








East and North Hertfordshire NHS Trust
Trust Board Part I

Lister Education Centre

31 May 2017 14:00 - 31 May 2017 15:00

AGENDA

#	Description	Owner	Time
1	Chair's Opening Remarks	Chair	
2	Declaration of Interests		
3	<p>Questions from the Public</p> <p>Members of the public are reminded that Trust Board meetings are meetings held in public, not public meetings. However, the Board provides members of the public at the start of each meeting the opportunity to ask questions and/or make statements that relate to the work of the Trust. Members of the public are urged to give notice of their questions at least 48 hours before the beginning of the meeting in order that a full answer can be provided; if notice is not given, an answer will be provided whenever possible but the relevant information may not be available at the meeting. If such information is not so available, the Trust will provide a written answer to the question as soon as is practicable after the meeting. The Secretary can be contacted by email (jude.archer@nhs.net), by telephone (01438 285454), by fax (01438 781281) or by post to: Company Secretary, Lister Hospital, Coreys Mill Lane, Stevenage, Herts, SG1 4AB. Each person will be allowed to address the meeting for no more than three minutes and will be allowed to ask only one question or make one statement. However, at the discretion of the Chair of the meeting, and if time permits, a second or subsequent question may be allowed. Generally, questions and/or statements from members of the public will not be allowed during the course of the meeting. Exceptionally, however, where an issue is of particular interest to the community, the Chairman may allow members of the public to ask questions or make comments immediately before the Board begins its deliberations on that issue, provided the Chairman's consent thereto is obtained before the meeting.</p>		
4	Apologies for Absence:		
5	<p>Minutes of Previous Meeting</p> <p>For approval</p> <p> 5 Draft mins 290317 Pt 1.pdf</p>	Chair	5
6	<p>Matters Arising and Actions Log</p> <p>For information</p> <p> 06 Pt I Actions Log to May 2017.pdf</p>	Chair	15
7	<p>Annual Cycle</p> <p>For information</p> <p> 07 Board Annual Cycle 2017-18.pdf</p>	Company Secretary	17
8	<p>Chief Executive's Report</p> <p>For discussion</p> <p> 8. CE Board Report - May 2017.pdf</p>	Chief Executive	21
9	Finance and Performance		

#	Description	Owner	Time
9.1	<p>Finance and Performance Committee report</p> <p>For discussion</p>	Chair of FPC	
9.1.1	<p>Performance Report (verbal position to be provided)</p> <p>For information</p>	Chief Operating Officer	
9.1.2	<p>Workforce Report</p> <p>For information.</p> <p> 9.1.2 Workforce Report.pdf 25</p>	Chief People Officer	
10	Risk and Quality		14:45
10.1	<p>Risk and Quality Committee report (including Annual Safeguarding Report)</p> <p>For discussion</p> <p> 10.1 RAQC Report.pdf 37</p>	Chair of RAQC	
11	<p>Data pack</p> <p>For information</p> <p> 11. Data Pack.pdf 63</p>	All Directors	
12	<p>Part II</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>		15:15-18:00
12.1	Commercial-in-confidence		
12.2	Governance Matters		
12.3	Personnel Matters		
13	<p>Date of next meeting:</p> <p>2pm, Wednesday 26 July 2017, Board Room, The New QEII, Welwyn Garden City</p>		

EAST AND NORTH HERTFORDSHIRE NHS TRUST

**Minutes of the Trust Board meeting held in public on Wednesday
29 March 2017 at 2pm at the Mount Vernon Cancer Centre, Rickmansworth Road, Northwood**

Present:	Mrs Ellen Schroder	Chair of the Trust Board
	Mrs Alison Bexfield	Non-Executive Director, Trust Vice Chair
	Mr John Gilham	Non-Executive Director
	Mr Bob Niven	Non-Executive Director
	Mr Nick Carver	Chief Executive Officer
	Mr Martin Armstrong	Director of Finance
	Mr Nigel Kee	Chief Operating Officer
From the Trust:	Ms Jude Archer	Company Secretary
	Mrs Kate Lancaster	Director of Strategy
	Ms Liz Lees	Acting Director of Nursing
	Mr Tom Simons	Chief People Officer
	Mr Jon Baker	Deputy Medical Director
	Mrs Jane Chapman	Board Committee Secretary
In attendance:	Mr Xenofon Kochilas	ENT Consultant - Lister Hospital
17/044		CHAIR’S OPENING REMARKS
	17/044.1	Mrs Schroder welcomed Kate Lancaster, Director of Strategy who had joined the Trust from Cambridge University Hospital NHS Foundation Trust on 1 February. This was Mrs Lancaster’s first Trust Board meeting. Mrs Schroder also welcomed the Board to the MVCC.
17/045		DECLARATIONS OF INTEREST
	17/045.1	There were no declarations of interest. The Board noted a new Declarations of Interest Form had been completed by the new Director of Strategy and the Register of Interests was up to date.
17/046		QUESTIONS FROM THE PUBLIC
	17/046.1	There were no questions from the public.
17/047		APOLOGIES FOR ABSENCE
	17/047.1	Apologies for absence were received from: Jane McCue, Medical Director.
17/048		MINUTES OF THE PREVIOUS MEETING
	17/048.1	Subject to a few minor spelling and phraseology amendments, the minutes of the previous meeting were approved.

17/049		ACTIONS LOG	
	17/049.1	The Board noted all actions were complete or on track for completion. With regard to the Board Development sessions for 2017/18, a schedule will be discussed and agreed with Mrs Schroder. The Director of Strategy offered to support the planning of the risk appetite session bringing her experience from a previous Trust.	
17/050		ANNUAL CYCLE	
	17/050.1	The Board noted that the annual cycle 2017/2018 is currently under review taking into account the recent review of the Board Committee Cycles and will be published shortly.	
17/051		CHIEF EXECUTIVE'S REPORT	
	17/051.1	The Chief Executive began by mentioning the recent staff survey. The results demonstrated improvement in a number of areas which was encouraging. In particular it was noted that the overall staff engagement score had improved and remained above the national average. The areas where we need to continue to improve such as staff working long hours and bullying were noted. The Chief Executive stressed the importance of these findings and stated that the Trust's staff are our key asset for the future. He also welcomed the Director of Strategy and emphasised that the Executive Team was now up to full strength again.	
	17/051.2	He acknowledged that figures for this financial year are not in line with the plans; however, he outlined the Trust's engagement with PwC and Four Eyes Insight to support pay and non-pay spending and to support transforming our services with a view to generating efficiencies and enhancing patient care.	
	17/051.3	<p>The Board heard that the Trust has:</p> <ul style="list-style-type: none"> • been selected as the preferred provider for Bedfordshire and Hertfordshire's Physician's Associate expansion programme. This is a scheme that allows entry into medicine at a lower grade to the graduate level. This will begin in September, starting with 20 students. • seen the launch of the new Nursing Associate Role and is an innovative and exciting pilot scheme to be involved with and this operates in the same manner as the Physician Associate. <p>Both of these opportunities will open up the nursing and medical profession to a wider audience, offering an opportunity for a support role without undertaking the graduate programme.</p>	
	17/051.4	<p>The Chief Executive was proud to announce that the Trust, together with a number of staff, have been put forward for a number of awards:</p> <ul style="list-style-type: none"> • Dr Marcia Hall has been adopted by The National Institute of Health Research for her work and dedication to Cancer research. • The Trust has been shortlisted for the Health Service Journal's 'Value in Healthcare' awards for which Dr Jodie Deards and her team have contributed to Dementia Care. • Flexible Nursing Pathway student, Darren Smith, has been shortlisted for the Nursing Times 'Student of the Year' award. 	

		<ul style="list-style-type: none"> In recognition of work with Diabetes, Dr Andrew Solomon and his team have been shortlisted in the Education category of the BMJ Awards 2017. The Lister catering team has reached the required level to gain the bronze 'Food for Life' Catering Mark scheme that puts the Trust in the top 55 hospitals across the country to be certified in this way. <p>The Chief Executive commended all entrants for their hard work and dedication.</p>	
	17/051.4	The Trust's first workshop for the Hertfordshire and West Essex Sustainability and Transformation Plan (STP) was noted as a great success with many excellent ideas for supporting a healthier future. Future workshops have been planned following its success. The Board were also informed by the CEO of the new partnership with Stevenage Bioscience Catalyst that is to support research for patient benefits. This new project has the backing of a novel partnership between Government and GlaxoSmithKline & Welcome.	
	17/051.1	<u>Trust Floodlights 2017-18, Month 11</u>	
		The Board noted the Floodlight indicators for the month and discussed the 'red' indicators. Mrs Schroder advised that Board Committees had discussed the need for a new layout that allows for clearer feedback and it was noted the indicators and thresholds for 2017/18 are under review.	
17/052		UNIVERSITY HOSPITAL STATUS	
	17/052.1	The Board were informed that the application for 'University Hospital' status had made significant progress. The Trust had responded to the conditions raised by the validation panel and these had now been considered as met. The RAQC had considered the draft Memorandum of Understanding and recommended this to Board for final approval. This partnership with the University of Hertfordshire has been authorised for the next 6 years and will then have to be reviewed. Mrs Schroder gave congratulations for this landmark change. The Chief Executive Officer stated that this is a very positive time for staff in the organisation and the Acting Director of Nursing is developing roles for nurses of the future. Mrs Bexfield agreed with this statement and felt that there are many good things to come from this change; however, she did point out that any costs incurred for the signage must have the benefit to the public articulated clearly in order to justify any such change. It was noted that the change of corporate image will be progressive over time. The costs for these changes have been taken into consideration. The Company Secretary advised that they are required to make an application to use the name 'University' and then make an application to the Department of Health and seek ministerial approval which can take a number of months. A joint media statement is currently being worked on to inform the public which, it is hoped, will be ready for the AGM. The Chief Operating Officer informed the Board that the services are beginning to notice benefits from changes already. The MOU was approved for signing by the Board with no exceptions.	
		FINANCE AND PERFORMANCE	
17/053		Finance and Performance Committee Report	
	17/053.1	The Director of Finance presented the Executive summary report following its meeting held on 22 March 2017. The following items were	

		<p>highlighted:</p> <ul style="list-style-type: none"> • Women and Children's Division representatives attended the Committee to explain the reasons they had not performed to plan during 2016/2017. They had identified three areas attributing to the variance and were working on reviewing opportunities. • Lorenzo will be going live on 1 July. There will be a staff countdown to ensure focus. • 'Nervecentre' • The Pharmacy Transformation Programme 	
	17/053.2	<p>With regard to the 'Go Live' launch of Lorenzo it is vital that the team receive support in order for this to be successful. There are still risks and concerns regarding the launch as there will not be support for the old system after 30 June. There remains a large amount of data to be validated prior to being transferred. Meeting the deadline is imperative to avoid significant financial costs. There will be thorough internal testing taking place during the lead up, together with helpdesk support. Training is vital to the success of the project.</p>	
	17/053.3	<p>The DoN informed the Board that Paediatrics are piloting the nervecentre system and it is proving to be extremely beneficial to both patients and staff which is very encouraging. It was stressed that staff must be mobilised to benefit from this transformation. The Chief Executive Officer stressed that it is imperative to navigate through prior to 1 July, and Lorenzo and Four Eyes Insight should be working together during this crucial period.</p>	
	17/053.4	<p>With regard to the 'Nervecentre' system, Mrs Schroder stressed the importance of this programme. There is an element of unease amongst some staff and it is therefore imperative that there is firm management with regard to training. There is a 'focus week' planned for staff training and there is a great deal of enthusiasm. Staff at the MVCC site have had previous experience of using this system and other hospitals have had great success.</p>	
	17/053.5	<p>The Director of Nursing introduced the Pharmacy Transformation Plan and the Board were advised that this would not incur any additional cost. The plan should see significant benefits for both staff and patients, including a higher level of safety. The plan allows for a greater number of staff being ward based and patient facing. This should reduce costs resulting from a reduction of drugs costs together with wastage and, reduce patient issues as this would allow for continuity of a ward link 7 days a week. The Board was also asked to consider investing in the cost of Continued Professional Development (CPD). This suggestion was supported by both RAQC and FPC. The Chief Executive Officer commended the Chief Pharmacist for going above and beyond expectations with the research and work that has been invested in developing this programme and linking with the STP. The Pharmacy Transformation Plan was approved by the Board with no exceptions.</p>	
17/054		Finance Report	
	17/054.1	<p>The Director of Finance introduced the Month 11 finance report previously discussed at FPC on 22 March 2017. The Trust delivered a £1.3m deficit this month. Further key headlines included:</p> <ul style="list-style-type: none"> • Clinical income was higher than plan and there was above plan 	

		<p>activity in both inpatients and outpatients.</p> <ul style="list-style-type: none"> • Outsourcing and waiting list expenditure remains a problem and is at its highest level this year, £0.6m in February. • There is a continued reduction in agency costs due to 'Grip & Control'; however, Medical Staffing costs remain an issue in Medicine and A&E with the largest expenditure due to agency costs. • The CIP delivery level remains the same although this is lower than predicted, 83% year to date. • The level of capital spend was down this month due to goods ordered and not yet received. 	
	17/054.2	<p>Mrs Schroder noted that there had been an activity dip in A&E and non-elective admissions. The Director of Finance advised that there were 350 non-elective admissions which were down on the previous year. The Board was advised that the rate is now returning to normal for non-elective admissions. Mrs Schroder stated that the agency costs and spending on doctors in the medical field are a concern. The Deputy Medical Director advised that these were two separate issues and the use of agency staffing should improve due to staff moving into permanent posts over the last couple of months. The Chief Operating Officer advised that there will now be a profile over the coming months that will identify 'agency hotspots' and allow for improvements. It has already been identified that outsourced work including Orthopaedics and Neurology should come back in-house. The Chief People Officer pointed out that medical pay is significantly high with the inclusion of agency and temporary staffing. This has not been the case historically. This, together with the increasing numbers in the workforce, has caused the increase in costs. The Board was also advised that agency staffing is on a downward trajectory. The Chief Executive Officer stated that the unit cost of agency staffing is the problem; however, progress is being made. Mrs Schroder pointed out that medical costs exceeded the agency costs for nursing. This should therefore be the next focus point. She also questioned what March figures are looking like. The response from the Director of Finance was that levels are in line with February although they are currently one week behind. Also, March has a high workload for the month.</p>	
	17/054.3	<p>Mr Gilham suggested that trends should be used to plan for the long term and not just short term as currently appears to be the case. Data should also be used to plan across the divisions in order to avoid problems at a later date. This was agreed. The Chief Operating Officer advised that there is a great deal of energy and enthusiasm with the CIP programme across the divisions and plans should continue to be developed, including CIP plans. Four Eyes Insight's main focus is on transforming the theatres with the teams. The Chief Executive Officer questioned whether people understand the expectations for next year and requested that the CIP's are populated as a matter of urgency. Mr Gilham stated that it is vital that staff work within budget and meet targets from the onset of the financial year to avoid the escalation of problems at a later date.</p>	Director of Finance
17/055		Performance Report	
	17/055.1	<p>The Chief Operating Officer introduced the monthly performance report and was pleased to announce that the RTT target had been met for February with six 52 week breaches. This was a reducing number and to date no patient harm had been identified. A new PTL had been developed and mapping with the programme with Lorenzo programme.</p>	

		There remains some minor work to be complete around this with some 16k pathways to be validated before the 1 July launch of Lorenzo.	
	17/055.2	The Chief Operating Officer praised the work of the A&E team and said that they had done a 'fantastic job' with reducing ambulance handover times, achieving below 15 minutes during busy periods. He stated that we are now one of the best in the country. The aim was to focus on 'time to triage' next and then progress through all areas in order to meet the 4 hour standard. Mrs Schroder commented that the figures are the same as last January but the percentage had changed. The Deputy Medical Director commented that there is no link between attendance and performance as it is around the flow out of the hospital. The Chief Operating Officer agreed that it could not be correlated.	
	17/055.3	Cancer performance data has indicated performance was poor in February; however, this was in line with predictions. The forecast for this month is looking improved. The 62-day performance has improved by 44 for Q1. Having spoken with the CCG they were reassured that the recovery targets were being met.	
	17/055.4	Mr Niven noted that the stroke data does not convey the same positive message as previously in relation to the 4 hour direct to stroke unit and the gap does not appear to be closing. The Chief Operating Officer advised that the pathways are currently under scrutiny and the foundations are being focused on prior to the larger issues. By this process, staff are reaching achievable targets and morale has improved significantly which will allow for smoother and sustainable improvements. It was acknowledged that there is still a large amount of work to be done with regard to discharges as there remain 150 patients that no longer require acute care blocking beds but this is believed to be largely down to third party procedures slowing the process down. The Deputy Medical Director advised that this is a national situation that requires improvement; however, we have made significant changes and improvements in this field.	
	17/055.5	Mrs Schroder referred to the 'GP at the Front Door' scheme and stated the importance of the pilot. It was pointed out that we have had GP's in ED for a considerable length of time already and this now means that we have two GPs rather than one. Mrs Schroder stated that the aim is to have a GP practice at the front door. The Chief Executive Officer stated that the scheme is positive but we must be able to quantify the figures and benefits. Mr Niven referred to the survey and pointed out that 100% of people in A&E rated the service as 'Very Good'.	
	17/055.6	Mr Gilham requested the expected position for the Q1 performance trajectories. The Chief Operating Officer advised that we appear to be on track to achieve the targets. Mr Gilham went on to say that NHSI will be observing us to ensure that we deliver our action plan. He asked whether the risks are being managed with third parties. The Chief Operating Officer advised that all escalations are dealt with appropriately and evidence is provided. The Chief Executive Officer advised that non-elective admissions are down slightly and DTOC and data must be scrutinised to justify this.	
17/056		Workforce Report	
	17/056.1	The Chief People Officer presented the Month 11 Workforce Report previously considered at FPC on 22 March 2017. He stated that figures are at their lowest in this financial year and there is currently a	

		healthy recruitment pipeline. There has been an intentional decline on agency use and IR35 is assisting with this so that more traditional methods and bank staff are being utilised rather than using agency staff. Due to the pay increase that is bridging the gap more people are returning to bank rather than going through agencies.	
	17/056.2	The Chief People Officer went on to inform the Board that the pilot scheme for flexible working hours and rates is now underway. Although this is a complex project it is proving to be successful and teams of workers from wards are being looked at. Mrs Schroder praised this initiative and stressed the importance as it is a project that is wanted. The Director of Nursing advised that this is a flexible model and in operation on wards at the present time and there has been some very positive dialogue between teams. Mrs Schroder went on to stress that if this model is successful, it must be pushed hard throughout the Trust as this is a fantastic manner in which to work. The Chief People Officer stated that it is not just the flexibility of working hours, but also the flexibility of pay which is also important.	
	17/056.3	The Chief Operating Officer raised the question of what is being done with regard to retention. The Chief People Officer acknowledged that there is an issue in this area and stated that flexibility is one of the problems along with lack of career progression and management leadership development; however, it is very apparent that staff will often return following a short break from the Trust. The Chief Operating Officer suggested that more information should be given to staff informing them of projects taking place to support them. The Chief People Officer suggested speaking with staff before they hand in their notice as a pre-exit interview is too late. Mr Niven questioned whether current methods are working such as appraisal and quality assessments. He suggested a review of these processes in order to identify any areas for improvement. The Chief People Officer advised that the appraisal system is a requirement of the NHS and a meeting with each member of staff should take place at least once per year; however, he believes that it is better to have good managers/leaders who engage with their staff on regular basis so that they are actually getting to know their staff rather than only seeing them once or twice a year for a formal discussion. Mr Niven felt that there are some areas where management is not as strong as it could be. The Chief People Officer advised that we follow up appraisals on a six monthly basis but we should be working towards good management practice rather than looking at the appraisal scheme.	
	17/056.4	Mrs Schroder referred to the staff survey. We have been rated one of the best nationally for staff engagement this and this is an increase of 14 places from previously. The Trust is in the top 20% for staff contribution. There is a significant improvement in staff engagement since 2015. Reporting of bullying and harassment incidents has increased which indicates that staff feel able to raise concerns however there is further work to do to reduce this experience. There will be new local survey questions added this year in relation to leadership and management. There will also be a review from the previous period of change to ensure mistakes and errors that were made then are not repeated during the transformation period. Mrs Schroder agreed that this would be a very good idea. Mrs Bexfield also praised progress and felt that this was very encouraging. She suggested sending out a message of praise for these positive steps forward. The Director of Nursing stated that the staff survey results should be compared to the patient survey as these should be very similar. The Chief Executive	

		Officer added that this demonstrates good feedback from both staff and patients. He stressed the importance of continuing in this direction in order to maintain standards for the future. Mrs Bexfield pointed out that this is happening globally and there should be a breakdown in order to identify problem areas to prioritise improvements. The Chief People Officer advised that this is already the case. Mr Niven suggested selecting three to four areas to move forward with initially. The Chief People Officer stated that there is work to be done with regard to the poor harassment figures though as these are remaining static. Mrs Schroder agreed with this statement.	
		RISK AND QUALITY	
17/057		Risk and Quality Committee Report	
	17/057.1	<p>Mr Gilham, Chair of Risk and Quality Committee (RAQC), presented the report of the March meeting highlighting the following points:</p> <ul style="list-style-type: none"> • All conditions for the application of University Status have been met and the committee have given approval for the signing of the Memorandum of Understanding to take place between the two parties. • The Terms of Reference and Membership of the Trust's Emergency Planning Committee have now been reviewed and updated together with work underway for training and exercises taking place. Reassurance was given that a manual system that is currently in place was effective. • With regard to the Clinical Support Services annual presentation to the Committee, it was noted that there are improvements in performance in the contact centre and the 7 day pharmacy service, although further improvements could be made regarding patient experience and outpatient services. 	
	17/057.2	Mr Niven highlighted that the Blood Transfusion and Microbiology turnaround time was currently poor and actions were in place to improve this. With regards to the Clinical Support Services Division, he raised the risk of service continuity and delivery of a complex agenda including the changes in pathology services, Pharmacy Transformation Plan and the Lorenzo implementation in outpatients with the Divisional Director due to leave the Trust shortly. Interviews were taking place next week and it was acknowledged it is imperative that this area is monitored and supported carefully until a replacement is in post.	
	17/057.3	The results of an internal audit regarding the development and monitoring of action plans following the Trust's CQC inspection had provided substantial assurance. The audit had resulted in one medium priority action in relation to evidencing the timely review and implementation of actions. The Company Secretary acknowledged that there was still much to be done in this area to ensure consistency and continuous improvement and readiness for inspection.	
	17/057.4	Mr Gilham stated the RAQC had endorsed the Learning and Development Strategy and recommended it to Board for approval. The Learning and Development Strategy 2017-2020 has set out how the Trust would ensure that its workforce had the right skills and knowledge to deliver high quality and safe care together with being equipped to meet the challenges of the future. The Director of Nursing stated that this is required for clinical staff and noted that RAQC had asked for a greater reference to the Leadership and Development Pathway. This	

		has been updated as requested by RAQC. The Chief People Officer stated we should training together whenever possible. He also asked whether we should be bolder with our approach. The Director of Nursing suggested that the move forward should be more integrated. The Learning and Development Strategy was approved by the Board.	
		AUDIT COMMITTEE	
17/058		Audit Committee Report	
	17/058.1	<p>Mrs Bexfield , Chair of the Audit Committee, presented the report of the March meeting highlighting the following points:</p> <ul style="list-style-type: none"> • Internal Audit Strategy 2017-2020 – a need for some additional contingency days for addressing specific challenges in the coming year or the need for some prioritisation was noted. The plan had been approved by the Audit Committee. • Local Counter Fraud Specialist (LCFS) Plan 2017-2018 – Within the detail of the plan the Audit Committee requested some further assurance be provided through deep dives in relation to some specific areas. The plan had been approved by the Audit Committee. 	
	17/058.2	The Clinical Audit assurance presented at the Committee was not clear and was referred to RAQC for scrutiny and further assurance. It was acknowledged that this report had not been presented by the Lead Director on this occasion, who would have been able to provide the additional information. Mr Gilham, Chair of RAQC stated the clinical audit information report to the RAQC was usually of a high standard. It was confirmed that the year-end report for Clinical Audit was scheduled to be presented in May and the outcome would be reported to the Audit Committee.	
		CHARITY TRUSTEE	
17/059		Charity Trustee Committee Report	
	17/059.1	<p>Mr Niven, Chair of Charity Trustee Committee (CTC), presented the report from its meeting held on 13 March 2017. Key highlights included:</p> <ul style="list-style-type: none"> • Women & Children – Magic of Play – to continue with the same aims as previously but on a smaller scale. • Forget-Me-Not Project (Dementia) – close to completion. Currently awaiting a donation from Morrisons for the sum of £72,435. • Head of Charities post remains vacant; however, the pay band for this role has now been amended to reflect the responsibility that goes with the post. It is hoped that this post will be filled shortly. • The CTC deferred approval of the three requests for items over £5k until more details were provided. • The Investment Portfolio for the February period showed a lower than expected dividend and it was suggested that this could be down to the timing of the report but this will be reviewed with the company who will be in attendance at the next CTC meeting. 	
	17/059.2	Following the CTC meeting, it was agreed that the application	

		procedure for spending requests over £5k required more clarity and is to be amended to allow for a streamlined process and consistency.	
	17/059.3	The Director of Strategy, who has experience in charity management and growing charities, agreed that the charity could do far more and benefit financially. Under previous management, funds raised were in excess of £1m. With a new management team in place, fresh ideas and a structured plan, the charity would have more focus. If a new large project is identified this would act as a vehicle to move the charity forward and increase funds. Engaging with the local community would also be beneficial. Donors request feedback and wish to see value for money. The Charity Trustee supported the direction of travel outlined and encouraged this to be progressed as a matter of urgency. Staff at the Lynda Jackson Centre, MVCC will investigate offering a free professional will writing service where a legacy is incorporated. This service is successfully offered at the Isabel and Garden House Hospices.	
	17/059.4	Mr Niven advised that the Trust was in receipt of £1.2m legacies. The aim for the next financial year is to be in excess of £2m. The Director of Strategy advised that there are currently 144 funds and this should be consolidated into a maximum of 50. To achieve this, all legacies will be reviewed for any stipulations as to how the funds should be allocated. By consolidating, this will allow greater flexibility on utilising them for larger projects.	
	17/059.5	<i>There being no further business the Chair closed the meeting at 16:42pm. The Patient Experience took place between 16.03pm and 16.22pm.</i>	

**Ellen Schroder
Trust Chair**

March 2017

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

**EAST AND NORTH HERTFORDSHIRE NHS TRUST
TRUST BOARD ACTIONS LOG PART I TO MAY 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	<p>Consider Board Development session on risk appetite and strategic risks in Q1 2017/18.</p> <p>On the Board Development plan for 2017/18 – date to be agreed with the Chair.</p> <p>May 2017: Initial contact made with Internal Auditors to support the session. Potentially the next available session in October 2017</p>	Company Secretary	January 2017 (Board Development session – October 2017 (TBC))
29 March 2017	17/054.3	Finance Report - CIPs	For the CIP programme for 2017/18 to be developed as a matter of urgency	CIP programme for 2017/18 under development - monitored through programme of weekly meetings through the PMO, monthly Transformation board and into FPC. Full report on the assurance process taken to FPC in April. Progress reported monthly to FPC and Board in the finance report.	Director of Finance	May 2017

Board Annual Cycle 2017-18
- A Formal Board is held on alternate months.

Items	*Apr 17	May17	*Jun 17	Jul-17	Aug 17	Sep-17	*Oct 17	Nov 17	*Dec 17	Jan 18	*Feb 18	Mar-18
Standing Items												
CEO Report inc Floodlight Scorecard		x		x		x		x		x		x
Data Pack ⁱ		x		x		x		x		x		x
Patient Testimony (Part 2)		x		x		x		x		x		x
Suspensions (Part 2)		x		x		x		x		x		x
		x		x		x		x		x		x
Committee Reports												
Audit Committee Report		x		x				x		x		x
CTC Report		X (meeting not held due to Major Incident)				x				x		x
FPC Report ⁱⁱ	*x	x	*x	x		x	*x	x	*x	x	*x	x
RAQC Report	*x	x	*x	x		x	*x	x	*x	x	*x	x
Strategic												
Annual Operating Plan and objectives <i>(subject to change as dependant on national timeline)</i>							*x		*x			
Strategic Review & Financial recovery Plan (TBC)			*x (draft reco very plan)	*x (final reco very plan)								
Sustainability and Transformation Plan (STP) (Part 2 new standing item)			x						x			
Other Items												
<i>Audit Committee</i>												
Annual Audit Letter				x								
Annual Report and Accounts(Trust), Annual Governance Statement and External Auditor's Report		x										

Board Annual Cycle 2017-18
- A Formal Board is held on alternate months.

Items	*Apr 17	May17	*Jun 17	Jul-17	Aug 17	Sep-17	*Oct 17	Nov 17	*Dec 17	Jan 18	*Feb 18	Mar-18
Audit Committee TOR and Annual Report				x								
Quality Account and External Auditor's Report			x									
Raising Concerns at Work				x						x		
Review of SO and SFI								x				
<i>Charity Trust Committee</i>												
Charity Annual Accounts and Report							x					
Charity Trust TOR and Annual Committee Review						x						
<i>Finance and Performance Committee</i>												
Draft Floodlight Indicators and KPIs				x								
Financial Plan inc CIPs and Capital Plan <i>(subject to change as dependant on national timeline)</i>							*X		*X			x
FPC TOR and Annual Report			x									
IM&T strategy review								x				
Market Report				x				x				x
Market Strategy Review (TBC)								x				
<i>Risk and Quality Committee</i>												
Adult Safeguarding and L.D. Annual Report		x										
Detailed Analysis of Staff Survey Results	x											
Board Assurance Framework and review of delivery of objectives				x				x				x
Equality and Diversity Annual Report and WRES.								x				
GMC National Training Survey <i>(subject to change as dependant on national release)</i>						x						
Health and Safety Strategy Review				x								
Improving Patient Outcomes Strategy				x								
Mortality	x			x				x		x		
Nursing and Midwifery Strategy Review						x						
Nursing Establishment Review				x						x		
Patient Experience Strategy Review				x				x				

Board Annual Cycle 2017-18
- A Formal Board is held on alternate months.

Items	*Apr 17	May17	*Jun 17	Jul-17	Aug 17	Sep-17	*Oct 17	Nov 17	*Dec 17	Jan 18	*Feb 18	Mar-18
Nursing - PQAF / Education report												
RAQC TOR and Annual Review				x								
Research and Development Annual Review				x								
Responsible Officer Annual Review				x								
Safeguarding Children Annual Review				x								
Serious Incidents Report (Part 2)				x		x				x		x
University Status Annual Report								x				
Shareholder / Formal Contracts												
ENH Pharma (Part 2) ⁱⁱⁱ				x						x		
tPP (Part 2)	x	x	x	x		x		x		x		x

ⁱ The Data Pack will include the Friends and Family Test, Statutory and Mandatory Training Exception Report, Health and Safety Indicators, Nursing Quality Indicators, Finance Data, Performance Data, CQC Outcomes, Workforce Data, Safer Staffing Data and Infection Prevention and Control Data.

ⁱⁱ The FPC Report will include the Committee Report, the Finance Report, Performance Report and Workforce Report for the month.

ⁱⁱⁱ To include the Annual Governance Review in July

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

The Board Annual Cycle will continue to be reviewed in year in line with best practice and any changes to national scheduling.

N.B. May 2017: There have been some delays in finalising May reporting due to the Major Incident – Cyber-attack 12-19 May 2017.

EAST AND NORTH HERTFORDSHIRE NHS TRUST

CHIEF EXECUTIVE'S REPORT

May 2017

1	<p>Major Incident – Cyber Attack</p> <p>On 12 May 2017 the Trust experienced a cyber-attack resulting in complete loss of IT systems and some telephony systems. The major incident plans were initiated and recovery process undertaken over a number of days reintroducing systems with normal activity resuming 19 May 2017. It should be noted that no patient data was compromised and there has not been any patient harm reported as a consequence of the major incident. A full serious incident review will be undertaken to ensure lessons are learnt and actions are taken to mitigate a reoccurrence.</p> <p>I am very grateful for the work that everyone undertook, as well as the support received from neighbouring organisations both inside and outside the NHS. My fellow Executive Directors and I were humbled, although not surprised, by the response of the Trust's staff, many of whom worked many additional hours over a sustained period.</p> <p>The major incident was stood down on Thursday, 19 May, by when the majority of the Trust's IT systems and patient services had returned to normal. Work is now underway to complete all outstanding actions, including ensuring that any patients whose appointment or procedure was postponed during the incident is rebooked as quickly as possible, taking in to account their clinical priority. The Trust was also be working to ensure that lessons captured from the incident are addressed going forward.</p>
2	<p>Model Hospitals</p> <p>This transformation programme of work started back in December 2016 and is well advanced in terms of both engagement from our staff, as well as in making improvements. The first project was Operating Theatres and, as a result, we have seen better use of the Lister's operating theatres – that means more patients are being treated through the existing resource – which means that overall patients are waiting less time for their surgery, experience fewer cancellations. And all of this comes with financial benefits.</p> <p>The Theatres work stream continues to focus on improving the service ensuring that cancellations are avoided wherever possible and that Theatres run to time with appropriate scheduling. The new Four Eyes' Theatres dashboard will be used to monitor performance and assess the positive impact of the changes.</p> <p>The other workstreams in this programme are:</p> <ul style="list-style-type: none">• Out-patients• Patient Flow• A&E• Clinical Administration• Job Planning• Demand and Capacity modelling <p>Each of these workstreams has a PID with a named Executive Sponsor, Clinical Lead, Operational Lead, and Four Eyes lead.</p>
3	<p>Renal Units Win Prestigious Award</p>

	<p>The Lister's renal unit, along with its sister site at the Lagos State University Teaching Hospital in Nigeria, have been awarded the Robert W. Schrier prize - which recognises outstanding partnership working between the two hospitals. The ceremony took place at the World Congress of Nephrology in Mexico on 24 April.</p>
4	<p>Appointment to Chairman of the Court of Examiners at the Royals College of Surgeons England</p> <p>Tim Lane, Consultant Urologist, has been elected as Chairman of the Court of Examiners at the Royals College of Surgeons of England. This is a very prestigious role, with responsibility for matters related to the MRCS examination, a very important element in the progress of all surgical trainees. In addition to holding the position of Editor of the Annals of the Royal College of Surgeons, a significant role.</p>
5	<p>Chinese Hospital Directors Visit the Lister</p> <p>Last month, the Trust welcomed 20 Hospital Directors from China, who visited the Lister to gain a deeper understanding of our services and how we manage patients.</p> <p>They were given an introduction to the Trust by our Director of Strategy, Kate Lancaster, before they were treated to a tour of the Diamond Jubilee maternity unit, led by consultant midwife Rose Bedford and clinical practice facilitator Alex Whitmore-Hewitt. They then listened to a presentation on robotic urology, including details of current robotic research at the Trust, from urology consultant Nikhil Vasdev.</p>
6	<p>Launch of Senior Leader Meetings</p> <p>The first in a series of monthly meetings with the Trust's clinical and non-clinical leadership was held on the afternoon of Monday, 22 May. In total, 45 senior leaders from across the organisation came together to receive updates on financial recovery and the model hospital work. With a focus on a productive, two-way dialogue, the session was executive director-led, with workshops used held to identify lessons learned from the recent cyber-attack that could be applied to the need for financial turnaround. A broader discussion was held to seek additional engagement and ideas for further savings and efficiencies.</p>
7	<p>Patients Research</p> <p>The number of patients involved in research at the Trust has increased in the last year. The team, which works across all Trust sites, aimed to recruit 1,800 patients to studies on the National Institute for Health Research portfolio, but they managed to recruit 2,247 patients - 25% ahead of their target and a 39% increase on the previous year. This is great news for our staff and patients alike. Congratulations to the team.</p>
8	<p>Lister Work Experience Week 3 – 7 April</p> <p>From 3-7 April the Trust delivered its second annual work experience week based at the Lister hospital. We worked in partnership with local schools and health Education East of England to host 76 local school pupils, giving them all a wide range of experiences and activities across services including pathology, radiology, theatres, pharmacy, renal, maternity, diabetes and junior doctor shadowing plus lectures and drop-in sessions from consultant physicians and surgeons – Jim Adshead's robotic urology talk proving particularly popular!</p> <p>We certainly upped our game this year judging by the feedback from pupils, schools, partners and staff. Gareth George, Head of Bedfordshire and Hertfordshire Workforce Partnership at Health Education East of England concluded –</p>

“It’s not often I get to see such fantastic outcomes from a little investment. I got to speak to some of the students today and they all said how much they had enjoyed the experience but what struck me more than anything was how much they understood of the challenges facing the NHS, the value the workforce has in delivering great care and how they might be part of that so not only has your team coordinated a great initiative but to have such an impact is quite astounding!!”

I want to record a big thank you to all our incredibly busy staff that nonetheless took the time to deliver such inspirational learning to our young visitors. We hope to involve more staff and local schools and communities to do better again next year.

Chief Executive
May 2017

TRUST BOARD PART I – 31 MAY 2017
Workforce Paper

PURPOSE	To provide information on standard monthly metrics and Trust wide issues relating to management of the workforce
PREVIOUSLY CONSIDERED BY	NIL
Objective(s) to which issue relates *	<input checked="" type="checkbox"/> 1. Keeping our promises about quality and value – embedding the changes resulting from delivery of Our Changing Hospitals Programme. <input checked="" type="checkbox"/> 2. Developing new services and ways of working – delivered through working with our partner organisations <input type="checkbox"/> 3. Delivering a positive and proactive approach to the redevelopment of the Mount Vernon Cancer Centre.
Risk Issues (Quality, safety, financial, HR, legal issues, equality issues)	Financial: increased workforce costs HR: failure to meet agreed standards Legal: failure to meet CQC and other national standards Patient Safety: failure to maintain appropriately trained workforce
Healthcare/ National Policy (includes CQC/Monitor)	CQC 13 and 14 NHSLA
CRR/Board Assurance Framework *	<input checked="" type="checkbox"/> Corporate Risk Register <input type="checkbox"/> BAF
ACTION REQUIRED *	
For approval	<input type="checkbox"/>
For discussion	<input checked="" type="checkbox"/>
For decision	<input type="checkbox"/>
For information	<input checked="" type="checkbox"/>
DIRECTOR:	Director of Workforce
PRESENTED BY:	Chief People Officer
AUTHOR:	Deputy Director of Workforce and Head of Workforce Performance, Information & Planning
DATE:	May 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 May 2017

1.0 Purpose

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

1.1 Executive Summary

The trends for the Trust workforce report for month 1:

- For Temporary staffing in April there was a reduction in agency shifts filled, this is down by nearly a third, with spend down by thirty-six percent. This has been achieved through the delivery of the temporary staffing action plan, supported by Grip & Control weekly reviews to maintain pace and focus on key initiatives. Future plans include a shared Bank launch for Hertfordshire from July with harmonised rates of pay and launch of internal booking team for medical locums.
- The reduction of the vacancy rate is challenging with a rate of 11.05% in April 17 compared to 13.39% in April 16. There are 215 wte qualified nurses in the recruitment pipeline undergoing pre-employment checks or waiting to start at the Trust and the team delivered a variety of initiatives to increase the pipeline including the enhanced pay offer and nurse engagement sessions.
- Turnover continues to rise and consequently our vacancy rate did not reduce in Month, as expected. However comprehensive Divisional recruitment plans are being refined for local operational ownership and delivery of the agreed trajectory.
- To further support the management of pay spend, plans include the HRBPs working in the Division and Corporate area to work closely with Finance and their Divisional Directors to manage this spend, including the monthly analysis of qlikview data to improve the pay bill variance against budget and a deep dive into issues e.g. overpayments. In April the substantive spend was 88.7% of pay bill with a pay spend as a percentage of budget at 94.68%.
- The control of sickness is benefitting the delivery of patient care with lower sick days, in month 1 there were 456.83 fewer sickness days lost compared to March (3.89% April; 4.06% March), the long term and short term sickness rate were lower than March (short term sickness 1.78% versus 1.86% - April and March; Long term sickness 2.12% versus 2.21% - April and March).
- The staff appraisal compliance continues on a positive trend compared to last month at 81.89%, the Divisions are putting in place plans to deliver a 90% compliance target in this financial year.
- The Culture Programme launched the new Leaders programmes (82 leaders attended) and further LEND sessions were well received by staff with 217 attending the spring events; this will support the Trust's Transformation agenda.
- Staff engagement and retention include the Flexible working project is starting to deliver a positive effect. A further initiative to improve staff engagement includes the 'Your Voice' communication document, which is attached to payslips with the April version included information on the 74 local students work experience week and updates on the Transforming our Hospital plan.

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.

Action: Two new LMDP programmes were launched this month - Quality & Service Improvement for Leaders and Organisational Development Skills for Leaders. The immediate feedback from the delegates on both programmes has been overwhelmingly positive. In total 82 staff attended one of the LMDP programmes in April. The second regional Mary Seacole programme commenced this month. The Trust is a significant contributor to this programme with staff not only being developed by attending the course but we are also developing some of our staff as course facilitators. All the Trust places were filled.

Additional LEND sessions are running in May to recap on the content of the LEND sessions for those who were unable to attend. Although the take-up has been small, the feedback from those who attended showed their appreciation and the sessions were very well-received. There are plans in place to reach those who were unable to attend either the original sessions or the recap sessions.

Staff survey action plans are being developed within the clinical divisions and will be circulated shortly.

The Quarter 4 national benchmarks for the Staff Friends and Family Test will be published on 1 June and will be included in next month's report.

Performance: The existing and new training offers that are emerging continue to receive outstanding feedback. Longer term evaluation commences this month with a Staff Experience Group and a Coaching Culture Survey to be implemented. Advanced management skills will be launched through the joint work with the PMO team this month.

2.2 Staff Retention

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

Action: Retention plans are detailed and progressing well, the turnover rate for the Trust for April was 13.23%. This level is lower than the external benchmark data for Beds and Herts NHS organisations which was 16.35% (March 2017). The details of the retention plans include activity to reduce the CSW high turnover through the development of an additional career path towards the qualified nursing role. Work is underway with the Divisions to review the apprenticeship CSW programme and the roles we can develop post apprenticeship especially with the new Nursing Associate pilot. 20 Trainee Nurse Associates started this month, which will support both the longer term challenge with qualified nurse recruitment but also providing a career path for Clinical Support Workers.

A critical element to retention is providing opportunities for staff to work flexibly. The flexible working project team continue the direct engagement project with clinical areas; the aim of which is to increase the awareness of flexible working options and consideration of these on a team based approach to support retention. There were 122 requests made to this team since the launch of the project, with 99 accepted or partially accepted. To assess

effectiveness, a survey was completed which revealed greater understanding of flexible working options for nurses.

The new Head of Resourcing is leading the project to revise our Corporate Induction which will separate out the Statutory/ Mandatory training requirement. This work is currently underway jointly with the Corporate Nursing Team and we expect to deliver the new Induction and Statutory. Mandatory training in place by the summer 2017, this will include some on-line training modules which will improve accessibility, more cost effectiveness and suitable for staff who are the millennial generation.

To support medical retention, Medical staff are being canvassed through a questionnaire sent out to new doctors. This provides feedback on their experiences at the hospital; to feed into action if there is anything needed to help settle them into their role and the Trust, as well as learning the lessons for future starters.

Next Steps:

- 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 for staff using E-roster.
- Medical staff plan linked to new starter questionnaire.

Performance: The Flexible working review project is starting to have a positive effect both in terms of knowledge sharing and upskilling of staff and managers regarding flexible working options. There is consistency and fairness in the new approach with total visibility across the whole team of all requests and agreements in place. The new Trainee Nurse Associates are settling well into their programmes, discussions at the launch event suggested the majority plan to take the additional year training at the end of the programme to become qualified nurses.

2.3 Health at Work

Strategy: To achieve the staff health and wellbeing CQUIN goal for 2017/2018, to improve the support available for staff to help promote their health and wellbeing in order for them to remain healthy and well. The Health at Work service are working in partnership with other key services to develop initiatives and process pathways to enhance workplace health and wellbeing.

Actions: The Health at Work Service continue to provide initiatives to improve the health and wellbeing of staff, and aims to improve the impact that staff perceive from the wellbeing services offered to them. The goal for 2017/18 is to achieving a 5% improvement in two of the three NHS annual staff survey questions on health and wellbeing -

- 9a – Does your organisation take positive action on health and wellbeing?
- 9b – In the last 12 months have you experienced musculoskeletal problems as a result of work activities?
- 9c – During the last 12 months have you felt unwell as a result of work related stress?

The Health at Work Service held a blood pressure awareness event in the community hub at Lister on the 28th April. This gave staff the opportunity for a blood pressure check and general health MOT. 70 employees attended this popular event and received advice on improving their health and wellbeing.

Performance: The Health at Work Service received and processed 111 pre-placement health questionnaires, 100% of pre-placement health clearances were sent within 2 working days in April.

In the month there were 73 referrals received from managers. In the follow up after attendance in clinic, 100% of reports were issued within the 2 day target delivery time. In month there were 68 employees telephoned the Health at Work Advice line to self-refer to the Health at Work Service, all these staff were offered advice about strategies to optimise their health at work within 1 day of the call.

In April 87 employees experiencing musculoskeletal issues or problems with stress or mental health were telephoned by the Health at Work Service on their first day of sickness absence (or first working day if absence began during the weekend) to undertake an early assessment and provide advice to enable a safe and sustained return to work at the earliest opportunity. The fast track for occupational physiotherapy resulted in 24 employee referrals and 100% of these staff have been contacted by a physiotherapist within 1 day of the referral.

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 90% 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. A new streamlined system for recording completed appraisals was introduced this month which enables managers to update esr appraisal records. This reduces to a large extent the appraisal administration process, quality audits will be increased to ensure the standards for appraisals are maintained.

Performance: The overall appraisal rate for the Trust showed a small increase in April to 81.89% compared to March 81.75%. The Divisions are working on detailed plans to deliver a 90% compliance rate for this financial year. See Section 3, tables 1 & 2 for compliance by Division and by pay band.

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 Recruitment

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.

Action: Appendix 2.0 identifies a level performance against the recruitment trajectory showing a trust-wide vacancy reduction to circa 7.0% in July 2017 – the underlying assumptions supporting this trend are outlined in appendix 2.0. In month, the increase in the vacancy rate was due to 81.10 wte staff starting in April compared to 83.54 wte leavers (including M&D staff).

In line with recent meetings to discuss vacancy and recruitment trajectories within each Division, work is now underway to refine recruitment plans and identify any blockages in the recruitment cycle to assist with reducing the overall Time to Hire and to agree on innovative ways to attract and retain in areas that are considered hard to recruit.

Performance: The vacancy rate at the end of April 2017 was 11.05% compared to 13.39% in April 2016. In the financial year 2016/17, the vacancy rate has seen a 3% reduction since May 2016. There are currently 351 wte external candidates undergoing pre-employment checks or waiting to start with the trust, this compares to 332.72 wte in March 2017, an increase of 5.2%.

4.1.1 Band 5 Nurse Recruitment

The Trust's vacant posts for band 5 registered nurses at the end of April 2017 was 193.65 wte, this equates to 20%, the same level as in March 2017. Recruitment trajectory for band 5 registered nurses is predicting a vacancy rate decrease to circa 6.0% in September 2017.

There are currently 215 wte external band 5 qualified nurse candidates undergoing pre-employment checks or awaiting to start with the Trust. Compared to 706 wte of registered nurses in post recorded in September 2016, there has been an increase of 49 wte (7%) of band 5 registered nurses.

The Trust continues to advertise qualified nurse vacancies with the enhanced pay offer. The recent open days held in late April and scheduled for mid-May continue to show an increased interest in joining the Trust. The team commenced engagement sessions with nurses who started to identify the core reason for choosing the Trust including the enhanced pay offer– this work will be completed in advance of the formal review in July 2017. The future plan includes extensive recruitment campaigns including a number of Saturday open days scheduled until end of August 2017.

4.1.2 Band 2 CSW Recruitment

The Trust's number of vacant posts for band 2 Clinical Support Workers at the end of March 2017 was 91 wte equating to 19%. There are currently 383 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 19 wte (5%).

There are currently 22 wte Clinical Support Workers undergoing pre-employment checks. CSW recruitment is challenging, a number of changes to the recruitment process are planned, including the introduction of probationary periods and changing the length of the contract from fixed term to permanent. Saturday recruitment days are being held every two weeks to increase the pipeline, targeted CSW recruitment is also planned for the Cancer Division.

The implementation of the apprenticeship levy in April 2017 is foreseen to have a positive impact on the number of applications received. Prior to the introduction of the levy,

candidates whose residency in the UK was under 3 years as well as those who hold a degree were unable to apply due to funding regulations.

4.1.3. Immigration Skills Charge

Legislative changes in April 2017 introduced the Immigration Skills Charge. The Skills Charge has been designed to encourage organisations to source their skilled work force from the UK resident labour market and to invest money into apprenticeship training for their employees. This has meant an increase in visa fees which will have a direct financial impact to the Trust per year per employee for the duration of each visa. The increase in visa fees will impact on the recruitment strategy of international nurses and doctors and any other employee requiring a Tier 2 work permit.

During the financial year 2016-17 the organisation appointed 90 wte staff requiring a visa. The cost associated with acquiring the appropriate Right to Work Visas were £18,000 during this period.

The increase in fees will mean an additional £1,000 per person per year for the duration of the visa, which in line with current Home Office restrictions a Work Permit can be valid for a maximum of 3 years. Based on workforce planning and recruitment trajectories, the assumption is held that overseas recruitment will exceed the numbers recruited in the last financial year by 10% therefore it is estimated there will be a cost of £300,000 reflecting the new Immigration charge. In addition the Trust will be required to pay the Skills Charge for any existing member of staff who is currently on a Tier 2 work permit visa, this would stand at £250,000 per annum based on the current number of staff on work permits.

4.1.4. ENHanced Pay campaign

On 12th September 2016 the Trust launched our ENHanced Recruitment Campaign to increase awareness of flexible working and pension contribution choices. The pilot scheme was initiated with the aim to attract agency workers back to working for the Trust substantively recognising that there are significant benefits of this; both from a patient safety view and financially for the organisation. As part of the recruitment campaign, a number of recruitment open days were advertised and are scheduled twice a month from September 2016.

In January 2017, trade unions representatives came out of the dispute related to the ENHanced campaign and discussed options with the Director of Workforce and OD, and a resolution was reached. It has been agreed that the trust continues with the ENHanced scheme for band 5 qualified nursing staff until 31st July 2017, when the campaign will be reviewed. As part of the agreement, the trust has agreed to suspend further advertising ENHanced scheme for band 6 qualified nurses.

A review of the scheme performance includes a questionnaire to all newly recruited nurses from the ENHanced Recruitment Campaign to provide feedback on the value of this scheme. This will feed into a review in June about the next steps for the pilot scheme.

4.2. Medical Staffing Recruitment

Strategy: To increase the medical establishment and reduce the vacancy rate for Medical staff and the requirement for Locum Doctors, delivering a lower medical agency spend.

Action: The overall vacancy rate was 6.96% and the establishment 803.69 wte. As of 1st September 2016 the number of Medic vacancies was set at 82.8 WTE. The medical resourcing team presented a recruitment plan aiming to recruit to 80% (65 WTE) of the

vacant posts. The position at the end of the financial year 2016/17 was 59 of the 82.8 wte recruited, this level was 6 wte below target (9%). In this period, 41 wte left the Trust, resulting in a total increase of 18 wte Medics in post in the Trust.

A new initiative was started to interview doctors through direct contacts (via networking with doctors in the Trust) as an alternative to using recruitment agencies and paying costly introduction fees. This approach in the Emergency Medicine Department resulted in 3 doctors being offered positions; they are expected to start by September 2017.

For the month of April 2017, 12 starters were predicted, with 10 starting due to visa delays and only 4 doctors left the Trust meaning the variance target rate for the month was still achieved.

Performance: Since the start of initiating the Medical Recruitment Plan we have been successful in filling over 80% of the original vacancies, however there is a small group of Medicine Consultant posts that remain “hard to recruit” in Acute, Dermatology, Elderly Care Emergency Medicine and Stroke speciality areas.

4.3 Temporary Staffing:

Please see separate report

4.4 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 13.16% in April compared to 12.96% in March and 13.01% in February. There were 81.10 wte staff who started in April compared to 83.54 wte leavers (including M&D staff). Since May 16, 1230.55 wte staff started in the Trust and 1019.69 wte have left. For qualified nursing staff, 282.89 wte started since May 16 compared to 190.80 wte of all qualified nurse leavers. Appendix 1, Section 1, Graph 2 details the starters and leavers trend over the last year.

4.5. Medical Staffing

Strategy: The aim of the Medical HR 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.

4.5.1. 2016 Doctor in Training Contract

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

To date 96 doctors are on the new terms. Work continues with preparing 13 further 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 posts that are due offers and work schedules for August changeover.

Performance: Since the start of the transition at December 2016 changeover, there were 11 exception reports received in April 2017. Since the start of transition at December 2016 changeover there are a total of 76 exception reports. The Work Schedule and Exception Reporting policy has been agreed in principle and awaits LNC sign off in June.

4.5.2. Job Planning

Action: To co-ordinate the annual job planning round, as well as interim reviews, using the specialist software and to provide both comprehensive system support to e-job plan users as well as specialist advice regarding job planning terms and conditions, guidance and best practice.

There are 334 job plans for the financial year April 2017 to March 2018 currently under annual review. For this year only, the review stage will close at the end of April 2017. The Job Planning policy was ratified and published in March 2017. Future amendments include SAS doctors, to be agreed in May 2017.

Performance: 56% of rotas moved to mixed economy and 32% of work schedules completed. 80% of job plans under discussion, 16.7% at sign off and 1.4% (5 job plans) signed off.

4.6 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, topics 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; 97 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 April, the percentage of employee relations cases within the Trust was 2.2% and within the target range. The overall number of live employee relations cases decreased from 171 to 118. The reduction in the number of cases is primarily due to a change in the way that short term sickness absence cases are recorded.

The average customer feedback score in April for the ERAS service was 3 (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: 22 exit interviews were undertaken in April, 36% cited family/personal reasons, 23% cited enhanced job opportunity, 23% cited retirement, relocation was cited by 5% leavers, and career change reason was cited by 5%.

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.

4.7 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 April, the Trust percentage was 0.3% 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 18 live cases in April, 4 were over the Trust's KPI of 90 days. These cases are under management with ERAS support to ensure completion without further delay

4.8 Sickness Absence

Strategy: To reduce sickness absence below 3.3% by March 2018. 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 3.64% April. In month, sickness saw a decrease to 3.89% in April from 4.06% in March.

Long term in month sickness decreased to 2.12% in April from 2.21% in March. The number of staff on long term sick has decreased to 104 April from 106 in March. Currently long term sickness cases (including under monitoring cases) are being managed with the support of the ER Advisory Service. A review of all long-term sickness cases continues to be undertaken. To ensure a timely and consistent approach to the management of long term sickness cases; with effect from February 2017 all cases longer than 6 months have been auto-enrolled with ERAS and an Adviser allocated. This has ensured regular contact is maintained and regular review meetings are taking place in accordance with Trust policy.

Short-term sickness in month decreased to 1.78% in April from 1.86% in March. The number of days lost to sickness in April was 5775.46 compared to 6232.29 in March. With effect from February 2017; any individuals reaching the informal trigger in respect of their attendance at work are written to direct at home to ensure that they are aware of the support available to them in ensuring an appropriate level of attendance. This letter also confirms the process that will be followed in terms of managing their short term sickness absence should a formal trigger be reached moving forward. ERAS are currently working to identify Hotspot areas in respect of the % of individuals reaching formal triggers due to repeated incidents of short term sickness absence. This will allow increased focus and support for managers in these

areas/departments in dealing with sickness absence and support staff in maintaining their attendance at work.

The sickness rate for nursing and midwifery is higher than the Trust average with an overall rate of 5.12%, which was 3231.44 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 a centralised model of sickness absence reporting is currently being explored. See Appendix 1, Section 1, Graph 1, Sickness Absence.

4.9 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: In line with the agreed approach to streamline our policies; the expired Disciplinary Policy has been fully updated and shared with Staffside for comments as a priority. Other policies currently being updated include the Work-life Balance Policy, Change Management and Sickness Absence Policies. No policies were formally reviewed or signed off in April 2017.

Performance: Policy review work is planned for May 2017, in accordance with the annual timetable and the above policies will all be discussed at monthly Policy Review Meetings, held in advance of Trust Partnership.

4.9.2 Governance

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

Action: Documentation referring to the Data Protection Act 1998 needs updating and expanding to refer adequately to the General Data Protection Regulation, and to cover required changes. The Governance team is supporting this task within the Directorate.

Performance: The ESR gap analysis report achieved 95% compliance on the first run, and this improved to 98% on the second run.

TRUST BOARD PART I – 31 MAY 2017

**RISK AND QUALITY COMMITTEE – INFORMAL BRIEFING MEETING HELD ON 24 MAY 2017
EXECUTIVE SUMMARY REPORT**

PURPOSE	To present to the Trust Board the report from the RAQC briefing meeting held on 24 May 2017.
PREVIOUSLY CONSIDERED BY	N/A
Objective(s) to which issue relates *	<input checked="" type="checkbox"/> 1. Keeping our promises about quality and value – embedding the changes resulting from delivery of Our Changing Hospitals Programme. <input type="checkbox"/> 2. Developing new services and ways of working – delivered through working with our partner organisations <input type="checkbox"/> 3. Delivering a positive and proactive approach to the redevelopment of the Mount Vernon Cancer Centre.
Risk Issues (Quality, safety, financial, HR, legal issues, equality issues)	Key assurance committee reporting to the Board Financial risks as outlined in paper
Healthcare/National Policy (includes CQC/Monitor)	Potential risk to CQC outcomes Key statutory requirement under SFIs, SOs. Healthcare regulation, DH Operating Framework and other national performance standards
CRR/Board Assurance Framework *	<input type="checkbox"/> Corporate Risk Register <input checked="" type="checkbox"/> BAF
ACTION REQUIRED *	
For approval	<input type="checkbox"/>
For discussion	<input checked="" type="checkbox"/>
For decision	<input type="checkbox"/>
For information	<input type="checkbox"/>
DIRECTOR:	CHAIRMAN OF RAQC
PRESENTED BY:	CHAIRMAN OF RAQC
AUTHOR:	CORPORATE GOVERNANCE OFFICER/ COMPANY SECRETARY
DATE:	MAY 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**

RISK AND QUALITY COMMITTEE – INFORMAL BRIEFING HELD ON 24 MAY 2017

SUMMARY REPORT TO TRUST BOARD – 31 MAY 2017

The Risk & Quality Committee meeting that had been scheduled to take place on 23 May 2017 was cancelled due to the cyber incident that affected the Trust from Friday 12 May. Instead, an informal briefing involving the RAQC Chair (Mr John Gilham), Medical Director, Acting Director of Nursing, Company Secretary and Chief Information Officer was held at 9:30 AM on Wednesday 24 May.

Items discussed:

Cyber Incident

The Medical Director and Acting Director of Nursing both provided assurance that appropriate steps had been taken to ensure that patient safety was not compromised during the incident. It was highlighted that some of the positives to emerge from the incident included greater team working and improved communication between teams. The Medical Director commented that the site handover to the night shift had also been useful. It was noted that the commitment from staff during the incident had been outstanding. The response from the Trust's system partners was also praised. The Medical Director confirmed that crude mortality rates for the seven-day period were within normal rates.

There was some discussion regarding lessons to be learnt from the incident, including around ensuring hard copies of relevant policies were available. The incident had also been a good test of the Trust's emergency preparedness and business continuity processes with the incident providing good experience for bronze, silver and gold commanders.

From an IM&T perspective, the CIO provided a brief account of the chronology of the incident and explained why the Trust had been vulnerable to the attack. It was noted that the actions to respond to the incident had been taken quickly with Gold Control being established within a short timescale. Following discussions relating to the incident, three main risks were identified with regards to the Trust's cyber security:

1. Due to the complexity of the process of applying patches to the Trust's network and the need to reduce operational impact, it is not possible for the patches to be rolled out as soon as the Trust is made aware of them. The Trust is thus carrying a level of risk in the interim period until a patch is deployed. This was a factor in the recent incident
2. The Trust carries a level of risk due to weaknesses in the system in relation to medical based equipment which the Trust does not control.
3. Recognising the two risks detailed above, there is also a risk around the Trust's ability to minimise the impact of a cyber-attack.

It was agreed that the CIO would provide a report regarding cyber security risks and possible mitigations to the next RAQC meeting in June. It was noted that decisions regarding investment in IM&T would have to be taken within the context of the Trust's challenging financial position, though it was recognised that the disruption caused by this type of incident would also have a significant cost. In light of the Trust's current financial position and also the extremely limited capital it was suggested that the Board should discuss the option of a case being made for central funding to strengthen the Trust's cyber security. The CIO also noted that the Divisional Executive Committee were due to receive a paper regarding the possible implications of the cyber-attack on the deployment of Lorenzo.

Adult Safeguarding Annual Report

This report had been due to be considered by RAQC in May and would now be presented to Trust Board for final approval. The Acting Director of Nursing considered that the report

provided reasonable assurance regarding safeguarding at the Trust and noted that work was taking place to address any outstanding issues.

See Appendix 1.

Safer Staffing

This report would be provided for the Trust Board meeting on 31 May. The Acting Director of Nursing provided assurance that there were no significant concerns detailed within the report.

Clinical Governance Committee Report

The Medical Director highlighted two items that had been escalated from the Clinical Governance Strategy Committee (CGSC) for assurance. She also reported that a concern had been raised around the overarching governance arrangements regarding electronic and paper records. The recommendation by the CGSC that the situation be reviewed post the implementation of Lorenzo was supported.

R&D Annual Report

This report would be deferred to the June meeting of the RAQC.

Infection Prevention and Control

There had been 2 cases of C.diff in the year to date. Regarding CPE, an expert on the matter from Public Health England would be undertaking a site visit to help identify any areas where the Trust could make improvements.

Falls

Prior to the IT incident, there had been 55 fewer falls in the YTD compared with the previous year.

Never Event

It was reported that there had been one Never Event in Maternity services in April. This was currently being investigated.

John Gilham
May 2017

Adult Safeguarding Annual Report

2016/17

Bernadette Herbert
Lead Nurse Adult Safeguarding
May 2017



Adult safeguarding is the term used for protecting adults from abuse or neglect

Content	Page
Executive Summary	2
1.0 Introduction	4
2.0 Adult Safeguarding	4
3.0 2016/17 Safeguarding Adults at Risk	8
4.0 Mental Capacity Act and Deprivations of Liberty Safeguards	11
5.0 Adult Safeguarding and Prevent training	14
6.0 Care of Adults with a Learning Disability	14
7.0 Dementia Care and Enhanced Care team	19
8.0 CCG Quality Assurance visit 2017	20
9.0 Adult Safeguarding Committee	21
10 Notable Achievements	22
11.0 Recommendation for Risk and Quality Committee (RAQC)	22
References	22
Appendices 1,2,3	23-28

Executive summary

The Safeguarding Adult Annual Report 2016/17 outlines the work undertaken by the Trust during the past year. Adult Safeguarding is the term used for protecting adults from abuse or neglect.

Adult Safeguarding leads within the Trust are the Director of Nursing and Patient Experience, who has executive responsibility, the Deputy Director of Nursing, the Lead Nurse Adult Safeguarding (Named Nurse) and the Lead Consultant Adult Safeguarding (Named Doctor).

Adult Safeguarding is a whole systems approach and the Trust is a partner agency of the Hertfordshire Safeguarding Adult Board (HSAB). The Trust is represented on the board by the Director of Nursing.

During 2016/17 the Trust has participated in HSAB activities which have included attendance at Board meetings, involvement in sub-group work, attending the Hertfordshire Safeguarding forum and Mental Capacity Act forum, updating the Hertfordshire policies and procedures, participating in Safeguarding Adults and Domestic Homicide Reviews, and the IMR (internal management reviews) writers training.

The Trust achieved the target of 90% compliance with Adult Safeguarding training with 91% of staff compliant with training, which includes Prevent awareness.

428 staff attended Prevent WRAP extended training in 2016/17.

The leads for adult and child safeguarding were given update training from a Prevent interventionist, which included information about extreme Right wing ideologies as well as extreme Islamist ideologies.

Mental Capacity Act and Deprivation of Liberty Safeguards Masterclasses were held during 201/17 and 259 clinical staff attended.

Reported safeguarding concerns increased by 41% from the previous year, which seems to reflect improved levels of reporting as the local authority also saw an increase in reported concerns during this period (HSAB data). 238 concerns were reported.

Deprivation of Liberty Safeguards urgent authorisations increased again during 2016/17, by 30%. In total there were 216 urgent authorisations and requests for standard DoLS completed.

Four senior nurses completed the Best Interests Assessor training at the University of Hertfordshire, providing increased capacity in the expert knowledge available to guide and advise Trust staff.

The Hertfordshire IDVA (Independent Domestic Abuse Advisor) provider service changed to 'Refuge' in October 2016. Since then turnover in the hospital based IDVA post has been high and is currently vacant. This has reduced the visibility of the IDVA in the Trust, however, staff continue to seek advice from the safeguarding teams and make referrals to Refuge for domestic abuse victims.

The Diabetic Eye Screening team was successful in being awarded the 'Purple Star' accreditation in recognition of good practice around the care of people with Learning Disabilities who attend their services. The Trust Ophthalmology team and the New QEII Hospital are also progressing work to achieve this quality mark.

The Trust has participated in setting up the Hertfordshire processes for the National Learning Disability Mortality Reviews (LeDeR) from April 2017 and two senior clinical staff have been nominated to undertake reviews in Hertfordshire.

The CCG undertook the annual assurance visit in March 2017 and were reassured overall about Adult Safeguarding processes and systems in the Trust.

1.0 Introduction

This is the Annual Report for Adult Safeguarding for East and North Hertfordshire NHS Trust for 2016/17. The report outlines the work undertaken by the Trust since April 2016 to support the frameworks for Safeguarding Adults.

The 2014 Care Act was implemented in April 2015 and established the legal framework for Safeguarding Adults. The Department of Health (DH) last updated the statutory guidance for the Care and Support Act in February 2017.

Adult Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about working with adults who have care and support needs, who may be in vulnerable circumstances and at risk of abuse or neglect, with the multi-agency teams working together, and with the individual, to prevent and stop the risks and experience of abuse or neglect.

Making Safeguarding personal means that an adult's wellbeing is promoted and that there is regard for the adult's views, wishes, feelings and beliefs in deciding on any action to be taken, wherever possible.

The Care Act definition of an adult at risk is:

- A Person aged 18 years and over, who has needs for care and support (whether or not the local authority is meeting any of those needs) and is experiencing, or is at risk of, abuse or neglect, and as a result of their care or support needs is unable to protect him or herself against abuse or neglect, or the risk of it.

2.0 Adult Safeguarding

2.1 The Trust Adult Safeguarding Structure:

Role	Name and Job Title
Executive Director Safeguarding	Angela Thompson, Director of Nursing and Patient Experience (to December 2016) Liz Lees MBE, Interim Director of Nursing and Patient Experience (from December 2016)
Deputy Director Safeguarding	Liz Lees MBE, Deputy Director of Nursing Debbie Whittaker, Interim Deputy Director of Nursing (from December 2016)
Lead Nurse Adult Safeguarding (Named Nurse)	Bernadette Herbert, Lead Nurse Adult Safeguarding
Lead Doctor Adult Safeguarding (Named Doctor)	Dr Emma Lines, Consultant Physician (on leave since September 2016) Dr Deepak Jain, Consultant Physician since September 2016
Enda Gallagher	Adult Safeguarding and Patient Falls Prevention Nurse

Within the Clinical and Non-Clinical Divisions the Divisional Director and Divisional Chairs or Senior Managers are responsible for the implementation of and compliance with Trust policies and procedures and maintaining standards of practice and quality of care provision with clinical and non-clinical teams.

The Director of Nursing is the Executive and Strategic Lead for Safeguarding and a member of the Hertfordshire Safeguarding Adults Board.

2.2 Trust policies and procedures which support the framework for Adult Safeguarding are:

- Safeguarding Adults from Abuse and Neglect and Prevent policy
- Hertfordshire procedures for Safeguarding Adults from abuse
- Mental Capacity Act policy
- Deprivation of Liberty Safeguards policy
- Care of Adults with Learning Disability policy
- Domestic Abuse policy
- Chaperoning policy
- Employee and workforce policies and procedures
- Disclosure and Barring checks and disclosure of information, Trust policy
- Raising Concerns at Work policy – ‘Whistleblowing’
- Statutory and Mandatory training policy
- Equality, Diversity and Human Rights Strategy
- Safer Staffing

2.3 Lead Nurse Adult Safeguarding

The post of Lead Nurse for Adult Safeguarding is the Named Nurse for Adult Safeguarding, providing strategic and operational leadership, guidance and advice for Trust staff.

The Lead Nurse is supported by the Adult Safeguarding and Falls Prevention Nurse. During 2016/17 the Falls Prevention Nurse has been supported to take on more of the work involved in Adult Safeguarding. This development has provided additional capacity in the Adult Safeguarding team.

The Safeguarding Nurses receive clinical supervision from the Hertfordshire CCGs Head of Adult Safeguarding.

2.4 Lead Doctor Adult Safeguarding

The Medical Director has nominated the Named Doctor for Adult Safeguarding, who is also the Medical Lead Learning Disability Champion.

The post holder works collaboratively with the Lead Nurse and provides medical advice when required for adult safeguarding cases. The post holder is the champion for adult safeguarding, and patients with a learning disability, to raise awareness and knowledge with medical colleagues and doctors in training.

During 2016/17 Dr Lines went on maternity leave and the post has been covered by Dr Jain, one of the Elderly Care Consultants.

2.5 Safeguarding Liaison and Hospital Social Work Teams

Safeguarding referrals raised within the Trust are processed by the Adult Safeguarding Nurse and Health and Community Services (Local authority). The investigation of a safeguarding referral is led by the local authority, following the Hertfordshire policy, procedures and practice guide for Safeguarding adults at risk. On occasions the investigation will be led by a different local authority dependant on the residency of the adult in need of safeguarding or the location of an alleged incident. If a crime is suspected the police will lead the investigation.

Since April 2015 the NHS Serious Incident framework has included incidents of abuse where:

- healthcare did not take appropriate action/intervention to safeguard against such abuse occurring; or
- where abuse occurred during the provision of NHS-funded care.

2.6 Hertfordshire Safeguarding Adults Board

The Trust is a member of the Hertfordshire Safeguarding Adults Board (HSAB) and is represented by the Director of Nursing.

The Trust is an active partner of the Board and participates in the working sub-groups, Safeguarding Adult's Reviews and Board activities.

Feedback from HSAB to the Trust is given via the Trust Safeguarding Committee and by the Director of Nursing to the Trust Board.

During 2016/17 the Trust staff have participated in the HSAB meetings, the review and updating of the Hertfordshire policy and procedures, the annual safeguarding conference, the review and updating of the mental capacity act policy, Safeguarding Adults Reviews, Domestic Homicide Reviews, the development of the Hertfordshire Mental Capacity App, the Hertfordshire Mental Capacity Act forum and the Safeguarding Adults forum. Three senior nurses also attended the Board's IMR (internal management reviews) writers training day.

2.7 Trust Safeguarding Committee

During 2016/17 the Safeguarding Committee has continued as the joint committee for children and adults, chaired by the Director of Nursing. Representation is provided from clinical divisions across the Trust, the Trust Child Safeguarding team, the Trust Adult Safeguarding Nurse and Doctor, Designated Nurses for Child and Adult Safeguarding, Learning Disability Liaison Nurse, Independent Domestic Violence Advisor, Trust Education team, Emergency Department consultant and Dementia team and the CCG leads for Adult and Child Safeguarding.

The Safeguarding Committee meets monthly and reports to the Risk and Quality Committee via the Director of Nursing.

During this year the Safeguarding Committee has had presentations from the Sexual Assault Referral Centre, the Stevenage Borough Council Anti-social Behaviour Unit and case presentations related to Domestic Homicide and Serious Incidents.

The Adult and Child Safeguarding Leads and teams also had an update training half day on Prevent in October 2016, led by an expert in Prevent and interventionist work for radicalised individuals. The session covered different types of radicalisation and different ideologies including risks from extreme right wing and extreme Islamic ideologies. It was thought provoking and added to existing knowledge and understanding which is being utilised in Trust staff training sessions.

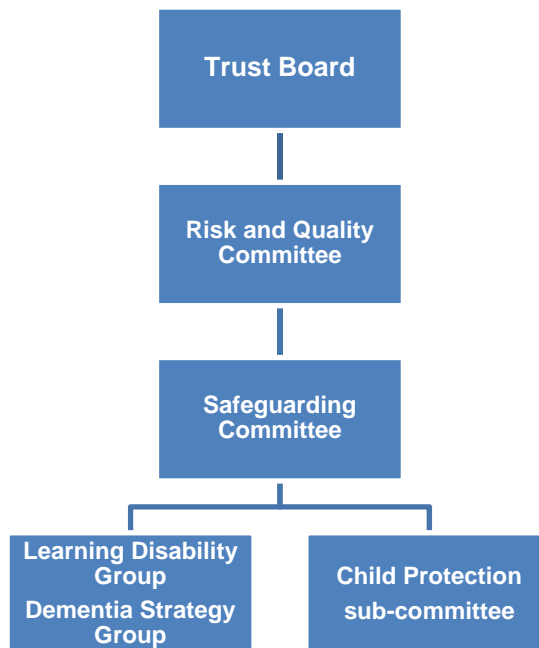
2.8 Risk and Quality Committee (RAQC)

The Risk and Quality Committee is a sub-group of the Trust Board, chaired by a Non-Executive Director. The Adult Safeguarding report is provided to RAQC quarterly in the Director of Nursing's Patient Safety Report.

Adult Safeguarding Structure



Trust Safeguarding Committee Structure



3.0 2016/17 Safeguarding Adults at Risk

3.1 Safeguarding Concern 'Alerts'

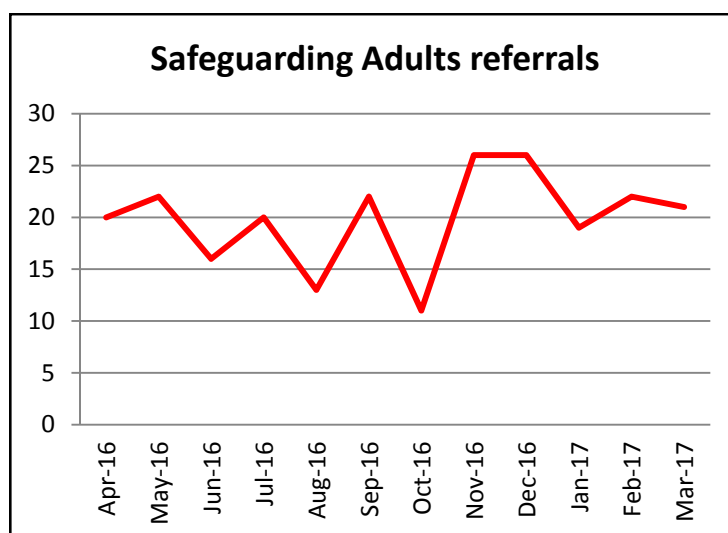
From April 2016 to March 2017 the Trust recorded 238 Safeguarding Adults at Risk concerns; these include all concerns reported by Trust staff as well as those raised about care in the Trust.

In comparison to the previous year (168 concerns) this shows an increase in reported concerns by 41%. The increase does not necessarily show an increase in incidents of abuse or neglect but better reporting of concerns. Both the Trust and Hertfordshire Health and Community Services have seen more concerns being raised by East of England ambulance teams, who will see the individual's circumstances in their home environment, and these will be reported to Trust clinical teams when the patient is brought into hospital. The increase also reflects the increase seen generally in Hertfordshire, as shown in the HSAB performance reports, which have shown improvements in reporting and recording of concerns since 2015/16.

Within the Trust there were 36 concerns were about care in the Trust. Five went to Serious Incident (SI) investigations. Of these two were for patients with Learning Disability and the detail is listed in section 6.3. One was an allegation that the Trust had discharged a lady and not informed the care agency that she was being discharged. She was not seen at home for three days. The outcome was that this was not substantiated against the Trust as the care agency had been informed of her being discharged and should have arranged carers to attend. One SI was an incident where an agency nurse was verbally aggressive and physically threatening towards a patient, and whilst there was no harm caused to the patient the behaviour was unacceptable and a referral was made to the Nursing and Midwifery Council (NMC) regarding the nurse's fitness to practice. The nurse is currently suspended from practice whilst the NMC conduct their investigation. One SI was about a patient who had a fall and head injury in hospital and the family raised concerns about their care. This SI is still in the investigation period.

Five concerns were dealt with as complaints. One Safeguarding concern about staff causing bruising was not substantiated. In 18 concerns they did not progress to formal enquiries as evidence was provided to show abuse or neglect did not occur in hospital. Five concerns were about poor discharge communication or practice and these were addressed by the relevant matrons and appropriate actions taken at ward level. Two related to hospital acquired unavoidable deep tissue injury (pressure ulcers).

The chart below shows the month by month number of concerns reported.



The categories of alleged abuse or concerns raised for safeguarding adults included: neglect, self-harm, self-neglect, financial, physical, sexual, discriminatory, psychological abuse or domestic abuse and suspected people trafficking. Staff will also make referrals for concerns related to the increased care needs of individuals and whilst this is not abuse or neglect it may mean people are 'at risk' and in need of care and support services.

The actions taken by the Trust in relation to the concerns raised against the Trust included:

- Reporting alleged abuse to the police,
- Ward managers and matrons reviewing practice in clinical areas and taking steps to improve practice
- Referral to the NMC Fitness to Practice Panel for an agency nurse
- Staff training programmes including use of Mental Capacity Act and Best Interests decisions, diabetes management and sepsis management
- Initiatives to improve patient safety, such as introduction of the Sepsis team and e-obs (electronic observations).

3.3 HSAB Safeguarding Adults Reviews

During 2016/17 the Trust participated in two Safeguarding Adults Reviews led by HSAB. The reviews were concluded and learning shared with the multi-agency membership of the Board. The key learning areas were around raising awareness about self-neglect and adult safeguarding, information sharing agreements between agencies, working with adults who have mental capacity to make unwise decisions, and improving access and recognising the specific needs of harder to reach communities or individuals. The learning from the SARs has influenced the strategic objectives and work plan for the HSAB for 2017/18.

3.4 Domestic Abuse

3.4.1 Independent Domestic Violence Advisor (IDVA)

The hospital based IDVA post was established in January 2015. Up to October 2016 the service was managed by Victim Support. Since October the Hertfordshire IDVA service has been managed by Refuge. Unfortunately, the changes have led to higher turnover of IDVA staff with two experienced IDVA leaving within a three month period, and at the end of March the on-site IDVA post was vacant. Referrals are still being made for patients to the Herts Refuge team; however, the visibility of the IDVA in the Trust has reduced. The

Refuge service has plans in place to recruit a replacement. The risk has been added to the Trust Risk Register and concerns were shared with the Clinical Commissioning Group at the Trust annual assurance visit.

As a result of the changes in IDVA personnel, the data about their work in 2016/17 is not available at the current time.

During the period that the IDVA was on-site they continued to work closely with clinical and safeguarding teams and provided advice and guidance to teams to support and safeguard victims of domestic abuse. Clients referred to the IDVA during 2016/17 ranged from all age groups, gender and ethnicity. There were some patients who had experienced abuse for many years, in some cases decades, and the IDVA was able to offer support to the individuals and gave practical assistance in the patient's decision to leave the abusive relationship.

The IDVA has also been able to offer support and advice to staff members who were victims of abuse.

The IDVA worked closely with the police, local authority safeguarding teams, victim support and Refuge.

Stevenage Borough Council Anti-social Behaviour Unit also has support services for victims of Domestic Abuse that Stevenage residents can be referred to. The team gave a presentation to the Trust Safeguarding Committee about their services earlier in the year.

3.4.2 Multi-Agency Risk Assessment Conference – MARAC

The Trust receives requests for information from three MARAC teams in Stevenage and North Hertfordshire, Welwyn and Hatfield and Broxbourne and Cheshunt. Relevant information is shared with MARAC for victims, perpetrators and children to assist in the implementation of protection plans for victims. Information is shared by the Adult Safeguarding team, the Children's Safeguarding team and the Safeguarding Midwives.

3.4.3 Domestic Homicide Reviews (DHRs)

DHRs are a statutory requirement under the Domestic Violence, Crime and Victims Act 2004. DHR means 'a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by:

- a) a person to whom he/she was related or with whom he/she was, or had been, in an intimate personal relationship, or
- b) a member of the same household as him/herself

held with a view to identifying lessons to be learnt from the death' (Home Office 2016).

During 2016/17 the Trust has been asked to provide information and participate in four DHRs for Hertfordshire residents as the victim, or the perpetrator, had accessed Trust services at some point before the death. The DHR cases included: a young woman murdered by her older half-sister, an elderly man killed by his son-in-law, a young mother killed by her partner who then killed himself, and another lady who was killed in the south of England.

An internal management review (IMR) has been provided for one of the reviews. The Trust learning from this review has been about staff recognising that assault between adult siblings is within the definition of Domestic Abuse and that individuals will need risk

assessment and referral to DV services. Raising awareness of this has been included in Safeguarding training and in training briefings in the ED.

All four reviews are still in progress.

4.0 Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS)

The Mental Capacity Act is an important part of everyday practice in the NHS and it is the responsibility of all Trust staff to have regard for the requirements of the act.

Staff receive training about the MCA and DoLS in their statutory and mandatory training, provided at induction and in two yearly updates.

During 2016/17 additional MCA/DoLS Masterclass workshops and 'lite bite' sessions have also been held to help staff to develop their knowledge and skills in this area. 259 staff attended the training.

Additional learning tools have been provided to staff to help them increase their knowledge and understanding of MCA and DoLS (see appendix 1, 2 and 3).

The Trust has also encouraged staff to utilise the smart phone application for Mental Capacity Act and DoLS prompts developed by the Hertfordshire Adult Safeguarding Nurses and the CCG on behalf of the HSAB (see appendix 4).

Importantly, the CCG provided funding between 2015 and 2016 for four senior nurses to undertake the Best Interests Assessor qualification at the University of Hertfordshire. This has increased the number of staff available within the Trust to provide expert guidance and advice to clinical staff.

MCA audits have been undertaken and the findings fed back to clinical teams for learning and improvement actions. Audits have demonstrated a need to improve documentation of mental capacity assessments with patients who have impairment to the functioning of the mind or brain, and of the best interest's decisions made for patients who are assessed to lack the mental capacity to make the decision themselves.

4.1 Deprivation of Liberty Safeguards (DoLS)

DoLS provide legal protection for those people aged 18 years and over who lack the mental capacity to consent to the arrangements for their care or treatment in a hospital, or care home, and in whom, within the meaning of Article 5 of the European Convention of Human Rights (ECHR), are deprived of their liberty, in their best interests, to protect them from harm.

The Supreme Court established the 'acid test' in March 2014 and stated that a deprivation of liberty should be considered where:

- The person is under continuous supervision and control **and**
- is not free to leave **and**
- lacks the mental capacity to consent to remain in hospital or a care home

The person does not have to be saying or showing that they want to leave for a deprivation of liberty to be considered.

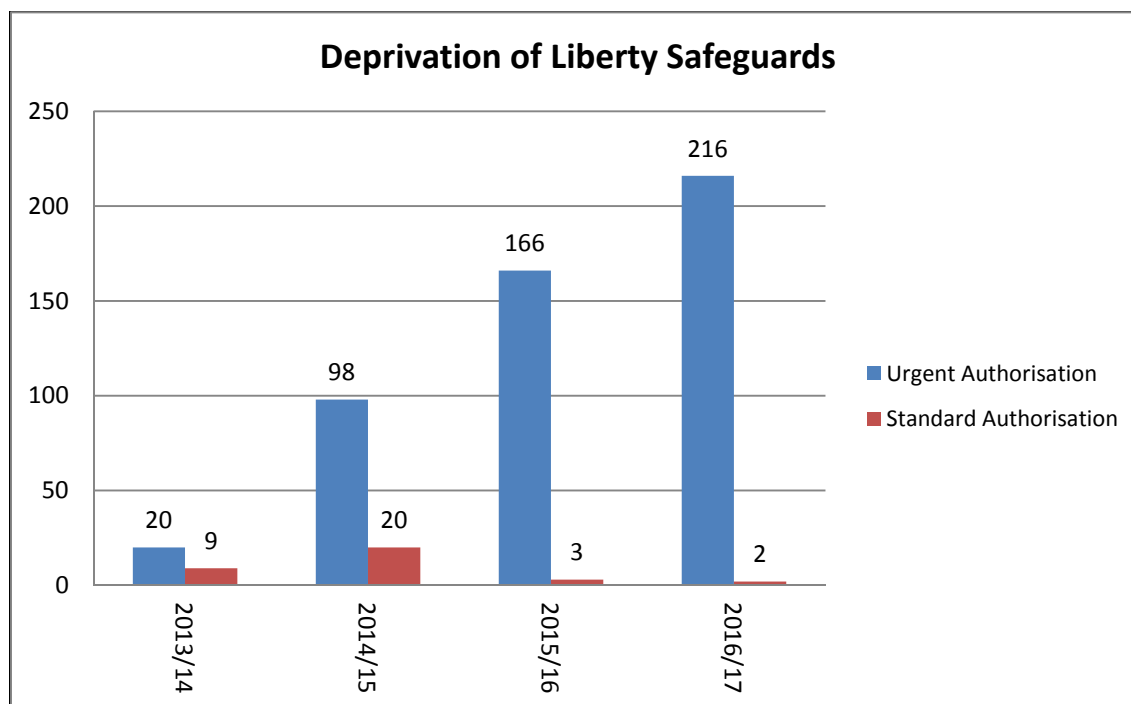
The charts below show the changes in Deprivation of Liberty Safeguards applications since 2013. The changes show that the number of urgent applications made by the Trust (managing authority) has increased year on year, and this does indicate an improvement in recognising the need to use DoLS with patients who lack capacity to consent to their admission to hospital. However, the number of standard authorisations by the Supervisory body (Local Authority DoLS teams) for patients in the Trust has decreased over the same period. This reflects the continued difficulties that the Hertfordshire Supervisory body experiences in dealing with the significant increase in the number of DoLS applications since the Supreme Court changes in 2014, and that the team are not able to send out assessors to complete the standard authorisation before patients are discharged or die.

Unauthorised DoLS (after the urgent authorisation has expired) continues to be a risk for the Trust and is recorded on the Trust Risk Register. However, this position is reflected across all organisations in Hertfordshire and is being monitored by the HSAB.

There were 216 urgent DoLS and requests for Standard DoLS made in 2016/17. In the previous year it was 166 and therefore this shows a 30% increase. Since 2014 the Trust has seen an almost 10 fold increase in DoLS applications.

DoLS authorisations 2013-2017

Year	Urgent Authorisation	Standard Authorisation
2013/14	20	9
2014/15	98	20
2015/16	166	3
2016/17	216	2



The requirement to notify the Coroner about a patient who has died with DoLS in place has changed, as a consequence of the changes to the Policing and Crime Act 2017, deaths of patients with DoLS in place from 3 April 2017 no longer need to be notified to the coroner solely on the basis that DoLS was in place.

4.1.2 Proposals to replace DoLS with Liberty Protection Safeguards

Over the past three years the Law Commission has been reviewing the process used for Deprivation of Liberty in England and Wales. The final report and draft bill were published in March 2017.

The Law Commission's proposed replacement scheme is called 'Liberty Protection Safeguards' (LiPS). The LiPS replaces the 'supervisory body' with the 'responsible body'. It creates a stronger link between the commissioning of the arrangement for care and treatment and consideration of whether deprivation of liberty is justified.

The responsible bodies will be:

- the hospital manager for hospital care/treatment arrangements
- the CCG for continuing health care arrangements
- the responsible local authority, where the person is ordinarily resident, for people in their own homes

The new proposals will apply to persons aged 16 and over.

There are also proposed wider reforms to the Mental Capacity Act which are intended to protect Article 8 rights (right to a family life) and improve decision making under MCA and the best interests decisions.

Significantly, protection from liability under the MCA will only be available to professionals if a written record has been prepared confirming that a formal mental capacity assessment has been undertaken and rights to advocacy have been given effect.

The implications of the proposed changes are:

- More responsibility on frontline staff to better understand and apply MCA
- Training requirements for all staff on the changes to the Act and their responsibilities under the Act.
- The Best Interests check list (MCA s4) will give rebuttable presumption in favour of the person's wishes and feelings. Decision makers will be required to give much more weight to the person's wishes. Currently the person's wishes and feelings must only be 'considered' or 'taken into account'.
- Care or support plans will need to be much more specific in terms of recording any restrictive elements in care arrangements.
- A new role of independent reviewer is suggested to conclude that the conditions for an authorisation are met – it is not clear yet who would be the reviewer but it may be an advanced practitioner (social worker) or a senior nurse
- A new role of Approved Mental Capacity Professional (AMCP) is created, building on existing BIA roles. This person would receive referrals under LiPS where the person objects to being accommodated at or receiving care and treatment at a particular place, or that the arrangements are necessary and proportionate due to likelihood and seriousness of harm to others. The AMCP would be responsible for authorising these arrangements.
- The Responsible body would have a duty to appoint an appropriate person to represent the 'cared for person'.

Further information about the proposed changes can be found at:
<http://www.lawcom.gov.uk/project/mental-capacity-and-deprivation-of-liberty/>

The proposed changes, if accepted, will need to be considered for the impact it will have on processes within the Trust and the impact on frontline staff and the Adult Safeguarding team, this will need to be considered in the work plan for 2017/18.

5.0 Adult Safeguarding and Prevent Training

5.1 Adult Safeguarding training

Adult Safeguarding training is provided for all Trust staff through the statutory/mandatory training programme and new staff induction programme. All staff receive mandatory updates every two years, Adult Safeguarding level 1 & 2, MCA, DoLS and Prevent awareness. Compliance with training attendance is recorded on the Electronic Staff Record and monitored through monthly reports to line managers, the Statutory-Mandatory Training Committee and the Safeguarding Committee.

Adult safeguarding training compliance at the end March 2017 was 91%, which achieved the Trust target of 90%.

5.2 Prevent training

From April 2015 Prevent awareness has been included in mandatory Safeguarding training and is provided to all staff.

All staff are also invited to undertake the Prevent WRAP workshop. During 2016/17 428 staff attended these workshops. When combined with attendances from previous years the number of staff who have now participated in a WRAP workshop is 891. Prevent workshops have been held at the Lister Hospital, Mount Vernon Cancer Centre and Luton Renal Unit.

The Trust has not made any referrals to the Channel panel in 2016/17.

6.0 Care of Adults with a Learning Disability

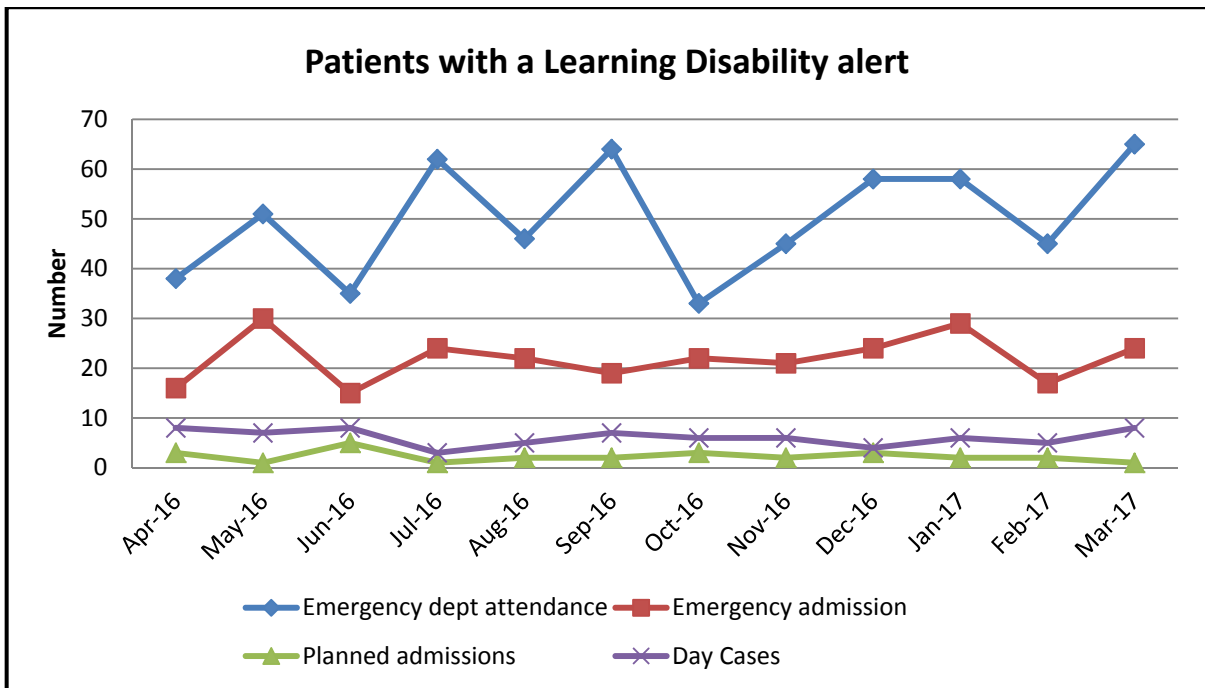
The Acute Liaison Learning Disability Nurses (Hertfordshire Health and Community Services) are involved with supporting patients with Learning Disabilities (LD) and their carers when using hospital services. They will assist Trust staff in making reasonable adjustments for patients, advising staff about what reasonable adjustments might be required, using appropriate communication tools for people with LD, enabling appropriate discharge packages of care, end of life care and will provide training for staff around the needs of patients with a learning disability.

The Trust uses PAS alerts (Patient Administration System) to attach an alert to the PAS record of a patient with a LD where that information has been shared from the local authority or when a patient is identified to have a learning disability and consents to the alert being used. The use of the alert helps to identify when a patient with LD is admitted, attends the Emergency Department or is due to attend for an outpatient clinic or for an elective admission.

The charts below show the patient activity in 2016/17. The numbers are for attendances and not the number of patients, as a patient may attend more than once.

Patient activity 2016/17 using the LD PAS alert (Source: Acumen reports)

Activity Type	Attendances
Emergency Department attendances	600
Inpatient admission (emergency)	263
Inpatient admission (planned)	27
Day case attendance	73



The Learning Disability Nurses have continued to provide training and team briefings for staff across the Trust during 2016/17. This has included awareness sessions on the additional needs of people with a Learning Disability and use of the 'Purple folder' (health passports) and reasonable adjustments. They also provide training for clinical staff on the patient safety day and preceptorship nurses induction programme.

The Adult Safeguarding Nurse gave an update on work within the Trust to the Hertfordshire LD partnership in October 2016 along with the LD nurses and West Herts Hospitals Trust.

6.1 Improving Health Outcomes

The Trust has continued to participate in the Hertfordshire 'Improving Health Outcomes' group, the multi-agency group leading on the implementation of strategies to improve health outcomes for people with LD as part of the work of the Transforming Care Board in Hertfordshire.

6.2 National Mortality Review for people with Learning Disability (LeDeR programme)

From April 2017 the Trust will be required to notify the deaths of people with LD, aged 4-75 years, to the National Mortality Review programme. The aim of the programme is to review the deaths of people with LD to identify the learning for policy makers and services, so that improvements can be made for the health outcomes of people with LD, improve mortality rates and reduce the risks of premature death.

The Trust has participated in establishing the National LD Mortality Review programme in Hertfordshire. The Adult Safeguarding Nurse and an Emergency Department consultant have been nominated to be reviewers. The Trust is a member of the Hertfordshire Steering group, which has been established as a sub-group of the Adult Safeguarding Board. The Adult Safeguarding nurse has worked with the Deputy Medical Director to establish the procedures within the Trust for notifying deaths of patients with LD to LeDeR.

6.3 Serious Incidents

During 2016/17 five Serious Incident investigations included the care of patients with LD:

Incident date	Summary of incident	Outcome and Learning
January 2016	Non-verbal patient with physical and learning disability – missed hip fracture in ED	Patient treated and fractured hip repaired. Community Adult Safeguarding investigation completed – neglect substantiated. Cause of fracture remained inconclusive. Trust implementation of ‘Sticky note’ system in ED to ensure communication about Radiography reports between Radiography and ED.
February 2016	Patient with LD and autism self-discharged when acutely unwell, patient’s mental capacity to make the decision not formally assessed prior to discharge. Patient readmitted to Intensive Care with sepsis.	Patient recovered and discharged home. Training for Trust staff for assessing mental capacity and using DoLS. Training for Trust staff about sepsis and the deteriorating patient. Need for ‘carer’ staff to immediately escalate if they have concerns about taking someone home.

Incident date	Summary of incident	Outcome and Learning
April 2016	Patient with LD discharged from hospital following drainage of an abscess, had high blood glucose levels and subsequently readmitted with Diabetic Ketoacidosis and required care in Intensive Care.	Patient recovered and discharged to enablement bed. Training for staff in Diabetes management. Actions by staff to improve communication with GP and follow up on abnormal results. Individual reflection and learning for staff involved in incident. Staff ensuring they use the Mental Capacity Act to support decision making
September 2016	Patient death due to sepsis.	Premature death of an adult with LD. Learning is the need for staff to recognise and manage sepsis.
January 2017	Patient death due to aspiration pneumonia.	This SI is still being investigated

Learning and actions from all Serious Incidents are monitored through the Clinical Governance Committee and the Risk and Quality Committee.

Managing Sepsis has been a focused work programme in the Trust with the establishment of a specialist team and extensive training programme for staff.

Work has also been undertaken across the Trust to improve knowledge and skills in the practical application of the Mental Capacity Act in clinical decision making.

6.4 Purple Star Accreditation

During 2016/17 teams across the Trust have been progressing work to achieve the Hertfordshire Purple Star accreditation, which is recognised as a quality standard mark for being an 'LD friendly' service. The work programme includes assessments and feedback from service users with LD and experts by experience. The teams progressing this work are Ophthalmology, the New QEII hospital and the Diabetic Eye Screening programme. The Diabetic Eye Screening programme was awarded the Purple Star accreditation in March 2017 and became the second Trust service to receive the award.

6.5 Hospital Experiences of Adults with Learning Disability (HEALeD) research project

The joint research project with Cambridge University, Cambridge University Hospitals and East and North Hertfordshire NHS Trust to examine the hospital experiences of adults with learning disability has continued in 2016/17. The research outcomes are currently being written up by the research team and will be published in 2017.

Poster presentations were given at two conferences, in East Anglia and Scotland, and presentations were given at the East of England LD network day and at the NHS England Directors of Nursing Conference in 2016.

One of the patient stories from the research was presented to the Trust Board by one of the research assistants in November 2016.

Some emerging themes have been:

- Parents and carers expected there to be problems when the patient with LD came to hospital.
- Carers saw themselves as having a vital role in supporting people with LD to ensure that the care the patient receives is appropriate and safe.
- Carers and parents expect hospital staff to listen to them and follow the advice and guidance they provide and involve them in decision making.
- Staff fear that they will do something wrong and do not always feel confident in providing care for patients with complex needs.
- Staff also said that they would be more gentle and sympathetic with patients with LD and that they would make reasonable adjustments in providing care.

6.6 Learning Disability Champions

The Trust has a number of LD champions across the Trust who support developing good practice and care for adults with LD and to support making reasonable adjustments for patients with LD.

The LD champions have been instrumental in progressing the work for the Purple Star accreditation, as shown in the Day Surgery unit in 2015 and Diabetic Eye Screening programme in 2017 and the work being done by Ophthalmology and the New QEII Hospital teams.

The LD champions have also participated in the work to implement the Accessible Information Standards in the Trust.

6.7 Patient Alerts and Reasonable Adjustments

The Trust uses an LD alert on the Patient Administration System (PAS) to assist in identifying patients who may need additional support or reasonable adjustments. The Hertfordshire County Council LD register was last shared in 2015 and used to update the PAS system.

Reasonable adjustments may need to be made for patients with LD or autism to achieve equitable access to services. During 2016/17 examples of reasonable adjustments made included:

- Providing information in a way that patients can understand – all wards were provided with the Hospital Communication book, which had been funded by the Trust charity. The book has many pictures related to things that can happen in hospital and this can help staff to communicate with patients with LD in an easier format if it is needed.
- Learning disability nurses attending hospital appointments with patients with LD to provide support and assist with communication.
- Learning disability nurses supporting patients and carers during hospital admissions or attendance to the Emergency Department (ED).
- Using the patient's 'Purple Folder' or health passport to understand the needs of an individual.
- Using the Trust data sets to identify the future admission or clinic attendance of a patient with LD and to plan for attendance and involve the LD nurses as required.
- Discharge planning and involving patient and carers or relevant parties in organising discharges as well as for complex care requirements

- Supporting paid or family carers to stay with patients during hospital admissions, involving the Carer's Lead to provide support and information to carers
- Adjustments made to appointment times or theatre schedules to accommodate the needs of an adult with LD.
- Pre-operative arrangements made to enable patients and their carers to reduce anxiety or stress which some patients may experience when coming to hospital, for example; admission day before surgery to allow patient to settle, admission direct to ward rather than admissions unit, carers going with the patient into theatre
- Using quiet spaces in ED for patients who find busy or noisy areas distressing
- Making changes in the way things are done for blood testing with a patient who had severe needle phobia to minimise distress

7.0 Dementia Care and Enhanced Care team

Over recent years the Trust has focused on improving care for patients with dementia. There have been initiatives to improve the ward environments and make the areas more 'dementia friendly', particularly on the Elderly Care wards where a higher number of people with dementia are admitted. The wards have reminiscence rooms with décor and furniture which reminds patients of a home environment pictures and books remind people of times past. For some patients this helps with reducing agitation, distress or disorientation as the environment is more familiar to them. The ward décor has been changed to make 'way finding' easier with different bays having different colours to identify them. As dementia can affect neuro-visual pathways brightly coloured toilet seats have been used so that the toilet stands out and does not blend into the background decor. Brightly coloured crockery is also used to help patients see things better and this helps with patients eating at mealtimes.

The Trust has developed its Dementia Care team which includes a Matron, Specialist Nurse and Elderly Care Consultants who work in collaboration with the RAID team from the Mental Health Trust.

The Trust has also developed an Enhanced Care team, which is a team of Clinical Support Workers who provide additional support to wards when patients need more 1:1 care or supervision. The development of the team has reduced the reliance on temporary, or agency, staff who were being used when additional support was needed. The enhanced care team have had additional training to develop their skills in the care of patients with dementia, learning disability, confusion or agitation. They have also undertaken the MCA/DoLS master classes so can assist staff in undertaking mental capacity assessments and identifying patients who are being deprived of liberty and need the safeguards put in place. Feedback has shown improved satisfaction from relatives, more consistent support from staff who are able to get to know the patient, cover for seven days a week, reduction in the use of bank or agency staff to provide 'specialling' cover. The team have also received awards and commendations for the work that they have been doing.

During 2016/17 the Trust also adopted the national initiative 'Stay with me - Johns campaign' which is an initiative to support carers of people with dementia to stay with the patient when they are in hospital, if they want to. As part of the initiative visiting hours on wards were reviewed and open visiting was piloted on the Elderly Care wards and then rolled out to all wards. The Trust also has a number of initiatives to support carers, such as discounts on food and car parking and guest beds so that carers can stay in overnight if they want to. The Carers Lead also received a Royal College of Nursing award for the work she has done in the Trust in supporting unpaid carers.

8.0 CCG Safeguarding Adults Quality Assurance Assessment 2017

The CCG undertook their third quality assurance visit in March 2017. The self-assessment audit was completed prior to the visit, different questions were asked from those asked in the previous year. This was followed up by an on-site visit by the CCG Director of Nursing and Head of Safeguarding. The CCG feedback was that they were reassured overall regarding the standard of Adult Safeguarding within the Trust and made some recommendations to enhance continuous improvement.

Key findings from the review were:

- Increased safeguarding adult capacity with the addition of the Falls Prevention Nurse to support the Lead Nurse.
- Dip sampling of patient records has shown a mixed picture for the recording of Mental Capacity Act (MCA) assessments.
- Training compliance for levels 1 and 2 has increased to over 90%
- The Lead Nurse and ED Consultant have been identified to attend the Learning Disability Mortality Review training and then undertake reviews.
- Through the dementia care strategy and fund raising campaign the Trust has developed the environment of the Elderly Care wards to be more dementia patient friendly.
- The on-site Independent Domestic Violence Advocate has enabled early intervention with victims of domestic abuse.
- The Palliative Care team has worked with voluntary services to train volunteers to sit with patients who are at the end of their lives to ensure they are not on their own.

Good Practice identified was:

- The Trust had four Best Interests Assessors (BIA) in practice who support staff to embed their knowledge around the Mental Capacity Act.
- The Lead Nurse holds monthly MCA / DoLS training workshops across the Trust.
- MCA is discussed at Clinical Governance meeting.
- Training has been provided to the Operations on call staff.
- Introduction of a dedicated Enhanced Care Team to special patients with dementia which has reduced hospital stays.
- The Trust has been shortlisted for a Royal College of Nursing award for their 'Stay with me' John's Campaign.

Recommendations:

- The Trust to develop an MCA action plan in readiness for CQC visits.
- To improve the consistency of MCA documentation recording.
- To continue to increase the knowledge, application and recording of MCA and DoLS.
- The Trust to increase the availability of domestic abuse training for staff.
- The CCG suggest that the Lead Doctor for Adult Safeguarding contacts his equivalent within WHHT to share best practice.
- The Trust to review its membership of the HSAB sub-groups to increase representation and involve other Trust staff with the relevant skills, such as

- performance management, public engagement, learning and development.
- The Trust to implement a programme of Adult Safeguarding audits.
- The Trust to continue to roll out the Purple Star accreditation to more services.
- The Trust to develop a network of Adult Safeguarding Champions across all sites

The action plan was presented to the April 2017 safeguarding committee for approval.

9.0 Adult Safeguarding Committee

The Safeguarding committee met regularly during 2016/17. The work plan for the committee and the Adult Safeguarding team during 2016/17 has included:

- Staff training for Adult Safeguarding, MCA , DoLS and Prevent WRAP.
- Updates of policies or guidelines.
- Providing advice and guidance to clinical and managerial staff in relation to Adult Safeguarding and the Mental Capacity Act
- Working with the multi-agency team to prevent abuse and neglect and where abuse and neglect has been identified, working to reduce the risks of abuse and neglect.
- Undertaking Serious Incident, Safeguarding Adults Reviews and Domestic Homicide reviews, identifying learning and working with clinical teams to implement learning.
- Safeguarding teams update training on Prevent (Level 3).
- Participation in the Hertfordshire Adults Safeguarding Board meetings and sub-groups.
- Participation in the Hertfordshire LD Health Outcomes Group.
- Participation in setting up the National LD Mortality reviews in Hertfordshire.
- Progression of the Purple Star Accreditation with Ophthalmology, New QEII Hospital and Diabetic Eye Screening team.
- Participation in the Hertfordshire MCA forum.
- MCA/DoLS audits and dip sampling.
- Presentations of the HEALeD study research.
- Information shared with locality MARAC teams for safeguarding victims of domestic abuse.
- Participation in Safeguarding enquiries (Care Act 2014 section 42 enquiry) and providing clinical advice to social work teams.
- Two senior nurses participate in the Hertfordshire BIA rota.
- The alert symbol for identifying victims of Domestic Abuse was developed but is on hold due to the implementation of the new patient information system (Lorenzo).
- The seven day working for the LD nursing team was reviewed by HCS but requires additional financial resources and therefore has not been progressed at this stage. This will need a decision made by the joint commissioning teams.

Work plans and priorities for 2017/18 in addition to regular and continuing adult Safeguarding work:

- Continuing to develop the knowledge and skills of staff in the practical application of the Mental Capacity Act.
- Implementing the actions from the action plan following the CCG assurance visit.
- Preparing for and implementing any changes made to the Deprivation of Liberty arrangements.
- Continuing Prevent WRAP training.
- Under taking training needs analysis for Domestic Abuse and implementing training plans, with support from Refuge.
- Re-establishing the IDVA on site.

- Participate in the National LD Mortality Reviews and share learning to improve patient care and health outcomes.
- Share the learning from the HEALeD study when published.
- Share learning from SIs, SARs and DHRs.
- Support teams in preparing for the next CQC visit.

10.0 Notable achievements in Adult Safeguarding in 2016/17

- Improved reporting of safeguarding concerns.
- Improvement in the use of Deprivation of Liberty Safeguards.
- Improvement in the use of formal mental capacity assessments.
- 91% of staff are compliant with Adult Safeguarding training.
- Increased attendance at Prevent WRAP workshops.
- Diabetic Eye Screening programme achievement of Purple Star accreditation in March 2017.
- Four senior nurses completed the Best Interests Assessor course at the University of Hertfordshire increasing the number of staff who have expert knowledge of MCA and DoLS.
- The Trust Enhanced Care team established, showing improvements in quality of care provided to patients.
- Capacity within the Adult Safeguarding team has improved with the development of the falls prevention nurse and recruitment of administrative assistance.
- Trust demonstrated overall assurance in Adult Safeguarding to the CCG.

11.0 Recommendation

The RAQC is asked to note the achievements in 2016/17 and the planned progress for 2017/18 as outlined in the work plan.

References:

Home Office (2016) Multi-Agency Statutory Guidance for the conduct of a Domestic Homicide Review: www.gov.uk

Law Commission (2017) Mental Capacity and Deprivation of Liberty: www.lawcom.gov.uk

DATA PACK

Contents

1. Data & Exception Reports:

FFT

Health & Safety Indicators

2. Performance Data:

CQC Outcomes Summary

3. Workforce Appendices

4. Risk and Quality Committee Reports:

PALS and Complaints

Safer Staffing

DATA & EXCEPTION REPORTS

Friends and Family Test
Health and Safety Indicators

Friends and Family Test - April 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	90.91	3.64	30	20	1	2	0	2	55	76	72.37
5B	96.97	0.00	25	7	1	0	0	0	33	52	63.46
7B	95.29	0.00	49	32	3	0	0	1	85	150	56.67
8A	91.53	0.85	63	45	7	0	1	2	118	118	100.00
8B	93.02	4.65	26	14	1	1	1	0	43	85	50.59
11B	92.00	2.00	33	13	3	1	0	0	50	94	53.19
Swift	91.78	0.68	73	61	11	1	0	0	146	146	100.00
ITU/HDU	100.00	0.00	4	1	0	0	0	0	5	15	33.33
Day Surgery Centre, Lister	98.98	0.51	168	27	1	0	1	0	197	413	47.70
Day Surgery Treatment Centre	99.56	0.44	201	27	0	0	1	0	229	437	52.40
Endoscopy, Lister	99.33	0.00	282	15	2	0	0	0	299	763	39.19
Endoscopy, QEII	99.26	0.00	128	7	0	0	0	1	136	293	46.42
SURGERY TOTAL	96.78	0.64	1082	269	30	5	4	6	1396	2642	52.84
SSU	90.00	3.33	15	12	2	0	1	0	30	122	24.59
AMU	97.92	0.00	40	7	1	0	0	0	48	122	39.34
Pirton	100.00	0.00	37	10	0	0	0	0	47	67	70.15
Barley	82.61	0.00	15	4	1	0	0	3	23	25	92.00
6A	95.83	0.00	13	10	1	0	0	0	24	64	37.50
6B	100.00	0.00	12	5	0	0	0	0	17	59	28.81
11A	100.00	0.00	52	1	0	0	0	0	53	53	100.00
7AN	88.46	3.85	18	5	2	1	0	0	26	26	100.00
ACU	94.55	0.00	43	9	3	0	0	0	55	114	48.25
10B	100.00	0.00	14	6	0	0	0	0	20	45	44.44
Ashwell	100.00	0.00	19	12	0	0	0	0	31	43	72.09
9B	100.00	0.00	47	9	0	0	0	0	56	56	100.00
9A	100.00	0.00	41	0	0	0	0	0	41	48	85.42
Cardiac Suite	100.00	0.00	44	3	0	0	0	0	47	90	52.22
MEDICINE TOTAL	97.10	0.39	410	93	10	1	1	3	518	934	55.46
10AN Gynae	93.44	0.00	34	23	4	0	0	0	61	95	64.21
Bluebell ward	92.23	0.97	62	33	5	1	0	2	103	187	55.08
Bluebell day case	100.00	0.00	1	0	0	0	0	0	1	6	16.67
Neonatal Unit	100.00	0.00	24	1	0	0	0	0	25	32	78.13
WOMEN'S/CHILDREN TOTAL	93.68	0.53	121	57	9	1	0	2	190	320	59.38
Michael Sobell House	100.00	0.00	25	0	0	0	0	0	25	44	56.82
10	100.00	0.00	3	0	0	0	0	0	3	32	9.38
11	95.00	5.00	15	4	0	0	1	0	20	101	19.80
CANCER TOTAL	97.92	2.08	43	4	0	0	1	0	48	177	27.12
TOTAL TRUST	96.61	0.60	1656	423	49	7	6	11	2152	4073	52.84

Continued over

Inpatients/Day by site	% Would recommend	% Would not recommend	Extremely Likely	Likely	Neither Likely/Unlikely	Unlikely	Extremely Unlikely	Don't Know	Total responses	No. of Discharges	Total % response rate
Lister	96.39	0.61	1485	412	49	7	5	10	1968	3603	54.62
QEII	99.26	0.00	128	7	0	0	0	1	136	293	46.42
Mount Vernon	97.92	2.08	43	4	0	0	1	0	48	177	27.12
TOTAL TRUST	96.61	0.60	1656	423	49	7	6	11	2152	4073	52.84

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	91.67	2.88	185	101	14	5	4	3	312	8085	3.86
QEII UCC	100.00	0.00	15	9	0	0	0	0	24	3817	0.63
A&E TOTAL	92.26	2.68	200	110	14	5	4	3	336	11902	2.82

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	92.59	0.00	17	8	2	0	0	0	27	444	6.08
Birth	98.13	0.00	160	50	3	0	0	1	214	413	51.82
Postnatal	88.79	2.34	127	63	12	5	0	7	214	426	50.23
Community Midwifery	75.00	0.00	2	1	1	0	0	0	4	546	0.73
MATERNITY TOTAL	93.25	1.09	306	122	18	5	0	8	459	1829	25.10

Outpatients	% Would recommend	% Would not recommend	Extremely Likely	Likely	Neither Likely/Unlikely	Unlikely	Extremely Unlikely	Don't Know	Total responses
Lister	94.55	1.60	717	290	27	4	13	14	1065
QEII	96.01	1.52	500	197	15	2	9	3	726
Hertford County	95.68	0.00	219	69	8	0	0	5	301
Mount Vernon CC	97.94	1.03	163	27	1	2	0	1	194
Satellite Dialysis	100.00	0.00	53	17	0	0	0	0	70
OUTPATIENTS TOTAL	95.59	1.27	1652	600	51	8	22	23	2356

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

2017/18		Financial Year 2017-18													
		April	May	June	July	August	September	October	November	December	January	February	March	Current Position YTD	
Patient Incidents	RIDDOR incidents	0													0
	H&S public liability claims	0													0
	Slips, Trips & Falls (not including inpatient falls)	0													0
	Physical assault	0													0
Visitor Incidents	RIDDOR incidents	0													0
	H&S public liability claims	1													1
	Slips, Trips & Falls	2													2
The Workforce (Including Contractors) Incidents	RIDDOR incidents	2													2
	Slips, Trips & Falls	1													1
	Employer liability claims	0													0
	Sharps incidents	11													11
	Workplace stress	6													6
	Contact dermatitis/latex	0													0
	Musculoskeletal injuries	5													5
	Physical assault	4													4
	H & S training (Compliance) (YTD = Latest Available Position)	89%													89%
	Significant workplace fires	1													1
Total Staff	5514													5514	

Key Performance Indicators Reported to RAQC

Floodlight Health & Safety Metrics

The Rate is the percentage of incident per 1000 employees

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

H & S Indicator		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Average monthly total
RIDDOR Incidents		2	0	0	0	0	0	0	0	0	0	0	0	2
RATE %	Red < 0.36 Amber 0.36-0.33 Green > 0.33	0.363	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.363
Slips, Trips and Falls		1	0	0	0	0	0	0	0	0	0	0	0	1
RATE %	Red <0.86 Amber 0.86 - 0.78 Green >0.78	0.181	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.181
Sharps Injuries		11	0	0	0	0	0	0	0	0	0	0	0	11
RATE %	Red < 2.56 Amber 2.56-2.33 Green > 2.33	1.995	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	1.995
Mgr Referrals to OH for Stress		6	0	0	0	0	0	0	0	0	0	0	0	6
RATE %	Red < 0.96 Amber 0.96-0.87 Green > 0.87	1.088	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	1.088
Work related Musculoskeletal Injuries		5	0	0	0	0	0	0	0	0	0	0	0	5
RATE %	Red < 1.11 Amber 1.11-1.01 Green > 1.01	0.907	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.907
Physical Assault		4	0	0	0	0	0	0	0	0	0	0	0	4
RATE %	Red < 1.45 Amber 1.45-1.32 Green > 1.32	0.725	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.725
Total Staff		5514	0	0	0	0	0	0	0	0	0	0	0	5514

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

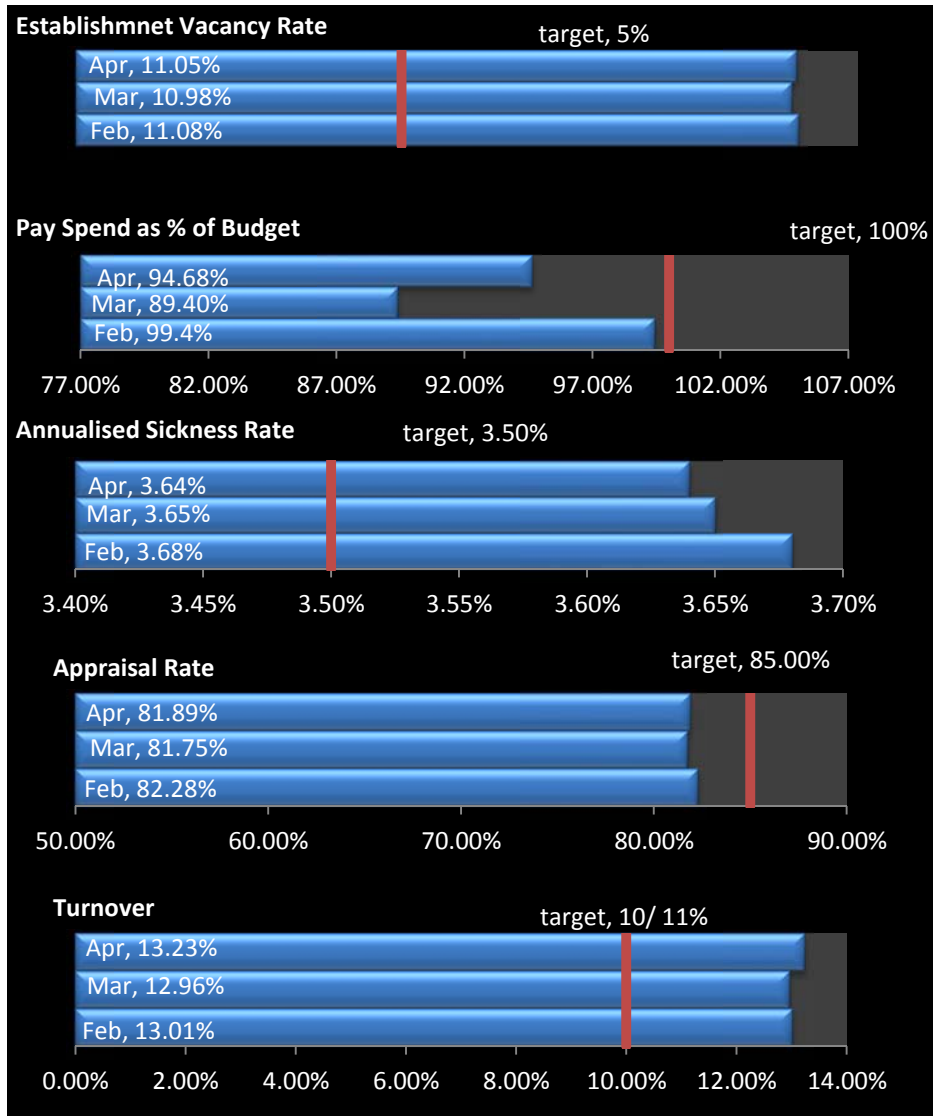
May 2017 - Based on Month 1

Appendix 1

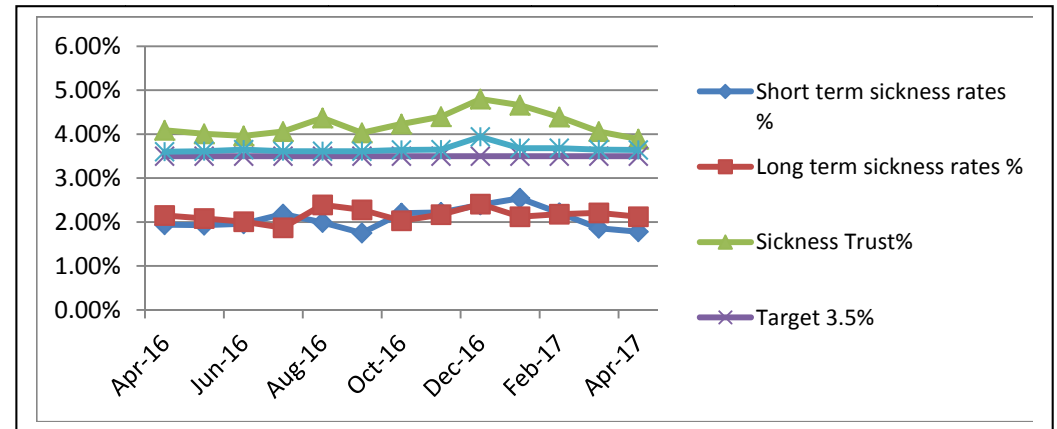
*Workforce Information
Report Summary*

Workforce Report May 2017 (Based on data as at the end of April 2017)

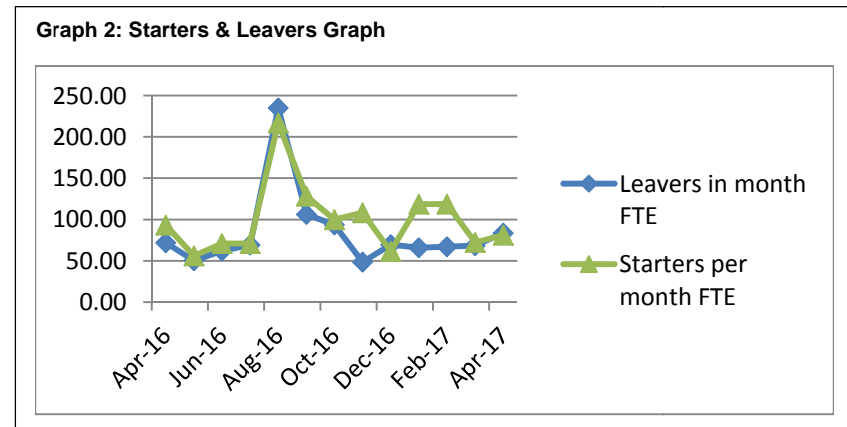
Section 1: KPI summary position



Graph 1: Sickness Rates Based On In Month Position



Graph 2: Starters & Leavers Graph



Section 2: Our Culture

Graph 1: FFT Trend Graph

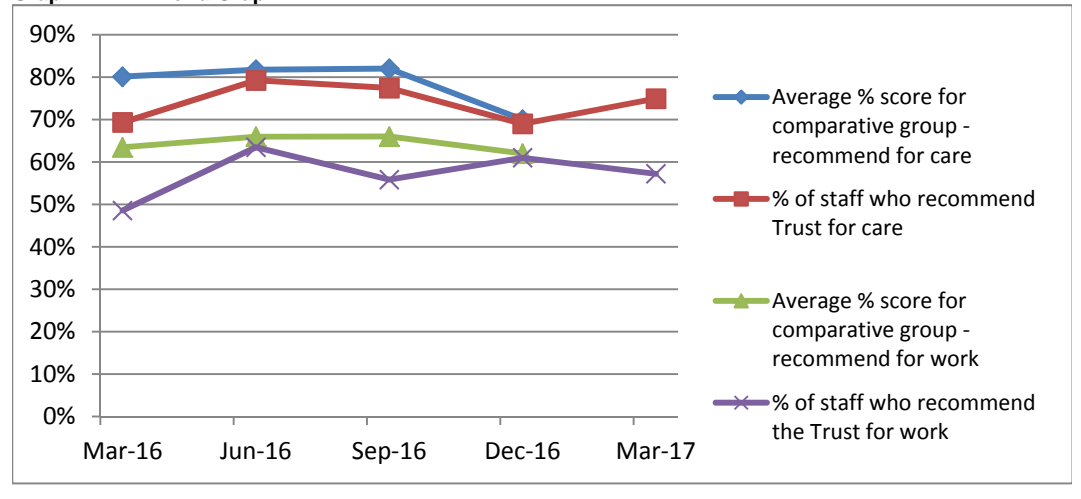


Table 2: LEND attendance by Band

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
Grand Total	289	163	274	726

Table 1: Health at Work Service core activity

Health at Work Service core activity	Average Activity 2016/17	Activity as of 31 March 2017	Activity as of 30 April 2017
Trust			
Pre Placements received	151	130	111
Manager referrals received	89	83	73
Immunisation/blood tests	365	372	328
Blood borne virus incident (sharps)	13	18	11
Return to Work plans advised	24	25	21
Self-referral advice given	20	45	68
Physiotherapy referrals	14	23	24
Use of Employee Assistance Programme	33	31+39 web hits	15 +18 web hits
External			
Pre-placement	84	66	60
Manager referrals received	44	36	34
Immunisations and blood tests	152	176	144
Blood borne virus incident (sharps)	4	1	3

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
Grand Total	289	163	274	726

Section 3: Developing our people

Table 1: April 2017 Appraisal Compliance

Compliance	Done	Not Done	Not due but require review*	Grand Total	Completion Rate % November
Cancer Services	375	48	83	506	88.65%
Clinical Support Services	529	40	135	704	92.97%
Medicine	666	223	275	1164	74.92%
Corporate	404	60	144	608	87.07%
Research & Development	58	13	21	92	81.69%
Surgery	655	226	152	1033	74.35%
Women's and Children's	447	83	93	623	84.34%
Grand Total	3134	693	903	4730	81.89%

Table 2: Appraisal Compliance by Payband

Pay Band	Appraisal Completion Rate %
Band 1	87.07%
Band 2	78.66%
Band 3	85.61%
Band 4	78.91%
Band 5	81.19%
Band 6	83.59%
Band 7	82.82%
Band 8A	78.79%
Band 8B	84.91%
Band 8C	80.95%
Band 8D	83.33%
Band 9	60.00%
Snr Mgr Pay	70.59%
Tupe	100.00%
Grand Total	81.89%

Table 3: Training Data

Source: ESR	Trust MTH	Surgery	Medicine	CSS	W & C	Cancer	R and D	Corporate
Statutory and mandatory training full compliance (Incl M&D)	66.44%	62.17%	57.80%	73.71%	67.51%	73.42%	76.84%	77.12%
Statutory and mandatory training average compliance (Incl M&D)	89.32%	86.96%	86.88%	93.84%	89.83%	91.33%	92.08%	92.73%

Section 4: People Performance

Table 1: Bank & Agency Spend

April 2017 position				
Total spend	Current month		YTD	
	£	%	£	%
Agency	1,150,207.00	5.4%	1,150,207.00	5.40%
Bank	1,249,568.00	5.9%	1,249,568.00	5.90%
Substantive	18,747,307.00	88.7%	18,747,307.00	88.7%
Total	21,147,082.00		21,147,082.00	
Variance against pay budget	-1,200,722.00	-5.32%	-1,200,722.00	-5.32%

Graph 1: Ledger Position V Worked WTE

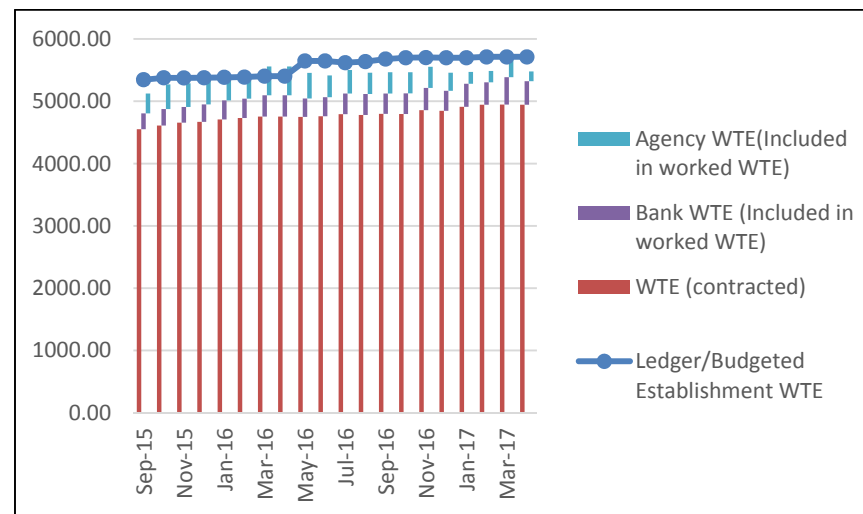
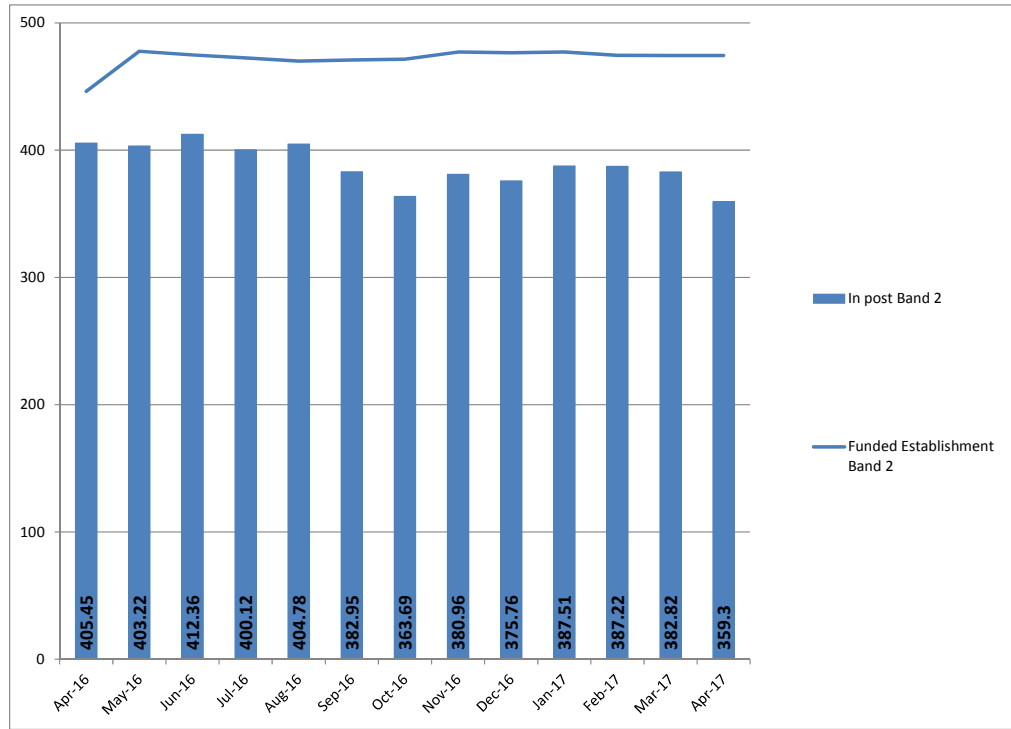


Table 2: recruitment activity for band 5 and band 6 nursing posts

	Band	Number of live adverts in month	Views	average advert views	Applications submitted	Offers made
Apr-17	Band 5	49	11,609	237	53	30
Apr-16	Band 5	61	17,922	293	31	12
Apr-17	Band 6	19	4,342	228	13	2
Apr-16	Band 6	25	3,378	135	28	13

Graph 2: Band 2 CSW Establishment V in post position



Graph 3: Band 5 Nursing Establishment V in post position

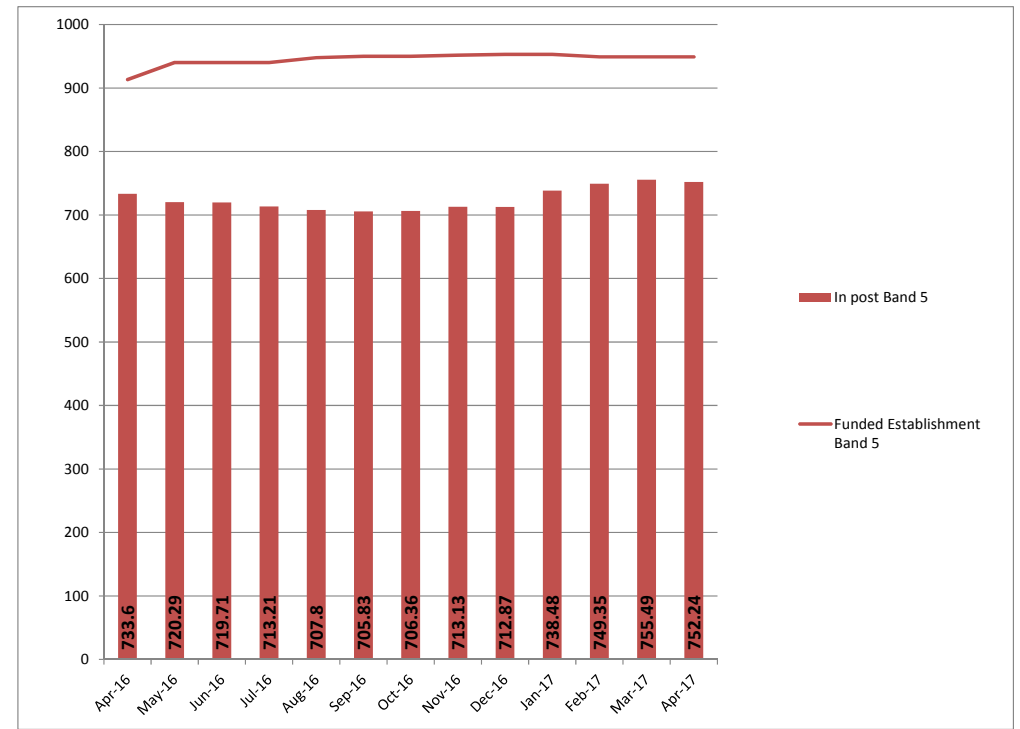


Table 3: Benchmarking Data: Beds and Herts NHS Organisations - Vacancy, Turnover and Agency costs comparisons

Trust	Mandatory Training Rate Mar 17	Appraisal Rate Mar 17	Turnover Mar 17	Vacancy Rate Mar 17	In mth Sickness Mar 17	Agency Mar 17
Bedford Hospital	84%	81%	14.10%	8.80%	2.95%	6.40%
Herts Community	92%	88%	22.10%	11.90%	3.90%	8.90%
WHHT	89%	73%	16.50%	12.50%	3.50%	8.00%
East & North Herts	90%	82%	12.96%	11.00%	4.10%	8.20%
Luton & Dunstable	81%	74%	16.90%	11.30%	3.30%	6.30%
HPFT	85%	90%	13.70%	12.20%	3.96%	6.00%
ELF Bedford	85%		18.57%	15.20%	4.80%	12.60%
ELF Luton	86%		21.90%	16.90%	3.70%	11.90%
Princess Alexandra		70%	16.85%	10.50%	3.18%	7.80%
SEPT						
CNWL FT	96%	89%	12.50%	10.80%	3.90%	5.50%
Milton Keynes UFT	91%	88%	13.80%	15.40%	4.27%	6.50%
Average	88%	82%	16.35%	12%	3.78%	8.01%

Table 4: Performance, Employee Relations

Source: ERAS	Total Live Cases as at 31 March 2017	Total Live Cases as at 30 April 2017	Surgery	Medicine	CS	W & C	Cancer (inc R&D)	Corporate
Headcount	5674	5673	1339	1470	763	768	689	644
Number of Disciplinary Cases (excluding medical cases) % = no of cases as % of headcount	13 (0.2%)	18 (0.3%)	8 (0.6%)	3 (0.2%)	2 (0.3%)	1 (0.1%)	2 (0.3%)	2 (0.3%)
Number of Grievances	1	1	0	1	0	0	0	0
Number of Capability cases	5	4	2	1	0	0	1	0
Number of B&H, discrimination and victimisation cases	12	12	2	3	1	0	3	3
Number of formal short term sickness cases including cases under monitoring	79	25	7	8	6	3	0	1
Number of formal long term sickness cases Including cases under monitoring	60	57	17	18	4	10	4	4
Number of *MHPS cases (Medical cases)	1	1	0	1	0	0	0	0
Total number of cases in progress	171	118	36	35	13	14	10	10
Number of suspensions/medical exclusions (inclusive of over six months)	0							
Number of suspensions lasting 6 months or longer	1	0	0	0	0	0	0	0
Number of appeals	2	2	1	1	0	0	0	0

*MHPS = Maintaining High Professional Standards

Table 5: Exit Interview Data

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

B. Length of Service within the Trust	
> 12 months	3
1-5 Years	9
6-10 Years	3
11-15 Years	3
16-20 Years	2
21-25 Years	0
26-30 Years	2

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

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

Table 5: Exit Interview data demonstrates that 22 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 April 2017. At present the format of the Exit Interview / Questionnaire provides qualitative data which gives an insight on the reasons staff are choosing to leave, but does not allow for longer term trend analysis.

A working group is to be formed that will include representatives from ERAS, staffside and the operational teams; the purpose of which will be to revise the Exit Interview Form to allow for further analysis and to ensure feedback to the divisions is clear, timely and useful. This will support plans to improve retention rates across the organisation in addition to the actions being undertaken already.

What factors contributed to employees decisions to leave the Trust?

Key Themes

Family/Personal reasons - Family/Personal reason was cited as one of the major factor in employee's decision to leave the Trust.

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

Retirement - People choose to retire as they were reaching retirement age.

Qualitative Feedback

Staff Group (Administrative & Clerical)

- A Band 2 left with 12 years' service following relocation from QE11 to Lister. They described the period since as being "worst 3 years of my working life" as they considered that they had been unfairly treated and not listened to by my their then Line Manager. They considered this resulted in their confidence and self-esteem been totally destroyed.
- A Band 2 left with 9 years' service due to what they considered to be undermining and bullying behaviour. The employee explained that "looking at current culture within the organisation I would not recommend it as place to work which I am very sad about. I fear that the organisation will lose a lot of very good, committed staff if it does not manage to achieve the balance between financial turnaround and supporting and nurturing its workforce. Improvement suggested is improving the Divisional structure to enable individuals within the team to work to the grade they are paid by the organisation as opposed to working below grade".

Staff Group (Nursing and Midwifery registered)

- A Band 5 left with 14 years' service as they felt the ward became very busy and there was too much pressure at work. The employee also perceived a shortage of staff and less appreciation of what you're doing in the ward. As an Improvement they suggested maybe more compassion to staff, appreciate their hard work more, less pressure.
- A Band 6 left with 32 years' service because they felt extremely let down in relation to promotion prospects. They considered they had been not well supported having been advised they would receive full support and backing for the future promotion prospect within that role. Improvement suggested more members in their particular team.

Staff Group (Additional Clinical Services)

- A Band 5 left with 16 years' service as they described being told by their line manager that if they wanted to progress they would have leave and go to another department as my line manager was going nowhere. This individual felt they were also accused of being jealous because I was not the one that saw the opportunity first of putting myself forward. They described always being put down which had an impact on confidence and self esteem. Improvement suggested is communication between staff and support.

Staff Group (Estates & Ancillary)

- A Band 8A left with 3 years' service due to frustrations within the team in which they were working. They described a lack of direct action, no formal meetings in regards to their speciality resulting in frustration. Improvement suggested more regular meetings.

Actions in respect of exit interview feedback / ongoing to support retention:

- The ERAS Team continues to be accessible for both individuals and line managers to discuss any concerns they may have regarding their workplace, role or the wider Trust. This allows for early intervention and resolution if concerns are raised. This also supports us in providing immediate responses to queries which can prevent issues escalating unnecessarily.
- We continue with the Flexible Working Direct Engagement Project. This project has focused initially on clinical areas but the plan is to visit all areas of the Trust and all staff groups in order to increase awareness of the flexible working opportunities at the Trust. This will support any individuals who may otherwise leave with the aim of achieving a greater worklife balance elsewhere.
- Reviewing process for conducting Exit Interviews; this will ensure that feedback can be given to operational teams to support improvements and wider retention plans. The revised format will also allow for trend analysis and clearer reporting in terms of hotspot areas.
- Leadership and Development Pathways / Career Development Pathways in place and being expanded to support personal development in the organisation.
- Delivery of ERAS Training Sessions for new and existing managers in relation to Trust policies and management of ER issues / concerns. Consideration being given as to how we streamline the sessions available to ensure maximum impact for operational colleagues wishing to attend.
- Continue to recruit at all levels of the organisation; Enhanced Scheme still being advertised for Band 5 Qualified Nurses. A review of this scheme will be carried out in July 2017.

TRUST - WIDE	Trust-wide	Actual					Predictions/Assumption based on pipeline and known leavers													
		16/17																		
		Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	16/17 Total	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
	Overall Trust Vacancy Factor at the end of the month	9.88%	10.33%	13.32%	14.46%	13.51%	12.97%	13.13%	13.06%	12.97%	12.31%	11.85%	11.47%		10.30%	9.06%	7.93%	6.87%	6.67%	6.00%
	Trust-wide vacant posts (at the end of the month)	484	527	679	744	694	670	678	680	676	639	615	595		534	470	411	356	346	311
	Trust-wide vacant posts (at the beginning of the month, incl. any funded establishment changes)	503	484	527	679	744	694	689	719	685	681	641	620		600	539	475	416	361	351
	Number of starters required to achieve target	78	78	78	78	78	78	78	78	78	78	78	78		78	78	78	78	78	78
	Estimated starters in month*	75	67	70	47	72	81	74	96	66	99	83	82		123	126	121	117	72	97
	Actual starters in month*	81	55	78	56	92	100	82	99	54	114	84	0		0	0	0	0	0	0
	Variance	-6	12	-8	-9	-20	-19	-8	-3	12	-15	-1	TBC	-65	TBC	TBC	TBC	TBC	TBC	TBC
	Estimated leavers in month*	43	41	36	36	36	57	62	57	57	57	57	57		57	57	57	57	57	57
	Actual leavers in month*	49	48	59	65	67	88	75	43	64	50	60	0		0	0	0	0	0	0
	Variance	-6	-7	-23	-29	-31	-31	-13	14	-7	8	TBC	TBC	-125	TBC	TBC	TBC	TBC	TBC	TBC
BAND 5 REGISTERED NURSES	Band 5	16/17																		
	Month	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	16/17 Total	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
	Vacancies b/fwd (incl. any changes in funded establishment)	181	179	218	220	234	240	244	249	240	240	227	210		202	170	135	105	79	68
	Monthly starters																			
	Estimated UK	9	4	5	8	8	8	9	9	9	10	12	10		15	15	12	12	8	8
	Estimated EU	7	3				5		1	1	5	5	4		3					
	Estimated Filipino Nurses Cohort 1	6	9	2	3	3	1			2	3	2	1		6	6	4			
	Estimated Filipino Nurses Cohort 2					3	1		2	2	5	4	2		8	8	8	8	6	
	Estimated Additional Filipino Recruits			11	2	3	1		3	2	6	10	4		8	14	14	13	13	9
	Estimated Newly Qualified Nurses						10	20	10											
	Estimated Other Overseas Nurses												3		8	8	8	9		
	Actual UK	3	2	5	5	9	10	9	8	5	21	9								
	Actual EU	2	1				3		1	0	1	5								
	Actual Filipino Nurses Cohort 1	4		2	3	1	2			3	3	1								
	Actual Filipino Nurses Cohort 2	1					1		2	3	4	4								
	Actual Additional Filipino Recruits			11	2				3	4	4									
	Actual Newly Qualified Nurses						9	20	5	0										
	Actual Other Overseas Nurses									0		4								
	Starters Variance	12	13	0	3	7	1	-0	6	1	-4	10	TBC	49	TBC	TBC	TBC	TBC	TBC	TBC
	Attrition Mthly																			
Estimated	10	9	9	9	9	11	15	11	11	11	11	11		11	11	11	11	11	11	
Actual	7	10	10	14	9	16	16	6	8	5	6									
Estimated Internal promotion for band 5	5	5	5	5	5	5	5	5	5	5	5	5		5	5	5	5	5	5	
Actual Internal promotion for band 5	1	4	4	4	2	6	5		4	4	4									
Attrition Variance	7	0	0	-4	3	-6	-1	10	4	7	6	TBC		TBC	TBC	TBC	TBC	TBC	TBC	
Estimated Vacancies (+) c/fwd	174	177	214	221	231	230	236	240	240	227	214	202		170	135	105	79	68	52	
Actual Vacancies (+) c/fwd	179	190	214	228	235	237	236	237	237	214	200									
Estimated Vacancy rate	19.05%	18.82%	22.76%	23.48%	24.36%	24.23%	24.80%	25.23%	25.20%	23.84%	22.59%	21.22%		17.86%	14.19%	11.04%	8.31%	7.15%	5.48%	
Actual Vacancy Rate	19.60%	20.21%	22.76%	24.23%	24.78%	24.96%	24.88%	24.87%	24.90%	22.50%	21.05%	TBC		TBC	TBC	TBC	TBC	TBC	TBC	

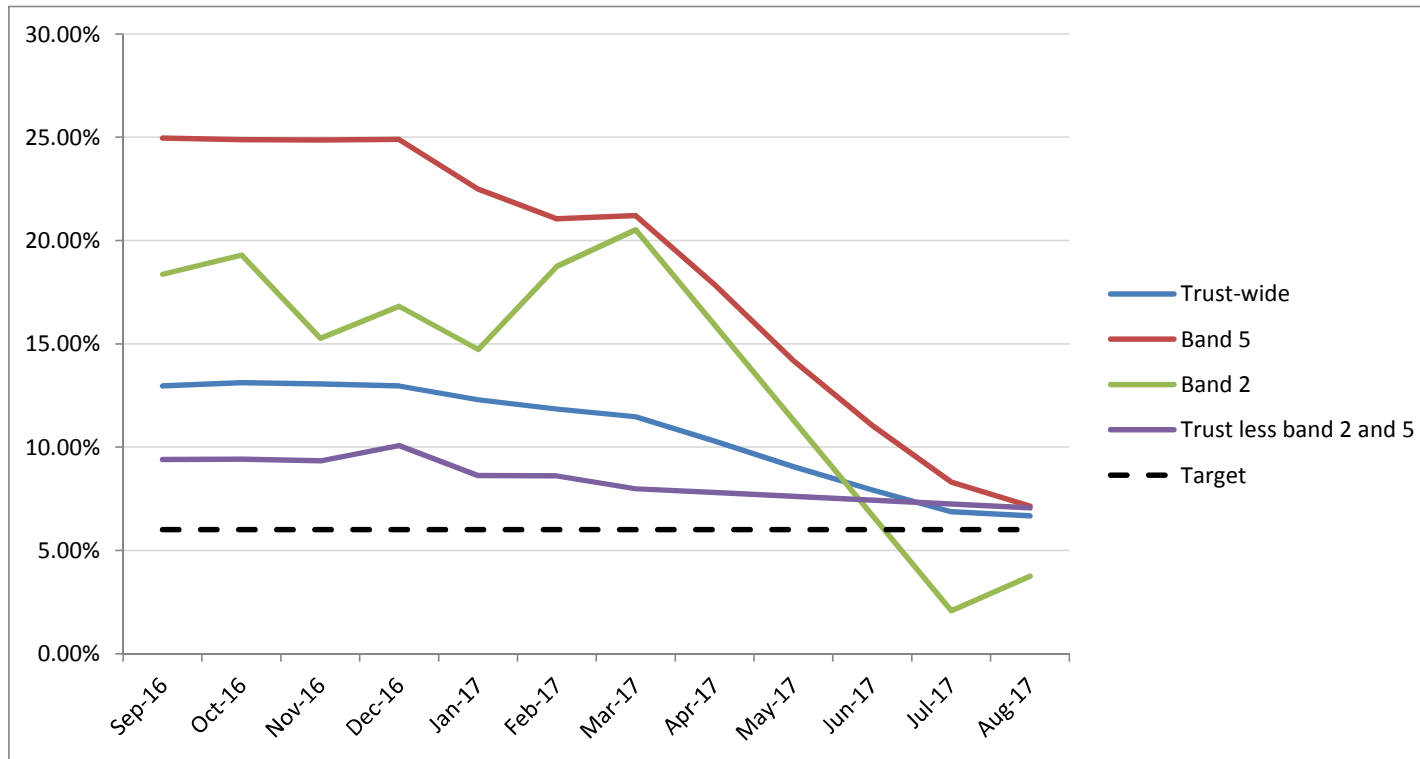
Band 2		16/17																		
BAND 2 CSWS	Month	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	16/17 Total	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
	Vacancies b/fwd (incl. any changes in funded establishment)	52	41	73	61	72	77	88	91	78	86	90	98		98	76	54	32	10	18
	Monthly starters																			
	Estimated	18	16	20	0	20	10	0	21	0	20	0	8		30	30	30	30	0	20
	Actual	17	10	26	3	13	9	0	22	1	21	6								
	Starters Variance	1	6	-6	-3	7	1	0	-1	-1	-1	-6	TBC		TBC	TBC	TBC	TBC	TBC	TBC
	Attrition Mthly																			
	Estimated	8	7	7	7	7	8	9	8	8	8	8	8		8	8	8	8	8	8
	Actual	6	8	10	7	11	19	11	4	3	5	5								
	Attrition Variance	2	-1	-3	0	-4	-11	-2	4	5	3	3	TBC		TBC	TBC	TBC	TBC	TBC	TBC
	Estimated Vacancies (+) c/fwd	42	32	60	68	59	75	97	78	86	74	98	98		76	54	32	10	18	6
	Actual Vacancies (+) c/fwd	41	39	57	65	70	87	91	73	80	70	89								
	Estimated Vacancy rate	9.41%	6.70%	12.64%	14.41%	12.65%	15.87%	20.57%	16.35%	18.05%	15.51%	20.56%	20.53%		15.91%	11.30%	6.69%	2.08%	3.76%	1.24%
	Actual Vacancy Rate	9.19%	8.16%	12.01%	13.78%	14.99%	18.37%	19.30%	15.27%	16.82%	14.74%	18.76%	TBC		TBC	TBC	TBC	TBC	TBC	TBC

Trust-wide (except band 2 and band 5)		16/17																		
TRUST - WIDE (EXCL. BAND 2 AND BAND 5)	Month	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	16/17 Total	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
	Vacancies b/fwd	328	310	388	393	379	364	357	378	366	354	324	312		300	293	286	279	272	265
	Monthly starters																			
	Estimated *	35	35	32	34	35	45	45	50	50	50	50	50		45	45	45	45	45	45
	Actual *	54	42	34	43	69	66	53	58	38	60	55								
	Starters Variance	-19	-7	-2	-9	-34	-21	-8	-8	12	-10	-5	TBC		TBC	TBC	TBC	TBC	TBC	TBC
	Attrition Mthly																			
	Estimated *	25	25	20	20	20	38	38	38	38	38	38	38		38	38	38	38	38	38
	Actual*	36	30	39	44	47	53	48	33	52	39	50								
	Attrition Variance	-11	-5	-19	-24	-27	-15	-10	5	-14	-1	-12	TBC		TBC	TBC	TBC	TBC	TBC	TBC
	Estimated Vacancies (+) c/fwd	318	300	376	379	364	357	350	366	354	342	312	300		293	286	279	272	265	258
	Actual Vacancies (+) c/fwd	310	298	393	394	357	352	352	353	381	324	324								
	Estimated Vacancy rate	8.98%	8.14%	10.20%	10.16%	9.79%	9.54%	9.36%	9.70%	9.38%	9.11%	8.29%	7.99%		7.80%	7.61%	7.43%	7.24%	7.06%	6.87%
	Actual Vacancy rate	8.76%	8.09%	10.67%	10.56%	9.60%	9.40%	9.41%	9.34%	10.08%	8.63%	8.61%	TBC		TBC	TBC	TBC	TBC	TBC	TBC

*(excludes doctors in training)

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

	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Trust-wide	12.97%	13.13%	13.06%	12.97%	12.31%	11.85%	11.47%	10.30%	9.06%	7.93%	6.87%	6.67%	6.00%
Band 5	24.96%	24.88%	24.87%	24.90%	22.50%	21.05%	21.22%	17.86%	14.19%	11.04%	8.31%	7.15%	5.48%
Band 2	18.37%	19.30%	15.27%	16.82%	14.74%	18.76%	20.53%	15.91%	11.30%	6.69%	2.08%	3.76%	1.24%
Trust less band 2 and 5	9.40%	9.41%	9.34%	10.08%	8.63%	8.61%	7.99%	7.80%	7.61%	7.43%	7.24%	7.06%	6.87%
Target	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%



	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Band 2	446.16	477.68	474.76	472.54	469.89	470.82	471.44	477.02	476.52	477.07	474.54	477.07	477.07	477.07	477.07	477.07	477.07	477.07
Band 5	913.29	940.34	940.34	940.34	947.88	950.12	950.12	951.92	952.92	952.92	949.14	952.92	952.92	952.92	952.92	952.92	952.92	952.92
All - (2+5)	3539.92	3684.49	3684.49	3731.81	3717.78	3740.88	3740.98	3775.75	3778.35	3759.07	3764.85	3759.07	3759.07	3759.07	3759.07	3759.07	3759.07	3759.07
Trust	4899.37	5102.51	5099.59	5144.69	5135.55	5161.82	5162.54	5204.69	5207.79	5189.06	5188.53	5189.06	5189.06	5189.06	5189.06	5189.06	5189.06	5189.06
Changes		203.14	-2.92	45.1	-9.14	26.27	0.72	42.15	3.1	-18.73	-0.53	0.53	0	0	0	0	0	0

RISK AND QUALITY COMMITTEE REPORTS

PALS and Complaints
Safe Staffing Nursing

PALS and Complaints Monthly Position Report May 2017

Purpose

This report has been prepared to provide an indication of the Trust's position on Complaints and PALS Concerns data for April 2017. The Quarterly report in June will expand on the data provided, looking in depth at themes and actions arising. This will include a breakdown on the numbers and subject of complaints for all sites.

Number of Complaints

The Trust received 77 complaints in April compared to 89 in March. In comparison 79 complaints were received in April 2016.

Table 1 - Complaints by Division April 2017

	April 2017
Surgery	18
Medicine	28
Women's & Children's	11
Clinical Support	13
Cancer	4
Operations	3

Table 2 - PALS Concerns by Division April 2017

There were 211 PALS contacts for April compared to 279 in March. The reason for the reduction will be further explored and reported on in more detail in the quarterly report.

	April 2017
Surgery	102
Medicine	58
Women's & Children's	26
Clinical Support	15
Cancer	10

Compliance

The National mandatory timeframe of acknowledging receipt of a formal complaint within 3 working days was achieved in April with 100% of complaints acknowledged within the timeframe.

The Trust has set a target of 80% of all open complaints across the division being responded to within the agreed timescale per month. In April 2017 68% of all the open complaints that were closed across all the divisions were responded to within the agreed timescale.

The Medicine Division have maintained their excellent response timeframes, achieving 84% compliance. Women's and Children's achieved 57% which is a significant improvement on the previous month. The timeframe in March for Women's and Children's was an isolated occurrence as a result of increase in complaints and delays in the completion of outstanding investigations.

Table 4 – Response timeframe for March 2017 to April 2017

Division	March 2017	April 2017
Surgery	42%	45%
Medicine	87%	84%
Women's & Children's	25%	57%
Clinical Support	50%	63%
Cancer	67%	100%

Impact of IT failure on complaints timeframes and patient experience

16 formal complaints were received between 12 and 19 May. Complainants who wrote to the Trust via email received an automated acknowledgement email but it was not possible to telephone the complainant until the system was fully accessible. As a consequence there will be an impact on the timeframe for contacting complainants in May.

Complaints received via the post were not registered onto Datix but if a telephone number was supplied the complainants were contacted. Two complaints were received without a telephone number but neither complaint was considered to be a significant incident, or requiring urgent action.

In addition to the acknowledgement timeframe, the ability to prepare responses was impacted as email and Datix were not accessible until 19 May.

Parliamentary and Health Service Ombudsman (PHSO)

There are currently 9 Ombudsman cases open. One final report was received which was partly upheld. The Trust was asked to pay £200 compensation for maladministration as a delay in a referral resulted in distress and frustration to the patient.