

TRUST BOARD OF DIRECTORS' MEETING

Wednesday 29 April 2020
 Commencing at 10am

Please note, the meeting is not open to the public due to preventative measures taken to prevent the spread of COVID-19. A Microsoft Teams meeting has been set up. Details on how to join the meeting are available in the calendar invitation sent to all Board members.

Agenda					
Item		Lead	Action	Paper	Duration
General Business					
1	Welcome and Introductions <ul style="list-style-type: none"> • Apologies for absence • Declaration of conflicts of interest 	Chair	To note	Verbal	30 Minutes
2	Minutes of the Board of Directors' Meeting held on 25 March 2020 <i>To approve the Minutes of the Meeting held on 25 March 2020.</i>	Chair	To approve	Attached	
3	Action Sheet and Matters arising from the Minutes of the Meeting of the Board of Directors held on 25 March 2020 <i>To consider the action sheet and note the actions taken.</i>	Chair	To note	Attached	
4	Chair's Report <i>A report to present the Chairman's activities during April 2020.</i>	Chair	To note	Attached	
5	Chief Executive's Report <i>An update presented by the Chief Executive.</i> <i>The report will include a COVID-19 Update and set out details of proposed UHMBT 20/21 Priorities for the Trust.</i>	Chief Executive	To approve	Attached	
Performance					
<i>The items in this section will be discussed with reference to the Integrated Performance Report and other specific reports</i>					

6	Integrated Performance Dashboard and Report Month 12 incorporating matters raised by the Executive Team and through the Assurance Committees	Deputy Chief Executive	To note	Attached	
6a	Quality and Safety Performance	Executive Chief Nurse / Medical Director	To note	Verbal	30 Minutes
6b	Workforce Performance	Director of People and OD	To note	Verbal	
6c	Operational and Capital Performance	Chief Operating Officer	To note	Verbal	
6d	Financial Performance	Director of Finance	To note	Verbal	
Governance and Assurance					
7	<p>Covid-19 Emergency Decision Making Notification for Board</p> <p>Urgent Decisions Made since the Board of Directors' meeting on 25 March 2020:</p> <ol style="list-style-type: none"> 1. Clinical Ethics Advisory Group; 2. Core Skills Framework Changes; 3. Emergency Response Plan; 4. Deployment Plan; 5. Relocation of Oncology Service and Fracture Clinic at the Royal Lancaster Infirmary; 6. Service Change Ward 35 Royal Lancaster Infirmary; 7. Temporary Suspension of Breast Screening Service 	Company Secretary	To note	Attached	5 Minutes
8	<p>Financial Plan 2020/21</p> <p><i>A report to present the Financial Plan 2020/21.</i></p>	Director of Finance	To note	Presentation	10 Minutes
9	<p>Update on Quality and Safety in Urology</p> <p><i>A report to present an update against the position relating to the report presented at the Board of Directors' meeting on 25 March 2020.</i></p>	Deputy Chief Executive	To note	Attached	10 Minutes

10	Review of the Board Assurance Framework April 2020 and Update on the Operation of the Risk Management Framework <i>A report to present the Board Assurance Framework for 20/21 and an update on risk management in the Trust</i>	Deputy Chief Executive	To approve	Attached	10 Minutes
Minutes and Updates from Reporting Groups					
11	a) Audit Committee Minutes on 8 January 2020 and Update from Meeting on 16 April 2020 b) Finance Committee Minutes 23 March 2020 and Update from Meeting on 27 April 2020 c) Quality Committee Minutes – Update from Meeting on 20 April 2020	Chairs of the Assurance Committees	To note	Please refer to Board of Directors' Reference Pack	5 Minutes
12	Head Governor Update <i>An update presented by the Head Governor.</i>	Head Governor	To note	Attached	5 Minutes
Items for Noting					
13	Attendance Monitoring Register	Chair	To note	Attached	5 Minutes
14	Urgent Business	Chair	To note	Verbal	
15	Date, Time and Venue of Next Meeting: Wednesday 27 May 2020 at 10am in the Board Room, Westmorland General Hospital, Burton Road, Kendal LA9 7RG.				
16	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 27 April 2020.

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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
02/08/2019	Foluke Ajayi	Chief Operating Officer			✓
11/02/2020	Shahedal Bari	Medical Director			✓
20/01/2020	Aaron Cummins	Chief Executive			✓
31/03/2019	Keith Griffiths	Director of Finance			✓
02/08/2019	Sue Smith	Executive Chief Nurse / Deputy Chief Executive	<ol style="list-style-type: none"> 1. Transform Healthcare Cambodia – Chair of the Charity Board of Directors / Trustee on the Charity Board of Directors (registered charity); and 2. St. John's Hospice – Trustee on the Charity Board of Directors 	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.	
12/12/2019	David Wilkinson	Director of People and OD			✓
12/03/2019	Bruce Jassi	Non-Executive Director			✓
07/01/2020	Neil Johnson	Non-Executive Director	Employed by Lancaster University.	Potentially a material conflict of interest may arise from his role at the University. However Neil would have to consider the circumstances; make a	

				declaration and consider withdrawing from any meetings where the University is being discussed.	
02/08/2019	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.	
22/04/2020	Elizabeth Sedgley	Non-Executive Director	<ol style="list-style-type: none"> 1. A self-employed accountant. 2. Family Member employed as financial controller at Select Medical Ltd. 	A material conflict does not exist. However Elizabeth may wish to make a declaration and consider withdrawing from any meeting where Select Medical is being discussed.	
06/08/2019	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.	
17/01/2020	Mike Thomas	Chair	<ol style="list-style-type: none"> 1. College for Military Veterans and Emergency Services: Co-founder and member of Steering Group since 2010; 	Potentially a material conflict of interest may arise from the employment of a family member by UHMB and South Cumbria and Lancashire Care	

			<ol style="list-style-type: none"> 2. Lancashire County Council Veterans Assurance Board: Member of Committee; 3. Stockport MBC: Consultant on Service Assurance Adult Safeguarding; 4. Family member employed by UHMB; and 5. Family member employed by South Cumbria and Lancashire Care NHS Trust. 	NHS Trust. However Mike would have to consider the circumstances; make a declaration and consider withdrawing from any meetings where the matter being discussed relates to the area of responsibility that the family member is accountable for.	
19/07/2019	Stephen Ward	Non-Executive Director	Family member employed by NHS England	Potentially a material conflict of interest may arise from the employment of a family member by NHS England. However Steve would have to consider the circumstances; make a declaration and consider withdrawing from any meetings where the matter being discussed relates to the area of responsibility that the family member is accountable for.	

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Minutes of the Trust Board of Directors' Meeting held on Wednesday 25 March 2020

Due to the preventative measures taken to prevent the spread of COVID-19, the meeting was conducted via Microsoft Teams.

Present:	Mike Thomas	Chair
	Aaron Cummins	Chief Executive
	Shahedal Bari	Medical Director
	Foluke Ajayi	Chief Operating Officer
	Keith Griffiths	Director of Finance
	Bruce Jassi	Non-Executive Director
	Neil Johnson	Non-Executive Director
	Adrian Leather	Non-Executive Director
	Liz Sedgley	Non-Executive Director
	Jill Stannard	Non-Executive Director
	Sue Smith	Executive Chief Nurse / Deputy Chief Executive
	Steve Ward	Non-Executive Director
	David Wilkinson	Director of People and OD

In attendance:	Paul Jones	Company Secretary
	Colin Ranshaw	Head Governor
	Andrea Willimott	Director of Governance
	Phil Woodford	Associate Director of Corporate Affairs

19/173 Welcome and Introductions

Apologies for Absence

There were no apologies noted.

Declarations of Conflicts of Interest

Liz Sedgley (LS) gave details of a change to her declarations of interest and would update to MES Declare.

19/174 Minutes of the Board of Directors' Meeting held on 26 February 2020

Decision: That the Minutes of the meeting held on 26 February 2020 be agreed as an accurate record.

19/175 Action Sheet and Matters Arising from the Minutes of the Public Meeting of the Board of Directors held on 26 February 2020

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

19/176 Chair's Report

Mike Thomas (MT) presented the Chair's report and updated the Board of Directors on his work.

MT provided information on the number of meetings and walk rounds he had attended at the Trust throughout April 2020. The report also included information on the meetings the Non-Executive Directors had chaired and attended in April 2020, recent Trust news and Mike's future engagements.

MT paid tribute to the executive team and all UHMB staff for their response to the COVID-19 pandemic.

Decision: That the report be noted.

19/177 Chief Executive's Report

Aaron Cummins (AC) presented the Chief Executive's report and updated the Board of Directors on recent activity in the Trust.

The following points were made:

1. AC gave an update on the Trust response to the COVID-19 pandemic. A COVID-19 command centre had been established to manage the Trust response. At the end of each day a situation report meeting occurred through an Incident Management Team which would be meeting seven days a week. The focus at this time was assessing potential demand and producing a recovery plan as to how this need would be met.
2. The Trust continued to follow Public Health England guidance regarding the use of personal protective equipment. Through NHS Providers, the Trust was pressing for more substantive guidance in the light of recommendations made by the World Health Organisation. Work was underway to ensure logistic and supply chains were maintained. To ensure that the Trust retained as many staff as possible, testing of staff had commenced to enable them to return to work as soon as possible. Through workforce and the organisational development team, a number of activities were being undertaken to support staff welfare which included welfare checks, occupational health interventions, pastoral care, free car parking for staff and discounted meals in the Trust restaurants. The Trust had also received local offers of accommodation for staff. Offers of support for free food and meals had been declined due to health and safety reasons.
3. AC set out details of the projected increases required in critical care bed capacity within the Trust and the Integrated Care System. In order to achieve this, non-urgent elective and outpatient activity had been stood down.
4. The Helme Chase Maternity Unit at Westmorland General Hospital would be stepped down and inpatient activity transferred to the Royal Lancaster Infirmary or Furness General Hospital.
5. AC reported that the Director of Corporate Affairs and the Chief Operating Officer were working from home to meet shielding requirements. He also informed the Board that Foluke Ajayi would be leaving at the end of April 2020. On an interim basis, Kate Maynard would be the Interim Chief Operating Officer and that the current recruitment and selection process for a replacement Chief Operating Officer would be suspended. This matter would be considered further by the Remuneration Committee.
6. AC presented a proposal for a revised work plan for the Board in quarter 1 in

response to the COVID-19 pandemic.

During deliberation of this item, the following points were raised:

1. Neil Johnson (NJ-NED) sought assurance that capacity to continue staff testing would be maintained. AC responded that currently this was not envisaged as a risk. However, as other Trusts began staff testing capacity could be compromised.
2. Adrian Leather (AL-NED) sought assurance that personal protective equipment would be available for colleagues in community and primary care settings. AC reported that a system-wide approach to supply logistics was being undertaken.
3. Jill Stannard (JS-NED) and Bruce Jassi (BMJ-NED) sought assurances that the executive team would take reasonable measures to ensure their resilience during the COVID-19 pandemic. AC reported that a rota was being developed to achieve this whilst maintaining visibility around the sites.
4. Liz Sedgley (LS-NED) sought additional information on how the Trust planned to deploy staff to support the COVID-19 response. David Wilkinson (DW) reported that a workforce cell had been created which would support this work.
5. LS-NED also sought assurance that the Trust would continue to pay its creditors promptly and, therefore, ensure that small businesses continued to receive the support they needed.

Decision:

1. That the report be noted; and
2. That the Board of Directors approved the revised work plan.

19/178 Integrated Performance Dashboard and Report Month 11

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.

Quality Section

The Deputy Chief Executive presented the quality section and explained that focus remained on maintaining safety and quality during the COVID-19 pandemic

Workforce Section

The Director of People and OD presented the workforce section and confirmed that overall absence rate had increased to 13%; 8% of which was attributable to COVID-19. Real time reporting of absence data was being strengthened. There was a level of anxiety across all sites and 1200 calls from staff had been made to the occupational health team. A pragmatic approach to mandatory training would be required and proposals would be prepared. JS-NED congratulated the team on focusing on the priority areas.

Operational and Capital Performance

The Chief Operating Officer presented an update on operational performance whilst managing the impact of COVID-19.

Finance Section

The Director of Finance presented the finance section and confirmed that a financial package had been agreed with the Morecambe Bay Clinical Commissioning Group (CCG) which would ensure that both the Trust and CCG achieved its Control Total for 2019/20. The underlying trading position, however, remained fragile. MT reinforced to the Board the need to maintain focus on the financial recovery plan in 2020/21.

During deliberation of this item the following points were considered:

Decision:

1. That the report be noted; and
2. The Board of Directors paid tribute to Keith Griffiths and team for their support in ensuring the Trust achieved its Control Total 2019/20.

19/179 2020/21 Planning Assumptions

Foluke Ajayi (FA) updated the Board of Directors on the annual planning process for 2020/21. In accordance with planning guidance, work had been undertaken to develop an operational plan and in support of this planning assumptions had been developed. Due to the impact of COVID-19, NHSI/E had stood down the requirement to submit an operational plan. Nonetheless, revised planning assumptions had been considered at the Finance Committee to help strengthen the Trust operating model and the development of a financial strategy for 2020/21. Further information was given to the Board on the potential impact of COVID-19 on the planning assumptions that had been made.

Decision: That the report be noted.

19/180 Healthier Lancashire and South Cumbria Provider Collaborative Board Update

Consideration was given to a report presented by Aaron Cummins.

The following points were made:

1. At the last meeting of the Board approval was given to a proposal from the Lancashire and South Cumbria Integrated Care System Board to create a Provider Collaborative Board (PCB). Consent was given by the Board to proceed to establish the PCB including draft terms of reference.
2. The purpose of this report was to set out the next steps in establishing the PCB, which had been endorsed by Amanda Doyle, Chair of the ICS and Bill McCarthy, NHSI/E North West Regional Director.
3. The PCB was a key component in the new architecture for Lancashire and South Cumbria ICS and was seen as a demonstration that providers were able to commit to collaborative and collective decision making.
4. The report included a copy of the final version of the Terms of Reference which included further details on 'voting threshold' and 'dispute resolution which the Board were asked to approve.
5. The ICS Board had commissioned the NHS Transformation Unit (TU) to advise on 'next steps' development of the strategic priorities of the clinical service strategy and of decision making/governance alignment and resource requirement to enable delivery of agreed plans, including the bridge from existing to future arrangements. It was expected that this would include 'Provider Transformation Leads' and 'Clinical Leads' from Trusts. The ICS Executive would like to maintain the momentum and agreed for the TU to organise the first phase of the establishment and operation of the PCB in quarter 1 of 2020/21.
6. In order to maintain continuity and momentum Sir David Dalton had been asked to act as the interim Chair of the PCB. David would have a support team; the cost of which would be syndicated between providers and the ICS. The cost to UHMB would be £16,000 for 2020/21.

During deliberation of this item, the following points were made:

In response to a question from Bruce Jassi (BMJ-NED), AC confirmed that the Provider Collaborative Board would operate on a collaborative basis for specific or specialist items only. At this moment in time there was no appetite to pursue a hospital type model.

Decision:

1. That the report be noted;
2. That the Board of Directors approve the final Terms of Reference for the PCB; and
3. That the Board of Directors noted the next steps to be taken in establishing the Provider Collaboration Board, including the commitments required of the Trust.

19/181 Update on Quality and Safety in Urology

Consideration was given to a report presented by Sue Smith to provide an update to the Board of Directors on the progress of actions being undertaken to address the issues reported.

The following points were made in discussion:

1. The Safe today paper continued to be reported through this group to provide visibility and assurance around the Urology service and this had been recognised by the Oversight Group as an excellent programme of work.
2. The Trust continued to support the work of Niche Consulting. Key staff interviews took place throughout the month which supported the phase 1 scoping, documents as requested were flowing through to the team and patient information was being collated. Discussions had taken place with Niche Consulting regarding the implications of COVID-19 and impact on the support for phase 1 scoping. The investigation would not be suspended and would continue being mindful of the impact of COVID-19 and capacity within the Trust.
3. The York teaching Hospitals NHS Foundation Trust completed their report and the Trust had undertaken a factual accuracy. The report was shared at the Task and Finish Group on 3 March 2020 and was having a second review at the meeting on 17 March 2020 and the final report and updated RCS Action Plan would be presented to the Quality Committee in April 2020.

Decision: That the report be noted.

19/182 Board and Operational Assurance Arrangements During the COVID-19 Outbreak

Consideration was given to a report presented by Paul Jones.

The following points were made in discussion:

1. As part of the Trust's response to the COVID-19 outbreak a review of Board and operational assurance and decision making arrangements had been undertaken.
2. A number of appendices were attached to the report which described Board and operational assurance arrangements during the outbreak that was endorsed by the Quality Committee at its meeting on 16 March 2020. The second attachment was a complimentary paper that set out the framework for executive decision making together with the use of emergency powers as provided for in the Constitution. The appendix also described the interim operational arrangements for meetings of the Board and its Assurance Committees.
3. A separate paper on the interim operational arrangements for Governors and meetings of the Council of Governors and its Sub-Groups was being developed by

the Chair in consultation with the Head Governor.

Decision: That the Board of Directors approved and endorsed the report.

19/183 Use of Emergency Powers

Consideration was given to a report presented by Paul Jones. The report set out details of the use of Emergency Powers by the Chief Executive in accordance with Standing Order 6.2 of the Board Rules of Procedure. The use of Emergency Powers had been undertaken in support of the Trust response to the COVID-19 pandemic.

Decision: That the report be noted.

19/184 Assurance Committee Minutes and Chairperson's Report

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

Audit Committee

Liz Sedgley provided an update on the work of the Committee.

Workforce Committee

Neil Johnson provided an update on the work of the Committee.

Finance Committee

Steve Ward provided an update from the Committee.

Quality Committee

Jill Stannard provided an update on the work of the Committee.

19/185 Attendance Monitoring Register

Noted.

19/186 Urgent Business

None.

19/187 Date, Time and Venue of Next Meeting

It was noted that the next meeting of the Board of Directors would be held on Wednesday 29 April 2020 in the Board Room, Westmorland General Hospital, Burton Road, Kendal LA9 7RG.

19/188 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.

Meeting Title	Board of Directors' Meeting (Public) Action Tracker	Completion Status	
Meeting Chair	Mike Thomas	O	Overdue
Previous Meeting Date	25/03/2020	SFM	Scheduled for meeting
Next Meeting Date	29/04/2020	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
27/03/2019	24	Bay Health and Care Partners' Annual Report	It was agreed to present this at a future Board of Directors' meeting.	Chief Operating Officer	27/05/2020			The annual report will be included in the BHACP update at the Board of Directors' meeting in May 2020.	SBM
29/05/2019	27	Talent Management and Leadership: The Trust's Approach	An update would be presented to the Board of Directors at their meeting in July 2020. A workshop on talent management / succession planning at a future Board of Directors' meeting would be arranged.	Director of People and OD	29/07/2020				SBM
25/09/2019	28	Integrated Performance Report: Mental Health Training for Staff	It was agreed an update on the Trust's mental health training for staff would be given at a future Board of Directors' meeting.	Director of Governance	27/05/2020			Rescheduled at a date to be agreed	SBM
30/10/2019	31	Bay Health and Care Partners' Update	The final Better Care Together 2 Strategy would be presented at a future Board of Directors' meeting.	Chief Operating Officer	25/03/2020			Rescheduled to May 2020	SBM
29/01/2020	141	Operational Plan 2020/21	The final plan would be submitted to the Board of Directors at their meeting in March. It was acknowledged the report may be updated in response to the national planning guidance. The Finance Committee would oversee development of the plan. It was agreed all Board members would be invited to the Finance Committee on 23 March 2020. This Committee would be dedicated to the development of the operational plan 2020/21	Chief Operating Officer	29/04/2020			An update is included on the agenda. Additional Information is given in the CEO	SFM
26/02/2020	145	Car Parking Policy	A meeting with Staff Side colleagues had taken place, and the proposed revised Car Parking Policy would continue to be developed together before it is taken to the Joint Working Group. The final proposals would be presented to the Board of Directors. Mike Thomas requested that staff governors were included in these discussions.	Chief Operating Officer	27/05/2020				SBM
26/02/2020	157	CEO Report: HIP2 Funding	Foluke Ajayi and Keith Griffiths would lead production of a business case to review how the future of healthcare in Morecambe Bay could look. Foluke Ajayi and Keith Griffiths would prepare a plan of the governance process to share with the Board of Directors. It was agreed a report on HIP2 including timings would be presented at the next Board of Directors' meeting on 25 March 2020	Chief Operating Officer Director of Finance	29/04/2020			Rescheduled to April 2020. This is included on the private Board agenda.	SFM

Meeting Date	Action No	Agenda Item	Action Point	Owner	Due Date	Original Due Date	Completed Date	Progress	RAG Rating
26/02/2020	157	CEO Report: Performance Standards	It was agreed to present the Trust's recovery programmes as part of the quarterly review of operational plan priorities to demonstrate improvement. In relation to the achievement of the urgent care standard of 95%, Mike Thomas requested context of how the Trust could achieve the standard. Foluke Ajayi agreed to include this information in the next report.	Chief Operating Officer	29/04/2020			This has been deferred to quarter 1 2020/21 in view of the impact of COVID-19.	SBM
26/02/2020	160	2019 NHS Staff Survey	The Deputy Chief Executive / Medical Director would review incident reporting, linking to the quality and safety objectives for 2020/21. This would be shared with the Board of Directors at a future meeting.	Deputy Chief Executive / Medical Director	27/05/2020			Rescheduled to May 2020.	SBM
26/02/2020	163	Operational Plan Update 2020/21	It was agreed that the next Finance Committee on 25 March 2020 would be dedicated to the development of the Trust's operational plan 2020/21 with an invitation extended to all Board members.	Chief Operating Officer Director of Finance	29/04/2020			An update would be given at the Board meeting on 29 April 2020.	SFM
26/02/2020	164	Medical Director Presentation	It was agreed that the Medical Director would attend a future Council of Governors' meeting. A follow up presentation would be delivered by the Medical Director in 12 months' time.	Medical Director	24/02/2021				SBM
26/02/2020	166	Update on Quality and Safety in Urology	The York Teaching Hospitals NHS Foundation Trust report would be shared with the Quality Committee and Board of Directors in April 2020.	Deputy Chief Executive	29/04/2020			The York teaching Hospitals NHS Foundation Trust have completed their report and the Trust have undertaken a factual accuracy. The report was shared at the Task and Finish Group on March 3rd and is having a second review at the meeting on the 17th of March and the final report & updated RCS Action Plan will be brought through to the Quality Committee in April. The Quality Committee received the report and additional information is included in the urology update today.	SFM
26/02/2020	166	Update on Quality and Safety in Urology	Mike Thomas requested a short report on the Trust's approach to archive keeping and record keeping be presented at the next Board of Directors' meeting in March 2020.	Director of Finance	29/04/2020			Rescheduled to an agreed date.	SBM



BOARD OF DIRECTORS

Date of Meeting	29 April 2020		
Title	Chair's Report		
Report of	Professor Mike Thomas Chair		
Prepared by and contact details	Nicola Crossman/Cara Berriman PA to the Chair nicola.crossman@mbht.nhs.uk / cara.berriman@mbht.nhs.uk ext, 45296		
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Summary	<p>The content of this report outlines:</p> <ul style="list-style-type: none"> • An outline of the Chair's activities throughout March & April 2020 • An outline of the Non-Executive Director's activities; throughout March & April 2020 • Non-Executive Director's recruitment • Non-Executive Director's Terms of Office • Non-Executive Director's Appraisals • Annual Members Meeting • Governors Elections 		
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	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

Chair's Report

Chair Activities

1. The Chair's usual activities have changed in response to the COVID-19 pandemic but he has continued to conduct his work as Chair remotely to include:
 - Regular telephone updates with the Chief Executive, Executive Directors and Non-Executive Directors.
 - Telephone conferences with the CCGs, Local Authorities, MPs, County Council Leaders, Regional Leaders and NHS Chairs groups all in relation to emergency planning and COVID-19 responses as well as, where relevant, day to day governance issues.

Non-Executive Director Activities

2. The Non-Executive Director activities have also changed in response to the COVID-19 pandemic and again, work is now carried out remotely including chairing and attending Board and Assurance Committees as well as regular calls with the Chair and Executive Directors.

Non-Executive Director Recruitment

3. Following a meeting of the Nominations Committee on Thursday 26 March 2020, it has been agreed to postpone the Non-Executive Director (NED) recruitment process until a time when face to face interviews can take place.
4. The Nominations Committee also concluded that the Trust was able to continue with one less NED at the current time due to a large amount of core business being stood down.

Non-Executive Director Terms of Office

Table 1: Non-Executive Director Appointments

Non-Executive Directors								
Name	Post	Committee				Appointment Date	Term of Office	End Date
		Audit	Finance	Quality	Workforce			
Prof. Mike Thomas	Chair					2 January 2020	3 Years	1 January 2023
Mr Bruce Jassi	Non-Executive Director	✓	✓	X	X	24 February 2015	3 years (+3 year extension)	23 February 2021
	Senior Independent Director							
Prof. Neil Johnson	Non-Executive Director	✓	X	X	Chair	1 July 2016	3 years (+1 year extension)	30 June 2020
Ms Liz Sedgley	Non-Executive Director	Chair	✓	X	X	4 September 2017	3 years	3 September 2020
	Vice-Chair					1 July 2018		
Mr Adrian Leather	Non-Executive Director	✓	X	X	✓	1 May 2018	3 years	30 April 2021
Ms Jill Stannard	Non-Executive Director	✓	X	✓	X	1 September 2018	3 years	31 August 2021
Mr Stephen Ward	Non-Executive Director	✓	Chair			1 July 2019	3 years	30 June 2022
VACANCY	Non-Executive Director							

5. The following Non-Executive Directors terms of office are due to end in the next 12 months:
- Neil Johnson

Neil's term of office is due to end in June 2020, however as Neil is an Appointed NED from Lancaster University this would not require a full recruitment process. The university have been contacted and asked to nominate 2-3 possible candidates. A further meeting of the Nominations Committee will be arranged to consider nominations once they have been received.
 - Liz Sedgley

Liz's term of office ends later in the year however; as this was Liz's first term of office, she is eligible for re-appointment for a further term of 3 years. Liz has confirmed her ambition to continue for another term. A Nominations Committee will be arranged later in the year to consider Liz's re-appointment.
 - Bruce Jassi

Bruce's second term of office is due to end in February 2021, however, due to extenuating circumstances, the Chair has asked Bruce to continue for a further year in agreement with the Council of Governors.
6. Following a proposal made to the Nominations Committee on 26 March 2020 a recommendation was made to the Council of Governors to extend Bruce's term of office for a period of 12 months from February 2021. The Council of Governors will be asked to approve the extension of Bruce Jassi's term of office for a period of 12 months until February 2022.

Non-Executive Director Appraisals

7. In consultation with the Nominations Committee, it has been agreed that Non-Executive Director appraisals scheduled to take place in April/May 2020 should be postponed.
8. A letter circulated by NHS England and Improvement on 28 March 2020 set out recommendations for reducing burden and releasing capacity of NHS providers and commissioners to manage the COVID-19 pandemic. The following recommendation was made:
- “Recommendation that appraisals are suspended from the date of this letter, unless there are exceptional circumstances agreed by both the appraisee and appraiser.”*
9. Non-Executive Director appraisals will be rescheduled for later in the year and carried out with the Head Governor, as previously agreed in the Governor Annual Working Arrangements.

Annual Members Meeting.

10. In line with guidance provided in the letter from NHS England and Improvement and following a discussion with the Head Governor, a recommendation will be made to the Council of Governors to suspend the Annual Members' Meeting. A proposal to hold a digital Annual General Meeting to fulfil statutory requirements will be put forward.
11. Once we are in a position to agree a future date, a meeting of the Governors FT Membership and Communications Group will be arranged to agree the format of the meeting and explore the possibility of holding a joint virtual meeting with Morecambe Bay CCG.

Governor Elections

12. In addition, NHS England and Improvement recommendations received on 28 March 2020 recommended the deferral of governor elections where necessary.
13. The next round of Governor elections was due to commence in July 2020 (opening of nominations) for results to be announced in September 2020.
14. A recommendation will be made to the Council of Governors to consider several options to agree the process for Governor Elections in 2020.

Final Remarks

15. Finally, on behalf of the Trust Board I wanted to take this opportunity to pay tribute and express my heartfelt gratitude and appreciation for all that our staff, colleagues and local communities across Morecambe Bay are doing at this unprecedented time.

Professor Mike Thomas
Chair
29 April 2020

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BOARD OF DIRECTORS MEETING

Date of Meeting	29 April 2020		
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
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Summary	The content of this report outlines: <ul style="list-style-type: none"> • Introduction • COVID-19 • Operational Plan • Urology • Annual Report & Accounts 		
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

INTRODUCTION

1. It was with immense sadness that the Chair and I, shared with you all earlier this month that one of our colleagues had died following treatment for Covid-19, I have personally spoken with the spouse of the colleague and we are respecting their wishes in not releasing personal details about them. We are providing proactive support to all staff to help them cope with this as well as the challenges that remain with caring for other colleagues too. The death of a colleague has weighed heavily on my mind and I am proud of the response of our colleagues in supporting each other.

Strategy

2. We haven't abandoned our commitment this year of re-visiting with our colleagues the Trust's vision and values as well as its operating name, but we are using this time as an opportunity to re-evaluate how we might approach the future, we are receiving good positive feedback from colleagues regarding their level of involvement and influence in decision making around the response to the pandemic and this is an opportunity to further develop this.
3. We have set the executive team areas of focus for 20/21 which support the current strategy and immediate pressures, they are described as "The Big Four":
 - i. Dealing with the current COVID Pandemic as safely and effectively as we can
 - ii. A core focus on staff wellbeing
 - iii. Continued priority on Quality and Safety of our services
 - iv. Post Covid Future - the work of our Recovery Cell
4. We intend to start communicating this out to colleagues in the coming weeks with the aim of 'bringing to life' what they mean to each of us and how every Colleague can contribute.

COVID-19

5. The Chief Operating Officer will be talking the board through the Trust's covid-19 emergency response plan today, but some notable points I'd like to highlight:
6. The Covid-19 Emergency Response Plan sets out the response of University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) to the COVID-19 emergency. It details the objectives of the response together with the actions that UHMBT and partners will take forward. Due to the fast-moving nature of the situation, the plan is under constant review and decisions are needing to be taken much quicker than normal, but I'm pleased to report that the interim revised governance arrangements are being followed to ensure we can react in a timely way.
7. The purpose of the Covid-19 emergency response plan is to;
 - Clarify the planning assumptions and predicted increased pressure arising from the COVID-19 pandemic on the population of Morecambe Bay;
 - Detail the UHMBT and partner's response;
 - Outline the streams of work required to deliver the response effectively.

8. I would like to make special mention today of two things:
- It is a team effort, but we know there are individuals and teams that are not always in the 'lime light' when it comes to the delivery of clinical services and I am extremely proud of these services such as estates and facilities, procurement and I3 who have all moved mountains to create new wards and facilities in days to a high standard – a herculean effort at the best of times and these are not the very best of times.
 - Clinical staff – They have been immense in their professionalism and courage in facing this pandemic and we are keeping them regularly updated together with our expression of thanks and support.

Communications:

- It is challenging as we are unable to utilise some methods of communication at the moment such as face to face briefing sessions, however we have developed a schedule of communications to keep people updated on our response to the pandemic as well as sharing national updates, these include:
 - Daily written CEO briefing to all staff
 - As and when written briefings to stakeholders
 - Phone conference briefing with MPs and Health Scrutiny Chairs
 - Fortnightly external stakeholder 'roundup' bulletin for BHCP
 - Regular CEO/executive site visits & 7-day rota working
 - Virtual briefings
 - New website
 - Weekly News

Data

9. Many things have filled my inbox and thoughts since the pandemic started, not least a request from the public and staff that we share more details with them, we have been encouraged not to share some data much wider, however this is against our principles of being open and transparent with our staff and of an 'open book' approach, since we've recently started to share discharge data we have seen a positive reaction from staff and the public, especially as they can see the fruits of their hard work: people going home, rather than just hearing about people dying. There is a balance to be struck, our actions do have consequences, once one Trust acts in a certain way it can put pressure on others to follow suit and when resources are so pressured this can be a pressure others could do without, the balance is we have a duty to our staff and local population and it is this duty that we are first seeking to meet in a transparent and timely manner.

PPE

10. The challenges that the NHS has faced around PPE availability are well known and documented, we have seen an improvement in the frequency and volume. Locally our teams have pulled all the stops out to help maintain safety:
11. We have dedicated tactical teams on each of our sites to ensure that any issues that arise are picked up and addressed quickly – and this has been working well. In addition to the national supplies which have been arriving and have been distributed regularly to the clinical teams throughout our community, our teams have:
- Helped source a sustainable supply chain for hand sanitisers using a local company (Wax Lyrical), which was on stream within a week of the pandemic outbreak,

- Sourced a sustainable supply of re-usable full-face visors by working in partnership with local businesses.
- Sourced an additional 8,000 scrub suits and implemented a 'scrub hub' on all sites as part of the PPE protection for all our staff within the first days of the pandemic.
- Implemented a 'single point of ordering' system for PPE ordering to ensure that all wards / department as well as community receive daily PPE stock.
- Implemented a seven-day service - to ensure PPE is delivered daily.

12. Worked with regional and national colleagues to ensure that if there are issues with supplies, all local organisations have access across the region to the stocks available. In addition, since the pandemic began, we have supplied more than 800,000 sets of gloves, more than 400,000 aprons and more than 300,000 surgical masks. In total more than 1.6million different items of protective equipment have been supplied to frontline teams in our hospitals and across our community.

OPERATIONAL PLANNING & PRIORITIES

13. The Board will recall the Trust's position in relation to 20/21 Operational Plan – with 3 versions shared and discussed:

Version 1 – baseline which was the Trusts position as stated in the LTP – deficit of £62,689m.

Version 2 – based on ensuring delivery of the planning guidance priorities and an £18.1m CIP saw a worsening position from the LTP of £28.5m.

Version 3 – revised our position; removing the planning guidance pressures and delivery of a £19.1m CIP, improved the position but was still £12m away from the LTP.

14. Version 3 was agreed by the Board and work commenced on delivery of this plan working with our Bay Health and Care Partners on the Transformation programme which we had agreed would focus on 4 key priority areas:

- Transformation of outpatients
- Reshaping inpatient care to release medical unit 2
- Theatre improvement programme
- Long term conditions

15. On the 19th March 2020 we were informed that Operational Planning was cancelled due to the NHS response to the Covid Pandemic. The Trust established very quickly a strategic, tactical and operational governance process through which it has responded to the Covid pandemic. Whilst this immediate response has been heavily reliant on all our teams there has been a continued focus on financial discipline and on our transformation programmes.

16. In recognition of our responsibility to ensure we are able to deliver ongoing care for those clinically urgent / cancer patients and our responsibility to those patients who are currently on our waiting lists, we have established a recovery / business as usual cell with a focus on the 'here and now' and the period 'post' Covid.

17. Whilst our Operational Priorities for 20/21 had been agreed, considering the Covid situation we have reviewed and refined into 4 key areas of focus for 20/21:

- i. Dealing with the current COVID Pandemic as safely and effectively as we can
- ii. A core focus on staff wellbeing

- iii. Continued priority on Quality and Safety of our services
- iv. Post Covid Future - the work of our Recovery Cell

18. We would like the Board to agree and ratify this change. We will continue to have a quarterly review of our priorities and will use these check points as an opportunity to review, revise our achievement and delivery whilst looking forward to 21/22.

UROLOGY

Trust Task and Finish Group

19. The Trust Task and Finish Group had been meeting on alternate weeks but from this month will move to monthly. The Group is overseen by a Non-Executive Director and is in the process of reviewing its Terms of Reference for the next period to align with the Oversight Meeting and the Niche Consulting work, awaiting sign off from NHSE I.

20. Key issues to provide an update on include:

21. The Medical Director has completed a review of action plans held by Care Groups and will bring a position statement through to the Quality Committee in April and a more detailed report in May.

22. The York Review has completed, and a detailed report is being presented at this meeting.

23. The Safe today paper continues to be reported through this group to provide visibility and assurance around the Urology service and this has been recognised by the Oversight Group as an excellent programme of work.

NHSE/I Urology Oversight Group

24. The Oversight Group continues to meet monthly, however during the Covid 19 Pandemic and in line with Government recommendations during this period the meetings have been changed to conference calls and a focussed meeting.

25. The key focus of this group is to ensure that the urology service is safe and that the Trust is taking appropriate actions to ensure any improvements are sustained whilst the outcome of the independent review is awaited.

Independent Review

26. The Trust continues to support the work of Niche Consulting. The Phase I programme is on track and anticipated to complete during April. Phase I has consisted of key staff interviews to inform the development of the Terms of Reference and the scope and scale of the investigation. Phase II is then due to follow and take place throughout the summer, however this phase of collation of documentation will be closely monitored with the potential of Covid 19 to impact on the flow through of documentation and patient information.

27. Whilst the independent review is undertaken, the Trust will not be permitted to report on its progress. This is because the investigation is independent of the Trust and is a review being undertaken directly for NHSE/I.

ANNUAL REPORT & ACCOUNTS

28. The Annual Reporting Manual 2019/20 was published on 10 January 2020 and work began to ensure the Annual Report and Accounts are published in accordance with national requirements.
29. On 25 March 2020, the Trust received a letter from NHS England and Improvement which set out the impact of COVID-19 for Trusts preparing the Annual Report and Accounts 2019/20. NHSE/I have worked with the Department of Health and Social Care (DHSC) to amend arrangements for year-end accounts for 2019/20. A revised Annual Reporting Manual for 2019/20 was published on 11 April 2020.
30. The requirement to publish an Annual Report and Account still remains but there are notable changes to share with the Board:
- Planned revisions to the format and content of the annual accounts have been postponed;
 - The content of the annual report has also been streamlined. There is no requirement to include a performance analysis section within the performance report. This is optional. There is no longer a requirement to include a quality report. This is optional. Auditor assurance work on quality accounts should cease for 2019/20;
 - The deadline date for Foundation Trust Annual Report and Accounts to be laid in Parliament, at the time of writing this report, is to be confirmed but it will not be in advance of the Parliament summer recess.
31. Notwithstanding these changes and the option to submit the Annual Report and Accounts in June 2020 the Audit Committee has determined to approve the Annual Report and Accounts at the end of May 2020.

Aaron Cummins
Chief Executive

Integrated Quality and Performance Report

For Board of Directors






Reporting Period – March 2020



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

Our Outcomes – How Are We Doing March 2020

 <p>Outpatient follow-up appointments past the indicative review date. The baseline target was not achieved and increased in March 2020 due to the number of appointments postponed by the hospital or cancelled by the patients due to managing COVID-19.</p>		 <p>Referral to Treatment standard</p> <p>Position pre-impact of COVID-19: 82.06%</p> <p>Current position due to impact of COVID-19: 78.3%</p> <p>Against a trajectory of 84.1%.</p>		 <p>Waiting list size The March 2019 baseline target waiting list size of 20,268 for 2019/20 was achieved.</p>	
<p>Baseline Position</p> <p style="font-size: 2em; color: red;">27,779</p>	<p>Mid-March 2020 position:</p> <p style="font-size: 2em; color: red;">29,871</p> <p>Current position due to impact of COVID-19:</p> <p style="font-size: 2em; color: red;">31,756</p>			<p>Target Waiting List Size</p> <p style="font-size: 2em; color: green;">20,268</p>	<p>Waiting list size</p> <p style="font-size: 2em; color: green;">19,873</p>
 <p>Financial and trading position: At the end of March 2020, the Trust had a deficit of £61.7 million, £193k under the planned deficit and a slight improvement over the position in February 2020.</p> <p>The impact of COVID-19 has placed considerable pressure on the Trust. In the financial position in this report, it has identified additional expenditure relating to COVID-19 and have matched this with a centrally funded income stream, in effect, negating the financial impact of COVID-19 on the financial position and fully recovering the costs incurred. The position reported is therefore UHMB “normal” trading position unaffected by COVID-19.</p>		<p>Urgent Care 95% Standard improved from mid-March 2020 at:</p> <p style="font-size: 2em; color: red;">79.5%</p> <p>26% fewer patients attended the Emergency Departments in March 2020 compared to March 2019 due to the impact of COVID-19.</p>			

Introduction

The Integrated Performance Report provides the Board of Directors with summary of exceptions that are discussed in detail within operational and assurance committees.

Chief Executive's/Executive Directors' Summary

The focus of this report is March 2020. The report identifies key risks for the organisation; reviews performance against important national indicators as well as those areas of focus agreed by the Board. The report also highlights organisational achievements.

The report also sets out the impact of COVID-19.

As part of the Trust's response to the COVID 19 pandemic I3 have developed a COVID 19 Dashboard. This is being used to meet the daily reporting requirements for NHSI and the ICS.

It also provides real-time operational data to support patient flow and the management of COVID patients across the main hospital sites. The Dashboard also supports the work of the Incident Management Team and provides the data to support the daily sit rep updates for the Board.

During the next quarter we will work the Business Intelligence Team to develop the data presented to the Assurance Committees and the Board.

Our Patient and Quality Perspective

- In relation to VTE risk assessment compliance, steady improvement observed since October 2019. Figures in February 2020 indicate improved compliance compared to 93% in January 2020.
- Current challenge within the Patient Relations Team due to staff vacancies and sickness. This is being monitored and will be supported by the wider governance restructure.
- Procedural Documents performance continues to deteriorate. Responsibility for ensuring documents are up-to-date sits with operational teams. Capacity of teams is impacting on their ability to ensure documents are kept up-to-date.
- Incident Reporting has reduced by 20% in March 2020 from February 2020, the only identified driver for this reduction is the operational impact of COVID-19. Early analysis suggests a further reduction is taking place in April 2020.
- The Trust is participating in an NHS England audit programme to undertake testing for staff and patients who do not have symptoms to see if further steps are necessary to protect people from transmission in hospital. Eleven acute hospital NHS trusts including UHMBT- covering the seven NHS regions - have volunteered to participate, giving a good spread across the country.

Our People Perspective

The below data represents the year end position for the 2019/20 People & OD metrics. It should be noted that due to the focus on supporting the overall COVID-19 response, specific metrics for the current have been developed and are reported on an additional dashboard. Longer term 2020/21 People & OD metrics will be reviewed and redefined by the Workforce Assurance Committee in May, reflecting the impact of COVID 19 on metrics and the required recovery trajectories once the timescales are clearer.

Recruit & Retain

The Trust saw a significant increase in its Registered Nurse numbers in year with the aspirational target of 211 nurses fully met. There has been a net gain of 162.42 WTE nurses in the year to 31st March 2020, which has seen the number of wards/departments with <85% availability reduce from 48 at the start of the year to just 16 in March.

The Registered Nurse vacancy rate is now below 5% (national target to get it to 5% by 2024) and the Registered Midwife vacancy rate is 5.33%.

The numbers of senior doctors continues to increase, with 23 Consultant-level appointments commencing in-year. However, growth has been greatest in middle-grades due to targeted use of the Associate Specialist grade (with support for CCT), clinical model reviews and piloting the national Global Radiology Fellow programme.

Health & Wellbeing

Despite some signs of recovery in attendance levels since the Care Group Check & Challenge sessions were re-introduced in January 2020, absence levels are 0.4% higher than they were at the corresponding period in 2019. March's figures include any sickness/self isolation relating to COVID 19, but these will be reported separately moving forward to allow better comparisons and targeted actions. Centralised absence reporting has been introduced for COVID-19, ensuring accurate and real-time absence data is available to support deployment of colleagues.

The new Disability Leave Policy (and the associated Colleague Health Passport) have now been launched which will ensure that colleagues with disabilities are better supported at work, including consideration and implementation of reasonable adjustments.

Grow & Develop

A new metric was introduced to look at the ratio of employees who were 100% compliance in all Core Skills Framework areas - this target has been set on a staged trajectory of 85% in March 2020 (rising to 95% in March 2021). Compliance plateaued from November 19 with a significant drop in March, which is likely to be a result the COVID-19 response and cessation of much training activity. The target for March was not achieved.

However, under the old metric (95% compliance for each separate element) the Trust is 95% or above for 10 areas and 92% or above for the remaining 3. This is a significant improvement on previous compliance.

In terms of Safeguarding and MCA/DoLS training, the current position is

- 95% compliance with MCA/DoLS Training - 5 Care Groups are at 96% or more
- 98% compliance with Safeguarding level 1 - all Care Groups are 96% or more.
- 96% compliance with Safeguarding level 2 - 6 Care Groups are 95% or more, Corporate below target
- 95% compliance with Safeguarding level 3 - 4 Care Groups are 95% or more, Medicine and Surgery below target

Appraisal

- Leadership Appraisals: 95% compliance was reached by 30 July
- Band 1-7 appraisals: Although an improvement on 2018/19, the appraisal target of 95% was not achieved in 2019/20.

The People and OD Response to the Covid-19 Pandemic

The People and OD team have made extensive changes to the way we deliver our services to ensure that we are providing a **responsive** and **compassionate** service to colleagues across our organisation. This has been in partnership with our Staff Side colleagues where possible. It should be noted that the People & OD function is currently entirely engaged on COVID-19 activity and in business-critical support (such as payroll).

Our immediate response was to:

- Review our business-critical services, including safeguarding the provision of payroll and enhancing the support and availability through occupational health
- Review business that could be ceased temporarily in order to deploy colleagues to support People & OD critical areas and the central COVID response team
- Shift People & OD services to 7 day working model (including the AskSAMI and Occupational Health contact centres)

Guidance & Protocols

Operating within a context of national terms and conditions, the Trust's aim is to follow national guidance and to only develop local arrangements where we absolutely have to. A central repository dedicated to COVID-19 advice has been created on SharePoint which includes:

- **Terms and Conditions Supplement** - providing definitive answers about the terms and conditions that will apply in this period of unprecedented challenge with regard to leave, pay, returning employees and other terms
- **Death in Service Guidance** - this sets out two key areas of arrangements: monetary support (including for those who are not in the NHS Pension Scheme) and pastoral care & remembrance
- **Clean Shave Policy**- in line with the national approach to PPE and use of FFP3 masks, we have introduced a Clean Shave Policy for the duration of the COVID response for those colleagues who will need to wear respiratory protection. Specific consideration, communications and approach have been developed recognising the equality related impact on some colleagues.
- **Staff Guide** – providing details around self-isolation and suspected positive including the associated pay.
- **Risk Assessment** – produced to enable managers to make informed decisions for shielding, high risk, pregnant and colleagues with underlying conditions, including for those in their household.
- **Frequently Asked Questions** – developed to ensure to create a space to provide consistent and accessible advice in response to the increase in queries through our services.
- **Home / Agile Working** – working closely with our I3 colleagues developed guidance not only on the technical aspects but behavioural guidance for homeworking, working in virtual teams and effective virtual meetings.
- **Colleague Facilities** - promoting NHS supermarket shopping hours, food delivery information, pop-up stalls, community support offers and other staff facilities
- **Schools and Childcare** – reaching out to local childcare providers to explore the art of the possible and providing information and support for those with caring responsibilities.
- **Accommodation** – local arrangements to ensure that colleagues have alternative accommodation, developed ahead of the national accommodation guidance. Additionally, local Sainsbury and Booths supermarkets have supported with ‘sleep bags’ with toiletries etc.
- **Ramadan 2020 Briefing** - a COVID-specific briefing to support Muslim colleagues

Workforce Cell

To support the Trust with responding to colleague absences and effective deployment, a workforce cell has been established with the core function to provide and sustain workforce deployment across acute and community services. A pool of availability has been established enabling the effective deployment of colleagues into critical areas.

Supportive conversations have taken place with colleagues identified for this pool to ensure each colleague has had the opportunity to highlight concerns and to ensure skillsets are matched with new roles. As part of the enablement for the Workforce Cell activity the creation of a live central absence data repository in order to have real-time absence data. This will support managers and colleagues, allowing for the effective deployment of available resources.

Recruit & Retain

The very many challenges facing the Trust as we deal with the pandemic require different ways of working, in different settings and roles and to on-board existing, new and former colleagues into these roles in condensed timeframes.

The recruitment team have moved to a 7 day service to support the recruitment and on-boarding of new colleagues. A streamlined fast track process for checks and clearances now enables on-boarding colleagues as **efficiently and safely** as possible.

This has included:

- **Risk assessment** process for all clearances ahead of national steer from NHS Employers
- **Health Clearance** often received at the first appointment by streamlining the process and the creating of block booking appointments.
- **DBS fee** removed nationally and turnaround of 48hours
- **Corporate Induction** move now takes place virtually. Enhanced local induction packs and online materials allow for a reduced but effective induction process.

Health and Well Being

A comprehensive Employee Health & Wellbeing Resource pack has been developed and implemented, led by the Occupational Health & Wellbeing Team. The four-stage approach is geared to providing different levels of support and response dependent upon the stage of the pandemic and is designed to allow flexible response to circumstances. The immediate (Phase 1) and secondary (Phase 2) response has included:

- Occupational Health Contact Centre offering helpline support on personal circumstances, social distancing, shielding and pregnancy matters, a swab referral support for employees and household members. This is provided seven days a week
- Department/ward welfare visits daily, prioritising Red and Amber Covid-19 areas
- Colleague welfare resource packs delivered
- Weekly wellbeing posters specific to support during Covid-19 circulated
- Counselling and Therapies: same day, one-to-one Cognitive Behavioural Therapy, Person Centred Counselling and other services. In person, by phone or online
- Cancer Care UK support line and therapies agreed and publicised, including bereavement support.
- Access to coaching for all colleagues made available seven days per week (100 hours of expert fast tracked coaching)
- Mental Health First Aider network activated and publicised
- Trauma Risk Management (TRiM) network activated and publicised
- Well-being apps available free to colleagues publicised (Headspace, etc)
- Development of designated rest areas – the “wobble rooms”

Grow and Develop

Corporate Induction - for the pandemic period this has been ceased and replaced with an enhanced local induction and focused clinical skills training programme to equip people with core skills and be ward/department ready for deployment

Core Skills Framework - Compliance periods extended for 6 months, with suitable concessions for returning staff and new starters in order to ensure safe-working, but without placing additional pressure on colleague time.

Appraisals - Suspended from 1st April 2020; with pay-step progression deferred until 1st April 2021.

Medical revalidation - suspended by GMC for all doctors that are due to be revalidated by September 2020.

Nursing and Midwifery Council (NMC) - has extended the revalidation period for an additional 3 months.

Health Education England (HEE) - e-learning package on coronavirus has been made accessible through TMS, with self-certification of compliance. Additional leadership and management training online has been provided via the intranet.

Training for redeployment - The L&OD team have supported huge numbers of mask fitting sessions, delivered by the clinical skills teams. In addition, the team have transferred training requirements for redeployment onto TMS and are supporting the coordination of completion.

Our Operational Performance Perspective

Operational performance in March has been significantly affected by the changes in service provision as a result of the COVID-19 pandemic, with patient experience standards improved in some areas as demand has increased and adversely affected in others. The impact for March represents an indicator of performance going forward, as health care changes and patient cancellations due to self-isolating came into effect mid-way through the month. A summary of the impact by operational performance indicators is given below.

Emergency Department (ED)

The 4 hour standard improved from mid-March onwards to 79.47%, as 26% fewer patients attended ED this March compared to last year. Performance has continued to improve in April 2020 due to decreased demand, with a 66% reduction in attendances between 1 and 19 April 2020 as compared to the same period last year.

Cancer Standards

Cancer 62 day performance in February 2020 increased to 78.82% and the cancer 2 week wait and 28 day faster diagnosis standards were met in month.

Referral to Treatment (RTT) Standard

Before the COVID-19 impact, RTT performance was 82.06% which was the highest RTT percentage since June 2019. RTT has been impacted by appointments being deferred by the hospital and by patients themselves cancelling due to COVID-19 and this has led to a worsening of RTT

to 78.3% at the end of March. The Trust was forecasting 1 patient (choice of a date in April) waiting over 52 weeks following significant work to treat the longest waiting patients before the COVID-19 pandemic impacted. At the end of March 2020, there were 12 patients waiting over 52 weeks, due to the postponement of their routine surgery and outpatient activity.

Waiting List Size

The March 2019 baseline target waiting list size of 20,268 for 2019-20 was achieved with 19,873 patients waiting at the end of March. A 34% reduction in routine referrals received in March offset the patients that were postponed by the hospital or who cancelled themselves due to COVID-19.

Follow-up Appointments past the Indicative Review Date

The number of patients waiting past their review date for a follow-up appointment reduced for the third consecutive month, however projected progress was limited by the impact of the COVID-19 pandemic. In mid-March, there were 29,871 patients past their review date, which rose to 31,756 at the end of March due to the number of appointments postponed by the hospital or cancelled by the patients due to COVID-19.

Our Finance and Productivity Perspective

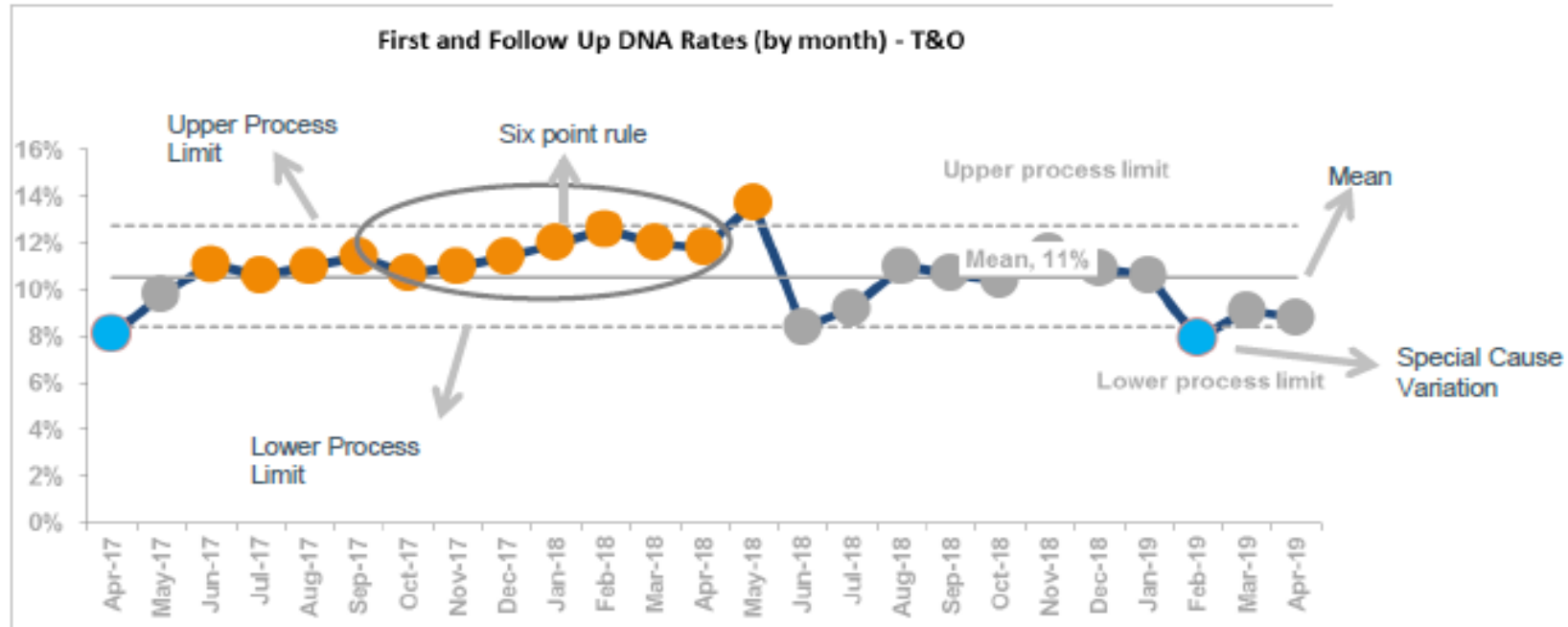
- The Trust planned for and set budgets for a year-end deficit of £60.1million, the agreed Control Total with NHSI. In February this was amended by £1.8 million, giving a revised year-end planned deficit and Control Total of £61.9 million. The alteration of the Control Total has been negotiated as part of the mitigating actions taken in order to deliver the financial targets.
- The impact of COVID-19 has placed considerable pressure on the Trust. In the financial position in this report, it has identified additional expenditure relating to COVID-19 and have matched this with a centrally funded income stream, in effect, negating the financial impact of COVID-19 on the financial position and fully recovering the costs incurred. The position reported is therefore UHMB “normal” trading position unaffected by COVID-19.
- At the end of March 2020, the Trust had a deficit of £61.7 million, £193k under the planned deficit and a slight improvement over the position in February 2020.

Update on key actions following quarter 3 review

Action Agree	Update
Focus on delivery of year-end financial target	The Trust delivered on its Control Total for 2019/20.
Outpatients IRD Recovery programme	In mid-March, there were 29,871 patients past their review date, which rose to 31,756 at the end of March due to the number of appointments postponed by the hospital or cancelled by the patients due to COVID-19.

Preparations for responding to Urology External Review & CQC inspections	An external independent review of urology services is being conducted by Niche Consulting. A detailed update will be given at today's meeting (agenda item 9).
Complete work on Talent Management and succession planning	The Trust's approach to talent management was presented to the Board of Directors at their meeting on 29 January 2020. It was agreed a workshop on talent management and succession planning at a future Board of Directors' meeting would be arranged.
Analyse and agree responses to the national staff survey results	An update was given at the Board of Directors' meeting on 26 February 2020.
Partnership work – ICS Provider Collaborative, BHCP Development & University relationship	An update was given at the Board of Directors' meeting on 26 February 2020.
Production of 20/21 Plans – Focus on financial recovery, colleague & patient experience, quality improvement and our estates and digital strategies	An update was given at the Board of Directors' meeting on 26 February 2020 and will be given at today's meeting (items 5 and 8).
HIP 2 response preparations	The Board will be aware of the Government's announcement in autumn 2019 that UHMB were identified as one of two Trusts within the Integrated Care System given access to access seed funding. Work is being progressed on this and a paper will be presented to the Board of Directors at their meeting in April 2020.
Work on establishing QI/SI/Transformation infrastructure	Rubis QI Board Session and additional work to be undertaken by Executive Directors' Group
Estates Strategy	Work on the Estates strategy is underway with a draft being shared at Finance Committee on 24 February 2020. An update on the development of the strategy will be presented to the private Board of Directors meeting in April 2020.

Interpreting SPC (Statistical Process Control) Charts



SPC Chart – A time series graph to effectively monitor performance over time with three reference lines; Mean, Upper Process Limit and Lower Process Limit. The variance in the data determines the process limits. The charts can be used to identify unusual patterns in the data and special cause variation is the term used when a rule is triggered and advises the user how to react to different types of variation.

Special Cause Variation – A special cause variation in the chart will happen if

- The performance falls above the upper control limit or below the lower control limit
- 6 or more consecutive points above or below the mean
- Any unusual trends within the control limits

University Hospitals of Morecambe Bay NHS Foundation Trust Integrated Performance Report

Quality Section

Performance Summary – February

The Report details exceptions to the Trust's performance against the Governance/Quality indicators for 2019/20, as reported on the Quality Committee Dashboard this month.

Quality Committee Dashboard Metrics









There are 63 metrics on the full Quality Committee Dashboard, only exceptions are reported to the Committee and are then included in the report

Exceptions

There were 9 exceptions being reported on the Quality Committee Dashboard this month.

Key Items to Note this month

- In relation to VTE risk assessment compliance, steady improvement observed since October. Figures in February indicate improved compliance compared to 93% in January.
- Current challenge within the Patient Relations Team due to staff vacancies and sickness. This is being monitored and will be supported by the wider governance restructure.
- Procedural Documents performance continues to deteriorate. Responsibility for ensuring documents are up-to-date sits with operational teams. Capacity of teams is impacting on their ability to ensure documents are kept up-to-date.
- Incident Reporting has reduced by 20% in March from February, the only identified driver for this reduction is the operational impact of COVID 19, early analysis suggests a further reduction is now taking place in April

Key SPC Icons	
Icon	Description
	Special cause variation - cause for concern (indicator where high is a concern)
	Special cause variation - cause for concern (indicator where low is a concern)
	Common cause variation
	Special cause variation - improvement (indicator where high is good)
	Special cause variation - improvement (indicator where low is good)
	The system may achieve or fail the target subject to random variation
	The system is expected to consistently fail the target
	The system is expected to consistently pass the target

Complaints - PALS – 75% responded to within 5 working days

Complaints: PALS – 75% respond...

41

Target

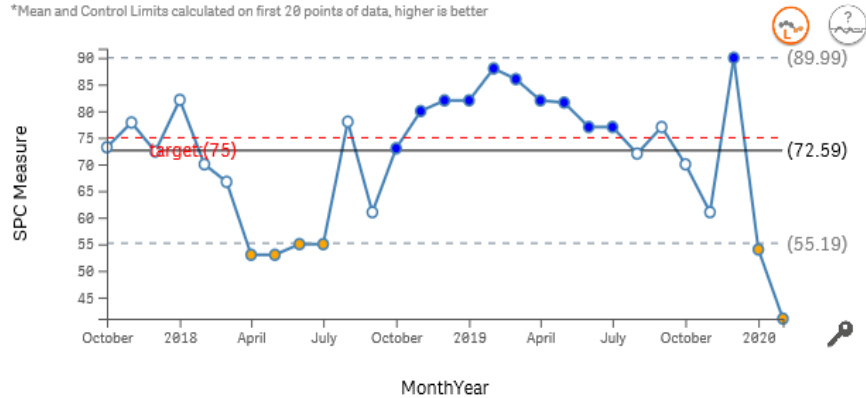
75

SPC Chart

Table

Complaints: PALS – 75% responded to within 5 working days

*Mean and Control Limits calculated on first 20 points of data, higher is better



Commentary

Issues: the patient relations team has been working with a 1 wte PALS officer down for over a year and in February annual leave took this figure even further down by 1 wte for 2 weeks and with two case officers also taking leave in February this left the department depleted and unable to respond to PALS as quickly as normal.

Actions: leave was authorised and as we have staff on loan it was approved prior to coming to us – next year leave will be planned better if within our control to do that.

Impact: patients waiting longer for a response, increases in staff stress

Complaints - Revisit response completed within 25 days

Complaints: Revisit response co...

60

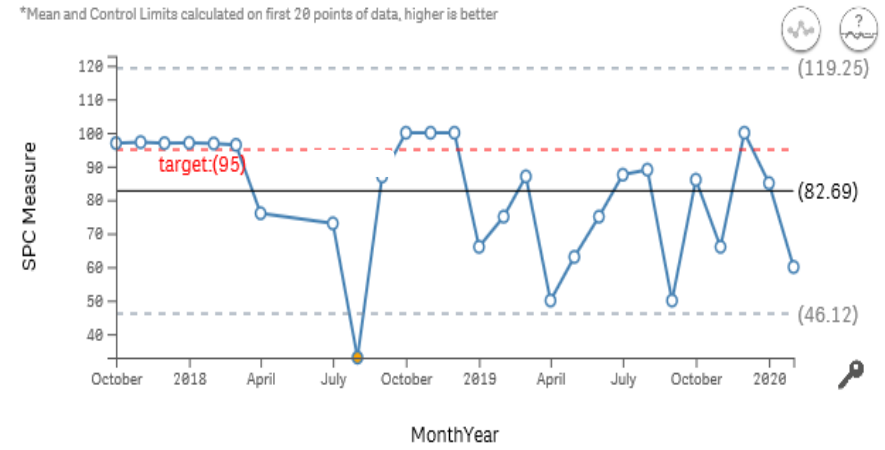
Target

95

 **SPC Chart**  **Table**

Complaints: Revisit response completed within 25 days

*Mean and Control Limits calculated on first 20 points of data, higher is better



Commentary

Issues: the patient relations department currently has a backlog of cases which is taking more time than normal to process – revisits are therefore taking longer to action and arrange meetings. Annual leave also impacted on revisit response times as well as staff shortages where we have not been able to recruit to due to restructure

Actions: Progress is being made with reducing the backlog. Once restructure complete we will be able to appoint to the new posts

Impact: Quality of service to patients is reduced.

FOI Compliance Rate

82.72

Target

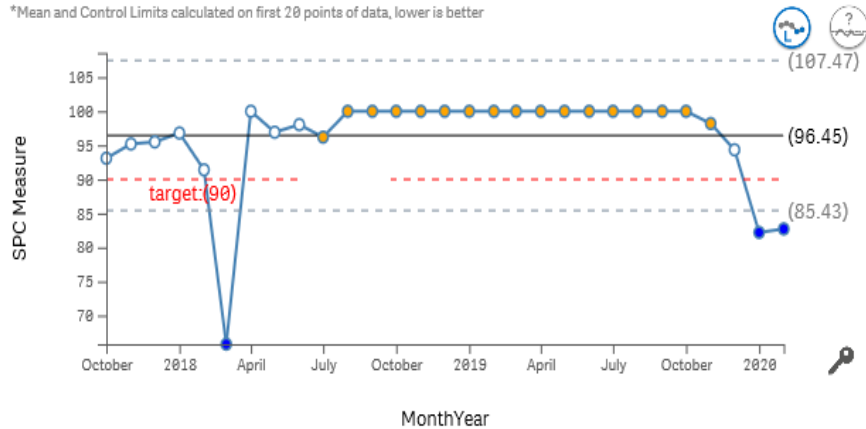
90

SPC Chart

Table

FOI Compliance Rate

*Mean and Control Limits calculated on first 20 points of data, lower is better



Commentary

Issues: There continue to be a large number of breaches. However, the year-end figures show that out of 734 FOI requests received during the period 1 April 2019 – 31 March 2020 only 51 cases failed to be answered within the external time-limit of 20 days.

Actions: An analysis of the reason/cause of why the 51 breaches occurred will take place and this will be provided in the FOI Annual Report.

The first of five Corvid-19 related FOI requests was received on 18 March 2020 and was regarding the number of Ventilators within the Trust.

Impacts: Overall the yearly compliance rate for the Trust was 93.22%. The Information Commissioners Office (ICO) expects a compliance rate of 90%

Procedural Documents: Total nu...

88.44

Target

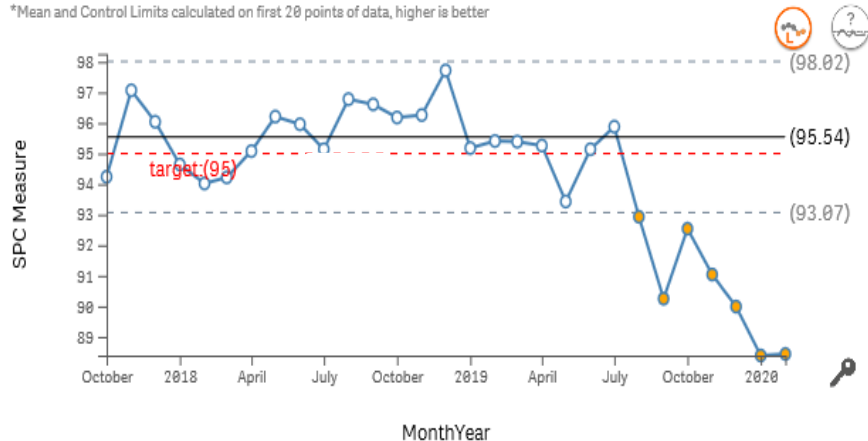
95

SPC Chart

Table

Procedural Documents: Total number in date

*Mean and Control Limits calculated on first 20 points of data, higher is better



Commentary

Issues: Workforce & Organisational Development & Surgery and Critical Care - No return received. Pressures due to COVID-19.

Women & Children's

An ongoing piece of work is taking place in respect of Partnership in Paediatrics and Neonatal guidelines. These need to be checked and localised for the Trust. Some delays in completion due to having to return to the author for additional information, identification of new authors and pressures due to Covid19

Actions:

Core Clinical Services:

Action Plan reviewed monthly at HoS/Performance Meetings. Procedural Document performance and KPI's discussed and escalated weekly at CGMT/MB.

All authors receive monthly reminders

Women & Children's

The PIP guidelines and Neonatal Guidelines are nearly ready for authors to finalise. These have currently been stood down due to clinical pressures on the Care Group however, urgent pieces of work and those completed from authors will be sent through with chairs approval

Impacts: Risk of obsolete information being used by staff.

Risk Register - Risks that are being Tolerated

Risk Register: Risks that are bein...

10.89

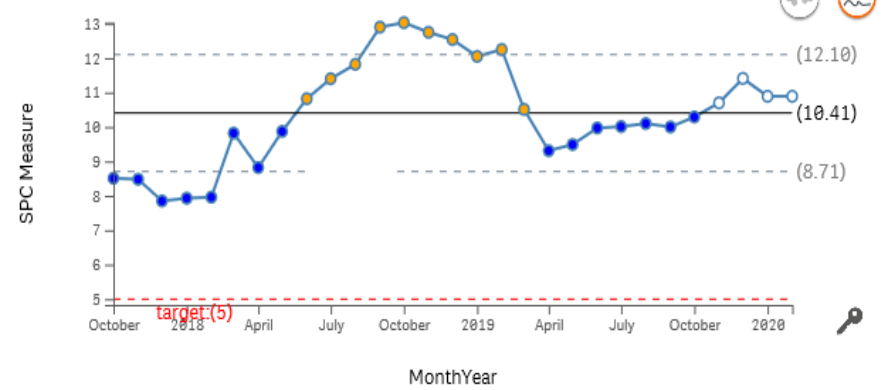
Target

5

SPC Chart Table

Risk Register: Risks that are being Tolerated

*Mean and Control Limits calculated on first 20 points of data, lower is better



Commentary

Issue: Risks which are being tolerated amount to 10.89% against a target of 5%

Action: Review has been undertaken of all tolerated risks and this percentage is expected to remain

Impact: This number is a slight improvement on last month's percentage of 11.41%

There are 2 risks being tolerated on the high value operational risk register:

Risk no 546 Core Clinical Services: Interventional radiology procedures. This risk is under review with a supra-regional committee. All Out of Hours pathways agreed. In Hours pathways under development. Target date for completion is Sept 2020.

Risk no 2390 Integrated Community Care Group: Lack of provision in Home Care in South Cumbria is being addressed through Bay Health and Care Partners. Monthly Intermediate Care meeting (involving MBCCG and Local Authorities) ensures a system-wide approach to domiciliary care. Target date is Mar 2020

Mixed Sex Accommodation Breaches

26

Target

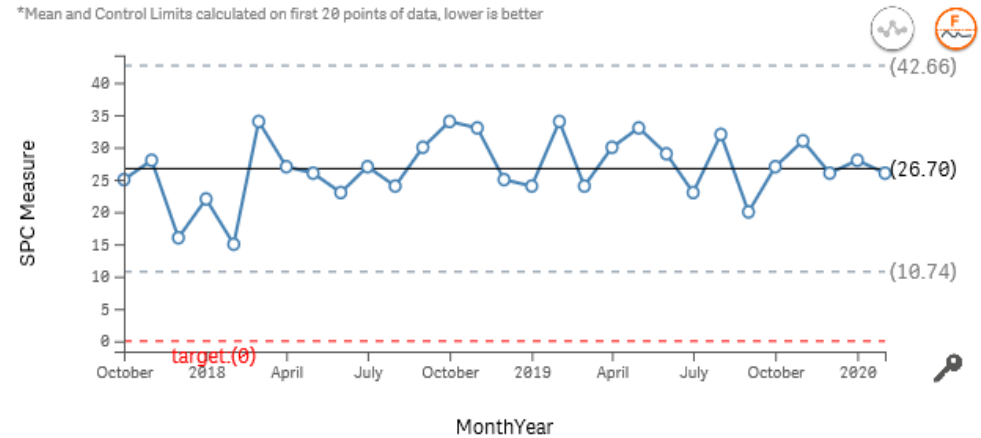
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SPC Chart

Table

Mixed Sex Accommodation Breaches

*Mean and Control Limits calculated on first 20 points of data, lower is better



Commentary

Issues: There have been 26 breaches of the mixed sex accommodation in March.

Actions: relating to patient flow continue to develop as reported in previous months

Impact: We will potentially see an increase in breaches in early April due to the need to cohort those patient with COVID symptoms and/or positive swab results into respiratory ward area with the need to control infection and prevent spread of potential infection. As the COVID work has developed, the privacy and dignity of patients has been considered in the development of red, yellow, green and white areas

VTE Risk Assessments Complete...

94.69

Target

95

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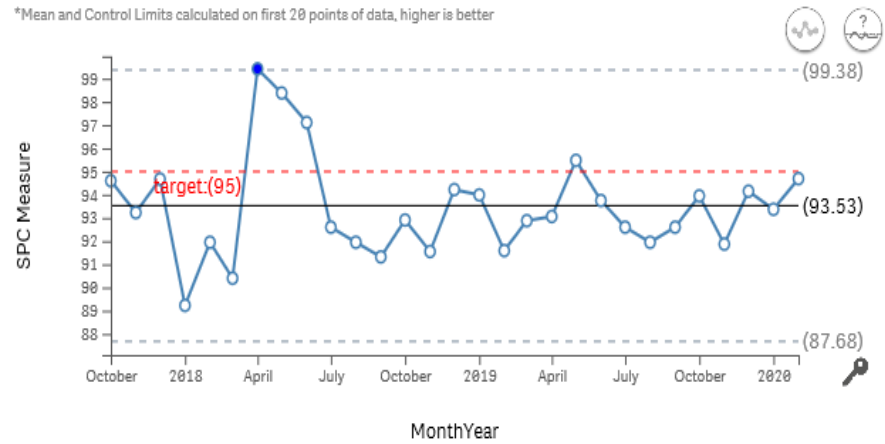
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 **SPC Chart**  **Table**

VTE Risk Assessments Completed (Inpatients)

*Mean and Control Limits calculated on first 20 points of data, higher is better



Commentary

Issues: Target of 95% not achieved as regards VTE assessment on admission due to various factors. However, compliance is improving and we are just 0.31% off hitting the target in February.

- Actions:**
- 1) VTE champions identified at FGH and RLI end at junior level as well as middle grade.
 - 2) Clinical areas with consistently low VTE assessment rates identified and staff education prioritised.
 - 3) F2 education sessions undertaken.

Impact:
Improved compliance in February as compared to 93% in January.

Clostridium Difficile -meeting the...

6

Target

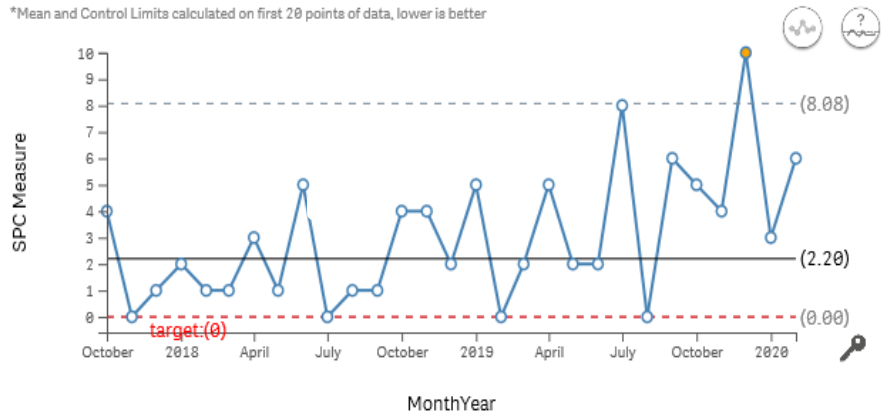
3

SPC Chart

Table

Clostridium Difficile -meeting the C.Diff objective

*Mean and Control Limits calculated on first 20 points of data, lower is better



Commentary

The dataset has been locked for Feb and March 2020.

C difficile cases 2019/20

Total cases- 55

Hospital onset cases- 37

Community onset healthcare associated cases- 19

National trajectory- 37

Issues: Because data used to set the 2019/20 trajectory was not accurate the UHMB trajectory was set much lower, as it did not include numbers of “community onset-healthcare associated” cases in the baseline. Therefore work was done within the organisation to understand the numbers of cases that should have been included in the 2019/20 trajectory calculation.

Actions: PHE and NHSE/I were made aware of this issue and the data for 2018/19 has been unlocked and amended in the mandatory reporting system. PHE NHSE/I are not prepared to change the nationally set trajectory; but will allow the trust to agree a local trajectory with the CCG based upon the updated accurate data. The CCG have been approached and the quality lead is developing a paper for CCG board approval.

Impact: the C difficile figures for 2019-20 will be higher than the national trajectory as this did not include community onset cases when it was developed. The dataset for 20-21 will be based upon accurate community onset data so this issue should not arise moving forward.

Incidents - Incident Reporting Rate

Incidents Reported (Trust Wide)

1843

Medicine Care Group

751

Surgery Care Group

312

Community Services Care Group

261

Women & Children's Services C...

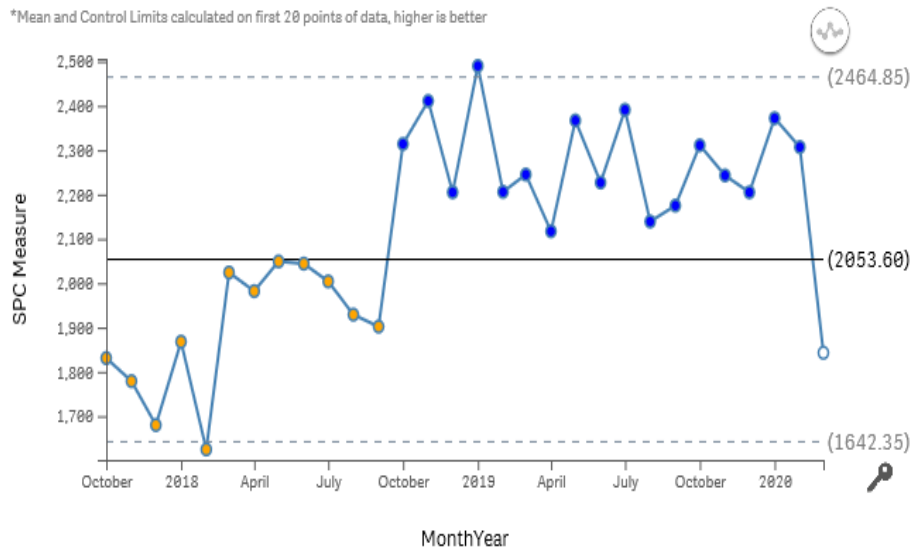
179

Core Clinical Services Care Group

111

Incidents Reported (Trust Wide)

*Mean and Control Limits calculated on first 20 points of data, higher is better



Commentary

Total Incident Reporting Rate includes; Patient Safety Incidents, Safeguarding Concerns, Operational/Patient Flow Incidents, Anti-Social and/or Aggressive Behaviour Incidents, Staff Accidents, Visitor Accidents, Security Incidents, Information Governance Incidents

April 2018 - Increase in Incident reporting rate due to integration of Community Services (South Cumbria).

October 2018 - Increase in Incident reporting rate due to integration of Community Services (North Lancashire).

March 2020 - Decrease due to; operational impact of COVID 19 in many areas which reduces staff time/ability to report incidents (especially No Harm incidents) and by a reduction in the level of some other clinical activities

Medicine Care Group - Significantly higher reporting rate due to Emergency Medicine, inc. very high levels of reporting Safeguarding Concerns.

Benchmarking:

National Reporting and Learning Service (NRLS) issue a six monthly national data set for all Acute Trusts of Total Patient Safety Incidents reported and Patient Safety Incidents reported per 1,000 bed days, the data is issued six months in arrears, most current data set is for 01 April 2019 to 30 Sept 2019.

UHMBT has a Patient Safety Incidents reported per 1,000 bed day rate of 67.44

National Average Patient Safety Incidents reported per 1,000 bed day rate is 48.68

UHMBT Patient Safety Incident reporting rate is 38% above the National Average.

UHMBT ranked by the NRLS as the 11th highest reporting Trust of the 131 Acute Trusts in England.

95.8% of UHMBT Incidents reported to the NRLS are No Harm or Low Harm

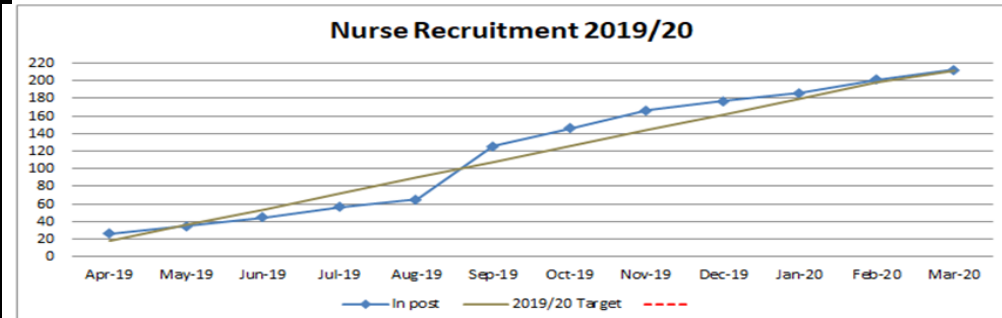
University Hospitals of Morecambe Bay NHS Foundation Trust Integrated Performance Report

Workforce Section

PEOPLE & OD PERFORMANCE REPORT

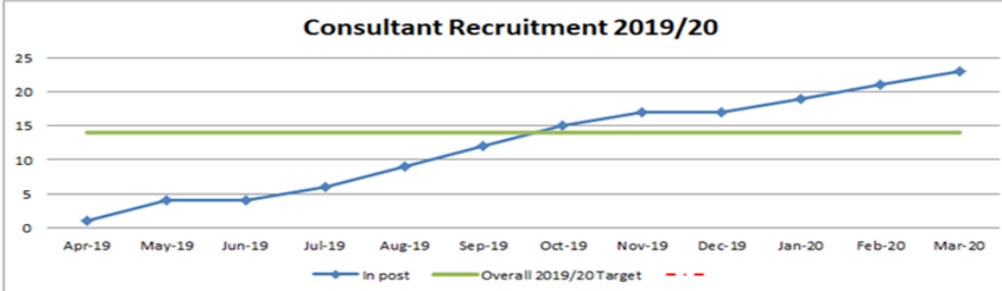
RECRUIT & RETAIN

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



Registered Nursing & Midwifery	Budget	Staff in Post	Variance	Vacancy
Registered Nurse	1876.7	1789.6	87.1	4.64%
Registered Midwife	173.6	164.3	9.3	5.33%

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



Medical & Dental	Budget	Staff in Post	Variance	Vacancy
Consultant	265.3	236.8	28.5	10.74%
SAS Doctors	152.4	141.2	11.2	7.36%
Higher Trainee	55.9	53.9	2.0	3.58%

Issue

The recruitment targets for Registered Nurses (RNs) for 2019/20 were set at:
- 211 Nurses (to commence on or before 31st March 2020)
- Reduce wards/departments with <85% availability (to nil by 31st March 2020)

Action

The number of nurse starters was fully achieved, with 212.42 WTE RNs starting since 1st April 2019 - the figure would have been even higher had COVID 19 not prevented the final cohorts of international recruits joining in March 2020.

In all, 74 internationally recruited nurses joined the Trust in year.

Impact

- Net gain of 162.42 WTE RNs since 1st April 2019
- 4.64% registered nurse vacancy rate
- 5.33% midwife vacancy rate
- Reduction from 48 wards/departments with <85% nurse availability, to 16 in March 2020

Issue

The recruitment target for Consultant-level appointments for 2019/20 was set at 14 (to commence on or before 31st March 2020)

Action

- 23 new Consultant-level recruits appointed
- Targeted use of Associate Specialist appointments in hard-to-fill areas (with support for CCT)
- National pilot of Global Fellows in Radiology
- Creation of alternative service model (Paediatric 3-tier rota)

Impact

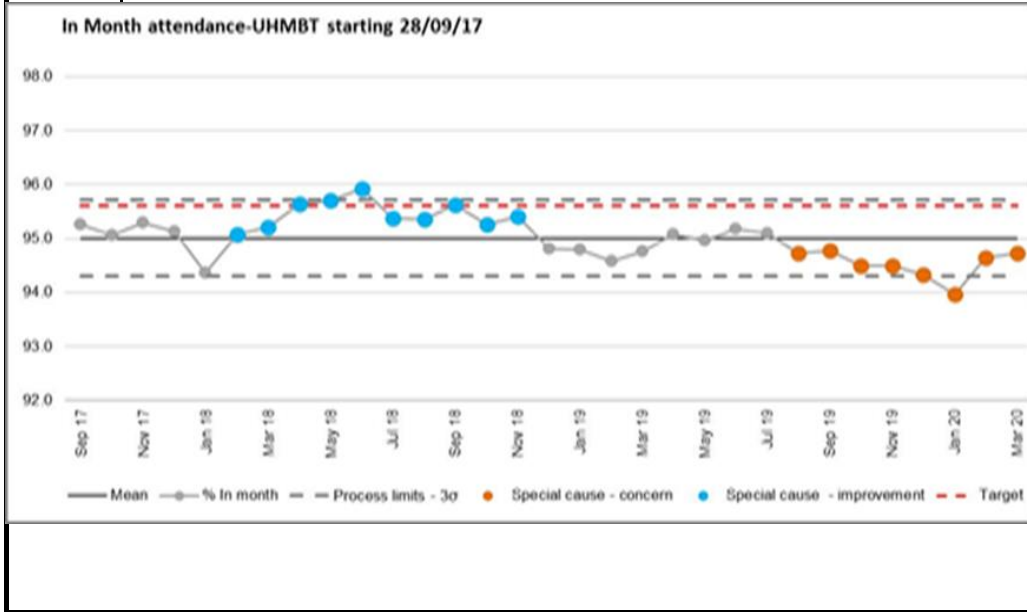
There has been net growth of 2.4% WTE Consultants in year, but the vacancy factor is only 0.5% higher due to growth in Consultant establishment (now 10.74%). However, there has also been net growth of 24.6 WTE in SAS Doctors.

Junior Doctors	146.3	173.2	-26.9	-18.36%
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The metric for 2020/21 has been refined to focus on improving the ratio of substantive to locum Consultants and recruiting to long-standing Consultant vacancies

HEALTH & WELLBEING

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



Issue

The attendance target was to improve UHMB to the national median for attendance by 31st March 2024, through incremental improvement as a consequence of targeted interventions, impact of Flourish strategy and improved organisational culture.

In year, the Trust has seen a deterioration in attendance levels from 4.7% to 5.1% - whilst this is a significant deterioration in year, it was showing some signs of recovery in the last 2 months prior to the COVID pandemic.

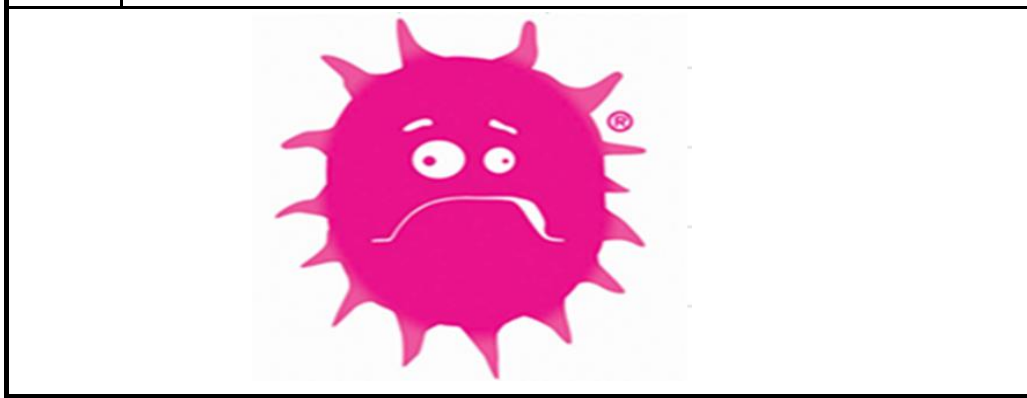
Action

- Establishment of Care Group Check & Challenge sessions to support consistent and timely attendance management
- Launch of the Disability Leave Policy (and associated Colleague Health Passport) to support colleagues with disabilities/long-term conditions
- Move to centralised absence reporting system (as part of the COVID response) for real-time absence capture

Impact

Resolution of long-term absence cases, but impact will only be seen once full 12 month cycle is progressed. Reductions in in-month sickness absence in February & March, following introduction of check and challenge sessions, but this will be counteracted by COVID 19 sickness.

Metric Flu Vaccination Rate - 80% of frontline colleagues



Issue

The target was to achieve a flu vaccination target of 80% for front line colleagues by 31st January 2020.

Action

Implementation of a 6-week roll out plan over the 24-hour shift pattern vaccinated the majority of colleagues before the end of November, despite issues in terms of vaccine availability/supply. This maximised colleague protection.

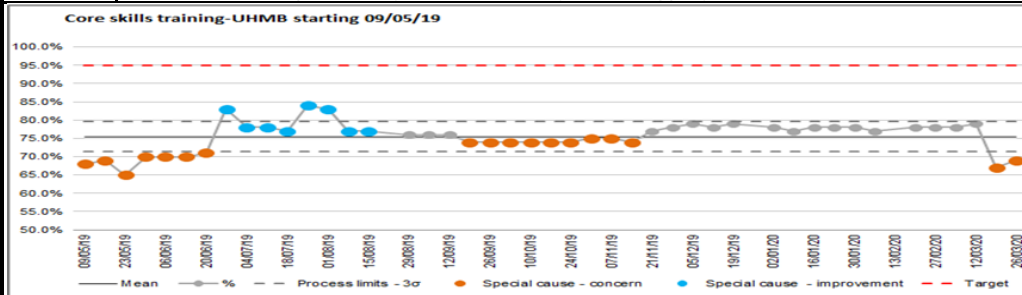
- 84% of frontline colleagues vaccinated
- 81% of all colleagues vaccinated

Impact

Achievement of over 80% colleague vaccination in advance of the January deadline and continued protection of patients, colleagues and the wider community. The Trust's target was achieved for the 5th year in succession.

GROW & DEVELOP

Metric 85% of all colleagues to be fully compliant with Core Skills Framework requirements (statutory & mandatory training) by 31st March 2020



CSF Target 95%	% Compliant
Community	59.3%
Core Clinical	76.6%
Corporate	63.1%
Estates	69.3%
Medicine	68.4%
Surgery	74.9%
WAC	64.2%

Metric Mental Capacity Act, Deprivation of Liberty and Safeguarding L1-3 to be 95% compliant overall by end March 2020

Safeguarding		% Compliant	Safeguarding		% Compliant	No. of Staff with activity on To Do list	Safeguarding		% Compliant	No. of Staff with activity on To Do list
Level 1	Level 2	Level 3								
Community	99.5%	Community	99.5%	606	Community	100.0%	8			
Core Clinical	98.8%	Core Clinical	99.1%	558	Core Clinical	100.0%	14			
Corporate	96.6%	Corporate	92.4%	184	Corporate	95.6%	46			
Estates	96.2%	Estates	100.0%	1	Estates		0			
Medicine	97.1%	Medicine	95.2%	1216	Medicine	92.2%	232			
Surgery	99.8%	Surgery	95.0%	1336	Surgery	91.5%	128			
WAC	97.2%	WAC	95.2%	541	WAC	95.2%	543			

MCA DoLS	% Compliant	No. of Staff with activity on To Do list
Community	98.5%	539

Issue

Core Skills Framework (CSF) compliance has improved over the year, but plateaued since November 2019 despite numerous interventions. The main reasons attributed was a combination of staffing levels and operational pressures, although consequences of non-compliance and accountability for delivering are also key elements.

Against the previous metric (pre-2019/20) the Trust has achieved 90% or above compliance in all CSF areas.

Action

- Metric changed to drive focus on individual safety
- Inclusion of CSF compliance in paystep progression criteria for employees
- Inclusion of Team CSF compliance in pay clawback and paystep progression arrangements for leaders
- Review of CSF requirements (including refresher periods) during COVID 19 period. WAC to review interim arrangements in May.
- Resources currently focussed on clinical skills training and supporting colleague deployment

Impact

Positive progress made in first half of the year has deteriorated and Trust end-of-year target was not met. Arrangements put in place to drive both personal and management accountability and consequence from April have been suspended due to COVID. Workforce Assurance Committee will review targets and recovery in May.

Issue

Previous CQC inspection highlighted levels of training compliance with MCA/DoLS and Safeguarding (Levels 1-3) significantly below the 95% target level. Monitoring was added to the Workforce Assurance Committee's regular remit with significant improvements in compliance levels across the Trust on all programmes and all Care Groups.

Action

- Overall - 96% compliance rate with MCA/DoLS training
- Safeguarding level 1 - all Care Groups are 97% or more
- Safeguarding level 2 - Overall improvement. Only Corporate below target
- Safeguarding level 3 - Overall improvement. Only Medicine and Surgery below target

Impact

Significantly improved levels of training compliance, in line with CQC actions. Likely to be some deterioration due to COVID 19 response - will be reviewed by WAC as part of the recovery arrangements

Core Clinical	99.1%	434
Corporate	96.8%	158
Estates	100.0%	6
Medicine	91.6%	929
Surgery	97.4%	837
WAC	93.7%	477

Metric 95% of colleagues to have had their appraisal in the last 12 months (leaders between April and June)

Appraisals Target 95%	% Compliant	
Care Group	Band 8a+ with staff responsibility (completed April – July 2019)	Band 1-7 & 8a with no staff responsibility
Community	100%	95.70%
Core Clinical	96.90%	88.30%
Corporate	98.90%	84.40%
Estates	100%	73.40%
Medicine	100%	76.20%
Surgery	100%	85.90%
WAC	94.40%	87.50%

Issue

Appraisal is a core activity undertaken to support the productivity, development and engagement of colleagues with 4 expected outcomes - feedback on how they have performed against key objectives, recognition of the value they add to the organisation, clarity on what they need to do better and performance objectives for the coming 12 months.

Action

The 95% target for leadership appraisals to be completed by end June was met. Overall compliance for other appraisals has improved in year, but it remains below the expected standard. As with Core Skills Training, appraisal compliance was added to paystep progression and clawback requirements for 2020/21, in order to drive personal ownership and accountability, but these have been suspended due to COVID 19. Appraisals are currently suspended during the COVID 19 period.

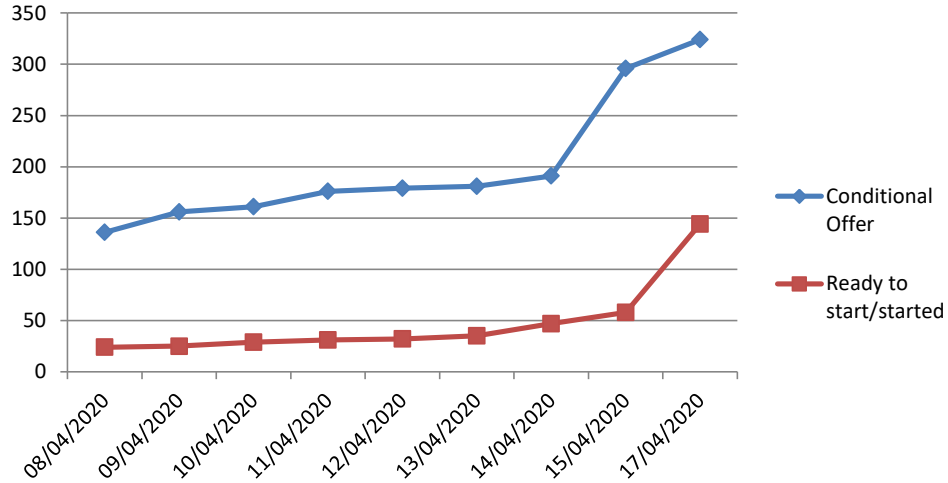
Impact

The Talent Management strategy will focus on improving the quality of appraisals in 2020 and beyond - metrics will be reviewed by the Workforce Assurance Committee as part of its May review.

People & OD

Recruit & Retain

Covid-19 Recruitment from 08 April - 17 April



Recruitment activity summary:

- 324 WTE with a conditional offer

- 144 WTE have started

Registered Nurses

- 107 with a conditional offer

- 78 have started

Additional Clinical

- 73 with a conditional offer

- 15 have started

Medical & Dental

- 19 with a conditional offer

- 18 have started

Hotel Services

- 92 with a conditional offer

- 29 have started

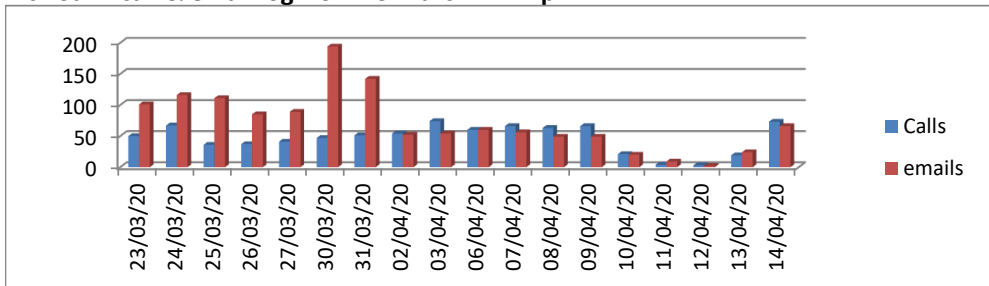
It is also positive to note this is alongside

Achievement of 2019/20 target with **212.42 WTE registered nurses started** in year (target 211). **Net gain of 162.42 WTE** registered nurses since 1st April 2019

Consultant recruitment targets for 2019/20 also exceeded with 23 new starters, against target of 14 consultants (or alternative posts based on revised skill mix).

Health, Wellbeing & Helpline Support

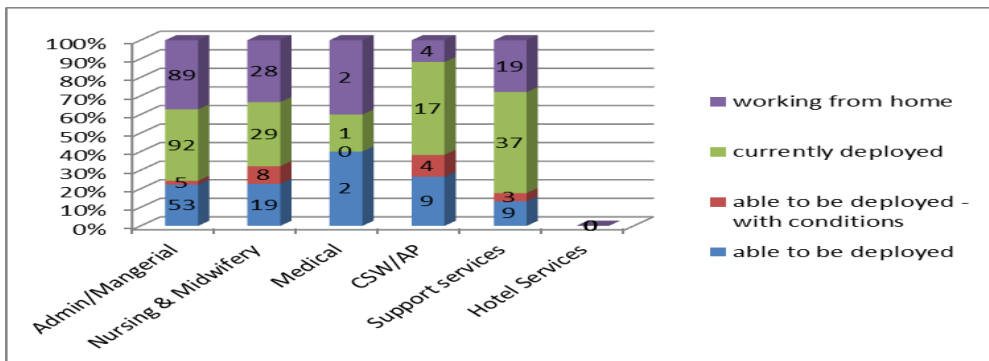
Ask Sami call & email log from 23 March - 14 April



Occupational Health and **Ask SAMI** colleagues contact teams - providing advice and support to colleagues, along with the wider People & OD function have been reconfigured to a 7 day service.

The **Ask SAMI** team have experienced a significant increase in activity of both phone and email contact.

Colleagues from the wider People & OD team have been deployed to support the high volume of calls to the **Occupational Health contact line** from colleagues offering advice, support and referral to wellbeing services.

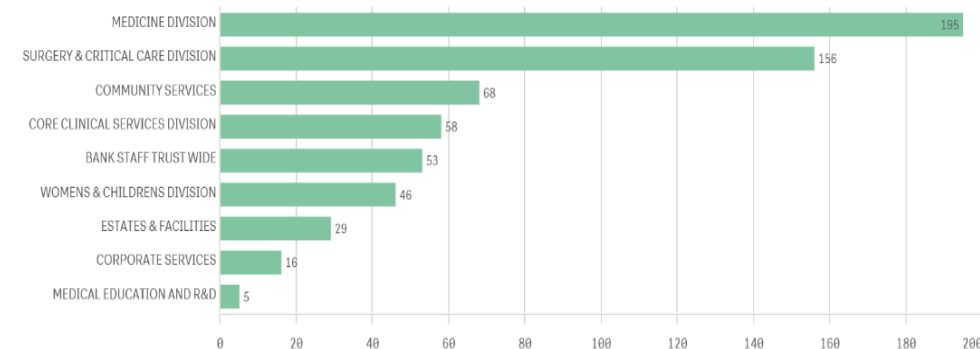


Workforce Cell

To support the Trust with responding to colleague absences and effective deployment throughout COVID 19, a new workforce cell has been established with the core function to provide and sustain workforce deployment across acute and community services. A pool of availability has been established enabling the effective deployment of colleagues into critical areas. Supportive conversations have taken place with colleagues identified for this pool to ensure each colleague has had the opportunity to highlight concerns and to ensure skillsets are matched with new roles.

This chart details colleagues in the deployment pool, of which 176 have already been deployed.

DIRECTORATE COVID-19 Positive Staff



The Trust responded quickly in the management / administrative aspects and support for colleagues experiencing symptoms of Covid.

Initially using medical exclusion and then Special Leave (updating in response to new guidance from NHS Employers)

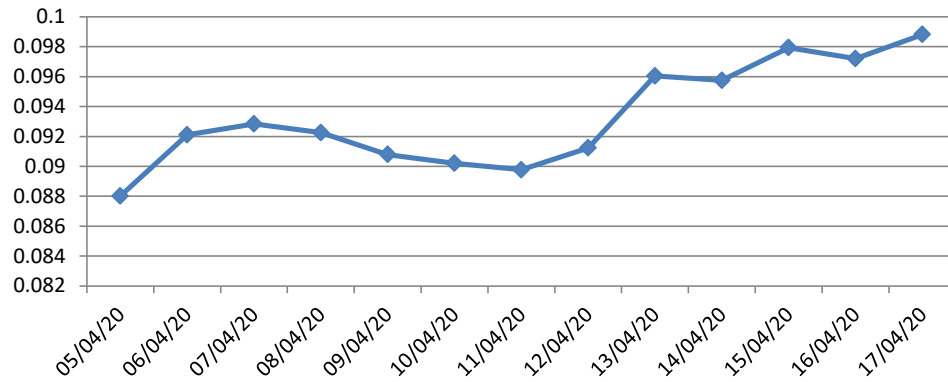
Current absence figures for the Trust are:

15.81% for all absence and self isolation
10.00% for Covid absence and self isolation

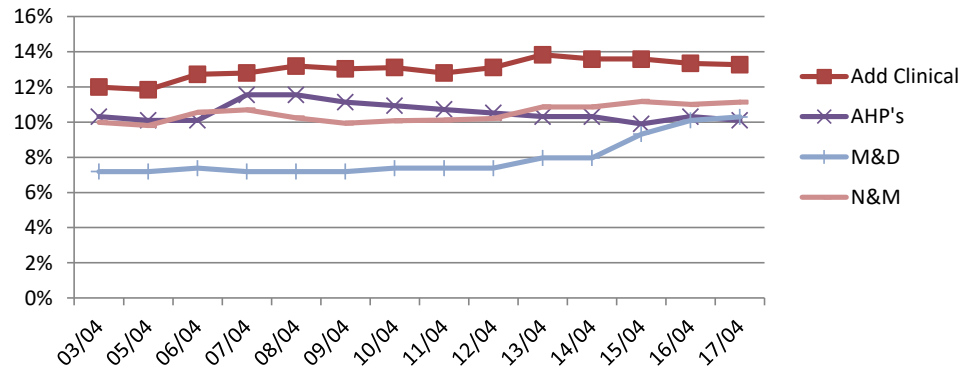
To note:

- Sickness through COVID is recorded as such once a positive swab result is received
- Sickness figures include bank colleagues in the numerator but not the denominator (bank colleagues are recorded on ESR as 0 WTE).
- Moved to same day absence capture for new episodes but there is a backlog in closing down concluded episodes therefore the overall sickness absence rate is likely to be slightly overestimated. Both these issues should be resolved ahead of future reports.
- A detailed deep dive into sickness absence, particularly Covid-19 will be taken to the Workforce Assurance Committee in May.

Trust Total % Absence Covid-19



Highest % Absence - Covid-19 by Staff Group



Development of a 'Centralised Absence Team'

The purpose of this team has been to support managers and colleagues, allowing for the effective deployment of available colleagues. A Trust wide absence database now enables specific sub cells to make direct contact with available colleagues.

Provision of Enhanced Colleague Support and Guidance

Led by Occupational Health & Wellbeing services, 4 stages of support planned.

- Occupational Health Covid swab referral line for staff and household members, seven days a week. The referral line also offers support and guidance around social distancing, shielding and pregnancy matters.
- Department/ward welfare visits daily, prioritising Red and Amber Covid areas
- Colleague welfare resource packs delivered
- Weekly wellbeing posters specific to support during COVID 19 circulated
- Counselling and Therapies: same day, one-to-one Cognitive Behavioural Therapy, Person Centred Counselling and other services. In person, by phone or online
- Cancer Care UK support line and therapies agreed and publicised, including bereavement support.
- Access to coaching for all colleagues made available seven days per week (100 hours of expert fast tracked coaching)
- Mental Health First Aider network activated and publicised
- Trauma Risk Management (TRiM) network activated and publicised
- Well-being apps available free to colleagues publicised (Headspace etc.)
- Designated rest areas "wobble rooms".

Swabbing referrals are made through the Occupational Health contact team. The Trust was an earlier implementer of swabbing for colleagues and family members with symptoms of Covid-19. Week commencing 13th April, 519 swabs were taken: 263 UHMBT colleagues, 53 household members and 203 for other organisations.

Guidance Documentation

The following new guidance has been developed to support the Covid response, all available in a dedicated colleague Covid-19 intranet site, accessible from work or home

Terms and Conditions Supplement - with regard to leave, pay, returning employees and other terms

Death in Service Guidance - two key areas : monetary support (including for those who are not in the NHS Pension Scheme) and pastoral care & remembrance

Clean Shave Policy- in line with the national approach to PPE and use of FFP3 masks

Staff Guide – providing details around self-isolation and suspected positive colleagues including the associated pay

Risk Assessment – produced to enable managers to make informed decisions for shielding, high risk, pregnant and colleagues with underlying conditions, including for those in their household.

Frequently Asked Questions – developed to ensure to create a space to provide consistent and accessible advice in response to the increase in queries through our services.

Colleague Facilities - promoting NHS supermarket shopping hours, food delivery information, pop-up stalls, community support offers and other facilities for colleagues

Schools and Childcare – reaching out to local childcare providers, providing information and support for those with caring responsibilities.

Accommodation – local arrangements to ensure that colleagues have alternative accommodation if required. Additionally, local Sainsbury and Booths supermarkets have donated 'sleep bags' with toiletries etc.

Ramadan 2020 Briefing - a Covid-19 specific briefing to support Muslim colleagues

Grow & Develop

Corporate Induction - for the pandemic period this has been ceased and replaced with an enhanced local induction and focused clinical skills training programme to equip people with core skills and be ward/department ready for deployment **Core**

Skills Framework - Compliance periods extended for 6 months, with suitable concessions for returners and new starters in order to ensure safe-working, but without placing additional pressure on colleague time.

Appraisals - Suspended from 1st April 2020; with **pay-step progression deferred** until 1st April 2021.

Medical revalidation suspended by GMC for all doctors that are due to be revalidated by September 2020.

Nursing and Midwifery Council (NMC) has extended the revalidation period for an additional 3 months.

Health Education England (HEE) e-learning package on coronavirus has been made accessible through TMS, with self-certification of compliance. Additional leadership and management training online has been provided via the intranet.

Training for deployment to priority areas - The L&OD team have supported huge numbers of mask fitting sessions, delivered by the clinical skills teams. In addition, the team have transferred training requirements for redeployment onto TMS and are supporting the coordination of completion.

University Hospitals of Morecambe Bay NHS Foundation Trust Integrated Performance Report

Operational Performance Section

Operational Performance Indicators March 2020

	Variation	Target
Ambulance Handover to ED Time		
4 Hour Standard		
ED Triage 15 Minute Target		
12 Hour Breaches		
Diagnostic Waits Over 6 Weeks		
RTT Percentage		
Waiting List Size		
52 Week Waiters		
Cancer 62 Day		
Cancelled Ops %		
Follow-ups Past IRD		
DNA % - All Outpatient Types		
Appointment Slot Issues		
Pathology Known/Unknowns		No target

Summary Icons	
Icon	Description
	Special cause variation - cause for concern (indicator where high is a concern)
	Special cause variation - cause for concern (indicator where low is a concern)
	Common cause variation
	Special cause variation - improvement (indicator where high is good)
	Special cause variation - improvement (indicator where low is good)
	The system may achieve or fail the target subject to random variation
	The system is expected to consistently fail the target
	The system is expected to consistently pass the target

Performance March-Summary

The Operational Performance Report details the Trust's performance against the operational performance indicators for 2019/20.

Operational performance in March has been significantly affected by the changes in service provision as a result of the COVID-19 pandemic, with patient experience standards improved in some areas as demand has increased and adversely affected in others. The impact for March represents an indicator of performance going forward, as health care changes and patient cancellations due to self isolating came into effect mid way through the month. A summary of the impact by operational performance indicators is given below.

ED

The 4 hour standard improved from mid March onwards to 79.47%, as 26% fewer patients attended ED this March compared to last year. Performance has continued to improve in April due to decreased demand, with a 66% reduction in attendances between 1st and 19th April as compared to the same period last year.

Cancer

Cancer 62 Day performance in February increased to 78.82% and the Cancer 2 Week Wait and 28 Day Faster Diagnosis standards were met in month.

RTT

Before the COVID 19 impact, RTT performance was 82.06% which was the highest RTT percentage since June 2019. RTT has been impacted by appointments being deferred by the hospital and by patients themselves cancelling due to COVID 19 and this has led to a worsening of RTT to 78.3% at the end of March. The Trust was forecasting 1 patient (choice of a date in April), waiting over 52 weeks following significant work to treat the longest waiting patients before the COVID 19 incident impacted. At the end of March, there were 12 patients waiting over 52 weeks, due to the postponement of their routine surgery and outpatient activity.

Waiting List Size

The March 2019 baseline target waiting list size of 20,268 for 2019-20 was achieved with 19,873 patients waiting at the end of March. A 34% reduction in routine referrals received in March offset the patients that were postponed by the hospital or who cancelled themselves due to COVID 19.

Follow-ups past IRD

The number of patients waiting past their review date for a follow-up appointment reduced for the 3rd consecutive month, however projected progress was limited by the impact of the COVID 19 incident. In mid-March, there were 29,871 patients past their review date, which rose to 31,756 at the end of March due to the number of appointments postponed by the hospital or cancelled by the patients due to COVID 19.

A. Average Minutes

26

B. Patients > 30 Minutes

388

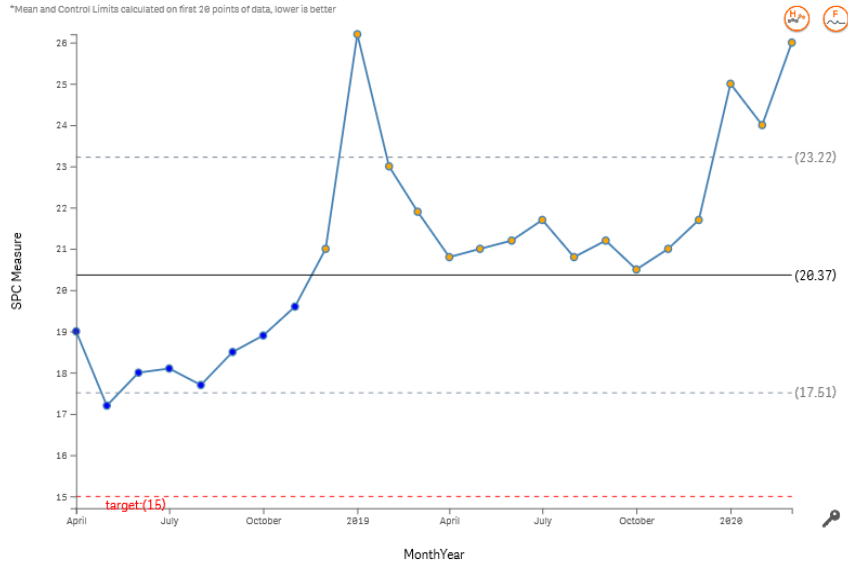
C. Patients > 60 Minutes

88

SPC Chart Table

A. Average Minutes

*Mean and Control Limits calculated on first 26 points of data, lower is better



Commentary

The Emergency Departments at the RLI and FGH continue to implement improvements under the NAW Regional Handover Improvement Collaborative, EPIC 8. This seeks to improve the process from ambulance arrival to departure from the hospital via a series of test cycles to test improvement ideas. These include direct streaming to ambulatory care, improved Hospital Arrival Screen processes, and alternate staffing models. In addition each site are undergoing estates work to improve handover areas.

The RLI works have been completed, however they are not in their Intended use due to the changes required for COVID 19 response, with a split between Covid and non Covid areas.

4 Hour Standard

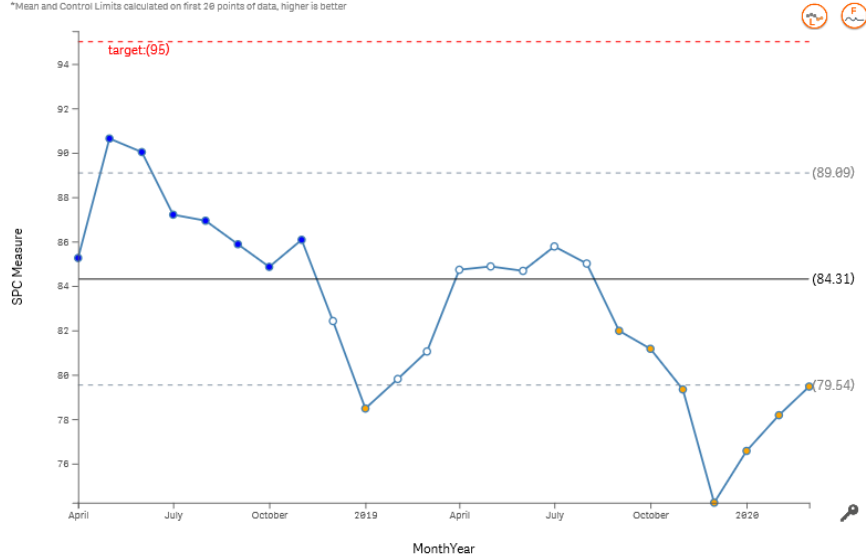
79.5%

Against Type 1 Activity Only: March 2020 UHMB performance was
Nationally: 83rd of 118
Locally: 3rd of 4

SPC Chart Table

4 Hour Standard

*Mean and Control Limits calculated on first 20 points of data, higher is better



The 4 hour standard performance for the month to 15/03/20, before the Covid 19 incident impacted was 77.51% and this improved to 79.47% for the whole of March. Performance in the last week of March was 87.53%, with ED attendances down by 26% when compared to March 2019. 4 Hour performance has continued to improve in April, with a 66% reduction in attendances as compared to the same period in April 2019.

Issue

Limited accessibility to downstream beds remained an issue in the first 2 weeks of March, but bed occupancy has reduced significantly as fewer patients attended ED from mid March onwards.

Ongoing Actions

- Progress continues on the Urgent Care Recovery Strategy which focuses on 4 priority areas including;
- 1) Integrated urgent care to manage demand including the introduction of primary care into the ED as part of the e-consult initiative.
 - 2) Hospital front door initiatives particularly those within ED and assessment units with particularly focus on frailty in-reach into ED and same day emergency care expansion.
 - 3) Improved flow within the hospital. The Medical Care Group have additional medical bed capacity within the Centenary Building at the RLI as a result of the consolidation of stroke services.
 - 4) Improving discharge and rehabilitation in the community.

15 Minute Target

90.0%

ED Patients Triage 15 Minute Tar...

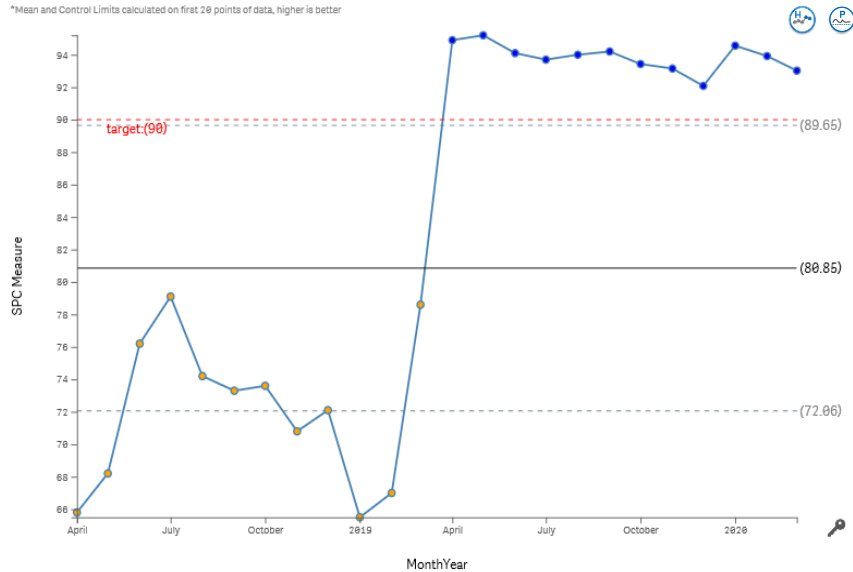
93.0%

SPC Chart

Table

ED Patients Triage 15 Minute Target

*Mean and Control Limits calculated on first 28 points of data, higher is better



Commentary

Target 90% Triage in 15 Minutes: Achieved for 12 consecutive months

12 Hour Trolley Waits

14

Physical breaches

9

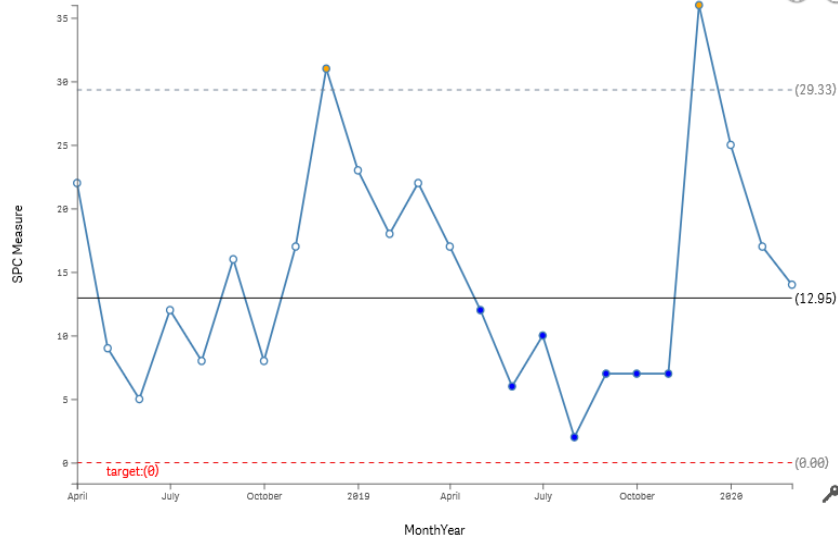
MH breaches

5

SPC Chart Table

12 Hour Trolley Waits

*Mean and Control Limits calculated on first 28 points of data, lower is better



Commentary

During March as the Covid 19 major incident began to impact, 12 Hour Breaches reduced weekly as shown below.

- W/C 02/3/2020 11 9 physical and two to mental health patients
- W/C 09/3/2020 2 Both mental health patients
- W/C 16/3/2020 1 mental health patient
- W/C 23/3/2020 0 patients
- W/C 30/1/2020 0 patients

In early March the majority of breaches were attributed to bed waits in the acute hospital due to severe challenges with bed flow and access to side rooms at the RLI.

LCFT continue to enhance the staffing of the mental health assessment bays at the RLI.

Diagnostic waits over 6 weeks

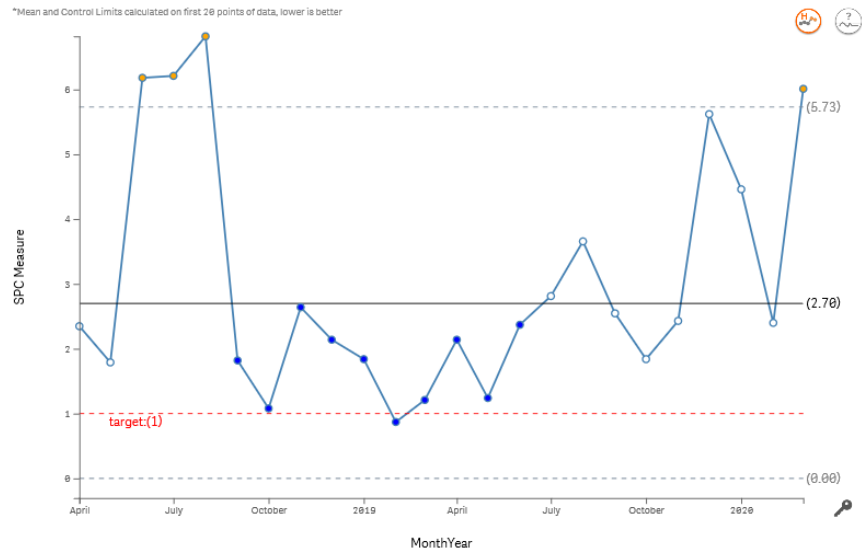
6.0%

In February, UHMB Performance was -
 Nationally: 325th out of 401
 Locally: 4th of 4 Trusts

SPC Chart Table

Diagnostic waits over 6 weeks

*Mean and Control Limits calculated on first 20 points of data, lower is better



Commentary

Trust Position: 6.01% - not achieving the <1% standard:

The 6 week standard performance for the month to date at 15/03/20, before the COVID 19 incident impacted was 2.25%, compared to 6.01% at the end of March

Issues

- COVID 19 requirements to work from home/self isolate/shield impacting staff availability for clinics
- COVID 19 Outpatient appointment protocol impacted the recovery trajectory for the 1% standard
- DEXA: Had been recovering from the backlog caused by capacity issues late 2019 with 56.7% in January down to 22.55% for February and week ending 15th March achieving 22.3% and 19.63% at the end of March
- Endoscopy – suffering insufficient capacity cross-bay 8.8%, in January improved 4.58% for February and registered 4.5% week ending 15th March but 5.41% at the end of March

RTT Trajectory

83.8%

RTT Actual

78.3%

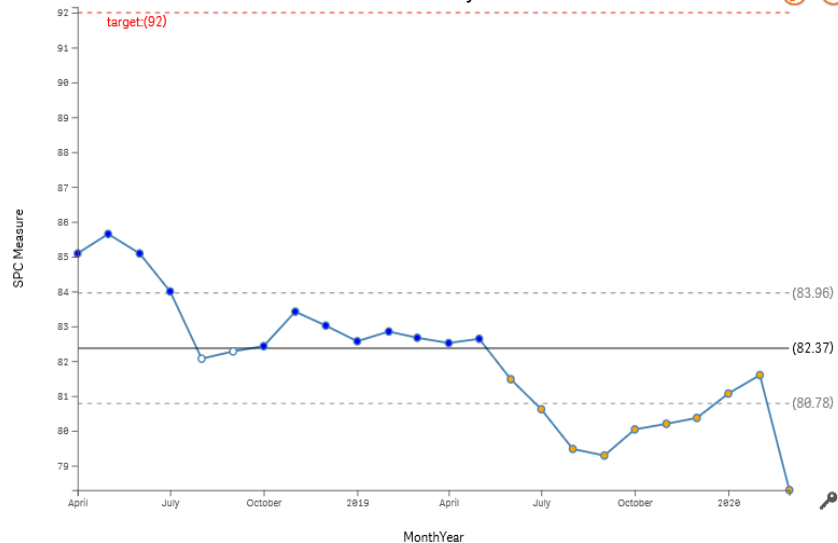
SPC Chart

Table

RTT Actual

*Mean and Control Limits calculated on first 20 points of data, higher is better

In February, UHMB Performance was -
Nationally: 112nd of 180
Locally: 1st of 4 Trusts



Before the COVID 19 impact, RTT performance for week ending 15/03/20 was 82.06% which was the highest RTT % since June 2019.

RTT has been impacted by the Covid 19 Outpatients Appointment Policy and a change in referrals received. During March, 922 RTT active outpatients and 536 Inpatients/daycases were either deferred by the hospital or patients themselves cancelled due to COVID 19.

This has led to a worsening of RTT to 78.3% at the end of March.

The number of patients waiting over 40 weeks had decreased from 333 on 22/09/19 to 211 on 15/03/20 (before the COVID 19 incident impacted). The number of patients waiting over 40 weeks at the end of March increased to 298 as a result of the deferred/cancelled appointments.

Issues:

- RTT Performance began to be impacted by patient concern/self-isolation and hospital policy during March due to the COVID 19 major incident
- Outpatient clinics and theatre lists were postponed to allow medical staff to receive COVID 19 related training and cover the acute wards

Actions:

- Established reports to track COVID 19 cancellations and impact
- Clinical validation and prioritisation, streaming patients according to how they need to be reviewed (face to face, telephone, video), when they need to be reviewed and by whom
- Surgical Prioritisation Committee to be established by 27/04/20 to prioritise elective cases through the Covid 19 period and through the recovery phase.

Target Waiting List Size

20268

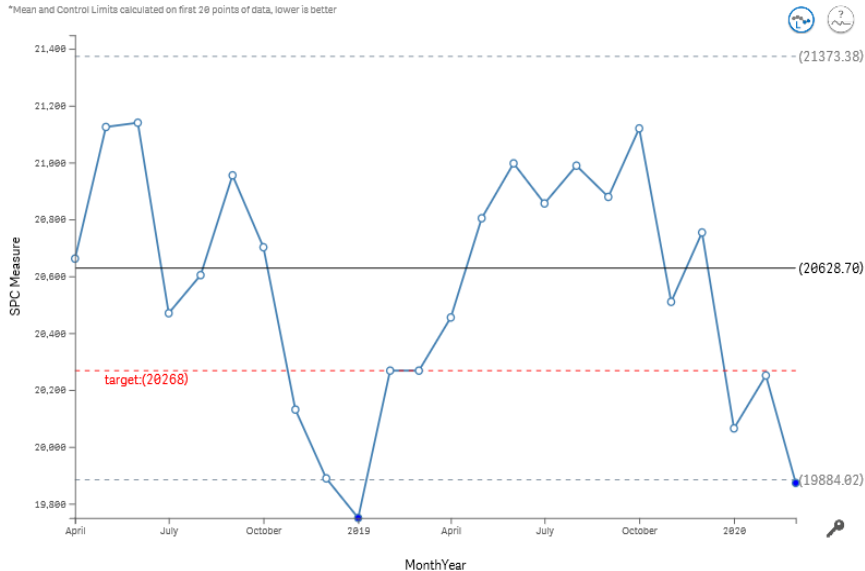
Waiting List Size

19873

SPC Chart Table

Waiting List Size

*Mean and Control Limits calculated on first 28 points of data, lower is better



The March 2019 Baseline target waiting list size of 20,268 for 2019-20 was achieved with 19,873 patients waiting at the end of March.

The Waiting List Size was 20,621 at the week ending the 15/03/20 (before the COVID 19 incident), compared to 19,873 at the end of March.

The waiting list size has been impacted by the large numbers of patients who either self cancelled due to concerns/self isolation or were postponed by the hospital in March.

Conversely, fewer routine referrals were received in March (7,405) compared to last year (11,191), a drop of 34%, which has led to an overall reduction in the number of patients waiting for treatment.

Action

-Waiting List Validation project as part of the Operational Recovery COVID19 cell , using lessons from the NECS National Validation Programme to identify additional clock stops and cleanse the RTT waiting list, so that the PTL is in the best possible situation once the major incident is over. 10 Waiting List Office staff have been trained and redeployed to validate the waiting list

Agreed Trajectory

0

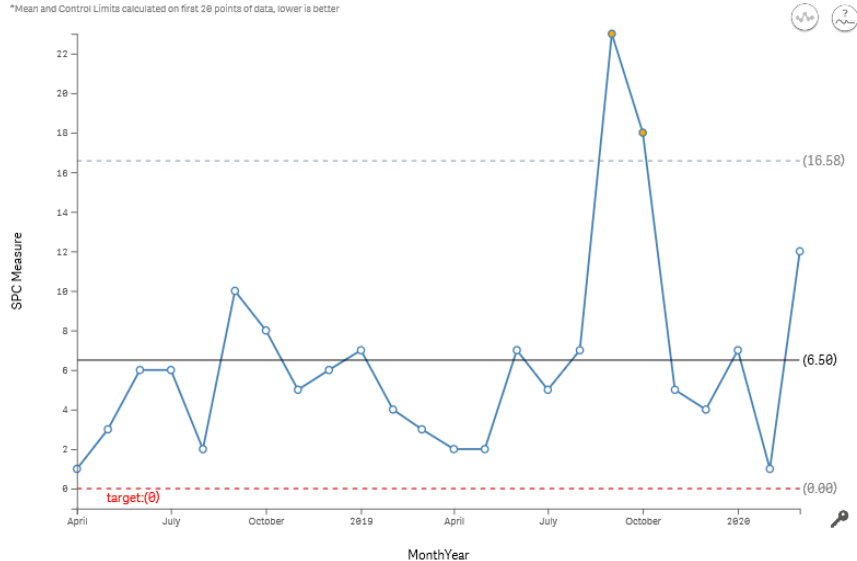
Number of 52 week waiters

12

SPC Chart Table

Number of 52 week waiters

*Mean and Control Limits calculated on first 28 points of data, lower is better



The Trust was forecasting just 1 patient waiting over 52 weeks (due to choice of a date in April), before the COVID 19 incident impacted.

At the end of March, there were 12 patients waiting over 52 weeks, due to the postponement of routine surgery and outpatient activity.

Actions:

-Lessons learnt from root cause analyses of 52 week waiters are helping to shape which criteria of patients we are prioritising in the Waiting List Validation project, as part of the Operational Recovery cell.

Cancer 62 Day %

79.0%

Cancer 2WW %

94.3%

28 Day Faster Diagnosis 2WW %

86.0%

Cancer 31 Day (Drugs)

99.0%

Cancer 31 Day (Surgery)

81.8%

Cancer 2 week (Breast Symptoms)

87.8%

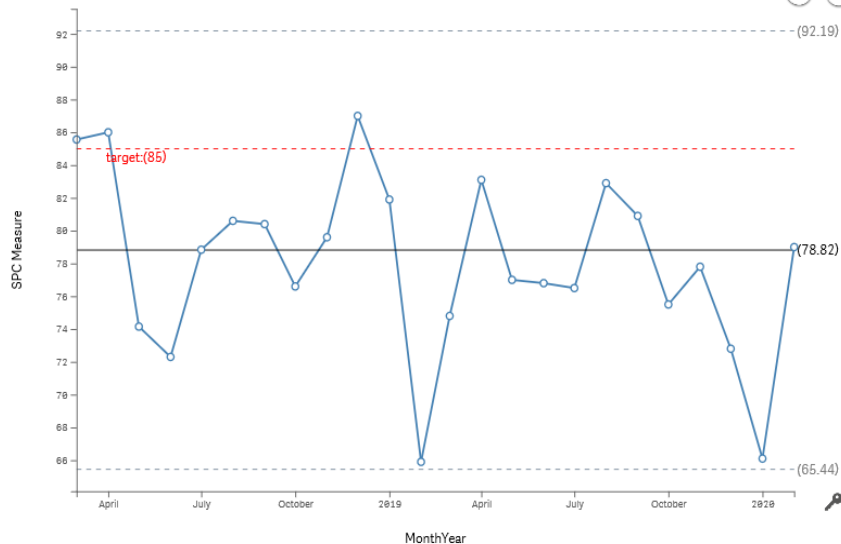
SPC Chart

Table

62 Day Classic Benchmark for February
Nationally: 56 of 149 Locally 2nd out of 4 Trusts

Cancer 62 Day %

*Mean and Control Limits calculated on first 28 points of data, higher is better



Impact

Cancer performance in February was unaffected by Covid 19.

Issues relating to the provision of Cancer Services during the Covid 19 period.

- Maximising the diagnosis and treatment of cancer patients whilst maintaining social distancing and with reduced staff groups due to isolation/positive Covid 19 diagnosis within the staff group.
- Reduced C2WW referrals due to reduced primary care contacts and patient concern around attending hospital sites/pressuring the NHS.
- Ensuring that patients on the most urgent pathways are prioritised for diagnosis and treatment.
- Provision of support and care to concerned patients and carers.
- Co-ordination of care across the Lancashire and South Cumbria Cancer Alliance footprint.

Actions

- Implementation of local and tertiary MDT meetings with core members only through MS Teams.
- Agreed communication with primary care and the public to encourage patients not to wait to flag up symptoms of cancer and maintain seasonally normal levels of C2WW referrals. Clinical triage of C2WW referrals established to target services where most needed.
- Cancer Alliance wide classification of urgency applied with the Surgical Prioritisation Committee in place from 27/04/20.
- Establishment of a care line set up between UHMBT, MBCCG and the third sector to support patients and carers through this period.

Cancelled ops %

0.8%

Not treated after 28 days

0

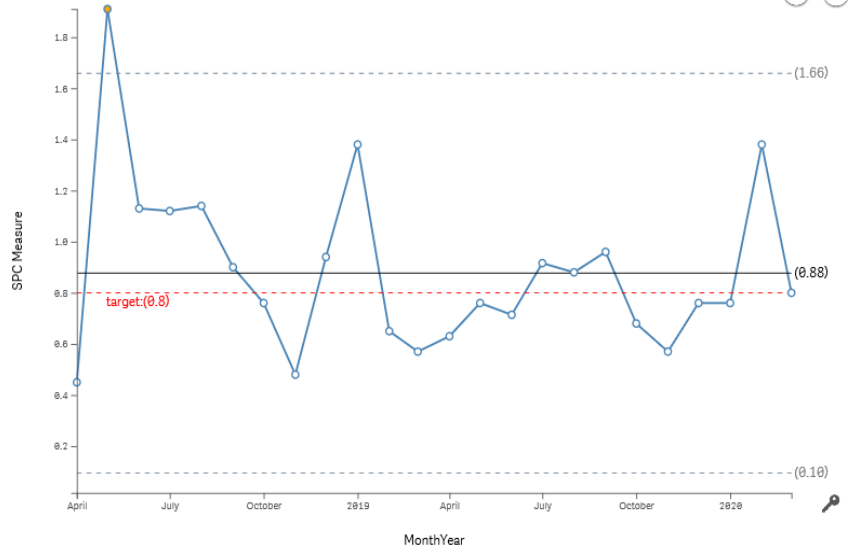
The internal standard of a maximum 0.8% of hospital initiated cancellation of elective procedures on the day/ after admission and the cancellation within 28 days standard were achieved for March.

The impact of Covid 19 surgeon isolation was the largest single contributor to, on the day cancellation of patients during March 2020.

SPC Chart Table

Cancelled ops %

*Mean and Control Limits calculated on first 20 points of data, lower is better



Issues

There were 23 on the day cancellations for non-clinical reasons during March

- 5 Surgeon Sickness – COVID 19 Self Isolation
- 4 No HDU bed
- 3 No bed
- 3 Equipment problem – Microscope broken
- 2 Admin error
- 2 Trauma / Emergency
- 2 List overran
- 1 Incorrect anaesthetist
- 1 No anaesthetist

Impact

- Standard achieved

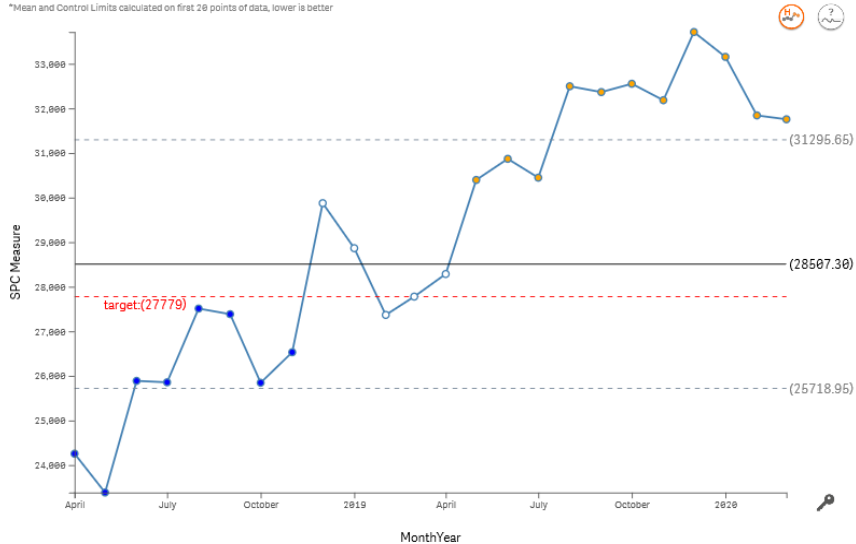
Follow-up Patients Past IRD Date

31756

SPC Chart Table

Follow-up Patients Past IRD Date

*Mean and Control Limits calculated on first 28 points of data, lower is better



Target 27,779 March Baseline Not Achieved.

The number of patients waiting past their IRD for a follow-up appointment reduced for the 3rd consecutive month however the Covid 19 incident restricted projected progress in month.

Before the Covid 19 incident in mid-March, there were 29,871 patients past their review date, which rose to 31,756 at the end of March 2020 due to the number of appointments postponed by the hospital or cancelled by the patients due to COVID 19.

Issues

- The majority of remaining patients are concentrated in a small number of Specialties that have struggled to meet reduction plans due to dependency on locum staff who are above the capped rate so we have not been able to secure these staff to help free up existing staff to validate the backlog.

Actions:

- Clinical validation and prioritisation, streaming patients according to how they need to be reviewed (face to face, telephone, video), when they need to be reviewed and by whom.

DNA %: All Outpatient Types

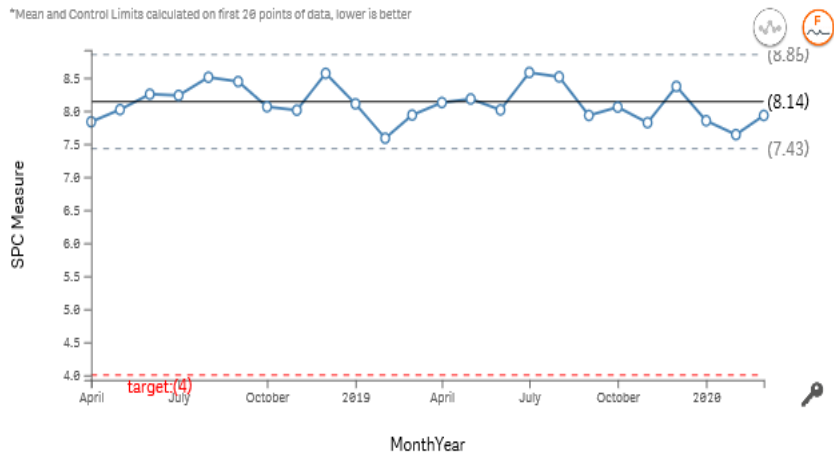
7.9%

SPC Chart

Table

DNA %: All Outpatient Types

*Mean and Control Limits calculated on first 28 points of data, lower is better



Target 4%: Not Achieved

Having shown two months of seasonal improvement the DNA figure rose in March 2020 to 7.9%.

This was impacted by patients being unwell/self isolating or shielding in response to COVID 19.

Issues:

- Do not attends waste available clinical capacity, administrative time and cause 'churn in the waiting list, causing patients to be offered appointments out of turn and extending waiting times.

Actions:

- Patients that have DNA'd are a specific cohort and will be reviewed in the clinical validation and prioritisation work stream.

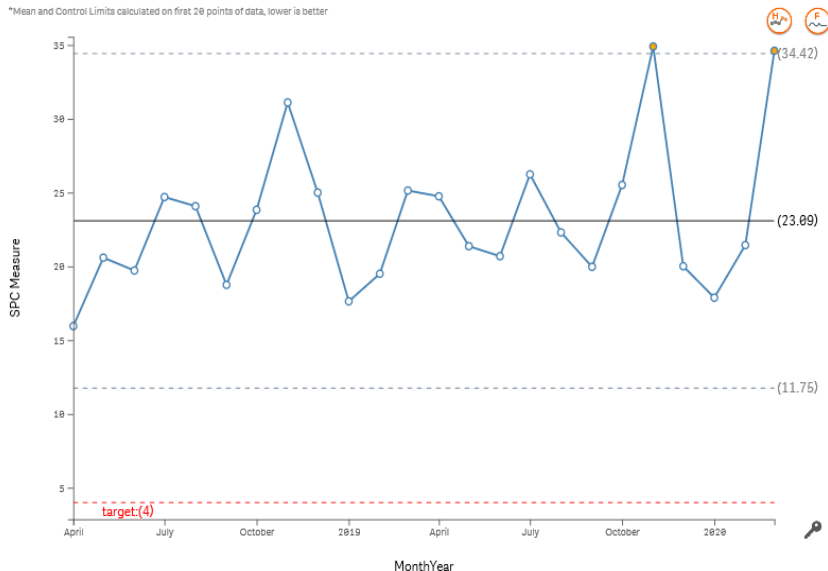
Appointment Slot Issue (ASI)

34.6%

SPC Chart Table

Appointment Slot Issue (ASI)

*Mean and Control Limits calculated on first 26 points of data, lower is better



Commentary

Target 4% Not Achieved.

The rate of ASI increased in month to 34.61%.

A change can be seen between the first and second half of March as 1-15th March ASI figure was 30.54% and 16-31st March it was 42.17%

Issues:

- Outpatient capacity issues across specialties resulted in an inability for patients to electronically book appointments.

Actions:

- ASI's are highlighted for action in weekly Care Group Performance meetings.
- The longest waiting patients have been booked and tracked via regular escalation calls.
- The Reimagining Outpatients programme to reduce churn, will add additional new outpatient capacity and reduce the ASI rate.
- Programme to reduce unnecessary follow-ups to increase New outpatient capacity.

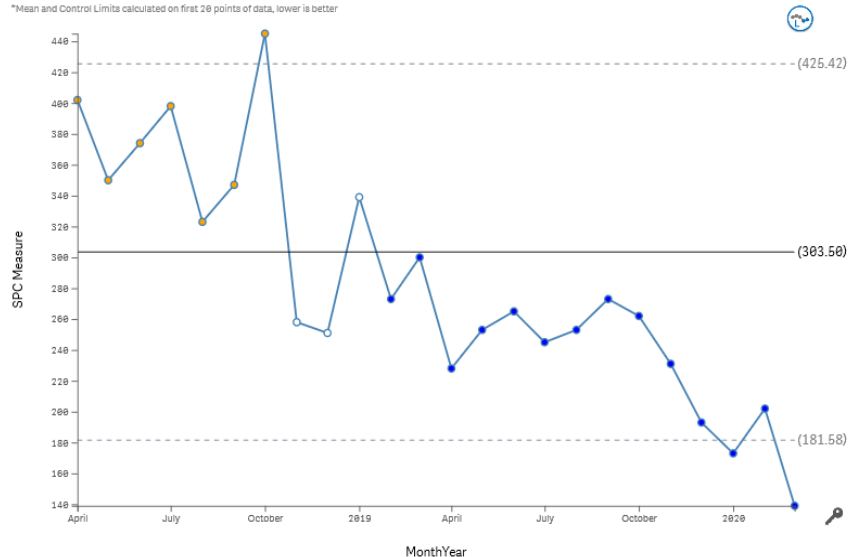
Pathology Known / Unknown

139

SPC Chart Table

Pathology Known / Unknown

*Mean and Control Limits calculated on first 20 points of data, lower is better



Commentary

The figures for March show a downward trend, however, this should be taken in context with the reduction in clinics due to the Covid 19 Outpatients Appointment Policy.

Issues:

- Where a sample label is missing key information the provision of results to the correct patient care setting/care provider can be delayed.
- The electronic solution to address the issue via phased implementation is incomplete.
- The number of Pathology Unknown Doctor/Unknown Location requests received is anticipated to show little variance until the completion of the electronic requesting project in Lorenzo.

MFFD March 2020







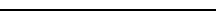



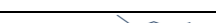
Patients over 21 days	FGH	RLI	Total
1.Social care	0	1	1
2. DST	0	0	0
3. Nursing Home	0	5	5
4. EMI	0	4	4
5. residential	0	0	0
6. re-enablement or other package	0	0	0
7. community bed	0	2	2
8. Other MFFD	4	1	5
9.D2A 1	0	1	1
Total MFFD	4	14	18
Total Bed Occupancy	252	183	435
% MFFD	1.6%	7.7%	4.1%

Total MFFD	FGH	RLI	Total
1.Social care	1	1	2
2. DST	0	0	0
3. Nursing Home	2	5	7
4. EMI	1	5	6
5. residential	1	0	1
6. re-enablement or other package	1	0	1
7. community bed	2	2	4
8. Other MFFD	9	1	10
9.D2A 1	1	2	3
Total MFFD	18	16	34
Total Bed Occupancy	252	183	435
% MFFD	7.1%	8.7%	7.8%

MFFD at 15th March

Patients over 21 days	FGH	RLI	Total
1.Social care	4	2	6
2. DST	0	0	0
3. Nursing Home	0	6	6
4. EMI	1	2	3
5. residential	0	2	2
6. re-enablement or other package	0	1	1
7. community bed	0	3	3
8. Other MFFD	3	1	4
9.D2A 1	0	4	4
Total MFFD	8	21	29
Total Bed Occupancy	219	338	557
% MFFD	3.7%	6.2%	5.2%

Total MFFD	FGH	RLI	Total
1.Social care	5	3	8
2. DST	0	0	0
3. Nursing Home	0	9	9
4. EMI	1	3	4
5. residential	0	2	2
6. re-enablement or other package	0	1	1
7. community bed	1	4	5
8. Other MFFD	10	3	13
9.D2A 1	1	6	7
Total MFFD	18	31	49
Total Bed Occupancy	219	338	557
% MFFD	8.2%	9.2%	8.8%

Tumour Pathway		Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	62 Day Trend - 12 Months
Brain	Number of Breaches													
	62 day %													
Breast	Number of Breaches	0	0	5	2	3	0	0	4	1	1	3	3	
	62 day %	100.0%	100.0%	74.4%	80.0%	79.3%	100.0%	100.0%	69.2%	94.1%	92.0%	81.3%	72.7%	
Gynaecology	Number of Breaches	2	0	1	4	0.5	1	0	0	0	2.5	1.5	2	
	62 day %	33.3%	100.0%	66.7%	50.0%	91.7%	75.0%	100.0%	100.0%	100.0%	28.6%	50.0%	66.7%	
Haematology	Number of Breaches	0	0	1	0	0	0	1	3	2	2	2	1	
	62 day %	100.0%	100.0%	33.3%	100.0%	100.0%	100.0%	75.0%	57.1%	50.0%	77.8%	71.4%	50.0%	
Head and Neck	Number of Breaches		1	1	3.5	1.5	0.5	4	1	1	1.5	2.5	1.5	
	62 day %		33.3%	50.0%	22.2%	25.0%	80.0%	42.9%	33.3%	50.0%	40.0%	44.4%	66.7%	
Colorectal	Number of Breaches	2	3.5	1	3	0.5	0	3.5	3.5	3	2	5.5	1.5	
	62 day %	71.4%	72.0%	81.8%	70.0%	93.3%	100.0%	79.4%	66.7%	76.0%	77.8%	52.2%	84.2%	
Lung	Number of Breaches	0.5	0	1	0	3.5	2	3.5	3	3	3	4	1	
	62 day %	88.9%	100.0%	81.8%	100.0%	22.2%	77.8%	41.7%	66.7%	25.0%	60.0%	46.7%	86.7%	
Sarcoma	Number of Breaches					0		0						
	62 day %					100.0%		100.0%						
Skin	Number of Breaches	4	3	2	3	1	3	1.5	1	1	0	2	0	
	62 day %	83.0%	83.8%	93.0%	88.5%	96.4%	88.5%	93.9%	97.1%	92.0%	100.0%	86.7%	100.0%	
Upper GI	Number of Breaches	3.5	2.5	2.5	1	1	2	2	3	0	3	3.5	0	
	62 day %	46.2%	70.6%	66.7%	71.4%	77.8%	55.6%	66.7%	62.5%	100.0%	62.5%	61.1%	100.0%	
Urology	Number of Breaches	8.5	6	10.5	6	14	9	5	11	6	9	8	7	
	62 day %	63.8%	63.6%	52.3%	58.6%	47.2%	53.8%	74.4%	65.1%	72.2%	51.4%	57.9%	68.9%	
Other	Number of Breaches			0				0	1	1	0.5	1.5		
	62 day %			100.0%				100.0%	0.0%	50.0%	0.0%	40.0%		
Trust	Number of Breaches	20.5	16.0	25.0	22.5	25.0	17.5	20.5	30.5	18.0	24.5	33.5	17.0	
	62 day %	74.7%	82.0%	74.0%	74.0%	74.5%	79.8%	80.9%	74.7%	77.8%	72.8%	64.7%	78.1%	

University Hospitals of Morecambe Bay NHS Foundation Trust Integrated Performance Report

Finance Section

Financial Performance Report

For the period ending March 2020

1. Month 12

- 1.1. The Trust planned for and set budgets for a yearend deficit of **£60.1m**, the agreed control total with NHSI. In February this was amended by £1.8m, giving a revised year end planned deficit and control total of **£61.9m**. The alteration of the control total has been negotiated as part of the mitigating actions taken in order to deliver our financial targets.
- 1.2. COVID-19 has placed considerable pressure on the Trust. In the financial position in this report, we have identified additional expenditure relating to Covid-19 and have matched this with a centrally funded income stream, in effect, negating the financial impact of Covid-19 on the financial position and fully recovering the costs incurred. The position reported is therefore UHMB “normal” trading position unaffected by Covid-19.
- 1.3. At the end of March, the Trust has a **deficit of £61.7m, £193k** under the planned deficit and a slight improvement over the February position.
- 1.4. In maintaining an underspend position, the remaining contingency reserves have been released and the Trust has enacted significant additional non recurrent adjustments to mitigate overspendings across the care groups.
- 1.5. As the Trust has delivered on its control total, the Trust qualifies for the PSF/FRF funding for the final Quarter. At the time of writing, the amount of additional funding is still to be confirmed by NHSI but is expected to be £7.2m.
- 1.6. Total available PSF/FRF for the Trust was £21.55m. This comprised £20.5m baseline with a system bonus of 15% of PSF amounting to £1.011m. UHMB expect to receive the full £20.5m. However, the £1.011m is not available due to other system partners failing their control totals and therefore the system bonus is not available to any organisation in the ICS. This was outside UHMB control.
- 1.7. There is no doubt this is a great position for the Trust, however this has only been achieved due to the extended control total which took significant effort to achieve via negotiations with the ICS. Their support is testament to our reputation, our financial reporting and their confidence in the Trust ability to deliver financially. **Without the extended control total, we would have overspent by £1.6m and failed to achieve the final £7.2m PSF/FRF for the final quarter.**

1.8. Summary table at March 2020.

	Annual Budget £'000	In Mth Bud £'000	In Mth Act £'000	In Mth Var £'000	YTD Bud £'000	YTD Act £'000	YTD Var £'000
NHS Clinical Income	(337,687)	(44,166)	(42,578)	(1,588)	(337,687)	(340,260)	2,573
Non NHS Clinical Income	(1,440)	(121)	(42)	(79)	(1,440)	(1,294)	(146)
Other Income	(28,523)	(1,682)	(2,748)	1,066	(28,523)	(30,733)	2,210
Subtotal income	(367,650)	(45,969)	(45,368)	(600)	(367,650)	(372,288)	4,637
Pay	295,133	36,561	35,825	736	295,133	302,685	(7,552)
Non Pay	115,534	11,496	11,264	232	115,534	110,958	4,577
Subtotal Expenditure	410,667	48,056	47,089	968	410,667	413,643	(2,975)
Operating Total	43,017	2,088	1,720	367	43,017	41,355	1,662
Depreciation, Interest & Other Cost	18,882	1,596	1,824	(229)	18,882	20,351	(1,469)
Position against Control Total	61,899	3,683	3,545	139	61,899	61,706	193

1.9. Summary table at March 2020 by care group.

Care Group	2019/20 Budget			Clinical Income YTD			Other Income YTD			Expenditure YTD			Net I & E (Contribution)		
	Income £'000s	Expenditure £'000s	Total	Budget £'000s	Actual £'000s	Variance £'000s	Budget £'000s	Actual £'000s	Variance £'000s	Budget £'000s	Actual £'000s	Variance £'000s	Budget £'000s	Actual £'000s	Variance £'000s
Core Clinical Services	(44,932)	77,627	32,695	(41,844)	(43,055)	1,212	(3,088)	(3,267)	179	77,627	83,130	(5,503)	32,695	36,808	(4,113)
Medicine	(103,362)	79,255	(24,108)	(100,790)	(106,305)	5,515	(2,573)	(2,893)	321	79,255	83,860	(4,605)	(24,108)	(25,338)	1,230
Surgery & Critical Care	(94,431)	81,065	(13,366)	(93,595)	(89,044)	(4,551)	(836)	(873)	37	81,065	85,203	(4,138)	(13,366)	(4,714)	(8,652)
Womens & Childrens	(33,452)	32,221	(1,231)	(33,047)	(31,859)	(1,188)	(405)	(511)	106	32,221	35,071	(2,849)	(1,231)	2,700	(3,931)
E&F	(5,940)	32,472	26,533	0	0	0	(5,940)	(5,729)	(211)	32,472	33,632	(1,159)	26,533	27,903	(1,370)
Corporate	(3,954)	44,106	40,153	0	0	0	(3,954)	(5,267)	1,313	44,106	45,849	(1,742)	40,153	40,581	(429)
Community	(35,249)	28,296	(6,953)	(34,920)	(35,098)	179	(329)	(374)	45	28,296	28,114	182	(6,953)	(7,359)	406
Twide	(46,331)	54,507	8,176	(34,932)	(36,193)	1,261	(11,399)	(11,819)	420	54,507	39,136	15,371	8,176	(8,877)	17,052
Total	(367,650)	429,549	61,899	(339,127)	(341,554)	2,427	(28,523)	(30,733)	2,210	429,549	433,994	(4,444)	61,899	61,706	193

2. 2019-20 Summary of the financial year

2.1. Whilst the Trust has delivered on its control total for the year, how it has been delivered has been significantly different to plan.

2.2. **Clinical activity** has clearly been impacted by the COVID-19 pandemic with significant activity fluctuations in March. That aside, delivery for A&E and daycase/elective activity was overall below plan. We saw major differences at care group level in the delivery of daycase & elective activity with the Surgery Care group 13% down on elective activity and 5% down on daycases, both with a weaker casemix than planned. Medicine delivered 10% over plan for daycases with a higher casemix.

Overall, Non Elective activity was delivered on plan for the Trust with a higher casemix. Both Surgery care group and Medicine care group were 3% over plan and both care groups reported a richer casemix. Womens & childrens were 6% down on activity which was consistent across the year

There have been discussions with MBCCG which have been pragmatic given the unprecedented situation. Following settlements with them, other CCG's and Specialist commissioning, clinical income ended the year £2.6m over plan, predominantly due to pass through drugs spend, the offset being seen in drugs expenditure

It is imperative as we move into the new financial year that we understand the underlying activity we are treating against planned levels for when activity and demand returns to a pre-covid level.

2.3. **Pay expenditure** for care groups has been overspent each month, a total overspend, excluding CIP of £8.4m. As reported throughout the year, Medical pay was of particular note at £5.9m overspent. The tables below summarise the position by grade and by care group. A number of factors affected this position including the pension tax changes, over recruitment of junior doctors in Medicine care Group and lost theatre sessions in the Surgical Care Group. There needs to be a fundamental review of the staffing position to reduce the over recruitment, and of operational productivity in order to reduce this overspending position as we move into the new financial year.

Medical Pay	YTD Bud £'000	YTD Act £'000	YTD Var £'000
Consultants	38,276	38,145	131
Trainee Grades	10,667	13,534	(2,867)
Career Grades	15,744	16,934	(1,190)
General Practitioner	728	554	173
Medical Bank	95	870	(775)
Agency Medical & Dental	6,226	7,553	(1,327)
Grand Total	71,737	77,590	(5,854)

Medical Pay	YTD Bud £'000	YTD Act £'000	YTD Var £'000
COMMUNITY SERVICES	862	805	57
CORE CLINICAL SERVICES	5,428	6,038	(611)
CORPORATE SERVICES	204	317	(113)
MEDICINE	24,965	27,109	(2,143)
SURGERY & CRITICAL CARE	30,123	31,974	(1,852)
WOMENS & CHILDRENS	10,156	11,347	(1,192)
Grand Total	71,737	77,590	(5,854)

Similarly for nursing & midwifery, an overspend position was reported in most months, totalling £1.8m over the year. The significant proportion of this overspend relating to Healthcare assistants, which are above funded establishments. Over the course of the year we have seen an increase to the number of qualified nurses and midwives working for the Trust. The increase in qualified staff surpassing the reduction in healthcare assistants.

Nursing	YTD Bud £'000	YTD Act £'000	YTD Var £'000
Healthcare Assistants	25,272	26,795	(1,523)
Registered Nursing	79,321	79,985	(664)
Agency	1,305	2,004	(699)
Registered Midwives	8,731	7,608	1,124
Grand Total	114,630	116,393	(1,763)

Nursing pay	YTD Bud £'000	YTD Act £'000	YTD Var £'000
COMMUNITY SERVICES	16,647	16,827	(180)
CORE CLINICAL SERVICES	2,213	2,147	66
CORPORATE SERVICES	2,784	2,728	56
ESTATES & FACILITIES	1,149	1,147	2
MEDICINE	40,036	40,802	(766)
SURGERY & CRITICAL CARE	32,956	33,700	(744)
WOMENS & CHILDRENS	18,845	19,042	(197)
Grand Total	114,630	116,393	(1,763)

2.4. **Non Pay expenditure** remained high across the year with the care Groups overspent by £4.6m on non pay. This spend is predominantly on clinical supplies and services £2.3m, delivering the activity we have reported above. The overspend includes £1.3m underspend relating to surgery outsourced activity to Non NHS organisations, indicating a trading position of £5.9m overspend.

2.5. **The Cost Improvement Plan** of £22m has been delivered in full, with a final delivery of £22.7m. As with trading reported above, delivery of the CIP was considerably different to plan with 71% of delivery being non recurrent. Care groups delivered in excess of the planned £8.8m by £1.8m. All care groups except Estates and facilities delivering their plans. In delivering this value, over 53% was due to vacancies and a further 18% relating to agency reductions.

The cross cutting schemes, planned to deliver £13.2m, underachieved by £9.2m, with only Procurement and Prescribing schemes delivering planned levels. This shortfall was offset by non recurrent savings made centrally via review and release of creditors, fortuitous savings, allowable revenue to capital transfers and other technical adjustments.

There needs to be a fundamental shift in culture to dealing with efficiency programmes particularly in the Medicine Care Group. There is a requirement to recurrently reduce costs as opposed to reliance on increased clinical income.

	Annual Plan £'000	YTD Plan £'000	YTD Actual £'000	YTD Var £'000
Recurrent	22,000	22,000	6,639	(15,361)
Non recurrent	0	0	16,090	16,090
Total	22,000	22,000	22,729	729

	Non Rec	Rec
Medicine	95%	5%
Surgery and Critical Care	38%	62%
Women and Children	66%	34%
Core Clinical	66%	34%
Estates and Facilities	68%	32%
Corporate Services	85%	15%
Community Care	37%	63%

3. Capital and cash

3.1. The capital plans have evolved over the course of the year from an internally funded £11.8m plan to a year end plan of £22.3m. During the year we received PDC of £3.4m, emergency loans of £34m of which £7m was agreed to be spent in year and finally in March, £105k relating to identified covid-19 capital spend. Covid-19 impacted on progress of a number of large capital schemes, ie the Theatres developments which were put on hold. Capital funds were diverted to dealing with Covid-19 set up and reconfiguration of our estates. We have diverted £612k funds from the emergency loans bid in order to deal with Covid-19. When capital funding is received in the new year to cover these costs, funds will then be available for progressing the emergency capital developments in line with the original funding where possible.

Scheme	Annual Plan £'000	Cumulative to 31 March 2020		
		Plan £'000	Actual £'000	Variance £'000
Estate Schemes - Backlog Maintenance	3,000	3,000	4,294	(1,294)
Building Improvements	3,523	3,523	2,343	1,180
IT Strategy	1,500	1,500	2,792	(1,292)
Medical Equipment	3,600	3,600	2,218	1,382
Total	11,623	11,623	11,647	(24)
Medical Equipment- Charitable funds	167	167	167	0
NHS Digital PDC	745	745	745	0
NHS Urgent Care PDC RLI	1,700	1,700	1,700	0
NHS Urgent Care PDC FGH	1,000	1,000	1,000	0
Emergency loans bid	7,000	7,000	6,388	612
COVID-19	105	105	717	(612)
Total	22,340	22,340	22,364	(24)

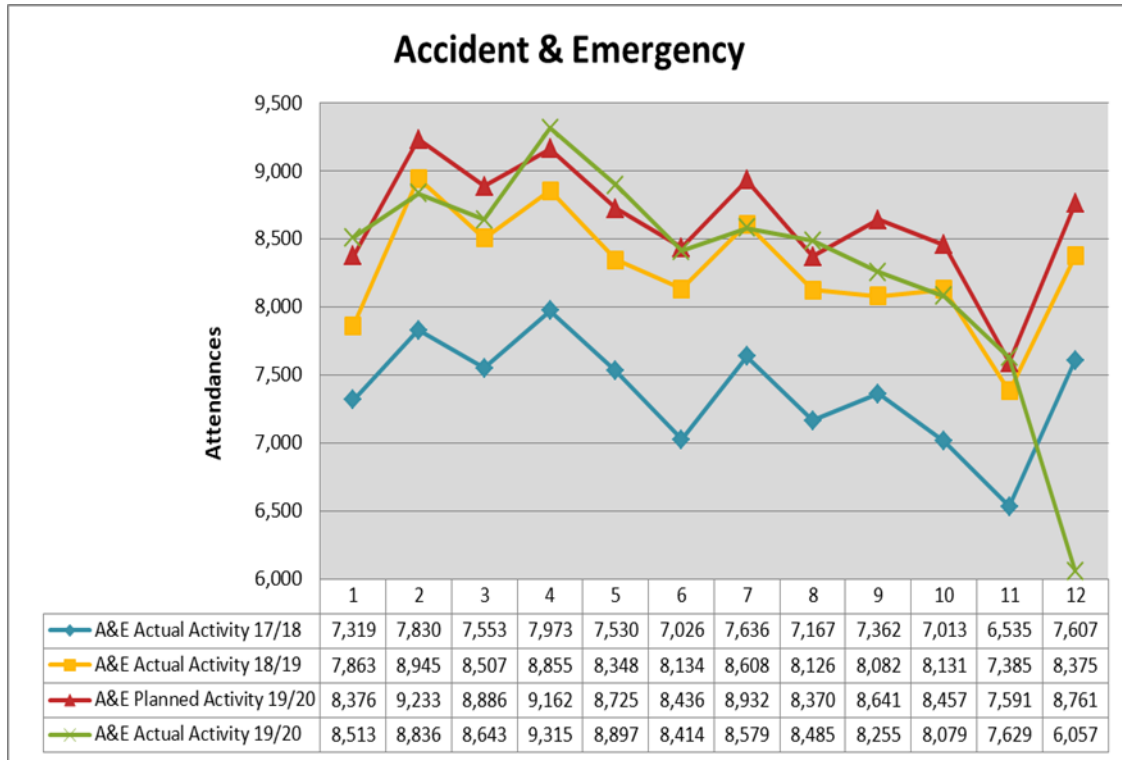
3.2. At the end of March the Trust held cash reserves of £5.7m.

3.3. The balance sheet is attached as appendix F3

4. Summary and recommendations

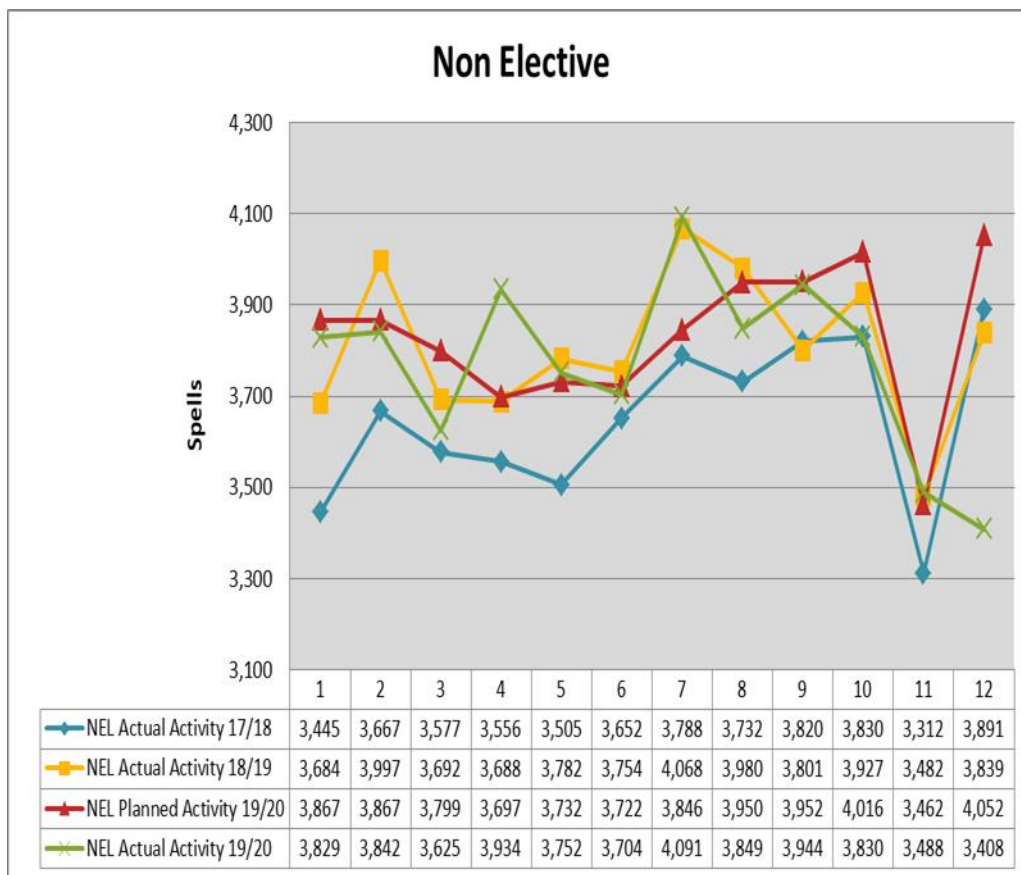
- 4.1. There are a number of positives to be taken from the financial performance this year, not least, the achievement of the control total. However there are significant risks that will move forward into the new year that need urgent attention in order to halt further deterioration and to make progress in reducing the underlying deficit of the Trust.
- 4.2. There needs to be a cultural shift in how we deliver an efficiency programme. The overreliance on non recurrent and fortuitous savings cannot continue. We need transformative programmes to be delivered that reduce the cost base of the Trust and set us on the way to a financially sustainable position.
- 4.3. Care groups need to manage their spending to their funded levels. Where there is a pressure identified within a care group, actions need to be taken to address the cause and mitigations must be identified to restore the financial balance of the Care group.
- 4.4. The impact of Covid-19 has forced significant change to the way we are delivering clinical and non clinical services. We need to assess the risks and benefits of our new ways of working and when the pandemic is finally over we must ensure we do not go back to old ways of working where new, more efficient processes have delivered safe healthcare to our patients. We must use the innovative new ways of working to sustainably deliver to our patients.

Appendix F1 – Clinical Activity



Activity in Month 12 is much lower than planned levels and below all actual activity levels seen.

Appendix F1 – Clinical Activity

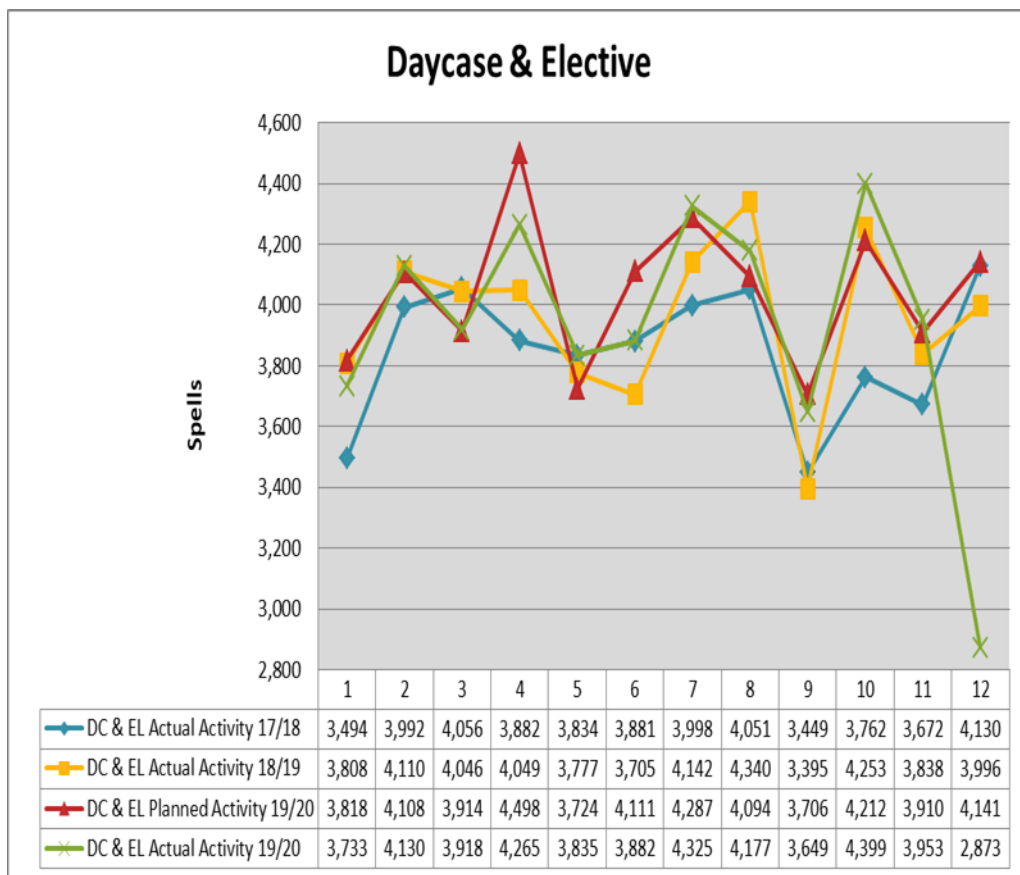


Overall the activity in Month 12 is below planned levels and the casemix is above plan.

The activity variance by Care Group is below.

Non Elective	Activity variance
Medicine	(189)
S&CC	(111)
WACS	(345)
Core	1
Community	0
Trustwide	0
	(644)

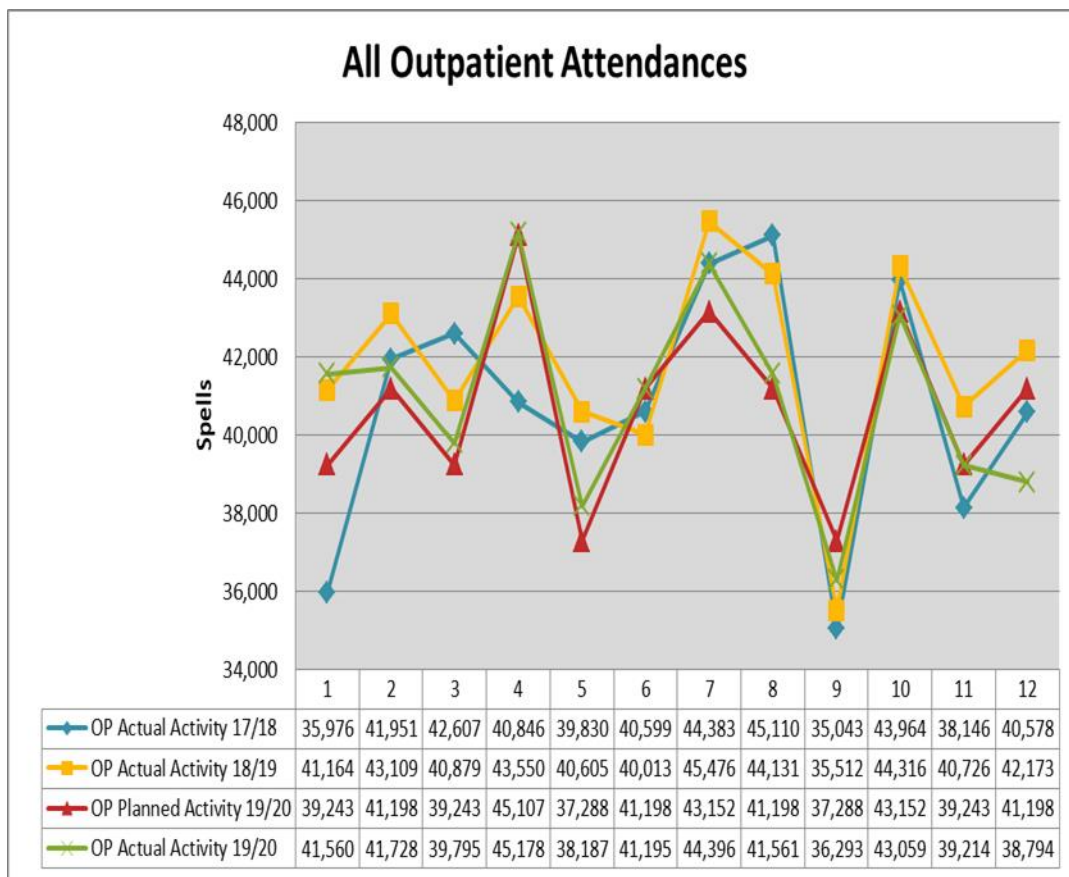
Appendix F1 – Clinical Activity



Due to the cancelled activity the activity is significantly lower than plan for daycases and electives and the casemix is under planned levels for both.

Daycase & Elective	Daycase	Elective	TOTAL
	Activity variance	Activity variance	Activity variance
Medicine	(166)	(26)	(192)
S&CC	(848)	(164)	(1,012)
WACS	(67)	(14)	(81)
CCS	15	4	19
Community	0	0	0
Trustwide	0	0	0
	(1,066)	(200)	(1,266)

Appendix F1 – Clinical Activity



The activity in Month 12 is below planned levels. The split by Care Group is below with Medicine, Community and WACS achieving the anticipated plan.

Outpatient	FA	FU	TOTAL
	Activity variance	Activity variance	Activity variance
Medicine	567	(34)	533
S&CC	(895)	(1,641)	(2,536)
WACS	(19)	200	181
CCS	(496)	(792)	(1,288)
Community	(15)	(102)	(117)
Trustwide	754	70	824
	(104)	(2,299)	(2,403)

Appendix F2 – Care Group Narrative

Medicine Care Group

Medicine	2019/20	In Month			Year To Date		
	budget £'000s	Budget £'000s	Actual £'000s	Var £'000s	Budget £'000s	Actual £'000s	Var £'000s
Clinical Income	(100,789)	(9,482)	(9,325)	(158)	(100,789)	(106,300)	5,511
Income	(2,573)	407	64	343	(2,573)	(2,898)	324
Pay:- Substantive	66,648	6,050	5,943	107	66,648	66,420	228
Pay:- Bank	1,571	126	661	(535)	1,571	5,640	(4,069)
Pay:- Agency	3,162	275	280	(5)	3,162	3,143	20
Non Pay Expenditure	7,874	999	946	53	7,874	8,658	(784)
Net I&E Position	(24,108)	(1,626)	(1,431)	(195)	(24,108)	(25,338)	1,230
X-cutting CIP schemes	(2,750)	(427)	(69)	(358)	(2,323)	(237)	(2,085)
Trading position	(21,358)	(1,198)	(1,362)	163	(21,785)	(25,100)	3,316

For the financial year 2019/20 the Medicine Care Group delivered a contribution of £25.3m against a planned contribution of £24.1m which represents a surplus of £1.2m. Expenditure (including non clinical income) achieved an overall overspend of £4.3m and clinical income achieved a surplus of £5.5m. Surplus clinical income was primarily achieved in Non Electives (£5.2m). The reduction in Outpatient Follow Ups did not achieve expected levels in year (£1.1m over achieved).

Care Group savings achieved amount to £3.4m against a plan of £2.2m however £3m was achieved non-recurrently. Cross Cutting schemes savings achieved reported in the Care Group amount to £0.362m against a plan of £2.75m.

The Care Group has experienced financial pressures during the year including:

Pay: Medics - The year has seen a significant successful effort in appointing to long term medical vacancies thus reducing the need for agency medics.

However there have also been a number of resignations/retirements/sick leave amongst this group of staff which has meant that agency medics have been required to fill these gaps whilst permanent appointments are being worked towards. Spend on agency medics has fallen from £6m in 2016/17 to £1.9m in 2019/20 (both exclude WGH UTC spend).

Pay: Nursing: There has been a high level of registered nurse vacancies throughout the year which has led to an underspend of £785k on substantive registered nurses but a £1.5m overspend on bank. There have been appointments made to bring down this number of vacancies which has, in turn, led to

Appendix F2 – Care Group Narrative

the close monitoring of clinical support worker numbers and spend. Overall, clinical support workers are £1.1m overspent with £2m being spent on bank. This spend has occurred to ensure safe staffing levels in a time of registered nursing vacancies. The aim now is to reduce the clinical support worker numbers back to recommended levels as the registered nurse numbers are increasing to their recommended levels. Analysis of acuity levels however, suggest the wards are caring for patients with much higher average acuity and dependency scores than their current establishment allows.

Non Pay - £743k of the £785k overspend is reflected in Clinical Supplies and Services. This is due to an increase in activity in some areas and as a result of patients being more acutely ill and requiring more intensive intervention or supervision. The overspend in diabetic pumps (£78k) and breathing systems (£58k) are offset against income received for these excluded devices. There has also been a number of warranties expire in year which have been replaced by maintenance contracts that were not budgeted for.

Appendix F2 – Care Group Narrative

Surgery and Critical Care

Surgery & Critical Care	2019/20	In Month			Year To Date		
	Budget	Budget	Actual	Var	Budget	Actual	Var
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Clinical Income	(93,595)	(7,972)	(6,326)	(1,646)	(93,595)	(89,044)	(4,551)
Income	(836)	(71)	(132)	61	(836)	(873)	37
Pay:- Substantive	63,159	5,108	5,547	(440)	63,159	65,638	(2,479)
Pay:- Bank	1,646	237	382	(145)	1,646	3,377	(1,731)
Pay:- Agency	2,978	296	379	(83)	2,978	3,625	(647)
Non Pay Expenditure	13,282	1,170	1,170	0	13,282	12,563	719
Net I&E Position	(13,366)	(1,233)	1,019	(2,253)	(13,366)	(4,714)	(8,652)
X Cutting CIP	(3,800)	(558)	(347)	(212)	(3,800)	(1,667)	(2,133)
Trading postion	(9,566)	(675)	1,366	(2,041)	(9,566)	(3,047)	(6,519)

For the 2019/20 financial year the Surgery & Critical Care Group delivered a contribution of £4.7m against a planned contribution of £13.6m which represents a deficit of £8.9m. The main financial pressures for the Care Group over the year include:

Capacity constraints within Orthopaedics due to a combination of sickness, vacant deanery posts and restrictions. The priority for the care group was to maintain the provision of emergency and on call cover which resulted in a reduced level of elective work being undertaken. The availability of clinicians to undertake additional sessions was a significant challenge due to the pension tax dispute, with a number of clinicians in Orthopaedics and Anaesthetics either working a reduced number of additional sessions or not working any at all.

Also, a level of non-urgent elective activity was taken down over the winter period following a decision made at Trust level to address bed and patient flow pressures on the Lancaster and Barrow sites which reduced elective income further.

Anaesthetics was also a pressure area, again due to a lack of staffing as a result of sickness and vacancies. Where possible these were covered by clinicians claiming extra duty payments and 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 previous year. As such the Care Group introduced a new process to ensure that the SMT are sighted on these costs with approval sought prior to it being committed to.

Nursing pay was also overspent due to a number of wards and theatres experiencing high levels of vacancies and sickness for the majority of the year. This was micro managed by the Matrons and had a positive impact in reducing costs in the final quarter. Also, to mitigate against bed pressures over winter on the Barrow site, two wards had to increase their bed base and the day surgery ward was open 7 nights a week and at weekends which resulted in an increase in bank nurse spend.

Significant operational pressures in March associated with the COVID-19 pandemic resulted in a significant increase in both pay and non-pay costs within the Care Group, particularly within ICU, Theatres and Anaesthetics.

Appendix F2 – Care Group Narrative

Women's and Children's

WACS	2019/20	In Month			Year To Date		
	budget £'000s	Budget £'000s	Actual £'000s	Var £'000s	Budget £'000s	Actual £'000s	Var £'000s
Clinical Income	(33,047)	(2,895)	(2,501)	(394)	(33,047)	(31,859)	(1,188)
Income	(405)	(34)	(71)	37	(405)	(511)	106
Pay:- Substantive	28,638	2,498	2,596	(98)	28,638	29,910	(1,272)
Pay:- Bank	374	32	123	(92)	374	1,115	(741)
Pay:- Agency	1,679	187	256	(70)	1,679	2,181	(501)
Non Pay Expenditure	1,530	140	221	(81)	1,530	1,866	(336)
Net I&E Position	(1,231)	(72)	624	(697)	(1,231)	2,700	(3,931)
X- cutting CIP Schemes	(1,600)	(200)	(82)	(118)	(1,600)	(187)	(1,413)
Trading position	369	128	706	(579)	369	2,887	(2,518)

Clinical Income has ended the financial year behind plan by £1,188k. This has been driven by the under achievement in Non Elective activity by £790k, the majority within Paediatrics (£609k) where both the activity volumes and associated finances, have down against the plan all year.

The Care Group's pay expenditure has finished the financial year in being overspent by £2,514k YTD, within this value £1,051k has been on medical pay. This includes a reducing over establishment of Health Care Assistants and a continued reliance on premium rate solutions to cover vacancies and sickness across both medical and nursing/midwifery areas.

The Care Group's non-pay expenditure ended the year overspent by £336k YTD. Though some of this can be offset by care group income which has over achieved by £106k YTD. The year to date position on no pay, includes £174k under achievement in the cross-cutting CIP.

Appendix F2 – Care Group Narrative

Core Clinical

CCS	2019/20	In Month			Year To Date		
	budget	Budget	Actual	Var	Budget	Actual	Var
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Clinical Income	(41,706)	(3,580)	(3,720)	140	(41,706)	(42,979)	1,273
Income	(3,226)	(208)	(222)	14	(3,226)	(3,343)	117
Pay:- Substantive	33,992	2,677	3,111	(434)	33,992	37,102	(3,110)
Pay:- Bank	362	107	34	73	362	355	7
Pay:- Agency	970	56	5	52	970	1,608	(639)
Non Pay Expenditure	42,303	3,585	4,175	(591)	42,303	44,065	(1,762)
Net I&E Position	32,695	2,636	3,382	(746)	32,695	36,808	(4,113)
X-Cutting CIP Schemes	(2,604)	(358)	(214)	(144)	(2,604)	(1,064)	(1,540)
Trading Position	35,299	2,994	3,596	(602)	35,299	37,872	(2,573)

CCS finishes the year with a significant pay variance (£3.7m) resulting in the main from a combination of high agency use and posts recruited to at risk (unfunded) in previous financial years.

The final non pay position, a negative variance of £1.8m, includes a Breast Screening tribunal payment issued in March of £261k and adjustments required to the Pathology Managed Service Contract to reflect usage throughout the year of £220k.

Income has exceeded plan this year by £1.4m, the most notable element being increased diagnostic activity in Radiology and Pathology in line with trends seen within expenditure as a result of demand.

Appendix F2 – Care Group Narrative

Estates and Facilities

Estates & Facilities Care Group	2019/20	In Month			Year To Date		
	budget £'000s	Budget £'000s	Actual £'000s	Var £'000s	Budget £'000s	Actual £'000s	Var £'000s
Clinical Income	0	0	0	0	0	0	0
Income	(5,940)	(539)	(439)	(99)	(5,940)	(5,729)	(211)
Pay:- Substantive	15,228	1,322	1,181	141	15,228	15,426	(198)
Pay:- Bank	(3)	1	27	(26)	(3)	167	(170)
Pay:- Agency	0	0	4	(4)	0	8	(8)
Non Pay Expenditure	17,247	2,267	2,041	226	17,247	18,030	(783)
Net I&E Position	26,532	3,052	2,813	238	26,533	27,903	(1,370)
X-cutting CIP schemes	(1,100)	(242)	(376)	134	(1,100)	(438)	(662)
Trading Position	27,632	3,294	3,189	104	27,633	28,341	(708)

For the Financial Year 2019/20 the Estates and Facilities Care Group delivered a net outturn position of £27,903k against a planned outturn of £26,532k. The main financial pressures the Care Group has faced this year include:

A significant pressure in pay due to On Call payments to senior staff covering band 5 rota/managers rota. There is also a continuous level of overtime paid to Estates staff that have to do planned, preventative maintenance in areas they are unable to access during their normal working hours.

The main pressure within Non-Pay has come from premises costs, in particular electricity costs due to price rises. We have also received additional back dated bills for Rates (SLBC) and Electricity (NPower - capacity mechanism).

Pressures on Sterile services have arisen due to increased demand from other areas in the Trust, mainly Endoscopy, which has caused a significant increase in their maintenance and consumables costs.

There have been significant levels of incorrect billing to the Trust from other NHS bodies in relation to the transfer of Community Properties; these additional costs have not been included in the position.

Some of the savings schemes included in the plan have not delivered as expected. These include several of the Cross-Cutting schemes and in addition Care Group schemes such as to install Car Park barriers on other sites (superseded by the planned ANPR); along with some of the energy related schemes requiring capital.

Appendix F2 – Care Group Narrative

Community

Community Care Group	2019/20	In Month			Year To Date		
	budget £'000s	Budget £'000s	Actual £'000s	Var £'000s	Budget £'000s	Actual £'000s	Var £'000s
Clinical Income	(34,920)	(2,813)	(3,106)	293	(34,920)	(35,098)	179
Income	(329)	(25)	(57)	32	(329)	(374)	45
Pay:- Substantive	25,872	1,887	2,110	(224)	25,872	25,150	722
Pay:- Bank	320	33	71	(38)	320	685	(365)
Pay:- Agency	5	0	14	(13)	5	110	(105)
Non Pay Expenditure	2,099	163	172	(9)	2,099	2,169	(70)
Net I&E Position	(6,953)	(755)	(796)	41	(6,953)	(7,359)	406

Clinical income underachievement is due to Altham Meadows - no new contract variation (CV) agreed, therefore the associated income underachievement will continue at this rate for the remainder of the financial year - it is offset with a subsequent underspend on substantive pay expenditure.

Aside from Altham Meadows, substantive pay expenditure was underspent in month due to the high level of vacancies within the CG, particularly across nursing and physiotherapy.

YTD Bank staff remains a pressure area, with the vast majority covering vacancies across the CG. Agency staffing continues to cause a pressure vs the minimal budget in the CG - meeting scheduled with Medicine CG to investigate the usage and subsequent recharge ahead of the new financial year.

Appendix F2 – Care Group Narrative

Corporate

Corporate	2019/20	In Month			Year To Date		
	budget £'000s	Budget £'000s	Actual £'000s	Var £'000s	Budget £'000s	Actual £'000s	Var £'000s
Clinical Income	0	0	0	0	0	0	0
Income	(3,954)	(289)	(841)	552	(3,954)	(5,267)	1,313
Pay:- Substantive	24,398	2,013	2,051	(38)	24,398	24,346	52
Pay:- Bank	46	9	56	(47)	46	326	(280)
Pay:- Agency	0	0	(5)	5	0	88	(88)
Non Pay Expenditure	19,662	1,762	2,158	(396)	19,662	21,089	(1,427)
Net I&E Position	40,153	3,495	3,418	77	40,153	40,581	(429)
X- cutting CIP Schemes	(800)	(100)	(136)	36	(800)	(360)	(440)
Trading Position	40,953	3,595	3,554	41	40,953	40,941	11

Main Narrative.

The non clinical income has ended the financial year by being £1,313k YTD over achieved against the original plan. This is due to non-recurrent funding being received in from NHS Digital of £118k, ICS and Health Education England at the value of £491k. The Procurement contracts ended the year £81k YTD above their plan, with the balance relating to smaller one off non recurrent income across a number of different areas.

Pay expenditure at the end of the financial year was £315 YTD overspent. This was driven by the under achievement in the cross-cutting savings by £378k YTD. Admin & Clerical vacancies continued to be held in line within the current Trust wide vacancy freeze until April 2020.

Non pay expenditure ended the financial year being overspent by £1,427k. This has been a continuous trend during the year on a key number of items; security guards & devices ended £130k YTD overspent. Trust relocation expenses are £242k YTD overspent, as part of the Trust's recruitment strategy seeing significant staff numbers coming in from overseas countries and being entitled under the policy to removal packages. Computer Expenditure on the trust's Allocate system ended £113k YTD overspent. Travel expenses were £105k YTD overspent and training expenditure being £171k YTD overspent.

Appendix F3 – Balance Sheet

	Opening Balance 01 Apr 19 £m	Prev Mth Balance 29 Feb 20 £m	Curr Mth Balance 31 Mar 20 £m
NON CURRENT ASSETS			
Property Plant & Equipment	159.8	162.6	169.7
Intangible Assets	0.7	0.7	0.6
Other Assets	2.9	3.0	3.8
Total Non Current Assets	163.4	166.3	174.1
CURRENT ASSETS			
Inventories	3.7	4.0	4.2
Trade & Other Receivables	15.1	23.0	25.7
Cash & Cash Equivalents	2.4	7.4	5.8
Total Current Assets	21.2	34.4	35.7
CURRENT LIABILITIES			
Trade & Other Payables	(31.3)	(52.3)	(34.4)
Non Current Assets Held for Sale	-	-	(0.2)
Current Borrowings	(56.9)	(137.1)	(292.3)
Current Provisions	(0.2)	(0.1)	(0.2)
Total Current Liabilities	(88.4)	(189.5)	(327.1)
Net Current Assets/(Liabilities)	(67.2)	(155.1)	(291.4)
Total Assets less Current Liabilities	96.2	11.2	(117.3)
NON CURRENT LIABILITIES			
Borrowings	(179.1)	(128.6)	(1.0)
Provisions	(2.2)	(2.2)	(2.5)
Total Non Current Liabilities	(181.3)	(130.8)	(3.5)
TOTAL ASSETS EMPLOYED	(85.1)	(119.6)	(120.8)
TAXPAYERS EQUITY:			
Public Dividend Capital	150.2	153.7	153.7
Revaluation Reserve	39.8	39.8	39.8
Retained Earnings (Prior Years)	(275.1)	(275.1)	(275.1)
Retained Earnings (In Year)		(38.0)	(39.2)
TOTAL TAXPAYERS EQUITY	(85.1)	(119.6)	(120.8)

COMMENTARY

Non-Current assets

There have been other capital additions of £8.5m and depreciation charged of £1.3m in the month.

Current Assets

Within Trade and Other receivables there is income accrued for PSF and FRF income at £7.2m for Quarter 4. There is also an accrual for expected income around COVID-19 of £3.9m

Current Liabilities

The asset held for sale relates to Abbey Road Clinic in Barrow.

Current borrowings have been restated in line with new guidance, further guidance around the conversion of loans to PDC is anticipated.

Appendix F3 – Balance Sheet

Non-Current Liabilities

Non-Current Borrowings have been reclassified in line with new guidance.

PDC of £2.7m has been received for Urgent Care Schemes at RLI and FGH. A further £0.8m has been received for IT Digital Schemes.

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BOARD OF DIRECTORS

Date of Meeting	29 April 2020		
Title	COVID-19 Emergency Decision Making Notification for Board		
Report of	Paul Jones, Company Secretary		
Prepared by and contact details	Paul Jones, Company Secretary (paul.jones4@mbht.nhs.uk ext46684)		
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Summary	<p>The Constitution gives delegated authority to the Chief Executive in consultation with the Chair (or in his/her absence the Deputy Chair) and two (2) other non-executive Director powers to make emergency decisions on behalf of the Board.</p> <p>In accordance with the requirements of the Constitution the purpose of this report is to notify the Board of several emergency decisions which have been taken as part of the Trust's response to Covid-19.</p> <p>Urgent Decisions Made since the Board of Directors' meeting on 25 March 2020:</p> <ol style="list-style-type: none"> 1. Clinical Ethics Advisory Group; 2. Core Skills Framework Changes; 3. Emergency Response Plan; 4. Deployment Plan; 5. Relocation of Oncology Service and Fracture Clinic at the Royal Lancaster Infirmary; 6. Service Change Ward 35 Royal Lancaster Infirmary; 7. Temporary Suspension of Breast Screening Service <p>Full details are enclosed in the reference pack (agenda item 7i).</p>		
Recommendation	In accordance with the requirements of the Constitution the Board is asked to note the decisions which have been taken using emergency powers.		
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	None	



BOARD OF DIRECTORS

Date of Meeting	29 April 2020		
Title	Update on Quality and Safety in Urology		
Report of	Sue Smith, Executive Chief Executive and Deputy Chief Executive		
Prepared by and contact details	Sue Smith, Executive Chief Nurse and Deputy Chief Executive and Andrea Willimott, Director of Governance Clare Alexander, Associate Director of Operations (Surgery and Critical Care Group)		
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Summary	<p>Urological services at UHMBT have been subject to a long-standing climate of patient safety concerns and complex employee relations history. Concerns have been raised through a number of routes internally and externally over a number of years, including, in 2019, the publication of a book and associated media articles.</p> <p>The Trust recognises many of the issues being reported and has, over a period of years, undertaken a series of actions in relation to these concerns. The impact of the concerns in the Urology service is being felt widely by patients and staff. This paper is one of a series of papers presented at the Quality Committee and through to the Trust Board to provide an update to Directors and the public on progress of actions being undertaken to address the issues reported.</p>		
Recommendation	The Board of Directors is asked to consider the contents of this report and note the update provided in relation to the progress of the review into this service and support the recommendations below.		
Links to Corporate objectives	<ul style="list-style-type: none"> • Continuously improve the patient experience - becoming the provider of choice for excellence with safe and effective patient care • Support and develop all staff to take responsibility for what they do and help them to do their best - getting staff truly engaged in how the Trust works • To embed effective governance to protect and improve patient outcomes and experience 		
Links to Strategic and Clinical 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	March 2020		

UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST

Update on Quality and Safety in Urology

Introduction

1. UHMBT provides acute and elective services across the three sites which includes complex diagnostics and treatment including cancer services. Urological services at UHMBT have been subject to a long-standing climate of patient safety concerns and complex employee relations history. The recent publication of a book by a former consultant urologist about their experience of working in that department and the associated media exposure has led to questions and concerns from patients, staff and our communities.
2. The Trust recognises many of the issues being reported and has, over a period of years, undertaken a series of actions that have been reported in preceeding Board meetings. There has been a coroners inquest, a number of formal Maintaining High Professional Standards (MHPS) investigations and associated actions, National Clinical Assessment Service (NCAS) and General Medical Council (GMC) referrals, independent case reviews, organisational development interventions and an invited review from the Royal College of Surgeons (RCS). There has also been a long history of working in partnership with our system partners, arm's length bodies and the Care Quality Commission (CQC) as our regulator on these issues.
3. The Trust believes that it has taken each of those issues seriously and, whilst there will undoubtedly be lessons to be learned over that period, dealt with them following the correct processes and prevailing guidance at the time. That said, there is a narrative building in the media of an organisation that has not fully learned the lessons of its past and on this issue, is defensive, not transparent and, most concerning, that is not providing safe urological services and seeking to suppress those people that raise concerns.
4. Based on our recent history it is considered that a fully independent and external review is the best way to move forward and restore confidence in the service provided today.
5. There are three areas of work that will be updated in this paper, these being; the work of the Trust Task and Finish Group; the work of the NHSE/I-led Urology Oversight Group and; an update on progress against the commissioning of the independent review.

Trust Task and Finish Group

6. The Trust Task and Finish Group from April 2020 has moved to meeting on a monthly basis and in line with Covid 19 requirements has moved to a teams call. The Group has reviewed its Terms of Reference for the next period to align with the Oversight Meeting and the Niche Consulting work and needs to finalise these with NHSE / I when possible to do so.
7. Key issues to provide an update on include:
 - 7.1 The Medical Director has completed a review of action plans held by Care Groups and will bring a position statement through to the Quality Committee in April and a more detailed report in May.
 - 7.2 A resource plan was agreed by the Task and Finish Group & Board in February to support the additional workload of the Niche Independent review and is currently on hold with existing staff and teams supporting the work during Covid 19.

7.3. The Safe today paper continues to be reported through this group to provide visibility and assurance around the Urology service and this has been recognised by the Oversight Group as an excellent programme of work.

NHSE/I Urology Oversight Group

8. The Oversight Group has reduced its meeting to essential items during this Covid period and has changed to a teleconference with key regulators attend this meeting including Commissioners; General Medical Council and the Care Quality Commission.
9. The key focus of this group is to ensure that the urology service is safe and that the Trust is taking appropriate actions to ensure any improvements are sustained whilst the outcome of the independent review is awaited.

Independent Review

10. The Trust continues to support the work of Niche Consulting. Key staff interviews have been interviewed throughout March and April which supports the phase 1 scoping, documents as requested are flowing through to the team and patient information is being collated but this has slowed significantly due to home working and need to socially distance during covid. Regular contact with NICHE has been maintained to ensure they receive what we are able to supply and a log of items not available to locate at this time.
11. Whilst the independent review is undertaken, the Trust will not be permitted to report on its progress. This is because the investigation is independent of the Trust and is a review being undertaken directly for NHSE/I.

York Peer Review of the RCS Action plan

12. The York teaching Hospitals NHS Foundation Trust have completed their report and the Trust have undertaken a factual accuracy. The report was shared at the Task and Finish Group on 3 March 2020 and is having a second review at the meeting on 17 March 2020 and the final report and updated RCS Action Plan formed part of the Agenda for the April Quality Committee meeting.

Service Improvement and OD Interventional Work

13. The Service Improvement Group continues to meet and is on track with all agreed actions. A vision Day is planned for the 5th of May to support key stakeholders to attend and contribute, but the ability to run the session may need review as the Covid 19 Pandemic situation develops.
14. Phase 1 and Phase 2 of the cultural improvement work are completed and an interim report summarising the outcomes was reported back to the Task and Finish Group on the 17th of March. Work to scope the next phases is underway and will be reviewed at the next Task and Finish Group.

Recommendation

15. The Board of Directors is asked to consider the content of this update report and:-

- Note the progress of the work to support Niche Consulting to undertake an independent review as commissioned by NHSE/I;
- Note the progress being made and reported through the Task and Finish Group which demonstrates that the service is safe today;
- Note the York Peer Review work, timescale and prepare to receive an update on the formal report; and
- Note the Quality Committee will continue to monitor progress.



BOARD OF DIRECTORS

Date of Meeting	29 April 2020		
Title	Review of the Board Assurance Framework April 2020 and Update on the Operation of the Risk Management Framework		
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
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summary	<p>The purpose of this report is present a revised Board Assurance Framework for the Board in the light of the COVID 19 pandemic and update on risk management activity.</p> <p>Board Assurance Framework (BAF) Update</p> <p>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.</p> <p>At the start of each financial year the Board would normally approve its Operational Plan and this together with the Trust's overall strategy would form the basis of its Board Assurance Framework.</p> <p>Following the suspension of the 20/21 planning round and the March Board discussion it has been proposed that until such time as the circumstances change the Trust should proceed with 4 key areas of focus for 20/21:</p> <ul style="list-style-type: none"> • Dealing with the current COVID-19 pandemic as safely and effectively as we can; • A core focus on staff wellbeing; • Continued priority on Quality and Safety of our services; • Post COVID 19 Future - the work of our Recovery Cell. <p>Work is underway to map and characterise the risks relating to the COVID-19 outbreak. It is recognised that there will also be risks to operational performance, the financial position, governance and compliance.</p>		

The extent of the risks posed and potential impact on services is such that it is felt that a revision of the Board Assurance Framework is necessary.

Interdependencies between COVID-19 specific risks and their impact on other significant risks will be monitored and reflected as we move through Q1 and into Q2.

Whilst the Finance and Performance Assurance Committee has overall oversight of business continuity, the other Board Committees will have a role in ensuring that there are adequate controls and mitigations in place for the identified risks.

The first iteration of the COVID-19 BAF risk is included in the Board Assurance Framework April 2020. A revised Board Assurance Framework will follow.

It will be developed through the Executives Directors' Group and the Board Committees during Q1 and through to the Board in July 2020.

Risk Management Activity

Notwithstanding the COVID 19 pandemic the Health and Safety Team have continued to support the Care Groups with their risk management activity.

For the period of the COVID 19 pandemic a revised approach has been adopted within the Care Groups to focus on more significant risks.

For risks rated 12 and below, an extension of 3 months has been granted where:

- Action target dates were due
- Risk reviews were due
- Target completion dates for the risk were due

For risks rated over 12 these were highlighted to the Governance Business Partners for attention within the Care Groups and in many cases have been reviewed during April.

The Estates and Facilities Division and Surgery and Critical Care Group currently have significant pressures and additional support is being given by the Health and Safety Team.

A summary Risk Register Performance Table (21 April 2020) is set out below.

Table 1: Data at 21st April 2020; Risk Register Performance Measure Summary					
Performance Measure	Target Level	Committee Risks		All Trust Risks	
		Extreme	All	Extreme	All
No. of Risks	n/a	3	3	63	250
No. of Open Mitigating Actions on Risks	n/a	2	2	112	393
% of Risk Reviews completed on time	<= 95%	100%	100%	87.3%	94.4%
% of Risks that are beyond Target	<= 5%	66.67%	66.67%	26.98%	9.6%
% of Risks with Mitigating Actions in Place	>= 95%	66.67%	66.67%	92.06%	96.4%
% of Mitigating Actions Beyond Target Date	<= 5%	0%	0%	18.75%	9.16%
% of Risks that are Commissioner Related	<= 5%	33.33%	33.33%	17.46%	10.8%
% of Risks that are being 'Tolerated'	<= 5%	0%	0%	3.17%	12%
Recommendation	The Board of Directors is asked to consider the contents of this report and; 1. Consider and adopt the revised Board Assurance Framework. 2. Note the risk management update and endorse the revised approach to risk management within the Care Groups for the period of the COVID 19 pandemic				
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	None				

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BOARD OF DIRECTORS

Date of Meeting	29 April 2020		
Title	Head Governor Report		
Report of	Colin Ranshaw Head Governor		
Prepared by and contact details	Colin Ranshaw Head Governor		
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Summary	The purpose of this report is to present an update from the Head Governor, which provides an outline of activities undertaken by the Head Governor and his Governor colleagues during March and April 2020.		
Recommendation	The Board of Directors is asked to note 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

Head Governor Report

Head Governor Activities

1. Once again this is an unusually short report due to truncated activities because of the effects of COVID-19.
2. Meetings Attended:
 - Attended Public and Private Board Meetings via Microsoft Teams on 25 March 2020
 - Met with the Chair and Deputy Head Governor via Microsoft Teams on 26 March 2020, 9 April 2020 and 24 April 2020. The following was discussed:

1	<p>COVID-19</p> <ol style="list-style-type: none"> I. Our preparedness for massive surge in COVID cases; II. Supply of PPE and contingency and guidance in case of short supply; III. Plan to deploy clinical workforce - as per need not specialisation; IV. Assurance around training of the workforce in PPE; V. Escalation strategy if our Trust capacity exceeds demand; VI. Updates and communications with Governors; and VII. Message of support and thanks to be sent on behalf of Council of Governors to all staff.
2	<p>Governors' Meetings and Updates</p> <ol style="list-style-type: none"> I. Director/Non-Executive Director attendance – reduce or remove need by cancelling / delaying Council of Governor (CoG) Subgroup meetings and having a Microsoft Teams CoG meeting with the Chair and Chief Executive only; II. Governor attendance at aligned Board Assurance Committees – see above; III. Hold virtual meetings; IV. Keeping communications regular, informative and targeted – receive UHMB COVID-19 daily update; V. Microsoft Teams – establish a Microsoft Team for CoG; VI. Governor Elections – whether to postpone and defer until next year; and VII. Annual General Meeting / Annual Members' Meeting – 15 September 2020 – it was suggested holding statutory part of the Annual General Meeting via some form of video participatory link with the Chair and Chief Executive and cancel/defer the Annual Members' Meeting part, need to consider a joint Annual General Meeting with the Morecambe Bay Clinical Commissioning Group.
3	Non-Executive Directors' Appraisals – deferred including Chair's Appraisal
4	Openness and Transparency of meetings held in public (Board and CoG) - How do members and the public ask questions? This was discussed thoroughly.
5	Urology Update – Assurance that COVID-19 should not delay the Niche Investigation.
6	Government Announcement to wipe £13.5 billion of NHS historic debt. How does this benefit UHMB? – This was explained and needs to be communicated to the CoG.

7	UHMB/Bay Health and Care Partners' new website – Welcomed and appreciate all the hard work that has gone into this.
8	How are we engaging with Cumbria Community Resilience Group?
9	Are we as a Trust publicising and supporting 'Support Cumbria'? (https://supportcumbria.org.uk/)
10	Have we had constructive dialogue with David Allen, CEO of Cumbria CVS?

- Attended the Nominations Committee via Microsoft Teams on 23 April 2020
 - The list of candidates that had been longlisted were shortlisted and potential candidates were selected for the Stakeholder and Panel Interviews. Due to the restrictions being undertaken because of COVID-19 it was decided to notify these candidates of reaching this stage but that Interviews would probably not be held until late summer/early Autumn.
 - The effect of being short of one Non-Executive Director on the Board for such a length of time was discussed and assurances were given that this would be manageable.
3. I have been kept informed of events via e-mails from the Chair and the confidential Board updates. I am in communication with some Governors, who are being asked questions in their own constituencies and we need to make sure that we keep them regularly updated in a similar way to the Board.
 4. My sincere thanks for all the help and support I receive from the 'team' in the Office and for looking after my 'Calendar' appointments but especially to Olivia for getting the 'Actions' approved required from the cancelled Council of Governors' meeting and for arranging future meetings through Microsoft Teams.

Colin Ranshaw
Head Governor
April 2020

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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
Mike Thomas, Chair (wef 02/01/2020)										
Aaron Cummins, Chief Executive										
Foluke Ajayi, Chief Operating Officer										
Shahedal Bari, Medical Director (wef 01/09/2019)										
Keith Griffiths, Director of Finance										
Bruce Jassi, Non-Executive Director										
Neil Johnson, Non-Executive Director										
Adrian Leather, Non-Executive Director										
Liz Sedgley, Non-Executive Director										
Sue Smith, Executive Chief Nurse / Deputy Chief Executive										
Jill Stannard, Non-Executive Director										
Stephen Ward, Non-Executive Director (wef 01/07/2019)										
David Wilkinson, Director of People and OD										
Members who have resigned / term of office ended during 2019/20										
Denis Lidstone, Non-Executive Director (Term of office ended 24/06/2019)										
David Walker, Medical Director (Resigned wef 31/08/2019)										
Ian Johnson, Chair (Resigned wef 30/11/2019)										
Helen Bingley, Non-Executive Director (Resigned wef 31/12/2019)										

Attended	Apologies	Deputy	Not commenced in post
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