

Board of Directors

Wednesday 26 November 2014

9.15am – 12.05pm

Boardroom, Level 4, Royal Berkshire Hospital

We are here to provide a comprehensive service, based on clinical need, not an individual's ability to pay. We aspire to the highest standards of excellence and professionalism and to put patients at the heart of everything we do. We are committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources. We are accountable to the public, communities and patients that we serve.

Open Board Meeting – Part 1

Item	Lead	Time
The meeting will commence with a patient story	Caroline Ainslie	9.15 – 9.25
1. Apologies for Absence (Alistair Flowerdew)	Stephen Billingham	-
2. Minutes: 29 October 2014 (Attached to approve)	Stephen Billingham	9.25 – 9.30
3. Matters Arising and Outstanding Actions Schedule (Attached to note)	Keith Eales	9.30 – 9.40
4. Declarations of Interest (Verbal to note)	Stephen Billingham	-

Minutes of Meetings

5. To note and agree recommendations		9.40 – 9.55
a) Council of Governors 29 October 2014	Stephen Billingham	
b) Resources Committee 11 November 2014	Jane May	
c) Audit & Risk Committee 18 November 2014 (Verbal to note)	Brian Hendon	

Performance Reports

6. a) Chief Executive's Report (Attached to note)	Jean O'Callaghan/ Executive Team	9.55 – 11.30
b) Quality Performance Report (Attached to note)		
c) Finance Report (Attached to note)		

Coffee break		11.30 – 11.40
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| 7. | Trust Improvement Programme
(Attached to note) | Bernie Bluhm | 11.40 – 11.55 |
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Governance Items

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| 8. | Fire Management Update
(Attached to note) | Jean O'Callaghan | 11.55 – 12.05 |
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Information Items

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|-----|--|--------------------|---|
| 9. | Board Work Plan
(Attached to note) | Keith Eales | - |
| 10. | Date of Next Meeting
Thursday 29 January 2015
(Verbal to note) | Stephen Billingham | - |
| 11. | Exclusion of the Press and Public
(Verbal to approve) | Stephen Billingham | - |

Closed Board Meeting - Part 2

The following section of the meeting will be closed to the press and public as the material to be discussed discloses exempt information as defined by the Freedom of Information Act.

Minutes

Board

Wednesday 29 October 2014

9.15am – 11.40am

Boardroom, Royal Berkshire Hospital, Reading

Members Present

Mr. Stephen Billingham	(Chairman and Non-Executive Director)
Mrs. Jean O'Callaghan	(Chief Executive)
Ms. Caroline Ainslie	(Director of Nursing)
Mr. Craig Anderson	(Director of Finance and Interim Deputy Chief Executive)
Mr. Paul Beal	(Director of Workforce & Organisational Development)
Mr. Alistair Flowerdew	(Medical Director)
Mr. Brian Hendon	(Non-Executive Director)
Dr. Alison Hill	(Non-Executive Director)
Mrs. Janet Rutherford	(Non-Executive Director)

In attendance

Ms. Bernie Bluhm	(Interim Chief Operating Officer)
Mr. Keith Eales	(Director of Corporate Affairs & Secretary)
Mrs. Caroline Lynch	(Deputy Company Secretary)

Apologies

Mr. John Barrett	(Non-Executive Director)
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There were two members of the press, three Governors, and one member of staff present.

Ms. Jenny Wyeth, Lead Nurse for Infection Control gave an overview of the recent MRSA bacteraemia case which had been the first since November 2012. Ms. Wyeth explained that the patient had a complex medical history and had been MRSA positive since 2012. The patient had been treated successfully and following discharge no further issues had arisen. However, lessons learnt had been identified and processes had been put in place to ensure the decolonisation protocol was rigidly applied and clinical staff would receive alerts from the IT system in such cases. The lessons learnt would be cascaded through the clinical governance structures.

The Board thanked Ms Wyeth and the infection control team for the level of investigation undertaken.

The Chairman welcomed Mrs. Sue Hunt to her first meeting as Non Executive Director, and Mr Paul Beal, to his first meeting as Director of Workforce & Organisational Development.

177/14 Minutes: 30 September 2014

The minutes of the meeting held on 30 September 2014 were approved as a correct record and signed by the Chairman.

178/14 Schedule of Matters Arising and Outstanding Decisions

The Director of Corporate Affairs & Secretary submitted the schedule of matters arising from the last meeting and outstanding issues from previous meetings. Progress against each decision was noted.

Minute 164/14: Quality Performance Report

The Chief Executive advised that the previous interim Chief Operating Officer had initiated a bed model for non-elective services and a bed model for elective cases was being developed. This would be discussed further at the next Clinical Governance Committee in November.

179/14 Declarations of Interests

There were no declarations of interest.

180/14 Minutes of Meetings

The Board received the draft minutes of the following meetings

Audit & Risk Committee	23 September 2014
Clinical Governance Committee	23 September 2014

A verbal update had been provided by the Chairs of the Committee at the previous meeting.

Resolved: that the minutes of the meetings be received and the recommendations therein endorsed.

181/14 Chief Executive Report

The Chief Executive submitted a report summarising key strategic and other issues since the September Board meeting.

The Chief Executive advised that the NHS Five Year Forward Review had been launched and NHS England's Chief Executive, Simon Stevens, had drawn attention to the focus being on prevention. Further collaborative working would be required to ensure sustainability of NHS services.

The Chief Executive drew attention to awards received by staff which included Professor David Oliver, Elderly Care Consultant being voted as one of the top 100 clinical leaders in the country, according to the Health Service Journal. The Cellular Pathology department had also recently successfully achieved its Clinical Pathology Accreditation (CPA) status.

The Chief Executive drew attention to key issues and developments within the Trust, including the overall level of activity, the narrowly missed emergency access target for quarter 2, work being undertaken to correct the 18 week target reporting and the achievement of the cancer targets.

The Board noted that following a fire safety inspection in February and a follow up visit in September some specific actions were required to be achieved by March 2015.

The Chief Executive reported that the Trust's responsiveness to the risks posed by the outbreak of Ebola had been reviewed by the Medical Director and the infection control team and robust plans were in place for isolating and treating any potential patients.

Resolved: that the report be noted.

182/14 Quality Performance Report

The Director of Nursing submitted the quality performance report.

The Director of Nursing drew attention to areas of exception reporting, including the 'red' performance rating in respect of 13 of the 34 targets in the Trust dashboard for September. Performance had worsened in respect of the number of complaints, the emergency access targets and cancer waiting times.

The interim Chief Operating Officer gave an overview of the exception reports in respect of

- The 62 day cancer target
- The 18 week wait target
- Maternity staffing
- A&E recovery plan

The interim Chief Operating Officer advised that the 62 day cancer performance was currently 70.4% against a target of 85%. Data remained un-validated, however, it was considered that this figure would not change significantly. The interim Chief Operating Officer advised that it was anticipated that the 85% target would be achieved by the end of November 2014. The consultation process in respect of 7 day working had commenced with radiology staff and a full business case to develop endoscopy had also been developed.

The interim Chief Operating Officer advised that a detailed review of the waiting lists, by tumour site, was ongoing and an update would be provided to the Resources Committee.

Clarification was sought in respect of the timescale for completion of the validation work. The interim Chief Operating Officer advised that the results of the review were expected at the end of the week. In response to a query as to whether there were any risks to completing the project on time the interim Chief Operating Officer advised that the data quality review could identify further pathways which would then require review. A further issue was ensuring delivery of the daily schedule by the external validation team. It was queried whether the costs for the validation work were in line with the budget. The Director of Finance confirmed that the costs were in the middle of the forecasted range at present. It was agreed that the outcome of the data assurance exercise and plans to address RTT data issues should be submitted to the Resources Committee.

The Director of Nursing advised that the birth to midwife ratio had increased due to the number of vacancies and an increase in sickness absence rates in the specialty. There had also been an increase in the number of complaints received. Clarification was sought in respect of the sickness absence and whether any trends had been identified. The Director of Nursing advised that sickness absence was being closely monitored however no trends had been identified.

The interim Chief Operating Officer gave an update on the A&E recovery plan. The Board noted that good performance was achieved in October and year to date performance was

above 95%. Clarification was sought in respect of whether the forecast included provision for resilience funding. The Director of Finance confirmed this was the case. However, the provision was less than had been allocated to the Trust in previous years. The interim Chief Operating Officer commented that this posed a potential risk to the Trust. It was noted that the new observation unit in ED was due to open that day. The interim Chief Operating Officer advised that use of the Discharge lounge to assist in the management of capacity issues had also improved.

The Director of Nursing advised that there had been a refocus on the CQC post-inspection action plan in respect of the compliance actions and referred to the fourth CQC intelligent monitoring report which was due to be published in December 2015.

The Board expressed concern due to the number of 'red' performances overall. It was considered that 'red' performance should be an occasional exception.

The interim Chief Operating Officer drew attention to the intricacies of the IT system in respect of rescheduling/cancellation of outpatient appointment rates. It was agreed the interim Chief Operating Officer would provide a detailed report should be submitted to the Resources Committee in order to providing an overview of the administrative processes.

Resolved: that

- (a) the report be noted**
- (b) an update be provided to the Resources Committee in respect of the detailed review of waiting lists by tumour site.**
- (c) the outcome of the data assurance exercise and plans to address RTT data issues be submitted to the Resources Committee**
- (d) a report be submitted to the Resources Committee providing an overview of the administrative processes in respect of rescheduling/cancellation of outpatient appointments.**

183/14 Finance Report and Forecast

The Director of Finance submitted a report on the financial performance of the Trust for September 2014.

The Director of Finance advised that the Trust had reported a deficit of £0.11m in the month which was £0.38m worse than budget.

The Director of Finance advised that income was £0.57m worse than budget.

Pay costs had increased slightly in the month but were in line with budget. However, pay at the current rate was not sustainable and would result in the full year budget being exceeded. Non-pay was £0.20m better than budget.

Clarification was sought in respect of the fixed price contract for diagnostic imaging with the Clinical Commissioning Group (CCG). The Director of Finance confirmed that the new tariff would be introduced in the current financial year.

The Director of Finance advised that the Continuity of Service Risk Rating (CoSRR) was 2, which was in line with the budget.

The Board noted that cash was ahead of budget at £14.32m.

The Director of Finance submitted the latest forecast for 2014/15.

The Board noted a forecast deficit of £3.2m, which included £2.2m of non recurrent spend.

Key management actions to address areas of concern included:-

- Delivery on cost QIPPs
- Delivery of revenue growth in Care Groups
- Prioritisation of capital projects to remain within capital budget
- Management of cash liquidity

The Director of Finance advised that cost QIPPs identified totalled £15.7m against a target of £18.5m. The current PMO assessment was £14.5m. Clarification was sought as to whether forecast assumed QIPPs would be achieved. The Director of Finance confirmed that the forecast assumed QIPPs would not be achieved in total.

Clarification was sought in respect of actions being taken to reduce the pay overspend. The Director of Finance advised that reduction of agency spend was being reviewed at departmental level and it was considered that pay reduction would be achieved in the second half of the financial year by natural wastage. Work was also being undertaken by PwC to identify areas of the QIPPs programme which could be achieved sooner than currently forecast.

The Director of Finance advised that the forecast was now significantly dependent upon income growth and the Executive were currently reviewing how to redress this. The Director of Finance confirmed that budget planning for 2015/16 and 2016/17 was in progress. Clarification was sought as to where the forecast was based on a spectrum of optimistic to pessimistic. The Director of Finance confirmed that the forecast was optimistic.

Resolved: that the report be noted.

184/14 Trust Improvement Programme

The Medical Director submitted a report setting out the approach adopted to manage the Trust improvement programme and the progress made to date. The Medical Director advised that estimated dates of completion had now been added to the CQC post-inspection action plan.

The Medical Director advised that in respect of medical records improvement an audit of 80 outpatient clinics had demonstrated that 97.8% of records were present and available at the time of appointment. A Trust wide review of local storage and security of notes was due to be completed and actions would be taken to address any areas that were not compliant.

Progress in respect of the CQC action plan, the Quality Governance Framework, Ophthalmology, Radiology, Maternity and the QIPP programme was noted.

The Chief Executive advised that the CQC compliance actions were being reviewed to identify whether compliance could be achieved earlier. Executive leads had been identified for delivery of each compliance action.

Resolved: that the report be noted

185/14 Monitor Quarterly Return

The Director of Finance submitted a report in respect of the quarter 2 return to Monitor.

The Director of Finance explained that the Risk Assessment Framework required the submission of a quarterly financial and governance combined return, comprising a number of declarations.

The Director of Finance advised that the quarterly return required the Board to certify confirmed or not confirmed in respect of three statements

- That the Board anticipated the Trust would continue to maintain a CoSRR of at least 3 over the next 12 months
- That the Board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds); and a commitment to comply with all known targets going forwards
- The Board confirms that there are no matters arising in the quarter requiring an exception report to Monitor which have not already been reported

The Board was recommended to mark the statement in respect of the continuity of service rating as “not confirmed”.

The Director of Finance explained that the plan submitted to Monitor, as well as the latest forecast, showed the Trust achieving a CoSRR of 3 in March 2015 with the preceding two quarters being a 2.

The Board was recommended to mark the statement in respect of the compliance with targets going forward as “not confirmed. This was on the basis of the failure to achieve the cancer two week wait target and, subject to validation, the cancer 62 day target (GP referrals). The Board noted the additional potential risks in respect of the A&E target and the overall RTT performance.

With regard to exception reporting, the Board was recommended to mark this as ‘confirmed’ on the basis that there were no known issues requiring an exception report.

The Board expressed concern at having to mark two of the statements as ‘not confirmed’.

Resolved: that

- (a) the Chief Executive and Director of Finance be authorised to sign the quarter 2 Monitor return**
- (b) the statement that the Board anticipated that the Trust would continue to maintain a continuity of risk rating of at least 3 over the next 12 months be**

marked as 'not confirmed'

- (c) the statement that the Board was satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds); and a commitment to comply with all known targets going forwards be marked as 'not confirmed'
- (d) the statement that the Board confirms that there are no matters arising in the quarter requiring an exception report to Monitor which have not already been reported be marked as 'confirmed'
- (e) the submission of the full return to Monitor be approved

186/14 Information Item: Board Work Plan

The Board received, for information, the work plan for the year.

The Board requested that an update on the estates strategy should be submitted to the November meeting.

It was agreed that the work plan should be updated to include the schedule for review of the quality strategy for 2015/16

Resolved: that

- (a) an update on the estates strategy be submitted to the November meeting.**
- (b) the work plan but updated to include the schedule for review of the quality strategy**
- (c) the work plan be noted.**

187/14 Date of Next Meeting

Resolved: that the next meeting of the Board be held at 9.15am on Wednesday, 26 November 2014.

188/14 Exclusion the Press and Public

Resolved: that the press and public be excluded from the remainder of the meeting given the exempt nature of the business to be conducted, as defined by the Freedom of Information Act.

Chairman

Date 26 November 2014

Board Schedule of Matters Arising and Outstanding Actions

Agenda Item 3

Board Date	Board Minute	Subject	Decision	Owner	Expected Submission	Update
November 2011	167/11	Real Estate Strategy (RES)	Final strategy to be submitted. Also January Board Minute 05/13.	Philip Holmes	Real Estate Strategy will be progressed following the IBP's approval in June and will be submitted to the Resources Committee and Board in October	Version 3.3 of the Real Estate Strategy completed and being reviewed by the Executive on Monday 24 th November.
March 2014	39/14 (35/14)	Matters Arising: Budget Planning 2014/15	The Director of Finance advised that he would be discussing the rephasing of the Trust loans with the Foundation Trust Financing Facility within the next three months.	Craig Anderson	Paper to go to December Resources Committee then Board if required.	Initial meeting held with FTFF. Proposal to develop options now delayed until January.
March 2014	74/14	Decontamination Business Case	An analysis be undertaken of the potential for the disposal of the remaining part of the Battle site	Philip Holmes	Options appraisals being progressed to now include Valencia Close. A report will be submitted to the October Resources Committee.	Analysis completed and report submitted to the Exec on 3 rd November, Report to follow to the December Resources Committee.
September 2014	175/14	Incidents and Safeguarding Report	A Board seminar to be held on issues and challenges within the Maternity service.	Keith Eales		This has been arranged for the December Seminar
October 2014	182/14	Quality Performance Report	An update be provided to the Resources Committee in respect of the detailed review of waiting lists by tumour site. The outcome of the data assurance exercise and plans to address RTT data issues be submitted to the Resources Committee	Bernie Bluhm Bernie Bluhm	December 2015 December 2015	A report will be submitted to the December Resources Committee A report will be submitted to the December Resources Committee

Board Schedule of Matters Arising and Outstanding Actions

Agenda Item 3

			A report be submitted to the Resources Committee providing an overview of the administrative processes in respect of rescheduling/cancellation of outpatient appointments.	Bernie Bluhm	December 2015	A report will be submitted to the December Resources Committee
October 2014	185/14	Monitor Quarterly Return	<p>The Chief Executive and Director of Finance be authorised to sign the quarter 2 Monitor return</p> <p>The statement that the Board anticipated that the Trust would continue to maintain a continuity of risk rating of at least 3 over the next 12 months be marked as 'not confirmed'</p> <p>The statement that the Board was satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds); and a commitment to comply with all known targets going forwards be marked as 'not confirmed'</p> <p>The statement that the Board confirms that there are no matters arising in the quarter requiring an exception report to Monitor which have not already been reported be marked as 'confirmed'</p>	<p>Jean O'Callaghan/ Craig Anderson</p> <p>Craig Anderson</p> <p>Craig Anderson</p> <p>Craig Anderson</p>		<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>
October 2014	186/14	Information Item: Board Work Plan	<p>An update on the estates strategy be submitted to the November meeting.</p> <p>The work plan be updated to include the schedule for review of the quality strategy</p>	<p>Philip Holmes</p> <p>Caroline Lynch</p>		<p>It has been agreed the Real Estate Strategy will be received at the December Resources Committee.</p> <p>Completed</p>

Minutes

Council of Governors

6.00pm – 7.00pm

Seminar Room, Trust Education Centre

Thursday 29 October 2014

Present

Mr. Stephen Billingham	(Chairman)
Mr. David Cooper	(Public Governor, Reading) (Lead Governor)
Mrs. Carol Bolderson	(Public Governor, West Berkshire)
Ms. Wendy Bower	(Partner Governor, West Berkshire Federation CCG's)
Mr. Tom Bune	(Public Governor, Southern Oxfordshire)
Mr. Jeremy Butler	(Public Governor, East Berkshire)
Mr. Ross Carroll	(Public Governor, East Berkshire)
Mr. Ian Clay	(Volunteer Governor)
Mr. Peter Dooley	(Partner Governor, Berkshire Carers Service)
Ms. Jennie Ford	(Partner Governor, East Berkshire Federation CCG's)
Mr. Colin Lee MBE	(Public Governor, West Berkshire)
Mr. Tony Lloyd	(Public Governor, Wokingham)
Mr. Jonathan Mason	(Staff Governor, Allied Health Professionals/Scientific)
Mr. David Mihell	(Public Governor, East Berkshire)
Dr. Charles McKenna	(Staff Governor, Medical/ Dental)
Cllr. Bob Pitts	(Partner Governor, Wokingham Borough Council)
Ms. Anne-Marie Probert	(Staff Governor, Nursing/Midwifery)
Ms. Deborah Sander	(Public Governor, Reading)
Mr. Tony Skuse	(Public Governor, Wokingham)

In attendance

Ms. Caroline Ainslie	(Director of Nursing) (from minute 52/14)
Mrs. Heather Allan	(Director of IM&T)
Mr. Craig Anderson	(Director of Finance)
Dr. Lindsey Barker	(Care Group Director, Networked Care)
Mr. Paul Beal	(Director of Workforce & OD)
Mr. Keith Eales	(Director of Corporate Affairs & Secretary)
Dr. Sue Edees	(Care Group Director, Urgent Care)
Mr. Alistair Flowerdew	(Acting Chief Executive) (from minute 52/14)
Mr. Brian Hendon	(Non Executive Director)
Dr. Alison Hill	(Non Executive Director)
Ms. Sue Hunt	(Non Executive Director)
Mrs. Caroline Lynch	(Deputy Company Secretary)
Ms. Jane May	(Non Executive Director)
Jean O'Callaghan	(Chief Executive)
Mrs. Janet Rutherford	(Non Executive Director)
Miss. Emma Sampson	(Corporate Governance Officer)

Apologies

Mr. Martyn Cooper	(Public Governor, Reading)
Mr. Sanusi Koroma	(Partner Governor, Reading CRE)

Mr. Dave Dymond	(Public Governor, Reading)
Cllr. Gordon Lundie	(Partner Governor, West Berkshire)
Mr. John McKenzie	(Public Governor, Wokingham)
Ms. Pamela Simmons	(Staff Governor, HCA/Ancillary)
Cllr. Bet Tickner	(Partner Governor, Reading Borough Council)
Ms. Maria Walker	(Staff Governor, Admin/ Management)

The Chairman welcomed Mrs. Sue Hunt to her first meeting as Non Executive Director, and Mr Paul Beal, to his first meeting as Director of Workforce & Organisational Development.

48/14 Minutes: 31 July 2014 and 30 September 2014

The minutes of the meetings held on 31 July 2014 and September 2014 were agreed as a correct record and signed by the Chair.

49/14 Matters Arising Schedule

The Council noted the matters arising schedule setting out updates on actions from the previous meeting.

Resolved: that the matters arising schedule be noted

50/14 Changes to Council Membership

The Council noted that there had been no changes to Council Membership since the last meeting.

The Director of Corporate Affairs & Secretary advised that elections were ongoing at present for two vacant seats in Reading and West Berkshire and the closing date for nominations was Friday 31 October 2014.

Resolved: that the Council note that no changes had been made to Council Membership.

51/14 Items from Governors

The Care Group Director, Networked Care provided an overview in relation to the Trust's discharge process. The Care Group Director, Networked Care, advised that a new discharge protocol had been developed and a staff communications plan had been undertaken to ensure staff were aware of the new protocol. A patient leaflet was also provided to patients to ensure there were aware of the process.

The Care Group Director, Networked Care advised that discharge planning began on the patient's first day of admission. Patients were reviewed daily, with the decision to discharge being made after consultant ward rounds. Improvements such as a ward based pharmacy with a satellite dispensary, use of the discharge lounge, hospital based transport and a social worker on site had been introduced. It was noted that a project was currently being undertaken by patient leaders who were reviewing the discharge process.

52/14 Board Performance Reports

The Chief Executive introduced the Chief Executive's Report and drew attention to the NHS Five Year Forward View document published by NHS England in October 2014.

The Chief Executive advised that that the ED target for Quarter 2 had been narrowly missed with the Trust achieving 94.8% against a target of 95%. The Council noted that an external data team had been engaged to revalidate 18 week data and the team would be sited on site with existing staff.

The Chief Executive advised that an external review of maternity services had been commissioned. It was noted that recruitment of midwives remained an issue and sickness absence levels had exacerbated this issue. The Chief Executive advised that diversions had been put in place on occasions in addition to reduced use of the midwifery led unit in order to ensure a safe service was provided for women.

The Council requested whether a briefing on 18 week pathway could be provided. The Chief Executive confirmed that this would be arranged. **Action: Jean O'Callaghan**

The Council noted the increase in complaints received. It was queried whether customer service training for staff was still provided. The Director of Workforce & OD undertook to confirm this. **Action: Paul Beal**

The Director of Finance introduced the finance update and advised that a deficit of £5.6m had been declared in September which was in line with the budget. The Trust had however maintained a Continuity of Service Risk Rating (CoSRR) of 2.

The Director of Finance advised that that cash was ahead of budget at £14.32m.

The Director of Finance submitted the latest forecast for 2014/15. The Council noted a forecast deficit of £3.2m, which included £2.2m of non recurrent spend.

In response to a query the Director of Finance advised that the QIPPs target was £18.5m and the current Programme Management Office risk assessment was £14.5m.

In response to a query the Director of Finance advised that budget figures would be presented to the Board in December and February before being submitted for final confirmation in March. Further actions were being implemented in an attempt to reduce costs and the Executive was reviewing agency expenditure and headcount reductions. Centralised approval of discretionary spend had also been put in place.

In response to a query the Care Group Director, Networked Care, advised that drug costs had reduced this year and the Trust was now using direct prescriptions. The Director of Finance added that the Trust's drug costs were £0.5m below budget.

The Council noted that the new theatres would be in use by January 2015.

The Chairman advised the Council that the Board, at its meeting earlier that day, had confirmed that two out of the three statements submitted as part of the Monitor quarterly

return had been marked as 'not confirmed'. The Chairman advised that this was likely to heighten Monitor's scrutiny of the Trust.

Resolved: that the report be noted.

53/14 Minutes of Meetings

The Chairs of Council Committees introduced the minutes of the following sub-groups held and highlighted particular issues and recommendations

- Membership Committee 4 September 2014
- Clinical Assurance Committee 24 September 2014
- Nominations and Remuneration Committee 25 September 2014
- Business Assurance Committee 2 October 2014

Membership Committee

The Chair advised that the survey to be undertaken in relation to the Annual Members Meeting had been delayed.

Clinical Assurance Committee

The Chair advised that the dates for the Committee had been rescheduled in order to align them with Board Clinical Governance Committee dates. The Chair reported that the new occupational health policy included a requirement that any new staff would not be declared fit for employment before they had confirmed their immunisation status.

Nominations and Remuneration Committee

The Chair advised the Committee had recommended the appointment of the new Non Executive Directors. The Committee had also begun preparations for the appraisal of the Chairman.

Resolved: that the minutes of the above meetings be received and the recommendations therein endorsed.

54/14 Questions from the Public

There were no questions from the public.

Date of Next Meeting

The next meeting would be held on Thursday 29 January 2015 at 6pm

SIGNED

DATE

Resources Committee

Resources Committee

Tuesday, 11 November 2014

10.00 – 12.20pm

Boardroom, Level 4, Royal Berkshire Hospital

Members

Mrs. Jane May	(Associate Non-Executive Director) (Chair)
Ms. Caroline Ainslie	(Director of Nursing)
Mr. Craig Anderson	(Director of Finance)
Mr. Stephen Billingham	(Chairman of the Trust)
Mr. Brian Hendon	(Non-Executive Director)
Mrs. Jean O'Callaghan	(Chief Executive)

In Attendance

Ms. Heather Allan	(Director of IM&T) (for minute 109/14)
Mr. John Barrett	(Non-Executive Director)
Mr. Paul Beal	(Director of Workforce and Organisational Development)
Mr. Julian Dixon	(Non-Executive Director)
Ms. Sue Edees	(Care Group Director, Urgent Care) (for minute 110/14)
Mr. Brian Hendon	(Non-Executive Director)
Ms. Sue Hunt	(Non-Executive Director)
Mrs. Caroline Lynch	(Deputy Company Secretary)
Mr. Peter Malone	(Care Group Director, Planned Care) (for minute 108/14)
Ms. Donna Rowell	(Associate Director of Operations, Planned Care) (for minute 108/14)
Mrs. Janet Rutherford	(Non-Executive Director)
Mr. John Taylor	(Associate Director of Strategy)

Apologies

Mr. Alistair Flowerdew	(Medical Director)
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103/14 Minutes: 15 September 2014

The minutes of the meeting held on 15 September 2014 were approved as a correct record and signed by the Chair.

104/14 Matters Arising Schedule

The Committee noted the matters arising schedule.

Minute 95/14: Medical Workforce Productivity

The Chief Executive advised that an update on medical workforce productivity would be submitted to the next meeting.

Minute 96/14: Royal Berkshire Bracknell Healthspace Financial Update

An update on proposals for development of the top floor of Bracknell Healthspace would be submitted to the December meeting and the Director of Finance would confirm the arrangements in respect of the loan interest payments.

Resolved: that

- (a) an update on medical workforce productivity be submitted to the next meeting**
- (b) an update on proposals for development of the top floor of Bracknell Healthspace be submitted to the next meeting**
- (c) the schedule be noted**

105/14 Business Case Benefits Realisation Update

It was noted that this report had been previously circulated. The Chair requested that future updates should include an indication of benefits realised for each approved business case.

Resolved: that future updates include an indication of benefits realised for each approved business case.

106/14 Financial Update

The Director of Finance gave a financial update.

The Director of Finance confirmed that a detailed update on financial performance in October would be submitted to the Non Executive Director briefing on 18 November.

The Director of Finance advised that the budget forecast was dependent on income growth and reduction of pay and agency spend. Further centralisation of discretionary spend had been now put in place and the budget planning process and identification of cost savings for 2015/16 had been submitted to the Executive for review.

Clarification was sought as to whether the predicted £2.5m saving on pay would be achieved in the last six months of the financial year. The Director of Finance advised that, although savings would be achieved it would not be £2.5m. The Committee noted that the current Programme Management Office risk assessment of cost QIPPs for 2014/15 was currently £15m.

The Director of Finance advised that additional income had been identified. However, this was not as a result of extra activity. Work was ongoing to ascertain if additional activity would result in additional income.

Resolved; that the update be noted and a further update be provided at the Non-Executive Director briefing on 18 November.

107/14 Workforce Quality Report

The Director of Workforce and Organisational Development introduced the Quarter 1 workforce report and drew attention to the appraisal completion rate of 85.5% against a target of 95%. It was noted that the percentage of reported effective appraisals was, however, 43%. The Director of Workforce and Organisational Development advised that it was anticipated that feedback obtained from the ongoing staff survey would better inform this data. Clarification was sought as to whether appraisals were undertaken at a specific time or were ongoing during the year. The Chief Executive confirmed that appraisals were undertaken throughout the year. It was agreed that the targets would be reviewed to ensure this reported data aligned with the appraisal process.

The Director of Workforce and Organisational Development reported that 43% of staff had received the flu vaccination against a target of 75%.

Clarification was sought as to whether data related to statutory and mandatory training could be provided separately in order to highlight specific risks. The Director of Workforce and Organisational Development agreed to review whether this could be included in future reports.

The Committee noted that data related to completed job plans had not been provided. It was agreed that the Director of Workforce and Organisational Development would confirm the number of completed job plans to the Committee as soon as possible.

The Committee discussed the time taken to hire staff. The Director of Workforce and Organisational Development advised that a number of issues including resignations provided in a timely manner by existing staff, the vacancy control process and time taken to advertise roles did result in longer than ideal replacement timings. The Director of Workforce and Organisational Development confirmed that the process would be reviewed as part of the proposed focus on recruitment and retention.

The Committee recommended that future reports should highlight those areas where targets were not being achieved in addition to actions being taken to address this. The Director of Workforce and Organisational Development confirmed that the Quarter 2 workforce report would be submitted to the December meeting and thereafter on a timely basis.

The Director of Workforce and Organisational Development advised that a workforce strategy would be developed and therefore a review of scheduled workforce updates to the Committee would be required. The Committee emphasised the need to ensure regular workforce updates were submitted to the Committee.

Resolved: that

(a) the number of completed job plans be confirmed to the Committee as soon as possible

(b) future reports to highlight areas where targets were not being achieved in addition to actions being taken to address this

(c) the Quarter 2 workforce report be submitted to the December meeting and thereafter on a timely basis.

(d) a workforce be developed and a review of scheduled workforce updates to the Committee be undertaken.

108/14 Theatre Efficiency Programme

The Care Group Director, Planned Care, introduced the report and advised that the 18 month programme had been undertaken in house in order to avoid additional costs. It consisted of eight work streams which covered all aspects of theatre and costs and was projected to take 18 months to realise all benefits. Progress had been achieved, however, this had been slow due to capacity issues and transformational change required to established ways of working.

The Associate Director of Operations, Planned Care, advised that, cancelled operations on the day of surgery had a significant on theatre efficiency. A system of telephoning patients seven days ahead of surgery had been introduced which had reduced the number of non-attendances. The Committee noted that theatre utilisation for the main site was currently 92% however utilisation at spoke sites had proven more difficult as theatre lists were more difficult to backfill when lists were cancelled.

Clarification was sought as to how theatre performance was measured. It was agreed that the Care Group Director, Planned Care would review the metrics used with the Chief Executive.

The Committee noted the requirement for all ophthalmology surgeons to undertake adult life support (ALS) training. The Associate Director of Operations, Planned, Care explained that this initiative resulted in theatre lists requiring only an ALS trained Operating Department Practitioner (ODP). It was noted that a theatre list had been cancelled on one occasion as a locum surgeon had not undertaken ALS training. However, this had since been rectified to ensure that any locum staff engaged were ALS trained.

Clarification was sought as to the timeframe for delivery of Phase I. The Associate Director of Operations, Planned Care, advised that a detailed project plan was available and Phase II of the programme had started in April 2014.

Clarification was sought in respect of progress of the planned refurbishment of West Berkshire Community Hospital Day Bed. The Care Group Director, Planned Care reported that architectural plans had been revised and were being drafted at present and works could potentially be in place by the end of the financial year. It was agreed that the business case would be reviewed with the Director of Finance to ascertain whether the business case required resubmission. The Care Group Director, Planned Care, confirmed that the use of consultants would be evaluated as part of this.

It was agreed the project plan, including timings for each work stream would be circulated to the Committee as soon as possible.

Resolved: that

(a) metrics used to measure theatre performance be reviewed

(b) the business case for the development of West Berkshire Community Hospital Day Bed be reviewed with the Director of Finance

(c) the project plan, including timings for each work stream be circulated to the Committee as soon as possible.

109/14 IT Strategy Update

The Director of IM&T gave an update on the IT strategy and advised that three elements were incorporated which included informatics, IT and infrastructure.

The Committee noted that in respect of informatics a staffing restructure had been agreed and four key data quality projects were ongoing which included rebuild of the data warehouse and all data collection processes. Transformation of the current IT team would be required to support all key IT systems and to develop capability to deliver new IT systems.

The Director of IM&T drew attention to the Clinical Digital Maturity Index (CDMI) model and advised that the IT strategy was based on the matrix. The final IT strategy would be submitted to the December meeting.

Resolved: that

- (a) the final IT strategy be submitted to the December meeting**
- (b) the update be noted.**

110/14 Capital Replacement of Angiography Suite

The Care Group Director, Urgent Care, introduced the report and advised that capital investment for replacement of the angiography suite was required. The equipment had been identified as requiring priority replacement due to reliability issues. The Care Group Director, Urgent Care, confirmed that staff working in the area were closely monitored and redeployed when required to ensure dosing levels were not exceeded.

It was noted that capital cost of the project was £1.5m and it was proposed that the equipment would be installed in April 2015 to ensure it was funded from the 2015/16 capital budget. The Director of Finance advised that proposed funding for the angiography suite would form part of the £2m unallocated spend for 2015/16 attributed to major projects.

The Committee noted that replacement of the angiography suite would adversely affect the financial position. Clarification was sought as to whether there would be any disruption from the enabling works. The Care Group Director, Urgent Care, advised that there would be a period of down time however this would be planned for.

The Committee agreed that a recommendation should be submitted to the Board for approval of the capital replacement of the angiography suite.

Resolved: that a recommendation be submitted to the Board to approve capital replacement of the angiography suite

110/14 Strategic & Monitor Annual Plan Update

The Associate Director of Strategy introduced the report and advised that strategic planning guidance was due to be issued by Monitor and the Department of Health in November.

Clarification was sought as to whether clinical services were better engaged in the strategic planning process. The Associate Director of Strategy advised that a strategic production framework had been developed which set out how the Trust would deliver a robust strategy. This included key deliverables of the Monitor Operational Plan and a Clinical Services strategy by March 2015. The Chief Executive reported that it was important to ensure the Trust could demonstrate strategic planning processes. It was agreed that further discussions with the Chairman and Chief Executive would be undertaken in respect of resource and process required for strategic planning.

Resolved: that

(a) further discussions be undertaken in respect of resource and process required for strategic planning

(b) the update be noted.

110/14 Workplan Review

The Committee received the revised work plan.

It was agreed that the Director of Workforce and Organisational Development would review and confirm the timetable for workforce items to be submitted to the Committee.

Resolved: that

(a) the Director of Workforce and Organisational Development would confirm the timetable for workforce items to be submitted to the Committee

(b) the work plan be noted.

111/14 Date of Next Meeting

Resolved: that the next meeting be held at 10am on Monday, 8 December 2014.

SIGNED:

DATE:

Board of Directors

Title: Chief Executive's Report

Date: 26 November 2014

Lead: Jean O'Callaghan, Chief Executive

Purpose: The purpose of this paper is to update the Board with an overview of performance, key strategic and environment issues since the previous Board meeting: This includes items that may impact on policy changes, quality and financial risks in the health economy.

Key Points:

- The Emergency Department achieved 97% patients seen and treated in 4 hours compared to target of 95%. A new facility within the department has been opened to look after patients who do not need admitting to hospital but need more than four hours care. This will help to alleviate some pressure during the winter.
- Correcting 18 week RTT reporting continues to be a major focus. Discussions with Monitor indicate they may consider formal action over Trust performance in this area.
- "The NHS Five Year Forward View" published by NHS England offers a vision of an NHS that will deliver better care over the next five years and sets out options for new organisational models for providing care.
- The Kings Fund Quarterly Monitoring "How is the NHS Performing?" has shown the highest level of pessimism about the financial position of health organisations since surveys began in 2011; poor staff morale is the greatest concern among NHS financial directors nationally.

Decision required: The Board is asked to note the Chief Executive Report.

FOI Status This report will be made available on request.

1 Overview

- 1.1 Despite October being another busy month with continued pressure on the Emergency Department, we achieved 97% against a target of 95%.
- 1.2 Performance against cancer targets for 2 week wait, 31 day to first treatment and 62 day all GP referrals continue to require improvement but are on trajectory to be achieved in February.
- 1.3 Progress is being made in validating of 18 week lists. A central 18 week team to manage this function is being established. Monitor have agreed that we may delay reporting performance in quarter two until data has been revalidated and an accurate position established.
- 1.4 Maternity services remain under pressure. Recruitment is a high priority to increase staffing and deliver the service that is expected.
- 1.5 The 6 week diagnostic waits achieved 100% in October. There were no falls resulting in harm or grade 3/4 pressure ulcers occurring for a second month. This is a credit to all the staff involved.
- 1.6 There were no MRSA bacteraemia cases and 4 cases of clostridium difficile. This target is now under greater pressure.
- 1.7 Financially the in month position was better than budget, but a strong focus on controlling expenditure is essential if the forecast position is to be achieved.

2 Other Issues

2.1 Pride of Reading Awards

The Cardiology team was named as the Health Team of the Year at the recent Pride of Reading Awards. David Cameron recorded a special congratulatory video message of thanks that was played to all guests when the team went on stage to collect their award.

2.2 Sentinal Stroke National Audit Programme Report

The 2014 Audit has been received. It provides an overview of the organisation of stroke services at the hospital. It covers 6 domains and provides an overall score. RBH scored 81.5. The national median total organisation score for trusts was 73.5. This is good performance and the report helps focus where improvement can be made.

2.3 C. diff one-year-free celebration

14 wards and departments have been without any trust attributed Clostridium difficile infection cases for a full year up to the end of October and in recognition of this fantastic achievement. Certificates were presented to representatives from each ward earlier this month.

2.4 Changes in the Emergency Department

The Emergency Department opened its new observation ward at the end of October. An office area has been converted to two four-bedded bays with toilet and shower facilities, an area for ambulatory chairs and an interview room suitable for patients with mental health needs. This new ward is designed to look after patients that need more than four hours care, but who do not need admitting to hospital. It will be an invaluable asset during the coming winter months as demand increases further.

2.5 Site Electrical Resilience

The culmination of 15 months of planning, testing and finally the project execution resulted in a successful “Black Test” of the site electrical and generator back up systems on the weekend of the 1st & 2nd of November 2014. This proved the hospitals ability to respond to the unplanned loss of electrical supplies, either by a sub station failure or physical damage to the incoming high voltage mains. This demonstrates strong business continuity, achieving a level of assurance few other Trusts in the country are currently able to match. A number of staff worked long hours over the weekend to conduct all pre-testing and the monitoring of the impact upon the hospital.

2.6 Additional ward drop in facility

This capital project continues on programme and on budget. The project delivery is combination of close working with the Urgent Care Group and the capital project teams and will result in the fast track mobilisation of an 18 patient facility with availability to provide additional capacity for our patients for at least the next 12 months. In order to meet this exceptionally challenging time-scale, this new facility has been pre-engineered off site and craned into position, behind the former CDU unit and internal access has been created, to maintain continuity for the patient pathway.

2.7 Hello my name is...

On 3rd November we launched the “Hello my name is...” campaign in the Trust. The 'Hello my name is...' national campaign was originally set up by doctor and cancer sufferer Kate Granger to improve communication between patients and staff. She was surprised at the number of staff she came into contact with during her treatment who did not introduce themselves.

This experience was also felt by Royal Berkshire NHS Foundation Trust Patient Leader, Joyce Gustard. She worked with the Trust to help introduce the campaign to our staff. Almost 100 RBH staff braved the rain and gathered on the steps of the old hospital entrance for a photograph to mark the launch.

2.8 Foundation Trust Network (FTN)

The Foundation Trust Network has advised it will change its name from December 1st to NHS Providers. It will continue to be the organisation and trade association for all members. The FTN was previously part of the NHS Confederation and this clearly identifies it as an organisation in its own right.

2.9 NHS Performance October 14

The Kings Fund Quarterly Monitoring “*How is the NHS Performing?*” provides survey feedback from finance directors on the productivity challenge they face, and also reports on key NHS performance data. The most recent survey of finance directors has shown the highest level of pessimism about the financial position of health organisations since surveys began in 2011 and poor staff morale is the greatest concern among NHS financial directors.

Figure 1: Headlines from Kings Fund QMR October 14



2.10 The latest NHS England figures show that admissions to A&E have hit their highest levels since record began and that emergency admission between April and October were 5.7% higher than during the same period last year. Most Trusts are struggling to meet the A&E target to see and treat patients in 4 hours and the national position in October was 93%.

3 Key Reports

3.1 *“The NHS Five Year Forward View”* (Oct 14) published by NHS England describes the choices facing the NHS, stating that we need to take decisive action now in order to stop the growing health and care quality gap from escalating. The report offers a vision of an NHS that will deliver better care and a better experience for patients over the next five years and sets out options for new organisational models for providing care, including hospitals running GP practices or GP groups taking over hospitals. The new, flexible models of service delivery will not be mandatory and would be tailored to local populations and needs. The report also recommends that care should be integrated across the health and social care system and that quality and leadership organisations are reviewed and re-aligned to ensure a focused approach to supporting providers through change. The report concludes that additional resources are vital during the implementation phase in order to enable them to make greater efficiency gains in the longer term.

3.2 *“People in control of their own health and care: The state of involvement”* has been published by the King’s Fund and investigates why, over the last 20 years, policy makers in health have been unable to make significant progress towards fully involving people in their own health and care. The report also makes recommendations to enable person-centred care to be at the core of health and care reform in the future.

3.3 The report acknowledges that NHS England’s online guidance to commissioners: *Transforming Participation in Health and Care* (Sept 13) is a first step but states that other nationally led actions are needed; these include a model of professional education and training based on working with users and citizens, staff and patients to have access to high-quality tools for care-planning and shared decision-making and organisations to be held to account and enable local organisations to focus on patients not politicians.

3.4 The King’s Fund has also released a report reviewing how the Care Quality Commission ‘CQC’ approaches its analysis of the leadership and organisational culture of providers. *“Exploring CQC’s well-led domain - How can boards ensure a positive organisational culture?”* describes how this development is in line with a more wide-ranging approach to inspecting health care providers and the five areas that boards should focus on to ensure their organisation is well-led:

- inspiring vision – developing a compelling vision and narrative
- governance – ensuring clear accountabilities and effective processes to measure performance and address concerns

- leadership, culture and values – developing open and transparent cultures focused on improving quality
- staff and patient engagement – focusing on engaging all staff and valuing patients' views and experience
- learning and innovation – focusing on continuous learning, innovation and improvement.

4 Contact

Contact: Jean O'Callaghan
Phone: 0118 322 7226

Royal Berkshire NHS Foundation Trust

Board of Directors

Title: Quality Performance Report

Date: November 26th 2014

Leads: Caroline Ainslie, Director of Nursing
Bernadette Bluhm Interim Chief Operating Officer

Purpose: The purpose of this paper is to provide the Board of Directors with an analysis of quality performance to the end of October 2014. The report covers performance against the Monitor Risk Assessment Framework as well as national and local key performance indicators.

Key Points The Quality Performance Report is designed to provide high level analysis and identify and escalate key performance issues. Exception reports are included to provide assurance regarding key performance exceptions.

The Quality Performance report consists of the following components:

- Quality Report narrative: additional analysis and data of exception items requiring commentary. Includes performance issues.
- Quality Dashboard: highlighting quarterly, current month performance and forecast against the most significant indicators.
- Quality KPI Scorecard: additional metrics with granularity by theme, month and previous year's outturn.
- Monthly ward nursing and midwifery staffing information.
- Performance exception reports: Present status, action plan and date when recovery of target/standard is expected.

Items of note from this month's report include:

- 'Red' performance was recorded against 10 (out of 34) on the Trust dashboard in October.
- The diagnostic to 6 week indicator has improved to 100%
- The A&E 4 hour waiting time has improved to 97%
- Cancellation of surgery on the day of surgery for non clinical reasons has decreased to 0.34%
- Theatre utilisation has improved to 90%
- Cancer 62 wait screening referral is now a 100%
- Areas of worsening performance in October are:
 - o The number of complaints has increased to 39 with complaints relating to behaviour and attitude showing no improvement.
 - o Cancer waiting time targets: 2 week wait Cancer 62 day, cancer 31 day wait surgery, cancer 62 day wait GP referral all have deteriorated

- **Patient safety:** There have been no patient falls this month resulting in serious harm.
- **Clinical effectiveness:** There are no significant concerns regarding mortality.
- **Patient experience:** The Net Promoter Score was 81 against a national average of 73.
- **Staff:** Appraisal rate remains unchanged at 89% and the mandatory training has increased to 84%.Sickness absence has increased during October to 3%

Decision required: The Committee is asked to note the Quality Performance Report and the actions being taken.

FOI Status: This report will be made available on request.

1. Introduction

The purpose of this report is to provide assurance to the Executive Board of Directors on compliance against the Monitor Risk Assessment Framework, national and local key performance indicators. It acknowledges significant and notable achievements, and highlights and discusses areas of concern or where performance has a less than favourable forecast.

2. Monitor compliance

2.1. A&E

Performance was 97% of patients treated in 4 hours in October 2014.

2.2. Cancer Waiting Times

Two week wait 88.5%.

Cancer 31 day wait for surgery 69.6%.

Cancer 62 day wait 71.3%

This is an un-validated position for all 3 of the above standards and it is expected that there will be an improvement in the performance on validation completion.

The Trust will however remain below the required 93% for October as described in the recovery trajectory.

A comprehensive cancer improvement plan, identifying root cause and corrective actions will be submitted to the Resources committee on December 8th

Breast symptomatic 14 day standard 97.2%. October performance has exceeded the required standard of 93%. Final validation is required but the Trust is confident that this standard will remain compliant.

2.3. 18 weeks RTT Admitted Patients

The reporting of the 18 week Referral to Treatment standards were suspended across the Trust in Q2. The trust will recommence reporting on the admitted and non admitted pathways in December on November performance. Reporting of the incomplete pathway PTL (Patient Tracking List) will recommence in February on January performance. The reporting of the incomplete PTL reflects the time line agreed with Monitor to complete the validation recovery program.

The Trust is on track with trajectory against the recovery plan submitted to Monitor in October.

2.4. Waiting Time for Diagnostic Investigation

This indicator has exceeded the 99% target to 100% for October.

2.5. Care Quality Commission Compliance

At the Trust CQC Inspection during March 24th – 26th 2014 the Trust received a rating of 'requires improvement' and seven compliance actions. The CQC has confirmed that in relation to the compliance actions, it will ascertain the dates by which the Trust has stated it will be compliant and will plan a re-inspection based upon this trajectory. The CQC is communicating with Trust's partners to monitor progress of the post-inspection action-plan.

The Trust's CQC Inspector attended the Trust on November 13th 2014 for a planned meeting to review the Trust's CQC action plan.

The fourth draft CQC Intelligent Monitoring (IM) report was released to the Trust on October 27th 2014. The final report will be published on December 3rd 2014.

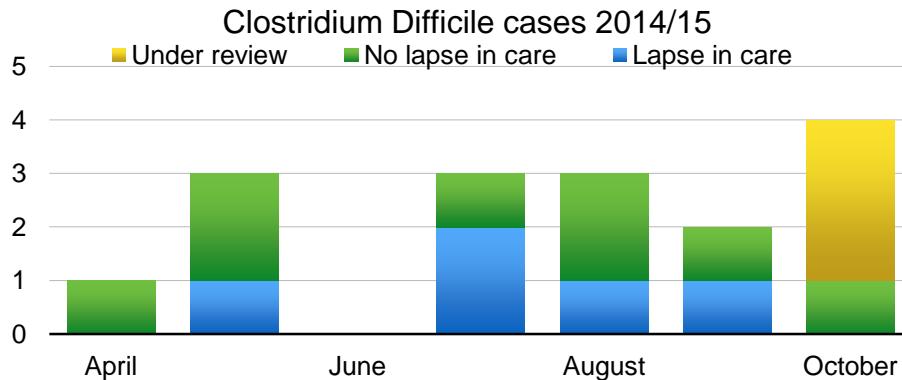
The following indicators are likely to be identified as 'risks' or 'elevated risks' within the draft report based on the Trust's performance.

- (i) Never event incidence. The last Never Event was June 25th 2014.
- (ii) Composite indicator: referral to treatment.
- (iii) Monitor continuity of service score.
- (iv) NRLS exporting rate – exported patient safety incidents per 100 admissions
The new Head of Patient Safety has reviewed the Trust reporting process for safety alerts and October data has improved to 6.8 per 100 admissions.
- (v) Dr Foster Intelligence alerted on in hospital mortality for dermatological conditions. This is under review and due to be completed by end November 2014.
- (vi) The composite of Central Alerting System (CAS) safety alerts indicators. This includes the number of alerts which should have been closed by the Trust during the preceding 12 months and the percentage of CAS alerts which the Trust have closed late. A proposal on how to manage CAS alert process is being presented at the next Quality Performance & Learning Committee in November.

3. Quality Report: Exceptions

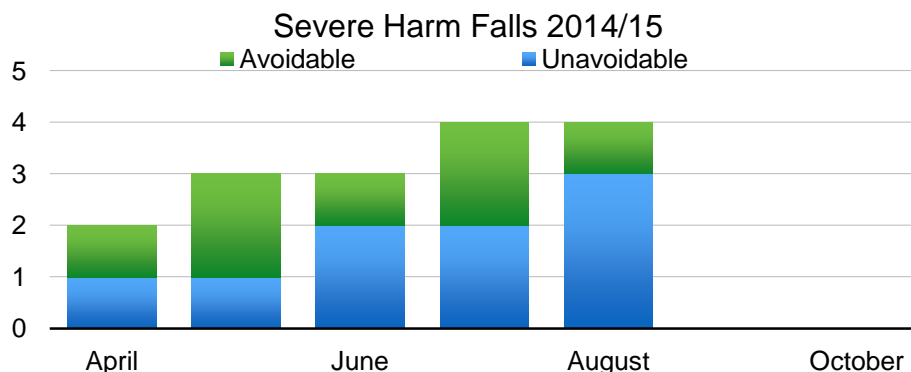
3.1. Patient safety

Infection Control: There were 4 cases of Clostridium Difficile reported by the Trust in October. There have been 16 cases reported year to date against a target of 21. 13 of the 16 cases have been reviewed. It has been agreed with the CCG that 5 of the 13 cases are due to lapses in care. Learning from the investigations has been shared with the Care Groups.



Harm Free Care: The level of harm free care reported on patient safety thermometer is 93.03 % (All harms) during October. Harm free care (New harms) is at 98.3%.

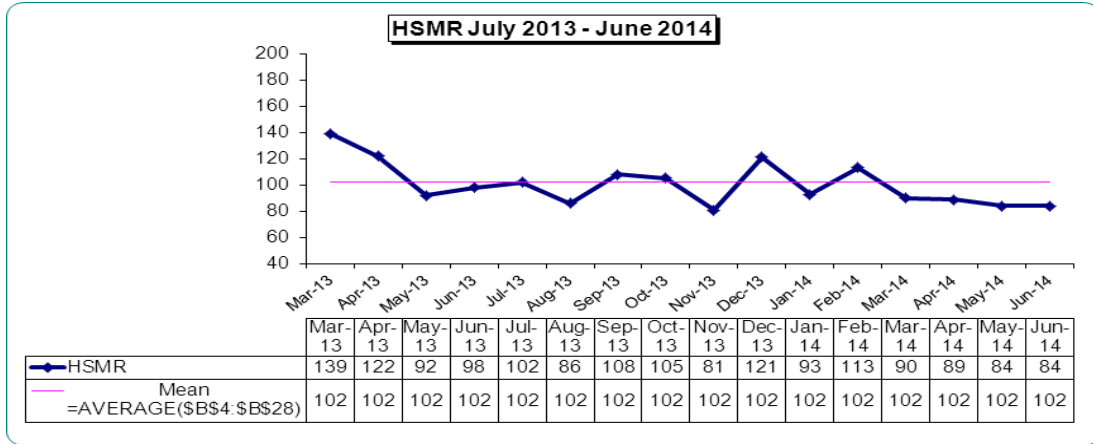
Falls: There has no falls with serious harm reported this month. There have been 16 severe harm falls year to date, 7 of which have been assessed and agreed as avoidable with the CCG. This is against a year to date target of 12. As from November 19th there have been no falls with serious harm for 85 days. The Falls Steering Group has developed a Trust Wide action plan which addresses the learning from investigations and is being implemented in all areas.



Pressure Ulcers: There were 0 hospital acquired grade 3 or 4 pressure ulcers reported in October.

3.2 Clinical effectiveness

Mortality Indicators: Current HSMR is 84 for all days and continues to show a downward trend.



Maternity Care: The normal birth rate has decreased 59.4% against a target of 63%. In November the Trust has commenced a pilot to assess low risk women in early labour at home.

There was a slight (1%) increase in the emergency caesarean section rate in October. This will be reviewed but one month small increase is likely to be a natural fluctuation.

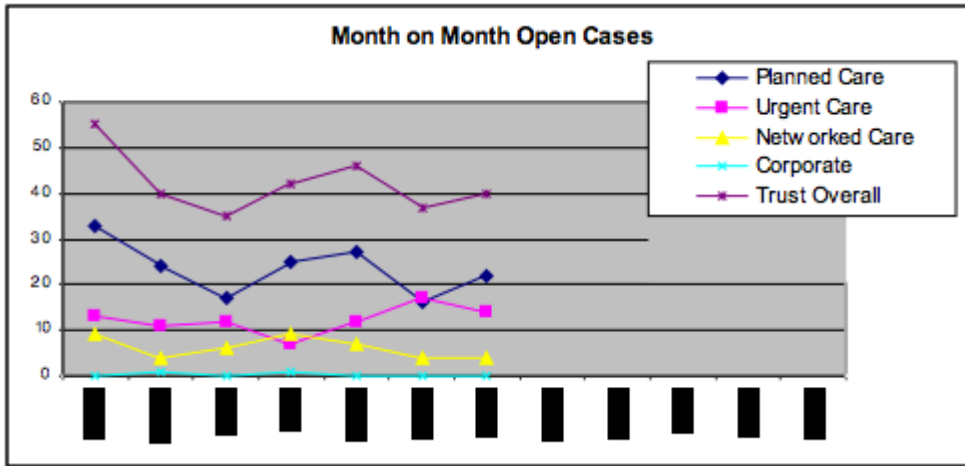
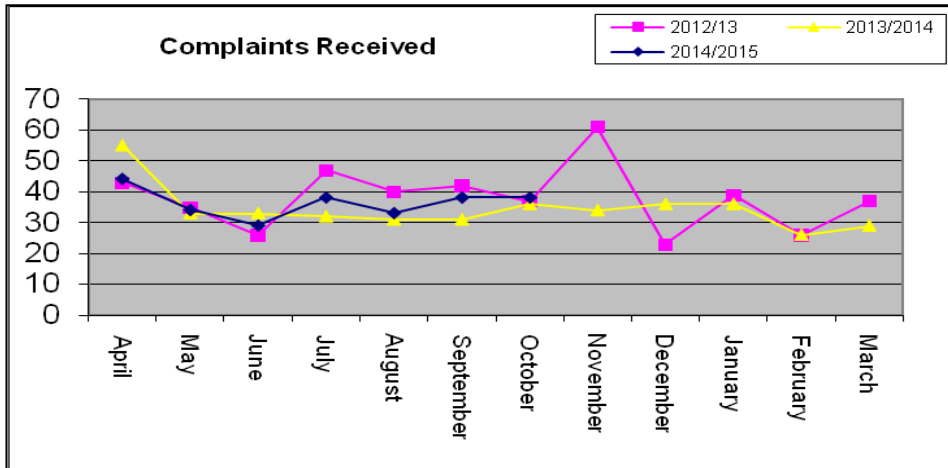
Rubella vaccination has decreased to 85%. The percentage is based on small numbers. There were 28 women who were identified as being non immune to rubella through routine antenatal screening. 24 of these had MMR vaccination prior to discharge home. 3 declined despite counselling both antenatally and in the postnatal ward. There were no missed cases.

3.3 Patient experience

Inpatient survey: Feedback from patients continues to be positive with 99% of patients stating they would recommend the hospital.

Net Promoter Score: Friends and Family response rates have increased to 38.8% and the Net Promoter Score is 81.

Complaints: The number of complaints has increased to 39 for October. The average response times to complaints continues to improve slowly and is currently at 26 days. The overall number of open complaints continues to improve.



4. Workforce

- 1.1. Appraisals: In October the appraisal rate has remained unchanged at 89%.
- 1.2. Mandatory Training: has improved to 84% for this month.
- 1.3. Sickness absence: The absence rate has increased to 3% in October
- 1.4. The Director of Workforce and Organisational Development is developing an improvement programme which will cover the areas of appraisals, mandatory training and sickness absence to improve quality of patient care.

5. Contact

Contact: Caroline Ainslie, Nursing Director

Royal Berkshire NHS Foundation Trust Quality Summary Dashboard

	Q1	Q2	Q3	Q4	April	May	June	July	August	September	October	Cum YTD 2014/15	Threshold 2014/15	12 month trend
	2013/14	2013/14	2013/14	2013/14	2014	2014	2014	2014	2014	2014	2014	Projected 7+		
Indicative Monitor Governance Risk Rating														
CQC Identified Risks (IMR)	N/A	9	4	6	7	7	7	7	7	12		Projected 7+		
Patient Safety														
Meeting the C.Diff objective	10	15	9	6	1	3	0	3	3	2	4	16	40	increasing
Never events	0	1	1	3	0	1	1	0	0	0	0	2	0	no change
Rate of patient safety incident reporting	5.7				4.68	4.58	4.1	4.5	5.3	6.0	6.8	4.9	7.0	increasing
All serious incidents (SI)		16	17	23	6	4	3	6	6	5	2	32	50	reducing
Patient falls resulting in Harm (SI)			2	7	2	3	3	4	4	0	0	16	20	no change
Grade 3 or 4 avoidable pressure ulcers (SI)	7	6	5	2	0	1	0	0	0	0	0	1	14	increasing
Harm Free Care - all harms reported on PST	92.6%	93.9%	92.9%	93.1%	93.8%	94.3%	96.8%	97.6%	93.2%	93.3%	93.0%	94.6%	95%	Improving
Clinical Effectiveness														
HSMR 12 month rolling -all days	see details				89.21	83.95	84.00	85	Data not yet available				100	reducing
HSMR 12 month rolling - weekend	see details				96.63	90.37	94.35	98.33	Data not yet available				100	reducing
Emergency re-admissions in 30 days	7.9%	7.2%	7	6.7	6.8	6.8	6.5	7.5	7.4	6.4	6.4	6.8	7.3	increasing
Staff														
Appraisals	84%	79%	81%	85%	85%	87%	86%	88%	88%	89%	89%	87.0%	95%	reducing
Mandatory Training	Data	Data	Data	65%	71.6%	73.0%	75.0%	83.0%	83.0%	83.0%	84.0%	78.0%	85%	reducing
Sickness/absence	3.0%	2.8%	3.0%	3.2%	2.9%	3.0%	3.2%	3.0%	2.7%	2.6%	3.0%	2.9%	2.8%	reducing

Cancer data not validated at time of writing report

	Q3	Q4	Apr	May	June	July	August	September	October	Cum YTD 2014/15	Threshold 2014/15	12 month trend
	2013/14	2013/14	2014	2014	2014	2014	2014	2014	2014	2014		
Patient Experience												
Number of complaints	106	91	44	34	29	38	33	38	39	255	400	increasing
Number of PALS concerns	722	832	233	278	296	280	241	309	337	1974	3000	increasing
Complaints relating to Behaviour & Attitude	28	18	10	5	5	4	6	8	9	49	39	increasing
Complaints average response time			35	29	28	28	27	27	26	29	<= 25 days	reducing
Friends and Family Test Inpatients response rate	No data	No data	31.3%	38.7%	36.4%	41.7%	40.3%	37.9%	38.8%	36.8%	40%	increasing
Friends and Family Test NPS inpatient NPS	65	71	79	77	79	81	82	82	81	N/A	70	reducing
Waiting Times												
A&E: seen in 4 hours	92.4%	89.7%	95.6%	96.1%	95.6%	96.9%	94.9%	92.2%	97.0%	95.5%	95%	improving
Cancer 2 week wait	94.7%	93.0%	88.1%	93.5%	89.4%	90.3%	84.3%	90.1%	88.5%	N/A	93%	reducing
Cancer 2 week wait: breast patients	95.0%	93.3%	87.4%	89.2%	86.2%	85.0%	94.3%	93.0%	97.2%	N/A	93%	improving
Cancer 31 day wait: to first treatment	98.8%	97.1%	97.1%	99.4%	98.0%	98.8%	96.1%	98.9%	97.2%	N/A	96%	reducing
Cancer 31 day wait: surgery	97.5%	95.5%	95.5%	90.5%	92.6%	94.7%	87.5%	90.9%	69.6%	N/A	94%	reducing
Cancer 31 day wait: drug treatments	100%	99.5%	100.0%	100%	100%	100%	99%	98%	98%	N/A	98%	no change
Cancer 31 day wait: radiotherapy	98.6%	96.2%	100.0%	96.4%	97.1%	100.0%	94.7%	95.4%	96.6%	N/A	94%	improving
Cancer 62 day wait: GP Referral	85.8%	85.1%	85.6%	73.0%	86.1%	77.0%	80.0%	76.2%	71.3%	N/A	85%	reducing
Cancer 62 day wait: screening referral	91.1%	88.4%	90.0%	89.5%	90.9%	86.7%	90.9%	78.9%	100.0%	N/A	90%	improving
18 Weeks: admitted patients	93.7%	93.0%	91.8%	89.18%	90.56%	N/A	N/A	N/A	N/A	N/A	90%	reducing
18 Weeks: non-admitted patients	99.9%	99.9%	99.9%	99.72%	99.96%	N/A	N/A	N/A	N/A	N/A	95%	no change
18 Weeks: incomplete pathways	94.2%	94.2%	94.1%	95.36%	93.23%	N/A	N/A	N/A	N/A	N/A	93%	no change
Diagnostics in 6 weeks %	98.7%	71.7%	70.1%	72.8%	82.0%	96.6%	91.0%	99.7%	100.0%	80.4%	99%	improving

Quality Key Performance Indicators

Ref		This Year									Historical Trend	Q1	Q2	YTD	Target/Threshold 2014/15	Target Source	Out-turn 2013/14	More detail in..
		Apr	May	Jun	July	Aug	Sept	Oct	M									
1	Infection Control	Meeting the C.Diff objective	1	3	0	3	3	2	4		4	8	16	40	Monitor	40		
2		C.Diff due to lapses in care	0	1	0	2	1	1	0		1	4	5	20	Monitor	N/A		
3		C.Diff cases under review							3		0	0	3	Not Set	Monitor	N/A		
4	Patient Safety Thermometer	Pressure Ulcers New (PST)	0.17%	0.46%	0.50%	0.33%	0.17%	0.34%	0.17%		0.38%	0.34%	0.37%	0.8%	HSCIC	0.6%		
5		New catheters with a UTI (PST)	0.50%	0.00%	0.50%	0.65%	1.22%	0.34%	0.85%		0.33%	0.51%	0.38%	0.9%	HSCIC	1.0%		
6		Harm Free Care - All Harms (PST)	93.78%	94.28%	96.81%	97.63%	93.18%	93.33%	93.03%		94.96%	97.63%	95.63%	95%	HSCIC	93%		
7		Harm Free Care - New Harms (PST)	98.35%	99.07%	98.66%	98.48%	97.90%	98.12%	98.30%		98.95%	98.48%	98.64%	97.2%	HSCIC	97.2%		
8	Incidents Reporting	Pressure Ulcer Incidence per 1,000 bed days	0.37	1.38	0.48	0.33	0.76	0.72	0.52		0.77	0.58	0.68	1.42	Contract	0.95		
9		Grade 3 or 4 avoidable pressure ulcers (SI)	0	1	0	0	0	0	0		1	0	1	14	Historical	20		
10		Patient Falls per 1,000 bed days	3.6	4.2	4.5	5.6	4.3	3.2	4.5		4.1	5.1	4.4	<5	Contract	4.4		
11		Patient falls resulting in Harm (SI)	2	3	3	4	4	0	0		8	8	16	20	Local	13		
12		Reportable Patient Safety Incidents/100 admissions	4.68	4.58	4.07	4.54	5.30	6.00	6.80		4.44	5.28	4.86	7.0	Local			
13		Unapproved Incidents	325	251	199	173	72	99	60		775	344	1179	N/A	Local			
14		All serious incidents (SI)	6	4	3	6	6	5	2		13	17	32	50	Local	75		
15		Medication Errors	127	94	118	108	81	73	85		339	262	686	832	Local	832		
16		Duty of Candour breaches (SI)	0	1	0	0	0	0	0		1	0	1	0	Contract	0		
17		Never Events	0	1	1	0	0	0	0		2	0	2	0	Contract	6		
18	Number of patient safety incidents reported	355	361	345	360	327	468	572		1061	1155	2788	8798	Contract	5070			
19	Cleanliness	Trust Cleanliness score	96.21%	94.44%	96.74%	96.21%	94.70%	96.14%	96.14%						Local			
20																		
21	Mortality Indicators	HSMR 12 months rolling weekdays			81.11	73.43												
22		HSMR 12 months rolling weekend	96.63	90.37	94.35	98.33												
23		HSMR 12 months rolling all days	89.21	83.95	82.83	85.22												
24		HSMR weekdays	79.51	77.26	84.7	72.52												
25		HSMR weekend	82.96	94.82	99.24	96.76												
26		HSMR all days			86.97	80.96												
														N/A				
															National Ave	87.15		
															National Ave	96.63		
															National Ave	89.21		
															National Ave	83.52		
															National Ave	64.80		
															National Ave	78.50		

Royal Berkshire NHS Foundation Trust Quality Dashboard

Ref		This Year								M	Historical Trend	Q1	Q2	YTD	Target/Threshold 2014/15	Target Source	Out-turn 2013/14	More detail in..
		Apr	May	Jun	July	Aug	Sept	Oct										
27	Stroke Care	Pts spend 90% time on an acute stroke unit	92.50%	84.20%	84.50%	89.1%	94.5%	83.0%	95.3%		86.90%	91.8%	87.5%	80%	Contract	90.9%		
28		Admission to Acute Stroke Unit within 4 hours	62.5%	88.7%	89.1%	83.7%	77.6%	71.8%	89.1%		80.80%	80.7%	81.0%	90.0%	Contract	66.5%		
29		Stroke patients scanned within 24 hours	98.10%	95.00%	94.90%	95.7%	100.0%	98.0%	95.3%		95.90%	97.9%	95.9%	100.0%	Contract	94.7%		
30		Stroke: Discharged to their normal place of residence	90.0%	90.0%	90.0%	92.0%	100.0%	100.0%	100.0%		90.0%	96.0%	90.5%	92.5%	Contract	92.5%		
31		Stroke: Average Length of Stay (days)	20	15	16	13	14	27	17		17	18	17	16	Contract	16		
32	Maternity Care	Breastfeeding initiation	79.8%	77.3%	82.1%	79.8%	81.0%	80.3%	81.1%		79.2%	80.4%	79.70%	80%	Contract	80.3%		
33		Percentage of ALL caesarean sections	27.9%	27.1%	26.8%	26.4%	26.1%	22.0%	26.2%		27.3%	26.3%	27.0%	<23%	Contract	27.1%		
34		Percentage of normal births	58.2%	58.5%	57.3%	61.6%	56.9%	61.9%	59.4%		58.0%	59.0%	58.9%	63%	Contract	57.9%		
35		Rubella non-immune women vaccinated	92%	89%	95%	95%	94%	95%	85%		92%	95%	92%	90%	Contract	94%		
36		At risk babies who receive BCG vaccination	86%	82%	89%	91%	89%	90%	90%		86%	90%	87%	90%	Contract	91%		
37	Re-admissions	Women giving birth have 1:1 delivery of care	92%	99%	100%	99%	99%	99%	99%		97%	99%	97%	95%	Contract	99%		
38		Unexpected admission >37 weeks to neonatal care	3%	6%	4%	5%	4%	6%	5%		4%	5%	4%	20%	Contract	280		
39		Emergency re-admissions within 30 days	6.4	6.8	6.5	7.5	7.4	6.4	6.4		6.5	7.4	6.8	<7.3%	Local	7.3%		
40		Elective re-admissions within 30 days	4.5	4.9	4.6	4.2	5	4.7	4.2		4.8	4.6	4.6	<4.3%	Local	4.3%		
41		Other Clinical Indicators	Patients in ED/CDU with a diagnosis of sepsis receive antibiotics in one hour	75%	100%	100%	100%	100%	100%	100%		92%	100%	93%	90%	Local	76%	
42	Nutrition risk assessment in 24 hours		81%	79%	79%	79%	78%	77%	79%		80%	79%	79%	90%	Local	80%		
43	Nutrition risk assessment in 48 hours		93%	89%	90%	88%	89%	87%	90%		91%	88%	90%	90%	Local	92%		
44	Fractured Neck of Femur: Surgery in 36 hours		80.5%	78.3%	78.5%	80.0%	80.4%	81.4%	84.3%		79.1%	80.0%	79.3%	74.7%	Local	74.7%		
45	VTE Risk Assessment		96.4%	96.7%	96.3%	96.2%	95.1%	96.7%	96.4%		96.5%	95.7%	96.4%	95%	DoH	95.6%		
46	Adult IP who receive appropriate VTE prophylaxis	96.40%	96.70%	96.90%	96.67%	97.51%	96.14%	97.72%		97%	100%	97%	85%	Contract	91.65%			
48																		
49	Surveys and Feedback	Trust Patient Survey - overall rating	99%	98%	98%	98%	99%	99%	99%		98%	98%	98%	97%	Local	96%		
50		Inpatient survey question: "Involved as much as desired in decisions about care and treatment"	86	84	82	86	89	89	92					84	Local	85		
51		Inpatient survey question: "Informed about medication side effects"	85	84	79	84	77	85	85					80	Local	86		
52		FFT Response Inpatients	31.2%	38.2%	36.4%	41.7%	40.3%	37.9%	38.8%		35.4%	41.7%	36.8%	29.51%	DoH	29.51%		
53		FFT Net Promoter Score Inpatients	79	77	79	81	82	82	81					76	DoH	76		
54		FFT Response A&E	19.1%	30.3%	28.4%	24.9%	20.4%	18.5%	21.3%		26.2%	24.9%	25.6%	15.82%	DoH	15.82%		
55		FFT Net Promoter Score A&E	63	64	65	58	68	69	71					53	DoH	53		
56		FFT Response Maternity	18.5%	27.1%	16.4%	20.0%	14.5%	19.2%	19.4%		20.7%	20.0%	20.5%	12.05%	DoH	12.05%		
57		FFT Net Promoter Score Maternity	74	72	80	67	73	66	64					70	DoH	70		
58	Single sex accommodation - breaches	0	0	0	0	0	0	0		0	0	0	0	DoH	0			

Royal Berkshire NHS Foundation Trust Quality Dashboard

Ref		This Year									M	Historical Trend	Q1	Q2	YTD	Target/Threshol d 2014/15	Target Source	Out-turn 2013/14	More detail in..
		Apr	May	Jun	July	Aug	Sept	Oct											
59	Complaints	Complaints about behaviour and attitude	10	5	5	4	6	8	11		20	18	49	39	Contract	70			
60		Number of Complaints	44	34	29	38	33	38	39		107	109	255	400	Contract	422			
61		Complaints average response time	35	29	28	28	27	27	26		31	28	29	25 days	Contract	N/A			
62		Number of PALS concerns	233	278	296	280	241	309	337		807	830	1974	3000	Local	2982			
63	Cancer waiting times	Cancer 2 week wait: cancer suspected	88.1%	93.5%	89.4%	90.3%	84.3%	90.1%	88.5%		90.1%	88.4%		93%	Monitor	93.6%			
64		Cancer 2 week wait: breast patients	87.4%	89.2%	86.2%	85.0%	94.3%	93.0%	97.2%		87.7%	90.1%		93%	Monitor	93.9%			
65		Cancer 31 day wait: to first treatment	97.1%	98.4%	98.0%	98.8%	96.1%	98.9%	97.2%		97.9%	98.5%		96%	Monitor	98.1%			
66		Cancer 31 day wait: drug treatments	10.0%	100.0%	100.0%	100.0%	98.7%	98.2%	97.6%		100.0%	99.0%		98%	Monitor	99.5%			
67		Cancer 31 day wait: surgery	95.5%	95.2%	92.6%	94.7%	87.5%	90.9%	69.6%			94.2%		94%	Monitor	96.6%			
68		Cancer 31 day wait: radiotherapy	100.0%	96.5%	97.1%	100.0%	94.7%	95.4%	96.6%			96.3%		94%	Monitor	97.6%			
69		Cancer 62 day wait: GP Referral - Pre local breach re-allocation	85.6%	75.8%	86.1%	77.0%	80.0%	76.2%	71.3%			78.0%		85%	Monitor	86.2%			
70		Cancer 62 day wait: GP Referral - Post local breach re-allocation	85.6%	75.8%	86.1%	77.0%	80.0%	76.2%	71.3%			78.0%		85%	Monitor	86.2%			
71		Cancer 62 day wait: screening referral - Pre local breach re-allocation	90.0%	85.0%	90.9%	86.7%	90.9%	78.9%	100.0%			85.9%		90%	Monitor	91.7%			
72		Cancer 62 day wait: screening referral - Post local breach re-allocation	90.0%	85.0%	90.9%	86.7%	90.9%	78.9%	100.0%			85.9%		90%	Monitor	91.7%			
73	62 day consultant upgrade: all cancers	50.0%	100.0%	100.0%	N/A	N/A	N/A	100.0%		77.8%	N/A		90.0%	Monitor	90.0%				
74	Waiting Times: 18 weeks RTT	Diagnostics in 6 weeks %	70.1%	72.8%	82.0%	96.6%	91.0%	99.7%	100.0%		74.95%	93.8%	80.38%	99%	DoH	96.9%			
75		18 Weeks: admitted patients	91.8%	89.18%	90.56%	Not Reporting	Not Reporting	Not Reporting	Not Reporting		90.57%		91.80%	90%	Monitor	N/A			
76		18 Weeks: non-admitted patients	99.9%	99.72%	99.96%	Not Reporting	Not Reporting	Not Reporting	Not Reporting		99.88%		99.90%	95%	Monitor	N/A			
77		18 Weeks: incomplete pathways	94.1%	95.36%	93.23%	Not Reporting	Not Reporting	Not Reporting	Not Reporting		94.23%		94.12%	92%	Monitor	N/A			
78		18 weeks - Admitted backlog	121	182	181	Not Reporting	Not Reporting	Not Reporting	Not Reporting		N/A		N/A	N/A	Monitor	N/A			
79	Waiting Times: A&E	A&E: 4hr Limit (type 1 & 2)	95.61%	96.11%	95.61%	96.92%	94.86%	92.19%	97.01%		95.80%	94.86%	95.49%	95%	Monitor	92.10%			
80		Seen within 4 hours - RBH site Type 1 only	95.06%	95.67%	95.04%	95.59%	94.15%	91.22%	96.61%		95.29%	94.22%	94.93%	95%	Local	92.12%			
81	OP Waiting Times	Outpatient cancellation rate	28.6%	28.3%	27.2%	28.5%	29.7%	29.2%	28.4%		28.0%	29.1%	28.1%	<25.8%	Contract	28.4%			
82		% Appointments cancelled by RBFT	16.29%	15.78%	14.60%	16.01%	17.02%	16.00%	15.64%		15.54%	16.34%	15.67%	<15.52%	Local	15.81%			
83		% Appointments cancelled by patient	12.3%	12.5%	12.6%	12.6%	12.7%	13.2%	12.8%		12.5%	12.8%	12.5%	<12.32%	Local	12.32%			
84	Appointments cancelled by hospital and rescheduled (4 Surgical specialities)	10.5%	10.1%	10.7%	11.2%	11.0%	9.7%	10.3%		10.4%	10.6%	10.6%	<9.26%	Local	9.27%				
85																			
86	Appraisals	Appraisal rate	85%	87%	86%	88%	88%	89%	89%		86%	88%	87%	95%	Local	87.0%			
87	Training	Completed Mandatory Training	72%	73%	75%	83%	83%	83%	84%		75%	83%	78%	85%	Local	65.0%			
88	Absence	Sickness/absence	2.9%	3.0%	3.2%	3.0%	2.7%	2.6%	3.0%		3.1%	2.8%	2.9%	2.8%	Local	3.1%			
89	Vacancies	Vacancy rate	8.1%	8.3%	8.5%	8.6%	9.7%	8.9%	8.5%		8.5%	9.1%	8.7%	5%	Local	3.0%			
90	Agency spend	Agency spend % of total staff cost	6.4%	6.0%	6.0%	6.8%	5.3%	4.2%	5.8%		6.1%	5.4%	5.8%	5.3%	Local	5.1%			
91	Turnover	Workforce turnover	1.1%	0.8%	1.3%	1.1%	1.4%	1.6%	0.8%		1.1%	1.4%	1.2%	13.4%	Local	13.4%			
92																			
93	Inpatients	Delayed transfers of care	4.67%	4.65%	5.81%	6.36%	6.79%	7.01%	7.23%		5.02%	6.58%	5.37%	3.5%	DOH	4.5%			
94		Operations cancelled by the hospital on the day of surgery for non-clinical reasons	0.59%	0.71%	0.44%	0.90%	0.60%	0.66%	0.34%		0.58%	0.90%	0.66%	0.5%	Contract	0.55%			
95		Cancelled operations not re-scheduled within 28 days	0.00%	0.00%	0.00%	6.06%	10.53%	8.70%	0.00%		0.00%	8.00%	4.41%	5.0%	Contract	4.78%			
96		Theatre Utilisation	87.0%	86.0%	86.0%	84.0%	82.0%	87.0%	90.0%		86.0%	83.0%	85.75%	91.0%	Local	87.5%			
97	Average elective length of stay	2.7	2.6	2.7	2.8	2.8	2.8	2.5		2.7	2.8	2.7	270.0%	Local	2.7				
98	Average non-elective length of stay	4.6	4.3	4.4	4.3	4.7	5.0	44.2		4.4	4.5	4.4	470.0%	Local	4.7				
99	Data Quality	Clinical Coding Completeness	99.8%	98.3%	99.4%	99.6%	97.5%	77.8%	85.8%		99.2%	94.4%	98.95%	100.0%	Local	97.2%			
100		NHS number coding (IP)	99.4%	99.2%	99.5%	99.1%	99.1%	99.2%	99.4%		99.4%	99.1%	99.30%	99.0%	Contract	99.4%			

Nursing and Midwifery staffing hours –October 2014

During October the Trust achieved a 93% fill rate of planned Registered Nurse shifts and a 95% fill rate of Health Care Support Worker shifts.

Staffing levels are monitored daily at the Operational Meeting. Risk assessment of any shortfall is carried out and staff movement and/or the use of temporary staff is undertaken to ensure that safe staffing levels are always maintained.

Our level of planned staffing levels change to reflect the needs of our patients. This may alter depending on the number of occupied beds on a ward or any specific 1:1 care needs. On each of our wards we plan for an average of one registered nurse to five or six patients during the day.

Staffing in Critical Care units is adjusted depending on the number of patients being cared for and the level of support they require. This can result in fluctuations across the month. Similarly in the maternity unit the number of midwives caring for women alters responsively during a 24 hour period depending on the number of women requiring care. During October 2014 the utilised workforce in midwifery increased to 1:34 (midwife: birth ratio). 1:1 care in labour was maintained at 99%.

Report Range : 01 October 2014 - 31 October 2014		Actual RN	91,124	92.78%	Actual CSW	50,282	95.18%								
Report Date : 06 Nov 2014 - 12:00		Planned RN	98,212		Planned CSW	52,831									
Day								Night							
Nursing and Midwifery Registered				Additional Clinical Services				Nursing and Midwifery Registered				Additional Clinical Services			
Escalated	Planned + Escalated	Actual	% Fill	Escalated	Planned + Escalated	Actual	% Fill	Escalated	Planned + Escalated	Actual	% Fill	Escalated	Planned + Escalated	Actual	% Fill
Networked Care															
Integrated Medicine															
Loddon Ward : 302/410		1,926.43	1,732.09	89.91%	697.50	645.92	92.61%	953.25	982.50	103.07%	317.75	338.75	106.61%		
Victoria Ward : 361/300		3,088.93	2,861.58	92.64%	930.00	962.63	103.51%	883.50	912.33	103.26%	589.00	570.00	96.77%		
Specialist Medicine															
Burghfield Ward : 430		2,723.57	2,047.43	75.17%	1,162.50	1,260.15	108.40%	883.50	893.00	101.08%	589.00	627.00	106.45%		
Caversham Ward : 314		2,491.07	1,895.98	76.11%	1,395.00	1,606.20	115.14%	883.50	854.00	96.66%	589.00	679.00	115.28%		
Emmer Green Ward : 430		2,258.57	2,118.87	93.81%	1,162.50	1,022.02	87.92%	883.50	874.25	98.95%	589.00	610.50	103.65%		
Hurley Ward : 430		1,235.57	1,207.75	97.75%	1,426.00	1,052.25	73.79%	713.00	713.00	100.00%	713.00	713.00	100.00%		
Mortimer Ward : 430		2,723.57	2,258.33	82.92%	1,162.50	1,073.81	92.37%	883.50	874.83	99.02%	589.00	560.50	95.16%		
Woodley Ward : 430		963.21	1,030.41	106.98%	697.50	674.63	96.72%	589.00	589.00	100.00%	294.50	313.50	106.45%		

Planned Care														
Abdominal Surgery														
General Surgical Unit - HT : 100	3,421.07	3,083.54	90.13%	1,162.50	1,068.16	91.88%	1,472.50	1,472.75	100.02%	589.00	589.00	100.00%		
Hopkins Ward : 101	2,371.07	2,040.87	86.07%	1,042.50	1,195.17	114.64%	883.50	883.50	100.00%	38.00	332.50	407.23	122.48%	
Sonning Ward : 502/100	1,733.57	2,032.68	117.25%	-37.50	600.00	672.00	112.00%	883.50	818.00	92.59%	19.00	19.00	114.00	600.00%
Berkshire Cancer Centre														
Adelaide Ward : 823/370	2,258.57	1,970.94	87.26%	7.50	937.50	907.57	96.81%	883.50	850.58	96.27%	9.50	304.00	353.58	116.31%
Head and Neck														
Dorrell Ward : 130/120	-30.00	2,201.79	1,635.34	74.27%	7.50	966.96	869.50	89.92%	651.00	634.00	97.39%	567.00	576.00	101.59%
Specialist Surgery/ Theatres a														
T&O Elective HL : 110	3,766.07	3,421.73	90.86%	3,420.00	3,161.14	92.43%	1,767.00	1,627.58	92.11%	1,396.50	1,358.50	97.28%		
Urgent Care														
Acute Medicine														
Acute Stroke Unit : 300	2,980.43	3,161.69	106.08%	1,162.50	1,376.67	118.42%	1,534.50	1,517.25	98.88%	589.00	589.00	100.00%		
Cardiac Care Unit : 320	2,205.43	2,169.22	98.36%				1,782.50	1,768.00	99.19%		9.50			
Castle Ward : 340	2,376.43	2,549.78	107.29%	1,455.00	1,216.45	83.60%	1,178.00	1,168.50	99.19%	589.00	589.00	100.00%		
Sidmouth Ward : 301	2,158.93	2,703.86	125.24%	465.00	1,627.50	1,477.04	90.76%	1,178.00	1,159.00	98.39%	294.50	883.50	741.00	83.87%
Whitley Ward : 320	2,723.57	2,315.04	85.00%	1,035.00	1,003.60	96.97%	1,178.00	1,149.50	97.58%	589.00	845.50	143.55%		
Emergency Care														
Critical Care : 192	5,307.64	4,596.83	86.61%				4,557.00	3,505.75	76.93%					
T&O Trauma : 110	2,623.93	2,288.50	87.22%	2,325.00	2,231.01	95.96%	1,364.00	1,324.00	97.07%	1,023.00	979.00	95.70%		
Maternity and Children's Servi														
Buscot Ward : 420	2,561.93	2,362.25	92.21%	356.50	392.00	109.96%	2,495.50	2,233.00	89.48%	356.50	379.50	106.45%		
Delivery Suite : 501	3,308.14	2,993.33	90.48%	713.00	673.25	94.42%	3,208.50	2,942.42	91.71%	713.00	673.00	94.39%		
Iffley Ward : 501	1,926.43	1,439.84	74.74%	1,395.00	1,524.83	109.31%	883.50	582.50	65.93%	883.50	846.50	95.81%		
Marsh Ward : 501	1,926.43	1,565.83	81.28%	930.00	1,020.13	109.69%	589.00	597.50	101.44%	589.00	494.50	83.96%		
Paediatric Ward : 420	3,429.54	2,960.92	86.34%		34.50		2,990.00	2,534.75	84.77%		103.50			
Rushey	1,426.00	1,223.67	85.81%	232.50	275.59	118.53%	1,426.00	1,014.25	71.13%	256.50	116.00	45.22%		
Urgent Care.														
The Annex : 340	1,168.93	1,021.00	87.34%	930.00	1,038.86	111.71%	651.00	652.00	100.15%	651.00	977.50	150.15%		

Board of Directors

Title: October 2014 – Financial Performance

Date: 26 November 2014

Lead: Craig Anderson, Director of Finance

Purpose: To provide the Board with a summary setting out the highlights of the Trust's financial performance

- Key Points:**
- £0.72m surplus in the month, which is £1.01m worse than budget.
 - The key issues remain delivery of income and control of pay.
 - Income, at £31.24m, was £0.43m better than budget. Income from activities was below budget, with Urgent Care Group ahead by £0.26m, Planned Care Group behind by £1.15m and Networked Care Group ahead £0.06m.
 - Pay costs increased slightly on month to £17.46m, behind budget by £1.19m. Pay at this level is not sustainable as the current run rate would result in full year budget being exceeded.
 - Non pay was £0.28m worse than budget largely driven by Clinical Services and Supplies
 - COSRR 2, which is in line with Budget
 - Cash at £13.09m is £0.76m ahead of Budget.

Decision required: To NOTE the report

FOI Status This report will be made available on request

Board of Directors

Title: Director of Finance Report

Date: 26 November 2014

Lead: Craig Anderson

Purpose: To update the Trust Executive and Board on the financial results of the Trust for October 2014

Decision

Required: To NOTE the contents of this report

Executive Summary

Financial Targets

➤ The financial aim for 2014/15 is to achieve a COSRR of 3 through:

- Delivering a £1.0m deficit; Driving Planned Care recapture of market share and growth of private patients; Delivering cost QIPPs of £18.5m; Maintaining cash above £8m; Managing capital spend
- **Metrics green based on year to date financial performance versus but risk remains against full year**

Area of Review	Key Highlights	Month Rating
COSRR	COSRR of Two as Budgeted & Forecasted. Driven by EBITDA and cash.	
EBITDA	<p>EBITDA : £2,708m, 8.67% in M07, £(1.06)m behind of Budget, £(0.82)m behind of Forecast</p> <p>Activity / Income : Income behind budget by £(0.42)m, £(0.06)m behind for activities</p> <p>Pay Costs : £17.46m, £(1.19)m adverse to budget, £0.07m adverse to forecast in month, driven by all areas with exception of Nursing, Pharmacists and Ancillary & Maintenance.</p> <p>Drugs : Income better than budget £0.04m and £0.06m worse than forecast. Cost lower than budget £0.05m, £0.16m lower than forecast.</p> <p>Non Pay exc Drugs : £(0.34)m behind than budget, £(0.56)m behind forecast driven by Clinical Services & Supplies, Other Establishment Expenses, Premises, Transport and Fixed Plant and Miscellaneous Services.</p> <p>QIPPs : Full year cost QIPPs in budget of £18.5m. Full year savings achieved to date of £8.59m.</p>	
Liquidity / Cash	Cash of £13.09m, better than budget £12.33m driven by lower capital expenditure.	
Capital	YTD expenditure of £4.50m with a further £2.39m committed, totalling £6.89m, out of full year budget of £12.5m.	

1. Financial Position

Overall Financial Performance - An in month surplus adverse to both budget and forecast. Increased risk against delivery of full year financial results. Cash ahead of budget and forecast. Maintained CoSRR of 2

Results for Month 7

£m	MONTH			YTD		
	Actual	Vs Q2F	Vs Budget	Actual	Vs Q2F	Vs Budget
Income	31.24	(0.31)	0.43	203.59	(0.31)	(1.33)
Pay	(17.45)	(0.07)	(1.19)	(120.96)	(0.07)	(1.73)
Drugs	(2.88)	0.16	0.05	(19.37)	0.16	0.55
Non Pay ex Drugs	(9.68)	(0.56)	(0.34)	(64.52)	(0.56)	1.55
Other	(0.52)	0.00	(0.01)	(3.62)	0.00	(0.05)
Exceptional Items	(0.00)	0.00	(0.00)	(0.02)	0.00	(0.02)
Surplus/(Deficit)	0.72	(0.77)	(1.06)	(4.90)	(0.77)	(1.03)
COSRR	2.0					
	MONTH			YTD		
	Actual	Q2F	Budget	Actual	Q2F	Budget
Cashflow from Operations	(1.23)	(2.1)	3.93			
Cash	13.09	11.48	12.33	13.09	11.48	12.33
EBITDA	2.71	3.53	3.77	8.93	9.76	9.98
EBDITDA margin	8.7%	11.2%	12.2%	4.4%	4.8%	4.9%

Net Surplus/(Deficit)	MONTH			YTD		
	Actual £m	Vs Q2F £m	Vs Budget £m	Actual £m	Vs Q2F £m	Vs Budget £m
Urgent Care	2.98	(0.04)	0.27	15.64	(0.04)	0.17
Planned Care	2.96	(0.34)	(1.48)	15.87	(0.34)	(2.93)
Networked Care	1.50	(0.40)	(0.34)	9.09	(0.40)	(0.62)
E&F	(2.03)	(0.23)	(0.27)	(12.97)	(0.23)	(0.11)
Corporate Services	(4.69)	0.23	0.76	(32.52)	0.23	2.46
Total Trust	0.72	(0.77)	(1.06)	(4.9)	(0.77)	(1.03)

Key Issues in Month :

Income from activities £0.87m adverse to forecast. Planned Care adverse £0.41m. Network Care adverse £0.40m.

Pay £0.07m adverse to forecast. Planned Care positive £0.24m, Network Care adverse £0.15m, IM&T adverse £0.08m, CMO adverse £0.07m.

Non Pay excl. drugs £0.6m adverse to forecast. Planned Care adverse £0.38m, Estates adverse £0.37m, Network care adverse CMO adverse £0.05m.

Key Actions Arising :

Planned Care to review impact of in month variance on forecast and provide actions to recover position. **PM by 20/11/14**

Network Care to review impact of in month variance on forecast and provide actions to recover position. **LB by 20/11/14**

Estates to review why non pay adverse to forecast and to provide actions to recover. **PH by 21/11/14**

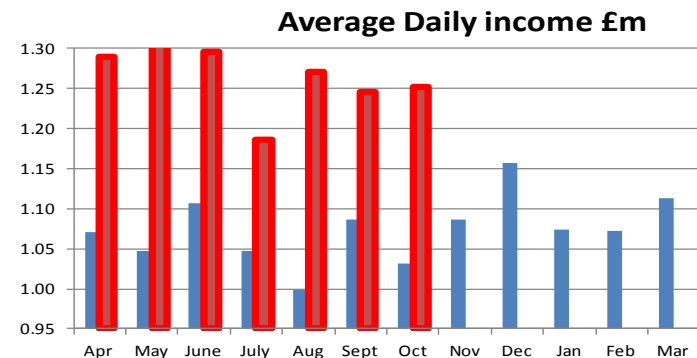
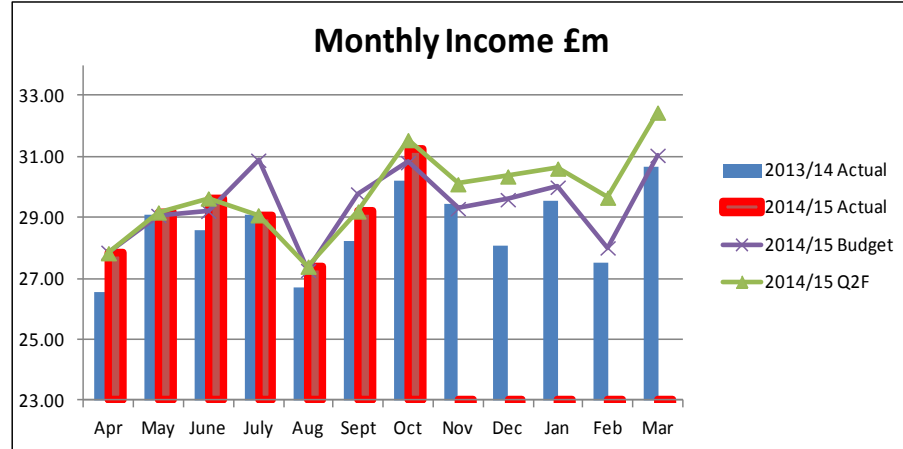
IM&T to review why non pay adverse to forecast and to provide actions to recover. **HA by 21/11/14**

CMO to review why non pay adverse to forecast and to provide actions to recover. **LB by 21/11/14**

Further actions to be identified to recover financial position and/or mitigate financial risk. **Update to be provided at Board.**

Income from activities £0.5m off Q2F, partially offset by higher than expected Other Operating Income

Income	MONTH			YTD		
	Actual £m	Vs Q2F	Vs Budget	Actual £m	Vs Q2F	Vs Budget
		£m	£m		£m	£m
Income from Activities	26.19	(0.73)	(0.08)	171.87	(0.73)	(3.00)
Drug Income	2.61	(0.14)	0.02	17.06	(0.14)	0.55
Other Patient Care Income	0.39	(0.00)	(0.01)	2.56	(0.00)	(0.25)
Other Operating Income	2.04	0.56	0.49	12.10	0.56	1.37
Total Income	31.24	(0.31)	0.43	203.59	(0.31)	(1.33)



Key Messages

- Income up on last month driven by the number of working days (23 this month v 22 last month).
- Income from Activities below Q2F in all care groups, with biggest misses in NCG, £0.43m, and PCG, £0.29m
- POD income still having an impact within care groups, although no impact to overall trust. Care Groups evaluating the impact in October
- Initial investigations into NCG income variance to Q2F indicate £0.16m is due to POD movements, with a further £0.08m due to change in NEL case mix, and £0.09m due to lower than expected activity in Pathology
- PCG income variance to Q2F includes c£0.07m for low outpatient procedures in Head & Neck, but the remainder, £0.21m, is spread across the care group
- Other Operating Income £0.56m up v Q2F, of which £0.11m is PCG lease of decontamination premises and equipment for which there is a matching expense in non pay. Remainder of the variance largely driven by higher than expected grant income.
- Commissioners continue to take robust stance on contract penalties and data challenges resulting in risk of loss of income and delay in cash flow

Actions

- Review why income is down v Q2F and develop plans to recover **PM/LB**
- Ensure informatics resource is adequately targeted to ensure that issues that will affect contract invoices are addressed before contract freeze dates. **HA**
- Drive delivery of theatres and of planned care income growth **PM**

Pay costs £0.07m worse than Q2F.

Pay Costs £m				VS Q2F	VS BUDGET	
Group Description	M05 2015	M06 2015	M07 2015	Month vs Q2F	Month vs Budget	YTD vs Budget
Medical Staff	(4.93)	(4.94)	(5.10)	(0.09)	0.10	1.61
Nursing	(6.68)	(6.79)	(6.68)	0.38	0.83	4.62
PAMs	(0.85)	(0.93)	(0.95)	(0.03)	0.09	0.61
Scientist and PTBs	(1.05)	(1.08)	(1.11)	0.00	0.04	0.42
Pharmacists	(0.19)	(0.19)	(0.18)	(0.01)	0.02	0.09
Admin & Management	(2.49)	(2.49)	(2.50)	0.00	0.06	0.06
Ancillary & Maintenance	(0.71)	(0.80)	(0.74)	(0.02)	0.00	0.25
Other Pay	(0.09)	(0.01)	(0.18)	(0.31)	(2.33)	(9.38)
Pay	(16.99)	(17.23)	(17.45)	(0.07)	(1.19)	(1.73)
By Care Group/Directorate						
UCG	(5.35)	(5.45)	(5.49)	0.02	0.10	0.19
PCG	(5.52)	(5.63)	(5.60)	0.24	(0.05)	(0.58)
NCG	(3.68)	(3.70)	(3.75)	(0.15)	(0.15)	(0.89)
Total Care Group	(14.55)	(14.78)	(14.84)	0.11	(0.09)	(1.28)
Estates & Facilities	(0.78)	(0.87)	(0.81)	(0.04)	(0.02)	0.20
Chief Nursing Officer	(0.25)	(0.27)	(0.26)	0.00	0.01	0.06
Chief Medical Officer	(0.30)	(0.22)	(0.36)	(0.07)	(0.07)	(0.04)
Corporate Affairs	(0.06)	(0.06)	(0.05)	0.02	0.01	0.06
Commercial Directorate	(0.03)	(0.02)	(0.02)	0.01	0.00	(0.03)
Finance	(0.29)	(0.25)	(0.30)	(0.01)	(0.01)	0.08
Chief Exec & Non-Execs	(0.07)	(0.08)	(0.08)	0.00	(0.04)	(0.26)
Human Resources	(0.18)	(0.21)	(0.19)	0.01	0.00	(0.09)
Corporate - Other	(0.12)	(0.25)	(0.17)	(0.03)	(0.93)	0.02
Capital Charges & PDC Dividend	0.00	0.00	0.00	0.00	0.00	0.00
IT	(0.37)	(0.21)	(0.35)	(0.07)	(0.06)	(0.45)
TOTAL Other	(2.44)	(2.45)	(2.61)	(0.18)	(1.10)	(0.45)
Pay	(16.99)	(17.23)	(17.45)	(0.07)	(1.19)	(1.73)
Of Which: Agency	(0.98)	(0.92)	(1.03)			
Agency as a % of Total Pay	5.7%	5.3%	5.9%			
Bank as a % of Total Agency	27%	26%	22%			

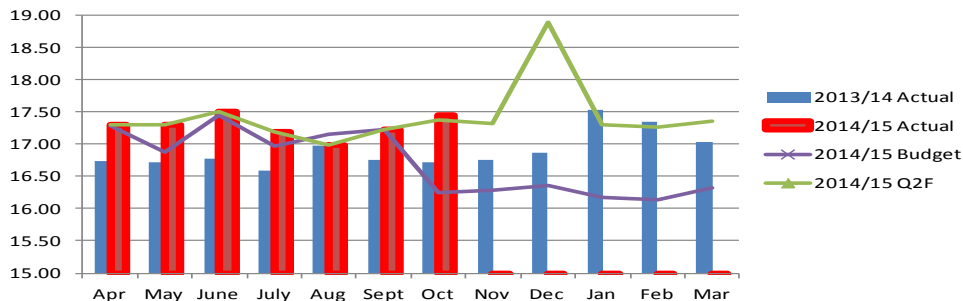
Key Messages

- Pay £0.07m worse than Q2F, with adverse variances in NCG £0.15m, IT £0.07m, and CMO £0.07m offset by PCG £0.24m better than Q2F
- Pay up £0.21m on last month, of which £0.15m is increased agency cost.
- Significant gap between Q2F and budget across the rest of the year.

Actions

- NCG review why pay up v Q2F and take action to recover **LB**
- Review pay forecast for December to identify actions needed to manage at lower cost. **PB/CAN**
- Further actions needed on pay and non pay to mitigate dependency on margin from second half activity growth assumed in current forecast. .

Monthly Total Pay £m



Non Pay Costs – Drugs – less than Q2F with a corresponding reduction in drugs income.

Non Pay - Drugs	MONTH			YTD		
		Vs Q2F	Vs Budget		Vs Q2F	Vs Budget
	Actual £m	£m	£m	Actual £m	£m	£m
Urgent Care	(0.25)	0.02	0.02	(1.75)	0.02	0.01
Planned Care	(1.39)	0.06	(0.05)	(9.47)	0.06	(0.16)
Networked Care	(1.20)	0.10	0.06	(8.58)	0.10	0.37
Other	(0.03)	(0.02)	0.01	0.42	(0.02)	0.33
Total Drugs	(2.88)	0.16	0.05	(19.37)	0.16	0.55

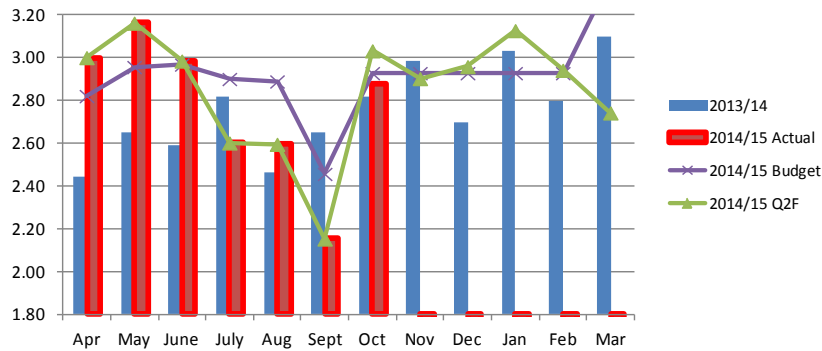
Key Messages

- At Trust level drugs income as % of drug cost remains at 80% YTD, which is as expected, with adverse variance v Q2F in drugs income corresponding with favourable variance in drug cost.
- Drugs income as a percentage of cost is 83.5%, v's budget of 72.0%

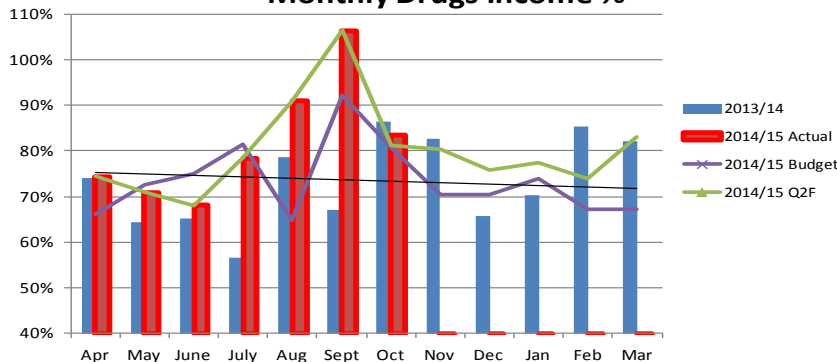
Actions

- QIPP projects on Waste management , aseptic unit. **LB**

Monthly Drugs spend £m



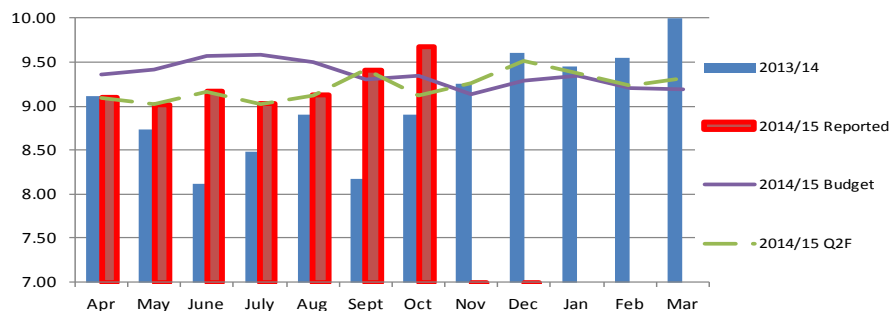
Monthly Drugs Income %



Non Pay Costs – Excluding Drugs £0.55m less than Q2F

Non Pay ex Drugs	MONTH			YTD		
	Actual £m	Vs Q2F	Vs Budget	Actual £m	Vs Q2F	Vs Budget
		£m	£m		£m	£m
Clinical Service & Supplies	(3.88)	(0.36)	(0.36)	(24.82)	(0.36)	0.08
General Supplies & Services	(0.51)	(0.01)	0.07	(3.54)	(0.01)	0.59
Establishment Expenses	(0.25)	0.07	0.08	(2.19)	0.07	0.11
Other Establishment Expenses	(0.88)	(0.07)	(0.07)	(5.62)	(0.07)	0.11
Prem, Trans & Fixed Plant	(1.56)	(0.06)	(0.07)	(10.41)	(0.06)	(0.09)
Depreciation	(1.47)	0.04	0.01	(10.19)	0.04	0.09
Leases	(0.13)	0.07	0.06	(0.68)	0.07	0.65
Miscellaneous Services	(1.00)	(0.24)	(0.07)	(7.07)	(0.24)	0.01
Total Non Pay ex Drugs	(9.68)	(0.56)	(0.34)	(64.52)	(0.56)	1.55

Non Pay ex Drugs	MONTH			YTD		
	Actual £m	Vs Q2F	Vs Budget	Actual £m	Vs Q2F	Vs Budget
		£m	£m		£m	£m
Urgent Care	(0.99)	(0.06)	(0.22)	(7.23)	(0.06)	(1.15)
Planned Care	(2.59)	(0.38)	(0.39)	(15.70)	(0.38)	0.88
Networked Care	(1.38)	(0.06)	(0.30)	(9.08)	(0.06)	(0.82)
Estates & Facilities	(1.52)	(0.37)	(0.38)	(8.91)	(0.37)	(0.76)
HFMS	0.06	0.00	0.02	0.57	0.00	0.22
Other Corporate	(3.26)	0.32	0.93	(24.17)	0.32	3.17
Total Non Pay ex Drugs	(9.68)	(0.56)	(0.34)	(64.52)	(0.56)	1.55



Key messages

- Clinical Service & Supplies costs £0.35m worse than Q2F, of which £0.27m is in PCG and £0.07m in NCG.
- PCG Clinical Service & Supplies variance driven (a) by increased decontamination, for which there is equal and opposite Other Operating Income; and (b) high than forecast outsource costs, principally ophthalmology
- NCG Clinical Service & Supplies variance driven by set up costs for new Cytology service and replenishment of stocks of Dialysers and AV sets in Windsor renal unit.
- Misc Services costs variance to budget largely due to undelivered QIPP
- E&F adverse to Q2F because provision made by the directorate for prior year water charges for Battle site was not sufficient to cover final cost incurred. Less impact at Trust level because a hedge of £0.13m had been taken to cover the risk

Actions

- Drive delivery of cost QIPPs **All exec directors**
- Further actions needed on pay and non pay to mitigate dependency on margin from second half activity growth assumed in current forecast.

FY Cost QIPPs budgeted at £18.5m for FY 14-15

Summary of current position & achievement as at November 18, 2014 ytd:

Costs (£000's)					Income (£000'S)			
Area	Target for COST QIPPs (3%)	2014/15 value of cost saving opportunities	Current PMO risk rating (cost)	2014/15 saving achieved to date	Target for income QIPPs	2014/15 value of income opportunities	Current PMO risk rating (income)	2014/15 YTD income achieved
Corporate	3640	1995	1615	1003	0	722	579	2
Trustwide	0	716	836	789	0	145	145	145
Planned Care	6300	5844	5584	2529	0	8688	4748	2165
Networked Care	4200	3082	3116	1869	0	1468	1396	520
Urgent Care	4800	4255	4229	2402	0	1478	816	414
TOTAL	18940	15892	15380	8591	0	12500	7684	3246

As at 18th November, cost QIPP plans and ideas identified by the Trust total £15.9m against a target of £18.5m, of which the current PMO assessment totals £15.3m.

£1.9m of cost savings and £0.5m of income efficiencies were delivered in Month 7, bringing the total delivered to date to £8.5m and £3.2m respectively.

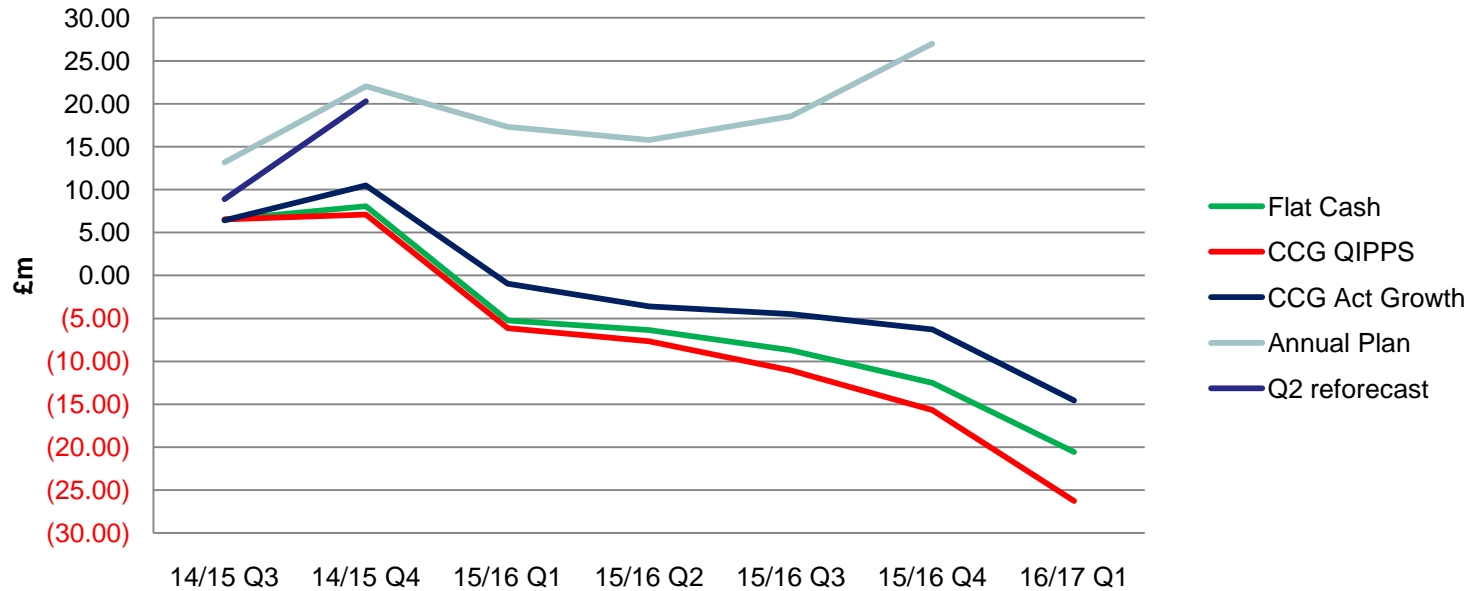
Whilst the risk assessment of the plans in place is now significantly improved, no new incremental savings over and above those currently appearing on the PMO tracker have been identified for the second half of the year, and therefore there remains a likely cost saving shortfall of c£2.7m. Actions in place to address this include all approved at exec level for all recruitment, centralised approval of discretionary spend (by Director Finance) and focus on delivery of reduced headcount as identified in September.

Discussions in relation to next year's cost reduction requirement have commenced at Exec and Care Group/Corporate level and key projects have been identified. An initial view of the financial efficiencies these could deliver will be developed for the next QIPP Programme Board on 4th December, along with details of the key actions for each project over the next 6 months. Where possible, these projects will be accelerated in order to maximise potential for savings to commence in 2014/15 to mitigate the current year gap.

The current PMO risk rating of the QIPP Programme is £15.3m against a cost target of £18.5m. Projects for 2015/16 have been identified and are being developed for discussion at the next QIPP Board in December.

Downside Cash Position

Downside projected cash balances October 2014



Cash Balance Downside Forecast balances by quarter (£'m)							
Scenario	14/15 Q3	14/15 Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1
Annual Plan	13.17	22.03	17.30	15.78	18.55	26.99	n/a
Q2 reforecast	8.89	20.29	n/a	n/a	n/a	n/a	n/a
Flat Cash	6.51	8.07	(5.25)	(6.36)	(8.70)	(12.51)	(20.55)
CCG Act Growth	6.44	10.49	(0.95)	(3.59)	(4.49)	(6.28)	(14.57)
CCG QIPPS	6.52	7.11	(6.12)	(7.65)	(11.06)	(15.66)	(26.27)

Service Line Reporting

£'000	Specialty Group	Direct and Indirect Income [A]	Direct and Indirect Costs [B]	Contribution to Overheads [A - B]	Contribution % to Trust Overheads	Overhead Costs [C]	Net Surplus/Deficit
Total		£339,643,115.	£274,767,818.	£64,875,298.	19.1%	£71,665,386.	-£6,790,088.
Networked	Total	£78,848,330.	£67,076,978.	£11,771,352.	14.9%	£17,370,562.	-£5,599,210.
Networked	Audiological Medicine	£5,492,027.	£3,325,994.	£2,166,033.	39.4%	£735,451.	£1,430,581.
Networked	Clinical Haematology	£7,817,768.	£7,460,814.	£356,954.	4.6%	£1,620,892.	-£1,263,939.
Networked	Dermatology	£3,215,171.	£2,514,176.	£700,995.	21.8%	£488,019.	£212,977.
Networked	Endocrinology	£2,431,216.	£2,335,778.	£95,438.	3.9%	£594,875.	-£499,437.
Networked	General Medicine	£552,308.	£328,360.	£223,948.	40.5%	£81,310.	£142,638.
Networked	Geriatric Medicine	£14,252,823.	£14,290,542.	-£37,719.	-0.3%	£4,385,206.	-£4,422,924.
Networked	GUM	£4,133,878.	£2,734,898.	£1,398,979.	33.8%	£694,863.	£704,116.
Networked	Neurology	£2,848,427.	£2,624,748.	£223,679.	7.9%	£530,095.	-£306,416.
Networked	Orthotics	£902,511.	£589,064.	£313,447.	34.7%	£167,454.	£145,994.
Networked	Pain Management	£702,412.	£565,094.	£137,317.	19.5%	£200,182.	-£62,865.
Networked	Palliative Care	£100,926.	£15,407.	£85,519.	84.7%	£211.	£85,308.
Networked	Pathology	£4,156,766.	£7,046,016.	-£2,889,251.	-69.5%	£1,827,312.	-£4,716,563.
Networked	Rehabilitation	£3,722,871.	£2,383,173.	£1,339,697.	36.0%	£657,615.	£682,083.
Networked	Renal	£15,301,050.	£11,671,483.	£3,629,567.	23.7%	£3,287,193.	£342,374.
Networked	Rheumatology	£12,875,971.	£8,668,773.	£4,207,198.	32.7%	£1,922,426.	£2,284,772.
Networked	Therapies	£342,204.	£522,656.	-£180,451.	-52.7%	£177,458.	-£357,909.
Others	Total	£14,192,342.	£8,918,407.	£5,273,934.	37.2%	£1,178,936.	£4,094,999.
Others	Dietetics	£158.	£300.	-£142.	-89.7%	£82.	-£224.
Others	Education and Training	£9,488,558.	£6,169,470.	£3,319,088.	35.0%	£545,659.	£2,773,429.
Others	Other Services	£2,552,387.	£813,011.	£1,739,376.	68.1%	£161,957.	£1,577,415.
Others	Psychology	£1,357.	£3,264.	-£1,907.	-140.5%	£196.	-£2,103.
Others	Research and Development	£1,314,160.	£1,243,049.	£71,111.	5.4%	£270,335.	-£199,224.
Others	Wheelchair Service	£835,721.	£689,313.	£146,408.	17.5%	£200,706.	-£54,298.
Planned	Total	£147,563,284.	£121,182,592.	£26,380,692.	17.9%	£31,364,870.	-£4,984,178.
Planned	Anaesthetics	£1,094,857.	£409,384.	£685,473.	62.6%	£55,480.	£629,993.
Planned	Cancer	£239,079.	£828,399.	-£589,320.	-246.5%	£170,534.	-£759,854.
Planned	Clinical Oncology	£21,285,348.	£18,440,899.	£2,844,449.	13.4%	£5,392,411.	-£2,547,962.
Planned	ENT	£7,024,365.	£5,270,113.	£1,754,252.	25.0%	£1,686,494.	£67,758.
Planned	Gastroenterology	£14,742,733.	£11,885,725.	£2,857,008.	19.4%	£3,423,267.	-£566,263.
Planned	General Surgery	£19,508,998.	£17,648,540.	£1,860,458.	9.5%	£4,676,114.	-£2,815,656.
Planned	Gynaecology	£7,076,138.	£6,038,314.	£1,037,824.	14.7%	£1,493,533.	-£455,709.
Planned	Ophthalmology	£24,403,630.	£17,894,184.	£6,509,446.	26.7%	£3,944,591.	£2,564,855.
Planned	Oral Surgery	£2,450,951.	£2,062,361.	£388,590.	15.9%	£514,747.	-£126,158.
Planned	Plastic Surgery	£837,390.	£643,820.	£193,570.	23.1%	£135,201.	£58,369.
Planned	Trauma & Orthopaedics	£39,242,040.	£31,856,303.	£7,385,737.	18.8%	£7,711,595.	-£325,863.
Planned	Urology	£9,657,756.	£8,204,547.	£1,453,209.	15.0%	£2,160,897.	-£707,688.
Urgent	Total	£99,039,160.	£77,589,840.	£21,449,319.	21.7%	£21,761,018.	-£301,699.
Urgent	Accident & Emergency	£15,131,121.	£12,700,830.	£2,430,291.	16.1%	£2,984,750.	-£554,459.
Urgent	Cardiology	£14,692,969.	£10,873,297.	£3,819,672.	26.0%	£3,133,650.	£686,022.
Urgent	Critical Care Medicine	£9,042,095.	£5,590,826.	£3,451,268.	38.2%	£2,133,497.	£1,317,777.
Urgent	Obstetrics	£25,247,188.	£22,167,685.	£3,079,503.	12.2%	£5,281,375.	-£2,201,871.
Urgent	Paediatric Medicine	£16,178,453.	£13,822,371.	£2,356,081.	14.6%	£4,308,629.	-£1,952,548.
Urgent	Radiology	£8,543,430.	£4,282,041.	£4,261,389.	49.9%	£1,636,201.	£2,625,187.
Urgent	Thoracic Medicine	£10,203,905.	£8,152,790.	£2,051,114.	20.1%	£2,272,916.	-£221,802.

Key Messages

- This is produced on a quarterly basis, figures shown are for YTD Q4.
- Delays in receipt of validated data for Q1 and Q2 means Q2 SLR has still not been run.
- Validation work progressing well. Paeds, Rheumatology, Renal, Cardiology, Geriatric Medicine and Ophthalmology. Focus is on T&O and A&E, but struggling to get time with them due to their pressure of worksigning off Ophthalmology.
- Deep dive work: job offer accepted, will start in role in Jan.

Trust Board

Title: Trust Improvement Programme

Date: 26th November 2014

Lead: Bernie Bluhm, Interim COO
Author: Vanessa Harding, Head of PMO

Purpose: To update the Board on progress to date

- Key Points:**
- With effect from 1st November, the PMO function and oversight of the Trust Improvement Programme transferred from the Medical Director to the Interim COO.
 - Work is underway to develop the existing Improvement programmes into a trust wide Transformation Programme to provide the Executive and Board with assurance that sufficient progress is being made and that all risks are consolidated, understood and acted upon accordingly. A full briefing will be presented at December Board for approval.
 - The function and role of the PMO will also evolve in line with the Transformation Programme to ensure there is complete oversight and accountability of the Programme and to provide the Executive with support to deliver and monitor individual projects.
 - Additional key programmes of work will be included in the Transformation Programme going forward (such as Vascular Services, RTT, Cancer services and the Clinical Admin Programme) to create one single line of reporting for all transformational activities.
 - **CQC** – the first quarterly meeting since the inspection in March was held with the CQC liaison leads on 13th November. The Trust presented the governance process in place for monitoring delivery of the Action Plan, along with progress made against the Compliance Actions and 'must do's'. The CQC team advised they were reassured of the processes in place and that progress is being made. An updated copy of the summary Action Plan is attached at Appendix A.
 - **Medical Records** – the programme is progressing well with good engagement across the Trust from the 32 Medical Records 'Champions' that have volunteered to support the changes required. The focus this month and through December is a trust wide audit of the security and storage of records with a view to addressing any non compliant areas by the end of January.
 - **Ophthalmology** – an interim operations manager has now been recruited to provide dedicated management of the day to day running of the service. The manager will work alongside the PMO Project Manager to deliver operational and service improvements. A review of the action plan is underway and priorities for the next few weeks will be confirmed.
 - **Radiology** – the programme is progressing well and the service is now achieving national diagnostic performance targets. PwC have almost completed scenario modelling which will inform capacity requirements going forward. In the meantime consultation is underway with staff for implementation of 7 day working.

- **Maternity** – the Trust has received the final report following the external review by the Royal College of Obstetricians & Gynaecologists. Staff groups have been briefed and immediate and medium term actions have been agreed and a detailed action plan is being developed. The Executive has signed off recruitment of 2 obstetrician posts to support the additional medical cover required. Further review is taking place with regards to midwifery and anaesthetic staffing levels.
- **QIPPs** – The current PMO risk assessment at the time of writing is £15.5m against the target of £18.5m cost saving. A total of £1.9m of cost saving efficiencies was delivered in Month 7. Full details are provided within the Director of Finance report.
- **Well- led Framework** – the Framework (introduced from May 2014) builds upon the previous Quality Governance Framework. Progress against the domains has been made and an Action Plan to confirm progress and outstanding areas of work is being developed.
- **Board Evaluation Action Plan** – the Board reviewed progress against the action plan in October and will continue to consider next steps in the November briefing session.

**Action
required**

To note progress to date and actions being taken.

Contact

Vanessa Harding, Head of PMO
Tel extension 6774

CQC Compliance Actions – Summary of Progress

Appendix A

	CQC Regulation	Compliance Issue / CQC 'MUST DO'	Exec Lead	Critical Milestones	Complete?	Assurance	RAG rating	Est. Date of Compliance
1	Treatment of disease, disorder or injury Surgical procedures People who use services & others were not protected against the risks of receiving care or treatment that is inappropriate or unsafe by means of carrying out an assessment of the needs of the service user & the planning & delivery of care &, where appropriate, treatment to meet the needs & ensure the safety & welfare of the service users.	Incidence of never events	AF	Development of Theatre Patient Safety Strategy	Y	300 Harm Free days since last Never Event (<i>definition of 'Harm Free' as per national guidance</i>)		April 15
				Coaching / training programme for surgeons / theatre staff	N			
				Education programme to raise awareness of Never Events /SI and process for reporting with staff in theatres	Y			
				Learning from Incidents & Never Events DVD developed & cascaded trust wide to raise awareness amongst all staff	N			
				Implement WHO patient safety curriculum & incident report scenario pilot to improve doctors awareness	N			
				115 Harm Free days since last Never Event (10560 surgical procedures carried out) Datix reporting improved to 1.8 reports per 100 procedures (1.5 at time of inspection - target 2.0 per 100)				
		Patients being kept overnight in recovery / surgery going ahead despite lack of capacity / planned ops cancelled due to lack of capacity	PM	Process implemented to risk assess all patients at pre-op	Y	No patients deemed to require an ITU bed undergoing surgery without a bed being available.		Dec 2015
				Criteria / definitions developed for overnight recovery	Y			
				Audit process in place to monitor compliance	Y			
				Review of 1995 patients operated on in Sept shows 36 kept in recovery over 6 hours for close observation. None underwent surgery without an ITU bed being available.				
		Lack of ITU capacity	SE	Appointment of 1 additional consultant to ensure appropriate staffing levels in place	Y	Good outcomes on INARC 85% occupancy levels		Dec 2015
				Appointment of 2 additional junior doctors to meet ITU standard of 1:8	Y			
				April 2014 budget to be established to meet staffing of 13 beds	Y			
				Capacity managers to meet with lead nurse ITU every morning to prioritise bed allocation	Y			
				Mitigation in place to ensure safe staffing of patients. Previous Business Case being updated to review range of options going forward (end Jan 2015)				

	RTT performance not being met	BB	External Review of process to be undertaken to understand issues / actions to be taken	Y	Achievement of RTT performance		March 2015 (Aggregate perf)
			Training Manager recruited (started Nov) and revised training programme to be implemented trust wide (Dec)	N			
			Access Manager to be recruited (started 11 th Nov)	Y			
			Validation of PTL to be completed (end Dec – to report incompletes)	N			
			Central 18 weeks team to be recruited (external resource now in place – substantive team to be recruited by Feb)	Y			
			Service redesign to be implemented in non compliant specialties (ongoing)	N			
			Current unvalidated position c78% against 92% target				
	High level of appointment re-scheduling / cancellations by the Trust	BB	Audit to be carried out to understand variation & reasons for re-scheduling / cancellations	Y	Level of cancellations / rescheduling 9% or less		May 2015
			Criteria for exclusion identified & data cleansed	Y			
			Priority specialties identified & actions completed	N			
			Currently 11% trust wide against target of 9%				
	Variation in practice for pre op assessments led to cancelled ops	PM	Lead Nurse to be appointed	Y	Reduction in cancelled ops		Jan 2015
			Pathways to be reviewed & re-designed	N			
			Additional clinics being run in interim				
	Low awareness of MCA and DOLs across the Trust	CAi	Develop standardised assessment document for MCA (document developed – awaiting sign off by end Nov)	N	Good level of awareness of DOLs & MCA from staff evidenced from documentation		March 2015
			Training of Junior Doctor workforce & use of new standard documentation	Y			
			Develop & deliver multi-professional training programme	N			
			Additional MCA & DoLs training to be included at Trust induction for new staff	Y			
			Nov 15 - 86% staff have been trained for MCA & DoLs (level 1) 52 staff trained at induction in November Specialist DoLs training –51% trained (target 85% by March 15)				
	Low use of care bundles. Care plans not always in place, patients not always involved in their care plans	CAi	Develop & launch revised ward dashboard to include care bundle completion audit by October 2014	Y	Documentation to evidence good use of Care Bundles / Plans		March 2015
Performance management through monthly Ward Leader meetings			N				
QI team to systematically review care bundles in place to ensure evidence base, content & format are consistent with good practice.			N				

				Include within Practice Educators ward based teaching sessions	N			
		Patients with dementia placed on inappropriate wards placing them at risk due to inadequate staff training and levels on these wards to care for dementia patients	LB	Appoint interface geriatricians to take lead role on medical wards & surgical liaison outreach role appointed for surgical wards	Y	Reduction in dementia patients in outlier wards Evidence of staff training & awareness Matrons Rounding to monitor compliance		Jan 2015
				Relevant front line staff to undertake dementia training	Y			
				Training for junior doctors to be re-instated at induction	Y			
				Professor of Dementia appointed (7 th Nov)	Y			
				Dementia Practice Educator to be appointed (signed off by exec Nov)	N			
				Audit to be undertaken to test training levels & impact of 'Care Crew'	N			
				63% of staff trained to date. 51 'champions' in place (target 75% by end December 2014)				
		Medicines Management – lack of secure storage / fridge temperatures not checked / compliant	LB	Audit to be undertaken to identify issues (audit May 2014)	Y	Audit to demonstrate compliance		Dec 2014
				Immediate action taken to address non compliant areas. (Remaining non compliant areas to be resolved by mid Dec)	N			
				Process to be implemented to monitor ongoing compliance (twice yearly trust wide audit process in place)	Y			
				New min-max thermometers implemented trust wide (on order – expect to complete implementation Dec 2014)	N			
				Training of all band 6 pharmacists to be completed, to roll out training to all ward staff (starting Dec 2014)	N			
				52 out of 66 (80%) areas currently compliant. Re-audit taking place 12th November to review current position & compliance				
		Medicines Management – Under reporting of medication errors as incidents	AF	Implementation of Medication Safety Committee (first meeting November 2014)	N	Increase in rate of reporting / reduction in serious incidents / harm		Jan 2015
				Review of reporting errors & themes to be completed	N			
				Education & training programme to be rolled out trust wide	N			
				Process to be implemented for continual feedback & learning to staff	N			
2	Treatment of disease, disorder or injury Diagnostics & Screening The registered person had not ensured that equipment was properly maintained & available in	Outdated equipment in main x-ray department	SE	Review of asset register & identification of equipment requiring replacement	Y	Plan in place demonstrating rolling programme / mitigation of risk		April 2015
				New equipment replaced where appropriate (agreement given for angiography, ED x-ray room & mobile x-rays)	Y			
				Plan / mitigation of risk in place for key areas of risk	Y			
			Out-dated Radiology	SE	Upgrade to Radnet completed	N	Fit for purpose RIS/PACS	

	sufficient quantities in order to ensure the safety of service users & meet their assessed needs.	Information System (RIS)/PACs system		PACS specification completed	Y	in place/data quality		(upgrade) March 15 (PACS)	
				Procurement process completed	N				
				New PACs system installed (starting with roll out in ED)	N				
		Trust wide equipment – central inventory, 5 year replacement programme, response times for requests	PM		Central inventory in place	Y	Inventory in place and current. 5 year programme signed off		Jan 2015
					5 year replacement programme in place	Y			
					Individual ward access to inventory / replacement programme / suppliers (end Dec 2014)	N			
					Process implemented for rolling training programme	Y			
					New Call Log System to be implemented to improve response times to maintenance requests (April 2015)	N			
					New labelling system to be implemented (end Dec 2014)	N			
					Staff trained & aware of process to escalate equipment issues	N			
3	Treatment of disease, disorder or injury The registered person had not, so far as reasonably practical, made suitable arrangements to ensure the privacy & dignity of service users.	Issues with privacy & dignity for patients within A&E Observation Bay	SE	Mitigation in place to avoid use of A&E area as Obs bay	Y	No compromise in privacy & dignity for patients. New Obs bay established		Nov 2014	
				New Obs bay to be opened within A&E consistent with best practice – opened November 14	Y				
		Lack of accurate and consistent completion of DNA CPR forms across the organisation <i>(specifically completion of review date, and signatures from consultant)</i>	AF		Medical Advance Plan to be included within initial patient assessment	Y	Audit to demonstrate compliance to forms completed and filed correctly within notes		March 2015
					Update mandatory training requirements following recommendations from CQC inspection	Y			
					Completion of trust wide audit to identify baseline & non compliance (July audit – 80% decision discussed with patient / carer)	Y			
					Education & Training programme to be developed & rolled out to clinical workforce	N			
					Review date – Trust following South Central Policy (review date NOT mandatory) Audit - decision discussed with patient / carer – documented on 80% of forms (others documented in main notes) overall good compliance re consultant signatures				
		Mixed sex ward breaches:	PM		Short term mitigation in place to ensure adherence to mixed sex regulations at WBCH	N	No mixed sex breaches trust wide		Jan 2015
					Longer term plan for WBCH to be developed. Meeting with Trustees 13 th Nov	N			
					Building works to be completed (building starting Jan 2015)	N			

				Mixed sex breaches on Heygroves ward to be resolved	Y			
		Improvement required to mortuary area	LB	Changes made in area to improve issues (loading bay used by undertakers not families)	Y	Patient feedback		July 2014
		Patients with dementia subject to multiple moves often at night causing distress and anxiety	LB/SE	Care Bundle & Forget-me-not scheme to be implemented (implemented through October / November)	N	Reduction in night moves. Patient feedback.		Jan 2015
				Algorithm for bed managers to be developed & implemented (due to complete Jan 15)	N			
4.	Treatment of disease, disorder or injury Maternity & Midwifery The registered provider must ensure service users are protected against the risks associated with unsafe or suitable premises by means of suitable design & layout & adequate maintenance of the premises in connection with regulated activity	Labour ward has insufficient scavenging system to remove used nitrous oxide from the air produced from patients when using entonox.	SE	Procurement process completed	Y	Fit for purpose ventilation system in place. Compliance with entonox levels		March 2015
				Planning permission granted (building work currently underway)	Y			
				Delivery of unit (due 30 th Nov)	N			
				Completion of installation (due March 2015)	N			
				Weekly monitoring of Entonox levels in place with escalation process	Y			
	Estates issues – inadequate storage for equipment in some areas.	PH	Review of all storage issues trust wide to be undertaken to reviews areas of non compliance (end Dec 2014)	N	Equipment stored safely in all areas		Jan 2015	
			Priority areas to be agreed and actions taken to resolve	N				
			Offsite storage facility to be established for bed and mattress library (Business Case being developed – Nov 14)	N				
			Review potential for central logistics team to be implemented to reduce volume of deliveries each day & storage issues	N				
	Estates – delay in response to maintenance requests	PH	Additional resource to be appointed within estates team	Y	Evidence that response to requests is reasonable & no impact on patient safety		Jan 2015	
			Escalation process developed & implemented	Y				
			Ward log books implemented	Y				
			Daily walk rounds implemented	Y				
Monthly meetings with Care Groups in place			Y					
5	Treatment of disease, disorder or injury Surgical Procedures Maternity & Midwifery The provider did not have suitable arrangements in place for obtaining &	Consent practice varied across the Trust causing operating lists to be changed on the day of operation	AF	Audit of current consent practice (patient feedback & audit of notes – audit taking place Nov/Dec))	N	Audit to demonstrate good consent processes in place with documentation on notes to provide evidence that we are acting in accordance		March 2015
				Development & implementation of standardised documentation (Dec – Feb) including patient information leaflets	N			
				Education & training programme to be developed & implemented across clinical workforce (Feb – March 2015)	N			

	acting in accordance with the consent of service users in relation to the care & treatment			Re- audit to evidence improvement (April 2015)	N	with patient's wishes.		
6	Treatment of disease, disorder or injury Surgical Procedures Maternity & Midwifery The provider had not taken appropriate steps to ensure that at all times there were sufficient numbers of suitably qualified & experienced persons employed for the purpose of carrying on the regulated activity	Staffing shortages for registered nurses and healthcare assistants on surgical wards and within radiology	CAI	Complete trust wide skill mix review	Y	Evidence to show sufficient numbers of suitably qualified nursing staff in every area to provide a safe service,		March 2015
				New process implemented – DoN of the Day – operational management of day to day staffing trust wide	Y			
				Rag Rated system to be implemented to provide trust wide oversight of staffing in real time - shift patterns & hotspots (due end Nov)	N			
				Development & implementation of rules for good rostering Rules & Policy developed – implementation rolling out	N			
				Training programme rolled out for use of Optimise	N			
				Implementation of 12 hour shifts where appropriate	Y			
				Increase in HCA crew resource to support 1:1 care	N			
				Role of Matrons to be reviewed & implemented	N			
				Development & implementation of Recruitment & Retention Strategy	Y			
				298 vacancies at end Sept – 110 offers made (Bands 2-7) Currently safe levels of nurse staffing in place 12 hour shifts in place in various forms trust wide (with exception of elderly care)				
	Shortages in medical staffing, weekend cover, use of locums, rotas etc	AF	Complete review of medical cover for every ward trust wide, including rotas, out of hours cover and use of locums	N	Evidence to show sufficient numbers of suitably qualified medical staff in every area including weekend cover to provide a safe service,		March 2015	
			Develop & implement action plan to address shortages	N				
			Current position – majority of review now complete Action plan will be developed by end of Nov					
Staff shortages in Surgical Pre-Assessment Unit (South Block Annex) led to assessments being held less than 4 weeks prior to surgery and on occasion caused operations to be cancelled	PM	Appointment of senior nurse lead	Y	Audit to demonstrate all pre op assessments undertaken at least 4 weeks prior to surgery		Dec 2015		
		Development & implementation of plan to ensure pre assessments held at least 4 weeks prior to surgery	N					
		Audit of planned operations to review impact of change	N					
Midwifery staffing ratios in the Rushey Midwife	SE	Closure of 2 rooms on Rushey to mitigate risk & ensure safe staffing levels	Y	Appropriate ratio of midwives to births		March 2015		

		Unit below guidelines & staffing shortages in the general maternity service		Business Case to Exec for sign off to increase overall midwifery staffing levels to achieve National Standard of 1:28 (due to be signed off 12 th Nov)	N			
				Implementation of Birthrate Plus tool to inform required staffing levels (work underway – due to complete Feb 15)	N			
				Prior to completion of Birthrate Plus – interim review of staffing skill mix & requirements (by 5 th Dec 14)	N			
				Daily meeting to be instigated to review activity & staffing across the service over following 24 hours & redeploy as necessary	Y			
		Consultant obstetric presence not in line with national standards Dedicated consultant anaesthetic cover required 50 hours per week Consultants did not routinely visit wards at weekends within Maternity	SE	Adjustment to job plans to ensure provision for weekend cover in place	Y	Consultant presence in place, including out of hours, to ensure the service is safe for patients		March 2015
				External review implemented with clear recommendations & action plan developed	Y			
				Business Case to be taken to Exec for sign off for additional obstetric & anaesthetic consultant cover	Y			
				Review of current medical staff across anaesthetic and obstetrics	N			
				10th Nov – Exec approval given for 2 additional obstetric consultants 12th November - Business Case to be discussed to sign off additional midwives & additional anaesthetic cover				
7	Medical Records Service users were not protected against the risk of unsafe or inappropriate care & treatment arising from the lack of proper information about them by means of the maintenance of: an accurate record in respect of each service user which shall include appropriate information & documents in relation to the care & treatment provided. The registered provider must ensure that records are kept securely & can be located promptly when required.	Secure storage of notes	BB	Trust wide review of storage & security issues (end Dec 2014)	N	No security / storage issues across the Trust		Jan 2015
				Development & implementation of action plan	N			
				Re-audit of all areas to ensure compliance	N			
		Accessibility of notes	BB	Completion of diagnostic stage to understand issues impacting on availability	Y	98% of all medical records available at the time of appointment / admission as inpatient		March 2015
				Development & implementation of re- training & education programme trust wide (October – March 15)	N			
				Changes implemented to delivery for outpatient clinics	Y			
				Changes implemented within EPR to enable automatic requesting of records	N			
				Audit process to be developed & implemented to enable monitoring of compliance for tracking records	N			
				Alternative location for MR function to reduce need for offsite storage	N			
				Electronic tagging (IFiT) solution within MR function to enable improved storage & pulling of notes	N			

			Audit of 80 outpatient clinics in August demonstrated 97.8% of records available prior to clinic appointment				
	Content of notes	BB	Completion of diagnostic stage to understand issues	Y	Audit using National criteria to demonstrate compliance against criteria of at least 85% (criteria % required for compliance)		July 2015
Development of training & education programme trust wide (as above)			N				
Implementation of training & education programme trust wide (as above)			N				
Re – audit to evidence improvement & identify additional areas of focus (Jan 2015)			N				
Audit of records in Sept demonstrated improvement to 80% compliance (previously 74%)							

Board of Directors

Title: Fire Management Report

Date: November 2014

Lead: Philip Holmes, Director of Estates and Facilities

Purpose: This report is to inform the Board of Directors of the current fire management activities by the Trust in response to a notice received on the 13th October 2014.

- Key Points:**
- There were four topics identified within the notice which are being progressed in line with the attached action plan which is due to be complete by March 2015.
 - In summary these are:
 - Task 1 – Review the interaction of the alarms with the continued functioning of the ventilation systems to 3 areas.
 - Task 2 – Revisit the current storage and exit arrangements to ensure these are sufficient, within priority areas in south block and centre block.
 - Task 3 – Develop an IT/ system based approach to capture and report upon the monitoring of the progress for the various tasks by managers, project managers and clinical teams.
 - Task 4 – Provide copies of the most up to date digitised drawings of the site are up to date and are an accurate reflection of the hospitals construction.

Decision required: The Board is asked to note the report.

FOI Status This report will be made available on request.

Number	Brigade Request	Summary	Sub Actions	Responsible	Target Date	Delivery	Status	Comments
				Manager				
Article 8	Confirm the interaction of the fire alarm system with the Theatre ventilation	Report /letter of confirmation provided to the Fire Brigade from RBH.	1) Validate the ventilation systems continued functioning throughout a Fire Alarm activation, through an evenings testing regimen.	Dafydd Mugford	Friday 17th October.	Conduct night test of the continued operation of theatres when testing the Fire alarms	G	MICAD No 141179 Completed but further work required to standardise the operation across the Site between theatres, in conjunction with the new FRA's.. Agreement with the theatre matron on the standard.
			2) Confirm results of the tests associated with the continued operation of the theatres AHU, in writing to FB	Stephen Holt	12th December 2014	Letter to be drafted for Philip Holmes	W	To follow once the standardisation takes place, adopted by December 2014.
	Review the cause and effect of the above current interaction so that evacuation from theatres is not compromised	Trenton Fire Engineering consultancy company to review and report for actions required	3) Expert fire advisory report confirming the efficiency and compliance (or otherwise) of the theatres Air Handling Units operation.		5th December 2014	Review of the delayed escape route from theatres to ensure it will not be compromised	W	Work already under way with the new FRA's, for the very high risk clinical areas.
Article 9	Concern that the Trusts independently commissioned Fire Risk Assessments (FRAs) are not suitable and sufficient within the very high risk clinical areas	Review and update the Trusts existing FRA's for the very high risk areas (as defined by the NHS NPSA) . Prior liaison with Brigade to agree format and style and content.	4) Liaise with Fire Brigade on the standard and format of the new FRA's, prior to the revisions to the current FRA's	Trenton's Engineering Fire Advisor	By Friday 31st October 2014		G	Template released to the Fire Brigade for comment prior to full adoption.
			5) Produce new FRA's for the very high risk clinical areas i.e theatres and ICU	Stephen Holt and Trenton's Engineering Fire Advisor	Surveys by Friday 14th November 2014. Final versions by Friday 28th November	Trust to review and forward to Fire Brigade.	A	Work in progress and on schedule and started on Tuesday 11th November.
			6) Construct resulting action plans with target completion dates , associated with the FRA's within the very high risk clinical areas	Local owners of the FRA's supported by Trenton's Fire Advisor.	31st November	Trust to review and forward to Fire Brigade.	A	To start when FRA's are completed as follow on work.

Number	Brigade Request	Summary	Actions	Responsible	Target Date	Delivery	Status	Comments
				Manager				
Article 11	Construct such arrangements that the fire safety arrangements are monitored and reviewed on a regular basis.	Ensure a system based approach is in place to review and progress the FRA actions on a timely basis.	7) Fully utilise the Trusts new property management software (MICAD) to bring forward the review of actions and action plans in the current and any future FRA's	Ian Dye	Revised to 28th November.	down load resulting FRA's and action plans with Micad review prompts.	A	Contact made with MICAD software to support reporting mechanism for FRA tasks and actions.
		Accurate reporting of the status of the ongoing FRA's, detailing actions completed and any outstanding actions.	8) Alterations to systems and arrangements are adequately recorded	Trentons Fire Risk Advisor	By Friday 31st November 2014	Application of funds to carry out changes. Changes recorded on the MICAD system	A	Instruction given awaiting report
	Adequacy of current fire arrangements are evidenced	Improved communications with Fire Brigade	9) Supply most up to date plans detailing the Trusts current fire plans with the FB from MICAD	Ian Dye	31st November	Review through MICAD as above	A	Work with Trenton and ID under way
			10) Align diaries to provide a monthly progress reports with the Brigade. To demonstrate ongoing improvements.	Philip Holmes (Jo Cutts)	By Friday 17th October 2014	Dates to be diarised	G	Brigade liaison meeting held 04.11.14
			11) Review and authorise all documentation prior to its release to the Brigade, to ensure its accuracy, through the adoption of a quality gateway approach.	Stephen Holt	By Friday 17th November 2014		G	Draft protocol completed
Number	Brigade Request	Summary	Actions	Responsible	Target Date	Delivery	Status	Comments
				Manager				

Article 14	Conduct an analysis of the NHS NPSA high priority areas and their current escape methodology and these are adequately separated by a continuous fire construction	Inspect the Very High Risk areas that they comply with Article 14	12) May be part of FRA and subsequent action plans	Trenton's Fire Risk Advisor	14th November	FRA's to be down loaded into MICAD as in article 11. Copies to department heads. after gateway clearance.	A	Part of FRA work and action plan
		Hospital streets outside theatres to be kept clear of combustible materials at all times.	13) Ensure compliance through directors for the non compliant departments	Steve Green Operations Director	Nov/Dec	Regular inspections by the Fire manager.	A	Fire/H&S position being recruited to currently. Reminder issued on 17th November 2014.
		Suitable escape routes comply with the national guidance that requires them to be a safe system of escape for delayed or progressive evacuation	14) Surveys, identify and report for investment	Trenton's Fire Engineering Fire Safety & Risk Advisor	31st November	Fire Safety Report to EMAG, detailing the review of the FRA's for the very high risk clinical areas within south & centre blocks	A	Trenton Fire Engineering have started the reviews on 11th November 2014.
		Keep theatres emergency routes clear of combustible storage at all times	15) Clarify and reinforcing line management accountabilities for safe working obligations and correct storage of equipment and consumables	Theatre Managers	Throughout Nov/Dec	Regular joint inspections by the Theatre & Fire Safety Advisor	A	Recruitment ongoing for the Risk and Safety Advisor with interviews planned for the 19th November 2014. Theatre Matron informed of the issues and obligations.
						Legend:		
						Action not yet started	W	
						In progress or on schedule	A	
						Completed	G	
						Late action	R	

	November	Jan 2015	Feb	Mar	Apr	May	June	July	September	October		
Regular business	Chief Executive Report (JOC)	Chief Executive Report (JOC)	Chief Executive Report (JOC)	Chief Executive Report (JOC)	Chief Executive Report (JOC)	Chief Executive Report (JOC)	Chief Executive Report (JOC)	Chief Executive Report (JOC)	Chief Executive Report (JOC)	Chief Executive Report (JOC)		
	Quality Performance Report (CAi/BB)	Quality Performance Report (CAi/BB)	Quality Performance Report (CAi/BB)	Quality Performance Report (CAi/BB)	Quality Performance Report (CAi/BB)	Quality Performance Report (CAi/BB)	Quality Performance Report (CAi/BB)	Quality Performance Report (CAi/BB)	Quality Performance Report (CAi/BB)	Quality Performance Report (CAi/BB)		
	Schedule of SIs (CAi)	Schedule of SIs (CAi)	Schedule of SIs (CAi)	Schedule of SIs (CAi)	Schedule of SIs (CAi)	Schedule of SIs (CAi)	Schedule of SIs (CAi)	Schedule of SIs (CAi)	Schedule of SIs (CAi)	Schedule of SIs (CAi)		
	DoF (CA)	DoF (CA)	DoF (CA)	DoF (CA)	DoF (CA)	DoF (CA)	DoF (CA)	DoF (CA)	DoF (CA)	DoF (CA)		
	Minutes and actions (KE)	Minutes and actions (KE)	Minutes and actions (KE)	Minutes and actions (KE)	Minutes and actions (KE)	Minutes and actions (KE)	Minutes and actions (KE)	Minutes and actions (KE)	Minutes and actions (KE)	Minutes and actions (KE)		
	Board Work Plan (KE)	Board Work Plan (KE)	Board Work Plan (KE)	Board Work Plan (KE)	Board Work Plan (KE)	Board Work Plan (KE)	Board Work Plan (KE)	Board Work Plan (KE)	Board Work Plan (KE)	Board Work Plan (KE)		
Strategic/ Major	Trust Improvement Programme (BB)	Estates Strategy (PH) TBC	Budget 2015/16 (CA) Trust Improvement Programme (BB)	Quality Strategy (CAi)	Trust Improvement Programme (BB)	Annual Report and Accounts and Quality Accounts (CA/KE/AF) Trust Improvement Programme (BB)	Strategic Plan 2015-20 (JT)	Trust Improvement Programme (BB)	Trust Improvement Programme (BB)	Trust Improvement Programme (BB)		
		Maternity Strategy (SE)		Budget Approval (CA)			Monitor Two Year Operational Plan (JT)					
		Trust Improvement Programme (BB)		Trust Improvement Programme (BB)								
Other		Quarterly workforce report (PB)			Maternity HDU (SE)			Medical Records (BR)	Safeguarding Annual Report (CAi)			
		Nursing Recruitment plan (PB/CAi)									Quarterly workforce report (PB)	Quarterly Forecast (CA)
		Staff										Quarterly workforce report (PB)

	November	Jan 2015	Feb	Mar	Apr	May	June	July	September	October
		immunisation update (PB) Quarterly Forecast (CA) Urgent care investment plan (SE)								
Governance		Monitor Quarterly Return (CA) Board evaluation review (KE)	Corporate Risk Register and BAF (KE) Board evaluation review (KE)	Board evaluation review (KE)	Corporate Risk Register and BAF (KE) Monitor Quarterly Return (CA) Board evaluation review (KE)	SFI review (CA) Board evaluation review (KE)	Board evaluation review (KE)	Corporate Risk Register and BAF (KE) Monitor Quarterly Return (CA) Board evaluation review (KE)	Standing Orders Review (KE)	Corporate Risk Register and BAF (KE) Monitor Quarterly Return (CA)