

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

Wednesday 6 April 2016 at 1300

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

Dominic Dodd, Chairman

ITEM		LEAD	PAPER
	<b>ADMINISTRATIVE ITEMS</b>		
2016/45	Apologies for absence- Caroline Clarke, Dean Finch, Deborah Oakley	D Dodd	
2016/46	Minutes of meeting held on 24 February 2016	D Dodd	1.
2016/47	Matters arising report	D Dodd	2.
2016/48	Record of items discussed at the Part II board meeting on 24 February 2016	D Dodd	3.
2016/49	Declaration of interests	D Dodd	
	<b>PATIENT SAFETY AND EXPERIENCE</b>		
2016/50	Patient safety – learning from serious incidents	S Powis	
2016/51	Patients' voices	Kate Slemeck	
	<b>ORGANISATIONAL AGENDA</b>		
2016/52	Nursing/midwifery staffing – monthly report	D Sanders	4.
2016/53	NHS staff survey	D Grantham	5.
2016/54	Trust constitution – proposed amendment	E Kearney	6.
	<b>OPERATIONAL AGENDA</b>		
2016/55	Chair and chief executive's report	D Dodd / D Sloman	7.
2016/56	Trust performance dashboard	W Smart	8.
2016/57	Financial performance report	C Clarke	9.
	<b><i>Governance and Regulation: reports from board committees</i></b>		
2016/58	Patient safety committee (24 March 2016) – VERBAL	S Ainger	
2016/59	Strategy and investment committee (10 March 2016)	D Dodd	10.
2016/60	Finance and performance committee (15 March 2016)	S Ainger	11.
	<b>OTHER BUSINESS</b>		
2016/61	Questions from the public	D Dodd	
2016/62	Any other business		
2016/63	Date of next meeting – 27 April 2016		

<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 Fisher	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	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
Alison Macdonald	Board secretary

# **MINUTES OF THE TRUST BOARD HELD ON 24 FEBRUARY 2016**

## **Present**

Mr D Dodd	Chairman
Mr D Sloman	Chief executive
Mr S Ainger	Non-executive director
Ms C Clarke	Chief finance officer and deputy chief executive
Mr D Finch	Non-executive director
Ms D Oakley	Non-executive director
Ms J Owen	Non-executive director
Prof S Powis	Medical director
Ms D Sanders	Director of nursing
Prof A Schapira	Non-executive director
Ms K Slemeck	Chief operating officer

## **Invited to attend**

Mrs K Fisher	Director of service transformation
Mr K Fleming	Director of planning
Mr D Grantham	Director of workforce and organisational development
Dr M Greenberg	Divisional director for women's, children's and imaging services
Prof G Hamilton	Divisional director for surgery and associated services
Ms E Kearney	Director of corporate affairs and communications
Mr A Panniker	Director of capital and estates
Mr W Smart	Chief information officer
Dr R Woolfson	Divisional director, transplant and specialist services division
Ms A Macdonald	Board secretary (minutes)

## **Others in attendance**

Ms J Dawes	Interim trust secretary
Noelle Skivington	Member, Enfield Healthwatch

2016/26	APOLOGIES FOR ABSENCE AND WELCOME	Action
	<p>Apologies for absence were received from:</p> <p>Dr S Shaw      Divisional director – urgent care</p> <p>The chairman welcomed those present to the meeting.</p>	
2016/27	MINUTES OF MEETING HELD ON 27 JANUARY 2016	
	The minutes were accepted as an accurate record of the meeting.	
2016/28	MATTERS ARISING REPORT	
	The matters arising report was noted.	

<b>2016/29</b>	<b>RECORD OF ITEMS DISCUSSED AT PART II BOARD MEETING ON 27 JANUARY 2016</b>	
	The report was noted.	
<b>2016/30</b>	<b>DECLARATION OF INTERESTS</b>	
	The board confirmed that there was no change to the register of interests.	
<b>2016/31</b>	<b>PATIENT SAFETY – LEARNING FROM A SERIOUS INCIDENT</b>	
	This item was deferred, as consent needed to be obtained from patients or relatives before sharing any incidents with the board.	
<b>2016/32</b>	<b>PATIENTS' VOICES</b>	
	<p>The director of planning read out a complaint. This was from a patient who had been under the care of the oncology team for some time, having hormone injections and radiotherapy. As part of the radiotherapy treatment, the patient needed to have gold marker seeds inserted to guide the radiotherapy beams. An appointment was made which the patient was unable to keep, and they informed the hospital of this. The next appointment was not due until March and the patient contacted the clinical nurse specialist to see if this could be brought forward. The patient was then contacted and asked to attend an additional clinic which had been organised. However, when they attended, the doctor was not aware of the purpose of the appointment and the procedure could not be carried out. The patient was concerned that they had been put to such inconvenience, for no purpose. An investigation took place and an apology was given for the failure in communication between the clinical service and appointments team. A further appointment had since been made.</p> <p>The compliment was from a patient following their treatment in the day surgery unit who referred to the professionalism, kindness and courtesy that they had encountered from all staff. Mention was made of the nurses, the anaesthetist and the surgeon and this experience had been a contrast with a previous one.</p> <p>The chairman thanked the director of planning for presenting these cases and noted that this was his last board meeting prior to his retirement at the end of March. The chairman thanked the director of planning for being such a great colleague and for his contribution to the Royal Free over so many years.</p> <p>The chief operating officer would present this item next time.</p>	<b>KS</b>
<b>2016/33</b>	<b>NURSING AND MIDWIFERY STAFFING MONTHLY REPORT</b>	
	<p>The director of nursing presented the report. She noted that there might be different reporting requirements from March and new national guidance was also awaited on safe staffing levels in particular areas.</p> <p>During December 2015, there had been 2% less actual than planned hours.</p> <p>The caps on agency rates which Monitor had required to be in place by February had been agreed with all agencies, with the rates agreed being below the caps. The impact of this would be felt initially by the agencies in reduced income, but in due course the agencies might pass this on to agency workers in the form of a</p>	

	<p>reduced hourly rate. The impact of the caps was starting to be seen, as expenditure had reduced by a greater proportion than usage.</p> <p>Regarding the recruitment pipeline, there were currently 274 new recruits in the pipeline, which equated to 263 whole time equivalent staff.</p> <p>The report noted that there had been 8 occasions when the nurse: patient ratio fell below 1:8 on a day shift and 1:11 on a night shift. The director of nursing added that a further four shifts where this had occurred had been reported since the board report was produced. There had been no associated patient safety issues with any of the shifts.</p> <p>Ms Owen asked what were the implications for the trust of not achieving the Monitor cap of 9.8% by March 2016. The director of nursing stated that the trust was taking all possible action to reduce agency usage and had undertaken an assessment against the Monitor checklist, the outcome of which would be reported to the finance and performance committee in March. The chief finance officer noted that there had been £500,000 less spent on agency during the month which was partly due to the reduced usage and partly to reduced rates. The chief executive added that it was unlikely that Monitor would look at performance against the agency cap in isolation from other issues.</p> <p>The board agreed that the report provided sufficient assurance that the nurse staffing levels were meeting the needs of patients and providing safe care.</p>	
<b>2016/34</b>	<b>MEDICAL REVALIDATION QUARTERLY REPORT</b>	
	<p>The medical director introduced the report which related to the situation as at 31 January 2016 and covered the first three quarters of 2015/16. Fewer revalidation requests would be required from 1 April 2016 as all doctors would have been through the process and it would then revert to a rolling programme. More appraisals would take place in February and March as these tended to be the months when most appraisals occurred. He noted that it might be necessary to identify additional appraisers.</p> <p>Mr Ainger, non-executive director, asked for more information about the number of doctors for whom the responsible officer did not consider the postponement to be appropriate. The medical director responded that this usually reflected issues with having time available for appraisals rather than a lack of engagement and that there were areas where it was more difficult, for example doctors with both academic and clinical commitments. The potential impact on revalidation was that doctors would need to demonstrate that annual appraisals had taken place.</p> <p>The chairman asked how the benefits of the process were measured. The medical director responded that a survey had taken place in the second year of the programme and most appraisals had felt that it was a useful process. He added that NHS England (London) would be undertaking a deep dive of the process during the summer which should provide useful benchmarking.</p> <p>The board noted the report and its recommendations.</p>	

2016/35	<b>CHAIR AND CHIEF EXECUTIVE'S REPORT</b>	
	<p>The report was noted. The chief executive reported on a subject which had previously been comprehensively discussed by the board at its confidential meeting in January 2016. The board had agreed to enter into a memorandum of understanding with Google DeepMind to form a strategic partnership to develop transformational analytics and artificial intelligence healthcare products building on work currently underway on an acute kidney failure application. This was to be publicly launched at an event later that day.</p> <p>He also reported that the CQC inspection had been completed but the report would not be received for some months. The director of nursing placed on record thanks to all the staff involved for their efforts and commitment to preparing for and participating in the inspection. The immediate feedback from the inspection team had been very general, with one positive issue and one for further thought being identified in each service reviewed. No areas for immediate concern had been highlighted.</p> <p>Ms Owen, non-executive director, suggested that it was important to capitalise on the quality conversations which had taken place as part of the inspection and it was agreed that this should be recorded as an action point.</p> <p>The chief executive reported that the Monitor executive committee had now approved the trust's full business case for the Chase Farm redevelopment and congratulated the director of capital and estates and his team.</p> <p>The chief executive then reported on the readmission and subsequent discharge of a patient to the high level isolation unit due to a late complication from her previous infection with the Ebola virus.</p> <p>Ms Oakley asked how the trust was responding to the Carter review which was referred to in the report. The chief executive responded that this was a very helpful report providing areas for future focus. The chief finance officer's team were working on this. The chief finance officer commented on the need to incorporate this into the trust's existing programmes. The board were having a workshop in March where this could be explored further. The finance and performance committee would maintain an overview.</p> <p>Ms Owen, non-executive director, noted the lower figure for FFT (family and friends test) in A&amp;E and inpatients. The director of nursing responded that in A&amp;E this was directly related to waiting times. For inpatients, the comments had been reviewed and the issues raised were food (which was being investigated as few complaints were usually received), patients feeling they were on the wrong ward (which might be related to the number of elderly patients) and issues about other patients on the ward.</p> <p>The board noted the report.</p>	DSa
2016/36	<b>TRUST PERFORMANCE DASHBOARD</b>	
	<p>The chief operating officer reported that the data in the report was for December for all standards, other than for A&amp;E which was for January.</p> <p>The situation continued to be extremely challenging in A&amp;E and compliance would</p>	

	<p>not be achieved for quarter 4. I think she also reflected the trust position compared to peers in London here.</p> <p>Performance against the RTT 18 weeks incomplete pathways standard had dipped in December, but was improving in January and therefore performance was back on trajectory to achieve compliance as planned.</p> <p>The trust continued to be compliant with all cancer standards except the 62 day standard. Compliance should be achieved by the end of March. This was being very closely monitored from the centre with weekly meetings involving NHS England. This had been helpful in achieving more transparency about shared pathways with other providers.</p> <p>The chief executive added that the RTT and cancer standards were both BCF legacy issues. The trust was not alone in being challenged on A&amp;E performance and it was unlikely that it would be possible to achieve the 95% standard in the short term. Mr Ainger, non-executive director, asked whether the additional A&amp;E attendances would cause any issues with the new emergency department development at RFH. The chief operating officer responded that these had been planned for but attendances would need to be closely monitored. The chief executive added that there was a linkage here to one of the Carter recommendations which was 'patient care in the right place', which the director of service transformation was pursuing.</p> <p>The board noted the report.</p>	
<b>2016/37</b>	<b>FINANCE PERFORMANCE REPORT</b>	
	<p>The chief finance officer reported that the trust's financial performance was tracking the large acute sector average. The current focus was on chasing up old NHS debt and on controlling the variable elements of the pay bill and discretionary expenditure. Capital and cash was being closely managed.</p> <p>The board noted the report.</p>	
<b>2016/38</b>	<b>BOARD AND COMMITTEE EFFECTIVENESS REVIEW – TERMS OF REFERENCE</b>	
	<p>The director of corporate affairs and communications presented the report, explaining that committee terms of reference should be reviewed and approved in the context of a committee effectiveness review. Each board committee had reviewed their terms of reference the previous year and these were now presented to the board for ratification.</p> <p>It was noted that the terms of reference for the audit committee needed to be amended to reflect the appointment of a fourth non-executive committee to the committee (Mr Finch) and that it no longer had oversight of the CQC process.</p> <p>Subject to these changes the board ratified the terms of reference.</p>	<b>AM</b>



<b>2016/39</b>	<b>PATIENT AND STAFF EXPERIENCE COMMITTEE REPORT</b>	
	The board noted the report from the committee. The committee chair highlighted that the committee had reviewed the priority areas for this year's quality account.	
<b>2016/40</b>	<b>STRATEGY AND INVESTMENT COMMITTEE REPORT</b>	
	The report was noted.	
<b>2016/41</b>	<b>FINANCE AND PERFORMANCE COMMITTEE REPORT</b>	
	The report was noted.	
<b>2016/42</b>	<b>QUESTIONS FROM THE PUBLIC</b>	
	<p>A student from another trust asked how the trust would react if the new junior doctors' contract was imposed.</p> <p>The chief executive responded that the trust's approach would be to implement the national contract and terms and conditions. The decision about how to do this would be taken when more information was available.</p> <p>Ms Owen, non-executive director, asked about the mood of junior doctors, their level of engagement and how to maintain morale and engagement.</p> <p>The chief executive responded that it had been profoundly disappointing that it had not been possible to reach agreement nationally. There was concern that this would have a negative impact on the future generation of doctors. However, when preparing for the strike at the Royal Free London, there had been a shared commitment to patients and the trust would work in partnership with the doctors to find a way through to implement the new contract. The junior doctors' forum was an effective and constructive group which would provide an avenue for this.</p> <p>The medical director highlighted the distinction between imposition, which would take place nationally, and implementation, which would be the role of the trust. He added that morale was an issue for junior doctors and went wider than the contract, to different ways of working which often resulted in doctors not feeling part of a team. As the chief executive had said, the trust had worked jointly with the junior doctors preparing for the strikes. Commenting on the issue of seven day working more widely, he noted that the trust had a record of increasing staff levels if required for patient safety, rather than spreading them too thinly.</p>	
<b>2016/43</b>	<b>ANY OTHER BUSINESS</b>	
	There was no other business.	
<b>2016/44</b>	<b>DATE OF NEXT MEETING</b>	
	The next trust board meeting would be on 6 April 2016 at 1300 in the boardroom, chief executive's office, Royal Free Hospital.	

Agreed as a correct record

Signature .....date 6 April 2016.....  
**Dominic Dodd, chairman**



**Trust Board**  
**Matters Arising report as at 6 April 2016**

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 24 FEBRUARY 2016</b>					
2016/35	<b>Chairman and chief executive's report</b>				
	CQC inspection – capitalise on quality conversation which took place as part of the inspection.	<b>D Sanders</b>			Verbal update to be provided at the April meeting.
2016/38	<b>Board and committee effectiveness review – terms of reference</b>				
	Terms of reference ratified subject to changes to audit committee terms of reference	<b>A Macdonald</b>	Amendments made and terms of reference posted on the intranet		
<b>FROM TRUST BOARD HELD ON 27 JANUARY 2016</b>					
2016/09	<b>Nursing and midwifery monthly report – November 2015</b>				
	Include information about financial savings from reduced agency cost and usage in next report	<b>D Sanders</b>	Discussed at 24 February 2016 board meeting.		
2016/14	<b>Chairman and chief executive's report</b>				
	Widening mentoring scheme to bands 6 and 7. This would require more mentors to be change and agreed to review progress in June or July 2016.	<b>D Grantham</b>			To be programmed for June board meeting.
2016/15	<b>Trust performance dashboard</b>				
	Additional commentary regarding delayed transfers of care – issues and geographical areas	<b>W Smart</b>	Was included in February 2016 report		

FROM TRUST BOARD HELD ON 25 NOVEMBER 2015					
2015/202	Quality strategy				
	<ul style="list-style-type: none"> <li>Pursue conversation with staff on addition of continuous quality improvement to the trust's values</li> </ul> <p>Further discussion of the role of the board and its committees in continuous improvement</p>	<p><b>D Grantham</b></p> <p><b>D Dodd</b></p>			<p>The culture steering group will work up a plan for how best to engage with staff on this.</p> <p>December 2015 – update provided and further report in April 2016.</p>

Report to	Date of meeting	Attachment number
Trust Board	6 April 2016	Paper 3

## ITEMS DISCUSSED AT THE CONFIDENTIAL BOARD MEETING HELD ON 24 FEBRUARY 2016

### 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 24 February 2016 are outlined below.

- Draft operational plan 2016/17 and sustainability and transformation plans 2016/21
- Update on group model and vanguard project.
- Update on Chase Farm redevelopment

The board also discussed the trust performance and financial performance reports.

### Action required

For the board to note.

<b>Report From</b>	D Dodd, chairman
<b>Author(s)</b>	A Macdonald, board secretary
<b>Date</b>	March 2016

Report to	Date of meeting	Attachment number
Trust Board	6 April 2016	Paper 4

## Monthly report of Nursing staffing levels January 2016

### Executive summary – including resource implications

In January 2014 the Royal Free London NHS Foundation Trust board considered the Government response to the Mid-Staffordshire NHS Foundation Trust Public Inquiry, *Hard Truths – The Journey to Putting Patients First* and the guidance published by the National Quality Board and the Chief Nursing Officer, *How to ensure the right people with the right skills are in the right place at the right time*

Hard Truths set out the Government's requirement that from April 2014 and by June 2014 at the latest, NHS trusts will publish ward level information on whether they are meeting their staffing requirements.

The overall trust summary of planned versus actual hours for January was 1% less actual hours than planned:

Site specific data is as follows:

- |                              |                                    |
|------------------------------|------------------------------------|
| • Barnet hospital            | Actual met planned                 |
| • Chase Farm hospital        | 11% more actual hours than planned |
| • Royal Free hospital        | 3% less actual hours than planned  |
| • Edgware community hospital | 2% less hours than planned         |

In January out of a minimum of 3100 shifts there were 3 (0.25%) reported occasions where the registered nurse: patient ratio fell below 1:8 on a day shift or 1:11 on a night shift. There were no reported patient safety incidents on these occasions. There was one shift on Galaxy where the staffing did not meet the needs of the patients, extra staff were brought to work on the ward, it was assessed as safe and there were no patient safety incidents.

### Action required

The board is requested to

- consider if the report provides sufficient assurance that the nurse staffing levels are meeting the needs of patients and providing safe care

Trust strategic priorities and business planning objectives supported by this paper	Board assurance risk number(s)
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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**

1	Respecting and involving people who use services
4	Care and welfare of people who use services
5	Meeting nutritional needs
7	Safeguarding people who use services from abuse
8	Cleanliness and infection control
9	Management of medicines
13	Staffing
14	Supporting staff

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

#### ***Equality analysis***

- *No identified negative impact on equality and diversity*

**Report from** Deborah Sanders, Director of Nursing

**Author(s)** Deborah Sanders, Director of Nursing

**Date** 9 March 2016

## Introduction

In January 2014 the Royal Free London NHS Foundation Trust board considered the Government response to the Mid-Staffordshire NHS Foundation Trust Public Inquiry, *Hard Truths – The Journey to Putting Patients First* and the guidance published by the National Quality Board and the Chief Nursing Officer, *How to ensure the right people with the right skills are in the right place at the right time*. Hard Truths sets out the Government's requirement that from April 2014 and by June 2014 at the latest, NHS trusts will publish ward level information on whether they are meeting their staffing requirements and board's should receive a monthly report concerning the same. This report provides information on planned versus actual nurse staffing for January 2016.

The Secretary of State has requested, by March 2016, a refresh of the NQB safe staffing guidance for nursing, midwifery and care staff. At the time of writing the refreshed guidance has not been published.

## Planned versus actual staffing

The overall trust summary of planned versus actual hours was 1% less actual hours than planned:

Site specific data is as follows:

• Barnet hospital	Actual met planned
• Chase Farm hospital	11% more actual hours than planned
• Royal Free hospital	3% less actual hours than planned
• Edgware community hospital	2% less hours than planned

## Registered nurse agency staff

On 1 September 2015 Monitor wrote to the trust advising of the rules for nursing agency spending and setting out the spending ceiling for the trust. The rules are an annual ceiling for total nursing agency spending for each trust and a mandatory use of approved frameworks for procuring agency staff. The rules apply to all NHS trusts, NHS foundation trusts receiving interim support from the Department of Health and NHS foundation trusts in breach of their licence for financial reasons. All other NHS foundations trusts have been strongly encouraged to comply.

On 19 October 2015 Monitor wrote to the trust confirming that the agreed ceiling of nurse agency pay as a % of total nurse pay for the Royal Free London is 9.8% by March 2016 with a further reduction in April 2016.

The table below shows the year to date position and the January position. TASS, SAS and corporate divisions are currently within the cap and are showing an improved position from the YTD %.

Division	MTH 10 nursing agency £ as % total nurse/midwifery pay £	YTD nursing agency £ as % total of nurse/midwifery pay
UC	18.90%	19.70%
TSS	7.00%	8.60%
SAS	6.80%	7.80%
W&C&R	10.00%	8.30%
Corporate	6.80%	7.60%
<b>Total</b>	<b>11.80%</b>	<b>12.40%</b>

W+C are currently over the cap and the position has worsened. This has been as a consequence of the increase in establishment approved in response to the increased number of births seen at Barnet and the Royal Free. Recruitment into the new posts is progressing well with 5.6 WTE vacancies remaining to be filled.

Whilst there has been a slight improvement against the YTD position in Urgent care there is significant variance against the cap. This is largely a consequence of critical care expansion and increase in emergency department attendances. E-roster implementation has been prioritised to the urgent care division and targeted recruitment into ED and critical care (both substantive and bank) is ongoing.

### National Price Caps

On 20 November, following consultation, Monitor and the TDA wrote to trusts outlining hourly price caps for all agency staff across all staff groups to be in place by 23 November.

These will apply across all staff groups – doctors, nurses and all other clinical and non-clinical staff. The price caps will ratchet down, subject to the monitoring approach, in two further stages on 1 February 2016 and 1 April 2016. This means that by 1 April 2016 an agency worker should not be rewarded more than an equivalent substantive worker.

All nursing agencies with which the trust holds a service level agreement (SLAs) have met the February Monitor cap. There is one exception, the tier 1 A&E nursing agency who have not met the band 5 critical care cap and will be moved to a joint tier 2 agency. An SLA has been agreed with a new tier one agency who do meet the cap.

### Safe staffing

In January out of a minimum of 3100 shifts there were 3 shifts (0.09%) where the nurse:patient ratio was 1:9. These occurred on Capetown ward, one long day and two night shifts. There were no patient safety incidents. On Galaxy (paediatric) ward there was one shift where there were 4 members of staff for 28 patients including 3 HDU patients. This was due to sickness. A 5th member of staff came in to work a 09:30 – 17:00. The matron, ward sister and paediatric assessment unit manager also worked on the ward providing care. No patient safety incidents occurred on the shift and the assessment of the head of nursing was that with the additional support the ward was safe that shift.

### Planned versus actual staffing

The tables below shows the planned versus actual hours for January.



The establishment of Cedar ward has been increased to reflect the dependency of the patients nursed there and in particular those with tracheostomy's. The staff flex the staffing within the budgeted establishment to meet the needs of the patients on a shift basis. During January the requirement was such that they did not need to fill to their establishment.

Canterbury and Wellington wards also flex their staffing to meet the fluctuating demand on the elective surgical wards at Chase Farm.

The elderly care wards at Barnet have now had the agreed extra posts put into their establishments' which are not yet fully recruited to leading to the lower than previously seen fill rates for HCA's, however recruitment is progressing well.

Spruce ward (stroke ward, Barnet) has a low FFT recommendation rate of 56% and there were 8 falls on the ward. 9 responses were received in the month, 5 patients said they would recommend, 1 was neutral, 1 was unlikely and 2 highly unlikely. The unlikely respondent said they were not happy with the service some of the time, one highly unlikely was not happy with the ward or staff and the second highly unlikely was concerned with the response time to call bells. The ward has had a high vacancy rate despite ongoing recruitment activity and a consequent high use of temporary staff. The divisional nurse director is leading on the implementation of an action plan focusing on recruitment and leadership support.

The actual V planned for 11 south is 61% for day shift RN's. The template for the ward is still set at the level required for 19 haematology beds and for patients undergoing bone marrow transplants. The ward now has 14 beds for non-malignant haematology patients and the actual staff used have been appropriate for this group of patients.

Transplantation and Specialist Services January 2016									
Ward	Beds	Registered nurse to patient ratio Day Shift	Percent of actual vs total planned shifts (RN days)	Percent of actual vs total planned shifts (RN nights)	Percent of actual vs total planned shifts (HCA days)	Percent of actual vs total planned shifts (HCA nights)	Falls	Attributable Cdiff	FFT Score
9 West	26	1:4	95%	104%	114%	60%	2	0	86%
9 North	33	1:4.7	92%	97%	111%	71%	2	0	93%
11 West	22	1:4.8	93%	96%	92%	122%	1	0	85%
11 South	19	1:3.8	61%	99%	134%	97%	3	0	100%
11 East	24	1:4.8	93%	99%	98%	135%	3	0	95%
10 East	24	1:3.4	95%	98%	90%	97%	1	0	81%
10 South	25	1:6.25	92%	99%	102%	107%	3	0	81%
5 East B	10	1:5	95%	100%	114%	114%	7	0	88%
Mulberry	13	1:5	114%	98%	101%	n/a	4	0	92%

Urgent Care January 2016									
Ward	Beds	Registered nurse to patient ratio Day Shift	Percent of actual vs total planned shifts (RN days)	Percent of actual vs total planned shifts (RN nights)	Percent of actual vs total planned shifts (HCA days)	Percent of actual vs total planned shifts (HCA nights)	Falls	Attributable Cdif	FFT Score
10 North	32	1:5.3	96%	102%	99%	97%	3	0	88%
8 West	36	1:5.1	96%	86%	99%	100%	8	0	87%
8 North	32	1:4	96%	99%	93%	103%	0	0	90%
10 West	27	1:5	95%	110%	125%	152%	0	0	96%
8 East	26	1:4.3	92%	99%	97%	100%	1	0	82%
6 South	28	1:4	96%	100%	99%	99%	1	0	75%
ITU (RF)	vary	1:1/1:2	98%	98%	70%	60%	0	0	n/a
Adelaide	25	1:6.25	92%	100%	123%	167%	5	0	100%
Capetown	36	1:5.1	117%	128%	155%	245%	8	0	86%
CCU	8	1:2	95%	100%	n/a	n/a	0	0	100%
CDU	24	1:4.8	97%	100%	93%	140%	6	0	74%
ITU (BH)	vary	1:1/1:2	104%	109%	88%	105%	0	0	n/a
Juniper	24	1:4.8	100%	103%	94%	67%	4	0	100%
Larch	22	1:5.5	96%	99%	88%	94%	2	1	88%
Olive	22	1:5.5	111%	102%	90%	66%	3	0	81%
Palm	22	1:5.5	97%	100%	88%	66%	3	0	78%
Quince	24	1:4.8	97%	100%	100%	112%	2	2	72%
Rowan	24	1:4.8	90%	99%	142%	152%	3	0	84%
Spruce	24	1:6	111%	103%	110%	277%	8	0	56%
NRC	15	1:7.5	90%	93%	110%	107%	0	0	n/a
Walnut	24	1:6	99%	100%	93%	107%	2	1	94%

Surgery and Associated Services January 2016									
Ward	Beds	Registered nurse to patient ratio Day Shift	Percent of actual vs total planned shifts (RN days)	Percent of actual vs total planned shifts (RN nights)	Percent of actual vs total planned shifts (HCA days)	Percent of actual vs total planned shifts (HCA nights)	Falls	Attributable Cdif	FFT Score
5 north A	18	1:4.5	102%	101%	91%	107%	4	0	84%
7East A	20	1:5	94%	100%	79%	134%	6	0	86%
7 East B	13	1:4.3	93%	95%	83%	96%	2	0	88%
7 West	32	1:4	96%	99%	118%	113%	7	0	85%
7 North	24	1:4.7	102%	101%	91%	107%	4	0	90%
Beech	24	1:6	120%	100%	99%	68%	7	0	75%
Canterb'y	25	1:6.25	80%	68%	74%	116%	1	0	98%
Cedar	24	1:4	85%	84%	110%	111%	2	0	84%
Damson	24	1:6	102%	106%	106%	108%	3	1	82%
Wel'gton	39	1:6.5	107%	71%	67%	129%	0	0	95%

Womens and Childrens January 2016									
Ward	Beds	Registered nurse to patient ratio Day Shift	Percent of actual vs total planned shifts (RN days)	Percent of actual vs total planned shifts (RN nights)	Percent of actual vs total planned shifts (HCA days)	Percent of actual vs total planned shifts (HCA nights)	Falls	Attributable Cdif	FFT Score
6 North	20	1:4	85%	95%	n/a	n/a	0	0	n/a
5 South	31	1:8	100%	100%	97%	95%	0	0	96%
Neonate	RFH	vary	87%	100%	100%	n/a	0	0	n/a
Galaxy	30	1:4	93%	136%			0	0	n/a
Neonate	BH	vary	84%	88%	n/a	n/a	0	0	n/a
Delivery	BH	n/a	110%	105%	149%	99%	0	0	98%
Willow	16	1:5.3	128%	151%	163%	55%	2	0	78%
Victoria	48	1:8	96%	77%	100%	129%	0	0	95%

Private Practice January 2016									
Ward	Beds	Registered nurse to patient ratio Day Shift	Percent of actual vs total planned shifts (RN days)	Percent of actual vs total planned shifts (RN nights)	Percent of actual vs total planned shifts (HCA days)	Percent of actual vs total planned shifts (HCA nights)	Falls	Attributable Cdif	FFT Score
12 Wesr	15	vary	98%	100%	94%	100%	0	0	100%
12 South	16	1:4	100%	100%	98%	100%	0	0	n/a
12 East B	12	vary	99%	102%	90%	100%	0	0	100%

Report to	Date of meeting	Attachment number
Trust Board	6 April 2016	Paper 5

## National Staff Survey 2015 - results

### Executive summary

This paper informs the board of the 2015 national staff survey results. Analysis against national trends, some peer trusts and between the RFL sites is provided.

Suggestions made in this report to improve the staff experience are on page 12 and include five high priorities based on the analysis of results and staff observations in comments and a workshop held with staff representatives:

- A strong campaign on bullying and harassment
- Working closely with those leadership teams in units with the worst outcomes from the staff survey – developing locally owned plans and monitoring delivery
- Setting clear expectations of managers in relation to appraisal, staff engagement and team communication activity – measuring and monitoring as part of their management
- Progressing rapid delivery of the improved intranet with clear and easy to find policy procedures and forms etc
- Delivering leadership training and support to managers – with an expectation that those in poorer performing areas will complete it

The next steps are to discuss the results and proposed areas of action more widely within the Trust and at the Patient and Staff Experience Committee before confirming actions and deployment of resources in 2016/17.

### Action required/recommendation

The Board is asked to note any points it would like the PSEC to consider in reviewing the staff survey results and further action to support improvements.

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	
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 Regulations supported by this paper

Regulation 17	Good governance	
Regulation 18	Staffing	
Regulation 19	Fit and proper persons employed	
<b>Care Quality Commission (Registration) Regulations 2009 (Part 4)</b>		
Regulation 13	Financial position	

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

No risks identified

<b>Equality analysis</b> No identified negative impact on equality and diversity	
<b>Report from</b>	<b>David Grantham, Director of Workforce and OD</b>
<b>Authors</b>	<b>Ragini Patel – Assistant Director of Workforce – Strategy &amp; Business Partnering Karen Walsh – OD consultant</b>
<b>Date</b>	<b>29/03/16</b>

## National Staff Survey 2015 - results

### 1. Introduction

The 2015 national staff survey ran between 28<sup>th</sup> Sept and 10<sup>th</sup> Dec 2015 and national results were published on 28<sup>th</sup> February 2016. For the trust 3184 (38%) of 8347 eligible staff completed a survey response. The response rate was 6% lower than 2014 (44%). Across the NHS the response rate in 2015 was 41%, 1% lower than in 2014 (42%).

For 2015 there was a substantial revision in the questionnaire, which means that some questions and key findings are not directly comparable to 2014 results. The survey comprised 30 questions (plus sub questions) and 3 local questions which the NHS analyses into 32 key findings.

This report sets out the NHS national picture, comparison with other NHS trusts, the RFL position and internal site comparison for the RFL from 2013 to date.

This report draws on the following data sources

- *Summary of key research findings from the NHS staff survey*, Prof Dawson and Prof West (<http://www.nhsstaffsurveys.com/Caches/Files/ST15%20NHS%20Staff%20Survey%20summary%20of%20research%20findings.pdf>)
- NHS brief summary reports for other trusts and the full report for RFL (available at <http://www.nhsstaffsurveys.com/Page/1010/Home/NHS-Staff-Survey-2015/>)
- AUKUH London comparison of staff survey Key Findings (Appendix A)
- A thematic analysis of the comments within the staff survey. Some comments representing themes are presented throughout this report.
- Analysis against 'problem scores' by site – data provided by Picker (appendix B)
- A SEEP working session - a 3 hour workshop held on 7<sup>th</sup> Mar 2016 for 40 colleagues (including staff governors and staffside reps) - which triangulated a range of staff and patient data and identified issues and suggestions for action (appendix C).

### 2. National picture

Nationally there have been a number of improvements over the last 5 years. Table 1 shows national improvements and the RFL relative position against these for 2015. Table 2 shows the areas where ratings have worsened over the last 5 years across the NHS and the RFL relative position against these in 2015.

Table 1: Improvements across the NHS since 2011. (*Summary of key research findings from the NHS staff survey*, Prof Dawson and Prof West)

Improvements over the last 5 years across all NHS trusts	RFL relative position in 2015 in comparison with acute trusts
Overall staff engagement	average
➤ KF1 Recommendation as a place to work or receive treatment	average
➤ KF4 Motivation at work	average
➤ KF7 Contributing to improvements	worst 20%
KF6 Good communication between senior management and staff	average
KF8 Satisfaction with level of responsibility/ involvement	worst 20%
KF10 Support from immediate managers	worst 20%
KF11 % of staff appraised in the last 12 months	worse than average
KF25 % of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	worst 20%
KF28 Witnessing potential harm	worst 20%

Table 2. Key findings which have worsened year on year since 2011 across the NHS (*Summary of key research findings from the NHS staff survey, Prof Dawson and Prof West*)

Key findings which have worsened over the last 5 years (2011 to 2015)	RFL relative position in 2015 in comparison with acute trusts
KF16 % of staff working extra hours	worse than average
KF17 % of staff suffering work related stress in the last 12 months	worst 20%
KF21 % of staff believing that the organisation provides equal opportunities for carer progression or promotion	worst 20%
KF29 % of staff reporting errors, near misses or incidents	worse than average

The national report suggests a number of areas where more work is required across the NHS. Table 3 summarises these and the 2015 RFL relative position.

Table 3. Areas identified as more work to be done across the NHS (*Summary of key research findings from the NHS staff survey, Prof Dawson and Prof West*). RFL data from National survey full report)

Areas for improvements across the NHS	Acute trust median 2015	RFL in comparison with acute 2015
Just 59% felt that their team meets often enough to discuss how effective the team was at working together (Q4i)	57%	55% (worse)
Only 55% reported they have adequate supplies/equipment to do job effectively (Q4f)	55%	51% (worse)
Just 31% agreed that enough staff to do their job properly (Q4g)	29%	31% (better)
Only 43% reported they were able to meet conflicting demands on their time (Q4e)	44%	46% (better)
Just 24% reported non-mandatory training helped them perform in their role more effectively (Q18b)	83%	83% (average)
Just 38% agreed that communication between senior management and staff was effective (Q8b)	39%	39% (average)
Just 32% reported their senior manager tried to involve them in important decisions (Q8c)	32%	31% (worse)

The above suggest that, against the national picture, teamwork and engagement of staff at a unit level are the areas where the Trust has not made as much progress as other organisations. The Trust has though a better sense of staffing being sufficient. The 'lack of supplies and equipment' score may have been influenced by procurement issues, which were at their height when the survey was undertaken.

### 3. Comparison with other NHS Trusts

A comparison with some other key high performing or comparable Trusts is below. Overall many have struggled to make improvement in 2015.

Table 4. Key findings (KF) across a selection of other trusts (from 'Brief summary of results'). RAG are in relation to each trust's comparison group

Trust	Comparison group	Response rate	Overall staff engagement (in relation to comparison group)	Overall staff engagement change since 2014	2015 number of key findings					Number of key findings changes since 2014			CQC
					in top 20%	better than average	average	worse than average	In worst 20%	better than 2014	No change since 2014	worse than 2014	
GSTT	combined acute and community	33%	4.03 (better)	= no change	0	23	6	3	0	7	15	0	
Northumbria	acute	78%	4.02 (best 20%)	↑ better than 2014	28	3	1	0	0	1	21	0	
UCLH	acute	36%	3.84 (better)	= no change	7	6	4	8	7	0	18	4	
Kings	acute	30%	3.81 (average)	= no change	5	9	1	8	9	2	18	2	Requires improvement (sept 2015)
Salford	combined acute and community	44%	3.80 (average)	↓ worse than 2014	0	10	11	11	0	0	17	5	Outstanding (Mar 2015)
<b>RFL</b>	<b>acute</b>	<b>38%</b>	<b>3.79 (average)</b>	<b>=no change</b>	<b>2</b>	<b>4</b>	<b>6</b>	<b>9</b>	<b>11</b>	<b>1</b>	<b>17</b>	<b>4</b>	
North Middlesex	acute	28%	3.77 (worse)	=no change	2	4	5	7	14	0	20	2	Requires improvement (Aug 2014)
Imperial	acute	33%	3.71 (worst 20%)	= no change	4	3	2	7	16	1	20	1	Requires improvement (Dec 2014)
Barts	combined acute and community	30%	3.68 (worse)	↑ better than 2014	0	3	3	26	0	3	15	4	Inadequate (may 2015)



Northumbria is the highest performing of this group of trusts, with 28 key findings ranked the top 20% of acute trusts. GSST has made the most significant improvements since 2014 with 7 key findings improved.

The AUKUH also provides an analysis of London teaching trusts (Appendix A). Again this shows variation and limited significant improvement.

#### **4. The RFL NHS staff survey - overall**

With research showing a strong staff correlation between staff engagement and patient satisfaction, patient mortality, trust performance, and staff absenteeism/turnover this is a key indicator to monitor. The Trusts score in 2015 was 3.79 – reflecting the average across the NHS. There was a small improvement in motivation as a component of engagement.

Table 5. components of staff engagement

<b>Staff engagement</b>	<b>Comparison with acute trusts 2015</b>	<b>RFL change since 2014</b>
Overall staff engagement	average	no change
➤ KF1 Staff recommendation of the organisation as a place to work or receive treatment	average	no change
➤ KF4 Staff motivation at work	average	better than 2014
➤ KF7 Percentage of staff able to contribute towards improvements at work	worst 20%	no change

Suggestions to improve engagement (from summary of key research findings from the NHS Staff survey, Profs Dawson and West)

- **Build transparency and fairness across the trust to generate a culture of trust**
- **Provide staff with more freedom and the skills to make improvements in their areas of work**
- **Support staff to take the initiative to make improvements**

The top and bottom scoring areas are below:

Table 6. Top 5 ranking scores for RFL in 2015

<b>Key finding</b>	<b>Comparison with acute trusts 2015</b>	<b>Change since 2014</b>
KF22 Percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months	Best 20%	No change
KF12 Quality of appraisals	Best 20%	N/A
KF18 Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell	Better than average	No change
KF13 Quality of non-mandatory training, learning or development	Better than average	N/A
KF2 Staff satisfaction with the quality of work and care they are able to deliver	Better than average	N/A

Table 7. Bottom 5 ranking scores for RFL in 2015

<b>Key finding</b>	<b>RFL score 2015</b>	<b>Comparison with acute trusts 2015</b>	<b>Change since 2015</b>
KF21 Percentage believing that organisation provides equal opportunities for career progression or promotion	76%	Worst 20%	No change

KF20 Percentage of staff experiencing discrimination at work in the last 12 months	18%	Worst 20%	No change
KF26 percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	34%	Worst 20%	Worse
KF9 Effective team working	3.66	Worst 20%	n/a
KF8 staff satisfaction with the level of responsibility and involvement	3.84	Worst 20%	No change

## Integration

To track attitudes and progress with integration RFL added 3 local questions to the staff survey in 2015.

Table 8. % of respondents agreeing/strongly agreeing with each of the following statements

Local questions	2014 % agree/strongly agree	2015 % agree/strongly agree
The trust has made good progress towards integration in year on	n/a	48%
One year following the acquisition, I feel positive working for the Royal Free London NHS Foundation Trust.	50%	51%
I feel valued working for the Royal Free London NHS Foundation Trust.	41%	44%

Other parts of this report provide data and insights regarding the integration.

*“still feels very unsettled”*

*“Has made no difference one way or the other”*

*“I feel the transition has been well managed”*

## 5. RFL trends by hospital site since 2013

A key piece of analysis as the RFL has expanded is the differences between the sites that now make up the trust. Taking an overall view a ranking of hospital sites in decreasing order of staff feeling ‘most positive’ is below:

- Edgware Community Hospital
- Enfield Civic Centre
- Royal Free Hospital
- Barnet Hospital
- Other satellite site
- St Pancras
- Chase Farm Hospital



It should be noted that the make-up of staff at CFH and RFL has changed considerably with many non-clinical staff being moved to Enfield Civic Centre over the last year.

The trends for the RFL and sites are discussed in the following paragraphs under each staff pledge in the NHS constitution – reflecting the analysis of the staff survey nationally. The commentary is informed by a thematic analysis of the free-text comments and the responses and RAG ratings by site for ‘problem scores’ – those indicating a poor staff experience where the score is lower – as set out in Appendix B. A discussion with staff side and others took place and outlined some key themes reported in Appendix C.

## **Staff Pledge 1: To provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.**

Overall the results suggest that staff at CFH feel less positive when comparing all 3 main sites and that this has worsened since 2014. Contributory factors:

- staffing issues (49% reported not enough staff to do their job, Q4g),
  - lack of supplies/equipment (31% reported inadequate supplies/equipment, Q4f) ,
  - not being involved in decisions relating to changes at affect them (4c),
  - the working environment,
  - the CFH re-build
- **This suggests that managers/leaders need to be more visible at CFH, meeting with staff, listening to their concerns and ensuring staff across all areas have the support to be able to perform well in their roles.**

### Leadership and management

- Staff understanding of work responsibilities (Q3a) worsened in 2014, most likely as a result of the acquisition when staff were transitioning to new structures. In 2015 there was a significant improvement in this score which suggests staff are working through this major organisational change. The 2014 dip in feeling trusted (Q3b) may also be due to staff working through the uncertainty and distrust that is associated with adjusting to change.
- **More recognition is required for good work (Q5a) with a focus at CFH**
- **More work is required to involve staff in decision making (Q4c) and to ask them for their opinions (Q7d), particularly at CFH.** At the SEEP working session it was observed that many meetings and decisions are perceived to be 'made at RF'. **Further investigation is required to identify the barriers which prevent managers engaging in face to face meetings at CFH (eg a shuttle bus between RFH and CFH may result in improvements)**
- **More work is required to assist managers in engaging their teams in developing team objectives (Q4h) and in facilitating team discussion to review effectiveness of teamworking (Q4i)**

### Supplies/materials

- 38% of staff reported not having access to adequate materials/supplies to be able to do their job (Q4f). This is likely to be a result of changes in procurement and finance systems that have caused issues with being able to order and receive supplies in a timely manner. The SEEP event identified factors such as IT, budgets/finances, staffing levels are important in ensuring that staff feel well supported. When systems/processes are inefficient and IT systems are user-unfriendly lots of time is wasted. **Opportunities like the new intranet need to be seized to simplify and more clearly communicate routine processes and procedures.**

*"There has been a considerable expansion in the size / reach of the organisation in that last 2 years. It now feels very bureaucratic and unresponsive - small things such as obtaining stationery supplies seems to be very problematic, yet it is things like this that make a difference to day to day service delivery."*

### Staffing

- Staff perceptions of staffing issues (Q4g) seem to be the static over the last year (45% of staff reporting not enough staff in 2014 and 2015). Issues appear to have eased slightly at RFH, and got slightly worse at BH and CFH. Given nursing is the largest workforce and has had targeted recruitment in the last 12 months, we are seeing more vacancies filled. However with this we also know that recruiting staff to Barnet and CFH has been a problem due to the differences in HCAS and other incentives such as lack of staff accommodation at Barnet and CFH. Thus the results for the question show a negative increase in the number of responses which feel there are not enough staff, particularly at CHF (5% increase) from 2014 to 2015. **Publicising work on recruitment and staff opportunities may help address perceptions.**
- In some areas where there are staff shortages clinical leads are required to prioritise patients over management time which create management issues.
- Satisfaction with pay (Q5g) has improved since 2014, in line with the national trend, although perceptions continue to be worse than the national average. This may be a result of colleagues at BH making comparisons with staff at the RFH and differences in HCAS.

## **Staff Pledge 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.**

### Leadership and management

- RFL is ranked in the worst 20% of acute trusts for support from immediate manager (KF10) so there is a lot of work to be done in this area to build line manager capabilities at all levels.
- Providing clear feedback (Q7c) is an issue, worse for BH and worst at CFH (23% of staff not receiving clear feedback). This was also highlighted by the Staff FFT results and the feedback received in the SEEP event.
- **Managers need to ensure that they are having regular meetings with their staff based at BH and CFH and need to be mindful that, for decisions that affect staff at a particular site, they are making the decisions in meetings at that hospital site. This gives the staff at the site the opportunity to attend meetings and to be able to voice their opinions (Q7d).**

*"There are massive staff shortages with many very senior radiographers leaving the trust. There is little skill mix or adequate teaching available as a result. A total disaster."*

### Appraisal

- Appraisal rates have declined since 2013 and this may be due, in part, to the acquisition. The trust has focussed heavily over 2015 year to support managers to complete appraisals for their staff, further encouraged 2015/16 quarter 3 due to the CQC assessment. Within the SEEP action plan, many actions have been implemented including making it easier for managers to report completion. Other actions are still in progress. Where appraisals are happening they are good quality (KF12, best 20% of acute trusts). **Further investigation is required to understand the issues regarding the quality of appraisals at CFH.**

## **Staff Pledge 3: To provide support and opportunities for staff to maintain their health, well-being and safety.**

### Stress

- For work related stress (KF17) RFL is ranked the worst 20% of acute trusts, has worsened in 2015 and is worse at BH and CFH with 43% of staff reporting stress is making them feel unwell (Q9c). There are likely to be a combination of factors contributing to this, such as changes due to the integration, staffing shortages and workload.
- 65% of staff report they are working extra hours (which has worsened since 2014, 2015 national acute trust average = 58%) which is likely to be contributing to the stress. The pressure to come in when unwell is coming from themselves (Q9g)
- **Continued recruitment drives, more supportive management and organisation wide positive action will improve this position**

*"...Being short staffed on the wards constantly is effecting the health and morale of the staff as well as effecting patient care"*

### Bullying and harassment

- B&H has been highlighted as an issue for the past three years and is included as a theme for improvement in the SEEP. In the last year the trust policy has been harmonised and publicised to staff. However, when correlating staff survey results with the number of B&H cases being addressed, it is clear that staff are not reporting concerns.
- The trusts 'speaking up/ addressing concerns' policy has also been reviewed and updated in the last year, to take account of national recommendations. However feedback from our

*"Managers say they are interested and will act, but then don't"*

speaking up champions indicates staff remain fearful to speak up. A further insight at the SEEP event highlighted that staff who feel bullied or harassed do not always want the issue addressed formally as they are fearful of damaging working relationships. **The feedback suggests that in addition to the process and procedure and support mechanisms now in place a more significant leadership intervention is required across the Trust to truly tackle this issue (this is reflected in Lord Carter's recommendations for a CEO led campaign in every Trust).**

#### *Comments on bullying and harassment*

*"Although there is a much-touted bullying and harassment policy, the trust seem unable (or unwilling) to act when a complex situation arises..."*

*"Constant micro management is a form of bullying and harassment, and makes you feel like you are not able to do your job, and discourages you from getting on and doing your job to your full potential"*

*"Bullying and harassment is rife... There have been dozens of complaints each year about [name anonymised] ...and yet [person] has instead been promoted...setting up a "positive staff" day in the canteen does nothing to change this. Someone who bullies will not go along to this and even they do, what is the outcome?"*

*"Subtle psychological bullying by managers is not easy to report"*

*"I think the organisation needs to improve on how it supports staff in the following situations: 1) When patients and / or families are abusive to staff, there is no current policy / guidelines or system to support staff in managing this on a daily basis. I have seen this more and more in the past 12 months and I believe it is a growing problem..."*

*"There is a feeling of "If the Trust cannot look after its staff in a compassionate manner, then how do we feel confident that we are providing the right kind of service for patients either?"*

*"I and some of my colleagues feel that since the take-over of Barnet / Chase that we who work in the Free have been made to feel inadequate and undervalued. There is an almost contemptuous attitude from one senior nurse in particular and matron...I am afraid to say anything as I have witnessed how those who have are made to suffer in a 'professional' manner. Management will go over their work nit picking, telling them to make adjustments, even though the outcome will be the same, it is called positive criticism, but only serves to make people keep quiet, and not to disagree"*

- **More work is required to address the 4% staff experiencing physical violence from colleagues (KF23) which continues to be a problem. Changes are required so that staff, particularly at the RFH, feel safe to report it.**
- **More work is required to address behaviours which are inconsistent with values.**
- Staff survey comments support the quantitative data and provide insights which suggest management/leadership style is at the heart of the problem... and the solution. **Compassion, trust, fairness and candour and need to be seen as relevant to everyone, not just as behaviours important in patient interactions.**

**Staff Pledge 4: To engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families**

Senior management communication with staff (Q8b) is working well at RFH and more work is needed at BH and CFH. Following the acquisition senior management attempted to split their time to ensure visibility across all sites, however staff survey results suggest that this is not been followed through.

**Decision making**

- **Consider how decision making structures can be redesigned to support decision making closer to the people the decisions affect**
- **Identify the enablers that will build trust at all levels of management to empower staff to deliver better and safer care**
- **Implementation of the quality improvement strategy will assist staff in feeling more empowered to suggest (Q4b) and make (Q4d) improvements**

*"I feel there is a high level of engagement with staff from the very top and I think this is exemplary..."*

*"... The ethos and strategy of top management is right and I support this fully. It is in line with what patients' needs and how it should be... however at below trust director level this message gets distorted and how it is applied at ground force work level is not how the senior trust group envisages it..."*

**Additional theme: Equality and diversity**

**Career progression**

- There has been no change in the percentage of staff believing the trust doesn't act fairly with regards to career progression at RFL or Barnet from 2014 to 2015. CFH shows a worsening trend from 17% in 2014 to 21% in 2015.
- The SEEP includes actions such as training for managers in recruitment, more diversity in recruitment panels and raising awareness of unconscious bias which will take time to be fully implemented and require continued support.

*"There are just too many managers that are in their jobs through nepotism and cannot perform properly"*

*"...In 33 years of working for the NHS I have never been treated like this before. There is favouritism shown within the department whereby clinical errors get covered up, dereliction of duty is ignored, there are a small core of people (friends of the line managers) who do very little work and a significant number of others who are overworked to breaking point..."*

**Discrimination**

- Reducing discrimination is part of the E&D theme in the SEEP plan and with the introduction of the WRES indicators, there are signs of improvement for BME staff. However there has been an increase in the number of white staff experiencing bullying and/ or harassment from other staff in the last 12 months. This may be due to an 'us and them' culture developing across sites. A number of management/leadership actions have been suggested above which will assist in helping people getting to know each other and reducing emerging biases.



## **Additional theme: Errors and incidents**

RFL continues to be in the worst 20% of acute trusts for % of staff witnessing potentially harmful errors (KF28). However small improvements have been made since 2014 and this work needs to continue. % of staff reporting harmful errors (KF30) has worsened since 2014. Perceptions regarding fairness and effectiveness have also worsened since 2014. **Giving staff feedback about changes made in response to reported errors (Q12d) is the area where the most work is required.**

At CFH staff feel less safe in reporting unsafe practice and less confidence that it will be addressed (13b, 13c). Again more visible management presence will assist with improving this position

## **Additional theme: Patient experience measures**

In this area more work is required in acting on concerns raised by patients/service users (21b). More visible management will assist with improving other ratings in this area

## **5. Suggestions for the staff experience enhancement plan (SEEP)**

The current SEEP comprises 5 themes:

- staff engagement
- bullying and harassment
- staff appraisals and development
- equality, diversity and inclusion
- health and wellbeing

The workshop with staff side and other representatives has proposed that a new theme is added: Leadership and management

Under some of these headings the workshop also put forward some areas of specific action for inclusion within the SEEP.

### **Leadership and management**

- Provide staff with more freedom and the skills to make improvements in their areas of work
- Support staff to take the initiative to make improvements
- Giving staff feedback about changes made in response to reported errors (Q12d)
- Consider how decision making structures can be redesigned to support decision making closer to the people the decisions affect

### **Staff engagement**

- Managers/leaders need to be more visible at CFH, meeting with staff, listening to their concerns and ensuring staff across all areas have the support to be able to perform well in their roles.
- More work is required to involve staff in decision making (Q4c) and to ask them for their opinions (Q7d), particularly at CFH. Further investigation is required to identify the barriers which prevent managers engaging in face to face meetings at CFH (eg a shuttle bus between RFH and CFH may result in improvements)
- More work is required to assist managers in engaging their teams in developing team objectives (Q4h) and in facilitating team discussion to review effectiveness of teamworking (Q4i)
- Implementation of the quality improvement strategy will assist staff in feeling more empowered to suggest (Q4b) and make (Q4d) improvements
- Managers need to ensure that they are having regular meetings with their staff based at BH and CFH and need to be mindful that, for decisions that affect staff at a particular site, they are making the decisions in meetings at that hospital site. This gives the staff at the site the opportunity to attend meetings and to be able to voice their opinions (Q7d)
- Continued recruitment drives, more supportive management and organisation wide positive action will improve this position (work related stress)
- Build transparency and fairness across the trust to generate a culture of trust



- Identify the enablers that will build trust at all levels of management to empower staff to deliver better and safer care

#### Appraisals

- Further investigation is required to understand the issues regarding the quality of appraisals at CFH.

#### Bullying & harassment

- More work is required to address the 4% staff experiencing physical violence from colleagues (KF23) which continues to be a problem. Changes are required so that staff, particularly at the RFH, feel safe to report it
- More work is required to address behaviours which are inconsistent with values
- Compassion, trust, fairness and candour and need to be seen as relevant to everyone, not just as behaviours important in patient interactions.

## 7. Next steps

TEC has had an initial discussion of the results of the staff survey and the following recommended areas for action from the SEEP working session – with 5 highlighted as priorities:

- A strong campaign on bullying and harassment** – led by a senior Executive Director (in line with Carter report) – specifically to include receiving and overseeing cases raised and their active resolution and to give visibility that 'we mean zero tolerance' (High priority)
- Working closely with **those leadership teams in the ten units with the worst overall outcomes** from the staff survey – developing locally owned plans and monitoring delivery closely **as an equally important part of performance management to finances and patient outcomes** (High Priority)
- Using the leadership framework to **set clear expectations of leaders and managers in relation to appraisal, staff engagement and team communication activity** – measuring and monitoring that this is done as part of their management (High priority)
- Progressing **rapid delivery of the improved intranet** with clear and easy to find policy procedures and forms (High priority)
- Delivering **leadership training and support to managers** – with an expectation that those in poorer performing areas will complete it (High priority)
- Current **SEEP plan actions are adjusted** to take account of feedback from the survey and the SEEP workshop and the analysis within this document
- All learning illustrates that staff feel they are not involved in decision-making about the issues that impact them. Many of the most pertinent issues such as how we manage and lead our workforce effectively are highly complex and need to be discussed and debated with a wider team of experts. Therefore we should:
  - invest time in communicating the key findings of the survey to staff across all sites** in the coming months and address issues head on. The CEO briefings are one way of doing this but they would need to be designed in a particular way and complemented by other approaches to reach as many people as possible.
  - Use quality improvement and other approaches such as Agile Methodology to **develop and test ideas out in relatively short timescales** e.g. 30/60/90 days. This would work really well with some of the more practical issues raised and give us some quick wins. This could be incorporated into or work alongside improvement work.
- Increase our use of the installed technology** to save time and money e.g. communication/meetings – collaborations online and video conferencing to reduce unnecessary travelling between sites.
- Complete workforce planning and review of job roles for every area** – are they fit for purpose, are we recruiting based on the roles we've always had or are we taking time to look at how the roles could be done differently to address the current and future challenges? Are we clear what we need and when?

TEC agreed that the results and recommendations needed further discussion and engagement with Board committees, notably the PSEC, and with the wider staff and management and leadership teams before priorities are confirmed. The aim is to agree actions and an updated SEEP with PSEC by 31<sup>st</sup> May 2017, including recommended reporting arrangements to the Board/PSEC.

#### Next steps timetable

Actions	When	Status
Publication of national results	23/02/16	Complete
Analysis of results	23/02/16 -	Ongoing – breakdown by staff type and site outstanding
Staff workshop	07/03/16	Completed – suggested themes and areas for action identified
TEC report	For 22/03/16	Complete
Divisional reports	w/c 21/03/16	Complete
CEO briefing	w/c 21/03/16	Complete
Board report	For 06/04/16	Complete
PSEC report	For 18/04/16	
Organisational engagement	21/03/16 – 06/05/16	Underway
Final action plans / SEEP to TEC	17/05/16	
Brief update to Board (if required)	25/05/16	

# London AUKUH Trusts comparison

2016 Staff Survey, Key Findings, AUKUH London Acute Trusts

Table 3a

Finding where the lower the score the better	ALL TRUSTS	ALL ACUTE TRUSTS	AUKUH ACUTE AVERAGE	AUKUH ACUTE UPPER QUARTILE	AUKUH ACUTE LOWER QUARTILE	Barb Health NHS Trust	Chelsea and Westminster Hospital NHS FT	Guy's and St Thomas' NHS FT	Imperial College Healthcare NHS Trust	King's College Hospital NHS FT	Royal Free London NHS FT	St George's University Hospitals NHS FT	University College London Hospitals NHS FT
Response Rate	41	41	35	36	31	30	51	33	33	30	38	31	36
Staff rec of the organisation as a place to work or receive treatment	3.72	3.75	3.79	3.89	3.67	3.48	3.88	4.22	3.67	3.70	3.76	3.66	3.92
Staff satisfaction with quality of work and care they are able to deliver	3.91	3.94	3.94	3.96	3.88	3.88	3.95	4.15	3.90	3.87	3.98	3.86	3.91
% agreeing their role makes a difference to patients	90	90	91	91	90	89	91	94	89	91	91	90	91
Staff motivation at work	3.92	3.94	3.93	3.96	3.89	3.88	3.92	4.04	3.91	3.97	3.96	3.86	3.90
Recognition and value of staff by managers and the organisation	3.44	3.43	3.41	3.49	3.32	3.30	3.48	3.60	3.33	3.49	3.35	3.29	3.44
% staff reporting good communication between senior mgmt and staff	31	31	33	35	30	28	34	43	35	34	31	27	34
% staff able to contribute towards improvements at work	70	70	71	73	69	68	72	76	70	74	66	69	73
Staff satisfaction with level of responsibility and involvement	3.89	3.92	3.87	3.92	3.83	3.80	3.93	4.00	3.81	3.92	3.84	3.84	3.85
Effective team working	3.76	3.74	3.74	3.77	3.67	3.67	3.75	3.90	3.72	3.77	3.66	3.66	3.76
Support from immediate managers	3.74	3.70	3.68	3.75	3.61	3.58	3.77	3.78	3.66	3.74	3.61	3.59	3.69
% staff appraised in last 12 months	86	85	84	89	80	80	79	89	94	74	84	81	89
Quality of appraisals	3.05	3.06	3.16	3.17	3.12	3.09	3.20	3.34	3.12	3.16	3.15	3.05	3.13
Quality of non-mandatory training, learning or development	4.02	4.03	4.05	4.06	4.03	4.03	4.07	4.16	3.98	4.04	4.04	4.06	4.03
Staff satisfaction with resourcing and support	3.30	3.31	3.25	3.27	3.18	3.14	3.34	3.51	3.24	3.20	3.25	3.10	3.22
% staff satisfied with the opportunities for flexible working patterns	51	49	47	49	45	46	52	52	45	39	46	45	48
% staff working extra hours	73	72	77	78	76	77	78	76	76	79	76	78	80
% staff suffering work related stress in last 12 months	37	35	40	43	39	43	37	35	41	44	40	43	41
% staff feeling pressure in the last 3 mths to attend work feeling unwell	59	59	57	58	54	54	64	56	54	62	54	57	54
Org and mgmt interest in & action on health and wellbeing	3.59	3.57	3.51	3.58	3.44	3.36	3.70	3.73	3.47	3.46	3.52	3.33	3.54
% staff experiencing discrimination at work in the last 12 mths	11	11	17	18	15	21	16	14	17	12	18	19	17
% staff believing trust provides equal opps for career prog or promotion	86	87	79	83	76	70	86	84	79	83	77	74	79
% staff experiencing physical violence from pts/rels in last 12 mths	15	15	13	13	12	12	18	11	13	13	12	14	12
% staff experiencing physical violence from staff in last 12 mths	2	2	2	3	2	3	3	2	3	1	3	2	2
% staff/colleagues reporting most recent experience of violence	61	54	57	61	52	52	63	55	74	48	51	52	61
% staff exp harassment, bullying or abuse from pts/rels in last 12 mths	29	28	32	33	30	32	40	26	28	34	32	31	31
% staff exp harassment, bullying or abuse from staff in last 12 mths	24	26	31	33	29	37	27	24	31	30	34	33	31
% staff/colleagues reporting most recent exp of hment, bullying or abuse	39	35	37	43	33	36	45	43	29	43	33	35	33
% staff witnessing errors, near misses or incidents in last mth	28	31	35	36	34	35	36	30	34	36	34	39	33
% staff reporting errors, near misses or incidents in the last mth	90	90	90	90	89	88	91	92	90	90	88	89	90
Fairness and effectiveness of incident reporting procedures	3.69	3.70	3.70	3.73	3.63	3.57	3.74	3.92	3.68	3.71	3.65	3.60	3.73
Staff confidence and security in reporting unsafe clinical practice	3.63	3.62	3.62	3.66	3.54	3.50	3.67	3.82	3.52	3.64	3.60	3.55	3.66
Effective use of patient/service user feedback	3.66	3.69	3.75	3.82	3.67	3.55	3.75	3.98	3.82	3.82	3.69	3.60	3.80
Overall engagement score	3.78	3.80	3.81	3.85	3.73	3.68	3.85	4.04	3.74	3.81	3.78	3.73	3.85
Top quartile scores						0	17	30	6	7	5	0	3
Bottom quartile scores						21	4	0	7	10	6	18	2

## Appendix B

### **RFL staff survey position 2015 (by site)**

Please see separate A3 spreadsheet

## Appendix C

### SEEP working session

Following the publication of the results for the 2015 NHS national staff survey a 3 hour workshop was delivered to triangulate staff and patient data and then to identify priority areas for the staff experience enhancement plan (SEEP). 40 colleagues (including Workforce, ODCs, staffside reps, staff governors, patient experience team) attended.

There were short (between 5 and 10 minute) presentations on the staff survey, staff FFT, WCC values workshops, WRES, ER cases, workforce KPIs, patient complaints and incidents over the last year.

Participants were asked to identify 3 key factors impacting on staff experience on individual post-it notes. The post-it notes were grouped into themes which then provided a focus for facilitated discussions which were written up on flips. The discussions focused on 2 questions:

- What changes will result in improvements?
- What ideas do we have for improvements?

The themes were culture, leadership/management, B&H, careers, resources. Table App-C-1 provides a summary of the flip charts of the session.

Table App-C-1. summary of the outputs from the SEEP working session.

Culture		
Factors impacting on staff experience	Changes that will result in improvements	Ideas for improvements
<ul style="list-style-type: none"> <li>➤ a culture of fear and punishment, where staff don't feel safe in raising concerns</li> <li>➤ lack of transparency and openness</li> <li>➤ communication and staff involvement</li> </ul>	<ul style="list-style-type: none"> <li>➤ Being able to speak up/raise concerns</li> <li>➤ Engagement / involvement</li> <li>➤ Learning and reflection</li> <li>➤ Visible action</li> <li>➤ Good staffing levels will enable communication</li> <li>➤ Team and 1:1 meetings</li> <li>➤ More opportunities for involvement eg in IT projects</li> </ul>	<ul style="list-style-type: none"> <li>➤ Protect staff who raise concerns</li> <li>➤ Training for managers to support staff in speaking out, dealing with issues locally/early, inspiring teams</li> <li>➤ Deal with things locally and early</li> <li>➤ Find a way to feedback action taken after raising concerns</li> <li>➤ IT infrastructure for communication (eg skype)</li> <li>➤ Change from consultation to co-design</li> </ul>
Leadership/management		
Factors impacting on staff experience	Changes that will result in improvements	Ideas for improvements
<ul style="list-style-type: none"> <li>➤ Management</li> <li>➤ Leadership</li> </ul>	<ul style="list-style-type: none"> <li>➤ Organisational support for managers</li> <li>➤ Managers manage poor performance, treat staff compassionately, stop favouritism</li> <li>➤ Team meetings</li> <li>➤ Constructive feedback</li> <li>➤ leadership</li> </ul>	<ul style="list-style-type: none"> <li>➤ define what is meant by good leadership and management</li> <li>➤ support managers in the first 2 months</li> <li>➤ communities of practice</li> <li>➤ focus groups for managers and leaders – what is stopping you valuing/supporting staff</li> <li>➤ coach training for managers</li> <li>➤ 360 feedback</li> </ul>
B&H		
Factors impacting on staff experience	Changes that will result in improvements	Ideas for improvements
<ul style="list-style-type: none"> <li>➤ B&amp;H culture</li> <li>➤ B&amp;H pathways</li> <li>➤ B&amp;H champions</li> <li>➤ Trust not taking B&amp;H</li> </ul>	<ul style="list-style-type: none"> <li>➤ Feeling safe to speak up</li> <li>➤ Role modelling</li> </ul>	<ul style="list-style-type: none"> <li>➤ Empower staff to speak up</li> <li>➤ Champions</li> <li>➤ 360 feedback</li> <li>➤ Support staff</li> </ul>

seriously		
<b>Resources</b>		
<b>Factors impacting on staff experience</b>	<b>Changes that will result in improvements</b>	<b>Ideas for improvements</b>
<ul style="list-style-type: none"> <li>➤ IT</li> <li>➤ Budgets/finances</li> <li>➤ Staffing</li> <li>➤ Time (burnout/stress)</li> <li>➤ Support and resources</li> <li>➤ Good staffing levels</li> </ul>	<ul style="list-style-type: none"> <li>➤ Involve staff in decisions</li> <li>➤ Staff able to make changes without fear</li> <li>➤ Leading by example</li> <li>➤ Time out to plan and prioritise</li> </ul>	<ul style="list-style-type: none"> <li>➤ Allow time for staff learning and development</li> <li>➤ Conference to improve how corporate staff to work together in supporting the organisation</li> </ul>
<b>Careers</b>		
<b>Factors impacting on staff experience</b>	<b>Changes that will result in improvements</b>	<b>Ideas for improvements</b>
<ul style="list-style-type: none"> <li>➤ Opportunities for career progression for BME staff</li> </ul>	<ul style="list-style-type: none"> <li>➤ Create opportunities for all</li> </ul>	<ul style="list-style-type: none"> <li>➤ Constructive feedback for applicants after job interviews</li> <li>➤ Correlate exit interview with staff survey</li> <li>➤ Clarify career pathways eg HCA</li> <li>➤ Management training in career conversations</li> <li>➤ Diversity in interview panels</li> <li>➤ Create talent pools</li> <li>➤ Provide guidance for staff on job applications and interviewing</li> </ul>



There was a substantial revision of the questions in 2015 which means that some are not comparable with the equivalent question in the 2014 survey

Trend RAG: Amber = 2015 response is 3 or less different from 2014 response, Red = 2015 response is more than 3 above 2014 response, Green = 2015 response is less than 3 below 2014 response

X question not in survey. For Trend column the question is not comparable with the equivalent in 2014 survey

**RAG: comparison with RFL average for 2014/2015 (more than 3 points difference for red or green)**

**Staff pledge 1: To provide all staff with clear roles, responsibilities and rewarding jobs**

21a	Care of patients/service users is not organisation's top priority	17	7	12	10	10	=	8	8	=	11	12	=	14	13	=
21c	Would not recommend organisation as place to work	24	10	17	13	16	↑	11	13	=	15	18	=	18	22	↑
21d	If friend/relative needed treatment would not be happy with standard of care provided by organisation	18	5	12	9	8	=	7	7	=	11	10	=	14	12	=

3c	Not able to do my job to a standard am pleased with	9	8	8	10	9	=	10	9	=	8	10	=	11	11	=
6a	Dissatisfied with quality of care I give	8	5	6	6	7	X	5	6	x	6	9	x	7	8	x
6c	Unable to provide the care I aspire to	16	7	12	11	13	X	10	12	x	13	15	x	12	14	x

6b	Do not feel my role makes a difference to patients/service users	3	3	3	2	2	X	1	2	x	2	3	x	3	2	x
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2a	Never/rarely look forward to going to work	18	13	15	14	10	↓	13	10	=	13	10	=	17	14	=
2b	Never/rarely enthusiastic about my job	9	6	7	8	6	↓	7	5	=	9	7	=	11	9	=
2c	Never/rarely does time pass quickly when I am working	7	5	6	6	5	=	5	4	=	7	6	=	8	9	=

5a	Dissatisfied with recognition for good work	30	22	26	26	26	=	24	24	=	27	29	=	29	34	↑
5f	Dissatisfied with extent organisation values my work	33	23	28	30	30	=	28	27	=	30	33	=	36	39	=
5g	Dissatisfied with my level of pay	42	36	39	45	41	↓	42	38	↓	50	46	↓	48	44	↓

3a	Do not always know what work responsibilities are	9	4	6	7	6	↓	8	5	=	6	5	=	10	8	=
3b	Do not feel trusted to do my job	2	4	3	4	3	↓	4	3	=	3	3	=	4	5	=
4c	Not involved in deciding changes that affect work	28	21	25	26	27	=	23	24	=	28	32	↑	32	34	=
5d	Dissatisfied with amount of responsibility given	10	8	9	12	12	=	11	11	=	12	13	=	12	15	=
5e	Dissatisfied with opportunities to use skills	13	12	12	15	15	=	13	14	=	16	14	=	17	20	=

4h	Team members do not have a set of shared objectives	11	8	10	11	13	X	12	12	=	12	15	=	10	13	=
4i	Team members do not often meet to discuss the team's effectiveness	30	21	26	23	24	X	22	22	x	27	29	x	24	30	x
4j	Team members do not have to communicate closely with each other to achieve the team's objectives	11	10	10	9	9	X	9	8	x	9	10	x	9	9	x

4e	Cannot meet conflicting demands on my time at work	41	41	41	42	29	X	44	29	x	39	31	x	37	30	x
4f	Do not have adequate materials, supplies and equipment to do my work	26	19	23	24	28	↑	25	27	=	24	29	↑	23	31	↑
4g	Not enough staff at organisation to do my job properly	49	42	45	45	45	=	45	42	=	46	48	=	44	49	↑
5c	Dissatisfied with support from colleagues	9	11	10	8	9	=	8	8	=	8	9	=	7	9	=



RAG: Comparison  
with national acute  
trust average 2015

Q	2015	2015 'problem' question	BCF 2013%	RFL 2013%	RFL average % 2013	RFL average % 2014	RFL average % 2015	Picker report: significa ntly better/w	RFH site 2014 %	RFH site 2015 %	RFH trend 2014 to 2015	BH site 2014 %	BH site 2015 %	BH trend 2014 to 2015	CFH site 2014 %	CFH site 2015 %	CFH trend 2014 to 2015
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**Staff pledge 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.**

worst 20%

**KF10 Support from immediate managers**

5b	Dissatisfied with support from immediate manager	17	16	17	18	19	=	18	18	=	19	19	=	20	23	=
7a	Immediate manager does not encourage team working	13	13	13	13	14	=	13	12	=	13	14	=	13	16	=
7b	Immediate manager cannot be counted upon to help with tasks	15	15	15	15	16	=	15	15	=	16	17	=	17	19	=
7c	Immediate manager does not give clear feedback	25	19	22	20	20	=	19	19	=	21	22	=	21	23	=
7d	Immediate manager does not ask for my opinion	28	26	27	26	25	=	25	22	=	27	27	=	28	31	=
7e	Immediate manager not supportive in personal crisis	13	12	12	11	11	=	10	10	=	13	11	=	10	13	=

**KF11 Percentage of staff appraised in the last 12 months**

20a	No appraisal/KSF review in last 12 months	13	9	11	14	16	↑	14	17	=	13	13	=	16	15	=
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best 201%

**KF12 Quality of appraisals**

20b	Appraisal/review not helpful in improving how do job	42	36	39	39	26	X	37	24	X	41	28	X	45	32	X
20c	Clear work objectives not agreed during appraisal	25	15	20	20	14	X	18	13	X	22	15	X	25	19	X
20d	Appraisal/performance review: left feeling work not valued	42	36	39	39	28	X	37	27	X	43	30	X	44	35	X

**KF13 Quality of non-mandatory training, learning or development**

18b	Training did not help me do job more effectively	15	10	13	12	4	X	12	3	X	13	5	X	11	5	X
18c	Training has not helped me stay up-to-date with prof. requirements	13	12	13	12	3	X	12	3	X	13	3	X	10	5	X
18d	Training has not helped me deliver a better patient / service user experience	15	11	13	12	4	x	12	4	X	13	5	X	11	5	X

**Staff pledge 3: To provide support and opportunities for staff to maintain their health, well-being and safety**

**KF15 Percentage of staff satisfied with the opportunities for flexible working patterns**

5h	Dissatisfied with opportunities for flexible working patterns	X	X	X	X	22	X	X	22	X	X	22	X	X	26	X
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**KF16 Percentage of staff working extra hours**

10b	% working additional PAID hours				28	30										
10c	% working additional UNPAID hours				63	65										

worst 20%

**KF17 Percentage of staff suffering work related stress in last 12 montsh**

9c	Felt unwell due to work related stress in last 12 months	40	38	39	40	40	=	40	38	=	41	43	=	40	43	=
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**KF18 Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell**

9d	In last 3 months, have come to work despite not feeling well enough to perform duties	67	73	70	62	60	=	60	59	=	64	60	↓	66	65	=
9e	Felt pressure from manager to come to work despite not feeling well enough	39	32	35	34	29	↓	32	27	↓	36	31	↓	36	34	=
9f	Felt pressure from colleagues to come to work despite not feeling well enough	19	25	22	26	24	=	26	24	=	29	26	=	24	23	=
9g	Put myself under pressure to come to work despite not feeling well enough	86	88	87	88	87	=	89	88	=	86	88	=	88	86	=

**KF19 Organsiation and managemenr interest in and action on health and wellbeing**

7f	Immediate manager does not take a positive interest in my health & well-being	21	18	20	21	15	X	20	13	X	21	15	X	24	19	X
9a	Organisation does not take positive action on health and well-being	23	15	19	21	12	X	17	8	X	24	17	X	28	18	X

best 20%

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

14a	Physical violence from patients/service users, their relatives or other members of the public	13	11	12	12	12	=	12	11	=	16	16	=	9	8	=
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worst 20%

**KF23 Percentage of staff expereincing physical violence from staff in the last 12 months**

14b	Physical violence from managers	5	3	4	3	1	X	3	1	X	4	1	X	2	1	X
14c	Physical violence from other colleagues	X	X	X	X	3	X	X	3	X	X	3	X	X	2	X

RAG: Comparison with national acute trust average 2015	Q 2015	2015 'problem' question	BCF 2013%	RFL 2013%	RFL average % 2013	RFL average % 2014	RFL average % 2015	Picker report: significanty better/w	RFH site 2014 %	RFH site 2015 %	RFH trend 2014 to 2015	BH site 2014 %	BH site 2015 %	BH trend 2014 to 2015	CFH site 2014 %	CFH site 2015 %	CFH trend 2014 to 2015
	KF24 percentage of staff/colleagues reporting most recent experience of physical violence in last 12 months																
	14d	Last experience of physical violence not reported	29	26	27	33	30	=	41	37	↓	24	24	=	30	11	↓
worst 20%	KF25 percentage of staff experincing harassment, bullying or abuse from patients, relatives or the public in the last 12 months																
	15a	Harassment, bullying or abuse from patients/service users, their relatives or members of the public	37	31	34	32	32	=	31	31	=	37	35	=	28	29	=
worst 20%	KF26 percentage of staff experincing harassment, bullying or abuse from staff in the last 12 months																
	15b	Harassment, bullying or abuse from managers	X	X	X	X	21	X	X	20	X	X	20	X	X	23	X
	15c	Harassment, bullying or abuse from other colleagues	30	34	32	30	25	X	31	24	X	29	26	X	31	25	X
	KF27 percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse in last 12 months																
	15d	Last experience of harassment/bullying/abuse not reported	50	55	53	54	58	=	56	60	↑	52	58	↑	56	58	=
Staff pledge 4: To engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.																	
	KF6 Percentage of staff reporting good communication between senior management and staff																
	8a	Do not know who senior managers are	11	7	9	10	9	=	8	8	=	11	9	=	16	13	=
	8b	Communication between senior management and staff is not effective	42	28	35	31	32	=	29	28	=	32	36	↑	40	43	=
	8c	Senior managers do not try to involve staff in important decisions	45	33	39	37	38	=	33	34	=	39	42	=	48	51	=
	8d	Senior managers do not act on staff feedback	40	29	34	33	34	=	30	30	=	35	38	=	42	46	↑
worst 20%	KF7 Percentage of staff able to contribute towards improvements at work																
	4a	Opportunities to show initiative infrequent in my role	14	8	11	14	13	=	13	11	=	15	13	=	16	22	↑
	4b	Not able to make suggestions to improve the work of my team/dept	11	10	11	13	14	=	11	11	=	15	17	=	15	18	=
	4d	Not able to make improvements in my area of work	19	14	17	19	21	↑	18	19	=	21	24	=	23	28	↑
Equality and diversity																	
worst 20%	KF20 Percentage of staff experiencing discrimination at work in the last 12 months																
	17a	Discrimination from patients/service users, their relatives or other members of the public	9	12	11	9	10	=	9	9	=	11	11	=	7	9	=
	17b	Discrimination from manager/team leader or other colleagues	11	12	12	13	12	=	13	12	=	11	12	=	12	15	=
worst 20%	KF21 Percentage believing that organisation provides equal opportunities for career progression or promotion																
	16	Organisation does not act fairly: career progression	14	13	13	15	16	=	15	15	=	16	16	=	17	21	↑
Errors and incidents																	
worst 20%	KF28 Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month																
	11a	In last month, saw errors/near misses/incidents that could hurt staff	20	24	22	21	19	↓	22	19	=	22	19	=	19	18	=
	11b	In last month, saw errors/near misses/incidents that could hurt patients	33	34	34	33	30	↓	35	31	↓	34	32	=	27	29	=
	KF29 Percentage of staff reporting errors, near misses or incidents witnessed in the last month																
	11c	Last error/near miss/incident seen that could hurt staff and/or patients/service users not reported	3	2	2	6	7	=	5	7	=	8	7	=	8	5	=
	KF30 Fairness and effectiveness of procedures for reporting errors, near misses and incidents																
	12a	Organisation does not treat fairly staff involved in errors	8	6	7	8	8	X	7	7	X	8	10	X	9	9	X
	12b	Organisation does not encourage reporting of errors	4	4	4	3	4	X	3	3	X	4	5	X	4	5	X
	12c	Organisation does not take action to ensure errors not repeated	9	7	8	6	8	X	6	7	X	7	8	X	7	10	X
	12d	Staff not given feedback about changes made in response to reported errors	25	26	26	23	21	X	22	20	X	24	23	X	27	27	X
	KF31 Staff confidence and security in reporting unsafe clinical practice																

RAG: Comparison with national acute trust average 2015	Q 2015	2015 'problem' question	BCF 2013%	RFL 2013%	RFL average % 2013	RFL average % 2014	RFL average % 2015	Picker report: significantly better/w	RFH site 2014 %	RFH site 2015 %	RFH trend 2014 to 2015	BH site 2014 %	BH site 2015 %	BH trend 2014 to 2015	CFH site 2014 %	CFH site 2015 %	CFH trend 2014 to 2015
	13b	Would not feel secure raising concerns about unsafe clinical practice	X	X	X	9	11	↑	9	10	=	11	11	=	9	14	↑
	13c	Would not feel confident that organisation would address concerns about unsafe clinical practice	X	X	X	11	14	↑	11	12	=	10	14	↑	12	19	↑
	Patient experience measures																
KF32 Effective use of patient/service user feedback																	
	21b	Organisation does not act on concerns raised by patients/service users	10	3	7	6	7	=	5	6	=	7	7	=	9	9	=
	22b	Do not receive regular updates on patient/service user feedback in my directorate/department	X	X	X	20	19	=	15	20	↑	30	22	↓	24	24	=
	22c	make informed decisions within directorate/department	X	X	X	13	13	=	11	10	=	19	15	↓	15	17	=
Other questions																	
	7g	Immediate manager does not value my work	X	X	X	X	13	X	X	12	X	X	14	X	X	15	X
	9b	In last 12 months, experienced musculoskeletal (MSK) problems as a result of work activities	X	X	X	X	28	X	X	27	X	X	31	X	X	31	X
	13a	Do not know how to report unsafe clinical practice	X	X	X	8	6	↓	8	6	=	8	5	=	8	7	=
	18a	No training, learning or development in the last 12 months	X	X	X	X	29	X	X	26	X	X	30	X	X	36	X
	q19	No mandatory training in the last 12 months	X	X	X	X	3	X	X	3	X	X	2	X	X	3	X
	20e	Appraisal/performance review: organisational values not discussed	X	X	X	X	18	X	X	16	X	X	22	X	X	23	X
	20f	Appraisal/performance review: training, learning or development needs not identified	17	17	17	24	28	↑	23	25	=	24	26	=	29	39	↑
	20g	Not supported by manager to receive training, learning or development identified in appraisal	15	15	15	14	9	X	12	8	X	18	11	X	17	12	X
	22a	No patient/service user feedback collected within directorate/department	X	X	X	10	8	↓	9	8	=	9	8	=	14	11	=
	27b	Disability: organisation not made adequate adjustments(s) to enable employee to carry out work	16	12	14	19	21	=	18	19	=	20	22	=	19	34	↑
		Count of RED	16	3				7	1	1	2	8	9	5	16	35	11
		Count of GREEN	0	15				10	3	4	4	1	1	5	3	2	2

Report to	Date of meeting	Attachment number
Trust Board	6 April 2016	Paper 6

## Royal Free London NHS Foundation Trust constitution – proposed amendment

### Executive summary

The trust's constitution states at annex 4, part 1, paragraph 1.1.12 that members of local Healthwatch are ineligible to be governors. The original Royal Free London NHS Foundation Trust constitution included a provision that members of Local Involvement Networks (LiNks) were not eligible to be governors. The rationale for this was the potential conflict of interests for members of LiNks in terms both of the different roles of the council of governors and of LiNks and the fact that governors receive confidential information which would not necessarily be shared with LiNks at the same stage. When the constitution was amended to take account of the Health and Social Care Act 2012, the reference to LiNks was replaced with Healthwatch.

Representations have been received from Healthwatch questioning this disqualification given the very different governance framework for Healthwatch and the role of members. The trust is keen to develop relationships with Healthwatch which would be facilitated by the possibility of election as a governor. It is also of note that no other FT has been found who operates this disqualification and indeed some FTs have a Healthwatch-appointed governor.

The current constitution can be viewed on the trust website at [trust constitution](#) and the proposed changes are at pages 25 and 75 (extract attached for ease of reference, with changes highlighted). The opportunity would also be taken to correct some minor typographical errors. A hard copy of the full constitution is available from the board secretary and copies will be available at the board meeting.

Under paragraph 46 of the constitution, amendments require the approval of:

- More than half of the members of the council of governors voting; and
- More than half of the members of the trust board voting.

The council of governors agreed to the proposed change at their meeting on 16 March 2016.

The trust board is also required to approve such changes. Once approved the trust is required to provide a copy to Monitor which is published on their website.

### Action required

The board is asked to approve the amendment of the constitution to remove the disqualification of members of local Healthwatch for election as governors.

Trust strategic priorities and business planning objectives supported by this paper	Board assurance risk number(s)
5. A strong organisation for the future – to strengthen the organisation for the future	

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

**Equality analysis**

No identified negative impact on equality and diversity

**Report from** Emma Kearney, director of corporate affairs and communications

**Author:** Alison Macdonald, board secretary

**Date** 22 March 2016

***Extracts from constitution******Version Control Document<sup>1</sup>*****Document history**

Version Number	Purpose / changes	Author	Date	Signed off
1.0	Royal Free London NHS Foundation Trust Constitution	J Aps	02-04-12	02-04-12
1.1	Page 82, 1.1, inserted text "1 April 2012".	V Jackson	23-05-12	23-05-12
1.2	To take account of the second enactment of the Health & Social Care Act 2012, including Principle purpose, the Regulator to Monitor, and changes to section	J Aps	26-09-12	27-09-12
1.3	To update as per feedback from Monitor 21-11-12. Also corrections to Contents and numbering of sections and pages	J Aps	04-12-12	04-12-12
1.4	Final amendments as per feedback from Monitor 10/12/12	J Aps	14/12/12	14/12/12
1.5	Amendment to Annex 4 (Part 3) to amend appointment of chairman and Non-Executive Directors	Jan Aps	20/01/13	24/01/13
1.6	Amendment to Annex 4 (Part 3) to amend appointment of chairman and Non-Executive Directors. Paragraphs 1.2.4.1 & 1.2.4.3	N Bell	12/02/13	12/02/13
1.7	Remaining amendments to ensure compliance with all H&SC Act changes brought into force in April 2013 Greater detail on conflict of interests of Directors	Jan Aps	21/02/13	Please see note below
2.0	Minor amendments to: remove references to initial period / appointments /applicant NHS trust; terms of authorisation; PCTs; and to amendments to comply with house style	Jan Aps	09/09/13	18/09/13 (CoG) and 26/09/13 (Trust board)
2.1	Amendments to constituencies in relation to the acquisition of Barnet & Chase Farm Hospitals NHS Trust	Jan Aps	01/07/14	21/5/14 (CoG)
3.0	Inclusion of national revision of model rules for elections – as per constitution not considered to be a change, and therefore not requiring sign-off	Jan Aps	01/11/14	Not required
3.1	Removal of disqualification of Healthwatch members from eligibility to stand as governor	Julie Dawes	16/3/16	

1.7 was originally approved by the board and council and submitted to Monitor for approval. Following identification of minor errors by Monitor, changes in 1.7 were subsumed in the changes for 2.0 and all signed off by board and council as shown.

**"Finance Director"**

means the chief finance officer of the Trust;

**"Financial Year"**

**Means any twelve month period beginning on 1 April;**

**"Forward Plan"**

means the document prepared by the Trust pursuant to paragraph 27 of Schedule 7 of the 2006 Act;

**"Health Service Body"**

shall have the meaning ascribed to it in Section 65(1) of the 2006 Act;

**"Lead Governor"**

means the Governor selected by the Council of Governors in accordance with the provisions of SO 5 of Annex 5 of this Constitution;

**"Local Authority Governor"**

means a member of the Council of Governors appointed by one or more local authorities whose area includes the whole or part of the area set out in Part 1A or, as the case maybe, Part 1B of Annex 1 to this Constitution;

**"Local Healthwatch"**

~~means an organisation established under section 222 of the Local Government and Public Involvement in Health Act 2007;~~

**"Member"**

means a member of the Trust and the term "membership" shall be construed accordingly;

**"member of the Council of Governors" and "Governor"**

means a person who has been elected or appointed to the Council of Governors;

**"Model Rules for Elections"**

means the election rules set out in Annex 3 of this Constitution;

**"Monitor"**

Monitor is the body corporate known as Monitor, as provided by Section 61 of the 2012 Act;

**"Nominations Committee"**

means a committee appointed pursuant to paragraph 1.2.2 of Part 3 of Annex 4 of this Constitution;

**"Non-Executive Director"**

means a non-executive member of the Trust Board;

**"Officer"**

means an employee of the Trust in any position holding a paid appointment or office with the Trust, save for Non – Executive Directors;

**"Overview and Scrutiny Committee"**

means a local authority overview and scrutiny committee established pursuant to Section 21 of the Local Government Act 2000;

~~1.1.12 he is a member of a Local Healthwatch or its successor bodies;~~

1.1.13 he is the subject of a Sex Offenders Order and/or his name is included in the Sex Offenders Register;

1.1.14 he is the spouse, partner, parent or child of a member of the Board of Directors of the Trust; or

1.1.15 he is under the age of 18 years at the closing date he is nominated for election or appointment.

1.2 Where a person has been elected or appointed to be a Governor and he becomes disqualified from office under paragraph 17 of the Constitution or paragraph 1 above, he shall notify the Trust Secretary in writing of such disqualification and/or removal as soon as practicable and in any event within 14 days of first becoming aware of those matters which render him disqualified or removed.

1.3 If it comes to the notice of the Trust Secretary that the Governor is disqualified otherwise than pursuant to paragraph 1.2 above, the Trust Secretary shall immediately declare that the individual in question is disqualified and give notice to him in writing to that effect as soon as practicable and in any event within 14 days of the date of the said declaration. In the event that a Governor shall dispute that he is disqualified the Governor may refer the matter to the dispute resolution procedure, set out in paragraph 48 of the Constitution, within 28 days of the date upon which notice in writing is given to the Governor.

## 2 Working groups and joint committees

2.1 The Council of Governors may appoint working groups consisting wholly or partly of its members to assist it in carrying out its functions.

2.2 The Council of Governors may appoint Members to serve on joint committees with the Trust Boards or committees thereof at the invitation of the Trust Board.

2.3 These working groups or joint committees may call upon outside advisers to help them in their tasks, provided that the financial and other implications of seeking outside advisers have been discussed and agreed by the Trust Board. Any conflict arising between the Council of Governors and the Trust Board under this paragraph shall be determined in accordance with paragraph 45 of the Constitution (dispute resolution procedure).



Report to	Date of meeting	Attachment number
Trust Board	6 April 2016	Paper 7

## 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** March 2016

## CHAIRMAN'S AND CHIEF EXECUTIVE'S REPORT

### A TRUST DEVELOPMENTS

#### CHASE FARM HOSPITAL REDEVELOPMENT UPDATE

The redevelopment of CFH received the final go-ahead this month meaning that the trust's plans to deliver a secure future and vastly improved facilities for CFH can now become a reality. The government approved the full business case on 23 March, enabling public funds to be released. In total the government is set to contribute almost £82 million towards the redevelopment, with the shortfall being met by the sale of surplus land and the funds invested by the trust.

The site will include world class facilities for elective (non-emergency) care, diagnostics, out-patients, an urgent care centre, planned elective surgery and post-operative care, an older persons' assessment unit and rehabilitation facilities.

Construction work will start in the next few weeks, following enabling works to prepare the site (including demolition of unused buildings and alterations to some of the internal roads) which have been ongoing since last year. Over the next month piling works will continue and work on the retaining wall (which will separate the lower ground and ground floor of the new building) and energy centre will commence. The two tower cranes which will be constructing the concrete frame of the new building will also be installed

A gallery of artist's impressions is available on the trust's website:  
[www.royalfree.nhs.uk/chasefarm](http://www.royalfree.nhs.uk/chasefarm)

#### ROYAL FREE EMERGENCY DEPARTMENT REDEVELOPMENT

There continues to be good progress on the redevelopment of the emergency department (ED) at the RFH. The current construction phase involves a permanent corridor closure on the lower ground floor to create room for a dedicated children's emergency department and improved facilities for ED staff.

#### BARNET HOSPITAL OPERATING THEATRES

Since 2015, the theatres at BH have been undergoing an upgrading and refurbishment programme. Theatre one at BH has been officially opened following upgrading and works will continue on the other four theatres over the next two years.

#### PATHOLOGY JOINT VENTURE

As part of the pathology joint venture £40 million has been invested over three years to build rapid response laboratories (RRLs) at the RFH, along with a new state-of-the-art core laboratory at 1 Mabledon Place in Euston. In addition to this, a new sluice room and a dedicated haematology microscope room have been completed and a new blood transfusion facility will be provided this month, co-locating blood transfusion services and considerably improving efficiency. A refurbishment of the remaining facilities, including the provision of a 24/7 staff rest area, office areas and biochemistry seminar room will commence shortly.

<b>B</b>	<b>REGULATION</b>
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**MONITOR QUARTERLY MONITORING – Q3 2015/16**

Monitor has written following review of the trust's quarter 3 submissions. The full letter is attached at Appendix A and these ratings will be published on the Monitor website. The trust's current ratings are:

Financial sustainability risk rating	2
Governance rating	Under review - requesting further information

The trust has been allocated a financial sustainability risk rating of 2 and has failed to meet the following targets:

- the cancer 62 day wait for first treatment target; and
- the A&E four hour wait standard.

These factors have triggered consideration for further regulatory action. Monitor has confirmed that it will not take further regulatory action in respect of cancer performance, but will engage with the trust as part of the tripartite approach to address performance issues. This approach will also be taken for the A&E standard.

Monitor also note that the trust is subject to a governance investment adjustment in respect of performance against the referral to treatment (RTT) target at the Barnet and Chase Farm sites. They expect the trust to address the issues leading to the target failure and achieve sustainable compliance in line with the trajectory proposed, subject to continuing dialogue with Monitor. Monitor does not intend to take any further action at this stage in respect of performance against the RTT target.

The 'under review' rating is because the trust achieved a capital service capacity rating of 1, compared with a planned rating of 2, which triggered consideration of further regulatory action. Monitor will continue to review the trust's financial position and progress against its recovery plan through recently established monthly financial review meetings.

<b>C</b>	<b>BOARD AND COUNCIL MATTERS</b>
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**WORKPLACE EQUALITY UPDATE****BME Listening Sessions in March, April and May 2016**

In March 2016 the chairman held one BME Staff Listening session and the chief executive held two sessions at Royal Free Hospital.

The key themes from staff were access to development for their careers and not just the role they currently occupy for example shadowing and mentoring, and the importance of managers providing quality post-interview feedback, as well as demonstrating inclusive leadership.

There are further sessions booked during April and May to be led by Jenny Owen, non-executive director, David Grantham, director of HR and OD, and Will Smart, director of IM&T.

## COUNCIL OF GOVERNORS

A joint board and council of governors meeting took place on 10 March, when the main topic for discussion was the draft operational plan 2016/17 and sustainability and transformation plans 2016/21.

The council of governors met on 16 March 2016, with the key topic for discussion being the quality account, which is the subject of a separate report to the board. The council of governors also agreed a change to the constitution, which is also the subject of a separate report to the board.

## CALDICOTT GUARDIAN

In 1998 Dame Fiona Caldicott chaired an NHS committee to look into all aspects of confidential information held about patients. The subsequent report built on the eight general Data Protection Principles and derived six NHS specific principles and a set of 16 recommendations on how to apply those principles (although not all these recommendations apply to acute trusts).

Key to the implementation of the recommendations is the designation of a 'Caldicott guardian' who has the ultimate responsibility for ensuring that the principles and recommendations are enforced. Following the departure of Dr Tim Peachey, Dr Killian Hynes, who was the deputy Caldicott Guardian will be taking on this role while arrangements are made for the formal appointment of a successor to Dr Peachey.

## D LOCAL NEWS AND DEVELOPMENTS

### VANGUARD DEVELOPMENT

The Royal Free London has been successful in its application to become an acute care collaboration vanguard site.

The trust's vanguard focuses on developing a group model, which other trusts may wish to join and be part of. The group model will enable the trust to work with other trusts to share good practice and consider opportunities to work more efficiently together. Possible areas of focus for the group include aligning back office functions, sharing the provision of training and development or looking at joint ventures for new services and products, as has been done with pathology.

The trust has received a further £868,000 in funding to develop this work. The trust's total funding is now £2,235,000. All vanguards also have access to a package of national support announced in the summer to enable them to make the changes they want at pace. The trust continues to bid for resources within the Vanguard programme.

### GROUP MODEL

The Royal Free London NHS Foundation is working to establish a group model and the trust has been approached by a number of organisations, including the North Middlesex University Hospital, to explore possible partnerships.

A memorandum of understanding between the two trusts is currently being considered, which outlines the way in which full membership of our group would work. The North Middlesex University Hospital is discussing whether to join the RFL group as a founder member and the board is being asked at its part I board meeting on 31 March 2016 to formally endorse the trust making a request to RFL to become part of the group.

## BMA STRIKE

Doctors in training are, through their trade union the BMA, in dispute with the Government and NHS Employers about proposals for a new contract. The most recent industrial action took place on between 8.00am on 9 March and 8.00am on 10 March, with junior doctors delivering emergency care only on those dates.

The trust took the same steps in preparing for this strike as previously, with close communications with the BMA and junior doctors' representatives. Emergency and urgent care was prioritised, with elective and less urgent work only being undertaken where services were confident this could be done with the level of staffing expected and without detriment to the provision of emergency care.

All emergency services, including the A&E departments and urgent care centres, ran as normal. Across the three hospitals and satellite sites on the two strike days:

- 90 clinics were cancelled and 56 in-patient and day-case operations were cancelled.
- Patients whose treatment was affected were offered a new appointment at the next available date.

Plans are now being made for the next strikes which have been announced for

- 6 to 8 April 2016: Emergency care only between 8am on Wednesday 6 April and 8am on Friday 8 April (48 hours)
- 26 and 27 April 2016: Full withdrawal of labour between the hours of 8am and 5pm on Tuesday 26 and Wednesday 27 April (18 hours in total)

## PATIENT FRIENDS AND FAMILY TEST (FFT) UPDATE

The NHS friends and family test (FFT) was introduced in 2013 to enable patients to feed back on their care and treatment to enable hospitals and other providers to improve services.

It asks patients whether they would recommend hospital wards, A&E departments and maternity services to their friends and family if they needed similar care or treatment. The February results are below.

Royal Free London combined data	% likely/extremely likely to recommend February 2016 (range: 0 – 100%)	Number of patient responses
In-patient	88.0%	1253
A&E	80.8%	4503

<b>Barnet Hospital</b>	<b>% likely/extremely likely to recommend February 2016 (range: 0 – 100%)</b>	<b>Number of patient responses</b>
In-patient	85.1%	389
A&E	77.4%	2249
Antenatal care	95%	55
Labour and birth	98%	106
Postnatal hospital ward	92%	106
Postnatal community care	100%	66
Out-patients	96%	163

<b>Chase Farm Hospital</b>	<b>% likely/extremely likely to recommend February 2016 (range: 0 – 100%)</b>	<b>Number of patient responses</b>
In-patient	93.2%	177
Out-patients	92%	253

<b>Royal Free Hospital</b>	<b>% likely/extremely likely to recommend – February 2016 (range: 0 – 100%)</b>	<b>Number of patient responses</b>
In-patient	88.4%	687
A&E	84.0%	2254
Antenatal care	91%	56
Labour and birth	93%	87
Postnatal hospital ward	91%	87
Postnatal community care	100%	66
Out-patients	93%	249

## LEARNING FROM MISTAKES LEAGUE

The Department of Health has published the 'Learning from mistakes league', ranking trusts based on data on safety reporting and the NHS staff survey. The assessment is based on three measures:

- NRLS (incident reporting) – where the trust is not found at risk
- Staff Survey 2015 - Key Finding 7. Percentage of staff able to contribute towards improvements at work – where the trust is an outlier

- Staff Survey 2015 - Key Finding 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months – where the trust is an outlier

The table splits trusts into four divisions: those with “outstanding levels” of openness and transparency, those which are “good”, those which have “significant concerns”, and those with a “poor reporting culture”.

The Royal Free London was categorised as ‘significant concerns’ in the league.

The trust encourages all staff who have concerns about patient care to report those concerns openly as part of their normal routine.

The trust recognises the need to improve in this area and is committed to creating an atmosphere of openness and transparency in which all staff feel able both to raise and respond to concerns about patient care. Last year the trust relaunched its whistleblowing policy, which has made it easier for staff to report concerns and access internal and external support. Staff can also contact directly the trust’s ‘speaking-up champion’, a non-executive director who will raise issues at board level, or our trade union ‘speaking-up guardian’, who will provide advice and support.

The trust is currently reviewing the results of the annual staff survey in order to identify ways we can further improve our processes.

## **OSCARS AWARDS 2015/16**

The trust’s annual staff achievement awards, the outstanding staff contribution and rewards (Oscars) took place on Wednesday 9 March 2016 at the Grand Connaught Rooms in Covent Garden. More than 250 award nominees and their guests attended the event, which was made possible by the Royal Free Charity. 20 members of staff were awarded for making a significant contribution to the care and wellbeing of patients, their carers or our staff in 2015.

## **CHIEF EXECUTIVE NAMED IN HEALTH SERVICE JOURNAL LIST OF TOP NHS CHIEF EXECUTIVES**

David Sloman has been ranked third in the Health Service Journal’s (HSJ) 2016 list of top NHS chief executives, having been ranked seventh in the same list last year.

## **COMMUNICATIONS REPORT – MARCH 2016**

During February the trust received significant international and national media coverage due to Pauline Cafferkey being readmitted to and discharged from the Royal Free Hospital. Local papers also mentioned the Royal Free London in stories about the national junior doctors’ strikes and the Guardian interviewed Dr Tara Mastracci about why she decided to swap the prestigious Cleveland Clinic in the US to work for the NHS.

The external and digital communications team focussed on the #FREEthebutterfly social media campaign which encouraged people to talk about eating disorders. The campaign reached international audiences in Vietnam and America on Twitter. London Live were also invited to the Royal Free Hospital to film staff and patients discussing the campaign, with the footage appearing on their website and news channel.

The internal communications team worked closely with the workforce team to organise the annual staff achievement awards, the Oscars. They also provided support to the financial recovery programme, staff health and wellbeing programme and ongoing IT projects, and began working with the IM&T team on the development of a new intranet for the trust.

Media stories featuring the trust included:

- Dr Tara Mastracci, was interviewed in The Guardian about why she decided to swap the prestigious Cleveland Clinic in the US to work for the NHS.
- The Royal Free London was mentioned in multiple reports after Pauline Cafferkey was readmitted to the Royal Free Hospital due to complications from her previous Ebola infection, in The Guardian, The Telegraph, ITV News, BBC News, Daily Mail, Huffington Post, Herald Scotland, New York Times, The Mirror, The Sun, Sky News, The Express, Yahoo News, Ham & High and more.
- Local residents were invited to take part in a study about depression at the Royal Free Hospital, in Hendon and Finchley Press and Barnet and Whetstone Press.
- Nursing Children and Young People reported that Samantha Swinglehurst, lead nurse specialist at the Royal Free London, was made an MBE.
- The ambulatory lung biopsy service and IBD Passport travel resource team at the Royal Free London were shortlisted for an award in the British Medical Journal.
- Two young patients at Barnet Hospital rang a bell to call an end to their chemotherapy, in the Barnet Press, Finchley Press, Potters Bar Times and Edgware Today.
- The Royal Free London was featured in the #FREEthebutterfly campaign, in The Daily Mirror, Ham & High, Enfield Independent, Closer magazine and broadcast on London Live.
- The Royal Free London is working with Google DeepMind to create an app which will improve care for kidney patients, in The Guardian, Bloomberg News, Business Insider, Huffington Post and IT Business.

In this period the communications team also:

- Handled 60 media enquires including requests for patient updates, interviews, statements, briefings, filming and documentary enquiries.
- Issued 26 statements, press releases and web stories.
- Had 119,220 website users.
- Posted 50 stories, notices and events on the intranet.
- Increased Twitter following by 245 followers to 9,885
- Had 89 new likes on Facebook.
- Published the February issue of Freepress magazine and started work on the March issue.
- Published weekly Freemail staff bulletins and fortnightly managers' briefings.
- Provided internal communication support for the junior doctors' strikes, Schwartz rounds, the annual staff survey, equality, diversity and inclusion, staff health and wellbeing, CFH redevelopment and IT projects including EPMA, Cerner upgrade and managed print.
- Provided proactive media support for the February junior doctors' strike, #FREEthebutterfly campaign and CFH redevelopment.



<b>E</b>	<b>NATIONAL NEWS AND DEVELOPMENTS</b>
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**SUSTAINABILITY AND TRANSFORMATION PLANS**

As referred to in last month's report, health and care systems must each work together to produce, for the first time, a sustainability and transformation plan (STP) covering the period from October 2016 to March 2021. These are organised into 44 'footprint' areas.

NHS England has announced the senior leaders who will be leading this work, with broadly equal representation from clinical commissioning groups and from hospitals and other providers of care, as well as some key figures from local authorities, recognising the need for local systems to work in partnership. They include:

- **David Sloman**, Chief Executive of the Royal Free London NHS Foundation Trust (North Central London footprint);
- **Dr Amanda Doyle OBE**, GP, Chief Clinical Officer of NHS Blackpool Clinical Commissioning Group and Co-Chair of NHS Clinical Commissioners (Lancashire and South Cumbria footprint);
- **Sir Andrew Morris**, Chief Executive of Frimley Health NHS Foundation Trust (Frimley Health footprint);
- **Angela Pedder OBE**, Chief Executive of the Royal Devon & Exeter NHS Foundation Trust (Devon footprint);
- **David Smith**, Chief Executive of NHS Oxfordshire Clinical Commissioning Group (Buckinghamshire, Oxfordshire and Berkshire West footprint);
- **Sir Howard Bernstein**, Chief Executive of Manchester City Council (Greater Manchester footprint);
- **Mark Rogers**, Chief Executive of Birmingham City Council and President of the Society of Local Authority Chief Executives (Birmingham and Solihull footprint); and
- **Toby Sanders**, Accountable Officer of NHS West Leicestershire Clinical Commissioning Group (Leicester, Leicestershire and Rutland footprint).

**LETTER FROM NHS IMPROVEMENT ABOUT A&E PERFORMANCE**

Jim Mackie, chief executive of NHS Improvement wrote to chief executives regarding A&E performance on 10 March 2016. The letter ended

"We all hope these pressures ease soon and we will continue to work with providers to help improve performance. However, I wanted you to know that your efforts are appreciated. Please pass on my thanks to your teams and keep up the efforts that you and they are putting in to make sure patients get the care that they need at this time of intense pressure."

The full letter is attached at Appendix B.

## MONITOR AND NHS TDA JOINT BOARD MEETING – 25 FEBRUARY 2016

Below is a summary of the issues discussed by Monitor and the TDA at their joint board meeting.

### Quarterly report on the performance of the NHS provider sector: 9 months ended 31 December 2015

- In Q3, almost 5.12 million patients attended an A&E department, of which 90.66% were treated or admitted within four hours
- Over 98,568 patients of almost 1.04m requiring admission had to wait for longer than 4-hours for a bed due to delayed transfers of care (DToC)
- The key ambulance response time targets were not met during the quarter
- As the elective waiting list reached 3.14m, the provider sector for the first time failed to meet the 92% RTT standard with a performance of 91.59% in December 2015/16
- Providers treated 83.5% cancer patients referred by GPs within 62 days of referral in Q3 2015/16

### Executive report

- NHS Improvement (NHSI) has appointed its executive team and is working on detailed directorate structures
- The chief executive has established an advisory group of 22 CEOs of NHS trusts and foundation trusts, who have met to discuss the financial position and controls in 2015/16 and 2016/17; operational performance and STPs
- In the short term, the scale of financial and operational challenges means NHS Improvement will need to take a more directive approach. As the sector returns to balance, they will adopt a longer term oversight model in which they will support first and only intervene when absolutely necessary
- NHSI will support the whole sector in building proficiency in sharing and developing improvement tools and techniques
- NHSI also announced the establishment of a clinically-led Improvement Faculty which will support it in driving an 'Improvement Movement' across the whole NHS
- NHSI has agreed to appoint a Chief Technology Officer jointly with NHS England, and recruitment to that post is underway

### Strategic and operational planning 2016/17 – 2020/21

- **Patient activity plans:**
  - Demand and capacity planning to be seen as a core business skill
  - The national bodies have commissioned work to improve demand and capacity training across the NHS
  - Providers and commissioners are required to produce a joint 'open-book' activity plan
- **Quality improvement:**
  - providers have been asked to set out a quality improvement plan for the year
  - Providers should plan to make progress in affordably implementing seven day services
- **Workforce plans:**

- plans for 2016/17 will need to demonstrate safe and affordable staffing levels with reduced agency use

### Financial and performance framework for 2016/17

- Access to the Sustainability and Transformation Fund is dependent on the NHS provider sector breaking even in 2016/17 after application of the fund. To ensure this, every NHS trust and foundation trust will have to deliver an agreed financial control total for 2016/17 and agreed performance trajectories including for core access standards. Local STPs must also be agreed
- As a condition of the overall fund being approved, the NHS has to demonstrate tangible progress towards a credible plan for achieving seven day services across the country by 2020

### Strategic plans 2016/17 to 2020/21

- The STPs are to be based on local geographies bringing together commissioners, providers and local authorities
- The development of new care models is expected to feature prominently STPs. In 2016/17 expressions of interest have been invited to trial two new approaches with local volunteers:
  - secondary mental health providers managing care budgets for tertiary mental health services; and
  - the reinvention of the acute medical model in small district general hospitals
- STPs will become the single process for being accepted onto programmes with transformational funding from 2017/18
- The approach to STPs at the planning 'footprint' level must be clearly linked to provider five year financial and activity plans

### NHS ENGLAND BOARD MEETING – 25 FEBRUARY 2016

The following is a summary of some of the matters discussed at the NHS England Board meeting:

#### Cancer drugs fund

- A 12 week consultation on proposals for reforming the Cancer Drugs Fund (CDF) closed on 11 February. NHS England received 286 responses in total. There was significant support for change and a managed access process
- The annual budget for the CDF increased from £200m in 2011/12 to £340m in 2015/16. The CDF routinely exceeds its budget
- The National Audit Office, Public Accounts Committee and independent Cancer Taskforce all support changing the CDF
- NHS England proposes a managed transition to a new operating model from 1 July 2016, including a new managed access fund with clear entry and exit criteria and an overall budget of £340m
- Existing CDF drug indications would receive transitional funding until NICE completes its appraisal or reconsideration
- Patients in receipt of existing CDF drugs will continue to receive them even if they are removed

### Finance and performance report

- 91% of patients attending A&E were admitted, transferred or discharged within 4 hours
- There were 154,060 total delayed days in December 2015, 65.2% were in acute care – up from 139,025 in December 2014
- NHS 111 services received an average of 43,900 calls per day in December 2015. 86.1% answered within 60 seconds
- The RTT incomplete standard was not met, with 91.8% of patients waiting less than 18 weeks
- An annualised IAPT access rate of 15% (14.9%) was achieved in Q2 2015/16, in line with the Mandate commitment of 15%
- 45 CCGs are reporting year to date overspends. 27 CCGs are forecasting a position worse than their annual plan

	Net expenditure							
	Plan	YTD	Under/(over) spend		Plan	FOT	Under/(over) spend	
	£m	£m	£m	%	£m	£m	£m	%
CCGs	54,020.1	54,087.3	(67.2)	(0.1%)	72,416.4	72,438.5	(22.1)	(0.0%)
Direct Commissioning	19,818.9	19,836.1	(17.2)	(0.1%)	26,796.9	26,752.9	44.0	0.2%
Running, programme costs and other	1,086.2	899.7	186.5	17.2%	1,857.4	1,589.4	268.0	14.4%
Total before Technical Adjustments	74,925.2	74,823.1	102.1	0.1%	101,070.7	100,780.8	289.9	0.3%
Technical and Ring fenced adjustments					(188.2)	(192.9)	4.7	
Total non-ring fenced RDEL under/(over) spend					100,882.5	100,587.9	294.6	0.3%

### CQC BOARD MEETING – 24 FEBRUARY 2016

#### Performance report

- The hospitals directorate has now rated: 91% of acute non-specialist NHS Trusts/FTs; 56% of acute specialist trusts/FTs; 72% of standalone community health trusts; 30% of ambulance trusts; 75% of mental health trusts
- In total, 193 NHS trusts/FTs have been rated: 23 inadequate, 118 requires improvement, 49 good and three outstanding
- Since the last board meeting, CQC has published 19 inspection reports: three inadequate, nine requires improvement and seven good

#### Annual provider surveys report

- The report summarises the key results from the 2015 Annual Provider Survey (November 2015) and findings from the Post-Inspection Survey, which covers the period from January to June 2015
- There were 4740 responses in total to the provider survey, with 133 from NHS trusts (35%)
- Hospital providers are generally very positive on the impact of CQC's work; however, they are less positive around their experience of inspection and continue to have a negative view of CQC inspection teams
- Hospital providers' rating of CQC inspection teams' understanding of the care they provide has grown more negative year on year since 2012. This is particularly marked for NHS Trusts and in the post-inspection survey their positivity decreased by 36%
- Hospital providers are broadly positive when asked whether their inspection or inspection report helped with improvement

## Appendix A

1 March 2016

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 Mr Sloman,

### Q3 2015/16 monitoring of NHS foundation trusts

Our analysis of your Q3 submissions is now complete. Based on this work, the trust's current ratings are:

- Financial sustainability risk rating: 2
- Governance rating: Under review- requesting further information

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

The trust has been allocated a financial sustainability risk rating of 2 and has failed to meet the following targets:

- the cancer 62 day wait for first treatment target; and
- the A&E four hour wait standard.

These factors have triggered consideration for further regulatory action. The trust was placed under review in Q1 due to the trust achieving a capital service capacity rating of 1.

Monitor uses the measures of financial robustness and efficiency underlying the financial sustainability risk rating as indicators to assess the level of financial risk. A failure by a foundation trust to achieve a financial sustainability risk rating of 3 or above could indicate that the trust is providing health care services in breach of its licence. Accordingly, in such circumstances, Monitor could consider whether to take any regulatory action under the Health and Social Care Act 2012, taking into account, as appropriate, its published guidance on the licence and enforcement action including its Enforcement Guidance<sup>1</sup> and the Risk Assessment Framework<sup>2</sup>.

Monitor uses the cancer 62 day wait for first treatment target (amongst others) as an indicator to assess the quality of governance at foundation trusts, in accordance with its licence. In this instance we will not take further regulatory action in respect of cancer

<sup>1</sup> [www.monitor-nhsft.gov.uk/node/2622](http://www.monitor-nhsft.gov.uk/node/2622)

<sup>2</sup> [www.monitor.gov.uk/raf](http://www.monitor.gov.uk/raf)



performance, but will engage with you as part of our Tripartite approach to address your performance issues. We will also look to engage with you on the issues in meeting the A&E standard through the tripartite.

We note that the trust is subject to a governance investment adjustment in respect of performance against the referral to treatment (RTT) target at the Barnet and Chase Farm sites. We expect the trust to address the issues leading to the target failure and achieve sustainable compliance in line with the trajectory proposed, subject to continuing dialogue with us. Monitor does not intend to take any further action at this stage in respect of performance against the RTT target.

A report on the aggregate performance of all NHS providers (Foundation and NHS trusts) from Q3 2015/16 will be available in due course on our website (in the News, events and publications section), which I hope you will find of interest.

For your information, we will be issuing a press release in due course setting out a summary of the report's key findings.

If you have any queries relating to the above, please contact me by telephone on 020 3747 0619 or by email [Victoria.Jeffries@Monitor.gov.uk](mailto:Victoria.Jeffries@Monitor.gov.uk).

Yours sincerely,



**Victoria Jeffries**  
**Senior Regional Manager**

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

## Appendix B



10 March 2016

Chief Executive and Chairman's Office  
Wellington House  
133-155 Waterloo Road  
London SE1 8UG  
Tel: 020 3747 0000

**TO:** NHS foundation trust and NHS trust Chief Executives

Dear colleague

### **A&E pressure**

You will have seen the January A&E figures published today and will be acutely aware that the pressure on the system continues, with very high levels of attendance and admissions.

Some national headlines are:

- A&E performance in January 16 was 88.7% compared to 91.0% in December 15 and 91.2% in January 15;
- 175,000 more A&E attendances were seen in the month compared to January 15, an increase of over 10%;
- There were 484,568 emergency admissions in January 16 an increase of 4.6% from January 15;
- In January 16 1,690,633 patients were seen within the 4-hour target, 112,000 more than in January 15;
- There were 158 over 12-hour trolley waits compared to 650 in January 15 (or 475 YTD compared to 1010 in same period last year).

In addition, we know that flu cases have risen since the new year and that this has had a significant impact on the NHS.

Whilst there is always room for improvement, and no system or hospital is perfect, it is very clear that your teams and our NHS staff have been under immense strain and have done a great job to keep the service running in such difficult circumstances.

We all hope these pressures ease soon and we will continue to work with providers to help improve performance. However, I wanted you to know that your efforts are appreciated.

From 1 April 2016 NHS Improvement will be the operational name for the organisation that brings together Monitor, NHS TDA, groups from NHSE's Patient Safety teams, the National Reporting and Learning System, the Advancing Change team and the Intensive Support Teams.

Please pass on my thanks to your teams and keep up the efforts that you and they are putting in to make sure patients get the care that they need at this time of intense pressure.

Yours faithfully

A handwritten signature in black ink, appearing to be 'Jim', followed by a period.

Jim Mackey  
**Chief Executive, NHS Improvement**



Report to	Date of meeting	Attachment number
Part 1 Board Performance Report	6 April 2016	Paper 8

### Risk Assessment Framework Ratings Summary

#### January/February 16 outturn summary and quarter 4 forecast

With all data now available for January, apart from C. difficile, the trust failed six indicators during the month:

1. A&E 4-hour standard
2. RTT 18-weeks Incomplete Pathways
3. All cancer two week wait
4. Breast symptomatic two week wait
5. Cancer 62 days from GP referral
6. Cancer 62 days from screening service referral

For February only A&E and RTT 18-weeks data is currently available, the trust failed the A&E standard outturning at 88.10% against the 95% standard. In relation to RTT 18-weeks the trust recorded a performance of 88.5% against the 92% standard.

For both February and quarter 4 the trust is forecasting a Green rating, but target failure in relation to referral to treatment 18-weeks incomplete pathways, Cancer 62 days from GP referral and A&E standards. All three standards are rated as High risk. However, given performance against the cancer indicators detailed above All cancer and Breast symptomatic two week wait and Cancer 62 days from screening service referral are also rated High risk both for the month and the quarter. A recovery plan is in place to return the trust to compliance against all three cancer indicators.

**Action required/recommendation** For information and agreement

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
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	X
5. A strong organisation for the future – to strengthen the organisation for the future	X

**CQC Regulations supported by this paper**

Regulation 8*	General	
Regulation 9	Person-centred care	
Regulation 10	Dignity and respect	
Regulation 12	Safe care and treatment	
Regulation 17	Good governance	
Regulation 18	Staffing	
Regulation 20A*	Requirement as to display of performance assessments	

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

Failure to achieve and maintain compliance against Monitor risk assessment framework standards and targets.

### **Equality analysis**

- No identified negative impact on equality and diversity

**Report from** Kate Slemeck  
Chief Operating Officer

**Author(s)** Tony Ewart  
Head of Performance

**Date** 23 March 2016

## **Trust Board Performance Dashboard**

Performance for February 2016 and Quarter 4

Produced on 23 March 2016

## Royal Free London NHS Foundation Trust

2015/16									
Monitor Indicators of Governance Concerns - April 2015 - March 2016	Q4	Q1	Q2	Q3	Jan-16	Feb-16	Q4 To Date	Target	Weighting
*A&E - 95% of patients admitted, transferred or discharged within 4-hours	94.4%	97.1%	95.8%	93.4%	87.1%	88.1%	87.7%	>= 95%	1.0
**C difficile number of cases against plan	14	4	5	4				Q4 <= 16	1.0
*Maximum time of 18 weeks from point of referral to treatment in aggregate for patients on an incomplete pathways	92.1%	88.5%	88.0%	86.7%	87.2%	88.5%	88.5%	>=92%	1.0
**All Cancer 31 day second or subsequent treatment - surgery	99.3%	98.2%	100.0%	100.0%	97.1%			>=94%	1.0
drug	100%	100.0%	100.0%	100.0%	100.0%			>=98%	
radiotherapy	99.1%	100.0%	100.0%	100.0%	98.0%			>=94%	
**All Cancer 62 days wait for first treatment: from urgent GP referrals:	72.5%	76.4%	69.1%	73.3%	68.4%			>=85%	1.0
from a screening service	98.9%	90.5%	94.8%	93.0%	85.7%			>= 90%	
**All cancers: 31 day wait from diagnosis to first treatment	99.8%	99.5%	98.9%	99.2%	96.0%			>=96%	1.0
**Cancer: two week wait from referral to date first seen									1.0
All cancers	95.5%	95.0%	94.7%	96.2%	91.9%			>=93%	
Symptomatic breast patients	94.1%	98.7%	95.3%	96.4%	86.5%			>=93%	
Compliance with requirements regarding access to healthcare for people with learning disabilities	Compliant	Compliant	Compliant	Compliant	Compliant			Meeting the 6 criteria	1.0
Monitor overall governance thresholds:	Trust Rating:								
Green: a service performance score of <4.0 and <3 consecutive quarters' breaches of a single metric	Weighting:								
Red: a service performance score of >=4.0 and >=3 consecutive quarters' breaches of a single metric									
* Denotes actual data for February 2016									
**Cancer data is not available for February 2016									
Note: C. difficile RAG rating applied on the basis of the cumulative quarterly expression of the trajectory									

<sup>1</sup>The overall trust rating has been modified following application of the Monitor governance framework adjustment, refer to commentary

## Royal Free Hospital

2015/16									
Monitor Indicators of Governance Concerns - April 2015 - March 2016	Q4	Q1	Q2	Q3	Jan-16	Feb-16	Q4 To Date	Target	Weighting
*A&E - 95% of patients admitted, transferred or discharged within 4-hours	93.9%	95.9%	94.7%	93.3%	89.9%	89.4%	89.7%	>= 95%	1.0
**C difficile number of cases against plan	7	3	1	3				Q4 <=7	1.0
*Maximum time of 18 weeks from point of referral to treatment in aggregate for patients on an incomplete pathways	92.1%	90.8%	90.6%	87.5%	86.7%	88.5%	88.5%	>=92%	1.0
**All Cancer 31 day second or subsequent treatment - surgery	98.6%	96.9%	100.0%	100.0%	100.0%			>=94%	1.0
drug	100%	100.0%	100.0%	100.0%	100.0%			>=98%	
radiotherapy	99.1%	100.0%	100.0%	100.0%	98.0%			>=94%	
**All Cancer 62 days wait for first treatment: from urgent GP referrals:	84.6%	83.1%	74.7%	72.6%	64.1%			>=85%	1.0
from a screening service	100%	75.8%	91.2%	92.6%	100.0%			>= 90%	
**All cancers: 31 day wait from diagnosis to first treatment	99.6%	98.7%	97.8%	98.5%	93.1%			>=96%	1.0
**Cancer: two week wait from referral to date first seen									1.0
All cancers	99.3%	97.4%	97.9%	98.7%	97.2%			>=93%	
Symptomatic breast patients	98.6%	99.4%	97.6%	98.8%	90.7%			>=93%	
Compliance with requirements regarding access to healthcare for people with learning disabilities	Compliant	Compliant	Compliant	Compliant	Compliant			Meeting the 6 criteria	1.0
Monitor overall governance thresholds:	Trust Rating:				Green <sup>1</sup>	Green <sup>1</sup>	Green <sup>1</sup>	Green <sup>1</sup>	Red <sup>1</sup>
Green: a service performance score of <4.0 and <3 consecutive quarters' breaches of a single metric	Weighting:				1	1	2	2	4
Red: a service performance score of >=4.0 and >=3 consecutive quarters' breaches of a single metric									
* Denotes actual data for February 2016									
**Cancer data is not available for February 2016									
Note: C. difficile RAG rating applied on the basis of the cumulative quarterly expression of the trajectory									

<sup>1</sup>The overall trust rating has been modified following application of the Monitor governance framework adjustment, refer to commentary

## Barnet Hospital and Chase Farm Hospital

2015/16									
Monitor Indicators of Governance Concerns - April 2015 - March 2016	Q4	Q1	Q2	Q3	Jan-16	Feb-16	Q4 To Date	Target	Weighting
*A&E - 95% of patients admitted, transferred or discharged within 4-hours	94.8%	97.9%	96.6%	93.5%	85.5%	87.2%	86.3%	>= 95%	1.0
**C difficile number of cases against plan	7	1	4	1				Q4 <= 9	1.0
*Maximum time of 18 weeks from point of referral to treatment in aggregate for patients on an incomplete pathways		93.7%	85.4%	85.6%	87.7%	88.5%	88.5%	>=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%	
radiotherapy	NA							>=94%	
**All Cancer 62 days wait for first treatment: from urgent GP referrals:	66.6%	73.4%	65.9%	73.8%	71.9%			>=85%	1.0
from a screening service	98.3%	95.2%	96.0%	93.0%	82.6%			>= 90%	
**All cancers: 31 day wait from diagnosis to first treatment	100.0%	100.0%	100.0%	100.0%	100.0%			>=96%	1.0
**Cancer: two week wait from referral to date first seen	93.7%	93.9%	93.2%	94.9%	89.3%			>=93%	1.0
All cancers	91.8%	98.3%	94.1%	95.2%	83.7%			>=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>	Trust Rating:								
Green: a service performance score of <4.0 and <3 consecutive quarters' breaches of a single metric	Weighting:								
Red: a service performance score of >=4.0 and >=3 consecutive quarters' breaches of a single metric									
	Green <sup>1</sup>	Green <sup>1</sup>	Green <sup>1</sup>	Green <sup>1</sup>	Green <sup>1</sup>				
	2	1	1	2	3				
* Denotes actual data for February 2016									
**Cancer data is not available for February 2016.									
Note: C. difficile RAG rating applied on the basis of the cumulative quarterly expression of the trajectory									

<sup>1</sup>The overall trust rating has been modified following application of the Monitor governance framework adjustment, refer to commentary

Month: February 2016

### [Risk Assessment Framework Ratings Summary](#)

#### [January/February 16 outturn summary and quarter 4 forecast](#)

With all data now available for January, apart from C. difficile, the trust failed four targets (six indicators) during the month:

1. A&E 4-hour standard
2. RTT 18-weeks Incomplete Pathways
3. Cancer 2 week wait
  - a. All cancer two week wait
  - b. Breast symptomatic two week wait
4. Cancer 62 day
  - a. Cancer 62 days from GP referral
  - b. Cancer 62 days from screening service referral

In addition, the Monitor framework adjustment is applied to the RTT 18-weeks Incomplete Pathway indicator an adjustment has been applied (setting aside standard failure), which results in three standard failures. This results in the Trust reporting compliance against the governance regime with a Green rating for the month.

Only A&E and RTT 18-weeks data is currently available for February. In month, the trust failed the A&E standard outturning at 88.10% against the 95% standard. In relation to RTT 18-weeks the trust recorded a performance of 88.5% against the 92% standard.

For both February and quarter 4 the trust is forecasting a Green rating against the Monitor Governance Framework, with target failures in relation to:

- referral to treatment 18-weeks incomplete pathways;
- Cancer 62 days from GP referral; and
- A&E standards.

#### [A&E](#)

For February the Trust outturned at 88.10% against the 95% standard. Both the Royal Free and Barnet hospital sites failed the standard outturning at 89.44% and 82.91% respectively. Chase Farm hospital achieved the standard outturning at 99.97% (recording 1 breach).



Month: February 2016

Performance is being influenced by a continued significant growth in attendances; the table below presents growth in all attendances, ambulance attendances and walk-in attendances at both main A&E sites for the period April to February 2014/15 against the same period 2015/16 and February 2015 against February 2016:

Proportional change (+/-)				Volume change (+/-)		
Site	All attendances	Ambulance arrivals	Walk-in arrivals	All attendances	Ambulance arrivals	Walk-in arrivals
<i>April to February 2015/16 v 2014/15</i>				<i>April to February 2015/16 v 2014/15</i>		
Royal Free	4.30%	2.40%	4.90%	3,561	458	3,103
Barnet	6.10%	-1.40%	7.50%	5,199	-384	5,583
<i>February 2016 v 2015</i>				<i>February 2016 v 2015</i>		
Royal Free	18.80%	15.90%	19.60%	1,402	248	1,154
Barnet	13.40%	3.60%	19.10%	1,267	82	1,185

In addition to significant increases in attendances, performance is also being influenced by reduced bed flow across all three sites. At Trust level, during February 2016 an average of 139 beds a day were blocked by a combination of delayed transfers of care (DTOCs) and patients who were medically fit to be discharged. This equates to 15% of the trust's total general and acute bed stock, or the equivalent of more than four wards. This compares with an average of 102 beds per day from April 15 through to November 15, an increase of 36% (see the table below).

Delayed Transfers of Care and Medically Fit Pending Transfers - February 2016	Royal Free hospital	Barnet hospital	Chase Farm hospital	Total	Average daily beds blocked
Delayed Transfers of Care occupied bed days	157	250	327	734	28
Medically Fit Pending Discharges occupied bed days	919	835	647	2,401	91
Total occupied bed days	1,182	1,244	1,243	3,669	139

Month: February 2016

Average daily beds blocked	45	47	47	139
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**C. difficile – lapses in care**

Data are not yet available for the period December 15 to February 16. For quarter 3 to date (October and November) the combined trust achieved the C. difficile indicator, recording 4 infections against a trajectory of 12, with 3 infections recorded at the Royal Free hospital site and 1 at the Barnet and Chase Farm hospital site. However, given the lag-time resulting from the commissioner sign-off process, data are complete only to the end of July, with 8 infections requiring attribution for the months of August to December 15 and a further 4 in January 16. Following attribution eventually some or all of these infections may be allocated to the trust. The table below presents the total volume of infections relating to “lapses in care” as well as the total attributable including those that do not relate to “lapses in care”, presented by main hospital site against trajectory. In relation to “all attributable infections” the trust exceeded the NHS national contract trajectory for quarters 1 and 2, but was compliant for quarter 3, in the latter period recording 14 infections against a trajectory of 17. For January and February 16 (quarter 4 to date) 9 infections have been recorded against a trajectory of 11 with 3 infections recorded at the Royal Free hospital site and 6 at the Barnet and Chase Farm sites. This expression of the indicator should therefore be regarded as “High risk”. However Monitor includes only “lapses in care” infections for the purposes of calculating the governance risk rating, which is therefore assessed as “Low risk”.

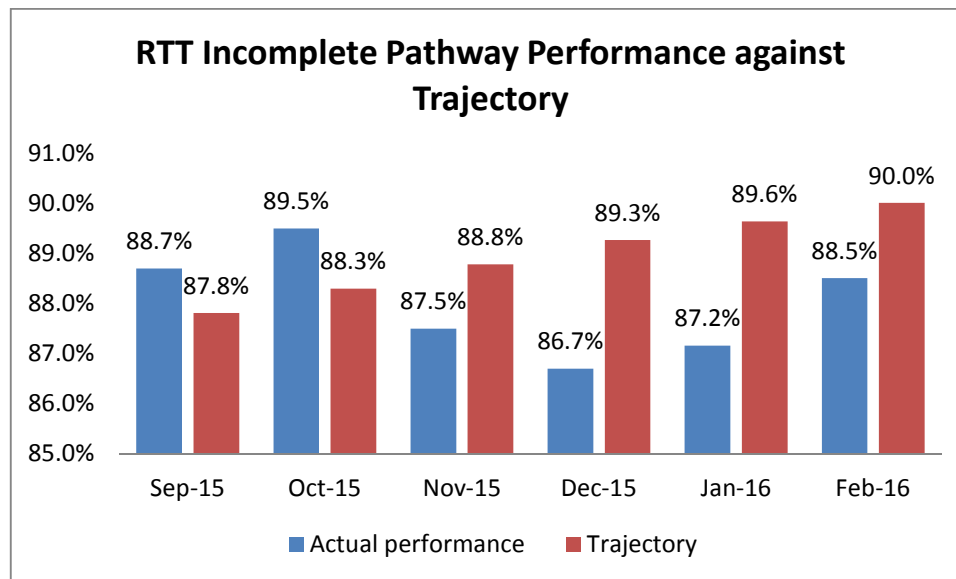
	Lapses in Care Infections								All Attributable Infections							
	Q1	Q2	Oct-15	Nov-15	Dec-15	Q3	Jan-16	Feb-16	Q1	Q2	Oct-15	Nov-15	Dec-15	Q3	Jan-16	Feb-16
Royal Free London NHS Foundation Trust infections	4	4	1	3	-	4	-	-	20	19	4	6	4	14	5	4
Royal Free London NHS Foundation Trust trajectory	17	16	6	6	5	17	6	5	17	16	6	6	5	17	6	5
Royal Free hospital site infections	3	1	1	2	0	3	0	-	13	7	4	3	2	9	0	3
Royal Free hospital site trajectory	8	7	3	3	2	8	3	2	8	7	3	3	2	8	3	2
Barnet & Chase Farm hospital site infections	1	3	0	1	-	1	-	-	7	12	0	3	2	5	5	1
Barnet & Chase Farm hospital site trajectory	9	9	3	3	3	9	5	3	9	9	3	3	3	9	3	3
Royal Free London NHS Foundation Trust Pending Lapses in Care Infections	0	2	1	3	2	6	4	-								

**RTT 18-weeks national indicators**

From October 15 performance against the incomplete pathways standard is the single national RTT indicator and the only RTT metric presented in this report. Incomplete pathway performance improved by 1.3% from 87.2% in January to 88.5% in February; however is slightly below trajectory for the month, performance is being influenced by a number of factors, including:

Month: February 2016

- Patient administration system (PAS) merger  
At the end of October 2015 the Trust underwent a PAS migration to align the system across all hospital sites. This has improved the accuracy of the pathway data and has combined a number of previously reported individual pathways into single, longer waiting, pathways. This had a significant impact on performance as the Trust denominator (number of pathways) reduced and the numerator (number of breaches) increased
- Cancellation of elective activity as a consequence of junior doctor strike action
- The impact of increased emergency flow resulting from winter pressures



#### Cancer standards:

During January 16 the trust failed four national cancer standards:

1. All cancer two week wait
2. Breast symptomatic two week wait
3. All cancer 62 days from GP referral
4. Cancer 62 days from screening referral

Month: February 2016

Each indicator will be considered below with breach reasons and mitigating actions also presented:

### All cancer two week wait:

The trust outturned at 91.9% against the 93% standard. The Royal Free hospital site achieved compliance 97.2%, the Barnet and Chase Farm hospital sites were non-compliant at 89.3%. The Barnet and Chase Farm hospital sites recorded 135 breaches of which the greatest volumes were to be found in the following tumour sites:

- Upper GI - 43 breaches
- Breast - 26 breaches
- Lower GI - 23 breaches
- Skin - 21 breaches
- Head & Neck - 10 breaches

Capacity shortfalls, which led to the breaches, were not appropriately escalated, the reasons for which are being investigated. However this is against a backdrop of exponential increases in referral volumes from an average of 1,145 per month in 2010/11 to 2,180 per month to quarter 3 in 2015/16, an increase of 90% or 1,035 additional referrals a month. Given the pattern of breach weeks, which immediately followed New Year, and the shape of the recovery, during the last two weeks of the month, it appears most likely that target failure was driven by two issues:

1. Insufficient capacity planning/provision
2. Patients declining appointments during the Christmas holiday period

Holiday periods are high-risk in relation to the cancer two week wait indicator, with patients choosing to delay their appointments. This factor has been taken into consideration for the forthcoming Easter period with significant additional capacity being made available both before the bank holiday weekend and immediately after Easter week. In addition a twice weekly report is being prepared to provide tumour and hospital site level views of performance against the breach tolerance to (a) ensure the 93% standard is met for the quarter and (b) to ensure operations managers know precisely how many slots per week will be required to meet demand. Escalation procedures have also been strengthened to ensure bottlenecks in demand and capacity are brought to the attention of the senior management team at the earliest opportunity.

### Breast symptomatic two week wait:

The trust outturned at 86.5% (52 breaches) against the 93% standard. The Royal Free hospital site did not achieve compliance at 90.7% with the Barnet and Chase Farm hospital sites also failing to achieve compliance at 83.7%. The Royal Free hospital site recorded 14 (27%) of the total breaches recorded in-month with the Barnet and Chase Farm sites recording 38 (73%) breaches, 52 in total. At both trust and site level the standard was failed in all weeks apart

Month: February 2016

from the week ending 24 January 2016. In terms of breach reasons, of the 52 breaches, 12 (23%) were attributed to “capacity” and 33 (63%) to “patient choice”.

Once again performance appears to have been heavily influenced by “patient choice”, however standard failure has continued well into January rather than being simply confined to the week or two weeks immediately following New Year. As with the All Cancer two week wait standard, there is some evidence that “patient choice” attributed breaches increase when capacity constraints result in only one offer date within the two-week window. However there has also been a significant growth in breast symptomatic referrals, from an average of 382 per month in 2010/11 to 469 per month to quarter 3 2015/16, this equates to a 23% increase. Recovery actions are effectively the same as described for All Cancer two week wait and will include a twice weekly performance report providing tumour and hospital site level views of performance against the maximum breach tolerance calculated for quarter 4 and beyond.

### Cancer 62 Days from GP referral:

For January the combined trust outturned at 68.4% with the Royal Free hospital site outturning at 64.1% and the Barnet and Chase Farm hospital sites outturning at 71.9%, this is a planned fail in line with the trust recovery action plan. Significant improvement has been achieved for the initially most challenged tumour sites of urology (prostate) and skin. Skin and prostate patients are being seen and referred for treatment within required timescales. Diagnostic and other pathways delays have been addressed. The tumour sites that remain challenged are urology (renal) for which we are the North East and North Central tertiary centres; however pathway referrals are often received late from other providers with breaches resulting. HpB is also a challenged tumour site and we are working with referrers and the service to review and re-structure to reduce the incidence of patients breaching. The trust is currently focussed on achieving compliance by April 2016 with the exception of Renal and HpB, all other tumour sites are on track to deliver this timeline. The trust’s Chief Operating Officer continues to meet weekly with all tumour site leads to ensure the pathways are reviewed, with delays addressed and to ensure we are in a sustainable position to deliver compliance from April 2016.

### Cancer 62 days from screening:

The trust outturned at 85.7% against the 90% standard. Two breaches were recorded in-month, both at the Barnet and Chase Farm sites, the Edgware screening service. There were 3 pathways that breached the standard contributing 1 and two 0.5 breaches. Of the three pathways one was treated at Barnet hospital with the remaining two treated at the Central Middlesex hospital and the St Albans City hospital. Recovery actions include a calculation in relation to the maximum breach tolerance against forecast pathways for quarter 4. February and March 16 data is being fast-track validated to allow calculation of current breaches and performance with daily escalation implemented to ensure the maximum breach tolerance for the quarter is not exceeded.

Report to	Date of meeting	Attachment number
Trust Board	6 <sup>th</sup> April 2016	Paper 9

## INCOME & EXPENDITURE POSITION FEBRUARY 2015/16

### Executive summary

#### Income & Expenditure Position

The bottom line income and expenditure position for February is a deficit of £1.8m which is an adverse variance of £0.1m compared to plan. The position for the year to date is a deficit of £20.7m which is an adverse variance of £11.1m compared to plan. The February position is £0.1m favourable compared to forecast.

#### Capital Expenditure

Capital expenditure for the year to date is £53.9m which is £5.9m below plan. Expenditure in February was £3.4m which is £5.5m below plan. Forecast capital expenditure for the year is £60.0m which is £8.6m less than plan.

#### Cash

Cash balance at the end of February was £17.3m which is £47.5m below plan. This is due to NHS debt for prior year contracts and ongoing underpayment of 15/16 SLAs. The 14/15 outstanding SLAs for the main commissioners have not yet been paid and therefore contribute to the lower than expected cash balance. In addition cash has also been adversely impacted by the GP Lead programme that the Trust is hosting due to payments being made in arrears for GP salaries.

#### Monitor Financial Sustainability Risk Rating (FSRR)

Monitor measures an organisation's overall financial risk on a scale of 1-4 with 4 being the lowest risk and 1 the highest risk. The Trust's rating against the new FSRR for the year to date and forecast for the year is 2.

For the normalised I&E margin metric introduced in September a normalised margin of less than -1% results in a rating of 1 for this metric. A rating of 1 on any metric means the overall financial risk rating cannot exceed 2.

The Trust's normalised I&E margin for the year to date is -2.8% with forecast for the year of -2.2%. The forecast is for a normalised surplus in quarter 4 which would provide the basis for an improved rating in 2016/17.

### Action required

For discussion.
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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  
**Date** 10 March 2016

# **Financial Performance Report February 2016**



# FINANCIAL PERFORMANCE EXECUTIVE SUMMARY

February 2016

Measure	Description	Status	Position	Trend	Variation						
Normalised Net Surplus / (Deficit)	Net income and expenditure excluding profit from fixed asset disposals and fixed asset impairments	<div>R</div>	<p><b>Net surplus/(deficit) in month:</b> Plan (£1.7m), Actual (£1.8m), Variance (£0.1m) <b>adverse</b></p> <p><b>Net surplus/(deficit) YTD:</b> Plan (£11.0m), Actual (£24.7m), Variance (£13.7m) <b>adverse</b></p>		<p><b>NHS Clinical Income excluding TEDD:</b> (£4.7m) adverse YTD, (£2.8m) adverse in-month. This reflects reduced elective and non-elective activity.</p> <p><b>Other Income:</b> (£4.9m) adverse YTD, £1.2m favourable in-month. The YTD adverse variance relates primarily to private patient activity.</p> <p><b>Pay excluding Integration:</b> (£19.1m) adverse YTD, (£2.3m) adverse in-month. Overspending is due to QIPP shortfalls and high agency staffing costs.</p> <p><b>Non-Pay excluding Integration &amp; TEDD:</b> (£8.6m) adverse YTD, (£0.4m) favourable in-month. Key overspends YTD are for clinical supplies, outsourcing and QIPP shortfalls.</p> <p><b>Integration:</b> £4.3m favourable YTD, £0.1m favourable in-month.</p>						
QIPP Savings	Savings against the recurrent QIPP savings plan. The plan includes both cost efficiency or income generation schemes.	<div>R</div>	<p><b>QIPP in month:</b> Plan £4.3m, Actual £5.5m, Variance £1.1m favourable</p> <p><b>QIPP year to date:</b> Plan £43.7m, Actual £35.6m, Variance (£8.2m) <b>adverse</b></p>		<p>The Trust achieved £35.5m QIPP savings for the year to date against a plan of £43.7m giving an adverse variance of £8.2m against plan. Shortfalls are primarily due to unidentified savings targets.</p> <p>YTD Shortfalls are primarily due to unidentified savings targets (£12.8m).</p> <ul style="list-style-type: none"><li>- Reported over performance on <b>efficiency savings schemes</b> £1.8m</li><li>- Reported over performance on <b>Other/Divisional Programmes</b> £2.8m</li></ul>						
Capital Expenditure	Year to date cumulative expenditure in non-current assets.	<div>A</div>	<p><b>CAPEX in month:</b> Plan £8.9m, Actual £3.4m, Variance £5.5m favourable</p> <p><b>CAPEX year to date:</b> Plan £59.9m, Actual £53.9m, Variance £5.9m favourable</p>		<p>Most capital schemes are on track but there are delays to the A&amp;E scheme contract 1. Capital expenditure for the year to date is £53.9m which is £5.9m below plan. Expenditure in February was £3.4m which is £5.5m below plan. Forecast capital expenditure for the year is £60.0m which is £8.6m less than plan.</p>						
Cash	Cash held with the government banking service and in commercial banks.	<div>R</div>	<p><b>Cash flow in month:</b> Plan £1.0m, Actual £8.4m, Variance £7.4m favourable</p> <p><b>Cash balance:</b> Plan £64.7, Actual £17.3m, Variance £47.5m <b>adverse</b></p>		<p>Cash continues to be below the planned level in February due to NHS debt for prior year contracts and ongoing underpayment of 15/16 SLAs. The 14/15 outstanding SLAs for the main commissioners have not yet been paid and therefore contribute to the lower than expected cash balance. In addition cash has also been adversely impacted by the GP Lead programme that that the Trust is hosting due to payments being made in arrears for GP salaries.</p>						
Monitor Financial Sustainability Risk Rating (FSRR)	Monitor measures an organisations financial risk on a scale of 1-4 with 4 being the lowest risk and 1 the highest risk.	<div>R</div>		2014/15			2015/16 Actual / Forecast				Monitor has ammended its financial risk rating regime from September 2015. The key change is that Trust's with a Normalised I&E margin of less than -1% are rated as 1 for this metric. A rating of 1 on any metric means the overall rating cannot exceed 2.
				Q2	Q3	Q4	Q1	Q2	Q3	Q4	
			Capital Service Cover	2	3	3	1	1	1	2	
			Liquidity	4	4	4	4	4	4	4	
			Normalised I&E Margin				1	1	1	1	
			I&E Margin Plan Variance				2	2	2	2	
			Overall	3	4	4	2	2	2	2	

Report to	Date of meeting	Attachment number
Trust Board	6 April 2016	Paper 10

## STRATEGY AND INVESTMENT COMMITTEE REPORT

### Executive summary

The Strategy and Investment Committee (S&I) met on 10 March 2016.

The key issues discussed were:

- ratification of the actions and decisions from the meeting in seminar on 11 February;
- the board assurance framework;
- feedback from the recent visit to Intermountain and consideration of how their improvement methodology could practically inform the trust's own quality improvement model; and
- the group model, prospective governance arrangements and the immediate next steps for its development.

### Action required

To note.

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	
5. A strong organisation for the future – to strengthen the organisation for the future	

### CQC Regulations supported by this paper

Regulation 12	Statement of purpose
Regulation 13	Financial position

### Equality impact assessment

No identified negative impact on equality and diversity

**Report From** Dominic Dodd, chairman  
**Author(s)** Tom Snowdon, planning manager  
**Date** 14 March 2016

Report to	Date of meeting	Attachment number
Trust Board	6 April 2016	Paper 11

## FINANCE AND PERFORMANCE COMMITTEE REPORT

### Executive summary

This report is to inform the board of the matters discussed at the finance and performance committee held on 21 March 2016.

- The committee considered the financial position as at Month 11, noting the key points as outlined in the financial performance report provided to the board (Paper 9).

It also received an update on the budget setting process, which included a high level revenue budget for 2016/17. It was agreed that a range of financial scenarios would be put to the trust board for consideration at the April board meeting as part of their approval of the final high level budget for submission to Monitor.

It was also noted that the 2016/17 position as currently stated was high risk and potentially unachievable. A financial improvement plan was being prepared.

- The committee received a paper on the trust's self-assessment against the Monitor agency staff reduction self-assessment tool, and took assurance that this issue was receiving the necessary executive oversight on a regular basis.
- The committee reviewed the latest QIPP delivery update 2015/16 and planning update 2016/17. At the end of Month 11, actual QIPP delivery was £35.6m which was a shortfall of £8.2m against the plan of £43.7m. The annual forecast QIPP position had improved from £38.8m to £40.0m.
- The committee discussed the Monitor risk assessment framework, in particular the trust's performance in relation to cancer 62 days from GP referral and cancer 62 days from screening service referral. The chair suggested that it would be useful if the framework could show the trust's performance trajectory. The head of performance agreed to include a column in future reports showing the current position compared to the previous month's position.
- The committee received the regular capital expenditure report. It noted the inclusion of a section on the apportionment of contingency funding within each of the capital programme budgets. At the request of the committee, the assistant director of capital and estates - capital programming agreed to build on this by including in future reports a dashboard showing how financial performance had fared against each of the schemes.

It was noted that the capital programme for 2016/17 would be taken to the April committee.

**Action required**

The board is asked to note the feedback from the committee

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

Regulation 20*	Duty of candour	
Regulation 20A*	Requirement as to display of performance assessments	
<b>Care Quality Commission (Registration) Regulations 2009 (Part 4)</b>		
Regulation 13	Financial position	

**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

**Report From**  
**Author(s)**  
**Date**

Dean Finch, non-executive director and chair of the committee  
Veronica Jackson, committee secretary  
22 March 2016