

Council of Governors Meeting
4.00 – 6.00pm on 24 October 2016
 The Education Centre, Birmingham Heartlands Hospital

A G E N D A

	Indicative Timings (minutes)	Presenter	
1. Apologies	1	Jacqui Smith	
2. Declarations of Interest - Governors - Directors	1	Jacqui Smith	<i>(Enclosure)</i>
3. Minutes of previous meetings –	2	Jacqui Smith	<i>(Enclosure)</i>
3.1 6 July 2016			<i>(Enclosure)</i>
3.2 25 July 2016			<i>(Enclosure)</i>
3.3 7 September 2016 (AGM)			<i>(Enclosure)</i>
4. Matters arising	5	David Burbridge	<i>(Enclosure)</i>
5. Chair's Update	5	Jacqui Smith	<i>(Enclosure)</i>
6. Chief Executive's Update	5	Julie Moore	<i>(Oral)</i>
7. Performance Report	15	Kevin Bolger	<i>(Enclosure)</i>
8. Clinical Quality Report Q2	10	David Rosser	<i>(Enclosure)</i>
9. Care Quality Report Q2 inc Infection Prevention & Control Report (SF)	10	Sam Foster	<i>(Enclosure)</i>
10. Finance Report Q2 inc Capital Programme Update	15	Julian Miller	<i>(Enclosure)</i>
11. Compliance and Assurance Report	10	David Burbridge	<i>(Enclosure)</i>
12. Any Other Business Previously Advised to the Chair			
13. Date of Next Meeting – Monday 23 January 2017, Rooms 2 & 3, Education Centre, Heartlands Hospital			

Light refreshments will be available from 3.30pm

David Burbridge
 Interim Director of Corporate Affairs
 11 October 2016

Council of Governors

Minutes of a meeting of the
Council of Governors of Heart of England NHS Foundation Trust held
on 6 July 2016 at 4.00pm
in the Education Centre, Birmingham Heartlands Hospital

PRESENT:

Rt Hon. J Smith (Chair)	Mr A Lydon
Mrs K Bell	Mrs A McGeever
Mrs E Coulthard	Mrs V Morgan
Dr O Craig	Mr B Orriss
Mrs S Hutchings	Mrs J Thomas
Mr P Johnson	Mr D Treadwell
Mr M Kelly	

IN ATTENDANCE:

Mr K Bolger	Mr J Miller
Mr J Brotherton	Dame J Moore
Mr D Burbridge	Dr D Rosser
Mr A Edwards	
Mrs S Foster	
Ms H Gunter	
Mrs A Hudson (Minutes)	

and members of the public.

16.068 WELCOME and APOLOGIES for ABSENCE

Apologies for Governors had been received from Mrs Begum, Mr Hutchby and Dr Needham

Apologies for Directors had been received from Prof J Glasby, Dr M Kinski and Dr D Rosser.

16.069 PERFORMANCE & FINANCIAL POSITION REPORT

16.069.1 *Performance*

The Council of Governors considered the update given by Mr K Bolger, interim Deputy Chief Executive – Improvement, on the Trust's performance. Exception summaries had been provided where there was non-compliance with performance for targets and indicators included in Monitor's Risk Assessment Framework, national and contractual targets. The report only indicates where there were issues against indicators.

It was reported that two Monitor Risk Assessment Framework targets had been missed; the A&E 4 hour wait target and the 62 day cancer wait from referral from a national screening programme.

In May the Trust's performance against the 95% A&E standard was 86.82%. Performance had been above than the Strategic Transformation Fund trajectory (STF) (85.5% in May). Against a planned LDP activity of 21,617 A&E attendances in May, the actual activity was 24,037, an over performance of 11%. It was noted that performance overall had improved

and the Trust was now middle of the table regionally. Work was underway to review staffing with short term and medium term plans to increase staffing in A&E overall.

Cancer performance for all but one target had been achieved. The exception was the 62 day referral from a national screening service indicator for which the Trust was achieving 68.89% against a 90% target. The cancer target for June was at risk due to pressure seen in Urology. However, a change had been made to the patient pathway and going forward there was confidence that improvement would be seen. There had been a lack in operating capacity for breast patients in May/June, due to consultant job plan changes, but this had now been resolved.

In response to a question from a Governor, there was a multitude of reasons why the Trust was failing to achieve the A&E target including not being able to recruit staff, rotas, and an increase in activity, as well as DTOCs.

It was confirmed that the state of Trust equipment had not impacted on the missed cancer target.

There had been two 12 hour trolley breaches in May on the BHH and GHH sites. These had been due to the pathway management for patients requiring ITU beds. In response to a question from a Governor, the Root Cause Analysis process was explained i.e. that divisions and Executives would instigate an RCA and teams were invited to come along and present the circumstances that had caused an adverse event. This gave an opportunity for teams to give and receive feedback on issues and changes required.

There was a discussion on why the Trust used the laboratory services at Wolverhampton when the Trust had a state of the art laboratory facility and it was advised that it was not financially viable for the Trust to undertake all types of testing, when other laboratories offered those services.

16.069.2 Finance

The Director of Finance gave an update on the Trust financial position for the period ending 31 May 2016. The Trust had agreed a planned deficit of £13.6m for 2016/17. Since the plan had been submitted to Monitor, it had been confirmed that emergency readmission penalties of £5.4m would not be included within the national suspension of fines and penalties and would still apply in 2016/17; as a result the current forecast was a deficit of £19.0m assuming full delivery of £30.2m planned CIP efficiency savings. CIP delivery year to date was at 88%. Overall, the Trust was broadly where it would expect to be at month 2 and therefore had seen a relatively encouraging start to the new financial year, albeit the challenge increases month on month as the FRP schemes were planned to deliver. The Trust cash position had increased substantially over plan with the balance at the year-end being £16m above plan due to the improved working capital plan. This had resulted in the need to access distressed funding being put back until around September. A full report would be given to the next meeting.

In response to a question from a Governor, it was reported that the CIP challenge had been rebased for all divisions with each division having to achieve their 2016/17 target (2%) and 50% of their slippage from 2015/16 (slippage from prior years had been taken out). There had been good month on month accountability but divisions had been, and would continue to be, challenged when not achieving their targets.

Following a question from a Governor, it was explained that the readmissions penalty had been based on an audit of avoidable readmissions undertaken in 2013 and was not on a

case by case basis.

16.070 INTRODUCTION OF NEW NEDs

Jackie Hendley

Jackie, a fully qualified Chartered Accountant and Tax Advisor, had worked with a wide range of sectors including manufacturing, sport, retail, property, charity and public sector and transport. She specialised in tax, restructuring, strategy, risk management and governance consultancy services. She joined KPMG's audit practice in 1990 and was promoted to Tax Partner in 2001. In 2013, Jackie moved to become Head of Tax for Birmingham-based Smith Cooper where she heads the commercial, accounting, auditing and tax practice. In 2008, Jackie joined the board of Birmingham Forward as a Non-Executive Director, with some time as Chair before she stepped down in 2013, where she devised, led and delivered an organisation wide change programme which involved extensive networking and lobbying with local businesses and local and central government. In 2013, Jackie had the opportunity to join the Air Ambulance Service as a Co-opted Trustee where again she was able to act as trusted advisor to the Board to help review and shape their corporate governance. She was voted a finalist for the Midlands Business Woman of the year Award 2007.

Michael Sheppard

After an early career as a clinical academic in South Africa Michael took up a lectureship at the University of Birmingham where he remained until 2013 becoming Professor of Medicine and then heading up the Division of Medical Sciences whilst also building his academic endocrine practice. Michael became Dean of the School of Medicine in 2007 and then Pro-Vice-Chancellor for Resources. When Birmingham restructured and formed colleges, Michael became Provost and Vice Principal. As the equivalent of Deputy Vice-Chancellor, Michael's final position had responsibility for the management of academic, financial and human resources across the University and as such worked closely with the college heads on the academic strategy as well as its external relations and development activities. In addition to his role as an NED on the board of University Hospitals of Birmingham NHS FT (UHB), Michael currently chairs the West Midlands Academic Health Science Network and is a board member of Birmingham Health Partners, a research and academic driven body that supports NHS organisations and the Institute for Translational Research. He is also an honorary professor with the University of Birmingham.

In response to a number of questions from the Governors, Mrs Hendley and Prof Sheppard said that they believed that good leadership was key; there was no set protocol for the governors and the non-executive director working relationship. However, both NEDs believed their role was one of challenge to executive colleagues; governors reflected the views of the community and brought experience to that role which in turn provided challenge to the organisation.

The Chair, in response to a question from a Governor, advised that the Trust was still undertaking to recruit a 4th NED; it was important that the Board was made up of a group of individuals that included a strong diverse representation of the community the Trust served.

Dr Mike Kinski was out of the country on business but would be in attendance at the next meeting.

16.071 DEEP DIVES

16.071.1 Sustainability & Transformation Plan

R Cashman, Project Director, delivered a presentation setting out the background to how the Birmingham and Solihull region planned to tackle the three gaps (Health and Wellbeing, Care and Quality and Funding). The Birmingham and Solihull STP footprint was made up of representative from 17 organisations from across the Midlands and East region and was led by the CEO of Birmingham City Council. In brief over 45% of Birmingham and Solihull population (440,000 people) lived within the lowest national 10% deprivation decile; one in three children live in poverty. For paediatrics there was correlation between deprivation and higher hospital utilisation, for adults there was positive correlation between access to GP services & A&E attendances. This was further compounded by the financial position of Birmingham City Council and available resources for social care. In addition there were multiple different cohorts of sufficient size to warrant specific attention & required engagement in different ways to be effective: 2,500 most vulnerable, 65,000 students, Economic migrants & refugees, over 75s, including those with dementia. There were also significant providers of world renown within the footprint who delivered tertiary services to a wider regional and national footprint. All these factors contributed to an over-utilisation of secondary care.

Based on the above, the STP needed to address both the determinants of poor health and the way that health and care services are provided and the local STP priorities had been deliberately shaped to do this. It was also imperative that the core STP aligned with the wider public sector agenda that included support for economic growth. The STP therefore covered what was describe as “STP Plus”, which built upon the strong existing links between the NHS and local government, as well as its strengths in the Life Sciences to create health and wealth. Building upon the work already underway within local Better Care Fund Plans would include a focus on reducing avoidable admissions and lengths of stay.

Early ambitions were to have a system which:

- Embraced Diverse Populations & Communities
- Breaks the Cycle of Disadvantage & Inequality
- Makes Independence and Self-resilience the “Norm” and
- Transforms Outcomes through Digitalisation & Innovation.

The Governors discussed and raised questions on the presentation and the following were noted:

Tamworth and Lichfield fell within a different geographical area.

The STP was not a measure of the success of the Trust.

The issue of educating patients on their responsibility around the cost and consequences of not attending appointments and such like would be addressed once further work had been undertaken and a communications plan agreed

It was the view that a coordinated function was required to ensure the STP was a success.

Whether GPs were part of the STP and how could they be encouraged to work in a more cohesive way eg taking blood tests etc. GPs guarded their independence and the STP had no authority to change that, however they did form part of the STP and future working

relationships could be challenged.

There was a discussion around who set the priorities for Birmingham and it was noted that the local SPT set its own priorities and, for Birmingham, maternity was the high priority. Having an independent chair was invaluable in being able to ensure independence from the national agenda.

It was agreed that an update would come to a future meeting.

16.071.2 Private Sector Usage

The Director of Operations delivered a presentation on the action taken to reduce the reliance and spend on private sector usage and how this would be sustained in the future. In November 2014, the Trust Board had agreed to fund non recurrent investment to reduce the number of patients who were waiting for operations and arranged for patients to be treated by the private sector. The highest activity had occurred in early 2015 following which a reduction in the number of patients being treated in the private sector had reduced significantly to only 6 or 7 patients per month by April/May 2016. Only one speciality, Urology, continued to rely on the private sector but this had reduced to one specific procedure that the Trust did not undertake. Based on the current plan, the predicted cost for private sector activity was £450k across over the whole year compared to £3m last year. Whilst the amount of activity sent out to the private sector had reduced, the number of patients treated by the Trust, including 18 week RTT and cancer patients had increased. This is being achieved by improvements in theatre performance and team working.

A Governor questioned why her local optician was sending cataract patients to the private sector and not using the NHS; it was believed that this would be due to how the CCG commissioned those services.

In response to a question from another Governor, the Trust did not use the private sector for gastric band procedures.

16.072 ANY OTHER BUSINESS

Mrs Coulthard reported that the Friends of Good Hope Charity had undertaken a fundraising event on at Sainsbury's supermarket in Sutton Coldfield recently and raised £1100. There had been many wonderful comments from members of the public whose spouses or relatives who had received amazing care from nursing staff. There were only about 5 adverse comments in hundreds and they all occurred more than 6 years ago. The Friends of Good Hope would be writing to every ward in Good Hope to thank the staff and let them know how much they are respected. The Chair congratulated Mrs Coulthard on her fundraising achievement.

In response to another Governor, the Chair advised that the Deputy CEO – Improvement had recently met with the chair of the breast cancer support group and would be attending future meetings; issues raised around the patient recall letters had also been resolved.

The Chair advised that a Governor had, prior to the meeting, asked about accessing the Trust Wi-Fi and reported that the internal network at HEFT could only be accessed by HEFT controlled devices regardless of whether that access was for ICT or clinical controlled data. This included staff and visitors alike. The policy was in place to protect the data on the network from stability and a security point of view. HEFT visitor Wi-Fi access was

available in specific locations such as the Education Centres, MIDRU and some Ward areas, which was password protected. The password was generated by ICT and provided to the local team who looked after those specific areas. Any Governor who wished to use their own device was welcome to, via HEFT Visitor.

The Chair, in response to another Governor, advised that all governor access had been reviewed and updated to give access to all public areas, the Education Centres on each of the sites and the main door into Devon House and the East Wing Door. Some Governors had previously had access to all areas including clinical areas and this was not relevant to their role.

The Chief Executive advised that she was still in talks with the Treasury for funding for capital work.

Mr Kelly and Mrs Bell had been advised that their constituency seats had been uncontested and they would therefore continue as elected Governors. Voting for the all governor elections would close on Thursday 14 July 2016 and the results would be published one day later.

16.073 DATE OF NEXT MEETING

The next meeting was scheduled for 25 July 2016, to be held in in the Harry Hollier Lecture Theatre, Partnership Learning Centre at Good Hope Hospital.

There being no further business the meeting closed.

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Chair

Minutes of a meeting of the Council of Governors of Heart of England NHS Foundation Trust held in the Harry Hollier Lecture Theatre, Partnership Learning Centre, Good Hope Hospital on 25 July 2016 at 4.00pm

PRESENT:

Rt. Hon. J Smith (Chair)	Mr M Kelly
Mrs K Bell	Mrs A McGeever
Mr A Fletcher	Mrs V Morgan
Mr R Hughes	Mr B Orriss
Mrs S Hutchings	Mrs J Thomas
Mr P Johnson	Mr D Wallis

IN ATTENDANCE:

Mr K Bolger	Mrs J Hendley
Mr J Brotherton	Mrs A Hudson (Minutes)
Mr D Burbridge	Dr M Kinski
Mr A Edwards	Mr J Miller
Mrs S Foster	Dame J Moore
Ms H Gunter	Dr D Rosser

and members of the public.

16.074 APOLOGIES & WELCOME

Apologies for Governors had been received from Mrs Coulthard, Dr Craig, Mr Hutchby, Mr Lydon, Dr C Needham, Dr Pearson, Mr Treadwell and Dr M Trotter.

Apologies for Directors had been received from Mrs Alexander, Prof Glasby and Prof Sheppard,

16.074.1 Introduction of Non-Executive Director

Dr Mike Kinski

Mike was an experienced businessman who had worked in a range of business sectors both in the UK and overseas. For the past 16 years, he was managing director at one of Europe's largest Private Equity businesses. Following retirement in August 2015, Mike had taken on a number of NED roles. He was also a Past President of the Chartered Institute of Personnel and development, a Professor at Middlesex University Business School and was awarded an Honorary Doctorate from Middlesex University in 2004. Dr Kinski was looking forward to working with the Trust.

16.074.2 Governor Elections

The Chair advised that governor elections had now taken place and congratulated those governors who had been successful in being re-elected and commiserated with those who had not been successful. She went on to list all elected governors and their constituencies. A welcome letter had been sent to all governors inviting them to an induction session being held on 17 August.

One Governor questioned the suitability of the date for the induction during peak holiday season; the Chair advised that the new CoG came into effect on the 13 August and it was important that the induction took place before the next meeting on 7 September.

16.075 DECLARATION OF INTERESTS

The Governors' Register of Interests was received.

The Directors' Register of Interests was noted.

16.076 MINUTES

11 May 2016

The minutes of the meeting were considered and it was noted that Mrs Bell was in attendance. Subject to the above amendment, the minutes of the meeting held on 11 May 2016 were approved as a true record.

6 June 2016

The minutes of the meeting were approved as a true record.

16.077 MATTERS ARISING

11 May 2016 - 16.056 4 hour A&E Performance by site to be emailed to governors – one Governor had not received the information and questioned why the weekly information was sent as it did not seem to be relevant to Governors. The Lead Governor advised that the information had originally only been circulated to the Chair of the CoG committees but had been extended to all governors at their request. All Governors should receive the email, the distributions list would be checked to ensure it was up to date.

The Lead Governor referred to the minutes of the 6 June and clarified that all governors had been invited to join the different CoG committees and everyone who had registered a preference had been appointed as members of the committee of their choice. The Chair advised that, following the election of a new Council of Governors, committee membership would be revisited.

The Chair advised that a Governor prior to the meeting had raised the issue of the appointment of NEDs and reassured the meeting that the appointment of the 3 new NED was in line with the constitution. The Trust was still undertaking to appoint a fourth NED but it was important that the Board was made up of a diverse group of individuals that included a strong representation of the community the Trust served. The Chair suggested that the topic was for discussion by the CoG Appointment Committee. The Chair, in response to the Lead Governor, reported that the Chair had overall responsibility for ensuring that the Board was diverse and brought a mix of skills that enabled it to make discussion in the best interest of patients it served and that included the diversity for the population we serve. Another

Governor, who was a member of the CoG Appointments Committee, noted that the committee had discussed and agreed with the decision taken by that CoG sub-committee around the appointment of the fourth NED and went on to add that the process was taking longer than anticipated and that speed was of the essence in appointing that NED. The Chair advised that a meeting of the CoG Appointments Committee would be convened after the summer holiday season.

16.050 Better Care Fund – the interim Deputy CEO, Improvement reported that the total amount available was £101m of which £63.4m came from the NHS; the money was not new or additional funding but reallocated from health and social care and was to be transferred into the STP. A large amount of the money had been allocated but it was unclear whether systems had improved – completed.

16.052 Revised format of A&E attendance table completed and included in performance report. – completed.

16.078 CHAIRS UPDATE

The Chair reported that the political changes brought about by the recent EU Referendum may have important ramifications for the Trust in terms of its ability to recruit from other parts of Europe and the money available to fund the vital research which keeps our NHS at the forefront of medical developments. The exact consequences were unclear. There had been some staff who had expressed concern about whether they would be able to stay with us as well as others who had experienced unpleasantness from patients and the public. Dame Julie Moore had issued a very strong message of support to staff and the trust would continue to be clear it would not accept any abuse, that their jobs with us were crucial and it would do all it could to support them. In the longer term, the Trust would continue to be hold talks with the DH and the Treasury to secure the money promised for its capital and equipment replacement scheme. The Sustainability and Transformation Planning process outlined at the last Council of Governors meeting continued, with the first draft of the Birmingham and Solihull plan submitted. The final submission was due in September. Along with Councillor Bob Sleight, leader of Solihull Council a review into the governance of the ICASS project in Solihull had been commissioned that included some important recommendations on how to fit the work within the STP programme. The Chair had attended a recent Solihull Council Overview and Scrutiny Committee and outlined the progress made by the Trust in finances and clinical performance as well as progress made with Phase 1 of the Urgent Care Centre.

The Chair went on to warmly congratulate all Governors who had been re-elected and thanked outgoing Governors for their contribution and commitment during their tenure.

Formal thanks were recorded to Richard Hughes, Lead Governor for his commitment and contribution during his 9 year tenure, during which time he had served as link between the Trust, Monitor and Governors through what had been particularly difficult time. The Deputy Lead Governor added his own thanks to that of the Chair's not only to the Lead Governor but all Governors.

In response to a question from another Governor, the Deputy CEO, Improvement reported that the STP was based on different areas and Burton and South Staffs came within a different geographical area.

The Chair, in response to an observation from one of the Governors around the amount of repetition of paperwork and meetings as part of the ICASS project, reported that this had been one of the reasons behind the review.

Resolved: to accept the report

16.079 CHAIRS REPORT

The CEO reported that, following the EU referendum, there had been a significant delay in receiving an update from the Treasury around funding and she was trying to re-establish links as the people she had been dealing were no longer in post.

The CEO reiterated concern about incidents of staff being subject to racist abuse and had issued a message that it would not be tolerated. There had been some impact seen with the numbers of some doctors and nurses being appointed due to the uncertainty of the effect of the referendum.

Resolved: To accept the report

16.080 PERFORMANCE REPORT

The Council of Governors considered the Performance Report presented by the interim Deputy Chief Executive – Improvement. It was reported that two of the Monitor Risk Assessment Framework targets had been missed; the A&E 4 hour target and the 2 week cancer wait from referral to first appointment. The Trust had met its STF trajectories in the current reporting month and it was recognised that performance had improved overall but more was required to continue to improve performance.

The cancer target had been delivered in May; however unvalidated performance showed that it may have missed the June target, partly attributable to lack of endoscopy capacity due to on-going challenges in recruiting and retaining locum consultants.

62 day cancer target – There had been a high number of breaches in Urology that had resulted in the June target being missed; the division was working towards improvement. Activity in the private sector had ceased and performance was back on track for July.

The interim Deputy CEO – Improvement, in response to a question from a Governor, advised that a review of all out patients appointments was underway and initial results had shown that there were some instances where patient call back appointments had not functioned as they should. A report would be brought back to a future meeting.

Performance against the 30 and 60 minute ambulance handover wait targets had shown a deteriorating position. In response to a question from another Governor, it was advised that

data had shown that 80% more patients had arrived by ambulance.

In response to a question from another Governor about the number of patients who should not be in A&E but treated or diverted elsewhere it was advised that primary care was being delivered in the ED 7 days a week at Heartlands and GHH and 3 days per week at Solihull, A&E was the first port of call for 79% of patients.

There had been 3 episodes of mixed sex accommodation breaches, all at Good Hope (GHH), that had affected 10 patients in total, RCAs were being undertaken and plans put in place to prevent reoccurrence.

Resolved:

1. to accept the report
2. to note progress made
3. to bring back a report on outpatient cancer patient appointments.

16.081 CLINICAL QUALITY MONITORING REPORT

The Council of Governors considered the Clinical Quality Monitoring (CQM) Report presented by the interim Medical Director. The report provided assurance on clinical quality and detailed action being taken following the CQM Group held on 6 June and 21 June 2016. There were 10 doctors within the formal process. The clinical classification system of CUSUM (cumulative summation) Hospital Standardised Mortality Ratio (HSMR) methodology used by the CCQ was explained including how the systematic problems were tracked; all cases that flagged were subject to a deep dive audit and discussed at an Executive RCA forum. Reviews of the patient case lists for two groups, fluid and electrolyte disorders and pneumonia, had been undertaken. The results for pneumonia were due to be presented to the next CSM meeting but initial results had shown that there was no local cause for concern and that cases of pneumonia cases presented about 6 -8 weeks later than would normally have been seen; fluid and electrolyte disorders had demonstrated no further action was required. Performance on the timely delivery of antibiotic stat (one off) doses had proved so successful that it had now been rolled out across the Trust and was to be implemented at UHB.

In response to a question from a Governor, the interim Medical Director reported that junior doctors were not trained to administer IV drugs.

Resolved: to accept the report

16.082 CARE QUALITY REPORT

The Council of Governors considered the Care Quality Report presented by the Chief Nurse. The report was presented in the new style exception reporting format.

There had been three cases of post 48 hour toxin positive Clostridium difficile (C.Diff) in June 2016. A post infection review carried out in conjunction with the CCG established that all of the cases were unavoidable. There had been one trust attributable MRSA bacteraemia in

June 2016 at GHH, the results which were still awaited. There had been an unannounced inspection at Heartlands by the Infection Prevention team, Birmingham Cross City Commissioners following CPE outbreaks at the trust; action plans had been implemented. In response to a question from a Governor, it was confirmed that the Chest Clinic was also subject to unannounced visits.

Avoidable hospital acquired Grade 3 pressures ulcers continued to be an area of concern and an investigation was underway to understand where improvement could be made; a report would be brought back to the next meeting.

Falls remained under trajectory and the Trust was focusing on patients who fall more than once. A 'Calm Care Nursing' initiative was being trialled whereby patients with dementia were nursed in bays with closed doors; a progress report would be brought back to the next meeting.

The Trust had received an invitation from Health Education England (HEE) to apply to become a test site partnership and be part of an innovative programme across England to test and establish the new nursing support role - the Nursing Associate. The role would be introduced across chosen test sites from December/January 2016/2017. HEFT were leading a joint application across Birmingham and Solihull STP to become a test site for the Nursing Associate role, that would enable multiple partnership working and the testing of the role in multiple areas across the STP health economy. There would be potential costs should the bid get approved.

The Governors held a general discussion on the HEE programme, Advanced Clinical Practitioner (ACP) and recruitment events held by the Trust. Following a request from another Governor it was agreed to give an update on progress with developing the ACP role to a future Chair/Governor breakfast meeting.

The Trust was holding a complaints seminar in July aimed at sharing good practice and to explore processes and areas for improvement an update would be provided to the next meeting.

There was a focus on clearing the backlog of complaints with strong clinical engagement to provide quality responses and identify key themes.

Resolved:

1. to accept the report
2. to provide a progress report on Grade 3 pressure ulcers
3. to receive a report on 'calm care nursing'
4. update on Advanced Clinical Practitioner role to a future Chair/Governor breakfast meeting.

The Council of Governors considered the paper presented by the Finance Director and it was noted that the Trust has agreed a planned deficit of (£13.6m) for the 2016/17 financial year,

in line with the control total set by NHSI. However, after the plan was submitted it had been confirmed that emergency readmission penalties had not been included within the wider suspension of fines and penalties, as had originally been understood. This had worsened the Trust's financial position by £5.4m and the latest forecast was a deficit of (£19.0m), this assumed full delivery of planned efficiency savings. The Trust had reported an overall I&E deficit of (£0.9m) in month 3 (June), a favourable variance of £1.3m against the plan of (£2.2m) and a £1.7m favourable variance against the revised forecast of (£0.6m) including the readmission penalty. For the year to date the trust had a deficit of (£6.6m), a favourable variance of (£0.1m) against the plan of (£6.7m) and £1.4m favourable variance against the forecast of (£8.6m). The favourable movement in month 3 was predominantly related to the reversal of a system error which had over-stated costs in months 1 and 2 by circa £1.4m. The year-end forecast remained at (£19.0m) as a result of the significant increase in the savings profiled in the last two quarters of the financial year. There had been a strong start to the year around delivery of CIP with 94% delivery at month 3, the current year end slippage was of £1.969m which equated to 84%; a recent meeting of the CoG Finance Recovery Plan Working Group had discussed and reviewed divisional CIP plans, and were content that work continued with divisions to close the gap.

The cash balance was £28.4m at the end of Q1, which was £16.3m above plan due to slippage on capex and favourable working capital movements. It was previously forecast that cash support would be needed from July but this was now not expected to be required until mid-October. The Financial Sustainability Risk Rating had increased to 2 as a result of achieving the planned I&E variance. Overall, there had been a cautiously encouraging start to the year.

The Governors received an update on the funding for the ACAD capital project. Prior to Brexit it had been anticipated that £6m funding would be made available from the Treasury however it looked likely that this would now be £3m. A further update was awaited.

The Governors received an update on the STP guidance that been made available in mid-July. The key point for accessing funding was a binary yes/no, i.e. it was dependent upon being on the control total trajectory at each quarter end. At Q1 the trust was on track so would receive funding. A discussion took place on the process and impact of the assessment criteria and the work required to achieve the control trajectories; further discussions with the STP would be held.

In response to a question from a Governor it was advised that drugs returned by patients could not be reused for safety reasons and therefore all returned drugs were disposed of.

The CEO, in response to a question from another Governor around the funding of capital bids, advised that the biggest risk to the Trust was the uncertainty around the amount of funding that would be available from the Treasury and other avenues for raising finance were being explored.

Resolved: to accept the report

16.084 Compliance and risk

The Council of Governors considered the paper presented by the interim Director of Corporate Affairs. The report was the first the meeting had received and set out the actions being taken on the internal and external assurance processes. The action plan put in place following the CQC unannounced visit in November 2013 and December 2014 had now been closed with outstanding actions transferred to the appropriate division/corporate areas for local closure.

The Trust had either met or was working towards meeting all NICE recommendations in 89% of cases with 1 under review.

There were currently 53 open National Confidential Enquiry into Patient Outcome and Death (NCEPOD) reviews and work had commenced to expedite closure of outdated recommendations. NCEPOD recommendations and other organisations that required monitoring.

Resolved: to accept the report

16.085 ANY OTHER BUSINESS

The Chair of the CoG Patient Experience Committee reported that the recent meeting had received an excellent presentation from the matron for elderly on the elderly and dementia initiative that was underway at the Trust.

The Chair reported that work was underway to give Wi-Fi access to Governors whilst on site. Access to the Governor Portal was also being finalised.

The Lead Governor, on behalf of the meeting, congratulated the CEO on her recent marriage.

16.086 DATE OF NEXT MEETING

The next meeting (AGM) was 7 September 2016, in the Education Centre, Birmingham Heartlands Hospital.

There being no further business the meeting closed.

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Chair



**COUNCIL OF GOVERNORS
ANNUAL GENERAL MEETING**

**Minutes of a meeting of the Council of Governors
of Heart of England NHS Foundation Trust
held in Education Centre, Birmingham Heartlands Hospital
on 7 September 2016**

PRESENT: Rt Hon J Smith (Chair)

Mr S Baldwin
Mrs K Bell
Dr N Burgess
Mr T Cannon
Mr K Fielding
Mr A Fletcher
Mr D Hoey
Mrs S Hutchings
Mr P Johnson
Mr M Kelly

Mrs V Morgan
Mr G Moynihan
Mrs S Nicholl
Mr B Orriss
Mrs L Passey
Mrs J Teall
Mrs J Thomas
Dr M Trotter
Mr D Wallis
Mr T Webster
Mr L Williams

In attendance

Mrs F Alexander
Mr D Burbridge
Mr J Brotherton
Mr A Edwards
Mrs S Foster
Ms H Gunter

Dame J Moore
Prof M Sheppard

Mrs A Hudson (Minutes)

Members of the public

16.087 APOLOGIES

Apologies for Governors had been received from Mrs Doyle, Mrs McGeever and Mr Treadwell.

Apologies for Directors had been received from Dr Kinski and Mrs Kneller.

16.088 WELCOME

The Chair welcomed everyone to the meeting and recorded thanks and gratitude to staff, volunteers and clinical staff for their work over the last 12 months in what had been a challenging year. She went on to set out the format for the meeting, the CEO would present an overview of the overview of the last 12 months, the Finance Director would present the Annual Report and Accounts for 2015/16; the Chair

would give an update on the announcement earlier in the week around the HEFT and UHB board decisions to develop case for change.

The Chair advised that any members would have the opportunity to address members of board, speakers and governors however no comments relating to individual cases would be accepted.

A copy of the annual review would be available to attendees to take away at the end of meeting.

16.089 QUORUM

The meeting was quorate. .

16.090 ONE YEAR ON

The Chief Executive presented the report for the year ended March 2016. The Rt. Hon Jacqui Smith and Dame Julie Moore had on the advice of Monitor been appointed by the HEFT Board of Directors and Council of Governors in October 2015 as Interim Chair and CEO respectively following HEFT being in breach of its licence to provide NHS Services. The focus for the new leadership team had been to improve quality of care to patients by stabilising and sustaining operational and financial recovery; this had been achieved by bringing in new management and operational structures and procedures to ensure accountability and responsibility. At the year end of March 2016 the new leadership team had been in place for 5 months, and 10 months to date.

As part of the work undertaken by the leadership team it had reviewed and implanted the Trust vision, purpose and values. There had been sustained improvement with performance over several months and standards set by regulator had been achieved. The only exception had been the A&E target, a problem shared by many other trusts regionally and nationally. The Trust had seen a significant improvement and staff were praised for their commitment to patient care. There had been a review of the Trust estate and equipment and capital funding from Department of Health and the Treasury had been secured to build a new, state-of-the-art Ambulatory Care and Diagnostics (ACAD) centre at Heartlands Hospital, further funding was being sort for the new tower block at Heartlands Hospital that would re-house clinical services. NHS Improvement, formerly Monitor, had recognised the progress and the hard work by the staff in the organisation was acknowledged.

Achievements during 2015/16 had included:

- Agreement for Phase 1 of the development of an Urgent Care Centre on the Solihull Hospital site
- A purpose-designed £3.2m Acute Medal Triage and Assessment Unit (AMU) at Good Hope Hospital unit had successfully opened for business.
- The Trust had treated over 1,330,000 patients
 - 907,602 total outpatient attendances
 - 261,225 A&E attendances
 - 87,198 day case & elective spells
 - 74,182 emergency spells
 - supported 9,989 births
- Excellent progress had been made in stroke care and the Trust had performed above the national average in all indicators it was measured against.

- There had been a reduction in the number of hospital acquired grade 2 pressure ulcers, and it had narrowly missed the 10% reduction trajectory (190 grade 2 pressure ulcers against a trajectory of 187).
- Patient falls had reduced by 234.
- A £3.5 million dermatology unit had opened at Solihull Hospital in September 2015;
- A new £4m Hybrid operating theatre had opened at Heartlands hospital
- In-patient and Friends and Family Test responses and feedback had improved.

16.091 ANNUAL REPORT AND ACCOUNTS 2015/16

The Audit Report and Accounts 2015/16 were laid before the Governors and the Interim Finance Director presented an overview of accounts.

The Finance Director reported that 2015/16 had been a difficult year financially for the trust and that had been reflected in the accounts process and audit as well as the results for the Trust.

External Audit Opinion

PriceWaterhouseCooper (PwC) had issued a modified audit report comprising:

- An unmodified opinion on the financial statements.
- An emphasis of matter in relation to going concern. This related to future risk based on the Trust deficit and cash position.

In keeping with 2014/15 PwC had been unable to satisfy themselves that the Trust had made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

PwC had issued a qualified limited assurance report on the Quality Report due to reporting discrepancies around 18 weeks and the A&E 4 hours target.

In terms of the financial Performance 2015/16 the Trust had reported a deficit of (£46.1m) following additional Department of Health (DH) income of £18.6m and a £0.9m impairment gain. An underlying deficit of (£65.6m) was reported compared to a planned deficit of (£9.9m); the deficit had been driven primarily by system pressures, CIP slippage and unfunded investments. Cash had reduced by (£56.2m) to £31.5m. The Financial Sustainability Risk Rating (FSRR) was 1 as issued by NHS Improvement (NHSI). It was noted that HEFT had not been alone reporting a significant deficit; with an aggregate provider deficit of £2.5bn being reported overall; 65% of providers had been in deficit that included 86% of acute trusts. The average deficit had been 4.6% of turnover for HEFT that correlated to £31m.

The Finance Director went on to set out the financial outlook for the future that included:

- A planned deficit of (£13.6m) in 2016/17 after delivery of £30.2m of efficiency savings in line with the Financial Recovery Plan (FRP)
- The current forecast was a deficit of (£19.0m) due to the impact of readmission penalties (£5.4m) and year to date the results were broadly in line with the planned trajectory
- Cash was significantly depleted and interim revenue support was expected to be needed during 2016/17.

The report was received.

16.092 BUSINESS CASE FOR SINGLE ENTITY ORGANISATION

The Chair reported that it had been announced earlier that week that Boards of University Hospitals Birmingham (UHB) and Heart of England (HEFT) Foundation Trusts had agreed to work together to create a case for change to become a single organisation. If agreed, the outcome would be one Trust running the Queen Elizabeth Hospital Birmingham, Heartlands, Good Hope and Solihull hospitals, the Chest Clinic and Solihull Community Services, as well as the Trusts' satellite services. Both Trusts' Boards had agreed the next steps to involve clinicians and others in considering how patients could benefit from closer working.

The Chair outlined the role of the Board; that was made up of executive and non-executive directors (NEDs) who held responsibility for any strategic decisions and the running of the organisation. Executive directors were responsible for the day to day running of the organisation with NEDs responsible for challenging and gaining assurance that any information laid before the Board by the executive directors was correct by questioning that information. The Chair was responsible for the function of the Board and Council of Governors and the CEO responsible for the performance of the executive directors and the running of organisation. Governors in turn held the NEDs to account by gaining assurance that they (NEDs) had sufficiently challenged executive directors to gain reassurance that governance and financial assurance arrangements were genuine.

The case for change would be considered by both Boards then Governors before it was submitted to the Competitions and Markets Authority (CMA) for approval.

Both Boards had agreed that the current arrangements did not allow either trusts to make the most of working together for staff and patients.

The Chair opened the meeting to questions.

In response to a question the CEO advised that it was looking at how it could train and recruit more local people as well as how it could make healthcare more interesting in order to fill vacancies and would not be using people from abroad to fill vacancies. The Chief Nurse advised that the Trust had submitted a business case to join a national pilot for the introduction of the nurse associate role previously known as the enrolled nurse. It was also working with UHB to bring together expertise in order to train apprentices. (Les Lomas)

In response to a question on the Trust's programme to cut costs without impact on patient care the CEO advised that a review of the cost improvement programme had enabled the trust to be more efficient without any negative impact for patients with focus on right care at the right time,

The CEO advised that the Clinical Commissioning Groups (CCGs) could not give an opinion on the decision making process for the business case for a single entity organisation.

In response to a question from a public member, the CEO advised that training and recruitment of nursing staff, apprentices and especially doctors was a national problem especially trauma doctors and the Trust was exploring options on how it would use clinical nurse specialists to undertake some of the more routine tasks that junior doctors carried out. Junior doctors were vital and more needed to be done to encourage and increase the numbers trained. (Francis Lim).

Following a question from a Governor on how the Trust had reduced costs and made savings especially those associated with staffing, the Finance Director advised

that agency and locum costs were just one of 417 individual schemes that were under review as part of the financial recovery plan. The new operational structure along with new process and procedures had encouraged divisions to follow a common approach and work together, rather than autonomously. Savings had also been made by reducing the amount of work undertaken in the private sector; in 2015/16 this had equated to £8.5m with spending in the current year at £1.1m. (Stan Baldwin)

The Finance Director in response to a question from a member of the public advised that the gap in income against expenditure was a challenge for all health economies; however the Trust would continue to work to reduce its deficit in 2016/17 in order to balance its books in terms of income and expenditure. (Martin)

Another Governor advised that HEFT had undertaken a huge amount of work to reduce the number of patients who Did Not Attend (DNA) appointments resulting in savings of millions of pounds and questioned what UHB were doing to educate their patients. The Chair advised that the AGM was to answer questions about HEFT and such questions should be asked at the UHB AGM later in the month; however the CEO advised that UHB was working to educate patients and there were algorithms available that could be used to predict which patient groups would be prone to DNA. (Mike Kelly)

The Finance Director in response to a question from another Governor around debt provision advised that the NHS was encouraged to act as a market, however it was then required to reconcile its income and expenditure at year end; the Trust was working with its commissioners and the CCGs to resolve its debt provision more efficiently. (Derek Hoey)

A member referred back to a previous question around DNA and the allocation of outpatient appointments and believed that appointment letters sent to patients should include instructions on whether medications needed to be changed prior attending outpatient appointments as this would reduce the number of wasted appointments for both patients and consultants. The Deputy CEO - improvement agreed and advised that outpatient services and processes were being reviewed and this would be considered as part of that review. (Ralph News)

The Chair thanked a member who had praised the Trust for saving his life on more than one occasion and who had noted that it was inevitable that sometimes things would go wrong for patients and carers but it should learn from those incidents.

The Chair advised that she would give thought to how the general public could be included as part of the consultation for the business case in bringing the two trusts together as one entity following a question from one member, and added that Governors from both Trusts, whose role it was to represent the public, would be involved in the process. The communications plan would take this into account. (Francis Lim)

The Chair advised that HEFT had recently appointed 3 new NEDs resulting from vacancies left by 3 NEDs who had resigned or come to the end of their contract giving a compliment of 5 NEDs in total. NED terms were for an initial 3 years with an option to roll over for another term subject to appraisal. The Trust had received over 50 applicants for the 3 recently advertised posts. (Les Homer, WMAS)

The Finance Director in response to a question advised that the NHS Improvement Financial Risk Rating was 2 an increase from 1 in 2015/16. The financial trajectory was to return to a balanced position over the coming 3 years; there was a lot of uncertainty but the challenge from NHS Improvement was for the Trust to get back

into balance and they would continue to monitor the Trust to ensure it made improvement.

The CEO advised a member that CCGs could merge just as trusts did.

One of the Trust Governors advised that the CoG Membership and Community Engagement Committee would undertake to include public consultation for the merger/acquisition process as part of its agenda. (Jean Thomas)

One member was concerned the merger of the two large trusts would overstretch the management of the Trust and increase the problems it had already experienced; it was the view of the CEO that the governance, structure and procedures were key to the success not the physical size of an organisation. (Barry Henley, Governor Mental Health Trust)

Another Governor reflected that when the management team had come into the organisation HEFT had been in struggling, the new team had put in place systems and procedures that that shown evidence of improvement; there had been lots of uncertainty from staff but this had now changed and it was her view that the proposed joint working arrangements were in the best interest of patients and staff and the proposal should be embraced and that communication and transparency was paramount.

The Chair reported that Governors would be holding a meeting in private immediately following the AGM and thanked everyone for attending and closed the meeting.

A member of the public tried to raise a private issue but the Chair advised that the topic was not appropriate for the AGM as it referred to an individual item of care. (Steven Rowe)

The Meeting closed at 5.30pm

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Chairman

COUNCIL OF GOVERNORS

Matters Arising & Decisions/Recommendations Tracker

Date raised	Minute No	Detail	Action by	Due	Status	Completed
11 May 16	16.050	Report on how local 2015/16 Better Care Fund was utilised.	KB	Jul 16	Provided update – closed	25 Jul 16
	16.052	Revise format or data on A&E attendance table (3.1.1) to improve clarity.	KB	Jul 16	Included in Performance report – closed	25 Jul 16
6 Jul 16	16.071.1	Update on progress of STP to a future meeting	JB	TBC		
	16.077	Meeting of CoG Appointment Committee to be convened post-holiday season	AH	Sept 16		
25 Jul 16	16.077	Check and update Governor email distribution list if required.	AH	Sept 16		
	16.080	Update on out-patient cancer appointments	KB	Sept 16		
	16.082	Provide progress report on Grade 3 pressure ulcers	SF	Sept 16		
		Provide report on Calm Care Nursing	SF	Sept 16		
		Chair/Governor Breakfast meeting on role of ACP	AH	TBC		

HEART OF ENGLAND NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

24 October 2016

Since our last full Council of Governors meeting we have held the Annual General Meeting which I chaired. For the first time, we also decided to hold public meetings to present the annual report and accounts at Good Hope Hospital and at Solihull too. We were pleased at the numbers attending these meetings and the wide range of questions and issues raised.

The meetings were also an opportunity to present our plans to develop the case for change to become a single legal entity to the public. In addition to these public meetings Julie and I have briefed staff on every site twice; we have also met with the staff side union representatives to talk about plans. I have further updated councillors and MPs including meeting with Christopher Pincher MP for the first time.

Julie and I also attended the joint Overview and Scrutiny Committee of Birmingham City Council and Solihull Metropolitan Borough Council to update them on progress at the Trust and to talk about future plans.

I have spent a lot of time on the developing Sustainability and Transformation Plan. In particular, I am leading work to ensure that the governance of the whole programme is robust for the future and that we can properly engage all the partners, the public and our patients in the plans.

Julie and I met with Cllr Bob Sleight, the Leader of Solihull MBC and Nick Page, the CEO to discuss how we can work more effectively between our services and the council's responsibilities particularly social care.

We also met with Cllr Paulette Hamilton, the lead member for Health and Care on Birmingham City Council.

I am a member of the Solihull Leaders Board which brings together partners such as the Council, the Police, the Mental health trust, local colleges and voluntary sector organisations to work better for Solihull residents. We had a useful meeting focussing on the STP as well as issues such as how to develop more opportunities for apprentices.

I took part in the excellent Carers' Conference held at Solihull Hospital. This brought together our staff, members of the Carers' Forum and organisations providing support for Carers. It was addressed by Caroline Spelman MP and by Jack Dromey MP. Organised by former governor Margaret Meixner, the feedback was very positive.

I visited the Medical Illustration department at Heartlands to see the wide range of work they carry out from photographing patients' conditions through to developing state of the art apps that help patients and staff to keep up to date with the latest treatment ideas and, in the case of patients, to have more control and information about their conditions.

I took part in one of the monthly Board Governance visits to the Emergency Department at Heartlands. Whilst there were several issues which have been followed up, I was very impressed with the confidence and attitude of the staff and with the way that the Paediatric unit has recovered following the flooding episode.

Gavin Ralston, the Chair of the Birmingham Cross City CCG shadowed me for a day – and I will be visiting him in his GP surgery too.

I attended the NHS Providers Chairs and Chief Executives Group where we heard from Ed Smith, Chair of NHS Improvement and shared experiences in dealing with the STP!

Jacqui Smith

October 2016

HEART OF ENGLAND NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
MONDAY 24 OCTOBER 2016

Title:	Performance Indicators Report
Responsible Director :	Kevin Bolger, Interim Deputy CEO - Improvement
Contact	

Purpose	The purpose of this report is to provide an overview of performance against a number of key national and local contractual indicators. To provide exception summaries where there are current or future risks to performance for targets and indicators included in Monitor's Risk Assessment Framework, national and contractual targets and indicators.
Confidentiality Level & Reason	Confidential
Annual Plan Ref	
Key Issues Summary:	The Monitor Risk Assessment Framework A&E 4 hour wait and An update against the STF trajectories is provided at Appendix 1. The A&E trajectory for September was missed
Recommendations	The Council of Governors is requested to: <ul style="list-style-type: none"> • Receive the contents of this report.

Approved by:	Kevin Bolger	18 October 2016
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HEART OF ENGLAND NHS FOUNDATION TRUST

BOARD OF DIRECTORS

MONDAY 24 OCTOBER 2016

PERFORMANCE INDICATORS REPORT

1. Purpose

This paper summarises the Trust's performance against national indicators and targets, including those in Monitor's Risk Assessment Framework, as well as local priorities.

2. HEFT Key Performance Indicators

The Trust has a suite of Key Performance Indicators that includes national targets set by the Department of Health (DH) and local indicators selected by the Trust as priority areas, some of which are jointly agreed with the Trust's commissioners.

This report is intended to give a view of overall performance of the organisation in a concise format and highlight key risks particularly around national and contractual targets.

Appendix 1 shows the Trust performance against the STF trajectories.

Following the consultation that ended in August NHS Improvement (NHSI) have now published the final framework which will be introduced from 1 October 2016. From that time Monitor's Risk Assessment Framework (RAF) will no longer apply. NHS Improvement have indicated that they will make no further changes to foundation trusts' existing ratings under the RAF.

The key principles of the new framework remain that providers will be assessed against five domains (Quality of Care, Finance and Use of Resources, Operational Performance, Strategic Change and Leadership and Improvement Capability (Well-led)). Trusts will be segmented from 1 (the best) to 4 (the worst) and will receive either additional autonomy or support dependent on their segment.

A more detailed update will be provided for next month's Board Report.

3. Material Risks

Current and future material risks to performance against NHSI and national targets are outlined below. Performance for the latest period for all national targets is shown in the table below:

Indicator	Threshold	Current Data Period	Period actual
Monitor Targets			
18 week RTT - incomplete	92%	Sept	92.72%
A&E 4 hour access	95%	Sept	86.79%
Cancer 2 week	93%	Aug	96.91%
Cancer breast - 2 week	93%	Aug	95.08%
Cancer 31 days- first treatment	96%	Aug	99.07%
Cancer 31 days- subsequent treatment -surgery	94%	Aug	98.48%
Cancer 31 days - subsequent treatment - drugs	98%	Aug	100.00%
Cancer 62 day - GP urgent referral	85%	Aug	89.84%
Cancer 62 day - national screening	90%	Aug	91.67%
C.difficile - (all cases)	5	Sept	11
C.difficile - (avoidable cases)	0	Sept	3
Community Data Completeness - RTT information	50%	Q2	100.00%
Community Data Completeness - referral information	50%	Q2	97.11%
Community Data Completeness -treatment activity information	50%	Q2	99.92%
Learning disabilities	Declaration made	Q2	Yes
Other National Targets			
6 weeks diagnostic test	99%	Sept	99.80%
Ambulance Handover \geq 30 minutes	>0	Sept	341
Ambulance Handover \geq 60 minutes	>0	Sept	1
12 hour Trolley waits A&E	0	Sept	0
52 week waits	0	Sept	0
Cancelled Ops rearranged 28 days	0	Sept	0
Urgent operation cancelled x 2	0	Aug	0
Sleeping Accommodation Breach	0	Sept	5
MRSA	0	Sept	0
VTE risk assessment	95%	Sept	97.25%
Duty of Candour (2 months in arrears)	0	Jul	0
NHS Number acute	99%	Sept	99.60%
NHS Number A&E	95%	Sept	98.02%

3.1 Monitor Risk Assessment Framework

There are 14 indicators currently included in Monitor's Risk Assessment Framework (RAF), 12 were on target in the most recent reporting month. The A&E 4 hour wait and C.difficile targets were not met.

3.1.1 A&E 4 Hour Waits

In September the Trust's performance against the 95% A&E standard was 86.79%.

Site	Performance
Heartlands	83.79%
Good Hope	85.50%
Solihull	99.05%
Trust	86.79%

This performance is below the Strategic Transformation Fund trajectory (STF) which was to achieve 91% in September.

As at the 16 October unvalidated performance is at 87.7% against the in-month STF trajectory of 91% for October. This puts delivery of the STF trajectory at risk in October.

Against the STF projected activity of 21,149 A&E attendances in September the actual activity was 22,243, this is an average of 36 additional patients a day over plan.

Against August 2016 we saw an additional 37 patients a day on average and against Sept 2015 an additional 45 patients a day.

There were no further 12 hour trolley wait breaches in September.

3.1.2 Cancer Targets (month in arrears)

The final August validated performance shows that all cancer targets were met in month.

The unvalidated September position is showing that the 62 day referral from a national screening programme target is likely to be breached. The current position is 87.5% against a national target of 90%, equating to one patient breach, this was an expected breach that occurred prior to new processes being put in place.

3.1.3 Referral to Treatment Time

The Trust met this indicator in September achieving 92.72% against the 92% target. This is in line within the on-going requirement to meet the STF trajectory of national target performance from September onwards.

The only specialty failing the target in month was T&O, who achieved 90.1%, with 406 patients waiting over 18 weeks, to have met the target they would have needed to see an additional 102 patients in month.

3.1.4 C.difficile

The Trust had 11 cases of c.diff in September; this is the second month in a row that performance has been above trajectory.

This brings the year to date position to 38 cases against a trajectory of 30.

Of the 38 cases reported year to date only 10 have been classed as avoidable following review by the Trust and CCG

More detail on this is provided in the Care Quality Report.

3.2 National Targets Monitored Locally Through CCG Contract

Of the 13 national targets that are not included in Monitor's Risk Assessment Framework but are included in the CCG contract the Trust is on target for ten and not delivering against three.

3.2.1 Ambulance Handover - 30 and 60 minutes

Performance against the 30 and 60 minute wait targets in September shows that 341 patients waited over 30 minutes and 1 patient, on the BHH site, waited over 60 minutes.

This is the worst performance for 30 minute waits year to date

Indicator	Apr	May	Jun	Jul	Aug	Sep
No. of 30 minute waits	203	183	295	319	257	341
% handover within 30 mins	96.93%	97.53%	95.66%	95.42%	96.1%	94.99%

3.2.2 % patients waiting <6 weeks for 15 key diagnostic tests

The Trust achieved the 99% diagnostic target in September with performance at 99.8%. This is in line within the on-going requirement to meet the STF trajectory of national target performance from September onwards.

There were two diagnostic tests that failed to meet the target audiology achieving 95.63% (8 breaches) and gastroscopy achieving 95.63% (8 breaches).

3.2.3 Sleeping Accommodation Breaches

There were two sleeping accommodation breaches in September affecting 5 patients.

HDU and CCU at Heartlands had one breach each, RCAs are currently being completed

4. Local Indicators – contract

There are 45 local contractual indicators that the Trust's performance is measured against (24 are reported monthly, 18 of these are reported quarterly and three bi-annually).

For the monthly indicators that required reporting in September, and for which data is available the Trust is non-compliant with three.

4.1 Breast Feeding

The trust failed to meet the breast feeding target in September achieving 71.6% against a 72% target. This is the first time this target has been breached this year, an exception report has been requested.

4.2 Compliance with nursing care indicators- Tissue Viability – repositioning frequency adhered to for 3 days

Performance against this target was 85% in September, against a target of 90%.

More information is provided in the Care Quality Report.

4.3 Delayed Transfers of Care (DTOC) for health and joint delays

The Trust has missed this target in month, achieving 2.06% against a target of 1.4%; performance by site is shown in the table below.

HEFT and external NHS Joint delays	
Site	Sep-16
BHH	2.25%
GHH	0.96%
SH	3.50%
Trust	2.06%

The table below shows performance for all delayed transfers of care i.e. those that are health and social delays.

All Delays	
Site	Sep-16
BHH	5.17%
GHH	2.98%
SH	7.39%
Trust	4.90%

5. Quarterly Indicators

A full report on the quarter 2 performance will be provided in next month's Board report as information for Q2 is not yet fully validated.

6. Local Indicators - Workforce

6.1 Sickness

Sickness absence rates have increased to 4.18% following improvements in August - HR and Operations are continuing to focus on the management of long term absence where absence volumes are concentrated. The launch of the flu programme should help control short term seasonal absence increases, over the next few months.

6.2 Recruitment

Whilst below target, time to hire performance has improved to 8.25 weeks as part of a continuing trend, and is expected to continue to improve further.

Turnover has increased slightly to 9.48% from 9.29% last month. The launch of a revised exit monitoring process should improve intelligence on reasons for leaving, and target retention effort.

6.3 Appraisal and Mandatory Training

Appraisal completion rates are below target having reduced slightly to 84% from 86% in August, although are expected to recover in October.

Mandatory training performance remains above target at over 92%.

7. Recommendations

The Board of Directors is requested to:

- 10.1 **Accept** the report on progress made towards achieving performance targets and associated actions and risks.

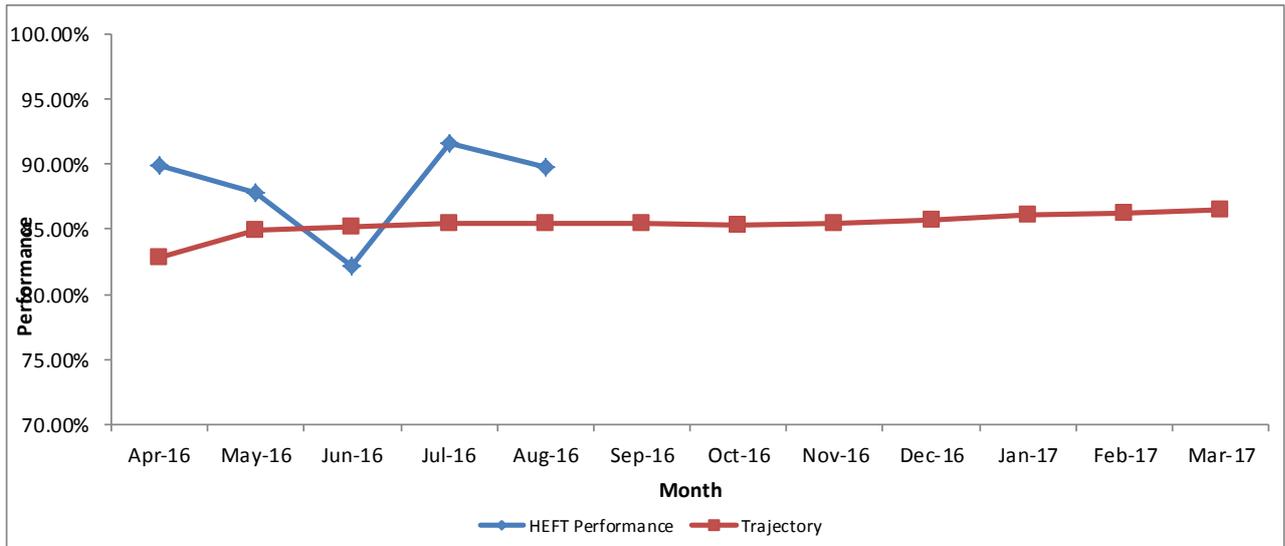
Kevin Bolger
Interim Deputy CEO – Improvement

2016/17 STF Trajectories at HEFT - August

validated unvalidated

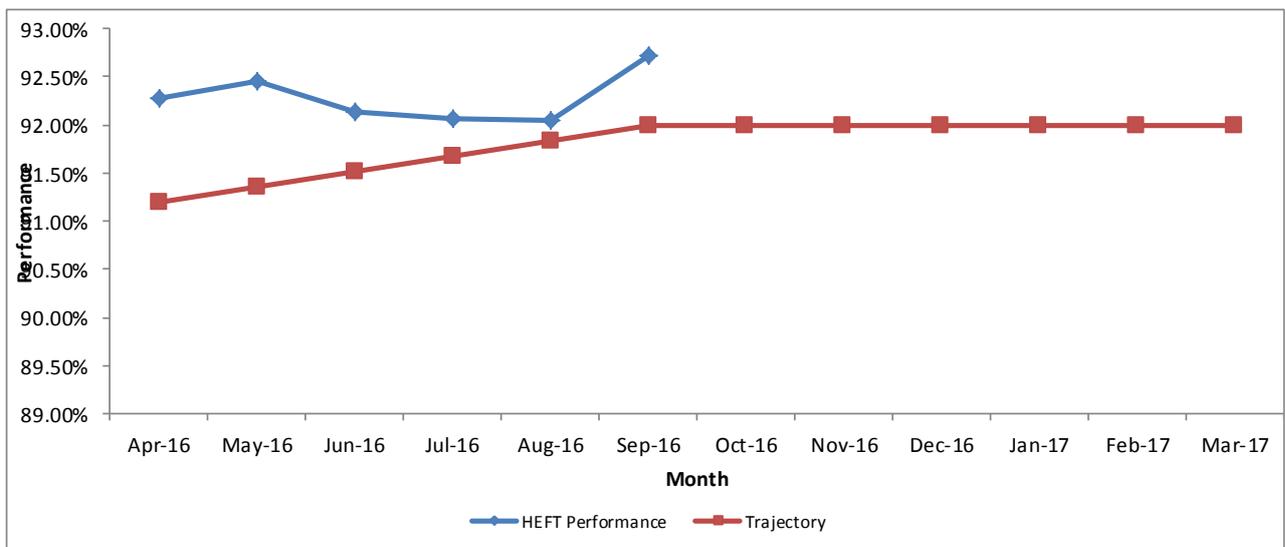
62 Day Cancer Trajectory - month in arrears

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
HEFT Performance	89.97%	87.87%	82.20%	91.60%	89.84%							
Trajectory	82.80%	84.90%	85.20%	85.40%	85.50%	85.50%	85.30%	85.50%	85.70%	86.10%	86.20%	86.50%



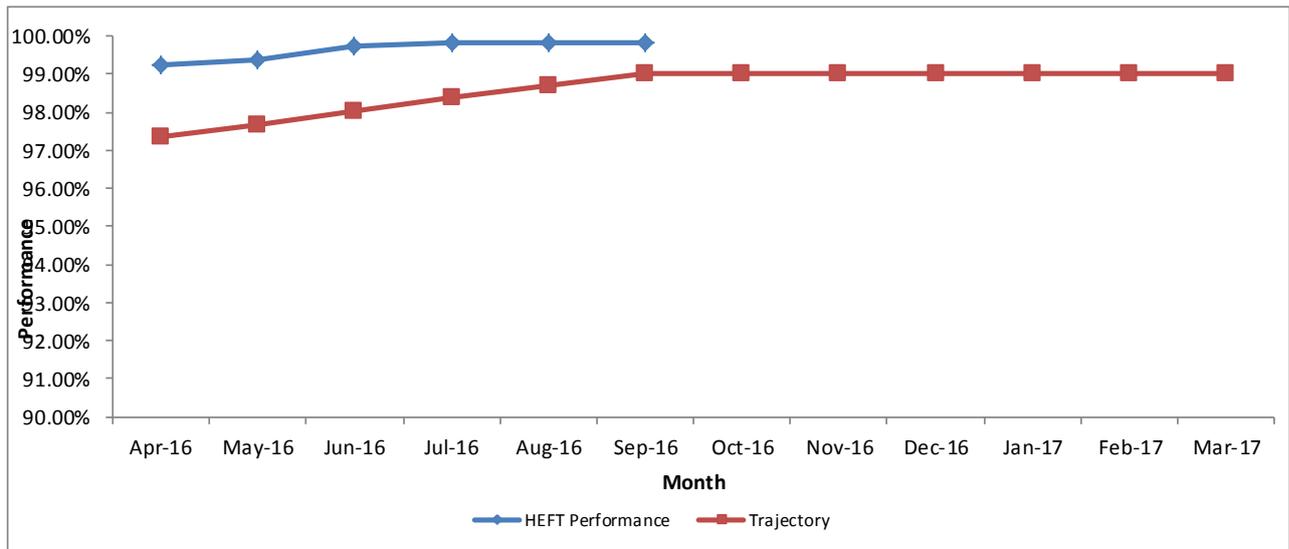
RTT Incomplete pathways Trajectory

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
HEFT Performance	92.27%	92.45%	92.13%	92.06%	92.04%	92.72%						
Trajectory	91.20%	91.36%	91.52%	91.68%	91.84%	92.00%	92%	92%	92%	92%	92%	92%



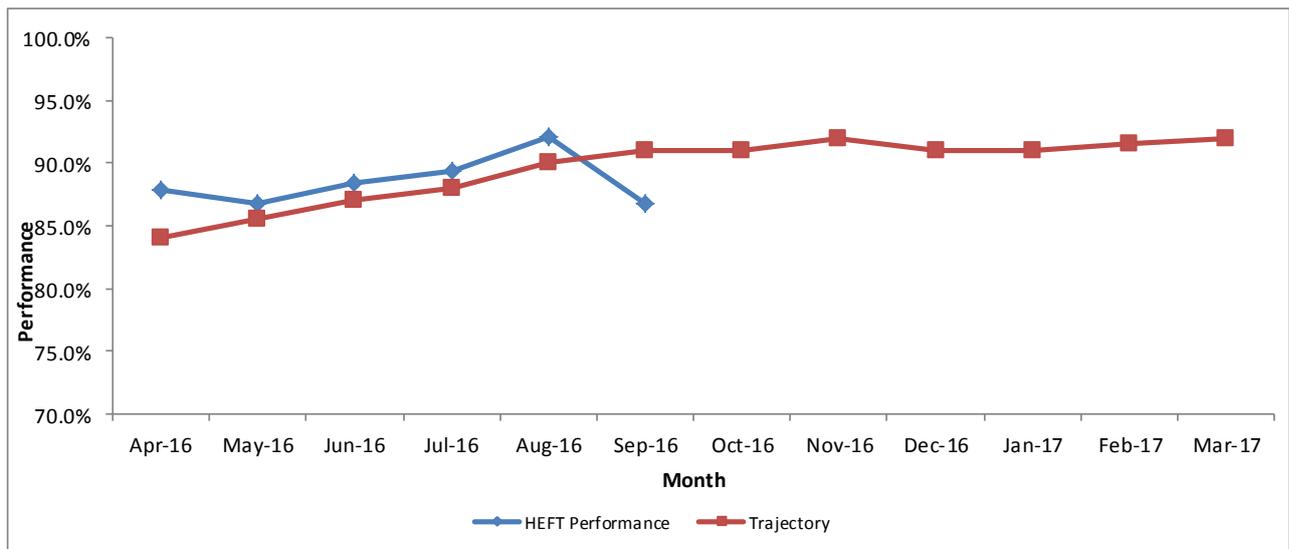
Diagnostics National Target Trajectory

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
HEFT Performance	99.22%	99.39%	99.7%	99.8%	99.8%	99.8%						
Trajectory	97.34%	97.68%	98.03%	98.37%	98.71%	99.00%	99%	99%	99%	99%	99%	99%



A&E Trajectory

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
HEFT Performance	87.9%	86.82%	88.36%	89.42%	92.05%	86.79%						
Trajectory	84.0%	85.5%	87.0%	88.0%	90.0%	91.0%	91.0%	92.0%	91.0%	91.0%	91.5%	92.0%



HEART OF ENGLAND NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

MONDAY 24TH OCTOBER 2016

Title:	Clinical Quality Monitoring Report
Responsible Director :	Dr David Rosser, Interim Executive Medical Director
Contact	Ext. 40411

Purpose	To provide the CoG on the assurance and update on clinical quality attached and presented to the Board of Directors including the details of actions being taken following the Clinical Quality Monitoring Group (CQMG) meeting 27 th September 2016.
Confidentiality Level & Reason	Confidential
Annual Plan Ref	
Key Issues Summary:	<ul style="list-style-type: none">• Investigations into Doctors' performance currently underway• Mortality indicators: CUSUM, SHMI, CRAB and HSMR• Board of Directors' Unannounced Governance Visits• Performance for timely delivery of antibiotic stat (one off) doses
Recommendations	The Council of Governors is requested to: <ul style="list-style-type: none">• Receive the contents of this report.

Approved by:	Dave Rosser	18 October 2016
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1. Introduction

1.1 The aim of this paper is to provide assurance on clinical quality to the Board of Directors, detailing the actions being taken following the September 2016 Clinical Quality Monitoring Group (CQMG) meetings. The Board of Directors are requested to discuss the contents of this report and approve the actions identified.

2. Update On Medical Staff Within The Remit Of Maintaining High Professional Standards (MHPS)

2.1 There are currently four investigations underway into Doctors' performance. The investigations relate to three Consultant Grade Doctors and one Specialty and Associate Specialist (SAS) doctor.

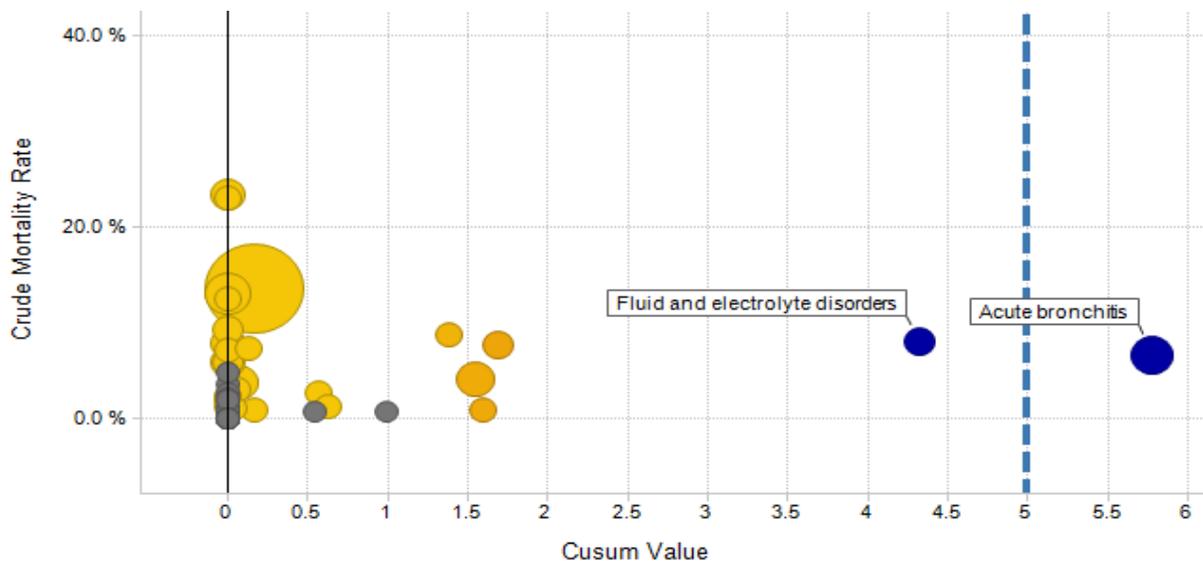
3. Mortality – CUSUM

3.1 Mortality is reviewed in a number of ways including the 'CUSUM' (cumulative sum) Hospital Standardised Mortality Ratio (HSMR) methodology which is used by the Care Quality Commission (CQC).

3.2 One CCS (Clinical Classification System) group breached the mortality threshold in June 2016: 'Acute bronchitis (125)'.

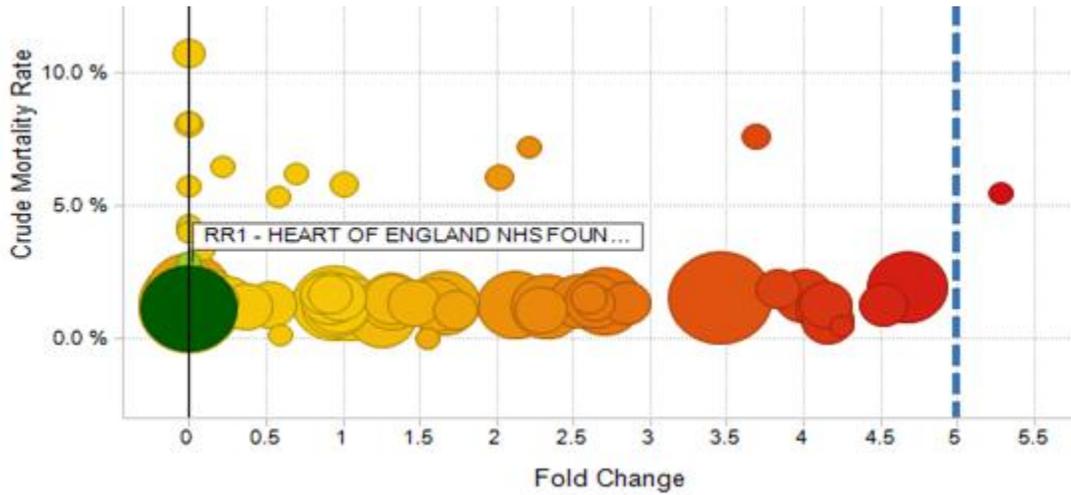
3.3 The case list for the CCS group was reviewed at the CQMG meeting on 27th September 2016. It was agreed that a review of the coding for the CCS group 'Acute bronchitis (125)' will be completed to establish the accuracy of the coding. An update will be provided at the 25th October 2016 CQMG meeting and further actions will be identified as necessary.

Figure 1: HEFT CUSUM in June 2016 for HSMR CCS Groups



- 3.4 One CCS group had higher than expected deaths in June 2016 and is approaching the mortality CUSUM trigger. The group is 'Fluid and electrolyte disorders (55)'.
- 3.5 The 'Fluid and electrolyte disorders (55)' CCS group was identified at the 6th June 2016 meeting as approaching the trigger line in February 2016. The patient case list was reviewed at that CQMG meeting and no concerns were identified.
- 3.6 The 'Fluid and electrolyte disorders (55)' CCS group was again identified at the 21st June 2016 CQMG meeting as approaching the trigger line for March 2016. The patient case list was reviewed by the group. It was agreed that the 'Fluid and electrolyte disorders (55)' case list should be reviewed by a clinician.
- 3.7 A review of the CCS group 'Fluid and electrolyte disorders (55)' was provided at the September 27th CQMG meeting. Eleven cases were identified for review from the March 2016 case list (presented at the 21st June 2016 CQMG meeting). Following review by a Consultant, 11 cases were identified as having coding problems. Seven of the eleven cases were selected for further review. Of the 7 cases, 4 patients had no acute kidney failure. Of these 4 patients, 2 had completely normal kidney function and no real hint of dehydration from the documentation. The other 2 patients had pre-existing renal failure, which remained stable throughout hospitalisation. Of the remaining 3 patients, they all appeared to have appropriate fluid resuscitation, and were correctly identified as not appropriate for any renal replacement treatment. Nephrotoxic drugs were appropriately stopped and inappropriate tests such as CT with contrast were avoided.
- 3.8 A CUSUM report was not presented at the 26th July 2016 meeting as no new national data was available. The 'Fluid and electrolyte disorders (55)' CCS group was identified at the 23rd August 2016 CQMG meeting as approaching the trigger line for May 2016. The patient case list was reviewed by the group and no further actions were identified.
- 3.9 The Trust's overall mortality rate as measured by the CUSUM for June 2016 is within acceptable limits (please see Figure 2 on the next page).

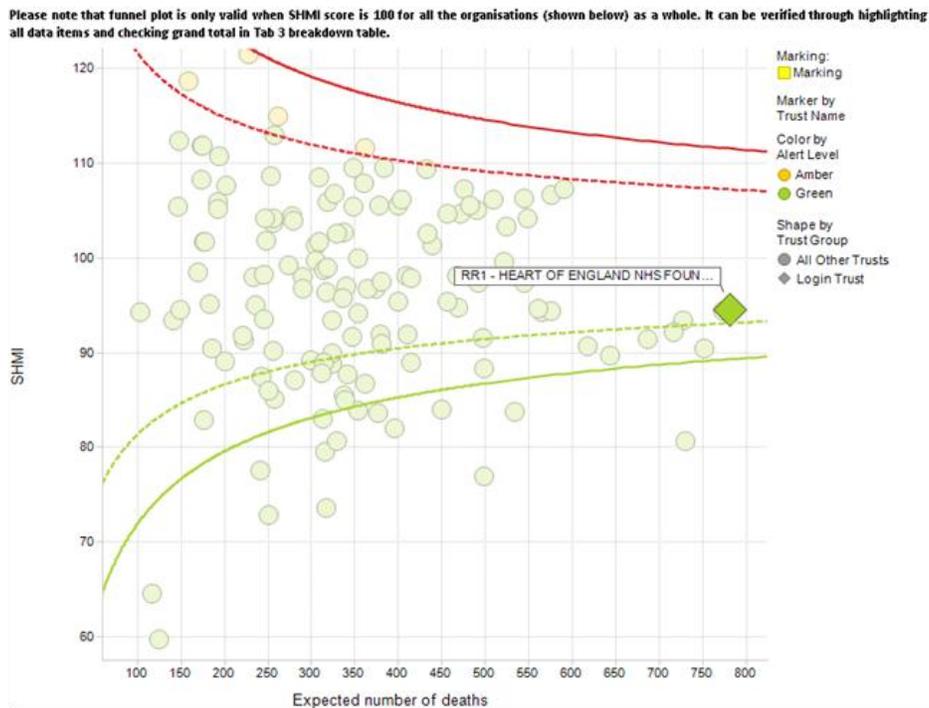
Figure 2: HEFT CUSUM in June 2016 at Trust level



4. Mortality – SHMI (Summary Hospital-Level Mortality Indicator)

4.1 The Trust’s SHMI performance for April 2016 to May 2016 was 95. The Trust has had 739 deaths compared with 782 expected. The Trust is within the acceptable limits as shown in Figure 3 below.

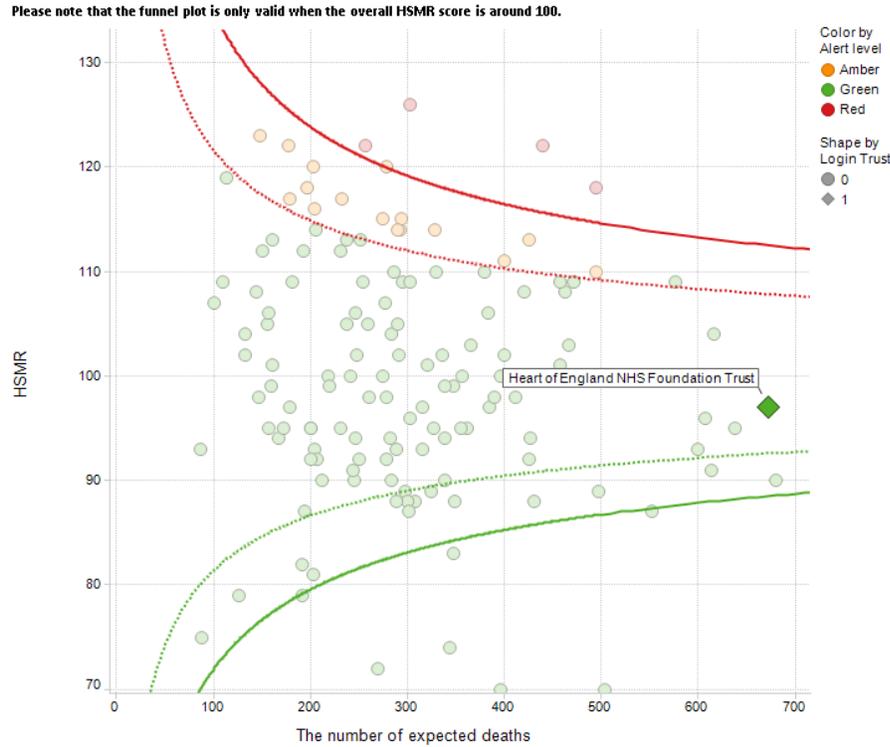
Figure 3: HEFT SHMI April to May 2016



5. Mortality – HSMR (Hospital Standardised Mortality Ratio)

5.1 The Trust's HSMR for the period April-June 2016 was 96.78 which is within acceptable limits. The Trust had 650 deaths compared with 671 expected (see Figure 4 below).

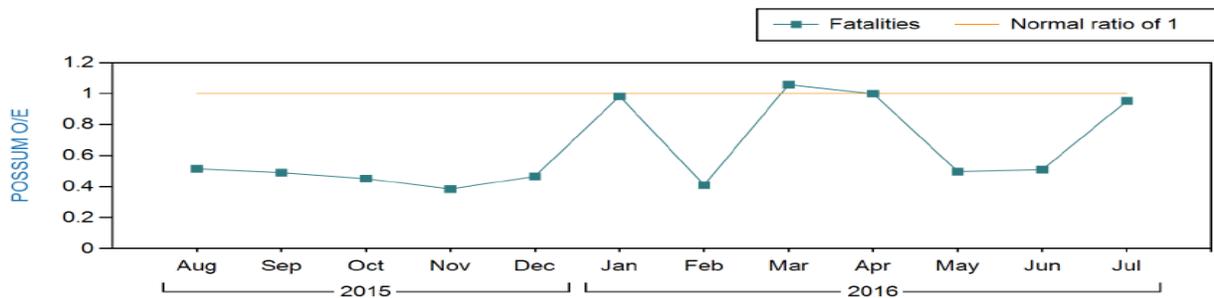
Figure 4: HEFT HSMR



6. CRAB (Copeland Risk Adjusted Barometer) surgical 30 day risk adjusted mortality ratio to April 2016.

6.1 The Trust's CRAB 30 day surgical mortality O/E (outcome versus expected) ratio is within the normal range and either below or equal to the average of 1 (see Figure 5 on the below).

Figure 5: CRAB 30 day surgical mortality O/E ratio June 2016



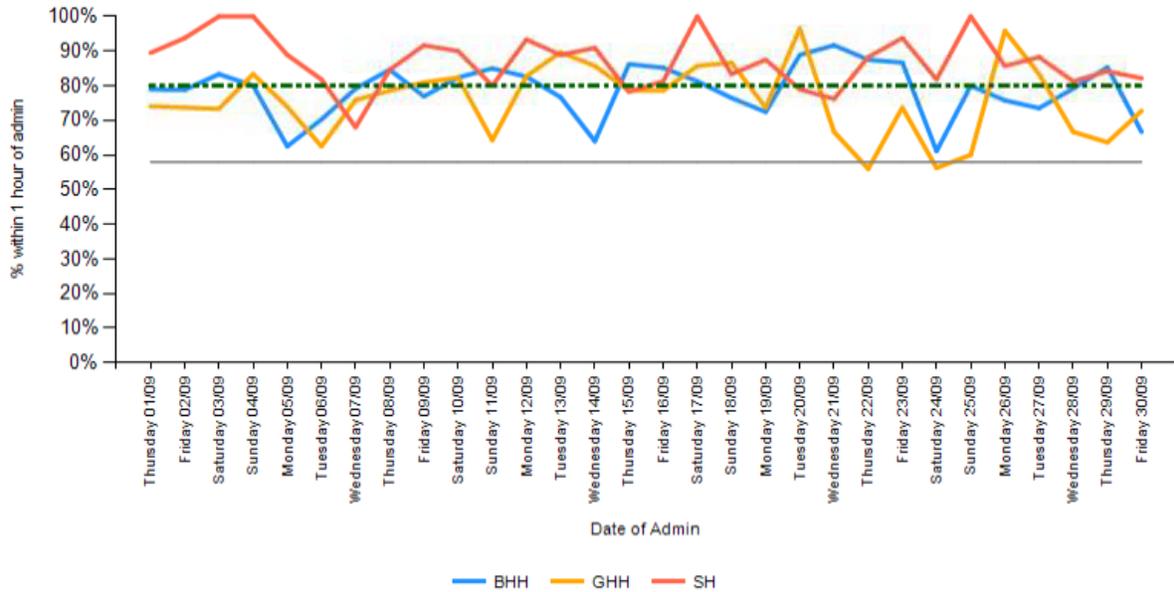
7. Board of Directors' Unannounced Governance Visits

- 7.1 The programme of monthly Board of Directors' Unannounced Governance Visits involving Non-Executive Directors and other Directors commenced in December 2015.
- 7.2 The Neonatal Unit at Birmingham Heartlands Hospital (BHH) was visited on 24th June 2016. The action plan has been sent to Division 2 (Women's and Children's) Management Team for review and implementation. The visit was positive overall from both a patient and staff perspective. Some environmental concerns were highlighted in terms of cleaning practices and clutter created by sub-optimal delivery arrangements to the unit.
- 7.3 Ward 4 (Vascular and Thoracic Surgery) at Birmingham Heartlands Hospital was visited on 15th July 2016. The action plan has been sent to the Division 5 (Surgery) Management Team for review and implementation. Patients were generally very positive about the care they had received and staff ensured that delivering patient care was their first priority in a busy and challenging environment. Support and input from senior nursing staff will be provided to ensure that the ward achieves Trust standards in all areas.
- 7.4 Ward 7 (Flexible, mostly General Medicine) at Good Hope Hospital (GHH) was visited on 16th August 2016. The action plan has been sent to the Division 3 (Emergency Care) Management Team for review and implementation. The ward is well led and the care provided is good. The Trust Board of Directors has responsibility for deciding whether the ward should remain open permanently and this decision needs to be made in the near future. In the meantime, the ward should be provided with Senior Nursing support to ensure that standards are acceptable.
- 7.5 The Emergency Department at BHH was visited on 16th September 2016. The action plan is with the visit team for review prior to being sent to the Divisional Management Team.
- 7.6 Theatres at BHH were visited on 11th October 2016. The action plan from the visit is currently being drafted.

8. Timely Delivery of Antibiotic Stat (One-off) Doses

- 8.1 For the period 1st September 2016 to 30th September 2016, 1,885 antibiotic stat (one off) doses were prescribed at HEFT. The Trust achieved 80% compliance with the one hour target from prescription to administration. A total of 297 doses were late and 86 were not administered. Performance is shown in Figure 6 on the next page.

Figure 6: Trust Performance by site 01/09/2016 – 30/09/2016



9. Recommendations

The Board of Directors is asked to:

- Discuss the contents of this report and approve the actions identified.

Dr David Rosser
 Interim Executive Medical Director
 14th October 2016

HEART OF ENGLAND NHS FOUNDATION TRUST

24 OCTOBER 2016

Title:	Care Quality Board Report
Responsible Director :	Sam Foster – Chief Nurse
Contact	Ext.

Purpose	To provide the CoG with an overview of performance against a number of key national and local contractual indicators, and to provide exception summaries where there are current or future risks for targets and indicators for the reported time period up to and including August 2016 as presented to the Board of Directors.
Confidentiality Level & Reason	Confidential
Annual Plan Ref	
Key Issues Summary:	<ul style="list-style-type: none"> • Infection control- Increased incidence in Cdiff. • Recurrent patient falls- Increased in month • Tissue viability- Improvements seen • VTE- Requires improvement • Antibiotic STAT doses- Trust wide roll out complete- variance in performance being managed. • Nursing and Midwifery Workforce: Stable workforce position • Complaints – Slight improvement in closure rates – Improved FFT results • Mock CQC Inspections (clinical reviews)- Delivered and learning shared.
Recommendations	<p>The Council of Governors is requested to:</p> <ul style="list-style-type: none"> • Receive the contents of this report.

Approved by:	Sam Foster	18 October 2016
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HEART OF ENGLAND NHS FOUNDATION TRUST

OCTOBER 2016

1. Infection Control

1.1 MRSA

There have been no MRSA bacteraemia in the reported time period.

1.2 Clostridium difficile

There were twelve cases of post 48 hour toxin positive Cdiff reported. There a regional spike in Cdiff. The contractual joint review of cases with commissioners concluded that seven of the cases were unavoidable. Of the five avoidable cases, three were due to inappropriate antibiotic prescribing the rationale and improvement action plan to be submitted by clinicians concerned to the Director of Infection prevention and Control (DIPC). Two cases on BHH ITU were deemed to be avoidable as ribotyping of samples was inconclusive and transmission of Cdiff between the two patients could not be ruled out. The unit is undergoing a weekly audit of the environment and practice and has had a deep clean carried out. The infection prevention and control team are supporting the unit manager in the delivery of an improvement plan

1.3 Carbapenemase Producing Endobacteria (CPE)

There was one new case of CPE identified in a renal patient who undergoes dialysis at the Glaxo Unit. The patient had received healthcare in Tanzania and India. There is an Infection Prevention Control plan in place to isolate the patient during dialysis with deep cleaning of the room after use.

2. Tissue Viability

The number of avoidable Grade 2 pressure ulcers reduced from 15 in July 2016 to 3 in August 2016, and overall numbers remain on trajectory for year end. The introduction of master classes on the completion of SSKIN documentation had been introduced during this time.

There was one avoidable Grade 3 pressure ulcer in August 2016 compared to two in July 2016. This incident was attributed to poor documentation following a full RCA review. The number of avoidable Grade 3 pressure ulcers was on trajectory for the month of August 2016.

Tissue viability metrics were 96% overall with repositioning compliance at 85%. The areas of concern with repositioning remain within Divisions Four and Five, however there has been improvement when compared with performance in July 2016 (Division Four – 87% July increased to 86% August; Division Five- 79% July increased to 86% August). There is early evidence that the introduction of Matrons undertaking additional monthly tissue viability metrics has resulted in an improvement in performance. Progress with this will continue to be monitored.

A planned shared learning tissue viability event took place in partnership with the University Hospitals Birmingham Tissue Viability team in September 2016. Early indicators have outlined key differences between pressure ulcer grading systems and the size of the Trust Tissue Viability Teams at both trusts. A formal report is expected in October 2016 and findings and actions will be reported to board in November 2016.

3. Recurrent Fallers

The number patients that suffered recurrent falls increased from a total of 23 in July 2016 to a total of 36 in August 2016.

Out of the 36 patients identified during August, a total of 10 patients fell more than three times. Actions taken to address this include divisional audits of compliance with and the design/ use of of post fall stickers and the reassessment of such patients. In addition compliance is measured against adherence to the Trust Enhanced Observation Policy and also the use of the relative notification documentation. Compliance and actions are reported by divisions at the monthly Collaborative Harm Meetings (tissue viability and falls).

4. Venous thromboembolism (VTE)

The number of patients not screened for VTE in August 2016 increased to 427 from 288 in July 2016. In response to this all Divisional Directors are analysing non-compliance in each of the specialty areas for the next report.

5. Antibiotic STAT Doses

Compliance against the 80% trust target for antibiotic STAT doses administered within one hour is at 79% for August 2016. This has score has improved month on month for the last three months.

Although compliance is improving there are a number of wards across all divisions where compliance is low, varying from 33% to 78%. In response to this all wards across all divisions have implemented a role of first responder bleep holder over the last 12 months. Areas with low compliance have been provided with detailed reports for action and include issues such as prescribing delays and the role of the first responder bleep holder. The roles and responsibilities of the first responder bleep holder have therefore been re issued and the Trust education team have met with a variety of disciplines to ensure improved engagement with the process. In addition some of the lowest performing wards have attended the Trust Chief Executive RCA forum to present rectification plans.

6. Nursing & Midwifery Staffing

6.1 Summary of Band 5 Vacancy Position

Qualified nursing vacancies across all clinical areas has increased by 24 in month to 262.11 WTE. These are evenly spread across the divisions. There are 196 planned new Band 5 starters between September and November 2016. Breakdown is as follows:

Division	Vacancies
Division 1	35
Division 2	33 (27 of which are for Theatres)
Division 3	75 (31 of which are for ED)
Division 4	24
Division 5	29

The monthly Saturday recruitment events continue and information has been sent to all third year student nurses qualifying in January 2017. EU recruitment continues with a cohort of 13 new starters from 21st September 2016 and monthly Skype interview days continuing throughout the rest of the year.

6.2 e-Rostering Additional Duties

The number of duties rostered in addition to planned staffing levels in August 2016 was a total of 1911 shifts and is broken down as follows:

Division	Number of Additional Duties
Division 1	67
Division 2A Children	0
Division 2B Women	3
Division 3	806
Division 4	773
Division 5	342

Actions taken to address the high number of additional shifts include:

- Daily acuity reviews (including Registered Mental Nurse usage) in high use areas
- Recruitment of 12 WTE Enhanced Care Assistants within division 4, with a view to reducing additional shifts
- Continued on-going recruitment to all vacancies, including hard to recruit to areas, such as Main Theatres all sites
- One to One nursing, which is the largest reason for additional shifts created on the e-roster system is not funded by the Trust and is an ongoing cost pressure – the trust was planning to join an NHSi collaborative to undertake a review and improvement to the practice of one to one nursing, this collaborative is now not running and the Trust will undertake their own review of the practice and report in Q4.

7. Maternity Performance

7.1 Maternity Safety Thermometer Performance

HEFT is currently above the national average of 76.4% for July 2016 for women who were free from physical harm measure on the national point prevalence tool. The target for physical harm was set locally by the Head of Midwifery at 80% when the safety thermometer was introduced.

The Trust is below the national average for perineal trauma at 1.3%, for which the national average is 2.3%. The Trust is also above the national average for maternal infections at 7.1% as opposed to 5.7% nationally.

The service are in the process of scoping surgical site surveillance in caesarean section patients in the care of the Trust. A group led by the Infection Control team is currently being put together. Consultants have implemented the infection prevention care bundle and will audit compliance.

8. Patient Experience

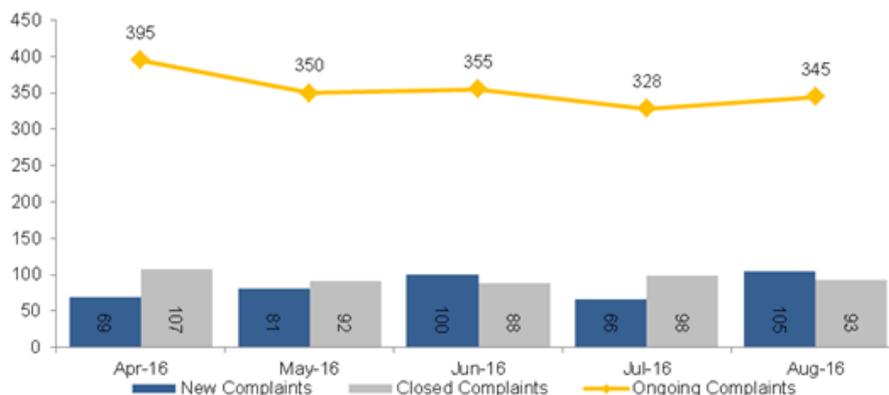
An internal complaints review commenced in September 2016 to review progress of the internal improvement plan. The review will focus on upon enabling compliance with the Trust Complaints Policy, ensuring that action plans are in place when required and that lessons are learnt and embedded into everyday practice. A suite of Key Performance Indicators (KPIs) has been developed to monitor practice within these domains.

8.1 Current performance- Complaints

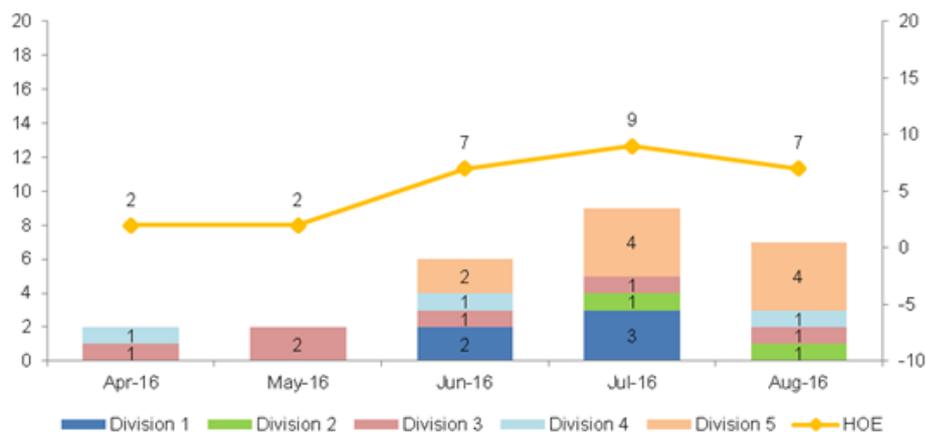
The total number of complaints received in August 2016 was 105, with 93 complaints closed in month – NB the 93 complaints includes the current backlog.

The number of complaints that remain open within the month of August 2016 totals 345. Work continues to prioritise complaints that have been open for the longest time in line with the Trust escalation process.

The following graph outlines the numbers of new, closed, and ongoing complaints from April to August 2016.



The following graph outlines the re-opened cases by division from April to August 2016.



The Trust complaints response rate (30 working days) improved slightly from 13% in July 2016 to 17% in August 2016 with divisions 1, 4 and 5 showing the most improvement.

Table 1 below outlines compliance with 30 day response rate by division

	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Division 1	56%	0%	0%	50%	20%
Division 2 Children	0%	0%	0%	0%	0%
Division 2 Women	0%	0%	0%	0%	8%
Division 3	8%	6%	13%	16%	13%
Division 4	23%	23%	17%	0%	24%
Division 5	15%	16%	21%	14%	24%
HOE	17%	11%	15%	13%	17%

8.2 New and Open Ombudsman (PHSO) Cases

In August 2016, there were no new referrals to the PHSO. The PHSO issued one final report relating to a previous HEFT complaint which was partially upheld in relation to Division 5 (Urology).

8.3 Member of Parliament (MP) Enquiries

Seven enquiries were received in August 2016. Three MP enquiries are currently opened, each of which are being actively managed.

8.4 Friends and Family Test

8.4.1 Acute Inpatient Areas

Current compliance against the number of positive responders is at 94%, which is in line with the national average. The inpatient response rate is at 36% for August 2016 which is above the national average.

8.4.2 Emergency Departments (ED)

In August 2016 the proportion of positive responders was at 83% this is an improvement on previous months scores. The ED response rate is static at 20%, this has improved since May 2016 when it was at 15%.

8.4.3 Outpatients

Current performance for August 2016 the proportion of positive responders was at 91%, and the response rate has remained static at 11%.

9.0 Mock Care Quality Commission (CQC) Inspections

In preparedness for the full CQC inspection mid October 2016 the trust ran a series of core service clinical reviews across three days on all sites during early October 2016. The reviews covered nine core services including community, chest clinic and renal satellite areas when approximately 70 staff from all disciplines took part. The review teams used Key Lines of enquiry as a guide to reviewing services across the days.

The overall findings were as follows

Good Practice-

- Staff professionalism and being proud of their area
- Excellent ward leadership/ well led teams
- Good understanding of improved compliance with appraisals and mandatory training
- Praise from patients about the care that they had received
- Improved knowledge of MCA/Dols
- Improved evidence of feedback from incidents

Areas to be addressed-

- Hand washing compliance/ bare below elbow
- Cluttered corridors
- Information Governance compliance

Sharps bin disposal

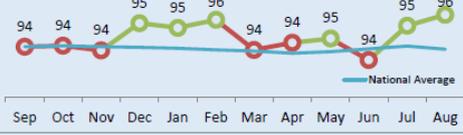
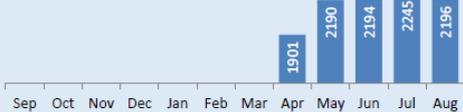
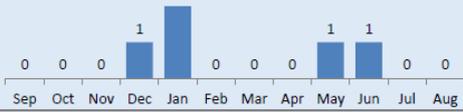
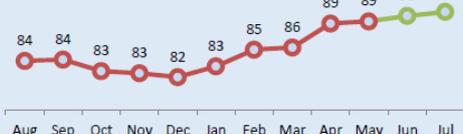
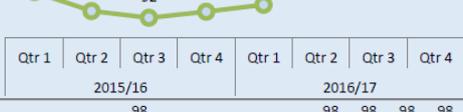
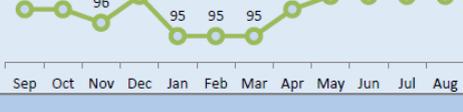
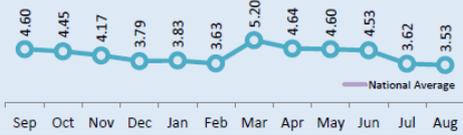
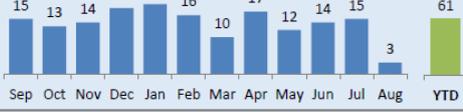
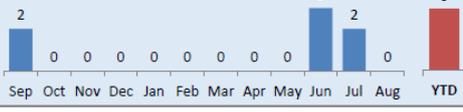
Some basic compliance with daily checks- Resuscitation trolley (ED)

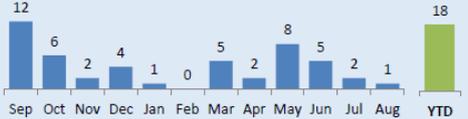
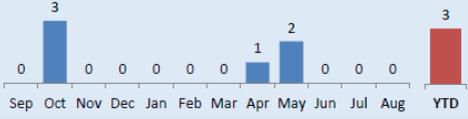
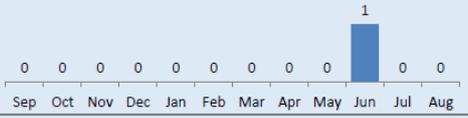
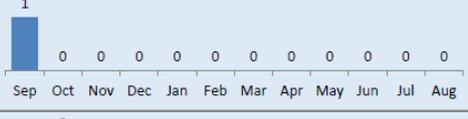
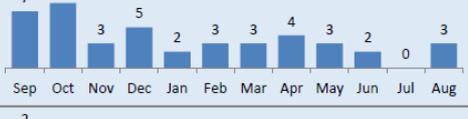
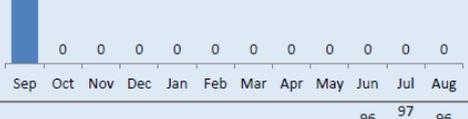
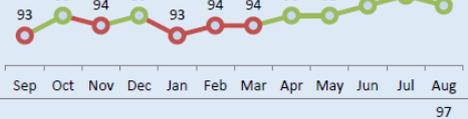
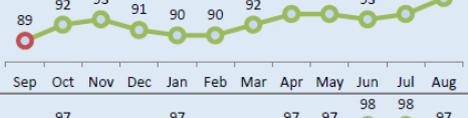
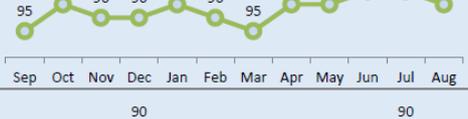
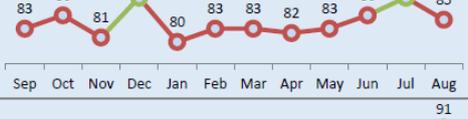
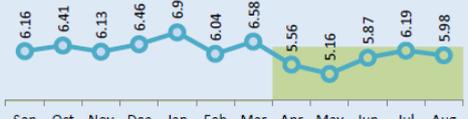
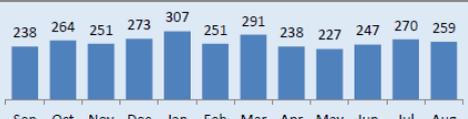
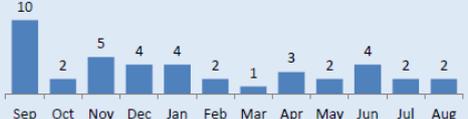
Process for non-cubicle nursing in ED

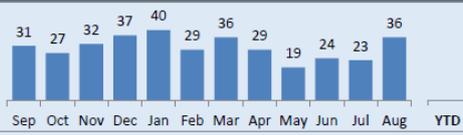
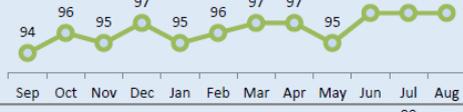
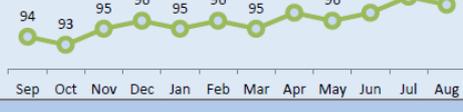
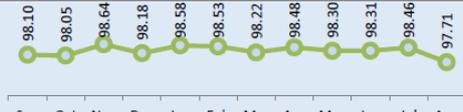
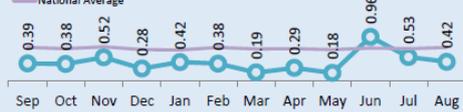
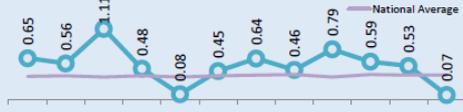
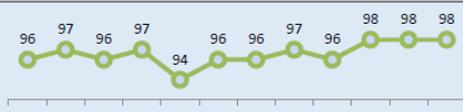
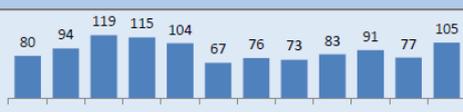
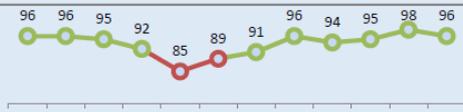
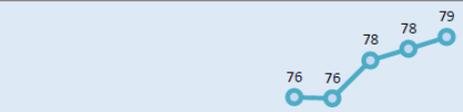
Patient delays in recovery

A feed back session was held with all divisions chaired by the Chief Nurse and Director of Operations on October 10th 2016 to ensure all areas for review were discussed and assurances of actions were provided by divisions and corporate services.

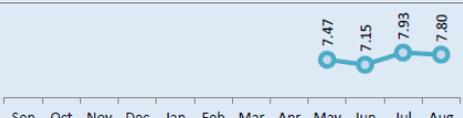
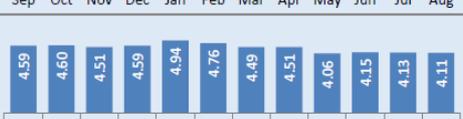
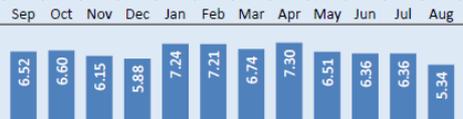
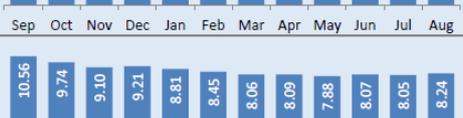
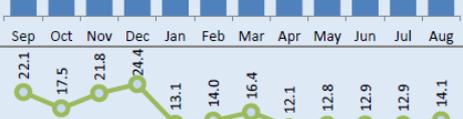
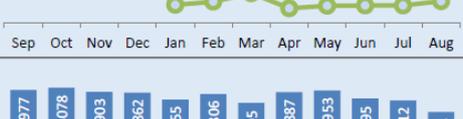
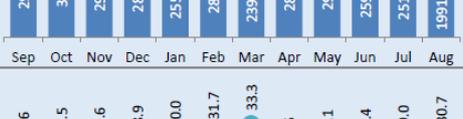
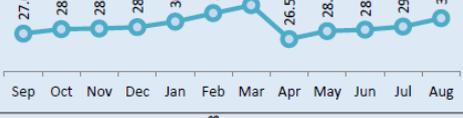
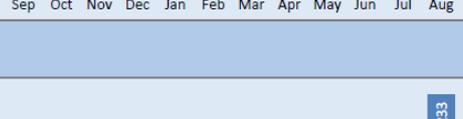
TRUST LEVEL OVERVIEW

Ref	Indicator Name	Target	Performance	Wards / Areas Not Achieving Target
Harm Free Care				
1	Harm Free Care % of patients receiving harm free care recorded via NHS Safety Thermometer	≥95%		In Month Position Aug-16 96% 16 HD BHH (67%), 21 GHH (67%), ITU BHH (80%), 4 HDU BHH (83%), 22 HDU / ITU GHH (83%), 27 BHH (86%), 23 HASU BHH (89%), 29 BHH (89%), 23 CCU GHH (89%), 2 BHH (90%), 3 BHH (91%), 9 GHH (91%), 8 SH (91%), 19 SH (91%), 23 ASU BHH (93%), 24 BHH (93%), Recovery at Home (93%), 8 BHH (94%)
2	Incidents Reported Number of incidents reported			In Month Position Aug-16 2196 Top categories in month: Tissue viability (679), Patient fall (303), Medication (178), Admission transfer and discharge (167), Maternity (124), Security (104), Ongoing care monitoring and review (80), Laboratory investigations (pathology) (80)
Infection Control				
3	Clostridium Difficile Number of avoidable cases	0		In Month Position Aug-16 12 3 BHH (2), 24 BHH (2), ITU BHH (2), 29 BHH (1), Rowan BHH (1), 9 GHH (1), 24 GHH (1), 8 SH (1), 17 SH (1)
4	MRSA Number of cases	0		In Month Position Aug-16 0
5	MRSA Screening (Emergency) % of patients screened	≥90%		In Month Position Aug-16 30 BHH (0%), 8 SH (0%), 20A SH (0%), AMU SH (0%), 21 ECAU BHH (20%), 10 BHH (50%), 7 GHH (50%), 2 BHH (57%), 23 CCU GHH (64%), 12 GHH (67%), 10 GHH (68%), 9 BHH (71%), 3 BHH (73%), 9 GHH (73%), 24 BHH (78%), 16 GHH (78%), 4 BHH (79%), 5 BHH (80%), 11 SAU BHH (80%), 12 BHH (80%), 8 GHH (80%), 24 GHH (80%), 6 BHH (81%), 8 BHH (81%), 17 GHH (82%), 11 GHH (83%), AMU SS GHH (85%), 1 BHH (87%), 2 GHH (87%), 20 AMU 1 BHH (89%), 14 GHH (89%)
6	Hand Hygiene Compliance % compliance with hand hygiene	≥85%		In Month Position Aug-16 94% Day Case Theatres GHH (38%), ED GHH (50%), 6 BHH (78%), HDU BHH (78%), 28 BHH (80%), Endoscopy GHH (80%), 22 AMU 2 BHH (82%)
7	Commode Audits % compliance with commode cleanliness	≥90%		In Month Position Quarter 1 94% 7 BHH (50%), 15 / 16 BHH (50%), 23 ASU BHH (50%), 26 BHH (50%), Endoscopy BHH (50%), 8 SH (50%), 11 SAU BHH (67%), Rowan BHH (67%), ED BHH (71%), 12 BHH (75%), AMU GHH (89%)
8	Care Quality Metrics: Environment Score % compliance with environment indicators	≥90%		In Month Position Aug-16 98% 8 BHH (78%), ED GHH (79%), 7 BHH (79%), 24 BHH (89%), DPU BHH (94%)
Tissue Viability				
9	Pressure Ulcer Prevalence % of patients with a pressure ulcer (old and new) reported via NHS Safety Thermometer			In Month Position Aug-16 3.53% Number of pressure ulcers: 21 GHH (4), 2 BHH (3), 24 BHH (3), 27 BHH (3), 23 CCU GHH (3), 8 BHH (2), 29 BHH (2), ITU BHH (2), 14 GHH (2), 8 SH (2), 3 BHH (1), 4 BHH (1), 4 HDU BHH (1), 7 BHH (1), 11 SAU BHH (1), 16 HD BHH (1), 19 BHH (1), 23 ASU BHH (1), 30 BHH (1), 8 GHH (1), 11 GHH (1), 22 HDU / ITU GHH (1), 24 GHH (1), AMU GHH (1), Recovery at Home (1), 15 SH (1), 17 SH (1), 19 SH (1)
10a	Avoidable Grade 2 Pressure Ulcers (Acute Trust) Number of avoidable cases	<173 at year end		In Month Position Aug-16 3 21 GHH (2), 23 ASU BHH (1)
10b	Avoidable Grade 2 Pressure Ulcers (Community) Number of avoidable cases	0		In Month Position Aug-16 0

Ref	Indicator Name	Target	Performance	Wards / Areas Not Achieving Target
11a	Avoidable Grade 3 & Necrotic Pressure Ulcers (Acute Trust) Number of avoidable cases	<39 at year end		In Month Position Aug-16 1 7 GHH (1)
11b	Avoidable Grade 3 & Necrotic Pressure Ulcers (Community) Number of avoidable cases	0		In Month Position Aug-16 0
12a	Avoidable Grade 4 Pressure Ulcers (Acute Trust) Number of avoidable cases	0		In Month Position Aug-16 0
12b	Avoidable Grade 4 Pressure Ulcers (Community) Number of avoidable cases	0		In Month Position Aug-16 0
13a	Avoidable Purple Pressure Ulcers (Acute Trust) Number of avoidable cases			In Month Position Aug-16 3 9 BHH (1), Rowan BHH (1), 23 CCU GHH (1)
13b	Avoidable Purple Pressure Ulcers (Community) Number of avoidable cases			In Month Position Aug-16 0
14	Care Quality Metrics: Tissue Viability % compliance with tissue viability indicators	≥95%		In Month Position Aug-16 96% 23 ASU BHH (78%), AMU SS SH (87%), 12 BHH (88%), 7 BHH (90%), 26 BHH (90%), 19 SH (91%), 2 BHH (92%), HDU BHH (92%), 9 BHH (93%), 19 BHH (93%), AMU GHH (93%), 21 ECAU BHH (94%), 20B SH (94%)
15	Care Quality Metrics: SSKIN Bundle - Daily skin inspection A daily skin inspection is recorded if the patient is identified as being at risk	≥90%		In Month Position Aug-16 97% HDU BHH (75%), AMU SS SH (78%), 23 ASU BHH (80%), 19 BHH (86%), 12 BHH (89%)
16	Care Quality Metrics: SSKIN Bundle - Repositioning frequency completed The repositioning frequency has been completed	≥90%		In Month Position Aug-16 97% AMU GHH (75%), ITU BHH (75%), 19 SH (78%), 12 BHH (80%), 23 ASU BHH (80%), 20 AMU 1 BHH (85%), 2 BHH (86%), 7 BHH (86%), 19 BHH (86%)
17	Care Quality Metrics: SSKIN Bundle - Repositioning frequency adhered to The repositioning frequency has been adhered to for the past three days	≥90%		In Month Position Aug-16 85% 9 BHH (38%), 23 ASU BHH (40%), 12 BHH (50%), AMU SS SH (50%), 2 BHH (57%), 21 ECAU BHH (60%), 5 BHH (67%), 7 BHH (67%), 20B SH (67%), 11 GHH (70%), 19 BHH (71%), 8 BHH (75%), AMU GHH (75%), 24 BHH (80%), AMU SS GHH (80%), 14 GHH (86%), 15 GHH (86%), 6 BHH (88%), 28 BHH (88%), 21 GHH (88%), 12 GHH (89%), 24 GHH (89%), 8 SH (89%), 19 SH (89%)
18	Matrons Assurance: Overall Tissue Viability Score % compliance with matrons assurance metrics for tissue viability	≥95%		In Month Position Aug-16 91% 12 BHH (56%), 10 BHH (71%), 1 BHH (74%), 19 BHH (80%), 29 BHH (80%), 7 BHH (81%), 16 GHH (81%), 26 BHH (83%), 20 AMU 1 BHH (84%), 15 GHH (86%), 17 GHH (86%), 14 GHH (88%), 9 BHH (89%), 4 BHH (90%), 7 GHH (90%), 9 GHH (91%), 24 BHH (92%), 28 BHH (92%), 20A SH (92%), 8 GHH (93%), 8 BHH (94%), 23 ASU BHH (94%), 23 CCU GHH (94%), 17 SH (94%)
Inpatient Falls				
19	Falls Rate Falls rate per 1,000 occupied bed days	≤6.36		In Month Position Aug-16 5.98 28 BHH (16.78), 24 GHH (15.66), 8 SH (14.38), 30 BHH (14.08), 8 GHH (13.20), 23 HASU BHH (12.16), 21 ECAU BHH (11.07), 12 BHH (11.05), 6 BHH (10.63), 9 BHH (10.46), 9 GHH (10.15), 29 BHH (9.29), 22 AMU 2 BHH (9.04), 12 GHH (9.04), 14 GHH (8.86), 16 GHH (8.62), AMU SS SH (8.58), 20B SH (7.44), 11 GHH (7.11), 3 BHH (6.84), 11 SAU BHH (6.67), 21 GHH (6.67)
20	Falls Incidence Number of inpatient falls			In Month Position Aug-16 259
21	Injurious Falls Number of falls resulting in a fracture or head injury			In Month Position Aug-16 2 22 AMU 2 BHH (1), 14 GHH (1)

Ref	Indicator Name	Target	Performance	Wards / Areas Not Achieving Target
22	Recurrent Fallers <i>Number of patients falling twice or more during the same admission</i>	<313 at year end		In Month Position Aug-16 36 12 BHH (3), 28 BHH (3), 8 SH (3), 9 BHH (2), 29 BHH (2), 11 GHH (2), 14 GHH (2), 24 GHH (2), 6 BHH (1), 8 BHH (1), 10 BHH (1), 22 AMU 2 BHH (1), 24 BHH (1), 27 BHH (1), 30 BHH (1), Rowan BHH (1), 2 GHH (1), 9 GHH (1), 12 GHH (1), 15 GHH (1), 16 GHH (1), 21 GHH (1), 20A SH (1), 20B SH (1), AMU SS SH (1)
23	Care Quality Metrics: Falls Assessment <i>% compliance with overall falls assessment indicator</i>	≥90%		In Month Position Aug-16 98% Dialysis Unit BHH (81%), 15 SH (87%), 8 BHH (89%), 11 SAU BHH (89%)
24	Care Quality Metrics: Manual Handling <i>% compliance with overall manual handling indicator</i>	≥90%		In Month Position Aug-16 98% 23 ASU BHH (82%), AMU SS SH (86%), 22 AMU 2 BHH (89%)
VTE				
25	VTE Screening <i>% of patients screened for VTE</i>	≥95%		In Month Position Aug-16 97.71% ITU BHH (78%), 4 HDU BHH (82%), 22 HDU / ITU GHH (83%), 7 GHH (88%), 5 BHH (90%), 23 HASU BHH (90%), 11 SAU BHH (92%), 2 GHH (92%), 8 BHH (93%), 17 GHH (93%), 14 SH (93%), 4 BHH (94%)
26	VTE Screening <i>Number of patients NOT screened</i>			In Month Position Aug-16 427
27	Prevalence of New VTE <i>% of patients with a new (hospital acquired) VTE reported via NHS Safety Thermometer</i>			In Month Position Aug-16 0.42% Number of New VTEs: 3 BHH (1), 29 BHH (1), 15 GHH (1), AMU GHH (1), 19 SH (1), AMU SS SH (1)
UTI				
28	CAUTI <i>% of catheterised patients with a UTI reported via NHS Safety Thermometer</i>			In Month Position Aug-16 0.07% Number of catheterised patients with a UTI: 3 BHH (1)
29	Care Quality Metrics: Contenance Assessment <i>% compliance with overall continence assessment indicator</i>	≥90%		In Month Position Aug-16 98% AMU SH (50%), 17 GHH (86%), 7 BHH (89%)
Medication				
30	Medication Incidents <i>Number of medication incidents reported via Datix</i>			In Month Position Aug-16 105 Number of medication incidents resulting in moderate, severe, or catastrophic harm: 11 SAU BHH (1), 20 AMU 1 BHH (1)
31	Care Quality Metrics: Medication - Secure Medicines / Cupboard <i>% compliance with indicator</i>	90%		In Month Position Aug-16 96% 24 BHH (0%)
32	Antibiotic STAT Doses <i>% of antibiotic STAT doses administered within 1 hour</i>			In Month Position Aug-16 79% 6 BHH (33%), 8 GHH (47%), 7 GHH (50%), 27 BHH (56%), CCU / HDU SH (57%), 10 GHH (60%), 17 SH (60%), 12 GHH (61%), 11 GHH (63%), 20B SH (65%), 23 CCU GHH (67%), 28 BHH (68%), AMU GHH (69%), 8 SH (69%), 2 BHH (71%), 10 BHH (71%), 23 HASU BHH (73%), 15 GHH (74%), 20 AMU 1 BHH (75%), 30 BHH (75%), 4 BHH (76%), 3 BHH (77%), 26 BHH (77%), 24 GHH (77%), 15 SH (77%), AMU SS SH (78%), 5 BHH (79%), 8 BHH (79%), 29 BHH (79%)
33	Antibiotic STAT Doses <i>Average time taken for doses administered after 1 hour</i>			In Month Position Aug-16
34	Parkinsons Medication <i>% of Parkinsons medication administered within 30 minutes</i>			In Month Position Aug-16

Ref	Indicator Name	Target	Performance	Wards / Areas Not Achieving Target				
35	Guardrails © Medication Safety Software (for IV systems) % compliance with use of Guardrails © medication safety software			In Month Position Aug-16				
Care Quality Metrics								
36	Care Quality Metrics: Overall Clinical Score % compliance with overall care quality metrics	≥95%		In Month Position Aug-16 97% ED GHH (69%), 23 ASU BHH (86%), 7 BHH (91%), AMU SS SH (91%), 8 BHH (92%), 2 BHH (93%), 22 HDU / ITU BHH (93%), 12 BHH (94%), Delivery Suite BHH (94%)				
37	Care Quality Metrics: Observations % compliance with observations indicator	≥90%		In Month Position Aug-16 98% ED GHH (73%)				
38	Care Quality Metrics: Fluid Balance % compliance with fluid balance indicator	≥90%		In Month Position Aug-16 94% 2 BHH (68%), 7 BHH (71%), 24 BHH (71%), 22 AMU 2 BHH (80%), 10 GHH (81%), 23 ASU BHH (83%), AMU SS SH (83%), 29 BHH (85%), 9 BHH (88%), 20B SH (88%)				
39	Care Quality Metrics: Nutritional Assessment % compliance with nutritional assessment indicator	≥90%		In Month Position Aug-16 95% 23 ASU BHH (62%), 8 BHH (76%), AMU SS SH (81%), 8 SH (83%), 12 BHH (84%), Rowan BHH (87%), 9 GHH (88%), 7 BHH (89%)				
40	Care Quality Metrics: Blood Glucose Monitoring % compliance with blood glucose monitoring indicator	≥90%		In Month Position Aug-16 96% 2 BHH (50%), 12 BHH (83%), 24 GHH (84%), 8 SH (88%), Rowan BHH (89%)				
Admissions, Discharges & Transfers								
41	ADTs % of discharges completed within 2 hours	≥100%		In Month Position Aug-16 79.85% Top exception areas: 22 HDU / ITU GHH (13%), ITU BHH (17%), 29 BHH (23%), 4 HDU BHH (25%), 8 GHH (28%), Eden BHH (29%), Rowan BHH (32%), Endoscopy BHH (32%), 6 CCU BHH (38%), 21 ECAU BHH (41%), 23 ASU BHH (41%), 2 BHH (46%), 14 GHH (49%), HDU BHH (50%), Endoscopy SH (52%), 7 BHH (54%), 30 BHH (56%), 7 GHH (56%), 6 BHH (58%)				
Dementia								
42	Dementia Screening % of eligible patients screened for dementia	≥90%		In Month Position Aug-16 87.69% 15 SH (0%), HDU BHH (50%), 15 GHH (50%), 5 BHH (56%), 4 BHH (60%), 12 GHH (71%), 14 GHH (71%), 23 HASU BHH (75%), 8 GHH (75%), 17 SH (79%), 11 SAU BHH (80%), 10 BHH (81%), 12 BHH (81%), 10 GHH (82%), 19 BHH (83%), 28 BHH (83%), 23 CCU GHH (83%), AMU SS GHH (83%), 19 SH (83%), 21 ECAU BHH (86%), Recovery at Home (86%), 20B SH (86%), 3 BHH (88%), 22 AMU 2 BHH (88%), 24 BHH (88%), 16 GHH (88%), 23 ASU BHH (89%), 8 SH (89%)				
CQUINS								
43	Sepsis Screening % of eligible patients screened for sepsis	≥90%		In Month Position Quarter 1				
44	Sepsis Antibiotic Administration % of patients prescribed antibiotics within 1 hour fo presenting	≥90%		In Month Position Quarter 1				
Nurse Staffing								
45	UNIFY Compliance Overall compliance in month	≥90%	<table border="1"> <thead> <tr> <th>Qualified Compliance</th> <th>HCA Compliance</th> </tr> </thead> <tbody> <tr> <td>96%</td> <td>102%</td> </tr> </tbody> </table>	Qualified Compliance	HCA Compliance	96%	102%	Hot spot areas: 7 BHH, 23 ASU BHH, 23 HASU BHH, 24 NIV BHH, HDU BHH, ITU BHH, 30 BHH, 22 HDU / ITU GHH, 23 CCU GHH, 14 SH, 17 SH
Qualified Compliance	HCA Compliance							
96%	102%							
46a	Registered Vacancy Position Number of WTE Vacancies for registered nursing staff			In Month Position Aug-16 262.11				

Ref	Indicator Name	Target	Performance	Wards / Areas Not Achieving Target
46b	Unregistered Vacancy Position Number of WTE Vacancies for unregistered nursing staff		 In Month Position Aug-16: 28.83	
47	Care Hours per Patient Day Number of care hours per patient day		 In Month Position Aug-16: 7.80	
48a	Sickness: Registered Staff % of nursing & midwifery sickness in month	≤4%	 In Month Position Aug-16: 4.11%	
48b	Sickness: Unregistered Staff % of nursing & midwifery sickness in month	≤4%	 In Month Position Aug-16: 5.34%	
49	Turnover % of staff turnover		 In Month Position Aug-16: 8.24%	
50	e-Rostering KPI: Unfilled Duties % of planned duty hours that were left unfilled	<30%	 In Month Position Aug-16: 14.1% 14 BHH (44%), Eden BHH (40%), Day Case Unit GHH (40%), 15/16 BHH (33%), 14 SH (30%), Castle Vale (30%)	
51	e-Rostering KPI: Additional Duties Number of duties rostered in addition to planned staffing levels	0	 In Month Position Aug-16: 1991 Top exception areas: Rowan BHH (165), 29 BHH (135), 8 GHH (125), 19 SH (117), 24 BHH (104), 21 ECAU BHH (83), AMU SS SH (82), 23 CCU GHH (79), 21 GHH (77), 8 SH (69), 17 SH (64), 2 BHH (60), 12 BHH (56), 8 BHH (49), 30 BHH (48), 20A SH (47)	
52	e-Rostering KPI: Unavailability % of leave and unavailability		 In Month Position Aug-16: 30.7% Top exception areas: Theatres 6&7 BHH (48%), 16 HD BHH (46%), ED Paeds BHH (42%), Theatres Twin BHH (40%), 8 SH (39%), 15/16 BHH (38%), 20B SH (38%), NNU BHH (37%), 14 BHH (37%), Maple BHH (37%), Theatres Day Surgery BHH (36%), Rowan BHH (36%), Renal Unit SH (36%), ED GHH (36%)	
53	e-Rostering KPI: Temporary Staffing % of duties filled by bank and agency staff	<20%	 In Month Position Aug-16: 19.6% Top exception areas: Rowan BHH (58%), Theatres 6&7 BHH (52%), 21 ECAU BHH (40%), 29 BHH (38%), Theatres Day Surgery BHH (34%), Theatres Twin BHH (33%), 8 GHH (32%), 20B SH (32%), AMU SS SH (32%), 19 SH (32%), 23 BHH (31%), 3 BHH (31%), 2 BHH (31%), 8 SH (30%), 24 BHH (30%)	
Patient Experience				
54	Complaints Backlog Number of complaints older than 31st July 2016		 In Month Position Aug-16: 233	
55	Live / Open / Active Complaints Number of active complaints (excluding 53.Backlog)		 In Month Position Aug-16: 99	
56	New Complaints Received Number of new complaints received in month		 In Month Position Aug-16: 105	
57	Complaints Response Rate % of complaints responded to within 30 days or less	≥80%	 In Month Position Aug-16: 17%	
58	Care Quality Metrics: Complaints Acknowledged % of complaints acknowledged within 2 working days by Division	≥90%	 In Month Position Aug-16: 17%	

Ref	Indicator Name	Target	Performance	Wards / Areas Not Achieving Target
59	Care Quality Metrics: Complaints Escalated to Chief Nurse <i>% of complaints escalated to Chief Nurse for concerns within 15 working days by Division</i>	≥90%		In Month Position Aug-16
60	Friends & Family Test: Inpatients <i>% response rate</i>	≥30%		In Month Position Aug-16 34%
61	Friends & Family Test: Inpatients <i>Positive responder score</i>	≥95%		In Month Position Aug-16 94%
62	Friends & Family Test: Emergency Departments <i>% response rate</i>	≥20%		In Month Position Aug-16 20%
63	Friends & Family Test: Emergency Departments <i>Positive responder score</i>	≥95%		In Month Position Aug-16 83%
64	Care Quality Metrics: Patient Safety & Dignity <i>% compliance with patient safety and dignity indicator</i>	≥90%		In Month Position Aug-16 100%
65	Compliments <i>TBC</i>			In Month Position Aug-16
66	Wards / Departments with improvement plans		28 BHH have a rectification plan – making good progress Delivery Suite BHH issued QUIP for Care Quality Metrics; ward improvement plans issued to 4 GHH & 5 GHH for non compliance with ADTs. AMU SS SH, 23 ASU & HASU BHH have a long term strategy. 2 BHH ongoing – AHN now providing additional support; 12 BHH – good progress made to date, gradual improvement.	
67	Areas of good practice		Critical Care – IR2s. Childrens Services – positive stories received via patient opinion; discussions in place with BCH to look at joint working; two new matrons due to start Nov-16. Good Hope maternity bereavement workers has been shortlisted for a National Butterfly award; GHH maternity services have been awarded full baby friendly breastfeeding accreditation for second time.	

HEART OF ENGLAND NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

MONDAY 24 OCTOBER 2016

Title:	Finance Report to 30 September 2016
Responsible Director :	Julian Miller, Interim Director of Finance
Contact	Ext. 40411

Purpose	To provide an update on the Trust's finances for the period ending 30 September 2016 (Month 6 2016/17).
Confidentiality Level & Reason	Confidential
Annual Plan Ref	
Key Issues Summary:	<ul style="list-style-type: none">• The Trust has submitted a planned deficit of (£13.6m) for the 2016/17 financial year in line with the control total.• The year-end forecast was subsequently revised to a deficit of (£19.0m) following confirmation that emergency readmissions penalties totalling (£5.4m) will still be imposed by commissioners.• The current forecast deficit is (£24.8m) as NHSI have confirmed that organisations which do not achieve their original control totals will forgo at least one quarter of STF funding (£5.8m).• The Trust has reported an actual I&E deficit of (£1.1m) in month 6 (September 2016), a favourable variance of £0.7m against the plan for the month.• The cumulative I&E deficit at Q2 is (£11.1m) which represents a favourable variance of £0.5m against the year to date plan of (£11.6m).• The in month position includes £0.4m of donated asset income which is not included within the evaluation of delivery against plan for the purposes of STF.• The year-end forecast remains at (£19.0m) with full STF as a result of the significant increase in the savings required in the last two quarters of the financial year.• The cash balance is £23.2m at 30 September 2016.• The Financial Sustainability Risk Rating remains at 2 as a result of achieving the planned I&E variance.
Recommendations	<p>The Council of Governors is requested to:</p> <ul style="list-style-type: none">• Receive the contents of this report.

Approved by:	Julian Miller	18 October 2016
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HEART OF ENGLAND NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

MONDAY 24 OCTOBER 2016

FINANCE REPORT FOR THE PERIOD ENDING 30 SEPTEMBER 2016

PRESENTED BY THE INTERIM DIRECTOR OF FINANCE

1. Introduction

This report covers the first six months of 2016/17 financial year, April to September 2016. The report summarises the Trust's financial performance and includes information on healthcare activity, expenditure variances and Cost Improvement Programme (CIP) delivery.

The financial plan agreed at Board of Directors on 4 April 2016 included a forecast deficit of (£13.6m) for 2016/17, in line with the control total mandated by NHS Improvement as a condition of accessing the Sustainability and Transformation Fund (STF). It has subsequently been determined that emergency readmissions penalties (£5.4m) can still be levied by commissioners, contrary to the assumptions made in the Trust's Financial Plan, and therefore the forecast was revised to a deficit of (£19.0m) for 2016/17, subject to full achievement of planned efficiency savings and full receipt of STF.

Following the release of guidance on accessing the STF, it has become clear that the Trust will not receive the final quarter of the fund (circa £5.8m) if the year-end deficit exceeds the control total of (£13.6m). As such the year end forecast has been further revised to a (£24.8m) deficit.

The Trust has reported a deficit of (£1.1m) for September 2016 (month 6). This is a favourable variance of £0.7m against the planned deficit of (£1.8m). This moves the year to date deficit to (£11.1m) which is a favourable variance of £0.5m against plan. It should be noted that the in month position includes £0.4m of donated asset income which is excluded from the evaluation of delivery against plan for the purposes of accessing STF.

Whilst the quarter 1 and 2 results were in line with the control total deficit trajectory, the Trust is still projecting a year end deficit in the region of (£19.0m) with full STF or (£24.8m) after loss of quarter 4 STF. This is as a result of the risk to delivering the additional savings profiled into the second half of the financial year.

The cash balance at the end of September is £23.2m against a planned overdraft of (£0.1m) at this point, a favourable movement of £23.3m. The previously introduced cash management initiatives are continuing and with careful continued management it is anticipated that the need for interim revenue support (Distressed Finance) can be pushed back to early January.

The national picture remains very challenging and on 7 October 2016, Trusts received notification from NHSI that a series of additional measures and protocols were to be introduced with immediate effect. These include further information requests on agency expenditure and a protocol and assurance statement for Trusts

wishing to adversely adjust their financial forecast during the year. Further information on this is provided within section 8 below and appendix 2.

2. Income & Expenditure

2.1 Summary Position

The Trust's income and expenditure position as at the end of September is a (£11.1m) deficit against the plan of (£11.6m) deficit and the forecast trajectory of (£14.3m) deficit.

Table 1 below details the actual income and expenditure deficit compared to the planned trajectory submitted to NHS Improvement.

Table 1: I&E – Normalised Actual vs Plan and Revised Forecasts

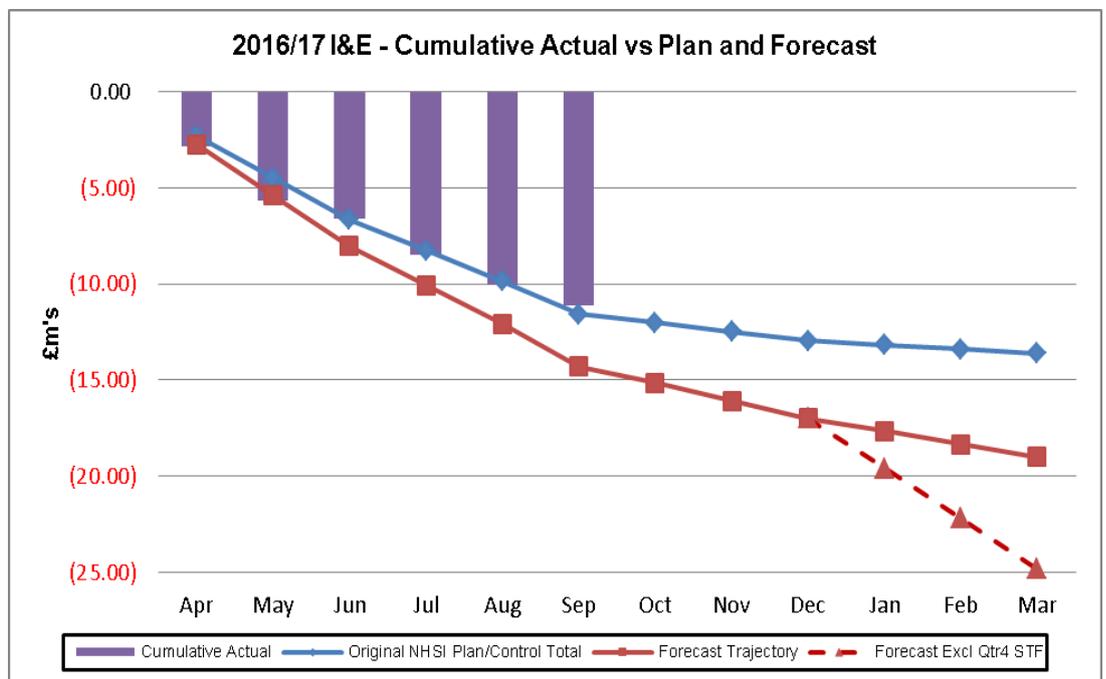


Table 2 below summarises the Trust's income and expenditure position at the end of September with analysis of operating expenditure from section 2.2 and operating revenue from section 2.6 below.

Table 2: Income and Expenditure Plan vs Actual

	In Month Plan August	In Month Actual August	In Month Variance	YTD Plan September	YTD Actual September	Variance
	£m	£m	£m	£m	£m	£m
Operating Revenue	59.2	58.3	(0.9)	355.2	356.5	1.4
Operating Expenses	(58.9)	(57.4)	1.6	(354.6)	(355.9)	(1.2)
EBITDA	0.3	0.9	0.6	0.5	0.7	0.2
Depreciation	(1.4)	(1.4)	(0.0)	(8.5)	(8.6)	(0.0)
Interest Receivable	0.0	0.0	0.0	0.0	0.0	0.0
Interest Payable	(0.1)	(0.0)	0.0	(0.3)	(0.1)	0.2
PDC Dividend	(0.5)	(0.5)	(0.0)	(3.2)	(3.2)	(0.0)
Other Finance Costs	0.0	0.0	0.0	0.0	0.0	0.0
Surplus/(Deficit)	(1.7)	(1.1)	0.7	(11.5)	(11.1)	0.4
Gain/(Loss) on Asset Disposal	(0.0)	(0.0)	(0.0)	(0.1)	(0.0)	0.0
Total Surplus/(Deficit) Before Impairments	(1.8)	(1.1)	0.7	(11.6)	(11.1)	0.5
Impairment (Losses) / Reversals	0.0	0.0	0.0	0.0	0.0	0.0
Surplus / (Deficit) After Impairments	(1.8)	(1.1)	0.7	(11.6)	(11.1)	0.5

2.2 Operating Expenditure Analysis

The favourable operating expenditure variance against plan of £1.6m in month and adverse variance of (£1.2m) year to date can be broken down as detailed in table 3 below.

Table 3: Breakdown of Variance Against Plan

	In Mth Plan September	In Mth Actual September	Variance	YTD Plan September	YTD Actual September	Variance
	£m	£m	£m	£m	£m	£m
PAY						
Medical Staff	10.1	10.3	(0.2)	59.9	62.2	(2.3)
Nursing	14.3	14.9	(0.6)	84.8	89.9	(5.1)
Scientific & Technical	5.1	5.2	(0.1)	30.5	30.2	0.2
Other	7.8	6.9	0.9	48.8	41.1	7.7
Total Pay	37.3	37.3	(0.0)	224.0	223.4	0.6
NON PAY						
Drugs	5.9	6.5	(0.7)	35.3	35.9	(0.6)
Clinical Supplies & Services	5.6	5.6	0.0	34.4	34.6	(0.2)
Other	10.2	7.9	2.2	61.0	62.0	(1.0)
Total Non Pay	21.6	20.0	1.6	130.7	132.5	(1.8)
GRAND TOTAL	58.9	57.4	1.6	354.6	355.9	(1.2)

The main areas of pay and non-pay variance are explored further in sections 2.3 to 2.5 below.

2.3 Pay Analysis

The main areas of pay variance relate to Medical and Nurse staffing.

2.3.1 Medical Staffing

Tables 4.1 and 4.2 below detail the monthly expenditure for medical staff split between consultant and non-consultant posts respectively.

Total medical expenditure was £10.3m in September, which is £0.1m lower than both the expenditure in August and the average monthly expenditure in

months 1 to 5. This reduced expenditure is despite the number of unfilled bookings reducing in a number of previously hard to fill areas.

The month 6 expenditure on consultant medical staff was £5.9m which is broadly in line with month 5 and represents an overspend of (£0.2m) against the budget during the month. Month 6 expenditure on non-consultant staff was £4.4m which is in line with both month 5 actuals and the monthly budget.

Table 4.1: Senior Medical Expenditure per Month

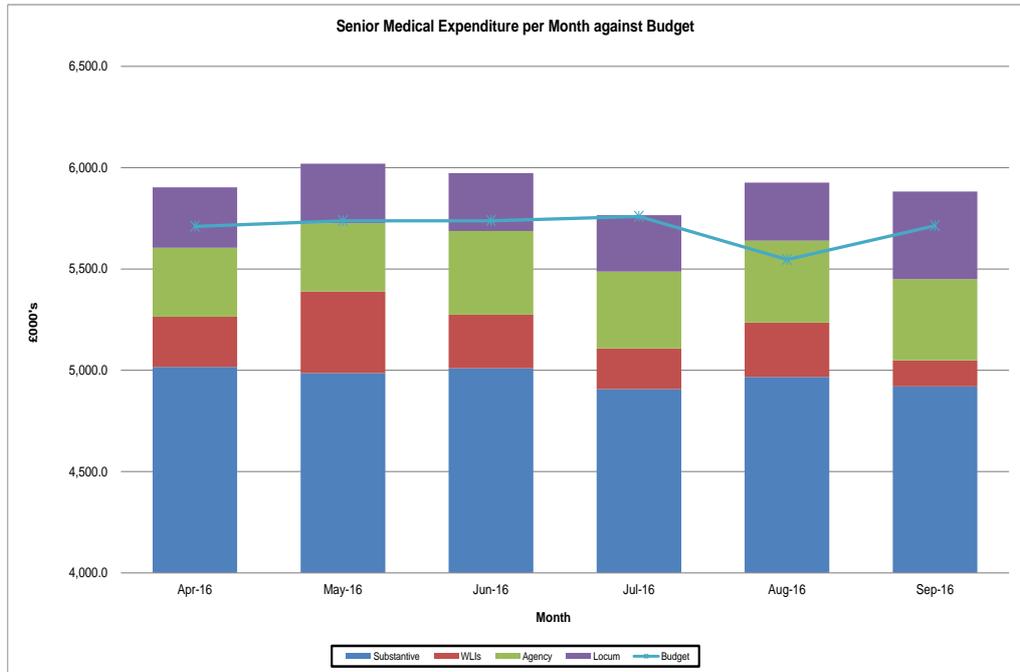
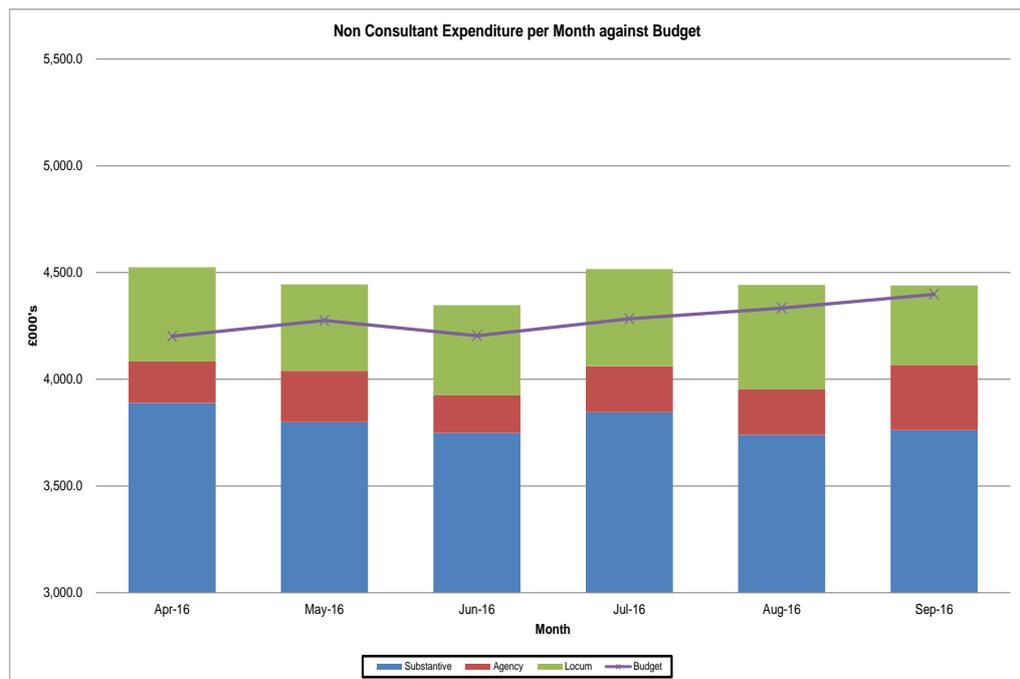


Table 4.2: Non-Consultant Medical Expenditure per Month



2.3.2 Nursing

Table 5 below details the monthly expenditure on nursing compared to the budget.

Table 5: Monthly Nursing Expenditure



Total nursing expenditure in September was £14.9m a decrease of £0.4m on the expenditure in August but still (£0.6m) above budget. The main pressures in nursing expenditure remain in Division 3 (Emergency Care) and Division 4 (Medicine) as a result of flex capacity remaining open and acuity pressures across the wards.

2.4 Non Pay Expenditure

2.4.1 Drugs and Clinical Supplies and Services

The expenditure on drugs and clinical supplies is (0.8m) above plan for the year to date, with an adverse variance of (£0.6m) during September. Drugs have increased across both Divisions 1 (CSS) and 5 (Surgery) and the main increase in clinical supplies was in Div 2 (Womens and Childrens) across medical and surgical consumables and patient appliances.

2.4.2 Other Non-Pay

There has been a favourable variance of £2.2m during September in other non-pay bringing the year to date adverse variance to (£1.0m). The movement is predominantly due to a release of bad debt provision of £2.1m following the Trust conceding on a number of payment challenges from commissioners. The opposite effect of this is a reduction of (£2.1m) NHS clinical income as described in section 2.6 below.

2.5 Divisional Performance

Table 6 below details the budgetary variance by Division split by expense type. The "Income" expense type refers to Category C income such as SLA income from other organisations; it does not refer to NHS Clinical Income. This will be detailed in section 2.6 below.

Table 6: Variance Breakdown by Division

Division	ExpenseGroupDesc	In Month Budget - £000's	In Month Actual - £000's	In Month Variance - £000's	YTD Budget - £000's	YTD Actual - £000's	YTD Variance - £000's
D1	INCOME	(600.4)	(607.9)	7.5	(2,637.5)	(2,707.3)	69.8
	NON PAY EXPENDITURE	2,767.9	2,878.3	(110.4)	15,094.4	15,797.8	(703.4)
	PAY EXPENDITURE	6,869.9	6,906.5	(36.6)	41,227.8	41,511.5	(283.7)
D1 Total		9,037.3	9,176.8	(139.5)	53,684.7	54,602.1	(917.4)
D2	INCOME	(416.2)	(422.6)	6.4	(2,496.6)	(2,527.1)	30.5
	NON PAY EXPENDITURE	1,127.2	1,200.8	(73.6)	6,200.3	6,756.5	(556.2)
	PAY EXPENDITURE	4,787.9	4,764.4	23.4	28,780.0	28,844.5	(64.5)
D2 Total		5,498.9	5,542.6	(43.8)	32,483.7	33,073.9	(590.3)
D3	INCOME	(321.5)	(397.9)	76.4	(1,858.0)	(1,809.3)	(48.7)
	NON PAY EXPENDITURE	2,623.5	2,638.9	(15.4)	16,072.8	17,035.5	(962.7)
	PAY EXPENDITURE	6,971.8	7,450.6	(478.8)	41,103.4	44,177.5	(3,074.1)
D3 Total		9,273.8	9,691.6	(417.8)	55,318.2	59,403.8	(4,085.6)
D4	INCOME	(229.5)	(258.1)	28.7	(1,386.6)	(1,450.7)	64.1
	NON PAY EXPENDITURE	4,630.8	4,785.6	(154.9)	26,997.4	27,962.4	(965.0)
	PAY EXPENDITURE	6,372.2	6,487.0	(114.9)	37,659.6	39,008.6	(1,349.0)
D4 Total		10,773.5	11,014.5	(241.1)	63,270.4	65,520.3	(2,249.9)
D5	INCOME	(121.8)	(242.5)	120.6	(864.9)	(1,187.8)	322.8
	NON PAY EXPENDITURE	3,804.7	3,467.9	336.8	21,240.6	20,047.6	1,192.9
	PAY EXPENDITURE	5,306.9	5,343.8	(37.0)	31,871.2	33,132.5	(1,261.3)
D5 Total		8,989.7	8,569.2	420.5	52,246.8	51,992.3	254.5
Grand Total		43,573.2	43,994.9	(421.7)	257,003.8	264,592.4	(7,588.6)

In overall terms the operational overspend is slightly below forecast levels but the main issues to be focused on by each Division are detailed below:

- Division 1 (CSS) - The current adverse variance within non pay is primarily driven by the need to outsource Radiology reporting which should reduce if the productivity gains assumed in the Financial Recovery Plan can be fully realised. The drivers of the adverse variance in pay are predominantly relating to temporary staffing within Theatres but also supernumerary Radiographers following recruitment.
- Division 2 (W&C) - Closing the gap in both the 2016/17 (currently identified non-recurrently) and 2015/16 CIP programmes, a total target of £542k year to date, £1,523k for the year.
- Division 3 (Emergency) - Nursing pressures including flex capacity, acuity issues and use of specials, a total pressure of £2,722k year to date, potential £5,350k for the year. The flex capacity at Solihull closed during August has remained closed but the use of RMN specialising has increased leading to the expenditure increasing by (£46k) during September. Work continues to identify how costs may be reduced recurrently through substantive recruitment.
- Division 4 (Medicine) - Nursing pressures including flex capacity and use of specials together with increased clinical supplies relating to Renal Dialysis programme, a total pressure of £1,621k year to date, potential £2,701k for the year. Work has been carried out within the Division on ways to reduce the requirement for RMN specialising in

particular with forecast trajectories of reduced expenditure being completed and monitored against.

- Division 5 (Surgery) - Medical pressures including unfunded rotas and use of waiting list initiatives, a total pressure of £972k year to date, potential £1,944k for the year. The close compliance with the new waiting list initiative policy is resulting in some reduction in costs together with a reduction in the number of unfunded posts. Ongoing progress against planned reductions will continue to be monitored against.

2.6 Income Analysis

2.6.1 Total Operating Income

Total operating income is £1.4m above plan year to date which represents a (£0.9m) adverse movement in September as shown in table 7 below.

Table 7 – Income against Plan

	In Mth Plan September £m	In Mth Actual September £m	Variance £m	YTD Plan September £m	YTD Actual September £m	Variance £m
Clinical - NHS	(53.9)	(52.8)	(1.2)	(323.5)	(325.5)	2.1
Clinical - Non NHS	(0.8)	(0.9)	0.1	(4.6)	(4.7)	0.1
Other	(4.5)	(4.6)	0.2	(27.1)	(26.3)	(0.8)
TOTAL	(59.2)	(58.3)	(0.9)	(355.2)	(356.5)	1.4

NHS Clinical Income is (£1.2m) below plan in September due to resolution of a number of payment queries with commissioners, totalling £2.1m. Whilst this has resulted in a reduction in income in September, it had been anticipated and is offset by the release of the bad debt provision within non pay.

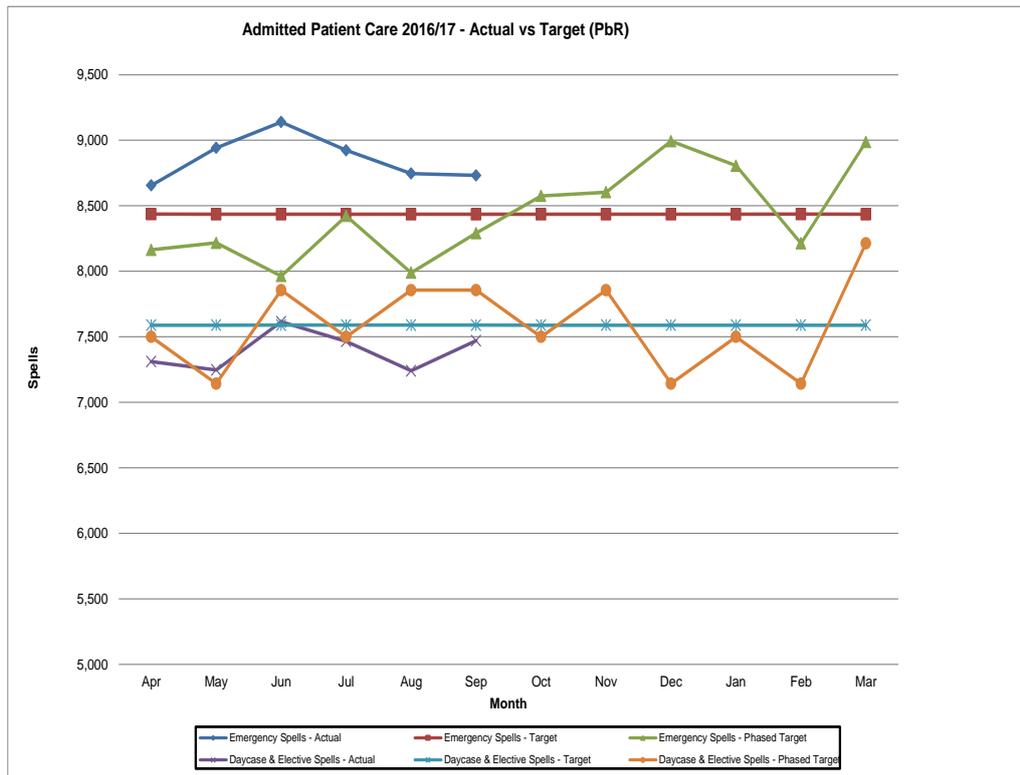
The year to date over-performance now equates to £2.1m predominantly due to £2.0m of over-performance relating to growth in Excluded Drugs and Devices.

This under-performance in NHS clinical income has been partially offset by a favourable variance of £0.2m against Other Operating Income predominantly as a result of improved RTA income against an evenly phased plan.

2.6.2 NHS Clinical Income/Activity - Inpatients

Table 8.1 below details the monthly admitted patient care (APC) spells against both the evenly phased and seasonally phased targets in September.

Table 8.1: Trust Inpatient Activity



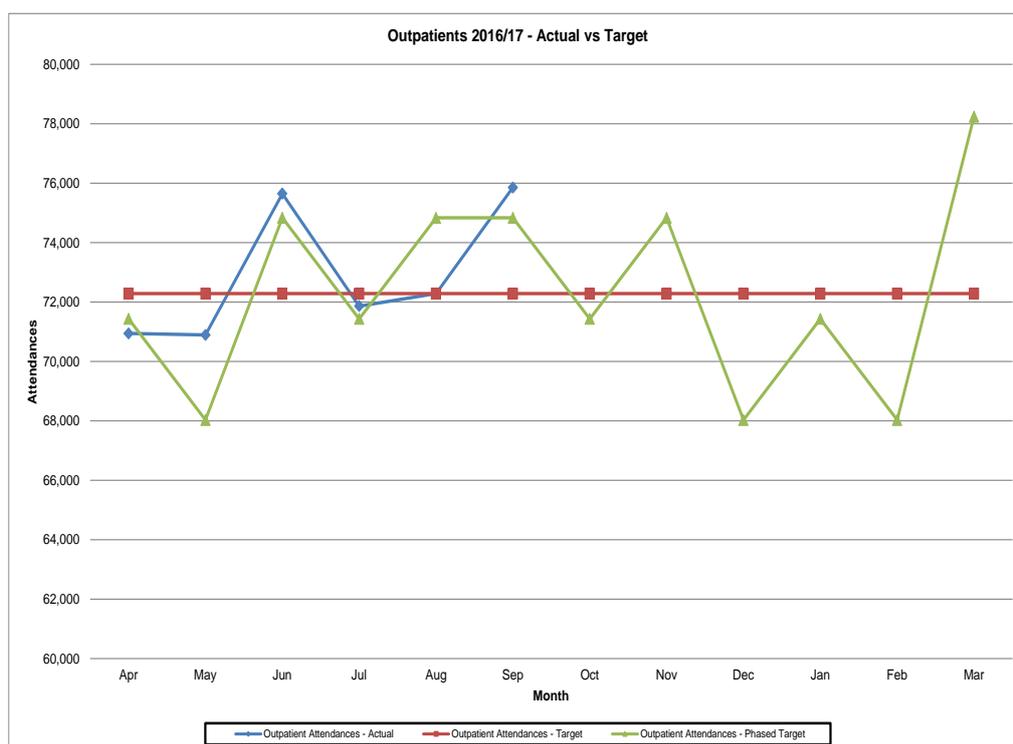
The September in-month activity position reflects a 3.5% over-performance in emergency pathways (297 spells) taking the year to date position to 5.0% over-performance (2,526 spells) against the evenly phased plan. A&E activity has shown 2.3% over-performance in September (496 attendances) taking the year to date position to 3.9% over-performance (5,060 attendances).

The in-month planned elective and daycase activity was (1.6%) below plan (119 cases) representing an improvement of 230 cases on August delivery and 95 cases on the average in months 1 to 5. This improves the year to date position slightly to (2.6%) below plan (1,185 cases) predominantly across surgical specialities.

2.6.3 NHS Clinical Income/Activity – Outpatients

Table 8.2 below details the monthly outpatient attendances compared to both the evenly phased and seasonally phased targets in September.

Table 8.2: Trust Outpatient Activity



Outpatient activity in month has over-performed by 4.9% (3,570 attendances) taking the year to date delivery to 0.9% above plan (3,786 attendances). Main areas of over-performance in month are Cardiology (979 attendances, 21.9%), Ophthalmology (898 attendances, 12.5%) and Dermatology (701 attendances, 20.3%). This has been offset by under-performance in month in Clinical Haematology/Oncology (812 attendances, 11.3%) and ENT (500 attendances, 7.7%).

2.6.4 Divisional Performance

Table 9 below details the variance against the evenly phased plan, split by Division and point of delivery but excluding performance on Excluded Drugs and Devices.

Table 9: Healthcare Income Variance vs Evenly Phased Plan

Division	Point of Delivery			Total - £000's
	IP - £000's	OP - £000's	Other - £000's	
1 - CSS	83	90	(1,783)	(1,610)
2 - W&C	(288)	36	4,397	4,144
3 - Emergency	2,344	1,501	(1,109)	2,736
4 - Medicine	(494)	1,002	1,050	1,557
5 - Surgery	(2,235)	(260)	(1,324)	(3,818)
Central Risks	0	0	(2,923)	(2,923)
Total	(590)	2,369	(1,692)	87

3. Cost Improvement Programmes

3.1 Current Year CIP Programme

The current year CIP performance by Division is detailed in table 10 below.

Table 10: CIP Delivery by Division

Division	Phased YTD Target - £000's	YTD Actual - £000's	YTD Var - £000's	Yr End Target - £000's	Yr End Forecast - £000's	Yr End Forecast Var - £000's
CORPORATE	490.4	442.7	(47.7)	970.2	1,132.2	162.0
FACILITIES	533.2	533.2	0.0	940.0	1,066.3	126.3
CSS	838.9	859.4	20.5	1,478.3	1,836.8	358.5
WOMENS & CHILDRENS	327.7	265.5	(62.2)	1,290.0	1,334.8	44.8
EMERGENCY CARE	882.3	771.9	(110.4)	2,459.7	2,365.2	(94.4)
MEDICINE	1,164.7	1,120.0	(44.7)	2,597.5	2,494.0	(103.5)
SURGERY	850.9	796.5	(54.4)	2,264.4	1,929.6	(334.8)
Total	5,088.1	4,789.2	(299.0)	12,000.0	12,159.0	159.0

The 2016/17 target for CIPs is £12.0m with a month 6 year to date phased target of £5.1m. Delivery year to date is £4.8m, or 94% of target, a (£0.3m) under-performance. Forecast delivery at the year-end has now surpassed the target at £12.2m, 101% of plan, albeit £1.7m of this forecast delivery is non-recurrent in year.

3.2 Financial Recovery Plan

Year 1 of the Trust's Financial Recovery Plan included agreed cross cutting schemes with saving opportunities of £6.3m, the delivery of which is detailed in table 11 below.

Table 11: Year 1 Cross Cutting Schemes

Workstream / Project	Scheme Start	In Year Benefit 2016/17 - £000's	In Mth Target - £000's	In Mth Actual - £000's	YTD Target - £000's	YTD Actual - £000's
Finance: OBS Restructure	Apr-16	235.8	19.7	19.7	117.9	117.9
Diagnostics: Radiology	Apr-16	332.5	28.8	22.0	159.5	100.3
Diagnostics: Pharmacy	Apr-16	193.9	16.2	16.2	97.0	97.0
A&C: Agency	May-16	665.0	60.5	50.0	302.3	248.3
A&C: Senior Structure Review	Jun-16	130.0	13.0	13.0	52.0	52.0
Theatres: Trustwide	Jun-16	1,004.4	86.7	86.7	308.9	308.9
Non Pay: Genesis	Jul-16	923.0	102.6	0.0	307.7	0.0
A&C: Band 2-5 Review	Aug-16	168.0	21.0	15.3	42.0	15.3
MARS	Sep-16	0.0	0.0	35.0	0.0	35.0
Non Pay: Standardisation of spend	Oct-16	1,168.0	0.0	0.0	0.0	0.0
Nursing: Nursing Associate Pilot	Oct-16	264.9	(2.6)	0.0	(2.6)	0.0
Nursing: ACP to replace locums	Oct-16	734.7	(13.4)	0.0	(80.3)	0.0
Length of Stay	Oct-16	521.0	0.0	0.0	0.0	0.0
Grand Total		6,341.2	332.4	257.9	1,304.3	974.7
Offset by Tactical CIP		(896.2)	(80.5)	(80.5)	(393.9)	(393.9)
Plan Total		5,445.0	251.8	177.4	910.4	580.9

The line for "Offset by Tactical CIP" is where schemes were identified within divisional schemes which overlapped with the cross cutting schemes.

This month has some delivery against the MARS scheme which has offset some slippage in other areas. The main area of slippage in month relates to the non-pay savings associated with the Genesis stock system. The implementation of this system has been slower than anticipated so contingency plans are being identified in order to mitigate the savings lost during 2016/17 financial year. Partial slippage continues on Radiology productivity and A&C agency schemes although the target associated with Theatre productivity has been achieved.

4. Statement of Financial Position

The Statement of Financial Position (Balance Sheet) shows the value of the Trust's assets and liabilities. The upper part of the statement shows the net assets after deducting short and long term liabilities with the lower part identifying sources of finance. Table 12 below summarises the Trust's Statement of Financial Position as at 30 September 2016.

Table 12: Statement of Financial Position

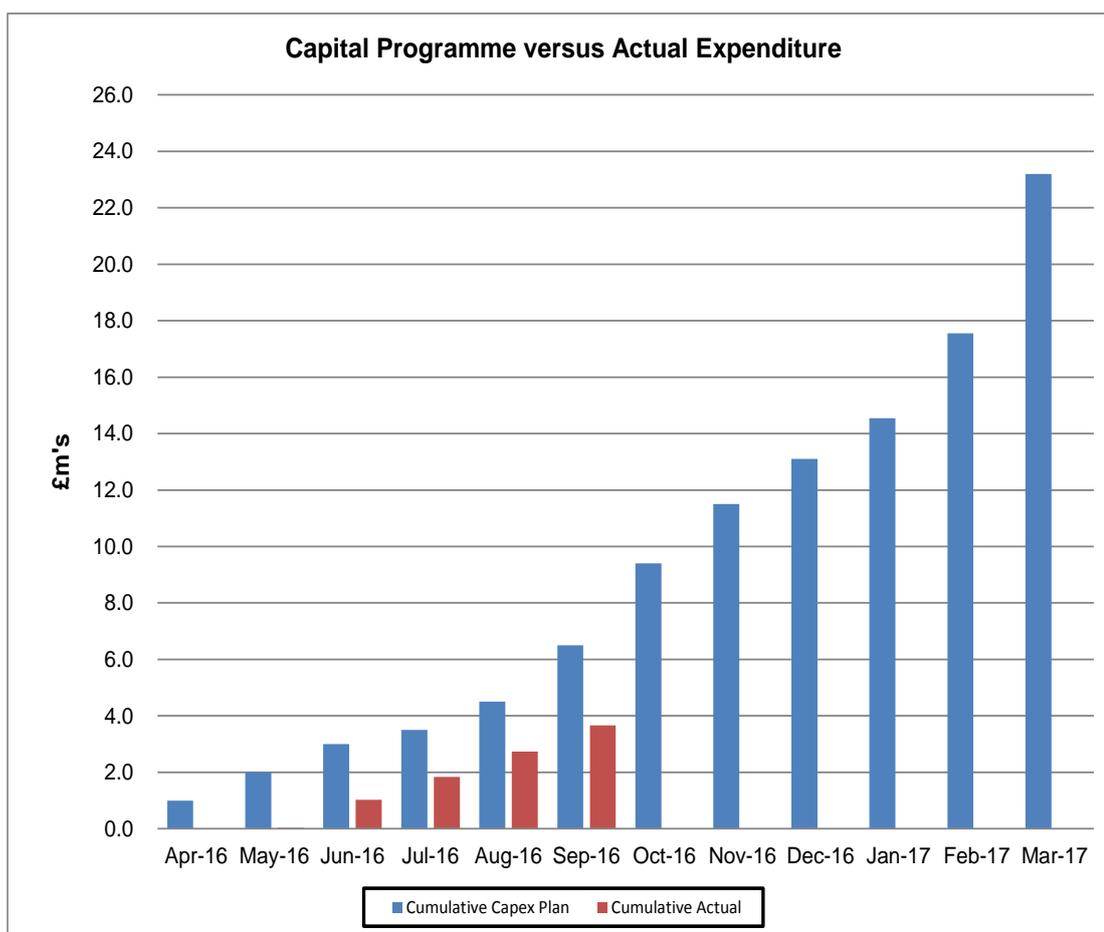
		Actual Mar-16 £m	Actual Sep-16 £m	Plan Sep-16 £m	Annual Plan Mar-17 £m
Non Current Assets:					
	Property, Plant and Equipment	260.1	248.2	238.1	246.0
	Intangible Assets	2.8	10.1	11.8	12.1
	Trade and Other Receivables	1.3	1.5	1.5	1.5
	Other Assets	4.0	3.9	4.0	3.9
	Total Non Current Assets	268.2	263.8	255.4	263.6
Current Assets:					
	Inventories	9.1	12.8	10.0	10.0
	Trade and Other Receivables	20.8	36.6	43.1	35.0
	Other Financial Assets	0.0	0.0	0.0	0.0
	Other Current Assets	8.1	12.5	11.0	11.0
	Cash	31.5	23.2	(0.1)	21.2
	Total Current Assets	69.5	85.1	64.0	77.2
Current Liabilities:					
	Trade and Other Payables	(86.6)	(104.9)	(92.2)	(92.1)
	Borrowings	(0.5)	(0.5)	(0.5)	(0.5)
	Provisions	(6.0)	(5.6)	(5.6)	(4.4)
	Tax Payable	0.0	0.0	0.0	0.0
	Other Liabilities	(7.0)	(11.6)	(6.5)	(6.5)
	Total Current Liabilities	(100.1)	(122.6)	(104.7)	(103.5)
Non Current Liabilities:					
	Borrowings	(3.7)	(3.5)	(3.3)	(3.0)
	Provisions	(5.9)	(5.9)	(6.5)	(6.5)
	Other Liabilities	0.0	0.0	0.0	0.0
	Total Non Current Liabilities	(9.6)	(9.3)	(9.8)	(9.6)
TOTAL ASSETS EMPLOYED		228.1	216.9	204.8	227.8
Financed by:					
	Public Dividend Capital	196.7	196.7	196.7	221.7
	Income and Expenditure Reserve	(24.4)	(34.9)	(36.0)	(36.9)
	Donated Asset Reserve	(0.2)	(0.2)	(0.2)	(0.2)
	Revaluation Reserve	56.0	55.3	44.3	43.1
	Merger Reserve	0.0	0.0	0.0	0.0
TOTAL TAXPAYERS EQUITY		228.1	216.9	204.8	227.8

5. Capital Expenditure (Non-Current Assets)

The Trust's current capital programme totals £23.2m. This reflects the £17.1m internally funded capital together with £6.1m of capital associated with year 1 of the wider estates programme under discussion with DH and the Treasury.

The planned phasing of this expenditure during 2016/17 together with the actual spend to date is detailed in table 13 below.

Table 13: Capital Programme Trajectory vs Actuals



The expenditure to the end of September 2016 was £3.7m against a plan of £6.5m. The slow start to the year indicates that the slippage may not be recovered by the end of the financial year. The team have worked with operational colleagues and current year end forecast spend is likely to be around £17.9m, including circa £4.7m of contingency funding which is yet to be allocated. The main reduction in the capital forecast is a result of the reduced costs of ACAD and the Tower Block. Further details are provided in appendix 1.

6. Current Assets

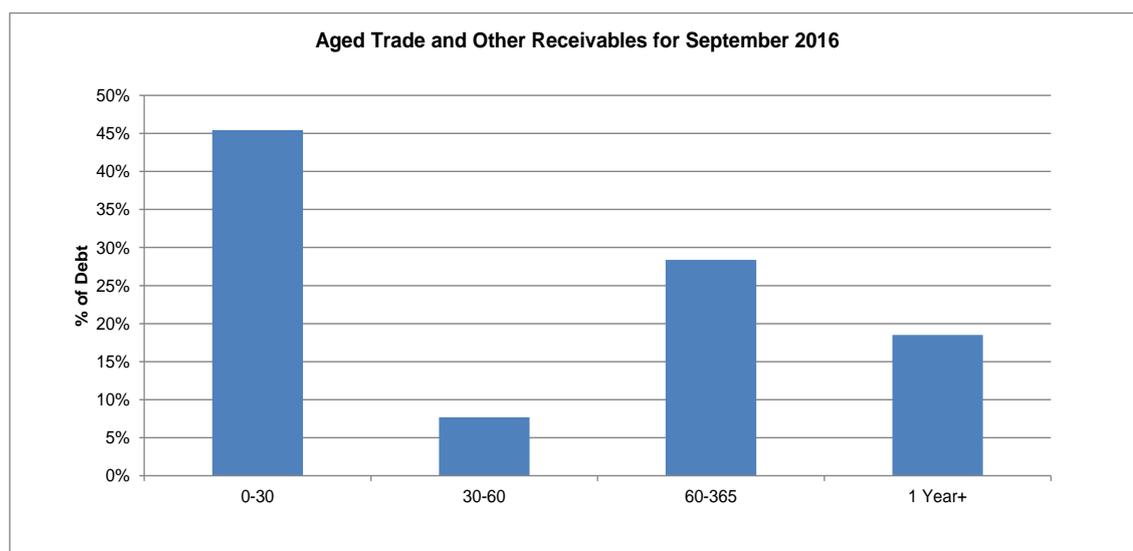
The Trust's total current assets (excluding cash and inventories) amount to £49.1m at 30 September 2016, £5.0m lower than plan.

Table 14: Analysis of Current Assets (excluding Inventories and Cash)

	YTD Actual September 2016 £m	YTD Forecast September 2016 £m
Trade Receivables	46.4	53.3
Bad Debt Provision	(11.2)	(12.6)
Other Receivables	1.4	2.3
Trade and Other Receivables	36.6	43.1
Accrued Income	3.6	3.5
Other Financial Assets	3.6	3.5
Prepayments	8.9	7.5
Other Current Assets	8.9	7.5
TOTAL	49.1	54.1

Analysis of the age profile of Trade Receivables (unpaid invoices issued by the Trust) is summarised in table 15 below.

Table 15: Aged Debt Analysis



Overdue debt now stands at £10.5m an increase of (£0.4m) on August 2016. The top 3 balances (outside of CCG Healthcare Income contracts) are:

- Burton Hospitals Foundation Trust (£2.4m > 30 days, £2.7m total) – this is an overall decrease of £0.3m in the month both in total and the greater than 30 days. These balances relate to maternity charges and remain under discussion. A final offer has been sent to Burton in order to resolve and the Trust are awaiting a response.
- University Hospitals Birmingham (£1.0m > 30 days, £1.1m total) – the overall debt has decreased by £0.1m in month although the overdue debt has increased by (£0.2m). The debt predominantly relates to the Maxillofacial services which has been under discussion for some time. The Trusts are getting closer to a resolution on this issue with only one contract term left to resolve.

- Sandwell and West Birmingham Trust (SWBH) (£1.0m > 30 days, £1.3m total) – this is an overall increase of (£0.2m) in month both in total and the greater than 30 days. The majority of the debt (circa 97%) relates to maternity pathways which remain under discussion. The risk share proposal received from SWBH has been rejected and a counter offer has been made. The Trust awaits a response.

7. Cash Flow

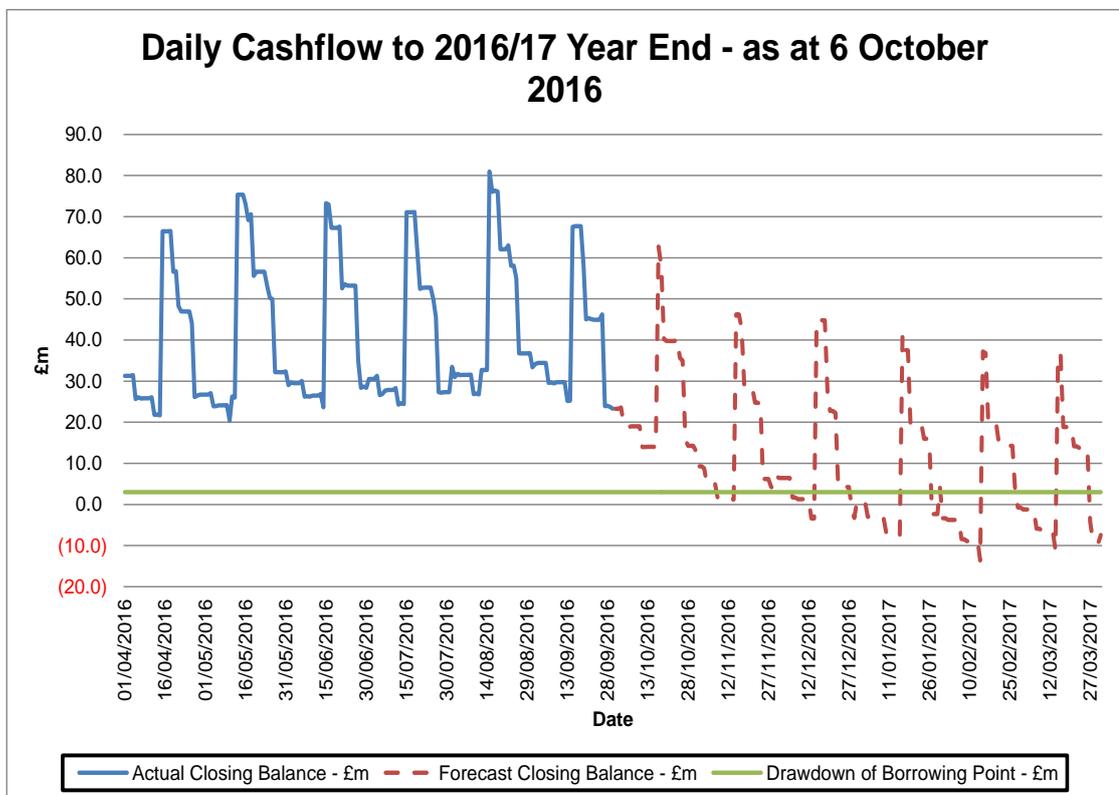
7.1 Current Position

The cash balance at the end of September 2016 was £23.2m, a decrease of (£10.2m) in month but still a positive variance on plan of £23.3m. A key movement in the cash balance in September is the payment of the first six months of PDC dividend of (£3.7m).

Table 16 below shows that the Trust move into overdraft for 2 days during December but with a reduced supplier payment during the early part of the month it is expected that this can be avoided, allowing the need for interim revenue support to be pushed back to early January 2017.

Subject to approval by the Board of Directors it is planned that the application for Distressed Financing will be submitted to NHSI by 14 November to allow access to the facility from 12 December.

Table 16: Daily Cashflow Forecasting as at 6 October



8. NHS Improvement Financial Sustainability Risk Rating

The score received via the Financial Sustainability Risk Rating (FSRR) informs NHS Improvement's (NHSI's) regulatory approach towards the trust in question.

The score ranges from 1 to 4 with 4 being the best and 1 being the worst. The regulatory approach indicated by each of the scores is:

- FSRR of 4 - Indicates that there are no evident concerns and so no regulatory activity is required. Monthly and quarterly returns are still required but Board sign off is not.
- FSRR of 3 - Indicates that there are emerging or minor concerns potentially requiring scrutiny and so potential enhanced monitoring is required. Monthly and quarterly returns are still required but Board sign off is not. Additional information returns may be required.
- FSRR of 2* - Indicates that there is a material level of risk but there is a high degree of confidence in the provider maintaining or improving its financial position. The reporting requirements will remain as with an FSRR of 3.
- FSRR of 2 - Indicates that there is a material level of risk and potential investigation is required. Depending on the level of concern NHSI's response may include "immediate issues requiring action" or "an increased level of risk requiring closer monitoring".
- FSRR of 1 - Indicates that there is significant risk and likely investigation together with potential appointment of contingency planning team. This will lead to closer monitoring by collecting financial information on a monthly or more frequent basis.

The four criteria evaluated, the weighting placed on each of them and the scoring rationale is detailed in table 17 below.

Table 17: Scoring Mechanism for FSRR

Metric	Weight	FSRR			
		4	3	2	1
Capital Service Cover	25%	2.50	1.75	1.25	<1.25
Liquidity	25%	0.0	(7.0)	(14.0)	<(14.0)
I&E Margin	25%	1%	0%	(1%)	<(1%)
I&E Margin Variance	25%	0%	(1%)	(2%)	<(2%)

Scoring a 1 on any metric will cap the weighted rating of an organisation to a 2.

The Trusts plan for 2016/17 assumes an FSRR of 1 throughout the financial year due to the income and expenditure deficit, the reduction in cash balances and the forecast deficit being in excess of the original planned deficit. However, in month 6 three of the four criteria are rated as 1 and the final is rated as 4 bringing the actual FSRR to a weighted average of 2.

The Single Oversight Framework published by NHS Improvement in September 2016 has revised this metric to the Use of Resource Metric with effect from 1 October 2016. This revised metric rates organisations from 1 to 4 with 1 being the best and 4 being the worst. Further information will be included in the report next month but self-

assessment against the new metric indicates that the Trust will be rated as 3 by the end of the financial year.

NHS Improvement and NHS England published the document 'Strengthening Financial Performance and Accountability in the NHS' in July 2016. They have now written to providers with a series of next steps and follow up actions, full details of which are in appendix 2, but the key points are:

- High pay bill growth - Some Trusts have seen high growth in the pay bill during the 2015/16 and 2016/17 financial years. NHSI have been working with organisations to review all business decisions made and will be seeking assurance that the Board approves all investment decisions even when within delegated authorisation limits.
- Agency staffing - Across the sector the reduction in agency usage is falling short of what is needed and NHSI believe that more must be done to reduce over-reliance on agencies. NHSI regional directors will be writing to Trusts with further actions required. However immediate steps have been taken requiring additional information on agency expenditure as part of the monthly NHSI returns, namely:
 - Monthly agency expenditure broken down by cost centre/service line
 - A list of top 20 highest earning agency staff (anonymised)
 - A list of agency staff that have been employed for more than 6 consecutive months (anonymised)
- Protocol for revising financial forecasts - It has been recognised that in exceptional circumstances it may be necessary for Trusts to revise their financial forecast adversely during the year. In order to demonstrate high standards of governance, consistency and transparency, a new protocol (including an assurance statement) has been introduced which all Boards must adhere to.

9. Conclusion

The annual plan provides for a year end deficit of (£13.6m). At Q2 the Trust has delivered a cumulative deficit of (£11.1m), representing a £0.5m favourable variance against the year to date plan of (£11.6m) deficit. This position includes £0.4m of donated asset income which is not included within the evaluation of delivery against plan for the purposes of STF.

Whilst the year to date performance is favourable to the plan, the Trust is still forecasting a year end deficit of (£19.0m) with full STF or (£24.8m) after loss of quarter 4 STF. This is as a result of the significant increase in savings profiled in the last two quarters of the financial year.

The Trust's cash balance as at 30 September 2016 was £23.2m which is £23.3m above the planned overdraft requirement of (£0.1m) at this point in the year. The latest cash forecast indicates that maintaining tight cash management controls will enable the Trust's need for interim cash support to be delayed until early January. Subject to Board approval the Distressed Finance application will be submitted by 14 November to allow access to the facility from 12 December.

10. Recommendations

The Council of Governors is requested to:

- Receive the contents of this report.

Julian Miller
Interim Director of Finance
14 October 2016

Appendix 1: 2016/17 Capital Expenditure Update

1. Purpose

This appendix provides a summary of capital expenditure in the 2016/17 financial year along with a short progress update on the major capital projects. An overview of the 2016/17 total capital investment, sources of financing and the impact of the Trust's cash balance is provided at the end of this document.

2. 2016/17 Capital Expenditure Summary

Actual capital expenditure at the end of quarter 2 was £3.7m as shown below compared to the approved £23.2m capital budget for the year. The Trust has recently reforecast capital expenditure of £17.9m by the end of the financial year. At month 6, £5.6m has been committed for the year to date as detailed in table 1 below.

Table 1: Summary 2016/17 Capital Programme

Capital Allocation	2016/17 Budget £m	2016/17 Reforecast Total £m	2016/17 YTD Orders Raised £m	2016/17 YTD Actual Expenditure £m
Division 1 Clinical Support Services	3.6	3.3	1.7	0.7
Division 2 Women's and Children's	0.3	0.3	0.3	0.3
Division 3 Emergency Care	0.5	0.5	0.4	0.4
Division 4 Medical Specialties	0.4	0.3	0.1	0.1
Division 5 Surgery	0.7	0.6	0.4	0.4
Radiology	1.3	1.3	0.0	0.0
Corporate Directorates	6.2	3.3	1.6	0.8
Facilities	2.6	2.5	1.2	1.0
Contingency	1.7	4.7	0.0	0.0
ACAD/Tower Block Development (externally funded)	6.1	1.1	0.0	0.0
TOTAL	23.2	17.9	5.6	3.7

3. Capital Programme Update

- Division 1 Clinical Support Services: £0.7m has been incurred in 2016/17 on Anaesthetic machines at Solihull and an Ultrasound machine at Good Hope. Work has started on the mortuary expansion at Good Hope. Orders totalling £0.6m have been raised for the Interventional Room at Heartlands. A case for leasing of Radiology equipment including a CT 16 slice scanner costing £0.7m is due to be presented to the Board of Directors on 24 October 2016. Potential savings of £0.3m are forecast for the year and are reflected in the reforecast.
- Division 2 Women's and Children's: All orders have been raised within Division 2 with £0.3m expenditure incurred to date on neonatal ventilators, resuscitaires and a baby tagging system. Small savings are forecast for the year and are reflected in the reforecast.
- Division 3 Emergency Care: £0.4m has been incurred for Solihull Urgent Care Centre, replacement of ECG machines at Solihull and Heartlands and Cardiology Holter monitors trustwide.

- Division 4 Medical Specialties: Expenditure to date of £0.1m includes hip scanning equipment and HEFT Community Defibrillators. Orders totalling £0.2m relating to the Renal Water Treatment Plant and central acid systems were approved by Capital Team at the end of September. Small savings are forecast for the year and are reflected in the reforecast.
- Division 5 Surgery: Expenditure to date of £0.4m includes payments for a laser machine, 6 bladder scanners, 3 ultrasound machines and mobility equipment. There is a small delay relating to resolving some IT issues surrounding Optical Coherence Tomographers. Small savings are forecast for the year and are reflected in the reforecast.
- Radiology: A further allocation of £1.3m for a replacement MRI scanner at Heartlands forms part of a leasing paper due to be presented to the Board of Directors on 24 October 2016.
- Corporate Directorates: £0.8m has been spent on Voice Platform, LAN (Local Area Network) and on modernisation items. £3.0m of the original budget is unlikely to be spent until 2017/18 and this has been moved to contingency in the reforecast.
- Facilities: £1.0m expended on estates projects including essential safety measures, medical equipment purchased for the library, fire damper works and replacement of winding gear for lifts. The remaining projects are expected to be completed within the financial year.
- Contingency: £1.7m remains unallocated from the original programme with a further £3.0m allocation from the potential IT slippage for this year.
- ACAD/Tower Block: Of the £6.1m original budget, £3.1m has been approved by the Department of Health (DoH) for the Ambulatory Care and Diagnostic Centre (ACAD) project. It is expected that only £1.0m will be spent in 2016/17 with the remaining £2.1m due to take place in quarters 1 to 3 of 2017/18.

4. Sources of Funding

This capital investment has been funded from the following sources:

- £17.1m Trust depreciation;
- £0.0m External funding (Badger Clinic); and
- £1.0m DoH funding for ACAD.

To maintain the Trust's overall cash balances, capital investment should be broadly balanced by the sources of funding. In 2016/17 the sources of funding total £18.1m.

7 October 2016

Wellington House
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Provider Chief Executives
Copied to Provider Finance Directors

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Dear colleague

Strengthening financial performance & accountability in 2016/17: next steps

On the 21 July 2016, NHS Improvement and NHS England published the document 'Strengthening Financial Performance and Accountability in the NHS', which sets out the pressing need to stabilise finances in the NHS and kick-start an expenditure reduction programme in 2016/17. Many providers have risen to this challenge and the sector achieved its aggregate financial plan at Quarter 1.

I am now writing to you ahead of Quarter 2 regarding a series of next steps and follow up actions.

High pay bill growth

NHS Improvement regional teams have been engaging with those Trusts that experienced high pay bill growth in 15/16 and 16/17 to better understand the business decisions and Board governance arrangements that supported this level of investment and led to Boards making a decision to invest in pay bill that their Trust could not afford.

NHS Improvement regional teams will be in touch this month to discuss the outcome of this work. In advance of these discussions please would you and your Board take the opportunity to fully review the investments in pay that the Trust has made over the past two years to ensure that this investment remains appropriate. Where investments have been undertaken without Board approval please could you ensure that your Board is content with any delegated decisions. NHS Improvement regional teams will be requesting Board assurance updates as part of the review meetings held in October 2016.

Agency staffing

I appreciate your hard work and the progress over the last year in reducing spending on agency staff. However, across the sector we are falling short of what is needed and must do more to reduce over-reliance on agencies. Regional directors will be writing to you shortly to set out further actions in relation to agency spending – some universal and some reserved for Trusts that are missing their agency expenditure ceiling. These will include:

- Greater transparency, including national publication and sharing of Trust-level agency expenditure across regions.
- Measures to ensure boards have sight of prices paid and spending at cost centre level and are actively holding executives to account on reducing agency expenditure across all parts of the Trust.

- Requiring Chief Executive oversight and further reporting to NHS Improvement across areas of high concern, including off-framework use, high-price overrides and on-call rates.
- Action in respect of high on-call rates, grade inflation, high bank rates and payments for hours not worked; these are often reported to us and we will work with trusts to understand where this is occurring and intervene.
- A closing down of the use of senior interims through a national approvals process and more effective use of internal NHS senior leadership capacity.
- An initiative to drive close local collaboration and mutual support on agency.

As an immediate step, to help your Trust and your relationship team develop a better understanding of your agency spending and where the biggest challenges are, we ask all NHS Trusts and Foundation Trusts to provide the following information at Quarter 2:

- a) Monthly agency spending broken down by cost centre/service line (request already sent to trusts on 3 October 2016).
- b) A list of your 20 highest-earning agency staff (anonymised, in the template provided in Appendix 1).
- c) A list of agency staff that have been employed for more than 6 consecutive months (also anonymised, in the template provided in Appendix 1).

A thorough understanding of service line data should also help you when identifying where services are being delivered by agency staff in an unaffordable and sub-optimal way. Work is ongoing to review services which are unsustainable for financial, quality or other reasons and it is expected that the plans being developed to provide many of these services in other ways will be reflected in the Operational Plan and STP process but where there are benefits to be realised in 2016/17 I would expect these plans to be pursued. Rotas supported by high cost agency usage in areas such as radiology may provide a particular opportunity.

Protocol for revising financial forecasts

The 'Reset' emphasises the responsibility of NHS Trust and Foundation Trust Boards to ensure the delivery of financial balance, whilst maintaining the quality of healthcare provision. It is however recognised that in exceptional circumstances it may be necessary for an NHS Trust or Foundation Trust Board to consider revising its financial forecast during the year. If these circumstances occur it is expected that the Trust Board's primary focus is the delivery of a recovery plan demonstrating the actions and mitigations that they will put in place to ensure that any deterioration in financial position is managed and recovered at the earliest possible time.

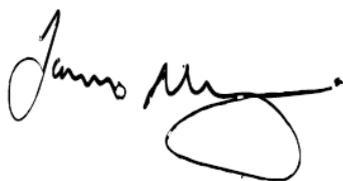
In order that NHS Trust and Foundation Trust Boards are able to demonstrate the highest standards of governance, and for the purposes of consistency and transparency, we are introducing a protocol for any adverse change to a financial forecast that we expect all Trust Boards to adhere to. A copy of the protocol and assurance statement is attached as Appendix 2a and 2b.

Publishing information

Finally, I would like to make you aware that from Quarter 2 NHS Improvement will be publishing Trust level financial and performance information in our quarterly report. An example of the type of information that will be published is contained within the attached Appendix 3 for your information. We also require all Trusts to clearly post their quarterly finance and performance reports on their Trust website in a transparent and timely manner.

I hope that this update is helpful. NHS Improvement will be working closely with you over the forthcoming months to support the delivery, and where possible improvement, in the Trust's forecast financial outturn for 2016/17 and beyond.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Jim Mackey', with a large, stylized flourish at the end.

Jim Mackey
Chief Executive

Enclosures

Appendix 1 – Template for Trusts with Highest Agency Usage
Appendix 2a – NHSI Protocol for Changes to an In-Year Financial Forecast
Appendix 2b – Template Assurance Statement
Appendix 3 – Publishing Quarterly Finance and Performance Information

Appendix 2a

Protocol for Changes to an In-Year Financial Forecast

1. Introduction

- 1.1 NHS Trusts and Foundation Trusts submitted financial plans for 2016/17 that in aggregate totalled a £580 million deficit. These plans were quality impact assessed and signed off by individual Trust Boards prior to submission.
- 1.2 The achievement of financial balance, whilst maintaining the quality of healthcare provision, is a key objective for all organisations. The future success of the NHS depends on providers and CCGs delivering or over achieving the plans that they have signed up to and Trust Boards must take organisational and personal accountability for meeting their financial and performance commitments.
- 1.3 In exceptional circumstances it may be necessary for an NHS Trust or Foundation Trust Board to reconsider its planned forecast outturn position. In this event, the Trust Board's primary focus must be the identification and delivery of a recovery plan that demonstrates the mitigating actions being implemented that ensure any proposed revision to forecast outturn is minimised, managed and fully recovered at the earliest possible time.
- 1.4 To demonstrate the highest standards of governance and for purposes of consistency and transparency, the protocol set out below should be followed by all Trust Boards considering the reporting of a deterioration in the forecast outturn against their planned position for the year.
- 1.5 The introduction of this protocol by NHS Improvement should not be taken by Trust Boards as permission to deteriorate financial positions. All reporting revisions must be accompanied by the actions required to return to planned positions.

2. Protocol

- 2.1 Revisions to forecast outturns can only be made once a Trust's plan for the year has been agreed and only at Quarter 2 and Quarter 3 reporting points in the year and can only be made through the standard quarterly reporting process.
- 2.2 In advance of formally reporting a forecast outturn variance from plan, Trusts are required to have discussed the financial deterioration with the NHS Improvement Executive Regional Managing Director and Regional Director of Finance.
- 2.3 This engagement must be underpinned with a Trust prepared report that clearly exemplifies:

- The key financial drivers for the deterioration;
- An analysis of the underlying causes;
- The actions being taken to address the deterioration and evidenced confirmation that:
 - Relevant commissioners have been informed of the position and all opportunities for support have been explored and the recovery actions agreed;
 - The senior clinical decision making body with the Trust has been engaged with and are party to the identification and delivery of the recovery actions;
 - The Trust Executive Committee, Finance Committee and Board have considered and agree the proposed financial forecast revision and recovery actions.

2.4 This recovery plan described must explicitly reference:

- Details of the additional measures immediately implemented to improve financial control and working capital/cash management, including capital programme review. This will include all discretionary spend, agency/locum spend, supplies and consumable spend and delegated commitment range and levels.
- Details of how the trust is reviewing:
 - The affordability of planned investments to improve service quality and performance;
 - The acceleration of the delivery of productivity opportunities identified by the Carter Review;
 - The acceleration of proposals for sub-scale service consolidation or closure;
 - The impact on patient safety and experience of recovery actions;
- The demonstration of quarter on quarter improvement in I&E run-rate from the point the revision is submitted and how CIP delivery is being maximised.

2.5 When a formal revision to outturn forecast under this protocol is made through the national reporting process, it must be accompanied by an Assurance Statement signed by the Trust Director of Finance, Chief Executive and Chair in respect of the organisation's adherence to this protocol and their commitment to the delivery of the Trust recovery plan. This statement will be addressed to the Chair and Chief Executive of NHS Improvement and will be formally reported to NHS Improvement's Board.

2.6 Monitoring arrangements will be determined by the Executive Regional Managing Director to ensure that focus and delivery is maintained.

Adverse Changes to Forecast Protocol - Board Assurance Statement

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (notes below)

**Board
Response**

Where a provider plans to make an adverse change to an in-year forecast it must be reported through the national reporting process and accompanied with this Board Assurance Statement which has been signed by the Trust Chair, Chief Executive and Director of Finance

For finance:

The Board has been fully briefed on the planned adverse change to forecast and has adhered to the NHS Improvement protocol for **'Adverse Changes to the In-Year Forecasts'** prior to requesting the change

All reporting revisions are accompanied with detailed actions to confirm how the position will be recovered and the original financial plan will be delivered

The Board is full committed to the delivery of the Trust recovery plan and will actively monitor the recovery plan milestones

In advance of formally reporting a forecast outturn variance from plan the Trust has discussed the financial deterioration and remedial actions with the NHS Improvement Regional Managing Director and Regional Director of Finance

For governance:

Relevant commissioners have been informed of the position and all opportunities for support have been explored and the recovery actions agreed

The senior clinical decision making body within the Trust has been engaged with and are party to the identification and delivery of the recovery actions

The Trust Executive Committee, Finance Committee and Board have considered and agree the proposed financial forecast revision and recovery actions

Board Declaration

I can confirm that in my capacity as a member of the Trust Board, I understand the financial forecast, its key drivers and where there has been a variance signalled, I can confirm that additional actions to deliver the original plan that was signed off by this Trust Board have been considered in full by Clinical Decision Making Groups the Finance Committee and the Board as a minimum

Signed on behalf of the board of directors

Signature _____

Signature _____

Name

Name

Capacity

Capacity

Date

Date

Signature _____

Signature _____

Name

Name

Capacity

Capacity

Date

Date

Publishing Quarterly Finance and Performance Information

From Quarter 2 NHS Improvement will be publishing Trust level financial and performance information in our quarterly report. An example of the type of information that we may publish by Trust is below.

In addition Trust Boards are required to clearly post their quarterly finance and performance reports on their Trust website in a transparent and timely manner.

Financial Performance Information

- Year to date financial performance
- Forecast financial performance
- Control total acceptance
- Access to STF Funding

Performance Information

- A&E 4 Hour performance against the standard and the agreed STF trajectory
- Patients waiting over 6 weeks for a diagnostic test
- RTT incomplete performance against the standard and the agreed STF trajectory
- The number of patients waiting over 52 weeks for treatment
- 62 Day Cancer performance against the standard and the agreed STF trajectory
- Cancer performance against the standard for 2 week GP referral and Breast Symptoms and 31 day wait from diagnosis to first treatment
- Ambulance response times performance against the standard for Red1 and 2 and A19
- Infection control – the number of C.Difficile cases

Agency Information

- Agency Information
- A list of your 20 highest-earning agency staff (anonymised)
- A list of agency staff that have been employed for more than 6 consecutive months (anonymised)
- Agency expenditure as a share of total workforce costs
- Agency expenditure performance relative to agency ceilings

HEART OF ENGLAND NHS FOUNDATION TRUST

Council of Governors

24th OCTOBER 2016

Title:	QUARTER 2 COMPLIANCE AND ASSURANCE REPORT
Responsible Director :	David Burbridge, Interim Director of Corporate Affairs
Contact	Ext. 43297

Purpose	To provide the Council of Governors with a copy of the update report presented to the Board of Directors on 24 October of the internal and external assurance processes
Confidentiality Level & Reason	Confidential
Annual Plan Ref	
Key Issues Summary:	<p>In September the Trust received an unannounced visit from CQC as the prelude to the formal inspection taking place 18-20th October.</p> <p>A review of compliance against the 2014 formal CQC inspection enforcement actions had been completed by the Director of Corporate Affairs and the Chief Nurse and revealed that the Trust has completed 82% of required actions with midwifery staffing and recovery waiting times remaining a challenge despite a number of actions being taken</p> <p>A review of the current position against all NICE guidance has been undertaken with 89% full compliance with published guidance</p> <p>For 2016/2017, there are 62 active national audits and CORPs that HEFT is eligible to participate in with HEFT currently participating in 60.</p> <p>36.7% of Clinical Guidelines housed on the Intranet are out of date. This is an improvement from the 50% reported last quarter.</p>
Recommendations	<p>The Council of Governors is requested to:</p> <ul style="list-style-type: none">• Receive the contents of this report.

Approved by:	Julian Miller	18 October 2016

HEART OF ENGLAND NHS FOUNDATION TRUST

BOARD OF DIRECTORS

24th OCTOBER 2016

COMPLIANCE AND ASSURANCE REPORT

PRESENTED BY THE INTERIM DIRECTOR OF CORPORATE AFFAIRS

1. Purpose

The purpose of this paper is to provide the Board of Directors with information regarding internal and external compliance.

2. Trust Compliance with Regulatory Requirements

2.1 Care Quality Commission (CQC)

2.1.1 In September, the CQC carried out an unannounced inspection of specific services within the Trust across all 3 sites. This included medical and surgical wards as well as critical care. This served as a prelude to an announced formal inspection of the Trust on 18th, 19th and 20th of October. The CQC have confirmed that, during this announced inspection it will not be inspecting Children's and Maternity Services, Critical Care Services or End of Life Care, although a high volume of data requests were made specifically around critical care to support its overall evaluation of that service. Maternity Services will not be reviewed at this time as the Trust has commissioned its own external review which will take place at the same time.

2.1.2 As part of the new inspection methodology the Trust were asked to submit a self-assessment in the pre inspection data pack. This assessment is submitted by site and is across all of the core services that are due to be inspected. The tables in Appendix 1 represent the self-assessments submitted to the CQC.

2.1.3 Progress against the 11 enforcement actions issued against the Trust as part of the 2014 formal inspection was formally reviewed by the Director of Corporate Affairs and the Chief Nurse with the following results;

2.1.4

Table 1

Area of Enforcement Action	Rag
Safeguarding processes were not in place for people wearing mittens within the trust.	Green
Management of patient handover, overcrowding and timely assessments undertaken in ED	Green
Within ED cleaning practices needed to improve. The trust staff were not adhering to the trust policy.	Blue
The appraisal rate for staff within the trust was at 38%	Blue
Lack of robust incident reporting and feedback which could result in learning opportunities lost	Green
Where emergency medications were required within Maternity they were not readily available, staff were unaware of its whereabouts and they had not been checked regularly to ensure they were still in date and safe to use.	Green

Lack of equipment and faulty equipment not being replaced in a timely fashion.	Green
Nurse staffing was insufficient in places having a direct impact on patients. For instance not being able to staff the second obstetrics theatre in maternity.	Amber/Green
In addition the visibility of the head of midwifery continues to be an issue as identified during our previous inspection November 2013.	Blue
Patients waiting over 30 minutes in recovery	Amber
Service delivery and improvement in OPD with the use of management reporting data.	Green

Key:

	Plan not in place
	Plan in place, actions commenced
	Actions complete – practice not yet fully embedded
	Actions complete and embedded in practice

2.1.5 The review indicated that 82% of enforcement actions have been completed with 18% of actions having been started but not yet completed.

2.1.6 The few remaining actions were transferred to Divisions and corporate areas for completion and local monitoring. This will be reported to the next Quality Committee Meeting.

2.2 NICE guidance

2.2.1 Overall Position

A review of total NICE guidance to date has been undertaken with 1,118 guidelines reviewed. The numbers below indicate that the trust is currently compliant with 89% of NICE guidance (removing not applicable to trust from overall number). This is the first time this detailed position statement has been prepared. Further work will now be undertaken to review and risk assess the NICE Guidance not implemented. This data includes duplicate guidelines as they may be linked to more than one directorate/division.

Total NICE guidance recorded = 1,118

Guidance Not Implemented = 76

Guidance Not Applicable = 432

Guidance Fully Implemented = 540

Guidance Partially Implemented (Action Required) = 40

New guidance awaiting a response from directorates = 30

2.2.2 Quarter 2 Position

Table 2 below summarises the new NICE guidance published during Quarter 2 including the Trust's current position

Table 2

NICE Guidance	Published by NICE	Fully Implemented (compliant)	Partially Implemented where applicable	Not applicable /implemented	Under Review by Directorates
NICE Guidance (CGs and NGs)	9	3	0	-	6
Technology Appraisals (TAs)	15	10	0	2	3

Interventional Procedures Guidance	3	0	0	1	2
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2.2.3 Quarter 1: Two NICE guidelines (NG33 and NG46) were partially implemented with action required; these guidelines as now Fully Implemented. There are 3 TA's currently under review with the relevant Directorate.

2.2.4 Quarter 2 (as tabled): Areas of non-compliance with Interventional Procedures are currently under review by the Directorate with support from the Audit and Effectiveness Team.

2.2.5 There are currently a total of 20 actions outstanding from partially implemented NICE guidances over the 5 divisions. Moving forward the divisions will be asked to complete a risk assessment for each outstanding action, which will ultimately be taken to the Safety and Governance risk team to oversee the risk status within the trust.

3. Trust Compliance with External Visits/Peer Reviews

The Trust is reviewing and developing a more robust process to ensure the appropriate coordination, monitoring and delivery of external recommendations arising from external agency visits, inspections, accreditations and peer review/assessment. Work remains on-going with Governance Facilitation Managers requested to liaise with their respective Divisional Leads to capture any external visits inclusive of any resultant action plans. A comprehensive schedule of visits and their associated requirements will then be collated centrally. Progress on actions will be monitored through local clinical governance forums with overview from Divisional Governance Facilitation Managers.

4. Outcome of Clinical Audits

4.1 As reported previously at CQMG, a formal forward audit process has been implemented requiring directorates to sign off and submit their forward audit plans. Local directorate response was initially poor but figures now indicate that compliance within Divisions is now between 75% and 100%. Table 3 below details the numbers of forward audit plans still outstanding;

Table 3

Div	Directorate	FAP received	RAG rating	Division Compliance
1				100%
2				100%*
3	Respiratory Medicine	Input from BHH only		75%
4	Neurology	No		89%**
5	Thoracic Surgery	No		75%
	Trauma & Orthopaedics	No		

* Community services have not yet been asked to formulate Forward Audit Programmes

**Awaiting addition of Stroke directorate to the audit database, therefore no FAP yet requested.

4.2 From 2017, FAPs will be developed on an annual basis, the process beginning in January, ready for the directorates to perform the audits from the start of the financial year onwards.

4.3 Work on the Clinical Audit Strategy is on-going but there are delays with timely completion

of actions due to limited available team resource. A further review of the strategy has been undertaken to break down the objectives into more detailed actions as well as adding a further objective to focus on local audits. The CAE Team will risk assess and prioritise actions in order to maintain focus on the strategy. Progress on the Clinical Audit strategy is being reported to and monitored by CSC.

4.4 The Clinical Audit Policy has now been ratified and shared Trust wide. A review date of 6 months has been agreed by the Chair of CSC to allow for proposed changes to the Clinical Standards Committee to be agreed and approved and also for changes from the clinical audit strategy to be incorporated.

4.5 Further work is currently underway around existing policies. The Policy for the 'Management of National Guidance and Recommendations' which details the Trust process for the Clinical Outcome Review Programmes (CORPS), including NCEPOD, is likely to be split with some detail being incorporated into the Clinical Audit Policy and the NCEPOD process being contained within an individual policy/procedure.

4.6 **National Audits:**

4.6.1 For 2016/2017 there are 62 active national audits and CORPs that HEFT is eligible to participate in with HEFT currently participating in 60.

4.6.2 The two audits not participated in are the National Ophthalmology Audit and the National Diabetes Core audit, reasons for non-participation are clinician and resource led respectively. It has been identified by the CAE Team that there is currently an absence of defined process around the local decisions not to participate including agreement at Divisional level. A process to support this shortfall has been devised and has been shared with the Divisional Leads.

4.6.3 The Interim Clinical Audit Manager has escalated concerns that Clinical Outcomes Publications (formerly known as Consultant Outcomes publications), which publishes data publicly at individual consultant level, is not currently being effectively monitored or actioned by the Trust. The Clinical Audit and Effectiveness team are not currently resourced to review this data separately.

4.6.4 This concern has been escalated to CSC with the following resultant actions:

- (a) The Chair to inform the Medical Director and suggest HEFT publishes its own data with commentary if it deviates from what is published nationally, this will also support Consultant appraisals and revalidation;
- (b) A reputation risk currently being raised on the corporate risk register. This risk will complement the open risk (Risk ID 3273) raised by the General Surgery directorate.

4.7 **Local Audits:**

4.7.1 The table overleaf contains detail on the Q2 position for local audits within Divisions:

Table 4

Division	No. of audits proposed since April 2016	No. of audits abandoned since April 2016	No. of on-going audits end of Q2	No. of audits completed since April 2016
Division 1	45	2	208	33
Division 2	31	32	201	9
Division 3	35	18	264	33
Division 4	35	14	234	41
Division 5	80	13	429	27
Total	226	79	1336	143

4.7.2 It is anticipated that the number of “on-going” audits will be significantly reduced over the coming months once outdated audits (pre 2014) have been closed and removed from the system.

4.7.3 The “number of audits completed” are those where actions have been implemented and the audit team have been informed to close off the audit. The process for sign off of audits is comprehensive with evidence of action plan and completed actions required before sign off can be obtained.

5. National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

5.1 An information sharing agreement between the Trust and NCEPOD is currently being drafted. The information sharing agreement will define the arrangements between the two organisations to facilitate and govern the efficient, effective and secure sharing of good quality information. The Trust will be one of the few trusts in the country to have an agreed sharing agreement in place.

5.2 The Acute Pancreatitis: Treat the Cause NCEPOD Report was published in July 2016. The report highlights the process of care for patients aged 16 years or older with acute pancreatitis. An assessment will be undertaken by a Task and Finish group against the report’s recommendations, and an action plan developed. Any areas of non-compliance will be risk assessed and logged on the risk register where applicable.

5.3 The following NCEPOD reports: Elective and Emergency Surgery in the Elderly (November 2010), Surgery in Children (October 2011) and Peri-operative care (December 2011) will be reviewed and, where not compliant, will be risk assessed, logged on the risk register where applicable and signed off as a priority as these are now significantly old and outdated.

5.4 A review of the outstanding recommendations for the NCEPOD Reports outlined in Table 5 (overleaf) will be undertaken using a similar process outlined above. The key aspects of change are to gain local ownership with reports managed at a directorate or division level (where applicable). This work stream forms part of the NCEPOD Strategy.

Table 5

NCEPOD Report	Specialty Lead	Date published
Cardiac Arrest procedures	Resuscitation	June 2012
Alcohol Related liver disease	Acute Medicine	June 2013
Tracheostomy Care	Anaesthetics	June 2014
Gastrointestinal Hemorrhage	Gastroenterology	July 2015
Sepsis	No lead identified	November 2015

6. Novel Techniques and Interventional Procedures (NTIPs)

- 6.1 The Trust has a systematic approach to the introduction of novel techniques and interventional procedures (NTIPs) which have never been performed in the Trust before or which may not have been performed by an individual before. The approach ensures the NTIPs introduced are safe, appropriate, effective, communicated to patients in a manner that enables full consent to be made and that staff undertaking these procedures are fully trained. The NTIPs are not undertaken within the Trust until the Novel Techniques and Interventional Procedure Group has evaluated and formally approved the NTIP.
- 6.2 Professor Ian Philp is the new Chair for the Novel Technique and Interventional Procedures Group (NTIP), prior to this it was Dr Adedeji Okubadejo. The changeover between the two chairs occurred on the 1st July 2016.
- 6.3 To date, the NTIP committee have received 54 NTIP applications, of which:
- 48 have been approved
 - 3 have not been approved
 - 2 have been disbanded,
 - 1 NTIP Approved subject to Theatre Governance Council approval.

7. Clinical Guideline Compliance

- 7.1 Currently the Trust's guidelines intranet site houses 246 guidelines from 22 specialities covering all 5 divisions. Out of the 246 guidelines listed, 92 are currently out of date or have no Meta Data on them to ascertain date of ratification, equating to 37.4% of guidelines out of date at the end of this quarter. However this is an improvement from the 54% reported from the previous quarter.

Actions taken:

Ensuring correct contacts for guidelines are identified with assistance of Division Directors

There will be regular liaison with the identified directorate/speciality leads by the Clinical Guideline Lead to identify if the guidelines are guidelines, pathways or procedures, and whether they are current best practice and still required in the divisions.

Out of date clinical guidelines pose a clinical risk to the organisation with a lack of robust assurance around whether latest national guidance or best practice is being implemented.

- 7.4 The overarching strategy for trust guidelines has been developed and will be reviewed at

the CGG for progress made on the agreed goals. This piece of work is led by the Chair of the Clinical Guideline Group with the support from the Clinical Audit and Effectiveness Team.

8. Recommendation

The Board of Directors is asked to accept this report.

David Burbridge
Interim Director of Corporate Affairs

October 2016

Appendix 1 – Trust Self-Assessment

Birmingham Heartlands Hospital

	Safe	Effective	Caring	Responsive	Well-led	Comments
Urgent and emergency services	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Since the last CQC inspection, there has been significant improvement to the extent that the service is Good or near to Good for the five CQC domains. Some improvements need to be embedded to be rated "good".
Medical care (including older people's care)	Good	Requires improvement	Good	Good	Requires improvement	Since the last inspection there has been much improvement but would need to be embedded to be rated "good"
Surgery	Good	Good	Good	Requires improvement	Good	Surgery was not rated at the last inspection. The assessment of responsiveness reflects bed and theatre capacity issues which are being worked on.
Outpatients and diagnostic imaging	Good	Good	Good	Good	Good	

Good Hope Hospital

	Safe	Effective	Caring	Responsive	Well-led	Comments
Urgent and emergency services	Requires improvement	Requires improvement	Good	Good	Requires improvement	Since the last CQC inspection, there has been significant improvement to the extent that the service is Good or near to Good for the five CQC domains. Some improvements need to be embedded to be rated "good".
Medical care (including older people's care)	Good	Requires improvement	Good	Good	Requires improvement	Since the last inspection there has been much improvement but would need to be embedded to be rated "good"
Surgery	Good	Good	Good	Requires improvement	Good	Surgery was not rated at the last inspection. The assessment of responsiveness reflects bed and theatre capacity issues which are being worked on.
Outpatients and diagnostic imaging	Good	Good	Good	Good	Good	

Solihull Hospital

	Safe	Effective	Caring	Responsive	Well-led	Comments
Urgent and emergency services	Good	Good	Good	Good	Good	Since the last CQC inspection, there has been significant improvement to the extent that the service is Good or near to Good for the five CQC domains. Some improvements need to be embedded to be rated "good".
Medical care (including older people's care)	Requires improvement	Good	Good	Requires improvement	Requires improvement	Since the last inspection there has been much improvement but would need to be embedded to be rated "good"
Surgery	Good	Good	Good	Requires improvement	Requires improvement	Surgery was not rated at the last inspection. The assessment of responsiveness reflects bed and theatre capacity issues which are being worked on.
Outpatients and diagnostic imaging	Good	Good	Good	Good	Good	

