Agenda item: 10
Enclosure no: TB2018/054

Safe & compassionate care, every time

Buckinghamshire Healthcare NHS Trust

PUBLIC BOARD MEETING
WEDNESDAY 30TH MAY 2018

Details of the Paper

Title	Integrated Performance Report
Responsible Director	Natalie Fox, Chief Operating Officer
Purpose of the paper	To present to the board the integrated performance report for April 2018
Action / decision required (e.g., approve, support, endorse)	To not the report and review the relevant exception reports

IMPLICATIONS AND ISSUES TO WHICH THE PAPER RELATES (PLEASE MARK IN BOLD)					
Patient Quality	***Financial Performance***	***Operational Performance***	***Strategy***	***Workforce performance***	*New or elevated risk*
Legal	***Regulatory/ Compliance***	***Public Engagement /Reputation***	***Equality & Diversity***	***Partnership Working***	*Information Technology / Property Services*

ANNUAL OBJECTIVE

Which Strategic Objective/s does this paper link to?

High Quality Care, safe and compassionate care in patient's home in the community or one of our hospitals.

Please summarise the potential benefit or value arising from this paper:

RISK

Are there any specific risks associated with this paper? If so, please summarise here.	*Non-Financial Risk*: Operational Performance against our emergency access standards, referral to treatment and our 62 day cancer standard. Infection Control risks with C. Difficile.
	Financial Risk: Delivering of statutory financial requirements.

LINK TO CARE QUALITY COMMISSION ESSENTIAL STANDARDS OF SAFETY AND QUALITY

Which CQC standard/s does this paper relate to?	Quality, Safety, Effective, Responsive and Well-led *(if you need advice on completing this box please contact the Director for Governance)*

Author of paper: Natalie Fox, Chief Operating Officer
Presenter of Paper: Natalie Fox, Chief Operating Officer
Other committees / groups where this paper / item has been considered:
Date of Paper: 22/05/2018

Executive summary

This summary outlines the operational performance of the Trust for the month of April 2018 and identifies key successes and risks for the organisation in its agreed operational indicators against People, Quality and Money.

Emerging/Emerging Risks

Pressures on the urgent care pathway have continued during the month of April. Performance continues to slowly improve driven by increased clinical streaming, changes to the management of the site and flow.

The 62 day cancer standard has reduced for the second consecutive month. Support has been enhanced for the urological cancer pathway and the board should note the steps outlined in the exception report to facilitate improvement in this standard.

RTT Open Pathway performance deteriorated - from 90.4% in February to 87.9% in March. Mainly attributed to an increase in the backlogs for T&O and Ophthalmology, both adult and paediatric and winter pressures.

Quality

Laboratory typing has demonstrated that there is no link between the C. Difficile cases which are sporadic. Nevertheless, strenuous effort has gone into refreshing the key areas of cleaning, cultural approach and antimicrobial stewardship which is reviewed weekly.

Overall complaints response 17/18 was 85%, however the response rate has been variable over the last 3 months. Focus over the next quarter is to sustain the 85% position.

We have secured an IT platform to capture our patient voice more effectively to influence and focus improvements in care.

We have had no healthcare acquired grade3/4 pressure damage in April.

Workforce

Ensuring that we are a great place to work, where our people have the right skills and values to deliver excellence in care is our key people objective, risks to the delivery of this is the number of nurse vacancies; whilst there has been a reduction in the nurse vacancy rate in M1 (to 16.3%), this is above our target of 12%. With vacancies being the main driver of temporary staffing.

Finance

The £0.9m deficit is in line with plan at month 1. Agency spend is up £0.1m on previous month, £0.15m above agency cap in the month. If run rate continues Trust will breach the agency cap for 18/19. CIP delivery in month £0.2m (£20m for year required / £1.7m required on average each remaining month. £3.5m cash draw down required in May in the form of loan repayable in May 2021.

Improved Metrics	Deteriorated Metrics
Temp spend from 12.9% of the total payroll in March to just 10.7% in April.	CDiff cases rose substantially from 3 in March to 8 in April
Patients over 12 hours in A&E slightly down from 590 in March to 578 in April	The CIP delivery was low in April at 21%
Ambulance handovers down from 149 in March to 60 in April.	Cancer performance - 104 days waits increased from six to nine

Trust integrated operational floodlight report – April 2018

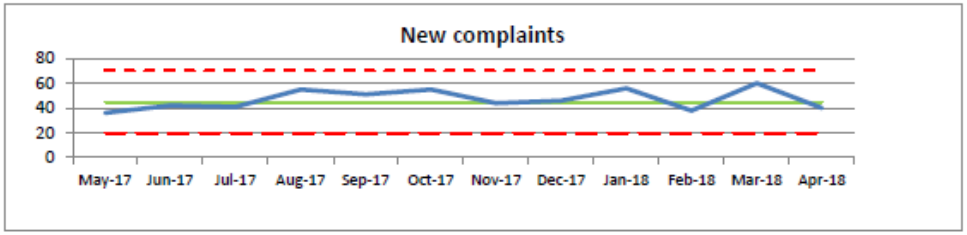
CQC RATING			REQUIRES IMPROVEMENT		
QUALITY					
HSMR	87.8 Feb17 to Jan18	↓	SHMI	0.96 Oct16 to Sep17	↑
A&E - 4 hour target	85.9% Apr-18	↑	A&E - 12 hour trolley waits	0 Apr-18	→
Cancer - 104 days wait	9 Mar-18	↓	Cancer - 62 days (first treatment - 2ww)	77.9% Mar-18	↓
CDiff	8 Apr-18	↓	MRSA Bacteraemia	0 Apr-18	→
Never Events	3 Apr-18	↓	% Harm Free Care	92.6% Apr-18	↑
Falls (causing severe harm)	0 Apr-18	→	Medication errors (with severe harm)	0 Apr-18	→
Avoidable pressure ulcers (3/4)	0 Apr-18	↑	Mixed sex breaches	0 Apr-18	→
Trust acquired thrombosis	not currently available		Outstanding patient safety alerts	0 Apr-18	→
RTT - Open Pathways	87.9% Mar-18	↓	RTT - 52 week waits	0 Mar-18	→
Statutory Training	88% Apr-18	→	FFT % positive (inpatients)	97.1% Apr-18	↑
Complaints - response in 25 days	77% Mar-18	↑	Complaints - response o/s > 90 days	15 Apr-18	↑
EFFICIENCY					
Delayed transfer of care (DTOC)	3.7% Mar-18	↑	Theatre Utilisation	82.5% Apr-18	↓
SMH - Medical length of stay (days)	7.7 Apr-18	↓	CAT activity (appointments)	113 Apr-18	↓
% staff temporary spend	10.7% Apr-18	↑	Shifts breaching Agency Cap	760 Apr-18	↓
CIP Plan delivered	21% Apr-18	↓	Overall Finance Score (as per NHSI)	3 Feb-18	→
Clinical Coding within target	90% Mar-18	↓			
PEOPLE					
Sickness rate (Trust overall)	3.7% Mar-18	↑	Appraisals completed (Trust overall)	79% Apr-18	↓
Nursing vacancy rate	16.3% Apr-18	↑	Staff Turnover	16.1% Apr-18	↓
Staff FFT (recommend place to work)	61% Jan18 to Mar18	↑	Go Engage	not currently available	

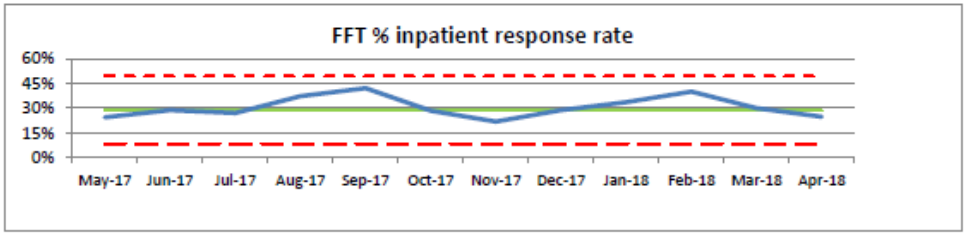
Quality: patient experience

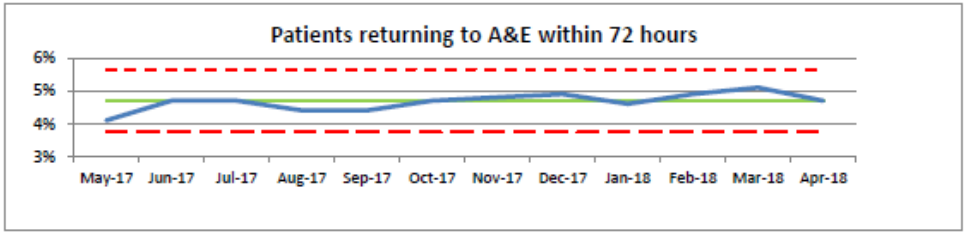
PATIENT EXPERIENCE - LEADING INDICATORS (SPC)

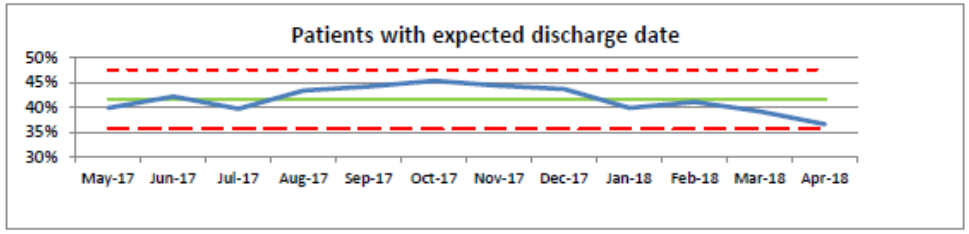
Lead - Quality Committee

Information derived from internal sources









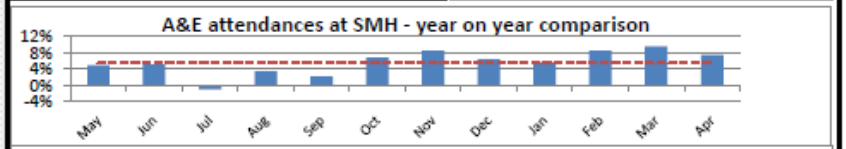
Pharmacy TTO

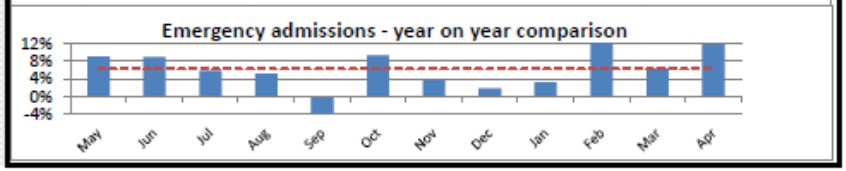
Currently in development

PATIENT EXPERIENCE - TREND INDICATORS

Information derived from internal sources

Diagnostic waits - patient seen within six weeks	This period 100.0% Mar-18	100% 98% 96%
Outpatient appointment disruption	This period 19.3% Apr-18	20% 15% 10%
Outpatient letters to GP within 14 days	This period 65% Apr-18	80% 65% 50%
Elective operations cancelled on the day	This period 19 Apr-18	70 40 10
Friends and Family - % positive (Maternity)	This period 98.1% Apr-18	100% 90% 80%
Friends and Family - % positive (A&E)	This period 85.8% Apr-18	100% 80% 60%
Patients over 12 hours in A&E	This period 578 Apr-18	700 400 100
Cancer - two week wait for first appointment	This period 93.8% Mar-18	100% 95% 90%
Cancer - 31 days to treatment	This period 96.0% Mar-18	100% 95% 90%
Cancer Screening - 62 days to treatment	This period 100.0% Mar-18	100% 90% 80%





Quality: patient experience

Accolades

11,589 compliments collected in 2017/18

In 2018/19 the compliments team will collate data in a different way to give us more insight into this rich resource of patient experience. We will be able to provide a breakdown of division, location, specific staff members and the kinds of things that our patients proactively contact us to tell us that they appreciated.

Complaints

- Over 90 day cases down from 22 to 15
- 77% response rate on 25 day cases received in March 2018 with an improved position forecast for April 2018
- Overall position for 25 day response rate for the year of 2017/18 is 85% meeting the agreed trust target
- Complaints received in April down to 40 against a yearly average of 45. PALS took 270 queries in April.

Activity

13 new patient experience surveys being administered this quarter including;

- Four for Obstetrics and Gynaecology
- Two for Cancer and Haematology
- Two for Respiratory

Key Achievements

1. Refresh and review of current Patient Experience Group (PEG) meeting. Members are supportive of a new way of working to enable the delivery of patient experience across the Trust.
2. Friends and Family Test IT platform pilot approved for twelve months implementation across A&E, Maternity and Community. Procurement process is now underway.
3. Picker Feedback and action planning workshop held in April 2018 following the results of the 2017 National inpatient survey. This has focussed priorities for improving patient experience in our in patient settings.
4. PSUK- Patient Services UK free magazines launched outpatients areas in High Wycombe, Amersham and Mandeville wing as well as A&E waiting areas

Key Priorities

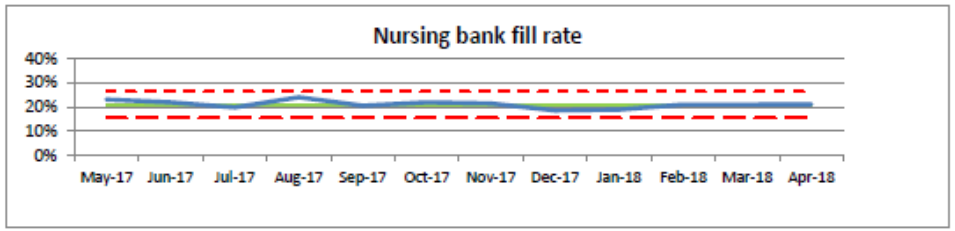
1. Formal launch of the IT platform for Friends and Family Test for maternity, community and A&E.
2. Review the Terms of Reference of the Patient Experience Group and extend group membership to ensure full divisional representation.
3. Patient feedback comments to be grouped and themed and sent to divisions on a monthly basis.
4. Launch the 'On The Spot' enter and view project with Healthwatch Bucks to enable trained volunteers to visit agreed services to obtain patient perspective. First visit due this summer.

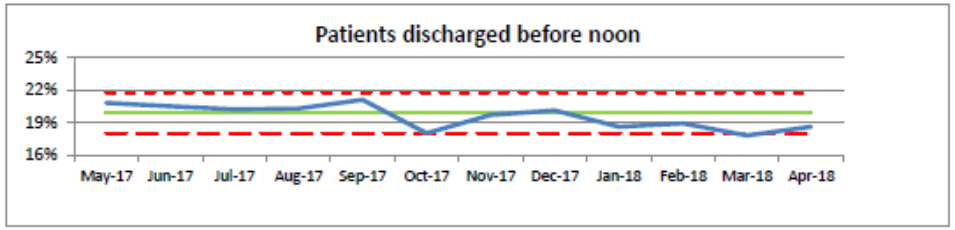
Quality: patient safety

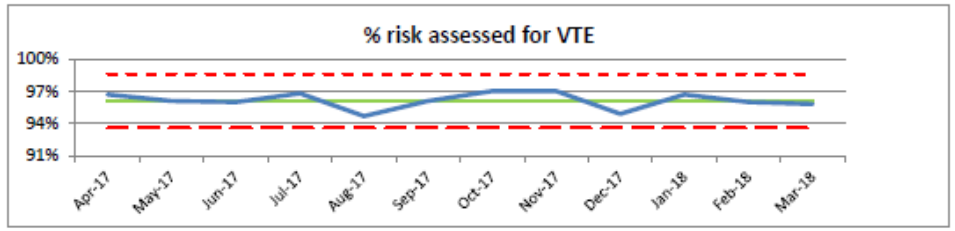
PATIENT SAFETY- LEADING INDICATORS (SPC)

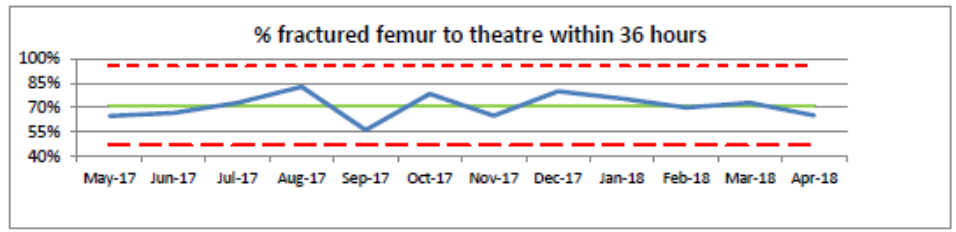
Lead - Quality Committee

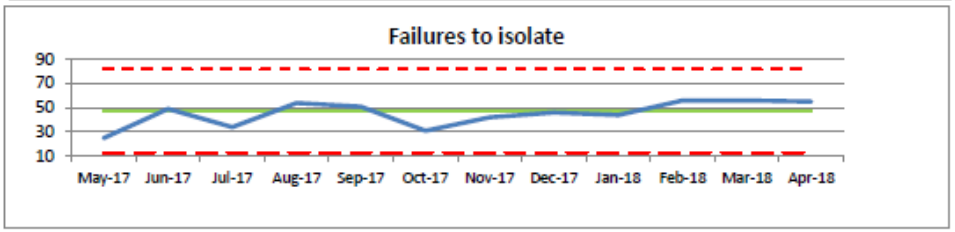
Information derived from internal sources





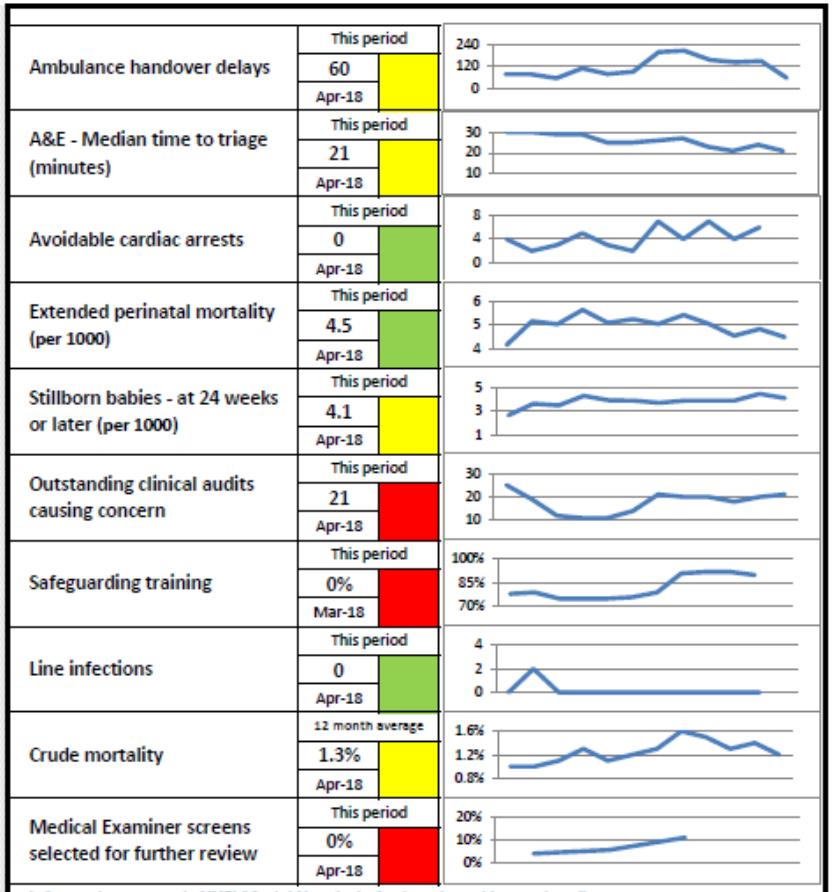




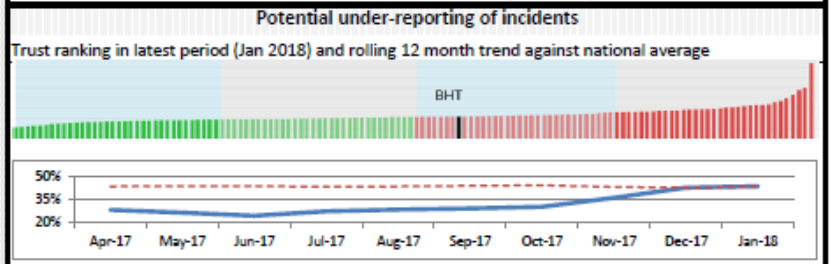


PATIENT SAFETY - TREND INDICATORS

Information derived from internal sources



Information source is NHSI Model Hospital - for benchmarking nationally

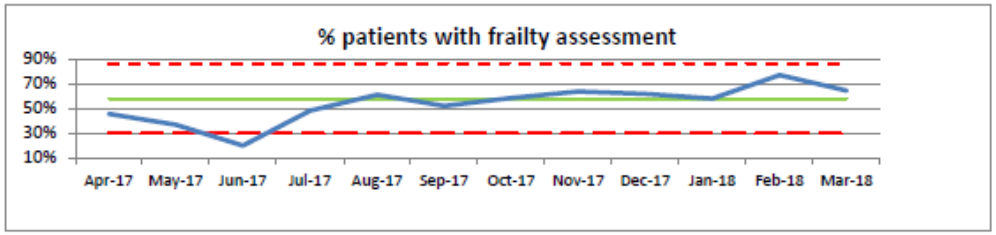


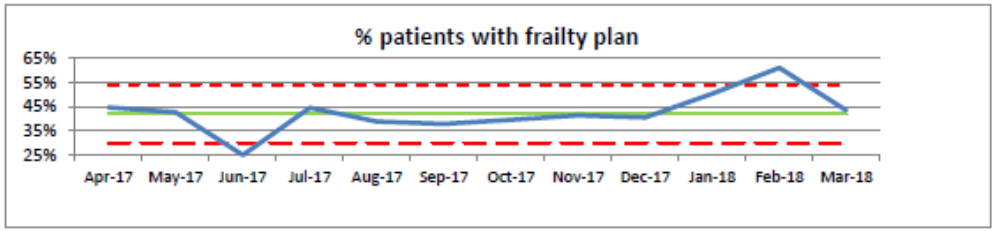
Quality: patient safety

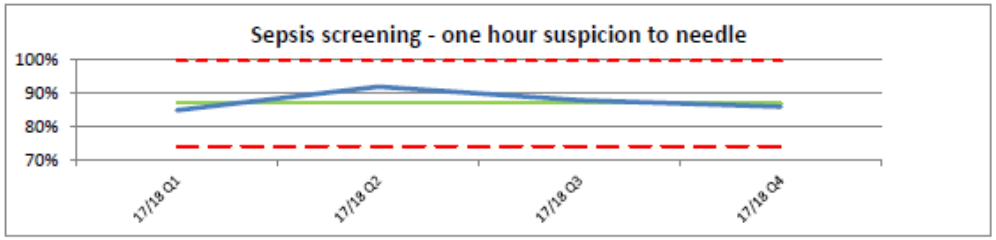
PATIENT SAFETY- LEADING INDICATORS (SPC)

Lead - Quality Committee

Information derived from internal sources

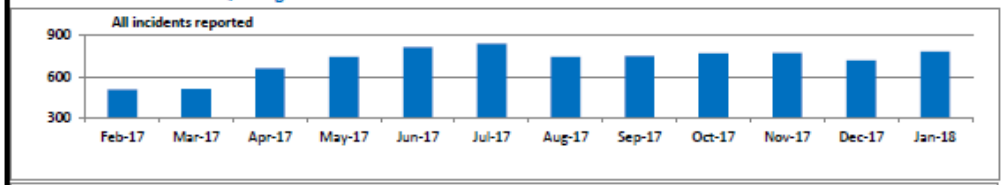


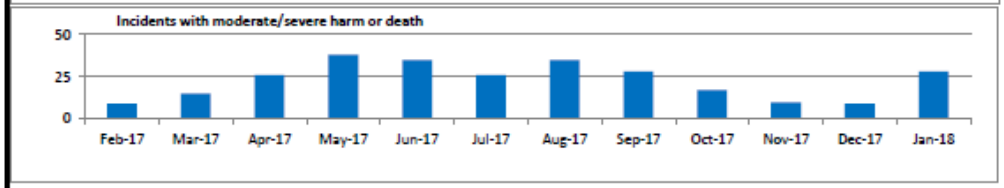




Safety incident reporting

Information source is CQC Insight



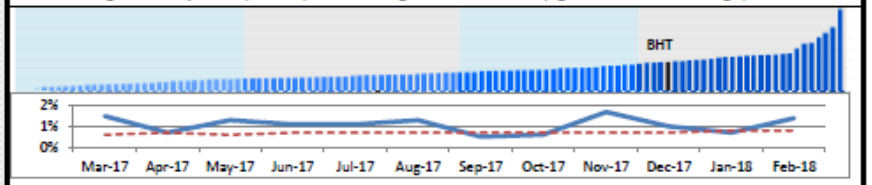


PATIENT SAFETY - TREND INDICATORS

Information source is NHSI Model Hospital - for benchmarking nationally

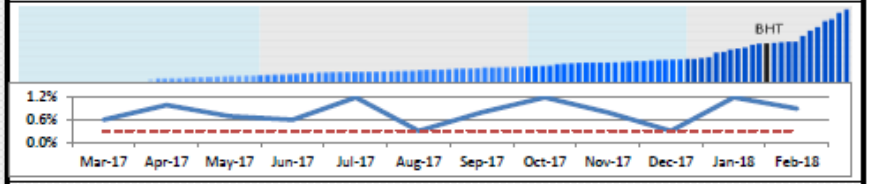
New pressure ulcers per patient

Trust ranking in latest period (Feb 18) - and rolling 12 month trend (against national average)



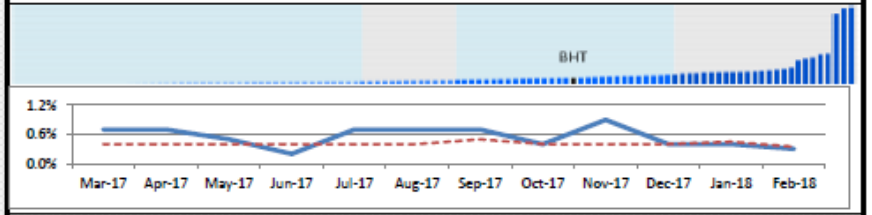
Falls per patient causing harm

Trust ranking in latest period (Feb 18) - and rolling 12 month trend (against national average)

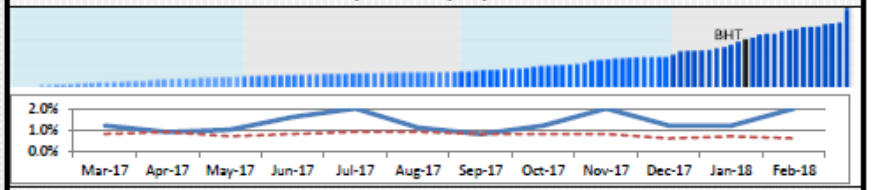


New VTE per patient

Trust ranking in latest period (Feb 18) - and rolling 12 month trend (against national average)

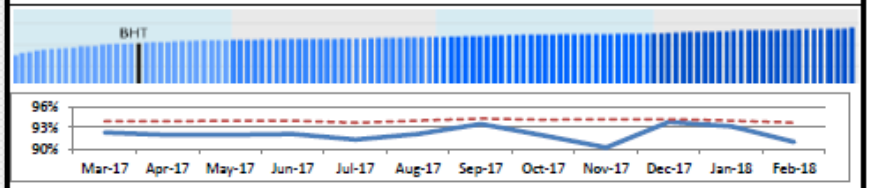


UTI/Catheter per patient



Proportion of patients with harm free care

Trust ranking in latest period (Feb 18) - and rolling 12 month trend (against national average)



Quality: Key Issues and Learning

Key lessons learned and actions from serious incident reports this month

- Improvements to pressure ulcer prevention in A&E, including new trolley mattresses.
- No healthcare acquired grade 3 /4 pressure damage
- Improved awareness of and care for patients admitted to A&E who have a learning disability (involving learning disability nurses).
- Safety netting for patients needing follow up, particularly if students living away from area who have term time GP in another area.

Mortality review and alerts

HSMR and SHMI remain in the 'lower than expected' category, although are rising slightly. Specific alerts from Dr Foster are reviewed by clinicians and are discussed at the Mortality Reduction Group. None have recently shown any high risk issues on detailed review.

The Medical Examiner, mortality review service continues with 81 – 87% of reviews of inpatient deaths completed before the end of the month when the death occurred. Learning so far includes issues around:

- Family discussion and patient choice at the end of life.
- Sepsis recognition- targeted on improvements in sepsis screening and prompt treatment
- Care of the deteriorating patient, vital signs monitoring and early senior medical review
- ME screen- the identification of inherited disease of paramount importance to the on-going care of family members

Service Improvements

Recent Key Achievements and key priorities:

- Introduction of a pilot streamlined GP suspected lung cancer 2-week wait pathway, working with stakeholders including GPs, radiology, and the respiratory team
- 2 staff members have achieved accreditation to teach the Quality, Service Improvement and Redesign (QSIR) programme across the ICS and BOB STP
- Successful delivery of the first Service Improvement training day as part of the Ward Manager's Leadership Programme, in liaison with Jo Atkins and Karen Sobey-Hudson
- Development of an intranet based Service Improvement resource (e.g. LEAN, improvement methodology, tools, case studies, contacts) accessible by all staff
- In liaison with others, development of a strategy and action plan to support the trust ambition to further develop our Improvement Culture

CQC insight (latest published 9th May 2018)

Two indicators showing as Much Better than national average

Sick days for medical and dental staff- [set target 3.5%] (%)	BHT: 1.12% Oct 16 - Sep 17	National 1.13%
Patients spending less than 4 hours in single specialty A&E, target 95 (%)	BHT: 100% Mar 18	National: 98%

Two indicators showing as Much Worse than national average

Patients spending less than 4 hours in major A&E, target 95 (%)	**BHT:** 72.4% Mar 18	National 76.4%
Emergency Laparotomy - proportion with pre-operative documentation of risk of death (%)	BHT: 41.6%* Dec 15 - Nov 16	National: 70.7%

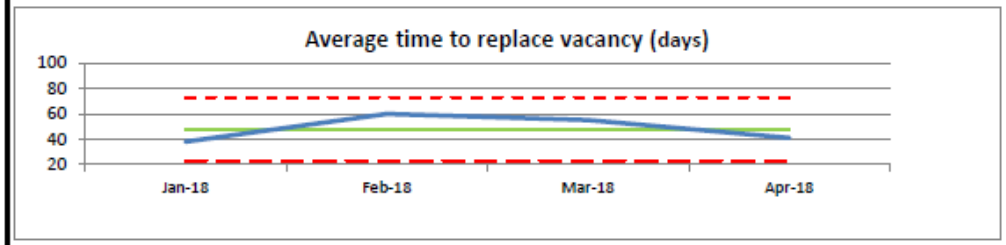
*** Previously reviewed and reported -** The figure is a reflection of poor documentation rather than poor compliance. Issue addressed and should reflect in the 4th annual report.

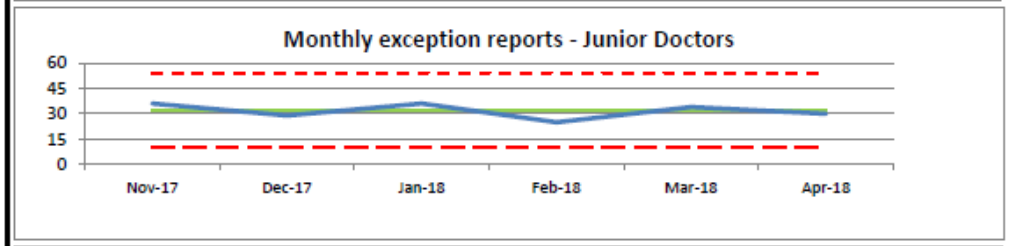
Workforce indicators

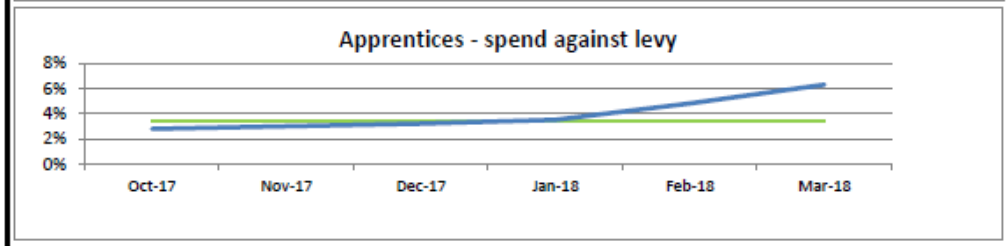
WORKFORCE - LEADING INDICATORS (SPC)

Lead - Workforce Committee

Information derived from internal sources

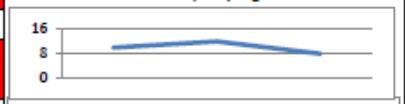






WORKFORCE - TREND INDICATORS

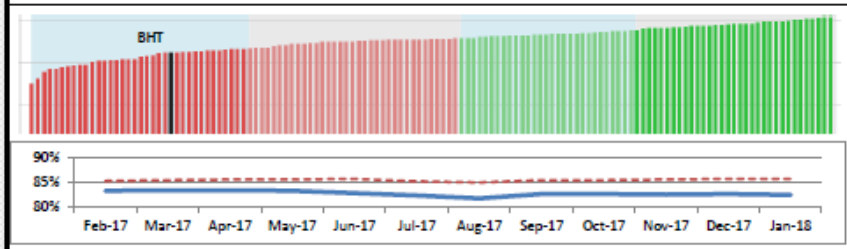
Information derived from internal sources

Staff engagement	This period: 52% (Mar-18)	
Agency staff - spend against plan	This period: 116% (Apr-18)	Trend line will become available as financial year progresses
Wards with > 30% nursing vacancies	This period: 8 (Mar-18)	
Occupational Health referrals for stress	This period: 55.0 (Apr-18)	
Medical locums for longer than one month	This period: 28 (Apr-18)	Trend line not currently available
Apprentices - recruitment against plan	For 2017/18: 76% (17/18 Q4)	Trend line will become available as financial year progresses

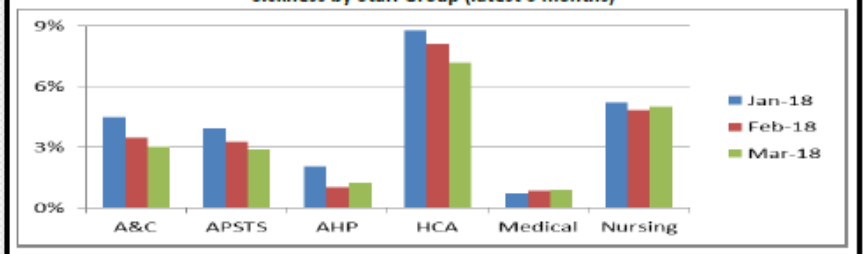
Information source is NHSI Model Hospital - for benchmarking nationally

Staff retention

Trust ranking in latest period (Jan 18) - and rolling 12 month trend (against national average)



Sickness by Staff Group (latest 3 months)



Workforce

Strategic update

Ensuring that we are a great place to work, where our people have the right skills and values to deliver excellence in care is our key people objective.

Exception reports set out the key risks and mitigating actions where delivery of floodlight performance indicators is not meeting target – nurse vacancy rate; turnover levels of all staff and appraisal levels for non-medical staff – where we are below our target. We also continue to monitor metrics currently rated "amber"; statutory training and % of spend on temporary staffing.

The workforce report sets out leading workforce indicators and trends. Although the average time to replace a vacancy is reducing, the Trust recruitment team is working with the service improvement team to review our recruitment processes with the aim of reducing recruitment timescales. Details of the junior doctor exception reports are presented to the Strategic Workforce Committee quarterly by the Trust Guardian of safer working hours.

Quarter 1 sees the start of our new approach to improving staff engagement, with the roll-out of the "Go Engage programme", a staff engagement programme developed by Occupational Psychologists and engagement experts at Wrightington, Wigan and Leigh (WWL - one of the top performing Trusts in the country).

Nurse vacancy rate

A key people risk for the Trust is a shortage of qualified nursing staff; this results in high reliance on temporary staffing (Bank and Agency) which could impact on the quality of patient care and the Trust financial position. As at end M1, the nurse vacancy rate was 16.3%; more than 4% above our target of a 12% vacancy rate. The exception report sets out The key actions in place to mitigate this risk including innovative recruitment, retention including the development of career pathways through using apprenticeships. Particular actions are in place for those areas with nurse vacancy levels higher than 30%.

Spend on agency staffing

We have committed to delivering the NHSI set target of an agency spend for f/y 2018-19 of under £10.471m. Spend in M1 is over plan. Urgent work is therefore underway to bring spend down.

Apprenticeships

Ensuring that we fully utilise our apprenticeship levy to develop our staff is a key people objective for this f/y; our objective is for more than 100 staff to be enrolled in apprenticeships both clinical and non-clinical; an increase from the 70 staff who started apprenticeships in 2017-18.

Communications and engagement

OUTPUTS

Communications and engagement delivered

	This month	Last month
Press releases	1	1
Enquiries dealth with	27	1
Statements	9	1
Social media posts	23	117
Media mentions	1,197	659
Staff bulletin/BHT today	5	4
BHT Connect issued		*not yet available*
Events held	0	3
Events supported	0	1
Projects led	1	1
Projects supported	8	12
FOIs received	0	68

See 'Campaign/ Project updates' and 'Notes on this month'

OUTTAKES

Audience reach

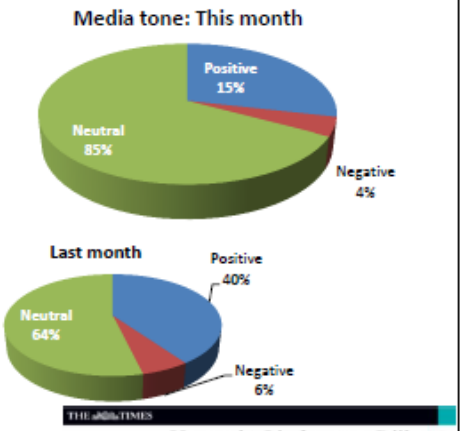
	This month	Last month
Ext. events attendance	0	259
Staff events attendance	43	17
Page views (web and social)	150,122	161,147
People reached	44,379	99,701
Impressions	52,443	193,398

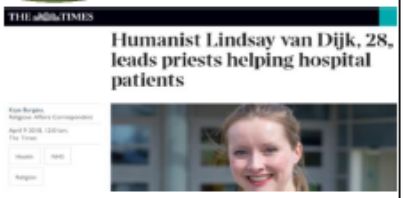
Engagement

	This month	Last month
Click throughs	255	6640
Likes	117	336
Retweets	60	189
New followers	52	55
New members	*not yet available*	

OUTTAKES

Sentiment





Key stories:

Quality

- Campaigner, Ozma Hafiz, hits out at 'absurd' claims there is 'overwhelming support' for controversial health hub scheme
- Bucks Healthcare Trust faces calls for community hospital beds in Thame and Marlow to remain closed, says health boss
- Patient calls for return of beds at the NSIC
- Patients waiting 104 days for cancer treatment
- Reablement service 'good'
- Bucks hospitals join scheme to reduce sales of sugary drinks in bid to tackle obesity

People

- Humanist Lindsay van Dijk leads priests helping hospital patients
- Prestigious award for health chief Hattie Llewelyn-Davies

Money

- Cut disposable cups - Trust bought more than 2m disposable cups in 2017
- £6 million invested into Stoke Mandeville A&E improvements

What people are saying about BHT:

Joe Harrison on Twitter:

Thank you to the stroke service @BucksHealthcare for great care for a v close family member. This weekend a reminder to hug your family tight & don't sweat the small stuff

Outcomes

	This month	Last month
% patients feel listened to	*not yet available*	
% staff feel supported	*not yet available*	
FOI compliance	*not yet available*	

Additional stats from forthcoming perception surveys

Campaign/Project updates

NHS70:

- 4 nominations for Windrush Awards
- Planning underway for open day and AGM on 28 July
- Compiling overall plan using national materials for social media campaigns, community tea parties and story sharing

Community Hubs:

- HASC meeting
- Evaluation report
- Summary film

Key projects:

- Warm welcome
- Daily bulletin launch
- 24/7 launch
- Discharge planning workshop
- Podiatry involvement evaluation report
- PLACE inspections

Notes on this month

- A large proportion of media coverage (38 pieces) resulted from a Times interview we organised with the new lead chaplain

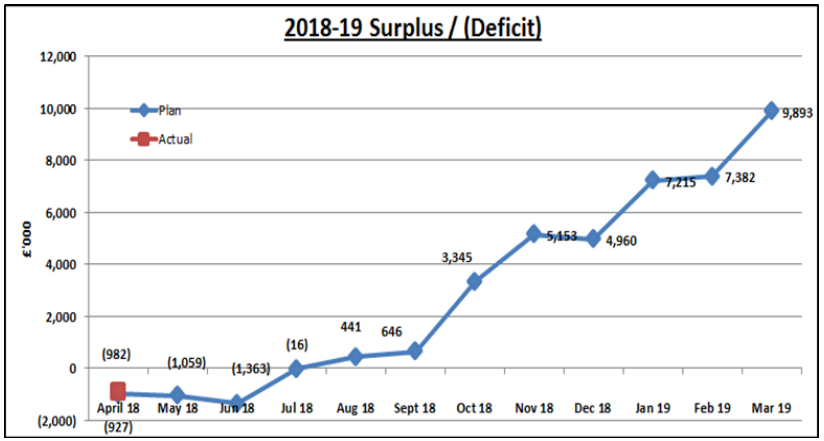
Performance against KPIs - Quarterly

	Baseline	Target	QTD
20% increase in digital engagement*	1,815	2,178	605
10% increase in participation	186	205	0
7% increase - staff agree senior manager communication is effective	*not yet available*		
Increase % of staff recommending Trust to friends and family	*not yet available*		

Additional KPIs to be tracked through perception surveys

*no. of times user interacted with our tweets, Facebook or blog posts or BHT Connect articles

Finance: income and expenditure



Expense Type	Monthly Actuals	Variance	YTD Actuals	Variance	Forecast	Variance
Contract Income	32,002	- 199	32,002	- 199	382,566	-
STF Income	597	-	597	-	11,938	-
Other Income	2,504	- 344	2,504	- 344	37,780	-
Total Income	35,103	- 543	35,103	- 543	432,284	-
Total Pay	- 21,258	- 52	- 21,258	- 52	- 251,149	-
Total Non Pay	- 12,715	315	- 12,715	315	- 142,526	-
TOTAL EBITDA	1,131	- 280	1,131	- 280	38,609	-
Total Other Adjustments	- 2,058	335	- 2,058	335	- 28,716	-
TOTAL	- 927	55	- 927	55	9,893	-

Income

- Income is £0.5m behind plan at month 1. Variance against plan includes Contract Income, £0.2m behind plan and income CIPS, £0.3m
- At month 1, contract income assumes plan with the exception of NCA income, and no slam items including CDF drugs and Hep C.
- The 18-19 Income CIP target is £6.9m. This target has been allocated at divisional level but has not been allocated to individual cost centre budgets or income types. This will be actioned over the next couple of months as the CIP project initiation documents are approved.
- 2018-19 plans include a £2.1m contract risk reserve phased over the first six months of the year
- Income Risks – Key risks relating to pay include:
  - Delivery of Income CIP schemes
  - Delivery of 17-18 CIP plans including delivery of increased private Patient targets
  - Income risk from final 17-18 outturn position
  - Receipt of STF funding

Pay

- Pay is £0.1m behind plan at month 1. Key pressure areas include costs to meet operational targets and agency usage in Anaesthetics within the Surgery & Critical Care Division Agency and Locum Medical staff usage within the Integrated Medicine (Emergency and Acute Medicine).
- The month 1 pay position includes a £66k accrual for the estimated Easter bank holiday enhancements that will be payable in May. Substantive pay costs have also been increased by 1% to align actuals to the 18-19 budgets set which included 1% for the potential pay award. The actual impact will be re-calculated once the unions have voted and national agreement is reached.
- Pay Risks – Key risks relating to pay include:
  - Delivery of pay CIP schemes
  - Agency usage controls
  - Costs of delivering operational targets
  - 18-19 Agency inflation costs

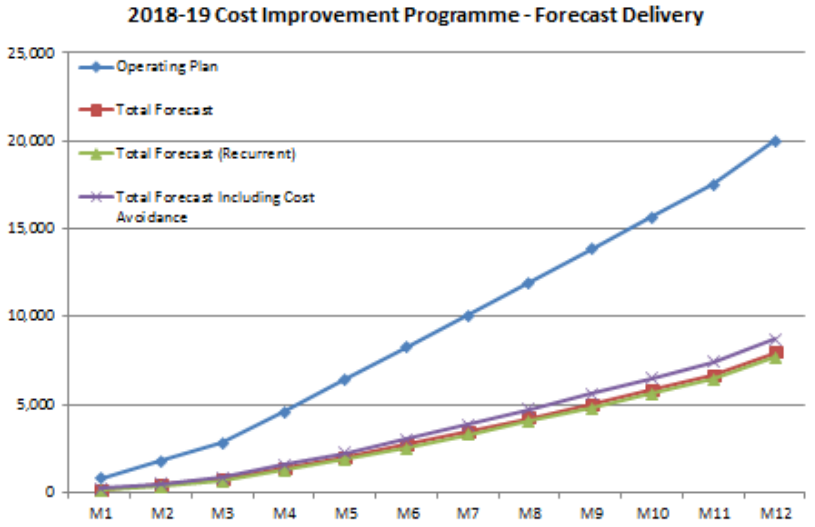
Non Pay

- Non Pay is £0.5m favourable to plan at month 1. Key reasons for this include favourable variances against miscellaneous, non pay reserves and interest paid and PDC dividend.
- The 18-19 Non Pay CIP target is £6.5m. This target has been allocated at divisional level but has not been allocated to individual cost centre budgets or expense categories. This will be actioned over the next couple of months as the CIP project initiation documents are approved.
- Non Pay Risks – Key risks relating to pay include:
  - Delivery of Non Pay CIP schemes
  - Costs of delivering operational targets
- PBR Excluded drugs total £3.0m for the month, £0.1m favourable to plan.
- PBR excluded drugs I&E budgets are phased based on an historical usage percentage as requested by the Pharmacy Department.

Finance: Savings and Transformation

Headlines: savings

- £126k recurrent savings delivered in month 1, a recurrent shortfall of £674k against plan, off-set by reserves and non-recurrent schemes
- £2.4m CIP schemes identified as 'green' with a further £5.6m requiring implementation plans. Of this £253k is non-recurrent
- Overall, a shortfall of £12m savings to be developed with reserves fully applied in months 1 and 2; savings plans are back-ended increasing the level of risk
- An Interim Transformation Director has been recruited to support the development and implementation of transformational priorities



Areas of focus for transformation/bridge the gap

- Estates – rate of return on asset base
- Medical pay and productivity
- Nursing agency
- Quality – efficiency and productivity
- Private patients
- Repatriation
- MSK
- Back office

Actions to address current performance

- Increased focus on implementation planning
- Revised governance and operational approach
- Clarity of roles with improved clinical leadership and involvement
- Re-establish control centres, with savings schemes allocated at Divisional level
- Communications programme led by CEO
- PMO recruitment taking place to support coaching and reporting

Finance: business performance

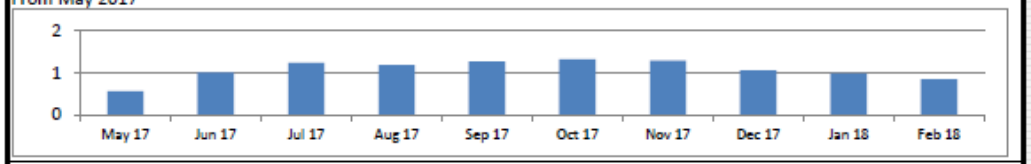
USE OF RESOURCES - TREND INDICATORS

Lead - Finance and Business Performance Committee

ıation source is NHSI Model Hospital - for benchmarking nationally

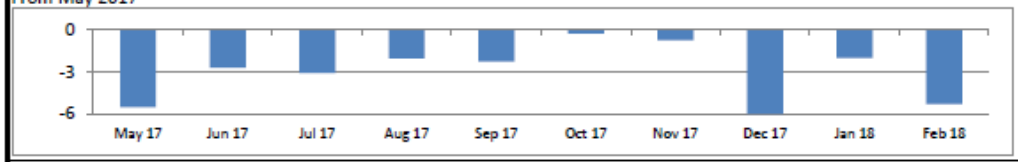
CAPITAL SERVICE CAPACITY

From May 2017



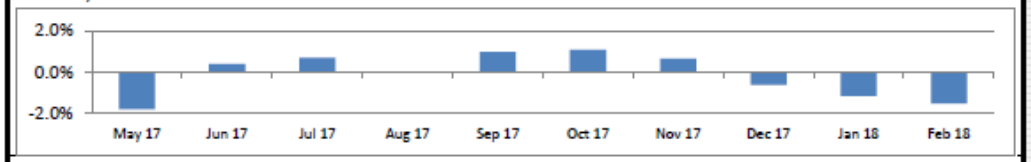
LIQUIDITY (days)

From May 2017



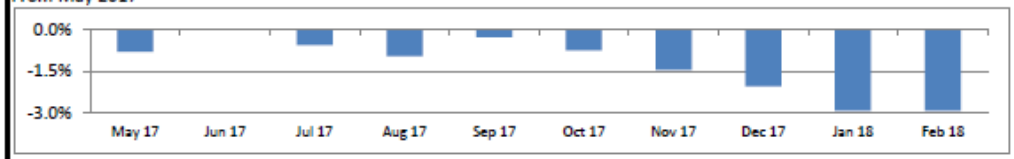
I&E MARGIN

From May 2017



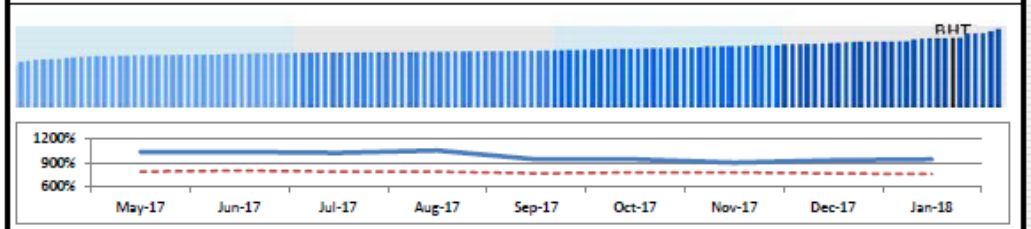
DISTANCE FROM FINANCIAL PLAN

From May 2017



NURSING CARE HOURS PER PATIENT DAY

Trust ranking in latest period (Jan 2018) and rolling 12 month trend against national average



USE OF RESOURCES - TREND INDICATORS

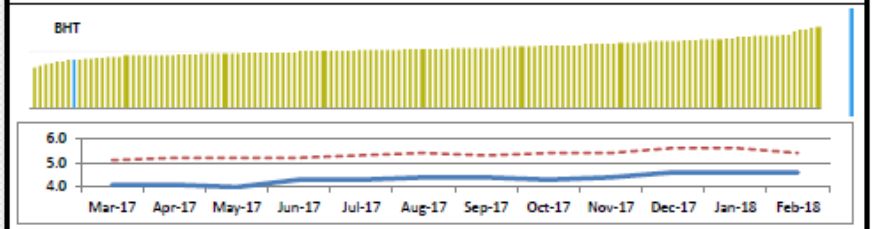
Information derived from internal sources

Outpatient appointments - cashing up	This period 95.0% Apr-18	
Outpatient appointments - DNA's	This period 5.4% Apr-18	
Job Plans completed	This period 58% Apr-18	
Impact of non compliance with Best Practice Tariff (potential lost income)	This period £65K Mar-18	
LoS > 21 days - patients in acute hospitals	This period 115 Apr-18	
LoS > 21 days - patients in community hospitals	This period 34 Apr-18	
Temporary shifts requested	This period 6,380 Apr-18	
Receipts without a purchase order	This period 422 Apr-18	
GP referrals	This period 9,827 Apr-18	

Information derived from CHKS

AVERAGE DIAGNOSES PER CODED EPISODE

Trust ranking in latest period (Feb 2018) and rolling 12 month trend against national average



Finance: capital and cash

CAPITAL PROGRAMME

	PLAN	ACTUAL M1	FORECAST	VARIANCE
	£000's	£000's	£000's	£000's
PROPERTY SERVICES	**13,962**	**3,663**	**12,645**	**1,317**
PFI Lifecycle	4,049	3,635	4,049	-
A&E Phase III	4,172	-	4,172	-
Theatre Infrastructure	4,000	-	2,500	1,500
SM Site HV/LV Systems Upgrade	520	-	520	-
CAFM	60	-	-	60
Lifts	37	-	-	37
Innovation Hub	707	-	707	-
SALT Remodelling	-	-	12	- 12
Car Park Rectification	-	-	30	- 30
Capital Project Pay Costs	-	28	168	- 168
A&E Shute System	-	-	70	- 70
Upper Limb Lab	417	-	417	-
INFORMATION TECHNOLOGY	**899**	**70**	**1,264**	**- 365**
Anti Virus	325	-	335	- 10
Medisoft (Ophthalmology EPR)	175	12	175	-
Web Appliances	130	-	-	130
Single Sign On (SSO)	92	6	92	-
Evolve and e-forms BS10008	66	10	66	-
Cyber Security	66	8	66	-
Infrastructure	45	-	45	-
PAS	-	20	234	- 234
Blood Trac Solution	-	-	223	- 223
Electronic Reporting	-	14	28	- 28
MEDICAL EQUIPMENT	**755**	**-**	**879**	**- 124**
Scope Washers	172	-	172	-
Dental Equip AGH	-	-	124	- 124
Laparoscopic Camera Holder	17	-	17	-
FEES Equip	18	-	18	-
Donated	548	-	548	-
OTHER	**903**	**24**	**285**	**618**
CMG Salaries	0	24	285	- 285
Balance for Prioritisation	903	0	0	903
TOTAL	**16,519**	**3,757**	**15,073**	**1,446**

Capital Headlines

- **Financing:**

The capital plan is based on annual depreciation of £11.9m of which £3.7m is dedicated to the payment of the PFI loan, finance leases and capital loan repayments. This leaves £8.2m to be utilized on the capital programme. The Trust is anticipating drawing down the remainder of its capital loan of £2.5m, to be used on Theatres and relive pressure elsewhere in the Capital Programme when available. The Trust is estimating that a further £1m will be funded through donations which is consistent with previous years.

- **Programme:**
- The PFI lifecycle repayment has increased by £2.3m in the current financial year. This has exerted a significant strain on the capital programme.
- It is expected that the Theatres project will slip across years which is creating the expected underspend.
- The total capital programme at this stage is being managed as a reactive programme pending securing additional CRL being secured.
- The capital/revenue split of staff charges are being reviewed

Cash Summary

	April Actual	May Forecast	June Forecast	July Forecast
	£'000s	£'000s	£'000s	£'000s
Opening Balance	1,940	1,977	2,014	2,005
Receipts	34,443	36,375	34,363	34,193
Payments				
Payroll	- 21,137	- 21,000	- 21,534	- 21,713
Creditors	- 13,269	- 18,838	- 12,838	- 12,438
Borrowings	-	3,500	-	-
Closing Balance	**1,977**	**2,014**	**2,005**	**2,047**

Cash Headlines

- The Trust applied for £3.5m of cash support due to the payment of lifecycle costs in May. This was approved on the basis of deficit funding support and the receipt of Sustainability and Transformation funding in arrears. The Trust has been advised that when the organisation returns a surplus repayment of the amount, or part thereof, will be due.
- Working capital management continues to be an issue for the organisation and it is seen as vital that the high level of income accruals are translated into invoices and subsequently cash payments.
- Continuing on the cash forecast trajectory the Trust will not be able to maintain its required £1.92m minimum cash balance by the end of September when the loan and PDC payments are due.
- CIP delivery must be cash releasing

Finance: departmental performance

Expense Type	Monthly Actuals	Variance	YTD Actuals	Variance	Forecast	Variance
Integrated Elderly Care	- 2,739	45	- 2,739	45	- 32,302	-
Integrated Medicine	- 6,617	- 224	- 6,617	- 224	- 71,960	-
Specialist Services	- 5,514	89	- 5,514	89	- 61,695	-
Surgery And Critical Care	- 7,101	- 133	- 7,101	- 133	- 79,529	-
Women & Children	- 3,698	- 29	- 3,698	- 29	- 42,041	-
Chief Executive	- 190	5	- 190	5	- 2,272	-
Chief Operating Off-Management	- 151	- 26	- 151	- 26	- 1,467	-
Corporate Services	61	- 67	61	- 67	1,450	-
Property Services	- 3,808	- 101	- 3,808	- 101	- 43,837	-
Finance Directorate	- 1,244	- 17	- 1,244	- 17	- 14,346	-
Human Resources	205	20	205	20	2,440	-
Medical Director	- 3	3	- 3	3	- 52	-
Nursing Director	- 1,439	- 71	- 1,439	- 71	- 16,315	-
Pdc And Depreciation	- 1,372	- 61	- 1,372	- 61	- 15,729	-
Strategy And Business Dev.	- 28	- 55	- 28	- 55	347	-
Contract Income	32,599	- 199	32,599	- 199	394,504	-
Provisions	-	763	-	763	- 7,301	-
Donated Asset Reporting Adj	111	111	111	111	-	-
Total	**- 927**	**55**	**- 927**	**55**	**9,893**	**-**

Debtor / Creditor Balances

Data will be available for June Board

PSPP

Row Labels	Sum of Gross	Count of Pass/Fail	% Value	% Count
NHS	2,202,809	61		
FAIL	155,783	33	7.07	54.10
PASS	2,047,027	28	92.93	45.90
Non NHS	12,240,876	4,220		
FAIL	2,078,579	1,873	16.98	44.38
PASS	10,162,297	2,347	83.02	55.62
Grand Total	14,443,685	4,281		

Pay by Division

	Monthly Actuals	Variance	YTD Actuals	Variance	Forecast	Variance
Integrated Elderly Care	2,593	101	2,593	101	31,964	-
Integrated Medicine	4,358	- 112	4,358	- 112	50,360	-
Specialist Services	3,511	45	3,511	45	42,067	-
Surgery And Critical Care	5,376	- 164	5,376	- 164	61,734	-
Women & Children	3,227	53	3,227	53	38,927	-
Property Services	275	- 8	275	- 8	2,808	-
Corporate	1,919	- 7	1,919	- 7	22,662	-
Provisions	-	40	-	40	628	-
Total	21,258	- 52	21,258	- 52	251,149	-

NHS
Buckinghamshire Healthcare
NHS Trust

NHS
Buckinghamshire Healthcare
NHS Trust

Month in numbers
May 2018 with April 2018 data

A&E attendances
12,184
April 2018
The number of people arriving in A&E is higher than in April 2017 when it was 11,704

Emergency admissions
2,765
April 2018
The number of patients admitted to a hospital bed is higher than the April 2017 figure of 2,446

Planned procedures
4,661 April 2018
(4,246 – April 2017)
The number of elective day case and elective inpatient procedures carried out in April 2018

A&E patients seen within 4 hour target
85.9%
Percentage of A&E patients seen within 4 hour national target in April 2018 (90.8% April 2017)

Outpatients contacts
41,011
The number of patients receiving treatment in an outpatient clinic in April 2018 (36,616 April 17)

Crude mortality
1.3%
The number of deaths during **April 2018** expressed as a percentage of the number of admissions
(1.2% April 2017)

HSMR 90.4
(Feb 17–Jan 18)

In patient falls
87 – April 2018
(96 - April 2017)
We monitor the number of in patient falls and grade the severity of harm each month

Cardiac arrests
4 - April 2018
(1 - April 2017)
We are committed to achieving the elimination of all avoidable cardiac arrests

Pressure ulcers
0 grade 3 & 4
33 grade 2
April 2018
We monitor the number of pressure ulcers acquired each month and grade the severity

Friends & family approval rating
94% April 2018
Percentage of patients who would be likely or extremely likely to recommend our services to their friends & family in April 2018

Complaints responded to
85%
March 2018 - one month in arrears

Training modules delivered
9,133
Number of staff training modules delivered by our learning and education team in April 2018

Joiners total: 91
Nursing 28
Clinicians 9
Health care assistants 11
Administrative 17 Support 6
Allied health professional 20

Leavers total: 105

Number of staff who joined the Trust in April 2018

Please note: arrows show comparison with April 2017 data (figures going up or down) unless stated otherwise and are not intended as an indication of performance

Safe & compassionate care, every time

Agenda item: 11
Enclosure no: TB2018/055

Safe & compassionate care, every time

Buckinghamshire Healthcare NHS Trust

PUBLIC BOARD MEETING
30 MAY 2018

Details of the Paper

Title	Infection Prevention & Control report - April
Responsible Director	Medical Director
Purpose of the paper	To provide the Board with Infection Prevention data for April
Action / decision required (e.g., approve, support, endorse)	For information

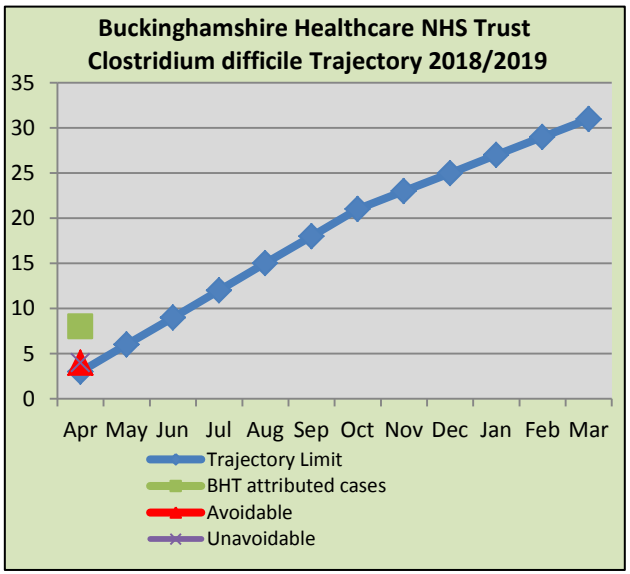
IMPLICATIONS AND ISSUES TO WHICH THE PAPER RELATES (PLEASE MARK IN BOLD)					
Patient Quality	*Financial Performance*	*Operational Performance*	*Strategy*	*Workforce performance*	*New or elevated risk*
Legal	*Regulatory/ Compliance*	*Public Engagement /Reputation*	*Equality & Diversity*	*Partnership Working*	*Information Technology / Property Services*

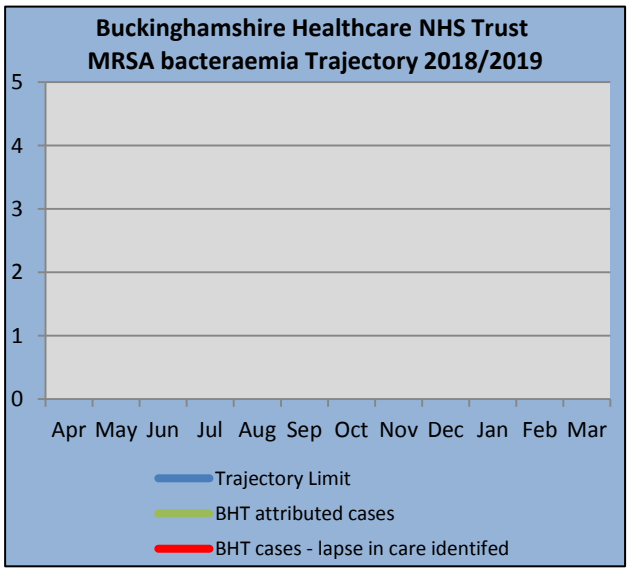
ANNUAL OBJECTIVE	
Which Strategic Objective/s does this paper link to? *Annual HCAI objectives* *MRSA bacteraemia: Zero cases 2018/19* *Clostridium Difficile: 31cases 2018/19*	
Please summarise the potential benefit or value arising from this paper: The report outlines Healthcare Associated Infection data for February	
RISK	
Are there any specific risks associated with this paper? If so, please summarise here.	*Non-Financial Risk*:
	Financial Risk:
LINK TO CARE QUALITY COMMISSION ESSENTIAL STANDARDS OF SAFETY AND QUALITY	
Which CQC standard/s does this paper relate to?	15 (2) *(if you need advice on completing this box please contact the Director for Governance)*

Author of paper: Amanda Adkins
Presenter of Paper: Dr Tina Kenny
Other committees / groups where this paper / item has been considered: **Quality Committee and IPC committee**
Date of Paper:18/05/2018

Infection Prevention & Control Report – April 2018

April 2018	Limits set by PHE	Trust Total from April 2018	Integrated Medicine	Integrated Elderly & Community Care	Women, Children & Sexual Health Service	Surgery & Critical Care	Specialist Services
Clostridium difficile	31	8	2	3	0	3	0
MRSA Bacteraemia	0	0	0	0	0	0	0
MSSA Bacteraemia (BHT associated (post 48 hours))	n/a	2	2	0	0	0	0
Gram-negative bacteraemias (E.Coli , Klebsiella & Pseudomonas aeruginosa) (BHT catheter associated)	n/a	0	0	0	0	0	0
Line Infections	n/a	1	1	0	0	0	0
Hand Hygiene Observational Audit Compliance %	n/a	n/a	99%	99%	98%	98%	99%





For 2018/2019 the Trust objectives are

Clostridium difficile 31 cases

MRSA bacteraemia 0 cases

MRSA Bacteraemia – No cases in April

Clostridium difficile - 8 cases identified in April .
Post infection reviews have been undertaken.
(Total for 2018/19 = 4 Avoidable , 4 Unavoidable)

Learning from PIR for

- Case 1 - Avoidable case. Choice of antibiotics not in line with Trust Policy.
- Case 2 – Unavoidable case.
- Case 3 – Unavoidable case.
- Case 4 – Unavoidable case.
- Case 5 – Avoidable case. Inappropriate use of broad spectrum antibiotics.
- Case 6 – Unavoidable case.
- Case 7 – Avoidable case. Missed opportunity to send earlier sample.
- Case 8 – Avoidable case. Missed opportunity to review antibiotic usage.

Meticillin Sensitive Staphylococcus aureus (MSSA) Bacteraemia – 2 cases identified in April. 1 device related (see Line Infections below)

Those that are BHT associated with devices will have a Root Cause Analysis (RCA) carried out.

Gram-negative bacteraemias (E.coli, Klebsiella & Pseudomonas aeruginosa) – IPCT will be carrying out a mini RCA on BHT acquired urinary catheter associated GNB BSIs in real time when informed of these cases by the duty microbiologist dealing with these cases. As the national picture becomes clearer and if/when GNB BSI become mandatory, the trust and the CCG will review the most appropriate mechanism to be developed at that point.

0 cases identified in April

Line Infections - 1 cases in April – peripheral line associated – meeting arranged to determine cause.

Central lines: Benchmark - Zero tolerance to avoidable line infections

Agenda item: 12
Enclosure no: TB2018/056

Safe & compassionate care, every time

Buckinghamshire Healthcare NHS Trust

PUBLIC BOARD MEETING
30 MAY 2018

Details of the Paper

Title	National Inpatient Survey 2017 report including actions and next steps
Responsible Director	Chief Nurse
Purpose of the paper	To provide a summary of the National Inpatient Survey 2017 results for Buckinghamshire Healthcare Trust with identified actions and next steps
Action / decision required (e.g., approve, support, endorse)	For information

IMPLICATIONS AND ISSUES TO WHICH THE PAPER RELATES (PLEASE MARK IN BOLD)					
Patient Quality	*Financial Performance*	*Operational Performance*	*Strategy*	*Workforce performance*	*New or elevated risk*
Legal	*Regulatory/ Compliance*	*Public Engagement /Reputation*	*Equality & Diversity*	*Partnership Working*	*Information Technology / Property Services*

ANNUAL OBJECTIVE

Which Strategic Objective/s does this paper link to?

Engage people in their care and ensure a great experience

Please summarise the potential benefit or value arising from this paper:

Raised awareness of the national inpatient survey that as a trust is taken very seriously and an assurance that actions are in place to make improvements and sharing of best practice identified.

RISK

Are there any specific risks associated with this paper? If so, please summarise here.	*Non-Financial Risk*: No
	Financial Risk: No

LINK TO CARE QUALITY COMMISSION ESSENTIAL STANDARDS OF SAFETY AND QUALITY

Which CQC standard/s does this paper relate to?	Caring, safe, effective *(if you need advice on completing this box please contact the Director for Governance)*

Author of paper: Jo Atkins

Presenter of Paper: Carolyn Morrice

Other committees / groups where this paper / item has been considered:

Date of Paper:

Buckinghamshire Healthcare NHS
NHS Trust

National Inpatient Survey 2017

Picker

Collaborate Aspire Respect Enable

National Inpatient Survey Programme

The NHS national patient survey programme is part of the government's commitment to ensure hospital patient feedback informs the continued development and improvement of healthcare services.

The survey co-ordination centre, run by Picker Institute Europe co-ordinates the programme on behalf of the Care Quality Commission. The mandatory surveys include reviews of in-patients, out-patients, maternity, mental health and paediatric services.

The surveys;

- Enable patients to have a real say
- Provide actionable data

Consistent and systematic collection of feedback enables:

Reliable comparison with other trusts

Reliable comparison of our Trust results over time

Monitoring of improvements to NHS services over time.

- Allow health services to be shaped by what matters to patients

National Inpatient Survey 2017 Responses

Response rate: Initial mailing 1250

Returned completed 493

Total eligible 1218

Returned completed 493

Overall response rate 40.5%

Average Picker response rate 38.3%

36% of patients were on a waiting list/planned in advance and **61%** came as an emergency or urgent case

63% had an operation or procedure during their stay

46% were male; **54%** were female

5% were aged 16-39; **17%** were aged 40-59; **18%** were aged 60-69 and **60%** were aged 70+

Buckinghamshire Healthcare NHS Trust

National Inpatient Survey 2017

Your results were significantly better than the 'Picker Average' for the following questions:

Lower scores are better

	Trust	Average
7. Planned admission: admission date changed by hospital	15 %	20 %
27. Nurses: did not always have confidence and trust	17 %	20 %
65+. Discharge: staff did not discuss need for additional equipment or home adaptation	10 %	19 %

Your results were significantly worse than the 'Picker average' for the following questions:

Lower scores are better

	Trust	Average
6. Planned admission: should have been admitted sooner	35 %	25 %
8. Planned admission: specialist not given all the necessary information	8 %	2 %
19+. Hospital: food was fair or poor	44 %	39 %
58+. Discharge: not fully told side-effects of medications	69 %	61 %
64. Discharge: not told who to contact if worried	26 %	20 %

Collaborate Aspire Respect Enable

Buckinghamshire Healthcare NHS Trust

National Inpatient survey 2017

The Trust has improved significantly on the following questions:

Lower scores are better

	2016	2017
27. Nurses: did not always have confidence and trust	22 %	17 %
50. Discharge: was delayed	49 %	41 %
70. Overall: did not receive any information explaining how to complain	62 %	54 %

The Trust has worsened significantly on the following questions:

Lower scores are better

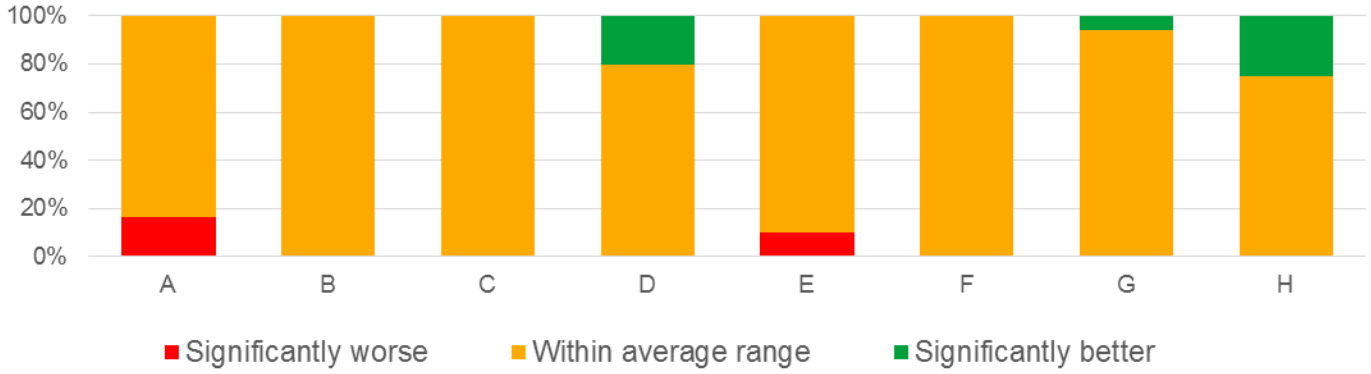
	2016	2017
8. Planned admission: specialist not given all the necessary information	3 %	8 %
35. Care: did not always have confidence in the decisions made	25 %	31 %

Collaborate Aspire Respect Enable

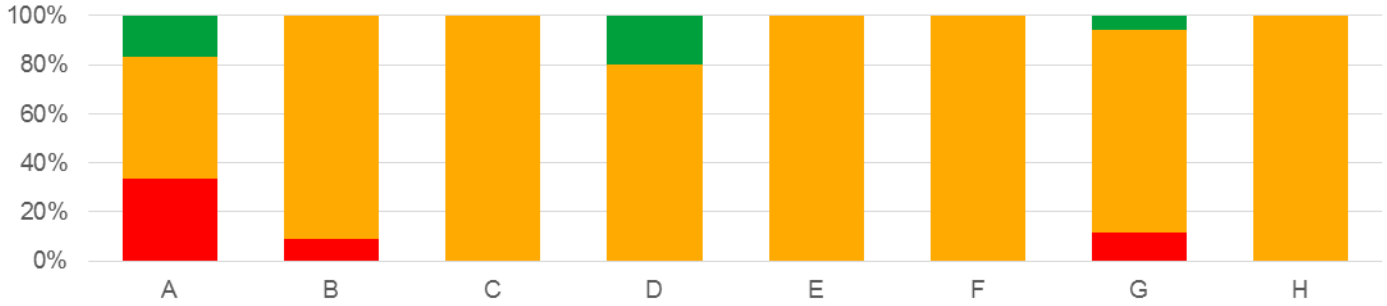
Buckinghamshire Healthcare NHS Trust

National Inpatient Survey 2017

Comparison with the Trust's own performance from the previous survey



Comparison with the Picker average



A. ADMISSION	E. YOUR CARE AND TREATMENT
B. THE HOSPITAL & WARD	F. OPERATIONS & PROCEDURES
C. DOCTORS	G. LEAVING HOSPITAL
D. NURSES	H. OVERALL

Buckinghamshire Healthcare NHS
NHS Trust

National Inpatient Survey 2017
Actions and Next Steps

- On-site presentation and action planning meeting chaired by Picker took place on 27th April 2018
- Divisions reviewed results, looking at comparisons with other Trusts/Change over time/what is important to patients and used this to identify areas for improvement- identified 3 priorities
- Trust wide patient experience priorities continue to be driven – OPD, discharge , emergency care and the child's voice as well as improving the food we provide (PLACE inspections an area for improvement also)
- Divisional action plans to be presented at the trust quality and patient safety group via divisions in June 2018
- Quarterly on-going review of actions to be accounted for through divisions quality governance board meetings and through the trust Patient Experience Group (PEG)
- Triangulate patient survey results with staff survey results and develop a bespoke package of support to areas as required
- Display free text comments received in trust meeting rooms to highlight the patient voice

Agenda item: 13
Enclosure no: TB2018/057

Safe & compassionate care, every time

Buckinghamshire Healthcare NHS Trust

PUBLIC BOARD MEETING
WEDNESDAY 30TH MAY 2018

Details of the Paper

Title	Emergency Preparedness, Resilience and Response (EPRR)
Responsible Director	Natalie Fox Interim Chief Operating Officer
Purpose of the paper	• To provide a summary of EPRR activities for 2017/2018. • Evidence Trust compliance against the NHS England EPRR Core Standard assurance process for 2017/2018 (confirming achievement of 'Substantial' compliance rating). • To highlight the current top three EPRR risks. • To provide information regarding significant incidents experienced by the Trust in the past three years
Action / decision required (e.g., approve, support, endorse)	**Update** / Information for discussion, not requiring approval

IMPLICATIONS AND ISSUES TO WHICH THE PAPER RELATES (PLEASE MARK IN BOLD)					
Patient Quality	*Financial Performance*	***Operational Performance***	*Strategy*	*Workforce performance*	*New or elevated risk*
Legal	***Regulatory/ Compliance***	*Public Engagement /Reputation*	***Equality & Diversity***	***Partnership Working***	*Information Technology / Property Services*

ANNUAL OBJECTIVE

Which Strategic Objective/s does this paper link to?
1) Quality: Ensuring high quality safe and compassionate care in the community and in our hospitals
4) Emergency & Urgent Care: Maximise the chances of survival and good recovery
9) Estates: Safe and efficient use of buildings and facilities to support care

Please summarise the potential benefit or value arising from this paper: This paper is submitted to the Finance, Business and Performance Committee for information

RISK

Are there any specific risks associated with this paper? If so, please summarise here.	*Non-Financial Risk*: This paper is submitted to the board as summary of EPRR portfolio in 2017-2018. This meets the NHS England EPRR Core Standards to provide the board with an annual report. The EPRR functions carry a number of identified risks that are covered in the EPRR and Corporate risk registers.
	Financial Risk: None identified

LINK TO CARE QUALITY COMMISSION ESSENTIAL STANDARDS OF SAFETY AND QUALITY

Which CQC standard/s does this paper relate to?	Safety, Premises and Equipment, Good Governance, Staffing

Author of paper: Lesley Whitesmith / Gordon Austin
Presenter of Paper: Natalie Fox
Other committees / groups where this paper / item has been considered: Resilience Committee, Finance and Business Performance Committee
Date of Paper: 30 April 2018

Emergency Preparedness, Resilience and Response (EPRR) Board report

April 2018

Background:

The Civil Contingencies Act (CCA) 2004 is a statutory document detailing the UK's response to civil emergencies. The act sets out 2 Categories of responders. Category 1 responders who have a statutory requirement to fulfil the full remit of the act, whilst Category 2 responders have a supporting obligation.

As an acute health care provider BHT is a designated Category 1 responder and we have a duty to fulfil the following:

- Risk Assess (prioritisation and mitigation)
- Ensure plans are in place (covering the organisation and linking with multi-agency partners)
- Warn, inform and advice (for patients and the public)
- Co-operate in resilience planning and preparations (working with the Thames Valley Local Resilience Forum)
- Engage in Business Continuity Management (within the organisation and linking with multi-agency partners)
- Sharing information (with partner organisations and the Thames Valley Local Resilience Forum)

Governance:

In order to ensure we are fully compliant as a Category 1 responder the Trust has a number of things in place:-

- The Trust has a designated Accountable Emergency Officer (AEO), a role fulfilled by the Chief Operating Officer.
- The AEO chairs the Trust Resilience Committee. This committee meets every two months and includes attendance from across all the Divisions including senior manager and clinicians.
- The Trust employs a full time Emergency Planning Officer.
- Overseen by, and reporting to the Resilience Committee are a number of key work stream which have a project group looking at specific areas in which we are required to have plans. These include:
    - Command and Control,
    - Major/Mass Casualties,
    - Contaminated casualties (Hazmat/CBRN),
    - Severe Weather,
    - Mass Fatalities,
    - Pandemic Flu,
    - Evacuation,
    - Lockdown.
- The Trust runs a raft of training for key staff ranging from Strategic and Tactical Leadership in a Crisis training for all on call Gold and Silver commanders, allied training to key staff groups and specific training for example to clinical and receptionist staff within the emergency department. Much of the training is mandatory for key staff groups, and also includes a basic EPRR e learning module for all staff.

External/Internal Assurance:

To comply with the CCA 2004 the Trust is required to run a table top exercise every year and a live exercise every three years.

BHT currently run Trust wide table top exercises two to three times a year, with a number of smaller departmental specific exercises through the year. The regular table top exercises allow for a number of scenarios and plans to be tested and also ensures adequate opportunities for all Gold and Silver Commanders and other key staff to attend.

All Gold and Silver Commanders are required to participate in a table top exercise every two years, and names are allocated on a rotational basis to attend.

Table top exercises run in 2017/2018 include:

1) Major/Mass Casualty exercise.
2) Whole systems escalation exercise

Table Top exercises planned for 2018/2019 include:
Radiology Department in May, Whole systems winter preparations in September with Major Mass Casualties sessions in July, September and November.

Compliance against live exercises requirements can be achieved in the event of any live incidents' where plans have been invoked. The Trust has experienced a number of significant incidents in the past three years, these include:

- a major gas leak at the Stoke Mandeville Site
- a complete IT failure plus the NHS cyber attack
- Flooding in the Emergency Department resulting in a partial evacuation and temporary divert for majors patients

All of the above required the command and control policy and business continuity plans to be invoked.

The Trust also runs regular 'live' fire evacuation drills within the clinical areas.

The Trust has also participated in a number of local, regional and national events to include:

- Attendance by EPO and ED trainees to a live major mass casualty exercise run by Milton Keynes University Hospital and Buckingham University.
- Participation by Trust staff at a regional NHS England South paediatric table top exercise hosted by the regional Paediatric Critical Care Network
- Attendance by EPO at National Major/Mass Casualties conference hosted by Queen Elizabeth University Hospital.
- Attendance at 4 day Major Incident Surgical Team Training (MISTT) course by EPO and x3 Trust Surgical Consultants with plans to cascade training and information locally through Trust

Risk Assessments:

In order to be compliant with the CCA the Trust is required to undertake risk assessments. This is documented on the Trust EPRR risk register and forms a standing agenda item at the Resilience Committee and each of the project groups. The Risk register is also formally reviewed on a regular basis by the Trusts Governance Director and any high level risks included on the Corporate register.

The current top 3 risks documented on the register are:

1) Lack of resilience in respect of a significant telecoms outage affecting the main Trust sites
2) Ability of Trust sites to be able to effectively and rapidly 'locked down'
3) Ability to maintain clinical competencies in the management of blast and ballistic injuries and to follow the principles of damage limitation surgery and resuscitation.

These risks are currently being mitigated or there are actions in progress to rectify any identified gaps.

Whole systems:

The Trust also cooperates in resilience with the following in place:

-Attendance at the Local Resilience Forum (LRF) chaired by the Local Authorities: This group has representation from all emergency services, health, local and district authorities, utilities companies and voluntary sector. It meets on a regular basis to share information, review regional risks and required actions and mitigations, and also shares learning from incidents and training. It encourages joint working between the whole system partners.

-Attendance at the Local Health Resilience Partnership (LHRP): This is a strategic group with representation from all health partners including NHS England, Public Health England, CCG and Ambulance Service. The Acute providers are represented by one nominated AEO from the region, which for 2017/18 has been provided by BHT. It provides a strategic plan for Health against the core standards and required actions, and links into the National NHS England Resilience Team.

-Attendance at the LHRP business group: This is the tactical (working) group at which the provider and CCG EPOs attend. The role of the group is to ensure completion of the Strategic objectives and also to raise any issues or risks to the LHRP.

NHS England EPRR Assurance process:

NHS England has published NHS core standards for Emergency Preparedness, Resilience and Response arrangements. These are the minimum standards which NHS organisations and providers of NHS funded care must meet. The Accountable Emergency Officer in each organisation is responsible for making sure these standards are met. All Trusts are required to provide formal assurance to NHS England on a yearly basis. This takes the form of a compliance matrix against which The Trust is required to assess itself. This RAG rating once approved at the Trust Resilience Committee is signed off by the AEO and is submitted to the CCG AEO and Resilience lead. The Trust is required to attend a 'confirm and challenge' meeting with the CCG where the details of the ratings and compliance is discussed and agreed. Formal submission of this rating along with an overall compliance rating plus an action plan for any amber or red rated areas is submitted via the CCG to NHS England South.

The compliance matrix includes a number of key generic areas and also specific requirements for Hazmat/CBRN (contaminated casualties). NB: 6 of the 66 core standards *(numbers 22, 23, 43, 44, 46 & 47)* are not applicable to acute and community sites). Each year a particular topic for a 'deep dive' review is also included. For 2017/2018 the deep dive concentrated on Governance.

The action plan lists a number of amber areas, for which the actions will be monitored through the Resilience Committee.

The outcome of this process in 2017/2018 showed the Trust:

- was fully compliant with 55 of the core standards; and
- became fully compliant with 1 more of the core standards at the end of November 2017
- has 4 standards that are projected to become fully compliant during 2018/2019: with regard to the replacement of switchboard this is likely to be completed in Q1 2018/19, and compliance against hazmat trainers and training is planned to be in place by end of Q1 2018/2019

The improvement plan for the four core standard detailed above that where not fully achieved at the time of the assurance process was agreed between the Trust, CCG and NHS England.

The overall rating for the Trust for 2017/2018 is: **Substantial**

NHS England South EPRR Assurance compliance ratings - To support a standardised approach to assessing an organisation's overall preparedness rating NHS England South have set the following criteria:

Compliance Level	Evaluation and Testing Conclusion
Full	Arrangements are in place that appropriately addresses all the core standards that the organisation is expected to achieve. The Board has agreed with this position statement.
Substantial	Arrangements are in place however they do not appropriately address one to five of the core standards that the organisation is expected to achieve. A work plan is in place that the Board has agreed.
Partial	Arrangements are in place, however they do not appropriately address six to ten of the core standards that the organisation is expected to achieve. A work plan is in place that the Board has agreed.
Non-compliant	Arrangements in place do not appropriately address 11 or more core standards that the organisation is expected to achieve. A work plan has been agreed by the Board and will be monitored on a quarterly basis in order to demonstrate future compliance.

Conclusion:

Overall the Trust is considered to be in a satisfactory position in terms of its EPRR obligations. It is worthy of note that many of the risks, issues and gaps identified are similar both regionally and nationally, and not specific or unique to BHT. It has been noted that as a Trust we do have a high level of 'buy in' and co-operation from senior managers, Executives and clinicians in terms of planning, training and exercising that some Trusts historically have struggled with.

Agenda item: 14
Enclosure no: TB2018/058

Safe & compassionate care, every time

Buckinghamshire Healthcare NHS Trust

Public Trust Board
30 May 2018

Details of the Paper

Title	Freedom to Speak Up Annual Report May 2017 – March 2018
Responsible Director	Director of Workforce and Organisational Development
Purpose of the paper	To provide an Annual Report for the inaugural year for overview and update
Action / decision required (e.g., approve, support, endorse)	For noting and support for recommendations

IMPLICATIONS AND ISSUES TO WHICH THE PAPER RELATES (PLEASE MARK IN BOLD)					
Patient Quality	*Financial Performance*	*Operational Performance*	*Strategy*	***Workforce performance***	*New or elevated risk*
Legal	***Regulatory/ Compliance***	*Public Engagement /Reputation*	***Equality & Diversity***	***Partnership Working***	*Information Technology / Property Services*

ANNUAL OBJECTIVE

Which Strategic Objective/s does this paper link to? 2 – People - 2.1, 2.2, 2.3, 2.4,

Please summarise the potential benefit or value arising from this paper:

- *To provide an annual report summarising key points of progress and challenges*
- *To demonstrate key learning and resulting actions from concerns raised by staff*
- *Provide recommendations to the Trust for areas needing additional focus and support based on learning from concerns, to improve the staff experience.*
- *The recently published Freedom to Speak Up Guidance for Boards, which has been developed jointly by the National Guardian Office and NHSI is attached for info and will be reflected in the next update.*

RISK

Are there any specific risks associated with this paper? If so, please summarise here.	*Non-Financial Risk*:
	Financial Risk:

LINK TO CARE QUALITY COMMISSION ESSENTIAL STANDARDS OF SAFETY AND QUALITY

Which CQC standard/s does this paper relate to?	Freedom to Speak Up and the Guardians are now established as part of any well led inspection *(if you need advice on completing this box please contact the Director for Governance)*

Author of paper: Tracey Underhill – Freedom to Speak Up Guardian

Presenter of Paper: Tracey Underhill – Freedom to Speak Up Guardian

Other committees / groups where this paper / item has been considered:
HR and Workforce / SWC / Audit Committee

Date of Paper: 15.05.2018

Buckinghamshire Healthcare NHS Trust

Freedom to Speak Up – Annual Report 2017 – 2018

1.0 Purpose

To provide an annual summary of key headlines resulting from the inaugural year for the implementation of the Freedom to Speak Up (FTSU) agenda and the Freedom to Speak Up Guardian (FTSUG). This report covers the period from the beginning of May 2017 when the post commenced, to the end of March 31st 2018. The report provides key national and local context, information about local activity, key achievements and challenges, key messages and learning from what has been heard and examples of changes resulting from people raising concerns across the organisation.

This paper is submitted to the HR and Workforce Committee and the Strategic Workforce Committee and is seeking comment and support for recommendations based on what has been learnt; ahead of scheduled reporting to the Trust Board in May.

2.0 Exec Summary

The inaugural year has seen a positive start and some key areas to highlight are:-

- **46%** of staff responding to the recent staff survey said they were aware of the Trust FTSUG **after only 5 months** commencement of post.
- **41%** said they know how to locate FTSUG contact details should they need to.
- Just under a **1000** direct face to face staff contacts have been made by the FTSUG from May to March resulting from a wide range of awareness raising and information activities giving presentations and workshops. Many have been requested by teams or departments which is very encouraging. Engaging with staff is a key role for FTSUGs.
- **46 cases** have been dealt with by the FTSUG over this period. This number of cases represents a total of just under **70 members of staff raising concerns** which should be seen as very positive for the first year.
- A "Lessons Learned" Trustwide session was delivered in Dec sharing the learning across the organisation with another scheduled for July.
- A satisfaction survey has been developed and introduced by the FTSUG mid-year to help monitor the quality of the service provided.
- The learning, resulting actions or change arising from the concerns raised are demonstrable via quarterly reporting. See section 3.2 and 6.0
- **At least 7 formal procedures** have been avoided and local resolution has been achieved with local relationships remaining intact / improved. This helps to save HR resources and has led to quicker, informal resolution which is better for both the person/ people raising the concern, especially if distressed as well as those who may be involved in the matters of concern.
- The FTSUG has initiated actions to **help identify barriers**, engage staff and lend support to problem areas as well as signpost to other available resources of support.
- Reports required by the National Guardian Office (NGO) have been submitted quarterly on time.
- There is no known case of a member of staff going direct to the CQC during this period.

- The BHT FTSUG has recently become a designated FTSU trainer for new guardians via the NGO.
- The BHT FTSUG is now the lead for the Thames Valley and Wessex Regional Network (TVWRN) linked to the National Guardian Office (NGO) of which fourteen NHS Trusts are members providing an excellent opportunity to network and share good practice.
- There is no room for complacency and recognition that there is much more to do. A piece of work will be progressed at the request of our Audit Committee to provide assurance that the current reporting lines (i.e. Director of Organisational Development and Workforce Transformation and our designated NED) are in line with best practice.

3.0 Introduction

The role of the FTSUG is a mandated post required for all provider Trusts across England arising from the recommendations of Sir Robert Francis QC and the public inquiry into Mid Staffs NHS Trust. The role of the FTSUG is to provide a safe place for staff to raise concerns / to speak up about something that they can't or don't feel able to take to their line manager. Additionally:
- the guardian promotes and upholds principles of Freedom to Speak Up in the organisation and
- shares learning
- has an active role around promotion and awareness raising
- helps to make sure outcomes contributing to improving patient or staff safety, experience and culture.

Good staff engagement is a key element in the delivery of this role and makes another contribution to the overall commitment to staff engagement in the Trust.

This work completely aligns with our values and is a live demonstration of them in practice.

3.1 National Context

The National Guardian, Dr. Henrietta Hughes is supported by the National Guardian Office (NGO) which is an independent body with the remit to lead culture change in the NHS so that speaking up becomes business as usual. The NGO is sponsored by the CQC, NHS England and NHS Improvement. Over the past year amongst a range of other activities the NGO have achieved:-

- Inclusion of the Freedom to Speak Up in the NHS contract
- Inclusion of the Freedom to Speak Up Guardians in the "well led" CQC inspections
- The first ever collation and publication of national data on concerns raised by staff in the NHS which is formed from the reports requested of Trusts on a quarterly basis.
- Ongoing support to the FTSUGs across the country
- The NGO has recently established Trust case reviews with an aim of identifying learning and sharing good practice as a result of improving how we manage concerns raised.

At the end of quarter 3 the NGO had published figures that show more than 4,600 concerns have been collated from Trusts reports across England. Of these just over 1,500 have a focus on patient safety and quality and just over 2,000 focus on matters relating to bullying and harassment or similar poor behaviours. This is currently the subject with the highest level of concerns they are receiving. This is an interesting finding and is indirectly related to patient safety as staff are less likely to speak up in a culture where they are fearful or feel threatened. It is also likely that there is under reporting in both these areas.

However, on a positive note this is potentially around 1,500 patient safety related concerns that are now known about and can therefore be managed, which otherwise may not have come to light and could have posed a risk. This highlights the added value of the FTSUG role and the contribution it can make to patient safety, quality of care and improving a safe speaking up culture.

3.2 Local Context

The BHT FTSUG is a single post providing a service to around 5,700 staff across acute and community services and across all sites. The aspiration is to make raising concerns, business as usual. The Trust has a designated non-executive director (NED) for raising concerns, David Sines and other key post holders which include the executives mean there are a range of people in roles for staff to raise concerns to in BHT.

The inaugural year has seen the establishment of a revised policy document, good governance being put into place with systems and processes to underpin the management of concerns. Reporting lines have been established with quarterly reports going to the Strategic Workforce Committee (SWC) and onto the public Trust Board twice yearly. Reports are also provided quarterly to the HR and Workforce group and the Audit committee. An early internal audit has been helpful to provide assurance to test these in the early stages of development.

A significant amount of effort has been put into promoting the role and raising awareness, much of it face to face, as well as dealing with the concerns raised.

Another part of the role which is important to progressing this agenda is to help support and address the identification of barriers for staff to speaking up. This can be broad ranging and include management or leadership styles, poor behaviours towards other colleagues which includes bullying and harassment etc or even the threat of, or actual physical violence and aggression which our staff survey results show at 2% of the staff who responded. Barriers must be addressed. Targeted work has been undertaken and is underway to look more closely at the areas where potential barriers have been identified.

A very positive example is work undertaken with the FTSUG to address concerns following the negative impact on staff from the way in which a SI had been managed from a staff perspective. **See section 6.0 relating to actions ****

The FTSUG developed a satisfaction survey introduced in December which is sent to those raising a concern after the case is closed and includes equality monitoring information which is helpful for us to monitor if we are hearing a representative voice. However, response rates are affected by reliance on someone's will to complete, pressures on time at work, opportunity for privacy to complete and if someone has raised a concern anonymously. Whilst only 6 responses have been returned since it was implemented, the responses have been positive so far, some key examples are Table 1 :

Table 1: Examples from FTSU satisfaction survey.

Did you find the FTSUG helpful?	100% said yes
Did you feel your concern was handled appropriately ?	100% said yes
Did you receive timely feedback from the FTSUG ?	100% said yes
Given your experience would you speak up again?	100% said yes
Are you assured that as a result of raising your concerns some form of action, influence or, an increased awareness of a problem has resulted?	83% said yes
Would you recommend a colleague ?	100% said yes

4.0 Analysis of other related information

4.1 Banding

During this period i.e from May 2017 to March 2018 information collected shows that concerns have been received from across all bandings from and including bands 2 to 8

However, the larger numbers of those raising concerns appear to be in bands 7 and 8.

There are a number of other contributing factors which we can't measure, e.g outreach and awareness of staff in lower bands e.g we don't know if it's equitable which make this difficult to draw robust conclusions from. However, using the learning from the concerns raised, it would appear these more senior managers are doing good work to make sure that their direct reports are supported but may feel in need of a little more support themselves, especially at challenging times. Barriers could also be a contributing factor.

Interestingly, this is somewhat supported by recent staff survey results which show that we rank strongly against our comparator Trusts **KF10** re **support from immediate managers** at 7th of 43 with a score of 3.82, the best score being 3.99. ***See Appendix 1***

4.2 Categories

Our top three categories of concern i.e those reported in the greater number are related to:-
1) Quality of care
2) Bullying and harassment / poor behaviours
3) Patient safety

These are all very similar in number. They also show a similar picture to many other Trusts.
An increase in these concerns was noted during the recent period of unprecedented demand.

Sub categories of concerns more frequently received include (in no particular order):-
Not feeling listened to / not feeling heard, management related issues, not feeling treated fairly, information governance related issues, system and process related, poor leadership, poor engagement of staff in change management, poor culture and staff wellbeing.

Staff wellbeing is another important factor, especially in relation to individual performance, physical and mental health and retention.

Carrying an anxiety or a concern can weigh heavily. Perhaps not surprisngly in the majority of cases, staff initially present displaying signs and symptons of varying degrees of stress or distress as many have tried to resolve their concerns unsuccessfully or have not found a way that feels safe to them to raise the matter or, have just been struggling with the decision about what they should do. It is therefore even more important that the FTSUG role exists and is there to offer support and reassurance in a safe space. The FTSUG is also able to signpost staff to our broad range of occupational health and wellbeing services when appropriate, making sure that staff get the additional support they need.

4.3 Referral sources

The most common source of referral identified has been via a colleague or recommended by a colleague.

5.0 Our Learning

The quarterly reports capture anonymised learning from the type of concerns raised and the resulting local learning within each period. However, this report aims to provide an overview of the key messages and learning for the corporate perspective.

The following points have been frequently cited in concerns raised. They are also highlighted because of the research that exists to support the strong links between a happy, motivated, well performing and functioning workforce and the delivery of good quality patient care. This also relates to good retention and recruitment.

- **During this period concerns have revealed there is a need to improve how we deal with concerns initially at a local level across the Trust. Training would help to address this**.

Staff feel their concerns are not valued when there is inaction or prolonged delays without communication or update. If they do not feel their concern have been taken seriously, they do not feel listened to. This results in staff feeling disengaged and less likely to raise things in their local area and directly with their colleagues or managers. A considerable number of concerns have been raised locally prior to approaching the FTSUG without success. This is strongly linked to ….

- **We must be better at demonstrating listening to our staff and not just hearing.**

Staff become angry, frustrated, sometimes stressed and demotivated when they feel their concerns have been dismissed or ignored or they receive no feedback. This could so easily be avoided yet does give rise to poor staff experience. Eventually this will lead to staff lacking confidence in anything being done and no faith that anything will be followed up. Some of our staff survey results may reflect some of this.

- **Positive and appropriate staff behaviours along with management and leadership styles are critical to successful speaking up cultures. This includes demonstrating consistent fair decision making.**

Poor culture that is undermined by bullying and harassment behaviours will have a detrimental effect on staff speaking up. There will also be the wider negative impacts on their wellbeing, patient care and patient safety as shown by research. Strong, clear corporate messages that these behaviours will not be tolerated needs to be visible and developed. This is also vital for patient safety. Messaging needs to be developed, re iterated and embedded across the Trust. Any reluctance or reduction in confidence to speak up safely, will impact on patient safety.

Staff expect consistent fair decision making. Differential treatment of staff members leads to tensions and staff being discontent.

- **Overall we need to utilise this learning and demonstrate corporate listening by using language such as "The Staff Experience" much more going forward. The FTSUG has already initiated this with some early positive feedback.**

This would be an important signal to our staff that the Trust recognises that the experience of our staff is as much in our focus as our patients, sending a much stronger message about caring for our staff, but this needs to be meaningful. It signals a clear "BHT CAREs" message. Where we have poor staff experiences which are impacting on retention and recruitment we know from research this is also likely to impact on the delivery of care to our patients.

- **How we take long term conditions (LTCs) into account when the Bradford score is triggered by staff sickness absence.**

Further clarification is being sought through discussions on this matter to clarify how those with a clinically diagnosed LTC and those who confirm themselves to have a disability under the Equality Act (2010) are taken into account in this process and there is consistency of application.

6.0 What actions have resulted for the concerns raised

Like the learning, each quarterly report details actions relating to some of the concerns raised in that period. Below are a just a few key examples to provide some overview of the range of resulting actions and changes that have already taken place.

Review and changes to 4 significant trustwide policies as a result of FTSUG contact, 2 as a result of concerns raised, 2 to signpost	***Influence to change product purchase***
Bespoke information governance training by IG manager and awareness sessions	***Workshops organised to engage with staff and hear their views. Staff engagement activities***
*****Training for team by FTSUG and Resilience Lead and development of an SI model piloted – excellence report submitted, now rolled out to neighbouring team.***	***Learning fed back to staff involved relating to poor student experience. Concern not clinical but administrative process related***
Influenced two contract renewals	***Two safety related audits undertaken***
Changes to patient leaflets	***Clinical schedule amended to reduce risk.***
New "Soundbite" sessions implemented as required.	***Trust Lessons Learnt Session***
Action to improve transparency for staff to demonstrate fair decision making	***No appraisal for staff member, no awareness, 18 months into post. Now received appraisal. Wider issue for team flagged to manager. Manager now aware and asked for monitoring information.***
Training, coaching, signposting to other internal support services offered	***Process and system related concerns addressed and changes in processes made to prevent reoccurrence.***
Improved team use of timesheets, annual leave recording and sickness reporting	***Dignity and respect at work matters addressed and poor behaviours addressed***
Two formal letters for different concerns written	***Poor inter colleague relationships and negative perspectives which have impacted on work, individual and team have been addressed via informal meetings via the FTSUG.***

Escalation of concerns have taken place where necessary

7.0 Key challenges

- Improving the speaking up culture across the organisation so all staff feel safe to speak up in their local areas and teams, especially regarding clinical concerns. (KF 31 staff survey results shows this is still challenging)
- Outreach across 32 sites.
- Mainstreaming promotion and raising awareness of the importance of a positive speaking up culture. The value to patient safety and quality of care through general communications out to the Trust. Embedding in key organisational messaging.
- Key barriers – e.g poor staff behaviours, bullying and aggression staff to staff where this is going on.
- Facilitating, the raising of concerns becoming business as usual and more widely accepted as part of routine reflective practice and the learning culture. Linked to good quality of care.

8.0 Summary

This inaugural year has been a positive start revealing some helpful early indicators of areas arising from concerns where we can make improvements going forward.

The learning this year has provided some clear messages about the need for the Trust to give more demonstrable focus on the "staff experience" especially at times of heightened activity. This focus is supported by the research in terms of outcomes being beneficial for patient care. Improved experiences will also help with key objectives the Trust currently has around retention and recruitment.

If we are to tackle some of the behavioural issues that are barriers to speaking up which do impact on patient safety, then we must develop clear corporate zero tolerance messaging aimed at staff for staff .

Fair treatment of staff, fair and consistent decision making supported by good management and leadership styles that support the development of the learning environment will help to make staff feel more confident to speak up.

As the learning from concerns grows, it will make a valuable contribution to our wider intelligence and understanding of the staff experience in addition to patient safety and the quality of care. It may also help to deepen our understanding of future staff survey results.

Support from across the organisation at all levels and a demonstrable commitment to making raising concerns, "business as usual" will bring benefits for all

9.0 Recommendations

a. For the Trust to consider both by action and in the use of language how it can give focus to the importance of the "staff experience", sending a clear positive message to staff.

b. The Trust supports the development and implementation of clear corporate messaging on having a zero tolerance to bullying and harassment and violence and aggression, from staff to staff and from patients to staff.

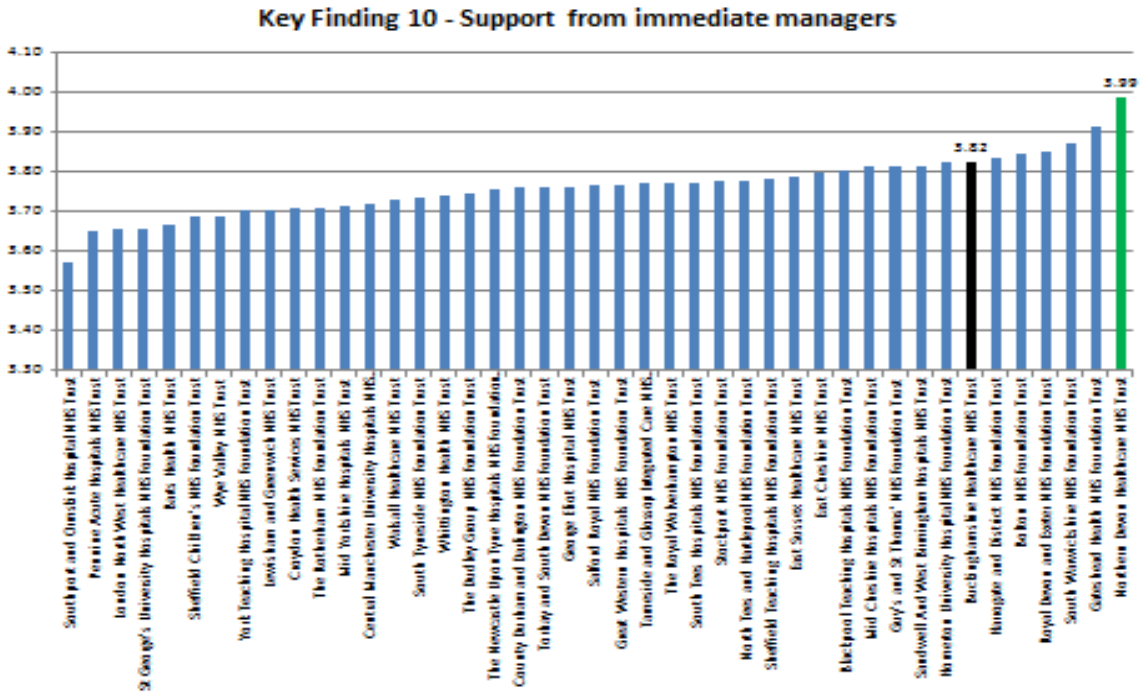
c. To support the work of mainstreaming messages about the Freedom to Speak Up Guardian role and the value of speaking up, to improving patient safety and quality of care. Making raising concerns business as usual; part of the learning culture across the Trust.

d. Training for managers on dealing with concerns.

Agenda item: 14
Enclosure no: TB2018/058

Appendix 1

National Staff survey Key Finding 10 / 2017



This graph is showing us in a positive 7th position against our other 42 comparator Trusts

National Guardian
Freedom to Speak Up

NHS
Improvement

Guidance for boards on Freedom to Speak Up in NHS trusts and NHS foundation trusts

May 2018

Contents

Introduction 2
About this guide 3
Our expectations 4
Individual responsibilities 8
FTSU Guardian reports 11
Resources 13

Introduction

Effective speaking up arrangements help to protect patients and improve the experience of NHS workers. Having a healthy speaking up culture is an indicator of a well-led trust.

This guide sets out our expectations of boards in relation to Freedom to Speak Up (FTSU). Meeting the expectations set out in this guide will help a board to create a culture responsive to feedback and focused on learning and continual improvement.

This guide is accompanied by a self-review tool. Regular and in-depth reviews of leadership and governance arrangements in relation to FTSU will help boards to identify areas of development and improve.

The Care Quality Commission (CQC) assesses a trust's speaking up culture during inspections under key line of enquiry (KLOE) 3 as part of the well-led question. This guide is aligned with the good practice set out in the well-led framework, which contains references to speaking up in KLOE 3 and will be shared with inspectors as part of the CQC's assessment framework for well-led.

Completing the self-review tool and developing an improvement action plan will help trusts to evidence their commitment to embedding speaking up and oversight bodies to evaluate how healthy the trust's speaking up culture is.

About this guide

This guide has been produced jointly by NHS Improvement and the National Guardian's Office and represents current good practice.

We want boards to treat this guide as a benchmark; review where they are against it and reflect on what they need to do to improve. We expect that the board, and in particular the executive and non-executive leads for FTSU, will complete the review with proportionate support from the trust's FTSU Guardian.

The good practice highlighted here is not a checklist: a mechanical 'tick box' approach to each item is not likely to lead to better performance.

The attitude of senior leaders to the review process, the connections they make between speaking up and improved patient safety and staff experience, and their judgements about what needs to be done to continually improve, are much more important.

Key terms used in this guide

- **The board**: we use this term when we mean the board as a formal body.
- **Senior leaders**: we use this term when we mean executive and non-executive directors.
- **Workers**: we use this term to mean everyone in the organisation including agency workers, temporary workers, students, volunteers and governors.

We will review this guide in a year. In the meantime, please provide any feedback to enquiries@improvement.nhs.uk

Our expectations

Leaders are knowledgeable about FTSU

Senior leaders are knowledgeable and up to date about FTSU and the executive and non-executive leads are aware of guidance from the National Guardian's Office. Senior leaders can readily articulate the trust's FTSU vision and key learning from issues that workers have spoken up about and regularly communicate the value of speaking up. They can provide evidence that they have a leadership strategy and development programme that emphasises the importance of learning from issues raised by people who speak up. Senior leaders can describe the part they played in creating and launching the trust's FTSU vision and strategy.

Leaders have a structured approach to FTSU

There is a clear FTSU vision, translated into a robust and realistic strategy that links speaking up with patient safety, staff experience and continuous improvement. There is an up-to-date speaking up policy that reflects the minimum standards set out by NHS Improvement. The FTSU strategy has been developed using a structured approach in collaboration with a range of stakeholders (including the FTSU Guardian). It aligns with existing guidance from the National Guardian. Progress against the strategy and compliance with the policy are regularly reviewed using a range of qualitative and quantitative measures.

Leaders actively shape the speaking up culture

All senior leaders take an interest in the trust's speaking up culture and are proactive in developing ideas and initiatives to support speaking up. They can evidence that they robustly challenge themselves to improve patient safety, and develop a culture of continuous improvement, openness and honesty. Senior leaders are visible, approachable and use a variety of methods to seek and act on feedback from workers. Senior leaders prioritise speaking up and work in partnership with their FTSU Guardian. Senior leaders model speaking up by acknowledging mistakes and making improvements. The board can state with confidence that workers know how to speak up; do so with confidence and are treated fairly.

Leaders are clear about their role and responsibilities

The trust has a named executive and a named non-executive director responsible for speaking up and both are clear about their role and responsibility. They, along with the chief executive and chair, meet regularly with the FTSU Guardian and provide appropriate advice and support. Other senior leaders support the FTSU Guardian as required. For more information see page 8 below.

Leaders are confident that wider concerns are identified and managed

Senior leaders have ensured that the FTSU Guardian has ready access to applicable sources of data to enable them to triangulate speaking up issues to proactively identify potential concerns. The FTSU Guardian has ready access to senior leaders and others to enable them to escalate patient safety issues rapidly, preserving confidence as appropriate.

Leaders receive assurance in a variety of forms

The executive lead for FTSU provides the board with a variety of reliable, independent and integrated information that gives the board assurance that:

- workers in all areas know, understand and support the FTSU vision, are aware of the policy and have confidence in the speaking up process
- steps are taken to identify and remove barriers to speaking up for those in more vulnerable groups, such as Black, Asian or minority ethnic (BAME), workers and agency workers
- speak up issues that raise immediate patient safety concerns are quickly escalated
- action is taken to address evidence that workers have been victimised as a result of speaking up, regardless of seniority
- lessons learnt are shared widely both within relevant service areas and across the trust
- the handling of speaking up issues is routinely audited to ensure that the FTSU policy is being implemented
- FTSU policies and procedures are reviewed and improved using feedback from workers.

In addition the board receives a report, at least every six months, from the FTSU Guardian. For more information see page 11 below. Boards should consider inviting workers who speak up to present their experience in person.

Leaders engage with all relevant stakeholders

A diverse range of workers' views are sought, heard and acted on to shape the culture of the organisation in relation to speaking up; these are reflected in the FTSU vision and plan.

The organisation is open and transparent about speaking up internally and externally. Issues raised via speaking up are part of the performance data discussed openly with commissioners, CQC and NHS Improvement. Discussion of FTSU matters regularly takes place in the public section of the board meetings (while respecting the confidentiality of individuals). The trust's annual report contains high level, anonymised data relating to speaking up as well as information on actions the trust is taking to support a positive speaking up culture. Reviews and audits are shared externally to support improvement elsewhere.

Senior leaders work openly and positively with regional FTSU Guardians and the National Guardian to continually improve the trust's speaking up culture. Likewise, senior leaders encourage their FTSU Guardians to develop bilateral relationships with regulators, inspectors and other local FTSU Guardians. Senior leaders request external improvement support when required.

Leaders are focused on learning and continual improvement

Senior leaders use speaking up as an opportunity for learning that can be embedded in future practice to deliver better quality care and improve workers' experience. Senior leaders and the FTSU Guardian engage with other trusts to identify best practice. Executive and non-executive leads, and the FTSU Guardian, review all guidance and case review reports from the National Guardian to identify improvement possibilities. Senior leaders regularly reflect on how they respond to feedback, learn and continually improve and encourage the same throughout the organisation.

The executive lead responsible for FTSU reviews the FTSU strategy annually, using a range of qualitative and quantitative measures, to assess what has been achieved and what hasn't; what the barriers have been and how they can be overcome; and whether the right indicators are being used to measure success.

The FTSU policy and process are reviewed annually to check they are fit for purpose and realistic; up to date; and takes account of feedback from workers who have used them. A sample of cases is audited to ensure that:

- the investigation process is of high quality; outcomes and recommendations are reasonable and the impact of change is being measured
- workers are thanked for speaking up, are kept up to date throughout the investigation and are told of the outcome
- investigations are independent, fair and objective; recommendations are designed to promote patient safety and learning; and change will be monitored.

Positive outcomes from speaking up cases are promoted and as a result workers are more confident to speak up. This is demonstrated in organisational data and audit.

Individual responsibilities

Chief executive and chair

The chief executive is responsible for appointing the FTSU Guardian and is ultimately accountable for ensuring that FTSU arrangements meet the needs of the workers in their trust. The chief executive and chair are responsible for ensuring the annual report contains information about FTSU and that the trust is engaged with both the regional Guardian network and the National Guardian's Office.

Both the chief executive and chair are key sources of advice and support for their FTSU Guardian and meet with them regularly.

Executive lead for FTSU

The executive lead is responsible for:

- ensuring they are aware of latest guidance from National Guardian's Office
- overseeing the creation of the FTSU vision and strategy
- ensuring the FTSU Guardian role has been implemented, using a fair recruitment process in accordance with the example job description and other guidance published by the National Guardian
- ensuring that the FTSU Guardian has a suitable amount of ringfenced time and other resources and there is cover for planned and unplanned absence.
- ensuring that a sample of speaking up cases have been quality assured
- conducting an annual review of the strategy, policy and process
- operationalising the learning derived from speaking up issues
- ensuring allegations of detriment are promptly and fairly investigated and acted on
- providing the board with a variety of assurance about the effectiveness of the trusts strategy, policy and process.

Non-executive lead for FTSU

The non-executive lead is responsible for:

- ensuring they are aware of latest guidance from National Guardian's Office
- holding the chief executive, executive FTSU lead and the board to account for implementing the speaking up strategy. Where necessary, they should robustly challenge the board to reflect on whether it could do more to create a culture responsive to feedback and focused on learning and continual improvement
- role-modelling high standards of conduct around FTSU
- acting as an alternative source of advice and support for the FTSU Guardian
- overseeing speaking up concerns regarding board members – see below.

We appreciate the challenges associated with investigating issues raised about board members, particularly around confidentiality and objectivity. This is why the role of the designated non-executive director is so important. In these circumstances, we would expect the non-executive director to take the lead in determining whether:

- sufficient attempts have been made to resolve a speaking up concern involving a board member(s) and
- if so, whether an investigation is proportionate and what the terms of reference should be.

Depending on the circumstances, it may be appropriate for the non-executive director to oversee the investigation and take on the responsibility of updating the worker. Wherever the non-executive director does take the lead, they should inform the FTSU Guardian, confidentially, of the case; keep them informed of progress; and seek their advice around process and record-keeping.

The non-executive director should inform NHS Improvement and CQC that they are overseeing an investigation into a board member. NHS Improvement and CQC can then provide them with support and advice. The trust would need to think about how to enable a non-executive director to commission an external investigation (which might need an executive director to sign-off the costs) without compromising the

confidentiality of the individual worker or revealing allegations before it is appropriate to do so.

Human resource and organisational development directors

The human resource (HR) and/or organisational development (OD) directors are responsible for:

- ensuring that the FTSU Guardian has the support of HR staff and appropriate access to information to enable them to triangulate intelligence from speaking up issues with other information that may be used as measures of FTSU culture or indicators of barriers to speaking up
- ensuring that HR culture and practice encourage and support speaking up and that learning in relation to workers' experience is disseminated across the trust
- ensuring that workers have the right knowledge, skills and capability to speak up and that managers listen well and respond to issues raised effectively.

Medical director and director of nursing

The medical director and director of nursing are responsible for:

- ensuring that the FTSU Guardian has appropriate support and advice on patient safety and safeguarding issues
- ensuring that effective and, as appropriate, immediate action is taken when potential patient safety issues are highlighted by speaking up
- ensuring learning is operationalised within the teams and departments they oversee.

FTSU Guardian reports

Reports are submitted frequently enough to enable the board to maintain a good oversight of FTSU matters and issues, and no less than every six months. Reports are presented by the FTSU Guardian or a member of the trust's local Guardian network in person.

Reports include both quantitative and qualitative information and case studies or other information that will enable the board to fully engage with FTSU in their organisation and to understand the issues being identified, areas for improvement, and take informed decisions about action.

Data and other intelligence are presented in a way that maintains the confidentiality of individuals who speak up.

Board reports on FTSU could include:

Assessment of issues

- information on what the trust has learnt and what improvements have been made as a result of trust workers speaking up
- information on the number and types of cases being dealt with by the FTSU Guardian and their local network
- an analysis of trends, including whether the number of cases is increasing or decreasing; any themes in the issues being raised (such as types of concern, particular groups of workers who speak up, areas in the organisation where issues are being raised more or less frequently than might be expected); and information on the characteristics of people speaking up (professional background, protected characteristics)

Potential patient safety or workers experience issues

- information on how FTSU matters relate to patient safety and the experience of workers, triangulating data as appropriate, so that a broader picture of FTSU culture, barriers to speaking up, potential patient safety risks, and opportunities to learn and improve can be built

Action taken to improve FTSU culture

- details of actions taken to increase the visibility of the FTSU Guardian and promote the speaking up processes
- details of action taken to identify and support any workers who are unaware of the speaking up process or who find it difficult to speak up
- details of any assessment of the effectiveness of the speaking up process and the handling of individual cases
- information on any instances where people who have spoken up may have suffered detriment and recommendations for improvement
- information on actions taken to improve the skills, knowledge and capability of workers to speak up and to support others to speak up and respond to the issues they raise effectively

Learning and improvement

- feedback received by FTSU Guardians from people speaking up and action that will be taken in response
- updates on any broader developments in FTSU, learning from case reviews, guidance and best practice

Recommendations

- suggestions of any priority action needed.

Resources

Care Quality Commission (2017): Driving Improvement Accessed at: www.cqc.org.uk/sites/default/files/20170614_drivingimprovement.pdf

National Guardian Office (2017): Example job description Accessed at: http://www.cqc.org.uk/sites/default/files/20180213_ngo_freedom_to_speak_up_guardian_jd_march2018_v5.pdf

National Guardian Office (2017): Annual report Accessed at www.cqc.org.uk/sites/default/files/20171115_ngo_annualreport201617.pdf

NHS Improvement (2014) Strategy development toolkit Accessed at https://improvement.nhs.uk/resources/strategy-development-toolkit/

NHS Improvement (2016) Freedom to speak up: whistleblowing policy for the NHS Accessed at https://improvement.nhs.uk/resources/freedom-to-speak-up-whistleblowing-policy-for-the-nhs/

NHS Improvement (2017): Creating a vision https://improvement.nhs.uk/resources/creating-vision/

NHS Improvement (2016/17): Creating a culture of compassionate and inclusive leadership Accessed at https://improvement.nhs.uk/resources/culture-leadership/

NHS Improvement (2017): Well Led Framework Accessed at: https://improvement.nhs.uk/resources/well-led-framework/

National Framework (2017): Developing People - Improving Care Accessed at: https://improvement.nhs.uk/resources/developing-people-improving-care/

National Guardian Office (2018): Guardian education and training guide

Accessed at: http://www.cqc.org.uk/sites/default/files/20180419_ngo_education_training_guide.pdf

NHS Improvement
133-155 Waterloo Road
London
SE1 8UG

0300 123 2257
enquiries@improvement.nhs.uk
improvement.nhs.uk

@NHSImprovement

National Guardian's Office
151 Buckingham Palace Road
London
SW1W 9SZ

0300 067 9000
enquiries@nationalguardianoffice.org.uk
cqc.org.uk/national-guardians-office/content/national-guardians-office

@NatGuardianFTSU

This publication can be made available in a number of other formats on request.

May 2018 Publications code: CG 64/18