attention from NHSI.

	Plan				
	Medics	**Nursing**	**Other Clin**	**A&C**	**Total**
Apr-17	670	354	104	0	1,128
May-17	670	346	104	0	1,120
Jun-17	670	255	105	0	1,030
Jul-17	661	256	106	0	1,023
Aug-17	608	238	107	0	953
Sep-17	608	310	107	0	1,025
Oct-17	608	391	108	0	1,107
Nov-17	608	368	108	0	1,084
Dec-17	563	384	108	0	1,055
Jan-18	420	442	108	0	970
Feb-18	423	451	108	0	982
Mar-18	425	436	108	0	969
Total	**6,939**	**4,231**	**1,281**	**0**	**12,451**

	Ceiling	Actual				
	Medics	**Medics**	**Nursing**	**Other Clin**	**A&C**	**Total**
Apr-17	546	695	477	184	29	1,384
May-17	546	572	475	209	15	1,271
Jun-17	546	731	495	206	4	1,435
Jul-17	539	747	389	233	13	1,382
Aug-17	496	882	422	149	21	1,474
Sep-17	496	710	432	177	25	1,343
Oct-17	496	768	394	183	27	1,372
Nov-17	496	907	407	154	31	1,498
Dec-17	459	698	326	129	46	1,199
Jan-18	343					0
Feb-18	345					0
Mar-18	347					0
Total	**5,654**	**6,710**	**3,816**	**1,624**	**209**	**12,358**

Workforce
February 2019

(Reporting November / December 2018 Data)

WORKFORCE BALANCED SCORECARD **Reporting Period: November / December 2018**

Workforce	Trust Target	Nov-18 Trust Actual	Nov-18 Corporate	Nov-18 Diagnostics	Nov-18 Medicine	Nov-18 Surgery	Nov-18 Women' and Children's	Dec-18 Trust Actual	Dec-18 Corporate	Dec-18 Diagnostics	Dec-18 Medicine	Dec-18 Surgery	Dec-18 Women' and Children's	Dec-17 Trust Actual
Workforce Statistics														
Staff in post (Assignment Headcount)	-	4310	581	763	1193	947	826	4310	585	762	1195	954	814	4169
Budgeted WTE	-	4397	526	738	1340	1057	736	4397	526	738	1340	1057	736	4145
Staff in Post (WTE)	-	3878	536	665	1089	891	698	3800	520	653	1071	883	674	3747
Vacancy Rates (%)	10%	11.80	-2.02	9.97	18.84	15.66	5.15	13.57	1.06	11.58	20.11	16.44	8.49	9.61
Nurses & Midwives Budgeted WTE		1456	46	28	555	411	416	1456	46	28	555	411	416	1437.5
Nurses & Midwives in Post (WTE)	-	1292.2	43.3	25.5	476.7	352.9	393.8	1287	43.3	25.5	474.3	352.9	390.6	1260.0
Nursing & Midwives Vacancy Rates (%)	10%	11.26	5.14	8.99	14.10	14.18	5.42	11.64	5.14	8.99	14.52	14.16	6.20	12.38
Nursing Vacancy Rates (%)	10%	12.73	5.14	8.99	14.10	14.18	8.67	12.95	5.14	8.99	14.52	14.16	9.02	14.20
Midwives Vacancy Rates (%)	10%	1.41	-	-	-	-	1.41	2.67	-	-	-	-	2.67	0.60
Sickness FTE Days Lost	-	3852	396	690	1081	781	904	-	-	-	-	-	-	4505
Sickness Rates (%)	3.32%	3.25	3.32	3.31	2.86	4.20	4.05	-	-	-	-	-	-	3.87
Estimated Sickness Cost (£)	-	321204	25989	54719	84467	68368	87660	-	-	-	-	-	-	377690
Maternity Absence Rates (%)	-	2.63	0.88	1.89	3.02	3.16	3.43	2.80	1.04	2.28	3.12	3.34	3.48	2.57
Other Absence Rates (%)	-	0.44	0.24	0.96	0.32	0.53	0.16	0.41	0.32	0.56	0.40	0.39	0.37	1.12
Turnover %	10%	16.55	19.42	15.71	17.23	15.18	15.83	16.06	19.49	16.62	15.81	13.98	15.70	15.47
Appraisal Rate %	90%	81	76	88	77	81	81	80	75	85	77	80	80	82
Core Statutory Training %	80%	87	84	85	87	89	87	87	84	87	88	90	87	82

RECRUITMENT COMMENTARY

Nurse Recruitment - Overall 51 nurses started in post between October and December of which 23 were registered with the NMC and 28 overseas nurses with registration pending 3 bank nurses were also recruited.

The Trust continues with both local recruitment as well as overseas recruitment for registered nurses. Recruitment campaigns undertaken in this period include Luton Employment and Skills Fair and HCA campaigns. Events planned over the next few months include attendance at Hertfordshire University Nursing Careers Event, Luton Mall Careers Stand and further scheduled Healthcare Assistant campaigns.

International Recruitment – The Trust is continuing with regular Skype interview campaigns for Non-EU qualified nurses. There are currently 92 overseas nurses in the pipeline who have passed their IELTS/OET and are now progressing through the various stages of the NMC process. Throughout this period 28 overseas nurses have arrived at the Trust, 17 of which subsequently passed their OSCE exam and gained their NMC registration. The remaining 11 nurses will sit their OSCE exam during the next few weeks. Further Skype interviews are planned throughout January and February.

European Recruitment – The latest EU recruitment campaign last summer resulted in 14 nurses being offered Band 4 roles pending their successful completion of either the IELTS or OET exam and NMC registration. The Trust have supported these nurses with OET support and to date 4 nurses have passed their exam and now have their NMC registration. Discussions are underway regarding the remaining 10 nurses and how the Trust supports them further to pass their English Language test.

HCA Recruitment - The Trust continues with regular recruitment campaigns for both permanent and bank positions to keep vacancies to a minimum and provide an effective bank resource. There have been 20 substantive HCA starters and a further 16 joined the bank during the period. Open Days for HCA's will continue on a bi-monthly basis The next planned HCA Open Day is scheduled for 31st January. Individual campaigns are also being held over the next few weeks for two specific ward areas.

STAFF IN POST WTE BY DIVISION

DIVISION	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	% Growth From April 2018	Average % Growth per month	% Growth over last 12 months
Corporate	512.1	511.07	503.1	509.4	510.5	502.9	514.0	519.6	519.9	525.3	536.1	538.3	5.68%	0.47%	5.13%
Diagnostics, Therapeutics and Outpatients	637.1	641.5	636.2	629.4	638.1	633.2	642.2	640.3	652.7	658.8	664.6	666.3	5.86%	0.42%	4.58%
Medicine	1047.0	1043.5	1051.0	1045.1	1045.5	1051.5	1072.8	1063.3	1070.8	1071.3	1087.9	1087.0	4.01%	0.35%	3.82%
Surgery	887.0	886.47	898.2	894.4	888.4	886.9	892.9	876.7	883.0	891.3	891.2	898.0	0.40%	0.11%	1.25%
Women's & Children's	690.3	688.08	683.9	686.0	689.1	688.8	684.4	674.1	673.6	688.6	698.1	687.4	0.20%	-0.04%	-0.42%
TOTAL	3773.4	3770.6	3772.4	3764.3	3771.7	3763.4	3806.4	3773.9	3800.0	3835.3	3878.0	3877.0	2.99%	0.25%	2.75%

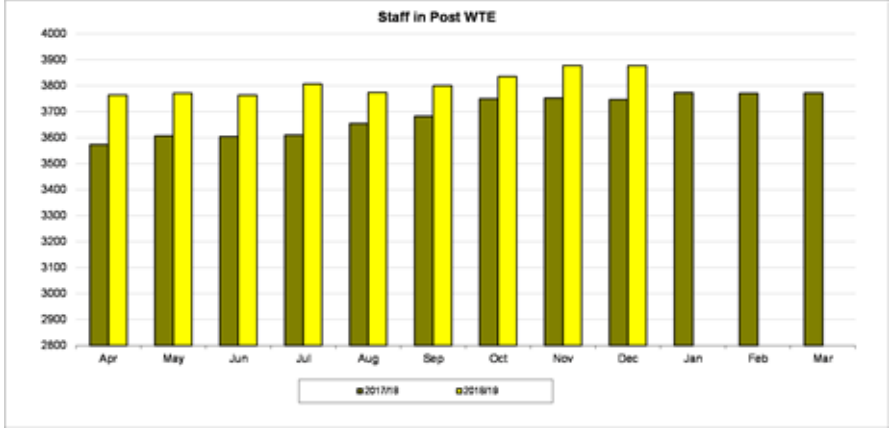
WTE COMMENTARY

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 2.75% since January 2018**.** The increase in SIP for the Corporate division mainly relates to Admin and Clerical and Estates staff groups. The highest growth areas for Diagnostics division are Pharmacists 8.68 WTE and Radiographers 4.84 WTE. The growth in Medicine division can mainly be attributed to 24.28 WTE increase in registered nurses. The increase in the Surgical division is due to turnover across all staff groups with the highest an increase of 9.27 WTE in Admin and Clerical workers such as Medical Secretaries. Women's and Children's shows a slight decrease in WTE with increases in Admin and Clerical staff of 8.45 WTE and average decreases across all the other staff groups of 2.34 WTE.

- There are currently 116 band 5 Nursing vacancies across the Trust. There are 133 band 5 Nurses currently going through the recruitment process, which includes 41 applicants through our local recruitment campaigns and 92 IELTS/OET passed applicants through our overseas recruitment campaigns.

- Currently there are 63 vacancies for band 2 Healthcare Assistants with 24 (of which 14 are Bank) currently going through the recruitment process due to commence between January and March 2019. There are 116 applications for the current HCA campaign.



Medical Recruitment

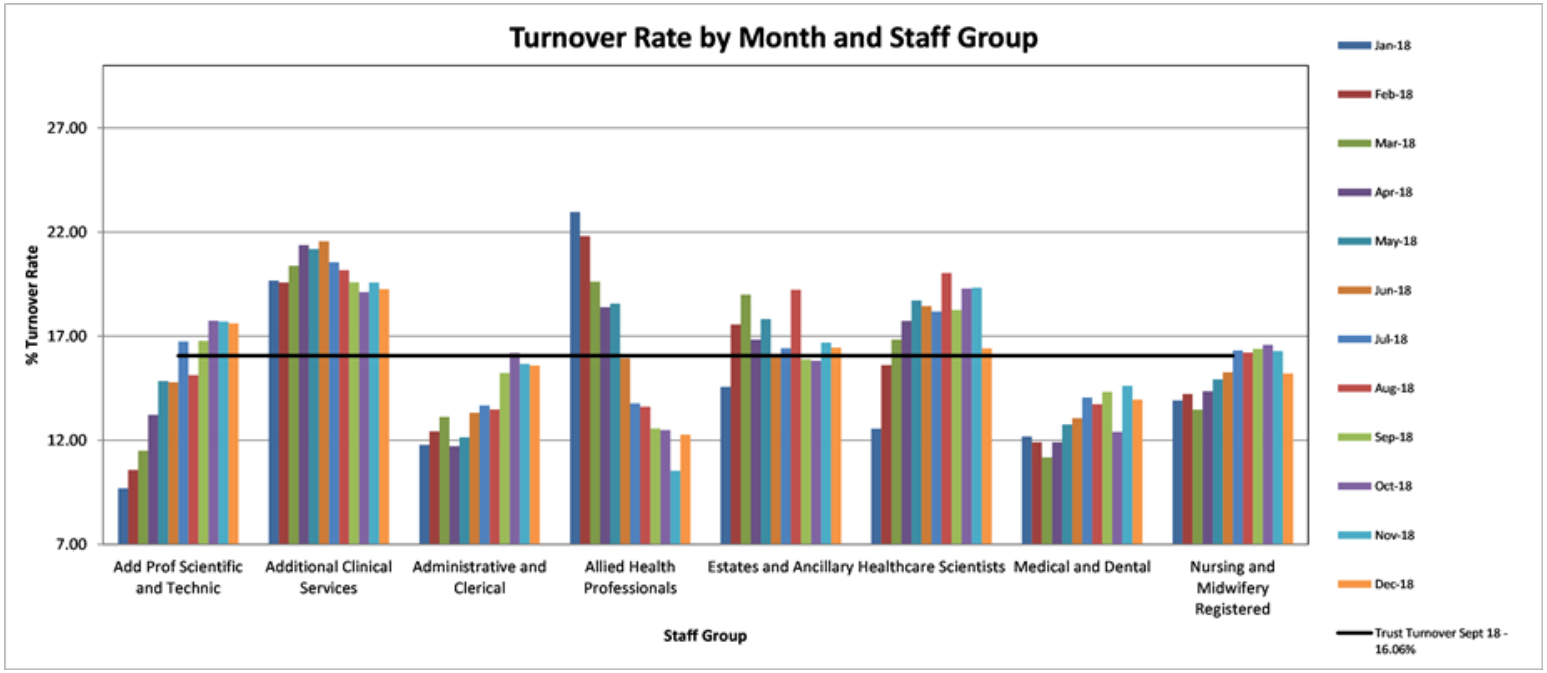
Between October and December 8 AAC's were planned and appointments were made in cardiology (1), obstetrics and gynaecology (4), histopathology (1) and neurology (2 part time). 3 AAC's were cancelled due to no applications received (haematology, microbiology and elderly and stroke).

Between January and March 7 AAC's are scheduled for the following specialties: diabetes, acute medicine, respiratory, radiology, rheumatology, elderly medicine, and orthogeriatrics.

New Starters

Between October and December 7 substantive consultants started in post: Radiology (1) , Paediatrics (2), Restorative Dentistry (2), ENT (1) and anaesthetics (1).

TURNOVER



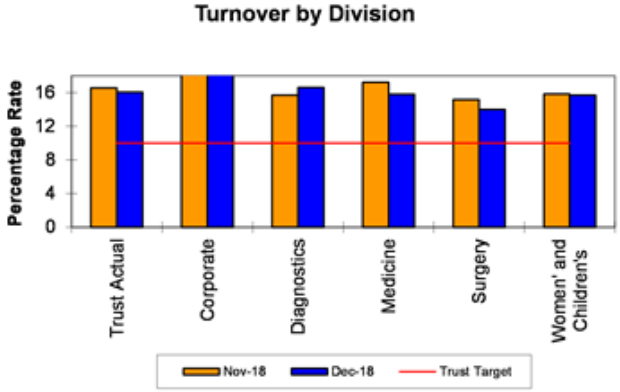
TURNOVER COMMENTARY

The Trust's overall turnover rate is 16.06% for the reporting year ending 31st December 2018. This is decrease in month from November 2018 (16.55%) but an increase compared to December 2017 (15.47%). Overall turnover is above the EoE Q2 average (15.20%) by 0.86%.

Nursing and Midwifery turnover for December 2018 is 15.2 % an increase of 1.05% when compared to December 2017. This increase can be attributed, work life balance 39%, to relocation 24% and retirees 15%. The increased turnover amongst administrative and clerical staff is attributed to an increase in leavers due to end of fixed term contracts (6),retirees (4) and work life balance (3). The Allied Health Professional staff group turnover maintained its position ending at 12.27% in December 2018 compared to 25.18% December 2017. There was a dip in November 2018 reflecting there were leavers within the month.

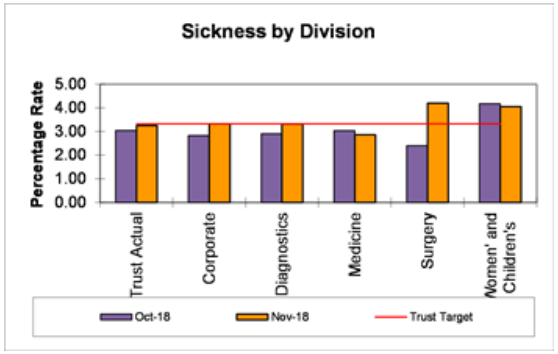
The Retention Matters Project ,which focuses on Nurse and HCA turnover reduction, continued with the Monthly "Itchy Feet Clinics" however the last event was poorly attended. The project is working with the Communication team to market the events to build engagement and maintain momentum. In addition, the project group are developing a guide on retirement options that include retire and return, Wind down and step down to mitigate the risks of losing valuable skills and experience as the workforce ages.

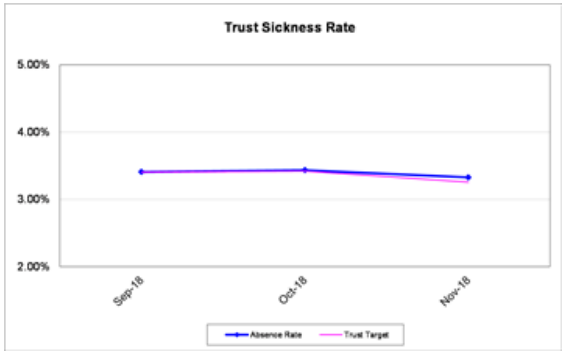
Not including Junior Doctors at end of their contract - there were a total of 142 leavers between October and December 2018 – top reasons for leaving were: Work Life Balance – 23.24%, Relocation – 15.49% and Retirement – 11.97%.

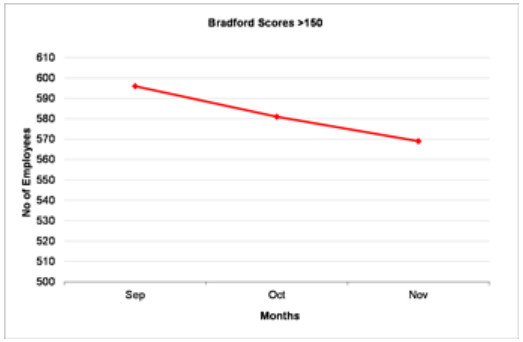


* Turnover figures above do not include Junior Doctors.

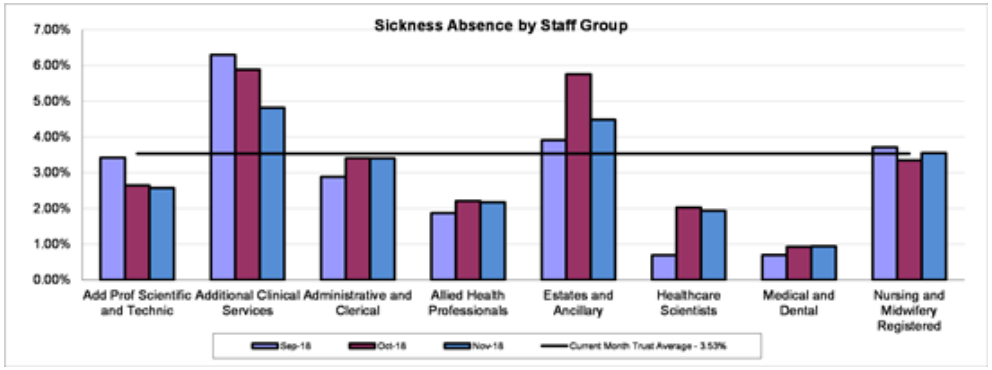
SICKNESS ABSENCE







Sickness Absence by Staff Group	Sep-18	Oct-18	Nov-18	Last 12 Months Average
Add Prof Scientific and Technic	3.42%	2.64%	2.57%	3.09%
Additional Clinical Services	6.30%	5.88%	4.82%	6.04%
Administrative and Clerical	2.88%	3.41%	3.40%	3.17%
Allied Health Professionals	1.87%	2.21%	2.17%	2.42%
Estates and Ancillary	3.91%	5.75%	4.48%	5.51%
Healthcare Scientists	0.69%	2.03%	1.93%	1.94%
Medical and Dental	0.70%	0.92%	0.94%	0.93%
Nursing and Midwifery Registered	3.71%	3.35%	3.55%	3.73%
Trust total	3.41%	3.42%	3.25%	3.53%



SICKNESS ABSENCE COMMENTARY

The monthly average for November 2018 (3.25%) is lower than for October 2018 (3.42%) and is below the Trust target of 3.32%. The Trust's overall average for the year ending 30th November 2018 of 3.53%. This is above the Trust target but is lower than the same period last year (3.90%) and is also lower than the NHS National median of 3.95% which places the Trust in the lowest quartile for absence rates. This is made up of 67% short term absences, 26% short term with an underlying health reason (UHR), 1% pregnancy related sickness and 6% long term sickness. Long term absences have increased by 19% within the period and pregnancy related absences have doubled – however this is likely to be due to more accurate categorisation.

The Estates and ancillary staff group marked changes in sickness % rates remains due to the relatively small number of employees whereby a small change in sickness rates leads to a marked % change. The decrease between October and November is equivalent to 1.3 WTE. The Additional Clinical Services staff group 12 month average remains consistent at 6.01% but reduced over the quarter ending at 4.82% in November. 62% of the Additional Clinical Service staff who were absent were Healthcare Assistants with the top 3 reasons of Gastro, Cough/Cold/Flu and MSK . The Trust offers support to staff which includes the Staff Assistance Programme (CiC), Metal Health First Aid and the fast track to Physio programme.

The percentage of Stage 2 meetings increased from 62% to 63% over the period. The lowest percentage of Stage 2 meetings was in Acute & Emergency Medicine (39%) followed by Cancer Services (50%). The highest percentage of Stage 2 meetings was conducted by Estates & Facilities (79%), followed by Corporate Services (73%). A total of 556 Stage 2 meetings were held in the calendar year 2017 but increased to 858 in the calendar year 2018 – an increase of just under 65%.

The HR Team are collating information regarding the short notice cancellation of Stage 2 meetings that have been scheduled . The Stage 2 meeting cancellation rate in Q3 reduced to 88 compared to 95 in Q2.

TRAINING COMPLIANCE BY DIVISION

December 2018	APPRAISALS	INDUCTION	STATUTORY TRAINING						
			Fire	Infection Control	Safe Moving - Theory	Safe Moving - Practical	Information Governance	Safeguarding Adults	Safeguarding Children
TRUST TARGET	**90%**	**100%**	**80%**	**80%**	**80%**	**80%**	**80%**	**80%**	**80%**
Corporate	75%	92%	82%	87%	81%	89%	79%	87%	82%
Diagnostics, Therapeutics and Outpatients	85%	78%	85%	90%	88%	93%	78%	91%	85%
Medicine	77%	76%	85%	88%	87%	96%	83%	86%	88%
Surgery	80%	78%	87%	90%	90%	96%	85%	90%	89%
Women's & Children's	80%	67%	85%	88%	87%	93%	82%	89%	90%
TRUST TOTAL	**80%**	**80%**	**85%**	**89%**	**87%**	**95%**	**82%**	**89%**	**87%**
Change from last month	-1%	-2%	1%	1%	0%	1%	2%	0%	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/Mandatory Training

Overall mandatory training compliance is generally positive, however, there are pockets of areas in particular staff groups where compliance falls below an acceptable level. The most recent CQC report raised concerns in relation to mandatory training compliance levels and as a result the Trust feedback report states that it MUST ensure that all staff attend mandatory training and that staff attend children's safeguarding level three training as it was noted to be more of a concern in certain staff groups. An action plan has been agreed to improve compliance and this will be monitored through COSQ on a monthly basis.

In terms of the December 2018 compliance, there has been no overall change in mandatory training compliance during this period. We have seen a 1% increase in training compliance for Fire Safety, Infection Control, Safe Moving Practical and a 2% increase for Information Governance.

We have seen a 1% decrease in compliance for Conflict Resolution training during December. For this reason, individual reminders will be sent to those who are yet to undertake their training. We have adequate level two self-defence sessions scheduled for 2019, with the level one theory e-learning training available on the ESR Portal to all Trust employees.

The Competence Requirements for Admin and Clerical staff have been categorised and uploaded to ESR, as part of our on-going project. This means that A&C staff accessing the ESR Portal – Learner Homepage will know what training is outstanding, and the methods by which they can obtain the required competency (e.g. classroom or e-learning). We will now focus on categorising the training requirements for Medical and Dental staff as part of our efforts to streamline the enrolment process and improve compliance.

Induction - There has been a low attendance at the Trust induction day by new staff within Women and Children's Division. This is due to nine staff partially completing induction. Arrangements have been made for them to complete the remaining sessions. Two staff failed to attend induction which has been reported to the relevant managers.

Appraisals

The Trust-wide compliance figure has slightly decreased during December. We suspected that there were still appraisals to be reported so we contacted all staff who, according to our records, had not been appraised in the last 12 months. This brought the appraisal rate up to 80%, but this is still a 1% decrease in appraisals' compliance from last month's position.

We send reminders to all staff each month and inform Cost Centre Managers of their monthly position in relation to both mandatory training and appraisal. In view of the fact that the admin and clerical compliance is low in most of the divisions, we will also send a breakdown of these staff groups to each divisional lead separately. Finally, we will write to all managers about the importance of planning ahead for appraisals so that the workload is evenly distributed throughout the y ear.

LUTON & DUNSTABLE UNIVERSITY HOSPITAL

BOARD OF DIRECTORS

Agenda item	9	**Category of Paper**	Tick
Paper Title	Clinical Outcome, Safety & Quality Report	**To action**	☐
Date of Meeting	28 November 18, 19 December 18, 23 January 19	**To note**	☐
Lead Director	Alison Clarke, NED	**For Information**	☒
Paper Author		**To ratify**	☐
Indicate the impact of the paper: **Financial** ☐ **Quality/Safety** ☒ **Patient Experience** ☒ **Equality** ☒ **Clinical** ☒ **Governance** ☒			

History of Committee Reporting and Date	Clinical Outcome, Safety and Quality Committee on 28 November 18, 19 December 18, 23 January 19	
Links to Strategic Board Objectives	Objective 1 – Deliver Quality Priorities (patient experience, patient safety and clinical outcomes) Objective 2 – Deliver National Quality and Performance Targets Objective 4 – Develop all Staff to Maximise Their Potential	
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 28 November 18, 19 December 18, 23 January 19.

SUMMARY/CURRENT ISSUES AND ACTION

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

- Report on progress with the Quality Priorities 2018/19
- 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 28 November 18, 19 December 18, and 23 January 19.

2. Governance

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

The committee noted that more device related pressure damage has been reported.

An external falls review has been undertaken and the findings were presented to the November meeting. It was noted that some improvement was reliant on estate work including calls bells, broken toilet seats etc. A bathroom audit was undertaken and work has commenced following capital approval for prevention works.

It was reported that the complaints response times have worsened in December. An external review of complaints process and policy has been commissioned to commence in February.

Reports were received at each meeting outlining the position for the 18 week Referral to Treatment Target (RTT) which highlighted the challenges in reducing the backlog and meeting the target. The committee noted that there had been a 52 week breach in November. Following efforts to address the issue, including extra lists and clinics, and the referral of some patients to the private sector, COSQ were informed that the Trust had achieved the 92% target in December.

With regard to the A&E 12 hour wait for admission from decision to admit, a breach occurred on 29 October 2018. A root cause analysis investigation report was received by the committee in January and gave assurance that there was no harm to the patient.

The Deputy Chief Executive informed the committee that the breast symptomatic 2 week wait target was not met in October. Seven of the eight women rescheduled their appointment at least once during the pathway.

Cancer Services – The Deputy Chief Executive gave regular updates to COSQ of issues being addressed with Mount Vernon regarding oncology service provision. It was noted that haematology services are currently unsupported by Mount Vernon, and gynaecology services are variable. All other services are in a more stable position. This is likely to have an impact on the next patient experience survey. The Trust is currently in discussions with regard to support for these services.

Medicine Risk and Governance Update – The General Managers for the Medicine

Division gave assurance regarding the work programme for Divisional governance meetings and gave an overview of ongoing actions and learnings.

Nursing Quality Dashboard – The committee received the Nursing Quality Dashboard Report for December 2018. The Chief Nurse highlighted that hand hygiene is a high priority, not only with nursing staff but across all staff groups.

Update on Quality Governance – The Director of Quality and Safety Governance gave a verbal review on work to date, including the Quality Improvement Hub, meeting and supporting key staff across Divisions to review governance meetings, and review of NICE guidance. COSQ discussed the importance of sharing quality improvement projects across the Trust.

3. Clinical Outcome & Patient Safety

Surgical Site Infection – The Deputy Chief Executive updated the committee following issues with infections identified through the operating theatre earlier in the year. A review had not identified any themes and there had been no further issues.

Outpatient letters – Monthly data on response rates for outpatients letters was received. Very little improvement was noted. An audit had been undertaken on urgent "red" letters which highlighted the mean time to type letters is 8.4 hours.

Serious Incidents – COSQ received reports giving an update on Serious Incidents and Never Events. The Director of Quality and Safety Governance reported that she is meeting regularly with the Divisional clinical governance teams to support them to progress and close actions. The Chair of COSQ commented with regard to SI learning from wrong site surgery and use of the safer surgery checklist.

An analysis of serious incidents was presented categorised by ethnicity followed by analysis findings to identify if language or interpretation are considered to have caused or contributed to the incident. It was noted that no incident has reported a concern with language or interpretation since March 2017 and therefore suggests that the learning from incidents and the Trustwide focus on improving interpretation and translation services has had a positive impact.

Infection Control – The committee discussed hand hygiene and "bare below the elbows" and were assured that focus was being escalated across the Trust.

Fractured Neck of Femur Mortality – COSQ noted the response for information addressed to the Royal College of Physicans following receipt of their letter of 2 August advising the Trust of the potential outlier 'alert' on the Trust's mortality status in 2017. This work is receiving high profile and members of the steering group have been invited to update COSQ in February 2019.

GiRFT- The General Manager for Urology and Colorectal presented an update on the actions following the Urology GiRFT review held on 15 March 2018. The committee acknowledged that the work is a very good example of quality improvement and congratulated the Urology team.

Use of Opioids – Following media regarding high use of opioids in the USA and the high profile of this subject nationally, the Pain Nurse Specialist was invited to the

meeting to give an overview of the current issues faced locally. Acute Trusts receive a number of patients coming in from the community reliant on opioids and the Trust is working closely with CCGs and rehabilitation groups. The committee discussed the education regarding chronic pain and noted that it has been agreed to trial an opioid clinic, one afternoon on a fortnightly basis at Lea Vale Medical Practice. The Pain Nurse Specialist agreed to feedback from that trial in the summer 2019.

Stroke Update – The General Manager and Consultant for Stroke Services were in attendance at the December meeting and presented a review of the current SSNAP performance, noting that the overall rating for the Trust has returned to a B rating, although some of the domains have not recovered to the previous higher levels. The challenges and actions for improvement were noted.

4. Patient Experience

COSQ received and noted the Quarter 3 patient experience report.

Patient Stories – The committee reviewed actions and service improvements following patient stories to COSQ since June 2017.

5. Quality Priority and CQUIN

The committee received the Quality Priority and CQUIN reports each month. CQUIN evidence for Quarter 3 has been submitted. The main concern remains around the Sepsis CQUIN with delivery of antibiotics still below the target. COSQ noted the update with regard to 'Preventing Risky Behaviours' schemes and were asked to consider quality priorities for next year in relation to health promotion and prevention.

6. Report from Clinical Operational Board

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

7. Workforce Update

Statutory Training and Appraisals – The Training and Development reports covering activity to 31 December 2018 were received and noted. Detailed papers sowing data on statutory and mandatory training, together with data routinely sent to Divisions, were examined and discussed.

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

8. Risk Register

The risks assigned to COSQ which were due for review were discussed and updated. Other emerging risks were highlighted including BREXIT, infection control and mandatory training (due to regulatory action from CQC).

9. Safeguarding

Safeguarding Adult Report – The committee received the Quarter 2 Adult Safeguarding Report together with the Annual Report for information. The Chief Nurse

highlighted the significant increase in activity in the adult safeguarding team which includes the work with the local multi disciplinary team. Compliance of adult safeguarding training was noted. COSQ discussed areas of concern raised against the Trust, in particular from other providers in relation to poor discharge. Overall there is confidence that discharge is improving. Work is taking place with regard to managing the transition from children to adult safeguarding and the intention is to provide a more integrated service.

Safeguarding Children Report – The Annual Report for Safeguarding Children and Young People September 2018 was received and noted. The Trust has a high priority focus on level 3 training.

10. Papers Received for Information:

- National Quality Publications of Interest
- Minutes of Complaints Board

BOARD OF DIRECTORS

Agenda item	10	**Category of Paper**	Tick
Paper Title	Finance, Investment & Performance Committee	**To action**	☐
Date of Meeting	6 February 2019	**To note**	☒
Lead Director	Matt Gibbons – Acting Director of Finance	**For Information**	☐
Paper Author	Denis Mellon – Chair of Committee	**To ratify**	☐
Indicate the impact of the paper: **Financial** ☒ **Quality/Safety** ☒ **Patient Experience** ☒ **Equality** ☐ **Clinical** ☒ **Governance** ☒			

History of Committee Reporting and Date	Finance, Investment & Performance Committees held between November 2018 and January 2019	
Links to Strategic Board Objectives	Objective 1 – Deliver the Quality Priorities Objective 2 – Deliver National Quality and Performance Targets Objective 3 – Implement the Strategic Plan Objective 5 – Optimise our Financial Position	
Links to Regulations/ Outcomes/External Assessments	Monitor CQC Commissioners Internal Audit	
Links to the Risk Register	Non-Achievement of Financial Target CQUIN	CCG verification processes Agency spend STP Control Total

PURPOSE OF THE PAPER/REPORT

To update the Board of Directors on the findings and approval from the Finance, Investment & Performance Committees held July and September 2018.

SUMMARY/CURRENT ISSUES AND ACTION

This report highlights the issues and themes presented to FIP for the meetings from 24 October 2018, 28 November 2018, 19 December 2018 and 23 January 2019 including:

- Trust and Divisional financial performance against the plan for the year-to-date up until December 2018/19
- Associated cost improvements, contracting issues, capital expenditure during 2018/19, cash-flow and associated FIP actions;
- Investment decisions and review;
- Emerging plans and guidance for 2019/20;
- Other FIP matters.

ACTION REQUIRED

To note the Finance, Investment & Performance Committee Report from meetings held from October 2018 through to January 2019.

Public Meeting ☒ Private Meeting ☐

FINANCE, INVESTMENT & PERFORMANCE COMMITTEE REPORT TO THE BOARD

This report reflects the matters considered at the Finance, Investment and Performance (FIP) Committee meetings on 24th October, 28th November, 19th December 2018 and 23rd January 2019.

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

This report highlights the issues and themes presented to FIP between October 2018 and January 2019:

1) Trust and Divisional financial performance against the plan for the year-to-date up until December 2018/19

2) Associated cost improvements, contracting issues, capital expenditure during 2018/19, cash-flow and associated FIP actions;

3) Investment decisions and review;

4) Emerging plans and guidance for 2019/20;

5) Other FIP matters.

1. Key Finance Issues – 2018/19 Performance

Area	Commentary	FIP Actions Noted
Income	At the end of Month 9 reported trading income was ahead of plan, albeit with emergency activity over-performance masking elective and outpatient under-performance. It was noted that the plan to maximise elective and outpatient activity throughout October and November (to achieve the Referral to Treatment target) had been successful. The Committee noted that the Trust makes less margin on its emergency activity. It was also noted that non-recurrent income measures had contributed to the Trust meeting its Control Total to date, and achieving the Q4 target remains dependent on the DH revenue grant and the continuation of the levels of activity seen in October & November.	None not otherwise noted
Expenditure	At the end of Month 9, expenditure was behind plan. This is predominantly due to a significant overspend on medical pay (£3.5m) and nursing pay (£2.2m). This is driven by vacancies (particularly in junior doctors who account for £2.8m of the overspend), enhanced care models, and the initiation and safe induction of newly trained nurses on to the wards. Since October it has also been noted by the Committee that the plan included ward based savings associated with the Needs Based Care programme that have not materialised, but there is recognition that spend is in line with forecast. Balancing clinical performance and the Trust's expenditure targets continues to present a significant challenge to the Trust. NHSI scrutiny on agency spend and the Trust's desire to bring it under control has resulted in the development of a comprehensive agency report that will be a standing agenda item at the FIP meeting.	Medical pay continues to be subject to a number of different actions. These include a reduction in the hourly rate for locum shifts, revising agency engagement models and ensuring Executive sign off of all significant transactions. Nursing pay remains under continuous review, with the nursing team presenting updates to FIP.
Surplus/ Deficit	The Trust required non-recurrent measures (of £3.4m YTD) to deliver the Control Total in Month 9. Underlying performance was adrift of plan.	Concern regarding the underlying trading position was flagged by the Finance team.
CIPs	Overall CIP targets are not being met across the Trust, with a £0.44m gap at the end of Month 9.	Fast track and medium term opportunities are being explored through FIP and continue to form the basis of the Trust's recovery planning
Cash	The Trust reported a cash balance of £35.8m at 31st December 2018.	Cash planning scenarios to be included in future reporting
Capital	The current capital expenditure plan for FY18/19 is £24.7m. At the end of Month 9 actual spend is £13.4m, with a forecast spend of £27.9m.	None not otherwise noted

2. Investment Decisions & Review

Business Case	Summary of Proposal	FIP Actions Noted
Theatres	The Theatres expansion case was approved in Q3 with work commencing in December. Update reports continue to be presented to FIP.	None not otherwise noted
Electrical Infrastructure	In November the Committee were asked to approve a revised cost plan for the electrical infrastructure works, and the appointment of a design and construction contractor. The cost plan was approved with a request for a formal risk assessment to be completed on the project. This was presented to FIP in January.	None not otherwise noted
NICU Parents Accommodation	FIP considered a proposition to purchase a property on Dunstable Road for NICU parents accommodation. The proposal was supported by the Committee (although not unanimously).	Consider minimising impact on exchequer funds by considering fundraising options.
Pathology Service	The Outline Business Case for merging the Pathology Services of the L&D and Bedford Hospital was considered at the January FIP meeting. There was detailed and lengthy debate about the case and the partnership arrangements between the two Trusts. Subject to an agreed Memorandum of Understanding between the two organisations, FIP agreed for the case to go the Trust Board for due consideration.	None not otherwise noted
Minor Estates Schemes	The Redevelopment Programme Director presented requests to increase capital expenditure commitments in relation to the clean joint unit, the bed store partitioning and variations to the COMET works. All were approved by the Committee.	None not otherwise noted

3. Other Matters

Between October and January discussions have ranged over winter planning, medical locum pay rates, NHSI payment proposals, GDE and the Trust's Control Total both for FY18/19 and FY19/20. The Committee has conducted post-implementation reviews of the investments in the Haem-Onc service and ward, and the capital components of the Arndale House development and COMET improvement works.

The FY18/19 forecast outturn, and in particular the Divisional positions, has continued to be at the core of the FIP Committee discussions with members taking a keen interest in progress on recovery plans and deviations from the original forecast. The Trust's risk register was kept up-to-date for issues relating to the FIP Committee.

In January the FIP agenda focussed, in part, on the 2019/20 Control Total. The Committee registered their disappointment at the scale of target (a £19.2m surplus) and acknowledged the letter the Chief Executive has written back to NHSI articulating why this is disappointing, including the underlying £7.3m error in the Trust's baseline. The Committee also noted the risks of delivering the proposed Control Total associated with the MRET funding arrangements and the £5m non-recurrent measures that are forecast to be required in FY18/19.

Following a number of Non-Executive Director changes Denis Mellon returned as the Committee Chair, and has been joined by Mark Prior and Simon Barton, who have replaced John Garner and David Hendry respectively. Both John and David were thanked for their contributions to the Committee.

Andrew Harwood left the Trust in January after more than 18 years as the Director of Finance, and an unbroken record of attendance at the Finance Committee. Thanks were recorded at the Trust Board and echoed at FIP. Matthew Gibbons has now taken on the role, promoted from Deputy Director of Finance.

4. Conclusion

The Trust Board is asked to note this summary of the FIP Committee deliberations from 24th October, 28th November, 19th December 2018 and 23rd January 2019. The date of the next meeting of the FIP Committee is February 27th 2019.

BOARD OF DIRECTORS

Agenda item	11	**Category of Paper**	Tick
Paper Title	Hospital Redevelopment Report	**To action**	☐
Date of Meeting	6 February 2019	**To note**	☒
Lead Director	David Carter, Chief Executive	**For Information**	☐
Paper Author	David Hartshorne	**To ratify**	☐
Indicate the impact of the paper: **Financial** ☒ **Quality/Safety** ☒ **Patient Experience** ☒ **Equality** ☐ **Clinical** ☒ **Governance** ☒			

History of Committee Reporting and Date	Redevelopment Programme Board, 21 November 2018 Redevelopment Programme Board, 19 December 2018 Redevelopment Programme Board, 16 January 2019	
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.
The Trust is awaiting the decision on the capital application for the Acute Services block.
Construction of the first phase of the electrical infrastructure upgrade works has commenced. This will be completed in July.
A contractor has been appointed to build Theatres G & H and to deliver the new Day Surgery Unit. These works will be completed in July.
Refurbishment of the MRI suite is complete. Work has started on the replacement of the Gamma camera within Nuclear Medicine
Construction of the new endoscope decontamination facility will be completed in March. Installation and commissioning of the new equipment will be completed in May.
The Energy Performance Contractor, Centrica, will issue the detailed proposals for the works at the end of January. Work will then commence on developing the Managed Services Agreement, developing proposals for the energy centre building and development of a business case for the procurement and operation of the standby generators.

ACTION REQUIRED
The Board is requested to note the report.

Public Meeting ☒ Private Meeting ☐

REDEVELOPMENT PROGRAMME BOARD REPORT
6 January 2019

TO BOARD OF DIRECTORS

1. Introduction

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

2. Governance

The Programme Board met on 21 November 2018, 19 December 2018 and 16 January 2019.

Membership of the Board has been amended to reflect changes in the non-Executive Directors. The Board is now chaired by Mark Prior.

The Terms of Reference for the Board will be reviewed and submitted for approval at the meeting scheduled to take place on 20 February.

3. Main scheme

The Trust submitted a capital bid via the BLMK STP on 16 July 2018. The DHSC issued a decision on the wave 4 STP capital bids on 7 December 2018. This did not include the funding for the main scheme. The Trust is now engaged in clarifying the status of its application with the Department.

4. Enabling schemes

Construction has started on the critical upgrades to the High Voltage electrical infrastructure. The first phase of this project requires construction of two new sub-stations. These will be completed in May. This will then allow the transfer of LV infrastructure from the old sub-stations. The works will then move to upgrade works to an existing sub-station. The project will be completed in July.

MTX Contracts Ltd have been appointed as the contractor to deliver theatres G & H and the new Day Surgery Unit. Work began in December and will be completed in July. The temporary Eye Surgery Day Unit will be completed on 4 February. The main units will be delivered to site at the end of March.

The works at Arndale House, and the consequent works to buildings on the site to enable transfers of services, are now complete.

The refurbishment of the MRI suite by Philips is complete. Work has now started on the replacement of the Gamma camera within the Nuclear Medicine department. This project is being delivered by Siemens.

Construction of the endoscope decontamination unit will be completed in March. This will release the new unit for installation, commissioning and testing of the new washers and dryers. This is scheduled to be completed at the beginning of May.

5. Energy Centre

The Trust will shortly receive the audit report from Centrica, the preferred supplier for delivery of the Energy Performance Contract. This will set out in detail the proposals to support provision of power and heating on the site, and which underpin the guaranteed saving of £917,000 in energy consumption per year. The next stage is to develop the detail of the Managed Services Agreement which will govern the relationship between the Trust and Centrica through the 15 year term.

In parallel with this, the Trust is developing design work for the new Energy Centre building which

will be required, and will be bringing forward a business case for the new standby generators.

6. Programme Risk Register

The risk register was reviewed in support of the work to provide an update of the Outline Business Case.

7. Future activity

The decision on funding for the Acute Services block will determine the future activity of the redevelopment team. If funding is authorised, the focus will be on completing the Final Business Case and implementation of the scheme. In parallel with this, work will need to re-commence on the Strategic Outline Case for the refurbishment of the Medical Block.

If funding is not authorised, the Trust will need to explore other options to address the critical risk areas of Maternity, NICU and Critical Care ahead of any work on refurbishment of the Medical Block.

LUTON & DUNSTABLE UNIVERSITY HOSPITAL

BOARD OF DIRECTORS

Agenda item	12	**Category of Paper**	Tick
Paper Title	Charitable Funds Committee Reports to Board of Directors	**To action**	☐
Date of Meeting	6 February 2019	**To note**	☒
Lead Director	Matthew Gibbons – Interim Director of Finance	**For Information**	☐
Paper Author	Sarah Amexheta	**To ratify**	☐
Indicate the impact of the paper: **Financial** ☒ **Quality/Safety** ☒ **Patient Experience** ☒ **Equality** ☒ **Clinical** ☒**Governance** ☒			

History of Committee Reporting and Date	Charitable Funds Committee 28th November 2019
Links to Strategic Board Objectives	Objective 5 – Progress Clinical and Strategic Developments Objective 6 – Develop all Staff to Maximise Their Potential Objective 7 – Optimise our Financial Position
Links to Regulations/ Outcomes/External Assessments	Links to NHS Improvement in relation to the Trust Governance Framework
Links to the Risk Register	N/A

PURPOSE OF THE REPORT

To update the Board of Directors on the findings and approval of the Charitable Funds Committee held on 28th November 2018

SUMMARY/CURRENT ISSUES AND ACTION

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

- Investment management update
- Legacy notification and division
- Update on NICU parent's accommodation proposition
- Update on governance and risk management
- Finance update
- Fundraising team update
- Bids for Approval of funding

ACTION REQUIRED

The Committee were asked to review the Charity risk register and forward any amendments to the Fundraising team.

Public Meeting ☒ Private Meeting ☐

CHARITABLE FUNDS COMMITTEE REPORT

TO BOARD OF DIRECTORS

1. Introduction

This Report updates the Board of Directors regarding the matters discussed at the Charitable Funds Committee on the 28th November 2018.

2. Conflicts of interest:

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

3. Matters arising

- Investment management update
- Legacy notification and division
- Update on NICU parent's accommodation proposition
- Update on governance and risk management
- Finance update
- Fundraising team update
- Bids for Approval of funding

Investment management update

- Portfolio presentation delivered by Donald Norman and Jamie O'Neill from Waverton Investment Management. It was reported that the transfer of funds from previous Investment Managers had now occurred, all outstanding matters and dividends were clear.
- Signatory change on investments requested: Names agreed: Clifford Bygrave, David Carter, and Matthew Gibbons. Name to be removed: Andrew Harwood

Legacy notification and division

- Committee agreed the distribution of spend connected to the Joan Giles legacy payment, £161k, would be considered against heart, stroke and cancer in the next capital round, for items that would meet charitable criteria.

NICU Parent's Accommodation

- Committee discussed a proposition put forward of a joint venture purchase and renovation between the Hospital NHS Trust and Charity.
    - It was noted that the Hospital NHS Trust's proposition had been presented at FIP and agreed in Redevelopment.
    - Agreed that the property would become an asset of the Hospital NHS Trust
    - The Committee agreed the proposal as presented as it meets the charities objectives and offers best outcome for beneficiaries. It was agreed to launch as a fundraising appeal to meet the charity commitment, with the charity to underwrite its contribution to the purchase.

Update on governance and new risk policy.

Noted:

- A report detailing a proposed Risk policy and Matrix was presented to the Committee. It was agreed to adopt both as best practice. The Charity Chair asked that the Trustee representatives to review and include any risks they perceive and report back. It was requested that this is updated and reviewed at each charitable funds meeting.

- An Eligible and Ineligible expenditure risk was presented and agreed by the committee.

Charitable funds finance update
An update was given on the amount of money available in the general fund, which is very close to the reserve limit. The Committee were made aware that the exercise to contact designated fund holders for their spending plans was about to commence, as part of the dormant funds process.

Fundraising team update
A report was given to the Committee updating them about different fundraising activities, legacy notifications and progress on specific fundraising projects.

- Consideration was given to the proposal to adopt a Trust Charity Lottery scheme. The committee agreed for the Fundraising team to develop the proposition and propose a preferred lottery provider and to present feasibility and costing at next Charitable Funds meeting, for further consideration.
- A bid enquiry collation was presented to highlight the process before charitable funds and also the synergies between bid requests and also departments submitting them.

Bids for approval of funding
The Committee agreed to fund:

- £20,000 CIC one year funding - Committee agreed to fund one year allocation requested that Finance look at any residual funding.
- £2000 for reclining Comfort chairs for ward 11, agreed to fund from the Joan Giles legacy money.
- £90,000 for the Allen Spinal table, funding secured from a grant giving Trust, agreed.
- Safeguarding clothing bid, not supported by the committee.

Date of next meeting: 27 February 2019.

LUTON & DUNSTABLE UNIVERSITY HOSPITAL

BOARD OF DIRECTORS

Agenda item	13	**Category of Paper**	Tick
Paper Title	Risk Register	**To action**	☐
Date of Meeting	6th February 2019	**To note**	☐
Lead Director	All Directors	**For Information**	☒
Paper Author	Victoria Parsons – Board Secretary	**To ratify**	☒
Indicate the impact of the paper: **Financial** ☒ **Quality/Safety** ☒ **Patient Experience** ☒ **Equality** ☐ **Clinical** ☒ **Governance** ☒			

History of Committee Reporting and Date	Clinical Outcome, Safety and Quality Committee 28th November 2018 and 23rd January 2019 Executive Board 29th January 2019
Links to Strategic Board Objectives	Objective 1 – Deliver the Quality Priorities Objective 2 - Deliver National Quality and Performance Targets Objective 3 – Implement our Strategic Plan Objective 4 – Develop all Staff to Maximise Their Potential Objective 5 – Optimise our Financial Position
Links to Regulations/ Outcomes/External Assessments	NHS I – Trust Governance Framework CQC – All regulations and outcomes MHRA
Links to the Risk Register	All Board Level Risks rated High Risk (15+)

PURPOSE OF THE PAPER/REPORT

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

SUMMARY/CURRENT ISSUES AND ACTION

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

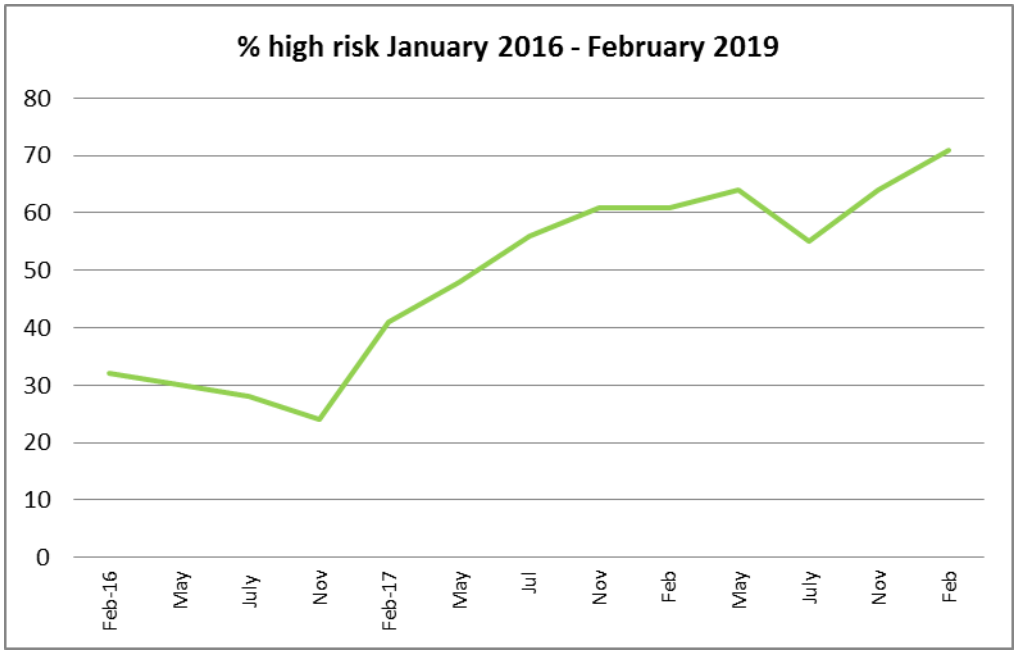
ACTION REQUIRED

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

Public Meeting ☒ Private Meeting ☐

Risk Register Governance

The are 28 Board Level Risks on the Risk Register. 71% are currently high risk (15+).



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

Board of Directors Review

The Board reviewed the risks on the 7th November 2018.

Risk ref	Risk Description	Agreed conclusion
1356	Agency costs 2018/19	Amend risk
1357	Financial target 2018/19	Reduce risk
650	Bed Pressures	Maintain risk
1211	Backlog maintenance	Maintain risk
1358	STP control total 2018/19	Maintain risk with a view to reduce
1117	CCG verification	Maintain risk with a view to reduce
1355	Patient transport	Maintain risk

Clinical Outcome, Safety and Quality Committee (COSQ)

COSQ reviewed clinical board level risks on the 28th November 2018 and 23rd January 2019.

Risk ref	Risk Description	Agreed conclusion
650	Bed Pressures	Maintain risk
1353	Mount Vernon	Maintain risk and update
796	Inpatient Survey	Maintain risk
1337	Stroke	Close risk
1354	Quality Contract challenges	Maintain risk and update

Finance, Investment and Performance Committee (FIP)

FIP reviewed finance and performance board level risks on the 23rd January 2019.

Risk ref	Risk Description	Agreed conclusion
1163	Hospital Re-Development	Maintain risk and update

Risk ref	Risk Description	Agreed conclusion
	scheme	
1356	Agency costs	Maintain risk
1357	Financial target 2018/19	Maintain risk
1211	Backlog maintenance	Maintain risk
644	18 Weeks	Maintain risk
1210	Vacancy Rates	Maintain risk
1278	Acquisition of Bedford Hospital	Maintain risk
1117	CCG verification	Maintain risk
1165	Hospital Re-Development no scheme	Maintain risk
1166	Hospital Re-Development workforce	Review risk
1200	Cyber security	Maintain risk
1253	Needs Based Care	Maintain risk
1355	Patient Transport	Reduce risk
890	Lack of medical equipment rolling replacement	Update risk with a view to closing
1358	STP control total 2018/19	Close risk
1359	CQUIN attainment 2018/19	Close risk

Executive Board Review
The Executive Board reviewed all Board Level Risks on the 29th January 2019.

Risk ref	Risk Description	Agreed conclusion
1356	Agency Costs 2018/19	Maintain risk
1357	Financial Target 2018/19	Maintain risk
1163	Hospital Re-Development scheme	Maintain risk
1410	Risk of medicines shortage – no deal Brexit	Noted new risk and maintain risk

Emerging risk in relation to maternity diabetes.

Risk Review

33 new risks were reviewed and approved between 12th October 2018 and 21st January 2019 five were allocated as Board Level.

1408 – Imaging Vendor Neutral Archive
1410 – Medicines Shortage post Brexit
1421 – Bleep system not on essential power
1422 – CQC Regulatory Action – Infection Control Practices
1423 – CQC Regulatory Action – Mandatory Training

10 risks were closed, two at Board level

1353 – STP Control Total 2018/19
1359 – CQUIN Attainment 2018/19

BOARD OF DIRECTORS

Agenda item	14	**Category of Paper**	Tick
Paper Title	Board Secretary Report	**To action**	☐
Date of Meeting	6th February 2019	**To note**	☐
Lead Director	Chief Executive	**For Information**	☒
Paper Author	Victoria Parsons – Board Secretary	**To ratify**	☒
Indicate the impact of the paper: **Financial** ☐ **Quality/Safety** ☐ **Patient Experience** ☐ **Equality** ☐ **Clinical** ☐ **Governance** ☒			

History of Committee Reporting and Date	N/A
Links to Strategic Board Objectives	All Board Objectives
Links to Regulations/ Outcomes/External Assessments	NHSI 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
- Non-Executive Directors
- Use of the Trust Seal

ACTION REQUIRED

Board are asked to:

- Note the progress

Public Meeting ☒ Private Meeting ☐

1. Council of Governors

There are currently five vacancies on the Council of Governors

1) Bedfordshire CCG
2) Hertfordshire Valley CCG
3) University College of London
4) Staff – Ancillary and Maintenance – review the constitution that may merge this class with another
5) Staff – Admin and Clerical – recruitment to be taken forward in next election.

2. Members

The Medical Lecture on the 8th May 2019 focussed on arthritis.

The next Ambassador magazine will be issued to members in February/March 2019.

4. Non-Executive Directors

The Governors are currently in the process of recruiting Non-Executive Directors.

5. Use of the Trust Seal

Date used	Seal number	Subject	Supporting information
25/10/18	133	○ MW 2016 Minor Works Building Contract 2016 – Alterations to Ward 20	
25/10/18	134	○ Provision of the new Endoscopy Decontamination Unit	
7/12/18	135	○ Retail Lease Engie Services Ltd	
8/1/19	136	○ Co-Operation Agreement relation to Energy Managed Services and Audit and Survey Agreement	