

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



**Trust Board Part I**

MVCC




29 March 2017 14:00 - 29 March 2017 15:30



# AGENDA

#	Description	Owner	Time
1	Chair's Opening Remarks	Chair	
2	Declaration of Interests		
3	<p><b>Questions from the Public</b></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><b>Minutes of Previous Meeting</b></p> <p>For approval</p> <p> 05 Draft minutes 25.01.17 Pt 1.pdf 7</p>	Chair	
6	<p><b>Matters Arising and Actions Log</b></p> <p>For information</p> <p> 06 Pt I Actions Log to March 2017.pdf 17</p>	Chair	
7	<p><b>Annual Cycle (under review for 2017/18)</b></p> <p>For information</p>	Company Secretary	

#	Description	Owner	Time
8	<p><b>Chief Executive's Report</b></p> <p>For discussion</p> <p> 8 CE Board Report - March 2017.pdf 19</p> <p> 8 appendix Trust Floodlights 2016-17 (M11) Feb 20...</p>	Chief Executive	
9	<b>Strategic</b>		14.20
9.1	<p><b>University Hospital Status</b></p> <p>For approval</p> <p> 9.1 University Hospital Status MoU.pdf 31</p>	Director of Nursing/ Company Secretary	
10	<b>Finance and Performance</b>		14.30
10.1	<p><b>Finance and Performance Committee report (including Pharmacy Transformation Plan)</b></p> <p>For approval</p> <p> 10.1 FPC Report_to_Board_March 2017_(JC) JA final.pdf 47</p> <p> 10.1 FPC Report Appendix A - ENHT Hospital Phar...</p>	Chair of FPC	
10.1.1	<p><b>Finance report</b></p> <p>For discussion</p> <p> 10.1.1 Financial Report Mth 11 (MA).pdf 83</p>	Director of Finance	
10.1.2	<p><b>Performance Report</b></p> <p>For discussion</p> <p> 10.1.2 Performance Report March Board 2017.pdf 103</p>	Chief Operating Officer	
10.1.3	<p><b>Workforce Report</b></p> <p>For discussion.</p> <p> 10.1.3 Workforce Report March 2017.pdf 111</p>	Director of Workforce and OD	
10.1.4	<p><b>Staff Survey Results</b></p> <p>For discussion</p> <p> .1.4 2016 National Staff Survey Results Report.pdf 1</p>	Director of Workforce and OD	
11	<b>Risk and Quality</b>		14:45

#	Description	Owner	Time
11.1	<p><b>Risk and Quality Committee report</b></p> <p>For discussion</p> <p> 11.1 RAQC Report.pdf 215</p>	Chair of RAQC	
12	<p><b>Audit Committee Report (to be tabled - Committee meets 27 March 2017)</b></p> <p>For discussion</p>	Chair of Audit Committee	14.55
13	<p><b>Charity Trustee</b></p> <p>The Board will reconvene as the Charity Trustee for the following item</p>		15.05
13.1	<p><b>Charity Trustee Committee Report</b></p> <p>For information</p> <p> 13.1 CTC Report March 2017.pdf 235</p>	Chair of CTC	
14	<p><b>Data pack</b></p> <p>For information</p> <p> 14 Data Pack.pdf 239</p>	All Directors	
15	<p><b>Part II</b></p> <p>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.</p>		15:30-18:00
15.1	<b>Commercial-in-confidence</b>		
15.2	<b>Governance Matters</b>		
15.3	<b>Personnel Matters</b>		
16	<p><b>Date of next meeting:</b></p> <p>2pm, Wednesday 31 May 2017, Lister Education Centre, Lister Hospital</p>		

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**EAST AND NORTH HERTFORDSHIRE NHS TRUST****Minutes of the Trust Board meeting held in public on Wednesday  
25 January 2017 at 2pm at the Hertford County Hospital, Hertford**

<b>Present:</b>	Mrs Ellen Schroder	Chair of the Trust Board
	Mrs Alison Bexfield	Non-Executive Director, Trust Vice Chair
	Mr John Gilham	Non-Executive Director
	Mr Julian Nicholls	Non-Executive Director
	Mr Bob Niven	Non-Executive Director
	Ms Val Moore	Non-Executive Director
	Mr Nick Carver	Chief Executive
	Mr Martin Armstrong	Director of Finance
	Ms Jane McCue	Medical Director
	Mr Nigel Kee	Chief Operating Officer
<b>From the Trust:</b>	Ms Jude Archer	Company Secretary
	Mrs Sarah Brierley	Acting Director of Strategy
	Mr Vijay Patel	Non-Executive Director Designate
	Mrs Carolyn Fowler	Deputy Director of Nursing (representing Liz Lees, Acting Director of Nursing)
	Mr Tom Simons	Director of Workforce and Organisation Development
	Mrs Christine Cowley	Board Committee Secretary
<b>In attendance:</b>	Mr Michael Downing	Healthwatch UK

**ACTION****17/004 CHAIR'S OPENING REMARKS**

Mrs Schroder welcomed Nigel Kee, Chief Operating Officer, to his first Trust Board. Nigel joined the Trust at the beginning of January from Basildon and Thurrock University Hospitals NHS Foundation Trust. On behalf of the Board Mrs Schroder thanked Mr Patel for his valiant work over the previous year since this was his last Trust Board; she commended him for the number of consultant appointment panels he had attended. Mrs Schroder also thanked Christine Cowley, Board Committee Secretary, for her valuable contribution over the previous seven years, since she was attending her last Trust Board having made the decision to retire at the end of February. Finally, Mrs Schroder was delighted to report that a Validation Event would take place on 31 January 2017 when the Trust would formally be assessed to be granted 'University' status, recognised by the University of Hertfordshire. The Board thanked Dr Phillip Smith, Associate Director of Research and Development (Trust Lead for University Status) for all his support throughout the process.

**17/005 DECLARATIONS OF INTEREST**

There were no declarations of interest. Board noted new Declarations of Interest Forms would be completed by the new Director of Finance and Chief Operating Officer to ensure the Register of Interests was completely up to date.

**17/006 QUESTIONS FROM THE PUBLIC**

There were no questions from the public.

**17/007 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Liz Lees, Acting Director of Nursing (Mrs Carolyn Fowler, Deputy Director of Nursing was deputising).

**17/008 MINUTES OF THE PREVIOUS MEETING**

Subject to minor spelling and phraseology amendments relating to ENHanced Pay and the Annual Audit Letter, the minutes of the previous meeting were approved. The Board Committee Secretary would liaise with Board members to ensure accuracy of reporting prior to final sign-off by the Chair.

**17/009 ACTIONS LOG**

The Board noted all actions were complete or on track for completion.

**17/010 ANNUAL CYCLE**

The Board noted the annual cycle, for information purposes only.

**17/011 CHIEF EXECUTIVE'S REPORT**

17/011.1 The Chief Executive Officer (CEO) welcomed two new Executive Directors to the Trust: Martin Armstrong, the Trust's new Director of Finance (previously at North Middlesex University Hospital Trust) and Nigel Kee the Trust's new Chief Operating Officer. He also confirmed that Kate Lancaster would be joining the Trust from Cambridge University Hospitals NHS Foundation Trust on Wednesday 1 February as the Trust's new Director of Strategy. The Trust's executive team would then be fully populated.

17/011.2 On behalf of Trust Board, the CEO thanked staff in the Emergency Department (ED) for their efforts during a particularly difficult time, coping with winter pressures. Despite rising attendances and admissions (busier than in 2016) the Trust's ED waiting time performance had improved significantly. The Trust continued to work with colleagues in social and community care to ensure patients no longer requiring acute hospital care were appropriately treated within the wider community.

17/011.3 The CEO was pleased to report recent Trust successes:

- achievement of the Trust's flu campaign target (75% clinical staff vaccinated) resulting in a CQUIN benefit of £433k;
- sustained and significant decrease in patient falls (48%) over the previous five years; the Trust was recognised as having the lowest rate of falls out of 16 acute Trusts in the East of England. The CEO thanked the Acting Director of Nursing and the Falls Prevention Practitioner and Adult Safeguarding Nurse and teams for their on-going commitment to patient safety;
- national recognition of George Ajayi, cleaner at the multi-storey car park, Lister, for services he provides.

17/011.4 Finally, the Chief Executive highlighted, following a request from NHS England specialist commissioners, the Trust had submitted a proposal to lead development of a specialised vascular surgery centre for



Hertfordshire and West Essex at the Lister Hospital. The Trust was encouraged it had been recognised as a provider for vascular services and a detailed business case would be developed for final sign-off at Board.

- 17/011.5 Ms Moore congratulated the Trust on being recognised by the Rt Hon Jeremy Hunt for use of e-rostering tools populated with real time information on the acuity of patients; this was very impressive.

Trust Floodlights 2016-17, Month 9

- 17/011.6 The Board noted the scorecard was incomplete owing to the tight turnaround of papers, and disappointed key findings/an Executive summary were unavailable. The Medical Director reminded Board the SHMI indicator should be 106 (green) not 109.69 (amber); this error had been noted at FPC where a number of actions had been agreed to improve reporting.
- 17/011.7 The Board was concerned at the overall numbers of red indicators and was disappointed separate exception reports were no longer included for those items showing as red.
- 17/011.8 Ms Moore was interested in the Friends and Family Test (FFT) survey recommending the Trust as a place 'to work' and 'for care'. She had noticed stress-related absence for staff was increasing as a result of current work pressures and asked whether the Trust had witnessed this previously. The Director of Workforce did not feel the FFT was reflective of how the wider organisation felt; he was encouraged by the results since the Trust had improved from 'below average' to 'above average' in staff engagement and a number of other measures had made progress. He added that areas of concern were bullying and harassment however data to ascertain any improvement in this regard would not be available until February.
- 17/011.9 Overall the Board felt the scorecard in its present form was confusing, since data did not always match committee discussions, and requested the Executives refresh the floodlight ensuring key performance indicators (KPI's) matched performance. Mrs Schroder explained the Board needed to know that targets set were correct, to be able to identify a snapshot of those areas requiring monitoring. She confirmed whilst Board was prepared to slip dates if necessary, it needed to be kept notified and up to date on key issues.

Post meeting note: The Board was satisfied a refresh of the floodlight scorecard would be covered at FPC and RAQC.

**17/012**

**TRUST OPERATING PLAN SUMMARY 2017/18 AND 2018/19**

- 17/012.1 The Director of Finance introduced the Trust Operating Plan Summary including key strategic aims and objectives 2017/18 and 2018/19, approved at Trust Board on 21 December 2016 and discussed at Involvement Committee on 11 January 2017. The plan was in alignment with the emerging Sustainability and Transformation Plan (STP) for Hertfordshire and West Essex to deliver system-wide transformation in models of care and back office services.
- 17/012.2 The Board reviewed STP key principles and priority actions noting further discussion on trajectories/timeline/status would take place in Part II.

## Finance and Performance Committee Report

17/013.1 Mr Nicholls, Chair of Finance and Performance Committee (FPC), presented the Executive summary report following its meeting held on 18 January 2017. Mr Nicholls highlighted the Committee:

- agreed to review the floodlight scorecard process and timetable, its content and lead metrics and include a time series;
- requested a report back to FPC on actions to address front-line data quality governance processes identified following a Deloitte assessment of Trust progress in relation to income process improvements since these were weak;
- noted the year to date deficit (£23.9m, £16.4m adverse to plan) reflecting a number of year-to-date adjustments where the risk had materialised;
- supported further work to improve activity and income for Women and Children's Division:
- received the 2016/17 outturn forecast and variance from agreed financial plan submitted to NHSI and the Department of Health on 17 January noting further discussion would take part in Part II;
- received an update on progress made with costing and service line reporting (SLR) and supported roll-out of SLR as a key financial monitoring tool;
- received the monthly agency report highlighting tighter controls for all agency usage including centrally-controlled management;
- received the first quarterly update on the 2016 Junior Doctor Contract;
- requested the new COO to submit his personal initial thoughts/observations on Trust performance for consideration at FPC in February;
- requested clarity of priorities and risks concerning the Lorenzo project.

17/013.2 Mr Gilham referred to the change in culture needed to improve coding and data capture as per discussion at FPC under the Deloitte item. He asked whether the right level of systems were in place with the right people in the right jobs and the right skill mix. The Director of Finance expanded on the three elements discussed at FPC:

- (i) a fit for purpose IT structure. Implementation of Nervecentre as a replacement for the Trust's BIMS ED system and other IT developments would support better business intelligence/monitoring;
- (ii) ensuring staff were properly trained to use new systems;
- (iii) effective performance management of staff not complying with Trust policies/strategies.

The Board accepted the Trust had an opportunity to improve culture since staff would need to be trained on implementation of the Lorenzo programme.

17/013.3 The Medical Director felt the Trust was very vulnerable owing to the unresolved ward clerks issue. Mrs Schroder added that RAQC was very disappointed this project had not been taken forward. The COO assured Board he would re-energise this scheme and include input from the Acting Director of Nursing

## Finance Report

17/013.4 The Director of Finance introduced the Month 9 finance report previously discussed at FPC on 18 January. He confirmed the report format would be refreshed in April to inform decision making/monitoring/tracking including input from Non-Executive Directors. Month 9 had been an exceptional month since adjustments had been made to reflect a number of risks which had materialised. The Trust delivered a £11.729m deficit in month. Further key headlines included:

- lower than planned income (£2.008m);
- expenditure of £1.348m adverse to plan (broadly on line with forecast);
- agency expenditure £22k lower than in month 8; overall £7,686k higher than the agency ceiling set by NHSI but £1,050k better than the original plan;
- a lower level of waiting list payments (£387k, overall £4.1m, a significant control issue);
- a reduction in CIP performance;
- cashflow remained a significant challenge; additional cash support had been received from the Department of Health and the Trust had reached its IRWCF limit;
- capital programme expenditure of £4.355m; further £4.7m commitment.

17/013.5 Mrs Schroder requested the new report include details of the run rate position since she found this particularly useful. She was pleased The Princess Alexandra Hospital NHS Trust was being actively pursued in relation to outstanding invoices.

17/013.6 Mr Gilham asked when the Trust anticipated completion of the review of drugs expenditure to establish whether variances were due to activity, price or clinical practice. The Director of Finance confirmed he met with the Chief Pharmacist the day previously and he anticipated progress over the next week or two. He also confirmed an outstanding issue relating to ENH Pharma gain share would be discussed in Part II.

17/013.7 Referring to Maternity activity being at its lowest level to date 2016/17, Mr Niven advised the recent Women and Children's (W&C) presentation at RAQC was disappointing. The COO assured Board, as requested at FPC, he had undertaken to investigate actions to improve the financial position within W&C including deadlines and accountability.

## Performance Report

17/013.8 The COO presented the performance report for Month 9 previously considered at FPC on 18 January. He confirmed he would be revamping the report from its current format and would seek input from Non-Executive Directors. The COO confirmed the RTT target (92%) would not be achieved for December however the aggregated performance across the open pathway standard was achieved in November (92.11%). This information had not been available at December's FPC due to early timing of the meeting. He was concerned at current data quality issues and provided assurance that robust processes would be implemented including an audit in Orthopaedics to ensure people were very clear about what they were doing. He was confident whatever outcome was revealed, this would

be a theme common with other specialties and shared learning.

- 17/013.9 The COO was pleased to report cancelled operations performance was on an upward trajectory; a key priority was to ensure no patients had operations cancelled and he would in future be involved in any decisions regarding this.
- 17/013.10 The Board noted the COO would continue to improve emergency care both at the front and exit doors implementing robust escalation processes. He confirmed he believed the Trust currently accommodated around 200 patients who didn't require acute care; he had commissioned an audit in the Medical Division to commence within the next few weeks since he believed there were considerable opportunities to be achieved. The COO echoed the comments made by the CEO earlier in the meeting that staff continued to work very hard to ensure patients were cared for to a high standard. Commissioners had issued a revised action plan which would be monitored very closely to ensure awareness of priorities.
- 17/013.11 The COO believed the 62-day cancer standard was likely to worsen throughout Quarter 4 as longer-wait patients were treated. The Cancer Division structure review would be completed by the beginning of week-commencing 30 January when an improvement trajectory would be set.
- 17/013.12 Further highlights included:
- delivery of the 6-week diagnostic standard;
  - consistent delivery of the stroke standard despite an increase in the volume of patients presenting with a confirmed stroke.
- 17/013.13 Mrs Schroder queried whether escalation areas remained open to accommodate increasing demand and capacity. In response the COO confirmed that the Trust continued to de-escalate areas as much as possible; the Cath Lab had now been de-escalated.
- 17/013.14 The Board had a discussion on whether it ought to report the number of delayed transfers of care patients (circa 200 currently and rising) to be able to identify how jammed the hospital actually was. The COO suspected the Trust was under-reporting this information recognising this would ensure progress on length of stay patients. The Board agreed a better understanding of the discharge process combined with efficient community support was urgently needed and noted this formed part of the work being undertaken by the COO.

### **Workforce Report**

- 17/013.15 The Director of Workforce and Organisation Development presented the Month 9 Workforce Report previously considered at FPC on 18 January, focussing on three key areas: culture, recruitment and agency usage.
- 17/013.16 A new version of the Trust's Leadership and Management Development Pathway was launched in mid-January designed for staff in more senior leadership roles; this tripled the number of places available for staff. The programme offered development opportunities for all staff groups across the organisation; good feedback on the quality of the programme had been received.

- 17/013.17 The Director of Workforce confirmed recruitment remained a significant challenge; a number of initiatives had been launched as part of the overarching project 'drive to under 5%' including extensive advertising campaigns, increased awareness of flexible working and promotion of the ENHanced pay campaign offering increased rates of pay and choice in relation to pension scheme options.
- 17/013.18 Through implementation of the agency reduction action plan the Trust had made significant steps in controlling and reducing its agency usage however medical staffing agency expenditure remained a challenge. A number of priority initiatives were being implemented to reduce the Trust's reliance on medical agency usage, including tightening of grip and enhancing controls. From April the Trust had made the decision to centralise its expenditure and agreed to bring in-house medical agency and temporary staffing previously with NHSP. This would ensure further efficiencies.
- 17/013.19 The Director of Workforce confirmed the flexible working review, self-rostering pilot, would go live in four in-patient clinical areas from 23 January. This would involve setting correct parameters and reviewing teams as a whole rather than individually.

## **17/014**

### **RISK AND QUALITY**

#### **Risk and Quality Committee Report**

- 17/014.1 Mr Gilham, Chair of Risk and Quality Committee (RAQC), presented the report of the January meeting specifically highlighting the Board Assurance Framework discussion on workforce regarding leadership development. Leadership had been identified as a possible risk previously which had the potential to mitigate a number of other workforce related risks. The RAQC was assured the leadership programme was much improved and feedback had been very positive. Further discussion of workforce risks would continue at RAQC in February.
- 17/014.2 The RAQC had received an update report on the Medical Recruitment Plan developed to demonstrate the strategy for recruiting to vacancies in a timely fashion, thus reducing agency expenditure. The Board noted the plan was updated on a daily basis ensuring clear visibility of medical recruitment and was satisfied the plan had facilitated a reduction in vacancies. The Board supported the suggestion that a similar six-monthly report on nursing establishment would be useful to ensure the establishment level was right. The Board noted nursing recruitment was based on complexity of case mix and size of ward.
- 17/014.3 Finally, Mr Gilham highlighted the Regulation and Compliance Update providing detail of assurance on compliance with CQC requirement notices and feedback from the CQC Quality Development Board. New 'intelligence dashboards' for acute NHS trusts had been introduced to improve monitoring of potential concerns or improvements at provider, location and/or core service level.
- 17/014.4 Mrs Schroder reminded Board that RAQC also received the latest Serious Incident (SI) report noting the most common category of incident in 2016 had been falls and agreed a comparison of performance against other Trusts would be useful. Further discussion would take place in Board, Part II.

**AUDIT COMMITTEE****Audit Committee Report**

- 17/015.1 Mrs Bexfield, Chair of Audit Committee (AC) presented the report following the January meeting. The AC was requesting Board approval of its Committee Evaluation 2015/16 including revised Terms of Reference. The AC had requested expansion of the Executive Summary to reflect that in order for the AC to be effective and represent value for money it needed senior level support. The Board formally approved the Committee Evaluation 2015/16 and Terms of Reference.
- 17/015.2 The AC had received the latest Internal Audit progress report noting findings of audits completed since the previous AC had resulted in a 'reasonable assurance' opinion. The AC supported reconciliations of control accounts to the general ledger would be considered a key priority to prevent delays/adjustments to year-end accounts.
- 17/015.3 Mrs Bexfield also highlighted the 2016/17 accounting items update. She confirmed the AC reluctantly accepted the arguments from auditors and the finance team to present Charity accounts in September 2017 (not January 2018 as per summary) since it was considered good practice to present year-end accounts as close to the year end as possible.
- 17/015.4 Mrs Schroder raised the issue of Internal Audit (IA) value for money. Mrs Bexfield assured the Board the Committee kept a close eye on this area satisfied that more value be awarded to IA as opposed to counter fraud. Mr Nicholls (AC member) reinforced the important point of working closely with IA to ensure outstanding actions were closed off in a timely manner. Mrs Bexfield assured the Board, the AC expected Directors to attend AC to explain why actions were overdue and not being addressed. The Company Secretary assured Board the Executive Committee had met with IA that morning and agreed to consider a computer system which would automate updates. This would ensure clear visibility of actions going forward to clear them quicker. The COO/Director of Finance would look at staff training to ensure clearer understanding by Managers regarding finance..

The Trust Board reconvened as the Charity Trustee for the following item:

**CHARITY TRUSTEE****Charity Trustee Committee Report**

Mr Niven, Chair of Charity Trustee Committee (CTC), presented the report from its meeting held on 5 December 2016. Key highlights included:

- CTC approval of three requests of expenditure over £5k;
- achievement of the Charity income target (£646,419, ahead of plan) and expenditure (£639k almost on plan);
- the Charity's new investment advisers confirmed the Trust's portfolio had produced a small gain of 2.1% and performed in line with its benchmark;
- the CTC supported further promotion of the Wi-Fi project (Just Giving) appeal to increase donations;
- a payment for the Mount Vernon Hospital shared legacy (£224k)

had been received; Solicitors for the deceased had wrongly passed a legacy to Mount Vernon Hospital;

- a further legacy payment of £600k was due in 2017;
- membership of the CTC had been expanded to include a nursing representative.

**17/017**

**DATA PACK**

The Board noted the Data Pack.

*There being no further business the Chair closed the meeting at 15:44pm.*

**Ellen Schroder  
Trust Chair**

February 2017





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

Agenda item: 6

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

Meeting Date	Minute ref	Issue	Action	Update	Responsibility	Target Date
28 Sept 2016	16/222.2	Strategic risk models	Discuss further with John Gilham, Non-Executive Director	Consider Board Development session on risk appetite and strategic risks in Q1 2017/18.  The is on the Board Development plan for 2017/18 – date to be agreed with the Chair.	Company Secretary	<b>January 2017 (Board Development session TBC)</b>



# EAST AND NORTH HERTFORDSHIRE NHS TRUST

## CHIEF EXECUTIVE'S REPORT

29<sup>th</sup> March 2017

<b>1</b>	<p><b>National Staff Survey results</b></p> <p>In the recently released National Staff Survey, the Trust's overall staff engagement score not only improved on the previous year's results, but was above the national average of NHS hospital groups for the second year running.</p> <p>The engagement score comprises three elements:</p> <ul style="list-style-type: none"><li>• Staff motivation at work, where the 2016 results showed the Trust to be in the 20% best performing in the NHS (which was a significant improvement on the rating received in the 2015 survey)</li><li>• Staff ability to contribute to improvements, which also saw the Trust feature in the top 20% and improve on its 2015 rating</li><li>• Recommend for work or treatment, where the Trust reflected the average score for NHS organisations</li></ul> <p>This year the Trust was also rated as being amongst the best performing 20% of acute NHS trusts for the following aspects of the survey's results:</p> <ul style="list-style-type: none"><li>• Quality of non-mandatory training, learning or development</li><li>• Staff satisfaction with level of responsibility and involvement</li><li>• Staff experiencing violence from patients, relatives or the public</li></ul> <p>The 2016 survey also showed areas where, despite improvements having been made, more work needs to be done. This includes staff working extra hours, as well as reporting bullying, harassment or abuse from colleagues. It is clear that the wide range of initiatives put in place by the Trust to combat such matters are beginning to bear fruit, and work will continue until these areas also are performing to the best standards.</p>
<b>2</b>	<p><b>Executive team now fully in place</b></p> <p>Kate Lancaster, our new Director of Strategy joined us from Cambridge University Hospitals NHS Foundation Trust on 1st February. Kate brings a wealth of expertise, with a strong strategic and communications background.</p>
<b>3</b>	<p><b>Launch of financial stability and transformation work</b></p> <p>In recognition that the Trust has an opportunity to improve its financial position and enhance efficiency, a programme has been started with PwC to scrutinize pay and non-pay spending and with Four Eyes Insight to transform our services with a view to generating efficiencies and enhancing patient care.</p> <p>The work will take an innovative approach and senior leaders have already been engaged in the process. Over the coming weeks, a programme of activities is planned to harness the ideas and enthusiasm of the wider team.</p>
<b>4</b>	<p><b>New Nursing Associate role</b></p>

	<p>A pilot scheme has been launched at the Trust which will initially run for two years as part of a national programme to establish the new role of the Trainee Nursing Associates. The Trust is one of several pilot sites.</p> <p>The pilot provides trainee nursing associates with the opportunity to gain the right knowledge, skills, competence and experience for a rewarding new role and to develop into qualified practitioners. The pilot has attracted significant media attention and been reported in both the Nursing Times and the Health Service Journal.</p>
<b>5</b>	<p><b>Trust announced as Physician's Associate expansion programme provider</b></p> <p>The Trust has been selected as the preferred provider for Bedfordshire and Hertfordshire's Physician's Associate expansion programme which will begin this September with 20 students in the first year.</p> <p>Working with the University of Hertfordshire, this is a Health Education East of England-funded Master level initiative. Ours is one of the main Trusts supporting the clinical elements of this programme which will train further Physician's Associates with a view to retaining them in the local area.</p>
<b>6</b>	<p><b>Lister catering services gain Soil Association Food for Life Bronze certification</b></p> <p>The catering team at the Lister has reached the required standards to gain a bronze 'Food for Life' Catering Mark scheme from the Soil Association. The Lister is now one of just 55 hospitals across the country to be certified in this way.</p> <p>The Catering Mark awarded reflects removal of harmful additives and trans-fats from menus, and that majority of food available is prepared freshly. Assurance is in place that meat is traceable and from farms that adhere at least to minimum standards of animal welfare.</p>
<b>7</b>	<p><b>NIHR support for cancer research project</b></p> <p>The National Institute for Health Research (NIHR) has adopted Dr Marcia Hall's innovative research project to their portfolio, which means it is eligible for full NIHR support.</p> <p>The study was developed by Dr Marcia Hall and Dr Emmanouil Karteris from the University of Brunel and aims to demonstrate that circulating tumour cells (CTCs) and lymphocytes in various solid tumours can be identified, quantified and used to monitor ongoing disease.</p> <p>Amongst other benefits, it is hoped that predictions of prognosis and responsiveness to therapeutic strategies might emerge. The study is sponsored by the Trust and is running at the Mount Vernon Cancer Centre.</p>
<b>8</b>	<p><b>Trust and staff shortlisted for external awards</b></p> <p>The Trust has been shortlisted for the Health Service Journal's 'Value in Healthcare' awards under the 'Acute service redesign' category. The Trust's entry considers the <i>Our changing hospitals</i> programme and results will be announced on 29<sup>th</sup> May.</p> <p>Jodie Deards, carers lead, and the enhanced dementia team, have been shortlisted for awards with the Royal College of Nursing. The winners will be announced by end of April.</p> <p>Flexible nursing pathway student, Darren Smith, has been shortlisted for the Nursing Times 'Student of the year' award which will be assessed by interview. The results will be published on 27<sup>th</sup> April.</p>

	<p>Dr Andrew Solomon and his team have been shortlisted for their entry 'Doing Diabetes Differently' in the Education category of the BMJ Awards 2017. The entry focuses around the Pan Herts Diabetes Conference, a multi-trust contribution from across Hertfordshire. The BMJ Awards take place on Thursday, 4 May.</p>
<b>9</b>	<p><b>STP public engagement event held at the Lister</b></p> <p>The Trust delivered the first Hertfordshire and West Essex Sustainability and Transformation Plan (STP) public engagement event. More than twenty members attended a workshop on 8th March to hear about our developing STP and how this impacts on the operational planning of the Trust.</p> <p>Members were invited to share their ideas for supporting collaboration across three acute Trusts and to discuss how the wider public can contribute to prevention including personal responsibility and self-care. The discussions were lively and positive with lots of excellent ideas and contributions about communications and galvanising support for a healthier future.</p> <p>A second workshop will be held shortly and plans are in development to secure ongoing involvement from members.</p>
<b>10</b>	<p><b>New partnership with Stevenage Bioscience Catalyst</b></p> <p>The Trust has entered into a partnership with Stevenage Bioscience Catalyst (SBC) to support innovation and research for patient benefit.</p> <p>Under this new relationship, physicians and other staff from the Trust will join SBC's Experts Panel and provide guidance on clinical matters to tenants. SBC opened as the UK's first open innovation biomedical campus in 2012, and combines a unique blend of infrastructure and virtual networks to drive collaboration. Backed by a novel partnership between Government, GlaxoSmithKline and Wellcome, the remit is to catalyse innovation for patient benefit.</p>

**Chief Executive**  
**17<sup>th</sup> March 2017**



# TRUST FLOODLIGHT DASHBOARD AND SCORECARD 2016/17

## February 17 - Month 11

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

- Overview of the Trusts performance when compared to targets and historical performance

### Dashboard

- High-level visualisation of the Key Performance Indicator Themes grouped to give an indication of overall performance

### All KPI's by Theme

- Second level of detail of agreed Key Performance Indicators showing change in performance when compared to the previous month.

### Trust Floodlight Scorecard

- 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

- Full detail of the Key Performance Indicators showing month-on-month performance

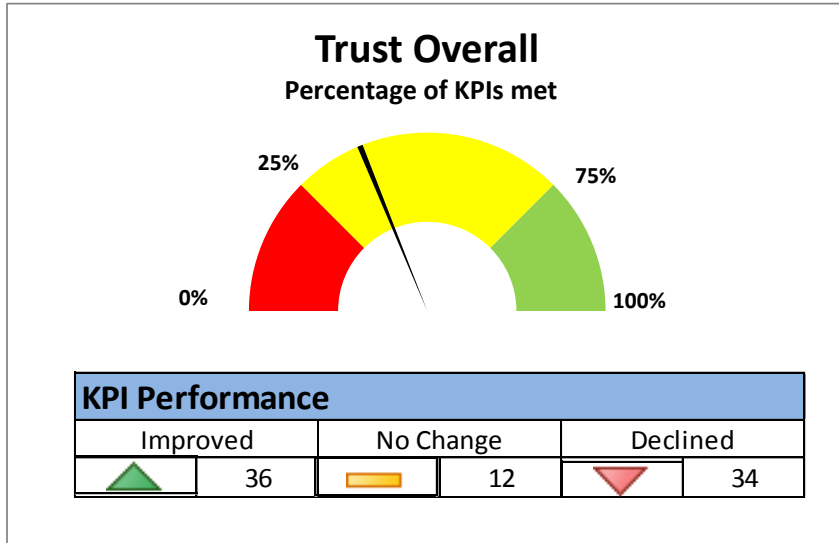
### Targets 2016/17

- Target and threshold set by the Trust for ease of reference.

### Data Dictionary

- 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.





Highlights:



Lowlights:

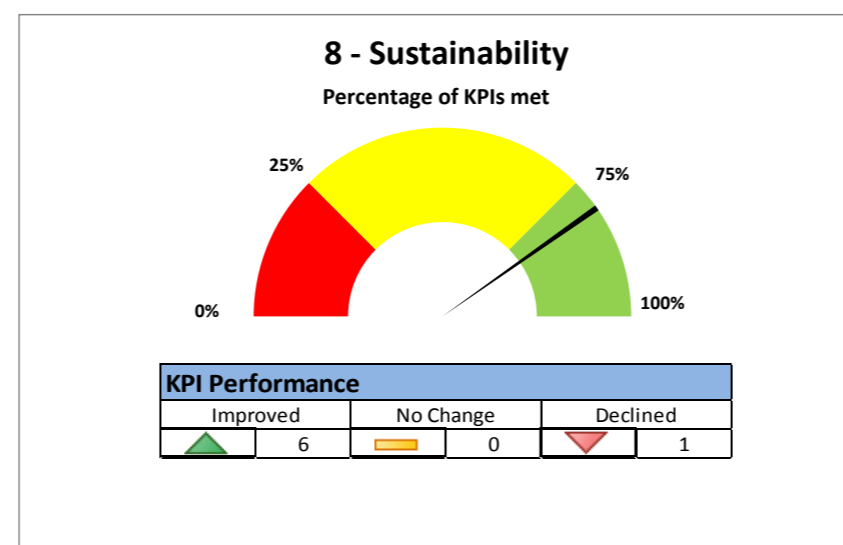
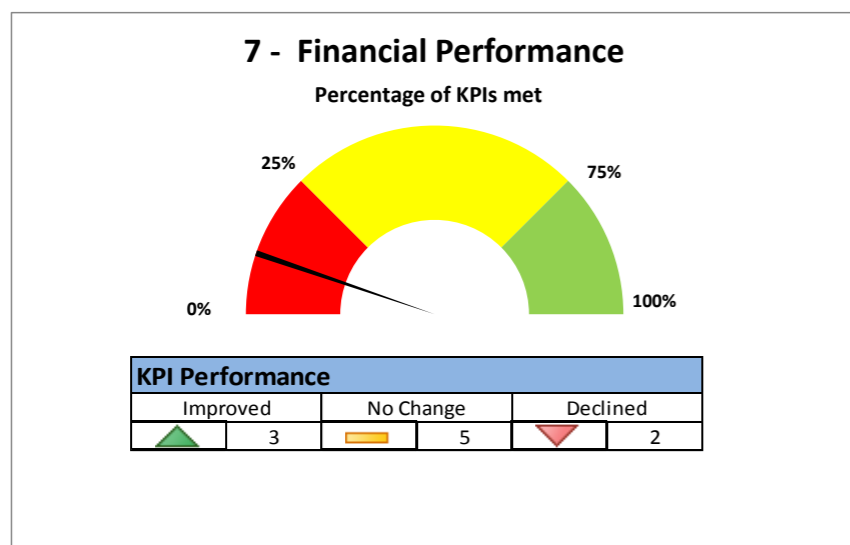
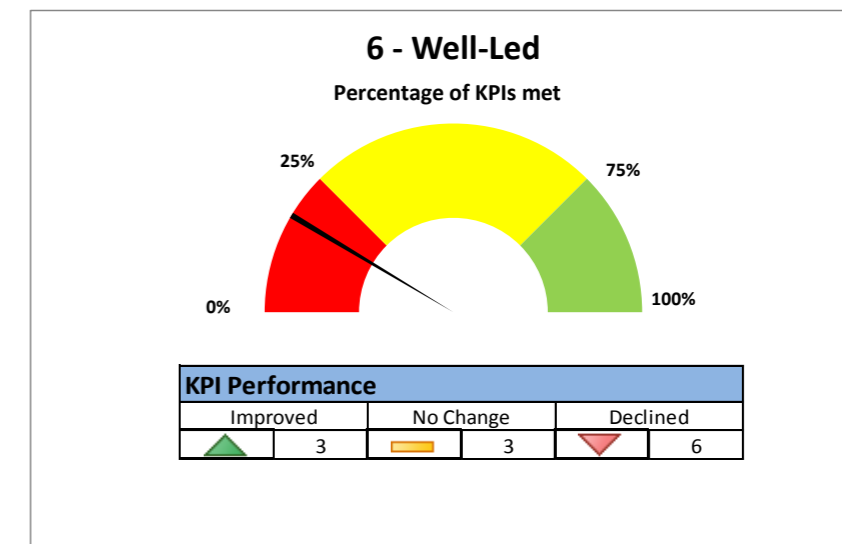
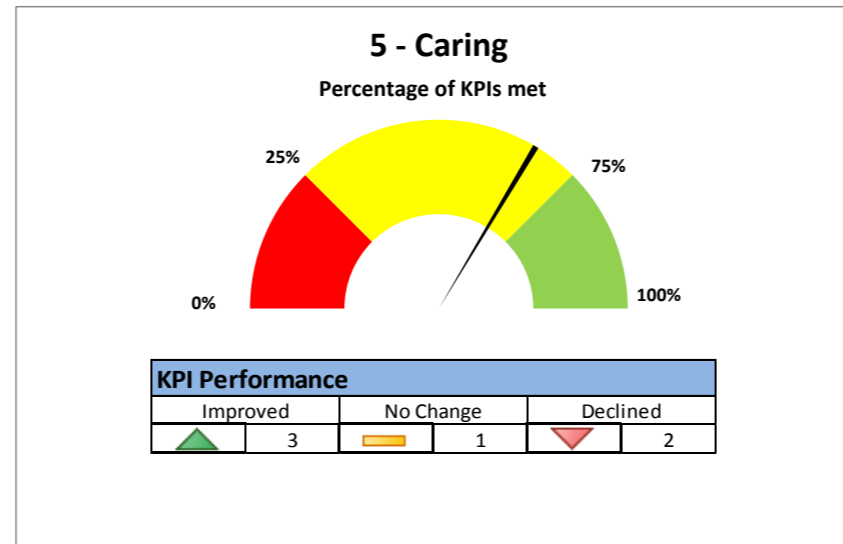
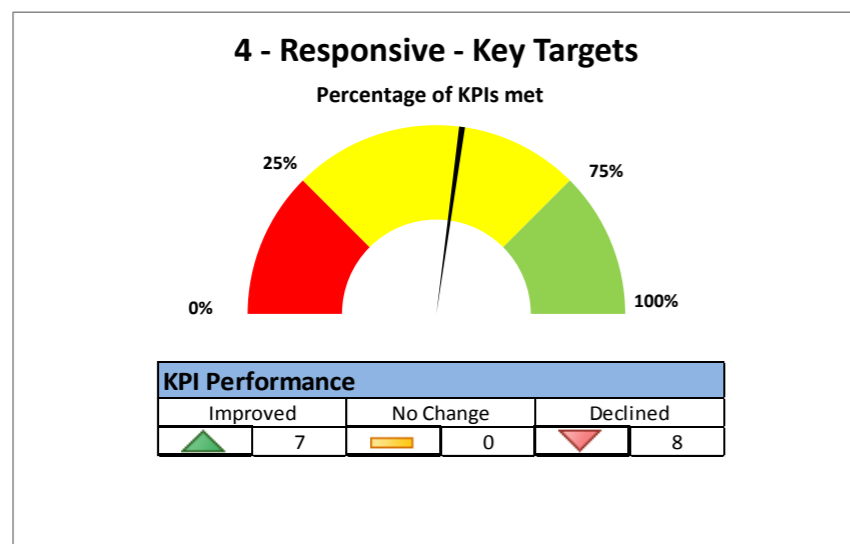
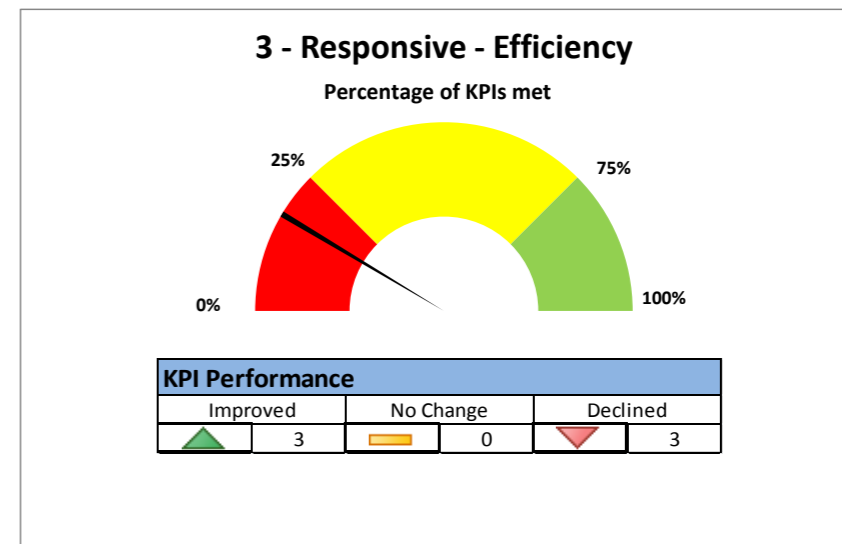
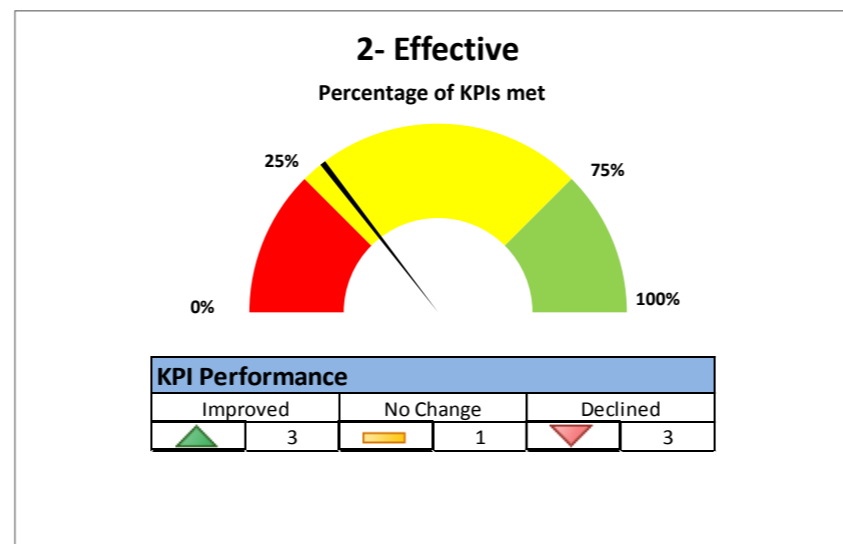
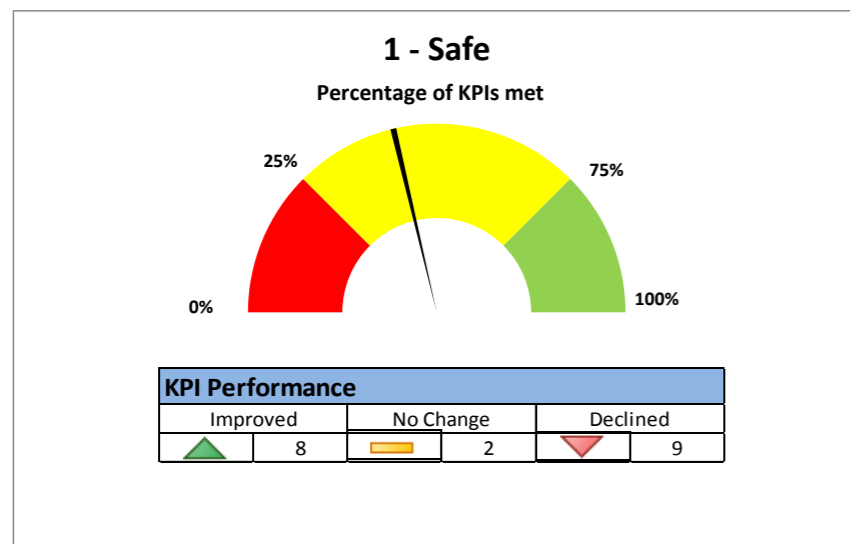


Key Findings:

Executive Summary

# Trust Floodlights Dashboard

## February 2017 (M11)



SAFE			EFFECTIVE			RESPONSIVE-EFFICIENCY			CARING			WELL-LED		
<b>Patient Safety</b>			<b>Mortality</b>											
ID	Indicator (YTD)	Month Change	ID	Indicator (YTD)	Month Change	ID	Indicator (YTD)	Month Change	ID	Indicator (YTD)	Month Change	ID	Indicator (YTD)	Month Change
1.1	Never Events 2	🟡	2.1	HSMR 95.6	🔴	3.1	New to Follow-Up Ratio 2.22	🟢	5.1	Inpatient FFT % of patients would recommend 97.3	🟢	6.1	Continuity of Services Risk Rating 2	🟢
1.2	Safety Thermometer Patients with Harm 230	🟢	2.2	SHMI 105.61	🟢	3.2	Overnight Bed Occupancy Rate 89.6	🟢	5.2	FFT Response Rate % 52.2	🟢	6.2	Risk register	🟡
1.3	Clostridium Difficile Cases 20	🔴	2.3	SHMI (Palliative Care Adjustment) 95.5	🟡	3.3	Pre OP bed days (elective) 5.3	🟢	5.3	Friends & Family Recommend Place of Care 77.4	🔴	6.3	CQC Outcomes	🟡
1.4	MRSA Post 48 hours Cases 2	🟡	<b>Admissions</b>			3.4	Delayed Transfer of Care 31	🔴	5.4	Complaints - % received telephone call 98.6	🟡	6.4	NHSI Governance Risk Rating 3	🔴
1.5	Hospital Acquired Pressure Ulcers Grade 2 or higher 0.10	🔴	ID	Indicator (YTD)	Month Change	3.5	Post Acute Transfer Delays	🟡	5.5	% of Complaints concluded within agreed timeframe 49.0	🟢	6.5	Friends & Family Recommend Place of Work 61.0	🟢
1.6	Inpatient Falls 3.31	🔴	2.4	Medical & Surgical Patient Outliers 133	🟢	3.6	Ward Discharges before Midday 13	🔴	5.6	GP Enquiries Response Rate 75.0	🔴	6.6	Vacancy Rate % 11.1	🔴
1.7	Ambulance Handovers > 30 mins 4764	🔴	2.5	Number of Patients with LOS > 14 days 133	🟢	3.7	Cancelled Ops - on Day 421	🟢				6.7	Vacancy rate (Baseline) 5.5	🟢
1.8	Fill Rate RNs (%) 96.3	🟢	2.6	LOS - Non Elective 3.9	🔴	3.8	Number of Discharges from Discharge Lounge	🟡				6.8	Bank Staff Usage 3.9	🟢
1.9	Fill Rate RNs Unreg (%) 106.5	🟢	2.7	Readmissions 8.3	🔴	<b>RESPONSIVE-KEY TARGETS</b>						6.9	Agency Staff Usage 7.6	🔴
<b>Training</b>						ID	Indicator (YTD)	Month Change				6.10	Sickness % 3.68	🟡
ID	Indicator (YTD)	Month Change	<b>FINANCIAL PERFORMANCE</b>			4.1	A&E 4 hour Target 84.6	🟢				6.11	Substantive Staff Turnover 13.0	🟢
1.10	Statutory Mandatory Training 89.53	🟢	Single Oversight Framework - Finance and Use of Resources Metrics			4.2	RTT Admitted 69.8	🟢				6.12	Appraisal Rate 82.28	🔴
1.11	Safeguarding Adults Training 89.5	🔴	ID	Indicator (YTD)	Month Change	4.3	RTT Non Admitted 91.1	🔴						
1.12	Safeguarding Children Training 90.7	🔴	7.1	Capital Servicing Capacity 4	🟡	4.4	RTT - Open Pathways 92.2	🟢						
1.13	Competency Coverage 68.2	🔴	7.2	Liquidity Ratio (days) 4	🟡	4.5	RTT Patients Waiting > 18 weeks 1954	🟢						
<b>Health &amp; Safety</b>			7.3	I&E Margin 4	🟡	4.6	Diagnostic Waits < 6 weeks 99.7	🔴						
ID	Indicator (YTD)	Month Change	7.4	Distance from financial plan 4	🟡	4.7	Cancer 2week Ref to Appt 97.1	🟢						
1.14	RIDDOR Incidents 0.31	🟢	7.5	Agency spend variance from ceiling 4	🟢	4.8	Cancer 31day : Diag 93.0	🔴						
1.15	Musculoskeletal Injuries Reported 0.92	🟢	7.6	Overall Finance Metric 4	🟡	4.9	Cancer 62day : Urgent RTT inc ITP transfers 73.6	🔴						
1.16	Physical Assault Incidents 1.37	🟢	<b>Other Financial Metrics</b>			4.10	TIA: High Risk treatment within 24 hrs 67.8	🔴						
1.17	Manager Referrals to OH for Stress 0.89	🟢	7.7	Pay Spend 101.0	🔴	4.11	TIA: Low Risk treatment within 7 days from 1st contact 86.2	🟢						
1.18	Staff Slips, Trips & Falls 0.80	🟢	7.8	Capital Plan Trajectory 51	🔴	4.12	4 hrs direct to Stroke Unit 78.6	🟢						
1.19	Staff Sharps Injuries 2.19	🔴	7.9	CIP Plan delivered 83	🟢	4.13	90% of time on the Stroke Unit 87.3	🔴						
			7.10	Cash Plan 130	🟢	4.14	60 minutes to scan 92.7	🔴						
						4.15	Thrombolysed within 3 hrs 6.1	🔴						
									<b>SUSTAINABILITY</b>					
ID	Indicator (YTD)	Month Change							ID	Indicator (YTD)	Month Change			
8.1	GP referrals Received - 2WW 6688	🟢							8.1	GP referrals Received - 2WW 6688	🟢			
8.2	GP referrals Received - non 2WW 88232	🔴							8.2	GP referrals Received - non 2WW 88232	🔴			
8.3	A&E Attendances 136627	🟢							8.3	A&E Attendances 136627	🟢			
8.4	Elective Spells (PBR) 36362	🟢							8.4	Elective Spells (PBR) 36362	🟢			
8.5	NonElective Spells 42147	🟢							8.5	NonElective Spells 42147	🟢			
8.6	OP Attendances/Procs (Total) 463806	🟢							8.6	OP Attendances/Procs (Total) 463806	🟢			
8.7	Outpatient DNA Rate 8.1	🟢							8.7	Outpatient DNA Rate 8.1	🟢			
8.8	Theatre Utilisation	🟡							8.8	Theatre Utilisation	🟡			

# Trust Floodlights Dashboard

## February 2017 (M11)

1 - SAFE								
ID	Indicator	Target 16-17	Target YTD	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position
1.1	Never Events	0		2	0			
1.2	Safety Thermometer Patients with Harm	336	308	230	15			
1.3	Clostridium Difficile Cases	11	8	20	4			
1.4	MRSA Post 48 hours Cases	0		2	0			
1.5	Hospital Acquired Pressure Ulcers Grade 2 or higher	0.16		0.10	0.20			
1.6	Inpatient Falls	3.17		3.31	4.32			
1.7	Ambulance Handovers > 30 mins	2604	2170	4764	481			
1.8	Fill Rate RNs (%)	90		96.3	96.6			
1.9	Fill Rate RNs Unreg (%)	90		106.5	100.4			
1.10	Statutory Mandatory Training	90		89.5	89.5			
1.11	Safeguarding Adults Training	90		89.5	89.5			
1.12	Safeguarding Children Training	90		90.7	90.7			
1.13	Competency Coverage	85		68.2	68.2			
1.14	RIDDOR Incidents	0.56		0.31	0.18			
1.15	Musculoskeletal Injuries Reported	1.09		0.92	0.54			
1.16	Physical Assault Incidents	1.13		1.37	1.27			
1.17	Manager Referrals to OH for Stress	0.57		0.89	0.54			
1.18	Staff Slips, Trips & Falls	1.18		0.80	0.54			
1.19	Staff Sharps Injuries	2.00		2.19	2.54			

2 - EFFECTIVE								
ID	Indicator	Target 16-17	Target YTD	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position
2.1	HSMR	95		95.6				
2.2	SHMI	108		105.6				
2.3	SHMI (Palliative Care Adjustment)	98.5		95.5				
2.4	Medical & Surgical Patient Outliers	50		133				
2.5	Number of Patients with LOS > 14 days	100		133				
2.6	LOS - Non Elective	3.5		3.9	4.2			
2.7	Readmissions	7.75		8.3	8.4			

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		89.6	90.8				
3.3	Pre OP bed days (elective)	6		5.3	2.4				
3.4	Delayed Transfer of Care	8		31	31				
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	12.1				
3.7	Cancelled Ops - on Day	504	462	421	41				
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		84.6	83.9			
4.2	RTT Admitted	90		69.8	74.8			
4.3	RTT Non Admitted	95		91.1	90.3			
4.4	RTT - Open Pathways	92		92.2	92.2			
4.5	RTT Patients Waiting > 18 weeks	1231		1954	1954			
4.6	Diagnostic Waits < 6 weeks	99		99.7	99.8			
4.7	Cancer 2week Ref to Appt	93		97.1	98.5			
4.8	Cancer 31day : Diag	96		93.0	83.8			
4.9	Cancer 62day : Urgent RTT inc ITP transfers	85		73.6	64.8			
4.10	TIA: High Risk treatment within 24 hrs	62.5		67.8	66.7			
4.11	TIA: Low Risk treatment within 7 days from 1st contact	85		86.2	93.3			
4.12	4 hrs direct to Stroke Unit	90		78.6	76.4			
4.13	90% of time on the Stroke Unit	80		87.3	83.3			
4.14	60 minutes to scan	90		92.7	90.0			
4.15	Thrombolysed within 3 hrs	12		6.1	6.0			

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		97.3	97.3			
5.2	FFT Response Rate %	40		52.2	52.2			
5.3	Friends & Family Recommend Place of Care	77		77.4	77.4			
5.4	Complaints - % received telephone call	85		98.6	100.0			
5.5	% of Complaints concluded within agreed timeframe	75		49.0	85.0			
5.6	GP Enquiries Response Rate	95		75.0	75.0			

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		2	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		61	61			
6.6	Vacancy Rate %	10		11.08	11.08			
6.7	Vacancy rate (Baseline)	5		5.51	5.51			
6.8	Bank Staff Usage	9		3.9	3.9			
6.9	Agency Staff Usage	7		7.6	7.6			
6.10	Sickness %	3.5		3.68	3.68			
6.11	Substantive Staff Turnover	11		13	13			
6.12	Appraisal Rate	85		82.28	82.28			

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		4.0	4.0			
7.3	I&E Margin	1		4.0	4.0			
7.4	Distance from financial plan	1		4.0	4.0			
7.5	Agency spend variance from ceiling	1		4.0	3.0			
7.6	Overall Finance Metric	1		4.0	4.0			
7.7	Pay Spend	100		101.0	102.7			
7.8	Capital Plan Trajectory	90		51.0	39.1			
7.9	CIP Plan delivered	100		83.0	69.0			
7.10	Cash Plan	90		130.0	130.0			

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			6688	570				
8.2	GP referrals Received - non 2WW			88232	8488				
8.3	A&E Attendances	147144	134645	136627	12860				
8.4	Elective Spells (PBR)	37060	33686	36362	3603				
8.5	NonElective Spells	46703	42645	42147	3965				
8.6	OP Attendances/Procs (Total)	471770	428716	463806	42623				
8.7	Outpatient DNA Rate	8		8.11429	7.89087				
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 BOARD PART 1 - MARCH 2017**  
**University Hospital Status**

<b>PURPOSE</b>	The Board is asked to note the positive outcome of the Conditions meeting on 3 <sup>rd</sup> March 2017 and to a) Note the actions arising from the conditions meeting. b) approve the signing of the Memorandum of Understanding. University Board of Governors has formally given their approval. c) approve the initiation of the actions to gain university status and to commence the partnership.
<b>PREVIOUSLY CONSIDERED BY</b>	This approach to responding to the conditions raised at the validation Event on 31 <sup>st</sup> January 2017 was considered and approved by RAQC and the Board in February 2017. RAQC, March 2017 – MoU endorsed.
<b>Objective(s) to which issue relates *</b>	<input type="checkbox"/> 1. <b>Keeping our promises about quality and value</b> – embedding the changes resulting from delivery of Our Changing Hospitals Programme. <input checked="" type="checkbox"/> 2. <b>Developing new services and ways of working</b> – delivered through working with our partner organisations <input type="checkbox"/> 3. <b>Delivering a positive and proactive approach to the redevelopment of the Mount Vernon Cancer Centre.</b>
<b>Risk Issues</b> (Quality, safety, financial, HR, legal issues, equality issues)	Quality Safety Financial Legal
<b>Healthcare/ National Policy</b> (includes CQC/Monitor)	NHS Constitution National Institute for Health Research Research and Governance Framework / draft UK Policy Framework for Health and Social Care Research
<b>CRR/Board Assurance Framework *</b>	<input checked="" type="checkbox"/> <b>Corporate Risk Register</b> <input type="checkbox"/> <b>BAF</b>
<b>ACTION REQUIRED *</b>	
For approval	<input checked="" type="checkbox"/>
For discussion	<input type="checkbox"/>
For decision	<input type="checkbox"/>
For information	<input type="checkbox"/>
<b>DIRECTOR:</b>	Medical Director
<b>PRESENTED BY:</b>	Medical Director
<b>AUTHOR:</b>	Director of Nursing, Company Secretary
<b>DATE:</b>	March 2017

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

\* tick applicable box

# THE RECOGNITION OF EAST & NORTH HERTFORDSHIRE NHS TRUST AS A UNIVERSITY TRUST BY THE UNIVERSITY OF HERTFORDSHIRE

## 1. EXECUTIVE SUMMARY

- 1.1 This paper provides an update on progress made in relation to the Trust seeking to become a University Trust recognised by the University of Hertfordshire.
- 1.2 Following the Validation Event held 31<sup>st</sup> January 2017, the Trust provided a response to a number of conditions and these were reviewed at a conditions meeting on the 3<sup>rd</sup> March 2017, as outlined and agreed at RAQC in February 2017.
- 1.3 The outcome of the conditions meeting was that the conditions had been met subject to a number of actions and that the two organisations can proceed to signing a memorandum of Understanding. Since the RAQC meeting on 21 March 2017 we have received positive notification that the University Board of Governors have unanimously approved the partnership.
- 1.2 The Board is asked to
- a) Note the actions arising from the conditions meeting (Appendix 1).
  - b) discuss and approve the signing of the Memorandum of Understanding (Appendix 2).
  - c) discuss and approve the initiation of the actions to gain university status and to commence the partnership (Appendix 3).

## 2. BACKGROUND

- 2.1 The Committee received a report from the Medical Director in February 2017 outlining progress to date.
- 2.2 The Trust submitted a document to seek university status and this was reviewed at a Validation Event on 31<sup>st</sup> January 2017.
- 2.3 The outcome of the Validation Event was that, subject to meeting a number of conditions, a recommendation would be made to the University's Academic Board for the approval of East and North Hertfordshire NHS Trust as a University Trust, subject to further review in 6 years' time.
- 2.4 A conditions meeting was held on 3<sup>rd</sup> March 2017 and the response was confirmed as satisfactory by the panel and a recommendation will be made for ratification by the University's Academic Board and approved by the University Board of Governors. This will enable formal signing of the MoU and announcement at the public Trust Board meeting on 29<sup>th</sup> March 2017.
- 2.6 The Trust has approved the submission to the Department of Health for the change of name to "East and North Hertfordshire University Hospitals NHS Trust".



### **3. PROGRESS TO DATE**

- 3.1 The outcome of the 'conditions meeting' was that the conditions had been met, subject to a number of actions (Appendix 1).
- 3.2 The wording of the memorandum of Understanding has been agreed by both the Trust and the University (Appendix 2).
- 3.3 A number of actions have been identified which need to be progressed for the Trust to gain recognition of university status and to commence the partnership (Appendix 3).

### **4 SUGGESTED FUTURE TIMELINES AND ACTIONS BY THE TRUST**

- 4.1 The following timetable has been set so that the Trust can sign the Memorandum of Understanding on 29<sup>th</sup> March 2017:
- a) Ratification by the University's Academic Board 15<sup>th</sup> March 2017.
  - b) Approved by the University Board of Governors 21<sup>st</sup> March 2017.
- 4.4 Following the signing of the MOU on 29<sup>th</sup> March 2017 there will be a number of actions to gain university status and to commence the partnership. Initial preparation has begun on these actions. Details are provided in Appendix 3 and a summary is given below:
- a) Trust to seek agreement from Department to the Partnership the Department for Business, Energy & Industrial Strategy ("**BEIS**") to "*carry on business*" with a name that includes "University" as this is a sensitive word.
  - b) Trust to change name following the Department of Health process.
  - c) External Communications plan to be developed with the University.
  - d) Signage and internal communications plan to be developed.
  - e) Partnership Manager – Job Description and Person Specification to be agreed with University and the put out to advert.
  - f) Establishment of the Joint Management Group.
- 4.5 The RAQC is asked to note that the process to receive final Ministerial approval for the change of name and an amended Establishment Order will take a minimum of two months.

### **5 RECOMMENDATION**

- 5.1 The Board is asked to
- a) note the actions arising from the conditions meeting (Appendix 1).
  - b) approve the signing of the Memorandum of Understanding. Please note this has been reviewed by the Trust's Legal Advisors, DAC Beachcroft LLP. (Appendix 2).
  - c) approve the initiation of the actions to gain university status and to commence the partnership (Appendix 3).

## **Appendix 1 Confirmed Notes of the conditions meeting to consider the conditions of approval for the recognition of East and North Herts NHS Trust as a University Trust**

Friday 3 March 2017, Room 1H276, CP Snow Building at 12:00.

### **Present:**

Dr Jo Cahill	<b>Chair</b> , Associate Director of Academic Quality Assurance, Centre for Academic Quality Assurance, University of Hertfordshire
Ken Farrington	University Status Lead/Research and Innovation, Trust Workgroup Lead
Jackie Knight	Head of Mental Health and Organisational Development, School of Life and Medical Sciences, University of Hertfordshire (University Status Lead, University Workgroup Lead)
Chris McIntyre	Dean of Cultural Affairs and Director of UHArts, Office of the Vice Chancellor, University of Hertfordshire
Dr Phillip Smith	Associate Director Research and Development (Research & Innovation, Trust Workgroup Lead)

### **Apologies:**

Phil Shaughnessy	Associate Dean of School Academic Quality Assurance, School of Life and Medical Sciences
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### **In attendance:**

Liz Mellor	Academic Services Officer (Academic Quality Assurance), Academic Services, University of Hertfordshire
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## **1 REPORT**

**Noted** the confirmed report of the event.

## **2 CONDITIONS**

**2.1 Considered** whether each condition had been met:

**2.1.1** That a Memorandum of Understanding is in place between both parties (**report section 3.6 refers**).

**Noted** that the content of the Memorandum of Understanding had been agreed and, after a few typos had been attended to, would be signed by both parties after the conditions meeting.

**Noted and agreed** that pending signing that this condition had been met.

**2.1.2** To define the key performance indicators (KPIs) that will be used to evaluate the impact of the partnership and how quality assurance arrangements will be operationalised within and between both organisations. Arrangements should include external scrutiny (**report section 7.4 refers**).

**Noted** the paper that had been submitted in response to the conditions and that KPIs had been agreed by senior members of both organisations to evaluate the impact of the partnership in relation to its core activities in the areas of Innovative Workforce Development and Transformation, Enhanced

Student Experience, Research, Innovation and Service Improvement and Strategic Planning. In addition, a number of key metrics would be collected including statistics on the number of joint appointments, research bids, short courses, placement places, VLs/Professors, income from joint projects and the number of joint publications/presentations.

**Noted** that the external subject specialist panel member had commented that the metrics listed were only numerical and questioned whether consideration should be given to include a more demographic data set. It was agreed that annual reporting on equal opportunities data was needed and that the appropriateness of the KPIs should also perhaps be reviewed on an annual basis.  
**Action: KF/JK/PS**

**Noted** that JC reported that she and Jan Bowyer were currently drafting guidance for University NHS Trust approval and that annual monitoring guidance would be articulated clearly in the paper.

**Noted** the details that had been presented in relation to the operationalisation of the quality assurance arrangements which included the production of an annual report. It was agreed that the annual report needed to be submitted to the Senior Executive Group and School Academic Committee in both health Schools (LMS and HSK) and the Trust's Board.

**Noted and agreed** that, with the above amendments, this condition had been met.

- 2.1.3 To confirm membership of the Joint Management Group (JMG) and review the terms of reference (ToR) to make explicit the Groups role in terms of the leadership of the partnership, risk management and quality monitoring and specifically how the JMG will ensure the student learning experience across all disciplines and how academic levels of study will be enhanced (**report sections 7.1 and 7.2 refer**).

**Noted** the details provided regarding the ToR and membership of the JMG which will comprise senior members of staff from the Schools of LMS and HSK and the Trust and will also include an external advisor and service user. Agreed that the term service user would be amended to service user/carer.

**Action: KF/JK/PS**

**Noted and agreed** that section f) of the ToR for the JMG regarding reporting on progress should also include the need to receive the annual report, which will include equal opportunities monitoring data.

**Action: KF/JK/PS**

**Noted and agreed** that section r) of the ToR would be amended to replace 'University Board' with 'University School Executive Group/School Academic Committee for the Schools of LMS and HSK' and to include the need to periodically review the ToR as necessary.

**Action: KF/JK/PS**

**Noted and agreed** that, with the above amendments, this condition had been met.

- 2.1.4 To make explicit the roles and responsibilities of the joint Project Coordinator and how the lead will be resourced (**report section 5.1 refers**).

**Noted** that details and job responsibilities had been provided for the establishment of a joint Partnership Manager and that the level of the post had been revised to reflect the greater level of leadership and responsibility envisaged to support the partnership. Each organisation will contribute equally to the post and the Partnership Manager will be responsible to the Medical Director of the Trust and the Deans of the Schools of LMS and HSK (as agreed by the Deans of both Schools) depending on the employing organisation.

**Noted and agreed** that the responsibilities of the post would be amended to include the production and drafting of the annual report, which would include the consideration of equal opportunities data

**Action: KF/JK/PS**

**Noted** that the post of Partnership Manager would be advertised in both organisations and it was anticipated that the person would be in post by 1 August 2017.

**Noted and agreed** that, with the above amendment, this condition had been met.

- 2.1.5 To provide a financial plan that sets out how practice and workforce development will be resourced on a sustainable basis (**report section 5.2 refers**).

**Noted** the statement of commitment by both organisations to commit funds for structural items and to support staff involved in the management of the partnership and delivery of the work programme. Also noted that additional funds will be necessary to achieve the successful delivery of the partnership's potential and these will be pursued through the planning process of both organisations.

**Noted** that the panel stressed that the business plans in the Trust and in the two health Schools should make explicit reference to the resource that would be set aside for practice and workforce development within the partnership. PS and JK agreed to liaise with the Chief Executive at the Trust and the Dean's within the health Schools to make them aware of this requirement.

**Action: PS/JK**

**Noted and agreed** that, pending the stipulation made by the panel, this condition had been met.

**Noted** that the external subject specialist at the event had confirmed via email (24 Feb 2017) that she was happy to approve that conditions had been met.

### 3 **RECOMMENDATIONS**

3.1 **Noted** that each recommendation must be included within the action plans of the next Annual Monitoring and Evaluation Report for the partnership.

3.1.1 To develop a joint research strategy for the partnership (**report section 4.2.1 refers**).

### 4 **ANY OTHER BUSINESS**

4.1 ADC, Academic Board, Board of Governors and Trust Board approval

**Noted** that ADC approval had been gained on 27 Feb 2017 by way of a memo from the Chair of ADC. The report of the event and minutes of this conditions meeting would be submitted to Academic Board (meeting 15 March) and then Board of Governors (meeting 21 March) for final University approval. It was noted that Trust approval would be sought at the Trust Board meeting on 29 March 2017. LM would liaise with the relevant Committee clerks at the University to submit the required paperwork.

**Action: LM**

4.2 Secretary of Health approval of Trust title change

**Noted** that once Trust Board approval had been obtained the Trust would then write to the Secretary of State for Health regarding the title change and then the use of 'University Trust' would need to be approved by the Department of Skills and Business Innovation. PS agreed to send JC a copy of the paper that would be submitted to the Trust Board to inform her of the detail of the process.

**Action:**

**PS**

## Appendix 2 Memorandum of Understanding

**DATED** \_\_\_\_\_ **2017**

**UNIVERSITY OF HERTFORDSHIRE (1)**  
**HIGHER EDUCATION CORPORATION**

**And**

**EAST AND NORTH HERTFORDSHIRE (2)**  
**NHS TRUST**

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**MEMORANDUM OF UNDERSTANDING**

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THIS MEMORANDUM is made on

2017

**BETWEEN:**

- (1) **UNIVERSITY OF HERTFORDSHIRE HIGHER EDUCATION CORPORATION** of College Lane, Hatfield, Hertfordshire, AL10 9AB ("**University**"), and
- (2) **EAST AND NORTH HERTFORDSHIRE NHS TRUST** of Lister Hospital, Corey's Mill Lane, Stevenage, Hertfordshire, SG1 4AB ("**the Trust**"),

together the "**Parties**".

**WHEREAS**

**1 Preamble**

- 1.1 This Memorandum of Understanding ("**MOU**") is intended to promote co-operation, discussions and positive academic relations between the University and the Trust to their mutual benefit.
- 1.2 By way of example only, opportunities may be sought for the joint facilitation of students and/or exchange of staff, and/or for collaboration on joint research projects or such other activities as mutually agreed from time to time.
- 1.3 Nothing in this MOU is intended to be legally binding or shall be construed as creating any legally enforceable rights or obligations between the Parties with the exception only of the provisions in clauses 5, 6 and 7 which are legally binding. This MOU is therefore a statement of intent which sets forth the general basis upon which the Parties wish to proceed; no contract will arise as to the subject matter hereof (notwithstanding the three legally binding clauses referred to above) unless and until an agreement regarding each or any objective is negotiated, approved, executed and delivered by the Parties.
- 1.4 The purpose of this MOU is to enable the University and the Trust to pursue the objectives set out in Clause 3 ("**Objectives**") by undertaking the tasks set out in Clause 4 ("**Tasks**"), all as set out below.

The Parties agree as follows:

**2 Status of the MOU**

- 2.1 With the exception of Clauses 5, 6, and 7 (inclusive), this MOU is not intended by either Party to be legally binding and shall not give rise to any rights or obligations. Clauses 5, 6 and 7 (inclusive) will become legally binding with effect from the Date of Commencement (as defined in Clause 9.1).
- 2.2 Neither Party has the authority to commit the other Party to any act, responsibility or liability under the terms of this MOU.
- 2.3 Nothing in this MOU is intended to create, or be deemed to create, a partnership, joint venture, or the relationship of employer and employee, between the Parties, or constitute any Party the agent of the other Party.

**3 Objectives**

- 3.1 The Parties agree to facilitate discussions in good faith in relation to:

- 3.1.1 collaboration on research projects of mutual interest;
  - 3.1.2 the research excellence framework;
  - 3.1.3 the teaching excellence framework;
  - 3.1.4 quality assurance requirements;
  - 3.1.5 the use of each Party's premises;
  - 3.1.6 the exchange of members of staff as agreed between the Parties and as appropriate to the circumstances of each Party;
  - 3.1.7 the accreditation of courses led by the Trust; and
  - 3.1.8 such additional activities as may be identified and agreed in writing by the Parties.
- 3.2 The University agrees it shall recognise and the Trust shall adopt the use of the term "University" in the Trust's title provided that the Trust's adoption of this term has been approved by the following:
- 3.2.1 the Trust's Board of Directors;
  - 3.2.2 the Department of Health; and
  - 3.2.3 an Amendment Order approved and signed by the Secretary of State for Health,
- and all such approvals remaining in place for the duration of the MOU and/or the duration of such approvals (whichever is the shorter duration).
- 3.3 Prior to adopting the use of the term "University" in its title pursuant to Clause 3.2, the Trust shall inform the University of the Trust's amended name by serving written confirmation to the University's liaison officer as appointed in accordance with Clause 8.1.

#### **4 Tasks for each Party**

- 4.1 Each Party agrees to:
- 4.1.1 maintain regular and reasonable contact with the other Party, informing the other Party of any relevant changes or developments in relation to this MOU;
  - 4.1.2 review this MOU on an annual basis, providing the other Party with relevant information and statistics in relation to the Objectives;
  - 4.1.3 jointly produce an annual monitoring of the activities under this MOU which are undertaken by the Parties, whether research and/or teaching, with such report to be approved/noted by the relevant Schools at the University and the Trust; and
  - 4.1.4 nominate a senior member of staff to be responsible for overseeing the implementation of this MOU.



## **5** **Costs**

- 5.1 The Parties agree that each shall bear its own costs in connection with, or for any work under, this MOU, save and except as agreed in writing between the Parties. For the avoidance of doubt, each Party shall (unless otherwise agreed) meet the travel, accommodation and subsistence costs of their own staff involved in visits to the other Party associated with this MOU.

## **6** **Intellectual Property**

- 6.1 For the purposes of Clauses 6.2 to 6.3 (inclusive), "**intellectual property rights**" means all patents, copyright, design rights, registered designs, trade marks, know-how, database rights, confidential formulae and any other intellectual property rights and the rights to apply for patents and trade marks and registered designs.
- 6.2 Any intellectual property rights owned by a Party before the Date of Commencement (as defined in Clause 9.1) and during the term of this MOU will remain the property of that Party. Nothing contained in this MOU will affect the absolute ownership rights of either Party in such Party's intellectual property rights. For the avoidance of doubt, no licences are granted under this MOU.
- 6.3 The Parties hereby acknowledge that separate agreements in relation to the intellectual property rights will be reached between the parties under the contracts contemplated by Clause 8.2.
- 6.4 In the event that either Party wishes to use the name and/or logo of the other Party for any purposes, including without limitation for the purposes of marketing or recruitment, such Party shall obtain the written consent of the other Party in advance of such use and (if such consent is given, at the discretion of the other Party) shall comply strictly with all of the other Party's directions from time to time as to the manner of such use.
- 6.5 Neither of the Parties shall publish any marketing material relating to this MOU without the prior written consent of the other Party, and the Parties agree that the wording for any such marketing materials shall be agreed jointly between the Parties prior to its use.

## **7** **General**

- 7.1 For the purposes of Clause 7.2, "**confidential information**" means any information, data and material of any nature, which either Party may receive or obtain in connection with this MOU which is designated as confidential by either Party or that ought reasonably to be considered as confidential (however it is conveyed or on whatever media it is stored).
- 7.2 Each Party shall keep confidential and shall not, without the prior written permission of the other Party, disclose to any other institution or organisation or other third party any confidential information it acquires from the other Party in connection with this MOU, unless such information:
- 7.2.1 is already in, or subsequently enters, the public domain (other than as a result of its disclosure by the receiving Party in breach of this Clause 7.2), or
  - 7.2.2 is required to be disclosed by law or any legal or regulatory authority, or
  - 7.2.3 is already known to the receiving Party before the acquisition from the other Party (without being subject to any obligations of confidentiality to the other Party), or

- 7.2.4 is obtained from a third party in circumstances where no obligation of confidentiality is owed to the other Party in respect of such information.
- 7.3 The obligations of the Parties under Clause 7.2 shall continue following the expiry or termination of this MOU.
- 7.4 Each Party acknowledges that the other Party is subject to the requirements of the Freedom of Information Act 2000 (as amended from time to time) (the “**FOIA**”) and Environmental Information Regulations 2004 (the “**2004 Regulations**”); and each Party shall assist and co-operate with the other Party (on request and at each Party’s own expense) to enable the other Party to comply with the information disclosure requirements imposed on them by the FOIA and the 2004 Regulations.
- 7.5 Both Parties shall comply with the Data Protection Act 1998 Act (“**1998 Act**”) and any other applicable data protection legislation. In the event the Parties exchange any personal data (where “personal data” means data provided under this MOU which relates to a living individual who can be identified either from that data, or from that data and other information which is in the possession of, or is likely to come into the possession of, the data controller) each Party agrees to ensure it acts in full compliance with the UK laws regarding the protection, storage and processing of personal data.
- 7.6 For the purposes of Clauses 7.7 to 7.8 below the following definitions apply:
- |  |   |
|--|---|
| <b>“Modern Slavery Act 2015”</b>       | means the UK’s Modern Slavery Act 2015 and any subordinate legislation made under that Act from time to time; |
| <b>“slavery and human trafficking”</b> | has the meaning defined under s.54 of the Modern Slavery Act;   |
- 7.7 Each Party acknowledges that the other Party must satisfy the requirements of the UK Modern Slavery Act 2015 to ensure that the other Party stops or prevents actual or potential modern slavery and trafficking within the other Party’s own operations and through its supply chains. To support the other Party’s legal obligation each Party agrees it shall:
- 7.7.1 ensure that slavery and human trafficking is not taking place in any part of its business or in any part of its supply chains;
- 7.7.2 ensure that it and each of its suppliers and subcontractors shall comply with any policy that Party implements in relation to the prevention of slavery or human trafficking;
- 7.7.3 notify the other Party as soon as it becomes aware of any actual or suspected slavery or human trafficking in any part of its business or in a supply chain which has a connection with this MOU.
- 7.7.4 if any breach by that Party (or by anyone employed by it or acting on its behalf) of any part of this Clause 7.7 is suspected or known, that Party must notify the other Party immediately and must respond promptly to the other Party’s enquiries and co-operate with any investigation.

- 7.8 In complying with Clauses 7.7.1 to 7.7.4 (inclusive) above, each Party shall take appropriate account of any guidance or codes of practice issued by the relevant UK government department concerning the Modern Slavery Act 2015.
- 7.9 For the purposes of clauses 7.10 and 7.11 (inclusive) the following definition shall apply:  
“**CTSA**” means the Counter Terrorism and Security Act 2015 and any subordinate legislation made under that Act from time to time.
- 7.10 Each Party acknowledges that the other Party is at the date of this Agreement a Specified Authority under sections 26 of the CTSA.
- 7.11 At all times during the Term:
- 7.11.1 each Party agrees to support the other Party in fulfilling its duties under CTSA and shall comply as follows with:
- (i) any guidance issued by the Secretary of State under Section 29 of the CTSA;
  - (ii) any directions issued by the Secretary of State under sections 30 or 33 of the CTSA (except to the extent that such directions are suspended, quashed or otherwise varied by the courts of England & Wales); and
  - (iii) any court orders made to enforce directions issued by the Secretary of State under sections 30 or 33 of the CTSA.
- 7.11.2 each Party shall comply with its policies related to counter terrorism, freedom of speech and academic freedom from time to time;
- 7.11.3 each Party shall on request provide the other Party with all assistance and information as the other Party may reasonably request to enable it to comply with its obligations under the CTSA; and
- 7.11.4 each Party shall use reasonable endeavours to ensure that all its employees, contractors and agents who are performing services in connection with this Agreement shall comply with its obligations in in clauses 7.11.1 to 7.11.3 (inclusive).
- 7.12 No person who is not party to this MOU shall have any right under the Contracts (Rights of Third Parties) Act 1999 to enforce any terms of this MOU but this does not affect any right or remedy of a third party which exists or is available apart from that Act.
- 7.13 This MOU, and all negotiations and any legal agreements prepared in connection with the contracts contemplated by Clause 8.2, and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims) shall be governed by and construed in accordance with English law. The Parties hereby submit to the exclusive jurisdiction of the English Courts.
- 7.14 This MOU may be executed in any number of counterparts, each of which shall be regarded as an original, but all of which together shall constitute one agreement binding on both of the parties, notwithstanding that both of the Parties are not signatories to the same counterpart.

## **8 The Understanding**

- 8.1 Proposals under this MOU will be submitted through the Joint Management Group that will be established following the Date of Commencement to assure conformity with the Objectives.
- 8.2 Each Party will have a Liaison Officer whom shall also be members of the Joint Management Group. The liaison officer at the University will be the Head of the Department of Pharmacy, Pharmacology and Postgraduate Medicine or his/her nominee and for the Trust shall be the Medical Director or his/her nominee.
- 8.3 The terms and scope of each proposal will be described in individual contracts, which will be prepared subsequent to this MOU and signed by both Parties and exchanged prior to commencement of those individual contracts.
- 8.4 The Parties hereby acknowledge that the proposals considered by the Parties under the terms of this MOU shall be subject to:
- 8.4.1 approval by the Parties' Boards of Directors (in the case of the Trust) or senior management (in the case of the University); and
- 8.4.2 the Parties obtaining any other necessary consents and approvals including without limitation any third party, regulatory or tax consents requirement for the arrangements in terms satisfactory to both Parties.

## **9 Commencement and Duration**

- 9.1 This MOU commences on 1 April 2017 ("**Date of Commencement**"). Either Party may withdraw from this MOU or cease to pursue the Objectives at any time during the term of this MOU, provided that the Party withdrawing from the MOU shall give written notice of its withdrawal to the other Party. In such circumstances of withdrawal, cessation or the expiry of this MOU this shall be without prejudice to the continuance of Clauses 5, 6, and 7.
- 9.2 Subject to clause 9.1, this MOU shall be in effect for six (6) years from the Date of Commencement. This period may be extended by written consent of both Parties.

**SIGNED BY** )  
For and on behalf of )

**UNIVERSITY OF HERTFORDSHIRE** )

**HIGHER EDUCATION CORPORATION** )

Name Professor Quintin McKellar

Position Vice Chancellor

Dated: .....

Signed for and on behalf of )

**EAST AND NORTH HERTFORDSHIRE** )

**NHS TRUST** )

Name Nick Carver

Position Chief Executive Officer

Dated: .....

### Appendix 3 Actions to gain recognition of university status and to commence the partnership

1. Trust Board to receive an update paper and to formally sign the MoU on 29<sup>th</sup> March 2017.
2. Trust to seek agreement from Department to the Partnership the Department for Business, Energy & Industrial Strategy (“**BEIS**”) to “*carry on business*” with a name that includes “University” as this is a sensitive word (Consent to be submitted on receipt of the signed MoU and letter of support from the University; Lead Company Secretary)
3. Trust to change name following the Department of Health process – this has started and an update is given below
  - a. **Check with the NHS Identity team** that proposed new name follows NHS naming principles. (*Completed, January 2017*)
  - b. **Check with NHS stakeholders** that proposed new name won’t conflict or be confused with the names of neighbouring NHS organisations or services. NHS stakeholders could include:
    - i. the NHS England Regional Director,
    - ii. Clinical Commissioning Groups,
    - iii. other NHS Trusts/Foundation Trusts in the area, the local authority,
    - iv. and the local Healthwatch organisations. (*In progress*)
  - c. **Engage with patients and the public** to check proposed new NHS name is clear and understandable. (*Patient and Public Engagement Forum held as part of University Status Application; supportive. University Hospital Status considered by Involvement Committee in January; supportive.*)
  - d. **The NHS Trust board must then email the Policy Manager, Department of Health:**
    - i. Giving the reasons for changing your NHS Trust name
    - ii. Explaining how you have engaged with patients and the public regarding the name change
    - iii. Confirming that the NHS stakeholders listed above support your proposed new NHS Trust name (University Hospital Status application supported by RAQC and Board in December 2017. Application to be drafted after MoU signed and outcome letter received from the University. Delegated authority is requested for Medical Director and CEO to approve this for submission to the Department of Health post receipt of the final outcome from the University; Lead Company Secretary)
  - e. **If agreed, the Department of Health will draft the change to the NHS Trust’s Establishment Order**, via an Amendment Order, for the Trust board to approve.
  - f. **The Amendment Order then has to be approved and signed by a Minister.** This process takes a **minimum of two months** from the date the Department of Health receives all the information required in step 4 of this process.
  - g. **Inform key stakeholders** as soon as possible of the new name so they can update their records including: Care Quality Commission, regional team contact at NHS Improvement (in addition to updating its records, NHS Improvement would also update the NHS Foundation Trust directory), NHS England, NHS Digital, your local MP(s), local authority and local Healthwatch organisation(s). (Company Secretary to formally action post receipt of amended Establishment Order)
4. External Communications (working with University)
5. Signage and internal communications.
6. Partnership Manager – Job Description and Person Spec to be agreed with University and the put out to advert.
7. Establishment of Joint Management group.

**TRUST BOARD MEETING – 29 March 2017**

**FINANCE AND PERFORMANCE COMMITTEE – 22 March 2017  
EXECUTIVE SUMMARY REPORT**

<b>PURPOSE</b>	To present to the Trust Board the report from the Finance and Performance Committee (FPC) meeting of 22 March 2017
<b>PREVIOUSLY CONSIDERED BY</b>	N/A
<b>Objective(s) to which issue relates *</b>	<input checked="" type="checkbox"/> 1. <b>Keeping our promises about quality and value</b> – embedding the changes resulting from delivery of Our Changing Hospitals Programme. <input type="checkbox"/> 2. <b>Developing new services and ways of working</b> – delivered through working with our partner organisations <input type="checkbox"/> 3. <b>Delivering a positive and proactive approach to the redevelopment of the Mount Vernon Cancer Centre.</b>
<b>Risk Issues</b> (Quality, safety, financial, HR, legal issues, equality issues)	Key assurance committee reporting to the Board Financial risks as outlined in paper
<b>Healthcare/National Policy</b> (includes CQC/Monitor)	Potential risk to CQC outcomes Key statutory requirement under SFIs, SOs. Healthcare regulation, DH Operating Framework and other national performance standards
<b>CRR/Board Assurance Framework *</b>	<input type="checkbox"/> Corporate Risk Register <input checked="" type="checkbox"/> BAF
<b>ACTION REQUIRED *</b>	
For approval	<input type="checkbox"/>
For discussion	<input checked="" type="checkbox"/>
For decision	<input type="checkbox"/>
For information	<input type="checkbox"/>
<b>DIRECTOR:</b>	CHAIRMAN OF FPC
<b>PRESENTED BY:</b>	CHAIRMAN OF FPC
<b>AUTHOR:</b>	BOARD COMMITTEE SECRETARY/COMPANY SECRETARY
<b>DATE:</b>	22 March 2017

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

## FINANCE AND PERFORMANCE COMMITTEE – 22 March 2017

### EXECUTIVE SUMMARY REPORT TO BOARD – 29 March 2017

The following members were present: Julian Nicholls (Chair), Alison Bexfield (Trust Vice Chair), Ellen Schroder (Trust Chair),

Other directors/core attendees in attendance: Martin Armstrong (Director of Finance), Tom Simons (Chief People Officer), Kate Lancaster (Director of Strategy), Kerry Eldridge (Director of Workforce), Nigel Kee (Chief Operating Officer), Liz Lees (Acting Director of Nursing), Jude Archer (Company Secretary),

#### DECISIONS MADE UNDER DELEGATED AUTHORITY:

The Finance and Performance Committee (FPC) made no decisions on behalf of the Trust under the authority delegated to it within its terms of reference:

#### OUTCOMES:

##### **Floodlight Scorecard Month 11**

The FPC reviewed the month 11 floodlight scorecard noting a few changes. The Committee was advised the KPIs were in the process of being reviewed for 2017/18 and it was anticipated these would come through the Board Committees next month.

##### **Finance Report Month 11 and Financial Plan 2017/18 and 2018/19**

The FPC received the month 11 report advising that:

- During February the Trust reported that an actual I&E deficit of £3.2m compared with a planned deficit of £1.3m
- There was a favourable variance of £228k against forecast in the month, of which income was better than forecast, and pay was higher than forecast
- Medical staff expenditure was at the highest level all financial year and a 'deep dive' review of the reasons for this being undertaken
- Waiting list expenditure is also at its highest level all year, despite a revised process of authorisation of all waiting list sessions
- The Trust CIP performance plan anticipated a year-to-date release of savings totalling £13.9m at month 11. The delivery plan remains behind plan by £2.4m. £1.5m of savings have come from the 'Grip & Control' process and has been assumed in the outturn forecast to give £14.0m total forecast CIP delivery.
- The Trust has applied for, and has had approved, an extension to its Working Capital Facility of £16.4m. This includes cash support for our share of tPP's historic losses.

The FPC were briefed on a recent meeting with NHSI and discussed the draft Financial Plan 2017-18 and 2018-19, noting the final budget would be submitted to Board for approval in March 2017. The Committee also received a report on the progress of the Financial Recovery Plan noting the progress of the workstreams, establishment of the monthly Transformation Board, weekly Programme Board and currently savings pipeline. The Transformation Board will report to FPC and Board.

##### **Women's and Children's Update**

The FPC received a report that explained the reasons for the adverse variance in the maternity pathway income against plan in 2016/17. The month 11 position shows an adverse variance of £2,943k on maternity income with the most significant variance in maternity pathways of £2,464k. The three key areas attributing to this underperformance are under achievement of income CIPs, maternity income plan assumptions and changes in activity/lead provider and challenges from neighbouring Trusts in relation to cross charging.



The Committee noted the unit is running at capacity and were appraised of the current Divisional work on reviewing opportunities to create improved patient flow throughout the maternity pathway and potentially create some additional acute capacity without any additional capital investment. The Committee acknowledge the work of the Divisional Director and Chair and will consider a periodic review of each Division at the Committee.

### **TPP update**

The FPC received a report advising of the progress of tPP restructuring and associated operating model. The Committee discussed the IT challenges and risks. Further discussion would take place in Board Part II.

### **Performance Report Month 11**

The FPC received the Month 11 performance report noting RTT had been delivered for February 2017 and there had continued to be a reduction in those waiting 52 weeks (6 in February). In relation to the Cancer targets, whilst the Trust achieved the 14 day standard, it failed against the 31 and 62 day standards and was below the national average at the aggregate and tumour site level with the exception of 'sarcoma, brain and other cancers' tumour site. Although cancer performance continues to be challenged, there are some indicative signs of recovery. The transfer to the new PTL database is now imminent and it is anticipated this will assist with meeting the 62-day target by June, if not before. The Committee received assurance that there was an embedded harm review process for those waiting over the target; no harms identified to date.

A&E has seen a significant improvement in ambulance handover times. There has been work to improve the process and allow for a smoother transition using a 'lean' approach. The focus is now on triage. Patients are currently seen within 15 minutes and the Division is confident that the triage time will be reduced to 10 minutes as improvements continue. These improvements provide great clinical benefits to patients and will support delivery of a number of pathways e.g. sepsis and the four hour target.

The Trust has been piloting the 'GP at the Front' scheme and this will be evaluated shortly.

### **Workforce Report Month 11**

The FPC received the month 11 and agency report advising that utilisation of agency staff has been reduced significantly. During the demanding winter period, the Trust achieved a reduction in agency staffing across all staff groups, by converting agency hours into bank hours thereby reducing the demand for temporary staff. Nursing is showing a very positive trend with growing numbers joining the bank and leaving agency posts. The drive to retaining staff is beginning to follow an upward trend. All planned initiatives to promote staff mental health, physical activity and musculoskeletal health outlined in the action plan as part of the staff Health and Wellbeing CQUIN are being undertaken. It is anticipated that the CQUIN indicators will all be fully achieved by the end of March. The FPC was briefed on the risks relating to IR35 and the actions being taken to minimise the impact.

### **OTHER MATTERS:**

#### **Hospital Pharmacy Transformation Plan (HPTP)**

The FPC received the final draft of the HPTP plan noting the draft plan had been approved through the Divisional Executive Committee in October 2016 and submitted to NHSI on 31 October 2016. The draft HPTP plan was graded by NHSI as 'Green' (57% of plans were rated 'Green' nationally). The aim of the plan is to drive quality, improve patient outcomes with more patient facing staff on wards and deliver efficiencies and savings, linking to Cater and the STP. Subject to the inclusion of a paragraph on the governance arrangements and investment required to deliver the training the plan was endorsed and recommended to Board for final approval prior to submission to NHSI on 31 March 2017.

See appendix a, Hospital Pharmacy Transformation Plan.

### **Data Quality and Clinical Coding Update**

The FPC received the latest update on data quality metrics noting that the Trust remains one of the highest performing nationally although the committee noted that there is still work to be done in some areas.

### **Procurement Update**

The FPC received the quarterly update on procurement activities including progress against cash releasing savings, tender waivers and key strategic tenders, noting these were aligned with recommendations of the Lord Carter Review published in February 2016. The Carter Procurement Plan was submitted in October 2016. The delivery of 2016/2017 savings which is forecast at £2.4M. The Committee raised concerns over the level of orders that had not previously been processed through the Trusts PO process and acknowledged the control mechanism put in place in December; this matter has been referred to the Audit Committee. The FPC noted the Trust is the first to receive a Level 1 National Standard in the region, ahead of schedule, and within the top 20 nationally.

### **Lord Carter Update**

The FPC received a report the overall progress being made across all recommendations, with some further ahead than others. The Director of Strategy briefed the FPC of the current review of the Carter activity and governance structure in light of the establishment of the Performance Management Office and the model hospital programme. The Committee supported the review and requested a summary of the outcomes and recommendations is presented to the next meeting.

### **Lorenzo – Innovation Programme Update**

The FPC was briefed in regard to Phase 1 of the programme (electronic observations and escalations). It is expected to commence service in one division from the week of 27 March. Complete rollout of phase 1 is being delayed by an operational issue. Once this is addressed the product will be extended throughout the hospital. Phase 2 of the programme (Lorenzo and Nervecentre ED) has entered technical testing and is 100 days to go live. User testing will begin in April. An external review of the programme has been completed by NHS Digital with a summary identifying that there remain challenges to be resolved before going live. The Committee discussed the key risks that would impact on 'go live' including data quality, ensuing engagement at all levels and focus of the organisation with other competing priorities.

### **Strategic Projects Update**

The FPC noted the bi-monthly report on progress against each of the Trust's agreed strategic projects and welcomed the new reporting format.

### **Health Records Update**

The FPC was briefed on the current position of Health Records noting that pleasing progress has been made, although there is still much to do and it is expected that the implementation of Lorenzo will support reducing the paper burden in the future. The Trust currently sits average in the national ratings on health record performance.

**Julian Nicholls**  
**Chairman**

22 March 2017

**Trust Board– March 2017**  
**Hospital Pharmacy Transformation Programme (HPTP) Plan**

<b>PURPOSE</b>	The Trust Hospital Pharmacy Transformation Programme (HPTP) plan aims to highlight the key changes required to deliver the Carter report's recommendations by 2020. The final version of the plan is required to be submitted to NHSI by 31 March 2017. The purpose of this paper is to seek approval for the submission to NHSI of the Trust's HPTP plan.
<b>PREVIOUSLY CONSIDERED BY</b>	The Trust Carter Programme Board Hospital Pharmacy Transformation Steering Group Finance Performance Committee 22 March 2017; further clarity on governance structure and monitoring added.
<b>Objective(s) to which issue relates *</b>	<input checked="" type="checkbox"/> 1. <b>Keeping our promises about quality and value</b> – embedding the changes resulting from delivery of Our Changing Hospitals Programme. <input checked="" type="checkbox"/> 2. <b>Developing new services and ways of working</b> – delivered through working with our partner organisations <input type="checkbox"/> 3. <b>Delivering a positive and proactive approach to the redevelopment of the Mount Vernon Cancer Centre.</b>
<b>Risk Issues</b> <small>(Quality, safety, financial, HR, legal issues, equality issues)</small>	Please see section Seven of the Hospital Pharmacy Transformation Plan
<b>Healthcare/ National Policy</b> <small>(includes CQC/Monitor)</small>	The Carter Report – Operational Productivity and Performance in English NHS Acute Hospitals: Unwanted variations (February 2016) Hospital Pharmacy and Medicines Optimisation Project, NHS Improvement
<b>CRR/Board Assurance Framework *</b>	<input checked="" type="checkbox"/> <b>Corporate Risk Register</b> <input type="checkbox"/> <b>BAF</b>
<b>ACTION REQUIRED *</b>	
For approval	<input checked="" type="checkbox"/>
For discussion	<input type="checkbox"/>
For decision	<input type="checkbox"/>
For information	<input type="checkbox"/>
<b>DIRECTOR:</b>	Director of Nursing and Patient Experience
<b>PRESENTED BY:</b>	Director of Nursing and Patient Experience
<b>AUTHOR:</b>	Chief Pharmacist
<b>DATE:</b>	March 2017

# Trust Plan

For

## Hospital Pharmacy Transformation

**Written by:** Andrew Hood, Chief Pharmacist

**Supported by:** Liz Lees, Director of Nursing

**Approved by:** Hospital Pharmacy Transformation Board

**Ratified by:** Trust Board

**Plan issued:** February 2017

**To be reviewed before:** February 2018

**To be reviewed by:** Chief Pharmacist

**Version:** V1.1

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## 1. Executive Summary

The Hospital Pharmacy Transformation Programme (HPTP) forms a work stream of the Trust PMO office. This work is being delivered by the HPTP Steering Group chaired by the Director of Nursing and Patient Experience. The deliverables and timescales of this programme will be monitored through the Trust PMO office.

The draft HPTP plan was approved at the Divisional Executive Committee in October 2016 and submitted to NHSI on 31 October 2016. The Trust received feedback on the draft HPTP plan and the plan was graded as 'Green' (57% of plans were rated 'Green' nationally) NHSI stated that the HPTP plan could be improved further by outlining the context of the plan within the emerging plans for the STP and any further collaboration opportunities that might bring.

Recommendation three of the Carter Report states that Trusts should, through a Hospital Pharmacy Transformation Programme, develop plans by April 2017 to ensure hospital pharmacies achieve their benchmarks such as increasing pharmacist prescribers, e-prescribing and administration, accurate cost coding of medicines and consolidating stock holding by April 2020, in agreement with NHS Improvement and NHS England so that their pharmacists and clinical pharmacy technicians spend more time on patient facing medicines optimisation activities.

The aim of the recommendation is to drive quality, improve patient outcomes and deliver efficiencies and savings.

The Carter Report recommends that more than 80% of trusts' pharmacist resource is utilised for direct patient facing medicines optimisation activities by 2020 whilst at the same time the provision of all local infrastructure services, which could be delivered collaboratively with another Trust or through a third party, are reviewed.

The main components of the Trust's HPTP plan are a review of skill mix and roles, a review of infrastructure and the implementation of the Trust's IM&T strategy.

The current and planned pharmacy resource deployed to undertake direct patient facing medicines optimisation as defined by Carter is illustrated in the table below:

Staff	Establishment 2016/17	2016/17 Clinical		2019/20 Clinical	
		%	WTE	%	WTE
Pharmacists	43.71	53%	23.17	80%	34.97
Technicians	44.94	41%	18.43	80%	35.95
Assistants	24.26	0%	20%	20%	4.85

The Trust is part of the Hertfordshire and West Essex STP and is collaborating with the Princess Alexandra Hospital NHS Trust, under a Memorandum of Understanding, to review and rationalise the pharmacy infrastructure service across both sites. In addition discussions have commenced with the West Hertfordshire Hospital NHS Trust pharmacy department. The Trust will also engage with the Pharmacy East of England Network Carter strategy to further rationalise the pharmacy infrastructure (appendix one).

A review of the Lister Pharmacy Production and Aseptic Unit was carried out by the Director of Pharmacy Quality Assurance, Specialist Services East of England and Northamptonshire in October 2016. This review will contribute to the pharmacy production and aseptics options appraisal involving the three acute trusts across the STP.

The HPTP plan also includes the work within the STP to deliver priorities for medicines optimisation to support the objectives of our “A Healthier Future” - Sustainability and Transformation Plan (STP).

## **2. The Hospital Pharmacy Transformation Plan**

The vision of our HPTP plan is to ensure that pharmacists and clinical pharmacy technicians spend more time on patient-facing medicines optimisation activities.

There are 4 main components to our Hospital Pharmacy Transformation Programme plan:

1. Skill-mix and review of pharmacy roles
2. Review of infrastructure
3. IM&T strategy (which will underpin and influence 1 and 2)
4. Finance – High Cost Drug coding, savings opportunities and stock holding

The HPTP plan for each of these areas is as follows:

### **2.1 Skill-mix and review of pharmacy roles**

A review of skill mix and the pharmacy roles within the dispensary and stores & distribution will allow staff to be released for patient facing clinical activities on the wards. In addition, the pharmacy aims to review the delivery and structure of pharmacy clinical services where the roles and responsibilities of the pharmacists, technicians and pharmacy support workers (PSW) will be clearly defined.

The timescales for the implementation of the skill mix review are outlined in the HPTP plan summary in section five.

#### **2.1.1 Skill-mix and review of pharmacy roles in the dispensary**

The HPTP plan proposes to have a technician-led dispensary, with minimal pharmacist support, so that pharmacists can be released for core clinical tasks. This model will be delivered by reviewing skill mix/pharmacy roles and restructuring the staffing of the dispensary as follows:

- Band 3/2 PSWs will be competency based trained to dispense prescriptions (currently a task managed by Band 4 technicians)
- Band 5/4 technicians will be re-trained as Accredited Checking Technicians (ACTs) to accuracy check prescriptions, including CDs and Paediatrics.

- Pharmacist will be based in the dispensary only when registered pharmacy activity takes place.
- This review aims to release dispensary based pharmacists (band 6 to band 8) and dispensary based technicians for patient facing activities.
- As band 4 technician vacancies arise, these will be reviewed and advertised as band 3/2 PSW posts. This will enable the department to have a greater pool of PSWs that can be trained for supportive tasks in the dispensary and on wards to release further pharmacist and technician time.
- Pharmacists and technicians will be able to spend 80% of their time on patient facing activities with this restructure.

### **2.1.2 Skill-mix and review of pharmacy roles in stores & distribution**

Automation and the introduction of a new Pharmacy stock control system is expected to increase efficiencies and release staff time, particularly in stores & distribution. This, together with a skill-mix review of stores & distribution will release staff to be part of the ward-based clinical teams.

The skill mix/role review will look to explore the role of PSW on wards in relation to topping-up, fluid management, stock and non-stock ordering/dispensing and waste management.

The structure of the stores and distribution service will also be developed in line with our collaboration with the Princess Alexandra Hospital NHS Trust (see section 3.2.3). The review of pharmacy stores and distribution across the two hospital sites aims to be completed by July 2017 and this will then inform the restructuring of stores and distribution at the Lister.

### **2.1.3 Clinical pharmacy services review**

The review of clinical pharmacy services will include the following:

- The development of team structures that are primarily based on wards and not centred around Pharmacy
- The integration of pharmacy staff into the ward multidisciplinary teams and contributing to ward safety huddles.
- The development of the role of pharmacist prescribers within specialities and teams on wards to further support medicines optimisation.
- Active engagement with Divisions to ensure pharmacy is supporting the delivery of divisional targets and objectives in terms of efficiency, patient safety and patient experience.
- The training of PSW and technicians to further develop ward based roles including the assembly of TTOs, managing stock issues and waste at ward level. This will release pharmacist and clinical pharmacy technician time for patient-facing medicines optimisation activities

The new clinical pharmacy model will be designed and piloted on two wards in 2017 with the aim of demonstrating the benefits of the HPTP plan.



## 2.1.4 Advanced Clinical Pharmacy Training

### Non-Medical Prescribing Pharmacists

The HPTP plan to increase the number of pharmacists actively prescribing over the next four years is outlined in the table below:

	<b>Lister</b>	<b>Mount Vernon</b>	<b>Total</b>
Number of trained NMP currently	3	1	
Total number of eligible pharmacists	20	2	22
Number undergoing training 2016/17 - funded	1	1	2
2016/17 - plan to train NMP in second intake	2	1	3
2017/18 - plan to train NMP	5	1	6
2018/19 - plan to train NMP	6	1	7
2019/20- plan to train NMP	6	1	7

In order to achieve this, all clinical directorate pharmacists will be tasked to seek support from consultants in their specialist areas, presenting key benefits to the Trust, directorates and patients.

The University of Hertfordshire offers a 6 month NMP course with two intakes (September & January) per year which will provide training on one day per week. Each intake has three separate cohorts, therefore only one pharmacist will be on study leave at any one time. Delivery of NMP pharmacists is dependent on the continuing funding for NMP courses.

The Pharmacy department aim to follow the successful model demonstrated by Northumbria Healthcare, using pharmacists as generalist prescribers (Baqir et al).

### Advanced Clinical Practice Pharmacists

The pharmacy department will look to develop the role of the advanced clinical practice pharmacist. The scope of this role includes: clinical investigation and diagnostics and clinical examinations. This will involve advancing the role of the non-medical prescriber and will further integrate pharmacists into the multi-disciplinary team to enhance the new clinical pharmacy model.

The Trust has achieved university status with the University of Hertfordshire and this provides an opportunity for the pharmacy department to work closely with School of Pharmacy. This collaboration will help both the Trust and the University to inform the contents and develop new courses in line with our HPTP plan.

The development of these new clinical pharmacy roles will allow for a more structured career progression from newly qualified pharmacists to advanced clinical pharmacy practice. This will further support our endeavours to recruit high calibre pharmacists and encourage staff retention.

### 2.1.5 Pharmacy 7 day working

At the acute hospital site (Lister) a pharmacy dispensing service is currently provided from 9:00am to 4:00pm on Saturdays and 10:00am to 3:00pm on Sundays. In addition a clinical pharmacy service is provided on Saturdays and Sundays to five high risk areas. The high risk areas include:

- Acute Medicine
- Medical Assessment Unit
- Emergency Surgery
- Acute Respiratory Medicine
- Elderly care

The implementation of this service has been supported by East and North Hertfordshire CCG through a 2 year CQUIN.

The primary focus on these wards is to provide enhanced weekend clinical services such as medicines reconciliation, medicines optimisation, patient counselling and efficient dispensing of TTOs at a ward level.

In Quarter 3 (2016/17) 461 medicines reconciliations were completed within 24 hours of admission on the five high risk wards. This equates to 34 per weekend who would otherwise have had to wait until Monday morning for a pharmacy review.

The pharmacy team identified significant omitted or incorrectly dosed regular medications during the medicines reconciliation process. These included a number of critical medicines including a diabetic patient who's Humulin I had been omitted, sodium valproate omitted for a patient with epilepsy, hydrocortisone tablets omitted for a patient with Addison's disease and three patients with incorrectly prescribed doses of medications for Parkinson's disease. These incidents if not corrected by the pharmacist during the weekend may have resulted in patient harm before being identified on Monday morning.

In addition, by working at ward level pharmacists were able to provide additional clinical input over the weekend to support the prescribing of Junior Doctors for newly admitted and current patients. These included correcting the doses of critical medications such as apixaban, rivaroxaban and ticagrelor; stopping nephrotoxic medications for patients with acute kidney injury (AKI) and adjusting or initiating dalteparin for venous thromboprophylaxis. In one example a pharmacist reviewing a newly admitted patient with cholecystitis, recognised the clarithromycin prescribed was not an appropriate treatment and working with the junior doctor on the ward was able to contact the Consultant Microbiologist who recommended switching the patient to levofloxacin

56% of TTOs were completed at ward level on high risk wards. These allowed the pharmacist to counsel patients' on any new medications and inform them about any changes to their medications. This was reflected in the patient satisfaction surveys with 100% of patients stating that the purpose of their medication was explained and 85% that they were told about any changes to their medication. In addition by completing TTOs at ward level pharmacists and MMPTs were able to reduce duplication and re-supply of regular

medications at discharge by utilising patient-own-drugs and by confirming with the patient about further supplies at home. They were also able to liaise with nursing staff to identify the TTOs that were the most urgent so these could be prioritised for dispensing at ward level or fast tracked through the dispensary.

The pharmacy department plans to undertake a feasibility study on extending the current clinical services at weekends. This will take into account skill mix review, the impact of the introduction of e-prescribing and the Trust's strategy on 7 day working. This is planned for 2018/19.

## **2.2 Review of infrastructure**

The Trust is collaborating with the Princess Alexandra Hospital NHS Trust (PAH) under a memorandum of understanding to review the pharmacy infrastructure between the two organisations. In addition the Trust is liaising with West Hertfordshire Hospitals NHS Trust (WHHT) on how this work can be extended across the STP.

As part of this collaboration, the following pharmacy services are currently being reviewed:

- Aseptic and production
- Outpatient dispensing
- Procurement/stores and distribution
- Education and Training
- Medicines information and Formulary

The Trust will develop its pharmacy infrastructure plans and co-ordinate with the regional strategy which has been developed by the Pharmacy East of England Network to ensure consistency and the adoption of best practice. The vision and milestones of this strategy is outlined in appendix one.

### **2.2.1 Aseptic and production**

The most recent Regional external audit (August 2015) for the Lister aseptic unit rated the unit as having significant risks and stated: "The cramped layout of the facility limits the capacity of the service to meet the full demand for chemotherapy for the Trust's patients. The fabric of the facility itself and the lack of dedicated storage facilities for stock and equipment means that clean rooms are cluttered and are difficult to thoroughly clean. Levels of microbial contamination in the outer areas of the facility have meant that restricted shelf lives are now applied to products prepared in the unit to manage the risk of patient infection. This in turn prevents the preparation of products in advance and also reduces capacity. At present, the steps being taken to manage these risks are satisfactory, however, a new build is required to replace the existing facility and planning for this should be pursued as a matter of priority"

An options appraisal on the future provision of the aseptic preparation of medicines in the Lister Pharmacy Manufacturing Unit was completed by the Director of Pharmacy Quality Assurance (Specialist Services East of England and Northamptonshire) in October 2016. In this review the following options were identified:

- Option One: Status quo
- Option Two: Close the Lister unit and outsource all supply
- Option Three: Build a new unit at Lister
- Option Four: Develop a commercial unit with PAH – both units at Lister and PAH require significant capital investment to ensure continued viability and working collaboratively may deliver efficiencies for both parties.

Following this review a working group has been set up involving the three acute Trusts in the STP (ENHT, PAH and WHHT). West Hertfordshire Hospitals NHS Trust has a fairly new facility, built in 2009, running at approximately 60% capacity based on current staffing.

Therefore, it was agreed to add an additional option to consider.

- Option Five: WHHT to take on additional capacity

The working group aims to review aseptics and production across the STP and to further develop an options appraisal (financial and non-financial) with a view to a collaborative model being developed by March 2017.

The model identified across the STP will contribute to the regional strategy developed by the Pharmacy East of England Network (appendix one)

### **2.2.2 Outpatient dispensing**

The Trust outsourced its outpatient dispensing service to a wholly owned subsidiary company (ENH Pharma Ltd) in November 2014. The aim of the company is to deliver financial and patient quality benefits. During 2015/16 and 2016/17 the establishment of the subsidiary led to significant improvements in quality and patient experience. For example outpatient patient prescription waiting times at the Lister hospital have improved from 58% of prescriptions dispensed within 30 minutes in 2014/15 to 97% dispensed within 30 minutes and 86% dispensed within 15 minutes in 2016/17. Similarly overall patient satisfaction for outpatient prescriptions has improved from 82% (48 patients surveyed) in 2014/15 to 96% (677 patients surveyed) in 2016/17.

The company is now looking to capitalise on this success and to grow and diversify both its customer base and service provision. The company will look to grow its dispensing service within the Trust by expanding into the dispensing of TTOs for patients in A&E, Day Surgery, Treatment Centre and Cardiology. In diversifying its customer base it will be looking to provide its expertise in outpatient dispensing services to organisations within the STP footprint such as Princess Alexander Hospital and to organisations outside the STP footprint. This will also include the provision of efficient, cost saving solutions to areas outside of drug dispensing such as appliances and devices.

The Trust and PAH pharmacy departments have already made significant progress in exploring the provision of an outpatient prescription dispensing service at PAH by ENH Pharma Ltd. The initial proposal is for ENH Pharma to extend its business portfolio to include outpatient pharmacy services at PAH. The value of the PAH Trust business has been provided to ENH Pharma and the feasibility of ENH Pharma providing this service is now being considered with the aim of developing a joint business case in 2017/18.

### **2.2.3 Procurement/stores and distribution**

A Lister and PAH pharmacy working group has been set up to review pharmacy purchasing and stores and distribution across the two hospital sites. The Lister pharmacy will be implementing the JAC pharmacy stock control system in July 2017 and as the JAC system is also in place at PAH there is a good opportunity for collaboration. (WHHT use a different pharmacy system so collaboration may be limited, however, this work will be shared with WHHT).

The aim of this group is to consider what can be achieved collaboratively and builds towards the Pharmacy East of England vision for procurement (appendix one).

Areas which will be considered by the group include:

- Quick wins by working together
  - PAH supporting ENHT with the introduction of JAC as PAH have recently implemented the JAC system
  - Introducing processes to manage slow moving stock/ short dated stock across the two sites to reduce waste
  - Overcoming manufacturing supply problems by utilising stock across both sites
  - Review remote/shared access to collaborative pharmacy systems
- Review of purchasing/ stores and distribution collaborative models
- Review the feasibility of a centralised purchasing / stores and distribution service
- Review feasibility of ward order assembly – this is where ward stock is ordered by the ward based pharmacy staff directly to the wholesaler who assemble the stock and deliver to the ward

The working group have discussed potential collaborative models with the Medicines Procurement Specialist Pharmacist (London and the East of England) and aim to present a feasibility paper with proposed options by end of July 2017.

### **2.2.4 Education and Training**

A joint strategy for education and training will be developed for both the Lister and PAH pharmacy departments. This will examine the staffing requirements for delivery of the service and how other staff within the departments can be utilised to deliver education and training needs. It will also examine the viability of buying in some aspects of this training and assessment.

This strategy would also consider how we might increase the number of pre-registration pharmacists and pharmacy technicians across both Trusts in order to tackle some of the current workforce recruitment issues. This would include expanding links with local universities, opportunities for staff rotations, and shared opportunities for career development, progression and talent mapping. These initiatives would also support the wider recruitment and retention requirements of both organisations.

### 2.2.5 Medicines Information and Formulary

A Lister and PAH pharmacy working group has been set up to develop a new Medicines Information service model aligned with the Pharmacy East of England Network Medicines Information strategy (appendix one). The vision of this strategy is to empower ward based pharmacy clinical teams to support medicines optimisation by providing information about medicines supported by a specialist resource 7 days/week.

The review will consider whether a Medicines Information Centre is required at both the Lister Hospital and PAH and also to develop a vision of the Medicines Information service across the STP. This work will be shared with West Hertfordshire Hospitals NHS Trust to see if further benefits can be realised by further collaboration.

The review of this service will include

- Site visits of Medicines Information services that have merged
- Discussion with regional Medicines Information centres
- Review of SLA requirements
- Management of complex Medicines Information enquires
- Identification of potential risks of sharing a Medicines information service with mitigations
- Identification of potential cost savings and efficiencies

A proposed new model together with an options appraisal, benefit realisation, identification of enabling work that is required, governance arrangements and action plan will be developed by June 2017.

### 2.3 IM&T strategy

The Trust's progress on the implementation of electronic prescribing and medicines administration is currently as follows:

Implementation area	Current Status	Planned implementation
Chemotherapy	Fully implemented	
Outpatients	Planning stage	2018/19
Discharge Medicines	Fully implemented	
In-patients	Planning stage	2018/19

The Trust has an IM&T strategy which is overseen by the IM&T strategy board. The strategy includes the implementation of electronic prescribing and medicines administration systems as described in the Carter report. The strategy going forward is as follows:

### **2.3.1. Pharmacy stock control system**

The Trust will be implementing the new JAC stock control system in July 2017.

The implementation of a new pharmacy stock control system will support the Trust becoming dm+d compliant within the required deadline. Whilst the new stock control system will not be compliant in terms of the Falsified Medicines Directive (FMD), NHSI are working closely with market leaders to ensure they provide us with compliant software within the timescales specified.

### **2.3.2 Electronic prescribing and administration system**

This is a high priority for the Trust. The Trust will seek any centrally funded capital schemes for technology systems and plans to implement electronic prescribing in 2018/19.

A Medicine Management system will aid in improvements in clinical practice such as:

- reductions in paperwork and transcriptions;
- improved audit trails for medication;
- performance monitoring and intelligence;
- reporting for Payment by Results;
- greater consistency and continuity of care between primary and secondary care settings;
- and more enhanced communication between hospital departments and pharmacies.

A Medicine Management solution with full integration will provide closed loop, paperless system, for prescribing and administration of all medicines administered to a patient as part of their care pathway.

A hospital of similar size to ENHT documented the following improvements from electronic prescribing:

- a reduction in prescribing errors by 66 per cent;
- a drop in clinical incidents by 63 per cent (from 11 to four in a six month period);
- a rise in accuracy of discharge medication prescriptions from 46 to 93 per cent;

### **2.3.3 Electronic ward cabinets**

Following implementation of electronic prescribing, the Trust would like to further expand innovative use of technology to high risk ward areas through the use of electronic medicines cabinets, to drive efficiencies, improve safety and reduce waste. Funding for development of this technology still needs to be secured.

### **2.3.4 The Pharmacy East of England Network Digital Enabling Strategy (appendix one)**

The Trust will collaborate with the Pharmacy East of England Network Digital Enabling Strategy and participate in pilots of new ways of working through digital technology where appropriate (e.g. bar coded medicines administration, refer to pharmacy models, unit dose dispensing).

## 2.4 Finance

### 2.4.1 Medicines stock-holding and supply chain

The Trusts performance against the medicines stock holding and supply recommendations, as outlined in the Carter report, are illustrated in the table below:

<b>Carter Recommendation</b>	<b>Current value</b>	<b>Target date</b>
Reduce average stock- holding days to 15	24 days	2018
Fewer than 5 daily deliveries (average)	20 deliveries	2020
90% orders sent electronically	60%	tbc
90% invoices processed electronically	0%	tbc

The Trust will be working in collaboration with the National Pharmaceutical Procurement Specialist Committee (NPPSC) and suppliers to meet these recommendations.

The Trust will be installing a new Pharmacy stock control system in 2017; as part of this role-out the purchasing team will be implementing the e-invoicing facility. The initial plan will be to focus on processing 100% of all wholesaler invoicing electronically during 2017 with a view to process other supplier invoices electronically via the PEPOL compliant GHX Powergate system. During 16/17 and on-going the team will review the existing list of supplier trading via EDI regularly and introduce new suppliers where possible including e-invoicing where offered.

During the installation of the new Pharmacy stock control system the purchasing team will be re-scheduling supplier order release day(s) to support reduction in stock holding, this may take several months to fully roll out effectively.

Currently 20% of the Trust orders are for Homecare services and as such the Trust will introduce e-ordering/e-invoicing with these providers when a suitable IT solution has been developed between the Pharmacy stock control system and the homecare provider.

To monitor progress the Trust will use the KPI data set provided by the NPPSC and feedback at a regional level. These data sets will be used to ensure target dates are met. Where possible the Trust will endeavour to reduce the number of deliveries into the hospital by rationalising supplier list where this does not affect existing contracts

### 2.4.2 Streamlining Process for the management of High Cost Drugs

The pharmacy department have reviewed the management of high cost non-tariff drugs internally and will liaise with clinicians and finance to ensure that these processes are robust and that drugs are used correctly and appropriate charges are made.

The pharmacy department and finance will also work very closely with the introduction of the new pharmacy stock control system to improve financial and PBR excluded drug reporting.

### 2.4.3 Top 10 drug saving opportunities

The list of the top 10 medicines with saving opportunities published monthly by NHSI will be reviewed at the pharmacy CIP meetings and an action plan will be developed to achieve these savings if appropriate.



#### **2.4.4 Biosimilars**

The Trust will support the introduction of new biosimilars for new and existing patients in line with the National Medicines Optimisation CQUIN.

### **3. Hertfordshire and West Essex STP**

The above HPTP plan includes the collaboration and rationalisation of pharmacy infrastructure services between the three acute trusts (ENHT, PAH and WHHT) in the Hertfordshire and West Essex STP.

In addition the Chief Pharmacists (acute trusts, CCGs, Hertfordshire Community Trust, Hertfordshire Partnership Foundation Trust and the Hertfordshire Local Pharmaceutical Committee) across the STP have set up a group to work beyond and across organisational objectives to deliver safe, efficient and high quality pharmaceutical care.

The focus of the group will be as follows:

- Aligning our emerging work programme with the STP
- Committing to real transformation to the way we work in an integrated way,
- Review and change the skill of our workforce together
- Develop the technology we use.
- Several national policies, reviews and guidelines identify opportunities for delivering savings and improved patient outcomes through optimal prescribing.

This integrated approach build on the fact that pharmacy teams are already recognised as highly performing and having a successful track record of delivery.

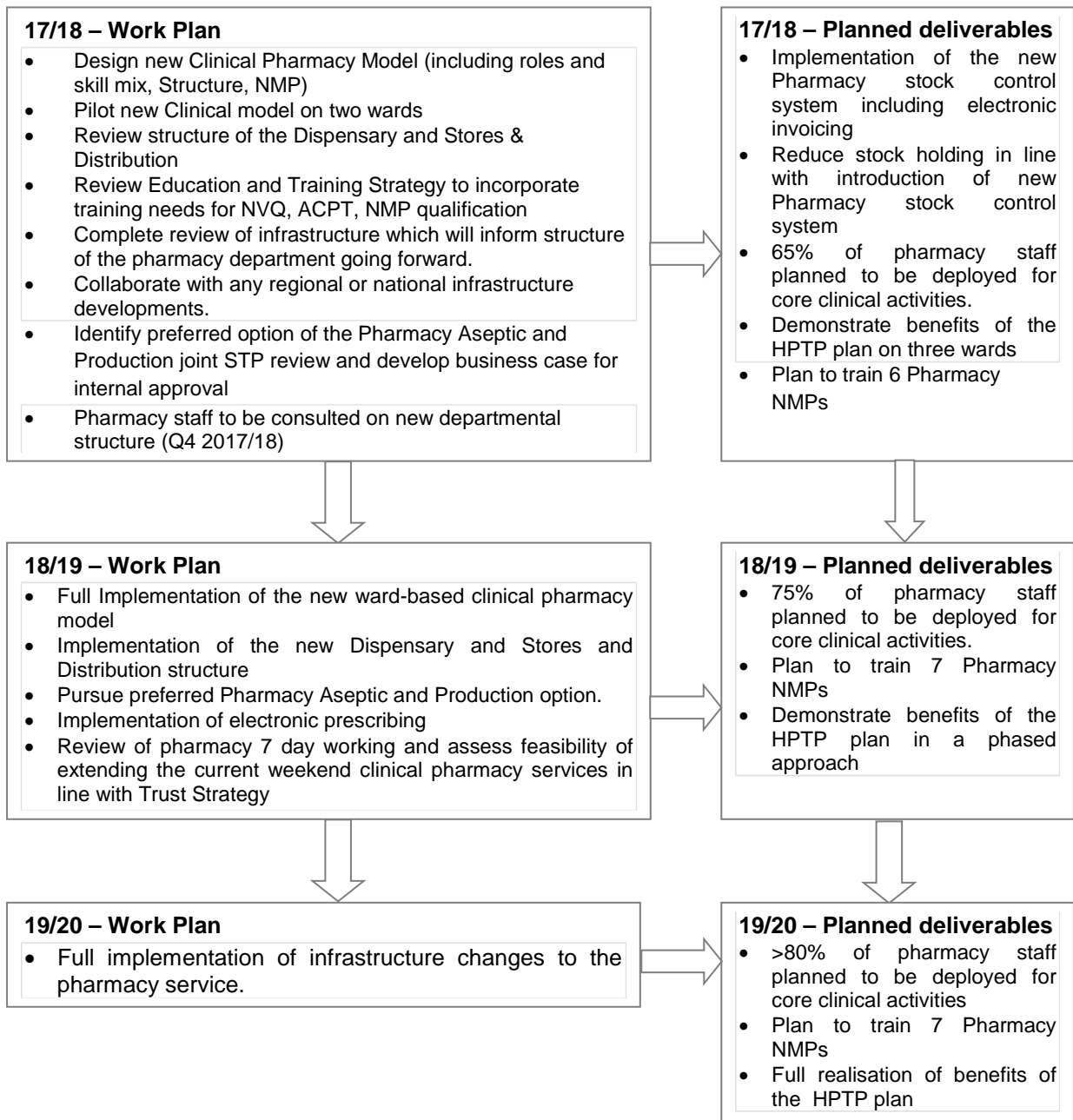
However, initiatives now require collaboration across the sectors to deliver further efficiencies through a challenging and ambitious programme of transformational change across the STP footprint. This will involve bringing together all commissioners and acute, mental health community and primary care providers in order to deliver agreed objectives.

It is proposed that the following work-streams are prioritised now to deliver cost efficiencies and improved patient outcomes to demonstrate the effectiveness of agencies working within the STP.

- Implementing digital technology platforms (e.g. Refer to Pharmacy)
- Clinical leadership
- Reducing unwarranted variation through use of national benchmarking tools
- Governance and framework
- Transitions
- Workforce and skills

Details of the pharmacy STP proposition and work streams can be found in appendix two of this document.

#### 4. Hospital Pharmacy Transformation Programme Key Mile Stones



## 5. Benefits Realisation Plan

The HPTP plan aims to increase the pharmacy resource deployed on wards to undertake direct patient facing medicines optimisation activities and demonstrate improvements in efficiency, quality and patient experience as out lined in the table below.

No	Objective/ development area	Baseline Assessment (2016)	Anticipated HPTP Outcome	Timescales
<b>1. Efficiency</b>				
1a	Reduce TTO waiting times	Average time TTOs are dispensed is within 72 minutes (83% dispensed within two hours)	TTOs to be dispensed with in an average time of 30 minutes – Opportunity on reducing length of stay to be modelled with the Transformation Office	2017/18- Demonstrate benefits on 3 wards  2018/19- Demonstrate benefit on 75% of wards  2019/20- Demonstrate benefit on 100% of wards
1b	Transcribing of TTOs by Pharmacists	Pharmacists do not transcribe TTOS	50% of TTOs to be transcribed by Pharmacists	
1c	Increase the number of TTOs completed at ward level	42% of TTOs are completed on wards	80% of TTOs to be completed on wards	
1d	Incorporate the pharmacy team into care hours and costs per patient day per ward	To be discussed with the Director of Nursing and Patient Experience	To be discussed with the Director of Nursing and Patient Experience	
<b>2. Quality</b>				
2a	Medicines reconciliation	83% of patients have medicines reconciled within 24 hours of admission (during working week days)	95% of patients to have medicines reconciled within 24 hours of admission (during the working week) 80% of medicines reconciled within 24 hours at weekends on target high risk wards	2017/18- Demonstrate benefits on 3 wards  2018/19- Demonstrate benefit on 75% of wards  2019/20- Demonstrate benefit on 100% of wards
2b	Delayed and omitted Critical Medicines	8.2% of doses of critical medicines were delayed or omitted (Medication safety thermometer)	<5% of doses of critical medicines are delayed or omitted	

2c	Decrease the number of SI/ IRIs involving medication	12 serious incidents/ incidents requiring investigation	6 serious incidents/ incidents requiring investigation	
2d	Pharmacy attendance on medical ward rounds	Average number of consultant/registrar ward rounds with pharmacy support per week = 4	Each pharmacist will participate on a consultant/ registrar ward round per week = 22 ward rounds	
2e	% of discharged patients referred for New Medicines Schemes at their community pharmacy in	0% of discharged patients are referred to community pharmacy	50% of discharge patients are referred to community pharmacy	
<b>3. Patient Experience</b>				
3a	Patient counselling – Demonstrate an improvement on patient survey results on medication purpose and side effects	Purpose of medication 8.2/10 Side effects of medication 4.8/10	Improve performance of these indicators to >9/10	2017/18- Demonstrate benefits on 3 wards  2018/19- Demonstrate benefit on 75% of wards
3b	Patient and Patient Carers Self medication	The self medication policy is currently being piloted on two ward areas	The self medication policy will be adopted across the whole of the Trust	2019/20- Demonstrate benefit on 100% of wards
3c	Reduce the number of pharmacy complaints related to delays in TTOs	51 complaints	To reduce the number of complaints to 10	
<b>4. Finance</b>				
4a	Improve management of stock medicines on wards	Ward losses = £40,000	Target ward losses = £10,000	2017/18
4b	Improved pharmacy stock management between ENHT and PAH	Limited collaboration between pharmacy departments	Evidence of savings from management of slow moving/ short dated stock in Year 1	2017/18

4c	Reduce the value of the challenges that are credited to the CCG for High cost drugs	£250K (2015/16)	Reduce value by 50%	2017/18
4d	Reduce pharmacy stock holding	24 days	15 days	2017/18
4e	Biosimilars	Biosimilars are used only for new patients in Gastroenterology and Rheumatology	Deliver the Medicines Optimisation Biosimilars CQUIN target	2017/18

## 6. Programme Governance

The Hospital Pharmacy Transformation Programme (HPTP) forms a work stream of the Trust PMO office. This work is being delivered by the HPTP Steering Group chaired by the Director of Nursing and Patient Experience. The deliverables and timescales of this programme will be monitored through the Trust PMO office. The progress and benefits realisation of the HPTP plan will be reported to the Trust Finance and Performance Committee for finance and efficiency measures and the Trust Risk and Quality Committee for patient safety and patient experience measures.

The delivery of the HPTP plan will require a full time project manager with change management experience for 18 months to be funded by the Trust PMO office.

## 7. Risks and Issues

### 7.1 Risks

The following key risks have been identified that may impact on the delivery of our HPTP plan:

- **Recruitment**

Risk of not being able to recruit pharmacy technicians and high quality pharmacy support workers required to deliver our HPTP plan. In the past the Trust has had difficulty in recruiting pharmacy technicians and this may be mitigated by growing our own technicians from pharmacy support workers to preregistration pharmacy technician trainees. In addition the Trust will collaborate with Princess Alexandra Hospital NHS Trust on pharmacy recruitment issues.

- **Development**

Risk that the funding for pharmacy courses required to support the training of pharmacy staff to deliver the Carter recommendations will not be available (e.g. postgraduate pharmacist diploma, NMP, ACPT and preregistration) An agreed national approach to funding needs to be developed and this is on the agenda of the All England Chief Pharmacist meeting.

- **Capital for Investment**

The risk of funding for the implementation of e-prescribing in 2018/19 not being available, which is a key component of the Carter Report. E-prescribing is a high priority of the Trust's IM&T strategy.

Risk that there will not be sufficient capital to fund the optimal solution proposed by the review of the Pharmacy Production Unit.

- **External Risk**

The risk of unforeseeable external changes may influence the implementation of the HPTP plan. The governance structure of the HPTP steering group will ensure that the group is well sighted of any potential strategic plans that may influence our objectives

## **7.2 Issues**

The following issues have been identified that may impact on the delivery of our HPTP plan:

- With further change management required to deliver the HPTP plan there is the risk of change fatigue. The pharmacy department has already been the subject of two consultations in the last 2 years (centralisation of services and 7 day working). The implementation of Carter will require good communication on the potential benefits and involvement of all the pharmacy staff.
- Fully realising the benefits of working in collaboration with a partner hospital. The memorandum of understanding between ENHT and PAH will support the collaborative work between the pharmacy departments.
- The time and resource to fully implement the Carter objectives. The resources required for this work is being reviewed by the HPTP Steering Group and the STP programme.
- Training of PSW and technicians to up-skill into new roles and thereby releasing pharmacists to undertake medicines optimisation and core clinical roles. The training requirements for up-skilling will be reviewed by the pharmacy education and training board.
- Maintaining operations whilst simultaneously sending staff off for training. This will be mitigated by building in backfill as part of the Carter project plan.
- Resource and expertise for the implementation of the pharmacy stock control system and the future role out of e-prescribing. The pharmacy department has recruited a pharmacy IT systems technician.
- There are currently no systems available for the Trust to trade electronically with Homecare providers. Therefore our target for electronic ordering and invoicing is critically dependent on the development of this technology. The Homecare Hub currently being developed will mitigate this risk.
- The current structure of the supply chain is not currently conducive to reducing the number of deliveries each day. This will need to be addressed nationally.

## Appendix One



The Pharmacy East of England Network has established five working groups to develop a regional strategy to support the delivery of the Carter report's recommendations.

The objectives of the five working groups are described below:

### Group One: Digital Enabling

**Vision:** To design a clinical and process blueprint for the implementation of a digitally led pharmacy service.

**Scope:**

- Ascertain digital maturity across the region
- Undertake pilots of new ways of working supported by technology and share the results.
- Engage with regional central procurement support to introduce technology.
- Develop a medicines audit trail process map aligned to required GS2 bar code and other emerging technology.
- Develop a methodology to capture impact on productivity and efficiency supported by dashboards and metrics.

**Milestones and dates:**

Milestone	Date
Establish task and finish group and regional lead	April 17
Survey digital maturity/strategy amongst trusts	May 17
Develop action plan based on survey results and prioritise 2-3 areas to pilot new ways of working e.g. bar coded medicines administration, refer to pharmacy type model, unit dose dispensing etc.	Q2 17/ 18
Engage in planned regional procurement project to support automation and related digital solutions	Q4 17/18
Report outputs of pilots to regional trusts for shared learning	Q1/2 2018/19
Develop a medicines audit trail process map to act as a blueprint	Q1/2 2018/19
Examine the impact of technology on productivity and efficiency supported by dashboards and metrics	Q4 2018/19



## Group Two: Medicines Information

### Vision:

Empowering ward based clinical teams to support medicines optimisation by providing information about medicines supported by a specialist resource 7 days/week.

- All ward based staff able to answer basic questions.
- All ward based staff trained/up-skilled/empowered to an agreed competency.
- NHS specialist pharmacy service acts virtually 7 days/week.
- Use local/regional/national clinical specialists.
- Step change from local MI databank to STP/regional/national searchable database.
- IT engagement strategy for workforce and service users.
- Regional procurement of MI resources.
- Rationalising DGH MI centres and mental health MI centres.

### Milestones and dates

Milestone	Date
Establish task and finish group and regional lead	March 17
Engage with regional procurement re: regional purchase of MI resources	March 17
Survey Trusts for MI service plans (continue, merge, outsource etc.), availability of clinical specialists and how many ward based staff need upskilling	May 17
Develop list of clinical specialists for sharing	Q2 17/ 18
Start upskilling staff using available e-resources	Q3 17/18
Review MI service provision at Trust/ STP/regional/national level	Q1/2 2018/19
IT engagement strategy for workforce and service users.	Q1/2 2018/19

### Group Three: Drugs Savings - Most Effective Route of Supply

#### Vision:

Delivering Medicines Optimisation is essential in each locality, be it at Trust or STP level. The mechanisms in place to do this need to be structured in a way that supports the Carter agenda in the short, medium and long term.

In the short-term the relevant committees (D&T/MOC) will need to deliver on the issues highlighted by the Model Hospital Portal, such as repatriation of immunosuppressants and biosimilar uptake, as well the Top 10 Savings list once identified by NHSI.

In the medium-term horizontal realignment of acute providers will allow for the centralisation of these key committees at an STP level, where this isn't already in place. Collaboration and shared decision making will then be facilitated leading, in time, to unification of prescribing practice.

In the long-term vertical integration with primary care providers will allow a joined up locality-wide approach to Medicines Optimisation. Shared budgets along with erosion of the 1<sup>o</sup>/2<sup>o</sup> care divide will enable new models of patient care and the possibility of new approaches to the medicines supply chain. These new models, which could include greater use of community pharmacies, will ideally be more cost-effective, and more patient-focused, but adoption should only proceed where key external stakeholders, such as suppliers and the HMRC, have been consulted.

#### Milestones and Dates

Milestone	Date
Develop trust level action plans to deliver on the metrics highlighted by the Model Hospital Portal as part of final HPTP plans	March 2017
Survey Trusts to ascertain status of current D&T/MOC groups within each STP and feasibility of amalgamation (and current formulary status) and possible timelines for delivery.	Q1 2017-18
Assess regional STP Plans for timelines regarding vertical integration.	Q2 2017-18
Coordinate STP level/ regional meeting to discuss potential new pathways and implications with local providers and commissioners.	By end of 2017/18
Produce summary document of new pathway options being considered, their effect on supply chain and potential implications	Q4 2017/18

## Group Four: Pharmacy Stores and Purchasing - Short Line Stores Outputs

### Vision:

To develop, via bespoke trust arrangements or a commercial partnership created through a competitive dialogue procedure, a bespoke procurement and logistics model to provide consolidated pharmaceutical delivery to the point of use for Trusts within a defined geographical area.

This will include:

#### Priority deliverables

- Procurement administration, management and sourcing of pharmaceutical products, including service contract management.
- Ward order assembly
- Consolidated hospital deliveries to dispensaries.
- Finance/e-commerce
- Automation

#### Second priority deliverables:

- Outsourcing: management of contracts, TTO's, O/P, home delivery
- Homecare
- Provision of logistics to other infrastructure services, such as: aseptics, TTO packs, kits.
- Blister packs

Milestone	Date
Establish task and finish group and regional lead	Feb 2017
Survey requirements of trusts for ward order assembly	Mar 2017
Meet with interested parties (commercial and NHS) to identify options and develop action plan / tender schedule.	May 2017
Identify options and report back to PhEN for decision	Q2 17/18
Engage in planned regional procurement process to support logistics arrangements if necessary. Or prepare business case for in house solution. (Or both).	Q2 17/18
Implement identified solutions	Q4 17/18

## Group Five: Pharmacy Aseptic Review

### Vision:

There will always be a requirement for the aseptic preparation of injectable medicines. We will take a building block approach for this requirement from a local to regional to a national strategy.

Some of this requirement can be met by outsourcing to commercial or other NHS facilities. Locally this could be achieved through collaboration within a STP footprint.

At a regional level we need to have a plan for collaboration based on local STPs which, contributes to the regional strategy. Initially we require an audit of available facilities, outputs and costs and a review/gap analysis by an oversight group. This could recommend which units would best be licensed going forward. Regional strategy is a contribution towards the new national strategy.

In the longer term pharmacy production should be organised nationally with facilities being run in a separate national structure akin to a Special Health Authority. (Learning from NHS Modernisation in early 2000's is that a national strategy is required prior to monies being released).

Milestone	Date
Establish a group to scope the project and appoint a regional lead.	Feb 2017
Survey trusts to establish what product types are being made, quantities, identify licences held, establish pay costs, non-pay costs and overheads.	Mar 2017
Establish an oversight group. Meet with interested parties and establish an oversight group to review STP plans and establish which units can collaborate, which units might be interested in obtaining MHRA licences, how much further investment in facilities is required and where.	May 2017
Identify options and report back to PhEN for decision.	September 2017
Oversight group to engage in planned regional collaboration process to support licensing and logistical arrangements. Prepare business cases for licensing and any new facilities and for the closure of any units.	Late 2017 / early 2018
Implement identified solutions and feedback progress to Hospital Pharmacy Transformation Programme (HPTP)	2018 onwards

## Appendix Two



### CHIEF PHARMACISTS STP PROPOSITION

#### **Introduction:**

The Chief Pharmacists across the STP footprint for Hertfordshire and West Essex have come together in order to develop this proposition to the chief executives and have formulated their priorities for working to support the objectives of “A Healthier Future” - Sustainability and Transformation Plan (STP).

The chief pharmacists group:

- John Biddulph, Acting Chief Pharmacist, Princess Alexandra Hospital
- Sarah Crotty, Head of Medicines Optimisation and Pharmacy, Herts Valleys CCG
- Andrew Hood, Chief Pharmacist, ENHT
- Martin Keble, Chief Pharmacist, WHHT
- Helen Musson, Executive Officer, Hertfordshire Local Pharmaceutical Committee
- Anurita Rohilla, Chief Pharmacist, West Essex CCG
- Chetan Shah, Chief Pharmacist, HPFT
- Pauline Walton, Chief Pharmacist, ENHCCG
- Simon Wan, Chief Pharmacist, HCT

This proposition has been developed within the context of the Carter Review into productivity, the Murray review of community pharmacy, Five Year Forward View into changes the NHS needs to make and the QIPP programme of quality and cost efficiencies.

All participants are committed to working together in a transparent and open way. To facilitate this process, a Memorandum of Understanding (MOU) will be developed, setting out the agreed work arrangements and responsibilities for delivery of the medicines optimisation elements of the STP.

This document outlines the proposition to achieve this.

The QIPP savings have been identified across the Hertfordshire and West Essex Clinical Commissioning Groups (CCGs) as follows:

East and North Hertfordshire CCG	£1.982m
Herts Valleys CCG	£1.800m
West Essex CCG	£1.092m

This group proposes to be the enabling group for pharmacist input and skill, working across the STP's Primary and Community Care, Acute and Prevention work-streams.

### **Background:**

Getting the most from medicines for both patients and the NHS is becoming increasingly important as more people are taking more medicines. Medicines prevent, treat or manage many illnesses or conditions and are the **most common intervention in healthcare**.

### **The Challenge:**

Medicines are the most common intervention in healthcare and represent the second highest area of NHS spend after staffing costs. We recognise the challenge facing health and social care in Hertfordshire and West Essex is to identify areas of large scale efficiency, which will save costs and deliver better patient outcomes and improved wellbeing for the population.

If medicines are prescribed appropriately and taken as prescribed then patient outcomes improve. However, there is substantial evidence that this is not the case:

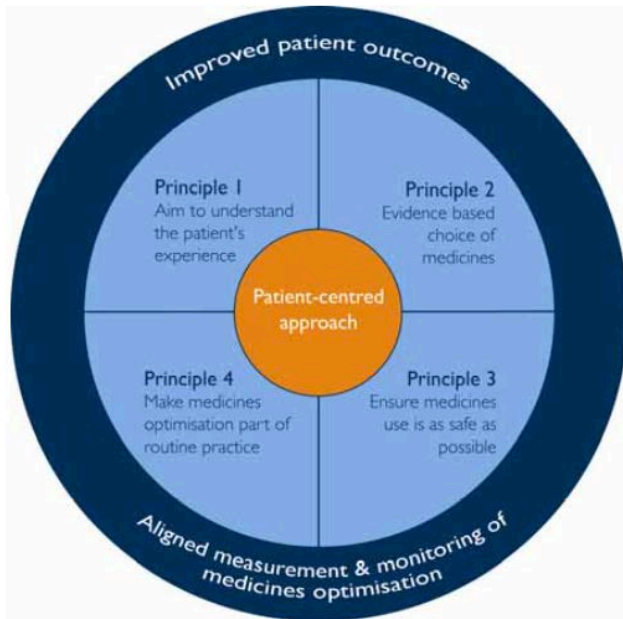
- The cost to the NHS of wasted medicines has been estimated at £150 million.
- The cost of admitting patients who do not take their medication as directed has been estimated to be between £36 million and £196 million.
- Currently, approximately 50% of patients with chronic disease do not take their medication as prescribed.
- 60% of patients with chronic disease admitted to hospital had three or more medicines changed during their hospital stay.

This means that if we correct the above, we can achieve the greatest possible health gain for our patients within our available resources. Therefore, the impact is significant in all aspects of healthcare and pathways. The group has started to explore this in the context of PESTLE analysis (political, economic, social, technical, legal and environmental).

The Royal Pharmaceutical Society identifies four guiding principles for medicines optimisation, represented in the graphic below. At core, a patient-centred approach delivering improved patient outcomes and reducing unwarranted variation.

The principles are:

1. Principle 1: Aim to understand the patient's experience
2. Principle 2: Evidence based choice of medicines
3. Principle 3: Ensure medicines use is as safe as possible
4. Principle 4: Make medicines optimisation part of routine practice



*Royal Pharmaceutical Society: Medicines Optimisation*

**The Proposition:**

The Chief Pharmacists group shares a vision of a set of common objectives and will work beyond and across organisational objectives to deliver safe, efficient and high quality care.

We will focus on:

1. Aligning our emerging work programme with the STP.
2. Committing to real transformation to the way we work in an integrated way.
3. Reviewing and changing the skills of our workforce together.
4. Developing the technology we use.
5. Implementing the several national policies, reviews and guidelines that identify opportunities for delivering savings and improved patient outcomes through optimal prescribing.
6. Working together to deliver a cross-system view on prescribing patterns in order to support efficiencies and appropriate prescribing.
7. Where one CCG has a model that works within priority areas, we will endeavor to spread this across the other CCGs, as permitted by capacity.

This integrated approach builds on the fact that pharmacy teams are already recognised as highly performing and having a successful track record of delivery.

However, initiatives now require collaboration across the sectors to deliver further efficiencies through a challenging and ambitious programme of transformational change across the STP footprint. This will involve bringing together all commissioners and acute, mental health, community and primary care providers in order to deliver agreed objectives.

Our vision will be developed together and in line with A Healthier Future:

- Living well and preventing ill-health through appropriate medicines intervention
- Transforming primary and community pharmacy to deliver patient needs
- Improving urgent and hospital pharmacy to bring efficiencies, cost benefits and better patient outcomes
- Providing medicines intervention more efficiently and effectively

### **Work-streams:**

It is proposed that the following work-streams are prioritised now to deliver cost efficiencies and improved patient outcomes to demonstrate the effectiveness of agencies working within the STP.

1. Implementing digital technology platforms: We will harness the potential of digital technology to offer care in radically different ways. We will evaluate software systems that align with our pathways to improve information flow throughout the system on patient medications to deliver STP objectives. For example, Refer to Pharmacy (see East Lancashire document appendix)\*, electronic prescribing systems and delivery of care through technology solutions to support safe, effective and efficient prescribing.

#### Outcome: Implementing digital technology platforms:

- Efficient & accurate seamless communication of key medicines-related information across health and social care interfaces reducing the risk of potential errors through poor communication.
  - the patient/service user will have access to the right healthcare professional, close to home, Risk stratification systems will identify patients at risk and improve safety helping to prevent unnecessary hospital admissions
  - Electronic prescribing systems will increase efficiency and reduce errors
  - Increased use of technology initiatives e.g. summary care record and electronic repeat dispensing will enhance care in community pharmacy
2. Clinical leadership: An absence of senior pharmacy representation in determining pathway structure has potential implications for costs, efficiency and outcomes. The group will work to ensure senior pharmacist representation on these pathways and delivery boards.

#### Outcome: Clinical leadership:

- Senior clinical input within each priority pathway will optimise the commissioning and use of medicines
  - Ensuring Integration of the pharmacy workforce
  - Ensure all medicines considerations including access suitability, legality etc. are considered in a timely manner at pathway development.
3. Reducing unwarranted variation through use of national benchmarking tools: The group will jointly review and triangulate, using business intelligence and analytical data alongside Right Care data, to benchmark and identify areas of variation against comparator localities and propose action to reduce variation where it is not warranted. Additionally, the group will identify the top 20 most expensive drugs prescribed within the STP through CCG and provider liaison.



Outcome: Reducing unwarranted variation through the use of national benchmarking tools:

- Improve quality across the STP.
  - Optimise efficiencies across the STP.
  - Spread good practice across the STP.
4. Governance and framework: A new collaborative structure consisting of providers and commissioners across the STP needs to be underpinned by the appropriate governance arrangements. The group will develop an integrated governance model, to facilitate the effective and timely implementation of cost-efficiency driving projects such as the rollout of biosimilars\*\*.

Outcome: Governance and framework:

- Standardisation of medicines use within each priority pathway to optimise medicines. Thereby ensuring evidence-based and safe prescribing of medicines within each pathway. This will achieve better outcomes for the patient by ensuring that patients are on the correct medicines throughout their care.
  - Prevention – using the pharmacist skill that supports patients to no longer take medicines that of no benefit and encouraging patients to look at their own lifestyle choices and self-manage their conditions that may reduce reliance on medications.
  - Shared care prescribing guidelines across primary and secondary care to improve quality and improve patient choice by allowing patients to access medicines closer to home and clarifying prescribing responsibility.
  - More consistent and timely uptake of cost effective medicines solutions.
  - Uniform local decision making processes about medicines.
5. Transitions: Working with providers to ensure smoother transitions and handover points for patients on their journey through the system to avoid medicines related delayed transfers of care, reduce re-admissions, improve patient safety and contribute to better outcomes for patients.

Outcome: Transitions:

- Better utilisation of current information about patients and their medicines to improve communication across all interfaces about medicines and their use.
6. Workforce and skills: The group will seek to identify opportunities to enhance, integrate and optimise use of the pharmacy workforce i.e. across community pharmacy, primary and secondary care pharmacy services within the STP e.g. expanding the role of prescribing pharmacists and integrating community pharmacists

Outcome: Workforce and skills:

- To review and assess any skills gap, to inform the workforce requirement, to deliver the STP priority pathways.
  - Integrated pharmacy workforce across the new models of care
7. Implementing the pharmacy vision: The group will aim to deliver a vision for pharmacy across the STP footprint, comprising six critical elements: alignment of pharmacy work with STP work-streams; identifying what real transformation looks like; identifying integrated pharmacy across the whole system looks like; defining what new roles pharmacy could

develop with investment; understanding what innovative use of technology will provide; and agreeing a clear vision for pharmacy for five years' time.

**Outcome: Implementing the pharmacy vision:**

- Clear and concise vision to be shared with the system.
- Certainty as to the achievements pharmacy is working towards.
- Benefits defined and measurable.
- Work plan to deliver the vision is drafted and implemented.

\*The Digital Integration Group will need to put the IT systems in place to facilitate refer to pharmacy.

**Resource:**

Part of the challenge for delivery remains the resource required to develop this proposition into a complete programme for delivery. It is important for us to recognise that and commit to solving.

**Priority Pathways:**

The priority pathways, as identified by the STP are: (i) Frailty, (ii) Diabetes, (iii) COPD, (iv) End of Life, (v) Stroke and (vi) Mental Health, can be impacted through collaborative working of all pharmacy professionals across the footprint.

**Risks and/or Issues:**

1. Without a sufficient degree of clinical engagement (from consultants through to GPs), there is a risk that the proposals in this document will not be able to be delivered, resulting in failure to meet the efficiency and patient benefits anticipated.
2. Some specific areas of work will be regarded as highly politically sensitive and may be challenged by external stakeholders. The absence of effective public engagement and consultation may result in a failure to achieve efficiencies in prescribing spend/and reduce unwarranted variation.
3. Commitment to transparency and collaborative working on existing contracting and procurement arrangements within individual organisations may present an issue with regard to stakeholders in this group. For example, differential pricing arrangements. Failure to resolve this issue may result in efficiencies not being delivered.
4. Without the ability to address workforce requirements, there is a risk that the system will not be able to implement agreed recommendations which could result in failure to meet the objectives of STP.
5. There is a risk that failure to invest in technology tools, software and platforms that are designed to improve delivery of care, may lead to sub-optimal prescribing, which could result in poor patient outcomes with associated financial implications.
6. The introduction of new models of care delivered through the STP programme will inevitably reduce the dependency on secondary care. The impact of medicines spend when activity is shifted from secondary to primary care or when a more costly medicine improves outcomes or reduces activity must be accepted as part of the whole of the pathway rather than viewing the medicines budget in isolation.

February 2016

\*\* (A biosimilar product is a biological product that is approved based on a showing that it is highly similar to an approved biological product, known as a reference product, and has no clinically meaningful differences in terms of safety and effectiveness from the reference product.) STP-wide medicines optimisation committee.

**TRUST BOARD PART 1 – MARCH 2017**

**FINANCE REPORT MONTH 11**

<b>PURPOSE</b>	To set out the Trust's financial position for the period ending 28 February 2017
<b>PREVIOUSLY CONSIDERED BY</b>	FPC
<b>Objective(s) to which issue relates *</b>	<input checked="" type="checkbox"/> 1. <b>Keeping our promises about quality and value</b> – embedding the changes resulting from delivery of Our Changing Hospitals Programme. <input type="checkbox"/> 2. <b>Developing new services and ways of working</b> – delivered through working with our partner organisations <input type="checkbox"/> 3. <b>Delivering a positive and proactive approach to the redevelopment of the Mount Vernon Cancer Centre.</b>
<b>Risk Issues</b> (Quality, safety, financial, HR, legal issues, equality issues)	Financial risks are described in the main report
<b>Healthcare/ National Policy</b> (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.
<b>CRR/Board Assurance Framework *</b>	<input type="checkbox"/> Corporate Risk Register <input checked="" type="checkbox"/> BAF
<b>ACTION REQUIRED *</b>	
For approval	<input type="checkbox"/>
For discussion	<input type="checkbox"/>
For decision	<input type="checkbox"/>
For information	<input type="checkbox"/>
<b>DIRECTOR:</b>	Director of Finance
<b>PRESENTED BY:</b>	Director of Finance
<b>AUTHOR:</b>	Associate Director of Finance
<b>DATE:</b>	March 2017

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

\* tick applicable box

## Financial Summary - February 2017

Key issue	Summary	Pages	In Month	YTD
Performance against forecast	The month 11 position is better than forecast (£288k variance), with an adverse variance against pay being offset by over performance on income	4	Green	Green
I&E Summary	The Trust delivered a £3.155m deficit in month against a planned deficit of £1.292m, creating a £1.863m adverse variance. The reported in month position reflects a number of year to date adjustments as detailed on page 2 of this paper.	5,6	Red	Red
Activity & Clinical Income	Clinical income was higher than plan this month (£0.83m). There was above plan activity in both In and Out Patients which saw a large rise in numbers of day cases and in Outpatient procedures. This favourable position would have been higher but Month 11 included a loss of £1.385m as part of the counting and coding mediation adjustment. Maternity income returned to an adverse position after being on target in Month 10.	7,8	Green	Green
Expenditure	Expenditure is £1.354m adverse to plan in month and £10.053m year to date. Of the in month variance, £0.591m relates to unachieved CIPs and there was a significant overspend against Medical Staffing (£0.727m) including £0.442m on Waiting List Initiatives and a further £0.2m in ED on double running and retrospective bank shifts.	9-11	Amber	Amber
CIP plans	The CIP delivery in month was 69% (83% ytd). Although some further schemes have been identified and the Grip & Control process is now fully established, it is expected that there will be an adverse variance at the end of the year and this has been built into the 'most likely' forecast.	12	Red	Red
Cash	There was a £1.3m cash balance at the end of the month, which is higher than the £1.000m minimum cash balance.	13	Green	Green
Capital	Capital expenditure is below plan in the month, as orders have been placed but goods and services have not yet been received.	14	Green	Green
Balance sheet, Aged debtors & creditors		15,16	Grey	Grey
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 year to date rating is a 4 due to the significant variance from plan.	17	Red	Red
Waiting list initiative & Outsourcing	Waiting list expenditure is £0.6m in February, which is the highest level all financial year	18	Red	Red

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

## Financial Narrative - Key Issues - February 2017

### OVERVIEW - YEAR TO DATE

- At month 11 the Trust reports a YTD deficit of £29.0m, which is £18.6m adverse variance to plan
- The year to date position includes most of the significant adjustments, many of which are non recurrent, that have been included in the year end forecast as summarised below.

	In Month £000s	YTD £000s
<b>Forecast adjustments included in month 11 position:</b>		
- Counting & coding - mediation	(1,385)	(4,493)
- Repay 2014/15 brokerage	0	(4,500)
- STF funding	(892)	(4,460)
- CCG workforce transformation bid	(183)	(2,017)
- CCG support funding/readmissions	(300)	(3,300)
- Hosted services SLA	(133)	(1,467)
- 2015/16 outturn adjustment	0	(1,600)
- tPP consolidation	(98)	(1,868)
- SLA purchased contracts	(50)	(550)
- Month 11 net income & expenditure	1,179	5,700
<b>Month 11 reported</b>	<b>(1,863)</b>	<b>(18,555)</b>

- The only non recurring items included in the year end forecast, which have not been reflected in the year to date position, are the prior year adjustments (£2.7m VAT adjustment and £1.3m maternity pathways). These will be included in the month 12 reported position.
- The Year End Outturn forecast deficit remains £33.6m

### FEBRUARY PERFORMANCE

- During February the Trust reported an actual I&E deficit of £3.2m compared with a planned deficit of £1.3m
- There was a favourable variance of £288k against forecast in the month, of which income was better than forecast, and pay was higher than forecast
- Medical staff expenditure was at the highest level all financial year and a 'deep dive' review of the reasons for this is being undertaken
- Waiting list expenditure is also at it's highest level all year, despite a revised process of authorisation of all waiting list sessions

### SLA INCOME DELIVERY

- Income from NHS activities is favourable against plan by £0.8m
- After the slowdown in elective activity seen in December, daycases bounced back to the high levels experienced in month 7 and 8. However, elective inpatient activity remained at similar levels as seen in December as measures to ensure adequate capacity for non elective patients was actioned
- Outpatients activity was in line with budget for the month
- Surprisingly, A&E attendances dropped in January and this trend has continued into February and that has had a knock on impact on the non elective admissions, as that is also lower than expected.
- Critical care has maintained the high level of income that was seen in January
- Maternity bookings continue to be stable but fall below plan for the current year to date but deliveries were on plan in the month

## PAYROLL PERFORMANCE

- Pay was favourable to plan in the month, however there was a significant overspend for medical staff, particularly in ED, Orthopaedics and Anaesthetics
- Agency expenditure was at the second lowest all financial year and reflects recent recruitment drives
- Waiting list expenditure was £632k in February, compared with £452k on average this financial year. The Trust is reviewing how it can further strengthen its process for authorisation of waiting list sessions, as well as working with Foureyes to develop a demand/capacity model.
- Temporary staffing accounts for 16% of the pay bill on average this financial year. This is compared to 15% for the same period in the 2015/16 financial year
- Year on year agency costs have increased by £0.4m, of which £0.9m relates to a VAT adjustment for NHSP in 16/17.
- Since October 16 agency expenditure has been below levels for same period in 15/16
- The agency unit price for agency staff used by the Trust has increased by 5.5% year on year (after excluding the impact of the NHSP VAT adjustment)
- The average unit cost of permanent staff employed by the Trust has risen by 3.9% year on year. This is suggestive of significant pressure within the pay base.

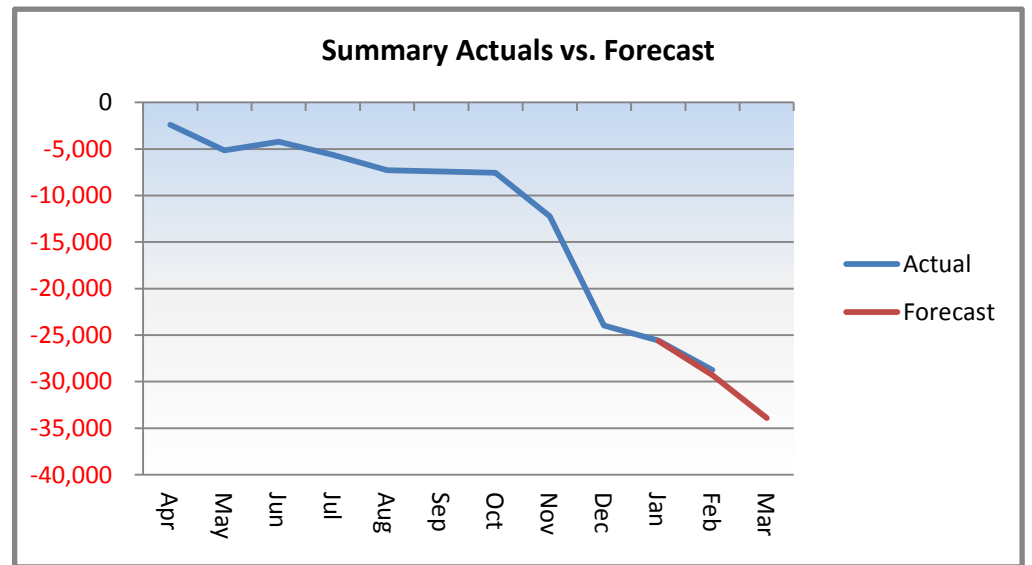
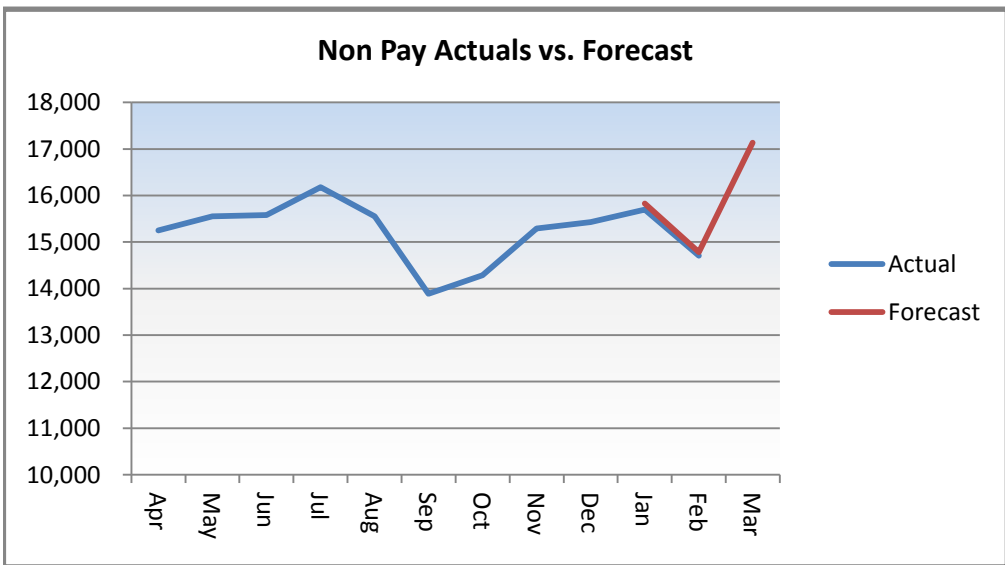
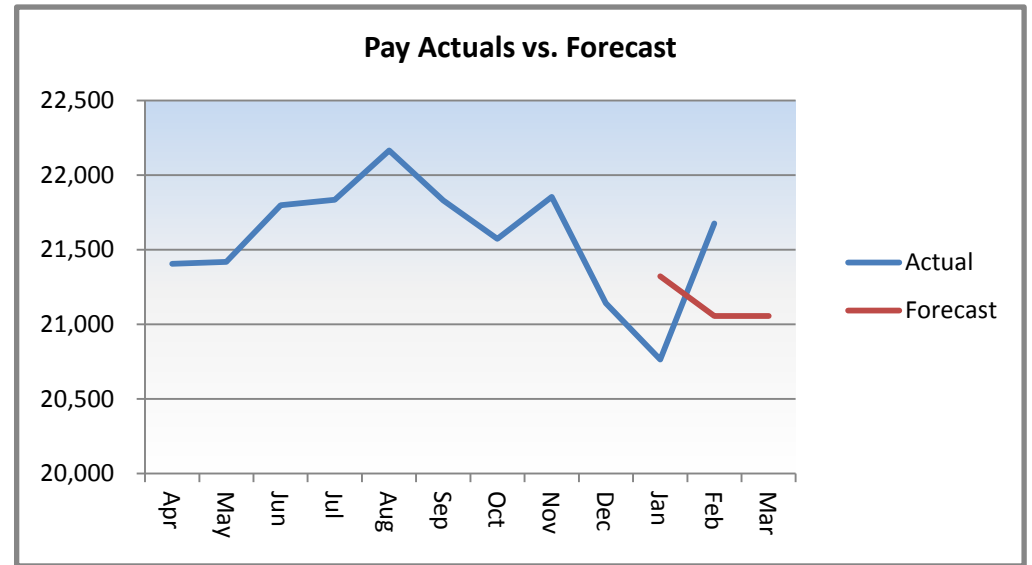
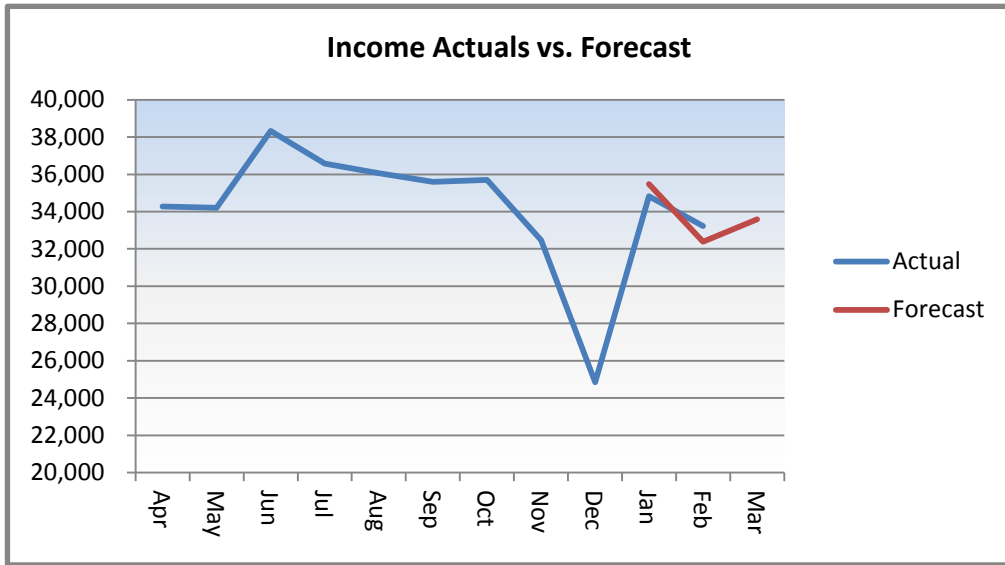
## CIP PERFORMANCE

- The Trust CIP plan for 16/17 targeted savings totalling £15.5m
- The YTD plan anticipated the release of savings of £13.9m at month 11
- YTD CIP delivery remains behind plan by £2.4m (17%)
- The majority of the slippage pertains to unidentified savings targeted never allocated
- The year end forecast CIP delivery is £12.5m, excluding the impact of the estimated savings from the newly initiated 'Grip and Control' process
- £1.5m of savings from the 'Grip and Control' process have been assumed in the outturn forecast, to give £14.0m total forecast CIP delivery

## CASH

- The Trust has applied for, and has had approved, an extension to its Working Capital Facility, known as an 'Uncommitted Loan Facility' of £16.4m. This is expected to be received on 13th March. This includes cash support for our share of TPP's historic losses, which has been progressed through a 'cash call' on the Trust.
- As the Trust will not achieve its control total, the process confirmed by the Department of Health for the application for Revenue Support Loans will not apply. Further guidance is awaited and, in the meantime, the Trust continues to work with NHSI on its liquidity issues

## Comparison of Performance vs. Forecast



## Income and Expenditure Summary - February 2017

### Performance against internal plan

	Current Month			Year to Date			Annual
	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Plan £000s
<b>Income</b>							
Income from NHS activities	29,086	29,918	832	332,280	336,279	3,999	364,046
Income from non NHS activities	536	498	-38	5,779	4,788	-991	6,315
Other operating income	4,814	2,660	-2,154	48,469	33,435	-15,034	53,365
<b>Total Income</b>	<b>34,436</b>	<b>33,076</b>	<b>-1,359</b>	<b>386,528</b>	<b>374,502</b>	<b>-12,027</b>	<b>423,726</b>
<b>Expenditure</b>							
Pay	-21,211	-21,782	-572	-232,550	-235,312	-2,762	-253,639
Non-Pay	-12,971	-14,247	-1,276	-144,407	-152,511	-8,104	-157,059
Unallocated Budgets	-109	385	493	-3,965	-3,151	814	-4,441
<b>Total Expenditure</b>	<b>-34,291</b>	<b>-35,645</b>	<b>-1,354</b>	<b>-380,922</b>	<b>-390,974</b>	<b>-10,053</b>	<b>-415,138</b>
<b>EBITDA</b>	<b>145</b>	<b>-2,569</b>	<b>-2,714</b>	<b>5,607</b>	<b>-16,473</b>	<b>-22,079</b>	<b>8,588</b>
PDC Dividends payable	-194	-194	0	-2,139	-2,139	0	-2,333
Depreciation	-691	-577	114	-7,599	-6,345	1,254	-8,290
Investment Revenue	2	2	-0	23	29	6	25
Finance Costs	-303	-303	0	-3,337	-3,337	0	-3,640
<b>NET SURPLUS / (DEFICIT) before contingency</b>	<b>-1,042</b>	<b>-3,642</b>	<b>-2,600</b>	<b>-7,445</b>	<b>-28,263</b>	<b>-20,819</b>	<b>-5,650</b>
<b>Contingency</b>	<b>-250</b>	<b>487</b>	<b>737</b>	<b>-2,750</b>	<b>-486</b>	<b>2,264</b>	<b>-3,000</b>
<b>NET SURPLUS / (DEFICIT) after contingency</b>	<b>-1,292</b>	<b>-3,155</b>	<b>-1,863</b>	<b>-10,195</b>	<b>-28,749</b>	<b>-18,555</b>	<b>-8,650</b>
<b>Below the line</b>							
Deprn on Donated Assets	0	-27	-27	0	-298	-298	0
<b>I&amp;E incl Donated Assets</b>	<b>-1,292</b>	<b>-3,182</b>	<b>-1,890</b>	<b>-10,195</b>	<b>-29,047</b>	<b>-18,852</b>	<b>-8,650</b>

### Performance against NHSI plan

	Current Month			Year to Date			Annual
	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Plan £000s
<b>NET SURPLUS / (DEFICIT) after contingency</b>	<b>-1,989</b>	<b>-3,155</b>	<b>-1,166</b>	<b>-8,989</b>	<b>-28,749</b>	<b>-19,760</b>	<b>-8,650</b>

### Headlines against internal Trust plan:

There was an adverse variance of £1,863k in the month and year to date there has been a £18,555k variance against the plan. The year to date deficit position is £28,749k.

**Clinical Income** The in month position is a £832k favourable variance. Above plan activity across In-Patients / Out-Patients and at Mt Vernon was offset by a further element of the mediation resulting from the counting & coding challenge.

**Other Operating Income:** there is an ongoing shortfall here including STF (£892k) and CCG (£775k). There was realisation of a one-off benefit relating to historic car park income (£529k).

**Pay:** The pay figure for this month includes a significant variance against medical staffing (£727k), which is mainly due to £442k on Waiting List Initiatives and a further £200k in ED on double running and retrospective bank shifts. These overspends were offset this month by a £161k YTD reclassification of expenditure from pay to non pay due to outsourcing of radiology reporting.

**Non-Pay:** The adverse variance includes £0.4m non-delivery of CIPs, £0.3m relating to outsourcing and additional data quality and Consultancy support.

### 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 £18,597k variance.





### Activity and Contract Income - February 2017

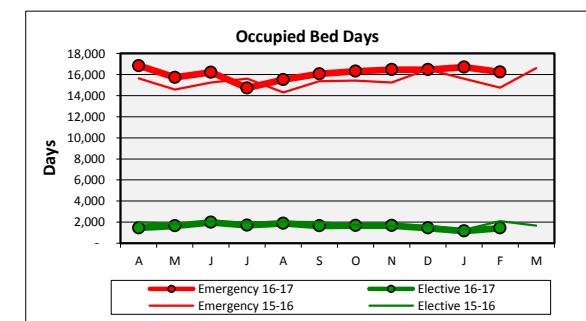
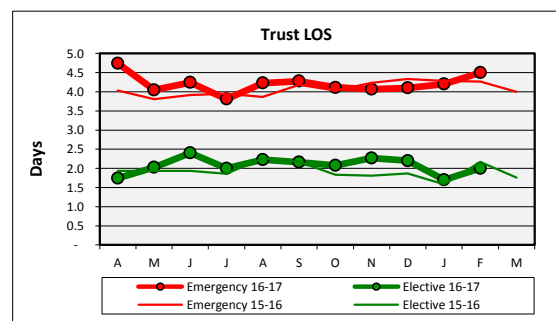
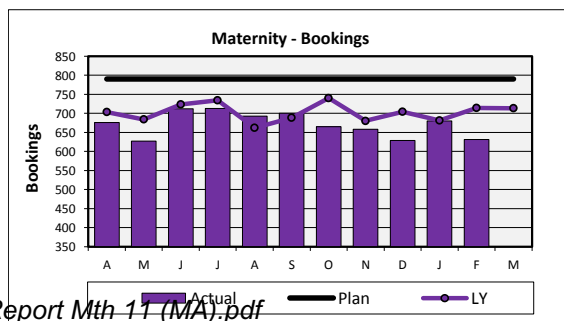
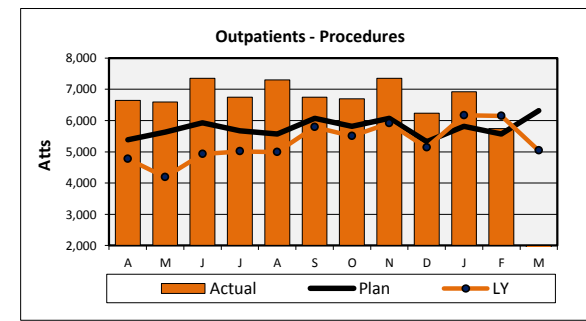
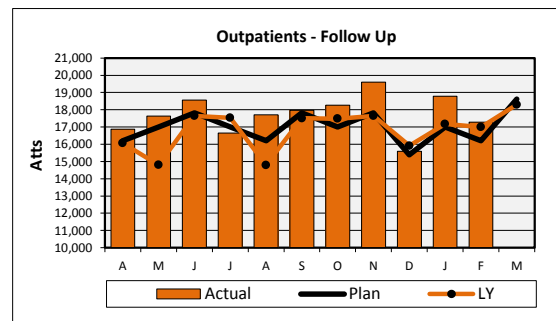
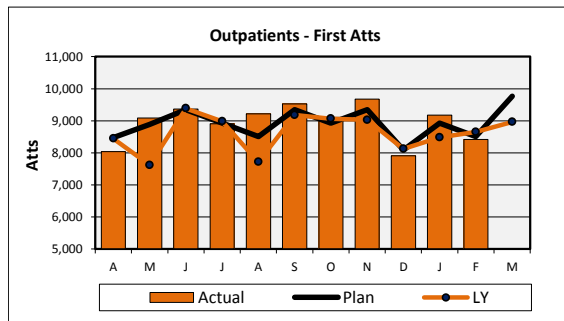
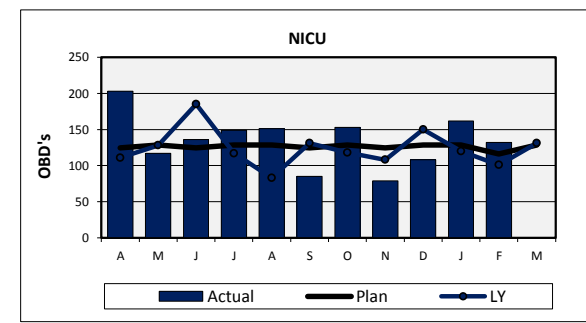
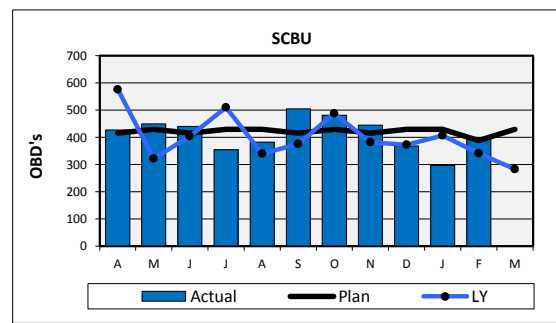
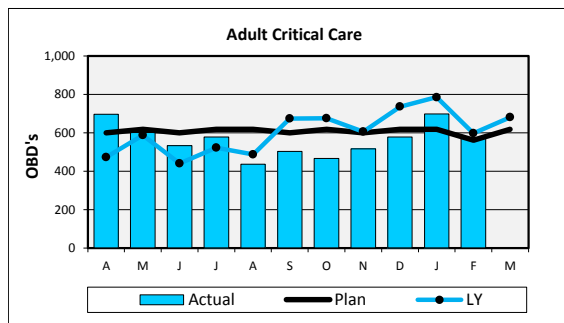
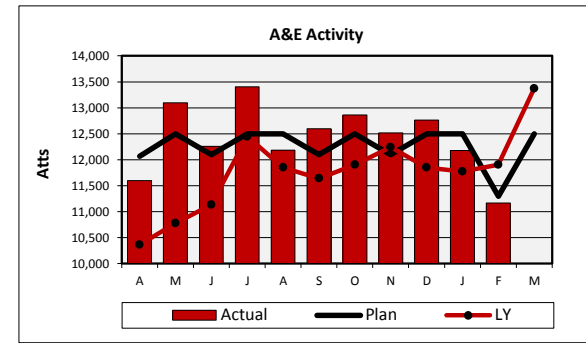
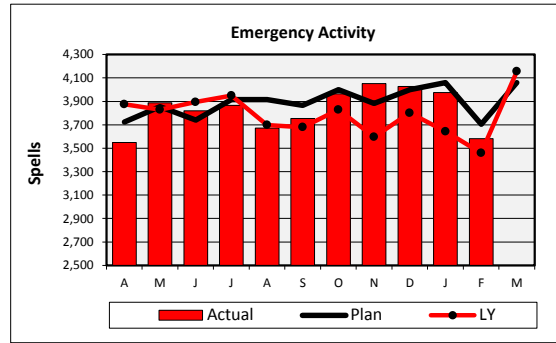
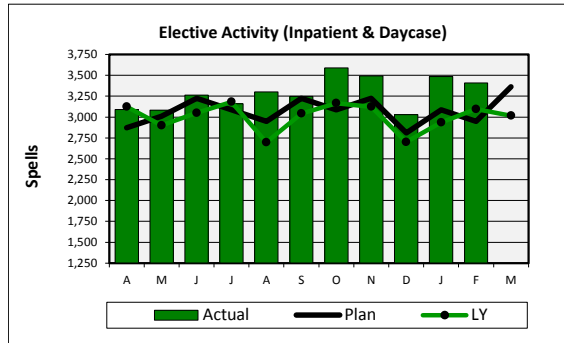
Activity	Current Month				Year to Date				Annual Plan
	Plan	Actual	Variance	%	Plan	Actual	Variance	% Var	
Day Cases	1,948	2,635	687	35	22,126	27,017	4,891	22	24,347
Elective	912	622	-290	-32	10,387	7,284	-3,103	-30	11,429
Non Elective	3,627	3,539	-88	-2	41,728	41,294	-434	-1	45,702
<b>Total Inpatients</b>	<b>6,487</b>	<b>6,796</b>	<b>309</b>	<b>5</b>	<b>74,241</b>	<b>75,595</b>	<b>1,354</b>	<b>2</b>	<b>81,478</b>
Excess bed days	1,564	1,664	100	6	18,527	15,716	-2,811	-15	20,264
<b>Total Excess bed days</b>	<b>1,564</b>	<b>1,664</b>	<b>100</b>	<b>6</b>	<b>18,527</b>	<b>15,716</b>	<b>-2,811</b>	<b>-15</b>	<b>20,264</b>
Consultant first attendance	8,186	8,082	-104	-1	93,609	95,026	1,417	2	103,004
Consultant follow up	14,185	15,029	844	6	162,421	170,711	8,290	5	178,733
Outpatient Procedures	5,635	6,379	744	13	63,600	76,074	12,474	20	69,992
Other outpatients	15,250	17,163	1,913	13	172,422	170,012	-2,410	-1	188,601
<b>Total Outpatients</b>	<b>43,256</b>	<b>46,653</b>	<b>3,397</b>	<b>8</b>	<b>492,052</b>	<b>511,823</b>	<b>19,771</b>	<b>4</b>	<b>540,330</b>
A&E attendances	11,990	11,896	-94	-1	142,947	145,030	2,083	1	156,216
Renal Dialysis	6,515	6,851	336	5	74,642	77,950	3,308	4	82,129
Adult Critical Care	562	551	-11	-2	6,669	6,201	-468	-7	7,287
Maternity Births	457	447	-10	-2	5,402	5,124	-278	-5	5,907
Mount Vernon	12,700	13,929	1,229	10	145,677	147,654	1,977	1	160,196

Headlines:	
<p>Elective activity continues to perform below plan, however has begun to pick back up following particularly low activity levels in both December and January due to the cancelling of elective work to cope with emergency pressures.</p>	
<p>A&amp;E activity, although continuing to be above plan for the year to date, was actually below plan in the month for the second month in a row. The average daily attendances were, however, on par with January. This lower than expected level of activity seems to have had a knock on impact upon the numbers of non elective inpatient admissions, as although broadly in line with plan, are lower than expected. We have noticed a slight increase in length of stay which suggest a higher level of acuity in patients.</p>	
<p>Outpatients continues to perform strongly, especially procedures. and other outpatients such as unbundled diagnostics.</p>	

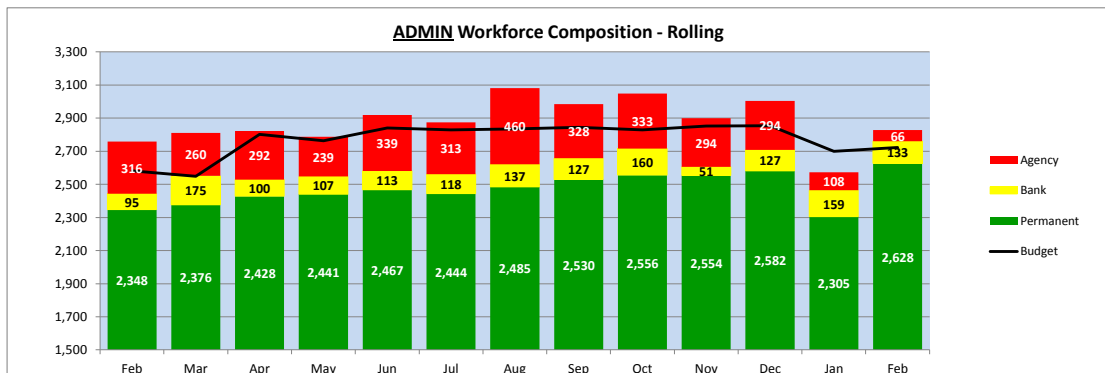
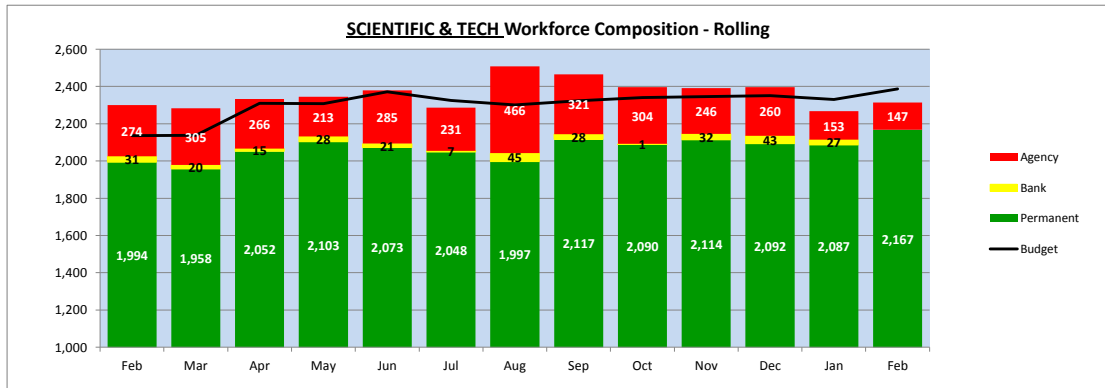
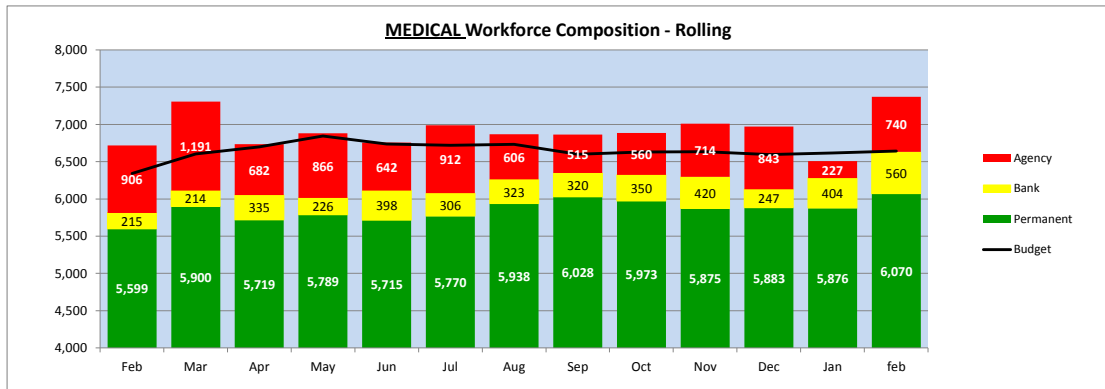
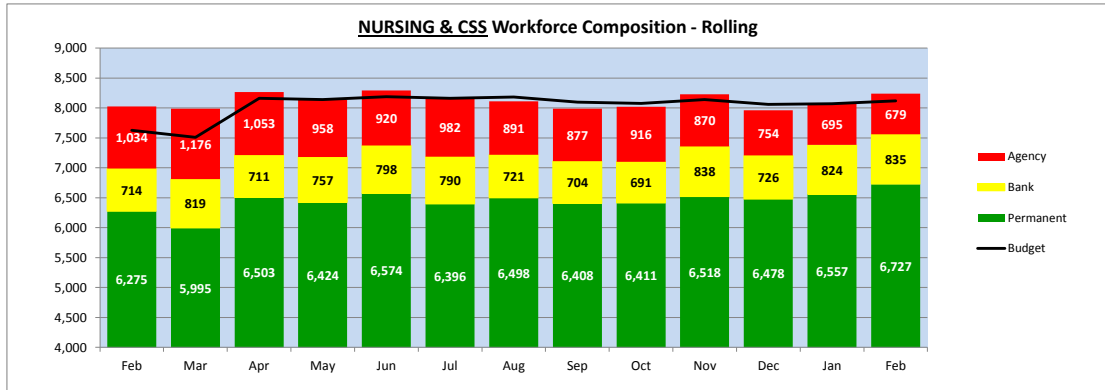
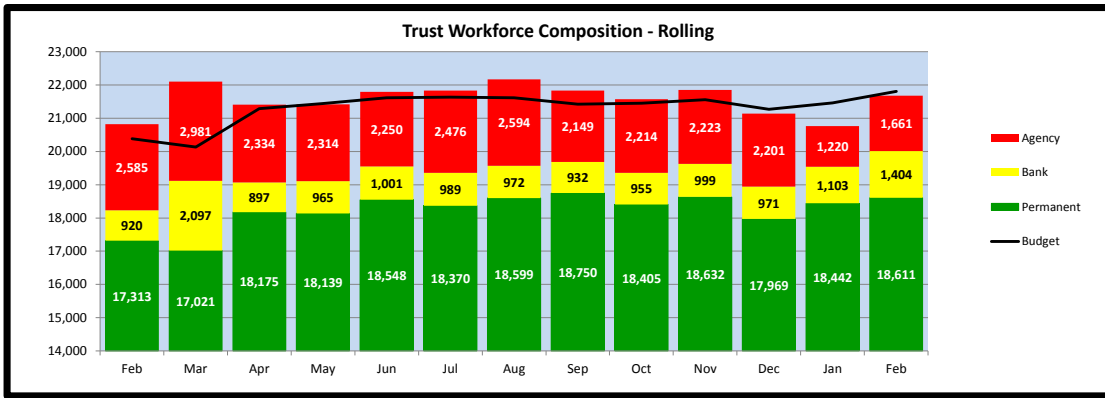
Income	Current Month				Year to Date				Annual Plan
	Plan £000s	Actual £000s	Variance £000s	Var %	Plan £000s	Actual £000s	Variance £000s	Var %	
Day Cases	1,616	2,211	595	37	18,347	22,527	4,180	23	20,190
Elective	1,787	1,805	18	1	20,390	19,622	-768	-4	22,433
Non Elective	6,082	6,583	501	8	68,682	72,833	4,151	6	75,231
<b>Total Inpatients</b>	<b>9,485</b>	<b>10,599</b>	<b>1,114</b>	<b>12</b>	<b>107,419</b>	<b>114,982</b>	<b>7,563</b>	<b>7</b>	<b>117,854</b>
Excess Bed days	395	438	43	11	4,676	4,011	-665	-14	5,114
<b>Total Excess bed days</b>	<b>395</b>	<b>438</b>	<b>43</b>	<b>11</b>	<b>4,676</b>	<b>4,011</b>	<b>-665</b>	<b>-14</b>	<b>5,114</b>
Consultant first attendance	1,430	1,438	8	1	16,358	16,874	516	3	18,001
Consultant follow up	1,451	1,529	78	5	16,609	17,418	809	5	18,277
Outpatient Procedures	949	1,262	313	33	10,773	13,191	2,418	22	11,850
Other outpatients	1,454	1,597	143	10	16,507	17,421	914	6	18,130
<b>Total Outpatients</b>	<b>5,284</b>	<b>5,826</b>	<b>542</b>	<b>10</b>	<b>60,247</b>	<b>64,904</b>	<b>4,657</b>	<b>8</b>	<b>66,257</b>
A&E attendances	1,390	1,543	153	11	16,515	17,852	1,337	8	18,050
Renal Dialysis	1,017	1,072	55	5	11,665	11,950	285	2	12,832
Adult Critical Care	762	877	115	15	9,046	8,738	-308	-3	9,884
Maternity Pathway	1,449	1,143	-306	-21	15,932	13,160	-2,772	-17	17,381
Maternity Births	1,028	1,034	6	1	12,165	12,054	-111	-1	13,301
Maternity Cross Charge	-169	-181	-12	7	-1,857	-1,548	309	-17	-2,026
Mount Vernon	4,370	4,857	487	11	49,972	49,769	-203	-0	54,651
Drugs	1,586	1,613	27	2	18,526	18,711	185	1	20,169
Other Non-PbR cost & volume	1,988	1,947	-41	-2	22,430	21,813	-617	-3	24,524
Acute CQUIN	504	536	32	6	5,545	5,973	428	8	6,049
2015/16 Settlement	0	0	0	0	0	-1,598	-1,598	0	0
Mediation Adjustment	0	-1,385	-1,385	0	0	-4,492	-4,492	0	0
<b>Total NHS Income</b>	<b>29,089</b>	<b>29,919</b>	<b>830</b>	<b>3</b>	<b>332,281</b>	<b>336,279</b>	<b>3,998</b>	<b>1</b>	<b>364,040</b>

Headlines:	
<p>The year to date income position includes a £4.4m adverse adjustment related to the settlement of a mediation case regarding coding and counting challenges and an adjustment for the closedown of the 2015-16 SLA with our commissioners.</p>	
<p>As explained above, elective income is significantly above plan but is driven entirely by the high level of day case work.</p>	
<p>Non elective income is again well above plan but this should be tempered by the impact of the mediation as most of this will relate to non elective income. This is also consistent with the increased length of stay seen and acuity of patients.</p>	
<p>Outpatients continues to overperform on income, mainly due to the high levels of outpatient procedures being carried out. Although adult critical care income is down on plan for the year to date, it is significantly above plan in the current month. Income tends to be weighted towards the winter months, with particularly high activity seen on Respiratory HDU, so we will see whether this continues into March.</p>	
<p>Maternity has been underperforming for a number of months against it's plan but the actual income in the month increased in month. there appears to be a steady decline in antenatal bookings, however births remain fairly consistent.</p>	

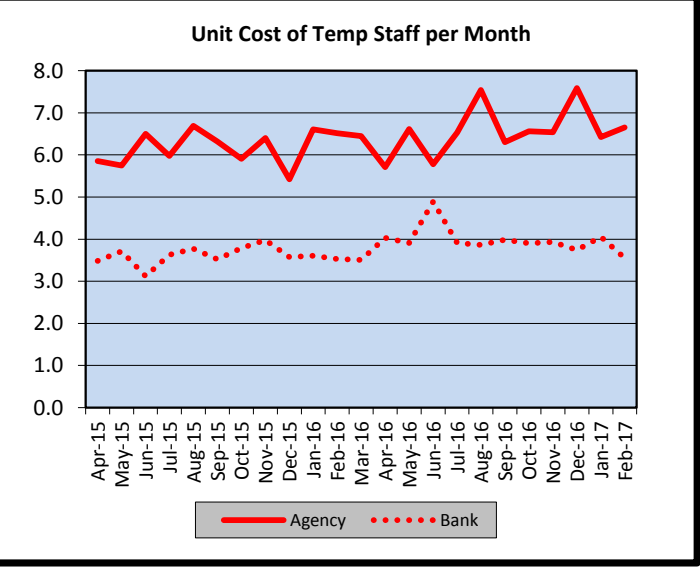
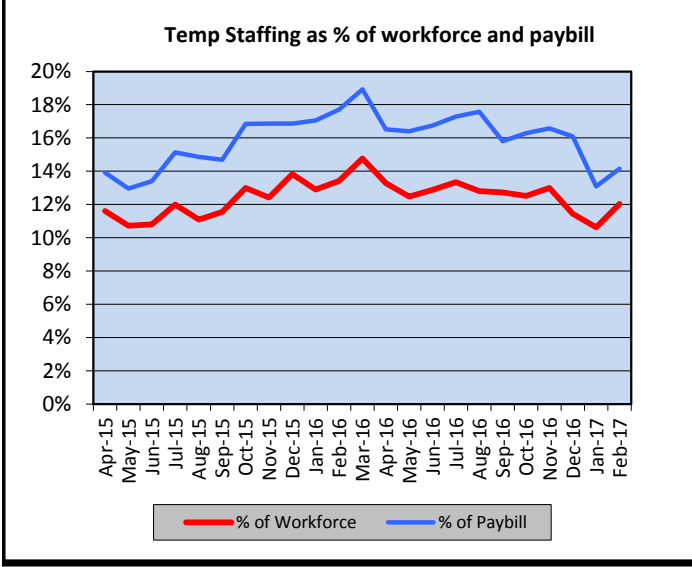
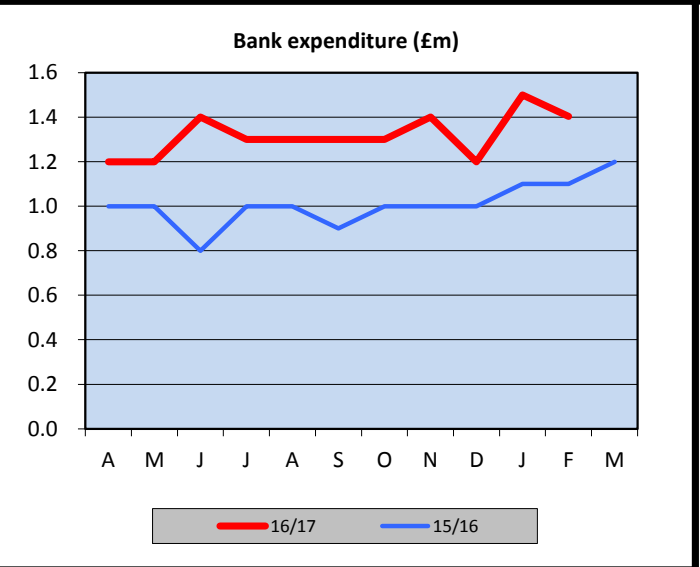
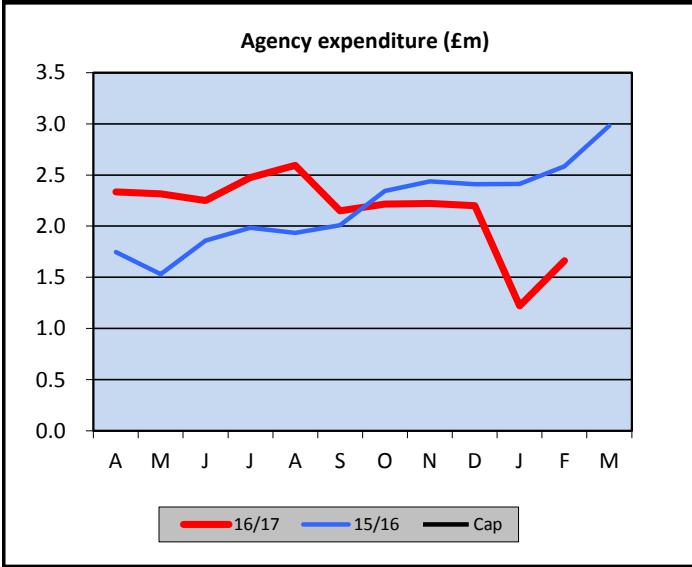
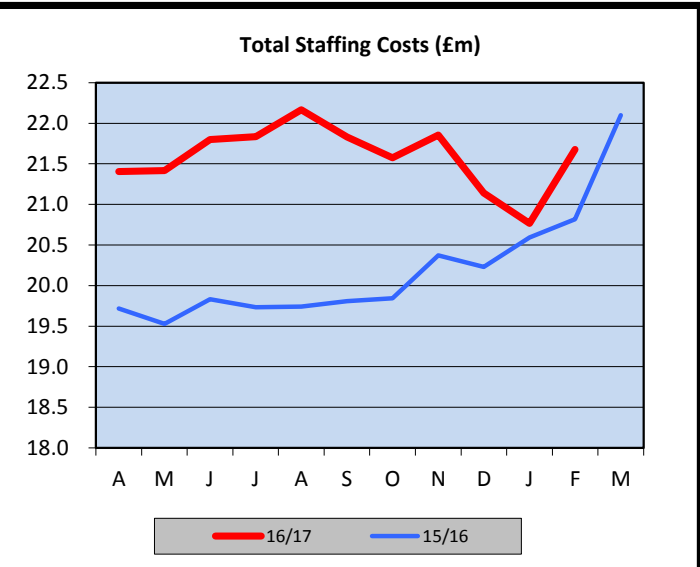
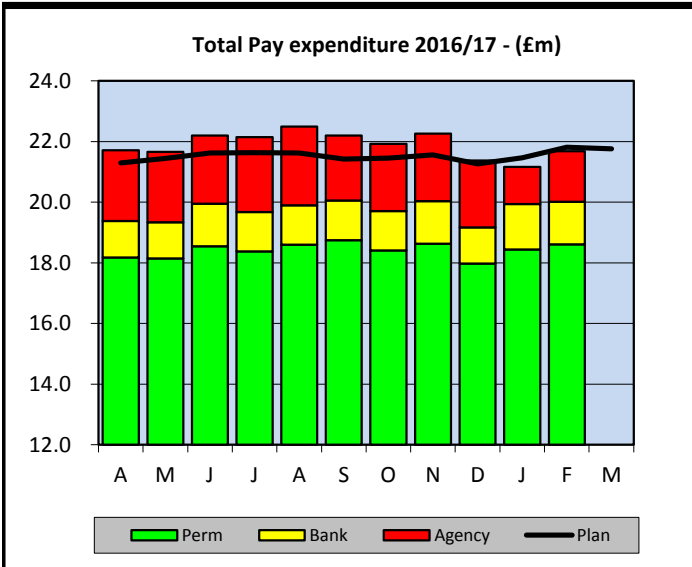
# SLA ACTIVITY PERFORMANCE



## Composition of Workforce Costs

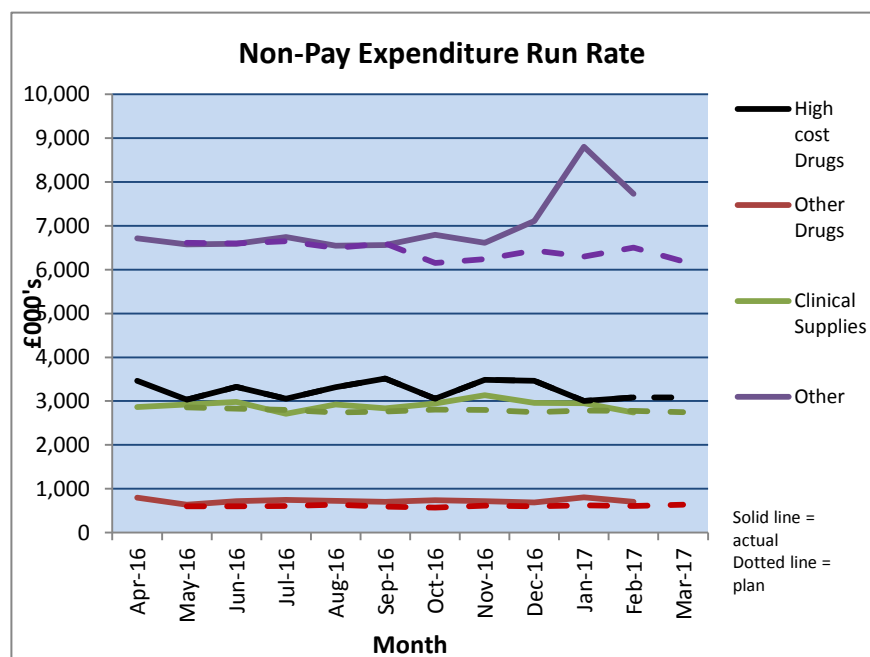


# Key Payroll Metrics



## Non-Pay Expenditure - February 2017

		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
		£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
High Cost Drugs	Plan	3,463	3,033	3,328	3,057	3,319	3,513	3,056	3,488	3,461	3,000	3,082	3,082	35,800
	Actual	3,463	3,033	3,328	3,057	3,319	3,513	3,056	3,488	3,461	3,000	3,082	3,082	35,800
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0
Drugs	Plan	666	597	600	610	633	596	571	617	602	622	606	638	6,720
	Actual	800	635	717	748	725	705	736	716	685	804	702	638	7,975
	Variance	-134	-38	-117	-138	-93	-109	-166	-99	-83	-182	-96	0	-1,255
Clinical Supplies	Plan	2,772	2,858	2,827	2,799	2,743	2,761	2,803	2,802	2,748	2,782	2,779	2,747	30,675
	Actual	2,866	2,920	2,980	2,713	2,926	2,835	2,947	3,133	2,956	2,953	2,737	2,747	31,966
	Variance	-94	-61	-153	87	-183	-74	-144	-332	-208	-171	42	0	-1,291
Other	Plan	6,633	6,615	6,599	6,651	6,496	6,594	6,151	6,240	6,436	6,294	6,504	6,185	71,214
	Actual	6,717	6,577	6,592	6,740	6,546	6,557	6,796	6,609	7,110	8,803	7,725	6,185	76,772
	Variance	-84	38	7	-89	-50	37	-645	-369	-674	-2,509	-1,221	0	-5,558
<b>Total</b>	<b>Plan</b>	<b>13,534</b>	<b>13,103</b>	<b>13,355</b>	<b>13,118</b>	<b>13,191</b>	<b>13,464</b>	<b>12,581</b>	<b>13,147</b>	<b>13,247</b>	<b>12,697</b>	<b>12,971</b>	<b>12,652</b>	<b>144,408</b>
	<b>Actual</b>	<b>13,845</b>	<b>13,164</b>	<b>13,618</b>	<b>13,258</b>	<b>13,517</b>	<b>13,610</b>	<b>13,536</b>	<b>13,947</b>	<b>14,211</b>	<b>15,559</b>	<b>14,247</b>	<b>0</b>	<b>152,512</b>
	<b>Variance</b>	<b>-311</b>	<b>-62</b>	<b>-263</b>	<b>-140</b>	<b>-326</b>	<b>-146</b>	<b>-954</b>	<b>-800</b>	<b>-964</b>	<b>-2,862</b>	<b>-1,276</b>	<b>0</b>	<b>-8,104</b>



**Headlines:**

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

**Other Drugs:** Variance this month is slightly below average for the year so far. £82k of the monthly variance is in Medicine spread across several departments, the largest overspend is £35k in Renal which has had consistent spending levels throughout 2016/17.

**Clinical Supplies:** Expenditure in February has returned to a similar trend to previous months. There continues to be an adverse variance to plan due to higher than planned activity

**Other:** £421k of the in-month variance relates to undelivered CIPs. Areas of overspend include £287k on outsourcing (£178k in Orthopaedics), several areas in Corporate (including £141k on consultancy work and £163k on RTT Validation team) and the loss of TPP arbitration (£96k) in CSS. In addition, there was a one-off transfer of £161k year to date spend on outsourcing in Radiology previously coded as locum costs.

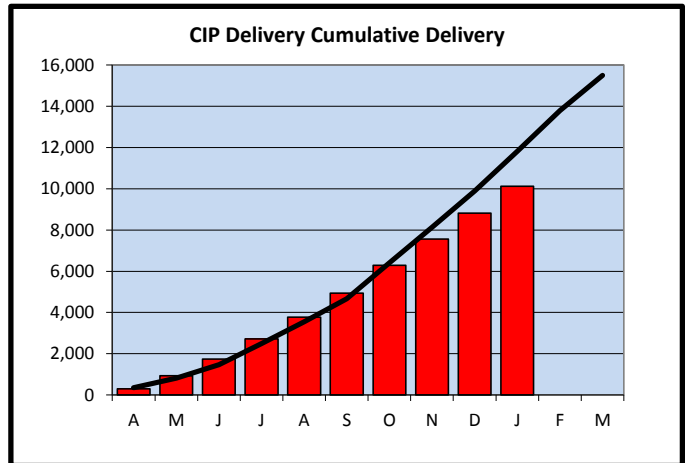
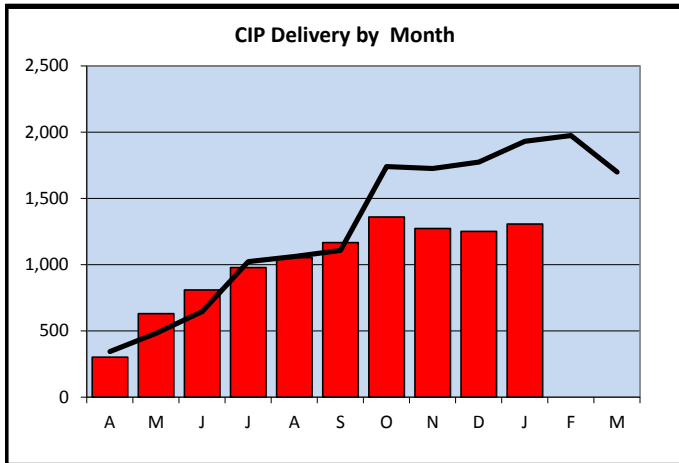
# Cost Improvement Plan (CIP) Delivery 2016/17

## 1. CIP Delivery by Project Theme

Work stream Category	Annual Plan £000's	Plan YTD £000's	Actual £000's	Var £000's
Income: Improve coding/data	4,603	4,137	4,924	787
Pay: Other	2,607	2,254	979	-1,275
Non-pay: Other	2,543	2,574	849	-1,725
Pay: Agency Price Cap / Reduction	1,212	1,079	1,229	150
Delivering additional activity at margin rate	1,007	899	1,086	187
Non-pay: Procurement	963	868	752	-116
Income: Other	841	750	343	-407
Non-pay: Clinical	576	322	251	-71
Income: Private Patients/Overseas	427	382	317	-65
Unallocated	392	326	0	-326
Pay: Vacancy hold (N/R)	328	301	764	463
<b>Total</b>	<b>15,500</b>	<b>13,892</b>	<b>11,494</b>	<b>-2,398</b>

## 2. CIP Delivery by Division

Division	Annual Plan £000's	Plan YTD £000's	Actual £000's	Var £000's
Medicine	2,338	2,050	2,703	653
Surgery	3,408	3,016	3,017	1
Women's & Children's	1,348	1,221	1,010	-211
Cancer	1,416	1,251	1,112	-139
Clinical Support	1,791	1,424	1,401	-23
Corporate	5,199	4,932	2,252	-2,680
<b>Total</b>	<b>15,500</b>	<b>13,893</b>	<b>11,495</b>	<b>-2,398</b>



12 Month Rolling Cashflow - February 2017

	Feb-17 £000 Actual	Mar-17 £000 Forecast	Apr-17 £000 Forecast	May-17 £000 Forecast	Jun-17 £000 Forecast	Jul-17 £000 Forecast	Aug-17 £000 Forecast	Sep-17 £000 Forecast	Oct-17 £000 Forecast	Nov-17 £000 Forecast	Dec-17 £000 Forecast	Jan-18 £000 Forecast
<b>Opening Balance</b>	<b>2,234</b>	<b>1,300</b>	<b>1,000</b>	<b>1,000</b>	<b>1,000</b>	<b>1,000</b>	<b>1,000</b>	<b>1,000</b>	<b>1,000</b>	<b>1,000</b>	<b>1,000</b>	<b>1,000</b>
<b>Receipts</b>												
NHS Acute Activity Income	29,593	27,654	30,486	32,323	32,535	32,325	32,327	32,026	32,842	32,541	31,820	32,845
S&T Funding	0	0	0	0	0	0	2,550	0	0	2,550	0	2,550
Education/Merit awards/R&D	998	869	1,366	1,366	1,366	1,366	1,366	1,366	1,366	1,366	1,366	1,366
Other income	2,410	2,292	2,412	2,412	2,412	2,582	2,582	2,582	2,923	2,922	2,921	3,092
Interest	2	2	3	3	3	3	3	3	3	3	3	3
Interim Revolving Working Capital Support (IRWCS)	0	0	4,031	2,195	1,981	1,714	0	2,013	393	0	1,418	0
Interim Revenue Support Loan	0	0	0	0	0	0	0	0	0	0	0	0
Uncommitted Loan Facility	7,193	16,532	0	0	0	0	0	0	0	0	0	0
Strategic Capital Loans - Lorenzo	547	1,010	842	850	700	669	200	1,970	0	0	0	0
Salix Loan	0	36	0	0	0	0	0	0	0	0	0	0
PDC Received	0	1,721	0	0	0	0	0	0	0	0	0	0
<b>Sub-total Receipts</b>	<b>40,743</b>	<b>50,116</b>	<b>39,140</b>	<b>39,149</b>	<b>38,997</b>	<b>38,659</b>	<b>39,028</b>	<b>39,960</b>	<b>37,527</b>	<b>39,382</b>	<b>37,528</b>	<b>39,856</b>
Salaries & Wages	10,867	10,631	10,262	10,262	10,262	10,144	10,568	10,568	10,389	10,389	10,389	10,268
PAYE / Superannuation/ NI	7,901	7,790	7,885	7,885	7,885	7,794	8,120	8,120	7,982	7,982	7,982	7,890
Creditors	21,900	24,118	20,950	21,002	20,850	20,721	19,159	17,701	19,113	19,158	19,157	19,062
Dividend Paid	0	1,167	0	0	0	0	0	793	0	0	0	0
Interest on DH CILs	0	769	0	0	0	0	0	761	0	0	0	0
tPP Cash Call	957	3,831	0	0	0	0	0	0	0	0	0	0
Repay IRWCS	0	0	0	0	0	0	838	0	0	1,853	0	2,636
Interest on IRWCS	0	624	0	0	0	0	0	723	0	0	0	0
Repay Interim Rev Support Loan	0	175	0	0	0	0	0	0	0	0	0	0
Interest on Int. Rev. Support Loan	47	0	0	0	0	0	45	0	0	0	0	0
Repay Strategic Capital Loan	0	0	0	0	0	0	288	0	0	0	0	0
Interest on Strategic Capital Loan	5	0	0	0	0	0	10	0	0	0	0	0
Repay Salix Loan	0	0	43	0	0	0	0	0	43	0	0	0
PDC 1% fee	0	17	0	0	0	0	0	0	0	0	0	0
DH Loan Repayments - CIL	0	1,294	0	0	0	0	0	1,294	0	0	0	0
<b>Sub-total Payments</b>	<b>41,677</b>	<b>50,416</b>	<b>39,140</b>	<b>39,149</b>	<b>38,997</b>	<b>38,659</b>	<b>39,028</b>	<b>39,960</b>	<b>37,527</b>	<b>39,382</b>	<b>37,528</b>	<b>39,856</b>
<b>Net in Month Cash Movement</b>	<b>-934</b>	<b>-300</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Closing Balance</b>	<b>1,300</b>	<b>1,000</b>	<b>1,000</b>	<b>1,000</b>	<b>1,000</b>	<b>1,000</b>	<b>1,000</b>	<b>1,000</b>	<b>1,000</b>	<b>1,000</b>	<b>1,000</b>	<b>1,000</b>
<b>Trust Cash plan</b>	<b>1,000</b>	<b>1,000</b>	<b>1,000</b>	<b>1,000</b>	<b>1,000</b>	<b>1,000</b>	<b>1,000</b>	<b>1,000</b>	<b>1,000</b>	<b>1,000</b>	<b>1,000</b>	<b>1,000</b>

Headlines:

The cash balance at the end of February 2017 was £1.3m, which was £0.3m higher than the minimum balance required as a condition of our working capital support.

The Trust's operating plan showed a planned deficit for 2016/17 and corresponding working capital support of £12.876m (£8.650m in relation to the 2016/17 deficit and a further £4.226m because the 2015/16 deficit was higher than forecast). This cashflow now reflects a £33.6m deficit for 2016/17.

£7.193m was drawn in February as an Uncommitted Loan Facility. It is also anticipated that the Trust will be able to draw a further £16.532m Uncommitted Loan Facility in March.

The Strategic Loan receipts to date relate solely to the Lorenzo project. From April 2017 it is anticipated that the Trust will also receive loan funding in relation to a linear accelerator at Mount Vernon.

It is anticipated that the Trust will receive PDC in March in relation to the linear accelerator at Mount Vernon.

The Trust's plan continues to be 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 are being reviewed as part of the 2017/18 planning process. The mechanisms for funding have not been confirmed and clarity is being sought.



## Capital Programme - February 2017

Capital Programme Schemes	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:
<b>IM&amp;T</b>								<p>There has been a significant acceleration in the pace of the IM&amp;T programme, which will result in a significant level of spend achieved in month 12. The forecast programme is expected to be delivered.</p> <p>There was an in-year realignment of the Estates budget against plan. 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 10. Achievement against plan is being closely monitored, especially in terms of the Chimney project.</p> <p>Although actual expenditure to month 11 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 the abandonment of others (New Beds). Funding for a replacement LinAcc has been agreed through PDC. These changes are reflected in both actual spend to date and the forecast for year end. It should be noted that the figure reported for Lorenzo is for amounts paid, and this may differ from amounts reported elsewhere which will include amounts due to be paid for completed services.</p>
Network Support Infrastructure	150	150	0	135	87	-48	0	
Pharmacy Stock Control Project	450	450	0	405	62	-343	213	
Other 16/17 projects	400	400	0	360	189	-171	29	
<b>TOTAL IM&amp;T</b>	<b>1,000</b>	<b>1,000</b>	<b>0</b>	<b>900</b>	<b>338</b>	<b>-562</b>	<b>235</b>	
<b>MEDICAL EQUIPMENT</b>								
Trust wide equipment	1,000	994	-6	900	692	-208	184	
<b>TOTAL MEDICAL EQUIPMENT</b>	<b>1,000</b>	<b>994</b>	<b>-6</b>	<b>900</b>	<b>692</b>	<b>-208</b>	<b>184</b>	
<b>ESTATES</b>								
Main Hospital Chimney Flue Relining	250	250	0	225	5	-220	0	
Substation 5 - Blue Panel	250	25	-225	225	11	-214	0	
D1 Pump Replacement	170	438	268	153	202	49	0	
Other Estates 16-17 Allocation	330	298	-32	297	427	130	315	
<b>TOTAL ESTATES</b>	<b>1,000</b>	<b>1,011</b>	<b>11</b>	<b>900</b>	<b>645</b>	<b>-255</b>	<b>315</b>	
<b>OTHER CAPITAL</b>								
Capitalisation of project costs - 16/17	2,000	2,000	0	1,374	525	-849	849	
Other 16/17 schemes	698	698	0	480	250	-230	230	
<b>TOTAL OTHER</b>	<b>2,698</b>	<b>2,698</b>	<b>0</b>	<b>1,854</b>	<b>775</b>	<b>-1,079</b>	<b>1,079</b>	
<b>TOTAL - TRUST OPERATIONAL SCHEMES</b>	<b>5,698</b>	<b>5,703</b>	<b>5</b>	<b>4,554</b>	<b>2,450</b>	<b>-2,104</b>	<b>1,812</b>	
<b>STRATEGIC SCHEMES</b>								
Salix Steam Pumps	345	345	0	0	255	255	0	
Lorenzo EPR	5,427	4,345	1,082	4,520	4,385	-135	9	
Linear Accelerator	2,142	2,098	44	285	0	-285	1,690	
Renal Reconfiguration	2,758	0	2,758	1,383	0	-1,383	0	
New Beds	2,200	0	2,200	1,375	0	-1,375	0	
MV Equipment	0	0	0	1,600	0	-1,600	0	
PFI	0	0	0	206	0	-206	0	
<b>TOTAL - TRUST STRATEGIC SCHEMES</b>	<b>12,872</b>	<b>6,788</b>	<b>6,084</b>	<b>9,369</b>	<b>4,640</b>	<b>-4,729</b>	<b>1,699</b>	
<b>TOTAL CAPITAL</b>	<b>18,570</b>	<b>12,492</b>	<b>6,089</b>	<b>13,923</b>	<b>7,090</b>	<b>-6,833</b>	<b>3,511</b>	

## Balance Sheet - February 2017

	Opening Balance as at 01/04/16 £000	Balance Sheet as at 28/02/17 £000	Movement £000	Forecast as at 31/03/17
<b>FIXED ASSETS</b>				
Property, Plant Equipment	187,801	189,483	1,682	195,437
Trade & Other Receivables Non-Current	2,562	2,236	-326	2,562
Other Financial Assets	2,505	3,462	957	1,000
<b>TOTAL FIXED ASSETS</b>	<b>192,868</b>	<b>195,181</b>	<b>2,313</b>	<b>198,999</b>
<b>CURRENT ASSETS</b>				
Inventories	5,264	5,264	0	4,264
Cash & Cash Equivalents	15,863	1,300	-14,563	1,000
Trade & Other Receivables - Current	41,513	38,990	-2,523	40,140
Assets Held for Sale - QE2	1,700	0	-1,700	0
<b>TOTAL CURRENT ASSETS</b>	<b>64,340</b>	<b>45,554</b>	<b>-18,786</b>	<b>45,404</b>
Creditors: Amounts Falling Due Within One Year	-74,796	-59,051	15,745	-55,132
<b>NET CURRENT ASSETS (LIABILITIES)</b>	<b>-10,456</b>	<b>-13,497</b>	<b>-3,041</b>	<b>-9,728</b>
<b>FIXED &amp; NET CURRENT ASSETS LESS CURRENT LIABILITIES</b>	<b>182,412</b>	<b>181,684</b>	<b>-728</b>	<b>189,271</b>
Creditors: Amounts Falling Due More Than One Year	-94,080	-122,478	-28,398	-138,683
Provisions For Liabilities & Charges	-771	-692	79	-770
<b>NET ASSETS</b>	<b>87,561</b>	<b>58,514</b>	<b>-29,047</b>	<b>49,818</b>
<b>FINANCED BY</b>				
<b>TAXPAYERS EQUITY:</b>				
Public Dividend Capital	169,950	169,950	0	171,671
Revaluation Reserve	45,069	45,069	0	45,069
Retained Earnings	-127,458	-156,505	-29,047	-166,922
<b>TOTAL TAXPAYERS EQUITY</b>	<b>87,561</b>	<b>58,514</b>	<b>-29,047</b>	<b>49,818</b>

### Headlines:

Other Financial Assets consists of investments of £1m in ENH Pharma and £2.462m in tPP. The investment is likely to be impaired in full at the end of the financial year. The movement in Trade and Other Receivables relates to amounts due under the Injury Cost Recovery Scheme.

Cash at 1st April was high due to QE11 land receipts received 31st March 2016. The balance at the end of February was £0.3m higher than the minimum requirement of £1.0m.

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

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

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

Forecast increase in PDC relates to the replacement Linear Accelerator allocation

Retained earnings forecast based on £33.6m deficit for 2016/17.

Top 5 Debtors and Creditors Over 90 Days - February 2017

Aged Debt Analysis	Current Days	31-60 Days	61-90 Days	91-120 Days	121-180 Days	181+ Days	Total Days
NHS	3,713,363	991,003	370,513	400,954	3,483,356	5,470,020	14,429,209
Non NHS	2,870,686	363,425	204,634	353,823	452,367	3,117,062	7,361,997
<b>Total</b>	<b>6,584,050</b>	<b>1,354,428</b>	<b>575,147</b>	<b>754,778</b>	<b>3,935,722</b>	<b>8,587,081</b>	<b>21,791,206</b>

Aged debt analysis - Commentary

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

Top 5 Debtors over 90 days

	£000s	%	Offsetting creditor	Commentary
Luton And Dunstable Hospital NHS Foundation Trust	1,885	14.2%	918	This relates mainly to disputed salary recharges, renal dialysis, e-prescribing and medical physics. The Trust is currently in discussions with L&D regarding the resolution of the outstanding balances.
The Pathology Partnership	1,843	13.9%	3,396	The Trust is actively engaged with TPP in settling outstanding balances on both organisation's ledgers before year end.
NHS Bedfordshire CCG	1,363	10.3%	0	The balance relates to M4 over performance of SLA invoice, Bedfordshire CCG is disputing it, the treatment of this is being pursued by the income team
The Princess Alexandra Hospital NHS Trust	961	7.2%	126	The balance relates primarily to 15-16 maternity pathway invoices, the treatment of this is being pursued by the income team
NHS Cambridgeshire and Peterborough CCG	644	4.9%	0	The balance relates primarily to 15-16 maternity pathway invoices, the treatment of this is being pursued by the income team
<b>Total top 5 Debtors</b>	<b>6,696</b>	<b>50.43%</b>	<b>4,440</b>	

Aged Creditors Analysis	Current Days	31-60 Days	61-90 Days	91-120 Days	121-180 Days	181+ Days	Total Days
<b>Total</b>	<b>9,060</b>	<b>10,222</b>	<b>3,004</b>	<b>618</b>	<b>1,490</b>	<b>8,971</b>	<b>33,364</b>

Aged creditor analysis - Commentary

A detailed review of the aged creditors analysis as at 28 February 2017 shows that out of the £33,364 outstanding £17,451k has been approved for payment. £15,913k is awaiting approval or on hold due to a disputes over the charges or amounts. £5,854k of invoices not approved is over 90 days old.

Top 5 Creditors over 90 days

	£000s	%	Commentary
The Pathology Partnership	3,396	30.7	The outstanding balance will have to be paid during March and therefore Pathology Partnership Over 90 days balance will be cleared.
Paul Strickland Scanner Centre	1,159	10.5	This relates to a quarterly charges for various scans which are yet to be approved. However, this is offset by the payroll costs incurred by the Trust on the Charity's behalf, leaving a balance due of £66k.
Luton & Dunstable NHS Foundation Trust	918	8.3	The balance outstanding for Luton & Dunstable consists of £473k worth of invoices which are approved and ready to be paid. The remaining amount is split between Renal Unit charges for £196k and OMFS £212k which have not been authorised.
West Hertfordshire NHS Trust	665	6.0	Of the outstanding balance £295k relates to Renal Unit charges & £136k relates to MVH PAS SLA. An agreement has been reached with West Herts to clear these items for which they have issued partial credits. There is a further £131k of invoices approved and ready to be paid & a Maternity Pathway invoice for £58k which is currently in query.
Cambridgeshire University Hospital NHS FT	471	4.3	A very small amount of these invoices are actually approved £25k the remaining balance is split between Maternity Pathways £257k currently in query and £186k Pathology recharges which should have been invoiced to tPP and have been disputed with Cambridge.
<b>Total top 5 Creditors</b>	<b>6,609</b>	<b>59.7</b>	

## NHSi Single Oversight Framework - Finance and Use of Resources Metrics

- On 1st October 2016, NHS improvement's single oversight framework has come into force. 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 11 year to date position and the year end forecast

Area	Weighting	Metric	Year to Date			Score	Annual	
			Plan	Actual YTD	Variance		Annual Forecast	Annual Forecast Score
Financial Sustainability	0.2	Capital Service Capacity	0	0	0	4	0	4
	0.2	Liquidity (days)	(10)	(10)	0	4	(10)	3
Financial efficiency	0.2	I&E Margin	(0.04)	(0.04)	0	4	(0.02)	4
Financial controls	0.2	Distance from financial plan	0	0	0	4	(0.02)	4
	0.2	Agency spend from ceiling target	11.81	18.56	6.74	2		4
<b>Overall Metric</b>	<b>1.0</b>					<b>4</b>		<b>4</b>

### Definitions and scores:

Metric	Definition	Score			
		1	2	3	4
Capital Service Capacity	Degree to which the provider's generated income covers its financial	>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	>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	>/0%	(1)-0%	(2)-(-1%)	</(2%)
Agency spend	Distance from provider's cap	</0%	0-25%	25-50%	>50%
<b>Overall Metric</b>		<b>Providers with maximum autonomy</b>	<b>Providers offered targeted support</b>	<b>Providers receiving mandated support</b>	<b>Special Measures</b>

- 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

## WAITING LIST INITIATIVES

Specialty	Annual Plan £000's	Actual £000's												Monthly Plan £000's	Monthly Actual £000's	Monthly Var £000's	Plan to Date £000's	Actual to Date £000's	Var to Date £000's
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb							
Anaesthetics Med Staff	-8	-1	0	0	0	0	0	0	0	0	0	0	0	0	0	-8	-1	7	
Audiology Waiting List	-137	-12	-11	-19	-26	-15	-31	-15	-26	-14	-13	-32	-11	-32	-22	-126	-216	-90	
Cardiology	-78	-20	-17	-10	-24	-14	-12	-12	-15	-14	-24	-18	-7	-18	-11	-71	-180	-108	
Children Med Staff Lister	-2	-2	-6	-1	-1	0	-2	-7	0	-13	0	-4	0	-4	-3	-2	-34	-31	
Community Paeds	0	0	0	0	-5	-19	-9	-1	-16	-10	-1	-3	0	-3	-3	0	-63	-63	
Dermatology	-74	-4	-4	0	-4	-5	-3	-3	-4	-4	-4	-4	-5	-4	1	-69	-39	30	
Diabetes & Endocrinology	-57	-24	-10	-11	-15	-19	-10	-10	-21	-8	-10	-9	-4	-9	-5	-53	-147	-94	
Elderly Care Senior Medical Staff	-14	-1	0	-4	-1	0	-2	-1	0	-1	-2	1	0	1	1	-14	-10	4	
ENT Waiting List	-131	0	-27	-29	-40	-33	-78	-48	-58	-35	-32	-56	-12	-56	-44	-120	-437	-317	
Gastro WLI	-577	-39	-36	-44	-25	-41	-31	-48	-44	-51	-54	-66	-48	-66	-18	-530	-479	51	
Gen Surg Lister Wait List	-386	-35	-22	-17	-14	-19	-51	1	-31	-21	-14	-20	-35	-20	15	-351	-244	108	
Neurology	-28	0	0	-1	0	0	-2	0	-1	-1	-1	-1	-2	-1	1	-26	-5	21	
Neurophysiology	-10	-9	0	2	0	0	0	0	0	0	0	0	0	0	0	-10	-7	3	
Ophthalmology WLI	-152	-9	-44	-15	-35	-14	-16	-20	-40	-22	-35	-21	-12	-21	-8	-139	-271	-132	
Oral Medical Staff	0	0	0	-8	0	-5	0	0	13	-3	-1	-1	0	-1	-1	0	-5	-5	
Oral Waiting List	-46	-10	-17	-21	-22	-5	-18	-8	-27	-8	-5	-8	-4	-8	-4	-42	-150	-108	
Pain Consultants	-182	-24	-25	-15	-3	-31	-27	-2	-11	-12	-13	-26	-15	-26	-12	-167	-189	-22	
Plastics Waiting List	10	-25	-27	-27	-16	-8	-24	-20	-32	-13	-21	-24	5	-24	-29	5	-235	-240	
Renal Medical Staff	-1	-9	-3	-1	4	-3	-3	-7	2	-7	-5	-6	0	-6	-6	-1	-37	-36	
Respiratory Service	-18	-5	-3	-4	-7	-7	-3	-4	-2	-2	-4	-2	-1	-2	-1	-17	-43	-27	
Rheumatology	-10	-4	0	-5	-1	-2	-3	-1	-3	-2	-2	1	0	1	1	-10	-22	-12	
T&O Waiting List	-228	-87	-96	-84	-111	-125	-103	-114	-93	-85	-107	-190	-7	-190	-183	-221	-1196	-975	
Urology Wait List Lister	-239	-89	-51	-59	-59	-93	-66	-77	-79	-42	-88	-127	-11	-127	-116	-228	-830	-602	
Women Waiting Lists	-40	0	-57	-34	-38	-30	-46	-35	-42	-16	-2	-15	-5	-15	-10	-35	-315	-279	
<b>Division Total</b>	<b>-2409</b>	<b>-432</b>	<b>-434</b>	<b>-408</b>	<b>-442</b>	<b>-489</b>	<b>-541</b>	<b>-433</b>	<b>-528</b>	<b>-381</b>	<b>-434</b>	<b>-632</b>	<b>-174</b>	<b>-632</b>	<b>-458</b>	<b>-2236</b>	<b>-5155</b>	<b>-2,919</b>	

## OUTSOURCING COSTS

Specialty	Annual Plan £000's	Actual £000's												Monthly Plan £000's	Monthly Actual £000's	Monthly Var £000's	Plan to Date £000's	Actual to Date £000's	Var to Date £000's
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb							
Anaesthetics Med Staff	-12	-2	1	-1	0	1	0	0	0	0	0	0	0	0	0	-12	-2	10	
Audiology Waiting List	-12	-31	-50	-25	-13	20	0	0	0	0	0	0	0	0	0	-12	-99	-87	
ENT Waiting List	-35	0	0	0	0	0	0	0	0	0	0	0	-3	0	3	-32	0	32	
Gastro WLI	-272	21	-29	-12	-5	-2	-27	-66	-8	8	-2	4	-23	4	27	-249	-118	131	
Gen Surg Lister Wait List	-274	-76	-14	-13	-75	-43	-22	-39	-4	-7	0	14	-22	14	36	-252	-279	-27	
Ophthal Medical staff	-2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-2	0	2	
Ophthalmology WLI	-58	0	-6	0	0	0	0	0	0	0	0	-4	-5	-4	1	-53	-10	43	
Oral Waiting List	-25	-5	0	0	-7	0	3	0	0	0	-7	0	-2	0	2	-23	-8	15	
Pain Consultants	-89	-2	-2	-4	-3	-2	-5	-6	-4	-19	-5	-23	-9	-23	-14	-80	-75	6	
Plastics Waiting List	-78	-16	0	-6	-14	1	6	-6	0	3	-2	0	-6	0	6	-72	-35	37	
Radiology Med Staff List	0	0	0	0	0	0	0	0	0	0	0	-162	0	-162	0	0	-162		
Sterile Services Dept	-211	-57	-23	-27	-34	-27	-27	-35	10	-16	-5	-10	-10	-10	-0	-202	-250	-48	
T&O Waiting List	-396	-149	-74	-68	-78	-67	-136	-111	-96	-83	-128	-210	-32	-210	-0	-364	-1,202	-838	
Urology Wait List Lister	-23	0	0	0	0	0	0	-2	0	-21	-7	-12	-2	-12	-0	-21	-42	-21	
<b>Division Total</b>	<b>-1,487</b>	<b>-318</b>	<b>-199</b>	<b>-156</b>	<b>-229</b>	<b>-120</b>	<b>-207</b>	<b>-265</b>	<b>-102</b>	<b>-134</b>	<b>-150</b>	<b>-402</b>	<b>-115</b>	<b>-402</b>	<b>-287</b>	<b>-1,372</b>	<b>-2,281</b>	<b>-909</b>	



**TRUST BOARD PART 1 – MARCH 2017**  
**PERFORMANCE REPORT MONTH 11**

<b>PURPOSE</b>	To update the Board on: <ul style="list-style-type: none"> <li>• Progress against Monitor Compliance Framework, DH Operating Standards, Contractual standards and local performance measures.</li> <li>• Exception reports outlining action take and next steps are provided for indicators that are either 'red' in month, or at risk year to date.</li> </ul>
<b>PREVIOUSLY CONSIDERED BY</b>	FPC, March 2017
<b>Objective(s) to which issue relates *</b>	<input checked="" type="checkbox"/> 1. <b>Keeping our promises about quality and value</b> – embedding the changes resulting from delivery of Our Changing Hospitals Programme. <input type="checkbox"/> 2. <b>Developing new services and ways of working</b> – delivered through working with our partner organisations <input type="checkbox"/> 3. <b>Delivering a positive and proactive approach to the redevelopment of the Mount Vernon Cancer Centre.</b>
<b>Risk Issues</b> (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.
<b>Healthcare/ National Policy</b> (includes CQC/Monitor)	Achievement of Monitor, CQC, DH Operating Framework and other national and local performance standards.
<b>CRR/Board Assurance Framework *</b>	<input checked="" type="checkbox"/> <b>Corporate Risk Register</b> <span style="margin-left: 200px;"><input checked="" type="checkbox"/> <b>BAF</b></span>
<b>ACTION REQUIRED *</b>	
For approval	<input type="checkbox"/>
For discussion	<input checked="" type="checkbox"/>
For decision	<input type="checkbox"/>
For information	<input type="checkbox"/>
<b>DIRECTOR:</b>	CHIEF OPERATING OFFICER
<b>PRESENTED BY:</b>	CHIEF OPERATING OFFICER
<b>AUTHOR:</b>	DEPUTY DIRECTOR OPERATIONS
<b>DATE:</b>	March 2017

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

\* tick applicable box

## PERFORMANCE REPORT

### 1. Key Headlines

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

#### February '17 (STF) KPI Performance

		52 week waiters										Commentary	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan		Feb
Original forecast		4	4	4	3	3	3	2	2	2	1	1	Feb indicative
Revised forecast (tbc)		4	4	4	6	8	7	0	0	0	0	0	
Actual		4	3	2	5	12	23	41	20	22	7	6	

		RTT (Incompletes)										Commentary	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan		Feb
Total pts waiting		25200	25200	25200	25200	25200	25200	25200	25200	25200	25200	25200	Feb indicative
Pts > 18 weeks		2016	1991	1915	1915	1890	1865	1865	1865	1865	1865	1865	
Forecast		92.00%	92.10%	92.40%	92.40%	92.50%	92.60%	92.60%	92.60%	92.60%	92.60%	92.60%	
Actual		92.70%	92.90%	92.60%	92.80%	92.57%	92.03%	92.07%	92.11%	91.3	91.94	92.10%	

		12 hour trolley waits										Commentary	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan		Feb
Forecast		0	0	0	0	0	0	0	0	0	0	0	On track.
Actual		1	0	0	0	0	0	0	0	0	0	0	

		ED 4 hour waits										Commentary	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan		Feb
Total attendances		12700	12751	12804	12855	12907	12959	13011	13063	13115	13120	13120	See main report
Pts > 4hrs		3048	2933	2689	2442	2259	1944	1887	1829	1705	1181	787	
Forecast		76.00%	77.00%	79.00%	81.00%	82.50%	85.00%	85.50%	86.00%	87.00%	91.00%	94.00%	
Actual		81.12%	84.74%	84.66%	84.18%	82.54%	82.79%	88.04%	89.37%	85.41%	83.41%	83.82%	

		62 Day referral to treatment										Commentary	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan		Feb
Revised f'cast 19-Aug		78.00%	81.00%	85.00%	85.00%	74.44%	77.14%	77.88%	78.33%	83.33%	85.71%	85.44%	Jan and Feb indicative
Actual		87.03%	84.52%	75.21%	77.83%	72.00%	68.20%	61.30%	69.10%	70.40%	64.80%	66.00%	

		Over 6 weeks diagnostic waiters										Commentary	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan		Feb
Total pts waiting		7200	7252	7305	7357	7409	7462	7514	7567	7619	7671	7724	Feb indicative
Pts waiting < 6 weeks		7164	7216	7268	7320	7372	7425	7477	7529	7581	7633	7685	
Forecast		99.50%	99.50%	99.50%	99.50%	99.50%	99.50%	99.50%	99.50%	99.50%	99.50%	99.50%	
Actual		99.90%	99.70%	99.70%	99.60%	99.52%	99.62%	99.68%	99.61%	99.23%	99.90%	99.50%	



## 2. RTT – 18 weeks

ENHT is expecting to achieve the aggregated performance across the Open pathway standard in February; however performance has not been finalised at the time of writing.

February '17 RTT Performance

RTT Trust Aggregated Performance			
Month	Non Admitted (95%)	Admitted (90%)	Open Pathways (92%)
Nov-15	90.40%	81.50%	92.60%
Dec-15	90.60%	79.70%	92.00%
Jan-16	89.30%	69.10%	92.60%
Feb-16	91.30%	67.00%	92.60%
Mar-16	91.90%	67.40%	92.00%
Apr-16	91.30%	61.90%	92.70%
May-16	92.80%	68.90%	92.90%
Jun-16	92.20%	69.20%	92.60%
Jul-16	89.80%	69.40%	92.80%
Aug-16	90.60%	69.60%	92.50%
Sep-16	90.00%	69.50%	92.03%
Oct-16	90.90%	66.60%	92.07%
Nov-16	90.77%	70.68%	92.11%
Dec-16	91.70%	75.20%	91.30%
Jan-17	90.70%	72.20%	91.50%
Feb-17	TBC	TBC	92.1%**

\*\* Indicative performance, data not finalised

### 2.1 RTT performance

Whilst the Trust reported failure of the open pathway standard in December and January, it is forecasting achievement in February, although this has not yet been finalised.

As reported in the HSJ (13<sup>th</sup> Feb), England's referral to treatment waiting times "topped 20 weeks". It is against this backdrop that ENHT expects to achieve February's performance. Although caution should be noted as the same HSJ article is forecasting that England's RTT position will drop below 20 weeks again around March for a period and then will permanently remain above 20 weeks from around August 2017.

ENHT is expecting to declare 6 patients (subject to final confirmation) waiting over 52 weeks during February; these patients are a consequence of the current validation exercise. Each patient is being reviewed for any potential harm as a result of the delay in treatment and as yet none has been found.

## 3. ED Performance

ENHT did not achieve the 4 hour standard in February and failed the STF improvement trajectory, delivering 83.82 against a trajectory of 94%.

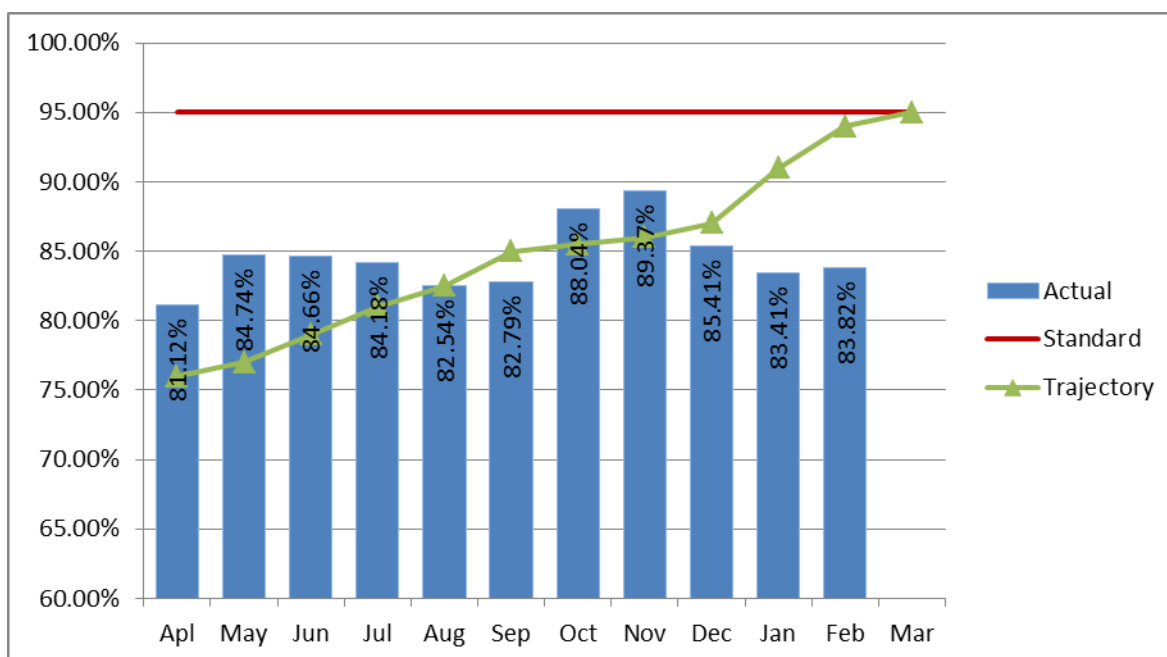
Month	% Performance	Quarterly Performance
Mar-16	75.53%	Q4 77.33%
Apr-16	81.12%	
May-16	84.70%	
Jun-16	84.66%	Q1 83.58%
Jul-16	84.18%	
Aug-16	82.54%	
Sep-16	82.79%	Q2 83.20%
Oct-16	88.04%	
Nov-16	89.37%	
Dec-16	85.41%	Q3 87.61%
Jan-17	83.41%	
Feb-17	83.82%	

### Attendances and Admissions

Month	Attendances				Breach				Performance			
	Lister	QEII	TC	Total	Lister	QEII	TC	Total	Trust	Lister	QEII	TC
Sep-16	8890	3717	856	13463	2290	0	0	2290	82.99%	74.24%	99.78%	100.00%
Oct-16	9194	3704	801	13699	1624	0	0	1624	88.15%	82.34%	100.00%	100.00%
Nov-16	9065	3490	834	13389	1428	0	0	1428	89.33%	84.25%	100.00%	100.00%
Dec-16	9048	3751	788	13587	1983	0	0	1983	85.41%	78.08%	100.00%	100.00%
Jan-17	8657	3527	779	12963	2148	3	0	2151	83.41%	75.19%	99.91%	100.00%
Feb-17	7456	2868	704	11027	1757	1	0	1758	84.06%	76.43%	99.97%	100.00%

Department	Sep-16		Oct-16		Nov-16		Dec-16		Jan-17		Feb-17	
	Attendances	Admitted	Attendances	Admitted	Attendances	Admitted	Attendances	Admitted	Attendances	Admitted	Attendances	Admitted
Other	856	0	801	0	834	0	788	0	779	0	704	0
Majors	4664	2156	5123	2378	5051	2335	5111	2434	5070	2401	4067	1924
Minors	4907	252	4677	283	4412	281	4218	316	4047	319	3357	274
Primary Care	2073	20	2166	24	2148	11	2552	22	2244	20	2160	18
Resus	593	477	589	465	586	455	617	494	545	444	498	376
Streaming	2	2	3	3	2	0	2	0	1	0	2	0
Triage	368	143	340	167	356	217	299	160	277	178	239	139
Total	13463	3050	13699	3320	13389	3299	13587	3426	12963	3362	11027	2731

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



#### 4. Cancer

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

### Cancer Flash Report

#### Performance January 2017

Target	Goal	Threshold	2015/16	Month	Quarter 4	Year To Date	Nat Average (January)	Nat Average Qtr (Q3)
<b>Target Referrals</b>								
Cancer Referral to 1st Outpatient Appointment	< 14 Days	93.0%	96.5%	98.5%	98.5%	97.2%	94.0%	95.1%
Referrals with Breast Symptoms (wef January 2010)	< 14 Days	93.0%	94.8%	95.3%	95.3%	93.9%	93.8%	95.8%
<b>Cancer Treatments</b>								
Decision to Treat to 1st Definitive Treatment for all Cancers	< 31 Days	96.0%	96.8%	83.8%	83.8%	91.7%	96.6%	97.6%
Referral to Treatment from Screening (62 Day)	< 62 Days	90.0%	89.6%	64.3%	64.3%	88.2%	90.6%	92.5%
Second or Subsequent Treatment (Anti Cancer Drug Treatments)	< 31 Days	98.0%	98.5%	85.2%	85.2%	94.9%	98.9%	99.5%
Second or subsequent treatment (Radiotherapy Treatments)	< 31 Days	94.0%	95.3%	82.1%	82.1%	91.7%	96.2%	97.8%
Second or subsequent treatment (Surgery)	< 31 Days	94.0%	96.5%	61.8%	61.8%	84.7%	94.1%	95.4%
Urgent Referral to Treatment of All Cancers (following breach reallocation)	< 62 Days	85.0%	76.0%	64.8%	63.3%	71.3%	-	-

Performance by tumour site against the 31 and 62 day standards shown below.

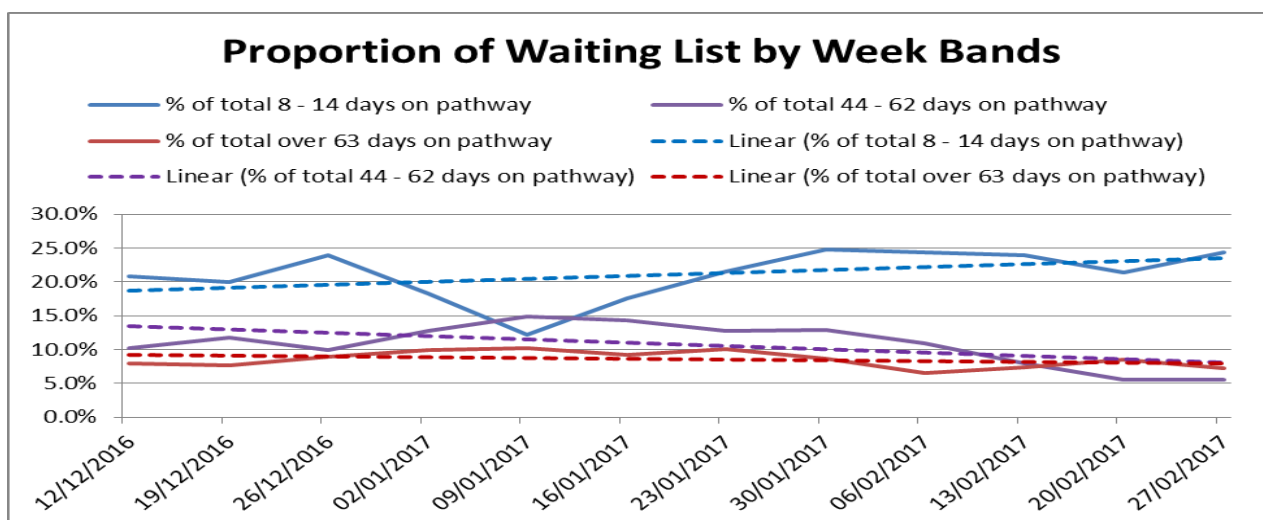
**By Tumour Group**

<b>Breast Cancer</b>										
Decision to Treat to 1st Definitive Treatment for Breast Cancer	< 31 Days	96.0%	99.5%	95.8%	95.8%	98.8%	98.4%	98.8%	98.8%	98.8%
Urgent Referral to Treatment of Breast Cancer	< 62 Days	85.0%	88.9%	87.5%	87.5%	88.0%	95.2%	95.2%	95.5%	95.5%
<b>Colorectal Cancer</b>										
Decision to Treat to 1st Definitive Treatment for Colorectal Cancer	< 31 Days	96.0%	98.3%	87.0%	87.0%	96.7%	95.9%	97.6%	97.6%	97.6%
Urgent Referral to Treatment of Colorectal Cancer	< 62 Days	85.0%	69.0%	35.7%	35.7%	46.1%	68.0%	70.8%	70.8%	70.8%
<b>Gynae Cancer</b>										
Decision to Treat to 1st Definitive Treatment for Gynae Cancer	< 31 Days	96.0%	97.5%	84.6%	84.6%	94.8%	96.9%	96.6%	96.6%	96.6%
Urgent Referral to Treatment of Gynae Cancer	< 62 Days	85.0%	72.3%	40.0%	96.9%	62.6%	76.6%	77.4%	77.4%	77.4%
<b>Haematology Cancer</b>										
Decision to Treat to 1st Definitive Treatment for Haematology Cancer	< 31 Days	96.0%	99.4%	90.9%	90.9%	97.7%	99.5%	99.7%	99.7%	99.7%
Urgent Referral to Treatment of Haematology Cancer	< 62 Days	85.0%	78.0%	57.1%	99.5%	74.1%	80.4%	78.4%	78.4%	78.4%
<b>Head and Neck Cancer</b>										
Decision to Treat to 1st Definitive Treatment for Head and Neck Cancer	< 31 Days	96.0%	96.1%	100.0%	100.0%	92.1%	92.9%	94.4%	94.4%	94.4%
Urgent Referral to Treatment of Head and Neck Cancer	< 62 Days	85.0%	67.4%	38.9%	38.9%	49.3%	56.9%	68.1%	68.1%	68.1%
<b>Lung Cancer</b>										
Decision to Treat to 1st Definitive Treatment for Lung Cancer	< 31 Days	96.0%	97.6%	75.0%	75.0%	96.0%	97.2%	98.7%	98.7%	98.7%
Urgent Referral to Treatment of Lung Cancer	< 62 Days	85.0%	73.2%	37.5%	37.5%	56.8%	69.3%	72.7%	72.7%	72.7%
<b>Sarcoma, Brain &amp; Other Cancer</b>										
Decision to Treat to 1st Definitive Treatment for Sarcoma, Brain & Other Cancer	< 31 Days	96.0%	98.6%	100.0%	100.0%	98.2%	97.4%	98.5%	98.5%	98.5%
Urgent Referral to Treatment of Sarcoma, Brain & Other Cancer	< 62 Days	85.0%	86.9%	81.8%	81.8%	77.6%	66.3%	68.6%	68.6%	68.6%
<b>Skin Cancer</b>										
Decision to Treat to 1st Definitive Treatment for Skin Cancer	< 31 Days	96.0%	95.9%	100.0%	100.0%	97.0%	96.8%	97.4%	97.4%	97.4%
Urgent Referral to Treatment of Skin Cancer	< 62 Days	85.0%	90.0%	91.2%	91.2%	90.7%	94.8%	95.2%	95.2%	95.2%
<b>UpperGI Cancer</b>										
Decision to Treat to 1st Definitive Treatment for UpperGI Cancer	< 31 Days	96.0%	99.5%	91.3%	91.3%	96.5%	97.5%	98.8%	98.8%	98.8%
Urgent Referral to Treatment of UpperGI Cancer	< 62 Days	85.0%	78.5%	75.0%	75.0%	75.4%	70.5%	75.8%	75.8%	75.8%
<b>Urology Cancer</b>										
Decision to Treat to 1st Definitive Treatment for Urology Cancer	< 31 Days	96.0%	90.5%	54.7%	54.7%	72.9%	94.3%	95.6%	95.6%	95.6%
Urgent Referral to Treatment of Urology Cancer	< 62 Days	85.0%	58.4%	52.4%	52.4%	57.4%	73.5%	77.5%	77.5%	77.5%

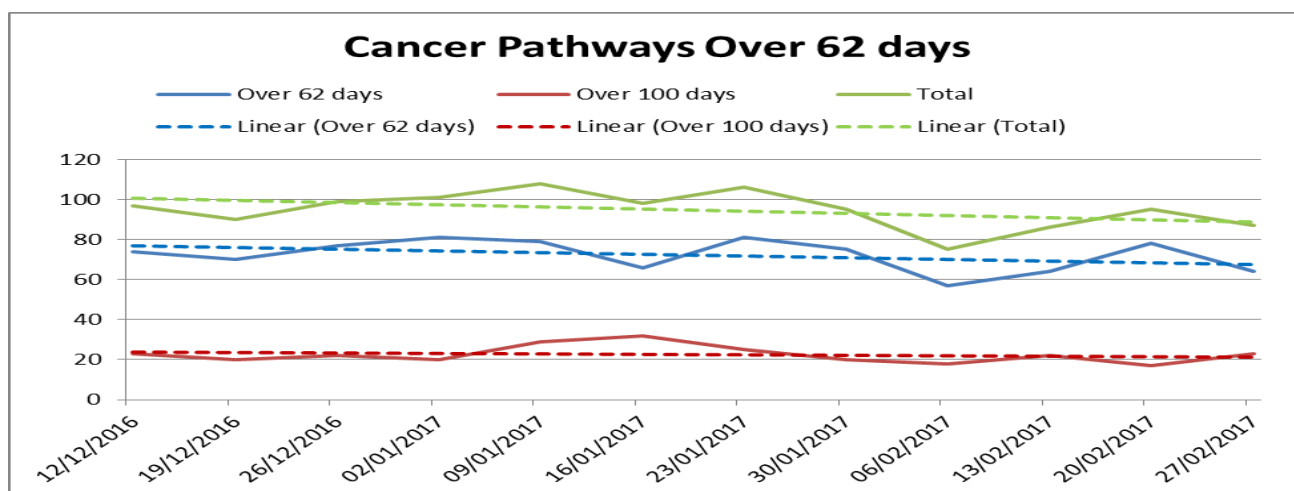
Whilst the Trust achieved the 14 days standards, it failed against the 31 and 62 day standards and was below the national average at the aggregate and tumour site level with the exception of 'sarcoma, brain and other cancers' tumour site.

**4.1 Recovery**

Although cancer performance continues to be challenged there are some indicative signs of recovery. The graph bellows demonstrates that the number of patients waiting in the 44-62 day cohort is decreasing, whilst the volume of patient waiting in the earlier part of the pathway (8-14 days) is increasing. This demonstrates a positive correction to our cancer waiting list profile.



There still remain too many patients that have exceeded 62 days, the cohort of patients between 62 and 99 days is showing a positive reduction in the number of patients however for those patients over 100 days the reduction is much slower.



The Trust has an established clinical harm review process to review all patients that have exceeded 100 days waiting.

## 5. Stroke

February's data submission does not close until 15<sup>th</sup> March therefore the data submitted and discussed at last month's FPC remains the most contemporaneous stroke data.

January '17 Stroke performance

Metrics	Jan '16	Feb '16	Mar '16	Apr '16	May '16	June '16	July '16	Aug '16	Sep '16	Oct '16	Nov '16	Dec '16	Jan '17
Trust SSNAP Grade	C	C	C	A	A	A	B	B	B				
Stroke Dis charged w ith AF on anticoagulants (ASI 1)	66.70%	50%	100%	66.70%	100%	84.60%	86.70%	83.30%	80%	88.90%	75%	86.70%	72.20%
Stroke – 4 hours direct to stroke unit (ASI 2)	69.60%	61.80%	68.10%	71.20%	85%	84.80%	77.80%	91%	75.40%	80.90%	76.10%	76.60%	71.80%
Stroke – 90% of time on the stroke unit (ASI 3)	87%	71.40%	88.60%	91.20%	93.70%	88.60%	74.30%	91%	91.40%	93%	84.30%	85.70%	86.90%
Stroke – 60 min to scan (ASI 4a)	40%	48.30%	50.70%	42.60%	65%	55.10%	60%	58.80%	56.90%	51.90%	40.90%	47.60%	51.20%
Stroke 60 mins to scan urgent only	82.60%	84.40%	93.90%	96%	96.70%	100%	91.10%	89.50%	93.80%	100%	91.30%	86.10%	91.70%
Stroke – scanned w ithin 24 hrs (ASI 4b)	96.40%	98.40%	100%	100%	96.70%	100%	98.60%	100%	100%	98%	100%	98.80%	100%
Stroke thrombolys ed w ithin 3hrs - 4.5hrs	7.70%	5.20%	6.20%	3.20%	5.50%	4.60%	4.60%	3.30%	14.90%	6.10%	3.45%	7.10%	12%
Stroke – dis charged w ith JCP (ASI 7)	100%	89.50%	96%	98%	97.40%	87.80%	97.30%	92.30%	94.40%	94.10%	90.50%	79.20%	95.80%
Stroke –dis charged w ith ESD (ASI 9B)	35.70%	40%	40.70%	39.60%	23.30%	43.50%	37.50%	31.10%	33.30%	27.50%	39.60%	36.50%	42.10%
TIA – high risk, not admitted, tx w ithin 24hrs	75.90%	69.20%	66.70%	51.30%	70.80%	83.90%	68%	63.30%	66.70%	75%	70.80%	73.20%	68.40%
TIA – high risk tx w ithin 24hrs	75.90%	69.20%	66.70%	50%	68%	83.90%	68%	63.30%	66.70%	75%	70.80%	71.40%	68.40%
TIA – low risk, treated w ithin 7 days from first contact	88.10%	94.70%	83.80%	91.90%	89.10%	80.40%	66.70%	88.90%	100%	81.50%	88.90%	94.40%	90.90%
TIA – low risk, treated w ithin 7 days from onset	69.50%	63.20%	54.10%	59.50%	58.70%	42.90%	44.40%	48.10%	100%	40.70%	72.20%	44.40%	72.70%

\*\* End of document \*\*



**TRUST BOARD PART I – MARCH 2017**

**WORKFORCE REPORT MONTH 11**

<b>PURPOSE</b>	To provide information on standard monthly metrics and Trust wide issues relating to management of the workforce
<b>PREVIOUSLY CONSIDERED BY</b>	FPC 22 March 2017
<b>Objective(s) to which issue relates *</b>	<input checked="" type="checkbox"/> 1. <b>Keeping our promises about quality and value</b> – embedding the changes resulting from delivery of Our Changing Hospitals Programme. <input checked="" type="checkbox"/> 2. <b>Developing new services and ways of working</b> – delivered through working with our partner organisations <input type="checkbox"/> 3. <b>Delivering a positive and proactive approach to the redevelopment of the Mount Vernon Cancer Centre.</b>
<b>Risk Issues</b> (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
<b>Healthcare/ National Policy</b> (includes CQC/Monitor)	CQC 13 and 14 NHSLA
<b>CRR/Board Assurance Framework *</b>	<input checked="" type="checkbox"/> <b>Corporate Risk Register</b> <input type="checkbox"/> <b>BAF</b>
<b>ACTION REQUIRED *</b>	
For approval	<input type="checkbox"/>
For discussion	<input checked="" type="checkbox"/>
For decision	<input type="checkbox"/>
For information	<input type="checkbox"/>
<b>DIRECTOR:</b>	Director of Workforce and Organisational Development
<b>PRESENTED BY:</b>	Director of Workforce and Organisational Development
<b>AUTHOR:</b>	Head of Workforce Performance, Information & Planning and Deputy Director of Workforce and Organisational Development
<b>DATE:</b>	March 2017

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

\* tick applicable box

# Workforce Report March 2017

## 1.0 Purpose

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

## 1.1 Executive Summary

The vacancy rate at the end of February 2017 was 11.1% compared to 11.6% in January 2016, based on the new establishment in 16/17. In month, the drop in the vacancy rate was due to 100 wte staff starting in February compared to 67.08 wte leavers (including M&D staff).

Overall the 2016 staff survey results continue to show an upward trend. Of the 32 key findings, the Trust scores are above average or in the best 20% for 14, average for 11 and below average or in the worst 20% for 7. The Trust results now have the highest number of positive Key Findings and the lowest number of negative Key Findings since 2012. The Trust is ranked 8<sup>th</sup> best non-Foundation acute Trust and 27<sup>th</sup> best when compared to all acute Trusts. This is an improvement of 14 places on our ranking against all acute Trusts in 2016.

The agency report for month 11 demonstrates further significant steps have been made in reducing the agency utilisation month on month. During a time of increased reliance on temporary staffing due to winter pressures and requirements for extra capacity areas the Trust has achieved a reduction in agency across all staff groups. Through the delivery of the high-level actions in the agency action plan, February's agency total, based on hours booked has reduced by 12%. This is largely through converting agency hours into bank hours and through reducing demand for temporary staffing. The reduction in demand is a result of two main actions, one is the increased focus on recruiting substantively into posts and the other is the Trust's tighter grip and control of what is requested. Nursing in particular is showing a very positive trend with a growing number joining the bank and leaving agency posts.

## 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:** The programme is currently exceeding the predicted attendance figures, and there has been significant interest in the new programmes launched at the beginning of the year in the extended pathway. The first of the new courses, the 2-day Quality and Service Improvement course, will commence in April 2017.

**LEND Sessions:** The Spring LEND sessions have now been completed, with an attendance of just under 275. The sessions were well-attended and well-received. Further demographic



information on LEND session attendance is included in Appendix 1, Section 2, tables 2 and 3. It should be noted that the lower attendance in Winter 2016 was due in part to the fact that there were only 5 LEND sessions rather than the usual 7 or 8.

**National Staff Survey:** The benchmarked national staff survey results were published early this month and show an overall improvement on last year's results, though the areas of concern remain substantially the same. A separate report will be presented. The Quarter 4 Staff Friends and Family Test is now open and runs until 31 March 2017.

**Transformation & Turnaround:** The Trust has undertaken an initial audit of what is required to build internal capability and capacity to sustain our transformation and turnaround efforts over the next 12 months. This has identified a number of skill based requirements for both the PMO and the Divisional team and also a range of leadership/management competencies which will need to be developed in individuals. There is work underway to determine how the Trust might build internal capacity in the future and what model might be appropriate to enable the Organisation to deliver these agenda's as part of business as unusual.

## 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.

**Priority Two Update:** To support the recruitment and retention of staff by increasing awareness of the opportunities available within the Trust for working flexibly and by supporting staff in achieving a greater work-life balance.

### Action:

- Development of project plan/strategy for undertaking full review of flexible working across the Trust.
- Recruitment of interim Flexible Working Project Team.
- Review of existing documentation and development of supporting information including; FAQ's, revised application form, departmental and Trust wide communications, fact sheets for new schemes available and manager guidance.
- Pilot commenced on agreed wards 8a, 8b, 9a, 9b at Lister.
- Project Team have been available in each of the pilot areas for a four week period to discuss with staff, on a 1:1 basis, the purpose of the pilot and to answer any questions in relation to flexible working.
- Launch of Enhanced Recruitment Campaign; with focus being placed on improved and additional opportunities to work flexibly at the Trust as follows;

### Next Steps:

- The planned next teams to be reviewed by the Flexible Working team are Emergency Department Lister, Wards 6a and 6b followed by Theatres and Ashwell.
- Consideration to Term-time only/Annualised Hour contracts and to review agreed set shift patterns and shift duration (i.e. 12 hours). Whilst working towards self-rostering.

**Performance:** The project is starting to have a positive effect both in terms of knowledge sharing and upskilling of staff and managers regarding flexible working options and updating any historic information or myths. There is consistency and fairness in the new approach with total visibility across the whole team of all requests and agreements in place.

## 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 is working in partnership with other key services to develop initiatives and process pathways to enhance workplace health and wellbeing.

**Actions:** All planned initiatives to promote staff mental health, physical activity and musculoskeletal health outlined in the action plan as part of the staff Health and Wellbeing CQUIN are being undertaken, it is anticipated that the CQUIN indicators will all be fully achieved by the end of March 2017.

As part of the Health at Work Service's drive to improve the mental health and wellbeing of staff managers and leaders in the Trust have been booked onto Mental Health First Aid Lite Training. This half day session, delivered by an accredited Mental Health First Aid Trainer, aims to develop awareness of mental health at work so that they can recognize signs that employees may be experiencing mental health difficulties and create supportive work environments. There are 300 training places available over 12 sessions between April and November. 100 staff have been booked onto a session.

**Performance:** The Health at Work Service received and processed 98.3% of pre-placement health clearances within 2 working days in February.

101 referrals were received from managers; this represents a 20% increase in referrals compared to last year. 96.25% of appointments with an advisor were booked within 6 working days. 88.2% of appointments with a Consultant were booked within 12 working days. Following attendance in clinic 97.6% of reports were issued within the 2-day target delivery time. In February, 24 employees have been referred for early access occupational physiotherapy, 26 employees have utilised the Employee Assistance Programme.

## 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 stable in February at 82.28% compared to January 82.29%. This month an increase in the number of appraisals not completed, resulted in the rate drop. See Section 3, tables 1 & 2.

## 3.2 Statutory and Mandatory Training

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

## 4.0 People Performance

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

### 4.1 Vacancy Rates

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

**Performance:** The vacancy rate at the end of February 2017 was 11.1% compared to 11.6% in January 2016, based on the new establishment in 16/17. In 16/17, the establishment has risen by 310 wte since April 16 adding approximately 5.5% to the vacancy rate. In financial year 2016/17, the vacancy rate has seen a 2.7% reduction since April 2016. In month, the drop in the vacancy rate was due to 100.13wte staff starting in February compared to 67.08 wte leavers (including M&D staff). The target of achieving trust wide baseline vacancy rate of 5%-6% was achieved this month; the baseline vacancy rate is now 5.51%.

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 3.

### 4.2 Resourcing

The Trust-wide permanent recruitment is on an upward trajectory with a consecutive 6<sup>th</sup> month to have achieved target of starters per month. The attrition remains a challenge, however, it has reduced in the last 6 months due to the retention actions being taken by the Trust.

The number of external candidates undergoing pre-employment checks and awaiting to start is 320 wte against approximately 620 wte vacant posts. The number of staff in post has increased between February 2016 and February 2017 by 203 wte which equates to over 4.3% growth of staff in post.

Collaborative work is under way between Finance and Workforce departments to align establishments on the ledger and ESR to enable accurate real time reporting.

Plan to review departmental skill mix and establishments by the respective divisional directors will also provide clarity as to accurate number of vacant posts. Progress of this is being reported to the PMO and should be completed by the end of March 2017.

#### 4.2.1 Band 5 Nurse Recruitment

The Trust's number of vacant posts for band 5 Registered Nurses at the end of February 2017 was 200 wte equating to 21% (a decrease from 22.5% in January 2017).

There are currently 207 wte external candidates undergoing pre-employment checks or awaiting to start with the Trust. 168 wte of candidates in the pipeline have been appointed via international recruitment campaigns from wider EU and the overseas (India, Philippines).

There are currently 749 wte of Registered Nurses band 5 in post. Compared to 706 wte of Registered Nurses in post recorded in September 2016, there has been an increase of 43 wte (6.2%) of band 5 Registered Nurses

The process of assimilation to the Trust and the need to work as supernumerary may take up to 12 weeks from the start date, thus operational pressures and higher than planned need to utilise temporary staffing to cover vacant shifts.

Continuous extensive recruitment campaigns have been taking place with a number of Saturday open days scheduled until end of August 2017.

#### **4.2.2 Band 2 CSW Recruitment**

The Trust's number of vacant posts for band 2 Clinical Support Workers at the end of February 2017 was 87.32 wte equating to 18.4%.

There are currently 7 wte Clinical Support Workers undergoing pre-employment checks. CSW recruitment is challenging and it is difficult to attract candidates to apply, a number of initiatives have been undertaken including updated adverts (including post title and contract length); changed recruitment process (including Nurse Education representative's presentation during the pre-assessment).

There are currently 387 wte of Clinical Support Workers band 2 in post. Compared to 364 wte of CSWs in post recorded in September 2016, there has been an increase of 224 wte (6.5%).

The Trust will be implementing the Apprenticeship Levy in April 2017; this will have a positive impact on the number of applications received. Currently, candidates who have not been in the country for more than 3 years as well as those who hold a degree were disqualified from applying due to funding regulations.

#### **4.2.3 ENHanced Pay campaign**

Separate, detailed report has been produced to the DEC and Execs.

Appendix 1, section 4, table 2 represents recruitment activity for band 5 and band 6 qualified nursing posts in February 2016 compared to February 2017.

Appendix 1, Section 4, Graphs 2 & 3 represent the run rate for band 2 CSWs and Band 5 registered nurses. The increase in establishment in 16/17 and higher than anticipated attrition in these staff groups have resulted in operational pressures and higher temporary staffing usage.

#### **4.2.4 Medical Staffing Recruitment**

In October 2016, the Medical Resourcing team developed a Recruitment plan to demonstrate the Trusts strategy for recruiting to vacancies in a timely fashion using the best resources available; thus reducing agency expenditure for medical staffing across the Trust, regular updates are provided to the executive board via Dec and PMO on progress of recruitment against original vacancies and details of any new posts that have been added to the establishment. The current medical staffing vacancy rate is 7%.

### **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.

**Performance:** The Trust's turnover increased to 13.01% in February compared to 12.93% in January and 12.98% in December. 100.13 wte staff started in February compared to 67.08 wte leavers (including M&D staff). Since April 16, 1170 wte staff have started the Trust and 940 wte have left. 255 wte qualified nursing staff started since April 16 compared to 165 wte of all qualified nurse leavers. Appendix 1, Section 1, Graph 2 details the starters and leavers trend over the last year.

#### 4.4 Medical Staffing

**Strategy:** The aim of the Medical Staffing team is to deliver a customer service focused HR service providing clinicians, managers and staff with advice, support and best practice knowledge on all matters related to the Medical Workforce.

**Action:** To manage the successful and timely implementation of the new national contract for junior doctors. The offers and work schedules for April 2017 changeover were undertaken for the 8 February 2017 deadline. This applied to 79 doctors (72 rotational and 7 new transitions). 89 doctors are now on the new terms. The transition for Paediatrics run through trainees, General Surgery higher trainees and T&O higher trainees has been amalgamated into one transition at their September 2017 and October 2017 changeovers respectively.

8 exception reports were received in February 2017, taking the total to 52 exception reports since the start of transition at December 2016 changeover. Work is on-going to finalise the draft Work Schedule and Exception Reporting Trust policy. Work continues with preparing rotas to be mixed economy by 10 May 2017 ahead of the Code of Practice deadline to send August 2017 offers and work schedules by 7 June 2017. There are 242 offers and work schedules due for August changeover.

The Trust has launched the new Job Planning Policy in February after consultation with the LNC. The Policy supports the implementation of the new Trust IT system for E-job planning. The job plans are now open for review with the Clinical Directors. The job plans are designed to reflect the capacity that the CCG and others wish to commission and they enable the Trust to make progress towards our strategic objectives with fair reward for our Consultants.

**Performance:** 53% of rotas moved to mixed economy and 32% of work schedules completed.

#### 4.5 Employee Relations

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

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

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

**Performance:** In February, the percentage of employee relations cases within the Trust was 3.8% and within the target range. The overall number of live employee relations cases decreased from 230 to 227. The high number of cases is mainly due to the work the ERAS team is undertaking to record the sickness cases which have been identified in departments.

The average customer feedback score in February 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 4.

**Exit Interview Data:** 25 exit interviews that were undertaken in February, 28% cited family/personal reasons, retirement was cited by 20% of leavers, enhanced job opportunity was cited by 20% of leavers and relocation reason was cited by 8%.

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

#### 4.6 Disciplinary Cases

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

**Action:** 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 February, the Trust percentage was 0.2% and within the target range.

The Trust's Key Performance Indicator is to complete all disciplinary cases within 90 days. Priority has been given to support the management of disciplinary cases that have been open for a considerable amount of time. Out of the 10 live cases in February, 1 was over the Trust's KPI of 90 days. This case is under management with ERAS support to ensure completion without further delay.

#### 4.7 Sickness Absence

**Strategy:** To reduce sickness absence below 3.5% by January 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 was stable at 3.68% February. In month, sickness saw a decrease to 4.33% in February from 4.66% in January. Long term in month sickness increased to 2.18% in February from 2.12% in January. The number of staff on long term sick has increased to 103 February from 96 in January. 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 decreased to 2.16% in February from 2.54% in January. The number of days lost to sickness in February was 6000 compared to 7088 in January.

The sickness rate for nursing and midwifery is higher than the Trust average with an overall rate of 4.94%, which was 2935 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:** A timetable for future policies had been defined and policy review dates have been extended to allow for additional time to implement the new approach to policy review. Work is underway to identify and update any expired policies that will be reviewed as a priority when Policy Lock-In Meetings can take place again with staff side input.

##### **4.8.2 Governance**

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

**Action:** The governance team has been supporting the Head of Temporary Staffing to respond to the changes to tax arrangements for independent contractors by writing out to all agencies to advise them how we expect the new rules to apply to their workers.

Job matching panels are now being held at least fortnightly. The panel is comprised of both management and staff side colleagues who have received formal training in the job evaluation process.

**Performance:** The ESR gap analysis report for January starters recorded 89% on the first run, and 99% compliance for the second run.





**TRUST BOARD PART 1 - March 2017**

**National Staff Survey results report**

<b>PURPOSE</b>	To provide an overview of the Trust's 2016 national staff survey results and staff surveys trends from 2011 - 2016
<b>PREVIOUSLY CONSIDERED BY</b>	DEC - 16 March 2017, RAQC 21 March 2017
<b>Objective(s) to which issue relates *</b>	<input checked="" type="checkbox"/> 1. <b>Keeping our promises about quality and value</b> – embedding the changes resulting from delivery of Our Changing Hospitals Programme. <input checked="" type="checkbox"/> 2. <b>Developing new services and ways of working</b> – delivered through working with our partner organisations <input type="checkbox"/> 3. <b>Delivering a positive and proactive approach to the redevelopment of the Mount Vernon Cancer Centre.</b>
<b>Risk Issues</b> (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
<b>Healthcare/ National Policy</b> (includes CQC/Monitor)	
<b>CRR/Board Assurance Framework *</b>	<input type="checkbox"/> Corporate Risk Register <input type="checkbox"/> BAF
<b>ACTION REQUIRED *</b>	
For approval	<input type="checkbox"/>
For discussion	<input checked="" type="checkbox"/>
For decision	<input type="checkbox"/>
For information	<input type="checkbox"/>
<b>DIRECTOR:</b>	Director of Workforce & Organisational Development
<b>PRESENTED BY:</b>	Director of Workforce & Organisational Development
<b>AUTHOR:</b>	Organisational Development Advisor
<b>DATE:</b>	March 2017

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

\* tick applicable box

## **Report on 2016 NHS National Staff Survey results**

### **Purpose**

This report provides an overview and analysis of the 2016 NHS National Staff Survey results. The survey results consist of an overall staff engagement score and 32 Key Findings, and the Trust's scores are benchmarked against the results for the 98 English acute Trusts.

### **Executive Summary & Overview**

- Overall the results continue to show an upward trend. Of the 32 Key Findings, the Trust scores are above average or in the best 20% for 14, average for 11 and below average or in the worst 20% for 7. The Trust results now have the highest number of positive Key Findings and the lowest number of negative Key Findings since 2012
- The Trust is ranked 8<sup>th</sup> best non-Foundation acute Trust and 27<sup>th</sup> best when compared to all acute Trusts. This is an improvement of 14 places on our ranking against all acute Trusts in 2016
- The Trust is ranked the second-best performing Trust when compared to other acute Trusts in the local area - Addenbrookes ranks slightly better, in 23<sup>rd</sup> place
- The Trust shows positive results in areas related to the staff experience of working at the Trust and improvements have been made, particularly in relation to staff health and wellbeing and job satisfaction
- However the results also show some ongoing areas of concern which have not shown significant improvement, including a long-hours culture and bullying, harassment and violence
- The survey ran from early October to the end of November, and 1829 completed surveys were received, a response rate of 34.6%. This compares to a response rate of 35.1% in 2015 - however it should be noted that the survey period was one week shorter in 2016 due to other engagement activity taking place.

### **Organisational Context**

**A summary of the key organisational issues that may have impacted on the staff experience is given below, although this list is not exhaustive:**

- The increase in activity and demand continued, further exceeding the assumptions made when developing the OCH programme
- Vacancy rates remained high due to an increase in establishment, leading to a continued reliance on bank and agency staff.
- The LEND - *Listen, Empower, Nurture, Develop* - leadership model was developed in consultation with staff and was launched in the organisation in Summer 2016, followed by the Leadership and Management Development Pathway (LMDP), the Trust's first comprehensive leadership education and training programme
- The coaching culture change programme was launched in early 2016, beginning with Board development and moving on to a cohort of nominated senior Trust leaders, followed by a roll-out in September to the wider leadership and management cohort

- The CQC inspection results were published in early April and provided positive feedback for many teams across the Trust, as well as additional support and focus where a need was identified
- The level and range of internal communication increased, including the introduction of the *Your Voice* newsletter in May 2016, staff feedback forums, regular executive walkabouts, the *Ask Nick* weekly drop-in sessions and the all-staff roadshows which took place in September 2016.

### **Staff engagement score and Key Findings**

The Trust score for overall engagement was *above average* for the second consecutive year and also improved slightly on last year's score. Of the three factors contributing to the engagement score, the Trust moved from *above average* to the *best-performing 20%* for both *Staff motivation* and *Staff ability to contribute towards improvements at work*. The third factor, *Recommendation of the Trust as a place to work or receive treatment* remained average.

The Trust was also among the *best-performing 20%* for the following Key Findings, a repeat of our performance last year:

- Quality of non-mandatory training, learning or development
- Percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months

The Trust showed the most significant improvement on last year's results in the following Key Findings:

- *Staff feeling unwell due to work-related stress in the last 12 months*, where we moved from *worst-performing 20%* to *above average*
- *Staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves*, where we moved from *worse than average* to *above average*
- *Organisational and management interest in and action on health and wellbeing*, where we moved from *worse than average* to *above average*
- *Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse*. Although the Trust remains in the *worst-performing 20%*, the score shows a significant improvement from 22% in 2015 to 42% this year.

The other Key Findings where the Trust is in the *worst-performing 20%* are given below.

- Percentage of staff working extra hours
- Staff/colleagues reporting most recent incident of violence
- Percentage of staff experiencing physical violence from other staff in the last 12 months. Percentage of staff experiencing bullying, harassment or abuse from staff

Staff working extra hours and staff experiencing bullying from other staff recorded a slight percentage improvement on the 2015 results, while staff reporting violence and staff experiencing physical violence from staff showed a slightly worse percentage. It should be noted that the percentages of staff reporting physical violence from other staff are very low overall and the Trust score increased from 2% in the 2015 survey to 3% in the 2016 survey.

## **Key Findings – report themes**

This year the national benchmarked report groups the Key Findings into 9 themes. An overview of how the Trust has performed in each one is given below:

### **Theme 1: Appraisals & support for development**

The Trust continues to perform well in these Key Findings which relate to appraisals and non-mandatory training. *Quality of appraisal* has dropped slightly but is still *above average*.

### **Theme 2: Equality & diversity**

The Trust has repeated the results from the 2015 survey, with an *average* score for *staff believing the organisation provides equal opportunities for career progression and development* and *worse than average* for *staff experiencing discrimination at work*. Black and ethnic minority staff, disabled staff, men and those aged 41 – 50 report the highest levels of discrimination. These groups are also the least likely to feel that the organisation provides *equal opportunities for career progression and development*.

### **Theme 3: Errors & incidents**

The Trust's position worsened slightly in these Key Findings, with an *average* percentage of staff *witnessing potentially harmful errors or incidents*, compared to *better than average* last year. *Reporting errors* and *staff confidence in the reporting process* remains *average*, while *fairness and effectiveness of reporting procedures* has moved from *average* to *below average*.

### **Health & wellbeing**

The Trust's results were *better than average* for all of the Key Findings in this theme and show an improvement on 2015's results. *Feeling pressure to attend work when unwell* and *organisational interest in and action on health and wellbeing* were both *worse than average* in 2015. The *work-related stress* Key Finding is particularly significant as the Trust's results have been *below average* or *worst-performing 20%* from 2013.

### **Working patterns**

The Trust's results for this theme were the same as those in 2015, with an *average* score for *staff satisfaction with opportunities for flexible working patterns* and *worst 20%* for staff working extra hours. The long-hours culture has been a concern for some time, with the Trust ranking in the *worst 20%* from 2013 onwards.

## **Job satisfaction**

The Trust's results for this theme were very positive and also showed an improvement on the 2015 results, with four of the six Key Findings, including effective team working, either *above average* or *among the best-performing 20%*. *Staff satisfaction with resourcing and support* while still *average*, shows an improved score on 2015.

## **Managers**

The results for these Key Findings have remained the same as 2015, with average results for *staff reporting good communication between senior management and support from immediate managers*. *Recognition and value of staff by managers and the organisation* remains *above average*.

## **Patient care & experience**

The Trust scores were *above average* for the Key Findings under this theme, which include *staff satisfaction with the quality of work and care they are able to deliver*, *staff agreeing that their role makes a difference to patients*, and *effective use of patient/service user feedback*. However it should be noted that two of these, *staff agreeing that their role makes a difference to patients*, and *effective use of patient/service user feedback* have worsened slightly, as the Trust was among the *top 20%* in 2015.

## **Violence, harassment & bullying**

The Key Findings in this theme, which also include reporting incidents of bullying and violence, continue to be the poorest-performing areas, with four of six Key Findings in the worst-performing 20%. However *staff experiencing violence from patients, relatives or the public* continues to be amongst the *best-performing 20%*, while *staff experiencing bullying from patients, relatives or the public* has improved from *worse than average* to *average*.

The individual question responses show that *staff experiencing bullying, harassment or abuse by managers* has decreased slightly on 2015, while *staff experiencing bullying, harassment or abuse by colleagues* has increased very slightly. The number of incidences of bullying experienced has remained broadly the same, with the majority experiencing it once or twice in the last 12 months.

## **Leadership & Career Development & Trust values - additional questions**

This year Trust chose to include additional modules on *Leadership & Career Development* and *Organisational values*. National benchmarks are not available as they are optional modules - however they provide an insight into how staff currently view these aspects of their experience at the Trust. The Leadership module may also provide a useful baseline for the impact and effectiveness of the LEND leadership model and the Leadership & Management Development Pathway.

In response to the question *Are you aware of your organisation's statement of values?* more than two-thirds of staff responded *yes definitely*, 29.1% said *yes to some extent* while only 3.3% said *no*.

In response to questions about whether managers and colleagues demonstrate the Trust values at work, more than half the staff who responded felt that their managers *often or always* demonstrated the values, just over a third felt that they *sometimes* demonstrated the values, while just under 10% said they *never or rarely did* so. This compares to just over 60% of staff responding that their colleagues *often or always* demonstrated the values, a third *sometimes* did so and only 5% *rarely or never* did so.

The Leadership module questions address how staff view their own ability and potential, support from their manager and the organisation to fulfil this and their role in the organisation's long-term vision.

Over 70% of staff feel they have the capability to become a leader in their area of work, while nearly 90% feel that it is important for them to be a positive role model to others. Just under 90% take feedback from colleagues into account when making positive changes in their work area, and 93% feel it is important for them to be accountable for decisions they make in their area of work. These responses show an interest in development, autonomy and responsibility, as well as collaborative working.

However only 53% of staff feel that the person they report to creates opportunities for their professional growth, and only 57% feel encouraged to become leader in their area of work. Nearly three-quarters of staff say they feel encouraged to motivate others in their area of work.

Only 40% of staff have had a conversation with their manager about fulfilling their potential at work in the last 12 months. However when these conversations did happen they seem to have gone well, with nearly 80% of staff reporting that the conversations left them feeling valued, nearly three-quarters saying that they helped them to identify how they could fulfil their potential and 80% saying that the conversations encouraged them to perform the best that they could in their role. However less than two-thirds of staff reported that the conversations led to an opportunity for their professional development and just over two-thirds said that the conversations made them more engaged in their role.

Just under 60% of respondents feel that there are opportunities for them to develop their career in this organisation, and a similar number feel able to access the right learning and development materials when they need to. However only 47.5% of staff feel that learning and development undertaken in the last 12 months have improved their chances of career progression.

Regarding the Trust's future vision, only 56% of respondents felt that the Trust agreed or strongly agreed that the Trust had a clear vision for the future, with 32% saying they neither agreed or disagreed. Of more concern are the responses to the question *I feel like I am part of my organisation's vision for the future* - only 45% of staff agreed or strongly agreed with this statement, with 36% saying they neither agreed or disagreed, and nearly 19% disagreeing or strongly disagreeing.

## NHS National Staff Survey results 2011 - 2016 - an overview

Although the elements of staff survey questions and Key Findings change each year, there are a number of Key Findings that have been consistently included since 2011. These key findings when compared over time provide information on both underlying aspects of the Trust's culture and the staff experience and also on areas that may have been affected by organisational change. 2011 was taken as the starting point as the ARC programme was launched at this time to embed the Trust's PIVOT values and to prepare the organisation for the *Our Changing Hospitals* consolidation.

There are some Key Findings that seem to have remained relatively unaffected during this time. This includes *staff motivation at work* which despite the prolonged and extensive period of change that took place, remained relatively positive. The lowest score during this time was *average* in 2014, an isolated result which returned to *above average* again in 2015.

Similarly, the results for *violence from patients* has consistently been *above average* or *best 20%* from 2011 to 2016.

However there are other areas which have consistently poor results and do not seem to have been influenced by the OCH programme. These include *staff working extra hours*, which has been in the *worst 20%* for five of the last six years, and *below average* for the remaining year. Similarly, *staff experiencing bullying and harassment from other staff* has been in the *worst 20%* for four of the last six years, and *worse than average* for the remaining two.

There are a number of other Key Findings that seem to support the link between organisational change and the impact it has on the staff experience. These include:

*Overall engagement* score, which declined from above average in 2012 to below average in 2014 and has now returned to above average for the last two years. This is matched by another of the factors for staff engagement, *ability to contribute to improvements at work*, which also worsened, reaching *worst 20%* in 2014, before improving again to *above average* in 2015 and 2016. The third engagement factor, *staff recommending the Trust as a place to work or receive treatment*, has shown a more mixed picture - *average* for 4 of the last six years, *above average* in 2013 and *below average* in 2014.

Other factors which worsened during our last period of significant change and have since improved are given below. The Trust should be particularly vigilant regarding these areas as the Grip and Control and Model Hospital programmes start to impact across the organisation:

- Staff suffering from work-related stress
- Staff witnessing potentially harmful errors or incidents, which was *amongst the worst 20%* or *below average* in 2011 - 2012 and 2014, but has been *average* or *above average* for the remaining three years
- *Reporting errors, incidents or near-misses*, which was *below average* in 2013 but has been *average* or *above average* for the rest of the time
- *Staff feeling pressure to attend work when unwell*, which is now *above average* for the first time since 2012, and was *below average* or *worst 20%* in the intervening period

- *Good communication between senior management and staff* declined to *below average* in 2013 and 2014, but has been *average* for the last two years, a return to the 2012 level
- *Support from immediate manager* also deteriorated, to below average in 2013 and worst 20% in 2014, but has now returned to the 2012 level of *average*
- *Staff believing the Trust provides equal opportunities for career progression* have also shown a recent improvement to *average*, following a decline from *top 20%* and *above average* in 2011 and 2012, to *worse than average* in 2013 and 2014

Interestingly one area where the result improved during 2013 and 2014 and is now declining again is *staff experiencing discrimination at work in the last 12 months*, which was *average* during 2013 and 2014 but has now deteriorated to *below average*.

### **Developing an organisational response**

- The Board and sub-committee members are asked to recognise these findings and acknowledge where there is a need to improve
- This will include more detailed work to address long-standing areas of concern, including bullying and harassment and the long-hours culture
- A reflection and assessment of current corporate plans needs to be undertaken against this year's survey results
- The outputs from the survey and our four-year trajectory need to be evaluated against plans for further organisational change
- The findings from this report will also be incorporated into the development of the LMDP and the quarterly LEND sessions, so that leaders and managers are equipped with appropriate skills to respond to the needs of their teams
- Divisional plans will be developed to improve areas with poor results
- A strategic communications plan will be developed to share this information across the organisation. This will be supported by continued engagement with staff to obtain more qualitative information on their experience of working at the Trust.

**Tom Simons, Director of Workforce & Organisational Development**  
**Karen Mead, Organisational Development Advisor**  
**March 2017**



## **Appendix - Summary of divisional, directorate and site results**

The division that had the most positive survey results overall was Non-clinical support services, which scored particularly strongly in the *Health and Wellbeing* and *Managers* themes. Of the clinical divisions, Medicine and Surgery showed the most positive results, Cancer Services and Clinical Support Services the least.

Medicine had the most positive engagement score, followed by Surgery. Medicine performed well in the themes relating to *Job Satisfaction* and *Managers*, while Surgery also performed well for *Job satisfaction* and also for *Patient care and experience*.

Women's and Children's Services showed positive responses for the theme *Appraisals and support for development*, as well as *Patient care and experience*. Cancer Services presented a mixed picture, with elements of *Health and wellbeing* and *Violence, harassment and bullying* showing good results, but reported more negative responses for the themes relating to *Errors and incidents* and *Job satisfaction*. Research and Development also showed mixed results across all the themes, but again had among the best results for the theme *Violence, harassment and bullying*.

Clinical Support Services showed the lowest level of positive responses to the themes, as well as the lowest level of overall staff engagement. However the division had among the most positive results for *Staff experiencing discrimination at work*, *Staff working extra hours* and *Staff feeling unwell due to work-related stress*.

Of the clinical directorates, Elderly Care, Renal and Surgical Specialties reported the most positive scores for the engagement factors, followed by Acute Medicine, Child Health and General Surgery and Urology. Non-clinical directorates that performed well include Nursing Practice, Human Resources and Organisational Development and Trust Management.

Clinical directorates showing the lowest levels of engagement include Emergency Department, Obstetrics and Gynaecology, Pathology, Radiology and Health Records.

It is difficult to make a completely accurate comparison between sites due to the difference in response rates, from nearly 1500 at the Lister site to just 12 at the St Albans Renal satellite unit. The most positive results came from Hertford County Hospital and the St Albans unit, followed by the Lister Hospital. The New QEII Hospital and Mount Vernon Cancer Centre showed the least positive results across the Key Findings.

## **2016 National NHS staff survey**

### **Brief summary of results from East And North Hertfordshire NHS Trust**

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## 1. Introduction to this report

This report presents the findings of the 2016 national NHS staff survey conducted in East And North Hertfordshire NHS Trust.

In section 2 of this report, we present an overall indicator of staff engagement. Full details of how this indicator was created can be found in the document ***Making sense of your staff survey data***, which can be downloaded from [www.nhsstaffsurveys.com](http://www.nhsstaffsurveys.com).

In sections 3 and 4 of this report, the findings of the questionnaire have been summarised and presented in the form of 32 Key Findings.

These sections of the report have been structured thematically so that Key Findings are grouped appropriately. There are nine themes within this report:

- Appraisals & support for development
- Equality & diversity
- Errors & incidents
- Health and wellbeing
- Working patterns
- Job satisfaction
- Managers
- Patient care & experience
- Violence, harassment & bullying

Please note, two Key Findings have had their calculation changed and there have been minor changes to the benchmarking groups for social enterprises since last year. For more detail on these changes, please see the ***Making sense of your staff survey data*** document.

As in previous years, there are two types of Key Finding:

- percentage scores, i.e. percentage of staff giving a particular response to one, or a series of, survey questions
- scale summary scores, calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5

A longer and more detailed report of the 2016 survey results for East And North Hertfordshire NHS Trust can be downloaded from: [www.nhsstaffsurveys.com](http://www.nhsstaffsurveys.com). This report provides detailed breakdowns of the Key Finding scores by directorate, occupational groups and demographic groups, and details of each question included in the core questionnaire.

## Your Organisation

The scores presented below are un-weighted question level scores for questions Q21a, Q21b, Q21c and Q21d and the un-weighted score for Key Finding 1. The percentages for Q21a – Q21d are created by combining the responses for those who “Agree” and “Strongly Agree” compared to the total number of staff that responded to the question.

Q21a, Q21c and Q21d feed into Key Finding 1 “Staff recommendation of the organisation as a place to work or receive treatment”.

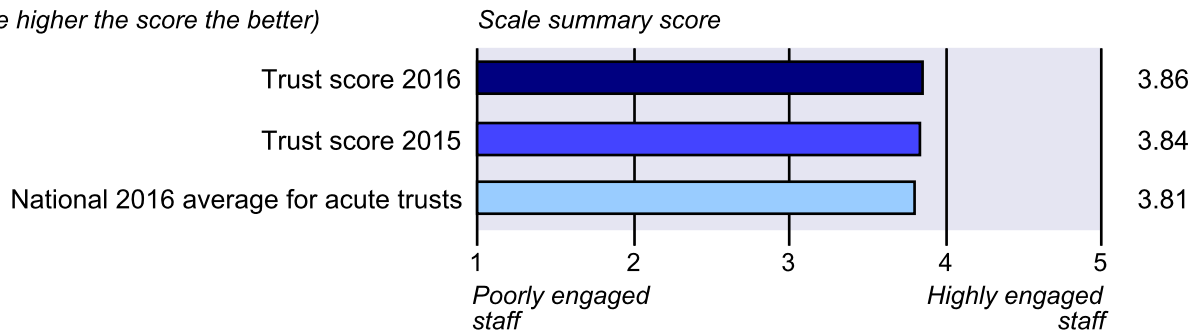
		Your Trust in 2016	Average (median) for acute trusts	Your Trust in 2015
Q21a	"Care of patients / service users is my organisation's top priority"	78%	76%	78%
Q21b	"My organisation acts on concerns raised by patients / service users"	73%	74%	76%
Q21c	"I would recommend my organisation as a place to work"	61%	62%	60%
Q21d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	69%	70%	67%
KF1.	Staff recommendation of the organisation as a place to work or receive treatment (Q21a, 21c-d)	3.79	3.77	3.76

## 2. Overall indicator of staff engagement for East And North Hertfordshire NHS Trust

The figure below shows how East And North Hertfordshire NHS Trust compares with other acute trusts on an overall indicator of staff engagement. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged. The trust's score of 3.86 was **above (better than) average** when compared with trusts of a similar type.

### OVERALL STAFF ENGAGEMENT

*(the higher the score the better)*



This overall indicator of staff engagement has been calculated using the questions that make up Key Findings 1, 4 and 7. These Key Findings relate to the following aspects of staff engagement: staff members' perceived ability to contribute to improvements at work (Key Finding 7); their willingness to recommend the trust as a place to work or receive treatment (Key Finding 1); and the extent to which they feel motivated and engaged with their work (Key Finding 4).

The table below shows how East And North Hertfordshire NHS Trust compares with other acute trusts on each of the sub-dimensions of staff engagement, and whether there has been a significant change since the 2015 survey.

	Change since 2015 survey	Ranking, compared with all acute trusts
<b>OVERALL STAFF ENGAGEMENT</b>	• No change	✓ Above (better than) average
<b>KF1. Staff recommendation of the trust as a place to work or receive treatment</b> <i>(the extent to which staff think care of patients/service users is the trust's top priority, would recommend their trust to others as a place to work, and would be happy with the standard of care provided by the trust if a friend or relative needed treatment.)</i>	• No change	• Average
<b>KF4. Staff motivation at work</b> <i>(the extent to which they look forward to going to work, and are enthusiastic about and absorbed in their jobs.)</i>	• No change	✓ Highest (best) 20%
<b>KF7. Staff ability to contribute towards improvements at work</b> <i>(the extent to which staff are able to make suggestions to improve the work of their team, have frequent opportunities to show initiative in their role, and are able to make improvements at work.)</i>	✓ Increase (better than 15)	✓ Highest (best) 20%

Full details of how the overall indicator of staff engagement was created can be found in the document ***Making sense of your staff survey data.***

### 3. Summary of 2016 Key Findings for East And North Hertfordshire NHS Trust

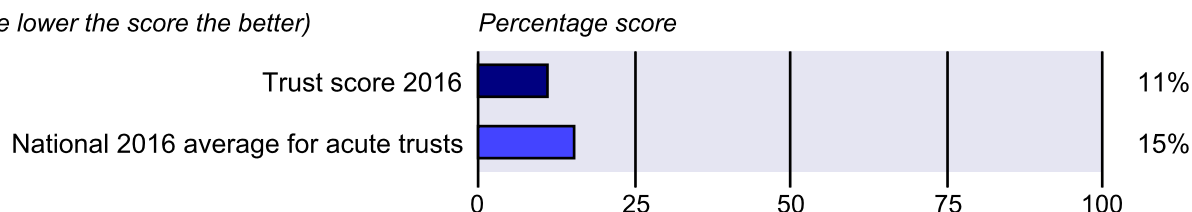
#### 3.1 Top and Bottom Ranking Scores

This page highlights the five Key Findings for which East And North Hertfordshire NHS Trust compares most favourably with other acute trusts in England.

#### TOP FIVE RANKING SCORES

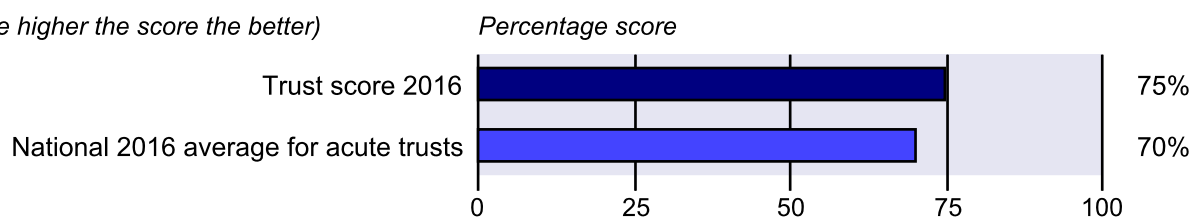
##### ✓ KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

(the lower the score the better)



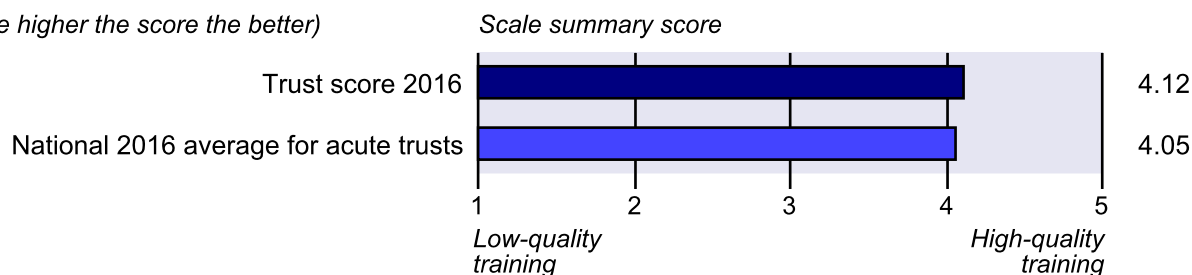
##### ✓ KF7. Percentage of staff able to contribute towards improvements at work

(the higher the score the better)



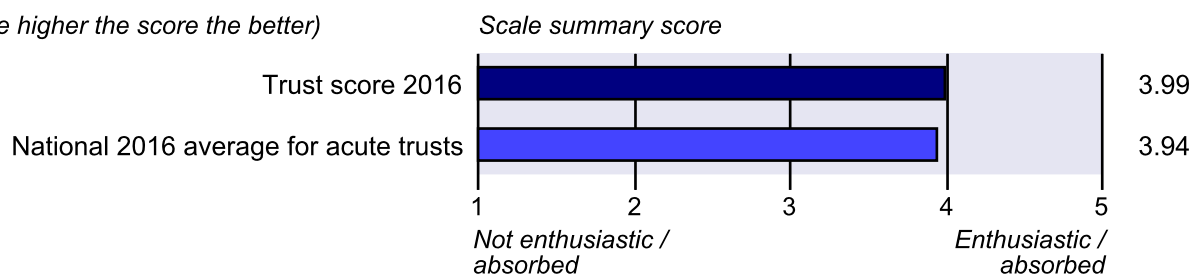
##### ✓ KF13. Quality of non-mandatory training, learning or development

(the higher the score the better)



##### ✓ KF4. Staff motivation at work

(the higher the score the better)



##### ✓ KF8. Staff satisfaction with level of responsibility and involvement

(the higher the score the better)

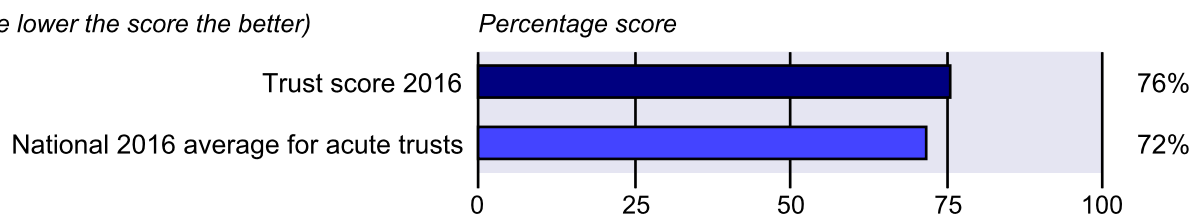


This page highlights the five Key Findings for which East And North Hertfordshire NHS Trust compares least favourably with other acute trusts in England. It is suggested that these areas might be seen as a starting point for local action to improve as an employer.

### BOTTOM FIVE RANKING SCORES

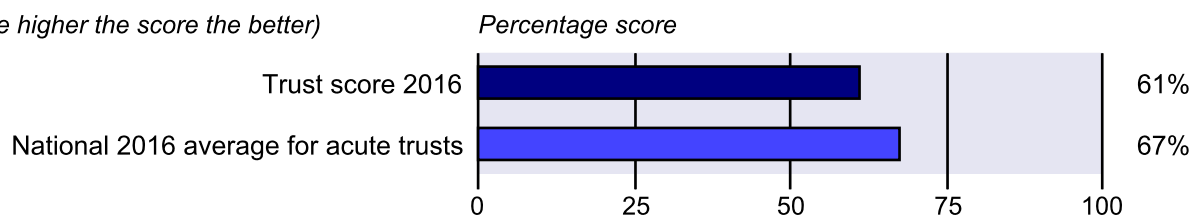
#### ! KF16. Percentage of staff working extra hours

(the lower the score the better)



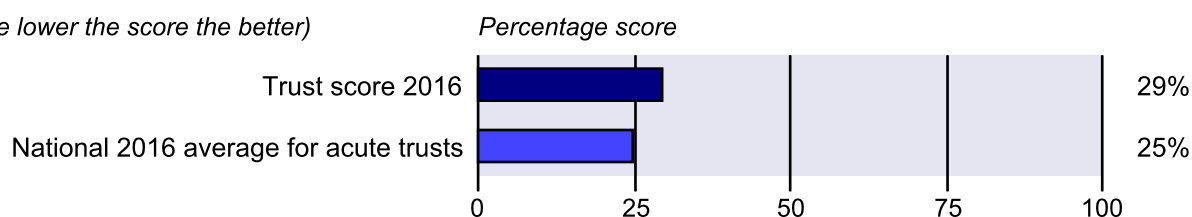
#### ! KF24. Percentage of staff / colleagues reporting most recent experience of violence

(the higher the score the better)



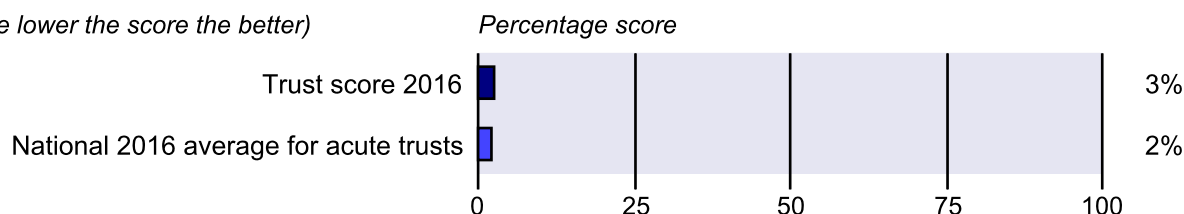
#### ! KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

(the lower the score the better)



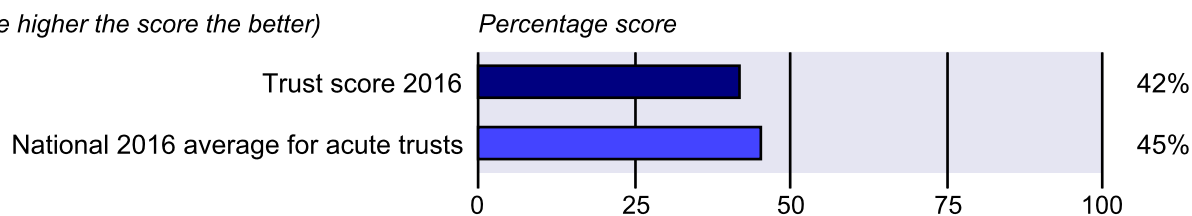
#### ! KF23. Percentage of staff experiencing physical violence from staff in last 12 months

(the lower the score the better)



#### ! KF27. Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse

(the higher the score the better)



For each of the 32 Key Findings, the acute trusts in England were placed in order from 1 (the top ranking score) to 98 (the bottom ranking score). East And North Hertfordshire NHS Trust's five lowest ranking scores are presented here, i.e. those for which the trust's Key Finding score is ranked closest to 98. Further details about this can be found in the document ***Making sense of your staff survey data***.



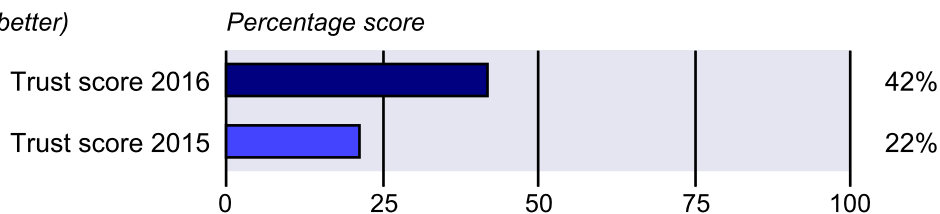
### 3.2 Largest Local Changes since the 2015 Survey

This page highlights the five Key Findings where staff experiences have improved at East And North Hertfordshire NHS Trust since the 2015 survey. (This is a positive local result. However, please note that, as shown in section 3.3, when compared with other acute trusts in England, the score for Key finding KF27 is worse than average).

#### WHERE STAFF EXPERIENCE HAS IMPROVED

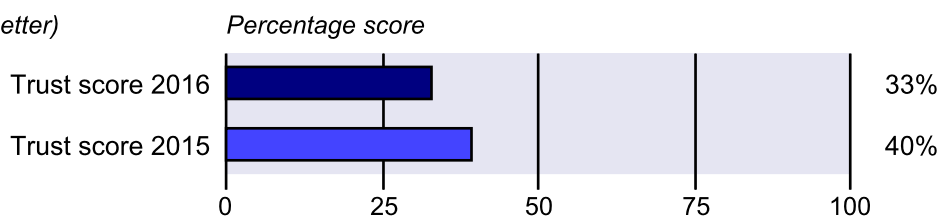
##### ✓ KF27. Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse

(the higher the score the better)



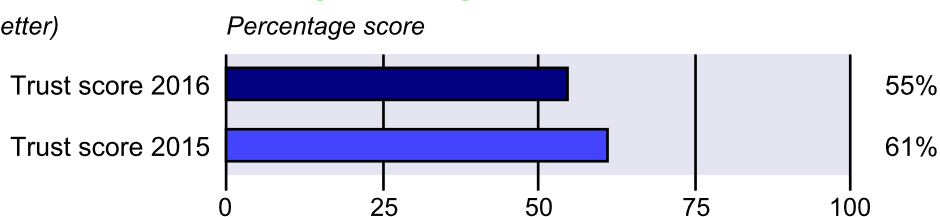
##### ✓ KF17. Percentage of staff feeling unwell due to work related stress in the last 12 months

(the lower the score the better)



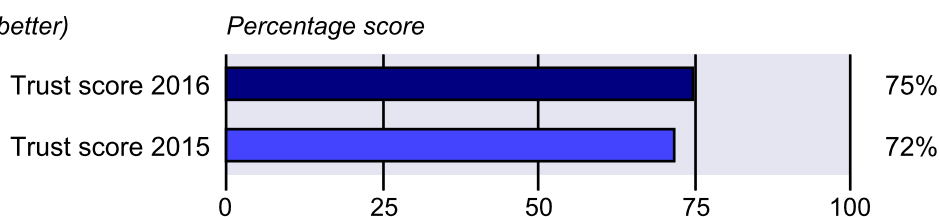
##### ✓ KF18. Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves

(the lower the score the better)



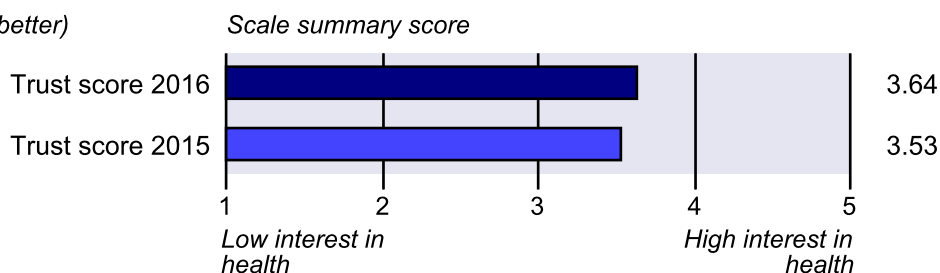
##### ✓ KF7. Percentage of staff able to contribute towards improvements at work

(the higher the score the better)



##### ✓ KF19. Organisation and management interest in and action on health and wellbeing

(the higher the score the better)



### 3.2. Summary of all Key Findings for East And North Hertfordshire NHS Trust

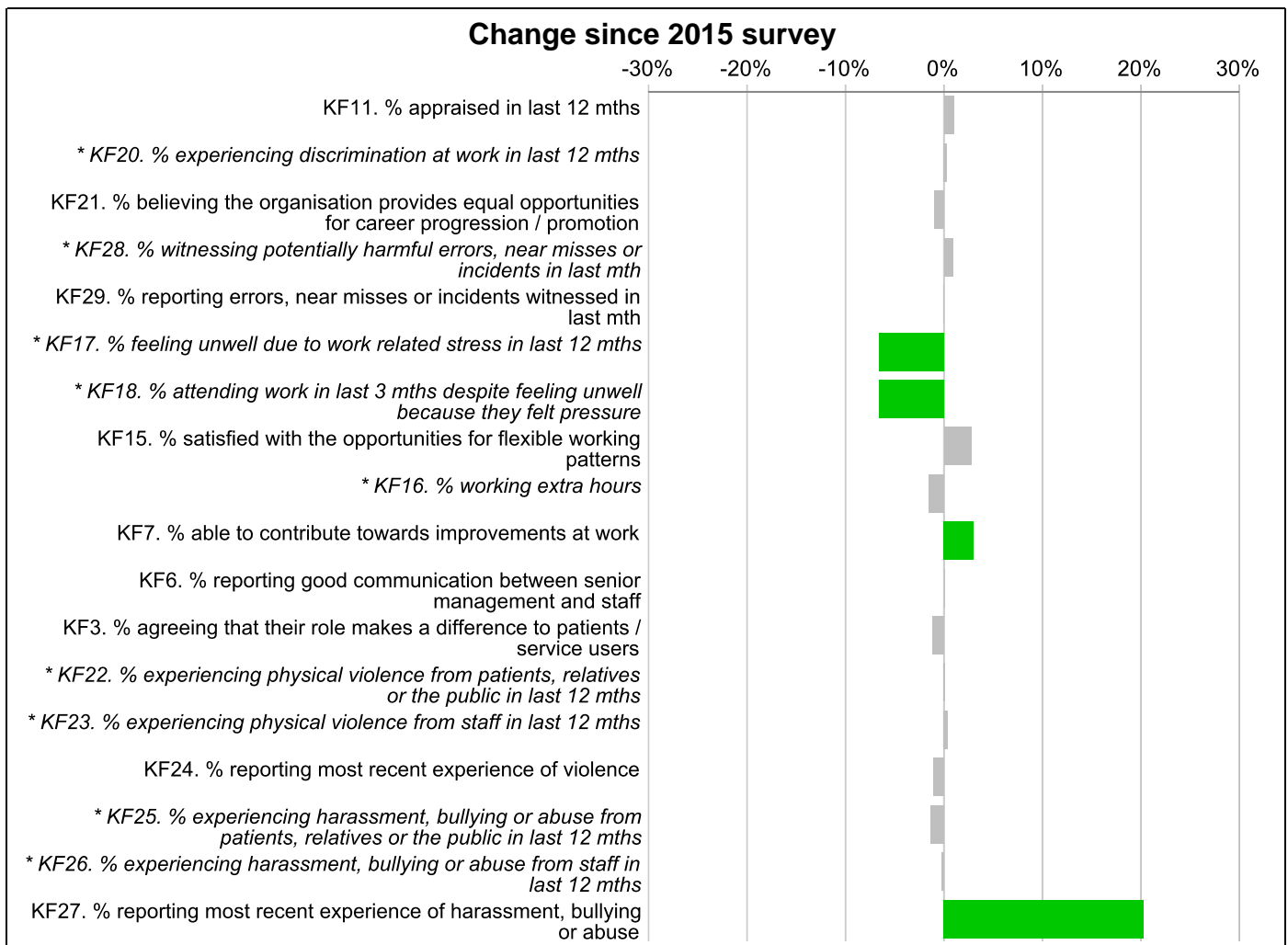
**KEY**

Green = Positive finding, e.g. there has been a statistically significant positive change in the Key Finding since the 2015 survey.

Red = Negative finding, e.g. there has been a statistically significant negative change in the Key Finding since the 2015 survey.

Grey = No change, e.g. there has been no statistically significant change in this Key Finding since the 2015 survey.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.



### 3.2. Summary of all Key Findings for East And North Hertfordshire NHS Trust

**KEY**

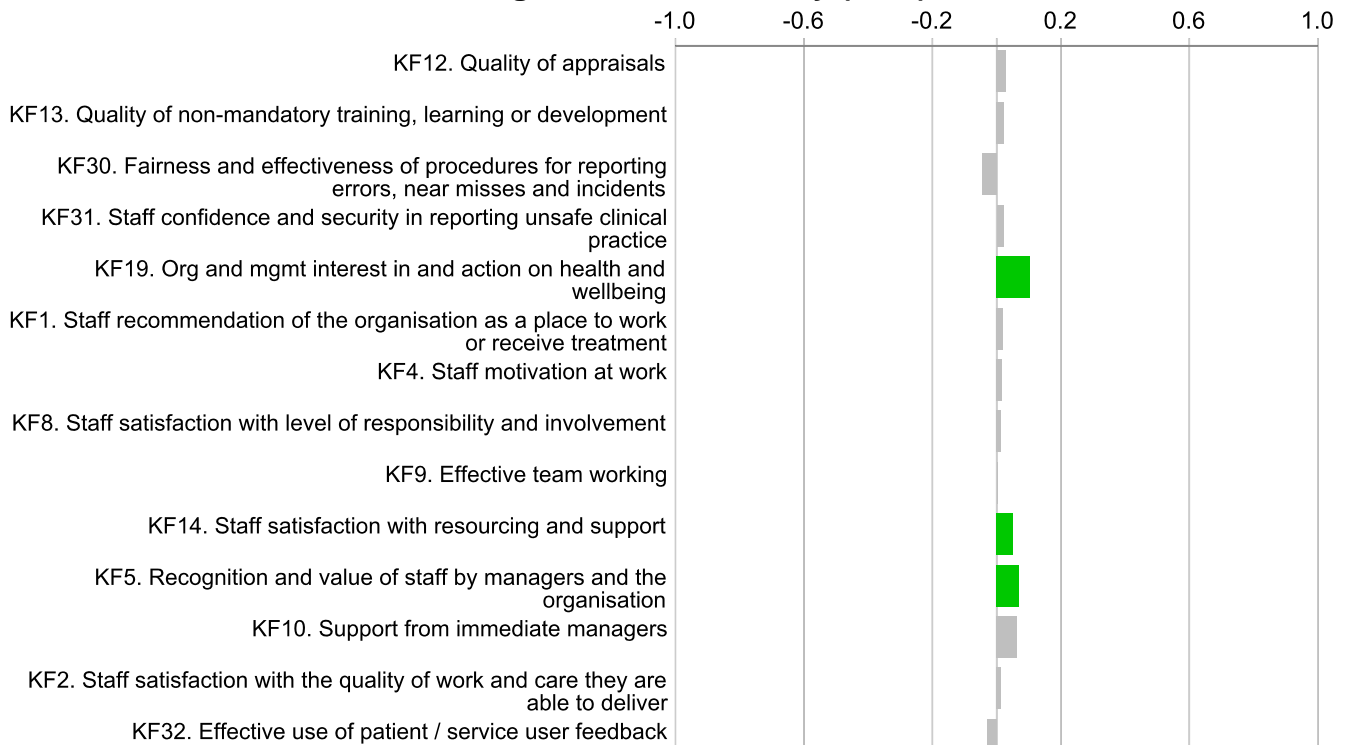
Green = Positive finding, e.g. there has been a statistically significant positive change in the Key Finding since the 2015 survey.

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For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

#### Change since 2015 survey (cont)



### 3.2. Summary of all Key Findings for East And North Hertfordshire NHS Trust

**KEY**

Green = Positive finding, e.g. better than average. If a ✓ is shown the score is in the best 20% of acute trusts

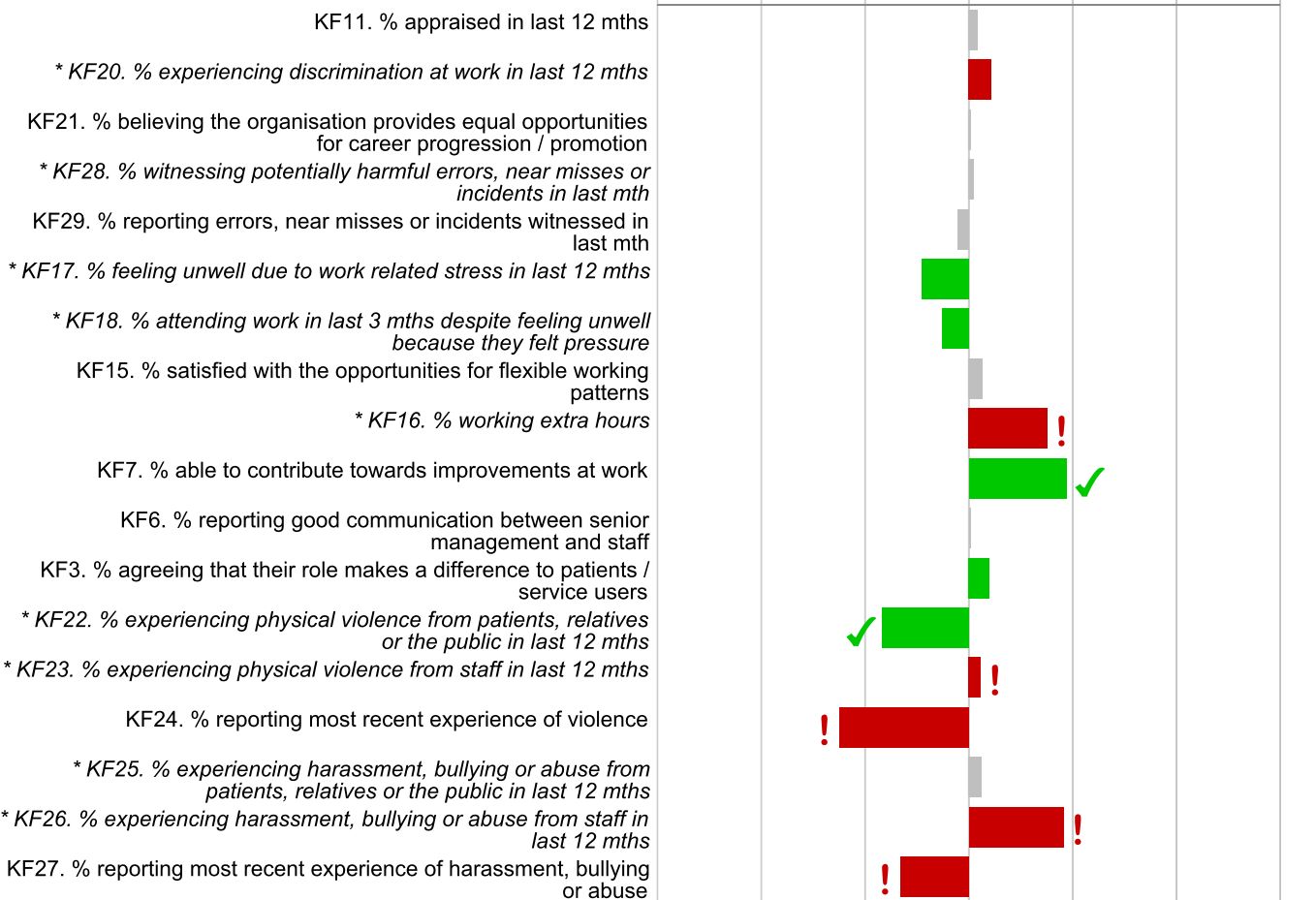
Red = Negative finding, i.e. worse than average. If a ! is shown the score is in the worst 20% of acute trusts.

Grey = Average.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

#### Comparison with all acute trusts in 2016

-15%   -10%   -5%   0%   5%   10%   15%



### 3.2. Summary of all Key Findings for East And North Hertfordshire NHS Trust

**KEY**

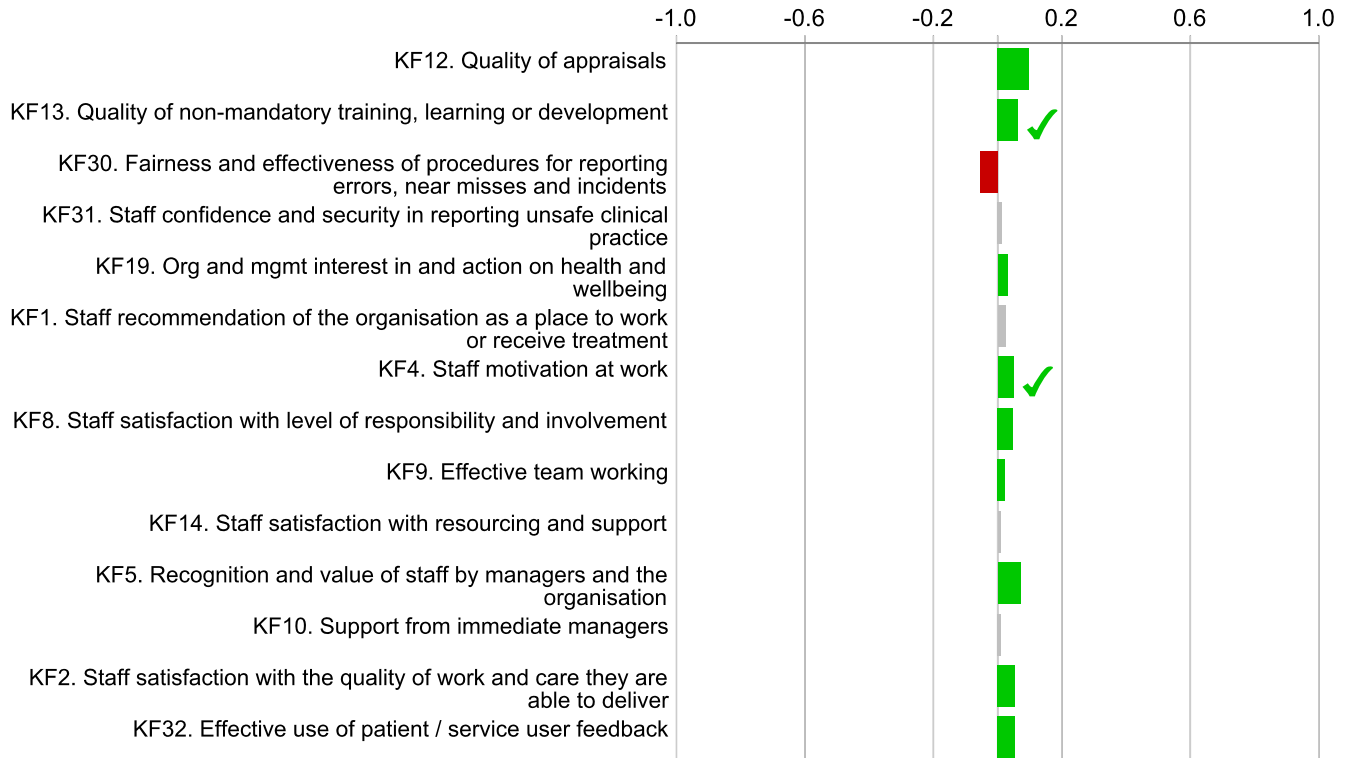
Green = Positive finding, e.g. better than average. If a ✓ is shown the score is in the best 20% of acute trusts

Red = Negative finding, i.e. worse than average. If a ! is shown the score is in the worst 20% of acute trusts.

Grey = Average.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

#### Comparison with all acute trusts in 2016 (cont)



### 3.3. Summary of all Key Findings for East And North Hertfordshire NHS Trust

#### KEY

✓ Green = Positive finding, e.g. in the best 20% of acute trusts, better than average, better than 2015.

! Red = Negative finding, e.g. in the worst 20% of acute trusts, worse than average, worse than 2015.

'Change since 2015 survey' indicates whether there has been a statistically significant change in the Key Finding since the 2015 survey.

-- Because of changes to the format of the survey questions this year, comparisons with the 2015 score are not possible.

\* For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

	Change since 2015 survey	Ranking, compared with all acute trusts in 2016
<b>Appraisals &amp; support for development</b>		
KF11. % appraised in last 12 mths	• No change	• Average
KF12. Quality of appraisals	• No change	✓ Above (better than) average
KF13. Quality of non-mandatory training, learning or development	• No change	✓ Highest (best) 20%
<b>Equality &amp; diversity</b>		
* <i>KF20. % experiencing discrimination at work in last 12 mths</i>	• No change	! Above (worse than) average
KF21. % believing the organisation provides equal opportunities for career progression / promotion	• No change	• Average
<b>Errors &amp; incidents</b>		
* <i>KF28. % witnessing potentially harmful errors, near misses or incidents in last mth</i>	• No change	• Average
KF29. % reporting errors, near misses or incidents witnessed in last mth	• No change	• Average
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	• No change	! Below (worse than) average
KF31. Staff confidence and security in reporting unsafe clinical practice	• No change	• Average
<b>Health and wellbeing</b>		
* <i>KF17. % feeling unwell due to work related stress in last 12 mths</i>	✓ Decrease (better than 15)	✓ Below (better than) average
* <i>KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure</i>	✓ Decrease (better than 15)	✓ Below (better than) average
KF19. Org and mgmt interest in and action on health and wellbeing	✓ Increase (better than 15)	✓ Above (better than) average
<b>Working patterns</b>		
KF15. % satisfied with the opportunities for flexible working patterns	• No change	• Average
* <i>KF16. % working extra hours</i>	• No change	! Highest (worst) 20%

### 3.3. Summary of all Key Findings for East And North Hertfordshire NHS Trust (cont)

	Change since 2015 survey	Ranking, compared with all acute trusts in 2016
<b>Job satisfaction</b>		
KF1. Staff recommendation of the organisation as a place to work or receive treatment	• No change	• Average
KF4. Staff motivation at work	• No change	✓ Highest (best) 20%
KF7. % able to contribute towards improvements at work	✓ Increase (better than 15)	✓ Highest (best) 20%
KF8. Staff satisfaction with level of responsibility and involvement	• No change	✓ Above (better than) average
KF9. Effective team working	• No change	✓ Above (better than) average
KF14. Staff satisfaction with resourcing and support	✓ Increase (better than 15)	• Average
<b>Managers</b>		
KF5. Recognition and value of staff by managers and the organisation	✓ Increase (better than 15)	✓ Above (better than) average
KF6. % reporting good communication between senior management and staff	• No change	• Average
KF10. Support from immediate managers	• No change	• Average
<b>Patient care &amp; experience</b>		
KF2. Staff satisfaction with the quality of work and care they are able to deliver	• No change	✓ Above (better than) average
KF3. % agreeing that their role makes a difference to patients / service users	• No change	✓ Above (better than) average
KF32. Effective use of patient / service user feedback	• No change	✓ Above (better than) average
<b>Violence, harassment &amp; bullying</b>		
* KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths	• No change	✓ Lowest (best) 20%
* KF23. % experiencing physical violence from staff in last 12 mths	• No change	! Highest (worst) 20%
KF24. % reporting most recent experience of violence	• No change	! Lowest (worst) 20%
* KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths	• No change	• Average
* KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths	• No change	! Highest (worst) 20%
KF27. % reporting most recent experience of harassment, bullying or abuse	✓ Increase (better than 15)	! Lowest (worst) 20%

## 4. Key Findings for East And North Hertfordshire NHS Trust

East And North Hertfordshire NHS Trust had 1828 staff take part in this survey. This is a response rate of 35%<sup>1</sup> which is in the lowest 20% of acute trusts in England, and compares with a response rate of 35% in this trust in the 2015 survey.

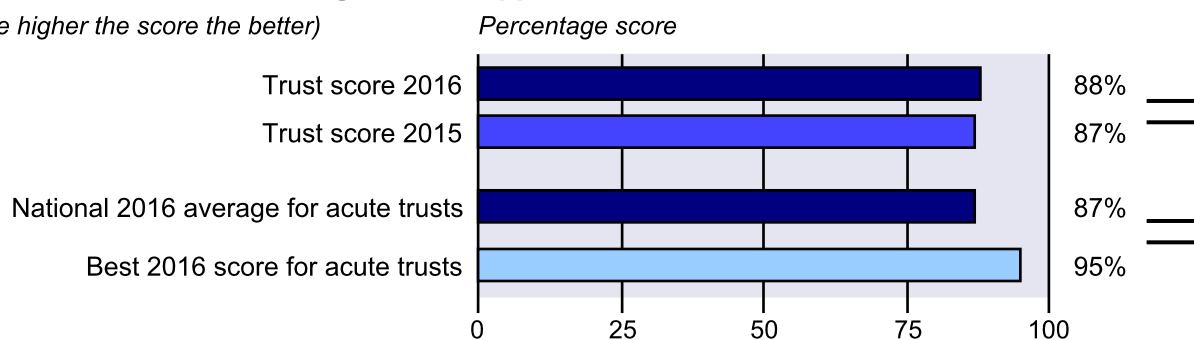
This section presents each of the 32 Key Findings, using data from the trust's 2016 survey, and compares these to other acute trusts in England and to the trust's performance in the 2015 survey. The findings are arranged under seven headings – the four staff pledges from the NHS Constitution, and the three additional themes of equality and diversity, errors and incidents, and patient experience measures.

**Positive findings** are indicated with a **green arrow** (e.g. where the trust is in the best 20% of trusts, or where the score has improved since 2015). **Negative findings** are highlighted with a **red arrow** (e.g. where the trust's score is in the worst 20% of trusts, or where the score is not as good as 2015). An equals sign indicates that there has been no change.

### Appraisals & support for development

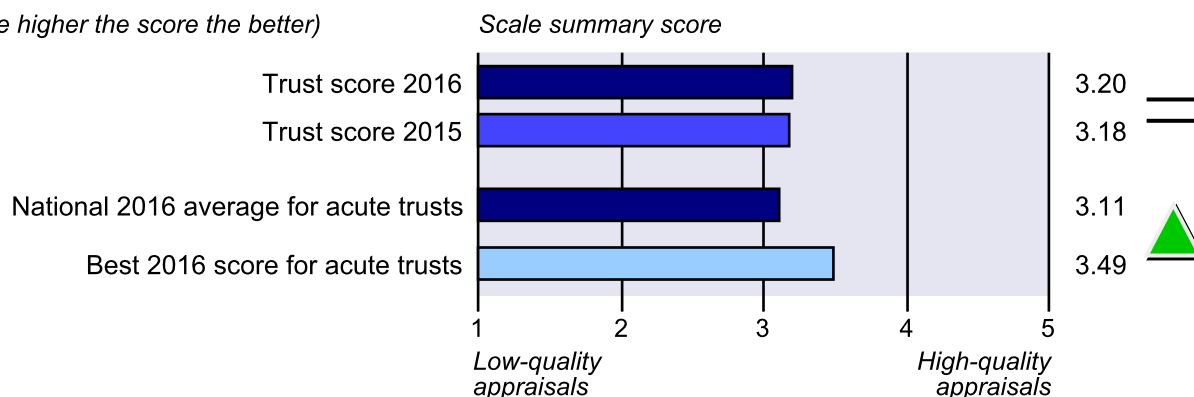
#### KEY FINDING 11. Percentage of staff appraised in last 12 months

(the higher the score the better)



#### KEY FINDING 12. Quality of appraisals

(the higher the score the better)



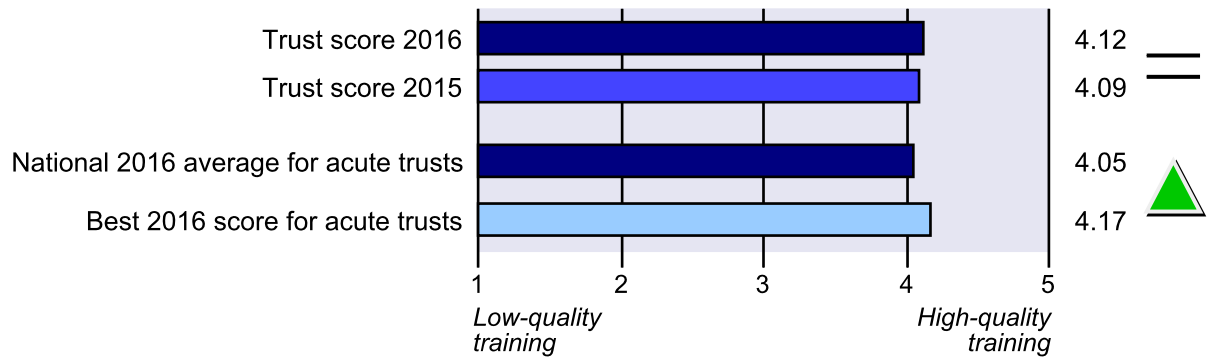
<sup>1</sup>Questionnaires were sent to all 5298 staff eligible to receive the survey. This includes only staff employed directly by the trust (i.e. excluding staff working for external contractors). It excludes bank staff unless they are also employed directly elsewhere in the trust. When calculating the response rate, questionnaires could only be counted if they were received with their ID number intact, by the closing date.



### KEY FINDING 13. Quality of non-mandatory training, learning or development

(the higher the score the better)

Scale summary score

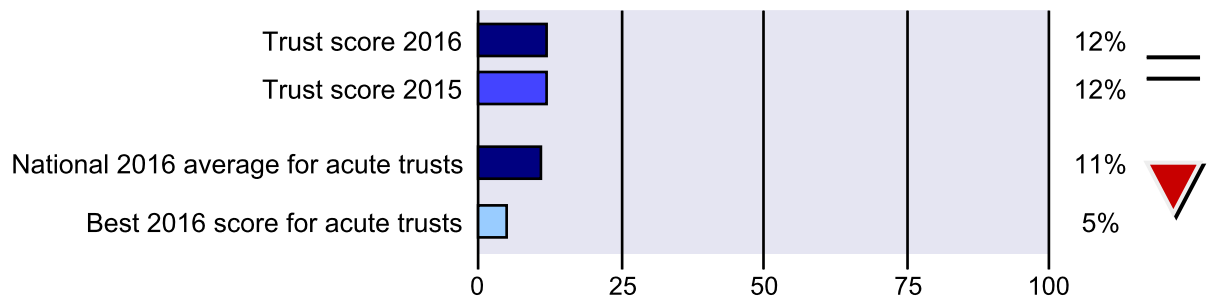


### Equality & diversity

### KEY FINDING 20. Percentage of staff experiencing discrimination at work in the last 12 months

(the lower the score the better)

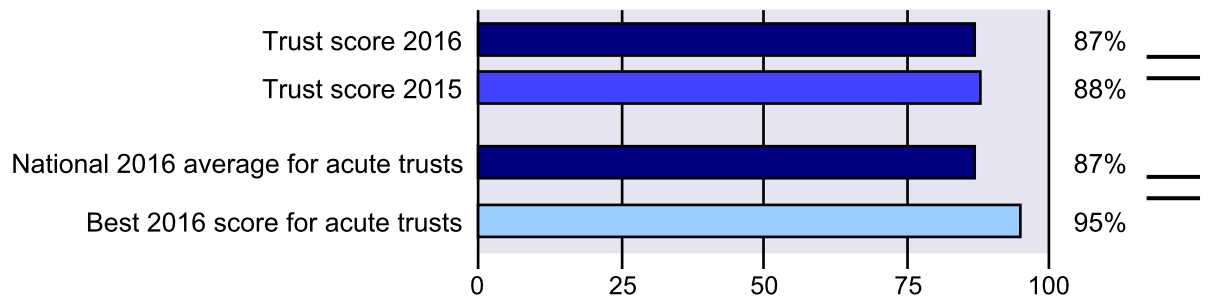
Percentage score



### KEY FINDING 21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

(the higher the score the better)

Percentage score

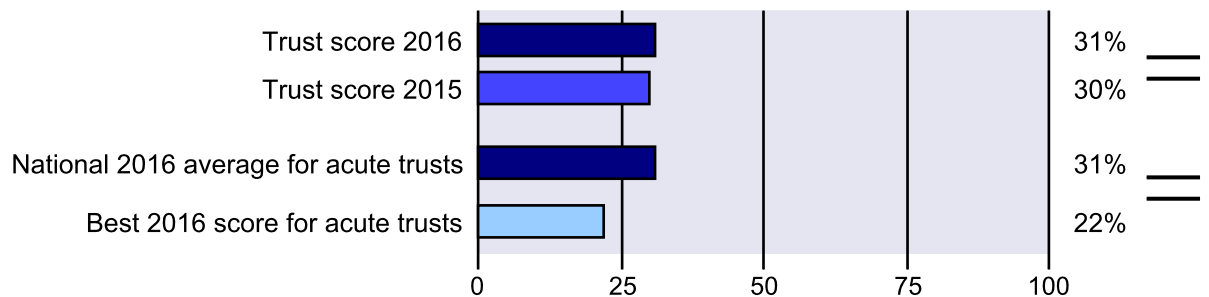


### Errors & incidents

### KEY FINDING 28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month

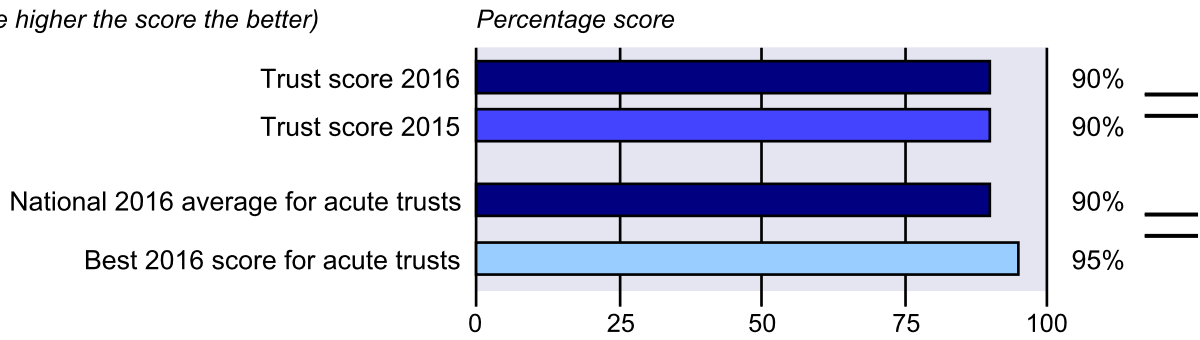
(the lower the score the better)

Percentage score



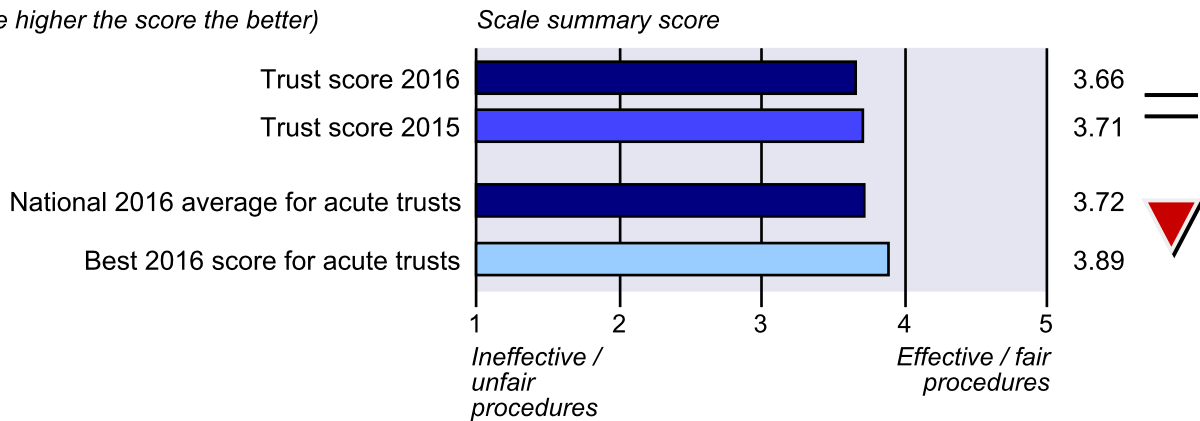
**KEY FINDING 29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month**

(the higher the score the better)



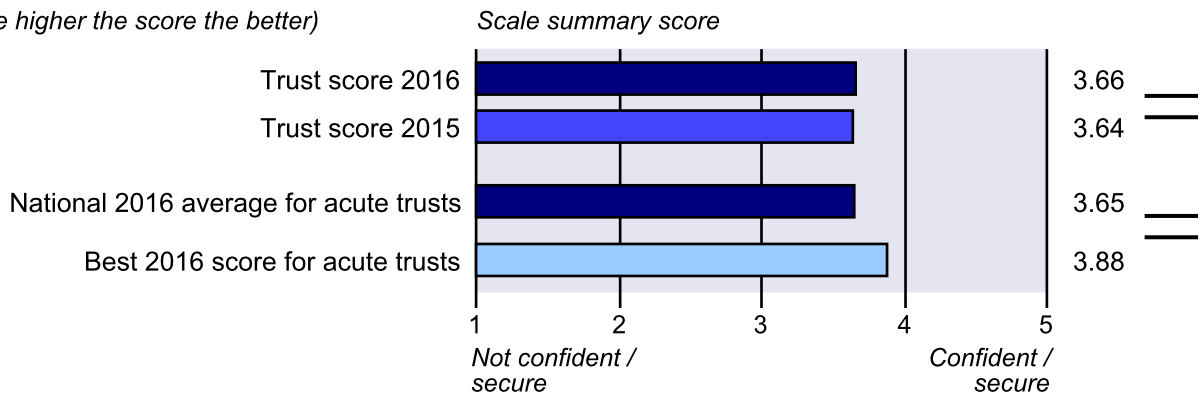
**KEY FINDING 30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents**

(the higher the score the better)



**KEY FINDING 31. Staff confidence and security in reporting unsafe clinical practice**

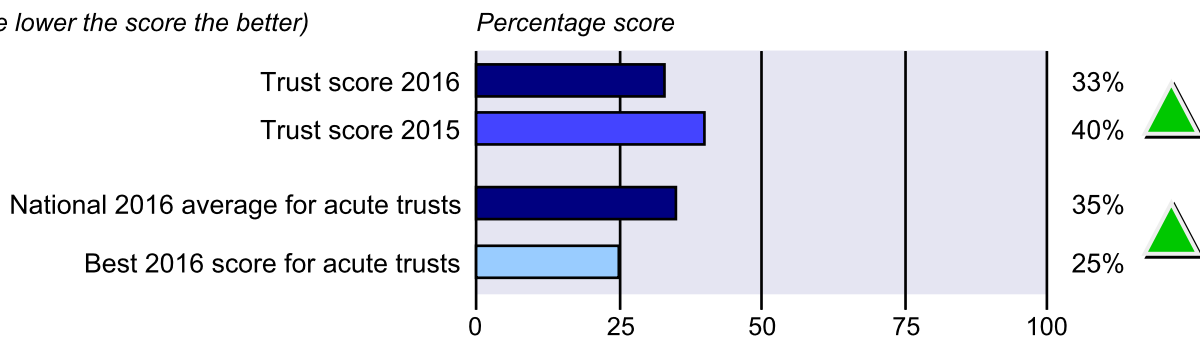
(the higher the score the better)



**Health and wellbeing**

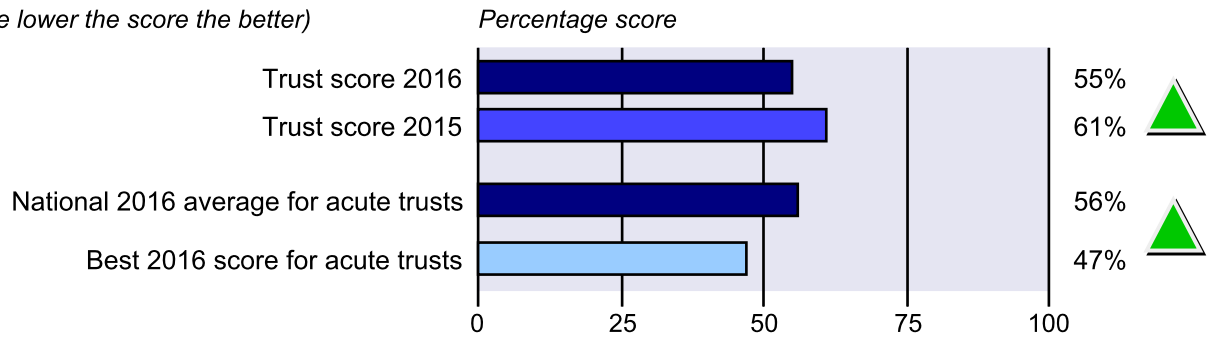
**KEY FINDING 17. Percentage of staff feeling unwell due to work related stress in the last 12 months**

(the lower the score the better)



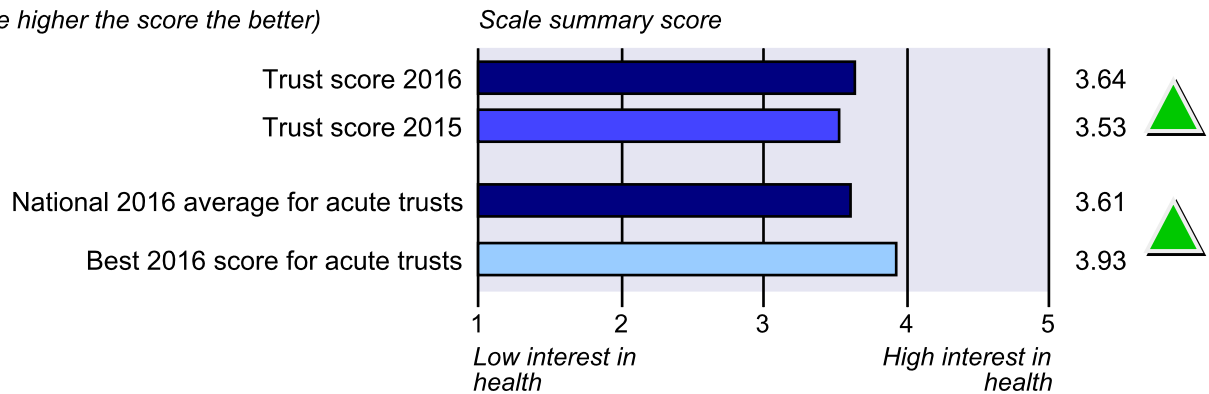
**KEY FINDING 18. Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves**

(the lower the score the better)



**KEY FINDING 19. Organisation and management interest in and action on health and wellbeing**

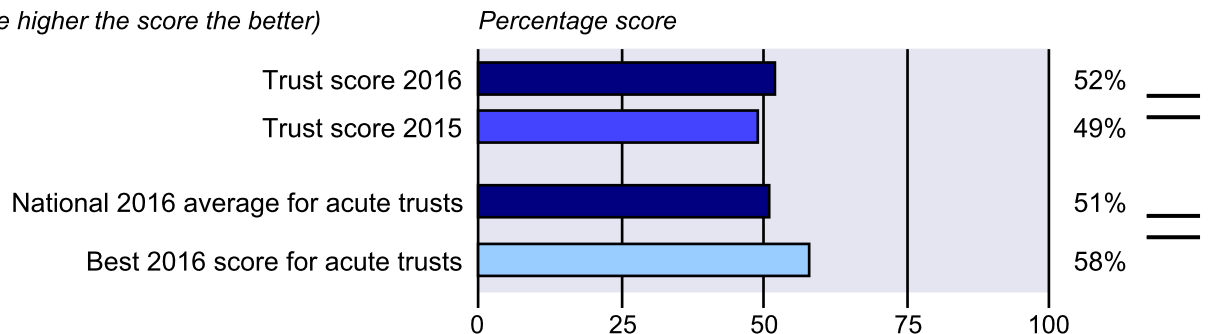
(the higher the score the better)



**Working patterns**

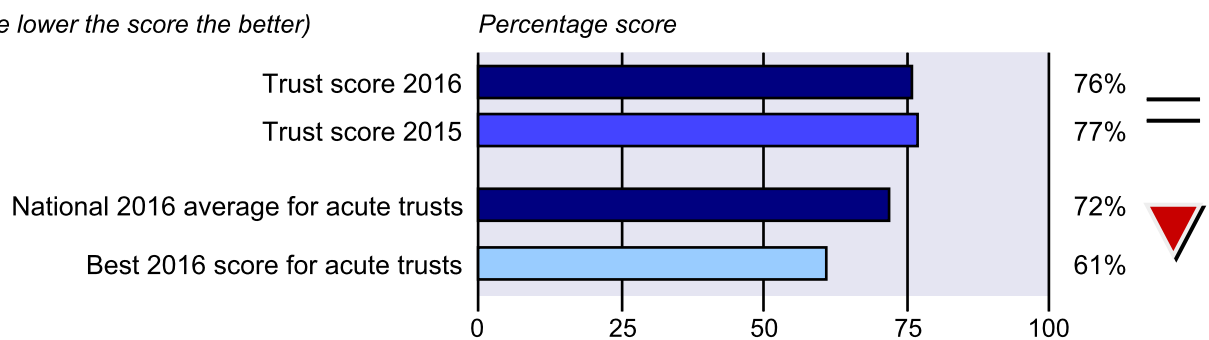
**KEY FINDING 15. Percentage of staff satisfied with the opportunities for flexible working patterns**

(the higher the score the better)



**KEY FINDING 16. Percentage of staff working extra hours**

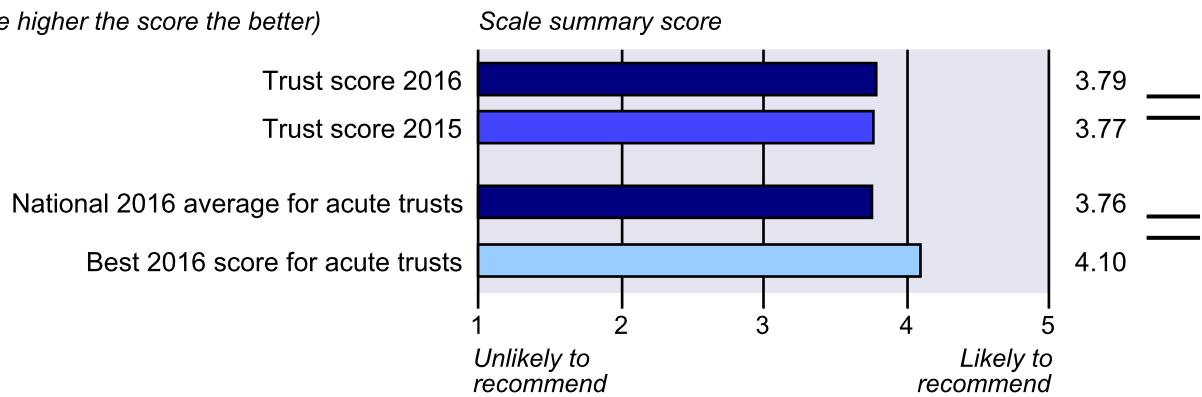
(the lower the score the better)



## Job satisfaction

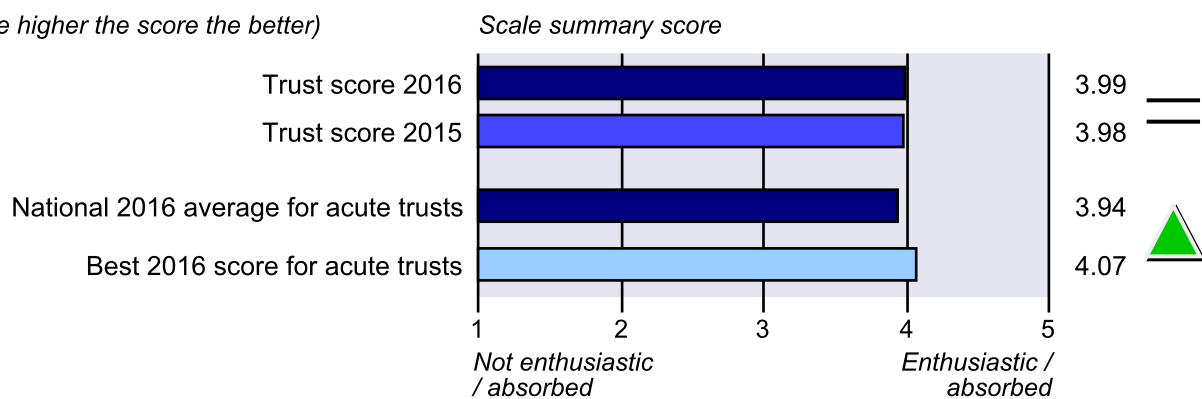
### KEY FINDING 1. Staff recommendation of the organisation as a place to work or receive treatment

(the higher the score the better)



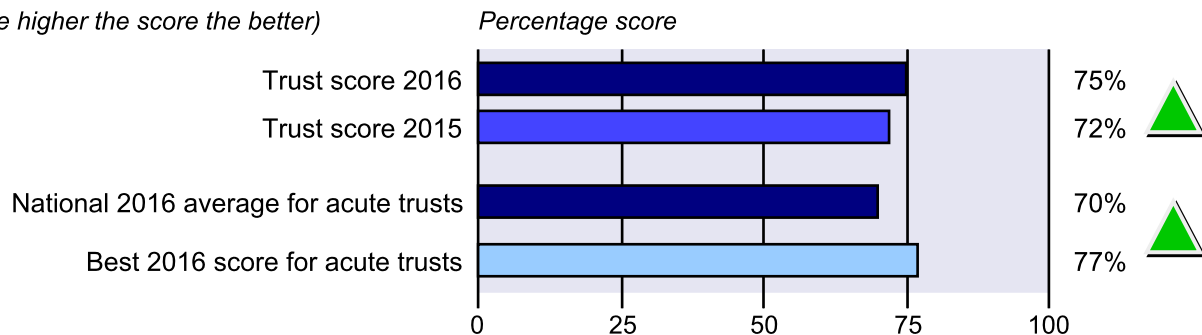
### KEY FINDING 4. Staff motivation at work

(the higher the score the better)



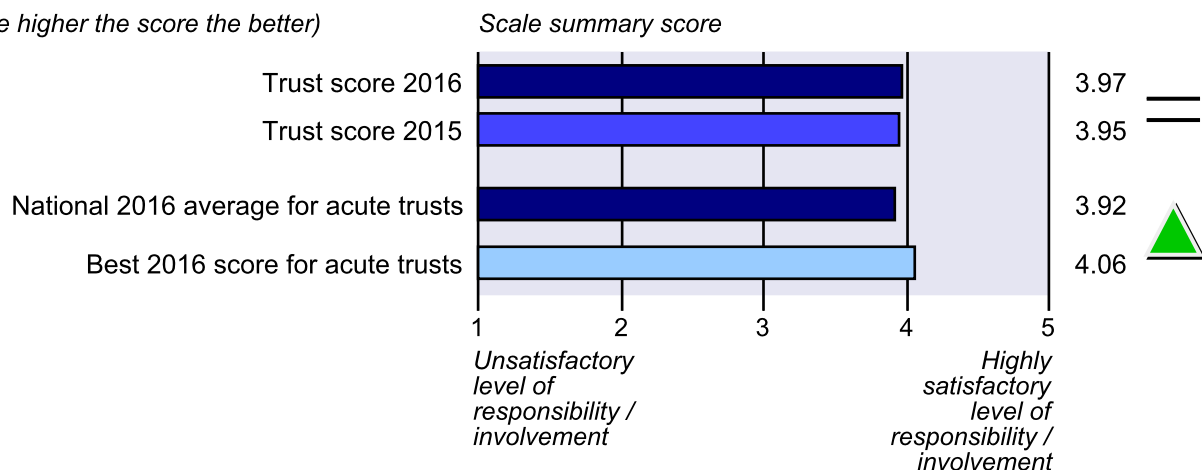
### KEY FINDING 7. Percentage of staff able to contribute towards improvements at work

(the higher the score the better)



### KEY FINDING 8. Staff satisfaction with level of responsibility and involvement

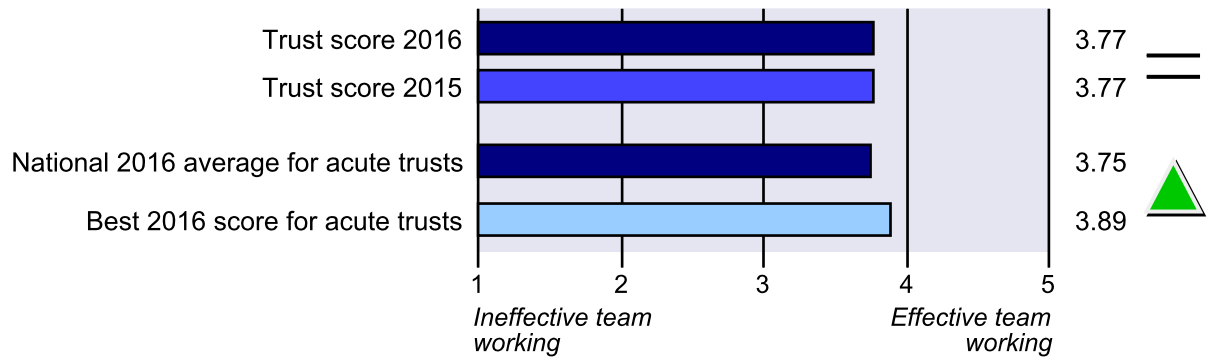
(the higher the score the better)



**KEY FINDING 9. Effective team working**

(the higher the score the better)

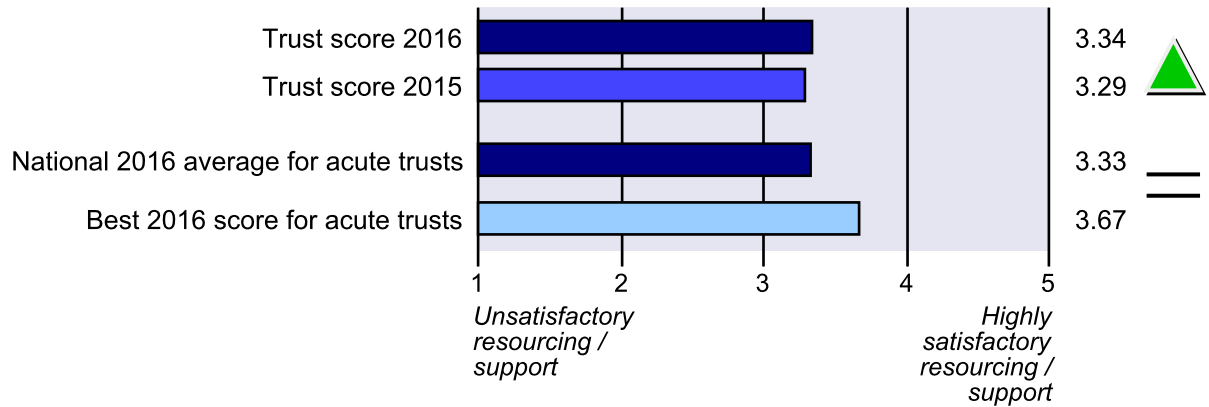
Scale summary score



**KEY FINDING 14. Staff satisfaction with resourcing and support**

(the higher the score the better)

Scale summary score

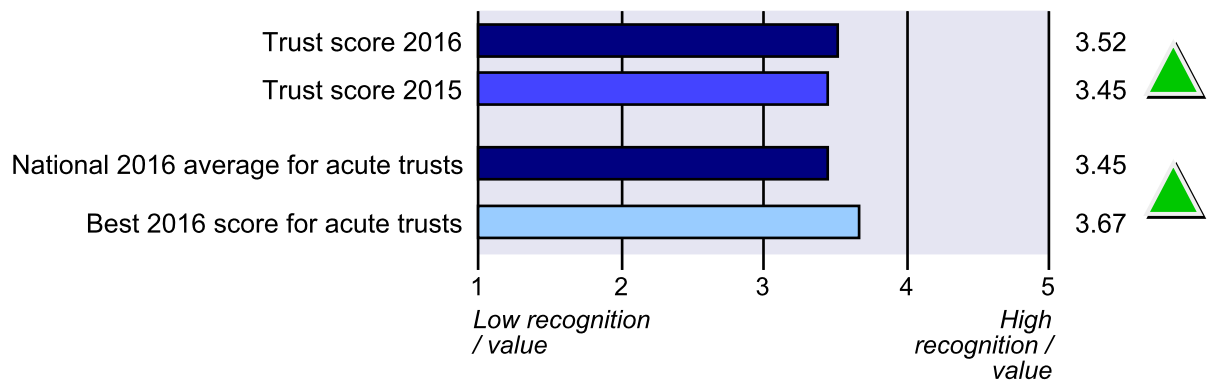


**Managers**

**KEY FINDING 5. Recognition and value of staff by managers and the organisation**

(the higher the score the better)

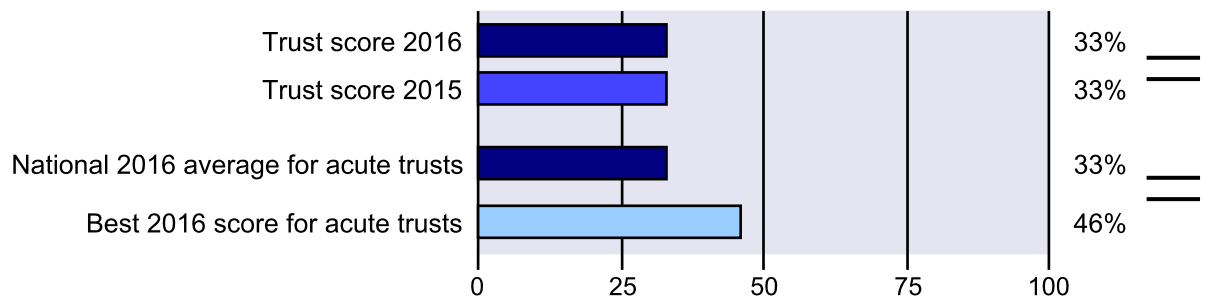
Scale summary score



**KEY FINDING 6. Percentage of staff reporting good communication between senior management and staff**

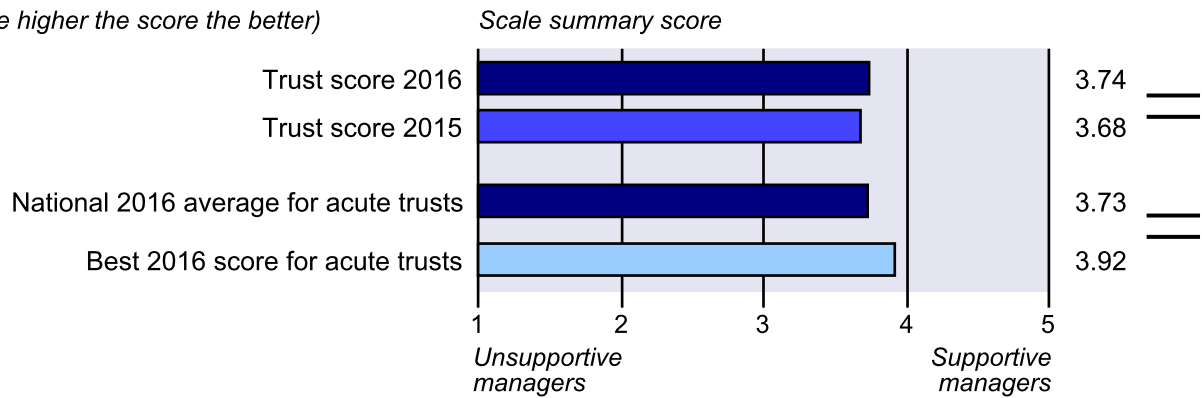
(the higher the score the better)

Percentage score



## KEY FINDING 10. Support from immediate managers

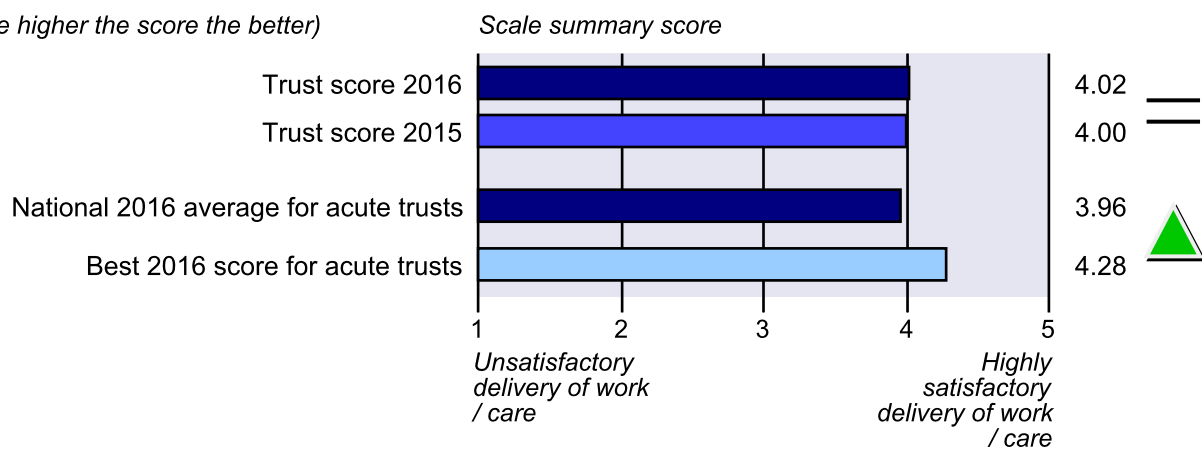
(the higher the score the better)



## Patient care & experience

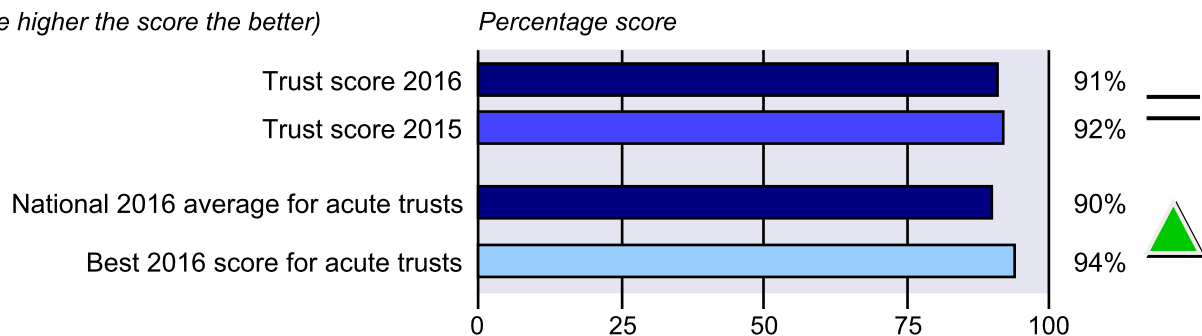
### KEY FINDING 2. Staff satisfaction with the quality of work and care they are able to deliver

(the higher the score the better)



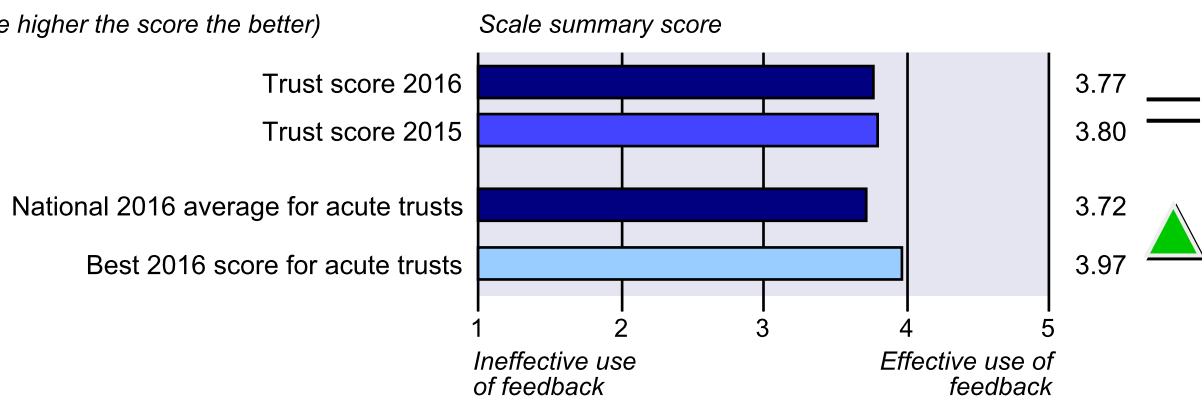
### KEY FINDING 3. Percentage of staff agreeing that their role makes a difference to patients / service users

(the higher the score the better)



### KEY FINDING 32. Effective use of patient / service user feedback

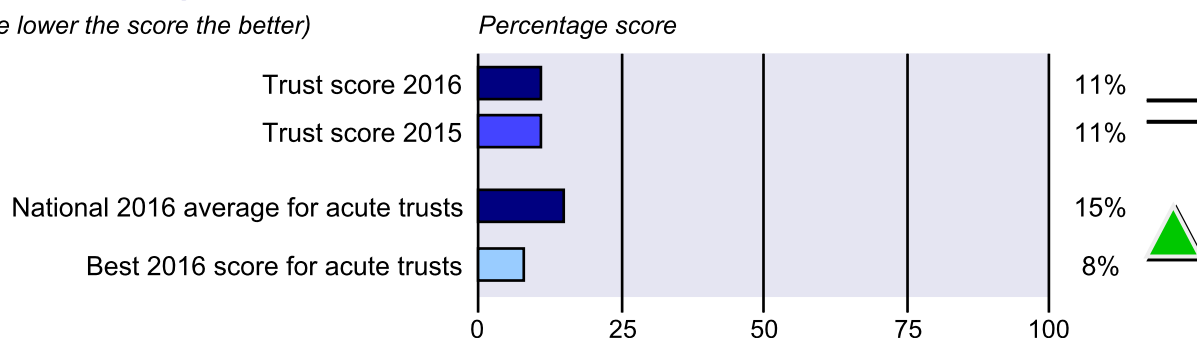
(the higher the score the better)



## Violence, harassment & bullying

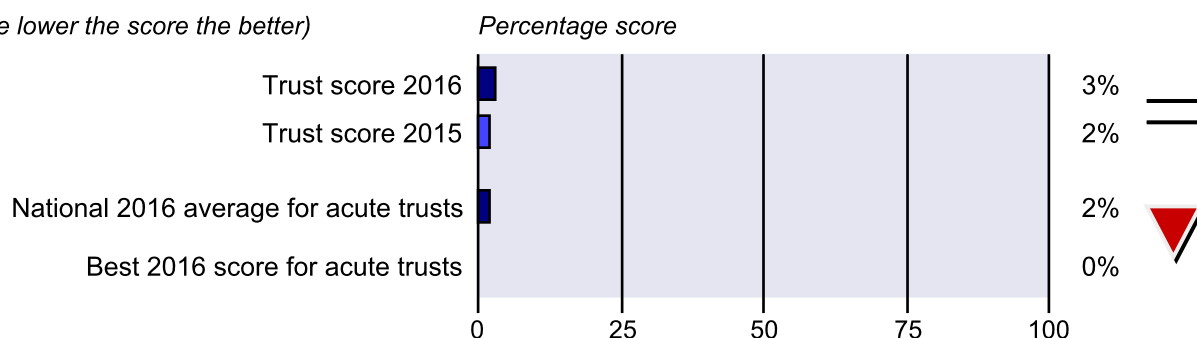
### KEY FINDING 22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

(the lower the score the better)



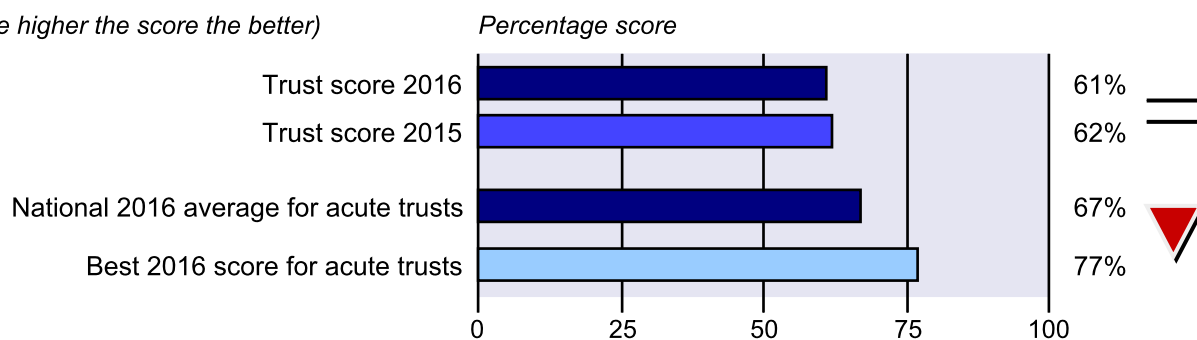
### KEY FINDING 23. Percentage of staff experiencing physical violence from staff in last 12 months

(the lower the score the better)



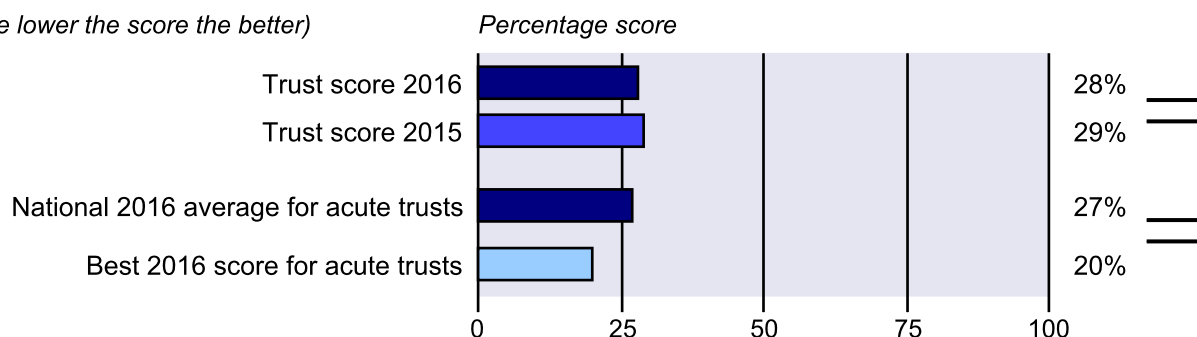
### KEY FINDING 24. Percentage of staff / colleagues reporting most recent experience of violence

(the higher the score the better)



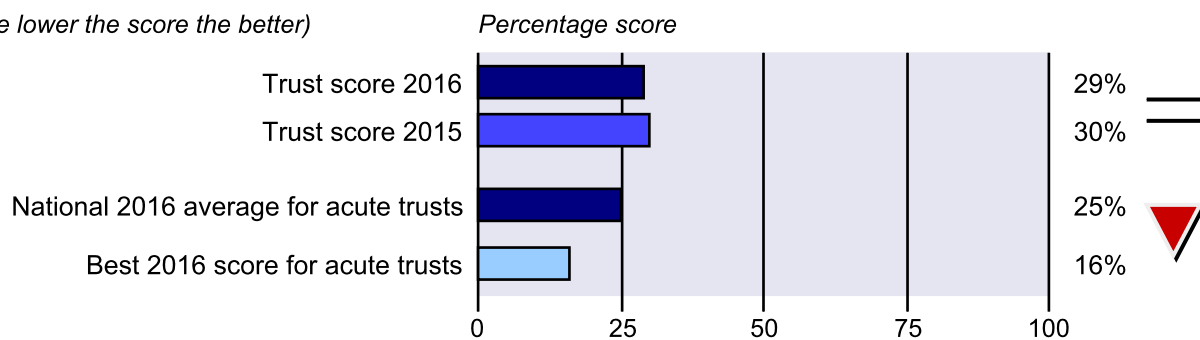
### KEY FINDING 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

(the lower the score the better)



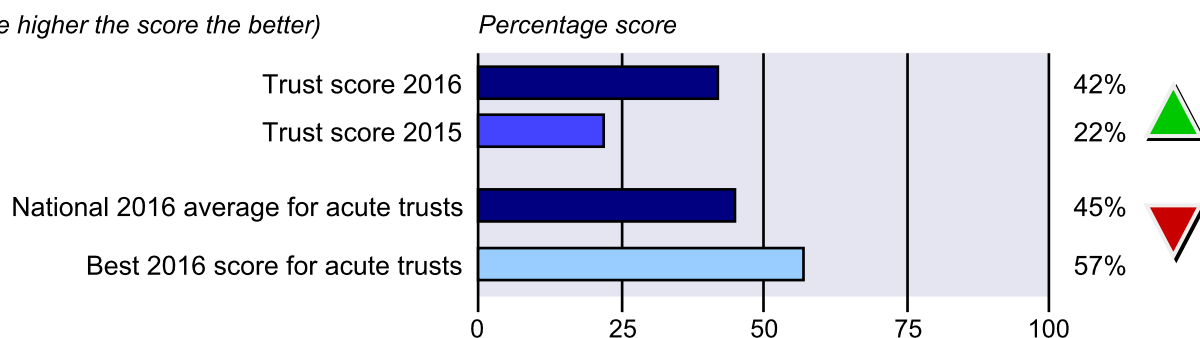
**KEY FINDING 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months**

*(the lower the score the better)*



**KEY FINDING 27. Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse**

*(the higher the score the better)*





## **2016 National NHS staff survey**

### **Results from East And North Hertfordshire NHS Trust**

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## 1. Introduction to this report

This report presents the findings of the 2016 national NHS staff survey conducted in East And North Hertfordshire NHS Trust.

In section 2 of this report, we present an overall indicator of staff engagement. Full details of how this indicator was created can be found in the document ***Making sense of your staff survey data***, which can be downloaded from [www.nhsstaffsurveys.com](http://www.nhsstaffsurveys.com).

In sections 3, 4, 6 and 7 of this report, the findings of the questionnaire have been summarised and presented in the form of 32 Key Findings.

In section 5 of this report, the data required for the Workforce Race Equality Standard (WRES) is presented.

These sections of the report have been structured thematically so that Key Findings are grouped appropriately. There are nine themes within this report:

- Appraisals & support for development
- Equality & diversity
- Errors & incidents
- Health and wellbeing
- Working patterns
- Job satisfaction
- Managers
- Patient care & experience
- Violence, harassment & bullying

Please note, two Key Findings have had their calculation changed and there have been minor changes to the benchmarking groups for social enterprises since last year. For more detail on these changes, please see the ***Making sense of your staff survey data*** document.

As in previous years, there are two types of Key Finding:

- percentage scores, i.e. percentage of staff giving a particular response to one, or a series of, survey questions
- scale summary scores, calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5

Responses to the individual survey questions can be found in Appendix 3 of this report, along with details of which survey questions were used to calculate the Key Findings.

## Your Organisation

The scores presented below are un-weighted question level scores for questions Q21a, Q21b, Q21c and Q21d and the un-weighted score for Key Finding 1. The percentages for Q21a – Q21d are created by combining the responses for those who “Agree” and “Strongly Agree” compared to the total number of staff that responded to the question.

Q21a, Q21c and Q21d feed into Key Finding 1 “Staff recommendation of the organisation as a place to work or receive treatment”.

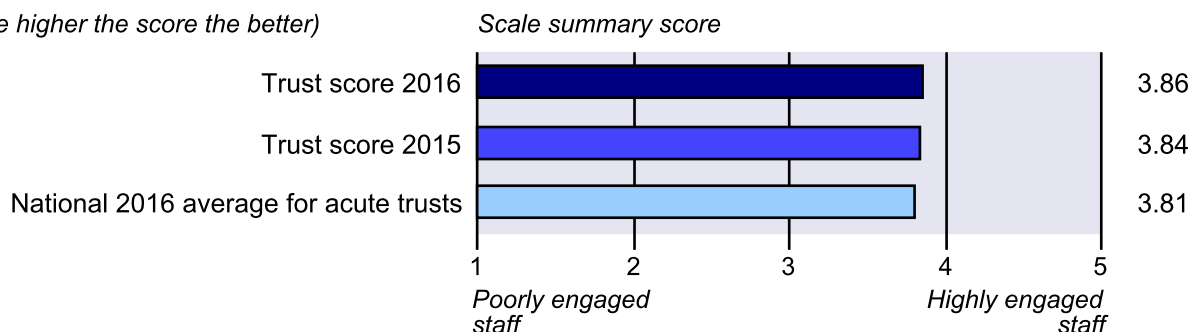
		Your Trust in 2016	Average (median) for acute trusts	Your Trust in 2015
Q21a	"Care of patients / service users is my organisation's top priority"	78%	76%	78%
Q21b	"My organisation acts on concerns raised by patients / service users"	73%	74%	76%
Q21c	"I would recommend my organisation as a place to work"	61%	62%	60%
Q21d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	69%	70%	67%
KF1.	Staff recommendation of the organisation as a place to work or receive treatment (Q21a, 21c-d)	3.79	3.77	3.76

## 2. Overall indicator of staff engagement for East And North Hertfordshire NHS Trust

The figure below shows how East And North Hertfordshire NHS Trust compares with other acute trusts on an overall indicator of staff engagement. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged. The trust's score of 3.86 was **above (better than) average** when compared with trusts of a similar type.

### OVERALL STAFF ENGAGEMENT

(the higher the score the better)



This overall indicator of staff engagement has been calculated using the questions that make up Key Findings 1, 4 and 7. These Key Findings relate to the following aspects of staff engagement: staff members' perceived ability to contribute to improvements at work (Key Finding 7); their willingness to recommend the trust as a place to work or receive treatment (Key Finding 1); and the extent to which they feel motivated and engaged with their work (Key Finding 4).

The table below shows how East And North Hertfordshire NHS Trust compares with other acute trusts on each of the sub-dimensions of staff engagement, and whether there has been a significant change since the 2015 survey.

	Change since 2015 survey	Ranking, compared with all acute trusts
<b>OVERALL STAFF ENGAGEMENT</b>	• No change	✓ Above (better than) average
<b>KF1. Staff recommendation of the trust as a place to work or receive treatment</b> <i>(the extent to which staff think care of patients/service users is the trust's top priority, would recommend their trust to others as a place to work, and would be happy with the standard of care provided by the trust if a friend or relative needed treatment.)</i>	• No change	• Average
<b>KF4. Staff motivation at work</b> <i>(the extent to which they look forward to going to work, and are enthusiastic about and absorbed in their jobs.)</i>	• No change	✓ Highest (best) 20%
<b>KF7. Staff ability to contribute towards improvements at work</b> <i>(the extent to which staff are able to make suggestions to improve the work of their team, have frequent opportunities to show initiative in their role, and are able to make improvements at work.)</i>	✓ Increase (better than 15)	✓ Highest (best) 20%

Full details of how the overall indicator of staff engagement was created can be found in the document ***Making sense of your staff survey data.***

### 3. Summary of 2016 Key Findings for East And North Hertfordshire NHS Trust

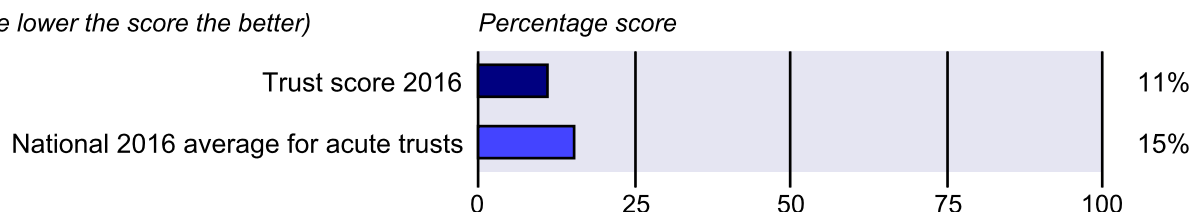
#### 3.1 Top and Bottom Ranking Scores

This page highlights the five Key Findings for which East And North Hertfordshire NHS Trust compares most favourably with other acute trusts in England.

#### TOP FIVE RANKING SCORES

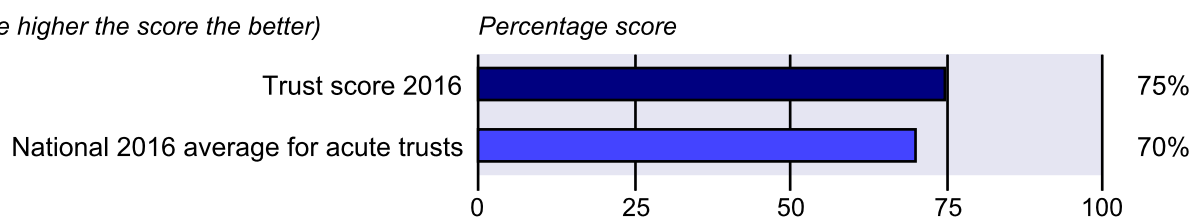
##### ✓ KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

(the lower the score the better)



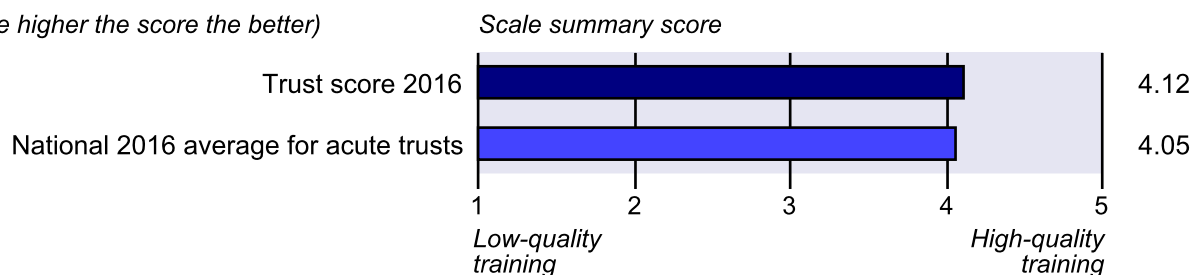
##### ✓ KF7. Percentage of staff able to contribute towards improvements at work

(the higher the score the better)



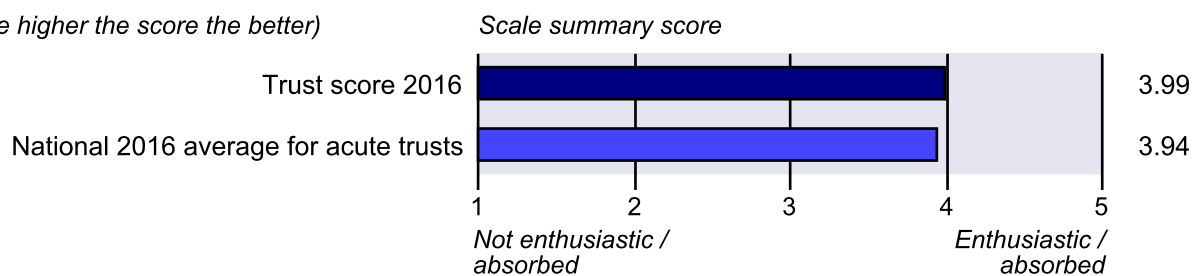
##### ✓ KF13. Quality of non-mandatory training, learning or development

(the higher the score the better)



##### ✓ KF4. Staff motivation at work

(the higher the score the better)



##### ✓ KF8. Staff satisfaction with level of responsibility and involvement

(the higher the score the better)

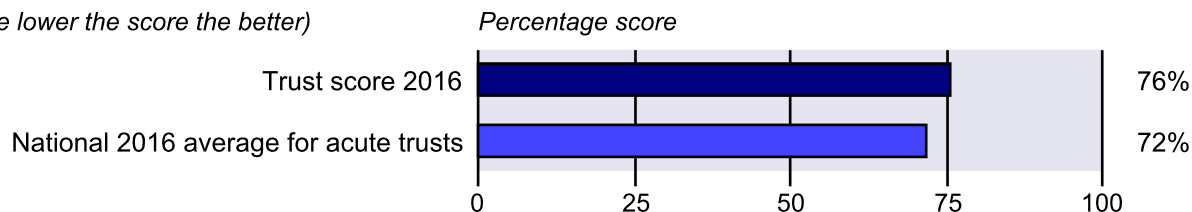


This page highlights the five Key Findings for which East And North Hertfordshire NHS Trust compares least favourably with other acute trusts in England. It is suggested that these areas might be seen as a starting point for local action to improve as an employer.

### BOTTOM FIVE RANKING SCORES

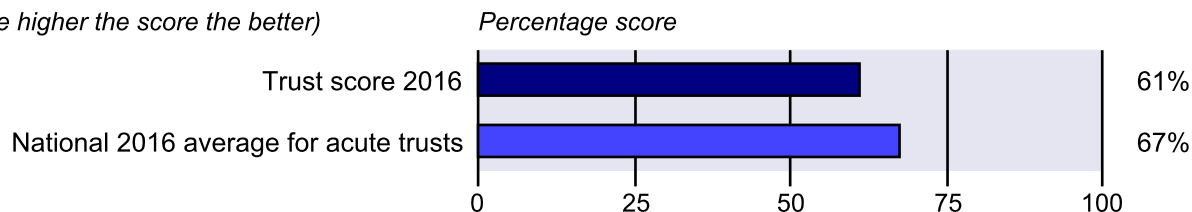
#### ! KF16. Percentage of staff working extra hours

(the lower the score the better)



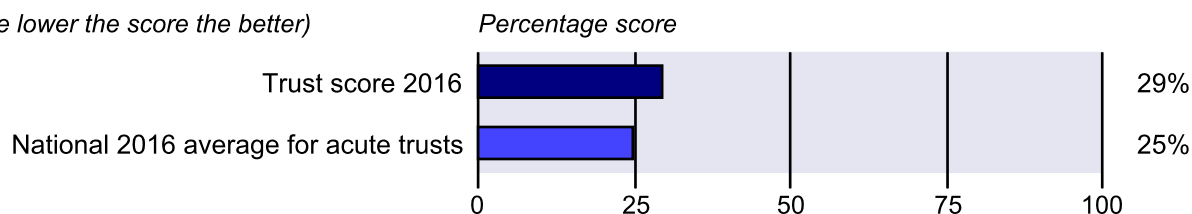
#### ! KF24. Percentage of staff / colleagues reporting most recent experience of violence

(the higher the score the better)



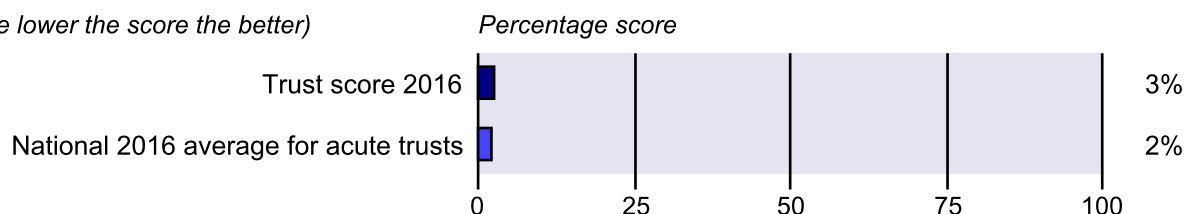
#### ! KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

(the lower the score the better)



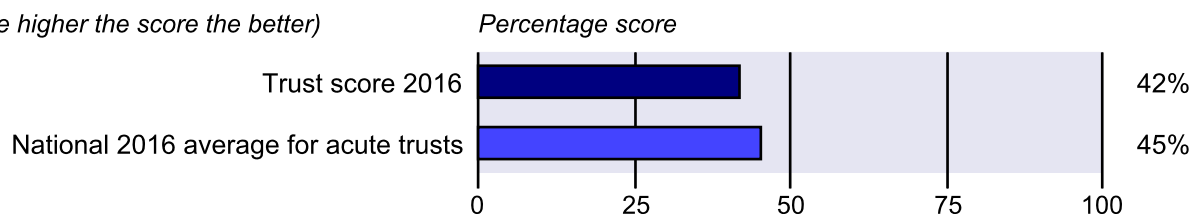
#### ! KF23. Percentage of staff experiencing physical violence from staff in last 12 months

(the lower the score the better)



#### ! KF27. Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse

(the higher the score the better)



For each of the 32 Key Findings, the acute trusts in England were placed in order from 1 (the top ranking score) to 98 (the bottom ranking score). East And North Hertfordshire NHS Trust's five lowest ranking scores are presented here, i.e. those for which the trust's Key Finding score is ranked closest to 98. Further details about this can be found in the document **Making sense of your staff survey data**.

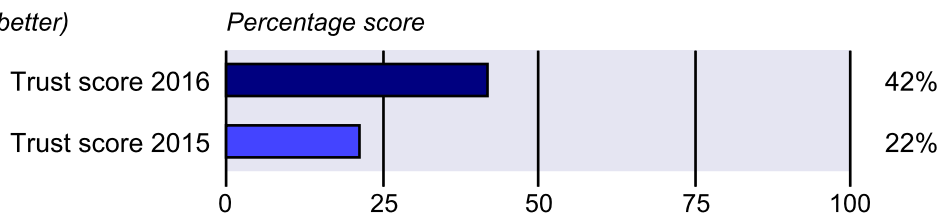
### 3.2 Largest Local Changes since the 2015 Survey

This page highlights the five Key Findings where staff experiences have improved at East And North Hertfordshire NHS Trust since the 2015 survey. (This is a positive local result. However, please note that, as shown in section 3.3, when compared with other acute trusts in England, the score for Key finding KF27 is worse than average).

#### WHERE STAFF EXPERIENCE HAS IMPROVED

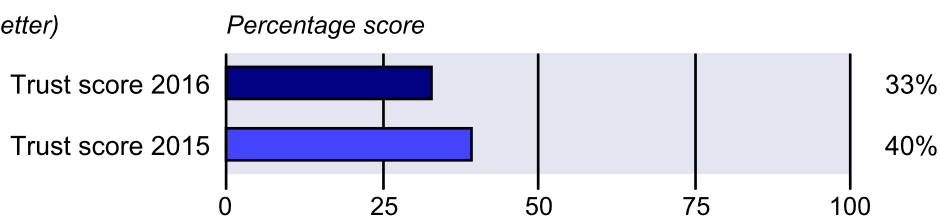
##### ✓ KF27. Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse

(the higher the score the better)



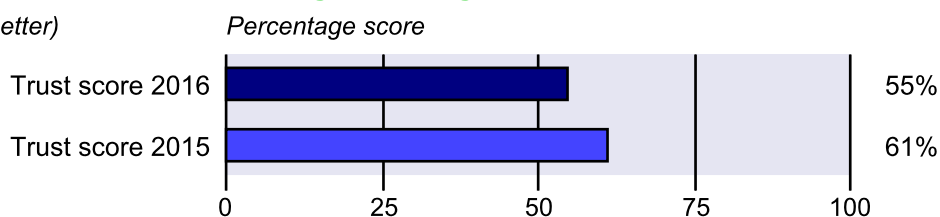
##### ✓ KF17. Percentage of staff feeling unwell due to work related stress in the last 12 months

(the lower the score the better)



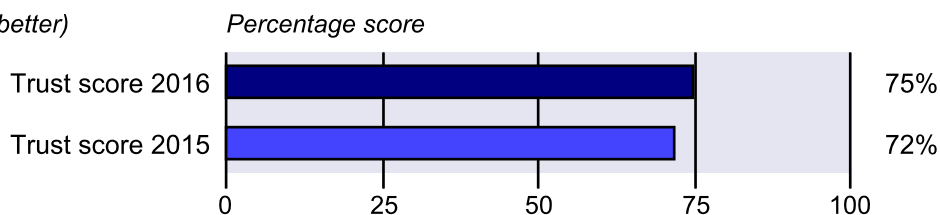
##### ✓ KF18. Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves

(the lower the score the better)



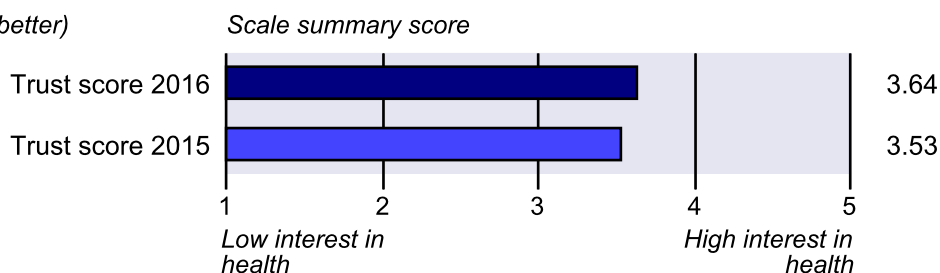
##### ✓ KF7. Percentage of staff able to contribute towards improvements at work

(the higher the score the better)



##### ✓ KF19. Organisation and management interest in and action on health and wellbeing

(the higher the score the better)





### 3.2. Summary of all Key Findings for East And North Hertfordshire NHS Trust

**KEY**

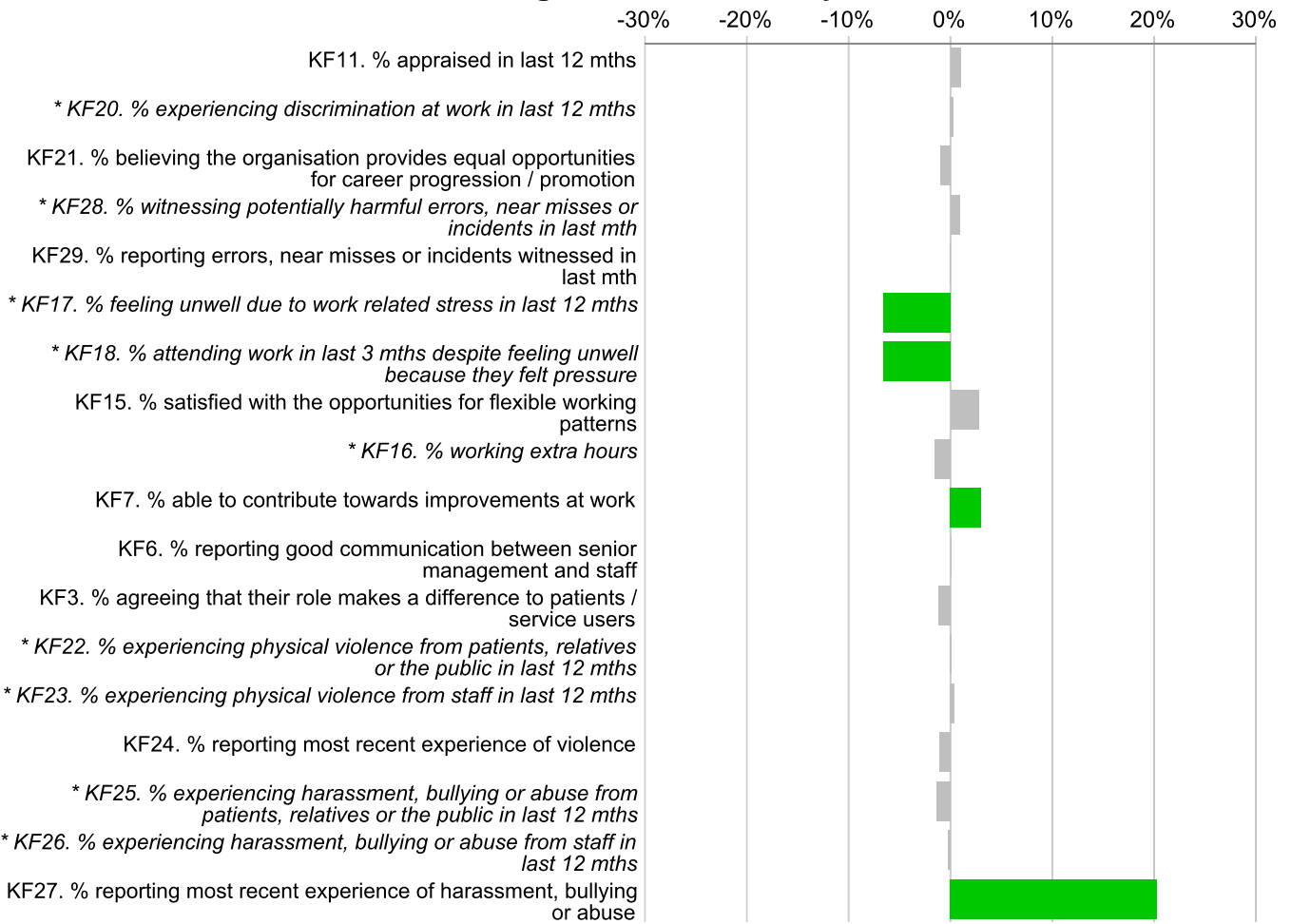
Green = Positive finding, e.g. there has been a statistically significant positive change in the Key Finding since the 2015 survey.

Red = Negative finding, e.g. there has been a statistically significant negative change in the Key Finding since the 2015 survey.

Grey = No change, e.g. there has been no statistically significant change in this Key Finding since the 2015 survey.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

#### Change since 2015 survey



### 3.2. Summary of all Key Findings for East And North Hertfordshire NHS Trust

**KEY**

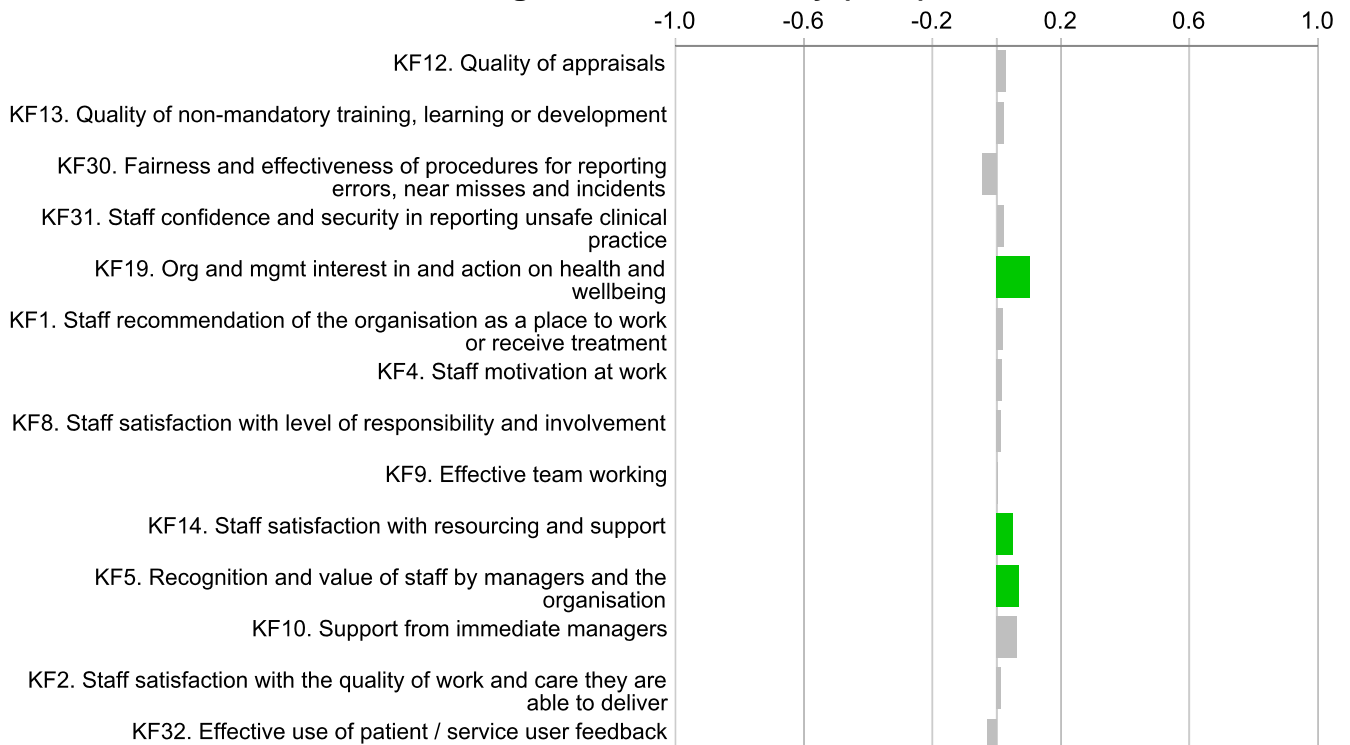
Green = Positive finding, e.g. there has been a statistically significant positive change in the Key Finding since the 2015 survey.

Red = Negative finding, e.g. there has been a statistically significant negative change in the Key Finding since the 2015 survey.

Grey = No change, e.g. there has been no statistically significant change in this Key Finding since the 2015 survey.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

#### Change since 2015 survey (cont)



### 3.2. Summary of all Key Findings for East And North Hertfordshire NHS Trust

**KEY**

Green = Positive finding, e.g. better than average. If a ✓ is shown the score is in the best 20% of acute trusts

Red = Negative finding, i.e. worse than average. If a ! is shown the score is in the worst 20% of acute trusts.

Grey = Average.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

#### Comparison with all acute trusts in 2016

-15%   -10%   -5%   0%   5%   10%   15%



### 3.2. Summary of all Key Findings for East And North Hertfordshire NHS Trust

**KEY**

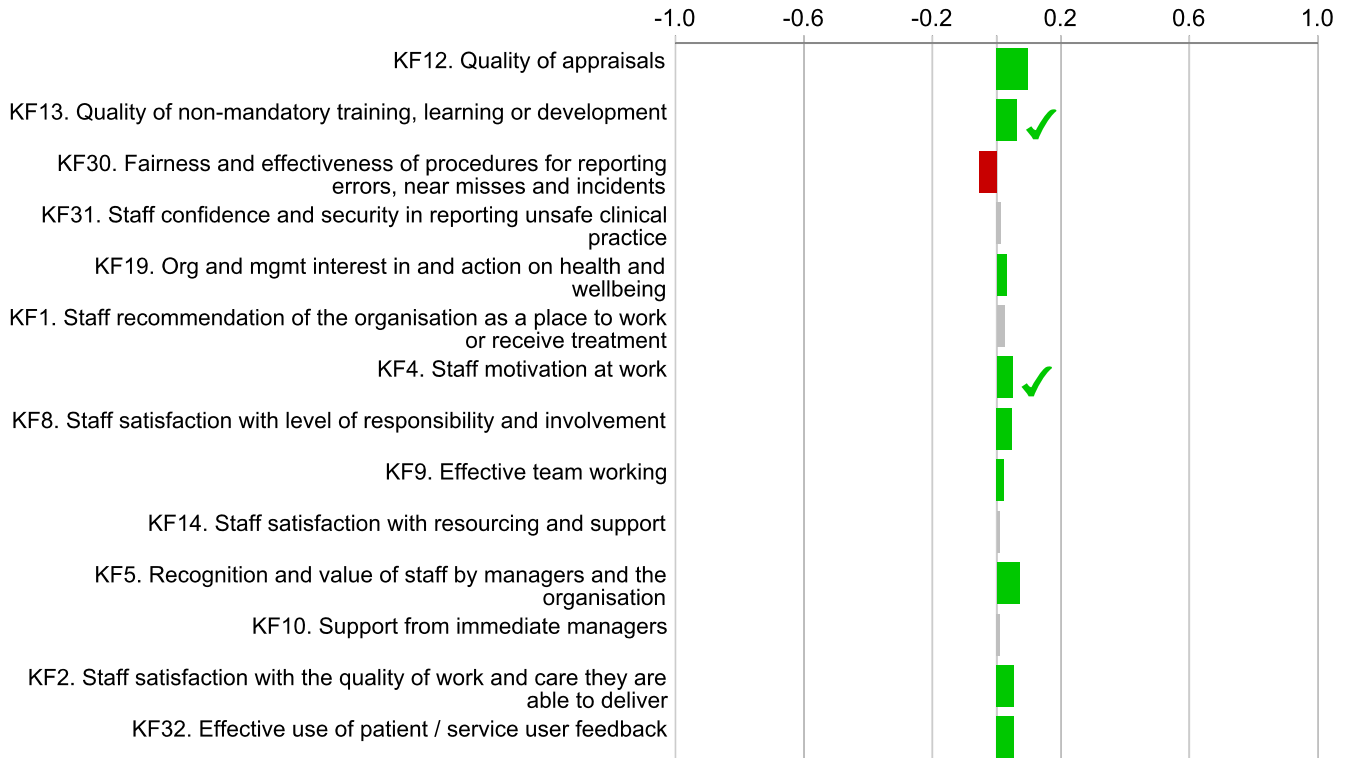
Green = Positive finding, e.g. better than average. If a ✓ is shown the score is in the best 20% of acute trusts

Red = Negative finding, i.e. worse than average. If a ! is shown the score is in the worst 20% of acute trusts.

Grey = Average.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

#### Comparison with all acute trusts in 2016 (cont)



### 3.3. Summary of all Key Findings for East And North Hertfordshire NHS Trust

#### KEY

✓ Green = Positive finding, e.g. in the best 20% of acute trusts, better than average, better than 2015.

! Red = Negative finding, e.g. in the worst 20% of acute trusts, worse than average, worse than 2015.

'Change since 2015 survey' indicates whether there has been a statistically significant change in the Key Finding since the 2015 survey.

-- Because of changes to the format of the survey questions this year, comparisons with the 2015 score are not possible.

\* For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

	Change since 2015 survey	Ranking, compared with all acute trusts in 2016
<b>Appraisals &amp; support for development</b>		
KF11. % appraised in last 12 mths	• No change	• Average
KF12. Quality of appraisals	• No change	✓ Above (better than) average
KF13. Quality of non-mandatory training, learning or development	• No change	✓ Highest (best) 20%
<b>Equality &amp; diversity</b>		
* <i>KF20. % experiencing discrimination at work in last 12 mths</i>	• No change	! Above (worse than) average
KF21. % believing the organisation provides equal opportunities for career progression / promotion	• No change	• Average
<b>Errors &amp; incidents</b>		
* <i>KF28. % witnessing potentially harmful errors, near misses or incidents in last mth</i>	• No change	• Average
KF29. % reporting errors, near misses or incidents witnessed in last mth	• No change	• Average
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	• No change	! Below (worse than) average
KF31. Staff confidence and security in reporting unsafe clinical practice	• No change	• Average
<b>Health and wellbeing</b>		
* <i>KF17. % feeling unwell due to work related stress in last 12 mths</i>	✓ Decrease (better than 15)	✓ Below (better than) average
* <i>KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure</i>	✓ Decrease (better than 15)	✓ Below (better than) average
KF19. Org and mgmt interest in and action on health and wellbeing	✓ Increase (better than 15)	✓ Above (better than) average
<b>Working patterns</b>		
KF15. % satisfied with the opportunities for flexible working patterns	• No change	• Average
* <i>KF16. % working extra hours</i>	• No change	! Highest (worst) 20%

### 3.3. Summary of all Key Findings for East And North Hertfordshire NHS Trust (cont)

	Change since 2015 survey	Ranking, compared with all acute trusts in 2016
<b>Job satisfaction</b>		
KF1. Staff recommendation of the organisation as a place to work or receive treatment	• No change	• Average
KF4. Staff motivation at work	• No change	✓ Highest (best) 20%
KF7. % able to contribute towards improvements at work	✓ Increase (better than 15)	✓ Highest (best) 20%
KF8. Staff satisfaction with level of responsibility and involvement	• No change	✓ Above (better than) average
KF9. Effective team working	• No change	✓ Above (better than) average
KF14. Staff satisfaction with resourcing and support	✓ Increase (better than 15)	• Average
<b>Managers</b>		
KF5. Recognition and value of staff by managers and the organisation	✓ Increase (better than 15)	✓ Above (better than) average
KF6. % reporting good communication between senior management and staff	• No change	• Average
KF10. Support from immediate managers	• No change	• Average
<b>Patient care &amp; experience</b>		
KF2. Staff satisfaction with the quality of work and care they are able to deliver	• No change	✓ Above (better than) average
KF3. % agreeing that their role makes a difference to patients / service users	• No change	✓ Above (better than) average
KF32. Effective use of patient / service user feedback	• No change	✓ Above (better than) average
<b>Violence, harassment &amp; bullying</b>		
* KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths	• No change	✓ Lowest (best) 20%
* KF23. % experiencing physical violence from staff in last 12 mths	• No change	! Highest (worst) 20%
KF24. % reporting most recent experience of violence	• No change	! Lowest (worst) 20%
* KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths	• No change	• Average
* KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths	• No change	! Highest (worst) 20%
KF27. % reporting most recent experience of harassment, bullying or abuse	✓ Increase (better than 15)	! Lowest (worst) 20%

## 4. Key Findings for East And North Hertfordshire NHS Trust

East And North Hertfordshire NHS Trust had 1828 staff take part in this survey. This is a response rate of 35%<sup>1</sup> which is in the lowest 20% of acute trusts in England, and compares with a response rate of 35% in this trust in the 2015 survey.

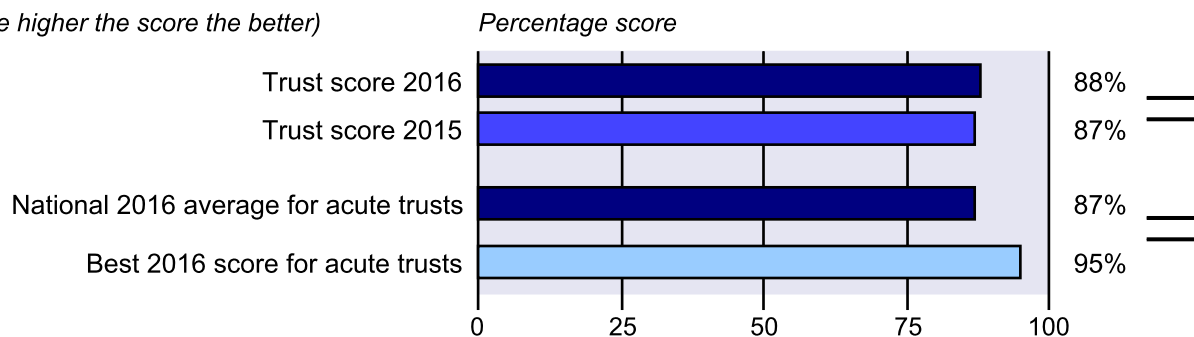
This section presents each of the 32 Key Findings, using data from the trust's 2016 survey, and compares these to other acute trusts in England and to the trust's performance in the 2015 survey. The findings are arranged under seven headings – the four staff pledges from the NHS Constitution, and the three additional themes of equality and diversity, errors and incidents, and patient experience measures.

**Positive findings** are indicated with a **green arrow** (e.g. where the trust is in the best 20% of trusts, or where the score has improved since 2015). **Negative findings** are highlighted with a **red arrow** (e.g. where the trust's score is in the worst 20% of trusts, or where the score is not as good as 2015). An equals sign indicates that there has been no change.

### Appraisals & support for development

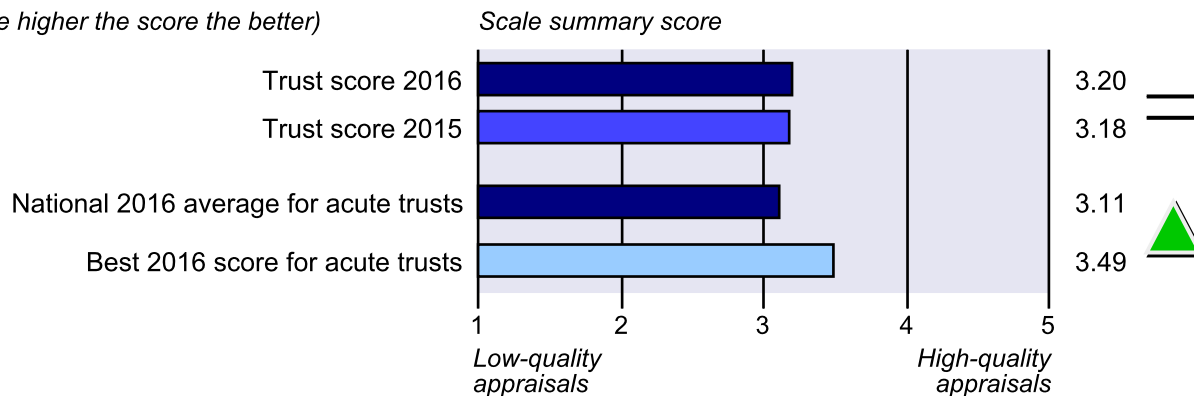
#### KEY FINDING 11. Percentage of staff appraised in last 12 months

(the higher the score the better)



#### KEY FINDING 12. Quality of appraisals

(the higher the score the better)

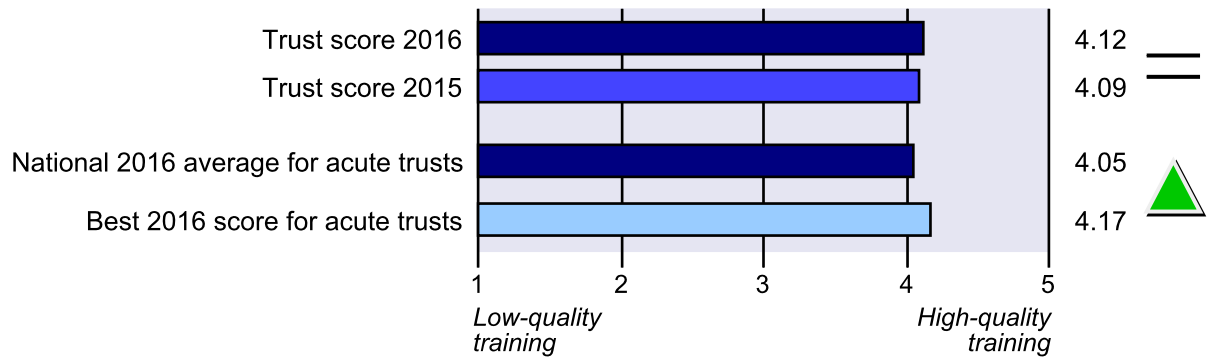


<sup>1</sup>Questionnaires were sent to all 5298 staff eligible to receive the survey. This includes only staff employed directly by the trust (i.e. excluding staff working for external contractors). It excludes bank staff unless they are also employed directly elsewhere in the trust. When calculating the response rate, questionnaires could only be counted if they were received with their ID number intact, by the closing date.

### KEY FINDING 13. Quality of non-mandatory training, learning or development

(the higher the score the better)

Scale summary score

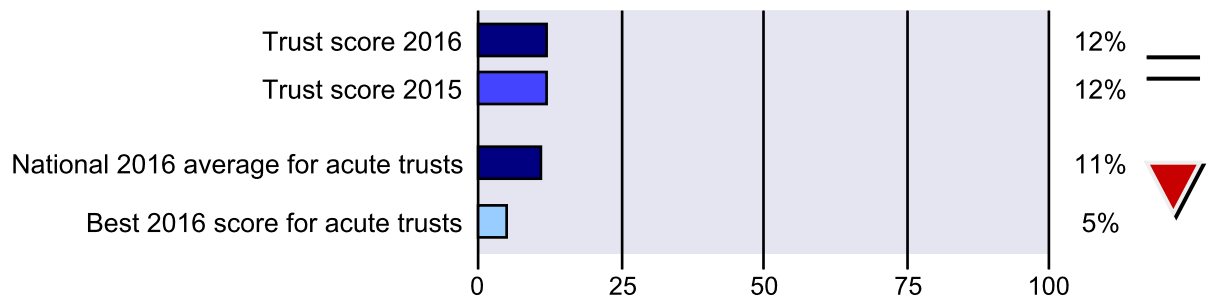


### Equality & diversity

### KEY FINDING 20. Percentage of staff experiencing discrimination at work in the last 12 months

(the lower the score the better)

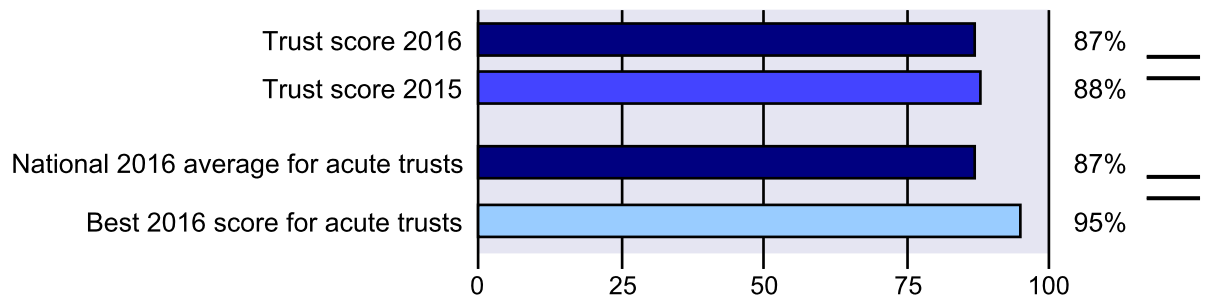
Percentage score



### KEY FINDING 21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

(the higher the score the better)

Percentage score

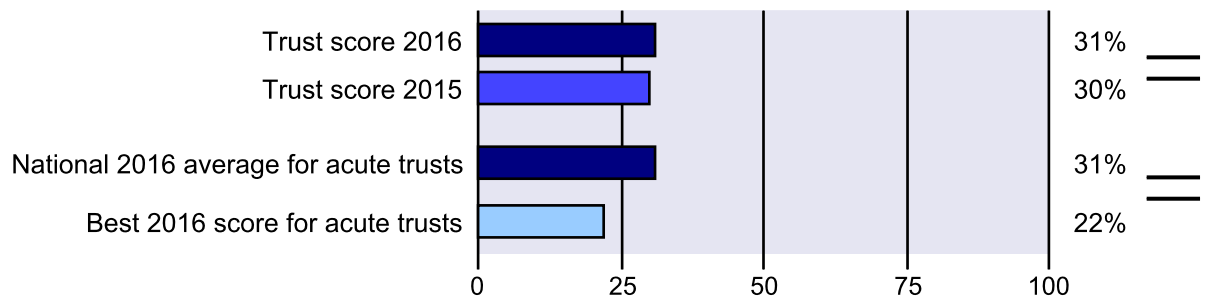


### Errors & incidents

### KEY FINDING 28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month

(the lower the score the better)

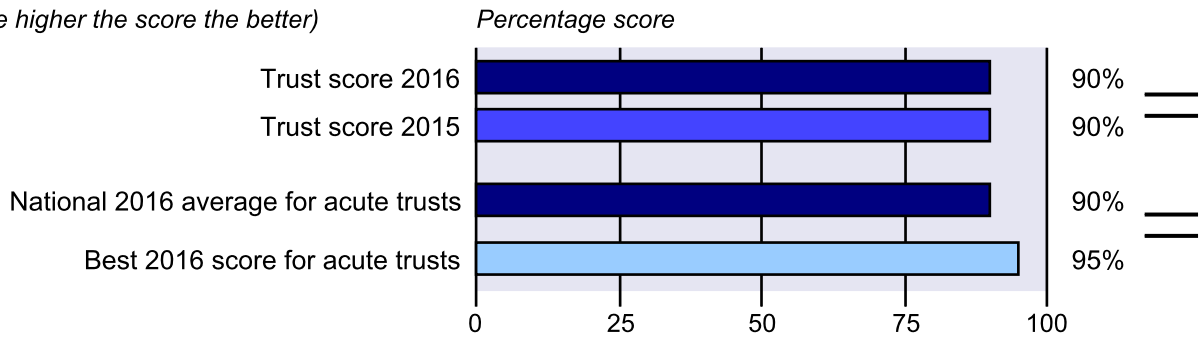
Percentage score





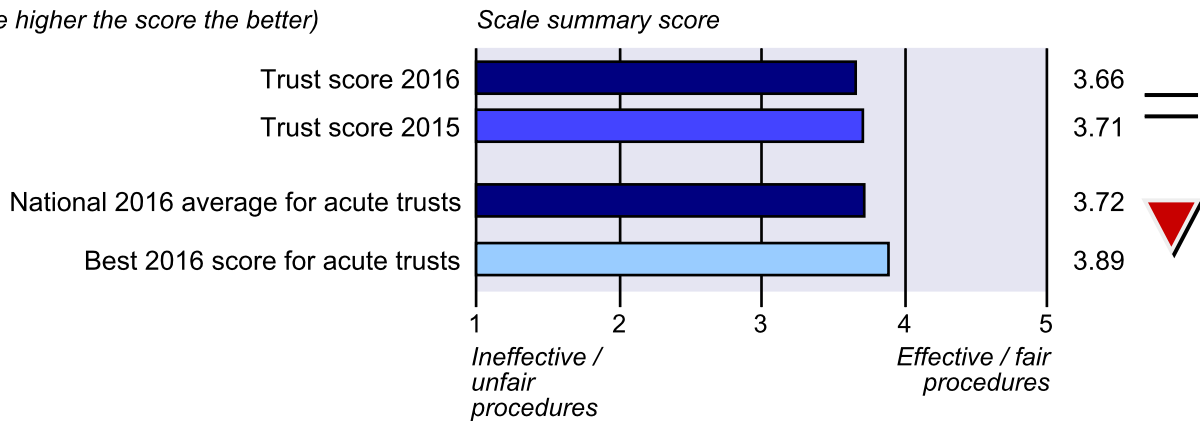
**KEY FINDING 29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month**

(the higher the score the better)



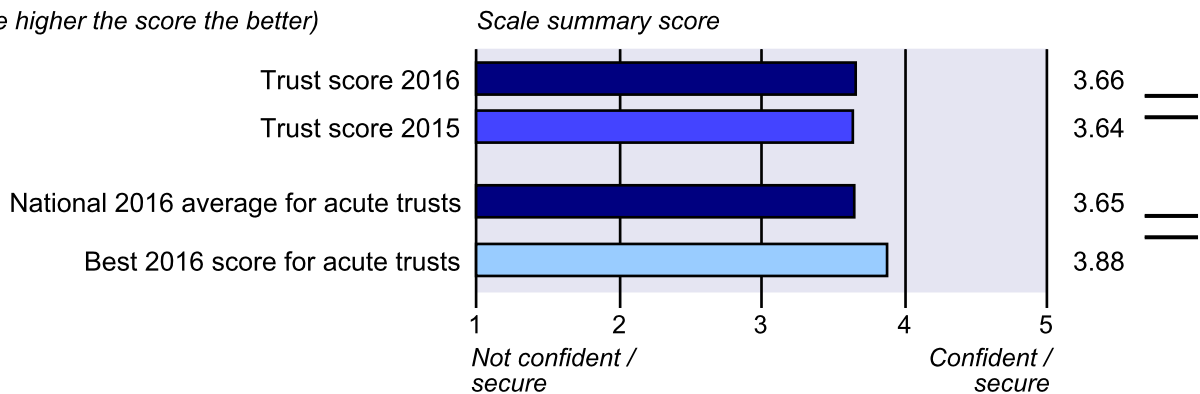
**KEY FINDING 30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents**

(the higher the score the better)



**KEY FINDING 31. Staff confidence and security in reporting unsafe clinical practice**

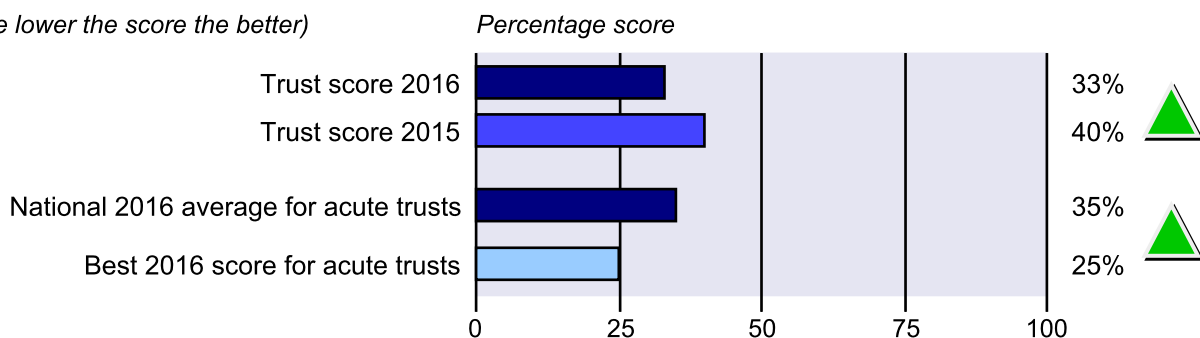
(the higher the score the better)



**Health and wellbeing**

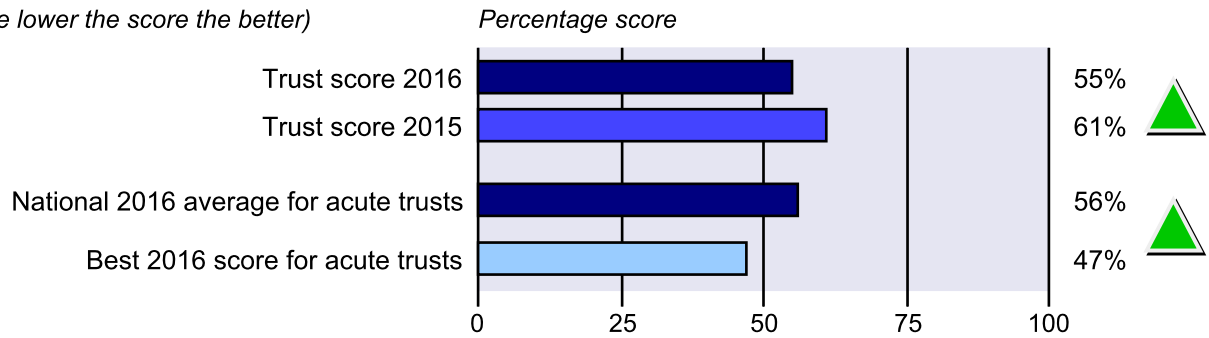
**KEY FINDING 17. Percentage of staff feeling unwell due to work related stress in the last 12 months**

(the lower the score the better)



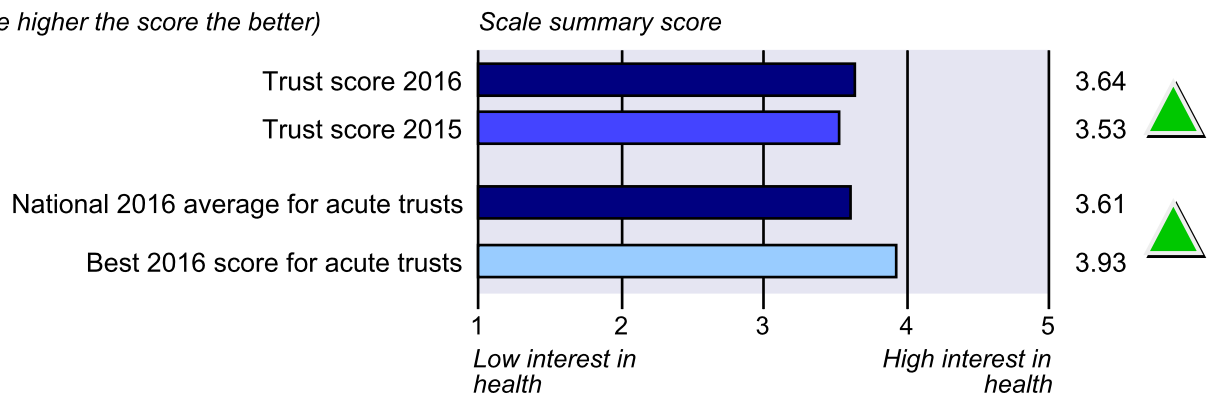
**KEY FINDING 18. Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves**

(the lower the score the better)



**KEY FINDING 19. Organisation and management interest in and action on health and wellbeing**

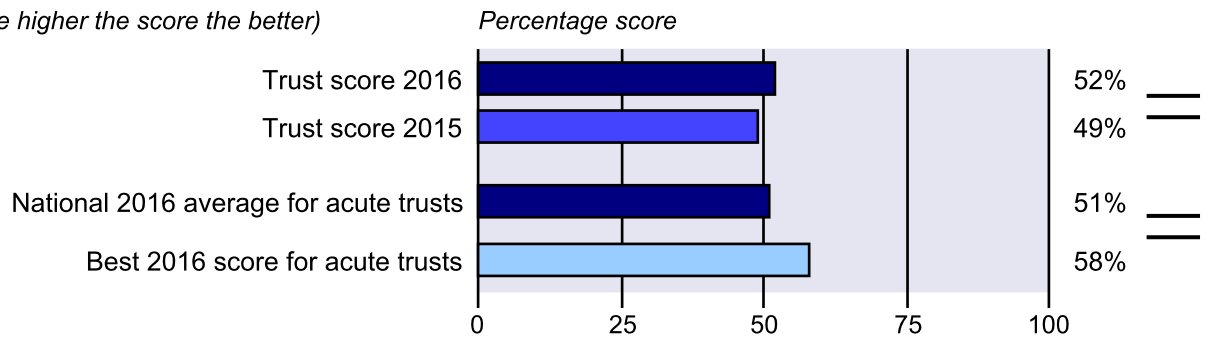
(the higher the score the better)



**Working patterns**

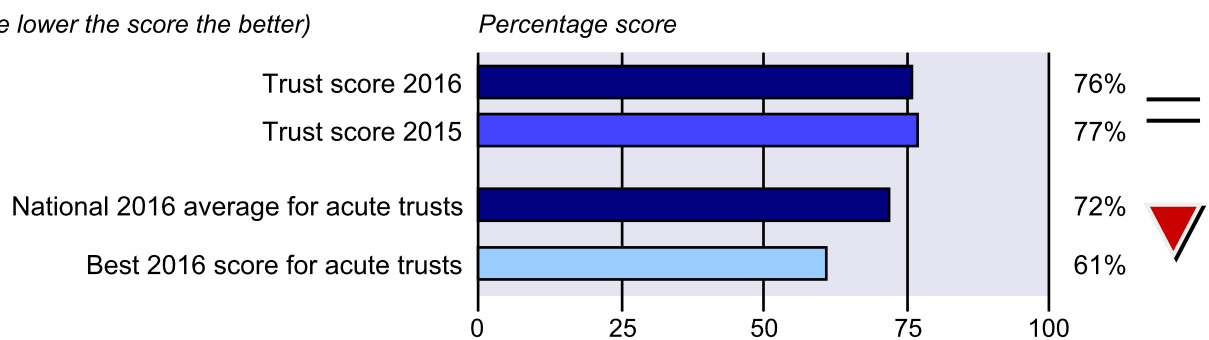
**KEY FINDING 15. Percentage of staff satisfied with the opportunities for flexible working patterns**

(the higher the score the better)



**KEY FINDING 16. Percentage of staff working extra hours**

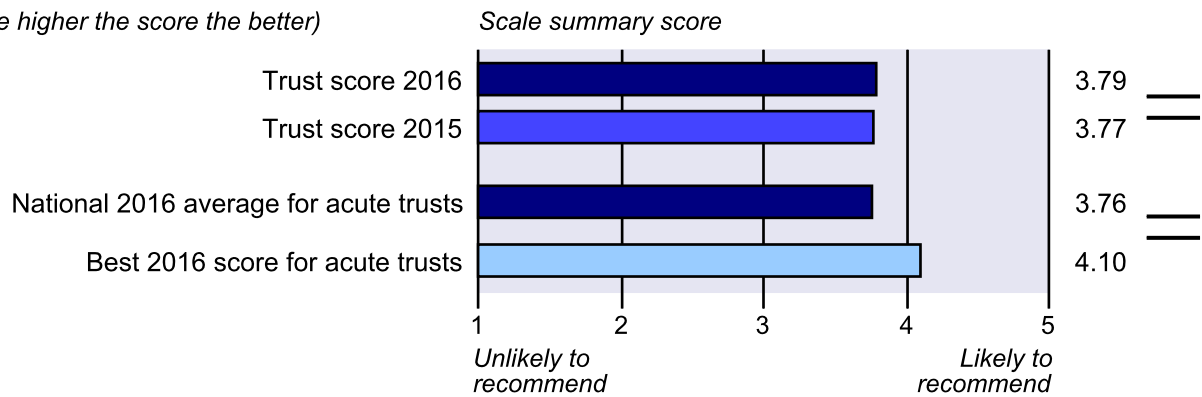
(the lower the score the better)



## Job satisfaction

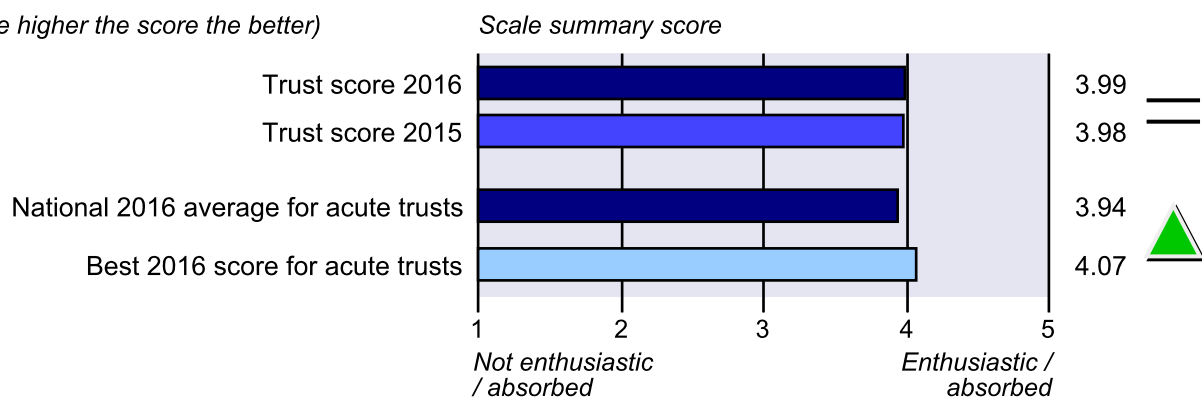
### KEY FINDING 1. Staff recommendation of the organisation as a place to work or receive treatment

(the higher the score the better)



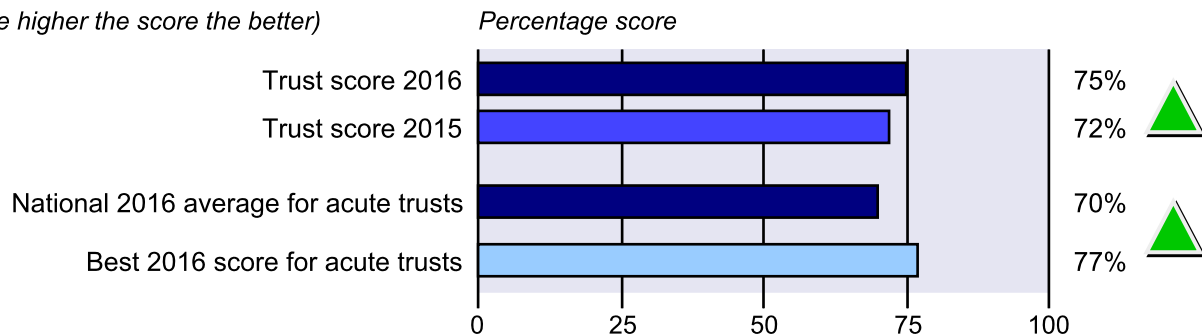
### KEY FINDING 4. Staff motivation at work

(the higher the score the better)



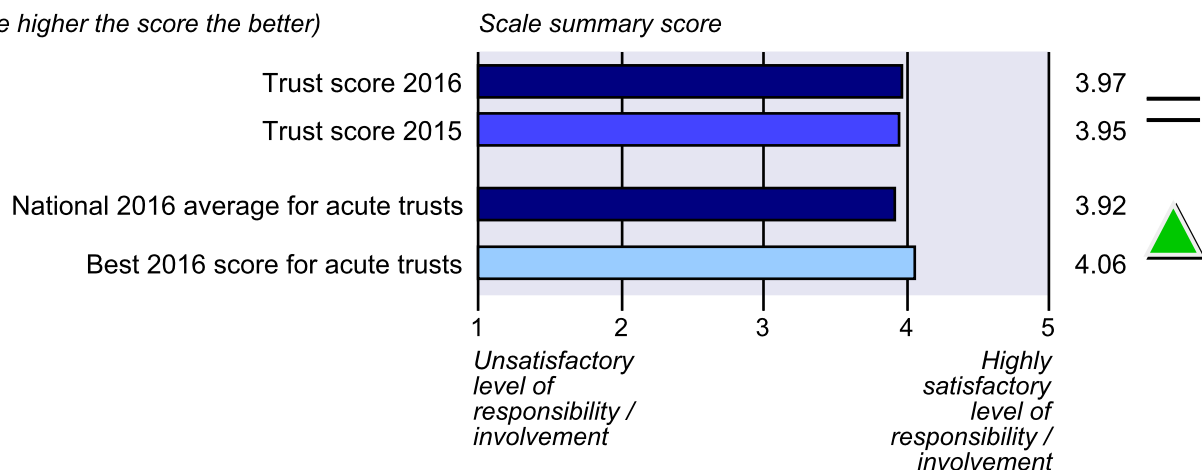
### KEY FINDING 7. Percentage of staff able to contribute towards improvements at work

(the higher the score the better)



### KEY FINDING 8. Staff satisfaction with level of responsibility and involvement

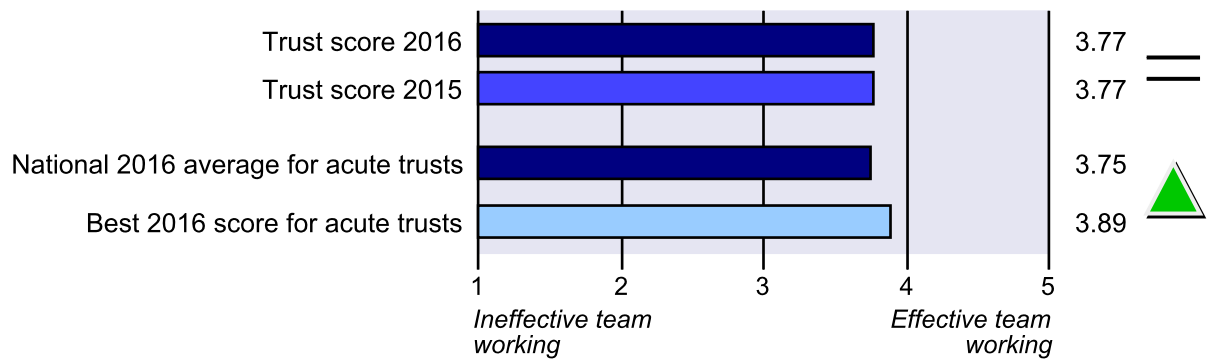
(the higher the score the better)



### KEY FINDING 9. Effective team working

(the higher the score the better)

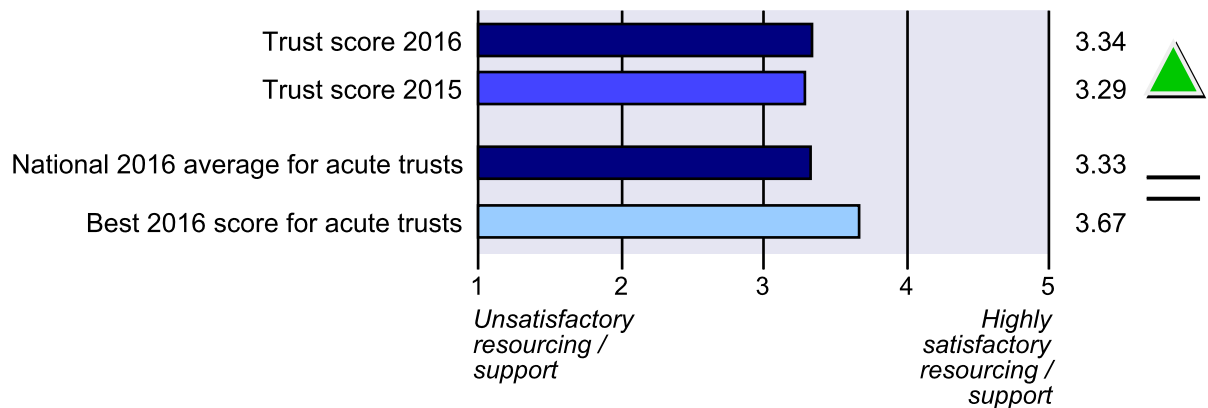
Scale summary score



### KEY FINDING 14. Staff satisfaction with resourcing and support

(the higher the score the better)

Scale summary score

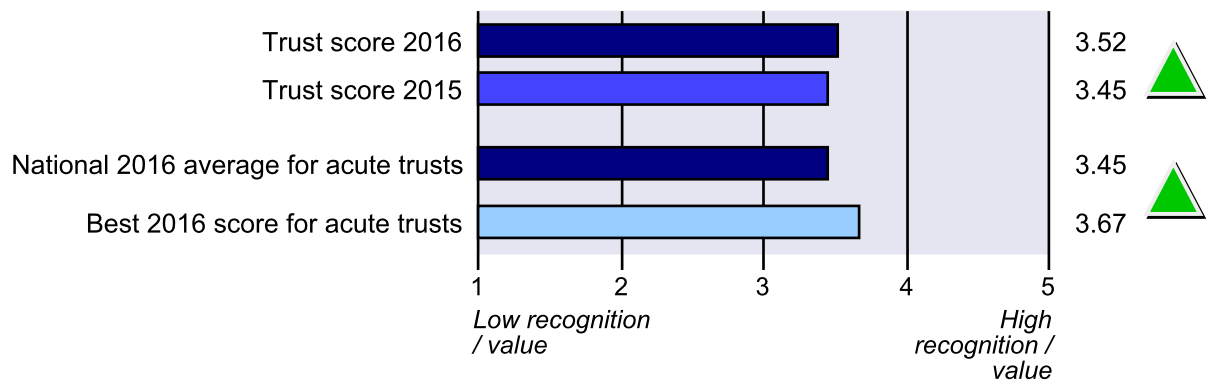


## Managers

### KEY FINDING 5. Recognition and value of staff by managers and the organisation

(the higher the score the better)

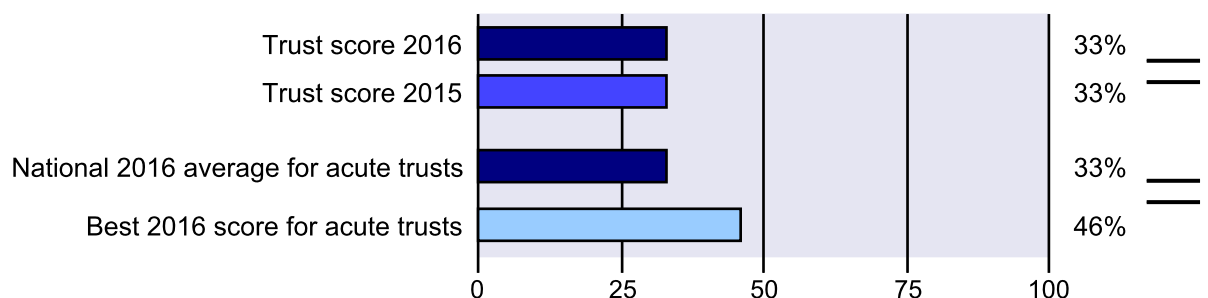
Scale summary score



### KEY FINDING 6. Percentage of staff reporting good communication between senior management and staff

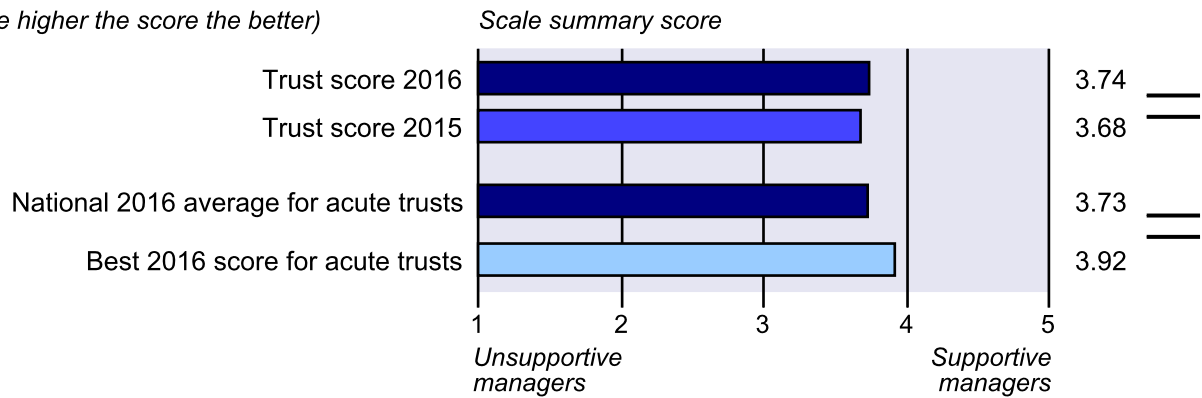
(the higher the score the better)

Percentage score



## KEY FINDING 10. Support from immediate managers

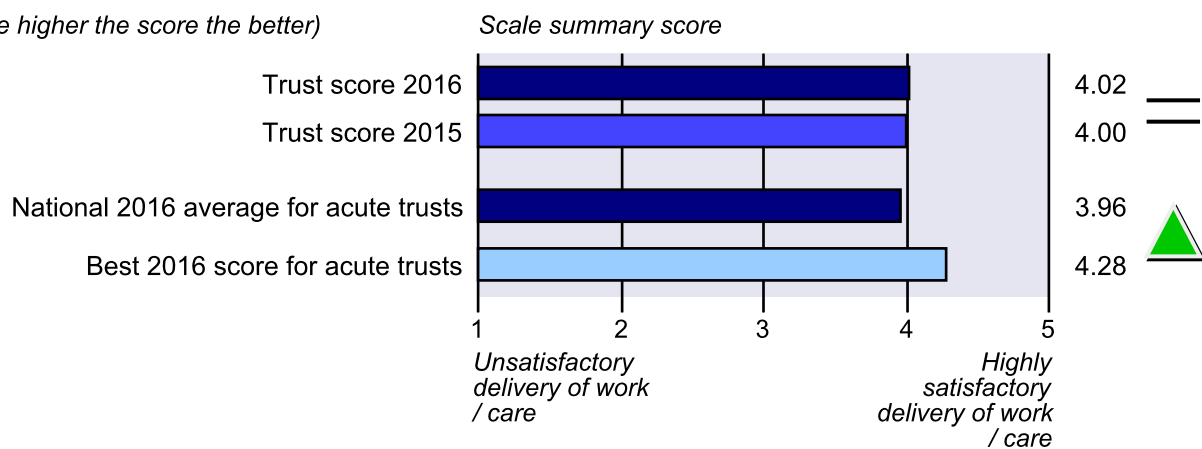
(the higher the score the better)



## Patient care & experience

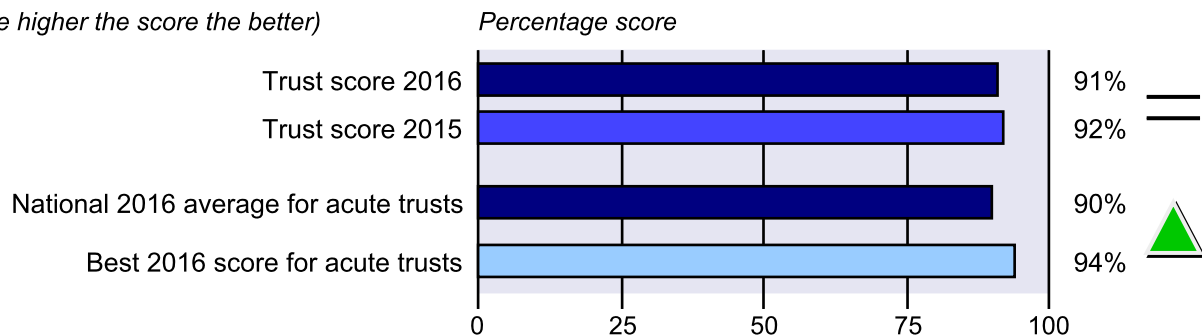
### KEY FINDING 2. Staff satisfaction with the quality of work and care they are able to deliver

(the higher the score the better)



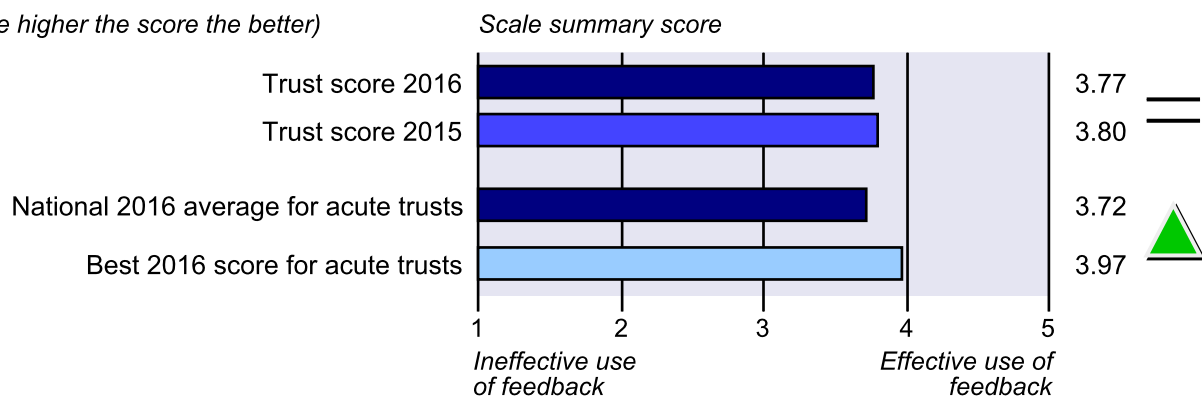
### KEY FINDING 3. Percentage of staff agreeing that their role makes a difference to patients / service users

(the higher the score the better)



### KEY FINDING 32. Effective use of patient / service user feedback

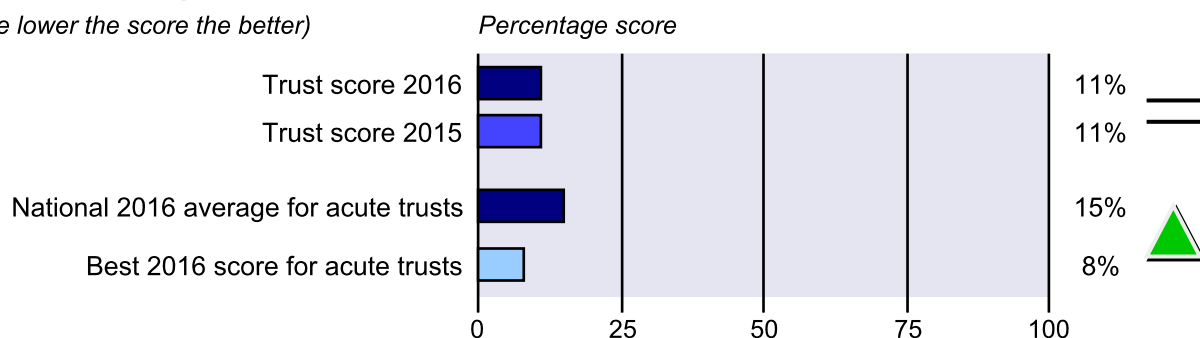
(the higher the score the better)



## Violence, harassment & bullying

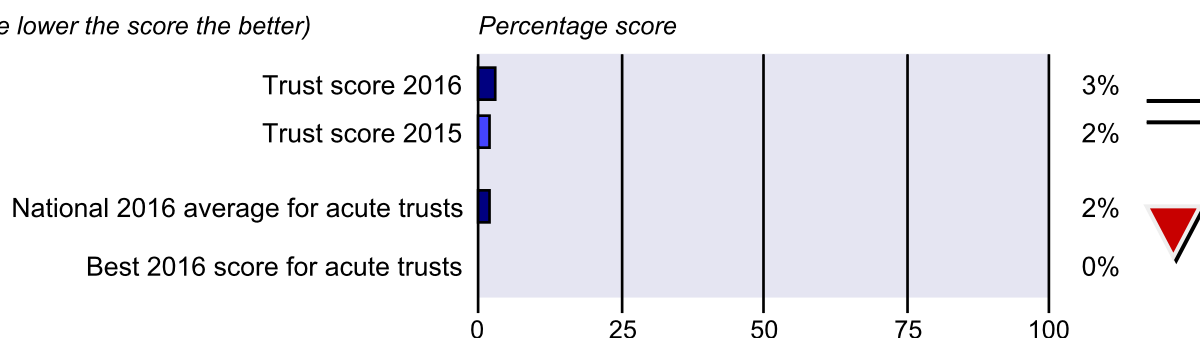
### KEY FINDING 22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

(the lower the score the better)



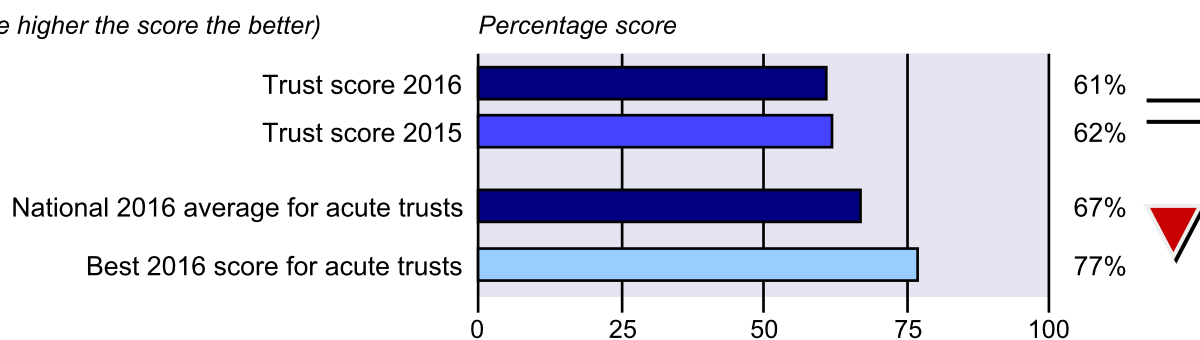
### KEY FINDING 23. Percentage of staff experiencing physical violence from staff in last 12 months

(the lower the score the better)



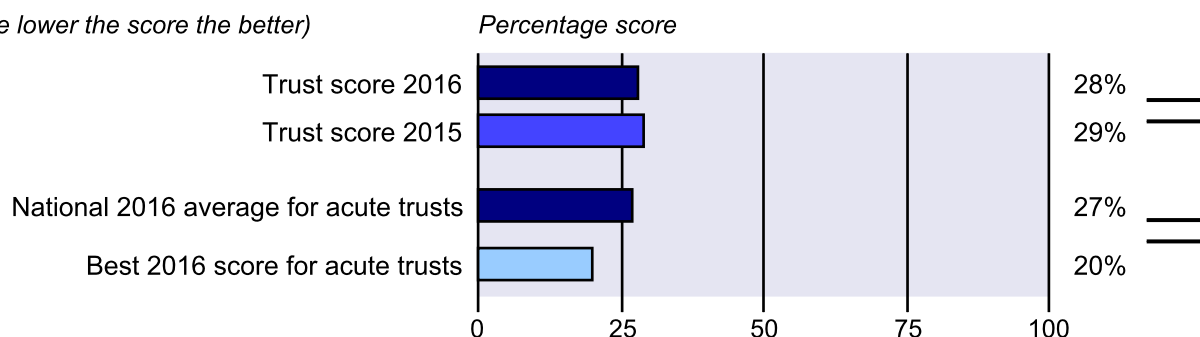
### KEY FINDING 24. Percentage of staff / colleagues reporting most recent experience of violence

(the higher the score the better)



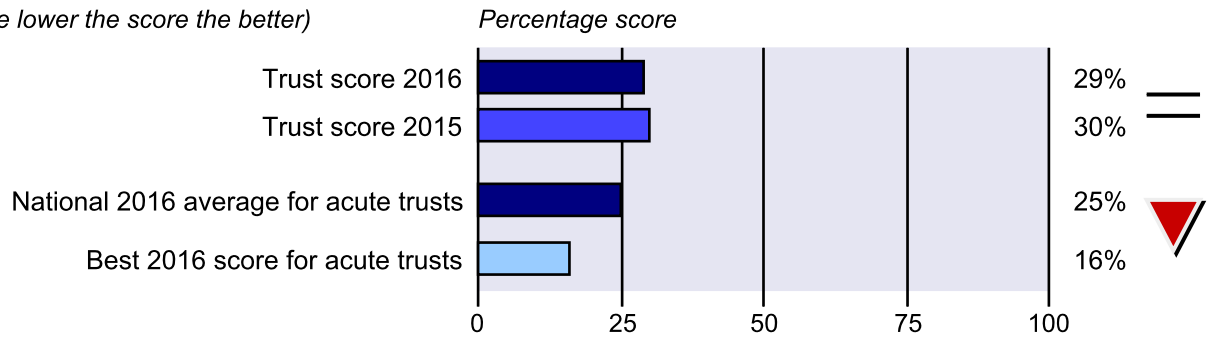
### KEY FINDING 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

(the lower the score the better)



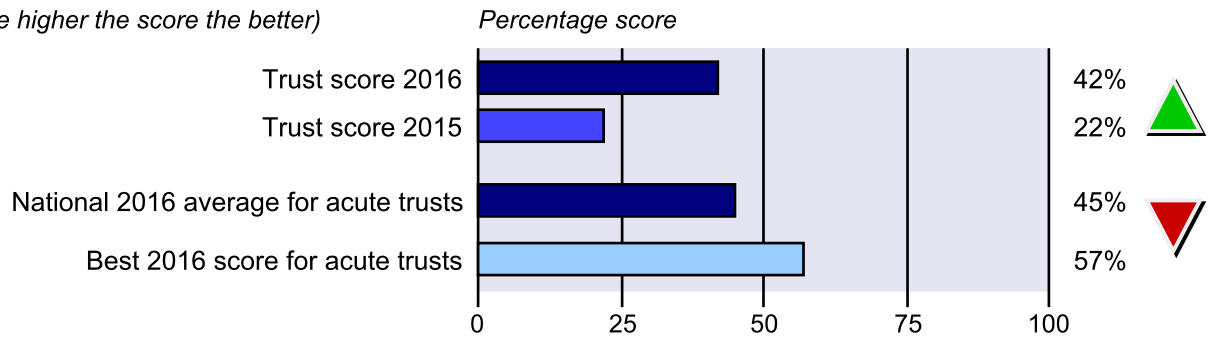
**KEY FINDING 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months**

*(the lower the score the better)*



**KEY FINDING 27. Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse**

*(the higher the score the better)*



## 5. Workforce Race Equality Standard (WRES)

The scores presented below are the un-weighted question level score for question Q17b and un-weighted scores for Key Findings 25, 26, and 21, split between White and Black and Minority Ethnic (BME) staff, as required for the Workforce Race Equality Standard.

In order to preserve the anonymity of individual staff, a score is replaced with a dash if the staff group in question contributed fewer than 11 responses to that score.

			<b>Your Trust in 2016</b>	<b>Average (median) for acute trusts</b>	<b>Your Trust in 2015</b>
KF25	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	27%	27%	30%
		BME	29%	26%	28%
KF26	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	28%	24%	28%
		BME	35%	27%	33%
KF21	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	89%	88%	90%
		BME	81%	76%	79%
Q17b	In the 12 last months have you personally experienced discrimination at work from manager/team leader or other colleagues?	White	6%	6%	5%
		BME	15%	14%	17%



## 6. Key Findings by work group characteristics

Tables 6.1 to 6.4 show the Key Findings at East And North Hertfordshire NHS Trust broken down by work group characteristics: occupational groups, locations, and full time/part time staff.

Technical notes:

- As in previous years, there are two types of Key Finding:
  - percentage scores, i.e. percentage of staff giving a particular response to one, or a series of, survey questions
  - scale summary scores, calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5
- For most of the Key Findings presented in tables 6.1 to 6.4, the higher the score the better. However, there are some Key Findings for which a high score would represent a negative result. For these Key Findings, marked with an asterisk and shown in italics, the lower the score the better.
- Care should be taken not to over interpret the findings if scores differ slightly. For example, if for 'KF11. % appraised in the last 12 months' staff in Group A score 45%, and staff in Group B score 40%, it may appear that a higher proportion of staff in Group A have had appraisals than staff in Group B. However, because of small numbers in these sub-groups, it is probably not statistically significant. A more sensible interpretation would be that, on average, similar proportions of staff in Group A and B have had appraisals.
- Please note that, unlike the overall trust scores, data in this section are not weighted.
- Please also note that all percentage scores are shown to the nearest 1%. This means scores of less than 0.5% are displayed as 0%.
- In order to preserve anonymity of individual staff, a score is replaced with a dash if the staff group in question contributed fewer than 11 responses to that score.

**Table 6.1: Key Findings for different occupational groups**

	Adult / General Nurses	Other Registered Nurses	Nursing / Healthcare Assistants	Medical / Dental	Radiography	Other Allied Health Professionals	General Management	Other Scientific & Technical	Admin & Clerical	Central Functions / Corporate Services	Maintenance / Ancillary
<b>Appraisals &amp; support for development</b>											
KF11. % appraised in last 12 mths	90	93	86	94	89	90	80	95	82	85	79
KF12. Quality of appraisals	3.42	3.28	3.47	2.89	2.91	3.23	3.57	3.34	2.95	3.42	3.00
KF13. Quality of non-mandatory training, learning or development	4.25	4.29	4.11	4.00	4.02	4.24	4.00	4.17	3.82	4.15	3.72
<b>Equality &amp; diversity</b>											
* KF20. % experiencing discrimination at work in last 12 mths	14	10	20	15	10	26	12	7	8	8	14
KF21. % believing the organisation provides equal opportunities for career progression / promotion	90	88	84	89	73	90	90	85	84	88	76
<b>Errors &amp; incidents</b>											
* KF28. % witnessing potentially harmful errors, near misses or incidents in last mth	42	43	30	39	35	24	16	44	15	11	19
KF29. % reporting errors, near misses or incidents witnessed in last mth	91	94	85	91	91	100	-	91	87	-	-
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.73	3.83	3.73	3.52	3.53	3.72	3.76	3.81	3.48	3.65	3.60
KF31. Staff confidence and security in reporting unsafe clinical practice	3.80	3.82	3.66	3.58	3.45	3.64	4.07	3.78	3.45	3.78	3.52
<b>Health and wellbeing</b>											
* KF17. % feeling unwell due to work related stress in last 12 mths	40	36	33	27	32	32	40	29	33	24	22
* KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure	58	54	63	40	48	55	56	54	60	51	55
KF19. Org and mgmt interest in and action on health and wellbeing	3.72	3.58	3.65	3.37	3.37	3.81	3.81	3.66	3.61	3.92	3.65
<b>Working patterns</b>											
KF15. % satisfied with the opportunities for flexible working patterns	50	47	47	44	51	62	58	56	49	66	41
* KF16. % working extra hours	87	87	68	93	75	75	88	68	56	76	59
<b>Number of respondents</b>	<b>378</b>	<b>160</b>	<b>93</b>	<b>164</b>	<b>74</b>	<b>60</b>	<b>52</b>	<b>135</b>	<b>346</b>	<b>100</b>	<b>51</b>

Due to low numbers of respondents, no scores are shown for the following occupational groups: Occupational Therapy, Physiotherapy, Social Care Staff, Public Health / Health Improvement, Commissioning Staff and Patient Transport Service.

**Table 6.1: Key Findings for different occupational groups (cont)**

	Adult / General Nurses	Other Registered Nurses	Nursing / Healthcare Assistants	Medical / Dental	Radiography	Other Allied Health Professionals	General Management	Other Scientific & Technical	Admin & Clerical	Central Functions / Corporate Services	Maintenance / Ancillary
<b>Job satisfaction</b>											
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.81	3.85	3.92	3.79	3.52	3.93	3.97	3.73	3.65	3.95	3.81
KF4. Staff motivation at work	4.09	4.13	3.91	4.03	3.78	4.12	4.19	4.00	3.82	3.98	3.94
KF7. % able to contribute towards improvements at work	84	85	68	75	62	68	90	81	65	87	63
KF8. Staff satisfaction with level of responsibility and involvement	4.11	4.11	3.97	4.05	3.72	3.99	4.11	3.87	3.83	4.03	3.78
KF9. Effective team working	3.93	3.76	3.73	3.79	3.65	3.75	3.99	3.77	3.57	3.98	3.50
KF14. Staff satisfaction with resourcing and support	3.39	3.20	3.50	3.16	3.23	3.38	3.35	3.23	3.40	3.43	3.27
<b>Managers</b>											
KF5. Recognition and value of staff by managers and the organisation	3.61	3.52	3.59	3.36	3.24	3.52	3.74	3.50	3.46	3.76	3.49
KF6. % reporting good communication between senior management and staff	34	35	35	28	19	33	55	34	26	44	41
KF10. Support from immediate managers	3.88	3.70	3.80	3.45	3.38	3.84	4.08	3.82	3.71	3.90	3.56
<b>Patient care &amp; experience</b>											
KF2. Staff satisfaction with the quality of work and care they are able to deliver	4.00	3.95	4.32	3.81	4.00	4.36	3.75	3.92	4.02	3.93	4.02
KF3. % agreeing that their role makes a difference to patients / service users	94	99	90	94	90	98	91	94	82	84	84
KF32. Effective use of patient / service user feedback	3.88	3.91	3.78	3.75	3.63	3.78	4.22	3.67	3.42	3.76	3.88
<b>Violence, harassment &amp; bullying</b>											
* KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths	23	12	24	9	19	7	6	1	2	0	6
* KF23. % experiencing physical violence from staff in last 12 mths	4	3	7	1	7	0	0	3	1	0	6
KF24. % reporting most recent experience of violence	69	46	74	33	46	-	-	-	-	-	-
* KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths	39	41	35	38	39	27	27	7	19	2	16
* KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths	35	31	26	27	32	35	37	24	27	19	16
KF27. % reporting most recent experience of harassment, bullying or abuse	48	42	58	38	25	40	42	41	39	24	36
<b>Overall staff engagement</b>	3.96	3.98	3.82	3.85	3.59	3.93	4.15	3.87	3.70	3.99	3.81
<b>Number of respondents</b>	378	160	93	164	74	60	52	135	346	100	51

Due to low numbers of respondents, no scores are shown for the following occupational groups: Occupational Therapy, Physiotherapy, Social Care Staff, Public Health / Health Improvement, Commissioning Staff and Patient Transport Service.

**Table 6.2: Key Findings for different locations**

	Cancer Services	Clinical Support Services	Medicine	Non Clinical Support Services	Research & Development	Surgery	Womens and Childrens
<b>Appraisals &amp; support for development</b>							
KF11. % appraised in last 12 mths	95	89	82	84	89	87	91
KF12. Quality of appraisals	2.85	3.08	3.35	3.30	3.32	3.33	3.20
KF13. Quality of non-mandatory training, learning or development	4.09	4.01	4.12	4.02	4.19	4.15	4.24
<b>Equality &amp; diversity</b>							
* KF20. % experiencing discrimination at work in last 12 mths	9	9	16	8	16	16	12
KF21. % believing the organisation provides equal opportunities for career progression / promotion	79	86	89	88	83	91	87
<b>Errors &amp; incidents</b>							
* KF28. % witnessing potentially harmful errors, near misses or incidents in last mth	38	31	37	17	23	28	37
KF29. % reporting errors, near misses or incidents witnessed in last mth	92	87	93	78	-	89	94
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.55	3.64	3.66	3.69	3.60	3.68	3.74
KF31. Staff confidence and security in reporting unsafe clinical practice	3.51	3.54	3.78	3.74	3.56	3.69	3.68
<b>Health and wellbeing</b>							
* KF17. % feeling unwell due to work related stress in last 12 mths	33	32	36	30	33	32	34
* KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure	50	61	59	55	56	49	55
KF19. Org and mgmt interest in and action on health and wellbeing	3.55	3.50	3.66	3.86	3.72	3.70	3.47
<b>Working patterns</b>							
KF15. % satisfied with the opportunities for flexible working patterns	55	49	49	58	69	49	43
* KF16. % working extra hours	76	64	78	70	76	82	81
<b>Number of respondents</b>	221	298	350	320	46	363	230

Please note that the locations classification was provided by East And North Hertfordshire NHS Trust

**Table 6.2: Key Findings for different locations (cont)**

	Cancer Services	Clinical Support Services	Medicine	Non Clinical Support Services	Research & Development	Surgery	Womens and Childrens
<b>Job satisfaction</b>							
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.68	3.64	3.90	3.87	3.62	3.83	3.77
KF4. Staff motivation at work	3.97	3.86	4.05	3.98	3.87	4.07	4.02
KF7. % able to contribute towards improvements at work	75	69	78	76	84	75	77
KF8. Staff satisfaction with level of responsibility and involvement	3.94	3.82	4.05	3.93	3.94	4.06	4.01
KF9. Effective team working	3.74	3.62	3.82	3.89	3.95	3.83	3.64
KF14. Staff satisfaction with resourcing and support	3.21	3.28	3.37	3.42	3.30	3.47	3.23
<b>Managers</b>							
KF5. Recognition and value of staff by managers and the organisation	3.44	3.39	3.64	3.68	3.47	3.52	3.46
KF6. % reporting good communication between senior management and staff	24	28	36	42	20	36	28
KF10. Support from immediate managers	3.72	3.68	3.80	3.87	3.92	3.74	3.60
<b>Patient care &amp; experience</b>							
KF2. Staff satisfaction with the quality of work and care they are able to deliver	3.93	3.92	4.03	3.90	4.08	4.19	3.96
KF3. % agreeing that their role makes a difference to patients / service users	92	89	93	83	93	94	94
KF32. Effective use of patient / service user feedback	3.59	3.64	3.85	3.86	3.56	3.77	3.89
<b>Violence, harassment &amp; bullying</b>							
* KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths	2	6	22	3	4	17	10
* KF23. % experiencing physical violence from staff in last 12 mths	1	4	3	2	2	4	0
KF24. % reporting most recent experience of violence	-	53	72	-	-	61	50
* KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths	19	27	39	12	9	30	39
* KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths	28	29	30	23	24	34	31
KF27. % reporting most recent experience of harassment, bullying or abuse	41	40	47	28	54	42	48
<b>Overall staff engagement</b>	3.82	3.71	3.94	3.91	3.80	3.91	3.87
<b>Number of respondents</b>	221	298	350	320	46	363	230

Please note that the locations classification was provided by East And North Hertfordshire NHS Trust

**Table 6.3: Key Findings for different locations**

	Hertford County	Lister	Mount Vernon	QEII	St Albans
<b>Appraisals &amp; support for development</b>					
KF11. % appraised in last 12 mths	83	86	95	88	75
KF12. Quality of appraisals	2.90	3.25	2.90	3.25	-
KF13. Quality of non-mandatory training, learning or development	4.22	4.11	4.08	4.01	-
<b>Equality &amp; diversity</b>					
* KF20. % experiencing discrimination at work in last 12 mths	6	12	10	13	8
KF21. % believing the organisation provides equal opportunities for career progression / promotion	91	88	77	85	-
<b>Errors &amp; incidents</b>					
* KF28. % witnessing potentially harmful errors, near misses or incidents in last mth	33	30	33	28	36
KF29. % reporting errors, near misses or incidents witnessed in last mth	-	89	90	88	-
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.54	3.67	3.60	3.58	3.86
KF31. Staff confidence and security in reporting unsafe clinical practice	3.44	3.69	3.54	3.56	3.96
<b>Health and wellbeing</b>					
* KF17. % feeling unwell due to work related stress in last 12 mths	29	33	34	35	33
* KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure	61	55	50	65	36
KF19. Org and mgmt interest in and action on health and wellbeing	3.84	3.66	3.53	3.57	4.14
<b>Working patterns</b>					
KF15. % satisfied with the opportunities for flexible working patterns	63	50	58	54	83
* KF16. % working extra hours	88	75	74	77	-
<b>Number of respondents</b>	19	1464	223	100	12

Please note that the locations classification was provided by East And North Hertfordshire NHS Trust

**Table 6.3: Key Findings for different locations (cont)**

	Hertford County	Lister	Mount Vernon	QEII	St Albans
<b>Job satisfaction</b>					
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.89	3.81	3.67	3.56	4.09
KF4. Staff motivation at work	3.78	4.00	3.92	4.08	4.13
KF7. % able to contribute towards improvements at work	84	75	75	78	83
KF8. Staff satisfaction with level of responsibility and involvement	4.12	3.97	3.92	4.03	4.27
KF9. Effective team working	3.96	3.77	3.77	3.75	4.00
KF14. Staff satisfaction with resourcing and support	3.24	3.35	3.25	3.40	3.67
<b>Managers</b>					
KF5. Recognition and value of staff by managers and the organisation	3.68	3.54	3.45	3.57	3.94
KF6. % reporting good communication between senior management and staff	39	34	25	30	50
KF10. Support from immediate managers	4.10	3.75	3.74	3.72	4.10
<b>Patient care &amp; experience</b>					
KF2. Staff satisfaction with the quality of work and care they are able to deliver	4.19	4.00	3.96	4.13	4.22
KF3. % agreeing that their role makes a difference to patients / service users	89	90	93	92	100
KF32. Effective use of patient / service user feedback	3.87	3.80	3.63	3.55	-
<b>Violence, harassment &amp; bullying</b>					
* KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths	0	13	2	6	8
* KF23. % experiencing physical violence from staff in last 12 mths	0	3	1	3	0
KF24. % reporting most recent experience of violence	-	62	-	-	-
* KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths	59	28	17	37	33
* KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths	29	29	31	33	-
KF27. % reporting most recent experience of harassment, bullying or abuse	-	42	46	41	-
<b>Overall staff engagement</b>	3.83	3.88	3.80	3.80	4.10
<b>Number of respondents</b>	19	1464	223	100	12

Please note that the locations classification was provided by East And North Hertfordshire NHS Trust

**Table 6.4: Key Findings for different work groups**

	Full time / part time <sup>a</sup>	
	Full time	Part time
<b>Appraisals &amp; support for development</b>		
KF11. % appraised in last 12 mths	87	89
KF12. Quality of appraisals	3.25	3.04
KF13. Quality of non-mandatory training, learning or development	4.12	4.07
<b>Equality &amp; diversity</b>		
* KF20. % experiencing discrimination at work in last 12 mths	13	9
KF21. % believing the organisation provides equal opportunities for career progression / promotion	87	87
<b>Errors &amp; incidents</b>		
* KF28. % witnessing potentially harmful errors, near misses or incidents in last mth	30	31
KF29. % reporting errors, near misses or incidents witnessed in last mth	90	88
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.67	3.62
KF31. Staff confidence and security in reporting unsafe clinical practice	3.68	3.58
<b>Health and wellbeing</b>		
* KF17. % feeling unwell due to work related stress in last 12 mths	33	31
* KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure	55	55
KF19. Org and mgmt interest in and action on health and wellbeing	3.68	3.52
<b>Working patterns</b>		
KF15. % satisfied with the opportunities for flexible working patterns	49	60
* KF16. % working extra hours	77	69
<b>Number of respondents</b>	<b>1405</b>	<b>375</b>

<sup>a</sup> Full time is defined as staff contracted to work 30 hours or more a week



**Table 6.4: Key Findings for different work groups (cont)**

	Full time / part time <sup>a</sup>	
	Full time	Part time
<b>Job satisfaction</b>		
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.80	3.72
KF4. Staff motivation at work	4.00	3.95
KF7. % able to contribute towards improvements at work	76	71
KF8. Staff satisfaction with level of responsibility and involvement	3.98	3.92
KF9. Effective team working	3.80	3.64
KF14. Staff satisfaction with resourcing and support	3.36	3.29
<b>Managers</b>		
KF5. Recognition and value of staff by managers and the organisation	3.56	3.42
KF6. % reporting good communication between senior management and staff	35	24
KF10. Support from immediate managers	3.77	3.69
<b>Patient care &amp; experience</b>		
KF2. Staff satisfaction with the quality of work and care they are able to deliver	4.02	3.95
KF3. % agreeing that their role makes a difference to patients / service users	90	93
KF32. Effective use of patient / service user feedback	3.82	3.62
<b>Violence, harassment &amp; bullying</b>		
* KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths	12	6
* KF23. % experiencing physical violence from staff in last 12 mths	3	2
KF24. % reporting most recent experience of violence	64	50
* KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths	28	27
* KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths	31	21
KF27. % reporting most recent experience of harassment, bullying or abuse	43	37
<b>Overall staff engagement</b>	<b>3.89</b>	<b>3.78</b>
<b>Number of respondents</b>	<b>1405</b>	<b>375</b>

<sup>a</sup> Full time is defined as staff contracted to work 30 hours or more a week

## 7. Key Findings by demographic groups

Tables 7.1 and 7.2 show the Key Findings at East And North Hertfordshire NHS Trust broken down by different demographic groups: age group, gender, disability and ethnic background.

Technical notes:

- As in previous years, there are two types of Key Finding:
  - percentage scores, i.e. percentage of staff giving a particular response to one, or a series of, survey questions
  - scale summary scores, calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5
- For most of the Key Findings presented in tables 7.1 and 7.2, the higher the score the better. However, there are some Key Findings for which a high score would represent a negative result. For these Key Findings, marked with an asterisk and shown in italics, the lower the score the better.
- Care should be taken not to over interpret the findings if scores differ slightly. For example, if for 'KF11. % appraised in the last 12 months' staff in Group A score 45%, and staff in Group B score 40%, it may appear that a higher proportion of staff in Group A have had appraisals than staff in Group B. However, because of small numbers in these sub-groups, it is probably not statistically significant. A more sensible interpretation would be that, on average, similar proportions of staff in Group A and B have had appraisals.
- Please note that, unlike the overall trust scores, data in this section are not weighted.
- Please also note that all percentage scores are shown to the nearest 1%. This means scores of less than 0.5% are displayed as 0%.
- In order to preserve anonymity of individual staff, a score is replaced with a dash if the demographic group in question contributed fewer than 11 responses to that score.

**Table 7.1: Key Findings for different age groups**

	Age group			
	Age 16-30	Age 31-40	Age 41-50	Age 51+
<b>Appraisals &amp; support for development</b>				
KF11. % appraised in last 12 mths	77	88	91	88
KF12. Quality of appraisals	3.37	3.28	3.31	3.05
KF13. Quality of non-mandatory training, learning or development	4.12	4.14	4.15	4.06
<b>Equality &amp; diversity</b>				
* KF20. % experiencing discrimination at work in last 12 mths	12	13	17	8
KF21. % believing the organisation provides equal opportunities for career progression / promotion	89	88	85	87
<b>Errors &amp; incidents</b>				
* KF28. % witnessing potentially harmful errors, near misses or incidents in last mth	36	33	34	25
KF29. % reporting errors, near misses or incidents witnessed in last mth	83	89	91	92
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.73	3.63	3.71	3.61
KF31. Staff confidence and security in reporting unsafe clinical practice	3.60	3.72	3.72	3.63
<b>Health and wellbeing</b>				
* KF17. % feeling unwell due to work related stress in last 12 mths	36	30	37	30
* KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure	59	54	54	55
KF19. Org and mgmt interest in and action on health and wellbeing	3.71	3.67	3.64	3.60
<b>Working patterns</b>				
KF15. % satisfied with the opportunities for flexible working patterns	48	60	53	47
* KF16. % working extra hours	68	77	80	74
<b>Number of respondents</b>	237	333	494	701

**Table 7.1: Key Findings for different age groups (cont)**

	Age group			
	Age 16-30	Age 31-40	Age 41-50	Age 51+
<b>Job satisfaction</b>				
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.70	3.80	3.86	3.76
KF4. Staff motivation at work	3.74	4.01	4.07	4.02
KF7. % able to contribute towards improvements at work	71	77	81	73
KF8. Staff satisfaction with level of responsibility and involvement	3.90	3.97	4.05	3.96
KF9. Effective team working	3.76	3.78	3.84	3.73
KF14. Staff satisfaction with resourcing and support	3.39	3.32	3.36	3.32
<b>Managers</b>				
KF5. Recognition and value of staff by managers and the organisation	3.51	3.56	3.55	3.51
KF6. % reporting good communication between senior management and staff	35	34	38	28
KF10. Support from immediate managers	3.84	3.79	3.76	3.69
<b>Patient care &amp; experience</b>				
KF2. Staff satisfaction with the quality of work and care they are able to deliver	3.95	3.96	4.01	4.05
KF3. % agreeing that their role makes a difference to patients / service users	85	91	93	91
KF32. Effective use of patient / service user feedback	3.66	3.77	3.86	3.74
<b>Violence, harassment &amp; bullying</b>				
* KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths	16	11	13	7
* KF23. % experiencing physical violence from staff in last 12 mths	2	3	3	2
KF24. % reporting most recent experience of violence	72	53	64	67
* KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths	22	26	33	27
* KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths	25	28	35	27
KF27. % reporting most recent experience of harassment, bullying or abuse	40	36	44	44
<b>Overall staff engagement</b>	3.72	3.88	3.95	3.85
<b>Number of respondents</b>	237	333	494	701

**Table 7.2: Key Findings for other demographic groups**

	Gender		Disability		Ethnic background	
	Men	Women	Disabled	Not disabled	White	Black and minority ethnic
<b>Appraisals &amp; support for development</b>						
KF11. % appraised in last 12 mths	87	88	88	87	87	89
KF12. Quality of appraisals	3.29	3.20	3.12	3.22	3.08	3.66
KF13. Quality of non-mandatory training, learning or development	4.07	4.13	4.03	4.13	4.07	4.26
<b>Equality &amp; diversity</b>						
* KF20. % experiencing discrimination at work in last 12 mths	16	11	18	11	9	25
KF21. % believing the organisation provides equal opportunities for career progression / promotion	87	88	77	89	89	81
<b>Errors &amp; incidents</b>						
* KF28. % witnessing potentially harmful errors, near misses or incidents in last mth	31	30	36	30	31	29
KF29. % reporting errors, near misses or incidents witnessed in last mth	91	88	90	90	89	94
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.61	3.66	3.48	3.69	3.61	3.83
KF31. Staff confidence and security in reporting unsafe clinical practice	3.72	3.65	3.49	3.70	3.63	3.80
<b>Health and wellbeing</b>						
* KF17. % feeling unwell due to work related stress in last 12 mths	26	35	47	31	34	28
* KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure	44	57	72	51	57	46
KF19. Org and mgmt interest in and action on health and wellbeing	3.65	3.65	3.62	3.65	3.61	3.73
<b>Working patterns</b>						
KF15. % satisfied with the opportunities for flexible working patterns	50	52	47	52	50	58
* KF16. % working extra hours	74	76	73	76	75	78
<b>Number of respondents</b>	331	1314	283	1446	1404	355

**Table 7.2: Key Findings for other demographic groups (cont)**

	Gender		Disability		Ethnic background	
	Men	Women	Disabled	Not disabled	White	Black and minority ethnic
<b>Job satisfaction</b>						
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.82	3.79	3.65	3.82	3.72	4.06
KF4. Staff motivation at work	4.02	4.00	3.88	4.02	3.93	4.24
KF7. % able to contribute towards improvements at work	75	76	70	76	73	83
KF8. Staff satisfaction with level of responsibility and involvement	3.98	3.99	3.88	4.00	3.94	4.11
KF9. Effective team working	3.76	3.79	3.68	3.79	3.74	3.88
KF14. Staff satisfaction with resourcing and support	3.32	3.35	3.28	3.35	3.29	3.53
<b>Managers</b>						
KF5. Recognition and value of staff by managers and the organisation	3.55	3.54	3.41	3.56	3.48	3.69
KF6. % reporting good communication between senior management and staff	37	32	28	34	30	43
KF10. Support from immediate managers	3.69	3.78	3.63	3.78	3.72	3.83
<b>Patient care &amp; experience</b>						
KF2. Staff satisfaction with the quality of work and care they are able to deliver	3.98	4.02	4.00	4.01	3.93	4.27
KF3. % agreeing that their role makes a difference to patients / service users	91	91	90	91	90	95
KF32. Effective use of patient / service user feedback	3.77	3.77	3.70	3.79	3.72	3.95
<b>Violence, harassment &amp; bullying</b>						
* KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths	8	11	9	11	10	13
* KF23. % experiencing physical violence from staff in last 12 mths	4	2	4	2	2	5
KF24. % reporting most recent experience of violence	65	62	56	66	62	68
* KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths	23	29	36	26	27	29
* KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths	26	30	40	27	28	35
KF27. % reporting most recent experience of harassment, bullying or abuse	43	41	43	42	41	48
<b>Overall staff engagement</b>	3.89	3.87	3.75	3.89	3.81	4.08
<b>Number of respondents</b>	331	1314	283	1446	1404	355

## 8. Work and demographic profile of the survey respondents

The occupational group of the staff survey respondents is shown in table 8.1, other work characteristics are shown in table 8.2, and demographic characteristics are shown in table 8.3.

**Table 8.1: Occupational group of respondents**

Occupational group	Number questionnaires returned	Percentage of survey respondents
<b>Allied Health Professionals</b>		
Occupational Therapy	1	0%
Physiotherapy	1	0%
Radiography	74	4%
Clinical Psychology	1	0%
Psychotherapy	1	0%
Arts Therapy	1	0%
Other qualified Allied Health Professionals	30	2%
Support to Allied Health Professionals	27	2%
<b>Scientific and Technical / Healthcare Scientists</b>		
Pharmacy	58	3%
Other qualified Scientific and Technical / Healthcare Scientists	56	3%
Support to Scientific and Technical / Healthcare Scientists	21	1%
<b>Medical and Dental</b>		
Medical / Dental - Consultant	108	6%
Medical / Dental - In Training	24	1%
Medical / Dental - Other	32	2%
<b>Operational ambulance staff</b>		
Paramedic	1	0%
Patient Transport Service	6	0%
<b>Nurses, Midwives and Nursing Assistants</b>		
Registered Nurses - Adult / General	378	22%
Registered Nurses - Children	50	3%
Midwives	61	4%
Registered Nurses - District / Community	3	0%
Other Registered Nurses	46	3%
Nursing auxiliary / Nursing assistant / Healthcare assistant	93	5%
<b>Social Care Staff</b>		
Approved social workers / Social workers / Residential social workers	3	0%
Social care support staff	2	0%

Occupational group	Number questionnaires returned	Percentage of survey respondents
<b>Other groups</b>		
Public Health / Health Improvement	2	0%
Commissioning managers / support staff	2	0%
Admin and Clerical	346	20%
Central Functions / Corporate Services	100	6%
Maintenance / Ancillary	51	3%
General Management	52	3%
Other	64	4%
Did not specify	133	

Sums of percentages may add up to more than 100% due to rounding, and do not include 'did not specify' responses



**Table 8.2: Work characteristics of respondents**

	Number questionnaires returned	Percentage of survey respondents
<b>Full time / part time</b>		
Full time	1405	79%
Part time	375	21%
Did not specify	48	
<b>Length of time in organisation</b>		
Less than a year	179	10%
Between 1 to 2 years	230	13%
Between 3 to 5 years	247	14%
Between 6 to 10 years	318	18%
Between 11 to 15 years	304	17%
Over 15 years	462	27%
Did not specify	88	

Sums of percentages may add up to more than 100% due to rounding, and do not include 'did not specify' responses

**Table 8.3: Demographic characteristics of respondents**

	Number questionnaires returned	Percentage of survey respondents
<b>Age group</b>		
Between 16 and 30	237	13%
Between 31 and 40	333	19%
Between 41 and 50	494	28%
51 and over	701	40%
Did not specify	63	
<b>Gender</b>		
Male	331	20%
Female	1314	80%
Did not specify	183	
<b>Ethnic background</b>		
White	1404	80%
Black and minority ethnic	355	20%
Did not specify	69	
<b>Disability</b>		
Disabled	283	16%
Not disabled	1446	84%
Did not specify	99	

Sums of percentages may add up to more than 100% due to rounding, and do not include 'did not specify' responses

## Appendix 1

### Key Findings for East And North Hertfordshire NHS Trust benchmarked against other acute trusts

Technical notes:

- The first column in table A1 shows the trust's scores for each of the Key Findings. The same data are displayed in section 3 and 4 of this report.
- The second column in table A1 shows the 95% confidence intervals around the trust's scores for each of the Key Findings.
- The third column in table A1 shows the average (median) score for each of the Key Findings for acute trusts. The same data are displayed in section 3 and 4 of this report.
- The fourth and fifth columns in table A1 show the thresholds for the lowest and highest 20% for each of the Key Findings for acute trusts. The data are used to describe comparisons with other trusts as displayed in section 3 and 4 of this report.
- The sixth column in table A1 shows the lowest score attained for each of the Key Findings by an acute trust.
- The seventh column in table A1 shows the highest score attained for each of the Key Findings by an acute trust.
- For most of the Key Findings presented in table A1, the higher the score the better. However, there are some Key Findings for which a high score would represent a negative score. For these Key Findings, marked with an asterisk and shown in italics, the lower the score the better.
- Please note that the data presented in table A1 are rounded to the nearest whole number for percentage scores and to two decimal places for scale summary scores.

**Table A1: Key Findings for East And North Hertfordshire NHS Trust benchmarked against other acute trusts**

	Your trust		National scores for acute trusts				
	Trust score	95% Confidence Interval	Median score	Threshold for lowest 20%	Threshold for highest 20%	Lowest score attained	Highest score attained
Response rate	35	-	43	36	48	31	77
<b>Appraisals &amp; support for development</b>							
KF11. % appraised in last 12 mths	88	[86, 89]	87	82	90	70	95
KF12. Quality of appraisals	3.20	[3.14, 3.27]	3.11	2.99	3.22	2.76	3.49
KF13. Quality of non-mandatory training, learning or development	4.12	[4.08, 4.15]	4.05	4.01	4.10	3.94	4.17
<b>Equality &amp; diversity</b>							
* KF20. % experiencing discrimination at work in last 12 mths	12	[11, 14]	11	9	13	5	23
KF21. % believing the organisation provides equal opportunities for career progression / promotion	87	[85, 89]	87	83	89	67	95
<b>Errors &amp; incidents</b>							
* KF28. % witnessing potentially harmful errors, near misses or incidents in last mth	31	[29, 33]	31	29	33	22	43
KF29. % reporting errors, near misses or incidents witnessed in last mth	90	[87, 92]	90	89	92	85	95
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.66	[3.63, 3.70]	3.72	3.65	3.79	3.49	3.89
KF31. Staff confidence and security in reporting unsafe clinical practice	3.66	[3.62, 3.70]	3.65	3.59	3.74	3.41	3.88
<b>Health and wellbeing</b>							
* KF17. % feeling unwell due to work related stress in last 12 mths	33	[31, 35]	35	32	38	25	44
* KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure	55	[52, 57]	56	52	61	47	68
KF19. Org and mgmt interest in and action on health and wellbeing	3.64	[3.59, 3.68]	3.61	3.52	3.70	3.32	3.93
<b>Working patterns</b>							
KF15. % satisfied with the opportunities for flexible working patterns	52	[49, 54]	51	48	53	43	58
* KF16. % working extra hours	76	[73, 78]	72	69	74	61	79

**Table A1: Key Findings for East And North Hertfordshire NHS Trust benchmarked against other acute trusts (cont)**

	Your trust		National scores for acute trusts				
	Trust score	95% Confidence Interval	Median score	Threshold for lowest 20%	Threshold for highest 20%	Lowest score attained	Highest score attained
<b>Job satisfaction</b>							
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.79	[3.75, 3.82]	3.76	3.62	3.91	3.34	4.10
KF4. Staff motivation at work	3.99	[3.96, 4.03]	3.94	3.88	3.98	3.80	4.07
KF7. % able to contribute towards improvements at work	75	[73, 77]	70	68	73	63	77
KF8. Staff satisfaction with level of responsibility and involvement	3.97	[3.94, 4.00]	3.92	3.87	3.97	3.79	4.06
KF9. Effective team working	3.77	[3.73, 3.81]	3.75	3.71	3.81	3.59	3.89
KF14. Staff satisfaction with resourcing and support	3.34	[3.30, 3.38]	3.33	3.25	3.40	3.09	3.67
<b>Managers</b>							
KF5. Recognition and value of staff by managers and the organisation	3.52	[3.48, 3.57]	3.45	3.38	3.53	3.28	3.67
KF6. % reporting good communication between senior management and staff	33	[30, 35]	33	28	37	20	46
KF10. Support from immediate managers	3.74	[3.70, 3.79]	3.73	3.66	3.79	3.54	3.92
<b>Patient care &amp; experience</b>							
KF2. Staff satisfaction with the quality of work and care they are able to deliver	4.02	[3.98, 4.06]	3.96	3.86	4.02	3.65	4.28
KF3. % agreeing that their role makes a difference to patients / service users	91	[90, 93]	90	89	91	88	94
KF32. Effective use of patient / service user feedback	3.77	[3.72, 3.82]	3.72	3.62	3.78	3.42	3.97
<b>Violence, harassment &amp; bullying</b>							
* KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths	11	[10, 13]	15	13	17	8	21
* KF23. % experiencing physical violence from staff in last 12 mths	3	[2, 3]	2	2	3	0	4
KF24. % reporting most recent experience of violence	61	[54, 69]	67	63	71	49	77
* KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths	28	[26, 30]	27	25	30	20	38
* KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths	29	[27, 32]	25	23	28	16	36
KF27. % reporting most recent experience of harassment, bullying or abuse	42	[38, 46]	45	42	48	37	57

## Appendix 2

### Changes to the Key Findings since the 2014 and 2015 staff surveys

Technical notes:

- For most of the Key Findings presented in tables A2.1 and A2.2, the higher the score the better. However, there are some Key Findings for which a high score would represent a negative result. For these Key Findings, marked with an asterisk and shown in italics, the lower the score the better.
- It is likely that we would see some small change simply due to sample differences between the two years. The final column of the tables shows whether the change in your trust is statistically significant or not. If a change is not significant, then there is no evidence of a real change in the trust score.
- Please note that the trust scores and change scores presented in tables A2.1 and A2.2 are rounded to the nearest whole number for percentage scores and to two decimal places for scale summary scores.
- All percentage scores are shown to the nearest 1%. This means scores of less than 0.5% are displayed as 0%.
- In certain cases a dash (-) appears in Table A2.2. This is either because the Key Finding was not calculated in previous years, or there have been changes in how the Key Finding has been calculated this year.

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To enable comparison between years, scores from 2015 and 2014 have been re-calculated and re-weighted using the 2016 formulae, so may appear slightly different from figures in previous feedback reports. More details about these changes can be found in the document ***Making sense of your staff survey data***, which can be downloaded from [www.nhsstaffsurveys.com](http://www.nhsstaffsurveys.com).

**Table A2.1: Changes in the Key Findings for East And North Hertfordshire NHS Trust since 2015 survey**

	East And North Hertfordshire NHS Trust			
	2016 score	2015 score	Change	Statistically significant?
Response rate	35	35	-1	N/A
<b>Appraisals &amp; support for development</b>				
KF11. % appraised in last 12 mths	88	87	1	No
KF12. Quality of appraisals	3.20	3.18	0.03	No
KF13. Quality of non-mandatory training, learning or development	4.12	4.09	0.02	No
<b>Equality &amp; diversity</b>				
* KF20. % experiencing discrimination at work in last 12 mths	12	12	0	No
KF21. % believing the organisation provides equal opportunities for career progression / promotion	87	88	-1	No
<b>Errors &amp; incidents</b>				
* KF28. % witnessing potentially harmful errors, near misses or incidents in last mth	31	30	1	No
KF29. % reporting errors, near misses or incidents witnessed in last mth	90	90	0	No
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.66	3.71	-0.05	No
KF31. Staff confidence and security in reporting unsafe clinical practice	3.66	3.64	0.02	No
<b>Health and wellbeing</b>				
* KF17. % feeling unwell due to work related stress in last 12 mths	33	40	-7	Yes
* KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure	55	61	-7	Yes
KF19. Org and mgmt interest in and action on health and wellbeing	3.64	3.53	0.10	Yes
<b>Working patterns</b>				
KF15. % satisfied with the opportunities for flexible working patterns	52	49	3	No
* KF16. % working extra hours	76	77	-2	No

**Table A2.1: Changes in the Key Findings for East And North Hertfordshire NHS Trust since 2015 survey (cont)**

	East And North Hertfordshire NHS Trust			
	2016 score	2015 score	Change	Statistically significant?
<b>Job satisfaction</b>				
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.79	3.77	0.02	No
KF4. Staff motivation at work	3.99	3.98	0.02	No
KF7. % able to contribute towards improvements at work	75	72	3	Yes
KF8. Staff satisfaction with level of responsibility and involvement	3.97	3.95	0.01	No
KF9. Effective team working	3.77	3.77	0.00	No
KF14. Staff satisfaction with resourcing and support	3.34	3.29	0.05	Yes
<b>Managers</b>				
KF5. Recognition and value of staff by managers and the organisation	3.52	3.45	0.07	Yes
KF6. % reporting good communication between senior management and staff	33	33	0	No
KF10. Support from immediate managers	3.74	3.68	0.06	No
<b>Patient care &amp; experience</b>				
KF2. Staff satisfaction with the quality of work and care they are able to deliver	4.02	4.00	0.01	No
KF3. % agreeing that their role makes a difference to patients / service users	91	92	-1	No
KF32. Effective use of patient / service user feedback	3.77	3.80	-0.03	No
<b>Violence, harassment &amp; bullying</b>				
* KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths	11	11	0	No
* KF23. % experiencing physical violence from staff in last 12 mths	3	2	0	No
KF24. % reporting most recent experience of violence	61	62	-1	No
* KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths	28	29	-1	No
* KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths	29	30	0	No
KF27. % reporting most recent experience of harassment, bullying or abuse	42	22	20	Yes



**Table A2.2: Changes in the Key Findings for East And North Hertfordshire NHS Trust since 2014 survey**

	East And North Hertfordshire NHS Trust			
	2016 score	2014 score	Change	Statistically significant?
Response rate	35	39	-4	-
<b>Appraisals &amp; support for development</b>				
KF11. % appraised in last 12 mths	88	83	5	Yes
KF12. Quality of appraisals	3.20	-	-	-
KF13. Quality of non-mandatory training, learning or development	4.12	-	-	-
<b>Equality &amp; diversity</b>				
* KF20. % experiencing discrimination at work in last 12 mths	12	11	2	No
KF21. % believing the organisation provides equal opportunities for career progression / promotion	87	84	2	No
<b>Errors &amp; incidents</b>				
* KF28. % witnessing potentially harmful errors, near misses or incidents in last mth	31	36	-5	No
KF29. % reporting errors, near misses or incidents witnessed in last mth	90	90	0	No
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.66	-	-	-
KF31. Staff confidence and security in reporting unsafe clinical practice	3.66	3.45	0.21	Yes
<b>Health and wellbeing</b>				
* KF17. % feeling unwell due to work related stress in last 12 mths	33	47	-14	Yes
* KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure	55	64	-10	Yes
KF19. Org and mgmt interest in and action on health and wellbeing	3.64	-	-	-
<b>Working patterns</b>				
KF15. % satisfied with the opportunities for flexible working patterns	52	-	-	-
* KF16. % working extra hours	76	81	-5	No

**Table A2.2: Changes in the Key Findings for East And North Hertfordshire NHS Trust since 2014 survey (cont)**

	East And North Hertfordshire NHS Trust			
	2016 score	2014 score	Change	Statistically significant?
<b>Job satisfaction</b>				
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.79	3.63	0.16	Yes
KF4. Staff motivation at work	3.99	3.83	0.16	Yes
KF7. % able to contribute towards improvements at work	75	64	11	Yes
KF8. Staff satisfaction with level of responsibility and involvement	3.97	3.81	0.16	Yes
KF9. Effective team working	3.77	-	-	-
KF14. Staff satisfaction with resourcing and support	3.34	-	-	-
<b>Managers</b>				
KF5. Recognition and value of staff by managers and the organisation	3.52	-	-	-
KF6. % reporting good communication between senior management and staff	33	27	6	Yes
KF10. Support from immediate managers	3.74	3.56	0.18	Yes
<b>Patient care &amp; experience</b>				
KF2. Staff satisfaction with the quality of work and care they are able to deliver	4.02	-	-	-
KF3. % agreeing that their role makes a difference to patients / service users	91	-	-	-
KF32. Effective use of patient / service user feedback	3.77	3.72	0.05	No
<b>Violence, harassment &amp; bullying</b>				
* KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths	11	11	0	No
* KF23. % experiencing physical violence from staff in last 12 mths	3	3	0	No
KF24. % reporting most recent experience of violence	61	66	-5	No
* KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths	28	30	-2	No
* KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths	29	26	3	No
KF27. % reporting most recent experience of harassment, bullying or abuse	42	39	3	No

## Appendix 3

### Data tables: 2016 Key Findings and the responses to all survey questions

For each of the 32 Key Findings (Table A3.1) and each individual survey question in the core version of the questionnaire (Table A3.2), this appendix presents your trust's 2016 survey response, the average (median) 2016 response for acute trusts, and your trust's 2015 survey response (where applicable).

In Table A3.1, the question numbers used to calculate the 32 Key Findings are also listed in the first column.

In Table A3.2, the responses to the survey questions are presented in the order that they appear within the core version of the 2016 questionnaire.

#### Technical notes:

- In certain cases a dash (-) appears in Tables A3.1 or A3.2. This is in order to preserve anonymity of individual staff, where there were fewer than 11 responses to a survey question or Key Finding.
- Please note that the figures reported in tables A3.1 and A3.2 are un-weighted, and, as a consequence there may be some slight differences between these figures and the figures reported in sections 3 and 4 and Appendix 2 of this report, which are weighted according to the occupational group profile of a typical acute trust.
- More details about the calculation of Key Findings and the weighting of data can be found in the document ***Making sense of your staff survey data***, which can be downloaded from: [www.nhsstaffsurveys.com](http://www.nhsstaffsurveys.com)

**Table A3.1: Key Findings for East And North Hertfordshire NHS Trust benchmarked against other acute trusts**

	Question number(s)	Your Trust in 2016	Average (median) for acute trusts	Your Trust in 2015
<b>Appraisals &amp; support for development</b>				
KF11. % appraised in last 12 mths	Q20a	87	87	87
KF12. Quality of appraisals	Q20b-d	3.21	3.11	3.17
KF13. Quality of non-mandatory training, learning or development	Q18b-d	4.11	4.05	4.09
<b>Equality &amp; diversity</b>				
* KF20. % experiencing discrimination at work in last 12 mths	Q17a-b	12	11	12
KF21. % believing the organisation provides equal opportunities for career progression / promotion	Q16	87	86	88
<b>Errors &amp; incidents</b>				
* KF28. % witnessing potentially harmful errors, near misses or incidents in last mth	Q11a-b	31	31	30
KF29. % reporting errors, near misses or incidents witnessed in last mth	Q11c	90	90	90
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	Q12a-d	3.66	3.72	3.70
KF31. Staff confidence and security in reporting unsafe clinical practice	Q13b-c	3.67	3.66	3.64
<b>Health and wellbeing</b>				
* KF17. % feeling unwell due to work related stress in last 12 mths	Q9c	33	35	40
* KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure	Q9d-g	55	56	61
KF19. Org and mgmt interest in and action on health and wellbeing	Q7f, 9a	3.64	3.62	3.53
<b>Working patterns</b>				
KF15. % satisfied with the opportunities for flexible working patterns	Q5h	51	51	48
* KF16. % working extra hours	Q10b-c	75	71	77

**Table A3.1: Key Findings for East And North Hertfordshire NHS Trust benchmarked against other acute trusts (cont)**

	Question number(s)	Your Trust in 2016	Average (median) for acute trusts	Your Trust in 2015
<b>Job satisfaction</b>				
KF1. Staff recommendation of the organisation as a place to work or receive treatment	Q21a, 21c-d	3.79	3.77	3.76
KF4. Staff motivation at work	Q2a-c	3.99	3.94	3.98
KF7. % able to contribute towards improvements at work	Q4a-b, 4d	75	70	72
KF8. Staff satisfaction with level of responsibility and involvement	Q3a-b, 4c, 5d-e	3.97	3.93	3.96
KF9. Effective team working	Q4h-j	3.77	3.75	3.76
KF14. Staff satisfaction with resourcing and support	Q4e-g, 5c	3.34	3.34	3.29
<b>Managers</b>				
KF5. Recognition and value of staff by managers and the organisation	Q5a, 5f, 7g	3.53	3.46	3.45
KF6. % reporting good communication between senior management and staff	Q8a-d	33	33	32
KF10. Support from immediate managers	Q5b, 7a-e	3.75	3.73	3.68
<b>Patient care &amp; experience</b>				
KF2. Staff satisfaction with the quality of work and care they are able to deliver	Q3c, 6a, 6c	4.01	3.97	4.00
KF3. % agreeing that their role makes a difference to patients / service users	Q6b	91	90	92
KF32. Effective use of patient / service user feedback	Q21b, 22b-c	3.77	3.71	3.80
<b>Violence, harassment &amp; bullying</b>				
* KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths	Q14a	11	15	11
* KF23. % experiencing physical violence from staff in last 12 mths	Q14b-c	3	2	2
KF24. % reporting most recent experience of violence	Q14d	62	67	61
* KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths	Q15a	28	27	30
* KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths	Q15b-c	29	24	30
KF27. % reporting most recent experience of harassment, bullying or abuse	Q15d	42	45	22

**Table A3.2: Survey questions benchmarked against other acute trusts**

		Your Trust in 2016	Average (median) for acute trusts	Your Trust in 2015
<b>Contact with patients</b>				
Q1	% saying they have face-to-face contact with patients / service users as part of their job	83	84	85
<b>Staff motivation at work</b>				
% saying often or always to the following statements:				
Q2a	"I look forward to going to work"	64	60	61
Q2b	"I am enthusiastic about my job"	77	75	77
Q2c	"Time passes quickly when I am working"	79	78	80
<b>Job design</b>				
% agreeing / strongly agreeing with the following statements:				
Q3a	"I always know what my work responsibilities are"	88	89	89
Q3b	"I am trusted to do my job"	93	92	93
Q3c	"I am able to do my job to a standard I am personally pleased with"	83	81	82
<b>Opportunities to develop potential at work</b>				
% agreeing / strongly agreeing with the following statements:				
Q4a	"There are frequent opportunities for me to show initiative in my role"	77	73	74
Q4b	"I am able to make suggestions to improve the work of my team / department"	80	75	77
Q4c	"I am involved in deciding on changes introduced that affect my work area / team / department"	58	52	55
Q4d	"I am able to make improvements happen in my area of work"	61	56	59
Q4e	"I am able to meet all the conflicting demands on my time at work"	46	46	44
Q4f	"I have adequate materials, supplies and equipment to do my work"	56	56	54
Q4g	"There are enough staff at this organisation for me to do my job properly"	32	31	28
Q4h	"The team I work in has a set of shared objectives"	74	73	72
Q4i	"The team I work in often meets to discuss the team's effectiveness"	60	58	59
Q4j	"Team members have to communicate closely with each other to achieve the team's objectives"	79	78	77
<b>Staff job satisfaction</b>				
% satisfied or very satisfied with the following aspects of their job:				
Q5a	"The recognition I get for good work"	56	52	53
Q5b	"The support I get from my immediate manager"	67	67	63
Q5c	"The support I get from my work colleagues"	80	81	80
Q5d	"The amount of responsibility I am given"	78	75	74
Q5e	"The opportunities I have to use my skills"	75	72	74
Q5f	"The extent to which my organisation values my work"	48	44	45
Q5g	"My level of pay"	34	36	31
Q5h	"The opportunities for flexible working patterns"	51	51	48
<b>Contribution to patient care</b>				
% agreeing / strongly agreeing with the following statements:				
Q6a	"I am satisfied with the quality of care I give to patients / service users"	86	83	84
Q6b	"I feel that my role makes a difference to patients / service users"	91	90	92
Q6c	"I am able to deliver the patient care I aspire to"	73	70	71

		Your Trust in 2016	Average (median) for acute trusts	Your Trust in 2015
<b>Your managers</b>				
% agreeing / strongly agreeing with the following statements:				
Q7a	"My immediate manager encourages those who work for her/him to work as a team"	73	73	72
Q7b	"My immediate manager can be counted on to help me with a difficult task at work"	71	70	69
Q7c	"My immediate manager gives me clear feedback on my work"	61	60	57
Q7d	"My immediate manager asks for my opinion before making decisions that affect my work"	57	54	51
Q7e	"My immediate manager is supportive in a personal crisis"	75	73	70
Q7f	"My immediate manager takes a positive interest in my health and well-being"	69	66	62
Q7g	"My immediate manager values my work"	73	70	69
Q8a	"I know who the senior managers are here"	85	82	86
Q8b	"Communication between senior management and staff is effective"	40	40	40
Q8c	"Senior managers here try to involve staff in important decisions"	33	33	32
Q8d	"Senior managers act on staff feedback"	32	32	32
<b>Health and well-being</b>				
Q9a	% saying their organisation definitely takes positive action on health and well-being	33	32	31
Q9b	% saying they have experienced musculoskeletal problems (MSK) in the last 12 months as a result of work activities	26	25	26
Q9c	% saying they have felt unwell in the last 12 months as a result of work related stress	33	35	40
Q9d	% saying in the last three months they had gone to work despite not feeling well enough to perform their duties	60	61	66
If attended work despite not feeling well enough (YES to Q9d), % saying they...				
Q9e	...had felt pressure from their manager to come to work	25	27	30
Q9f	...had felt pressure from their colleagues to come to work	21	22	22
Q9g	...had put themselves under pressure to come to work	91	92	91
<b>Working hours</b>				
Q10a	% working part time (up to 29 hours a week)	21	21	23
Q10b	% working additional PAID hours	35	35	38
Q10c	% working additional UNPAID hours	63	57	64
<b>Witnessing and reporting errors, near misses and incidents</b>				
Q11a	% witnessing errors, near misses or incidents in the last month that could have hurt staff	17	16	17
Q11b	% witnessing errors, near misses or incidents in the last month that could have hurt patients / service users	26	26	26
Q11c	If they witnessed an error, near miss or incident that could have hurt staff or patients / service users (YES to Q11a or YES to Q11b), % saying the last time this happened, either they or a colleague had reported it	94	95	94

<b>Fairness and effectiveness of procedures for reporting errors, near misses or incidents</b>				
% agreeing / strongly agreeing with the following statements:				
Q12a	"My organisation treats staff who are involved in an error, near miss or incident fairly"	51	54	51
Q12b	"My organisation encourages us to report errors, near misses or incidents"	85	87	86
Q12c	"When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again"	65	69	67
Q12d	"We are given feedback about changes made in response to reported errors, near misses and incidents"	51	55	52
<b>Raising concerns about unsafe clinical practice</b>				
Q13a	% saying if they were concerned about unsafe clinical practice they would know how to report it	93	95	93
% agreeing / strongly agreeing with the following statements:				
Q13b	"I would feel secure raising concerns about unsafe clinical practice"	70	69	69
Q13c	"I am confident that the organisation would address my concern"	56	57	58
<b>Experiencing and reporting physical violence at work</b>				
% experiencing physical violence at work from patients / service users, their relatives or other members of the public in last 12 months...				
Q14a	Never	89	85	89
Q14a	1 to 2 times	8	9	8
Q14a	3 to 5 times	2	3	2
Q14a	6 to 10 times	1	1	1
Q14a	More than 10 times	0	1	0
% experiencing physical violence at work from managers in last 12 months...				
Q14b	Never	99	99	99
Q14b	1 to 2 times	1	0	1
Q14b	3 to 5 times	0	0	0
Q14b	6 to 10 times	0	0	0
Q14b	More than 10 times	0	0	0
% experiencing physical violence at work from other colleagues in last 12 months...				
Q14c	Never	98	98	98
Q14c	1 to 2 times	1	1	2
Q14c	3 to 5 times	1	0	0
Q14c	6 to 10 times	0	0	0
Q14c	More than 10 times	0	0	0
Q14d	(If YES to Q14a, Q14b or Q14c) % saying the last time they experienced an incident of physical violence, either they or a colleague had reported it	62	67	61
<b>Experiencing and reporting harassment, bullying and abuse at work</b>				
% experiencing harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public in last 12 months...				
Q15a	Never	72	73	70
Q15a	1 to 2 times	17	17	18
Q15a	3 to 5 times	6	6	8
Q15a	6 to 10 times	2	2	2
Q15a	More than 10 times	2	3	2



		Your Trust in 2016	Average (median) for acute trusts	Your Trust in 2015
% experiencing harassment, bullying or abuse at work from managers in last 12 months...				
Q15b	Never	85	87	82
Q15b	1 to 2 times	10	9	11
Q15b	3 to 5 times	4	2	4
Q15b	6 to 10 times	1	1	1
Q15b	More than 10 times	1	1	1
% experiencing harassment, bullying or abuse at work from other colleagues in last 12 months...				
Q15c	Never	78	82	79
Q15c	1 to 2 times	15	13	14
Q15c	3 to 5 times	4	3	4
Q15c	6 to 10 times	2	1	1
Q15c	More than 10 times	1	1	1
Q15d	(If YES to Q15a, Q15b or Q15c) % saying the last time they experienced an incident of harassment, bullying or abuse, either they or a colleague had reported it	42	45	22
<b>Equal opportunities</b>				
Q16	% saying the organisation acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age	87	86	88
<b>Discrimination</b>				
Q17a	% saying they had experienced discrimination from patients / service users, their relatives or other members of the public in the last 12 months	5	6	6
Q17b	% saying they had experienced discrimination from their manager / team leader or other colleagues in the last 12 months	8	7	8
% saying they had experienced discrimination on the grounds of:				
Q17c	Ethnic background	6	4	6
Q17c	Gender	2	2	2
Q17c	Religion	0	0	0
Q17c	Sexual orientation	0	0	0
Q17c	Disability	1	1	1
Q17c	Age	1	2	1
Q17c	Other reason(s)	4	3	3
<b>Job-relevant training, learning and development</b>				
Q18a	% having received non-mandatory training, learning or development in the last 12 months	72	72	72
% who had received training, learning and development in the last 12 months (YES to Q18a) agreeing / strongly agreeing with the following statements:				
Q18b	"It has helped me to do my job more effectively"	86	84	87
Q18c	"It has helped me stay up-to-date with professional requirements"	88	88	87
Q18d	"It has helped me to deliver a better patient / service user experience"	85	82	86
Q19	% who had received mandatory training in the last 12 months	97	97	96
<b>Appraisals</b>				
Q20a	% saying they had received an appraisal or performance development review in the last 12 months	87	87	87

		Your Trust in 2016	Average (median) for acute trusts	Your Trust in 2015
If (YES to Q20a) had received an appraisal or performance development review in the last 12 months:				
Q20b	% saying their appraisal or development review definitely helped them to improve how they do their job	24	22	22
Q20c	% saying their appraisal or development review definitely helped them agree clear objectives for their work	38	34	37
Q20d	% saying their appraisal or development review definitely made them feel their work was valued by the organisation	32	30	32
Q20e	% saying the values of their organisation were definitely discussed as part of the appraisal	42	33	42
Q20f	% saying their appraisal or development review had identified training, learning or development needs	66	65	69
If (YES to Q20a) had received an appraisal or performance development review AND (YES to Q20f) training, learning or development needs identified as part of their appraisal or development review:				
Q20g	% saying their manager definitely supported them to receive training, learning or development	55	51	53
<b>Your organisation</b>				
% agreeing / strongly agreeing with the following statements:				
Q21a	"Care of patients / service users is my organisation's top priority"	78	76	78
Q21b	"My organisation acts on concerns raised by patients / service users"	73	74	76
Q21c	"I would recommend my organisation as a place to work"	61	62	60
Q21d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	69	70	67
<b>Patient / service user experience measures</b>				
% saying 'Yes'				
Q22a	"Is patient / service user experience feedback collected within your directorate / department?"	91	90	91
If patient / service user feedback collected (YES to Q22a), % agreeing or strongly agreeing with the following statements:				
Q22b	"I receive regular updates on patient / service user experience feedback in my directorate / department"	66	62	67
Q22c	"Feedback from patients / service users is used to make informed decisions within my directorate / department"	62	58	64
<b>BACKGROUND DETAILS</b>				
Gender				
Q23a	Male	20	21	17
Q23a	Female	80	79	83
Age group				
Q23b	Between 16 and 30	13	16	14
Q23b	Between 31 and 40	19	20	17
Q23b	Between 41 and 50	28	27	28
Q23b	51 and over	40	37	41
Ethnic background				
Q24	White	80	89	81
Q24	Mixed	1	1	1
Q24	Asian / Asian British	12	7	12
Q24	Black / Black British	4	2	4
Q24	Chinese	1	0	1
Q24	Other	2	1	2

		Your Trust in 2016	Average (median) for acute trusts	Your Trust in 2015
<b>Sexuality</b>				
Q25	Heterosexual (straight)	92	92	93
Q25	Gay Man	1	1	1
Q25	Gay Woman (lesbian)	0	1	1
Q25	Bisexual	1	1	0
Q25	Other	0	0	0
Q25	Preferred not to say	6	6	6
<b>Religion</b>				
Q26	No religion	31	33	29
Q26	Christian	54	55	56
Q26	Buddhist	1	1	1
Q26	Hindu	3	1	3
Q26	Jewish	1	0	1
Q26	Muslim	2	2	2
Q26	Sikh	1	0	1
Q26	Other	2	1	2
Q26	Preferred not to say	6	5	5
<b>Disability</b>				
Q27a	% saying they have a long-standing illness, health problem or disability	16	16	17
Q27b	If long-standing disability (YES to Q27a and if adjustments felt necessary), % saying their employer has made adequate adjustment(s) to enable them to carry out their work	78	74	83
<b>Length of time at the organisation (or its predecessors)</b>				
Q28	Less than 1 year	10	9	9
Q28	1 to 2 years	13	14	10
Q28	3 to 5 years	14	15	14
Q28	6 to 10 years	18	19	20
Q28	11 to 15 years	17	16	21
Q28	More than 15 years	27	27	25
<b>Occupational group</b>				
Q29	Registered Nurses and Midwives	32	28	34
Q29	Nursing or Healthcare Assistants	5	8	7
Q29	Medical and Dental	10	9	9
Q29	Allied Health Professionals	8	12	9
Q29	Scientific and Technical / Healthcare Scientists	8	8	7
Q29	Social Care staff	0	0	0
Q29	Emergency Care Practitioner	0	0	0
Q29	Paramedic	0	0	0
Q29	Emergency Care Assistant	0	0	0
Q29	Ambulance Technician	0	0	0
Q29	Ambulance Control Staff	0	0	0
Q29	Patient Transport Service	0	0	0
Q29	Public Health / Health Improvement	0	0	0
Q29	Commissioning staff	0	0	0
Q29	Admin and Clerical	20	18	21
Q29	Central Functions / Corporate Services	6	5	4
Q29	Maintenance / Ancillary	3	6	3
Q29	General Management	3	3	3
Q29	Other	4	3	3

		<b>Your Trust in 2016</b>	<b>Average (median) for acute trusts</b>	<b>Your Trust in 2015</b>
Team working				
Q30a	% working in a team	97	96	98
(If YES to Q30a): Number of core members in their team				
Q30b	2-5	23	24	22
Q30b	6-9	21	21	21
Q30b	10-15	18	18	18
Q30b	More than 15	38	38	38

## Appendix 4

### Other NHS staff survey 2016 documentation

This report is one of several ways in which we present the results of the 2016 national NHS staff survey:

- 1) A separate summary report of the main 2016 survey results for East And North Hertfordshire NHS Trust can be downloaded from: [www.nhsstaffsurveys.com](http://www.nhsstaffsurveys.com). The summary report is a shorter version of this feedback report, which may be useful for wider circulation within the trust.
- 2) A national briefing document, describing the national Key Findings from the 2016 survey and making comparisons with previous years, will be available from [www.nhsstaffsurveys.com](http://www.nhsstaffsurveys.com) in March 2017.
- 3) The document ***Making sense of your staff survey data***, which can be downloaded from [www.nhsstaffsurveys.com](http://www.nhsstaffsurveys.com). This includes details about the calculation of Key Findings and the data weighting method used.
- 4) A series of detailed spreadsheets are available on request from [www.nhsstaffsurveys.com](http://www.nhsstaffsurveys.com). In these detailed spreadsheets you can find:
  - responses of staff in your trust to every core survey question
  - responses in every trust in England
  - the average responses for each major trust type (e.g. all acute trusts, all ambulance trusts)
  - the average trust responses within each strategic health authority
  - the average responses for each major occupational and demographic group within the major trust types



**TRUST BOARD MEETING – 29 MARCH 2017**

**RISK AND QUALITY COMMITTEE – 21 MARCH 2017  
EXECUTIVE SUMMARY REPORT**

<b>PURPOSE</b>	To present to the Trust Board the report from the Risk & Quality Committee (RAQC) meeting of 21 March 2017.
<b>PREVIOUSLY CONSIDERED BY</b>	N/A
<b>Objective(s) to which issue relates *</b>	<input checked="" type="checkbox"/> 1. <b>Keeping our promises about quality and value</b> – embedding the changes resulting from delivery of Our Changing Hospitals Programme. <input checked="" type="checkbox"/> 2. <b>Developing new services and ways of working</b> – delivered through working with our partner organisations <input type="checkbox"/> 3. <b>Delivering a positive and proactive approach to the redevelopment of the Mount Vernon Cancer Centre.</b>
<b>Risk Issues</b> (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.
<b>Healthcare/ National Policy</b> (includes CQC/Monitor)	In line with Standing Orders and best practice in corporate governance.
<b>CRR/Board Assurance Framework *</b>	<input type="checkbox"/> Corporate Risk Register <input checked="" type="checkbox"/> BAF
<b>ACTION REQUIRED *</b>	
For approval	<input type="checkbox"/>
For discussion	<input checked="" type="checkbox"/>
For decision	<input type="checkbox"/>
For information	<input type="checkbox"/>
<b>DIRECTOR:</b>	Chair of RAQC
<b>PRESENTED BY:</b>	Chair of RAQC
<b>AUTHOR:</b>	Corporate Governance Officer / Company Secretary
<b>DATE:</b>	March 2017

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

\* tick applicable box

## **RISK AND QUALITY COMMITTEE – MEETING HELD ON 21 MARCH 2017**

### **SUMMARY REPORT TO BOARD DEVELOPMENT – 29 MARCH 2017**

The following Non-Executive Directors were present:

Bob Niven (deputising as Chair), Val Moore and Ellen Schroder

The following Executive Directors were present:

Kerry Eldridge (deputising for the Director of Workforce & OD), Nigel Kee, Liz Lees (Acting), Carolyn Meredith (deputising for the Medical Director) and Tom Simons (for the 2016 National Staff Survey Results Report)

#### **The following points are specifically highlighted to the Trust Board:**

##### **BAF Discussion: TPP**

The Committee received an update regarding TPP performance and discussed the key risks for the Trust in relation to governance, finance, business continuity and quality regarding TPP. There was also some discussion regarding how these risks might be mitigated. Further information is provided with the agenda for Trust Board Part II.

##### **University Hospital Status - Update Report**

The Committee received an update regarding the Trust's application to be awarded 'university' hospital status. Following the Validation Event held on 31 January 2017, the Trust provided a response to a number of conditions and these were reviewed at a conditions meeting on 3 March 2017. The outcome of the conditions meeting was that the conditions had been met and that the two organisations could proceed to signing a Memorandum of Understanding. A copy of the Memorandum of Understanding was provided with the report. The Committee noted the report and approved the signing of the Memorandum of Understanding and approved the initiation of the actions to gain university status and to commence the partnership.

See item 9.1 for further information.

##### **2016 National Staff Survey Results Report**

The Committee received a report regarding the results of the 2016 national staff survey. The Trust had improved in a number of areas and overall the results showed an upward trend. Of the 32 Key Findings, the Trust scored above average or in the best 20% for 14, average for 11 and below average or in the worst 20% for 7. The Trust performed well compared to other acute Trusts in the local area. Positive results were seen in areas related to the staff experience of working at the Trust and where improvements had been made, particularly in relation to staff health and wellbeing and job satisfaction. However, the results showed some on-going areas of concern, including in relation to staff experiencing bullying and harassment. The current programmes in place would be reviewed to assess what further work was needed. It was noted that further work had taken place since the survey was conducted. The Committee noted the report.

See item 10.1.4 for further information.

#### **Outcomes:**

##### **Emergency Preparedness Quarterly Update**

The Committee received the Emergency Preparedness Quarterly Update. The peer review that the RAQC had previously recommended take place had now been completed and the final report was provided. The Committee were informed that the Terms of Reference and



membership of the Trust's Emergency Planning Committee had been reviewed and updated. It was reported that work was also underway regarding the provision of training and exercises. Other training was also on-going. An update was also provided regarding Netcall (Confirmer). Assurance was provided that a manual system currently in place was effective if required. A further update would be provided in the next quarterly report. The Committee noted the report and the progress being made regarding emergency preparedness.

### **CSS Divisional Presentation**

The Committee received the Clinical Support Services divisional presentation. The presentation set out the division's current position, recent achievements, key challenges, details of learning from complaints and incidents as well as details of the top risks affecting the division. Improvements in performance in the contact centre and the 7 day pharmacy services were highlighted as significant recent achievements. Areas where it was felt further improvements could be made included regarding patient experience and outpatient services. The Committee noted the top risks identified in the presentation. It was noted that, as a result of successful mitigations, none of the top risks related to workforce. The Committee noted the presentation.

### **Floodlight Scorecard / Exception Report**

The Committee noted that the position regarding KPI performance was relatively balanced for Month 11, with 36 indicators having improved and 34 having declined. It was noted however that some indicators were subject to final validation ahead of Trust Board. The Committee were informed that work was underway to develop the KPIs for 2017/18. It was also the intention to develop forward looking metrics to complement those which detailed current / past performance. It was the intention that a report regarding the 2017/18 metrics would be provided for the next meeting. It was also noted that there was a plan in place to resume production of the NQIs.

### **Serious Incident Report**

The Committee received the latest Serious Incident Report, which provided details of new, on-going and closed SIs. There had been a total of 11 SIs reported across January and February 2017. As previously requested by the Committee, the report had been updated to include details of any actions that were outstanding from SI investigations. It was noted that it was difficult to identify themes between the SIs due to their varied nature. The Committee noted the report.

### **Incident Report**

The Committee received the latest Incident Report. Provisional reporting data for Q1 and Q2 indicated that there had been an improvement in reporting rates against the previous half year. The most common themes of incidents remained consistent from the previous report, with the top 3 categories being pressure ulcers, falls and medication errors. The Committee discussed whether a mobile application might be available for staff to use to report incidents, which it was considered could help increase reporting rates. This would be explored further. The Committee noted the report.

### **Learning and Development Strategy 2017-2020**

The Committee received the Learning and Development Strategy 2017-2020. The strategy set out how the Trust would ensure its workforce had the right skills and knowledge to deliver high quality and safe care and was equipped to meet the challenges of the future. It was agreed that the strategy would be expanded on regarding the opportunities arising as a result of the Trust's partnership with the University of Hertfordshire and also regarding the current leadership pathways project. The Committee endorsed the strategy, subject to those minor amendments, and recommended final Board approval.

A copy of the strategy is appended to this report (amendments pending).

### **Regulation and Compliance Update**

The Company Secretary presented the Regulation and Compliance Update. It was reported that, following a review of the current Information Governance structure and taking into account the views of the Executive Team, the Information Governance Steering Group had recommended that the CIO (who had been Acting SIRO since September 2016) continue in the role of SIRO on a permanent basis. It was also reported that the IG Toolkit year end submission was due by the end of March. It was anticipated that the Trust would achieve a 'satisfactory' score on completion of the uploading of evidence to the IG Toolkit. This would be an improvement from the 'unsatisfactory' rating in the previous year. The report also provided assurance on compliance with Care Quality Commission requirement notices, feedback from the CQC Quality Development Board and an update on current CQC enquiries. The Committee approved the CIO as the SIRO for the Trust and noted the report.

### **Infection Prevention and Control Report**

The Committee received the latest Infection Prevention and Control Report. There had been 2 hospital allocated C.difficile cases in February, taking the total for the year to date to 18 cases. Four of the cases had been successfully appealed and there were further appeals pending. There had been two hospital associated MRSA bacteraemias in the year to date including one pre-48 hour case which was found to be a contaminant (unchanged from the previous month). The Committee were informed that the Trust's C.difficile target for 2017/18 had now been confirmed and would remain as 11. It was noted that this was a challenging target relative to the Trust's peers. The Committee also noted that there had been 5 inpatient cases of Carbapenemase-producing Enterobacteriaceae (CPE) in February. The CPE screening policy had been expanded to include screening of patients who, during the past 12 months, had been admitted to any hospital or undergone significant healthcare procedures abroad. This would continue to be monitored. The Committee noted the report.

### **The following reports were noted by the Committee:**

#### **1. Medical Outlier Report**

The Committee noted the Medical Outlier Report. The report provided an update on the management of medical outliers within the Trust and also described the next steps to capture further information and to improve processes around the management of medical outliers. It was noted that other work already taking place within the Trust would complement this work. It was agreed that a further report would be brought to the Committee for discussion once the work had progressed sufficiently.

#### **2. Safer Nurse Staffing Levels**

The Safer Nurse Staffing Levels Report was noted by the Committee. The February Unify submission for registered fill % decreased compared to January with the average day fill % for registered nurses decreasing from 96.6% to 95.2%. The decrease was in part due to an increase in unfilled hours with NHSP.

**Bob Niven**  
**March 2017**

# Learning & Development

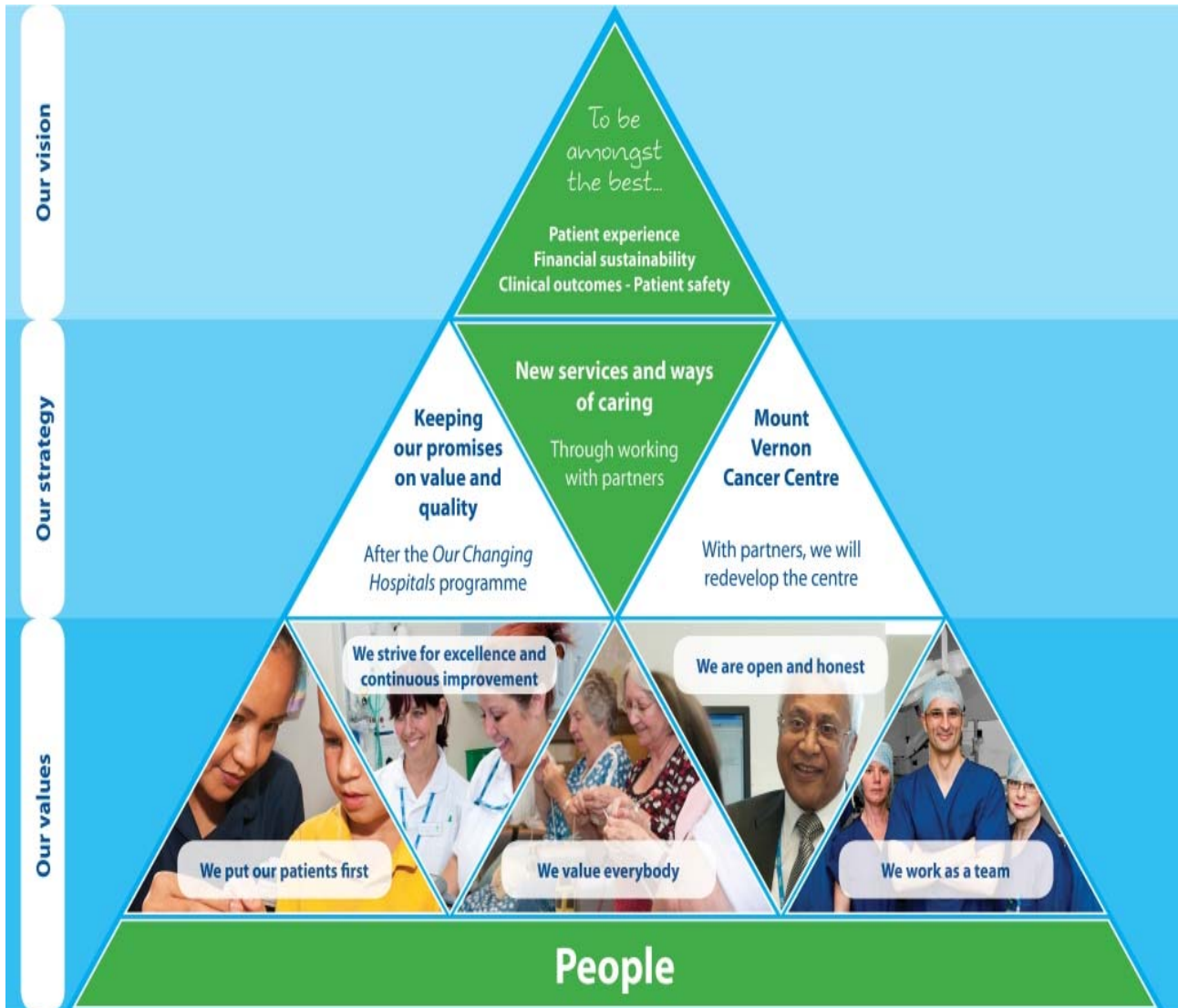
# Strategy 2017-2020

**‘Excellence is not a single event but a habit’**

*Aristotle*



# Our Vision



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# hello my name is...  


Miss Jane McCue,  
Medical Director



# hello my name is...  


Liz Lees,  
Director of Nursing



## Foreword

This new Learning and Development Strategy comes at an exciting time for the Trust, with many opportunities as well as challenges faced by all acute trusts in the NHS.

Following 'Our Changing Hospitals' project and last year's Care Quality Commission visit we continue to strive to improve our services and find new ways of working. This strategy will inform the change and transformation planned in the next few years.

With the success of University status with the University of Hertfordshire, there are many opportunities that lie ahead to work in collaboration to deliver this strategy and enhance the experience of learning for all our staff. To enable this transformation, we need the right people with the right skills and this strategy, developed with feedback from our staff and patients, seeks to enable the Trust's vision for the future and achieve our three objectives:-

1. **Keeping our promises about quality and value** – embedding the changes resulting from delivery of Our Changing Hospitals programme.
2. **Developing new services and ways of working** – delivered through working with our partner organisations.
3. **Delivering a positive and proactive approach to the redevelopment of the Mount Vernon Cancer Centre.**



# hello my name is...

**Dr Shahid Khan,  
Consultant &  
Director of Medical Education**



# hello my name is...

**Carolyn Fowler  
Deputy Director of Nursing,  
Education and Patient Experience**



## Introduction

This Learning and Development Strategy sets out how East and North Hertfordshire NHS Trust will ensure that its workforce has the right skills and knowledge to deliver high quality safe care and is equipped to meet the challenges of the future.

This Strategy will ensure we look at new ways of delivering the workforce and new ways of learning. It will reflect the learning needs of our staff to deliver our Trusts objectives.

The Strategy is also crucial to delivering the requirements of national and local drivers:

- Health Education England Mandate/Workforce Strategy
- Raising the Bar - Shape of Caring Review
- Shape of Training
- Talent for Care
- The Five Year Forward View
- The Hertfordshire and West Essex Strategic Transformation Programme Priorities
- Leading Change, Adding Value
- Public Health Strategy
- The Apprenticeship Levy
- Care Quality Commission expectations
- Modernising Scientific careers
- Mind the Gap
- Health Education England knowledge for healthcare: a development framework

An organisational approach to learning must respond to the requirements of patients and staff and this must be central to our Education and Development Strategy. All our staff are important and all contribute to the organisations purpose. Every member of staff contributes, in some way, to patient care and the patient experience and so each person requires investment and development to maximise their ability.

The strategy that emerges on these pages will have various strategic themes driving it and numerous projects will emerge that will go on to become standard operational expectations. The main aim of the Education and Development Strategy will be to produce an effective and compassionate workforce that can respond to both current and future requirements.

The Strategy must create an approach to education, learning, growth and development that influences the quality of patient care, care that is effective, safe and provides the best possible experience for all.

# A Learning Vision

To develop, train, coach and support all members of staff to create and sustain a workforce that is safe, effective and compassionate in delivering patient care.

## Strategic Goals

- Create and sustain an educational experience for all learners that inspires them and establishes East and North Hertfordshire NHS Trust as a centre of educational excellence.
- Develop a culture that recognises learners as individuals, and an organisational mindset of all staff being learners and teachers.
- Directly link education to career and role development to create a workforce capable of meeting future requirements and challenges.
- Develop the highest standard of technical expertise possible within all disciplines and ensure practice is evidence based, research driven, engaged with technology and collaboratively delivered.





## Our Ambitions



## Ambition 1 - Our Workforce

### To develop a workforce using innovative design utilising new roles to manage recruitment and retention challenges.

#### To achieve this we will:

- Introduce new roles and ways of working including the introduction of Physician and Nursing Associates, Advanced Clinical Practice Pharmacists and Advanced Nurse Practitioners.
- Develop a career pathway for non-medical staff bands 1-9 with opportunities for apprenticeships, work based learning, accreditation and registration.
- Ensure effective use of the Apprenticeship Levy: Creation of Apprenticeship standards for continuing professional development, non-clinical staff and pre and post-registration programmes, in collaboration with the Sustainability and Transformation Plans (STPs).
- Increase Allied Health Professionals with non-medical prescribing.
- Increase inter-professional learning opportunities, with teams working and training together.
- Introduction of the Nursing Associate and Nursing Degree Apprenticeships by 2019 in collaboration with The University of Hertfordshire.
- Offer apprenticeship opportunities to all new non-clinical starters from June 2017.
- Support delivery of the Trusts 'People Strategy'.
- Develop a comprehensive support process for all newly appointed consultants and a clear Consultant development pathway that enhances both clinical and non-clinical responsibilities.

#### Our measures:

- Delivery of Nursing Associate pilot April 2017.
- 40 Nursing Associates trained or in training by 2020.
- 20 Physician Associates trained or in training by 2020.
- Reduced vacancy and improved retention.

## Ambition 2 - Our Staff

### Deliver education that reflects staff learning needs and ensures we have staff with the right skills to deliver high quality, safe care.

#### To achieve this we will:

- Explore and enhance our relationships with University partners for medical students, including, UCL, Cambridge and Buckingham.
- Develop a centre of excellence for learning at Mount Vernon Cancer Centre.
- Develop an outstanding internal faculty, covering all aspect of the organisations learning activity.
- Improve understanding of the needs of patients with mental health conditions, learning disabilities and dementia.
- Ensure increased engagement with research and delivery of the Trusts Research Strategy.
- Extend skills in preventative care and skills to support patients to self-manage their health conditions.
- Develop news ways of delivering continuing professional development (CPD), apprenticeship standards and mobilise internal trainers.
- Redesign induction and statutory mandatory training.
- Deliver education to meet the needs of our new and developing services i.e. stroke, cancer, End of Life Care, renal, vascular, frail elderly, urology and cardiology.
- Offer opportunities for staff to achieve Maths and English functional skills level two.
- Introduce Human factors methodology into professional development.

#### Our measures:

- Maintain statutory compliance of 90%.
- Efficient use of the Apprenticeship Levy.
- 100% pass rate for overseas nurses undertaking OSCEs.
- Improve learner feedback and staff survey results.

## Ambition 3 - Our Opportunities

### Use technology, new opportunities and innovation in learning to improve our effectiveness and reduce unwanted variation

#### To achieve this we will:

- Increase the use of simulation, particularly in inter-professional learning.
- Increase opportunities for work-based learning.
- Develop opportunities with The University of Hertfordshire in line with our University status and agreed objectives, exploring schools outside of health.
- Develop learning opportunities for our carers and patients in self-management and health coaching.
- Further develop our Library and Learning Resources in line with the Trust Strategy.
- Further mobilise knowledge, critical thinking and promote 'evidence into practice'.
- Develop new platforms and provide support for e-learning and blended learning.
- Develop modern and easy to use mobile Apps.
- Create an efficient and inspirational learning portal.
- Enhance staff skills and knowledge in quality improvement methodology, facilitating staff to lead and be part of service improvement and change programmes.
- Develop a programme of education to ensure all staff have the skills to use our IT systems and are prepared for Lorenzo and Nerve Centre implementation.

#### Our measures:

- Increased use of technology and simulation.
- Increased use and awareness of library services and resources.
- Learning portal in place by 2020.
- Increase the number of Quality Improvement Fellows in all professional groups.

## Ambition 4 - Our Students and Trainees

### Deliver a high-quality student and trainee experience

#### To achieve this we will:

- Increase inter-professional learning opportunities for medical and non-medical students.
- Explore new mentorship models for non-medical students, including 'super mentors'.
- Develop a 'Home Trust' initiative to give students a sense of belonging and improve recruitment and reduce attrition.
- Understand and deliver education to meet the new generations of learners (Mind the Gap 2015).
- Consult with our students and trainees on the things that matter to them.
- Include our students and trainees in decision making, service development and redesign.
- Respond and learn from feedback.
- Create a learning environment that is open and honest and where students are confident to raise concerns.
- Work with our higher education institution (HEI) partners to develop highly attractive rotation programmes for our 350 medical students.
- Develop a trainee rotation programme that makes the Trust the rotation of choice.

#### Our measures:

- Reduced student and trainee attrition.
- Improved student and trainee feedback.
- Improved inter-professional learning opportunities.
- Increased engagement in service improvement and Trust meetings.
- Improved GMC trainee survey results.
- Maintain a 'green' rating for the HEE Quality Review.

## Ambition 5 - Our Patients

### Develop a learning environment and education programme to reflect the needs of our patients

#### To achieve this we will:

- Improve learning from incidents, complaints and clinical audits and develop robust action plans.
- Involve patients and carers in designing and delivering training.
- Use patient stories to explore practice, both excellent and poor.
- Design education on self-management for patients and carers.
- Engage our patients, carers and members to tell their stories.
- Equip our staff with health care coaching skills.
- Equip staff with skills to provide exemplary communication.
- Ensure evidence based learning and use research to inform our teaching.
- Introduce the East of England Falls collaborative.

#### Our measures:

- Increased inter-professional learning on offer.
- Improved ratings from School visits, Quality Performance Review and Quality Improvement Performance Framework ratings.
- Reduced complaints for communication.
- Curriculums reflect bespoke learning needs to deliver safe care.
- Improved patient safety and patient feedback outcomes.

## Ambition 6 - Our Leaders

### Develop effective and inspirational leaders focused on delivering the Trust's Leadership Strategy, vision and values

#### To achieve this we will:

- Ensure an effective supervision model for midwives.
- Ensure our educators are experts and they have the skills to promote individualised learning.
- Provide meaningful and impactful leadership and management training that influences the real work staff are engaged in.
- Create and sustain a coaching approach to the leadership and leadership development of the organisation.
- Embed PIVOT and LEND in all educational activity.
- Create a debriefing culture within the organisation that supports swift and local learning and change of practice.
- Develop quality educational supervisors and mentors that are trained and supported in providing a quality learning environment for all staff.
- Establish an internal mentor and coaching database.
- Enhance the role and purpose of the Education Board as the driving energy behind implementation of this Learning and Development Strategy.
- Develop service improvement skills, identifying variance and championing efficiency.

#### Our measures:

- Improved staff survey feedback.
- Statutory and Mandatory Training Compliance.
- Increased up-take of management and leadership training, internally and externally.

## The LEND Leadership Behaviours

# The LEND Leadership Behaviours

**Listen** : An active engagement and openness in seeking greater understanding of the experiences, wisdom and creativity of staff, patients, carers, services and organisations.

**Nurture** : The responsibility to maximise the capability, potential and ambitions within all the people of the organisation and to see learning as a continuous activity.



**Empower** : A personal commitment, matched with the organisations processes and systems, that enable and support staff autonomy and decision making responsibility.

**Develop** : The ability to work with others to create a learning organisation that continually improves services through evidence, experience, innovation and collaboration.

Leadership practice that creates and sustains an effective and compassionate culture



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**TRUST BOARD MEETING – MARCH 2017**

**CHARITY TRUST COMMITTEE – 13 MARCH 2017  
EXECUTIVE SUMMARY REPORT**

<b>PURPOSE</b>	To present to the Trust Board the report from the Charity Trust Committee meeting of 13 March 2017
<b>PREVIOUSLY CONSIDERED BY</b>	N/A
<b>Objective(s) to which issue relates *</b>	<input checked="" type="checkbox"/> 1. <b>Keeping our promises about quality and value</b> – embedding the changes resulting from delivery of Our Changing Hospitals Programme. <input checked="" type="checkbox"/> 2. <b>Developing new services and ways of working</b> – delivered through working with our partner organisations <input type="checkbox"/> 3. <b>Delivering a positive and proactive approach to the redevelopment of the Mount Vernon Cancer Centre.</b>
<b>Risk Issues</b> (Quality, safety, financial, HR, legal issues, equality issues)	Key assurance committee reporting to the Board Financial risks as outlined in paper
<b>Healthcare/National Policy</b> (includes CQC/Monitor)	Potential risk to CQC outcomes Key statutory requirement under SFIs, SOs. Healthcare regulation, DH Operating Framework and other national performance standards
<b>CRR/Board Assurance Framework *</b>	<input type="checkbox"/> <b>Corporate Risk Register</b> <input checked="" type="checkbox"/> <b>BAF</b>
<b>ACTION REQUIRED *</b>	
For approval	<input type="checkbox"/>
For discussion	<input checked="" type="checkbox"/>
For decision	<input type="checkbox"/>
For information	<input type="checkbox"/>
<b>DIRECTOR:</b>	Chairman of CTC
<b>PRESENTED BY:</b>	Chairman of CTC
<b>AUTHOR:</b>	Board Committee Secretary/Company Secretary
<b>DATE:</b>	March 2017

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

## CHARITY TRUSTEE COMMITTEE MEETING HELD 13 MARCH 2017

### SUMMARY REPORT TO BOARD – 29 MARCH 2017

The following members were present: Bob Niven, Kate Lancaster, Val Moore, Carolyn Fowler (on behalf of Director of Nursing)

#### **Key Decisions made under delegated authority:**

The Charity Trustee Committee (CTC) made no decisions on behalf of the Corporate Trust.

#### **Other outcomes:**

##### **Annual Review of the Charity Strategy**

The Director of Strategy outlined plans to review the charity strategy including events to 'harvest' ideas with the community and explore options for new campaigns. A new proactive approach to communications would be key to the success of the strategy, both internally within the Trust and externally. The Committee would have a first discussion of the strategy at its next meeting in May.

##### **Women & Children – Magic of Play Project**

The CTC received an update on the Magic of Play project. They were advised that the project's aims remain the same but, given that its original demanding targets had been met, on a smaller scale to previously. It is predicted that funds raised over the coming months will be in excess of £12k.

##### **Forget-Me-Not Project (Dementia Project)**

The CTC were advised that the Forget-Me-Not project is close to completion. It is currently awaiting a very welcome donation of £72,435 from Morrisons. It is anticipated that this will be received before the year end.

##### **Draft Annual Cycle 2017/2018**

The CTC approved the draft annual cycle for 2017/2018 subject to a minor change in the order of divisional attendance.

##### **Medicine Divisional Fund Management Reports**

The CTC received an update on the Fund Management Report for the Medical Division. These funds currently total £220k. The Diabetes, Forget-me-Not and Renal funds constitute the larger items. The Divisional Director acknowledged some funds had been static and outlined plans to consolidate some of them and develop spending plans for 2017/2018

##### **Charity Management Team Update**

The CTC received an update on activities of the Charity Management Team since the last meeting. The post of Head of Charities remains vacant. The CTC were advised that this was due to under estimating the band appropriate to the requirements of the role. It has now been re-advertised at a higher band and the intention is that the post will be filled shortly.

##### **Charity Finance Report**

The CTC received a financial summary of income and expenditure to date, for the financial year. In-month financial performance shows an excess of expenditure

over income of £30k, which is £48k below plan for the month of February, and £112k ahead of the plan year to date. The income year to date is £48k favourable, and expenditure has a favourable variance of £64k against targets for each for the full year of £1.2 million, both of which were likely to be met. For the first time in several years, there was likely to be a (modest) surplus of income over expenditure.

The committee were advised of the work finance and charity were undertaking with the Director of Strategy to establish new data sets for reporting.

It was advised that the Trust currently has 144 Charity funds. It was suggested that there should be a review of all funds with the possibility of consolidating those that fall under the a similar umbrella. Original legacies should be re-visited to determine how specific the request was. This will allow more flexibility with how the funds are utilised. The CTC heard that it has been a challenging year; however, the final financial position looked to be welcome. The Committee congratulated the fundraising team, particularly recognising there had not been a head of charity in recent months.

#### **Approval of Budgets/Forecasts 2017-18**

Deferred and to be presented at the next meeting.

#### **Approvals of expenditure over £5k**

The CTC deferred approval of the three items that were presented on behalf of the Cancer Division until the next meeting, to enable more detailed information to support the requests and scrutiny through the Divisional Board and governance structures. It was agreed that request forms should be revised to allow for 'tick boxes' so that it is clear that requests have followed the correct procedures before being presented. The guidance will also be reviewed and re-circulated.

#### **Investment Portfolio Update**

The CTC discussed the current position with the regards to the Investment Portfolio for the period 30/09/16 – 21/12/2016. The Charity Finance Manager reported that the latest report from the Investment Company showed a lower than expected dividend in the previous month. This could well be associated with the timing of the particular reporting period. But the matter would reviewed with the Company who were also due to attend the Committee meeting in May.

**Bob Niven**  
**CTC Chair**

March 2017



# 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**

Friends and Family Test  
Health and Safety Indicators  
Nursing Quality Indicators



# Friends and Family Test - February 2017

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	95.65	2.17	24	20	1	0	1	0	46	72	63.89
5B	100.00	0.00	17	3	0	0	0	0	20	52	38.46
7B	95.35	1.16	56	26	3	1	0	0	86	165	52.12
8A	92.50	0.00	22	15	2	0	0	1	40	65	61.54
8B	91.55	2.82	35	30	3	0	2	1	71	114	62.28
11B	92.75	0.00	43	21	5	0	0	0	69	126	54.76
Swift	99.04	0.00	79	24	1	0	0	0	104	195	53.33
ITU/HDU	100.00	0.00	5	0	0	0	0	0	5	15	33.33
Day Surgery Centre, Lister	99.13	0.00	172	57	2	0	0	0	231	422	54.74
Day Surgery Treatment Centre	97.40	1.30	261	39	3	3	1	1	308	615	50.08
Endoscopy, Lister	98.73	0.32	282	30	2	0	1	1	316	797	39.65
Endoscopy, QEII	100.00	0.00	96	6	0	0	0	0	102	269	37.92
<b>SURGERY TOTAL</b>	<b>97.50</b>	<b>0.64</b>	<b>1092</b>	<b>271</b>	<b>22</b>	<b>4</b>	<b>5</b>	<b>4</b>	<b>1398</b>	<b>2907</b>	<b>48.09</b>
SSU	100.00	0.00	55	23	0	0	0	0	78	101	77.23
AMU	93.02	4.65	34	6	1	1	1	0	43	96	44.79
Pirton	96.55	0.00	41	15	2	0	0	0	58	71	81.69
Barley	87.88	3.03	23	6	3	0	1	0	33	33	100.00
6A	90.00	2.50	21	15	3	0	1	0	40	62	64.52
6B	100.00	0.00	19	11	0	0	0	0	30	50	60.00
11A	100.00	0.00	56	6	0	0	0	0	62	62	100.00
7AN	97.78	0.00	22	22	1	0	0	0	45	63	71.43
ACU	96.43	3.57	47	7	0	2	0	0	56	111	50.45
10B	92.00	0.00	14	9	2	0	0	0	25	26	96.15
Ashwell	100.00	0.00	9	14	0	0	0	0	23	53	43.40
9B	100.00	0.00	37	14	0	0	0	0	51	51	100.00
9A	98.51	0.00	62	4	0	0	0	1	67	67	100.00
Cardiac Suite	98.51	1.49	63	3	0	0	1	0	67	128	52.34
<b>MEDICINE TOTAL</b>	<b>97.05</b>	<b>1.03</b>	<b>503</b>	<b>155</b>	<b>12</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>678</b>	<b>974</b>	<b>69.61</b>
10AN Gynae	90.00	0.00	19	8	3	0	0	0	30	83	36.14
Bluebell ward	94.03	2.99	41	22	1	0	2	1	67	170	39.41
Bluebell day case	NP	NP	0	0	0	0	0	0	0	4	0.00
Neonatal Unit	100.00	0.00	13	4	0	0	0	0	17	17	100.00
<b>WOMEN'S/CHILDREN TOTAL</b>	<b>93.86</b>	<b>1.75</b>	<b>73</b>	<b>34</b>	<b>4</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>114</b>	<b>274</b>	<b>41.61</b>
Michael Sobell House	100.00	0.00	22	0	0	0	0	0	22	38	57.89
10	100.00	0.00	46	12	0	0	0	0	58	80	72.50
11	100.00	0.00	7	1	0	0	0	0	8	88	9.09
<b>CANCER TOTAL</b>	<b>100.00</b>	<b>0.00</b>	<b>75</b>	<b>13</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>88</b>	<b>206</b>	<b>42.72</b>
<b>TOTAL TRUST</b>	<b>97.28</b>	<b>0.79</b>	<b>1743</b>	<b>473</b>	<b>38</b>	<b>7</b>	<b>11</b>	<b>6</b>	<b>2278</b>	<b>4361</b>	<b>52.24</b>

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	97.03	0.86	1572	454	38	7	11	6	2088	3886	53.73
QEII	100.00	0.00	96	6	0	0	0	0	102	269	37.92
Mount Vernon	100.00	0.00	75	13	0	0	0	0	88	206	42.72
<b>TOTAL TRUST</b>	<b>97.28</b>	<b>0.79</b>	<b>1743</b>	<b>473</b>	<b>38</b>	<b>7</b>	<b>11</b>	<b>6</b>	<b>2278</b>	<b>4361</b>	<b>52.24</b>

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	82.05	9.89	784	336	92	49	86	18	1365	7604	17.95
QEII UCC	84.65	8.74	319	78	23	16	25	8	469	3109	15.09
<b>A&amp;E TOTAL</b>	<b>82.72</b>	<b>9.60</b>	<b>1103</b>	<b>414</b>	<b>115</b>	<b>65</b>	<b>111</b>	<b>26</b>	<b>1834</b>	<b>10713</b>	<b>17.12</b>

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	95.35	0.00	24	17	2	0	0	0	43	527	8.16
Birth	98.82	0.39	199	53	2	0	1	0	255	447	57.05
Postnatal	87.45	3.53	139	84	11	5	4	12	255	436	58.49
Community Midwifery	33.33	66.67	1	0	0	1	1	0	3	527	0.57
<b>MATERNITY TOTAL</b>	<b>92.99</b>	<b>2.16</b>	<b>363</b>	<b>154</b>	<b>15</b>	<b>6</b>	<b>6</b>	<b>12</b>	<b>556</b>	<b>1937</b>	<b>28.70</b>

Outpatients	% Would recommend	% Would not recommend	Extremely Likely	Likely	Neither Likely/Unlikely	Unlikely	Extremely Unlikely	Don't Know	Total responses
Lister	94.39	2.36	644	197	23	13	8	6	891
QEII	96.05	0.99	427	156	9	2	4	9	607
Hertford County	94.20	2.68	169	42	4	2	4	3	224
Mount Vernon CC	96.90	0.44	176	43	5	1	0	1	226
Satellite Dialysis	98.63	0.00	50	22	1	0	0	0	73
<b>OUTPATIENTS TOTAL</b>	<b>95.30</b>	<b>1.68</b>	<b>1466</b>	<b>460</b>	<b>42</b>	<b>18</b>	<b>16</b>	<b>19</b>	<b>2021</b>

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	
<b>Patient Incidents</b>	RIDDOR incidents	0	0	0	0	0	0	0	0	0	1	0	0	1	
	H&S public liability claims	1	0	1	0	0	1	0	0	0	0	0	1	4	
	Slips, Trips & Falls (not including inpatient falls)	0	0	1	1	0	0	3	2	0	0	0	0	7	
	Physical assault	1	0	1	0	0	0	0	0	0	0	0	0	2	
<b>Visitor Incidents</b>	RIDDOR incidents	0	0	1	0	0	0	0	0	0	0	0	0	1	
	H&S public liability claims	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Slips, Trips & Falls	6	7	3	6	0	1	1	3	1	3	1	32		
<b>The Workforce (Including Contractors) Incidents</b>	RIDDOR incidents	0	2	2	3	3	1	4	0	1	2	1	19		
	Slips, Trips & Falls	4	2	5	4	7	2	6	4	5	4	3	46		
	Employer liability claims	2	0	0	0	0	3	1	0	1	1	3	11		
	Sharps incidents	8	15	11	10	9	19	12	14	10	10	14	132		
	Workplace stress	4	8	3	0	6	5	5	5	6	6	3	51		
	Contact dermatitis/latex	0	0	0	0	0	0	0	0	0	0	0	0		
	Musculoskeletal injuries	5	2	7	4	10	6	4	3	3	6	3	53		
	Physical assault	3	10	4	7	11	8	5	8	9	9	7	81		
	H & S training (Compliance) (YTD = Latest Available Position)	86%	89%	87%	87%	87%	89%	89%	90%	90%	90%	90%	90%		
	Significant workplace fires	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Total Staff</b>	<b>5301</b>	<b>5310</b>	<b>5470</b>	<b>5517</b>	<b>5509</b>	<b>5274</b>	<b>5321</b>	<b>5376</b>	<b>5377</b>	<b>5449</b>	<b>5510</b>	<b>5377</b>			

**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%**

<b>H &amp; S Indicator</b>		<b>Apr-16</b>	<b>May-16</b>	<b>Jun-16</b>	<b>Jul-16</b>	<b>Aug-16</b>	<b>Sep-16</b>	<b>Oct-16</b>	<b>Nov-16</b>	<b>Dec-16</b>	<b>Jan-17</b>	<b>Feb-17</b>	<b>Mar-17</b>	<b>Average monthly total</b>
<b>RIDDOR Incidents</b>		0	2	2	3	3	1	4	0	1	2	1	0	19
<b>RATE %</b>	Red < 0.61 Amber 0.61-0.56 Green > 0.56	0.000	0.377	0.366	0.544	0.545	0.190	0.752	0.000	0.186	0.367	0.181	0.000	0.320
<b>Slips, Trips and Falls</b>		4	2	5	4	7	2	6	4	5	4	3	0	46
<b>RATE %</b>	Red < 1.28 Amber 1.28-1.18 Green >1.18	0.755	0.377	0.914	0.725	1.271	0.379	1.128	0.744	0.930	0.734	0.544	0.000	0.774
<b>Sharps Injuries</b>		8	15	11	10	9	19	12	14	10	10	14	0	132
<b>RATE %</b>	Red < 0.62 Amber 0.62-0.57 Green > 0.57	1.509	2.825	2.011	1.813	1.634	3.603	2.255	2.604	1.860	1.835	2.541	0.000	2.222
<b>Mgr Referrals to OH for Stress</b>		4	8	3	0	6	5	5	5	6	6	3	0	51
<b>RATE %</b>	Red < 0.62 Amber 0.62-0.57 Green > 0.57	0.755	1.507	0.548	0.000	1.089	0.948	0.940	0.930	1.116	1.101	0.544	0.000	0.858
<b>Work related Musculoskeletal Injuries</b>		5	2	7	4	10	6	4	3	3	6	3	0	53
<b>RATE %</b>	Red < 1.19 Amber 1.19-1.09 Green > 1.09	0.943	0.377	1.280	0.725	1.815	1.138	0.752	0.558	0.558	1.101	0.544	0.000	0.892
<b>Physical Assault</b>		3	10	4	7	11	8	5	8	9	9	7	0	81
<b>RATE %</b>	Red < 1.17 Amber 1.17-1.07 Green > 1.07	0.566	1.883	0.731	1.269	1.997	1.517	0.940	1.488	1.674	1.652	1.270	0.000	1.363
<b>Total Staff</b>		5301	5310	5470	5517	5509	5274	5321	5376	5377	5449	5510	0	59414

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

SUMMARY		Trust	Medicine	Surgery	Women & Children	Cancer	
Beds	Total Beds	731	330	211	135	55	
	Bed occupancy % (at Midnight)	80.1	93.6	82.4	65.7	49.1	
E-Roastering	% E-roster Deadline Met	87.7	89.5	91.5	95.1	55.0	
	Net Hours %	-2.8	-2.3	-6.5	-1.4	-2.6	
	Net Hours Position	-4396.5	-1158.2	-1799.5	-521.6	-240.1	
	% of Actual Annual Leave	11.1	10.8	8.8	13.3	12.2	
Staffing	Funded WTE	2500.2	973.9	683.6	492.4	192.1	
	Actual WTE	2103.6	779.0	592.8	422.1	169.3	
	Vacancy rate %	15.9	20.0	13.3	14.3	11.8	
	RN Fill Rate (day shifts)	94.4	98.5	94.5	100.2	83.1	
	Sickness %	5.8	5.2	6.2	6.3	7.7	
	Agency usage %	12.6	18.5	14.1	13.1	6.8	
	Bank usage %	13.9	15.2	12.5	12.6	6.5	
	Staff Appraised % (rolling 12 months)	79.7	75.0	76.1	86.3	83.3	
	Nursing Overtime	0.6	0.0	0.1	0.5	0.0	
	Statutory Mandatory Training all 9 Competency %	70.6	63.6	71.5	75.7	74.0	
	Statutory Mandatory Training Overall Coverage %	92.3	91.1	91.0	94.2	93.6	
	No of shifts where staffing initially triggered Red	183	98	56	2	0	
	% Shifts Triggered Red in Month	5.1	8.1	7.5	0.3	0.0	
	Patient Safety	Inpatient falls (rate per 1000 bed days)	3.4	5.5	2.9	0.2	0.0
		Inpatient falls resulting in serious harm (rate per 1000 bed days)	0.1	0.2	0.2	0.0	0.0
Hospital Acquired Pressure Ulcers (rate per 1000 bed days)		0.1	0.0	0.5	0.0	0.0	
% News Score Completion		92.0	89.5	95.3	92.3	100.0	
News Escalation		91.0	85.2	95.7	90.3	89.0	
No. Medication Reported errors		47	18	10	11	8	
% Medication administered as prescribed		97.0	95.9	94.9	100.0	Not Provided	
% Analgesia administered as prescribed		96.0	98.9	92.6	93.8	Not Provided	
Intentional rounding completed		91.0	93.5	85.0	100.0	Not Provided	
Patient Identification		92.0	93.9	92.2	97	Not Provided	
Safety Thermometer Patients with harm		20	11	7	0	2	
% of Compliance with Hand Hygiene		97.0	86.0	97.4	84.9	90.0	
Patient Experience	% Response to Inpatient Survey	36.4	41.6	41.1	30.7	27.2	
	Help to eat meals/Infant Feeding	93	91.8	91.4	89.9	94.3	
	Enough nurses on duty	79	76.0	76.7	89.4	93.0	
	Respond to call bell	71	70.6	66.6	78.0	82.7	
	Pain Control	95	93.5	95.0	90.0	96.7	
	Understand answers from nurses	93	92.6	91.6	91.1	98.3	
	Someone to talk to about worries and fears	84	84.7	77.3	77.7	93.3	
	Enough emotional support from staff	90	88.3	87.1	91.1	96.3	
	Know named nurse	75	76.8	69.6	77.3	80.3	
	Inpatient FFT - % of patients would recommend	97.2	96.8	97.8	95.0	97.0	
	Inpatient FFT - % of patients would not recommend	0.5	0.7	0.4	0.5	0.0	
	FFT Response Rate %	41.2	41.3	39.3	66.9	32.5	
	No. of Complaints	22	8	8	6	0	

Medicine		7AN	Acute Medical Unit (AMU) - Ward	Acute Cardiac Unit (Lister)	Ashwell (AAU)	Barley	Pirton	SSU	6A	6B	10B	9A	9B	11A	
NURSING & e-Roastering	Total Beds (Based on wards in this report)	15	16	22	33	26	22	28	30	24	30	30	30	24	
	Bed occupancy % (at Midnight)	97.7	94.0	54.6	94.7	100.0	98.7	98.6	100.0	94.6	98.0	94.1	96.3	95.2	
e-Roastering	(%) E-roster Deadline Met	100.0	66.0	100.0	66.0	100.0	100.0	100.0	100.0	100.0	100.0	66.0	100.0	66.0	
	Net Hours %	-8.8	-2.5	-9.0	-1.3	0.2	-0.9	-2.7	-0.9	-4.2	-1.7	3.9	-1.1	-1.2	
	Net Hours Position	-201.3	-91.0	-459.3	-48.0	8.6	-25.2	-115.7	-29.2	-208.1	-69.1	167.0	-35.3	-51.6	
	% of Actual Annual Leave	10.3	9.2	5.5	10.4	16.0	14.1	11.6	12.3	9.4	11.6	11.1	8.2	10.5	
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	12.7	51.7	35.5	26.6	17.6	25.8	27.0	21.9	34.3	28.2	32.7	21.7	26.4	
	Vacancy rate %	31.7	15.4	35.2	14.6	41.6	38.4	23.4	40.2	0.1	21.9	6.8	38.1	29.6	
	RN Fill Rate (day shifts)	108.1	104.6	109.0	100.5	96.3	92.2	97.2	97.9	94.0	90.2	100.4	96.0	94.7	
	Sickness %	2.7	3.2	1.6	4.7	3.9	5.6	3.7	13.5	10.3	5.0	3.1	7.2	2.8	
	Agency usage %	30.5	14.5	7.5	29.9	31.0	14.3	11.8	24.3	13.5	11.0	15.9	29.3	15.4	
	Bank usage %	18.3	21.7	4.5	14.6	14.7	18.5	18.6	15.7	9.4	12.4	8.5	16.5	17.5	
	Staff Appraised % (rolling 12 months)	83.3	70.3	70.3	65.0	70.6	82.4	88.5	73.3	63.0	77.3	88.5	82.4	52.4	
	Nursing Overtime	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	
	Statutory Mandatory Training all 9 Competency %	54.6	48.2	48.7	44.8	60.0	53.6	69.0	36.1	61.1	65.5	66.7	54.2	79.3	
	Statutory Mandatory Training Overall Coverage %	93.6	89.8	89.3	90.5	91.3	89.4	92.8	86.3	77.1	87.3	94.2	94.8	97.1	
	No of shifts where staffing initially triggered Red	3	4	3	8	5	2	4	2	6	7	4	1	3	
	% Shifts Triggered Red in Month	16.1	6.5	1.1	14.0	4.3	12.9	8.6	3.2	11.8	4.3	1.1	7.5	14.0	
	Patient Safety	Inpatient falls (rate per 1000 bed days)	6.5	8.1	4.4	7.8	6.2	2.9	4.6	2.2	8.1	7.5	4.3	1.1	4.0
		Inpatient falls resulting in serious harm (rate per 1000 bed days)	2.2	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	0.0	0.0	0.0	0.0	0.0	0.0	0.0
% News Score Completion		100.0	65.0	59.0	67.0	91.0	90.0	100.0	97.0	100.0	100.0	100.0	100.0	95.0	
News Escalation		89.0	72.0	62.0	71.0	33.0	100.0	100.0	96.0	100.0	95.0	100.0	100.0	90.0	
No. Medication Reported errors		0	1	4	2	0	0	2	0	1	5	2	1	0	
% Medication administered as prescribed		100.0	95.0	94.0	95.0	90.0	100.0	88.0	100.0	90.0	100.0	100.0	100.0	95.0	
% Analgesia administered as prescribed		100.0	86.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
Intentional rounding completed		100.0	88.0	95.0	92.0	80.0	90.0	100.0	95.0	95.0	96.0	100.0	90.0	95.0	
Patient Identification		100.0	79.0	89.0	100.0	Not Provided	95.0	100.0	97.0	97.0	88.0	88.0	100.0	94.0	
Patient Experience	Safety Thermometer Patients with harm	0	1	0	2	1	0	1	0	2	2	0	2	0	
	% of Compliance with Hand Hygiene	100.0	96.7	83.3	99.1	100.0	96.7	89.1	91.7	73.4	95.7	0.0	96.4	96.1	
	% Response to Inpatient Survey	22.4	34.5	42.3	56.4	26.7	21.4	17.6	19.0	61.8	45.1	68.3	100.0	105.5	
	Help to eat meals	100	100	93	93	90	70	79	100	94	89	100	93	92	
	Enough nurses on duty	87	51	84	52	71	83	85	87	72	70	77	79	90	
	Respond to call bell	65	69	76	54	65	74	79	76	67	71	94	62	66	
	Pain Control	100	95	96	90	80	95	97	91	91	84	100	98	99	
	Understand answers from nurses	93	100	97	87	73	96	95	92	91	87	100	94	99	
	Someone to talk to about worries and fears	91	96	74	73	65	94	86	90	80	78	100	75	99	
	Enough emotional support from staff	92	100	90	82	75	75	93	85	85	89	100	84	98	
Patient Experience	Know named nurse	87	53	93	61	71	63	62	90	79	72	97	71	99	
	Inpatient FFT - % of patients would recommend	100.0	94.7	100.0	90.9	85.7	100.0	95.2	90.2	100.0	91.3	100.0	96.2	100.0	
	Inpatient FFT - % of patients would not recommend	0.0	0.0	0.0	4.6	0.0	0.0	0.0	2.4	0.0	4.4	0.0	0.0	0.0	
	FFT Response Rate %	22.4	34.6	42.3	56.4	31.1	21.4	17.7	51.9	61.8	45.1	68.3	100.0	100.0	
	No.of Complaints	1	3	1	0	0	0	1	0	0	0	0	1	1	

Surgery		Critical Care	Swift	5A	5B	7B	8A	8B	11B	
NURSING & MIDWIFERY QUALITY	Total Beds (Based on wards in this report)	20	26	30	30	30	30	30	15	
	Bed occupancy % (at Midnight)	74.7	74.3	93.7	84.6	100.0	47.6	100.0	84.3	
e-Roastering	% E-roaster Deadline Met	66.0	100.0	100.0	100.0	100.0	100.0	100.0	66.0	
	Net Hours %	0.9	-7.5	-13.2	-9.2	-707.0	-5.8	-1.3	-8.4	
	Net Hours Position	118.4	-244.2	-530.8	-322.1	-281.5	-204.7	-43.4	-271.3	
	% of Actual Annual Leave	6.6	9.3	8.8	8.6	13.2	8.3	9.2	6.2	
Staffing	Funded WTE	93.5	31.7	33.8	35.7	31.2	34.0	32.1	28.4	
	Actual WTE	87.1	25.0	27.0	25.0	23.5	23.3	24.0	22.7	
	Vacancy rate %	6.8	20.0	20.1	29.9	23.9	31.7	25.3	20.1	
	RN Fill Rate (day shifts)	100.0	87.6	93.4	93.8	94.4	98.0	94.0	94.7	
	Sickness %	3.7	7.1	6.7	5.3	5.5	7.2	8.3	8.3	
	Agency usage %	7.9	7.9	15.5	18.5	15.0	21.6	33.2	3.8	
	Bank usage %	6.8	19.9	18.0	16.2	14.6	12.2	7.4	19.3	
	Staff Appraised % (rolling 12 months)	86.4	84.6	89.5	87.5	63.2	78.3	76.5	81.0	
	Nursing Overtime	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	Statutory Mandatory Training all 9 Competency %	81.3	63.3	45.2	69.0	65.4	64.0	43.5	79.2	
	Statutory Mandatory Training Overall Coverage %	96.3	92.7	81.1	92.3	93.0	91.0	83.1	94.4	
	No of shifts where staffing initially triggered Red	0	1	11	8	6	5	3	3	
	% Shifts Triggered Red in Month	18.3	3.2	11.8	8.6	6.5	5.4	3.2	3.2	
	Patient Safety	Inpatient falls (rate per 1000 bed days)	0.0	1.2	3.2	2.2	5.4	6.5	0.0	4.3
		Inpatient falls resulting in serious harm (rate per 1000 bed days)	0.0	0.0	0.0	0.0	1.1	0.0	0.0	0.0
Hospital Acquired Pressure Ulcers (rate per 1000 bed days)		3.2	0.0	0.0	0.0	0.0	0.0	1.1	0.0	
% News Score Completion		Not Applicable	96.0	90.0	100.0	100.0	95.0	100.0	86.0	
News Escalation		Not Applicable	93.0	94.0	100.0	100.0	100.0	83.0	100.0	
No. Medication Reported errors		1	1	2	3	1	2	0	0	
% Medication administered as prescribed		94.0	100.0	83.0	100.0	100.0	95.0	100.0	86.0	
% Analgesia administered as prescribed		100.0	100.0	100.0	90.0	100.0	73.0	100.0	85.0	
Intentional rounding completed		100.0	92.0	95.0	100.0	90.0	45.0	100.0	73.0	
Patient Identification		95.0	93.0	91.0	Not Provided	100.0	93.0	96.0	80.0	
Safety Thermometer Patients with harm		1	0	1	2	0	3	0	0	
% of Compliance with Hand Hygiene	100.0	100.0	100.0	100.0	100.0	100.0	84.0	97.7		
Patient Experience	% Response to Inpatient Survey		42.1	50.7	64.8	32.8	71.8	23.2	32.6	
	Help to eat meals/Infant Feeding	100	83	97	100	98	87	95	80	
	Enough nurses on duty	100	84	81	54	73	82	77	86	
	Respond to call bell	75	68	51	64	63	69	74	77	
	Pain Control	100	97	91	100	92	93	98	94	
	Understand answers from nurses	75	92	90	86	95	94	96	88	
	Someone to talk to about worries and fears	75	72	54	100	79	86	83	67	
	Enough emotional support from staff	75	84	74	100	79	91	95	87	
	Know named nurse	100	62	53	76	72	83	67	74	
	Inpatient FFT - % of patients would recommend	100.0	96.7	82.4	100.0	95.2	94.0	100.0	93.1	
	Inpatient FFT - % of patients would not recommend	0.0	0.0	2.9	0.0	0.0	0.0	0.0	3.5	
	FFT Response Rate %	100.0	41.7	50.8	64.8	32.8	70.4	23.2	32.6	
	No. of Complaints	0	1	0	2	0	1	4	0	

Women and Children		CLU	Dacre	Gloucester	MLU	Bluebell	Neonatal Unit	7A	
NURSING & MIDWIFEER	Total Beds (Based on wards in this report)	10	21	27	8	20	34	15	
	Bed occupancy % (at Midnight)	100.0	35.2	97.5	27.4	61.8	46.6	91.2	
E-Roastering	% E-roaster Deadline Met	100.0	100.0	100.0	100.0	100.0	66.0	100.0	
	Net Hours %	0.0	0.4	-2.9	0.4	-2.8	-2.1	-2.7	
	Net Hours Position	-1.0	6.5	-135.8	13.2	-102.0	-166.2	-136.3	
	% of Actual Annual Leave	12.5	16.8	14.2	15.7	9.6	10.4	14.0	
Staffing	Funded WTE	72.9	19.1	37.1	21.4	31.7	65.8	39.1	
	Actual WTE	76.4	13.4	28.8	23.1	22.1	53.3	35.1	
	Vacancy rate %	-4.8	29.6	22.5	-8.2	30.1	19.0	10.2	
	RN Fill Rate (day shifts)	103.3	107.4	100.4	97.8	86.8	0.0	105.6	
	Sickness %	1.9	10.0	10.3	4.7	1.1	9.4	8.3	
	Agency usage %	4.3	10.4	3.6	3.3	16.9	0.0	1.1	
	Bank usage %	8.6	2.1	10.0	7.8	19.7	13.4	4.7	
	Staff Appraised % (rolling 12 months)	100.0	81.3	87.5	82.6	90.5	97.9	82.8	
	Nursing Overtime	0.0	0.0	0.0	0.0	0.1	0.5	0.0	
	Statutory Mandatory Training all 9 Competency %	78.3	89.5	89.5	78.6	60.0	74.1	84.2	
	Statutory Mandatory Training Overall Coverage %	96.2	95.9	93.0	93.9	91.7	95.7	95.3	
	No of shifts where staffing initially triggered Red	0	0	0	1	1	0	0	
	% Shifts Triggered Red in Month	0.0	0.0	0.0	1.1	1.1	0.0	0.0	
	Patient Safety	Inpatient falls (rate per 1000 bed days)	0.0	0.0	0.0	0.0	0.0	0.0	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
Hospital Acquired Pressure Ulcers (rate per 1000 bed days)		0.0	0.0	0.0	0.0	0.0	0.0	0.0	
% News Score Completion		Not Applicable	90.0	Not Provided	Not Applicable	96.0	Not Applicable	91.0	
News Escalation		Not Applicable	80.0	Not Provided	Not Applicable	100.0	Not Applicable	91.0	
No. Medication Reported errors		1	2	2	0	4	1	1	
% Medication administered as prescribed		100.0	100.0	Not Provided	Not Provided	100.0	Not Provided	100.0	
% Analgesia administered as prescribed		100.0	100.0	Not Provided	Not Provided	75.0	Not Provided	100.0	
Intentional rounding completed				Not Provided	Not Provided		Not Provided	100.0	
Patient Identification		100.0	90.0	Not Provided	Not Provided	Not Provided	Not Provided	100.0	
Safety Thermometer Patients with harm						0	0	0	
% of Compliance with Hand Hygiene		100.0	100.0	98.5	95.7	100.0	100.0	0.0	
Patient Experience		% Response to Inpatient Survey	28.3				27.9	47.6	60.5
	Help to eat meals/Infant Feeding	89				89	89	93	
	Enough nurses on duty	96				92	Not Applicable	80	
	Respond to call bell	Not Applicable				85	Not Applicable	71	
	Pain Control	91				91	Not Applicable	88	
	Understand answers from nurses	97				96	85	87	
	Someone to talk to about worries and fears	74				93	Not Applicable	66	
	Enough emotional support from staff	96				92	100	76	
	Know named nurse	Not Applicable				88	90	54	
	Inpatient FFT - % of patients would recommend	Not Applicable				95	100	91	
	Maternity FFT - % of patients would recommend - Antenatal	97.7				Not Applicable			
	Maternity FFT - % of patients would recommend - Birth	97.1				Not applicable			
	Maternity FFT - % of patients would recommend - Postnatal	89.3				Not applicable			
	Maternity FFT - % of patients would recommend - Community Midwifery	100.0				Not applicable			
	Inpatient FFT - % of patients would not recommend	Not Applicable				0.0	0.0	2.2	
	Maternity FFT - % of patients would not recommend - Antenatal	0.0				Not Applicable			
	Maternity FFT - % of patients would not recommend - Birth	0.4				Not applicable			
	Maternity FFT - % of patients would not recommend - Postnatal	0.8				Not applicable			
	Maternity FFT - % of patients would not recommend - Community Midwifery	0.0				Not applicable			
	Inpatient FFT Response Rate %	Not Applicable				68.4	90.5	60.5	
	Maternity FFT Response Rate % - Combined	27.1				Not Applicable			
	No of Complaints	0	0	1	0	0	2	3	



CANCER		Ward 10	Ward 11	Michael Sobell House
Beds	Total Beds <small>(Based on wards in this report)</small>	21	18	16
	Bed occupancy % (at Midnight)	39.9	42.7	64.7
e-Roastering	% E-roaster Deadline Met	66.0	66.0	33.0
	Net Hours %	-0.8	-2.5	-4.6
	Net Hours Position	-19.9	-61.5	-158.7
	% of Actual Annual Leave	13.9	11.9	10.8
Staffing	Funded WTE	27.2	26.8	27.2
	Actual WTE	17.1	18.7	26.4
	Vacancy rate %	37.3	30.3	3.0
	RN Fill Rate (day shifts)	16.7	10.8	6.3
	Sickness %	16.7	10.8	6.3
	Agency usage %	7.6	7.8	5.5
	Bank usage %	4.8	10.6	4.4
	Staff Appraised % (rolling 12 months)	81.3	76.5	96.9
	Nursing Overtime	0.0	0.0	0.0
	Statutory Mandatory Training all 9 Competency %	50.0	63.2	68.8
	Statutory Mandatory Training Overall Coverage %	80.6	93.0	94.0
	No of shifts where staffing initially triggered Red	0	0	0
	% Shifts Triggered Red in Month	0.0	0.0	0.0
	Patient Safety	Inpatient falls (rate per 1000 bed days)	0.0	0.0
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		Not Provided	100.0	Not Applicable
News Escalation		Not Provided	89.0	Not Applicable
No. Medication Reported errors		4	3	1
% Medication administered as prescribed		Not Provided	Not Provided	Not Provided
% Analgesia administered as prescribed		Not Provided	Not Provided	Not Provided
Intentional rounding completed		Not Provided	Not Provided	Not Provided
Patient Identification		Not Provided	Not Provided	Not Provided
Patient Experience	Safety Thermometer Patients with harm	0	0	2
	% of Compliance with Hand Hygiene	80.0	100.0	Not Provided
	% Response to Inpatient Survey	25.0	20.3	43.2
	Help to eat meals	83	100	100
	Enough nurses on duty	89	90	100
	Respond to call bell	78	70	100
	Pain Control	97	93	100
	Understand answers from nurses	95	100	100
	Someone to talk to about worries and fears	94	86	100
	Enough emotional support from staff	89	100	100
	Know named nurse	68	73	100
	Inpatient FFT - % of patients would recommend	92.3	100.0	100.0
	Inpatient FFT - % of patients would not recommend	0.0	0.0	0.0
	FFT Response Rate %	29.6	20.3	59.1
No.of Complaints	0	0	0	

## **PERFORMANCE DATA**

CQC outcomes summary

## Our CQC Registration and recent Care Quality Commission Inspection

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

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

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

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

- Lister Hospital regarding compliance with regulations 12, 17 and 18. In brief the Trust must:
  - Ensure that the triage process accurately measures patient need and priority in both the emergency department and maternity services (**Actions taken and internal monitoring in place**)
  - Ensure records and assessments are completed in accordance with Trust Policy (**Actions taken and internal monitoring in place**)
  - Ensure that there are effective governance systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients (**Actions taken and internal monitoring in place**)
  - Ensure that all staff in all services complete their mandatory training (**Closed and internal monitoring**)
- Mount Vernon Cancer Centre regarding compliance with regulations 12 and 17. In brief the Trust must:
  - Ensure that patients requiring urgent transfer from Mount Vernon Cancer Centre have their needs met to ensure safety and that there are effective process to handover continuing treatment (**Closed and internal monitoring**)
  - Ensure there is oversight and monitoring of all transfers (**Closed and internal monitoring**)

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

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

### Summary of the latest Inspection Outcome

**Our ratings for Lister Hospital**

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate	Requires improvement	Requires improvement	Requires improvement	Inadequate	Inadequate
Medical care	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Surgery	Good	Good	Good	Good	Good	Good
Critical care	Good	Good	Good	Good	Requires improvement	Good
Maternity and gynaecology	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Services for children and young people	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
End of life care	Good	Requires improvement	Good	Good	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

**Our ratings for Mount Vernon Cancer Centre**

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Inadequate	Requires improvement	Good	Inadequate	Requires improvement	Inadequate
End of life care	Inadequate	Good	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Good	Not rated	Good	Requires improvement	Good	Good
Chemotherapy	Good	Good	Outstanding	Requires improvement	Requires improvement	Requires improvement
Radiotherapy	Good	Good	Good	Good	Good	Good
Overall	Inadequate	Good	Good	Requires improvement	Requires improvement	Requires improvement

**Our ratings for QEII**

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement

**Our ratings for Hertford County Hospital**

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Good	Not rated	Good	Good	Good	Good

**Our ratings for Community health services for children, young people and families**

	Safe	Effective	Caring	Responsive	Well-led	Overall
Services for children and young people	Good	Good	Outstanding	Good	Good	Good
Overall	Good	Good	Outstanding	Good	Good	Good

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

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

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

# WORKFORCE APPENDICES

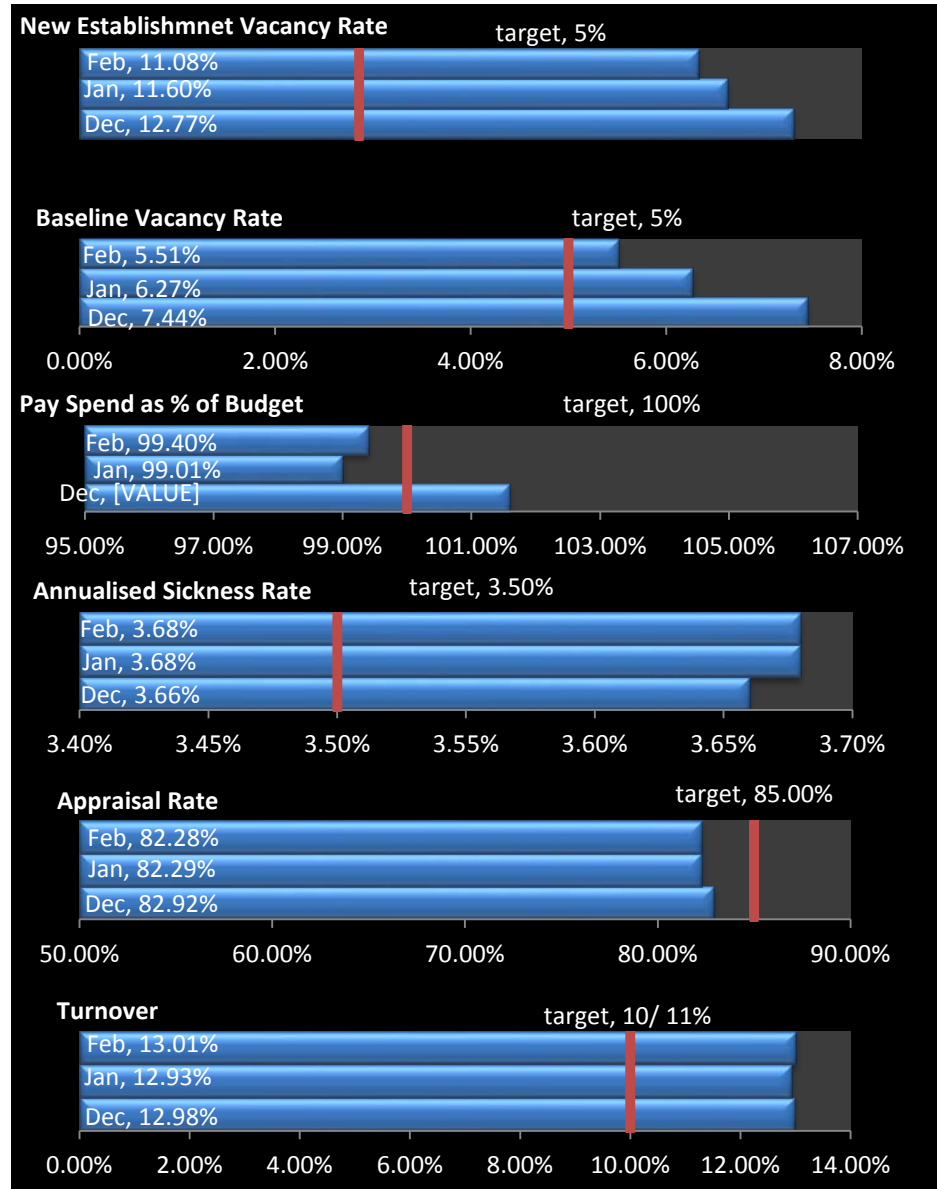
# EAST AND NORTH HERTS NHS TRUST

March 2017 - Based on Month 11

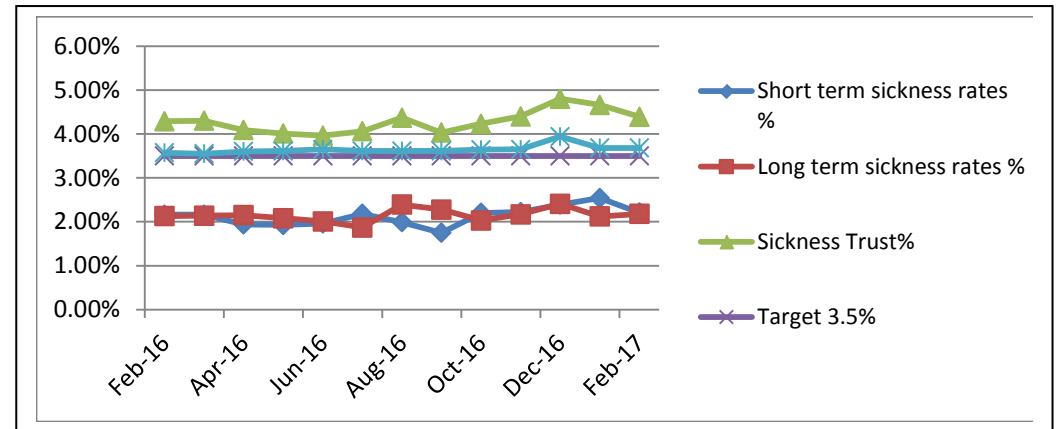
*Workforce Information  
Report Summary*

## Workforce Report March 2017 (Based on data as at the end of February 2017)

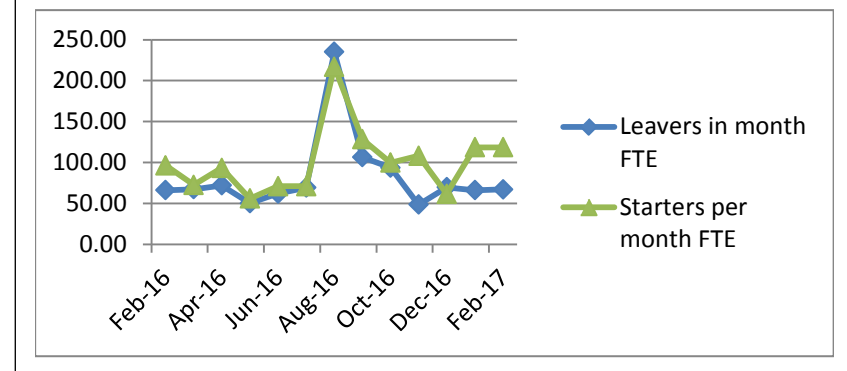
### Section 1: KPI summary position



Graph 1: Sickness Rates Based On In Month Position



Graph 2: Starters & Leavers Graph



## Section 2: Our Culture

Graph 1: FFT Trend Graph

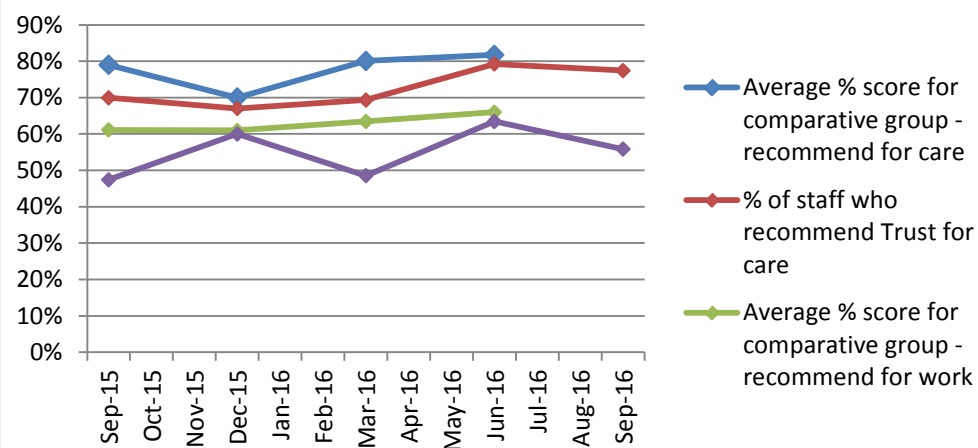


Table 2: LEND attendance by Band

Pay Band	LEND 2016 Summer	LEND 2016 Winter	LEND 2017 Spring	Grand Total
Band 2	8			8
Band 3	4	4	2	10
Band 4	10	13	12	35
Band 5	20	16	22	58
Band 6	51	30	49	130
Band 7	65	41	78	184
Band 8A	41	19	36	96
Band 8B	19	12	20	51
Band 8C	14	5	11	30
Band 8D	9	6	8	23
Band 9	6	3	3	12
Career Grade	1	1		2
Consultant	24	9	24	57
EX-Employee	8	1		9
SMP	9	3	9	21
<b>Grand Total</b>	<b>289</b>	<b>163</b>	<b>274</b>	<b>726</b>

Table 1: Health at Work Service core activity

Health at Work Service core activity	Average Activity 2015/16	Activity as of 31 January 2017	Activity as of 28 February 2017
<b>Trust</b>			
Pre Placements received	164	120	123
Manager referrals received	83	91	101
Immunisation/blood tests	554	374	333
Blood borne virus incident (sharps)	13	10	14
Return to Work plans advised	18	25	28
Self-referral advice given	17	30	23
Physiotherapy referrals	5	35	24
Use of Employee Assistance Programme	15	26+17 webhits	26+12 webhits
<b>External</b>			
Pre-placement	107	69	45
Manager referrals received	40	43	52
Immunisations and blood tests	341	159	171
Blood borne virus incident (sharps)	5	8	2

Table 3: LEND attendance by location

Work Location/Site	LEND 2016 Summer	LEND 2016 Winter	LEND 2017 Spring	Grand Total
Hertford County	4	8	5	17
Lister	205	116	230	551
Luton & Dunstable			1	1
Mount Vernon	51	24	22	97
QEII	20	12	16	48
St Albans	1	2		3
EX-Employee	8	1		9
<b>Grand Total</b>	<b>289</b>	<b>163</b>	<b>274</b>	<b>726</b>



## Section 3: Developing our people

**Table 1: February 2017 Appraisal Compliance**

Compliance	Done	Not Done	Not due but require review*	Grand Total	Completion Rate % November
Cancer Services	379	48	85	512	<b>88.76%</b>
Clinical Support Services	520	46	140	706	<b>91.87%</b>
Medicine	644	231	296	1171	<b>73.60%</b>
Corporate	410	45	144	599	<b>90.11%</b>
Research & Development	59	13	23	95	<b>81.94%</b>
Surgery	640	223	180	1043	<b>74.16%</b>
Women's and Children's	463	65	99	627	<b>87.69%</b>
<b>Grand Total</b>	<b>3115</b>	<b>671</b>	<b>967</b>	<b>4753</b>	<b>82.28%</b>

**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)	68.15%	63.55%	59.21%	76.03%	70.74%	74.74%	76.04%	78.39%
Statutory and mandatory training average compliance (Incl M&D)	89.53%	87.02%	86.91%	94.32%	90.76%	92.27%	89.96%	91.87%

**Table 2: Appraisal Compliance by Payband**

Pay Band	Appraisal Completion Rate %
Band 1	87.83%
Band 2	80.76%
Band 3	84.02%
Band 4	80.75%
Band 5	80.49%
Band 6	84.83%
Band 7	81.42%
Band 8A	83.58%
Band 8B	78.85%
Band 8C	85.00%
Band 8D	71.43%
Band 9	71.43%
Snr Mgr Pay	87.50%
Tupe	100.00%
<b>Grand Total</b>	<b>82.28%</b>

## Section 4: People Performance

Table 1: Bank & Agency Spend

February 2017 position				
Total spend	Current month		YTD	
	£	%	£	%
Agency	1,661,331	7.6%	23,636,956	10.0%
Bank	844,125	3.9%	10,627,531	4.5%
Substantive	19,277,035	88.5%	201,047,172	895.4%
<b>Total</b>	<b>21,782,492</b>		<b>235,311,659</b>	
Variance against pay budget	130,735	-0.60%	930,827	0.39%

Graph 1: Ledger Position V Worked WTE

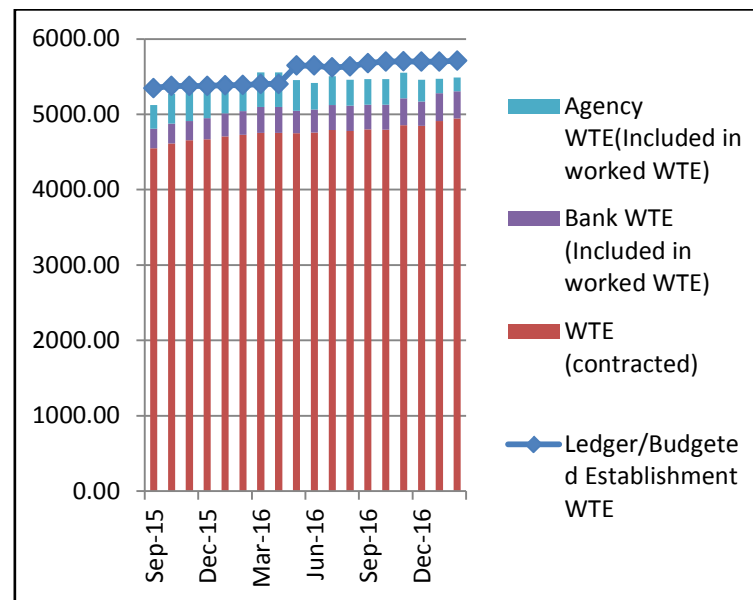
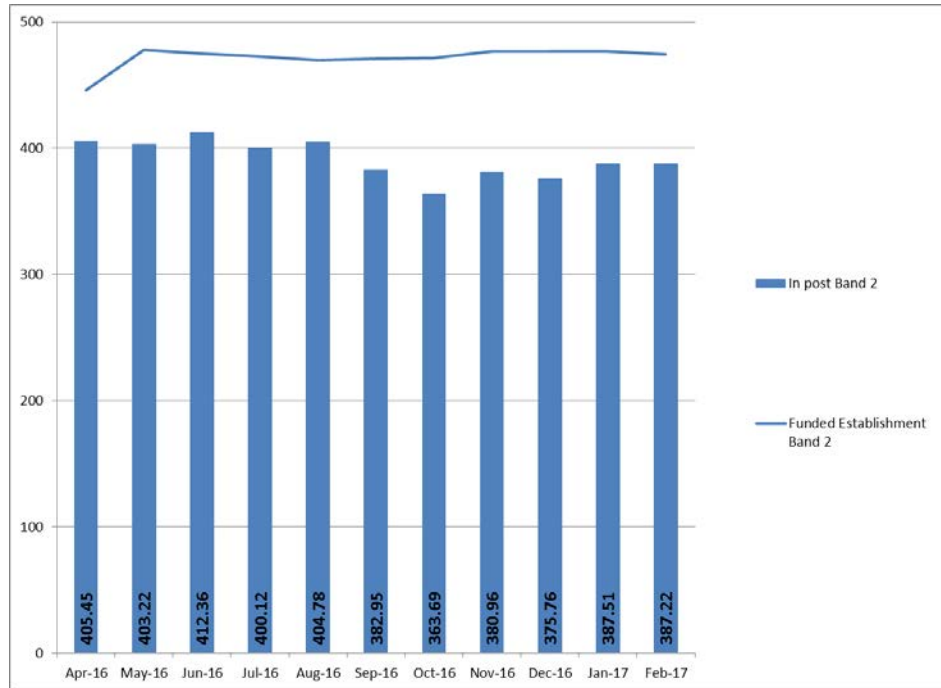


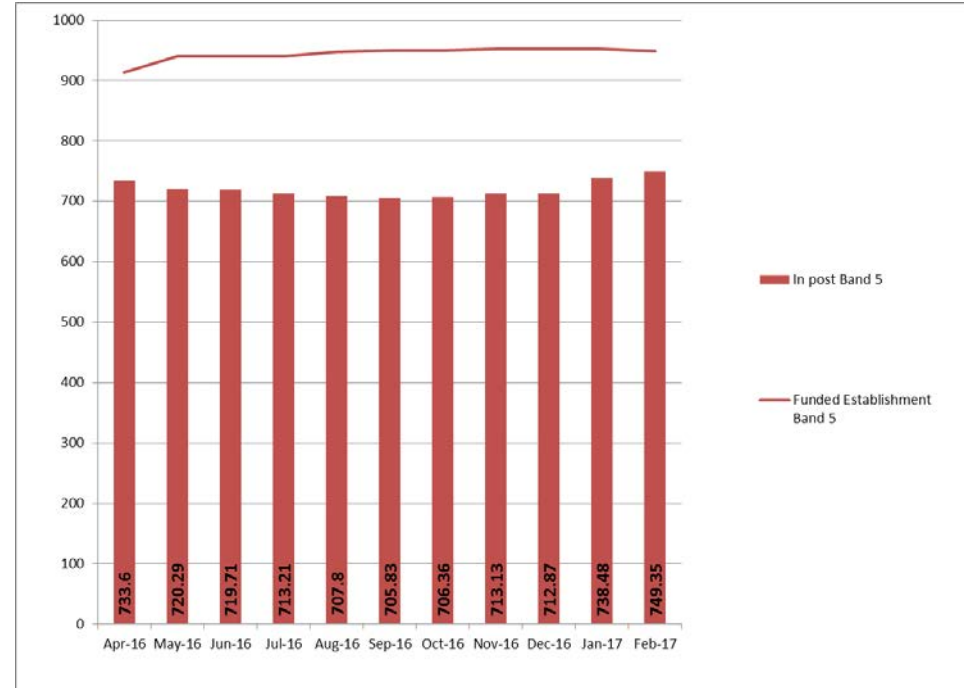
Table 2: recruitment activity for band 5 and band 6 nursing posts

	Band	Number of live adverts in month	Views	average advert views	Applications submitted	Offers made
Feb-17	Band 5	45	10,266	228	31	14
Feb-16	Band 5	41	8,682	212	30	4
Feb-17	Band 6	22	6,303	286	36	3
Feb-16	Band 6	22	6,238	283	14	0

Graph 2: Band 2 CSW Establishment V in post position



Graph 3: Band 5 Nursing Establishment V in post position



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

Trust	Mandatory Training Rate Dec 16	Appraisal Rate Dec 16	Turnover Dec 16	Vacancy Rate Dec 16	In mth Sickness Dec 16	Agency Dec 16
Bedford Hospital	81%	74%	12.86%	9.37%	3.69%	5.72%
Herts Community	92%	86%	19.17%	12.05%	4.56%	8.35%
WHHT	87%	81%	16.50%	14.31%	3.50%	13.67%
East & North Herts	90%	83%	12.98%	12.77%	4.80%	10.30%
Luton & Dunstable	84%	71%	17.12%	11.95%	3.90%	6.34%
HPFT	86%	87%	13.60%	13.69%	4.54%	6.63%
ELF Bedford	87%		18.57%	11.80%	6.77%	12.50%
ELF Luton	86%		21.02%	12.50%	4.52%	12.30%
Princess Alexandra		62%	16.90%	10.07%	3.87%	10.90%
SEPT		90%	17.02%	13.80%	4.57%	
CNWL FT	95%	92%	11.90%	7.33%	4.21%	7.90%
Average	88%	81%	15.30%	13%	4.50%	9.17%

**Table 4: Performance, Employee Relations**

Source: ERAS	Total Live Cases as at 31 January 2016	Total Live Cases as at 28 February 2017	Surgery	Medicine	CS	W & C	Cancer (inc R&D)	Corporate
Headcount	5635	5670	1349	1459	759	776	693	634
Number of Disciplinary Cases (excluding medical cases) % = no of cases as % of headcount	9 (0.2%)	10 (0.2%)	3 (0.2%)	2 (0.1%)	1 (0.1%)	1 (0.1%)	2 (0.3%)	1 (0.1%)
Number of Grievances	1	0	0	0	0	0	0	0
Number of Capability cases	5	5	3	0	1	0	1	0
Number of B&H, discrimination and victimisation cases	11	10	1	3	1	0	3	2
Number of formal short term sickness cases including cases under monitoring	115	110	17	20	28	34	7	4
Number of formal long term sickness cases Including cases under monitoring	77	79	27	29	4	13	4	2
Number of *MHPS cases (Medical cases)	2	1	0	1	0	0	0	0
<b>Total number of cases in progress</b>	<b>220</b>	<b>215</b>	<b>51</b>	<b>55</b>	<b>35</b>	<b>48</b>	<b>17</b>	<b>9</b>
Number of suspensions/medical exclusions (inclusive of over six months)	0	0						
Number of suspensions lasting 6 months or longer	1	1						
Number of appeals	2	4	1	1	0	0	1	1

\*MHPS = Maintaining High Professional Standards

**Table 5: Exit Interview Data**

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

<b>B. Length of Service within the Trust</b>	
> 12 months	9
1-5 Years	7
6-10 Years	2
11-15 Years	4
16-20 Years	2
21-25 Years	1
26-30 Years	0

<b>C. Band</b>	
1	1
2	3
3	2
4	4
5	7
6	5
7	0
8	1
9	2

<b>D. Department</b>	
Pharmacy	0
Health Records	0
Mount Vernon Cancer Centre	2
Facilities	1
Orthopaedics	0
Obstetrics & Gynaecology	2
Elderly Care	0
Outpatients Services	2
Surgical Specialties	1
Specialty Medicine	0
Child Health	3
Quality Control	0
Anaesthetics, Theatres, Critical Care	1
Strategic Development	0
General Surgery and Urology	0
Nursing Practice	0
Cardiology	1
Acute Medicine	3
Research and Development	1
Emergency Department	0
Renal	3
Ophthalmology	0
Radiology	0
Treatment Centre	2
Trust Management	3
Oncology & Clinical Haematology	0
Emergency Medicine	0

**Table 5:** Exit Interview data demonstrates that 25 people left the Trust.  
**Table 5a:** shows breakdown of different reasons as to people leaving the Trust.  
**Table 5b:** shows their length of service within the Trust.  
**Table 5c:** shows their band of service with the Trust.  
**Table 5d:** shows their working department within the Trust.

## Qualitative Exit Interview Data

The following summarises the responses obtained to questions asked at exit interviews for the period of February 2017, 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 reason was cited as one of the major factor contributing in employee's decision to leave the Trust.

#### Retirement

People choose to retire as they were reaching retirement age.

#### 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 (Administrative & Clerical): One individual stated that, after 5 years of service, they were leaving due to the underlying and unrelenting pressure and stress of the job. The employee also felt their responsibility of being split across two sites 35miles apart was not practical due to operational challenges.

Staff Group (Additional Clinical Services): A band 2 left after 10 months of service due to working hours which they felt were difficult and due to lack of team atmosphere. The employee also felt lack of team spirit and hours being so irregular it was difficult to work around.

Staff Group (Allied Health Professionals): One individual left after 1.5 years of service as they felt that "mid-management" level was poorly organised with little or no training. They consider that there was little incentive for staff to stay in the Trust. They felt that to improve people want training and the opportunity to better themselves.

Staff Group (Medical & Dental): No feedback.

#### 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 Enhanced Pilot Scheme which provides greaster choice for Band 5 qualified nurses in relation to their pension/salary.

The Flexible Working Pilot has also commenced with effect from 23<sup>rd</sup> January 2017 on wards 8a, 8b, 9a and 9b. We will be working with teams to look at how they can support each other to work in a way that suits them better. After the pilot, this initiative is planned to be rolled out to other areas and hospitals sites across the Trust. We are making the commitment that any member of staff will be considered for flexible working regardless of their length of service, job role or staff group, banding or salary, current work pattern or whether they are employed on a fixed-term or permanent contract.

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.

The process for staff submitting feedback through the Exit Interview Questionnaire is currently being reviewed in partnership with staffside colleagues.

# **RISK AND QUALITY REPORTS**

Safe Staffing Nursing  
Infection Control



## Safe Nurse Staffing Levels





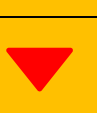


February 2017

### 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 February 2017.
2. To provide a summary report of quality metrics for the month of February 2017 as indicators of patient safety
3. To provide context for the Trust Board on the UNIFY safer staffing submission for the month of February 2017.

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.	<b>Patient safety is delivered though consistent, appropriate staffing levels for the service.</b>	Unify RN fill rate	Fill rate of 95.2% for registered nurses	
		Care hours per Patient Day - CHPPD	Overall CHPPD remains 7.5 in February.	
		Nursing quality metrics – <ul style="list-style-type: none"> <li>• Safety Thermometer</li> <li>• Inpatient Falls</li> <li>• Pressure Ulcers</li> </ul>	Despite an increase in bed base, quality metrics remain consistent for the period.	
2.	<b>Staff are supported in their decision making by effective reporting.</b>	% of Red triggered shifts	Increase in % of Red Triggered shifts from 5.32% in January to 6.42%.	
		% of shifts that remained partially mitigated	13 (0.41%) red triggered shifts remained partially mitigated.	
3.	<b>Staffing risks are effectively escalated to an appropriate person</b>	Red flag reportable events and DATIX report	Red flags continue to be used to escalate staffing issues in the organisation	
4.	<b>The Board are assured of safe staffing for nursing</b>	Board reports and discussion covering overview of safe staffing levels	The overall RN fill rate decreased and the subsequent number of unfilled shifts increased for the month.	

## 1. Patient safety is delivered through 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 February, 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 (%)
95.2%	99.2%	95.8%	113.7%

The February Unify submission for registered fill % decreased compared to January with the average day fill % for registered nurses falling from 96.6% to 95.2%. The decrease is in part due to the increase in unfilled hours with NHSP.

### 1.2 Factors affecting Planned vs. Actual staffing

In January there was a reconfiguration to support the opening of extra beds on some of the inpatient wards, a summary of the changes can be seen below:

- Since the 4<sup>th</sup> of January, 7AN was extended to become a 30 bed ward covering both north and south ends, this ward remains in operation and is planned to be decommissioned on the 31<sup>st</sup> March. To accommodate the increased bed base there was an increase in the planned hours for staffing.

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

- **Ward 10 and Ward 11** – The wards at Mount Vernon have been merged following a review of the service model for these wards; staff have been flexed across the wards as per patient requirements in month.
- **Senior Nurses, Matrons and Specialist Nurses** – Senior Nurses, Matrons and Specialist nurses worked clinically to support wards where staffing fell below the minimum safe levels.
- **10B, 11B, 5A, 5B, 9A, 9B, Ashwell, Barley and SSU** – Had a high number of patients requiring enhanced care which resulted in increased CSW fill.
- **ACU** - continues to support the responsive opening of the Cardiac Cath Lab escalation area which was utilised on 10 occasions at night and 6 occasions during the day. To ensure this increased activity is supported most efficiently additional temporary staffing is only resourced when current staffing levels cannot support activity.
- **6B** – Additional capacity bed utilised on 6B on 8 occasions in February, additional staff were brought in to support the increased activity.
- **AMU-W** – The February rosters were written prior to the reconfiguration of AMU assessment and ward areas in November. AMU-W staff were utilised to support AMU-A and red triggered shifts on other wards.
- **7AN** – following the reconfiguration on 7AN it become clear patients being admitted to the ward were of a higher acuity and dependency than anticipated. The ward brought in

additional CSW's to support this need and, using information from SafeCare, the decision was made to increase the night coverage on the ward.

- **SAU**- Since the relocation of SAU in November the service adjusted staffing to meet service need, as activity is lower in the early part of the day, but remained higher into the evening, shift times have been altered to support this need. The new service plan is due to be approved as part of the April Establishment review.

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

### 1.3 UNIFY Care Hours Per Patient Day (CHPPD)

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

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

This is a standard calculation indicating the number of care hours provided to each patient over a 24 hour period. The table below shows the CHPPD for February, this indicates overall CHPPD remained static at 7.5.

**Table 2 – Average Care Hours Per Patient Day**

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

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 5 of this report.

Additional analysis of how the organisation uses CHPPD to inform productive and effective use of staffing is on going and was included in the Trust's Nursing Establishment review in December.

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

## 1.4 Nursing Quality Metrics

### Safety Thermometer

The NHS Safety Thermometer audit provides a 'temperature check' on levels of harm and enables the measurement of 'harm free care'. Harm free care is defined by the absence of pressure ulcers (community and hospital acquired), harm from a fall in hospital, urine infection (in patients with a catheter) and new VTE.

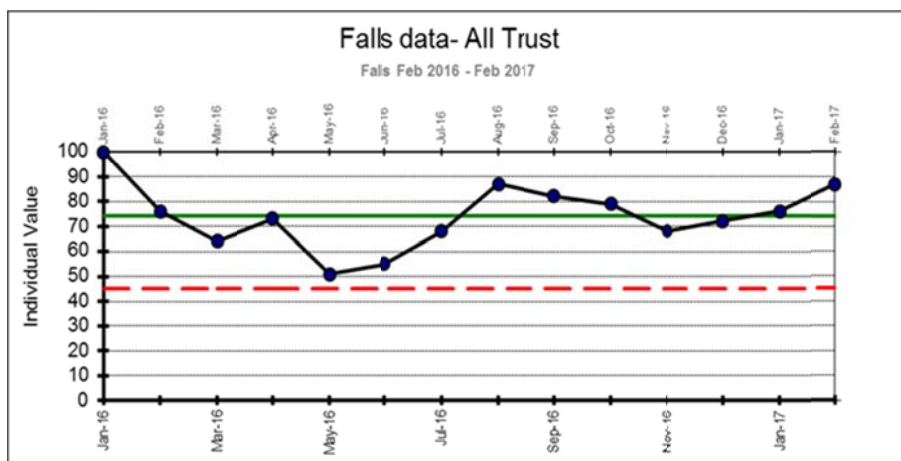
Despite the increased bed capacity and higher number of patients requiring enhanced nursing care the proportion of patients with harm identified within the classic safety thermometer audit remains low. In February 2017 2.5% of patients were identified with harm, a reduction from 3.3% in January 2017.

### Patient Falls

Between the 1st April 2016 and 28th February 2017 there were 798 inpatient falls recorded in the Trust this is an increase of one incident when compared to the same period in 2015-16, it is significant that inpatient falls resulting in harm have decreased by 3.44% in 2016/17.

Chart 1 below shows the number of inpatient falls recorded in the Trust during February 2017 was 87, between April 2016 and February 2017, the Trust is reporting a 0.12% increase in falls when compared to the same period in 2015-16.

Chart 1



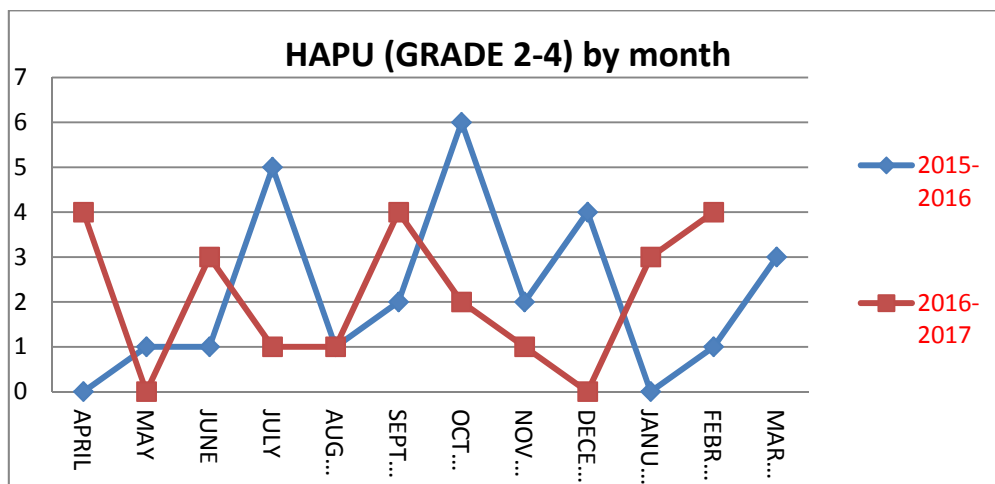
To improve our ability to manage an increase demand for in-patients beds during the 3rd and 4th quarter of 2016/17, the Trust opened additional bed capacity to meet operational demands. Research has shown that clinical incidents such as falls are known to increase during periods of increased patient activity and inpatient bed demand. The data indicates a slight increase in the number of falls occurring in line with this additional demand however this is not statistically significant and initiatives to further reduce the numbers of falls is being carried out as part of the NHSI Falls Collaborative.

### Pressure Ulcers

Year to date (April 2016 – February 2017) the Trust reported 23 grade 2-4 hospital acquired avoidable pressure ulcers (HAPU). This is the same number of pressure ulcers recorded for the comparable period last year (2015-16).

Chart 2 below compares data for the last 2 years on a month by month basis; it demonstrates the normal range for HAPU per month is between 1 and 4.

**Chart 2**



As indicated there were 3 HAPU in January and 4 in February. To date, in March there has been 1 pressure ulcer reported, although an investigation to determine if it was avoidable has not yet been completed. The table below indicates the clinical areas in which they occurred and the site of the pressure ulcer (PU)

**Table 3 – HAPU January – March 2017**

Month	Ward	Site
January	Critical Care	Head and Nostril
January	Critical care	Nostril
January	8B	Sacrum
February	SSU	Sacrum
February	6A	Heel
February	6A	Heel
February	Critical care	Ear
March	9A	Heel – still being investigated

Root cause analysis is carried out to ensure that a full investigation is completed for all PU and these have not identified any obvious trends. Some of the HAPU have been device related and all incidents have identified shared learning actions. The only common theme identified through this process has been the need to continue to improve the standard of documentation relating to this aspect of care.

The moving average for the last 5 months is 2 HAPU per month compared to 2.6 for the same period last year. Should this trend continue, the Trust should achieve a year on year improvement of 4%.

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

### 2.1 Daily process to support operational staffing

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

## 2.2 Staffing levels and shifts that trigger red

In February the number of shifts initially triggering red increased to 205 shifts compared to 183 shifts in January. Table 3 below shows the % of shifts that triggered red in month.

**Table 4 – % of shifts triggering red**

Month	% of shifts that triggered red in Month
*Feb 2016	7.10%
Mar-16	8.60%
*Apr 2016	7.36%
May-16	3.60%
Jun-16	5.44%
Jul-16	4.42%
Aug-16	8.57%
Sep-16	7.72%
Oct-16	5.14%
Nov-16	4.35%
Dec-16	6.02%
Jan-17	5.32%
Feb-17	6.40%

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

Comparison of red triggered shifts between February 2016 and February 2017 shows a decrease in the number of shifts triggering red in month.

Out of the 205 shifts triggering red, 13 (0.41%) of them remained partially mitigated. This is an increase from 0% unmitigated shifts in January. Shifts triggering red, and those that remained a challenge to mitigate, are explored below.

Chart 3 below shows the % of shift triggering red in month and demonstrates that following the spike in August there has been an overall reduction. This is multifactorial, the reasons include, recruitment activity, controlled use of agency, proactive planning for identified risks and introduction of the 7 day e-Roster service to support administrative tasks.

**Chart 3**

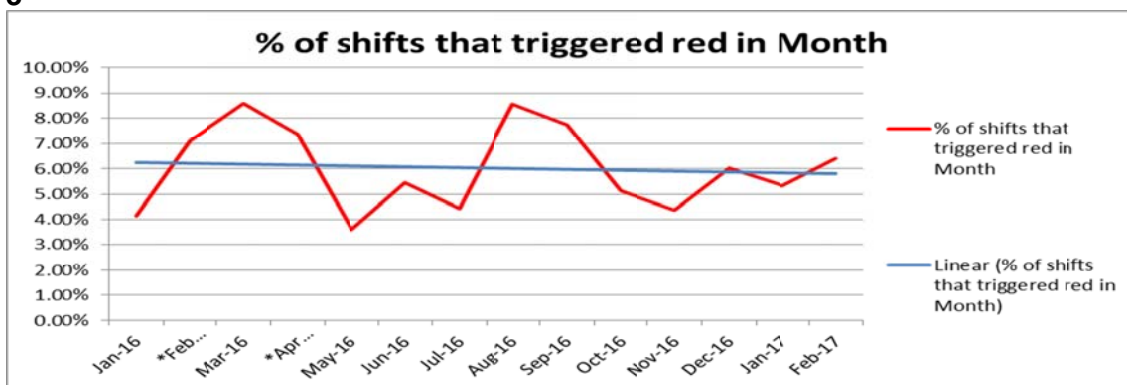
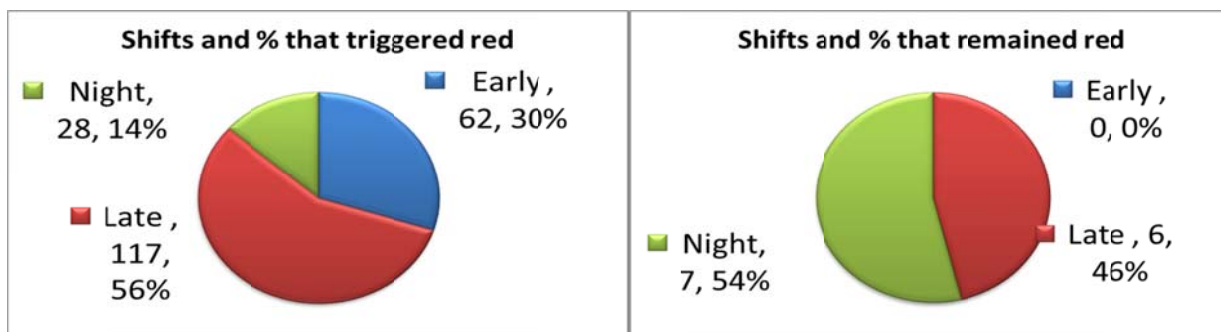


Chart 4 below shows the number and % distribution of red triggered shifts and those shifts that remained red after mitigating action was taken; all red triggering shifts were mitigated.

**Chart 4 – Shifts initially triggering red & remained red**



A list of all the shifts triggering red can be found in Appendix 3. Eight wards triggered red on 10% or more of the shifts in month which is an increase of two wards from January. Additionally there was an increase in the number of night shifts which remained partially mitigated, a full list of these wards can be found in Appendix 4.

The 7 partially mitigated red for the Night shift were:

- 10B – 1 part-mitigated night shift, was due to be green but an agency staff cancelled at short notice and a substantive worker went off sick. The enhanced nursing care team provided support on the night
- Critical Care – 1 part-mitigated night shift, was due to be Amber but had 3 critically ill patients admitted overnight resulting in the shift becoming red.
- Children’s ED – 5 part-mitigated night shifts, 3 of which were due to unfilled twilight shifts, this meant the unit was only red until 00:00 and then had the expected staffing levels. In addition these gaps were further mitigated through support from the Emergency Nurse Practitioner supporting until 22:00hrs. The other 2 shifts were due to short notice cancelled shifts.

Generally, red shifts are 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 5 – Wards triggering high number of red shifts**

Ward	INITIAL REDS			Number of shifts where staffing initially fell below agreed levels	% of shifts where staffing fell below agreed levels and triggered a Red rating
	Early	Late	Night		
11A	4	9	1	14	16.67
7AN	5	14	1	20	23.81
SSU	5	7	2	14	16.67
6B	3	10	1	14	16.67
Ashwell	0	12	1	13	15.48
5B	4	7	0	11	13.10
Swift	2	6	2	10	11.90
Child A&E	3	2	7	12	14.29

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 – Temporary staffing demand fell in February, there was also a significant drop in agency usage. This resulted in the percentage of unfilled hours increasing

from 19.1% in January to 19.8% in February, resulting in an increase in the number of shifts triggering and remaining red.

- Vacancy Rate – Nurse Vacancy rates at ward level fell slightly from 15.86% in January to 15.20% in February, even with this reduction vacancies continue to impact temporary staffing requirement.
- Sickness – Sickness rate decreased slightly but remains above the 4% budget position, with February sickness recorded at 7.2% (taken from e-Roster).
- Specialising requirements
- Reconfiguration – An increase in bed base has impacted the number of red triggered shifts in month.
- Introduction of the 7 day e-Roster operational team has supported effective clinical decision making in relation to staffing

### 3. Staffing risks are effectively escalated to an appropriate person

Shifts that fall below minimum staffing levels are escalated to the divisional staffing bleep holder whose responsibility it is to balance risk across the division. Where the matron is unable to mitigate red shifts themselves they escalated to the Nursing Service Manager to balance risk across the organisation.

#### 3.1 Red Flags

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

Chart 5 below shows the distribution of ‘Shortfall in care hours’ red flags by shift, this distribution supports the data shown in the red triggered shifts report that the day shifts are more likely to be escalated as having a staffing related issue.

**Chart 5 – Shortfall in Care Hours**

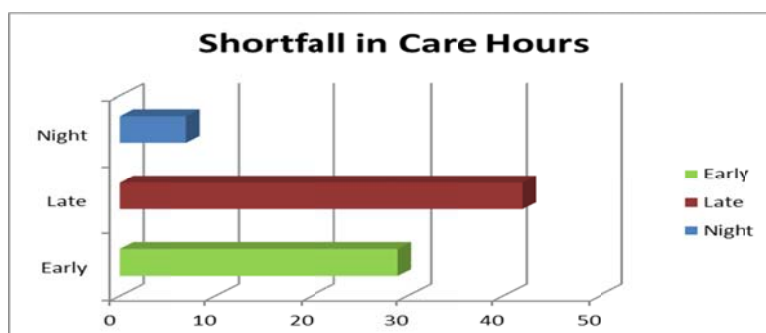
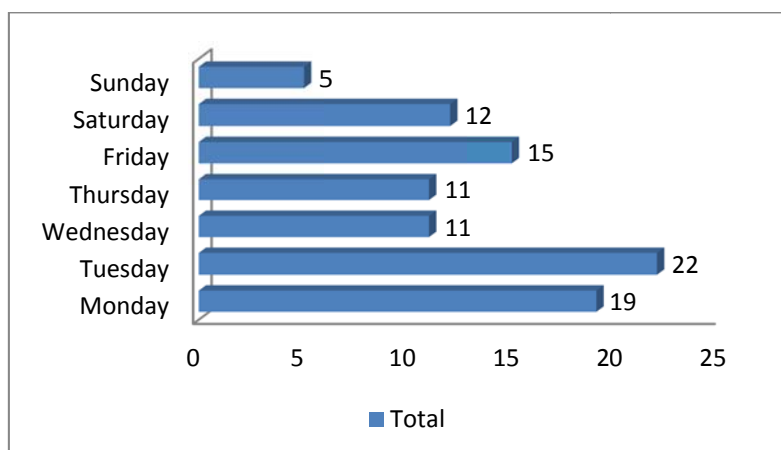


Chart 6 below indicates the red flags by day of the week. This shows that Mondays and Tuesdays are the day where staffing is most likely to be escalated as needing an intervention.



**Chart 6 Red Flags Day of Week**



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

The overall RN fill rate decreased in February and subsequent number of shifts triggering red increased. This is in part due to the reconfiguration creating additional beds that need staffing, a sustained high level of sickness on wards and a decrease in temporary staffing fill. The maintenance of safe staffing levels on wards in February was supported by:

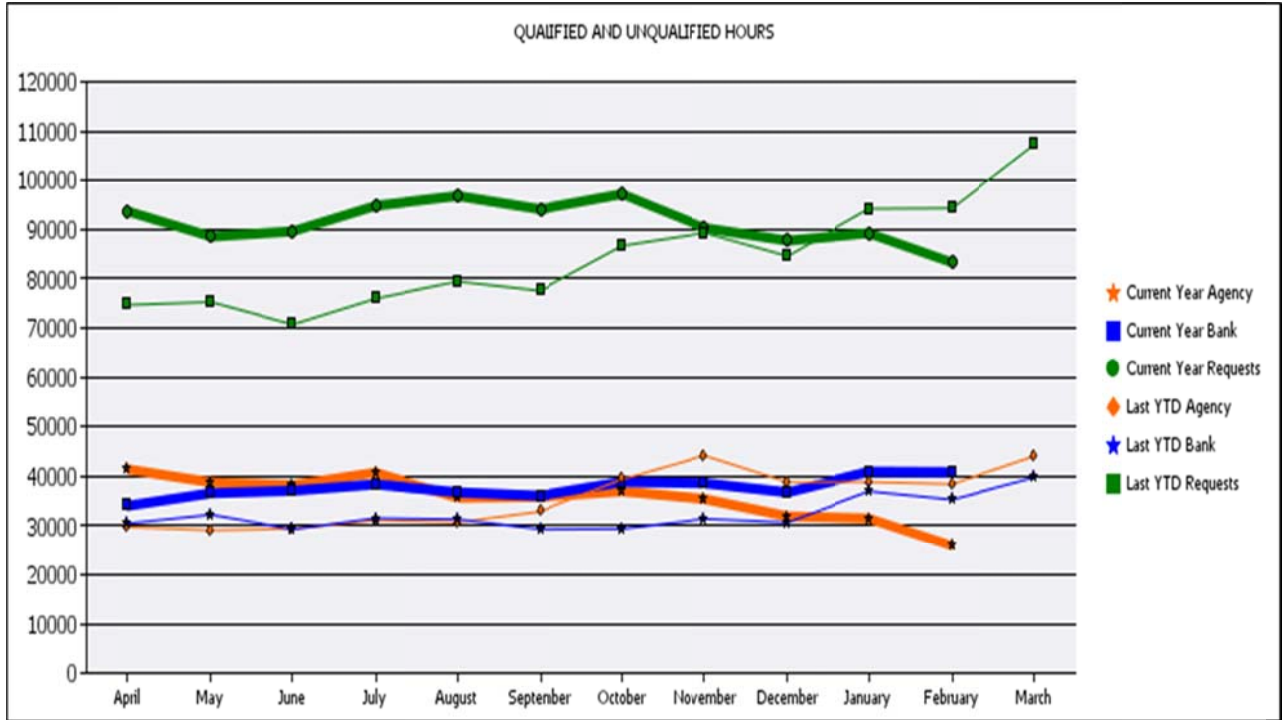
- Continued daily monitoring and ward RAG rating of staffing levels across inpatient wards
- Red flags used to effectively escalate nationally reportable events to allow appropriate immediate action to be taken.
- Regular patient acuity audits completed by Matrons
- Working with cap compliant agencies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

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%	119.5%	99.2%	141.9%
11A	93.0%	92.1%	99.7%	118.3%
11B	82.6%	132.7%	102.4%	96.6%
5A	88.9%	108.1%	89.7%	146.4%
5B	89.2%	88.0%	97.4%	120.9%
6A	97.9%	88.4%	101.2%	91.0%
6B	91.2%	87.9%	101.9%	113.5%
10AN Gynae	101.9%	122.9%	100.8%	100.0%
7B	96.5%	83.3%	97.1%	103.9%
7A	99.1%	93.3%	99.5%	127.3%
8A	97.4%	90.0%	91.4%	107.5%
8B	97.6%	96.7%	97.1%	112.3%
9A	94.9%	111.9%	98.5%	126.8%
9B	100.8%	116.4%	100.9%	149.6%
ACU	95.4%	86.7%	100.4%	125.1%
AMU-A	94.6%	98.2%	93.5%	105.3%
AMU-W	101.3%	100.5%	97.8%	97.9%
Ashwell	100.1%	113.4%	100.2%	125.3%
Barley	98.8%	104.6%	98.1%	126.8%
Bluebell	79.3%	103.6%	83.6%	#DIV/0!
Critical Care 1	100.0%	100.0%	100.0%	100.0%
Dacre	117.4%	#DIV/0!	104.9%	#DIV/0!
Gloucester	116.5%	90.4%	101.2%	75.7%
CLU	98.9%	98.8%	101.5%	94.1%
Mat MLU	97.9%	83.6%	86.2%	85.1%
Michael Sobell House	97.8%	113.4%	98.8%	98.2%
Pirton	89.3%	102.3%	99.1%	104.3%
SAU	93.7%	82.6%	68.4%	201.1%
SSU	93.6%	118.1%	93.6%	127.2%
Swift	86.5%	87.3%	97.1%	98.8%
Ward 10	83.7%	48.5%	74.8%	#DIV/0!
Ward 11	79.9%	57.7%	67.0%	#DIV/0!
<b>Total</b>	<b>93.6%</b>	<b>113.2%</b>	<b>94.8%</b>	<b>135.3%</b>

NHSP hours YTD report



## Shifts that initially triggered red in February 2017

Division	Speciality	Ward	INITIAL REDS				
			Early	Late	Night	Number of shifts where staffing initially fell below agreed levels	% of shifts where staffing fell below agreed levels and triggered a Red rating
Medicine	Care of the Elderly	9A	4	3	0	7	8.33
		9B	0	0	1	1	1.19
	Stroke	Barley	4	2	0	6	7.14
		Pirton	0	4	0	4	4.76
	General	6A	3	2	0	5	5.95
		10B	4	1	0	5	5.95
	Respiratory	11A	4	9	1	14	16.67
		7A	5	14	1	20	23.81
	Cardiology	ACU	1	3	0	4	4.76
	Acute	AMU-A	0	2	1	3	3.57
		SSU	5	7	2	14	16.67
		AMU-W	0	1	0	1	1.19
	Renal	6B	3	10	1	14	16.67
	DTOC / gastro	Ashwell	0	12	1	13	15.48
	ED	A&E	2	6	0	8	9.52
CDU		3	3	0	6	7.14	
UCC		0	0	0	0	0.00	
<b>Total</b>			<b>38</b>	<b>79</b>	<b>8</b>	<b>125</b>	<b>8.75</b>
Surgery	General	8A	0	0	2	2	2.38
		8B	0	0	0	0	0.00
		SAU	2	6	0	8	9.52
	Surgical Spec	11B	2	5	1	8	9.52
		7B	2	3	0	5	5.95
	T&O	5A	3	1	2	6	7.14
		5B	4	7	0	11	13.10
		Swift	2	6	2	10	11.90
	ATCC	Critical Care 1	1	1	3	5	5.95
		ASCU	0	0	0	0	0.00
<b>Total</b>			<b>16</b>	<b>29</b>	<b>10</b>	<b>55</b>	<b>6.55</b>
Women's & Children	Gynae	10AN Gynae	2	3	0	5	5.95
		Bluebell	2	2	3	7	8.33
	Paeds	Child A&E	3	2	7	12	14.29
		NICU	0	0	0	0	0.00
		Dacre	0	0	0	0	0.00
	Maternity	Gloucester	0	0	0	0	0.00
		Mat MLU	0	0	0	0	0.00
Mat CLU 1		0	0	0	0	0.00	
<b>Total</b>			<b>7</b>	<b>7</b>	<b>10</b>	<b>24</b>	<b>3.57</b>
Cancer	Inpatient	Ward 10	0	0	0	0	0.00
		Ward 11	0	0	0	0	0.00
		Michael Sobell House	0	1	0	1	1.19
<b>Total</b>			<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0.40</b>
		<b>TRUST TOTAL</b>	<b>61</b>	<b>116</b>	<b>28</b>	<b>205</b>	<b>6.42</b>

## Appendix 4

Division	Speciality	Ward	~ FINAL 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
Medicine	Care of the Elderly	9A	0	0	0	0	0.00
		9B	0	0	0	0	0.00
	Stroke	Barley	0	0	0	0	0.00
		Pirton	0	1	0	1	1.19
	General	6A	0	0	0	0	0.00
		10B	0	0	1	1	1.19
	Respiratory	11A	0	0	0	0	0.00
		7A	0	1	0	1	1.19
	Cardiology	ACU	0	1	0	1	1.19
	Acute	AMU-A	0	0	0	0	0.00
		SSU	0	0	0	0	0.00
		AMU-W	0	0	0	0	0.00
	Renal	6B	0	0	0	0	0.00
	DTOC / gastro	Ashwell	0	0	0	0	0.00
	ED	A&E	0	1	0	1	1.19
		CDU	0	0	0	0	0.00
UCC		0	0	0	0	0.00	
<b>Total</b>		<b>0</b>	<b>4</b>	<b>1</b>	<b>5</b>	<b>0.35</b>	
Surgery	General	8A	0	0	0	0	0.00
		8B	0	0	0	0	0.00
		SAU	0	0	0	0	0.00
	Surgical Spec	11B	0	0	0	0	0.00
		7B	0	0	0	0	0.00
	T&O	5A	0	0	0	0	0.00
		5B	0	2	0	2	2.38
		Swift	0	0	0	0	0.00
	ATCC	Critical Care 1	0	0	1	1	1.19
		ASCU	0	0	0	0	0.00
<b>Total</b>		<b>0</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>0.36</b>	
Women's & Children	Gynae	10AN Gynae	0	0	0	0	0.00
	Paeds	Bluebell	0	0	0	0	0.00
		Child A&E	0	0	5	5	5.95
		NICU	0	0	0	0	0.00
	Maternity	Dacre	0	0	0	0	0.00
		Gloucester	0	0	0	0	0.00
		Mat MLU	0	0	0	0	0.00
	Mat CLU 1	0	0	0	0	0.00	
<b>Total</b>		<b>0</b>	<b>0</b>	<b>5</b>	<b>5</b>	<b>0.74</b>	
Cancer	Inpatient	Ward 10	0	0	0	0	0.00
		Ward 11	0	0	0	0	0.00
		Michael Sobell House	0	0	0	0	0.00
<b>Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>	
		<b>TRUST TOTAL</b>	<b>0</b>	<b>6</b>	<b>7</b>	<b>13</b>	<b>0.41</b>

## Appendix 5

Ward name	Care Hours Per Patient Day (CHPPD)		
	Registered midwives/nurses	Care Staff	Overall
10B	2.79	2.75	5.54
11A	4.32	1.72	6.04
11B	3.71	2.97	6.68
5A	3.20	1.91	5.11
5B	3.57	2.49	6.06
6A	3.20	2.02	5.22
6B	3.82	2.77	6.59
10A NGynae	5.46	3.00	8.46
7B	3.38	1.47	4.85
7A	3.34	2.64	5.98
8A	3.11	1.96	5.06
8B	3.90	1.89	5.78
9A	3.18	2.52	5.70
9B	3.24	2.69	5.92
ACU	5.56	1.69	7.25
AMU-A	8.40	4.98	13.38
AMU-W	3.44	2.29	5.72
Ashwell	3.62	3.58	7.20
Barley	3.80	2.91	6.71
Bluebell	9.03	1.59	10.62
Critical Care 1	22.00	2.39	24.39
Dacre	9.33	1.47	10.80
Gloucester	3.34	2.33	5.67
CLU	28.33	6.16	34.49
Mat MLU	23.56	6.53	30.08
Michael Sobell House	6.45	4.21	10.66
Pirton	4.45	2.48	6.93
SAU	5.74	3.80	9.54
SSU	3.46	2.63	6.09
Swift	3.72	2.50	6.23
Ward 10	6.13	1.13	7.26
Ward 11	7.01	1.76	8.77
<b>Total</b>	<b>5.0</b>	<b>2.5</b>	<b>7.5</b>

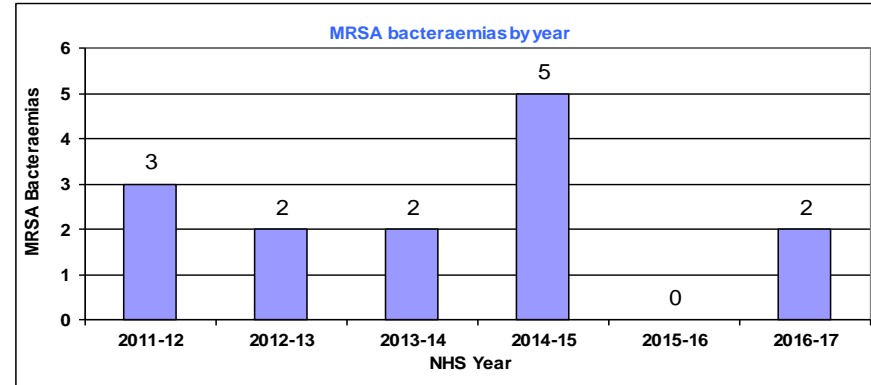
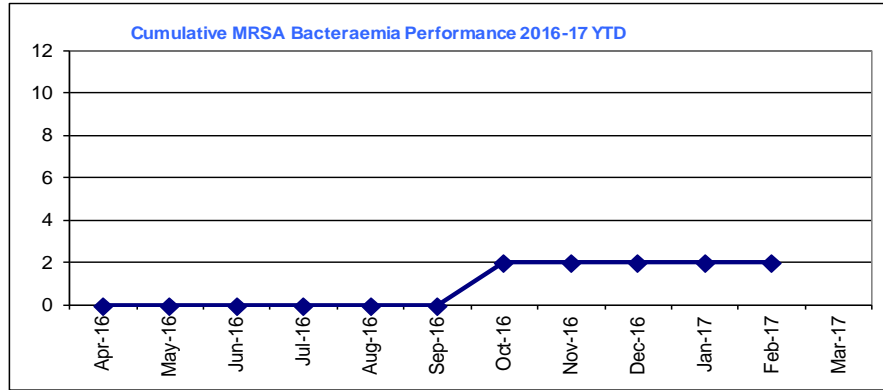


## Infection Prevention and Control Board Report Objectives & Outcomes: February 2017

HCAI SURVEILLANCE	MRSA	0 hospital associated MRSA bacteraemias in February Year to date position is 2 cases, including 1 contaminant (target 0 cases to year end)	Red
	<i>C.difficile</i>	2 hospital allocated <i>C.difficile</i> cases in February, 18 cases year to date Appeals upheld for 4 of the 18 cases year to date, further appeals pending (ceiling target of 11 cases to year end)	Red
	MSSA	1 hospital associated MSSA bacteraemia in February Year to date position is 17 cases (no target set)	Green
	<i>E.coli</i>	There were 3 hospital associated <i>E.coli</i> bacteraemias in February Year to date position is 32 cases (no target set)	Green
	Carbapenemase-producing Enterobacteriaceae(CPE)	5 inpatient cases of CPE identified in February. Year to date position is 9 inpatient cases and 2 outpatient cases (no target set) CPE screening policy has been expanded to include screening of patients who, during past 12 months, have been admitted to <u>any</u> hospital (UK or abroad) or undergone significant healthcare procedures abroad eg dialysis.	Amber
	Outbreaks / Periods of Increased Incidence	One bay on AMUA closed overnight due 3 patients with diarrhoea and vomiting, 2 bed days lost. A cluster of 4 patients with Influenza A identified on Ashwell, appropriate precautions put in place and no bed days lost. There were no other outbreaks or periods of increased incidence identified in February.	Green
	Surgical Site Infection	The Trust was identified as an outlier for 2014-15 in all 3 categories. Figures for 2015-17 to date indicate overall improvement, but the Trust remains a high outlier for Knee Replacement and an outlier for Hip Replacement.	Amber
CQUINS	Antimicrobial stewardship	15% reduction to end February in total antibiotic consumption (target 1%) 21% reduction to end February in piperacillin-tazobactam (target 1%) 3% reduction to end February in carbapenems (target 1% reduction by end Q4)	Green
		Q1: 73% of cases reviewed within 72 hrs (target 25%). Q2: 89% of cases reviewed within 72 hrs (target 50%) Q3: 82% of cases reviewed within 72 hrs (target 75%) Q4 to date: 94% reviewed within 72 hrs (target 90%)	Green
AUDITS	High Impact Interventions (HII)	HII audit scores in February were below 95% for Surgical Site Observation, IV Devices Insertion & Continuing Care, Urinary Catheter Continuing Care, Renal Dialysis Continuing Care, Ventilator Continuing Care and Renal Dialysis Environment.	Amber
	CCG IP&C Assurance Visit – 17.02.17	11A, 9B, 5B, 6A & ED visited. Further visit planned to additional areas and formal report awaited	Amber
ISSUES / EVENTS	ICNet	Potential solutions to resolve ongoing ICNet/TPP interface issues were presented to the IM&T Strategy Board in December. The Trust and Pathology Partnership IT Departments are now working to resolve remaining issues and enable reinstatement of the ICNet system. On Risk Register.	Red
	Infection in Critical Care Quality Improvement Programme (ICQIP)	A national surveillance programme is to be introduced in 2017 for blood stream infections in intensive care units, with the aim of reducing the number of such infections. ITU contact details have been passed to PHE to enable implementation once full details are received.	Green



MRSA BACTERAEMIA – POST 48 HRS



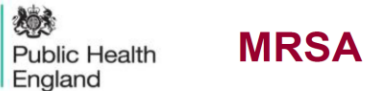
MRSA bacteraemia by Division

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

No PIRs outstanding.



MRSA – PHE Benchmarking Data (January 2017)



Count of trust PIR assigned cases per month

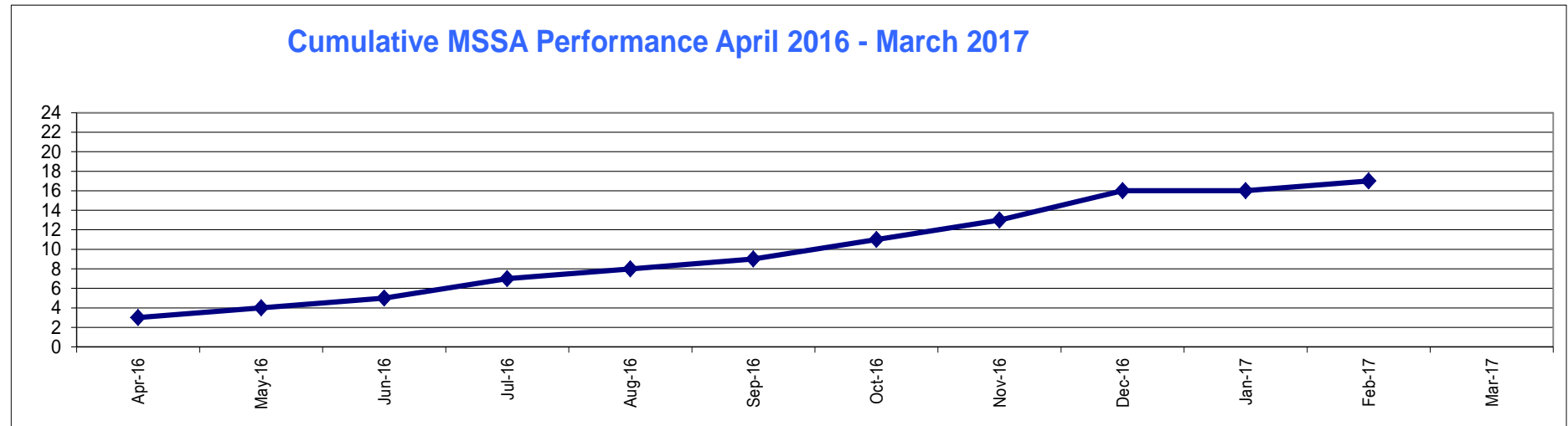
Trust Code	Acute Trust Name	Trajectory	2016										2017			Total
			April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar		
RDD	Basildon & Thurrock University Hospitals NHS Foundation Trust	N/A	0	0	0	0	1	1	0	1	0	0	0	0	3	
RC1	Bedford Hospitals NHS Trust	N/A	0	0	0	0	0	0	1	0	0	0	0	1		
RGT	Cambridge University Hospitals NHS Foundation Trust	N/A	0	0	0	0	0	1	0	0	1	0	0	2		
RDE	Colchester Hospitals University NHS Foundation Trust	N/A	1	0	0	0	1	0	0	0	0	0	0	2		
RWH	East & North Hertfordshire NHS Trust	N/A	0	0	0	0	0	0	2	0	0	0	0	2		
RQQ	Hinchingbrooke Health Care NHS Trust	N/A	0	0	0	0	0	0	0	0	0	0	0	0		
RGQ	Ipswich Hospital NHS Trust	N/A	0	0	0	0	0	0	0	0	0	1	0	1		
RGP	James Paget University Hospitals NHS Foundation Trust	N/A	0	0	0	0	0	0	0	0	0	0	0	0		
RC9	Luton & Dunstable Hospital NHS Foundation Trust	N/A	0	0	0	0	0	0	0	0	0	0	0	0		
RQ8	Mid Essex Hospital Services NHS Trust	N/A	0	0	0	1	0	0	0	0	0	0	0	1		
RD8	Milton Keynes Hospital NHS Foundation Trust	N/A	0	0	0	0	0	0	0	0	0	0	0	0		
RM1	Norfolk & Norwich University Hospitals NHS Foundation Trust	N/A	0	0	0	0	0	0	0	0	0	0	0	0		
RGM	Papworth Hospital NHS Foundation Trust	N/A	0	0	0	0	0	0	0	0	0	0	0	0		
RGN	Peterborough & Stamford Hospitals NHS Foundation Trust	N/A	0	0	0	1	0	0	0	0	0	0	0	1		
RQW	Princess Alexandra Hospital NHS Trust	N/A	0	0	0	0	0	0	0	0	0	0	0	0		
RAJ	Southend University Hospital NHS Foundation Trust	N/A	0	0	0	0	0	0	0	0	0	0	0	0		
RCX	The Queen Elizabeth Hospital King's Lynn NHS Trust	N/A	0	0	0	0	0	0	0	0	0	0	0	0		
RWG	West Hertfordshire Hospitals NHS Trust	N/A	0	0	0	0	0	0	0	0	0	0	0	0		
RGR	West Suffolk Hospitals NHS Trust	N/A	0	0	0	0	1	0	0	0	0	0	0	1		
<b>East of England Total</b>		<b>N/A</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>1</b>		<b>14</b>		
<b>England Total</b>		<b>N/A</b>	<b>14</b>	<b>29</b>	<b>22</b>	<b>16</b>	<b>29</b>	<b>30</b>	<b>30</b>	<b>20</b>	<b>27</b>	<b>40</b>		<b>257</b>		

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

Trust Code	Acute Trust Name	Trajectory	2016										2017			Total
			April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar		
RDD	Basildon & Thurrock University Hospitals NHS Foundation Trust	N/A	0.00	0.00	0.00	0.00	4.99	5.16	0.00	5.16	0.00	0.00	0.00	1.52		
RC1	Bedford Hospitals NHS Trust	N/A	0.00	0.00	0.00	0.00	0.00	0.00	8.74	0.00	0.00	0.00	0.89			
RGT	Cambridge University Hospitals NHS Foundation Trust	N/A	0.00	0.00	0.00	0.00	0.00	3.86	0.00	0.00	3.73	0.00	0.76			
RDE	Colchester Hospitals University NHS Foundation Trust	N/A	6.30	0.00	0.00	0.00	6.10	0.00	0.00	0.00	0.00	0.00	1.24			
RWH	East & North Hertfordshire NHS Trust	N/A	0.00	0.00	0.00	0.00	0.00	0.00	10.99	0.00	0.00	0.00	1.11			
RQQ	Hinchingbrooke Health Care NHS Trust	N/A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
RGQ	Ipswich Hospital NHS Trust	N/A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6.68	0.00	0.68			
RGP	James Paget University Hospitals NHS Foundation Trust	N/A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
RC9	Luton & Dunstable Hospital NHS Foundation Trust	N/A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
RQ8	Mid Essex Hospital Services NHS Trust	N/A	0.00	0.00	0.00	6.40	0.00	0.00	0.00	0.00	0.00	0.00	0.65			
RD8	Milton Keynes Hospital NHS Foundation Trust	N/A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
RM1	Norfolk & Norwich University Hospitals NHS Foundation Trust	N/A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
RGM	Papworth Hospital NHS Foundation Trust	N/A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
RGN	Peterborough & Stamford Hospitals NHS Foundation Trust	N/A	0.00	0.00	0.00	6.02	0.00	0.00	0.00	0.00	0.00	0.00	0.61			
RQW	Princess Alexandra Hospital NHS Trust	N/A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
RAJ	Southend University Hospital NHS Foundation Trust	N/A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
RCX	The Queen Elizabeth Hospital King's Lynn NHS Trust	N/A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
RWG	West Hertfordshire Hospitals NHS Trust	N/A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
RGR	West Suffolk Hospitals NHS Trust	N/A	0.00	0.00	0.00	0.00	8.73	0.00	0.00	0.00	0.00	0.00	0.88			
<b>East of England Total</b>		<b>N/A</b>	<b>0.35</b>	<b>0.00</b>	<b>0.00</b>	<b>0.68</b>	<b>1.02</b>	<b>0.70</b>	<b>1.02</b>	<b>0.35</b>	<b>0.34</b>	<b>0.34</b>	<b>0.48</b>			
<b>England Total</b>		<b>N/A</b>	<b>0.40</b>	<b>0.82</b>	<b>0.64</b>	<b>0.45</b>	<b>0.82</b>	<b>0.87</b>	<b>0.85</b>	<b>0.58</b>	<b>0.76</b>	<b>1.13</b>	<b>0.73</b>			



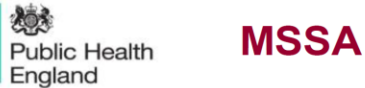
MSSA BACTERAEMIA - POST 48 HRS



Hospital acquired MSSA by Division	YTD 2015-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD 2016-17
Cancer	0	0	0	0	0	0	0	0	0	0	0	0		0
Medicine	6	2	0	0	1	1	1	1	0	3	0	1		10
Surgical	5	1	1	0	1	0	0	1	1	0	0	0		5
Women & Children	2	0	0	1	0	0	0	0	0	0	0	0		1
MVCC	1	0	0	0	0	0	0	0	1	0	0	0		1
<b>Grand Total</b>	<b>14</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>1</b>		<b>17</b>

A review of the Trust-associated MSSA bacteraemia in Medicine in February found that this was associated with an IV device. Some gaps in practice in the management and documentation of IV devices were identified and the ward has been asked to implement appropriate actions and feed back to the next Medical Divisional IP&C meeting.

MSSA – PHE Benchmarking Data (January 2017)



Count of all cases identified by acute trust per month

Trust Code	Acute Trust Name	Trajectory	2016										2017			Total
			April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar		
RDD	Basildon & Thurrock University Hospitals NHS Foundation Trust	N/A	0	1	0	2	2	3	0	0	2	1			11	
RC1	Bedford Hospitals NHS Trust	N/A	0	1	0	1	4	1	0	0	0	0			7	
RGT	Cambridge University Hospitals NHS Foundation Trust	N/A	3	3	1	4	3	0	2	2	1	1			20	
RDE	Colchester Hospitals University NHS Foundation Trust	N/A	2	3	1	0	0	3	0	1	2	0			12	
RWH	East & North Hertfordshire NHS Trust	N/A	3	1	1	2	1	1	1*	2	3	0			15*	
RQQ	Hinchingbrooke Health Care NHS Trust	N/A	1	1	3	1	1	0	1	0	0	0			8	
RGQ	Ipswich Hospital NHS Trust	N/A	1	0	2	0	0	2	1	2	1	3			12	
RGP	James Paget University Hospitals NHS Foundation Trust	N/A	1	1	0	2	1	0	2	3	1	2			13	
RC9	Luton & Dunstable Hospital NHS Foundation Trust	N/A	0	0	2	0	3	4	1	1	0	1			12	
RQ8	Mid Essex Hospital Services NHS Trust	N/A	2	1	1	0	1	0	0	2	3	2			12	
RD8	Milton Keynes Hospital NHS Foundation Trust	N/A	2	0	1	1	2	1	3	0	1	3			14	
RM1	Norfolk & Norwich University Hospitals NHS Foundation Trust	N/A	2	0	2	0	4	0	2	1	0	3			14	
RGM	Papworth Hospital NHS Foundation Trust	N/A	0	1	0	1	0	0	1	1	0	2			6	
RGN	Peterborough & Stamford Hospitals NHS Foundation Trust	N/A	1	0	2	1	1	0	0	2	0	1			8	
RQW	Princess Alexandra Hospital NHS Trust	N/A	0	2	0	2	0	1	1	1	0	0			7	
RAJ	Southend University Hospital NHS Foundation Trust	N/A	3	3	2	1	1	1	1	1	1	2			16	
RCX	The Queen Elizabeth Hospital King's Lynn NHS Trust	N/A	0	2	1	0	1	2	0	0	0	0			6	
RWG	West Hertfordshire Hospitals NHS Trust	N/A	1	1	1	2	1	1	2	1	4	1			15	
RGR	West Suffolk Hospitals NHS Trust	N/A	0	1	0	0	1	1	0	1	0	1			5	
<b>East of England Total</b>		<b>N/A</b>	<b>22</b>	<b>22</b>	<b>20</b>	<b>20</b>	<b>27</b>	<b>21</b>	<b>18</b>	<b>21</b>	<b>19</b>	<b>23</b>			<b>213</b>	
<b>England Total</b>		<b>N/A</b>	<b>269</b>	<b>251</b>	<b>297</b>	<b>224</b>	<b>274</b>	<b>230</b>	<b>278</b>	<b>263</b>	<b>229</b>	<b>278</b>			<b>2593</b>	

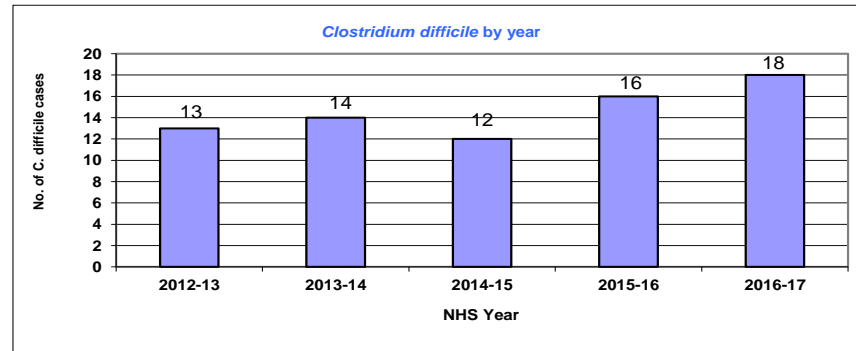
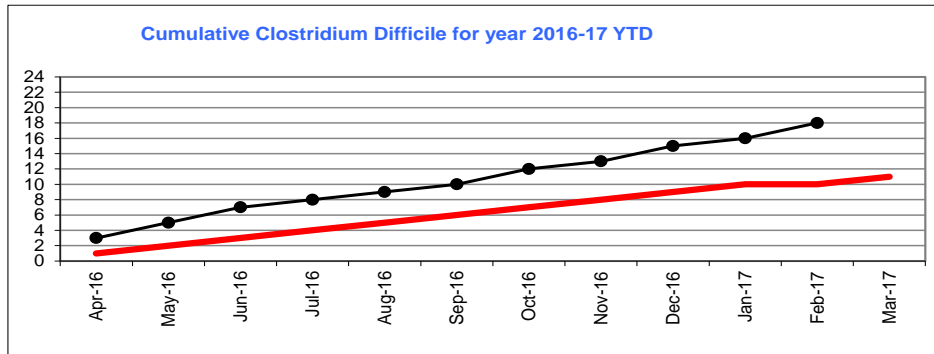
Monthly rate per 100,000 occupied bed days (acute trust apportioned cases only)

Trust Code	Acute Trust Name	Trajectory	2016										2017			Total
			April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar		
RDD	Basildon & Thurrock University Hospitals NHS Foundation Trust	N/A	0.00	4.99	0.00	9.98	9.98	15.48	0.00	0.00	9.98	4.99			5.56	
RC1	Bedford Hospitals NHS Trust	N/A	0.00	8.74	0.00	8.74	34.96	9.03	0.00	0.00	0.00	0.00			6.20	
RGT	Cambridge University Hospitals NHS Foundation Trust	N/A	11.57	11.19	3.86	14.93	11.19	0.00	7.46	7.71	3.73	3.73			7.56	
RDE	Colchester Hospitals University NHS Foundation Trust	N/A	12.61	18.30	6.30	0.00	0.00	18.91	0.00	6.30	12.20	0.00			7.42	
RWH	East & North Hertfordshire NHS Trust	N/A	17.04	5.50	5.68	10.99	5.50	5.68	5.50*	11.36	16.49	0.00			8.35*	
RQQ	Hinchingbrooke Health Care NHS Trust	N/A	18.39	17.80	55.18	17.80	17.80	0.00	17.80	0.00	0.00	0.00			14.43	
RGQ	Ipswich Hospital NHS Trust	N/A	6.90	0.00	13.80	0.00	0.00	13.80	6.68	13.80	6.68	20.03			8.12	
RGP	James Paget University Hospitals NHS Foundation Trust	N/A	9.26	8.96	0.00	17.92	8.96	0.00	17.92	27.78	8.96	17.92			11.80	
RC9	Luton & Dunstable Hospital NHS Foundation Trust	N/A	0.00	0.00	11.68	0.00	16.95	23.35	5.65	5.84	0.00	5.65			6.87	
RQ8	Mid Essex Hospital Services NHS Trust	N/A	13.22	6.40	6.61	0.00	6.40	0.00	0.00	13.22	19.19	12.79			7.78	
RD8	Milton Keynes Hospital NHS Foundation Trust	N/A	14.73	0.00	7.36	7.13	14.25	7.36	21.38	0.00	7.13	21.38			10.11	
RM1	Norfolk & Norwich University Hospitals NHS Foundation Trust	N/A	7.02	0.00	7.02	0.00	13.59	0.00	6.79	3.51	0.00	10.19			4.82	
RGM	Papworth Hospital NHS Foundation Trust	N/A	0.00	18.21	0.00	18.21	0.00	0.00	18.21	18.81	0.00	36.41			11.07	
RGN	Peterborough & Stamford Hospitals NHS Foundation Trust	N/A	6.22	0.00	12.43	6.02	6.02	0.00	0.00	12.43	0.00	6.02			4.88	
RQW	Princess Alexandra Hospital NHS Trust	N/A	0.00	15.09	0.00	15.09	0.00	7.79	7.54	7.79	0.00	0.00			5.35	
RAJ	Southend University Hospital NHS Foundation Trust	N/A	21.05	20.37	14.03	6.79	6.79	7.02	6.79	7.02	6.79	13.58			11.01	
RCX	The Queen Elizabeth Hospital King's Lynn NHS Trust	N/A	0.00	16.71	8.63	0.00	8.36	17.27	0.00	0.00	0.00	0.00			5.08	
RWG	West Hertfordshire Hospitals NHS Trust	N/A	5.38	5.21	5.38	10.42	5.21	5.38	10.42	5.38	20.84	5.21			7.92	
RGR	West Suffolk Hospitals NHS Trust	N/A	0.00	8.73	0.00	0.00	8.73	9.03	0.00	9.03	0.00	8.73			4.42	
<b>East of England Total</b>		<b>N/A</b>	<b>7.73</b>	<b>7.48</b>	<b>7.03</b>	<b>6.80</b>	<b>9.18</b>	<b>7.38</b>	<b>6.12</b>	<b>7.38</b>	<b>6.46</b>	<b>7.82</b>			<b>7.34</b>	
<b>England Total</b>		<b>N/A</b>	<b>7.61</b>	<b>7.10</b>	<b>8.66</b>	<b>6.32</b>	<b>7.73</b>	<b>6.70</b>	<b>7.84</b>	<b>7.67</b>	<b>6.46</b>	<b>7.84</b>			<b>7.39</b>	

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



CLOSTRIDIUM DIFFICILE – HOSPITAL ACQUIRED



C-DIFF by Division

Division	YTD 2015-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD 2016-17
Cancer	0	0	0	0	0	0	0	0	0	0	0	0		0
Medicine	12	3	2	2	1	1	1	1	1	1	1	1		15
Surgical	4	0	0	0	0	0	0	1	0	1	0	1		3
Women & Children	0	0	0	0	0	0	0	0	0	0	0	0		0
Grand Total	16	3	2	2	1	1	1	2	1	2	1	2		18

The RCAs for the two cases in February have taken place and the written reports are awaited.

C.DIFFICILE – PHE Benchmarking Data (January 2017)



**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	1	1	5	4	6	4	6	2	3			32	
RC1	Bedford Hospitals NHS Trust	10	1	1	2	0	1	1	1	2	2	0			11	
RGT	Cambridge University Hospitals NHS Foundation Trust	49	3	1	3	8	4	3	6	4	5	3			40	
RDE	Colchester Hospitals University NHS Foundation Trust	18	4	4	4	2	7	1	4	3	0	3			32	
RWH	East & North Hertfordshire NHS Trust	11	3	2	2	1	1	1	2	1	2	1			16	
RQQ	Hinchingbrooke Health Care NHS Trust	11	1	2	1	0	1	1	0	1	0	1			8	
RGQ	Ipswich Hospital NHS Trust	18	1	7	2	1	0	2	4	3	3	1			24	
RGP	James Paget University Hospitals NHS Foundation Trust	17	0	1	1	0	3	3	1	5	3	0			17	
RC9	Luton & Dunstable Hospital NHS Foundation Trust	6	1	0	2	3	0	1	0	0	2	0			9	
RQ8	Mid Essex Hospital Services NHS Trust	13	4	3	1	1	2	3	4	3	2	4			27	
RD8	Milton Keynes Hospital NHS Foundation Trust	39	2	0	0	3	2	0	0	1	1	0			9	
RM1	Norfolk & Norwich University Hospitals NHS Foundation Trust	49	4	2	4	6	4	4	3	2	2	6			37	
RGM	Papworth Hospital NHS Foundation Trust	5	1	0	0	0	0	0	0	0	0	0			1	
RGN	Peterborough & Stamford Hospitals NHS Foundation Trust	29	3	1	3	2	1	1	3	0	3	3			20	
RQW	Princess Alexandra Hospital NHS Trust	10	2	0	2	2	2	2	1	0	2	1			14	
RAJ	Southend University Hospital NHS Foundation Trust	30	0	0	1	1	3	3	2	2	2	0			14	
RCX	The Queen Elizabeth Hospital King's Lynn NHS Trust	53	3	0	2	4	0	2	1	3	0	3			18	
RWG	West Hertfordshire Hospitals NHS Trust	23	0	3	1	3	6	0	1	0	1	0			15	
RGR	West Suffolk Hospitals NHS Trust	16	2	1	3	3	3	2	3	3	2	0			22	
	<b>East of England Total</b>	<b>413</b>	<b>35</b>	<b>29</b>	<b>35</b>	<b>45</b>	<b>44</b>	<b>36</b>	<b>40</b>	<b>39</b>	<b>34</b>	<b>29</b>			<b>366</b>	
	<b>England Total</b>	<b>4483</b>	<b>356</b>	<b>386</b>	<b>359</b>	<b>391</b>	<b>427</b>	<b>433</b>	<b>401</b>	<b>411</b>	<b>369</b>	<b>414</b>			<b>3947</b>	

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	4.99	5.16	24.96	19.97	30.95	19.97	30.95	9.98	14.98			16.18	
RC1	Bedford Hospitals NHS Trust	8.30	9.03	8.74	18.06	0.00	8.74	9.03	8.74	18.06	17.48	0.00			9.74	
RGT	Cambridge University Hospitals NHS Foundation Trust	15.60	11.57	3.73	11.57	29.85	14.93	11.57	22.39	15.42	18.66	11.19			15.12	
RDE	Colchester Hospitals University NHS Foundation Trust	9.10	25.22	24.40	25.22	12.20	42.70	6.30	24.40	18.91	0.00	18.30			19.78	
RWH	East & North Hertfordshire NHS Trust	4.90	17.04	10.99	11.36	5.50	5.50	5.68	10.99	5.68	10.99	5.50			8.91	
RQQ	Hinchingbrooke Health Care NHS Trust	15.60	18.39	35.60	18.39	0.00	17.80	18.39	0.00	18.39	0.00	17.80			14.43	
RGQ	Ipswich Hospital NHS Trust	9.40	6.90	46.74	13.80	6.68	0.00	13.80	26.71	20.70	20.03	6.68			16.24	
RGP	James Paget University Hospitals NHS Foundation Trust	13.10	0.00	8.96	9.26	0.00	26.88	27.78	8.96	46.29	26.88	0.00			15.43	
RC9	Luton & Dunstable Hospital NHS Foundation Trust	3.10	5.84	0.00	11.68	16.95	0.00	5.84	0.00	0.00	11.30	0.00			5.15	
RQ8	Mid Essex Hospital Services NHS Trust	7.30	26.44	19.19	6.61	6.40	12.79	19.83	25.59	19.83	12.79	25.59			17.50	
RD8	Milton Keynes Hospital NHS Foundation Trust	25.80	14.73	0.00	0.00	21.38	14.25	0.00	0.00	7.36	7.13	0.00			6.50	
RM1	Norfolk & Norwich University Hospitals NHS Foundation Trust	15.10	14.04	6.79	14.04	20.38	13.59	14.04	10.19	7.02	6.79	20.38			12.73	
RGM	Papworth Hospital NHS Foundation Trust	7.00	18.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			1.84	
RGN	Peterborough & Stamford Hospitals NHS Foundation Trust	14.40	18.65	6.02	18.65	12.03	6.02	6.22	18.05	0.00	18.05	18.05			12.19	
RQW	Princess Alexandra Hospital NHS Trust	6.50	15.59	0.00	15.59	15.09	15.09	15.59	7.54	0.00	15.09	7.54			10.70	
RAJ	Southend University Hospital NHS Foundation Trust	17.30	0.00	0.00	7.02	6.79	20.37	21.05	13.58	14.03	13.58	0.00			9.63	
RCX	The Queen Elizabeth Hospital King's Lynn NHS Trust	38.00	25.90	0.00	17.27	33.42	0.00	17.27	8.36	25.90	0.00	25.07			15.24	
RWG	West Hertfordshire Hospitals NHS Trust	10.90	0.00	15.63	5.38	15.63	31.26	0.00	5.21	0.00	5.21	0.00			7.92	
RGR	West Suffolk Hospitals NHS Trust	12.50	18.05	8.73	27.08	26.20	26.20	18.05	26.20	27.08	17.47	0.00			19.47	
	<b>East of England Total</b>	<b>13.70</b>	<b>12.30</b>	<b>9.86</b>	<b>12.30</b>	<b>15.30</b>	<b>14.96</b>	<b>12.65</b>	<b>13.60</b>	<b>13.70</b>	<b>11.56</b>	<b>9.86</b>			<b>12.61</b>	
	<b>England Total</b>	<b>13.13</b>	<b>10.07</b>	<b>10.92</b>	<b>10.46</b>	<b>11.03</b>	<b>12.05</b>	<b>12.62</b>	<b>11.31</b>	<b>11.98</b>	<b>10.41</b>	<b>11.68</b>			<b>11.25</b>	



**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. This screening policy has now been expanded to include patients who have been admitted to any hospital during the past 12 months (UK or abroad) or undergone significant healthcare procedures, eg renal dialysis, abroad. Any such patients are then tested and patients are isolated until confirmed negative if they have had an overnight stay in any hospital in London, North West England or abroad, or received significant healthcare abroad. An enhanced screening programme for the Renal patient population has also been implemented as that patient group is in the highest risk category for CPE.

5 inpatient cases of CPE were identified during February. Patient contacts of all cases have been screened and no positive results have been reported to date indicating no evidence of transmission, although genotyping of all cases has been requested for further assurance. Risk factors are being identified and will be reported next month. One of the February cases was a New Delhi Metallo-beta-lactamase (NDM) organism, one of the most resistant CPE variants and the first such case identified in the Trust to date. All other cases identified in the Trust to date are one of the most prevalent variants (OXA 48).

**Carbapenemase-Producing Organisms - 2016-17**

Division/Dept		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
INPATIENTS	Renal Ward - Lister	0	0	0	0	1	0	0	0	0	1	1		3
	Medicine	0	0	0	0	0	0	0	0	0	0	3		3
	Surgery	0	0	0	1	0	0	0	0	0	2	1		4
	W&C	0	0	0	0	0	0	0	0	0	0	0		0
	MVCC	0	0	0	0	0	0	0	0	0	0	0		0
RENAL DIALYSIS UNITS	Lister	0	0	0	0	0	0	0	1	0	0	0		1
	L&D	0	0	0	0	0	0	0	0	0	0	0		0
	Harlow	0	0	0	0	0	0	0	0	0	0	0		0
	St Albans	0	0	0	0	0	0	0	0	0	0	0		0
	Bedford	0	0	0	0	0	0	0	0	0	0	0		0
OUTPATIS	Lister	0	0	0	0	0	0	0	0	0	0	0		0
	QEII	0	0	0	0	1	0	0	0	0	0	0		1
	HCH	0	0	0	0	0	0	0	0	0	0	0		0
	MVCC	0	0	0	0	0	0	0	0	0	0	0		0
<b>TOTAL</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>5</b>		<b>12</b>

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



E.COLI BACTERAEMIA – POST 48 HRS

Hospital Acquired E.Coli by Division

Division	YTD 2015-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD 2015-16
Cancer	1	0	0	0	0	0	0	0	0	0	0	0		0
Medicine	17	1	1	1	1	1	1	1	1	2	3	1		14
Surgical	6	3	2	0	1	3	1	0	2	1	1	1		15
Women & Children	0	0	0	0	0	0	0	0	0	0	0	1		1
MVCC	0	1	0	0	0	0	1	0	0	0	0	0		2
<b>Grand Total</b>	<b>24</b>	<b>5</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>3</b>	<b>0</b>	<b>32</b>

E.COLI – PHE Benchmarking Data (January 2017)



Public Health England

Escherichia coli

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

Trust Code	Acute Trust Name	Trajectory	2016										2017			Total
			April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar		
RDD	Basildon & Thurrock University Hospitals NHS Foundation Trust	N/A	17	17	17	23	19	24	25	29	21	11			203	
RC1	Bedford Hospitals NHS Trust	N/A	11	7	10	9	18	11	13	16	16	13		124		
RGT	Cambridge University Hospitals NHS Foundation Trust	N/A	22	27	24	20	38	22	29	24	34	20		260		
RDE	Colchester Hospitals University NHS Foundation Trust	N/A	20	29	25	24	31	31	31	17	19	21		248		
<b>RWH</b>	<b>East &amp; North Hertfordshire NHS Trust</b>	<b>N/A</b>	<b>27</b>	<b>21</b>	<b>25</b>	<b>24</b>	<b>20</b>	<b>23</b>	<b>30</b>	<b>24</b>	<b>22</b>	<b>26</b>		<b>242</b>		
RQQ	Hinchingbrooke Health Care NHS Trust	N/A	9	9	9	11	15	5	10	14	11	10		103		
RGQ	Ipswich Hospital NHS Trust	N/A	18	11	17	23	19	14	23	19	14	16		174		
RGP	James Paget University Hospitals NHS Foundation Trust	N/A	13	22	15	18	16	19	24	16	9	13		165		
RC9	Luton & Dunstable Hospital NHS Foundation Trust	N/A	19	18	17	18	18	15	12	17	21	17		172		
RQ8	Mid Essex Hospital Services NHS Trust	N/A	21	15	23	16	24	16	17	15	14	16		177		
RD8	Milton Keynes Hospital NHS Foundation Trust	N/A	16	12	17	20	21	14	21	20	15	15		171		
RM1	Norfolk & Norwich University Hospitals NHS Foundation Trust	N/A	24	31	29	39	41	24	34	33	29	26		310		
RGM	Papworth Hospital NHS Foundation Trust	N/A	0	1	0	2	2	0	2	2	0	0		9		
RGN	Peterborough & Stamford Hospitals NHS Foundation Trust	N/A	15	15	10	17	18	14	17	20	28	24		178		
RQW	Princess Alexandra Hospital NHS Trust	N/A	18	10	19	9	26	14	13	10	12	14		145		
RAJ	Southend University Hospital NHS Foundation Trust	N/A	19	12	19	21	21	28	36	22	28	17		223		
RCX	The Queen Elizabeth Hospital King's Lynn NHS Trust	N/A	14	11	21	24	16	21	20	15	22	20		184		
RWG	West Hertfordshire Hospitals NHS Trust	N/A	11	14	14	24	15	17	15	19	21	20		170		
RGR	West Suffolk Hospitals NHS Trust	N/A	9	8	14	15	21	26	15	16	16	19		159		
<b>East of England Total</b>		<b>N/A</b>	<b>303</b>	<b>290</b>	<b>325</b>	<b>357</b>	<b>399</b>	<b>338</b>	<b>387</b>	<b>348</b>	<b>352</b>	<b>318</b>		<b>3417</b>		
<b>England Total</b>		<b>N/A</b>	<b>3057</b>	<b>3370</b>	<b>3411</b>	<b>3644</b>	<b>3759</b>	<b>3476</b>	<b>3532</b>	<b>3304</b>	<b>3216</b>	<b>3136</b>		<b>33905</b>		



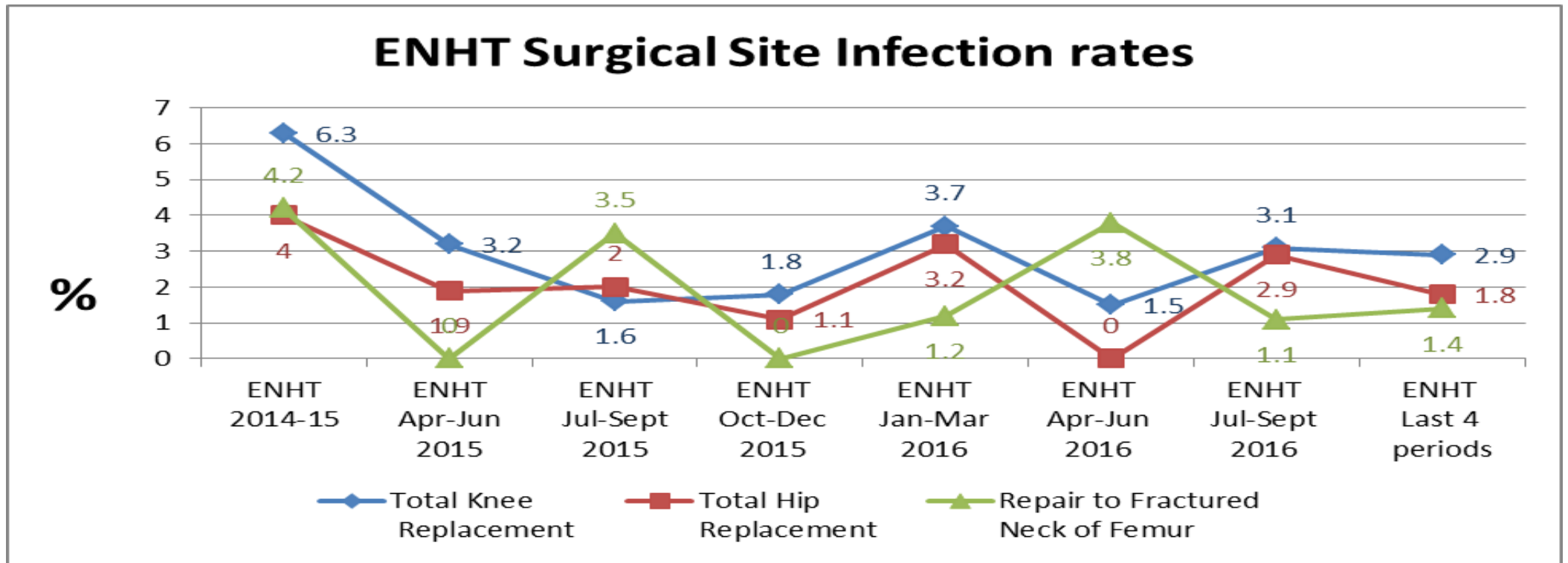
Surgical Site Infection Rates

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

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

\* Data was collected for 1 quarter only during 2014-15 (Oct-Dec 2014).

\*\*The last 4 quarters for which data has been collected are considered the most useful for identifying trends, due to the comparatively small number of operations per quarter







High Impact Intervention Audit Scores

High Impact Interventions	YTD 2015-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD 2016-17	RAG rate (Month on Month)
Hand Hygiene	95.63%	95.81%	97.16%	97.98%	96.91%	97.10%	98.20%	97.49%	97.81%	94.30%	96.35%	96.26%		96.87%	▼
Surgical Site Observation	95.32%	95.85%	96.34%	96.31%	92.69%	89.71%	86.91%	89.34%	93.48%	95.86%	93.70%	91.38%		92.95%	▼
Intravascular Devices (Insertion)	95.05%	97.63%	97.49%	95.66%	97.11%	92.90%	90.45%	90.99%	90.85%	94.97%	92.40%	91.22%		93.76%	▼
Intravascular Devices (Continuing Care)	90.70%	94.66%	93.82%	89.12%	90.16%	87.91%	90.86%	90.75%	92.72%	94.20%	90.58%	93.97%		91.61%	▲
Urinary Catheter (Insertion)	94.96%	96.69%	97.93%	97.64%	93.16%	96.36%	97.17%	97.39%	93.38%	100.00%	92.80%	95.61%		96.15%	▲
Urinary Catheter (Continuing Care)	92.50%	96.88%	97.42%	97.12%	93.39%	92.86%	86.00%	91.53%	85.51%	93.44%	86.11%	90.63%		93.22%	▲
Renal Dialysis (Continuing Care)	98.33%	95.46%	98.69%	98.18%	98.38%	96.97%	96.98%	91.03%	89.29%	91.14%	100.00%	94.74%		96.56%	▼
Ventilator (Continuing Care)	99.33%	100.00%	100.00%	100.00%	100.00%	97.84%	97.64%	95.93%	95.06%	87.50%	100.00%	91.89%		96.91%	▼
Environment (Inpatients)	96.87%	98.13%	97.52%	97.39%	97.13%	97.18%	96.78%	95.87%	95.58%	94.84%	95.83%	96.29%		96.69%	▲
Environment (Outpatients)	96.82%	96.05%	97.95%	97.54%	96.81%	96.83%	97.24%	97.42%	96.70%	96.60%	98.11%	97.10%		97.11%	▼
Environment (Renal Dialysis)	91.58%	89.41%	86.33%	90.49%	90.56%	86.00%	87.65%	90.44%	90.34%	91.28%	89.06%	89.27%		89.06%	▲
MRSA Screening Compliance	91.61%	97.05%	95.63%	94.83%	93.09%	96.97%	97.21%	97.55%	99.86%	94.27%	96.12%	98.58%		96.40%	▲

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