

## TRUST BOARD<sup>1</sup>

Thursday 25 September 2014 1500 – 1630

Boardroom, Chief executive's office, 2<sup>nd</sup> floor, Royal Free Hospital

Dominic Dodd, Chairman

ITEM		LEAD	PAPER
<b>1.</b>	<b>ADMINISTRATIVE ITEMS</b>		
1.1	Apologies for absence – K Donlevy, K Fleming, G Hamilton, M Greenberg, S Powis, R Woolfson	D Dodd	
1.2	Minutes of meeting held 30 July 2014	D Dodd	1.1
1.3	Matters arising report	D Dodd	1.2
1.4	Record of items discussed at the Part II board meeting on 30 July 2014	D Dodd	1.3
1.5	Declaration of interests	D Dodd	v
1.6	Patient voices	D Oakley	v
<b>2.</b>	<b>OPERATIONAL AGENDA</b>		
2.1	Chair and chief executive's report	D Dodd / D Sloman	2.1
2.2	Trust performance report	W Smart	2.2
2.3	Financial performance report	C Clarke	2.3
2.4	RTT programme board report	K Slemeck	2.4
2.5	<i>Item removed</i>		2.5
2.6	High level isolation unit (HLIU) review update	R Woolfson/ M Jacobs	2.6
	<b><i>Governance and Regulation: reports from board committees</i></b>		
2.7	Finance and performance committee	D Finch	2.7
2.8	Patient safety committee	S Ainger	2.8
2.9	Integration committee	D Dodd	2.9
2.10	Strategy and investment committee	D Dodd	2.10
2.11	Audit committee	D Oakley	v
<b>3.</b>	<b>ANY OTHER BUSINESS</b>		
3.1	Questions from the public	D Dodd	v
	End of public meeting		

<sup>1</sup> In accordance with the Health & Social Care Act 2012, all Trust Board meetings must be held in public. All decisions which require the board's collective approval can only be made at a Trust Board (or a Part II meeting held in closed session to discuss confidential matters).

## List of members and attendees

Members	
Dominic Dodd	Non-executive director and Chairman
Stephen Ainger	Non-executive director
Dean Finch	Non-executive director
Deborah Oakley	Non-executive director
Jenny Owen	Non-executive director
Prof Anthony Schapira	Non-executive director
David Sloman	Chief executive
Caroline Clarke	Chief finance officer and deputy chief executive
Prof. Stephen Powis	Medical director
Deborah Sanders	Director of nursing
Kate Slemeck	Chief operating officer
In attendance	
Katie Donlevy	Director of service transformation
Kim Fleming	Director of planning
David Grantham	Director of workforce and organisational development
Dr Mike Greenberg	Divisional director of women's and children's services
Prof George Hamilton	Divisional director of surgery and associated services
Emma Kearney	Interim director of corporate affairs and communications
Andrew Panniker	Director of capital and estates
Dr Steve Shaw	Divisional director of urgent care
William Smart	Director of information management and technology
Dr Robin Woolfson	Divisional director of transplant and specialist services
Jan Aps	Trust secretary
Alison Macdonald	Board secretary

**Report of the trust board  
held on 30 July 2014**

**Present**

Mr Dominic Dodd	chairman
Mr D Sloman	chief executive
Ms C Clarke	chief finance officer and deputy chief executive
Ms D Sanders	director of nursing
Ms K Slemeck	chief operating officer
Mr S Ainger	non-executive director
Ms D Oakley	non-executive director
Prof A Schapira	non-executive director

**Invited to attend**

Mr W Smart	director of information management and technology
Mr A Panniker	director of capital and estates
Mr K Fleming	director of planning
Mrs K Donlevy	director of service transformation
Mr D Grantham	director of workforce and organisational development
Dr M Greenberg	divisional director – women's and children's services
Dr S Shaw	divisional director – urgent care
Prof G Hamilton	divisional director – surgery and associated services
Ms L Pomeroy	researcher QUASER project, UCL (item P45/14-15 only)
Ms N Fulop	professor of healthcare organisation and management, UCL (item P45/14-15 only)
Ms A Fresko	foresight partnership (item P45/14-15 only)
Ms E Kearny	interim director of corporate affairs and communication
Mrs J Aps	trust secretary (minutes)

<b>P39/14-15</b>	<b>APOLOGIES FOR ABSENCE AND WELCOME</b>	<b>Action</b>
	Apologies were received from Ms Owen, Mr Finch and Prof Powis. Mr Dodd welcomed the board members and all attendees to the first public trust board meeting of the 'new' Royal Free London. He noted that it was a meeting held in public, rather than a public meeting and that all questions from the floor should to be submitted in writing three days prior to the meeting.	
<b>P40/14-15</b>	<b>MINUTES OF MEETING HELD ON 26 JUNE 2014</b>	
	The minutes were accepted as an accurate record of the meeting.	
<b>P41/14-15</b>	<b>MATTERS ARISING REPORT</b>	
	The action report was noted, particularly that analysis was being undertaken of short notice cancellations. The chairman also noted that the non-executive directors had discussed board performance reporting, and that this would be discussed further at the September board meeting. The board noted that the London cancer/cardiac reconfiguration debate was in the public domain.	<b>JA</b>
<b>P42/14-15</b>	<b>RECORD OF ITEMS DISCUSSED AT PART II BOARD MEETING ON 26 JUNE 2014</b>	
	The report was noted.	

<b>P43/14-15</b>	<b>DECLARATION OF INTERESTS</b>	
	There was no change to the register. Board members were reminded to inform the board secretary of any changes.	
<b>P44/14-15</b>	<b>PATIENT VOICES</b>	
	<p>Ms Sanders read a complaint from the mother of a plastic surgery patient who had waited a year and a half for an appointment and was informed that the patient could not delay the appointment until after their A levels. The complainant considered that it should be possible to delay appointments for such reasons. On the day of surgery, the patient arrived early in the morning as required and waited; the patient had not been taken to theatre by midday, and was neither offered information nor allowed to take any refreshments. At 4pm the operation was cancelled as a technician was not available; it was 10 hours since the patient had had a drink and 18 hours since consuming any food. The complainant considered that this demonstrated poor administration and management (although the medical care was praised); was a waste of NHS resources and showed no respect for the patient who would not be able to return to university on time.</p> <p>She then read a letter of compliment which had been written to one of the trusts consultants following the loss of the correspondent's husband. She stated that she had total trust in the care that her husband had received, that she felt that the team had been superlative in all they had done to care for her. The letter commended all staff who had demonstrated dedication and care at all times; she and her husband had never felt alone, and she would never forget the kindness she had been shown.</p> <p>Ms Oakley would present patient voices at the next board.</p>	<b>DO</b>
<b>P45/14-15</b>	<b>PRESENTATION: iQUASER – board-level intervention in quality improvement</b>	
	<p>Mr Dodd reminded the board that they had agreed to participate in the iQUASER project during the preparation for becoming a Foundation Trust, noting that this would help in maximising the contribution made by the board to the governance of quality of the trust.</p> <p>Ms Fulop and Ms Fresko presented the project, outlining how using the research based guide could help the board in developing a quality improvement strategy which would bring together the programmes of work currently being undertaken (such as the patient safety campaign).</p> <p>In response to a question from Ms Oakley, Ms Fulop explained that the six trusts engaging in using the guide were the first to do so, and thus there were as yet no examples of outputs or deliverables, but it was expected that the measurable benefit would be a methodology for identifying which interventions would have the greatest impact on quality improvement. Board members asked for confirmation that the trust had the time and resources to complete this, and Mr Sloman confirmed that the executive team were in support of this, considering that it would help shape existing programmes in to an overall strategy, and contribute to the 'Royal Free' way of doing things. Mr Dodd noted that the cultural aspects of quality improvement would be an important part of the intervention.</p>	
<b>P46/14-15</b>	<b>ANNUAL COMPLAINTS REPORT</b>	
	<p>Ms Sanders introduced the annual complaints report; this would be made available on the trust website.</p> <p>Mr Ainger asked if the trust could use the learning from complaints to identify issues earlier, for example in ophthalmology. Ms Sanders considered that some</p>	

	<p>issues had were identified early but not fully resolved; the key focus for senior managers needed to be helping teams with the prioritisation of actions. In response to a question from Ms Oakley, Ms Sanders commented that a fully developed action plan would be and agreed at and monitored by trust operations board. Ms Kearney noted that the trust also received feedback via social media and NHS Choices, and themes were sought from this varied fora.</p> <p>Ms Sanders noted that there was a national return regarding complaints, but that an attempt to compare raw numbers was not particularly helpful. Mr Dodd commented that 650 complaints was a very small proportion of the 15% (FTT) who would not recommend services, so complaints may not be particularly representative of the full extent of dissatisfaction. The way in which complaints were managed or 'recovered' may be a useful indicator.</p> <p>The report for 2014/15 would seek to provide a more comprehensive review of all feedback provided to the trust.</p>	DSa
<b>P4714-15</b>	<b>DIRECTOR OF INFECTION, PREVENTION AND CONTROL – ANNUAL REPORT 2013-14</b>	
	<p>Ms Sanders outlined that the report reflected information that had previously been presented to the trust board. She commented that the uptake of flu vaccine by staff had been disappointing, and a further concerted effort would be made for the winter of 14/15. The ethics of the possibility of requiring staff to be appropriately vaccinated was being discussed nationally. Ms Sanders was asked to consider further ways of reducing the risk from staff not having vaccinations.</p> <p>Prof Schapira noted that the clinical performance committee was passing an excellent infection position over to the patient safety committee to oversee.</p> <p>The board confirmed that the report provided sufficient evidence of compliance with the Hygiene Code.</p>	DSa
<b>P48/14-15</b>	<b>DIRECTOR OF INFECTION, PREVENTION AND CONTROL – QUARTERLY REPORT 2014-15</b>	
	<p>Ms Sanders reported that no cases of MRSA had been contracted at the Royal Free Hospital for a period of 22 months, and that the number of hospital-acquired C difficile infections continued to reduce with a total of 5 cases in quarter 1. It was noted that there had been a higher level (12 cases) at BCF over the same period. The interventions that had proved successful at Royal Free Hospital were now being implemented at Barnet Hospital and Chase Farm Hospital. There had been good team working across the infection control teams.</p> <p>In response to a question from Mr Ainger, Ms Sanders noted that it had taken 12-18 months at Royal Free Hospital to get C difficile under control, but that it may be quicker at Barnet Hospital and Chase Farm Hospital given that the trust now had a framework in place. The report of the external review was awaited.</p> <p>The board extended thanks to the infection control team, and was pleased to hear that the extended team was working well.</p>	
<b>P49/14-15</b>	<b>REFERRAL TO TREATMENT PROGRAMME GOVERNANCE</b>	
	<p>Ms Slemeck outlined the governance arrangements that had been put in place to oversee the RTT programme. There would be final oversight by the trust board, and also links to external stakeholders, with an increase in representation from the clinical commissioning groups, and an external element to the clinical harm review. Nearly all executive directors were engaged personally given the importance of resolving this. The governance arrangements had been positively</p>	

	<p>reviewed by a member of the national panel considering RTT issues. Each aspect of the programme had been resourced, and a clear communication approach was being developed: for staff; patients; commissioners; and GPs. All GPs had been notified of the potential problems and asked to highlight any patient that they felt may need to be reviewed. All sites were still open to referrals and training was being undertaken to minimise the risk of further issues; the executive team were as confident as they could be that the processes were now being appropriately managed.</p> <p>Mr Sloman outlined the positive way in which GPs and commissioners had responded thus far, and felt confident that as the trust demonstrated there was firm control of the problem, and engaged them in the governance arrangements, that this would continue to improve.</p>	
<b>P50/14-15</b>	<b>CHAIRMAN'S REPORT</b>	
	The chairman's report was noted. The chairman highlighted that that the council of governors had appointed Ms Owen as vice-chair of the board.	
<b>P51/14-15</b>	<b>CHIEF EXECUTIVE'S REPORT</b>	
	<p>Mr Sloman particularly noted the acquisition of Barnet and Chase Farm Hospitals NHS Trust on 1 July 2014; the trust would be known as the Royal Free London, and the three main sites would be known as Barnet Hospital, Chase Farm Hospital and Royal Free Hospital.</p> <p>Board members noted the correspondence with the Shelford Group.</p>	
<b>P52/14-15</b>	<b>TRUST PERFORMANCE REPORT</b>	
	<p>The board noted that the performance report would be in a new framework in September. It was noted that the trust had continued to achieve the A&amp;E target, and that at certain times the A&amp;E performance at one site had supported performance at the other. There had been a small number of cancer breaches at Barnet Hospital. Activity in the enlarged trust would improve the threshold in screening, and also provided an opportunity to introduce the rigorous escalation arrangement in place at the Royal Free Hospital.</p> <p>Ms Sanders reported that a national review of the friends and family test (FFT) had been published. The key messages had been: that it was not possible to use FFT as a single measure of quality; that it was not possible to use it to compare performance across trusts (and possibly even wards); and the most valuable element was the individual comments.</p>	
<b>P53/14-15</b>	<b>FINANCIAL PERFORMANCE REPORT</b>	
	M Clarke presented the financial performance report, highlighting that this was the final report of the 'old' Royal Free, but that legacy trust reporting would continue. She noted that there had been a shortfall in income, but that it was too early to understand if that was a trend. The trust had achieved a Monitor risk rating of 4. In response to a question from Mr Ainger, Ms Clarke noted that service line reporting was reported to the finance and performance committee, rather than the trust board.	
<b>P54/14-15</b>	<b>INTEGRATION COMMITTEE REPORT</b>	
	The board noted the report.	
<b>P55/14-15</b>	<b>FINANCE AND PERFORMANCE COMMITTEE REPORT</b>	
	The board noted the report, in particular that as part of the Q1 2014/15 submission to Monitor, the committee confirmed compliance with governance	



	<p>statement 4, that the trust would continue to maintain a Continuity of Service risk rating of at least 3 over the next 12 months.</p> <p>The committee confirmed compliance with governance statement 11, that the board was satisfied that plans in place were sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forward.</p> <p>The board agreed to the submission of statements as detailed.</p>	
<b>P56/14-15</b>	<b>PATIENT SAFETY COMMITTEE REPORT</b>	
	<p>The board noted the report presented by Mr Ainger, who particularly highlighted that whilst incidents were being investigated there was far from comprehensive completion of progressing incidents through the Datix system. He also noted that a more robust tracking of action taken following incidents was being implemented to ensure evidence of learning from incidents.</p>	
<b>P57/14-15</b>	<b>CLINICAL PERFORMANCE COMMITTEE REPORT</b>	
	<p>The board noted the report presented by Prof Schapira.</p>	
<b>P58/14-15</b>	<b>STRATEGY AND INVESTMENT COMMITTEE REPORT</b>	
	<p>The board noted the report presented by Mr Dodd.</p>	
<b>P59/14-15</b>	<b>PATIENT AND STAFF EXPERIENCE COMMITTEE REPORT</b>	
	<p>The board noted the report presented by Ms Owen.</p>	
<b>P60/14-15</b>	<b>QUARTER 3 MONITOR QUARTERLY SELF-CERTIFICATIONS</b>	
	<p>In addition to the report from the finance and performance committee, the chairman confirmed, on behalf of the board, that there were no matters arising in the quarter requiring an exception report to Monitor (per the Risk Assessment Framework page 22, Diagram 6) which had not already been reported, and agreed to submission of this statement to Monitor.</p>	
<b>P61/14-15</b>	<b>ANY OTHER BUSINESS</b>	
	<p>There was no other business.</p>	
<b>P62/14-15</b>	<b>QUESTIONS FROM THE PUBLIC / ATTENDEES</b>	
	<p>There were no questions from the public.</p>	
	<b>DATE OF NEXT MEETING</b>	
	<p>The next trust board meeting would be on 25 September 2014 at 1500, boardroom, chief executive's office, Royal Free Hospital</p>	

Agreed as a correct record

Signature .....date .....

**Dominic Dodd, chairman**

**Trust Board**  
**Matters Arising report as at 25 September 2014**

Actions completed since last meeting of the Trust Board
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Minute No	Action	Lead	Complete	Board date/ agenda item	Outstanding
<b>FROM TRUST BOARD HELD ON 30 JULY 2014</b>					
<b>P41/14-15</b>	<b>Matters arising report</b>				
	To discuss board performance reporting at the September board meeting.	<b>J Aps</b>		25.09.14 Confidential board Item 3.1	
<b>P47/14-15</b>	<b>Director of Infection, Prevention and Control report</b>				
	To consider further ways of reducing the risk from staff not having vaccinations.	<b>D Sanders</b>			The trust is continuing with its current flu prevention strategies, including protection of staff with flu vaccinations. The trust will continue to encourage staff to get vaccinated, and in order to reach as many staff as possible, volunteer 'peer' vaccinators from each area will be tasked with vaccinating their colleagues. This is a tried and tested method in the Royal Free Hospital which has been nominated as an approach to be rolled out across all the trust's hospital sites.
<b>FROM TRUST BOARD HELD ON 26 JUNE 2014</b>					
<b>P49/14-15(a)</b>	<b>Trust performance report</b>				
	To include data on short notice outpatient cancellations in the July report.	<b>W Smart</b>			The performance team are not technically able to include this data at present, but are working to find a technical solution to enable this in future.



Report to	Date of meeting	Attachment number
Trust Board	25 September 2014	Paper 1.3

**CONFIDENTIAL BOARD MEETING HELD ON 30 JULY 2014**
**Executive summary**

Decisions taken at a confidential trust board are reported (where appropriate) at the next trust board held in public. Those issues of note and decisions taken at the trust board's confidential meeting held on 30 July 2014 are outlined below.

- The board ratified the appointment of Mr Danny Bernstein as a special advisor to the board.
- The board approved the strategic outline case for the redevelopment of Chase Farm Hospital.
- The board reviewed the trust's finance performance report, and asked that a further discussion on the private patients unit be held at the strategy and investment committee.
- The chairman reflected that the first month of the enlarged trust appeared to have been a positive start, and thanked the executive team for their hard work in this achievement.

**Action required**

For the board to note.

**Report From** D Dodd, chairman  
**Author(s)** J Aps, trust secretary  
**Date** 15 September 2014

Report to	Date of meeting	Attachment number
Trust Board	25 September 2014	Paper 2.1

## CHAIRMAN'S AND CHIEF EXECUTIVE'S REPORT

### Executive summary

This is a combined chairman's and chief executive's report containing items of interest/relevance to the board.

### Action required

The board is asked to note the report.

**Report From** D Dodd, chairman and D Sloman, chief executive  
**Author(s)** A Macdonald, board secretary  
**Date** 15 September 2014

## CHAIRMAN'S AND CHIEF EXECUTIVE'S REPORT

### **A TRUST DEVELOPMENTS**

#### **TRUST OBJECTIVES**

New objectives have been agreed for 2014/15 and cascaded to the organisation. These are attached at Appendix 1.

#### **REDEVELOPMENT OF CHASE FARM HOSPITAL**

The trust is developing plans for the redevelopment of Chase Farm Hospital. Stakeholder events are being held during September both to share information with local stakeholders and residents and to provide them with an opportunity to give their views on the redevelopment. Discussions have taken place with the local MPs and the Enfield council leader and chief executive. The trust was also represented at the Enfield show and received a very positive reception from the public. There is an accelerated learning event in early October involving clinical leads to:

- Explore improvements in service design from an efficiency and effectiveness perspective
- Generate and evaluate potential service improvements
- Develop / validate new service models and associated benefits for all clinical workstreams
- Capture the benefits and risks associated with the overall programme
- Agree the next steps to take the work forward (from the event to business case)

The strategic outline case has been submitted to the Department of Health, following consideration at the July meeting of the trust board. The next key event will be the submission of a planning application to the London Borough of Enfield in November 2014. In the meantime there has been close involvement with the planners. It is planned to bring the outline business case to the board for approval in January 2015.

#### **ROYAL FREE EMERGENCY DEPARTMENT (ED) REDEVELOPMENT**

There are three distinct elements to the refurbishment of the Royal Free ED and as such there are three construction tendered packages (Decant, Enabling + Phase 1A to 1B and finally Phases 2 – 4).

The contract for the decant works has been tendered and let and the work (mainly affecting the plastics and orthopaedic clinics plus therapies, surgical appliances and OPD admin) is on schedule.

The second package for Enabling and Phase 1 A-B (covering urgent care, TREAT, paediatrics, admin and the new entrance and waiting area) has been tendered. There has been a longer than expected evaluation and value engineering process resulting in a slight slippage of two months to the original envisaged programme. A recommendation is now ready for the Trust Executive to approve and, following award of contract, the work on this phase is expected to start in late October 2014 and to be completed by September 2015.

The tender for the final package (Phases 2+3 cover majors, RAT, resuscitation and diagnostics with Phase 4 covering the new 23 hour unit) is currently being worked up for

advert as that work is due to start in October 2015 with Phase 2 being completed in November 2015, Phase 3 in July 2016 and Phase 4 in January 2017.

Dedicated project and operational managers have been appointed and the governance structure is taking shape. The first ED programme board takes place on September 23<sup>rd</sup> with the detailed work being undertaken in the pathway planning, communication and capital and estates groups. The pathway group has met three times and identified 10 pathways (of the 40+ pathways identified in the business case) to be tackled in the first 12 months with two (PE and Renal colic) ready to be implemented this autumn. Communication is very important to the success of this project. Communication champions have been identified in all areas with notice boards, newsletters, consultation with staff, local residents etc being put in place. Detailed work on colour schemes, equipment and redeveloping operational policies are on-going in detail in readiness for the main contract to start in October 2014.

### ***PATHOLOGY JOINT VENTURE***

The Royal Free London NHS Foundation Trust, University College London Hospital NHS Foundation Trust (UCLH) and The Doctors Laboratory signed contracts at the end of July to form a partnership - Health Services Laboratories LLP - to provide state-of-the-art pathology and analytics services. This is in accordance with previous Royal Free London board approvals.

Lord Carter will be the first chairman of the joint venture. Lord Carter has advised the government on a wide range of issues, including the pathology sector. The partnership will use the efficient hub and spoke system, recommended by his influential review of pathology services in 2008, to create a clinically-led organisation always aiming to maintain the highest quality standards and deliver substantial efficiencies to the NHS through, leading edge technology, adoption of best working practices, investment in infrastructure, IT and economies of scale.

The partnership is expected to go live later this year once a number of regulatory issues have been completed, and has been awarded a ten year contract to provide pathology services the Royal Free London and UCLH.

### ***COMMUNICATIONS REPORT***

The communications report for July and August 2014 is attached at Appendix 2

<b><i>B REGULATION</i></b>
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### ***QUARTER 1 2014/15 MONITORING OF NHS FOUNDATION TRUSTS***

Monitor have confirmed that their analysis of the trust's Q1 submissions is now complete. Based on this work, the Trust's current ratings are:

Continuity of services risk rating - 4

Governance risk rating - Green

These ratings will be published on Monitor's website later in September. The Trust has been assigned a green governance risk rating.

Attached for information is the formal feedback letter from Monitor (Appendix 3).

## ***MONITOR, TRUST DEVELOPMENT AUTHORITY AND NHS ENGLAND TRIPARTITE LETTER***

Monitor, the TDA and NHS England have written to the chief executives of NHS foundation trusts and NHS Trusts, and CCG clinical leaders and accountable officers, to

- confirm their expectations regarding NHS performance over the coming months
- outline the 15/16 planning process
- provide an update on their longer term thinking about the NHS

The full letter is attached at Appendix 4 , but in summary, the priorities and expectations are:

Working collaboratively with partners to deliver high quality care

Recover and meet consistently the following standards

- the A&E 4 hour standard
- the 18 week wait standards: RTT admitted, non-admitted and incomplete standards. 52+ week waiters must be virtually eliminated except where there is an agreed clinical reason for the patient to wait. In addition, we need to deliver a reduction in the number of patients waiting over 18 weeks
- diagnostics 6 week wait standard
- all cancer wait standards (with the exception of the 62 day referral to treatment standard, which we expect to be met from November onwards)
- ambulance response standards

To this end, significant additional resources have been allocated in-year to fund additional elective activity and to support preparations for winter.

Regarding planning for 2015/16, planning guidance for 2015/16 will be published in early December. The guidance will set out how the NHS budget will be invested in the coming year to drive continuous improvement.

It is planned to publish a Five Year Forward View for the NHS in October that will set out how the health service and its partners can rise to the challenges.

There will be a series of regional meetings to pursue these issues.

## ***CARE QUALITY COMMISSION UNANNOUNCED VISIT***

There was an unannounced CQC inspection at Barnet Hospital on 5<sup>th</sup> and 6<sup>th</sup> September. This was a responsive inspection due to incident reports that the CQC had received; two CQC inspectors and a specialist advisor took part in the inspection.

The draft report is due before the end of September.

## ***CQC INTELLIGENT MONITORING REPORT (IMR)***

There has been no change to the CQC IMR risk banding of four at the Royal Free Hospital and at Barnet and Chase Farm Hospitals the risk banding has moved from four to two. There are six bands with one indicating the highest risk and six the lowest. The next report from the CQC will be for all Royal Free London sites. Action plans are in place to address issues raised in these reports.

From October onwards the risk banding issued will cover all sites that make up the trust.

<b>C</b> <b>BOARD AND COUNCIL MATTERS</b>
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**BARNET AND CHASE FARM HOSPITALS CHARITABLE FUNDS**

As the board will be aware, the BCF charitable funds transferred to the Royal Free trust on 1 July, with the intention that they would then be transferred to the Royal Free Charity, who had agreed to become the appointed trustees of the BCF charitable funds. Whilst the administration of this transaction takes place, the board of the Royal Free must act as the trustee of these funds. We have delegated operational responsibility of the running of the funds to the Royal Free charity during this period, but legally, the board should note their statutory responsibility.

**COUNCIL OF GOVERNORS**

Elections are currently underway for the council of governors. There are:

- seven vacancies in our local public constituency, which includes the London Boroughs of Barnet, Camden and Enfield, and Hertfordshire County Council
- one vacancy in our Rest of England constituency; and
- five vacancies (of a total of eight seats) in our patient constituency.

There is a wide field of candidates, including representatives from our enlarged workforce and public and patient constituencies.

The election will be run independently by UK Engage on behalf of the trust and voting is open from Tuesday 2 September to Friday 25 September inclusive.

**APPOINTMENT OF SPECIAL ADVISOR**

The trust board agreed at its July meeting to the creation of the new role of special advisor to the Board. This role is to assist the board, through chairmanship and membership of certain committees and bodies on which the trust board wishes its interests to be served by a senior, experienced representative but which do not require a serving NED member of the board. The initial portfolio for the role includes:

- Board's appointed representative on the pathology joint venture
- Chair of advisory panels for consultant appointments
- Lay chair of the trust's organ donation committee
- Board's appointed member of the clinical ethics committee

Danny Bernstein, who has had a distinguished career as a non executive director of the trust, has been appointed for a period of up to one year.

<b>D</b> <b>LOCAL DEVELOPMENTS</b>
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**A&E CLOSURES IN LONDON**

The A&E departments at Central Middlesex Hospital and Hammersmith Hospital closed on 10 September. These have been planned for many months, with both A&Es having been providing a day time only service for some time. Modelling undertaken by their local commissioners predicts that our Royal Free and Barnet sites will only be marginally affected by these closures but the trust nevertheless needs to plan in case of additional attendances.



In addition to this there has been an increase in flow to both our sites over the past few weeks and we have experienced a much busier August than previous years. Performance across the Trust is currently challenged. The key issue affecting performance is not A&E processes, but patient flow. To this end clinical teams have been asked to:

- ensure patients are not waiting unnecessarily in A&E for longer periods than they need to
- undertake early ward rounds
- encourage discharges earlier in the day
- ensure investigations are appropriately booked in a timely manner and actioned
- attend A&E promptly when a speciality review is requested
- use the discharge lounge facilities
- identify issues that are preventing timely discharge and escalate these to divisional leadership teams or directly to the hospital directors

### ***BARNET AND ENFIELD CLINICAL COMMISSIONING GROUPS***

Dr Mo Abedi has been appointed the new chair of Enfield CCG. Dr Alpesh Patel completed his term of office as chair and has been appointed to the role of clinical vice chair.

Following the resignation of John Morton, chief officer of Barnet CCG, Rob Larkman and Jonathan Wise from Brent, Harrow and Hillingdon CCGs have joined the CCG for three months as interim accountable officer and interim chief finance officer. Peter Coles has taken on the role of interim chief operating officer.

## ***E NATIONAL DEVELOPMENTS***

### ***FREEDOM TO SPEAK UP***

Jeremy Hunt, the secretary of state for health, has written to all NHS trust chairs informing them of an independent review (Freedom to Speak Up) he has commissioned, to be chaired by Sir Robert Francis QC, which will provide advice and recommendations to ensure that:

- NHS workers can raise concerns in the public interest with confidence that they will not suffer detriment as a result;
- Appropriate action is taken when concerns are raised by NHS workers; and
- Where NHS whistleblowers are mistreated, those mistreating them will be held to account

NHS trusts have been asked to fully support the review by providing evidence and encouraging NHS staff to do the same, should they wish to. A confidential survey is also being sent to all NHS workers who should be encouraged to participate.

### ***FOUNDATION TRUST NETWORK AND FOUNDATION TRUST GOVERNORS' ASSOCIATION***

Following a ballot, the FTGA has agreed to merge with the FTN in order to deliver a comprehensive governance support service for members. Through merging with the FTGA the FTN aims to support this through targeted support including development days, networking opportunities, enhanced policy support and high quality member communications.

***HOSPITAL CHAINS: UNLOCKING HIDDEN VALUE TO IMPROVE PATIENT OUTCOMES  
PATIENT***

The Secretary of State has commissioned a review, led by Sir David Dalton, into how leading NHS organisations can establish hospital chains to expand their reach and deliver more for patients.

Specifically the review will consider:

- The arrangements which could enable local and non-geographical networks of hospitals or services to be established under a single leadership team
- A new framework for NHS providers who are certified as outstanding and the go-to people for turnaround projects and extended management responsibilities
- Management contracts so that outstanding leadership teams can take on a more formal relationship with other providers
- The extension of the buddying and mentoring schemes in the special measures hospital programme
- Improving incentives for the best NHS hospital trusts to take on turnaround projects and extended management responsibilities.

The aim is not just to improve quality and safety, but to develop 7-day services and to centralise services where this will improve outcomes.

The review aims to submit its findings and recommendations to the Secretary of State by end September 2014.

**Royal Free London**   
NHS Foundation Trust

## Our aims for 2014/15

Our mission for the trust is clear: to deliver world class expertise and local care. We will seek to be world class in terms of service, research and teaching excellence.

To measure our progress in achieving our mission we have agreed five governing objectives, these objectives are used to set the corporate objectives which we concentrate on each year.

### GOVERNING OBJECTIVES



**Safe and compliant**  
meeting or exceeding all regulatory and outcome standards



**Excellent experience**  
for patients, staff and GPs



**Excellent value**  
improving efficiency and productivity and reducing costs



**A strong organisation**  
effectively investing in our staff and our infrastructure to ensure that we are fit for the future



**Excellent outcomes**  
clinical, research and teaching

### CORPORATE OBJECTIVES 2014/15

Integrate the two organisations, ensuring that patient safety is our priority

---

Deliver a cultural change programme that defines the way we operate and behave (the 'Royal Free London way'), supporting staff to deliver the trust's objectives

---

Validate the waiting list and make definitive progress in reducing the number of patients waiting over 18 weeks

---

Improve the flow of emergency patients through and out of Barnet Hospital

---

Deliver an ambitious but achievable QIPP (savings with quality improvement) and synergies programme

---

Agree an objectively prioritised and justified investment programme, and submit a business case for the new Chase Farm Hospital

---

Work together with commissioners and other partners to implement the integrated care plans with new patient pathways and effective demand management

---

Ensure that we stay within our targets for infection control

**world class expertise**  **local care**

# Communications team report to board

## July and August 2014

The communications team had a busy two months. In July local press coverage focused on the acquisition. The team continued work on a variety of key workstreams in the lead-up to and following the acquisition, including website, branding and patient communications.

Highlights of coverage:

- The acquisition was covered by [North London Today](#), [The Enfield Advertiser](#), [Enfield Independent](#), [Healthwatch Enfield](#), [Ham and High](#) and [North London Press](#).
- The trust's plans to redevelop Chase Farm Hospital was featured in the [Enfield Independent](#), [Enfield Today](#) and [This is Local London](#).
- Jeremy Hunt, secretary of state for health, has given his support to the new Institute of Immunity and Transplantation, after making a visit to the Royal Free Hospital, reported the [Ham and High](#) and [London News 24](#).

In August the focus was on the Ebola epidemic, with positive local, national and international press regarding the trust's high security infectious diseases unit and the Ebola patient being treated at the Royal Free Hospital.

Highlights of coverage:

- Following the Ebola epidemic, the trust's high security infectious diseases unit featured in the [Mail on Sunday](#), [Sunday Express](#), [Daily Star](#), [Herald Scotland](#), [CNN](#), [Sky News](#), [Daily Mail](#), [PM News Nigeria](#), [All Africa](#), [Christian Today](#), [Telegraph](#) and [Star Africa](#). [Radio 4](#) came in to do a report on the HLIU for the World At One programme.
- Following the admission of Ebola patient, William Pooley, the trust was featured on most media outlets including the [Independent](#), [BBC](#), [Sky](#), [Standard](#), [Channel 4](#), [Express](#), [Telegraph](#), [Mirror](#), [Voice of America](#), [Metro](#), [Ham and High](#), [Camden New Journal](#), [Express and Star](#), [Guardian](#), [Sky](#), [Daily Mail](#), [Reuters](#), [ITV](#), [Barnet Press](#), [Telegraph](#), [London 24](#), [Yahoo](#).
- Following the first press conference the story was covered in the [Barnet Press](#), [ITV](#), [BBC](#), [Guardian](#), [Ham and High](#), [Telegraph](#), [Independent](#), [Mirror](#), [Oxford Mail](#), [Camden New Journal](#), [Daily Mail](#) and all the main news programmes, including ITV, BBC, Channel 4, Sky.
- The trust is to become a centre for the specialist treatment of kidney cancer, as part of a reorganisation of cancer and cardiovascular services in London, reported the [HSJ](#), [Guardian](#) and [Daily Mail](#).
- Professor Sir John Cunningham, a consultant nephrologist at the Royal Free Hospital who served as the lead physician to the Queen and as head of the Medical Household for the Royal Family, has been knighted at Buckingham Palace, reported the [Ham and High](#)

In this period we also:

- issued 9 **statements**.
- handled 71 **media enquires** including requests for interviews, statements, briefings, filming and documentary enquiries.
- posted 14 **web stories** and issued 10 **press releases**.
- supervised a number of filming projects including BBC Inside Out filming in the Heart Attack Centre.
- posted 100 **stories on our intranets**.
- increased our **Twitter** following from 6,056 to 6,275
- continued to build our **Facebook** page, with 203 new 'likes' to 1,981 fans. We reached 47,516 people in August.
- communications support for RTT.
- communications planning for car parking changes.
- continued substantial pieces of work following the acquisition on 1 July – including supporting staff with the new brand and development of the new website.
- development of new Freepress magazine to launch in September
- internal support and promotion of EDRM and RPASS projects for staff.
- promotion of Friends and Family test results both internally and externally.
- continued communications planning for the new Institute of Immunity and Transplantation.
- continued communications planning for the A&E rebuild project after the board sign off.
- continued to provide extensive communications support to the pathology joint venture.

17 September 2014

Mr David Sloman  
Chief Executive  
Royal Free Hospital  
Pond Street  
London  
NW3 2QG

Monitor

Making the health sector  
work for patients

Wellington House  
133-155 Waterloo Road  
London SE1 8UG

T: 020 3747 0000  
E: [enquiries@monitor.gov.uk](mailto:enquiries@monitor.gov.uk)  
W: [www.gov.uk/monitor](http://www.gov.uk/monitor)

Dear David,

**Q1 2014/15 monitoring of NHS foundation trusts**

Our analysis of your Q1 submissions is now complete. Based on this work, the Trust's current ratings are:

- Continuity of services risk rating - 4
- Governance risk rating - Green

These ratings will be published on Monitor's website later in September.

The Trust has been assigned a Green governance risk rating.

A report on the FT sector aggregate performance from Q1 2014/15 will shortly be available on our website (in the News, events and publications section) which I hope you will find of interest.

For your information, we will shortly be issuing a press release setting out a summary of the key findings across the FT sector from the Q1 monitoring cycle.

If you have any queries relating to the above, please contact me by telephone on 0203 747 0371 or by email ([Victoria.Woodhatch@Monitor.gov.uk](mailto:Victoria.Woodhatch@Monitor.gov.uk)).

Yours sincerely,



**Victoria Woodhatch**  
**Senior Regional Manager**

cc: Mr Dominic Dodd, Chair  
Ms Caroline Clarke, Finance Director





**Gateway Reference Number: 02254**

**To:**  
Chief Executives of NHS Foundation Trusts and NHS Trusts  
CCG Clinical Leaders, CCG Accountable Officers

**Copy to:**  
Local Authority Chief Executives

Dear Colleagues

### **Priorities for the coming months**

We are writing jointly to you to:

- invite you to a series of regional meetings we are holding in October/November;
- confirm our expectations regarding NHS performance over the coming months;
- outline the 15/16 planning process;
- update you on our longer term thinking about the NHS.

### **Autumn events**

We are planning a series of events across the country in October/November to provide an opportunity for you to engage with us on a number of important issues facing the NHS. These events will be held in regions on the following dates:

- London: 10.00am-1.00pm, 28 October
- South: 1.30-4.30pm, 28 October
- Midlands & East: 10.00am-1.00pm, 31 October
- North: 1.30-4.30pm, 4 November

Further information will be circulated shortly, but we would ask you to hold these dates in your diaries in the meantime.

### **Working together to deliver NHS performance over the coming months**

We recognise that our three organisations need to work very closely together, both at national and regional level, in order to provide strategic leadership and support to NHS organisations across the country. We have agreed to establish a strengthened partnership across our organisations so that we can take a joined-up view of the challenges facing the NHS, and the potential solutions available. This will include developing a common approach to escalation across our organisations.

In turn, we ask you to work collaboratively with your local partners to deliver the best possible health services to your patients. This will require your personal leadership at local level.

It is clear that in the first five months of 2014/15, the NHS has experienced very high demand for many services which is making delivery of consistently high quality, safe care ever more challenging. We recognise the outstanding efforts that you are making across the NHS to continue delivering care to the standards set out in the NHS Constitution.

It is essential that you continue to focus on meeting the NHS Constitution standards and take rapid action to improve performance where these standards are not being met. Patients consistently tell us that prompt access to services is important to them and an essential ingredient of good patient care. Our expectation is that performance against the following standards will be recovered so that they are all met consistently:

- the A&E 4 hour standard;
- the 18 week wait standards: RTT admitted, non-admitted and incomplete standards. 52+ week waiters must be virtually eliminated except where there is an agreed clinical reason for the patient to wait. In addition, we need to deliver a reduction in the number of patients waiting over 18 weeks. (Acknowledging the current focus on treatment of long waiters, we are expecting the extra elective activity to be delivered by the end of November and the 18 week wait standards to be met consistently thereafter).
- diagnostics 6 week wait standard;
- all cancer wait standards (with the exception of the 62 day referral to treatment standard, which we expect to be met from November onwards);
- ambulance response standards.

We recognise that it will be challenging to improve and sustain performance for the remainder of 2014/15 and want to emphasise the importance of all partners working together to secure delivery. Our three organisations will work together to do everything we can to support you.

As you know, we have committed significant resources in-year to fund additional elective activity and to support preparations for winter. We anticipate that these resources will play a significant role in helping you to deliver these standards and we will be working closely with you to ensure that these resources are deployed to best effect.

### **Planning for 15/16**

In early December, we will be publishing planning guidance for 2015/16. The guidance will set out how the NHS budget will be invested in the coming year to drive continuous improvement. The overarching objectives of the planning round for 2015/16 will be to:

- refresh the second year of the existing two-year operational plans with a focus on making sure that the plans are as realistic as possible;



- secure alignment across NHS England's commissioner planning process and Monitor and NTDA's provider planning processes;
- establish a foundation for longer term planning, based on the NHS Five Year Forward View (see below);
- minimise the burden and opportunity cost for commissioners and providers of completing the planning returns;
- add value by identifying and resolving contradictions and inconsistencies between the financial and activity elements of commissioners' and providers' plans;
- identify the framework through which CCGs and individuals can take on more responsibility for commissioning a greater range of services, and
- model collective system leadership through joint working with partners.

We are expecting commissioners and providers to work closely together over the next six months to develop the best possible set of plans for 2015/16. We urge you to work together to develop aligned plans and collective risk management arrangements.

### The NHS Forward View

The future challenges faced by the health service have been well-rehearsed: changing health needs, rising expectations and constrained public resources combine to make the coming years a crucial inflection point for the NHS. We plan to publish a Five Year Forward View for the NHS in October that will set out how the health service and its partners can rise to these challenges. The NHS Forward View will seek to influence the national debate by outlining the challenges and choices for further discussion.

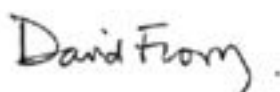
We want to discuss the NHS Forward View with you and explore how it might be helpful to you in your local health economies.

The three of us jointly look forward to meeting with you soon.

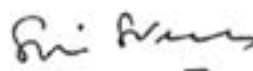
Yours sincerely



**David Bennett**  
Chief Executive  
Monitor



**David Flory**  
Chief Executive  
NTDA



**Simon Stevens**  
Chief Executive  
NHS England

Report to	Date of meeting	Attachment number
Trust Board	25 September 2014	Paper 2.2

## TRUST PERFORMANCE REPORT

### Executive summary

At its confidential board meeting, the board will receive a paper and presentation setting out proposals for a refresh of the Trust Performance Report following the acquisition of Barnet and Chase Farm Hospitals on 1 July 2014. For this month only, the board is asked to receive the Monitor Governance Scorecard showing performance of the combined trust as well as the legacy Royal Free and Barnet and Chase Farm organisations.

With 18-weeks RTT and cancer data not yet available for August 2014 the trust is forecasting a Green rating for the month and the quarter.

### Action required

The board is asked to note the report

Trust strategic priorities and business planning objectives supported by this paper	Board assurance risk number(s)
1. Excellent outcomes – to be in the top 10% of our peers on outcomes	R1.2, R1.3
2. Excellent user experience – to be in the top 10% of relevant peers on patient, GP and staff experience	R2.2, R2.3
3. Excellent financial performance – to be in the top 10% of relevant peers on financial performance	R3.2
5. A strong organisation for the future – to strengthen the organisation for the future	R5.1

### Risks attached to this project/initiative and how these will be managed (assurance)

N/A

### Equality analysis

- No identified negative impact on equality and diversity

<b>Report from</b>	Will Smart	Director of IM&T
<b>Author(s)</b>	Tony Ewart Holly Chambers	Head of Performance Head of Reporting and Analytics
<b>Date</b>	19 September 2014	

Royal Free London NHS Foundation Trust

Monitor Indicators of Governance Concerns - October 2013 - March 2015	2013/14				2014/15		Target	Weighting
	Q2	Q3	Q4	Q1	Jul-14	Aug-14		
*A&E - 95% of patients admitted, transferred or discharged within 4-hours	91.8%	93.4%	93.3%	95.9%	95.9%	95.6%	>= 95%	1.0
*C difficile number of cases against plan <sup>1</sup>	18	12	22	17	4	5	Q2 <= 13	1.0
**Maximum time of 18 weeks from point of referral to treatment in aggregate for admitted patients	92.4%	92.4%	90.7%	91.9%	91.3%		>=90%	1.0
**Maximum time of 18 weeks from point of referral to treatment in aggregate for non-admitted patients	96.5%	96.9%	97.0%	97.4%	97.4%		>=95%	1.0
**Maximum time of 18 weeks from point of referral to treatment in aggregate for patients on an incomplete pathways	92.1%	92.0%	92.1%	92.2%	92.0%		>=92%	1.0
**All Cancer 31 day second or subsequent treatment - surgery	100.0%	99.5%	99.3%	97.9%	98.1%		>=94%	1.0
drug	100.0%	100.0%	100.0%	100.0%	100.0%		>=98%	
radiotherapy	100.0%	100.0%	100.0%	100.0%	100.0%		>=94%	
**All Cancer 62 days wait for first treatment:								
from urgent GP referrals:	89.8%	87.2%	86.1%	83.9%	86.8%		>=85%	1.0
from a screening service	97.9%	92.6%	97.8%	94.7%	100.0%		>= 90%	
**All cancers: 31 day wait from diagnosis to first treatment	99.6%	99.2%	99.0%	98.2%	97.8%		>=96%	1.0
**Cancer: two week wait from referral to date first seen								
All cancers	94.2%	95.4%	95.6%	95.1%	95.5%		>=93%	1.0
Symptomatic breast patients	93.6%	94.7%	94.8%	94.5%	93.9%		>=93%	
Compliance with requirements regarding access to healthcare for people with learning disabilities	Compliant	Compliant	Compliant	Compliant	Compliant		Meeting the 6 criteria	1.0
<b>Monitor overall governance thresholds:</b>								
Green: a service performance score of <4.0 and <3 consecutive quarters' breaches of a single metric	A-r	A-r	Red	Red	Green			
Red: a service performance score of >=4.0 and >=3 consecutive quarters' breaches of a single metric	2	2	2	2	0			
<p>* Denotes actual data for August 2014                  **Cancer &amp; 18-weeks data is not available for August 2014                  Note: C. difficile RAG rating applied on the basis of the cumulative quarterly expression of the trajectory</p>								

<sup>1</sup>The C. difficile trajectory has been reduced by 4 in year as a result of inpatient activity transfers to the North Middlesex hospital resulting from the Barnet, Enfield and Haringey strategy

Royal Free Hospital

Monitor Indicators of Governance Concerns - October 2013 - March 2015 <sup>1</sup>	2013/14			2014/15		Target	Weighting	
	Q2	Q3	Q4	Q1	Jul-14			Aug-14
*A&E - 95% of patients admitted, transferred or discharged within 4-hours	96.9%	96.4%	96.0%	95.8%	95.3%	93.6%	>= 95%	1.0
*C difficile number of cases against plan	13	5	5	5	3	2	Q2 <=9	1.0
**Maximum time of 18 weeks from point of referral to treatment in aggregate for admitted patients	92.4%	92.4%	90.7%	91.9%	91.3%		>=90%	1.0
**Maximum time of 18 weeks from point of referral to treatment in aggregate for non-admitted patients	96.5%	96.9%	97.0%	97.4%	97.4%		>=95%	1.0
**Maximum time of 18 weeks from point of referral to treatment in aggregate for patients on an incomplete pathways	92.1%	92.0%	92.1%	92.2%	92.0%		>=92%	1.0
**All Cancer 31 day second or subsequent treatment - surgery	100.0%	99.2%	98.8%	97.4%	96.2%		>=94%	1.0
drug	100.0%	100.0%	100.0%	100.0%	100.0%		>=98%	
radiotherapy	100.0%	100.0%	100.0%	100.0%	100.0%		>=94%	
**All Cancer 62 days wait for first treatment: from urgent GP referrals:	92.5%	89.6%	86.7%	88.1%	90.3%		>=85%	1.0
from a screening service	100.0%	100.0%	92.9%	98.2%	100.0%		>= 90%	
**All cancers: 31 day wait from diagnosis to first treatment	99.7%	99.6%	98.7%	97.2%	96.6%		>=96%	1.0
**Cancer: two week wait from referral to date first seen	97.2%	96.8%	98.0%	97.2%	98.1%		>=93%	1.0
All cancers	95.0%	95.8%	97.2%	98.0%	97.9%		>=93%	
Symptomatic breast patients								
Compliance with requirements regarding access to healthcare for people with learning disabilities	Compliant	Compliant	Compliant	Compliant	Compliant		Meeting the 6 criteria	1.0
<b>Monitor overall governance thresholds:</b>								
Green: a service performance score of <4.0 and <3 consecutive quarters' breaches of a single metric	A-g	A-g	Green	Green	Green			
Trust Rating:								
Weighting:	1	1	1	0	0			
Red: a service performance score of >=4.0 and >=3 consecutive quarters' breaches of a single metric								
* Denotes actual data for August 2014								
**Cancer & 18-weeks data is not available for August 2014								
Note: C. difficile RAG rating applied on the basis of the cumulative quarterly expression of the trajectory								

<sup>1</sup>This sheet provides a view of performance at the Royal Free London NHS Foundation Trust as confirmed prior to the acquisition of Barnet and Chase Farm Hospitals NHS Trust on 1 July 2014



Barnet Hospital and Chase Farm Hospital

Monitor Indicators of Governance Concerns - October 2013 - March 2015	2013/14			2014/15		Target	Weighting	
	Q2	Q3	Q4	Q1	Jul-14			Aug-14
*A&E - 95% of patients admitted, transferred or discharged within 4-hours	88.7%	91.5%	91.4%	96.0%	96.3%	96.9%	>= 95%	1.0
*C difficile number of cases against plan <sup>2</sup>	5	7	17	12	1	3	Q2 <= 4	1.0
**Maximum time of 18 weeks from point of referral to treatment in aggregate for admitted patients	93.8%						>=90%	1.0
**Maximum time of 18 weeks from point of referral to treatment in aggregate for non-admitted patients	99.2%						>=95%	1.0
**Maximum time of 18 weeks from point of referral to treatment in aggregate for patients on an incomplete pathways	87.0%						>=92%	1.0
**All Cancer 31 day second or subsequent treatment - surgery	100.0%	100.0%	100.0%	100.0%	100.0%		>=94%	1.0
drug	100.0%	100.0%	100.0%	100.0%	100.0%		>=98%	1.0
radiotherapy	NA	NA	NA	NA	NA	NA	>=94%	1.0
**All Cancer 62 days wait for first treatment: from urgent GP referrals:	88.1%	86.2%	85.7%	81.4%	79.4%		>=85%	1.0
from a screening service	97.6%	91.5%	97.5%	95.0%	100.0%		>= 90%	1.0
**All cancers: 31 day wait from diagnosis to first treatment	99.5%	98.9%	99.4%	99.3%	100.0%		>=96%	1.0
**Cancer: two week wait from referral to date first seen								
All cancers	92.8%	94.8%	94.4%	94.0%	94.2%		>=93%	1.0
Symptomatic breast patients	92.7%	94.0%	93.5%	92.6%	91.9%		>=93%	1.0
Compliance with requirements regarding access to healthcare for people with learning disabilities	Compliant	Compliant	Compliant	Compliant	Compliant		Meeting the 6 criteria	1.0
<b>Monitor overall governance thresholds:</b>								
Green: a service performance score of <4.0 and <3 consecutive quarters' breaches of a single metric	A-r	A-r	Red	Red	Green			
Red: a service performance score of >=4.0 and >=3 consecutive quarters' breaches of a single metric	3	2	2	3	2			
<p>* Denotes actual data for August 2014</p> <p>**Cancer data is not available for August 2014. Barnet and Chase Farm are not currently reporting against the 18-weeks RTT indicators.</p> <p>Note: C. difficile RAG rating applied on the basis of the cumulative quarterly expression of the trajectory</p>								

<sup>1</sup>This sheet provides a view of performance at Barnet and Chase Farm Hospitals NHS Trust as confirmed prior to the acquisition by the Royal Free London NHS Foundation Trust on 1 July 2014

<sup>2</sup>The C. difficile trajectory has been reduced by 4 in year as a result of inpatient activity transfers to the North Middlesex hospital resulting from the Barnet, Enfield and Haringey strategy

Report to	Date of meeting	Attachment number
Trust Board	25 September 2014	Paper 2.3

## FINANCE PERFORMANCE REPORT FY 14/15 – MONTH 5

### Executive summary

#### Income & Expenditure Position

The August (month 5) year to date income and expenditure position is a deficit of £5.5m which is an adverse variance of £4.4m compared to plan. In the second month of the enlarged organisation the adverse variance against plan in-month was £1.5m, there was a £2m adverse variance for the enlarged organisation in July and a £0.9m adverse variance for the first quarter of 2014/15 pre-integration.

#### The key areas of adverse performance against plan for the year to date are:

- Clinical income (£6.2m adverse) with the largest shortfalls relating to Royal Free budgets particularly for surgical activity.
- Pay (£3.7m adverse) with substantial overspending at the Barnet site (£1.1m) and the Chase Farm site (£0.9) for the first two months following integration.
- There are some offsetting favourable variances against non-pay budgets, reserves and capital charges.

#### Capital Expenditure

The current forecast capital spend has been revised down to £60.0m, this compares to an original plan of £88m.

#### Cash

The cash balance the end of August was £70.3m which was an increase of £22.3m in-month primarily due to receipt of £33m of transitional PDC funding.

#### Monitor Continuity of Service Risk Rating

The overall risk rating is 3 for year to date compared to the plan of 4. This due to a reduced debt service cover rating resulting from below plan EBITDA performance. The liquidity rating remains at 4.

### Action required

For the board's discussion.

Trust strategic priorities and business planning objectives supported by this paper	Board assurance risk number(s)
3. Excellent financial performance – to be in the top 10% of relevant peers on financial performance	

**CQC outcomes supported by this paper**

26 Financial position

**Equality analysis**

No identified negative impact on equality and diversity

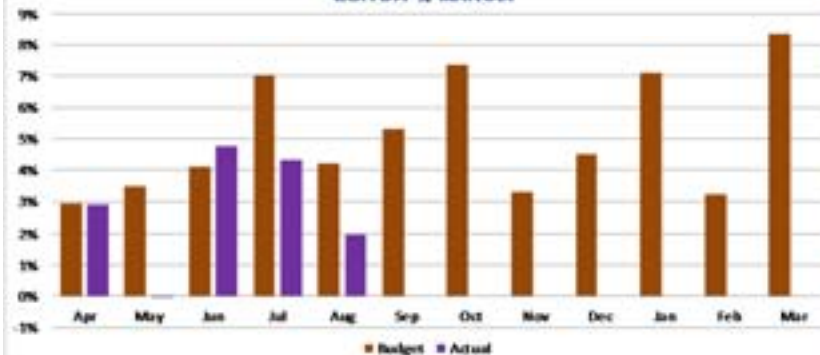
**Report from** Caroline Clarke, Director of Finance  
**Author(s)** Mike Dinan, Director of Financial Operations  
Edmund Knight-Jones, Assistant Director of Finance  
**Date** 19 September 2014

## FINANCIAL PERFORMANCE REPORT

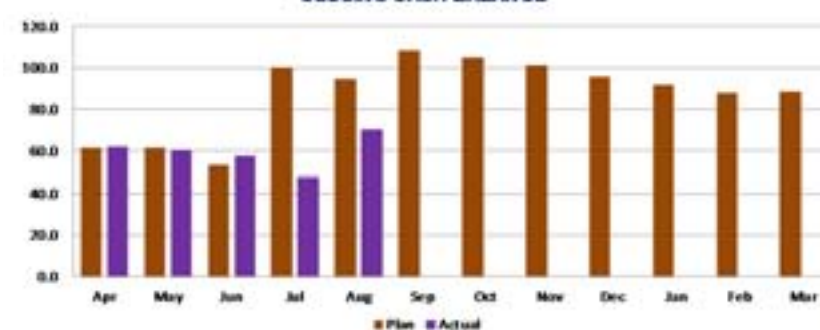
### August 2014

Income & Expenditure Position	Current Month			Year to Date			Forecast		
	Income & Expenditure			Surplus/(Deficit)			Surplus/(Deficit)		
	Budget	Actual	Surplus/(Deficit)	Budget	Actual	Surplus/(Deficit)	Budget	Actual	Surplus/(Deficit)
The August (month 5) year to date income and expenditure position is a deficit of £5.5m which is an adverse variance of £4.4m compared to plan. In the second month of the enlarged organisation the adverse variance against plan in-month was £3.5m, there was a £2m adverse variance for the enlarged organisation in July and a £0.9m adverse variance for the first quarter of 2014/15 pre-integration.									
<b>The key areas of adverse performance against plan for the year to date are:</b>									
- Clinical income (£6.2m adverse) with the largest shortfalls relating to Royal Free budgets particularly for surgical activity.									
- Pay (£3.7m adverse) with substantial overspending at the Barnet site (£1.1m) and the Chase Farm site (£0.9) for the first two months following integration.									
- There are some offsetting favourable variances against non-pay budgets, reserves and capital charges.									
<b>Capital Expenditure</b>									
The current forecast capital spend has been revised down to £90.0m, this compares to an original plan of £88m.									
<b>Cash</b>									
The cash balance the end of August was £70.3m which was an increase of £22.3m in-month primarily due to receipt of £33m of transitional PDC funding.									
<b>Monitor Continuity of Service Risk Rating</b>									
The overall risk rating is 3 for year to date compared to the plan of 4. This due to a reduced debt service cover rating resulting from below plan EBITDA performance. The liquidity rating remains at 4.									
<b>Income &amp; Expenditure</b>	August 2014			August 2014			August 2014		
<b>Revenue</b>									
NHS Clinical Revenue	64,934	63,436	(1,487)	253,702	248,217	(5,485)	713,107	706,243	(6,864)
Non-NHS Clinical Revenue	2,053	2,037	(15)	10,384	9,697	(687)	25,838	24,351	(1,486)
Other Operating Revenue	9,403	9,908	504	45,630	44,931	(699)	110,010	108,647	(1,363)
<b>Total Operating Revenue</b>	<b>76,379</b>	<b>75,381</b>	<b>(998)</b>	<b>309,717</b>	<b>302,846</b>	<b>(6,871)</b>	<b>848,954</b>	<b>839,241</b>	<b>(9,713)</b>
<b>Permanent Staff</b>	(40,121)	(36,173)	3,948	(151,820)	(136,367)	15,453	(433,215)	(393,004)	40,210
<b>Bank Staff</b>	(159)	(2,877)	(2,718)	(244)	(10,688)	(10,443)	(865)	(29,791)	(28,926)
<b>Agency Staff</b>	(481)	(3,342)	(2,861)	(2,299)	(10,968)	(8,669)	(4,581)	(31,477)	(26,896)
<b>Total Employee Expenses</b>	<b>(40,761)</b>	<b>(42,392)</b>	<b>(1,631)</b>	<b>(154,364)</b>	<b>(158,023)</b>	<b>(3,659)</b>	<b>(438,661)</b>	<b>(454,272)</b>	<b>(15,611)</b>
<b>Reimbursable Drugs &amp; Devices</b>	(12,284)	(12,451)	(167)	(58,558)	(58,026)	530	(144,389)	(144,444)	(54)
<b>Clinical Supplies</b>	(7,821)	(8,135)	(315)	(34,186)	(34,703)	(517)	(88,870)	(89,933)	(1,063)
<b>Other Expenses</b>	(13,524)	(13,283)	241	(50,124)	(47,838)	2,286	(137,084)	(133,296)	3,788
<b>Total Non-Pay Expenses</b>	<b>(33,629)</b>	<b>(33,870)</b>	<b>(241)</b>	<b>(142,868)</b>	<b>(140,565)</b>	<b>2,303</b>	<b>(371,223)</b>	<b>(367,673)</b>	<b>3,551</b>
<b>Total Operating Expenditure</b>	<b>(54,974)</b>	<b>(55,288)</b>	<b>(314)</b>	<b>(227,177)</b>	<b>(223,104)</b>	<b>4,073</b>	<b>(598,078)</b>	<b>(590,901)</b>	<b>7,176</b>
<b>Divisional Contribution Total</b>	<b>1,989</b>	<b>(881)</b>	<b>(2,870)</b>	<b>12,487</b>	<b>4,258</b>	<b>(8,228)</b>	<b>39,669</b>	<b>17,296</b>	<b>(21,771)</b>
<b>Non-Recurrent Support Reserves</b>	3,072	2,962	(110)	6,135	6,201	66	27,648	27,715	66
<b>EBITDA</b>	<b>1,857</b>	<b>(508)</b>	<b>(1,355)</b>	<b>(4,377)</b>	<b>(1,758)</b>	<b>(2,618)</b>	<b>(22,080)</b>	<b>(14,549)</b>	<b>7,531</b>
<b>Depreciation, Interest &amp; Dividends</b>	(4,157)	(3,896)	260	(15,375)	(14,217)	1,158	(36,533)	(34,108)	2,425
<b>Surplus/(Deficit)</b>	<b>(948)</b>	<b>(2,413)</b>	<b>(1,466)</b>	<b>(1,138)</b>	<b>(5,516)</b>	<b>(4,386)</b>	<b>8,105</b>	<b>(3,646)</b>	<b>(11,751)</b>

#### EBITDA % MARGIN



#### CLOSING CASH BALANCE



Monitor Continuity of Services Risk Rating	Current Quarter	Status	Commentary
<b>Liquidity Rating</b>	4	🟢	The planned liquidity rating is 4. Performance remains in line with plan due to the substantial cash balance.
<b>Debt Service Cover Rating</b>	2	🔴	The planned debt service cover ratio is 3. Performance is below plan due to the adverse variance against the EBITDA plan.
<b>Overall</b>	3	🟡	The planned overall rating is 4. Performance is below plan due to the adverse Debt Service Cover rating.
Monitor Indicators of Forward Financial Risk	Status	Direction of Trend	Commentary
Unplanned decrease in EBITDA margin in two consecutive quarters	🔴	↓	EBITDA margin was below plan in quarter 1 and is forecast to be below plan in quarter 2.
Quarterly certification by trust that FRR may be less than 3 in next 12 months	🟡	↓	The forecast for next 12 months will be reviewed as part of quarter 2 reporting in October.
Financial Risk Rating 2 for any one quarter	🟢	→	The Trust has never had a financial risk rating of below 3 in any one quarter.
Working capital facility used in previous quarter	🟢	→	The working capital facility has not yet been used.
Debtors > 90 days past due account for more than 5% of total debtor balances	🟡	→	Debtors over 90 days net of provisions are greater than 5%.
Creditors > 90 days past due account for more than 5% of total creditor balances	🟡	→	Creditors over 90 days are greater than 5%.
Two or more changes in Finance Director in a twelve month period	🟢	→	No change in Finance Director in last 12 months.
Interim Finance Director in place over more than one quarter end	🟢	→	Permanent Finance Director in post since January 2011.
Quarter end cash balance <10 days of operating expenses or < £4 million	🟢	→	The month end cash balance is £70.3m.
Capital expenditure less than 75% or more than 125% of plan for year to date	🟢	→	Capital expenditure year to date is 91% of the plan.

Report to	Date of meeting	Attachment number
Trust Board	25 September 2014	Paper 2.4

## REFERRAL TO TREATMENT WAITING TIMES

### Executive summary

This report informs the board about progress with the referral to treatment waiting times programme.

### Action required

The board is asked to note progress to date, and to note the continuing risks.

Governing objectives supported by this paper	Board assurance risk numbers
Excellent outcomes	All R1 series
Excellent experience	All R2 series
Excellent value for money	
Full compliance	All R4 series
A strong organisation	All R5 series

### Risks attached to this project / initiative and how these will be managed (assurance)

See the report.

### Equality impact assessment

- Patient treatment priority is determined clinically and by waiting time.

<b>Public Patient and Carer involvement</b>	Mainly via CCG involvement.
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**Report from** Kate Slemeck, Chief Operating Officer

**Date** 15 September 2014

## Referral to treatment waiting times

### 1. Introduction and purpose of this report

This is the regular monthly report to the board on the programme to reach national waiting time standards for our patients across the enlarged trust. A briefing on the definitions used in referral to treatment time management, and an account of the former Barnet and Chase Farm Hospitals NHS Trust's discovery of its waiting list problem, were given in the July board report, and are not repeated here.

This report summarises progress over the last two months.

### 2. Governance

The governance structure, a chart of which was distributed at the board meeting on 30 July, has been endorsed by commissioners, and is proving effective in practice. The programme board, chaired by the chief executive, has met twice. Barnet CCG and Herts Valleys CCG are both represented on it, and the director of the NHS Intensive Support Team serves on the board as an external expert on the subject. The steering group and all six of the workstream groups (clinical harm, data validation and data quality, capacity planning, waiting list action group, training, and communications) have met at least twice, and in several cases many times.

Progress reports are sent monthly to our regulator, Monitor, and to commissioners via Barnet CCG (through whom NHS England reviews progress). Those reports are considered at the monthly contract management group meetings and elsewhere. There is frequent informal contact and discussion with both Barnet and Herts Valleys CCGs.

### 3. The validation task

#### 3.1 Technical validation

The validation of the waiting list is proceeding as expected. At acquisition there were 81,328 patient pathways needing to be checked so as to produce a valid waiting list; an initial review of those led to a corrected number of 75,090. Table 1 shows progress to date in the technical validation, which consists of a review of the patient administration system records undertaken by external specialists in correcting hospitals' waiting lists.

Table 1 – Technical validation progress

date	starting validations	n validated	closing validations	% validated off	% added to waiting list
27 Jul	75,090	15,013	60,077	56%	44%
31 Aug	60,077	22,468	37,609	74%	26%

The data show that the pace of technical validation increased over August. The rate of invalid records (pathways) found also rose in August, the cumulative proportion at the end of August being 67%.

#### 3.2 Operational validation

Operational validation is the process of taking the waiting list records that the technical validation has failed to categorise with certainty, and doing what is necessary to establish the patient's correct waiting list status. Methods include consulting hospital clinicians, checking with GPs, and examining paper records. Extensive work is being undertaken to identify the optimal combination of methods of operational validation. Though much more time consuming than the technical



validation, this stage is equally necessary. At the end of August there were 7,101 records that were awaiting operational validation, resulting in the overall validation position being as shown in table 2.

Table 2 – Overall validation position as at 31 August

category	number to validate
to be technically validated (see table 1)	37,609
to be operationally validated	7,101
total to be validated	44,710

The number requiring technical validation will continue to fall steadily to zero in about a month's time. The number requiring operational validation will therefore tend to rise during that period, before later falling.

#### 4. Clinical harm

A senior clinician independent of the trust, Dr Susan LaBrooy, has accepted the chairmanship of the clinical harm workstream.

In the light of experience the group has changed the range of specialties where it reviews risk prior to treatment. To date there is no patient considered to have suffered severe harm following a review of over 5000 patients post procedure.

A new database is nearing completion which will allow more comparative reporting and analysis and improved monitoring. This will also assist in tracking progress in improving the rates of post treatment review by treating clinicians.

#### 5. Treating long waiters

A demand and capacity model for theatres has been presented at the capacity planning workstream meeting. This model amalgamates legacy organisations models and has been approved by the IST. Whilst actual waiting list size is unknown, until validation is complete, we continue to plan capacity within the upper ranges of predicted numbers.

Additional (unfunded) weekend operating lists are in place at Chase Farm Hospital and the Royal Free Hospital to manage the long waiters.

Outsourcing is working well and between October 2013 and August 2014 1,925 patients have been treated utilising outsourced capacity. A breakdown by speciality is provided below.

Table 3 – Outsourced patients between Oct '13 and August '14 by specialty

ENT	676
T&O	460
ENDO	479
UROLOGY	110
GEN SURGERY	107
GYNAE	35
PAIN	54
OMF	4
<b>Total</b>	<b>1,925</b>

## 6. Data Quality and Training

Whilst validation efforts are on track, data errors continue to be added to the system, creating further need for validation. A level of error is expected but there are concerns regarding the volume of new data errors.

A full RTT training programme is being designed. Five modules have been agreed for which content and delivery methods will vary dependent on staff groups and their knowledge requirements.

Two individuals have been sourced through Cymbo to conduct data quality training in admissions and the central outpatients function, both key sources for potential data error. Another important means of addressing data quality errors at source is through the outpatient outcome form. A pilot for the new form has taken place at Barnet and Chase Farm sites in cardiology and feedback will be collated to inform the trust-wide roll-out.

## 7. Communications

The communications workstream now has CCG representation in its membership. The overall communications approach has been agreed and the communications plan has been agreed. High level messages and key lines to take have been developed to ensure consistency in messaging. Trust wide internal communication has been distributed. The group work closely with the clinical harm workstream.

## 8. Prospects

Whilst the treatment of additional patients to reduce the numbers waiting is proceeding, it is not yet possible to forecast when we will at trust level reach the national waiting time standards (which are 90% of admitted patients and 95% of out-patients treated within 18 weeks). As every day passes more corrections are made to the waiting list records, and it is reassuring to see that progress. Although we do have a theoretical model of the resources (staff, theatres, beds, clinics etc) required, we will not have a view of the number of patients over 18 weeks needing treatment by those resources until the operational validation is complete.

Report to	Date of meeting	Attachment number
Trust Board	25 September 2014	Paper 2.6

## HIGH LEVEL ISOLATION UNIT (HLIU)

### Executive summary

This paper provides an overview of the High Level Isolation Unit (HLIU) with reference to the recent patient admission.

### Action required

The board is asked to note this paper for information.

Trust strategic priorities and business planning objectives supported by this paper	Board assurance risk number(s)
1. Excellent outcomes – to be in the top 10% of our peers on outcomes	X
2. Excellent user experience – to be in the top 10% of relevant peers on patient, GP and staff experience	X
4. Excellent compliance with our external duties – to meet our external obligations effectively and efficiently	X
5. A strong organisation for the future – to strengthen the organisation for the future	X

### CQC outcomes supported by this paper

4	Care and welfare of people who use services
6	Cooperating with other providers
8	Cleanliness and infection control
9	Management of medicines
10	Safety and suitability of premises
11	Safety, availability and suitability of equipment
12	Requirements relating to workers
16	Assessing and monitoring the quality of service provision

### Risks attached to this project/initiative and how these will be managed (assurance)

None

### Equality analysis

No identified negative impact on equality and diversity

**Report from**  
**Author(s)**  
**Date**

Dr Michael Jacobs  
Sally Vaughan  
19 September 2014

Service Line Lead for Infection  
Senior Operations for Infection and Immunity

## 1.0 Introduction

William Pooley, a nurse caring for patients with the Ebola virus in Sierra Leone, was repatriated to Britain on 24 August 2014 after contracting the virus. He was successfully treated in the high level isolation unit and was discharged on 2 September. During this period there was a great deal of media coverage of the patient, his consultant and the unit, all of it positive.

This paper reviews the history, purpose and governance of the unit.

## 2.1 History of HLIU

In 1968 the Coppetts Wood Hospital, most of whose 109 beds were for patients with infectious diseases, became part of the Royal Free Group.

Most of the hospital closed in 2000 and services transferred to the Royal Free Hospital, apart from the two-bedded high security infectious diseases unit, which had gained an international reputation in the treatment and care of patients with hazardous infections such as Lassa fever and rabies.

Staff visited weekly for training and to ensure supplies and kit would be ready should a patient be admitted. Several patients with viral haemorrhagic fevers were treated. In 2006 the high security service transferred to Pond Street.

In January 2014 the unit's name was changed from the high security infectious disease unit to the high level isolation unit (HLIU).

The relocation improved access to specialist medical support, including expert imaging and intensive care services. The transfer of services was carried out to provide an optimal safe service with increased specialist service support. The transfer of HLIU also reduced the duplication of clinical services, reduced the cost of estate management, removed the need for off-site training and allowed synergies with the general infectious diseases service at the Royal Free Hospital.

The unit has to pass Health & Safety Executive (HSE) approval to be operational and any change to services needs to be done in conjunction with and approved by them.

## 2.0 High level isolation unit (HLIU)

**Ebola virus disease (EVD)** is one of the hazard group 4 viral haemorrhagic fevers (VHF) and management of clinical cases in the UK is subject to specific guidance from the Advisory Committee on Dangerous Pathogens (ACDP); <https://www.gov.uk/government/publications/viral-haemorrhagic-fever-algorithm-and-guidance-on-management-of-patients>. Revised guidance was published on 13 August 2014.

A cornerstone of the guidance is that clinical cases should be managed in a designated HLIU, other than in exceptional circumstances. The only HLIU in the UK is at the Royal Free Hospital.

The primary purpose of HLIU is to provide a safe environment to manage patients with VHF and mitigate the risks of transmission of infection, particularly to healthcare workers. Research is not carried out within the unit.

The HLIU is located in an individual area of the hospital, physically separated by sealed walls and ceilings, with HEPA (high-efficiency particulate air) -filtered, negative pressure ventilation to ensure a progressive gradient of negative pressure from the public hospital areas to the dirty disposal area and autoclave room on the unit. Entry and exit to the unit is strictly controlled, with only those who have the relevant training and experience being admitted unaccompanied.

The isolation tents for the two patient beds each have a ventilation system which can be separately closed to allow continued use of the other clinical room. Clinical waste is stored within a designated area and there are three autoclaves (incinerators) to decontaminate waste from the unit.

The high security pathology unit (HSPU) is adjacent to the isolation beds and also operates a negative pressure HEPA-filtered ventilation system, disposal areas and dedicated autoclave.

The specialist nature of the unit relates primarily to infection prevention and control (IPC) rather than specialist medical care per se. IPC is at the centre of the design of the unit, its operating procedures and staff training and confidence is assured by regular external inspection by the Health and Safety Executive's (HSE) biological agents unit. There are no identified risks to the local population or to the hospital in having an HLIU on site. The HSE inspect the unit on at least an annual basis and scrutinise all aspects of the service provision including staff training, protocols and practices, service pathways and use of space and equipment. The unit has passed all recent HSE standards and inspections and expects to continue to do so.

Staff at the unit are all trained in specialist care for patients with hazard groups 4 VHFs and undertake regular training to maintain their skills. The Trust collaborates with the RAF and London Ambulance services and runs simulation exercises to train new staff and test existing pathways.

### **3.0 Funding**

The HLIU receives annual funding of approximately £600k from specialist commissioners through NHS England to remain on standby for the potential transfer of a patient. When a patient is admitted to the unit the trust invoices NHS England for the cost of the care of the patient.

### **3.1 Activity and capacity**

The HLIU admits only patients with confirmed hazard group 4 VHFs. Patients with possible or suspected VHFs are cared for in the most appropriate location, for example on the infectious disease ward 11W ward or in the emergency department isolation rooms, using appropriate personal protective equipment (PPE) until the diagnosis is known.

There are two beds in the HLIU, contained within isolation tents (Trexler isolators). As VHFs have only rarely been imported into the UK (one or two cases every two to three years), the capacity provided by the HLIU has been sufficient to date.

The HLIU is maintained in a constant state of readiness to receive a confirmed case of VHF, with a well-established six-hour (maximum) activation protocol.

### **3.2 Recent use**

On 23 August 2014, the infectious diseases team was consulted about a 29-year-old male British nurse who had contracted Ebola while working in Sierra Leone. On 24 August 2014 he was repatriated by the RAF and admitted to the HLIU. The patient was treated with supportive therapy and the experimental drug ZMapp. After 10 days, the patient was discharged having fully recovered from the disease.

A large, multidisciplinary team was involved in the patient's care. The two critical objectives for the team were successfully achieved: the patient received the best possible clinical care; and no healthcare workers were exposed to Ebola or developed EVD.

Activation of HLIU is an uncommon event (the last case managed in the HLIU was in October 2012 - a case of Congo-Crimean haemorrhagic fever). After every patient admission a look back debrief exercise is undertaken to identify any lessons learned or changes that need to be implemented in preparation for the future. The unit's policies are updated at this stage to reflect any necessary amendments. The unit functioned extremely well during this admission; the debrief session will be held on the 19 September 2014.

### **3.3 Governance and oversight**

It is proposed with immediate effect an annual report on HLIU will be produced and submitted to the Patient Safety Committee of the board.



Report to	Date of meeting	Attachment number
Trust Board	25 September 2014	Paper 2.7

## FINANCE AND PERFORMANCE COMMITTEE REPORT

### Executive summary

The finance and performance committee met on the 18<sup>th</sup> September 2014. The chair will provide a verbal report to the board at its meeting on 25<sup>h</sup> September 2014.

The committee reviewed performance against the annual plan for the year to date, key issues discussed included:

- Concern regarding EBITDA position for the year to date, the importance of the forecasting exercise currently being undertaken and a clear understanding of the implications for the longer term.
- The potential implications of the Enfield CCG musco-skeletal services tender for the trust, particularly the Chase Farm redevelopment.
- Theatre productivity and utilisation including access to theatres for the private patient unit.
- Further detail was requested regarding the proposed drawdown of £10m loan to be considered by the board.

The committee also reviewed the Monitor Risk Assessment Framework. The Committee noted that the overall compliance ratio is Green based on current information.

### Action required

The board is asked to note feedback from the committee.

### Equality impact assessment

No adverse impact

**Report From** Dean Finch, Non-Executive Director and Chair of Finance and Performance Committee  
**Author(s)** Mike Dinan, Director of Financial Operations  
 Edmund Knight-Jones, Assistant Director of Finance  
**Date** 18 September 2014

Report to	Date of meeting	Attachment number
Trust Board	25 September 2014	Paper 2.8

## PATIENT SAFETY COMMITTEE REPORT

### Executive summary

This report is to inform the board of the matters discussed at the meeting of the patient safety committee held on 4 September 2014.

### Action required

The board is asked to note the report.

### Trust governing objectives

- |   |  |
|---|--|
| 1 | Excellent outcomes – to be in the top 10% of our peers on outcomes   |
| 2 | Excellent user experience – to be in the top 10% of relevant peers on patient, GP and staff experience       |
| 3 | Excellent financial performance – to be in the top 10% of relevant peers on financial performance            |
| 4 | Excellent compliance with our external duties – to meet our external obligations effectively and efficiently |
| 5 | A strong organisation for the future – to strengthen the organisation for the future                         |

### CQC outcomes supported by this paper

All CQC outcomes

### Equality impact assessment

No adverse impact

**Report From** Stephen Ainger, chair and non-executive director  
**Author(s)** Veronica Jackson, committee secretary  
**Date** 10 September 2014

## **HIGH LEVEL SAFETY METRICS**

The committee reviewed the high level safety metrics for the Royal Free Hospital (RFH) which now incorporated bench marking data on MRSA and C difficile. The committee found the benchmarking data very useful, and noted that work was continuing on how such data for falls, including falls resulting in harm, and pressure ulcers could also be included in future reports.

In reviewing the combined high level safety metrics for Barnet Hospital (BH) and Chase Farm Hospital (CFH), the committee was pleased to note that a unified PCR testing policy for C difficile was now in place across all three hospital sites. The committee requested that individual reports for BH and CFH be provided at future meetings.

## **SERIOUS INCIDENTS**

The committee was pleased to note the new format of the closed serious incidents summary reports which had taken into account the recommendations discussed at previous meetings, including identifying lessons learned. An in-depth discussion was held as to how the completed reports could be used to formulate smarter action plans, which identified actions that were relevant and which clearly defined whether they were thematic, specific or actions for continuous improvement.

## **DATIX WEB**

The committee was pleased to note the progress made in reducing the number of incidents which remained in the 'holding area' on Datix web. The committee received assurance that all incidents were being reviewed daily, with incident managers encouraged to move incidents through to the next stage on the system. In addition, the committee noted the trust's aim of introducing a single integrated governance (Datix) database across all three sites.

## **POLICIES**

The committee ratified the harmonised manual handling policy (subject to some minor changes), the health and safety policy and the duty of candour policy.

## **COMPLAINTS, LITIGATION, INCIDENTS AND PALS (CLIP) REPORT**

The committee received the annual CLIPs report, noting that the report would be now be produced on a quarterly basis. In reviewing the report, the committee considered the importance of ensuring triangulation of complaints, litigation and incidents to ensure a rounded and cohesive approach to patient safety and service improvement.

## **BOARD ASSURANCE FRAMEWORK**

The committee proposed changes to two risks in the Board Assurance Framework (BAF).

## **MANDATORY AND STATUTORY TRAINING (MaST)**

The committee was pleased to note the good progress made overall in relation to MaST, in particular the great achievement in aligning the ten core e-learning subjects across the three hospital sites.

Report to	Date of meeting	Attachment number
Trust Board	25 September 2014	Paper 2.9

## INTEGRATION COMMITTEE REPORT

### Executive summary

The integration committee met on 11 September 2014.

- The committee reviewed the four day 1 objectives that were yet to be delivered and were assured that progress was now being made. The day 100 objectives were making good progress.
- The PMO would focus on providing assurance, support and coordination going forward, as well as benefits realisation.
- It was agreed that David Sloman would chair all future meetings and the Terms of reference were refreshed post acquisition.
- The budget update was noted and it was agreed that following full resourcing of the priority projects the surplus funds would be used to supplement the Trust's overall position.
- It was agreed that executive bandwidth would be reviewed in the new year and that the top 100-200 members of the organisation would meet to discuss the cultural vision of the organisation.
- The committee would review the communication's team structure at the next meeting.

### Action required

To note the report from the integration committee.

Trust governing objectives	Board assurance risk number(s)
3 Excellent financial performance – to be in the top 10% of relevant peers on financial performance	

### CQC outcomes supported by this paper

26	Financial position
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### Risks attached to this project / initiative and how these will be managed (assurance)

Risks associated with the integration have been identified and are recoded in the integration risk register which also details mitigation actions.

### Equality impact assessment

- No negative impact on equality and diversity.

**Report From** Dominic Dodd, chairman  
**Author(s)** Natalie Forrest, director of hospital integration  
**Date** 12 September 2014

Report to	Date of meeting	Attachment number
Trust Board	25 September 2014	Paper 2.10

## STRATEGY AND INVESTMENT COMMITTEE REPORT

### Executive summary

The strategy and investment committee met on 11 September 2014. The key issues discussed and decisions made are outlined below:

- The committee approved the adoption of a new set of standards and processes for making strategy and investment decisions and asked the trust executive committee to propose how these should be made operational. The most important changes included the board enforcing 7 standards, a suite of gold, silver and bronze processes for putting those in place which all involved earlier intervention and input than previously, and set of target behaviours in strategy and investment discussions.
- The committee used this new framework to review the lessons learned from the RFL ITU development and agreed additional investment in staff, with a review of the quality and other benefits from this investment to take place in 12 months.
- The committee agreed to the sale of the Elmbank site and received an update on other potential land transactions and capital developments

### Action required

To note the report from the strategy and investment committee.

Trust governing objectives	Board assurance risk number(s)
3 Excellent financial performance – to be in the top 10% of relevant peers on financial performance	

### CQC outcomes supported by this paper

26	Financial position
----	--------------------

### Risks attached to this project / initiative and how these will be managed (assurance)

Strategic risks, including mitigation actions, are identified in the trust's Board Assurance Framework.

### Equality impact assessment

- No negative impact on equality and diversity.

**Report From** Dominic Dodd, chairman  
**Author(s)** Alison Macdonald, board secretary  
**Date** 15 September 2014