### The Hillingdon Hospitals NHS Foundation Trust

**Part I (Open) Meeting of the Board of Directors**

**Wednesday 27th September 2017, 2pm**

**Board Room, Furze Building Hillingdon Hospital**

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<td>Financial Report – Month 5 2017/18</td>
<td>monitor</td>
<td>Matt Tattersall</td>
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<td>Financial Improvement Programme - update</td>
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<td>Matt Tattersall</td>
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<td>Integrated Quality &amp; Operational Performance Update</td>
<td>monitor</td>
<td>Joe Smyth</td>
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<td>18</td>
<td>Winter Planning incorporating best practice for acute providers</td>
<td>monitor</td>
<td>Joe Smyth</td>
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<td>19</td>
<td>Staff Survey Report - update</td>
<td>monitor</td>
<td>Terry Roberts</td>
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<td>议题</td>
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<td>20</td>
<td>Fire Safety - update</td>
<td>monitor</td>
<td>Matt Tattersall</td>
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<td>21</td>
<td>Seven Day Standards - Clinical standards report</td>
<td>monitor</td>
<td>Abbas Khakoo</td>
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<td>Safer Nurse Staffing Update</td>
<td>monitor</td>
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<td>Minutes of meetings and issues arising from Committees of the Board</td>
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<td>24</td>
<td>Use of Trust Seal - None</td>
<td>information</td>
<td>Michael Sims</td>
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<td>Chair</td>
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<td><strong>Questions from the Public</strong></td>
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<td>26</td>
<td>Questions from the Public</td>
<td>discussion</td>
<td>Chair</td>
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<td></td>
<td><em>This item is an opportunity for members of the public to ask questions to the Board on matters that relate to the Board agenda. Where possible, questions should be sent to the Trust Secretary, by Monday 25th September 2017 in order that the Board can ensure the information is available to answer the question raised.</em></td>
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<td><strong>Date of next Meeting</strong></td>
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<tr>
<td>27</td>
<td>Date of next meeting - Wednesday 29th November 2017 2pm Mount Vernon Hospital</td>
<td>information</td>
<td>Chair</td>
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THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST

MINUTES OF THE PART I (Open) MEETING OF THE BOARD OF DIRECTORS
HELD ON WEDNESDAY 26TH JULY 2017 at 2pm

IN THE BOARD ROOM
THE HILLINGDON HOSPITAL

Meeting held in public

Present:
Richard Sumray Chair
Soraya Dhillon Deputy Chair and Non-Executive Director
Carl Powell Non-Executive Director
Cheryl Coppell Non-Executive Director
Lis Paice Non-Executive Director
Richard Whittington Non-Executive Director
Linda Burke Associate Non-Executive Director
Shane DeGaris Chief Executive
Abbas Khakoo Medical Director
Terry Roberts Director of People and Organisational Development
Theresa Murphy Director of Patient Experience & Nursing
David Searle Director of Strategy & Business Development
Joe Smyth Chief Operating Officer
Matt Tattersall Director of Finance

Apologies:
Carl Powell Non-Executive Director
Keith Edelman Non-Executive Director

In Attendance:
Jacqueline Walker Deputy Director of Nursing & Integrated Governance
Vanessa Saunders Deputy Director of Nursing & Patient Experience
Ritu Sharma Information Governance Manager (minutes)

Present:
G Singh Member of the Public
S Bishop Member of the Public
V Cook Member of the Public
J Davis Member of the Public
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<th><strong>Introductory</strong></th>
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<tr>
<td><strong>1</strong> Welcome and Apologies for Absence</td>
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<td><strong>1.1</strong> The Chair welcomed all to the meeting. Apologies received from;</td>
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<td>• Carl Powell    Non-Executive Director</td>
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<td>• Keith Edelman  Non-Executive Director</td>
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<thead>
<tr>
<th><strong>2</strong> Declarations of Interest, Hospitality or Amendments to the Register of Interests</th>
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<tbody>
<tr>
<td>There were no declarations of interest</td>
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<tr>
<th><strong>3</strong> Minutes of the Part 1 (Open) meeting on 28th June 2017</th>
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<td>The minutes of the meeting were approved as an accurate record of the meeting</td>
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<th><strong>4</strong> Action log</th>
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<td><strong>4.1</strong> The Chair noted that as the Trust Board dates were being rescheduled future action log due dates may require revision.</td>
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| | **4.2** 162 - Changing nursing shift patterns - T Roberts stated this action was in relation to a surgical post with no external interest received in filling this vacancy; therefore the next step was to approach internal staff and explore flexible working options. |
| | 182 – Demand management in relation to GP referrals - J Smyth stated the Trust had seen an 8% increase in admissions and growth noted in all areas from A&E, GPs and Consultant to Consultant referrals. This issue remained high on the Trust & CCG agenda and a series of working parties had been set up to address this. |
| | 170 and 182 – noted as completed. |
| | 173,177,179,180,181 and 183 noted as not yet due. |

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<th><strong>5</strong> Declaration of Any Other Business</th>
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<td>None declared</td>
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<th><strong>6</strong> Patient Story</th>
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<td><strong>6.1</strong> T Murphy stated the patient story had been incorporated into the Annual Complaints Report on the agenda.</td>
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<th><strong>7</strong> Chair’s Report</th>
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<td><strong>7.1</strong> The Chair advised the Board that the process of reviewing how Serious Incidents would be dealt with was currently underway and would be discussed at the Quality &amp; Safety Committee in August. In the meantime, given there was no Board meeting until the end of September, The Chair proposed that any SIs that needed to be dealt with before then should be delegated to SD, LS and himself to decide</td>
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any two of them providing a quorum. This proposal was agreed by the Board.

7.2 From the next Board meeting, the Chair proposed that, in line with a discussion at the recent awayday, reports presented to the Trust Board should be a maximum of four pages long, highlighting key issues only. Where the reports by necessity such as annual reports needed to be presented to the Board a summary of their key points should go in a paper and the full reports should be sent out separately as appendices. In future, although there would be a covering page for each report there would be no need for a one or two page summary as at present. The Trust secretary would act as the ‘gatekeeper’ in future ensuring that this proposal was followed through. SDG, on behalf of the Executive, accepted the challenge.

8 Chief Executive’s Report

8.1 S DeGaris introduced a report for information asking the Board to note information on;
- National Priorities for acute hospitals 2017
- Commonwealth review of health systems
- Decommissioning of HIV services
- Parking changes
- Governors Tours

8.2 The Board noted that the National Priorities for acute hospitals focused on six key principles that supported good patient flow which the Trust has already started to adopt. The A&E performance recovery plan would capture any identified gaps and improvements required and all plans would involve input from staff and patients but there were no national timescales proposed although pre-winter implementation was expected and local KPIs and schemes were currently being worked upon. Recommendations would be brought back to the September Board meeting.

The Report was noted

J Smyth

Strategy & Governance

KPIs Target for 2017-18 Report

9.1 J Smyth introduced a report for decision asking the Board to;
- Agree the monitoring and performance appraisal of the KPI suite through the Audit and Risk Committee
- Note the identified KPIs and their associated targets

9.2 The Board;
- Agreed that it should be for the Board to set the key local targets, whilst recognising that many of the most important KPIs were national targets which the Trust was obliged to meet. Proposals for the annual targets would, where appropriate, come through the relevant committees and be consolidated in a paper to the Board that would be presented in March every year.
- Recognised that monitoring performance against targets would be carried out
in depth by the appropriate sub-committees with, principally, exception reporting and the most important performance indicators being reported to the Board.

The Board agreed;
- To review the full list of KPIs and approve the local KPI targets in March 2018

<table>
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<tr>
<th>10</th>
<th>Carers Strategy</th>
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<tr>
<td>10.1</td>
<td>T Murphy introduced a report for decision asking the Board to approve the Carers Strategy.</td>
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<tr>
<td>10.2</td>
<td>The Board discussed</td>
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<td>The four principles of the strategy; carers as partners in care, clear communication and accessible information, supporting and signposting and listening and learning</td>
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<td>The need to include information around what training was available for carers who often provide as much if not more care as trained staff in the NHS and information on safeguarding to support vulnerable groups such as young carers within the Strategy</td>
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The Board agreed with the caveat from the second bullet point above
- To approve the Carers Strategy

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<th>11</th>
<th>Annual Safeguarding Report</th>
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<tr>
<td>11.1</td>
<td>T Murphy introduced a report for decision asking the Board to approve the 2017/17 Annual Safeguarding Report.</td>
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<td>11.2</td>
<td>T Murphy advised that the key in year achievements were;</td>
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<td>The publication of Domestic Violence and Abuse Policy</td>
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<td>A sustained increase in the number of Deprivation of Liberty Safeguards application, a robust programme in place with each ward.</td>
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<td>A Learning and Disability Nurse now working one day a week</td>
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<td>A Low prevalence of hospital acquired pressure ulcers, no grade 3 or 4’s</td>
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<td>The implementation of the Child Protection Information System within A&amp;E and the Minor Injuries Unit</td>
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<td>The recording of Child Safeguarding Supervision sessions</td>
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<td>Maternity and A&amp;E Safety Net meetings</td>
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<td>11.3</td>
<td>The Board discussed the following;</td>
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<td>The progress of work was monitored via the Safeguarding Committee which reported to the Quality &amp; Safety Committee</td>
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<td>Trust staff had regularly not been able to attend Child Protection Panels because of the pressure of work and to address the issue a proposal to recruit an additional Midwife for this role was being explored</td>
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<td>It would be beneficial to prioritise the actions highlighted in the report and explain how the actions would be followed up</td>
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- The low number of under 18 female gender mutilation (FGM) reporting was confirmed as accurate but concerning
- Cases of FGM in over 18s did not need to be reported to the Police, only Social Services

The Report was noted

12 Nursing Establishment Review

12.1 T Murphy introduced a report for decision asking the Board to consider the funded establishment for nursing across adult inpatient areas and agree to the proposals to;
- Progress the remodelling work based on reducing headroom and establishing supernumerary Senior Sister/Charge status
- Review further impact after six months, presenting findings at Trust Board in January 2018

12.2 J Walker summarised the key facts as follows;
- That this was the first time an establishment review had been undertaken in the Trust using a system called Establishment Genie from a consultancy called Lighthouse
- That the review was undertaken to provide assurance around safe and appropriate staffing levels, identify variations and undertake workforce modelling to support quality and financial solutions within the overall nursing budget
- That six wards had been identified as having a low level of registered staff skills mix (B/East, Stroke Unit, Grange, Daniels, Hayes, Churchill and Lister)
- That proposed steps to address the skills mix included looking at the implementation of different shift times, introduction of Band 4 roles and supernumerary positions for Ward Managers
- That Lighthouse was working with the Trust until December 2017

12.3 The Board observed:
- That the assumptions in the report were based on professional judgement as there were no other precise indicators
- The importance of linking the review data to the Recruitment Strategy and considering shifts in staff behaviour
- That the data was very helpful and it was important to further define the Ward Managers role
- That the work was critical in relation to the Trust’s Financial Improvement programme (FIP) and staff should explore the capacity to complete the work sooner than currently proposed

12.4 The Board agreed to further review progress at its January 2018 meeting

The progress outlined in the Report was commended

Monitoring

13 Annual Complaints Report
13.1 T Murphy introduced the report and focused on the following;
- That 374 formal complaints were received and 1328 PALS concerns were recorded in 2016/17
- That the end of year performance was that an average of 67.7% of complaints were responded to within agreed timeframe not reaching the target
- That there were 17 complaints taken forward by the Parliamentary and Health Service Ombudsman
- That the top three subjects for complaints and learning were clinical care, communication / information provided and staff attitudes.

13.2 The Board
- Accepted that it had been a challenging year in terms of maintaining performance and standards
- Recognised that the central complaints team required more support from the Divisions to maintain timely responses and Divisions needed to work harder on improving performance and implementing the learning from complaints, as this was a core part of clinical work
- Were told that Trust wide training and a guide for staff on complaints handling was being developed and
- Learned that complaints received were becoming more complex

13.3 The Board commented that the top theme categories were very broad and specific key themes needed to be highlighted in future reports. It also accepted that a 67% completion rate as described in the complaints section on the Performance Report represented a poor performance not meeting the target and, consequently, given the lack of assurance about improvement should be changed from pink to red.

The Report was noted

J Smyth

14 Integrated Quality & Operational Performance Update

14.1 JS introduced a report for monitoring asking the Board to review the analysis of quality, experience and operational performance as at the end of June 2017 in relation to the Care Quality Commission’s (CQC) intelligent Monitoring systems domains, safe, caring, effective, responsive and well-led.

14.2 J Smyth advised in summary that;
- RTT and cancer targets had been achieved
- A&E remained a challenge and the trajectory was missed in June
- There had been an increase in CPE cases (3 cases in ITU, theatres and a surgical ward)
- One never event had been reported in June
- Falls and pressure ulcer targets were achieved
- The returns for the Friends and Family Test was below target in A&E and OPD
- 94% of Trust staff had completed the PDR process and the deadline for completion had been extended by one month

The Board raised the following issues;
14.3 - The impact on THH following the recent media attention on nurse vacancies - it was noted that the supply was not available; turnover was good within the sector although not down to 13%
- That there remained a need to look beyond traditional staffing models and to build on the Physician Associates/Extended Pharmacists & Associated Medical Professional roles

The Report was noted

15 - Safer Nurse Staffing Update

15.1 - V Saunders introduced a monitoring report and asked the Board to comment on the levels of compliance with planned and actual nurse staffing levels.

15.2 - V Saunders summarised the key facts as;
- For Hillingdon Hospital the average fill-rate remained above planned roster for Registered Nurses at night and for Health Care Assistants on day and night shifts
- For Mount Vernon Hospital the average staffing levels ranged from 94.7% – 98.9% of plan
- Despite ongoing pressures and significant nursing vacancies across inpatient areas, average shift fill rates and CHPPD demonstrated nurse staffing levels averaged across the month were safe and appropriate

In response to questions and comments from the Board V Saunders stated:
- That vacancies and additional duties were major drivers in the use of temporary staffing
- That the work to develop the establishment control figure had confirmed the gap between advertised vacancies and current funded establishment
- That the use of an electronic system to give visibility at Safety Huddles to patient acuity/dependency would support efficient deployment of staff to match clinical need and a business case was being completed
- That reporting was by exception where indicators had varied significantly from target and/or increased management action was required to mitigate risk

The Report was noted

16 - Serious Incidents – Quarter 1 2017-18 update

16.1 - T Murphy introduced a report for monitoring asking the Board to address the issues raised around the Serious Incidents (SIs) and the learning from investigations for Q1 2017/18;

16.2 - T Murphy summarised the key facts;
- There were two Never Events reported in Q1
- There were seven completed SIs in Q1
- As a result of learning from SIs and addressing recurring themes, more focus had been provided on training in improving the care of the deteriorating patient and improving effectiveness of the clinical handover
### Finance Report – Month 3 2017/18

**17.1** M Tattersall introduced a monitoring report advising the Board of its key regulatory financial responsibilities and key financial issues for Month 3 2017/18

**17.2** M Tattersall summarised the key facts as;
- The Trust was now reporting against the revised annual plan deficit of £8.8m
- The Trust had a deficit of £5.2m, - £83k ahead of plan
- Agency expenditure was £1.1m in month - £0.2m above the cap set by NHSI
- Pay was within budget in June
- Efficiency savings of £0.52m had been achieved in month
- Capital expenditure was £0.15m in month
- The cash position was £1.3m surplus at the month end

The Report was taken in conjunction with Item 18 and noted

### Finance Improvement Programme Update

**18.1** M Tattersall introduced a report for monitoring asking the Board to note progress with the Trust’s FIP and the delivery against QIPP saving schemes.

**18.2** M Tattersall advised that in Month 3 £516k of QIPP have been delivered against a plan of £430k (compared to £253k in M2), delivering £86k above plan in month and that the programme had delivered £960k year to date which was £130k below plan due to under-delivery in months 1 and 2.

**18.3** The Board accepted that;
- July was a crucial month for savings plans with significant work required to hit trajectory especially as there was already some catching up to do
- It may be beneficial to track savings and the impact of increased activity together
- Agency expenditure especially in nursing was reducing due to the tighter controls being in place but that these controls were not yet sustainable because they were taking a great deal of time of the director concerned

The Report was noted

### Annual Medical Revalidation Report

**19.1** A Khakoo introduced a report for decision asking the Board to approve sign off of the Compliance Statement and note the Annual Medical Revalidation Report for 2016/2017.

**19.2** A Khakoo summarised the key facts as;
- 90.85% of doctors with a connection to the Trust had undergone an appraisal in 2016/17. A stricter appraisals process had been applied and this had
### 19.3

The Board noted:
- That this was clearly an improved performance on previous years
- That evidence to support why 17 doctors had not completed an appraisal in 2016/17 and the action taken to address this needed to be added to the report

The Board agreed;
**That the Statement of Compliance would be signed by the CEO following amendments made to the report relating to 19.3 above**

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### 20

**Maternity Business Case**

#### 20.1

J Smyth introduced a report for decision asking the Board to approve a Maternity Business Case presenting the reasons for investment and advising that services identified for particular attention were the community and safeguarding teams and maternity theatre and that expanding the staffing ratios in Maternity would bring the Trust in line with other units in North West London.

#### 20.2

J Smyth summarised the key facts as:
- Following the transfer of maternity services from Ealing Hospital under the Shaping a Healthier Future programme (SaHF), a service review was undertaken to ensure that the Maternity Unit was providing safe and effective care. As a result of this review, it had been identified that, due to the anticipated growth in demand, key areas are now under pressure and require additional staffing.
- The areas identified as posing the greatest risk to the patient pathway are maternity theatres, community midwifery and safeguarding
- The investment requested would reduce risk by allowing for 24/7 emergency theatre provision and by improving staffing ratios for community and safeguarding
- That the business case was presented in three phases and that approval was sought for phase one which had a full year cost of £439k including a part year anticipated cost of circa £200k. J Smyth stated that he was not seeking approval for phases two or three at this stage and would return the paper next year for consideration which he felt would need to be done in relation to other risks within the organisation at that time.

#### 20.3

The Board discussed the benefits of implementing Phase 1 which would reduce risk, help address service delivery gaps and improve the quality of patient care. It was agreed that delivery of Phase One must be managed within the identified costs and number of staff defined in the option. On balance it was important to accept the case on safety ground despite the financial impact.

#### 20.4

T Murphy requested that additional staffing was identified to go into Maternity
Triage as this would support the ongoing Shaping a Healthier Future (SaHF) agenda, and also provide enhanced safety for this area.

The Board agreed;
To approve Phase One of Option Two of the Maternity Business case

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<th>21</th>
<th>Board Assurance Framework and Risk Register</th>
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<tr>
<td>21.1</td>
<td>T Murphy introduced a report for monitoring asking the Board to note the position with all risk ratings on the Board Assurance framework and risk register.</td>
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| 21.2 | T Murphy summarised the key facts as;  
• 35 risks had been identified against 36 objectives and had been reviewed at the Audit & Risk Committee  
• The Risk Register had been updated; Risk 733 had been added as a new extreme risk and Risk 567 had been down-graded |

The Report was noted

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The Report was noted

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<th>Use of the Trust Seal</th>
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• **Question** - Will the pay on exit parking system be introduced on the Mount Vernon site?  
• **Response** - Feedback on ‘pay and exit’ parking plans will be provided to Mrs Davies directly. |
| 25.2 |  
• **Question** - When will the car parking machines accept new £1 coins?  
• **Response** - The old machines will be replaced in the Autumn and a variety of means of payment will be introduced. |

D Searle
| 25.3  | **Question** - What is a catastrophic event?  
|       | **Response** - It is an event which should not occur within the Trust. |
| 25.4  | **Question** - is Shaping a Healthier Future (SaHF) still going ahead?  
|       | **Response** - Work is in progress and the Trust is still awaiting confirmation regarding the capital investment required for SaHF to be implemented around A & E and maternity. |
| 25.5  | **Question** - What is the cost impact of using external Financial Consultants  
|       | **Response** - The costs are commercially confidential but the aim of therust following the nationally determined process is to make significant savings on top of the costs of the financial consultants. |
| 25.6  | **Question** - Can the Board given an update on Trust Fire Safety?  
|       | **Response** - All returns have been submitted to NHS Improvement (NHSI) following the Grenfell incident and no specific concerns have been raised by them. The Board had a discussion about fire safety at its recent seminar. |
| 25.7  | **Question** - Why has the ‘Delayed Transfers’ percentage gone up?  
|       | **Response** - This was due to the increase in complex cases, increased admissions and with the implementation of the Discharge Project an initial increase in readmissions. |
| 25.8  | **Question** - Who agreed to apply charges for disabled parking?  
|       | **Response** - The Board approved the introduction of the charge. This is in line with the requirements of the Health Technical Memorandum "07-03 NHS car parking management: environment and sustainability". It provides equity with other concessionary tariffs the Trust has in place and we will continue to seek to invest from Trust revenues to improve facilities for disabled users of our services. |

**Date and time of the next meeting**

The next meeting was scheduled to take place on 27/09/17 at 2pm.

**Richard Sumray Chair**

……………………………………………….

……………………………………………….
<table>
<thead>
<tr>
<th>Action no.</th>
<th>Meeting Date</th>
<th>Item</th>
<th>Action</th>
<th>Lead</th>
<th>Due Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>162</td>
<td>February 17</td>
<td></td>
<td>Changing shift patterns for Nursing staff following safe staffing report to February Board</td>
<td>TR</td>
<td>July 17 (Board)</td>
<td>162 – at July meeting T Roberts stated this action was in relation to a surgical post with no external interest received in filling this vacancy; therefore the next step was to approach internal staff and explore flexible working options - Completed</td>
</tr>
<tr>
<td>167</td>
<td>March 17</td>
<td>Performance Report</td>
<td>Revise Format</td>
<td>JS</td>
<td>September 17 (Board)</td>
<td>Revised format - Completed</td>
</tr>
<tr>
<td>173</td>
<td>April 17</td>
<td>Mortality Review Process</td>
<td>Quality and Safety Committee to carry out review</td>
<td>AK</td>
<td>October 17 (Q&amp;SC)</td>
<td>Not yet due - To be considered at October Q&amp;S Committee</td>
</tr>
<tr>
<td>177</td>
<td>May 17</td>
<td>Pathology Incident Investigation</td>
<td>Action plan to be validated at Audit and Risk Committee.</td>
<td>MT</td>
<td>October 17 (ARC)</td>
<td>Not yet due - Will be considered at October ARC</td>
</tr>
<tr>
<td>179</td>
<td>May 17</td>
<td>Quality &amp; Performance Report</td>
<td>End of Life themes need to be considered at a future Board Seminar.</td>
<td>JW</td>
<td>October 17 (Board Seminar)</td>
<td>Not yet due – Was planned to be covered at Board Seminar 25/10/17 but this is now not feasible meaning it may need to wait until January Away Day or more likely February 18 Board Seminar – requesting this is marked as completed given it is tracked on Board Seminar Planner</td>
</tr>
<tr>
<td>180</td>
<td>June 17</td>
<td>Chairs Report</td>
<td>Consider revisions required to Fire Safety risks in terms of risk appetite</td>
<td>MT</td>
<td>October 17 (ARC)</td>
<td>Not yet due - Will be considered at October ARC</td>
</tr>
<tr>
<td>181</td>
<td>June 17</td>
<td>CE Report</td>
<td>Report back on the implications of the new CQC regime for the Trusts’ services</td>
<td>TM</td>
<td>October 17 (ARC)</td>
<td>Not yet due - Will be considered at October ARC</td>
</tr>
<tr>
<td>183</td>
<td>June 17</td>
<td>Safer Staffing Report</td>
<td>Consider using Health Care Assistants (HCAs) where appropriate as Doctors Assistants which would also provide young Doctors with some staff management experience as well.</td>
<td>AK</td>
<td>November 17 (Board)</td>
<td>Will be added to Safer Medical Staffing Report for November Board (along with patient flow coordinators, Physician Associates, nurse specialist and pharmacy roles)</td>
</tr>
<tr>
<td>Action Log</td>
<td>Revise due dates on action log</td>
<td>MS</td>
<td>September 17 (Board)</td>
<td>Only one date needed to be changed relating to Quality &amp; Safety committee - completed</td>
<td></td>
<td></td>
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<td>--------------------------</td>
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<td>-----------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chief Executive Report</td>
<td>National Priorities for Acute Hospitals 2017 – return report to September Board</td>
<td>JS</td>
<td>September 17 (Board)</td>
<td>Completed – on agenda</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carers Strategy</td>
<td>Include information around what training was available for carers who often provide as much if not more care as trained staff in the NHS and information on safeguarding to support vulnerable groups such as young carers within the Strategy</td>
<td>JW</td>
<td>September 17 (Board)</td>
<td>Completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Establishment Review</td>
<td>Provide further report to January 18 Board</td>
<td>TM</td>
<td>January 18 (Board)</td>
<td>Not yet due – Will be considered at January 18 Board</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complaints report</td>
<td>Performance Report complaints indicator should be changed from pink to red</td>
<td>JS</td>
<td>September 17 (Board)</td>
<td>KPI appendix showing as red - completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Medical Revalidation Report</td>
<td>Evidence to support why 17 doctors had not completed an appraisal in 2016/17 and the action taken to address this needed to be added to the report followed by CEO sign off</td>
<td>AK</td>
<td>September 17 (Board)</td>
<td>• 5 doctors have now completed their 2016/17 appraisals in the 2017/18 appraisal year; • 5 doctors have now left the Trust; • 7 have received Level 1 and Level 2 reminder letters and are being managed according to our policy • Amended report signed off by CEO - completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Questions</td>
<td>Pay and exit parking plans to be provided to member of the public</td>
<td>DS</td>
<td>September 17 (Board)</td>
<td>Update provided - completed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Meeting of the Board of Directors – Public Part I session

Date of meeting: Wednesday 27th September 2017
Agenda item 6

<table>
<thead>
<tr>
<th>Report title:</th>
<th>Patient Feedback: Focus on Communication – April to June 2017</th>
</tr>
</thead>
</table>
| Report authors: | Vanessa Saunders, Interim Deputy Director of Nursing  
Catherine Holly, Head of Patient and Public Engagement |
| Report sponsor: | Jacqueline Walker, Interim Director of Patient Experience and Nursing |

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

Link to the Hillingdon Hospitals Strategic Plan 2017/21:

**STRATEGIC PRIORITY:**
Ensure we have safe, high quality sustainable acute services.
1. Introduction

This report provides the Board with a summary of patient feedback relating to the theme of Communication, both good and less positive. The report presents a wide range of information from different sources to include Friends and Family test, local surveys, NHS Choices and Care Opinion (previously known as Patient Opinion). It is recognised that each method of feedback provides a rich source of data and information and should not be taken in isolation. Each method has its strengths and weaknesses, therefore, where possible data and information is triangulated to determine if there are patterns emerging and pointing the Trust to particular challenges and concerns which will require addressing. Using all methods of information available enables the Trust to better understand the patient’s experience of the services offered and delivered, and is beneficial to assist in prioritising the focus of change and service improvement.

2. Feedback from Patient Surveys

The Trust captures patient feedback from both the Family and Friends Test and local quarterly surveys of patients using inpatients, outpatients and maternity services. The surveys are analysed and the results reported using the MES patient experience system. The following graph details the results from a selection of questions relating to Communication that patients were asked during Quarter 1 of 2017/18. Within the area of Communication there are four individual themes through which comments can be viewed.

4,957 comments were analysed in this way. Each comment can be attached to multiple themes and is initially flagged as either positive or negative. Below are figures for the four communication themes showing how many positive and negative references were made for each and what percentage that represents.

**Theme: Communicating to Patients**

251 positive references (97.29%), 7 negative references (2.71%)
### Sample Comments

<table>
<thead>
<tr>
<th>Survey</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Friends and Family Survey</td>
<td>Timing was v. good. The doctor was not giving me much information at all, and if a previous doctor had not told me more previously, I would have left very uninformed</td>
</tr>
<tr>
<td>Mount Vernon Treatment Centre</td>
<td>Very friendly and helpful staff, always happy to help and answer any questions / queries.</td>
</tr>
<tr>
<td>Labour Ward</td>
<td>Quite happy about all the care provided from my admission to discharge. Staff were attentive, always available to answer any questions.</td>
</tr>
<tr>
<td>AMU</td>
<td>Nurses were very helpful and doctor was very approachable and explained everything clearly. He was also happy to answer questions. More nurses would be good.</td>
</tr>
</tbody>
</table>

**Theme: Information**

58 positive references (89.23%), 7 negative references (10.77%)

<table>
<thead>
<tr>
<th>Survey</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Friends and Family Survey</td>
<td>Waiting to see a doctor. No information given. I have had to ask!</td>
</tr>
<tr>
<td>Antenatal Friends and Family Survey</td>
<td>The midwives and doctors were very clear in explaining all the details and helped with all my questions</td>
</tr>
</tbody>
</table>

**Theme: Listening Involving Patients**

36 positive references, (85.71%), 6 negative references (14.29%)
Sample Comments

<table>
<thead>
<tr>
<th>Survey</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Friends and Family Survey</td>
<td>Most of the nurses did everything they could, however the bell can be ignored on several occasions. But they do try and keep you informed, when the doctors bother to keep them informed.</td>
</tr>
<tr>
<td>Day Surgery Friends and Family Survey</td>
<td>High level of good care by all staff members - especially sister and nurses. Kept us well informed about all procedures and listened to our concerns. A great team. Thank you all so much.</td>
</tr>
<tr>
<td>Antenatal Friends and Family Survey</td>
<td>Very patient and the doctors and nurses take good care and pay attention to your individual needs.</td>
</tr>
</tbody>
</table>

Theme: Communication Between Staff
4 positive references (44.44%), 5 negative references (55.56%)

Sample Comments

<table>
<thead>
<tr>
<th>Survey</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day Surgery Friends and Family Survey</td>
<td>Everything went to schedule as planned and no severe delays as per last year. A nurse wasn’t aware that I needed to be seen by the surgeon before being discharged who was about to discharge me.</td>
</tr>
<tr>
<td>Paediatric A&amp;E Friends and Family Survey</td>
<td>The care my grandson was given was second to none! The staff quickly assessed him and worked together to ensure he got the best care anywhere in the world. Thank you.</td>
</tr>
<tr>
<td>Outpatient Friends and Family Survey</td>
<td>Fantastic staff really made me feel at ease. Good team worked well together.</td>
</tr>
</tbody>
</table>

3. Feedback from NHS Choices / Care Opinion

Patients regularly share their experiences of health and care services, good or bad, using NHS Choices and/or Care Opinion websites. When a review is published the comment is forwarded to the relevant departmental head or matron requesting an appropriate response. This response is posted on NHS Choices/Care Opinion website for the public to view. The chart below displays a sample of patient responses based on the theme of Communication during March to July 2017.

4. Discussion

Patient feedback is a regular agenda item at the Trust’s Experience and Engagement Group (EEG). EEG is attended by Divisional Governance representatives who provide an update on actions taken to improve the patient experience. Within the MES Patient Experience System there are six theme groups: Clinical, Non Clinical, Patient Emotions, Staff, Coordination and Communication. These themes are made up of 32 sub-themes. Future EEG meetings will review the most frequent theme.
**Communication**

**Communication to Patients**

**Maternity**

7th May 2017

"The care we received in the Labour ward for our second child (obstetric C-section) was efficient, friendly and professional. The staff all worked hard to put you at ease and keep you informed at all times."

Response:

Dear Sophie, congratulations on the birth of your second child and thank you so much for your kind and positive comments about the service that you received during both of your pregnancies and births at Hillingdon Hospital. It is always a pleasure to hear of a family's journey through our services and especially when the staff have been acknowledged for their kindness and professionalism. We aim to at all times and shall be sure to pass on your comments to the staff in all areas. Best wishes.

**Gastroenterology Department**

12th April 2017

"I had an appointment at the Gastroenterology. When I arrived at the reception desk I had to wait in a queue since 3 Receptionists were reading 1 piece of paper and none of them served the patients."

Response:

I would like to thank you for your comments, although they are not as positive as I would hope for it is essential to know when we are not providing great care to our patients. I would like to apologize for the delay at reception and will of course address this with our team. We do have times when we get very busy, but we will have to work on it to ensure that this does not happen in the future.

**Information**

**Gynaecology/Fertility Clinic**

8th May 2017

"My consultant explained the choices I have and gave me other very useful information. I do not feel that I am under pressure in making any decision as compared to another hospital that I have been to. The consultant and the assistance were very polite and made me feel really good which I felt the clinic.

Response:

Thank you so much for taking the time to post such a positive feedback. We are very pleased that throughout your time at the clinic you were made to feel that your time had to be considered all relevant information concerning your care so you could choose the right treatment plan for you. Thank you for your kind recommendation and I am very pleased that your positive experience continued when passing through the hospital. I will of course pass on your comments to the team and wish you the best of luck in any further treatment.

**Communication between Staff**

**Accident & Emergency**

26th May 2017

"A staff member who spoke to me was extremely rude, they kept asking me to go for private treatment. Patients should be treated with dignity & respect which is Basic minimum expectations. The staff need Coaching & Training on how to deal with Patients in a calm courteous manner."

Response:

Thank you for letting us know about your experience. As a member of A&E I would like to discuss this further and would encourage you to contact me via your Patient Advice and Liaison Service (PALS) to discuss this further. PALS can be contacted by email: hillingdonpals@nhs.net. We are sorry your experience was not positive one and I will feedback your comments to the team to help improve our services for the future.

**Listening Involveing Patients**

**Elizabeth Outpatients**

26th June 2017

"After being diagnosed with level 3 Breast Cancer on behalf of my wife in particular and myself we would like to place on record our appreciation of the superb care, attention, good humour and just as important kindness by all the staff in that department."

Response:

Thank you for your feedback regarding the care you received by our staff in Elizabeth Outpatients. I am pleased that you felt that the staff treated you with reverence and with care and kindness. I will pass on your appreciation to the staff working in the department.

**Antenatal**

31st May 2017

"I heard nurses arguing on phones inside their offices and then arguing around the place which I find disgraceful. No one bothered to add to my own needs and start pursuing the staff member behind the desk I then was seen. I would like to cover a friendly face rather than a stern angry one. I feel that there is no chance in place and the same goes for me many times I attend."

Response:

Thank you for your feedback. As manager of the Antenatal Clinic, I would like the opportunity to discuss this further with you and would encourage you to contact me via our Patient Advice and Liaison Service (PALS). PALS can be contacted by email: hillingdonpals@nhs.net. We are sorry your experience was not a positive one and I will feedback your comments to the team to help improve our services for the future.
Meeting of the Board of Directors – Public Part I session

Date of meeting: Wednesday 27\textsuperscript{th} September 2017
Agenda item 8

<table>
<thead>
<tr>
<th>Report title: Chief Executive Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report author: Michael Sims, Trust Secretary</td>
</tr>
<tr>
<td>Report sponsor: Shane DeGaris, Chief Executive</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Board Action required:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Board are asked to:</td>
</tr>
<tr>
<td>Note external updates from the Chief Executive.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Link to the Hillingdon Hospitals Strategic Plan 2017/21:</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRATEGIC PRIORITY:</td>
</tr>
<tr>
<td>Business as usual – governance</td>
</tr>
</tbody>
</table>
1. Pathology Network

All Trusts in the NHS received a letter from NHS Improvement requesting we formally acknowledge the commitment to moving towards a pathology network through a hub and spoke model. NHS Improvement has requested that the Chief Executive and Medical Director write on behalf of the Board confirming the Trusts intention to establish such a network by 30 September 2017.

As members of the Board will be aware the Trust is already a member of a network with a hub and spoke model – North West London Pathology. It is therefore intended that the Chief Executive and Medical Director will send a letter to NHS Improvement setting out the current position. The Trust Board is asked to agree with the proposed action.

2. Mandatory meeting for leaders of the most challenged systems - A & E and preparations for winter – 18/9/17

The Chief Executive and Chair attended a meeting with Jeremy Hunt Secretary of State for Health, Jim Mackey CEO NHSI and Simon Stevens, Chief Executive NHS England. The purpose of the meeting was to provide the Department of Health the opportunity to understand the challenges faced ahead of winter and to plan how to best work with commissioners and providers together to support performance. Expectations of local systems were also pointed out with an update on the overall Urgent and Emergency Care programme with best practice examples from other systems. A verbal update will be given at the meeting.

3. Mid-Year Assurance Process for Hillingdon Accountable Care Partnership

Following the ACP Joint Development Board in August 2017, the next stage of the due diligence process is now taking place during September and October 2017. The mid-year assurance review for Hillingdon ACP is a key part of the two year process agreed in December 2016.

To undertake the mid-year review, a self-assessment approach has been developed, shaped by an assessment of ‘what good looks like’ in relation to the assurance domains as an indication of likely development needs during the remainder of year one, and to inform assessment of progress towards year two.

The self-assessment submission and supporting evidence will be used to inform themes for a subsequent Board to Board discussion around key achievements to date and specific challenges and issues that may have been encountered, including those that are hampering progress in certain areas. This will directly shape the work programme and the scoping of the ACP development plans for the second half of 17-18 and will inform plans for year 2.
The first stage of the process will be for Hillingdon Health and Care Partners to complete the self-assessment by 28th September 2017. This will be followed w/c 2nd October by a joint meeting with HHCP and relevant CCG leads, aiming for continuity with the CCG reviewers from February 2017.

The Board to Board in October will help to determine:

- Whether the CCG is confident that the ACP’s development is progressing in line with expectations
- Whether both ACP and HCCP parties are happy to proceed
- Any areas needing strengthening in the plan to be agreed by CCG and HHCP
- Any changes in approach to arrangements for year two.

4. NHS Improvement Consultation on revisions to Single Operating Framework and issue of revised Use of Resources Framework

NHSI has published a number of proposed updates to the Single Oversight Framework (SOF) to be introduced in October 2017. NHSI were inviting views on these changes until 18 September.

NHSI & CQC have published the final Use of Resources (UoR) framework, following feedback from its consultation. The final framework has been informed by 7 pilots NHSI has undertaken to refine the assessment methodology. NHSI will introduce UoR assessments alongside CQC’s new inspection approach from autumn 2017.

5. Proposals will give the Health Service Safety Investigations Body power to investigate serious patient safety incidents.

A safety organisation drawing on lessons from the airline industry will have new legal powers to investigate serious patient safety incidents in the NHS in England, under plans laid before parliament on 14 September 2017. The draft Health Service Safety Investigations Bill will establish and enshrine in law the powers of the Health Service Safety Investigations Body (HSSIB). The HSSIB will take forward the work of the current Healthcare Safety Investigation Branch (HSIB), which came into operation in April 2017 as a division of NHS Improvement.

Under the proposals, the HSSIB will be independent of the NHS and at arm’s length from government. It will have far-reaching access to investigate serious safety incidents or risks to patient safety.

After each investigation is completed HSSIB will publish detailed reports which will:

- make recommendations for system-wide learning across the NHS
- help develop national standards on investigations
- provide advice, guidance and training to improve investigative practice across the health service.
Meeting of the Board of Directors – Public Part I session

Date of meeting: Wednesday 27 September 2017
Agenda item 9

<table>
<thead>
<tr>
<th>Report title: People Strategy</th>
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<table>
<thead>
<tr>
<th>Report author: Rachel Stanfield, Deputy Director of People &amp; Organisational Development</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Report sponsor: Terry Roberts, Director of People &amp; Organisational Development</th>
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<table>
<thead>
<tr>
<th>Board Action required:</th>
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</thead>
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The Board are asked to:

Approve the People Strategy

<table>
<thead>
<tr>
<th>Link to the Hillingdon Hospitals Strategic Plan 2017/21:</th>
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</table>

STRATEGIC PRIORITY:

h) Enabler - Workforce
The People Strategy 2017–22 is included as an Appendix to this summary report. This summary includes the following:

- The vision at the centre of the Strategy
- Priority work areas required to deliver the Strategy and the underpinning milestones ('pillars' of the Strategy)
- The role of CARES values in the Strategy
- Metrics, monitoring and outcomes
- Delivery model
- Governance and monitoring
- Investment.

People Strategy Vision

The vision at the centre of the Strategy is:

“To live our values for our patients by attracting, developing and retaining positive and productive people”

Work areas required to deliver the Strategy ('pillars' of the Strategy)

The five pillars of the Strategy that will deliver our vision are:

1. Attract and recruit for our values:
   a. Embed a strong, unique employer brand
   b. Implement values based recruitment
   c. Deliver targeted and streamlined recruitment

2. Educate, train and develop
   a. Improve the learning and development experience
   b. Develop apprenticeship programmes at all levels (from entry level to Masters degrees)
   c. Establish the Hillingdon Clinical School
   d. Leadership and management development

3. Build a productive, high performing workforce
   a. Ensure effective rostering and other e-solutions
   b. Ensure best managerial practice
   c. Build hared Sustainability and Transformation Plan (STP) workforce solutions

4. Transform the workforce model
   a. Understand workforce supply changes and analyse current and future need
b. Ensure the workforce for future clinical models

5. Nurture our people
   a. Secure equity for everyone
   b. Develop a coaching culture
   c. Recognize, reward and listen to our people
   d. Promote our people’s health and wellbeing.

Role of CARES values in the Strategy

The Strategy presents our CARES values as the foundation of all the actions we will take and as the thread the runs through everything we do.

Through the life of this Strategy, we will build on the strong identification our people already have with our CARES values and will further strengthen this. We have already defined roles for both CARES Ambassadors and CARES Champions. Over the next five years we will:

- Embed the use of CARES values at every stage of our people’s time with us, from recruitment to appraisal and development, and when they leave us
- Ensure that all our people become Ambassadors of our values
- Strengthen the capability of CARES Champions to support us all to challenge behaviours that are not in line with our values
- Consistently reward the demonstration of CARES behaviours by our people
- Consistently challenge behaviours that are not in line with our CARES values.

Metrics, monitoring and outcomes

The Strategy sets out a range of **metrics** including:

- Vacancy rate – target 8%
- Turnover rate – target < 13%
- Time to Hire in top quartile
- Agency expenditure reduced to < Carter average
- 95% Statutory and Mandatory training compliance (STaM)
- Full utilisation of the Apprenticeship Levy
- All Carter metrics < average
- Sickness absence <3 %
- Number of new recruits leaving in less than 12 months reduced by 10%
- Staff Survey Engagement Scores in the top 20%
- Workforce Race Equality Standard (WRES) scores it the top quartile
- Healthy Workplace Charter Level 3 achieved.

The Strategy **outcomes** have also been defined in terms of experience of our staff and patients, through a series of ‘l statements’, including those shown below:
Delivery model

Together, the teams within People and Organisational Development (P&OD) will deliver this Strategy working in collaboration with all our people. Each of the P&OD teams is clear about their purpose and the role that they play in delivering the Strategy.

The model below describes how the expert teams within P&OD work together to support staff. The expert functions work together in an integrated way, rather than as sitting in ‘silos’. CARES values are at the heart of all the relationships. The Strategic People Solutions team plays a key role – working as a conduit between the expert functions and our Divisions. Expert functions also reach directly into the Divisions.

Governance and monitoring

Delivery of the People Strategy will be overseen by the Workforce Transformation Steering Board (WTSB), which reports to the Finance and Transformation Committee. Strategy updates will be provided to the Committee and also directly to the Trust Board.
Strategy implementation will be co-ordinated by the existing working groups of the WTSB. We will also ensure links with other Divisional, Trust-wide and system-wide Groups where there are key dependencies, including the Health and Wellbeing Committee, the Future Workforce Group, the Equality, Diversity and Inclusion (EDI) Steering Group and the Accountable Care Partnership Workforce Group.

Through these groups we will ensure effective monitoring of Strategy outcomes as well as risk identification and mitigation.

**Investment**

Investing in our people is essential. In delivering our Strategy, we will first utilise and maximise all existing sources of investment open to us, including the Apprenticeship Levy. However, delivering the full spectrum of our ambitions will require additional investment in some key areas. For these, we will develop the necessary business cases and work with partners, including Health Education England, to secure the necessary resource.
Meeting of the Board of Directors – Public Part I session

Date of meeting: Wednesday 27\textsuperscript{th} September 2017
Agenda item 10

**Report title:** Learning from Deaths, Mortality Review Policy

**Report authors:** Dr Cheryl Messer, Clinical Director Quality and Safety, Anita Maudsley, Clinical Audit and Effectiveness Manager

**Report sponsor:** Dr Abbas Khakoo, Medical Director

**Board Action required:**
The Board are asked to:
Approve the Learning from Deaths, Mortality Review Policy

**Link to the Hillingdon Hospitals Strategic Plan 2017/21:**

**STRATEGIC PRIORITY:**

f) Improving the present – Implement year 2 of the Quality and Safety Improvement Strategy: Aim 3 - Working towards no preventable deaths
1. Context

The policy is a response to the recent publication by the National Quality Board: National Guidance on Learning from Deaths (NGLFD) (March 2017) in accordance with good practice as identified from the CQC report: Learning, Candour and Accountability Review (LCAR) (December 2016).

2. Summary

The Trust is required to present for approval its policy for reviewing deaths in hospital to a Public Board by the end of Q2 2017 in accordance with the requirements of NGLFD. Mortality Review Process (MRP) was initiated in the Trust in October 2013 with the aim that the deaths of all patients in hospital would be audited to review quality of care and identify areas for learning.

After the publication of LCAR followed by the NGLFD framework, a gap analysis was undertaken and reviewed by the Mortality Surveillance Group and an action plan developed. One of the actions was the development of a Trust Policy for Learning from Deaths.

The gap analysis revealed the need for increased resources including (i) a Mortality Lead Nurse particularly for appropriate selection of cases for review according to the criteria in the policy and for liaison with family and carers and (ii) increased administrative support: to co-ordinate the whole MRP; to allow involvement of families and carers in the process; to support the review of deaths within 30 days post discharge; and to bring existing systems in line.

There has been as much consultation as possible within the Trust in developing the policy and some discussion with the Commissioners, but this has been somewhat limited given the time constraints of the NGLFD requirements.

The Policy is attached at Appendix I. Comments are welcome.

Equality and diversity considerations:
None noted, though the CQC report focuses on giving additional consideration to those individuals with learning disabilities or mental health concerns.

Financial implications:
The financial implications associated with this policy are:
A Mortality Lead Nurse hours per week tbc; Band 3 Administrative post is required for 15 hours per week (tbc); Staff training and time requirement, for example, expert reviewers.
Meeting of the Board of Directors – Public Part I session

Date of meeting: Wednesday 27th September 2017
Agenda item 11


Report author: Geraldine Landers, R&D Manager

Report sponsor: Dr Abbas Khakoo, Medical Director

Board Action required:

The Board are asked to:

Approve the Research and Development Annual Report

Link to the Hillingdon Hospitals Strategic Plan 2017/21:

STRATEGIC PRIORITY:

e) Delivery Area 5: Ensure we have safe, high quality sustainable acute services
The Hillingdon Hospitals NHS Foundation Trust
Research and Development (R&D) Annual Report for 2016/17

1. Summary of Performance
The Hillingdon Hospitals NHS Foundation Trust's main research activity is recruiting patients into high quality non-commercial and commercial National Institute for Health Research (NIHR) portfolio adopted multi-centre studies. We receive funding from the NIHR Clinical Research Network (CRN) North West London (NWL) to support this activity. The Trust continues to have a very active R&D dept with an extensive research portfolio covering a wide range of clinical specialities even though there has been a reduction in NIHR funding in recent years.

2. Research Income 2016/17
The research funding for 2016/17 from the CRN NWL was based on previous research activity, targeted investment, and an allowance for Research Set-up & Management (formally called Research Management and Governance (RM&G)). In 2016/17, the Trust received £382,515 from the CRN NWL to support NHIR portfolio adopted research activity and £20,000 as additional money from the Department of Health (DoH). Commercial and non-commercial research income (from sponsors) is also included in Table 1 below. Our research funding is broken down as follows:

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding Stream</th>
<th>Funding 2016/17</th>
<th>Projected funding 2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRN NWL</td>
<td>Research Activity-Based Funding (ABF)</td>
<td>£255,511</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Research Set-up &amp; Management</td>
<td>£26,484</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CRN targeted investment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>£40,272 (partially supports 3 research posts in cancer)</td>
<td>£40,272</td>
<td>£40,272 (partially supports 3 research posts in cancer)</td>
</tr>
<tr>
<td></td>
<td>£30,704 (Research Midwife)</td>
<td></td>
<td>£23,003.25 (Research Midwife x 9 months)</td>
</tr>
<tr>
<td></td>
<td>£7,000 (critical care)</td>
<td></td>
<td>£25,530 (0.5 WTE clinical trials pharmacist)</td>
</tr>
<tr>
<td></td>
<td>£4,335 (anaesthesics, neurology)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>£2138 (stroke reps)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>£16,026 (other one-off payment)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total CRN</td>
<td></td>
<td><strong>£382,515</strong></td>
<td><strong>334,398</strong></td>
</tr>
<tr>
<td>Department of Health</td>
<td><strong>Capacity Building funding from DoH</strong></td>
<td>£20,000</td>
<td>£20,000</td>
</tr>
<tr>
<td>Commercial Income</td>
<td></td>
<td>47,440</td>
<td>47,440</td>
</tr>
<tr>
<td>Other Income from Non -commercial studies</td>
<td></td>
<td>26,375</td>
<td>9,420</td>
</tr>
<tr>
<td>Grand Total R&amp;D Income</td>
<td></td>
<td><strong>£476,330</strong></td>
<td><strong>411,258</strong></td>
</tr>
</tbody>
</table>

Table 1
** A funding stream from the DoH to support research capacity building

The 17/18 NIHR CRN NWL funding allocation model (Appendix 1) has three elements:
1) Previous activity (retrospective) - 70% of the funding is based on a 2-year average weighted non-commercial recruitment (between 1 October 2014 and 30 September 2016).
2) Predicted activity (prospective) - 20% of the funding is based on planned weighted recruitment next financial year.
3) Performance premium - 10% of the funding is based on the number of closed studies that Recruited to Time and Target (RTT) between 1 October 2015 and 30 September 2016.

Study complexity weights funding ratios - 11 for interventional, 3.5 for observational and 1 for large scale studies. Fig1 shows our recruitment to different complexity study types.
Our projected funding for 2017/18 is lower than previous years.

- As discussed in previous reports the CRN income was protected by a 5% cap and collar in the past. In 2010/11 when the ABF was introduced and benchmarked, the Trust recruited approx 3,000 patient’s to one study. Therefore our allocation had been generous and we have done well from this protection for many years. In 16/17 the collar was increased to 30% and this year back to 10% with no cap which resulted in a decrease in our ABF. We had a decrease of 58% in the ‘performance premium’ element RTT compared with the previous year. However we had only one study less close to target than the previous year. The reason for the reduction is that performance in this element had improved significantly in NWL and there was therefore less money to allocate between Trusts. In fact we performed very well in this element 78% in 16/17 especially for non-commercial studies (Appendix 2) and we have had a letter from NWL CRN to the Trust CEO that recognised our performance and thanked us (Appendix 5).

- Many of the bigger Trusts in NWL recruit large numbers of patients to single centre studies they sponsor themselves or have access to patient populations not treated at Hillingdon therefore more opportunity to earn accruals.

- However, we received £84,494 directly from the CRN NWL to continue to support cancer, reproductive health, and specific projects in anaesthetics, critical care and neurology. In March 2017 the CRN agreed to fund £25,530 towards a clinical trial pharmacist in 17/18. This additional funding was achieved by the R&D Manager submitting individual short business cases to the CRN for the additional income.

The only way to continue to maintain/increase our activity based funding is to continue to:

- increase our patient recruitment into NIHR adopted clinical trials
- supplement income by funding from commercial trials
- continuing to explore research options in specialities which are not research active
- use the CRN Strategic Work Force (no cost to us) to help increase our recruitment
- carry out thorough feasibility so that studies reach targets
- submit business cases to the CRN for additional income when opportunities arise.

One aim of the forthcoming collaboration with Brunel University to form an Academic Centre for Health Sciences would be to increase research activity and thereby attract more income to our R&D dept.

The above funding supports seven WTE R&D staff (mainly research nurses and trial coordinators) (Appendix 3). The workload demands on the R&D team are increasing just to maintain the current level of activity e.g. there are increased levels of reporting and performance management by the CRN.
3. Research Activity 2016/17
During 2016/17 we had 79 open studies of which, 83.5 % were NIHR portfolio adopted non-commercial studies. Commercial research made up 11% of our activity. Student research projects accounted for 2.5% which is unfunded.

<table>
<thead>
<tr>
<th>Type of study</th>
<th>Number of study type and %</th>
<th>Number of study type and % 16/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>NIHR portfolio adopted non-commercial studies (ABF funding)</td>
<td>52 (71%)</td>
<td>66 (83.5 %)</td>
</tr>
<tr>
<td>PhD and Masters studies (Unfunded)</td>
<td>8 (11%)</td>
<td>2 (2.5%)</td>
</tr>
<tr>
<td>Commercially funded studies*</td>
<td>13 (18%)</td>
<td>11(14%)</td>
</tr>
<tr>
<td>Total</td>
<td>73</td>
<td>79</td>
</tr>
</tbody>
</table>

Table 2                                                      *Most commercial studies are also NIHR portfolio adopted

We recruited 713 patients into a total of 41 studies. When compared to other similar sized Trusts in London, our activity appears to be on par. We exceeded our target by 49% which was greatly helped by taking part in SNAP-2: EpiCCS. Our performance RTT for Commercial open studies was below target. Unfortunately, recruitment into our interventional commercial Ophthalmology and Haematology Cancer studies was very low for a variety of reasons. These studies can be very demanding and labour intensive and often it is difficult to recruit patients to them. However, we have recruited well to some commercial cardiology observational/data collection studies (Appendix 2, 4 and 5). Figure 2 below shows the research activity in our research active specialities for 2016/17. The remainder of the 38 open studies are either now closed to recruitment with patients in follow-up, awaiting close-out visits, having queries being resolved or archiving is in progress.

![Figure 2](image)

**Recruitment by speciality - patient numbers 16/17**

4. Research Management & Governance
Since the Health Research Authority (HRA) approval process was introduced on 1st April 2016 our focus is now on assessing, arranging and confirming our capacity and capability to deliver studies. The NIHR CRN has set us a local objective that 80% of studies achieve set up within 40 calendar days (from “Date Site Selected” to “Date Site Confirmed”). This is usually achievable with simple observational studies but presents more of a challenge with interventional studies that involve contracts, costings, collaboration with other hospital services etc. We achieved 50 % as opposed to 56% in NWL (Appendix 2). The R&D Manager is the only person in the dept who carries out this task which can mean longer set up time during periods of annual leave or other demands. It would not be practical to have other research staff (nurses, trial coordinators) cover as it involves a different skill set and would take them away from recruiting to their own studies which would reduce our accruals.
5. Workforce Development
The Trust regularly reviews its R&D workforce deployment to allow it to be responsive to the organisation and researchers. This ensures that local researchers have the skills and resources to recruit patients in a timely manner. Trust R&D staff are encouraged and supported to attend CRN training courses and conferences appropriate to their areas of work. Senior staff within the R&D team mentor and train junior staff. We provide face-to-face and electronic Good Clinical Practice (GCP) training.

6. Supporting Life Sciences Industry (commercially funded research)
One of the Department of Health’s primary research objectives is to support the pharmaceutical industry in developing new drugs and treatments. We have 11 open commercial studies with 1 in set-up. We have recently submitted expressions of interest (EOI) for more ophthalmology and cardiology studies. We also submitted EOI’s for observational/data collection studies in neurology, rheumatology and reproductive Health via the NIHR. However our site was not selected for any of these. Only 10% of EOIs submitted via the NIHR are successful in NWL. So I can only conclude that we would need to be more established and known to commercial sponsors in these specialities to be selected. A new Clinical Trial Pharmacist post (1.0 WTE) was approved in March 2017 and is now filled. This will enable us to continue to open new commercial Clinical Trials of Investigational Medicinal Products (CTIMPs).

7. The Future (2017-19)
Many of our studies now require us to collect data/patient questionnaires via electronic devices (iPads, tablets) supplied to us or via our own Trust R&D iPad. Our Trust IT dept requires that each application used on these devices undergoes bespoke configuration before use. This could cause delays in initiating studies and the numbers of patients we recruit if we do not have adequate capacity and capability in the IT dept to carry this out. We need to work more closely with the Trust IT to overcome hardware issues, but also to allow better access to DoH and sponsor websites which are often blocked by the Trust firewall.

The new Clinical Trial Pharmacist post will give us greater capacity that we will use to increase our portfolio of CTIMPs both commercial and non-commercial.

The CRN objective (HLO2) where we were below target will be addressed by carrying out very thorough feasibility for new commercial interventional studies to ensure that we meet this target. The R&D Data Manager will be trained to assist the R&D Manager with the setting up and confirming of studies in order to improve our performance in opening studies within 40 days (HLO4).

In order to maintain and increase our recruitment activity and thereby our income the R&D Manager will continue to work with the divisional leads across the Trust and with CRN colleagues in order to maximise research opportunities in all specialities but particularly in areas where there is currently either no or minimal research activity. R&D will prioritise reactivating studies in Rheumatology and explore opening studies in Sexually Transmitted Diseases with the assistance of the CRN NWL Strategic Work Force.

The collaboration with Central and North West London Mental Health Trust (CNWL) and Brunel University offers an exciting opportunity to significantly drive forward the R&D ambition of the Trust.
Meeting of the Board of Directors – Public Part I session

Date of meeting: Wednesday 27th September 2017
Agenda item 12

**Report title:** Biannual Medical Education Report

**Report author:** Dr Stella Barnes, Director of Medical Education (DME)

**Report sponsor:** Dr Abbas Khakoo, Medical Director

**Board Action required:**

The Board are asked to:
1. Note and comment on the report
2. Note the need for a coherent workforce plan relating to Physician Associates (PAs) in light of our commitment to train PA students from Brunel University

**Link to the Hillingdon Hospitals Strategic Plan 2017/21:**

**STRATEGIC PRIORITY:**

Enabler Workforce objective 4
1. Introduction
Although there have been significant challenges over the last 6 months, medical teaching and training remains of high quality in the trust. The training environment is currently being influenced by the following changes.

The New Junior Doctors’ Contract
The majority of our trainees are now on the new contract, which contains contractual obligations for training as well as terms and conditions of employment.

Changes in Health Education England (HEE.)
There has been significant change in structure and administration of HEE following a cut in its budget by a third. All trusts in the region experienced a significant delay in receiving reliable information from HEE about our new starters for August, meaning that trainees did not receive information about their new posts in a timely fashion.

The lead provider function has now ceased, with management of postgraduate training programmes reverting to HEE. Responsibility for providing some of the generic training in the region, for example, in leadership and Quality Improvement, is likely to rest with the local education providers (LEP.) There remains a will to maintain some of the networks formed to support the lead provider, and regular regional meetings with the DMEs and postgraduate and deputy deans will continue.

HEE has stopped providing many of its face-to-face faculty development programmes, although it has shared details of suitable courses available on eLearning for Health (eLfH.) Again, responsibility for providing other faculty development will fall to the LEPs.

The Director of Medical Education and Medical Director have this year started regular meetings with our HEE Trust Liaison Officer to ensure an effective two-way dialogue occurs, and areas of good practice, potential concern or changes in training / trainee numbers can be identified and acted upon at an early stage.

Continued Increase in Activity and Rota Gaps
These affect the quality of training in the acute specialties.

Foundation School Changes
The Foundation School has expressed its intention to remove 18 FY2 posts from the region. 3 posts will be lost from Hillingdon from August 2018. Discussions will be had with the Foundation School head, postgraduate dean and training programme directors (TPD) to identify posts to be lost, based on quality of training experience.

2. Quality Assurance and Governance Process of Education
The GMC Survey (Summary included in Appendix A)
Results were very positive for Hillingdon this year. Of particular note was the excellent feedback for haematology, having previously had very negative feedback. The haematology department should be congratulated for this turnaround, having worked hard with the medical education department & their trainees to improve the educational experience. There was also very
positive feedback for Obstetrics and Gynaecology (O&G) and care of the elderly. No concerns were raised for bullying in the GMC survey. This is contrast to the earlier feedback from the Foundation School survey in December 2016. Much work was done with the foundation trainees to understand this and in the main, comments related to bullying were around feelings of being undermined when making referrals between specialties. This is being addressed with focused teaching and with the trust-wide professional standards work. On discussion with the head of the Foundation School, it is clear that reports of bullying and undermining were seen throughout the region, Hillingdon having some of the lowest reports. Non-immediate patient safety concerns were raised around staffing at weekends in medicine and availability of some equipment in resuscitation trolleys. Action plans have been submitted to HEE for these. A red outlier was seen again for workload in gastroenterology, despite some improvements in induction & teaching. Additional trust grade staff have now been appointed and commenced work in August. Of concern, anaesthetics received several red outliers, which was unexpected and unusual. We are working with anaesthetics to understand and respond to concerns raised. Of note, a red outlier was also seen for educational supervision for foundation doctors in surgery. This does not relate to surgery per se, as the educational supervisors (ES) were in different departments. On review, 2 of these supervisors have relinquished their supervisor responsibilities this year due to competing commitments, which may improve supervision in itself. However, to improve educational supervision across the board, which is a critical part of delivering high quality education, we are developing a guide for supervisors and will raise this issue in our ES and education committee meetings.

Specialty focused visit 2016
Most of our outstanding action points from the last site visit have been closed. We are awaiting feedback for our latest response which relates to feedback about and learning from serious incidents (SIs) across the trust, handover in medicine and supervision in some areas of O&G.

GP School Visit 2017
No significant concerns were raised and all concerns from the previous visit had been addressed. In addition, the trust’s GP scheme was awarded a new training rotation for 2017/8, developed by converting trust posts in paediatrics, emergency medicine and care of the elderly.

3. Simulation Centre and Training
The department was successful this year in bidding for some money from HEE to develop SIM training in SIs. SI programmes have been run in medicine and paediatrics with excellent feedback & results have been presented to the North West London Simulation group. Work needs to be done to embed this as a regular trust wide multidisciplinary training exercise. This will require faculty time and managerial support of the programme. The centre continues to be used regularly for internal courses and for
foundation and core medical training. Many specialties are moving to compulsory simulation training and we will need to respond to this. The department’s ability to provide more external, potentially revenue generating courses, is currently limited by the absence of permanent technical staff. A business case will be produced to address this.

4. The Trainee Voice
Junior doctors continue to attend the medical education committee, local faculty groups and the junior doctor’s forum.

5. Junior Doctors Contract
Most of our junior doctors in training posts are now on the new contract. 10 exception reports were logged for education for the last 6 months. However, on review, only one of these relates specifically to lost educational opportunity- an FY2 was unable to attend compulsory teaching. The rest appear to relate more to hours and breaks.

6. Undergraduate Medical Course- Imperial College
The annual Governance and Education Monitoring Visit (GEMV) has requested that Hillingdon Hospital provide “Eduroam” comprehensive Wi-Fi access to all students across the site, as current Wi-Fi delivery was deemed inadequate. This has been provisionally agreed with the trust’s ICT department, who are communicating with Imperial and the Eduroam management company, to determine how best to deliver this. The very successful GUM/HIV firm came to an end after only one year due to the reconfiguration of services across North West Thames. Dr Rubinstein and her team’s hard work was recognised with a Teaching Hero award from Imperial College.

As a result of poor O&G feedback compared to our peers, student numbers to Hillingdon Hospital have been reduced. We have a maximum capacity for 36 students over the year, this has been reduced to 23. This will be discussed at our forthcoming GEMV.

From this academic year, 3rd year medical students will no longer be attending GP surgeries for their Clinical Methods Training. This will now be delivered onsite by our clinical fellows, increasing the demands on their time. The role of Undergraduate Manager has been vacant since July following the secondment of the previous postholder to the Medical Education Manager role. Interviews took place on the 4th of September and we are currently arranging a secondment for the successful candidate.

Our Clinical Teaching Fellows presented a study on how to optimise learning in theatre to the International Association for Medical Education (AMEE) conference in Helsinki and the Medical Education Research Conference at Imperial College.

7. Physician Associate Masters Programme- Brunel University
Several of our consultant staff delivered lectures to the first cohort of students. The second, clinical year of the course is now underway. Currently, THH is teaching all the second year students, Imperial College having been unable to provide an induction course or supervisors for the first 3 months. This information was shared in late August, the medical education team and
medical consultants having to respond at very short notice to the request to take additional students. Their hard work and flexibility is to be commended. Concerns remain as to the sustainability of this additional workload alongside other teaching and training responsibilities. It is noted that there is currently no trust strategy to employ qualified PAs in the long term.

8. **Challenges for 2017/18**
   1. Maintain quality of training & education for all students & postgraduate trainees, in light of the HEE changes and changes in working pattern due to the new Junior Doctors contract
   2. Work with HEE and the Foundation TPDs to identify the 3 FY2 posts to be lost to the programme from August 2018
   3. Change the working patterns in gastroenterology to improve the results in the next GMC survey
   4. Clarify the role of Physician Associates as part of the medical support workforce.
   5. To provide the above in the context of significant changes in staff
Meeting of the Board of Directors – Public Part I session

Date of meeting: Wednesday 27th September 2017
Agenda item 13

Report title: Serious Incident investigation Process

Report author : Jacqueline Walker, Acting Director of Nursing & Patient Experience

Report sponsor: Dr Abbas Khakoo, Medical Director

Board Action required:

The Board are asked to approve:

• That an SI Assurance Committee, chaired by a Non-Executive Director (NED), is formed to review and approve Executive Director (ED) and NED led panel investigations instead of the Trust Board

• That Soraya Dhillon NED is appointed as the Chair of the Committee with Linda Burke NED deputising for the Chair when unable to attend

• The terms of Reference at Appendix I of the report, noting that the Committee reports to the Quality & Safety Committee

• The use of an increased resource in the form of Divisional Directors (DDs) and Assistant Directors of Nursing (ADNs) for each division supporting the investigation process by chairing SI investigation panels that do not require a NED/ED chair.

• That DDs/ADNs will review and sign off those investigation reports that do not need to be presented to the SI Assurance Committee. These reports will receive final approval from the Medical Director (MD) / Director of Nursing (DoN)

Link to the Hillingdon Hospitals Strategic Plan 2017/21:

STRATEGIC PRIORITY:

e) Delivery Area 5: Ensure we have safe, high quality sustainable acute services

f) Improving the present - Implement year 2 of Quality and Safety Improvement Strategy
Proposal for changes to the Serious Incident Investigation Process

1. Introduction

The Trust requires a revised and more streamlined approach to its current process for the investigation of Serious Incidents (SI) and approval of the completed investigation reports. Firstly the numbers of SIs for investigation are putting a pressure on the system for the clinical governance team and for senior managers in the organisation; therefore an alternative and better resourced approach is required. In addition, the Non-Executive Director (NED) and Executive Directors (ED), with our current policy, have the increased burden of chairing SI panels on an almost continuous basis further to an existing heavy workload.

Secondly, the current process of the NED and ED led panel investigation reports being presented to the Trust Board cannot continue with the Trust Board changing to a bi-monthly meeting. There is a requirement for the investigation reports to be completed within a 60-day timeline and to be provided to Hillingdon Clinical Commissioning Group (HCCG); the Trust currently struggles with this timeline and reports awaiting a bi-monthly Trust Board meeting would make this situation worse.

Recommendations:

- An SI Assurance Committee, chaired by a NED, is formed to review and approve ED and NED led panel investigations instead of the Trust Board (Terms of Reference: Appendix 1)
- An increased resource in the form of Divisional Directors (DD) and Assistant Directors of Nursing (ADN) for each division supporting the investigation process by chairing SI investigation panels that do not require a NED/ED chair
- DDs/ADNs to review and sign off those investigation reports that do not need to be presented to the SI Assurance Committee. These reports will receive final approval from the Medical Director (MD) / Director of Nursing (DoN).

2. Involvement of Divisional Directors and Divisional Assistant Directors of Nursing

It is common practice in NHS Trusts that Divisional Clinical leads take responsibility for chairing SI investigation panels and for providing sign off of SI investigation reports. Final approval of these reports is by an Executive Director, usually the MD or DoN. This approach ensures divisional leadership and ownership of SI investigations and an increased understanding of the recurring themes and learning required to change and improve practice.

Under a revised approach to SI investigation policy and process in the Trust it is proposed that the following SI investigation reports will follow this process:

- Any SI which relates to a near miss
- Grade 3 or 4 pressure ulcers
- Falls with fracture
- HCAI related deaths (On part 1a or 1b of death certificate)
• Maternity incidents where the harm is a result of care/service delivery problems but the SI does not warrant SI Assurance Committee scrutiny (to be agreed on an individual basis by the DD, in discussion with the MD).

The Clinical Governance Team will ensure that the MD is aware of all potential SI cases and that the MD approves the approach to be taken for any SI investigation in discussion with the relevant DD. This revised approach will include the opportunity for the DD to decide if any case that has been reviewed at divisional level requires escalation to the SI Assurance Committee based on their review of the incident investigation report and findings. This will be discussed with the MD.

3. NED/ED led panel investigations

The MD will discuss all potential NED/ED led panel investigations with the Chief Executive Officer who will in turn discuss with the Trust Chairman to determine whether a NED is required, and which NED will chair the investigation panel.

The following cases will be appropriate for a NED/ED led panel:

- Never Events
- Maternal deaths
- Any SI which relates to serious harm/unexpected death as a result of e.g. missed diagnosis, lack of escalation of the deteriorating patient, inadequate care of sepsis
- Cross organisational SIs
- Significant reputational concerns
- Any SI which relates to neglect or harm (reckless or willful) by a member of staff
- Serious case reviews
- SIs which relate to national screening programmes
- SIs which relate to corporate issues

4. Determining who should be on the investigation panel

It is the responsibility of the DDs and ADNs to agree relevant personnel for the investigation panels further to discussion with the MD/DoN. The investigating officer (IO) will be determined by the relevant division and the clinical governance team. The IOs will continue to be senior staff that have either received the relevant root cause analysis (RCA) training or are fully supported by the clinical governance team. Further in-house RCA training is being planned to ensure there is a wider body of staff that will be able to support the investigatory process. The IO is to receive support from the divisional management team to ensure adequate time is provided to allow for a thorough and detailed investigation and a high quality investigation report.

5. Sharing of the investigation reports

SI investigation reports are shared with those staff closely involved with the incident. An Executive Summary is shared more widely via divisional governance boards, governance forums and nursing meetings. The final approved SI investigation report will now be provided to the Medical Education Lead and the medical lead for multi-professional simulation training so that these can be reviewed and shared for the purposes of junior doctor supervision and support, and staff training.
6. Meeting with the patient/family members

Currently the CEO meets with the patient/family of any NED/ED led panel investigation. This is not required for all investigations. It is proposed that the SI Assurance Committee determines which member of staff would be most suitable to meet with the patient/family for NED/ED led panel investigations. This can be the CEO, MD, DoN, the Executive Director of the investigation panel or the relevant DD. These meetings will always be supported by having a relevant clinician present (usually a panel member) and a senior nurse. For non NED/ED led panel investigations it is proposed that it is the DD/ADN that takes this lead role supported by the relevant clinical staff.

Decision-making for Serious Incident Declaration and Panel Membership

Case escalated to Divisional Director (DD) by member of staff/Clinical Governance Lead/Clinical Governance Facilitator (CGF)

DD discusses with specialty lead and decides whether to escalate and discusses the case with the Medical Director (MD)/Director of Nursing (DoN)

MD and/or DoN to agree whether case constitutes a Serious Incident and that a panel investigation should be convened

MD/DoN to:
- Discuss case with Chief Executive Officer
- CEO will instruct declaration of panel SI

CEO/MD to:
- Agree whether panel should be chaired by a Non-Executive Director (NED)/Executive Director (ED)/DD
- Agree ED/DD for non NED panel
- MD to inform relevant DD
- CEO to discuss cases that require NED chair with the Trust chairman and agree/advise relevant NED
- Inform Clinical Governance Lead of the above

MD/DoN/Governance Lead to:
- Discuss case with the NED/ED/relevant DD (who will be the chair of the panel)
- Agree with DD/ADN suitable panel representation
- DD/ADN to discuss case with nominated clinicians
- CGF to provide list of panel members to PA to CEO for NED/ED led panels
- Non NED/ED led panel members to be determined by DDs/ADNs and contacted by the relevant division

Within 24 hours

0-48 hours
Equality and Diversity: There are no implications arising from the report.

Financial Impact: There are no financial implications arising from the report.
Meeting of the Board of Directors – Public Part I session

Date of meeting: Wednesday 27th September 2017
Agenda item 14

<table>
<thead>
<tr>
<th>Report title: Amendment to the Terms of Reference of Finance &amp; Transformation Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report author: Michael Sims Trust Secretary</td>
</tr>
<tr>
<td>Report sponsor: Richard Sumray Chair</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Board Action required:</th>
</tr>
</thead>
</table>
| The Board are asked to:

Approve the addition of the following paragraph into the terms of reference of the Finance and Transformation Committee (FTC)

“Scrutinise and make recommendations to the Board on the following;

a) Approval of spend for goods and services over £250,000

b) Approval of capital business cases over £250, 000 whole-life cost

c) Approval of variations to capital scheme budgets from plan over £250,000”

<table>
<thead>
<tr>
<th>Link to the Hillingdon Hospitals Strategic Plan 2017/21:</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRATEGIC PRIORITY:</td>
</tr>
<tr>
<td>Business as usual – governance</td>
</tr>
</tbody>
</table>
1. **Context**
The Trust’s Scheme of Reservation & Delegation authorises the Board to approve the terms of reference for any of its Committees.

2. **Current Terms of reference of FTC**
Whilst the current terms of reference refer to a responsibility to develop strategic outline cases for any major investment, including any subsequent business cases or financial evaluation they do not determine the “value” of potential cases or, following on from business cases, the value of procurements it needs to consider.

The Committee should have a role in scrutinising appropriately large business cases or procurement proposals for capital or goods and services projects in line with the Trust’s Scheme of Reservation & Delegation and then making recommendations to the Board for approval as appropriate.

The Committee would therefore consider and make recommendations on to the Board in the following circumstances;

- Approval of spend for goods and services over £250,000
- Approval of capital business cases over £250,000 whole-life cost
- Approval of variations to capital scheme budgets from plan over £250,000

Schemes below these thresholds have officer delegation.
Meeting of the Board of Directors – Public Part I session

Date of meeting: Wednesday 27th September 2017
Agenda item 15


Report author: Mel Hughes Deputy Director of Finance
Report sponsor: Matt Tattersall Director of Finance

Board Action required:
The Board are asked to:
1. Note the Month 5 financial performance of the Trust.

Link to the Hillingdon Hospitals Strategic Plan 2017/21:

STRATEGIC PRIORITY:

f) Improving the present - A&E 4 hour standard - 18 week Referral to Treatment - Meet cancer targets - Complete CQC action plan - Implement year 2 of Quality and Safety Improvement Strategy - Maintain finance and use of resources score of 3 - Meet control total
1. Executive Summary

The month end position as at the end of August is a deficit of £1,656k, £927k behind plan. The year-to-date position is a deficit of £7,860k, £494k behind plan.

2. Key Performance Indicators

<table>
<thead>
<tr>
<th>Surplus/(Deficit)</th>
<th>(£1,656k)</th>
<th>↓</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variance from Plan</td>
<td>(£494k)</td>
<td>↓</td>
</tr>
<tr>
<td>Risk Rating</td>
<td>3</td>
<td>↔</td>
</tr>
<tr>
<td>Pay Variance in month</td>
<td>(£734k)</td>
<td>↓</td>
</tr>
<tr>
<td>Agency expenditure in month</td>
<td>£1,093k</td>
<td>↓</td>
</tr>
<tr>
<td>Agency above Cap in month</td>
<td>£215k</td>
<td>↓</td>
</tr>
<tr>
<td>Efficiency Savings in month</td>
<td>£801k</td>
<td>↔</td>
</tr>
<tr>
<td>Forecast</td>
<td>£18.9m/£8.8m</td>
<td>↔</td>
</tr>
<tr>
<td>Cash</td>
<td>£995k</td>
<td>↓</td>
</tr>
</tbody>
</table>

3. Key Points

- In month activity was slightly below plan for A&E but above plan for emergency and outpatients, following the year to date trend. Commissioned income in total was £0.2m (-1.4%) below plan in month, but remains above plan year to date by £1.86m (+2.3%).
- Pay is £734k above plan in month, £2,962k year to date. Pay was a similar value to that in July. Agency costs reduced by £63k compared to last month, however bank increased by a similar amount.
- Efficiency savings delivered were similar to July, but £322k below plan.
- Cash reduced from July to £1m, pressure by suppliers for payments is causing concern.
- At the end of August capital purchases of £888k had been made against a plan of £3,289k. All schemes are expected to be close to plan by the end of the year. The use of the capital contingency over the remainder of the year is currently being considered.
4. Charts

**Commissioned Income Total**

- Actual 2016/17
- Plan 2017/18
- Actual 2017/18

**Medical Pay April 2016 to August 2017**

- MEDICAL PAY AGENCY
- MEDICAL PAY BANK
- MEDICAL PAY SUBSTANTIVE

**Nursing Pay April 2016 to August 2017**

- NURSING & MIDWIFERY PAY AGENCY
- NURSING & MIDWIFERY PAY BANK
- NURSING & MIDWIFERY PAY SUBSTANTIVE
5. Forecast
Should the Trust continue to spend at the current rate, it would end the year with a deficit of £18.9m. The divisions have reviewed the delivery of the financial improvement programme alongside existing income and expenditure trends and the result is a forecast of £13.5m deficit. This position does not account for the additional savings schemes that are currently being reviewed by the executive team, nor any additional funding. Similarly, it does not consider a downside scenario in relation to savings delivery or winter pressures. The forecast is being reviewed with a more detailed paper for consideration at the Finance & Transformation Committee in October.

6. Key messages
- The Month 5 position is behind plan, as unlike in earlier months additional income was not earned to offset expenses that are over plan.

- Agency has reduced in month; this is mainly due to a reduction in medical locums’ expenditure. August is usually a high use month to cover holidays but the number of shifts booked has been contained within usual levels.

- The Financial Improvement Programme delivered at a similar level to July, there are still some schemes not delivering for which alternatives need to be found.

- PA Consulting continues to work with the Trust Programme Management Office and Finance to transfer knowledge and capability.
### Meeting of the Board of Directors – Public Part I session

Date of meeting: Wednesday 27th September 2017  
Agenda item 16

<table>
<thead>
<tr>
<th>Report title: Financial Improvement Programme - update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report author: Jackie Collier, PA Consulting</td>
</tr>
<tr>
<td>Report sponsor: Matt Tattersall, Director of Finance</td>
</tr>
</tbody>
</table>

**Board Action required:**

The Board are asked to:

Note the report

**Link to the Hillingdon Hospitals Strategic Plan 2017/21:**

*STRATEGIC PRIORITY:*

f) Improving the present - A&E 4 hour standard - 18 week Referral to Treatment - Meet cancer targets - Complete CQC action plan - Implement year 2 of Quality and Safety Improvement Strategy - Maintain finance and use of resources score of 3 - Meet control total
1. Savings position – month 5

In Month 5 £0.8m of savings have been delivered against a plan of £1.1m (similar to the delivery of £0.8m delivered in M4), delivering a negative variance to plan in month of £0.3m. The programme has delivered £2.5m year-to-date against a plan of £3.3m. £11.5m of plans have been identified and developed against a target of £12.5m, with forecast for in-year delivery is £10.3m. This represents an overall forecast shortfall of £2.1m against the required full year target.

Key drivers of the in-month delivery were;
- Nursing Productivity – with delivery ahead of plan in month and year to date
- Income schemes – in particular A&E coding and maternity pathway schemes, the workstream is delivering ahead of plan, in month and year to date
- Pinewood – whilst Pinewood ward has not closed as planned in July, activity and income has increased allowing some income to be recognised against the scheme in M4 and M5

Key drivers of the in-month negative variance were;
- Medical Productivity – with a variance of £72k against plan in M5
- Procurement – with a variance of £71k against plan in M5
- Workforce – with a variance of £49k against plan in M5
- Outpatients – with a variance of £30k against plan in M5
2. Forecast Phasing
Planned delivery is due to increase in September and again in October, reaching a peak run rate of £1.3m in October as the majority of the cross-cutting schemes commence full delivery.

The approach used to risk rate schemes in M5 is based on the forecast outturn of each scheme against the planned delivery for each scheme. This has significantly adjusted the risk status for the programme but should provide improved visibility of the delivery risk.

3. Programme assessment
Areas of the Programme that are delivering well

Theatres Productivity
- Theatre utilisation has increased by 75% to 80% for elective lists equating to c. 20 additional hours of operating time each week.
- This increase in available operating time in the week has been used to reduce waiting list initiatives run at the weekend and to deliver additional income.
- YTD delivery is £124k against a target of £144k.

Nursing Productivity
- It was expected that the Nursing pay position would worsen in August, as it has done in prior years, as a result of the school holiday period. However, Nursing pay spend and agency spend has remained consistent with June and July providing cautious optimism for delivery, and significantly lower than April and May.
- Whilst Nursing pay spend and agency spend remains slightly higher than 16/17 average, there has been a significant reduction in run rate compared to Q4 16/17 and M1/2 17/18 where pay spend increased significantly.
- Savings delivery in M5 was £193k, YTD it is £286k:
  - Off-framework agency use increased to 11 in August, compared to 6 in July, however this is still significantly lower than the baseline of 73.
The number of additional duties continued to reduce across Medicine and Surgery, representing a 14% (190 shift) reduction compared to baseline.

3% of agency shifts were converted to bank across Medicine and Surgery, compared to 5% conversion in July. This was due to the introduction of a 4 week agency booking horizon to manage safe shift fill.

Areas of the Programme that are not delivering as expected

**Procurement - £71k off plan in M5**
- Development of a workplan of activities has taken longer than expected and delivery of savings has also been lower than expected.
- Specific sessions have been organised between senior Procurement team members and the divisions with PA Consulting support.

**Outpatients - £30k off plan in M5**
- There has been delayed implementation of initiatives to reduce ‘did not attend’ rates and increase clinic utilisation. Enabling actions have now been delivered to improve the process whereby patients can re-schedule their appointments, the impact of which needs to be monitored. The actions to increase clinic utilisation are with the divisions to progress.
- There has been delayed progress of solutions to reduce consultant to consultant referrals within criteria for non-payment and/or recover income of activity which should be excluded. A large value opportunity has been identified within Trauma & Orthopaedic referrals from A&E to fracture clinic which the Director of Finance will aim to address through contracting discussions with the CCG. The actions to reduce any inappropriate consultant to consultant referrals are with the divisions to progress.

**Medical Productivity - £72k off plan in M5**
- Each of the divisions, with support from HR, must produce and maintain a clear view on where their medical gaps are - both Trust posts and deanery posts.
- Each division must maintain a cost effective plan against each of these vacancy areas (recruitment, bank, lower cost agency, alternative clinical role).
- Divisions to present their plans to the Medical Productivity steering group, focusing on the highest cost areas.
- The rates we are currently paying to high cost agency doctors to be reduced to the Pan London rates. Specific plan for divisions to get each doctor down to Pan London rates or replace with more cost effective alternative, including review of the 100+ alternative CVs provided to divisions.

4. **Closing the gap to target**

At M5 there is a shortfall in forecast outturn of £2.1m against the target of £12.45. Below are key mitigating actions to contribute to closing the gap:

**Key actions for SROs** – a summary document has been developed outlining the key actions that will have the greatest impact to delivery and need to be taken by the workstream SROs to progress the cross cutting schemes to deliver as planned.

**Pipeline development and conversion** – there has been work on the development of the pipeline with inclusion of £0.3m of initiatives within the tracker at m5. Further
discussions are scheduled with the executives to add ideas to the pipeline for development and to be added to the Programme.

**Further measures** – there is work to develop additional options to support closing the gap for discussion with executives. However, these will include more stringent measures. Any such proposals would still require sign off by the Clinical Assurance Panel where appropriate and would be reviewed by the Finance & Transformation Committee.

5. **Risks to programme delivery and sustainability**
Capacity within the PMO Team, enabling the handover of sustainable savings delivery from PA Consulting remains a challenge. Mitigating actions include:

**PMO team restructure**
The PMO Team will be consulted on changes to the structure to help strengthen the leadership arrangements.

**Recruitment to PMO vacancies** – The two vacancies within the team are currently being advertised although a gap is likely between the current post holders leaving and new individuals starting in post.

**Handover document** – A handover document has been developed by PA Consulting outlining the key activities for handover of the Programme, Trust resource to handover to or any resource gaps that exist. Discussions are taking place where resource gaps have been identified to agree mitigations to address the risk. This may include finding alternative Trust resource, use of interims, or continuation of some PA input.
Meeting of the Board of Directors – Public Part I session

Date of meeting:
Agenda item 17

Report title: Integrated Quality & Performance Report

Report author(s)
Imran Devji (Director of operational Performance)
Vanessa Saunders (Deputy Director of Nursing and Patient Experience)
Rachel Stanfield (Deputy Director of People and Organisational Development)

Report sponsor(s):
Joe Smyth (Chief Operating Officer)
Dr. Abbas Khakoo (Medical Director)
Jacqueline Walker (Interim Director of Nursing and Patient Experience)
Terry Roberts (Director of People and Organisational Development)

Board Action required:
The Board are asked to:
Note the report and monitor the performance of the Trust for assurance

Link to the Hillingdon Hospitals Strategic Plan 2017/21:

STRATEGIC PRIORITY:
f) Improving the present - A&E 4 hour standard - 18 week Referral to Treatment - Meet cancer targets - Complete CQC action plan - Implement year 2 of Quality and Safety Improvement Strategy - Maintain finance and use of resources score of 3 - Meet control total
1. Summary

The format of the performance dashboard reflects the core principles of the five Domains set out in the Care Quality Commission's Intelligent Monitoring System (Caring, Well-led, Effective, Safe and Responsive). This is an exception report with full analysis of the data contained within the appendices that are in the appendix supplement.

2. Key Highlights

2.1 Safe

Falls

<table>
<thead>
<tr>
<th>Performance analysis</th>
<th>The rate of falls increased to 5.4 per 1000 bed days in August, with 75 reported patient falls, missing the target by 1.5%.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key risks and challenges:</td>
<td>High impact improvement actions:</td>
</tr>
<tr>
<td>- Trust target is a stretch, being at the best practice end of the recently published national benchmark</td>
<td>- Work continues to ensure care plans incorporate appropriate risk-prevention interventions</td>
</tr>
<tr>
<td>- Patient demographic (complexity) results in a larger volume of high risk patients</td>
<td>- Lead Nurse for Quality and Clinical Compliance appointed. Within the remit of this new post is to support the divisions to ensure falls prevention interventions are implemented consistently in clinical practice.</td>
</tr>
<tr>
<td>- Rehabilitation process cannot mitigate all the risks</td>
<td></td>
</tr>
</tbody>
</table>

2.2 Caring

Friends and Family Test

<table>
<thead>
<tr>
<th>Performance analysis</th>
<th>There was a three-fold improvement in the response rate for A&amp;E/MIU, with 14.7% achieved against the 20% target. In August there were a total of 774 responses received for A&amp;E/MIU. Maternity missed their target by 6.9%, but remain on track at 20% year-to-date. Inpatient areas achieved target. All areas achieved the target satisfaction score.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key risks and challenges:</td>
<td>High impact improvement actions:</td>
</tr>
<tr>
<td>- A&amp;E year to date position significantly below target at 6.5%.</td>
<td>- A&amp;E Matron driving performance. Staff reminded during daily safety huddles that they need to offer survey to all patients</td>
</tr>
<tr>
<td>- During busy periods completion of survey cannot be prioritized.</td>
<td>- Head of Midwifery and departmental staff have reviewed their processes with Head of Public Engagement to ensure they are robust and resilient</td>
</tr>
<tr>
<td>- Performance appears to be linked to key individuals who ensure surveys are offered to patients and is not systematic.</td>
<td>- Pull-up banners have been ordered to increase patient awareness of survey.</td>
</tr>
</tbody>
</table>
**Complaints**

<table>
<thead>
<tr>
<th>Performance analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>In August 96.8% of responses due were completed within agreed timeframe (30/31; remaining response also completed). 100% of new complaints received were logged within the 3 working days target.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key risks and challenges:</th>
<th>High impact improvement actions:</th>
</tr>
</thead>
</table>
| • Year to date performance remains significantly below target at 65%.  
  • Complaints Management Unit is very lean, with little capacity to flex in response to peaks in activity  
  • Divisional staff prioritise clinical and operational activity; during busy periods this impacts on capacity to complete investigation reports therefore not sustainable | • Complaints Management Unit fully recruited to; new Senior Administrator has commenced post.  
  • Divisional Directors (DD) actively driving performance; DD for Medicine reviewing all responses for the division for consistency checks. |

2.3 Responsive

**18 weeks Referral To Treatment (RTT) – Incomplete standard**

<table>
<thead>
<tr>
<th>Performance analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Trust achieved the incomplete standard at 92.1%. elective referrals continue to increase and this is causing capacity pressures within the non-admitted pathways which is a high risk. There was one breach of the 52 week wait standard due to an administrative error back in March 2016. A comprehensive review of the RTT pathways (validation) has been undertaken and no further errors have been detected.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key risks and challenges:</th>
<th>High impact improvement actions:</th>
</tr>
</thead>
</table>
| • The current waiting list size is increasing over the last 2 months due to increased referrals and capacity constraints  
  • The over 18 weeks backlog has increased by 0.5% (111 patients)  
  • Non-admitted list size increasing requiring additional capacity | • Revised patient access policy in progress based on best practice  
  • Validation of pathways for over 18 week waits now embedding  
  • Further in-depth analysis at specialty, admitted and non-admitted level to be completed in September to inform targeted clearance |

**Cancer performance**

<table>
<thead>
<tr>
<th>Performance analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>All the cancer standards were achieved in July. There is growing concern at the number of 2 week wait referrals in Dermatology which is being closely monitored.</td>
</tr>
</tbody>
</table>

**Four Hour Emergency Care Transit Time Standard**

<table>
<thead>
<tr>
<th>Performance analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Trust achieved 88.2% All type performance for the 4 hour Emergency care standard in August against the 90% trajectory. Type 1 performance was at 71.7% with 348 less breaches than previous month and the highest Type 1 performance since December 2015.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key risks and challenges:</th>
<th>High impact improvement actions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Bed occupancy over 92% has an adverse effect on Type 1 performance.</td>
<td>• ED processes now in place with close monitoring and support</td>
</tr>
</tbody>
</table>
The number of stranded patients at 205 on average (50% of bed base)

- Whilst type 1 attendance was 6.5% higher than this time last last year, it was 4% below the activity plan (1% over plan year to date)
- Non-blue light ambulance activity increased by 8.1% to last year and 9.1% year to date
- Late UCC referrals causing 10% of the breach tolerance (3 to 5 breaches a day) against the 90% trajectory
- Limited ED capacity if the number of patients in the department exceeds 45 requiring business continuity plans in response

- Red2Green roll out in progress
- Strong focus on reducing the stranded patients to a maximum of 40% bed base progressing to 35% by November 17
- Improvement action by UCC team in progress for late UCC referrals to ED
- Internal Professional Standards launched in September
- Integrated Discharge work stream now active with a developing work plan for the system partners to support outflows from the Trust
- The last phase of the ward moves to create and Integrated Assessment and Short Stay Unit (AMU/SAU) in place for September

### Emergency admissions and Length of Stay (LoS)

<table>
<thead>
<tr>
<th>Performance analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of stay maintained at 4.7 days. AMU Length of stay around 2.2 days on average</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key risks and challenges</th>
<th>High impact improvement actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;65 year admissions increased during weeks 3 and 4 of the month (25% and 41.8% respectively). Similar pattern observed for &gt;80 years cohort (28.4% and 14.9% respectively)</td>
<td>Red2Green and SAFER in progress with a strong focus on stranded patient cohort</td>
</tr>
<tr>
<td>Stranded patients at 50% of bed base</td>
<td>Discharge to Assess received additional funding of £100K to support a 3 month transition towards embedding the model</td>
</tr>
<tr>
<td>August saw an improvement in discharges before midday during weeks 2 and 3 dropping to lower levels (below 20%) in the last 2 weeks causing delays in emergency patient flows</td>
<td>Weekly escalation conference calls for medically optimised patients led by the Director of Operations with the system partners</td>
</tr>
</tbody>
</table>

### 2.5 Well Led

#### PDR Compliance

<table>
<thead>
<tr>
<th>Performance analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Trust has ended the extended window for Personal Development Review (PDR) submissions at 98.34%, surpassing both the 90% target and last year’s performance by 0.33%.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key risks and challenges</th>
<th>High impact improvement actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDR compliance is still short of 100% resulting in 42 staff with outstanding PDR completions.</td>
<td>HRBP’s to continue to work with the Divisions to ensure any outstanding PDR’s are carried out</td>
</tr>
</tbody>
</table>

#### Mandatory Training

<table>
<thead>
<tr>
<th>Performance analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>August saw mandatory training compliance reduce by 0.26% to 89.37%, exceeding the 80% target and maintaining one of the highest levels this year. However this is just over 2%</td>
</tr>
</tbody>
</table>
less than the same period last year.

<table>
<thead>
<tr>
<th>Key risks and challenges</th>
<th>High impact improvement actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Returning training compliance to &gt;90% levels to sustain last year’s performance.</td>
<td>• Frequent release of WIRED compliance reports to divisional leads by HRBPs to target non-compliant staff.</td>
</tr>
<tr>
<td>• Project work has commenced on a new all-inclusive Learning Management System expected for early January with potential for greater ease of booking, completion and reporting.</td>
<td></td>
</tr>
</tbody>
</table>

### Vacancy and Turnover Rates

**Performance analysis**

Vacancy and Turnover rates for August have both reduced to 15.04% and 14.39% respectively.

<table>
<thead>
<tr>
<th>Key risks and challenges</th>
<th>High impact improvement actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Vacancy rates are still very high at almost double the Trust target (8%) resulting in ongoing cost expenditure on temporary staff particularly agency.</td>
<td>• Trust recruitment day organised for the 29th September 2017.</td>
</tr>
<tr>
<td>• Maintaining a downward trend in turnover whilst continuing to improve recruitment times so vacancy rate is contained.</td>
<td>• Cross-Divisional task and finish group of managers and HR reps is in place to co-ordinate and drive forward the key local recruitment initiatives.</td>
</tr>
<tr>
<td>• 5 wards with high turnover identified and specific action plans being developed to increase retention.</td>
<td></td>
</tr>
</tbody>
</table>

### Sickness Absence

**Performance analysis**

August sickness absence rate has increased by 0.25% to 3.47% ending a successive 3 month run of decreases.

<table>
<thead>
<tr>
<th>Key risks and challenges</th>
<th>High impact improvement actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Based on the previous years, the Trust anticipates an increase in sickness in September and October.</td>
<td>• Relaunch of P&amp;D workshops which include sickness training for managers, commencing w/c 18/9/17.</td>
</tr>
<tr>
<td></td>
<td>• Use of Case Conference approach to deal with appropriate sickness cases.</td>
</tr>
</tbody>
</table>

### Temporary Staffing Usage and Price Caps

**Performance analysis**

August saw a reduction in the bank and agency spend by just over £50k in total. This was despite a spike in price caps in July.

<table>
<thead>
<tr>
<th>Key risks and challenges</th>
<th>High impact improvement actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Maintaining increased use of bank staff over agency to fill available shifts.</td>
<td>• Bank Optimisation plan in place, which aims to boost numbers on the bank for both medical and nursing staff, improve ease of booking shifts and review of pay including incentives paid to bank staff.</td>
</tr>
<tr>
<td>• Medical locums continue to dominate total price cap breaches with ongoing usage of long-term locums.</td>
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<tr>
<td>Domain</td>
<td>Ref</td>
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<tr>
<td>----------------</td>
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<tr>
<td></td>
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<tr>
<td>[1] Safe</td>
<td></td>
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<tr>
<td>1.01 HCAI</td>
<td>1.01</td>
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<td>1.02 Stroke &amp; TIA</td>
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<tr>
<td>1.03 FNOP</td>
<td>1.03</td>
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<tr>
<td>1.04 Maternity</td>
<td>1.04</td>
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<tr>
<td>1.05 Falls</td>
<td>1.05</td>
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<tr>
<td>1.06 Medication</td>
<td>1.06</td>
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<tr>
<td>1.07 VTE</td>
<td>1.07</td>
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<td>1.08 Pressure Ulcers</td>
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</tr>
<tr>
<td>1.09 Safety Thermometer</td>
<td>1.09</td>
</tr>
<tr>
<td>1.10 Serious Incidents</td>
<td>1.10</td>
</tr>
<tr>
<td>1.11 Never Events</td>
<td>1.11</td>
</tr>
<tr>
<td>1.12 Patient Safety</td>
<td>1.12</td>
</tr>
<tr>
<td>1.13 Mortality</td>
<td>1.13</td>
</tr>
<tr>
<td>[2] Effective</td>
<td></td>
</tr>
<tr>
<td>2.1 Readmissions</td>
<td>2.1</td>
</tr>
<tr>
<td>2.2 DNAs</td>
<td>2.2</td>
</tr>
<tr>
<td>2.3 ASIs</td>
<td>2.3</td>
</tr>
<tr>
<td>[3] Caring</td>
<td></td>
</tr>
<tr>
<td>3.1 FFT (Admitted Care)</td>
<td>3.1</td>
</tr>
<tr>
<td>3.2 FFT (A&amp;E Care)</td>
<td>3.2</td>
</tr>
<tr>
<td>3.3 FFT (Maternity Care)</td>
<td>3.3</td>
</tr>
<tr>
<td>3.4 Complaints</td>
<td>3.4</td>
</tr>
<tr>
<td>3.5 PALS</td>
<td>3.5</td>
</tr>
<tr>
<td>[4] Responsive</td>
<td></td>
</tr>
<tr>
<td>4.1 Accident &amp; Emergency</td>
<td>4.1</td>
</tr>
<tr>
<td>4.2 RTT</td>
<td>4.2</td>
</tr>
<tr>
<td>4.3 Cancer</td>
<td>4.3</td>
</tr>
<tr>
<td>4.4 Mixed Sex Accommodation</td>
<td>4.4</td>
</tr>
<tr>
<td>5.1 PDR, Medical Appraisal &amp; STAM</td>
<td>5.1</td>
</tr>
<tr>
<td>5.2 Sickness</td>
<td>5.2</td>
</tr>
<tr>
<td>5.3 LTR, Vacancy &amp; TTR</td>
<td>5.3</td>
</tr>
<tr>
<td>5.4 Temporary Staffing Usage</td>
<td>5.4</td>
</tr>
<tr>
<td>5.5 Staff in Post</td>
<td>5.5</td>
</tr>
</tbody>
</table>
### Key To Scorecard Assessments

**Management Priority**

<table>
<thead>
<tr>
<th>Significant</th>
<th>Significant interventions are planned or in progress due to one or more factors: an externally-reported metric is off-track; multiple internal metrics are off-track; qualitative experiences are raising significant concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate</td>
<td>Moderate interventions are planned or in progress due to one or more factors: an important internal metric is off-track; qualitative experiences are raising concerns; future projections are off-track</td>
</tr>
<tr>
<td>Minor</td>
<td>Some interventions are planned or in progress: stretch targets are off-track; trends are adverse; qualitative experiences suggest performance may be at risk</td>
</tr>
<tr>
<td>On Track</td>
<td>All areas within this theme on track</td>
</tr>
<tr>
<td>Excellent</td>
<td>Amongst top performers nationally, with internal stretch targets consistently met</td>
</tr>
</tbody>
</table>

**Forecast Status**

<table>
<thead>
<tr>
<th>At Risk</th>
<th>Expected to Worsen by next reporting period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stable</td>
<td>Not expected to change significantly by next reporting period</td>
</tr>
<tr>
<td>Improving</td>
<td>Expected to improve by next reporting period</td>
</tr>
</tbody>
</table>

**Indicator Status**

- Achieving standard
- Just missing standard
- Significantly missing standard
- No Target Set
<table>
<thead>
<tr>
<th>Infection Control</th>
<th>2016/2017</th>
<th>2017/2018</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Last Month</td>
<td>YTD</td>
<td>London</td>
</tr>
<tr>
<td>Clostridium Difficile Infection: Trust Attributable</td>
<td>12 Cases (6.8 Cases per 100,000 Beddays)</td>
<td>1 Case (7.1 Cases per 100,000 Beddays)</td>
<td>4 Case (5.6 Cases per 100,000 Beddays)</td>
</tr>
<tr>
<td>MRSA: Trust Attributable</td>
<td>2 Cases (1.1 Cases per 100,000 Beddays)</td>
<td>1 Case (1.4 Cases per 100,000 Beddays)</td>
<td>2 Cases (1.1 Cases per 100,000 Beddays)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintain two week cancer waits (all cancers)</td>
<td>98.0%</td>
<td>96.9%</td>
<td>97.1%</td>
</tr>
<tr>
<td>Maintain two week cancer waits (breast symptoms except suspected cancer)</td>
<td>95.7%</td>
<td>98.7%</td>
<td>98.4%</td>
</tr>
<tr>
<td>31 days diagnosis to treatment for cancer (1st Treatment)</td>
<td>99.3%</td>
<td>100.0%</td>
<td>99.0%</td>
</tr>
<tr>
<td>31 days diagnosis to treatment for cancer (2nd or Subsequent Treatment - Surgery)</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>31 days diagnosis to treatment for cancer (2nd or Subsequent Treatment - anti cancer drug treatments)</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>62 days urgent GP referral to treatment for cancer</td>
<td>92.2%</td>
<td>96.1%</td>
<td>87.6%</td>
</tr>
<tr>
<td>62 days urgent referral to treatment for cancer (Screening)</td>
<td>98.4%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Referral To Treatment</td>
<td>Incomplete Pathways within 18 weeks</td>
<td>92.4%</td>
<td>89.1%</td>
</tr>
<tr>
<td>Accident &amp; Emergency</td>
<td>Percentage of Patients Meeting 4 Hour Standard (All A&amp;E Types)</td>
<td>84.0%</td>
<td>88.2%</td>
</tr>
</tbody>
</table>
Meeting of the Board of Directors – Public Part I session

Date of meeting: Wednesday 27th September 2017
Agenda item 18

Report title: Winter Planning incorporating best practice for Acute Providers

Report author: James Ross, Director of Transformation
Report sponsor: Joe Smyth, Chief Operating Officer

Board Action required:
The Board are asked to:
Note the report and comment on the preparedness of the Trust

Link to the Hillingdon Hospitals Strategic Plan 2017/21:

STRATEGIC PRIORITY:

Delivery Area 5: Ensure we have safe, high quality sustainable acute services
Winter Plan

1. Context

The winter period is operationally challenging for NHS Acute provider organisations. The last winter, 2016/17, was particularly challenging for The Hillingdon Hospitals NHS Foundation Trust. In line with national guidance, the Trust has produced its winter plan for 2017/18, to provide assurance that the organisation is adequately prepared for winter.

The winter plan covers the period from 1st November 2017 to 8th April 2018, the end of Easter. This paper summarises key elements of the plan, highlighting lessons learned from previous years, particularly 2016/17, the challenges identified for 2017/18, and the actions which have been taken or which are in progress to meet those challenges. The actions within the plan are directly linked to the provisions in the Trust urgent and emergency care action plan. The winter plan for 2017/18 is attached at Appendix I.

The paper further provides an assessment of the plan against the requirements of the NHSI “National priorities for acute hospitals 2017 - Good practice guide: Focus on improving patient flow” document, published in July 2017, and finally summarises the proposals for additional investment, should additional winter funding be made available centrally.

2. Lessons Learned

A multidisciplinary review of 2016/17 has been undertaken to help identify areas where planning could be improved. The group noted that there were many areas of improved practice including better escalation process, wider healthcare economy engagement and more resource available at the weekend. However a number of areas were identified where further planning would have improved implementation and outcomes. These include activity modelling, outlying in A&E, discharge planning, systems for managing delayed transfers of care and medically optimised patients, ambulance handovers, spot purchasing beds and pathways for patients with mental health problems.

3. Bed Modelling

The Trust employed a demand and capacity expert to support development of comprehensive bed modelling scenarios. The graph below demonstrates that the Trust would need 399 beds if activity increases by 12% and there is no reduction in length of stay. It should be noted that emergency admissions are currently increasing by more than 12%. This would leave the hospital short by approximately 60 beds. Actions in the plan to address this shortfall are detailed in section 4.

![Worst case scenario 2017/18](image-url)
4. Actions to address bed deficit

The divisions and multidisciplinary teams have been working hard to develop strategies and schemes designed to reduce demand and improve flow. These are outlined below.

Demand management

The Hillingdon health care system has introduced a number of programmes designed to reduce demand on Trust emergency flows. These include the care connection teams, increased primary care access through extended hours GP Access hubs, increased support to care homes, and the introduction of the end of life care strategy, providing improved support to maintain patients in their own homes during end of life.

Front Door Processes

Changes have been made to processes in the emergency department, including revamped triage, changes to ambulance acceptance, and a redeveloped clinical decision unit. Ambulatory care assessment and treatment pathways are in place for Medicine, Surgery, Paediatrics and Gynaecology.

Inpatient Flow

Developments include redeveloped assessment unit flows, the ward reconfiguration co-locating the medical and surgical assessment units, the frailty unit and frailty pathways, and an adapted acute medical model, with patients in the assessment unit being cared for by an acute physician rather than specialty teams, providing a front loaded care system.

On the wards, the instigation of the SAFER patient flow bundle and the relaunch of Red2Green and launch of #EndPJParalysis is in the process of completion, with a target to reduce average patient length of stay by 1 day. The Trust has also improved processes in pharmacy, and is maintaining access to seven day therapy services and weekend diagnostics to promote seven day services.

Effective Discharge

New pathways for discharge including Discharge to Assess have been established, supported by Home Safe, re-ablement and rapid response pathways. A system wide focus on delayed transfers of care has also been instigated.

Response to Surges in Demand

The organisation has developed a full hospital protocol, detailing the actions to be taken when excessive surges in demand are experienced. Plans have been developed for creating additional inpatient capacity in extremis, and for extending ambulatory care to increase admission avoidance. System wide plans for extending external service’s support to the hospital have also been developed.

Other areas

The winter plan document identifies at high level the Trust responses to infection control pressures, seasonal flu, adverse weather conditions, and public health communications and health awareness campaigns.

5. NHSI Good Practice Guide

In July 2017, NHS Improvement published the National priorities for acute hospitals 2017 - Good practice guide: Focus on improving patient flow. This document identifies ten areas of focus to support good patient flow across the system. The Trust has undertaken an
assessments against these ten areas of focus, and completed a gap analysis. This is included as Appendix II.

The gap analysis indicates that overall the Trust has identified and acted against all areas of focus suggested in the good practice guide. There is further work to complete, including agreement across the health sector in respect of the Trusted Assessor model, additional work in management of mental health patients presenting to the emergency department, and further embedding of systems such as red2green, SAFER, and the work being completed on medical and surgical models of care.

The Trust will continue to update its analysis of work against the good practice guide, to ensure compliance is achieved to the highest possible degree.

6. Risks

Whilst the plan addresses the key challenges for the winter 2017/18, there are significant risks which remain potentially outstanding.

Emergency Department Size

The Emergency department is physically a small environment, with capacity to deal with only 45 patients. If the capacity is overwhelmed, maintaining optimum flow within the department may be compromised, threatening 4 hour performance even when bed capacity is available. This risk is mitigated by the “fit to sit” process, and improved process design in the department, but remains a high risk.

Bed Capacity

As detailed above, the organisation faces a potential 60 bed shortfall over the winter period. All of the schemes identified above and detailed in the winter plan are intended to mitigate this bed demand. The organisation will require engagement across all staff groups to maximise the effectiveness of the schemes which have been implemented, in order to fully mitigate the bed demand risks.

The key challenge of bed capacity is only mitigated if the combined flow programmes are successful in delivering a 1 day reduction in average length of stay (LOS), and the increase in demand is not higher than modelled. In July average LOS reduced by 0.7 days.

Workforce

Workforce issues are a significant risk to the safe management of patients during the winter period. Gaps in medical rotas, particularly in the medical division, and nursing vacancies create significant risks to the ongoing management of patients across the hospital.

High vacancy numbers in both nursing and medical staffing complements create a further risk to available bed capacity.

The winter plan contains mitigations for workforce risks, including maximising the use of the internal bank, early rostering, and optimal management of annual leave, but workforce risks remain.

The workforce risk is compounded by the threat of seasonal illness such as flu. The Trust has advanced plans for flu inoculation, but this is dependent upon staff uptake, which is unpredictable, and frequently lower than desired.
Care Home Capacity

Care home capacity in Hillingdon and surrounding boroughs remains at a level below that which is desirable, resulting in increased numbers of patients waiting in hospital for placement. Discharge home to assess will help to reduce the numbers of patients in this position.

The risk log for the Winter plan is attached at Appendix III.

7. Additional Resources Proposed

There are a number of areas where operational and clinical teams have identified potential for further enhancing systems, but at extra cost. There is no additional funding for winter in the local health care system, but it is possible that some funding may be made available from central funds. The Trust is therefore in the process of identifying potential schemes to be funded in this event, and the actions and lead-in time required to instigate the scheme. Some of these schemes are already highlighted in the winter plan, others will be added if further analysis indicates they are feasible for implementation.

These schemes are identified in Appendix IV, with any costings that have been developed. This is a work in progress, as divisions have been asked to work up costings and potential barriers to implementation. Not all costings are available at this stage. If these schemes were to be implemented without central funding, it would add additional resilience to the plan, but at significant cost and potential threat to the Trust financial position.

8. Conclusion

The winter plan identifies the actions being taken by the Trust to prepare for the winter 2017/18 period. The plan covers all aspects of winter, including capacity, patient flow, workforce, and infrastructure. The plan broadly meets the requirements of the NHSI good practice guide, and further work is continuing to ensure all requirements are met within organisational constraints.

There are outstanding risks despite the planning which has been undertaken. These risks are subject to mitigation within the plan, but are sufficiently significant to remain on the plan risk register. Additional actions which could be taken are identified, but carry potentially significant cost burdens.

The Board is asked to note the preparations for winter and the actions being taken to meet the anticipated operational challenges.

Equalities & Finance

Equality and diversity considerations: There are no equality and diversity considerations arising from this paper

Financial implications: The paper does not advocate spending above current budget. Should additional funding be made available centrally, the paper outlines the priorities for funding allocation.

Appendices – See Appendices Supplement

- Appendix 1: THH Winter Plan.
- Appendix 2: Good practice guide gap analysis
- Appendix 3: Winter Plan Risk log
- Appendix 4: Potential Additional Winter investments
**Meeting of the Board of Directors – Public Part session**

Date of meeting: Wednesday 27th September 2017

**Agenda item 19**


<table>
<thead>
<tr>
<th>Report author: Hasan Cagirtgan, Head of Organisation Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report sponsor: Terry Roberts, Director of People and Development</td>
</tr>
</tbody>
</table>

**Board Action required:**

The Board are asked to:

1. Note progress on the actions delivered to date from the findings of the 2016 Survey results

**Link to the Hillingdon Hospitals Strategic Plan 2017/21:**

**STRATEGIC PRIORITY:**

h) Enabler: Workforce
Annual Staff Survey 2016 - Update Report

1. Introduction
The NHS Annual Staff Survey enables the Trust to hear the collective voice of its workforce. It provides an opportunity for organisations to survey their staff in a consistent and systematic way.

The previous report has highlighted the key findings from the 2016 Survey results. This report will focus on what actions the Trust has taken forward since the publication of these results.

2. Engagement and Action Plans
The 2016 National Staff Survey results were first published in March 2016. The People and Development team has communicated the survey findings with each division to highlight key themes and messages from staff and developed action plans to address the issues and concerns raised by staff.

The divisional and corporate actions plans were themed around five key areas; diversity and inclusion, career progression opportunities, safe working environment, reporting errors, effectiveness of procedures for reporting errors.

3. Highlights from the Corporate Level Action Plan
The Corporate level action plan focused on a number of deliverables to address issues relating to the five key areas as outlined above. Below you will find highlights relating to some of these areas. Please see appendix 1 for the detailed action plan.

Safe Working Environment
- On-site Security Team: The Trust security team provides on-going assistance where there are issues. They maintain their training on de-escalation and on restraint. They also work closely with the police as the Trust have a hospital based police constable.
- Hospital Based Police Constable: In 2016/17 The Trust facilitated the presence of an on-site office for the Trust Liaison Police Officer, who works exclusively on our hospital sites and with CNWL. The Trust Liaison Police Officer works hand in hand with the Trust security team and analyses our violence and aggression Datix reports to ensure any relevant issues are picked up by the police.
- Speak in Confidence Relaunched: The aim of this initiative is to gain a better understanding of what is worrying staff. Identify problems earlier leading to quicker solutions and/or improvements
- Appointed a Freedom to Speak Up Guardian: The role of the Trust Freedom to Speak Up Guardian is to support and advise staff in raising concerns. The Guardian will provide regular reports about staff concerns to the Trust Board. The Trust has also updated and re-launched the raising concerns policy.
• **Conflict Resolution Training:** These tailored training sessions are being offered to all staff and it focuses on managing difficult conversations and behaviours.

• **Handling Difficult Conversations Training:** This training has been delivered to the CARES Champions to support them to effectively carry out their role of promoting good behaviours.

**Diversity and Inclusion**

The Trust recognises the importance of creating a culture of inclusion and its association with providing high quality health care. The Trust has taken forward the following initiatives to address issues relation to career progression and promotion and staff experiencing discrimination in the workplace.

• **Equality Diversity and Inclusion (EDI) Action Plan:** The Trust EDI Committee has developed an action plan to promote diversity and inclusion and tackle discrimination.

• **Black and Minority Ethnic Staff (BAME) Network:** Throughout May and June a number of listening events were held with BAME staff to understand their concerns and suggestions to improve their experiences working for the Trust.

One of the suggestions put forward was that the Trust would benefit from setting up a BAME Network. As a result, the first Black, Minority and Ethnic (BAME) Staff Network was set up with a remit to oversee the implementation of any action plans that aimed at creating a culture of inclusivity in the organisation for BAME staff in particular.

• **BAME staff on interview panels:** The People and Development team provides training for BAME staff to sit on interview panels for senior posts to ensure equal representation of BAME staff in senior leadership positions.

• **Leadership Development Programmes:** The Trust is currently promoting the Ready Now Programme run by the NHS Leadership Academy for BAME staff at band 8a.

**Other Key Initiatives**

• **CARES Champions and Ambassadors:** The Trust now have 24 CARES Champions whose responsibility is to actively promote the Trust’s values and recruit CARES Ambassadors. There are currently over 300 ambassadors and our aim is to make every member of staff and an ambassador of the Trust values.

• **Assessment and Development Centre:** As part of its succession planning programme, the Trust is designing development centres for staff to better manage talent and develop future leaders.

4. **Highlights from the locality level action plans**

In addition to the corporate level action plan, each division has developed plans that aim to address issues that are specific to their particular areas.
<table>
<thead>
<tr>
<th>Directorate</th>
<th>Initiatives</th>
</tr>
</thead>
</table>
| Surgery             | • On-going provision of training in, customer care, building resilience  
|                     | • Zero tolerance for discrimination, bullying and harassment campaign is currently being developed.  
|                     | • Continuing to recruit CARES Ambassadors in the Division  
| CCSS                | • Provision of Equality, Diversity and Inclusion training which includes sessions on unconscious bias and its impact on decision making when recruiting and promoting staff  
|                     | • Review of the Flexible Working offer is currently underway  
|                     | • Promotion of CARES Champions and CARES Ambassadors  
| Medicine            | • Addressing work related stress: Work is currently underway to manage sickness absences due to work related stress in a timely manner. Areas of focus include; making early referrals to Occupational Health, arranging meetings to understand stressors and mitigate / remove where possible.  
|                     | • Working with Occupational Health to take pro-active action to prevent staff taking sick leave. This include; health and well-being initiatives, managing stress and building resilience training.  
|                     | • Providing training and coaching for managers to equip them to handle people issues fairly and consistently  
|                     | **A&E interventions**  
| Womens and Children | • Facilitated a tailored OD intervention to further improve communication and engagement. A face to face questionnaire conducted with 32 staff to explore how communications
5. You said We Did’

In order to further engage with staff members, the People and Development Directorate has developed a variety of communication material to inform staff about how the Trust acted upon their feedback.

‘You Said, We Did’ exercise ensures that staff are informed about what they say is actually making a difference to improve the Trust performance going forward. The corporate level ‘you said, we did’ poster can be viewed in appendix 2.

6. Going Forward – 2017 National Staff Survey

The Trust Learning & OD team has been preparing for the launch of the 2017 staff survey. The 2016 staff survey response rate was 46% and the Trust is aiming for a higher engagement rate this year.

The Trust faces some operational challenges in the coming months, such as the Financial Improvement Programme (FIP), the recent ward moves; Emergency Care Improvement Programme (ECIP) and management are having more difficult discussions and are taking harder decisions in order to address these challenges. This is likely to have a negative impact on our staff survey results. There is a comprehensive communication plan in place to ensure we reach and engage with as many staff as possible throughout the campaign.

Immediately following the release of the 2017 Staff Survey results corporate and divisional action plans will be agreed and governance and monitoring processes will be agreed to ensure the action plans are delivered in a timely way.

The 2017 National Staff Survey communications campaign will be run following the release of results to communicate the feedback back to staff and to inform them of next steps.

- Equality and diversity considerations: There are a number of actions that are aimed at improving the experience of staff from protected characteristics.
- Financial Implications: N/A
Meeting of the Board of Directors – Public Part I session

Date of meeting: Wednesday 27\textsuperscript{th} September 2017
Agenda item 20

<table>
<thead>
<tr>
<th>Report title:</th>
<th>Fire Safety update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report author:</td>
<td>Matt Tattersall, Director of Finance</td>
</tr>
<tr>
<td>Report sponsor:</td>
<td>Matt Tattersall, Director of Finance</td>
</tr>
</tbody>
</table>

**Board Action required:**

The Board are asked to:

Note the report

**Link to the Hillingdon Hospitals Strategic Plan 2017/21:**

*STRATEGIC PRIORITY:*

*g) Enabler: Estates*
Fire Safety update

1. Reason for the report

In the light of the Grenfell Tower disaster, a presentation was given on fire safety at the Board Seminar in July. A request was made for an update to be provided at the September Board Meeting.

2. Trust response to Grenfell Tower disaster

Following the Grenfell Tower disaster the Trust contacted the London Fire Brigade (LFB), in line with a request to do so from NHS Improvement (NHSI), to undertake an inspection. However, the LFB said it was not their policy to respond to such requests.

In addition, the Trust was required by NHSI to undertake a review of the cladding in use across its estate. Whilst cladding was identified, it was not of the same type used on Grenfell Tower, and it was not on high rise buildings. This information was provided to NHS Improvement and no further action was requested as a result.

At the Trust Board Seminar in July, a presentation was given that covered:
- building cladding;
- fire risk assessments;
- current risks on risk register (egress; building compartmentation; emergency lighting)
- fire safety equipment;
- evacuation plans;
- fire safety training, and
- the legislation concerning sprinklers.

3. Developments since July

There have been no further requests for information from NHS Improvement in respect of fire safety. Similarly, there has been no change in the stance of the London Fire Brigade in respect of undertaking an additional inspection.

The Trust continues to deliver fire safety training, this having been updated to use the Grenfell Tower disaster as a case study. A mock evacuation of the tower block is also planned.

The Trust’s priority has always been to reduce the likelihood of fire and prevent the spread of any fire. However, were the Trust to be re-built, the fitting of sprinklers would be required in buildings over 30 metres tall (the tower block being 37 metres tall). The retro-fitting of sprinklers to the tower block is not required by legislation; would cause significant disruption to install, and would require a significant reprioritisation of the Trust’s capital programme to cover the £0.7m expected cost. However, the Trust will review any recommendations that emerge from the Grenfell Tower inquiry and bring forward proposals to the Board as required.
Equalities & Finance

- Equality and diversity considerations: no implications.
- Financial implications: no implications.
Meeting of the Board of Directors – Public Part I session

Date of meeting: Wednesday 27th September 2017
Agenda item 21

<table>
<thead>
<tr>
<th>Report title: Seven day Clinical Standards and the Trust participation in the North West London Early Adopter Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report authors: Nikki Jackson, Clinical Lead for 7 Day Services, Consultant O&amp;G and Julie Wright, Director of Integration</td>
</tr>
<tr>
<td>Report sponsor: Dr Abbas Khakoo, Medical Director</td>
</tr>
</tbody>
</table>

**Board Action required:**

The Board are asked to:

- Note the results of the March 2017 National 7 Day Services Audit
- Note the progress so far (since 2015) and comment on the proposed next steps
- Note the change in definition of two of the Standards
  - Std 2 – the 14 hours is now calculated from admission rather than arrival at hospital
  - Std 8 – ongoing inpatient review can be delegated where seeing a consultant is not necessary clinically
- Note that whilst this program is supported centrally, commissioning and delivery are the responsibility of CCG’s and providers

**Link to the Hillingdon Hospitals Strategic Plan 2017/21:**

**STRATEGIC PRIORITY:**

f) Improving the present - A&E 4 hour standard - 18 week Referral to Treatment - Meet cancer targets - Complete CQC action plan - Implement year 2 of Quality and Safety Improvement Strategy - Maintain finance and use of resources score of 3 - Meet control total
Background

This report is the annual update to the Board regarding the Trust’s progress with the national 7 day Clinical Standards and the Trust participation in the North West London Early Adopter Programme.

Ensuring that patients receive a consistent, high standard of care is a priority for the NHS. The National Seven Day Services programme seeks to ensure that emergency and acute care is of that same high standard whichever day of the week a patient is admitted to hospital. The improvement of 7 day services is also a key part in the reconfiguration of acute services within NW London, improving productivity and the quality of patient care. We also know that patients are spending longer in hospital than they need to – by delivering the clinical standards we can dramatically reduce the length of time patients spend waiting in inpatient beds.

The NHS is already a seven day emergency service, but we know that metrics like mortality show variation when a patient is admitted at the weekend compared to on a weekday. We also know that working patterns and patient flows are different at a weekend compared to during the week. And we know that some services are just not available at the weekend. Changing that is a challenge, particularly within a limited financial envelope, but doing so is good for patients and complements efficient use of resources. The Seven Days programme is a key enabler for patient flow, systems integration, better quality and an integrated discharge programme.

The National 7 Day Clinical Standards
The ten national 7-day Clinical Standards are listed in Appendix 1. The 4 priority Standards, with which we, as an early adopter, were meant to demonstrate compliance by April 2017 are:
Standard 2: Time to Consultant Review
Standard 5: Access to Diagnostics
Standard 6: Access to Consultant-directed Interventions
Standard 8: On-going Review

These 4 Standards have been audited nationally every 6 months since March 2016, with the most recent audit taking place in March 2017. Since the previous audit, there have been further changes in the detail of the Standards. In particular:

Standard 2 – Time to consultant review should be within 14 hours of admission to hospital (rather than arrival at hospital)
Standard 8 – On-going review may be delegated by the consultant to another health professional eg specialist registrar, clinical nurse specialist, therapist, providing that this will not affect clinical care and that there are appropriate criteria for re-escalation.

Since the last Board Report in October 2016, substantial progress has been made within North West London, including within the Trust, but further work is needed particularly to embed the 7-day principles within the business planning cycle. The work locally is overseen / coordinated through the Seven Day Services Steering Group, with input to the Red 2 Green / Safer and Patient Flow Workstreams.
Progress:

CQUINS:
In 2016/17 there was one 7-Day CQUIN:
Clinical Handover (Standard 4) – for 95% of handovers to meet the National Standard and Trust Policy for safe review. Fully met.
This CQUIN had been renegotiated for 2016/17 to maintain improvements in medicine and surgery from the previous year, and to expand to include obstetrics and gynaecology and paediatrics. All areas were shown to be compliant.

Baseline Assessments and National Audits:
Baseline self-assessments were undertaken in November 2013 and September 2015. Since then a national programme of six-monthly rolling audits has been established. The first audit was completed in March 2016, followed by September 2016, and most recently March 2017. Hillingdon Hospital has been actively involved in critiquing the audit questions which evolve each audit. The audits have highlighted issues such as capturing / documentation of clinical discussions in the medical notes. The routine use of stickers in the notes to encourage documenting re the need for ongoing medical review has recently been approved by the Clinical Records Committee.
The next national audit is planned for September 2017, although this audit will concentrate on Standard 2 – this Standard is proving the most challenging one to implement.

March 2017 National Audit
The Audit was a respective case note review covering admissions during a 7 day period. At THH this included 197 patients admitted from Monday 27th March to Sunday 2nd April 2017.
The results for London are shown in Appendix 2 (remember only NWL is an early adopter and therefore the other sectors do not have to demonstrate compliance until April 2018). A Gap Analysis for NWL, including THH, for Standards 2 and 8 are shown in Appendices 3 and 4 (LNWHT not included in this as compliant).

Standard 2 continues to be a challenge for THH. However, our results are at an average for London and above average nationally - within London only London North West Hospitals and the Royal Brompton Trusts are compliant with this Standard. We also have no significant difference overall between weekday and weekend admissions. There has been an improvement in the review of acute medical patients, but surgical reviews have not improved.
All medical emergency admissions are seen by the Acute physicians initially, so dividing medical admissions out by Specialty for this Standard does not make sense within our current model of care. Increasing workload, difficulty in cohorting patients to the correct wards and lack of extended hours consultant working detract from the ability of the acute consultant to prioritise first review of new emergency on a 24/7 basis.
Changes in the model of care within the Clinical Decisions Unit should hopefully improve the situation in Emergency Medicine. Paediatrics has 24/7 Consultant cover of A&E and so should remain compliant. Obstetrics also has 24/7 resident consultants for 4 days a week, and so should be better than it is – improvements within the handover system will address this. Gynaecology and surgery do not
extended consultant working hours. A pilot in Orthopaedics funded through the NW London Vanguard did improve this Standard but only with a significant degree of extra consultant funding.

**Standard 8** – ongoing clinical review. Subdivided into:

- **8A** – twice daily consultant review of acutely unwell patients.
- **8B** – daily consultant review once transferred to a general ward, unless this review would not affect clinical care. May be delegated by the consultant to another doctor or health professional.

Overall we are compliant with this Standard (better than the majority of other Trusts within London and significantly better than the National average), although we are not compliant with 8B at weekends. There appear to be two main reasons for this:

The workload within the Department of Medicine out of hours has increased significantly, and despite the increase in number of hours of acute consultant presence, there are still not enough medical or skilled nursing staff to manage the workload appropriately. Alternatives to employing further doctors, such as increasing the availability of Critical Outreach nurses, use of Physician Associates etc are being investigated. Increasing the availability of therapies at the weekend is also being investigated, in order to improve patient flow and decrease length of stay (as demonstrated by the Inpatient Model of Care pilots).

As well as this, documentation regarding need for clinical review over the weekend is not adequate. A significant number of patients, particularly on Care of the Elderly wards, do not require consultant review over the weekend, as they are undergoing therapy or rehabilitation. This is currently not clearly and categorically stated in their notes. Stickers have been developed for use within the clinical notes to encourage documentation of on-going plan of care. These have recently been approved by the Clinical Records Committee and will be rolled out for routine use throughout the hospital to improve documentation. Fields answering these questions are also included in the Nervcentre e-Handover tool.

**Inpatient Model of Care Pilots**

THH has undertaken 3 pilots testing proposed models of care, coordinated and analysed by the NWL 7 Day Services team. An Evaluation Report of all the NWL first wave pilots is attached (Appendix 4), and the second wave of pilots in Appendix 5. Both the introduction of seven day therapies and of the Discharge Home to Assess (Standard 9) scheme have demonstrated significant reductions in length of stay and are currently being considered for ongoing implementation.

**Standard 5 – Access to diagnostics**

We are complaint with the Standard although weekend access to MRI and echocardiograms are the areas which remain non-compliant. Weekend MRI is currently being considered in a business case. The current level of clinical need for echocardiogram at the weekend is not felt to warrant further investment.

We continue to work with NWL to develop and implement Clinical Decision Support Systems and a Radiology Network throughout the sector. There have been significant improvements in radiology reporting turnaround times. One of the major hurdles in improving access to diagnostics is the lack of trained personnel, particularly sonographers and NWL is working with HENWL to address this.
Standard 6 – Access to Consultant-directed Interventions]

THH and NWL compliant with this Standard

Next steps

- Standard 2 and 8A - An additional locum consultant within AMU has recently been agreed, which, along with changes in the model of care within AMU should improve compliance with Standard 2, as well as twice daily reviews of acute patients (Standard 8A). The ward moves should improve the functioning of the Surgical Assessment Unit (to be co-located with AMU), allowing more focussed and timely consultant review of new admissions.
- Standard 8B - The recent ward moves should enable Specialty patients to be better co-located, and this along with changes in the handover process (freeing up specialty teams from handover) should allow increased focus on the daily ward reviews resulting in better compliance with Standard 8B
- Business cases for more medical staff need to be focussed on areas with highest impact on patient safety and patient flow, and once the impact of the other changes has been reviewed
- The routine use of stickers within the clinical notes, documenting need (or not) for daily review, should help with compliance for Standard 8B, especially in Care of the Elderly wards.
- The roll-out of Nervecentre e-handover tool across the hospital should also help identify and document those patients who need daily or twice daily consultant review
- To develop Business Cases to support introduction of 7-day therapies
- To continue engaging in the NWL/ National Audits and maintain existing compliance

Equality and Diversity considerations - None at this stage

Financial implications - It is likely that future investment will be required, particularly to meet Standard 2. Achievements to date referenced in this and previous reports have mainly been met either via CQUIN (Commissioning for Quality and Innovation) allocation or via business planning within divisions. The exceptions to this are the Radiology Deep Dive and the pilot studies, which were commissioned by the North West London (NWL) Collaboration of CCGs.

Appx 1 – Clinical Standards Feb 2017
Appx 2 – March 2017 London results
Appx 3 – Standard 2 March 2017 Audit results Gap Analysis THH and NWL
Appx 3 – Standard 8 March 2017 Audit results gap Analysis THH and NWL
Appx 4 – First Wave Pilots Evaluation
Appx 5 – Second Wave Pilots Evaluation
Meeting of the Board of Directors – Public Part I session

Date of meeting: Wednesday 27th September 2017
Agenda item 22

<table>
<thead>
<tr>
<th>Report title: Safer Staffing – Planned and Actual Staffing Levels (nursing)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report author: Vanessa Saunders, Deputy Director of Nursing</td>
</tr>
<tr>
<td>Report sponsor(s): Jacqueline Walker, Interim Director of Nursing and Patient Experience</td>
</tr>
</tbody>
</table>

Board Action required:

The Board are asked to:

Note and comment on the report

Link to the Hillingdon Hospitals Strategic Plan 2017/21:

STRATEGIC PRIORITY:

Delivery Area 5: Ensure we have safe, high quality sustainable acute services
1. Staffing levels against plan

The report provides the Board with an overview of the planned and actual staffing levels for August on all inpatient wards. The tables and graphs below show the overall average fill rates against plan, Care Hours Per Patient Day and the monthly trends. It is clearly demonstrated that fill levels are stable across both sites.

Specifically:

- The analysis of this paper is that despite ongoing pressures and significant nursing vacancies across inpatient areas, average shift fill rates and CHPPD demonstrate nurse staffing levels averaged across the month were safe and appropriate.

- THH: average fill-rates were above planned roster for HCAs on day and night shifts; movement trend was downward towards rota plan.

- MVH: average staffing levels ranged from 85.4% – 100% of plan. Average Care Hours Per Patient Day were slightly higher than on the THH site despite no units providing high dependency care. Underlying reasons need to be understood.

- Total 98.31 RN vacancies for the wards covered in the report and 51.7 HCA vacancies. This is an increase from June (not reported in July) but is associated with improved data quality following detailed work by the Workforce Information team.

- Reporting is by exception (Appendix 2) where indicators have varied significantly from target and/or increased management action is required to mitigate risk.

For the Hillingdon site average fill rates for Registered Nurse (RN) shifts were above 90% but did not exceed 100% against plan, providing assurance of safe and effective used of resource. Health Care Assistant (HCA) deployment continued to be above the level planned, the primary driver being the use of “specials” to support patients at risk of harm or exhibiting behavioural difficulties. There was a slight reduction in the level of overfill on night shifts.

For Mount Vernon RN the average RN shift fill rate was lower, reflective of varying activity.
## Site Summary Data

<table>
<thead>
<tr>
<th></th>
<th>Day</th>
<th>Night</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Average fill rate</td>
<td>Average fill rate</td>
</tr>
<tr>
<td></td>
<td>RN/RM Care staff</td>
<td>RN/RM Care Staff</td>
</tr>
<tr>
<td>Hillingdon</td>
<td>95.4%</td>
<td>118.7%</td>
</tr>
<tr>
<td>Mount Vernon</td>
<td>85.4%</td>
<td>91%</td>
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### Average Fill Rates - Days

<table>
<thead>
<tr>
<th>Site</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hilledon</td>
<td>95.1%</td>
<td>94.5%</td>
<td>95.4%</td>
<td>94.7%</td>
<td>95.7%</td>
<td>95.4%</td>
<td>95.4%</td>
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<tr>
<td>Mount Vernon</td>
<td>105.6%</td>
<td>98.3%</td>
<td>93.0%</td>
<td>95.4%</td>
<td>95.4%</td>
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### Average Fill Rates - Nights

<table>
<thead>
<tr>
<th>Site</th>
<th>Mar</th>
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<th>May</th>
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<th>Jul</th>
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</thead>
<tbody>
<tr>
<td>Hilledon</td>
<td>105.6%</td>
<td>105.5%</td>
<td>105.5%</td>
<td>105.5%</td>
<td>105.5%</td>
<td>105.5%</td>
</tr>
<tr>
<td>Mount Vernon</td>
<td>105.5%</td>
<td>105.5%</td>
<td>105.5%</td>
<td>105.5%</td>
<td>105.5%</td>
<td>105.5%</td>
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</table>

## Care hours Per Patient Day

<table>
<thead>
<tr>
<th></th>
<th>Cumulative count of patients @ 23.59</th>
<th>RN/RM hours per patient day</th>
<th>HCA hours per patient day</th>
<th>Overall hours per patient day</th>
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<tbody>
<tr>
<td>Hillingdon</td>
<td>11620</td>
<td>5.7</td>
<td>3.7</td>
<td>9.4</td>
</tr>
<tr>
<td>Mount Vernon</td>
<td>702</td>
<td>5.8</td>
<td>4.2</td>
<td>10</td>
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The tables and graphs below show the number of vacancies (budgeted establishment minus filled posts), new starters and leavers for the inpatient areas covered by this report, over the last three months. The data, is provided by Workforce Information and the Head of Resourcing, and is in relation to the clinical areas listed in Appendix 1 and does not represent the vacancy or turnover position for the entire nursing and midwifery staff group.

There was a break in data requested for this report (July). It can be seen there was a slight drop in RN vacancies on the Hillingdon site in August compared to June, but an increase in HCA vacancies.
The increase in RN vacancies on the Mount Vernon Site is due to the detailed work undertaken by the Workforce Information team to improve the robustness of vacancy data, triangulating information from finance, human resources and divisions.

## Vacancies and turnover for inpatient areas

<table>
<thead>
<tr>
<th>THH 2016/17</th>
<th>June</th>
<th>Jul</th>
<th>Aug</th>
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</thead>
<tbody>
<tr>
<td>RN/RM Vacancies</td>
<td>87</td>
<td>NR</td>
<td>65.29</td>
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<td>HCA Vacancies</td>
<td>35</td>
<td>NR</td>
<td>47.01</td>
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<tr>
<td>RN/RM Starters</td>
<td>6</td>
<td>6</td>
<td>7</td>
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<tr>
<td>HCA Starters</td>
<td>1</td>
<td>NR</td>
<td>0</td>
</tr>
<tr>
<td>RN/RM Leavers</td>
<td>0</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>HCA Leavers</td>
<td>0</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MVH 2016/17</th>
<th>June</th>
<th>Jul</th>
<th>Aug</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN/RM Vacancies</td>
<td>6</td>
<td>NR</td>
<td>13.03</td>
</tr>
<tr>
<td>HCA Vacancies</td>
<td>0</td>
<td>NR</td>
<td>4.69</td>
</tr>
<tr>
<td>RN/RM Starters</td>
<td>0</td>
<td>NR</td>
<td>0</td>
</tr>
<tr>
<td>HCA Starters</td>
<td>0</td>
<td>NR</td>
<td>0</td>
</tr>
<tr>
<td>RN/RM Leavers</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>HCA Leavers</td>
<td>0</td>
<td>0</td>
<td>0</td>
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3. Summary

Average shift fill rates for August maintained their stable position despite the ongoing high number of nursing vacancies. Rota gaps, or increased demand to support patients with high levels of dependency, were met through the use of temporary staffing.

Average fill rates for the month across days and nights are detailed in Appendix 1, together with a range of Nurse Sensitive Outcome Indicators. These too present a stable picture compared with previous months. Appendix 2 provides insights and actions by exception.

In light of the stable shift fill rates and Care Hours Per Patient Day it is reasonable to conclude that safe nurse staffing levels were maintained across the inpatient areas in August.

Equality and Diversity: There are no implications arising from the report.

Financial Impact: There are no financial implications arising from the report.
Meeting of the Board of Directors – Public Part I session

Date of meeting: Wednesday 27\textsuperscript{th} September 2017

<table>
<thead>
<tr>
<th>Agenda item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report title: Minutes of meetings and issues arising from Committees of the Board</td>
</tr>
<tr>
<td>Report author: Michael Sims Trust Secretary</td>
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<tr>
<td>Report sponsor: Richard Sumray Chair</td>
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<table>
<thead>
<tr>
<th>Board Action required:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Board are asked to:</td>
</tr>
<tr>
<td>Note the minutes of meetings of Committees of the Board; Chairs to comment where appropriate.</td>
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<table>
<thead>
<tr>
<th>Link to the Hillingdon Hospitals Strategic Plan 2017/21:</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRATEGIC PRIORITY:</td>
</tr>
<tr>
<td>None</td>
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</table>
# Summary of Meetings - update for September 2017

<table>
<thead>
<tr>
<th>Committee</th>
<th>Meeting date 2017</th>
<th>Minutes included in Part I Board Papers</th>
<th>Minutes included in part II Board Papers</th>
<th>Notes on exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality and Safety</td>
<td>15 May</td>
<td>Yes – see appendices supplement</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Finance &amp; Transformation</td>
<td>13 June</td>
<td>Yes – see appendices supplement</td>
<td>Yes</td>
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<tr>
<td>Charitable Funds</td>
<td>26 June</td>
<td>Not yet</td>
<td>Not yet</td>
<td>Awaiting Committee clearance 24 October</td>
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<tr>
<td>Audit &amp; Risk</td>
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<td>Awaiting Committee clearance 17 October</td>
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<tr>
<td>Finance &amp; Transformation</td>
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<td>Yes</td>
<td>Items on procurement redacted for Part I meeting</td>
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<tr>
<td>Quality and Safety</td>
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<tr>
<td>Finance &amp; Transformation</td>
<td>15 September</td>
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<td>Not yet</td>
<td>Awaiting Committee clearance 17 October</td>
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