

PUBLIC TRUST BOARD OF DIRECTORS' MEETING

Wednesday 24 July 2019 in the Education Centre,
Royal Lancaster Infirmary, Lancaster LA1 4RP
Commencing at 10am

Agenda					
Item		Lead	Action	Paper	Duration
General Business					
46	Welcome and Introductions - Apologies for absence received from - Foluke Ajayi (Dee Houghton in attendance) - Sue Smith (Joann Morse in attendance) - Phil Woodford - Declaration of conflicts of interest	Chair	To note	Verbal	15 Minutes
47	Minutes of the Board of Directors' Meeting held on 26 June 2019 <i>To approve the Minutes of the Meeting held 26 June 2019.</i>	Chair	To approve	Attached	
48	Action Sheet and Matters arising from the Minutes of the Public Meeting of the Board of Directors held on 26 June 2019 <i>To consider the action sheet and note the actions taken.</i>	Chair	To note	Attached	
49	Chairman's Report <i>A report to present the Chairman's activities during July 2019.</i>	Chair	To note	Attached	
50	Chief Executive's Report <i>An update presented by the Chief Executive.</i>	Chief Executive	To note	Attached	
Patients					
51	Patient Story <i>To present how a nurse specialising in caring for patients with learning difficulties has been successfully integrated into acute surgical ward and the benefits this has brought to patient care.</i>	Executive Chief Nurse	To note	Attached	15 Minutes
52	NHS Resolution Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme Year 2 <i>A report on the NHS Resolution Clinical</i>	Executive Chief Nurse	To approve	Attached	5 Minutes

	<i>Negligence Scheme for Trusts to continue to support the delivery of safer maternity care. The Quality Committee at its meeting on 15 July 2019 made a number of recommendations to the Board of Directors which are set out in the report.</i>				
Performance					
	<i>The items in this section will be discussed with reference to the Integrated Performance Report and other specific reports. Each section will be presented by the lead executive with an opportunity to ask questions and agree actions and follow-up after the presentation of all the sections. Any specific areas of performance that were focused on or challenged at the meetings of the Assurance Committees should also be reported during consideration of the IPR.</i>				
53	Integrated Performance Dashboard and Report Month 3	Deputy Chief Executive	To note	Attached	15 Minutes
53a	Quality and Safety	Medical Director	To note	Verbal	
53b	Workforce Performance	Director of People and OD	To note	Verbal	
53c	Operational and Capital Performance	Chief Operating Officer	To note	Verbal	
53d	Financial Performance	Director of Finance	To note	Verbal	
53e	Review of Quarter 1 Operational Plan Priorities <i>A review of performance, issues and risks during quarter 1 and look forward to quarter 2</i>	Chief Executive	To note	Attached	30 Minutes
53f	CQC Improvement Plan Update <i>To receive an update on progress with the CQC Improvement Plan.</i>	Director of Governance	To note	Attached	5 Minutes
People					
54	Towards Inclusion – Annual Update <i>To present an annual report on the Trust's inclusion and diversity work and seek approval of the WRES and EDS2 submissions in line with national reporting guidance.</i>	Director of People and OD	To note	Attached	5 Minutes
Break (10 Minutes)					

Partnerships					
55	Healthier Lancashire and South Cumbria Update <i>A report to update the Board of Directors on the developments within the Integrated Care System.</i>	Chief Executive	To note	Attached	10 Minutes
56	Bay Health and Care Partners' Update <i>A report to present an update on key activities for Bay Health and Care Partners' work streams.</i>	Chief Operating Officer	To note	Attached	5 Minutes
Progress					
57	Car Park Improvements at the Royal Lancaster Infirmary <i>A report to present an update on the car park improvements at the Royal Lancaster Infirmary.</i>	Chief Operating Officer	To note	Attached	5 Minutes
58	Research, Innovation and Development Update <i>A report to provide an update six months post-approval at the Board of Directors' meeting in November 2018. The report will also include the 2019/20 priorities.</i>	Medical Director	To note	Attached	5 Minutes
Governance and Assurance					
59	Review of the Board Assurance Framework Quarter 1 <i>A report to present the Trust's Board Assurance Framework and Corporate Risk Register.</i>	Deputy Chief Executive	To approve	Attached	10 Minutes
60	Annual Reports July 2019 The Board is asked to note that the following Annual Reports were considered by the Quality and Workforce Committees at their meeting held in July 2019. a) Annual Health and Safety Report 2018/19 b) Appraisal and Revalidation Annual Report 2018/19; and c) Guardian of Safe Working Hours Annual Report 2018/19. The above Annual Reports will be published on the Trust's website.	Deputy Chief Executive	To note	Attached	5 Minutes

Minutes and Updates from Reporting Groups					
61	a) Minutes from the Audit Committee 24 May 2019 and Update from the Audit Committee on 10 July 2019 b) Minutes from the Workforce Committee on 20 May 2019 and Update from the Workforce Committee on 15 July 2019 c) Finance Committee Minutes 24 June 2019 and Update from the Finance Committee on 22 July 2019 d) Quality Committee Minutes 17 June 2019 and Update from the Quality Committee on 15 July 2019	Chairs of the Assurance Committees	To note	Attached	5 Minutes
Items for Noting					
62	Attendance Monitoring Register	Chair	To note	Attached	5 Minutes
63	Urgent Business	Chair	To note	Verbal	
64	Date, Time and Venue of Next Meeting: Wednesday 25 September 2019 at 10am in the Education Centre, Furness General Hospital, Barrow LA14 4LF				
65	Exclusion of the Press and Members of the Public: To resolve that representatives of the press and other members of the public will be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted.				

Apologies to be given to Nicola Barnes by 22 July 2019.



Board of Directors' Declarations of Interest

University Hospitals of Morecambe bay NHS Foundation Trust is committed to openness and transparency in its work and decision making. As part of that commitment, we maintain and publish a Register of Interests which draws together Declarations of Interest made by members of the Board of Directors. In addition, at the commencement of each Board meeting, members of the Board are required to update the Register and declare any interests.

Date of Declaration	Name	Role	Nature of Interest	Do you envisage a conflict of interest between outside employment and your NHS employment?	Nil Declaration
11/04/2019	Foluke Ajayi	Chief Operating Officer			✓
19/03/2019	Aaron Cummins	Chief Executive			✓
30/04/2019	Keith Griffiths	Director of Finance			✓
12/02/2019	Sue Smith	Executive Chief Nurse / Deputy Chief Executive	1. Director of Transform Healthcare Cambodia (registered charity); and 2. Non-Executive Director of St. John's Hospice	A material conflict of interest does not exist. However Sue may wish to make a declaration and withdraw from any meetings where either the Charity or the Hospice were being discussed.	
11/03/2019	David Walker	Medical Director			✓
12/02/2019	David Wilkinson	Director of People and OD			✓
16/03/2019	Helen Bingley	Non-Executive Director	1. Treasurer and Trustee for Mind in Furness; 2. Chair and Director of Aaban (a private health care provider); and 3. Involved in the development of two business cases for	A material conflict of interest does not exist. However Helen may wish to make a declaration withdraw from any meetings where either the Charity or her commercial interests are being discussed.	

			Birmingham and Solihull Mental Health NHS Foundation Trust and involved in a Consultant Job Planning Project and Medical Staffing Review for Barts Health.		
12/03/2019	Bruce Jassi	Non-Executive Director	Non-Executive Director with Jigsaw Homes Group.	A material conflict of interest does not exist.	
16/04/2019	Ian Johnson	Chairman	1. Chair of the Lancaster University Health Innovation Campus Board; 2. Member of the Lancaster University Council; and 3. Director of Pension Fund Trustee for Wood Pensions Trustee Ltd.	Potentially a material conflict of interest may arise from his role at the University. However Ian would have to consider the circumstances; make a declaration and consider withdrawing from any meetings where either the University or his commercial interests are being discussed.	
11/04/2019	Neil Johnson	Non-Executive Director	1. Employed by Lancaster University; 2. Member of the Lancaster University Council; and 3. Chair of the Expert Reference Group for the General Medical Council.	Potentially a material conflict of interest may arise from his role at the University and the Medical Council. However Neil would have to consider the circumstances; make a declaration and consider withdrawing from any meetings where the University or his role with the Medical Council is being discussed.	
19/03/2019	Adrian Leather	Non-Executive Director	Chief Executive Officer of Active Lancashire	Potentially a material conflict of interest may arise from his role as Chief Executive Officer of Active Lancashire. However	

				Adrian would have to consider the circumstances; make a declaration and consider withdrawing from any meetings where Active Lancashire is being discussed.	
08/05/2019	Elizabeth Sedgley	Non-Executive Director	A self-employed accountant.	A material conflict of interest does not exist	
13/02/2019	Jill Stannard	Non-Executive Director	A non-remunerated Board Director for the University of Cumbria	Potentially a material conflict of interest may arise from Jill's role at the University. However Jill would have to consider the circumstances; make a declaration and consider withdrawing from any meetings where the University is being discussed.	
Note: Stephen Ward has been invited to make his Conflicts of Interest Declaration and update will be given at the Board					

THIS PAGE IS INTENTIONALLY BLANK



Minutes of the Trust Board of Directors' Meeting held on Wednesday 26 June 2019 in the Conference Room, Education Centre, Furness General Hospital, Barrow LA14 4LF

Present:	Ian Johnson Aaron Cummins Foluke Ajayi Helen Bingley Keith Griffiths Neil Johnson Denis Lidstone Liz Sedgley Jill Stannard Sue Smith David Walker Steve Ward David Wilkinson	Chair Chief Executive Chief Operating Officer Non-Executive Director Director of Finance Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Executive Chief Nurse / Deputy Chief Executive Medical Director Designate Non-Executive Director Director of People and OD
In attendance:	Alasdair Boyle Olivia Caton Nicola Crossman Paul Jones Colin Ranshaw Phil Woodford Andrea Willmott	Staff Side Chair Deputy Company Secretary PA to the Chairman Company Secretary Head Governor Associate Director of Corporate Affairs Director of Governance

19/28 Welcome and Introductions

Apologies for Absence

Apologies for absence were received from Bruce Jassi and Adrian Leather.

Declarations of Conflicts of Interest

None.

19/29 Minutes of the Board of Directors' Meeting held on 29 May 2019

19/11 Integrated Performance Dashboard and Report Month 1

It was suggested that the current wording could be improved and it was recommended that the note was changed to "improvement in the reporting for appraisal and core skills had resulted in lower compliance rates."

19/12 CQC Improvement Plan

There were 140 recommendations in total.

Decision:	That, subject to the above amendments, the Minutes of the meeting held on 29 May 2019 be agreed as an accurate record.
------------------	--

19/30 Action Sheet and Matters Arising from the Minutes of the Public Meeting of the Board of Directors held on 29 May 2019

Decision:	The Board of Directors considered the action sheet and noted the actions taken.
------------------	---

19/31 Chairman's Report

Ian Johnson presented the Chairman's report and updated the Board of Directors on his work.

Ian provided information on the number of meetings and different activities he had attended throughout June 2019. The report also included information on the meetings the Non-Executive Directors had chaired and attended in June, recent Trust news and Ian's future engagements.

Ian updated the Board on a recent visit to Ulverston Community Health Centre. Ian had been impressed by on-going work at community level which had reaffirmed his confidence in the decision to transfer Community Services. He also confirmed that the Non-Executive Directors had agreed to undertake a programme of visits to Community sites.

Decision:	That the report be noted
------------------	--------------------------

19/32 Chief Executive's Report

A Cummins presented the Chief Executive's report and updated the Board of Directors on recent activity in the Trust.

Aaron had attended a meeting with North West system leaders with Simon Stevens, NHS Chief Executive as part of his recent regional visit. The meeting had provided an opportunity to discuss the implementation of the NHS Long Term Plan and funding arrangements which would inform discussions with executive colleagues at a local level.

The Health Select Committee's report had published a report proposed legislative changes to the way the NHS in England is run promoting collaboration rather than competition.

Aaron noted changes to the NHS England Board with Amanda Pritchard, current Chief Executive of Guy's and St Thomas NHS Foundation Trust being appointed as the NHS Chief Operating Officer.

Aaron updated the Board on his recent visit to Wigan regarding the 'Wigan Deal' which he explained was not dissimilar to the integrated partnership work in Morecambe Bay. A Cummins reported a clear sense of connection between the council, hospital groups etc. Despite the favourable conditions in Wigan and the time it had taken to get to the stage they had reached, the visit had reaffirmed his view that the system was on right path as it was working elsewhere. A Cummins agreed to circulate the Wigan Deal slides to board colleagues.

A Cummins outlined that a detailed improvement plan had been submitted to the CQC on 12 June 2019 and the first reengagement meeting had taken place with Sarah Dronsfield, Head of Hospital Inspection at the CQC. The Trust were awaiting formal feedback from the CQC, however informal discussions to date had been positive.

A Cummins informed the Board that D Walker would leave the Trust on 30 August 2019 to take up a position as Chief Medical Officer for the Mid and South Essex Hospitals Group and the process for recruiting his successor would commence shortly.

19/33 **Decision:** That the report be noted
Patient Story

Sue Smith introduced Jane Kenny, Associate Director of Nursing for Surgery and Critical Care Group who presented Albert's campaign to show how the Trust had addressed the problem of patients in hospitals who were at risk of dehydration.

The following points were made in discussion:

1. Albert's campaign needed to be written into a case study to be shared nationally.
2. Jill Stannard noted that the issue of hydration had been raised at the SIRI Panel and queried how the Trust were ensuring that lessons were shared for people coming into other service areas. Janey confirmed that the root cause analysis that was taken to the SIRI Panel had highlighted a gap and work was underway to resolve the issue.
3. David Walker remarked on the gains to be made from simple solutions in a time where the focus was on hi-tech interventions.
4. A Cummins commended the team for their pro-active approach to resolving putting solutions in place.
5. In response to a query from J Stannard regarding the accessibility of drinking water, A Cummins confirmed that in addition to water coolers already available in outpatients and main entrances, plans for 46 water coolers to be installed on wards and departments were proceeding.

19/34 **Decision:** That the presentation be received with thanks
National Update on the Care of People with Learning Disabilities

Sue Smith delivered a presentation to the Board of Directors to provide an update on issues arising from a recent Panorama programme relating to care of people with learning disabilities and how this aligned to national updates on the Learning Disabilities Mortality Review (LeDeR) Annual Report and the NHS Improvement Response.

Sue outlined the completed and on-going actions following recommendations made at national level to ensure effective standard operating procedures and clinical pathways, although noted that despite increased prioritisation, subsequent money and infrastructure had been slow with a lack of national infrastructure support and guidance in a number of places.

Sue also explained that the Trust was among the first to introduce learning disability and mental health nurses onto wards and also have a Learning Disability and Autism Matron. In addition, other initiatives e.g. Listening Events were on-going to co-design

learning disability and autism pathways, however it was recognised that this was still not as far reaching as it needed to be. In summary, it was confirmed that risk mitigations were in place and progress was being made but further work was required.

The following points were made in discussion:

1. In response to a question from Helen Bingley regarding learning disability and autism passports, Sue confirmed that the Matron facilitated and supported teams.
2. Helen queried whether case studies had been written up to highlight additional resource requirements and whether national groups needed more evidence. Sue confirmed that although information was shared at every opportunity, a case study had not been written up and costed but she would take away as a recommendation. In addition, Aaron highlighted upcoming opportunities during the conference season to bring focus on these issues and the work that the Trust undertakes..
3. Aaron queried whether there was a gap analysis to support system work and prioritisation. Helen Bingley suggested that this was flagged up at a planned meeting with commissioners prior to the Quality Assurance Committee on 16 July 2019.
4. Liz Sedgley noted that talking about learning disabilities and autism and flagging passports goes a long way to making changes. Sue Smith confirmed that there were now 56 staff learning disability & Autism champions.

Decision:	That the report be noted and the issues raised during consideration of this item be discussed with Commissioners and that the Quality Committee keep this matter under review
------------------	---

19/35 Integrated Performance Dashboard and Report Month 2

Consideration was given to a report to update the Board of Directors on the Trust's financial, quality and workforce performance against national and contractual standards.

Sue Smith introduced the Integrated Performance report and noted that Keith Griffiths would address the finance elements in more detail under item 36 Cost Improvement Plan Performance Report.

Workforce performance presented by David Wilkinson:

1. Confirmed recruitment target of 14 Consultants had been achieved and work continues to confirm start dates.
2. Reported that nurse recruitment was performing well against the set trajectory of 211 but urged caution.
3. Reported <85% availability for nurse staffing as at the end of May 54% of the nursing target had been recruited resulting in confirmed position in September with registered nurses started being 24 wards with less than 85% availability although this did not factor in sickness absence.
4. Although there had been a recent improvement across all areas, a step change would be required to hit 95% compliance.
5. Confirmed a big drive on leadership appraisals by end June with a target of 95% compliance. Assurance had been given by the leadership team that this target would be met.

6. Deterioration against attendance rate target of 0.25% with cost saving dependent of delivery. D Wilkinson confirmed sanctions were in place to improve.

The following points were made in discussion:

1. Denis Lidstone sought assurances that appraisal targets would be met. David Wilkinson confirmed that for UHMB that was the highest level of leadership appraisals than ever had achieved. Additional actions would be taken to drive up compliance. There was a discussion regarding appraisal planning for the first quarter to ensure not all appraisals were left until the end of the quarter.
2. In response to a query from Liz Sedgely, David Wilkinson confirmed that the Workforce Committee had set an achievable Consultant recruitment target in March 2019 and a 25% vacancy rate remained. However, work would continue to overachieve against the agreed target and the Workforce Committee would review and re-set the target going forward.
3. Liz also queried the impact of changes to a result of changes to the NHS pension tax regime.. The impact would be reviewed by the Workforce Committees. D Walker emphasised the need for a national solution to this matter.
4. Aaron Cummins acknowledged work to prioritise time around nurse and medical vacancies, however highlighted non-clinical pressures at end of quarter 1 and actions for the Workforce Committee to look at pockets of non-clinical vacancy areas having impact on health and wellbeing and bullying and harassment etc.

Quality & Safety Performance presented by D Walker.

1. The *clostridium difficile* trajectory would now include community services and the Trust were working with the Clinical Commissioning Group as to how community onset healthcare associated cases would be managed and recorded.
2. Mixed sex accommodation breaches had increased as a result of high bed high occupancy levels leading to bed pressures and the inability to step patients down from intensive care without breaching mixed sex accommodation regulations.

Operational Performance presented by F Ajayi

1. Foluke Ajayi confirmed that 6 out of 8 cancer targets had been met with the exceptions being two week wait breast symptomatic and 62 day performance, although this remained in line with the improvement trajectory submitted to NHSI.
2. Regarding the diagnostics standard, the Trust did not achieve less than 1% standard which was mainly due to Consultant Radiologist shortages and greater demand than capacity for nuclear, CT, MR and ultrasound scans. There had been a capacity reduction due to an imaging machine breakdown which was a recurring problem.
3. DEXA service was moving to integrate with the radiology service.
4. The referral to treatment position was not achieved but remained stable.
5. Focus continued to be on reducing waiting lists as the total waiting list size had increased, partly due to a reduction in Orthopaedic activity and the ongoing impact of the reduced day case theatre capacity at RLI.

6. 52 week performance – the Trust have a requirement not to have any 52 week breaches by September 2019.
7. Urgent care standard remained a challenge.
8. The 28 day standard for cancelled operations had been sustained for the last three months and was back on trajectory.

Foluke presented the Urgent and Emergency Care Recovery Plan that had been agreed with the Accident and Emergency Delivery Board. The Plan detailed the context of current working and set out the recovery actions that would be delivered

The following points were made in discussion:

1. Lizzy commended the staff, for their continued hard work in challenging circumstances
2. Helen referred to national benchmarking received at Quality Committee which presented the Trust's performance data in a more positive light and confirmed that she was due to meet with MBCCG in her role as Quality Committee Chair.
3. In response to a query from Helen regarding the governance structure for A&E delivery Board and the lack of Non-Executive Director representation Aaron confirmed that performance issues were report through to the Finance Committee and that the work of the delivery Board should be reported to that Committee.
4. Neil Johnson was pleased by the comprehensive nature of the Urgent and Emergency Care Recovery Plan but queried whether there was confidence around engagement and commitment from primary care to support the delivery. Aaron explained that primary care in the bay area was moving to a more consolidated position and expected that full commitment would be visible soon.

Decision:	That the report be noted and the Urgent and Emergency Care Recovery Plan be approved
------------------	--

19/36 Cost Improvement Plan Performance Report

Keith Griffiths delivered a presentation to update the Board regarding Cost Improvement Plan 2019/20 performance.

The following points were raised in discussion.

1. In response to a query from Ian Jonson relating to low cash level, Keith confirmed that some late public sector payments had relieved some pressure. In addition, there had been some capital expenditure earlier than expected.
2. Stephen Ward requested further clarification on CIP progress to date within the care groups, and in particular how much of the savings would be recurring as opposed to non-recurrent. Keith confirmed the there was too much reliance on non-recurrent savings which had featured in discussions at the Finance Committee.
3. Denis Lidstone confirmed the Finance Committee had spent time examining the detail of cross-cutting schemes. In addition, he emphasised the importance of ensuring robust and demonstrable plans for delivery were in place.
4. Liz Sedgley sought clarity on what the impact would be if the £2.5m monthly savings target was not met recurrently. Keith emphasised that hitting these savings targets was imperative as limits would not change but confirmed conversations were on-going with NHSI in preparation for every outcome.

5. Aaron Cummins emphasised the need for commitment from the Board and the wider organisation to deliver organisational changes required over and above normal cost improvement programmes. The Cost Control Board, Care Group Meetings and Trust Management Congress would present key opportunities to focus on programmes of change and service improvement with the leadership teams but asked the Board to consider how to approach some of the more difficult conversations required over the coming months.

Decision:	That the update on Cost Improvement Plan 2019/20 performance be noted and that a further report be submitted to the next meeting of the Board
------------------	---

19/37 War on Waste Campaign

P Woodford delivered a presentation to the Board on the Trust's War on Waste Campaign and how the initiative aimed to keep a continuous narrative and commitment to reducing on every scale waste throughout the organisation.

In deliberation, the following points were raised

1. Jill Stannard asked the Board to commit to bringing reusable water bottles to meetings to reduce the use of bottled water.
2. David Wilkinson suggested enlisting the support of the Staff side Chair and Bay Wide Stewards.

Decision:	That the War on Waste campaign be approved and endorsed by the Board
------------------	--

19/38 CQC Improvement Plan Update

Andrea Willimott presented a report to update the Board of Directors on the CQC improvement plan following the CQC inspection in December 2018 and Use of Resources in November 2018.

The CQC Improvement plan had been submitted on 12 June 2019 and a full report had been circulated to Board members. A Willimott confirmed that each recommendation had an owner and was being checked.

It was reported that mock CQC inspections had been re-launched with a recent visit to the Urgent Treatment Centre at WGH. The inspection had been positive overall and had presented an opportunity for the team to review and refresh the process for mock inspections.

Decision:	The Board noted that the CQC Improvement plan submission was made on 12 June 2019; and 2. The Board noted the actions/ progress made since the Board of Directors'
------------------	---

19/39 Interim NHS People Plan – An Overview

David Wilkinson presented a report to outline the content of the Interim People Plan published by NHS England and Improvement on 3 June 2019.

In response to a query from Liz Sedgley, David Wilkinson confirmed that senior NHS Leadership had signed up to positive and inclusive behaviours detailed within the report. Further reports would be submitted to the Workforce Committee.

Decision:	That the report be noted.
------------------	---------------------------

19/40 Community Children's Speech and Language and Occupational Therapy Services Transfer Approval

Foluke Ajayi presented a report to the Board of Directors proposing that the north Lancashire Children's SALT and OT community services transfer to the Trust. The report gave details of the due diligence outcomes and associated risks and mitigations and sought authority for Executive Directors to agree and sign on behalf of the Board of Directors the relevant contracts to allow the contract to be transacted from 1 July 2019.

The Board was assured that the Finance Committee were satisfied that cost implications had been mitigated against and dealt with and recommended the approval of the transfer of the children's SALT and OT community services transfer.

Decision:	The Board of Directors approved the proposed transfer and gave approval for the Business Transfer Agreement Variation and authorised Executive Directors to agree and sign on behalf of the Board of Directors the relevant contracts to allow the contract to be transacted from 1 July 2019.
------------------	--

19/41 Assurance Committee Minutes and Chairperson's Report

An update on the following Assurance Committee was received and noted:

Finance Committee

Denis Lidstone provided an update from the Committee.

Quality Committee

Helen Bingley provided an update on the work of the Committee.

19/42 Attendance Monitoring Register

Noted.

19/43 Urgent Business

Ian Johnson took the opportunity to welcome the newly appointed Non-Executive Director, Stehen Ward to the Board and confirmed that his start date would be 1 July 2019. In addition, Ian Johnson thanked Denis Lidstone for his outstanding contribution during his tenure as Non-Executive Director.

19/44 Date, Time and Venue of Next Meeting

It was noted that the next meeting of the Board of Directors would be held on

Wednesday 24 July 2019 at 10am in the Education Centre, Royal Lancaster Infirmary
LA1 4RP

19/45 Exclusion of the Press and Members of the Public

Agreed: That the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted.

**THIS PAGE IS INTENTIONALLY
BLANK**

Unadopted

Meeting Title	Board of Directors' Meeting (Public) Action Tracker	Completion Status	
Meeting Chair	Ian Johnson	O	Overdue
Previous Meeting Date	26/06/2019	SFM	Scheduled for meeting
Next Meeting Date	24/07/2019	SBM	Beyond date of meeting
		ACP	Action completed

Meeting Date	Action No	Agenda Item	Action Point	Owner	Due Date	Original Due Date	Completed Date	Progress	RAG Rating
30/01/2019	23	Medical Examiner Model	The development of a medical examiner model would be shared when available at a future Board of Directors' meeting	David Walker	25/09/2019				SBM
27/03/2019	24	Bay Health and Care Partners' Annual Report	It was agreed to present this at a future Board of Directors' meeting.	Foluke Ajayi	25/09/2019				SBM
27/03/2019	25	Workforce Race Equality Standard - National Benchmarking and Recommendations for Improvement	The executive team prepare an action plan to address the highlighted areas of variance within the national benchmarking comparison.	Aaron Cummins	25/09/2019				SBM
29/05/2019	27	Talent Management Strategy	To be presented at a future Board of Directors' meeting	David Wilkinson	29/01/2020				SBM
26/06/2019	19/36	Cost Improvement Programme	That the update on Cost Improvement Plan 2019/20 performance be noted and that a further report be submitted to the next meeting of the Board	Keith Griffiths	24/07/2019			Included on Private Board Agenda	SFM

**THIS PAGE IS INTENTIONALLY
BLANK**



BOARD OF DIRECTORS

Date of Meeting	24 July 2019		
Title	Chairman's Report		
Report of	Ian Johnson Chairman		
Prepared by and contact details	Nicola Crossman PA to the Chairman nicola.crossman@mbht.nhs.uk ext, 45296		
Status of Report	Public ☒	Private ☐	Internal ☐
Purpose of Report	For Decision ☐	For Assurance ☒	For Information ☒
Summary	The content of this report outlines: • Recent Trust news; • An outline of the Chairman's activities throughout June 2019 • An outline of the Non-Executive Director's activities throughout June 2019; and • Future Chairman's engagements.		
Recommendation	The Council of Governors is asked to note the contents of this paper.		
Links to Corporate objectives	Linked to all Corporate Objectives.		
Links to Strategic and Clinical Risks	Strategic BAF Risk 01.		
Impact	Delete Yes or No as appropriate	Yes	No
	Quality and Safety		
	Legal		
	Financial		
	Human Resources		
	Equality and Diversity		
	Engagement and Communication	X	
	If yes, please give additional information		
Reports previously considered by	Not applicable.		

UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST

Chairman's Report

CHAIRMAN ACTIVITIES

1. I have attended a number of meetings and walk rounds as Chairman for the Trust during July 2019, including:
 - Chaired Trust Board, Remuneration and Charity Corporate Trustee Committee Meetings
 - Chaired the Nominations Committee
 - Chaired the Bay Health & Care Partners Partnership Board
 - Met with Assurance Committee Chairs
 - Met with Council of Governor Sub-Group Chairs
 - Regular meetings with the Head Governor
 - Regular meetings with the Clinical Chair of Morecambe Bay CCG
 - Held regular weekly meetings with the Chief Executive Officer
 - Individual meetings with Executive Directors
 - Presentations for Charity Champions at FGH and RLI
 - CQC Corporate Quality Review Relaunch

NON EXECUTIVE DIRECTOR ACTIVITIES

2. During July 2019 the Non-Executive Directors have Chaired/attended Board Committee meetings and have had individual meetings with Executive Directors and Governors. Additional engagements include:
 - Aspiring Chair's programme, NHSI
 - Support for senior managers in Medicine and the Discharge to Assess service as part of their leadership academy programme
 - Meeting with CCG as Chair of Quality assurance Committee re future plans for mental health services
 - Core Clinical Services Induction programme
 - Freedom to Speak Up Steering Group
 - New Public Leadership Workshop – MIAA/AQUA at Manchester
 - Meeting with the Head of Health & Safety
 - SIRI Panel
 - Bay Health & Care Partners System Design Authority

TRUST NEWS

3. Trust shares Inclusion and Diversity journey at NHS Confederation 2019

Last month David Wilkinson, Director of People and OD and Karmini McCann Assistant Director of Workforce: Inclusion & Engagement, were invited to speak at this year's Confed19 conference held in Manchester.

David and Karmini were joined by Jagtar Singh from Coventry and Warwickshire Partnership NHS Trust to share how both organisations have benefited from the diversity and inclusion Partners programme which supports health and social care organisations to progress and develop their performance and to build capacity in the areas of diversity and inclusion.

4. UHMBT commended as “national leader in the field of inclusion”

The Trust has received a 4* rating for equality, diversity and inclusion from Health Education England. Of the 31 Trusts from across the North West of England included in an equality, diversity and inclusion analysis report which ranked trusts from 0-5, only two reached the 4* status. None of the trusts included achieved grade 5.

Grade 4 was only awarded to trusts that showed evidence of an active approach to equality, diversity and inclusion from induction through to post, and those who could provide more than one example of good practice. The additional * was then added for plans which, if implemented, will result in a higher grading next year. The report commended UHMBT as “a national leader in the field of inclusion”, and recognised that “there are many examples of good practice” at the Trust.

5. Biomedical Scientist at FGH receives top accolade

Stephen McDonald, Advanced Biomedical Science Team Leader at University Hospitals of Morecambe Bay NHS Foundation Trust's (UHMBT) Furness General Hospital (FGH), has been hailed the North West's victor of the Institute of Biomedical Science's “Champion of Biomedical Science Award 2019.”

He was nominated for the award by other biomedical scientists across the country for his dedication to the promotion, development and delivery of excellence in biomedical science.

6. Morecambe Bay welcomes international visitors for recruitment scheme

Morecambe Bay NHS staff welcomed delegates from Health Education England (HEE) and the Pakistan Department of Health to discuss the opportunities available for international Nurses to train in North Lancashire and South Cumbria as part of the Global Learners Programme.

The Global Learners Programme is an educational opportunity which provides qualified nurses from outside of the UK the chance to develop and add to their existing skills by working in the NHS for up to three years.

As part of the programme, HEE (along with the host NHS Trust), supports professionals through their preparation for language and competency tests; entry onto the UK professional register; visa application, and through a comprehensive programme of pastoral care prior to and on arrival.

The objective of these ‘earn-learn-return’ schemes is to hopefully create a circular programme with sustainable pipelines of cohorts arriving and returning each year.

7. Corporate Quality Reviews

The Compliance and Assurance Team has relaunched the Corporate Quality Reviews, with the first review in the new format taking place on 23 July 2019.

Recently, the team undertook a review at Kendal Urgent Treatment Centre. Lots of good practice was noted by the review team including:

- The department has reached 100% appraisal rate
- Good incident reporting and management practices including learning from incidents in other departments being shared with staff
- Staff felt supported and commented that communication from managers was good.

These reviews are undertaken in order to identify areas of good practice and achievements, as well areas of concern and improvement opportunities. The review teams look at aspects of care in line with CQC standards. This allows us to continually strive to improve and address any issues / obstacles to providing the best care possible to our patients, quickly and efficiently.

8. New service launches in cardiology

A new service to fit defibrillators in patients with life-threatening heart rhythm abnormalities launched on Monday 1 July at the cardiac centre at WGH.

People across south Cumbria and north Lancashire will be referred to the service by their GP. Previously patients would have had to travel to Lancashire Cardiac Centre in Blackpool and to hospitals in Manchester, Liverpool and Newcastle.

Although defibrillators will be fitted at the Cardiac Centre, a follow-up service for patients will run across all three hospital sites.

The elective implant service will run up to three days per week with follow-up services running five days a week with emergency cover at weekends.

9. Revamp of X-ray Department complete

Work to refurbish the X-ray Department at Furness General Hospital and improve patient experience has been completed. The revamp included the creation of a new X-ray room, which is a state-of-the-art digital radiography suite. This room will be used primarily for outpatient and GP patients and should reduce waiting times.

A new SPECT-CT suite with a virtual ceiling has been installed. The SPECT-CT equipment will replace the existing gamma camera and has the addition of an integral CT scanner. This new equipment uses functional nuclear medicine images fused with the anatomical detail of a CT scan and is the first scanner of this type in the Trust.

Waiting areas have been refurbished, changing cubicles for patients have been built and new flooring, ceilings, lighting, decoration and furniture installed. The Trust's in-house Capital Services Team planned, project managed and commissioned the work alongside the rest of the Design Team which included Mellor Architects from Kendal.

Future Meetings

1. Looking forward, I am attending the following events/meetings:
 - Meeting to review the Trust's Constitution
 - Meeting with the Pro-Chancellor & Vice-Chancellor of Lancaster University
 - Council of Governors
 - Meeting lead members of Cumbria Health Scrutiny Committee
 - Medical Director recruitment

Ian Johnson
Chairman
24 July 2019

THIS PAGE IS INTENTIONALLY
BLANK



BOARD OF DIRECTORS

Date of Meeting	24 July 2019		
Title	Chief Executive's Report		
Report of	Aaron Cummins Chief Executive		
Prepared by and contact details	Phil Woodford Associate Director of corporate affairs phil.woodford@mbht.nhs.uk		
Status of Report	Public ☒	Private ☐	Internal ☐
Purpose of Report	For Decision ☐	For Assurance ☐	For Information ☒
Summary	The content of this report outlines: • An update on the national context; • An update on the work of the Integrated Care System (ICS) and how this links into our Integrated Care Partnership (ICP) locally; • An update on the work of Bay Health and Care Partners (BHCP); • An update on the publication of our Care Quality Commission (CQC) inspection reports and our Improvement plan • An update on A&E and Urgent Care performance; • Feedback on time spent connecting with staff and teams in our hospitals; • National news and events; and • Morecambe Bay in the news.		
Recommendation	The Board of Directors is asked to note the contents of this paper.		
Links to Corporate objectives	Linked to all Corporate Objectives.		
Links to Strategic and Clinical Risks	All		
Impact	Delete Yes or No as appropriate	Yes	No
	Quality and Safety		X
	Legal		X
	Financial		X
	Human Resources		X
	Equality and Diversity		X
	Engagement and Communication	X	
	If yes, please give additional information		
Reports previously considered by	Not applicable.		

UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST

Chief Executive's Report

The National Context

NHS Improvement (NHSI) publish Interim People Plan for the NHS

1. On 27 June 2019, the NHS published the Implementation Framework for its Long Term Plan. The framework sets out further detail on how the commitments in the Long Term Plan will be delivered.
2. The framework sets out the detailed asks of sustainability and transformation partnerships (STPs) and integrated care systems (ICSs) to deliver the NHS Long Term Plan commitments and **agree five-year strategic plans by November 2019** covering the period 2019/20 to 2023/24. These individual system plans will be brought together and published as part of a **national implementation plan** by the end of the year.
3. The framework includes a set of **national 'fundamental service changes'** and productivity ambitions which must be delivered in line with nationally defined timetables and trajectories. Outside of these national priorities, **systems are being given some freedoms** to set local priorities and agree the pace of delivery based on the needs of their local population, recognising that all of the Long Term Plan commitments need to be delivered by the end of the five-year period. The framework also sets out a series of **headline measures** which will be used to assess the service's success. Systems will be expected to show how they will make progress against these measures.
4. The framework reiterates the principles that STPs and ICSs are expected to adhere to:
 - **Clinically led** with senior clinicians leading development of implementation proposals
 - **Locally owned**, building on existing engagement with local communities with local government as a key partner
 - **Realistic workforce planning**, building on the Interim People Plan
 - **Financially balanced**, meeting the five financial tests set out nationally
 - **Delivery of all commitments** in the Long Term Plan and national access standards
 - **phased based on local need**, with the exception of some national 'foundational requirements'
 - **reducing local health inequalities** and unwarranted variation.

Integrated Care System (ICS)

5. The role of the Integrated Care System (ICS) Board provides leadership and oversight in development of the overarching strategy for Lancashire & South Cumbria.
6. The ICS Board meets monthly and is represented by BHCP. The outputs of the ICS inform our Integrated Care Partnership (ICP), locally.

7. As required in para 1 above, the ICS is working towards submitting and agreeing its Five Year plan for the period 2019/20 to 2023/24, by **November 2019**.
8. At its last Board meeting on 3rd July, the ICS Board received an update on the 20 week population health management accelerator programme. Population health management is a core capability of a mature ICS in the NHS Long Term Plan Implementation framework and one of the key domains for supporting the development of Primary Care Networks and neighbourhoods. Population health management provides a methodology to enable learning across system, place and neighbourhood levels. The Board supported the progress of the programme and a proposed roadmap for strengthening our population health management capabilities across the system.

Bay Health and Care Partners (BHACP) Integrated Care Partnership (ICP)

9. The BHCP work programmes continue to proceed at pace with a focus on the production of Better care Together (BCT) 2.0 to locally support the delivery of the NHS Long term plan.
10. A stakeholder event has already been held looking at the challenges facing Health & Care locally and the outputs of this work is being shared and discussed with the public In August and September, via the newly established BHCP Citizen Assembly.
11. The BHCP Citizen Assembly consists of over 300 members of the public recruited via media announcements and direct mail asking the public to become involved. Citizen involvement is a key component of our ethos for the development of this strategy.
12. The production of BCT 2.0 is structured so that it is also inline with the timings in paras 1 and 7 above to inform the production of the ICS Fiver Year Strategic Plan.
13. The BHCP Leadership Team has been focussed on a number of important matters this month, not least:-
 - **Respiratory** – following the recent approval of BHCP to invest £1m this year into this important area, the ‘green light’ has now been given by the Leadership Team to commence the roll out of the new model on a pilot basis with evaluation to be presented to the Leadership Team in January '20 demonstrating the patient and financial benefits.
 - **Stroke** – The BHCP Leadership Team has given its support to the recently produced programme of work from Healthier Lancashire and South Cumbria to further improve the acute and community Stroke Rehabilitation across Lancashire and South Cumbria.

Stroke is a medical emergency and a long-term condition. In January 2019, NHS England announced its Long-Term Plan, in which stroke has been named as a new national priority. Stroke care requires better integrated, joined-up health care and community services.

Integrated care systems (ICSs) are expected to lead stroke improvement in their area. The Long-Term Plan puts them as key vehicles for delivery of improved and transformed services across wider population areas.

- **Urgent Care** - Over the last 3 years, the ED 4-hour 95% standard for concluding the management of patients within four hours in our emergency department has not been met in Morecambe Bay. The causes of the problems within the urgent and emergency care system, and the solutions to address them are complex and reflect wider pressures on the NHS and social care across the system. The issues are multifactorial, but include:

- Increased demand beyond the increased rates seen nationally;
- Continued recruitment issues for sufficient nurses and doctors to work on our wards and departments. This has necessitated multiple bed closures in both acute and community hospitals over the last two years;
- Staffing and sustainability pressures across the care home and social care sector have resulted in increased lengths of stay and delays in discharge from hospital;

14. Between April 2018 and March 2019, our BHCP emergency departments treated over 8,000 more patients than they did in the same period the year before representing an 8% increase on 2017/18.

A&E Delivery

15. The national Emergency Department (ED) 4-hour standard dictates that 95% of patients should be seen, diagnosed, treated, admitted or discharged within 4 hours. The A&E delivery plan for 4-hour ED standard is based on the work to optimise patient flow and a strategy to reduce bed occupancy on each acute site to 85%.

16. A summary of the Trust ED performance over the last few months shows steady and continued improvement as outlined below:

- February 79.8%
- March 81%
- April 84.7%
- May 84.9%
- June 84.68%

17. Mental health continues to be a challenge albeit June has seen a reduction in the number of 12 hour breaches associated with mental health compared to previous months. The capital work on the new mental health support bays at the Royal Lancaster Infirmary (RLI) ED has been slightly delayed and handover is planned for August 2019. This will provide a much improved environment for patients awaiting assessment and admission.

18. The Urgent Care Recovery Strategy has been refreshed and action plans are under development across four key priorities. These include integrated urgent care response in the community to keep people well and out of hospital; hospital initiatives within ED and assessment units; hospital initiatives improving flow in the hospital and; improving discharge and rehab in the community.

19. Interim funding proposals to support the Discharge to Assess pathways are being worked on for the July A&E Delivery Board. Colleagues in the Midlands & Lancashire Commissioning Support Unit (CSU) are supporting a full evaluation of the new deal to inform a full business case in October 2019.

20. Meanwhile, work is continuing focussing on ambulance handover, delivery of earlier discharges in the day as part of the SAFER care bundle, and enhanced weekend resilience planning.

Estates Developments

21. The capital programme for 2018/19 is seeing £21M of improvements being made across FGH. WGH and within community services.
22. Schemes include an expansion of the ED at FGH to create a new Resuscitation Area; an upgrade of the Macular unit at WGH, and a new Children's Ward at the RLI.
23. The work will improve the environment across different specialties to making the patient experience better for all age ranges.
24. Other schemes include:
 - A new Audiology booth at WGH
 - A safe place for young persons with mental health issues at the RLI
 - Expansion of the Acute Medical Unit at FGH
 - A new prayer room and improved facilities at the Chapel at FGH
 - Improvements to the Theatres at WGH
 - A Changing Place at WGH
 - Creation of a new X-ray room, which is a state of the art digital radiography suite at FGH

Furness General Hospital Emergency Department Work

25. A new extension to the existing ED at FGH is being built to provide 3 x dedicated Resus Bays and Equipment Storage, Extra Triage facilities, Viewing / Isolation Room and a Relative's Room.
26. In addition, the Minors Area has been refurbished and the Plaster Room upgraded. The project will be completed in the summer of 2019 at a cost of £2.5 million.
27. The Urgent Care Recovery Plan was discussed at the June Board Meeting and continues to be developed and delivered.

An Update on Care Quality Commission (CQC) Improvement Plan

28. CQC 'Relationship' meetings are starting to be re-established to maintain a regular link and sharing of data.
29. Sub-Committees have all been assigned and received details of the actions they are holding oversight of.
30. Communications plan is in place to make all UHMBT colleagues aware of progress against plan.

Communications and Engagement

Medical Director to leave Trust

31. Professor David Walker, Medical Director of UHMBT, has announced that he is to leave the Trust to join the Mid and South Essex Hospitals Group as Chief Medical Officer.
32. Recruitment for our next Medical Director is progressing well with shortlisted candidates attending a stakeholder event on 8th August 2019 and Interviews to take place on 15 August 2019
33. The Trust has now launched its War on Waste campaign, supporting and encouraging the workforce to make the best use of its resources. Colleagues as always have responded really positively and ideas are being submitted every day them.
34. All colleague suggestions are being acknowledged, reviewed and responded too.

Aaron Cummins
Chief Executive



BOARD OF DIRECTORS

Date of Meeting	24 July 2019		
Title	NHS Resolution Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme Year 2		
Report of	Sue Smith, Executive Chief Nurse and Deputy Chief Executive		
Prepared by and contact details	Carol Carlile, Head of Midwifery, Obstetrics and Gynaecology Roz McMeeking, Clinical Governance Business Partner		
Status of Report	Public ☒	Private ☐	Internal ☐
Purpose of Report	For Decision ☒	For Assurance ☐	For Information ☐
Summary	Maternity Incentive Scheme Year Two NHS Resolution is operating a second year of the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme to continue to support the delivery of safer maternity care. The maternity incentive scheme applies to all acute Trusts that deliver maternity services and are members of the CNST. As in year one, members will contribute an additional 10% of the CNST maternity premium to the scheme creating the CNST maternity incentive fund. As in year one, the scheme incentivises ten maternity safety actions. Trusts that can demonstrate they have achieved all of the ten safety actions will recover the element of their contribution relating to the CNST maternity incentive fund and will also receive a share of any unallocated funds. Trusts that do not meet the ten-out-of-ten threshold will not recover their contribution to the CNST maternity incentive fund, but may be eligible for a small discretionary payment from the scheme to help them to make progress against actions they have not achieved. Such a payment would be at a much lower level than the 10% contribution to the incentive fund. The current maternity contribution for UHMB is £616K. The Women and Children's Care Group believes that UHMB have the evidence to support delivery against each of the 10 actions. There are two exceptions to draw your attention of the Board:-, Safety Action 2 and Safety Action 8. <u>Safety Action 2 - Are you submitting data to the Maternity Services Data Set to the required standard?</u> We successfully submitted, with confirmation from the national team on the 6 June, and 11 June (32,839 records in total). NHS		

Digital will not be supplying the results for the July submission until all submissions are in place. We are assured by the information team at NHS Digital that we have met the necessary criteria to meet CNST standards.

Assurance regarding the robustness of **Safety Action 8.**

“Can you evidence that 90% of each maternity staff group have attended an ‘in-house’ multi-professional maternity emergencies training session within the last year.” The technical guidance states “training should include fetal monitoring in labour and integrated team-working with relevant simulated emergencies and/or hands-on workshops.”

Year Two Safety Action 8 has included all clinical maternity staff groups and theatre staff including nurses, ODPs and anaesthetists.

All clinical maternity staff group attend an in-house nationally recognised PRactical Obstetric Multi-professional training day (PROMPT). Anaesthetists have attended and facilitated the PROMPT days for a number of years, however, theatre staff have never had any obstetric emergency training days included in their educational program. Our Trust does not have dedicated theatre staff and this has presented a challenge to provide training to all theatre and anaesthetic staff needing obstetric emergency training.

Following planning and discussion, it was decided that we would provide a variety of training modalities which included in-house skills-drills sessions for maternity and theatre staff, which included simulation in the workplace followed by a debriefing session. Where it has not been possible to undertake simulation skills drills in the clinical area due to capacity, we have used videoed scenarios with a multi-disciplinary debrief, which is recognised as sound educational theory which meets the criteria of simulated obstetric emergencies.

Fetal monitoring is included in all maternity staff training day 2, however, this has not been extended to theatre staff as it is not appropriate or required and this has been confirmed as acceptable by NHS Resolution.

Due to the dynamic reporting of Education Training, up to date figures were presented for training compliance on 15 July 2019 at the Quality Committee.

At the meeting of the Quality Committee held on 15 July 2019 it was agreed to recommend approval for a submission to the maternity incentive scheme 2. A further update will be given on 24 July 2019 at the Board of Directors’ meeting and final figures will be confirmed before submission of the application by close of play on 13 August 2019.

	Requirements for the Trust In order to be eligible for payment under the scheme, trusts must submit their completed Board declaration form (see Appendix 1) to NHS Resolution (MIS@resolution.nhs.uk) by 12 noon on Thursday 15 August 2019 and must comply with the following conditions: • Trusts must achieve all ten maternity safety actions • The Trust Board declaration form must be signed and dated by the Trust Chief Executive to confirm that: • The Trust Board are satisfied that the evidence provided to demonstrate achievement of the ten maternity safety actions meets the required standards as set out in the safety actions and technical guidance document. • The content of the Trust Board declaration form has been discussed with the commissioner(s) of the Trust's maternity services. • The Trust Board must give their permission to the Chief Executive to sign the Board declaration form prior to submission to NHS Resolution. Evidence in support of the submission The Trust Board declaration form must only include the required narrative, commentary, and/ supporting documents. • Trust submissions will be subject to a range of external verification points, these include cross checking with: • MBRRACE-UK data (Safety action 1), • NHS Digital regarding submission to the Maternity Services Data Set (Safety action 2), • National Neonatal Research Database (NNRD) for number of qualifying incidents reportable to the Early Notification scheme (Safety action 10), • Trust submissions will also be sense checked with the Care Quality Commission (CQC).
Recommendation	The Quality Committee at its meeting held on 15 July 2019 noted the potential exception reporting for Safety Standard 2 and Safety Action 8 and subject to receipt of further assurances from the Executive Chief Nurse recommended that the Board. 1. Approve an application to be part of the Maternity Incentive Scheme; 2. Approved the evidence provided against the 10 actions that allow the Trust to demonstrate compliance and make an application; and 3. Grant approval for the Chief Executive for sign off the Board Self Certification.

Links to Corporate objectives	Patients, People, Partnership, Progress, Performance		
Links to Strategic and Clinical Risks	2022 – Staffing 2286 – Information and Data Quality 2347 – Education and Training 2404 – Finance		
Impact	Delete Yes or No as appropriate	Yes	No
	Quality and Safety	X	
	Legal		X
	Financial	X	
	Human Resources		X
	Equality and Diversity		X
	Engagement and Communication		X
	If yes, please give additional information		
Reports previously considered by	Meeting these standards has a quality and impact on the care delivered withing the Maternity Service. There is a financial incentive to meet the 10 actions required.		

Appendix A

Board report on University Hospitals of Morecambe Bay NHS Foundation Trust progress against the Clinical Negligence Scheme for Trusts (CNST) incentive scheme maternity safety actions

Date:

SECTION A: Evidence of Trust's progress against 10 safety actions:

Please note that trusts with multiple sites will need to provide evidence of each individual site's performance against the required standard.

Safety action – please see the guidance for the detail required for each action	Evidence	Action met? (Y/N)
1) Are you using the National Perinatal Mortality Review Tool to review and report perinatal deaths to the required standard?	1. Maternity Safety Champions bi-monthly Board report. 2. Screen shot of completed PMRT database. 3. PMRT reviewed by MMBRACE externally.	Yes
2) Are you submitting data to the Maternity Services Data Set to the required standard?	1. Data Item Interactive report with % compliance 2. Maternity Services Data Set 2 Score cards and NHS Digital 3. Emails from NHS Digital	Yes
3) Can you demonstrate that you have transitional care services to support the	1. ATTAIn action plan 2. Transitional Care policies and guidelines 3. Term admission to Neonatal Unit Audit	Yes

Avoiding Term Admissions Into Neonatal units Programme?	4. Better Births Board meeting agenda and minutes	
4) Can you demonstrate an effective system of medical workforce planning to the required standard?	1. Workforce Data 2. Gynae ongoing obstetric planning 3. Medical workforce planning 4. TEF certificates	Yes
5) Can you demonstrate an effective system of midwifery workforce planning to the required standard?	1. Birthrate Plus Acquity tool 18/19 for RLI and FGH 2. Escalation policy 3. List of Red Flags 4. Incidents raised due to staffing 5. Monthly staffing figures using Birthrate Plus	Yes
6) Can you demonstrate compliance with all four elements of the Saving Babies' Lives care bundle?	1. CNST 6 Action Tracker 2. Incident reporting 3. EBC National reporting	Yes
7) Can you demonstrate that you have a patient feedback mechanism for maternity services and that you regularly act on feedback?	1. MVP agenda's and minutes 2. PICKER report 3. Friends and Family 4. Engagement Events 5. Attendance Sheets 6. Patient Complaints	Yes
8) Can you evidence that 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session within the	1. PROMPT attendance sheets 2. Skills Drills attendance sheets 3. TMS reports 4. Training Feedback Sessions 5. Local training report for multi-professional "in-house" maternity emergencies training day	Yes

last training year?		
9) Can you demonstrate that the trust safety champions (obstetrician and midwife) are meeting bi-monthly with Board level champions to escalate locally identified issues?	1. Bi-monthly report reported to Chief Nurse and Assistant Chief Executive 2. Bi-monthly meeting calendar invites 3. Minutes and attendance from Maternity Safety SIG 4. Board Meeting minutes 5. Quality Committee minutes 6. Record of attendance at Safety Champion at North West Safety Champion Conference	Yes
10) Have you reported 100% of qualifying 2018/19 incidents under NHS Resolution's Early Notification scheme?	1. Copies of the Early Notification report forms 2. Email from Legal	Yes

SECTION B: Further action required:

If the Trust is unable to demonstrate the required progress against any of the 10 actions, please use this section to set out a detailed plan for how the Trust intends to achieve the required progress and over what time period. Where possible, please also include an estimate of the additional costs of delivering this.

The National Maternity Safety Champions and Steering group will review these details and NHS Resolution, at its absolute discretion, will agree whether any reimbursement of CNST contributions is to be made to the Trust. Any such payments would be at a much lower level than for those trusts able to demonstrate the required progress against the 10 actions and the 10% of the maternity contribution used to create the fund. If made, any such reimbursement must be used by the Trust for making progress against one or more of the 10 actions.

SECTION C: Sign-off

.....

For and on behalf of the Board of [University Hospital of Morecambe Bay NHS Foundation Trust confirming that:

- The Board are satisfied that the evidence provided to demonstrate compliance with/achievement of the maternity safety actions meets the required standards and that the self-certification is accurate.**
- The content of this report has been shared with the commissioner(s) of the Trust’s maternity services**
- If applicable, the Board agrees that any reimbursement of CNST funds will be used to deliver the action(s) referred to in Section B**

Position:

Date:

We expect trust Boards to self-certify the Trust’s declarations following consideration of the evidence provided. Where subsequent verification checks demonstrate an incorrect declaration has been made, this may indicate a failure of board governance which the Steering group escalate to the appropriate arm’s length body/NHS System leader.

.....

SECTION D: Appendices

Please list and attach copies of all relevant evidential appendices:



BOARD OF DIRECTORS

Date of Meeting	24 July 2019		
Title	Integrated Performance Report		
Report of	Executive Directors		
Prepared by and contact details	Gertie Nicphilib, Deputy Director of Workforce, 42102 Carl Foulkes, Compliance and Assurance Manager, 46639 Ian Lacey, Head of Financial Management, 46383 Rhiannon Tinson, Head of Performance and Cancer Lead, 46060		
Status of Report	Public ☒	Private ☐	Internal ☐
Purpose of Report	For Decision ☐	For Assurance ☒	For Information ☐
Summary	Performance, achievements and improvements are highlighted within the report, with detailed commentary provided on an exception basis where performance has fallen short of required performance. This includes details of the cause, the actions taken and when the indicator will be achieved. This report provides the Board of Directors with a summary of exceptions that are discussed in detail within operational and Assurance Committees.		
Recommendation	The Board of Directors is asked to: 1. note and discuss the contents of this paper		
Links to Corporate objectives	1,2,3,4,5		
Links to Strategic and Clinical Risks	Yes		
Impact	Delete Yes or No as appropriate	Yes	No
	Quality and Safety		
	Legal		
	Financial		
	Human Resources		
	Equality and Diversity		
	Engagement and Communication		
	If yes, please give additional information		
Reports previously considered by			

UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST

Integrated Performance Report

BACKGROUND

1. The Integrated Performance Report provides the Board of Directors with a summary of exceptions that are discussed in detail within operational and assurance committees.
2. The aim of this paper is to bring to the Boards attention those performance issues that:
 - a) Are not on an improvement trajectory or have achieved the trajectory in month
 - b) Require review of risks or mitigations
 - c) Are an outlier regionally or nationally (positive or negative)
3. Details of action and Board oversight will be picked up via assurance committee chairs.

INTEGRATED PERFORMANCE HIGHLIGHTS

Workforce

4. Positive progress with recruitment
 - 131.2 wte nurses recruited to by the end June, 61% performance against trajectory
 - 14 consultants recruited, 4 have commenced in post with 10 continuing through pre-employment; 100% performance against trajectory
 - Recruitment continues in all staff groups
5. Significant improvement in Leadership appraisal compliance, from 2.5% in May to 96% in July
6. Concerns remain with Band 1 – 7 appraisal compliance rates with a Trust average of 80%
7. Attendance rate has increased in month, there are a number of interventions being put in place to support colleagues whilst also ensuring that Care Groups are taking active ownership of management of attendance (Getting the Basics Right)

Finance

8. The overall financial performance is showing early signs for concern with pressure on pay being significant along with the overreliance on NEL income.
9. The risks highlighted above mean the Trust cannot cover the level of overspend seen in Care Groups to date and immediate focus needs to be brought on controlling the pay bill.
10. This position, plus the challenge of a £22m CIP means we must collectively take action to restore performance in line with the activity plan and the Income and Expenditure projections.

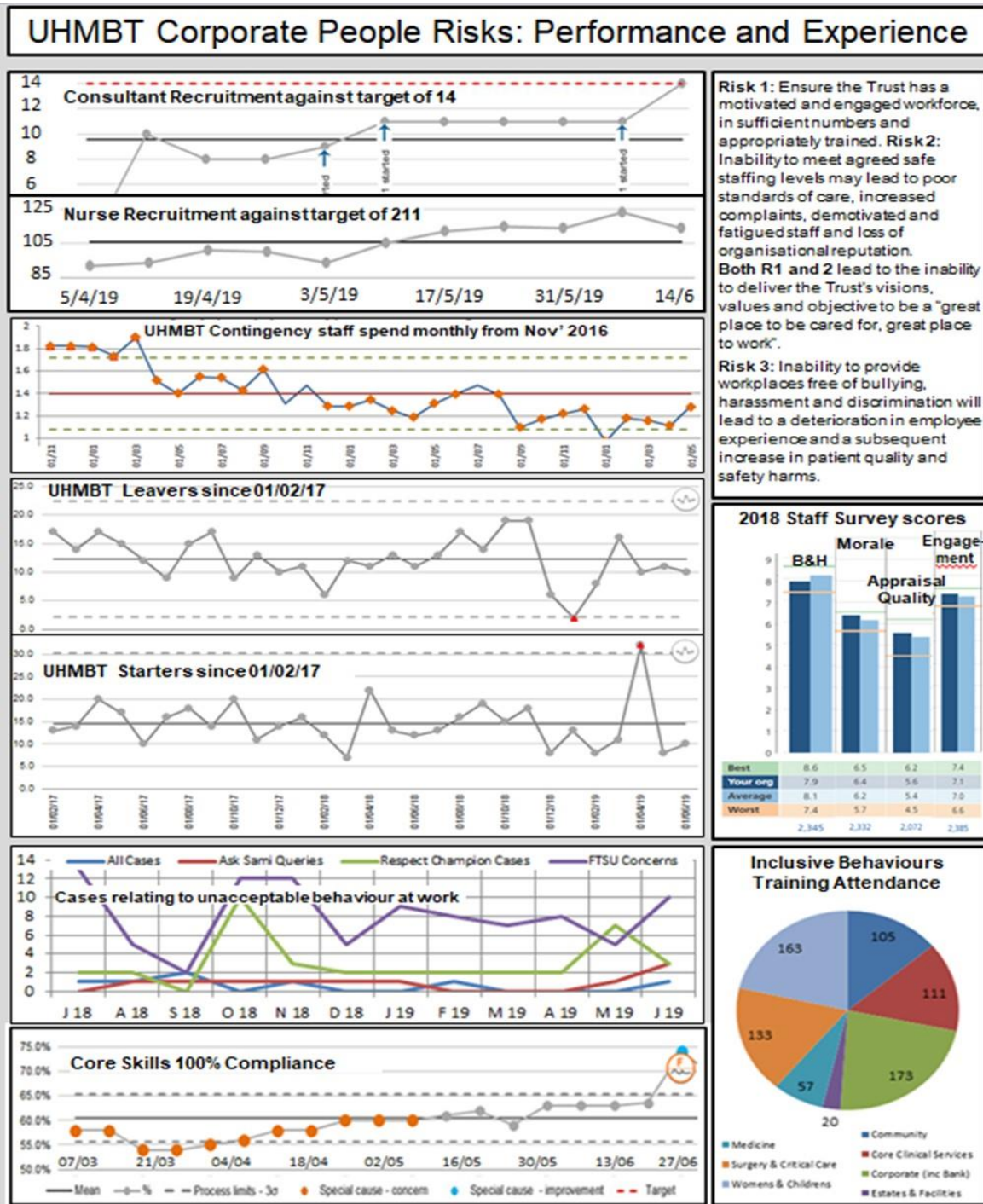
Quality

11. Community onset healthcare associated cases are now included in the Trust trajectory rather than just the hospital onset cases. The 2019/20 trajectory has been reduced to 37. By 30th May, due the number of community acquired infections the 7 infections have taken place across the two months, with a trajectory of 6.
12. Action Plan for VTE (December 2018) not yet fully implemented. The paper forms continue to negatively affect the figures for VTE. The data includes clinical areas which are not yet using the Lorenzo CDC form (but are VTE-assessed).

Performance

13. Following the radiology capacity incident in Quarter 4 into Quarter 1, Breast Symptomatic performance improved by 10% to 86.2%. Without 10 breaches due to patient choice, 98% would have been achieved.
14. 7 patients breached 52 weeks in June. If financial penalties are applied, the total cost in month will be £17.5k. 3 Urology breaches were due to capacity issues.
15. Urgent Care 4 Hour Standard- The System Urgent and Emergency Care Recovery Plan was approved at the June A&E Delivery Board. Performance has remained at or close to 85% between April and June.

Workforce



People & OD

Recruit & Retain

Metric Recruit 211 Registered Nurse posts by 31/3/2020
No Wards with <85% staffing by 31/3/2020



NB. Period October - March 2019 based on previous years activity and therefore forecasting caveats should be considered.

Registered Nurse Vacancy Rates

Registered Nursing & Midwifery	Budget	Staff in post	Variance	Vacancy Rate
Registered Nurse	1851.0	1686.4	164.7	8.90%
Registered Midwife	173.6	154.7	18.9	10.90%

Consultant Recruitment

Metric 14 Consultants commenced in post (or posts filled through staffing skill mix re-design) by 31/3/2020



Issue

At the March Workforce Assurance Committee meeting nurse recruitment targets for 2019/20 were set at 211. As at May 2019, 32 wards are at <85% staffing availability taking account of vacancies, long term absence and maternity leave.

Action

- cohort recruitment days – promoted through social media;
- partnership working with Jane Lewis and Health Education England for our international nurse recruits;
- Pre-registered nurses who are appointed in advance of their qualifying;
- Nurses are assigned to wards once a confirmed start date is agreed.

Impact

As at end of June 61% of the nursing target has been recruited to (131.2 wte). The predicted position at September, will equate to 135.06 WTE, which is 64.26% of target. As a result the confirmed position in September with registered nurses started will be 29 wards (including Community) at <85% availability.

Issue

At the March Workforce Assurance Committee meeting Consultant recruitment targets for 2019/20 were set at 14 consultants (or alternative posts based on revised skill mix) to have commenced in post by the 31st March 2020.

Action

Bespoke recruitment campaigns, including use of social media, NHS jobs and personal networking/word of mouth.

Impact

As at June 100% of the target has been recruited, with 4 consultants having commenced in post. The remaining 10 consultants are working through pre-employment clearances with a view to agreeing start dates.

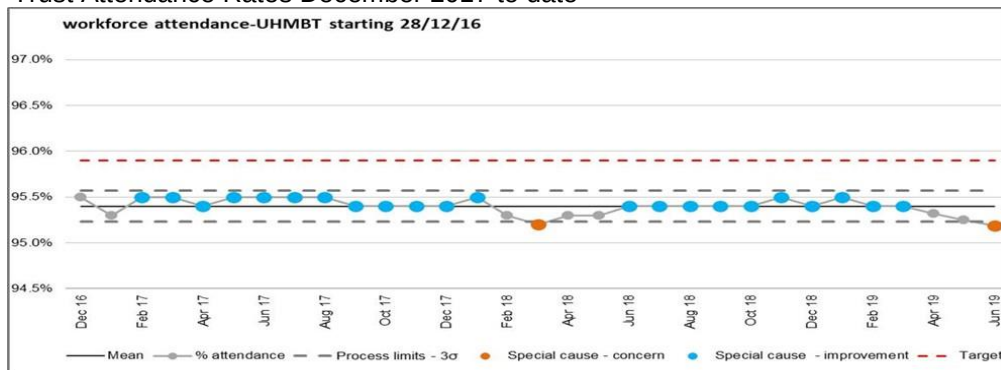
Although the target for 2019/20 has been met, consultant recruitment will continue for the remainder of 2019/20 to address the ongoing gap/shortage

Health & Wellbeing

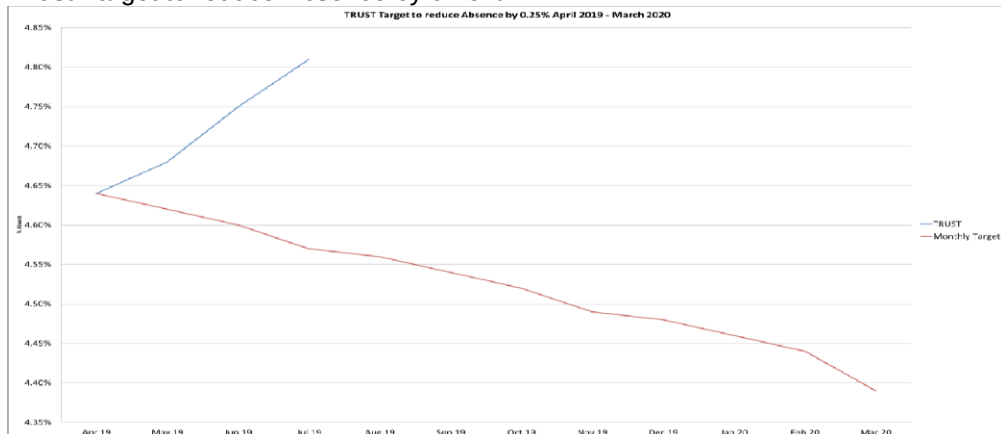
Metric Reduce absence by 0.25% by 31/3/2020



Trust Attendance Rates December 2017 to date



Trust Target to reduce Absence by 0.25%



Issue

The Trust's sickness absence rate is higher than the national average and peer comparator Trusts (as noted in the Model Hospital). The current absence rate is 4.81% which shows an increasing trend overall. The Trust has set a challenging target of a 0.25% reduction by March 2020.

Action

A multidisciplinary approach is being taken to reduction of absence rate by 0.25% by April 2020. The approach is to identify common trends, reporting top 3 hotspots monthly and bespoke wellbeing interventions to support ill health within the workplace. Detailed analysis of ESR data will enable Care Groups to have a deeper understanding of the health of the workforce which to allow for interventions to target common trends.

The re-launch of the Flourish Strategy in September aims to support the individual colleagues well-being needs, advocating ways to improve both mental and physical health.

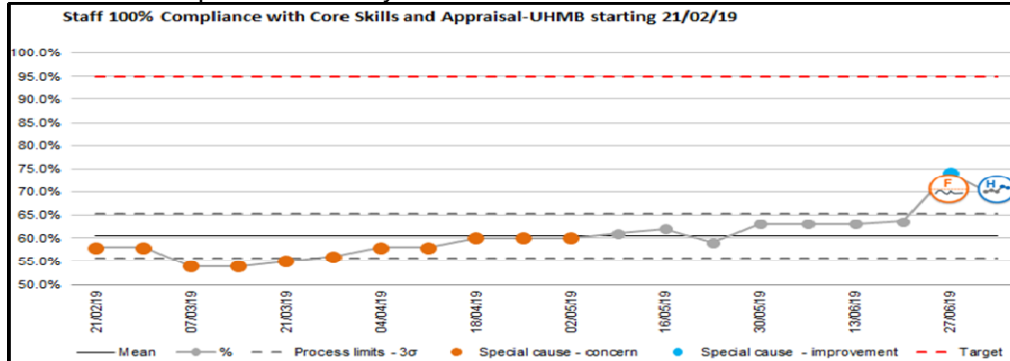
Impact

Reduction of both short term and long term sickness absence by March 2020.

Grow & Develop

Metric 95% of colleagues are 100% compliant with the Core Skills Framework Training 

Trust CSF Compliance February 2019 to date



Core Skills Compliance by Care Group

CSF Target 95%	% Compliant
Care Group	
Core Clinical	91.00%
Community	89.50%
Surgery	87.60%
Corporate	83.90%
Estates	81.80%
WAC	78.80%
Medicine	74.70%

Issue

Trust requirement is that 95% of colleagues are 100% compliant with the Core Skills which apply to all staff. Significant improvements across Trust within month, however compliance remains below target of 95% for all care-groups. Risk that 95% target is unachievable in year

Action

- Continued Care Group escalation via management team meetings;
- Use corporate communication channels to all staff as prelude to full communications campaign in autumn
- Review of metric thorough Workforce Assurance Committee to assess stretching yet realistic trajectory to achievement of compliance; to be reviewed at the September meeting

Impact

Anticipate increase in compliance

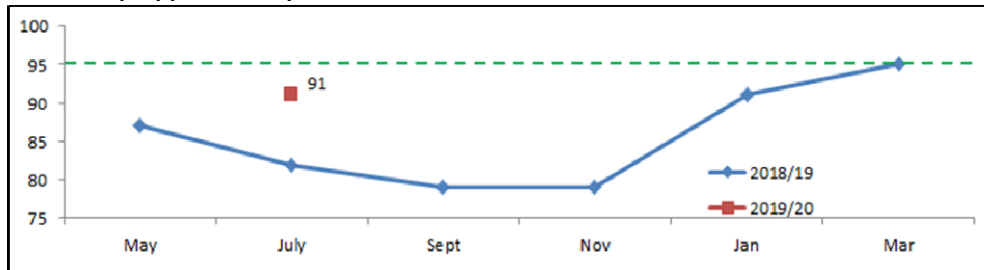
Grow & Develop

Metric	95% of bands 8A & above* appraised (by end June) 95% of Bands 1-7 staff appraised	↔
---------------	--	---

Appraisal Compliance by Care Group

Appraisals Target 95%	% Compliant	% Compliant
Care Group	Band 8a+ with staff responsibility (completed April – June 2019)	Band 1-7 & 8a with no staff responsibility
Community	60.8%	84.1%
Core Clinical	83.8%	93.0%
Corporate	60.2%	69.2%
Estates	40.0%	88.5%
Medicine	66.6%	85.0%
Surgery	66.6%	85.9%
WAC	72.2%	84.3%

Leadership Appraisal Compliance 2018/19 vs 2019/20



Benchmarking performance where available and relevant

Trust requirement is to meet 95% appraisal compliance for all colleagues to ensure UHMB is a Great Place to Work. Leadership appraisals must be undertaken in Q1 and compliance levels are reset every April which results in lower level of compliance initially. Appraisal for colleagues in Bands 1-7 are monitored on a rolling 12-month basis.

- **8a+ Appraisals:** Increase from 2.5% in May to 91% by July 4th. 95% compliance should be reached by 30th of July
- **Band 1-7 appraisals:** Average across whole Trust is 80%. Significantly short of 95% target

Action

- Escalate at monthly & quarterly Performance review meetings
- Escalate via Care Group management team meetings
- Communication campaign linking pay step progression with compliance

Impact

Anticipate increase in compliance

Financial Performance Report

For the period ending June 2019

1. Month 3

1.1. The Trust has planned for a year end deficit of £60.1m, the agreed control total with NHSI.

1.2. At the end of June, the Trust has a deficit of £19.73m, £24k under the planned £19.763m deficit.

1.3. The reported position at month 2 was a deficit of £0.39m. This month Care Groups have deteriorated by a further £0.59m. The reported position has been underpinned by the release of £500k contingency reserves.

1.4. Cost growth associated with the delivery of clinical activity being different to the plan puts at risk the achievement of the year end control total.

1.5. Summary table at June 2019.

		Annual Budget £'000	YTD Plan £'000	YTD Act £'000	YTD Var £'000
Income	NHS & Non NHS Clinical Income	(319,257)	(79,441)	(79,926)	485
	Other Income	(27,275)	(7,201)	(7,106)	(95)
	Subtotal income	(346,532)	(86,641)	(87,032)	390
Expenditure	Pay	276,391	73,125	74,031	(907)
	Non Pay	111,368	28,600	27,749	851
	Subtotal Expenditure	387,759	101,725	101,780	(55)
EBITDA	EBITDA	41,227	15,084	14,749	335
Non Operating Costs					
	Depreciation, Interest & Other Cost	18,872	4,667	4,978	(311)
Control Total*		60,099	19,751	19,727	24

2. Clinical activity and Income

2.1. Clinical activity is below plan for A&E, Elective and Non Elective activity, whilst Daycases and outpatient activity are above plan.

Outpatient activity levels are continue above plan despite the BHACP accelerator programmes, meaning costs are less likely to be released.

2.2. Activity seen to date is different to the Trust plan both in terms of volume and by casemix. Overall clinical Income is £531k above plan. Supporting graphs are included as appendix F1

	YTD Variance to plan - Activity	YTD Variance to plan - £'000
A&E	(502)	(37)
Daycase	119	(47)
Elective	(184)	(822)
Non Elective	(233)	906
Outpatients	3,662	547

2.3. Medicine Care group have seen A&E attendances continue below planned level this month, some 242 attendances below plan.

Casemix for A&E is below plan in June, though remains slightly above plan cumulatively. A&E is now below plan by £37k due to the lower volumes of patients seen.

Medicine have seen an significant overperformance against plan on Daycase activity, 382 spells over plan to date, with associated casemix above than the plan , resulting in an overachievement against plan of £167k. The overperformance continues in Gastroenterology and Oncology in particular.

Elective activity, is on plan by volume, 6 spells over plan to date and with a much higher casemix than that planned. Overall, elective activity is £47k above plan.

Non elective activity, including excess bed days for Medicine was below plan in month and cumulatively 9 spells and £651k over plan, indicating a richer casemix of patients being seen in the Care Group as well as a volume increase. The overreliance on NEL activity and the richer casemix puts the CCG ability to afford at risk

Outpatients are 1802 attendances or 5% over plan, with a £278k overperformance ytd.

2.4. Surgery and Critical Care Group are 452 spells below plan on Daycase and Elective activity, £1,096k below plan. Reduced activity accounts for £577k, whilst a reduction in casemix accounts for £519k.

Most specialties are below the activity plan set, with T&O being 21% below activity plan and 27%/£1,121k below the financial plan, indicating a weaker casemix of patient being seen. The activity plan included outsourcing of activity to Non NHS organisations. This has not been undertaken to date resulting in an underachievement of clinical Income with an equal offset as an underspend in Non pay expenditure.

Non Elective activity is above plan by 70 spells A richer casemix was seen in June, though overall the casemix of patients seen is below plan. Financially, Non elective activity is £124k above planned levels.

Outpatients are 994 above plan, with T&O 639 over to the end of June

2.5. Womens and Childrens Care Group are £227k below plan overall, with non elective activity 10% below plan but with a slightly increased casemix than planned.

Paediatric Non elective activity is 223 spells below plan to date, £128k down on income, whilst outpatients are above plan by 348 attendances and £64k. Of this Paediatric outpatient overperformance, follow up attendances are 180 above plan

3. Expenditure

3.1. Pay remains a significant pressure on the Trust with care groups £514k over plan in month and cumulatively £1.8m over plan. Medical staffing costs continue overspending against plan. £441k in month and £1.18m over plan since April.

Medical Pay	YTD Bud	YTD Act	YTD Var
COMMUNITY SERVICES	207,489	171,186	36,303
CORE CLINICAL SERVICES DIVISION	1,217,424	1,449,278	(231,854)
CORPORATE SERVICES	49,722	48,159	1,564
MED ED and R&D	197,457	159,442	38,015
MEDICINE DIVISION	6,104,838	6,687,235	(582,397)
SURGERY & CRITICAL CARE DIVISION	7,724,441	7,959,213	(234,772)
WOMENS & CHILDRENS DIVISION	2,509,866	2,716,411	(206,545)
Grand Total	18,011,237	19,190,922	(1,179,685)

3.2. Nursing and Midwifery staffing costs were also above planned levels in June resulting in a year to date overspend against plan of £338k.

Nursing pay	YTD Bud	YTD Act	YTD Var
COMMUNITY SERVICES	4,195,238	4,266,246	(71,008)
CORE CLINICAL SERVICES DIVISION	551,164	567,854	(16,690)
CORPORATE SERVICES	781,190	772,181	9,009
MED ED and R&D	184,170	189,410	(5,240)
MEDICINE DIVISION	10,070,483	10,094,570	(24,087)
SURGERY & CRITICAL CARE DIVISION	8,459,022	8,595,212	(136,190)
WOMENS & CHILDRENS DIVISION	4,770,737	4,865,168	(94,431)
Grand Total	29,012,004	29,350,642	(338,638)

3.3. The Trust is underspent on non pay by £540k to the end of June. Of this, £293k relates to outsourced activity to Non NHS organisations.

3.4. Within the position are £920k costs associated with the delivery of the Discharge to Assess service along with the assumption Income from the IBCF will be received to cover these costs. This is a risk to the Trust should the income not materialise.

3.5. Corporate teams are overspent to date by £111k with significant pressure on non pay budgets, currently £228k overspent. Licence fees for software at £90k, relocation expenses related to recruitment at £42k and telephony costs at £27k being the significant areas of overspend.

3.6. Reduced income associated with the HEE education contract is putting the Trust under pressure and requires conversations across the care groups in how we deliver the education to the students within funded means.

3.7. Further details by care group can be found in Appendix F2

4. Cost Improvement Plan

4.1. The CIP plan has been set at £22m. Care Groups plans total £8.8m, whilst cross cutting programmes total £13.2m. The bulk of the cross cutting schemes are planned to be delivered from August and the phasing of CIP delivery ramps up from August in line with this plan.

- 4.2. At the end of June, the Trust has delivered £2.3m against a planned £1.5m, £822k over plan. The delivery of CIP savings to date has an overreliance on non recurrent savings, putting financial stability next year at risk. The Care group plans are a recurrent target, further work is required to identify recurrent savings in year to deliver this.
- 4.3. Senior clinical leaders across the Trust have reviewed the cross cutting schemes following progress made on the scoping of the programmes. This has identified a gap of £6m in the original schemes which requires immediate attention to develop alternative schemes to deliver the £22m

	Annual		YTD			
	Plan	YTD Plan	Actual	YTD Var	Forecast	Forecast
	£'000	£'000	£'000	£'000	£'000	Var £'000
Recurrent	14,030	1,441	593	(848)	11,938	(2,092)
Non recurrent	1,970	79	1,749	1,670	4,062	2,092
Unidentified	6,000	0	0	0	6,000	0
Total	22,000	1,520	2,342	822	22,000	0

- 4.4. The overachievement against plan has been made using non recurrent savings, currently £1.4m over plan. It is essential the Trust delivers the CIP target of £22m recurrently to permanently reduce the spend position of the Trust.
- 4.5. The Trust is committed to the delivery of the £22m, however, delays in the scoping of projects and the £6m now unidentified puts the achievement of savings at risk.
- 4.6. Surgery and critical care are forecasting a shortfall of £208k against their care group schemes with Estates and Facilities and Medicine Care Group also forecasting underachievement of £99k and £70k respectively.

	Annual Plan £'000	YTD Plan £'000	YTD Actual £'000	YTD Var £'000	Forecast £'000	Forecast Var £'000
Community Care	910	84	85	1	910	0
Core Clinical Services	3,529	173	362	189	3,793	264
Corporate Services	1,645	186	186	0	1,645	0
Estates and Facilities	2,180	232	208	(24)	2,080	(99)
Medicine	4,984	457	547	90	4,914	(70)
Surgery and Critical Care	6,109	554	492	(62)	5,901	(208)
Women and Children	2,644	242	331	88	2,705	61
Trustwide	0	(408)	131	539	52	52
Total	22,000	1,520	2,342	822	22,000	(0)

5. Capital and cash

5.1. The Trust has a capital plan of £11.8m. At Month 3, capital spend is behind plan as priorities are reassessed. Forecast spend on capital remains at £11.8m. Backlog maintenance has an overspend due to additional works on electrical CHP units to facilitate connectivity. This was committed within the Cynergin scheme and was an unexpected cost.

Scheme	Annual Plan £'000	Cumulative to 30 June 2019		
		Plan £'000	Actual £'000	Variance £'000
Estate Schemes- Backlog Maintenance	3,000	600	898	(298)
Building Improvements	3,523	950	867	83
IT Strategy	1,500	375	224	151
Medical Equipment	3,600	1,066	500	566
Medical Equipment- Charitable funds	200	80	0	80
Total	11,823	3,071	2,489	582

5.2. At the end of June the Trust held cash reserves of £1.8m due to receipt of income on the final day of the month. The Working Capital target set is £1.560m

5.3. The shortage of cash requires careful management of payments to our suppliers. Whilst the Trust has met the quarter 1 financial target of breakeven, thereby qualifying for PSF/FRF funding, the £3m cash associated with this will not be received until

September/October

5.4. Access to cash would allow the Trust to further deliver savings against the efficiency programme

5.5. The balance sheet is attached as appendix F3

6. Risks

6.1. Recognised risks throughout the year include:

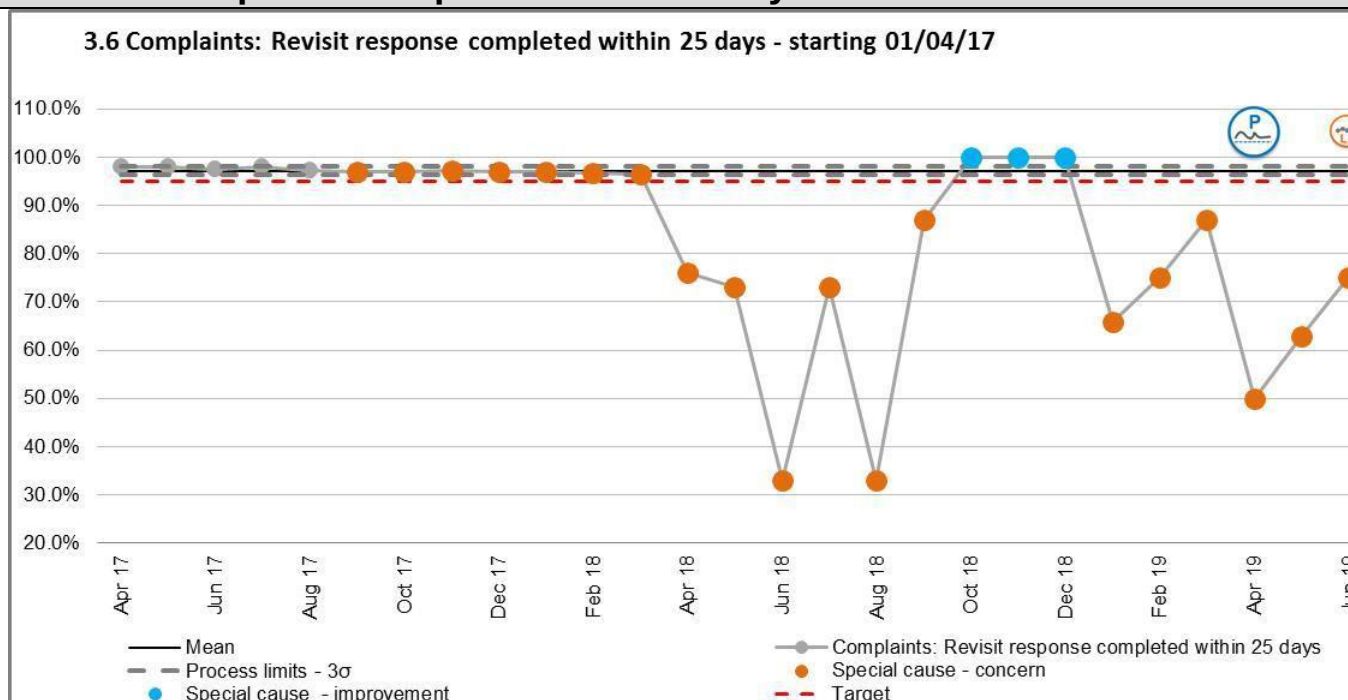
- 6.1.1. Activity levels exceeding contracted values and CCG affordability;
- 6.1.2. local authority spending reductions leading to additional demand;
- 6.1.3. Workforce recruitment and retention;
- 6.1.4. iBCF funding changes;
- 6.1.5. Funding for Early support discharge
- 6.1.6. Delivery of BHCP activity reductions
- 6.1.7. Potential Estate failures ie theatre breakdowns
- 6.1.8. Delivery of the Efficiency programme

7. Summary

- 7.1. The overall financial performance is showing signs for concern with pressure on pay being significant along with the overreliance on clinical income. The use of the Trust contingency reserve in month reduces our ability to mitigate risks later in the year.
The risks highlighted above mean the Trust cannot cover the level of overspend seen in care groups to date and immediate focus needs to be brought on controlling the pay bill.
- 7.2. This position, the challenge of a £22m CIP with £6m now being unidentified means we must collectively take action to restore performance in line with the activity plan and the Income and Expenditure projections.

Quality and Governance – June 2019

3.6 Complaints: Revisit response completed within 25 days

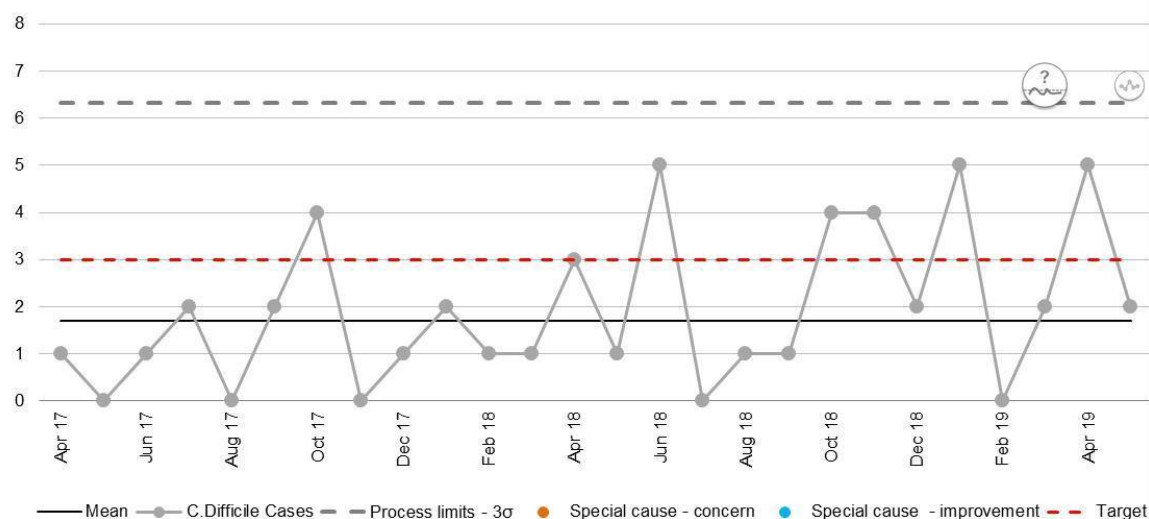


Issues	Actions	Impacts
The annual number of complaint re-visits is low: 68 cases in 2018/19 The monthly number of complaint re-visits is highly variable: - Between 2 per month and 12 per month in 2018/19 This means the performance target will be missed if one revisit case per month misses its target date. 3 of the 12 re-visits due in June missed their target date.	This was initially an exception in Feb/Mar and has been reviewed by the Deputy Director of Governance and the next steps planned are: - Further work to understand all complaints data and targets is to be undertaken. - Review of complaint process and policy to be undertaken including escalation process.	All 3 exceptions involved a face to face meeting with the complainant to discuss and address the revisit issues. Of those 3 cases that were not closed on time during May, the underlying reasons were: - Care Group changed the method of reply from written to meeting – agreed with patient but unable to agree a date of response as delay was caused by the complainant - Deterioration of patient's health delayed the meeting - Sensitive case – unable to agree timescale

Quality and Governance – June 2019

8.1 Clostridium Difficile - meeting the C.Diff objective

8.1 Clostridium Difficile -meeting the C.Diff objective - starting 01/04/17

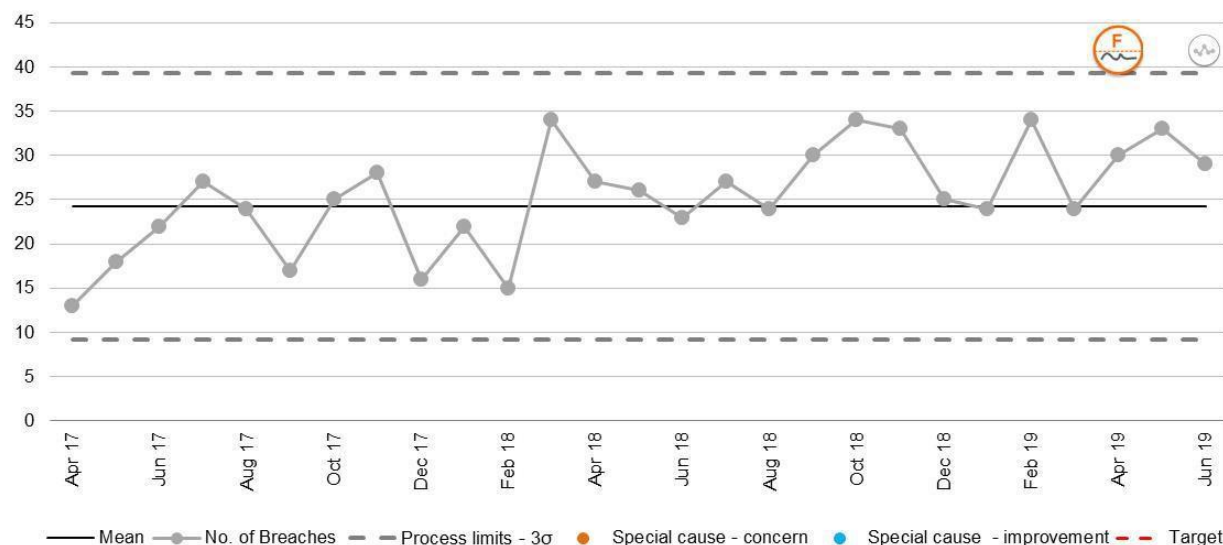


Issues	Actions	Impacts
During May we had 2 cases of hospital onset healthcare associated CDI so for May we achieved the trajectory of 3 or less cases, however 2 community onset cases were reported leaving the total number for the two months as 7 against a trajectory of 6. Community onset healthcare associated cases now included in the trust trajectory rather than just the hospital onset cases. Additional community wards; Millom, Langdale south, Langdale North and Abbey view have also joined the trust and are now be included in the trust trajectory/target. Trajectory for 2018/19 was 43 (without community wards and the community onset healthcare associated cases), the 2019/20 trajectory has been reduced to 37 but also includes community wards and community onset healthcare associated cases.	Concerns around this change in trajectory calculation and increase in cases managed by the trust has been raised at the IPCC and a briefing provided to the DIPC. The IP matron will also discuss the contract with the contracts manager	All cases of healthcare associated CDI will be subject to a post infection review to identify any "lapses in care", where no lapses in care have been identified the case will be recorded as such and the outcome made available on the IP dashboard. The findings of the post infection reviews should be taken into account by the CCG quality team. Both May cases have been reviewed with the CCG and agreed as "no lapse in care".

Quality and Governance – June 2019

8.2 Mixed Sex Accommodation Breaches

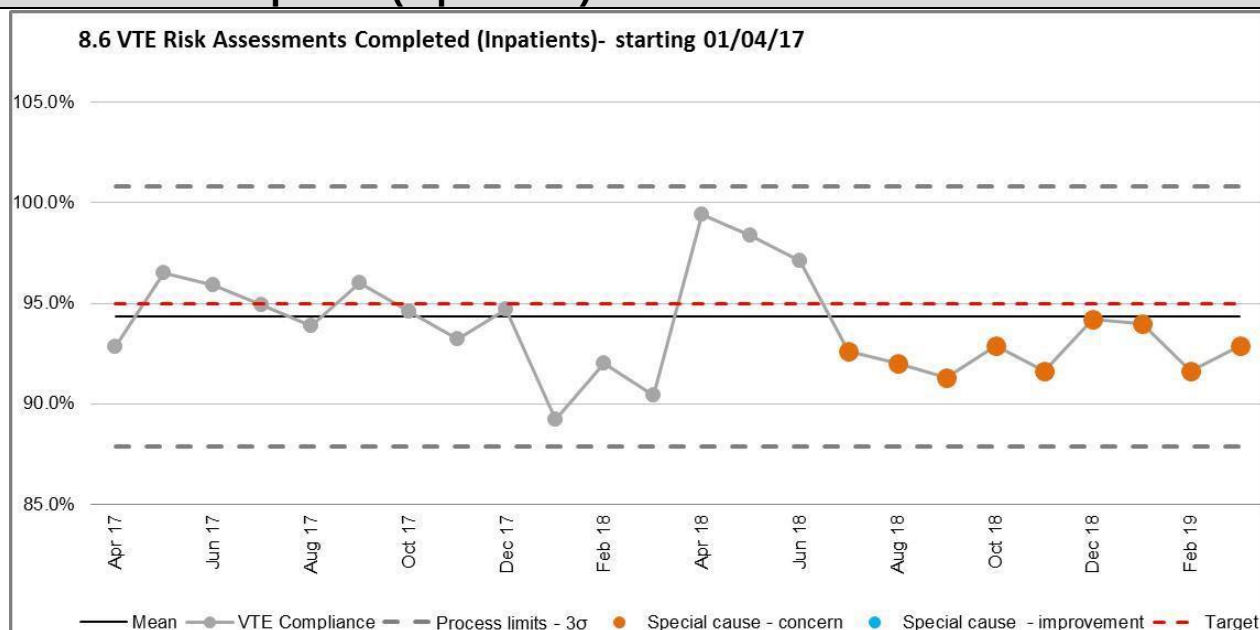
8.2 Mixed Sex Accommodation Breaches- starting 01/04/17



Issues	Actions	Impacts
High site occupancy levels leading to bed pressures and the inability to step patients down from higher level care beds in Surgery and Critical Care and Medicine Care Groups.	Fit2Sit – at RLI any patient who is being discharged in the next 4 hours will be sat out, unless medically this is not safe. TTO –mapped every process in the TTO journey and will shortly be bringing this data into the control room so we have full visibility of delays in the process and therefore what action we can do to target and recover. David Walker is leading a meeting on the 15th May to discuss the medical input required to move the discharge curve 4 hours earlier in the day. Daily focus on the “Golden patients” for the next day and as part of his new role Ian Holroyd (Patient Flow Matron) is reviewing any that failed to understand why and what steps need to be taken to prevent future occurrences. Monthly tri-partite meetings with NWAS PTS to reduce discharge booking cancellations.	Mixed sex breaches are counted only once, when the patient is classed as fit for discharge from the area but there is no step down bed to discharge to. There were 14 validated mixed sex breaches at RLI and 16 at FGH.

Quality and Governance – June 2019

8.6 VTE Risk Assessments Completed (Inpatients)



Issues	Actions	Impacts
Action Plan for VTE (December 2018) not yet fully implemented. The paper forms continue to negatively affect the figures for VTE. The data includes clinical areas which are not yet using the Lorenzo CDC form (but are VTE-assessed), e.g. Langdale, Millom, Abbey view which also negatively skew the figures	The memo from the Deputy Medical Director regarding Post Take Ward Round (PTWR) documentation was circulated earlier this week. The PTWR elements of the December action plan are being built into the EPR (but were not active during this quarter). Paper forms need to be withdrawn from all clinical areas once this has been agreed by CDs New VTE assessment form needs to be launched to ensure practice remains in line with NICE guidance. VTE admissions form to be made 'mandatory' within emergency admissions documentation	The risk assessment form has been redrafted but has not yet been launched. The admission assessment is not yet mandatory, although this has now been agreed by the Clinical Directors.

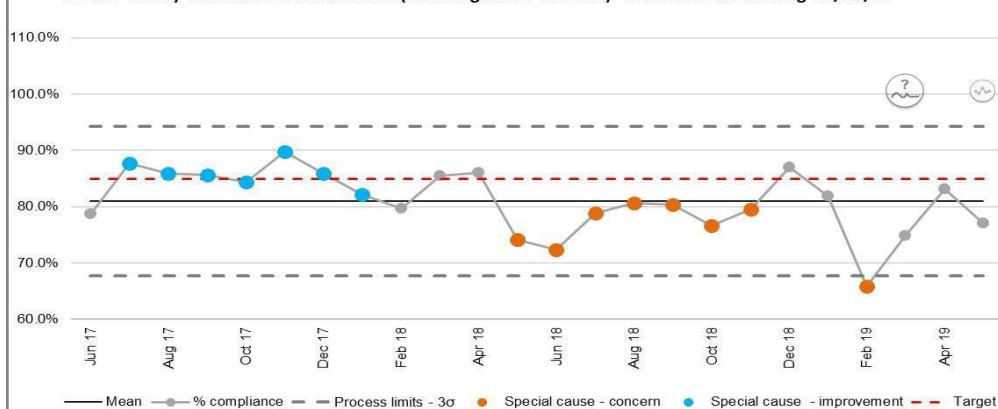
Operational Performance Report – July 2019

Cancer - (May)

3 out of 8 standards achieved in May

Metric	May-19	Future Assurance	Target
2WW	96.10%		93.00%
2WW Breast	86.20%		93.00%
31 Day	95.70%		96.00%
31 Day Subsequent Surgery	80.00%		94.00%
31 Day Subsequent Drugs	100.00%		98.00%
62 Day Classic	77.00%		85.00%
62 Day Consultant Upgrade	92.20%		85.00%
62 Day Screening	62.50%		90.00%

Cancer 62 Day Waits for first treatment (from urgent GP referral) - Performance starting 01/06/17



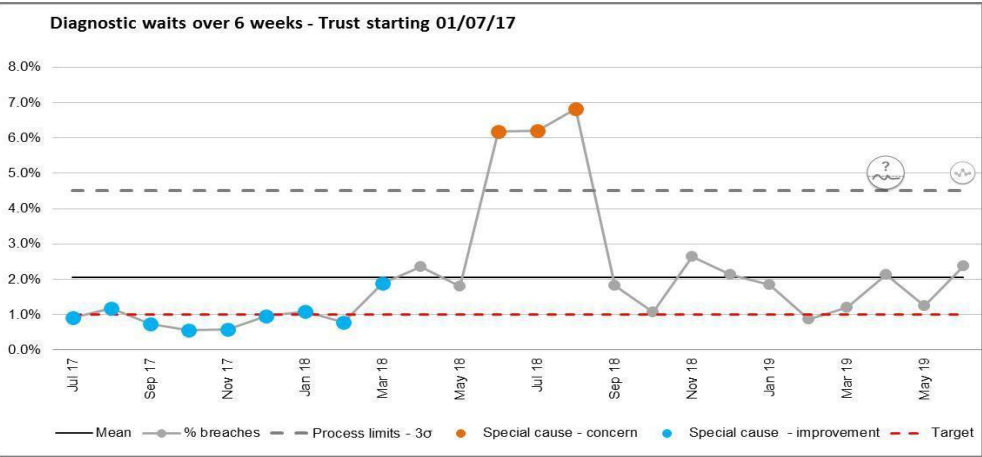
Cancer 62 unvalidated update – as of 09/07/19

June- 78.3%

Issues	Actions	Impact
Upper GI Pathway. - Final Cancer Alliance priority pathway to be implemented during 2019 - Pathway dependent on OP and theatre capacity and LTH for Lap staging . - Key blockage identified delay in UHMBT CT and reporting due to capacity.	- Process Map of OG pathway to identify bottlenecks and delays carried out. - LTH delays- flagged with the Cancer Alliance who are formally raising with LTH. - C&D to be reviewed- 31st July. ICS Diagnostics Group have commissioned C&D across providers to understand the gap and potential impact of Wave 5 business cases.	
Colorectal - multiple tests for patients not suitable/cannot tolerate Endoscopy	-Mapping session planned for second part of the pathway- September (straight to test implemented)	
Urology -Delays in bone scans on the prostate pathway.	Review clinical protocol for sending patients for bone scans.	Agreed at MDT that gleason 3+4 no longer require bone scan as standard. Follow-up audit required to evidence reductions in requests and delays.
Refresh of the PTL and escalation process across the Cancer Alliance in line with the Marion Hopwood Review	Review the required actions, and implement. -Providers required to respond to the report before the next Cancer Alliance Board.	Improved patient experience, reduced delays/improved performance 62 Day cancer standard
Prostate pathway non complaint with the Cancer 62 Day Standard, placing the Trust position at risk.	Detailed pathway mapping session took place on 03/04/19. Multi action Prostate Recovery Plan in place to improve the patient experience, maximise efficiency and minimising pathway delays.	To be assessed.

Benchmarking in April: Nationally UHMB's Cancer 62 Day Performance was 75th out of 155 Trusts. Locally UHMB's Cancer 62 Day Performance was 2nd out of 4 Trusts.

Diagnostics



Diagnostic Current Prediction for July 2019 – as of 07/07/19
Trust Position: 2.52% - not achieving the standard
Dexa 1.24%, Urodynamics 9.09%, Imaging 2.95%, Endoscopy 3.17%, Cystoscopy 7.77%

Benchmarking -April:

-Nationally UHMB's Diagnostic Performance was 303rd out of 402 Trusts.

Issues:

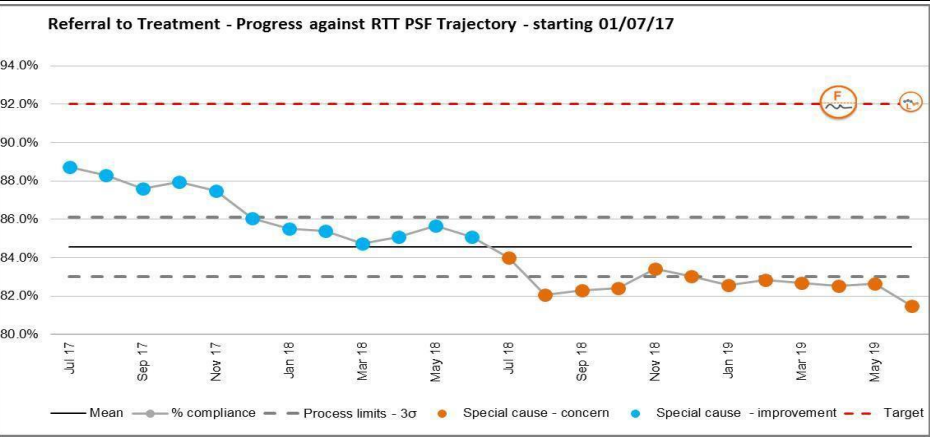
- Audiology remains under pressure to keep pace with demand, concern around anticipated increase in demand as a result of PIFU
- Dexa Admin error resulted in 4 clinics being withdrawn.
- Patient choice to wait longer than 6 weeks.

Actions:

- Audiology staff recruitment and offering additional clinics.
- Endoscopy breach patients being micromanaged. 7 day working business case to include Receptionist cover which will improve scheduling.
- Dexa 2 additional clinics run and inappropriate referrals for repeat tests returned (re-referred too early).

Impact: - In June the Diagnostics performance was 2.4%. The SPC chart shows that the Trust may achieve or fail the national standard of 1% subject to random variation and that the performance is currently in a period of common cause variation.

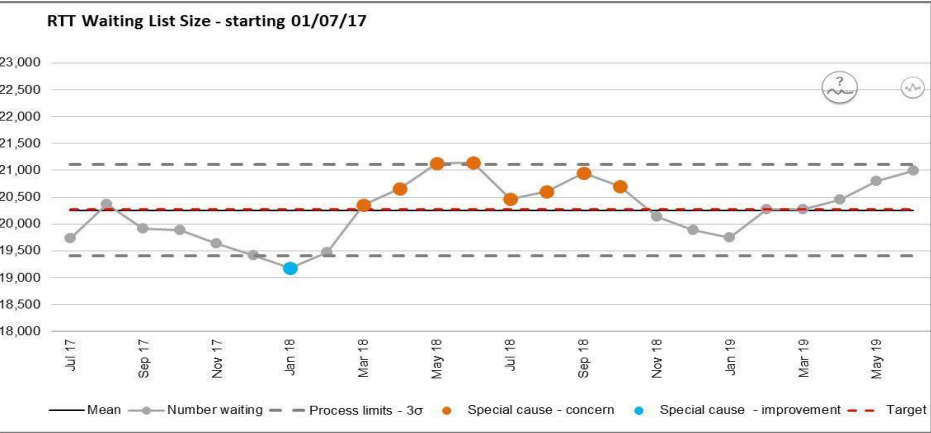
Referral to Treatment Time



Benchmarking May:
-Nationally UHMB's RTT Performance was 150th out of 184 Trusts.
-Locally UHMB's RTT Performance was 2nd of 4 Trusts.

- Issues:**
- Theatre Estate unreliability.
 - Patient choice to cancel/defer treatment dates.
 - Insufficient capacity for first and follow-up appointments plus theatre space for many services (even when all theatres fully operational).
 - Insufficient theatre capacity for patients with complex Anaesthetic requirements.
 - Potential for the pension tax change to restrict additional activity sessions provided by medical staff.
 - Downturn in elective surgical activity in quarter 1: daycases down 270 patients and inpatients down 182 patients on plan, to the end of June.
- Actions:**
- Surgical Care Group to agree a process for and implement "paying back" unworked sessions for all activity types, from September 2019.
 - Fresh Eyes reviews held at all theatre sites between April and June, generating improvement ideas. This approach to be extended to outpatients too.
 - T&O have agreed to overbook every baseline outpatient clinic by 1 patient, delivering 62 additional patients a week from September 2019. Expectation to roll out to all other Specialties within Surgery.
 - NHSI Demand and Capacity models are being refreshed, to quantify current gaps (complete by end of September).
 - Pain Management Advice and Guidance options on ERS Directory of Services to prevent inappropriate referrals.
- Impact:**
- In June the RTT performance was 81.5%. The SPC chart shows that the Trust is expected to consistently fail the national standard of 92% and that the performance is currently in a period of cause for concern.

Waiting List Size



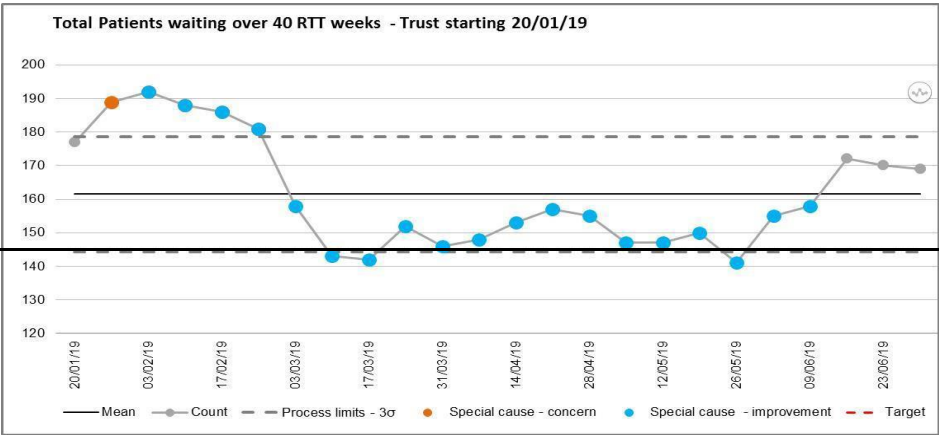
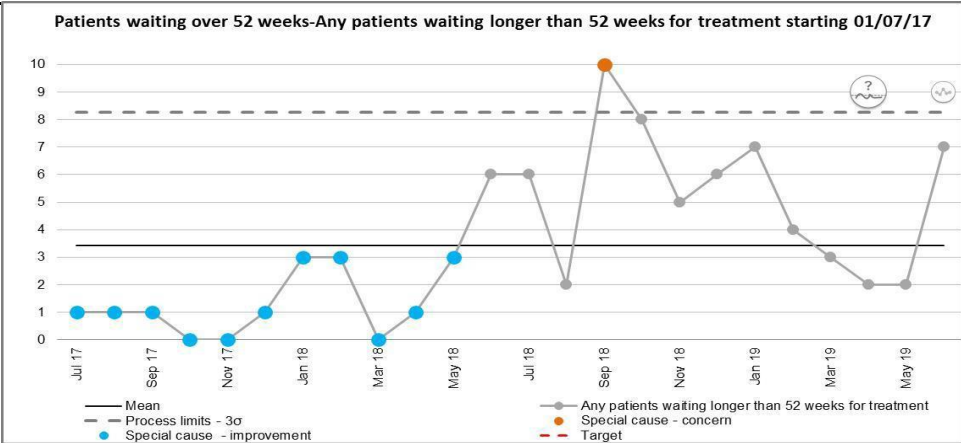
The waiting list size trajectory is based upon trend and seasonality. The 2018/19 standard of waiting list size in March 2019 being less than in March 2018 was achieved. The total waiting list size has increased in quarter 1, partly due to a reduction in surgical daycase/inpatient activity.

Issues:
As RTT.

- Actions:
- As RTT.
 - Ongoing validations within Care Groups to ensure all patients on the waiting list are genuinely waiting for treatment.
 - Meeting with Spire to progress outsourcing of 50 cataract patients per month, to help deliver additional activity. Decision made not to outsource T&O to the IS.

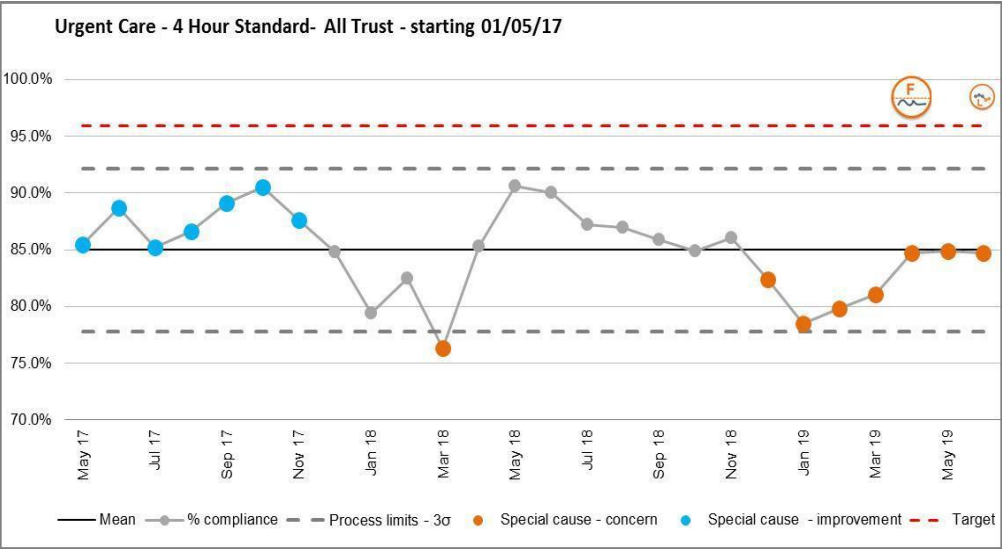
Impact:
Standard achieved for 2018/19. The SPC chart shows that the Trust may achieve or fail the March 2019 baseline waiting list size, subject to random variation and that the performance is currently in a period of common cause variation with 20997 patients waiting.

52 Weeks and > 40 Week Waiters



- Issues:**
- Data quality: incorrect clock stops in patient pathways not found until too late in the pathway to prevent patients waiting over 52 weeks.
- Actions:**
- Re-defining roles and responsibilities within the Surgical Care Group validation team, so that all patients are validated at the point they are added to the inpatient waiting list (earlier in the pathway than current practice).
- Impact:**
- Validation practice change to start from September 2019 due to staff consultation around a staffing restructure.
 - In June, 7 patients waited longer than 52 weeks for treatment. The SPC chart shows that the Trust may achieve or fail the standard, subject to random variation and that the performance is currently in a period of common cause variation.
 - The number of patients currently waiting over 40 weeks (a measure of pressure on achieving the maximum 52 week wait) is in control, and currently in a period of common cause variation at 169 patients.

Urgent Care - 4 Hour Standard



Benchmarking in May:
Nationally UHMB's ED 4 hour Performance is 51st out of 119 Trusts (Type 1 Providers only)
Locally UHMB's ED 4 hour Performance is 1st out of 4 Trusts.

Issues:

- Increased demand beyond the increased rates seen nationally;
- Increase in the number of ED cubicle hours occupied by mental health patients;
- Continued recruitment issues for sufficient nurses and doctors to work on wards and departments. This has necessitated multiple bed closures in both acute and community hospitals over the last two years.
- Staffing and sustainability pressures across the care home and social care sector have resulted in increased lengths of stay and delays in discharge from hospital;
- Across the system there is pressure on space to see patients – either in acute hospital or in the community settings. Access to capital is difficult resulting in the continued use of an old and inadequate estate in many areas.
- Adult social care have faced significant financial pressures as well as suffering from staffing shortages and reduced care home provision.

Actions:

- Delivery of the System Urgent and Emergency Care Recovery Plan approved at the June A&E Delivery Board.

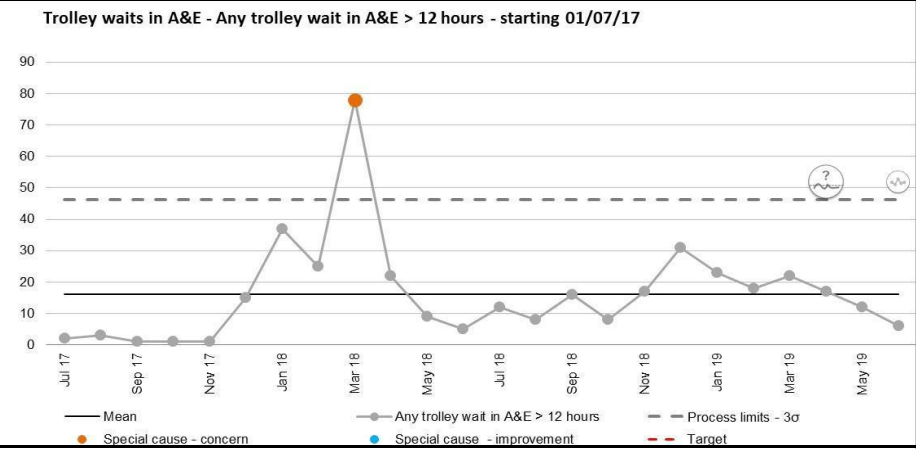
UHMBT actions include;

- Continuing to work on extending Acute Care Unit hours
- “Seen on Green” initiative
- ECIST masterclass on streaming on the 8th July
- Review of flow in ED with the expectation of introducing ambulatory and no-ambulatory model within in ED
- Detailed breach review within ED
- Frailty PDSA ongoing at TLI
- Stroke ambulatory PDSA completed
- Devising a criteria led discharge protocol
- Maintained Triage performance

Impact:

- In June, the Trust's ED 4 hour wait performance was 84.68%. The SPC chart shows that the Trust is expected to consistently fail the national standard and that the performance is currently in a period of common cause variation.

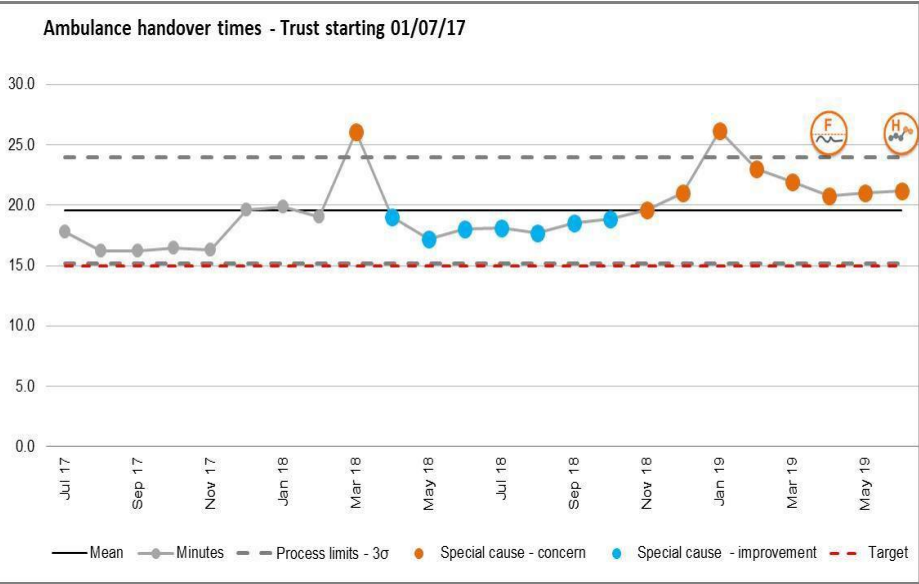
Urgent Care - 12-Hour Trolley Waits



Issues and Actions- as Urgent Care 4 Hour Standard above.
Significant challenges with timely availability of MH placements for patients attending ED at RLI.

Impact:
- In June, 6 patients waited longer than 12 hours for mental health beds. The SPC chart shows that the Trust may achieve or fail the standard, subject to random variation and that the performance is currently in a period of common cause variation.

Average Ambulance Handover Time- 15 minutes



Ambulance Handover time -15 Minutes

The SPC chart shows that the Trust is expected to consistently fail the standard of 15 minutes and that the performance is currently in a period of cause for concern.

Issues: as Urgent Care 4 hour Standard.

Actions:

- Exploring NWS admissions direct to ACU
- As Urgent Care 4 hour Standard.

Ambulance handovers >30 and 60 minutes

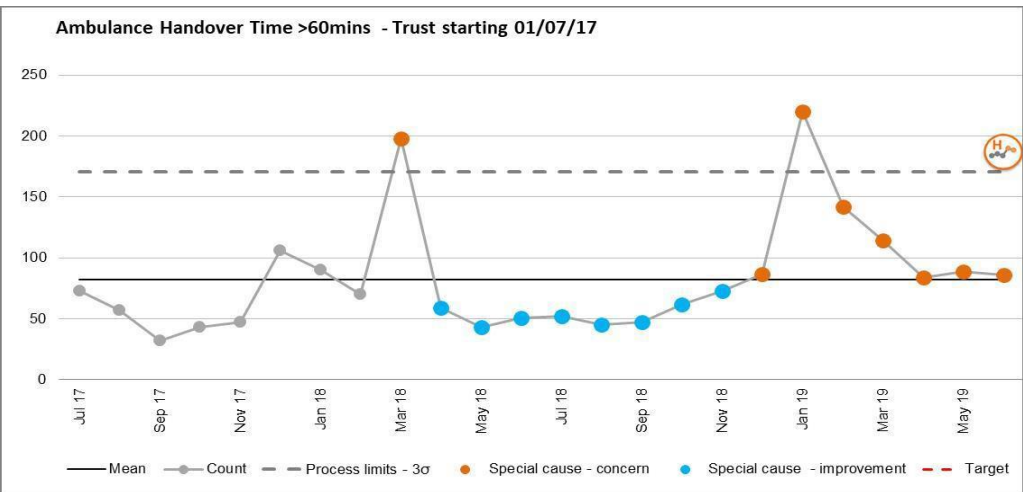
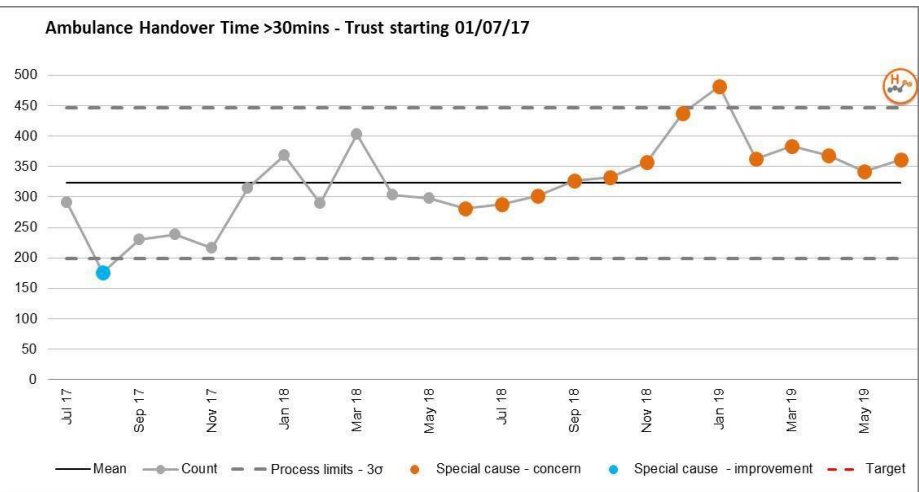
Issue and Action:

-As Urgent Care 4 hour Standard.

Impact:

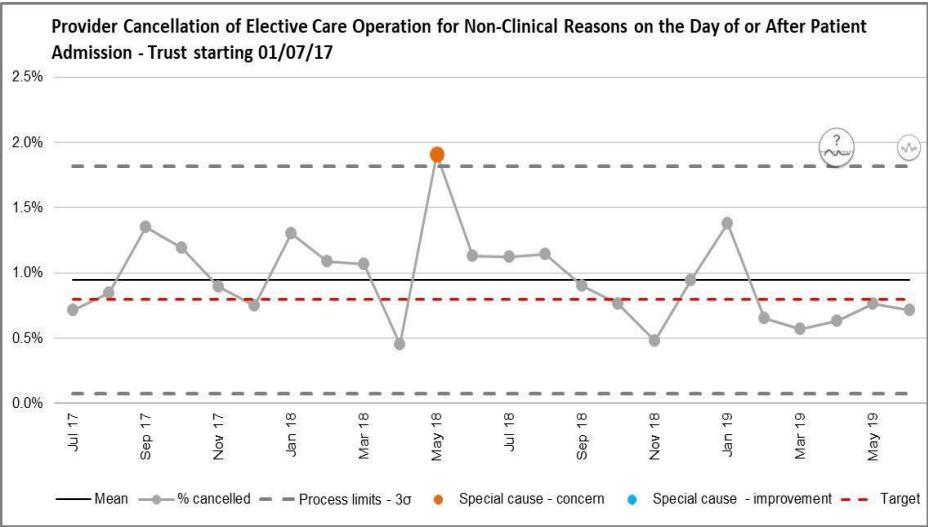
- Both handovers over 30 minutes and 60 minutes are currently in a period of cause for concern.

Ambulance Handovers Over 30 & 60 Mins

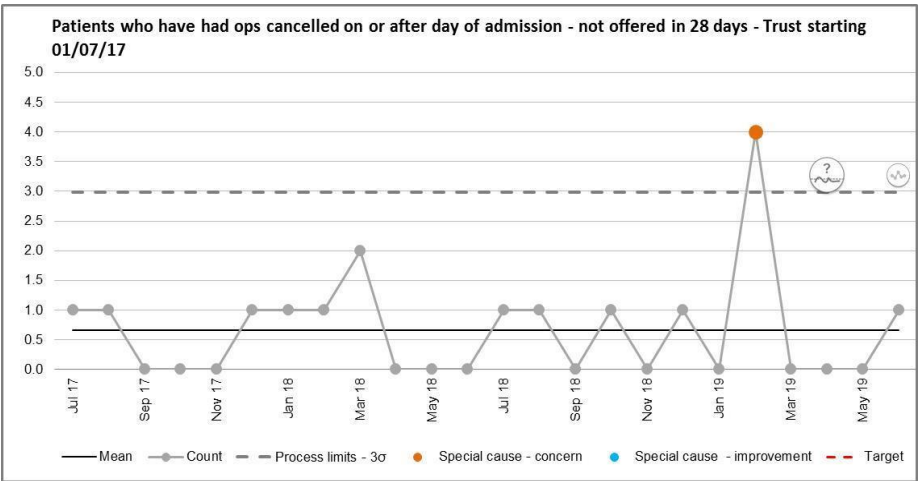


Cancelled Operations

Elective Ops Cancelled On Or After Day Of Admission



28 Day Standard



Elective Ops Cancelled On Or After Day Of Admission

In June, the internal stretch standard was met for the 5th consecutive month, with 0.71% of patient operations cancelled on or after the day of admission. The SPC chart shows that the Trust may achieve or fail the standard, subject to random variation and that the performance is currently in a period of common cause variation.

Issues:

- 29 on the day cancellations in June.
- 14 - Impact from trauma that caused list to overrun therefore elective surgery cancelled.
- 7 - List overrun.
- 4 - Rep issues (not bringing all kit).
- 3- Ward bed unavailable on day of admission.
- 1 - Anaesthetist unavailable.

Actions:

- There is continued focus on ward round start times by the Care Group and start and finish times are looked at in depth at the theatre scheduling meetings.
- Theatre teams are reviewing processes to make sure issues around missing equipment parts is not repeated.

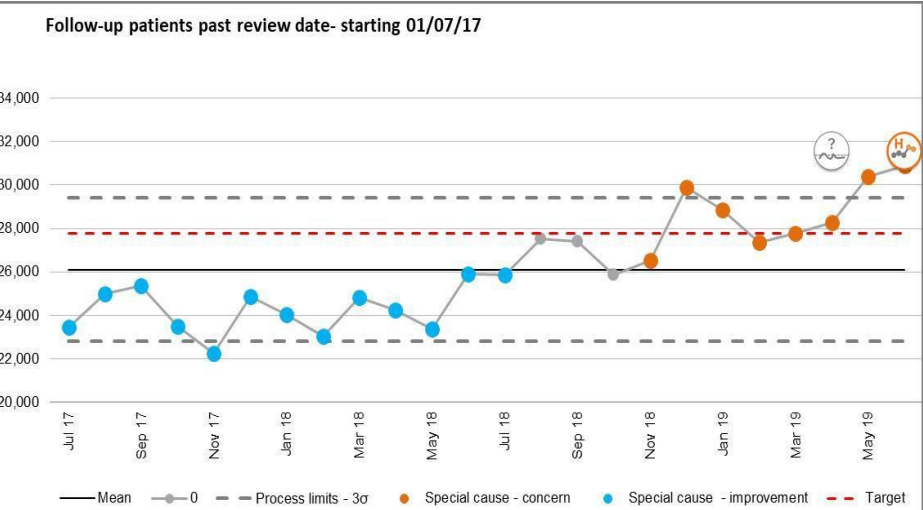
Impact:

- Standard achieved

28 Day Standard

The SPC chart shows that the Trust may achieve or fail the standard, subject to random variation and that the performance is currently in a period of common cause variation. 1 patient was not offered a date within 28 days in June.

Follow-ups

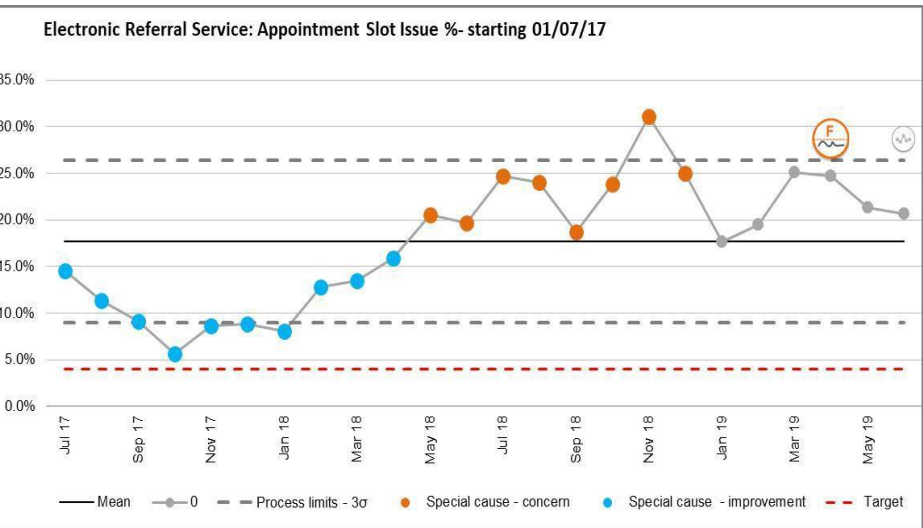


Issues:
Number of patients past their Indicative Review Date (IRD) with and without dates.
-Potential for the pension tax change to restrict additional activity sessions provided by medical staff.

Actions:
-Follow-up activity to be included in the internal 'Outpatients' and the Bay and Health Care Partners, 'Re-imagining Outpatients' workstreams.

Impact:
- Numbers increased to 30,869 in June. The SPC chart shows that the Trust may achieve or fail the standard, subject to random variation and that the performance is currently in a period of cause for concern. The numbers have increased for four consecutive months.

Appointment Slot Issue (ASI)

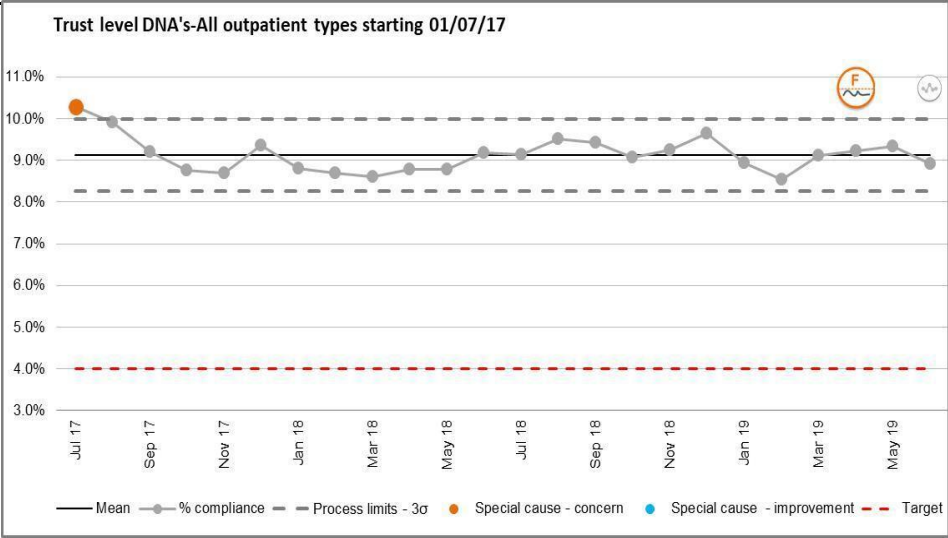


Issues:
-Increasing number of patients waiting for 1st appointment unable to book slots on ERS.
- Potential for the pension tax change to restrict additional activity sessions provided by medical staff.

Actions:
As RTT, milestone introduced for 1st appointment stage of treatment (business as usual).

Impact:
The Appointment Slot Issue (ASI) % for June was 20.69%. The SPC chart flags that ASI is expected to consistently fail the target and that the performance is currently in a period of common cause variation.

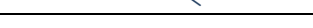
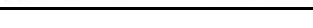
DNA's



Issues:
The CQC Improvement Plan flagged that the Trust's DNA rate is increasing and is higher than the national average.

Actions:
Work with Bay Health and Care Partners to establish a 5 year project with cross provider work streams to review Outpatient pathways in three areas:
1) Clinical pathways, from primary care referral and care planning, to care and intervention in the acute setting
2) Development of digital enabling tools and mechanisms to support the patient journey and improve flow
3) Ensuring that acute processes and services are efficient and fit for purpose

Impact:
The DNA % for all outpatient types in June was 8.9%. The SPC chart flags that DNA's are expected to consistently fail the stretch target and that the performance is currently in a period of common cause variation and is not increasing in an unexpected way.

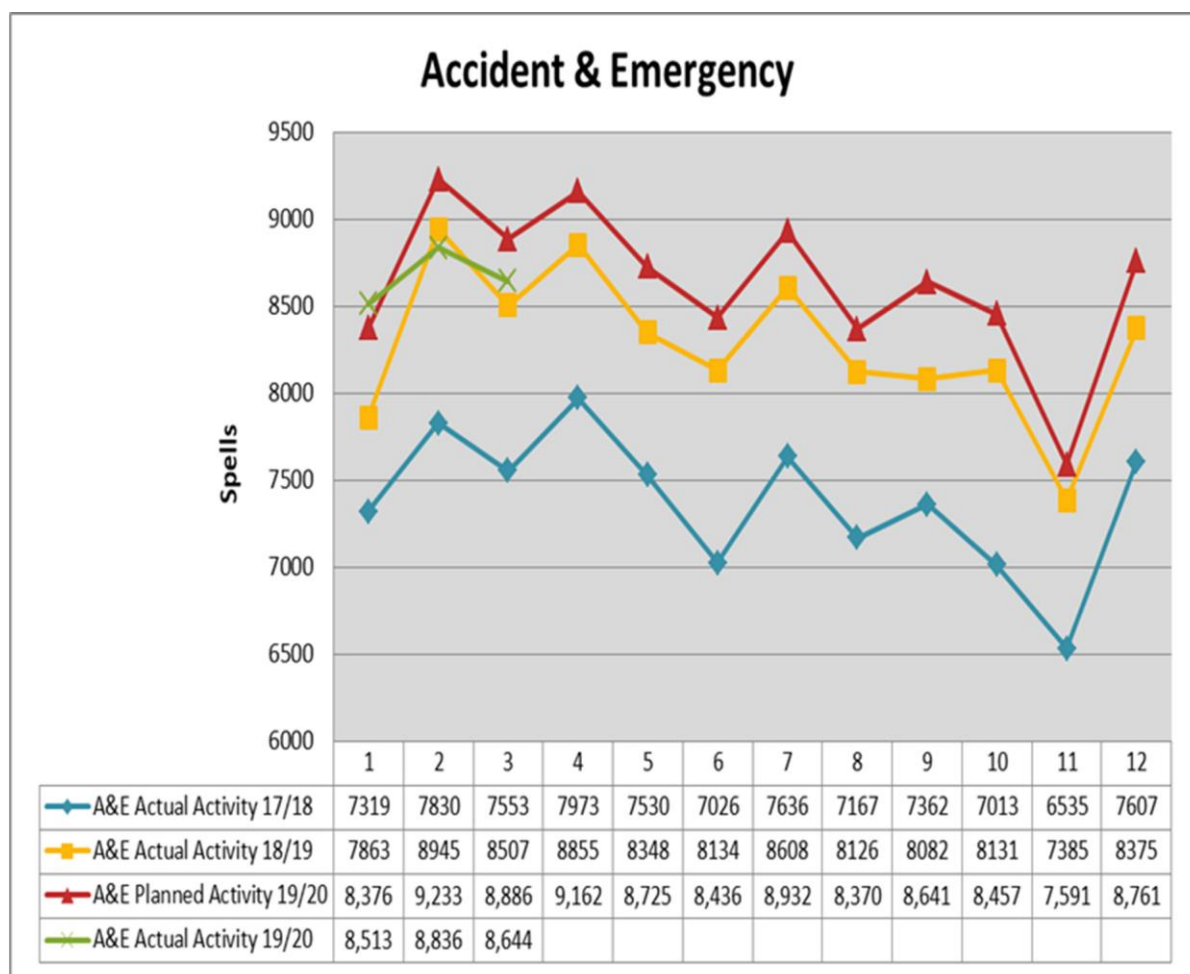
Tumour Pathway		Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	62 Day Trend - 12 Months
Brain	Number of Breaches													
	62 day %													
Breast	Number of Breaches	2	4	1	0.5	1	3	2	0	0	0	0	5	
	62 day %	88.6%	70.4%	93.3%	95.2%	90.0%	76.9%	86.7%	100.0%	100.0%	100.0%	100.0%	74.4%	
Gynaecology	Number of Breaches	2.5	1	1.5	0.5	1.5	0.5	0.5	2.5	3	2	0	1	
	62 day %	44.4%	75.0%	66.7%	83.3%	0.0%	90.9%	80.0%	50.0%	57.1%	33.3%	100.0%	66.7%	
Haematology	Number of Breaches	0	0	0	0	0	0	1	0	0	0	0	1	
	62 day %	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	88.9%	100.0%	100.0%	100.0%	100.0%	33.3%	
Head and Neck	Number of Breaches	0.5	1.5	2.5	2	2	0.5	0	0.5	3		1	1	
	62 day %	75.0%	40.0%	64.3%	0.0%	55.6%	66.7%	100.0%	91.7%	40.0%		33.3%	50.0%	
Colorectal	Number of Breaches	2.5	2.5	3.5	2.5	2.5	2.5	0	5	5.5	2	3.5	1	
	62 day %	44.4%	64.3%	68.2%	75.0%	79.2%	73.7%	100.0%	75.6%	45.0%	71.4%	72.0%	81.8%	
Lung	Number of Breaches	1.5	2.5	0.5	1.5	1.5	3	1	1	1.5	0.5	0	1	
	62 day %	83.3%	79.2%	95.2%	76.9%	66.7%	60.0%	77.8%	84.6%	78.6%	88.9%	100.0%	81.8%	
Sarcoma	Number of Breaches					0.5		0	0.5					
	62 day %					0.0%		100.0%	0.0%					
Skin	Number of Breaches	0	0	0	1	0	0.5	0.5	1.5	2	4	3	2	
	62 day %	100.0%	100.0%	100.0%	94.9%	100.0%	98.0%	97.6%	93.9%	82.6%	83.0%	83.8%	93.0%	
Upper GI	Number of Breaches	4	3	1	2	2	0.5	0	1	2	3.5	2.5	2.5	
	62 day %	33.3%	45.5%	83.3%	60.0%	63.6%	90.0%	100.0%	85.7%	55.6%	46.2%	70.6%	66.7%	
Urology	Number of Breaches	11	6	8	6	10.5	9.5	6.5	7	11.5	8.5	6	10.5	
	62 day %	45.0%	76.6%	55.6%	72.7%	61.8%	54.8%	68.3%	53.3%	51.1%	63.8%	63.6%	52.3%	
Other	Number of Breaches				0		0		0				0	
	62 day %				100.0%		100.0%		100.0%				100.0%	
Trust	Number of Breaches	24	20	18	16	21.5	20	11.5	19	28.5	20.5	16	25	
	62 day %	72.3%	78.8%	80.6%	80.4%	76.6%	79.6%	86.5%	81.9%	65.9%	74.7%	82.0%	74.0%	

Below is the DTOC analysis for End June 2019

Total DTOC	FGH	RLI	Total
1.Social care	8	13	21
2. DST	5	2	7
3. Nursing Home	0	0	0
4. EMI	4	3	7
5. residential	1	1	2
6. re-enablement or other package	1	4	5
7. community bed	1	4	5
8. Other DTOC	2	4	6
9.D2A 1	0	1	1
Total DTOC	22	32	54
Total Bed Occupancy	230	294	524
% DTOC	9.6%	10.9%	10.3%

Patients over 21 days	FGH	RLI	Total
1.Social care	4	9	13
2. DST	5	1	6
3. Nursing Home	0	0	0
4. EMI	3	1	4
5. residential	1	1	2
6. re-enablement or other package	1	1	2
7. community bed	1	2	3
8. Other DTOC	1	1	2
9.D2A 1	0	0	0
Total DTOC	16	16	32
Total Bed Occupancy	230	294	524
% DTOC over 21 days	7.0%	5.4%	6.1%

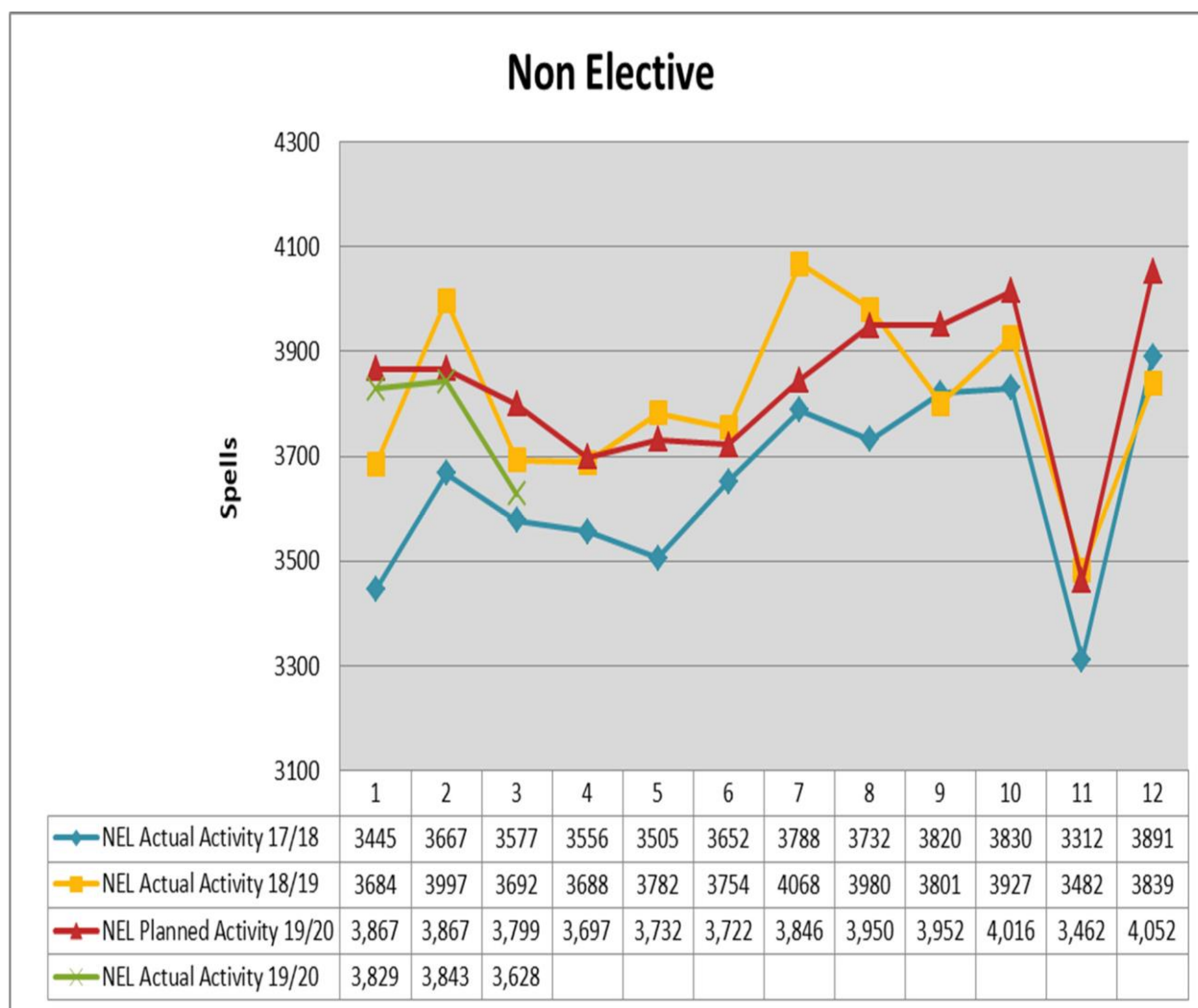
Appendix F1 – Clinical Activity



Additional activity growth was agreed as part of the contract for 2019/20. The Care group holds an activity reserve equal to this amount which can be used to offset any underperformance against this higher plan or to pay for the additional costs of delivering this level of activity.

Activity in Month 3 is below plan. Case mix in Month 3 was slightly below the level assumed in the plan and below the level seen in month 1 and month 2.

Appendix F1 – Clinical Activity

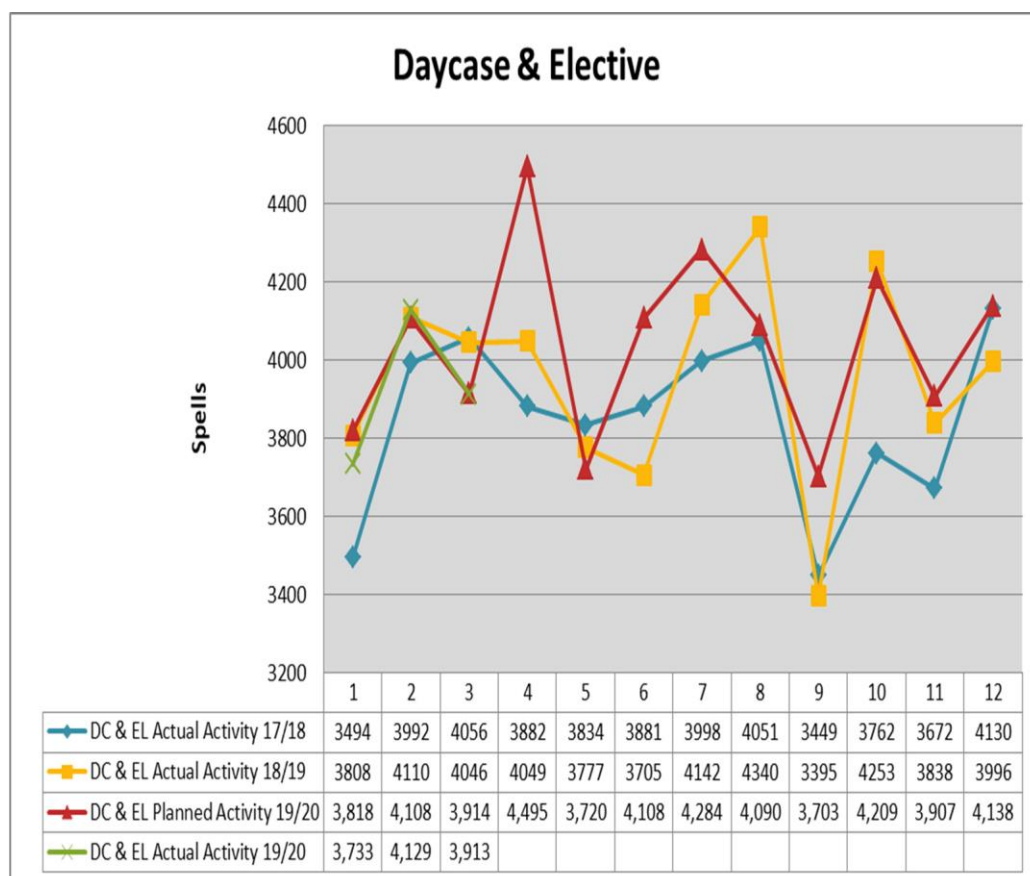


Overall the activity in month 3 is below the plan but case mix is above the level assumed in the plan.

The activity variance by Care group is as below.

Care group – Non Elective	Activity variance
Medicine	(98)
S&CC	35
WACS	(107)
CCS	(1)
Trustwide	0
	(171)

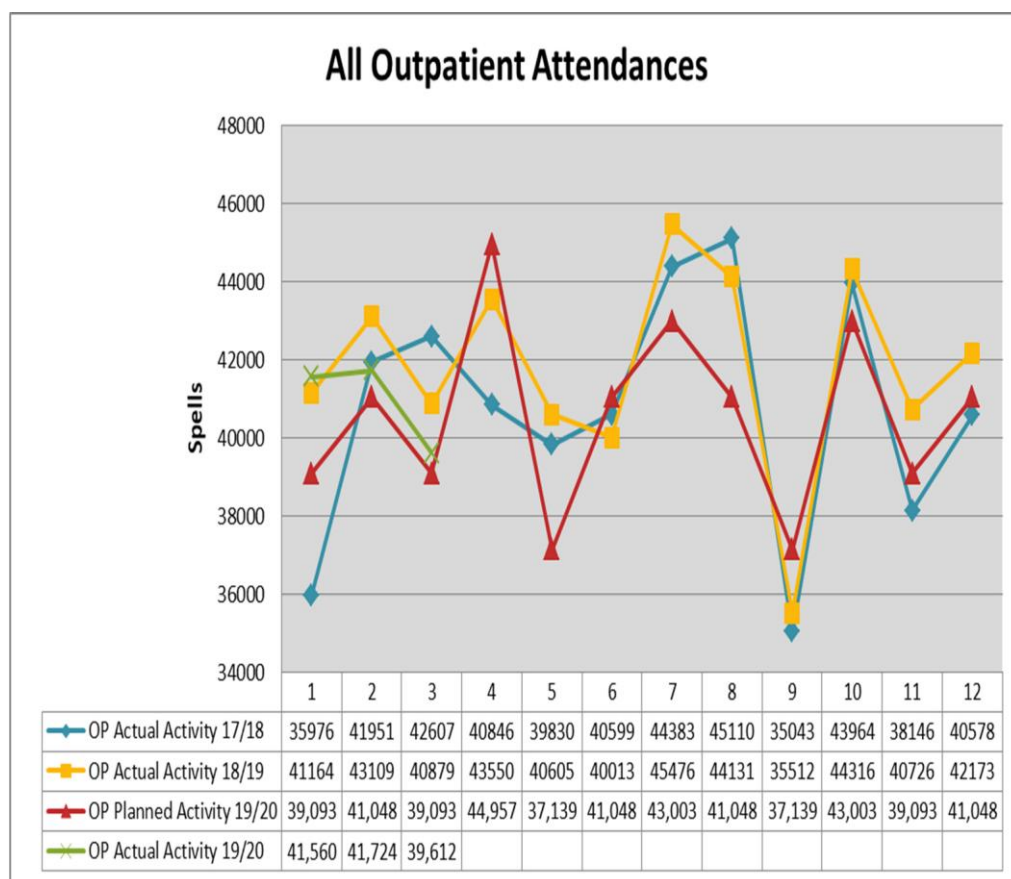
Appendix F1 – Clinical Activity



Overall activity is broadly in line with plan for month 3. However there is an over performance on daycases and an underperformance on elective. Overall casemix is lower than assumed in the plan. Looking at the split by Care Group there is a significant shortfall with S&CC and an over-performance on Medicine. Within S&CC there is an underperformance on Orthopaedics. Some of the underperformance relates to the additional activity in the plan re the 26 weeks waits where additional activity hasn't yet been put in place to achieve the higher level of activity. The Care group is holding an activity reserve that will offset the income shortfall in part.

Daycases & Elective	Daycases	Elective	TOTAL
	Activity variance	Activity variance	Activity variance
Medicine	107	4	111
&CC	(43)	(66)	(109)
WACS	(3)	(4)	(7)
CCS	2	2	4
Community			0
Trustwide			0
	63	(64)	(1)

Appendix F1 – Clinical Activity



The activity in month 3 is above plan. The split by Care group is below with Medicine and Core clinical both above plan.

Following the issue we had last month with the way Lorenzo was showing some of the TFCs for the outpatient activity, Lorenzo has now been updated to ensure the TFCs are correct going forward. It will also be updated to adjust historical data (M2 and M3), but at the moment this is a manual fix being applied by I3. We have found that the manual fix has missed a small amount of the activity, so General Surgery follow ups are looking very high this month, but this activity should actually be showing as ENT and T&O follow ups. This will be correct for next month.

Outpatients	FA	FU	TOTAL
	Activity variance	Activity variance	Activity variance
Medicine	(103)	295	192
S&CC	73	(36)	37
WACS	(11)	14	3
CCS	217	43	260
Community	(3)	(5)	(8)
Trustwide	(23)	58	35
	150	369	519

Appendix F2 – Care Group Narrative

Medicine Care Group

For the Period Ending June 2019

June										
Medicine	2019/20	In Month			Year To Date			Forecast		
	budget £'000s	Budget £'000s	Actual £'000s	Var £'000s	Budget £'000s	Actual £'000s	Var £'000s	Budget £'000s	Actual £'000s	Var £'000s
Clinical Income	(99,588)	(8,315)	(8,365)	50	(24,955)	(26,091)	1,136	(99,588)	(103,804)	4,216
Income	(3,857)	(304)	(299)	(5)	(955)	(912)	(42)	(3,857)	(3,648)	(208)
Pay:- Substantive	65,262	5,593	5,533	60	16,879	16,384	495	65,262	62,731	2,531
Pay:- Bank	1,593	133	509	(376)	400	1,347	(948)	1,593	5,249	(3,657)
Pay:- Agency	3,162	271	297	(25)	855	912	(57)	3,162	3,595	(432)
Non Pay Expenditure	8,119	678	707	(29)	2,083	2,185	(102)	8,119	8,383	(264)
Net I&E Position	(25,308)	(1,944)	(1,619)	(326)	(5,692)	(6,174)	482	(25,308)	(27,494)	2,186

Clinical income has reduced in June to contract levels, giving a year to date £1.177m over-recovery position. The reduction in June is thought to relate directly to the cessation of spot purchase external beds by the local authorities.

Spend on both medical staff and CSWs has increased in month. Medical cover has been secured in Clinical Haematology and Dermatology, the latter having a major impact on OP numbers where skin cancer referrals are increasing significantly.

CSW numbers are being very closely monitored with efforts to reduce numbers, particularly as new RN appointments come on stream.

£32k non-pay spend offset by increased income. £890k assumed Trustwide to date for IBCF / winter funding.

Appendix F2 – Care Group Narrative

Surgery and Critical Care

Surgery	2019/20	In Month			Year To Date			Forecast		
	budget £'000s	Budget £'000s	Actual £'000s	Var £'000s	Budget £'000s	Actual £'000s	Var £'000s	Budget £'000s	Actual £'000s	Var £'000s
Clinical Income	(93,595)	(7,678)	(7,611)	(67)	(23,154)	(22,319)	(834)	(93,595)	(91,236)	(2,359)
Income	(778)	(65)	(67)	3	(197)	(182)	(15)	(778)	(727)	(51)
Pay:- Substantive	62,454	5,465	5,372	93	16,533	16,382	151	62,454	63,184	(730)
Pay:- Bank	1,621	127	325	(198)	382	878	(497)	1,621	3,295	(1,674)
Pay:- Agency	2,928	236	244	(8)	764	1,082	(318)	2,928	4,207	(1,279)
Non Pay Expenditure	13,428	1,171	1,006	165	3,544	3,072	472	13,428	11,699	1,729
Net I&E Position	(13,942)	(743)	(731)	(12)	(2,127)	(1,086)	(1,042)	(13,942)	(9,578)	(4,364)

After the first three months of the financial year, the main hotspots for the Care Group are:

Capacity constraints within the T&O CBU continue with 7 x AS grade gaps due to a combination of sickness, vacant deanery posts, unpaid career breaks and restriction. The main priority for the care group has been maintaining the provision of emergency and on call cover which has resulted in a reduced level of elective work being carried out. Theatre Reutilisation rates have reduced from 75% in April to 66% in June as opposed to the planned 85%, again the main driver being availability of surgeons. The Care Group are not forecasting a recovery to this situation until July, the point at which new recruits start and colleagues return from career breaks

Anaesthetics have also been a pressure area, again due to a lack of staffing as a result of sickness and vacancies. Where possible these have been covered by our own clinicians claiming extra duty payments. Whilst this is a cheaper alternative to agency it is still paid at a premium rate with spend in this area significantly higher than in the same period last year. As such a new process is now in place to ensure that the SMT are sighted on these costs and approval is sort prior to it being committed to. This will also improve the accuracy of forecasting going forward.

Nursing is another considerable area of concern. The matrons and AsDN have carried out a deep dive of all overspending areas and where required are now micro managing spend, particularly additional bank and agency shifts being requested. Hotspot areas include Theatres at Lancaster which are operating with 15% vacancies compounded by 12% sickness. This area is being micro managed by the Matron which is already showing positive signs of improvement, with further improvements expected over the coming months. Reduced theatre staffing has an impact on the Care Groups's ability to deliver elective activity. Another hotspot area is a ward at FGH which is also running at 12% sickness with no expected RTW date for many of the nurses on leave. The decision has been made to close 4 beds on the FGH site to maintain safe staffing levels.

Appendix F2 – Care Group Narrative

Women's and Children's

For the Period Ending June 2019

June

WACS	2019/20	In Month			Year To Date			Forecast		
	budget	Budget	Actual	Var	Budget	Actual	Var	Budget	Actual	Var
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Clinical Income	(32,808)	(2,648)	(2,572)	(76)	(8,102)	(7,881)	(221)	(32,808)	(32,384)	(424)
Income	(405)	(34)	(36)	3	(101)	(109)	8	(405)	(437)	32
Pay:- Substantive	27,992	2,461	2,488	(28)	7,440	7,412	28	27,992	28,247	(255)
Pay:- Bank	374	32	109	(77)	95	278	(183)	374	1,111	(737)
Pay:- Agency	1,679	175	206	(32)	483	585	(101)	1,679	2,114	(435)
Non Pay Expenditure	1,406	133	148	(15)	400	425	(24)	1,406	1,498	(92)
Net I&E Position	(1,761)	118	343	(225)	215	709	(494)	(1,761)	150	(1,911)

Clinical Income - at the end of Q1 is behind plan by £221k, in terms of both volume and associated income. Within this value, £159k relates to O & G and £62k to Paediatrics, both areas being driven mainly by an under achievement of NEL activity.

Pay - Pay is overspent by £256k YTD. This includes an over establishment of Health Care Assistants and a continued reliance on bank and agency to cover vacancies and sickness across both medical and nursing/midwifery areas. The YTD position also includes £27k in respect of substantive consultant arrears due to a correction to the pay of 3 consultants. The community budgets transferred to the care group from 1st April report a cost pressure of £15k which is currently being reviewed in comparison with overall Community Q1 position.

Non Pay - the WACS non-pay budget is £24k overspent YTD though some of this is offset by care group income which has over achieved by £8k YTD. The remaining cost pressure is driven mainly by transport costs.

Appendix F2 – Care Group Narrative

Core Clinical

For the period ending June 2019

June										
CCS	2019/20 budget £'000s	Budget £'000s	In Month Actual £'000s	Var £'000s	Budget £'000s	Year To Date Actual £'000s	Var £'000s	Budget £'000s	Forecast Actual £'000s	Var £'000s
Clinical Income	(41,223)	(3,381)	(3,253)	(127)	(10,215)	(10,163)	(52)	(41,223)	(41,171)	(52)
Income	(2,762)	(434)	(521)	86	(846)	(898)	52	(2,762)	(2,759)	(3)
Pay:- Substantive	33,518	2,965	3,083	(118)	9,086	9,384	(299)	33,518	35,864	(2,346)
Pay:- Bank	242	17	30	(12)	60	89	(29)	242	336	(94)
Pay:- Agency	945	90	(110)	200	270	416	(146)	945	1,442	(497)
Non Pay Expenditure	42,840	3,807	3,870	(63)	10,986	10,809	177	42,840	40,750	2,090
Net I&E Position	33,560	3,064	3,099	(35)	9,340	9,637	(297)	33,560	34,462	(902)

Clinical income is £52k underachieved at the end of Month 3; excluded drug income is down by £127k with only a partial offset against excluded drugs spend (£88k) for the same period. Diagnostic activity remains high against plans due to demand, with a £59k income over achievement at the end of June.

Core Clinical have a significant accrual, £488k, in non clinical income, relating to the successful insurance claim following the MRI breakdown at FGH in October 2018. Cash is expected in for this in July. This has contributed to a significant non clinical income overachievement at the end of Month 3.

The bulk of the pay pressure (£474k YTD) relates to continued agency use across services to support capacity and cover vacancies, sickness and maternity leave. Premium pay within Pharmacy is still the most significant area as support required for DMARD, EPMA and CQC improvements has not dwindled. Successful recruitment to 4.00 wte Radiology Fellows via the Global Health Programme has caused an increase in substantive Medical and Dental pay costs in May and June. Reductions in other costs such as agency and outsourced reporting will follow over the coming weeks and will be closely monitored to ensure this happens in line with expectations.

Radiology insourcing has increased in June due to demand; the year to date pressure on the purchase of healthcare budget overall is £83k. Costs within the Pathology Managed Service are also increasing, with a pressure at the end of June of £75k. Pathology are undertaking a deep dive into the area to understand what is driving the increase.

Appendix F2 – Care Group Narrative

Estates and Facilities

For the Period Ending June 2019

June										
Estates & Facilities Care Group	2019/20	In Month			Year To Date			Forecast		
	budget £'000s	Budget £'000s	Actual £'000s	Var £'000s	Budget £'000s	Actual £'000s	Var £'000s	Budget £'000s	Actual £'000s	Var £'000s
Clinical Income	0	0	0	0	0	0	0	0	0	0
Income	(5,314)	(427)	(420)	(7)	(1,285)	(1,225)	(60)	(5,314)	(5,131)	(183)
Pay:- Substantive	15,339	1,319	1,337	(17)	4,040	4,095	(55)	15,339	15,451	(113)
Pay:- Bank	47	4	18	(14)	11	55	(44)	47	212	(165)
Pay:- Agency	0	0	0	0	0	0	(0)	0	2	(2)
Non Pay Expenditure	14,912	1,257	1,273	(16)	3,797	3,955	(158)	14,912	14,863	49
Net I&E Position	24,984	2,153	2,207	(54)	6,564	6,881	(317)	24,984	25,397	(413)

Catering Income has been under pressure from reduced servery space pending refurbishment at RLI which is scheduled for late this year.

Bank pay has been needed to cover sickness and maternity and there have been on call payments to senior staff covering band 5 rota.

Pressures on Community properties that transferred from Blackpool Teaching as increased costs on invoice received (awaiting breakdown for analysis and are currently in dispute).

There are also pressures on the Gowns contract and from Ambulances - both where demand arises from elsewhere in Trust making cost control difficult.

Appendix F2 – Care Group Narrative

Community

For the Period Ending June 2019

June										
Community Care Group	2019/20 budget £'000s	Budget £'000s	In Month Actual £'000s	Var £'000s	Budget £'000s	Actual £'000s	Var £'000s	Budget £'000s	Actual £'000s	Var £'000s
Clinical Income	(34,275)	(2,856)	(2,861)	5	(8,568)	(8,574)	6	(34,275)	(34,295)	20
Income	(172)	(12)	(24)	11	(43)	(80)	37	(172)	(319)	148
Pay:- Substantive	25,412	2,138	2,046	92	6,524	6,236	288	25,412	24,710	702
Pay:- Bank	67	4	62	(58)	17	176	(159)	67	705	(638)
Pay:- Agency	5	0	6	(5)	1	8	(6)	5	31	(26)
Non Pay Expenditure	2,110	191	173	17	586	604	(18)	2,110	2,073	37
Net I&E Position	(6,852)	(536)	(598)	62	(1,483)	(1,629)	147	(6,852)	(7,095)	243

Community CG underspent by £62k in month, bringing the YTD underspend to £147k.

Income generation was 16k better than plan in month. Funding from HEE was again above plan, as was income associated with diabetic pumps.

Pay was £29k underspent in month. At a high level this was due to vacancies across the CG. There was however an overspend of £58k on bank staff, this was due to covering of several vacancies, staff training and sickness.

Non Pay was £17k underspent in month. £12k underspent on FP10s; invoice came in lower than anticipated, we also reduced a historic accrual.

CIP was slightly overachieved due to the early commencement of procurement cross cutting schemes.

Appendix F2 – Care Group Narrative

Corporate

For the Period Ending June 2019

June										
Corporate	2019/20 budget £'000s	Budget £'000s	In Month Actual £'000s	Var £'000s	Budget £'000s	Year To Date Actual £'000s	Var £'000s	Budget £'000s	Forecast Actual £'000s	Var £'000s
Clinical Income	0	0	0	0	0	0	0	0	0	0
Income	(3,493)	(302)	(321)	19	(879)	(906)	28	(3,493)	(3,625)	132
Pay:- Substantive	24,488	2,079	2,034	45	6,292	6,102	190	24,488	23,672	816
Pay:- Bank	41	3	21	(18)	10	64	(53)	41	254	(214)
Pay:- Agency	0	0	18	(18)	0	47	(47)	0	56	(56)
Non Pay Expenditure	19,246	1,644	1,737	(93)	4,884	5,111	(228)	19,246	20,398	(1,152)
Net I&E Position	40,282	3,424	3,490	(66)	10,307	10,418	(111)	40,282	40,756	(474)

Non Clinical income is £28k YTD over achieved. This is due to higher than planned income within Occupational Health and a one off donation to the Volunteer service within Corporate Nursing of £10k.

Pay is £89k YTD underspent which is driven by the large number of vacancies being held within the Corporate Directorates across all areas. Agency usage has been used for short term projects and is not expected to continue into the next quarter.

Non pay is £228k YTD overspent. The level of usage in security guards & devices is £37k YTD overspent which is up by 61%, if a direct comparison is made with the same quarter last year. Administration expenses within a number of corporate areas are £37k YTD overspent. International nursing recruitment fees and trust relocation expenses are £18k YTD overspent, due to the Trust's recruitment strategy.

Appendix F2 – Care Group Narrative

Appendix F3 – Balance Sheet

	Opening Balance 01 Apr 19 £m	Prev Mth Balance 31 May 19 £m	Curr Mth Balance 30 Jun 19 £m
NON CURRENT ASSETS			
Property Plant & Equipment	159.8	161.4	161.0
Intangible Assets	0.7	0.7	0.7
Other Assets	2.9	3.0	3.0
Total Non Current Assets	163.4	165.1	164.7
CURRENT ASSETS			
Inventories	3.7	3.5	3.7
Trade & Other Receivables	15.1	10.0	14.0
Cash & Cash Equivalents	2.4	1.6	1.8
Total Current Assets	21.2	15.1	19.5
CURRENT LIABILITIES			
Trade & Other Payables	(31.3)	(38.3)	(45.0)
Current Borrowings	(56.9)	(57.4)	(57.6)
Current Provisions	(0.2)	(0.2)	(0.2)
Total Current Liabilities	(88.4)	(96.0)	(102.8)
Net Current Assets/(Liabilities)	(67.2)	(80.9)	(83.3)
Total Assets less Current Liabilities	96.2	84.3	81.4
NON CURRENT LIABILITIES			
Borrowings	(179.1)	(178.6)	(178.6)
Provisions	(2.2)	(2.2)	(2.2)
Total Non Current Liabilities	(181.3)	(180.8)	(180.8)
TOTAL ASSETS EMPLOYED	(85.1)	(96.5)	(99.4)
TAXPAYERS EQUITY:			
Public Dividend Capital	150.2	150.2	150.2
Revaluation Reserve	39.8	39.8	39.8
Retained Earnings (Prior Years)	(275.1)	(275.1)	(275.1)
Retained Earnings (In Year)		(11.4)	(14.3)
TOTAL TAXPAYERS EQUITY	(85.1)	(96.5)	(99.4)

Non Current assets

There have been other capital additions of £0.8m and depreciation charged of £1.2m in the month.

Current Assets

Within Trade and Other receivables there is income accrued for PSF and FRF income at £3.7m. Cash levels have reduced due to the pressure on cash resources and are now at the minimum level permitted by NHSI of £1.560m.

Current Liabilities

Trade Payables have increased by £13.7m since March. This includes £7m income in advance from MBCCG, a £5.1m increase in Payables and a £1.6m increase in pay related Payables. Payment runs are being limited in line with cash resources available.

Current borrowings includes £54.4m due to be repaid to DHSC in the final quarter of 19/20. The increase of £0.3m relates to interest payable which is shown as part of the loan values. It is anticipated that the repayment terms of these loans will be extended but this has not yet been confirmed with DHSC.

Non Current Liabilities

Non Current Borrowings have reduced in respect of a capital loan repayment made to DHSC in May of £0.3m. Further repayments of capital loans are due in months 5, 7, 8 and 11. No new loans have been drawn down.

**THIS PAGE IS INTENTIONALLY
BLANK**



BOARD OF DIRECTORS

Date of Meeting	24 July 2019		
Title	Review of Quarter 1 Operational Plan Priorities		
Report of	Aaron Cummins Chief Executive		
Prepared by and contact details	Suzanne Hargreaves, Interim Assistant Strategy Director suzanne.hargreaves@mbht.nhs.uk Paul Jones, Company Secretary paul.jones4@mbht.nhs.uk		
Status of Report	Public ☒	Private ☐	Internal ☐
Purpose of Report	For Decision ☐	For Assurance ☒	For Information ☐
Summary	The purpose of this report is to provide the Board with an opportunity to review progress during Quarter 1 against our portfolio priorities aligned to the 5 P's. This is a new process for 19/20 and will be repeated at the end of each quarter. The process will be enhanced as we progress through this year. The process will form part of the governance and assurance structures of the Trust and will be linked to the Board Assurance Framework. This review has been undertaken with all of the Executive Directors and with our Care Groups. Non-Executive Directors have been invited to feedback and comment on the role the assurance committees have played in discussing, monitoring these priorities within the general business of the committees.		
Recommendation	The Board of Directors is asked to consider the contents of the report and:- 1. Ensure the Key Actions listed above inform priorities and assurance committee agendas 2. Agree changes to the BAF following the Q1 review 3. Agree any amendments to Quarterly Review process for the Q2 review due to the October Board		
Links to Corporate objectives	All		
Links to Strategic and Clinical Risks	All		
Impact	Delete Yes or No as appropriate	Yes	No
	Quality and Safety	X	
	Legal	X	
	Financial	X	
	Human Resources	X	
	Equality and Diversity		X
	Engagement and Communication	X	

	If yes, please give additional information	
Reports previously considered by	Executive Directors Group	

UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST

Review of Quarter 1 Operational Plan Priorities

Key Messages from Review of Quarter 1 Operational Plan Priorities

At the meeting the Chief Executive will present a detailed review of Quarter 1 Operational Plan Priorities. The key messages are as follows:-

What's gone well in Q1?

- Strong start to the year with regards our partnership agenda – particularly General Practice, District Councils and the work of BHCP. Continue to contribute well to ICS agenda.
- Positive response from our leadership teams in taking forward actions from the CQC review – governance review nearing completion and action plan in train
- Refreshed strategy now in place and key pieces of work progressing well – research, patient experience & colleague experience strategies completed
- Ahead of our trajectories for targeted recruitment and good progress on leadership appraisals and mandatory training
- System wide Urgent Care Recovery Plan created with core partner commitment and evidence of improvement work having a positive impact
- Key capital projects – FGH Emergency Department and Resus, WGH Theatres and Mental Health cubicles at RLI Emergency Department all on track to complete summer'19

Issues highlighted in Q1

- Financial Position – although good early CIP delivery & budget control the development of CIP schemes needed to achieve the control total in the latter half of the year are behind trajectory
- Operational performance – we are behind trajectory for ED performance and concerns with OP Backlog and diagnostic performance related to workforce and equipment failure
- Capital investment – we are yet to receive feedback on our emergency capital bid which will impact on both financial and operational improvement
- Colleague sickness remains above trajectory over the quarter
- Uncertainty regarding the impact of County Councils budget reductions in year
- Transition of senior leadership in Lancaster University has stalled some of the work needed to progress the research and innovation agenda

- ☐ Departure of the Medical Director and recruitment to critical post over the summer

Key Actions Resulting from Q1 Review

- ☐ Financial recovery plan being mobilised, including Bay Health & Care Partners and ICS work
- ☐ Mobilise the system wide urgent care recovery plan via AEDB
- ☐ Board session July 2019 to finalise and implement governance & assurance improvements
- ☐ Escalate through NHSI/E leadership to gain approval for emergency capital bid
- ☐ Ensure CQC action /improvement plan embedded in the Care Group & Corporate delivery plans with appropriate assurance oversight
- ☐ Set up BHACP session for September 2019 to consider our long term plan and future partnership development options
- ☐ Medical Director Recruitment

Recommendations

1. Ensure the Key Actions listed above inform priorities and assurance committee agendas
2. Agree changes to the BAF following the Q1 review
3. Agree any amendments to Quarterly Review process for the Q2 review due to the October Board



BOARD OF DIRECTORS

Date of Meeting	24 July 2019		
Title	CQC Improvement Plan Update		
Report of	Andrea Willimott Director of Governance		
Prepared by and contact details	Andrea Willimott Director of Governance		
Status of Report	Public ☒	Private ☐	Internal ☒
Purpose of Report	For Decision ☒	For Assurance ☒	For Information ☐
Summary	The paper provides an update on the Trust CQC Improvement Plan following the published CQC Inspection Report in May 2019 and the last Board update provided in June 2019. A copy of the CQC Improvement Plan will be circulated separately.		
Recommendation	The Board is asked to: - Note the progress since the last Board report - Endorse the approach outlined in the report		
Links to Corporate objectives	Patients: Our patients will be treated with compassion, dignity and respect. Their experience is our most important measure of achievement. People: Our staff and volunteers are the ones who make a difference. They understand and share our values and this is reflected in their work. Partnerships: Our partnerships make us strong. By investing in them, we will deliver the best possible care to our communities. Performance: Our performance drives our organisation. Providing consistently safe high quality care is how we define ourselves and our success. Progress: Our progress will be improved through innovation, education, research and technology to meet the challenges of the future.		
Links to Strategic and Clinical Risks	- Becoming the provider of choice for excellence with safe and effective patient care - Getting staff truly engaged in how the Trust works		
Impact	Delete Yes or No as appropriate	Yes	No
	Quality and Safety	X	
	Legal	X	
	Financial	X	
	Human Resources	X	
	Equality and Diversity		X
	Engagement and Communication		X
	If yes, please give additional information		
Reports previously considered by	N/A reported directly to Workforce Committee		

UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST

CQC Improvement Plan Update

Actions taken and update

1. The paper provides an update on the Trust CQC Improvement Plan following the published CQC Inspection Report in May 2019 and the last Board update provided in June 2019.
2. Following a full round of Assurance meetings, Performance Meetings, Care Group review meetings and a data run from TMS the improvement plan has been up dated and a locked version will be circulated to the Board, published and shared with staff, the public and key stakeholders. This process will be replicated monthly.
3. There are 143 recommendations and over 800 actions. Through the meetings outlined above good progress is being made in all areas , some revisions to actions and re-alignment of actions has been made and will continue to be made as this is a live improvement plan and will continue to operate in this way. Please see slide 10 of the improvement plan which provides a visual summary of the open actions and progress against plan. Please note that some areas such as estates are part of a longer term plan and closure of recommendations will take some time in the new assurance of sustainability approach.
4. A number of actions have been closed as completed from previous reports where these re-occur in the new plan. For ED and Medicine good progress in implementation actions has been made but the embedding of the actions and ability to close actions will take longer.
5. Last week a Harms Free day was held by the Trust, led by the Chief Nurse and her team, which brought together senior managers and nursing staff to refocus on all elements of harm free care and gain a commitment to reduce harm. This encompassed the back to basics areas such as medicines management and updated the nursing teams on the revised Quality Review meetings.
6. The first meeting with the CQC Relationship Manager, following the submission of the Improvement Plan was scheduled to take place on 27 June 2019, this meeting was cancelled by the CQC Relationship Manager, and the next meeting is scheduled for 25 July 2019.
7. There is a current handover of CQC Relationship Management of the Trust from the North East to the North West to align with ICS boundaries.
8. Quality Review meetings have been relaunched with an initial visit on June 24th at the UTC WGH and then further dates planned and released through to December 2019. A full schedule is available and there is opportunity for reviewers to book directly onto scheduled visits moving forward.
9. Ongoing work & communication with wider partners and stakeholders to drive the wider system work.

Thematic Pieces

10. The Trust has a number of established programmes of work which have an Executive assigned lead and connect to wider partnership solutions for delivery and are progressing and report directly through to Board.
11. They are the :-
 - **Urgent Care Recovery plan**- This was approved by the A&E Delivery Board in June and reported through to Board as part of the Director of Operations report in June.
 - **Financial Recovery Plan**- The Sustainability and Financial Recovery Plan (SFRP) set out high level plans to improve the financial sustainability of both the Trust and the System. For 2019/20 a plan is in place which track progress to date, actions now being taken, and those that will form the key platform for improvement through 2019/20, whilst recognising the impact of the new long term plan for the NHS and the new allocation of resources. A focussed session took place at Board last month and reports monthly through Finance and Performance Committee and through to Board.
 - **Deloitte Governance Review**- The Trust has commissioned Deloitte to undertake a Governance Review, the work has been completed and reported through to Board in June and in July the Board is working through options and actions for delivery.
 - **Trust wide Workforce requirements** which include Safeguarding, DoLS, Mental Health, appraisal and Mandatory Training- all tracked through Committees and exception reporting to the Board.

Recommendation

12. The Board is asked to:
 - Note the progress since the last Board report
 - Endorse the approach outlined in the report

THIS PAGE IS INTENTIONALLY
BLANK



BOARD OF DIRECTORS

Date of Meeting	24 July 2019		
Title	Towards Inclusion – Annual Update		
Report of	David Wilkinson, Director of People and OD		
Prepared by and contact details	Karmini McCann, Assistant Director of Workforce (Inclusion & Engagement) Karmini.McCann@mbht.nhs.uk Barry Rigg, Head of Service Inclusion & Diversity Barry.Rigg@mbht.nhs.uk		
Status of Report	Public	Private	Internal
	☒	☐	☐
Purpose of Report	For Decision	For Assurance	For Information
	☐	☒	☒
Summary	We want to be the best, and believe that being 'Effortlessly Inclusive' is at the heart of how UHMB will be a Great Place to be Cared for; a Great Place to Work. In September 2016, the Trust Board approved a five year Inclusion and Diversity Strategy, which was developed in partnership with the Trust's inclusion networks. This set of documents represents a year three update on that strategy. Year three (2018/19) of strategy implementation has seen a continued commitment to delivering on the effortlessly inclusive ambitions. Recognition for this progress has been seen, not just in the improvement of a number of metrics relating to colleague experience, but external benchmarking including 7th place in the Top 50 Inclusive Companies list. Nevertheless, there are a number of areas where the current experience of colleagues and patients falls short of the standard we aim for and the need for improvement is recognised. This report includes the annual submissions for the following national performance standards which are included in the Board of Directors' Reference Pack (item 54i): • Workforce Race Equality Standard • Workforce Disability Equality Standard • Gender Pay Reporting • Equality Delivery System 2 stakeholder assessment In addition, the Trust's locally developed Sexual Orientation Workforce Equality Standard is included in the Board of Directors' Reference Pack. Also highlighted in the report are the Trust's plans for 2019/20.		
Recommendation	The Group is asked to: 1. Note the contents of the annual report and supporting papers;		

	2. Support the action plans and national submission		
Links to Corporate objectives	Ensure the Trust has a motivated and engaged workforce, in sufficient numbers and appropriately trained, to deliver the Trust’s vision, values and objectives to be a “great place to be cared for, great place to work.		
Links to Strategic and Clinical Risks	Bullying – Inability to provide workplaces free of bullying, harassment and discrimination will lead to a deterioration in employee experience and a subsequent increase in patient quality and safety harms.		
Impact	Delete Yes or No as appropriate	Yes	No
	Quality and Safety	X	
	Legal	X	
	Financial	X	
	Human Resources	X	
	Equality and Diversity	X	
	Engagement and Communication	X	
	If yes, please give additional information	Organisations who are able to provide a workplace and services which are genuinely inclusive, see benefits in performance, reputation, recruitment and staff motivation.	
Reports previously considered by	Inclusion and Diversity Steering Group – June 2019 Workforce Assurance Committee – July 2019		



BOARD OF DIRECTORS

Date of Meeting	24 July 2019		
Title	Healthier Lancashire and South Cumbria Update		
Report of	Aaron Cummins Chief Executive		
Prepared by and contact details	Paul Jones, Deputy Director Corporate Governance and Company Secretary paul.jones4@mbht.nhs.uk David Hayes Governance Apprentice, Office of the Company Secretary		
Status of Report	Public ☒	Private ☐	Internal ☐
Purpose of Report	For Decision ☐	For Assurance ☒	For Information ☐
Summary	Morecambe Bay is part of the Healthier Lancashire and South Cumbria Integrated Care System (ICS) (formally Sustainability and Transformation Partnership). The purpose of this report is to update the Board on the developments within the ICS since the last report to the Board.		
Recommendation	The Board of Directors is asked to consider and note the contents of the report.		
Links to Corporate objectives	The ICS will also support our ambitions for integrated care and improved health comes across the Bay area.		
Links to Strategic and Clinical Risks	The ICS supports our ambitions for quality and patient experience, partnerships, performance and colleague experience and aligns with both the strategic and clinical risk profile of the Trust.		
Impact	Delete Yes or No as appropriate	Yes	No
	Quality and Safety	X	
	Legal	X	
	Financial	X	
	Human Resources	X	
	Equality and Diversity		X
	Engagement and Communication	X	
	If yes, please give additional information		
Reports previously considered by	Not applicable		

UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST

Healthier Lancashire and South Cumbria Update

Key Messages from the Integrated Care System (ICS) Board

1. The role of the Integrated Care System (ICS) Board is to provide leadership, development and delivery of the overarching strategy for Lancashire and South Cumbria, oversight and facilitation of delivery of sustainability, and transformation and design of the future state of health and care.
2. Set out below are the key issues from the meetings of the ICS Board:
 - ☐ The Trust Board of Directors gave support to the ICS strategy on 29 May 2019. An update on this strategy was provided to the ICS Board on 3 July 2019. The report outlined the work needed to be undertaken between now and autumn 2019. The ICS Executive and other system leaders would continue to support the engagement process on the ICS strategic narrative. Further actions were planned by the ICS Executive to review the priorities of key workstreams and would be supported by Mike Farrar, Sir David Dalton and Richard Jones.
 - ☐ The ICS Estates Strategy is currently being updated. The update is a national requirement that needs to be submitted by 25 July. The development of an updated Estates and Infrastructure Strategy would be aligned to support service strategies.
 - ☐ The ICS Board received an update on recent discussions with senior system leaders and NHSE/I regarding the strategic direction of the Lancashire and South Cumbria Pathology Collaborative. The Board endorsed the Pathology Collaborative being formally embedded into the ICS governance arrangements, the recruitment of a Managing Director and Clinical Director to lead the programme and to receive future updates in respect of progress and decision making.
 - ☐ The ICS Board received an update on the 20 week population health management accelerator programme. Population health management is a core capability of a mature ICS in the NHS Long Term Plan Implementation framework and one of the key domains for supporting the development of Primary Care Networks and neighbourhoods. The Board supported the progress of the programme and a proposed roadmap for strengthening population health management capabilities across the system.
 - ☐ The ICS Board received the outcomes of a review of ICS governance. The purpose of the review was to ensure we have effective governance and partnership arrangements across Lancashire and South Cumbria Integrated Care System that helps us to plan and deliver services that address the needs of the population, and bring together partners to support the seamless integration of services. The Board endorsed the overall approach and direction of travel in strengthening governance and partnership working. Support for further engagement with partners was endorsed with comments requested by the end of

August 2019. Adoption of a final set of proposals is expected by the ICS Board in September 2019 and full implementation is planned to be complete by the end of the calendar year.

- The ICS Board noted a finance report on the month 2 outturn and updates on the system-wide cost improvement schemes for medicines management, MSK and back office functions.
- The Board received an update on Mental Health over the recent months, outlining issues that are attracting national and regional scrutiny and the publication of the Northumberland Tyne and Wyre Review of the Urgent Mental Health Pathway. Engagement events with organisational leaders, cares, service users and staff were held in May 2019. Local authority leader's events are also taking place.
- In response to the review further information is being provided about a longer term investment plan, with discussion ongoing between the commissioners, Lancashire Care Trust and other providers to confirm compliance with Mental Health investment Standard. The key action is that the existing Mental Health Oversight Group has been re-named the Mental Health Improvement Board.
- The ICS Board were presented with the Stroke Case for Change paper, outlining what needs to change across Healthier Lancashire and South Cumbria to provide better care for stroke survivors in hospital and in the community. Stroke forms part of the Long Term Plan (LTP) and there is a high level of ambition around improving timings for the initiation of stroke care, including the starting of thrombolysis as well as psychological and orthotic support. The paper advised that 75% of stroke survivors have cognitive impairment following a stroke, which can result in emotional anxiety and mood related disorders. The right complement of staff is not currently available in the community. The ICS Board noted the recommendations and supported the evaluation process. A paper is to be brought back to the ICS Board to demonstrate progress and to provide further detail about Hyper Acute Stroke Unites.
- A report on the case for changes was considered by the Trust's Quality Committee on 15 July 2019. The paper provides an update on the progress that is being made to reduce the unjustified variation in care provision and clinical performance outcomes in the acute phase and post-hospital stroke rehabilitation following the publication of the Case for Change paper. The report also presented the latest SSNAP data highlights an improved performance for Morecambe Bay with the Furness General Site achieving a B overall which is the first time this has been achieved. At the Royal Lancaster Site the results showed a C overall which is commendable due to the winter pressures.
- The planning guidance for 2019-20 which required Primary Care strategies to be developed by the end of June 2019. The Primary Care strategy will form part of the ICS Strategic Plan under development. An initial draft of the primary care strategy has been submitted to NHS England and improvement and has also been to Primary Care Board and Care Professionals Board. Feedback received to date has now been incorporated and this has also been circulated to the Joint Committee of CCGs for information. Several new steps have been suggested and since accepted by the ICS Board.

ICS Priorities for the Summer

3. Set out below are ICS priorities for the summer:

- ☐ 2019/20 Healthier Lancashire & South Cumbria Programme priorities to be agreed.
- Development of the Healthier Lancashire & South Cumbria Strategy is ongoing and remains a priority with the final submission date confirmed for November 2019. Partners within ICP's are currently engaging locally with the strategic narrative developed and the ICS has requested leads within ICPs to form part of the development over the coming months.
- ☐ Establishment of the initial ICS Programme Delivery Board.
- ☐ Lancashire & South Cumbria Estates strategy is due for submission in July.

Recommendation

4. The Board of Directors is asked to consider and note the contents of the report.



BOARD OF DIRECTORS

Date of Meeting	24 July 2019		
Title	Bay Health and Care Partners' Update		
Report of	Foluke Ajayi Chief Operating Officer		
Prepared by and contact details	Karen Kyle System Programme Director - BHACP		
Status of Report	Public ☒	Private ☐	Internal ☐
Purpose of Report	For Decision ☐	For Assurance ☐	For Information ☒
Summary	This paper presents an update on key activities for Bay Health and Care Partners workstreams with a focus on: a) Population Health b) Integrated Care Communities/ Community Engagement c) Clinical workstream updates – Accelerator pathways d) BHCP Workforce Strategy e) Digital workstream f) Primary Care Development g) Communication and Engagement		
Recommendation	The Board of Directors is asked to:- 1. note the contents of this paper 2. comment on the contents of this paper		
Links to Corporate objectives			
Links to Strategic and Clinical Risks			
Impact	Delete Yes or No as appropriate	Yes	No
	Quality and Safety		
	Legal		
	Financial		
	Human Resources		
	Equality and Diversity		
	Engagement and Communication		
	If yes, please give additional information		
Reports previously considered by			

UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST

Bay Health and Care Partners' Update

Introduction

- 1) This paper presents an update on key activities for Bay Health and Care Partners workstreams with a focus on:
 - a) Population Health
 - b) Integrated Care Communities/ Community Engagement
 - c) Clinical Workstream updates – Accelerator pathways
 - d) BHCP Workforce Strategy
 - e) Digital workstream
 - f) Primary Care Development
 - g) Communication and Engagement

Executive Summary

- 2) Over the last few months, eight Bay Health and Care Partners Primary Care Networks have been formed in order for practices to deliver the national Network Directed Enhanced Service (DES) which begins on 1st July 2019 and will see each PCN deliver extended hours services to their registered population and has the potential to recruit two new additional posts/roles into their PCNs. Building on the strong foundation of the Primary Care Networks, there is strong support to develop the local ICP Primary Care Strategy as part of the revised BCT strategy over the coming months.
- 3) There are some exciting proposals to support the development of the BHCP future workforce; within Primary Care there is support for the development of a Primary Care Academy. This is currently in the design phase but is believed to have the potential to reduce and resolve many of the current and future Primary Care Workforce pressures and risks. The Academy will focus upon Primary Care workforce but will work collaborate with BHCP colleagues and partners to ensure it is aligned and linked with pre-existing workforce areas and future developments. This will complement the work undertaken by Bay and Grange and Lakes ICCs who are working with the NHS Transformation unit to consider alternative workforce models, building upon the workforce and population that can be attracted and retained, thinking outside of traditional models and creating new and interesting roles
- 4) Members of the BHCP Leadership team, alongside wider local stakeholders, visited Wigan Borough Council in June to look at how the council had developed the transformative change programme; 'the Wigan Deal'. The team saw how the council had worked closely with its communities and key partners to completely transform and innovate their way of working to improve outcomes for the population and address key issues in health inequalities and financial challenges.

Population Health Update

Population Health Team Developments

- 5) The Population Health Team (PHT) held their away day on Tuesday 4th June and used the 'Art of Hosting' and the methods associated with this to develop their programme plan. Outputs from the day are as follows:-

- Developed a programme plan that details Morecambe Bay's Population Health high level actions and deliverables associated with these over the next 12 months;
 - Developed a mobilisation plan that details the timescales.
- 6) These will be presented to leadership team on Thursday 1st August with an accompanying briefing paper detailing the further work planned between August and September to develop the programme over a 3-5 year period with key stakeholders involved.
- 7) The PHT are in the process of establishing a 'Population Health Management Task Group' that reports to the Population Health Strategic Board so that as a MBHCP there can be a co-ordinated approach between Business Intelligence (BI), data science, epidemiologists and all of the key partners so that we can all work together in a smarter more joined up way and be clear about the data requirements and the resource required that will input into this agenda.

Hilary Cottam Visit

- 8) On Thursday 23rd May Hilary Cottam, who is an internationally acclaimed social entrepreneur, visited Morecambe Bay accompanying the Population Health Team around the Bay. Hilary's work in Britain and around the world has focused on collaborative and affordable solutions to some of the greatest social challenges of our time: challenges such as ageing, loneliness, chronic disease, good work and inequality. Hilary visited the following: The Well and Love Barrow Families in Barrow to understand the work that these grass roots community providers undertake and to provide her insights into the programmes.
- 9) Overall the key message that was taken away from Hilary's visit is that in its current functioning (based on the ideas first put forth in Britain by Sir William Beveridge in 1942 and then adopted around the world), the welfare state (intended to improve health, education, employment and social security), expressly designs out people's capabilities and relationships - instead it focuses on impersonal systems and rules. Sixty years on, the welfare state is failing its purpose and leaving people behind; we as a MBHCP system and wider need to think radically, innovatively and we need to do something different to bring about population health change that has relationships at the core. Further information on Hilary Cottam can be accessed via the following links:
- Hilary's TED talk can be found here: https://www.ted.com/speakers/hilary_cottam
 - Hilary's book can be found here: *Radical Help: How We Can Remake the Relationships Between Us & Revolutionise the Welfare State*

Wigan Deal

- 10) Hilary's visit was timely in that it preceded the Wigan Deal Visit Thursday 20th June. Hilary has been influential in inspiring radical and innovative change in Wigan Borough Council (WBC) and with key partners and she has worked closely with Wigan to completely transform and innovate their way of working to improve outcomes for the population. A number of key stakeholders from Bay Health and Care Partners visited Wigan to explore how this has impacted in reality.
- 11) The 'Wigan Deal' has transformed the way WBC work with communities across Wigan Borough, it was launched in 2013, by creating an informal contract between the council and residents and it led on to the 'Deal for the Future' of building strong, resilient communities up to 2020.

12) The Deal is an informal agreement between the council in partnership with a range of key agencies (such as CCG, Trusts, police) and everyone who lives or works there to work together to create a better borough. Wigan has committed to a series of pledges and in return has worked with residents and businesses to empower and enable them to play their part too. Through working together Wigan has saved £151m whilst seeing a positive turn in the curve on health outcomes (for example increased life expectancy) for the population across Wigan. The Deal has focused on the radical innovative change in the following areas: Adult Social Care; Businesses, Children and Young People; Health and Wellness. This work is ongoing and continuous - plans are currently under development to set intentions for the next ten years until 2030. Some practical examples of how Wigan has been innovative and transformed what they do are as follows:

- Promoting engagement events with the community - taking an actual green sofa into every community across Wigan (56 in total), 'plonking' it down and asking the community to turn up and asking them two questions; where do you see your community in ten years & how can we get there?
- Staff Behaviours – Committing the entire work force across Wigan to work together; work in a particular way with each other that promotes a culture of kindness and excellence and works with the community to empower and enable them with a focus on their assets using appreciative enquiry
- Having a strong appetite for risk - taking risks to be innovative and courageous. Support not blame if things don't go according to plan
- 'Real' investment (£10 million) into community groups / projects and teams of workers to support the community to help them get off the ground, be sustainable, help them apply for further funding opportunities and to stop them from falling over. This enables the community and the groups to provide vital community 'health and social care provision' at a fraction of the cost.
- Protection of vital services that support the culture and the infrastructure such as children's centres and libraries as they are viewed as foundational for health and wellbeing

13) Overall these asset based approaches to making change has led to a significant reduction in health inequalities in the last 5 years with improved life expectancy for men and women across the borough.

14) Next steps from the visit are to bring key partners back together to explore how the learning and understanding can be turned into practical and innovative change that benefits the population of Morecambe Bay.

Integrated Care Communities / Community Engagement

15) Integrated Care Communities (ICCs) have implemented their plans for quarter 1 and many have initiated work on identifying young people with complex conditions or disabilities and the aim is to have some good practice to showcase in a sharing event in October.

16) New work has commenced to align the work of ICCs and new Primary Care Networks (PCNs) which will come on stream in July 2019. There is work to do to fully understand how PCN footprints, priorities, resources and partnerships will come together in the coming year.

BHACP Workstream Update

17) An overview of the progress of the accelerator workstreams is outlined in table 1.

Clinical Workstream Updates

Table 1: BHCP workstream – Accelerator programmes

Service area	Key activities
Respiratory	□ Morecambe Bay Respiratory Network (MBRN) established monthly MDT meetings (ICC teams, specialist colleagues, hospital teams) held within North Lancashire and Barrow Town localities since November 2017; these resulted in a 41% differential in GP referral growth rate from Sep 2017 to Sep 2018 (33% reduction in MBRN practices versus 8% increase in non-MBRN practices) □ Business case was approved by the BHCP Leadership Team on 02/05/19 and funding was granted to partially roll-out the MBRN model in 2019/20. Re-scoping of model underway and updated implementation plan to be presented to BHCP Leadership Team on 4th July. □ The MBRN Leadership team is finalising the phased implementation plan for 2019/ 20 with colleagues across primary, community and acute care.
iMSK / Pain Management	• A permanent base for the iMSK service is under review • All clinics in the service are now on a single IT system (EMIS) reducing operational complexities. However, RTT tracking is being done manually until tracking system is in place. • Referral Assessment Service (RAS) launched on 28 May. Limited uptake by GPs in initial period and reminders are being sent to improve uptake. • First Contact Practitioner permanent services are being established in Bay and Ulverston ICCs with further pilots starting in Million and Barrow in September. • Pain Management pilots are underway in Heysham and Barrow assessing alternative methods of care for patients with Spinal, Joint and other forms of pain. This is being led by a Consultant Psychologist supported by a Physiotherapist with an interest in pain. • A hundred patient questionnaires have been sent out to existing patients to support PDSA work on triaging patients and onward signposting. • Outcomes and recommendations arising from the pilot will be presented in Q2 2019. •
Frailty	Falls & Fracture Neck of Femur (#NoF) • The Lorenzo based algorithm picked up patients from fracture clinics at RLI, FGH & WGH. 225 patients were identified, of which 75 patients were actually referred for DEXA. A case study will be developed in September, describing the service, approach and capture the number of patients diagnosed with Osteoporosis. Fracture Liaison will now move into business as usual. • #NoF at RLI - dedicated NOF room on ward 36 implemented with the aim of getting patient out of A/E in

	90mins. This has to be a confirmed fracture, with bloods and block to be completed prior. Within this room all assessments can be done plus starting Nutritional support. • Orthopaedic ANP will be trained to do the Facia blocks if they are unable to on the ward. Care Homes • The clinical model has been developed to fit into the financial envelope. Revised model, draft KPIs and targets to be agreed with CCG.
Diabetes	• Patient initiated Follow Up is now live within Diabetes speciality which is aimed at giving patients open access to the specialist services and the freedom to initiate their own follow up when the need arise. • Scoping of lifestyle modification options offered in Morecambe Bay completed. • Work on a Diabetes BI dashboard commenced.
Outpatients Programme	• Approximately 90% of required reduction of 13,788 outpatient follow up appointments has been identified through the workstreams and different options continue to be explored. • Work is ongoing with the acute care groups to establish how, when and where the proposed reduction will take place.

BHACP Workforce Strategy

Workforce Transformation Unit project

18) Workforce transformation support for out-of-hospital clinical models has been commissioned from the NHS Transformation Unit (TU) – this will support the development of BHCP's future workforce vision by helping to define and build the future workforce model. This will consider alternative workforce models, building upon the workforce and population that can be attracted and retained, thinking outside of traditional models and creating new and interesting roles. Through extensive stakeholder engagement the programme of support will help to:

- understand the implications of new pathways and models of care on the existing organisations' workforce and capacity;
- develop a set of skills and a framework for developing new types of roles, to better support patients with an integrated system; and
- create a sustainable future model for the workforce of BHACP.

19) This pilot programme will support the development of the Workforce Model across two of the Integrated Care Communities (ICCs) - Bay and Grange & Lakes. Initial stakeholder sessions were held on 16th May to ensure ownership of the approach. The session provided an opportunity to review and analysis data collated on the ICCs by the TU unit as well as allowing an opportunity to assess readiness for the TU programme. The Workforce Champion role is being recruited to over the summer, with associated training taking place over the autumn.

Workforce Strategy Group

- 20) The Workforce strategy group meeting has followed up from the inaugural meeting. The group received highlight reports setting out progress against work streams. The focus of the meeting continues to be ensuring that the strategic approach to workforce across the Bay is built on the principles of co-production. The next meeting will focus in its entirety on the development of the overarching Workforce Strategy.

DIGITAL WORKSTREAM

- 21) The following digital workstreams are progressing as outlined below:

- **System Wide Decision Support Tools (Advice & Guidance & Strata)**
Funding for the System Wide Decision making tool was expected to be released in April 2019 but this has still not been actioned, the latest update from NHS England indicates a release of money in September. Despite this the appointed project manager is currently working to develop links with all ICP's and with UHMB to be clear on the required implementation resources.
- **Integrated Care System Primary Care Exemplars** – work is continuing in line with the agreed plan with Bay Medical Group, Lancaster Medical Practice and East Integrated Care Community to implement iPlato patient triage functionality with an objective to digitally signpost patients to appropriate services based on their presenting condition.
- **Biophysical Data Capture** – work has continued to develop the functionality to allow Health Care Professionals to request and support patients to record personal biophysical data, including Blood Pressure, Oxygen Saturation, Peekflow, etc. within the iPlato MyGP app. This enables remote patient monitoring and the incorporation of patient recorded data into general practice patient record (as appropriate). The remaining issue relating to the transfer of blood pressure readings into EMIS has now been resolved and is currently being tested ahead of making this service more widely available to practices across Morecambe Bay.
- **GP Practice Record Data Sharing with North West Ambulance Service (NWS)** – work in Morecambe Bay to help NWS more effectively triage patients. To support and encourage NWS to fully understand the impact and benefits the Digital team has reengaged with NWS and shared the BHCP concerns on current levels of utilisation and the reasons for this, a further meeting has been arranged to review opportunities to address issues pertaining to utilisation.
- **Strata Supported by NHSI** –The rollout of Strata to general practice, as part of the wider implementation of Strata across Morecambe Bay, will commence during July supported by PRIMIS.
- **Citizen Engagement Platform** – the iPlato product has been deployed to all but 2 small practices covering approximately 99% of the population of Morecambe Bay. The dashboard below shows a further 3,874, patients have downloaded the MyGP app since the last update report however this appears to be an under representation with the true figure thought to be 6,266 patients (41,483 registered users), this inconsistency is being investigated. Work to facilitate access to GP records through the App has now been completed and gives rise to the opportunity to encourage practices to contact all existing patients using other App's such as Patient Access, Evergreen, etc. to suggest switching to use MyGP. With the added functionality the opportunity to invite all health and care staff resident in Morecambe Bay to download and use the MyGP app, and to encourage them to get their friends and family to do likewise, is increasingly timely. The ICS has also now agreed to adopt MyGP as a standard across all ICP's and has concluded commercial discussions with iPlato to facilitate this.



39,091 Registered patients Overall myGP Installations	87 Added Between 20/06/19 - 27/06/19	1,276 Appointments Booked 20/06/19 - 27/06/19	638 Appointments Cancelled 20/06/19 - 27/06/19	727 Using Medication Reminders 27/06/19	1,164 Using BP/Weight App Cards 27/06/19
--	---	--	---	--	---



- **Digital Strategy** –the draft digital strategy, in-line with the national ‘digital placemat’ format of Empower the Person, Support the Clinician, Integrate Services, Manage the System Effectively, Create the Future and Live Services & Infrastructure has been developed and will be reviewed by an initial subset of colleagues before wider circulation and review.

Population Health Management (PHM) 20wk Pilot – The 20 week Population health accelerator project has concluded and the team is in the process of feeding back the findings to colleagues in Primary Care and Mental health and the wider system. Responses to this will determine next steps. A short film will be produced to describe the work will be produced by Healthier Lancashire & South Cumbria and will be shared on social media.

During the 20 week period the following activities have been undertaken:

- Project specification developed, project team recruited, engagement initiated with practices
- Literature search specified and undertaken, results considered
- Data specification developed, data gathered, analysis undertaken
- Significant issues identified relating to clinical coding variation and data quality
- New patient letter, information leaflet and patient feedback questionnaire developed
- Data science approach adopted to identify and measure triggers causing depression proactively
- A new dashboard developed to identify patients with SMI who have not had a PHC
- Patient interviews undertaken and feedback collated

Primary Care Development

Primary Care Networks

- 22) The CCG has confirmed and approved eight Morecambe Bay Primary Care Networks (PCNs) and these have been supported by the Lancashire and South Cumbria ICS. The eight networks provide full population coverage of the Morecambe Bay population and are called: Barrow & Millom, Mid Furness, Grange & Lakes, Kendal, Western Dales, Carnforth & Milnthorpe, Morecambe and Lancaster. Each PCN has appointed a Clinical Director (CD) and work is underway to determine how the PCN CDs engage with the wider system via the pre-existing links with the GP Provider Alliance (GPPA).
- 23) The PCNs have been formed in order for practices to deliver the national Network Directed Enhanced Service (DES) which begins on 1st July 2019 and will see each PCN deliver extended hours services to their registered population and has the potential to recruit two new additional posts/roles into their PCNs. The new roles: - Social Prescribing link workers and Clinical Pharmacists are part funded by the DES. Discussions are underway with PCNs as to how these roles could be recruited, employed and supported within the system. Ultimately each PCN will determine if and how they recruit to these posts but a system offer of support is being investigated by CCG, GP Federation and UHMB.
- 24) The roles of PCNs will expand over the course of the 5 year DES contract to include seven key areas of delivery which will support the wider delivery of the NHS Long Term Plan triple aim. Service specifications relating to each of the seven below areas will be published in future years from April 2020 onwards:
- Structured Medications Review and Optimisation;
 - Enhanced Health in Care Homes, to implement the vanguard model;
 - Anticipatory Care requirements for high need patients typically experiencing several long term conditions, joint with community services;
 - Personalised Care, to implement the NHS Comprehensive Model;
 - Supporting Early Cancer Diagnosis;
 - CVD Prevention and Diagnosis; and
 - Tackling Neighbourhood Inequalities.
- 25) A further three workforce roles will be partially funded via PCNs to support the delivery of the above aims; these are physician associates, first contact physiotherapists and first contact community paramedics. Further details in relation to PCNs will be shared as the PCNs develop and begin to embed within the system.
- 26) Bay Health & Care Partners have issued a collective brief in relation to PCNs and ICCs which confirms the systems on-going support to both PCNs and ICCs. The document also reiterates the desire for PCNs and ICCs to align in the delivery of integrated primary and community care in the future in line with the Better Care Together Strategy.

Morecambe Bay Primary Care Strategy

- 27) Morecambe Bay CCG along with other stakeholders from across the Bay Health & Care Partnership began working upon a local strategy for Primary Care in August of 2018 with an aim to deliver the collaboratively designed strategy by April 2019. A number of baseline assessments were undertaken in relation to General Practice workforce, Estates and the

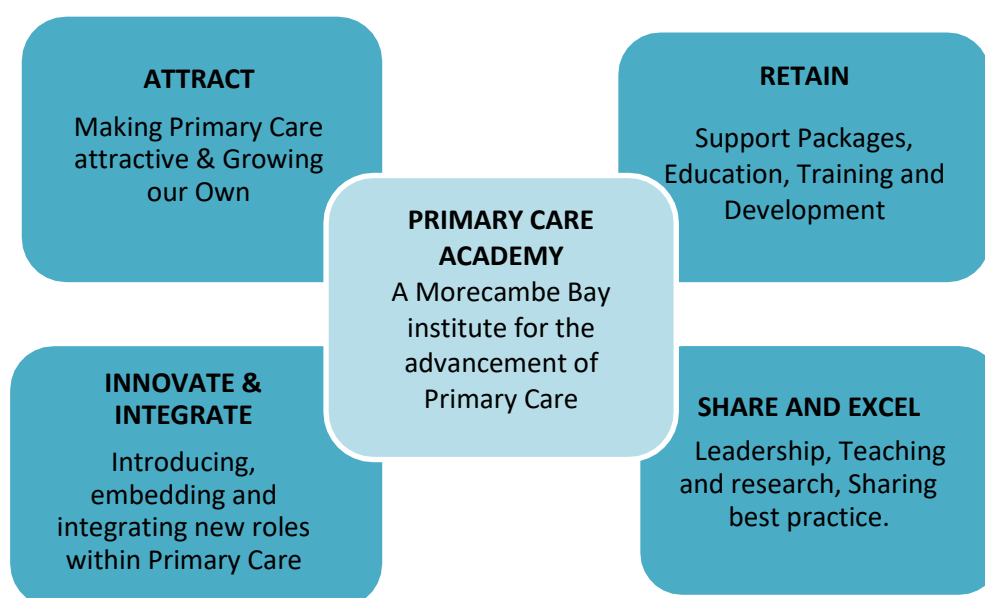
morale and resilience of current General Practice within Morecambe Bay. The findings from these assessments were presented to the Primary Care Practice Learning Time (PLT) group on 16th May 2019.

- 28) During the period of assessment and workup of the local strategy a number of national strategy documents were published by NHS England which would strongly influence the strategic direction of General Practice. In addition to this the Lancashire and South Cumbria ICS have developed a Primary Care Strategy upon which the CCG have commented and assisted in the design. The publications of these national and regional documents, along with a local ICP decision to review the Better Care Together Strategy, raised question as to the requirement for a separate ICP Primary Care strategy document.
- 29) The PLT attendees on 16th May (over 100 local GP Practice representatives, covering all eight PCNs) were supportive of the local ICP Primary Care Strategy being included within the revised Better Care Together Strategy on the understanding that the detailed work upon local Primary Care baselines and priorities was not lost, and was included within the revised Better Care Together Strategy. This position was supported by the CCG Executive Committee on 28th May 2019.

Primary Care Academy

- 30) The General Practice baseline assessment work undertaken as part of the Primary Care Strategy development demonstrated that there are a number of risks in relation to current and future resilience of the General Practice workforce. This has led to the early design of a Primary Care Academy which aims to expand and enhance the current Primary Care Workforce areas that the GP Federation have developed with the Enhanced Training Hub and to broaden the scope of the local Primary Care Workforce agenda to deliver upon the below areas:

Diagram 1: Primary Care Academy model



The above areas will be delivered, in part, by adopting the below approach to General Practice skill mix change.

Table 2: Primary Care Skill Mix Change Approach

Skill Mix Change	Description	Example
Enhancement	Increasing depth of a job by extending the role or skills of a particular group of workers	Advanced practitioners (nurse)
Substitution	Expanding the breadth of a job, in particular by working across professional divides or exchanging one type of worker for another	Clinical Pharmacists
Delegation	Moving up or down a traditional uni-disciplinary ladder	Physician Associate
Innovation	Creating new jobs by introducing a new type of worker	Social Prescribing Link Worker, Focused Care Worker

31) The Primary Care Academy is currently in the design phase but is believed to have the potential to reduce and resolve many of the current and future Primary Care Workforce pressures and risks. The Academy will focus upon Primary Care workforce but will work collaborate with BH&CP colleagues and partners to ensure it is aligned and linked with pre-existing workforce areas and future developments.

32) Further reports upon Primary Care Academy will be provided as the model emerges.

Communication and Engagement

33) Outlined below are the communications and engagement work that has been undertaken within BHCP.

Bay Health and Care Partners' Public Assembly

34) UHMBT has written to their public membership and asked all other BHCP partners to write to their members inviting people to join the BHCP public assembly. More than 300 people have asked to join, against a target set 1,000 by the end of the first year. A recruitment campaign is to be launched shortly.

35) Assembly members will be invited to attend public BHCP events and participate in engagements activities. The first formal Assembly event to be undertaken, to be led by non-

NHS individuals to discuss the priorities to be pursued by Better Care Together, is planned for August.

BHACP Newsletter

- 36) The summer edition of the BHCP newsletter will be released shortly. It has been put together by the System Programme Director, and the communications teams of UHMBT and MBCCG to reflect the latest work taking place. This will be distributed to stakeholders and be available in public areas during July.

Mindfulness Publicity

- 37) Bay ICC is supporting a mindfulness “singing for health” programme. There has been a number of groups launched under the programme publicised including: The Seagull Café for people over 60 years, and the Chameleons - for young people from 11 – 18 years.
- 38) Grange and Lakes ICC is introducing mindfulness into schools: Dr Andrea Baqai from Ambleside Health Centre has introduced mindfulness into schools across the ICC to support the mental health, emotional resilience and sense of wellbeing of young people.

BHACP Tea and Talk

- 39) UHMBT Chief Executive Aaron Cummins and Amy Williams from the Lancaster Medical Practice took part in a public tea and talk with students and staff at Lancaster University, answering questions, signposting and building partnership working. The event was a success with 18-20 students and staff taking part.

Transfer of Mental Health and Learning Disability Services

- 40) CPFT and LCFT continue to work together to manage communications and engagement relating to the transfer of Mental Health and Learning Disability services and TUPE staff from Cumbria Partnership Foundation Trust (CPFT) to Lancashire Foundation Partnership Trust (LCFT) by 1 October 2019.

Alfred Barrow Health Centre Official Opening

- 41) An opening to celebrate the bringing together of primary and community health services in the new Alfred Barrow Health Centre in Barrow in Furness is being planned for the autumn. Building work on the new £12m Centre is expected to be complete in August with patients being seen at the Centre from September.

Communications and Engagement 30/60/100 Day Plan

- 42) Following a 30/60/100 day plan to facilitate coordinated BHCP communications and engagement the first of monthly meetings for all staff in the UHMBT and CCG Communications and Engagement teams was held on 18 June. Working groups were established to pursue campaigns to reduce ‘Did Not Attend’ in both General Practice and Trust settings and to manage forthcoming winter communications planning. Both campaigns will be part of UHMBT’s War on Waste.
- 43) The group is also exploring how to establish shared storage drives, calendars and campaign schedules to progress effectively and efficiently work as a single team.

Recommendation

44) The Board of Directors is asked to:

- note the contents of this paper
- comment on the contents of this paper

**THIS PAGE IS INTENTIONALLY
BLANK**



BOARD OF DIRECTORS

Date of Meeting	22 July 2019		
Title	Car Park Improvements at the Royal Lancaster Infirmary		
Report of	'Foluke Ajayai Chief Operating Officer		
Prepared by and contact details	Tristram Reynolds, Associate Director Estates & Facilities Tristram.reynolds@mbht.nhs.uk		
Status of Report	Public	Private	Internal
	☐	☒	☐
Purpose of Report	For Decision	For Assurance	For Information
	☐	☐	☒
Summary	The Finance Committee and Board of Directors have already approved the search for a design, build, finance and operate partner to improve the RLI car parks. The Trust has now received full planning permission is able to proceed to tender for a partner, using a suitable procurement framework. The Finance Committee at its meeting on 22 July 2019 is reviewing in detail the proposed next steps for the development and improvement of car parking facilities at the RLI site and a further update will be given at the Board of Directors' meeting.		
Recommendation	The Board of Directors is asked to consider the reports and any recommendations from the Finance Committee.		
Links to Corporate objectives	People & Patients		
Links to Strategic and Clinical Risks	Improving the environment for patients and staff.		
Impact	Delete Yes or No as appropriate	Yes	No
	Quality and Safety	X	
	Legal	X	
	Financial	X	
	Human Resources	X	
	Equality and Diversity		X
	Engagement and Communication	X	
	If yes, please give additional information	See the report	
Reports previously considered by	Finance Committee & Trust Board		

UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST

Car Park Improvements at the Royal Lancaster Infirmary

Background

1. In April 2014 the Board approved a report which outlined how to increase car parking at the Royal Lancaster Infirmary (the RLI). This was a strategic objective under the Estates Strategy which was being formulated at the time, and pressure on the public carpark was so severe that a formal NHS complaint was being made every 3 weeks. Staff car parking was also inadequate, with over 3 members of staff chasing every available space.
2. The report considered
 - do nothing (Option 1),
 - improve the carparks with a DH loan if available (Option 2),
 - a design-build-finance-operate (DBFO) project (Option 3), by which a developer would develop the car parks at their own cost and then run them, collecting carpark income for a specified period until all costs were recovered plus profit
3. The Board supported Option 2 if a loan was available, and approved Option 3 as the more likely alternative. Department of Health advised (through the Independent Trust Financing Facility) that no loan could be provided for car park works, so the Trust pursued the design, build, finance and operate (DBFO) route and advertised for a partner in the Official Journal of the EU. However informal discussions with 7 interested bidders suggested that planning permission would be a hurdle, and that bidders would price that risk which the Trust could avoid if it handled planning permission and concept design itself. And they suggested that the car park design to be upgraded from a short-life deck system to a long-life concrete frame structure.
4. Pursuant to the advice received, the Trust first proposed a 500 space multi-storey on the Ashton Road patient car park but met considerable objections from nearby residents. The Trust then proposed a modest ground-level improvement for the patient car park with a multi-storey for staff on the existing car park behind Medical Unit 1. This met little objection from residents but generated design objections from City Council officers, and also objection to the principle of any extra car spaces at all from County Council officers.
5. The Trust has successfully designed away the City Council's objections, standing firm to achieve an 800 space car park as opposed to the much smaller one they were suggesting. The Trust has had to agree to a "planning gain" package of transport improvements to negotiate away the County Council's objection. The next steps were to conclude the Section 106 agreement covering these improvements, and planning permission was finally issued on 9 July 2019.
6. The planning gain package includes a number of environmental and Highway improvement schemes and support for a travel plan which includes park and ride facilities from the M6 junction 34 car park to Springville House.
7. The overall cash cost will be around £600k over 4 years, payable by the DBFO partner who will implement the permission and not by the Trust. None of the sums are payable unless the Trust decides to go ahead with the scheme. Permission will lapse in November 2022 if no work has started before then.

Delivering the Scheme

8. The Finance Committee approved in January 2018 the search for a DBFO partner once planning permission was issued, and the principles of the DBFO specification.
9. The specification and the procurement framework and associated risks will be discussed at the Finance Committee on 22 July 2019 with an update given at the Board of Directors' meeting.

Recommendation

10. The Board of Directors is asked to consider the reports and any recommendations from the Finance Committee.

**THIS PAGE IS INTENTIONALLY
BLANK**



BOARD OF DIRECTORS

Date of Meeting	24 July 2019		
Title	Research, Innovation and Development Update		
Report of	David Walker Medical Director		
Prepared by and contact details	Margaret Cooper – Associate Director of Research and Development - 01524 516481		
Status of Report	Public ☒	Private ☐	Internal ☐
Purpose of Report	For Decision ☐	For Assurance ☐	For Information ☒
Summary	This report provides a brief update on the progress in delivering the vision for research, development and innovation to be a central and strategic role supporting the Trust and our Health and Care Partners to be a high performing health economy by 2021. Key areas of progress are as follows: New working relationships with external partners, both academic and commercial are now leading to an increase in locally led trials. The development of a single research office, with Lancaster University, has facilitated an increase in capacity and capability to support or run trials. New commercial activity is taking time to embed and develop and remains a fundamental area of focus for future development. Work is progressing with smaller companies to facilitate income generation, rather than relying on larger commercial contract research. The loss of the regional North West Coast Clinical Research Network (NWCCRN) funding, has left a gap and the work of the team is vulnerable to further reductions in income going forward. A number of applications have been submitted for locally led awards in support of mitigating against any loss of income for the team and reducing the reliance on Network funding.		
Recommendation	The Board of Directors is asked to: - note the contents of this paper - comment on the contents of this paper		
Links to Corporate objectives			
Links to Strategic and Clinical Risks			
Impact	Delete Yes or No as appropriate	Yes	No
	Quality and Safety		

	Legal		
	Financial		
	Human Resources		
	Equality and Diversity		
	Engagement and Communication		
	If yes, please give additional information		
Reports previously considered by			

UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST

Research, Development and Innovation Update

Introduction

1. Our vision is that Research, Development and Innovation will play a central and strategic role in establishing UHMB and our partners as a high performing health economy by 2021. The goal of the research and innovation strategy is to deliver research for all, by significantly increasing opportunities for all patients and staff to participate in high quality research studies. The strategy received Board approval late last year and this is the latest update on our progress.

Delivering the Strategy

2. We plan to realise our goals through four key enabling programmes which are:
 - a) Increasing capacity and capability for high quality research by creating, supporting and developing a cohort of clinicians and managers
 - b) Contributing to world-class research infrastructure with our academic partners
 - c) Wealth creation and innovation
 - d) Research engagement and support
3. Each of these programmes has several performance metrics, which are usually linked to national targets. Our progress to date, against these metrics, is described further in this document.

Capacity

4. Our key metrics were;
 - a) To increase the number of local National Institute for Health Research (NIHR) speciality leads. We currently have one in post, Dr Marwan Bukhari, as MSK lead. We will continue to submit applications for any open calls if we feel we have suitable applicants.
 - b) To ensure that the Medical Director, as lead Exec, regularly updates board regarding R&D progress to strengthen clinical engagement and oversee research governance/oversight. The Board receives quarterly updates and the newly instigated, R&D Committee reports via the Quality Committee.
 - c) To increase number of junior medical, nursing, AHP and scientific staff involved in clinical academic programmes, ensuring all research fellows receive accredited research training. To date we have six nursing, midwifery and AHPs in receipt of NIHR research training awards, including a highly competitive research scholarship award from the local North West Coast Clinical Research Network (NWCCRN).
 - d) To appoint two substantive Trust Lead Research Nurses, and develop and sustain the flexible research workforce, with. 80% of research staff to have permanent contracts by March 2019. We have two new nurses in post and 74% of our staff are on permanent contracts. This has meant we are ensuring better retention of staff and succession planning.

Infrastructure

5. Our Key metrics were;

- a) To ensure all dedicated research staff are based together, as one team. All staff are now based in Pointer Court. This includes clinical and non clinical support staff. This has enabled cross cover for studies and ensured there is a supportive environment to develop more junior staff.
- b) To develop a cohort of recognised research-active staff from all professions with new clinical specialities recruiting to NIHR portfolio trials. We are now developing a patient safety cohort of studies led by the Associate Director of Nursing, Kim Wilson and Mr Herlekar has three new orthopaedic trials now open. There are several surgical teams keen to open new trials and new principle investigators from areas such as A&E and ophthalmics.
- c) To set up a Tissue Bank either as a standalone unit or as a satellite to Lancashire Teaching, to enable storage of gifted samples post REC approval. We are struggling to find suitable space for the establishment of a Tissue Bank based at Lancaster, but discussions are taking place with Lancaster University to look at the provision of a shared facility, potentially based at the University.

Wealth Creation

6. Our Key metrics were;

- a) To increase the number of Chief Investigators (CI) for NIHR Clinical Research Network studies. At present we have one new nursing CI, two new medical and three new occupational therapists. We anticipate this number will grow with support from the core R&D Team and a closer working relationship with our university partners.
- b) To increase our regional ranking for number of interventional studies in NIHR Clinical Research Network (CRN) portfolio. At present approximately 40% of our research is considered interventional, this has increased slightly since 2017. We anticipate that this percentage will increase as we take on more commercial trials which are predominately interventional.
- c) To increase the value of research income with particular emphasis on commercial work. We have nine new commercial trials in set up, with seven Expressions of Interest (EOIs) awaiting response from the companies.
- d) To develop a strong engagement, marketing and development plan for life science industries, working with the Innovation Delivery Partners such as the Health Innovation Campus Team (HIC), the NIHR Clinical Research Network (CRN), and the Academic Health Science Network (AHSN). We are developing a strategy for working collaboratively with the HIC, including an innovation pathway to allow rapid access for SMEs to trial products within the NHS.
- e) To improve our regional ranking for number of patients recruited, and number of studies, in NIHR Clinical Research Network portfolio, from a 2017 baseline. Our recruitment overall has remained fairly consistent for the last five years, excluding several one off large scale studies. This year we are mid table for the region, but plan to be in the top six of twenty-one in the NWCCRN, by year end.
- f) To develop new working partnership with SMEs - Currently we have six SMEs linking with us to trial or develop their products. The Associate Director is based at in the HIC Team twice a month, to enable closer working relationships with the team and SMEs. This has proven most useful by enabling ideas or products to fail fast, allowing time for the really innovative products to be developed.

Engagement & Support

7. Our Key metrics were;

- a) To develop a joint Patient, Carer and Public involvement and Engagement strategy, including a campaign to promote research-active clinical services and a series of public and patient engagement forums. We have a small PPI group which has formed to support NIHR award applications. We hope to develop this further, linking in with our BCT patient research group, to develop larger more ambitious applications.
- b) To run a BCT Annual Engagement Event to promote opportunities for patients and staff to participate in research, and showcase our local activity. We have had two large Research Conferences, at Lancaster Town Hall, which have been very well received with the next planned for May 2020.
- c) To redesign the research pages of the Trust website and work with partners on a communications campaign to promote the Trust as an ambitious, research-intensive organisation. Our website has been redeveloped, although still undergoing some redevelopment and we now have a dedicated member of the communication team for research.
- d) To create a joint Research Office with the University and other ACS partners, which will coordinate NIHR and other infrastructure awards, provide research funding intelligence and a research governance service, research training, and coordinate management of research performance and output data. The Associate Director in part of the Research Services Team at Lancaster University, and is based there twice a month. This has led to the recent submission of three NIHR awards and enabled several new studies to be accepted on to the NIHR national portfolio.

Conclusion

- 8. We have been successful in achieving many of our objectives to date, but we risk losing external funding. This is particularly true for NIHR CRN funding, which has declined by 55K this year, due to a regional reduction in funding from the DH.
- 9. We have plans to develop our own locally led studies to mitigate the need for national studies, and also develop locally led funding applications which will allow for more autonomy in our choice of work. We aim to increase our successful NIHR funding awards as this gives us additional local research capability funding, of approximately 20-30% of the sum awarded. Our commercial portfolio remains small, but is increasing rapidly and now we have all our staff in place we hope that we will begin to see return on investment in terms of increased recruitment to new trials and increased income.

**THIS PAGE IS INTENTIONALLY
BLANK**



BOARD OF DIRECTORS

Date of Meeting	24 July 2019		
Title	Review of the Board Assurance Framework Quarter 1		
Report of	Sue Smith Deputy Chief Executive		
Prepared by and contact details	Paul Jones, Company Secretary (paul.jones4@mbht.nhs.uk ext46684)		
Status of Report	Public	Private	Internal
	☒	☐	☐
Purpose of Report	For Decision	For Assurance	For Information
	☒	☐	☐
Summary	At a meeting of the Board held on 27 March 2019 a review of Governance and Assurance Framework 2019/20 was undertaken. Amongst other things this included an outline Board Assurance Framework which had been developed in tandem with the production of the Operational Plan. During Quarter 1 the Board Assurance Framework has been developed through the Executive Directors' Group and the Assurance Committees. The revised Framework has been developed to reflect the findings of the Governance Review and the revised Framework has also been reviewed by the Audit Committee. The purpose of this report is present the Board Assurance Framework for Quarter 1. Board Assurance Framework (BAF) Update The Board Assurance Framework for Quarter 1 has been reviewed the relevant Assurance Committees in the latest cycle of meetings. All mitigations and work streams have been reviewed and more detailed information is contained in the full Board Assurance Framework. During Q2 specific actions have been agreed and will be included in the schedules of business for both the Board and the Assurance Committees. The Board Assurance Framework for Quarter 1 is attached. Any revisions recommended by the Finance Committee will be reported at the meeting. Further revisions might also be required following Q1 review discussion (Agenda Item 53 refers).		
Recommendation	The Board of Directors is asked to consider the contents of this report and; 1. Consider the Board Assurance Framework and the mitigations and the levels of assurance offered. 2. Agree the specific actions and areas of focus for Quarter 2		

Links to Corporate objectives	All		
Links to Strategic and Clinical Risks	This report forms part of the response to the CQC Report and the Governance and Assurance Framework		
Impact	Delete Yes or No as appropriate	Yes	No
	Quality and Safety		
	Legal	X	
	Financial		
	Human Resources		
	Equality and Diversity		
	Engagement and Communication		
	If yes, please give additional information		
Reports previously considered by	Executive Directors' Group and Assurance Committees		

UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST

Review of the Board Assurance Framework Quarter 1

Introduction

1. During the CQC Inspection Inspectors tested the governance arrangements of the Trust as part of the Well Led Assessment and highlighted a number of should do actions including undertaking a governance review. The areas to be reviewed included the Board Assurance Framework and Corporate Risk Register. (See Agenda Item 48)
2. Although MIAA concluded that *'The organisation's Assurance Framework is structured to meet the NHS requirements, is visibly used by the Board and clearly reflects the risks discussed by the Board'* it was agreed that as part of the external governance review an analysis of the Board Assurance Framework (BAF) would be undertaken. An extract from the review findings is enclosed at Appendix 1.
3. The purpose of this report is to present a revised Board Assurance Framework. This will help support the discussion at the forth coming Board Development Session.

Background

4. One of the roles of the board is to focus on those risks which may compromise the achievement of its high level strategic objectives. A good BAF will provide a structure and process which enables the organisation to focus on the significant risks; it also highlights any key controls that have been put in place to manage the risk and any areas requiring further action, it highlights sources of evidence or assurance and any gaps. The BAF is therefore the key source of evidence that links strategic objectives to risk and assurance, and the main tool that the Board should use in discharging its overall responsibility for internal control.
5. The Guidance, "Building the Assurance Framework: A Practical Guide for NHS Boards" March 2003 set out a list of elements which should form a good BAF and it was this list from which most BAFs have been developed. The elements are listed below:
 - Establish principal objectives (strategic & directorate).
 - Identify the principal risks that may threaten the achievement of these objectives – typically in the range of 75-200 depending on the complexity of the organisation.
 - Identify and evaluate the design of key controls intended to manage these principal risks, underpinned by core controls assurance standards.
 - Set out the arrangements for obtaining assurance on the effectiveness of key controls across all areas of principal risk
 - Evaluate the assurance across all areas of principal risk
 - Identify positive assurances and areas where there are gaps in controls and /or assurances
 - Put in place plans to take corrective action where gaps have been identified in relation to principal risks
 - Maintain dynamic risk management

6. The two main areas of influence which require Trusts to be able to evidence a robust BAF come from NHSI and the CQC as part of the Well Led inspection.
7. The National Health Service Improvement (NHSI) publication, "Developmental reviews of leadership and governance using the well-led framework: guidance for NHS trusts and NHS foundation trusts" reports the requirement for a BAF is within the KLOE no. 5 The KLOE asks the question, "are there clear and effective processes for managing risks, issues and performance". The underpinning descriptor asks if "there is an effective and comprehensive process to identify, understand, monitor and address current and future risks". This is supported by the requirement for senior leaders to be able to evidence that a BAF and dynamic risk registers are in place and assessed by the board at least quarterly.
8. The Care Quality Commission (CQC) Well Led domain requires providers to demonstrate that the "leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture". KLOE W2 asks, "does the governance framework ensure that responsibility is clear and that quality performance and risks are understood and managed". The supporting prompts ask; "is there an effective governance framework to support the delivery of the strategy and good quality care"? "Are the governance framework and management systems regularly reviewed and improved"?
9. Enclosed with the report is a draft Board Assurance Framework that has been reviewed by the relevant Executive Directors and the Assurance Committees in the latest cycle of meetings. All mitigations and work streams have been reviewed and more detailed information is contained in the full Board Assurance Framework which has been circulated in the reference pack. Any matters for escalation arising from the Finance Committees will be reported at the meeting.
10. A summary of the high value Clinical and Operational Risks are included in the Corporate Risk Register and additional information on risk management framework in Agenda Item 59ii.

Recommendation

The Board of Directors is asked to consider the contents of this report and;

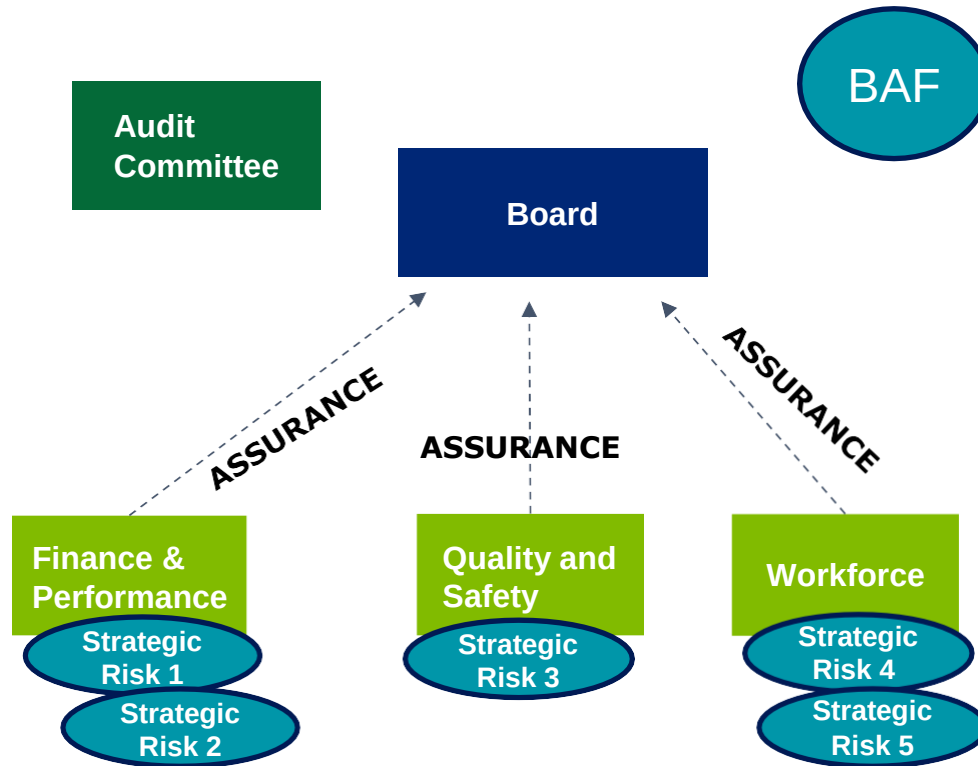
1. Consider the Board Assurance Framework for Quarter 1 and the mitigations and the levels of assurance offered.
2. Agree the specific actions and areas of focus for Quarter 2

2. Board debate and holding to account

Embedding the BAF into Board and Committee debate

Summary of good practice

- Where we have seen the BAF used most effectively the Board has allocated strategic risks to the relevant Board sub-committee to seek detailed assurance, which is then reported back to the Board.



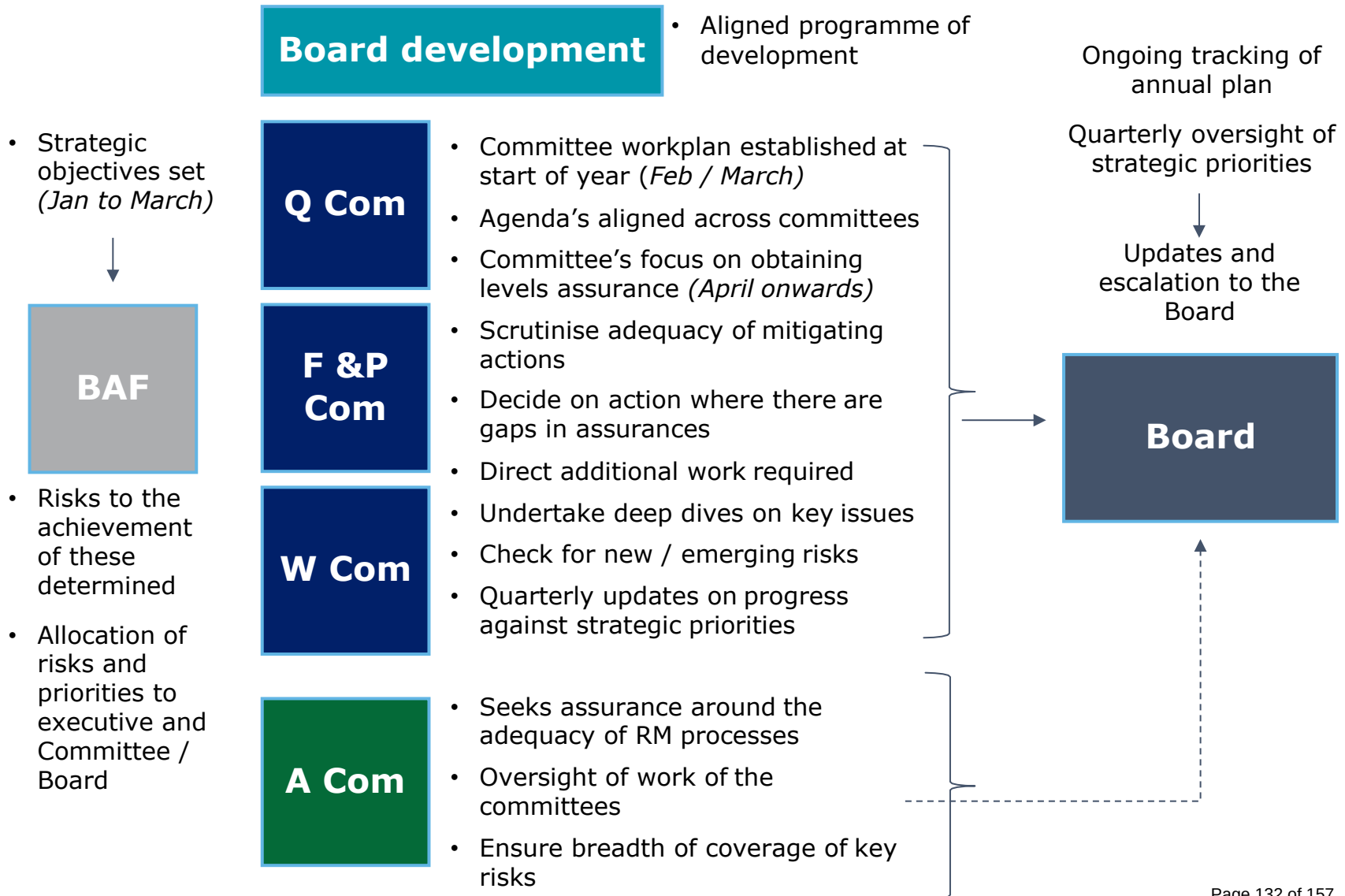
Key actions required

- Revisit Board and Committee forward plans to ensure that there is adequate coverage of the key strategic risks.
- Utilise the BAF in a more proactive way at the end of Committee meetings to review risks and assurances, and ensure overview and debate of the BAF at Board.
- Strengthen the role of the Audit Committee in reviewing the effectiveness of "the assurance framework", the "management of principal risks", and "seeking assurance from other committees".
- Simplify the format of the BAF, provide greater clarity around gaps and required mitigations, and align to the 5 'P's

Page 131 of 157

2. Board debate and holding to account

A template for embedding the BAF into Board and Committee debate



Draft Board Assurance Framework for 2019/20 Quarter 1 July 2019

University Hospitals of Morecambe Bay NHS Foundation Trust Patients Our patients will be treated with compassion, dignity and respect. Their experience is our most important measure of achievement.	University Hospitals of Morecambe Bay NHS Foundation Trust People Our staff and volunteers are the ones who make a difference. They understand and share our values and this is reflected in their work.	University Hospitals of Morecambe Bay NHS Foundation Trust Progress Our progress will be improved through innovation, education, research and technology to meet the challenges of the future.	University Hospitals of Morecambe Bay NHS Foundation Trust Partnerships Our partnerships make us strong. By investing in them, we will deliver the best possible care to our communities.	University Hospitals of Morecambe Bay NHS Foundation Trust Performance Our performance drives our organisation. Providing consistently safe, high quality care is how we define ourselves and our success.
---	--	--	---	--

Board Assurance Framework Key

Risk Rating Matrix (Likelihood x Consequence)

Consequence Score	Likelihood Score				
	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Director Lead:

CEO	Chief Executive Officer
ECN	Executive Chief Nurse
MD	Medical Director
D of F	Director of Finance
COO	Chief Operating Officer
D of P & OD	Director of People and OD

Board Assurance Framework Legend

Strategic Priority:	The 2017/22 strategic priority that the BAF risk has been aligned to.
BAF Risk:	The title of the strategic risk that threatens the achievement of the aligned strategic priority.
Rationale for Current Risk Score:	This narrative is updated on a quarterly basis and provides a summary of the information that has supported the assessment of the BAF risk.
Provider Licence Compliance:	NHS Improvement provider licence conditions that align to the BAF risk providing assurance on compliance.
Operational Risk Exposure	The key areas of operational risk scored 15 and above that align with the BAF risk and have the potential to impact on the score.
Controls:	The measures in place to reduce the risk likelihood or risk consequence and assist secure delivery of the strategic priority.
Assurances:	The measures in place to provide confirmation that the controls are working effectively in supporting the mitigation of the risk.
Evidence:	This is the platform that reports the assurance.
Gaps in Controls:	Areas that require attention to ensure that systems and processes are in place to mitigate the BAF risk.
Gaps in Assurance:	Areas where there is limited or no assurance that processes and procedures are in place to support the mitigation of the BAF risk.
Required Action:	Actions required to close the gap in control/ assurance.
Lead:.	The person responsible for completing the required action.
Implemented By:	Implemented By: Deadline for completing the required action.
Monitoring:	The forum that will monitor completion of the required action.
Progress:	Progress: A RAG rated assessment of how much progress has been made on the completion of the required action.

Risk Appetite Statement

The Trust recognises that it is operating in a competitive healthcare economy where patient safety, quality of service and organisational viability are vitally important.

The Trust also recognises that there is always a level of inherent risk in the provision of acute healthcare which must be accepted or tolerated, but which must also be actively and robustly monitored, controlled and scrutinised.

The Trust also recognises that it has finite resources in terms of staff, equipment and finances available to it in the delivery of healthcare services.

In response to these factors the Trust will seek to manage risks in accordance with the well-established **ALARP** principle - As Low As Reasonably Practicable, with priority being placed upon achieving the Triple Aim in line with Bay Health & Care Partners priority.

All identified Risks will be allocated a Risk Mitigation Strategy that ensures compliance with the ALARP Principle.

BOARD ASSURANCE FRAMEWORK DASHBOARD 2019/20

SP	BAF RISK	Assurance Committee	Lead	Q1	Q2	Q3	Q4	19/20 target
Patients	SP1 - If we do not meet regulatory standards for quality and safety we will not be a fit for purpose health and care provider.	Quality	ECN	4 Major 3 Likely 12				3 Moderate 3 Possible 9
People	Sp2 - If we do not maintain a sufficiently motivated and engaged workforce, in sufficient numbers, appropriately trained and working in a positive work culture, to deliver safe, sustainable care and the aspiration to be a great place to be cared for, a great place to work will not be achieved	Workforce	D of P & OD	4 Major 4 Likely 16				3 Moderate 3 Possible 9
Progress	As part of the Annual Planning process there were no risks which may compromise the achievement of the Trust's high level strategic objectives under this domain							
Performance	SP3.1 – If we do not have adequate capital funding to enable priority schemes including maintenance the physical condition of the Trust's estate, infrastructure and medical equipment will fail leading to poor patient outcomes and experience	Finance	COO	5 Catastrophic 4 Likely 20				3 Moderate 3 Possible 9

	SP3.2 If we do not achieving operational performance trajectories towards the NHS Constitutional Access Standards this will lead to poor patient outcomes and experience	Finance	COO	4 Major 4 Likely 16				3 Moderate 3 Possible 9
	SP3.3 If we do not meet financial objectives and plans we will not be able to provide sustainable services	Finance	D of F	5 Catastrophic 4 Likely 20				3 Moderate 3 Possible 9
Partnership	SP4 If we do not build and maintain strong partnerships we will not deliver on the triple aim and our ambitions for Better Care Together	Finance	CEO	4 Major 4 Likely 16				3 Moderate 3 Possible 9

Board Assurance Framework								
BAF Risk SP1 - If we do not meet regulatory standards for quality and safety we will not be a fit for purpose health and care provider.		Lead Executive Director :- Executive Chief Nurse	Lead Manager Director of Governance	Date Added 01/06/19				
				Date Reviewed: 11/07/19				
Details of Change:- Following the outcome of the CQC Inspection this is a new risk for the Board Assurance Framework.								
Strategic Priority: Patients	Lead Assurance Committee: Quality		Provider Licence Compliance:					
Operational Risk Exposure Summary:				Q1	Q2	Q3	Q4	Tolerable Risk
Workforce – right number and skill mix to deliver care Operational delivery – risk of increase in outliers if patient flow not effective and increases in waiting times Governance review may require us to change governance approach in year Limited treatment and care for mental health and Learning Disability Patient’s Unsuitable environments for safe clinical care			Risk Score	12				9
			Risk Grade	High				
			Rationale for Inherent Risk Rating There is a risk that the Trust may be unable to achieve and maintain the required levels of safe and effective patient care; this could be caused by inadequate clinical practice and / or ineffective governance or challenging operational conditions. Notwithstanding good patient care in several care groups, the CQC rated the Trust as Requires Improvement overall.					
Significant Performance Variations (Links to IPR)			Risk Appetite Cautious:- Low risk options are preferred					
Controls			Assurances		Evidence			
Quality Improvement Strategy and Quality Account	Quality Account Reporting		Assurance and Exception Reports to Quality Committee					
	Performance Reporting including Harm Free Care, Mortality							
	Care Group Quality Reports							
CQC Improvement Plan	CQC Improvement Plan Reporting		Exception Reports to Assurance Committees and Board					
	CQC Corporate Quality Review							
	CQC Engagement Meetings							
Clinical Audit Programme	Quarterly Reporting		Assurance and Exception Reports to Quality Committee`					

Quality Surveillance Systems	Quality Assurance Accreditation Scheme	Assurance and Exception Reports to Quality Committee and Executive Chief Nurses Group			
	CQC Corporate Quality Review				
	Raise and Place Assessments				
	Matron and AHP Monthly Audits				
Serious Incidents Policy and Reporting	Review of Incidents	Assurance and Exception Reports to Patient Safety Summit ,SIRI Panel Quality Committee			
Clinical Policies and Guidelines	Quarterly Reporting	Assurance and Exception Reports to Quality Committee and Procedural Documents Group			
Commissioning for Quality and Innovation (CQUIN)	Quarterly Reporting	Assurance and Exception Reports to Quality Committee and Procedural Documents Group			
Medicines Management	Quarterly Reporting	Assurance and Exception Reports to Quality Committee			
Freedom to Speak Up	Monitoring Reports	Assurance and Exception Reports to Quality Committee			
Patient Experience Strategy	National Patient Surveys	Assurance and Exception Reports to Quality Committee			
	Local Patient Surveys				
	Friends and Family Test and Compliments				
Complaints Procedure and Pals	Quarterly Reporting	Assurance and Exception Reports to Quality Committee			
Gaps in Controls/ Assurance	Required Action	Lead	Implement By	Monitoring	Progress
CQC Corporate Quality Review have not taken place	A review of the process is underway and these have been programmed to recommence in July 2019	DofG	August 2019	Quality Committee	On target
CQC Engagement Meeting have not taken place	CQC have cancelled recent CQC Engagement Meetings and representations have been made	DofG	August 2019	Quality Committee	On target
Community Services Policies and Guidelines	Integration of Community Services policies and guidelines to be completed	DofG	December 2019	Quality Committee	On target

Board Assurance Framework									
BAF Risk SP2 - If we do not maintain a sufficiently motivated and engaged workforce, in sufficient numbers, appropriately trained and working in a positive work culture, to deliver safe, sustainable care and the aspiration to be a great place to be cared for, a great place to work will not be achieved			Lead Executive Director :- D of P &OD		Lead Manager Deputy Director of Workforce	Date Added 01 April 2019			
						Date Reviewed: 11/07/19			
Details of Change:- . Positive progress with recruitment – nurse recruitment performs well against the set trajectory of 211 by year end. The consultant trajectory has been achieved. Concerns remain about the current absence rates, actions are being taken support managers and colleagues. Revised approach to assessing Core Skills training compliance, resulting in lower compliance rates actions are being taken in Care Groups and Corporate Divisions to address.									
Strategic Priority: People		Assurance Committee: Workforce		Provider Licence Compliance:					
Operational Risk Exposure Summary:				Q1	Q2	Q3	Q4	Tolerable Risk	
<i>Medical workforce leadership & productivity</i> <i>Medical and Nursing Recruitment and safe staffing levels</i> <i>Impact of workforce leaving / retiring early due to pension tax impact</i> <i>National and international labour market shortages</i> <i>Bullying and Harassment/ Unintentional impact of “accountability focus” on colleague experience</i>			Risk Score	16				9	
			Risk Grade	Extreme					
			Rationale for Inherent Risk Rating						
Significant Performance Variations (Links to IPR) Absence rates , cores skills training			Staff engagement is a key indicator of wider organisational performance, such as quality, safety, operational and financial performance. Although staff survey results continue to improve bullying and harassment, recruitment and retention of staff and compliance with appraisals targets, absence rates and completion of care skills training remain challenging.						
			Risk Appetite						
			Cautious:- Low risk options are preferred						
Controls		Assurances		Evidence					
Colleague Experience Strategy & Plan		Performance Reporting including Performance & OD Metrics		Assurance and Exception Reports to Workforce Committee and People & OD Divisional Governance & Assurance Group and Heat Map to Executive Directors Group					

OD Strategy & Plan	Performance Reporting including Performance & OD Metrics	Assurance and Exception Reports to Workforce Committee and People & OD Divisional Governance & Assurance Group			
Towards Inclusion Strategy & Plan	Performance Reporting and Annual Report	Assurance and Exception Reports to Workforce Committee and Inclusion and Diversity Steering Group			
Workforce Plan (sustainable workforce across BHACP footprint- ICS Careers & Engagement Strategic)	Performance Reporting including Performance & OD Metrics	Assurance and Exception Reports to Workforce Committee and People & OD Divisional			
Recruitment & Retention Plan	Performance Reporting including Performance & OD Metrics	Assurance and Exception Reports to Patient Safety Summit ,SIRI Panel Quality Committee			
Core Skills & Essential Skills Frameworks	Quarterly Reporting	Assurance and Exception Reports to Quality Committee and Procedural Documents Group			
Appraisal Compliance	Review of Performance against Target	Assurance and Exception Reports to Quality Committee and Procedural Documents Group			
Quality Service Improvement and Redesign (QSIR)	Performance Reporting including Performance & OD Metrics	Assurance and Exception Reports to Workforce Committee and People & OD Divisional Governance & Assurance Group			
Behavioural Standards Framework	Quarterly Reporting	Assurance and Exception Reports to Workforce Committee and People & OD Divisional Governance & Assurance Group			
Employee Health & Wellbeing Plan (Flourish)	Performance Reporting including Performance & OD Metrics	Assurance and Exception Reports to Workforce Committee and People & OD Divisional Governance & Assurance Group			
Payroll Transition	Programme Infrastructure and action plan in place	Assurance and Exception Reports to Workforce Committee and People & OD Divisional Governance & Assurance Group			
Bullying and Harassment	National Patient Surveys	Assurance and Exception Reports to Workforce Committee and Bullying & Harassment Joint Working Party (JWP).			
	Local Patient Surveys				
	Friends and Family Test and Compliments				
Gaps in Controls/ Assurance	Required Action	Lead	Implement By	Monitoring	Progress
Employee Health & Wellbeing - sickness absence deteriorating	More detailed information to be provided at the next Committee meeting.	D of P &OD	July 2019	Workforce Committee	On target

QSIR – behind Trajectory on Training	Recovery Actions in place	D of P &OD	November 2019	Workforce Committee	On target
Core Skills - compliance remains below target of 95% for all care-groups. Risk that 95% target is unachievable in year.	Recovery Actions in place	D of P &OD	November 2019	Workforce Committee	On target
Appraisal Compliance - Significant improvement in leadership appraisals, concerns remain over Band 1-7 compliance.	Recovery Actions in place	D of P &OD		Workforce Committee	On target

Board Assurance Framework									
BAF Risk SP3.1 - If we do not have adequate capital funding to enable priority schemes including maintenance the physical condition of the Trust’s estate, infrastructure and medical equipment will fail leading to poor patient outcomes and experience			Lead Executive Director :-COO		Lead Manager Associate Director of Estates & Facilities	Date Added 01 April 2019			
						Date Reviewed: 11/07/19			
Details of Change:-the Trust Board approved a Capital plan for 2019/20 and submitted an Emergency Capital Bid									
Strategic Priority: Performance		Assurance Committee: Finance		Provider Licence Compliance:					
Operational Risk Exposure Summary:				Q1	Q2	Q3	Q4	Tolerable Risk	
<i>High levels of backlog maintenance</i> <i>Aging estate and equipment</i> <i>Unsuitable environments for safe clinical care</i> <i>ICS support capital bids and support and impact of ICS Estates and infrastructure strategy</i> <i>Access to capital to improve infrastructure / estate</i> <i>Uncertainty regarding DH/NHSI capital allocations</i>			Risk Score	20				9	
			Risk Grade	Extreme					
			Rationale for Inherent Risk Rating						
Significant Performance Variations (Links to IPR)			If the Trust does not gain access to the required level of capital funding, the Trust will not be able to address the inherent defects in the Trust’s infrastructure including the deterioration in the fabric of the Trusts ageing estate, nor the estates developments required to improve clinical adjacencies and efficiencies, nor ensure availability of the required medical equipment to meet service demand. aged beyond its planned life. This will lead to an adverse effect on service continuity, productivity and patient & staff experience						
The Trust has a capital plan of £11.8m (Assuming no emergency funding). At month 2, capital spend was ahead of plan due to a medical equipment overspend relating to a number of purchases that were committed in 2018/19 and delivered in 2019/20. Backlog maintenance has an overspend due to additional works on Combined Heat and Power HP units to facilitate connectivity			Risk Appetite						
			Open Prepared to accept some risk in pursuit of benefits						
Controls		Assurances		Evidence					
University Hospitals of Morecambe Bay Estate Strategy 2015 – 2025 approved by the Board in March 2015		Quarterly Reporting		Assurance and Exception Reports to Capital Steering Group, Finance and Performance and Board					

Capital Plan 2019/20 Backlog Maintenance, Medical Equipment, IT schemes and Clinical Improvement projects	Quarterly Reporting	Assurance and Exception Reports to Capital Steering Group, Finance and Performance and Board			
Improved capital planning process to identify priorities consistent with service, finance, workforce and estate planning. - Risk Assessments/audits of Backlog Maintenance, Medical Equipment, IT Schemes and Clinical Improvement Projects	Quarterly Reporting	Assurance and Exception Reports to Capital Steering Group,			
Gaps in Controls/ Assurance	Required Action	Lead	Implement By	Monitoring	Progress
UHMB Estate Strategy 2015 – 2025 needs to be consistent with the ICP and ICS Estates Strategy.	Development of a long term estates strategy that is consistent with the ICP and ICS estates strategy. This will be developed after agreement of the Clinical Services Strategy	COO	TBC	Finance & Performance Committee	TBC
Capital Plan 2019/20 – Approval of Emergency Capital Bid	To continue to work with NHSE/I on the Emergency Capital Bid	COO D of F	November 2019	Finance & Performance Committee	TBC
Are the agreed improved capital planning process working effectively	A review of the capital planning process to provide assurance on the effectiveness of the new arrangements	COO	November 2019	Finance & Performance Committee	TBC

Board Assurance Framework								
BAF Risk SP3.2 - If we do not achieving operational performance trajectories towards the NHS Constitutional Access Standards this will lead to poor patient outcomes and experience .		Lead Executive Director :-COO	Lead Manager Deputy COO	Date Added 01 April 2019				
				Date Reviewed: 11/07/19				
Details of Change:- .the Board approved an Urgent Care Performance & Recovery Plan covering :- Managing Demand, Maximising Flow' Improving Discharge and, Workforce and OD								
Strategic Priority: Performance	Assurance Committee: Finance		Provider Licence Compliance:					
Operational Risk Exposure Summary:				Q1	Q2	Q3	Q4	Tolerable Risk
The total number of A&E attendances is increasing over time Complexity and acuity of patients Capacity of ED at Royal Lancaster Infirmary Access to capital to improve infrastructure / estate Workforce to deliver operational plan Productivity and Clinical Leadership Further cuts in local authority and CCG budgets Funding risk for D2A is affecting staff retention and capacity			Risk Score	20				9
			Risk Grade	Extreme				
			Rationale for Inherent Risk Rating A challenging operating environment is impacting on the Trust's ability to achieve operational performance trajectories towards the NHS Constitutional Access Standards. This could lead to compromising quality of care provided and patient safety, which could impact adversely on health outcomes for patients and their experience; and intervention from regulators.					
Significant Performance Variations (Links to IPR)			Risk Appetite Open Prepared to accept some risk in pursuit of benefits					
Controls		Assurances		Evidence				
Urgent Care Performance & Recovery Plans - Managing Demand - Maximising Flow - Improving Discharge - Workforce and OD		Monthly Reporting		Assurance and Exception Reports to Monthly Performance Reviews, Finance and Performance and Board and A&E Delivery Board				

Performance Improvement plans – FGH and RLI Emergency Departments	Monthly Reporting	Assurance and Exception Reports to Monthly Performance Reviews, Finance and Performance and Board and A&E Delivery Board			
RTT Performance Plan - Surgery	Monthly Reporting	Assurance and Exception Reports to Monthly Performance Reviews, Finance and Performance and Board and Elective Delivery Board			
Gaps in Controls/ Assurance	Required Action	Lead	Implement By	Monitoring	Progress
Behind on trajectory for ED performance	Continue monitoring of Improvement Plans and approval of recovery actions	COO	October 2019	Finance and Performance	TBC
Concerns with Outpatient Backlog and diagnostic performance related to workforce and equipment failure	Continue monitoring of Improvement Plans and approval of recovery actions	COO	October 2019	Finance and Performance	TBC

Board Assurance Framework							
BAF Risk SP3.3 - If we do not meet financial objectives and plans we will not be able to provide sustainable services. .		Lead Executive Director :-D of F	Lead Manager Deputy D of F	Date Added 01 April 2019			
				Date Reviewed: 11/07/19			
Details of Change:- Care Group and Corporate Cost Improvement Plans are in place/being developed.							
Strategic Priority: Performance		Assurance Committee: Finance		Provider Licence Compliance:			
Operational Risk Exposure Summary:			Q1	Q2	Q3	Q4	Tolerable Risk
The total number of A&E attendances is increasing over time Complexity and acuity of patients Capacity of ED at Royal Lancaster Infirmary Access to capital to improve infrastructure / estate Workforce to deliver operational plan Productivity and Clinical Leadership Further cuts in local authority and CCG budgets Funding risk for D2A is affecting staff retention and capacity		Risk Score	20				9
		Risk Grade	Extreme				
		Rationale for Inherent Risk Rating If the Trust does not deliver the 2019/20 Trust financial plan and control total (which includes year 1 of the 5 year financial recovery plan), we will not receive PSF and FRM support worth £21m. Access to other support and capital may be restricted potentially compromising safety, quality, and sustainability of the organisation leading to poor patient and staff experience and a negative impact on the position of the Trust.					
Significant Performance Variations (Links to IPR)		Risk Appetite Open Prepared to accept some risk in pursuit of benefits					
The Trust deficit at 31/05/19 is £13.7m. This is £390k worse than plan. CIP performance is better than plan in the first two months Overall, activity levels are below plan and costs remain above plan. Generally, BHACP accelerator programmes and Urgent care Diversion schemes are unlikely to allow costs in UHMB to be released in 19/20. This is adversely affecting our cash position and payments to suppliers are at risk of being delayed.							
Controls		Assurances		Evidence			
Financial Plan in place and Control Total Agreed		Monthly Reporting		Assurance and Exception Reports to Monthly Performance Reviews, Cost Control Board and Finance and Performance and Board			
Care Group Cost Improvement Plans are in Place/being developed • Outpatients work programme		Monthly Reporting		Assurance and Exception Reports to Monthly Performance Reviews, Cost Control Board and Finance and Performance and Board			

• Theatres work programme • Ward standardisation / inpatient flow work programme • Prescribing and medicines • Diagnostics • Patient Flow • Service Sustainability					
Corporate Cost Improvement Plans are in place • Effective use of people work programme • Procurement work programme • Commercial work programme • Space Utilisation	Monthly Reporting			Assurance and Exception Reports to Monthly Performance Reviews, Cost Control Board and Finance and Performance and Board	
BHACP Accelerator Programmes • iMSK • Respiratory • Frailty • Diabetes	Monthly Reporting			Assurance and Exception Reports to Monthly Performance Reviews, Cost Control Board and Finance and Performance and Board	
Gaps in Controls/ Assurance	Required Action	Lead	Implement By	Monitoring	Progress
BHACP efficiencies do not appear to be materialising	Need to be revisited in order to re direct efforts in to more relevant areas or escalate the scale / pace of delivery.	D of F	September 2019	Finance & Performance Committee	TBC
Cost Improvement Plans – lack of assurance about delivery	Additional work to be undertaken by Executive leads and further reports to Finance Committee and Board	D of F	September 2019	Finance & Performance Committee	TBC
Control Total - lack of assurance about achieving the Target	Mitigating Actions to be agreed	D of F	September 2019	Finance & Performance Committee	TBC

Board Assurance Framework								
BAF Risk SP4 - If we do not build and maintain strong partnerships we will not deliver on the triple aim and our ambitions for Better Care Together		Lead Executive Director :-CEO	Lead Manager Deputy ECN		Date Added 01 April 2019			
					Date Reviewed: 11/07/19			
Details of Change:-								
Strategic Priority: Performance	Assurance Committee: Finance		Provider Licence Compliance:					
Operational Risk Exposure Summary:				Q1	Q2	Q3	Q4	Tolerable Risk
Leadership capacity County Council budget cuts Current system architecture Political environment we are operating within			Risk Score	16				9
			Risk Grade	Extreme				
Significant Performance Variations (Links to IPR)			Rationale for Inherent Risk Rating					
			If the Integrated Care Partnership and the Integrated Care System do not operate effectively in a collaborative, joined-up way, the Trust may not be able to deliver the overall system triple aim of better care, better health, delivered sustainably					
			Risk Appetite					
			Open					
			Prepared to accept some risk in pursuit of benefits					
Controls		Assurances		Evidence				
BHACP Delivery Plan		Quarterly Reporting		Assurance and Exception Reports to BHCP Leadership Team and Partnership Board and UHMB Board				
BHACP Strategic Financial Recovery Plan		Quarterly Reporting		Assurance and Exception Reports to BHCP Leadership Team and Partnership Board and UHMB Board				
BHACP Leadership Team Development		Quarterly Reporting		Assurance and Exception Reports to BHCP Leadership Team and Partnership Board and UHMB Board				

BHACP Assurance and Governance Framework	Quarterly Reporting	Assurance and Exception Reports to BHCP Leadership Team and Partnership Board and UHMB Board			
BHACP representation on ICS decision-making bodies	Quarterly Reporting	Assurance and Exception Reports to BHCP Leadership Team and Partnership Board and UHMB Board			
UHMB and Primary Care Interface Programme	Quarterly Reporting	Assurance and Exception Reports to BHCP Leadership Team and Partnership Board and UHMB Board			
Gaps in Controls/ Assurance	Required Action	Lead	Implement By	Monitoring	Progress
BHACP efficiencies do not appear to be materialising	Need to be revisited in order to re direct efforts in to more relevant areas or escalate the scale / pace of delivery.	D of F	September 2019	Finance & Performance Committee	
Potential Gap in Assurance Process	As part of the Governance Review reflect on the fact there is not a lead 'Assurance Committee'	CEO	October 2019	Audit Committee	
Uncertainty regarding the impact of County Councils budget reductions in year	To be kept under review through BHACP Leadership	D of F	September 2019	Finance & Performance Committee	



BOARD OF DIRECTORS

Date of Meeting	24 July 2019																	
Title	High Value Risk Register Report																	
Report of	Paul Jones, Company Secretary																	
Prepared by and contact details	Dot Hemsley, Corporate Risk Manager Dot.hemsley@mbht.nhs.uk																	
Status of Report	Public ☒	Private ☐	Internal ☐															
Purpose of Report	For Decision ☒	For Assurance ☒	For Information ☐															
Summary	The Board needs to be confident that systems, policies and people are operating in a way that is effective, focussed on key risks and are driving the delivery of objectives. This summary report is intended to be part of that process and assist in providing assurance that key risks are being identified, measured and managed. Currently work is underway to review all risks to ensure they are aligned to the correct assurance committee Reports are provided to the Quality, Workforce and Finance Committees every two months to give details on key risks which have been assigned to them for oversight. The HRR for Quarter 1 has been reviewed by the relevant operational leads, relevant Divisional Governance Assurance meetings and Assurance Committees with oversight and validation by the Risk Manager. At the committees in July there was some concern around risks which had been on the register for over 5 years. The Assurance Committees have agreed deep dives into the following risks:- <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 20%;">Committee</th> <th style="width: 40%;">Risk Reference/Issue</th> <th style="width: 40%;">Action/Rationale</th> </tr> </thead> <tbody> <tr> <td>Workforce</td> <td>AHP/Technical Staffing</td> <td>To seek assurances about staffing levels</td> </tr> <tr> <td>Workforce</td> <td>Risk 303 -Recruitment, retention and training of nursing and medical staff to meet the national staffing guidelines and divisional requirements -Medicine</td> <td>Risk Risk 536 has been on the Risk Register since 2011</td> </tr> <tr> <td>Workforce</td> <td>Risk 2183 and 1235</td> <td>To seek updates</td> </tr> <tr> <td>Quality</td> <td>Risk 546 The lack of on call Interventional Radiology cover has</td> <td>Risk Risk 546 has been on the Risk Register since 2012.</td> </tr> </tbody> </table>			Committee	Risk Reference/Issue	Action/Rationale	Workforce	AHP/Technical Staffing	To seek assurances about staffing levels	Workforce	Risk 303 -Recruitment, retention and training of nursing and medical staff to meet the national staffing guidelines and divisional requirements -Medicine	Risk Risk 536 has been on the Risk Register since 2011	Workforce	Risk 2183 and 1235	To seek updates	Quality	Risk 546 The lack of on call Interventional Radiology cover has	Risk Risk 546 has been on the Risk Register since 2012.
Committee	Risk Reference/Issue	Action/Rationale																
Workforce	AHP/Technical Staffing	To seek assurances about staffing levels																
Workforce	Risk 303 -Recruitment, retention and training of nursing and medical staff to meet the national staffing guidelines and divisional requirements -Medicine	Risk Risk 536 has been on the Risk Register since 2011																
Workforce	Risk 2183 and 1235	To seek updates																
Quality	Risk 546 The lack of on call Interventional Radiology cover has	Risk Risk 546 has been on the Risk Register since 2012.																

		already adversely affected patient outcomes and patient experience and is unsafe.	
	Quality	Risk 783 Delayed internal transfer/discharge ICU patients to war Surgery	Risk 783 h the Risk R 2011. as been on egister since
	Finance	To be reported at th meeting	
Recommendation	The Board of Directors is asked to consider the contents of this report and;		
Links to Corporate objectives	Links to all Corporate Objectives		
Links to Strategic and Clinical Risks	Links to all Corporate Risks		
Impact	Delete Yes or No as appropriate	Yes	No
	Quality and Safety	X	
	Legal	X	
	Financial	X	
	Human Resources	X	
	Equality and Diversity	X	
	Engagement and Communication	X	
	If yes, please give additional information		
Reports previously considered by			

UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST

REVIEW OF THE CORPORATE RISK REGISTER

1. The high value Clinical and Operational Risks are included in the Corporate Risk Register.

These have been reviewed during the July cycle of meetings. At quality, workforce and finance committee in July there was some concern around the length of time that some risks have been on the register. All risks five years and over are subject to a deep dive review..

HIGH LEVEL OVERVIEW OF RISK REGISTER SYSTEM/PROCESS

2. The Trust's Risk management system/process consists of the following elements:

- A clearly defined Risk Management Strategy, this is currently under review to ensure that it is fit for purpose and should be available for consideration at the next Board Meeting.
- An electronic Risk Management system, the Trust uses Ulysses Safeguard as its Risk Management System; this system is also used for managing Incidents, Complaints, Claims, Alerts, Audits, NICE guidance.
- A consistent approach to Risk Assessment, the Trust uses the prevailing National Patient Safety Agency (NPSA) Risk Assessment matrix, which is well established and widely used across the NHS.
- Standardised and automated report format used for Corporate, Assurance Committees of the Board and Care Group Risk Register Reports.
- Risks are allocated to the relevant Care Group and to the relevant Assurance Committees of the Board.

TRUST WIDE RISK PERFORMANCE SUMMARY

3. During Quarter 3 the number of risks on the Trust Risk register has increased from 285 to 303, further detail is in Table 1.

Table 1: Trust Risk Register Activity Summary	
No. of Risks at the start of July 2019	291
No. of Extreme Risks (score 15-25)	62
No. of Extreme Risks over 5 years old	5
No. of High Risks (score 8-14)	168
No. of High Risks over 5 years old	36

4. The Trust Risk Register Performance KPIs for 2018/19 are reported at Trust, Assurance Committee of the Board and Care Group Levels. The Quarter KPIs are detailed in Table 2. There were 4 risks which did not have any mitigating actions, these have been addressed by the care groups and actions are now in place. The mitigating actions beyond target date have now been addressed and amended.

Table 2: Trust Risk Register Performance KPIs			
Performance Measure	Target level	High Value Operational Risk Register	Trust Risk Register (Score 1-25)
No. of Active Risks	N/A	62	291
No. of Current Controls in place on Risks	N/A	280	1059
No. of Mitigating Actions in place on Risks	N/A	151	508
% of Risk Reviews completed on time	95%	96.77%	96.91%
% of Risks that are beyond Target Date	5%	1.61%	3.78%
% of Risks with Mitigating Actions in Place	95%	96.77%	98.28%
% of Mitigating Actions Beyond Target Date	5%	6.62%	6.5%
Warning Indicators	Target level	High Value Operational	Trust Risk Register

% of Risks that are Commissioner Related		16.13%	8.25%
% of Risks that are being 'Tolerated'		3.23%	9.97%

RECOMMENDATIONS

5. The Board is asked to:

- Note the content of this report and the intention to undertake deep dives into long standing risks
- Note the current level of Risk Register Performance and changes to the risk profile.



BOARD OF DIRECTORS

Date of Meeting	24 July 2019		
Title	Annual Reports July 2019		
Report of	Sue Smith Deputy Chief Executive		
Prepared by and contact details	Paul Jones Company Secretary (paul.jones4@mbht.nhs.uk ext 46684)		
Status of Report	Public ☒	Private ☐	Internal ☐
Purpose of Report	For Decision ☐	For Assurance ☒	For Information ☐
Summary	The following Annual Reports were considered by the Quality and Workforce Committees at their meetings held on 15 July 2019: a) <u>Annual Health and Safety Report</u> This report describes the activities and performance of the Trust in relation to health and safety for the year 2018/19. The report highlights: • Refreshed Health and Safety Policy detailing executive responsibilities; • Changes in relevant legislation; • Issues of interest to the Health and Safety Executive; • Actions taken to address identified concerns and key risks; and • Areas of risk or concerns to be aware of. The Quality Assurance Committee recommended approval to of the Annual Report by the Board of Directors. b) <u>Appraisal and Revalidation</u> This report provides assurance that the Trust is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013). The Workforce Assurance Committee recommended approval to the Board of Directors to confirm the statement that the Trust is compliant. c) <u>Guardian of Safe Working Hours</u> This report provides assurance to the Board of Directors that the junior doctors training is being safely rostered and their working hours are compliant with the terms and conditions stipulated in the 2016 contract. Over the last financial year a total of 179 exception reports were submitted of which the vast majority were from junior doctors		

	during their placements at the Royal Lancaster Infirmary and were from junior doctors at Foundation Year 1 level. Of these a total of 6 related to education. None of the exception reports resulted in the levying of a Guardian fine from the Trust, which assists to provide reassurance that the Trust is working to the terms and conditions stipulated in the 2016 junior doctors’ contract. However, exception reporting remains low and efforts continue to be made to encourage the junior doctors to report.		
	All reports are available in the Board of Directors’ Reference Pack and will be published on the Trust’s website.		
Recommendation	The Board is asked to approve the following annual reports:- a) Annual Health and Safety Report b) Appraisal and Revalidation; and c) Guardian of Safe Working Hours. The Board is also asked to approve the compliance statement for Appraisal and Revalidation and approve its submission.		
Links to Corporate objectives	All		
Links to Strategic and Clinical Risks	All		
Impact	Delete Yes or No as appropriate	Yes	No
	Quality and Safety		
	Legal		
	Financial		
	Human Resources		
	Equality and Diversity		
	Engagement and Communication		
	If yes, please give additional information		
Reports previously considered by	Quality and Workforce Committees		

1 April 2019 – 31 March 2020 Trust Board Members' Attendance Monitoring

Public Board of Directors' Meetings

MEMBERS	24/05/2019	29/05/2019	26/06/2019	24/07/2019	25/09/2019	30/10/2019	27/11/2019	29/01/2020	26/02/2020	25/03/2020
Ian Johnson, Chair										
Aaron Cummins, Chief Executive										
Foluke Ajayi, Chief Operating Officer										
Helen Bingley, Non-Executive Director										
Keith Griffiths, Director of Finance										
Bruce Jassi, Non-Executive Director										
Neil Johnson, Non-Executive Director										
Adrian Leather, Non-Executive Director										
Denis Lidstone, Non-Executive Director (Term of office ended 24/06/2019)										
Liz Sedgley, Non-Executive Director										
Sue Smith, Executive Chief Nurse / Deputy Chief Executive										
Jill Stannard, Non-Executive Director										
David Walker, Medical Director										
Stephen Ward, Non-Executive Director (wef 01/07/2019)										
David Wilkinson, Director of People and OD										

Attended	Apologies	Deputy	Not commenced in post
----------	-----------	--------	-----------------------