East and North Hertfordshire NHS Trust

Trust Board Part 1

Trust Board Part I

Rooms 2 and 3, Hertford County Hospital

25 January 2017 14:00 - 25 January 2017 15:15

AGENDA

#	Description	Owner	Time
1	Chair's Opening Remarks	Chair	
2	Declaration of Interests		
3	Questions from the Public Members of the public are reminded that Trust Board meetings are meetings held in public, not public meetings. However, the Board provides members of the public at the start of each meeting the opportunity to ask questions and/or make statements that relate to the work of the Trust.Members of the public are urged to give notice of their questions at least 48 hours before the beginning of the meeting in order that a full answer can be provided; if notice is not given, an answer will be provided whenever possible but the relevant information may not be available at the meeting. If such information is not so available, the Trust will provide a written answer to the question as soon as is practicable after the meeting. The Secretary can be contacted by email (jude.archer@nhs.net), by telephone (01438 285454), by fax (01438 781281) or by post to: Company Secretary, Lister Hospital, Coreys Mill Lane, Stevenage, Herts, SG1 4AB.Each person will be allowed to address the meeting for no more than three minutes and will be allowed to ask only one question or make one statement. However, at the discretion of the Chair of the meeting, and if time permits, a second or subsequent question may be allowed.Generally, questions and/or statements from members of the public will not be allowed during the course of the meeting. Exceptionally, however, where an issue is of particular interest to the community, the Chairman may allow members of the public to ask questions or make comments immediately before the Board begins its deliberations on that issue, provided the Chairman's consent thereto is obtained before the meeting.		
4	Apologies for Absence: Liz Lees		
5	Minutes of Previous Meeting To approve the minutes of the meeting held in September 2016 05 Draft mins Pt 1.pdf 7	Chair	
6	Matters Arising and Actions Log For information 06 Pt I Draft Actions Log to January 2017.pdf 15	Chair	
7	Annual Cycle For information 07 Board Annual Cycle 2016-17 revised Jan 2017.pdf 17	Company Secretary	

#	Description		Owner	Time
8	Chief Executive's Report For discussion 8 CE Board Report - January 2017 Final.pdf	21	Chief Executive	
9	Strategic			
9.1	Trust Operating Plan Summary 2017/18 and 2018/19 For information 9.0 Summary Trust Operating Plan 2017 18 and 2018 19.pdf	25	Acting Director of Strategy	
10	Finance and Performance			14.20
10.1	Finance and Performance Committee report For discussion 10.1 FPC Report.pdf	31	Chair of FPC	
10.1.1	Finance report For discussion 10.1.1 Finance Report.pdf	35	Director of Finance	
10.1.2	Performance Report For discussion 10.1.2 Performance report.pdf	53	Chief Operating Officer	
10.1.3	Workforce Report For discussion. 10.1.3 Workforce Report.pdf	61	Director of Workforce and OD	
11	Risk and Quality			14:45
11.1	Risk and Quality Committee report For discussion 11.1 Risk and Quality Committee Report.pdf	71	Chair of RAQC	
12	Audit Committee Report For approval 11Audit Committee Report.pdf	77	Chair of Audit Committee	14.55

#	Description	Owner	Time
13	Charity Trustee The Board will reconvene as the Charity Trustee for the following item		15.05
13.1	Charity Trustee Committee Report For information 13.1 Charity Trustee Committee Report.pdf 89	Chair of CTC	
14	Data pack For information 14 Data pack.pdf 93	All Directors	
15	Part II The Trust Board resolves that under Standing Order 3.17(i) representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the matters to be transacted, publicly which would be prejudicial to the public interest.		15:30-18:00
15.1	Commercial-in-confidence		
15.2	Governance Matters		
15.3	Personnel Matters		
16	Date of next meeting: 2pm, Wednesday 29 March 2017, Post Graduate Centre, Mount Vernon Cancer Centre		

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EAST AND NORTH HERTFORDSHIRE NHS TRUST

Minutes of the Trust Board meeting held in public on Wednesday 30 November 2016 at 2pm at the New QEII Hospital, Howlands, Welwyn Garden City

Present:	Mrs Ellen Schroder	Chair of the Trust Board
	Mrs Alison Bexfield	Non-Executive Director, Trust Vice Chair
	Mr John Gilham	Non-Executive Director
	Mr Julian Nicholls	Non-Executive Director
	Mr Bob Niven	Non-Executive Director
	Ms Val Moore	Non-Executive Director
	Mr Nick Carver	Chief Executive
	Mr Martin Armstrong	Director of Finance
	Ms Liz Lees	Acting Director of Nursing
	Ms Jane McCue	Medical Director
	Mr Brian Owens	Deputy Director of Operations (on behalf of Ms Bernie Bluhm, Interim Chief Operating Officer)
From the Trust:	Ms Jude Archer	Company Secretary
	Mrs Sarah Brierley	Acting Director of Strategy
	Mr Joe Maggs	Corporate Governance Officer
	Mr Tom Simons	Director of Workforce and Organisation Development
In attendance:	Gary Yap	ENHT Locum Consultant
	Thomas Hague	Lead Physicist – Treatment Planning, ENHT
	Jonathan Balbach	ENHT
	Rosalind Kelly	Unison Representative (Item 3)
	Ms Anne Wells	RCN Representative (Item 3)
	Ms Tracey Lambert	Unison Representative (Item 3)
	Paul Meaton	RCN Full time office (Item 3)
	Heather Eustace	Unison Representative (Item 3)

ACTION

16/241 CHAIR'S OPENING REMARKS

16/241.1 Mrs Schroder welcomed Mr Armstrong, Director of Finance, to his first Trust Board meeting. She also welcomed Ms Liz Lees and Mrs Sarah Brierley who were attending for the first time as Acting Director of Nursing and Acting Director of Strategy respectively. Finally, she thanked Ms Bernie Bluhm for her time with the Trust as Interim Chief Operating Officer, noting that she would have left the Trust by the time of the next Trust Board meeting on 25 January 2017.

16/242 DECLARATIONS OF INTEREST

16/242.1 The Chief Executive and Mrs Schroder noted that their entries in the Trust's Register of Interests had recently been updated. There were no further declarations of interest at the meeting.

16/243 QUESTIONS FROM THE PUBLIC

16/243.1 There were no questions from the public, however, Mrs Schroder invited a representative to join the meeting to discuss enhanced pay under item 6.1, below.

16/244 APOLOGIES FOR ABSENCE

16/244.1 Apologies for absence were received from Mr Vijay Patel, Non-Executive Director Designate and the Interim Chief Operating Officer. Mr Brian Owens (Deputy Director of Operations) was deputising at the meeting for the Interim Chief Operating Officer.

16/245 MINUTES OF THE PREVIOUS MEETING

16/245.1 Ms Moore noted that there were two instances within the minutes of the previous meeting where questions that she had asked had been incorrectly assigned to Mr Patel instead of her. The minutes of the meeting held on 28 September 2016 were considered and approved as an accurate record of the meeting, subject to correcting the error referred to above.

16/246 ACTIONS LOG

16/246.1 Mrs Schroder questioned whether action 16/222.2 would be deliverable for January 2017. The Company Secretary advised that the model had been reviewed recently at RAQC and that she would provide an update at the January 2017 Trust Board meeting. The Board noted the Actions Log.

16/247 ANNUAL CYCLE

16/247.1 Mrs Schroder suggested that the STP should be added as an agenda item for January and March 2017. The Company Secretary noted it was important that this would fit with the external STP structure. Mr Gilham noted that the BAF and objectives were being reviewed at RAQC and suggested reflecting on whether this was now taking place at RAQC. The Company Secretary agreed that this fitted better with the work taking place at RAQC. The Director of Finance suggested that the financial items should also be reviewed. The Board noted the Annual Cycle. **JA**

16/248 DISCUSSION ON ENHANCED PAY

16/248.1 The Trust was piloting a scheme whereby staff recruited to certain posts could opt out of making pension contributions in return for an equivalent uplift in their take home salary. At the invitation of Mrs Schroder, Ms Anne Wells from the RCN, who were opposed to the scheme, joined the table to speak on the matter. Ms Wells set out the principles behind partnership working and considered that the Trust had previously held good partnership relations with the unions, but these had been strained by the enhanced pay scheme. She reported that they felt staff had not been made aware that they would lose other benefits, such as death in service payment, by opting out of the pension. She said that the trade union had not been consulted regarding the decision to pilot the scheme. She also suggested that provision of flexible working for staff would help to address recruitment issues more effectively than the enhanced pay scheme. She explained the reason that the union had felt the need to enter into formal dispute regarding the matter. Ms Wells requested from the Trust recruitment data regarding the number of individuals who had chosen to opt out of the pension, including whether they were existing staff, bank staff or agency staff. She requested the Board to reconsider their decision and close the scheme with immediate effect. **TS**

16/248.2 Mrs Schroder thanked Mrs Wells for speaking on the matter. She clarified that the Board had not approved the scheme but had consented to it being implemented subject to discussions with various parties. Mrs Bexfield added that the Board had said that staff should have the option

for full and frank discussions regarding the implications of joining the scheme. The Director of Workforce and OD responded to the points made by Ms Wells. He agreed that the Trust had benefitted from effective partnership working with staff and the unions on a number of challenges during his time with the Trust and acknowledged that he did not want to be in the current position of formal dispute. He acknowledged the concerns raised regarding flexible working and noted that work was underway to provide greater opportunity for flexible working for staff. He clarified that were a number of provisos to the scheme, including that those choosing to opt out would need to re-enrol every 12 months. He advised that the backdrop against which the decision was taken was one of unprecedented levels of vacancies. It was hoped that the scheme, by reducing vacancies, would help to reduce the stress and workload of the nurses in the organisation today. He assured Ms Wells that the decision was not taken lightly. He stated that he would be happy to provide the information requested by Ms Wells and reiterated that the Board would review the scheme over next few months and agree a way forward following the conclusion of the pilot. Mrs Schroder added that the Board would take into account the union's views on the matter when reviewing the scheme.

16/248.3 The Chief Executive also agreed that the Trust had benefitted from close working relationships with the unions previously and was eager to reinstate those links. He noted that the Board had discussed certain safeguards which it had wanted in place for the scheme. He made that point that he had emphasised in his recent staff roadshows that most staff would be better off staying in the pension scheme. By providing the enhanced pay option the Trust was seeking to bring people back within the health service who had previously left and might now be undertaking agency work. Ms Wells commented that she considered flexible working to be a more significant issue than the enhanced pay scheme. The Chief Executive recognised that the enhanced pay scheme was only one of many tools the Trust should be using to improve recruitment. Mr Gilham stated that the Board and Committees discussed recruitment and retention on a regular basis and suggested that it would be useful to have the input of the unions on the initiatives the Trust was taking.

16/248.4 On the point that the Trust had had not consulted with the unions, the Director of Workforce and OD advised that he had briefed Staff Side and the local and national unions on the proposal. Ms Tracey Lambert (Union Representative) suggested that the unions did not have the opportunity to influence the proposal and did not feel that sufficient consultation had taken place. She felt that the proposal would negatively impact on recruitment, noting that pensions and flexible working were the factors most likely to entice people back into the health service. Mrs Schroder clarified that the option of joining the pension scheme was still available to staff. It was also noted that the scheme had been found legal by the pension regulators. The Acting Director of Nursing highlighted that providing flexible working for nurses was a priority for the Trust. Mr Paul Meaton noted that the formal dispute was preventing other work from taking place between the Trust and the unions and suggested a pause in the scheme so that the two sides could get together to tackle other issues. Mrs Schroder suggested that this one issue could be put to the side so that the other matters could be discussed. She thanked the representatives from the unions for attending the meeting to discuss the matter.

16/249 CHIEF EXECUTIVE'S REPORT

16/249.1 The Chief Executive highlighted that the Trust had submitted the draft

operating and financial plan to NHSI on 24 November 2016, as required by the national planning timetable for 2017/18. Contract negotiations with local and national commissioners were currently on going, with providers and commissioners expected to reach agreement by 23 December 2016.

16/249.2 In response to a request from Specialised Commissioners, the Trust had confirmed its intention to submit a proposal to become the Vascular Centre for Hertfordshire and West Essex. This would build on the proposal developed by the surgical division with clinical colleagues from Princess Alexandra Hospital in Harlow and provide the Trust with an opportunity to further improve the quality of services provided for patients by building on the strong infrastructure developed through the Our Changing Hospitals Programme.

16/249.3 The Chief Executive was pleased to note that Lister's acute stroke service had achieved the top rating possible in the latest quarterly audit report produced by the Royal College of Physicians covering the period from April to July 2016. The Board were also played a short clip from the regional BBC news from the 29 November 2016 regarding the stroke service at Lister which further highlighted the good work taking place.

16/249.4 Other points highlighted by the Chief Executive included:

- The Trust had been announced as a test site for the new Nursing Associate pilot.
- The Trust's children's and young people's diabetes team submission for the annual QiC Diabetes awards had been ranked as 'Commendable' in the 'Patient care pathway – children, young people and emerging adults' category.
- Nurse Emer Corbett had been shortlisted for the East of England Leadership award.
- Julia Jonwood, Urology/Haematology Research Nurse at Mount Vernon Cancer Centre had won a place on the Clinical Academic Internship Programme (CAIP).
- The Trust's Revd Jane Hatton, Trust Chaplain, had been appointed Honorary Canon
- There had been a joint meeting between the ENH Trust and ENH CCG's Boards on 2 November 2016

16/249.5 In relation to the Nursing Associate role, Ms Moore queried how the impact of the role would be evaluated, including in relation to patient safety. The Acting Director of Nursing advised that the details of the role were not yet fully developed. She explained that the role would sit between bands 3 and 4 but it was not yet known whether the Nursing Associates would be registered. More clarity regarding the role was needed before it was possible to progress further. The Acting Director of Nursing added that the Trust was in the second group of pilot sites, so there was the potential to take learning from those in the first group.

16/249.6 Mr Gilham queried whether the Trust had enough capacity to take on vascular surgery work. The Chief Executive recognised the point and advised that capacity and cost would be considered in the business case. The Acting Director of Strategy advised that the commissioners were aware that the Trust would need capital to provide the service. Mr Gilham added that workforce capacity would also need to be considered. The Medical Director advised that surgical cover would be from the willing support of PAH clinicians.

FINANCE AND PERFORMANCE

16/250 Finance and Performance Committee Report

16/250.1 Mr Nicholls, Chair of the Finance and Performance Committee, presented the FPC Committee report. Clinical income had been higher than plan. Expenditure had been £1.388m adverse to plan due to unachieved CIPs, owing to a significant increase in the step up targets. The Committee discussed the shortfall in delivery of the CIP programme and supported the implementation of a dedicated PMO to improve performance. The Committee also received an update on the financial planning 2017/18 and 2018/19, including the first draft of the Operating Plan objectives. The FPC had supported submission of the draft Operating Plan, subject to minor suggestions for further improvements to ensure clear focus on key priorities, commitment to transformation and clear milestones.

16/250.2 The FPC had received an update on progress with implementation of the Service Line Reporting (SLR) project including findings of an initial SLR deep dive into Urology. The FPC had discussed data validity issues, which it was not considered were unique to Urology. The FPC requested an associated action plan to address the findings and how the information would be used. The FPC supported deep dives into other areas noting NHSI had notified the Trust that it had been selected for a review as part of the 2016/17 Costing Assurance programme. The Medical Director noted that the Urology data was likely to have fewer errors than data from a medical specialty. The Director of Finance agreed that data quality was currently not good, with a multitude of systems of variable quality. Progress was beginning to be made in this area. Mrs Schroder agreed that data quality needed to improve but noted that it did not need to be perfect to be usable. She queried whether the reason behind Urology making a loss had been identified. The Director of Finance explained that the potential scope for different answers was too large to be able to provide an answer at present. Further updates would be provided at FPC. The Medical Director noted there was also a risk around lack of regularity of the ward clerk role which did not support consistency in data collection and input.

16/250.3 Other items highlighted by Mr Nicholls included:

- The FPC had received a report which provided a comprehensive review of the Trust's agency position, key issues affecting agency use, on-going trends and performance against targets.
- The Committee had received a presentation from the W&C division on financial performance. The Committee had asked for this to be brought back at a later meeting.
- The FPC received an update on data quality metrics. Mr Nicholls noted that these were improving.
- The FPC received an update on progress towards delivery of the Lorenzo project, noting that a response was awaited from NHS Digital and CSC regarding delay to the Lorenzo 'go live' date.

16/251 Finance Report

16/251.1 The Director of Finance presented the Finance Report. He advised that there was a £7.8 million deficit in the year to date. Clinical income had been higher than plan. The over performance was mostly on day cases and outpatients and was partially offset by underperformance on maternity and elective activity. The CIP delivery in month was 78% and there was a significant step up in monthly CIP target from month 7 due to the unidentified target at the start of the year. It was expected that there would be an adverse variance against the CIP plan at the end of the year. Capital expenditure was below plan in the month, with spend primarily related to IT. The Cash position remained challenged. Mrs

Schroder queried whether there was a deliberate move to day case, as this had had been the main driver for income. The Deputy Director of Operations said efforts to switch to day case had not increased.

16/252 Performance Report

16/252.1 The Deputy Director of Operations presented the Performance Report. The 18 weeks RTT target continued to be a challenge but the aggregated target had been achieved in October. It was reported that the Trust was predicting a challenging position for November. Performance continued to be affected by the on-going validation of historic clock stops, which was increasing the size of the backlog. Further additions to the open pathway data were anticipated and it was predicted that the net effect of those would result in the failure of RTT in the coming months.

16/252.2 The Trust had achieved 88.04% against the 4 hour ED standard in October, over achieving against the agreed recovery trajectory. Cancer remained a challenged area, with performance for Urgent Referral to Treatment for September at 63.9%. Mrs Schroder asked whether the challenges with cancer performance were due to the increase in referrals. The Deputy Director of Operations said that the volume was posing a challenge, with the backlog currently in excess of what could be managed. Actions were being taken to increase capacity. In response to a question, the Deputy Director of Operations explained that it was difficult to outsource this work. He said that the new norm needed to be higher than the current capacity. Ms Moore noted that changes to NICE guidance may have been partially responsible for the increase in referrals. The Deputy Director of Operations advised that a cancer summit was due to be held with local GPs and others providers to seek a way forward.

16/253 Workforce Report

16/253.1 The Director of Workforce and OD presented the Workforce Report. He reported that an increase in staff taking flexible working had offset the number of staff joining the Trust in month 7. He highlighted a number of retention initiatives that were underway, including clearer pathways around career development. He noted that agency usage in the month had reduced. Mrs Schroder asked whether activity directly fed into workforce planning. The Director of Workforce and OD suggested that the Trust needed to get into a longer term planning cycle. Mr Niven noted that appraisal rates were close to reaching the target level. He queried whether the Board would be reviewing the LEND programme. The Director of Workforce and OD suggested this could be considered at the Board Development session in February.

16/254 Workforce Self Certification

16/254.1 The Board received the workforce self-certification report. The report required approval from the Board in advance of submission to NHSI and followed a prescribed format. The report posed a series of yes - no questions regarding agency staff which had been answered by the Director of Workforce and OD. Details of actions taken or planned in relation to each question were also provided. The Board reviewed and discussed the proposed submission. Following consideration, the Board approved the report for submission to NHSI.

RISK AND QUALITY

16/255 Risk and Quality Committee Report

16/255.1 Mr Gilham, Chair of the Risk and Quality Committee, presented the report of the November RAQC meeting. Following discussion in relation to a presentation the Committee received from the Surgical Division, Mr Gilham highlighted that RAQC had identified the limited availability of funding for large scale capital equipment investment projects was an emerging risk across the Trust as a whole. The Director of Finance agreed that this was an issue, noting that the Trust had an asset list of approximately £200 million and a budget to service those assets of only around £3 million.

16/255.2 Mr Gilham also provided an update regarding progress to date in relation to the Trust seeking to become a University Trust recognised by the University of Hertfordshire and detail of future timelines and actions relating to the process. The Trust was required to produce a 'Submission Document' which described how the Trust and University would work together, from a strategic perspective if 'University Status' was awarded to the Trust. The University would then hold a validation event to assess if the Trust satisfies the criteria set out by the University for awarding 'University Status'. The draft submission would be reviewed for approval by the RAQC and Trust Board at their meetings in December and the deadline for submission was 23 December 2016.

16/255.3 Mr Gilham also highlighted the discussion that had taken place at RAQC regarding Emergency Preparedness. The Committee noted resourcing as a key risk in relation to the effective provision of this function. The Committee had requested a number of updates on Emergency Preparedness be provided for the next meeting, including regarding the scheduling of a peer review. The Deputy Director of Operations advised that this was currently going through the approval process. The Chief Executive noted that he was currently unable to attend RAQC meetings due to a STP workstream meeting taking place at the same time and apologised to Mr Gilham for his absence. He advised he could be approached directly if needed.

AUDIT COMMITTEE

16/256 Audit Committee Report

16/256.1 Mrs Bexfield (Chair of the Audit Committee) presented the Audit Committee's report to Board. She reported that the Committee had approved the 2015/16 Gifts and Hospitality Register and Register of Interests 2015/16 and 2016/17 (to date) for publication on the Trust's website. She reported that the Committee had referred a matter to RAQC for further discussion regarding the effectiveness of Trust policy to mitigate the risk of staff working too long and potentially impacting patient safety. She also highlighted that the External Auditors had confirmed the 2015/16 Management Accounts had been signed off in August and the External Audit plan for 2016/17 would be presented at the Audit Committee in January 2017. The Board noted the report.

16/257 DATA PACK

16/257.1 The Board noted the Data Pack.

There being no further business the Chair closed the meeting at 15:58 pm.

Ellen Schroder
Trust Chair

January 2017

	Action has slipped
	Action is not yet complete but on track
	Action completed
*	Moved with agreement

Agenda item: 6

EAST AND NORTH HERTFORDSHIRE NHS TRUST
TRUST BOARD ACTIONS LOG PART I TO JANUARY 2017

Meeting Date	Minute ref	Issue	Action	Update	Responsibility	Target Date
28 Sept 2016	16/222.2	Strategic risk models	Discuss further with John Gilham, Non-Executive Director	Consider Board Development session on risk appetite and strategic risks in Q1 2017/18.	Company Secretary	**January 2017 (Board Development session TBC)**
30 Nov 2016	16/247.1	Annual Cycle	Add STP to the agenda for January and March 2017	Cycle updated	Company Secretary	**January 2017**
30 Nov 2016	16/248.1	Enhanced pay proposal	Provide recruitment data regarding the number of individuals who had chosen to opt out of the pension, including whether they were existing, bank or agency staff	Completed. For discussion in part II.	Director of Workforce and OD	**January 2017**

Board Annual Cycle 2016-17 – To meet alternate months from September 2016.

Items	Apr-16	May-16	Jun-16	Jul-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Standing Items											
CEO Report inc Floodlight Scorecard	x	x	x	x	x		x		x		x
Data Pack[i]	x	x	x	x	x		x		x		x
Patient Testimony (Part 2)	x	x	x	x	x		x		x		x
Suspensions (Part 2)	x	x	x	x	x		x		x		x
Committee Reports											
Audit Committee Report		x			x		x		x		x
CTC Report		x			x				x		x
FPC Report [ii]	x	x	x	x	x	x	x	*x	x	*x	x
FTC Report (as required)											
RAQC Report	x	x	x	x	x		x	*x	x	*x	x
Strategic											
Annual Operating Plan and objectives	x								x		x
Long Term Financial Model (timetable to be agreed)			x								
Sustainability and Transformation Plan (STP) (Part 2 new standing item)			x						x		x
Other Items											
Audit Committee											
Annual Audit Letter					x						
Annual Report and Accounts(Trust), Annual Governance Statement and External Auditor's Report		x									
Audit Committee TOR and Annual Report									X (moved from Sept)		
Quality Account and External Auditor's Report			x								
Raising Concerns at Work					x				x		
Review of SO and SFI					x		x				

Board Annual Cycle 2016-17 – To meet alternate months from September 2016.

Items	Apr-16	May-16	Jun-16	Jul-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Charity Trust Committee											
Charity Annual Accounts and Report		x									
Charity Trust TOR and Annual Committee Review					x						
Finance and Performance Committee											
Detailed Analysis of Staff Survey Results	x										
Draft Floodlight Indicators and KPIs		x									
Financial Plan inc CIPs and Capital Plan											x
FPC TOR and Annual Report			x								
IM&T strategy review			x								
Market Report		x			x						x
Market Strategy Review		x									
Risk and Quality Committee											
Adult Safeguarding and L.D. Annual Report		x									
Board Assurance Framework and review of delivery of objectives	x			x			x				x
Equality and Diversity Annual Report and WRES.							x				
GMC National Training Survey					x						
Health and Safety Strategy Review				x							
Improving Patient Outcomes Strategy		x									
Mortality	x		x		x				x		x
Nursing and Midwifery Strategy Review					x						
Nursing Establishment Review				x					x		
Patient Experience Strategy Review				x							
Post OCH Quality Benefits Realisation				x							
PQAF / Education report		x									
RAQC TOR and Annual Review			x								
Research and Development Annual Review		x									
Responsible Officer Annual Review				x							

Board Annual Cycle 2016-17 – To meet alternate months from September 2016.

Items	Apr-16	May-16	Jun-16	Jul-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Safeguarding Children Annual Review				x							
Serious Incidents Report (Part 2)		x		x	x		x		x		x
Board Development Plan		x									
Shareholder / Formal Contracts											
ENH Pharma (Part 2) [iii]				x					x		
tPP (Part 2)	x	x	x	x	x		x		x		x

[i] The Data Pack will include the Friends and Family Test, Statutory and Mandatory Training Exception Report, Health and Safety Indicators, Nursing Quality Indicators, Finance Data, Performance Data, CQC Outcomes, Workforce Data, Safer Staffing Data and Infection Prevention and Control Data.
[ii] The FPC Report will include the Committee Report, the Finance Report, Performance Report and Workforce Report for the month.
[iii] To include the Annual Governance Review in July

Please note Board Development sessions will be held on the 'even' months. This will support flexibility for the Board to be able to be convened for an extraordinary meeting if an urgent decision is required. However forward agenda planning will aim to minimise this. *Items considered at the prior to the Board Development Session.

EAST AND NORTH HERTFORDSHIRE NHS TRUST

CHIEF EXECUTIVE'S REPORT

25th January 2017

1	**New executive directors** I am delighted to welcome two new executive directors who have joined us recently. Martin Armstrong is our new Director of Finance. Martin has worked in a range of financial management roles across the NHS, most recently as Director of Finance, Information and Performance at the North Middlesex University Hospital Trust. Nigel Kee has also joined us as the Trust's new Chief Operating Officer. Nigel's background includes a range of senior operational roles, most recently as Chief Operating Officer at Basildon and Thurrock University Hospitals NHS Foundation Trust. Kate Lancaster, our new Director of Strategy will join us from Cambridge University Hospitals NHS Foundation Trust from on 1st February. With a full executive team in place, we will be a strong position to face the challenges ahead.
2	**Trust performance – winter pressures** I would like to publicly thank our team for their efforts so far this winter. Whilst services are under significant pressure it is clear that - despite rising attendances and admissions - the Trust's A&E waiting time performance has improved significantly over the last 12 months. In part this has been due to changes made across the Lister during the last year in how emergency patients are managed, as well as our contingency planning for winter pressures. However, the challenges are on-going and complex. One consequence of working to meet NHS Improvement's requirement of an 85% bed occupancy rate going in to January 2017 has been that fewer elective surgical procedures have taken place, which may lead to longer waiting times for some patients. We continue to work with our colleagues in social and community care to ensure that patients who no longer need acute hospital care are able to leave, and with wider system colleagues to try to reduce the number of inappropriate attendances to the Emergency Department.
3	**CQUIN flu vaccination target** I would like to offer my thanks to our Health at Work team who achieved the target of vaccinating 75% of clinical staff against the flu virus – as well as to staff who accepted the vaccination. Not only does it help protect staff and patients against the possibility of a flu outbreak, the achievement of the target will result in a CQUIN payment to the Trust of £433k.
4	**Trust invited to participate in NHS Improvement falls collaboration** The Trust has seen sustained and significant decreases in patient falls over the last five years totaling a 48% reduction and in 2015 was recognised as having the lowest rate of falls per 1,000 bed days amongst the 16 acute Trusts in the East of England region.

	In December 2016, our Trust was one of 21 NHS organisations invited to participate in a national falls prevention collaborative organised by NHS Improvement. The purpose of the collaborative is to share and develop best practices at a national level. I would like to thank Enda Gallagher, Falls Prevention Practitioner and Adult Safeguarding Nurse, and his team for their on-going commitment to patient safety.
5	**Lister car park attendant award** George Ajayi, cleaner at the multi-storey car park at the Lister, received a national award from Indigo Park in December for his customer service skills. I would like to congratulate him and offer my on-going thanks for his commitment to keeping the car park clean and welcoming.
6	**Trust mentioned by Rt Hon Jeremy Hunt** In his NHS Providers annual conference keynote speech on 30th November 2016, the Health Secretary highlighted the Lister for its use of e-rostering tools that are not just populated with real time information on the acuity of patients, but also meaningful data on the personal needs and skills of staff available so that rostering is flexible, personalised and needs-based.
7	**Hertfordshire Diabetes Conference** The Trust's team supported the third annual event to further the understanding and sharing of best practice amongst health care professionals. The most recent event was attended by over 240 senior health care professionals - including GPs - with the objective of increasing integration of diabetes care in Hertfordshire. The event received very positive feedback, and I would like to congratulate Dr Andrew Soloman, Consultant Physician, and his team on a successful event.
08	**Executive Committee** **Specialist Vascular Surgery Centre** The Committee reviewed and approved the submission of the Trust's proposal to lead the development of a specialised vascular surgery network for Hertfordshire and West Essex and establish a vascular surgery centre at the Lister Hospital. This has been developed in response to a request from NHSE specialist commissioners. Following the outcome and feedback received from Specialist Commissioners of our proposal an outline business case will be developed and reviewed through the Trust's Committee structures. **Performance & Projects** The Committee have reviewed and agreed an approach and structure for transformation to support the challenges and developments for 2017/18 and beyond. The Committee has continued to provide scrutiny to areas of service development, performance (quality, safety, patient experience, performance targets), operational pressures including ward staffing and emergency department performance, finance, mortality, hospital acquired infections, and key strategic projects and workforce planning. Further detail is within the performance report. The key areas for escalation are included in the Director reports to Board and Board Committees.

09	**Floodlight Scorecard** The month eight Trust floodlight scorecard is attached as ***(Appendix A)*** and includes the new targets and agreed thresholds for 2016/17. Explanation of black and red indicators is provided within the appropriate accountable Director's report and the reports in the data pack. The Board committee executive summary reports reflect the key discussions that have taken place at both the Finance and Performance and the Risk and Quality Committees.

Chief Executive
20th January 2017

Agenda Item: 9

TRUST BOARD PART I – JANUARY 2017

TRUST OPERATING PLAN SUMMARY – OBJECTIVES 2017/18 AND 2018/19

PURPOSE	To provide a summary of the Operating Plan submission and objectives for 2017/18-2018/19.
PREVIOUSLY CONSIDERED BY	Approved by Trust Board on 21 December 2016. Discussed at Involvement Committee January 2017.
Objective(s) to which issue relates *	[√] 1. **Keeping our promises about quality and value** – embedding the changes resulting from delivery of Our Changing Hospitals Programme. [√] 2. **Developing new services and ways of working** – delivered through working with our partner organisations [√] **3. Delivering a positive and proactive approach to the redevelopment of the Mount Vernon Cancer Centre.**
Risk Issues (Quality, safety, financial, HR, legal issues, equality issues)	The Trust is seeking to mitigate and respond to a range of strategic, operational and clinical risks as part of its planning process. Specific risks associated with delivery of the plan will be confirmed as the plan matures and appropriate risk management plans identified where required.
Healthcare/ National Policy (includes CQC/Monitor)	Sustainability and Transformation Plans Strengthening financial performance and accountability in 2016/17 Operating planning and contracting guidance 2017/18 and 2018/19
CRR/Board Assurance Framework *	[ ] **Corporate Risk Register** [√] **BAF**

ACTION REQUIRED *

For approval	[ ]	For decision	[ ]
For discussion	[ ]	For information	[√]

DIRECTOR:	Acting Director of Strategy/ Director of Finance
PRESENTED BY:	Acting Director of Strategy
AUTHOR:	Acting Director of Strategy with executive leads / Director of Finance
DATE:	January 2017

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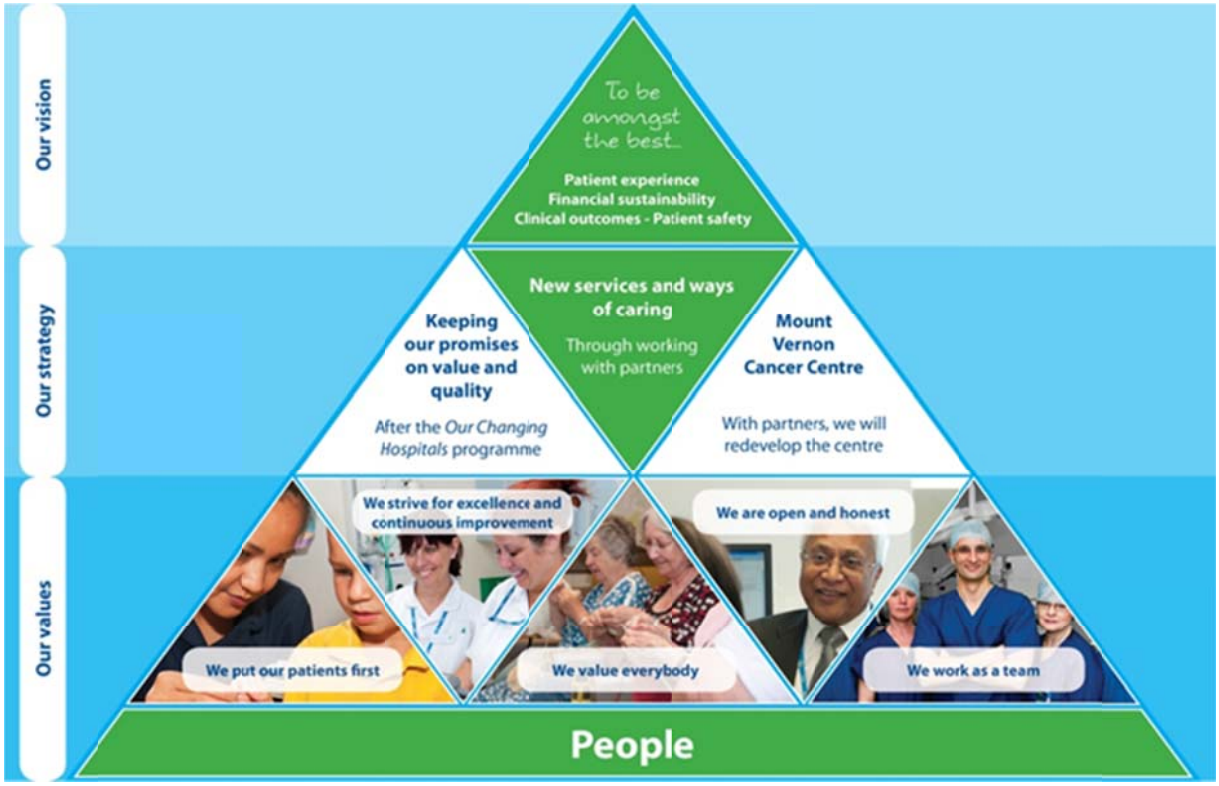
East and North Hertfordshire NHS
NHS Trust

Operating plan summary for 2017/18 and 2018/19

Our strategic aims



Our vision is to be amongst the best in all that we do and as reflected by patients' experiences of our services, financial sustainability, clinical outcomes and patient safety. Our three strategic aims are:

Keeping our promises on quality and value
Following delivery of the Trust's acute reconfiguration programme (*Our changing hospitals*) in 2014/15, the Trust is committed to building on the platform provided by the programme to continue delivering its benefits, including investing in information and information technology systems, improving our processes and becoming easy to use.

New services and ways of caring
As an active partner in the Hertfordshire and West Essex Sustainability and Transformation Plan, the Trust is committed to playing a leading role in working with partners to establish new ways of caring for patients to help support the sustainability of the health and social care system. These local acute services will be supported by fast and effective diagnostics and driven by the principles of right first time and no delays.

Mount Vernon Cancer Centre – with partners we will redevelop the centre
The Trust is committed to taking forward the actions that are needed to secure a positive future for the Mount Vernon Cancer Centre.

Alignment with the emerging Sustainability and Transformation Plan (STP)

The Hertfordshire and West Essex STP is designed to enable the local system to:

- Create a healthier future for Hertfordshire and West Essex residents in a secure and affordable health and social system by 2020/21
- Deliver improvements in the standards of patient experience in urgent and emergency care
- Ensure that patients receive the care they need within best practice timescales. To deliver improved care and health outcomes for patients with cancer or suspected cancer
- Ensure that people's mental health needs are treated with the same priority as their physical needs
- Deliver services to people with learning disabilities which support them from childhood to adult, meeting their health and care needs
- Improve the quality of care that all of our residents experience, ensuring safer, sustainable and productive services

The Trust recognises, and is responding to, the imperative for all partners within the system to work actively together, at pace, to enable delivery of a significant change programme. The STP acute programme board is chaired by the Trust's chief executive, Nick Carver. The full STP programme structure is summarised below; this programme of work aligns with the Trust's strategic aims and operational objectives for the next two years.

Trust's operating plan reflects the vision, key principles and priority actions within the STP acute programme

STP vision

The Trust will support the provision of sustainable acute services across the STP by adopting a patient-centred, quality driven approach to optimising patient outcomes whilst reducing activity, optimising use of all resources and removing avoidable cost.

KEY PRINCIPLES:

- Development of a model of integrated clinical pathways for all three acute NHS trusts within the STP, which places patients at the centre;
- Right care at the right time in the right place;
- Use evidence from the UK and around the world to develop clinical services and pathways which support optimisation of patient outcomes;
- Supporting effective system demand management by co-designing pathways and services which enable primary and community services to access timely specialist advice and input;
- Collaboration across providers to develop shared services which reduce the costs of non-clinical and back office functions;
- To develop a sustainable workforce that is fit for purpose, is supported by modern technology, and can deliver evidence-based care in new ways that suit patients' and staff lifestyles; and
- Working together to drive best value solutions for investment in estates development and backlog maintenance.

PRIORITY ACTIONS:

- Elimination of unwarranted variation – appropriate standardisation of integrated clinical pathways across the STP in order to eliminate variation and optimise clinical effectiveness and efficiency;
- Demand for acute services – application of appropriate responses according to the acuity of patients presenting in acute care and working with STP partners to reduce and better manage demand for acute care by supporting their management of patients within primary and community services;
- Harness benefits from sharing services at scale - sharing clinical support and back office functions to reduce service costs;
- Developing new pan-provider service models to enable fragile clinical services to continue to be provided sustainably and locally; and
- Driving best value solutions for estates development and backlog maintenance.

Next steps

The Trust's objectives, which are summarised on the next page, reflect its key areas of focus over the two year period to 2018/19. They have been designed to facilitate and drive the further transformation of the Trust into an organisation that consistently delivers best value and high quality care, whilst simultaneously supporting the Trust's STP partners and the wider health and social care system to deliver system-wide transformation in models of care and back office services.

Trust *plan on a page* for 2017/18 and 2018/19

Vision & Values	**Our Vision:** **To Be Among the Best...** • **Patient Experience** • **Financial Sustainability** • **Clinical Outcomes – Patient Safety**	**Our Values:** • **We put our patients first** • **We strive for excellence and continuous improvement** • **We value everybody** • **We are open and honest** • **We work as a team**	
Strategic Aims	**1. Keeping our promises on value and quality - after the *Our Changing Hospitals* Programme** **2. New services and ways of caring - through working with partners** **3. Mount Vernon Cancer Centre - with partners, we will redevelop the centre**		
	Plan Aims	**Key Objectives**	**With a specific focus on**
Delivering our Promises	Improve Patient Experiences	- achieve milestones in Patient & Carer Experience Strategy - achieve milestones in Engagement Strategy	Patients feeling involved in decisions about their care, staff explaining what will be done during operation/procedures and staff answering questions about operation/procedure. Focus on patient and community engagement in service and system transformation
	Improve Patient Outcomes	- achieve milestones in the Improving Outcomes Patient Strategy - achieve milestones in the Research Strategy	Implementation of e-Obs Expand care bundles in routine use to cover 10 common clinical conditions Increase in recruitment of patients to research studies
	Secure financial recovery – transform our services, become easy to use and optimise our efficiency & income	- deliver 17/18 and 18/19 agreed control totals - deliver underpinning CIP - implement the Trust Lorenzo PAS system during 2016/17 Improve financial and operational decision making - deliver Phase 2 Our Changing Hospitals Transformation Programme	Development of a dynamic and flexible long term financial planning framework to support strategic decision making Development and deployment of a fit for purpose Business Intelligence Framework Deliver a programme to support improved accuracy of Trust data capture and coding Revise job planning policy and deliver e-job planning for senior medical staff Theatre efficiency, Outpatients, Inpatient Flow, Carter, Workforce Productivity
	Develop our organisational culture and ensure that our staff are supported and engaged	- achieve milestones within the People Strategy - achieve milestones within the Culture Change Programme - achieve milestones in Leadership and Management Strategy - achieve milestones in Health & Wellbeing Strategy	Embed LEND as Trust leadership model. Develop all of our managers with coaching skills. Deliver Flexible Working Project as part of Retention Strategy. Continue to embed Health & Wellbeing CQUIN with particular focus on attendance at work and supporting our staff to be well.
	Transform our services to deliver consistent improvements in access to care and quality of care that our patients receive	- achieve and sustain delivery of all constitutional standards - achieve consistent Good CQC ratings across all services and sites	Deliver 4 hour performance trajectory and sustain improved performance Redesign acute medical model to provide early senior intervention across Emergency Department and Acute Assessment areas Redesign Review and transform cancer pathways from primary care to reduce late diagnoses of cancer Transform secondary and tertiary pathways to consistency achieve 31 & 62 day standards
New Ways of Caring	Develop and redesign our workforce to respond to recruitment challenges and support new models of care and research within the Trust and STP	- achieve milestones within People Strategy - finalise and implement Multi-professional Education strategy - achieve University Trust status	Implementation of the Nursing Associate role & Paediatric Nursing Associate role Develop our USP employment offering, branding the Trust as a flexible employer Establish pathways to support research that takes place across the STP area
	Transform our services to support and deliver STP plans	- work with partners to redesign patient-centred pathways that facilitate keeping patients out of hospital including full participation in the STP work streams - harness benefits from developing back office & support services at scale across ENHT and PAH - reduce unwarranted variation	Frailty Services to minimise admission and re-admission rates and enable patients to be cared for in the community where appropriate End of Life care to optimise outcomes and reduce acute variation Provide consultant-led ambulatory services across all major admitting specialties Support services at scale: Pharmacy, Radiology, Estates, In hospital therapies. Review, design and implement new pan provider pathways for Chest Pain, Community acquired Pneumonia, Frailty and End of Life
	Develop & Deliver Sustainable Specialist Services across the STP	- deliver the renal sustainability strategy - further develop seven day services and strengthen clinically fragile services by working collaboratively with partners - review capacity and demand and transform service models to deliver more efficient and cost effective pathways	Relocate Luton Dialysis Unit, obtain approvals for next steps in renal strategy and develop tertiary renal in-reach service at PAH Develop a vascular surgery network across Hertfordshire and W Essex with a Vascular Centre at the Lister, subject to agreement with NHSE Develop sustainable model of interventional radiology across Hertfordshire and W Essex Develop the complex Urological Surgical Cancer Service to include W Essex patients
Mount Vernon Cancer Centre	Secure a positive future for the MVCC	- commence delivery of the clinical service strategy for MVCC - secure the Trust's interest in the site to facilitate future development - deliver rolling Linac replacement programme aligned with clinical strategy - achieve milestones in Research Strategy	Confirm key delivery partner(s) and develop relationships incl. radiotherapy network Reach site agreement with THHFT Progress linac replacement including develop proposals for a satellite radiotherapy service and implement national requirements as per the outcome of the pending Modernising Radiotherapy Strategy Ensure protected research time for research active clinicians, access to research support, and collaborative working with associated local hospitals and tertiary centres

Agenda Item: 10.1

TRUST BOARD PART I –JANUARY 2017

FINANCE AND PERFORMANCE COMMITTEE – 18 JANUARY 2017
EXECUTIVE SUMMARY REPORT

PURPOSE	To present to the Trust Board the report from the Finance and Performance Committee (FPC) meeting of 18 January 2017
PREVIOUSLY CONSIDERED BY	N/A
Objective(s) to which issue relates *	☑ 1. **Keeping our promises about quality and value** – embedding the changes resulting from delivery of Our Changing Hospitals Programme. ☐ 2. **Developing new services and ways of working** – delivered through working with our partner organisations ☐ **3. Delivering a positive and proactive approach to the redevelopment of the Mount Vernon Cancer Centre.**
Risk Issues (Quality, safety, financial, HR, legal issues, equality issues)	Key assurance committee reporting to the Board Financial risks as outlined in paper
Healthcare/National Policy (includes CQC/Monitor)	Potential risk to CQC outcomes Key statutory requirement under SFIs, SOs. Healthcare regulation, DH Operating Framework and other national performance standards
CRR/Board Assurance Framework *	☐ **Corporate Risk Register** ☑ **BAF**

ACTION REQUIRED *

For approval	☐	For decision	☐
For discussion	☑	For information	☐

DIRECTOR:	CHAIRMAN OF FPC
PRESENTED BY:	CHAIRMAN OF FPC
AUTHOR:	BOARD COMMITTEE SECRETARY/COMPANY SECRETARY
DATE:	20 JANUARY 2017

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FINANCE AND PERFORMANCE COMMITTEE – 18 JANUARY 2017

AREAS FOR ESCALATION – 25 JANUARY 2017

The following members were present: Julian Nicholls (Chair), Ellen Schroder, Vijay Patel, Alison Bexfield
Other directors in attendance: Nick Carver, Martin Armstrong, Nigel Kee, Tom Simons, Sarah Brierley, Liz Lees

OUTCOMES:

Floodlight Scorecard Month 9
The FPC received the floodlight scorecard for Month 9 noting information provided had not been validated due to the reporting timescale. The SHMI indicator (109.69) was incorrect and should read 106.54 representing an improvement since the previous report. The Committee agreed:

(i) to review the scorecard process and timetable;
(ii) review the content to ensure it was meaningful;
(iii) include a time series to ascertain direction of travel;
(iv) review lead metrics to ensure forward planning.

Deloitte Report
The FPC received a report from Deloitte LLP following assessment of Trust progress on income process improvements covering a deep dive into 2016/17 income variance, a review of implementation of actions from previous plans (whether complete or embedded) and next steps. The report recognised improvements in coding and data capture and supported greater engagement above divisional and specialty level. A key recommendation for data quality governance framework was implementation of a system of data ownership to ensure mandated responsibility for data governance, including training and communication. The FPC requested a report back to committee in February identifying priorities, ownership, accountability and authority to ensure recommendations were fulfilled. The Committee agreed a change in culture was needed including introduction of preventative controls. Further discussion would take place at Trust Board.

Finance Report Month 9
The FPC received the Month 9 finance report highlighting delivery of a £11.7m deficit in month (£23.9m year to date, £16.4m adverse to plan) reflecting a number of year-to-date adjustments where the risk had materialised. The current projected outturn forecast had been reviewed by the Trust Board on the 12th January and reported to NHSI on the 17th January. Key highlights included:

- lower than plan clinical income (£10.0m); but broadly on forecast in-month, excluding adjustments for mediation relating to counting and coding challenges;
- Month 9 agency levels maintained at the same rate as in Months 7 and 8; medical agency staffing remained high in month to cover referral to treatment activity and vacancies;
- a reduction in run rate reflecting a lower income plan due to the number of working days;
- Maternity activity at its lowest level to date 2016/17; the net income and expenditure position of Women and Children's Division was £2.296m
- expenditure £1.348m adverse to plan;
- CIP delivery 71% (89% year to date); anticipating £3.5m shortfall at year end.

The FPC welcomed from Month 1, 2017/18 the format of the finance report would be refined to improve reporting.

The Director of Finance highlighted a significant concern relating to the Trust's cash position, since the Trust had utilised its revolving working capital balance and was accessing unsecured borrowing from the Department of Health on a monthly basis.

2016/17 Outturn Forecast
The FPC received the 2016/17 outturn forecast and variance from agreed financial plan submitted to NHSI and the Department of Health on 17 January 2017, noting changes made following the Extraordinary Trust Board meeting held on 12 January 2017.

Annual Plan Submission 2017/18
The FPC received the Trust Annual Plan submission 2017-18 submitted to NHSI on 23 December 2016 following Board approval and agreed amendment on 22 December. The Trust was awaiting feedback from NHSI.

SLR and Costing Programme Update
The FPC received an update on costing and service line reporting noting Ernst and Young would commence a reference costing audit the following week as part of the National Costing Assurance programme. The FPC agreed key to successful implementation of SLR was engagement with clinicians including introduction of a clinical champion. The FPC supported recommendations made and agreed roll out of SLR as a key financial monitoring tool across all Trust areas from April 2017-18.

Monthly Agency Report
The FPC received the monthly agency report on key issues affecting agency use, on-going trends and performance against targets. The Committee noted implementation of tighter controls for all agency usage including centrally-controlled management and sign-off by an Executive. The FPC was concerned at the top ten agency specialty percentages noting future reports would provide a breakdown of individuals (anomalised); challenge on these formed part of weekly PMO meetings.

Workforce Report Month 9
The FPC received the Month 9 Workforce Report concerning management of the workforce. Key highlights included:

- an increase in the overall appraisal rate to 82.92% from 81.95% in November; the highest number of appraisals recorded since introduction of the new system 2 years previously;
- achievement of the staff flu vaccine campaign (75% target of front line staff);
- an increase in the baseline vacancy rate to 7.44% in December (7.24% in November and 8.39% in October);
- an increase in staff turnover to 12.98% (12.96% in November and 13.05% in October);
- annual sickness absence rate stabilised in December (3.66%);
- flexible working project to commence on 23 January.

The FPC noted the popularity of the leadership LEND sessions and requested a breakdown of those attending. The FPC also requested training data broken down by pay band.

Quarterly Update 2016 Junior Doctor Contract
The FPC received the first quarterly update on the 2016 Junior Doctor Contract following its implementation in December 2016 in line with national requirements. The update included details of the new Guardian of Safe Working, required to provide assurance to Trust Board that doctors were safely rostered, working safe hours and in compliance with Terms and Conditions of Service. The report confirmed no patient safety issues identified.

Performance Report Month 9
The FPC received the Month 9 performance report noting December's data was not yet finalised. It was anticipated the referral to treatment (RTT) standard would not be met for

December; a review of the RTT plan and validation programme would be implemented before the year-end. Further key highlights included:

- the Trust did not achieve its Emergency Department 4-hour target (85.41%, a 5% improvement compared to 2015); good progress was being made to ensure efficiency at the 'front door' as well as at the 'exit door' but further work with system partners was required;
- the Trust did not achieve the 31-day and 62-day cancer standards; the patient tracking list (PTL) system was being rebuilt which would enable greater oversight of the patient's entire cancer pathway; staff remained focussed on achieving a sustainable service anticipating an improvement from Q1, 2017/18;
- despite considerable demand the Trust continued to achieve its diagnostics standard.

The FPC requested the new Chief Operating Officer report back on initial thoughts of the Trust operationally including areas of prioritisation and organisation structure competencies to address issues.

TPP Report
The FPC received a report setting out agreed principles for restructuring TPP (effective from 1 May 2017) following a meeting of TPP partners on 12 December 2016 and a further update on 6 January 2017. The FPC requested a further paper for Trust Board highlighting risks, issues, forward cash assumptions and options, incorporating legal advice. Further discussion would take place at Trust Board, Part II.

OTHER MATTERS:

Data Quality Metrics and Clinical Coding Update
The FPC received the latest update on data quality metrics including progress on data quality improvements and clinical coding activities. The FPC noted current improvement work included:

- RTT data quality validation (a high priority);
- the plan to replace the current Emergency Department system (BIMS) with Nervecentre;
- additional audits, intensive training, reconciliation and automation programmes aligned to Lorenzo reporting workstream;
- an external business intelligence review currently in progress.

The FPC noted the intention to recruit further resources and queried whether this was justifiable expenditure. The Committee suggested one definitive plan going forward.

Lorenzo – Innovation Programme Update
The FPC received the monthly update on the Lorenzo programme noting confirmation had been received from national governance bodies the July 2017 'go live' date had been approved at no extra cost to the Trust. The Committee suggested an external validator and requested the February report highlight critical active projects and those less critical with further clarification of project status including an integrated assurance plan for 'go live'.

Julian Nicholls
Chairman

20 January 2017

East and North Hertfordshire NHS
NHS Trust

Agenda Item: 10.1.1

TRUST BOARD PART I – JANUARY 2017

FINANCE REPORT MONTH 9

PURPOSE	To set out the Trust's financial position for the period ending 31 December 2016
PREVIOUSLY CONSIDERED BY	**FPC 18 January 2017**
Objective(s) to which issue relates *	☑ 1. **Keeping our promises about quality and value** – embedding the changes resulting from delivery of Our Changing Hospitals Programme. ☐ 2. **Developing new services and ways of working** – delivered through working with our partner organisations ☐ **3. Delivering a positive and proactive approach to the redevelopment of the Mount Vernon Cancer Centre.**
Risk Issues (Quality, safety, financial, HR, legal issues, equality issues)	Financial risks are described in the main report
Healthcare/ National Policy (includes CQC/Monitor)	Financial and contractual compliance with Department of Health policies including the Operating Framework for 2013/14. Monitor's Financial Risk Rating metrics are used within the report and appendices.
CRR/Board Assurance Framework *	☐ **Corporate Risk Register** ☑ **BAF**

ACTION REQUIRED *

For approval	☐	For decision	☐
For discussion	☑	For information	☐

DIRECTOR:	Director of Finance
PRESENTED BY:	Director of Finance
AUTHOR:	Associate Director of Finance
DATE:	January 2017

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* tick applicable box

East and North Hertfordshire NHS Trust

Financial Summary - December 2016

Key issue	Summary	Pages	In Month	YTD
I&E Summary	The Trust delivered a £11.729m deficit in month against a planned deficit of £1.191m, creating a £10.538m adverse variance. The reported in month position reflects a number of year to date adjustments as detailed on page 2 of this paper.	*4*		
Run rate analysis	After adjusting for exceptional items, the monthly run rate shows a deterioration from previous months, which mainly reflects a lower income plan due to the number of working days.	*5*		
Activity & Clinical Income	Clinical income was lower than plan this month (£2.008m), this includes impact of mediationregarding counting and coding challenges. Excluding these adjustments, the in-month position for clinical income was on plan although there were offsetting variances within the overall total including Maternity (adverse £0.711m) and In Patients (favourable £0.510m).	*6*		
Expenditure	Expenditure is £1.348m adverse to plan in month and £6.849m year to date. Of the in month variance, £0.514m relates to unachieved CIPs and £0.376m to the ongoing overspend on medical staff. There was alos an exceptional one-off payments to settle disputed invoices (£250k), which has been included in the forecast.	*7-9*		
CIP plans	The CIP delivery in month was 71% (89% year to date). Since month 7 there has been a significant step up in the monthly CIP target (£0.537m per month) due to the unidentified target as the start of the year. Although some further schemes have now been identified, it is expected that there will be an adverse variance at the end of the year, and this has been built into the 'most likely' forecast.	*10*		
Divisional Analysis	The net I&E position of the Women and Children's division worsened this month and the net year to date position is now £2.396m adverse. Cancer also had a deficit month of £0.678m, bringing their year to date deficit up to £1.330m. The impact of the STF shortfall, 2015/16 SLA adjustment plus other non-clinical income adjustments appear within the Corporate Division position on the divisional analysis.	*11*		
Cash	There was a £1.382m cash balance at the end of the month, which is higher than the £1.000m minimum cash balance.	*12*		
Capital	Capital expenditure is below plan in the month, as orders have been placed but goods and services have not yet been received.	*13*		
Balance sheet, Aged debtors & creditors		*14,15*		
NHSI Finance and Use of Resources metric	The Finance and Use of Resources metric has been introduced by NHSI from month 7 reporting. This metric is one of five themes for the NHSI Single Oversight Framework. The month 9 in month and year to date rating has now moved to a 4 (from a 3 reported at month 8) due to the significant variance from plan.	*16*		

Green	Better than plan
Amber	0-5% adverse to plan
Red	>10% adverse to plan

Financial Narrative - Key Issues - December 2016

The key issues identified for month 9 are as follows:

The month 9 position is a £10,538k adverse variance in month and year to date there is a £14,771k adverse variance.

This month's reported position includes a number of adjustments, where the risk has now materialised, to reflect assumptions in the 'most likely' forecast of £28.5m deficit. These adjustments are summarised in the table below for both the in month and year to date impact.

	In month	YTD
Counting & coding - mediation	-2,797	-2,797
Repay 2014/15 brokerage	-4,500	-4,500
STF funding	-892	-2,676
CCG workforce transformation bid	-1,650	-1,650
CCG support funding/readmissions	-300	-2,700
SLA adjustments	-183	-1,650
2015/16 Outturn adjustment	800	-1,600
tPP Consolidation	-123	-530
Other net I&E	-893	3,332
Variance from plan	**-10,538**	**-14,771**

Risks not included in the month 9 year to date position

The majority of the risks outlined in the 'most likely' forecast have now been included in the month 9 ytd position as they have materialised.

Year End Forecast

The updated year end forecast will be presented to Part II of the Trust Board meeting.

Cash

The Trust will have drawn down the maximum current agreed level of Interim Revolving Working Capital Facility of £41.241m, following the January drawdown that has been requested . Access to future temporary borrowing will be via the Unsecured Borrowing route, which is subject to the agreement of NHSI and Department of Health. The interest rate on this borrowing may be different to that on the IRWCF of 3.5%. NHSI have been alerted to the Trust's current financial position and the requirement to extend its temporary borrowing. Additional procedures for cash management are being put in place and there will be weekly meetings to discuss the working capital position and agreed actions to maximise cash availability.

Income and Expenditure Summary - December 2016

Performance against internal plan

	Current Month			Year to Date			Annual
	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Plan £000s
Income							
Income from NHS activities	29,466	27,458	(2,008)	272,809	274,941	2,132	364,056
Income from non NHS activities	536	392	(144)	4,708	3,856	(852)	6,315
Other operating income	4,657	(3,232)	(7,889)	38,962	27,936	(11,025)	53,063
Total Income	**34,659**	**24,618**	**(10,041)**	**316,479**	**306,733**	**(9,745)**	**423,435**
Expenditure							
Pay	(21,058)	(21,394)	(336)	(190,278)	(192,676)	(2,398)	(253,367)
Non-Pay	(13,247)	(14,211)	(964)	(118,738)	(122,702)	(3,964)	(156,590)
Unallocated Budgets	(108)	(156)	(47)	(3,723)	(4,209)	(487)	(4,890)
Total Expenditure	**(34,413)**	**(35,761)**	**(1,348)**	**(312,739)**	**(319,588)**	**(6,849)**	**(414,847)**
EBITDA	**246**	**(11,143)**	**(11,388)**	**3,740**	**(12,855)**	**(16,594)**	**8,588**
PDC Dividends payable	(194)	(194)	0	(1,750)	(1,750)	0	(2,333)
Depreciation	(691)	(577)	114	(6,217)	(5,191)	1,026	(8,290)
Investment Revenue	2	2	(1)	19	26	7	25
Finance Costs	(303)	(303)	0	(2,730)	(2,730)	0	(3,640)
NET SURPLUS / (DEFICIT) before contingency	**(941)**	**(12,216)**	**(11,275)**	**(6,938)**	**(22,500)**	**(15,561)**	**(5,650)**
Contingency	**(250)**	**487**	**737**	**(2,250)**	**(1,459)**	**791**	**(3,000)**
NET SURPLUS / (DEFICIT) after contingency	**(1,191)**	**(11,729)**	**(10,538)**	**(9,188)**	**(23,959)**	**(14,771)**	**(8,650)**

Headlines against internal Trust plan:

There was an adverse variance of £10,538k in the month due to a number of very significant one-off adjustments. The year to date position is an adverse variance of £14,771k.

Clinical income The in month position includes some large adverse and favourable variances that largely offset each other (eg maternity and inpatients, respectively). The overall variance comes from exceptional adjustments to the position: £2,797k adverse following mediation with CCG and £802k favourable to correct the 2015/16 income settlement.

Other Income The position includes £6,147k adverse variance in CCG support funding, to reflect the risks that have now crystalised and have been built into the year end forecast. In addition, there is a £892k adverse variance on STF funding due to the failure to meet the financial targets.

Pay saw adverse variances continue including £376k against medical staffing and £100k for the ongoing impact of NHSP VAT. These were offset by under-spends against nursing and other clinical budgets (£88k).

Non-pay adverse variance includes £342k undelivered CIPS but also above plan spend on clinical supplies linked to additional activity and a one-off payments to settle disputed invoices (£250k).

Performance against NHSI plan

	Current Month			Year to Date			Annual
	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Plan £000s
NET SURPLUS / (DEFICIT) after contingency	**(107)**	**(11,729)**	**(11,622)**	**(7,590)**	**(23,959)**	**(16,369)**	**(8,650)**

Headline against NHSI plan

The revised plan submitted to NHSI in June had a different phasing to the Trust's internal plan. The Trust year to date position against NHSI plan is a £16,369k adverse variance.

Run Rate Analysis - December 2016

	Apr-16 Actual £000s	May-16 Actual £000s	Jun-16 Actual £000s	Jul-16 Actual £000s	Aug-16 Actual £000s	Sep-16 Actual £000s	Oct-16 Actual £000s	Nov-16 Actual £000s	Dec-16 Actual £000s	Jan-17 Plan £000s	Feb-17 Plan £000s	Mar-17 Plan £000s	2016/17 Total £000s
Income													
Income from NHS activities	30,548	30,329	31,903	31,768	31,265	30,802	31,080	29,790	27,458	30,435	29,046	31,766	366,190
Other income	3,736	3,514	6,488	4,388	4,615	4,586	4,742	2,565	-2,840	5,159	5,177	5,372	47,501
Total Income	**34,284**	**33,842**	**38,391**	**36,156**	**35,880**	**35,388**	**35,822**	**32,355**	**24,618**	**35,594**	**34,224**	**37,138**	**413,692**
Expenditure													
Pay	(21,173)	(21,185)	(21,419)	(21,317)	(21,705)	(21,390)	(21,455)	(21,635)	(21,394)	(21,011)	(21,014)	(21,064)	(255,762)
Non Pay	(13,842)	(13,164)	(13,618)	(13,257)	(13,517)	(13,610)	(13,536)	(13,947)	(14,211)	(12,617)	(12,621)	(12,615)	(160,554)
Unallocated budgets	(417)	(917)	(1,539)	(1,836)	(1,481)	469	88	(367)	331	(494)	(694)	(729)	(7,586)
Total Expenditure	**(35,432)**	**(35,267)**	**(36,576)**	**(36,410)**	**(36,703)**	**(34,531)**	**(34,903)**	**(35,949)**	**(35,274)**	**(34,122)**	**(34,329)**	**(34,407)**	**(423,902)**
EBIDTA	**(1,148)**	**(1,425)**	**1,815**	**(253)**	**(824)**	**857**	**919**	**(3,594)**	**(10,656)**	**1,472**	**(105)**	**2,731**	**(10,211)**
Financing costs	(1,259)	(1,259)	(1,014)	(1,207)	(855)	(998)	(1,099)	(1,101)	(1,073)	(1,186)	(1,186)	(1,186)	(13,425)
Profit on sale of land													
Reported Net (Deficit)	**(2,408)**	**(2,684)**	**801**	**(1,460)**	**(1,679)**	**(141)**	**(180)**	**(4,695)**	**(11,729)**	**285**	**(1,292)**	**1,545**	**(23,636)**
Normalised Adjustments:													
CCG funding to achieve revised control total	(183)	(183)	(183)	(183)	(183)	(183)	(775)	409	1,466				0
Repayment of 2014/15 brokerage									4,500				4,500
Sustainability & Transformation Funding			(2,675)	(847)	(847)	(733)	(112)	0	0				(5,214)
Hosted services SLA	-183	-183	-183	-183	-183	-183	-183	1284	0				0
Contingency	250	670	1,050	1,150	850	(1,050)	(487)	(487)	(487)				1,459
Income from Land Sale							(418)						(418)
Clinical Income - counting & coding	(350)	(350)	(350)	(350)	(350)	(350)	(350)	(350)	2,797				0
Clinical Income - 15/16 settlement								2,400	(802)				1,598
NHSP VAT Adjustment	(83)	(83)	(83)	(83)	333								0
Hillingdon disputed invoice									250				250
Prior months adjustments:													
High cost drugs	55	(55)											0
NHS Income refresh M1-8	321	576	(215)	(533)	(174)	484	231	(690)					0
NHS Income refresh M9					32	(88)	(534)	782	(192)				0
Finance costs incl Depreciation	172	172	(50)	98	(235)	(158)							0
NHSP Medical	(58)	(58)	(175)	96	266	106	(64)	(114)					0
Education & Training	32	32	32	32	32	(158)							0
Normalised Net (Deficit)	**(2,435)**	**(2,146)**	**(2,032)**	**(2,264)**	**(2,138)**	**(2,454)**	**(2,872)**	**(1,461)**	**(4,197)**	**285**	**(1,292)**	**1,545**	**(21,460)**
Actual/Forecast (Deficit) per calendar day	**(81)**	**(69)**	**(68)**	**(73)**	**(69)**	**(82)**	**(93)**	**(49)**	**(140)**	**10**	**(43)**	**50**	**(59)**

Headlines:

The planned deficit inthe second half of the year is breakeven, compared with a £8.6m deficit in the first half of the year. This is mainly as a result of a step up in CIP delivery and assumed additional CCG spport funding (£3.6m).

The monthly variations in planned I&E are mainly as a result of income phasing relating to working and calendar days.

Movements in contingency are shown against the Unallocated Budgets row on this table.

The reported run rate position for recent months has shown movements month to month. This has partly been due to the non-operational issues explained here.

The main normalised adjustments for December are:

- CCG adjustments of £4,500k (brokerage) & £1,466k (workforce).
- Release of contingency (£487k)
- Increase to Clinical Income (£1,995k) due to removal of improvement of 2015/16 Settlement adjustment by £802k and Coding Mediation worth £2,797k
- To remove the impact of payment of a historic invoice
- Impact of income refresh where the month 9 position includes a positive benefit of £192k

East and North Hertfordshire NHS Trust

Activity and Contract Income - December 2016

Prior year actual YTD Month 9	Activity	Current Month Plan	Current Month Actual	Current Month Variance	Current Month %	Year to Date Plan	Year to Date Actual	Year to Date Variance	Year to Date % Var	Annual Plan
17,136	Day Cases	1,857	2,358	501	27	18,139	21,636	3,497	19	24,347
8,346	Elective	868	527	(341)	(39)	8,520	6,068	(2,452)	(29)	11,429
33,401	Non Elective	3,913	3,827	(86)	(2)	34,129	33,541	(588)	(2)	45,702
58,883	***Total Inpatients***	***6,638***	***6,712***	***74***	***1***	***60,788***	***61,245***	***457***	***1***	***81,478***
15,286	*Excess bed days*	1,695	1,484	(211)	(12)	15,247	12,865	(2,382)	(16)	*20,264*
15,286	***Total Excess bed days***	**1,695**	**1,484**	**(211)**	**(12)**	**15,247**	**12,865**	**(2,382)**	**(16)**	***20,264***
74,537	Consultant first attendance	7,783	7,753	(30)	(0)	76,834	78,396	1,562	2	103,004
130,753	Consultant follow up	13,477	13,967	490	4	133,341	139,604	6,263	5	178,733
46,887	Outpatient Procedures	5,383	5,895	512	10	52,077	61,713	9,636	19	69,992
126,030	Other outpatients	14,639	14,925	286	2	141,260	139,498	(1,762)	(1)	188,601
378,207	***Total Outpatients***	***41,282***	***42,540***	***1,258***	***3***	***403,512***	***419,211***	***15,699***	***4***	***540,330***
110,992	A&E attendances	13,269	13,516	247	2	117,688	120,228	2,540	2	156,216
59,699	Renal Dialysis	6,205	7,295	1,090	18	61,281	63,706	2,425	4	82,129
5,203	Adult Critical Care	618	615	(3)	(0)	5,489	4,862	(627)	(11)	7,287
4,201	Maternity Births	505	423	(82)	(16)	4,440	4,228	(212)	(5)	5,907
116,816	Mount Vernon	12,190	13,109	919	8	119,593	119,036	(557)	(0)	160,196

Headlines:

Overall, activity has dipped in the month to be broadly in line with Plan. This does however, represent a reduction in the run rate seen in recent months. There have been a number of operational pressures in December, including the need to reduce Occupancy to 85% in the lead up to the Christmas Period which has resulted in the displacement of some Elective work.

Outpatient Procedures continues to be the main driver of over performance due to all Divisions improved capture of data when a procedure has been carried out. Outpatient first attendances is slightly lower than plan in month. Again while performance is broadly in line with plan, the run rate has decreased in month 9.

A&E activity continued to perform above plan in December seeing 13,516 attendances (12,766 A&E [94%]and 750 Urgent Eye[6%]). The over performance is 267 attendances for A&E and 21 under plan for Urgent Eye.

Prior year actual YTD Month 9	Income	Current Month Plan £000s	Current Month Actual £000s	Current Month Variance £000s	Current Month Var %	Year to Date Plan £000s	Year to Date Actual £000s	Year to Date Variance £000s	Year to Date Var %	Annual Plan £000s
13,917	Day Cases	1,539	1,901	362	24	15,040	18,183	3,143	21	20,190
16,407	Elective	1,701	1,636	(65)	(4)	16,731	16,247	(484)	(3)	22,433
51,221	Non Elective	6,270	6,483	213	3	56,245	59,448	3,203	6	75,310
81,546	***Total Inpatients***	**9,510**	**10,020**	**510**	**5**	**88,016**	**93,878**	**5,862**	**7**	**117,933**
3,878	Excess Bed days	428	376	(52)	(12)	3,848	3,260	(588)	(15)	5,114
3,878	***Total Excess bed days***	**428**	**376**	**(52)**	**(12)**	**3,848**	**3,260**	**(588)**	**(15)**	**5,114**
12,942	Consultant first attendance	1,359	1,385	26	2	13,427	13,901	474	4	18,001
13,227	Consultant follow up	1,378	1,445	67	5	13,635	14,214	579	4	18,277
7,934	Outpatient Procedures	906	1,048	142	16	8,833	10,567	1,734	20	11,850
12,342	Other outpatients	1,389	1,492	103	7	13,532	14,271	739	5	18,130
46,446	***Total Outpatients***	**5,032**	**5,370**	**338**	**7**	**49,427**	**52,953**	**3,526**	**7**	**66,257**
12,740	A&E attendances	1,535	1,635	100	7	13,591	14,716	1,125	8	18,050
9,189	Renal Dialysis	974	1,117	143	15	9,578	9,761	183	2	12,832
6,856	Adult Critical Care	839	886	47	6	7,445	6,887	(558)	(7)	9,884
11,797	Maternity Pathway	1,449	890	(559)	(39)	13,034	10,842	(2,192)	(17)	17,381
8,913	Maternity Births	1,136	984	(152)	(13)	10,001	9,954	(47)	(0)	13,301
(1,494)	Maternity Cross Charge	- 169	(168)	1	(1)	(1,519)	(1,470)	49	(3)	(2,026)
38,730	Mount Vernon	4,426	4,309	(117)	(3)	40,923	40,087	(836)	(2)	54,355
14,282	Drugs	1,801	1,599	(202)	(11)	15,554	15,559	5	0	20,484
16,571	Other Non-PbR cost & volume	2,000	1,926	(74)	(4)	18,376	18,035	(341)	(2)	24,442
4,457	Acute CQUIN	505	509	4	1	4,535	4,873	338	7	6,048
	2015/16 Settlement	0	802	802		-	(1,598)	(1,598)	-	0
-	Mediation Adjustment	0	(2,797)	(2,797)		-	(2,797)	(2,797)	-	
253,910	**Total NHS Income**	**29,466**	**27,459**	**(2,008)**	**(7)**	**272,809**	**274,941**	**2,132**	**1**	**364,056**

Headlines:

The in month position for M9 includes a £2,797k adverse adjustment related to the settlement of mediation case regarding coding & counting challenges related to 2016/17 and a favourable adjustment of £802k related to the settlement of 2015/16. The position prior to this adjustment was £1,027k favourable in the month. The YTD position would have been almost breakeven at £13k adverse.

The positive price variance for Non elective activity appears to have been maintained in M9. This is despite a dip in the levels of activity against pllan. The Clinical Coding team continue their efforts to have a higher level of coding by month end, however this was slightly hampered by Christmas in M9 reporting.

There continues to be a material underperformance in Elective activity, this has been further exacerbated by the need to reduce occupancy to 85% in the month. The main contributors to the shortfall are Surgical specialties .

This is compensated for by the on-going favourable trend in both outpatient procedures and Consultant led First Appointments. and Day case activity, which has seen continued significant over performance in M9, however a slight slowing in run rate resulting in an in month decrease in income of £20k on run rate.

Maternity continues to underperform on the Ante and Post natal pathway element of the care delivered. This is in part due to errors in allocation of lead provider with Herts Valleys CCG in 2015/16 that formed the basis of the plan and PAH still reluctant to provide full patient data to ENHT regarding the women they have seen that we are lead provider for.

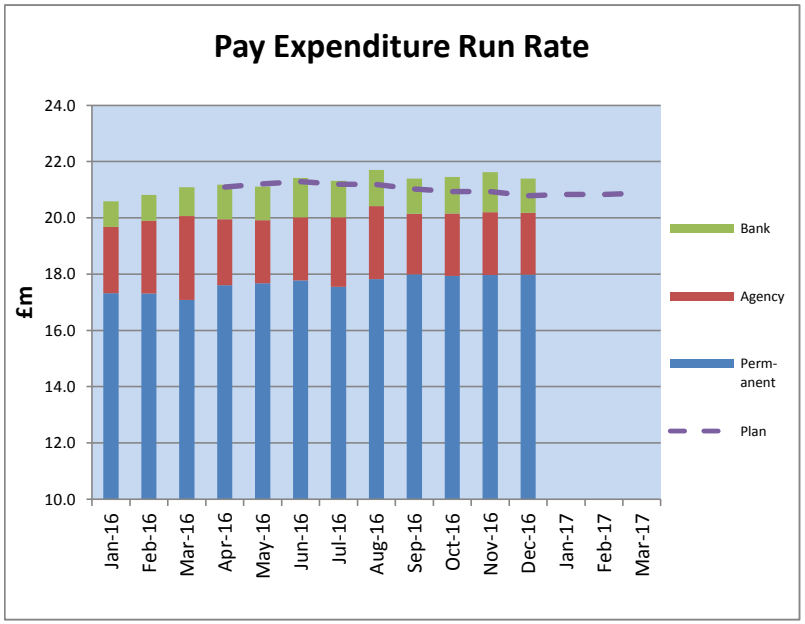
Expenditure - December 2016

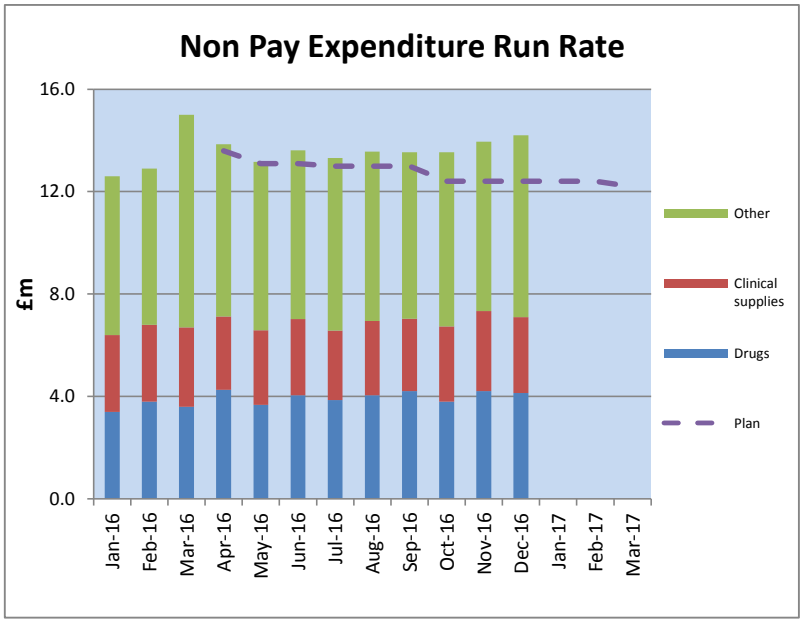
Prior year actual YTD	Staff group	Current Month Plan	Actual	Variance	% Var	Year to Date Plan	Actual	Variance	% Var	Annual Plan
	Pay									
57,957	Nursing	6,799	6,600	199	3%	61,880	60,701	1,179	2%	82,509
57,029	Medical	6,597	6,973	(376)	(6%)	60,201	61,955	(1,754)	(3%)	79,934
36,810	Other Clinical	4,286	4,398	(111)	(3%)	38,246	39,648	(1,402)	(4%)	51,229
26,644	Non Clinical	3,376	3,424	(48)	(1%)	29,951	30,372	(421)	(1%)	39,694
178,440	**Total Pay**	**21,058**	**21,394**	**(336)**	**(2%)**	**190,278**	**192,676**	**(2,397)**	**(1%)**	**253,367**
	Non Pay									
33,218	Drugs	4,063	4,146	(83)	(2%)	35,210	36,186	(976)	(3%)	46,414
24,065	Clinical Supplies	2,748	2,956	(208)	(8%)	25,114	26,275	(1,162)	(5%)	33,339
52,862	Other	6,436	7,110	(674)	(10%)	58,416	60,244	(1,828)	(3%)	76,837
110,146	**Total Non Pay**	**13,247**	**14,211**	**(964)**	**(7%)**	**118,739**	**122,705**	**(3,967)**	**(3%)**	**156,590**
288,586	**Total Expenditure**	**34,305**	**35,605**	**(1,300)**	**(4%)**	**309,017**	**315,381**	**(6,364)**	**(2%)**	**409,957**

Headlines - Variances from plan:

Pay:
Waiting list activity across all pay types accounts for £243k of the total variance. Nursing continues to underspend. The adverse variance against medical staff is at a similar level to m8. Other clinical and non clinical variances include £83k of unfunded additional VAT contributions for NHSP.

Non-Pay:
Clinical supplies variances driven by activity are in Surgery (£101k) and CSS (£54k).
Other Non-Pay includes non-delivery of CIPS £342k. There was also a one off item regarding historic Hillingdon dispute (£250k) which had been included in the forecast.





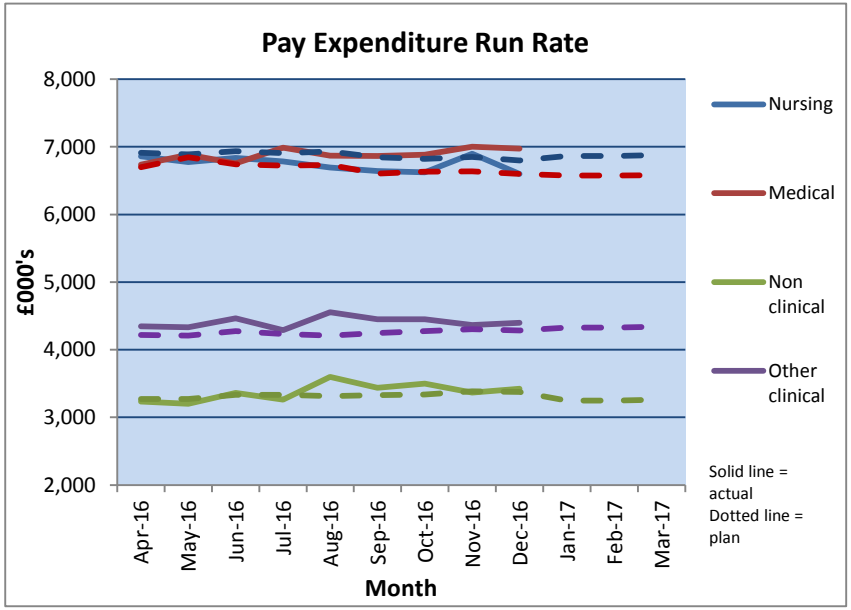
Headlines - Run Rate

Pay:
Overall substantive and agency spend has seen little change in recent months. Bank and locum spend has been more volatile with a year high spend in month 8 followed by a £173k reduction in month 9.

Non-pay:
Spend is £264k higher than in month 8 is driven by one off payments (eg recruitment) against Other Non-Pay that should not be repeated. Spend on high cost drugs tends to fluctuate but both months 8 and 9 were above average.

Pay Expenditure - December 2016

		Apr-16 £000s	May-16 £000s	Jun-16 £000s	Jul-16 £000s	Aug-16 £000s	Sep-16 £000s	Oct-16 £000s	Nov-16 £000s	Dec-16 £000s	Jan-17 £000s	Feb-17 £000s	Mar-17 £000s	YTD £000s
Nursing	*Plan*	6,910	6,887	6,933	6,907	6,929	6,845	6,820	6,851	6,799	6,863	6,863	6,880	61,880
	Actual	6,859	6,774	6,837	6,782	6,691	6,641	6,622	6,895	6,600				60,701
	Variance	51	113	96	125	238	203	198	(44)	199				1,179
Medical	*Plan*	6,699	6,846	6,739	6,721	6,732	6,602	6,631	6,636	6,597	6,575	6,577	6,582	60,201
	Actual	6,735	6,881	6,755	6,988	6,867	6,863	6,883	7,009	6,973				61,955
	Variance	(36)	(35)	(16)	(267)	(135)	(261)	(253)	(374)	(376)				(1,754)
Other Clinical	*Plan*	4,218	4,209	4,276	4,232	4,206	4,246	4,272	4,301	4,286	4,327	4,328	4,342	38,246
	Actual	4,348	4,332	4,466	4,287	4,553	4,448	4,451	4,366	4,398				39,648
	Variance	(130)	(123)	(190)	(55)	(346)	(202)	(178)	(65)	(111)				(1,402)
Non Clinical	*Plan*	3,269	3,271	3,335	3,332	3,315	3,330	3,339	3,384	3,376	3,246	3,246	3,260	29,951
	Actual	3,232	3,198	3,362	3,260	3,596	3,438	3,499	3,365	3,424				30,372
	Variance	37	73	(27)	72	(280)	(107)	(160)	19	(48)				(421)
Total	***Plan***	**21,095**	**21,213**	**21,283**	**21,192**	**21,183**	**21,022**	**21,061**	**21,172**	**21,058**	**21,011**	**21,014**	**21,064**	**190,278**
	Actual	**21,174**	**21,185**	**21,419**	**21,317**	**21,706**	**21,390**	**21,455**	**21,635**	**21,394**	**0**	**0**	**0**	**192,676**
	Variance	**(79)**	**27**	**(136)**	**(125)**	**(524)**	**(368)**	**(394)**	**(463)**	**(336)**	**0**	**0**	**0**	**(2,397)**
Waiting Lists spend (included in figures above)		433	436	408	442	489	544	440	528	**387**				4,107



Headlines:

Nursing - Month 9 saw the lowest monthly spend in 2016/17. Medicine saw a £100k reduction across agency and bank compared to month 8 due to a reduction in requested cover following recent substantive recruits now being fully rostered and Womens & Children's spend across bank and substantive was lower by £112kmainly as a result of a reduction in activity.

Medical - Of the £376k adverse total , £117k relates to above plan waiting list activity. Excluding waiting list, the greatest variances are in Medical Division(£257k) including £140k agency premium to cover RTT and vacancies, £60k GPVTS charges from prior periods and pay arrears adjustments (£34k). Compared to month 8 the spend level is similar but contains a reduction in medical waiting list spend (£97k) offset by the loss of one-off benefits affecting only month 8.

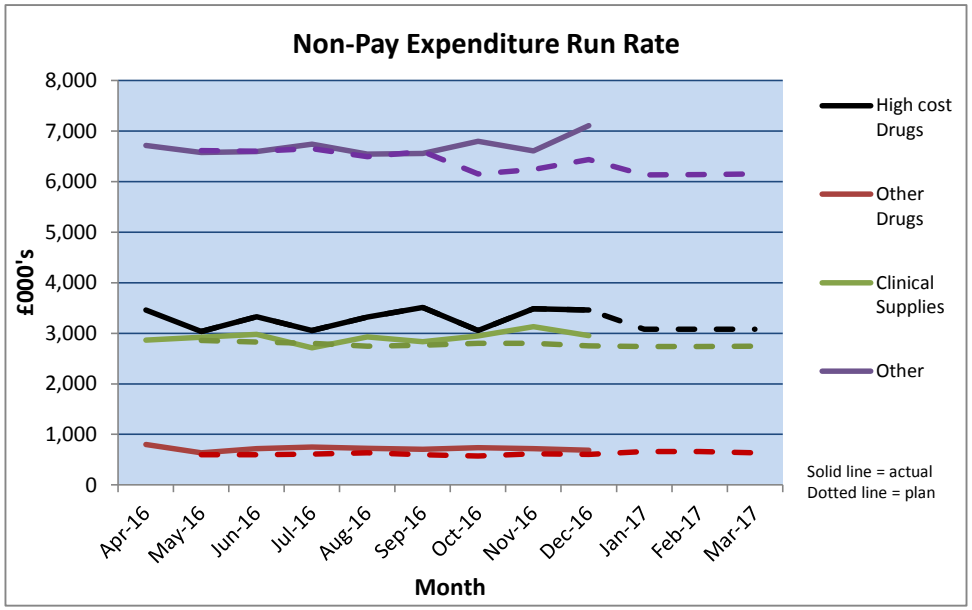
Other Clinical - The adverse variance primarily relates to CSWs in the Medical Division offsetting the nursing underspends.

Non-Clinical: The adverse variance mainly relates to the new Corporate RTT Data Validation team (63k). This was expected and had been included in the forecast.

Waiting Lists - Month 9 saw a lower level of activity than recent months and is reflected in overall costs in the table above. Procedures have been tightened and the authorisation of all waiting list payments is now by the COO.

Non-Pay Expenditure - December 2016

		Apr-16 £000s	May-16 £000s	Jun-16 £000s	Jul-16 £000s	Aug-16 £000s	Sep-16 £000s	Oct-16 £000s	Nov-16 £000s	Dec-16 £000s	Jan-17 £000s	Feb-17 £000s	Mar-17 £000s	YTD £000s
High Cost Drugs	*Plan*	3,463	3,033	3,328	3,057	3,319	3,513	3,056	3,488	3,461	3,082	3,082	3,082	29,718
	Actual	3,463	3,033	3,328	3,057	3,319	3,513	3,056	3,488	3,461				29,718
	Variance	0	0	0	0	0	0	0	0	0				0
Drugs	*Plan*	666	597	600	610	633	596	571	617	602	661	661	638	5,492
	Actual	800	635	717	748	725	705	736	716	685				6,469
	Variance	(134)	(38)	(117)	(138)	(93)	(109)	(166)	(99)	(83)				(976)
Clinical Supplies	*Plan*	2,772	2,858	2,827	2,799	2,743	2,761	2,803	2,802	2,748	2,741	2,738	2,746	25,114
	Actual	2,866	2,920	2,980	2,713	2,926	2,835	2,947	3,133	2,956				26,275
	Variance	(94)	(61)	(153)	87	(183)	(74)	(144)	(332)	(208)				(1,162)
Other	*Plan*	6,633	6,615	6,599	6,651	6,496	6,594	6,151	6,240	6,436	6,133	6,140	6,148	58,416
	Actual	6,717	6,577	6,592	6,740	6,546	6,557	6,796	6,609	7,110				60,244
	Variance	(84)	38	7	(89)	(50)	37	(645)	(369)	(674)				(1,828)
Total	***Plan***	**13,534**	**13,103**	**13,355**	**13,118**	**13,191**	**13,464**	**12,581**	**13,147**	**13,247**	**12,617**	**12,621**	**12,615**	**118,739**
	Actual	**13,845**	**13,164**	**13,618**	**13,258**	**13,517**	**13,610**	**13,536**	**13,947**	**14,211**	**0**	**0**	**0**	**122,705**
	Variance	**(311)**	**(62)**	**(263)**	**(140)**	**(326)**	**(146)**	**(954)**	**(800)**	**(964)**	**0**	**0**	**0**	**(3,967)**



Headlines:

High Cost Drugs: These are 'pass through' costs funded by Commissioners so there is nil variance each month.

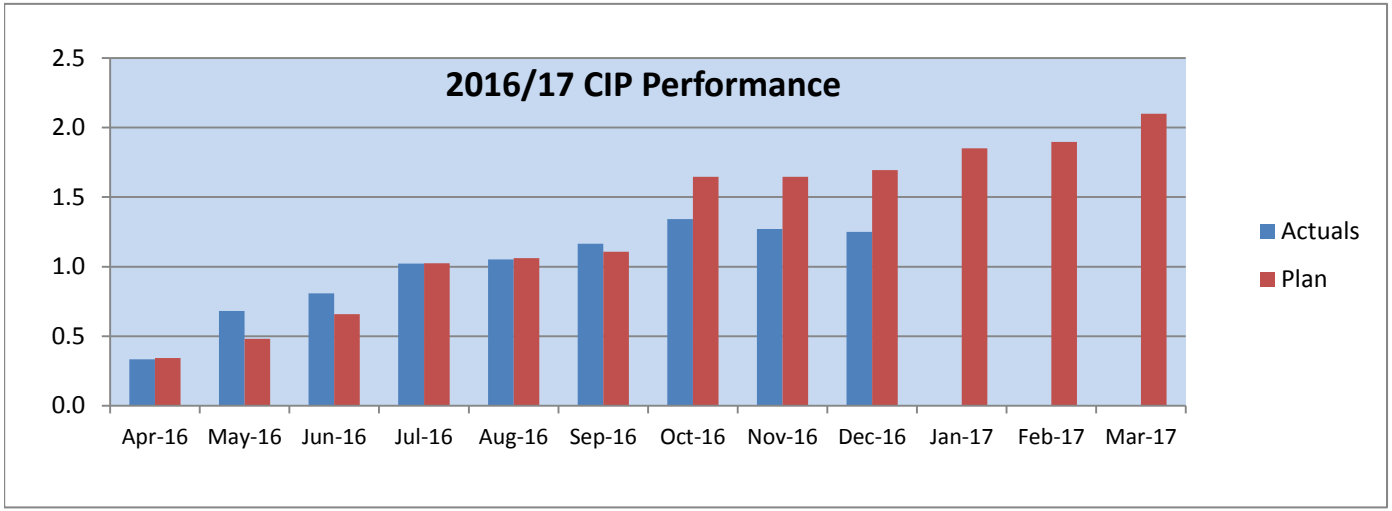
Other Drugs: Levels of spend have been consistent over recent months with adverse variances spread across departments. The Chief Pharmacist is working with clinical divisions on a review of drugs spend to establish whether variances are due to activity, price or clinical practise.

Clinical Supplies: The adverse variance is due to above plan activity especially in Orthopaedics (£142k), and Orthotics (£48k).

Other: The actual spend figure for month 9 is £501k higher than month 8. The main factors were: an agreed one-off payment to Hillingdon of £250k in Cancer (this contributed to the variance) and workforce incurred costs of £200k relating to staff recruitment campaigns during month 9 (the month 9 budget was increased to fund this as was expected but held in reserves) and in Surgery there was a £31k increase in outsourced activity (£22k above plan).

The remainder of the variance was mainly due to £342k undelivered CIPs .

Cost Improvement Programme - December 2016



Division	In Month Plan £000s	In Month Actual £000s	In Month Variance £000s	Year to Date Plan £000s	Year to Date Actual £000s	Year to Date Variance £000s	Annual Plan £000s	YTD Var to annual plan £000s
Medical	296	261	(35)	1,459	2,177	719	2,338	161
Surgical	399	402	3	2,238	2,231	(7)	3,408	1,177
Womens & Childrens	130	106	(24)	954	790	(164)	1,344	554
Cancer	163	130	(34)	924	830	(94)	2,416	1,586
Clinical Support	145	137	(7)	1,134	1,116	(18)	1,693	577
Corporate/Trustwide	640	215	(425)	3,187	1,675	(1,512)	4,301	2,626
Total	**1,773**	**1,250**	**(522)**	**9,896**	**8,820**	**(1,075)**	**15,500**	**6,680**

Headlines:

In month delivery is 71% with 89% for the year to date. Over delivery on income is no longer partly compensating for under-delivery on expenditure schemes. The Month 9 targets were similar to in month 8 with the next rise due in January.

The position is similar to last month with shortfalls in the divisions that saw the largest increases in savings: Medicine (£130k), Corporate (£86k) plus an unallocated Trustwide total (£311k). In the main, plans to deliver these targets have not been fully identified. Cancer are over-delivering on pay schemes (£65k) but under-delivering against non-pay (£63k).

Divisional Analysis (High Level Variances) - December 2016

	Income			Expenditure					Breakdown of in-month expenditure variances			
In Month Variance	Clinical Income £000s	Other Income £000s	Total Income Variance £000s	Pay £000s	Non Pay / Un-allocated £000s	Total Expenditure Variance £000s	Net I&E Variance £000s	Year to date I&E variance £000s	Operational/ Activity £000s	CIP £000s	Other (incl vacancies) £000s	Total Expenditure £000s
Medicine	378	24	402	(124)	(268)	(391)	**11**	3,227	(384)	(130)	123	(391)
Surgery	585	(2)	583	(208)	(169)	(376)	**207**	1,679	(374)	(2)		(376)
Womens & Childrens	(652)	2	(650)	95	(35)	61	**(589)**	(2,396)	15	16	30	61
Cancer	(235)	(126)	(361)	73	(390)	(317)	**(678)**	(1,330)		2	(317)	(315)
Clinical Support	60	32	92	18	(74)	(56)	**36**	255	(98)	(3)	45	(56)
Corporate/Other	(2,144)	(7,964)	(10,108)	(190)	(78)	(268)	**(10,376)**	(18,033)	(120)	(86)	(62)	(268)
										(311)		(311)
EBIDTA	**(2,008)**	**(8,033)**	**(10,041)**	**(336)**	**(1,012)**	**(1,347)**	**(11,388)**	**(16,597)**	**(961)**	**(514)**	**(181)**	**(1,656)**
										8		

Divisional Variances - Headlines

Medicine - The favourable clinical income figure has been reduced slightly (£25k) by the refresh. There was above plan income on non-electives (£200k) but this is being further investigated as the activity data indicates the opposite. Renal Dialysis saw a spike in activity matched by above plan income (£143k) and expenditure (£87k). There were other variances that offset each other including below plan excess bed days (£138k) and above plan A&E attendences (£122k). The adverse variances on expenditure mainly relate to these areas of over-performance except for under-delivery of CIPs and favourable variances against pay due to vacant posts.

Surgery - The clinical income refresh increased the total above by £417k so the month 9 figure was £168k. Activity was above plan in Trauma & Orthopaedics (£325k), Plastic Surgery (£76k), ENT (£28k), Medical devices (£45k). This has been offset by some areas of lower activity then planned – Urology (£99k), Critical Care Medicine £85k, Breast Surgery £52k and Ophthalmology (£43k). The adverse variances on expenditure mainly relate to additional activity. Orthopaedic Theatres saw very high activity resulting in £141k adverse variance on non-pay.

Womens & Childrens - The monthly refresh improved the clinical income position by £31k so the in-month variance was £682k adverse. Of this, £432k relates to the ongoing shortfall against maternity income. There is also below plan activity against excess bed days (£93k), outpatients (£72k) and inpatients (£54k). The trend has been adverse for much of the year and is in part due to errors in the target plan but month 9 is especially poor. The overall expenditure position is favourable, reflecting lower activity.

Cancer - The adverse position on clinical income was £140k in-month, worsened further by £95k from the refresh. Radiotherapy and Chemotherapy has seen a higher number of referrals so has over-performed on income (£254k) but this was more than offset by reduced referrals and activity in other services including drugs (£165k), admitted patient care (£116k), palliative care (£76k). The underperformance on Other Income comes from very low private patient activity. The Pay underspend is against non-clinical and is an over-delivery of the CIP target. The non-pay variance includes a one-off payment to Hillingdon (£250k) and CIPs.

Clinical Support -The favourable position on clinical income has been reduced by just £3k for the previous month refresh. In month this relates mainly to Diagnostic Imaging which has seen increased demand for plain film and ultrasound scans. The favourable position on Other Income comes from above plan on overseas visitors. The negative position driven by operational activity includes £48k non-pay in Orthotics. The £45k favourable position on Other comes from non-clinical vacancies in Health Records not fully covered.

Corporate/Other - The clinical income figure presented here relates to adjustments not allocated directly to clinical divisions. The adverse variance this month includes £2,797k for an adjustment on coding counting on NEL and OP Procedures following dispute with the CCG and a mediation exercise. This is offset by an £802k regarding the 2015/16 settlement. The Other Income variance includes several very significant one-off adjustments following resolution of mediation with CCG including £4,500k for brokerage and £1,647k for anticipated transformation funding. In addition, there are ongoing shortfalls previously reported including against STF (£892k) and other areas of CCG support. Expenditure includes an adverse variance related to the additional activity on Lorenzo (£57k) and new work on RTT data validation (£63k). The CIP adverse variance is made up of £86k under-delivery in the Corporate division and £311k trustwide unallocated savings.

East and North Hertfordshire NHS Trust

12 Month Rolling Cashflow - December 2016

	Dec-16 £000 *Actual*	Jan-17 £000 *Forecast*	Feb-17 £000 *Forecast*	Mar-17 £000 *Forecast*	Apr-17 £000 *Forecast*	May-17 £000 *Forecast*	Jun-17 £000 *Forecast*	Jul-17 £000 *Forecast*	Aug-17 £000 *Forecast*	Sep-17 £000 *Forecast*	Oct-17 £000 *Forecast*	Nov-17 £000 *Forecast*
Opening Balance	**3,567**	**1,382**	**1,000**	**1,000**	**1,000**	**1,000**	**1,000**	**1,000**	**1,000**	**1,000**	**1,000**	**1,000**
Receipts												
NHS Acute Activity Income	31,624	31,870	29,460	35,254	29,617	31,454	31,666	31,456	31,458	32,565	31,973	31,672
S&T Funding	669	0	0	0	0	0	0	0	2,550	0	0	2,550
Education/Merit awards/R&D	1,804	869	869	869	869	869	869	869	869	869	869	869
Other income	2,837	2,080	2,706	2,892	3,855	3,855	3,855	4,025	4,025	4,025	4,366	4,365
Interest	2	3	3	2	2	2	2	2	2	2	2	2
Sale of Non-current assets	0	0	0	0	0	0	0	0	0	0	0	0
Interim Revolving Working Capital Support (IRWCS)	0	4,477	2,881	1,793	4,031	2,195	1,981	1,714	0	2,013	393	0
Interim Revenue Support Loan	0	0	0	16,975	0	0	0	0	0	0	0	0
Strategic Capital Loans - Lorenzo	0	549	547	624	842	850	700	669	200	0	0	0
Salix Loan	0	0	0	36	0	0	0	0	0	0	0	0
PDC Received	0	0	0	1,721	0	0	0	0	0	0	0	0
Sub-total Receipts	**36,936**	**39,848**	**36,466**	**60,166**	**39,216**	**39,225**	**39,073**	**38,735**	**39,104**	**39,474**	**37,603**	**39,458**
Salaries & Wages	10,570	10,256	10,631	10,631	10,357	10,357	10,357	10,148	10,898	10,898	10,581	10,581
PAYE / Superannuation/ NI	7,891	7,790	7,790	7,790	7,790	7,790	7,790	7,790	7,790	7,790	7,790	7,790
Creditors	18,983	21,184	17,992	18,757	21,026	21,078	20,926	20,797	19,408	16,953	19,232	19,234
Dividend Paid	0	0	0	1,167	0	0	0	0	0	1,167	0	0
Interest on DH CILs	0	0	0	769	0	0	0	0	0	761	0	0
tPP Cash Call	0	1,000	0	0	0	0	0	0	0	0	0	0
Repay IRWCS	1,677	0	0	19,099	0	0	0	0	838	0	0	1,853
Interest on IRWCS	0	0	0	624	0	0	0	0	0	611	0	0
Repay Interim Rev Support Loan	0	0	0	0	0	0	0	0	0	0	0	0
Interest on Int. Rev. Support Loan	0	0	46	0	0	0	0	0	45	0	0	0
Repay Strategic Capital Loan	0	0	0	0	0	0	0	0	109	0	0	0
Interest on Strategic Capital Loan	0	0	7	0	0	0	0	0	16	0	0	0
Repay Salix Loan	0	0	0	0	43	0	0	0	0	0	0	0
PDC 1% fee	0	0	0	35	0	0	0	0	0	0	0	0
DH Loan Repayments - CIL	0	0	0	1,294	0	0	0	0	0	1,294	0	0
DH Loan Repayments - HCA	0	0	0	0	0	0	0	0	0	0	0	0
Sub-total Payments	**39,121**	**40,230**	**36,466**	**60,166**	**39,216**	**39,225**	**39,073**	**38,735**	**39,104**	**39,474**	**37,603**	**39,458**
Net in Month Cash Movement	**(2,185)**	**(382)**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Closing Balance	**1,382**	**1,000**	**1,000**	**1,000**	**1,000**	**1,000**	**1,000**	**1,000**	**1,000**	**1,000**	**1,000**	**1,000**
Trust Cash plan	**1,000**	**1,000**	**1,000**	**1,000**	**1,000**	**1,000**	**1,000**	**1,000**	**1,000**	**1,000**	**1,000**	**1,000**

Headlines:

The cash balance at the end of December 2016 was £1.4m, which was £0.4m higher than the minimum balance required as a condition of our working captal support.

The Trust's operating plan showed a planned deficit for 2016/17 and corresponding working capital support of £12.876m (£8.650m in relation to the 2016/17 deficit and a further £4.226m because the 2015/16 deficit was higher than forecast). This cashflow now reflects the revised forecast.

In December the Trust had a net repayment of IRWCF, as it had received payment of S&T Funding for Q2, which had been drawn down in advance through the IRWCF route.

It is anticipated that the majority of IRWCS received in 2016/17 will be converted to Interim Revenue Support Loan in due course, with the assumption now being that this will happen in March 2017.

The Strategic Loan receipts relate solely to the Lorenzo project which is the only strategic capital project to have been approved to date. It is assumed that the project to replace a Linear accelerator will receive approval and that be funded by PDC in March 2017 with the related expenditure taking place in the same month.

The plan for the remainder of the financial year is to end each month with a balance of £1.0m which is the minimum permitted by the Department of Health.

Cash requirements post April 2017 is being reviewed as part of the 2017/18 planning process. The mechanisms for funding have not been confirmed and clarity is being sought.

Capital Programme - December 2016

Capital Programme	Annual plan capital spend to achieve CRL	Forecast Expenditure to 31 March 2017	Forecast year end Variance	YTD Plan	YTD Expenditure	YTD Variance	Capital Commitments	Headlines:
IM&T								
Network Support Infrastructure	150	150	-	-	80	80		
Pharmacy Stock Control Project	450	450	-	-	58	58		
Other 16/17 projects	400	400	-	700	219	-481	107	
TOTAL IM&T	1,000	1,000	-	700	356	-344	107	
MEDICAL EQUIPMENT								
Trust wide equipment	1,000	1,000	-	700	399	-301	368	
TOTAL MEDICAL EQUIPMENT	1,000	1,000	-	700	399	-301	368	
ESTATES								The committed amount reported for Estates relates to the value of orders raised, but for which invoices have not been received. Some of these works will not have been completed at the end of month 9
Main Hospital Chimney Flue Relining	250	250	-	-	-	-		
Substation 5 - Blue Panel	250	25	-225	-	-	-		
D1 Pump Replacement	170	438	268	-	-	-		
Other Estates 16-17 Allocation	330	298	-32	700	246	-454	754	
TOTAL ESTATES	1,000	1,011	11	700	246	-454	754	Although actual expenditure to month 9 is behind plan, there are a significant value of commitments for goods and services not yet paid for. Trust Operational Schemes are expected to revert to forecast levels by year end.
OTHER CAPITAL								
Capitalisation of project costs - 16/17	2,000	2,000	-	898	395	-503		
Other 16/17 schemes	500	500	-	-	229	229	14	
TOTAL OTHER	2,500	2,500	-	898	625	-273	14	
TOTAL - TRUST OPERATIONAL SCHEMES	**5,500**	**5,511**	**11**	**2,998**	**1,626**	**-1,372**	**1,243**	The Strategic schemes have been reassessed, which has led to delays in some (Renal) and the abandonment of others (New Beds). Funding for a replacement LinAcc has been agreed through PDC. These changes are reflected in both actual spend to date and the forecast for year end. It should be noted that the figure reported for Lorenzo is for amounts paid, and this may differ from amounts reported elesewhere which will include amounts due to be paid for completed services.
STRATEGIC SCHEMES								
Salix Steam Pumps	-	345	-345	-	205	205		
Lorenzo EPR	5,427	4,345	1,082	3,520	2,523	-997	1,362	
Linear Accelerator	2,212	2,366	-154	171	-	-171		
Renal Reconfiguration	2,758	-	2,758	2,758	-	-2,758		
New Beds	2,200	-	2,200	1,334	-	-1,334	-1,334	
PFI	224	224	-	170	-	-170		
TOTAL - TRUST STRATEGIC SCHEMES	**12,821**	**7,280**	**5,541**	**7,953**	**2,729**	**-5,224**	**28**	
TOTAL CAPITAL	**18,321**	**12,791**	**5,552**	**10,951**	**4,355**	**(6,596)**		

Balance Sheet - December 2016

	Opening Balance as at 01/04/16 £000	Balance Sheet as at 30/12/16 £000	Movement £000	Forecast as at 31/03/17
FIXED ASSETS				
Property, Plant Equipment	187,801	186,641	(1,160)	195,295
Trade & Other Receivables Non-Current	2,562	2,562	0	2,562
Other Financial Assets	2,505	2,505	0	1,000
TOTAL FIXED ASSETS	**192,868**	**191,708**	**(1,160)**	**198,857**
CURRENT ASSETS				
Inventories	5,264	5,264	0	4,264
Cash & Cash Equivalents	15,863	1,382	(14,481)	1,000
Trade & Other Receivables - Current	41,513	43,833	2,320	40,140
Assets Held for Sale - QE2	1,700	0	(1,700)	0
TOTAL CURRENT ASSETS	**64,340**	**50,479**	**(13,861)**	**45,404**
Creditors: Amounts Falling Due Within One Year	(74,796)	(67,853)	6,943	(53,557)
NET CURRENT ASSETS (LIABILITIES)	**(10,456)**	**(17,374)**	**(6,918)**	**(8,153)**
FIXED & NET CURRENT ASSETS LESS CURRENT LIABILITIES	**182,412**	**174,334**	**(8,078)**	**190,704**
Creditors: Amounts Falling Due More Than One Year	(94,080)	(110,260)	(16,180)	(127,355)
Provisions For Liabilities & Charges	(771)	(718)	53	(774)
NET ASSETS	**87,561**	**63,356**	**(24,205)**	**62,575**
FINANCED BY				
TAXPAYERS EQUITY:				
Public Dividend Capital	169,950	169,950	0	173,464
Revaluation Reserve	45,069	45,069	0	45,069
Retained Earnings	(127,458)	(151,663)	(24,205)	(155,958)
TOTAL TAXPAYERS EQUITY	**87,561**	**63,356**	**(24,205)**	**62,575**

Headlines:

Other Financial Assets consists of investments of £1m in ENH Pharma and £1.505m in tPP.

Cash at 1st April was high due to QEII land receipts received 31st March 2016. The balance at the end of December was slightly higher than the required minimum balance of £1m due to timing of creditor payemnts.

The proceeds from sale of most of the QE11 land was received on 31 March 2016 hence the high opening creditor balance. The Trust received the proceeds of the asset held for sale, the care home, in November.

Current creditors at 31st March 2016 included an HCA Loan of £5.9m which was repaid on 27th May 2016.

The Trust has increased long-term liabilities during 2016/17 to support its working capital requirements and to finance the Lorenzo PAS project. Working capital borrowings continue to be discussed with NHSI.

Forecast increase in PDC relates to strategic capital projects.

Retained earnings forecast based on forecast

Top 5 Debtors and Creditors Over 90 Days - December 2016

Aged Debt Analysis	Current Days	31-60 Days	61-90 Days	91-120 Days	121-180 Days	181+ Days	Total Days
NHS	2,370	585	2,574	1,157	1,034	5,127	12,847
Non NHS	996	574	381	143	594	2,729	5,417
Total	**3,366**	**1,159**	**2,955**	**1,300**	**1,628**	**7,856**	**18,264**

Aged debt analysis - Commentary

The Trust continues to actively engage with its commissioners to reduce the value of NHS debts.
The debt has reduced since October because of partial resolution of old disputes. The Trust is actively looking to resolve all the disputed historic invoices.

Top 5 Debtors over 90 days

	£000s	%	Offsetting creditor	Commentary
Luton And Dunstable Hospital NHS Foundation Trust	1,728	16.0%	572	This relates mainly to disputed salary recharges, renal dialysis, e-prescribing and medical physics. Regarding salary recharge we have offered them a credit of £22k to resolve, but no further communication received.
The Pathology Partnership	1,276	11.8%	2,802	TPP is facing financial difficulties, the Trust is currently in discussions with TPP regarding the resolution of the outstanding balances
The Princess Alexandra Hospital NHS Trust	958	8.9%	670	The balance relates primarily to 15-16 maternity pathway invoices, the treatment of this is being pursued by the income team
NHS England	709	6.6%	0	£600k relates to the VAT recoveries invoiced in respect of the ENH Pharma setup which NHSE are disputing.
Herts Valley CCG	516	4.8%	0	The balance has been withheld by HV because of maternity pathway dispute
Total top 5 Debtors	**5,187**	**48.11%**	**4,044**	

Aged Creditors Analysis	Current Days	31-60 Days	61-90 Days	91-120 Days	121-180 Days	181+ Days	Total Days
Total	**9,539**	**9,103**	**5,956**	**1,623**	**1,836**	**8,327**	**36,384**

Aged creditor analysis - Commentary

A detailed review of the aged creditors analysis as at 31 December 2016 shows that out of the £36,385k outstanding £18,497k has been approved for payment. £17,887k is awaiting approval or on hold due to a disputes over the charges or amounts. £8,289k of invoices not approved is over 90 days old.

Top 5 Creditors over 90 days

	£000s	%	Commentary
The Pathology Partnership	2,802	23.8	£424k of the outstanding balance relates to amounts that should have been billed to the CCG. The remaining amount relates to disputes regarding consolidated savings and a small balance of approved invoices . The Trust is currently in discussions with tPP with regards to resolving disputed balances.
Luton & Dunstable Hospital NHS FT	790	6.7	This balance comprises of £287k approved OMFS invoices & £212k unapproved OMFS invoices, There are £123k Renal Unit Utility charges which are approved and £121k of Renal unit charges unapproved.
Baxter	572	4.9	All Baxter invoices are approved but due to restrictions around cash this balance remains outstanding.
Paul Strickland Scanner Centre	550	4.7	This relates to a quartlery charges for various scans which are yet to be approved. However, this is offset by the payroll costs incurred by the Trust on the Charity's behalf, leaving a balance due of £66k.
West Hertfordshire NHS Trust	524	4.4	Currently we have £263k SACH renal unit charges and £136k MV PAS SLA charges which have been in query for some time but an agreement has now been reached to clear these balances, £44k Oncology Doctor recharges unapproved with a further £56k worth of approved invoices awaiting payment.
Total top 5 Creditors	**5,238**	**44.4**	

NHSi Single Oversight Framework - Finance and Use of Resources Metrics

- On 1st October 2016, NHS improvement's single oversight framework comes in to force which will be used from month 7 (October) reporting. Trusts will be placed into one segment overall, based on their overall support across five themes, of which 'Finance and Use of Resources' is one theme.

- The table below shows the financial metric based on the month 9 year to date position and the year end forecast (£28.5m deficit)

			Year to Date				Annual	
Area	Weighting	Metric	Plan	Actual YTD	Variance	Score	Annual Forecast	Annual Forecast Score
Financial Sustainability	0.2	Capital Service Capacity	0	0	0	4	0	4
	0.2	Liquidity (days)	(10)	(10)	0	4	(10)	3
Financial efficiency	0.2	I&E Margin	(0.04)	(0.04)	0	4	(0.02)	4
Financial controls	0.2	Distance from financial plan	0	0	0	4	(0.02)	4
	0.2	Agency spend from ceiling target	11.81	18.56	6.74	4		4
Overall Metric	**1.0**					**4**		**4**

Definitions and scores:

		Score			
Metric	Definition	1	2	3	4
Capital Service Capacity	Degree to which the provider's generated income covers its financial obligations	>2.5X	1.75-2.5x	1.25-1.75x	<1.25x
Liquidity (days)	Days of operating costs held in cash or cash equivalent forms, including wholly committed lines of credit available for drawdown	>0	(7)-0	(14)-(7)	<(14)
I&E Margin	I&E surplus or deficit/total revenue	>1%	1-0%	0-(1%)	</(1%)
Distance from financial plan	Year to date actual I&E surplus/deficit in comparison to year to date plan I&E surplus/deficit	>/0%	(1)-0%	(2)-(1%)	</(2%)
Agency spend	Distance from provider's cap	</0%	0-25%	25-50%	>50%
Overall Metric		**Providers with maximum autonomy**	**Providers offered targeted support**	**Providers receiving mandated support**	**Special Measures**

- Scoring a '4' on any individual finance and use of resources metric means that the overall relating is at least a 3 triggering potential support need

East and North Hertfordshire NHS Trust

Agenda Item: 10.1.2

TRUST BOARD PART I – JANUARY 2017

PERFORMANCE REPORT MONTH 9

PURPOSE	To update the Trust Board on: • Progress against Monitor Compliance Framework, DH Operating Standards, Contractual standards and local performance measures. • Exception reports outlining action take and next steps are provided for indicators that are either 'red' in month, or at risk year to date.
PREVIOUSLY CONSIDERED BY	**FPC 18 January 2017**
Objective(s) to which issue relates *	☑ 1. **Keeping our promises about quality and value** – embedding the changes resulting from delivery of Our Changing Hospitals Programme. ☐ 2. **Developing new services and ways of working** – delivered through working with our partner organisations ☐ **3. Delivering a positive and proactive approach to the redevelopment of the Mount Vernon Cancer Centre.**
Risk Issues (Quality, safety, financial, HR, legal issues, equality issues)	Delivery of financial, operational performance and strategic objectives, FT application, CQC ratings, Governance risk Rating, Contractual performance.
Healthcare/ National Policy (includes CQC/Monitor)	Achievement of Monitor, CQC, DH Operating Framework and other national and local performance standards.
CRR/Board Assurance Framework *	☑ **Corporate Risk Register** ☑ **BAF**

ACTION REQUIRED *

For approval	☐	For decision	☐
For discussion	☑	For information	☐

DIRECTOR:	CHIEF OPERATING OFFICER
PRESENTED BY:	CHIEF OPERATING OFFICER
AUTHOR:	DEPUTY DIRECTOR OPERATIONS
DATE:	JANUARY 2017

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We strive for excellence and continuous improvement

***** tick applicable box

PERFORMANCE REPORT

1. Key Headlines

The following table shows the trust's position against the 6 KPIs that have been agreed with NHSI, and are linked to the STF recovery trajectories.

Please note that due to the Christmas period we do not have finalised positions for RTT or Diagnostics, however month 8 data is now complete as this was also unavailable due to the timing of FPC in December.

December '16 (STF) KPI Performance

RTT

52 week waiters

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Commentary
Original forecast	4	4	4	3	3	3	2	2	2	December data not finalised
Revised forecast (tbc)	4	4	4	6	8	7	0	0	0	
Actual	4	3	2	5	12	23	41	20	TBC	

RTT (Incompletes)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Commentary
Total pts waiting	25200	25200	25200	25200	25200	25200	25200	25200	25200	
Pts > 18 weeks	2016	1991	1915	1915	1890	1865	1865	1865	1865	
Forecast	92.00%	92.10%	92.40%	92.40%	92.50%	92.60%	92.60%	92.60%	92.60%	
Actual	92.70%	92.90%	92.60%	92.80%	92.57%	92.03%	92.07%	92.11%	TBC	December data not finalised

A&E

12 hour trolley waits

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Commentary
Forecast	0	0	0	0	0	0	0	0	0	On track.
Actual	1	0	0	0	0	0	0	0	0	

ED 4 hour waits

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Commentary
Total attendances	12700	12751	12804	12855	12907	12959	13011	13063	13115	See highlight report.
Pts > 4hrs	3048	2933	2689	2442	2259	1944	1887	1829	1705	
Forecast	76.00%	77.00%	79.00%	81.00%	82.50%	85.00%	85.50%	86.00%	87.00%	
Actual	81.12%	84.74%	84.66%	84.18%	82.54%	82.79%	88.04%	89.37%	85.41%	

Cancer

62 Day referral to treatment

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Commentary
Revised f'cast 19-Aug	78.00%	81.00%	85.00%	85.00%	74.44%	77.14%	77.88%	78.33%	83.33%	See highlight report.
Actual	87.03%	84.52%	75.21%	77.83%	72.00%	68.20%	61.30%	69.10%		

Diagnostics

Over 6 weeks diagnostic waiters

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Commentary
Total pts waiting	7200	7252	7305	7357	7409	7462	7514	7567	7619	December data not finalised
Pts waiting < 6 weeks	7164	7216	7268	7320	7372	7425	7477	7529	7581	
Forecast	99.50%	99.50%	99.50%	99.50%	99.50%	99.50%	99.50%	99.50%	99.50%	
Actual	99.90%	99.70%	99.70%	99.60%	99.52%	99.62%	99.68%	99.61%	TBC	

2. RTT – 18 weeks

ENHT achieved the aggregated performance across the Open pathway standard in November 92.11%, December s performance has not been finalised at the time of writing.

December '16 RTT Performance

RTT Trust Aggregated Performance			
Month	Non Admitted (95%)	Admitted (90%)	Open Pathways (92%)
November 2015	90.4%	81.5%	92.6%
December 2015	90.6%	79.7%	92.0%
January 2016	89.3%	69.1%	92.6%
February 2016	91.3%	67.0%	92.6%
March 2016	91.9%	67.4%	92.0%
April 2016	91.3%	61.9%	92.7%
May 2016	92.8%	68.9%	92.9%
June 2016	92.2%	69.2%	92.6%
July 2016	89.8%	69.4%	92.8%
August 2016	90.6%	69.6%	92.5%
September 2016	90.00%	69.50%	92.03%
October 2016	90.9%	66.6%	92.07%
November 2016	90.77%	70.68%	92.11%
December 2016	TBC	TBC	TBC

2.1 RTT performance

The RTT position for December has not yet been finalised.

ENHT is expecting to declare 14 patients (subject to final confirmation) waiting over 52 weeks during December; these patients are a consequence of the current validation exercise. Each patient is being reviewed for any potential harm as a result of the delay in treatment and as yet none has been found.

3. ED Performance

ENHT did not achieve the 4 hour standard in December and failed the STF improvement trajectory, delivering 85.41% against a trajectory of 87%.

Month	% Performance	Quarterly Performance
Jan-16	80.45%	
Feb-16	76.28%	
Mar-16	75.53%	Q4 77.33%
Apr-16	81.12%	
May-16	84.70%	
Jun-16	84.66%	Q1 83.58%
Jul-16	84.18%	
Aug-16	82.54%	
Sep-16	82.79%	Q2 83.20%
Oct-16	88.04%	
Nov-16	89.37%	
Dec-16	85.41%	

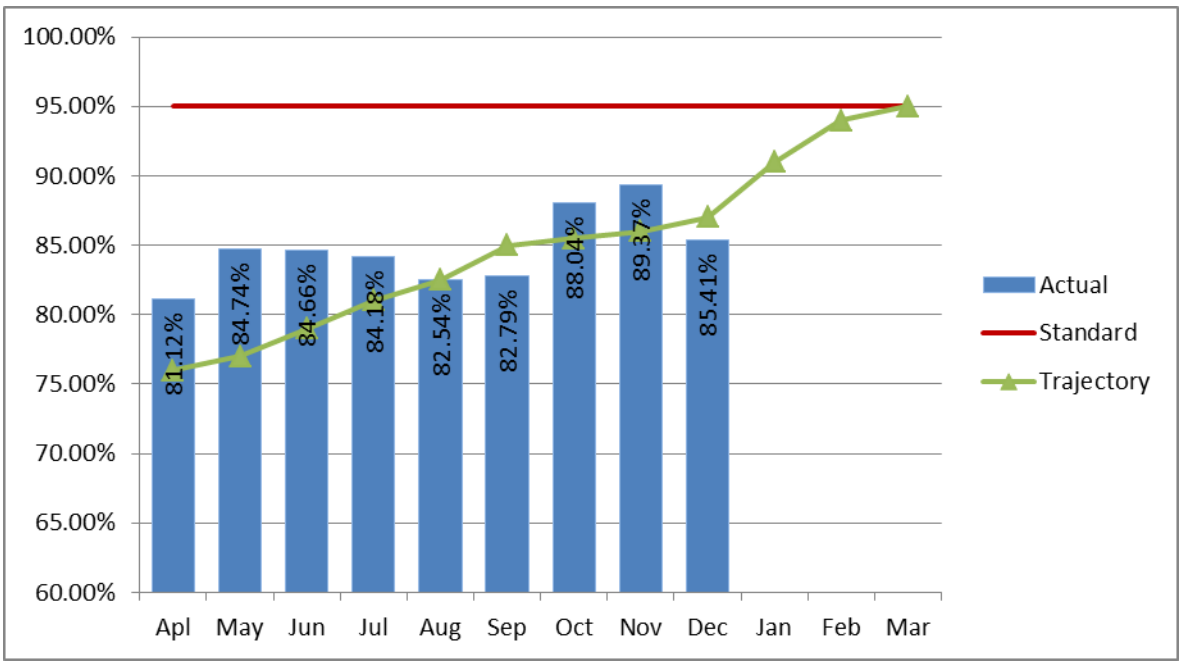
Although performance was below the STF recovery trajectory December's performance was a 5% improvement compared with the same period in 2015.

Attendances and Admissions

	Attendances				Breach				Performance			
Month	Lister	QEII	TC	Total	Lister	QEII	TC	Total	Trust	Lister	QEII	TC
Sep-16	8890	3717	856	13463	2290	0	0	2290	82.99%	74.24%	100.00%	100.00%
Oct-16	9194	3704	801	13699	1624	0	0	1624	88.15%	82.34%	100.00%	100.00%
Nov-16	9065	3490	834	13389	1428	0	0	1428	89.33%	84.25%	100.00%	100.00%
Dec-16	9048	3751	788	13587	1983	0	0	1983	85.41%	78.08%	100.00%	100.00%
Jan-17	2415	990	141	3546	793	0	0	793	77.64%	67.16%	100.00%	100.00%

Department	Sep-16		Oct-16		Nov-16		Dec-16	
	Attendances	Admitted	Attendances	Admitted	Attendances	Admitted	Attendances	Admitted
Other	856	0	801	0	834	0	788	0
Majors	4664	2156	5123	2378	5051	2335	5111	2434
Minors	4907	252	4677	283	4412	281	4218	316
Primary Care	2073	20	2166	24	2148	11	2552	22
Resus	593	477	589	465	586	455	617	494
Streaming	2	2	3	3	2	0	2	0
Triage	368	143	340	167	356	217	299	160
Total	13463	3050	13699	3320	13389	3299	13587	3426

The system-wide 4 hour recovery trajectory, as below:



4. Cancer

Cancer performance is reported retrospectively, November's finalised position is shown below.

Cancer Flash Report

Performance November 2016

Target	Goal	Threshold	Month To Date	Quarter To Date	Year To Date	Nat Average (November)	Nat Average Qtr (Q2)
Target Referrals							
Cancer Referral to 1st Outpatient Appointment	< 14 Days	93.0%	97.9% ▲	97.5% ▲	97.1% ▲	95.1%	94.1%
Referrals with Breast Symptoms (wef January 2010)	< 14 Days	93.0%	95.9% ▲	93.8% ▲	93.3% ▼	96.1%	93.4%
Cancer Treatments							
Decision to Treat to 1st Definitive Treatment for all Cancers	< 31 Days	96.0%	91.2% ▲	90.5% ▼	93.0% ▼	97.3%	97.6%
Referral to Treatment from Screening (62 Day)	< 62 Days	90.0%	77.8% ▼	84.4% ▼	90.9% ▲	92.5%	92.3%
Second or Subsequent Treatment (Anti Cancer Drug Treatments)	< 31 Days	98.0%	97.8% ▲	96.6% ▲	91.2% ▼	99.5%	99.3%
Second or subsequent treatment (Radiotherapy Treatments)	< 31 Days	94.0%	93.8% ▼	93.8% ▲	92.8% ▼	97.8%	96.9%
Second or subsequent treatment (Surgery)	< 31 Days	94.0%	76.9% ▼	80.8% ▼	88.0% ▼	94.6%	95.7%
Urgent Referral to Treatment of All Cancers	< 62 Days	85.0%	67.2% ▲	63.4% ▼	70.1% ▼	82.1%	82.2%
By Tumour Group							
Breast Cancer							
Decision to Treat to 1st Definitive Treatment for Breast Cancer	< 31 Days	96.0%	100.0% ◀	100.0% ▲	98.9% ▼	98.6%	98.6%
Urgent Referral to Treatment of Breast Cancer	< 62 Days	85.0%	100.0% ▲	93.9% ▲	87.6% ▼	94.7%	94.9%
Colorectal Cancer							
Decision to Treat to 1st Definitive Treatment for Colorectal Cancer	< 31 Days	96.0%	100.0% ◀	100.0% ▲	97.4% ▼	97.4%	97.9%
Urgent Referral to Treatment of Colorectal Cancer	< 62 Days	85.0%	43.5% ▲	33.3% ▼	47.1% ▼	70.1%	71.6%
Gynae Cancer							
Decision to Treat to 1st Definitive Treatment for Gynae Cancer	< 31 Days	96.0%	100.0% ▲	89.5% ▼	95.6% ▼	96.2%	97.0%
Urgent Referral to Treatment of Gynae Cancer	< 62 Days	85.0%	80.0% ▲	66.7% ▲	64.0% ▼	76.1%	77.9%
Haematology Cancer							
Decision to Treat to 1st Definitive Treatment for Haematology Cancer	< 31 Days	96.0%	100.0% ◀	100.0% ▲	98.5% ▼	99.8%	99.7%
Urgent Referral to Treatment of Haematology Cancer	< 62 Days	85.0%	75.0% ▼	77.8% ▲	74.7% ▼	78.1%	77.8%
Head and Neck Cancer							
Decision to Treat to 1st Definitive Treatment for Head and Neck Cancer	< 31 Days	96.0%	83.3% ▼	90.6% ▼	92.8% ▼	94.7%	95.1%
Urgent Referral to Treatment of Head and Neck Cancer	< 62 Days	85.0%	77.8% ▲	59.3% ▲	53.3% ▼	73.4%	68.0%
Lung Cancer							
Decision to Treat to 1st Definitive Treatment for Lung Cancer	< 31 Days	96.0%	100.0% ◀	100.0% ▲	97.8% ▲	98.6%	98.4%
Urgent Referral to Treatment of Lung Cancer	< 62 Days	85.0%	53.1% ▲	49.1% ▲	57.8% ▼	72.2%	73.4%
Sarcoma, Brain & Other Cancer							
Decision to Treat to 1st Definitive Treatment for Sarcoma, Brain & Other Cancer	< 31 Days	96.0%	100.0% ◀	100.0% ▲	97.4% ▼	99.2%	98.4%
Urgent Referral to Treatment of Sarcoma, Brain & Other Cancer	< 62 Days	85.0%	100.0% ▲	88.9% ▲	79.4% ▼	71.2%	73.1%
Skin Cancer							
Decision to Treat to 1st Definitive Treatment for Skin Cancer	< 31 Days	96.0%	97.6% ▲	97.4% ▼	96.3% ▲	96.9%	97.2%
Urgent Referral to Treatment of Skin Cancer	< 62 Days	85.0%	90.2% ▼	93.4% ▲	91.7% ▲	95.2%	95.4%
UpperGI Cancer							
Decision to Treat to 1st Definitive Treatment for UpperGI Cancer	< 31 Days	96.0%	95.5% ▲	93.9% ▼	97.6% ▼	98.6%	98.7%
Urgent Referral to Treatment of UpperGI Cancer	< 62 Days	85.0%	75.0% ▲	62.5% ▼	74.8% ▼	76.4%	74.2%
Urology Cancer							
Decision to Treat to 1st Definitive Treatment for Urology Cancer	< 31 Days	96.0%	72.6% ▲	69.6% ▼	76.3% ▼	95.1%	95.5%
Urgent Referral to Treatment of Urology Cancer	< 62 Days	85.0%	52.8% ▲	49.3% ▼	58.5% ▲	77.5%	76.0%

4.1 Performance

- ENHT is maintaining 2ww performance, but has failed the 31 and 62 day standards
- The tumour sites of Head and Neck, Upper GI and Urology have not achieved in either of the standards.

Corrective actions

- In order to sustainably deliver the cancer standard a number of key actions are required and in progress:
    - Data and Information – the current cancer PTL is built from the cancer system (Infoflex), the reporting capabilities of Infoflex are not sufficiently developed to enable the detailed level of

patient tracking required. Therefore in conjunction with the Information team a new PTL is under construction that will enable a greater oversight of the patient's entire cancer pathway.

- Performance is currently reported retrospectively, ENHT's ability to forecast is currently very limited due to the processes used in our Infoflex system. The cancer and information teams are currently developing a performance forecasting model.
- The data quality within the Infoflex system is poor, users have not been entering data in or close to real time and large volumes of data are recorded into free text fields making consistent reporting almost impossible. Standard SOP's are being developed and implemented to ensure a standardised approach across both the Mount Vernon and Lister cancer teams.
- ENHT has historically not reported cancer performance separated between the Mount Vernon and Lister sites; this reduces our ability to target performance, action is currently in progress to try and resolve this issue.
- The structure of the cancer division for those staff involved in PTL management and patient tracking needs to be reviewed. The current model fairly unique and does not support clarity of roles and responsibilities

- IST team completed their two day assessment of the service in December and the trust awaits the final report. From the verbal feedback received the actions above combined with the larger cancer action plan appeared to cover the issues highlighted. The team highlighted two areas for immediate follow up of which both of these issues were immediately actioned and confirmation has been received from the appropriate teams that processes have been changed.

5. Stroke

December's data submission does not closed until 15th January and therefore has not been finalised at the time of writing the report, therefore November remains the last validated position.

During December ENHT experienced a second consecutive month where the volume of patients presenting with a confirmed stroke increased to 77, previously 66 in Nov and 46 in Oct.

Early indications are that December's performance will be very similar to November albeit with an expected increase in thrombolysis rates.

Stroke Performance for November 2016. Is shown below:

Metrics	Nov '15	Dec '15	Jan '16	Feb '16	Mar '16	Apr '16	May '16	June '16	July '16	Aug '16	Sep '16	Oct' 16	Nov'16
Trust SSNAP Grade	C	C	C	C	C	A	A	A	A	A	A	A	A
Stroke Discharged with AF on anticoagulants (ASI 1)	80%	87.5%	66.7%	50%	100%	66.7%	100%	84.6%	86.7%	83.3%	80%	88.9%	75%
Stroke – 4 hours direct to stroke unit (ASI 2)	62.5%	69.4%	59.6%	61.8%	68.1%	71.2%	85%	84.8%	77.8%	91%	75.4%	80.9%	76.1%
Stroke – 90% of time on the stroke unit (ASI 3)	86%	75%	87%	71.4%	88.6%	91.2%	93.7%	88.6%	74.3%	91%	91.4%	93%	84.3%
Stroke – 60 min to scan 9ASI 4a)	50%	50.9%	40%	48.3%	50.7%	42.6%	65%	55.1%	60%	58.8%	56.9%	51.9%	40.9%
Stroke 60 mins to scan urgent only	96%	91.7%	82.6%	84.4%	93.9%	96%	96.7%	100%	91.1%	89.5%	93.8%	100%	91.3%
Stroke – scanned within 24 hrs (ASI 4b)	98%	96.2%	96.4%	98.4%	100%	100%	96.7%	100%	98.6%	100%	100%	98%	100%
Stroke thrombolysed within 3hrs-4.5hrs	7%	12.5%	7.7%	5.2%	6.2%	3.2%	5.5%	4.6%	4.6%	3.3%	14.9%	6.1%	3.4% %
Stroke – discharged with JCP (ASI 7)	96.9%	100%	100%	89.5%	96%	98%	97.4%	87.8%	97.3%	92.3%	94.4%	94.1%	90.5%
Stroke –discharged	36.8%	38.1%	35.7%	40%	40.7%	39.6%	23.3%	43.5%	37.5%	31.1%	33.3%	27.5%	39.6%

with ESD (ASI 9B)													
TIA – high risk, not admitted, tx within 24hrs	**69.6%**	**48.4%**	**75.9%**	**69.2%**	**66.7%**	**51.3%**	**70.8%**	**83.9%**	**68%**	**63.3%**	**66.7%**	**75%**	**70.8%**
TIA – high risk tx within 24hrs	**69.6%**	**51.5%**	**75.9%**	**69.2%**	**66.7%**	**50%**	**68%**	**83.9%**	**68%**	**63.3%**	**66.7%**	**75%**	**70.8%**
TIA – low risk, treated within 7 days from first contact	**82.9%**	**73%**	**88.1%**	**94.7%**	**83.8%**	**91.9%**	**89.1%**	**80.4%**	**66.7%**	**88.9%**	**100%**	**81.5%**	**88.9%**
TIA – low risk, treated within 7 days from onset	**53.7%**	**45.9%**	**59.5%**	**63.2%**	**54.1%**	**59.5%**	**58.7%**	**42.9%**	**44.4%**	**48.1%**	**100%**	**40.7%**	**72.2%**

November ’16 Stroke performance

** End of document **

East and North Hertfordshire NHS Trust

Agenda Item: 10.1.3

TRUST BOARD PART I – JANUARY 2017

WORKFORCE REPORT MONTH 9

PURPOSE	To provide information on standard monthly metrics and Trust wide issues relating to management of the workforce
PREVIOUSLY CONSIDERED BY	**FPC 18 January 2017**
Objective(s) to which issue relates *	☑ 1. **Keeping our promises about quality and value** – embedding the changes resulting from delivery of Our Changing Hospitals Programme. ☑ 2. **Developing new services and ways of working** – delivered through working with our partner organisations ☐ **3. Delivering a positive and proactive approach to the redevelopment of the Mount Vernon Cancer Centre.**
Risk Issues (Quality, safety, financial, HR, legal issues, equality issues)	Financial: increased workforce costs HR: failure to meet agreed standards Legal: failure to meet CQC and other national standards Patient Safety: failure to maintain appropriately trained workforce
Healthcare/ National Policy (includes CQC/Monitor)	CQC 13 and 14 NHSLA
CRR/Board Assurance Framework *	☑ **Corporate Risk Register** ☐ **BAF**

ACTION REQUIRED *

For approval	☐	For decision	☐
For discussion	☑	For information	☐

DIRECTOR:	Director of Workforce and Organisational Development
PRESENTED BY:	Director of Workforce and Organisational Development
AUTHOR:	Head of Workforce Performance, Information & Planning and Deputy Director of Workforce and Organisational Development
DATE:	January 2017

We put our patients first We work as a team We value everybody We are open and honest
We strive for excellence and continuous improvement

***** tick applicable box

Workforce Report January 2017

1.0 Purpose

This paper provides an update to the Finance and Performance/RAQC Committee for January 2017 on workforce performance.

1.1 Executive Summary

The overall appraisal rate for the Trust increased in December to 82.92% compared to November 81.95%. This is the highest appraisal rate recorded for appraisals under the new system introduced 2 years ago.

The staff flu vaccine campaign completed on the 31st December 2016, the target to vaccinate or receive a signed decline form from 75% of frontline staff has been achieved.

The baseline vacancy rate is at 7.44% in December 2016 compared to 7.24% in November 2016 and 8.39% in October. Historically, during December, organisations observe decreased number of starters and an increased attrition. There are currently approximately 426 wte external candidates undergoing cohort recruitment, pre-employment checks and awaiting start date of which in excess of 313 wte are qualified nurses (285 wte are band 5 nurses).

2.0 Our Culture – Ambition

We want to be known as an organisation where our people feel engaged, valued and supported and empowered to deliver excellent patient care and services they are proud of.

2.1 Culture Programme

Strategy: The Culture Programme aims to improve staff engagement so that the Trust is amongst the top 20% of acute hospital Trusts within three years. This will be achieved by embedding a strong leadership culture, leading to improved patient and staff experience and improved customer satisfaction with our services; this will lead to sustained improvements in services.

Leadership & Management Development Pathway: A number of LMDP pathway programmes ran again this month with a total of 96 staff attending. Over 70 staff attended either *Coaching as an Approach to Leadership* or the *Leadership Awareness* programme, while the current cohort completed the Effective Manager programme concluded and a new cohort commenced the Effective Supervisor programme.

The new version of the LMDP Pathway will be launched in mid-January and includes additional programmes designed for staff in more senior leadership roles. The *Practice Logs* are currently in development and will support delegates' learning both on the training programmes and on their return to the workplace. The first one will be introduced to support the *Coaching as an Approach to Leadership* programme in mid-January 2017.

The Spring 2017 LEND sessions are taking place in February and March 2017 and are now being advertised. A large number of bookings have already been received despite the Christmas and New Year holiday period.

2.2 Staff Retention

Strategy: To develop and influence the organisational culture in order to create a working environment where staff want to attend work and feel happy, engaged, valued, supported and empowered to deliver effective and compassionate care.

Action: The agreed top eights areas of priority are:

- Priority One - CSW high turnover - review data, reasons for leaving and draft an options paper to increase recruitment opportunities and increase retention for a discussion at DEC early 2017.
- Priority Two - Flexible working review project - flexible working project plan and timetable due to commence in January 2017 by reviewing all teams within the Trust. Four ward based areas have been identified to pilot self-rostering as a preferred method of flexible working across clinical teams. The self rostering pilot goes live in the four in-patient clinical areas from 23/01/17 with wards 8a, 8b, 9a and 9b.
- Priority Three - Increased access and opportunity for leadership development by increasing the leadership capability within the Organisation. This work is well underway with the initial leadership development pathway and the latest spring leadership pathway due to launch in January 2017.
- Priority Four - Create a new internal transfer process that allows staff to move without going through the formal recruitment process and is timely.
- Priority Five - Revise our Corporate Induction and separate out the Statutory/ Mandatory training requirement with the view to having on-line training.
- Priority Six - Review and create career pathways for bands 2 - 5 initially starting with Nursing CSW roles from apprenticeships, Nursing Associates into Qualified Nursing.
- Priority Seven - Review job adverts to ensure both current and up to date advertising and also preferred avenues for advertising for specific roles.
- Priority Eight - Never lose a nurse/ member of staff campaign with drop in surgery style sessions and communication plan. Due to commence in January 2017.

Performance: An integrated retention project plan has been drafted and is in the process of being jointly agreed between Corporate Nursing and Workforce. The work has progressed at the pace anticipated whilst we review the revised grip and control workforce processes.

2.3 Health at Work

Strategy: To achieve the staff health and wellbeing CQUIN goal for 2016/2017, to improve the support available for staff to help promote their health and wellbeing in order for them to remain healthy and well. The Health at Work service are working in partnership with other key services to develop initiatives and process pathways to enhance workplace health and wellbeing.

Actions: The staff flu vaccine campaign completed on the 31st December 2016, the target to vaccinate or receive a signed decline form from 75% of frontline staff has been achieved.

Following the commencement of a new staff physiotherapy service the Health at Work Advisors have begun to offer early advice and referral to staff with musculoskeletal problems affecting their work. Employees off sick due to a musculoskeletal problem are now telephoned at home by Health at Work Advisors to undertake an assessment, refer to physiotherapy if appropriate and offer advice that will support an early recovery and return to work. Additionally staff calling the Health at Work advice line due to musculoskeletal issues affecting them at work receive advice and if appropriate referral to physiotherapy to enable them to safely undertake their full duties and prevent sickness absence.

Performance: 2927 frontline staff (63.8%) have received the flu vaccine, an additional 600 frontline staff have signed a form declining the vaccine bringing the total percentage of frontline staff involved in the campaign to 76.8%. Flu vaccines have also been offered to all non-frontline staff, an additional 245 vaccines have been given to this group.

The Health at Work Service received and processed 80.1% of pre-placement health clearances within 2 working days in December. 83 referrals were received from managers, 96.96% of appointments with an advisor were booked within 6 working days. 85.7% of appointments with a Consultant were booked within 12 working days. Following attendance in clinic 97.2% of reports were issued within the 2 day target delivery time.

The number of employees utilising the Employee Assistance Service for support has increased from 27 in November to 34 in December 2016. Referrals to physiotherapy have increased from 5 in November to 15 in December 2016.

3.0 Developing our people

Ambition: We want to develop our people so that everyone has the skills and knowledge they need to deliver high quality patient care and so that we can build our workforce for the future.

3.1 Appraisal rate

Strategy: That all Trust staff have an annual appraisal that sets clear objectives, recognises achievement and agrees development goals, the Trust target is 85% compliance.

Action: Divisional Director leadership teams are personally overseeing the approval process of switching off automatic pay progression for staff who have not received an appraisal and are fully statutory / mandatory training compliant; this has also been effective for managers who supervise staff and for all staff.

Performance: The overall appraisal rate for the Trust increased in December to 82.92% compared to November 81.95%. This is the highest appraisal rate recorded for appraisals under the new system introduced 2 years ago. See Section 3, tables 1 & 2.

3.2 Statutory and Mandatory Training

Details of statutory and mandatory training data can be found in Appendix 1, Section 3, Table 3.

4.0 People Performance

Ambition: We want to ensure that we have the people we need and are clear about the standards we expect. This will enable and support the delivery of safe, consistent and high quality patient care.

4.1 Vacancy Rates

Strategy: To reduce the vacancy rate to 5% in order to support the trust's People Strategy and the Safer Staffing agenda. The achievement of this strategy is reliant on new, innovative attraction, recruitment and retention projects.

Performance: A detailed vacancy trajectory taking into account a set of assumptions and estimates is presented in the appendix 2 of this report.

The baseline vacancy rate is at 7.44% in December 2016 compared to 7.24% in November 2016 and 8.39% in October. There were 54 wte new starters and 64 wte leavers in

December 2016 (this number excludes doctors on rotation). Historically, during December, organisations observe decreased number of starters and an increased attrition.

There are currently approximately 426 wte external candidates undergoing cohort recruitment, pre-employment checks and awaiting start date of which in excess of 313 wte are qualified nurses (285 wte are band 5 nurses). It is important to note that 217 wte of the total number of qualified nursing in the recruitment pipeline come from different international recruitment campaign. It is estimated that around 60 wte of those candidates will commence employment with the Trust before the end of fy 2016/17.

The target of achieving trust wide vacancy rate of 5%-6% has moved to the second quarter of the financial year 2017/18. This is due to the recent increases in establishment and higher than anticipated attrition. Additionally, the trust saw 8 wte less new starters in December than originally anticipated with 64 wte leaving the organisation. The overall net result was -10 wte. It is encouraging, however, that the number of starters for Band 5 nurses has been on an upward trajectory and has exceeded marginally the attrition rate, increasing number of staff in post slightly. Operationally, this has not have a significant impact on vacancy rate – this is due to an increase in establishment for band 5 nurses between April and December 2016 (an additional 40 wte have been added to the establishment in the first 3 quarters of the financial year 2016/17)

Appendix 1, Section 4, Table 5 provides benchmarking data across Bedfordshire and Hertfordshire NHS Organisations and details Vacancy, Turnover and Agency costs comparisons in Quarter 2.

4.2 Permanent Recruitment

The Trust has been committed to supporting number of recruitment campaigns including local, national and international projects. With the challenges around nursing, medical staffing and CSWs recruitment, a number of initiatives have been launched as part of an overarching project ‘Drive to under 5%’. Extensive advertising campaigns have been continuously run throughout the year to attract candidates across all staff groups.

The trust has been advertising on local radio, social media and e-jobs boards, as well as in printed publications and internal jobs board in the hospital. Regular open days and evenings have been organised to increase awareness about trust’s vacancies and recruit candidates to vacant posts.

Appendix 1, Section 4, Graph 2 & 3 represent run rate for band 2 CSWs and Band 5 registered nurses. It is transparent that the operation pressures felt by the organisation and an overall higher temporary workers usage has been caused by an increase in establishment and higher than anticipated attrition in said staff groups.

ENHanced Pay campaign

On 12th September 2016 the Trust launched our ENHanced Recruitment Campaign; the focus of which was to increase awareness of the opportunity to work flexibly at the Trust moving forward and also confirming the launch of the ENHanced pilot scheme. The pilot scheme offers increased rates of pay and increased choice in relation to the pension options available for Band 5 and 6 Registered Nurses, ODP's and Midwives. The scheme was launched with the aim that the Trust can attract agency workers back to working for the Trust substantively recognising that there are significant benefits of this; both from a patient safety point of view and also financially for the organisation.

As part of the recruitment campaign we have advertised six recruitment days (2 in October, 2 in November 2016 and 2 in December 2016). The table in Appendix 1, section 4, table 2

represents recruitment activity for band 5 and band 6 qualified nursing posts in December 2016 compared to December 2015.

Taking into account successful recruitment episodes for band 5 and band 6 qualified nurses, further recruitment open days are currently being planned to take place before the end of f/y 2016/17. The trust is also planning to hold evening recruitment events so that temporary / agency workers who may not be able to attend during weekends will be targeted.

Following on from the launch of the marketing campaign, the trade unions raised concerns about the pension element of the scheme and have entered into dispute. We have had a number of dispute resolution meetings and ACAS are now providing mediation support in order to progress these discussions.

4.2.1 Temporary Staffing:

Please see separate report

4.3 Turnover

Strategy: Employee turnover affects the performance and structure of the Trust. When an employee leaves, the Trust loses trained staff, information and knowledge. However, turnover can also bring new skills and experience. The goal is to have an optimal rate of turnover at a sustainable level, for this Trust this been assessed at between 10 - 11%.

Action: Turnover data has been provided at a division, directorate and staff group level so that action can be taken to assess and address areas of high turnover. Exit questionnaires and interviews have been conducted with those leaving the Trust to help divisions identify themes. The Trust has identified a number of retention initiatives that require funding and these are currently being assessed by the Investment and Scrutiny Committee.

Performance: The Trust's turnover increased to 12.98% in December compared to 12.96% in November and 13.05% in October. 61.51 wte staff started in December compared to 69.67 wte leavers (these numbers include doctors on rotation). Since April 16, 951.84 wte staff have started the Trust and 806.58 wte have left. Appendix 1, Section 3, Graph 1 details the starters and leavers trend over the last year.

4.4 Medical Staffing

Strategy: To manage the successful and timely implementation of the new national contract for junior doctors.

Action: 59 F1 doctors and 11 F2 doctors transitioned to the new contract at December 2016 changeover. The Local Equality Analysis has been finalised. Trainees are exception reporting using the designated software with 13 reports received in December. The first Guardian report will be issued as part of the January 2017 board papers. The Junior Doctor Forum also held its first meeting in December ahead of transition. Offers with accompanying work schedules for February 2017 rotations were issued by the December deadline (8 weeks preceding changeover) although with final rota details for Urology and Plastics higher trainees still to be finalised which affected 4 trainees. The LNC met in December and further discussion took place particularly regarding the draft Work Schedule and Exception Reporting Trust policy and guidance on managing locum work for 2016 contract holders. Work is also ongoing with preparing rotas to be mixed economy, with College Tutors finalising generic training information for work schedules and finalising the standard operating procedure for payments relating to exception reports.

Performance: 43% of rotas moved to mixed economy and 23% of work schedules completed.

4.5 Employee Relations

Strategy: The aim of the Employee Relations Advisory Service (ERAS) is to deliver a customer service focused ER function, providing both managers and staff with advice and support on all Employee Relations issues, eradicating bullying and harassment.

Action: The ERAS team has introduced a number of measures to support both managers and staff. These include immediate responses to queries, the implementation of the anonymous raising concerns platform (Speak in Confidence) and the bullying and harassment survey that has been undertaken by Duncan Lewis.

ERAS has implemented a number of training programmes for managers, these include; Sickness Absence Management,, Work-Life Balance Procedure, Grievance Procedure, Emotional Intelligence, Difficult Conversations, Bullying and Harassment, Dealing with Conflict and Performance Management. Since April 2016 70 new or existing line managers have successfully completed the Core Management Training, the second day of which is led by the ERAS Team.

Performance: In December, the percentage of employee relations cases within the Trust was 3.1% and within the target range. The overall number of live employee relations cases increased from 158 to176. The high number of cases is mainly due to the work the ERAS team is undertaking to record the sickness cases which have been identified in departments.

The customer feedback score in December for the ERAS service was 2.7 (measured on a scale of 1 to 3 with 3 being excellent). A detailed table showing the ERAS performance in all employee relations areas can be found in Appendix 1, Section 4, Table 7.

Exit Interview Data: From the 32 exit interviews that were undertaken in December, Enhanced Job Opportunity was cited by 25% of leavers, Retirement was cited by 22% of leavers, Relocation reason was cited by 19%, 16% cited family/personal reason and 6% reasons are not known.

A detailed table showing the Exit Interview Data can be found in Appendix 1, Section 4, Table 5 including qualitative data from leaver's responses.

4.6 Disciplinary Cases

Strategy: The aim of the ERAS team is that all disciplinary cases are effectively managed and resolved within 90 days of the case being opened.

Action: ERAS has trained over 400 managers on disciplinary processes since June 2015. ERAS has developed new training programmes for 2016 to help managers deal with disciplinary procedures. A review of the current disciplinary policy is underway. The proposed new policy will enable a quicker approach to concluding disciplinary cases.

Performance: The benchmark across five NHS organizations for the percentage of disciplinary cases of headcount is between 0.5% and 1.0%. In December, the Trust percentage was 0.2% and within the target range.

The Trust's Key Performance Indicator is to complete all disciplinary cases within 90 days. Priority has been given to support the management of disciplinary cases that have been open for a considerable amount of time. Out of the 9 live cases in December, 1 was over the

Trust's KPI of 90 days. These cases have been identified and are under management with ERAS support to ensure completion without further delay

4.7 Sickness Absence

Strategy: To reduce sickness absence below 3.5% by November 2017. The approach to achieving this is by providing advice and support to both managers and employees to optimise health at work, reduce sickness absence and prevent work related ill health and injury therefore reducing the cost of sickness absence across the Trust.

Action: Workforce and OD have implemented Absence Assist centralised sickness absence reporting line, the Health at Work advice line for both employees and managers, Health at Work early intervention phone calls on working day one of sickness absence of both MSK and stress/ anxiety and depression. The ERAS team support with the management of all sickness absence in conjunction with the Health at Work service.

Performance: The Trust annual sickness absence rate was stable at 3.66% in December. In month, sickness saw an increase from 4.40% in November to 4.80% in December. Long term in month sickness increased from 2.17% in November to 2.41% in December. The number of staff on long term sick has increased from 112 in November to 121 in December. Currently long term sickness cases (including under monitoring cases) are being managed through the HR Advisory Service. A review of all long term sickness cases continues to be undertaken.

Short-term sickness in month increased from 2.22% in November to 2.39% in December. The number of days lost to sickness in November was 6406.94 compared to 7211.11 in December.

The sickness rate for nursing and midwifery is higher than the Trust average with an overall rate of 5.65%, which was 3600.26 days lost and has driven agency expenditure in ward areas. Further work has been carried out in ward areas to ensure effective sickness management and the value of having a centralised model of sickness absence reporting is currently being explored. See Appendix 1, Section 1, Graph 1, Sickness Absence.

4.8 HR Policies and Procedures

Strategy: To review policies in line with the planned policy review date, so that policies are updated in a timely fashion.

Action: A more streamlined approach to policy review is currently being undertaken. This approach is line with the report completed by Lord Carter detailing that NHS Trusts need to create an environment that is fair and transparent. NHS Employers have also produced examples of shorter succinct policies that are user friendly to managers and staff. Therefore we need to ensure that our HR policies are clear and simple. The new format for policies has been sent to the Unions and we are awaiting their comments.

Performance: A timetable for future policies had been defined and policies have been extended to allow for additional time to implement the new approach to policy review and due to the current dispute with Trade Unions. Work is underway to identify and update any expired policies that will be reviewed as a priority when Policy Lock-In Meetings can take place again with staffside's input.

4.9 Governance

Strategy: To ensure the Workforce and OD team achieves compliance with governance requirements and reviews processes where appropriate.

Action: An honorary contract policy is being drafted, to help clarify how to manage arrangements for workers required to have access in the Trust, but whose substantive employer is not East and North Hertfordshire NHS Trust.

Performance: The ESR gap analysis report for November starters recorded 96% compliance for the first run and 99.5% compliance for the second run.

5. Areas of Note

5.1 Quarterly Update on Independent Contractors

Strategy: Engagement of independent contractors should be in line with Department of Health guidance and Trust policy.

Action: A quarterly update on usage of independent contractors is requested from Divisions and Directorates, so that this can be monitored by the Trust Board via this report.

Performance: There were 21 people reported as working in the Trust and falling within the definition of independent contractors (excluding high value agency workers) during the period October 2016 to end December 2016. See Appendix 1, section 4, table 9 for further details.

(This report is based on data as at the end of December 2016)

East and North Hertfordshire NHS Trust

Agenda Item: 11.1

TRUST BOARD MEETING – 25 JANUARY 2017

RISK AND QUALITY COMMITTEE – 17 JANUARY 2017
EXECUTIVE SUMMARY REPORT

PURPOSE	To present to the Trust Board the report from the Risk & Quality Committee (RAQC) meeting of 17 January 2017.
PREVIOUSLY CONSIDERED BY	N/A
Objective(s) to which issue relates *	[X] 1. **Keeping our promises about quality and value** – embedding the changes resulting from delivery of Our Changing Hospitals Programme. [X] 2. **Developing new services and ways of working** – delivered through working with our partner organisations [ ] **3. Delivering a positive and proactive approach to the redevelopment of the Mount Vernon Cancer Centre.**
Risk Issues (Quality, safety, financial, HR, legal issues, equality issues)	Key assurance committee reporting to the Board. Any major financial implications of matters considered by the RAQC are always referred to the FPC.
Healthcare/ National Policy (includes CQC/Monitor)	In line with Standing Orders and best practice in corporate governance.
CRR/Board Assurance Framework *	[ ] **Corporate Risk Register** [X] **BAF**

ACTION REQUIRED *

For approval	[ ]	For decision	[ ]
For discussion	[X]	For information	[ ]

DIRECTOR:	Chair of RAQC
PRESENTED BY:	Chair of RAQC
AUTHOR:	Corporate Governance Officer / Company Secretary
DATE:	January 2017

We put our patients first We work as a team We value everybody We are open and honest
We strive for excellence and continuous improvement

***** tick applicable box

RISK AND QUALITY COMMITTEE – MEETING HELD ON 17 JANUARY 2017

SUMMARY REPORT TO TRUST BOARD – 25 JANUARY 2017

The following Non-Executive Directors were present:
John Gilham (Committee Chair), Ellen Schroder (Trust Chair), Val Moore and Bob Niven

The following Executive Directors were present:
Kerry Eldridge (deputising for the Director of Workforce & OD), Nigel Kee, Liz Lees (Acting), Carolyn Meredith (deputising for the Medical Director) and Tom Simons for workforce related items.

The following points are specifically highlighted to the Trust Board:

BAF Discussion Topic: Workforce – including a presentation regarding leadership
The Committee received a presentation regarding leadership development at the Trust. Leadership had been identified as a possible risk previously but had the potential to mitigate a number of other workforce related risks. The Committee considered that the current leadership programme was much improved on the position 12 months previously. The programme had almost three times as many members of staff enrolled as previously and feedback had been positive. The Committee were assured that the leadership programme within the Trust had developed significantly and would look to the results of the next staff survey for evidence that it was proving effective. The Committee also noted the importance of ensuring that a focus on developing staff remained in place throughout the organisation even as pressures and challenges faced by the Trust increased. The Committee began to discuss some broader workforce risks and agreed to continue the discussion at the next meeting.

Medical Recruitment Plan Quarterly Update
The Committee received an update report on the Medical Recruitment Plan. The plan had been developed to demonstrate the strategy for recruiting to vacancies in a timely fashion, thus reducing agency expenditure for medical staffing across the Trust. Of the 81.8 posts identified on 1 September 2016, 62% had now been appointed to. Challenges faced since the last update included visa delays for doctors recruited from abroad and the induction period once they started in post. Since 1 September 2016 it was reported however that an additional 44.5 posts had been added to the recruitment list, being a mix of 26.5 direct replacement posts and 18 new posts. With these additions the net reduction in vacancies projected for 31 March 2017 was 21.3 posts. The Committee noted the report and considered that the report provided assurance that the plan had facilitated a reduction in vacancies. The Committee also discussed that as well as reducing agency costs it was important to ensure that the establishment level was right and considered that a similar 6 monthly report to that on nursing establishments would be useful in future.

Outcomes:

Supervision of Midwives Report
The Committee received a report which provided an update regarding the legislative changes to statutory supervision of midwives and detail of the proposal for the development of a new model and framework for supportive midwifery supervision to be implemented. Following the investigation into Morecambe Bay and recommendations of the Kirkup Report (2015), the Nursing and Midwifery Council had decided to remove Supervision of Midwives from Statue. It was anticipated that the legislative changes would occur to midwifery regulations by 31 March 2017. The Department of Health had proposed a new model called A-EQUIP. This was based on an employer-led and locally delivered model within an agreed

set of national principles. The new model was being piloted in six areas over four months and the Trust was awaiting the evaluation of the national pilot before taking further action. The Committee noted the report and current position regarding midwifery supervision. The Committee requested an update once more information on the new model was available.

Floodlight Scorecard / Exception Report

The Committee were informed that it had not been possible to produce the Floodlight Scorecard in time for the meeting. The Committee discussed the possibility of moving the Board and Committee meeting dates to better accommodate the timelines for the collection and sign off of certain parts of the data for the report, but it was agreed that any data that was available in advance of the meeting would continue to be presented to the Committee in the meantime. The Committee received verbal updates regarding ED and RTT performance. The Committee discussed the need for greater knowledge of the capacity of the wider health system. It was confirmed that the Patient Tracking List continued to be validated and it remained the case that no patients had been identified as having come to harm. It was also confirmed that over recent weeks the Trust had not cancelled cancer activity and was not intending to do so.

Serious Incident Report

The Committee received the latest Serious Incident (SI) Report. There had been 1 SI reported in November 2016 and 6 SIs reported during December 2016. The most common category of incident in 2016 YTD had been falls. The Committee agreed that a comparison of performance against other Trusts would be beneficial for a future report. The Committee discussed some specific incidents and details of the actions being taken following an incident related to an information governance breach. The Committee were assured by the actions and noted the report.

Patient Safety Report

The Acting Director of Nursing presented the Patient Safety Report. It was reported that there had been a small increase in the number of inpatient falls for the period April – December 2016 compared with the same period in 2015. Actions were in place in the areas where increases in falls had been identified to improve performance. Performance in relation to pressure ulcers remained positive, with December 2016 being a pressure ulcer free month. Regarding adult safeguarding training, the Committee were pleased to note that compliance was at 91.35% for all staff, with 90.23% for clinical staff who required Level 2 training. The Level 3 safeguarding children training compliance was at 87%, just below the 90% target. The Committee discussed Health and Safety Performance, noting that an audit of the Trust's risk assessment files had identified areas for improvement. The Committee noted the report and considered that that were assure that the Trust was adequately monitoring patient safety. The Committee asked for further detail of actions arising from the Health & Safety audits at a future meeting.

Clinical Audit Report

The Committee received the Clinical Audit 2016/17 Summary Report. The report summarised the clinical audit half yearly progress, measured performance against the clinical audit key performance metrics and detailed developments and current risks. The Committee noted there had been an improvement in performance with regard to KPI 4, with 100% of specialty, network and Trust audit plans completed and returned to the clinical audit team to address any standards that had not been/were partially met during in the six months covered by the report. The Committee noted that there had been a reduction in the number of registered audits in the first six months of 2016/17, as the focus had been on mandatory and Trust priority audits. The Committee supported the approach, which had resulted in significantly fewer audits being abandoned, and noted the importance of ensuring value for

money through the clinical audit function. The Committee were assured by the report and that progress was being made regarding clinical audit.

Complaints, PALS and Patient Experience Report
The Committee received the quarterly Complaints, PALS and Patient Experience Report. The total number of complaints in Q3 had decreased slightly from Q2 and was comparable with the number of complaints received in the same period in 2015. A significant amount of work had also taken place to reduce the number of historic complaints. The Committee noted that communications remained a common cause of complaints. Regarding the results of the Friends and Family Test, the Committee were surprised by the number of patients who would not recommend the Urgent Care Centre at the New QEII (11.51%). The Committee asked for further work to be undertaken to explore the reason behind this. The Committee noted the report and were assured by the actions being taken.

Monthly Agency Report
The Committee received a review of the agency position across the Trust, including key issues, on-going trends and performance against targets. The Committee noted that the Trust had moved to a direct engagement model in November 2016 and was now starting to process agency medical staff through this system. This would result in savings for the Trust. The Committee noted the report.

The following reports were noted by the Committee:

1. **Quality Account Priorities**
   The Committee received a report which provided an overview of the process for producing the 2016/17 Quality Account and actions taken and to be taken in identifying the 2017/18 Quality Account priorities. The six Quality Account priorities identified for 2016/17, together with their measurement indicators, were provided in the report. It was noted that both the Trust's Involvement Committee and Patient Experience Committee had recently considered the Quality Account priorities. The Committee noted the report.

2. **Nurse and Midwife Revalidation Report**
   The Committee received an update regarding nurse and midwife revalidation following a change to the requirements for revalidation that had taken effect in April 2016. The report provided assurance that risks were being managed with no evidence of any member of staff not revalidating. The Committee noted the report.

3. **Infection Prevention and Control Report**
   The Committee received the latest Infection Prevention and Control Report. There had been 15 cases of hospital acquired C.difficile in the year to date, 4 of which had been successfully appealed. There had been 2 hospital associated MRSA bacteraemias in the year to date including one pre-48 hour case which was found to be a contaminant.

4. **Pathology Performance Update and Recovery Plan**
   The Committee received an update regarding Pathology Performance. The Committee noted the report. It was noted that the Committee intended to have a fuller discussion regarding Pathology Performance at the next meeting.

5. **Regulation and Compliance Update**
   The Committee noted the Regulation and Compliance Update, which provided detail of assurance on compliance with CQC requirement notices and feedback from the CQC Quality Development Board. The report included detail of the CQC's new insight intelligence dashboard relating to the Trust. The Committee were also

informed that the CQC had recently published a consultation on the next phase for developing its approach for how it would regulate NHS trusts and foundation trusts, in line with the direction of travel outline in its five year strategy for 2016-2021. The Committee also noted the work taking place to help prepare the Trust for future CQC inspections.

6. **Safer Nurse Staffing Levels**
   The Safer Nurse Staffing Levels Report was noted by the Committee. The December Unify submission for registered fill % decreased compared to November with the average day fill % for registered nurses decreasing to 95.3% from 96.9%. The decrease was primarily due to a decrease in registered and unregistered fill % from NHSP and an increased level of sickness.

7. **Medical Devices Report**
   The Committee received the Medical Devices Annual Report. The report provided assurance that the Trust had systems in place to ensure that risks associated with the acquisition and use of medical devices were minimised. The Committee noted the report.

John Gilham
Chair
January 2017

Agenda Item: 12

TRUST BOARD MEETING PART I – JANUARY 2017

AUDIT COMMITTEE REPORT TO BOARD

PURPOSE	To present to the Trust Board the report from the Audit Committee (AC) meeting of 9 January 2017
PREVIOUSLY CONSIDERED BY	N/A
Objective(s) to which issue relates *	✓ **1. Keeping our promises about quality and value** – embedding the changes resulting from delivery of Our Changing Hospitals Programme. ✓ **2. Developing new services and ways of working** – delivered through working with our partner organisations ✓ **3. Delivering a positive and proactive approach to the redevelopment of the Mount Vernon Cancer Centre.**
Risk Issues (Quality, safety, financial, HR, legal issues, equality issues)	Key assurance committee reporting to the Board
Healthcare/ National Policy (includes CQC/Monitor)	In line with Standing Orders and best practice in corporate governance
CRR/Board Assurance Framework *	✓ **Corporate Risk Register** ✓ **BAF**

ACTION REQUIRED *

For approval	✓	For decision	
For discussion		For information	

DIRECTOR:	CHAIR OF AUDIT COMMITTEE
PRESENTED BY:	CHAIR OF AUDIT COMMITTEE
AUTHOR:	BOARD COMMITTEE SECRETARY/COMPANY SECRETARY
DATE:	JANUARY 2017

We put our patients first We work as a team We value everybody We are open and honest
We strive for excellence and continuous improvement

***** tick applicable box

AUDIT COMMITTEE – MEETING HELD ON 9 JANUARY 2017

SUMMARY REPORT TO BOARD – 25 JANUARY 2017

The following members were present: Alison Bexfield, Bob Niven, Julian Nicholls
Other directors in attendance: Nick Carver, Martin Armstrong

RECOMMENDATIONS FOR BOARD APPROVAL

Committee Evaluation 2015/16

Subject to expansion of the Executive Summary to reflect that 'in order for the AC to be effective it needed senior level support' the AC approved the Committee evaluation 2015/16 and recommended final approval at Trust Board (see appendix 1).

OUTCOMES

Internal Audit Progress Report

The AC received the latest IA progress report including findings of audits completed since the previous AC:

- VTE Assessments;
- Capital Projects;
- General Ledger;
- Treasury Management;
- Payroll;

Each resulted in a 'reasonable assurance' opinion and no issues were identified which would impact the Head of Internal Audit opinion at year end.

The AC supported reconciliations of control accounts to the general ledger would be considered a key priority to prevent delays/adjustments to the year-end accounts. The AC requested implementation of a reconciliation dashboard including an update within the finance report to FPC and supported a skills and capability assessment of the department.

The AC received assurance a review of authorised signatories and access rights to payroll systems was considered a high priority.

Initial Draft Internal Audit Strategy 2017-2020

The AC received a first draft of the IA strategy 2017-2020 noting the final agreed plan would be presented in March 2017. The AC suggested implementation of an audit on systems to support major transformation projects and consideration how the audits were prioritised and requested a Trust visual map of assurance, noting the strategy would be finalised by the end of January 2017 and circulated to AC members in advance of the March meeting.

Local Counter Fraud Specialist Progress Report

The AC received an update on local counter fraud work undertaken for the period 29 September 2016 to 3 January 2017 noting two final reports had been issued on expenses and declarations of interests/gifts and hospitality. A total of 6 cases had been closed in 2016/17 and one referral received since the previous AC in October 2016. The AC requested further assurance of 'closed cases' and supported implementation of a fraud risk register.

LCFS Draft Plan 2017/18

The AC reviewed the draft LCFS plan 2017/18 noting it would be finalised by the end of January 2017 and circulated to AC members in advance of the March meeting. The AC discussed making best use of audit resources where LCFS and IA crossed over; the Head of Internal Audit would consider.

External Audit Plan 2016-17
The AC received an update on key issues considered relevant to audit of the Trust's financial statements, use of resources and Quality Account for the year ended 31 March 2017. The AC discussed Trust materiality (applied in planning and carrying out the audit) based on 2.0% of the budgeted gross expenditure (to be revisited when the draft financial statements are received for audit). The AC requested clarity of decisions made in relation to accounting treatments.

Internal Audit Tracking Report
The AC reviewed the latest IA tracking report of recommendations made as at 30 December 2016, noting 27% had been implemented, 44% were overdue and for the remaining 29% the target date had not been reached. The AC requested future reports include counter-fraud actions. The AC supported a review of processes to ensure outstanding actions were escalated to the CEO including attendance at AC by the relevant director responsible for any action that remained outstanding over six months. The AC also requested actions split accordingly to the level of risk.

Other matters:

Review of Register of Interests
The AC requested the minutes of the previous meeting be amended to reflect that the Trust would revisit the Trust's Register of Interests once latest national guidance from NHS England was available, to ensure correct information was published.

2016/17 Accounting Items Update
The AC received an update on non-standard elements of the Trust's financial statements to be agreed with External Auditors and was satisfied it was sighted on contentious issues before preparation of the year-end accounts. The AC requested notification of any further unusual items at the March AC in advance of the sign-off meeting in May. The AC noted the following items were unresolved:

- ENH Pharma and the sharing of benefits with the CCG;
- Liability of the over-recovery of VAT.

The AC grudgingly accepted that Charity accounts would not be submitted until January 2018; this timeline would be reviewed for 2017/18 Charity accounts.

Raising Concerns (Whistle-blowing) Log
The AC received the latest update on raising concerns noting open cases, themes and actions being taken. The AC supported a policy review would be undertaken including engagement with Trust Partnership to ensure it was in line with National guidance and more accessible in terms of language used. The full report would be available in Board, Part II.

Significant Losses/Special Payments
The AC received the latest report on Trust significant losses/special payments for the period April-September 2016, including findings from the Losses and Special Payments Committee meeting in December 2016. The AC was concerned at Pharmacy stock losses and requested further clarity of the summary of bad debts written off (£16,606 which appeared low), including IT losses. The AC requested further information on drugs losses broken down by site.

Alison Bexfield
Non-Executive Director

January 2017

Appendix 1

AUDIT COMMITTEE
ANNUAL REVIEW 2015/16

Introduction

The Audit Committee is a key assurance committee of the Trust Board. Its purpose is to provide an independent and objective review of the Trust's system of internal control, including its financial systems, financial information, assurance arrangements including clinical governance, approach to risk management and compliance with legislation.

Executive Summary

This is the annual review of the Audit Committee which considers how it has met its duties under its Terms of Reference. In order for the Audit Committee to be effective it needed senior level support. A review of the Committee's minutes and its reports to the Board, the Annual Governance Statement 2015/16 and a review of the Trust's Standing Orders and Scheme of Delegation have been used to inform this report, together with a review of the assessment guidance from the Audit Committee Handbook. As per the Audit Committee Handbook, the Audit Committee approved the self-assessment checklist completed by the Company Secretary. This self-assessment evidenced a good level of compliance against best practice guidance and did not identify any material issues. In addition committee members, Internal and External Auditors completed a questionnaire considering how the committee operated and how its operation could be improved.

The review concluded the Committee had met its duties and continued to provide challenge recognising the internal control environment could always be strengthened. The terms of reference have been reviewed, taking into account the Board moving to alternate months and local and national context. Appendix 1 sets out the revised AC Terms of Reference for consideration by the Committee (there are no material changes).

To support the strengthening and effectiveness of the Committee five recommendations were highlighted from the review:

1. To continue to support further improvements to the papers and guidance offered to report writers – concise reports, preceded with clear executive summaries referencing relevant standards/management's preferred option/auditor's opinion, focusing on key issues for discussion and decision;
2. To consider how the Committee could seek assurances around implementation of the IM&T strategy;
3. To ensure that contentious items were brought to the committee earlier in the agenda cycle for discussion;
4. To consider a deep dive of specific risks to gain assurance that the Executive is managing the risk sufficiently to provide the NED's with a greater understanding of the risk itself;
5. Consideration of member training.

Summary of Key Findings

- **Meetings and Membership**

The Audit Committee met five times during 2015/16 and all meetings were quorate. There were no changes to the position of Chair. In line with good practice and requirements of the Audit Committee Handbook, the Committee met in private with the external auditors on two occasions and with internal auditors on one occasion. A review of the Committee's minutes demonstrated an appropriate level of scrutiny and challenge could be evidenced throughout its meetings.

The efficacy of the AC has been assessed by issuing a questionnaire to Committee members and others who regularly attend meetings. There were a total of 6 respondents, 3 Non-Executive Directors,1 attendee, Internal and External Auditors. Each respondent agreed committee agendas covered the right items with sufficient discussion time and scrutiny; meetings were attended by the appropriate people and varied according to the agenda (an improvement on previous years). The quality of discussions was effective with strong engagement and challenge reflecting the high standard of chairing. The Committee added value to the Trust's operations throughout the year in the following ways:

- It offered scrutiny and constructive challenge in key areas;
- The AC challenged both Internal and External Auditors and the Executive to enhance control and focus attention on key areas of risk;
- Improvements secured to operational and assurance arrangements (pursuing income capture and data recovery/business continuity issues);
- Discussions on accounting treatment helped broker an acceptable solution;
- The AC encouraged prompt completion of audit actions;
- It reviewed counter fraud events and had oversight of all financial reports to ensure adherence to policy and SFI's.

The Committee can evidence that it has met its responsibilities as set out in the terms of reference in the following ways:

➢ **Governance, Risk Management and Internal Control**

It is the Audit Committee's responsibility to review the Trust's systems of governance, risk management and internal control. In May 2015 following the outcome of the high risk summary of findings and areas for improvement in the final Risk Management IA report, the AC approved implementation of a guide for best practice on project management governance and supported the introduction of an independent plan of assurance. The AC received assurance that risk management would be addressed and consistently applied in all projects.

A key part of the AC's responsibility at the beginning of each year, is to review the Board Assurance Framework (BAF) to test robustness of the framework in terms of its structure and process, since this document was used by the Audit Committee to underpin the internal audit programme, and by the Risk and Quality Committee (RAQC) to provide assurance to the Board on management of key risks to the Trust's objectives. In July 2015 the Committee considered and approved a new framework for the BAF 2015/16 considering the principal strategic risks associated with achievement and delivery of the Trust's strategic and annual objectives.

The Audit Committee's review of the Trust's systems of governance, risk management and internal control culminated in its consideration of the Annual Governance Statement (AGS). In May 2015 the AC reviewed and endorsed the final draft of the Annual Governance Statement 2014/15 which was submitted to auditors in June 2015 as part of the Annual Report and Accounts submission to the Trust Development Authority. The AGS confirmed the overall opinion 'that no significant internal control issues had been identified that would impact on delivery of the Trust's strategic and annual objectives'. This was consistent with its view that the Trust had a generally sound system of internal control, supported by a robust risk management strategy and BAF that was in turn supported by a corporate risk register linked to the Trust's objectives.

As part of its governance responsibilities, during 2015/16 the Audit Committee reviewed the declarations of interest register for 2014/15 and received an update on declarations of interest received in 2015/16. Key policies/registers approved by the Audit Committee included:

- The Gifts and Hospitality Register*;*
- A review of Standing Financial Instructions (SFI's) and Standing Orders (SO's);

- Anti-Fraud and Bribery Policy;
- Raising Concerns Policy.

In January 2016 the AC requested and received assurance on governance frameworks for software upgrades which would be administered under the IM&T change management procedure. In relation to a reference cost audit in January 2016 the AC requested a robust action plan to deliver improvements and assurance the AC be made aware of highly critical reports in a timely manner.

At each meeting, the Committee reviewed the internal and external audit report log monitoring implementation of recommendations made by Internal and External auditors and the Local Counter Fraud Specialist.

➢ **Internal Audit**

The Committee received regular progress reports from its internal auditors (RSM) on internal audit work during 2015/16 including a summary of reports issued.

In April 2015 the Committee approved the Internal Audit Plan 2015/16 requesting progress reports include a chart to instantly identify whether audits commenced on time, were achievable or on track, recommending further focus on overdue actions.

The AC regularly monitored key performance indicators and the time taken to provide management responses supporting that KPI's included a reference and length of time taken from audit debrief to issue of the final report.

In March 2016 the AC approved an Internal Audit strategy 2016-2019 covering key financial systems, cost improvement plans, financial forecasting and payroll services. The AC supported an audit at the end of Quarter 1 2016/17 to test progress of non-pay expenditure and income capture.

➢ **External Audit**

2014/15 – Grant Thornton

A number of reports were presented by the out-going External Auditors including a report on the Quality Account (QA) 2014/15 where sample testing of two indicators, patient safety incidents and VTE, had taken place which did not identify any issues that raised concern over the Trust's arrangements for data quality; a 'limited assurance' opinion was anticipated. Further reports included the 2014/15 Value for Money overall conclusion that processes were 'adequate' based on the Trust not meeting all its key performance indicator targets and a cumulative deficit over the three-year period 2012/13 to 2014/15 plus the setting of a year-end deficit for 2015/16; all summarised in the Annual Audit Letter 2014/15. In May 2015 the AC requested further contractual evidence on impairment accounting treatment for the Pathology Partnership (TPP) in advance of final sign-off of 2014/15 year end accounts

Also in May 2015 the out-going External Auditors audited the 2014/15 charitable fund and ENH Pharma Limited accounts, which were consolidated into the Trust's main accounts. The AC recommended the financial statements to the Board for approval.

2015/16 - BDO

The Committee maintained an effective relationship with its new external auditors (BDO) throughout the year. In January 2016 the AC had an early debate on accounting standards and the proposed approach to accounting treatment for TPP in 2015/16. Further discussion took place at AC in March 2016 when it was agreed a final decision would be taken at Trust Board on receipt of assurance of the deliverability of the TPP 3-year recovery plan.

Throughout 2015/16 the AC paid particular attention to income assurance processes specifically that the previous external auditors had omitted to identify the reduction in income compared to the Trust's forecast 2014/15; this was a referral from FPC.

In January 2016, in line with new national guidance, the AC received a framework for tendering External Auditor services to consider and support the appointment of an auditor panel to ensure the appointment by 31 December 2016. In March 2016 the AC approved the Auditor Panel Terms of Reference. In May 2016 the AC approved closure of the Trust's annual accounts 2015/16. Lessons learnt from this process would be reviewed by External Auditors and Finance to ensure a smooth process for sign-off of 2016/17 financial statements.

- **Other Assurance Functions**

On a number of occasions during 2015/16 the Audit Committee sought assurance from other Board committees. In October 2015 the AC recommended presentation of key findings of medicines management and progress with actions for referral to RAQC for monitoring. In March 2016 the AC recommended a further referral to RAQC on clinical audit assurance and how this was provided.

In January 2016 the AC reviewed the six-monthly report on Trust losses and special payments paying particular attention to the increase in the number of Trust complaints made and value of debts written off in the overseas visitor category.

The FPC closely monitored the raising concerns (whistle-blowing) log supporting inclusion of a summary of cases that remained open with timescales of the length of time taken to complete, bringing together cases reported via the Company Secretary, ERAS and Speak in Confidence platforms.

In March 2016 the AC reviewed clinical audit assurances provided against the AC handbook measures and was satisfied with the assurance provided by the Head of Clinical Audit and Effectiveness and RAQC that all necessary clinical audit processes and systems were in place, assessed as fit for purpose and working well.

- **Counter Fraud**

The Audit Committee continued to monitor the work of the Local Counter Fraud Specialist (LCFS) throughout the year, a service provided by internal audit. In May 2015 the AC approved the draft Local Counter Fraud Specialist plan 2015/16. Where necessary the AC requested follow-up reports for assurance on closed cases, as evidenced in the case of false representation highlighted in January 2016.

- **Management**

The Committee continued to monitor the adequacy and timeliness of management responses in relation to all reports received, and challenged these when necessary. The AC also continued its practice of requiring attendance by the relevant director or senior manager whenever it considered a report provided less than adequate assurance. This was evidenced when the AC requested the Chief Information Officer attend AC in October 2015 to provide assurance on staff forwarding emails to private email addresses and in January 2016 when the Deputy Director of Workforce attended AC to provide assurance on actions being undertaken to address findings of the temporary medical staffing audit report.

- **Financial Reporting**

One of the key duties of the Audit Committee is to review the annual report and accounts before submission to the Board. In May 2015 the Committee endorsed the Trust's Annual Report and Accounts for publication on the Trust's website and final approval at Trust Board.

- **Committee Effectiveness**

The AC undertook a review of the effectiveness of the Committee, focussing on quality of discussions and the value the committee added to the Trust's operations in year. The overall opinion was that the AC consistently and systematically agreed and monitored the Trust's audit programmes tracking audit actions to completion, encouraging compliance with auditors' recommendations and reports and resolving year-end accounting issues; the committee agenda covered the right areas for discussion; meeting attendance was appropriate and the quality of papers/discussions was considered consistently good throughout the year including accurate briefings on issues.

- **Reporting Arrangements**

The Audit Committee has reported key issues to the Board after each meeting, and continues the practice of producing an executive summary report to Board.

- **Conclusion**

This review demonstrates that the Audit Committee has discharged its duties under its terms of reference.

The terms of reference have been reviewed and some minor amendments made to reflect updated guidance and terminology.

The Committee is asked to consider this Annual Review and approve the amendments to the terms of reference (Appendix 1).

Appendix 1

AUDIT COMMITTEE TERMS OF REFERENCE

Purpose

The purpose of the Audit Committee is to provide an independent and objective review of the Trust's system of internal control including its financial systems, financial information, assurance arrangements including clinical governance, approach to risk management and compliance with legislation.

Status and Authority

The Audit Committee is established as a formal committee of the Board. It is a non-executive committee and has no executive powers other than those specifically delegated in these terms of reference.

The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee is also authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

Membership

Three Non-Executive Directors (excluding the Chair of the Trust Board), one of whom shall be appointed Chair by the Board.

Quorum

Any two members of the Committee are required to be present.

Attendance

The Director of Finance, the Company Secretary, and appropriate internal and external audit representatives shall normally attend meetings. At least once a year the Committee will meet privately with the external and internal auditors.

The Chief Executive should be invited to attend, at least annually, to discuss with the Audit Committee the process for assurance that supports the Annual Governance Statement (AGS). He or she should also attend when the Committee considers the draft internal audit plan and the annual accounts. Other executive directors should be invited to attend, particularly when the Committee is discussing the areas of risk or operation that are their responsibility. Other senior managers may be required to attend as needed.

Frequency of Meetings

The Committee will consider the appropriate frequency and timing of meetings to allow it to discharge all its responsibilities, but it will not meet less than five times during the year. The external auditors or Head of Internal Audit may request a meeting if they consider that one is necessary.

Duties

The duties of the Committee can be categorised as follows:

Governance, Risk Management and Internal Control

The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives.

In particular, the Committee will review the adequacy of:

- all risk and control related disclosure statements (in particular the AGS), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board
- the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements
- the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification
- the policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the NHS Counter Fraud and Security Management Service

In carrying out this work the Committee will primarily utilise the work of internal audit, external audit and other assurance functions to test the effectiveness of the framework, but will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the Committee's use of an effective Board Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

Internal Audit

The Committee shall ensure that there is an effective internal audit function that meets mandatory Public Sector Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board. This will be achieved by:

- consideration of the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal
- review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Board Assurance Framework
- consideration of the major findings of internal audit work (and management's response), and ensuring co-ordination between the internal and external auditors to optimise audit resources
- ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation
- an annual review of the effectiveness of internal audit

External Audit

The Committee shall review the work and findings of the external auditors and consider the implications and management's responses to their work. This will be achieved by:

- consideration of the appointment and performance of the external auditors, as far as the rules governing the appointment permit
- discussion and agreement with the external auditors, before the audit commences, of the nature and scope of the audit as set out in the annual plan, and ensuring co-ordination, as appropriate, with other external auditors in the local health economy
- discussion with the external auditors of their local evaluation of audit risks and assessment of the Trust and associated impact on the audit fee
- review of all external audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to the Board and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

Other Assurance Functions

The Audit Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation.

These will include, but will not be limited to, any reviews by Department of Health arm's length bodies or regulators/inspectors (eg the Care Quality Commission, etc) and professional bodies with responsibility for the performance of staff or functions (eg Royal Colleges, accreditation bodies, etc).

In addition, the Committee will review the work of other committees within the organisation, whose work can provide relevant assurance to the Audit Committee's own scope of work. In particular, this will include the Risk and Quality Committee (RAQC), the Finance and Performance Committee (FPC), and the Charity Trustee Committee (CTC).

In reviewing the work of the Risk and Quality Committee, and issues around clinical risk management, the Audit Committee will wish to satisfy itself on the assurance that can be gained from the clinical audit function.

Counter Fraud

The Committee shall satisfy itself that the organisation has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work.

Management

The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

The Committee may also request specific reports from individual functions within the organisation (eg clinical audit) as they may be appropriate to the overall arrangements.

Financial Reporting

The Audit Committee shall review the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance. The Committee should ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

The Audit Committee shall review the annual report and financial statements before submission to the Board, focusing particularly on:

- the wording in the AGS and other disclosures relevant to the terms of reference of the Committee
- changes in, and compliance with, accounting policies, practices and estimation techniques
- unadjusted misstatements in the financial statements
- significant judgements in preparation of the financial statements
- significant adjustments resulting from the audit
- letter of representation
- qualitative aspects of financial reporting.

Reporting Arrangements

Following each meeting, the Audit Committee will submit a report to the Board, using the approved reporting form. The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure to the full Board, or require executive action.

The Committee will report to the Board at least annually on its work in support of the AGS, specifically commenting on the fitness for purpose of the Board Assurance Framework, the completeness and embeddedness of risk management in the organisation, the integration of governance arrangements, the appropriateness of the evidence compiled to demonstrate fitness to register with the CQC and the robustness of the processes behind the Quality Account.

Process for Review

The Committee will complete an annual review of its terms of reference and conduct a self-assessment of its effectiveness on an annual basis, in line with the requirements of the Audit Committee Handbook 2013.

Support

The Company Secretary will ensure the Committee is supported administratively and advise the Committee on pertinent issues/areas.

Agenda Item:13.1

TRUST BOARD MEETING – JANUARY 2017

CHARITY TRUST COMMITTEE – 5 DECEMBER 2016
EXECUTIVE SUMMARY REPORT

PURPOSE	To present to the Trust Board the report from the Charity Trust Committee meeting of 5 December 2016
PREVIOUSLY CONSIDERED BY	N/A
Objective(s) to which issue relates *	[x] 1. **Keeping our promises about quality and value** – embedding the changes resulting from delivery of Our Changing Hospitals Programme. [x] 2. **Developing new services and ways of working** – delivered through working with our partner organisations [ ] **3. Delivering a positive and proactive approach to the redevelopment of the Mount Vernon Cancer Centre.**
Risk Issues (Quality, safety, financial, HR, legal issues, equality issues)	Key assurance committee reporting to the Board Financial risks as outlined in paper
Healthcare/National Policy (includes CQC/Monitor)	Potential risk to CQC outcomes Key statutory requirement under SFIs, SOs. Healthcare regulation, DH Operating Framework and other national performance standards
CRR/Board Assurance Framework *	[ ] **Corporate Risk Register** [✓] **BAF**

ACTION REQUIRED *

For approval	[ ]	For decision	[ ]
For discussion	[✓]	For information	[ ]

DIRECTOR:	Chairman of CTC
PRESENTED BY:	Chairman of CTC
AUTHOR:	Board Committee Secretary/Company Secretary
DATE:	January 2017

We put our patients first We work as a team We value everybody We are open and honest We strive for excellence and continuous improvement

CHARITY TRUSTEE COMMITTEE MEETING HELD 5 DECEMBER 2016

SUMMARY REPORT TO BOARD – 25 JANUARY 2017

The following members were present: Bob Niven, Val Moore, Sarah Brierley

Key Decisions made under delegated authority:

The Charity Trustee Committee (CTC) made the following decision on behalf of the Trust under the authority delegated to it within its terms of reference:

The CTC approved the following requests of expenditure over £5k:

- to fund an MRI Overlay for the new Siemens MRI scanner in the Radiotherapy Department, cost £20,835;
- to make a payment of £50,000 to the Trust for the balance of the Renal Intervention and Treatment Area RITA project;
- to pay £396,580.11 to the Trust for recharges to the end of September 2016 with quarterly payments thereafter.

Other outcomes:

Charity Management Team Update
The CTC received an update on activities of the Charity Management Team since the last CTC meeting noting arrangements in place to best assure operational continuity and practical support for Charity staff following the sudden departure of the Head of Charity in November. The Committee was pleased to note a strong year-to-date position at Month 7 (ahead of plan), a reduction in cost base, an increase in income generation and an improvement in financial reporting from the previous year. The CTC supported priorities for the development of the Charity moving forward.

Charity Finance Report
The CTC reviewed Quarter 2 income and expenditure to 30 September 2016. The overall position at Q2 was a deficit of £15k against plan mitigated by a legacy payment received in October creating a £150k favourable variance at month end. Total income at the end of Month 7 was £646,419 against £543,280 plan; expenditure was £639k against £685k plan. The CTC noted a breakdown of year-to-date income which would be modified to monitor Charity performance and aid decision-making. The Head of Engagement would also explore fundraiser-led events income to assess the level of income per event to understand the effectiveness of this method of fundraising. The CTC supported payment of recharges to the Trust totalling £396k as planned; from now onwards the Charity would be making payments quarterly.

Investment Portfolio Update
The CTC considered the latest investment portfolio update as at 20 November 2016. In summary most markets had performed strongly this year alongside generally improving economic data. Global markets were up by 5% with growth rate at around 3% (the 30-year average). Key risks to equity markets were economic uncertainty as a result of (i) Brexit and (ii) USA President Elect Donald Trump. The CTC noted the composition of its investments (both over-weight and under-weight), and its performance in relation to equities and property; this would be kept under review. Since 12 September, the portfolio produced a small gain of 2.1% and performed in line with its benchmark. The CTC supported investments into healthy living and prevention of illnesses would also be kept under review.

Mount Vernon Hospital share of legacy
The CTC had a lengthy discussion on the Hillingdon Hospital proposal to invest the shared legacy in a joint Mount Vernon project that would be beneficial to both organisations. The Acting Deputy of Nursing would put forward ideas by the middle of January 2017 and in the meantime the CTC Chair would write a 'holding' letter to Hillingdon Hospital.

Wi-Fi project Update
The CTC received an update on the Trust's Wif-Fi (Just Giving) project and was disappointed donations continued to be very modest. The CTC supported further promotion of the appeal to increase donations including installation at Hertford County Hospital.

Approvals of expenditure over £5k
The CTC received a breakdown of funding requests over £5k previously agreed during 2016/17 including one agreed via email in October 2016 to fund an emergency alert system within the Radiotherapy Department.

Charity Commission Guidance on Reporting Serious Incidents
The CTC noted the current consultation on guidance from the Charity Commission on reporting serious incidents had recently been circulated detailing the Corporate Trustee's obligation to report any serious incident such as fraud or safe-guarding and the Trust's duty to reference it in the Charity's annual report.

Bob Niven
CTC Chair

December 2016

DATA PACK

Contents

DATA & EXCEPTION REPORTS

Friends and Family Test
Health and Safety Indicators
Nursing Quality Indicators

Friends and Family Test - December 2016

APPENDIX 3

Inpatients & Day Case	% Would recommend	% Would not recommend	Extremely Likely	Likely	Neither Likely/ Unlikely	Unlikely	Extremely Unlikely	Don't Know	Total responses	No. of Discharges	Total % response rate
5A	81.25	0.00	17	9	6	0	0	0	32	76	42.11
5B	100.00	0.00	24	5	0	0	0	0	29	55	52.73
7B	89.74	2.56	47	23	5	2	0	1	78	191	40.84
8A	81.82	3.64	23	22	7	1	1	1	55	147	37.41
8B	96.43	0.00	26	28	1	0	0	1	56	98	57.14
11B	94.34	3.77	31	19	0	1	1	1	53	113	46.90
Swift	95.45	0.00	33	9	2	0	0	0	44	166	26.51
ITU/HDU	100.00	0.00	2	0	0	0	0	0	2	12	16.67
Day Surgery Centre, Lister	100.00	0.00	177	40	0	0	0	0	217	408	53.19
Day Surgery Treatment Centre	97.44	0.85	201	27	4	1	1	0	234	494	47.37
Endoscopy, Lister	99.25	0.00	245	18	2	0	0	0	265	718	36.91
Endoscopy, QEII	100.00	0.00	84	11	0	0	0	0	95	238	39.92
SURGERY TOTAL	96.64	0.69	**910**	**211**	**27**	**5**	**3**	**4**	**1160**	**2716**	42.71
SSU	93.33	4.44	25	17	1	2	0	0	45	148	30.41
AMU	95.24	0.00	16	4	0	0	0	1	21	141	14.89
Pirton	97.44	0.00	32	6	1	0	0	0	39	72	54.17
Barley	100.00	0.00	39	5	0	0	0	0	44	48	91.67
6A	77.78	3.70	13	8	3	0	1	2	27	78	34.62
6B	95.24	0.00	25	15	2	0	0	0	42	57	73.68
11A	100.00	0.00	81	3	0	0	0	0	84	84	100.00
7AN	93.10	3.45	21	6	1	0	1	0	29	39	74.36
ACU	84.62	7.69	16	6	2	2	0	0	26	96	27.08
10B	96.77	3.23	17	13	0	0	1	0	31	62	50.00
Ashwell	100.00	0.00	21	6	0	0	0	0	27	43	62.79
9B	100.00	0.00	26	9	0	0	0	0	35	35	100.00
9A	97.96	0.00	46	2	0	0	0	1	49	59	83.05
Cardiac Suite	98.00	2.00	46	3	0	0	1	0	50	127	39.37
MEDICINE TOTAL	95.99	1.46	**424**	**103**	**10**	**4**	**4**	**4**	**549**	**1089**	50.41
7A Gynae	88.06	5.97	35	24	2	4	0	2	67	144	46.53
Bluebell ward	93.44	0.00	27	30	4	0	0	0	61	184	33.15
Bluebell day case	NP	NP	0	0	0	0	0	0	0	3	0.00
Neonatal Unit	100.00	0.00	11	0	0	0	0	0	11	30	36.67
WOMEN'S/CHILDREN TOTAL	91.37	2.88	**73**	**54**	**6**	**4**	**0**	**2**	**139**	**361**	38.50
Michael Sobell House	100.00	0.00	38	0	0	0	0	0	38	66	57.58
10	100.00	0.00	22	1	0	0	0	0	23	75	30.67
11	100.00	0.00	20	3	0	0	0	0	23	98	23.47
CANCER TOTAL	100.00	0.00	**80**	**4**	**0**	**0**	**0**	**0**	**84**	**239**	35.15
TOTAL TRUST	96.22	1.04	**1487**	**372**	**43**	**13**	**7**	**10**	**1932**	**4405**	43.86

Continued over .....

Inpatients/Day by site	% Would recommend	% Would not recommend	Extremely Likely	Likely	Neither Likely/ Unlikely	Unlikely	Extremely Unlikely	Don't Know	Total responses	No. of Discharges	Total % response rate
Lister	95.84	1.14	1323	357	43	13	7	10	1753	3928	44.63
QEII	100.00	0.00	84	11	0	0	0	0	95	238	39.92
Mount Vernon	100.00	0.00	80	4	0	0	0	0	84	239	35.15
TOTAL TRUST	**96.22**	**1.04**	**1487**	**372**	**43**	**13**	**7**	**10**	**1932**	**4405**	**43.86**

Accident & Emergency	% Would recommend	% Would not recommend	Extremely Likely	Likely	Neither Likely/ Unlikely	Unlikely	Extremely Unlikely	Don't Know	Total responses	No. of Discharges	Total % response rate
Lister A&E/Assesment	80.69	10.52	720	308	85	59	75	27	1274	8325	15.30
QEII UCC	83.53	11.51	328	93	18	21	37	7	504	3740	13.48
A&E TOTAL	**81.50**	**10.80**	**1048**	**401**	**103**	**80**	**112**	**34**	**1778**	**12065**	**14.74**

Maternity	% Would recommend	% Would not recommend	Extremely Likely	Likely	Neither Likely/ Unlikely	Unlikely	Extremely Unlikely	Don't Know	Total responses	No. of Discharges	Total % response rate
Antenatal	100.00	0.00	8	9	0	0	0	0	17	542	**3.14**
Birth	95.45	0.91	163	47	6	0	2	2	220	436	**50.46**
Postnatal	90.91	0.91	135	65	12	1	1	6	220	421	**52.26**
Community Midwifery	100.00	0.00	1	2	0	0	0	0	3	542	**0.55**
MATERNITY TOTAL	**93.48**	**0.87**	**307**	**123**	**18**	**1**	**3**	**8**	**460**	**1941**	**23.70**

Outpatients	% Would recommend	% Would not recommend	Extremely Likely	Likely	Neither Likely/ Unlikely	Unlikely	Extremely Unlikely	Don't Know	Total responses
Lister	94.67	1.33	510	130	16	2	7	11	676
QEII	95.29	1.02	564	184	14	5	3	15	785
Hertford County	97.03	0.00	182	47	5	0	0	2	236
Mount Vernon CC	98.21	0.89	92	18	1	0	1	0	112
Satellite Dialysis	98.75	0.00	52	27	1	0	0	0	80
OUTPATIENTS TOTAL	**95.61**	**0.95**	**1400**	**406**	**37**	**7**	**11**	**28**	**1889**

Trust Targets	% Would recommend	% response rate
Inpatients/Day Case	95%>	40%>
A&E	80%>	15%>
Maternity (combined)	93%>	30%>
Outpatients	94%>	N/A

Key Performance Indicators Reported to RAQC														
2016/17		Financial Year 2016-17												
		April	May	June	July	August	September	October	November	December	January	February	March	Current Position YTD
Patient Incidents	RIDDOR incidents	0	0	0	0	0	0	0	0	1				1
	H&S public liability claims	1	0	1	0	0	1	0	0	0				3
	Slips, Trips & Falls (not including inpatient falls)	0	0	1	1	0	0	3	2	0				7
	Physical assault	1	0	1	0	0	0	0	0	0				2
Visitor Incidents	RIDDOR incidents	0	0	1	0	0	0	0	0	0				1
	H&S public liability claims	0	0	0	0	0	0	0	0	0				0
	Slips, Trips & Falls	6	7	3	6	0	1	1	3	1				28
The Workforce (Including Contractors) Incidents	RIDDOR incidents	0	2	2	3	3	1	4	0	1				16
	Slips, Trips & Falls	4	2	5	4	7	2	6	4	5				39
	Employer liability claims	2	0	0	0	0	3	1	0	1				7
	Sharps incidents	8	15	11	10	9	19	12	14	10				108
	Workplace stress	4	8	3	0	6	5	5	5	6				42
	Contact dermatitis/latex	0	0	0	0	0	0	0	0	0				0
	Musculoskeletal injuries	5	2	7	4	10	6	4	3	3				44
	Physical assault	3	10	4	7	11	8	5	8	9				65
	H & S training (Compliance) (YTD = Latest Available Position)	86%	89%	87%	87%	87%	89%	89%	90%	90%				90%
	Significant workplace fires	0	0	0	0	0	0	0	0	0				0
	Total Staff	5301	5310	5470	5517	5509	5274	5321	5376	5377				5377

Key Performance Indicators Reported to RAQC

Floodlight Health & Safety Metrics

The Rate is the percentage of incident per 1000 employees

Green is the output rate from last years figures, Amber is plus 5% and red is plus 10%

H & S Indicator		Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Average monthly total
RIDDOR Incidents		0	2	2	3	3	1	4	0	1	0	0	0	16
RATE %	Red < 0.61 Amber 0.61-0.56 Green > 0.56	0.000	0.377	0.366	0.544	0.545	0.190	0.752	0.000	0.186	0.000	0.000	0.000	0.330
Slips, Trips and Falls		4	2	5	4	7	2	6	4	5	0	0	0	39
RATE %	Red < 1.28 Amber 1.28-1.18 Green >1.18	0.755	0.377	0.914	0.725	1.271	0.379	1.128	0.744	0.930	0.000	0.000	0.000	0.805
Sharps Injuries		8	15	11	10	9	19	12	14	10	0	0	0	108
RATE %	Red < 0.62 Amber 0.62-0.57 Green > 0.57	1.509	2.825	2.011	1.813	1.634	3.603	2.255	2.604	1.860	0.000	0.000	0.000	2.229
Mgr Referrals to OH for Stress		4	8	3	0	6	5	5	5	6	0	0	0	42
RATE %	Red < 0.62 Amber 0.62-0.57 Green > 0.57	0.755	1.507	0.548	0.000	1.089	0.948	0.940	0.930	1.116	0.000	0.000	0.000	0.867
Work related Musculosketal Injuries		5	2	7	4	10	6	4	3	3	0	0	0	44
RATE %	Red < 1.19 Amber 1.19-1.09 Green > 1.09	0.943	0.377	1.280	0.725	1.815	1.138	0.752	0.558	0.558	0.000	0.000	0.000	0.908
Physical Assault		3	10	4	7	11	8	5	8	9	0	0	0	65
RATE %	Red < 1.17 Amber 1.17-1.07 Green > 1.07	0.566	1.883	0.731	1.269	1.997	1.517	0.940	1.488	1.674	0.000	0.000	0.000	1.341
Total Staff		5301	5310	5470	5517	5509	5274	5321	5376	5377	0	0	0	48455

NURSING & MIDWIFERY QUALITY INDICATORS: Oct-1

East and North Hertfordshire NHS Trust

All data is collated using nursing & midwifery establishment figures and inpatient wards only

SUMMARY		Trust	Medicine	Surgery	Women & Children	Cancer
Beds	**Total Beds**	710	336	188	131	55
	Bed occupancy % (at Midnight)	83.9	94.0	80.0	74.1	55.1
e-Roastering	% E-roster Deadline Met	86.3	89.6	91.5	75.9	88.7
	Net Hours %	-0.3	-1.2	0.2	-0.2	-0.4
	Net Hours Position	-1045.9	-41.0	16.9	-18.0	-9.8
	% of Actual Annual Leave	17.5	11.5	13.0	15.2	12.8
Staffing	Funded WTE	2502.3	975.9	683.6	492.8	192.0
	Actual WTE	2030.1	745.1	557.5	426.1	161.4
	Vacancy rate %	18.9	23.7	18.4	13.5	16.0
	RN Fill Rate (day shifts)	95.4	92.4	92.4	102.3	87.6
	Sickness %	5.0	5.5	5.0	4.1	7.6
	Agency usage %	16.4	22.8	15.7	6.2	16.8
	Bank usage %	11.3	13.8	11.2	6.3	9.1
	Staff Appraised % (rolling 12 months)	80.8	73.3	79.2	86.3	86.6
	Nursing Overtime	11.1	3.1	3.4	4.2	0.1
	Statutory Mandatory Training all 9 Competency %	71.6	65.0	75.5	72.9	71.4
	Statutory Mandatory Training Overall Coverage %	91.9	90.8	91.5	93.0	91.9
	No of shifts where staffing initially triggered Red	177	104	52	18	3
	% Shifts Triggered Red in Month	5.1	7.0	5.6	2.4	1.1
Patient Safety	Inpatient falls (rate per 1000 bed days)	3.6	4.9	3.1	0.7	3.5
	Inpatient falls resulting in serious harm (rate per 1000 bed days)	0.0	0.0	0.0	0.0	0.0
	Hospital Acquired Pressure Ulcers (rate per 1000 bed days)	0.1	0.1	0.2	0.0	0.0
	% News Score Completion	91.0	95.7	91.4	61.0	96.5
	News Escalation	91.0	91.2	94.1	41.7	91.0
	No. Medication Reported errors	54	23	16	9	6
	% Medication administered as prescribed	97.0	96.7	94.8	75.0	98.5
	% Analgesia administered as prescribed	95.0	92.8	97.8	54.3	98.0
	Intentional rounding completed	96.0	95.7	94.8	47.5	95.0
	Patient Identification	89.0	91.5	88.5		91.0
	Safety Thermometer Patients with harm	18	13	5	0	0
	% of Compliance with Hand Hygiene	97.5	96.8	99.3	41.6	66.7
Patient Experience	% Response to Inpatient Survey	38.4	44.5	48.6	30.8	22.7
	Help to eat meals/Infant Feeding	91	90.5	91.9	86.8	96.0
	Enough nurses on duty	80	76.8	80.3	90.0	94.0
	Respond to call bell	71	70.4	69.6	62.0	88.3
	Pain Control	92	92.3	93.3	84.7	98.7
	Understand answers from nurses	89	89.3	86.0	92.8	94.3
	Someone to talk to about worries and fears	82	80.4	80.3	80.7	95.7
	Enough emotional support from staff	86	85.4	85.6	87.5	97.0
	Know named nurse	78	80.9	71.1	84.3	78.0
	Inpatient FFT - % of patients would recommend	96.3	97.1	97.0	90.4	98.6
	Inpatient FFT - % of patients would not recommend	0.7	0.9	0.6	0.9	1.4
	FFT Response Rate %	41.0	41.7	39.9	56.4	26.0
	No.of Complaints	20	10	8	2	0

NURSING & MIDWIFERY QUALITY INDICATORS: Oct-16

East and North Hertfordshire NHS
NHS Trust

	Medicine	7AN	Acute Medical Unit (AMU) - Ward	Acute Cardiac Unit (Lister)	Ashwell (AAU)	Barley	Pirton	SSU	6A	6B	10B	9A	9B	11A
NURSING & MIDWIFERY	**Total Beds** (Based on wards in this report)	14	16	34	28	22	20	28	30	25	30	30	30	29
	Bed occupancy % (at Midnight)	96.8	85.9	93.2	98.3	90.6	84.2	89.4	100.0	95.6	97.5	97.4	94.9	94.4
e-Roastering	(%) E-roster Deadline Met	100.0	100.0	66.0	100.0	100.0	100.0	33.0	100.0	66.0	100.0	100.0	100.0	100.0
	Net Hours %	1.7	-3.0	0.4	-4.7	0.4	0.0	-1.0	-0.6	-0.7	-0.3	1.3	-4.6	0.0
	Net Hours Position	12.4	-130.3	32.8	-173.8	9.6	-2.0	-52.0	-21.5	-31.0	-11.6	63.3	-163.0	1.3
	% of Actual Annual Leave	5.0	9.7	10.5	9.0	9.5	16.0	18.9	10.9	13.8	7.2	11.9	10.9	11.4
Staffing	Funded WTE	18.6	61.1	54.7	31.1	30.1	41.9	35.3	36.6	34.4	36.1	35.1	35.1	37.5
	Actual WTE	13.2	50.9	47.1	22.8	17.0	20.9	28.0	22.7	33.3	22.7	26.1	21.9	26.7
	Vacancy rate %	29.1	16.8	13.8	26.8	43.6	50.1	20.6	38.0	3.1	37.2	25.6	37.6	28.8
	RN Fill Rate (day shifts)	106.6	95.4	95.4	81.7	94.3	87.3	97.0	100.3	95.9	85.5	103.3	96.0	90.2
	Sickness %	2.0	7.3	8.3	1.1	10.0	2.1	9.2	10.5	11.3	10.3	2.4	4.0	2.3
	Agency usage %	19.0	21.5	21.9	26.5	33.7	24.1	21.0	32.3	14.1	22.8	19.8	32.1	10.2
	Bank usage %	12.9	20.0	7.4	13.8	13.0	14.5	17.5	10.8	8.1	13.6	8.8	9.6	23.3
	Staff Appraised % (rolling 12 months)	71.4	66.7	51.4	61.1	70.6	85.7	92.0	41.7	63.3	81.0	100.0	73.3	52.6
	Nursing Overtime	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.2	0.0	0.0
	Statutory Mandatory Training all 9 Competency %	72.7	46.2	46.2	37.5	57.9	60.9	54.8	39.1	58.8	58.3	82.1	56.5	79.3
	Statutory Mandatory Training Overall Coverage %	96.1	88.1	84.5	90.9	87.3	82.2	91.9	88.5	79.2	82.7	98.2	91.7	94.8
	No of shifts where staffing initially triggered Red	2	2	0	7	6	10	8	13	11	9		9	9
	% Shifts Triggered Red in Month	2.2	2.2	0.0	7.5	6.5	10.8	8.6	14.0	11.8	9.7	4.3	9.7	9.7
Patient Safety	Inpatient falls (rate per 1000 bed days)	2.3	2.0	4.7	2.3	5.9	3.2	2.3	9.7	1.3	7.5	3.2	3.2	2.2
	Inpatient falls resulting in serious harm (rate per 1000 bed days)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Hospital Acquired Pressure Ulcers (rate per 1000 bed days)	0.0	0.0	0.0	0.0	0.0	0.0	1.2	0.0	0.0	0.0	0.0	0.0	0.0
	% News Score Completion	100	100	100	65	88	100	100	100	Not applicable	95	100	100	100
	News Escalation	94	94	100	60	67	100	100	90	Not applicable	89	100	100	100
	No. Medication Reported errors	1	2	1	7	1	0	3	3	0	2	0	1	2
	% Medication administered as prescribed	89	100	100	81	100	96	100	100	100	95	100	96	100
	% Analgesia administered as prescribed	93	100	100	75	86	100	100	67	100	86	100	100	100
	Intentional rounding completed	100	100	100	97	100	100	100	91	100	56	100	100	100
	Patient Identification	97	73	94	82	96	97	87	89	97	97	92	94	94
	Safety Thermometer Patients with harm	3	1	0	2	0	0	0	1	0	2	3	1	0
	% of Compliance with Hand Hygiene	86.4	96.0	96.3	81.5	100.0	100.0	100.0	100.0	100.7	100.0	98.0	100.0	99.4
Patient Experience	% Response to Inpatient Survey	91.7	32.6	38.6	37.0	20.0	15.3	38.8	40.6	32.1	47.3	84.6	88.2	70.9
	Help to eat meals	100	100	78	100	100	100	96	100	73	83	94	89	63
	Enough nurses on duty	83	74	89	74	86	94	75	77	82	64	71	55	75
	Respond to call bell	75	76	64	59	72	83	74	59	71	67	81	70	64
	Pain Control	92	98	86	82	100	93	89	96	89	92	99	97	87
	Understand answers from nurses	94	97	87	68	100	100	91	81	92	74	96	93	88
	Someone to talk to about worries and fears	81	94	62	59	100	79	81	85	80	64	92	83	85
	Enough emotional support from staff	93	90	71	86	83	83	88	91	78	60	99	96	92
	Know named nurse	85	70	86	56	93	89	83	77	72	71	91	90	89
	Inpatient FFT - % of patients would recommend	100.0	97.7	96.7	94.1	100.0	100.0	98.5	90.0	96.0	84.6	100.0	100.0	98.2
	Inpatient FFT - % of patients would not recommend	0.0	0.0	0.0	5.9	0.0	0.0	0.0	5.0	0.0	3.8	0.0	0.0	1.8
	FFT Response Rate %	91.7	32.6	38.6	37.0	20.0	18.6	38.8	62.5	32.1	47.3	84.6	88.2	70.9
	No.of Complaints	0	1	2	0	0	0	0	0	1	2	3	0	1

NURSING & MIDWIFERY QUALITY INDICATORS: Oct-16

East and North Hertfordshire NHS Trust

Surgery		ASCU	Critical Care	Swift	5A	5B	7B	8A	8B	11B
NURSING & MIDWIFERY QUALITY	**Total Beds** (Based on wards in this report)		19	25	30	30	15	30	24	15
	Bed occupancy % (at Midnight)		81.2	75.1	95.7	87.5	100.0	51.1	100.0	91.6
e-Roastering	% E-roaster Deadline Met		100.0	100.0	100.0	100.0	66.0	100.0	66.0	100.0
	Net Hours %		1.2	-1.0	1.7	-0.1	-0.1	0.3	-0.7	-0.1
	Net Hours Position		142.5	-48.5	63.5	-2.9	-1.5	9.5	-24.2	-3.2
	% of Actual Annual Leave		11.7	9.7	12.2	10.7	10.6	17.0	17.0	15.2
Staffing	Funded WTE		93.5	31.7	33.8	35.7	31.2	34.0	32.1	28.4
	Actual WTE		81.7	22.5	21.7	22.0	20.5	23.2	21.4	22.1
	Vacancy rate %		12.6	27.3	35.8	38.3	33.2	31.8	33.5	22.2
	RN Fill Rate (day shifts)		100.0	90.1	89.7	92.7	89.0	98.0	96.4	83.5
	Sickness %		3.7	4.8	3.2	3.3	3.7	1.9	8.2	12.6
	Agency usage %		1.2	11.5	19.2	14.5	23.3	26.0	54.7	6.7
	Bank usage %		1.4	18.4	16.6	18.9	11.6	13.4	10.8	16.7
	Staff Appraised % (rolling 12 months)		90.9	76.9	94.7	91.3	45.0	91.3	64.3	85.0
	Nursing Overtime		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Statutory Mandatory Training all 9 Competency %		88.5	78.6	52.0	80.8	56.5	84.0	55.0	75.0
	Statutory Mandatory Training Overall Coverage %		98.6	97.0	83.2	93.5	93.8	96.3	88.1	94.0
	No of shifts where staffing initially triggered Red		0	7	8	10	7	1	5	2
	% Shifts Triggered Red in Month		0.0	7.5	8.6	10.8	7.5	1.1	5.4	2.2
Patient Safety	Inpatient falls (rate per 1000 bed days)	CLOSED	1.7	2.6	4.3	3.2	6.5	3.2	2.7	0.0
	Inpatient falls resulting in serious harm (rate per 1000 bed days)		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Hospital Acquired Pressure Ulcers (rate per 1000 bed days)		0.0	0.0	1.1	0.0	0.0	0.0	0.0	0.0
	% News Score Completion			100.0	80.0	100.0	100.0	80.0	90.0	90.0
	News Escalation			100.0	100.0	83.0	100.0	91.0	92.0	93.0
	No. Medication Reported errors		5	0	1	0	3	2	4	1
	% Medication administered as prescribed		Not applicable	100	89	95	100	85	Not Applicable	100
	% Analgesia administered as prescribed		Not applicable	100	94	100	100	100	Not Applicable	93
	Intentional rounding completed		Not applicable	100	100	100	95	80	Not Applicable	94
	Patient Identification		Not applicable	91	72	90	100	87	Not Applicable	91
	Safety Thermometer Patients with harm		0	0	1	2	0	1	1	0
	% of Compliance with Hand Hygiene		98.9	97.8	100.0	100.0	100.0	100.0	97.2	100.0
Patient Experience	% Response to Inpatient Survey			33.5	82.5	82.9	45.5	51.0	37.6	50.5
	Help to eat meals/Infant Feeding		100	93	85	100	92	88	88	97
	Enough nurses on duty		100	96	84	67	77	85	66	87
	Respond to call bell		100	68	78	56	67	72	66	80
	Pain Control		100	98	95	95	92	89	88	96
	Understand answers from nurses		100	94	85	73	88	98	76	88
	Someone to talk to about worries and fears		100	87	84	86	78	75	70	82
	Enough emotional support from staff		100	95	88	89	81	84	76	86
	Know named nurse		100	69	79	55	77	73	68	77
	Inpatient FFT - % of patients would recommend			98.1	90.0	96.6	94.4	92.2	79.5	100.0
	Inpatient FFT - % of patients would not recommend			0.0	1.4	0.0	1.1	3.9	2.3	0.0
	FFT Response Rate %		0.0	32.9	87.5	82.9	44.9	51.0	37.6	50.5
	No.of Complaints		0	1	1	0	1	1	2	2

NURSING & MIDWIFERY QUALITY INDICATORS: Oct-16

East and North Hertfordshire NHS
NHS Trust

Women and Children		CLU	Dacre	Gloucester	MLU	Bluebell	Neonatal Unit	7A
NURSING & MIDWIFERY QUALITY	**Total Beds** (Based on wards in this report)	10	21	27	8	20	30	15
	Bed occupancy % (at Midnight)	100.0	54.4	100.0	37.5	61.5	62.4	97.4
e-Roastering	% E-roaster Deadline Met	100.0	66.0	66.0	100.0	33.0	100.0	66.0
	Net Hours %	-0.6	1.0	0.0	-1.1	0.5	-0.2	-1.2
	Net Hours Position	-59.0	26.7	1.3	-33.3	16.7	-16.5	-62.1
	% of Actual Annual Leave	16.0	13.3	22.1	15.8	10.5	18.4	10.6
Staffing	Funded WTE	72.9	19.1	37.1	21.4	31.7	65.8	39.1
	Actual WTE	78.6	15.2	30.1	22.5	23.1	55.1	35.9
	Vacancy rate %	-8.0	20.6	18.9	-5.4	27.0	16.3	8.1
	RN Fill Rate (day shifts)	100.0	103.8	105.1	111.1	90.8		102.9
	Sickness %	4.7	3.3	4.0	3.6	2.9	4.7	0.9
	Agency usage %	5.2	7.9	5.3	0.0	23.8	0.0	7.7
	Bank usage %	2.9	2.7	8.1	5.2	13.4	8.9	4.4
	Staff Appraised % (rolling 12 months)	84.1	86.7	87.1	84.0	90.0	97.9	92.3
	Nursing Overtime	0.0	0.0	0.1	0.0	0.1	0.6	0.0
	Statutory Mandatory Training all 9 Competency %	69.9	88.9	81.1	82.8	40.0	71.9	81.6
	Statutory Mandatory Training Overall Coverage %	93.1	97.4	94.3	94.9	87.4	95.9	90.4
	No of shifts where staffing initially triggered Red	1	0	0	1	8	0	0
	% Shifts Triggered Red in Month	1.1	0.0	0.0	1.1	8.6	0.0	0.0
Patient Safety	Inpatient falls (rate per 1000 bed days)	0.0	0.0	0.0	0.0	0.0	0.0	6.5
	Inpatient falls resulting in serious harm (rate per 1000 bed days)	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Hospital Acquired Pressure Ulcers (rate per 1000 bed days)	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	% News Score Completion		Not applicable	0.0		83.0		100.0
	News Escalation		Not applicable	0.0		50.0		75.0
	No. Medication Reported errors	1	0	0	0	3	1	4
	% Medication administered as prescribed	Not applicable	Not applicable	Not applicable	0	100	100	100
	% Analgesia administered as prescribed	Not applicable	Not applicable	Not applicable	0	67	50	100
	Intentional rounding completed	Not applicable	Not applicable	Not applicable	0			95
	Patient Identification	Not applicable	Not applicable	Not applicable		77	66	100
	Safety Thermometer Patients with harm	**Not applicable**				0	0	0
	% of Compliance with Hand Hygiene	0.0	0.0	0.0	0.0	100.0	100.0	91.2
Patient Experience	% Response to Inpatient Survey	30.6				20.9	30.6	46.9
	Help to eat meals/Infant Feeding	80				93	86	88
	Enough nurses on duty	94				97		79
	Respond to call bell					54		70
	Pain Control	84				84		86
	Understand answers from nurses	94				94	95	88
	Someone to talk to about worries and fears	74				89		79
	Enough emotional support from staff	94				85	100	71
	Know named nurse					97	82	74
	Inpatient FFT - % of patients would recommend	**Not applicable**				87	100	93
	Maternity FFT - % of patients would recommend - Antenatal	90.6				Not applicable		
	Maternity FFT - % of patients would recommend - Birth	93.8				Not applicable		
	Maternity FFT - % of patients would recommend - Postnatal	82.1				Not applicable		
	Maternity FFT - % of patients would recommend - Community Midwifery	100.0				Not applicable		
	Inpatient FFT - % of patients would not recommend	Not applicable				0.7	0.0	1.5
	Maternity FFT - % of patients would not recommend - Antenatal	3.1				Not applicable		
	Maternity FFT - % of patients would not recommend - Birth	3.3				Not applicable		
	Maternity FFT - % of patients would not recommend - Postnatal	3.3				Not applicable		
	Maternity FFT - % of patients would not recommend - Community Midwifery	0.0				Not applicable		
	Inpatient FFT Response Rate %	Not applicable				61.4	58.3	46.9
	Maternity FFT Response Rate % - Combined	29.8				Not applicable		
	No.of Complaints	0	0	0	1	0	0	1

NURSING & MIDWIFERY QUALITY INDICATORS: Oct-16

East and North Hertfordshire NHS
NHS Trust

CANCER		Ward 10	Ward 11	Michael Sobell House
Beds	**Total Beds** (Based on wards in this report)	21	18	16
	Bed occupancy % (at Midnight)	53.5	46.4	66.9
e-Roastering	% E-roaster Deadline Met	66.0	100.0	100.0
	Net Hours %	-0.9	-0.6	0.3
	Net Hours Position	-24.6	-15.8	10.9
	% of Actual Annual Leave	12.7	11.4	14.3
Staffing	Funded WTE	27.2	26.8	27.2
	Actual WTE	14.9	18.4	25.6
	Vacancy rate %	45.2	31.2	5.8
	RN Fill Rate (day shifts)	78.8	88.6	95.3
	Sickness %	15.9	14.2	8.7
	Agency usage %	21.0	21.7	9.3
	Bank usage %	8.2	10.5	8.5
	Staff Appraised % (rolling 12 months)	75.0	81.3	92.6
	Nursing Overtime	0.0	0.0	0.1
	Statutory Mandatory Training all 9 Competency %	62.5	63.2	65.6
	Statutory Mandatory Training Overall Coverage %	89.6	89.5	90.6
	No of shifts where staffing initially triggered Red	1	0	2
	% Shifts Triggered Red in Month	1.1	0.0	2.2
Patient Safety	Inpatient falls (rate per 1000 bed days)	1.5	3.6	6.0
	Inpatient falls resulting in serious harm (rate per 1000 bed days)	0.0	0.0	0.0
	Hospital Acquired Pressure Ulcers (rate per 1000 bed days)	0.0	0.0	0.0
	% News Score Completion	100.0	93.0	
	News Escalation	100.0	82.0	
	No. Medication Reported errors	3	3	0
	% Medication administered as prescribed	Not applicable	97.0	100.0
	% Analgesia administered as prescribed	Not applicable	96.0	100.0
	Intentional rounding completed	Not applicable	95.0	
	Patient Identification	Not applicable	82.0	100.0
	Safety Thermometer Patients with harm	0	0	0
	% of Compliance with Hand Hygiene	0.0	100.0	100.0
Patient Experience	% Response to Inpatient Survey	35.1	14.3	18.3
	Help to eat meals	88	100	100
	Enough nurses on duty	91	91	100
	Respond to call bell	89	76	100
	Pain Control	96	100	100
	Understand answers from nurses	95	88	100
	Someone to talk to about worries and fears	95	92	100
	Enough emotional support from staff	100	91	100
	Know named nurse	71	63	100
	Inpatient FFT - % of patients would recommend	97.1	100.0	100.0
	Inpatient FFT - % of patients would not recommend	2.9	0.0	0.0
	FFT Response Rate %	35.1	15.2	31.7
	No of Complaints	0	0	0

KPI Definitions July 2016

Theme	Measure	Metric	Goal (at which point a Green rating is applied)	Threshold (after which point a Red rating is applied)	Direction	Data Source / Data Owner	Reporting Scope	Noted Issue	Comments
Beds	Total beds	A simple count of inpatient beds, excluding trolleys and assessment areas for each ward unit.	n/a	n/a	n/a	Manual data collection/ Bed Management Team	Aggregated to Trust and Division from the ward unit of analysis		
	Bed occupancy	The percentage of inpatient bed days occupied by a patient at Midnight (Review in line with Trust level reporting)	90%	95%	Lower values are better	Acumen / Information Team	Aggregated to Trust and Division from the ward unit of analysis	Green <= 90%, Amber <=95%, Red > 95%	If not supplied then set as Not Applicable
e-Rostering	% E-roaster Deadline Met	The percentage of approval and finalisation deadlines met in month. Each roster must be approved by the Ward Manager, Payroll and the Matron for which equal weighting is applied to when assessing full compliance.	100%	<100%	Not defined	MAPS / Rupert Clarke	Agregated to Trust and Division from the ward unit of analysis	Green = 100%, Red > 100%	If not supplied then set as Not Provided and Red
	Net Hours Position	The Net hour position for the last 4-week roster to fall in the month.	As Above	As Above	Not defined	MAPS / Rupert Clarke	Agregated to Trust and Division from the ward unit of analysis		If not supplied then set as Not Provided and Red
	Net Hours %	The % Net hour position for the last 4 week roster to fall in the month.	<>2.0% swing ing the total contracted hours for the ward	<>2.5% swing ing the total contracted hours for the ward		MAPS / Rupert Clarke			If not supplied then set as Not Provided and Red
	% of Actual Annual Leave	The percentage for annual leave in the last four-week roster to fall in the month	>=11% <=17%	<10% >18%	Not defined	MAPS / Rupert Clarke	Agregated to Trust and Division from the ward unit of analysis	??	If not supplied then set as Not Provided and Red
	Funded WTE	A simple count of the ward's funded working hours expressed in terms of whole time equivalents	n/a	n/a	Not applicable	ESR / Lindsay Freeston	Aggregated to Trust and Division from the ward unit of analysis		If not supplied then set as Not Applicable
	Actual WTE	A simple count of the hours worked by the ward's workforce expressed in terms of whole time equivalents	n/a	n/a	Not applicable	ESR / Lindsay Freeston	Aggregated to Trust and Division from the ward unit of analysis		If not supplied then set as Not Applicable

KPI Definitions July 2016

Theme	Measure	Metric	Goal (at which point a Green rating is applied)	Threshold (after which point a Red rating is applied)	Direction	Data Source / Data Owner	Reporting Scope	Noted Issue	Comments
Staffing	Vacancy rate %	The percentage of funded working hours remaining after subtracting the contracted working hours from the ward establishment.	10%	12%	Lower values are better	ESR / Lindsay Freeston	Aggregated to Trust and Division from the ward unit of analysis	Green <= 10.5%, Amber <=11.5%, Red > 11.5%	
	RH Fill Rate (day shifts)	The number of actual worked hours (including overtime) divided by the total planned working hours expressed as a percentage	90%	85%	Not defined	MAPS / Rupert Clarke	Agregated to Trust and Division from the ward unit of analysis	Green <= 90%, Amber <=85%, Red > 85%	If not supplied then set as Not Provided and Red
	Sickness %	The number of reported sick days expressed as a percentage of the total working calendar days in month	3.5%	4%	Lower values are better	ESR / Lindsay Freeston	Aggregated to Trust and Division from the ward unit of analysis	Green <= 3.75%, Amber <=4%, Red > 4%	
	Agency usage %	To be confirmed to align with Trust Floodlights	2%	5%	Lower values are better	General Ledger / Lisa Potter	Aggregated to Trust and Division from the ward unit of analysis	Green <= 2%, Amber <=5%, Red > 5%	
	Bank usage %	To be confirmed to align with Trust Floodlights	4%	7%	Lower values are better	General Ledger / Lisa Potter	Aggregated to Trust and Division from the ward unit of analysis	Green <= 4%, Amber <=7%, Red > 7%	
	Staff Appraised % (rolling 12 months)	To be confirmed to align with Trust Floodlights	85%	80%	Higher values are better	ESR / Lindsay Freeston	Aggregated to Trust and Division from the ward unit of analysis	Green >= 85%, Amber >=80%, Red < 80%	
	Statutory Mandatory Training Overall Coverage %	The percentage of the ward staff in post who are fully compliant with their individual Statutory Training compliance framework.	90%	80%	Higher values are better	ESR data extract / Lindsay Freeston.	Aggregated to Trust and Division from the ward unit of analysis	Green >= 90%, Amber >=80%, Red < 80%	
Staffing (cont.)	Statutory Mandatory Training all 9 Competency %	The percentage of the ward staff in post who are fully compliant with all 9 Statutory Training compliance framework.							Never RAG Rate
	No of shifts where staffing initially fell below agreed levels	The count of shifts on a ward where staffing initially fell below agreed levels	n/a	n/a	n/a	Safer Staffing Report / Adam Brown	Aggregated to Trust and Division from the ward unit of analysis	No thresholds set. Metric displayed for context.	If not supplied then set as Not Provided and Red
	% Shifts Triggered Red in Month	The % shifts on wards triggering red - where staffing levels are judged to be below minimum required levels - in month	0%	10%	Lower values are better	Safer Staffing Report / Rupert Clarke	Aggregated to Trust and Division from the ward unit of analysis	Green = 0, Amber >0, Red >10	If not supplied then set as Not Provided and Red
	% Shifts Unmitigated Red in Month	The % shifts on wards remaining red where staffing levels are judged to be below minimum required levels - in month	0%	5%	Lower values are better	Safer Staffing Report / Rupert Clarke	Aggregated to Trust and Division from the ward unit of analysis	Green = 0, Amber >0, Red >5	If not supplied then set as Not Provided and Red

KPI Definitions July 2016

Theme	Measure	Metric	Goal (at which point a Green rating is applied)	Threshold (after which point a Red rating is applied)	Direction	Data Source / Data Owner	Reporting Scope	Noted Issue	Comments
Patient Safety	No. Inpatient falls	Inpatient falls in month reported per 1000 bed days	3.17	3.30	Lower values are better	Manual data collection / Edna Gallagher	Aggregated to Trust and Division from the ward unit of analysis. Thresholds set at Trust level only	Green >= 3.17, Amber >=3.3, Red < 3.3	If not supplied then set as zero
	No. Inpatient falls resulting in serious harm	Inpatient falls in month resulting in serious harm reported per 1000 bed days	0.76	0.80	Lower values are better	Manual data collection / Edna Gallagher	Aggregated to Trust and Division from the ward unit of analysis. Thresholds set at Trust level only	Green >= 0.76, Amber >=0.8, Red < 0.8	If not supplied then set as zero
	No. Pressure ulcers ≥2	Number of confirmed grade 2 and above pressure ulcers in month reported per 1000 bed days	0.16	0.21	Lower values are better	Manual data collection / Dianne Brett	Aggregated to Trust and Division from the ward unit of analysis. Thresholds set at Trust level only	Green >= 0.16, Amber >=0.21, Red < 0.21	If not supplied then set as zero
Patient Safety (cont.)	NEWS score	Observations assessed against the Early Warning Score (EWS) in accordance with Trust guidelines	98%	89%	Higher values are better	Meridian	Scores shown for wards completing required number of audits (usually 20 per month). All Audits counted towards Divisional and Trust score	Green >= 98%, Amber >=89%, Red < 89%	If not supplied then set as Not Provided and Red. Not Applicable to Michael Sobell House
	NEWS Escalation	Documentation of referral to medical staff for patients assessed as being at risk.	98%	89%	Higher values are better	Meridian	Aggregated to Trust and Division from the ward unit of analysis	Green >= 98%, Amber >=89%, Red < 89%	If not supplied then set as Not Provided and Red. Not Applicable to Michael Sobell House
	No. Medication Reported errors	The count of reported medication administration errors in month	n/a	n/a	Lower values are better	Electronic data collection by Datix Incident Forms / Phil James and Diane Moore	Aggregated to Trust and Division from the ward unit of analysis. Thresholds set at Trust level only		If not supplied then set as zero
	% Medication administered as prescribed	Medicines administered and signed for in accordance with the prescriptoin over the last 7 days	>95%	89%	Higher values are better	Meridian	Aggregated to Trust and Division from the ward unit of analysis	Green >= 95%, Amber >=89%, Red < 89%	If not supplied then set as Not Provided and Red

KPI Definitions July 2016

Theme	Measure	Metric	Goal (at which point a Green rating is applied)	Threshold (after which point a Red rating is applied)	Direction	Data Source / Data Owner	Reporting Scope	Noted Issue	Comments
	% Analgesia administered as prescribed	If patient experienced pain in the last 24 hours is it documented that analgesia given within 30 minutes of the complaint of pain.	>95%	89%	Higher values are better	Meridian	Aggregated to Trust and Division from the ward unit of analysis	Green >= 95%, Amber >=89%, Red < 89%	If not supplied then set as Not Provided and Red
Patient Safety (cont.)	Intentional rounding completed	Intentional rounding chart completed correctly for last 24 hours.	>95%	89%	Higher values are better	Meridian	Aggregated to Trust and Division from the ward unit of analysis	Green >= 95%, Amber >=89%, Red < 89%	If not supplied then set as Not Provided and Red. Not Applicable to Michael Sobell House
	Safety Thermometer Patients with harm	A count of patients suffering harm as defined in the Safety Thermometer audit	<=381	>=382	Lower values are better	Safety Thermometer Audit / Jenny Pennell	Aggregated to Trust and Division from the ward unit of analysis. Thresholds set at annual Trust level only	*** Need to set target per month *** then will set on Trust Floodlights	If not supplied then Not Applicable
	% Compliance with Hand Hygiene		>95%	<=89%	Higher values are better	Meridian		Green >= 95%, Amber >=89%, Red < 89%	If not supplied then set as Not Provided and Red
Patient Experience	% Response rate to patient experience survey	Percentage response rate to patient experience survey (inpatient, maternity, neonatal, critical care) from eligible patients	>=25%	<25%	Higher values are better	Meridian Inpatient experience survey/Jenny Pennell. Acumen / Information Team	Applies over all levels for Ward and Trust etc	Green >= 25%, Red < 25%	If data not supplied then set to Not Provided. Not Applicable for **ASCU**.
	Help with Meals	Reported patient experience score out of 100. Inpatients & Critical Care: Did you get enough help from staff to eat your meals? Maternity: Thinking about feeding your baby	>=67	<=56	Higher values are better	Meridian Patient Experience Survey / Jenny Pennell	Aggregated to Trust and Division from the ward unit of analysis	Green >= 67, Amber >= 56, Red < 56	If not supplied then set as Not Provided and Red. **ACSU** is not applicable if data not supplied
	Enough nurses on duty	Reported patient experience score out of 100. Inpatients: In your opinion, were there enough nurses on duty to care for you in hospital? Maternity: Were you left alone by staff at a time when it worried you?	>=84	<=73	Higher values are better	Meridian Patient Experience Survey / Jenny Pennell	Aggregated to Trust and Division from the ward unit of analysis	Green >= 84, Amber >= 73, Red < 73	If not supplied then set as Not Provided and Red. Not Applicable to **Critical Care** and **Neonatal**.

KPI Definitions July 2016

Theme	Measure	Metric	Goal (at which point a Green rating is applied)	Threshold (after which point a Red rating is applied)	Direction	Data Source / Data Owner	Reporting Scope	Noted Issue	Comments
Patient Experience (cont..)	Respond to call bell	Reported patient experience score out of 100. Inpatients and Critical Care: After you used the call button, how long did it usually take before you got help?	>=68	<=61	Higher values are better	Meridian Patient Experience Survey / Jenny Pennell	Aggregated to Trust and Division from the ward unit of analysis	Green >= 68, Amber >= 61, Red < 61	If not supplied then set as Not Provided and Red. Not Applicable to Maternity and Neonatal
	Pain Control	Reported patient experience score out of 100. Inpatients & Critical Care: Do you think the hospital staff did everything they could to help control your pain? Maternity: During labour and birth, did you feel you got the pain relief you wanted?	>=86	<=79	Higher values are better	Meridian Patient Experience Survey / Jenny Pennell	Aggregated to Trust and Division from the ward unit of analysis	Green >= 86, Amber >= 79, Red < 79	If not supplied then set as Not Provided and Red. Not Applicable to Neonatal.
	Someone to talk to about worries and fears	Reported patient experience score out of 100. Inpatients & Critical Care: Did you find someone on the hospital staff to talk to about your worries and fears? Maternity: Were you given the opportunity to discuss your birth experience?	>=65	<=54	Higher values are better	Meridian Patient Experience Survey / Jenny Pennell	Aggregated to Trust and Division from the ward unit of analysis	Green >= 65, Amber >= 54, Red < 54	If not supplied then set as Not Provided and Red. Not Applicable to **Neonatal**
Patient Experience	Understand answers from nurses	Reported patient experience score out of 100. Inpatients: When you had important questions to ask a nurse, did you get answers that you could understand? Maternity: Thinking about your care during labour and birth, were you spoken to in a way you could understand? Neonatal: When you asked questions about your baby's	>=88	<=83	Higher values are better	Meridian Patient Experience Survey / Jenny Pennell	Aggregated to Trust and Division from the ward unit of analysis	Green >= 88, Amber >= 83, Red < 83	If not supplied then set as Not Provided and Red. Not Applicable to **Critical Care**.
	Enough emotional support from staff	Reported patient experience score out of 100. Inpatients: Do you feel you got enough emotional support from hospital staff during your stay? Maternity: Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding by the midwives? Neonatal: Were you offered emotional support from staff	>=78	<=67	Higher values are better	Meridian Patient Experience Survey / Jenny Pennell	Aggregated to Trust and Division from the ward unit of analysis	Green >= 78, Amber >= 67, Red < 67	If not supplied then set as Not Provided and Red. Not Applicable to **Critical Care**.

KPI Definitions July 2016

Theme	Measure	Metric	Goal (at which point a Green rating is applied)	Threshold (after which point a Red rating is applied)	Direction	Data Source / Data Owner	Reporting Scope	Noted Issue	Comments
e (cont..)	Know named nurse	Reported patient experience score out of 100. Inpatients: Do you know who your named nurse is? Critical Care: Did the staff treating and examining you introduce themselves? Neonatal: Were you told which nurse was responsible for your baby's care each day he/she was in the neonatal unit?	>=75	<=63	Higher values are better	Meridian Patient Experience Survey / Jenny Pennell	Aggregated to Trust and Division from the ward unit of analysis	Green >= 75, Amber >= 63, Red < 63	If not supplied then set as Not Provided and Red. Not applicabel to **Maternity**.
Patient Experience (cont..)	Inpatient FFT - % of patients who would recommend	The percentage of patients who are extremely likey + likely to recommend the ward to their friends and family	>=93%	<93%	Higher values are better	FFT Survey/ Jenny Pennell	Aggregated to Trust and Division from the ward unit of analysis	Green >= 93%, Red < 93%	If not supplied then set as Not Provided and Red. Not Applicable for **ASCU** & **Critical Care**. Not applicable to **CLU**, **MLU**, **Dacre** & **Gloucester** as report Maternity FFT.
	Inpatient FFT - % of patients would not recommend	The percentage of patients who are unlikey + extremely unlikely to recommend the ward to their friends and family	<=2%	>2%	Lower values are better	FFT Survey/ Jenny Pennell	Aggregated to Trust and Division from the ward unit of analysis	Green <= 2%, Red > 2%	If not supplied then set as Not Provided and Red. Not Applicable for **ASCU** & **Critical Care**. Not applicable to **CLU**, **MLU**, **Dacre** & **Gloucester** as report Maternity FFT.
	FFT Response Rate %	The percentage of patients who responded to the FFT Survey from all those eligible to respond. Maternity FFT calculated from combined response rates.	>=40%	<40%	Higher values are better	FFT Survey/ Jenny Pennell. Acumen / Information Team	Thresholds updated.	Green >= 40%, Red < 40%	

KPI Definitions July 2016

Theme	Measure	Metric	Goal (at which point a Green rating is applied)	Threshold (after which point a Red rating is applied)	Direction	Data Source / Data Owner	Reporting Scope	Noted Issue	Comments
	No.of Complaints	The count of registered complaints received in month from wards	858	942	Lower values are better	Datix / Jackie Martin and Jan Shrieves	Aggregated to Trust and Division from the ward unit of analysis. Thresholds set at annual Trust level only	*** Need to set target per month ***	If not supplied then set as zero

PERFORMANCE DATA

CQC outcomes summary

Appendix A

Our CQC Registration and recent Care Quality Commission Inspection

The Care Quality Commission (CQC) inspected the Trust as part of a comprehensive inspection programme, which took place on trust sites during 20 to 23 October 2015 with three unannounced inspections on 31 October, 6 and 11 November 2015. Following their initial visit, inspection chair, Sir Norman Williams, said that the Trust was, "An organisation on an upward trajectory."

Overall the CQC rated the Trust as '**requires improvement**' with '**good**' for caring. This does not reflect the whole picture:

- *Good* ratings were received for surgery, critical care, outpatients and diagnostics (all hospital sites), children and young person's community services and radiotherapy at the Mount Vernon Cancer Centre.
- 19 areas of outstanding practice across the Trust were recognised.
- Six areas where improvement had to be made were identified.
- The Lister's urgent and emergency services, along with the medical care pathway at the Mount Vernon Cancer Centre were rated as *inadequate* – actions were taken in October 2015 in to address the concerns raised by the CQC, including the development of an emergency services pathway steering board to support improvements across the whole pathway.

The areas of improvement, regulatory actions, were applied in March 2016. These are:

- Lister Hospital regarding compliance with regulations 12, 17 and 18. In brief the Trust must:
  - Ensure that the triage process accurately measures patient need and priority in both the emergency department and maternity services ***(Actions taken and internal monitoring in place)***
  - Ensure records and assessments are completed in accordance with Trust Policy ***(Actions taken and internal monitoring in place)***
  - Ensure that there are effective governance systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients ***(Actions taken and internal monitoring in place)***
  - Ensure that all staff in all services complete their mandatory training ***(Closed and internal monitoring)***

- Mount Vernon Cancer Centre regarding compliance with regulations 12 and 17. In brief the Trust must:
  - Ensure that patients requiring urgent transfer from Mount Vernon Cancer Centre have their needs met to ensure safety and that there are effective process to handover continuing treatment ***(Closed and internal monitoring)***
  - Ensure there is oversight and monitoring of all transfers ***(Closed and internal monitoring)***

A number of the actions have now been completed and are being monitored to ensure they are sustained. The aim was for all actions to be delivered by end of September 2016; these are in the process of being tested and audited to ensure consistency prior to closure. Progress in complying with these regulatory actions is monitored through action plans owned by the teams reporting to the Quality Development Board which reports in to the Trust Risk and Quality Committee and the Trust Board. Quality Workshops have been established with the Matrons and Sisters to support embedding quality improvement and our CCG have undertaken some quality visits which helps to provide us with external assurance.

The CQC revisited the Trust in May 2016 and undertook an unannounced inspection in Lister emergency department and the children's' ward. The report confirms significant progress made in both areas.

Summary of the latest Inspection Outcome

Appendix A

Summary of the Trust's CQC Registration Status across all locations.

Regulatory Activity	Lister Hospital*	New QEII	MVCC	Hertford	Bedford Renal Unit	Harlow Renal Unit
Treatment of disease, disorder or injury	Registered with conditions	Registered	Registered with conditions	Registered	Registered	Registered
Surgical Procedures	Registered	Registered	Registered with conditions			
Maternity and midwifery services	Registered with conditions	Registered		Registered		
Diagnostic and Screening procedures	Registered	Registered	Registered with conditions	Registered	Registered	Registered
Termination of Pregnancies	Registered	Registered				
Family Planning Services	Registered	Registered		Registered		
Assessment or medical treatment of people detained under the Mental Health Act 1983	Registered	Registered	Registered			

*** Lister Hospital's registration includes the registrations for renal satellite units in St Albans Hospital and Luton and Dunstable Hospital.**

WORKFORCE APPENDICES

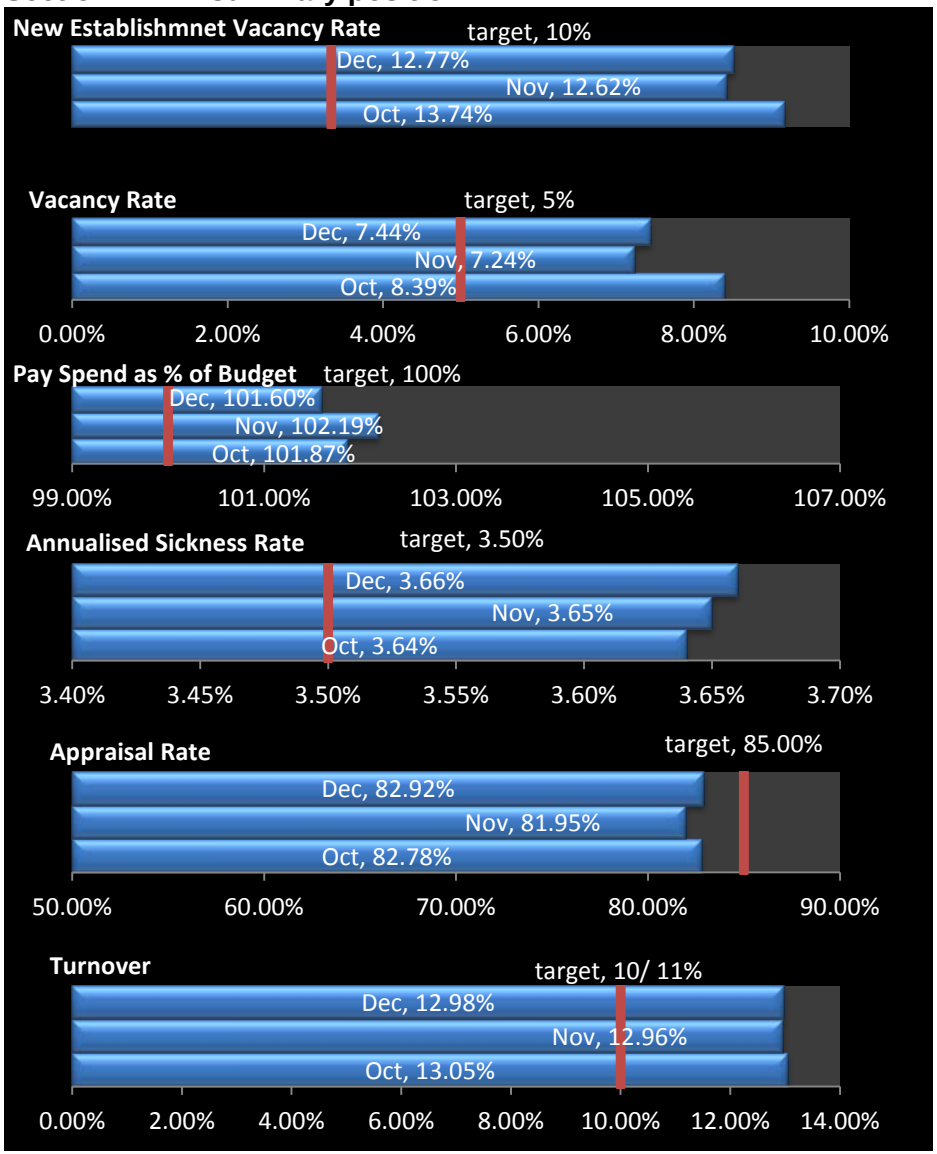
EAST AND NORTH HERTS NHS TRUST

January 2017 - Based on Month 9

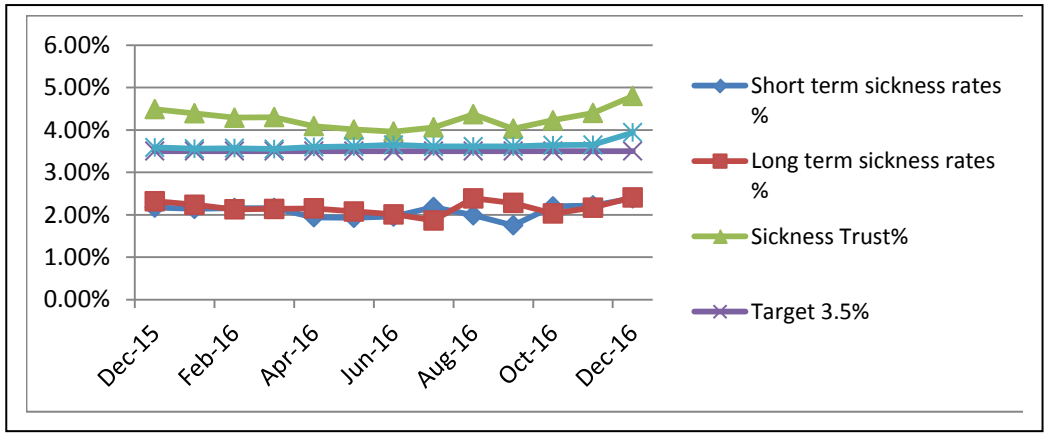
Workforce Information Report Summary

Workforce Report January 2017
(Based on data as at the end of December 2016)

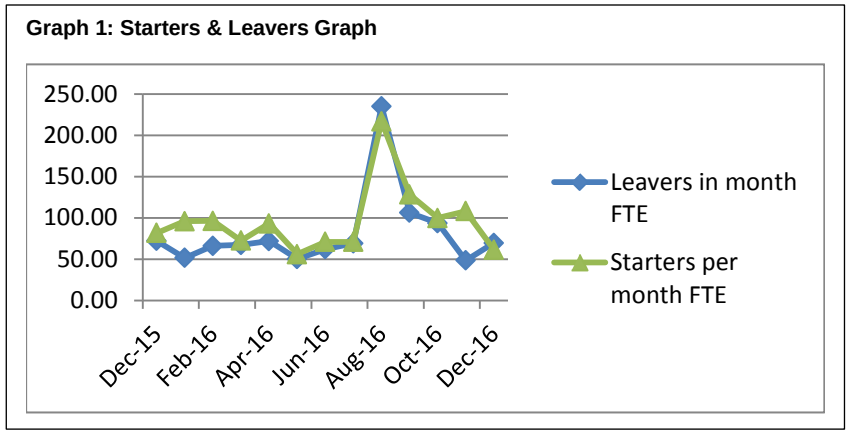
Section 1: KPI summary position



Graph 1: Sickness Rates Based On In Month Position



Graph 1: Starters & Leavers Graph



Section 2: Our Culture

Graph 1: FFT Trend Graph

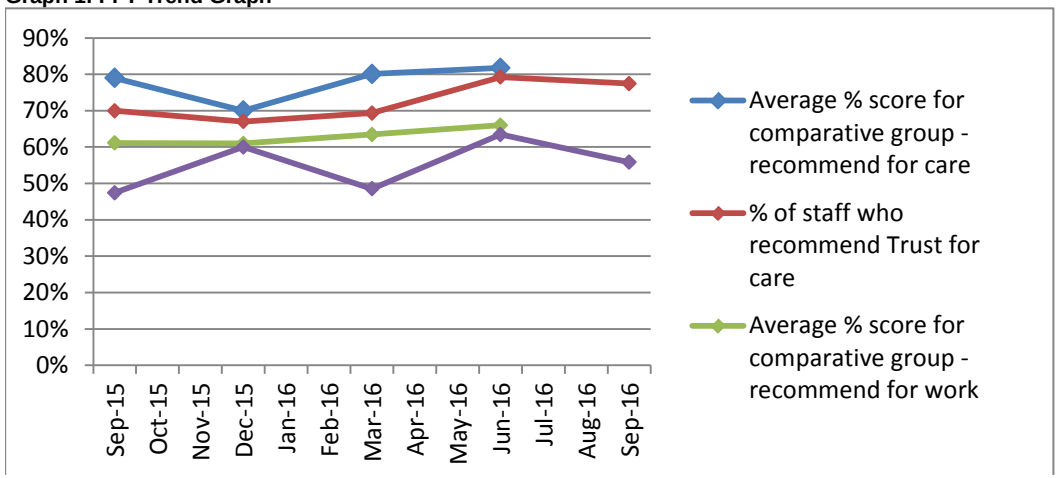


Table 2: Frontline staff flu vaccine

Frontline staff vaccinated against flu	% vaccinated	Decline forms received from frontline staff	% declined	Total
2927	63.8%	600	13%	76.8%

Table 1: Health at Work Service core activity

Health at Work Service core activity	Average Activity 2015/16	Activity as of 30 November 2016	Activity as of 31 December 2016
Trust			
Pre Placements received	164	160	141
Manager referrals received	83	93	80
Immunisation/blood tests	554	355	415
Blood borne virus incident (sharps)	13	14	10
Return to Work plans advised	18	27	24
Self-referral advice given	17	21	19
Physiotherapy referrals	5	5	15
Use of Employee Assistance Programme	15	27+0 web hits	34+ 6 web hits
External			
Pre-placement	107	74	62
Manager referrals received	40	53	27
Immunisations and blood tests	341	164	117
Blood borne virus incident (sharps)	5	3	6

Section 3: Developing our people

Table 1: December 2016 Appraisal Compliance

Compliance	Done	Not Done	Not due but require review*	Grand Total	Completion Rate % November
Cancer Services	387	47	70	504	**89.17%**
Clinical Support Services	529	29	133	691	**94.80%**
Medicine	612	223	300	1135	**73.29%**
Corporate	413	41	139	593	**90.97%**
Research & Development	52	18	21	91	**74.29%**
Surgery	643	211	170	1024	**75.29%**
Women's and Children's	456	68	101	625	**87.02%**
Grand Total	**3092**	**637**	**934**	**4663**	**82.92%**

Table 2: Appraisal Compliance by Payband

Pay Band	Appraisal Completion Rate %
Band 1	83.62%
Band 2	77.91%
Band 3	85.16%
Band 4	83.24%
Band 5	84.24%
Band 6	83.90%
Band 7	83.59%
Band 8A	80.83%
Band 8B	78.43%
Band 8C	89.47%
Band 8D	76.92%
Band 9	85.71%
Snr Mgr Pay	82.35%
Tupe	100.00%

Table 3: Training Data

Source: ESR	Trust MTH	Surgery	Medicine	CSS	W & C	Cancer	R and D	Corporate
Statutory and mandatory training full compliance (Incl M&D)	69.98%	64.82%	61.38%	80.05%	73.09%	76.77%	79.35%	76.42%
Statutory and mandatory training average compliance (Incl M&D)	90.05%	87.71%	87.27%	95.06%	92.71%	92.52%	94.13%	89.38%

Section 4: People Performance

Table 1:Bank & Agency Spend

November 2016 position				
Total spend	**Current month**		**YTD**	
	£	**%**	**£**	**%**
Agency	2,200,730	10.30%	20,756,153	10.8%
Bank	971,123	4.50%	8,679,932	4.5%
Substantive	18,222,103	85.20%	163,239,726	84.7%
Total	**21,393,957**		192,675,811	
Variance against pay budget	335,993	1.60%	192,675,811	1.26%

Graph 1: Ledger Position V Worked WTE

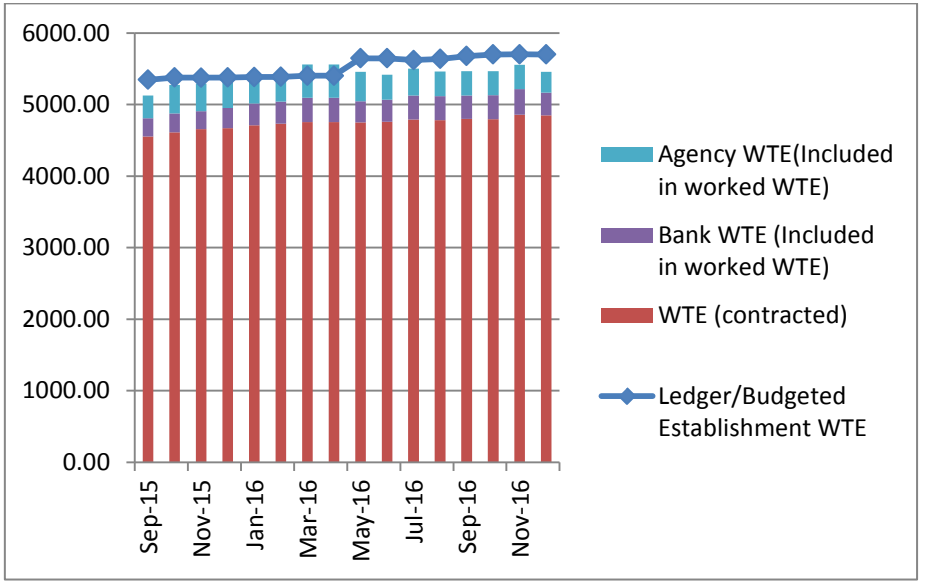
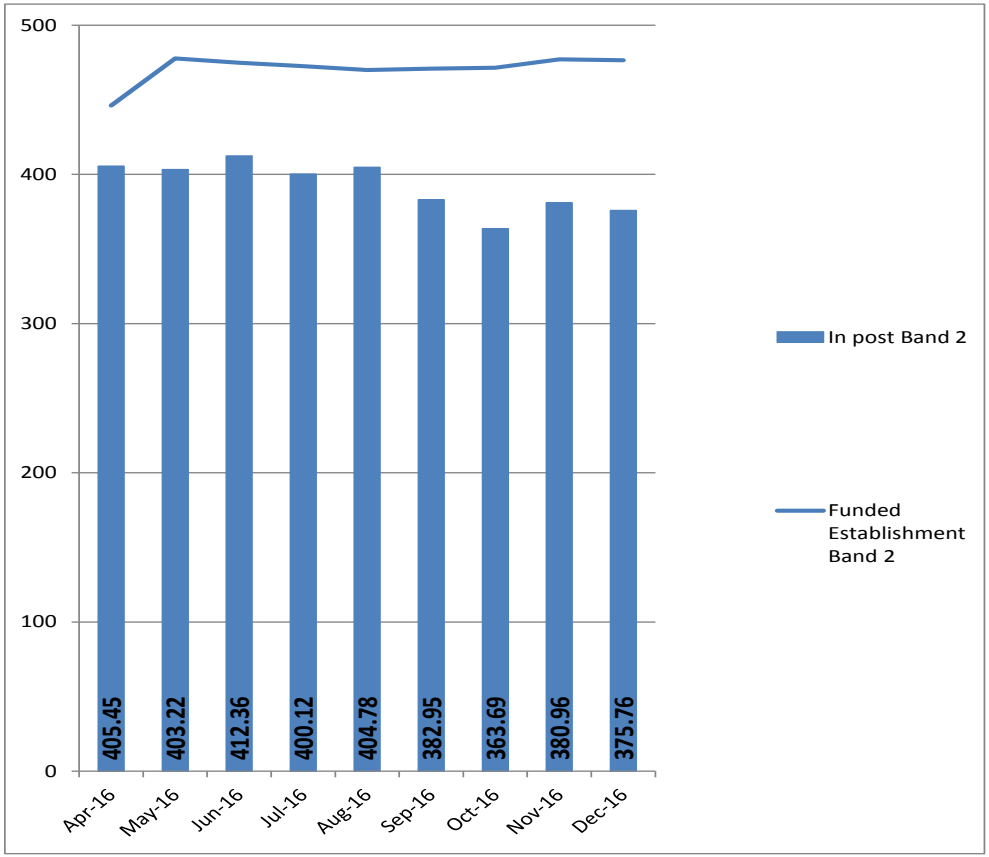


Table 2: recruitment activity for band 5 and band 6 nursing posts Dec 2016 V Dec 2015

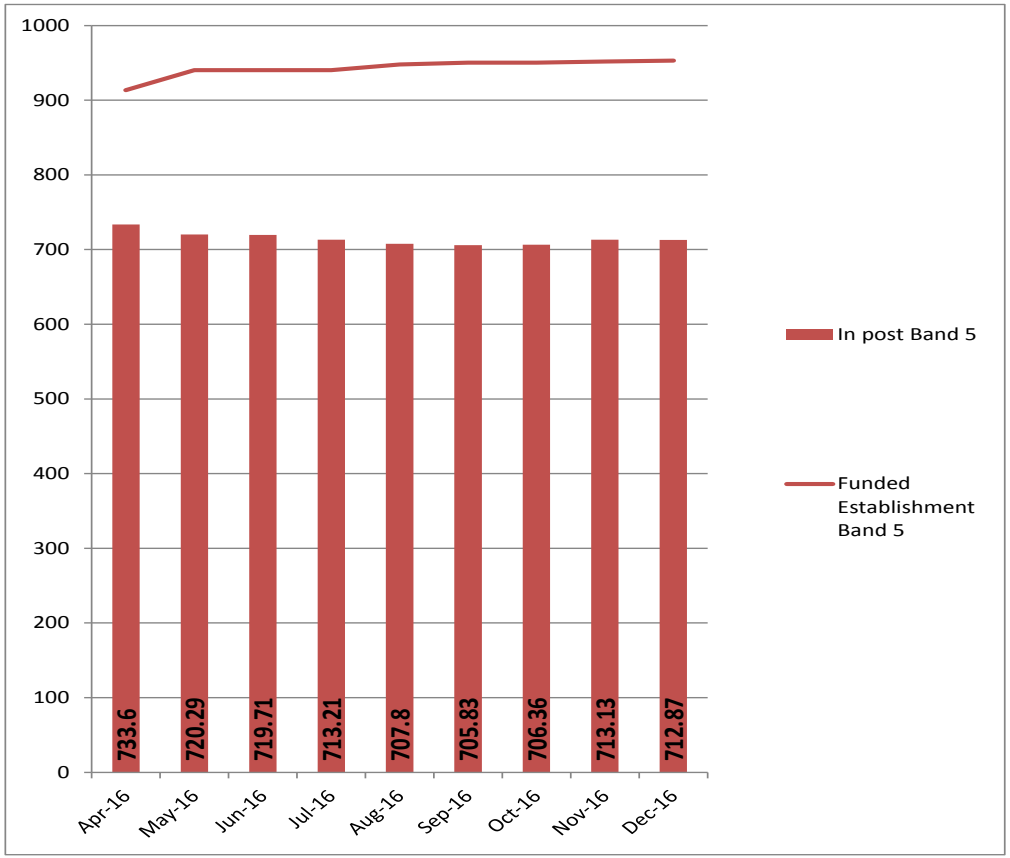
	Band	Number of live adverts in month	Views	Average advert views	Applications submitted	Offers
Dec-15	Band 5	30	6713	224	32	11
Dec-16	Band 5	51	7989	157	30	24
Dec-15	Band 6	25	4123	165	23	0
Dec-16	Band 6	14	3813	272	18	13

Source: TRAC	**Target**	**Trust November 2016 (weeks)**	**Trust January 2017 (weeks)**
Time to Start: From requisition approval to start date (actual/booked)	9 weeks	9 weeks	9.5 weeks
Time to Recruit: From conditional offer to Start date (booked/actual)	2.6 weeks	3.5 weeks	4.2 weeks
Time taken for approvals: From requisition being created to requisitions authorised	2 weeks	0.7 weeks	0.7 weeks

Graph 2: Band 2 CSW Establishment V in post position



Graph 3: Band 5 Nursing Establishment V in post position



Month	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Funded Establishment Band 2	446.16	477.68	474.76	472.54	469.89	470.82	471.44	477.02	476.52
Funded Establishment Band 5	913.29	940.34	940.34	940.34	947.88	950.12	950.12	951.92	952.92
Funded Establishment (excluding Band 2, Band 5 and Doctors on ratation)	3539.9	3684.5	3684.5	3731.8	3717.8	3740.9	3741	3775.8	3778.4
Trust funded establishment (excluding Band 2, Band 5 and Doctors on ratation)	4899.4	5102.5	5099.6	5144.7	5135.6	5161.8	5162.5	5204.7	5207.8
In post Band 2	405.45	403.22	412.36	400.12	404.78	382.95	363.69	380.96	375.76
In post Band 5	733.6	720.29	719.71	713.21	707.8	705.83	706.36	713.13	712.87

Table 3: Benchmarking Data: Beds and Herts NHS Organisations - Vacancy, Turnover and Agency costs comparisons

Trust	Mandatory Training Rate Sept 16	Turnover Sept 16	Vacancy Rate Sept 16	In mth Sickness Sept 16	Agency Sept 16
Bedford Hospital	76%	11.70%	8.8%	3.34%	4.60%
Herts Community	86%	19.00%	9.7%	4.01%	8.30%
WHHT	88%	16.00%	15.7%	3.10%	11.30%
East & North Herts	89%	12.80%	13.3%	4.03%	10.10%
Luton & Dunstable	80%	16.60%	12.2%	3.57%	8.50%
HPFT	86%	13.60%	16.1%	4.30%	7.60%
ELF Bedford	99%	17.80%	11.0%	4.60%	11.40%
ELF Luton	86%	19.80%	10.7%	3.70%	14.00%
Princess Alexandra	79%	21.70%	9.9%	3.30%	11.00%
SEPT		17.80%	13.1%	4.40%	
CNWL FT	92%	13.30%	11.9%	3.60%	7.00%
Average	85%	16.4%	12%	3.8%	9.64%

Table 4: Performance, Employee Relations

Source: ERAS	Total Live Cases as at 30 November 2016	Total Live Cases as at 31 December 2016	Surgery	Medicine	CS	W & C	Cancer (inc R&D)	Corporate
Headcount	5582	5565	1329	1419	747	764	679	627
Number of Disciplinary Cases (excluding medical cases) % = no of cases as % of headcount	6 (0.1%)	9 (0.2%)	0 (0%)	2 (0.1%)	0 (0%)	1 (0.1%)	4 (0.6%)	2 (0.3%)
Number of Grievances	1	1	0	0	0	0	0	1
Number of Capability cases	6	5	2	0	0	0	2	1
Number of B&H, discrimination and victimisation cases	9	11	1	1	1	1	5	2
Number of formal short term sickness cases including cases under monitoring	70	90	14	14	26	28	1	7
Number of formal long term sickness cases Including cases under monitoring	57	59	16	22	4	10	2	5
Number of *MHPS cases (Medical cases)	1	1	0	0	0	1	0	0
Total number of cases in progress	150	176	33	39	31	41	14	18
Number of suspensions/medical exclusions (inclusive of over six months)	2	0	0	0	0	0	0	0
Number of suspensions lasting 6 months or longer	1	4	2	2	0	0	0	0
Number of appeals	1	0	0	0	0	0	0	0

***MHPS = Maintaining High Professional Standards**

Table 5: Exit Interview Data

A. Reason of Leaving	
Enhanced Job Opportunity	8
Salary	0
Lack of challenge	1
Lack of support from Mgt	1
Career Change	1
Reason Unknown	2
Relocation	6
Retirement	7
Family/Personal reasons	5
Dissatisfaction with Mgr	0
Working Conditions	1
Further Education	0

B. Length of Service within the Trust	
> 12 months	8
1-5 Years	13
6-10 Years	6
11-15 Years	1
16-20 Years	0
21-25 Years	2
26-30 Years	2

C. Band	
1	0
2	4
3	5
4	4
5	9
6	6
7	3
8	1
9	0

D. Department	
Pharmacy	4
Health Records	1
Mount Vernon Cancer Centre	5
Facilities	1
Orthopaedics	1
Obstetrics & Gynaecology	4
Elderly Care	0
Outpatients Services	2
Surgical Specialties	0
Specialty Medicine	2
Child Health	0
Quality Control	0
Anaesthetics, Theatres, Critical Care	1
Strategic Development	0
General Surgery and Urology	1
Nursing Practice	0
Cardiology	0
Acute Medicine	4
Research and Development	1
Emergency Department	0
Renal	2
Opthamology	1
Radiology	1
Finance	0
Trust Management	1
Oncology & Clinical Haematology	0
Education and Training	0

Table 5: Exit Interview data demonstrates that 32 people left the Trust.
Table 5a: shows breakdown of different reasons as to people leaving the Trust.
Table 5b: shows their length of service within the Trust**.**
Table 5c: shows their band of service with the Trust.
Table 5d: shows their working department within the Trust.

Qualitative Exit Interview Data

The following summarises the responses obtained to questions asked at exit interviews for the period of December 2016, and provides some analysis of the key trends identified amongst the leavers.

What factors contributed to employees decisions to leave the Trust?

Enhanced Job opportunity

Some employees stated that they left as they wished to progress to a higher band or had an opportunity to progress on to next level of training.

Retirement

People choose to retire as they were reaching retirement age.

Relocation

Employee took decision to leave and relocate; two reasons provided are:

- Moving back to their home town and
- Reside near their families

Staff Group (Administrative & Clerical)

- A band 2 left after 9 years of service because of uncertainty within the department. The employee also felt they did not get enough support and was constantly moved between sites for work.

Staff Group (Pharmacy)

- A band 7 left after 3 years of service because of heavy workload and reliance on one person to get the tasks completed and lack of parking spaces for members of staff. Improvement suggested in view of the increasing demand and queries coming through to medicines information, there will be a need for a consistent figure in medicines information with less ward commitments. There should be a need for at least a trained and competent band 6/7 pharmacist as back-up within the department to ensure that the service is not interrupted in the absence of the medicines information pharmacist.

Staff Group (Estates & Ancillary)

- A band 5 left after 15 years of service because of lack of future opportunities to develop further. Improvement suggested expectation of duties for pay received.

Solutions

The Trust are undertaking a number of initiatives to support the recruitment of substantive staff. This will help reduce the workload on employee's. Initiatives include the promotion of flexible working to current and prospective employees and the promotion of staff receiving pension contributions as part of their annual salary.

The Trust has implemented a number of OD interventions to support managers. The launch of LEND and the Coaching Programme will develop managers to give them greater confidence when dealing with pressurised situations and prevent some of the employee relations issues that can develop between managers and employees.

Table 6: Independent contractors (excluding high value agency workers) during the period October 2016 to end December 2016

Department	Duties	Contract Arrangements
Finance	Senior Contracts Manager	Contract to 31st March 2017
Finance	Contract Project Manager	Contract to31st March 2017
Transformation Programme Office	Consultant	Contract to July 2017
Clinical Coding	Clinical Coder	Contract to 2nd December 2016
Clinical Coding	Clinical Coder	Contract to16th December 2016
Information Management	EPR Programme Manager	Contract to 30th November 2016
Information Management	Change Analyst for Pharmacy Stock Control	Contract to 31st March 2017
Information Management	EPR Project Manager	Contract to 30th November 2016
Information Management	EPR Testing Services	Contract to 31st March 2017
Information Management	EPR Programme Manager	Contract to 31st March 2017
Information Management	EPR Transformation Management	Contract to 15th February 2017
Information Management	EPR Business Consultant	Contract to 31st March 2017
Information Management	EPR Project Support	Contract to 31st December 2016
Information Management	EPR Project Support	Contract to 17th January 2017
Information Management	EPR Project Support	Contract 31st January 2017
Information Management	EPR Project Support	Contract to 15th February 2017
Information Management	EPR Project Support	Contract to 22nd February 2017
Information Management	EPR Project Support	Contract to 31st March 2017
Operations	7 Days Working Project Lead	Contract to 31st March 2017
Workforce & OD	Locum Consultant Physician in Occupational Health	Contract to 31st March 2017
Workforce & OD	ADDS Consultant	Contract to 31st March 2017

RISK AND QUALITY REPORTS

Safe Staffing Nursing
Infection Control

East and North Hertfordshire NHS Trust

Safe Nurse Staffing Levels

December 2016

Executive Summary

The purpose of this report is:

1. To provide an assurance with regard to the management of safe nursing and midwifery staffing for the month of December 2016.
2. To provide context for the Trust Board on the UNIFY safer staffing submission for the month of December 2016.

East and North Hertfordshire NHS Trust is committed to ensuring that levels of nursing staff, which includes Registered Nurses, Midwives and Clinical Support Workers (CSWs), match the acuity and dependency needs of patients within clinical ward areas in the Trust. This includes ensuring there is an appropriate level and skill mix of nursing staff to provide safe and effective care. These staffing levels are viewed along with reported outcome measures, 'registered nurse to patient ratios', the percentage skill mix ratio of registered nurses to CSWs, and the number of staff per shift required to provide safe and effective patient care.

No	Topic	Measure	Summary	RAG
1.	**Patient safety is delivered though consistent, appropriate staffing levels for the service.**	Unify RN fill rate	Fill rate of 95.3% for registered nurses for December	
		Care hours per Patient Day - CHPPD	Overall CHPPD is 7.3 in December, a decrease from 7.6 in November	
2.	**Staff are supported in their decision making by effective reporting.**	% of Red triggered shifts	Increase in % of Red Triggered shifts from 4.35% in November to 6.02%.	
		% of shifts that remained partially mitigated	5 of the initially triggered red (0.15%) shifts remained partially mitigated; this is an increase from zero unmitigated shifts in November.	
3.	**Staffing risks are effectively escalated to an appropriate person**	Red flag reportable events and DATIX report	Red flags continue to be used to escalate staffing issues in the organisation	
4.	**The Board are assured of safe staffing for nursing across the organisation**	Board reports and discussion covering overview of safe staffing levels	The overall RN fill rate decreased and the subsequent number of unfilled shifts increased for the month.	

1. Patient safety is delivered though consistent, appropriate staffing levels for the service.

The following sections identify the process in place to demonstrate that the Trust proactively manages nurse staffing to support patient safety.

1.1 UNIFY Safer Staffing Return

The Trust's safer staffing submission has been submitted to UNIFY for December: Table 1 below shows the summary of overall fill %; the full table of fill % can be seen in Appendix 1:

Table 1 – Overall Unify Return fill rate

Day		Night	
Average fill rate + registered nurses/midwives (%)	Average fill rate + care staff (%)	Average fill rate + registered nurses/midwives (%)	Average fill rate + care staff (%)
95.3%	95.9%	95.7%	111.6%

The December Unify submission for registered fill % decreased compared to November with the average day fill % for registered nurses decreasing from 96.9% to 95.3%. The decrease is primarily due to a decrease in registered and unregistered fill % from NHSP and an increased level of sickness.

1.2 Factors affecting Planned vs Actual staffing

In November there was a reconfiguration of our some of the assessment areas and inpatient wards, a summary of the moves include:

- From the 1st of November Ashwell ward was opened up to 33 patients on a continuous bases, this has meant an increase in the planned hours to support the increased bed base.
- On the 14th of November SAU relocated from level 10 to the new ward block, to accommodate the increased bed base there was an increase in the planned hours for staffing.

There are a number of other contributory factors which affect the fill rate for December. This, along with the summary of key findings by ward, can be seen below:

- **Ward 10 and Ward 11** – The wards at Mount Vernon have been merged following a review of the service model for these wards; staff have been flexed across the wards as per patient requirements in month.
- **Matrons and Specialist Nurses** - Matrons and Specialist nurses worked clinically to support wards where staffing fell below the minimum safe levels.
- **Enhanced Nursing Care** – A number of wards had patients requiring enhanced care which resulted in increased CSW fill.
- **10B, 11A, 5A, 9A, 9B, AMU-W, Barley, Pirton and SSU** – Had a high number of patients requiring enhanced care which resulted in increased CSW fill.
- **6B** – Additional capacity bed utilised on 6B in December. Additional RN at Night required due to high acuity.
- **AMU-W** – The December rosters were written prior to the reconfiguration of AMU assessment and ward areas in November. AMU-W staff were utilised to support AMU-A and red triggered shifts on other wards. RN Day fill above planned as staff moves not reflected on the roster on all occasions.

- **7AN** – Planned staffing levels changed from 3 RNs and 1 CSW during the day to 2 RNs and 2 CSWS in October. A pre-PIN Nurse obtained her NMC registration in December and this had an impact on the Ratio for a short time frame.
- **Gloucester and CLU** –. The planned hours are based on Long Day fill, there were a high number of split shifts are worked this increasing the % fill rate, this is being reviewed by the Division. In addition supernumary starters increased the fill rate.

The Enhanced Dementia Support Team (Specialling team) continue to mitigate the risk and reduce the need to cover those patients requiring specialling with temporary staff. It was recommended in the December Establishment Review to increase the Establishment of the EDS Team by 9.56 WTE to get to zero agency for enhanced care. Recruitment to these posts is being progressed.

1.3 UNIFY Care Hours Per Patient Day (CHPPD)

From 1 May 2016 each Trust is required to report the number of Care Hours per Patient Day (CHPPD). This figure is calculated:

The total number of patient days over the month
(Sum of actual number of patients on the ward at 23:59 each day)
/
Total hours worked in month
(Total hours worked for registered staff, care staff and then combined)

This is a standard calculation indicating the number of care hours provided to each patient over a 24 hour period. The table below shows the CHPPD for December, this indicates there was a decrease in overall CHPPD from 7.6 in November to 7.3 in December.

Table 2 – Average Care Hours Per Patient Day

Trust-wide	Care Hours Per Patient Day (CHPPD)		
	Registered midwives/ nurses	Care Staff	Overall
Total	**4.9**	**2.4**	**7.3**

CHPPD is included in the bi-annual establishment reviews and the results seen on the Unify return do fall within expected thresholds when compared to this data. A full list of CHPPD by ward can be seen in Appendix 4 of this report.

Additional analysis of how the organisation uses CHPPD to inform productive and effective use of staffing is going and was included in the Trust's Nursing Establishment review in December. The metric can be used prospectively to define the required CHPPD for a given service, this can then be reviewed retrospectively to define the required CHPPD based on the actual number and acuity of patients who attended the service. The actual delivered CHPPD can be calculated which, when compared to required CHPPD, can be used to provide assurance that wards had sufficient nursing staff to provide appropriate care for the actual patients on the ward.

The general trend is that the required CHPPD is higher than that of the service model. Reviewing the average acuity data for each ward, generally patients had a higher acuity score than the service model, indicating a higher CHPPD is required. With the exception of Cancer and Gynaecological services the actual worked CHPPD was between the service model and target CHPPD.

It is worth noting that CHPPD should not be used in isolation and should be used alongside triangulated data which includes skill mix, nurse to bed ratio, Safer Nursing Care tool and the professional judgement model. There is on-going training with ward staff to improve consistency with the application of the acuity scoring.

The NHS Improvement Model Hospital Portal includes the CHPPD metric and is currently under development. Once operational this will provide a useful tool to Benchmark CHPPD against other Trusts.

2. Staff are supported in their decision making by effective reporting

2.1 Daily process to support operational staffing

Three daily staffing meetings and twice weekly look ahead meetings continue to support the organisation in balancing staffing risk across the Trust. Each ward is rated as red, amber or green for each of the early, late and night shifts. This record is held electronically in the new Staffing Hub which provides a central point to access E-Roster and NHSP staff and resource. The record is also shared with the Operations Centre and provides assurance on nurse staffing levels in the organisation.

2.2 Staffing levels and shifts that trigger red

In December the number of shifts initially triggering red increased to 207 shifts compared to 145 shifts in November. Table 3 below shows the % of shifts that triggered red in month.

Table 3 – % of shifts triggering red

Month	% of shifts that triggered red in Month
Dec-15	3.16%
Jan-16	4.13%
***Feb 2016**	7.10%
Mar-16	8.60%
***Apr 2016**	7.36%
May-16	3.60%
Jun-16	5.44%
Jul-16	4.42%
Aug-16	8.57%
Sep-16	7.72%
Oct-16	5.14%
Nov-16	4.35%
Dec-16	6.02%

* Indicates where agency cap was implemented in February and April 2016.

Comparison of red triggered shifts between December 2015 and December 2016 demonstrates an increase in the number of shifts triggering red in month.

Out of the shifts triggering red, 5 of the 207 initially triggered red (0.15%) shifts remained partially mitigated; this is an increase from zero unmitigated shifts in November. Shifts triggering red, and those that remained a challenge to mitigate, are explored below.

Chart 1 below shows the % of shift triggering red in month; following the spike in August and a decreasing number of red triggered shifts in the last three months, this is the first increase in shifts triggering red. The introduction of the 7 day e-Roster service in September has seen a reduction in the number of shifts remaining a challenge to mitigate.

Chart 1

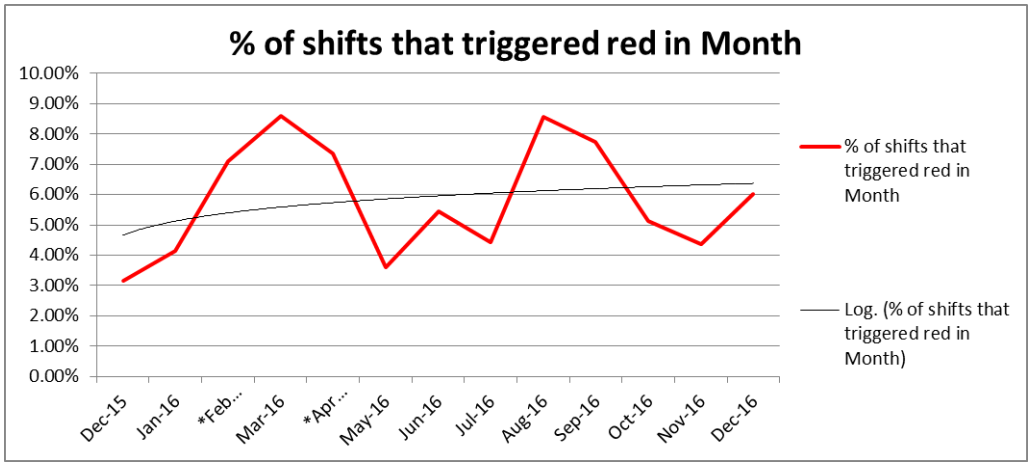
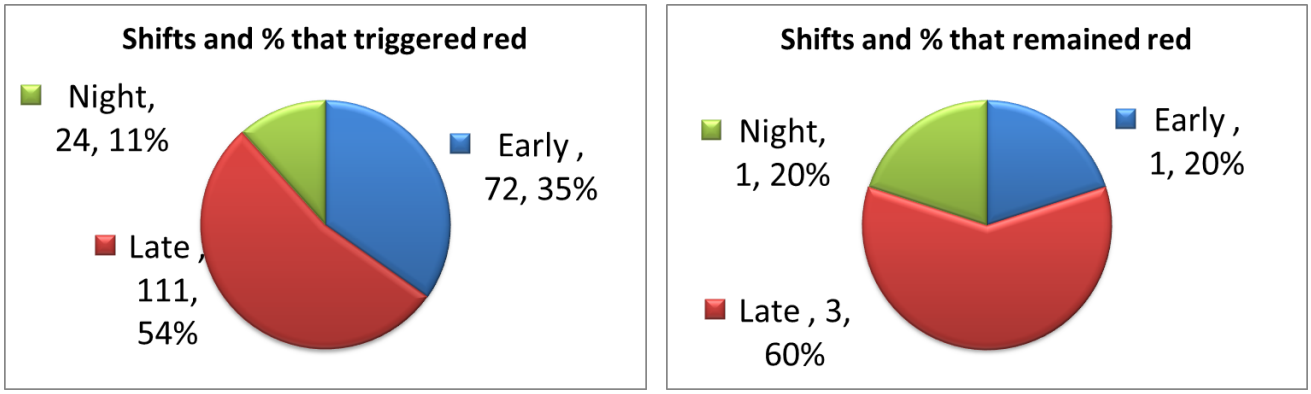


Chart 2 below shows the number and % distribution of red triggered shifts and those shifts that remained red after mitigating action was taken. This indicates that the majority of the red shifts triggered were on the late shift, all red triggering shifts were mitigated.

Chart 2 – Shifts initially triggering red & remained red



A full list of all the wards with triggering red shifts can be found in Appendix 3. Six wards triggered red on 10% or more of the shifts in month which is an increase from five wards in November. Red shifts have been mitigated by moving staff between wards to balance staff numbers and skill mix. Table 4 below shows the shift breakdown for each of these wards.

Table 4 – Wards triggering high number of red shifts

		INITIAL REDS				
Ward	Total no. of shifts available	Early	Late	Night	Number of shifts where staffing initially fell below agreed levels	% of shifts where staffing fell below agreed levels and triggered a Red rating
6A	93	9	7	2	18	19.35
11A	93	6	6	2	14	15.05
7AN	93	5	7	1	13	13.98
SSU	93	3	7	0	10	10.75
Ashwell	93	8	12	2	22	23.66
11B	93	4	6	2	12	12.90

In addition to the reactive daily support, this information is provided to ward managers and matrons to ensure proactive robust supportive measures can be put in place moving forward.

2.3 Summary of factors affecting red triggering shifts

Several key factors have impacted the incidence of red shifts, these include:

- Temporary Staffing Fill – Although there was a reduction in temporary staffing demand, the level of unfilled hours increased from 18.1% in November to 22.4% in December resulting in an increase in the number of shifts triggering red in December.
- Vacancy Rate – Nurse Vacancy rate at ward level increased slightly from 17.58% in November to 17.83% in December and continues to impact temporary staffing requirement.
- Sickness – Sickness rate remains above the 4% budget position, with December sickness recorded at 7.4% (taken from e-Roster) for the inpatient wards. This is the highest level of recorded sickness this year.
- Specialling requirements
- Reconfiguration – Bed reconfiguration has impacted the number of red triggered shifts in month.
- Introduction of the 7 day e-Roster operational team has supported effective clinical decision making in relation to staffing

3. Staffing risks are effectively escalated to an appropriate person

Shifts that fall below minimum staffing levels are escalated to the divisional staffing bleep holder who moves to balance risk across the division. Where the division are unable to mitigate themselves this is escalated to the Nursing Service Manager to balance risk across the organisation.

3.1 Red Flags

Red flags are NICE recommended nationally reportable events that require an immediate response from the Senior Nurse Team. "Red flag events" signal to the Senior Nurse Team an urgent need for review of the numbers of staff, skill mix and patient acuity and numbers. These events are considered as indicators of a ward requiring an intervention e.g. increasing staffing levels, facilitating patient discharge or closing to admissions for a temporary period following discussion and agreement with the operations centre and the executive on call.

Chart 3 below shows the distribution of red flags by shift, this distribution supports the data shown in the red triggered shifts report that the day shifts are more likely to be escalated as having a staffing related issue. It is however noted that a higher number of staffing related red flags were raised on the Early shift although a higher number of Late shifts triggered red in month.

Chart 3 – Shortfall in Care Hours (Renamed from Shortfall in RN time)

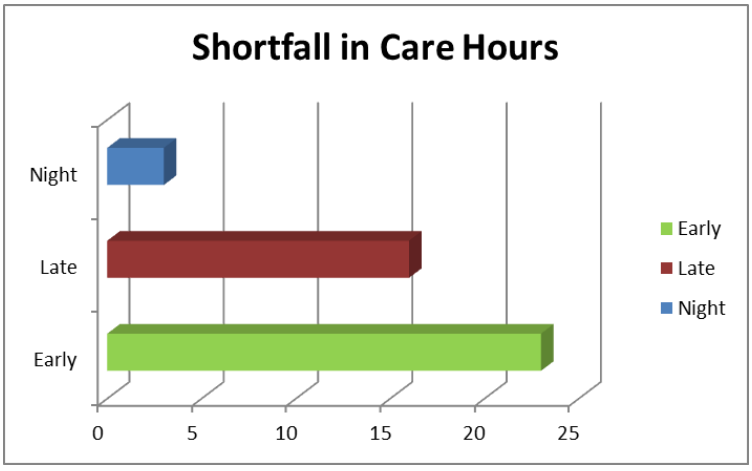
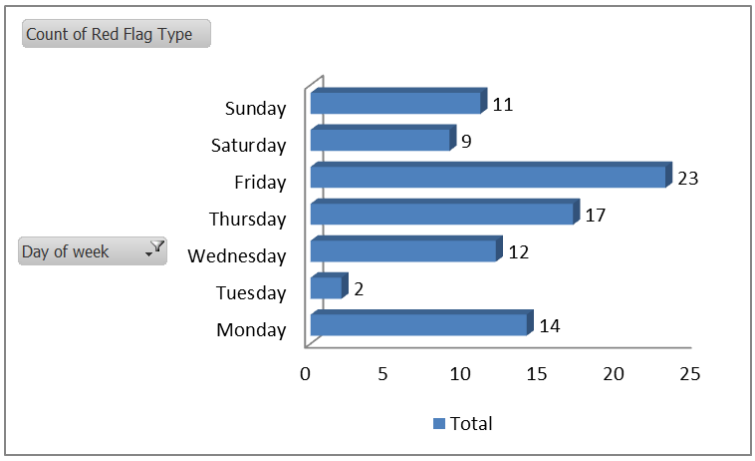


Chart 4 below indicates the red flags by day of the week; this shows that Monday, Thursday and Friday are the days where staffing is most likely to be escalated.

Chart 4 Red Flags Day of Week



4. The Board are assured of safe staffing for nursing across the organisation

The overall RN fill rate decreased and the subsequent number of unfilled shifts increased for the month. This is in part due to an increase in sickness on wards, and a decrease in temporary staffing fill. The maintenance of safe staffing levels on wards in December was supported by:

- Continued daily monitoring and ward RAG rating of staffing levels across inpatient wards
- Red flags used to effectively escalate nationally reportable events to allow appropriate immediate action to be taken.
- Regular patient acuity audits completed by Matrons
- Working with cap compliant agencies
- Working with agencies to identify long line agencies to support areas with high vacancies
- Challenge and confirm culture for all additional duties being added to roster
- Controlled release of unfilled shifts to agencies
- Improved reporting and monitoring through SafeCare and Red Flag process
- Additional support provided by e-Roster, NHSP and Temporary Staffing management to assist wards with staffing challenges
- Active management and support to review staffing requirements on a daily basis for identified wards
- NSMs, Matrons, Specialist Nurses and the Education Team have supported clinically where needed.
- The introduction of a 7 day e-Roster operational support service

In addition the Director of Nursing is working with a national safer staffing group reviewing the guidance.

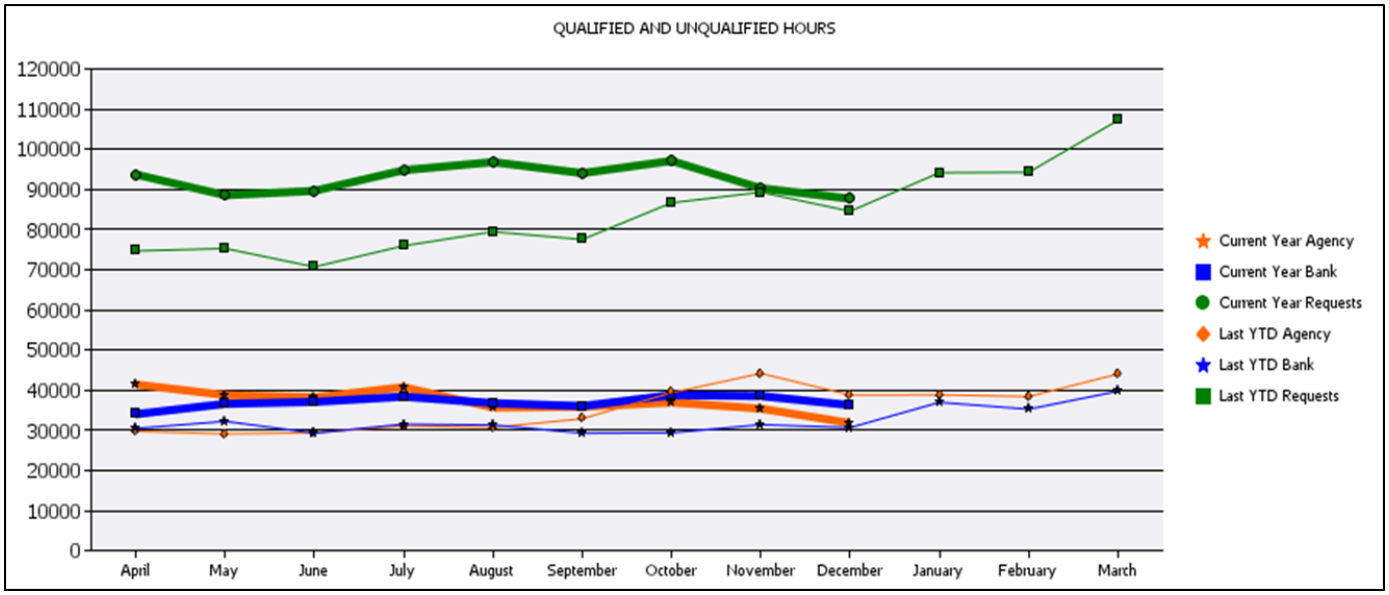
The Board are asked to note the data and supporting processes identified in this report which provide assurance of safe staffing levels in the Trust and the impact on patient safety.

Appendix 1

	Day		Night	
Ward name	Average fill rate + registered nurses/midwives (%)	Average fill rate + care staff (%)	Average fill rate + registered nurses/midwives (%)	Average fill rate + care staff (%)
10B	87.5%	117.1%	96.0%	158.2%
11A	92.8%	109.6%	99.7%	119.8%
11B	94.3%	126.0%	108.1%	97.2%
5A	95.8%	116.6%	99.4%	213.2%
5B	90.5%	93.0%	94.7%	106.7%
6A	95.8%	80.7%	97.8%	105.1%
6B	97.3%	88.8%	104.2%	95.7%
7A Gynae	98.5%	110.8%	97.7%	100.4%
7B	92.4%	76.3%	97.1%	93.7%
7AN	104.0%	83.9%	98.4%	106.4%
8A	95.6%	89.3%	98.5%	89.8%
8B	99.1%	87.5%	99.4%	94.4%
9A	98.2%	121.2%	97.6%	145.6%
9B	101.0%	112.0%	98.4%	132.6%
ACU	99.8%	88.7%	102.7%	126.4%
AMU-A	97.0%	92.5%	90.3%	100.4%
AMU-W	103.7%	93.5%	98.5%	113.6%
Ashwell	94.8%	84.3%	98.5%	97.1%
Barley	97.6%	97.8%	99.1%	126.3%
Bluebell	86.3%	105.0%	92.2%	#DIV/0!
Critical Care 1	100.0%	100.0%	100.0%	100.0%
Dacre	98.1%	#DIV/0!	92.2%	#DIV/0!
Gloucester	101.1%	85.3%	99.8%	88.0%
CLU	102.9%	111.3%	101.2%	83.5%
Mat MLU	100.0%	100.0%	100.0%	100.0%
Michael Sobell House	100.8%	125.1%	98.5%	101.2%
Pirton	91.2%	89.0%	95.2%	108.7%
SAU	84.8%	74.8%	63.5%	184.8%
SSU	102.2%	100.3%	96.3%	120.1%
Surgicentre Swift	89.5%	73.2%	92.6%	89.3%
Ward 10	57.8%	59.2%	58.1%	#DIV/0!
Ward 11	80.9%	54.1%	69.9%	#DIV/0!
Total	**95.3%**	**95.9%**	**95.7%**	**111.6%**

Appendix 2

NHSP hours YTD report



Appendix 3

Shifts that initially triggered red in December 2016

Speciality	Ward	INITIAL REDS				
		Early	Late	Night	Number of shifts where staffing initially fell below agreed levels	% of shifts where staffing fell below agreed levels and triggered a Red rating
Care of the Elderly	9A	0	2	0	2	2.15
	9B	0	2	0	2	2.15
Stroke	Barley	3	2	2	7	7.53
	Pirton	1	4	0	5	5.38
General	6A	9	7	2	18	19.35
	10B	5	2	1	8	8.60
Respiratory	11A	6	6	2	14	15.05
	7AN	5	7	1	13	13.98
Cardiology	ACU	0	1	0	1	1.08
Acute	AMU-A	2	5	2	9	9.68
	SSU	3	7	0	10	10.75
	AMU-W	2	2	0	4	4.30
Renal	6B	2	4	1	7	7.53
DTOC / gastro	Ashwell	8	12	2	22	23.66
ED	A&E	3	5	1	9	9.68
	UCC	0	0	0	0	0.00
		49	**68**	**14**	**131**	**8.80**
General	8A	0	1	1	2	2.15
	8B	0	6	0	6	6.45
	SAU	2	4	0	6	6.45
Surgical Spec	11B	4	6	2	12	12.90
	7B	3	3	0	6	6.45
T&O	5A	0	3	0	3	3.23
	5B	4	3	0	7	7.53
	Surgicentre Swift	2	5	2	9	9.68
ATCC	Critical Care 1	0	0	1	1	1.08
	ASCU	0	0	0	0	0.00
		15	**31**	**6**	**52**	**5.59**
Gynae	7A Gynae	0	2	0	2	2.15
Paeds	Bluebell	2	2	1	5	5.38
	Child A&E	3	3	3	9	9.68
	NICU	0	0	0	0	0.00
Maternity	Dacre	1	0	0	1	1.08
	Gloucester	0	0	0	0	0.00
	Mat MLU	0	0	0	0	0.00
	Mat CLU 1	0	0	0	0	0.00
		6	**7**	**4**	**17**	**2.28**
Inpatient	Ward 10	1	1	0	2	2.15
	Ward 11	1	1	0	2	2.15
	Michael Sobell House	0	3	0	3	3.23
		2	**5**	**0**	**7**	**2.51**
	TRUST TOTAL	**72**	**111**	**24**	**207**	**6.02**

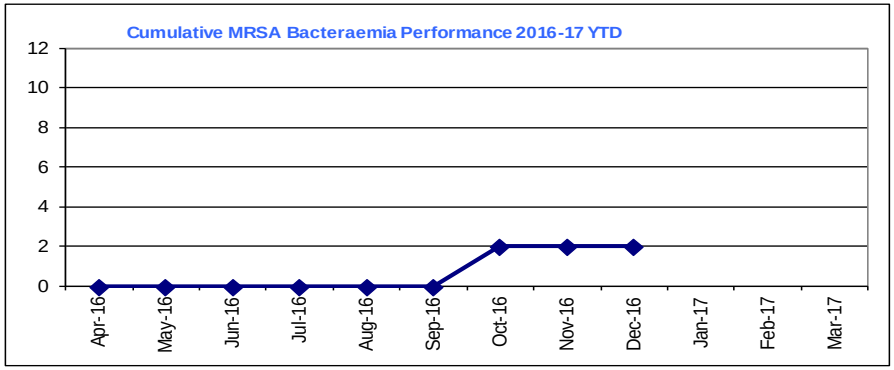
Appendix 4

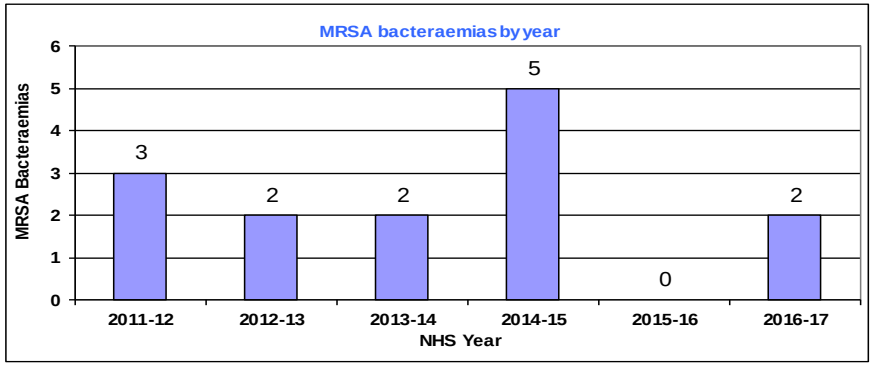
Ward name	Care Hours Per Patient Day (CHPPD)		
	Registered midwives/ nurses	Care Staff	Overall
10B	2.94	3.00	5.94
11A	4.30	1.87	6.17
11B	4.44	3.11	7.55
5A	3.51	2.29	5.80
5B	3.50	2.40	5.90
6A	2.89	1.86	4.75
6B	3.91	2.52	6.43
7A Gynae	4.14	2.71	6.85
7B	3.41	1.39	4.80
7AN	3.83	2.59	6.42
8A	3.56	2.02	5.58
8B	3.97	1.67	5.64
9A	3.27	2.84	6.11
9B	3.25	2.54	5.80
ACU	6.14	1.84	7.98
AMU-A	8.05	4.54	12.59
AMU-W	3.03	2.07	5.09
Ashwell	3.13	2.42	5.55
Barley	3.38	2.49	5.87
Bluebell	8.13	1.35	9.48
Critical Care 1	21.70	2.54	24.23
Dacre	8.69	1.03	9.72
Gloucester	3.14	2.33	5.47
CLU	22.94	5.05	27.98
Mat MLU	32.38	9.67	42.05
Michael Sobell House	5.50	3.82	9.32
Pirton	4.23	2.25	6.48
SAU	4.94	3.27	8.21
SSU	3.46	2.21	5.66
Surgicentre Swift	4.14	2.41	6.55
Ward 10	5.44	1.71	7.15
Ward 11	7.81	1.70	9.52
Total	**4.9**	**2.4**	**7.3**

Infection Prevention and Control Board Report Objectives & Outcomes: December 2016

HCAI SURVEILLANCE	MRSA	0 hospital associated MRSA bacteraemias in December Year to date position is 2 cases, including 1 contaminant (target 0 cases to year end)	Red
	C.difficile	2 hospital acquired *C.difficile* cases in December. Appeals formally upheld for 4 of the 15 cases year to date (ceiling target of 11 cases to year end).	Red
	MSSA	3 hospital acquired MSSA bacteraemias in December Year to date position is 16 cases (no target set)	Green
	E-Coli	There were 3 cases of hospital acquired E.*coli* in December Year to date position is 25 cases (no target set)	Green
	Carbapenemase-producing Enterobacteriaceae (CPE)	0 inpatient cases of CPE identified in December Year to date position is 2 inpatient cases (no target set)	Green
	Outbreaks / Periods of Increased Incidence	A bay on SSU was closed for 2-3 days due to a cluster of patients with diarrhoea. There were no outbreaks or other periods of increased incidence in December.	Green
	Surgical Site Infection	The Trust was identified as an outlier for 2014-15 in all 3 categories. Figures for 2015-16 and 2016-17 to date indicate an overall improvement, but the Trust remains an outlier.	Amber
CQUINs	Antimicrobial stewardship	17% reduction to end December in total antibiotic consumption (target 1%) 23% reduction to end December in piperacillin-tazobactam (target 1%) 4% reduction to end December in carbapenems (target 1% reduction by end Q4)	Green
		Q1: 73% of cases reviewed within 72 hrs (target 25%) Q2: 89% of cases reviewed within 72 hrs (target 50%) Q3: 82% of cases reviewed within 72 hrs (target 75%)	Green
AUDITS	High Impact Interventions (HII)	HII audit scores in December were below 95% for Hand Hygiene, IV Devices Insertion & Continuing Care, Urinary Catheter Continuing Care, Ventilator Continuing Care, Renal Dialysis Continuing Care, Inpatient Environment, Renal Dialysis Environment and MRSA Screening.	Amber
	Peripheral IV Catheters	Results of snapshot audit in Medicine, Surgery & Women's & Children's presented to December TIPCC. Divisions to present improvement action plans to January TIPCC & re-audit to take place in February.	Amber
ISSUES / EVENTS	ICNet	Potential solutions have now been identified to resolve ongoing ICNet/TPP interface issues and options were presented to the IM&T Strategy Board in December – no progress can be made with current pathology service arrangements. On Risk Register.	Red
	Infection in Critical Care Quality Improvement Programme (ICCQIP)	A national surveillance programme is to be introduced in 2017 for blood stream infections in intensive care units, with the aim of reducing the number of such infections. ITU contact details have been passed to PHE to enable implementation once full details are received.	Green

MRSA BACTERAEMIA – POST 48 HRS





MRSA bacteraemia by Division

Division	YTD 2015-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD 2016-17
Cancer	0	0	0	0	0	0	0	0	0	0				0
Medicine	0	0	0	0	0	0	0	2	0	0				2
Surgical	0	0	0	0	0	0	0	0	0	0				0
Women & Children	0	0	0	0	0	0	0	0	0	0				0
Grand Total	0	0	0	0	0	0	0	2	0	0				2

MRSA – PHE Benchmarking Data (November 2016)

Public Health England

MRSA

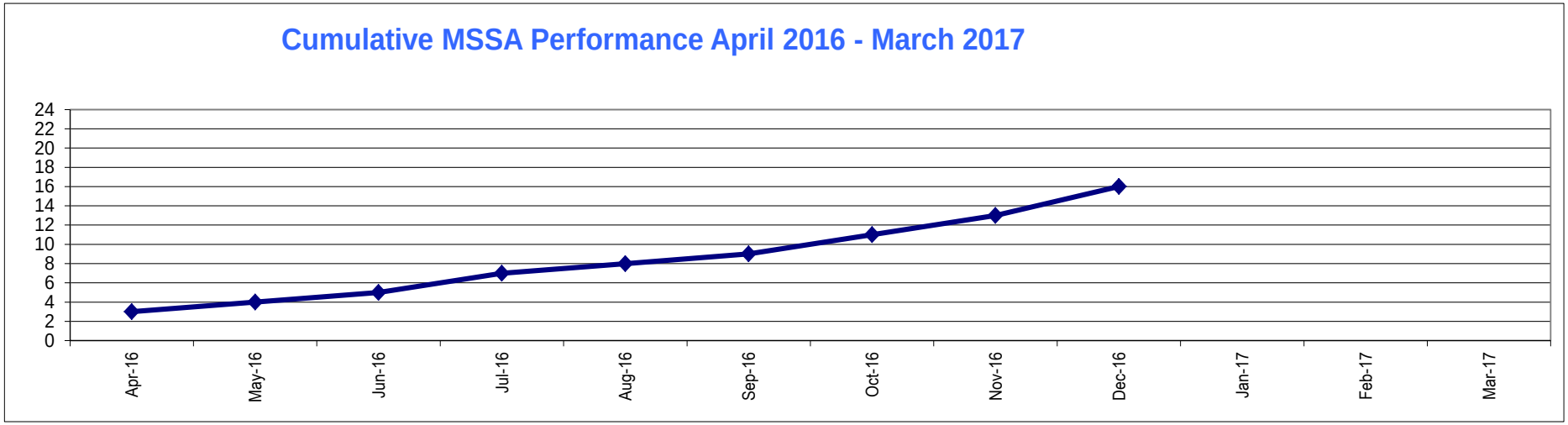
Count of trust PIR assigned cases per month

Trust Code	Acute Trust Name	Trajectory	2016									2017			Total
			April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	
RDD	Basildon & Thurrock University Hospitals NHS Foundation Trust	N/A	0	0	0	0	1	1	0	1					3
RC1	Bedford Hospitals NHS Trust	N/A	0	0	0	0	0	0	1	0					1
RGT	Cambridge University Hospitals NHS Foundation Trust	N/A	0	0	0	0	0	1	0	0					1
RDE	Colchester Hospitals University NHS Foundation Trust	N/A	1	0	0	0	1	0	0	0					2
RWH	East & North Hertfordshire NHS Trust	N/A	0	0	0	0	0	0	2	0					2
RQQ	Hinchingbrooke Health Care NHS Trust	N/A	0	0	0	0	0	0	0	0					0
RGQ	Ipswich Hospital NHS Trust	N/A	0	0	0	0	0	0	0	0					0
RGP	James Paget University Hospitals NHS Foundation Trust	N/A	0	0	0	0	0	0	0	0					0
RC9	Luton & Dunstable Hospital NHS Foundation Trust	N/A	0	0	0	0	0	0	0	0					0
RQ8	Mid Essex Hospital Services NHS Trust	N/A	0	0	0	1	0	0	0	0					1
RD8	Milton Keynes Hospital NHS Foundation Trust	N/A	0	0	0	0	0	0	0	0					0
RM1	Norfolk & Norwich University Hospitals NHS Foundation Trust	N/A	0	0	0	0	0	0	0	0					0
RGM	Papworth Hospital NHS Foundation Trust	N/A	0	0	0	0	0	0	0	0					0
RGN	Peterborough & Stamford Hospitals NHS Foundation Trust	N/A	0	0	0	1	0	0	0	0					1
RQW	Princess Alexandra Hospital NHS Trust	N/A	0	0	0	0	0	0	0	0					0
RAJ	Southend University Hospital NHS Foundation Trust	N/A	0	0	0	0	0	0	0	0					0
RCX	The Queen Elizabeth Hospital King's Lynn NHS Trust	N/A	0	0	0	0	0	0	0	0					0
RWG	West Hertfordshire Hospitals NHS Trust	N/A	0	0	0	0	0	0	0	0					0
RGR	West Suffolk Hospitals NHS Trust	N/A	0	0	0	0	1	0	0	0					1
	East of England Total	**N/A**	**1**	**0**	**0**	**2**	**3**	**2**	**3**	**1**					**12**
	England Total	**N/A**	**14**	**29**	**22**	**16**	**29**	**31**	**31**	**24**					**196**

Monthly rate per 100,000 occupied bed days (acute trust apportioned cases only)

Trust Code	Acute Trust Name	Trajectory	2016									2017			Total
			April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	
RDD	Basildon & Thurrock University Hospitals NHS Foundation Trust	N/A	0.00	0.00	0.00	0.00	4.99	5.16	0.00	5.16					1.90
RC1	Bedford Hospitals NHS Trust	N/A	0.00	0.00	0.00	0.00	0.00	0.00	8.74	0.00					1.11
RGT	Cambridge University Hospitals NHS Foundation Trust	N/A	0.00	0.00	0.00	0.00	0.00	3.86	0.00	0.00					0.47
RDE	Colchester Hospitals University NHS Foundation Trust	N/A	6.30	0.00	0.00	0.00	6.10	0.00	0.00	0.00					1.55
RWH	East & North Hertfordshire NHS Trust	N/A	0.00	0.00	0.00	0.00	0.00	0.00	10.99	0.00					1.40
RQQ	Hinchingbrooke Health Care NHS Trust	N/A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00					0.00
RGQ	Ipswich Hospital NHS Trust	N/A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00					0.00
RGP	James Paget University Hospitals NHS Foundation Trust	N/A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00					0.00
RC9	Luton & Dunstable Hospital NHS Foundation Trust	N/A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00					0.00
RQ8	Mid Essex Hospital Services NHS Trust	N/A	0.00	0.00	0.00	6.40	0.00	0.00	0.00	0.00					0.81
RD8	Milton Keynes Hospital NHS Foundation Trust	N/A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00					0.00
RM1	Norfolk & Norwich University Hospitals NHS Foundation Trust	N/A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00					0.00
RGM	Papworth Hospital NHS Foundation Trust	N/A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00					0.00
RGN	Peterborough & Stamford Hospitals NHS Foundation Trust	N/A	0.00	0.00	0.00	6.02	0.00	0.00	0.00	0.00					0.76
RQW	Princess Alexandra Hospital NHS Trust	N/A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00					0.00
RAJ	Southend University Hospital NHS Foundation Trust	N/A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00					0.00
RCX	The Queen Elizabeth Hospital King's Lynn NHS Trust	N/A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00					0.00
RWG	West Hertfordshire Hospitals NHS Trust	N/A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00					0.00
RGR	West Suffolk Hospitals NHS Trust	N/A	0.00	0.00	0.00	0.00	8.73	0.00	0.00	0.00					1.11
	East of England Total	**N/A**	**0.35**	**0.00**	**0.00**	**0.68**	**1.02**	**0.70**	**1.02**	**0.35**					**0.52**
	England Total	**N/A**	**0.40**	**0.82**	**0.64**	**0.45**	**0.82**	**0.90**	**0.87**	**0.70**					**0.70**

MSSA BACTERAEMIA - POST 48 HRS



Hospital acquired MSSA by Division	YTD 2015-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD 2016-17
Cancer	0	0	0	0	0	0	0	0	0	0				0
Medicine	6	2	0	0	1	1	1	1	0	3				9
Surgical	5	1	1	0	1	0	0	1	1	0				5
Women & Children	2	0	0	1	0	0	0	0	0	0				1
MVCC	1	0	0	0	0	0	0	0	1	0				1
Grand Total	14	3	1	1	2	1	1	2	2	3				16

MSSA – PHE Benchmarking Data (November 2016)

Public Health England

MSSA

Count of all cases identified by acute trust per month

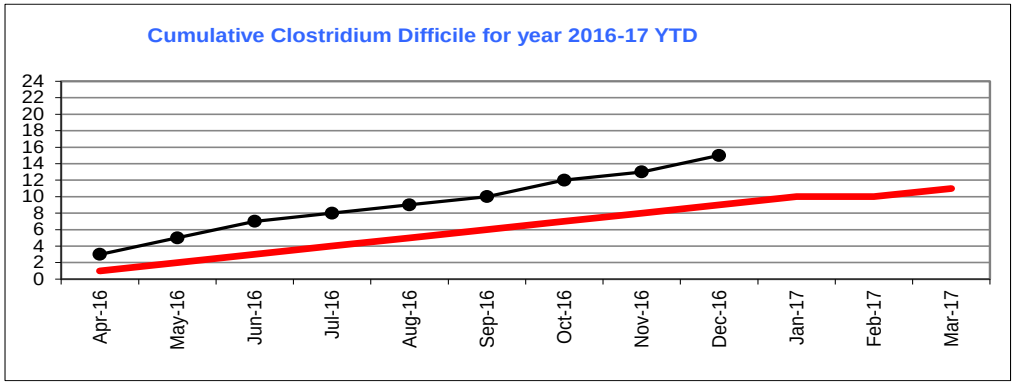
Trust Code	Acute Trust Name	Trajectory	2016									2017			Total
			April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	
RDD	Basildon & Thurrock University Hospitals NHS Foundation Trust	N/A	0	1	0	2	2	3	0	0					8
RC1	Bedford Hospitals NHS Trust	N/A	0	1	0	1	4	1	0	0					7
RGT	Cambridge University Hospitals NHS Foundation Trust	N/A	3	3	1	4	3	0	2	2					18
RDE	Colchester Hospitals University NHS Foundation Trust	N/A	2	3	1	0	0	3	0	1					10
RWH	East & North Hertfordshire NHS Trust	N/A	3	1	1	2	1	1	1*	2					12*
RQQ	Hinchingbrooke Health Care NHS Trust	N/A	1	1	3	1	1	0	1	0					8
RGQ	Ipswich Hospital NHS Trust	N/A	1	0	2	0	0	2	1	2					8
RGP	James Paget University Hospitals NHS Foundation Trust	N/A	1	1	0	2	1	0	2	3					10
RC9	Luton & Dunstable Hospital NHS Foundation Trust	N/A	0	0	2	0	3	4	1	1					11
RQ8	Mid Essex Hospital Services NHS Trust	N/A	2	1	1	0	1	0	0	2					7
RD8	Milton Keynes Hospital NHS Foundation Trust	N/A	2	0	1	1	2	1	3	0					10
RM1	Norfolk & Norwich University Hospitals NHS Foundation Trust	N/A	2	0	2	0	4	0	2	1					11
RGM	Papworth Hospital NHS Foundation Trust	N/A	0	1	0	1	0	0	1	1					4
RGN	Peterborough & Stamford Hospitals NHS Foundation Trust	N/A	1	0	2	1	1	0	0	2					7
RQW	Princess Alexandra Hospital NHS Trust	N/A	0	2	0	2	0	1	1	1					7
RAJ	Southend University Hospital NHS Foundation Trust	N/A	3	3	2	1	1	1	1	1					13
RCX	The Queen Elizabeth Hospital King's Lynn NHS Trust	N/A	0	2	1	0	1	2	0	0					6
RWG	West Hertfordshire Hospitals NHS Trust	N/A	1	1	1	2	1	1	2	1					10
RGR	West Suffolk Hospitals NHS Trust	N/A	0	1	0	0	1	1	0	1					4
	East of England Total	**N/A**	**22**	**22**	**20**	**20**	**27**	**21**	**18**	**21**					**171**
	England Total	**N/A**	**269**	**252**	**297**	**224**	**274**	**231**	**278**	**263**					**2088**

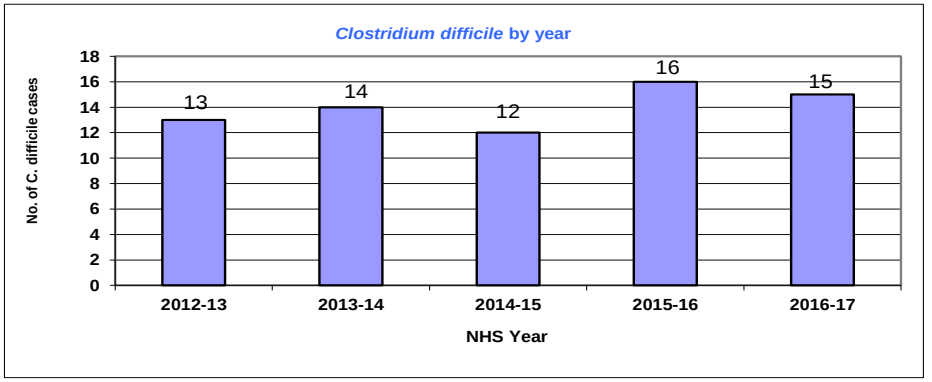
Monthly rate per 100,000 occupied bed days (acute trust apportioned cases only)

Trust Code	Acute Trust Name	Trajectory	2016									2017			Total
			April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	
RDD	Basildon & Thurrock University Hospitals NHS Foundation Trust	N/A	0.00	4.99	0.00	9.98	9.98	15.48	0.00	0.00					5.07
RC1	Bedford Hospitals NHS Trust	N/A	0.00	8.74	0.00	8.74	34.96	9.03	0.00	0.00					7.77
RGT	Cambridge University Hospitals NHS Foundation Trust	N/A	11.57	11.19	3.86	14.93	11.19	0.00	7.46	7.71					8.53
RDE	Colchester Hospitals University NHS Foundation Trust	N/A	12.61	18.30	6.30	0.00	0.00	18.91	0.00	6.30					7.75
RWH	East & North Hertfordshire NHS Trust	N/A	17.04	5.50	5.68	10.99	5.50	5.68	5.50*	11.36					8.38*
RQQ	Hinchingbrooke Health Care NHS Trust	N/A	18.39	17.80	55.18	17.80	17.80	0.00	17.80	0.00					18.09
RGQ	Ipswich Hospital NHS Trust	N/A	6.90	0.00	13.80	0.00	0.00	13.80	6.68	13.80					6.79
RGP	James Paget University Hospitals NHS Foundation Trust	N/A	9.26	8.96	0.00	17.92	8.96	0.00	17.92	27.78					11.38
RC9	Luton & Dunstable Hospital NHS Foundation Trust	N/A	0.00	0.00	11.68	0.00	16.95	23.35	5.65	5.84					7.90
RQ8	Mid Essex Hospital Services NHS Trust	N/A	13.22	6.40	6.61	0.00	6.40	0.00	0.00	13.22					5.69
RD8	Milton Keynes Hospital NHS Foundation Trust	N/A	14.73	0.00	7.36	7.13	14.25	7.36	21.38	0.00					9.05
RM1	Norfolk & Norwich University Hospitals NHS Foundation Trust	N/A	7.02	0.00	7.02	0.00	13.59	0.00	6.79	3.51					4.75
RGM	Papworth Hospital NHS Foundation Trust	N/A	0.00	18.21	0.00	18.21	0.00	0.00	18.21	18.81					9.25
RGN	Peterborough & Stamford Hospitals NHS Foundation Trust	N/A	6.22	0.00	12.43	6.02	6.02	0.00	0.00	12.43					5.35
RQW	Princess Alexandra Hospital NHS Trust	N/A	0.00	15.09	0.00	15.09	0.00	7.79	7.54	7.79					6.71
RAJ	Southend University Hospital NHS Foundation Trust	N/A	21.05	20.37	14.03	6.79	6.79	7.02	6.79	7.02					11.22
RCX	The Queen Elizabeth Hospital King's Lynn NHS Trust	N/A	0.00	16.71	8.63	0.00	8.36	17.27	0.00	0.00					6.37
RWG	West Hertfordshire Hospitals NHS Trust	N/A	5.38	5.21	5.38	10.42	5.21	5.38	10.42	5.38					6.62
RGR	West Suffolk Hospitals NHS Trust	N/A	0.00	8.73	0.00	0.00	8.73	9.03	0.00	9.03					4.44
	East of England Total	**N/A**	**7.73**	**7.48**	**7.03**	**6.80**	**9.18**	**7.38**	**6.12**	**7.38**					**7.39**
	England Total	**N/A**	**7.61**	**7.13**	**8.66**	**6.32**	**7.73**	**6.73**	**7.84**	**7.67**					**7.46**

* ENHT figures for October exclude 1 case which was omitted in error. The data will be updated to include this additional case.

CLOSTRIDIUM DIFFICILE – HOSPITAL ACQUIRED





Trajectory: Actual:

C-DIFF by Division

Division	YTD 2015-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD 2016-17
Cancer	0	0	0	0	0	0	0	0	0	0				0
Medicine	12	3	2	2	1	1	1	1	1	1				13
Surgical	4	0	0	0	0	0	0	1	0	1				2
Women & Children	0	0	0	0	0	0	0	0	0	0				0
Grand Total	16	3	2	2	1	1	1	2	1	2				15

The RCA for the December case in Medicine identified: 1. Delayed collection of stool specimen for appropriate investigation; 2. Inadequate documentation of review of patient with *C.diffiicile* disease. The review of the case in Surgery is pending.

Appeals against financial sanctions for 4 of the cases year to date have been formally upheld by the CCG. Further cases will be presented to the next Appeals Panel in January.

C.DIFFICILE – PHE Benchmarking Data (November 2016)

Public Health England

Clostridium difficile

Count of acute trust apportioned cases per month

Trust Code	Acute Trust Name	Trajectory	2016									2017			Total
			April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	
RDD	Basildon & Thurrock University Hospitals NHS Foundation Trust	31	0	2	2	6	4	6	4	0					24
RC1	Bedford Hospitals NHS Trust	10	1	1	2	0	1	1	1	2					9
RGT	Cambridge University Hospitals NHS Foundation Trust	49	3	1	3	8	4	3	6	4					32
RDE	Colchester Hospitals University NHS Foundation Trust	18	4	4	4	2	7	1	4	3					29
RWH	East & North Hertfordshire NHS Trust	11	3	2	2	1	1	1	2	1					13
RQQ	Hinchingbrooke Health Care NHS Trust	11	1	2	1	0	1	1	0	1					7
RGQ	Ipswich Hospital NHS Trust	18	1	7	2	1	0	2	4	3					20
RGP	James Paget University Hospitals NHS Foundation Trust	17	0	1	1	0	3	3	1	5					14
RC9	Luton & Dunstable Hospital NHS Foundation Trust	6	1	0	2	3	0	1	0	0					7
RQ8	Mid Essex Hospital Services NHS Trust	13	4	3	1	1	2	3	4	3					21
RD8	Milton Keynes Hospital NHS Foundation Trust	39	2	0	0	3	2	0	0	1					8
RM1	Norfolk & Norwich University Hospitals NHS Foundation Trust	49	4	2	4	6	4	4	3	2					29
RGM	Papworth Hospital NHS Foundation Trust	5	1	0	0	0	0	0	0	0					1
RGN	Peterborough & Stamford Hospitals NHS Foundation Trust	29	3	1	3	2	1	1	3	0					14
RQW	Princess Alexandra Hospital NHS Trust	10	2	0	2	2	2	2	1	0					11
RAJ	Southend University Hospital NHS Foundation Trust	30	0	0	1	1	3	3	2	2					12
RCX	The Queen Elizabeth Hospital King's Lynn NHS Trust	53	3	0	2	4	0	2	1	3					15
RWG	West Hertfordshire Hospitals NHS Trust	23	0	3	1	3	6	0	1	0					14
RGR	West Suffolk Hospitals NHS Trust	16	2	1	3	3	3	2	3	3					20
	East of England Total	**413**	**35**	**30**	**36**	**46**	**44**	**36**	**40**	**33**					**300**
	England Total	**4483**	**356**	**388**	**361**	**392**	**427**	**433**	**400**	**404**					**3161**

Monthly rate per 100,000 occupied bed days (acute trust apportioned cases only)

Trust Code	Acute Trust Name	Trajectory	2016									2017			Total
			April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	
RDD	Basildon & Thurrock University Hospitals NHS Foundation Trust	13.60	0.00	9.98	10.32	29.95	19.97	30.95	19.97	0.00					15.22
RC1	Bedford Hospitals NHS Trust	8.30	9.03	8.74	18.06	0.00	8.74	9.03	8.74	18.06					9.99
RGT	Cambridge University Hospitals NHS Foundation Trust	15.60	11.57	3.73	11.57	29.85	14.93	11.57	22.39	15.42					15.17
RDE	Colchester Hospitals University NHS Foundation Trust	9.10	25.22	24.40	25.22	12.20	42.70	6.30	24.40	18.91					22.48
RWH	East & North Hertfordshire NHS Trust	4.90	17.04	10.99	11.36	5.50	5.50	5.68	10.99	5.68					9.08
RQQ	Hinchingbrooke Health Care NHS Trust	15.60	18.39	35.60	18.39	0.00	17.80	18.39	0.00	18.39					15.83
RGQ	Ipswich Hospital NHS Trust	9.40	6.90	46.74	13.80	6.68	0.00	13.80	26.71	20.70					16.97
RGP	James Paget University Hospitals NHS Foundation Trust	13.10	0.00	8.96	9.26	0.00	26.88	27.78	8.96	46.29					15.94
RC9	Luton & Dunstable Hospital NHS Foundation Trust	3.10	5.84	0.00	11.68	16.95	0.00	5.84	0.00	0.00					5.02
RQ8	Mid Essex Hospital Services NHS Trust	7.30	26.44	19.19	6.61	6.40	12.79	19.83	25.59	19.83					17.07
RD8	Milton Keynes Hospital NHS Foundation Trust	25.80	14.73	0.00	0.00	21.38	14.25	0.00	0.00	7.36					7.24
RM1	Norfolk & Norwich University Hospitals NHS Foundation Trust	15.10	14.04	6.79	14.04	20.38	13.59	14.04	10.19	7.02					12.51
RGM	Papworth Hospital NHS Foundation Trust	7.00	18.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00					2.31
RGN	Peterborough & Stamford Hospitals NHS Foundation Trust	14.40	18.65	6.02	18.65	12.03	6.02	6.22	18.05	0.00					10.70
RQW	Princess Alexandra Hospital NHS Trust	6.50	15.59	0.00	15.59	15.09	15.09	15.59	7.54	0.00					10.54
RAJ	Southend University Hospital NHS Foundation Trust	17.30	0.00	0.00	7.02	6.79	20.37	21.05	13.58	14.03					10.35
RCX	The Queen Elizabeth Hospital King's Lynn NHS Trust	38.00	25.90	0.00	17.27	33.42	0.00	17.27	8.36	25.90					15.92
RWG	West Hertfordshire Hospitals NHS Trust	10.90	0.00	15.63	5.38	15.63	31.26	0.00	5.21	0.00					9.27
RGR	West Suffolk Hospitals NHS Trust	12.50	18.05	8.73	27.08	26.20	26.20	18.05	26.20	27.08					22.19
	East of England Total	**13.70**	**12.30**	**10.20**	**12.65**	**15.64**	**14.96**	**12.65**	**13.60**	**11.59**					**12.96**
	England Total	**13.13**	**10.07**	**10.98**	**10.52**	**11.06**	**12.05**	**12.62**	**11.28**	**11.78**					**11.29**

CARBAPENEMASE-PRODUCING ENTEROBACTERIACEAE

Carbapenems are a class of broad spectrum intravenous antibiotics which are reserved for serious infections or when other therapeutic options have failed. One of the most concerning groups of Carbapenem Resistant Enterobacteriaceae (CRE) are those organisms which carry a carbapenemase enzyme that breaks down carbapenem antibiotics. This type of organism is called Carbapenemase Producing Enterobacteriaceae (CPE) and is the type which spreads most easily and has caused most outbreaks worldwide. In accordance with PHE guidance, a screening programme was introduced in the Trust in June 2014 to identify patients at high risk of CPE carriage. Any such patients are then tested and isolated until confirmed negative.

An enhanced screening programme for the Renal patient population has been implemented as that patient group is in the highest risk category for CPE.

0 cases of CPE were identified during December.

Carbapenemase-Producing Enterobacteriaceae

Division	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD 2015-16
Cancer	0	0	0	0	0	0	0	0	0				0
Medicine	0	0	0	0	1	0	0	0	0				1
Surgical	0	0	0	1	0	0	0	0	0				1
Women & Children	0	0	0	0	0	0	0	0	0				0
MVCC	0	0	0	0	0	0	0	0	0				0
Grand Total	**0**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**				**2**

The above figures do not differentiate between Trust-associated and community-associated cases.

E.COLI BACTERAEMIA – POST 48 HRS

Hospital Acquired E.Coli by Division

Division	YTD 2015-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD 2015-16
Cancer	1	0	0	0	0	0	0	0	0	0				0
Medicine	17	1	1	1	1	1	1	1	1	2				10
Surgical	6	3	2	0	1	3	1	0	2	1				13
Women & Children	0	0	0	0	0	0	0	0	0	0				0
MVCC	0	1	0	0	0	0	1	0	0	0				2
Grand Total	**24**	**5**	**3**	**1**	**2**	**4**	**3**	**1**	**3**	**3**	**0**	**0**	**0**	**25**

E.COLI – PHE Benchmarking Data (November 2016)

Public Health England

Escherichia coli

Note: PHE figures for E.coli are not split between hospital-acquired and community-acquired cases

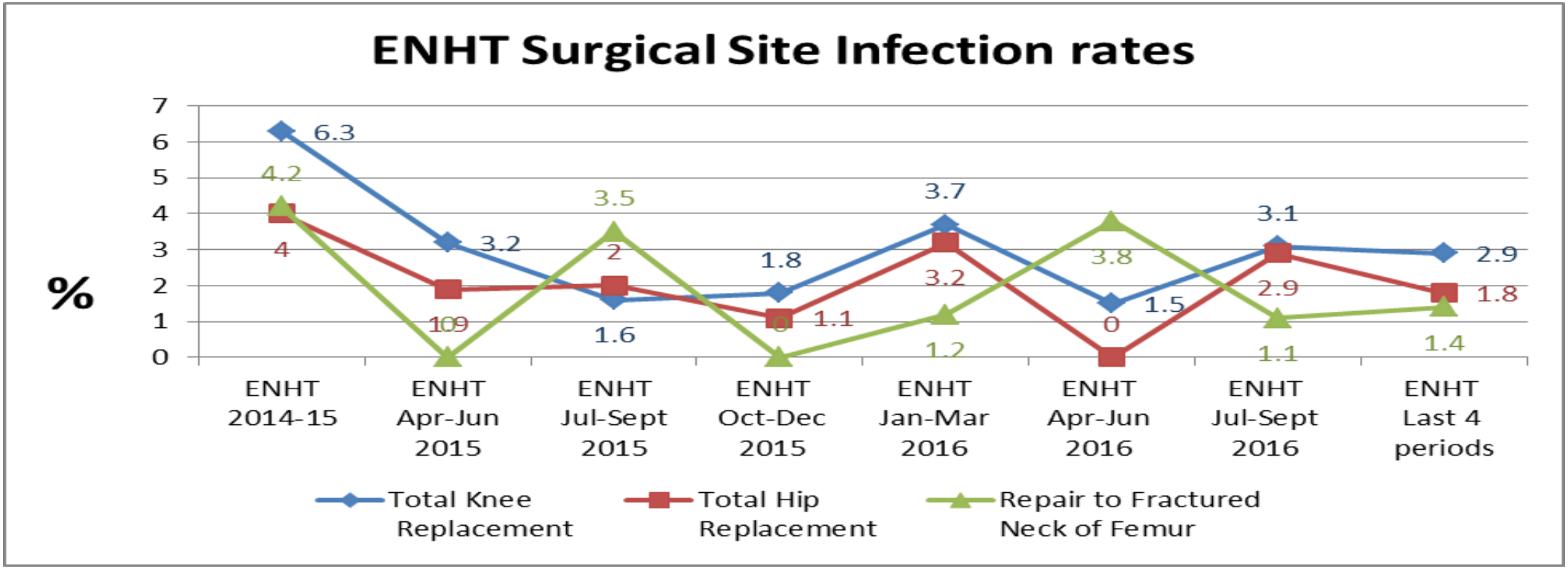
Trust Code	Acute Trust Name	Trajectory	2016									2017			Total
			April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	
RDD	Basildon & Thurrock University Hospitals NHS Foundation Trust	N/A	17	17	17	23	19	24	25	1					**143**
RC1	Bedford Hospitals NHS Trust	N/A	11	7	10	9	18	11	13	15					**94**
RGT	Cambridge University Hospitals NHS Foundation Trust	N/A	22	27	24	20	38	22	29	24					**206**
RDE	Colchester Hospitals University NHS Foundation Trust	N/A	20	29	25	24	31	31	31	17					**208**
RWH	East & North Hertfordshire NHS Trust	N/A	27	21	25	24	20	23	30	24					**194**
RQQ	Hinchingbrooke Health Care NHS Trust	N/A	9	9	9	11	15	5	10	14					**82**
RGQ	Ipswich Hospital NHS Trust	N/A	18	11	17	23	19	14	23	19					**144**
RGP	James Paget University Hospitals NHS Foundation Trust	N/A	13	21	15	18	16	19	24	16					**142**
RC9	Luton & Dunstable Hospital NHS Foundation Trust	N/A	19	18	17	18	18	15	12	17					**134**
RQ8	Mid Essex Hospital Services NHS Trust	N/A	21	15	23	16	24	16	17	15					**147**
RD8	Milton Keynes Hospital NHS Foundation Trust	N/A	16	12	17	20	21	14	21	20					**141**
RM1	Norfolk & Norwich University Hospitals NHS Foundation Trust	N/A	24	31	29	39	41	24	34	33					**255**
RGM	Papworth Hospital NHS Foundation Trust	N/A	0	1	0	2	2	0	2	2					**9**
RGN	Peterborough & Stamford Hospitals NHS Foundation Trust	N/A	15	15	10	17	18	14	17	20					**126**
RQW	Princess Alexandra Hospital NHS Trust	N/A	18	10	19	9	26	14	13	10					**119**
RAJ	Southend University Hospital NHS Foundation Trust	N/A	19	12	19	21	21	28	36	22					**178**
RCX	The Queen Elizabeth Hospital King's Lynn NHS Trust	N/A	14	11	21	24	16	21	20	15					**142**
RWG	West Hertfordshire Hospitals NHS Trust	N/A	11	14	14	24	15	17	15	19					**129**
RGR	West Suffolk Hospitals NHS Trust	N/A	9	8	14	15	21	26	15	16					**124**
	East of England Total	**N/A**	**303**	**289**	**325**	**357**	**399**	**338**	**387**	**319**					**2717**
	England Total	**N/A**	**3056**	**3366**	**3411**	**3643**	**3755**	**3466**	**3520**	**3239**					**27456**

Surgical Site Infection Rates

SSI figures over the last 4 periods (Oct 2015-Sept 2016) show an overall reduction in infection rates in all three categories monitored (Total Knee Replacement, Total Hip Replacement & Repair of Fractured Neck of Femur), compared to the 2014-15 figures. However, the Trust remains an outlier in Total Knee Replacement (TKR) and Total Hip Replacement (THR). The Surgical Site Infection Working Group is implementing the revised Surgical Site Infection Action Plan and is now using a national assessment toolkit.

Category	2011-16 National Benchmark	2014-15 ENHT *	No. infections / ops *	Jan-Mar 2016 ENHT	No. infections / ops	Apr-Jun 2016 ENHT	No. infections / ops	Jul-Sept 2016 ENHT	No. infections / ops	Last 4 Periods ENHT **	No. infections / ops **
Total Knee Replacement	**0.6%**	**6.3%**	5 / 80	**3.7%**	2 / 54	**1.5%**	1 / 66	**3.1%**	2 / 65	**2.9%**	6 / 241
Total Hip Replacement	**0.7%**	**4%**	4 / 101	**3.2%**	3 / 94	**0%**	0 / 94	**2.9%**	3 / 105	**1.8%**	6 / 377
Repair Fractured Neck of Femur	**1.3%**	**4.2%**	5 / 118	**1.2%**	1 / 81	**3.8%**	3 / 80	**1.1%**	1 / 87	**1.4%**	7 / 346

* Data was collected for 1 quarter only during 2014-15 (Oct-Dec 2014).
**The last 4 quarters for which data has been collected are considered the most useful for identifying trends, due to the comparatively small number of operations per quarter



High Impact Intervention Audit Scores

High Impact Interventions	YTD 2015-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD 2016-17	RAG rate (Month on Month)
Hand Hygiene	95.63%	95.81%	97.16%	97.98%	96.91%	97.10%	98.20%	97.49%	97.81%	94.30%				96.97%	▼
Surgical Site Observation	95.32%	95.85%	96.34%	96.31%	92.69%	89.71%	86.91%	89.34%	93.48%	95.86%				93.06%	▲
Intravascular Devices (Insertion)	95.05%	97.63%	97.49%	95.66%	97.11%	92.90%	90.45%	90.99%	90.85%	94.97%				94.17%	▲
Intravascular Devices (Continuing Care)	90.70%	94.66%	93.82%	89.12%	90.16%	87.91%	90.86%	90.75%	92.72%	94.20%				91.46%	▲
Urinary Catheter (Insertion)	94.96%	96.69%	97.93%	97.64%	93.16%	96.36%	97.17%	97.39%	93.38%	100.00%				96.59%	▲
Urinary Catheter (Continuing Care)	92.50%	96.88%	97.42%	97.12%	93.39%	92.86%	86.00%	91.53%	85.51%	93.44%				94.03%	▲
Renal Dialysis (Continuing Care)	98.33%	95.46%	98.69%	98.18%	98.38%	96.97%	96.98%	91.03%	89.29%	91.14%				96.56%	▲
Ventilator (Continuing Care)	99.33%	100.00%	100.00%	100.00%	100.00%	97.84%	97.64%	95.93%	95.06%	87.50%				97.04%	▼
Environment (Inpatients)	96.87%	98.13%	97.52%	97.39%	97.13%	97.18%	96.78%	95.87%	95.58%	94.84%				96.82%	▼
Environment (Outpatients)	96.82%	96.05%	97.95%	97.54%	96.81%	96.83%	97.24%	97.42%	96.70%	96.60%				97.01%	▼
Environment (Renal Dialysis)	91.58%	89.41%	86.33%	90.49%	90.56%	86.00%	87.65%	90.44%	90.34%	91.28%				89.03%	▲
MRSA Screening Compliance	91.61%	97.05%	95.63%	94.83%	93.09%	96.97%	97.21%	97.55%	99.86%	94.27%				96.37%	▼

Compliance scores are extracted from the Meridian database of Trust-wide fortnightly peer audits undertaken by nursing staff