












East and North Hertfordshire NHS Trust
Trust Board Part I
Trust Board Part I



Rooms 2.092 and 2.093, New QEII Hospital, Howlands, Welwyn Garden City, AL7 4HQ

30 November 2016 14:00 - 30 November 2016 15:15

AGENDA

| # | Description | Owner | Time |
|-----|--|--|------|
| 1 | Chair's Opening Remarks | Chair | |
| 2 | Declaration of Interests | | |
| 3 | <p>Questions from the Public</p> <p>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.</p> | | |
| 4 | Apologies for Absence: | | |
| 5 | <p>Minutes of Previous Meeting</p> <p>To approve the minutes of the meeting held in September 2016</p> <p> 05 Minutes meeting 280916.pdf 7</p> <p> 5(ii) Minutes meeting 261016.pdf 19</p> | Chair | |
| 6 | <p>Matters Arising and Actions Log</p> <p>For information</p> <p> 06 Pt I Draft Actions Log for November 2016.pdf 23</p> | Chair | |
| 6.1 | Discussion on enhanced pay | Chair/Director of Workforce and Organisation Development | |

| # | Description | Owner | Time |
|-------|---|------------------------------|-------|
| 7 | Annual Cycle For information  07 Board Annual Cycle 2016-17 revised new format.pdf 25 | Company Secretary | |
| 8 | Chief Executive's Report For discussion  8 Chief Executive's Report.pdf 29 | Chief Executive | |
| 9 | Finance and Performance | | 14.20 |
| 9.1 | Finance and Performance Committee report For discussion  9.1 FPC Report_to_Board_Nov 2016.pdf 41 | Chair of FPC | |
| 9.1.1 | Finance report For discussion  9.1.1 Finance Report Month 7.pdf 45 | Director of Finance | |
| 9.1.2 | Performance Report For discussion  .2 November Performance report for FPC (final).pdf | Chief Operating Officer | |
| 9.1.3 | Workforce Report For discussion.  9.1.3 Workforce Report.pdf 69 | Director of Workforce and OD | |
| 9.1.4 | Workforce self certification For approval  9.1.4 Workforce self-certification.pdf 77 | Director of Workforce and OD | |
| 10 | Risk and Quality | | 14:40 |
| 10.1 | Risk and Quality Committee report For discussion  10.1 Risk and Quality Committee Report.pdf 89 | Chair of RAQC | |

| # | Description | Owner | Time |
|------|---|--------------------------|-------------|
| 11 | Audit Committee Report For approvals  11 Audit Committee Report.pdf 95 | Chair of Audit Committee | |
| 12 | Data pack For information  12 Data Pack.pdf 109 | All Directors | |
| 13 | 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 |
| 13.1 | Commercial-in-confidence | | |
| 13.2 | Governance Matters | | |
| 13.3 | Personnel Matters | | |
| 14 | Date of next meeting: 2pm, Wednesday 25 January 2017, Hertford County Hospital, Hertford | | |

INDEX

| | |
|--|-----|
| 05 Minutes meeting 280916.pdf..... | 7 |
| 5(ii) Minutes meeting 261016.pdf..... | 19 |
| 06 Pt I Draft Actions Log for November 2016.pdf..... | 23 |
| 07 Board Annual Cycle 2016-17 revised new format.pdf..... | 25 |
| 8 Chief Executive's Report.pdf..... | 29 |
| 9.1 FPC Report_to_Board_Nov 2016.pdf..... | 41 |
| 9.1.1 Finance Report Month 7.pdf..... | 45 |
| 9.1.2 November Performance report for FPC (final).pdf..... | 61 |
| 9.1.3 Workforce Report.pdf..... | 69 |
| 9.1.4 Workforce self-certification.pdf..... | 77 |
| 10.1 Risk and Quality Committee Report.pdf..... | 89 |
| 11 Audit Committee Report.pdf..... | 95 |
| 12 Data Pack.pdf..... | 109 |

EAST AND NORTH HERTFORDSHIRE NHS TRUST**Minutes of the Trust Board meeting held in public on Wednesday
28 September 2016 at 2pm at the Lister Education Centre, Lister Hospital**

| | | |
|------------------------|-----------------------------|--|
| Present: | Mrs Alison Bexfield (Chair) | Non-Executive Director, Trust Vice Chair |
| | Mr Nick Carver | Chief Executive |
| | Mr John Gilham | Non-Executive Director |
| | Ms Jane McCue | Medical Director |
| | Mr Julian Nicholls | Non-Executive Director |
| | Mr Bob Niven | Non-Executive Director |
| | Ms Bernie Bluhm | Interim Chief Operating Officer |
| | Mr Brian Steven | Interim Director of Finance |
| From the Trust: | Ms Val Moore | Non-Executive Director |
| | Ms Jude Archer | Company Secretary |
| | Mr Stephen Posey | Deputy Chief Executive |
| | Ms Liz Lees | Deputy Director of Nursing (deputising for Angela Thompson, Director of Nursing) |
| | Mr Vijay Patel | Non-Executive Director Designate |
| | Mr Tom Simons | Director of Workforce and Organisation Development |
| | Mrs Christine Cowley | Board Committee Secretary |
| | Ms Joanne Burnham | Head of Charity (Item 13) |
| In attendance: | Ms Anne Wells | RCN (Item 3) |
| | Ms Tracey Lambert | Unison Representative (Item 3) |
| | Ms Heather Eustace | Unison Representative (Item 3) |
| | Mr Alex Wilkinson | NHS (Item 3) |
| | Ms Fiona Bryant | Senior Manager, TPP observing |

ACTION**16/209 CHAIR'S OPENING REMARKS**

The Chair welcomed everyone to the meeting and announced that since the Trust had no loud speaker system, guests and Board members alike would need to speak up. She reminded everyone that visitors were welcome to attend Part I of Trust Board but that Part II would be held in private session. Ms Val Moore, Non-Executive Director, and Bernie Bluhm, Interim Chief Operating Officer were welcomed to their first Trust Board meeting.

16/210 DECLARATIONS OF INTEREST

The Chair made a declaration of interest within the finance report, item 10.1.1, since this made reference to reclamation of VAT from HMRC. The Chair confirmed she was employed by HMRC.

16/211 QUESTIONS FROM THE PUBLIC

16/211.1 The Chair confirmed the Trust had received five questions from the public in advance of the meeting. She requested the Board member answering the question to read first the question before providing the response. She added that each of the questions were concerning a common theme and once all questions had been responded to, the CEO would summarise the Trust's viewpoint, followed by a response from herself on behalf of the Board.

16/211.2 The Director of Workforce, Deputy Chief Executive and Deputy Director of Nursing provided responses to questions concerning the Trust's

proposal to implement a pilot scheme to encourage agency workers back into substantive employment (see attached as Appendix 1).

Ms Jane McCue left the meeting at 1404 hours and returned at 1411 hours.

- 16/211.3 The Chief Executive provided a response on behalf of the Trust. He reminded the Board of the positive relationship that existed between Staffside and the Trust, the benefits of which were most notable around significant change proposals for Our Changing Hospitals which consolidated in 2014. He assured the meeting that relationship was rated very highly; the Trust would continue its commitment with stakeholders.
- 16/211.4 The Chair advised on behalf of the Board, very careful deliberation had been taken throughout discussions concerning the pension scheme proposal offered to staff. It had considered very carefully the advice provided and options available to ensure that sufficient information and guidance was provided for people to make decisions for themselves.
- 16/211.5 The Director of Workforce and Organisation Development reiterated the CEO's comment that the Trust had a very good track record over many years of working alongside Staffside; he was very keen to work through the proposal with them and he looked forward to further discussions at a meeting scheduled to take place the following week.
- 16/211.6 The Chair thanked the public for submitting its questions and confirmed Staffside would have a further opportunity to obtain the assurance it sought at the meeting scheduled to take place with the Director of Workforce.

16/212 APOLOGIES FOR ABSENCE

Apologies for absence were received from Mrs Ellen Schroder, Chair of Trust Board, and Mrs Angela Thompson, Director of Nursing.

16/213 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 27 July 2016 were considered and approved as an accurate record of the meeting.

16/214 ACTIONS LOG

The Board noted the actions log. The Director of Workforce and OD suggested the action to provide a report on Medical Staffing be addressed earlier than November, at RAQC in October. The Board supported this proposal. The log would be updated accordingly.

JA

16/215 ANNUAL CYCLE

The Board noted the Annual Cycle.

16/216 CHIEF EXECUTIVE'S REPORT

- 16/216.1 The Chief Executive updated the Board on a number of Director and Non-Executive Director appointments, welcoming Val Moore and Bernie Bluhm to their first Trust Board meeting. He confirmed Martin Armstrong would become the Trust's new Director of Finance on 31 October 2016 and an announcement relating to the Director of Strategy would be made in the next couple of days. Subject to satisfactory references an announcement would also be made in relation to the Chief Operating

Officer position.

- 16/216.2 The Chief Executive reminded the Board that this meeting would be the last formal Board attended by the Deputy CEO; he congratulated him on his appointment as CEO at Papworth Hospital, Cambridge, and thanked him for the huge contribution he'd made since becoming Director of Strategic Development.
- 16/216.3 The Chief Executive provided an update on the Sustainability and Transformation Plan (STP) for Hertfordshire and West Essex. The STP would provide opportunities to work in partnership to develop collaborative solutions across the Trust, Princess Alexandra Harlow and West Hertfordshire Hospitals Trust.
- 16/216.4 The Board noted the Trust had received an unannounced visit by the Care Quality Commission (CQC) to the Emergency Department and Bluebell Ward on 17 May. The CEO was pleased to advise verbal feedback received and the now published report confirmed that substantial, sustained improvements were demonstrated in both areas. CQC also confirmed under the new inspection regime that the Trust could expect to receive approximately four unannounced visits each year covering different areas.
- 16/216.5 The CEO was pleased to announce that the planned Junior Doctors Industrial Action had been cancelled.
- 16/216.6 The Board also noted the following:
- The Trust held its Celebration of Excellence Staff Awards on 23 September;
 - The Trust's Medical Education Poster Awards had taken place for the fourth year running; posters were displayed in the Lister Education Centre;
 - The Plenty to be Proud of Week commenced 26-30 September to celebrate the commitment and achievements of the Trust;
 - Chief Executive road shows continued providing staff with an update on performance, finance and patient feedback;
 - The Trust had received a National Rheumatoid Arthritis Society (NRAS) award. An awards ceremony would be held at the House of Commons and presented by the NRAS patron, the Prime Minister, the Rt Hon Teresa May;
 - UCL Medical School Quality Assurance Unit 'Top Teacher' awards had been awarded to two members of staff;
 - The Trust had been selected as a finalist in the Quality in Care Diabetes 2016 awards presentation on 13 October;
 - The Executive Committee Summary Report to Board covering performance/projects and the floodlight scorecard.
- 16/216.7 The Trust Board was delighted to sign up to the Hertfordshire Compact scheme with the voluntary and community sector to continue to develop a range of vital partnerships and services to support patients and citizens across the County.
- 16/216.8 The Trust Board congratulated all those staff who had received awards at the recent Celebration of Excellence awards ceremony acknowledging there was plenty for the Trust to be proud of. It congratulated the Trust on the range of programmes undertaken to celebrate staff commitment and achievements and commended the Chief Executive road show initiative.

- 16/216.9 Ms Moore queried whether any scheduled operations had been cancelled as a result of the planned industrial action by Junior Doctors. The CEO replied that the dispute had been called off just in time; the Trust had learned from previous experience and approached the threat of industrial action with caution.
- 16/216.10 Mr Niven queried the new Trust appointments and whether there had been any changes to portfolios. The Chief Executive confirmed there had been changes which he would be pleased to discuss off line since these had not been discussed with individuals.

STRATEGIC ISSUES

16/217 Mortality Report

- 16/217.1 The Medical Director presented Trust Board with an update on mortality; it had previously been considered by the Trust's Risk and Quality Committee and the Clinical Governance Committee. The Medical Director regarded this report as very promising; the best mortality report that she had presented since April 2012:
- Crude mortality was 1.66% for the latest rolling year (September's position to date was very low);
 - Overall HSMR performance was good (the Trust's overall position for the latest rolling year was 8th out of 17 Trusts in East of England);
 - SHMI had reduced to 106.2 with a marked improvement in the Trust's relative position nationally;
 - Numerous mortality improvement initiatives were in progress;
 - A review of the mortality process had been refreshed and good progress made to achieve 95% target completion rate for year end;
 - Regular monitoring of mortality at Divisional Executive Committee, RAQC, Board, CCG and NHS Improvement;
 - Regular joint meetings held with ENH CCG and NHSI to improve mortality rates.
- 16/217.2 The Medical Director highlighted work undertaken by the Acute Chest Team, continued development of stroke services and extension of the Trust's care bundles either standalone or as part of an integrated care plan.
- 16/217.3 The Board was very pleased by the report overall. An area of concern were the significant long-standing coding issues facing the Trust which the Medical Director confirmed were being addressed via a coding improvement plan. Mrs Bexfield suggested that as the Trust was 8th out of 17 Trusts and not yet in the upper quartile, perhaps it should be aiming higher. The Medical Director confirmed that the East of England was a highly performing region; West Herts performance was better in terms of HSMR, however Bedford and the Luton and Dunstable Hospitals' performance was not. The Trust was not being complacent; it was on an improving trend and the Medical Director had every confidence further progress would be made. One of the main strategic objectives was the reduction in avoidable mortality; the mortality review process and the systematic analysis of a very high proportion of patients would become 'business as usual'.

FINANCE AND PERFORMANCE

16/218 Finance and Performance Committee's Report

- 16/218.1 Mr Nicholls, Chair of FPC, presented the Committee's report following its meeting on 21 September 2016 covering key outcomes/discussions relating to the Trusts financial, performance and workforce positions. The FPC had briefly discussed the Trust's latest mortality achievements and divisional income and expenditure analysis. The FPC noted that whilst CIP performance was good (99%), greater levels of delivery were assumed in the second half of the year. Since there was a shortfall in the total CIP target for the year, this was an area the Committee would monitor closely. Divisional expenditure control was a further key area the Committee would monitor.
- 16/218.2 Mr Nicholls highlighted an over-performance in both income and activity which was being investigated jointly with the CCG and also an issue where the Trust appeared to have wrongly reclaimed VAT; this was being resolved with HMRC and had been referred to Audit Committee. There was an underlying issue as to how this problem arose, whether through the NHS Shared Business Services, Deloitte or internally and why it was not recognised.
- 16/218.3 The Committee had received an update on current levels of Capital Investment Loans, Working Capital Loans and anticipated further requirements noting the intention to seek further capital loan funding and the impact on future capital availability if surpluses could not be generated to meet loan repayments.
- 16/218.4 Within performance, the Committee was pleased to learn the Trust continued to deliver the 18-week national standard for RTT and stroke performance delivered 91% for four hours direct admission to a stroke unit; this was the first time the stroke unit had achieved the four hour target.
- 16/218.5 The FPC had received its monthly workforce report. Key areas of focus during the month included significant challenges to the qualified nursing recruitment pipeline, a reduction in temporary staffing and the development of leadership/coaching.
- 16/218.6 The Committee had approved expenditure of £25k relating to a new company subsidiary proposal and was pleased to note considerable improvement within coding. Further key updates were provided on Procurement, the Lord Carter efficiency review and Lorenzo which was on a tight timescale for implementation by June 2017. The FPC had requested assurance on governance arrangements for the electronic observations project (cost £750k).

16/219 Finance Report

- 16/219.1 Mrs Bexfield introduced the finance report which had been presented at FPC. She explained it was a very good report explaining issues well and invited Board members to ask questions directly. Mr Niven asked the Interim Director of Finance what he anticipated the year-end CIP percentage to be. The Interim Director of Finance replied that targets set at the beginning of the year were ambitious; the Trust was seeking new ideas to realise its savings targets however the level of complexity was increasing and whilst initial work was under way he could not forecast a year end percentage.
- 16/219.2 Mr Gilham had a question on income in relation to CIP performance suggesting a bigger risk to the Trust could materialise since income was incorporated within the CIP programme. The Interim Director of Finance

assured the Board a joint audit was being undertaken with the CCG since activity and income did not appear to be aligned. The results of the audit were inconclusive as to whether the increase was due to a national move to ICD10 version 5 or the Grouper software. The Trust would aim to validate this audit to strengthen funding; in addition there was an affordability challenge to the CCG for that level of over-performance.

- 16/219.3 Mrs Bexfield reminded Board a number of actions were agreed at FPC to further refine the year-end forecast which would be discussed in Board Part II.

16/220 Performance Report

- 16/220.1 The Interim Chief Operating Officer presented the monthly performance report which had also been discussed at FPC in September. The Interim COO praised the tremendous effort of the stroke and RTT teams in delivering such good performances. She continued that the RTT team was seeking to improve its position further by working with those specialties who were not delivering their target; this would support the overall position. A detailed recovery plan was submitted to Commissioners and the NHSI to ensure progress continued; however delivering consistently over 92% was a real credit to the team who were challenged by pressures in the Emergency Department.
- 16/220.2 The Board noted July's finalised position of the 62-day urgent referral to treatment standard (77% achieved in July) supporting resubmission of a comprehensive action plan to NHSI following agreement with the CCG. The Interim COO felt this improvement was as a result of actions and interventions beginning to impact positively on the service. Feedback following the review by the Strategic Cancer Network on 14 September had been positive identifying strong clinical engagement. The anticipated time line for delivery of the RTT trajectory was January 2017.
- 16/220.3 The Interim COO highlighted the most significant performance challenge related to the 4-hour ED standard and, taken in context with the wider, national picture, the Trust was in a very similar position to other Trusts across the country. The Trust had delivered the STF improvement trajectory (84.66%) despite very challenging pressures on its workforce model. The Trust was doing all it could to mitigate and keep patients safe but these pressures had impacted on delivery of the 4-hour target. A number of actions had been undertaken to ensure delivery of the ED target in September such as launch of a pilot across six wards of the 'Red and Green Days' programme successfully adopted by other organisations to improve patient flow and release capacity. In addition the clinical team from the Emergency Care Improvement Programme (ECIP) confirmed their attendance on 30 September with a view to assisting the Trust in reviewing some of the clinical pathways.
- 16/220.4 Mr Niven asked what impact on ED performance the Interim COO anticipated following launch of the red and green days programme. The Interim COO assured the Board following an initial trial, 60-70 more patients were discharged; beds were becoming available earlier in the day; the department had seen an increase in daily discharges and delays to discharges. The Interim COO was also confident that ED culture was changing; there was a significant appetite for minimising breaches and each small step would assist future performance. The CEO commented that the Trust was very fortunate in having an Interim COO who was very experienced in ED issues.

1456 hours Mr Nicholls temporarily left the meeting

16/221 Workforce Report

- 16/221.1 The Director of Workforce and Organisation Development presented the monthly workforce report which had also been discussed at FPC. July and August had been particularly challenging in relation to permanent recruitment and the numbers of pre-placement health clearances. The Trust had seen a reduction in agency expenditure mainly due to overstating spend in previous months but also due to agency unit costs continuing to fall. September was anticipated to be a more positive month due to introduction of a number of key initiatives such as direct engagement with Filipino agencies. The Trust had also launched its Enhance campaign considering alternative pension options, directed at bands 5 and 6 nursing staff; this was only the second week the campaign had been running and it was too early to ascertain whether it would prove successful. The Director of Workforce also highlighted results of the Quarter 1 staff Friends and Family Test published in August, the best since the test commenced in April 2013, indicating a marked improvement compared to the national acute Trust average.
- 16/221.2 Ms Moore queried whether staff were trained as per NICE Guidance in relation to sickness management since there was strong evidence that good practice would ensure the right support was available to help someone on sickness absence return to work as soon as they were able. The Director of Workforce assured the Board a number of initiatives had been implemented to address sickness management such as Absence Assist and the ERAS team, as well as the Health at Work service.
- 16/221.3 Mr Niven queried whether the Director of Workforce anticipated any difficulties with implementation of the new national contracts proposed for junior doctors. The Director of Workforce assured the Board work was being undertaken to ensure local requirements for public sector equality duties under the Equality Act were fulfilled ahead of the contract being introduced in December 2016 and he anticipated no difficulties in this regard.

RISK AND QUALITY

16/222 Risk and Quality Committee Report

- 16/222.1 Mr Gilham, Chair of RAQC, presented the monthly executive summary report following its meeting in September. Key points specifically highlighted to the Board included a discussion on strategic risk (following findings of the Committee's annual review which concluded further work could be done); an update on estates risks and incidents at Mount Vernon Cancer Centre (significant investment would be needed to address the backlog of maintenance required due to the age of the site); an excellent mortality report for which the Medical Director was to be congratulated.
- 16/222.2 The Board felt this was a good report clearly summarising discussions. Mrs Bexfield supported that strategic risk would be a standing item on RAQC agendas from November since it was important that the Trust monitored whether risk was increasing or decreasing. Mr Gilham and the Company Secretary would discuss models available to manage risks effectively and efficiently.

JA/JG

AUDIT COMMITTEE

16/223

Audit Committee Report

- 16/223.1 Mrs Bexfield, Chair of Audit Committee (AC), presented the Committee's report following its meeting in August. Subject to minor amendments, the AC had approved the annual review of the Trust's Standing Financial Instructions (SFI's) and Standing Financial Orders (SFO's) prior to final review at Trust Board. The Company Secretary confirmed the Finance Team had established a number of mechanisms to continue to improve the control environment and ensure staff were made aware of their responsibilities. These were reported to FPC in September 2016. Finance had also developed a newsletter for budget holders highlighting key issues aimed to ensure their understanding of the key sections relevant to them and potential consequences should they not be followed. Mrs Bexfield felt that the document was very 'turgid' stressing the importance of ensuring those who read it understood it. In this regard, the Interim Director of Finance explained the newsletter had been passed to the Communications Team to ensure it was understandable. Mr Gilham pointed out the Board's duty to make certain the Trust lived within its SFI's. The Board unanimously approved the review of SFI's and SFO's.
- 16/223.2 Ms Moore requested clarity of Declaration of Interests forms. Mrs Bexfield explained these needed to be updated by Board members annually and members were compelled to declare interests in agenda items at the beginning of each meeting. Ms Moore assured the Board she had no declaration to be made in any of the items on the Board agenda.
- 16/223.3 The Board noted the External Auditors Annual Audit Letter (AAL) summarising the key issues arising from work undertaken in respect of the financial year ended 2015/16, intended to communicate key findings identified to key external stakeholders and members of the public. The AAL would be published on the website of Public Sector Audit Appointments Limited.

The Board reconvened as the Charity Trustee

CHARITY TRUSTEE COMMITTEE

16/224

Charity Trustee Committee Report and Annual Review

- 16/224.1 The Head of Charity was welcomed to the meeting. Mr Niven, Chair of CTC, presented the Committee's report following its meeting in September. The CTC had approved bids for funding a Macmillan Education Project and the Butterfly Project. The Committee had also agreed it was comfortable ethically that the Trust's lottery should continue however it would review whether it remained worthwhile financially. The CTC had received updates from the Women's and Children's Division and the Clinical Support Services on management of their respective funds. The CTC noted following a benchmarking exercise undertaken by the Association of NHS Hospital Charities, the average expenditure against raising funds was 30% illustrating the Trust was not an outlier when benchmarked against other hospital charities, however the Charity remained committed to reducing this to a minimum. Finally, following transfer of ownership of the Trust's investment advisers, the Committee was encouraged by initial positive growth in investments.

- 16/224.2 The Director of Workforce was interested in the number of requests for Charity funding being submitted. Mr Niven advised of a number of proposals that were signed off at a lower level of approval which information he could provide off line.
- 16/224.3 Mr Gilham was pleased to note the Butterfly Project (discussed at Patient Experience Committee) would continue. Mr Niven advised this project would be one of the Charity's priority schemes for fund raising.
- 16/224.4 Mr Patel queried risk management in relation to Charity investments should initial growth diminish. The Deputy CEO suggested the guidance provided to the Trust's new investment advisers be shared with the Board. Mr Niven felt this was a good idea; the report would be made available to all Board members.
- 16/224.5 The Board approved the CTC Annual Review 2015/16 and revised Terms of Reference.

JA

16/225 Charity Strategy 2016/17

- 16/225.1 The Head of Charity presented the revised Charity Strategy 2016/17 approved by CTC in September. The strategy had been reviewed to ensure it was more public-facing and the four key performance indicators (KPI's) included a commitment to fundraising £1.2million and expenditure of £1.2million. Two further KPI's were to keep charitable overhead expenditure to a minimum and to improve charity management information.
- 16/225.2 The Head of Charity was pleased to report that the fundraising team was now fully staffed and plans were underway to ensure greater visibility of the Trust's charity both within the Trust and the local community. There was more to learn from other NHS Hospital Charities across the country such as Great Ormond Street and she was confident there were structures and plans in place with all fundraisers to ensure delivery of the £1.2million target.
- 16/225.3 The Board unanimously supported and approved the Charity Strategy 2016/17.

16/226 DATA PACK

The Board noted the Data Pack.

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

Alison Bexfield
Trust Vice Chair

November 2016

Appendix 1

Part 1 Trust Board Minutes 28.09.16

Questions from Heather Eustace - Unison Representative

- 1. Did the Trust consider that the decision to offer a cash-for-pensions deal could trigger similar schemes being introduced elsewhere in the NHS, which if done on a widespread scale could have serious implications on the long term viability of the NHS pension scheme.*

Response:

The Trust does not view its proposal as a 'cash for pensions' scheme. The Trust has launched a pilot scheme to encourage agency workers back into substantive NHS employment by offering a range of benefits, including flexible working and the option for eligible staff to opt out of the NHS pension scheme and receive what would have been the Trust's employer contributions to the pension scheme.

Many of those who work only for agencies currently are not active members of a pension scheme and wish for more flexibility in terms of reward. The Trust therefore does not consider that its proposal is likely to have a material impact on the long-term viability of the NHS pension scheme as the staff who take advantage of the proposal are likely to be individuals who are not a member of the NHS Pension scheme.

The Trust did consider whether its proposals could have implications for neighbouring NHS Trusts and actively briefed local providers in advance of launching the recruitment campaign. The decision on whether to explore this type of initiative is one for consideration by NHS boards in each individual provider.

- 2. How many staff do the Trust intend to recruit using the cash-for-pensions scheme? Will the Trust commit to closing the scheme once this target is reached.*

Response:

The Trust does not intend to close the scheme once a set number of staff are recruited. Its intention is to attract high quality candidates to fill existing vacancies on an on-going basis. The Trust has committed to evaluating the pilot scheme informally at six months to assess its impact and then more formally at 12 months.

Questions from Tracey Lambert – Unison Representative

- 1. The staff side organisations are concerned that the Trust have acted outside of the NHS Constitution and the agreed partnership working arrangements by failing to engage and consult with the trade unions with regards to the recently announced pension proposals. It is apparent that these detailed proposals have taken some considerable time to reach a conclusion. By refusing to engage with the trade unions it has set a dangerous precedent. Further despite a request to amend a recent email to staff where it refers to working with the trade unions on these proposals this is not the case and is misleading. The staff side unions are requesting the Trust suspend these proposals and engage with the unions as a matter of urgency.*

Response:

The major elements of this scheme are well known to the unions since Oxleas NHS Trust ran a similar pilot last year. The national unions' views on this type of scheme are a matter of public record and they are opposed to this type of initiative. Despite this being the case, the Trust did brief and discuss the scheme with both the chief executive of the RCN (Janet Davies) and General Secretary of Unison, David Prentice. Regional full-time officers were also briefed, as were the local staff side (which included both the Staff Side Exec and the wider Staff Side group). The initiative was also discussed at the Trust Partnership on 2nd September 2016. All of these meetings and discussions happened in advance of the scheme's launch on 12th September 2016.

In addition, the Trust has been working closely with the unions for some considerable time in relation to both recruitment and retention issues in the organisation. The national unions have been made aware of the challenges the Trust has been facing in recruiting and have been involved actively in helping the Trust to solve them.

The Trust had reached a position where the Board believed we needed to do more to try and reduce the reliance on temporary workers and reduce the stress understaffing causes to staff and the potential risks posed to patient safety. Options suggested by unions of closing wards, thus risking patient care, or simply paying a recruitment and retention premium to all existing band five and six agency staff (which would cost circa £2.4 million prior to the recruitment of any additional nursing staff) were not realistic actions that could be followed.

Both Unison and the RCN have raised concerns about the wording of a communication which was sent out on 12th September 2016, which was used to explain the purpose of the pilot. The Trust now recognises the sensitivities that the unions have about using of the phrase '*working with*' and has agreed to remove this phrase in any future communications.

The Board director leading negotiations with the unions is the Trust's director of workforce and organisational development; he is due to meet with the unions next week on 4th October 2016. An earlier date was explored, but this was the best date to suit everyone's availability.

The Trust does not intend to suspend these proposals at this stage.

Questions from Anne Wells – RCN Representative

- 1. What consideration did the Trust give to the risk that to offer a cash-for-pensions deal could trigger similar schemes being introduced elsewhere in the NHS, which if done on a widespread scale could have serious implications on the long-term viability on the NHS Pension Scheme as well as the AFC pay structure?*

Response:

The Trust does not view its proposal as a '*cash for pensions*' scheme. The Trust did consider whether these proposals could have implications for neighbouring NHS Trusts and briefed local providers actively in advance of launching the recruitment campaign. The decision on whether to explore this type of initiative is one for consideration by NHS boards in each individual provider.

The Trust does not consider that this scheme is likely to have a material impact on the NHS Pension Scheme as it is targeted at bringing agency workers back into NHS employment. The scheme is intended to provide Trust employee's with choice and flexibility - it is not intended to take away from the Agenda for Change pay structure or any other benefit which a member of staff may be entitled to.

2. How confident is the Trust that their cash-for-pensions offer does not represent an unlawful inducement to leave the NHS Pension Scheme and is therefore not a breach of auto enrolment legislation? If the Trust has taken legal advice on this matter can this advice be shared with the trade unions? And if not why not?

Response:

Again, the Trust does not recognise the scheme as being a 'cash for pensions' offer. All staff will be auto-enrolled into the NHS pension scheme and eligible staff will be able to choose to participate in the initiative on a pilot basis. Those who do choose to participate will be re-enrolled every 12 months so that they have to make the decision consciously to continue to opt out of the NHS pension.

The Trust has taken legal advice and considers its offer to be lawful and within the spirit of the regulations. The Trust understands that the pension regulator was satisfied that a similar scheme, run by Oxleas NHS Foundation Trust, was found to be legal by the regulator.

EAST AND NORTH HERTFORDSHIRE NHS TRUST**Minutes of the Trust Board meeting held in private (prior to a Board Development Session)
on Wednesday 26 October 2016 at 2pm at Hertford County Hospital, North Road, Hertford**

| | | |
|------------------------|--------------------|--|
| Present: | Mrs Ellen Schroder | Chair of the Trust Board |
| | Mr Nick Carver | Chief Executive |
| | Mr John Gilham | Non-Executive Director |
| | Mr Julian Nicholls | Non-Executive Director |
| | Ms Alison Bexfield | Non-Executive Director |
| | Ms Val Moore | Non-Executive Director |
| From the Trust: | Ms Jude Archer | Company Secretary |
| | Mr Vijay Patel | Non-Executive Director Designate |
| | Mr Stephen Posey | Deputy Chief Executive |
| | Ms Angela Thompson | Director of Nursing |
| | Mr Tom Simons | Director of Workforce and Organisational Development |
| | Mr Brian Steven | Interim Director of Finance |
| | Mrs Sarah Brierley | Director of Business Development and Partnership |
| | Ms Jane McCue | Medical Director |
| | Mrs Bernie Bluhm | Interim Chief Operating Officer |

ACTION**16/241 CHAIR'S OPENING REMARKS**

16/241.1 The Chair welcomed everyone to the meeting, reminding them the new format of the Board and Board Development sessions was experimental. The full Board meeting would be held on alternate months and although the intervening month would be a Board Development session, the reports to Board from the Risk and Quality Committee (RAQC) and the Finance and Performance Committee (FPC) would continue to be considered in the first part of that meeting to ensure the Board continued to be sighted on any key or escalated issues. The Chair recommended the new format run for a year and is then re-evaluated. The Chair assured the Board members, particularly Non-Executive Directors that if they felt they were not being kept up to speed with developments, there could be a return to the previous format.

16/241.2 Mr Carver acknowledged the cross-over between RAQC and FPC in a number of areas this month.

16/242 APOLOGIES FOR ABSENCE

16/242.1 Apologies for absence were received from Mr Bob Niven, Non-Executive Director.

16/243 DECLARATIONS OF INTEREST

6/243.1 There were no declarations of interest.

16/244 RISK AND QUALITY COMMITTEE'S REPORT

16.244.1 Mr Gilham (Chair of the Risk and Quality Committee) presented the Committee's report to Board. It was acknowledged that he had been unable to attend the meeting this month. The Committee received a report which detailed a plan to address issues regarding

medical recruitment. The report highlighted the cost to the Trust of employing temporary staff to cover vacancies was significant and the medical staffing establishment had increased by 41 to circa 800. The current number of medical staffing vacancies was 82.8 WTE. The overall expenditure on staff to cover vacancies for the year was £7.5m which was 74% of the overall medical temporary staffing expenditure.

- 16/244.2 There was a call to move away from current agency usage and the report outlined a number of actions attracting candidates in the short and medium term, a focus on retention and relocation support. The goal was to reduce the vacancies from 82.8 to 28 within the next 12 months. Benefits would be a c£1.5m saving, minus recruitment and retention costs and project resource. The predicted saving for delivery in 2016/17 was c£367K. It was confirmed that there is a high-level focus on delivery and greater clarity on vacancies.
- 16.244.3 Mrs Schroder, Trust Chair, noted this was a great paper and requested a progress update in 3 or 6 months, to ensure the Trust was hitting key areas. It was confirmed that this would be reported through RAQC.
- 16.244.4 The Committee received a report regarding the current position in relation to breaches of the 52 week standard and the remedial actions being taken to mitigate the impact on patients. Mrs Schroder asked if the outcome code was being correctly applied. The Interim Chief Operating Officer confirmed that a comprehensive review was in progress and those reviewed to date had come to no harm. It was reiterated that the correct outcome code be applied.
- 16.244.5 The Interim Chief Operating Officer stated that lots of additional education and learning was required with regard to Lorenzo implementation and the immediate requirement was significant. Additional resources had been secured and would help identify and address data quality issues prior to the Lorenzo migration and implementation.
- 16.244.6 The Company Secretary advised that a formal request on RTT pathways and 52-week stop clock and the actions taken had been received from CQC. This was submitted at noon on Tuesday, 25 October, and she could provide a copy to the Board, if required.
- 16.244.7 Ms Moore, Non-executive Director, asked if anything had come out of the assessment to show no harm. The Medical Director confirmed the process. There was a difference in who could be discharged and those awaiting review. Out of 23 52 week breaches found, only 5 had so far required a special review. The greatest focus to date had been on those specialties identified with the greatest error risk.
- 16.244.8 The Committee reviewed the safer nurse staffing levels report noting a high-level of sustained vacancies and sickness, with a quarter of requests for temporary not being filled. Vacancies at ward level had increased to 18.36% and sickness since September was at 7.4%. This level of staff vacancies meant there was a greater risk of adverse effect on the quality of patient care. The Director of Nursing stated that to mitigate this effect nurses were moved between wards.

- 16.244.9 The Board received an update on recruitment from the Director of Workforce and OD. He confirmed there were 130 candidates from the Philippines and India, versus 245 vacancies. Philippines candidates were required to pass language tests, following which there was a 3-month application processing period. Successful recruitment would significantly reduce agency expenditure.
- 16.244.10 The Director of Workforce and OD confirmed that September saw higher rates of absence against planned work. At Trust-level, sickness was at 5.5%, compared with 7.4% on the roster. Clarification of the sickness rates was requested by the Chief Executive as this was reported differently between roster and ESR. The Director of Workforce and OD confirmed that sickness absence numbers from the rosters were defined as 'sickness absence from planned rostered work only' and ESR used the definition of the national standard which took into account contracted work (i.e. term time contracts, part-time, annualised hours etc) and defined time periods (i.e. rosters covering different periods). ,
- 16.244.11 The Director of Workforce and OD returned to agency nursing overall rates and the challenges to meeting the NHSI agency ceiling for the Trust which had been calculated using quarters 1 and 2 2015. Spend was high in 2015 (£26.4m), but this had increased in 2016. There were significant changes in Q4 2015, impacting on the level of spend including implementation of CQC recommendations. He reported if quarter 4 was profiled, current spend would be closer to £31.5m; however, this was not the story of the year ahead.
- 16.244.12 The agency run-rate forecast for 2016 was £30.1m. This plan had already been beaten. By July, the Trust was at £28.5m for the year, so below expected – 12% reduction. Through the medical recruitment plan spend had been reduced further to £26.4m, 17% from run rate. Schemes had been identified to further reduce the run-rate for 2017 to £23.6m. At a recent meeting NHSI had acknowledged the points and the aim to achieve c£21m but confirmed there would not be a change in the ceiling target

16/245

FINANCE AND PERFORMANCE COMMITTEE'S REPORT

- 16.245.1 Mr Nicholls, Chair of FPC, presented the Committee's report to Board following its meeting on 19 October 2016 covering key outcomes on finance noting the earlier discussions on workforce and performance and that the Trust had not met all performance targets.
- 16.245.2 Mr Nicholls highlighted the financial challenges to the forecast going forward including:
1. Over-performance in income and activity;
 2. Unforeseen cost pressures including the cost of validation, charge on VAT, etc.;
 3. Finalising agreements with CCG;
 4. Back costs, e.g. historic VAT charge (ideally this would be paid in instalments);
 5. £3.5m CIPS outstanding. The trajectory was very difficult in the second half of the year.
- 16.245.3 The Board discussed the challenge of what could be done

internally to look for further savings and discussed the financial forecast and likely outcomes.

- 16.245.4 The Chief Executive and Interim Director of Finance provided feedback on a constructive meeting with the CCG and confirmed there was acknowledgement of the Trust's activity growth and income growth, plus the work already completed; however, this was indicative, not definitive. The growth in demand was also stressed during the CCG meeting - referral demand had increased by 10% between 2013 and 2016. Access to the transformation funding was also discussed. They confirmed the Board would be kept updated on discussions and negotiations. It was noted that 2017/18 and 2018/19 contracts were to be signed imminently, giving the Trust 3-4 weeks to resolve the issue.
- 16.245.5 Mr Nichols highlighted the discussions on cost control. It was confirmed that divisional meetings were taking place, together with the involvement of Four Eyes Insight to review potential from theatre efficiencies. It was anticipated the project would deliver returns in the current year with further opportunities in 2017/18. The Committee had requested a plan to support the delivery of further efficiencies and savings at the next meeting strongly advising the work would need to be expedited.
- 16.245.6 The risks to the slippage with Lorenzo, due to the additional data quality validation requirements discussed earlier in the meeting were noted. Negotiations to secure funding were being held and it was stressed it was vital to meet the implementation date.
- 16.245.7 The meeting closed and moved to the Board Development Session. .

Ellen Schroder
Trust Chair

November 2016

| | |
|---|---|
| | 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 NOVEMBER 2016

| Meeting Date | Minute ref | Issue | Action | Update | Responsibility | Target Date |
|-----------------|------------|--------------------------|--|--|--|---------------|
| 27 January 2016 | 16/16.01 | NHS revalidation changes | Discuss the possible impact of the NHS revalidation changes on staff attrition, possible actions and communications. | <u>Feb 16:</u> The impact of this will not be fully known until the Trust has 6 months of revalidation data. Following approval by Board date set to Oct 16. <u>June 2016:</u> Interim report provided to RAQC in June which after first 3 months did not indicate there was a higher level of leavers at present due to revalidation. Further update to be provided in October. <u>Nov 16:</u> There has been no further indication of leavers at present due to revalidation changes. Action closed. | Director of Nursing and Director of Workforce and Organisational Development | October 2016 |
| 27 July 2016 | 16/197.02 | Medical Staffing | Report regarding medical staffing to be provided. | September 2016: Board agreed to refer this item to RAQC for discussion in October. October 2016: completed summary report to Board October 2016 | Medical Director and Director of Workforce and OD | November 2016 |
| 28 Sept 2016 | 16/222.2 | Strategic risk models | Discuss further with John Gilham, Non-Executive Director | | Company Secretary | January 2017 |

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

| Meeting Date | Minute ref | Issue | Action | Update | Responsibility | Target Date |
|--------------|------------|------------------------------------|---|-----------|-------------------|---------------|
| 28 Sept 2016 | 16/224.4 | Charity investment risk management | Circulate the guidance provided to Rathbones the Trust's new investment advisers to Board for information | Completed | Company Secretary | November 2016 |

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 |
| FTC Report (as required) | | | | | | | | | | | |
| RAQC Report | x | x | x | x | x | | x | | x | | x |
| | | | | | | | | | | | |
| Strategic | | | | | | | | | | | |
| Annual Operating Plan and objectives | x | | | | | | | | x | | x |
| Long Term Financial Model | | | x | | | | | | X (Move d from June TBC) | | |
| Sustainability and Transformation Plan (STP) | | | x | | | | | | | | |
| | | | | | | | | | | | |
| Other Items | | | | | | | | | | | |
| <i>Audit Committee</i> | | | | | | | | | | | |
| 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 (move d from Sept) | | | | |
| Quality Account and External Auditor's Report | | | 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 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Raising Concerns at Work | | | | | x | | | | x | | |
| Review of SO and SFI | | | | | x | | x | | | | |
| <i>Charity Trust Committee</i> | | | | | | | | | | | |
| Charity Annual Accounts and Report | | x | | | | | | | | | |
| Charity Trust TOR and Annual Committee Review | | | | | x | | | | | | |
| <i>Finance and Performance Committee</i> | | | | | | | | | | | |
| 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 | | | | | | | | | |
| <i>Risk and Quality Committee</i> | | | | | | | | | | | |
| 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 | | | | | | | | | |

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 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| RAQC TOR and Annual Review | | | x | | | | | | | | |
| Research and Development Annual Review | | x | | | | | | | | | |
| Responsible Officer Annual Review | | | | x | | | | | | | |
| 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.

EAST AND NORTH HERTFORDSHIRE NHS TRUST

CHIEF EXECUTIVE'S REPORT

30th November 2016

1 Trust draft operating and financial plan

The Trust submitted its draft operating and financial plan to NHSI on the 24th November 2016 as required by the national planning timetable for 2017/18. An update in respect of the plan and the key challenges it poses for the Trust was presented to the FPC on the 23rd November 2016.

Contract negotiations with local and national commissioners are presently ongoing, with significant differences remaining between all parties in terms of the financial and activity quantum of these agreements. Providers and commissioners are expected to reach agreement by 23rd December 2016.

2 Vascular surgery update

In response to a request from Specialised Commissioners, the Trust has confirmed its intention to submit a proposal to become the Vascular Centre for Hertfordshire and West Essex. This will 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. This is supported by Professor Michael Horrocks following this year's GIRFT visit.

3 Lister's stroke service achieves top grading in national audit

The Lister's acute stroke service, which is based on the hospital's Pirton and Barley wards, has 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. This achievement has come at the same time as the team has had to expand its service to care for additional patients coming from west Essex and Bedfordshire following changes made at local hospitals in these areas.

The achievement reflects a wide range of initiatives that the team has made, working closely with its colleagues in the community, to improve the quality of care received by patients who have suffered a stroke. I would like to thank Dr Aparna Pusalkar and the wider team for all their hard work.

4 Trust announced at test site for new Nursing Associate pilot

Health Education England has announced over 1,000 Nursing Associates will begin training in a new role that will sit alongside existing nursing care support workers and fully-qualified registered nurses to deliver hands-on care for patients, with a second wave of a further 1,000 Nursing Associate trainees following huge interest in the role and high demand from providers wanting to offer training places.

Eleven sites – including the Trust - have been chosen to deliver the first wave of training that will start in December and run over a two year period in this exciting new role which will help to transform the nursing and care workforce.

5 Trust success at Allocate awards

Allocate UK & Ireland are the leading provider of healthcare workforce deployment software and provide the software for the Trust's nursing staff E-Roster and acuity based SafeCare staffing software.

The Trust's team were announced as winners of the award for 'Bringing the patient to the centre of workforce planning and delivery' and shortlisted for the 'Right people, Right place, Right time – award for balancing savings and safety'.

I would like to congratulate Emily Watts, Lead Nurse for SafeCare, and Rupert Clarke, Clinical Workforce Systems Lead, on their successful nominations.

6 Trust's non-medical education rated 'green' by Health Education East of England

Trust has been reviewed by Health Education East of England (HEEoE) and key performance indications have all been rated green for non-medical education relating to student placements, governance, management of continuous professional development and retention.

The review is undertaken yearly by HEEoE, and is measured against the national Quality Improvement and Performance Framework.

7 Quality in Care (QiC) Programme for Diabetes

The Trust's children's and young people's diabetes team submission for the annual QiC Diabetes awards was ranked as Commendable in the 'Patient care pathway – children, young people and emerging adults' category. The submission, which was supported by the team's adult service colleagues, was the only one from the region to be shortlisted. Although the team did not win overall, I would like to congratulate Dr Andy Raffles and the wider team on doing so well and earning national recognition.

8 Nurse Emer Corbett shortlisted for East of England Leadership Award

Continuing Professional Development Nurse, Emer Corbett, who works in the Trust's nurse education team has been shortlisted for 'Living the NHS Values'. I would like to congratulate Emer on this achievement and to wish her well at the ceremony later this month.

9 Trust recruiting for diabetes research

Finding sufficient numbers of people who are willing and able to take part in research into type 1 diabetes soon after a life-changing diagnosis is challenging. The Trust is one of 140 sites in England involved with a research project to involve patients from the time of their diagnosis and 13 patients have been recruited (5 adults, 8 children) to the study.

10 Julia Jonwood – Clinical Academic Internship Programme place awarded

Julia Jonwood, Urology/Haematology Research Nurse at Mount Vernon Cancer Centre has won a place on the Clinical Academic Internship Programme (CAIP) which provides both taught and academically supervised interventions which will look at the clinical academic research environment and provide practical skills to undertake a research project. Julia will be looking at the potential link between prostate cancer patients who have undergone high dose rate brachytherapy and a primary bladder cancer diagnosis.

I would like to congratulate Julia and wish her well in her endeavours.

11 Kerry Eldridge asked to speak at HPMA conference

Kerry Eldridge, the Trust's Deputy Director of Workforce and Organisational Development, was asked to speak the conference of the Healthcare People Management Association on 3rd November about the work undertaken by our team around improving staff engagement and internal communication.

12 National Rheumatoid Arthritis Society (NRAS) Award

On 2nd November, Fidelma Gordon, Sharon Pearson and Alex Greengrass from the Trust's rheumatology team received a Health Care Champion Award from NRAS at an awards ceremony at the House of Commons, where awards were presented by NRAS patron, the Prime Minister, the Rt. Hon. Teresa May.

I would like to congratulate them on their awards and to thank them for their on-going commitment to patient care.

13 Lister Neonatal Unit celebrates World Prematurity Day

Staff on the neonatal unit helped to celebrate world prematurity day on 17th November 2016 by decorating the neonatal unit in purple and hosting fundraising events.

Further activities to raise awareness were held in the Lister's main corridor, sharing information about world prematurity day and promoting the good work the service provides to patients and families.

The team were delighted to have been selected for a visit from the Bliss team and welcomed Rachel Jarmy for a visit, to meet the staff and families. Rachel was impressed with the neonatal unit and all the hard work that had gone into the event. She plans to take ideas back to Bliss headquarters to share with other neonatal units.

14 Revd Jane Hatton, Trust Chaplain, appointed Honorary Canon

Jane Hatton, one of the Trust's chaplains, was made an honorary canon at a service at St Alban's Abbey on 19th November. My thanks go to Jane for her commitment to our patients and staff.

15 Trust recognised for collaboration in reducing agency costs

A team from the Trust joined representatives from others in the Hertfordshire/Bedfordshire Regional Cluster to celebrate Herts Procurement award of Highly Commended for Management Collaboration at the recent HCSA Conference. This was for achievements in reducing cost of agency use in line with the NHSI Agency Caps and recognition of the strategic approach, working as a cluster and ongoing success in achieving savings in a challenging market.

My thanks and congratulations to Thomas Pounds and the team.

16 Renal home dialysis road show, Bedford renal unit and Lister

The Trust's renal team has teamed up with the Kidney Patients Association (KPA) and the two main providers of home dialysis services in the UK - Baxter Healthcare and NxStage - to run road shows aimed at persuading existing suitable dialysis patients to consider home dialysis and educating the wider staff group about home dialysis and the benefits it offers. The road shows were held at the Bedford renal unit on 23rd November and the Lister on 24th November.

Supported by the Baxter and NxStage, a small exhibition bus was fitted out and parked on both sites on the relevant days. Members of the Trust's renal team and staff from the KPA (including Fiona Loud), as well as both companies, were on hand throughout the day. The event at the Lister attracted local media interest.

17 Trust Board and East and North Hertfordshire Clinical Commissioning Group (ENHCCG) Board Meeting 3 November 2016

ENH CCG and the Trust are committed to working in partnership to support a system wide approach to meet the needs our Community and the respective Boards meet together on a six monthly basis. The focus of the most recent meeting included the financial and performance challenges (local and system wide), an increase in activity, urgent care and winter planning, the sustainability and transformation plan (STP) and building on the success of bringing about sustainable change in Stroke Care services. The Boards are committed to sharing information and data and accelerating work joint integrated care pathways. We are progressing with the clinical leads the end of life care pathway and cancer pathways.

18 Floodlight Scorecard

The Trust floodlight scorecard is attached as **(Appendix A)**. Explanation of 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
25th November 2016

TRUST FLOODLIGHT

DASHBOARD AND SCORECARD 2016/17

October 2016 - Month 7

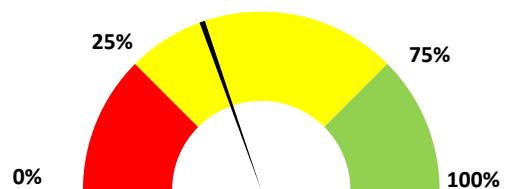
The Purpose of this report is to give an overview of Key Performance Indicators (KPI's) which the Trust have agreed to measure and monitor throughout 2016/17.

The indicators compare to monthly and year-to-date performance targets scoped within quarter 1 of this financial year.
The intended audience is the Executive Team, Operations and Governing Bodies to support strategic design making and identify emerging issues across the Trust.




| | |
|----------------------------|---|
| GUIDANCE | |
| Executive Summary | <ul style="list-style-type: none"> • Overview of the Trusts performance when compared to targets and historical performance |
| Dashboard | <ul style="list-style-type: none"> • High-level visualisation of the Key Performance Indicator Themes grouped to give an indication of overall performance |
| All KPI's by Theme | <ul style="list-style-type: none"> • Second level of detail of agree Key Performance Indicators showing change in performance when compared to the previous month. |
| Trust Floodlight Scorecard | <ul style="list-style-type: none"> • Further detail on KPI's showing both monthly and year to date performance RAG to in-month and yet-to-date targets with change when compared to the previous month |
| Scorecard 2016/17 | <ul style="list-style-type: none"> • Full detail of the Key Performance Indicators showing month-on-month performance |
| Targets 2016/17 | <ul style="list-style-type: none"> • Target and threshold set by the Trust for ease of reference. |
| Data Dictionary | <ul style="list-style-type: none"> • Link to the Trust Floodlight Data Dictionary which gives detail of how the Key Performance Indicator is calculated, any exceptions, where the information is sourced, system and so on. |

Trust Overall

Percentage of KPIs met



KPI Performance

| Improved | No Change | Declined |
|--|--|--|
|  42 |  11 |  29 |



Highlights:



Lowlights:



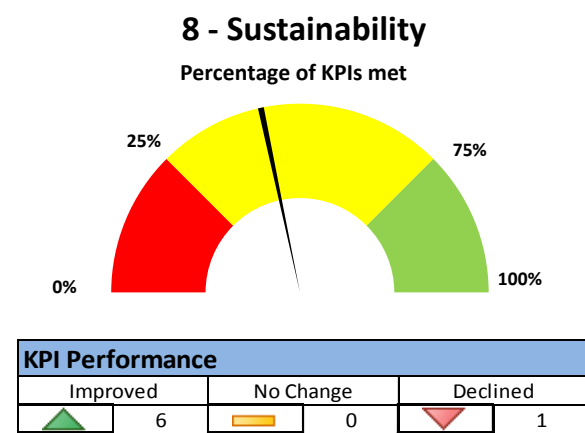
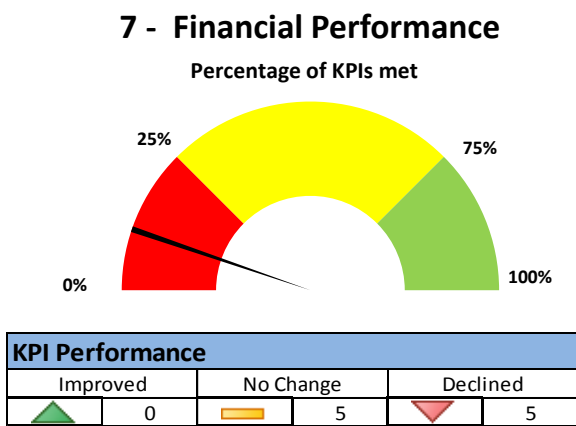
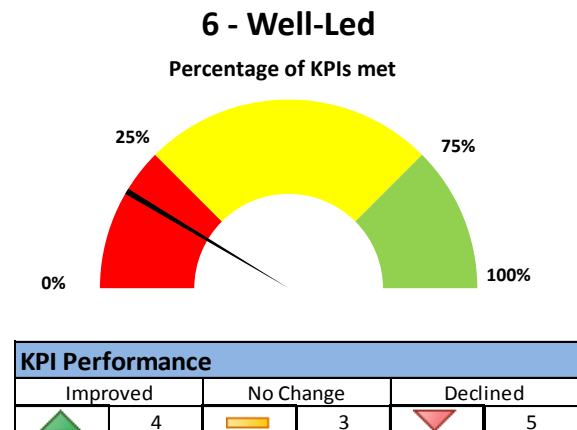
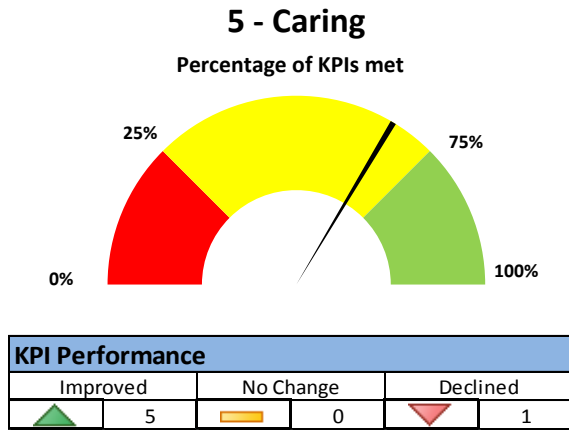
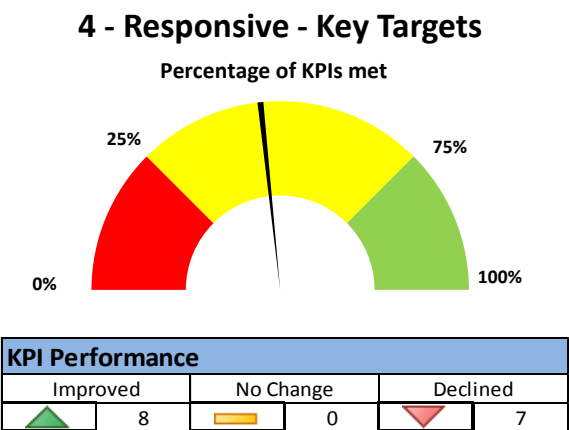
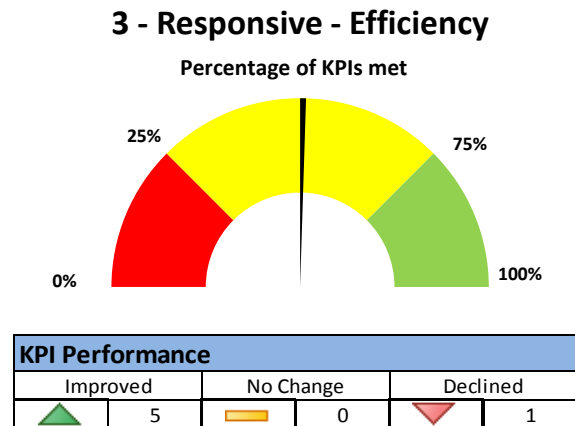
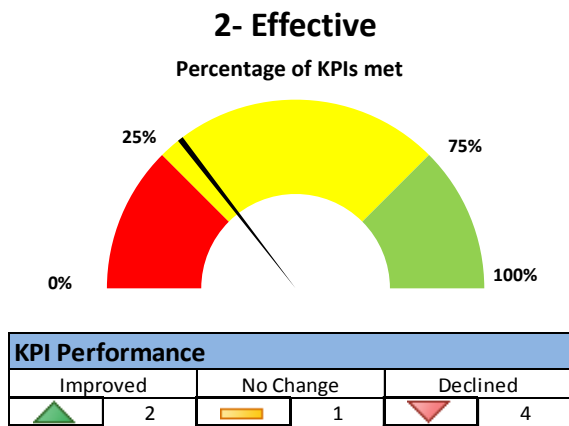
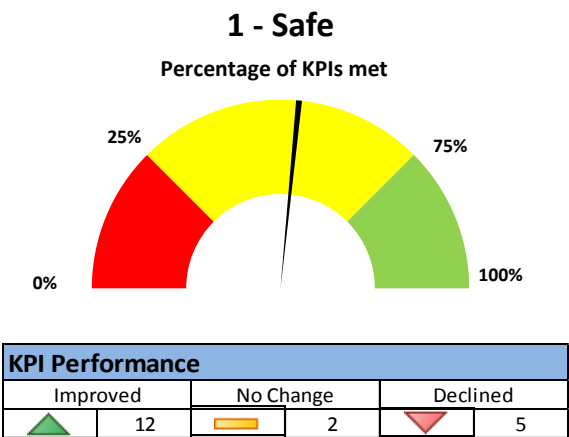
Key Findings:

Executive Summary

Exception reports for red floodlight areas are covered as follows:
 Stroke performance – within Performance report to FPC and Board
 Finance – reported to FPC and Board
 Workforce – reported to FPC and Board
 Clinical Outcomes – verbal update to be provided
 Clinical Efficiency – within Performance report to FPC and Board
 Patient Experience – reported to RAQC and Board
 Patient Safety – reported to RAQC and Board

Trust Floodlights Dashboard

October 2016 (M7)



| SAFE | | |
|----------------|--|--------------|
| Patient Safety | | |
| ID | Indicator (YTD) | Month Change |
| 1.1 | Never Events 0 | <div></div> |
| 1.2 | Safety Thermometer Patients with Harm 162 | <div></div> |
| 1.3 | Clostridium Difficile Cases 12 | <div></div> |
| 1.4 | MRSA Post 48 hours Cases 1 | <div></div> |
| 1.5 | Hospital Aquired Pressure Ulcers Grade 2 or higher 0.10 | <div></div> |
| 1.6 | Inpatient Falls 3.21 | <div></div> |
| 1.7 | Ambulance Handovers > 30 mins 3067 | <div></div> |
| 1.8 | Fill Rate RNs (%) 96.2 | <div></div> |
| 1.9 | Fill Rate RNs Unreg (%) 110.1 | <div></div> |

| EFFECTIVE | | |
|-----------|---|--------------|
| Mortality | | |
| ID | Indicator (YTD) | Month Change |
| 2.1 | HSMR 94.5 | <div></div> |
| 2.2 | SHMI 106.2 | <div></div> |
| 2.3 | SHMI (Palliative Care Adjustment) 98.7 | <div></div> |

| Admissions | | |
|------------|--|--------------|
| ID | Indicator (YTD) | Month Change |
| 2.4 | Medical Patient Outliers 18 | <div></div> |
| 2.5 | Number of Patients with LOS > 14 days 148 | <div></div> |
| 2.6 | LOS - Non Elective 3.9 | <div></div> |
| 2.7 | Readmissions 8.4 | <div></div> |

| RESPONSIVE-EFFICIENCY | | |
|-----------------------|--|--------------|
| ID | Indicator (YTD) | Month Change |
| 3.1 | New to Follow-Up Ratio 2.22 | <div></div> |
| 3.2 | Overnight Bed Occupancy Rate 89.5 | <div></div> |
| 3.3 | Pre OP bed days (elective) 5 | <div></div> |
| 3.4 | Delayed Transfer of Care 20 | <div></div> |
| 3.5 | Post Acute Transfer Delays | |
| 3.6 | Ward Discharges before Midday 13 | <div></div> |
| 3.7 | Cancelled Ops - on Day 257 | <div></div> |
| 3.8 | Number of Discharges from Discharge Lounge | |

| RESPONSIVE-KEY TARGETS | | |
|------------------------|--|--------------|
| ID | Indicator (YTD) | Month Change |
| 4.1 | A&E 4 hour Target 84.0 | <div></div> |
| 4.2 | RTT Admitted 67.9 | <div></div> |
| 4.3 | RTT Non Admitted 91.2 | <div></div> |
| 4.4 | RTT - Open Pathways 92.1 | <div></div> |
| 4.5 | RTT Patients Waiting > 18 weeks 2127 | <div></div> |
| 4.6 | Diagnostic Waits < 6 weeks 99.7 | <div></div> |
| 4.7 | Cancer 2week Ref to Appt 96.9 | <div></div> |
| 4.8 | Cancer 31day : Diag 93.8 | <div></div> |
| 4.9 | Cancer 62day : Urgent RTT inc ITP transfers 76.9 | <div></div> |
| 4.10 | TIA: High Risk treatment within 24 hrs 67.5 | <div></div> |
| 4.11 | TIA: Low Risk treatment within 7 days from 1st contact 84.4 | <div></div> |
| 4.12 | 4 hrs direct to Stroke Unit 80.9 | <div></div> |
| 4.13 | 90% of time on the Stroke Unit 88.6 | <div></div> |
| 4.14 | 60 minutes to scan 94.5 | <div></div> |
| 4.15 | Thrombolysed within 3 hrs 5.7 | <div></div> |

| CARING | | |
|--------|--|--------------|
| ID | Indicator (YTD) | Month Change |
| 5.1 | Inpatient FFT % of patients would recommend 96.3 | <div></div> |
| 5.2 | FFT Response Rate % 41.0 | <div></div> |
| 5.3 | Friends & Family Recommend Place of Care 79.2 | <div></div> |
| 5.4 | Complaints - % received telephone call 97.4 | <div></div> |
| 5.5 | % of Complaints concluded within aared timeframe 40.5 | <div></div> |
| 5.6 | GP Enquiries Reponse Rate 74.5 | <div></div> |

| WELL-LED | | |
|----------|--|--------------|
| ID | Indicator (YTD) | Month Change |
| 6.1 | Continuity of Services Risk Rating 2 | <div></div> |
| 6.2 | Risk register | <div></div> |
| 6.3 | CQC Outcomes | <div></div> |
| 6.4 | NHSI Governance Risk Rating 3 | <div></div> |
| 6.5 | Friends & Family Recommend Place of Work 55.8 | <div></div> |
| 6.6 | Vacancy Rate % 13.4 | <div></div> |
| 6.7 | Vacancy rate (Baseline) 8.4 | <div></div> |
| 6.8 | Bank Staff Usage 4.4 | <div></div> |
| 6.9 | Agency Staff Usage 10.3 | <div></div> |
| 6.10 | Sickness % 3.64 | <div></div> |
| 6.11 | Substantive Staff Turnover 13.1 | <div></div> |
| 6.12 | Appraisal Rate 82.78 | <div></div> |

| Training | | |
|----------|--|--------------|
| ID | Indicator (YTD) | Month Change |
| 1.10 | Statutory Mandatory Training 89.21 | <div></div> |
| 1.11 | Safeguarding Adults Training 90.5 | <div></div> |
| 1.12 | Safeguarding Children Training 90.1 | <div></div> |
| 1.13 | Competancy Coverage 68.6 | <div></div> |

| Health & Safety | | |
|-----------------|--|--------------|
| ID | Indicator (YTD) | Month Change |
| 1.14 | RIDDOR Incidents 0.37 | <div></div> |
| 1.15 | Musculoskeletal Injuries Reported 1.00 | <div></div> |
| 1.16 | Physical Assault Incidents 1.27 | <div></div> |
| 1.17 | Manager Referrals to OH for Stress 0.83 | <div></div> |
| 1.18 | Staff Slips, Trips & Falls 0.77 | <div></div> |
| 1.19 | Staff Sharps Injuries 2.24 | <div></div> |

| FINANCIAL PERFORMANCE | | |
|---|---|--------------|
| Single Oversight Framework - Finance and Use of Resources Metrics | | |
| ID | Indicator (YTD) | Month Change |
| 7.1 | Capital Servicing Capacity 4 | <div></div> |
| 7.2 | Liquidity Ratio (days) 3 | <div></div> |
| 7.3 | I&E Margin 4 | <div></div> |
| 7.4 | Distance from financial plan 2 | <div></div> |
| 7.5 | Agency spend variance from ceiling 4 | <div></div> |
| 7.6 | Overall Finance Metric 3 | <div></div> |

| Other Financial Metrics | | |
|-------------------------|---------------------------------|-------------|
| 7.7 | Pay Spend 101.1 | <div></div> |
| 7.8 | Capital Plan Trajectory 35.8 | <div></div> |
| 7.9 | CIP Plan delivered 98 | <div></div> |
| 7.10 | Cash Plan 125 | <div></div> |

| SUSTAINABILITY | | |
|----------------|--|--------------|
| ID | Indicator (YTD) | Month Change |
| 8.1 | GP referrals Received - 2WW 4961 | <div></div> |
| 8.2 | GP referrals Received - non 2WW 59476 | <div></div> |
| 8.3 | A&E Attendances 88000 | <div></div> |
| 8.4 | Elective Spells (PBR) 22833 | <div></div> |
| 8.5 | NonElective Spells 26418 | <div></div> |
| 8.6 | OP Attendances/Procs (Total) 294902 | <div></div> |
| 8.7 | Outpatient DNA Rate 8.2 | <div></div> |
| 8.8 | Theatre Utilisation | |

Trust Floodlights Dashboard

October 2016 (M7)

| 1 - SAFE | | | | | | | | |
|----------|--|--------------|------------|------------|--------------|-------------|--------------|--------------|
| ID | Indicator | Target 16-17 | Target YTD | Actual YTD | Actual Month | Month Perf. | Month Change | YTD Position |
| 1.1 | Never Events | 0 | | 0 | 0 | | | |
| 1.2 | Safety Thermometer Patients with Harm | 336 | 196 | 162 | 18 | | | |
| 1.3 | Clostridium Difficile Cases | 11 | 6 | 12 | 2 | | | |
| 1.4 | MRSA Post 48 hours Cases | 0 | | 1 | 1 | | | |
| 1.5 | Hospital Aquired Pressure Ulcers Grade 2 or higher | 0.16 | | 0.10 | 0.09 | | | |
| 1.6 | Inpatient Falls | 3.17 | | 3.21 | 3.45 | | | |
| 1.7 | Ambulance Handovers > 30 mins | 2604 | 1519 | 3067 | 457 | | | |
| 1.8 | Fill Rate RNs (%) | 90 | | 96.2 | 95.4 | | | |
| 1.9 | Fill Rate RNs Unreg (%) | 90 | | 110.1 | 101.5 | | | |
| 1.10 | Statutory Mandatory Training | 90 | | 89.2 | 89.2 | | | |
| 1.11 | Safeguarding Adults Training | 90 | | 90.5 | 90.5 | | | |
| 1.12 | Safeguarding Children Training | 90 | | 90.1 | 90.1 | | | |
| 1.13 | Competancy Coverage | 85 | | 68.6 | 68.6 | | | |
| 1.14 | RIDDOR Incidents | 0.56 | | 0.37 | 0.38 | | | |
| 1.15 | Musculosketal Injuries Reported | 1.09 | | 1.00 | 0.75 | | | |
| 1.16 | Physical Assault Incidents | 1.13 | | 1.27 | 0.94 | | | |
| 1.17 | Manager Referrals to OH for Stress | 0.57 | | 0.83 | 0.94 | | | |
| 1.18 | Staff Slips, Trips & Falls | 1.18 | | 0.77 | 0.94 | | | |
| 1.19 | Staff Sharps Injuries | 2.00 | | 2.24 | 2.26 | | | |

| 2 - EFFECTIVE | | | | | | | | |
|---------------|---------------------------------------|--------------|------------|------------|--------------|-------------|--------------|--------------|
| ID | Indicator | Target 16-17 | Target YTD | Actual YTD | Actual Month | Month Perf. | Month Change | YTD Position |
| 2.1 | HSMR | 95 | | 94.5 | | | | |
| 2.2 | SHMI | 108 | | 106.2 | | | | |
| 2.3 | SHMI (Palliative Care Adjustment) | 98.5 | | 98.7 | | | | |
| 2.4 | Medical Patient Outliers | 10 | | 18 | | | | |
| 2.5 | Number of Patients with LOS > 14 days | 100 | | 148 | | | | |
| 2.6 | LOS - Non Elective | 3.5 | | 3.9 | 3.8 | | | |
| 2.7 | Readmissions | 7.75 | | 8.4 | 8.3 | | | |

| 3 - RESPONSIVE - EFFICIENCY | | | | | | | | |
|-----------------------------|--|--|------------|------------|--------------|-------------|--------------|--------------|
| ID | Indicator | Target 16-17 | Target YTD | Actual YTD | Actual Month | Month Perf. | Month Change | YTD Position |
| 3.1 | New to Follow-Up Ratio | 2 | | 2.22 | 2.22 | | | |
| 3.2 | Overnight Bed Occupancy Rate | 85 | | 89.5 | 90.5 | | | |
| 3.3 | Pre OP bed days (elective) | 6 | | 5 | 2 | | | |
| 3.4 | Delayed Transfer of Care | 8 | | 20 | 20 | | | |
| 3.5 | Post Acute Transfer-Total Avg beds blocked | Method of Data Collection and Definition to be confirmed | | | | | | |
| 3.6 | Ward Discharges before Midday | 13 | | 13.0 | 14.1 | | | |
| 3.7 | Cancelled Ops - on Day | 504 | 294 | 257 | 31 | | | |
| 3.8 | Number of Discharges from Discharge Lounge | Method of Data Collection to be confirmed | | | | | | |

| 4 - RESPONSIVE - KEY TARGETS | | | | | | | | |
|------------------------------|--|--------------|------------|------------|--------------|-------------|--------------|--------------|
| ID | Indicator | Target 16-17 | Target YTD | Actual YTD | Actual Month | Month Perf. | Month Change | YTD Position |
| 4.1 | A&E 4 hour Target | 95 | | 84.0 | 88.0 | | | |
| 4.2 | RTT Admitted | 90 | | 67.9 | 66.6 | | | |
| 4.3 | RTT Non Admitted | 95 | | 91.2 | 90.9 | | | |
| 4.4 | RTT - Open Pathways | 92 | | 92.1 | 92.1 | | | |
| 4.5 | RTT Patients Waiting > 18 weeks | 1231 | | 2127 | 2127 | | | |
| 4.6 | Diagnostic Waits < 6 weeks | 99 | | 99.7 | 99.7 | | | |
| 4.7 | Cancer 2week Ref to Appt | 93 | | 96.9 | 95.6 | | | |
| 4.8 | Cancer 31day : Diag | 96 | | 93.8 | 90.4 | | | |
| 4.9 | Cancer 62day : Urgent RTT inc ITP transfers | 85 | | 76.9 | 68.2 | | | |
| 4.10 | TIA: High Risk treatment within 24 hrs | 62.5 | | 67.5 | 75.0 | | | |
| 4.11 | TIA: Low Risk treatment within 7 days from 1st contact | 85 | | 84.4 | 81.5 | | | |
| 4.12 | 4 hrs direct to Stroke Unit | 90 | | 80.9 | 80.9 | | | |
| 4.13 | 90% of time on the Stroke Unit | 80 | | 88.6 | 93.0 | | | |
| 4.14 | 60 minutes to scan | 90 | | 94.5 | 100.0 | | | |
| 4.15 | Thrombolysed within 3 hrs | 12 | | 5.7 | 6.1 | | | |

| 5 - CARING | | | | | | | | |
|------------|---|--------------|------------|------------|--------------|-------------|--------------|--------------|
| ID | Indicator | Target 16-17 | Target YTD | Actual YTD | Actual Month | Month Perf. | Month Change | YTD Position |
| 5.1 | Inpatient FFT % of patients would recommend | 95 | | 96.3 | 96.3 | | | |
| 5.2 | FFT Response Rate % | 40 | | 41.0 | 41.0 | | | |
| 5.3 | Friends & Family Recommend Place of Care | 77 | | 79.2 | 79.2 | | | |
| 5.4 | Complaints - % received telephone call | 85 | | 97.4 | 100.0 | | | |
| 5.5 | % of Complaints concluded within agreed timeframe | 75 | | 40.5 | 55.0 | | | |
| 5.6 | GP Enquiries Reponse Rate | 95 | | 74.5 | 74.5 | | | |

| 6 - WELL-LED | | | | | | | | |
|--------------|--|--------------|------------|------------|--------------|-------------|--------------|--------------|
| ID | Indicator | Target 16-17 | Target YTD | Actual YTD | Actual Month | Month Perf. | Month Change | YTD Position |
| 6.1 | Continuity of Services Risk Rating | 3 | | 2 | 0 | | | |
| 6.2 | Risk register | 1 | | 3 | 0 | | | |
| 6.3 | CQC Outcomes | 1 | | 2 | 0 | | | |
| 6.4 | NHSI Governance Risk Rating | 4 | | 3 | 0 | | | |
| 6.5 | Friends & Family Recommend Place of Work | 62 | | 55.84 | 55.84 | | | |
| 6.6 | Vacancy Rate % | 10 | | 13.4 | 13.4 | | | |
| 6.7 | Vacancy rate (Baseline) | 3.75 | | 8.39 | 8.39 | | | |
| 6.8 | Bank Staff Usage | 9 | | 4.4 | 4.4 | | | |
| 6.9 | Agency Staff Usage | 7 | | 10.3 | 10.3 | | | |
| 6.10 | Sickness % | 3.5 | | 3.64 | 3.64 | | | |
| 6.11 | Substantive Staff Turnover | 11 | | 13.05 | 13.05 | | | |
| 6.12 | Appraisal Rate | 85 | | 82.78 | 82.78 | | | |

| 7 - FINANCIAL PERFORMANCE | | | | | | | | |
|---------------------------|------------------------------------|--------------|------------|------------|--------------|-------------|--------------|--------------|
| ID | Indicator | Target 16-17 | Target YTD | Actual YTD | Actual Month | Month Perf. | Month Change | YTD Position |
| 7.1 | Capital Servicing Capacity | 1 | | 4.0 | 4.0 | | | |
| 7.2 | Liquidity Ratio (days) | 1 | | 3.0 | 3.0 | | | |
| 7.3 | I&E Margin | 1 | | 4.0 | 4.0 | | | |
| 7.4 | Distance from financial plan | 1 | | 2.0 | 2.0 | | | |
| 7.5 | Agency spend variance from ceiling | 1 | | 4.0 | 4.0 | | | |
| 7.6 | Overall Finance Metric | 1 | | 3.0 | 3.0 | | | |
| 7.7 | Pay Spend | 100 | | 101.1 | 101.9 | | | |
| 7.8 | Capital Plan Trajectory | 90 | | 35.8 | 44.8 | | | |
| 7.9 | CIP Plan delivered | 100 | | 98.0 | 78.0 | | | |
| 7.10 | Cash Plan | 90 | | 125.0 | 125.0 | | | |

| 8 - SUSTAINABILITY | | | | | | | | |
|--------------------|---------------------------------|--|------------|------------|--------------|-------------|--------------|--------------|
| ID | Indicator | Target 16-17 | Target YTD | Actual YTD | Actual Month | Month Perf. | Month Change | YTD Position |
| 8.1 | GP referrals Received - 2WW | | | 4961 | 777 | | | |
| 8.2 | GP referrals Received - non 2WW | | | 59476 | 8266 | | | |
| 8.3 | A&E Attendances | 147144 | 86258 | 88000 | 12860 | | | |
| 8.4 | Elective Spells (PBR) | 37060 | 21618 | 22833 | 3530 | | | |
| 8.5 | NonElective Spells | 46703 | 27005 | 26418 | 3889 | | | |
| 8.6 | OP Attendances/Procs (Total) | 471770 | 275200 | 294902 | 41104 | | | |
| 8.7 | Outpatient DNA Rate | 8 | | 8.20661 | 7.89945 | | | |
| 8.8 | Theatre Utilisation | Method of Data Collection and Definition to be confirmed | | | | | | |

Key: Monthly Change

| | |
|--|--------------------------------------|
| | Improvement in monthly performance |
| | Monthly performance remains constant |
| | Deterioration in monthly performance |

Trust Floodlight Scorecard - The Scorecard shows a summary of performance against each KPI. The KPIs are displayed in the KPI Groups and contain the details of the Target set for 2016/17 and the Target YTD if this is different. The Actual YTD and Actual month performance are detailed separately even if the YTD is the same as the monthly figure. The RAG rating for the month is derived from comparing the monthly reported data against the monthly target. the Month change indicator reflects whether performance has improved, stayed the same or declined when compared to last month. the RAG for YTD is a comparison of the YTD performance for the KPI against the target levels.

Trust Floodlights Dashboard

October 2016 (M7)

Monthly Information,
Performance and RAG Rating

| 1 - SAFE | | | | | | | | |
|------------------------------|--|--|------------|------------|--------------|-------------------|----------------|--------------|
| ID | Indicator | Target 16-17 | Target YTD | Actual YTD | Actual Month | Month Performance | Monthly Change | YTD Position |
| 1.1 | Never Events | | 0 | 0 | 0 | | <div></div> | |
| 1.2 | Safety Thermometer Patients with Harm | 336 | 196 | 162 | 18 | | <div></div> | |
| 1.3 | Clostridium Difficile Cases | 11 | 6 | 12 | 2 | | <div></div> | |
| 1.4 | MRSA Post 48 hours Cases | | 0 | 1 | 1 | | <div></div> | |
| 1.5 | Hospital Aquired Pressure Ulcers Grade 2 or higher | | 0.16 | 0.10 | 0.09 | | <div></div> | |
| 1.6 | Inpatient Falls | | 3.17 | 3.21 | 3.45 | | <div></div> | |
| 1.7 | Ambulance Handovers > 30 mins | 2604 | 1519 | 3067 | 457 | | <div></div> | |
| 1.8 | Fill Rate RNs (%) | | 90 | 96 | 95 | | <div></div> | |
| 1.9 | Fill Rate RNs Unreg (%) | | 90 | 110 | 102 | | <div></div> | |
| 1.10 | Statutory Mandatory Training | | 90 | 89.2 | 89.2 | | <div></div> | |
| 1.11 | Safeguarding Adults Training | | 90 | 90.5 | 90.5 | | <div></div> | |
| 1.12 | Safeguarding Children Training | | 90 | 90.1 | 90.1 | | <div></div> | |
| 1.13 | Competancy Coverage | | 85 | 68.6 | 68.6 | | <div></div> | |
| 1.14 | RIDDOR Incidents | | 0.56 | 0.37 | 0.38 | | <div></div> | |
| 1.15 | Musculoskeletal Injuries Reported | | 1.09 | 1.00 | 0.75 | | <div></div> | |
| 1.16 | Physical Assault Incidents | | 1.13 | 1.27 | 0.94 | | <div></div> | |
| 1.17 | Manager Referrals to OH for Stress | | 0.57 | 0.83 | 0.94 | | <div></div> | |
| 1.18 | Staff Slips, Trips & Falls | | 1.18 | 0.77 | 0.94 | | <div></div> | |
| 1.19 | Staff Sharps Injuries | | 2.00 | 2.24 | 2.26 | | <div></div> | |
| 2 - EFFECTIVE | | | | | | | | |
| ID | Indicator | Target 16-17 | Target YTD | Actual YTD | Actual Month | Month Performance | Monthly Change | YTD Position |
| 2.1 | HSMR | | 95.0 | 94.5 | | | <div></div> | |
| 2.2 | SHMI | | 108 | 106.2 | | | <div></div> | |
| 2.3 | SHMI (Palliative Care Adjustment) | | 98.5 | 98.7 | | | <div></div> | |
| 2.4 | Medical Patient Outliers | | 10 | 18 | | | <div></div> | |
| 2.5 | Number of Patients with LOS > 14 days | | 100 | 148 | | | <div></div> | |
| 2.6 | LOS - Non Elective | | 3.5 | 3.9 | 3.8 | | <div></div> | |
| 2.7 | Readmissions | | 7.75 | 8.38 | 8.3 | | <div></div> | |
| 3 - RESPONSIVE - EFFICIENCY | | | | | | | | |
| ID | Indicator | Target 16-17 | Target YTD | Actual YTD | Actual Month | Month Performance | Monthly Change | YTD Position |
| 3.1 | New to Follow-Up Ratio | | 2.0 | 2.22 | 2.22 | | <div></div> | |
| 3.2 | Overnight Bed Occupancy Rate | | 85 | 89.53 | 90.50 | | <div></div> | |
| 3.3 | Pre OP bed days (elective) | | 6 | 5.00 | 2.0 | | <div></div> | |
| 3.4 | Delayed Transfer of Care | | 8 | 20 | 20 | | <div></div> | |
| 3.5 | Post Acute Transfer-Total Avg beds blocked | Method of Data Collection and Definition to be confirmed | | | | | | |
| 3.6 | Ward Discharges before Midday | | 13.0 | 13.0 | 14.1 | | <div></div> | |
| 3.7 | Cancelled Ops - on Day | | 504 | 294 | 257 | 31 | <div></div> | |
| 3.8 | Number of Discharges from Discharge Lounge | Method of Data Collection to be confirmed | | | | | | |
| 4 - RESPONSIVE - KEY TARGETS | | | | | | | | |
| ID | Indicator | Target 16-17 | Target YTD | Actual YTD | Actual Month | Month Performance | Monthly Change | YTD Position |
| 4.1 | A&E 4 hour Target | | 95 | 84.0 | 88.0 | | <div></div> | |
| 4.2 | RTT Admitted | | 90 | 67.9 | 66.6 | | <div></div> | |
| 4.3 | RTT Non Admitted | | 95 | 91.2 | 90.9 | | <div></div> | |
| 4.4 | RTT - Open Pathways | | 92 | 92.1 | 92.1 | | <div></div> | |
| 4.5 | RTT Patients Waiting > 18 weeks | | 1231 | 2127 | 2127 | | <div></div> | |
| 4.6 | Diagnostic Waits < 6 weeks | | 99 | 99.7 | 99.7 | | <div></div> | |
| 4.7 | Cancer 2week Ref to Appt | | 93 | 96.9 | 95.6 | | <div></div> | |
| 4.8 | Cancer 31day : Diag | | 96 | 93.8 | 90.4 | | <div></div> | |
| 4.9 | Cancer 62day : Urgent RTT inc ITP transfers | | 85 | 76.9 | 68.2 | | <div></div> | |
| 4.10 | TIA: High Risk treatment within 24 hrs | | 62.5 | 67.5 | 75.0 | | <div></div> | |
| 4.11 | TIA: Low Risk treatment within 7 days from 1st contact | | 85 | 84.4 | 81.5 | | <div></div> | |
| 4.12 | 4 hrs direct to Stroke Unit | | 90 | 80.9 | 80.9 | | <div></div> | |
| 4.13 | 90% of time on the Stroke Unit | | 80 | 88.6 | 93.0 | | <div></div> | |
| 4.14 | 60 minutes to scan | | 90 | 94.5 | 100.0 | | <div></div> | |
| 4.15 | Thrombolysed within 3 hrs | | 12 | 5.7 | 6.1 | | <div></div> | |
| 5 - CARING | | | | | | | | |
| ID | Indicator | Target 16-17 | Target YTD | Actual YTD | Actual Month | Month Performance | Monthly Change | YTD Position |
| 5.1 | Inpatient FFT % of patients would recommend | | 95 | 96.3 | 96.3 | | <div></div> | |
| 5.2 | FFT Response Rate % | | 40 | 41.0 | 41.0 | | <div></div> | |
| 5.3 | Friends & Family Recommend Place of Care | | 77 | 79.2 | 79.2 | | <div></div> | |
| 5.4 | Complaints - % received telephone call | | 85 | 97.4 | 100 | | <div></div> | |
| 5.5 | % of Complaints concluded within agreed timeframe | | 75 | 40.5 | 55 | | <div></div> | |
| 5.6 | GP Enquiries Reponse Rate | | 95 | 74.5 | 74.5 | | <div></div> | |
| 6 - WELL-LED | | | | | | | | |
| ID | Indicator | Target 16-17 | Target YTD | Actual YTD | Actual Month | Month Performance | Monthly Change | YTD Position |
| 6.1 | Continuity of Services Risk Rating | | 3 | | 2 | | <div></div> | |
| 6.2 | Risk register | | 1 | | 3 | | <div></div> | |
| 6.3 | CQC Outcomes | | 1 | | 2 | | <div></div> | |
| 6.4 | NHSI Governance Risk Rating | | 4 | | 3 | | <div></div> | |
| 6.5 | Friends & Family Recommend Place of Work | | 62 | 55.8 | 55.8 | | <div></div> | |
| 6.6 | Vacancy Rate % | | 10 | 13.4 | 13.4 | | <div></div> | |
| 6.7 | Vacancy rate (Baseline) | | 3.8 | 8.4 | 8.4 | | <div></div> | |
| 6.8 | Bank Staff Usage | | 9 | 4.4 | 4.4 | | <div></div> | |
| 6.9 | Agency Staff Usage | | 7 | 10.3 | 10.3 | | <div></div> | |
| 6.10 | Sickness % | | 3.5 | 3.6 | 3.6 | | <div></div> | |
| 6.11 | Substantive Staff Turnover | | 11.0 | 13.1 | 13.1 | | <div></div> | |
| 6.12 | Appraisal Rate | | 85 | 82.8 | 82.8 | | <div></div> | |
| 7 - FINANCIAL PERFORMANCE | | | | | | | | |
| ID | Indicator | Target 16-17 | Target YTD | Actual YTD | Actual Month | Month Performance | Monthly Change | YTD Position |
| 7.1 | Capital Servicing Capacity | | 1 | 4 | 4 | | <div></div> | |
| 7.2 | Liquidity Ratio (days) | | 1 | 3 | 3 | | <div></div> | |
| 7.3 | I&E Margin | | 1 | 4 | 4 | | <div></div> | |
| 7.4 | Distance from financial plan | | 1 | 2 | 2 | | <div></div> | |
| 7.5 | Agency spend variance from ceiling | | 1 | 4 | 4 | | <div></div> | |
| 7.6 | Overall Finance Metric | | 1 | 3 | 3 | | <div></div> | |
| 7.7 | Pay Spend | | 100 | 101.1 | 101.9 | | <div></div> | |
| 7.8 | Capital Plan Trajectory | | 90 | 35.8 | 44.8 | | <div></div> | |
| 7.9 | CIP Plan delivered | | 100 | 98.0 | 78.0 | | <div></div> | |
| 7.10 | Cash Plan | | 90 | 125.0 | 125.0 | | <div></div> | |
| 8 - SUSTAINABILITY | | | | | | | | |
| ID | Indicator | Target 16-17 | Target YTD | Actual YTD | Actual Month | Month Performance | Monthly Change | YTD Position |
| 8.1 | GP referrals Received - 2WW | | | 4961 | 777 | | <div></div> | |
| 8.2 | GP referrals Received - non 2WW | | | 59476 | 8266 | | <div></div> | |
| 8.3 | A&E Attendances | 147144 | 86258 | 88000 | 12860 | | <div></div> | |
| 8.4 | Elective Spells (PBR) | 37060 | 21618 | 22833 | 3530 | | <div></div> | |
| 8.5 | NonElective Spells | 46703 | 27005 | 26418 | 3889 | | <div></div> | |
| 8.6 | OP Attendances/Procs (Total) | 471770 | 275200 | 294902 | 41104 | | <div></div> | |
| 8.7 | Outpatient DNA Rate | | 8 | 8.2 | 7.90 | | <div></div> | |
| 8.8 | Theatre Utilisation | Method of Data Collection and Definition to be confirmed | | | | | | |

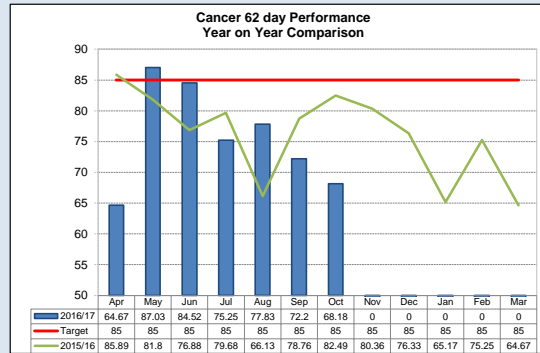
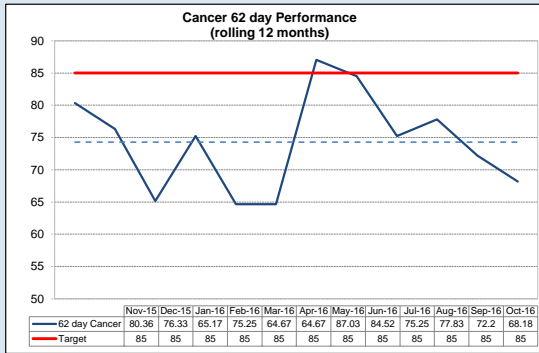
| M1 | M2 | M3 | M4 | M5 | M6 | M7 | M8 | M9 | M10 | M11 | M12 |
|-------|-------|-------|-------|-------|-------|-------|----|----|-----|-----|-----|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| 35 | 30 | 20 | 18 | 22 | 19 | 18 | | | | | |
| 3 | 2 | 2 | 1 | 1 | 1 | 2 | | | | | |
| 0 | 0 | 0 | 0 | 0 | 0 | 1 | | | | | |
| 0.185 | 0.000 | 0.141 | 0.045 | 0.047 | 0.184 | 0.087 | | | | | |
| 3.38 | 2.22 | 2.58 | 3.02 | 4.11 | 3.77 | 3.45 | | | | | |
| 742 | 490 | 448 | 480 | 450 | 457 | | | | | | |
| 99.5 | 99.3 | 97.5 | 95.9 | 91.3 | 94.7 | 95.4 | | | | | |
| 117.7 | 117.5 | 112.3 | 112.5 | 107.5 | 101.5 | 101.5 | | | | | |
| 61.4 | 87.7 | 87.1 | 85.5 | 87.0 | 88.6 | 89.2 | | | | | |
| 87.0 | 89.0 | 88.5 | 86.3 | 88.2 | 89.9 | 90.5 | | | | | |
| 87.0 | 89.0 | 88.5 | 86.8 | 87.9 | 89.3 | 90.1 | | | | | |
| 85.8 | 64.2 | 63.8 | 63.6 | 66.0 | 67.5 | 68.6 | | | | | |
| 0.00 | 0.38 | 0.37 | 0.54 | 0.36 | 0.57 | 0.38 | | | | | |
| 0.94 | 0.38 | 1.28 | 0.73 | 1.82 | 1.14 | 0.75 | | | | | |
| 0.57 | 1.88 | 0.73 | 1.27 | 2.00 | 1.52 | 0.94 | | | | | |
| 0.75 | 1.51 | 0.55 | 0.00 | 1.09 | 0.95 | 0.94 | | | | | |
| 0.75 | 0.38 | 0.91 | 0.73 | 1.27 | 0.38 | 0.94 | | | | | |
| 1.51 | 2.82 | 2.01 | 1.81 | 1.63 | 3.60 | 2.26 | | | | | |

| M1 | M2 | M3 | M4 | M5 | M6 | M7 | M8 | M9 | M10 | M11 | M12 |
|-------|-------|-------|-------|-------|-------|-------|----|----|-----|-----|-----|
| 92.4 | 93.3 | 91.5 | 91.5 | 94.7 | 93.7 | 94.5 | | | | | |
| 111.3 | 111.3 | 109.7 | 109.7 | 109.7 | 109.7 | 106.2 | | | | | |
| 99.6 | 99.6 | 98.7 | 98.7 | 98.7 | 98.7 | 98.7 | | | | | |
| 5 | 2 | 19 | 6 | 6 | 10 | 18 | | | | | |
| 134 | 130 | 124 | 113 | 115 | 154 | 148 | | | | | |
| 4.3 | 3.9 | 3.9 | 3.7 | 3.9 | 3.8 | 3.8 | | | | | |
| 8.2 | 9.1 | 8.4 | 9.0 | 8.1 | 7.7 | 8.3 | | | | | |

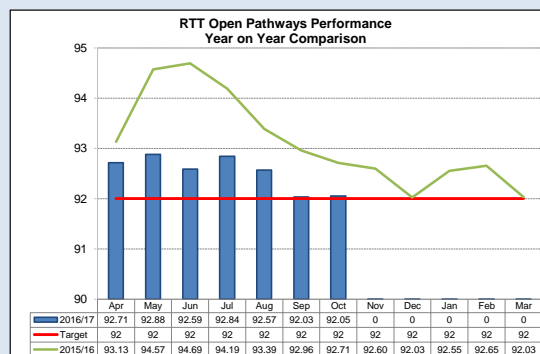
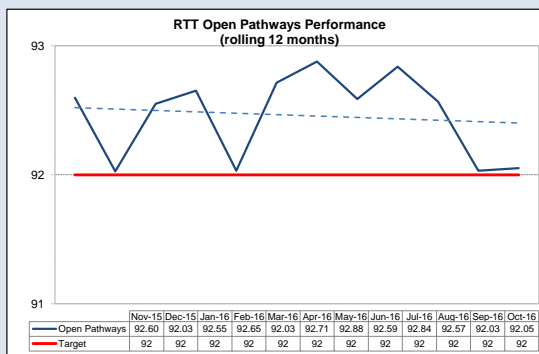
| M1 | M2 | M3 | M4 | M5 | M6 | M7 | M8 | M9 | M10 | M11 | M12 |
|------|------|------|------|------|------|------|----|----|-----|-----|-----|
| 2.22 | 2.22 | 2.21 | 2.21 | 1.39 | 2.21 | 2.22 | | | | | |
| 91.2 | 87.7 | 89.3 | 89.7 | 87.3 | 91.0 | 90.5 | | | | | |
| 3.9 | 6.1 | 1.8 | 2.5 | 2.9 | 4 | 2 | | | | | |
| 13 | 9 | 15 | 16 | 14 | 26 | 20 | | | | | |
| | | | | | | | | | | | |
| 11.8 | 11.5 | 12.6 | 13.4 | 14.7 | 13.3 | 14.1 | | | | | |
| 36 | 24 | 43 | 39 | 49 | 35 | 31 | | | | | |
| | | | | | | | | | | | |

| M1 | M2 | M3 |
|----|----|----|
|----|----|----|

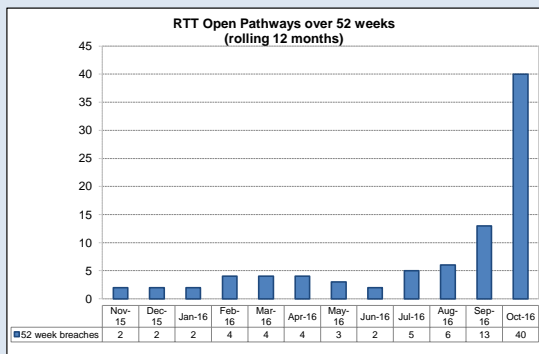
Trends in Key Performance Areas



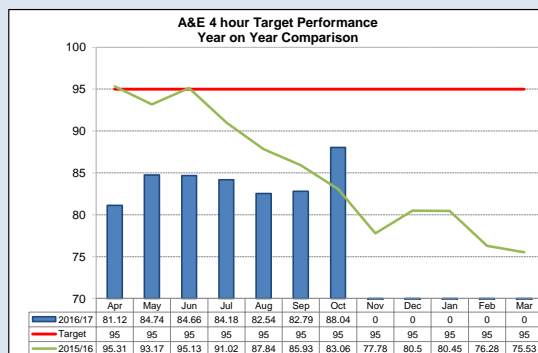
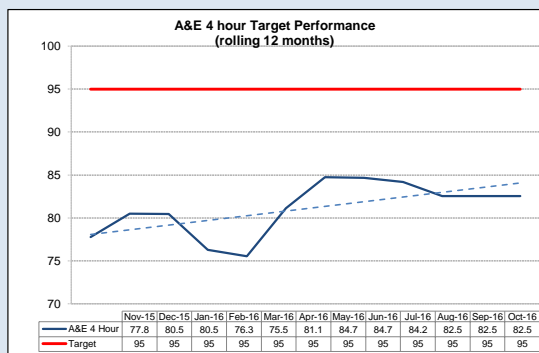
The Cancer performance figures are the latest validated position available so data shown in October is the validated September position. As a recovery plan is enacted to address those patients that have already waited over 62 days then it should be expected that performance will continue to be below the 85% standard. Recovery plans are in place and are revised continuously.



Over the rolling 12 months up to October 2016 the RTT Open Pathways Performance has continued to decline yet stay just above the 92% standard. As the review of the PTL and associated processes continues there are new cohorts of patients identified which may not have previously been reported correctly. Adjustments are being made on a cohort by cohort basis to produce an ever improving reporting position in terms of completeness.



The number of open pathways over 52 weeks has increased dramatically this month with 40 being reported as open at month end. The increase is due to the continued and extended validation activity. A weekly report is made to NHSI and CCG to update on progress and the current position.



Over the rolling 12 months up to October 2016 performance against the A&E 4 hour target continues to be on a general upward trend.

TRUST BOARD MEETING – 30 NOVEMBER 2016

**FINANCE AND PERFORMANCE COMMITTEE – 23 NOVEMBER 2016
EXECUTIVE SUMMARY REPORT**

| | |
|---|---|
| PURPOSE | To present to the Trust Board the report from the Finance and Performance Committee (FPC) meeting of 23 November 2016 |
| PREVIOUSLY CONSIDERED BY | N/A |
| Objective(s) to which issue relates * | <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 20px;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <p>1. Keeping our promises about quality and value – embedding the changes resulting from delivery of Our Changing Hospitals Programme.</p> <p>2. Developing new services and ways of working – delivered through working with our partner organisations</p> <p>3. Delivering a positive and proactive approach to the redevelopment of the Mount Vernon Cancer Centre.</p> </div> </div> |
| 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 * | <div style="display: flex; justify-content: space-around; align-items: center;"> <div><input type="checkbox"/> Corporate Risk Register</div> <div><input checked="" type="checkbox"/> BAF</div> </div> |
| ACTION REQUIRED * <div style="display: flex; justify-content: space-around;"> <div>For approval <input type="checkbox"/></div> <div>For decision <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>For discussion <input checked="" type="checkbox"/></div> <div>For information <input type="checkbox"/></div> </div> | |
| DIRECTOR: | CHAIRMAN OF FPC |
| PRESENTED BY: | CHAIRMAN OF FPC |
| AUTHOR: | BOARD COMMITTEE SECRETARY/COMPANY SECRETARY |
| DATE: | 23 NOVEMBER 2016 |

**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**

FINANCE AND PERFORMANCE COMMITTEE – 23 NOVEMBER 2016

EXECUTIVE SUMMARY REPORT TO BOARD – 30 NOVEMBER 2016

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

OUTCOMES:

Floodlight Scorecard Month 7

The FPC received the floodlight scorecard for Month 7 indicating monthly and year-to-date performance, including RAG ratings against trajectories. The FPC noted minor amendments were required to indicators for safety thermometer, vacancy rates and within operational performance which would be corrected for Board. The Committee requested monthly Committee reports include a summary of risk areas indicating red and amber indicators.

Finance Report Month 7

The FPC received the Month 7 finance report reporting a £180k deficit in month (£7.754m deficit year-to-date). The FPC noted potential funding and cost pressure risks including the Trust's NHSI finance year-to-date rating 3. Further headlines included:

- a deterioration to the normalised run rate in month, expected to improve following the refresh of month 7 income;
- higher than plan clinical income (£0.675m); the year-to-date position (£5.514m) was higher than plan;
- expenditure of £1.388m adverse to plan due to unachieved CIPs owing to a significant increase in the step-up of targets;
- CIP delivery of 78% (98% year to date);
- cash balance higher than plan;
- capital expenditure below plan.

The FPC discussed activity against expenditure linked to divisional variances noting the main driver for over-performance in admitted patient care continued to be increases in day case activity, non-elective spells and elective activity. The Committee noted expenditure was higher owing to outpatients and referral to treatment appointments undertaken out-of-hours. The FPC received assurance the Interim Chief Operating Officer robustly monitored all requests for additional working and had a process to review output of the clinic against plan.

The FPC discussed the shortfall in delivery of its CIP programme and supported implementation of a dedicated PMO to improve performance, and challenged the team to seek efficiencies through transformation changes.

The FPC reviewed latest analysis of the Trust's performance in relation to its main contracts with CCG's and NHS England including trend data noting the Trust and ENHCCG continued to investigate reasons for the difference in activity and income reporting.

2016/17 Year End Forecast

The FPC received an update on the year-end forecast including range of financial risks facing the Trust in 2016/17 and an update on correspondence with NHSI regarding risk to delivery of the Trust's control total. The FPC requested an action plan to achieve the year-end forecast as in previous years. Further discussion would take place at Trust Board Part II.

2017-18 and 2018-19 Financial Plan including Trust Objectives

The FPC received an update on financial planning 2017/18 and 2018/19 including a first draft of the Operating Plan objectives due for submission to NHSI on 24 November 2016; final submission of the plan was anticipated on 23 December 2016. Subject to minor suggestions

for further improvements to ensure clear focus on key priorities, commitment to transformation and clear milestones, the FPC supported submission of the Trust's draft Operating Plan.

Service Line Reporting Month 7

The FPC 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 discussed data validity issues, concerned these were predominantly due to culture. The FPC requested 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.

Monthly Agency Report

The FPC welcomed a comprehensive review of the Trust's agency position; key issues affecting agency use, on-going trends and performance against targets. The report also included updates on initiatives being undertaken to address agency expenditure and mitigation plans where negative trends had been identified. The FPC reviewed temporary staffing performance and was assured the Trust's roster system adequately covered planning for sickness and annual leave. The FPC requested future updates include an executive summary of progress made.

Workforce Report Month 6

The FPC received the Month 7 Workforce Report concerning management of the workforce. Key areas of focus highlighted included:

- Vacancy rates – these were reliant on new, innovative attraction, recruitment and retention projects. The position remained fairly static identifying an improvement in qualified nursing in month, the fifth consecutive month in which forecast was exceeded. The Trust recruited more than forecast however attrition was higher;
- Staff retention - a number of priorities had been implemented to address staff retention and develop and influence the organisational culture in order to create a working environment where staff felt engaged, valued and supported;
- Recruitment strategies – the Trust's pension proposal and 'Work closer to home' campaigns had been successful.

Performance Report Month 7

The FPC received the Month 7 performance report highlighting the Trust's position against 6 KPI's agreed with NHSI linked to funding recovery trajectories. Key headlines included:

- Delivery of the RTT open pathway position despite a rise in the size of the backlog; predicting a challenging position in November;
- The Trust did not achieve the Emergency Department 4-hour standard in October but did over-achieve against the STF improvement trajectory delivering 88.04% against 85.5% and forecasting achievement of the trajectory in November (currently 89%);
- The Trust did not achieve its 62-day urgent referral to treatment cancer standard. The FPC supported corrective actions in place to improve cancer performance;
- The Trust did not achieve its 4 hours direct admission to a stroke unit target; the Trust would continue to work with ED to support earlier detection of stroke patients at the front door.

TPP update

The FPC received a verbal update on the latest situation concerning TPP noting further discussion on financial and commercial issues would take place at Trust Board Part II.

OTHER MATTERS:

High Level Financial Planning Timetable

The FPC welcomed the financial planning timetable including imminent key deadlines and received assurance all previous deadlines had been met.

Women and Children's Presentation

The Committee received a presentation on financial performance from the Divisional Director of Women and Children's Division noting the principle reason for the adverse variance was under-achievement of maternity services income. The FPC was pleased to note recent reductions in agency expenditure and delivery of a successful recruitment campaign.

Procurement Transformation Plan

The FPC discussed the Trust's procurement service including costs management/effectiveness, materials management responsibility, efficiency of stock control, materials usage and value for money. The FPC felt the plan lacked content and ambition and requested a report back in January on actions to take forward including benchmarking information. The FPC supported implementation of a procurement steering group.

Data Quality Metrics

The FPC received the latest update on data quality metrics including actions and plans to improve the quality of data used for clinical outcomes, benchmarking and income. The FPC discussed average coding depth noting this would be key to resolving funding issues with the CCG and requested the CIO report back to FPC with a plan to resolve coding issues.

Lorenzo – Innovation Programme

The FPC received an update on progress towards delivery of the Lorenzo project noting a response was awaited from NHS Digital and CSC regarding delay to the Lorenzo 'go live' date. The Trust had also secured an external validation team anticipated to start week commencing 28 November. The FPC received confirmation the CIO was exploring a replacement for the BIMS bed management system (which the Executive had agreed to decommission) to run alongside Lorenzo.

Health Records Performance

The FPC noted improvements to Health Records performance and requested this information be broken down into specialities for further analysis to ascertain any 'hot spots'. The FPC supported implementation of the Outpatient Strategy Board to provide assurance on missing patient notes.

The FPC noted the following reports provided for information:

- Emergency Department Benefits Realisation – The FPC was disappointed the post-project evaluation did not include people metrics, details of cultural change or measures to inform progress;
- Lord Carter Update – The FPC requested future updates include a 2-page summary highlighting objectives, achievements and look forward;
- Strategic Projects Review – The FPC requested the Executive update the review to include an integrated assurance plan and benefits realisation of those strategic projects of particular challenge to the Trust, such as data quality, Lorenzo, out-patient flow;
- Sustainability

Julian Nicholls
Chairman

25 November 2016

TRUST BOARD – 30 NOVEMBER 2016

FINANCE REPORT MONTH 7

| | |
|---|---|
| PURPOSE | To set out the Trust's financial position for the period ending 31 October 2016 |
| PREVIOUSLY CONSIDERED BY | Finance and Performance Committee |
| Objective(s) to which issue relates * | <input checked="" type="checkbox"/> 1. Keeping our promises about quality and value – embedding the changes resulting from delivery of Our Changing Hospitals Programme. <input type="checkbox"/> 2. Developing new services and ways of working – delivered through working with our partner organisations <input type="checkbox"/> 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 * | <input type="checkbox"/> Corporate Risk Register <input checked="" type="checkbox"/> BAF |
| ACTION REQUIRED * <div style="display: flex; justify-content: space-around;"> <div>For approval <input type="checkbox"/></div> <div>For decision <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>For discussion <input checked="" type="checkbox"/></div> <div>For information <input type="checkbox"/></div> </div> | |
| DIRECTOR: | Director of Finance |
| PRESENTED BY: | Director of Finance |
| AUTHOR: | Associate Director of Finance |
| DATE: | November 2016 |

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

Financial Summary - October 2016

| Key issue | Summary | Pages | In Month | YTD |
|--|---|-------|----------|-----|
| I&E Summary | The Trust delivered a £0.18m deficit in month against a planned surplus of £0.14m, creating a £0.327m adverse variance. The reported in month position included a positive impact of £0.737m from releasing some of the contingency. Year to date there is a £7.754m deficit, which is £0.708m favourable to plan, after application of contingency. | 3 | | |
| Run rate analysis | There is a deterioration to the normalised run rate in month, compared with the previous months, although this is expected to improve following the refresh of month 7 income. | 4 | | |
| Activity & Income | Clinical income is £0.675m higher than plan in the month. The year to date position is £5.514m higher than plan. There was over performance in month on day cases and outpatients which was partially offset by under performance on maternity and elective activity. Non-clinical income was below plan this month as the conditions for achievement of STF funding were not all met (£780k shortfall). | 5 | | |
| Expenditure | Expenditure is £1.388m adverse to plan in month and £3.708m year to date. Of the in month variance, £0.577m relates to unachieved CIPs where there has been a significant increase in the step up of CIP targets from this month. A further £0.2m is due to a ward which was funded until August 2016, but has been unable to close due to activity levels as well as continued variances due to activity pver performance. | 6-8 | | |
| CIP plans | The CIP delivery in month was 78% (98% year to date). From month 7 there is 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. | 9 | | |
| Divisional Analysis | The net I&E position of the Women and Children's division has improved but still has a significant year to date adverse variance (£1.471m). The Medical and Surgical Divisions have positive adverse variances in month which are partially offset by small adverse variances in the Cancer and Clinical Support Divisions. The impact of the STF shortfall appears with the Corporate Division on the divisional analysis. | 10 | | |
| Cash | There was a £1.250m cash balance at the end of the month, which is higher than the £1.000m minimum cash balance. During October payment of £0.418m was received for an insurance claim relating to the sale of QEII. | 11 | | |
| Capital | Capital expenditure is below plan in the month, as orders have been placed but goods and services have not yet been received. | 12 | | |
| Balance sheet, Aged debtors & creditors | | 13 | | |
| 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 7 year to date rating is a 3 which triggers that potential mandated support from NHSI may be required | 14 | | |
| | | | | |

Green Better than plan
Amber 0-5% adverse to plan
Red 6-10% adverse to plan

Financial Narrative - Key Issues - October 2016

The key issues identified for month 7 are as follows:

The month 7 position is a £1,057k adverse variance in month, prior to a release of £737k contingency. Year to date there is a £1,392k favourable variance, prior to an additional £683k contingency, to produce a reported variance of £708k favourable.

Risks not included in the month 7 year to date position

Although the month 7 ytd position appears positive the Trust has significant risks to delivery of its revised control target, which have been outlined to NHSI in a letter dated 11th November. This will be discussed as a separate agenda item on forecast outturn. The month 7 position continues to assume receipt of some of the original planning assumptions whilst seeking advice and guidance from NHSI in respect of resolution of these items.

Specifically this includes continuing to assume:

- receipt of transformation workforce funding
- waive of readmissions penalties
- receipt of other support funding from CCG 1% reserve
- that the Trust does not make any settlements for prior years SLA positions
- that there is no adverse impact from tPP

As a result of the above, the month 8 position could significantly deteriorate following discussions with NHSI and local commissioners regarding resolution of these items.

Sustainability and Transformation Funding

- The Trust is in receipt of its full funding of the 70% element relating to financial performance for quarters one and two. For month 7, and for future months, the Trust has assumed that this will not be received, which has resulted in an adverse variance per month of £624k.

- In addition, continued operational pressures mean that the Trust is unlikely to receive all of the 30% STF funding which is linked to achievement of operational trajectories/targets. In month 7 the Trust only achieved the ED target, which has resulted in an adverse variance for the cancer target (£45k), and RTT (£112k).

Cash

The Trust is expecting to be able to convert of £8.6m of its working capital facility relating to the planned 2016/17 deficit, together with converting the additional £4.2m to cover the additional unplanned 2015/16 deficit, to longer-term borrowing. However, the mechanism for the £4.2m has not been confirmed. If a repayment of NHSP VAT issue is required, there will be the need for further cash support. Details of the process and timing for accessing interim revenue support has not yet been received from DH and NHSI, although the Trust is working on the likely inputs into an application in order that this can be expedited once the process has been confirmed. The impact on the cash position of the best case, most likely and worst case scenarios in the year end forecast paper have been assessed and the position regarding cash availability monitored on this basis.

Income and Expenditure Summary - October 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 | 30,405 | 31,080 | 675 | 212,179 | 217,692 | 5,513 | 363,203 |
| Income from non NHS activities | 537 | 457 | (80) | 3,644 | 2,984 | (659) | 6,328 |
| Other operating income | 4,636 | 4,285 | (352) | 29,455 | 29,083 | (371) | 52,629 |
| Total Income | 35,578 | 35,822 | 244 | 245,278 | 249,760 | 4,482 | 422,161 |
| Expenditure | | | | | | | |
| Pay | (21,061) | (21,455) | (394) | (148,049) | (149,647) | (1,598) | (252,940) |
| Non-Pay | (12,581) | (13,536) | (954) | (92,344) | (94,546) | (2,203) | (155,306) |
| Unallocated Budgets | (359) | (398) | (40) | (3,292) | (3,200) | 93 | (5,327) |
| Total Expenditure | (34,001) | (35,389) | (1,388) | (243,685) | (247,393) | (3,708) | (413,573) |
| EBITDA | 1,576 | 432 | (1,144) | 1,593 | 2,367 | 774 | 8,588 |
| PDC Dividends payable | (194) | (194) | 0 | (1,361) | (1,361) | 0 | (2,333) |
| Depreciation | (691) | (604) | 87 | (4,836) | (4,227) | 609 | (8,290) |
| Investment Revenue | 2 | 2 | (0) | 15 | 23 | 8 | 25 |
| Finance Costs | (303) | (303) | 0 | (2,123) | (2,123) | 0 | (3,640) |
| NET SURPLUS / (DEFICIT) before contingency | 390 | (667) | (1,057) | (6,712) | (5,321) | 1,392 | (5,650) |
| Contingency | (250) | 487 | 737 | (1,750) | (2,433) | (683) | (3,000) |
| NET SURPLUS / (DEFICIT) after contingency | 140 | (180) | (320) | (8,462) | (7,754) | 708 | (8,650) |

Headlines against internal Trust plan:

There was an adverse variance of £1,057k in the month prior to the release of contingency. Year to date there has been a favourable variance of £1,392k but application of a higher than planned contingency reduces this to £708k.

Clinical Income was £675k above plan for the month, with favourable variances against day cases & outpatient procedures offset by shortfalls in Maternity and Electives. The month 7 value includes a £448k positive impact of the refresh for previous months.

There is an adverse variance against other Operating Income due to the expected under-delivery against financial & performance STF targets (£780k). This shortfall was offset by a one off benefit from an insurance claim related to a land sale (£418k).

Adverse variances in pay continue including £253k on medical staff, mainly as a result of increased waiting list sessions.

The adverse variance on non-pay is on drugs and clinical supplies linked to additional activity, but this month also saw a large step up in CIP targets that were not achieved in full.

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 | 129 | (180) | (309) | (7,479) | (7,754) | (275) | (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 £275k adverse variance.

Run Rate Analysis - October 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 Plan £000s | Dec-16 Plan £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 | 30,715 | 29,061 | 30,435 | 29,046 | 31,766 | 368,718 |
| Other income | 3,736 | 3,514 | 6,488 | 4,388 | 4,615 | 4,586 | 4,742 | 5,135 | 5,128 | 5,122 | 5,140 | 5,335 | 57,928 |
| Total Income | 34,284 | 33,842 | 38,391 | 36,156 | 35,880 | 35,388 | 35,822 | 35,850 | 34,189 | 35,557 | 34,186 | 37,101 | 426,646 |
| Expenditure | | | | | | | | | | | | | |
| Pay | (21,174) | (21,185) | (21,419) | (21,317) | (21,705) | (21,390) | (21,455) | (20,951) | (20,951) | (20,978) | (20,981) | (21,031) | (254,537) |
| Non Pay | (13,846) | (13,164) | (13,619) | (13,257) | (13,517) | (13,610) | (13,536) | (12,577) | (12,572) | (12,604) | (12,607) | (12,601) | (157,510) |
| Unallocated budgets | (417) | (917) | (1,539) | (1,836) | 88 | 469 | 88 | (670) | (670) | (503) | (703) | (738) | (7,348) |
| Total Expenditure | (35,437) | (35,267) | (36,577) | (36,410) | (35,134) | (34,531) | (34,903) | (34,199) | (34,193) | (34,085) | (34,291) | (34,370) | (419,395) |
| EBIDTA | (1,153) | (1,425) | 1,813 | (253) | 746 | 857 | 919 | 1,651 | (4) | 1,472 | (105) | 2,731 | 7,251 |
| Financing costs | (1,259) | (1,259) | (1,014) | (1,207) | (852) | (998) | (1,099) | (1,186) | (1,186) | (1,186) | (1,186) | (1,186) | (13,621) |
| Profit on sale of land | | | | | | | | | | | | | |
| Reported Net (Deficit) | (2,412) | (2,684) | 799 | (1,460) | (106) | (141) | (180) | 465 | (1,190) | 286 | (1,292) | 1,545 | (6,371) |

Headlines:

The planned deficit in the 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 support funding (£3.6m).
The monthly variations in planned I&E are mainly as a result of income phasing relating to working and calendar days.

The Unallocated budget amounts includes movements in Contingency.

Normalised Adjustments:

| | | | | | | | | | | | | | |
|--|----------------|----------------|----------------|----------------|--------------|----------------|----------------|----------------|----------------|----------------|----------------|--------------|-----------------|
| CCG funding - assumed in original plan | (458) | (458) | (458) | (375) | (458) | (258) | (258) | (258) | (258) | (258) | (258) | (258) | (4,017) |
| CCG funding to achieve revised control total | | | | | | | (592) | (592) | (592) | (592) | (592) | (592) | (3,550) |
| Sustainability & Transformation Funding | | | (2,675) | (847) | (847) | (733) | (112) | (892) | (892) | (892) | (892) | (892) | (9,672) |
| Contingency | 250 | 670 | 1,050 | 1,150 | 850 | (1,050) | (487) | | | | | | 2,433 |
| Income from Land Sale | | | | | | | (418) | | | | | | (418) |
| NHSP VAT Adjustment | (83) | (83) | (83) | (83) | 333 | 83 | 83 | | | | | | 166 |
| Prior months adjustments: | | | | | | | | | | | | | |
| High cost drugs | 55 | (55) | | | | | | | | | | | 0 |
| NHS Income refresh M1-6 | 321 | 576 | (215) | (571) | 15 | (126) | | | | | | | 0 |
| NHS Income refresh M7 | 0 | 0 | 0 | 38 | (189) | 598 | (448) | | | | | | 0 |
| Finance costs incl Depreciation | 172 | 172 | (50) | 98 | (235) | (158) | | | | | | | 0 |
| NHSP Medical | (58) | (58) | (175) | 96 | 266 | 72 | (144) | | | | | | 0 |
| Education & Training | 32 | 32 | 32 | 32 | 32 | (158) | | | | | | | 0 |
| Normalised Net (Deficit) | (2,181) | (1,888) | (1,775) | (1,923) | (339) | (1,871) | (2,556) | (1,277) | (2,932) | (1,456) | (3,033) | (197) | (21,429) |

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 October are:

- Assumed CCG support funding/redadmissions waive (£592k)
- Release of contingency (£487k)
- Income from land sale relating to insurance claim (£418k)
- Impact of income refresh where the month 7 position includes a positive benefit of £448k
- NHSP Medical Staffing cancelled shifts

Actual/Forecast (Deficit) per calendar day

| | | | | | | | | | | | | |
|------|------|------|------|------|------|------|------|------|------|-------|-----|------|
| (73) | (61) | (59) | (62) | (11) | (62) | (82) | (43) | (98) | (49) | (101) | (6) | (59) |
|------|------|------|------|------|------|------|------|------|------|-------|-----|------|

Activity and Contract Income - October 2016

| Prior year actual YTD Month 7 | Activity | Current Month | | | | Year to Date | | | | Annual Plan |
|-------------------------------|------------------------------|---------------|---------------|--------------|-------------|----------------|----------------|----------------|-------------|----------------|
| | | Plan | Actual | Variance | % | Plan | Actual | Variance | % Var | |
| 13,300 | Day Cases | 2,039 | 2,690 | 651 | 32 | 14,152 | 16,539 | 2,387 | 17 | 24,347 |
| 6,631 | Elective | 955 | 621 | (334) | (35) | 6,653 | 4,919 | (1,734) | (26) | 11,429 |
| 26,178 | Non Elective | 3,913 | 3,974 | 61 | 2 | 26,418 | 25,841 | (577) | (2) | 45,702 |
| 46,109 | Total Inpatients | 6,907 | 7,285 | 378 | 5 | 47,223 | 47,299 | 76 | 0 | 81,478 |
| 11,681 | Excess bed days | 1,716 | 1,507 | (209) | (12) | 11,872 | 10,112 | (1,760) | (15) | 20,264 |
| 11,681 | Total Excess bed days | 1,716 | 1,507 | (209) | (12) | 11,872 | 10,112 | (1,760) | (15) | 20,264 |
| 58,006 | Consultant first attendance | 8,589 | 8,889 | 300 | 3 | 60,058 | 61,274 | 1,216 | 2 | 103,004 |
| 101,265 | Consultant follow up | 14,894 | 15,544 | 650 | 4 | 104,261 | 108,087 | 3,826 | 4 | 178,733 |
| 35,672 | Outpatient Procedures | 5,888 | 6,436 | 548 | 9 | 40,554 | 47,892 | 7,338 | 18 | 69,992 |
| 97,420 | Other outpatients | 16,076 | 15,893 | (183) | (1) | 109,865 | 108,080 | (1,785) | (2) | 188,601 |
| 292,363 | Total Outpatients | 45,447 | 46,762 | 1,315 | 3 | 314,738 | 325,333 | 10,595 | 3 | 540,330 |
| 85,369 | A&E attendances | 13,269 | 13,621 | 352 | 3 | 91,576 | 93,431 | 1,855 | 2 | 156,216 |
| 46,586 | Renal Dialysis | 6,846 | 7,065 | 219 | 3 | 47,913 | 49,401 | 1,488 | 3 | 82,129 |
| 3,861 | Adult Critical Care | 618 | 618 | 0 | 0 | 4,271 | 3,869 | (402) | (9) | 7,287 |
| 3,282 | Maternity Births | 500 | 472 | (28) | (6) | 3,451 | 3,338 | (113) | (3) | 5,907 |
| 90,214 | Mount Vernon | 13,365 | 13,602 | 237 | 2 | 93,476 | 92,586 | (890) | (1) | 160,196 |

Headlines:

The main driver for Over performance in Admitted patient care continues to be Day Case activity which hit an all year high in month 7. Non elective also saw the highest number of spells this year. Elective activity saw an increase over month 6 but has not returned to the YTD average number of spells yet.

Outpatient Procedures continues to be the main driver of over performance. However, other Outpatients attendance levels dropped in month 7, bringing the total run rate for Outpatient services down by 1,444 attendances in M7 against the YTD average.

A&E activity continued to perform above plan in September seeing 13,621 attendances (12,860 A&E [94%] and 763 Urgent Eye [6%]). The over performance is 361 attendances for A&E and (8) for Urgent Eye.

| Prior year actual YTD Month 7 | Income | Current Month | | | | Year to Date | | | | Annual Plan |
|-------------------------------|------------------------------|---------------|---------------|----------------|-------------|----------------|----------------|----------------|-------------|----------------|
| | | Plan £000s | Actual £000s | Variance £000s | Var % | Plan £000s | Actual £000s | Variance £000s | Var % | |
| 10,800 | Day Cases | 1,691 | 2,171 | 480 | 28 | 11,734 | 14,070 | 2,336 | 20 | 20,190 |
| 13,067 | Elective | 1,872 | 1,707 | (165) | (9) | 13,071 | 12,774 | (297) | (2) | 22,433 |
| 39,619 | Non Elective | 6,400 | 6,414 | 14 | 0 | 43,769 | 46,007 | 2,238 | 5 | 75,334 |
| 63,486 | Total Inpatients | 9,963 | 10,292 | 329 | 3 | 68,574 | 72,851 | 4,277 | 6 | 117,957 |
| 2,975 | Excess Bed days | 433 | 375 | (58) | (13) | 2,996 | 2,569 | (427) | (14) | 5,114 |
| 2,975 | Total Excess bed days | 433 | 375 | (58) | (13) | 2,996 | 2,569 | (427) | (14) | 5,114 |
| 10,057 | Consultant first attendance | 1,501 | 1,569 | 68 | 5 | 10,496 | 10,824 | 328 | 3 | 18,001 |
| 10,261 | Consultant follow up | 1,523 | 1,547 | 24 | 2 | 10,662 | 10,959 | 297 | 3 | 18,277 |
| 6,071 | Outpatient Procedures | 991 | 1,205 | 214 | 22 | 6,893 | 8,284 | 1,391 | 20 | 11,850 |
| 9,509 | Other outpatients | 1,527 | 1,648 | 121 | 8 | 10,548 | 11,050 | 502 | 5 | 18,130 |
| 35,898 | Total Outpatients | 5,542 | 5,969 | 427 | 8 | 38,599 | 41,117 | 2,518 | 7 | 66,257 |
| 9,800 | A&E attendances | 1,535 | 1,712 | 177 | 12 | 10,570 | 11,435 | 865 | 8 | 18,050 |
| 7,143 | Renal Dialysis | 1,070 | 1,075 | 5 | 0 | 7,487 | 7,575 | 88 | 1 | 12,832 |
| 5,100 | Adult Critical Care | 839 | 849 | 10 | 1 | 5,793 | 5,403 | (390) | (7) | 9,884 |
| 9,172 | Maternity Pathway | 1,449 | 1,212 | (237) | (16) | 10,135 | 8,822 | (1,313) | (13) | 17,381 |
| 6,963 | Maternity Births | 1,126 | 1,114 | (12) | (1) | 7,775 | 7,831 | 56 | 1 | 13,301 |
| (1,162) | Maternity Cross Charge | 169 | (181) | (12) | 7 | (1,182) | (1,120) | 62 | (5) | (2,026) |
| 30,014 | Mount Vernon | 4,634 | 4,673 | 39 | 1 | 31,690 | 31,323 | (367) | (1) | 53,808 |
| 11,017 | Drugs | 1,503 | 1,439 | (64) | (4) | 11,827 | 11,912 | 85 | 1 | 20,053 |
| 12,886 | Other Non-PbR cost & volume | 1,976 | 2,015 | 39 | 2 | 14,386 | 14,162 | (224) | (2) | 24,543 |
| 3,449 | Acute CQUIN | 504 | 536 | 32 | 6 | 3,528 | 3,812 | 284 | 8 | 6,049 |
| 196,741 | Total NHS Income | 30,405 | 31,080 | 675 | 2 | 212,178 | 217,692 | 5,514 | 3 | 363,203 |

Headlines:

Although the YTD Non Elective underperformance in activity terms has generated a positive price mix, the in month income position has deteriorated. This is being investigated.

There continues to be a material underperformance in Elective activity, dialogue is ongoing with Divisions to understand drivers and recovery plans. The main contributors to the shortfall are Surgical specialties and Oncology.

This is compensated for by the ongoing favourable trend in both outpatient procedures and Consultant led First Appointments. and Day case activity, which has seen the highest levels of activity all year in month 7 resulting in an in month increase in income of over £200k above 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 who have yet to provide full patient data to ENHT regarding the women they have seen that we are lead provider for.

Expenditure - October 2016

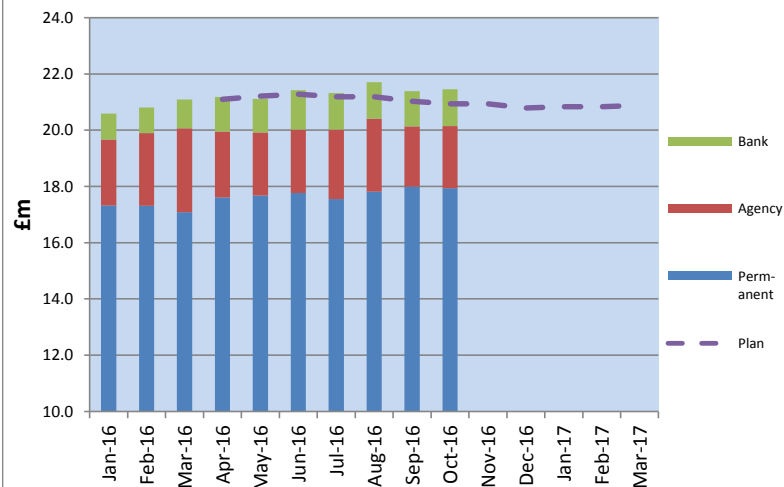
| Prior year actual YTD | Staff group | Current Month | | | | Year to Date | | | | Annual Plan |
|-----------------------|--------------------------|---------------|---------------|----------------|-------------|----------------|----------------|----------------|-------------|----------------|
| | | Plan | Actual | Variance | % Var | Plan | Actual | Variance | % Var | |
| 44,708 | Pay | | | | | | | | | |
| 43,944 | Nursing | 6,820 | 6,622 | 198 | 3% | 48,230 | 47,206 | 1,024 | 2% | 82,512 |
| 28,534 | Medical | 6,631 | 6,883 | (253) | (4%) | 46,969 | 47,973 | (1,004) | (2%) | 79,645 |
| 20,555 | Other Clinical | 4,272 | 4,451 | (178) | (4%) | 29,659 | 30,884 | (1,225) | (4%) | 51,234 |
| | Non Clinical | 3,339 | 3,499 | (160) | (5%) | 23,191 | 23,584 | (393) | (2%) | 39,348 |
| 137,740 | Total Pay | 21,061 | 21,455 | (394) | (2%) | 148,049 | 149,647 | (1,598) | (1%) | 252,740 |
| | Non Pay | | | | | | | | | |
| 25,470 | Drugs | 3,627 | 3,792 | (166) | (5%) | 27,042 | 27,836 | (794) | (3%) | 45,848 |
| 18,837 | Clinical Supplies | 2,803 | 2,947 | (144) | (5%) | 45,282 | 20,186 | 25,096 | 55% | 33,269 |
| 40,385 | Other | 6,151 | 6,796 | (645) | (10%) | 45,740 | 46,525 | (786) | (2%) | 76,321 |
| 84,692 | Total Non Pay | 12,581 | 13,536 | (954) | (8%) | 118,063 | 94,547 | 23,516 | 20% | 155,439 |
| | | | | | | | | | | |
| 222,431 | Total Expenditure | 33,643 | 34,991 | (1,348) | 0 | 266,112 | 244,194 | 21,918 | 0 | 408,178 |

Headlines - Variances from plan:

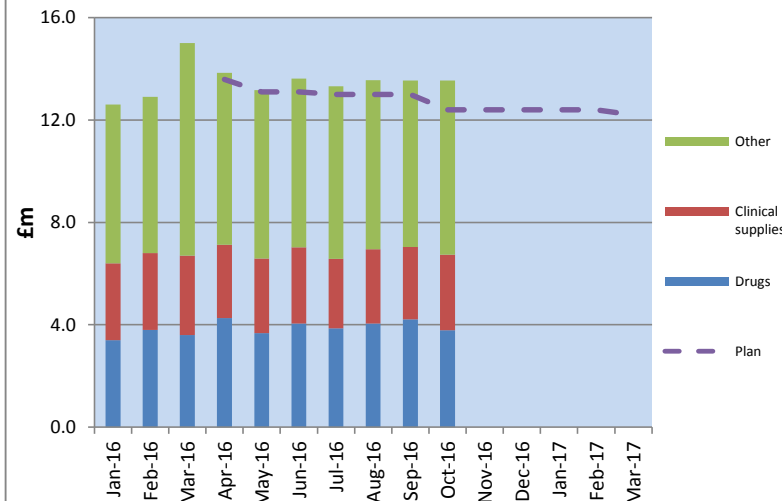
Pay: Waiting List activity accounts for £199k of the pay variance. The Nursing position underspend continues with offsetting variances against CSWs leaving a combined £9k overspend. Other Clinical & Non Clinical variances include unplanned additional VAT obligations (£83k)

Non-Pay: There were adverse variances on Drugs and Clinical Supplies in Surgery and Medicine driven by activity. The large variance against Other is related to the significant rise in CIP targets which have not all been achieved, as well as continued above plan activity in the

Pay Expenditure Run Rate



Non Pay Expenditure Run Rate



Headlines - Run Rate

Pay:

The month 7 spend is £65k higher than month 6 with increases in agency and bank expenditure offset by a reduction in substantive expenditure.

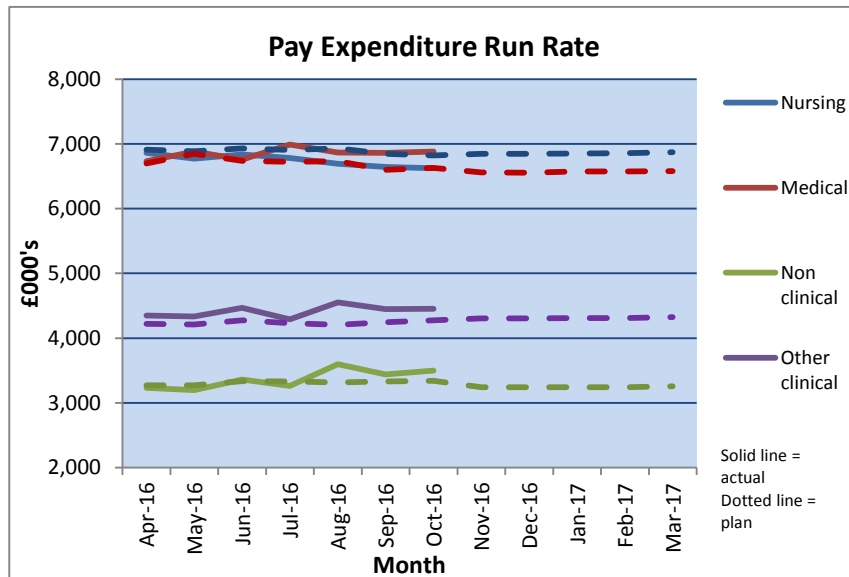
Waiting List expenditure, which is reported as substantive, has reduced by £97k this month.

Non-pay:

Spend is £74k lower this month. A reduction in drug spend of £472k was offset by higher spends against Other (£239k overall including £108k higher spend on outsourcing and £51k amortisation costs).

Pay Expenditure - October 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 | 6,848 | 6,849 | 6,854 | 6,854 | 6,871 | 48,230 |
| | Actual | 6,859 | 6,774 | 6,837 | 6,782 | 6,691 | 6,641 | 6,622 | | | | | | 47,206 |
| | Variance | 51 | 113 | 96 | 125 | 238 | 203 | 198 | | | | | | 1,024 |
| Medical | Plan | 6,699 | 6,846 | 6,739 | 6,721 | 6,732 | 6,602 | 6,631 | 6,558 | 6,557 | 6,573 | 6,575 | 6,581 | 46,969 |
| | Actual | 6,735 | 6,881 | 6,755 | 6,988 | 6,867 | 6,863 | 6,883 | | | | | | 47,973 |
| | Variance | (36) | (35) | (16) | (267) | (135) | (261) | (253) | | | | | | (1,004) |
| Other Clinical | Plan | 4,218 | 4,209 | 4,276 | 4,232 | 4,206 | 4,246 | 4,272 | 4,303 | 4,302 | 4,308 | 4,308 | 4,323 | 29,659 |
| | Actual | 4,348 | 4,332 | 4,466 | 4,287 | 4,553 | 4,448 | 4,451 | | | | | | 30,884 |
| | Variance | (130) | (123) | (190) | (55) | (346) | (202) | (178) | | | | | | (1,225) |
| Non Clinical | Plan | 3,269 | 3,271 | 3,335 | 3,332 | 3,315 | 3,330 | 3,339 | 3,243 | 3,243 | 3,243 | 3,243 | 3,257 | 23,191 |
| | Actual | 3,232 | 3,198 | 3,362 | 3,260 | 3,596 | 3,438 | 3,499 | | | | | | 23,584 |
| | Variance | 37 | 73 | (27) | 72 | (280) | (107) | (160) | | | | | | (393) |
| Total | Plan | 21,095 | 21,213 | 21,283 | 21,192 | 21,183 | 21,022 | 21,061 | 20,951 | 20,951 | 20,978 | 20,981 | 21,031 | 148,049 |
| | Actual | 21,174 | 21,185 | 21,419 | 21,317 | 21,706 | 21,390 | 21,455 | 0 | 0 | 0 | 0 | 0 | 149,647 |
| | Variance | (79) | 27 | (136) | (125) | (524) | (368) | (394) | 0 | 0 | 0 | 0 | 0 | (1,598) |
| Waiting Lists spend (included in figures above) | | 494 | 495 | 471 | 505 | 555 | 594 | 497 | | | | | | 3,611 |



Headlines:

Nursing - Expenditure is slightly lower (£19k) than last month, mainly in the Womens and Childrens division where there has been lower activity this month. The favourable variance overall is offset by the continued activity in the unfunded Ward 7A North (£60k).

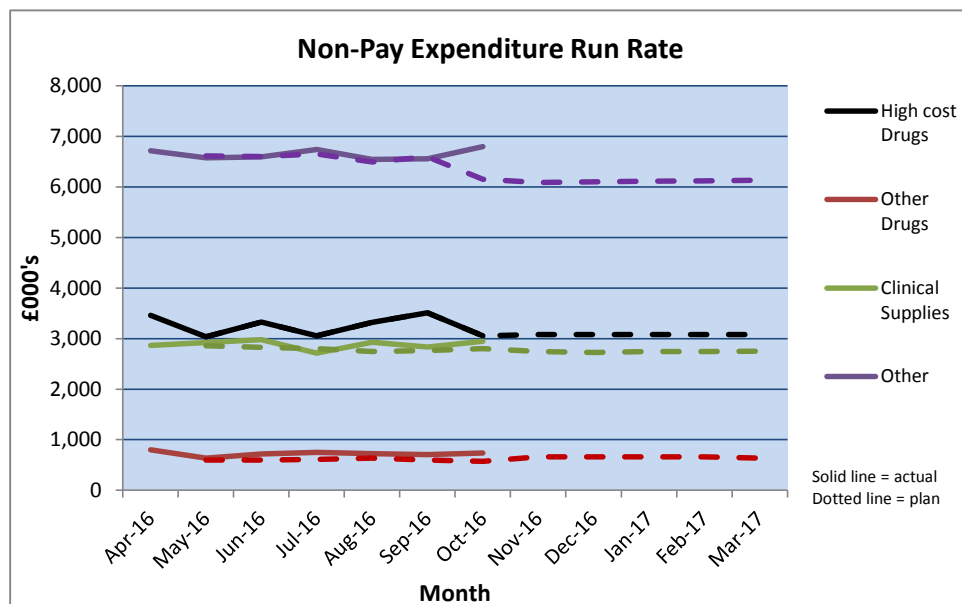
Medical - Expenditure is at similar levels to previous months. There continues to be an adverse variance to budget which is mainly in the Surgical Division (£216k of the £253k). Of this variance £135k relates to higher waiting list spend than budgeted and the remainder is due to agency cover for vacant posts. The waiting list spend for the month is lower than recent averages (£97k lower than last month) but there has been an offsetting increase in outsourcing spend (£108k higher, shown in non-pay).

Other Clinical - Of the month 7 variance £206k relates to CSW overspend. This is almost entirely in Surgery (£99k) and Medicine (£86k). There is an ongoing adverse variance per month of £34k due to the NHSP VAT error.

Non-Clinical: The movement from month 6 is a £61k increase which is mainly in the Finance, I,M&T and patient contact centre departments. There is an ongoing adverse variance per month of £50k due to

Non-Pay Expenditure - October 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 | 3,082 | 3,082 | 3,082 | 3,082 | 3,082 | 22,769 |
| | Actual | 3,463 | 3,033 | 3,328 | 3,057 | 3,319 | 3,513 | 3,056 | | | | | | 22,769 |
| | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| Drugs | Plan | 666 | 597 | 600 | 610 | 633 | 596 | 571 | 661 | 661 | 661 | 661 | 638 | 4,273 |
| | Actual | 800 | 635 | 717 | 748 | 725 | 705 | 736 | | | | | | 5,067 |
| | Variance | (134) | (38) | (117) | (138) | (93) | (109) | (166) | | | | | | (794) |
| Clinical Supplies | Plan | 28,491 | 2,858 | 2,827 | 2,799 | 2,743 | 2,761 | 2,803 | 2,746 | 2,726 | 2,746 | 2,743 | 2,751 | 45,282 |
| | Actual | 2,866 | 2,920 | 2,980 | 2,713 | 2,926 | 2,835 | 2,947 | | | | | | 20,186 |
| | Variance | 25,625 | (61) | (153) | 87 | (183) | (74) | (144) | | | | | | 25,096 |
| Other | Plan | 6,633 | 6,615 | 6,599 | 6,651 | 6,496 | 6,594 | 6,151 | 6,089 | 6,104 | 6,115 | 6,122 | 6,131 | 45,740 |
| | Actual | 6,717 | 6,577 | 6,592 | 6,740 | 6,546 | 6,557 | 6,796 | | | | | | 46,525 |
| | Variance | (84) | 38 | 7 | (89) | (50) | 37 | (645) | | | | | | (786) |
| Total | Plan | 39,253 | 13,103 | 13,355 | 13,118 | 13,191 | 13,464 | 12,581 | 12,577 | 12,572 | 12,604 | 12,607 | 12,601 | 118,063 |
| | Actual | 13,845 | 13,164 | 13,618 | 13,258 | 13,517 | 13,610 | 13,536 | 0 | 0 | 0 | 0 | 0 | 94,547 |
| | Variance | 25,407 | (62) | (263) | (140) | (326) | (146) | (954) | 0 | 0 | 0 | 0 | 0 | 23,516 |



Headlines:

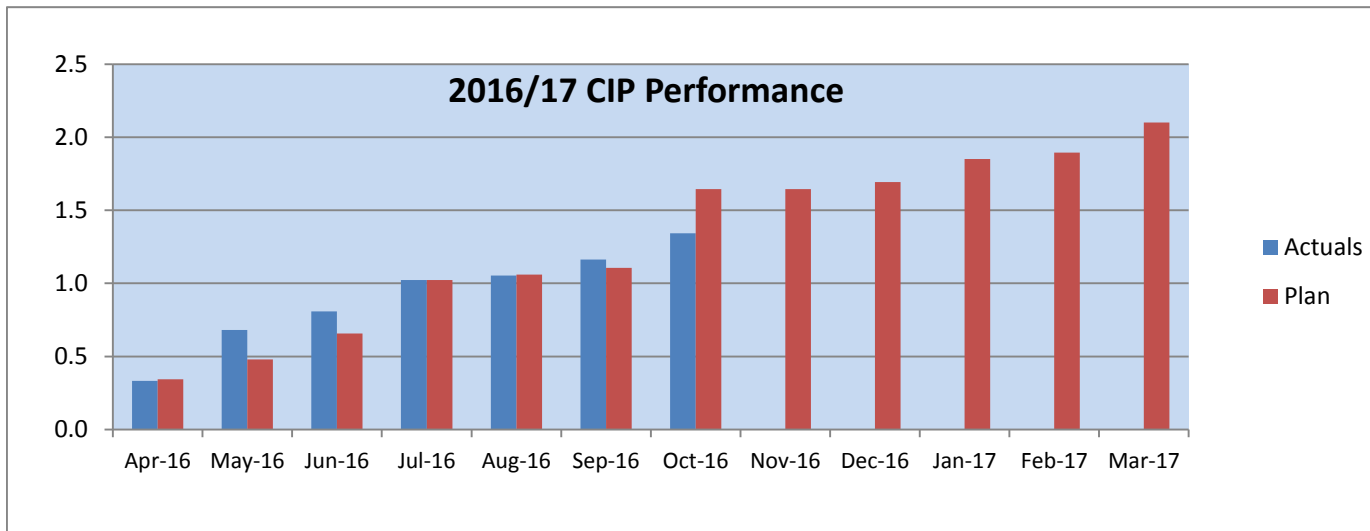
High Cost Drugs: These are 'pass through' costs funded by Commissioners, so although the actual expenditure fluctuates each month, there will always be a nil variance each month.

Other Drugs: Adverse variances this month are £131k in Medicine (Renal £50k, Specialties £40k) and £28k in Surgery. The Chief Pharmacist is working with clinical divisions on a review of drugs spend to establish whether variances are due to changes in activity, price or clinical practise.

Clinical Supplies: £107k of the adverse variance this month is in Surgery due to above planned levels of activity in Orthopaedics (£43k), and Endoscopy (£26k).

Other: There has been significant budget reductions in month 7 due to the higher CIP targets which were phased in from October. There has been a £239k increase in actual expenditure from the previous month, mainly relating to Outsourcing (mainly in Gastroenterology) £108k and one-off £51k year to date adjustments for amortisation of CHP (heat and power) loan.

Cost Improvement Programme - October 2016



Headlines:

In month delivery is 78% with 98% for the year to date, over-delivery on income is partly compensating for under-delivery on expenditure.

Month 7 saw a £538k increase in the monthly target but the delivery increased by only £178k, leaving a shortfall.

Expenditure CIPs shortfalls this month reflect where the largest increases in savings target were: Corporate (£272k), Medicine (£138k). In the main, plans to deliver these targets have not been fully identified.

Other adverse variances include outpatient slot utilisation (£13k) and procurement (£8k) in Surgery. In Cancer, there is a £65k target not allocated to plans yet, though this is compensated for by over delivery of £50k against the vacancy factor saving.

| Division | In Month | | | Year to Date | | | Annual Plan £000s | YTD Var to annual plan £000s |
|---------------------|---------------|-----------------|-------------------|---------------|-----------------|-------------------|----------------------|---------------------------------|
| | Plan £000s | Actual £000s | Variance £000s | Plan £000s | Actual £000s | Variance £000s | | |
| Medical | 312 | 365 | 53 | 867 | 1636 | 768 | 2338 | 702 |
| Surgical | 361 | 367 | 5 | 1478 | 1459 | -19 | 3408 | 1949 |
| Womens & Childrens | 117 | 116 | -1 | 706 | 573 | -133 | 1344 | 771 |
| Cancer | 163 | 186 | 23 | 597 | 537 | -59 | 2416 | 1879 |
| Clinical Support | 145 | 145 | 0 | 845 | 844 | -1 | 1693 | 849 |
| Corporate/Trustwide | 641 | 182 | -459 | 1906 | 1248 | -658 | 4301 | 3053 |
| Total | 1,739 | 1,360 | (380) | 6,399 | 6,297 | (102) | 15,500 | 9,203 |

Divisional Analysis (High Level Variances) - October 2016

| In Month Variance | Income | | | Expenditure | | | Net I&E Variance £000s | Year to date I&E variance £000s | Breakdown of in-month expenditure variances | | | |
|--------------------|--------------------------|-----------------------|--------------------------------|--------------|------------------|-------------------------------------|---------------------------|------------------------------------|---|--------------|---------------------------------|----------------------------|
| | Clinical Income £000s | Other Income £000s | Total Income Variance £000s | Pay £000s | Non Pay £000s | Total Expenditure Variance £000s | | | Operational/ Activity £000s | CIP £000s | Other (incl vacancies) £000s | Total Expenditure £000s |
| Medicine | 267 | 70 | 337 | 123 | (266) | (143) | 194 | 3,068 | (227) | (134) | 218 | (143) |
| Surgery | 719 | 37 | 756 | (305) | (313) | (618) | 138 | 1,318 | (588) | (30) | | (618) |
| Womens & Childrens | (146) | (29) | (175) | 49 | (19) | 30 | (145) | (1,471) | (63) | 18 | 75 | 30 |
| Cancer | 121 | (27) | 94 | (19) | (121) | (139) | (45) | (573) | (23) | (23) | (93) | (139) |
| Clinical Support | 9 | (23) | (14) | (28) | 5 | (23) | (37) | 197 | (48) | 5 | 20 | (23) |
| Corporate/Other | (295) | (460) | (755) | (215) | (280) | (495) | (1,250) | (1,765) | | (413) | (82) | (495) |
| EBIDTA | 675 | (432) | 243 | (394) | (994) | (1,388) | (1,145) | 774 | (949) | (577) | 138 | (1,388) |

Divisional Variances - Headlines

Medicine - The favourable clinical income was reduced by £30k by the refresh of previous months giving a month 7 position of £297k. The largest elements of this were A&E attendance (£134k), Consultant first attendances (£90k) and the non-PbR elements (£85k). The favourable variance against Other income is an adjustment to renal income. Pay continues to underspend, this month mainly in Acute (£121k) and in ED (£105k), although this includes some release of accrued medical shifts relating to previous months from the NHSPConnect system (£46k). There was a £131k adverse variance on drugs this month which can mainly explained by activity. The position includes £122k unfunded spend relating to the continued opening 7A North (which was funded until August 2016).

Surgery - The favourable clinical income includes £451k from the refresh of previous months so the month 7 position was £269k above plan. This comprises higher activity in Non Elective (£321k) and Day Cases (£216k) offset against adverse variances on Electives (£140k) and Adult Critical Care (£133k). Large variances on pay (£217k Medical and £97k on nursing and other clinical staff) were driven by activity levels including £210k variance on waiting lists. Waiting list spend was lower than in month 6 but outsourcing spend rose, contributing to the nonpay variance. Clinical supplies and Other Non pay (variances of £107k and £178k, respectively) saw spend £140k higher than in month 6, all relating to activity.

Womens & Childrens - The adverse clinical income for the month was worsened by a refresh impact of £111k. In month there were shortfalls against Maternity (£72k, £1,208k year to date) and Excess bed days (£66k) offset by above plan activity against Inpatients (£99k). A favourable position on expenditure this month is driven by a reduction in Nursing and Medical temporary staffing though this partly includes the one off benefit of removing costs for shifts from previous months no longer expected to be invoiced (£16k). The adverse variance against activity is mainly costs supporting RTT targets in Gynaecology.

Cancer - The favourable in-month figure for clinical income includes £198k relating to prior months so the month 6 position was actually £77k adverse. £61k of this relates to Admitted Patient Care at Mt Vernon (£223k year to date), a coding review is planned to ensure adequate data capture. There is an adverse position on expenditure mainly relating to non-pay: with undelivered CIPs of £77k, £16k of pass through activity on scans and tests and £11k removal of radioactive materials. The pay position is £19k adverse due to Consultant pay arrears (£34k) and a further £35k on agency staff to cover vacancies and maternity leave. This is partially offset by over delivery of non recurrent vacancy CIP of £51k.

Clinical Support - The favourable clinical income was £30k in month 7 reduced by £21k from the prior month refresh. There was an adverse variance against local income relating to private patients and overseas visitors in the month. The adverse variance against pay relates to additional sessions within Histopathology (£35k).

Corporate - The clinical income shown in Corporate relates to adjustments not allocated directly to clinical divisions. The adverse variance against other income relates to the expected under-delivery against financial & performance STF targets: in October it is expected that the only target that was met related to A&E (worth £112k but leaving a shortfall of £780k). This was offset by a one off benefit from an insurance claim related to the sale of QEII (£418k). The pay variance in month includes £83k for estimated VAT additional impact of agency usage and higher than planned costs in Finance (£71k) and Trust Management (£29k). The non pay variance includes non-delivery of CIPs (£413k) and £51k relating to the year to date impact of revised amortisation costs.

12 Month Rolling Cashflow - October 2016

| | Oct-16 £000 Actual | Nov-16 £000 Forecast | Dec-16 £000 Forecast | 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 |
|---|--------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Opening Balance | 1,389 | 1,250 | 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 | 28,594 | 31,622 | 31,562 | 31,924 | 29,460 | 35,254 | 32,587 | 32,587 | 32,587 | 32,587 | 32,587 | 32,587 |
| S&T Funding | 0 | 1,872 | 803 | 2,675 | 0 | 2,675 | 0 | 0 | 0 | 0 | 0 | 0 |
| Education/Merit awards/R&D | 923 | 869 | 869 | 869 | 869 | 869 | 869 | 869 | 869 | 869 | 869 | 869 |
| Other income | 2,728 | 2,756 | 2,677 | 2,677 | 2,706 | 2,892 | 2,892 | 2,892 | 2,892 | 2,892 | 2,892 | 2,892 |
| Interest | 2 | 2 | 3 | 3 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| Sale of Non-current assets | 430 | 1,725 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Interim Revolving Working Capital Support (IRWCS) | 763 | 5,122 | 999 | 302 | 2,881 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Interim Revenue Support Loan | 0 | 0 | 0 | 0 | 0 | 15,517 | 0 | 0 | 0 | 0 | 0 | 0 |
| Strategic Capital Loans - Lorenzo | 598 | 605 | 1,034 | 549 | 547 | 624 | 0 | 0 | 0 | 0 | 0 | 0 |
| Salix Loan | 235 | 74 | 0 | 0 | 0 | 36 | 0 | 0 | 0 | 0 | 0 | 0 |
| PDC Received | 0 | 0 | 0 | 0 | 0 | 1,721 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sub-total Receipts | 34,273 | 44,647 | 37,947 | 38,999 | 36,466 | 59,590 | 36,350 | 36,350 | 36,350 | 36,350 | 36,350 | 36,350 |
| Salaries & Wages | 10,513 | 10,256 | 10,256 | 10,256 | 10,256 | 10,256 | 10,256 | 10,256 | 10,256 | 10,256 | 10,256 | 10,256 |
| PAYE / Superannuation/ NI | 7,791 | 7,790 | 7,790 | 7,790 | 7,790 | 7,790 | 7,790 | 7,790 | 7,790 | 7,790 | 7,790 | 7,790 |
| Creditors | 16,108 | 26,851 | 17,226 | 18,278 | 18,367 | 20,032 | 18,261 | 18,304 | 18,304 | 18,304 | 18,134 | 14,471 |
| Dividend Paid | 0 | 0 | 0 | 0 | 0 | 1,167 | 0 | 0 | 0 | 0 | 0 | 1,167 |
| Interest on DH CILs | 0 | 0 | 0 | 0 | 0 | 769 | 0 | 0 | 0 | 0 | 0 | 761 |
| Repay IRWCS | 0 | 0 | 2,675 | 2,675 | 0 | 17,641 | 0 | 0 | 0 | 0 | 0 | 0 |
| Interest on IRWCS | 0 | 0 | 0 | 0 | 0 | 624 | 0 | 0 | 0 | 0 | 0 | 611 |
| 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 | 0 | 0 | 46 | 0 | 0 | 0 | 0 | 0 | 45 | 0 |
| Repay Strategic Capital Loan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 109 | 0 |
| Interest on Strategic Capital Loan | 0 | 0 | 0 | 0 | 7 | 0 | 0 | 0 | 0 | 0 | 16 | 0 |
| Repay Salix Loan | 0 | 0 | 0 | 0 | 0 | 0 | 43 | 0 | 0 | 0 | 0 | 0 |
| PDC 1% fee | 0 | 0 | 0 | 0 | 0 | 17 | 0 | 0 | 0 | 0 | 0 | 0 |
| DH Loan Repayments - CIL | 0 | 0 | 0 | 0 | 0 | 1,294 | 0 | 0 | 0 | 0 | 0 | 1,294 |
| DH Loan Repayments - HCA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sub-total Payments | 34,412 | 44,897 | 37,947 | 38,999 | 36,466 | 59,590 | 36,350 | 36,350 | 36,350 | 36,350 | 36,350 | 36,350 |
| Net in Month Cash Movement | (139) | (250) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Closing Balance | 1,250 | 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 October 2016 was £1.25m, which was £250k higher than the minimum balance required as a condition of our working capital support.

The resubmitted planned deficit for 2016/17 shows that the Trust requires working capital support of £12.876m (£8.650m in relation to the revised 2016/17 deficit and a further £4.226m because the 2015/16 deficit was higher than forecast).

In October the Trust drew £763k of IRWCS. 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. In November we will receive £4.226m of IRWCS relating to the 2015/16 deficit which was higher than planned, as well as £896k relating to the normal requirements for the month.

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 projects relating to Renal and Linacccs will receive approval and that they will be funded by PDC in March 2017 with the related expenditure taking place in the same month.

£430k was received in October arising from an insurance claim in relation to asbestos at the old QE2. The sale of the care home completed in November, with receipts of £1.725m.

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 will be reviewed as part of the 2017/18 planning process which is underway.

Capital Programme - October 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 | | | | | | | | <p>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 7.</p> <p>Although actual expenditure to month 7 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.</p> <p>The Strategic schemes have been reassessed, which has led to delays in some (Renal) and</p> |
| Network Support Infrastructure | 150.0 | 150.0 | - | - | 72.3 | 72.3 | | |
| Pharmacy Stock Control Project | 450.0 | 450.0 | - | - | 31.4 | 31.4 | | |
| Other 16/17 projects | 400.0 | 400.0 | - | 500.0 | 198.6 | (301.4) | 107.0 | |
| TOTAL IM&T | 1,000.0 | 1,000.0 | - | 500.0 | 302.3 | (197.7) | 107.0 | |
| MEDICAL EQUIPMENT | | | | | | | | |
| Trust wide equipment | 1,000.0 | 1,000.0 | - | 500.0 | 322.6 | (177.4) | 45.5 | |
| TOTAL MEDICAL EQUIPMENT | 1,000.0 | 1,000.0 | - | 500.0 | 322.6 | (177.4) | 45.5 | |
| ESTATES | | | | | | | | |
| Main Hospital Chimney Flue Relining | 250.0 | 250.0 | - | - | - | - | | |
| Substation 5 - Blue Panel | 250.0 | 250.0 | - | - | - | - | | |
| D1 Pump Replacement | 170.0 | 170.0 | - | - | - | - | | |
| Other Estates 16-17 Allocation | 330.0 | 330.0 | - | 500.0 | 78.5 | (421.5) | 920.0 | |
| TOTAL ESTATES | 1,000.0 | 1,000.0 | - | 500.0 | 78.5 | (421.5) | 920.0 | |
| OTHER CAPITAL | | | | | | | | |
| Capitalisation of project costs - 16/17 | 2,000.0 | 2,000.0 | - | 698.0 | 258.2 | (439.8) | | |
| Other 16/17 schemes | 500.0 | 500.0 | - | - | 130.6 | 130.6 | 14.3 | |
| TOTAL OTHER | 2,500.0 | 2,500.0 | - | 698.0 | 388.8 | (309.2) | 14.3 | |
| TOTAL - TRUST OPERATIONAL SCHEMES | 5,500.0 | 5,500.0 | - | 2,198.0 | 1,092.2 | (1,105.8) | 1,086.8 | |
| STRATEGIC SCHEMES | | | | | | | | |
| Salix Steam Pumps | - | 345 | (345.0) | - | 111.4 | - | | |
| Lorenzo EPR | 5,427 | 5,427 | - | 2,391 | 1,216.0 | (1,175.0) | 924.7 | |
| Linacs | 2,212 | 2,212 | - | 57 | - | (57.0) | | |
| Renal Reconfiguration | 2,758 | 1,379 | 1,379.0 | 1,985 | - | (1,985.0) | | |
| New Beds | 2,200 | | 2,200.0 | - | - | 0 | - | |
| PFI | 224 | 224 | 0.0 | 133 | - | | | |
| TOTAL - TRUST STRATEGIC SCHEMES | 12,821 | 9,587 | 3,579 | 4,566 | 1,327 | (3,217) | 925 | |
| TOTAL CAPITAL | 18,321 | 15,087 | 3,579 | 6,764 | 2,420 | (4,323) | | |

Balance Sheet - October 2016

FIXED ASSETS

Property, Plant Equipment
Trade & Other Receivables Non-Current
Other Financial Assets

TOTAL FIXED ASSETS

CURRENT ASSETS

Inventories
Cash & Cash Equivalents
Trade & Other Receivables - Current
Assets Held for Sale - QE2

TOTAL CURRENT ASSETS

Creditors: Amounts Falling Due Within One Year

NET CURRENT ASSETS (LIABILITIES)

FIXED & NET CURRENT ASSETS LESS CURRENT LIABILITIES

Creditors: Amounts Falling Due More Than One Year
Provisions For Liabilities & Charges

NET ASSETS

FINANCED BY

TAXPAYERS EQUITY:

Public Dividend Capital
Revaluation Reserve
Retained Earnings

TOTAL TAXPAYERS EQUITY

| Opening Balance as at 01/04/16 £000 | Balance Sheet as at 30/10/16 £000 | Forecast as at 31/03/17 |
|---|---|----------------------------|
| 187,801 | 185,795 | 193,076 |
| 2,562 | 2,562 | 2,562 |
| 2,505 | 2,505 | 2,505 |
| 192,868 | 190,862 | 198,143 |
| 5,264 | 5,264 | 4,264 |
| 15,863 | 1,250 | 1,000 |
| 41,513 | 57,041 | 40,140 |
| 1,700 | 1,700 | 0 |
| 64,340 | 65,255 | 45,404 |
| (74,796) | (69,455) | (52,457) |
| (10,456) | (4,200) | (7,053) |
| 182,412 | 186,662 | 191,090 |
| (94,080) | (106,137) | (111,405) |
| (771) | (718) | (774) |
| 87,561 | 79,807 | 78,911 |
| 169,950 | 169,950 | 169,950 |
| 45,069 | 45,069 | 45,069 |
| (127,458) | (135,212) | (136,108) |
| 87,561 | 79,807 | 78,911 |

Headlines:

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

Cash at 1st April was high due to QEII land receipts received 31st March 2016. The balance as at 30th September is above the minimum £1m requirement.

The proceeds from sale of QE11 land was received on 31 March hence the high opening creditor balance. 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.

Retained earnings forecast based on £8.650m deficit for 2016/17.

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 7 year to date position and the year end plan (£8.65m deficit)

| Area | Weighting | Metric | Year to Date | | | | Annual | |
|--------------------------|------------|----------------------------------|--------------|------------|----------|----------|-------------|-------------------|
| | | | Plan | Actual YTD | Variance | Score | Annual plan | Annual Plan Score |
| Financial Sustainability | 0.2 | Capital Service Capacity | 0 | 0 | 0 | 4 | 0 | 4 |
| | 0.2 | Liquidity (days) | (10) | (10) | 0 | 3 | (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 | 2 | (0.02) | 2 |
| | 0.2 | Agency spend from ceiling target | 9.24 | 14.12 | 4.88 | 4 | | 4 |
| Overall Metric | 1.0 | | | | | 3 | | 3 |

- The overall metric at month 7 year to date is a 3 and the planned deficit is also a 3
- If the year end forecast worsens by £4.0m, i.e to £12.6m deficit, then the overall metric would be a 4

Definitions and scores:

| Metric | Definition | Score | | | |
|------------------------------|--|--|---|---|-------------------------|
| | | 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

TRUST BOARD – 30 NOVEMBER 2016

PERFORMANCE REPORT MONTH 7

| | |
|---|---|
| PURPOSE | To update Trust Board on: <ul style="list-style-type: none"> 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 | Finance and Performance Committee |
| Objective(s) to which issue relates * | <input checked="" type="checkbox"/> 1. Keeping our promises about quality and value – embedding the changes resulting from delivery of Our Changing Hospitals Programme. <input type="checkbox"/> 2. Developing new services and ways of working – delivered through working with our partner organisations <input type="checkbox"/> 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 * | <input checked="" type="checkbox"/> Corporate Risk Register <input checked="" type="checkbox"/> BAF |
| ACTION REQUIRED * <div style="display: flex; justify-content: space-around;"> <div>For approval <input type="checkbox"/></div> <div>For decision <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>For discussion <input checked="" type="checkbox"/></div> <div>For information <input type="checkbox"/></div> </div> | |
| DIRECTOR: | INTERIM CHIEF OPERATING OFFICER |
| PRESENTED BY: | INTERIM CHIEF OPERATING OFFICER |
| AUTHOR: | SPECIAL PROJECTS MANAGER |
| DATE: | NOVEMBER 2016 |

**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

PERFORMANCE REPORT

1. Key Headlines

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

RTT

| PT | 52 week waiters | | | | | | | |
|------------------------|-----------------|-----|-----|-----|-----|-----|-----|---|
| | Apr | May | Jun | Jul | Aug | Sep | Oct | Commentary |
| Original forecast | 4 | 4 | 4 | 3 | 3 | 3 | 2 | Validation continuing, including reviews for clinical harm. None found. |
| Revised forecast (tbc) | 4 | 4 | 4 | 6 | 8 | 7 | 0 | |
| Actual | 4 | 3 | 2 | 5 | 12 | 23 | 41 | |

| RTT (Incompletes) | | | | | | | | |
|-------------------|--------|--------|--------|--------|--------|--------|--------|------------|
| | Apr | May | Jun | Jul | Aug | Sep | Oct | Commentary |
| Total pts waiting | 25200 | 25200 | 25200 | 25200 | 25200 | 25200 | 25200 | |
| Pts > 18 weeks | 2016 | 1991 | 1915 | 1915 | 1890 | 1865 | 1865 | |
| Forecast | 92.00% | 92.10% | 92.40% | 92.40% | 92.50% | 92.60% | 92.60% | |
| Actual | 92.70% | 92.90% | 92.60% | 92.80% | 92.57% | 92.03% | 92.07% | |

A&E

| 12 hour trolley waits | | | | | | | | |
|-----------------------|-----|-----|-----|-----|-----|-----|-----|------------|
| | Apr | May | Jun | Jul | Aug | Sep | Oct | Commentary |
| Forecast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | On track. |
| Actual | 1 | 0 | 0 | 0 | 0 | 0 | 0 | |

| ED 4 hour waits | | | | | | | | | |
|-------------------|--|--------|--------|--------|--------|--------|--------|--------|-----------------------|
| | | Apr | May | Jun | Jul | Aug | Sep | Oct | Commentary |
| Total attendances | | 12700 | 12751 | 12804 | 12855 | 12907 | 12959 | 13011 | See highlight report. |
| Pts > 4hrs | | 3048 | 2933 | 2689 | 2442 | 2259 | 1944 | 1887 | |
| Forecast | | 76.00% | 77.00% | 79.00% | 81.00% | 82.50% | 85.00% | 85.50% | |
| Actual | | 81.12% | 84.74% | 84.66% | 84.18% | 82.54% | 82.79% | 88.04% | |

Cancer

| ncer | 62 Day referral to treatment | | | | | | | |
|-----------------------|------------------------------|--------|--------|--------|--------|--------|--------|-----------------------|
| | Apr | May | Jun | Jul | Aug | Sep | Oct | Commentary |
| Revised f'cast 19-Aug | 78.00% | 81.00% | 85.00% | 85.00% | 74.44% | 77.14% | 77.88% | See highlight report. |
| Actual | 87.03% | 84.52% | 75.21% | 77.83% | 72.00% | | | |

Diagnostics

agnostics

| Over 6 weeks diagnostic waiters | | | | | | | | |
|---------------------------------|--------|--------|--------|--------|--------|--------|--------|------------|
| | Apr | May | Jun | Jul | Aug | Sep | Oct | Commentary |
| Total pts waiting | 7200 | 7252 | 7305 | 7357 | 7409 | 7462 | 7514 | On track. |
| Pts waiting < 6 weeks | 7164 | 7216 | 7268 | 7320 | 7372 | 7425 | 7477 | |
| Forecast | 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% | |

October '16 (STF) KPI Performance

2. RTT – 18 weeks

ENHT achieved the aggregated performance across the Open pathway standard in September at 92.03%.

| 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 2015 | 90.9% | 66.6% | 92.07% |

October '16 RTT Performance

2.1 RTT performance

The RTT open pathway position has been delivered in October despite a rise in the size of the backlog. The primary reason for the increase in the backlog is the ongoing validation of historic clock stops. This validation is adding patients back into the open pathway report with waiting times of over 18 weeks. This has been offset in this reporting period by the addition of the Audiology waiting list into the open pathway. As the majority of these patients are waiting less than 18 weeks it allowed ENHT to maintain a compliant position with the standard. We anticipate further additions to the open pathway data and are still predicting that the net effect of these will result in the failure of RTT in the coming months.

ENHT has declared 41 patients waiting over 52 weeks during October; 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.

ENHT is also predicting a very challenging position in November.

3. ED Performance

ENHT did not achieve the 4 hour standard in October, but did over achieve against the STF improvement trajectory, delivering 88.04% against a trajectory of 85.5%. ENHT is forecasting achievement of the trajectory in November, at the time of writing is delivering 89% for November.

Performance against 4 hour standard.

| Month | % Performance | Quarterly Performance |
|--------|---------------|-----------------------|
| Nov-15 | 77.82% | |
| Dec-15 | 80.50% | Q3 80.59% |
| 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% |
| July-16 | 84.18% | |
| Aug-16 | 82.54% | |
| Sep-16 | 82.79% | Q2 83.20% |
| Oct-16 | 88.04% | |

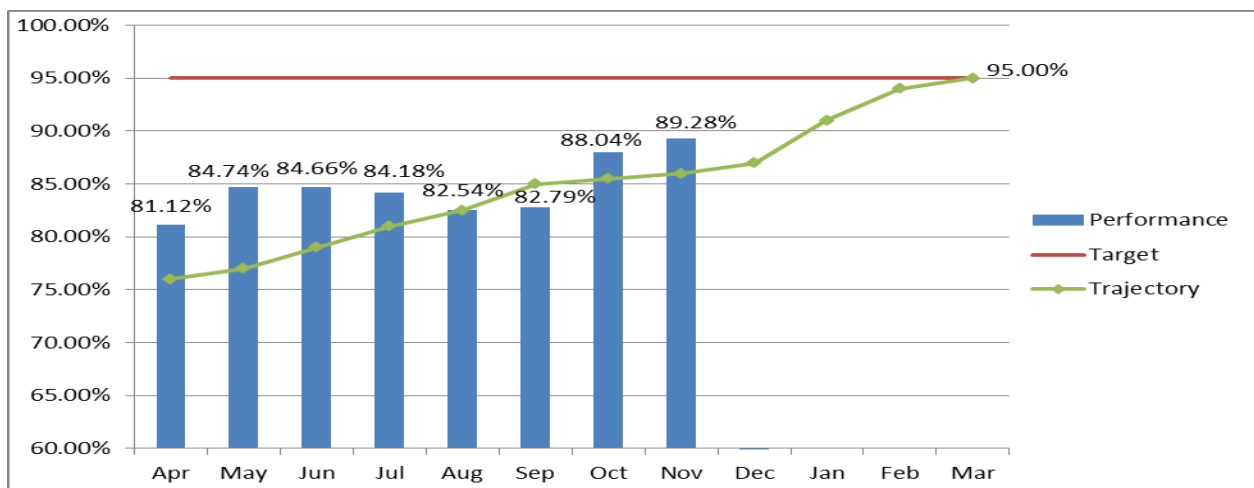
Attendances and Admissions

| Month | Attendances | | | | BREACH | | | | Performance | | | |
|-----------------|-------------|------|-----|-------|--------|------|----|-------|-------------|--------|---------|---------|
| | Lister | QEII | TC | TOTAL | Lister | QEII | TC | TOTAL | Trust | Lister | QEII | TC |
| Apr 2016 | 8035 | 3571 | 671 | 12277 | 2314 | 4 | 0 | 2318 | 81.12% | 71.20% | 99.89% | 100.00% |
| May 2016 | 9162 | 3984 | 688 | 13834 | 2104 | 7 | 0 | 2111 | 84.74% | 77.04% | 99.82% | 100.00% |
| Jun 2016 | 8682 | 3611 | 720 | 13013 | 1996 | 0 | 0 | 1996 | 84.66% | 77.01% | 100.00% | 100.00% |
| Jul 2016 | 9286 | 4158 | 675 | 14119 | 2231 | 2 | 0 | 2233 | 84.18% | 75.97% | 99.95% | 100.00% |
| Aug 2016 | 8540 | 3673 | 634 | 12847 | 2243 | 0 | 0 | 2243 | 82.54% | 73.74% | 100.00% | 100.00% |
| Sep 2016 | 8891 | 3719 | 704 | 13314 | 2283 | 8 | 0 | 2291 | 82.79% | 74.32% | 99.78% | 100.00% |
| Oct 2016 | 9198 | 3705 | 662 | 13565 | 1623 | 0 | 0 | 1623 | 88.04% | 82.35% | 100.00% | 100.00% |
| Nov 2016 | 3831 | 1489 | 303 | 5623 | 603 | 0 | 0 | 603 | 89.28% | 84.26% | 100.00% | 100.00% |

| Department | Apr-16 | | May-16 | | Jun-16 | | Jul-16 | | Aug-16 | | Sep-16 | |
|---------------------|-------------|----------|-------------|----------|-------------|----------|-------------|----------|-------------|----------|-------------|----------|
| | Attendances | Admitted | Attendances | Admitted | Attendances | Admitted | Attendances | Admitted | Attendances | Admitted | Attendances | Admitted |
| Majors | 4166 | 1908 | 4550 | 2158 | 4457 | 2108 | 4613 | 2248 | 4422 | 2077 | 4492 | 2061 |
| Minors | 4225 | 226 | 5154 | 243 | 4559 | 220 | 5207 | 238 | 4656 | 257 | 4898 | 272 |
| Resus | 545 | 433 | 628 | 498 | 593 | 454 | 655 | 530 | 600 | 476 | 577 | 452 |
| Triage | 323 | 85 | 342 | 126 | 347 | 144 | 330 | 96 | 259 | 97 | 385 | 135 |
| Primary Care | 2347 | 110 | 2461 | 115 | 2327 | 111 | 2637 | 130 | 2275 | 100 | 2254 | 116 |
| Streaming | | | | | | | | | 1 | 0 | 2 | 0 |
| Others | 671 | 0 | 699 | 0 | 730 | 0 | 677 | 4 | 634 | 2 | 704 | 8 |
| Total | 12277 | 2762 | 13834 | 3140 | 13013 | 3037 | 14119 | 3246 | 12847 | 3009 | 13312 | 3044 |

| Department | Oct-16 Todate | | Nov-16 Todate | |
|---------------------|---------------|----------|---------------|----------|
| | Attendances | Admitted | Attendances | Admitted |
| Majors | 4973 | 2267 | 2054 | 948 |
| Minors | 4683 | 314 | 1869 | 97 |
| Resus | 561 | 437 | 245 | 185 |
| Triage | 321 | 148 | 149 | 83 |
| Primary Care | 2358 | 138 | 1001 | 48 |
| Streaming | 2 | 0 | 2 | 0 |
| Others | 667 | 5 | 303 | 1 |
| Total | 13565 | 3309 | 5623 | 1362 |

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



4. Cancer

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

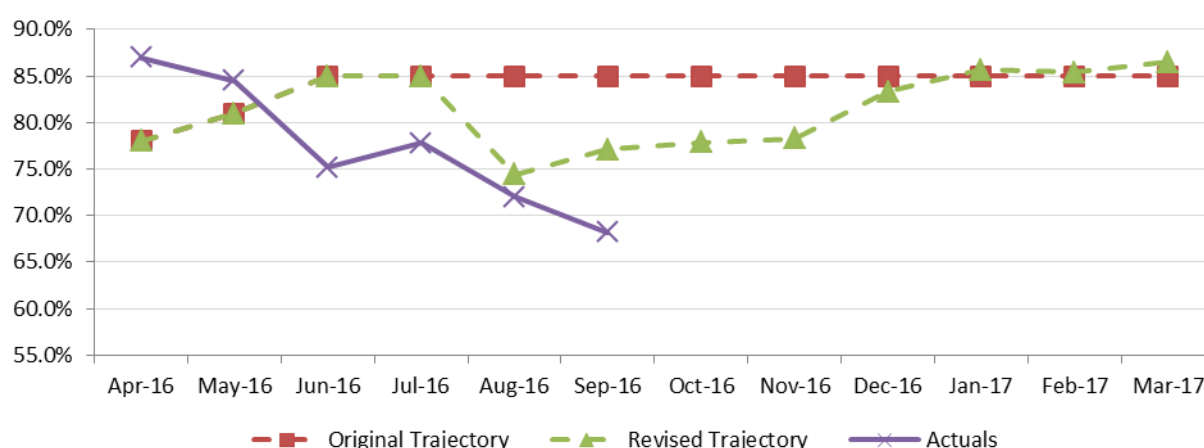
Cancer Flash Report

Performance September 2016

| Target | Goal | Threshold | Month To Date | Quarter To Date | Year To Date | Nat Average (September) | Nat Average Qtr (Q2) |
|---|-----------|-----------|---------------|-----------------|--------------|-------------------------|----------------------|
| Target Referrals | | | | | | | |
| Cancer Referral to 1st Outpatient Appointment | < 14 Days | 93.0% | 95.6% | ▼ | 96.3% | ▼ | 94.1% |
| Referrals with Breast Symptoms (wef January 2010) | < 14 Days | 93.0% | 93.33% | ▲ | 91.8% | ▼ | 95.7% |
| Cancer Treatments | | | | | | | |
| Decision to Treat to 1st Definitive Treatment for all Cancers | < 31 Days | 96.0% | 90.4% | ▼ | 92.8% | ▼ | 97.4% |
| Referral to Treatment from Screening (62 Day) | < 62 Days | 90.0% | 100.0% | ▲ | 98.2% | ▲ | 91.9% |
| Second or Subsequent Treatment (Anti Cancer Drug Treatments) | < 31 Days | 98.0% | 94.3% | ▼ | 94.5% | ▼ | 99.2% |
| Second or subsequent treatment (Radiotherapy Treatments) | < 31 Days | 94.0% | 91.2% | ▼ | 92.1% | ▼ | 96.5% |
| Second or subsequent treatment (Surgery) | < 31 Days | 94.0% | 78.1% | ▼ | 85.5% | ▼ | 95.2% |
| Urgent Referral to Treatment of All Cancers | < 62 Days | 85.0% | 63.9% | ▼ | 68.1% | ▼ | 81.3% |

October '16 Cancer performance

4.1 Performance



- ENHT is maintaining 2ww performance, but below for 31 days to definitive treatment (90.4% against a 96% target in September 2016).
- October 62 day performance is under pressure as ENHT are treating more backlog patients (patients that have already exceeded the 62 day standard).
- Demand – September has seen the highest level of GP and tertiary cancer referrals – mini cancer summit arranged with CCG and clinical leaders to urgently understand surge in cancer demand.
- The Clinical Cancer Network has reviewed and approved the recovery plan.

Corrective actions

- Cancer PTL reviews – now 2-3 times a week instead of monthly, and more detailed, including escalation
- MDT and patient tracking processes now reviewed.
- Work underway to have enabling more robust reporting and monitoring of the stages of the patients treatment pathway.
- Each service has clearly articulated capacity requirements for 2ww patients and treatments needed per month to achieve the standard.

- Diagnostics pathways will have estimated demand volumes per month based on referral volumes.
- Process in place for review of inappropriate referrals and feedback to primary care
- Backlog patients are highlighted at COO weekly access with the expectation that Divisional Directors have prioritised cancer capacity above routine elective capacity
- IST visit arranged (booked for 6/7 December). The team are focusing on the tumour sites of Urology and Respiratory, plus diagnostic elements of a number of the key pathways
- System process to be put in place to assess/re-direct out-of-area referrals

5. Stroke

Stroke performance has been maintained across most of the key performance indicators. It should also be noted that the KPI for TIA – low risk patients treated within 7 days from onset, measures the total time taken from the point that the patient first experienced symptoms, in some cases the patient does not seek medical intervention immediately, hence the inconsistent performance. However for the same KPI measured from the point the patient first makes contact with a health professional has been consistently achieved over the last 13 months.

Stroke Performance for October 2016. Is shown below:

| Metrics | Oct '15 | Nov '15 | Dec '15 | Jan '16 | Feb '16 | Mar '16 | Apr '16 | May '16 | June '16 | July '16 | Aug '16 | Sep '16 | Oct '16 |
|--|---------|---------|---------|---------|---------|---------|---------|---------|----------|----------|---------|---------|---------|
| Trust SSNAP Grade | C | C | C | C | C | C | A | A | A | A | A | A | A |
| Stroke Discharged with AF on anticoagulants (ASI 1) | 83.30% | 80% | 87.50% | 66.70% | 50% | 100% | 66.70% | 100% | 84.60% | 86.70% | 83.30% | 80% | 88.90% |
| Stroke – 4 hours direct to stroke unit (ASI 2) | 48.90% | 62.50% | 69.40% | 59.60% | 61.80% | 68.10% | 71.20% | 85% | 84.80% | 77.80% | 91% | 75.40% | 80.90% |
| Stroke – 90% of time on the stroke unit (ASI 3) | 89.60% | 86% | 75% | 87% | 71.40% | 88.60% | 91.20% | 93.70% | 88.60% | 74.30% | 91% | 91.40% | 93% |
| Stroke – 60 min to scan (ASI 4a) | 40% | 50% | 50.90% | 40% | 48.30% | 50.70% | 42.60% | 65% | 55.10% | 60% | 58.80% | 56.90% | 51.90% |
| Stroke 60 mins to scan urgent only | 87.50% | 96% | 91.70% | 82.60% | 84.40% | 93.90% | 96% | 96.70% | 100% | 91.10% | 89.50% | 93.80% | 100% |
| Stroke – scanned within 24 hrs (ASI 4b) | 97.90% | 98% | 96.20% | 96.40% | 98.40% | 100% | 100% | 96.70% | 100% | 98.60% | 100% | 100% | 98% |
| Stroke thrombolysed within 3hrs | 0% | 7% | 12.50% | 7.70% | 5.20% | 6.20% | 3.20% | 5.50% | 4.60% | 4.60% | 3.30% | 14.90% | 6.10% |
| Stroke – discharged with JCP (ASI 7) | 93.50% | 96.90% | 100% | 100% | 89.50% | 96% | 98% | 97.40% | 87.80% | 97.30% | 92.30% | 94.40% | 94.10% |
| Stroke – discharged with ESD (ASI 9B) | 36.10% | 36.80% | 38.10% | 35.70% | 40% | 40.70% | 39.60% | 23.30% | 43.50% | 37.50% | 31.10% | 33.30% | 27.50% |
| TIA – high risk, not admitted, tx within 24hrs | 85% | 69.60% | 48.40% | 75.90% | 69.20% | 66.70% | 51.30% | 70.80% | 83.90% | 68% | 63.30% | 66.70% | 75% |
| TIA – high risk tx within 24hrs | 85% | 69.60% | 51.50% | 75.90% | 69.20% | 66.70% | 50% | 68% | 83.90% | 68% | 63.30% | 66.70% | 75% |
| TIA – low risk, treated within 7 days from first contact | 88.20% | 82.90% | 73% | 88.10% | 94.70% | 83.80% | 91.90% | 89.10% | 80.40% | 66.70% | 88.90% | 100% | 81.50% |
| TIA – low risk, treated within 7 days from onset | 47.10% | 53.70% | 45.90% | 59.50% | 63.20% | 54.10% | 59.50% | 58.70% | 42.90% | 44.40% | 48.10% | 100% | 40.70% |

October '16 Stroke performance

5.1 4 hours direct admission to a stroke unit

80.9% 4hrs performance. A larger than usual number of patients presented with a haemorrhagic stroke was experienced in October, this resulted in 5 patients breaching the standard on a clinical need basis. A further 2 patients exceeded the maximum waiting as they were admitted to CCU prior to stroke unit stay.

5.2 Thrombolysis within 3 hours

6.3% thrombolysis (within 3 hours) rate and 8% overall.

A clinical audit of 250 patients will be presented at the stroke programme board. In summary, no patients were missed who should have received thrombolysis. However there is further improvements to be made relating to the pre hospital times with EEAST, GP's and patient education.

Additional risk to achieving the thrombolysis standard is that as patients are traveling from further afield i.e. West Essex, the patient is arriving outside of the therapeutic window for thrombolysis.

**** End of document ****

TRUST BOARD – 30 NOVEMBER 2016

WORKFORCE REPORT MONTH 7

| | |
|---|--|
| PURPOSE | To provide information on standard monthly metrics and Trust wide issues relating to management of the workforce |
| PREVIOUSLY CONSIDERED BY | Finance and Performance Committee |
| Objective(s) to which issue relates * | <input checked="" type="checkbox"/> 1. Keeping our promises about quality and value – embedding the changes resulting from delivery of Our Changing Hospitals Programme. <input checked="" type="checkbox"/> 2. Developing new services and ways of working – delivered through working with our partner organisations <input type="checkbox"/> 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 * | <input checked="" type="checkbox"/> Corporate Risk Register <input type="checkbox"/> BAF |
| ACTION REQUIRED * <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> For approval <input type="checkbox"/> For discussion <input checked="" type="checkbox"/> </div> <div style="text-align: center;"> For decision <input type="checkbox"/> For information <input type="checkbox"/> </div> </div> | |
| DIRECTOR: | Director of Workforce and Organisational Development |
| PRESENTED BY: | Director of Workforce and Organisational Development |
| AUTHOR: | Head of Workforce Performance, Information & Planning |
| DATE: | November 2016 |

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 November 2016

1.0 Purpose

This paper provides an update to the Finance and Performance/RAQC Committee for November 2016 on workforce performance.

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: Part A of the Pathway was launched in August this year and so far almost 100 staff have developed their leadership skills by taking part in the programmes offered; from aspiring leaders who are interested in learning more about the subject and their own capability, through to more experienced staff who want to continually improve and develop. All programmes are multi-disciplinary and it has been great to see staff from all areas (clinical and nonclinical) learning and sharing ideas together. The Spring/ Summer Pathway will be launched in January 2017 - Part B of the pathway, aimed at Band 8s and above and consultants, will commence in January allowing staff to access a wider range of leadership and team development programmes.

The Winter LEND sessions, on the theme of *Team working in complex environments*, are now nearly complete. Initial feedback on the sessions has again been very positive.

National Staff Survey: The staff survey response rate is currently 24.4%, slightly ahead of the position at the same point last year. Work is continuing to promote the survey and increase response rates, both Trust-wide and within the divisions and to address staff concerns about the survey - in particular the confidentiality and anonymity of the survey and the perception that the survey results do not lead to any noticeable change. The return rate in the larger clinical divisions, Medicine and Surgery, remains below average and work will continue until the survey closes on 30 November to improve response rates in these areas.

Staff Friends & Family Test: The national Quarter 2 Staff FFT results will be published in late November and will be included in next month's data report.

The next Staff Friends & Family Test will be run during Quarter 4 of 2016-17.

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: Fortnightly joint retention meetings have been established between the Workforce and Nurse Education team and chaired by Tom Simons, with the aim of having one

integrated retention project plan. After the initial meeting the agreed top eight 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 discussion at DEC

Priority Two - Flexible working review project - flexible working project plan and timetable due to commence in December 2016 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

Priority Three - Increased access and opportunity for leadership development by increasing the leadership capability within the Organisation.

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 Stat/ Man 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 campaign with drop in surgery style sessions and communication plan

Performance: A more detailed retention project plan is now currently being development.

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 began on the 3rd October. Drop in clinics are being held at Mount Vernon Cancer Centre, New QEII and Lister Community Hub, walkabout clinics are underway at Lister, and 26 champions have been trained and are vaccinating staff across Trust sites during a range of shift patterns.

The Health at Work Service have agreed a one year trial with a new occupational physiotherapy provider, this is planned to commence on the 1st December. The new provider 'Physio Med' will offer staff with musculoskeletal problems impacting upon their work early 'fast track' access to physiotherapy advice and treatment.

Performance: The Health at Work Service received and processed 96.3% of pre-placement health clearances within 2 working days in October.

82.1% of appointments with an advisor were booked within 6 working days. 58.3% of appointments with a Consultant were booked within 12 working days. Following attendance in clinic 95.6% of reports were issued within the 2 day target delivery time.

As of 28th October 2016 - 2106 (45.9%) of frontline staff have received a flu vaccine, 253 (5.5%) of frontline staff have returned a form confirming that they wish to decline the vaccine – the Trust is currently on track to deliver the 75% target. Appendix 1, Section 2, Table 1 & Graph 2.

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 October to 82.78%, which is the seventh month consecutive increase. The appraisal rates over a rolling 12-month period were highest in CSS (92.74%) with improvements in both Medicine and Surgery. As a third of all staff appraisals are due in October, the current appraisal rate is likely to remain reasonably static until November, after which the rate is expected to increase significantly to around 85%. 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% by end of fy 2016/17 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.

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

Performance: The baseline vacancy rate is at 8.43% in October compared to 8.32% in September and 8.98% in August. This month there was slight increase in vacancy rate is due to the number of staff altering their hours, even though there were 6 wte more starters than leavers.

There were 244 wte added to the establishment in April. This month there has been a correction to Health Records and Patient Access establishments. With both areas having funded 'bank posts' as part of their establishment – this was incorrectly recorded on the ledger and has now been corrected. This meant the CCS Division were reporting an

incorrect number of vacancies. This has had an impact on the vacancy rate and in October this has been corrected, showing an increase in budget of 31.5 wte. The cumulative increases in establishment for fy16/17 have added over 5% to the vacancy level for this financial year. The vacancy level based on the new establishment is currently 13.4%.

There are currently 405 wte external candidates undergoing cohort recruitment, pre-employment checks and awaiting start date of which 276 wte are qualified nurses. It is important to note that 201 wte of the total number of qualified nursing in the recruitment pipeline come from different international recruitment campaign. It is estimated that around 90 wte of those candidates will commence employment with the Trust before the end of fy 2016/17. The target of achieving the vacancy rate of 5%-6% has moved to July rather than February due to the recent increases in establishment. The October 2016 the recruitment trajectory was met, with 29.18 wte of qualified Band 5 nurses and midwives starting work for the Trust. It included 20 newly qualified nurses and midwives with further 9.18 wte of the experienced UK based recruits. Due to the IELTS difficulties still being a challenge for international recruits, the Trust has taken these into account in its forecast and delayed projected start dates spreading them across the next 6-8 months. With recent movement in number of candidates obtaining the NMC decision letter, it is estimated that between 15-20 overseas qualified nurses will start in November and December 2016.

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 Recruitment Strategies

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 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 in the hope 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 financially for the organisation.

As part of the recruitment campaign we have advertised four recruitment days (2 in October and 2 in November 2016). Appendix 1, Section 4, Table 4 details recruitment activity for band 5 and band 6 qualified nursing posts in October 2016 compared to October 2015. With a CQC inspection in October 2015, it is difficult to draw firm conclusions at this point.

The 'ENHanced pay' and 'Work closer to home' campaigns have been so far successful with three Saturday recruitment open having days taken place in October and November 2016 which resulted in increasing the pipeline by additional 33 candidates (please note, that the November numbers are not included in the pipeline). CSW recruitment slowed down in October 2016 – this is due to insufficient number of candidates applying for the roles over the summer months. To increase the pipeline, a new advert for CSWs has been designed, a number of open days are planned and local press advertising campaign has been launched. The overall goal for October 2016 has been exceeded by 8 wte, with 82wte new starters (excl. junior doctors on rotation). This has been 5th consecutive month in which forecast has been exceeded by the Trust. However, the Trust attrition has been significantly higher than anticipated, 13 wte employees left the Trust in October more than forecasted. There were 16 wte of band 5 nurses and 11 wte of band 2 CSWs who have left the Trust in a month.

4.2 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 13.05% compared to 12.77% in September and 12.51% in August. 99.73 wte staff started in October compared to 93.63 wte leavers (including M&D staff). Since April 16, 782.17 wte staff have started the Trust and 688.40 wte have left. 29.18 wte qualified nursing staff started in October compared to 22.36 wte of all qualified nurse leavers. 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: The introduction of the new contract has commenced in the Obstetrics and Gynaecology nationally, with East and North Herts preparing for the December go live. Offer letter deadlines were met for the first cohort, 8 weeks prior to the first transition start date (7 December) with work schedules revisions sent out following additional rota amendments. The Public Sector Equality Impact Assessment (PSED) is progressing and a Model contract is under final legal review. The next stage rota updates are in progress in line with the 2017 transition.

Performance: 43% of rotas moved to mixed economy and 20% 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; Absence management, Disciplinary, Emotional Intelligence, Difficult conversations, Bullying and Harassment, Raising concerns and Performance management

Performance: In October, the percentage of employee relations cases within the Trust was 2.6% and within the target range. The overall number of live employee relations cases

increased from 146 to 155. The high number of cases is mainly due to the work the ERAS team is undertaking to record sickness cases which have been identified in departments.

The customer feedback score in October for the ERAS service was 2.8 (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 6.

Exit Interview Data: From the 30 exit interviews that were undertaken in October, family/personal reason was cited by 23% of leavers. 20% cited Relocation, 14% enhanced job opportunity and 13% stated they were retiring.

A detailed table showing the Exit Interview Data can be found in Appendix 1, Section 4, Table 8 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 October, the Trust percentage was 0.1% 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 8 live cases in October, 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 September 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 both Absence Assist and the ERAS team to support with the management of sickness absence as well as the Health at Work service.

Performance: The Trust annual sickness absence rate increased to 3.64% in October. In month, sickness saw an increase from 3.61% in September to 3.64% in October. Long term in month sickness decreased from 2.28% in September to 2.03% in October. The number of staff on long term sick has decreased from 102 in September to 95 in October. 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 1.75% in September to 2.20% in October. The number of days lost to sickness in September was 5799 compared to 6283 in October.

The sickness rate for nursing and midwifery is higher than the Trust average with an overall rate of 5.01%, which was 3150 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 in 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: The timetable for future policy review will need to be reviewed and amended due to the current dispute with Trade Unions. ACAS are currently supporting in terms of dispute resolution/mediation and we aim to reinstate policy review meetings once these discussions have progressed.

4.9 Governance

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

Action: Further to a review and discussion of current Trust job evaluation arrangements with staff side colleagues, it was decided to broaden the pool of staff able to sit on job matching panels. The governance team has therefore arranged for a total of 20 management and staff side colleagues to receive job matching training in January 2017. The training course will be delivered by NHS Employers and delegates will be formally accredited to undertake Agenda for Change job matching once they have attended the two day course.

Job matching panels have been scheduled on a fortnightly basis from mid-January onwards, and panel membership will be drawn from the accredited team of job matchers.

Performance: The ESR gap analysis report for September starters recorded 96.0% compliance for the first run of the report, and 98.5% compliance for the second run.

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

TRUST BOARD – 30 NOVEMBER 2016

SELF-CERTIFICATION CHECK LIST

| | | |
|---|--|------------------------------|
| PURPOSE | For Trust Board approval in advance of submission to NHSI on 30 November 2016 | |
| PREVIOUSLY CONSIDERED BY | Divisional Executive Committee – 24 November 2016 | |
| Objective(s) to which issue relates * | <input checked="checked" type="checkbox"/> 1. Keeping our promises about quality and value – embedding the changes resulting from delivery of Our Changing Hospitals Programme. <input type="checkbox"/> 2. Developing new services and ways of working – delivered through working with our partner organisations <input type="checkbox"/> 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) | | |
| Healthcare/ National Policy (includes CQC/Monitor) | | |
| CRR/Board Assurance Framework * | <input type="checkbox"/> Corporate Risk Register | <input type="checkbox"/> BAF |
| ACTION REQUIRED * | | |
| <div style="display: flex; justify-content: space-around;"> <div> For approval <input checked="checked" type="checkbox"/> For discussion <input type="checkbox"/> </div> <div> For decision <input type="checkbox"/> For information <input type="checkbox"/> </div> </div> | | |
| DIRECTOR: | Director of Workforce and Organisation Development | |
| PRESENTED BY: | Director of Workforce and Organisation Development | |
| AUTHOR: | Director of Workforce and Organisation Development | |
| DATE: | 18 November 2016 | |

**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

| | Self-certification checklist Please discuss this in your board meeting" | Yes - please specify steps taken | No. We will put this in place - please list actions |
|----------|--|--|--|
| 1 | Our trust chief executive has a strong grip on agency spending and the support of the agency executive lead, the nursing director, medical director, finance director and HR director in reducing agency spending. | <p>The CEO has 'sign off' of agency spend (over £120hr and over national price cap). The CEO receives detailed updates on the Trust wide agency reduction action plan via the Executive Committee, the Board sub committees and via Board.</p> <p>The Trust has also run a number of 'confirm and challenge' events involving its senior leadership teams looking at pay spend growth over the last three years and the CEO has helped lead those sessions.</p> <p>The Trust is in the process of modelling with all operational areas the impact (quality, care and performance) of reducing agency spend further to meet the NHSI ceiling and this will be shared with our regulator at the end of November.</p> | |
| 2 | Reducing nursing agency spending is formally included as an objective for the nursing director and reducing medical agency spending is formally included as an objective for the medical director. | Yes - the CEO has written to the Director of Nursing and Medical Director explicitly informing them of this objective. | |

| | | | |
|--------------------------|---|---|--|
| 3 | <p>The agency executive lead, the medical director and nursing director meet at least monthly to discuss harmonising workforce management and agency procurement processes to reduce agency spending.</p> | <p>Nursing agency spend is reviewed on a daily basis by the DoN dependent on clinical need. The DoN chairs a monthly 'nursing workforce strategy' meeting which looks at trends, spend and progress on key projects to reduce spend.</p> <p>Medical Agency spend is reviewed bi-weekly by the agency executive lead. There is also a monthly medical agency meeting where there is a 'line by line' scrutiny of all spends by the MD, COO and Agency Executive lead.</p> <p>The Trusts HRD Chairs the Beds and Herts Consortium which has re-procured agency rates for all staff groups which has saved over £5.5M since November 2015. This is an ongoing programme of work which is overseen by a Director level steering group across six providers and aims to reduce unit pricing through combined procurement and operational management across the region.</p> | |
| 4 | <p>We are not engaging in any workarounds to the agency rules.</p> | <p>The Trust is 100% framework compliant and fully reports against the NHSI requirements. The Trust are not aware of any workarounds.</p> | |
| High quality timely data | | | |

| | | | |
|---|--|--|--|
| 5 | <p>We know what our biggest challenges are and receive regular (e.g. monthly) data on:</p> <ul style="list-style-type: none"> - which divisions/service lines spend most on agency staff or engage with the most agency staff - who our highest cost and longest serving agency individuals are - what the biggest causes of agency spend are (e.g. vacancy, sickness) and how this differs across service lines. | <p>The Trust reports information on agency spend by division and service in the monthly finance and workforce reports. These reports outline the underlying reasons, both long and short term for agency spend.</p> <p>From November onwards all board sub committees and Board will receive a specific, detailed report on agency spend which will cover in one report the following areas;</p> <ol style="list-style-type: none"> 1. Trust level agency performance to date – performance against Trust plan (i.e. control target) – variance, narrative in month 2. Trust level performance against agency ceiling – performance against £16.8M target and information about run rate 3. Top 10 agency spend (actual and as a % of pay) areas by cost centre and specialism – narrative, variance to budget, fragile services, associated plans 4. Top 20 High value agency workers and long term bookings – assurance on plans and any issues around these groups of workers 5. Breaches against agency cap – performance, key areas, plans 6. Temporary Staffing Provider performance – bank Vs agency fill, number of shifts filled, demand profile, plans to strengthen the service (rota co-ordinators, system upgrades etc) 7. Agency unit pricing – trend, plans, narrative 8. Retrospective bookings – by division, worse offenders, number of direct bookings, trends 9. Project Plan update – update of high value projects (top 5) <p>The Trust has a detailed management information</p> | |
|---|--|--|--|

| | | | |
|---|--|---|--|
| | | <p>dashboard on all temporary staffing spend which is sent to all operational managers on a weekly basis.</p> <p>The Trust also has a process for disseminating information to our Divisional Directors/Chairs on all individual high cost workers, associated costs and agency 'price cap' breaches on a weekly basis.</p> <p>The overall level of agency spend is also examined at the monthly finance and workforce PMOs.</p> <p>The Trust has started the implementation of a 'Qlikview' analytical tool for tracking in real time the costs of agency spend by service and division. This tool gives managers the opportunity to scrutinise from Trust to work level detail to make 'real time' decisions on spend. This tool will continue its development and adoption over the next two months.</p> | |
| Clear process for approving agency use | | | |
| 6 | The trust has a centralised agency staff booking team for booking all agency staff. Individual service lines and administrators are not booking agency staff. | The Trust has a centralised booking team for all staff groups. These all go through a centralised booking system with full management information reports. | |
| 7 | There is a standard agency staff request process that is well understood by all staff. This process requires requestors and approvers to certify that they have considered all alternatives to using agency staff. | <p>The Trust uses a centralised booking system where reasons for the request have to be given. The Trust has a clear 'temporary staffing policy' which is available to all staff.</p> <p>The Trust also has in place defined roster templates for all wards which match the ledger and interfaces with the temporary staffing provider. Any additional shifts beyond the agreed establishment need to be authorised by a defined cohort of senior staff.</p> | |

| | | | |
|---|--|---|--|
| 8 | There is a clearly defined approvals process with only senior staff approving agency staff requests. The nursing and medical directors personally approve the most expensive clinical shifts. | As per questions 3 and 7. The Medical Director signs off any medical agency bookings but only when no other approach is deemed appropriate. The DoN team oversee any shifts that are requested beyond the budgeted rosters. | |
| Actions to reducing demand for agency staffing | | | |
| 9 | There are tough plans in place for tackling unacceptable spending; eg exceptional over-reliance on agency staffing services radiology, very high spending on on-call staff. | The Trust has clearly defined medical and nursing recruitment plans. The Trust has a 62 point agency reduction plan which outlines the current opportunities to reduce spend. This includes initiatives such as the ban on all admin agency use at bands 1-4 and on care support worker roles. However, the Trust is in the process of modelling with all operational areas the impact (quality, care and performance) of reducing agency spend further to meet the NHSI ceiling and this will be shared with our regulator at the end of November. | |
| 10 | There is a functional staff bank for all clinical staff and endeavour to promote bank working and bank fill through weekly payment, auto-enrolment, simplifying bank shift alerts and request process. | The Trust has an outsourced provider in NHS Professionals. The Trust has had in place for over three years a weekly pay system and auto-enrolment for all staff. The temporary staffing system uses a multi-channel approach to alerting workers of shifts including text, email and phone. The requesting of shifts for nursing is done via the roster and for medical staff through the NHSP interface. The Trust is also piloting a fully automated system for managing medical agency requests to strengthen further Trust 'sign off' and improve competition in the market. | |

| | | | |
|----|---|--|---|
| 11 | All service lines do rostering at least 6 weeks in advance on a rolling basis for all staff. The majority of service lines and staff groups are supported by eRostering. | <p>All wards and key service lines are rostered in the Trust. Rostering includes the following staff groups; qualified nursing, care support workers and housekeepers.</p> <p>The Trust has agreed a business case for rostering to be extended to medical staff in the next financial year. In advance of implementing medical rostering the Trust is currently rolling out electronic job planning. The process of ejob planning will be concluded by the end of this financial year.</p> | |
| 12 | There is a clear process for filling vacancies with a time to recruit (from when post is needed to when it is filled) of less than 21 days. | | The Trust has sought further clarification on this question from NHSI without response. |
| 13 | The board and executives adequately support staff members in designing innovative solutions to workforce challenges, including redesigning roles to better sustain services and recruiting differently. | <p>The Trust has detailed recruitment plans for medical and nursing staff including recruiting internationally, offering incentives and our recent initiative around 'ENHanced Pay'.</p> <p>The Trust is a national pilot for the Nurse Associate role in children's and is reviewing scope within band 1-4 roles</p> <p>The Trust has recently introduced an Enhanced care Team to deliver specialist care for vulnerable patients requiring 'close observations' which had previously been a role predominantly covered by agency workers.</p> <p>The Trust is consulting with the LNC on extension of the notice period for Consultants to 6 months, as it is impossible to replace a substantive Consultant within the current 3 month period.</p> | |

| | | | |
|----|---|--|---|
| 14 | <p>The board takes an active involvement in workforce planning and is confident that planning is clinically led, conducted in teams and based on solid data on demand and commissioning intentions.</p> | | <p>The workforce plan is aligned against a number of key strategic documents: STP, Trust Strategic Direction, People Strategy, Leadership & Talent Strategy, Health & Wellbeing Strategy, Improving Clinical Outcomes & Patient and Carer Experience Strategies.</p> <p>The annual workforce return is reviewed to ensure triangulation of the Trust's finance, activity and workforce plans. This is reviewed and managed by the Executive Team. All Divisional Workforce plans are scrutinised by the Executive Team including the Medical Director and Director of Nursing prior to committee and Board approval.</p> <p>The Trust has an ongoing Nursing & Midwifery ward establishment review process in place. The review benchmarks staffing using various methodologies, a peer group, in line with national guidance and considering the acuity of patients. Additional posts are agreed through the scrutiny of business cases as a result of increased activity or service need.</p> |
|----|---|--|---|

| | | |
|--|--|--|
| | | <p>The Trust undertakes monthly PMOs, chaired by an Executive Director; these hold clinical divisions to account for the evolving workforce plans that underpin Trust wide workforce planning.</p> <p>Assurance is provided to the Directors of Operations and Workforce & OD. The Board is aware of this work and receives regular reports regarding the link between workforce requirements outlined in the key strategic documents. The Trust Partnership forum is used to compliment collaborative working & scrutiny in relation to our workforce plans. The Trust is in the process of improving its demand and capacity modelling linked to the commissioning intentions. The Trust has been challenged by insufficient transfer of activity into the community and fragile providers within the region which has meant that the Trust has had to respond reactively to these issues rather than plan carefully for them.</p> <p>However, at present the workforce modelling is more 'reactive' to the operational environment (1 year view) and needs to be better</p> |
|--|--|--|

| | | | |
|---|---|---|--|
| | | | informed by the operational strategy including a more sophisticated demand and capacity planning. |
| Working with your local health economy | | | |
| 15 | The board and executives have a good understanding of which service lines are fragile and currently being sustained by agency staffing. | | <p>The executive team and Board are increasing their focus on fragile services that are significantly reliant on premium agency spend. This will be covered in the specific Board report focused only on agency spend (as per question 5) and is a feature of STP discussions. The Board is aware of the major groups of core services that are very reliant on agency workers. i.e. A&E, Stroke</p> <p>The Monthly Nursing Quality Indicators dashboard provide visibility across all inpatient wards of the temporary staffing profile</p> |
| 16 | The trust has regular (e.g. monthly) executive-level conversations with neighbouring trusts to tackle agency spend together. | The Trusts HRD Chairs the Beds and Herts Consortium which has re-procured agency rates for all staff groups which has saved over £5.5M since November 2015. This is an ongoing programme of work which is overseen by a Director level steering group across six providers and aims to reduce unit pricing through combined procurement and operational management across the region. This is seen nationally as an example of best practice in reducing agency rates and | |

| | | | |
|--|--|--------------------------------------|--|
| | | the implementation of the price cap. | |
|--|--|--------------------------------------|--|

Signed by [Date]

Trust Chair: [Signature]

Trust Chief Executive: [Signature]

Please submit signed and completed checklist to the agency inbox (NHSI.agencyrules@nhs.net) by 30 November 2016

TRUST BOARD MEETING – 30 NOVEMBER 2016

**RISK AND QUALITY COMMITTEE – 22 NOVEMBER 2016
EXECUTIVE SUMMARY REPORT**

| | | | |
|---|---|---|---|
| PURPOSE | To present to the Trust Board the report from the Risk & Quality Committee (RAQC) meeting of 22 November 2016 | | |
| PREVIOUSLY CONSIDERED BY | N/A | | |
| Objective(s) to which issue relates * | <input checked="" type="checkbox"/> | 1. Keeping our promises about quality and value – embedding the changes resulting from delivery of Our Changing Hospitals Programme. | |
| | <input checked="" type="checkbox"/> | 2. Developing new services and ways of working – delivered through working with our partner organisations | |
| | <input type="checkbox"/> | 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 * | <input type="checkbox"/> | Corporate Risk Register | <input checked="" type="checkbox"/> BAF |
| ACTION REQUIRED * | | | |
| For approval | | <input type="checkbox"/> | For decision |
| For discussion | | <input checked="" type="checkbox"/> | For information |
| DIRECTOR: | Chair of RAQC | | |
| PRESENTED BY: | Chair of RAQC | | |
| AUTHOR: | Corporate Governance Officer / Company Secretary | | |
| DATE: | November 2016 | | |

**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 22 NOVEMBER 2016

SUMMARY REPORT TO BOARD – 30 NOVEMBER 2016

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:

Bernie Bluhm, (Acting) Liz Lees, Jane McCue and Tom Simons

The following points are specifically highlighted to the Trust Board:

Divisional Presentation – Surgery and Critical Care

The Committee received a presentation from the Surgery Division. The presentation provided an overview of the service's current position including key achievements and challenges, detail of performance indicators and measures, learning arising from incidents and details of top risks and mitigating actions. The presentation concluded with a summary of the service's plans for the future. It was noted that Surgery and Critical Care received 'good' ratings in the Trust's CQC inspection and the representatives from the Division spoke of their ambition and plans to work towards being rated as 'outstanding'. The updates provided included detail of appraisal and sickness rates, as well as the Division's Standardised Mortality Rate, which had improved. The Committee also noted the steps that had been taken to improve the divisional governance processes. There was some discussion regarding the role the Division could play in improving the pathways of other Divisions. The Committee also discussed the key risks detailed within the presentation. It was noted that one of the risks highlighted in the presentation required a significant capital investment to fully mitigate. The Committee considered that the limited availability of funding for large scale capital equipment investment projects was an emerging risk across the Trust. The Committee noted the presentation.

University Status Report

The Committee received an update on progress to date in relation to the Trust seeking to become a University Trust recognised by the University of Hertfordshire, as well as detail of future timelines and actions relating to the process. The Committee was advised that prior to a Memorandum of Understanding being agreed the Trust is first required to produce a 'Submission Document' which describes how the Trust and University would work together, from a strategic perspective if 'University Status' was awarded to the Trust. The University will 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, the deadline for submission was 23 December. The Committee discussed the options regarding establishing a reciprocal agreement for a non-voting board member and suggested that this proposal was omitted from the application at present and explored further engagement outside of the application process. The Committee noted the report and noted the proposed governance structure and timescale for authorisation in Quarter 4.

Emergency Preparedness Quarterly Update

The Committee received the Emergency Preparedness Quarterly Update. The Committee were informed that, following the submission of the core standards report in August, a meeting had been held with NHS England and the CCG to re-evaluate certain standards and it was agreed that some standards would be revised upwards as a result of the work carried out and planned. There had been continued progress in relation to the provision of training. Emergency preparedness 'champions' were being sought, with two champions appointed to

date. An update was also provided regarding the Netcall (Confirmer) system and in relation to arranging an external peer review. The Committee also discussed resourcing, which it was considered was a key risk to the delivery of an effective emergency preparedness service at the Trust. The Committee noted the report and requested an update be provided for the next meeting on progress with resourcing, the peer review, training and the emergency preparedness champions.

Board Assurance Framework Discussion: Capacity and Demand

The Committee discussed the challenges faced by the Trust in relation to capacity and demand. They discussed the level of understanding around each aspect and the current actions that were being taken to mitigate the risks and commenced discussions to test and challenge further actions that could be taken in order to mitigate this risk which continued to increase. It was agreed that the topic would be carried over for further discussion at the next meeting.

Outcomes:

Pathology Performance Update and Recovery Plan

The Committee received an update regarding pathology performance. The Committee noted that there had been improvements in performance in a number of areas and were assured by the report. Further discussion would be held at Trust Board Part 2.

Trust Outpatient Strategy Group Update

The Committee considered a report regarding the development of the Outpatient Strategy Board (OSB). The OSB had been launched in September 2016 with the purpose of developing an overall strategy for the delivery of outpatient services across the Trust. Divisional representation and engagement from all divisions had been positive with key divisional leads identified. Regarding the outpatient service more generally, the Committee were informed that the number of referrals continued to rise and was a key challenge faced by the service. The report highlighted that significant improvements had been achieved in relation to call handling following work in relation to the outpatient CQUIN 2016/17. The Committee discussed the potential benefits of an electronic referrals system in improving the efficiency of the outpatient service. The Committee noted the report and progress made to date and endorsed the proposed next actions detailed in the report. The Committee suggested that new models for delivering outpatient activity should be taken into account. A further update would be provided in 6 months' time.

Mid-Year Research and Development Report

The Committee noted the Mid-Year Research and Development Report which it was considered demonstrated that good progress had been made in this area.

Floodlight Scorecard

The Committee reviewed the Month 7 Floodlight Scorecard. Overall there had been a slight increase in the number of green KPIs against the previous month's position. It was noted that the 'Safety Thermometer Patients with Harm' KPI was incorrectly colour coded and should have been green. The Committee noted recent good performance in relation to stroke services and an update was provided regarding the 'Vacancy Rate' indicator. An update was also provided regarding the validation of 52 week breaches. It remained the position that no cases of obvious harm had yet been found but each case would need to go through a formal review process to confirm this. It was highlighted that 2 cases of MRSA bacteraemia had been identified in the year to date, though only one of these cases had been post 48 hours and thus qualified as reportable under the KPI. There was also

discussion regarding the 'Medical Patient Outliers' KPI and it was agreed that the methodology behind this KPI would be reviewed.

SI Report

The Medical Director presented the Serious Incident (SI) Report. 11 SIs had been reported across September and October 2016. The report included a breakdown of the most common categories of SI in 2016 to date. There was discussion regarding the action plans arising from the incidents and it was requested that it was made clearer whether the actions were on target to be achieved. The positive impact of the mortality review process was noted. The Committee noted the report and considered that suitable assurance had been provided that SI's were being appropriately investigated and that learning was resulting from the investigations.

Incident Report

The Medical Director presented the Incident Report which provided detail of incident data at a Trust-wide level. The latest data showed the Trust was reporting 36.41 patient safety incidents per 1000 bed days, placing the Trust in 53rd place of 136 Trusts. This was a significant improvement from the previous half year, when the Trust had been reporting 26.61 patient safety incidents per 1000 bed days. The three most common incident types were pressure ulcers, falls and medication errors. No emerging concerns had been identified and there was no significant change to the grade of incidents reported, with the majority of incidents continuing to be graded as low or very low. The Committee noted that current reporting levels remained down slightly on the levels reported at the time of the CQC inspection. It was considered that this was likely to be partly as a result of the actions taken to address some incidents. The Medical Director reported there were no emerging concerns at present. The Committee noted the report and actions being taken. The Committee were assured by the report.

Litigation Report

The Committee received the Litigation Report which provided details of clinical claims and inquest data in the year to date, highlighting notable developments and key themes. The number of claims had not significantly changed from previous years and when compared with other Trusts of a similar size and type, ENHT received fewer claims than average. The report included details of learning from claims, as previously requested by the Committee. The Committee were informed that the Trust had received its CNST premium since the report had been produced. The premium had risen by approximately 10% (below the average) to £14.8 million for 2017/18. There was some discussion regarding the factors considered by the NHS Litigation Authority when determining the CNST premium. It was noted that the Department of Health had announced a range of measures to improve maternity services (which accounted for a significant proportion of high value claims) and it was understood that the Trust's maternity department was applying for a share of the funding. The Committee asked for an update on the Maternity services application as part of the next regular litigation report. The Committee noted the report and assurance provided.

Risk Register Report

The Company Secretary presented the Risk Register Report. The format of the report had been revised from previous versions and provided an overview of the risk register's current content, status of entries and an analysis of themes where possible. The report highlighted 487 open risks, an increase of 17 since 1 April 2016. The data had also been produced at a divisional level and shared with the divisions. The Committee noted the importance of ensuring that the risk register was kept up to date and that entries were consistent across the divisions. It was considered that training and educating staff regarding the risk register would help to ensure that this was the case and it was noted that it was the intention to review the training that was currently provided. The Committee were supportive of the new

report format and noted the content of the report. The Committee asked if the Company Secretary could look at the process for reviewing the Corporate Risk Register with the Executive prior to coming to the RAQC, in order to enable the Committee to be better appraised of success of mitigation actions and controls.

The following reports were noted by the Committee:

1. Safer Nurse Staffing Levels

The Committee noted the Safer Nurse Staffing Levels report. The October Unify submission for registered fill percentage had increased compared to September with the average day fill percentage for registered nurses increasing to 95.4% compared to 94.7%. The increase was primarily due to an increase in registered bank fill rate and unregistered agency fill from NHSP.

2. Monthly Agency Report

The Committee noted the new format Monthly Agency Report, the purpose of which was to provide a comprehensive review of the agency position across the Trust, including key issues affecting agency use, on-going trends and performance against targets. It was requested that any feedback regarding the report was provided to the Director of Workforce and OD outside of the meeting.

3. Infection Prevention and Control Report

There had been 2 hospital associated MRSA bacteraemias in the year to date, both in October, including 1 pre-48 hour case which was found to be a contaminant. There had also been 2 hospital acquired C.difficile cases in October, bringing the total for the year to date to 12 cases. The Committee noted the report.

4. Regulation and Compliance Update - CQC

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.

**John Gilham
Chair
November 2016**

TRUST BOARD MEETING (PART I) – 30 NOVEMBER 2016

AUDIT COMMITTEE REPORT TO BOARD

| | |
|--|---|
| PURPOSE | To present to the Trust Board the report from the Audit Committee (AC) meeting of 10 October 2016 |
| PREVIOUSLY CONSIDERED BY | N/A |
| Objective(s) to which issue relates * | <input checked="" type="checkbox"/> 1. Keeping our promises about quality and value – embedding the changes resulting from delivery of Our Changing Hospitals Programme. <input checked="" type="checkbox"/> 2. Developing new services and ways of working – delivered through working with our partner organisations <input checked="" type="checkbox"/> 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 * | <input checked="" type="checkbox"/> Corporate Risk Register <input checked="" type="checkbox"/> BAF |
| ACTION REQUIRED * <div style="display: flex; justify-content: space-around;"> <div> For approval <input checked="" type="checkbox"/> For discussion <input type="checkbox"/> </div> <div> For decision <input type="checkbox"/> For information <input type="checkbox"/> </div> </div> | |
| DIRECTOR: | CHAIR OF AUDIT COMMITTEE |
| PRESENTED BY: | CHAIR OF AUDIT COMMITTEE |
| AUTHOR: | BOARD COMMITTEE SECRETARY/COMPANY SECRETARY |
| DATE: | OCTOBER 2016 |

**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

SUMMARY REPORT TO BOARD – 30 NOVEMBER 2016

The following members were present: Alison Bexfield, Bob Niven
Other directors in attendance: Stephen Posey, Brian Steven

DECISIONS MADE UNDER DELEGATED AUTHORITY

The AC made the following decision under its delegated authority:

Additional work undertaken outside Trust contracts

The AC referred further discussion at RAQC to provide assurance of the effectiveness of Trust policy to mitigate risk of staff working too long and potentially impacting patient safety. The AC recommended implementation of a cross-referencing exercise between ESR and bank staff.

OUTCOMES

Internal Audit Progress Report

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

- Complaints Management (partial assurance);
- GP enquiry line handling and responses (partial assurance);
- Cost Improvement Programme (reasonable assurance);
- Planned Preventative Maintenance (reasonable assurance).

Since the report was published IA had also finalised a report on VAT (reasonable assurance) and issued a further draft on Cancer Services data quality (reasonable assurance).

The AC requested assurance the Trust had systems in place to ensure that IA recommendations made were addressed, specifically those relating to governance issues within Medicine and Surgery divisions.

The AC was pleased to note an improvement from the previous year in relation to the key performance indicator for timeliness of management responses.

The AC noted the IA planning process for 2017/18 would be finalised once the newly appointed Director of Finance and Chief Operating Officer were in post (early 2017).

Local Counter Fraud Specialist Progress Report

The AC received an update on counter fraud work undertaken since July 2016. Two local proactive exercises into expense claims and gifts and hospitality/declarations of interest had been undertaken; reports would be presented for discussion at AC in January 2017. Further activities undertaken included:

- delivery of fraud awareness training to new starters as part of Trust induction;
- issue of the second quarterly counter fraud newsletter covering cyber threats, suspicious phone calls and letter scams;
- bespoke counter fraud training awareness sessions for budget holders and pharmacy.

The AC noted four of the counter fraud cases investigated had been closed whilst three remained open.

The AC supported the continued strong relationship that existed between the LCFS and the Trust acknowledging the quality of referrals could be improved.

External Audit Progress Verbal Update

External Auditors confirmed 2015/16 Management Accounts had been signed off in August and the EA audit plan for 2016/17 would be presented at AC in January 2017.

Internal Audit Tracking Report

The AC reviewed the latest IA tracking report of recommendations made noting 10% of recommendations had been implemented, 44% (22) were overdue and the target date for the remaining 46% (23) had not been reached. The AC received assurance that progress was being made on all recommendations however some remained incomplete. The Financial Controller assured the AC of the Trust's robust financial systems in place; issues related to operation, evidence and compliance.

Other matters:

Accounting Treatments

The AC considered regulations and guidelines relating to the process to be used when considering accounting treatments on specific 'unusual' transactions as well as 'business as usual' financial transactions. The AC welcomed early discussions with external auditors on significant areas of accounting treatment and requested early discussion on options available.

VAT Treatment of NHS Professionals Invoices

The AC received a paper illustrating the background and quantum relating to discovery of a material error in the VAT treatment of NHS Professionals invoices, including a letter to HMRC requesting clarity of the VAT recovery position. The AC deliberated the appropriateness of a prior year adjustment in relation to the Trust's materiality limit.

Gifts and Hospitality Register/Register of Interests

The AC approved the 2015/16 Gifts and Hospitality Register for publication on the Trust's website noting under-reporting of sponsorship/hospitality remained an issue. The AC supported a re-launch of the policy and learning from other organisations to improve disclosure.

The AC noted the Conflicts of Interest Policy was reviewed and approved in March 2016; no changes were proposed. Subject to undertaking a cross-checking exercise to ensure staff were not over-declaring personal circumstances, the AC approved the review of the Register of Interests 2015-16 and the Register of Interests 2016-17 to date for publication on the Trust's website.

The updated registers are appended to this report.

The AC noted current national consultation on managing conflicts of interest and current policy would be reviewed in 2017 following the outcome.

Strengthening financial performance and accountability in 2016/17

The AC noted the framework for next steps to strengthen financial performance and accountability in 2016/17 as published by NHS Improvement, including the mandate that from Quarter 2, NHSI would publish Trust level financial and performance information in its quarterly report. Further discussion would take place at FPC on 19 October.

Committee Evaluation 2015/16

The AC agreed to defer the Committee Evaluation 2015/16 to 9 January 2017 to enable full attendance and discussion by all members of the Committee.

Alison Bexfield
Non-Executive Director

October 2016

2015/2016 HOSPITALITY AND GIFTS REGISTER

| Name | Position | Category | Value | Offered by | Date | Accepted / declined | Approved |
|------------------------|--|---------------|-----------------------------------|-----------------------------|-------------------|---------------------|-------------------|
| | | | £ | | | | |
| Quarter 1 | | | | | | | |
| Tejal Patel | Pharmacist | Sponsorship | 50 | MERCK | 02.04.15 | Accepted | Shilpa Nathwani |
| Dr Andreas Polychronis | Medical Oncologist | Sponsorship | 3,000.00 | Boehringer Ingelheim | 28.05.15-02.06.15 | Accepted | Dr C Lemon |
| Dr Andreas Polychronis | Medical Oncologist | Sponsorship | 3,000.00 | MSD | 06.09.15-09.09.15 | Accepted | Dr C Lemon |
| Tony Ollis | Director of Finance | Hospitality | £40 | Hempsons | 04.06.15 | Accepted | N Carver |
| Tony Ollis | Director of Finance | Hospitality | £40 | Mills and Reeve | 03.06.15 | Accepted | N Carver |
| Nick Carver | Chief Executive | Hospitality | £40 | Mills and Reeve | 03.06.15 | Accepted | I Morfett |
| Quarter 2 | | | | | | | |
| Nick Carver | Chief Executive | Hospitality | £50 | 254 Medical Regiment | 21.07.15 | Accepted | I Morfett |
| Dr Samer Alsabbagh | Consultant Physician, diabetes, medicine and endocrinology | Sponsorship | not disclosed but less than £1500 | NOVO Nordisk | 15-19 Sept 2014 | Accepted | Dr Peter Winocour |
| Thomas Simons | Director of Workforce and OD | Sponsorship | £50 | Harvey Nash | 07.07.15 | Accepted | Nick Carver |
| Quarter 3 | | | | | | | |
| Stephen Posey | Deputy CEO | Hospitality | £120 | Troups, Bywaters and Anders | 29.09.15 | Accepted | Nick Carver |
| Dr Chris King | Consultant Radiologist | Hospitality | £60 | PNN Medical | 18.09.15 | Accepted | Colm Prendergast |
| Tony Ollis | Director of Finance | Hospitality | £50 | I Devlin (Deloitte Partner) | 07.10.15 | accepted | Nick Carver |
| Dr Jasjit Gill | Consultant in Palliative Medicine | Sponsorship | £225 | Prostraken | 04.11.15 | Accepted | Dr Humaira Jamal |
| Mei-Lin Ah-See | Oncology Consultant | Hospitality | approx £35 | Genomic Health | 10.12.15 | Accepted | C Lemon |
| Quarter 4 | | | | | | | |
| Thomas Simons | Director of Workforce and OD | Hospitality | £50 | Royal College of Nursing | 26.10.15 | Accepted | Nick Carver |
| Tony Ollis | Director of Finance | Hospitality | c£40 | Jim Mackey, Deloitte | 01.02.16 | Accepted | Nick Carver |
| Michael Toma | Ophthalmology Consultant and Clinical Director | Preceptorship | Unknown | Bayer Healthcare | 7-8 March 2016 | Accepted | Michael Chilvers |

REGISTER OF INTERESTS 2015/16 - Trust Board Only

Appendix 2

| Name | Directorships | Ownership | Shareholdings | Charities/VO | Connections Voluntary | Funding | Pooled funds | Other | Spouse / Partner |
|--|---|-----------|---------------|--------------|-----------------------|---------|--------------|---|------------------|
| Board: | | | | | | | | | |
| I Morfett (left Trust end March 2016) | 1. Chairman, Bellwether Enterprises Ltd 2. Chairman, Sports Environment Ltd 3. Director, Marine Academy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| A Bexfield | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Head of Audit, BBC | 0 |
| D Crowther (left Trust end December 2015) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1. Director, Operational Services Network Rail 2. Director, MEDD property co | 0 |
| V Patel | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| S Gavurin (left Trust end May 2015) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| J Nicholls | 1. Chairman, Whitehill Pelham Ltd 2. Chairman, Danoptra Ltd 3. Chairman, Leisure Connection Ltd 4. Chairman, OBL Ltd | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | |
|---|---|---|---|---|--|--|---|--|--|
| | 5. Director, Horsforth Holdings Ltd | | | | | | | | |
| Bob Niven | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| John Gilham | Director Advice With Value Ltd (June 2011) | Advice With Value Ltd (June 2011) | Advice With Value Ltd (June 2011) | 0 | 0 | 0 | 0 | 0 | 0 |
| Directors: | | | | | | | | | |
| N Carver | 0 | 0 | 0 | 0 | Board Member Health Education East of England to date | 0 | 0 | Director (Board member) of Eastern Academic Health Science Network (a limited liability co.) (non- remunerated) to date | 0 |
| J McCue | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Governor – University of Hertfordshire since 2009 | 0 |
| A Thompson | 0 | 0 | 0 | 0 | 0 | NIHR RCF funding through the Trust and PI research account – no personal gain – 4 x payments | 0 | 0 | 0 |
| J Watson (left Trust February 2016) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Tony Ollis (Left Trust July 2016) | Director Rapidity (not currently trading) June 2004 to current Director Maldon Homes – residential property development | 0 | 0 | 0 | 0 | 0 | 0 | Partner in TJ Partnership – residential property development 2012-present | Director of Maldon Homes April 2015 to current |

| | | | | | | | | | |
|----------------|-----------------------------------|---|---|---|---|---|---|---|--------------------------------|
| | April 2015 to current | | | | | | | | |
| T Simons | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| S Posey | 0 | 0 | 0 | 0 | Speaker at new consultant education and development workshop sponsored by Bayer Healthcare since 26.06.15. Trust Director lead, PMB the Pathology Partnership a contractual joint venture May 2014 to date. | 0 | 0 | 0 | Partner is a Director at CUHFT |
| Sarah Brierley | ENH Pharma Ltd – Chair (Oct 2014) | 0 | 0 | 0 | ENH Pharma – Chair (Oct 2014) | 0 | 0 | 0 | 0 |
| Jude Archer | | 0 | 0 | 0 | 0 | 0 | 0 | Company Secretary ENH Pharma Ltd (28/07/14) | 0 |

**This reflects the Register of Interest for the Board Members only. It is formally reviewed annual and more frequently if required.
The Corporate Governance Team maintains a comprehensive Register of Interests which includes other senior staff members including consultants.**

Appendix 3

REGISTER OF INTERESTS 2016/17 – Trust Board Only

| Name | Directorships | Ownership | Shareholdings | Charities/VO | Connections Voluntary | Funding | Pooled funds | Other | Spouse / Partner |
|---------------|--|-----------|---------------|--|-----------------------|---------|--------------|--|---|
| Board: | | | | | | | | | |
| E Schroder | United Healthcare (South Buckinghamshire) Group Limited from 1 February 2009 United Healthcare (South Buckinghamshire) Limited from 1 February 2009 and United Healthcare (South Buckinghamshire) Holdings Limited from 1 February 2009, all private companies involved in building and operating two PFIs for Buckinghamshire Hospitals NHS Trust. Feb 2009 to present | 0 | 0 | Great Ormond Street Hospital - Co-Chair of Clinical Ethics Committee from March 2002 | 0 | 0 | 0 | The Radcliffe Trust - Trustee. Charity offering grants to music and heritage projects. | Husband, Tim Schroder's relevant appointments - Prostate Cancer Research Charity - Chair from 1 March 2011 Schroder Charity Trust - Director from 23 November 1994 The Goldsmiths' Company Trustee - livery company Charity - Director from 22 December 2010 |

| | | | | | | | | | |
|------------|---|---|---|---|---|---|---|----------------------------------|---|
| | John Schroder (Trustees) Limited from 23 March 1993 and Egham & Islay Trustees Limited from 13 November 1992, both private family trust companies | | | | | | | | The Wallace Collection - Trustee from January 2013 John Schroder (Trustees) Limited, Director from 23 March 1993 and Egham & Islay Trustees Limited, Director from 10 December 1990, both private family trust companies |
| A Bexfield | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Director of Internal Audit, HMRC | Husband is director of Puzzleshed Limited |
| J Nicholls | 1. Chairman, Whitehill Pelham Ltd (2003) 2. Chairman, OBL Group (2012) 3. Chairman, 1 Life Management Services Ltd (2012) | 0 | Whitehill Pelham Ltd – occasional staff supply to NHS Cambridge | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | |
|-------------------|--|--|---|---|--|---|---|---|--|
| | 4. Deputy Chairman, Horsforth Holdings Ltd (2013) | | | | | | | | |
| Bob Niven | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| John Gilham | Director Advice With Value Ltd (June 2011) | Director Advice With Value Ltd (June 2011) | 0 | 0 | Provide consultancy support to Compass UK and Ireland (Medirest). (June 2011) During 2015/16 also provided consultancy support to Unipart Group and TBS GB Ltd | 0 | 0 | 0 | 0 |
| Vijay Patel | NED at Vale of Aylesbury Housing Trust (April 2007) and Brent Housing Partnership (March 2013) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Spouse works for Guys and St Thomas' NHS Trust as financial accountant |
| Val Moore | Director of VM Match Ltd – provides consultancy and leadership roles in health and social care – 06/2015 to present time | 0 | 0 | Chair, Healthwatch Cambridgeshire CIC – 09/2015 to present time | 0 | 0 | 0 | Policy Panel Members, Alzheimers Society Associate to Athenelm Consulting, Berlin | 0 |
| Directors: | | | | | | | | | |
| N Carver | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| J McCue | 0 | 0 | 0 | | 0 | 0 | 0 | Member of the Board of | 0 |

| | | | | | | | | | |
|-------------|---|---|---|---|--|---|---|---|---|
| | | | | | | | | Governors, University of Hertfordshire (unpaid) until 31 August 2016. Honorary Colonel – 254 Medical Regiment | |
| A Thompson | 0 | 0 | 0 | 0 | 0 | £54,255 total April 2015- March 2016: £12,658 income from studies, £41,507 RCF income | 0 | 0 | 0 |
| Brian Owens | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Tony Ollis | Director Rapidity (not currently trading) June 2004 to current Director Maldon Homes – residential property development April 2015 to current | 0 | 0 | 0 | 0 | 0 | 0 | Partner in TJ Partnership – residential property development 2012-present | Director of Maldon Homes + residential property developme nt. April 2015 to current |
| T Simons | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| S Posey | 0 | 0 | 0 | 0 | Speaker at new consultant education and development workshop sponsored by Bayer Healthcare since 26.06.15. Trust Director | 0 | 0 | 0 | Partner is a Director at CUHFT |

| | | | | | | | | | |
|----------------------|--|---|--|---|---|---|---|---|---|
| | | | | | lead, PMB the Pathology Partnership a contractual joint venture May 2014 to date. | | | | |
| Brian Steven | Director BRAG Consulting Ltd – private senior financial expertise to health sector (June 2016) | 0 | Director BRAG Consulting Ltd – private senior financial expertise to health sector (June 2016) | 0 | 0 | 0 | 0 | 0 | 0 |
| Bernie Bluhm | Bernie Bluhm Consulting Ltd 04/13 to date | 0 | Yes, as above | 0 | 0 | 0 | 0 | 0 | 0 |
| S Brierley | ENH Pharma Ltd – Chair (Oct 2014) | 0 | 0 | 0 | ENH Pharma – Chair (Oct 2014) | 0 | 0 | 0 | 0 |
| Martin Armstrong | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Wife is a finance manager at Herts Community NHS Trust – June 2014 to present |
| P Gibson (Assoc Dir) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Anthony Lundrigan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Kerry Eldridge | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| John Sloan | Finance Director ENH Pharma April 2015 to current | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Community Matron at Hertfordshire Community Trust 2003 to current |
| Liz Lees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

| | | | | | | | | | |
|----------------------|---|---|---|---|---|---|---|--|---|
| Co Secretary: | | | | | | | | | |
| J Archer | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Company Secretary ENH Pharma Ltd (28/07/14) | 0 |

This reflects the Register of Interest for the Board Members only. It is formally reviewed annual and more frequently if required.

The Corporate Governance Team maintains a comprehensive Register of Interests which includes other senior staff members including consultants.

DATA PACK

Contents

1. **Data & Exception Reports:**
FFT
Health & Safety Indicators
Nursing Quality Indicators
2. **Performance Data:**
CQC Outcomes Summary
3. **Workforce Appendices**
4. **Risk and Quality Committee Reports:**
Safer Staffing
Infection Control Data

DATA & EXCEPTION REPORTS

Health and Safety Indicators
Nursing Quality Indicators

Friends and Family Test - October 2016

| 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 | 90.00 | 1.43 | 35 | 28 | 4 | 1 | 0 | 2 | 70 | 80 | 87.50 |
| 5B | 96.55 | 0.00 | 19 | 9 | 0 | 0 | 0 | 1 | 29 | 35 | 82.86 |
| 7B | 94.38 | 1.12 | 55 | 29 | 3 | 1 | 0 | 1 | 89 | 198 | 44.95 |
| 8A | 92.16 | 3.92 | 33 | 14 | 1 | 1 | 1 | 1 | 51 | 100 | 51.00 |
| 8B | 79.55 | 2.27 | 20 | 15 | 5 | 0 | 1 | 3 | 44 | 117 | 37.61 |
| 11B | 100.00 | 0.00 | 31 | 20 | 0 | 0 | 0 | 0 | 51 | 101 | 50.50 |
| Swift | 98.15 | 0.00 | 39 | 14 | 1 | 0 | 0 | 0 | 54 | 164 | 32.93 |
| ITU/HDU | NP | NP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 0.00 |
| Day Surgery Centre, Lister | 99.55 | 0.45 | 176 | 47 | 0 | 0 | 1 | 0 | 224 | 364 | 61.54 |
| Day Surgery Treatment Centre | 98.90 | 0.55 | 158 | 22 | 1 | 1 | 0 | 0 | 182 | 611 | 29.79 |
| Endoscopy, Lister | 98.89 | 0.00 | 248 | 20 | 2 | 0 | 0 | 1 | 271 | 929 | 29.17 |
| Endoscopy, QEII | 98.26 | 0.00 | 105 | 8 | 2 | 0 | 0 | 0 | 115 | 246 | 46.75 |
| SURGERY TOTAL | 97.03 | 0.59 | 919 | 226 | 19 | 4 | 3 | 9 | 1180 | 2955 | 39.93 |
| SSU | 98.48 | 0.00 | 39 | 26 | 0 | 0 | 0 | 1 | 66 | 170 | 38.82 |
| AMU | 97.67 | 0.00 | 38 | 4 | 1 | 0 | 0 | 0 | 43 | 132 | 32.58 |
| Pirton | 100.00 | 0.00 | 8 | 3 | 0 | 0 | 0 | 0 | 11 | 59 | 18.64 |
| Barley | 100.00 | 0.00 | 3 | 4 | 0 | 0 | 0 | 0 | 7 | 35 | 20.00 |
| 6A | 90.00 | 5.00 | 13 | 5 | 1 | 1 | 0 | 0 | 20 | 32 | 62.50 |
| 6B | 96.00 | 0.00 | 19 | 5 | 0 | 0 | 0 | 1 | 25 | 78 | 32.05 |
| 11A | 98.21 | 1.79 | 53 | 2 | 0 | 0 | 1 | 0 | 56 | 79 | 70.89 |
| 7AN | 100.00 | 0.00 | 29 | 4 | 0 | 0 | 0 | 0 | 33 | 36 | 91.67 |
| ACU | 96.72 | 0.00 | 36 | 23 | 1 | 0 | 0 | 1 | 61 | 158 | 38.61 |
| 10B | 84.62 | 3.85 | 10 | 12 | 0 | 0 | 1 | 3 | 26 | 55 | 47.27 |
| Ashwell | NP | NP | 12 | 4 | 0 | 1 | 0 | 0 | 17 | 46 | 36.96 |
| 9B | 100.00 | 0.00 | 24 | 6 | 0 | 0 | 0 | 0 | 30 | 34 | 88.24 |
| 9A | 100.00 | 0.00 | 41 | 3 | 0 | 0 | 0 | 0 | 44 | 52 | 84.62 |
| Cardiac Suite | 100.00 | 0.00 | 13 | 2 | 0 | 0 | 0 | 0 | 15 | 122 | 12.30 |
| MEDICINE TOTAL | 97.14 | 0.88 | 338 | 103 | 3 | 2 | 2 | 6 | 454 | 1088 | 41.73 |
| 7A Gynae | 92.65 | 1.47 | 35 | 28 | 4 | 1 | 0 | 0 | 68 | 145 | 46.90 |
| Bluebell ward | 87.41 | 0.74 | 70 | 48 | 10 | 0 | 1 | 6 | 135 | 220 | 61.36 |
| Bluebell day case | 100.00 | 0.00 | 3 | 2 | 0 | 0 | 0 | 0 | 5 | 5 | 100.00 |
| Neonatal Unit | 100.00 | 0.00 | 18 | 3 | 0 | 0 | 0 | 0 | 21 | 36 | 58.33 |
| WOMEN'S/CHILDREN TOTAL | 90.39 | 0.87 | 126 | 81 | 14 | 1 | 1 | 6 | 229 | 406 | 56.40 |
| Michael Sobell House | 100.00 | 0.00 | 19 | 0 | 0 | 0 | 0 | 0 | 19 | 60 | 31.67 |
| 10 | 97.06 | 2.94 | 32 | 1 | 0 | 0 | 1 | 0 | 34 | 97 | 35.05 |
| 11 | 100.00 | 0.00 | 16 | 1 | 0 | 0 | 0 | 0 | 17 | 112 | 15.18 |
| CANCER TOTAL | 98.57 | 1.43 | 67 | 2 | 0 | 0 | 1 | 0 | 70 | 269 | 26.02 |
| TOTAL TRUST | 96.33 | 0.72 | 1450 | 412 | 36 | 7 | 7 | 21 | 1933 | 4718 | 40.97 |

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 | 96.11 | 0.74 | 1278 | 402 | 34 | 7 | 6 | 21 | 1748 | 4203 | 41.59 |
| QEII | 98.26 | 0.00 | 105 | 8 | 2 | 0 | 0 | 0 | 115 | 246 | 46.75 |
| Mount Vernon | 98.57 | 1.43 | 67 | 2 | 0 | 0 | 1 | 0 | 70 | 269 | 26.02 |
| TOTAL TRUST | 96.33 | 0.72 | 1450 | 412 | 36 | 7 | 7 | 21 | 1933 | 4718 | 40.97 |

| 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 | 82.81 | 9.66 | 826 | 340 | 83 | 54 | 82 | 23 | 1408 | 8483 | 16.60 |
| QEII UCC | 86.72 | 7.36 | 435 | 107 | 32 | 22 | 24 | 5 | 625 | 3762 | 16.61 |
| A&E TOTAL | 84.01 | 8.95 | 1261 | 447 | 115 | 76 | 106 | 28 | 2033 | 12245 | 16.60 |

| 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 | 90.63 | 3.13 | 22 | 36 | 2 | 2 | 0 | 2 | 64 | 553 | 11.57 |
| Birth | 93.80 | 3.28 | 188 | 69 | 6 | 4 | 5 | 2 | 274 | 483 | 56.73 |
| Postnatal | 82.05 | 3.30 | 155 | 69 | 26 | 9 | 0 | 14 | 273 | 468 | 58.33 |
| Community Midwifery | 100.00 | 0.00 | 2 | 0 | 0 | 0 | 0 | 0 | 2 | 553 | 0.36 |
| MATERNITY TOTAL | 88.25 | 3.26 | 367 | 174 | 34 | 15 | 5 | 18 | 613 | 2057 | 29.80 |

| Outpatients | % Would recommend | % Would not recommend | Extremely Likely | Likely | Neither Likely/ Unlikely | Unlikely | Extremely Unlikely | Don't Know | Total responses |
|--------------------------|-------------------|-----------------------|------------------|------------|--------------------------|-----------|--------------------|------------|-----------------|
| Lister | 94.50 | 2.01 | 667 | 226 | 22 | 9 | 10 | 11 | 945 |
| QEII | 93.13 | 2.01 | 992 | 350 | 53 | 15 | 14 | 17 | 1441 |
| Hertford County | 94.57 | 1.09 | 262 | 86 | 12 | 2 | 2 | 4 | 368 |
| Mount Vernon CC | 97.35 | 1.59 | 150 | 34 | 1 | 0 | 3 | 1 | 189 |
| Satellite Dialysis | 95.52 | 0.00 | 43 | 21 | 3 | 0 | 0 | 0 | 67 |
| OUTPATIENTS TOTAL | 94.05 | 1.83 | 2114 | 717 | 91 | 26 | 29 | 33 | 3010 |

| 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 | |
| | H&S public liability claims | 1 | 0 | 1 | 0 | 0 | 1 | 0 | | | | | | 3 | |
| | Slips, Trips & Falls (not including inpatient falls) | 0 | 0 | 1 | 1 | 0 | 0 | 3 | | | | | | 5 | |
| | Physical assault | 1 | 0 | 1 | 0 | 0 | 0 | 0 | | | | | | 2 | |
| Visitor Incidents | RIDDOR incidents | 0 | 0 | 1 | 0 | 0 | 0 | 0 | | | | | | 1 | |
| | H&S public liability claims | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 | |
| | Slips, Trips & Falls | 6 | 7 | 3 | 6 | 0 | 1 | 1 | | | | | | 24 | |
| The Workforce (Including Contractors) Incidents | RIDDOR incidents | 0 | 2 | 2 | 3 | 3 | 1 | 2 | | | | | | 13 | |
| | Slips, Trips & Falls | 4 | 2 | 5 | 4 | 7 | 2 | 5 | | | | | | 29 | |
| | Employer liability claims | 2 | 0 | 0 | 0 | 0 | 3 | 1 | | | | | | 6 | |
| | Sharps incidents | 8 | 15 | 11 | 10 | 9 | 19 | 12 | | | | | | 84 | |
| | Workplace stress | 4 | 8 | 3 | 0 | 6 | 5 | 5 | | | | | | 31 | |
| | Contact dermatitis/latex | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 | |
| | Musculoskeletal injuries | 5 | 2 | 7 | 4 | 10 | 6 | 4 | | | | | | 38 | |
| | Physical assault | 3 | 10 | 4 | 7 | 11 | 8 | 5 | | | | | | 48 | |
| | H & S training (Compliance) (YTD = Latest Available Position) | 86% | 89% | 87% | 87% | 87% | 89% | 89% | | | | | | 89% | |
| | Significant workplace fires | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 | |
| | Total Staff | 5301 | 5310 | 5470 | 5517 | 5509 | 5274 | 5321 | | | | | | 5321 | |

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 | 2 | 0 | 0 | 0 | 0 | 0 | 13 |
| RATE % | Red < 0.61 Amber 0.61-0.56 Green > 0.56 | 0.000 | 0.377 | 0.366 | 0.544 | 0.545 | 0.190 | 0.376 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.345 |
| Slips, Trips and Falls | | 4 | 2 | 5 | 4 | 7 | 2 | 5 | 0 | 0 | 0 | 0 | 0 | 29 |
| RATE % | Red < 1.28 Amber 1.28-1.18 Green >1.18 | 0.755 | 0.377 | 0.914 | 0.725 | 1.271 | 0.379 | 0.940 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.769 |
| Sharps Injuries | | 8 | 15 | 11 | 10 | 9 | 19 | 12 | 0 | 0 | 0 | 0 | 0 | 84 |
| 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 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 2.228 |
| Mgr Referrals to OH for Stress | | 4 | 8 | 3 | 0 | 6 | 5 | 5 | 0 | 0 | 0 | 0 | 0 | 31 |
| 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 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.822 |
| Work related Musculoskeletal Injuries | | 5 | 2 | 7 | 4 | 10 | 6 | 4 | 0 | 0 | 0 | 0 | 0 | 38 |
| 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 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 1.008 |
| Physical Assault | | 3 | 10 | 4 | 7 | 11 | 8 | 5 | 0 | 0 | 0 | 0 | 0 | 48 |
| 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 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 1.273 |
| Total Staff | | 5301 | 5310 | 5470 | 5517 | 5509 | 5274 | 5321 | 0 | 0 | 0 | 0 | 0 | 37702 |

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 |

| 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 |

| Surgery | | ASCU | Critical Care | Swift | 5A | 5B | 7B | 8A | 8B | 11B |
|-----------------------------|--|--------|----------------|-------|-------|-------|-------|-------|----------------|-------|
| NURSING & MIDWIFERY QUALITY | Total Beds (Based on wards in this report) | CLOSED | 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) | | 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 |

12 Data Pack.pdf

| 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 | Aggregated 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 | Aggregated 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 in the total contracted hours for the ward | <>2.5% swing in 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 | Aggregated 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 | Aggregated 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% | |
| Staffing (cont.) | 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% | |
| | 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 |
| | 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 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 |
| Patient Safety (cont.) | 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 ACSU. |
| | 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 |
|-----------------------------|--|---|--|--|--------------------------|--|---|------------------------------------|---|
| 3 (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 <u>would</u> 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 <u>would not</u> 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

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.**

Following the CQC Comprehensive Inspection in October 2015 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
 - Ensure records and assessments are completed in accordance with Trust Policy
 - 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
 - Ensure that all staff in all services complete their mandatory training
- 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
 - Ensure there is oversight and monitoring of all transfers

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 submitted to the CQC Quality Development Programme Board on a fortnightly basis and monthly Performance Management Reviews. The Quality Development Board reports to the Risk and Quality Committee. The CQC report from the unannounced inspection in ED and Bluebell Ward in May 2016 confirms progress against the regulatory actions.

WORKFORCE APPENDICES

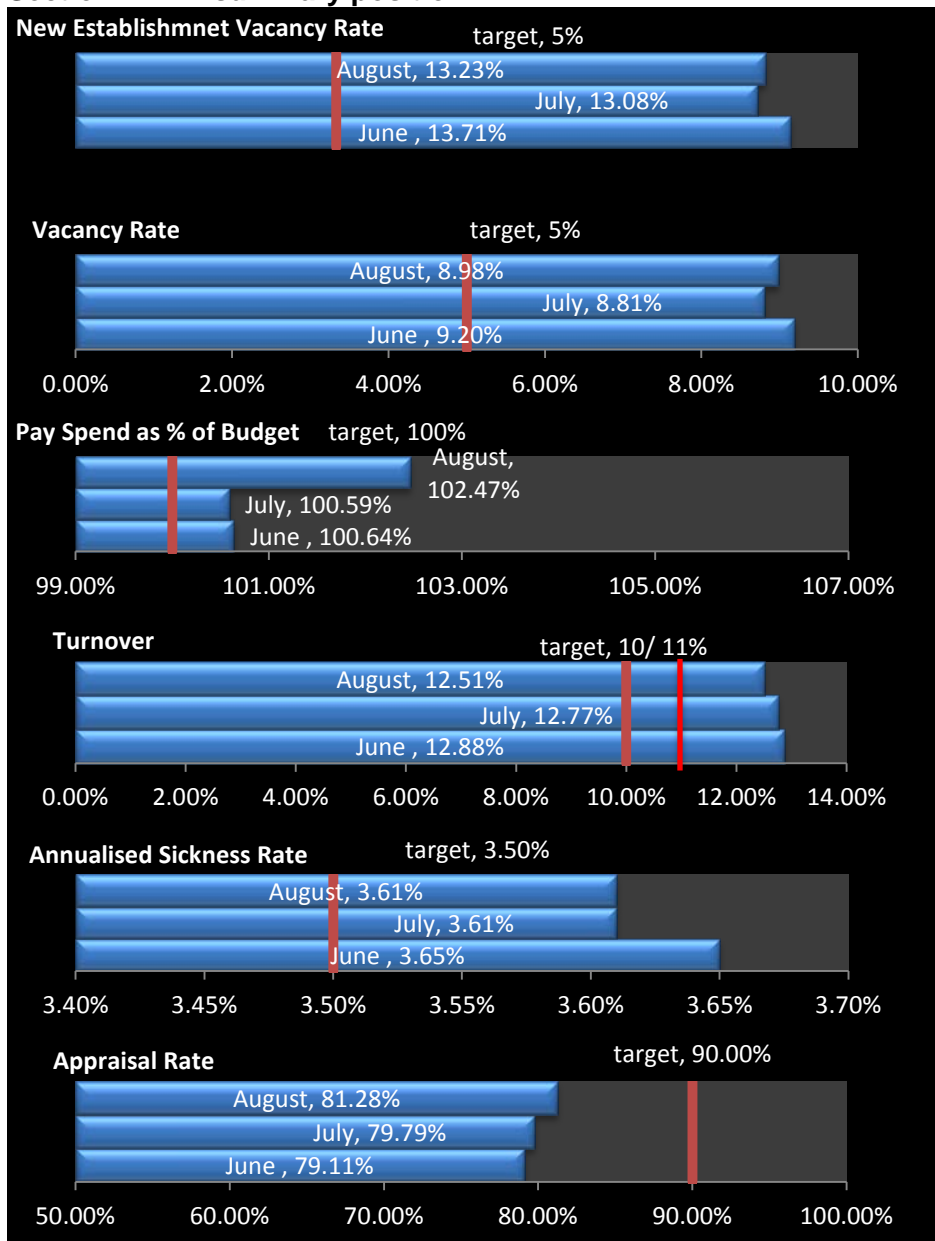
EAST AND NORTH HERTS NHS TRUST

September 2016 - Based on Month 5

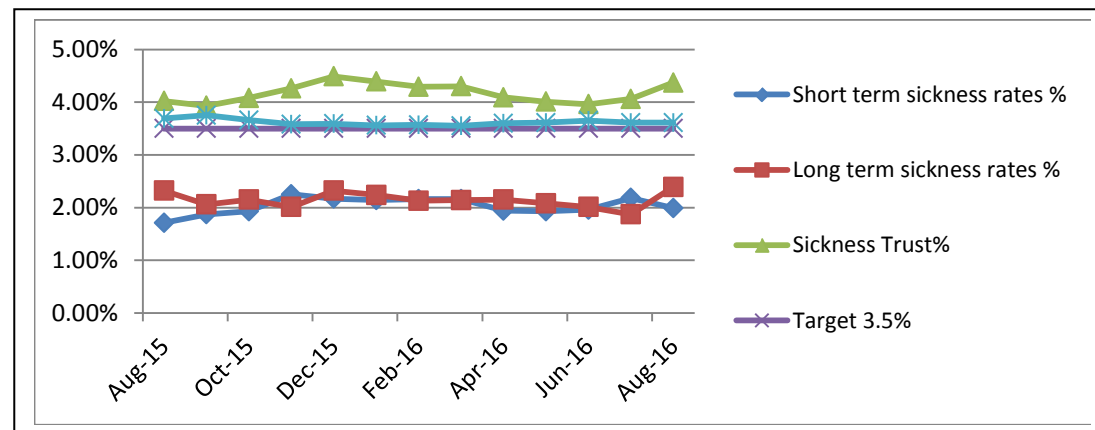
*Workforce Information
Report Summary*

Workforce Report September 2016 (Based on data as at the end of August 2016)

Section 1: KPI summary position

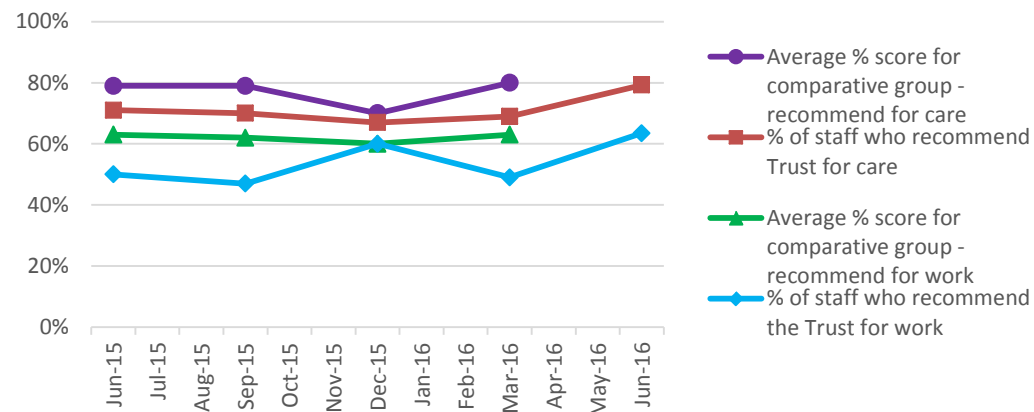


Graph 1: Sickness Rates Based On In Month Position



Section 2: Our Culture

Graph 1: FFT Trend Graph



*National benchmarks for Quarter 1 2016/17 will be published in late August 2016

Table 1: Health at Work Service core activity

| Health at Work Service core activity | Average Activity 2015/16 | Activity as of 31 July 2016 | Activity as of 31 August 2016 |
|--------------------------------------|--------------------------|-----------------------------|-------------------------------|
| Trust | | | |
| Pre Placements received | 164 | 239 | 173 |
| Manager referrals received | 83 | 68 | 89 |
| Immunisation/blood tests | 554 | 390 | 362 |
| Blood borne virus incident (sharps) | 13 | 10 | 9 |
| Return to Work plans advised | 18 | 21 | 19 |
| Self-referral advice given | 17 | 21 | 22 |
| Physiotherapy referrals | 5 | 3 | 14 |
| Use of Employee Assistance Programme | 15 | 27 | 18 |
| External | | | |
| Pre-placement | 107 | 93 | 105 |
| Manager referrals received | 40 | 44 | 39 |
| Immunisations and blood tests | 341 | 126 | 151 |
| Blood borne virus incident (sharps) | 5 | 8 | 5 |

Section 3: Developing our people

Table 1: June 2016 Appraisal Compliance

| Compliance | Done | Not Done | Not due but require review* | Grand Total | Completion Rate % June |
|---------------------------|-------------|------------|-----------------------------|-------------|------------------------|
| Cancer Services | 389 | 48 | 66 | 503 | 89.02 |
| Clinical Support Services | 511 | 46 | 132 | 689 | 91.74 |
| Medicine | 556 | 258 | 299 | 1113 | 68.30 |
| Corporate | 360 | 80 | 127 | 567 | 81.82 |
| Research & Development | 62 | 17 | 25 | 104 | 78.48 |
| Surgery | 680 | 166 | 168 | 1014 | 80.38 |
| Women's and Children's | 442 | 76 | 109 | 627 | 85.33 |
| Grand Total | 3000 | 691 | 926 | 4617 | 81.28 |

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) | 66.00% | 61.70% | 56.04% | 79.64% | 66.85% | 72.70% | 75.47% | 71.97% |
| Statutory and mandatory training average compliance (Incl M&D) | 86.99% | 85.50% | 81.84% | 92.94% | 89.81% | 90.81% | 93.27% | 86.96% |

Graph 1: Starters & Leavers Graph

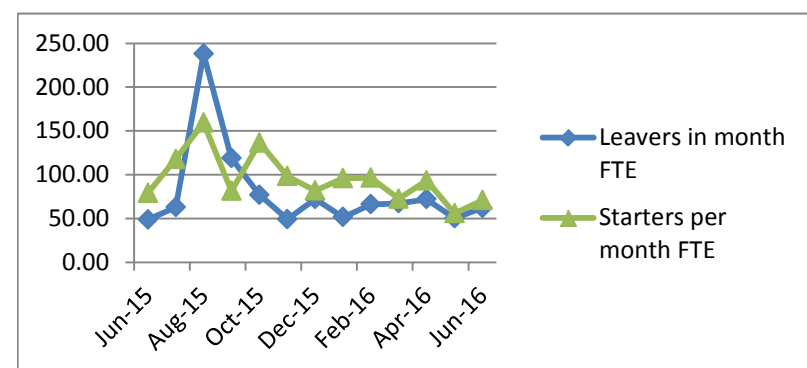


Table 2: Appraisal Compliance by Payband

| Pay Band | Appraisal Completion Rate % |
|--------------------|-----------------------------|
| Band 1 | 82.05 |
| Band 2 | 79.80 |
| Band 3 | 82.38 |
| Band 4 | 81.94 |
| Band 5 | 79.84 |
| Band 6 | 85.88 |
| Band 7 | 79.86 |
| Band 8A | 83.06 |
| Band 8B | 60.00 |
| Band 8C | 77.78 |
| Band 8D | 75.00 |
| Band 9 | 62.50 |
| Snr Mgr Pay | 62.50 |
| Tupe | 0.00 |
| Grand Total | 81.28 |

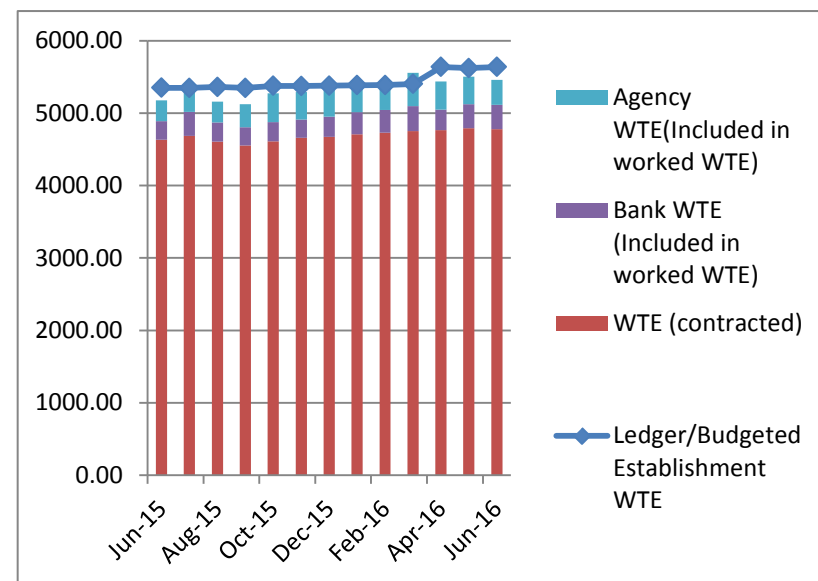
Section 4: People Performance

Table 1: Bank & Agency Spend

Graph 1: Ledger Position V Worked WTE

| June 2016 position | | | | |
|-----------------------------|--------------------|--------|-------------------|--------|
| Total spend | Current month | | YTD | |
| | £ | % | £ | % |
| Agency | 2,593,283 | 11.90% | 11,968,275 | 11.20% |
| Bank | 971,924 | 4.50% | 4,823,014 | 4.50% |
| Substantive | 90,009,270 | 84.30% | 18,140,034 | 83.60% |
| Total | 106,800,558 | | 21,705,241 | |
| | | | | |
| Variance against pay budget | 522,449 | 2.47% | 835,738 | 0.79% |

Table 2: Recruitment Data



| Source: TRAC | Target | Trust June 2016 (weeks) | Trust July 2016 (weeks) | Trust August 2016 (weeks) |
|---|-----------|-------------------------|-------------------------|---------------------------|
| Time to Start: From requisition approval to start date (actual/booked) | 9 weeks | 8.9 weeks | 8.1 weeks | 9.3 weeks |
| Time to Recruit: From conditional offer to Start date (booked/actual) | 2.6 weeks | 3.1 weeks | 2.8 weeks | 3.5 weeks |
| Time taken for approvals: From requisition being created to requisitions authorised | 2 weeks | 0.9 weeks | 0.6 weeks | 1.0 week |

Table 3: Establishment changes 16/17: Substantive Posts WTE

| | Cancer division | Clinical Support division | Corporate division | Medical division | R&D | Surgery division | Womens & Childrens division | Grand Total |
|----------------------|-----------------|---------------------------|--------------------|------------------|-------------|------------------|-----------------------------|---------------|
| Adjustment | -0.4 | | | | | -0.42 | | -0.42 |
| Admin and estates | 4.5 | 12.83 | 39.25 | 20.16 | 7.9 | 8.31 | 7.43 | 100.38 |
| Medical and dental | -0.96 | 0.7 | 0 | 12.11 | -1.46 | 0.42 | 3.2 | 14.01 |
| Nursing qualified | -2.43 | 0.89 | 3.03 | 38.12 | -0.43 | 13.57 | -0.36 | 52.39 |
| Nursing unqualified | 1.96 | 0.37 | -1 | 16.93 | -1 | 11.38 | 2.42 | 31.06 |
| St and T | 6.71 | -1.97 | 0 | 2.19 | 1.85 | 8.44 | -0.92 | 16.3 |
| ST and T unqualified | -1 | -1.17 | | -1 | | 1.32 | -0.08 | -1.93 |
| Grand Total | 8.38 | 11.65 | 41.28 | 88.51 | 6.86 | 43.02 | 11.69 | 211.39 |

Table 4: Establishment changes 16/17: Bank & Agency Posts WTE

| | Cancer division | Clinical Support division | Corporate division | Medical division | R&D | Surgery division | Women's & Children's division | Grand Total |
|---------------------------|-----------------|---------------------------|--------------------|------------------|--------------|------------------|-------------------------------|--------------|
| Admin and estates agency | | | | -4.51 | | -4 | 0 | -8.51 |
| Admin and estates bank | | -2.08 | -2.11 | 0 | -0.43 | 9.96 | 1.5 | 6.84 |
| Agency Medical and dental | | | | | | 4.29 | | 4.29 |
| Agency nursing qualified | | | | 13.47 | | | | 13.47 |
| Bank nursing qualified | -0.51 | -0.73 | 0 | 3.26 | 0 | -0.14 | 5.63 | 7.51 |
| Bank nursing unqualified | -0.08 | 0 | | 1.2 | | 0.44 | 0 | 1.56 |
| St and t bank | -4 | 9.6 | | 2 | | 0 | | 7.6 |
| Grand Total | -4.59 | 6.79 | -2.11 | 15.42 | -0.43 | 10.55 | 7.13 | 32.76 |

Table 5: Benchmarking Data: Beds and Herts NHS Organisations - Vacancy, Turnover and Agency costs comparisons - June 2016 (awaiting data)

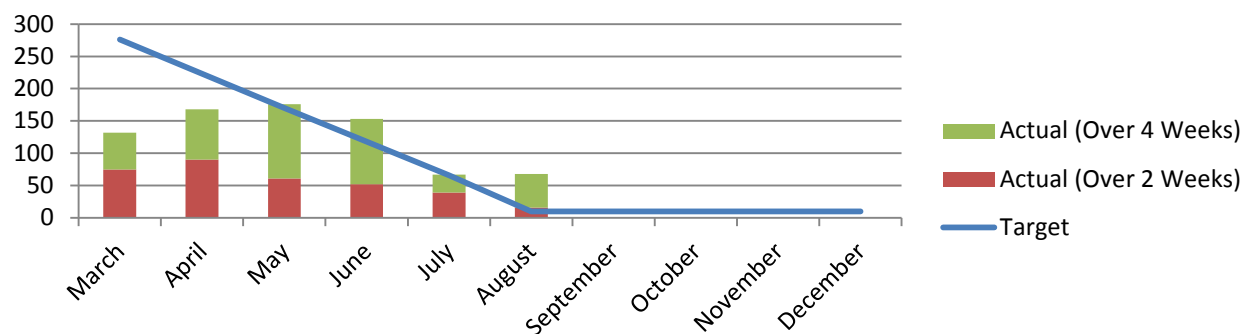
| Trust | Mandatory Training Rate June 16 | Appraisal Rate June 16 | Turnover June 16 | Sickness June 16 | Agency June 16 |
|-------------------------------|---------------------------------|------------------------|------------------|------------------|----------------|
| Bedford Hospital | 76% | 81% | 10.90% | 3.30% | 6.50% |
| Herts Community | 86% | 88% | 19.10% | 3.70% | 9.00% |
| WHHT | 88% | 88% | 15.50% | 2.80% | 12.00% |
| East & North Herts | 87% | 79% | 12.90% | 3.96% | 10.50% |
| Luton & Dunstable | 86% | 73% | 15.90% | 2.80% | 7.60% |
| HPFT | 88% | 83% | 14.10% | 3.96% | 6.30% |
| ELF Bedford | 99% | 99% | 17.80% | 4.60% | 11.40% |
| ELF Luton | 86% | 80% | 19.80% | 3.70% | 14.00% |
| Princess Alexandra | 79% | 59% | 21.10% | 3.50% | 10.00% |
| SEPT | | 90% | 16.30% | 4.40% | |
| CNWL FT | 91% | 86% | 13.10% | 4.05% | |
| Average | 86% | 82% | 16.0% | 3.7% | 9.70% |

Table 6: NHSP Performance

| Staff Group | Current YTD Month & Year | Net Shifts Requested | NHSP Filled Shifts | % NHSP Shift | Agency Filled Shifts | % Agency Filled Shifts | Overall Fill Rate | Unfilled Shifts | % Unfilled Shifts |
|--|--------------------------|----------------------|--------------------|--------------|----------------------|------------------------|-------------------|-----------------|-------------------|
| Nursing & Midwifery | July 2016 | 10,699 | 4,329 | 40.5 % | 4,375 | 40.9 % | 81.4 % | 1,995 | 18.6 % |
| | August 2016 | 10,864 | 4,082 | 37.6 % | 3,684 | 33.9 % | 71.5 % | 3,098 | 28.5 % |
| Doctors | July 2016 | 2359 | 729 | 31% | 827 | 35% | 66% | 803 | 34% |
| | August 2016 | 2494 | 829 | 33% | 863 | 35% | 68% | 802 | 32% |
| Admin & Clerical | July 2016 | 2,483 | 1,486 | 59.8 % | 836 | 33.7 % | 93.5 % | 161 | 6.5 % |
| | August 2016 | 2,660 | 1,632 | 61.4 % | 828 | 31.1 % | 92.5 % | 200 | 7.5 % |
| Allied Health Prof, Health Care Sciences | July 2016 | 2,622 | 1,212 | 46.2 % | 1,136 | 43.3 % | 89.5 % | 274 | 10.5 % |
| | August 2016 | 2,915 | 1,210 | 41.5 % | 1,223 | 42.0 % | 83.5 % | 482 | 16.5 % |

Graph 2: Retrospective Bookings

Retrospective bookings (over two weeks)



Retrospective Bookings: The graph demonstrates the planned reduction of retrospective booking based on current volumes. The plan focuses on reducing the requests that are greater than 2 weeks retrospective while ensuring the volume under 2 weeks retrospective does not increase.
* Graph represents retrospective bookings only

Table 7: Performance, Employee Relations

| Source: ERAS | Total Live Cases as at 30 June 2016 | Total Live Cases as at 31 August 2016 | Surgery | Medicine | CS | W & C | Cancer (inc R&D) | Corporate |
|--|-------------------------------------|---------------------------------------|---------|----------|-----|-------|------------------|-----------|
| Headcount | 5470 | 5509 | 1311 | 1395 | 747 | 769 | 692 | 595 |
| Number of Disciplinary Cases (excluding medical cases) % = no of cases as % of headcount | 13 (0.2%) | 12 (0.2%) | 2 | 1 | 3 | 1 | 4 | 1 |
| Number of Grievances | 4 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| Number of Capability cases | 8 | 8 | 3 | 3 | 0 | 0 | 2 | 0 |
| Number of B&H, discrimination and victimisation cases | 8 | 7 | 1 | 1 | 4 | 1 | 0 | 0 |
| Number of formal short term sickness cases including cases under monitoring | 112 | 54 | 12 | 16 | 14 | 6 | 2 | 4 |
| Number of formal long term sickness cases Including cases under monitoring | 67 | 54 | 13 | 21 | 6 | 9 | 2 | 3 |
| Number of *MHPS cases (Medical cases) | 2 | 2 | 1 | 0 | 0 | 1 | 0 | 0 |
| Total number of cases in progress | 214 | 138 | | | | | | |
| Number of suspensions/medical exclusions | 4 | 4 | 2 | 0 | 0 | 0 | 2 | 0 |
| Number of suspensions lasting 6 months or longer | | | | | | | | |
| Number of appeals | 18 | 3 | 0 | 0 | 0 | 0 | 2 | 1 |

*MHPS = Maintaining High Professional Standards

Table 8: ERAS (Exit Interview Data) Headcount 39

Table 8: Exit Interview data demonstrates that 39 people left the Trust.

Table 8a: shows breakdown of different reasons as to people leaving the Trust.

| A. Reason of Leaving | |
|--------------------------|---|
| Enhanced Job Opportunity | 9 |
| Salary | 0 |
| Lack of challenge | 1 |
| Lack of support from Mgt | 2 |
| Career Change | 1 |
| Reason Unknown | 3 |
| Relocation | 6 |
| Retirement | 5 |
| Family/Personal reasons | 6 |
| Dissatisfaction with Mgr | 0 |
| Working Conditions | 1 |
| Further Education | 5 |

| B. Length of Service within the Trust | |
|---------------------------------------|----|
| > 12 months | 11 |
| 1-5 Years | 15 |
| 6-10 Years | 7 |
| 11-15 Years | 1 |
| 16-20 Years | 1 |
| 21-25 Years | 1 |
| 26-30 Years | 3 |

| C. Band | |
|---------|----|
| 1 | 0 |
| 2 | 14 |
| 3 | 6 |
| 4 | 1 |
| 5 | 4 |
| 6 | 8 |
| 7 | 5 |
| 8 | 0 |
| 9 | 1 |

| D. Department | |
|---------------------------------------|---|
| Pharmacy | 1 |
| Health Records | 1 |
| Mount Vernon Cancer Centre | 7 |
| Facilities | 1 |
| Orthopaedics | 0 |
| Obstetrics & Gynaecology | 4 |
| Elderly Care | 1 |
| Outpatients Services | 2 |
| Surgical Specialties | 4 |
| Specialty Medicine | 0 |
| Child Health | 1 |
| Quality Control | 1 |
| Anaesthetics, Theatres, Critical Care | 0 |
| Strategic Development | 0 |
| General Surgery and Urology | 3 |
| Nursing Practice | 0 |
| Cardiology | 0 |
| Acute Medicine | 4 |
| Research and Development | 0 |
| Emergency Department | 0 |
| Renal | 2 |
| Pathology | 0 |
| Radiology | 5 |
| Finance | 0 |
| Trust Management | 0 |
| Oncology & Clinical Haematology | 1 |
| Education and Training | 1 |

Qualitative Exit Interview Data

The following summarises the responses obtained to questions asked at exit interviews for the period of August 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.

Relocation

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

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

Retirement

People choose to retire as they were reaching retirement age.

Staff Group (Nursing & Midwifery)

- A band 6 from Obstetrics & Gynaecology left after 7 years of service because of childcare issues and was unable to have 15 hour per week contract. The employee also felt sufficient breaks were not provided.
- A band 6 from Mount Vernon Cancer Centre left after 6 years of service because of lack of support from management & poor management. The employee felt that they were being treated like child, there was no respect for each other and staff were not being listened to.

Staff Group (Allied Health Professionals)

- A band 6 from Radiology left after 8 years of service because of promotion of shift system and lack of staff. The employee felt unhappy about a shortage of staff and stress at work.
- A band 2 from General Surgery and Urology left after 4 years of service because of lack of staffing and staff being taken away. The employee stated that they had been moved to heavy wards whilst pregnant and had been put at risk. The employee preferred QE2 and did not like working at Lister.
- A band 6 from Mount Vernon Cancer Centre left after 1.5 years of service because of promotion to a more patient based role. The employee felt staff shortages and lack of support were key issues for the Trust.

Staff Group (Administrative & Clerical)

- A band 2 from Health records left after 10 years of service because of poor job prospects, lack of motivation and stress. The employee felt that PIVOTis a smoke screen of box ticking and blame shuffling.

Table 9: Independent contractors (excluding high value agency workers) April 2016 to end June 2016

| Department | Duties | Contract Arrangements |
|---------------------------------|---|--|
| Finance | Capital Projects Finance Lead | Anticipated contract end date is 30 September 2016. |
| Finance | Senior Contracts Manager | Contract extended to 31 October 2016. |
| Finance | Finance income capture/recovery project | Contract to 31 August 2016 |
| Transformation Programme Office | Consultant | Ongoing for one day per week. |
| Information Management | EPR Programme Consultant | Contract to 30 November 2016 |
| Information Management | Change Analyst for Pharmacy Stock Control | Contract to 18 November 2016 |
| Information Management | EPR Project Manager | Contract to 30 November 2016 |
| Information Management | Testing Services Consultant | Contact to 5 December 2016 |
| Information Management | EPR Programme Manager | Anticipated contract end date is 1 October 2016. |
| Information Management | EPR Programme Consultant | Anticipated contract end date is 4 July 2016. |
| Operations | 7 Day Working project Lead | Contract to 31 October 2016 |
| Workforce & OD | ESR E-forms Project Consultants (2) | Both Contracts have now finished; one ended on 30 April 2016 and the other ended 30 th June 2016. |
| Workforce & OD | Locum Consultant Physician in Occupational Health | Contract to be extended, to allow for substantive recruitment to post. |
| Workforce and OD | ADDS consultant | Contract to 30 September 2016. |
| Workforce and OD | ADDS Project Consultant | Contract ended on 30 June 2016. |

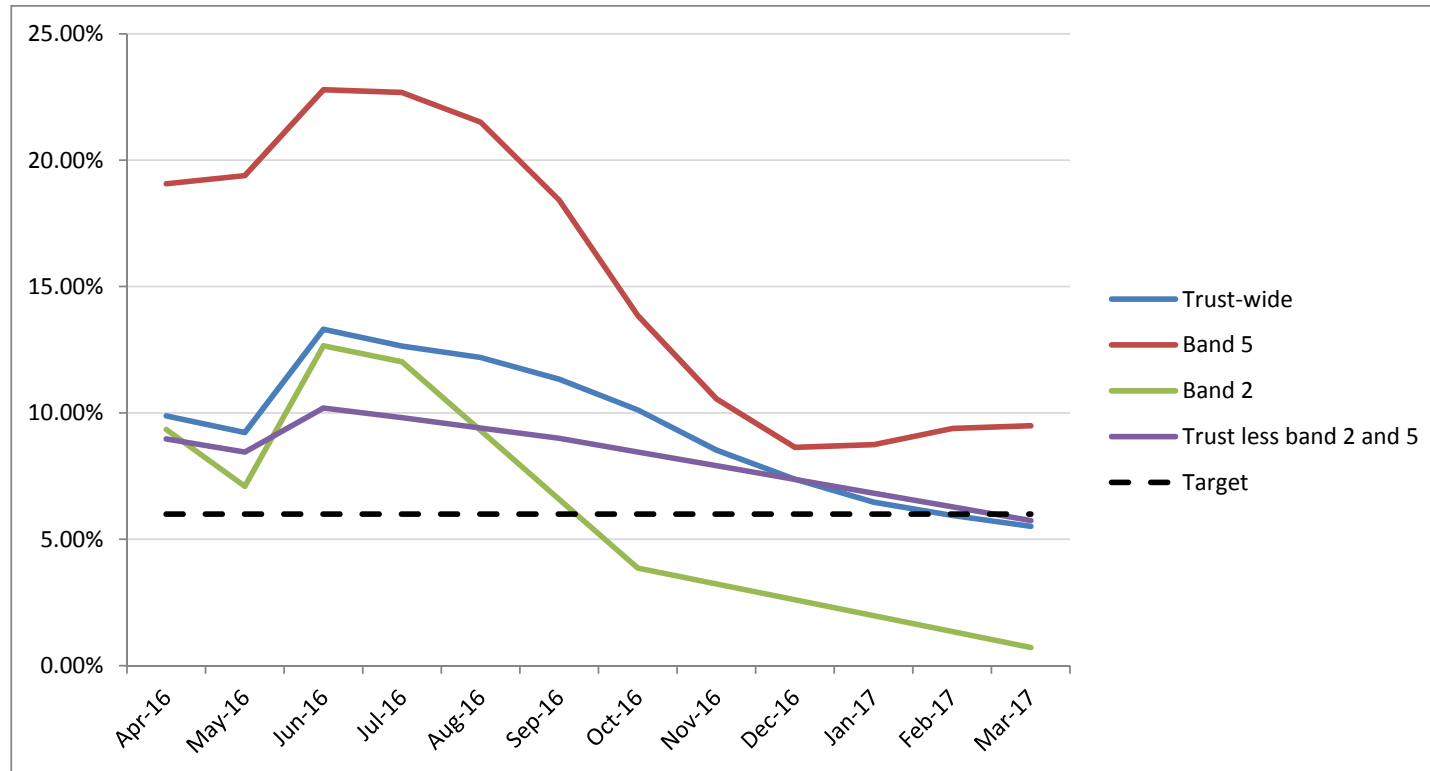
| TRUST - WIDE | Trust-wide | Actual | | | | | Predictions/Assumption based on pipeline and known leavers | | | | | | | | | | | | | |
|--------------------------------------|---|--------|--------|--------|--------|--------|--|--------|--------|--------|--------|--------|--------|-------------|--------|--------|--------|--------|--------|--------|
| | | 16/17 | | | | | | | | | | | | | | | | | | |
| | | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | 16/17 Total | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 |
| | Overall Trust Vacancy Factor at the end of the month | 9.88% | 10.76% | 13.32% | 14.46% | 13.51% | 13.04% | 12.03% | 11.27% | 10.47% | 9.56% | 9.25% | 8.20% | | 7.31% | 6.86% | 6.80% | 6.45% | 6.62% | 6.41% |
| | Trust-wide vacant posts (at the end of the month) | 484 | 527 | 679 | 744 | 694 | 670 | 618 | 579 | 538 | 491 | 475 | 421 | | 375 | 352 | 349 | 331 | 340 | 329 |
| | Trust-wide vacant posts (at the beginning of the month, incl. any funded establishment changes) | 503 | 484 | 527 | 679 | 744 | 694 | 651 | 623 | 584 | 543 | 496 | 480 | | 414 | 380 | 357 | 354 | 336 | 345 |
| | Number of starters required to achieve target | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | | 78 | 78 | 78 | 78 | 78 | 78 |
| | Estimated starters in month * | 75 | 67 | 70 | 47 | 72 | 81 | 90 | 101 | 103 | 109 | 78 | 116 | | 96 | 85 | 65 | 80 | 53 | 73 |
| | Actual starters in month* | 81 | 55 | 78 | 56 | 92 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 |
| | Variance | -6 | 12 | -8 | -9 | -20 | TBC | TBC | TBC | TBC | TBC | TBC | TBC | -31 | TBC | TBC | TBC | TBC | TBC | TBC |
| | Estimated leavers in month* | 43 | 41 | 36 | 36 | 36 | 57 | 57 | 57 | 57 | 57 | 57 | 57 | | 57 | 57 | 57 | 57 | 57 | 57 |
| Actual leavers in month* | 49 | 48 | 59 | 65 | 67 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | |
| Variance | -6 | -7 | -23 | -29 | -31 | TBC | TBC | TBC | TBC | TBC | TBC | TBC | -96 | TBC | TBC | TBC | TBC | TBC | TBC | |
| BAND 5 REGISTERED NURSES | Band 5 | 16/17 | | | | | | | | | | | | | | | | | | |
| | Month | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | 16/17 Total | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 |
| | | | | | | | | | | | | | | | | | | | | |
| | Vacancies b/fwd (incl. any changes in funded establishment) | 181 | 179 | 218 | 220 | 234 | 240 | 230 | 211 | 196 | 179 | 151 | 134 | | 99 | 64 | 60 | 56 | 57 | 65 |
| | | | | | | | | | | | | | | | | | | | | |
| | Monthly starters | | | | | | | | | | | | | | | | | | | |
| | Estimated UK | 9 | 4 | 5 | 8 | 8 | 8 | 9 | 9 | 9 | 15 | 15 | 15 | | 15 | 15 | 15 | 8 | 8 | 8 |
| | Estimated EU | 7 | 3 | | | | 5 | | 3 | 2 | 3 | | | | | | | | | |
| | Estimated Filipino Nurses Cohort 1 | 6 | 9 | 2 | 3 | 3 | 1 | | | 3 | 2 | 2 | 8 | | 10 | | | | | |
| | Estimated Filipino Nurses Cohort 2 | | | | | 3 | 1 | | 4 | 2 | 6 | 4 | 23 | | 21 | | | | | |
| | Estimated Additional Filipino Recruits | | | 11 | 2 | 3 | 1 | | 5 | 17 | 18 | 1 | | | | | | | | |
| | Estimated Newly Qualified Nurses | | | | | | 10 | 26 | 10 | | | | | | | | | | | |
| | Estimated Other Overseas Nurses | | | | | | | | | | | 11 | 5 | | 5 | 5 | 5 | 7 | | |
| | | | | | | | | | | | | | | | | | | | | |
| | Actual UK | 3 | 2 | 5 | 5 | 9 | | | | | | | | | | | | | | |
| | Actual EU | 2 | 1 | | | | | | | | | | | | | | | | | |
| | Actual Filipino Nurses Cohort 1 | 4 | | 2 | 3 | 1 | | | | | | | | | | | | | | |
| | Actual Filipino Nurses Cohort 2 | 1 | | | | | | | | | | | | | | | | | | |
| | Actual Additional Filipino Recruits | | | 11 | 2 | | | | | | | | | | | | | | | |
| | Actual Newly Qualified Nurses | | | | | | | | | | | | | | | | | | | |
| | Actual Other Overseas Nurses | | | | | | | | | | | | | | | | | | | |
| | Starters Variance | 12 | 13 | 0 | 3 | 7 | TBC | TBC | TBC | TBC | TBC | TBC | TBC | 35 | TBC | TBC | TBC | TBC | TBC | TBC |
| | | | | | | | | | | | | | | | | | | | | |
| | Attrition Mthly | | | | | | | | | | | | | | | | | | | |
| | Estimated | 10 | 9 | 9 | 9 | 9 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | | 11 | 11 | 11 | 11 | 11 | 11 |
| | Actual | 7 | 10 | 10 | 14 | 9 | | | | | | | | | | | | | | |
| | Esitimated Internal promotion for band 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | | 5 | 5 | 5 | 5 | 5 | 5 |
| Actual Internal promotion for band 5 | 1 | 4 | 4 | 4 | 2 | | | | | | | | | | | | | | | |
| Attrition Variance | 7 | 0 | 0 | -4 | 3 | TBC | TBC | TBC | TBC | TBC | TBC | TBC | | TBC | TBC | TBC | TBC | TBC | TBC | |
| | | | | | | | | | | | | | | | | | | | | |
| Estimated Vacancies (+) c/fwd | 174 | 177 | 214 | 221 | 231 | 230 | 211 | 196 | 179 | 151 | 134 | 99 | | 64 | 60 | 56 | 57 | 65 | 73 | |
| Actual Vacancies (+) c/fwd | 179 | 190 | 214 | 228 | 235 | | | | | | | | | | | | | | | |
| Estimated Vacancy rate | 19.05% | 19.38% | 22.76% | 23.48% | 24.36% | 24.29% | 22.28% | 20.70% | 18.91% | 15.95% | 14.16% | 10.47% | | 6.77% | 6.35% | 5.93% | 6.03% | 6.88% | 7.72% | |
| Actual Vacancy Rate | 19.60% | 20.80% | 22.76% | 24.23% | 24.78% | TBC | TBC | TBC | TBC | TBC | TBC | TBC | | TBC | TBC | TBC | TBC | TBC | TBC | |

| BAND 2 CSWs | Band 2 16/17 | | | | | | | | | | | | | | | | | | | |
|--|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------------|--------|--------|--------|--------|--------|--------|
| | Month | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | 16/17 Total | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 |
| | | | | | | | | | | | | | | | | | | | | |
| | Vacancies b/fwd (incl. any changes in funded establishment) | 52 | 41 | 73 | 61 | 72 | 66 | 64 | 62 | 45 | 28 | 16 | 24 | | 0 | 8 | -4 | 4 | -8 | 0 |
| | | | | | | | | | | | | | | | | | | | | |
| | Monthly starters | | | | | | | | | | | | | | | | | | | |
| | Estimated | 18 | 16 | 20 | 0 | 20 | 10 | 10 | 25 | 25 | 20 | 0 | 20 | | 0 | 20 | 0 | 20 | 0 | 20 |
| | Actual | 17 | 10 | 26 | 3 | 13 | | | | | | | | | | | | | | |
| | Starters Variance | 1 | 6 | -6 | -3 | 7 | TBC | TBC | TBC | TBC | TBC | TBC | TBC | | TBC | TBC | TBC | TBC | TBC | TBC |
| | | | | | | | | | | | | | | | | | | | | |
| | Attrition Mthly | | | | | | | | | | | | | | | | | | | |
| | Estimated | 8 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | | 8 | 8 | 8 | 8 | 8 | 8 |
| | Actual | 6 | 8 | 10 | 7 | 11 | | | | | | | | | | | | | | |
| | Attrition Variance | 2 | -1 | -3 | 0 | -4 | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC |
| | | | | | | | | | | | | | | | | | | | | |
| | Estimated Vacancies (+) c/fwd | 42 | 32 | 60 | 68 | 59 | 64 | 62 | 45 | 28 | 16 | 24 | 12 | | 8 | -4 | 4 | -8 | 0 | -12 |
| | Actual Vacancies (+) c/fwd | 41 | 39 | 57 | 65 | 70 | | | | | | | | | | | | | | |
| | Estimated Vacancy rate | 9.41% | 7.17% | 12.64% | 14.41% | 12.65% | 13.56% | 13.13% | 9.51% | 5.90% | 3.34% | 5.05% | 2.49% | | 1.70% | -0.85% | 0.85% | -1.70% | 0.00% | -2.55% |
| | Actual Vacancy Rate | 9.19% | 8.74% | 12.01% | 13.78% | 14.99% | TBC | TBC | TBC | TBC | TBC | TBC | TBC | | TBC | TBC | TBC | TBC | TBC | TBC |
| TRUST - WIDE (EXCL. BAND 2 AND BAND 5) | Trust-wide (except band 2 and band 5) 16/17 | | | | | | | | | | | | | | | | | | | |
| | Month | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | 16/17 Total | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 |
| | | | | | | | | | | | | | | | | | | | | |
| | Vacancies b/fwd | 328 | 310 | 388 | 393 | 379 | 364 | 357 | 350 | 343 | 336 | 329 | 322 | | 315 | 308 | 301 | 294 | 287 | 280 |
| | | | | | | | | | | | | | | | | | | | | |
| | Monthly starters | | | | | | | | | | | | | | | | | | | |
| | Estimated * | 35 | 35 | 32 | 34 | 35 | 45 | 45 | 45 | 45 | 45 | 45 | 45 | | 45 | 45 | 45 | 45 | 45 | 45 |
| | Actual * | 54 | 42 | 34 | 43 | 69 | | | | | | | | | | | | | | |
| | Starters Variance | -19 | -7 | -2 | -9 | -34 | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC |
| | | | | | | | | | | | | | | | | | | | | |
| | Attrition Mthly | | | | | | | | | | | | | | | | | | | |
| | Estimated * | 25 | 25 | 20 | 20 | 20 | 38 | 38 | 38 | 38 | 38 | 38 | 38 | | 38 | 38 | 38 | 38 | 38 | 38 |
| | Actual* | 36 | 30 | 39 | 44 | 47 | | | | | | | | | | | | | | |
| | Attrition Variance | -11 | -5 | -19 | -24 | -27 | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC |
| | | | | | | | | | | | | | | | | | | | | |
| | Estimated Vacancies (+) c/fwd | 318 | 300 | 376 | 379 | 364 | 357 | 350 | 343 | 336 | 329 | 322 | 315 | | 308 | 301 | 294 | 287 | 280 | 273 |
| | Actual Vacancies (+) c/fwd | 310 | 298 | 393 | 394 | 357 | | | | | | | | | | | | | | |
| | Estimated Vacancy rate | 8.98% | 8.47% | 10.20% | 10.16% | 9.79% | 9.60% | 9.41% | 9.23% | 9.04% | 8.85% | 8.66% | 8.47% | | 8.28% | 8.10% | 7.91% | 7.72% | 7.53% | 7.34% |
| | Actual Vacancy rate | 8.76% | 8.42% | 10.67% | 10.56% | 9.60% | TBC | TBC | TBC | TBC | TBC | TBC | TBC | | TBC | TBC | TBC | TBC | TBC | TBC |

*(excludes doctors in training)

Month
Trust-wide
Band 5
Band 2
Trust less band 2 and 5
Target

| Month | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 |
|-------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Trust-wide | 9.89% | 9.23% | 13.31% | 12.65% | 12.20% | 11.33% | 10.12% | 8.53% | 7.37% | 6.47% | 5.94% | 5.51% |
| Band 5 | 19.07% | 19.39% | 22.78% | 22.68% | 21.51% | 18.42% | 13.85% | 10.55% | 8.64% | 8.75% | 9.38% | 9.49% |
| Band 2 | 9.35% | 7.10% | 12.66% | 12.03% | 9.31% | 6.59% | 3.86% | 3.24% | 2.61% | 1.98% | 1.35% | 0.72% |
| Trust less band 2 and 5 | 8.97% | 8.46% | 10.19% | 9.81% | 9.41% | 9.00% | 8.46% | 7.91% | 7.37% | 6.83% | 6.29% | 5.74% |
| Target | 6% | 6% | 6% | 6% | 6% | 6% | 6% | 6% | 6% | 6% | 6% | 6% |



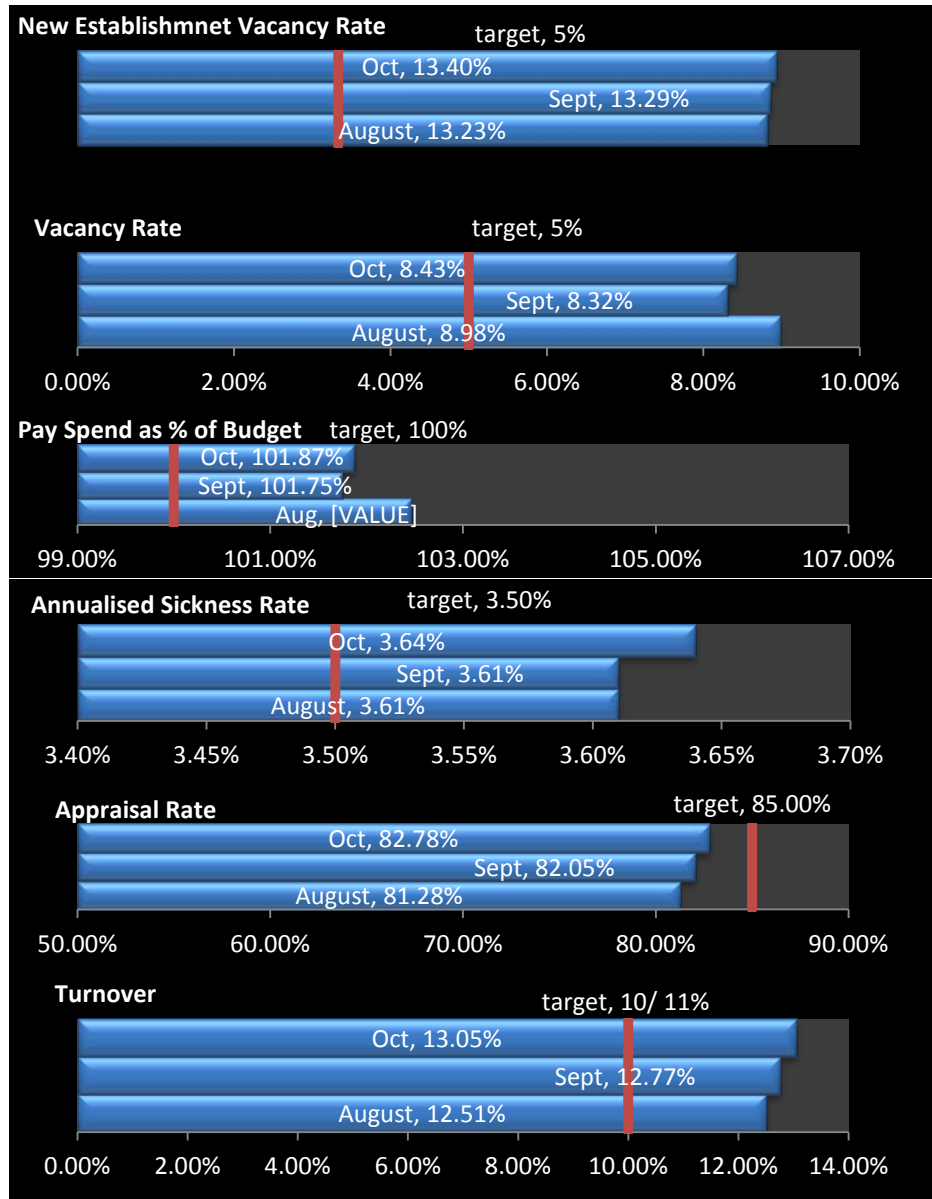
EAST AND NORTH HERTS NHS TRUST

November 2016 - Based on Month 7

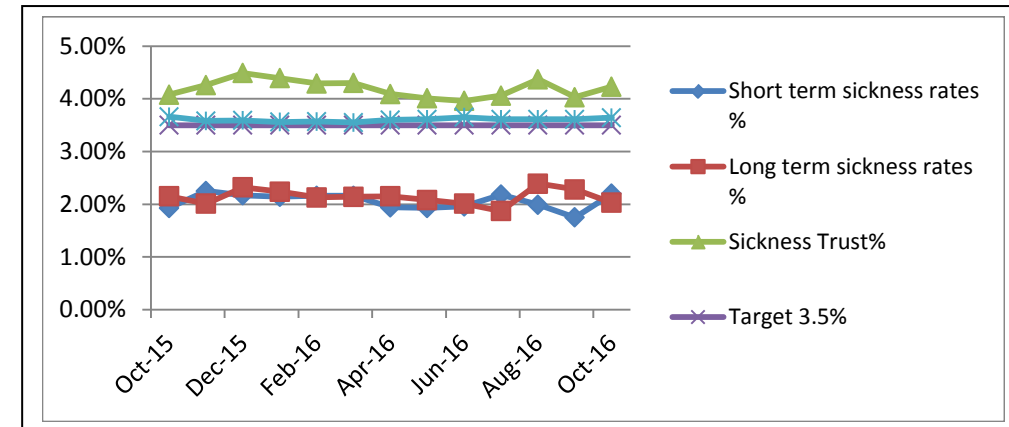
*Workforce Information
Report Summary*

Workforce Report November 2016 (Based on data as at the end of October 2016)

Section 1: KPI summary position

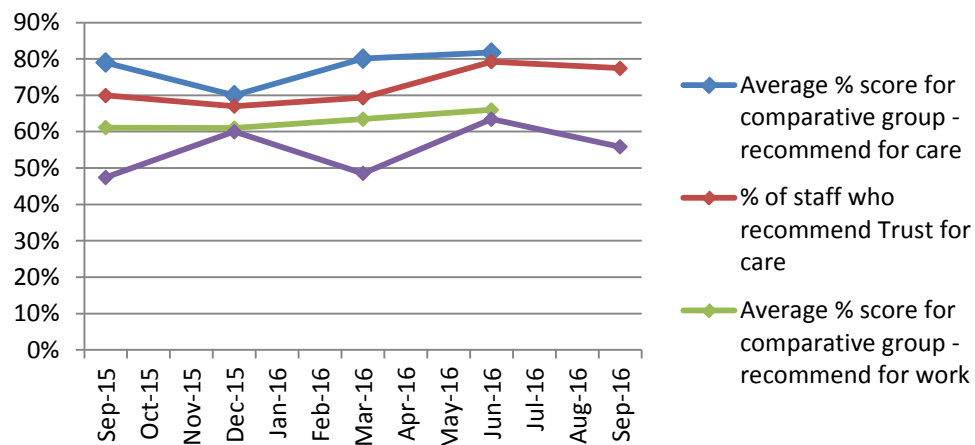


Graph 1: Sickness Rates Based On In Month Position



Section 2: Our Culture

Graph 1: FFT Trend Graph



*National benchmarks for Quarter 1 2016/17 will be published in late September 2016

Graph 2: Flu vaccine uptake in frontline staff 2016/2016 compared to 2015/2016

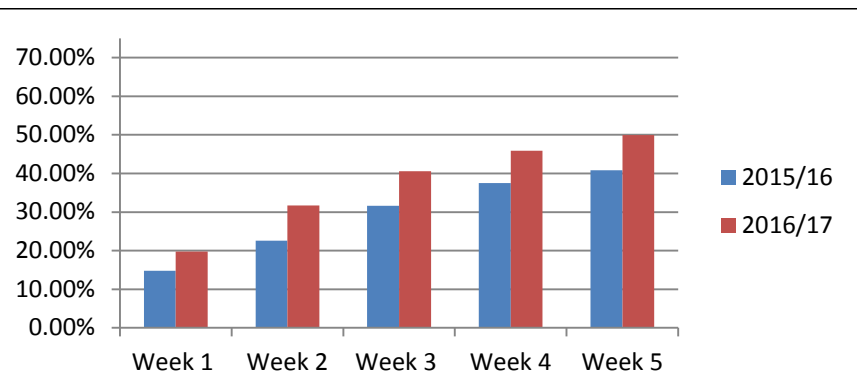


Table 1: Health at Work Service core activity

| Health at Work Service core activity | Activity as of 30 September 2016 | Activity as of 31 October 2016 |
|--------------------------------------|----------------------------------|--------------------------------|
| Trust | | |
| Pre Placements received | 132 | 136 |
| Manager referrals received | 90 | 88 |
| Immunisation/blood tests | 413 | 330 |
| Blood borne virus incident (sharps) | 19 | 12 |
| Return to Work plans advised | 23 | 18 |
| Self-referral advice given | 15 | 22 |
| Physiotherapy referrals | 11 | 13 |
| Use of Employee Assistance Programme | 11 + 51 web hits | 16 + 2 web hits |
| External | | |
| Pre-placement | 115 | 103 |
| Manager referrals received | 42 | 52 |
| Immunisations and blood tests | 195 | 141 |
| Blood borne virus incident (sharps) | 3 | 3 |

Section 3: Developing our people

Table 1: October 2016 Appraisal Compliance

| Compliance | Done | Not Done | Not due but require review* | Grand Total | Completion Rate % October |
|---------------------------|-------------|------------|-----------------------------|-------------|---------------------------|
| Cancer Services | 389 | 43 | 70 | 502 | 90.05 |
| Clinical Support Services | 524 | 41 | 131 | 696 | 92.74 |
| Medicine | 598 | 225 | 303 | 1126 | 72.66 |
| Corporate | 388 | 55 | 129 | 572 | 87.58 |
| Research & Development | 65 | 15 | 22 | 102 | 81.25 |
| Surgery | 650 | 192 | 159 | 1001 | 77.20 |
| Women's and Children's | 452 | 67 | 106 | 625 | 87.09 |
| Grand Total | 3066 | 638 | 920 | 4624 | 82.78 |

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) | 68.59 | 65.26 | 58.98 | 79.30 | 68.36 | 74.47 | 79.61 | 76.90 |
| Statutory and mandatory training average compliance (Incl M&D) | 89.21 | 87.46 | 85.98 | 94.00 | 90.38 | 91.74 | 94.95 | 90.21 |

Graph 1: Starters & Leavers Graph

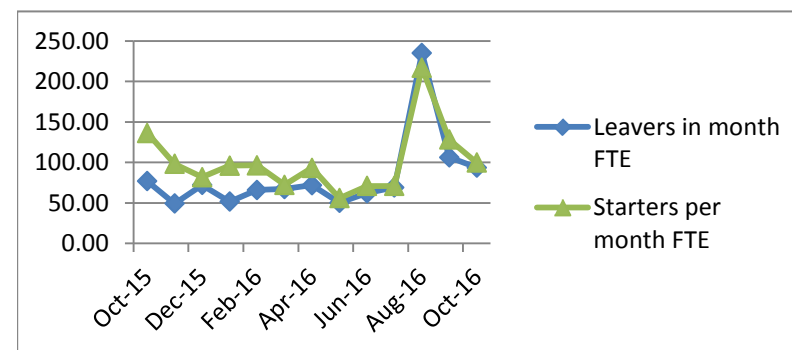


Table 2: Appraisal Compliance by Payband

| Pay Band | Appraisal Completion Rate % |
|--------------------|-----------------------------|
| Band 1 | 86.21 |
| Band 2 | 80.52 |
| Band 3 | 86.19 |
| Band 4 | 81.62 |
| Band 5 | 81.58 |
| Band 6 | 86.04 |
| Band 7 | 81.47 |
| Band 8A | 79.34 |
| Band 8B | 73.08 |
| Band 8C | 83.33 |
| Band 8D | 76.92 |
| Band 9 | 62.50 |
| Snr Mgr Pay | 92.31 |
| Tupe | 0.00 |
| Grand Total | 82.78 |

Section 4: People Performance

Table 1: Bank & Agency Spend

| October 2016 position | | | | |
|-----------------------------|-------------------|------|--------------------|-------|
| Total spend | Current month | | YTD | |
| | £ | % | £ | % |
| Agency | 2,214,176 | 10.3 | 16,332,384 | 10.70 |
| Bank | 954,702 | 4.4 | 6,709,541 | 4.4 |
| Substantive | 18,404,509 | 85.3 | 128,984,939 | 84.8 |
| Total | 21,573,388 | | 152,026,864 | |
| Variance against pay budget | | | | |
| | 393,888 | 1.87 | 149,646,824 | 1.08 |

Graph 1: Ledger Position V Worked WTE

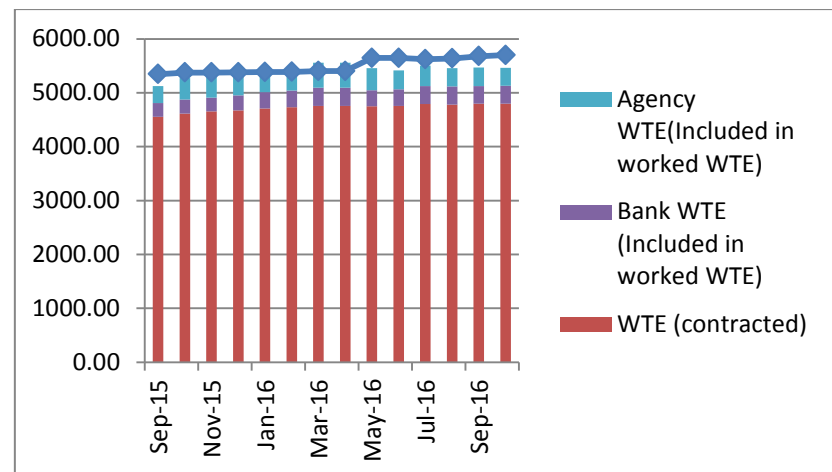


Table 2: Recruitment timescales

| Source: TRAC | Target | Trust August 2016 (weeks) | Trust September 2016 (weeks) |
|---|-----------|---------------------------|------------------------------|
| Time to Start: From requisition approval to start date (actual/booked) | 9 weeks | 8.1 weeks | 9 weeks |
| Time to Recruit: From conditional offer to Start date (booked/actual) | 2.6 weeks | 3.4 weeks | 3.5 weeks |
| Time taken for approvals: From requisition being created to requisitions authorised | 2 weeks | 0.7 weeks | 0.7 weeks |

Table 3: Application in 2016 v 2015

| | Number of live adverts in month | Views | average advert views | Applications submitted | Offers |
|--------|---------------------------------|-------|----------------------|------------------------|--------|
| Oct-16 | 70 | 13602 | 2206 | 67 | 29 |
| Oct-15 | 49 | 12183 | 249 | 61 | 1 |

Table 5: Benchmarking Data: Beds and Herts NHS Organisations - Vacancy, Turnover and Agency costs comparisons - June 2016

| 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 6: Performance, Employee Relations

| Source: ERAS | Total Live Cases as at 31 September 2016 | Total Live Cases as at 30 October 2016 | Surgery | Medicine | CS | W & C | Cancer (inc R&D) | Corporate |
|--|--|--|-------------|--------------|-------------|-------------|------------------|-------------|
| Headcount | 5519 | 5515 | 1295 | 1413 | 748 | 766 | 688 | 605 |
| Number of Disciplinary Cases (excluding medical cases) % = no of cases as % of headcount | 11 (0.2%) | 8 (0.1%) | 2 (0.2%) | 1 (0.07%) | 1 (0.1%) | 1 (0.1%) | 2 (0.3%) | 1 (0.2%) |
| Number of Grievances | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Number of Capability cases | 9 | 7 | 2 | 2 | 0 | 0 | 2 | 1 |
| Number of B&H, discrimination and victimisation cases | 6 | 9 | 2 | 1 | 3 | 0 | 2 | 1 |
| Number of formal short term sickness cases including cases under monitoring | 51 | 66 | 13 | 18 | 17 | 13 | 1 | 4 |
| Number of formal long term sickness cases Including cases under monitoring | 51 | 52 | 14 | 24 | 2 | 8 | 1 | 3 |
| Number of *MHPS cases (Medical cases) | 2 | 1 | 0 | 0 | 0 | 1 | 0 | 0 |
| Total number of cases in progress | 132 | 144 | 33 | 46 | 23 | 23 | 8 | 11 |
| Number of suspensions/medical exclusions | 4 | 3 | 2 | 0 | 0 | 0 | 1 | 0 |
| Number of suspensions lasting 6 months or longer | | | | | | | | |
| Number of appeals | 3 | 3 | 0 | 0 | 0 | 0 | 1 | 2 |

*MHPS = Maintaining High Professional Standards

Table 8: Exit Interview Data

| A. Reason of Leaving | |
|--------------------------|---|
| Enhanced Job Opportunity | 4 |
| Salary | 0 |
| Lack of challenge | 1 |
| Lack of support from Mgt | 2 |
| Career Change | 1 |
| Reason Unknown | 2 |
| Relocation | 6 |
| Retirement | 4 |
| Family/Personal reasons | 7 |
| Dissatisfaction with Mgr | 0 |
| Working Conditions | 2 |
| Further Education | 1 |

| B. Length of Service within the Trust | |
|---------------------------------------|----|
| > 12 months | 6 |
| 1-5 Years | 17 |
| 6-10 Years | 2 |
| 11-15 Years | 1 |
| 16-20 Years | 1 |
| 21-25 Years | 1 |
| 26-30 Years | 2 |

| C. Band | |
|---------|----|
| 1 | 0 |
| 2 | 4 |
| 3 | 3 |
| 4 | 3 |
| 5 | 11 |
| 6 | 3 |
| 7 | 4 |
| 8 | 1 |
| 9 | 1 |

| D. Department | |
|---------------------------------------|---|
| Pharmacy | 1 |
| Health Records | 0 |
| Mount Vernon Cancer Centre | 6 |
| Facilities | 0 |
| Orthopaedics | 0 |
| Obstetrics & Gynaecology | 1 |
| Elderly Care | 0 |
| Outpatients Services | 0 |
| Surgical Specialties | 0 |
| Specialty Medicine | 2 |
| Child Health | 0 |
| Quality Control | 0 |
| Anaesthetics, Theatres, Critical Care | 4 |
| Strategic Development | 0 |
| General Surgery and Urology | 2 |
| Nursing Practice | 0 |
| Cardiology | 1 |
| Acute Medicine | 4 |
| Research and Development | 1 |
| Emergency Department | 1 |
| Renal | 2 |
| Treatment Centre | 1 |
| Radiology | 1 |
| Finance | 0 |
| Trust Management | 1 |
| Oncology & Clinical Haematology | 2 |
| Education and Training | 0 |

Table 8: Exit Interview data demonstrates that 30 people left the Trust.

Table 8a: shows breakdown of different reasons as to people leaving the Trust.

Table 8b: shows their length of service within the Trust.

Table 8c: shows their band of service with the Trust.

Table 8d: 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 October 2016, and provides some analysis of the key trends identified amongst the leavers.

What factors contributed to employees decisions to leave the Trust?

Family/Personal reasons: Family/personal reasons are identified as one of the major factor contributing to employee's decision to leave.

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

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

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.

Staff Group (Nursing & Midwifery)

- A band 6 left after 7 years of service because of high stress level at work, not enough nurses/clinical support workers on shifts, lack of continuity and uncertainty. Improvement suggested is more training with acute oncology service, management days provided to junior sisters to sort out appraisals and training.
- A band 5 left after 5 years of service because of workload - working too many extra unpaid hours to complete the job. Improvement suggested is increase staffing levels.
- A band 6 from Acute Medicine left after 4 years of service because of flexible working needs not accommodated.
- A band 7 left after 2 years of service because of some concerns regarding lack of strategic vision for cancer services. Improvement suggested is review of Job Description and consideration of key priorities for education to support services.
- A band 5 from Anaesthetics, Theatres, Critical Care left after 2 years of service because of less opportunities and funding for courses in order to progress. Improvement suggested is more training opportunities.

Staff Group (Medical & Dental)

- A band 5 from Medical & Dental left after 7.5 years of service because of stress and anxiety. Improvement suggested is management should listen to personal improvement, tidiness and get organised.

Staff Group (Administrative & Clerical)

- A band 4 from Mount Vernon Cancer Centre left after 3 years of service because did not find job satisfaction and found typing job monotonous and wanted something more challenging. Improvement suggested is end of treatments I think there is an easier way of going about it - stick a GP's details on it and send it off direct does not need to go through secretary.

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 9: Independent contractors (excluding high value agency workers) during the period July 2016 to end October 2016

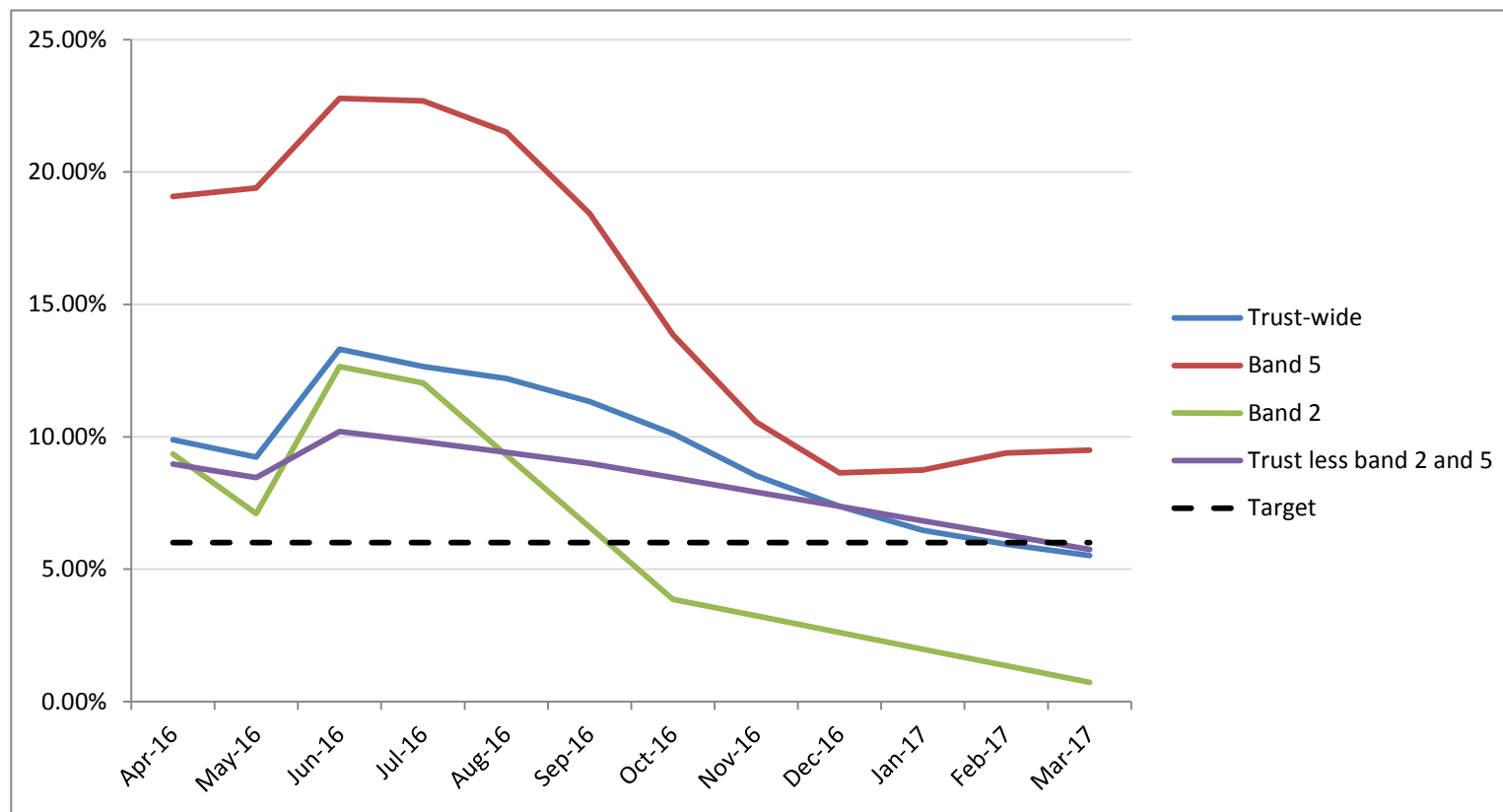
| Department | Duties | Contract Arrangements |
|---------------------------------|---|---|
| Finance | Capital Projects Finance Lead | Anticipated contract end date of 30 th October 2016. |
| Finance | Interim Management Accountant | Contract ended 31 st September 2016 |
| Finance | Senior Contracts Manager | Contract extended to 31 st November 2016. |
| Finance | Contracting Project Manager | Contract until 31 st December 2016 |
| Transformation Programme Office | Consultant | Contract extended to July 2017 |
| Clinical Coding | Clinical Coder | Contract to 26 th October 2016 |
| Clinical Coding | Clinical Coder | Contract to 22 nd November 2016 |
| Information Management | EPR Programme Manager | Contract to 30 th November 2016 |
| Information Management | Change Analyst for Pharmacy Stock Control | Contract to 18 th November 2016 |
| Information Management | EPR Project Manager | Contract to 30 th November 2016 |
| Information Management | EPR Testing Services | Contact to 05 th December 2016 |
| Information Management | EPR Programme Manager | Anticipated contract end date is 01 st November 2016. |
| Information Management | EPR Transformation Management | Contract extended to 15 th Feb 2017 |
| Information Management | EPR Business Consultant | Contract to 31 st December 2016 |
| Information Management | EPR Project Support | Contract to 12 th December 2016 |
| Information Management | EPR Project Support | Contract to 31 st December 2016 |
| Information Management | EPR Project Support | Contract to 17 th January 2017 |
| Information Management | EPR Project Support | Contract to 31 st January 2017 |
| Information Management | EPR Project Support | Contract to 15 th February 2017 |
| Information Management | EPR Project Support | Contract to 22 nd February 2017 |
| Operations | 7 Day Working project Lead | Contract to 31 st November 2016 |
| Workforce & OD | Locum Consultant Physician in Occupational Health | To be extended to 31 st March 2017. |
| Workforce and OD | ADDS consultant | Contract to be extended, and awaiting confirmation of these arrangements. |

| TRUST - WIDE | Trust-wide | Actual | | | | | Predictions/Assumption based on pipeline and known leavers | | | | | | | | | | | | | |
|--|---|--------|--------|--------|--------|--------|--|--------|--------|--------|--------|--------|--------|-------------|--------|--------|--------|--------|--------|--------|
| | | 16/17 | | | | | | | | | | | | | | | | | | |
| | | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | 16/17 Total | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 |
| | Overall Trust Vacancy Factor at the end of the month | 9.88% | 10.76% | 13.32% | 14.46% | 13.51% | 12.97% | 13.13% | 13.16% | 13.09% | 12.18% | 10.97% | 9.37% | | 7.86% | 7.22% | 7.16% | 6.67% | 6.85% | 6.64% |
| | Trust-wide vacant posts (at the end of the month) | 484 | 527 | 679 | 744 | 694 | 670 | 678 | 680 | 676 | 629 | 567 | 484 | | 406 | 373 | 370 | 345 | 354 | 343 |
| | Trust-wide vacant posts (at the beginning of the month, incl. any funded establishment changes) | 503 | 484 | 527 | 679 | 744 | 694 | 689 | 719 | 685 | 681 | 634 | 572 | | 489 | 411 | 378 | 375 | 350 | 359 |
| | Number of starters required to achieve target | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | | 78 | 78 | 78 | 78 | 78 | 78 |
| | Estimated starters in month * | 75 | 67 | 70 | 47 | 72 | 81 | 74 | 96 | 66 | 109 | 124 | 145 | | 140 | 95 | 65 | 87 | 53 | 73 |
| | Actual starters in month* | 81 | 55 | 78 | 56 | 92 | 100 | 82 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 |
| | Variance | -6 | 12 | -8 | -9 | -20 | -19 | -8 | TBC | TBC | TBC | TBC | TBC | -58 | TBC | TBC | TBC | TBC | TBC | TBC |
| Estimated leavers in month* | 43 | 41 | 36 | 36 | 36 | 57 | 62 | 57 | 57 | 57 | 57 | 57 | | 57 | 57 | 57 | 57 | 57 | 57 | |
| Actual leavers in month* | 49 | 48 | 59 | 65 | 67 | 88 | 75 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | |
| Variance | -6 | -7 | -23 | -29 | -31 | -31 | -13 | TBC | TBC | TBC | TBC | TBC | -140 | TBC | TBC | TBC | TBC | TBC | TBC | |
| BAND 5 REGISTERED NURSES | Band 5 | 16/17 | | | | | | | | | | | | | | | | | | |
| | Month | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | 16/17 Total | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 |
| | | | | | | | | | | | | | | | | | | | | |
| | Vacancies b/fwd (incl. any changes in funded establishment) | 181 | 179 | 218 | 220 | 234 | 240 | 244 | 249 | 240 | 240 | 227 | 199 | | 150 | 101 | 87 | 83 | 77 | 85 |
| | | | | | | | | | | | | | | | | | | | | |
| | Monthly starters | | | | | | | | | | | | | | | | | | | |
| | Estimated UK | 9 | 4 | 5 | 8 | 8 | 8 | 9 | 9 | 9 | 10 | 12 | 15 | | 15 | 15 | 15 | 15 | 8 | 8 |
| | Estimated EU | 7 | 3 | | | | 5 | | 1 | 1 | 5 | 5 | 4 | | 3 | | | | | |
| | Estimated Filipino Nurses Cohort 1 | 6 | 9 | 2 | 3 | 3 | 1 | | | 2 | 3 | 2 | 8 | | 10 | | | | | |
| | Estimated Filipino Nurses Cohort 2 | | | | | 3 | 1 | | 2 | 2 | 5 | 4 | 22 | | 21 | | | | | |
| | Estimated Additional Filipino Recruits | | | 11 | 2 | 3 | 1 | | 3 | 2 | 6 | 10 | 11 | | 11 | 10 | | | | |
| | Estimated Newly Qualified Nurses | | | | | | 10 | 20 | 10 | | | | | | | | | | | |
| | Estimated Other Overseas Nurses | | | | | | | | | | | 11 | 5 | | 5 | 5 | 5 | 7 | | |
| | | | | | | | | | | | | | | | | | | | | |
| | Actual UK | 3 | 2 | 5 | 5 | 9 | 10 | 9 | | | | | | | | | | | | |
| | Actual EU | 2 | 1 | | | | 3 | | | | | | | | | | | | | |
| | Actual Filipino Nurses Cohort 1 | 4 | | 2 | 3 | 1 | 2 | | | | | | | | | | | | | |
| | Actual Filipino Nurses Cohort 2 | 1 | | | | | 1 | | | | | | | | | | | | | |
| | Actual Additional Filipino Recruits | | | 11 | 2 | | | | | | | | | | | | | | | |
| | Actual Newly Qualified Nurses | | | | | | 9 | 20 | | | | | | | | | | | | |
| | Actual Other Overseas Nurses | | | | | | | | | | | | | | | | | | | |
| | Starters Variance | 12 | 13 | 0 | 3 | 7 | 1 | -0 | TBC | TBC | TBC | TBC | TBC | 36 | TBC | TBC | TBC | TBC | TBC | TBC |
| | | | | | | | | | | | | | | | | | | | | |
| | Attrition Mthly | | | | | | | | | | | | | | | | | | | |
| | Estimated | 10 | 9 | 9 | 9 | 9 | 11 | 15 | 11 | 11 | 11 | 11 | 11 | | 11 | 11 | 11 | 11 | 11 | 11 |
| | Actual | 7 | 10 | 10 | 14 | 9 | 16 | 16 | | | | | | | | | | | | |
| Esitimated Internal promotion for band 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | | 5 | 5 | 5 | 5 | 5 | 5 | |
| Actual Internal promotion for band 5 | 1 | 4 | 4 | 4 | 2 | 6 | 5 | | | | | | | | | | | | | |
| Attrition Variance | 7 | 0 | 0 | -4 | 3 | -6 | -1 | TBC | TBC | TBC | TBC | TBC | | TBC | TBC | TBC | TBC | TBC | TBC | |
| | | | | | | | | | | | | | | | | | | | | |
| Estimated Vacancies (+) c/fwd | 174 | 177 | 214 | 221 | 231 | 230 | 236 | 240 | 240 | 227 | 199 | 150 | | 101 | 87 | 83 | 77 | 85 | 93 | |
| Actual Vacancies (+) c/fwd | 179 | 190 | 214 | 228 | 235 | 237 | 236 | | | | | | | | | | | | | |
| Estimated Vacancy rate | 19.05% | 19.38% | 22.76% | 23.48% | 24.36% | 24.23% | 24.80% | 25.28% | 25.28% | 23.91% | 20.96% | 15.81% | | 10.65% | 9.18% | 8.75% | 8.12% | 8.97% | 9.81% | |
| Actual Vacancy Rate | 19.60% | 20.80% | 22.76% | 24.23% | 24.78% | 24.96% | 24.88% | TBC | TBC | TBC | TBC | TBC | | TBC | TBC | TBC | TBC | TBC | TBC | |

| BAND 2 CSWs | Band 216/17 | | | | | | | | | | | | | | | | | | | |
|--|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------------|--------|--------|--------|--------|--------|--------|
| | Month | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | 16/17 Total | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 |
| | Vacancies b/fwd (incl. any changes in funded establishment) | 52 | 41 | 73 | 61 | 72 | 77 | 88 | 91 | 78 | 86 | 64 | 42 | | 20 | -2 | -14 | -6 | -18 | -10 |
| | Monthly starters | | | | | | | | | | | | | | | | | | | |
| | Estimated | 18 | 16 | 20 | 0 | 20 | 10 | 0 | 21 | 0 | 30 | 30 | 30 | | 30 | 20 | 0 | 20 | 0 | 20 |
| | Actual | 17 | 10 | 26 | 3 | 13 | 9 | 0 | | | | | | | | | | | | |
| | Starters Variance | 1 | 6 | -6 | -3 | 7 | 1 | 0 | TBC | TBC | TBC | TBC | TBC | | TBC | TBC | TBC | TBC | TBC | TBC |
| | Attrition Mthly | | | | | | | | | | | | | | | | | | | |
| | Estimated | 8 | 7 | 7 | 7 | 7 | 8 | 9 | 8 | 8 | 8 | 8 | 8 | | 8 | 8 | 8 | 8 | 8 | 8 |
| | Actual | 6 | 8 | 10 | 7 | 11 | 19 | 11 | | | | | | | | | | | | |
| | Attrition Variance | 2 | -1 | -3 | 0 | -4 | -11 | -2 | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC |
| | Estimated Vacancies (+) c/fwd | 42 | 32 | 60 | 68 | 59 | 75 | 97 | 78 | 86 | 64 | 42 | 20 | | -2 | -14 | -6 | -18 | -10 | -22 |
| | Actual Vacancies (+) c/fwd | 41 | 39 | 57 | 65 | 70 | 87 | 91 | | | | | | | | | | | | |
| | Estimated Vacancy rate | 9.41% | 7.17% | 12.64% | 14.41% | 12.65% | 15.87% | 20.57% | 16.55% | 18.24% | 13.58% | 8.91% | 4.24% | | -0.42% | -2.97% | -1.27% | -3.82% | -2.12% | -4.67% |
| | Actual Vacancy Rate | 9.19% | 8.74% | 12.01% | 13.78% | 14.99% | 18.37% | 19.30% | TBC | TBC | TBC | TBC | TBC | | TBC | TBC | TBC | TBC | TBC | TBC |
| TRUST - WIDE (EXCL. BAND 2 AND BAND 5) | Trust-wide (except band 2 and band 5)16/17 | | | | | | | | | | | | | | | | | | | |
| | Month | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | 16/17 Total | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 |
| | Vacancies b/fwd | 328 | 310 | 388 | 393 | 379 | 364 | 357 | 378 | 366 | 354 | 342 | 330 | | 318 | 311 | 304 | 297 | 290 | 283 |
| | Monthly starters | | | | | | | | | | | | | | | | | | | |
| | Estimated * | 35 | 35 | 32 | 34 | 35 | 45 | 45 | 50 | 50 | 50 | 50 | 50 | | 45 | 45 | 45 | 45 | 45 | 45 |
| | Actual * | 54 | 42 | 34 | 43 | 69 | 66 | 53 | | | | | | | | | | | | |
| | Starters Variance | -19 | -7 | -2 | -9 | -34 | -21 | -8 | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC |
| | Attrition Mthly | | | | | | | | | | | | | | | | | | | |
| | Estimated * | 25 | 25 | 20 | 20 | 20 | 38 | 38 | 38 | 38 | 38 | 38 | 38 | | 38 | 38 | 38 | 38 | 38 | 38 |
| | Actual* | 36 | 30 | 39 | 44 | 47 | 53 | 48 | | | | | | | | | | | | |
| | Attrition Variance | -11 | -5 | -19 | -24 | -27 | -15 | -10 | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC |
| | Estimated Vacancies (+) c/fwd | 318 | 300 | 376 | 379 | 364 | 357 | 350 | 366 | 354 | 342 | 330 | 318 | | 311 | 304 | 297 | 290 | 283 | 276 |
| | Actual Vacancies (+) c/fwd | 310 | 298 | 393 | 394 | 357 | 352 | 352 | | | | | | | | | | | | |
| | Estimated Vacancy rate | 8.98% | 8.47% | 10.20% | 10.16% | 9.79% | 9.54% | 9.36% | 9.79% | 9.47% | 9.15% | 8.83% | 8.51% | | 8.32% | 8.14% | 7.95% | 7.76% | 7.57% | 7.39% |
| | Actual Vacancy rate | 8.76% | 8.42% | 10.67% | 10.56% | 9.60% | 9.40% | 9.41% | TBC | TBC | TBC | TBC | TBC | | TBC | TBC | TBC | TBC | TBC | TBC |

*(excludes doctors in training)

| Month | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 |
|-------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Trust-wide | 9.89% | 9.23% | 13.31% | 12.65% | 12.20% | 11.33% | 10.12% | 8.53% | 7.37% | 6.47% | 5.94% | 5.51% |
| Band 5 | 19.07% | 19.39% | 22.78% | 22.68% | 21.51% | 18.42% | 13.85% | 10.55% | 8.64% | 8.75% | 9.38% | 9.49% |
| Band 2 | 9.35% | 7.10% | 12.66% | 12.03% | 9.31% | 6.59% | 3.86% | 3.24% | 2.61% | 1.98% | 1.35% | 0.72% |
| Trust less band 2 and 5 | 8.97% | 8.46% | 10.19% | 9.81% | 9.41% | 9.00% | 8.46% | 7.91% | 7.37% | 6.83% | 6.29% | 5.74% |
| Target | 6% | 6% | 6% | 6% | 6% | 6% | 6% | 6% | 6% | 6% | 6% | 6% |

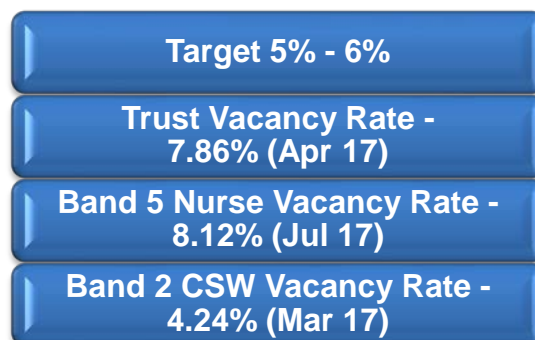


| | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 |
|-------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Band 2 | 446.16 | 446.16 | 474.76 | 472.54 | 469.89 | 470.82 | 471.44 | 471.44 | 471.44 | 471.44 | 471.44 | 471.44 | 471.44 | 471.44 | 471.44 | 471.44 | 471.44 | 471.44 |
| Band 5 | 913.29 | 913.29 | 940.34 | 940.34 | 947.88 | 950.12 | 950.12 | 950.12 | 950.12 | 950.12 | 950.12 | 950.12 | 950.12 | 950.12 | 950.12 | 950.12 | 950.12 | 950.12 |
| All - (2+5) | 3539.92 | 3539.92 | 3684.49 | 3731.81 | 3717.78 | 3740.88 | 3740.98 | 3740.98 | 3740.98 | 3740.98 | 3740.98 | 3740.98 | 3740.98 | 3740.98 | 3740.98 | 3740.98 | 3740.98 | 3740.98 |
| Trust | 4899.37 | 4899.37 | 5099.59 | 5144.69 | 5135.55 | 5161.82 | 5162.54 | 5162.54 | 5162.54 | 5162.54 | 5162.54 | 5162.54 | 5162.54 | 5162.54 | 5162.54 | 5162.54 | 5162.54 | 5162.54 |
| Changes | | 0 | 200.22 | 45.1 | -9.14 | 26.27 | 0.72 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Trust Vacancy Forecast

April 2016 – September 2017

Establishment 2016/17



1. Background

The attached Estimated Vacancy Predictor is presented to the Board to provide a detailed summary of recruitment activities against the establishment and vacant posts. The report represents a RAG rated forecast of the vacancy factor for financial year 2016/17 and Q1. And Q2. of the financial year 2017/18. Its funded establishment is based on August 2016 Vacancy Workbook data, applications in the pipeline report dated 11th November 2016 and a number of variables, which have been explained below. It is imperative to point out that the report is a best estimate based on the data available at the time of producing it and a number of assumptions had to be taken into account to enable the report being completed. The report has now been updated with the most recent uplift in establishment for the year 2016/17. It does not exclude non-recruitable posts (those of less than 0.2wte). Additional 244 (211 permanent and 33 bank) wte posts have been added to the ledger in April 2016 with further 38wte in July 2016. It is estimated that in order to meet the target of vacancy factor between 5%-6%, an average of 78 wte new starters are required per month and the attrition should not be greater than 48 wte in each respective month.

The report consists of 4 main parts (medical staff on rotation has been excluded):

- **Estimated trust – wide vacancy factor**
This part of the report is a summary of vacant posts and monthly attrition and starters (for comparison estimated and actual figures have been included to enable the resourcing team evaluating of the activities and more accurate planning going forward). The trust-wide vacancy factor has been given a RAG rating for illustration only and can be adopted based on the Board's feedback (currently vacancy up to 6% is green; vacancy between 6%-7% is amber; and vacancy above 7% is red). The estimated number of monthly starters and leavers has been calculated based on the assumptions explained in the latter part of this report, whilst the actuals are provided a month in areas based on the vacancy workbook and a list of starters and leavers for the previous month.
- **Estimated vacancy factor for band 5 nurses**
This part of the report is a summary of vacant band 5 posts and monthly attrition and starters for band 5 nurses. In addition, it takes into account average monthly internal promotions (based on

the last 12 months 65 moves, which equates to 5 per month). The same RAG rating has been adopted for planning. This part of the report takes into account different approaches used by the resourcing team to identify and address band 5 nursing vacancy factor. It consists of a number of recruitment campaigns undertaken to reduce vacancy (namely: ordinary UK recruitment; EU recruitment; Filipino recruitment – cohort 1 and cohort 2; and appointment of newly qualified nurses)

- **Estimated vacancy factor for band 2 CSWs**
Similar to the above band 5 nursing vacancy factor, it is a summary of vacant band 2 posts and monthly attrition and starters for band 2 CSWs.
- **Estimated vacancy factor for all other staff groups (excluding band 2 CSWs & band 5 nurses)**
This part of the report includes a summary for all other staff groups (excluding band 2 CSWs and band 5 nurses)

2. Significant assumptions to be taken into account:

The new increased establishment, higher attrition than planned and candidates' withdrawals from the recruitment process have affected the delivery of the trajectory and the aim to reach the vacancy Trust wide rate of 5%-6% has moved to the Q.2 of the financial year 2017/18. The baseline vacancy rate of 8.06% has been achieved in August.

- **Trust-wide vacancy rate of 7.86% by April 2017**

With the new, increased establishment the target of 5%-6% vacancy rate is likely to be achieved in Q.2 of financial year 2017/18. It is important to note, that the trajectory has been updated in August 2016 to take into account revised assumptions around attrition levels and start dates of the overseas candidates. Current pipeline of external candidates due to join the Trust over the next 6-12 months is 420, out of which 244 are nurses Band 5. The latter number includes Filipino and Indian nurses, whose start dates are difficult to estimate due to the complexity of the transition process. The next 3-4 months of the report include the currently available pipeline and from September 2016 takes into account assumptions, which have been explained below. Trust wide retention project is underway, which is expected to improve the attrition slightly. Once the attrition rates reduce, this report will be updated accordingly to take into account an average number of leavers per month. It is encouraging that the attrition for band 5 nurses has been steady over the summer months and it is imperative to note, that these figures include internal promotions to band 6..

- **Band 5 nurse vacancy rate of 8.12% by July 2017**

In order to estimate the band 5 nurse vacancy factor, it is imperative to remember that the pipeline is fed from a variety of sources (Filipino recruitment, EU recruitment, India recruitment, UK recruitment, newly qualified nurses recruitment).

The ordinary UK recruitment have increased slightly following on from the recent introduction of the agency rate cap as well as introduction of active advertising campaigns and redesign of the cohort recruitment.

The EU recruitment has slowed down significantly due to recent changes in the NMC regulations, requiring the nurses from EU to pass IELTS. As a consequence, very small number of EU nurses are still in the pipeline and alternative sources are currently being explored to replace the EU candidates. The trust is still committed to interview and appoint candidates from wider EU, but it has proven challenging over the summer months with the candidates' driven labour market.

The Trust has become a 'Direct Employer' from the Philippines and has been working with 4 agencies to increase a pipeline of IELTS passers. In addition to that, until a strong pipeline of direct hires has been established, the Trust is working with UK agencies to increase number of candidates from the Philippines. Filipino recruitment and its planning are reliant on a number of factors. It has been estimated that it takes on average a month to pass the CBT (computer based test – 1st part of the NMC registration); and up to 3 months for the NMC to issue the candidate with a decision letter. It is imperative to note that despite the steady continuous vacancy rate reduction between July 2016 and September 2017, operationally the trust may not see the benefits for approximately 8 weeks from the start date of the candidates. This is due to the time it takes for a candidate to complete their OSCE exam and work as a supernumerary nurse.

The trust has adopted the same approach as in the financial year 2015/16, where newly qualified nurses have been offered a streamlined recruitment process and allow the candidates to start working as band 3 CSWs awaiting their PIN numbers. This should attract a large proportion of newly qualified nurses to start their familiarisation as soon as they finished their course, without the need to await the exam board report. Between June and August 16 student nurses have disengaged with the process and secured positions in other trusts. This brings the total number of newly qualified nurses and midwives to 56 as opposed to initially anticipated 72. The start dates for the newly qualified staff are estimated for September and October 2016. This number includes candidates from the University of Hertfordshire as well as other universities across the country.

Work undertaken by the trust to address the attrition and retention issues should support the organisation in a steady decrease of a number of leavers per month. The previously estimated number of leavers per month had to be updated taking into account last 6 months attrition. The attrition level has now been set at a steady factor of 57 per month. It is anticipated that once all the retention projects have been implemented, this number will reduce.

It has been observed that the predicted vacancy rate is off the trajectory to achieve the vacancy rate of between 5%-6%. This is due to currently available limited pipeline of candidates from within the UK and EU. Additional work has been undertaken to recover from the position over coming months and as part of the strategy, additional countries have been explored as potential source of candidates. Additional #ENHancedpay campaign has been launched by the Trust in September 2016, which main focus is to convert temporary workers to substantive posts. Recent Open Days in October and November 2016 resulted in 33 additional appointments of qualified nurses (band 5 and band 6). Additional 2 Recruitment days are scheduled to take place on 3rd and 17th December 2016 to increase the UK pipeline even further.

The below needs also noting, due to its impact on the pipeline and the trajectory delivery:

- There are still delays with the Filipino nurses arrival, however 4 new agencies have been engaged in order to increase the pipeline of candidates with the IELTS. The trust has recently engaged in conversations with the POEA (Filipino overseas labour office) and

Filipino agencies in order to supply nurses directly from the Philippines, without the need to go through an agent based in the UK.

- The numbers of UK candidates fluctuate from month to month, and due to the current labour market situation, candidates often drop out before completing pre-employment checks and take up posts in trusts offering High Cost Area Supplement.
- The HEE reports that almost 40% of newly qualified nurses never pursue the career in nursing, which makes the possibility of attracting sufficient numbers of applicants even more difficult.
- EU recruitment is currently under review, due to the issues with IELTS. On a positive note, the Croatian government has now started releasing the qualifications, which means that there may be a scope for additional Croatian recruitment project in the near future.
- It is difficult to predict how many band 5 nurses will be promoted, which will create additional vacancy for band 5s.
- The Trust has recently taken part in a successful recruitment campaign in India, which resulted in 38 candidates being offered posts (11 have already got the IELTS, with the remaining 27 being given 3 months to achieve the required level)

- **Band 2 CSWs vacancy rate of 4.24% by April 2017**

Taking into account most recent establishment increase for band 2 CSW posts and number of candidates in recruitment pipeline along with the redesign of cohort recruitment for CSWs, it is estimated that the vacancy rate for the said staff group will reduce to 4.24% by end of fy 2016/17. It is considered to increase previously estimated steady intake of an average of 10 CSW candidates per month to 20 per month to bring the vacancy rate of below 6%. The trust should consider not to reduce the vacancy rate for CSWs to a level below 1%, as it would put additional financial pressure on the trust to accommodate the nurses awaiting full NMC registration and the PIN numbers to work as band 3 CSWs.

3. Summary

In summary, the trust has achieved a baseline vacancy rate of 8.06% in August 2016 and is steadily expected to reduce it further in the coming months. The new establishment and increased resulted in the target of 5-6% being achieved in Q.2 of the financial year 2017/18.

It is imperative to note, that despite all the recruitment activity and new starters joining the trust over the coming months, operationally, the organisation may not be able to fully benefit from the reduction of the vacant posts, as number of staff will only be able to work as fully registered member of staff some weeks after their start date (i.e. newly qualified nurses or those appointed as part of the international recruitment campaigns, who will be required to work as band 3 CSWs until their PIN number has been received).

This report will be updated monthly based on the actual figures for new starters and leavers to enable the trust more accurate operational and financial planning. Should a significant change in the considered assumptions and estimates take place, this will be reflected in the report too and any remedial actions which may need to be taken will be reported to the Director of Workforce and OD.

RISK AND QUALITY REPORTS

Safe Staffing Nursing
Infection Control

Safe Nurse Staffing Levels

October 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 October 2016.
2. To provide context for the Trust Board on the UNIFY safer staffing submission for the month of October 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 95.4% for registered nurses for October | |
| | | Care hours per Patient Day - CHPPD | Overall CHPPD is 7.5 for October, an increase from 7.1 in September | |
| 2. | Staff are supported in their decision making by effective reporting. | % of Red triggered shifts | Reduction in % of Red Triggered shifts from 7.72% in September to 5.14%. | |
| | | % of shifts that remained partially mitigated | Only 4 shifts i.e. 0.06% out of all shifts in month, this is a decrease from September | |
| 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. | Staffing factors are impacting the care of patients | Review and test correlation between staffing and nurse quality metrics | There may be some degree of correlation between staffing factors and nurse quality indicators but as there are many other variables | |
| 5. | The Board are assured of safe staffing for nursing across the organisation | The Board are not sited on nurse staffing issues across the organisation. | The overall RN fill rate increased and the subsequent number of unfilled shifts decreased 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 October: 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 (%) |
| 95.4% | 101.5% | 98.5% | 116.2% |

The October Unify submission for registered fill % increased compared to September with the average day fill % for registered nurses increasing to 95.4% from 94.7%. The increase is primarily due to an increase in registered bank fill and unregistered agency fill from NHSP.

1.2 Factors affecting Planned vs Actual staffing

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

- **Escalation areas** – ACU has 4 escalation beds that are opened to enable the Trust to manage surges in activity. This proactive opening does not form part of the unit's planned hours. The overall Night RN fill rate on ACU was 112.1% of their planned hours. ACU the Discharge Lounge and Cardiac Catheter Lab were all opened to inpatients as required to support the additional activity. During October the following areas had extra capacity open:
 - Ashwell - went out for additional staff for escalation on 8 days.
 - ACU - went out for additional staff for escalation 31 days.
 - The total number of escalation hours worked for the month was 678.
- **7AN** – The skill mix changed from 3-1 to 2-2 in month. The ward has also been caring for a patient with complex needs requiring one to one specialising which resulted in a requirement for an additional CSW during this patient's stay.
- **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.
- **10B, 11A, 5B, 6A, 9A, 9B, 7AN, 5A, Ashwell and Barley and Pirton** – Had a high number of patients requiring enhanced care which resulted in increased CSW fill.

The introduction of the Enhanced Dementia Support Team (Specialising team) at the beginning of January has helped to mitigate this risk and reduce the need to cover this with temporary staffing, in addition to providing enhanced support to those patients requiring specialising. A detailed evaluation of the impact of the EDS team will be carried out as part of the December Establishment Review.

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:

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

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 October, this indicates there was an increase in overall CHPPD from 7.2 in September to 7.5 in October, we have however seen an increase in total patient numbers from 19,569 in September to 19,453 in October.

Table 2 – Average Care Hours Per Patient Day

| Trust-wide | Care Hours Per Patient Day (CHPPD) | | |
|------------|------------------------------------|------------|---------|
| | Registered midwives/nurses | Care Staff | Overall |
| Total | 5.0 | 2.5 | 7.5 |

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 currently being carried out and will be included in the Trusts Nursing Establishment review in December.

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 and kept live in the Operations Centre and provides assurance on nurse staffing levels in the organisation.

2.2 Staffing levels and shifts that trigger red

In October the number of shifts initially triggering red decreased to 177 shifts compared to 257 shifts in September. 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 |
|-----------|---|
| Sep-15 | 4.24% |
| Oct-15 | 5.47% |
| *Nov 2015 | 3.00% |
| 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% |

* Indicates where agency cap was implemented in November 2015, February and April 2016.

Comparison of red triggered shifts between October 2015 and October 2016 demonstrates a marginal decrease in the number of shifts triggering red in month.

Out of the shifts triggering red, 2 of the 177 initially triggered red (0.06%) shifts remained partially mitigated; this is a decrease from 4 shifts in September. 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, we can see there is a general increase in the number of red triggering shifts, however with the introduction of the 7 day e-roster service September and October have seen a reduction in the number of shifts remaining a challenge to mitigate.

Chart 1

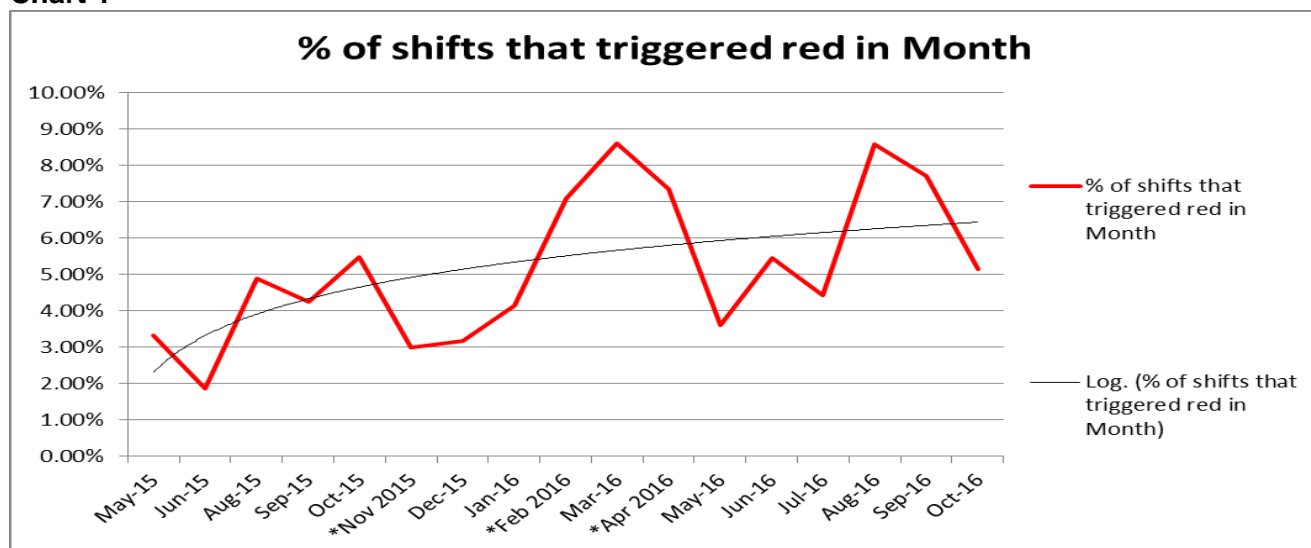
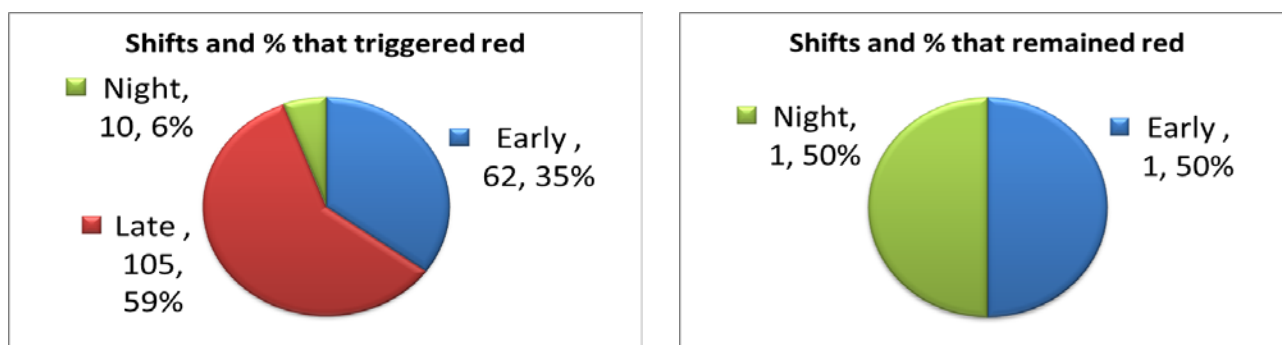


Chart 2 below shows the number and % distribution of red triggered shifts and those shifts that remained red after mitigating action was taken. This indicates that the majority of the red shifts triggered remain on the late shift with only 2 shifts remaining a challenge to mitigate, the reason for the reduction of part mitigated red shifts is multifactorial, but the introduction of a 7 day e-roster service has helped support matrons, especially over the weekends

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, 6 wards triggered red on 10% or more of the shifts in month which is a decrease from 14 wards in October. 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

| Ward | Total no. of shifts available | 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 |
| Pirton | 93 | 2 | 8 | 0 | 10 | 10.75 |
| 6A | 93 | 6 | 7 | 0 | 13 | 13.98 |
| 6B | 93 | 3 | 8 | 0 | 11 | 11.83 |
| A&E | 93 | 3 | 9 | 0 | 12 | 12.90 |
| SAU | 93 | 3 | 8 | 1 | 12 | 12.90 |
| 5B | 93 | 6 | 4 | 0 | 10 | 10.75 |

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 – A reduction in the level of unfilled shifts from 23.6% in September to 22.1% in October from NHSP resulted in a reduction in the number of shifts triggering red in October.
- Vacancy Rate – Nurse vacancy rate at ward level remains relatively static from 18.36% in September to 18.87% in October and continues to impact temporary staffing requirement.
- Sickness – Sickness rate remains above the 4% budget position, with October sickness recorded at 6.4% (taken from e-roster) for the inpatient wards.
- Specialising requirements
- Opening of surge capacity areas has increased temporary staffing demand
- Introduction of the 7 day E-roster operational team has supporting 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 include patients not being provided with basic care requirements, such as help with visits to the bathroom, being asked about pain levels or delays in providing medicines. 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 shortfall in RN time which is the red flag used to escalate staffing issues. The chart shows the distribution of red flags by shift. This distribution supports the data shown in the red triggered shifts report that the day shifts, specifically the late shifts, are more likely to be escalated as having a staffing related issue.

Chart 3 – Shortfall in RN time

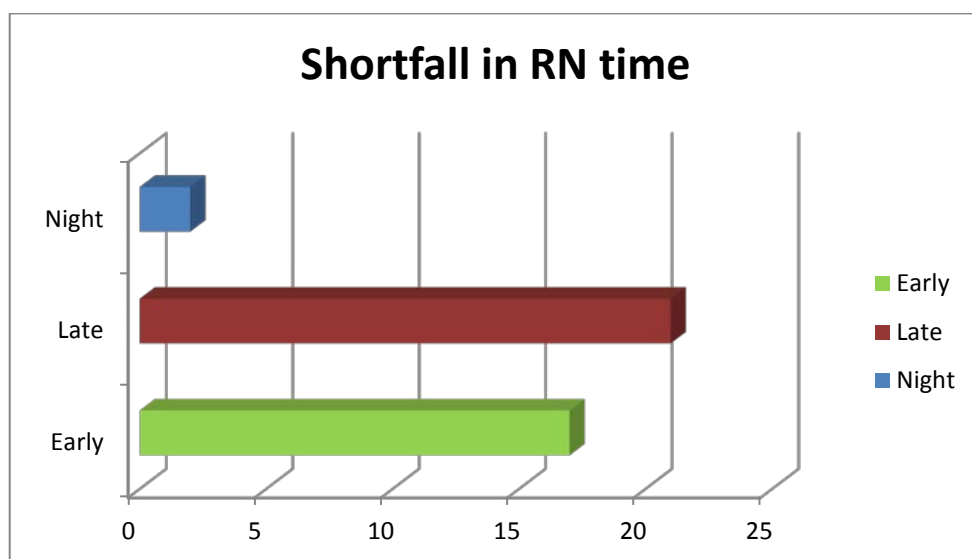
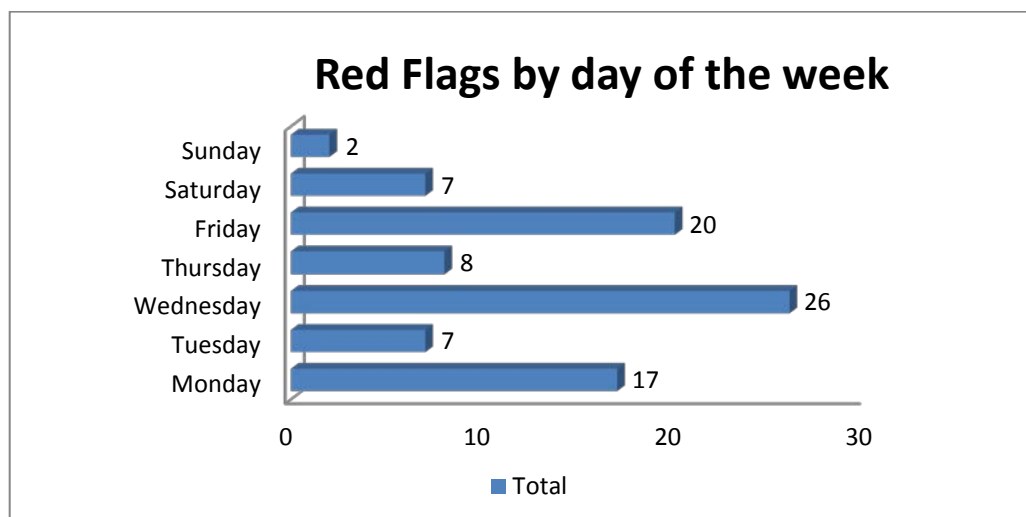


Chart 4 below indicates the red flags by day of the week; this shows that Monday, Wednesday and Friday are the days where staffing is most likely to be escalated.

Chart 4 Red Flags Day of Week



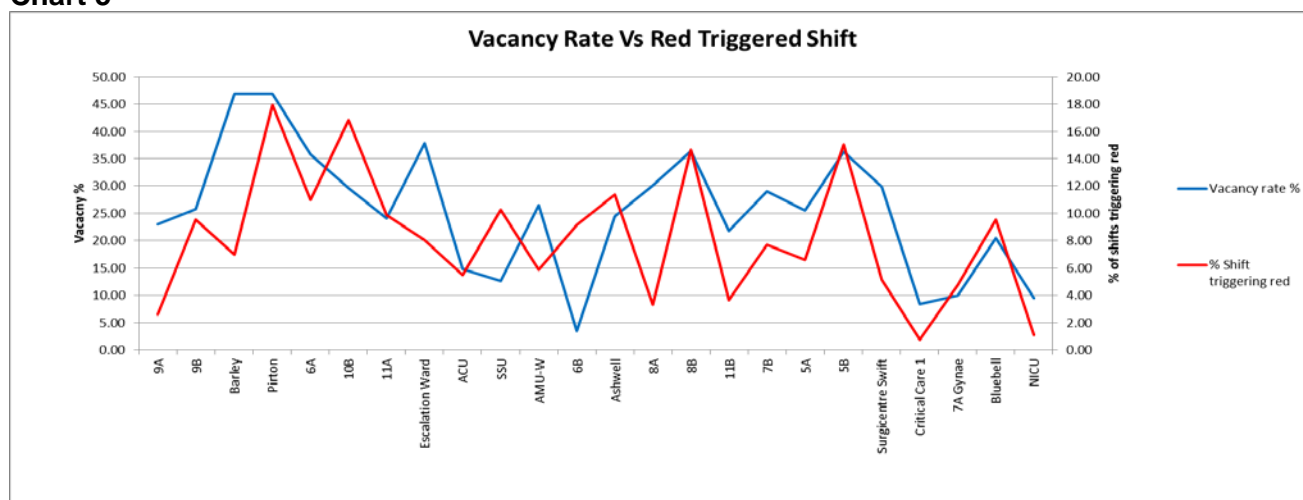
4. Analysis of staffing impact on quality

The following section explores the correlation between some staffing and nursing quality indicators for Quarter 2. The purpose is to assess whether staffing on individual wards is impacting the quality of care received by patients. There are a number of factors including turnover, number and acuity of patients and there are other clinical factors that must be considered along with this report. The report focuses on the inpatient ward areas on the Lister site.

Chart 5 - Red Shifts vs Vacancy Rate

The chart below shows the % of red triggering shifts compared to the average vacancy rate for the last 3 months.

Chart 5



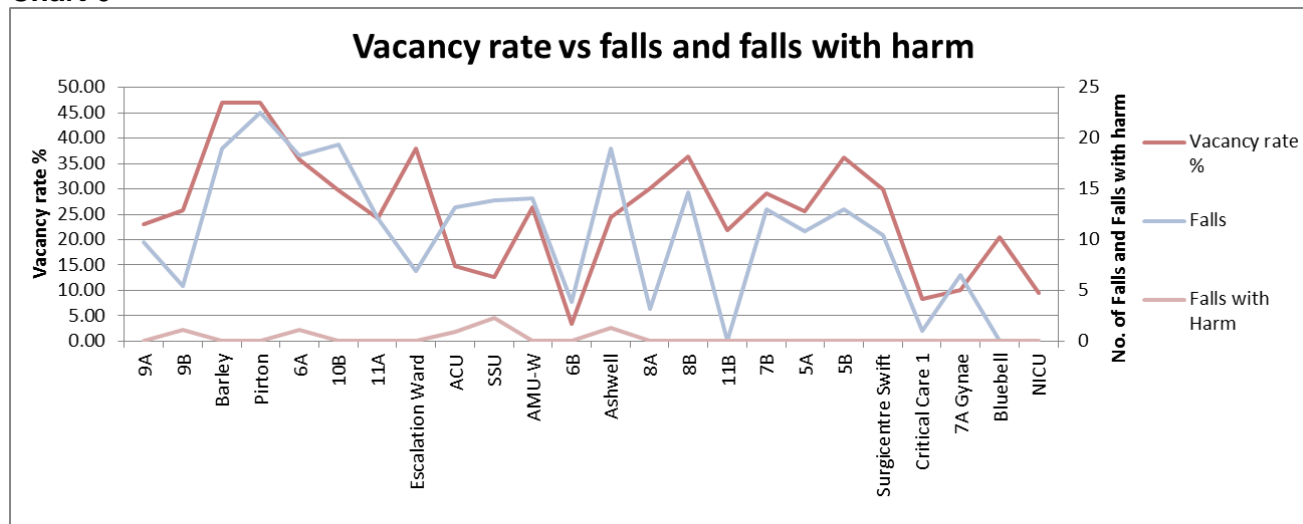
An analysis of vacancy versus shifts triggered red indicates, by normal standards, the association between the two variables would be considered statistically significant. This suggests the vacancy rate for each ward has impacted the number of red triggering shifts for quarter 2.

4.1 Falls

Chart 6 – Vacancy rate compared to falls and falls resulting in harm

The chart below shows the average vacancy factor for the last 3 months compared to the total number of falls and falls resulting in harm.

Chart 6

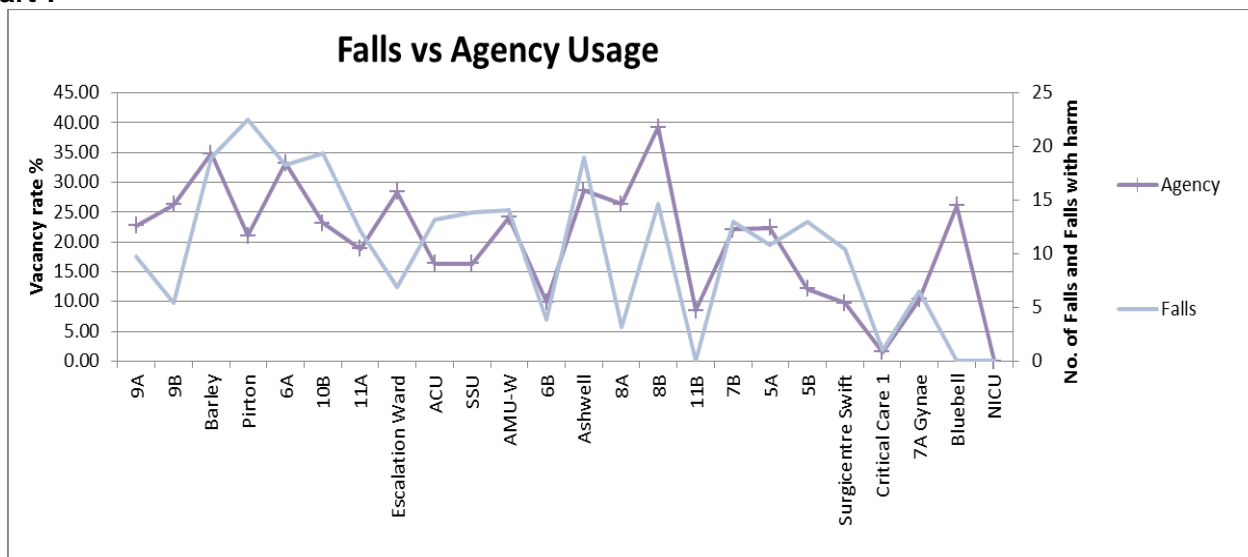


There is currently insufficient number of falls resulting in harm to draw any meaningful conclusion on the impact of vacancy rate for these areas. An analysis of the relationship between vacancy rate and falls would be considered statistically significant. However, the complexity of falls risk relating to specific servers and acuity of patients is a key factor to consider within this analysis. A longitudinal study of these factors may prove to be more significant than a service comparison.

Chart 7 – Number of falls compared to % of agency usage

The chart below shows the % average agency usage over the last 3 months compared to the total number of falls for the last quarter.

Chart 7

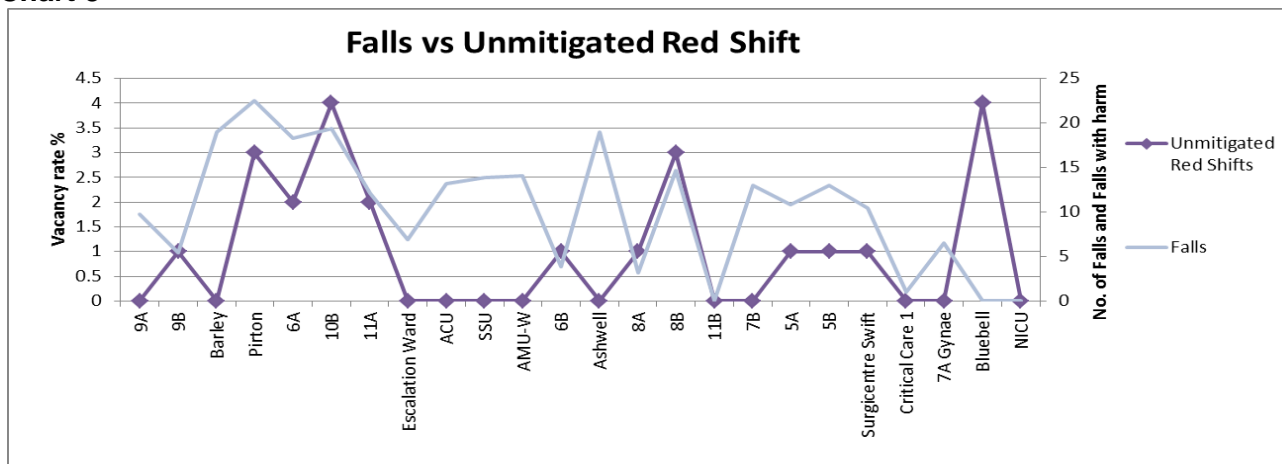


An analysis of the relationship between the 2 variables would be considered statistically significant. However, as with chart 6, the complexity of falls risk relating to specific servers and acuity of patients is a key factor to consider within this analysis. A longitudinal study of these factors may prove to be more significant than a service comparison.

Chart 8 - % of shifts that remain red compared to the number of falls

The chart below shows the % of shifts remaining a challenge to mitigate compared to the number for falls for the last 3 months.

Chart 8



The chart shows there is no correlation between the number of wards that had shifts that remained a challenge to mitigate and the number of falls over the last three months.

4.2 Pressure Ulcers

The numbers of pressure ulcers within the Trust remain low and under trajectory for 2015/16, despite the reliance of temporary staff within our clinical areas. See table 4.

Table 4- Avoidable Pressure Ulcers

| Month | Number |
|-----------|--------|
| April | 4 |
| May | 0 |
| June | 3 |
| July | 1 |
| August | 1 |
| September | 4 |
| October | 2 |

Due to the low numbers it is difficult to correlate within individual areas due to low incidence of avoidable pressure ulcers across the inpatient wards.

4.3 FFT would recommend

The proportion of inpatients who 'would recommend' the inpatient ward to their friends and family remains slightly above the national average (September 2016 96.77% of inpatients would recommend ENHT compared to 95.40% nationally). The response rate from inpatients is significantly higher than the national average (September 2016 39.26% of inpatients responded to the FFT compared to 23.92% nationally). There is no correlation between wards triggering red and those achieving a lower percentage of patients who would recommend.

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

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

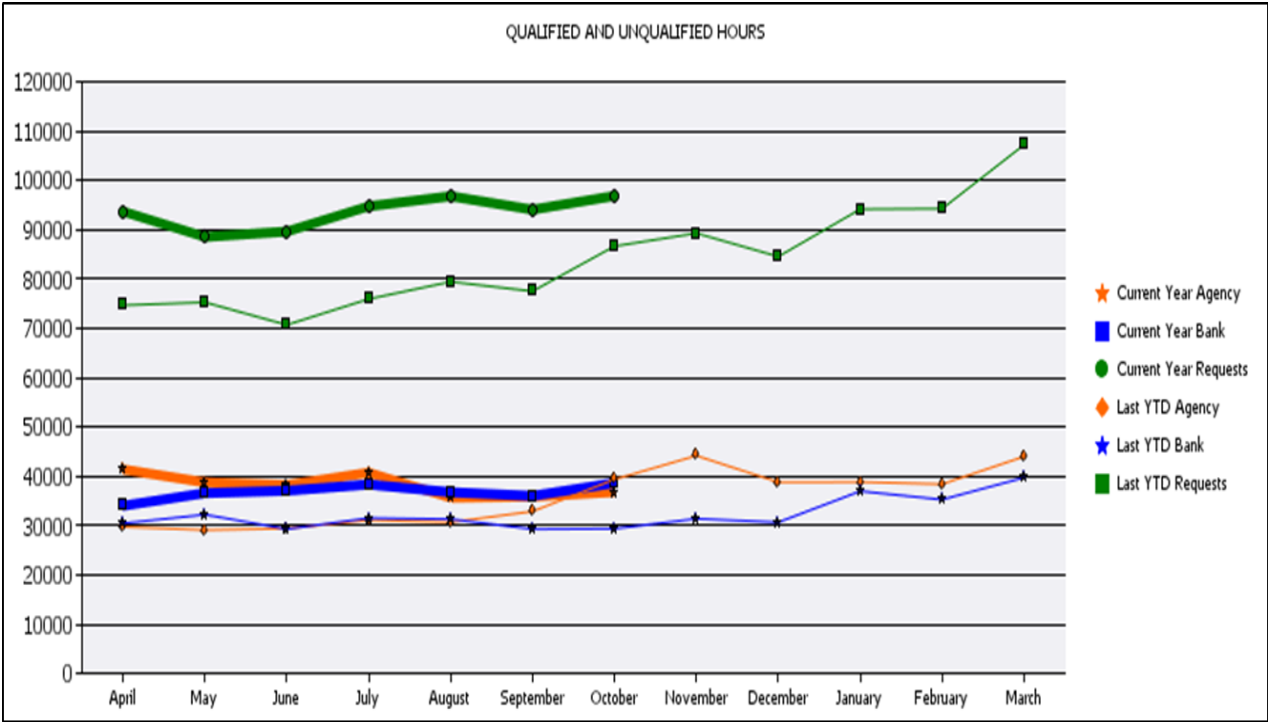
In addition the Director of Nursing is working with a national safer staffing group reviewing the guidance.

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

| Ward name | Day | | Night | |
|-------------------------|---|---|---|---|
| | Average fill rate + registered nurses/midwives (%) | Average fill rate + care staff (%) | Average fill rate + registered nurses/midwives (%) | Average fill rate + care staff (%) |
| 10B | 85.5% | 98.7% | 93.8% | 127.0% |
| 11A | 90.2% | 84.5% | 94.6% | 105.4% |
| 11B | 83.5% | 109.8% | 98.8% | 96.8% |
| 5A | 89.7% | 78.6% | 90.7% | 119.4% |
| 5B | 92.7% | 91.8% | 94.1% | 126.4% |
| 6A | 100.3% | 117.1% | 98.1% | 105.3% |
| 6B | 95.9% | 88.5% | 102.3% | 101.8% |
| 7A Gynae | 102.9% | 118.1% | 99.1% | 96.9% |
| 7B | 89.0% | 77.8% | 97.2% | 103.8% |
| 7AN | 106.6% | 99.2% | 98.5% | 151.9% |
| 8A | 98.0% | 79.5% | 98.6% | 87.8% |
| 8B | 96.4% | 86.8% | 99.6% | 100.9% |
| 9A | 103.3% | 117.8% | 99.4% | 150.6% |
| 9B | 96.0% | 129.7% | 101.1% | 151.7% |
| ACU | 95.4% | 92.5% | 112.1% | 131.5% |
| AMU-A | 100.1% | 96.8% | 80.1% | 98.7% |
| AMU-W | 95.4% | 95.3% | 99.4% | 104.3% |
| Ashwell | 81.7% | 160.0% | 103.7% | 205.6% |
| Barley | 94.3% | 104.7% | 100.4% | 144.9% |
| Bluebell | 90.8% | 131.3% | 98.4% | #DIV/0! |
| Critical Care 1 | 100.0% | 100.0% | 100.0% | 100.0% |
| Dacre | 103.8% | #DIV/0! | 89.5% | #DIV/0! |
| Gloucester | 105.1% | 97.9% | 97.8% | 83.0% |
| CLU | 100.0% | 110.7% | 99.4% | 89.0% |
| Mat MLU | 111.1% | 101.4% | 105.1% | 124.6% |
| Michael Sobell House | 95.3% | 127.6% | 99.4% | 98.1% |
| Pirton | 87.3% | 93.5% | 98.0% | 129.3% |
| SAU | 105.5% | 144.5% | 142.4% | 119.9% |
| SSU | 97.0% | 92.1% | 102.6% | 104.1% |
| Swift | 90.1% | 79.6% | 95.8% | 88.9% |
| Ward 10 | 78.8% | 75.4% | 81.3% | #DIV/0! |
| Ward 11 | 88.6% | 78.0% | 86.5% | #DIV/0! |
| Total | 95.4% | 101.5% | 98.5% | 116.2% |

NHSP hours YTD report



Appendix 3

Shifts that initially triggered red in September 2016

| Speciality | 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 |
|---------------------|----------------------|-------------------------------|------------|------------|-----------|--|--|
| Care of the Elderly | 9A | 90 | 2 | 2 | 0 | 4 | 4.44 |
| | 9B | 90 | 4 | 3 | 0 | 7 | 7.78 |
| Stroke | Barley | 90 | 3 | 5 | 0 | 8 | 8.89 |
| | Pirton | 90 | 9 | 12 | 1 | 22 | 24.44 |
| General | 6A | 90 | 9 | 6 | 0 | 15 | 16.67 |
| | 10B | 90 | 14 | 9 | 1 | 24 | 26.67 |
| Respiratory | 11A | 90 | 5 | 8 | 1 | 14 | 15.56 |
| | 7AN | 90 | 3 | 7 | 1 | 11 | 12.22 |
| Cardiology | ACU | 90 | 0 | 6 | 0 | 6 | 6.67 |
| Acute | AMU-A | 90 | 0 | 3 | 0 | 3 | 3.33 |
| | SSU | 90 | 2 | 4 | 0 | 6 | 6.67 |
| | AMU-W | 90 | 0 | 1 | 1 | 2 | 2.22 |
| Renal | 6B | 90 | 1 | 3 | 1 | 5 | 5.56 |
| DTOC / gastro | Ashwell | 90 | 10 | 9 | 0 | 19 | 21.11 |
| ED | A&E | 90 | 8 | 12 | 0 | 20 | 22.22 |
| | UCC | 90 | 1 | 1 | 1 | 3 | 3.33 |
| | | 1440 | 71 | 91 | 7 | 169 | 11.74 |
| General | 8A | 90 | 1 | 3 | 0 | 4 | 4.44 |
| | 8B | 90 | 7 | 6 | 0 | 13 | 14.44 |
| | SAU | 90 | 1 | 1 | 0 | 2 | 2.22 |
| Surgical Spec | 11B | 90 | 0 | 2 | 0 | 2 | 2.22 |
| | 7B | 90 | 3 | 4 | 0 | 7 | 7.78 |
| T&O | 5A | 90 | 5 | 2 | 0 | 7 | 7.78 |
| | 5B | 90 | 14 | 2 | 0 | 16 | 17.78 |
| | Swift | 90 | 1 | 7 | 0 | 8 | 8.89 |
| ATCC | Critical Care 1 | 90 | 0 | 0 | 0 | 0 | 0.00 |
| | ASCU | 90 | 0 | 0 | 0 | 0 | 0.00 |
| | | 900 | 32 | 27 | 0 | 59 | 6.56 |
| Gynae | 7A Gynae | 90 | 2 | 3 | 0 | 5 | 5.56 |
| Paeds | Bluebell | 90 | 1 | 2 | 2 | 5 | 5.56 |
| | Child A&E | 90 | 2 | 3 | 2 | 7 | 7.78 |
| | NICU | 90 | 2 | 1 | 0 | 3 | 3.33 |
| Maternity | Dacre | 90 | 1 | 1 | 0 | 2 | 2.22 |
| | Gloucester | 90 | 2 | 1 | 0 | 3 | 3.33 |
| | Mat MLU | 90 | 0 | 2 | 0 | 2 | 2.22 |
| | Mat CLU 1 | 90 | 0 | 1 | 0 | 1 | 1.11 |
| | | 720 | 10 | 14 | 4 | 28 | 3.89 |
| Inpatient | Ward 10 | 90 | 0 | 0 | 0 | 0 | 0.00 |
| | Ward 11 | 90 | 0 | 0 | 1 | 1 | 1.11 |
| | Michael Sobell House | 90 | 0 | 0 | 0 | 0 | 0.00 |
| | | 270 | 0 | 0 | 1 | 1 | 0.37 |
| TRUST TOTAL | | 3330 | 113 | 132 | 12 | 257 | 7.72 |

Appendix 4

| Ward name | Care Hours Per Patient Day (CHPPD) | | |
|----------------------|------------------------------------|------------|------------|
| | Registered midwives/ nurses | Care Staff | Overall |
| 10B | 3.03 | 2.60 | 5.63 |
| 11A | 4.20 | 1.93 | 6.13 |
| 11B | 4.20 | 2.59 | 6.79 |
| 5A | 3.46 | 1.47 | 4.93 |
| 5B | 3.66 | 1.98 | 5.64 |
| 6A | 3.03 | 2.13 | 5.15 |
| 6B | 3.93 | 2.56 | 6.48 |
| 7A Gynae | 3.80 | 2.68 | 6.48 |
| 7B | 3.43 | 1.38 | 4.81 |
| 7AN | 3.47 | 3.11 | 6.58 |
| 8A | 3.21 | 1.77 | 4.99 |
| 8B | 2.63 | 1.32 | 3.94 |
| 9A | 3.29 | 2.80 | 6.08 |
| 9B | 3.40 | 2.97 | 6.37 |
| ACU | 5.28 | 2.39 | 7.66 |
| AMU-A | 6.20 | 3.42 | 9.62 |
| AMU-W | 4.72 | 3.68 | 8.40 |
| Ashwell | 3.06 | 3.24 | 6.30 |
| Barley | 4.00 | 2.53 | 6.52 |
| Bluebell | 8.84 | 1.66 | 10.50 |
| Critical Care 1 | 21.97 | 2.54 | 24.52 |
| Dacre | 5.94 | 0.98 | 6.92 |
| Gloucester | 2.56 | 2.38 | 4.94 |
| CLU | 21.58 | 5.10 | 26.68 |
| Mat MLU | 21.09 | 5.99 | 27.07 |
| Michael Sobell House | 4.82 | 3.18 | 8.00 |
| Pirton | 4.49 | 3.23 | 7.72 |
| SAU | 8.76 | 3.82 | 12.58 |
| SSU | 3.61 | 2.29 | 5.90 |
| Swift | 3.64 | 2.06 | 5.70 |
| Ward 10 | 4.96 | 1.72 | 6.68 |
| Ward 11 | 9.19 | 1.84 | 11.03 |
| Total | 4.8 | 2.4 | 7.2 |

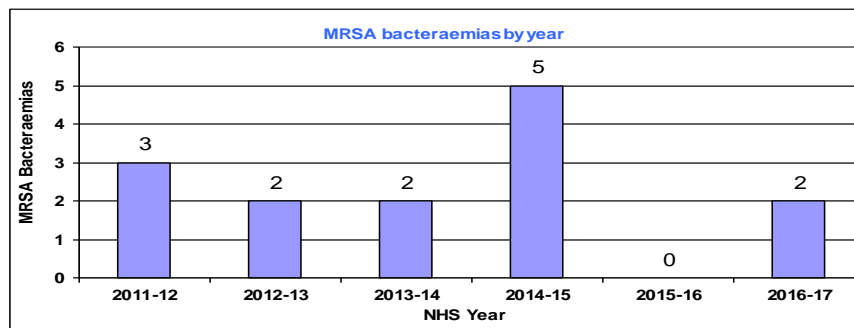
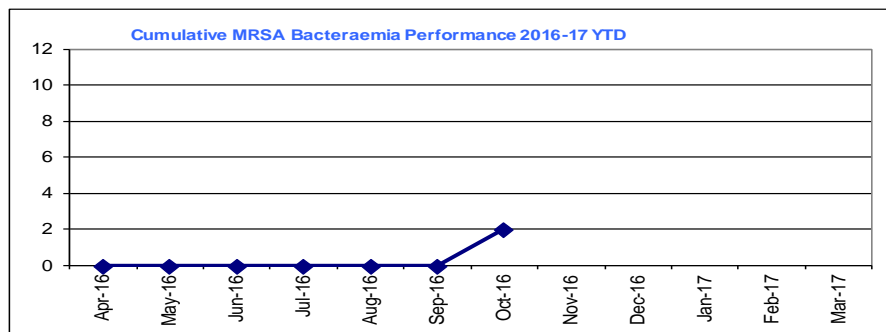


Infection Prevention and Control Board Report Objectives & Outcomes: November 2016

| | | | |
|-------------------|--|--|-------|
| HCAI SURVEILLANCE | MRSA | 2 hospital associated MRSA bacteraemias in October including 1 pre-48 hr case which was found to be a contaminant Year to date position is 2 cases (target 0 cases to year end) | Red |
| | <i>C.difficile</i> | 2 hospital acquired <i>C.difficile</i> cases in October Year to date position is 12 cases (ceiling target of 11 cases to year end). | Red |
| | MSSA | 2 hospital acquired MSSA bacteraemias in October Year to date position is 11 cases (no target set) | Green |
| | E-Coli | There was 1 case of hospital acquired <i>E.coli</i> in October. Year to date position is 19 cases (no target set) | Green |
| | Carbapenemase-producing Enterobacteriaceae (CPE) | 0 inpatient cases of CPE identified in October. Year to date position is 2 inpatient cases (no target set) | Green |
| | Outbreaks / Periods of Increased Incidence | An increased incidence of MRSA colonisation was identified on Ward 9B at the end of October. The cases are being investigated to determine whether the cases may be linked. | 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 | 19% reduction to end October in total antibiotic consumption (target 1%) 25% reduction to end October in piperacillin-tazobactam (target 1%) 0.1% increase to end October 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 to date: 72% of cases reviewed within 72 hrs (target 75%) | Green |
| AUDITS | High Impact Interventions | Compliance figures for High Impact Interventions in October were above 95% with the exception of Surgical Site Observation, IV Devices Insertion & Continuing Care, Urinary Catheter Continuing Care, Renal Dialysis Continuing Care and Renal Dialysis Environment. | Amber |
| ISSUES / EVENTS | ICNet | Potential solutions have now been identified to resolve ongoing ICNet/TPP interface issues and the options are being assessed. On Risk Register. | Red |
| | HCAI/Antimicrobial Point Prevalence Survey: 10-21 October 2016 | In October, 28 inpatient wards across the Trust were surveyed and data obtained for the international point prevalence survey of healthcare-associated infections and antimicrobial use in European acute-care hospitals. | 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 |
| Medicine | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | | | | | | 2 |
| Surgical | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| Women & Children | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| Grand Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | | | | | | 2 |

PIRs have been held for the 2 MRSA bacteraemias in October. Findings for the first case were that the acquisition may have been associated with an IV device, but no gaps in practice were identified. The patient had been screened and isolated in accordance with Trust policy. The second case was a pre-48 hour case but has been assigned to the Trust as it was deemed to be a contaminant.



MRSA – PHE Benchmarking Data (September 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 | | | | | | | 2 | |
| RC1 | Bedford Hospitals NHS Trust | N/A | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | 0 | |
| RGT | Cambridge University Hospitals NHS Foundation Trust | N/A | 0 | 0 | 0 | 0 | 0 | 1 | | | | | | | 1 | |
| RDE | Colchester Hospitals University NHS Foundation Trust | N/A | 1 | 0 | 0 | 0 | 1 | 0 | | | | | | | 2 | |
| RWH | East & North Hertfordshire NHS Trust | N/A | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | 0 | |
| RQQ | Hinchingbrooke Health Care NHS Trust | N/A | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | 0 | |
| RGQ | Ipswich Hospital NHS Trust | N/A | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | 0 | |
| RGP | James Paget University Hospitals NHS Foundation Trust | N/A | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | 0 | |
| RC9 | Luton & Dunstable Hospital NHS Foundation Trust | N/A | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | 0 | |
| RQ8 | Mid Essex Hospital Services NHS Trust | N/A | 0 | 0 | 0 | 1 | 0 | 0 | | | | | | | 1 | |
| RD8 | Milton Keynes Hospital NHS Foundation Trust | N/A | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | 0 | |
| RM1 | Norfolk & Norwich University Hospitals NHS Foundation Trust | N/A | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | 0 | |
| RGM | Papworth Hospital NHS Foundation Trust | N/A | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | 0 | |
| RGN | Peterborough & Stamford Hospitals NHS Foundation Trust | N/A | 0 | 0 | 0 | 1 | 0 | 0 | | | | | | | 1 | |
| RQW | Princess Alexandra Hospital NHS Trust | N/A | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | 0 | |
| RAJ | Southend University Hospital NHS Foundation Trust | N/A | 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 | |
| RWG | West Hertfordshire Hospitals NHS Trust | N/A | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | 0 | |
| RGR | West Suffolk Hospitals NHS Trust | N/A | 0 | 0 | 0 | 0 | 1 | 0 | | | | | | | 1 | |
| East of England Total | | N/A | 1 | 0 | 0 | 2 | 3 | 2 | | | | | | | 8 | |
| England Total | | N/A | 14 | 29 | 22 | 16 | 31 | 31 | | | | | | | 143 | |

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

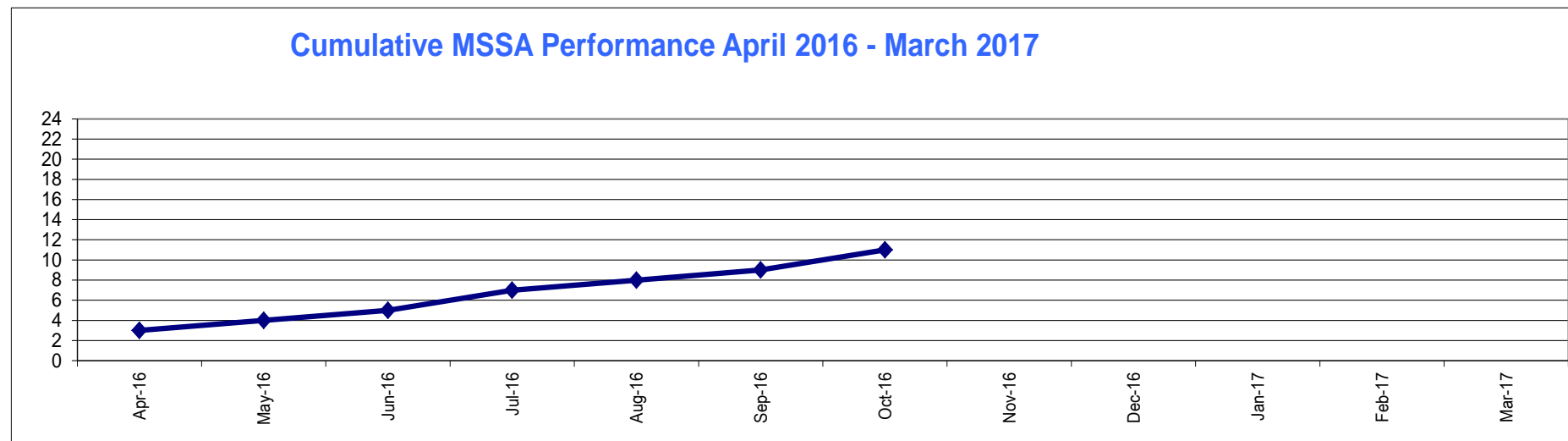
| Monthly rate per 100,000 occupied bed days (acute trust appointed cases only) | | | | | | | | | | | | | | | | |
|---|---|------------|-------|------|------|------|------|------|-----|-----|-----|-----|------|-----|------|-------|
| Trust | Acute Trust | Trajectory | 2016 | | | | | | | | | | 2017 | | | Total |
| Code | Name | | 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 | | | | | | | 1.69 | |
| RC1 | Bedford Hospitals NHS Trust | N/A | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | | | | | 0.00 | |
| RGT | Cambridge University Hospitals NHS Foundation Trust | N/A | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3.86 | | | | | | | 0.63 | |
| RDE | Colchester Hospitals University NHS Foundation Trust | N/A | 6.30 | 0.00 | 0.00 | 0.00 | 6.10 | 0.00 | | | | | | | 2.07 | |
| RWH | East & North Hertfordshire NHS Trust | N/A | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | | | | | 0.00 | |
| RQQ | Hinchingbrooke Health Care NHS Trust | N/A | 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 | |
| RGP | James Paget University Hospitals NHS Foundation Trust | N/A | 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 | |
| RQ8 | Mid Essex Hospital Services NHS Trust | N/A | 0.00 | 0.00 | 0.00 | 6.40 | 0.00 | 0.00 | | | | | | | 1.08 | |
| RD8 | Milton Keynes Hospital NHS Foundation Trust | N/A | 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 | |
| RGM | Papworth Hospital NHS Foundation Trust | N/A | 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 | | | | | | | 1.02 | |
| RQW | Princess Alexandra Hospital NHS Trust | N/A | 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 | |
| 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 | |
| RWG | West Hertfordshire Hospitals NHS Trust | N/A | 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 | | | | | | | 1.48 | |
| East of England Total | | N/A | 0.35 | 0.00 | 0.00 | 0.68 | 1.02 | #N/A | | | | | | | 0.55 | |
| England Total | | N/A | 0.40 | 0.82 | 0.64 | 0.45 | 0.87 | #N/A | | | | | | | 0.81 | |

Please note that rates are calculated using all cases for CCGs and acute trust apportioned/assigned cases for trusts.



MSSA BACTERAEMIA - POST 48 HRS

Cumulative MSSA Performance April 2016 - March 2017



| 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 |
| Medicine | 6 | 2 | 0 | 0 | 1 | 1 | 1 | 1 | | | | | | 6 |
| Surgical | 5 | 1 | 1 | 0 | 1 | 0 | 0 | 1 | | | | | | 4 |
| Women & Children | 2 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | | | | | | 1 |
| MVCC | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| Grand Total | 14 | 3 | 1 | 1 | 2 | 1 | 1 | 2 | | | | | | 11 |

There were 2 Trust associated MSSA bacteraemias in October. The first case was potentially associated with an invasive device, although the source of infection could not be confirmed. There were some gaps in documentation and feedback has been given to ward staff. The second case is pending review.



MSSA – PHE Benchmarking Data (September 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 | | | | | | | 8 | |
| RC1 | Bedford Hospitals NHS Trust | N/A | 0 | 1 | 0 | 1 | 4 | 1 | | | | | | | 7 | |
| RGT | Cambridge University Hospitals NHS Foundation Trust | N/A | 3 | 3 | 1 | 4 | 3 | 0 | | | | | | | 14 | |
| RDE | Colchester Hospitals University NHS Foundation Trust | N/A | 2 | 3 | 1 | 0 | 0 | 3 | | | | | | | 9 | |
| RWH | East & North Hertfordshire NHS Trust | N/A | 3 | 1 | 1 | 2 | 1 | 1 | | | | | | | 9 | |
| RQQ | Hinchingbrooke Health Care NHS Trust | N/A | 1 | 1 | 3 | 1 | 1 | 0 | | | | | | | 7 | |
| RGQ | Ipswich Hospital NHS Trust | N/A | 1 | 0 | 2 | 0 | 0 | 2 | | | | | | | 5 | |
| RGP | James Paget University Hospitals NHS Foundation Trust | N/A | 1 | 1 | 0 | 2 | 1 | 0 | | | | | | | 5 | |
| RC9 | Luton & Dunstable Hospital NHS Foundation Trust | N/A | 0 | 0 | 2 | 0 | 3 | 4 | | | | | | | 9 | |
| RQ8 | Mid Essex Hospital Services NHS Trust | N/A | 2 | 1 | 1 | 0 | 1 | 0 | | | | | | | 5 | |
| RD8 | Milton Keynes Hospital NHS Foundation Trust | N/A | 2 | 0 | 1 | 1 | 2 | 1 | | | | | | | 7 | |
| RM1 | Norfolk & Norwich University Hospitals NHS Foundation Trust | N/A | 2 | 0 | 2 | 0 | 4 | 0 | | | | | | | 8 | |
| RGM | Papworth Hospital NHS Foundation Trust | N/A | 0 | 1 | 0 | 1 | 0 | 0 | | | | | | | 2 | |
| RGN | Peterborough & Stamford Hospitals NHS Foundation Trust | N/A | 1 | 0 | 2 | 1 | 1 | 0 | | | | | | | 5 | |
| RQW | Princess Alexandra Hospital NHS Trust | N/A | 0 | 2 | 0 | 2 | 0 | 1 | | | | | | | 5 | |
| RAJ | Southend University Hospital NHS Foundation Trust | N/A | 3 | 3 | 2 | 1 | 1 | 1 | | | | | | | 11 | |
| RCX | The Queen Elizabeth Hospital King's Lynn NHS Trust | N/A | 0 | 2 | 1 | 0 | 1 | 2 | | | | | | | 6 | |
| RWG | West Hertfordshire Hospitals NHS Trust | N/A | 1 | 1 | 1 | 2 | 1 | 1 | | | | | | | 7 | |
| RGR | West Suffolk Hospitals NHS Trust | N/A | 0 | 1 | 0 | 0 | 1 | 1 | | | | | | | 3 | |
| East of England Total | | N/A | 22 | 22 | 20 | 20 | 27 | 21 | | | | | | | 132 | |
| England Total | | N/A | 269 | 252 | 297 | 224 | 273 | 231 | | | | | | | 1546 | |

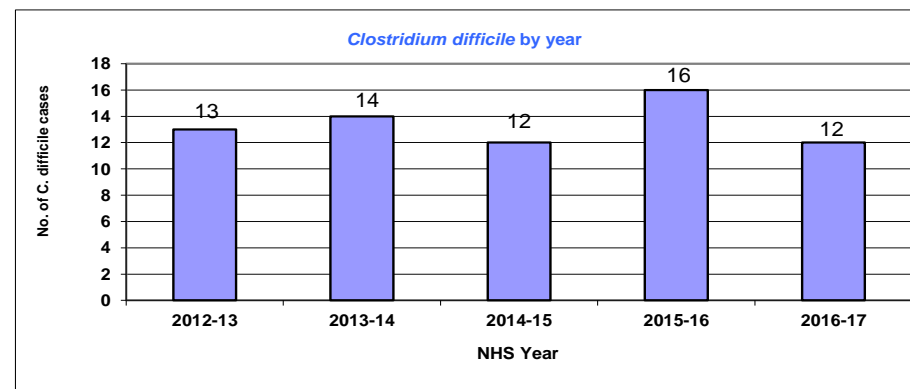
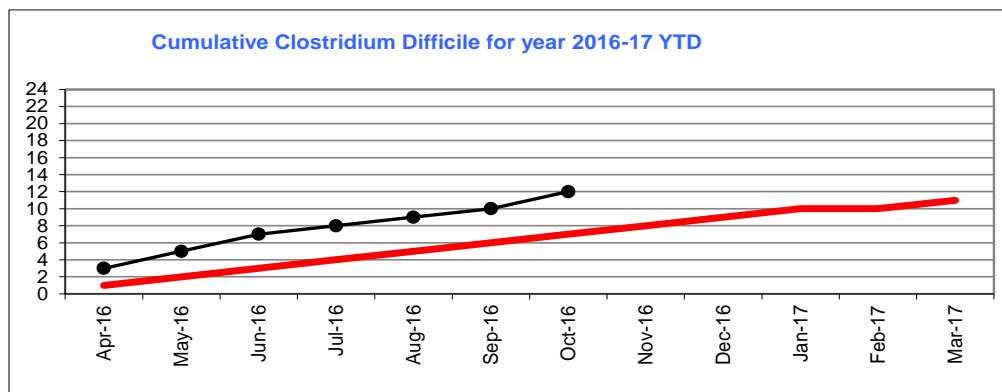
Monthly rate per 100,000 occupied bed days (acute trust apportioned cases only)

| Monthly rate per 100,000 occupied bed days (acute and appointed cases only) | | Trajectory | 2016 | | | | | | | | | | 2017 | | | Total |
|---|---|------------|-------|-------|-------|-------|-------|-------|-----|-----|-----|-----|------|-----|-------|-------|
| Trust Code | Acute Trust Name | | 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 | | | | | | | 6.77 | |
| RC1 | Bedford Hospitals NHS Trust | N/A | 0.00 | 8.74 | 0.00 | 8.74 | 34.96 | 9.03 | | | | | | | 10.36 | |
| RGT | Cambridge University Hospitals NHS Foundation Trust | N/A | 11.57 | 11.19 | 3.86 | 14.93 | 11.19 | 0.00 | | | | | | | 8.85 | |
| RDE | Colchester Hospitals University NHS Foundation Trust | N/A | 12.61 | 18.30 | 6.30 | 0.00 | 0.00 | 18.91 | | | | | | | 9.30 | |
| RWH | East & North Hertfordshire NHS Trust | N/A | 17.04 | 5.50 | 5.68 | 10.99 | 5.50 | 5.68 | | | | | | | 8.38 | |
| RQQ | Hinchingbrooke Health Care NHS Trust | N/A | 18.39 | 17.80 | 55.18 | 17.80 | 17.80 | 0.00 | | | | | | | 21.11 | |
| RGQ | Ipswich Hospital NHS Trust | N/A | 6.90 | 0.00 | 13.80 | 0.00 | 0.00 | 13.80 | | | | | | | 5.66 | |
| RGP | James Paget University Hospitals NHS Foundation Trust | N/A | 9.26 | 8.96 | 0.00 | 17.92 | 8.96 | 0.00 | | | | | | | 7.59 | |
| RC9 | Luton & Dunstable Hospital NHS Foundation Trust | N/A | 0.00 | 0.00 | 11.68 | 0.00 | 16.95 | 23.35 | | | | | | | 8.61 | |
| RQ8 | Mid Essex Hospital Services NHS Trust | N/A | 13.22 | 6.40 | 6.61 | 0.00 | 6.40 | 0.00 | | | | | | | 5.42 | |
| RD8 | Milton Keynes Hospital NHS Foundation Trust | N/A | 14.73 | 0.00 | 7.36 | 7.13 | 14.25 | 7.36 | | | | | | | 8.45 | |
| RM1 | Norfolk & Norwich University Hospitals NHS Foundation Trust | N/A | 7.02 | 0.00 | 7.02 | 0.00 | 13.59 | 0.00 | | | | | | | 4.60 | |
| RGM | Papworth Hospital NHS Foundation Trust | N/A | 0.00 | 18.21 | 0.00 | 18.21 | 0.00 | 0.00 | | | | | | | 6.17 | |
| RGN | Peterborough & Stamford Hospitals NHS Foundation Trust | N/A | 6.22 | 0.00 | 12.43 | 6.02 | 6.02 | 0.00 | | | | | | | 5.10 | |
| RQW | Princess Alexandra Hospital NHS Trust | N/A | 0.00 | 15.09 | 0.00 | 15.09 | 0.00 | 7.79 | | | | | | | 6.39 | |
| RAJ | Southend University Hospital NHS Foundation Trust | N/A | 21.05 | 20.37 | 14.03 | 6.79 | 6.79 | 7.02 | | | | | | | 12.65 | |
| RCX | The Queen Elizabeth Hospital King's Lynn NHS Trust | N/A | 0.00 | 16.71 | 8.63 | 0.00 | 8.36 | 17.27 | | | | | | | 8.49 | |
| RWG | West Hertfordshire Hospitals NHS Trust | N/A | 5.38 | 5.21 | 5.38 | 10.42 | 5.21 | 5.38 | | | | | | | 6.18 | |
| RGR | West Suffolk Hospitals NHS Trust | N/A | 0.00 | 8.73 | 0.00 | 0.00 | 8.73 | 9.03 | | | | | | | 4.44 | |
| East of England Total | | N/A | 7.73 | 7.48 | 7.03 | 6.80 | 9.18 | #N/A | | | | | | | 9.09 | |
| England Total | | N/A | 7.61 | 7.13 | 8.66 | 6.32 | 7.70 | #N/A | | | | | | | 8.79 | |

Please note that rates are calculated using all cases for CCGs and acute trust apportioned/assigned cases for trusts.



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 |
| Medicine | 12 | 3 | 2 | 2 | 1 | 1 | 1 | 1 | | | | | | 11 |
| Surgical | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | | | | | | 1 |
| Women & Children | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| Grand Total | 16 | 3 | 2 | 2 | 1 | 1 | 1 | 2 | | | | | | 12 |

The RCAs for the October cases found that both patients were isolated promptly and a sample was collected without avoidable delay. Documentation was good but, in the first case, there were some gaps in antimicrobial stewardship.

A new appeals process has been introduced by the CCG and appeals have been submitted for five of the cases year to date where there were no contributing lapses in care.



C.DIFFICILE – PHE Benchmarking Data (September 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 | | | | | | | 20 | |
| RC1 | Bedford Hospitals NHS Trust | 10 | 1 | 1 | 2 | 0 | 1 | 1 | | | | | | | 6 | |
| RGT | Cambridge University Hospitals NHS Foundation Trust | 49 | 3 | 1 | 3 | 8 | 4 | 3 | | | | | | | 22 | |
| RDE | Colchester Hospitals University NHS Foundation Trust | 18 | 4 | 4 | 4 | 2 | 7 | 1 | | | | | | | 22 | |
| RWH | East & North Hertfordshire NHS Trust | 11 | 3 | 2 | 2 | 1 | 1 | 1 | | | | | | | 10 | |
| RQQ | Hinchingbrooke Health Care NHS Trust | 11 | 1 | 2 | 1 | 0 | 1 | 1 | | | | | | | 6 | |
| RGQ | Ipswich Hospital NHS Trust | 18 | 1 | 7 | 2 | 1 | 0 | 2 | | | | | | | 13 | |
| RGP | James Paget University Hospitals NHS Foundation Trust | 17 | 0 | 1 | 1 | 0 | 3 | 3 | | | | | | | 8 | |
| RC9 | Luton & Dunstable Hospital NHS Foundation Trust | 6 | 1 | 0 | 2 | 3 | 0 | 1 | | | | | | | 7 | |
| RQ8 | Mid Essex Hospital Services NHS Trust | 13 | 4 | 3 | 1 | 1 | 2 | 3 | | | | | | | 14 | |
| RD8 | Milton Keynes Hospital NHS Foundation Trust | 39 | 2 | 0 | 0 | 3 | 2 | 0 | | | | | | | 7 | |
| RM1 | Norfolk & Norwich University Hospitals NHS Foundation Trust | 49 | 4 | 2 | 4 | 6 | 4 | 4 | | | | | | | 24 | |
| RGM | Papworth Hospital NHS Foundation Trust | 5 | 1 | 0 | 0 | 0 | 0 | 0 | | | | | | | 1 | |
| RGN | Peterborough & Stamford Hospitals NHS Foundation Trust | 29 | 3 | 1 | 3 | 2 | 1 | 1 | | | | | | | 11 | |
| RQW | Princess Alexandra Hospital NHS Trust | 10 | 2 | 0 | 2 | 2 | 2 | 2 | | | | | | | 10 | |
| RAJ | Southend University Hospital NHS Foundation Trust | 30 | 0 | 0 | 1 | 1 | 3 | 3 | | | | | | | 8 | |
| RCX | The Queen Elizabeth Hospital King's Lynn NHS Trust | 53 | 3 | 0 | 2 | 4 | 0 | 2 | | | | | | | 11 | |
| RWG | West Hertfordshire Hospitals NHS Trust | 23 | 0 | 3 | 1 | 3 | 6 | 0 | | | | | | | 13 | |
| RGR | West Suffolk Hospitals NHS Trust | 16 | 2 | 1 | 3 | 3 | 3 | 2 | | | | | | | 14 | |
| | East of England Total | 413 | 35 | 30 | 36 | 46 | 44 | 36 | | | | | | | 227 | |
| | England Total | 4483 | 356 | 388 | 361 | 393 | 426 | 434 | | | | | | | 2358 | |

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 | | | | | | | 16.91 | |
| RC1 | Bedford Hospitals NHS Trust | 8.30 | 9.03 | 8.74 | 18.06 | 0.00 | 8.74 | 9.03 | | | | | | | 8.88 | |
| RGT | Cambridge University Hospitals NHS Foundation Trust | 15.60 | 11.57 | 3.73 | 11.57 | 29.85 | 14.93 | 11.57 | | | | | | | 13.91 | |
| RDE | Colchester Hospitals University NHS Foundation Trust | 9.10 | 25.22 | 24.40 | 25.22 | 12.20 | 42.70 | 6.30 | | | | | | | 22.74 | |
| RWH | East & North Hertfordshire NHS Trust | 4.90 | 17.04 | 10.99 | 11.36 | 5.50 | 5.50 | 5.68 | | | | | | | 9.31 | |
| RQQ | Hinchingbrooke Health Care NHS Trust | 15.60 | 18.39 | 35.60 | 18.39 | 0.00 | 17.80 | 18.39 | | | | | | | 18.09 | |
| RGQ | Ipswich Hospital NHS Trust | 9.40 | 6.90 | 46.74 | 13.80 | 6.68 | 0.00 | 13.80 | | | | | | | 14.71 | |
| RGP | James Paget University Hospitals NHS Foundation Trust | 13.10 | 0.00 | 8.96 | 9.26 | 0.00 | 26.88 | 27.78 | | | | | | | 12.14 | |
| RC9 | Luton & Dunstable Hospital NHS Foundation Trust | 3.10 | 5.84 | 0.00 | 11.68 | 16.95 | 0.00 | 5.84 | | | | | | | 6.70 | |
| RQ8 | Mid Essex Hospital Services NHS Trust | 7.30 | 26.44 | 19.19 | 6.61 | 6.40 | 12.79 | 19.83 | | | | | | | 15.17 | |
| RD8 | Milton Keynes Hospital NHS Foundation Trust | 25.80 | 14.73 | 0.00 | 0.00 | 21.38 | 14.25 | 0.00 | | | | | | | 8.45 | |
| RM1 | Norfolk & Norwich University Hospitals NHS Foundation Trust | 15.10 | 14.04 | 6.79 | 14.04 | 20.38 | 13.59 | 14.04 | | | | | | | 13.81 | |
| RGM | Papworth Hospital NHS Foundation Trust | 7.00 | 18.81 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | | | | | 3.08 | |
| RGN | Peterborough & Stamford Hospitals NHS Foundation Trust | 14.40 | 18.65 | 6.02 | 18.65 | 12.03 | 6.02 | 6.22 | | | | | | | 11.21 | |
| RQW | Princess Alexandra Hospital NHS Trust | 6.50 | 15.59 | 0.00 | 15.59 | 15.09 | 15.09 | 15.59 | | | | | | | 12.78 | |
| RAJ | Southend University Hospital NHS Foundation Trust | 17.30 | 0.00 | 0.00 | 7.02 | 6.79 | 20.37 | 21.05 | | | | | | | 9.20 | |
| RCX | The Queen Elizabeth Hospital King's Lynn NHS Trust | 38.00 | 25.90 | 0.00 | 17.27 | 33.42 | 0.00 | 17.27 | | | | | | | 15.57 | |
| RWG | West Hertfordshire Hospitals NHS Trust | 10.90 | 0.00 | 15.63 | 5.38 | 15.63 | 31.26 | 0.00 | | | | | | | 11.47 | |
| RGR | West Suffolk Hospitals NHS Trust | 12.50 | 18.05 | 8.73 | 27.08 | 26.20 | 26.20 | 18.05 | | | | | | | 20.71 | |
| East of England Total | | 13.70 | 12.30 | 10.20 | 12.65 | 15.64 | 14.96 | #N/A | | | | | | | 15.64 | |
| England Total | | 13.13 | 10.07 | 10.98 | 10.52 | 11.09 | 12.02 | #N/A | | | | | | | 13.41 | |

Please note that rates are calculated using all cases for CCGs and acute trust apportioned/assigned cases for trusts.



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 is currently being devised as that patient group is in the highest risk category for CPE.

No cases of CPE were identified during October.

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 |
| Medicine | 0 | 0 | 0 | 0 | 1 | 0 | 0 | | | | | | 1 |
| Surgical | 0 | 0 | 0 | 1 | 0 | 0 | 0 | | | | | | 1 |
| Women & Children | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| MVCC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| Grand Total | 0 | 0 | 0 | 1 | 1 | 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 |
| Medicine | 17 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | | | | | 7 |
| Surgical | 6 | 3 | 2 | 0 | 1 | 3 | 1 | 0 | | | | | | 10 |
| Women & Children | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| MVCC | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | | | | | | 2 |
| Grand Total | 24 | 5 | 3 | 1 | 2 | 4 | 3 | 1 | 0 | 0 | 0 | 0 | 0 | 19 |

E.COLI – PHE Benchmarking Data (September 2016)



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 | | | | | | | 117 | |
| RC1 | Bedford Hospitals NHS Trust | N/A | 11 | 7 | 10 | 9 | 18 | 11 | | | | | | | 66 | |
| RGT | Cambridge University Hospitals NHS Foundation Trust | N/A | 22 | 27 | 24 | 20 | 38 | 22 | | | | | | | 153 | |
| RDE | Colchester Hospitals University NHS Foundation Trust | N/A | 20 | 29 | 25 | 24 | 31 | 31 | | | | | | | 160 | |
| RWH | East & North Hertfordshire NHS Trust | N/A | 27 | 21 | 25 | 24 | 20 | 23 | | | | | | | 140 | |
| RQQ | Hinchingbrooke Health Care NHS Trust | N/A | 9 | 9 | 9 | 11 | 15 | 5 | | | | | | | 58 | |
| RGQ | Ipswich Hospital NHS Trust | N/A | 18 | 11 | 17 | 23 | 19 | 14 | | | | | | | 102 | |
| RGP | James Paget University Hospitals NHS Foundation Trust | N/A | 13 | 21 | 15 | 18 | 16 | 19 | | | | | | | 102 | |
| RC9 | Luton & Dunstable Hospital NHS Foundation Trust | N/A | 19 | 18 | 17 | 18 | 18 | 15 | | | | | | | 105 | |
| RQ8 | Mid Essex Hospital Services NHS Trust | N/A | 21 | 15 | 23 | 16 | 24 | 16 | | | | | | | 115 | |
| RD8 | Milton Keynes Hospital NHS Foundation Trust | N/A | 16 | 12 | 17 | 20 | 21 | 14 | | | | | | | 100 | |
| RM1 | Norfolk & Norwich University Hospitals NHS Foundation Trust | N/A | 24 | 31 | 29 | 39 | 41 | 24 | | | | | | | 188 | |
| RGM | Papworth Hospital NHS Foundation Trust | N/A | 0 | 1 | 0 | 2 | 2 | 0 | | | | | | | 5 | |
| RGN | Peterborough & Stamford Hospitals NHS Foundation Trust | N/A | 15 | 15 | 10 | 17 | 18 | 14 | | | | | | | 89 | |
| RQW | Princess Alexandra Hospital NHS Trust | N/A | 18 | 10 | 19 | 9 | 26 | 14 | | | | | | | 96 | |
| RAJ | Southend University Hospital NHS Foundation Trust | N/A | 19 | 12 | 19 | 21 | 21 | 28 | | | | | | | 120 | |
| RCX | The Queen Elizabeth Hospital King's Lynn NHS Trust | N/A | 14 | 11 | 21 | 24 | 16 | 21 | | | | | | | 107 | |
| RWG | West Hertfordshire Hospitals NHS Trust | N/A | 11 | 14 | 14 | 24 | 15 | 17 | | | | | | | 95 | |
| RGR | West Suffolk Hospitals NHS Trust | N/A | 9 | 8 | 14 | 15 | 21 | 26 | | | | | | | 93 | |
| East of England Total | | N/A | 303 | 289 | 325 | 357 | 399 | 338 | | | | | | | 2011 | |
| England Total | | N/A | 3047 | 3361 | 3406 | 3643 | 3754 | 3467 | | | | | | | 20678 | |



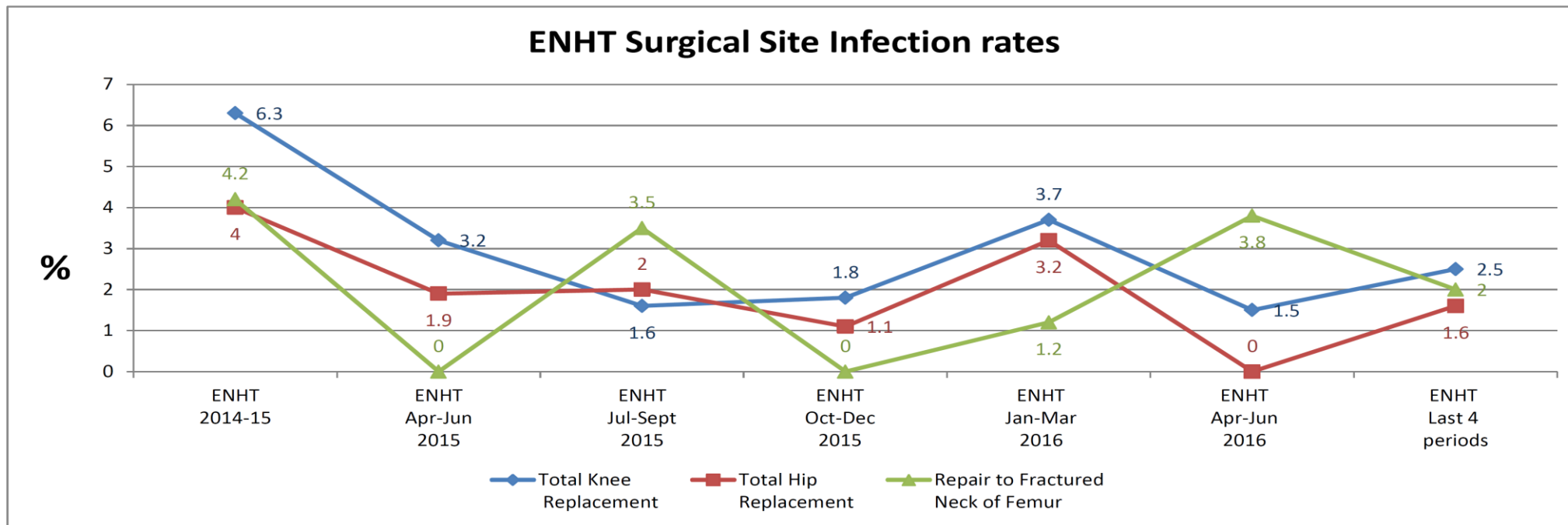
Surgical Site Infection Rates

SSI figures for April 2015 – March 2016 showed an overall reduction in infection rates, but the Trust remained an outlier in Total Knee Replacement (TKR) and Total Hip Replacement (THR). Figures for April - June 2016 indicate a sustained reduction for Total Knee Replacement (TKR) and Total Hip Replacement (THR), although rates over the past 4 quarters remain above national benchmarks. The infection rate for Fractured Neck of Femur (#NOF) increased in April-June and is above the national benchmark. The Surgical Site Infection Working Group is implementing the revised Surgical Site Infection Action Plan and are 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 | Last 4 Periods ENHT ** | No. infections / ops ** |
|--------------------------------|----------------------------|----------------|------------------------|-------------------|----------------------|-------------------|----------------------|------------------------|-------------------------|
| Total Knee Replacement | 0.6% | 6.3% | 5 / 80 | 3.7% | 2 / 54 | 1.5% | 1 / 66 | 2.5% | 6 / 241 |
| Total Hip Replacement | 0.7% | 4% | 4 / 101 | 3.2% | 3 / 94 | 0% | 0 / 94 | 1.6% | 6 / 377 |
| Repair Fractured Neck of Femur | 1.3% | 4.2% | 5 / 118 | 1.2% | 1 / 81 | 3.8% | 3 / 80 | 2% | 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% | | | | | | 97.19% | ▼ |
| Surgical Site Observation | 95.32% | 95.85% | 96.34% | 96.31% | 92.69% | 89.71% | 86.91% | 89.34% | | | | | | 92.66% | ▲ |
| Intravascular Devices (Insertion) | 95.05% | 97.63% | 97.49% | 95.66% | 97.11% | 92.90% | 90.45% | 90.99% | | | | | | 94.57% | ▲ |
| Intravascular Devices (Continuing Care) | 90.70% | 94.66% | 93.82% | 89.12% | 90.16% | 87.91% | 90.86% | 90.75% | | | | | | 90.80% | ▼ |
| Urinary Catheter (Insertion) | 94.96% | 96.69% | 97.93% | 97.64% | 93.16% | 96.36% | 97.17% | 97.39% | | | | | | 96.67% | ▲ |
| Urinary Catheter (Continuing Care) | 92.50% | 96.88% | 97.42% | 97.12% | 93.39% | 92.86% | 86.00% | 91.53% | | | | | | 94.92% | ▲ |
| Renal Dialysis (Continuing Care) | 98.33% | 95.46% | 98.69% | 98.18% | 98.38% | 96.97% | 96.98% | 91.03% | | | | | | 97.04% | ▼ |
| Ventilator (Continuing Care) | 99.33% | 100.00% | 100.00% | 100.00% | 100.00% | 97.84% | 97.64% | 95.93% | | | | | | 97.65% | ▼ |
| Environment (Inpatients) | 96.87% | 98.13% | 97.52% | 97.39% | 97.13% | 97.18% | 96.78% | 95.87% | | | | | | 97.22% | ▼ |
| Environment (Outpatients) | 96.82% | 96.05% | 97.95% | 97.54% | 96.81% | 96.83% | 97.24% | 97.42% | | | | | | 97.10% | ▲ |
| Environment (Renal Dialysis) | 91.58% | 89.41% | 86.33% | 90.49% | 90.56% | 86.00% | 87.65% | 90.44% | | | | | | 88.55% | ▲ |
| MRSA Screening Compliance | 91.61% | 97.05% | 95.63% | 94.83% | 93.09% | 96.97% | 97.21% | 97.55% | | | | | | 95.95% | ▲ |

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