Hull and East Yorkshire Hospitals NHS Trust

Meeting of the Trust Board

To be held in Public

Thursday 29 September 2016 at 10.30am

AGENDA: Part 1

Opening Matters

1. Apologies	verbal	Chair
2. Declaration of interests 2.1 Changes to Directors' interests since the last meeting 2.2 To consider any conflicts of interest arising from this agenda	verbal	Chair
3. Minutes of the Meeting of the 28 July 2016	attached	Chair
4. Action Tracker	attached	Director of Governance
5. Matters Arising	verbal	Chair
6. Chair Opening Remarks	verbal	Chair
7. Chief Executive Briefing	attached	Chief Executive Officer

Quality

8. Patient Story	verbal	Chief Medical Officer
9. Quality Report	attached	Chief Nurse/Chief Medical Officer
10. Nursing and Midwifery Staffing Report	attached	Chief Nurse
11. Director Infection Prevention and Control Annual Report 2015/16	attached	Chief Medical Officer

Performance

12. Performance Report	attached	Chief Operating Officer
13. Corporate Financial Report	attached	Chief Financial Officer

Strategy & Development

14. Sustainability Transformation Plans	verbal	Director of Strategy and Planning
15. Capital Developments Update	attached	Chief Financial Officer
16. Cultural Transformation – Progress Report	attached	Director of Workforce

Assurance & Governance

17. Guardian of Safe Working Hours – Junior Doctors in Training	attached	Chief Medical Officer
18. Modern Slavery Statement	attached	Director of Governance
19. Standing Orders/SFIs	attached	Director of Governance/ Chief Financial Officer
20. Unadopted Minutes from Board Standing Committees	attached	Chair of Committee
20.1 – Audit Committee 08.09.16	attached	
20.1.1 – Annual Audit Letter	attached	
20.1.2 – Audit Terms of Reference	attached/verbal	
20.2 – Performance & Finance 22.08.16, 26.09.16	verbal	
20.3 – Charitable Funds 22.09.16		

21. Any Other Business

22. Questions from members of the public

23. Date & Time of the next meeting:
Thursday 27 October 2016, 10:30am,
The Board Room, Hull Royal Infirmary

Attendance 2015/16

	30/7	24/9	29/10	26/11	28/1	25/2	31/3	28/4	26/5	28/7	Total
M Ramsden	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
C Long	✓	✓	✓	✓	✓	✓	✓	x	✓	✓	9/10
L Bond	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
A Snowden	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
M Gore	✓	✓	✓	x	✓	✓	✓	✓	✓	✓	9/10
S Hall	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
M Wright	✓	x	✓	✓	x	✓	✓	✓	✓	✓	8/10
K Phillips	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
T Sheldon	✓	x	✓	✓	✓	x	✓	✓	✓	✓	8/10
V Walker	✓	✓	x	✓	✓	✓	✓	x	✓	✓	8/10
T Christmas	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
E Ryabov	-	-	-	-	✓	✓	✓	✓	✓	✓	6/6
In Attendance											
J Myers	✓	✓	x	✓	✓	✓	✓	✓	✓	✓	9/10
L Thomas	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
D Taylor	x	✓	-	-	-	-	-	-	-	-	1/2
S Nearney	✓	x	✓	✓	✓	✓	x	✓	✓	x	7/10

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST
TRUST BOARD
HELD ON 28 JULY 2016
THE LECTURE THEATRE, CASTLE HILL HOSPITAL

PRESENT	Mr M Ramsden	Chairman
	Mr C Long	Chief Executive Officer
	Mr M Wright	Chief Nurse
	Mr K Phillips	Chief Medical Officer
	Mr L Bond	Chief Financial Officer
	Mrs E Ryabov	Chief Operating Officer
	Mr A Snowden	Non-Executive Director
	Mrs T Christmas	Non-Executive Director
	Mr S Hall	Non-Executive Director
	Mr M Gore	Non-Executive Director
	Prof. T Sheldon	Non-Executive Director
	Mrs V Walker	Non-Executive Director
IN ATTENDANCE	Ms L Thomas	Director of Governance & Corporate Affairs
	Ms J Myers	Director of Strategy & Planning
	Mrs C Pacey	Director of Improvement
	Mrs R Thompson	Assistant Trust Secretary (Minutes)

1. APOLOGIES

Apologies were received from Mr S Nearney, Director of Workforce & Organisational Development.

2. DECLARATION OF INTERESTS

2.1 – Changes to directors' interests since the last meeting

There were no new declarations made.

2.2 – To consider any conflicts of interest arising from this agenda

There were no declarations made.

3. MINUTES OF THE MEETING HELD ON 26 MAY 2016

The minutes of the meeting held on 26 May 2016 were approved as an accurate record. An update relating to Health Group workforce plans would be received at the next meeting in September 2016. **SN**

3.1 – MINUTES OF THE BOARD MEETING HELD ON 28 JUNE 2016

The minutes of the meeting held on 28 June 2016 were approved as an accurate record.

4. ACTION TRACKER

The Board reviewed the action tracker.
SHMI Report – This item was included in the Quality report at item 9.
Sustainability Transformation Plans – This would be an agenda item at the next Board Development day in August 2016. **LT**

5. MATTERS ARISING

There were no matters arising from the minutes.

6. CHAIR OPENING REMARKS

Mr Ramsden reported that during the Care Quality Commission inspection in June, he

had received feedback about the positive progress that the Trust had made since the last inspection. He advised that the CQC had indicated that the inspection report was due to be received by the Trust in September/October 2016.

Mr Phillips gave an update regarding the junior doctors contract dispute and that there was no further industrial action planned at the present time. Prof. Sheldon asked if there was any news regarding the consultant contracts and Mr Phillips advised that nothing would be discussed until the junior doctor contracts were agreed.

7. CHIEF EXECUTIVE BRIEFING

Mr Long began by thanking staff for his recent treatment and fantastic experience he had received whilst in hospital.

He also report that the Trust had delivered all of its improvement trajectories in quarter 1 and thanked staff for their hard work. The Emergency Department had received an increasing number of patients which had caused pressure on the system and this was being monitored by the Executive team and partner health organisations.

Mr Long also advised that it was the junior doctor change over day and that arrangements were in place to ensure that services were not affected by this.

8. PATIENT STORY

Mr Wright presented two patient stories, one negative and one positive and the impact that this can have on the patient experience. The first story was regarding a patient with dementia who was discharged unexpectedly, late at night and to respite care which was new to him. The family were not aware that the patient had been discharged and this showed lack of thought and planning by the team and unnecessary anxiety for both the patient and the family.

Mr Wright also spoke of a patient who attended the Emergency Department, who was greeted professionally by a member of staff, offered a cup of tea and communicated with well. The patient wanted the member of staff (Tom) to be recognised as a credit to the NHS.

9. QUALITY REPORT

Mr Wright presented the report and highlighted a number of areas to the Board. The Trust had not declared any Never Events in the first quarter of the year and the number of Serious Incidents had reduced compared to the same period last year. The safety thermometer audits were taking place monthly and benchmark reports produced by the Yorkshire and Humber Academic Health Sciences Network were showing positive results.

Mr Wright advised that the Venous Thrombo-Embolism (VTE) performance was the most erratic of the quality standards. Mr Phillips added that the numbers were very small and some episodes happened outside of the hospital. Work was ongoing to ensure performance was improving. Prof. Sheldon asked if the report could detail whether appropriate intervention had been carried out and if any were avoidable.

Pressure ulcer and falls performance was improving and hospital acquired infections were also showing a positive improvement. Benchmark figures were showing the Trust in a good position. The hospital was now clear of Norovirus. In the Patient Experience section of the report, Mr Wright advised that work was ongoing to ensure complaints were dealt with within the 40 day timescale. None of the Health Groups were achieving this at the moment and improvement trajectories would be discussed at the monthly performance meetings.

Mr Wright spoke about the recent Care Quality Commission (CQC) inspection and that the Trust was now waiting for the final report which would be received in September/October 2016. All queries from the CQC were being responded to and quality improvement projects were ongoing. He stated that there was good governance around the QIP (Quality Improvement Programme), with leads identified and clear objectives set out. He advised that a new ward framework had been implemented, which was an incentive based programme to review and audit fundamental standards and he encouraged Board members to visit the wards and discuss the displayed results with the staff. The accreditation programme awards high performing wards and provides support to low performers.

Mr Phillips updated the Board regarding the raised Summary Hospital Mortality Indicator (SHMI). He advised that the Mortality Committee was working to understand why this had shown an increase and it was thought that it may relate to the opening of the Ambulatory Care Unit which removed patients with a low mortality risk from the denominator. Mr Phillips stated that it was the Department of Health's intention to change the current mortality indicators as the SHMI is a poor indicator of the quality of care. He added that a structured case note review would allow better judgement and that processes were being put in place to undertake this is in a systematic way.

There was a discussion around the World Health Organisation (WHO) safer surgery checklist following themes from a serious incident. Mr Wright stated that the checklist should be adhered to at all times and would be writing out to the whole organisation to reinforce the message.

Mr Wright also reported that the pharmacy team would be supporting the wards to help carry out the controlled drug checks which can take up to 45 minutes.

Resolved:
The Board received the report and noted the contents. Further discussion to take place at the Quality Committee in September 2016.

10. NURSING AND MIDWIFERY STAFFING REPORT

Mr Wright presented the paper and reported that the Trust was meeting the nursing and midwifery staffing requirements. The Trust continued to recruit more nurses and Mr Wright assured the Board that the twice daily safety meetings took place to ensure patients were cared for safely. The nursing and midwifery escalation policy was being revised should the Trust need to reduce bed capacity. Mr Wright highlighted the areas of concern and assured the Board that the needs of the patients were the organisation's main priority and any risks would be reported to the Board.

Prof. Sheldon stated that he thought the report was very comprehensive and requested that a similar report be prepared to review the staffing relating to the medical workforce and their revalidation rates. He also asked why the staffing levels at Castle Hill Hospital were better than at Hull Royal Infirmary. Mr Wright advised that the two sites were very different with Castle Hill having more elective work and Hull Royal being more geared to emergency activity. He added that new roles had been created to take the pressure off nurses and give extra support where it was needed.

Mr Gore stated that the nursing recruitment programme was exemplary but asked what was being done to stop experienced nurses leaving the Trust. Mr Wright advised that there are many reasons, one being that nurses could retire at 55 which many chose to do.

Resolved:
The Board received the report and noted the contents.

11. PERFORMANCE REPORT

Mrs Ryabov reported that the Trust had achieved its planned trajectories for the 4 hour Emergency Department target in the first quarter and thanked all staff for their efforts. The NHS Improvement (NHSI) 4 hour trajectory was 85.9% in June 2016.

The 62 day referral to treatment performance was 85.5% in June. This was the adjusted figure following re-allocation of breaches.

The referral to treatment incomplete standard was improving with a monthly performance of 87.04% against a recovery trajectory of 85.7%. The number of patients waiting over 18 weeks was reducing and the Trust was forecasting the maximum wait to be 36 weeks by December 2016. There had been 2 patients who had waited 52 week weeks in June 2016, both patients had chosen to go on holiday which had caused the breaches. Both patients had now been treated.

The 31 day subsequent surgery cancer performance was at 91.4% in June against a recovery trajectory of 94%. The 5 breaches were due to ineffective tracking, lack of capacity due to consultant leave and a late referral. 2 week wait breast symptomatic was at 92.9% against a target of 93%. This failure was due to patients not choosing to be seen within the standard time. Further discussion with GPs was required to ensure that patients were given the correct information regarding their requirements to be seen within the timescale.

Mrs Ryabov spoke about the increasing pressure in the Emergency Department due to the number of patients presenting. Mr Long added that the volume of patients had made it difficult to treat all patients within 4 hour and that more support was needed from the community setting to ensure that patients were seen in the most appropriate place and only those requiring hospital care should be referred to the acute setting. Mr Long wanted the Board to recognise the fantastic work that the Emergency Department and ward staff do and how they keep patients safe despite the pressurised conditions.

Mr Hall also spoke about the need to manage the whole patient pathway from coming into hospital to leaving hospital and going on to appropriate care in the community. He thanked the Hull Daily Mail for publishing alternative places to visit for minor injuries to help relieve some of the pressure from the hospital.

Resolved:
The Board received the report and noted the improved performance in the first quarter of 2016/17.

12. CORPORATE FINANCIAL REPORT

Mr Bond presented the report and at the end of Quarter 1 the Trust was reporting an actual deficit of £1.94m which was in line with the plan. He reported that the Trust had received the Sustainability Transformation Plan funding (£3.5m) as it had delivered its financial plan. The Health Groups were over spent by £1.86m with Surgery and Family & Women's Health Groups being the main areas of concern. This was due to unidentified Cash Releasing Efficiency Savings (CRES), agency nursing and medical staff pressures. Mr Bond also reported that the Trust was implementing new financial systems and this had led to delays in paying some suppliers. Work was ongoing to rectify the issues.

Mr Long added that many Trusts were having financial difficulties and the whole health

financial system was being reviewed by the Treasury. Pressure was also being felt by the Clinical Commissioning Groups and other local authorities.

Mr Gore asked how long it would take to recover the income in the Surgery Health Group and Mrs Ryabov advised that it had been affected by the Junior Doctor strike and that the expectation was that it would recover.

There were capacity issues and pressure on the acute services and Mr Bond reported that the Trust was £3.3m above contract level. Discussions were ongoing with the commissioners to address this. Mr Phillips added that the Trust would not make any decisions that would have any impact on patient safety.

Resolved:
The Board received the report and noted the financial position of the Trust.

13. SUSTAINABILITY TRANSFORMATION PLANS

Ms Myers gave a brief update regarding the Sustainability Transformation Plans as this would be added to the next Board Development day agenda. She advised that a plan had been submitted as part of the project at the end of June and a further, more detailed plan was required for September 2016.

Resolved:
The Board received the update and agreed to discuss this item in more detail at the next Board Development Day in August 2016. **LT**

14. TRUST ANNUAL REPORT 2015/16

Ms Thomas presented the item which had been previously circulated to all Board members for review. The Trust Annual Report would be uploaded to the Trust's internet page following the Annual General Meeting held on 28th July 2016 **RT**

Resolved:
The Board approved the Trust's Annual Report 2015/16.

15. BOARD ASSURANCE FRAMEWORK

Ms Thomas presented the report which highlighted the updated quarter 1 position. The Board Assurance Framework had been reviewed by the Audit Committee in June 2016. Ms Thomas drew the Board's attention to the change in the financial risk and the proposal that the Cash Releasing Efficiency Savings (CRES) risk would be removed and added to the financial deficit risk. This had been discussed at the Executive Management Committee.

Resolved:
The Board approved the inclusion of the CRES risk into the financial deficit risk and agreed that the Audit Committee should monitor the risks at its meeting in September 2016. **LT**

16. WORKFORCE RACE EQUALITY STANDARD 2016 RETURN

Mrs Ryabov presented the report which set out the national requirements for equality and inclusion standards. This report had been discussed at the Executive Management Committee previously and the 9 core standards reviewed in detail. A Black or Mixed Ethnicity (BME) Network had been established. The Board was asked to note the content of the report and approve the return to be sent to NHS England.

There was a discussion around reporting frequency and it was agreed that the Board should receive updates on a 6 monthly basis. Mrs Walker stated that hate crimes

against minority groups had increased since the decision to leave the EU and wanted to assure staff that the Trust was serious in its equality and inclusion stance.

Resolved:
The Board noted the contents of the report and approved the return to NHS England. A six monthly report updated was placed on the tracker for review. **SN**

17. STANDING ORDERS

Ms Thomas presented the report to the Board which set out the use of the Trust seal. Mr Bond asked for clarity around the item 2016/16 and asked where these properties were. Ms Thomas advised that this was student accommodation but that she would check this and report back to the Board at its next meeting.

Resolved:
The Board received the report and approved the use of the seal. Ms Thomas to check item 2016/16 and provide clarity to the September 2016 Board meeting. **LT**

18. BOARD COMMITTEE REPORT

Ms Thomas presented the report which highlighted the work carried out by the Board Committees in 2015/16. She highlighted that the Audit Committee had asked for an independent review of its effectiveness and that the Trust's independent auditors MiAA would undertake this.

Ms Thomas also reported that a discussion had taken place regarding the review of Trust strategies (for example Estates and IM&T) by Board committees. Mr Snowden expressed concern that the Board Committee agendas were already very busy and would not have the capacity to review strategies due to time constraints. Ms Thomas suggested that this would be discussed further at the next Board Development Day in August 2016 and would prepare a proposal.

The Board approved the terms of reference for the Performance & Finance Committee and Mr Hall advised that Mrs Christmas had been appointed as vice-chair of the committee.

The Board and Committee meeting dates were attached with the report for information. Comments relating to the dates would be submitted to Mrs Thompson.

Resolved:
The Board noted the contents of the report and:

- Agreed to discuss Trust strategies at a Board Development Day **LT**
- Approved the terms of reference for the Performance & Finance committee
- Received the Board and Committee dates for 2017

19. UNDADOPTED MINUTES FROM BOARD STANDING COMMITTEES:
19.1 – CHARITABLE FUNDS 07.06.16

The minutes were presented to the Board. Mr Snowden asked how the Trust was preparing for the City of Culture year 2017. Mr Long advised that this would be an agenda item on the next Board Development Day in August 2016.

Mr Snowden reported that the Health Group Charitable Funds spending plans would be presented at the next meeting and those funds that were not being used would form part of the performance meetings held with the Health Groups and the Executive team.

Mr Snowden asked if the Quality Committee could review the outcomes, post

implementation of the Da Vinci robot. The Board agreed with this approach. **RT**

Mrs Sue Lockwood (Chair of the Trust Charity) attended the meeting to introduce herself and give the Board an update of the work carried out so far. The Trust Charity WISHH (working independently to support HEY Hospital) would work to support fundraisers and be the hospital's major fundraising arm. The Charity was registered with 'just giving' and their first major project was to support the dementia strategy. In August there would be information relating to the charity in the Trust newsletter and a ball would be held in November 2016. Mr Ramsden thanked Mrs Lockwood for attending the meeting and the work she had carried out on behalf of the Trust. Mrs Lockwood advised that any fundraising would be evidence based and would work in line with already established networks. Mr Bond acknowledged the work that Mrs Lockwood and Mr Haire had put in to the new charity to date.

19.2 – QUALITY COMMITTEE 23.06.16
The minutes were presented to the Board. Mr Hall asked when the committee would see the business case for the Image Intensifier and Mr Bond advised that there were still funding issues to be addressed.

Prof. Sheldon asked Mr Wright if the Chaperone Policy could be placed on the next agenda of the Quality Committee. **RT**

19.3 – AUDIT COMMITTEE 23.06.16
The minutes were presented to the committee. Mr Gore reported that two contracts (window cleaning and MRI scanners) had been signed outside of Standing Orders and asked the Board to note this deviation.

Resolved:
The Board noted that the two contracts had been signed outside of the current Trust Standing Order process.

19.4 – PERFORMANCE & FINANCE 27.06.16, 25.07.16
The minutes were presented to the Board. Any matters arising from the minutes had been discussed in items 11 and 12 of the meeting.

20. ANY OTHER BUSINESS
There was no other business discussed.

21. QUESTIONS FROM MEMBERS OF THE PUBLIC
There were no questions asked from members of the public.

22. DATE AND TIME OF THE NEXT MEETING:
Thursday 29 September 2016, 10.30am
The Boardroom, Hull Royal Infirmary.

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

TRUST BOARD ACTION TRACKING LIST (September 2016)

Actions arising from Board meetings

Action NO	PAPER	ACTION	LEAD	TARGET DATE	NEW DATE	STATUS/ COMMENT
July 2016						
01.07	Workforce race equality standard 2016 return	A 6 monthly progress report to be received	SN	Jan 2017		Not yet due
02.07	Board committee Report	Trust Strategies to be discussed at a Board Development Day	LT	TBC		
Actions Completed and to be removed from the Tracker						
July 2016	Annual Report	Trust Annual Report to be uploaded to the Trust website	RT	28.07.16		Completed
	Standing Orders	Clarity to be sought regarding lease contained in the Standing Orders report	LT	29.09.16		On Agenda /Included in SO Paper
May 2016	Quality Report	Ambulatory care and the effects on the SHMI report – More details to be received	KP	28.07.16		Update Received
	Matters Arising	STP to be discussed at Board Development Day	JM	08.08.16		Completed

Items referred to other Committees						
Quality Committee	Da Vinci Robot	Quality Committee to review the outcomes post implementation	TS	20.10.16		
	Chaperone Policy	Quality Committee to review the Policy	TS	20.10.16		
Audit Committee	Board Assurance Framework	Audit Committee to discuss the BAF at its December 2016 meeting	LT	15.12.16		

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

CHIEF EXECUTIVE BRIEFING PAPER

NHS performance – national context

The NHS continues to be challenged by greater volumes of both urgent and emergency care and elective activity. All regions are struggling to meet the 4 hour emergency target against a background of increasing attendances and the number of fit for discharge patients remaining in hospitals beds. At a national level performance against the 18 weeks incomplete standard has also seen a decline at the same time that the size of the total waiting list is growing. A new interventions regime of financial special measures has been introduced which will apply to both Trusts and CCGs that are not meeting their financial commitments and the first 5 challenged providers have been placed in financial special measures following the 'Finance Reset' on 21 July 2016. There is also considerable pressure on capital budgets with pressure increasing for capital controls.

NHS Improvement (NHSI): Single Oversight Framework

NHSI has set out its approach to overseeing both NHS Trusts and NHS Foundation Trusts. The framework is designed to help NHS providers attain, and maintain, Care Quality Commission ratings of 'Good' or 'Outstanding' but is not intended give a performance assessment in its own right. It will work across 5 themes quality of care, finance and use of resources, operational performance, strategic change and leadership and improvement capability. Individual Trusts will be segmented according to the level of support each Trust needs. NHSI proposes to introduce the framework from 1 October 2016, at which point the Monitor 'Risk Assessment Framework' and NHS Trust Development Authority's 'Accountability Framework' will no longer apply.

2017 – 2019 NHS Operational Planning and Contracting

The planning guidance was published on 22nd September 2016. The guidance outlines the expectation of the national bodies for system level planning over the next 2 years focusing on contracting and sustainability and transformation plans (STPs) as well as a introducing a range of new business rules. The Board will have an opportunity to consider the implications of this guidance at its forthcoming development day.

Junior doctors' contract

Junior doctors have challenged the imposition of the new contract and at the time of writing this report the outcome of the High Court hearing is awaited. Strikes are still planned for October, November and December 2016 and the Trust is working to ensure that services remain safe during this time. Each Trust is required to appoint a Guardian of Safe Working and further details are contained in the Trust Board paper.

City of Culture

The Trust midwives have been chosen to receive funding for a special project from the Hull City of Culture Team. 'Born into a City of Culture' will see footprints taken from every baby born in Hull in 2017 and used to create a mural in the Women and Children's Hospital.

Also successful in receiving funding was the Trust Choir which is a partner in the Song For Hull project which will see pupils from eight schools in Hull come together to join Jonathan Ansell of G4 for a night of music and song at Hull City Hall. The project promotes the themes of acceptance and understanding and is collaboration between Hull Children's University, Hull and East Yorkshire NHS Trust and HPSS Events Associates ltd.

Hull and East Riding Institute for the Blind's 'Sight to Behold' project will build a truly unique and lasting legacy for the city of Hull, promoting art as a medium for all through the creation of a brand new iconic sculpture for the public to enjoy. Over six months, a partnership of organisations, communities, groups and visually impaired individuals will work together to develop the multi-sensory sculpture which will be displayed in Hull Eye Hospital.

In addition, two of the Trust's consultants, who are members of the Hull and East Riding of Yorkshire Hindu Cultural Association were also successful in their proposal to host the Hindu Festival of Colour.

Trust staff shortlisted for awards.

- **HSJ Award: Project to tackle isolation in older people**
  A partnership between the Trust, East Riding of Yorkshire Clinical Commissioning Group, East Riding of Yorkshire Council, Brid Inc GP Federation and KCOM has reached the finals of this year's Health Service Journal (HSJ) Awards. Aimed at tackling isolation and improving older people's well-being the EasyCare tool enabled patients to have a free health and well-being review and identify any issues which may affect, or have potential to affect, their health and well-being, such as loneliness or poor quality housing. Participants were then signposted to, or put in touch with, further sources of local help and support.

- **Nursing Times Awards**
  Trust representatives have been shortlisted in this year's Nursing Times Awards. Teacher Trainers for Critical Care have been shortlisted for their work on a training package on the safe transfer of critically ill patients, whilst the Teacher Trainers for Surgery have been shortlisted for their Surgery Bootcamp; a specialist two week induction programme designed specifically for surgery staff. The ceremony will take place on 26 October 2016.

- **Hull Daily Mail Heart of East Yorkshire Awards**
  The Trust's Education & Development Team has reached the final three in the Business in the Community Category at the above awards. The Trust has been shortlisted based on its work to create local apprenticeships and build its workforce of the future. The awards ceremony was held on 22 September 2016.

- **Hull Daily Mail Health and Care Awards**
  Trust representatives have reached the finals in four categories at the above awards and the ceremony will be held on the 12 October 2016.
  Mental Health and Wellbeing Award - HEY Dementia Services
  Health Partnership of the Year Award - Critical Care Support Group
  Innovation in Health and Social Care Award - Hull Institute of Learning & Simulation
  Outstanding Health Professional of the Year -Steve Morris, Palliative Care Nurse Specialist

Other Items of interest

- Trust staff are taking part in the 2016 Hand Hygiene Torch Tour. Organised by the Infection Prevention Society, the tour is aimed at highlighting the importance of good hand hygiene to both healthcare staff and the public. The torch has been touring the UK since 5 May 2016, with healthcare organisations and NHS Trusts across the country each being designated a 'link day' to hold the torch before

passing it on to another health body. Our Trust received the torch from NLAG on the Humber Bridge on 19th September 2016 .

- Cancer patients in Driffield can now access specialist clinics and expert advice much closer to home with the Trust's Survivorship Team holding bi-monthly outreach sessions at Alfred Bean Hospital in Driffield.
- Jenny Marsden, Higher Principal Physicist within the Queen's Centre for Oncology & Haematology at Castle Hill Hospital, was one of just a handful of people chosen to take part in the Freedom Festival's Soapbox Science event. Soapbox Science gives some of the region's leading female scientists the opportunity to showcase their professional passions to the general public. The event has been running in different parts of the country for several years, but 2016 was the first year in which the event was staged in Hull.
- On 15th September, Dr Rayessa, a Consultant Physician specialising in stroke care at Hull and East Yorkshire Hospitals NHS Trust, shared her years of experience of the condition with the general public. Around 110,000 people experience a stroke every year in England, making it one of the country's leading health problems. In Hull alone, there are thought to be almost 7,000 people who have previously had a stroke.
- Trust representatives were invited to speak at a national steering group for Health and Wellbeing, attended by senior HR and union officials from Trusts and commissioning organisations, as well as UNISON and UNITE. The steering group members were keen to understand how the Trust has shifted its staff engagement scores and transformed the culture in two years. The Trust was praised for its work with several organisations requesting further meetings to discuss how similar work can be applied elsewhere.

Chris Long
Chief Executive
September 2016

TRUST BOARD REPORT – 2016 – 9 – 9	
Meeting date:	Thursday 29th September 2016
Title:	Quality Report
Presented by:	Kevin Phillips, Executive Chief Medical Officer
Author:	Mike Wright, Executive Chief Nurse Kevin Phillips, Executive Chief Medical Officer Liz Thomas, Director of Governance
Purpose:	**PURPOSE OF THIS REPORT** The purpose of this report is to inform the Trust Board of the current position in relation to: • Patient Safety Matters • Healthcare Associated Infections (HCAI) • Safety Thermometer • Mortality • Patient Experience Matters • Other Quality Updates
Recommendation(s):	The Trust Board is requested to receive this report and: • Decide if this report provides sufficient information and assurance • Decide if any further information and/or actions are required.

QUALITY REPORT
SEPTEMBER 2016

EXECUTIVE SUMMARY

The purpose of this report is to inform the Trust Board of the current position in relation to:

- Patient Safety Matters
- Safety Thermometer
- Healthcare Associated Infections (HCAI)
- Patient Experience Matters
- Mortality
- Other Quality Updates

The Trust Board is requested to receive this report and:

- Decide if this report provides sufficient information and assurance
- Decide if any further information and/or actions are required.

TRUST BOARD QUALITY REPORT
SEPTEMBER 2016

1. PURPOSE OF THIS REPORT

The purpose of this report is to inform the Trust Board of the current position in relation to:

- Patient Safety Matters
- Safety Thermometer
- Healthcare Associated Infections (HCAI)
- Patient Experience Matters
- Mortality
- Other Quality Updates

The Trust Board is requested to receive this report and:

- Decide if this report provides sufficient information and assurance
- Decide if any further information and/or actions are required.

2. PATIENT SAFETY

2.1 Never Events

Since the last Trust Board in July 2016, the Trust has declared 2 Never Events. The first was a wrong level spinal surgery. The procedure had been undertaken in February 2016, but it was not until July 2016 when the patient was seen again in the department, that the error was identified as the patient's symptoms had not improved. This resulted in the patient being re-booked to have the procedure performed which was undertaken on 7 September 2016 and the patient has made a good recovery. Immediate action was taken to review the Standard Operating Procedure and compliance with the WHO surgical checklist. The incident was reconstructed and filmed. The junior doctor who had performed the procedure and other staff present at the time of the incident, were involved. Following the reconstruction there was discussion at the spinal governance meeting to reflect on the contributory factors and root cause of the incident. As a result, the Standard Operating Procedure has been reviewed and will now become a Trust policy. The video is to be shared more widely at the next Trust-wide Learning Lessons Event. There have been 41 incidents of wrong site surgery nationally between April and July 2016 (latest published information by NHS Improvement) of which 2 incidents have been wrong level spinal surgery.

The second incident was an incorrect positioning of a naso-gastic tube and this occurred in September 2016. Following the incident the patient was transferred to the Intensive Care Unit but has subsequently made a good recovery and are now receiving ward – level care. The incident investigation is being led by the Chief Nurse and the outcome will be reported in due course. There have been 11 incidents nationally of misplaced naso-gastic tubes between April and July 2016. As these incidents continue to occur a national patient safety alert was issued by NHS Improvement on the 22 July 2016. This requires Trust Boards to assess whether previous nasogastric tube guidance has been implemented and embedded in their organisations. The finding of the assessment have to be shared and the main actions taken in the form of a public Board paper by 21 April 2017.

In addition, on 8 September 2016, NHS Improvement issued a consultation on the Never Event Policy and Framework. Feedback has been requested on whether the current framework is helping organisations to improve their safety cultures and whether the current list of incidents defined as Never Events is correct. The consultation closes on the 28 October and the Trust will be responding.

2.2 Serious Incidents

The rate of reporting of Serious Incidents in 2016/17 has decreased so far this year compared with the same period last year. 40 Serious Incidents have been declared since the

start of this financial year (120 for the 2015/16 year). Since the last Board Quality report in July 2016, the Trust has declared 13 Serious Incidents (excluding the 2 Never Events). The categories of these are as follows:

Serious Incidents declared from 25 July 2016

No	Incident	Health Group
5	Treatment Delay	(2) Surgery, (1) Medicine, (1) FWH, (1) Clinical Support
2	Suboptimal Care of the Deteriorating Patient	(1) Medicine, (1) Surgery
2	Patient Fall	(2) Medicine
2	Hospital Acquired/Avoidable Pressure Ulcer	(1) Medicine, (1) Family and Women
1	Delayed Diagnosis	Clinical Support
1	Absconded Patient	Medicine

The five treatment delay Serious Incidents related to an ENT patient who developed a DVT following a septoplasty (the incident occurred in 2014), delays in Ophthalmology patients receiving follow up appointments, a delay in the reporting of a chest x-ray, a missed fracture and a missed subdural haematoma.

Two incidents were declared as sub-optimal care of the deteriorating patient. The first involved an inappropriate transfer of a patient from Castle Hill Hospital to the Hull Royal Infirmary and the second related to the care of a patient admitted with a stroke.

The falls both resulted in the patients sustaining a fractured neck of femur and occurred on wards 5 and 8 at the Hull Royal Infirmary. The two hospital acquired pressure ulcers occurred on ward 70 and ward 11 at the Hull Royal Infirmary. It is disappointing that these are the first Serious Incidents pressure ulcers to be declared since March 2016.

The delayed diagnosis Serious Incident relates to a failure to diagnose lung cancer on x-ray undertaken in August 2015. This film was reported by an external service provider and was reported incorrectly. The remaining Serious Incident relates to a patient who absconded from ward 5 at the Hull Royal Infirmary and made their way back to their care home on foot.

The Serious Incidents listed above are still under investigation. However, the Trust's Quality Improvement Plan 2016/17 sets out the action that is already being taken to address falls, pressure ulcers, issues relating to the deteriorating patient and missed and delayed diagnosis within radiology. In addition, those Serious Incidents where the patient died have been referred to the Mortality Committee for a structured case review. These deaths will not necessarily be attributable to the Serious Incident.

This next section of the report identifies action taken for those Serious Incidents previously reported to the Board and updates on the approaches being taken to learn lessons.

2.3 Serious Incident Actions and Lessons learned

The CIRCLE group (Critical Incident Review Creating a Learning Environment) has continued to meet monthly. This is an opportunity to bring together staff from a number of departments to share issues of concern and identify Trust-wide themes and trends. At the meeting on the 14 September there were representatives from pharmacy, risk, safeguarding, Surgery Health Group, Quality and Safety Managers, patient experience and the recently appointed Clinical Outcomes Manager. A number of issues were identified. Some related to specific areas and others more general concerns. These are being triangulated with other sources of information to identify where improvement work should be directed. As a result of the discussion, pharmacy staff have been invited to the December nurses conference to talk about medication incidents.

Work has been undertaken with specific teams to introduce the PDSA cycle of quality improvement. This has included working with the neurosurgical team to review how the

procedures could be further strengthened following the most recent Never Event. This has resulted in action being taken at the same time that the investigation is being conducted so that early intervention is in place.

Targeted support is being provided to the oncology department followed two incidents. A simulation exercise is being undertaken following an incident where staff did not take the appropriate action for a patient with diabetes. As a result the Trust guideline is to be reviewed to make it clearer the steps that should be followed and a learning video developed.
The PDSA cycle is also being undertaken to improve the recording of observations so that there is timely and appropriate escalation when a patient's Early Warning Score indicates that further intervention is required. In relation to the incidents involving radiology, an electronic system is now in place so that referring Consultants receive results much quicker and those requiring further action are flagged for action.

Examples of actions taken following recently completed Serious Incidents include:

- Changes to the way that patients are transferred from the ED to the receiving team to ensure that there is appropriate handover
- Ensuring that there is always a named consultant paediatrician for all in-patients and if the child also has continuing neonatal requirements that there is appropriate involvement from both consultants in strategic planning for care and discharge
- To implement further training on the Falls Prevention and Mobility care Bundle, Moving and Handling Assessment and Intentional Rounding on a designated ward.
- To tighten arrangements between the MDT and other treating Consultants so that a patient remains on the appropriate pathway
- To reinforce the need for patients not to attempt to mobilise by themselves following radiology examinations through the provision of posters in the treatment areas
- The Serious Incidents where the patient has died have been referred to the Mortality Committee so that a case note review can also take place

3. SAFETY THERMOMETER – HARM FREE CARE

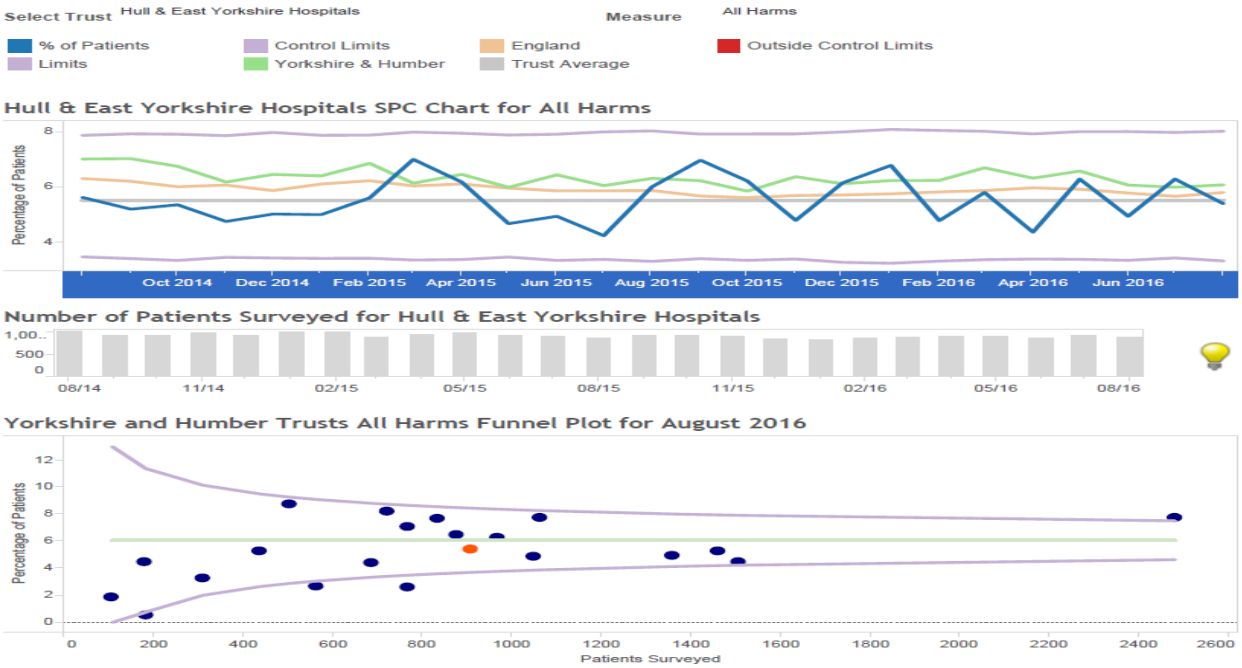
The NHS Classic Safety Thermometer point prevalence audit results for August 2016 are attached at Appendix one. 907 in-patients were surveyed on 12 August 2016, with the results as follows:

- 94.6% of patients received Harm Free Care (none of the four harms either before admission or since)
- 1.98% [n=18] patients suffered a 'New Harm' (whilst in hospital), with the remainder not suffering any new harms.
- VTE risk assessments reviewed on the day were 780 with 86% compliance.
- VTE incidence on the day of audit was 3 patients; all with a diagnosis of pulmonary emboli.
- New pressure ulcers were 4; all grade 2 but this remains an area of concentrated focus and action.
- There were 15 patient falls recorded on the audit day (having occurred within the previous three days); 10 of these resulted in no harm to the patient, 5 resulted in low harm.
- The incidence of patients with a catheter and a urinary tract infection remain slightly erratic and this indicator fluctuates. Of the 9 patients reviewed, 3 occurred before the patient came into hospital and 6 occurred whilst the patient was in hospital.

The following sections provide the latest bechmarking position for the Trust as at the end of 2016 against the Saferty Thermometer's four harms. These data are produced indepdently by the Improvement Academy (IA), part of the Yorkshire and the Humber Academic Health Sciences Network. To deal with each of the harms in turn:

3.1 All Harms

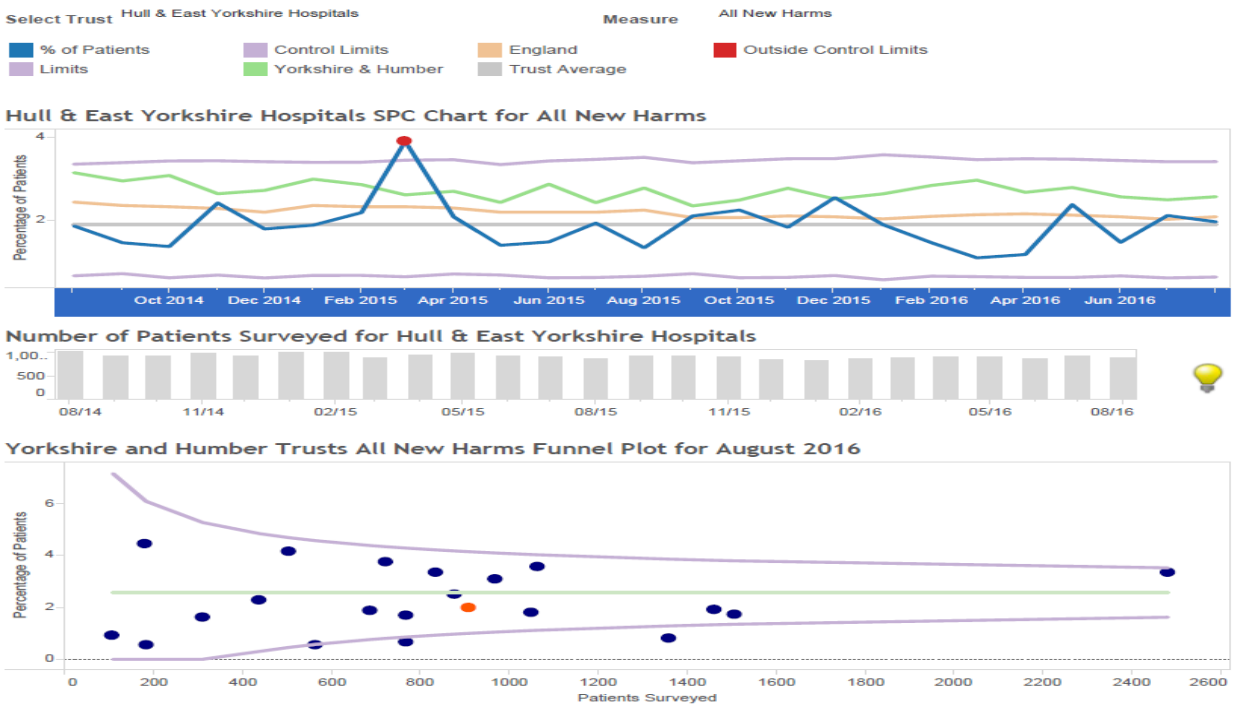
The following table and funnel plot show the percentage of patients that had any of the four harms on the day of the point prevalence audit, that have either been acquired before or after admission to hospital.



As can be seen, this performance sits within the control limits for this indicator and with a positive position overall when compared to the England and Yorkshire and Humber averages. In terms of the Trust's performance, it is more appropriate to consider the proportion of patients that acquire any of the four harms whilst in hospital. These are termed 'New Harms'.

3.1.1 New Harms

This measure shows the proportion of patients that sustain any of the four ST harms whilst in hospital.

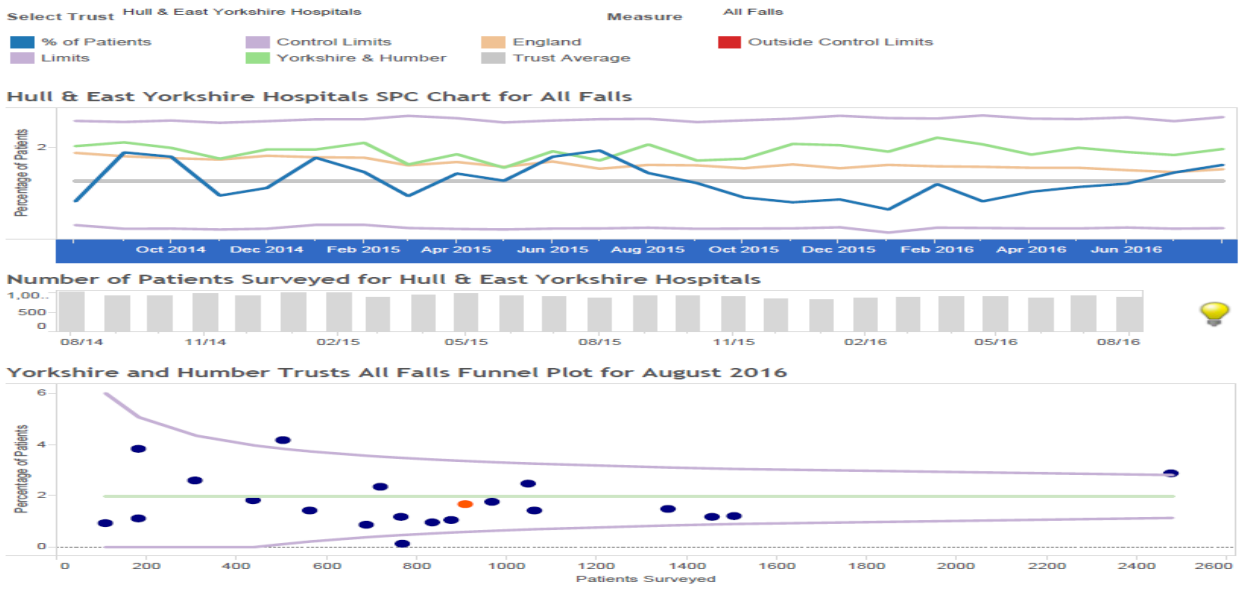


Again, and overall, the Trust performs relatively well against this indicator but there is always room for improvement. This data continues to be reviewed monthly. Each ward receives its individual feedback and the results and is required to take action accordingly.
To take each of the four harms in turn:

3.2 FALLS

3.2.1 Falls (all)

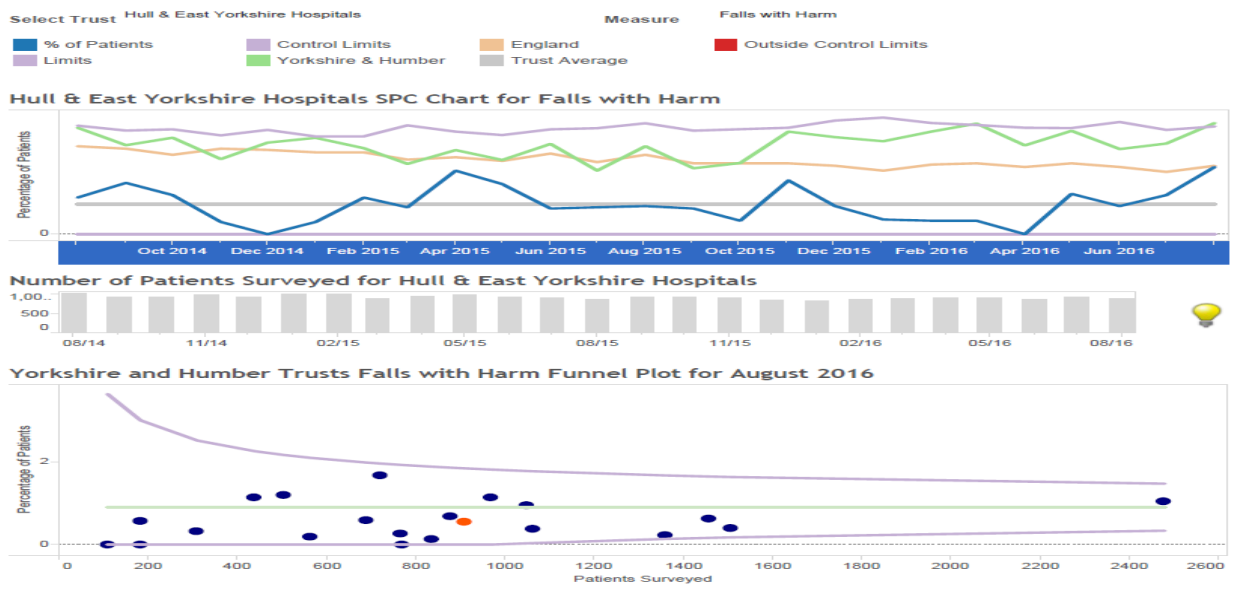
The following tables shows the percentage of patients that have fallen in hospital within the last three days, as at the date of the point prevalence audits.



Although retaining a relatively positive benchamarking position against this indicator overall, this chart shows an increase above the Trust's average for this indicator since June 2016 and steadily since March. Improvement work continues to be rolled-out across wards as part of the Trust's transformation work to help to try and address this.

3.2.2 Falls with harm

This chart differentiates those patients that fell and sustained harm from those that fell and where there was no harm.

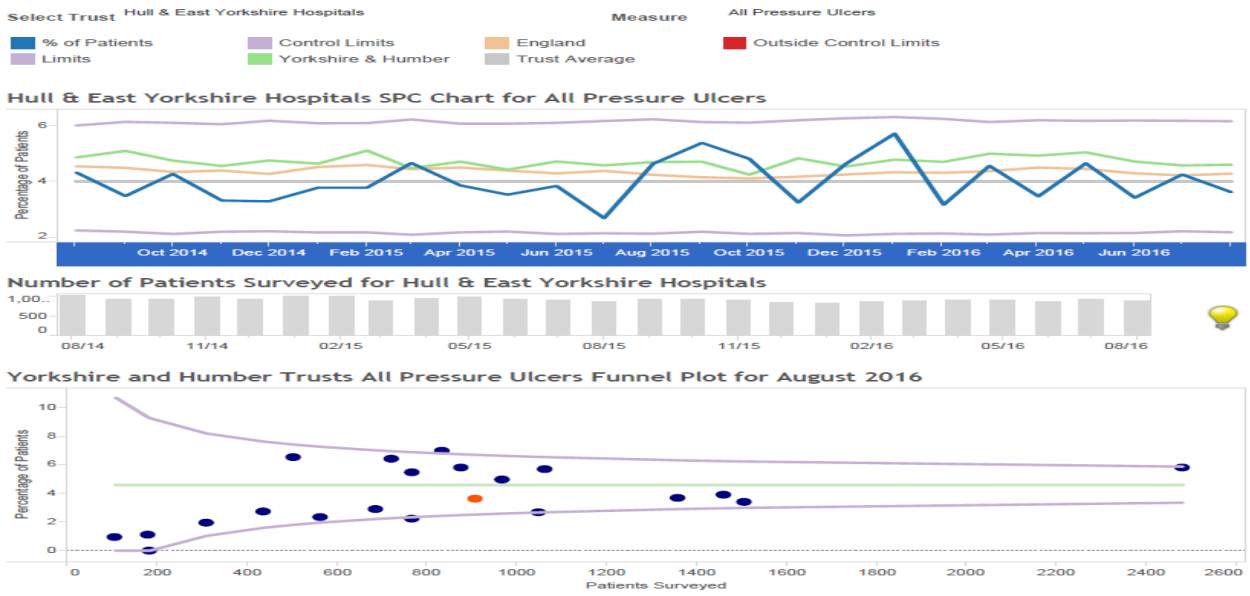


There has been an increase in the number of patients falling within the last few months and an associated increase in the levels of harm suffered. Focussed work is being undertaken with those wards that have had an increase in falls to understand what is causing this change and this will be discussed at the Fall's Committee.

3.3 PRESSURE ULCERS

3.3.1 Pressure Ulcers (All)

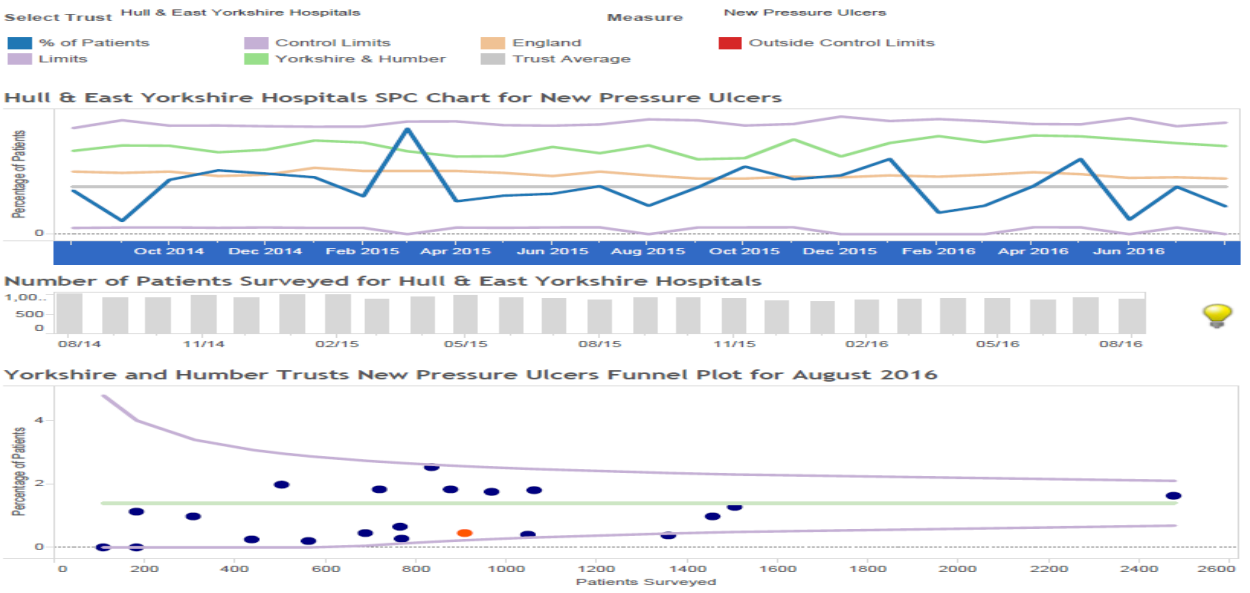
The following graph and funnel plot show variable statistics on this measure. An important factor is the proportion of patients that come into the Trust with exisiting pressure ulcer damage, which is significant, particularly in patients that are admitted via the emergency department and admissions areas (AAU and EAU).



Those patients that suffer pressure damage whilst in hospital (all grades) are now described:

3.3.1 Pressure Ulcers (new)

When the data for pressure ulcer harm that is acquired whilst in hospital is considered, this is a very different picture.



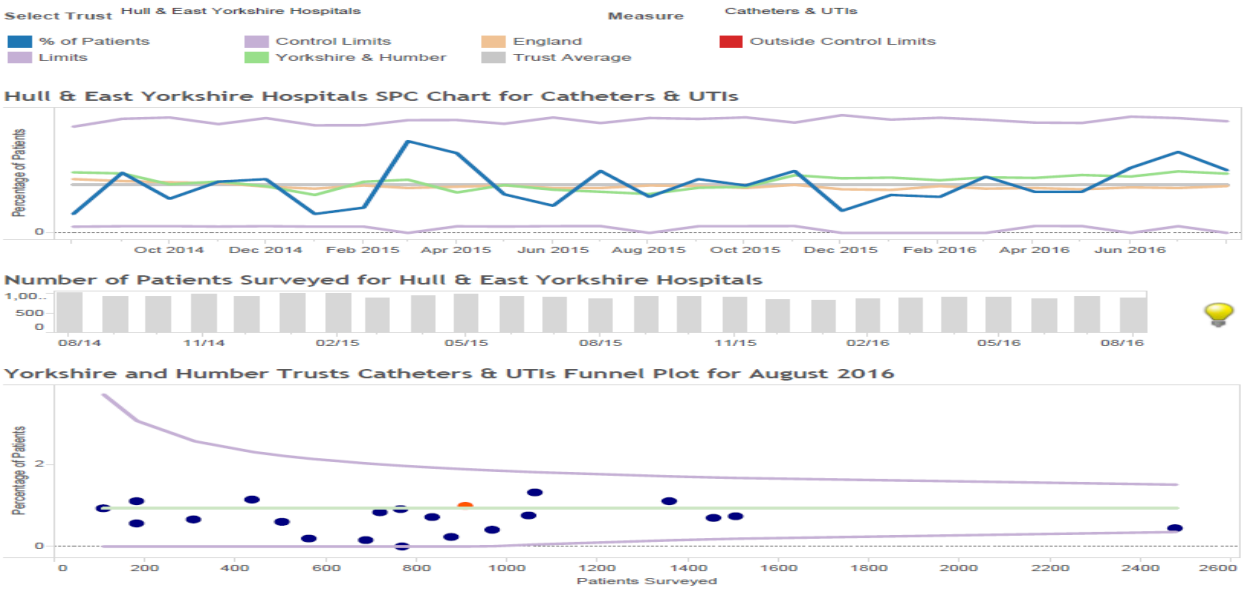
The performance for this indicator is positive overall, although the improvement work that has been undertaken in this area is taking time to become embedded fully. In September 2016 the

Trust declared 2 pressure ulcer Serious Incidents within the Medicine Health Group. The previous Serious Incident actions required all registered nurses and midwives to have undertaken the e-learning tissue viability training module and bedside assessment and each Nurse Director now provides weekly updates on the progress to the Chief Nurse.

3.4 CATHETERS AND URINARY TRACT INFECTIONS

3.4.1 Catheters and UTI (All)

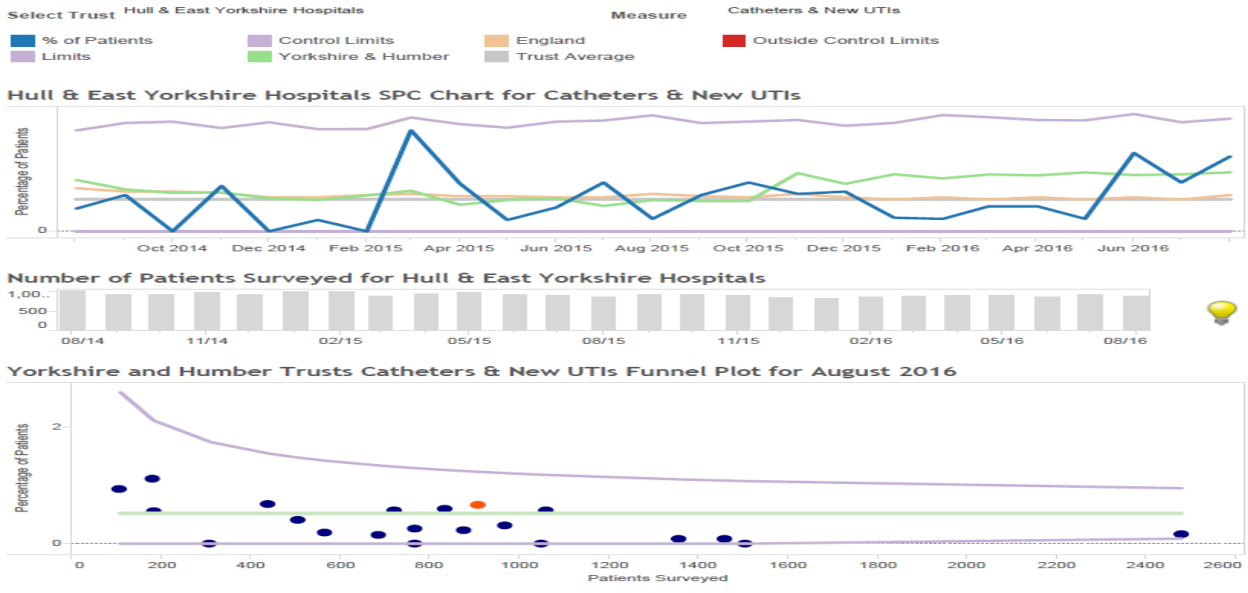
The following chart shows the percentages of patients that have a urinary catheter in place with an associated urinary tract infection. These charts include those that were both admitted with these issues and/or have acquired them whilst in hospital.



Those patients that acquire this harm whilst in hospital are now described.

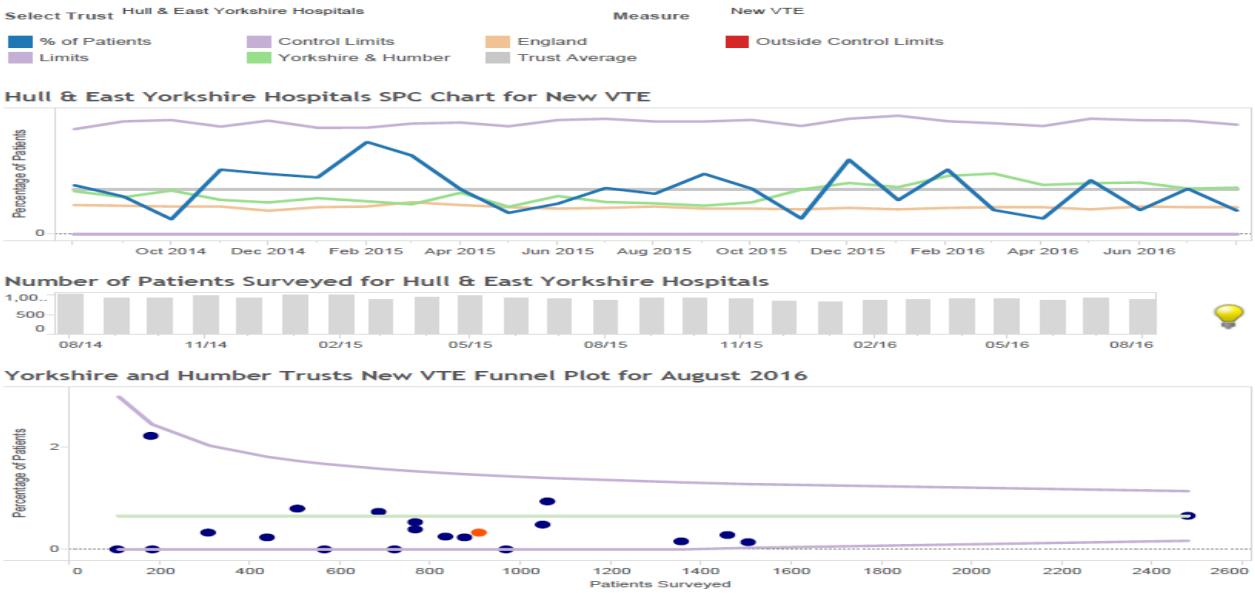
3.4.2 Catheters and UTI (new)

The following chart shows a more variable picture over time, with a spike in catheter-associated urinary tract infections since May that has continued. The reasons for this have been discussed at the Infection Reduction Committee. This has identifed some training needs around catheter care in ward areas and a programme to address this is being developed. The Safety Thermometer date has highlighted a potential issue on one of the DME wards. A piece of work has been commissioned to gain a greater understanding of the contributing factors.



3.5 NEW VENOUS THROMBO-EMBOLISM (VTE)

The following charts show those patients that acquired a venous thrombo-embolic episode whilst in hospital. Performance with this is the most erratic of the four harms, with fluctuating performance overall.



Although performance against this indicator is relatively positive overall, the Thrombosis Committee reviews all cases of perceived hospital acquired VTE episodes and provides feedback to each of the areas and team concerned. This continues to be a focused area for the Trust. These reviews have found that in the first quarter of this year there were 12 cases identified. All 12 cases had a full Root Cause Analysis. Of the 12 cases 8 were acquired at this Trust, one was acquired at a neighbouring Trust and 3 were community acquired. Of the 8 cases that occurred at this Trust all had a VTE assessment, all received appropriate prophylaxis and there were no missed doses of prescribed prophylaxis.

4. HEALTHCARE ASSOCIATED INFECTIONS (HCAI)

4.1 HCAI performance 2016/17– as of 31 August 2016

The Trust is required to report monthly on performance in relation to four key HCAI's. These are summarised in the following table along with the current performance against the upper threshold for each:

Organism	2016/17 threshold	2016/17 Performance (Trust Apportioned)
Post 72-hour *Clostridium difficile* infections	**53**	**20 (38% of threshold)**
MRSA bacteraemia infections (post 48 hours)	**Zero**	**0 (0% of threshold)**
MSSA bacteraemia	**46**	**19 (41% of threshold)**
E.coli bacteraemia	**95**	**34 (36% of threshold)**

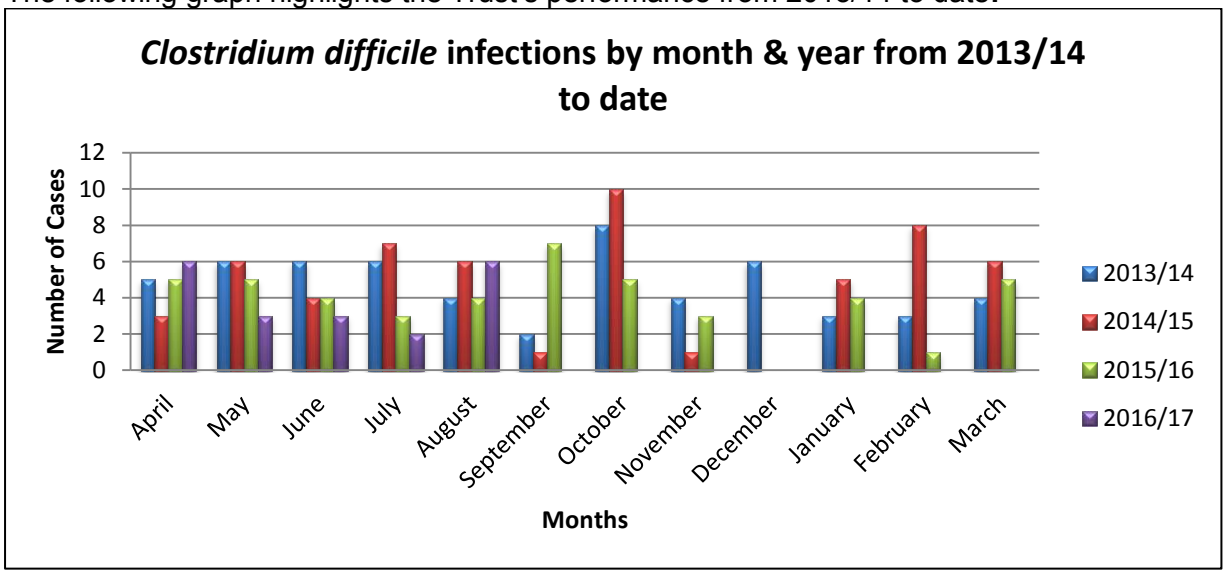
Performance against these upper thresholds is now reported in more detail, by organism.

4.1.1. Clostridium *difficile*

There were 6 Trust attributed cases reported during August 2016 against an upper threshold of 53 for the year. Prudent patient management and sustained positive antimicrobial stewardship have contributed to a reduction in Clostridium *difficile* infections year on year with continued efforts to reduce this further. Root Cause Analysis (RCA) investigations are conducted for each infection and, whilst identifying minor areas of improvement, continue to demonstrate sustained positive management of patients with this infection. Cases of this infection are now investigated collaboratively with commissioners, with the review commencing 3 months prior to the detection of the case in line with the pending revised reporting requirements for 2017/18.

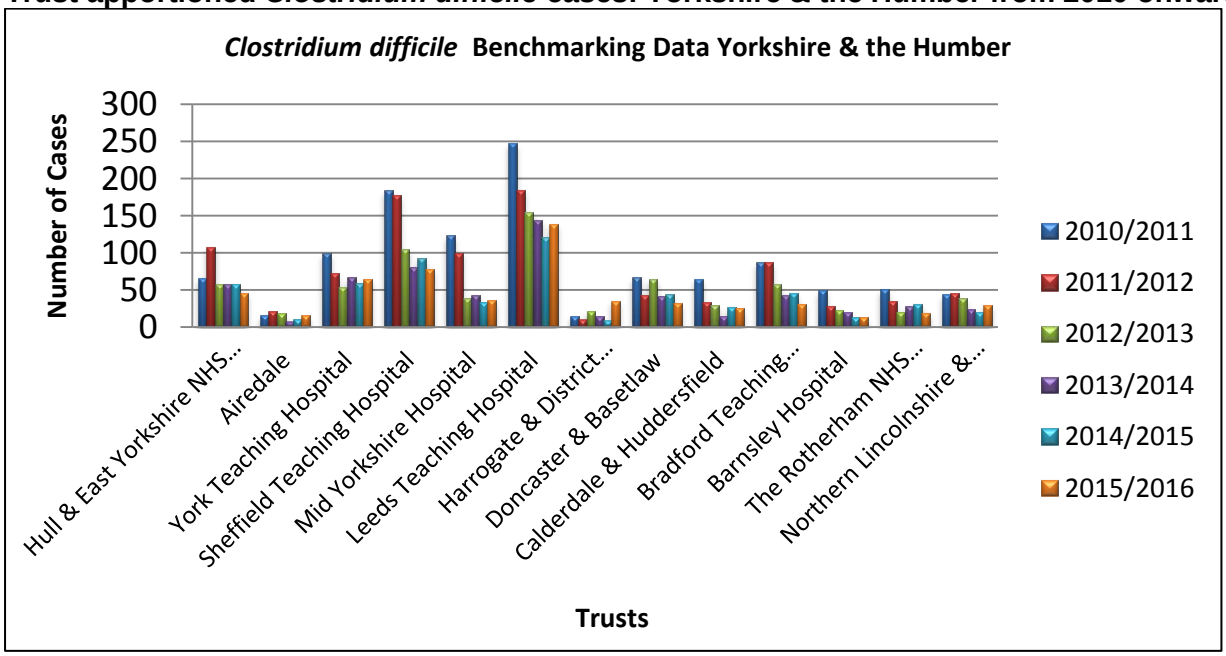
The 6 cases reported during August 2016 were in the Medical and Surgical Health Groups. This represents an increase in cases comparable with previous monthly reports. All 6 are awaiting RCA meetings to finalise investigation findings, any trends will be reported accordingly.

The following graph highlights the Trust's performance from 2013/14 to date**:**



The following graph provides some context in relation to the performance of other trusts acorss Yorkshire and The Humber:

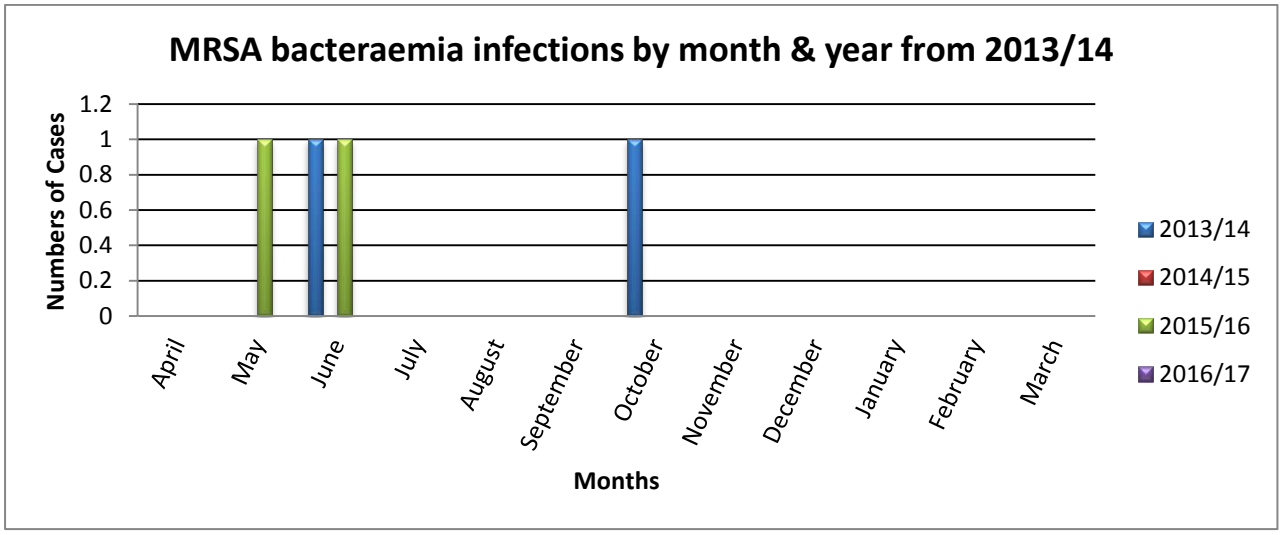
Trust apportioned *Clostridium difficile* cases: Yorkshire & the Humber from 2010 onwards



As can be seen, in view of the size and configuration of the Trust's services, it compares relatively favourably when compared against peers.

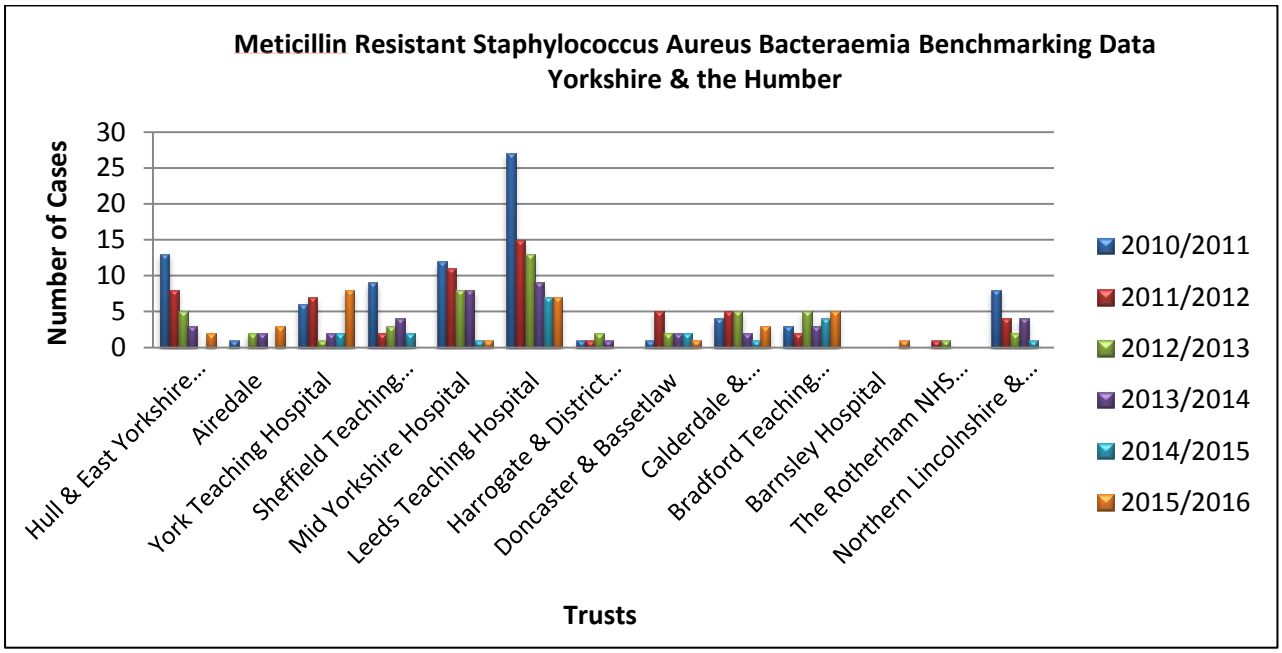
4.1.2 Meticillin Resistant *Staphylococcus Aureus* (MRSA) bacteraemia

There have been no reported cases of MRSA Bacteraemia infections so far this financial year. There is a zero tolerance objective for 2016/17. The last reportable Trust apportioned case was detected in June 2015.The following graph highlights that cases of this infection are now extremely rare.



The following graph provides some context in relation to the performance of other trusts acorss Yorkshire and The Humber:

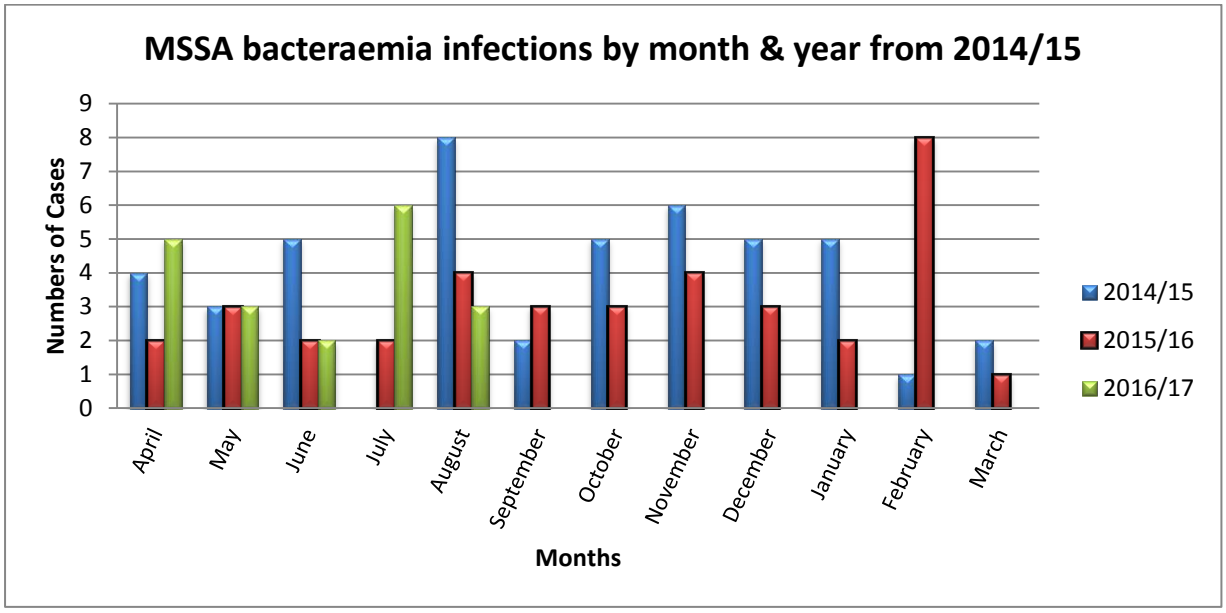
Trust apportioned Meticillin Resistant Staphylococcus Aureus (MRSA) bacteraemia cases for Yorkshire & the Humber from 2010 onwards



As can be seen from this, the relative improvements of this Trust over recent years in impressive when compared peers in the region.

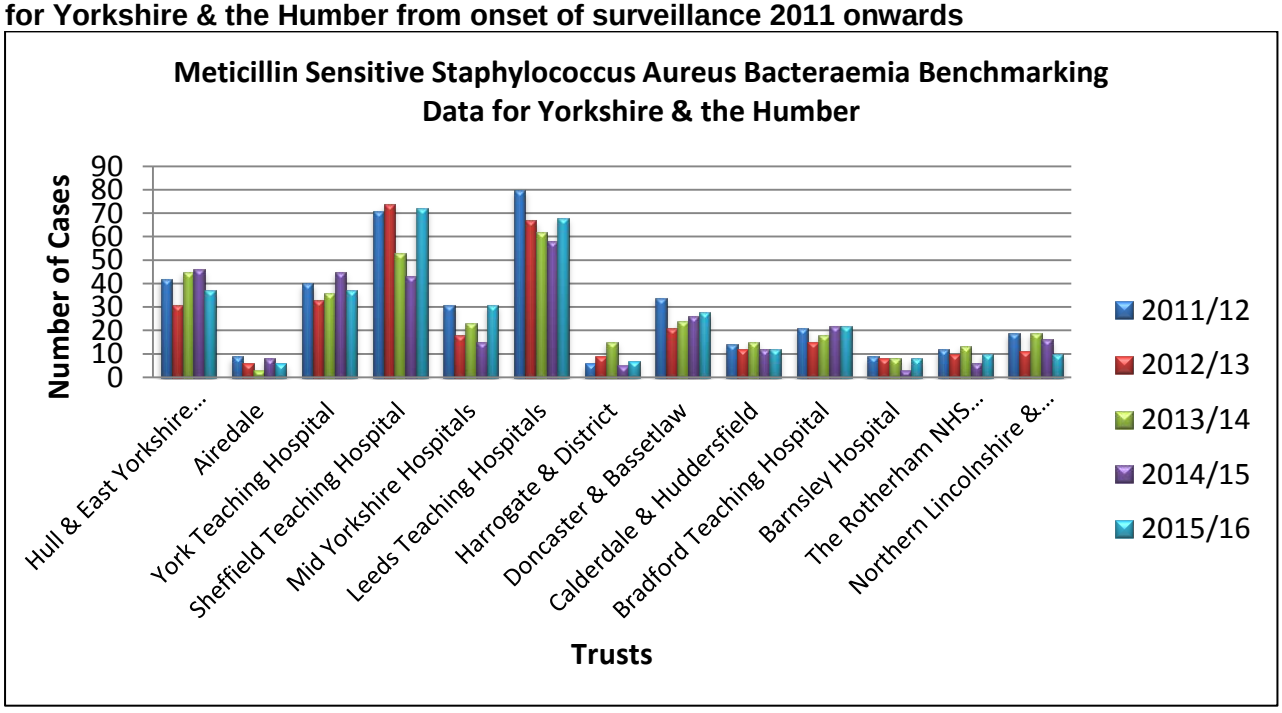
4.1.3 Meticillin Sensitive *Staphylococcus Aureus* (MSSA) Bacteraemia

MSSA bacteraemia performance is provided in the following table. Cases of patients with this infection are represented across Health Groups and provide an opportunity to investigate and further analyse any trends to improve practice. The Trust continues to see improvements overall in the management and prevention of this infection.



The following graph provides some context in relation to the perofrmance of other Trusts accross Yorkshire and The Humber:

Trust apportioned Meticillin Sensitive Staphylococcus Aureus (MSSA) bacteraemia cases for Yorkshire & the Humber from onset of surveillance 2011 onwards



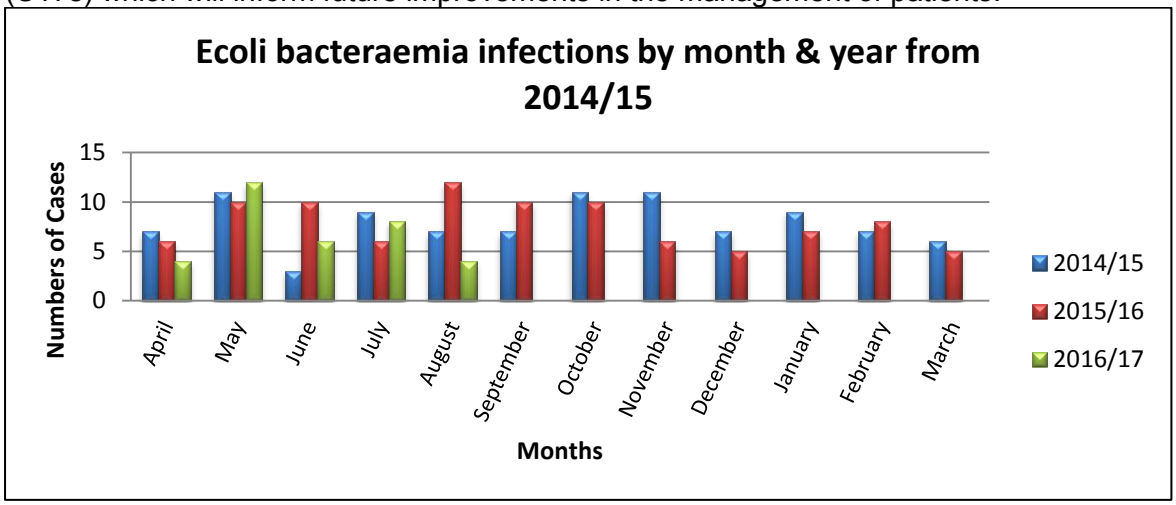
As can be seen, this is more evenly spread both across organisations and, also, recent years. The Infection Reduction Committee has agreed to undertake more reviews in this area to see if any further preventative measures can be taken in the Trust. There was an increase in cases in July. Initial findings were varied with some patients identified with deep MSSA infection e.g. discitis and no lapses on practice identified to another case thought to be device/line related.

Root Cause Analysis meetings have been arranged to finalise investigation findings and any trends will be reported accordingly.

4.1.4 Escherichia-coli Bacteraemia

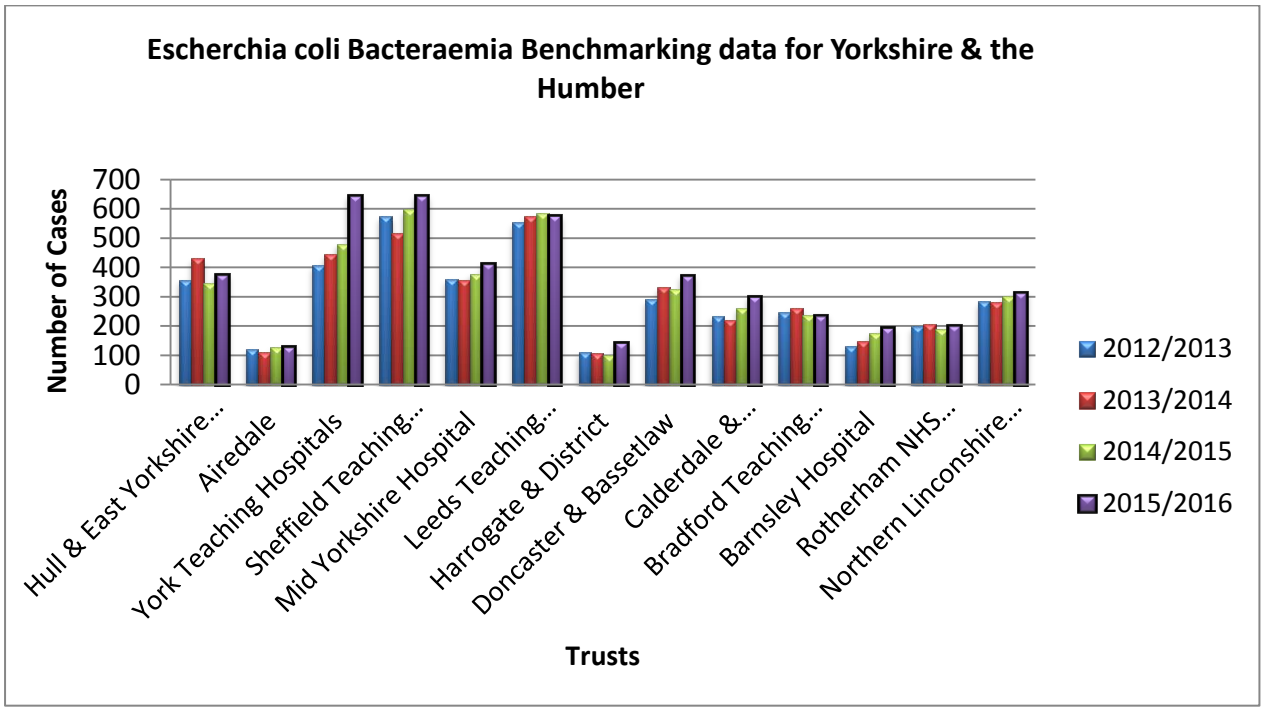
E.*coli* bacteraemia performance is provided in the following tables, demonstrating month on month variability in numbers. Total numbers are reported by the Trust onto the national Public Health England 'MESS' database. Most patients are admitted to hospital for treatment of this infection.

For 3 months from July – September 2016 the Trust, in collaboration with CHCP Hull Infection Prevention & Control Team is collecting data on E.*coli* bacteraemia cases. The purpose of this is to understand trends for both Trust and community apportioned cases and develop robust systems and processes for the prevention of these infections. Cases identified during July 2016 (both Trust and community apportioned) confirmed a trend associated with urinary tract infections (UTI's) which will inform future improvements in the management of patients.



The following graph provides some context in relation to the perofrmance of other trusts acorss Yorkshire and the Humber:

Trust apportioned Escherichia-coli bacteraemia cases for Yorkshire & the Humber from 2012 onwards



Again, the patterns across all Trusts are consistent, which demonstrates the overall challenges with this infection.

4.2 Infection Outbreaks
An outbreak is defined by two or more patients with the same infection in the same ward/area.

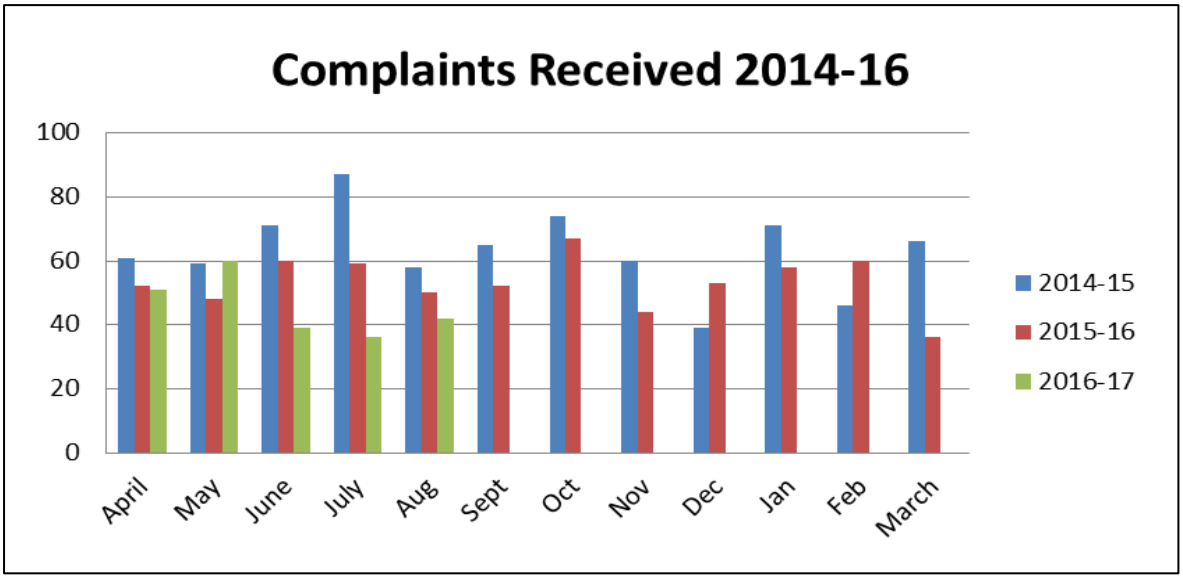
4.2.1 Diarrhoea and vomiting episodes
No outbreaks reported during August 2016.

4.2.2 Scabies Outbreak
On the 31st August 2016 H60 reported a number of staff experiencing rash like symptoms. An inpatient admitted to the ward on the 15th August 2016 was diagnosed with crusted scabies. The outbreak is being managed with Pubic Health and any lessons learned will be shared at the October Board.

4.2.3 Influenza trends
There is nothing of note for this infection during August 2016 and activity has been low so far this financial year. The Occupational Health Department have commenced the 2016 Influenza vaccination campaign.

5. PATIENT EXPERIENCE
5.1 Complaints
In the month August 2016, 42 complaints were received and 48 closed. Of the closed complaints, 17 were not upheld, 21 were partly upheld and 9 upheld. One case was progressed to a Serious Incident and therefore closed as a complaint.

The table below sets out comparative data between 2014-16.

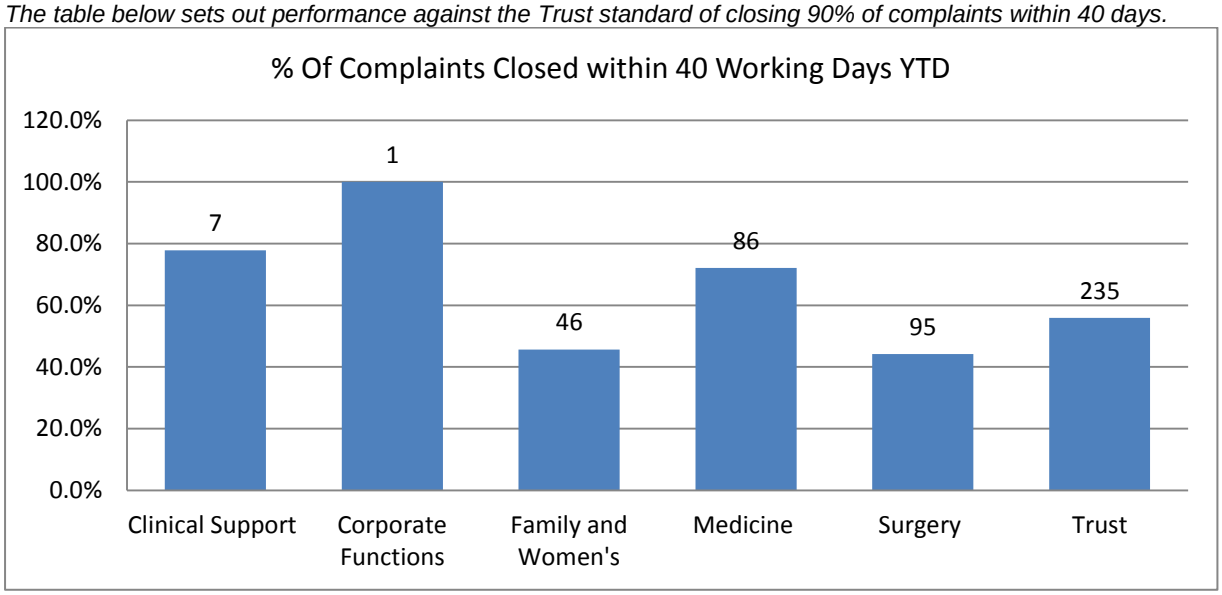


The following table sets out the number of complaints received in August 2016 by Health Group and issue category

Complaints by HG and Subject (primary)	CARE & COMFORT	COMM	DELAY	DISCH	TREAT	Total
Corporate Functions	0	0	0	0	0	0
Clinical Support - Health Group	0	1	0	0	1	2
Family and Women's Health Group	1	1	0	0	9	11
Medicine - Health Group	4	1	1	3	6	15
Surgery - Health Group	1	1	3	2	7	14
Totals:	6	3	4	5	23	42

5.2 Performance against the 40 day standard

The table below sets out performance against the Trust standard of closing 90% of complaints within 40 days.



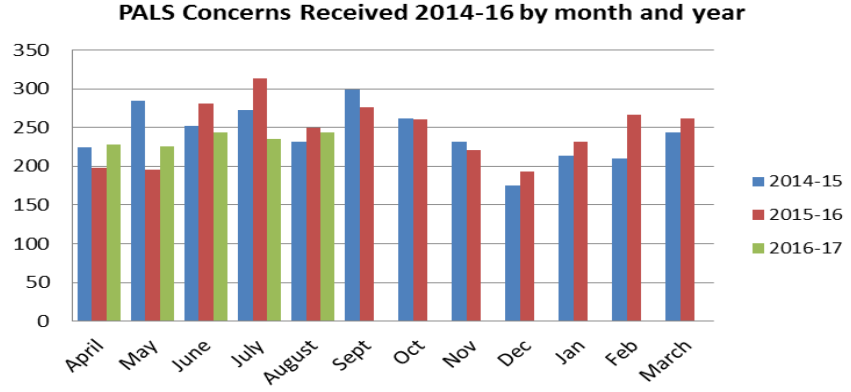
The table below indicates the number of complaints closed in the month of August 2016 and how many were closed within 40 days.

Health Group	Closed	Closed within 40 days
Corporate Functions	0	0
Clinical Support	3	2 (66.6%)
Family and Women's	9	4 (44.4%)
Medicine	10	4 (40%)
Surgery	26	10 (38%)

Members of the Patient Experience Team attended the NHS National Complaints Management Forum Autumn Conference and met with other Patient Experience Teams from across the country. Presentations were given by the PHSO, Department of Health, NHS Improvement, Information Commissioner's Office as well as sharing of best practice by staff at the Royal Derby Hospital complaints team. This gave assurance that the Patient Experience Team is working within the Department of Health standards and guidelines.

5.3 Patient Advice Liaison Service (PALS)

In addition to the 245 PALS concerns received in August 2016, the team also received 26 compliments, 61 general advice issues and 2 miscellaneous requests for information logged on DATIX. The majority of concerns continue to be delays, waiting times and cancellations, specifically in relation to follow up appointments, elective waiting lists and notification of results, as well as not satisfied with treatment plan.



	ADVICE	ATT	CAREC	COMM	DELAY	DISCH	ENVIRO	HOTEL	TREAT	Total
Corporate Functions	1	0	1	5	2	1	1	2	1	14
Clinical Support	0	2	0	3	7	0	1	0	2	15
Family & Women's	1	3	3	9	35	3	0	2	2	58
Medicine	4	3	4	14	25	1	1	0	13	65
Surgery	0	7	1	13	50	2	0	0	19	92
Totals:	6	15	9	44	119	7	3	4	37	244

5.4 Compliments

Set out below are examples of the compliments received:

- Patient wished to pass on her compliments to staff in the Therapies Centre for their exceptional care and attention, singling out one particular member of staff.
- A patient wanted to thank the staff on Ward 6 for the care and support given. It was their first time staying in hospital and felt very nervous but all the staff to be incredibly friendly, helpful and professional. They felt genuinely cared for.
- Patient wanted to pass on thanks and compliments to theatre staff at Hull Royal Infirmary for their professionalism and commitment and ensuring his time in hospital was carried out in a stress free manner.
- Patient wanted to thank all staff on the ward 26 at Castle Hill Hospital for the superb and professional way they had looked after him; they made him feel like a king.
- Member of staff wanted to pass on her compliments for the way in which she had observed the X-Ray department treat a teenage boy with severe autism and his carers.

5.5 Parliamentary Health Service Ombudsman (PHSO)

The Trust currently has 12 cases with the PHSO. There have been no new cases in August and two new requests for information.

5.6 Lessons learned from Health Group Reports

5.6.1Surgery Health Group

A complainant was unhappy with treatment provided for her late husband. Consultant has reflected upon the treatment provided to inform his own practice and learning.

A patient had hip surgery and experienced a great deal of numbness from nerve damage. Actions included: To feedback concerns to the nerve conduction team regarding information provided following tests. The consultant to make a referral to a neurologist and physiotherapy. Feedback to be given to the administration teams about the concerns raised by the patient to improve the communication when patients phone in for appointments.

A complainant was dissatisfied with treatment arrangements for his wife. As a result the consultant is to arrange an outpatient appointment. Consideration is to be given to the possibility of a Hickman line service at Castle Hill Hospital. The matron is to speak with the Sister on Ward 60 to highlight the importance of regular monitoring of patients with complex needs and regular communication with relatives of patients.

Following a missed fracture on a patient's foot, the Divisional Nurse Manager is to discuss the initial X-ray report with the manager for radiology to ensure feedback is given to the reporting radiologist. The consultant is to discuss the patient's concerns at the Trauma and Orthopaedic Governance meeting.

A complainant was discharged from hospital and provided with medication which was intended for a different patient. Medication was taken for 6 days before the error was identified. Staff nurse to be made aware of the error and identify any training issues. The full nursing team to be instructed to complete full checks of discharge medication with two registered nurses.
The ward Sister is to work with pharmacy regarding training of the registered nursing team to dispense common take home medications.

5.6.2 Medicine Health Group
A complainant was unhappy with mother's treatment and the attitudes of nursing staff on a medical elderly ward. The complainant was not consulted about discharge to a nursing home. As a result the Divisional nurse Manager is to identify any training needs for individual nurse identified and explore the introduction of a Relative's Clinics to be held on the ward. The complaint will be shared at a ward meeting, governance meeting and Consultants meeting. The Patient Experience team is to explore the possibility of a volunteer in the reception of the main administration block to assist with way-finding.

5.7 Patient and Information Leaflets (PILS)
The team continues to add new leaflets to the website. Improvements have been made to the appearance of the leaflets that staff can print directly from the website. The website printed leaflets now have a corporate appearance and have reduced the need for external printing, which can be expensive and involve ordering large numbers of leaflets that need to be stored.

QR codes are being added to all new leaflets and within the next few weeks this information will be shared with the departments so that patients will be able to scan a code with their smart phones/tablets and receive the leaflet electronically on their device immediately, providing a paperless version.

5.8 National Surveys
Inpatient Survey - Patients who have had an overnight hospital stay during the month of July 2016 will receive a questionnaire in the next few months regarding their experience. The results will be available late 2016/early 2017 and will be compared with the survey undertaken last year as well as against other similar acute Trusts.

Emergency Department Survey – Patients who attended the Emergency Department or Minor Injury Unit during the month of September 2016 will receive a questionnaire regarding their experience. This is the first time Minor Injury Units have been included in the survey.

The Children and Young People's Survey will be undertaken in early 2017. More information will be provided by the CQC nearer the time; however a new approach to the survey is currently being tested to enable a balanced sample for each respondent group to be generated in order to collect better quality and more useful data.

5.9 Friends and Family Test (August 2016 Data)
5.9.1 In-patient areas
The Trust's Friends and Family results for August 2016 indicate the following:
- Patients who would be likely to recommend the Trust (positive feedback) at 94.9%
- Patients who would be unlikely to recommend the Trust (Negative Feedback) 2.0%

5.9.2 Emergency Department (ED)
- In August 85.2% of patients were positive and likely to recommend ED to friends and family compared to 86.5% in July.
- 8.6% gave negative feedback saying that they would be unlikely to recommend the ED compared with the 7.8% in July.
- There are now volunteers within ED and this is helping to improve patients engaging with Friends and Family Test.

5.9.3 Maternity

Maternity recommendation scores:

- 92.3% likely recommend, and;
- 1.08% Unlikely to recommend the service to friends and family

There was a decrease in the number of responses for the month of August 2016 with 6,245 of inpatients responding, compared to 6,654 in July 2016. However, this shows an increase compared to 3,251 responses in August 2015.

5.9.4 Voluntary Services

The voluntary shop, 'Hey! Let's Shop', is now fully staffed with volunteers along with the Castle Hill Hospital confectionary trolley which is taken to wards to give patients the opportunity to buy a newspaper, toiletries and confectionary. Since the shop opened there has been a positive feedback patient, staff and visitors.

The Voluntary Services team has recently been notified of a charitable donation which a patient wanted to make to benefit the Trust volunteers. The patient felt that their care and experience at the Queen's Centre was enhanced significantly by volunteers who work within the centre. A charitable account has been set up and any monies donated will benefit the volunteers.

The Patient and Public Council members are now beginning their transition to join various committees throughout the Trust. These include representing the public within the Falls Committee, Safer Medications Practice Committee, Equality and Diversity and Operational Quality Committee. Contact has been made with other groups and committees within the Trust to offer the services of the Patient and Public Council. These groups include Safeguarding and Signage.

There has been a regular recruitment of volunteers into the Trust and some progressing to permanent employment within the Trust.

5.9.5 Young Volunteers

The Young Health Champions are settling well into their areas throughout the Trust with the full support and guidance from their mentors. The second phase of the Young Health Champions is approaching and the Trust is looking forward to seeing them progress in the new areas. A Young Health Champion became successful in gaining an apprenticeship with the Trust and is happily developing their area.

The Trust will shortly be starting its partnership with the Princes Trust which is interested in the Young Health Champions project and would like to work with HEY. The project will offer youngsters from the age of sixteen to twenty four the chance to volunteer at the hospital.

5.9.6 Hospital Radio

There was celebration held in the board room to mark the 55 years of the Hospital Radio with Guest presenter James Hogarth from Radio Humberside. James proudly started his radio career with the Hospital Radio and kindly presented the Long Service awards to the voluntary Kingstown Radio presenters. This event was enjoyed by all.

6 OTHER QUALITY UPDATES

6.1 Mortality

The Trust looked at reasons behind the raised Summary Hospital Mortality Indicator, which is measuring 112.3 for January 2015 to December 2015 (data from HSCIC June 2016 publication). Following analysis of this data by CHKS and subsequent discussion at the monthly Mortality Committee, it was felt that this indicator did not give the assurance of patient safety one may expect. It has long been felt that these traditional measures of mortality depend upon too many factors to allow meaningful conclusions to be drawn. This has been recognised by many national bodies such as NHS England and as such 2017 will lead to a change in the reporting of deaths to one of avoidability. This will require a structured case note review. The Trust has a small number of people trained in this type of review and is currently expanding this training to allow cascade training in all clinical divisions to occur. The appointment of a clinical outcomes manager aims to ensure that all areas are ready for this change. A flow chart is being developed which will give a structure to the way every death is reviewed in the Trust. Further details will be shared with the Board in due course.

Through the Mortality Committee and the new way data is presented by CHKS/coding, the Trust is now starting to look with a structured case note review at the areas, which may be of concern in the future. This method is "horizon scanning" and we hope therefore to be able to intervene before alerts come to the Trust from external agencies.

The Trust will be part of a mortality summit to be held on 7 October 2016, with the commissioners of our services. The aims are to ensure we learn across our local health economy and we adopt a standardised approach to the investigation of mortality.

6.2 Comprehensive CQC Inspection 28 June 2016 – 1 July 2016

The Trust had an engagement meeting with the CQC on 21 September 2016. No confirmed date for the publication of the inspection report was given. The Trust continues to monitor delivery of its Quality Improvement Plan which contains actions identified from the initial feedback given by the CQC after its inspection in June 2016.

6.3 Operational Quality Committee 14 September 2016

The Operational Quality Committee received two presentations at this month's meeting. The first was the result of the national cardiac arrest audit and the second was on improving the care of the deteriorating patient.

Further work was agreed as a result of the cardiac arrest audit. This demonstrated that there had been no apparent detrimental effect of the Resident Medical Officer (RMO) post being re-located to Hull Royal Infirmary after the medical beds had transferred from the Castle Hill Hospital in 2015. The audit also demonstrated a reduction in cardiac arrest calls in the Acute Medical Unit but an increase on base wards after 5.00pm. Work will be undertaken to understand this further. The deteriorating patient audit compared documentation and escalation on a ward using e-observation to a non-e-observation ward.

The Committee received an update on action being taken as a result of the two Never Events and the assurance required that systems were in place to monitor compliance with checking procedures. The Committee also received an update on the actions taken to comply with the National Safety Standards for Invasive Procedures.

6.4 Other matters

- The Chief Nurse and Chief Medical Officer met with Fresenius Medical Care Renal Services Ltd following a peer review visit by NHS England. The Trust has taken over responsibility for this contract from NHS England on 1 April 2016 and further details will be provided to the Trust's Quality Committee.

- Commissioners visited ward 5 at Hull Royal Infirmary in September 2016 as a result of a number of incidents. A report has been received by the Trust and a response is being collated.
- A joint meeting with commissioners was held on the 26 August to discuss the current pressures in the Ophthalmology service.

7. ACTION REQUESTED OF THE TRUST BOARD

The Trust Board is requested to receive this report and:

- Decide if this report provides sufficient information and assurance
- Decide if any further information and/or actions are required.

Mike Wright
Executive Chief Nurse

Kevin Phillips
Executive Chief Medical Officer

Liz Thomas
Director of Governance

September 2016

Appendix One: Safety Thermometer Newsletter August 2016

Hull and East Yorkshire Hospitals NHS Trust

Absence of harm from

Pressure ulcers + Falls + Urinary infections (in patients with catheters) + VTE = Harmfreecare

SAFETY THERMOMETER NEWSLETTER August 2016

The NHS Safety Thermometer tool measures four high-volume patient safety issues (pressure ulcers, fall, urinary infection (inpatients with a catheter) and treatment for venous thromboembolism. It requires surveying of all appropriate patients on a single day every month. This survey data was collected on Friday 12th August across both hospital sites. 907 patients were surveyed

94.6% of our patients received HARM FREE CARE

Harm Free Care is defined as the number/percentage of patients who have not suffered any of the four harms measured by the safety thermometer before or since admission to hospital.

1.98% (18) of our patients suffered a New Harm

New Harm is defined as the number/ percentage of patients who have suffered or have started treatment for one of the four harms measured by the safety thermometer since admission to hospital

98.02% Of our Patients received NO NEW HARM

No New Harm is defined as the number/ percentage of patients who have not suffered any of the four harms measured by the safety thermometer since admission to hospital.

HARM FREE CARE %: How is HEY performing Nov 15 – June 16

	Jan 16	Feb 16	March 16	April 16	May 16	June 16	July 16	Aug 16
Harm Free Care %	93.2%	95.2%	94.1%	95.7%	93.7%	95.4%	93.7%	94.6%
Sample: Number of patients	838	879	895	918	921	871	937	907
Total Number of New Harm	16	13	10	10	22	13	20	18
NEW HARM FREE CARE %	98.0%	98.5%	98.8%	98.9%	97.6%	98.5%	97.8%	98.0%

Harm Descriptor: Venous Thromboembolism	Number	%	PE Pulmonary Embolism	DVT Deep Vein Thrombosius	OTHER
Total Number/Proportion of patients treated for a **NEW VTE** A new VTE is defined as treatment starting for the VTE after the patient was admitted to hospital. Four of these patients where admitted with a primary diagnosis of pulmonary embolism	3	0.33%	3	0	0

Total Number/Proportion of patients documented with a **VTE RISK ASSESSMENT**	780	86.06%
Total Number/Proportion of patients documented with a **VTE RISK ASSESSMENT not applicable**	55	6%
Total Number/Proportion of patients with **NO** documented **VTE RISK ASSESSMENT**	72	7.94%

Harm Descriptor: Pressure Ulcers	Number	%	Cat 2	Cat 3	Cat 4
Total Number/Proportion of **Pressure Ulcers**	33	3.31%	30	0	3
Total Number/Proportion of **OLD Pressure Ulcers** An OLD pressure ulcer is defined as being present when the patient came into our care, or developed within 72 hours of admission.	29	2.87%	26	0	3
Total Number/Proportion of **Pressure Ulcers** that were classed as **NEW** A NEW pressure ulcer is defined as developing 72 hours since admission.	4	0.44%	4	0	0

Harm Descriptor: Falls A fall is defined as an unplanned or unintentional descent to the floor, without or without injury, regardless of cause	Number	%
Total Number/Proportion of patients recorded with a **Fall** (During the last 3 days whilst an inpatient)	15	1.65%
Severity **No Harm**: fall occurred but with no harm to the patient	10	1.05%
Severity **Low Harm**: patient required first aid, minor treatment, extra observation or medication	5	0.55%
Severity **Moderate Harm**: longer stay in hospital	0	0%
Severity **Severe Harm**; permanent harm.	0	0%
Severity **Death**; direct result of fall	0	0%

Harm Descriptor: Catheters and Urinary Tract Infections	Number	%
Total Number/Proportion of patients recorded with a Catheter	167	18.89%
Total Number/Proportion of patients recorded with a Urinary Tract Infection with a urinary catheter insitu	9	0.99%
Total Number/Proportion of patients recorded with an OLD Urinary Tract Infection with a urinary catheter insitu **An OLD urinary tract infection is defined as diagnosis or treatment started before the patient was admitted to hospital**	3	0.33%
Total Number/Proportion of patients recorded with a NEW UTI with a urinary catheter insitu **An NEW urinary tract infection is defined as diagnosis or treatment which started after the patient was admitted to hospital**	6	0.66%

Next Classic SAFETY THERMOMETER DATA COLLECTION DAY IS:

Friday 9th September 2016

Hull and East Yorkshire Hospitals NHS Trust

TRUST BOARD REPORT – 2016 – 9 - 10	
Meeting date:	Thursday 29th September 2016
Title:	Nursing and Midwifery Staffing
Presented by:	Mike Wright, Executive Chief Nurse
Author:	Mike Wright, Executive Chief Nurse
Purpose:	The purpose of this report is to inform the Trust Board of the latest position in relation to Nursing and Midwifery Staffing in line with the expectations of NHS England (National Quality Board – NQB's Ten Expectations) and The Care Quality Commission.
Recommendation(s):	The Trust Board is requested to: • Receive this report • Decide if any if further actions and/or information are required.

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST
TRUST BOARD MEETING 29th SEPTEMBER 2016

NURSING AND MIDWIFERY STAFFING REPORT

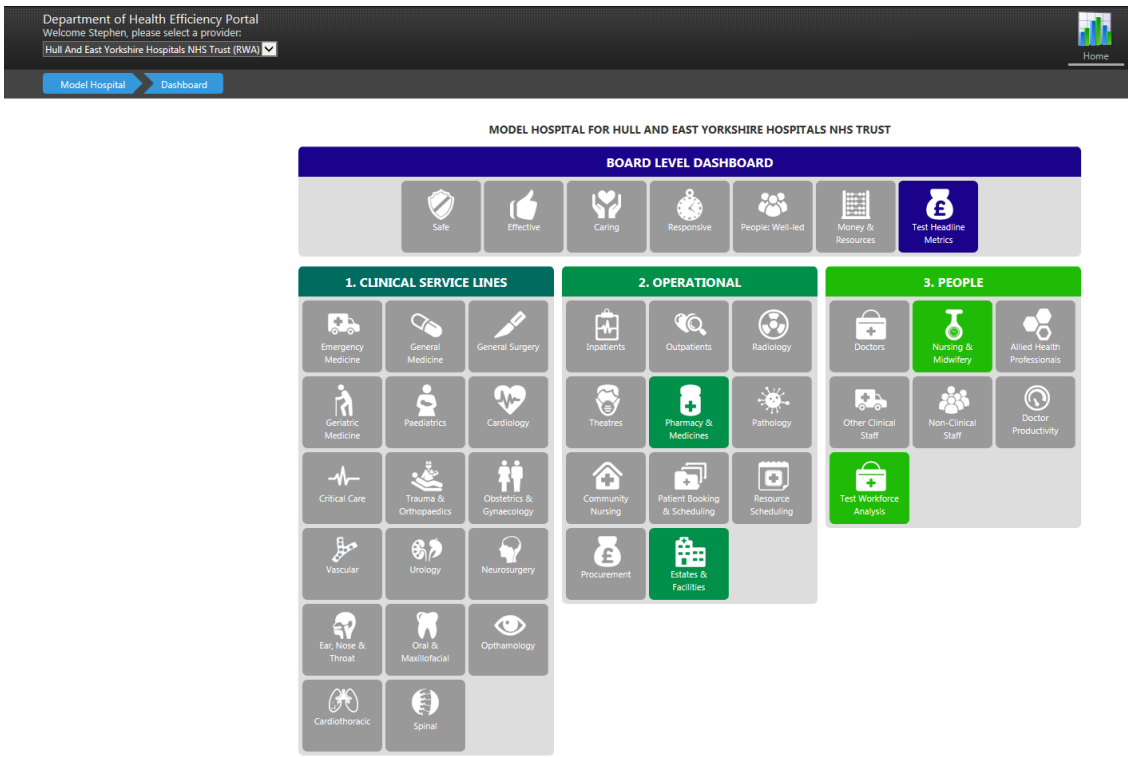
1. PURPOSE OF THIS REPORT

The purpose of this report is to inform the Trust Board of the latest position in relation to Nursing and Midwifery Staffing in line with the expectations of NHS England (National Quality Board – NQB's Ten Expectations)[1,2] and The Care Quality Commission.

2. BACKGROUND

The last report on this topic was presented to the Trust Board in July 2016 (June 2016 position).

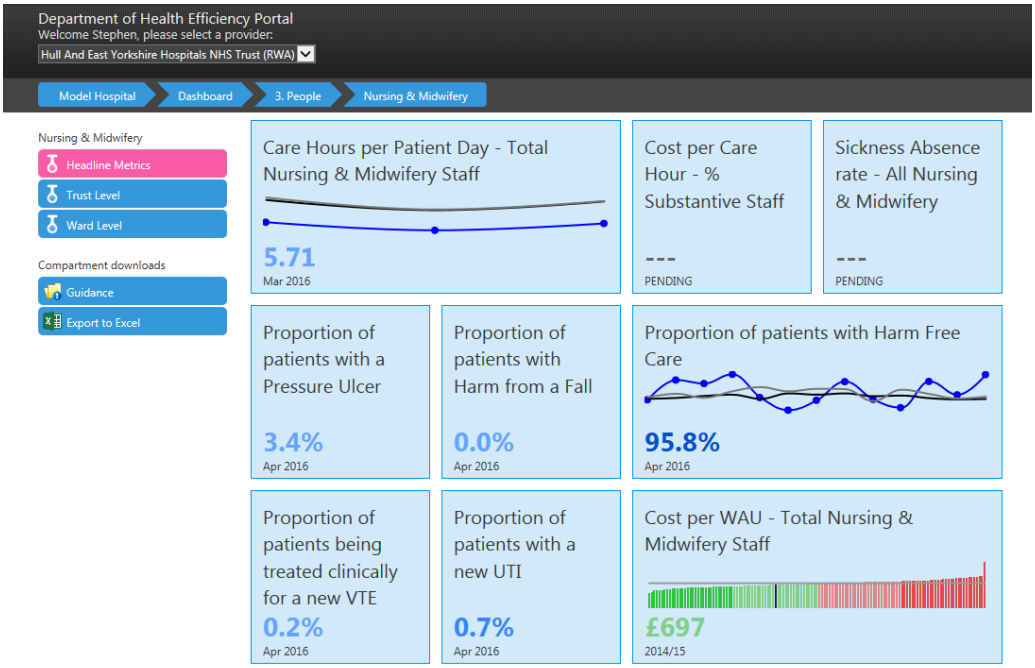
In July 2016, the National Quality Board updated its guidance for provider trusts, which sets out revised responsibilities and accountabilities for Trust Boards for ensuring safe, sustainable and productive staffing levels. Trust Boards are also responsible for ensuring proactive, robust and consistent approaches to measurement and continuous improvement, including the use of a local quality framework for staffing that will support safe, effective, caring, responsive and well-led care.
The new guidance sets out specifications for the future format of these reports, which form part of Lord Carter's work in relation to developing a 'Model Hospital' Dashboard. However, the structure of this has not yet been finalised at the Department of Health. This format will be adopted as soon as it is released and available. The illustration below details the core elements for the dashboard.



[1] National Quality Board (2012) How to ensure the right people, with the right skills, are in the right place at the right time - *A guide to nursing, midwifery and care staffing capacity and capability*
[2] National Quality Board (July 2016) Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time – Safe sustainable and productive staffing
[3] When Trust Boards meet in public

In the meantime, some further information fields have been provided against nursing and midwifery staffing fill rates in order to try and provide further context. This process will be developed over time. The current nursing metrics and full benchmarking information is not yet available and until this system becomes 'live' we will not be able to use or interpret this Information.

The illustration below details headline metrics only, however in the future it is anticipated that the metrics will be expanded down to ward level. In view of this, the Chief Nurse has commissioned a piece of work to look at the Trusts current nursing metrics and how these metrics can be deployed and monitored at ward level.



This report presents the 'safer staffing' position as at 31st August 2016 and confirms on-going compliance with the requirement to publish monthly planned and actual staffing levels for nursing, midwifery and care assistant staff[3]. In addition, nursing and midwifery staffing establishments have been revised during August 2016 and the summary results of these are also presented.

The Trust Board is requested to:

- Receive this report
- Decide if any further actions and/or information are required.

3. NURSING AND MIDWIFERY STAFFING - PLANNED VERSUS ACTUAL FILL RATES

The Trust Board is advised that the Trust continues to comply with the requirement to upload and publish the aggregated monthly average nursing and care assistant (non-registered) staffing data for inpatient areas. These can be viewed via the following hyperlink address on the Trust's web-page:

http://www.hey.nhs.uk/openandhonest/saferstaffing.htm

These data are summarised, as follows:

3.1 Planned versus Actual Staffing levels.
The aggregated monthly average fill rates (planned versus actual) by hospital site are provided in the following graphs and tables. More detail by ward and area is available in **Appendix One** (data source: Allocate e-roster software & HEY Safety Brief) and **Appendix Two** (New Roles).

Fig 1: Hull Royal Infirmary

HRI	DAY		NIGHT	
	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)
May-14	82.56%	95.37%	83.21%	93.09%
Jun-14	88.09%	91.96%	91.61%	94.20%
Jul-14	83.41%	87.43%	84.35%	95.62%
Aug-14	83.58%	89.43%	84.39%	95.77%
Sep-14	84.34%	88.59%	84.36%	102.98%
Oct-14	81.38%	87.54%	85.37%	102.49%
Nov-14	85.35%	90.26%	84.30%	101.38%
Dec-14	79.48%	87.57%	80.51%	96.37%
Jan-15	80.99%	87.74%	83.22%	96.76%
Feb-15	80.46%	84.55%	82.57%	96.31%
Mar-15	79.54%	85.38%	81.81%	98.77%
Apr-15	81.36%	90.39%	82.99%	104.79%
May-15	84.21%	94.33%	87.57%	102.19%
Jun-15	84.03%	92.79%	85.01%	102.89%
Jul-15	83.69%	93.80%	86.28%	103.37%
Aug-15	81.13%	90.95%	83.91%	103.18%
Sep-15	79.77%	84.90%	80.54%	91.38%
Oct-15	84.05%	97.36%	85.85%	98.36%
Nov-15	84.48%	94.74%	85.17%	95.08%
Dec-15	85.39%	97.92%	86.99%	105.33%
Jan-16	85.18%	93.92%	87.14%	104.86%
Feb-16	84.05%	94.29%	85.90%	104.32%
Mar-16	82.93%	92.38%	84.37%	104.05%
Apr-16	80.86%	88.23%	85.26%	103.39%
May-16	80.58%	91.24%	86.70%	105.93%
Jun-16	80.25%	89.41%	85.20%	102.22%
Jul-16	82.28%	90.96%	86.30%	103.33%
Aug-16	80.56%	89.30%	87.74%	99.85%

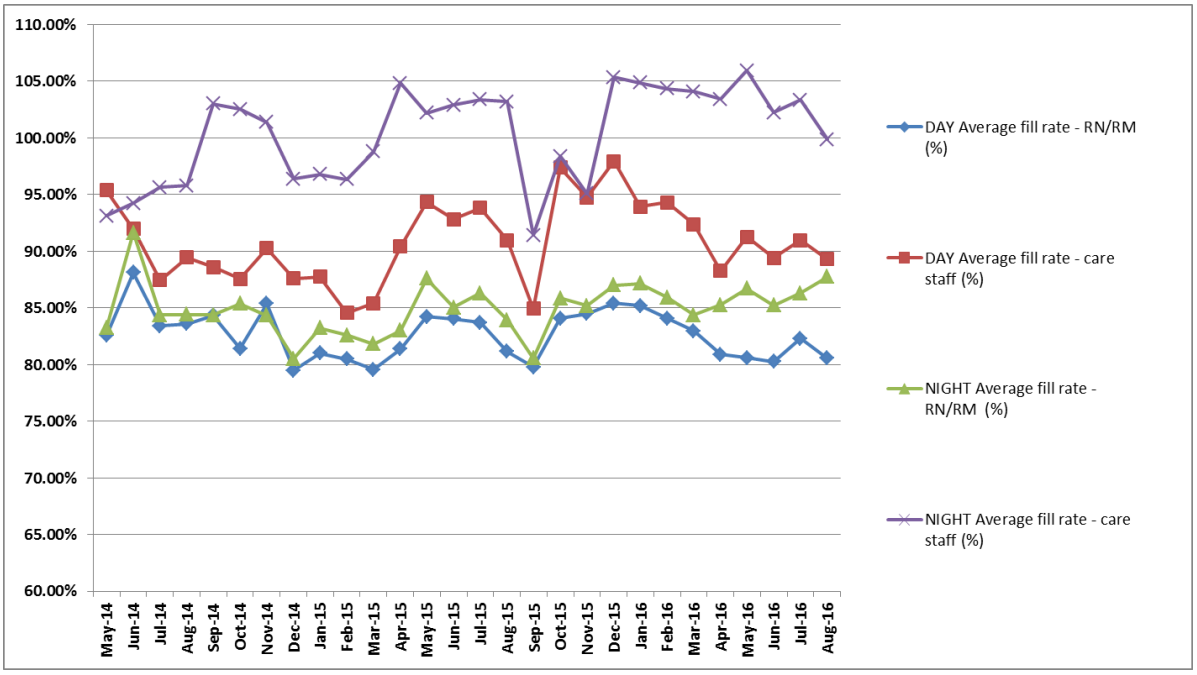
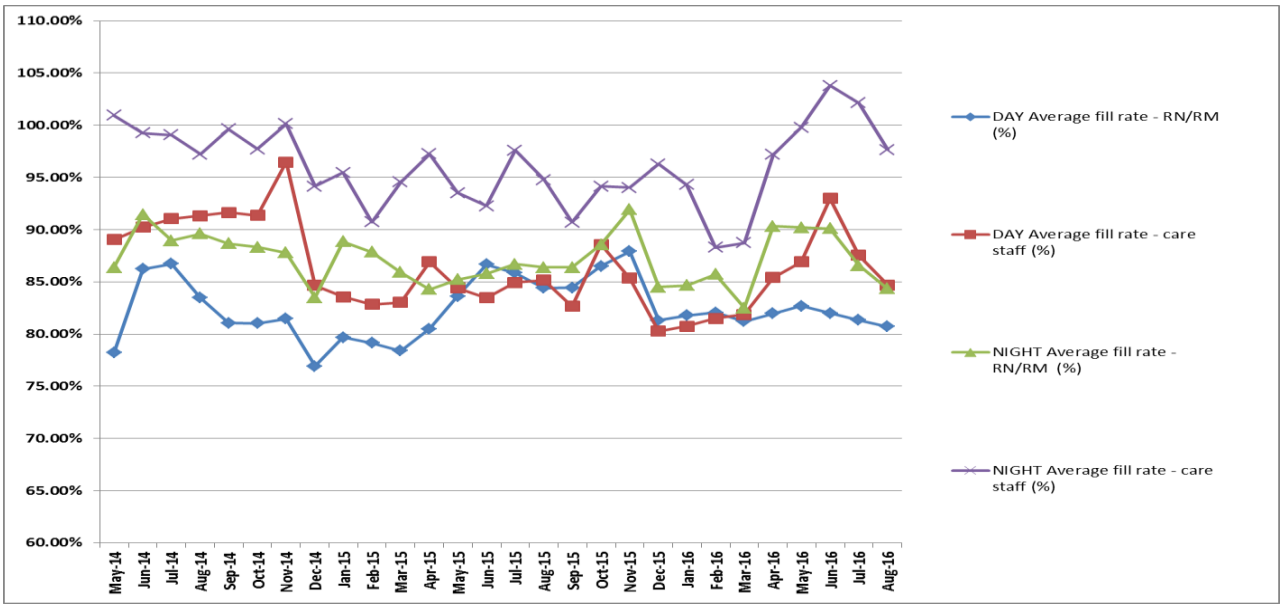


Fig 2: Castle Hill Hospital

CHH	DAY		NIGHT	
	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)
May-14	78.19%	89.06%	86.38%	100.95%
Jun-14	86.23%	90.22%	91.44%	99.24%
Jul-14	86.74%	91.05%	88.95%	99.08%
Aug-14	83.47%	91.32%	89.61%	97.23%
Sep-14	81.05%	91.63%	88.67%	99.62%
Oct-14	81.04%	91.36%	88.33%	97.73%
Nov-14	81.47%	96.46%	87.80%	100.13%
Dec-14	76.92%	84.67%	83.50%	94.15%
Jan-15	79.67%	83.55%	88.85%	95.47%
Feb-15	79.15%	82.84%	87.84%	90.74%
Mar-15	78.39%	83.03%	85.92%	94.57%
Apr-15	80.48%	86.92%	84.29%	97.26%
May-15	83.63%	84.39%	85.23%	93.52%
Jun-15	86.65%	83.46%	85.77%	92.28%
Jul-15	85.85%	84.93%	86.68%	97.59%
Aug-15	84.40%	85.16%	86.39%	94.77%
Sep-15	84.44%	82.65%	86.39%	90.71%
Oct-15	86.50%	88.58%	88.56%	94.14%
Nov-15	87.90%	85.36%	91.91%	94.03%
Dec-15	81.31%	80.29%	84.50%	96.26%
Jan-16	81.78%	80.75%	84.64%	94.31%
Feb-16	82.06%	81.50%	85.71%	88.28%
Mar-16	81.22%	81.87%	82.50%	88.74%
Apr-16	81.96%	85.40%	90.34%	97.19%
May-16	82.68%	86.93%	90.19%	99.79%
Jun-16	82.01%	92.99%	90.12%	103.78%
Jul-16	81.33%	87.53%	86.56%	102.15%
Aug-16	80.70%	84.70%	84.35%	97.64%



The Trust has seen a slight reduction in registered nurse and care staff (unregistered) fills rates over August 2016 compared to July 2016 data. This is due to the limited availability of Bank and Agency staff to support vacancies. This is a general seasonal impact due to annual leave at maximum allowance and unavailability of bank and agency staff due to school holidays.

In order to assure the Trust Board and to set this in context, the twice-daily safety brief reviews continue each day, led by a Health Group Nurse Director (or Site Matron at weekends) in order to ensure at least minimum safe staffing in all areas. The Trust is still able to sustain its minimum standard, whereby no ward is ever left with fewer than two registered nurses/midwives on any shift. However, some pressures remain in recruiting to optimal staffing levels in some areas.

The nursing and midwifery staffing escalation policy is in the process of ratification and it is possible that the Trust may need to reduce bed capacity if alternative solutions to staffing shortfalls cannot be found. This is always a last resort but is an option that is available if needed in order to keep patients safe.

The Trust is currently pursuing 110 of the August/September student outtake from the University of Hull. Regular contact is being made with these students to ensure they feel supported, with a planned and comprehensive induction programme due to commence early October 2016.

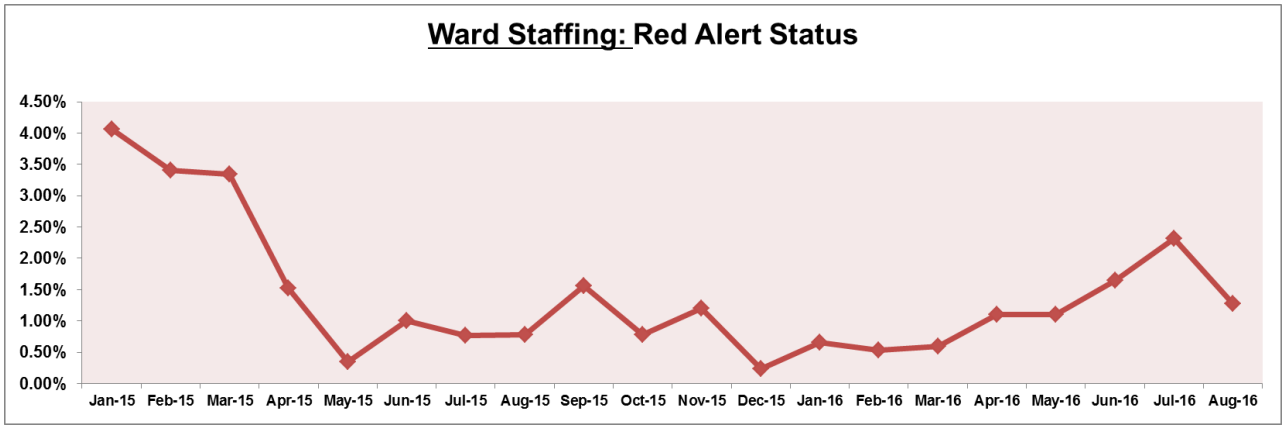
The Executive Management Board has agreed a proposal to undertake a recruitment initiative to recruit registered nurses from the Philippines. Work is currently being undertaken to finalise the required number and desired skill set, with a particular focus on theatre and Intensive care nurses. A final decision with regards to the progression of the proposed initiative will be made in context of the Trusts overall financial position.

Other factors that are taken into consideration before determining if a ward is safe or not, include:

- The numbers, skill mix, capability and levels of experience of the staff on duty
- Harm rates (falls, pressure ulcers, etc.) and activity levels
- The self-declaration by the shift leader on each ward as to their view on the safety and staffing levels that day
- the physical layout of the ward

- The availability of other staff – e.g. bank/pool, matron, specialist nurses, speciality co-ordinators and allied health professionals.
- The balance of risk across the organisation

The following table provides information on the number of occasions staff have declared their wards unsafe (Red Alert), ahead of a safety brief. These are the times over each month that this rating has been allocated and is represented as a percentage of the total number of assessments in that month.



The number of red alert declarations remains relatively small overall but has seen a slight increase in recent months although reduced in August. These are reviewed by nurse directors at the safety briefs and addressed accordingly.

The key areas that remain particularly tight currently are:

- The Clinical Decision Unit (CDU), which is adjacent to the Acute Medical Unit at HRI. Staffing levels in this area should improve in the autumn and jobs have been offered to fill all RN vacancies. In the meantime, staff have been seconded from other wards and, also bank staff are being used.
- H1, H70, H9 and H500 (Acute Medicine, Diabetes and Endocrine, Medical Elderly and Respiratory). These wards have a number of RN vacancies which, again, have been offered to new graduates in the autumn. In the meantime, staff from other wards are supporting.
- The Neonatal Unit has some vacancies and high levels of maternity leave. Staffing risks are managed on a daily basis and some agency staffing is being utilised in these areas.
- C8 and C9 (Elective orthopaedics) have reduced some capacity to support acute surgery over at HRI, this has resulted in a bed reduction as reflected in the Nurse to Patient Ratio, as this was not planned in advance it shows a highlights as a lower than expected fill rate.
- H100 (Gastroenterology) has reported a number with long-term sickness. The extra capacity on this ward has not been utilised and staff moved from CHH to support and maintain safety.
- C29,C31,C33 – Oncology. There are still some staffing gaps in these wards but, again, these are balanced across all wards daily. The Oncology Matron remains ward based and the teaching staff and specialist nurses are supporting the wards, also.

Despite on-going recruitment campaigns, recruitment is still very challenging for the Trust and some risks with securing the required numbers of registered nurses remain.

The Trust is currently awaiting a decision on their recent bid to become a pilot site for the Associate Nurse Role, recently introduced by Health Education England. It is envisaged that a decision will be made in the next few weeks.

The inability to recruit sufficient numbers of registered nurses in order to meet safer staffing requirements remains a recorded risk at rating 12 (Moderate - Major and Possible - ID 2671) on the Risk Register, although every reasonable effort to try and mitigate this risk is being taken on a daily basis.

4. EXPECTATION 1 – RIGHT STAFF

Expectation 1 of the NQB's revised standards requires:

1.1. Evidence-based workforce planning
1.2. Professional judgement
1.3. Comparison with peers

In August 2016, the Trust's nursing and midwifery establishments for in-patient areas have been revised. This process is comprehensive in that validated tools are used to guide these assessments (where they are available). Professional judgement is then applied to refine the initial assessment in order to conclude what is required for each area.

The first part of this work has been to revise the nursing rota tool for each ward in order to ensure that the rota meets all the requirements of the NQB standard. This work has also reviewed the suggested establishments from using the Shelford Nursing Care Tool to measure patient Acuity and Dependency. There have been some changes to establishments in order to bring them up to date with the current level of care requirement and service provision for each inpatient area. These have also been matched to ward/departmental budgets and the electronic rotas, which has resulted in the identification of a number of anomalies which have now been resolved. It is envisaged that these changes will have a positive impact on nurse staffing fill rates going forward.

All the rota tool evaluations have ensured that each ward budget is sufficient to meet the revised roster. This has resulted in some minor budget changes which have been sourced from existing nursing budgets. No further investment is required.

From October 2016 the Trust will be able to report nurse staffing using the Allocate-Insight software, this facilitates external and internal comparators against in-depth staffing metrics. Our agreed comparators are the Shelford Group and Similar sized Acute Trusts. This will also include monthly establishment reviews for each ward base upon acuity and dependency and will be presented in Trust Board reports going forward.

5. SUMMARY

The Trust continues to meet its obligations under the National Quality Board's requirements.

Nursing and Midwifery staffing establishments are set and financed at good levels in the Trust and these are managed very closely on a daily basis. However, the challenges remain around recruitment and risks remain in terms of the available supply of registered nurses, although this position will improve significantly when the new recruits from the University of Hull commence working at this Trust next month. Recruitment efforts continue, including reviewing the proposal to undertake a recruitment campaign in the Philippines.

6. ACTION REQUESTED OF THE TRUST BOARD

The Trust Board is requested to:

- Receive this report
- Decide if any if any further actions and/or information are required.

Mike Wright
Executive Chief Nurse
September 2016

Appendix 1: HEY Safer Staffing Report - August 2016
Appendix 2: New Roles – March 2016

HEY SAFER STAFFING REPORT AUGUST-16

NURSE STAFFING

HIGH LEVEL QUALITY INDICATORS *[which may or maynot be linked to nurse staffing]*

HEALTH GROUP	WARD	SPECIALITY	BEDS [ESTAB.]	MONTHLY AVERAGE	DAY		NIGHT		PATIENT TO RN RATIO		RN & AN	ACUITY MONITORING [AVERAGE]					HIGH LEVEL			FALLS				HOSPITAL ACQUIRED PRESSURE DAMAGE						QUALITY INDICATOR TOTAL
				Nurse Staffing Red Alert Status	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	EARLY SHIFT [8:1]	LATE SHIFT [8:1]	NIGHT SHIFT [10:1]	0	1a	1b	2	3	REPORTED STAFFING INCIDENT [DATIX]	OFFICIAL COMPLAINT	DRUG ERROR [ADMIN]	MINOR	MODERATE	SEVERE / DEATH	FALLS TOTAL	GRADE 2	GRADE 3	GRADE 4	DEEP TISSUE INJURY	UNSTAGEABLE	PRESSURE SORE TOTAL	
MEDICINE	ED	ACUTE MEDICINE	NA	6%	89%	55%	90%	76%										1	5	2			2						0	8
	AMU	ACUTE MEDICINE	45	3%	92%	66%	101%	96%	6 : 1	6 : 1	6 : 1	37%	23%	38%	2%	0%		3	4	2			2				1		1	10
	H1	ACUTE MEDICINE	22	0%	67%	96%	95%	106%	9 : 1	10 : 1	7 : 1	46%	18%	36%	0%	0%			1	1			1						0	2
	EAU	ELDERLY MEDICINE	21	0%	82%	107%	66%	134%	6 : 1	7 : 1	7 : 1	68%	0%	32%	0%	0%		1		2			2				1		1	4
	H5	RESPIRATORY	20	0%	73%	92%	88%	86%	10 : 1	10 : 1	8 : 1	36%	25%	38%	1%	0%		1	1				0						0	2
	RHOB	RESPIRATORY	6	0%	85%	45%	74%	61%	3 : 1	4 : 1	3 : 1	0%	2%	3%	94%	0%							0						0	0
	H50	RENAL MEDICINE	19	0%	80%	99%	100%	100%	6 : 1	9 : 1	7 : 1	63%	1%	36%	0%	0%				1			1						0	1
	H500	RESPIRATORY	24	3%	64%	85%	102%	88%	9 : 1	10 : 1	8 : 1	42%	3%	53%	2%	0%			1				0						0	1
	H70	ENDOCRINOLOGY	30	3%	65%	108%	58%	89%	9 : 1	10 : 1	10 : 1	19%	16%	65%	0%	0%		3	1	1			1						0	5
	H8	ELDERLY MEDICINE	27	0%	83%	86%	84%	103%	7 : 1	9 : 1	9 : 1	12%	0%	88%	0%	0%			1	2	1	1	4						0	5
	H80	ELDERLY MEDICINE	27	0%	83%	120%	81%	82%	8 : 1	9 : 1	9 : 1	15%	4%	81%	0%	0%		3		2		1	3	1					1	7
	H9	ELDERLY MEDICINE	31	0%	69%	91%	100%	95%	9 : 1	10 : 1	10 : 1	7%	1%	92%	0%	0%				5		3	8						0	8
	H90	ELDERLY MEDICINE	29	0%	78%	88%	80%	100%	8 : 1	10 : 1	10 : 1	25%	0%	75%	0%	0%			1	5			5	1					1	7
	H11	STROKE / NEUROLOGY	28	0%	71%	101%	76%	94%	8 : 1	9 : 1	9 : 1	40%	7%	53%	1%	0%		1	2	1			1						0	4
	H110	STROKE / NEUROLOGY	24	0%	72%	125%	98%	103%	7 : 1	7 : 1	6 : 1	17%	15%	65%	3%	0%		1	3	1			1						0	5
	CDU	CARDIOLOGY	9	0%	89%	60%	100%		4 : 1	6 : 1	9 : 1	21%	79%	0%	0%	0%							0						0	0
	C26	CARDIOLOGY	26	3%	84%	72%	77%	84%	5 : 1	6 : 1	7 : 1	43%	31%	23%	3%	0%	1		1	2			2						0	4
	C28	CARDIOLOGY	17	0%	77%	129%	83%	67%	6 : 1	7 : 1	6 : 1	9%	44%	46%	0%	0%				1			1						0	1
	CMU	CARDIOLOGY	10	0%	77%	129%	83%	67%	3 : 1	3 : 1	3 : 1	1%	14%	23%	62%	0%							0						0	0
SURGERY	H4	NEURO SURGERY	30	0%	72%	102%	92%	97%	8 : 1	8 : 1	9 : 1	27%	3%	70%	0%	0%			1	1	1		2						0	3
	H40	NEURO HOB / TRAUMA	15	3%	80%	97%	81%	85%	5 : 1	5 : 1	4 : 1	0%	46%	51%	2%	0%							0						0	0
	H6	ACUTE SURGERY	28	0%	90%	94%	76%	194%	7 : 1	9 : 1	9 : 1	41%	17%	40%	3%	0%		2		1			1						0	3
	H60	ACUTE SURGERY	28	0%	96%	96%	84%	197%	7 : 1	9 : 1	9 : 1	33%	19%	48%	0%	0%	3	3					0						0	6
	H7	VASCULALR SURGERY	30	0%	81%	95%	90%	103%	7 : 1	8 : 1	9 : 1	34%	12%	54%	0%	0%	3	1		2			2				1		1	7
	H100	GASTROENTEROLOGY	24	10%	70%	111%	75%	93%	7 : 1	9 : 1	8 : 1	63%	2%	34%	0%	0%	1			1			1						0	2
	H12	ORTHOPAEDIC	28	16%	74%	92%	90%	110%	7 : 1	9 : 1	8 : 1	13%	3%	83%	0%	0%	1	1	1				0						0	3
	H120	ORTHO / MAXFAX	22	0%	89%	93%	77%	114%	6 : 1	7 : 1	7 : 1	23%	21%	57%	0%	0%							0						0	0
	HICU	CRITICAL CARE	22	6%	84%	76%	89%	47%	2 : 1	2 : 1	1 : 1	0%	1%	1%	49%	50%	1		2				0	1					1	4
	C8	ORTHOPAEDIC	18	0%	68%	80%	81%	97%	8 : 1	8 : 1	8 : 1	50%	0%	50%	0%	0%							0						0	0
	C9	ORTHOPAEDIC	29	0%	77%	82%	97%	100%	8 : 1	8 : 1	8 : 1	48%	0%	52%	0%	0%			1				0						0	1
	C10	COLORECTAL	21	3%	87%	65%	76%	113%	7 : 1	8 : 1	7 : 1	71%	0%	29%	0%	0%							0				1		1	1
	C11	COLORECTAL	22	0%	84%	65%	73%	109%	6 : 1	8 : 1	7 : 1	58%	0%	42%	0%	0%							0	1					1	1
	C14	UPPER GI	27	0%	84%	85%	82%	194%	6 : 1	8 : 1	8 : 1	60%	1%	39%	0%	0%	1	1	1				0						0	3
	C15	UROLOGY	26	0%	84%	64%	94%	83%	6 : 1	7 : 1	7 : 1	66%	1%	32%	0%	0%			3				0	1					1	4
	C27	CARDIOTHORACIC	26	0%	85%	90%	86%	100%	6 : 1	7 : 1	6 : 1	37%	1%	61%	0%	0%			1	1			1						0	2
	CICU	CRITICAL CARE	22	0%	80%	95%	81%	91%	2 : 1	2 : 1	2 : 1	0%	1%	3%	51%	45%			3				0						0	3
FAMILY & WOMEN'S	C16	ENT / BREAST	30	0%	91%	73%	94%	66%	9 : 1	10 : 1	9 : 1	39%	35%	22%	3%	0%		1	1				0						0	2
	H130	PAEDS	20	0%	89%	38%	86%	97%	5 : 1	6 : 1	5 : 1	40%	50%	7%	1%	1%							0						0	0
	H30 CEDAR	GYNAEOCOLOGY	9	0%	73%	63%	106%	-	6 : 1	6 : 1	7 : 1	87%	6%	7%	0%	0%		3					0						0	3
	H31 MAPLE	MATERNITY	20	0%	86%	98%	86%	99%	6 : 1	6 : 1	7 : 1	95%	5%	0%	0%	0%							0						0	0
	H33 ROWAN	MATERNITY	38	0%	85%	101%	91%	91%	8 : 1	9 : 1	10 : 1	100%	0%	0%	0%	0%	3		2				0						0	5
	H34 ACORN	PAEDS SURGERY	20	0%	82%	47%	85%	208%	5 : 1	6 : 1	7 : 1	89%	10%	1%	0%	0%							0						0	0
	H35	OPHTHALMOLOGY	12	0%	80%	75%	109%		6 : 1	6 : 1	6 : 1	75%	1%	24%	0%	0%			1				0						0	1
	LABOUR	MATERNITY	16	0%	112%	66%	112%	64%	3 : 1	3 : 1	3 : 1	81%	11%	8%	0%	0%	2	1					0						0	3
	NEONATES	CRITICAL CARE	26	3%	70%	67%	72%	100%	3 : 1	3 : 1	3 : 1	2%	42%	15%	30%	11%	2		2				0						0	4
	PAU	PAEDS	10	0%	82%		92%		6 : 1	5 : 1	5 : 1	58%	38%	4%	0%	0%							0						0	0
	PHDU	CRITICAL CARE	4	0%	67%	105%	107%		2 : 1	2 : 1	2 : 1	3%	9%	18%	69%	1%							0						0	0
CLINICAL SUPPORT	C20	INFECTIOUS DISEASE	19	0%	77%	64%	77%	80%	8 : 1	8 : 1	8 : 1	34%	23%	43%	0%	0%	1	1		3			3						0	5
	C29	REHABILITATION	15	0%	71%	100%	95%	96%	8 : 1	10 : 1	7 : 1	63%	1%	35%	0%	0%				1			1						0	1
	C30	ONCOLOGY	22	0%	95%	106%	95%	97%	7 : 1	7 : 1	5 : 1	27%	18%	55%	0%	0%			1	2			2						0	3
	C31	ONCOLOGY	27	0%	71%	106%	92%	96%	7 : 1	8 : 1	7 : 1	52%	23%	25%	0%	0%				2			2				1		1	3
	C32	ONCOLOGY	22	0%	92%	96%	97%	97%	9 : 1	10 : 1	9 : 1	36%	8%	55%	1%	0%				2			2						0	2
	C33	HAEMATOLOGY	28	6%	72%	116%	91%	103%	7 : 1	8 : 1	7 : 1	19%	1%	80%	0%	0%				1			1	1					1	2
			AVERAGE:	1.3%				AVERAGE:	6 : 1	7 : 1	7 : 1	39%	13%	38%	7%	2%														
																	TOTALS:	19	28	41	45	2	5	52	6	0	0	5	0	11	151

Aug-16	DAY		NIGHT	
SAFER STAFFING OVERALL PERFORMANCE	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)
HRI SITE	80.6%	89.3%	87.7%	99.8%
CHH SITE	80.7%	84.7%	84.3%	97.6%

WARD SUPPORT ROLES

HEALTH GROUP	WARD	SPECIALITY	HOUSE KEEPER	HYGIENEST	DISCHARGE FACILITATOR / WARD PA	PROGRESS CHASER	SURGERY ADMISSION SUPPORT	DEMENTIA CARE APPRENTICE	NUTRITION CARE APPRENTICE	OTHER	[PLEASE STATE]
MEDICINE	ED	ACUTE MEDICINE	YES	YES	NO	YES	NO	NO	NO	NO	
	AMU	ACUTE MEDICINE	YES	YES	NO	NO	NO	NO	NO	NO	
	H1	ACUTE MEDICINE	YES	YES	YES	NO	NO	NO	NO	NO	
	EAU	ELDERLY MEDICINE	YES	YES	YES	NO	NO	NO	NO	NO	
	H5	RESPIRATORY	YES	YES	YES	NO	NO	NO	NO	NO	
	RHOB	RESPIRATORY	YES	YES	YES	NO	NO	NO	NO	NO	
	H50	RENAL MEDICINE	YES	YES	YES	NO	NO	NO	NO	NO	
	H500	RESPIRATORY	YES	YES	YES	NO	NO	NO	NO	NO	
	H70	ENDOCRINOLOGY	YES	YES	YES	NO	NO	NO	NO	NO	
	H8	ELDERLY MEDICINE	YES	YES	YES	NO	NO	YES	POTENTIAL	NO	
	H80	ELDERLY MEDICINE	YES	YES	YES	NO	NO	YES	POTENTIAL	NO	
	H9	ELDERLY MEDICINE	YES	YES	YES	NO	NO	POTENTIAL	NO	NO	
	H90	ELDERLY MEDICINE	YES	YES	YES	NO	NO	POTENTIAL	NO	NO	
	H11	STROKE / NEUROLOGY	YES	YES	YES	NO	NO	NO	NO	NO	
	H110	STROKE / NEUROLOGY	YES	YES	YES	NO	NO	NO	NO	NO	
	CDU	CARDIOLOGY	YES	YES	NO	NO	NO	NO	NO	NO	
	C26	CARDIOLOGY	YES	YES	YES	NO	NO	NO	NO	NO	
	C28	CARDIOLOGY	YES	YES	YES	NO	NO	NO	NO	NO	
	CMU	CARDIOLOGY	YES	YES	YES	NO	NO	NO	NO	NO	
SURGERY	H4	NEURO SURGERY	YES	YES	YES	NO	POTENTIAL	NO	NO	NO	
	H40	NEURO HOB / TRAUMA	YES	YES	YES	NO	POTENTIAL	NO	NO	NO	
	H6	ACUTE SURGERY	YES	YES	YES	NO	YES	NO	NO	NO	
	H60	ACUTE SURGERY	YES	YES	YES	NO	YES	NO	NO	NO	
	H7	VASCUALR SURGERY	YES	YES	YES	NO	YES	NO	NO	NO	
	H100	GASTROENTEROLOGY	YES	YES	YES	NO	NO	NO	NO	NO	
	H12	ORTHOPAEDIC	YES	YES	YES	NO	YES	POTENTIAL	POTENTIAL	NO	
	H120	ORTHO / MAXFAX	YES	YES	YES	NO	YES	POTENTIAL	POTENTIAL	NO	
	HICU	CRITICAL CARE	YES	YES	POTENTIAL	NO	NO	NO	NO	NO	
	C8	ORTHOPAEDIC	YES	YES	YES	NO	NO	NO	NO	NO	
	C9	ORTHOPAEDIC	YES	YES	YES	NO	NO	NO	NO	NO	
	C10	COLORECTAL	YES	YES	YES	NO	NO	NO	NO	NO	
	C11	COLORECTAL	YES	YES	YES	NO	NO	NO	NO	NO	
	C14	UPPER GI	YES	YES	YES	NO	NO	NO	NO	NO	
	C15	UROLOGY	YES	YES	YES	NO	NO	NO	NO	NO	
	C27	CARDIOTHORACIC	YES	YES	YES	NO	NO	NO	NO	NO	
	CICU	CRITICAL CARE	YES	YES	POTENTIAL	NO	NO	NO	NO	NO	
FAMILY & WOMEN'S	C16	ENT / BREAST	YES	YES	NO	NO	NO	NO	NO	NO	
	H130	PAEDS	YES	YES	NO	NO	NO	NO	NO	NO	
	H30 CEDAR	GYNAEOCOLOGY	YES	YES	NO	NO	NO	NO	NO	NO	
	H31 MAPLE	MATERNITY	YES	YES	NO	NO	NO	NO	NO	NO	
	H33 ROWAN	MATERNITY	YES	YES	NO	NO	NO	NO	NO	NO	
	H34 ACORN	PAEDS SURGERY	YES	YES	NO	NO	NO	NO	NO	NO	
	H35	OPHTHALMOLOGY	YES	YES	NO	NO	NO	NO	NO	NO	
	LABOUR	MATERNITY	YES	YES	NO	NO	NO	NO	NO	NO	

WARD SUPPORT ROLES

HEALTH GROUP	WARD	SPECIALITY	HOUSE KEEPER	HYGIENEST	DISCHARGE FACILITATOR / WARD PA	PROGRESS CHASER	SURGERY ADMISSION SUPPORT	DEMENTIA CARE APPRENTICE	NUTRITION CARE APPRENTICE	OTHER	[PLEASE STATE]
	NEONATES	CRITICAL CARE	YES	YES	NO	NO	NO	NO	NO	NO	
	PAU	PAEDS	YES	YES	NO	NO	NO	NO	NO	NO	
	PHDU	CRITICAL CARE	YES	YES	NO	NO	NO	NO	NO	NO	
	H10	WINTER WARD	YES	YES	NO	NO	NO	NO	NO	NO	
CLINICAL SUPPORT	C20	INFECTIOUS DISEASE	YES	YES	NO	NO	NO	NO	NO	NO	
	C29	REHABILITATION	YES	NO	NO	NO	NO	NO	NO	NO	
	C30	ONCOLOGY	YES	NO	YES	NO	NO	NO	NO	NO	
	C31	ONCOLOGY	YES	NO	YES	NO	NO	NO	NO	NO	
	C32	ONCOLOGY	YES	NO	YES	NO	NO	NO	NO	NO	
	C33	HAEMATOLOGY	YES	YES	YES	NO	NO	NO	NO	NO	
		TOTALS:	54	50	35	1	5	2	0	0	
		POTENTIAL TOTAL:	0	0	2	0	2	4	4	0	

TRUST BOARD REPORT – 2016 – 9 - 11	
Meeting date:	29 September 2016
Title:	**DIRECTOR OF INFECTION PREVENTION AND CONTROL (DIPC) ANNUAL REPORT 2015-16**
Presented by:	Kevin Phillips – Chief Medical Officer
Author:	Peter Moss – Director of Infection Prevention and Control
Purpose:	This report provides an overview of the work done in accordance with the Infection Prevention and Control Strategy 2015-17. It is a record of the Trust's activity and achievements in preventing healthcare associated infection, and also describes areas where improvement is needed.
Recommendation(s):	The Board is asked to accept this report as assurance that the Trust is meeting its requirements on infection prevention and control as specified in the Health and Social Care Act (2008). It should also note that there are areas of vulnerability highlighted in this report, which if not addressed may lead to a failure to meet these requirements in future. The Board is asked to support the early completion of an estates strategy to determine the future nature and location of specialised isolation provision.

DIRECTOR OF INFECTION PREVENTION AND CONTROL (DIPC)

ANNUAL REPORT 2015-16

1 PURPOSE OF THE REPORT

This report provides an overview of the work done in accordance with the Infection Prevention and Control Strategy 2015-17. It is a record of the Trust's activity and achievements in preventing healthcare associated infection, and also describes areas where improvement is needed.

2 BACKGROUND

This report is required by the Code of Practice for the Prevention and Control of Healthcare Associated Infection contained in the Health and Social Care Act 2008.

3 INFECTION CONTROL ARRANGEMENTS

Dr Peter Moss, as Director of Infection Prevention and Control, has been responsible for leading and managing the Trust's Infection Prevention and Control (IPC) strategy over the period covered by this report. Kevin Phillips, Chief Medical Officer had executive responsibility for infection prevention and control.

The **Infection Reduction Committee (IRC**) met monthly, under the chairmanship of the DIPC. The IRC is a performance management and assurance committee, responsible for holding the Health Groups and Directorates to account for their performance in preventing and managing infectious diseases, and providing information and assurance to the Trust Board that all issues relating to infection prevention and control governance were being managed safely and effectively. The Committee is a forum for the Health Groups to demonstrate their compliance with Trust and national policies and procedures, and to share good practice. Last year it was reported that attendance at the meetings by Health Group representatives was poor; this situation has improved significantly, and all but one of the meetings was quorate.

The **Infection Prevention and Control Committee (IPCC)** met bimonthly under the chairmanship of the Infection Control Doctor. The IPCC is an expert advisory body, chaired by the Infection Control Doctor, with the core role of providing advice to the Trust Board and Health Groups on issues pertaining to infection management (including the structure and governance of the infection prevention and control team). The Committee had representation from each Health Group, from the IPC team, from the Department of Infection, from Occupational Health, from the Facilities Directorate, from the Sterilisation and Decontamination Unit, and from Pharmacy. It reported to the Infection Reduction Committee. The IPCC had responsibility for guiding Infection Prevention and Control activity within the Trust, interpreting external guidance and instruction, and providing the Chief Executive with relevant information and advice. It also advised the Trust on its statutory requirements in relation to Infection Prevention and Control and the decontamination of medical and surgical equipment.

The **clinical IPC team** is composed of the Infection Prevention and Control Doctor, specialist Infection Prevention and Control nurses, and supporting secretarial and administrative staff. The nursing team is managed by a Lead Nurse for the Department of Infection and for the period covered by this report consisted of 3.5 WTE band 7 and 2 WTE band 5 IPC Nurses, supported by a secretary and a part-time administrative assistant. The national recommendation is for 1 nurse per 250 acute beds (as part of a fully supported team); 83% of English NHS Trusts achieve this figure. There is currently no system analyst, data manager, or epidemiological support for the team.

The **Lead Nurse for the Department of Infection** with responsibility for infection prevention & control commenced post in August 2015 bringing the ratio of IPC nurses to beds to about 1.270. The role has provided the opportunity to review roles and responsibilities of the IPC nursing team, review existing methods of reporting such as the Infection Reduction Committee and the Infection Prevention & Control Committee and how infection prevention & control practice can be improved through working alongside internal and external partners to improve patient care and outcomes.

Shortage of medical microbiology staff caused problems; in particular with post infection reviews, root cause analyses, and other clinical review processes. Microbiology is a national shortage specialty, with numerous unfilled consultant vacancies around the country, and HEY is no exception to this pattern. During 2015-16 the department only had one full time consultant, with varying amount of part time support (and now has no fulltime permanent consultant staff at all).

The **Infection Control Strategy 2015-17** can be found at
http://intranet/corporate/trustStrategies.asp

4 OTHER RELEVANT COMMITTEES

The Trust has specific committees responsible for decontamination and for water safety. These committees have representation on the IPCC, and report to IRC. There have been concerns about poor attendance at some meetings over the past year, and consultant microbiology vacancies have made it difficult to provide adequate clinical support for these functions. The chair of the Water Safety Committee, which is a mandatory institution, continued to be poorly supported by Health Groups, despite the nomination of specific attendees by the HGs. The first quorate meeting was finally held in 2016.
The Trust's designated Board level Decontamination Lead (as required by the Health and Social Care Act) is the Director of Estates, Facilities & Development.

5 THE WIDER INFECTION PREVENTION TEAM

In addition to the core clinical IPC team (DIPC, Infection Control Doctor, IPC nurses, etc.) an increasing number of other clinicians are being recruited to support the Trust's efforts.
The Infection Prevention and Control Link Practitioners act as a resource for good infection prevention practice within their clinical areas. Study days, which are facilitated by the Infection Prevention and Control Team, are held three times each year to disseminate new information and guidance. The Link Practitioners are then supported by the Infection Prevention and Control Team to be proactive in implementing this guidance within their workplace.
Access to infection prevention and control information can also be obtained from the Trust intranet site and via the Trust's global email address Ask Infection which was launched during 2015-16.

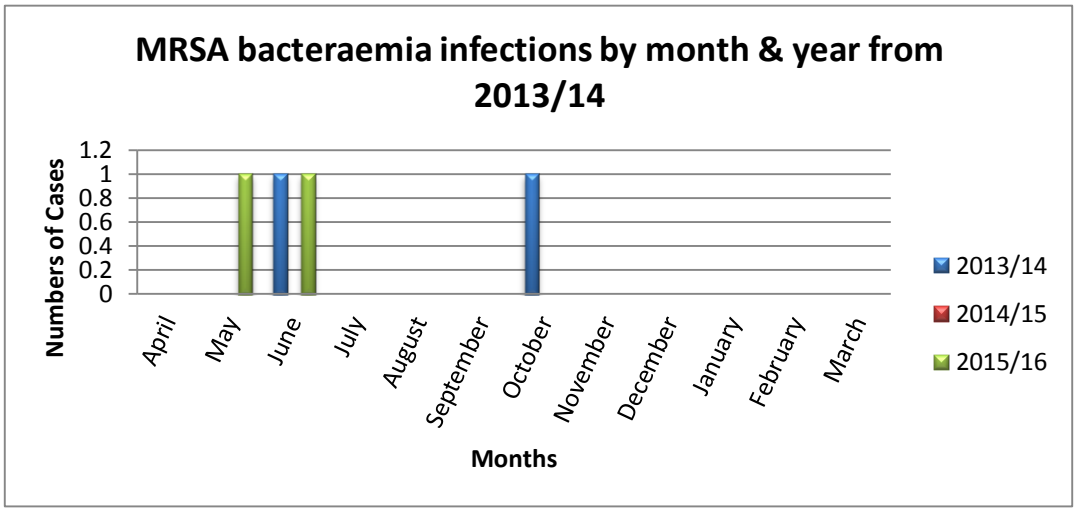
6 SURVEILLANCE OF HEALTHCARE ASSOCIATED INFECTION

MRSA bacteraemia

The Trust has achieved a year on year reduction in cases of MRSA bacteraemia since reporting 102 cases in 2005-6 when mandatory surveillance was introduced. Up until 2013 NHS trusts were set progressively decreasing maximum thresholds for MRSA bacteraemia by the Department of Health, and the Trust met its target for 2011-12 (8 cases against a threshold of 9), and 2012-13 (6 cases against a threshold of 7). The significant reduction in cases of MRSA bacteraemia has been achieved mainly by improved practice during insertion and care of intravenous devices.
For 2013-14 the Department of Health moved away from a fixed numerical target in favour of a policy of 'zero tolerance of avoidable infection'. During 2015-16 there were two cases of Trust-attributed MRSA bacteraemia with the previous reportable period 2014/15 identifying no hospital-attributed MRSA bacteraemia cases. The two cases were subject to a rigorous

Post Infection Review (PIR) process and represented a complex imported case from Europe with risk factors and a case associated with the care of an intravenous device. In addition to the two Trust attributed cases the Trust have also during 2015/16 collaboratively worked with other external partners on complex MRSA bacteraemia cases redefining and reaching agreement on the process of post infection reviews when cases cross healthcare boundaries.

Figure 1 MRSA bacteraemia infections by month & year from 2013/14



***Clostridium difficile* Associated Diarrhoea (CDAD)**

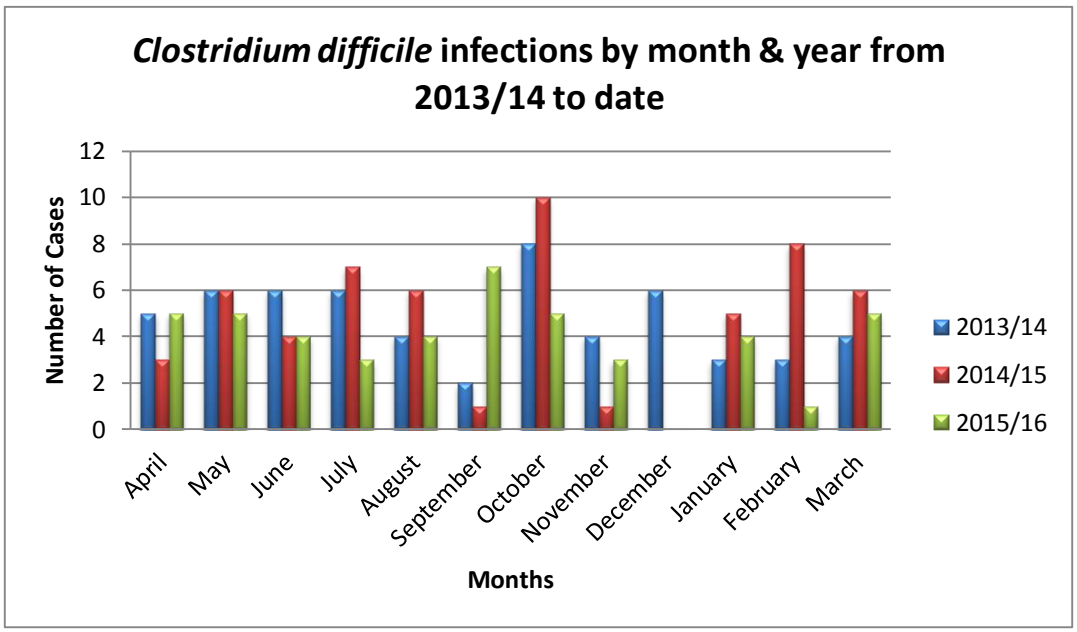
The Trust has participated in the mandatory surveillance of *Clostridium difficile* since 2004. In 2011-12 the Trust performed particularly poorly in preventing hospital acquired C difficile infection. In this period there were 105 cases of CDAD attributed to the Trust, against a maximum threshold of 60 set by the Department of Health. Following a number of interventions the number of cases in 2012-13 fell to 58, and this improvement was maintained in 2013-14 with 57 hospital-attributed cases of C difficile diarrhoea. This total did slightly exceed the threshold set by the Department of Health for the Trust (54), but still represents a very significant overall reduction in avoidable harm to patients. In 2014-15 the Trust had a total of 57 Trust-attributed C difficile infections, which was exactly on the maximum threshold set by Public Health England.

For 2015/16 the number of cases of C difficile deemed to be trust apportioned by Public Health England was 46. This is 7 cases less than the local case objective & represents 73.6% of the total maximum case objective of 53. Of the 46 cases 9 were identified with 'no lapses in practice' and reviewed collaboratively with the local commissioners, agreement was reached that these cases were 'unavoidable' and were removed from financial penalty had we exceeded the threshold.

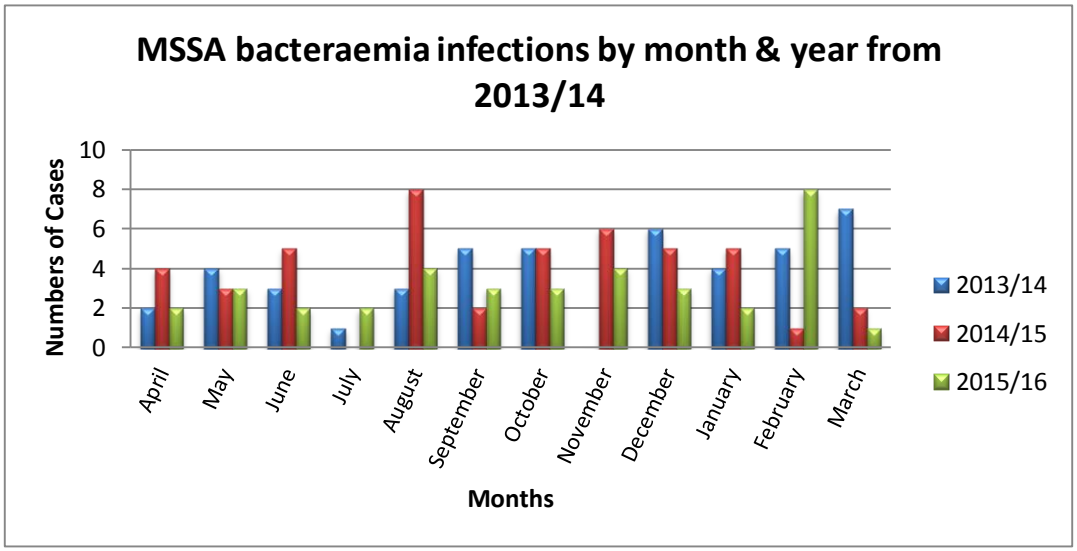
By far the most important factor in reducing the number of cases of hospital acquired C difficile diarrhoea has been the establishment of a dedicated C difficile cohort ward on the Castle Hill Hospital site which opened in March 2012. Cases of C difficile especially those cases were multiple episodes of patient to patient transmission across several areas of the Trust have fallen significantly since 2013 due in part to the C difficile cohort area.
The reduction in cross-infection, and in overall C difficile numbers, demonstrates the effectiveness of the C difficile cohort area. However the C difficile cohort area was adapted from a normal ward space in 2012 as a temporary solution, and is a suboptimal facility as patients are nursed in two-bedded bays, with no sinks in the rooms and the accommodation does not meet adequate standards of privacy and dignity. During 2015/16 future options for providing better accommodation for patients with C Difficile infection remain under

consideration. From October 2015 until March 2016 50% of patients detected with CDAD were nursed on their base wards rather than being transferred to Ward 20 CHH.
All cases of C difficile infection are subject to a Root Cause Analysis (RCA). The RCA process is led by the senior clinicians (medical and nursing) involved with the care of the patient, and supported by the IPC team. Summary outcomes are presented to the IRC. Engagement from senior clinicians and timeliness of investigations along with completion of the process continues to improve during 2015/16. In most cases there were no significant failures of care apparent that had led to the development of CDAD. The main areas that were identified for improvement were timely isolation of patients with diarrhoea, delay in submitting a faecal sample and completion of bowel charts.

Figure 2 Clostridium difficile infections by month & year from 2013/14



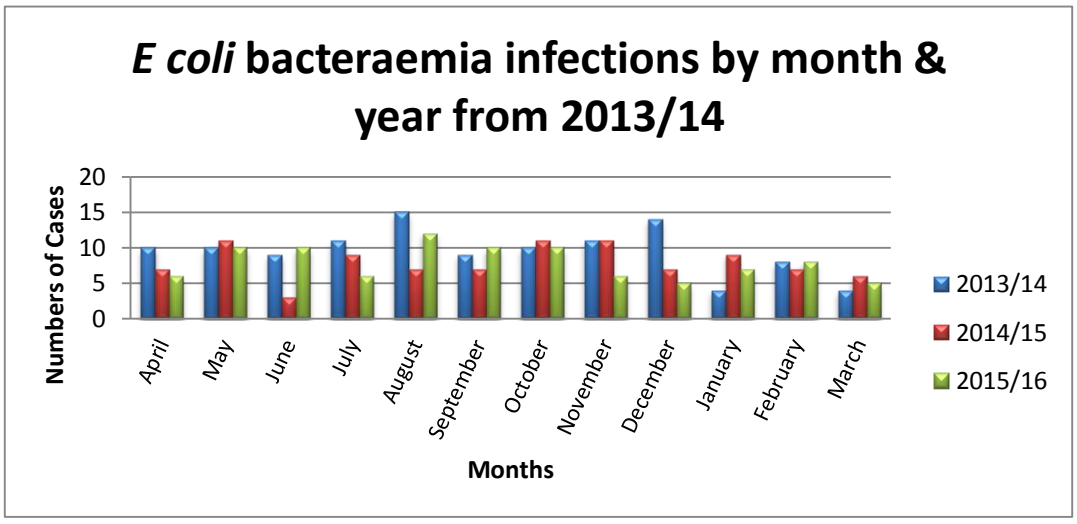
Meticillin sensitive Staphylococcus aureus (MSSA) bacteraemia
National data show that the general reduction in MRSA bacteraemia has not been mirrored by a fall in MSSA bloodstream infection. This is of concern as the two organisms have similar epidemiology and pathogenesis. The Department of Health therefore introduced mandatory surveillance of MSSA bacteraemia from January 2011. The number of Trust-attributed MSSA bacteraemia is shown in Figure 3.



Benchmarking for MSSA infections is less developed than for MRSA, and the balance between healthcare-associated and other infection less clear. During 2015/16 root cause analysis of MSSA bacteraemia cases across the Health Groups were completed and reported via the Infection Reduction Committee. Since 2013/14 a year on year reduction in cases has been demonstrated but trends associated with chronic MSSA infections, infections associated with intravenous drug abuse and appropriate intravenous device management whilst in hospital continue.

Escherichia coli bacteraemia

Mandatory surveillance of *E coli* bacteraemia was introduced in 2011. This organism is the commonest cause of bacteraemia in hospital, and numbers are increasing year on year. There is a steady increase in the proportion of these organisms which produce Extended Spectrum Beta Lactamase (ESBL), an enzyme which makes them highly antibiotic-resistant. The majority of these infections were the cause of admission rather than being hospital acquired (usually related to urine or gall bladder infections). However a proportion of E coli bloodstream infections are associated with urinary catheters (both community- and hospital-associated), and these provide the main opportunity for intervention. Although surveillance of cases is reported, it is difficult to determine which infections were potentially avoidable unless robust investigation is mandated by Public Health England. The number of Trust-attributed *E coli* bacteraemia is shown in Figure 4.



Screening for MRSA colonisation

In August 2014 the Department of Health changed the requirement for universal MRSA screening to a more focussed strategy. The new guidance is that only patients admitted to specific high risk specialties, and those known to have been previously colonised, should be screened on admission. However the Trust has so far continued to follow the previous guidance, although this is under active review at the IPCC.

Surgical Site Surveillance

The Trust continues to participate in both mandatory and voluntary surveillance of surgical site infection: in 2015-16 this included orthopaedics and cardiothoracic. Surveillance figures for both specialities and subsequent infection rates remain below the national average as reported by Public Health England.

Non-mandatory Surveillance

Although it is important for the Trust to address the targets set against specified organisms such as MRSA and C difficile there are a number of other serious HCAI which cause significant morbidity and mortality. In the past the Trust has collected clinical information on

all bloodstream infections, in order to understand the causes of these infections and reduce future infection rates. As previous DIPC reports have stated this is a work stream which has not been robustly instituted but during 2015/16 in spite of a reduction in consultant microbiology cover the Department of Infection have discussed opportunities to reinstate this type of surveillance.

7 OUTBREAKS

The Trust's policy on outbreaks and incidents of infection has been followed by the IPC team. Incident and Outbreak Control Group meetings have been held where necessary to support clinical areas in determining whether an incident or outbreak is occurring, ensuring patients are cared for, and seeking to prevent further cases.

Norovirus

The majority of Incident/Outbreak Control meetings were called because of norovirus. Although the overall number of norovirus cases locally and nationally over the year was about average there was a protracted period which affected both the Trust and community during January to March 2016. The local situation was in line with national epidemiology. The Trust experienced numerous outbreaks of norovirus infection over the winter and spring resulting in ward and bay closures on both CHH and HRI sites. In accordance with new national guidance hospital outbreaks of norovirus were managed with partial restrictions but some complete ward closures were necessary. Despite this the effect on the ability of the Trust to admit patients was significant. Medical elderly care wards were affected following the reconfiguration of beds initially to HRI from CHH and then following further reconfiguration to the 8th and 9th floors at Hull Royal Infirmary with ward 9 particular affected. Ward 9 had a total of 5 outbreaks of Norovirus during January 2016 – March 2016 further complicated by an unusual cluster of C difficile both community and Trust apportioned cases, some toxin producers and others that represented carrier status. Further requested epidemiology via Public Health England demonstrated a commonality of ribotypes and DNA finger printing suggesting a period of increased incidence. Outbreak meetings held with actions identified and met including the ward temporarily relocated to ward 10 HRI to facilitate a thorough deep clean.

All areas affected by norovirus were closed and cleaned in full accordance with IPC guidance. The outbreaks provided the opportunity to review existing policies, procedures and communication strategies with internal and external partners. The need to balance essential infection control measures with the requirement to meet access targets was managed during 2015/16 but will continue to be a challenge for the Executive Team year on year.

Vancomycin Resistant Enterococci (VRE)

From May – August 2015 the Neonatal Intensive Care Unit (NICU's) experienced an outbreak of VRE; this was declared a Serious Incident by the Trust. Evidence suggested the organism was identified on the unit following an overseas admission. Two babies were found with clinical infection which prompted screening of all babies on the unit, a total of 22 babies were found to be positive for VRE. Issues which contributed to the outbreak included admissions from overseas, staffing levels - a recognised national issue, high cot occupancy rate and environmental issues such as a lack of space on the unit. The outbreak was managed collaboratively with Public Health England and during the course of the outbreak the unit was closed to new admissions.

In November 2015, in collaboration with the Trust Development Authority (TDA), a Peer Review was undertaken to explore the outbreak in more detail and identify lessons learnt. Both Public Health England and the TDA commended the Trust on outbreak management stating the initial response to the outbreak had been exemplary, with appropriate actions put into place in a timely fashion leading to successful control. In addition TDA stated that

‘despite pressures to open the unit, this did not happen until the Outbreak Control Team were satisfied which is to be commended and criteria for closure of the outbreak had been agreed early on.

The unit continue to work collaboratively with the Department of Infection to minimise risks associated with healthcare associated infections.

Drug Resistant Tuberculosis
Four patients with multidrug resistant (MDR) tuberculosis were managed in the Trust during 2015-16. Although North and East Yorkshire and the Humber area has a low prevalence and incidence of TB compared to most parts of the country, there is an unusually high proportion of patients with very resistant TB who are difficult to treat and who therefore pose a significant public health risk. These patients often have to remain in hospital isolation for prolonged periods (typically 3-9 months). The number of such patients is likely to continue to increase.

Emerging Organisms
2014-15 witnessed the largest outbreak to date of Ebola Virus Disease (EVD). The epidemic was centred in West Africa, but for the first time cases were imported to Britain and other European countries. Hull & East Yorkshire NHS Trust was designated by Public Health England as a regional assessment centre for patients suspected of having EVD. As cases of the disease fell in West Africa so did the demand on the Trust providing support to Public Health England.

Carbapenemase producing Enterobacteriaceae (CPE)
Infections with multi-drug resistant Gram negative bacteria are becoming increasingly common in Britain, and there have been a number of healthcare associated outbreaks (including some in other acute trusts in Yorkshire). As yet Hull and East Yorkshire Hospitals NHS Trust has had only a handful of infected or colonized patients, all of whom have brought the organism in from elsewhere. There have been no cases of local transmission. The Trust Board in 2014 agreed to fully implement the national toolkit on prevention and management of CPE and during 2015/16 met the requirements of the toolkit e.g. identifying and screening at risk patients.

8 ISOLATION FACILITIES

There are a number of concerns about the Trust’s isolation facilities. Like many other NHS trusts with older estate there is a general shortage of single rooms suitable for isolating patients with potentially contagious conditions. This is a long-standing issue, and there is no simple solution. However more pressing concern surrounds the specialist Infectious Diseases ward at Castle Hill Hospital. This ward has now been left itself isolated by the move of other departments to HRI, and is the only clinical area left in the southern part of the CHH site. The ward has one room which meets national standards for isolating patients with MDR TB; this is also the only room suitable for assessing patients with potentially highly infectious conditions such as EVD. There are two other rooms with negative pressure ventilation. When the ward was converted in 2002 this was felt to be the minimum likely requirement, and until recently has been (just) adequate. However the rapid increase in cases of MDR TB, as well as a succession of potential imported infections (SARS, avian influenza, EVD, MERS CoV, etc.) means that additional isolation facilities are needed urgently. The Trust has been forced to refuse admission to patients referred with MDR TB and with suspected Ebola virus.

The solution to these issues forms part of a wider strategy, both in terms of how infections (including HCAI) are managed at the organization and in terms of the overall estates plan. There is currently a plan to refurbish ward C6 or C7 as an infectious diseases ward, but the financial viability of this is still being considered, by the Executive team.

9 ANTIMICROBIAL STEWARDSHIP

Increasing emphasis is being placed nationally on the importance of antimicrobial stewardship as part of infection prevention and control strategy. This is useful in reducing the development of C difficile infection, but is even more important in limiting the emergence of bacterial resistance. The Trust has for many years had a good record in antimicrobial stewardship.

The Antibiotic Control Advisory Team (ACAT), under the leadership of Dr Gavin Barlow, continues to work on improving antibiotic usage within the Trust. Advice on the use of antibiotics is included in consultants' mandatory training day. In addition to a completely revised antibiotic formulary ACAT has produced guidelines on empiric antibiotic prescribing, prescribing in patients at high risk of C difficile, antibiotic 'streamlining', and surgical antibiotic prophylaxis. All this guidance is available both in hard copy and on the intranet. ACAT meets regularly to review antibiotic usage, and reports to IRC. Regular audits of the quality of antimicrobial prescribing are carried out by Pharmacy staff; these are presented at IRC and any areas requiring improvement are highlighted to Health Groups. This process is supported by the dedicated antimicrobial prescribing section of the drug chart, which makes it more difficult to inadvertently overprescribe antibiotics. These (and other) measures have led to an objectively measured improvement in the quality of prescribing, and an increased diversity of antibiotics used.

10 TRAINING AND EDUCATION

Education and training are essential to the strategy to limit healthcare associated infections (HCAI) in the Trust. They form part of every staff job description, and an integral part of the appraisal process.

Infection control education forms part of the mandatory induction programme for all staff. Infection control is included in junior doctor orientation and as part of the consultants' mandatory training programme. Staff attendance at mandatory infection control updates is recorded centrally.

The infection prevention team conduct ad hoc education sessions to staff groups and most recently have tailored a programme for Mitie staff.

11 OTHER ACHIEVEMENTS IN 2015-16

Collaborative work with internal and external partners has provided the opportunity to address discrepancies and streamline processes such as those related to Post Infection Reviews, outbreak management including improved communications and identification of future opportunities to improve patient care and outcomes e.g. robust surveillance and identification of trends related to gram negative bacteraemia.

During 2015/16 closer working relationships have been reaffirmed between IPC and Estates, Facilities & Developments to ensure IPC remains an integral element of healthcare design and configuration in order to mitigate risks to patients and staff.

12 OTHER RISKS IN 2015-16

There is reasonable evidence that the distance between patients' beds is related to the risk of transfer of healthcare associated infections. National guidance first published in 2002 recommends that for new developments there should be at least 3.6 metres from bed centre to bed centre. In England (unlike Scotland, where a distance of 3 metres is mandatory) there is no explicit guidance on minimum bed spacing in existing clinical areas. However a Healthcare Commission report into C difficile infection at Maidstone and Tunbridge Wells recommended that bed spacing (in old existing clinical areas) should be 'broadly in line' with the 2002 guidance. Many areas of the Trust are not compliant with this recommendation, and in a few wards the spacing is less than 2 metres. Work has been done during 2015-16

with the facilities team, with a view to maximising bed spacing, and eradicating spaces less than 2 metres. In most affected areas this can be done by repositioning beds within the existing space available, and without reducing bed numbers.

In June 2015 the Trust were made aware of a Medical Device Alert related to heater-cooler devices used during cardiac surgery: risk of infection with Mycobacterium species. In November 2015 Public Health England published guidance for healthcare providers entitled Infections Associated with Heater Cooler Units Used in Cardiopulmonary Bypass and ECMO. The Trust has been fully compliant during 2015/16 with the requirements of the guidance and continues to monitor and mitigate risks associated with these devices.

13 EXTERNAL INSPECTIONS

The Care Quality Commission inspected the Trust in May 2015 following a previous inspection undertaken in 2014. A summary of findings included the need to 'review the results of IPC audits across ED, all wards and theatres and identify and instigate appropriate actions including addressing the flooring and walls within theatres'. The re-inspection in 2015 did raise some concern about the general state of repair of some theatre areas, including the ability to clean surfaces adequately. There has been no suggestion that the problems identified have actually contributed to healthcare associated infections. The points raised by the CQC were addressed as part of the Trust's overall response to the re-inspection. Theatres were subsequently inspected in October 2015 by the TDA and in November 2015 by the Mersey Internal Audit Agency on behalf of the Trust.

14 KEY POINTS AND RECOMMENDATIONS

- Internal and external reviews have confirmed that in most particulars the Trust has appropriate systems and processes in place for the prevention and control of healthcare associated infection.
- Performance against mandatory local and national targets has been satisfactory.
- The Trust has a strong antimicrobial stewardship programme, and there has been documented improvement in antimicrobial prescribing.
- There have been significant improvements in some specific aspects of infection prevention and control (e.g. management of C difficile, clinical engagement in root cause analysis and increased partnership working).
- There are weaknesses in the Trust estate and facilities for managing patients with infections:
    - limited number of single rooms
    - very poor standard of accommodation in C difficile cohort area
    - inadequate facilities to isolate highly infectious patients
    - in some areas the spacing between patient beds is insufficient.
    -

Solutions to these estate issues are being considered as part of a wider Trust strategy

- There is inadequate resource (clinical and administrative) to support the necessary level of surveillance of blood stream infections within the Trust, with a risk of failing to take action to prevent avoidable infections.
- There is inadequate resource to reintroduce dedicated antibiotic ward rounds, which were previously demonstrated to improve antimicrobial prescribing and stewardship.

The Board is asked to accept this report as assurance that the Trust is meeting its requirements on infection prevention and control as specified in the Health and Social Care Act (2008). It should also note that there are areas of vulnerability highlighted in this report, which if not addressed may lead to a failure to meet these requirements in future.

Peter Moss
Director of Infection Prevention and Control
September 2016

Hull and East Yorkshire Hospitals NHS
NHS Trust

PERFORMANCE REPORT 2016/17

Report Month:	September 2016
Data Month:	August 2016

Great Staff - Great Care - Great Future

Hull and East Yorkshire Hospitals NHS
NHS Trust

PERFORMANCE REPORT

SEPTEMBER 2016

1 Executive Summary

1.1 Patient Safety

Indicators which have failed to meet the required standard:-

- Harm Free Care performance for August was 94.60%
- The VTE Risk Assessment performance is now submitted quarterly, quarter 1 2016/17 performance was 88.09%. The performance position is reflective of data capture issues between the paper system and the electronic system, Lorenzo.
- The Trust 6 Clostridium Difficile infections in August 2016.

1.2 Clinical Effectiveness

- The latest mortality indicators available to the Trust report HSMR for May 2016 at 85.10. Crude mortality in August was 2.79%.
- The Trust's midwife to birth ratio remains at 1:32, this is lower than the recommended ratio of 1:28 but within acceptable limits.

1.2 Responsiveness

Indicators which have failed to meet the required standard:-

- The 95% 4-hour Emergency Care Standard;
- The 62 day Referral to Treatment Cancer Standard;
- The 3 RTT standards – Admitted, Non-Admitted and Incomplete, the Trust is still required to submit performance again the admitted and non-admitted standards albeit that only the Incomplete standard is a national reporting requirement;
- 52 week breach standard;
- Proportion of patients not treated within 28 days of last minute cancellation standard;
- Urgent Operations Cancelled for 2nd time standard;
- Diagnostic 6 week wait standard

All Health Groups have been asked to outline the reasons for failure of each of the standards, outlining the agreed actions required to address underperformance against each standard, to identify and agree a timeline for recovery of performance at the required level

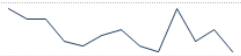
1.1 Patient Safety

Patient Safety

Indicator Description	Target	Lead Director		Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Trend
Number of Never Events in month	0	LT	*	0	0	2	0	0	1	0	1	0	0	0	1	0	
Never events - Incidence Rate (per 1000 beddays)		LT	*	0.00	0.00	0.06	0.00	0.00	0.03	0.00	0.03	0.00	0.00	0.00	0.03	0.00	
Medication errors causing serious harm	0	LT	*	0	1	0	0	1	0	0	0	0	0	1	0	0	
Percentage of Harm Free Care	>=95%	MW	*	93.98%	93.03%	93.77%	95.21%	93.84%	93.20%	95.22%	94.19%	95.75%	93.70%	95.06%	93.70%	94.60%	
Percentage of new Harms		MW	*	1.36%	2.18%	2.26%	1.85%	2.56%	1.91%	1.48%	1.12%	1.09%	2.39%	1.49%	2.13%	1.98%	
Proportion of reported patient safety incidents that are harmful		LT	*														
Potential under-reporting of patient safety incidents	35.34	LT	*														
Potential under-reporting of patient safety incidents resulting in death or severe harm		LT	*														
VTE Risk Assessment	>=95%	KP	*		78.35%			78.39%			77.95%			80.61%			
Number of Serious Incidents in month		LT	*	9	9	6	9	12	8	11	18	8	4	5	12	7	
Serious Incidents rate (per 1000 beddays)		LT	*	0.30	0.30	0.18	0.29	0.39	0.25	0.36	0.56	0.27	0.13	0.16	0.39	0.23	
CAS alerts outstanding	0	LT	*	0	0	0	0	0	0	0	0	0	0	0	0	0	
WHO Checklist		KP		DATA CAPTURE BEING REVIEWED BEFORE REPORTING OF PERFORMANCE													

Hull and East Yorkshire Hospitals NHS
NHS Trust

Infection Control

Indicator Description	Target	Lead Director		Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Trend
MRSA bactaraemias	0	MW	*	0	0	0	0	0	0	0	0	0	0	0	0	0	
Clostridium Difficile - number	<=53	MW		4	7	5	3	0	4	1	5	6	3	3	2	6	
Clostridium Difficile - infection rate (per 1000 beddays)		MW	*	0.13	0.24	0.15	0.10	0.00	0.13	0.03	0.15	0.20	0.10	0.10	0.06	0.20	
MSSA	<=45	MW		4	3	3	4	3	2	8	1	5	3	2	6	3	
E.Coli	<=92	MW		12	10	10	6	5	7	8	5	4	12	6	8	4	

1.2 Clinical Effectiveness

Mortality and Readmissions

Indicator Description	Target	Lead Director		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Trend
Hospital Standardised Mortality Ratio - monthly position		KP	*	93.00	113.50	95.50	98.90	91.30	75.30	89.60	91.00	not yet published	not yet published	not yet published	not yet published	not yet published	
Hospital Standardised Mortality Ratio - Weekend		KP	*	91.00	110.00	86.00	99.00	108.00	72.00	80.00	83.00	not yet published	not yet published	not yet published	not yet published	not yet published	
Risk Adjusted Mortality Indicator (RAMI 15)		KP		91	109	98	92	90	77	99	99	not yet published	not yet published	not yet published	not yet published	not yet published	
Summary Hospital Mortality Indicator (HSCIC) - (latest date available Dec 15)		KP	*	104.70	114.60	114.10	111.80	105.60	103.60	not yet published	not yet published	not yet published	not yet published	not yet published	not yet published	not yet published	
Crude Mortality (non-elective admissions)		KP	*	3.35%	3.54%	3.34%	3.34%	3.09%	2.75%	3.91%	3.38%	3.06%	3.60%	2.81%	3.20%	2.64%	
Emergency re-admissions within 30 days	<= 6.4%	KP	*	7.2%	7.8%	6.7%	7.1%	7.5%	9.0%	8.0%	7.5%	7.8%	7.4%	not yet published	not yet published	not yet published	

* TDA Oversight and Escalation Indicator

Maternity

Indicator Description	Target	Lead Director		Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Trend
Emergency c-section rate		KP	*	11.20%	12.30%	13.10%	12.60%	12.20%	16.20%	10.90%	13.60%	16.40%	16.90%	13.20%	13.70%	13.70%	
Elective c-section rate		KP		12.20%	12.40%	11.70%	13.50%	17.20%	12.90%	12.00%	14.10%	11.80%	11.30%	13.20%	13.40%	13.70%	
Maternal Deaths	0	KP		0	0	0	0	0	1	0	0	0	1	0	0	0	
Admission of full term babies to neo-natal care		KP		1	4	2	0	1	1	1	1	0	3	1	0	not yet published	
Midwife to birth ratio	< 1:29	MW		1:32	1:32	1:32	1:32	1:32	1:32	1:32	1:32	1:32	1:32	1:32	1:32	1:32	

Hull and East Yorkshire Hospitals NHS Trust

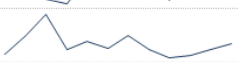
1.3 Access and Responsiveness

Emergency Department

Indicator Description	Target	Lead Director		Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Trend
A&E All Types Monthly Performance	>=95%	ER	*	80.88%	82.05%	80.74%	80.04%	81.37%	75.75%	77.87%	77.23%	89.38%	85.89%	85.87%	82.51%	86.62%	
12 hour Trolley waits	0	ER	*	0	0	0	0	0	0	0	0	0	0	0	0	0	
A&E All Types Monthly Attendance		ER		11436	11087	11708	11357	11639	11500	11331	12463	11550	13002	12546	13454	12119	
A&E All Types Monthly Attendance Contract Plan 2015-2016		ER		10137	9810	10137	9810	10137	10137	9483	10137	11151	11523	11151	11523	11523	
Ambulance turn around - number over 30 mins	0	ER		375	155	186	222	197	306	361	566	305	297	270	402	not yet published	
Ambulance turn around - number over 60 mins	0	ER		35	13	24	18	18	81	156	144	22	21	61	94	not yet published	
Delayed Transfers of Care	< 3.5%	ER	*	0.63%	1.07%	0.71%	0.80%	0.87%	1.75%	1.51%	1.41%	1.10%	1.03%	2.21%	2.11%	not yet published	

Hull and East Yorkshire Hospitals NHS
NHS Trust

Cancer

Indicator Description	Target	Lead Director		Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Trend
Two Week Wait Standard	>=93%	ER	*	85.37%	90.77%	96.54%	96.50%	96.13%	94.98%	97.97%	96.32%	95.41%	94.44%	92.37%	93.71%	not yet published	
Breast Symptom Two Week Wait Standard	>=93%	ER	*	66.46%	87.50%	98.98%	96.25%	94.04%	93.73%	94.24%	92.83%	91.73%	92.91%	92.77%	97.08%	not yet published	
31 Day Standard	>=96%	ER	*	96.72%	96.38%	97.54%	96.97%	98.54%	98.57%	97.33%	98.14%	97.84%	98.77%	98.03%	99.01%	not yet published	
31 Day Subsequent Drug Standard	>=98%	ER	*	100.00%	98.53%	100.00%	100.00%	100.00%	98.67%	96.88%	98.08%	97.73%	98.78%	98.94%	100.00%	not yet published	
31 Day Subsequent Radiotherapy Standard	>=94%	ER	*	96.18%	96.26%	97.65%	97.18%	97.93%	98.77%	98.96%	98.92%	98.33%	97.53%	96.83%	96.53%	not yet published	
31 Day Subsequent Surgery Standard	>=94%	ER	*	97.10%	93.75%	87.64%	96.83%	98.51%	88.52%	100.00%	96.10%	87.27%	91.38%	97.18%	100.00%	not yet published	
62 Day Standard	>=85%	ER	*	77.38%	77.97%	70.16%	81.02%	78.81%	77.33%	80.52%	81.23%	81.97%	80.97%	80.38%	80.68%	not yet published	
62 Day Screening Standard	>=90%	ER	*	83.33%	92.16%	82.54%	80.95%	90.14%	91.67%	87.23%	91.84%	82.14%	93.55%	96.15%	96.08%	not yet published	
Cancer 104 Day Waits	0	ER	*	6	10.5	16	7	9	7.5	10.5	7	5	5.5	7	8.5	not yet published	

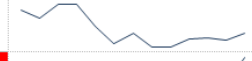
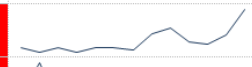
Cancer performance data is collected nationally one month in arrears from other national standards.

Stroke & Cardiac Care

Indicator Description	Target	Lead Director		Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Trend
Stroke 60 mins	30% (SSNAP)	ER	*	60.29%	52.86%	44.29%	58.33%	42.67%	58.33%	49.23%	50.00%	54.24%	55.56%	52.86%	52.54%	not yet published	
Stroke Care	>=80%	ER	*	89.19%	88.31%	88.10%	87.18%	87.36%	90.79%	80.77%	89.66%	87.34%	91.95%	88.89%	83.58%	not yet published	
ST-Elevation myocardial infarction call to primary percutaneous coronary intervention within150 minutes	>=90%	ER	*	93.75%	84.85%	85.71%	92.11%	86.67%	86.36%	88.46%	85.71%	94.44%	87.18%	81.48%	not yet published	not yet published	

Hull and East Yorkshire Hospitals NHS
NHS Trust

Referral to Treatment (RTT) and Diagnostics

Indicator Description	Target	Lead Director		Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Trend
Referral to Treatment Incomplete pathway	>=92%	ER	*	86.98%	87.42%	82.38%	80.22%	79.92%	85.17%	85.19%	84.59%	86.00%	87.01%	87.05%	87.19%	87.85%	
Referral to Treatment Incomplete numbers over 18 weeks		ER		8489	8829	12206	13317	11497	7746	7572	7892	6991	6376	6247	6442	5946	
Referral to Treatment Incomplete numbers away from 92%		ER		3271	3217	6665	7932	6917	3567	3481	3795	2995	2448	2390	2419	2030	
Referral to Treatment Incomplete 52+ Week Waiters	0	ER	*	1	2	1	3	9	3	3	1	2	2	2	4	3	
Referral to Treatment Non Admitted pathway		ER		91.79%	90.12%	86.04%	85.77%	82.20%	82.75%	86.99%	86.78%	86.56%	87.74%	85.22%	85.53%	86.65%	
Referral to Treatment Admitted pathway		ER		73.97%	71.66%	75.79%	75.66%	69.37%	64.34%	67.21%	63.23%	63.19%	65.70%	65.91%	65.29%	67.12%	
Diagnostic waiting times	<= 1%	ER	*	0.61%	0.31%	0.62%	0.36%	0.64%	0.67%	0.51%	1.67%	2.06%	1.08%	0.89%	1.53%	3.42%	
Proportion of patients not treated within 28 days of last minute cancellation	0	ER	*	1	4	0	0	1	1	0	0	1	0	0	0	2	
Urgent Operations Cancelled for 2nd time (Number)	0	ER	*	1	0	0	0	0	0	0	0	0	0	0	0	1	
% of Outpatient appointments cancelled by Hospital		ER		11.68%	12.29%	11.67%	11.46%	13.04%	12.04%	11.45%	12.40%	14.30%	12.40%	12.40%	13.10%	not yet published	

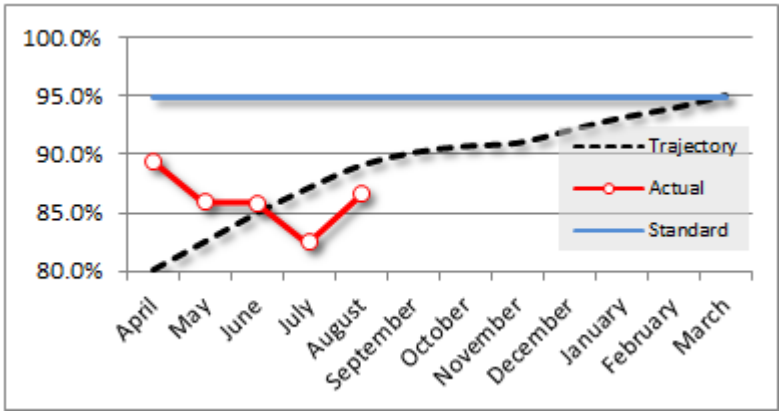
Hull and East Yorkshire Hospitals NHS
NHS Trust

Sustainability and Transformation Fund Improvement Trajectories

A&E Four Hour Waiting Times

TRAJECTORY	April	May	June	July	August	September	October	November	December	January	February	March
attendances	11151	11523	11151	11523	11523	11151	11523	11151	11523	11523	10408	11523
breaches	2206	1999	1662	1468	1249	1088	1062	997	906	781	621	562
% performance	80.2%	82.7%	85.1%	87.3%	89.2%	90.2%	90.8%	91.1%	92.1%	93.2%	94.0%	95.1%

ACTUAL	April	May	June	July	August	September	October	November	December	January	February	March
attendances	11550	13002	12546	13451	12119							
breaches	1227	1835	1773	2353	1621							
% performance	89.4%	85.9%	85.9%	82.5%	86.6%							

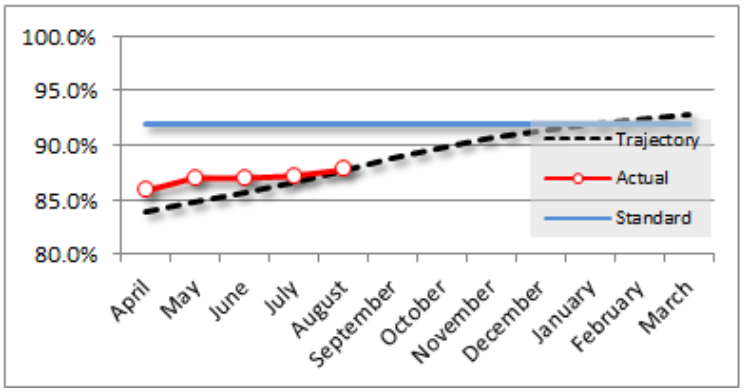


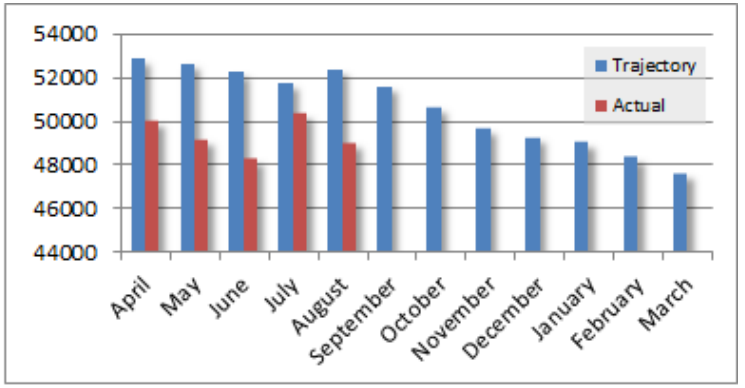
Hull and East Yorkshire Hospitals NHS
NHS Trust

18Wks Incomplete Pathways

TRAJECTORY	April	May	June	July	August	September	October	November	December	January	February	March
waiters	52819	52608	52207	51695	52323	51570	50603	49612	49212	48971	48276	47556
breaches	8448	7942	7445	6882	6412	5714	5129	4573	4230	3910	3637	3373
% performance	84.0%	84.9%	85.7%	86.7%	87.7%	88.9%	89.9%	90.8%	91.4%	92.0%	92.5%	92.9%

ACTUAL	April	May	June	July	August	September	October	November	December	January	February	March
waiters	49950	49099	48211	50282	48956							
breaches	6991	6376	6247	6442	5946							
% performance	86.0%	87.0%	87.0%	87.2%	87.9%							



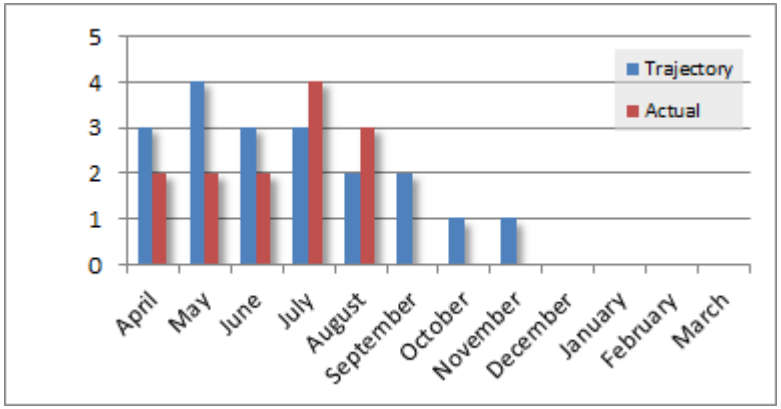


Hull and East Yorkshire Hospitals NHS
NHS Trust

52wk trajectory

TRAJECTORY	April	May	June	July	August	September	October	November	December	January	February	March
waiters	3	4	3	3	2	2	1	1	0	0	0	0

ACTUAL	April	May	June	July	August	September	October	November	December	January	February	March
waiters	2	2	2	4	3							



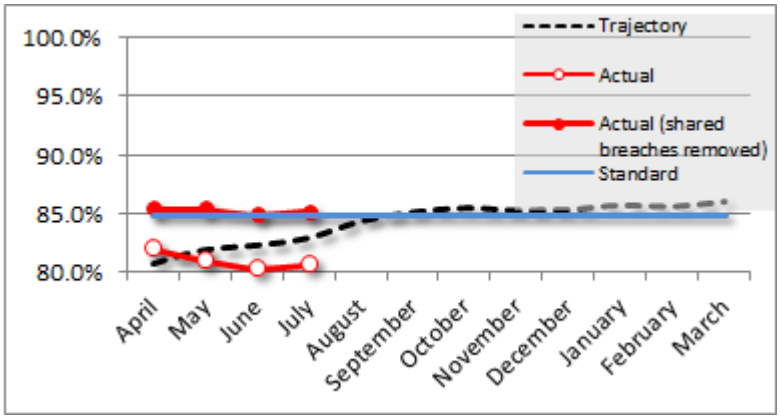
Hull and East Yorkshire Hospitals NHS
NHS Trust

62d Cancer Waiting Times

TRAJECTORY	April	May	June	July	August	September	October	November	December	January	February	March
treatments	120	116	130	135	135	115	125	130	110	120	112	130
breaches	23	21	23	23	21	17	18	19	16	17	16	18
% performance	80.8%	81.9%	82.3%	83.0%	84.4%	85.2%	85.6%	85.4%	85.5%	85.8%	85.7%	86.2%

ACTUAL	April	May	June	July	August	September	October	November	December	January	February	March
treatments	147	144.5	132.5	132								
breaches	26.5	27.5	26	25.5								
% performance	82.0%	81.0%	80.4%	80.7%								
Shared Breaches removed	85.4%	85.5%	84.9%	85.2%								

note: cancer data is released 1 month behind

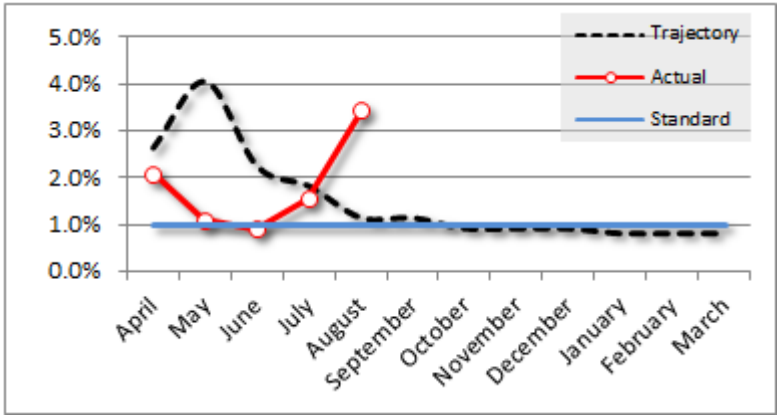


Hull and East Yorkshire Hospitals NHS
NHS Trust

Diagnostic Waiting Times

TRAJECTORY	April	May	June	July	August	September	October	November	December	January	February	March
waiters	8730	8650	8857	8130	8491	8491	8491	8491	8000	8130	7766	8025
breaches	230	350	200	150	100	100	81	81	76	69	66	68
% performance	2.6%	4.0%	2.3%	1.8%	1.2%	1.2%	1.0%	1.0%	1.0%	0.8%	0.8%	0.8%

ACTUAL	April	May	June	July	August	September	October	November	December	January	February	March
waiters	9205	8515	9664	9546	9152							
breaches	190	92	86	146	313							
% performance	2.1%	1.1%	0.9%	1.5%	3.4%							



Hull and East Yorkshire Hospitals NHS
NHS Trust

Appendix A - Indicator Definitions

Indicator Definitions

Emergency Department

Indicator Description	Target	Lead Director		Definition
A&E All Types Monthly Performance	>=95%	ER	*	Patients seen within 4 hours by A&E department (both HRI & ERCH)
12 hour Trolley waits	0	ER	*	Patients waiting over 12hours from decision to admit to hospital and time left department for admission to take place
A&E All Types Monthly Attendance		ER		Patients seen by A&E department (both HRI & ERCH)
A&E All Types Monthly Attendance Contract Plan 2015-2016		ER		2015-16 contract plan of numbers of patients to be seen by A&E department (both HRI & ERCH)
Ambulance turn around - number over 30 mins	0	ER		Number of ambulance visits where the time taken from arrival to departure of ambulance is over 30 minutes
Ambulance turn around - number over 60 mins	0	ER		Number of ambulance visits where the time taken from arrival to departure of ambulance is over 60 minutes
Delayed Transfers of Care	< 3.5%	ER	*	Number of discharges delayed due to Trust issues as percentage of all discharges
* TDA Oversight and Escalation Indicator				

Cancer

Indicator Description	Target	Lead Director		Definition
Two Week Wait Standard	>=93%	ER	*	Percentage of GP referrals for suspected cancer seen within 2 weeks
Breast Symptom Two Week Wait Standard	>=93%	ER	*	Percentage of breast sympotomatic referrals seen within 2 weeks
31 Day Standard	>=96%	ER	*	Percentage of patients who begin treatment within 31 days of diagnosis
31 Day Subsequent Drug Standard	>=98%	ER	*	Percentage of patients who begin additional treatment with Chemotherapy within 31 days of diagnosis
31 Day Subsequent Radiotherapy Standard	>=94%	ER	*	Percentage of patients who begin additional treatment with Radiotherapy within 31 days of diagnosis
31 Day Subsequent Surgery Standard	>=94%	ER	*	Percentage of patients who begin additional treatment with Surgery within 31 days of diagnosis
62 Day Standard	>=85%	ER	*	Percentage of GP referrals who are treated within 62 days of initial referral
62 Day Screening Standard	>=90%	ER	*	Percentage of patients who were referred as a result of a screening test who are treated within 62 days
Cancer 104 Day Waits	0	ER	*	Number of patients on a 62day pathway waiting over 104 days

Stroke & Cardiac Care

Indicator Description	Target	Lead Director		Definition
Stroke 60 mins	30% (SSNAP)	ER	*	Patients with symptoms of stroke who have CT scan within 60 minutes of attending hospital
Stroke Care	>=80%	ER	*	%age of Patients with symptoms of stroke who spend 90% of time on a stroke ward
ST-Elevation myocardial infarction call to primary percutaneous coronary intervention within150 minutes	>=90%	ER	*	Patients with ST-Elevation myocardial infarction who receive a primary percutaneous coronary intervention within 150 minutes of ambulance call

Hull and East Yorkshire Hospitals NHS
NHS Trust

Referral to Treatment (RTT) and Diagnostics

Indicator Description	Target	Lead Director		Definition
Referral to Treatment Incomplete pathway	>=92%	ER	*	Percentage of patients waiting under 18wks at month end (admitted and non-admitted pathways)
Referral to Treatment Incomplete numbers over 18 weeks		ER		Number of patients waiting over 18wks at month end (admitted and non-admitted pathways)
Referral to Treatment Incomplete numbers away from 92%		ER		Amount that the admitted and non-admitted waiting list needs to be reduced by to meet 92% standard
Referral to Treatment Incomplete 52+ Week Waiters	0	ER	*	Number of patients waiting over 52wks at month end (admitted and non-admitted pathways)
Referral to Treatment Non Admitted pathway	>=95%	ER	*	Percentage of clock stops within 18 weeks of patients on an non-admitted pathway.
Referral to Treatment Admitted pathway	>=90%	ER	*	Percentage of clock stops within 18 weeks of patients on an admitted pathway.
Diagnostic waiting times	<= 1%	ER	*	Percentage of patients who waited over 6 weeks for diagnostic test
Proportion of patients not treated within 28 days of last minute cancellation	0	ER	*	Patients cancelled after admission to hospital who are not readmitted within 28days for same procedure
Urgent Operations Cancelled for 2nd time (Number)	0	ER	*	Number of patients cancelled more than once for a procedure classed as urgent
% of Outpatient appointments cancelled by Hospital		ER		Number of Hospital cancelled OP appointments as proportion af available appointments

Corporate Finance Report 2015/16

September 2016

(5 Months to 31st August 2016)

Great Staff - Great Care - Great Future

Hull and East Yorkshire Hospitals NHS Trust

CONTENTS

FINANCIAL SUMMARY: 5 MONTHS TO 31st AUGUST 2016

Key Points:

1. At the end of month 5 the Trust is reporting an actual deficit of £1.1m which is in line with the planned deficit. The Trust is planning a breakeven position by the end of the financial year.

2. The Trusts cash position remains weak. This is impacting on supplier relationships and has impacted on the Trust's performance against the Better Payment Practice Code. The reported deficit is a contributory factor alongside delays in receipt of Strategic Transformation funding (2 months), some large unpaid invoices (although reducing), and the difference between the income recognised through. Discussion will take place with CCGs about payment for the year to date over performance.

3. The Trust expects to deliver the majority of the 2nd quarter of the Sustainability and Transformation Fund (STF) although there is a risk regarding the delivery of the ED trajectory and the RTT trajectory. This could lead to potential withholding of £0.6m (£0.45m ED, £0.15m RTT) of the fund. In line with the STF guidance the Trust will look to challenge the non payment of the ED element on the basis that activity levels are substantially above contract plan. The Trust is awaiting the guidelines for the challenge process.

4. The reported position gives the Trust a risk rating of 2 driven by the SOCI margin variance which stands at a level of 3. Two of the other indicators (capital serving, SOCI margin) are rated at level 2 with liquidity at a low rating of 1 reflecting the cash position.

5. Health Group positions are £3.99m overspent, an increase of £0.84m in month. Rate of over trade increased in Medicine Health Group due to a reduced level of vacancies and continuing locum and agency spend in ED. Clinical Support Service Health Group also increased at a higher rate but this was due to non recurrent items that should not continue. Surgery and Family & Women's Health Groups saw a slight reduction in their rate of overspending.

6. As per previous months the non delivery of CRES remains the main concern with month 5 position showing a £2.0m shortfall against a £6.7m plan with an anticipated outturn of £4.8m (25%) below plan. Health Groups are currently reviewing their CRES plans to identify new savings opportunities with the intention of closing the forecast gap. These are expected to be complete by the end of September and will be reviewed at the first Productivity and Efficiency Board meeting in October.

7. The Trust has overtraded against its income plan by £1.4m to end of month 5 (£6.7m above contract plan) with the in month position being balanced (£1m increase in contract over trade). The in month position was driven by over trades in non elective and day case work offset by reductions in PBR excluded drugs, elective inpatients, excess bed days and non delivery of STP trajectory (ED).

8. At month 5 the Trust has spent £5.2m on agency staff against a plan of £4.3m giving a £0.9m variance. The Trust has spent £1.2m in month. To stay within the NHSI cap the Trust would need to limit usage of agency to £4.3m in final 7 months or just over £0.6m per month which is half the current rate.

9. The Trust continues to forecast achievement of break even by the year end. However risks remain to achieving that position including emerging winter pressures, nurse recruitment costs, costs of delivering activity (waiting list Initiatives) and an uncertain picture over future income levels.

INCOME: CONTRACTING

The Trust is reporting an overtrade of £6.7m or 3.4% against the contract plan of £195.2m for month 5. However due to the contract plan being below the Trust's financial plan for the year, this actually translates to a £1.4m overtrade against the Trust's financial plan

In Month Variance	Point of Delivery	Income Variance to End of August						Forecast Month 12
		Medicine £000	Surgery £000	CSS £000	F & WH £000	Other £000	Total Month 5 £000	£000
-198	Elective Inpatients	-59	-447	26	-244		-724	-1,108
557	Day cases	432	-229	386	425		1,014	1,799
565	Non Elective	1,421	687	263	133		2,504	5,841
-49	Outpatients	-63	-579	15	-349		-976	-2,243
73	Emergency Department	737	0	0	0		737	1,600
28	Critical Care	-3	21	0	59		77	186
-134	Excess Bed Days	-36	-231	115	90		-62	64
20	PBR Excluded Devices	651	-4	-276	-34		336	807
-223	PBR Excluded Drugs/Blood	0	0	-9	0		-9	-21
40	Radiotherapy	0	0	151	0		152	365
-51	Chemotherapy delivery	1	-6	-91	1		-96	-230
-20	Renal Services	-153	0	0	0		-153	-368
76	Imaging/Direct Access	-12	34	367	0		390	935
-12	AMD	0	0	0	473		473	727
-14	Therapies	0	0	-82	0		-82	-198
-96	Maternity	0	0	0	19		19	47
-146	STP Non Delivery	-292	0	0	0		-292	-584
-432	Other	90	4	72	-12	-2,093	-1,940	-5,862
-14	**Total**	**2,714**	**(748)**	**935**	**561**	**(2,093)**	**1,370**	**1,756**

Commissioner Breakdown	Hull £000	East Riding £000	NHS England £000	Other £000	Total £000
Total	1,184	(312)	340	158	1,370

The Trust is reporting that it is £1.4m above its financial plan for contract income at month 5.

Overall income was on plan in month so there was no change overall in the variance reported last month. The movement on the contract plan was £1m in the month, moving from a variance of £5.7m to £6.7m.

The overtrade in ED and non-electives continued in month 5, although at a slightly lower rate than previous months.

Day case activity significantly increased in month 5 which more than compensated for the reduction in elective inpatients.

Excess bed days and excluded drugs saw a reduction this month at -£134k and -£260k respectively.

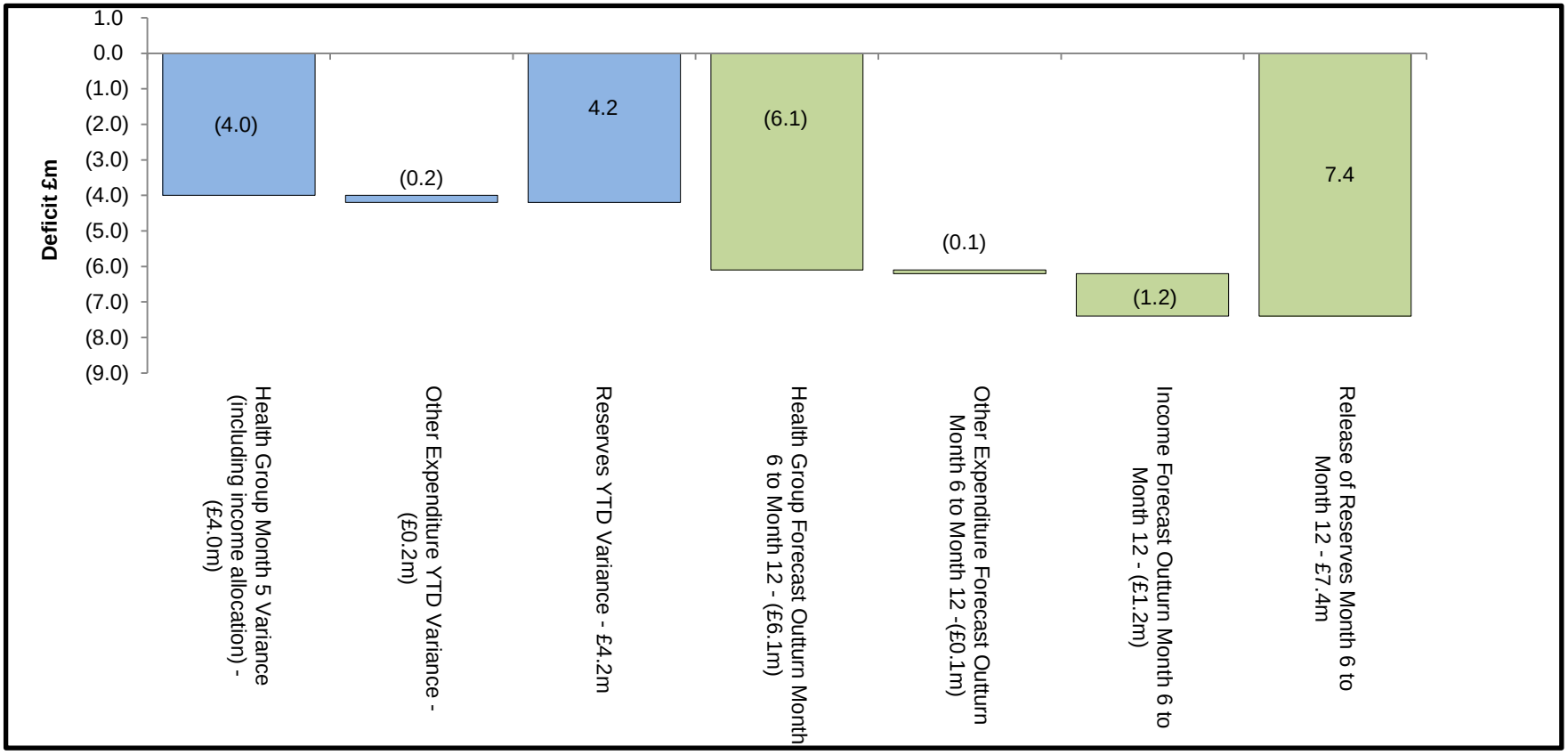
Wet AMD was slightly below plan in month 5 but this is expected to increase in month 6

The forecast allows for some of the profiling issues within the plan and in some areas assumes that the current level of contract overtrade will not continue at the same rate. An element of risk management has been built into the position to reflect potential commissioner challenges that may arise due to affordability issues (eg stringent application of CQUIN targets and contract KPIs)

INCOME & EXPENDITURE: PERFORMANCE

Health Group	Year to Date Position						Forecast Outturn	Forecast Variance	Variance Comments
	Budget	Expend	Variance	Income Allocation	Revised Variance	Revised Variance			
	£000	£000	£000	£000	£000	%	£000	%	
Surgery	(49,958)	(51,766)	(1,808)	(127)	(1,935)	3.9%	(4,059)	3.4%	Surgery is £1.9m overspent at month 5, largely due to CRES non delivery (£0.8m), bank and agency spend within nursing (mainly ICU, theatres and Orthopaedics). Capacity issues in Urology has resulted in significant reliance on WLIs. Increased costs are not being matched by additional income and the forecast includes a degree of risk which will need to be managed.
Medicine	(35,911)	(37,477)	(1,566)	941	(625)	1.7%	(2,623)	3.1%	Medicine is £0.6m overspent at month 5. The main drivers for this positon is the undelivered CRES of £0.4m and pressures within ED medical staffing. The position includes 2 months of penalties for missing the ED trajectory. The forecast assumes that the current level of nursing underspend at £0.3m does not continue.. There is also a level of risk around the forecast as income overtrade may not continue.
Clinical Support	(48,679)	(49,448)	(769)	177	(592)	1.2%	(1,339)	1.2%	Clinical Support is overspent by £0.59m at month 5. The main pressures are non delivery of CRES (£0.27m) and usage of locums in several areas.(£0.35m).
Family & Women's	(27,872)	(29,023)	(1,151)	314	(837)	3.0%	(2,035)	3.0%	Family & Women's reports an overspend of £0.8m at month 5. The main pressures are non delivery of CRES (0.35m), capacity issues in Plastics and premium agency costs as well as the costs of the additional ward capacity in the earlier months.
Health Group Sub-total	**(162,420)**	**(167,714)**	**(5,294)**	**1,305**	**(3,989)**	**2.5%**	**(10,056)**	**2.6%**	
Corporate	(36,000)	(36,303)	(303)	0	(303)	0.8%	(382)		Corporate is £0.3m overspent and this is largely due to agency use in Patient Administration. It will be a significant challenge to achieve the forecast position.
Other (Including Income)	197,304	202,940	5,636	(1,305)	4,331		10,439		This includes the release of reserves to support the CRES shortfall .
Trust Total	**(1,116)**	**(1,077)**	**39**	**0**	**39**		**0**		

BRIDGE ANALYSIS AUGUST 16



Analysis of Health Group Variances

	Year to Date	Year to Date	Year To Date	Forecast	Forecast
	Expenditure Variance	Income Allocation	Variance Including Income Allocation	Expenditure Including Income	September-March Movement
	£000	£000	£000	£000	£000
Surgery	(1,808)	(127)	(1,935)	(4,059)	(2,124)
Medicine	(1,566)	941	(625)	(2,623)	(1,998)
Clinical Support	(769)	177	(592)	(1,339)	(747)
Family & Women's	(1,151)	314	(837)	(2,035)	(1,198)
Total	**(5,294)**	**1,305**	**(3,989)**	**(10,056)**	**(6,067)**

2016/17 CRES SUMMARY

At month 5 the Trust has delivered £4.7m of efficiency savings against a year to date target of £6.7m (£2.0m adverse variance). The total CRES plan for the year is £19.2m with the forecast currently being to deliver £14.4m, this is £4.8m below the original plan.

The Trust CRES programme is a key component of the overall 16/17 plan to deliver a breakeven position, under achievement of the programme will make delivery of a balanced year end position more challenging

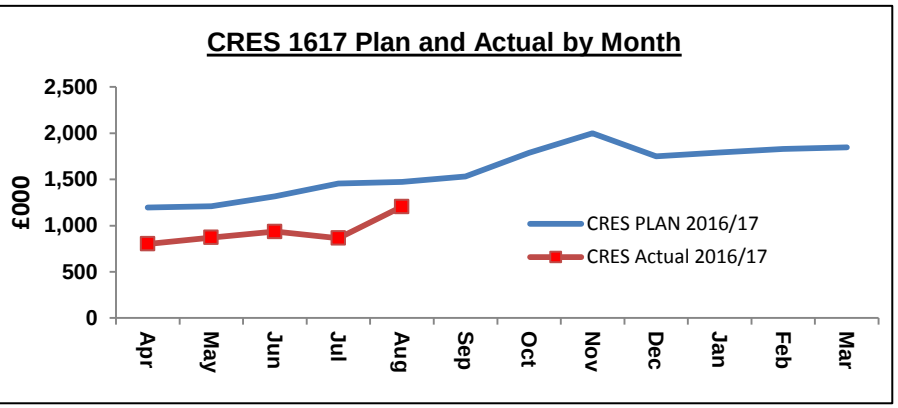
	Plan	Actual	Variance	% Achieved	Plan	Actual	Variance	% Achieved	Total Underlying Run Rate
Surgery	1,200	415	(785)	35%	3,816	2,146	(1,670)	56%	(8,106)
Medicine	938	534	(404)	57%	2,633	1,487	(1,146)	56%	(6,664)
CSS	718	447	(271)	62%	2,751	2,152	(599)	78%	(1,946)
F&WH	692	334	(358)	48%	1,817	887	(930)	49%	(2,882)
Corporate	993	836	(157)	84%	2,479	2,033	(446)	82%	(939)
I&D	248	248	0	100%	1,013	1,013	0	100%	(436)
Other	1,866	1,866	0	100%	4,680	4,680	0	100%	0
TOTAL	**6,655**	**4,680**	**(1,975)**	70%	**19,189**	**14,398**	**(4,791)**	**75%**	**(20,973)**

Main Variances

YTD Variances
- £303K Activity (Medicine and Surgery)
- £380K Procurement
- £196K Service Redesign/Pathways
- £250K Skill Mix
- £846K Other

Forecast Variances
- £1.1m Service redesign
- £0.9m Procurement
- £0.5m Activity (Surgery & F&WH)
- £0.4m Back office
- £1.9m Other

The Health groups are forecasting a CRES shortfall at the year end of £4.8m, this represents 25% of the total schemes originally planned.
The main variances are:
Service redesign (£1.1m) - this includes a review of Gynaecology service and Medical Day units, a plan to address savings identified through the Lord Carter work and Consultant job plans. Work to identify potential savings is at a very early stage with no assurance that benefits will be realised in 16/17.
Procurement is forecast to under deliver by (£0.9m) with schemes identified across all of the Health groups contributing.
Activity (£0.5m) – Surgery (£0.2m) , F&WH (£0.2m) and Medicine (£0.1m), at present do not have any confidence in delivering the £0.8m identified in their initial CRES plans.
Back Office Costs (£0.4M) – Savings against vacancies not realised.



The CRES programme has a number of schemes across each of the health groups which are at a very early stage of development and as such savings in the plan can not be assumed to be delivered with any confidence. Such schemes are opportunities and include items such as service reviews, patient pathways, reduction of agency expenditure and improved procurement deals with suppliers.
These opportunities need to be investigated and plans developed quickly in order to see a benefit in 16/17. The need to identify new schemes to mitigate a shortfall in the current plans are an ongoing requirement.

STATEMENT OF COMPREHENSIVE INCOME

The Trust is reporting a deficit of £1.08m as at 31st August 2016 which is £0.04m below the planned deficit of £1.12m. The Trust is planning a breakeven position by the end of the year.

	YEAR TO DATE				FORECAST			
	BUDGET £'000	ACTUAL £'000	VARIANCE £'000		BUDGET £'000	ACTUAL £'000	VARIANCE £'000	
NHS Contract Income	202,693	204,063	1,370	Favourable	488,025	**489,781**	1,756	Favourable
Patient Care Income	12,802	13,906	1,104	Favourable	30,727	**32,654**	1,927	Favourable
Other Operating Income	14,511	13,913	(598)	Adverse	35,768	**34,230**	(1,538)	Adverse
Total Income	**230,006**	**231,882**	**1,876**	Favourable	**554,520**	**556,665**	**2,145**	Favourable
Pay Costs	(133,125)	(134,501)	(1,376)	Adverse	(318,204)	(322,715)	(4,511)	Adverse
Non Pay Costs	(80,959)	(85,737)	(4,778)	Adverse	(194,217)	(203,477)	(9,260)	Adverse
Reserves	(6,639)	(2,413)	4,226	Favourable	(16,288)	(4,642)	11,646	Favourable
Total Expenses	**(220,723)**	**(222,651)**	**(1,928)**	Adverse	**(528,709)**	**(530,834)**	**(2,125)**	Adverse
Donated Asset Adjustment	(125)	0	125	Favourable	(1,150)	(1,150)	0	Favourable
EBDITA	**9,158**	**9,231**	**73**	**Favourable**	**24,661**	**24,681**	**20**	**Favourable**
Depreciation	(5,309)	(5,309)	0	Favourable	(12,743)	(12,743)	0	Favourable
Asset Impairments	0	0	0	Favourable	0	0	0	Favourable
PDC Dividend	(2,425)	(2,425)	0	Favourable	(5,820)	(5,820)	0	Favourable
Interest Receivable	25	17	(8)	Adverse	60	40	(20)	Adverse
Interest Payable	(2,804)	(2,804)	0	Favourable	(6,732)	(6,732)	0	Favourable
Profit/Loss on Disposal	0	0	0	Favourable	0	0	0	Favourable
Accounting Surplus / (Deficit)	**(1,230)**	**(1,290)**	**(60)**	**Adverse**	**576**	**576**	**0**	**Favourable**
UK GAAP vs IFRS (IFRIC)	0	0	0	Favourable	0	0	0	Favourable
Asset Impairments	0	0	0	Favourable	0	0	0	Favourable
Donated Reserve Adjustment	114	213	99	Favourable	(576)	(576)	0	Favourable
Performance Surplus / (Deficit)	**(1,116)**	**(1,077)**	**39**	**Favourable**	**0**	**0**	**0**	**Favourable**

SECTION 3 SOFP: SUMMARY

The Trust has a Cash balance of £0.87m at the close of month 5 which equates to 0.6 days of operating expenditure. (SOFP Appendix 4)

Cash

At the end of August the Trust had £870k in the bank with no funds on short term deposit. There has been significant pressure on cash during August and this is expected to continue into September when loan repayments and dividend payments fall due.

The impact of the cash shortfall is that we have been unable to pay suppliers within contract terms. However due to careful management there has been no significant operational impact so far ,and interest charges on late payment have been minimal

The cash shortfall is driven by several issues. The largest is the difference between the cash paid by commissioners on a twelfth of contract basis and the actual trading position. Invoices will be raised for the first quarter freeze position in September (approx £4.5m) with expectation of payment in October. Non receipt of 2 months of STF funding (£2.3m), the reported month 5 deficit and the large volume of debt outstanding (although long wait debt is reducing) are all contributing to the shortfall. The position is partially eased by the capital programme being below plan.

The capital program is being reviewed to assess the likely impact on cash flow for the remainder of the year.

A temporary working capital loan of £3.063m , due to be taken on 12 September , will offset the impact of the delay in receipt of Q2 STF monies. This attracts an interest rate of 3.5% and is repayable on receipt of Q2 monies. We also plan to borrow £3.063m in lieu of receipt of Q3 STF monies. A condition of the loan is to ensure the level of cash does not fall below £1m .

KPMG have undertaken a piece of work to review the cash position and the underlying data in the financial ledgers to provide assurance. Early conclusions support the Trust's view that the weak cash position has primarily been caused by the cumulative effect of the Trusts underlying deficit and has been compounded by funding delays and unpaid invoices from other NHS bodies.

The Trust needs to adopt a sustained and robust response to reducing its cost base in order to address the cash shortfall. The current cash position is not sustainable and will have an operational impact.

Inventory

The Trusts inventory at month 5 is £12.6m, which represents an encouraging decrease of £0.142m during August .

Despite the decrease stock levels are still £0.2m higher than in March 2016 and £1.9 m higher than in March 2015. Stock days remain relatively stable at 35 days at the end of month 5 (See appendix 5 for more details). Health Groups have been asked to develop an inventory reduction plan during September.

Capital Programme

At month 5 there has been expenditure of £3.1m on the 16/17 Capital programme, This is £4.1m below plan. The forecast level of expenditure for 2016/17 is £20.7m.

SECTION 3 SOFP: SUMMARY

Receivables

Total receivables are £14.61m, of which £7.41m is not yet due

Aged Receivables	0-30 days	31 -60 days	61-90 days	Over 90 days	Total
	£000's	£000's	£000's	£000's	£000's
Receivables Non NHS	499	20	239	2672	3430
Receivables NHS	6920	967	908	2387	11182
Tota	7419	987	1147	5059	14612

Receivables balances past 90 days overdue

The total outstanding receivables that were 90 days past the due by date at the end of month 5 total £5.06m. (16.4% of total debt) . The largest contributors to the over 90 days debt are:-

	£m
City Healthcare Partnerships	0.58
Kingston upon Hull City Council	0.56
Fresenius Medical Care Renal Services Ltd	0.42
Northern Lincolnshire and Goole	0.30
University of Hull	0.16
York Teaching Hospital	0.13
Humber Foundation Trust	0.11

£0.31m of the Fresenius debt has now been paid, the balance is expected by the end of September.

£0.44m of the City Healthcare partnership debt has been released for payment.

BPPC

The Trust aims to pay 95% of all invoices within 30 days.

The BPPC performance for Non NHS suppliers in August is 16% by value and 17% by volume, this has resulted in a year to date performance which is 36% by value and 34% by volume.

NHS invoices paid for July are at 16% by value and 22% by volume. The year to date performance remains low at 16% by value and 22% by volume.

	NHS		Non NHS	
	Volume	**Value**	**Volume**	**Value**
August	22%	16%	17%	16%
Year to Date	22%	16%	34%	36%

The BPPC performance has substantially weakened during August because of the poor cash flow position.

Key Data Item	2015/16 Accounts £000s	Plan £000s	Current Year to Date Actual £000s	Variance £000s	Plan £000s	Forecast Outturn Forecast £000s	Variance £000s
Reported Financial Performance							
Retained Surplus/(Deficit) for the Year	(14,952)	(1,230)	(1,290)	(60)	576	576	0
Adjustments for impairments, Donated and Government Granted assets, IFRIC 12 and Transfers by Absorption	6,901	112	213	101	(576)	(576)	0
Adjusted Financial Performance Retained Surplus/(Deficit)	(8,051)	(1,118)	(1,077)	41	0	0	0
Adjusted Financial Performance Retained Surplus/(Deficit) as a percentage of Turnover	(1.5)	(0.5)	(0.5)	0.0	0.0	0.0	0.0
Performance Against Control Total					0	0	0
Earnings Before Interest, Taxation, Depreciation and Amortisation (EBITDA)							
Total EBITDA	5,474	9,156	9,232	76	24,661	24,681	20
EBITDA as a percentage of Turnover (%)	1.0	4.0	4.0	0.0	4.5	4.4	0.0
Capital Position							
Gross Capital Expenditure		7,303	3,150	(4,153)	20,671	20,671	0
Capital Receipts/Losses		0	0	0	(8,690)	0	8,690
Other adjustments relating to donated assets and Donations		(125)	0	125	(1,150)	(1,150)	0
Charge against Capital Resource Limit		7,178	3,150	(4,028)	10,831	19,521	8,690
Capital Resource Limit (CRL)		7,178	3,150	(4,028)	10,831	19,521	8,690
Under/(Over) spend against CRL		**0**	**0**	**0**	**0**	**0**	**0**
CIPs / Efficiencies							
High Risk Efficiencies			296			1,448	
Medium Risk Efficiencies			1,048			3,960	
Low Risk Efficiencies			3,336			8,990	
Total Efficiencies	23,505	6,655	4,680	(1,975)	19,189	14,398	(4,791)
Unidentified Efficiencies	0		100			240	
Recurrent Efficiencies	19,144	5,360	3,971	(1,389)	15,956	12,214	(3,742)
Non-Recurrent Efficiencies	4,361	1,295	709	(586)	3,233	2,184	(1,049)
Efficiencies as a % of total expenditure excluding efficiencies	4.2	2.8	2	(0.8)	3.4	2.5	(0.8)
Normalised Position							
Underlying Surplus / (Deficit)	(19,662)				(14,733)	(14,733)	0
Underlying Surplus / (Deficit) as a percentage of Turnover (%)	(3.7)				(2.7)	(2.7)	0.0
Financial Sustainability Risk Ratings							
Liquidity Ratio (days)	1	1	1	0	1	1	0
Capital Servicing Capacity (times)	1	2	2	0	2	2	0
I&E Margin Rating	1	2	2	0	3	3	0
I&E Margin Variance from Plan	4	4	3	(1)	4	3	(1)
Overall Financial Sustainability Risk Rating	**2**	**2**	**2**	**0**	**2**	**2**	**0**

NHS I FINANCIAL RISK RATING

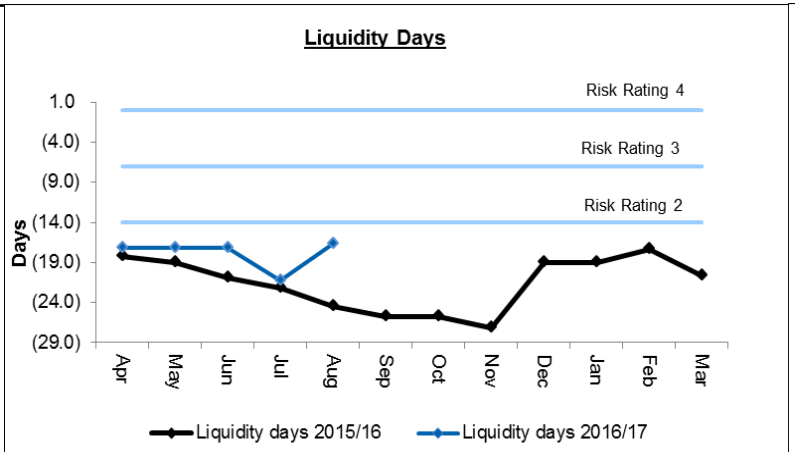
The NHS I Financial Sustainability rating for the Trust at month 5 is 2 and the rating is expected to remain at 2 throughout the year.

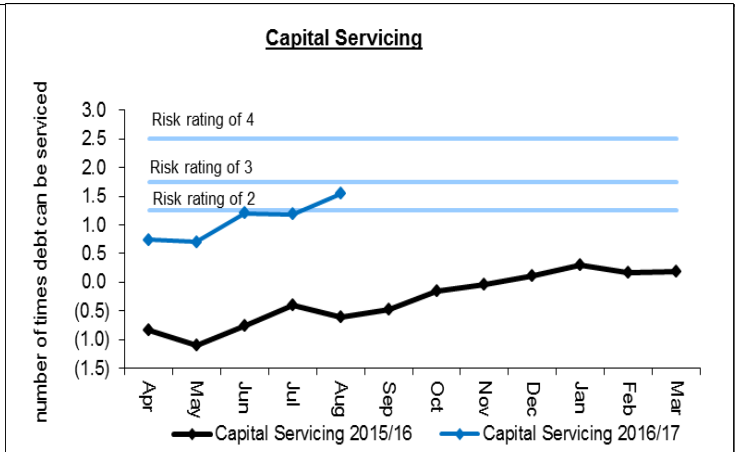
Continuity of Service Risk Ratings	Month 5		Forecast	
	Value	Score	Value	Score
Capital Serving (The number of times debts are covered by EBITDA)	1.5	2.0	1.3	2.0
Liquidity (Days)	(16.7)	1.0	(22.1)	1.0
I&E Margin	(0.6)	2.0	0.1	3.0
I&E Margin Variance	(0.0)	3.0	(0.0)	3.0
Total Financial Sustainability Rating		**2.00**		**2.25**

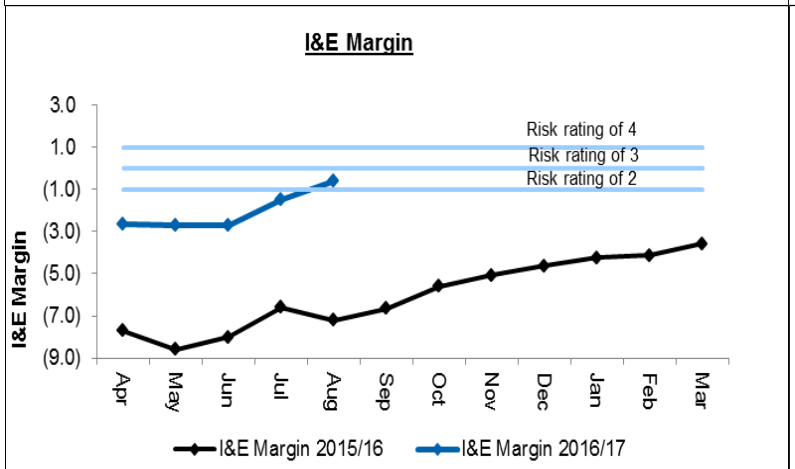
TDA Financial Sustainability Metrics

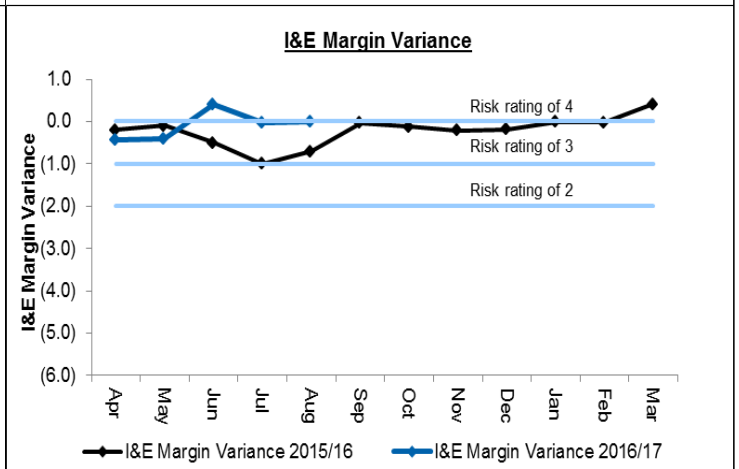
These four tables show the Trusts performance against the Financial Sustainability risk ratings. The rating consists of four measures, Liquidity days and Capital Servicing, I&E Margin and I&E Margin Variance. Ratings range from 1 to 4 with 4 being the highest performing and 1 the lowest.

For the metrics the I&E Margin is reporting a rating of 2, the Trust's deficit being less tthan 1% of turnover. The I&E margin variance generates a rating of 3 because the forecast outturn is a breakeven position.









STATEMENT OF FINANCIAL POSITION

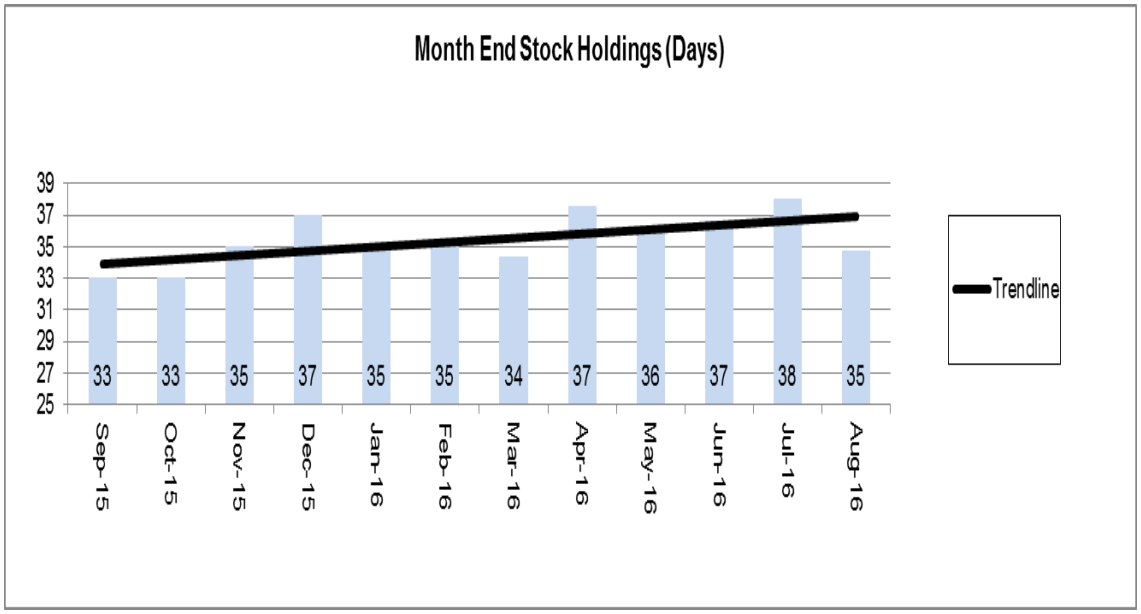
	31/03/16	Year to Date			Forecast		
	£'000	Plan £'000	Actual £'000	Variance £000	Plan £000	Forecast £000	Variance £000
Property, Plant and Equipment	265,895	269,542	264,265	(5,277)	276,574	276,574	0
Intangible Assets	2,163	1,983	1,926	(57)	1,623	1,623	0
Investment Revenue	8,371	8,690	8,371	(319)		0	0
Trade & Other Receivables > 1 Year	2,385	2,345	2,385	40	7,265	7,265	0
Total Non Current Assets	**278,814**	**282,560**	**276,947**	**(5,613)**	**285,462**	**285,462**	**0**
Cash & Cash Equivalents	2,692	1,724	870	(854)	2,869	2,869	0
Inventories & Other Current Assets	12,392	12,152	12,651	499	11,672	11,672	0
Assets Held For Sale	0	0	0	0	0	0	0
Trade & Other Receivables < 1 Year	21,131	20,927	30,814	9,887	20,927	20,927	0
Total Current Assets	**36,215**	**34,803**	**44,335**	**9,532**	**35,468**	**35,468**	**0**
Trade & Other Payables < 1 Year	(50,282)	(51,129)	(60,018)	(8,889)	(51,582)	(54,079)	(2,497)
Current Borrowing / Loans < 1 Year	(3,146)	(3,078)	(3,146)	(68)	(3,126)	(3,126)	0
Provisions (Current & Long Term)	(955)	(891)	(1,049)	(158)	(795)	(795)	0
Long Term Borrowing > 1 Year	(83,391)	(84,536)	(81,103)	3,433	(84,099)	(84,099)	0
Total Liabilities	**(137,774)**	**(139,634)**	**(145,316)**	**(5,682)**	**(139,602)**	**(142,099)**	**(2,497)**
Total Net Assets	**177,255**	**177,729**	**175,966**	**(1,763)**	**181,328**	**178,831**	**(2,497)**
Retained Earnings	(44,381)	(43,483)	(45,670)	(2,187)	(40,884)	(43,805)	(2,921)
Public Dividend Capital	208,405	208,405	208,405	0	209,405	209,405	0
Revaluation Reserve	13,231	12,807	13,231	424	12,807	13,231	424
Reserves	**177,255**	**177,729**	**175,966**	**(1,763)**	**181,328**	**178,831**	**(2,497)**

CASH AND WORKING CAPITAL

	2016/17		
	Plan to Aug 2016/17 £000	Actual to Aug 2016/17 £000	Forecast 2016/17 £000
EBITDA	**9,281**	**9,232**	**24,681**
EBITDA %	**4.0%**	**4.0%**	**4.4%**
Interest, Tax and other adjustments			
Interest payable/receivable	(2,779)	(2,787)	(6,690)
Public Dividend	0	0	(5,820)
Cash generated from operations	**6,502**	**6,445**	**12,171**
Working Capital Movements			
Inventory movements	300	(259)	720
(Increase) / Decrease in Receivables	50	(9,683)	(4,880)
Increase / (Decrease) in Payables	(100)	5,503	8,950
Provisions utilised	(170)	94	(410)
Capital Expenditure	(7,803)	(3,442)	(21,171)
Disposal of Assets	0	0	3,019
Financing transactions	1,005	(475)	1,804
Donated Asset Income	(125)	0	(1,150)
Net cash movement	**(341)**	**(1,817)**	**(947)**
Opening Cash	2,687	2,687	2,687
Cash Movement	(341)	(1,817)	(947)
Closing Cash	**2,346**	**870**	**1,740**

CASH AND WORKING CAPITAL MANAGEMENT : INVENTORY

Health Group	Mar 16 £000	Aug 16 £000	Change £000
Clinical Support	5,307	5,282	(25)
Surgery	5,137	5,135	(2)
Medicine	780	1,004	224
F & WH	751	803	52
Other	417	426	9
Total	12,392	12,650	258



The stock held at 31tst August was £12.65m, which represents an overall increase since the year end of £0.258m.

Despite the level of stock remaining high compared to the start of the year there has been an encouraging reduction during August of £0.142m, the reduction was across all Health Groups other than Medicine. The Medicine Health group increased stock by £0.36m during August and are showing a total increase of 28% from March16. The August increase relates to additional supplies of cardiology devices , in preparation to meet an expected increase in demand, and the balance relates to bulk purchase deals.

Hull and East Yorkshire Hospitals NHS Trust

TRUST BOARD REPORT – 2016 – 9 - 15	
Meeting date:	29 September 2016
Title:	Capital Developments Update Report
Presented by:	Chief Financial Officer
Author:	Director of Estates, Facilities & Developments
Purpose:	The purpose of this paper is to update the Trust Board on progress to date of a number of building related schemes, excluding IM&T and medical equipment, currently being delivered within the Trusts approved capital programme.
Recommendation(s):	The Trust Board is asked to note the progress that has been made with ongoing capital developments, as set out in this paper.

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

CAPITAL DEVELOPMENTS UPDATE REPORT

SEPTEMBER 2016

1. PURPOSE OF PAPER

The purpose of this paper is to update the Trust Board on progress to date of a number of building related schemes, excluding IM&T and medical equipment, currently being delivered within the Trusts approved capital programme.

2. CORPORATE DEVELOPMENTS

2.1 HRI Main Entrance Enabling works,

Hull City Council are currently completing the necessary modifications to the buried services and road layout to improve the access and egress by providing additional filter lanes at the Lansdowne Street junction and Anlaby Road, this work is due for completion by mid-December.

Architects have been appointed and are finalising the design for the first phase of the front entrance enabling works, which will continue the design principles on the recently completed Lansdowne Road / pavement upgrade and also starts the modifications to the front entrance car park to facilitate improved access, drop off areas in advance of approval of the new main entrance scheme

2.2 Office Accommodation Reconfiguration of Former Wards 18, 19, 21 & 22

As part of the Trusts Estate Strategy and to ensure we meet the requirements of the Lord Carter Report, a business case has been developed to rationalise non-clinical office accommodation into the former medical wards at CHH site.

The project entails the conversion of the 4 empty medical ramp wards into 3 large open plan offices and one new training department. Upon completion of the works this will facilitate the closure and demolition of the following buildings, HRI - Haughton Building, Simpson Building, CHH - Finance Building, Estates Facilities and Development Building and the existing modular training unit.

The scheme has been spilt into an enabling programme of internal demolitions / site strip and internal refurbishment.

Currently Wards 18, 19 & 21 have been fully demolished internally and new supporting steelwork installed. Contractors are currently halfway through the strip out of Ward 22. Due to uncovering asbestos cement sheeting buried under the concrete slab when relocating the rain water drainage and to allow for the safe removal, the enabling works are slightly behind programme

Design and build tenders have been received back from both traditional building contractors but also specialised commercial fit out contractors for the conversion of the former wards together with the supply and installation of all new furniture and fittings.

Following a review of the designs by a sub group, the project team contractors have been selected to undertake the internal conversion works by the mid December 2017

2.3 IT Infrastructure Ramp Wards

The first phase of the new IT network at CHH relates to the construction of a new network HUB room using one of the surplus modular buildings at CHH site and relocating this near the Pharmacy Dispensary in November. Orders have been placed with KCom for the procurement and deploying the first phase of the CHH core upgrade and IP telephony network hardware. The first phase of the new network will serve the newly converted offices within the former ramp wards. New fibre optic cabling and Cat 6 cabling for the office accommodation in the ramp wards will be installed by specialised contractors.

3. BUILDING AND MAINTENANCE PROJECTS

3.1 Helipad

Further to the County Air Ambulance Charity confirming that they will fund the construction of a new helipad on the HRI site to a value of £500k. The detailed design has been completed and all relevant stakeholders have been consulted and have agreed the proposed design and location. To enable the helipad to be constructed and put into operational use both the Simpson Building and the Haughton Building will need to be demolished. Upon completion of the ramp wards and the relocation of the current occupants of the Haughton Building both at HRI and CHH early January 2017, it is anticipated that the main construction works will commence on site early January 2017 and the helipad will be fully operational by April 2017

3.2 Upgrade of HRI Theatres 4 & 5

Further to the completion of the CQC environmental works to improve the corridor circulation and the internal building fabric within the 9 theatres, the only outstanding works relates to the upgrade and improvements to the theatre reception area and minor improvements to the recovery area.

Feasibility designs are currently being prepared to undertake a full upgrade of theatres 4 and 5. It is proposed to retain the current building layout due to the current structural restrictions and to reduce the disruption to the existing clinical surgical activity. All existing engineering services will be upgraded; this will include all new ventilation plant, ultra clean canopies, electrical and mechanical services. Each theatre will take approximately 14 weeks to upgrade.
Subject to the availability of capital in future years it is planned to upgrade a minimum 2 theatres per year.

3.3 Wards 5 & 6

Works are now complete on the environmental improvements works to Wards 5 and 6. These wards have had the floor screeds repaired, new vinyl flooring, full redecoration, improvements to wall and door protection along with general maintenance works.

3.4 Carbon Energy Fund

Due to the lack of available capital, the Trust has been working with the Carbon Energy Fund over the last year to develop a scheme that will see the replacement of the old 1960's boilers at HRI, installation of 2 new combined heat and power plants one at HRI and one at CHH along with installation of new LED lighting, improvements to the building management systems and engineering infrastructure across both sites. 4 Bids have been received by contractors on the CEF framework and these are currently being evaluated. Each proposal not only provides a core bid as detailed above but also offers a number of other energy reduction projects.

The overall capital value of the project is approximately £10million this will generate annual revenue savings of approximately £900k which will then have to be used to pay back both CEF capital loan and the maintenance contractor over the next 20 years. As a result of the lack of capital, the Trust will forego significant CIP opportunities and only receive approximately annual revenue savings of £360k.

4. OTHER ALLOCATIONS

Family and Women's

4.1 Paediatric Reconfiguration

HLM Architects who designed the Queens Centre at CHH have now been appointed and are developing initial plans for new paediatric facilities based on the agreed 3500sqm scheme brief and preliminary design work that had been undertaken previously. Further Project Team meetings have been arranged to oversee the development of plans. The design information that is produced will be incorporated in a prospectus that will be used as part of the fundraising project that will be co-ordinated by the Trust's newly established charitable fundraising body.

4.2 Midwifery Led Unit

Detailed designs have been completed and are currently being priced by the Trusts PFI Partner. Subject to the receipt of satisfactory costs the works should be complete early 2017

Medicine

4.3 Relocation of Medical Day Unit and Occupational Therapy

It is planned to install a modular building above the existing Ambulatory Care Unit, linking into the podium block at the first floor outpatient level. The steel frame has been installed for a number of months and the installation of the modular buildings has been delayed due to contractual delays by the fire protection contractor and weather which has delayed the crane lift. It is currently planned to lift the units into place on the weekend of 24 and 25 September. The internal fit out will take 10 weeks and allow the relocation of the clinical services early December

Surgery

4.4 Scope Washing HRI

Construction work has now commenced on the 2nd floor at HRI to create a new JAG compliant scope washing facility. The work relates to the relocation of the General Office and Cyber café and the construction of the new unit. Construction works will take 10 weeks on site followed by the testing and validation of the water systems and scope cleaning machines. It is planned that the new unit will become fully operational in January 2017. This will then allow the removal of the existing scope cleaning machines out of the 2nd floor endoscopy unit.

4.5 Oral and Maxillofacial Surgery Services

Provisional cost estimates have now been drawn up for the proposed scheme which relates to the relocation of the former Greenwich Avenue modular building onto the former Ward 5 site at CHH. The initial figures are slightly above the allocation in the capital programme. Work is therefore being undertaken to review the cost estimates, specification and plans by the project team, with a view to removing the cost pressure.

Clinical Support Services

4.6 Infectious Diseases

Plans have been drawn up with users for the relocation of the inpatient Infectious Diseases service from Ward 20 to Ward 7 at CHH. Provisional capital cost estimates have now been produced; with one estimate based on the layouts agreed with users and a second based on a reduced specification. Both of the estimates are well above the allocation in the capital programme. Work is therefore being undertaken to review the cost estimates, specification and plans by the project team, with a view to removing the cost pressure.

5. GOVERNANCE

The Capital Committee continues to drive this programme with monthly reports to the Trusts Executive Management Committee and Performance and Finance Committee

6. RECOMMENDATION

The Trust Board is asked to note the progress that has been made with ongoing capital developments, as set out in this paper.

Duncan Taylor
Director of Estates, Facilities & Development
21 September 2016

Hull and East Yorkshire Hospitals NHS Trust

Trust Board - 2016 – 9 – 16	
Meeting date:	29th September, 2016
Title:	Cultural Transformation – progress report
Presented by:	Simon Nearney
Author:	Simon Nearney
Purpose:	The purpose of the report is to inform the Board of the results of the latest Staff Survey that was completed in June, 2016.
Recommendation(s):	The Board is requested to note the progress that is being made across the Trust.
Board/Board Committee Review:	Approved by Workforce Transformation Committee and Executive Management Committee.

TRANSFORMING HEY'S CULTURE – PROGRESS REPORT
FFT QUARTERLY STAFF SURVEY JUNE, 2016
29th September, 2016

PURPOSE

The purpose of the report is to inform the Trust Board of the results of the Friends and Family Test, staff survey that was completed in June, 2016.

BACKGROUND

The Trust is required by NHS England to survey staff quarterly with the following two questions:

1. How likely are you to recommend Hull and East Yorkshire NHS Trust to friends and family if they needed care or treatment?
2. How likely are you to recommend Hull and East Yorkshire NHS Trust to friends and family as a place to work?

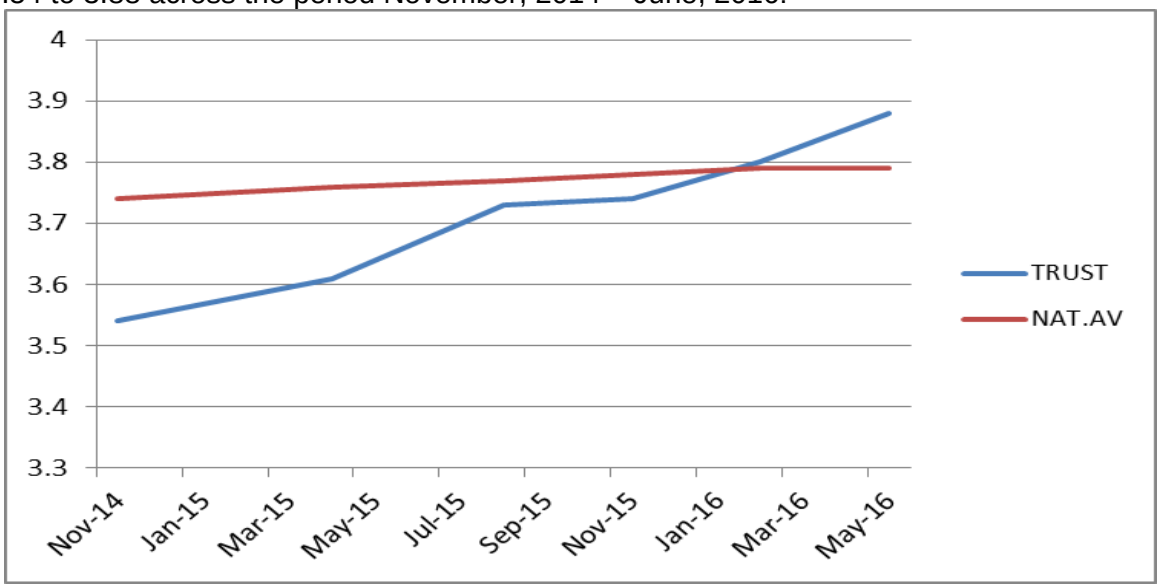
As part of the organisation's ongoing work to improve the culture of the Trust the decision was taken at the start of 2015 to extend the survey to reflect the questions in the national staff survey which make up the score for 'overall engagement':

3. I believe care of patients is the Trust's top priority
4. I have frequent opportunities to show initiative in my role
5. I am able to make suggestions to improve the work of my team/dept
6. I am able to make improvements happen in my place of work
7. I look forward to going to work
8. I am enthusiastic when I am working
9. I feel time passes quickly when I am at work

A further two questions were included at the request of the PaCT (Professionalism and Cultural Transformation) Committee:

10. Communication between senior managers and staff is effective
11. My Trust encourages staff to report errors

The overall score for engagement (which is out of a maximum of 5) has improved significantly since the 2014 Staff survey. While the National Average for overall engagement has increased slightly from 3.74 to 3.79 the Trust's score has shifted from 3.54 to 3.88 across the period November, 2014 – June, 2016:



OVERALL TRUST SCORES

The FFT Staff Survey for quarter one of 2016/17 ran from 23rd May until 13th June 2016. 8,000 staff were invited to participate, with 2,261 staff responding, equivalent to a 28% response rate which is an increase of 10% from the previous quarter.

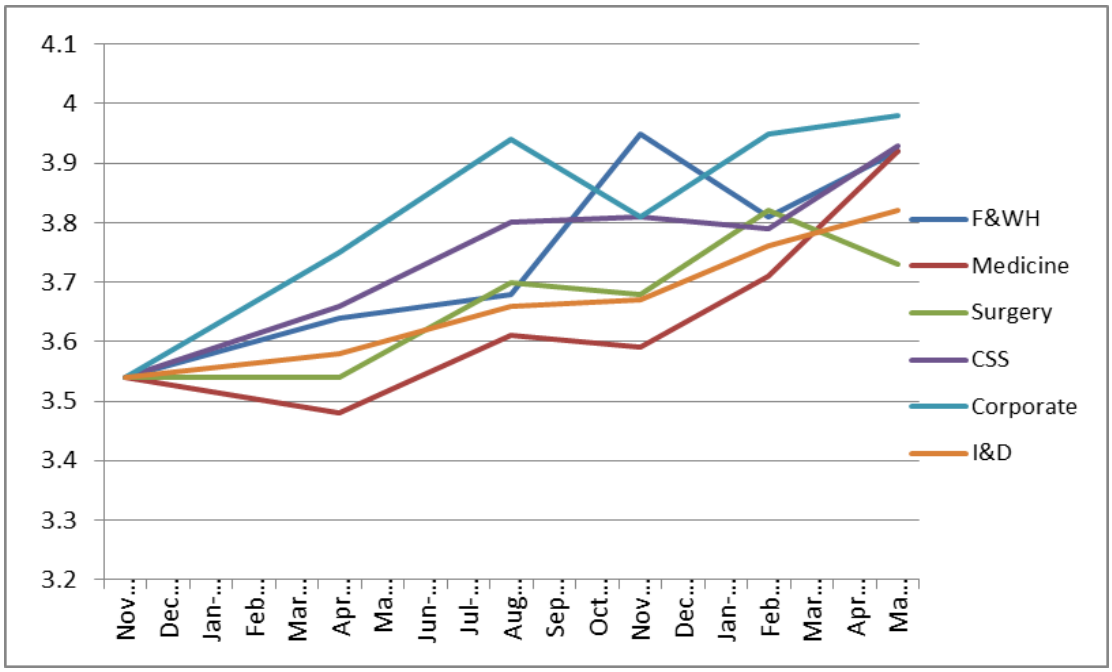
The comparison table for the latest FFT Staff Survey indicates a continuing improvement across most scores since August/September, 2015.

CURRENT FFT PERFORMANCE COMPARED WITH NATIONAL STAFF SURVEY RESULTS							
TRUST SCORES - 2261 staff responded							
	STAFF SURVEY COMPARISON			FFT COMPARISON			
Question	Staff Survey 2014	Staff Survey 2015	National Average 2015	FFT - Sept 2015	FFT - March 2016	FFT - June 2016	National Average 2015
How likely are you to recommend Hull and East Yorkshire NHS Trust to friends and family if they needed care or treatment?	51%	58%	70%	72%	72%	80%	70%
How likely are you to recommend Hull and East Yorkshire NHS Trust to friends and family as a place to work?	44%	54%	61%	56%	57%	68%	61%
I have frequent opportunities to show initiative in my role	65%	75%	73%	72%	74%	74%	73%
I am able to make suggestions to improve the work of my team/dept	47%	72%	75%	77%	77%	78%	75%
I am able to make improvements happen in my place of work	47%	56%	55%	60%	62%	63%	55%
I believe care of patients is the Trust's top priority	44%	66%	75%	70%	72%	76%	75%
I look forward to going to work	44%	59%	59%	51%	59%	61%	59%
I am enthusiastic when I am working	63%	76%	75%	73%	77%	77%	75%
I feel time passes quickly when I am at work	74%	77%	78%	71%	76%	77%	78%
Overall engagement score	3.54	3.74	3.79	3.73	3.8	3.88	3.79
ADDITIONAL QUESTIONS							
Communication between senior managers and staff is effective	27%	35%	39%	44%	47%	51%	39%
My Trust encourages staff to report errors	81%	90%	88%	83%	85%	85%	88%
Are you aware of your organisations values						91%	

HEALTH GROUPS

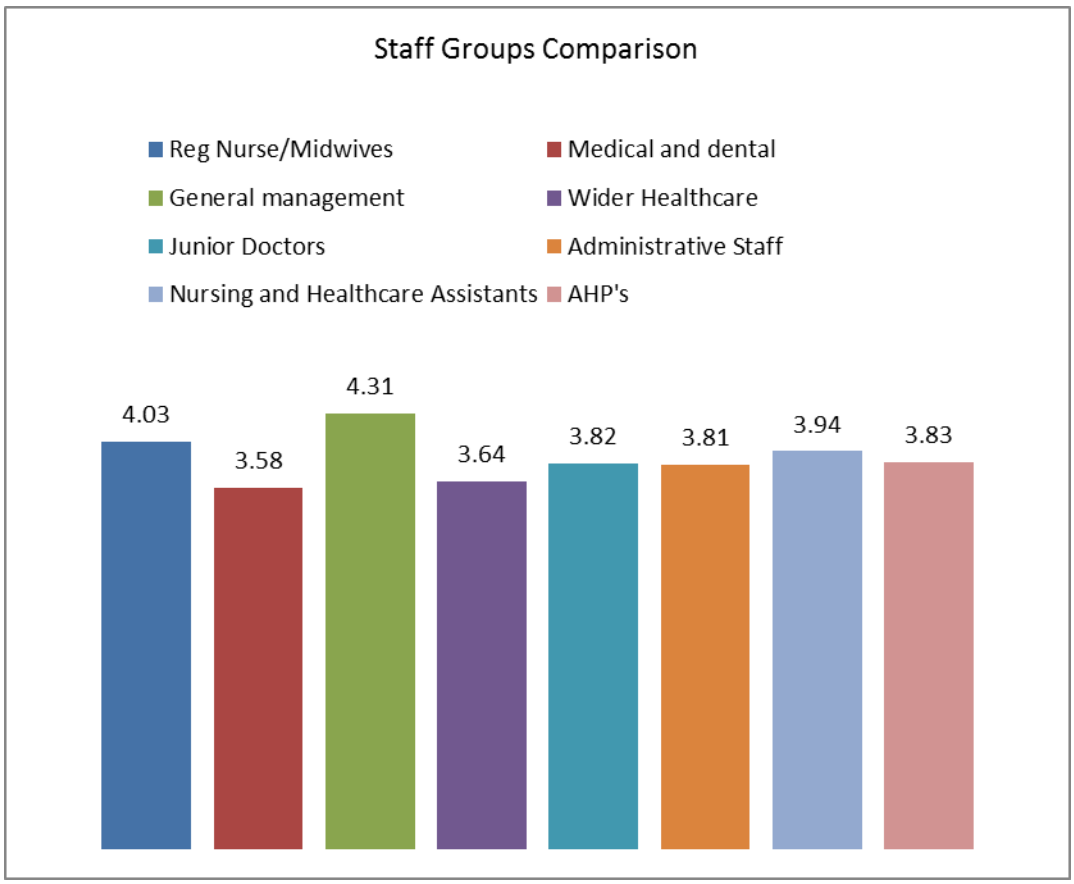
Overall scores for engagement in Health Groups and Directorates have also shown a steady improvement. Surgery is the only Health Group where a deterioration has occurred since March, 2016.

	Nov-14	Apr-15	Aug-15	Nov-15	Mar-16	Jun-16
Corporate	3.54	3.75	3.94	3.81	3.95	3.98
CSS	3.54	3.66	3.8	3.81	3.79	3.93
F&WH	3.54	3.64	3.68	3.95	3.81	3.92
Medicine	3.54	3.48	3.61	3.59	3.71	3.92
I&D	3.54	3.58	3.66	3.67	3.76	3.82
Surgery	3.54	3.54	3.7	3.68	3.82	3.73



STAFF GROUPS

There is a clear issue in terms of medical and dental engagement as well as engagement with Wider Healthcare teams:



NEXT STEPS
Work to improve engagement with Trust staff is continuing through the PaCT committee as well as within Health Groups and Directorates. Health Groups and Directorates have detailed information on each ward and service with regard to their performance in this area. HR and OD are working with those managers were further improvement is required and performance is discussed at the monthly performance meetings between the Executive and HG Triumvirates.

The FFT survey indicates that staff are still not being given ample opportunity to suggest ideas for improvement and/or deliver improvements within their services.

The PaCT committee outlined eight key areas for the Trust to focus on in the next 12 months:

1. Work as team HEY
2. Create a greater sense of pride in our work
3. Improve medical and nursing engagement
4. Enable high performing managers
5. Have a greater patient perspective on our work
6. Encourage creativity and innovation
7. Sustain and improve professional behaviours
8. Reward and recognise staff for their work

NHSI funding is enabling the Trust to contract an external agency (E2P) to conduct an analysis of medical engagement in order to best advise the Trust on how to improve in this area. This work is being co-ordinated by the Communications and Engagement team.

RECOMMENDATIONS
The Board is requested to note the further progress that is being made.

Simon Nearney
Director of Workforce and OD
Tel: 01482 676439

TRUST BOARD REPORT – 2016 – 09 – 17	
Meeting date:	Thursday 29th September 2016
Title:	Guardian of Safe Working Hours – Junior Doctors in Training
Presented by:	Kevin Phillips, Chief Medical Officer
Author:	Helen Cattermole, Guardian of Safe Working Hours
Purpose:	**PURPOSE OF THIS REPORT** The purpose of this report is to inform the Trust Board of the current position in relation to: • Guardian of Safe Working Hours appointment • Junior doctor working hours • Exception reports, where appropriate • Rota gaps • E-roster roll-out • Locum usage • System-wide junior doctor issues, where appropriate
Recommendation(s):	The Trust Board is requested to receive this report and: • Decide if this report provides sufficient information and assurance • Decide if any further information and/or actions are required.

GUARDIAN OF SAFE WORKING HOURS REPORT
SEPTEMBER 2016

EXECUTIVE SUMMARY

The purpose of this report is to inform the Trust Board of the current position in relation to:

- Guardian of Safe Working Hours appointment
- Junior doctor working hours
- Exception reports, where appropriate
- Rota gaps
- E-roster roll-out
- Locum usage
- System-wide junior doctor issues, where appropriate

The Trust Board is requested to receive this report and:

- Decide if this report provides sufficient information and assurance
- Decide if any further information and/or actions are required.

GUARDIAN OF SAFE WORKING HOURS REPORT
SEPTEMBER 2016

1. PURPOSE OF THIS REPORT

The purpose of this report is to inform the Trust Board of the current position in relation to:

- Guardian of Safe Working Hours appointment
- Junior doctor working hours
- Rota gaps
- E-roster roll-out
- Locum usage
- Exception reports, where appropriate
- System-wide junior doctor issues, where appropriate

- The Trust Board is requested to receive this report and:

- Decide if this report provides sufficient information and assurance
- Decide if any further information and/or actions are required.

2. GUARDIAN OF SAFE WORKING HOURS APPOINTMENT

Miss Helen Cattermole was appointed Guardian of Safe Working Hours and commenced work on 3 August 2016.

The agreed remuneration is 2PAs for this role. Working hours are being monitored to ensure sufficient time has been allocated for this role.

Administrative Support has been identified for diary support and minuting of the Junior Doctors Forum. The requirement for further administrative support is being monitored as the role establishes itself and as the requirements of the 2016 Junior Doctors contract become apparent.

3. JUNIOR DOCTOR WORKING HOURS

3.1 ISSUES RAISED AT JUNIOR DOCTORS FORUM

The Guardian of Safe Working co-chairs, with the Director of Medical Education, a monthly Junior Doctors Forum. The Forum held its first meeting in August 2016. Issues raised by the representatives this month include:

- Provision of phlebotomy to reduce inappropriate tasks for junior doctors
- Requirement for an accurate and up-to-date contact list of junior doctors in both training and Trust posts
    - Three data sources used at present (Intrepid (HEE), ESR and Medical Education)
    - ESR list may include doctors on zero hours contracts who are not part of the establishment and may not be actively working
    - Medical Staffing and Medical Education are now working to produce a single list

3.2 MONITORING / ROUTINE EXCEPTION REPORTS

Junior doctors under the 2002 contract have their hours monitored routinely by the Trust on a twice-yearly basis.

The rota monitoring exercise is currently underway for all the junior doctors on this contract. The current monitoring situation is summarised below:

Rota Register - Junior Doctor Contract from August 2016

Trust: HULL AND EAST YORKSHIRE N.H.S TRUST

Key: Live on HealthRoster
On HealthRoster but Not Actively Used

Health Group	On Health Roster?	Aug 2016 Rota Received ?	Specialty	Site	Number on rota							2016 contract compliant	first attempt			
					FY1	FY2	SHO/ ST1-2/ CT	GPVTS	SpR / ST3 +	Other	Total Doctors		Study Start	Study End Da	% Return	pass/fail/ insufficient returns
Medicine			A & E	HRI		12					12	Yes	03/10/2016	16/10/2016		
Medicine			A & E HST st4-st6	HRI					7	2	9	Yes	03/10/2016	16/10/2016		
Medicine	Y		MEDICINE (F1)	HRI	18						18	Yes	19/09/2016	02/10/2016		
Medicine	Y		MEDICINE (110,11, 120, 12)bleep215	HRI		2	5	1		1	9	Yes	03/10/2016	16/10/2016		
Medicine	Y		MEDICINE RMO 1, 2,3 (CHH)	HRI					27		27	Yes	07/11/2015	20/11/2015		
Medicine			NEUROLOGY	HRI					5	2	7	Yes	05/12/2016	18/12/2016		
Medicine	Y		MEDICINE (5, 50, 500)bleep 575/529	HRI			9				9	Yes	03/10/2015	16/10/2015		
Medicine	Y		MEDICINE (8, 80, 70) bleep 431	HRI		3	10				13	Yes	03/10/2015	16/10/2015		
Medicine	NAU		MEDICINE (100, 1, 10)bleep 450	HRI		3	6				9	Yes	03/10/2015	16/10/2015		
Medicine	Y		MEDICINE (F1)	HRI	18						18	Yes	19/09/2016	02/10/2016		
Medicine	Y		MEDICINE AAU	HRI		5	8				13	Yes	03/10/2015	16/10/2015		
Medicine			CARDIOLOGY	CHH					11	3	14	Yes	09/01/2017	22/01/2017		
Medicine	Y		ACADEMIC F2 ROTA covering AAU at w/e	HRI		5					5	Yes	03/10/2015	16/10/2015		
Medicine			A & E middle grade ct1 - ct3, gpvts	HRI			5	4	1		10	Yes	03/10/2015	16/10/2015		
Medicine	Y		MEDICINE F1 (extra rota)	HRI	3						3	Yes	12/09/2016	25/09/2016		
Clinical Support	Y		ONCOLOGY / HAEMATOLOGY	CHH		1	3	4		2	10	Yes	19/09/2016	02/10/2016		
Clinical Support			MICROBIOLOGY	HRI					1		1	Yes	05/12/2016	18/12/2016		
Clinical Support			CLINICAL ONCOLOGY	CHH					**6**	**6**	12	Yes	05/12/2016	18/12/2016		
Clinical Support	Y		INFECTIOUS DISEASES						2		2	Yes	03/10/2016	16/10/2016		
Clinical Support	Y		HAEMATOLOGY	CHH					4	2	6	Yes	05/12/2016	18/12/2016		
Clinical Support	Y		RADIOLOGY Year 2.5 and above	HRI					8	3	11	Yes	06/02/2017	19/02/2017		
Clinical Support	Y		RADIOLOGY Year 2 to 2.5	HRI					2		2	Yes	06/02/2017	19/02/2017		
Clinical Support	Y		RADIOLOGY Year 1	HRI					6		6	Yes	06/02/2017	19/02/2017		
Clinical Support			HISTOPATHOLOGY	HRI					2	1	3	Yes	05/12/2016	18/12/2016		
Clinical Support			CHEMICAL PATHOLOGY	HRI					1		1	Yes	05/12/2016	18/12/2016		
Clinical Support			PALLIATIVE MEDICINE - Dove House						2		2	Yes	05/12/2016	18/12/2016		
FWH	Y		DERMATOLOGY	CHH					1		1	Yes	05/12/2016	18/12/2016		
FWH	Y		OPHTHALMICS	HRI		1					1	Yes	07/11/2016	20/11/2016		
FWH	Y		OPHTHALMICS	HRI					4	3	7	Yes	07/11/2016	20/11/2016		
FWH	NAU		OBS & GYNAE	HRI			10				10	Yes	07/11/2016	20/11/2016		
FWH	NAU		OBS & GYNAE	HRI					8	4	12	Yes	07/11/2016	20/11/2016		
FWH			PAEDIATRICS (Neonates)	HRI			5			1	6	Yes	07/11/2016	20/11/2016		
FWH			PAEDIATRICS (Neonates)	HRI					7		7	Yes	07/11/2016	20/11/2016		
FWH	Y		PAEDIATRICS (extra W/E)	HRI		4	5				9	Yes	07/11/2016	20/11/2016		
FWH			PAEDIATRICS	HRI					7	1	8	Yes	07/11/2016	20/11/2016		
FWH			PAEDIATRICS	HRI	3						3	Yes	19/09/2016	02/10/2016		
FWH	Y		PAEDS SURGERY	HRI					1	3	4	Yes	07/11/2016	20/11/2016		
Surgery	Y		vascular/neuro	HRI	6						6	Yes	19/09/2016	02/10/2016		
Surgery	Y		GENERAL SURGERY & ACUTE	RI/ CH	16						16	Yes	19/09/2016	02/10/2016		
Surgery	Y		NEW VASCULAR ROTA NOV 2014	HRI					**1**		1	Yes	06/03/2017	19/03/2017		
Surgery			GENERAL SURGERY	HRI					8	3	11	Yes	06/03/2017	19/03/2017		
Surgery	Y		GENERAL SURGERY	CHH					1	3	4	Yes	06/03/2017	19/03/2017		
Surgery			ORTHOPAEDICS	HRI					11	4	15	Yes	06/03/2017	19/03/2017		
Surgery			NEUROSURGERY	HRI					**5**		5	Yes	06/03/2017	19/03/2017		
Surgery			ENT	CHH					3	3	6	Yes	15/08/2016	28/08/2016	92	PASS
Surgery			ORAL MAXOFACIAL	HRI			10				10	Yes	06/02/2017	19/02/2017		
Surgery			ORAL MAXOFACIAL	HRI					2	4	6	Yes	06/02/2017	19/02/2017		
Surgery			PLASTICS	CHH					5	2	7	Yes	06/02/2017	19/02/2017		
Surgery			UROLOGY	CHH					3	2	5	Yes	05/12/2016	18/12/2016		
Surgery			ANAESTHETIC - CARDIO-TH	CHH					5	3	8	Yes	09/01/2017	22/01/2017		
Surgery			ANAESTHETICS (OBS)CALL B	HRI			4		4		8	Yes	09/01/2017	22/01/2017		
Surgery			ANAESTHETICS (SHO)	HRI			8				8	Yes	09/01/2017	22/01/2017		
Surgery			ANAESTHETICS (SENIOR SpR)	HRI					8		8	Yes	09/01/2017	22/01/2017		
Surgery			ANAESTHETICS (ICU)	HRI					8		8	Yes	09/01/2017	22/01/2017		
Surgery			ANAESTHETICS (ICU2)	CHH					7		7	Yes	09/01/2017	22/01/2017		
Surgery			ANAESTHETICS (Neuro ICU)	HRI			8				8	Yes	09/01/2017	22/01/2017		
Surgery	Y		CARDIO-THORACIC/CARDIOLOGY	CHH		5	4				9	Yes	06/03/2017	19/03/2017		
Surgery	Y		ORTHOPAEDICS & surgery (6+3)	HRI		9					9	Yes	06/03/2017	19/03/2017		
Surgery	Y		NEURO/SURG/ORTHO CORE TRAINEES	HRI			11				11	Yes	06/03/2017	19/03/2017		
Surgery	Y		ENT / UROLOGY	CHH		5					5	Yes	06/03/2017	19/03/2017		
Surgery	Y		F1 CRIT CARE	HRI	5						5	Yes	19/09/2016	02/10/2016		
Surgery	Y		CARDIO-THORACIC	CHH					5	6	11	Yes	06/02/2017	19/02/2017		
Surgery/ Medicine	Y		SURGERY MIXED CORE TRAINEES	CHH			10				10	Yes	06/02/2017	19/02/2017		

Doctors on the 2016 contract submit exception reports if they feel there has been a breach of safe working hours. The Guardian of Safe Working Hours receives copies of all exception reports submitted by junior doctors reporting breaches in their safe hours of work. Most are dealt with at departmental level. The following breaches have required the Guardian to apply a fine to the department or Health Group this month:

- No breaches (no doctors currently on this contract)

The two main software providers for exception reporting are demonstrating their products under development this month, so a decision can be made about the best system to use.

4. EXCEPTION REPORTS FOR ESCALATION

The Guardian of Safe Working Hours is required to escalate issues in relation to safe working hours to the Chief Medical Officer where they have not been addressed at departmental level. This month the following issues have been escalated:

- No issues (N/A)

The Guardian of Safe Working Hours is required to escalate issues to the Board which remain unresolved after the involvement of the Chief Medical Officer. This month the following issues require escalation to the Board:

- No issues

5. ROTA GAPS

The Guardian of Safe Working Hours is required to present data to the Board on all rota gaps on all shifts.

This data is currently being collected. Medical Staffing have collected data on trainee gaps at all levels. The current situation (Sept 2016) is summarised below:

		GAPS					% FILLED
Health Group	Specialty	F1	F2	GPSTR	CT	ST	
FWH	Obs and Gynae	0	0	0	0	0	100
	Paediatrics	0	0	0	0	1	94.7
	Paediatric surgery	0	0	0	0	0	100
	Ophthalmology	0	0	0	0	1	88.8
	Breast Surgery	0	0	0	0	0	100
Clinical support	Infectious diseases	0	0	0	1	2	75
	Medical Oncology	0	0	1	2	1	64.2
	Chemical Pathology	0	0	0	0	1	50
	Haematology	0	0	0	0	0	100
	Clinical Oncology	0	0	0	0	1	80
Medicine	Acute Medicine	0	0	0	0	3	76.2
	Cardiology	0	0	0	0	2	87.5
	Endocrinology	0	0	0	0	0	100
	Gastro	0	0	0	0	0	100
	DME	0	0	0	0	0	100
	Neurology	0	0	0	1	0	83.3
	Chest	0	0	1	1	0	85
	Rheumatology	0	0	1	0	0.5	72.2
	Emergency Medicine	0	0	2	1	3	86
	Renal	0	0	0	0	0	100
Surgery	Intensive Care	0	0	0	0	0	100
	Anaesthetics	0	0	0	0	0	100
	Orthopaedics	0	0	1	2	0	66.6
	Neurosurgery	0	0	0	0	0	100
	Urology	0	0	0	0	0	100
	Vascular	0	0	0	0	0	100
	Upper GI	1	0	0	0	0	100
	Lower GI	1	0	0	0	0	85.7
	Acute Surgery	0	0	0	0	0	100
	Plastics	0	0	0	0	0	100
	ENT	0	0	0	0	0	100
	Cardiothoracic Surgery	0	0	0	0	1	83.3

Data on Trust doctors is harder to determine. Medical Staffing are currently working with individual departments to collect details on their establishment and gaps. It should be noted that Medical Staffing are not resourced for this workload.

6. E-ROSTER

It is essential that all departments use e-roster to account for the deployment of medical staff, for accurate reporting of sickness and other absence, and for co-ordinating locum usage data (see item 7). The roll-out of e-roster has been patchy, with some areas using it fully, and other areas not using it at all.

Those departments that are using e-roster do report that ward level staff are sometimes unable to access the available information about medical staff.

There is an ongoing project from HR to roll this out to all areas and a re-launch is planned to coincide with the new contract.

The current situation is summarised below:

Rota Number	Health Group	Engagement with clinician	On Healthroster
Rota 60 - Paediatrics - FY1	FWH	Yes - But never replied to numerous e-mails (e-mailed Dr Gupta (clincial Lead) 22.8.16)	Yes (Medical staffing logging sickness & A/L)
Rota 56 - Neonates - Mixed	FWH	Yes - refused to use (meeting with Chris Wood to discuss way forward)	Yes (Medical staffing logging sickness)
Rota 57 - Neonates - Reg	FWH	Yes - refused to use (meeting with Chris Wood to discuss way forward)	Yes (Medical staffing logging sickness)
Rota 58 - Paediatrics - Mixed	FWH	Yes	Yes
Rota 59 - Paediatrics - Reg	FWH	Yes - e-mail sent 01/09/2016	Yes (Medical staffing logging sickness)
Rota 66 - Paediatrics - Reg	FWH	Yes	Yes
Rota 35 - Ophthalmics - Mixed	FWH	Yes (new reg refusing to to use)	Yes (admin staff using to log annual leave)
Rota 36 - Ophthalmics - Reg	FWH	Yes (new reg refusing to to use)	Yes (admin staff using to log annual leave)
Rota 13 - Dermatology - Reg	FWH	Yes (new reg refusing to to use)	Yes (admin staff using to log annual leave)
Rota 51 - Obs & Gynae - Mixed	FWH	Yes - Needs admin support from HG	Yes (but sedondary to excel spreadsheet)
Rota 52 - Obs & Gynae - Reg	FWH	Yes - Needs admin support from HG	Yes (but sedondary to excel spreadsheet)
Rota 4 - Medicine - FY1	Medicine	Yes - apart from Psychiatry, Neurology	
Rota 4B - Medicine - FY1	Medicine		
Rota 18 - Medicine - FY1	Medicine	Yes - apart from Psychology	
Rota 5 - Medicine - Mixed	Medicine	Yes - apart from Neurology (September Deadline Given by HG)	
Rota 9 - Medicine - Mixed	Medicine	Yes	Yes
Rota 14 - Elderly Medicine - Mixe	Medicine	Yes	Yes
Rota 15 - Medicine - Mixed	Medicine	Yes	Yes
Rota 19 - Acute Medicine - Mixe	Medicine	Yes	Yes
Rota 250 - Academic Medicine -	Medicine	Yes	Yes
Rota 6 - RMO - Reg	Medicine	Yes	Yes
Rota 1 - A&E - FY2	Medicine	Yes	No - but work undergoing
Rota 2B - A&E - Mixed	Medicine	Yes	No - but work undergoing
Rota 2 - A&E - Reg	Medicine	Yes	No - but work undergoing
Rota 7 - Neurology - Reg	Medicine	Yes - DGM chasing up with a september deadline	No (September deadline given by HG)
Rota 20 - Cardiology - Reg	Medicine	Yes - work ongoing hopefully complete by end of September	No (September deadline given by HG)
Rota 18B - Crit Care - FY1	Surgery	Yes - Meeeting with Admin support 19.9.16	Yes (Medical staffing logging sickness & A/L)
Rota 23 - Vascular - FY1	Surgery	No - unable to pinpoint clinican	Yes (Medical staffing logging sickness & A/L)
Rota 25 - General Surgery - FY1	Surgery	No - unable to pinpoint clinican	Yes (Medical staffing logging sickness & A/L)
Rota 124A - Surgery Mixed Core	Surgery	Yes	Yes
Rota 124B - ENT/Urology - FY2	Surgery	Yes	Yes
Rota 131 - Neuro/Ortho/Plastics	Surgery	Yes	Yes
Rota 129 - Orthopaedic/ Gen Su	Surgery	Yes	Yes
Rota 121 - Cardio-Thoracic/Cardi	Surgery	Yes	Yes
Rota 22fs - Cardio-Thoracic - Reg	Surgery	Yes	Yes
Rota 28 - General Surgery (CHH)	Surgery	Yes	Yes
Rota 27 - General Surgery (HRI)	Surgery	No - unable to pinpoint clinican	No
Rota 26 - Vascular - Reg	Surgery	No - unable to pinpoint clinican	No
Rota 30 - Orthopaedics - Reg	Surgery	Yes - refused to use	No
Rota 32 - Neurosurgery - Reg	Surgery	Yes	Yes
Rota 34 - ENT - Reg	Surgery	Yes - e-mailed 1/09/2016	No
Rota 37 - Oral Maxofacial -Mixed	Surgery	Yes - refused to use	No
Rota 38 - Oral Maxofacial - Reg	Surgery	Yes - refused to use	No
Rota 40 - Plastics - Reg	Surgery	No - unable to pinpoint clinican	No
Rota 42 - Urology - Reg	Surgery	No - unable to pinpoint clinican	No
Rota 80 - Histopathology - Reg	Clinical Support	Yes	Yes
Rota 81 - Chemical Pathology - R	Clinical Support	Yes	Oct-16
Rota 99 - Palliative Medicine - Re	Clinical Support	Yes - meeting booked for 6.10.16	No
Rota 11 - Microbiology - Reg	Clinical Support	Yes - No Mircobiology Drs for this rotation	Yes
Rota 12 - Clinical Oncology - Reg	Clinical Support	Yes - Training attended and awaiting further information from Dr Rehman ready for Octob	No - but work undergoing
Rota 8 - Oncology/Haematology	Clinical Support	Yes	Yes
Rota 16 - Infectious Diseases - R	Clinical Support	Yes	Yes
Rota 17 - Haematology - Reg	Clinical Support	Yes	Yes
Rota 77 - Radiology - Reg	Clinical Support	Yes	Yes
Rota 78 - Radiology - Reg	Clinical Support	Yes	Yes
Rota 79 - Radiology - Reg	Clinical Support	Yes	Yes

7. LOCUM USAGE

The Guardian of Safe Working is required to present data to the Board on Locum Usage in all specialties and at all levels.

This data has never been centrally collected before. Medical Staffing are working to develop systems to co-ordinate this data collection using e-roster. There are no results available yet.

8. QUALITATIVE DATA

8.1 GOOD PRACTICE

Medical Staffing have reviewed all the junior doctor rotas and ensured they are all compliant with the 2016 contract. In most cases, very little change was needed to make them compliant.

8.2 PERSISTENT OR RECURRENT CONCERNS

None identified this month.

9. SYSTEM-WIDE ISSUES

The Guardian of Safe Working Hours is required to inform the Board if posts have issues that cannot be remedied locally and require a system-wide solution. The Board will then raise the issue with partner organisations (e.g. Health Education England, NHS England, NHS Improvement) to find a solution.

The following system-wide issues have been identified this month:

- No issues

10. ACTION REQUESTED OF THE TRUST BOARD

The Trust Board is requested to receive this report and:

- Decide if this report provides sufficient information and assurance
- Decide if any further information and/or actions are required

Helen Cattermole
Guardian of Safe Working Hours

Kevin Phillips
Executive Chief Medical Officer

September 2016

Hull and East Yorkshire Hospitals NHS Trust

TRUST BOARD REPORT 2016 – 9 - 18	
Meeting date:	29 September 2016
Title:	Modern Slavery Statement and draft Action Plan
Presented by:	Liz Thomas, Director of Governance and Corporate Affairs
Author:	Sarah Dolby, HR Advisor, Employment Policy and Resourcing
Purpose:	The purpose of this paper is to present the Trust's Modern Slavery Statement for the financial year 2015/2016 for approval. The Modern Slavery Statement and draft Action Plan have been considered and approved by the Workforce Transformation Committee at the meeting on 17 August 2016 and the Diversity and Inclusion Steering Group at the meeting on 24 August 2016.
Recommendation(s):	The Board is asked to note and approve the content of the Modern Slavery Statement which will be published on the Trust's internet page and draft Action Plan. Please note that the draft Action Plan is an internal document only and will be amended, updated and presented to Workforce Transformation Committee and the Diversity and Inclusion Steering Group on a quarterly basis.

Hull and East Yorkshire Hospitals NHS Trust

MODERN SLAVERY STATEMENT
TRUST SUBMISSION 2016

1 PURPOSE

The purpose of this paper is to share the Modern Slavery Statement for the financial year 2015/2016 and also to inform the Board about what steps the Trust has taken in order to meet the obligations of the Modern Slavery Act 2015.

2 BACKGROUND

Following the introduction of the Modern Slavery Act in 2015, there is a statutory requirement for the Trust to produce an annual statement describing what steps have or are being taken to tackle modern slavery (or state that no action has been taken if this is the case).

The expectation is that the Trust build on their statements each year, in order for them to evolve and improve over time. Therefore a relatively brief statement can be issued at this point. There is no precise detail of what should be included or how the statement should be structured; however the Government have provided a non-exhaustive list below:

- the organisation's structure, its business and its supply chains;
- its policies in relation to slavery and human trafficking;
- its due diligence processes in relation to slavery and human trafficking in its business and supply chains;
- the parts of its business and supply chains where there is a risk of slavery and human trafficking taking place, and the steps it has taken to assess and manage that risk;
- its effectiveness in ensuring that slavery and human trafficking is not taking place in its business or supply chains, measured against such performance indicators as it considers appropriate; the training and capacity building about slavery and human trafficking available to its staff;
- training available

3 THE PROPOSED STATEMENT FOR 2015/2016

The proposed statement (see Appendix 1) is for the Board's approval, along with the first draft of the action plan that has been produced by the Modern Slavery Group (see Appendix 2).

The draft statement produced is relatively brief for 2015/2016 with the view for it to develop and improve over time.

The statement needs to be approved and signed by the Trust's Board of Directors, and must be published within six months of the end of the financial year on the Trust's website with a link in a prominent place on the homepage.

The action plan will evolve over time as our knowledge in this area grows. The group will use the action plan to track any ongoing work that is taking place in relation to modern slavery and also use it to highlight where there are currently gaps that could be improved upon.

It is worth noting that tackling modern slavery is a key agenda item for the new Prime Minister, as highlighted in an article for the Sunday Telegraph at the beginning of August 2016. This advised that the Government are planning to set up a task force to raise awareness of modern slavery, improve training for those in the criminal justice system and strengthen support for victims. As part of the Trust's action plan for 2016/2017 it will be important to monitor the work that is being done on this nationally, in order to see if we may need to link any national initiatives with the work ongoing within the Trust.

The Modern Slavery Statement and draft Action Plan have been considered and approved by the Workforce Transformation Committee at the meeting on 17 August 2016 and the Diversity and Inclusion Steering Group at the meeting on 24 August 2016.

4 RECOMMENDATION

The Board is asked to note the content of this report and approve the Modern Slavery Statement and Action Plan.

Sarah Dolby
HR Advisor - Employment Policy and Resourcing
August 2016

APPENDIX 1

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

MODERN SLAVERY STATEMENT
FOR THE FINANCIAL YEAR 1 APRIL 2015 TO 31 MARCH 2016

Introduction
This statement sets out the steps that the Hull and East Yorkshire Hospitals NHS Trust have taken for the financial year; 1 April 2015 to 31 March 2016, to ensure that modern slavery (i.e. slavery and human trafficking), is not taking place in any part of its own business or any of its supply chains.

About the Trust
Hull and East Yorkshire Hospitals NHS Trust is a large acute Trust situated in Kingston upon Hull and the East Riding of Yorkshire.

The Trust employs just over 8,500 staff, has an annual turnover of £555m and has two main sites; Hull Royal Infirmary and Castle Hill Hospital. Outpatient services are also delivered from locations across the local health economy area.

The Trust's organisational structures are available on the Trust internet and also via the links below:

- Board Committee Structure
- Executive Management Committee Structure
- Executive Structure
- Health Group Structure

Policies
The Trust has a number of internal policies and procedures in place to help safeguard against modern slavery which includes (but not exclusively) the following:

- Whistleblowing - Raising Concerns at Work CP169
- Recruitment and Selection Policy CP089
- Recruitment and Selection - Medical and Dental Consultant Staff CP190
- Criminal Record Checking (Disclosure) Policy CP088
- Health And Safety at Work Policy CP137
- Policy for the Safeguarding of Adults at Risk CP277
- Situations Where Abuse or Neglect of Children Is Suspected CP278
- Safeguarding Children and Adults Supervision Policy CP341

All the Trust's policies are available to staff via the Trust's intranet. The Trust is committed to reviewing policies on a regular basis and in line with changes to legislation.

Due Diligence
The Trust is committed to preventing slavery and human trafficking in its corporate activities, and to ensuring that its supply chains are free from slavery and human trafficking. The Trust also has a responsibility to ensure that workers are not being exploited, that they are safe and that relevant employment (working hours etc.), health and safety, human rights laws and international standards are adhered to.

The Trust adheres to the National NHS Employment Checks Standards, which among others includes pre-employment checking which seek to verify that an individual meets the preconditions of the role they are applying for.

The Trust expects that the supply chains it works with to have suitable anti-slavery and human trafficking policies and processes in place. The Trust is currently following up with suppliers to request affirmation that they comply with the Modern Slavery Act 2015.

Within Procurement, the Trust uses a Pre-Qualification Questionnaire (PQQ) which asks organisations to confirm whether they or any persons affiliated with them have been convicted of an offence under section 2 or section 4 of the Modern Slavery Act 2015. The Trust will ensure that this also forms part of other types of tenders. Documentation will be amended to reflect the requirements.

The Trust has a robust incident reporting system where modern slavery concerns can be raised, which are then brought to the attention of the safeguarding team. The team will then investigate the concern and determine whether a safeguarding alert should be made against the appropriate organisation.

Training

Modern Slavery is embedded into the Trust's mandatory Adult Safeguarding training for all staff and forms part of the Trust's key performance indicators. To supplement this, the Trust also provides an 'Identifying and Supporting Victims of Modern Slavery' voluntary eLearning module to help frontline healthcare staff to identify victims of human trafficking and take appropriate action to address their health and safety needs.

Awareness-raising Programme

Following the obligation to produce the modern slavery annual statement, a group has formed within the Trust made up of key colleagues who represent the areas where there are links to modern slavery (HR/Procurement/Risk/Facilities/Training). The group will facilitate the work that needs to be undertaken to ensure that the Trust is meeting its obligations under the Modern Slavery Act 2015 by producing an action plan. The group will also review and update the modern slavery statement on an annual basis.

There is also a local partnership working group in place to specifically look at the processes for referral led by the Safeguarding Adult Board and to which the acute Trust is represented.

The Board of Directors has considered and approved this statement and will continue to support the requirements of the legislation.

Signed	_____	Signed	_____
	Mr Mike Ramsden Chairman		Mr Chris Long Chief Executive
Dated	_____	Dated	_____

APPENDIX 2

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

MODERN SLAVERY ACTION PLAN 2016/2017
4 AUGUST 2016

Modern Slavery Group: Julie Bonewell: Nurse Bank Manager
Zoe Dale: Named Midwife for Safeguarding/Supervisor of Midwives
Sarah Dolby: HR Advisor, Employment Policy and Resourcing
Caroline Gorman: Hotel Services Manager
Mark Green: Head of Risk, Claims and Safety
Ben Greenwood: Education and Development Advisor
Julie Lumb: Head of Procurement, Supplies
Stacey Taylor: Payroll Officer

1 BACKGROUND AND PURPOSE

The group is made up of key colleagues who represent the areas where there are links to modern slavery (HR/Procurement/Risk/Facilities/Training).

The group will facilitate the work that needs to be undertaken to ensure that the Trust is meeting its obligations under the Modern Slavery Act 2015 by producing an action plan and will meet on a quarterly basis. The group will also review and update the modern slavery statement on an annual basis.

2 MODERN SLAVERY ACTION PLAN 2016/2017

Action	Owner	Due Date
Produce a record of all agencies, contractors, sub-contractors that the Trust use	Julie Bonewell Sarah Dolby Caroline Gorman Julie Lumb	TBC
Obtain assurances from agencies, contractors, sub-contractors that they have steps in place to safeguard against modern slavery and human trafficking	Julie Bonewell Caroline Gorman Julie Lumb	TBC
Raise awareness of modern slavery / human trafficking through communications in relation to staff	All	TBC
Identify if all staff know who to notify if they have any concerns re modern slavery / human trafficking	Sarah Dolby	TBC
Review the process for changing bank details in ESR to see if there are any steps we can take as an organisation to protect staff from modern slavery	Sarah Dolby / Payroll* *Laura Clarke emailing round to payroll managers group	TBC
Review the PQQ process	Julie Lumb	TBC
Monitor national initiatives and assess impact on Trust responsibilities	All	TBC

3 WORK ALREADY UNDERTAKEN

3.1 Human Resources/Agency/Bank

The Nurse Bank Manager has contacted the agencies who provide nurses to the Trust through the bank provision in July 2016.

MB&S Healthcare have responded provided a statement which shows their adherence to the Modern Slavery Act 2015.

3.2 Facilities

Facilities contacted the contractors in July 2016 to seek assurances that they comply with the Modern Slavery Act 2015 legislation and have received the following information thus far:

Contractors	Action and Assurance
Berendsen Linen Services	Berensden will publish their statement towards the end of 2016 as required by law (information supplied by Lauren Skelland, Customer Relationship Manager)
Hospedia Bedside Communications Services	Awaiting confirmation of their position
MITIE Domestic Services	A plan has been implemented showing compliance with the legislation and is available on the MITIE website (information supplied by Richard White, Group Enterprise Risk Director)
OCS Security, Waste and Car Parking Services	Marc Beaumont, Head of Sustainability is responsible for this service and has been requested to seek assurances by Caroline Gorman
HEY Non-Clinical Safeguarding Training	All contractors have access to the Trust Non-Clinical Safeguarding training which covers human tracking and modern slavery and provides contacts how to raise concerns and links to relevant websites

3.3 Safeguarding Training and Awareness

Ben Greenwood, Education and Development Advisor, chairs the Trust's Safeguarding Committee Training Sub Group that monitors training provision and compliance for all safeguarding topics including Modern Slavery.

Modern Slavery is embedded into the Trust's mandatory Adult Safeguarding training for all staff which forms part of the Trust's key performance indicators. To supplement this, the Trust also provides an 'Identifying and Supporting Victims of Modern Slavery' voluntary eLearning module to help frontline healthcare staff to identify victims of human trafficking and take appropriate action to address their health, wellbeing and safety needs.

The following courses have been identified as containing information about modern slavery:

Course	Relevant Content	Format	Audience
Identifying and Supporting Victims of Modern Slavery	All	eLearning	All staff
Safeguarding for Non Clinical Staff (Safeguarding Children & Adults Level 1)	• One dedicated slide • 'Modern Slavery is closer than you think' video is shown • Modern Slavery Staff Guidance provided as a hand-out	Face to face presentation; Video; Hand-out	All non-clinical staff
Safeguarding Day for Clinical Staff (Safeguarding Children & Adults Level 2; Mental	Children: • Trafficking discussed with 'Sexual Harm' slide 13 (see tutor notes)	Face to face presentation; Video; Hand-out	All clinical staff

Capacity Act & Deprivation of Liberty Safeguards)	• Trafficking discussed on 'Children Abused in Specific Circumstances' slide 30 <u>Adults:</u> • One dedicated slide • 'Modern Slavery is closer than you think' video is shown • Modern Slavery Staff Guidance provided as a hand-out		
Safeguarding Children Training Advanced Level 3 - for staff working predominantly with children and young people and/or their parents	• 12 slides dedicated to modern slavery • Short video on human trafficking		Mandatory for staff working predominantly with children and young people and/or their parents or carers, staff with safeguarding link nurse role responsibilities. Managers with responsibility for the above named group
Safeguarding Adults eLearning	• One dedicated slide • 'Modern Slavery is closer than you think' video is shown • Modern Slavery Staff Guidance provided as a hand-out	eLearning; Video; Link to Hand-out	All staff
Safeguarding Adults Update	• One dedicated slide • 'Modern Slavery is closer than you think' video is shown	Face to face presentation; Video	Consultant Medical Staff
Caring for Vulnerable Women	45 Minute presentation dedicated to Modern Slavery	Face to face	All staff

In addition, the Trust also has information relating specifically to modern slavery available to all staff through the safeguarding intranet pages below:

- Safeguarding Adults - see also Mental Health
- Safeguarding Children Team (previously known as Child Protection Team)

Modern slavery staff guidance is available on the Human Trafficking and Modern Slavery intranet page and has recently been updated to reflect slight changes to terminology and to incorporate the Trust's safeguarding contacts.

Zoe Dale is the Named Midwife for Safeguarding and is part of the Modern Slavery multi agency group under the Hull Safeguarding Adults Partnership Board. ZD has had contact

from the Wilberforce Institute for the study of Slavery and Emancipation (WISE) who are keen to do more work with the Trust. The group agreed to explore this idea further.

The modern day slavery pathway for Hull has asked the Trust for funding which is being explored by Kate Rudston. ZD to share updates with the group as and when appropriate.

3.4 Risk

The Trust has a robust incident reporting system (DATIX). Staff are able to report any incident (clinical or non-clinical) in the system. Modern Slavery concerns could be picked up directly or non-directly via the reporting of incidents or concerns that have safeguarding implications. The incident reporter would provide details of the incident or concern and if they felt, with the information they had available at the time, that there was the potential for a safeguarding issue this is automatically brought to the attention of the safeguarding team. The safeguarding team will then investigate the safeguarding concern and determine whether a safeguarding alert should be made against the appropriate organisation.

The safeguarding should include allegations of modern slavery, but this is clearly reliant on the 'patient' providing the information to a member of staff in the first place.

3.5 Procurement/Supplies

Within Procurement, the Trust uses a Pre-Qualification Questionnaire (PQQ) which asks organisations to confirm that they or any persons affiliated with them have been convicted of an offence under section 2 or section 4 of the Modern Slavery Act 2015. The Trust will ensure that this also forms part of other types of tenders. Documentation will be amended to reflect the requirements.

4 CONCLUSION

The action plan will be reviewed and updated as part of the ongoing quarterly meetings held by the modern slavery group. The action plan will be shared with the Workforce Transformation Committee and Diversity and Inclusion Steering Group on a quarterly basis for their comment and feedback.

Hull and East Yorkshire Hospitals NHS Trust

TRUST BOARD REPORT – 2016 – 9 - 19	
Meeting date:	29 September 2016
Title:	Standing Orders
Presented by:	Liz Thomas – Director of Governance
Author:	Rebecca Thompson – Assistant Trust Secretary
Purpose:	To approve those matters that are reserved to the Trust Board in accordance with the Trust's Standing Orders and Standing Financial Instructions.
Recommendation(s):	The Trust Board is requested: • to authorise the use of the Trust's Seal • to approve the Standing Orders and Standing Financial Instructions

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

STANDING ORDERS

1 PURPOSE OF THE REPORT

To approve those matters that are reserved to the Trust Board in accordance with the Trust's Standing Orders and Standing Financial Instructions.

2 APPROVAL OF SIGNING AND SEALING OF DOCUMENTS

The Trust Board is requested to authorise the use of the Trust seal as follows:

SEAL	DESCRIPTION OF DOCUMENTS SEALED	DATE
2016/20	Hull and East Yorkshire Hospitals NHS Trust and Derrick Kershaw Partnership - Contract documents in relation to Lansdowne Street improvement works at HRI	19.08.16
2016/21	Hull and East Yorkshire Hospitals NHS Trust and Derrick Kershaw Partnership – Contract documents in relation to MRI enabling works at HRI	19.08.16
2016/22	Hull and East Yorkshire Hospitals NHS Trust and Northern Lincolnshire and Goole NHS Foundation Trust and Fresenius Medical Care Renal Services Ltd – Licence to carry out works relating to lease of the renal care unit at Diana, Princess of Wales Hospital, Scartho Road, Grimsby	26.08.16

3 COUNTERPART LEASE RELATING TO THE VILLAGE, BEVERLEY ROAD, HULL

A query was raised at the Board meeting in July 2016 which related to a counterpart lease for 95 rooms at houses 1-4, The Village, Beverley Road, Hull. The Board requested further details.

The lease is for student accommodation at The Village, and the rooms are used to provide accommodation for HYMS students whilst they are on rotation or in training with the Trust. The accommodation is funded by HYMS and the Trust manages the lease and allocation of accommodation on their behalf through our residential services department.

4 STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS

Attached at Appendix 1 is the revised Standing Orders and Standing Financial Instructions for approval by the Board. The document was reviewed by the Audit Committee on 8 September 2016. The Board is requested to consider section 10.2.1 of the Standing Financial Instructions relating to the Remuneration and Terms of Service Committee. The Board currently delegates responsibility for the remuneration of those posts which report to the Chief Executive, to the Remuneration Committee. The Board is requested to consider whether it wishes to continue this arrangement or reserve these decisions to the full Board.

5 RECOMMENDATIONS

The Trust Board is requested:

- to authorise the use of the Trust's Seal
- to approve the Standing Orders and Standing Financial Instructions including responsibilities relating to the Remuneration Committee.

Rebecca Thompson
Assistant Trust Secretary
September 2016

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

STANDING ORDERS, RESERVATION AND DELEGATION of POWERS and STANDING FINANCIAL INSTRUCTIONS

CONTENTS Page

CONTENTS Page

SECTION A

1. INTERPRETATION AND DEFINITIONS FOR STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS

1.1 Save as otherwise permitted by law, at any meeting the Chairman of the Trust shall be the final authority on the interpretation of Standing Orders (on which they should be advised by the Chief Executive and/or Trust Secretary).

1.2 Any expression to which a meaning is given in the National Health Service Act 1977, National Health Service and Community Care Act 1990 and other Acts relating to the National Health Service or in the Financial Regulations made under the Acts shall have the same meaning in these Standing Orders and Standing Financial Instructions and in addition:

1.2.1 **"Accountable Officer"** means the NHS Officer responsible and accountable for funds entrusted to the Trust. The officer shall be responsible for ensuring the proper stewardship of public funds and assets. For this Trust it shall be the Chief Executive.

1.2.2 **"Trust"** means the Hull and East Yorkshire Hospitals NHS Trust.

1.2.3 **"Board"** means the Chairman, officer and non-officer members of the Trust collectively as a body.

1.2.4 **"Budget"** means a resource, expressed in financial terms, proposed by the Board for the purpose of carrying out, for a specific period, any or all of the functions of the Trust.

1.2.5 **"Budget holder"** means the director or employee with delegated authority to manage finances (Income and Expenditure) for a specific area of the organisation.

1.2.6 **"Chairman of the Board (or Trust)"** is the person appointed by the Secretary of State for Health to lead the Board and to ensure that it successfully discharges its overall responsibility for the Trust as a whole. The expression "the Chairman of the Trust" shall be deemed to include the Vice-Chairman of the Trust if the Chairman is absent from the meeting or is otherwise unavailable.

1.2.7 **"Chief Executive"** means the chief officer of the Trust.

1.2.8 **"Commissioning"** means the process for determining the need for and for obtaining the supply of healthcare and related services by the Trust within available resources.

1.2.9 **"Committee"** means a committee or sub-committee created and appointed by the Trust.

1.2.10 **"Committee members"** means persons formally appointed by the Board to sit on or to chair specific committees.

1.2.11 **"Contracting and procuring"** means the systems for obtaining the supply of goods, materials, manufactured items, services, building and engineering services, works of construction and maintenance and for disposal of surplus and obsolete assets.

1.2.12 **"Funds held on trust"** shall mean those funds which the Trust holds on date of incorporation, receives on distribution by statutory instrument or chooses subsequently to accept under powers derived under S.90 of the NHS Act 1977, as amended. Such funds may or may not be charitable.

1.2.13 **"Member"** means officer or non-officer member of the Board as the context permits. Member in relation to the Board does not include its Chairman.

1.2.14 **"Associate Member"** means a person appointed to perform specific statutory and non-statutory duties which have been delegated by the Trust Board for them to perform and these duties have been recorded in an appropriate Trust Board minute or other suitable record.

1.2.15 **"Membership, Procedure and Administration Arrangements Regulations"** means NHS Membership and Procedure Regulations (SI 1990/2024) and subsequent amendments.

1.2.16 **"Nominated officer"** means an officer charged with the responsibility for discharging specific tasks within Standing Orders and Standing Financial Instructions.

1.2.17 **"Non-officer member"** means a member of the Trust who is not an officer of the Trust and is not to be treated as an officer by virtue of regulation 1(3) of the Membership, Procedure and Administration Arrangements Regulations.

1.2.18 **"Officer"** means employee of the Trust or any other person holding a paid appointment or office with the Trust.

1.2.19 **"Officer member**" means a member of the Trust who is either an officer of the Trust or is to be treated as an officer by virtue of regulation 1(3) (i.e. the Chairman of the Trust or any person nominated by such a Committee for appointment as a Trust member).

1.2.20 **"Secretary" (Trust Secretary)** means a person appointed to act independently of the Board to provide advice on corporate governance issues to the Board and the Chairman and monitor the Trust's compliance with the law, Standing Orders, NHS Improvement and Department of Health guidance.

1.2.21 **"SFIs"** means Standing Financial Instructions.
1.2.22 **"SOs"** means Standing Orders.
1.2.23 **"Vice-Chairman"** means the non-officer member appointed by the Board to take on the Chairman's duties if the Chairman is absent for any reason.

SECTION B – STANDING ORDERS

1. INTRODUCTION

1.1 Statutory Framework

The Hull and East Yorkshire Hospitals NHS Trust is a statutory body which came into existence on 1st October 1999 under The Hull and East Yorkshire Hospitals NHS Trust Establishment Order 1999 No 2675.

(1) The principal place of business of the Trust is Hull Royal Infirmary. Patient care is also provided at Castle Hill Hospital.

(2) NHS Trusts are governed by Act of Parliament, mainly the National Health Service Act 1977 (NHS Act 1977), the National Health Service and Community Care Act 1990 (NHS & CC Act 1990) as amended by the Health Authorities Act 1995, Health Act 1999, the National Health Service Act 2006 and the Health and Social Care Act 2012.

(3) The functions of the Trust are conferred by this legislation.

(4) As a statutory body, the Trust has specified powers to contract in its own name and to act as a corporate trustee. In the latter role it is accountable to the Charity Commission for those funds deemed to be charitable as well as to the Secretary of State for Health.

(5) The Trust also has statutory powers under Section 28A of the NHS Act 1977, as amended by the Health Act 1999 and 2006, to fund projects jointly planned with local authorities, voluntary organisations and other bodies.

(6) The Code of Accountability requires the Trust to adopt Standing Orders (SOs) for the regulation of its proceedings and business. The Trust must also adopt Standing Financial Instructions (SFIs) as an integral part of Standing Orders setting out the responsibilities of individuals.

(7) The Trust will also be bound by such other statutes and legal provisions which govern the conduct of its affairs.

1.2 NHS Framework

(1) In addition to the statutory requirements the Secretary of State through the Department of Health issues further directions and guidance. These are normally issued under cover of a circular or letter.

(2) The Code of Accountability requires that, inter alia, Boards draw up a schedule of decisions reserved to the Board, and ensure that management arrangements are in place to enable responsibility to be clearly delegated to senior executives (a scheme of delegation). The code also requires the establishment of audit and remuneration committees with formally agreed terms of reference. The Codes of Conduct makes various requirements concerning possible conflicts of interest of Board members.

(3) The Code of Practice on Openness in the NHS sets out the requirements for public access to information on the NHS.

1.3 Delegation of Powers

The Trust has powers to delegate and make arrangements for delegation. The Standing Orders set out the detail of these arrangements. Under the Standing Order relating to the Arrangements for the Exercise of Functions (SO 5) the Trust is given powers to "make arrangements for the exercise, on behalf of the Trust of any of their functions by a committee, sub-committee or joint committee appointed by virtue of Standing Order 4 or by an officer of the Trust, in each case subject to such restrictions and conditions as the Trust thinks fit or as the Secretary of State may direct". Delegated Powers are covered in a separate document (Reservation of Powers to the Board and Delegation of Powers). This document has effect as if incorporated into the Standing Orders.

2. THE TRUST BOARD: COMPOSITION OF MEMBERSHIP, TENURE AND ROLE OF MEMBERS

2.1 Composition of the Membership of the Trust Board

In accordance with the Membership, Procedure and Administration Arrangements regulations the composition of the Board shall be:

(1) The Chairman of the Trust
(2) Up to 6 non-officer members
(3) Up to 5 officer members (but not exceeding the number of non-officer members):

- the Chief Executive;
- the Chief Financial Officer;
- the Chief Medical Officer;
- the Chief Nurse;
- the Chief Operating Officer

The Trust shall have not more than 12 and not less than 8 members (unless otherwise determined by the Secretary of State for Health and set out in the Trust's Establishment Order or such other communication from the Secretary of State).

2.2 Appointment of Chairman and Members of the Trust

(1) Appointment of the Chairman and Members of the Trust - Paragraph 4 of Schedule 5A to the 1977 Act, as inserted by the Health Act 1999, provides that the Chairman is appointed by the Secretary of State (through NHS Improvement), but otherwise the appointment and tenure of office of the Chairman and members are set out in the Membership, Procedure and Administration Arrangements Regulations.

2.3 Terms of Office of the Chairman and Members

(1) The regulations setting out the period of tenure of office of the Chairman and members and for the termination or suspension of office of the Chairman and members are contained in Sections 2 to 4 of the Membership, Procedure and Administration Arrangements and Administration Regulations. The period of tenure is notified by NHS Improvement for Non-Executive Directors.

2.4 Appointment and Powers of Vice-Chairman

(1) Subject to Standing Order 2.4 (2) below, the Chairman and members of the Trust may appoint one of their numbers, who is not also an officer member, to be Vice-Chairman, for such period, not exceeding the remainder of his term as a member of the Trust, as they may specify on appointing him.

(2) Any member so appointed may at any time resign from the office of Vice-Chairman by giving notice in writing to the Chairman. The Chairman and members may thereupon appoint another member as Vice-Chairman in accordance with the provisions of Standing Order 2.4 (1).

(3) Where the Chairman of the Trust has died or has ceased to hold office, or where they have been unable to perform their duties as Chairman owing to illness or any other cause, the Vice-Chairman shall act as Chairman until a new Chairman is appointed or the existing Chairman resumes their duties, as the case may be; and references to the Chairman in these Standing Orders shall, so long as there is no Chairman able to perform those duties, be taken to include references to the Vice-Chairman.

2.5 Joint Members

(1) Where more than one person is appointed jointly to a post mentioned in regulation 2(4)(a) of the Membership, Procedure and Administration Arrangements Regulations those persons shall count for the purpose of Standing Order 2.1 as one person.

(2) Where the office of a member of the Board is shared jointly by more than one person:
(a) either or both of those persons may attend or take part in meetings of the Board;

(b) if both are present at a meeting they should cast one vote if they agree;

(c) in the case of disagreements no vote should be cast;
(d) the presence of either or both of those persons should count as the presence of one person for the purposes of Standing Order 3.11 Quorum.

2.6 Role of Members

The Board will function as a corporate decision-making body, Officer and Non-Officer Members will be full and equal members. Their role as members of the Trust Board will be to consider the key strategic and managerial issues facing the Trust in carrying out its statutory and other functions.

(1) **Executive Members**

Executive Members shall exercise their authority within the terms of these Standing Orders and Standing Financial Instructions and the Scheme of Delegation.

(2) **Chief Executive**

The Chief Executive shall be responsible for the overall performance of the executive functions of the Trust. He/she is the **Accountable Officer** for the Trust and shall be responsible for ensuring the discharge of obligations under Financial Directions and in line with the requirements of the Accountable Officer Memorandum for Trust Chief Executives.

(3) **Chief Financial Officer**

The Chief Financial Officer shall be responsible for the provision of financial advice to the Trust and to its members and for the supervision of financial control and accounting systems. He/she shall be responsible along with the Chief Executive for ensuring the discharge of obligations under relevant Financial Directions.

(4) **Non-Executive Members**

The Non-Executive Members shall not be granted nor shall they seek to exercise any individual executive powers on behalf of the Trust. They may however, exercise collective authority when acting as members of or when chairing a committee of the Trust which has delegated powers.

(5) **Chairman**

The Chairman shall be responsible for the operation of the Board and chair all Board meetings when present. The Chairman has certain delegated executive powers. The Chairman must comply with the terms of appointment and with these Standing Orders.

The Chairman shall work with NHS Improvement over the appointment of Non-Executive Directors and once appointed shall take responsibility either directly or indirectly for their induction, their portfolios of interests and assignments, and their performance.

The Chairman shall work in close harmony with the Chief Executive and shall ensure that key and appropriate issues are discussed by the Board in a timely manner with all the necessary information and advice being made available to the Board to inform the debate and ultimate resolutions.

2.7 Corporate role of the Board

(1) All business shall be conducted in the name of the Trust.

(2) All funds received in trust shall be held in the name of the Trust as corporate trustee.

(3) The powers of the Trust established under statute shall be exercised by the Board meeting in public session except as otherwise provided for in Standing Order No. 3.

(4) The Board shall define and regularly review the functions it exercises on behalf of the Secretary of State.

2.8 Schedule of Matters reserved to the Board and Scheme of Delegation

(1) The Board has resolved that certain powers and decisions may only be exercised by the Board in formal session. These powers and decisions are set out in the 'Schedule of Matters Reserved to the Board' and shall have effect as if incorporated into the Standing Orders.

Those powers which it has delegated to officers and other bodies are contained in the Scheme of Delegation.

2.9 Lead Roles for Board Members

The Chairman will ensure that the designation of Lead roles or appointments of Board members as required by the Department of Health or as set out in any statutory or other guidance will be made in accordance with that guidance or statutory requirement

3. MEETINGS OF THE TRUST

3.1 Calling meetings

(1) Ordinary meetings of the Board shall be held at regular intervals at such times and places as the Board may determine.

(2) The Chairman of the Trust may call a meeting of the Board at any time.

(3) One third or more members of the Board may requisition a meeting in writing. If the Chairman refuses, or fails, to call a meeting within seven days of a requisition being presented, the members signing the requisition may forthwith call a meeting.

3.2 Notice of Meetings and the Business to be transacted

(1) Before each meeting of the Board a written notice specifying the business proposed to be transacted shall be delivered to every member, or sent by email or by post to the usual place of residence of each member, so as to be available to members at least three clear working days before the meeting. The notice shall be signed by the Chairman or by an officer authorised by the Chairman to sign on their behalf. Want of service of such a notice on any member shall not affect the validity of a meeting.

(2) In the case of a meeting called by members in default of the Chairman calling the meeting, the notice shall be signed by those members.

(3) No business shall be transacted at the meeting other than that specified on the agenda, or emergency motions allowed under Standing Order 3.6.

(4) A member desiring a matter to be included on an agenda shall make his/her request in writing to the Chairman at least ten working days before the meeting. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests made less than ten working days before a meeting may be included on the agenda at the discretion of the Chairman.

(5) Before each meeting of the Board a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed at the Trust's principal offices at least three clear days before the meeting, (required by the Public Bodies (Admission to Meetings) Act 1960 Section 1 (4) (a)).

Agendas and papers will be available on the Trust's website 3 working days before the public meeting of the Trust Board.

3.3 Agenda and Supporting Papers

The agenda will be sent to members at least three clear days before the meeting and supporting papers, whenever possible, shall accompany the agenda, but will certainly be despatched no later than three clear days before the meeting, save in emergency. Papers can be electronically transmitted, if requested, by the Board member.

3.4 Petitions

Where a petition has been received by the Trust Chairman, the Chairman shall include the petition as an item for the agenda of the next meeting.

3.5 Notice of Motion

(1) Subject to the provision of Standing Orders 3.7 'Motions: Procedure at and during a meeting' and 3.8 'Motions to rescind a resolution', a member of the Board wishing to move a

motion shall send a written notice to the Chief Executive who will ensure that it is brought to the immediate attention of the Chairman.

(2) The notice shall be delivered at least 10 clear days before the meeting. The Chief Executive shall include in the agenda for the meeting all notices so received that are in order and permissible under governing regulations. This Standing Order shall not prevent any motion being withdrawn or moved without notice on any business mentioned on the agenda for the meeting.

3.6 Emergency Motions

Subject to the agreement of the Chairman, and subject also to the provision of Standing Order 3.7 'Motions: Procedure at and during a meeting', a member of the Board may give written notice of an emergency motion after the issue of the notice of meeting and agenda, up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. If in order, it shall be declared to the Trust Board at the commencement of the business of the meeting as an additional item included in the agenda. The Chairman's decision to include the item shall be final.

3.7 Motions: Procedure at and during a meeting

i) **Who may propose**

A motion may be proposed by the Chairman of the meeting or any member present. It must also be seconded by another member.

ii) **Contents of motions**

The Chairman may exclude from the debate at their discretion any such motion of which notice was not given on the notice summoning the meeting other than a motion relating to:

- the reception of a report;
- consideration of any item of business before the Trust Board;
- the accuracy of minutes;
- that the Board proceed to next business;
- that the Board adjourn;
- that the question be now put.

iii) **Amendments to motions**

A motion for amendment shall not be discussed unless it has been proposed and seconded.

Amendments to motions shall be moved relevant to the motion, and shall not have the effect of negating the motion before the Board.

If there are a number of amendments, they shall be considered one at a time. When a motion has been amended, the amended motion shall become the substantive motion before the meeting, upon which any further amendment may be moved.

iv) **Rights of reply to motions**

a) Amendments

The mover of an amendment may reply to the debate on their amendment immediately prior to the mover of the original motion, who shall have the right of reply at the close of debate on the amendment, but may not otherwise speak on it.

b) Substantive/original motion

The member who proposed the substantive motion shall have a right of reply at the close of any debate on the motion.

v) **Withdrawing a motion**

A motion, or an amendment to a motion, may be withdrawn.

vi) **Motions once under debate**

When a motion is under debate, no motion may be moved other than:

- an amendment to the motion;
- the adjournment of the discussion, or the meeting;
- that the meeting proceed to the next business;
- that the question should be now put;

- the appointment of an 'ad hoc' committee to deal with a specific item of business;
- that a member/director be not further heard;
- a motion under Section l (2) or Section l (8) of the Public Bodies (Admissions to Meetings) Act l960 resolving to exclude the public, including the press (see Standing Order 3.17).

In those cases where the motion is either that the meeting proceeds to the 'next business' or 'that the question be now put' in the interests of objectivity these should only be put forward by a member of the Board who has not taken part in the debate and who is eligible to vote.

If a motion to proceed to the next business or that the question be now put, is carried, the Chairman should give the mover of the substantive motion under debate a right of reply, if not already exercised. The matter should then be put to the vote.

3.8 Motion to Rescind a Resolution

(1) Notice of motion to rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six calendar months shall bear the signature of the member who gives it and also the signature of three other members, and before considering any such motion of which notice shall have been given, the Trust Board may refer the matter to any appropriate Committee or the Chief Executive for recommendation.

(2) When any such motion has been dealt with by the Trust Board it shall not be competent for any director/member other than the Chairman to propose a motion to the same effect within six months. This Standing Order shall not apply to motions moved in pursuance of a report or recommendations of a Committee or the Chief Executive.

3.9 Chairman of meeting

(1) At any meeting of the Trust Board the Chairman, if present, shall preside. If the Chairman is absent from the meeting, the Vice-Chairman (if the Board has appointed one), if present, shall preside.

(2) If the Chairman and Vice-Chairman are absent, such member (who is not also an Officer Member of the Trust) as the members present shall choose, shall preside.

3.10 Chairman's ruling

The decision of the Chairman of the meeting on questions of order, relevancy and regularity (including procedure on handling motions) and their interpretation of the Standing Orders and Standing Financial Instructions, at the meeting, shall be final.

3.11 Quorum

(i) No business shall be transacted at a meeting unless at least half of the whole number of the Chairman and members (including at least 3 Executive Directors and 3 Non Executive Directors) are present.

(ii) An Officer in attendance for an Executive Director (Officer) but without formal acting up status may not count towards the quorum.

(iii) If the Chairman or member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see SO No. 7) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

3.12 Voting

(i) Save as provided in Standing Orders 3.l3 - Suspension of Standing Orders and 3.l4 - Variation and Amendment of Standing Orders, every question put to a vote at a meeting shall be determined by a majority of the votes of members present and voting on the question. In the case of an equal vote, the person presiding (ie: the Chairman of the meeting) shall have a second, and casting vote.

(ii) At the discretion of the Chairman all questions put to the vote shall be determined by oral expression or by a show of hands, unless the Chairman directs otherwise, or it is proposed, seconded and carried that a vote be taken by paper ballot.
(iii) If at least one third of the members present so request, the voting on any question may be recorded so as to show how each member present voted or did not vote (except when conducted by paper ballot).
(iv) If a member so requests, their vote shall be recorded by name.
(v) In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote.
(vi) A manager who has been formally appointed to act up for an Officer Member during a period of incapacity or temporarily to fill an Executive Director vacancy shall be entitled to exercise the voting rights of the Officer Member.
(vii) A manager attending the Trust Board meeting to represent an Officer Member during a period of incapacity or temporary absence without formal acting up status may not exercise the voting rights of the Officer Member. An Officer's status when attending a meeting shall be recorded in the minutes.
(viii) For the voting rules relating to joint members see Standing Order 2.5.

3.13 Suspension of Standing Orders

(i) Except where this would contravene any statutory provision or any direction made by the Secretary of State or the rules relating to the Quorum (SO 3.11), any one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the whole number of the members of the Board are present (including at least one member who is an Officer Member of the Trust and one member who is not) and that at least two-thirds of those members present signify their agreement to such suspension. The reason for the suspension shall be recorded in the Trust Board's minutes.
(ii) A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the Chairman and members of the Trust.
(iii) No formal business may be transacted while Standing Orders are suspended.
(iv) The Audit Committee shall review every decision to suspend Standing Orders.

3.14 Variation and amendment of Standing Orders

These Standing Orders shall not be varied except in the following circumstances:

- upon a notice of motion under Standing Order 3.5;
- upon a recommendation of the Chairman or Chief Executive included on the agenda for the meeting;
- that two thirds of the Board members are present at the meeting where the variation or amendment is being discussed, and that at least half of the Trust's Non-Officer members vote in favour of the amendment;
- providing that any variation or amendment does not contravene a statutory provision or direction made by the Secretary of State.

3.15 Record of Attendance

The names of the Chairman and Directors/members present at the meeting shall be recorded.

3.16 Minutes

The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where they shall be signed by the person presiding at it.

No discussion shall take place upon the minutes except upon their accuracy or where the Chairman considers discussion appropriate.

3.17 Admission of public and the press

(i) **Admission and exclusion on grounds of confidentiality of business to be transacted**

The public and representatives of the press may attend all meetings of the Trust Board, but shall be required to withdraw upon the Trust Board as follows:

- 'that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 1 (2), Public Bodies (Admission to Meetings) Act l960

(ii) **General disturbances**
The Chairman (or Vice-Chairman if one has been appointed) or the person presiding over the meeting shall give such directions as he thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Trust's business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted, the public will be required to withdraw upon the Trust Board resolving as follows:

- `That in the interests of public order the meeting adjourn for (the period to be specified) to enable the Trust Board to complete its business without the presence of the public'. Section 1(8) Public Bodies (Admissions to Meetings) Act l960.

(iii) **Business proposed to be transacted when the press and public have been excluded from a meeting**
Matters to be dealt with by the Trust Board following the exclusion of representatives of the press, and other members of the public, as provided in (i) and (ii) above, shall be confidential to the members of the Board.

Members and Officers or any employee of the Trust in attendance shall not reveal or disclose the contents of papers marked 'In Confidence' or minutes headed 'Items Taken in Private/Part 2' outside of the Trust, without the express permission of the Trust. This prohibition shall apply equally to the content of any discussion during the Board meeting which may take place on such reports or papers.

(iv) **Use of Mechanical or Electrical Equipment for Recording or Transmission of Meetings**
Nothing in these Standing Orders shall be construed as permitting the introduction by the public, or press representatives, of recording, tweeting, video or similar apparatus into meetings of the Trust or Committee thereof. Such permission shall be granted only upon resolution of the Trust.

3.18 Observers at Trust meetings
The Trust will decide what arrangements and terms and conditions it feels are appropriate to offer in extending an invitation to observers to attend and address any of the Trust Board's meetings and may change, alter or vary these terms and conditions as it deems fit.

The Trust Board will permit questions at the public Board meeting on agenda items discussed at that Board meeting.

4. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

4.1 Appointment of Committees
Subject to such directions as may be given by the Secretary of State for Health, the Trust Board may appoint committees of the Trust Board.

The Trust shall determine the membership and terms of reference of committees and sub-committees and shall if it requires to, receive and consider reports of such committees.

4.2 Joint Committees
(i) Joint committees may be appointed by the Trust by joining together with one or more other bodies, or other Trusts consisting of, wholly or partly of the Chairman and members of the Trust or other health service bodies, or wholly of persons who are not members of the Trust or other health bodies in question.

(ii) Any committee or joint committee appointed under this Standing Order may, subject to such directions as may be given by the Secretary of State or the Trust or other health bodies in question, appoint sub-committees consisting wholly or partly of members of the committees or joint committee (whether or not they are members of the Trust or health bodies in question) or wholly of persons who are not members of the Trust or health bodies in question or the committee of the Trust or health bodies in question.

4.3 Applicability of Standing Orders and Standing Financial Instructions to Committees
The SOs and SFIs of the Trust, as far as they are applicable, shall as appropriate apply to meetings and any committees established by the Trust. In which case the term "Chairman" is to be read as a reference to the Chairman of other committee as the context permits, and the term "member" is to be read as a reference to a member of other committee also as the context permits. (There is no requirement to hold meetings of committees established by the Trust in public.)

4.4 Terms of Reference
Each such committee shall have such terms of reference and powers and be subject to such conditions (as to reporting back to the Board), as the Board shall decide and shall be in accordance with any legislation and regulation or direction issued by the Secretary of State. Such terms of reference shall have effect as if incorporated into the SOs.

4.5 Delegation of powers by Committees to Sub-Committees
Where committees are authorised to establish sub-committees they may not delegate executive powers to the sub-committee unless expressly authorised by the Trust Board.

4.6 Approval of Appointments to Committees
The Board shall approve the appointments to each of the committees which it has formally constituted. Where the Board determines, and regulations permit, that persons, who are neither members nor officers, shall be appointed to a committee the terms of such appointment shall be within the powers of the Board as defined by the Secretary of State. The Board shall define the powers of such appointees and shall agree allowances, including reimbursement for loss of earnings, and/or expenses in accordance where appropriate with national guidance.

4.7 Appointments for Statutory functions
Where the Board is required to appoint persons to a committee and/or to undertake statutory functions as required by the Secretary of State, and where such appointments are to operate independently of the Board such appointment shall be made in accordance with the regulations and directions made by the Secretary of State.

4.8 Committees established by the Trust Board – The Schedule of delegation (Section C) sets out the duties delegated:

4.8.1 Audit Committee
4.8.2 Remuneration & Terms of Service Committee
4.8.3 Charitable Funds Committee
4.8.4 Performance & Finance Committee
4.8.5 Quality Committee

5. ARRANGEMENTS FOR THE EXERCISE OF TRUST FUNCTIONS BY DELEGATION

5.1 Delegation of Functions to Committees, Officers or other bodies

5.1.1 Subject to such directions as may be given by the Secretary of State, the Board may make arrangements for the exercise, on behalf of the Board, of any of its functions by a committee, sub-committee appointed by virtue of Standing Order 4, or by an officer of the Trust, or by another body as defined in Standing Order 5.1.2 below, in each case subject to such restrictions and conditions as the Trust thinks fit.

5.1.2 Section 16B of the NHS Act 1977 allows for regulations to provide for the functions of Trust's to be carried out by third parties. In accordance with The Trusts (Membership,

Procedure and Administration Arrangements) Regulations 2000 the functions of the Trust may also be carried out in the following ways:

(i) by another Trust;

(ii) jointly with any one or more of the following: NHS trusts, NHS Improvement or CCGs;

(iii) by arrangement with the appropriate Trust or CCG, by a joint committee or joint sub-committee of the Trust and one or more other health service bodies;

(iv) in relation to arrangements made under S63(1) of the Health Services and Public Health Act 1968, jointly with one or more NHS Improvement, NHS Trusts or CCG.

5.1.3 Where a function is delegated by these Regulations to another Trust, then that Trust or health service body exercises the function in its own right; the receiving Trust has responsibility to ensure that the proper delegation of the function is in place. In other situations, i.e. delegation to committees, sub-committees or officers, the Trust delegating the function retains full responsibility.

5.2 Emergency Powers and urgent decisions

The powers which the Board has reserved to itself within these Standing Orders (see Standing Order 2.9) may in emergency or for an urgent decision be exercised by the Chief Executive and the Chairman after having consulted at least two non-officer members. The exercise of such powers by the Chief Executive and Chairman shall be reported to the next formal meeting of the Trust Board in public session for formal ratification.

5.3 Delegation to Committees

5.3.1 The Board shall agree from time to time to the delegation of executive powers to be exercised by other committees, or sub-committees, or joint-committees, which it has formally constituted in accordance with directions issued by the Secretary of State. The constitution and terms of reference of these committees, or sub-committees, or joint committees, and their specific executive powers shall be approved by the Board in respect of its sub-committees.

5.3.2 When the Board is not meeting as the Trust in public session it shall operate as a committee and may only exercise such powers as may have been delegated to it by the Trust in public session.

5.4 Delegation to Officers

5.4.1 Those functions of the Trust which have not been retained as reserved by the Board or delegated to other committee or sub-committee or joint-committee shall be exercised on behalf of the Trust by the Chief Executive. The Chief Executive shall determine which functions he/she will perform personally and shall nominate officers to undertake the remaining functions for which he/she will still retain accountability to the Trust.

5.4.2 The Chief Executive shall prepare a Scheme of Delegation identifying his/her proposals which shall be considered and approved by the Board. The Chief Executive may periodically propose amendment to the Scheme of Delegation which shall be considered and approved by the Board.

5.4.3 Nothing in the Scheme of Delegation shall impair the discharge of the direct accountability to the Board of the Chief Financial Officer to provide information and advise the Board in accordance with statutory or Department of Health requirements. Outside these statutory requirements the roles of the Chief Financial Officer shall be accountable to the Chief Executive for operational matters.

5.5 Schedule of Matters Reserved to the Trust and Scheme of Delegation of powers

5.5.1 The arrangements made by the Board as set out in the "Schedule of Matters Reserved to the Board" and "Scheme of Delegation" of powers shall have effect as if incorporated in these Standing Orders.

5.6 Duty to report non-compliance with Standing Orders and Standing Financial Instructions

If for any reason these Standing Orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-

compliance, shall be reported to the next formal meeting of the Board for action or ratification. All members of the Trust Board and staff have a duty to disclose any non-compliance with these Standing Orders to the Chief Executive as soon as possible.

6. OVERLAP WITH OTHER TRUST POLICY STATEMENTS/PROCEDURES, REGULATIONS AND THE STANDING FINANCIAL INSTRUCTIONS

6.1 Policy statements: general principles

The Trust Board will from time to time agree and approve Policy statements/ procedures which will apply to all or specific groups of staff employed by Hull and East Yorkshire Hospitals NHS Trust. The decisions to approve such policies and procedures will be recorded in an appropriate Trust Board minute and will be deemed where appropriate to be an integral part of the Trust's Standing Orders and Standing Financial Instructions.

6.2 Specific Policy statements

Notwithstanding the application of SO 6.1 above, these Standing Orders and Standing Financial Instructions must be read in conjunction with the following Policy statements:

- Declaring gifts and external interests policy for Hull and East Yorkshire Hospitals NHS Trust staff;
- the staff Disciplinary Policy adopted by the Trust shall have effect as if incorporated in these Standing Orders.

6.3 Standing Financial Instructions

Standing Financial Instructions adopted by the Trust Board in accordance with the Financial Regulations shall have effect as if incorporated in these Standing Orders.

6.4 Specific guidance

Notwithstanding the application of SO 6.1 above, these Standing Orders and Standing Financial Instructions must be read in conjunction with the following guidance and any other issued by the Secretary of State for Health:

- Caldicott Guardian 1997;
- Human Rights Act 1998;
- Freedom of Information Act 2000.

7. DUTIES AND OBLIGATIONS OF BOARD MEMBERS/DIRECTORS AND SENIOR MANAGERS UNDER THESE STANDING ORDERS

7.1 Declaration of Interests

7.1.1 **Requirements for Declaring Interests and applicability to Board Members**

i) The NHS Code of Accountability requires Trust Board Members to declare interests which are relevant and material to the NHS Board of which they are a member. All existing Board members should declare such interests. Any Board members appointed subsequently should do so on appointment.

7.1.2 **Interests which are relevant and material**

(i) The interests which are regarded as "relevant and material" are set out in the Trust's Declaring Gifts and External Interest Policy.

(ii) Any member of the Trust Board who comes to know that the Trust has entered into or proposes to enter into a contract in which he/she or any person connected with him/her (as defined in Standing Order 7.3 below and elsewhere) has any pecuniary interest, direct or indirect, the Board member shall declare his/her interest by giving notice in writing of such fact to the Trust as soon as practicable.

7.1.3 **Advice on Interests**

If Board members have any doubt about the relevance of an interest, this should be discussed with the Chairman of the Trust or with the Director of Governance.

Financial Reporting Standard No 8 (issued by the Accounting Standards Board) specifies that influence rather than the immediacy of the relationship is more important in assessing the relevance of an interest. The interests of partners in professional partnerships including general practitioners should also be considered.

7.1.4 **Recording of Interests in Trust Board minutes**

At the time Board members' interests are declared, they should be recorded in the Trust Board minutes.

Any changes in interests should be declared at the next Trust Board meeting following the change occurring and recorded in the minutes of that meeting.

7.1.5 **Publication of declared interests in Annual Report**

Board members' directorships of companies likely or possibly seeking to do business with the NHS should be published in the Trust's annual report. The information should be kept up to date for inclusion in succeeding annual reports.

7.1.6 **Conflicts of interest which arise during the course of a meeting**

During the course of a Trust Board meeting, if a conflict of interest is established, the Board member concerned should withdraw from the meeting and play no part in the relevant discussion or decision. (See overlap with SO 7.3)

7.2 Register of Interests

7.2.1 The Director of Governance will ensure that a Register of Interests is established to record formally declarations of interests of Board or Committee members. In particular the Register will include details of all directorships and other relevant and material interests (as defined in SO 7.1.2) which have been declared by both executive and non-executive Trust Board members.

7.2.2. These details will be kept up to date by means of an annual review of the Register in which any changes to interests declared during the preceding twelve months will be incorporated.

7.2.3 The Register will be available to the public and the Chief Executive will take reasonable steps to bring the existence of the Register to the attention of local residents and to publicise arrangements for viewing it.

7.3 Exclusion of Chairman and Members in proceedings on account of pecuniary interest

7.3.1 **Definition of terms used in interpreting 'Pecuniary' interest**

For the sake of clarity, the following definition of terms is to be used in interpreting this Standing Order:

(i) "spouse" shall include any person who lives with another person in the same household (and any pecuniary interest of one spouse shall, if known to the other spouse, be deemed to be an interest of that other spouse);

(ii) "contract" shall include any proposed contract or other course of dealing.

(iii) "Pecuniary interest"

Subject to the exceptions set out in this Standing Order, a person shall be treated as having an indirect pecuniary interest in a contract if:-

a) he/she, or a nominee of his/her, is a member of a company or other body (not being a public body), with which the contract is made, or to be made or which has a direct pecuniary interest in the same, or

b) he/she is a partner, associate or employee of any person with whom the contract is made or to be made or who has a direct pecuniary interest in the same.

iv) Exception to Pecuniary interests

A person shall not be regarded as having a pecuniary interest in any contract if:-

a) neither he/she or any person connected with him/her has any beneficial interest in the securities of a company of which he/she or such person appears as a member, or

b) any interest that he/she or any person connected with him/her may have in the contract is so remote or insignificant that it cannot reasonably be regarded as likely to influence him/her in relation to considering or voting on that contract, or

c) those securities of any company in which he/she (or any person connected with him/her) has a beneficial interest do not exceed £5,000 in nominal value

or one per cent of the total issued share capital of the company or of the relevant class of such capital, whichever is the less.

Provided however, that where paragraph (c) above applies the person shall nevertheless be obliged to disclose/declare their interest in accordance with Standing Order 7.1.2 (ii).

7.3.2 **Exclusion in proceedings of the Trust Board**

(i) Subject to the following provisions of this Standing Order, if the Chairman or a member of the Trust Board has any pecuniary interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the Trust Board at which the contract or other matter is the subject of consideration, they shall at the meeting and as soon as practicable after its commencement disclose the fact and shall not take part in the consideration or discussion of the contract or other matter or vote on any question with respect to it.

(ii) The Secretary of State may, subject to such conditions as he/she may think fit to impose, remove any disability imposed by this Standing Order in any case in which it appears to him/her in the interests of the National Health Service that the disability should be removed. (See SO 7.3.3 on the 'Waiver' which has been approved by the Secretary of State for Health).

(iii) The Trust Board may exclude the Chairman or a member of the Board from a meeting of the Board while any contract, proposed contract or other matter in which he/she has a pecuniary interest is under consideration.

(iv) Any remuneration, compensation or allowance payable to the Chairman or a Member by virtue of paragraph 11 of Schedule 5A to the National Health Service Act 1977 (pay and allowances) shall not be treated as a pecuniary interest for the purpose of this Standing Order.

(v) This Standing Order applies to a committee or sub-committee and to a joint committee or sub-committee as it applies to the Trust and applies to a member of any such committee or sub-committee (whether or not he/she is also a member of the Trust) as it applies to a member of the Trust.

7.3.3 **Waiver of Standing Orders made by the Secretary of State for Health**

(1) Power of the Secretary of State to make waivers

Under regulation 11(2) of the NHS (Membership and Procedure Regulations SI 1999/2024 ("the Regulations"), there is a power for the Secretary of State to issue waivers if it appears to the Secretary of State in the interests of the health service that the disability in regulation 11 (which prevents a chairman or a member from taking part in the consideration or discussion of, or voting on any question with respect to, a matter in which he has a pecuniary interest) is removed. A waiver has been agreed in line with sub-sections (2) to (4) below.

(2) Definition of 'Chairman' for the purpose of interpreting this waiver

For the purposes of paragraph 7.3.3.(3) (below), the "relevant chairman" is –

(a) at a meeting of the Trust, the Chairman of that Trust;

(b) at a meeting of a Committee –

in a case where the member in question is the Chairman of that Committee, the Chairman of the Trust;

(ii) in the case of any other member, the Chairman of that Committee.

(3) Application of waiver

A waiver will apply in relation to the disability to participate in the proceedings of the Trust on account of a pecuniary interest.

It will apply to:

(i) A member of the Hull and East Yorkshire Hospitals NHS Trust, who is a healthcare professional, within the meaning of regulation 5(5) of the Regulations, and who is providing or performing, or assisting in the provision or performance, of –

(a) services under the National Health Service Act 1977; or

(b) services in connection with a pilot scheme under the National Health Service Act 1997;

for the benefit of persons for whom the Trust is responsible.

(ii) Where the 'pecuniary interest' of the member in the matter which is the subject of consideration at a meeting at which he is present:-

(a) arises by reason only of the member's role as such a professional providing or performing, or assisting in the provision or performance of, those services to those persons;

(b) has been declared by the relevant chairman as an interest which cannot reasonably be regarded as an interest more substantial than that of the majority of other persons who:–

(i) are members of the same profession as the member in question,

(ii) are providing or performing, or assisting in the provision or performance of, such of those services as he provides or performs, or assists in the provision or performance of, for the benefit of persons for whom the Trust is responsible.

(4) Conditions which apply to the waiver and the removal of having a pecuniary interest

The removal is subject to the following conditions:

(a) the member must disclose his/her interest as soon as practicable after the commencement of the meeting and this must be recorded in the minutes;

(b) the relevant chairman must consult the Chief Executive before making a declaration in relation to the member in question pursuant to paragraph 7.3.3 (2) (b) above, except where that member is the Chief Executive;

(c) **in the case of a meeting of the Trust**:

(i) the member may take part in the consideration or discussion of the matter which must be subjected to a vote and the outcome recorded;

(ii) may not vote on any question with respect to it.

(d) **in the case of a meeting of the Committee:**

(i) the member may take part in the consideration or discussion of the matter which must be subjected to a vote and the outcome recorded;

(ii) may vote on any question with respect to it; but

(iii) the resolution which is subject to the vote must comprise a recommendation to, and be referred for approval by, the Trust Board.

7.4 Standards of Business Conduct

7.4.1 Trust Policy and National Guidance

All Trust staff and members must comply with the Trust's Declaring Gifts and External Interests Policy and the national guidance contained in HSG(93)5 on 'Standards of Business Conduct for NHS staff' (see SO 6.2).

7.4.2 Interest of Officers in Contracts

i) Any officer or employee of the Trust who comes to know that the Trust has entered into or proposes to enter into a contract in which he/she or any person connected with him/her (as defined in SO 7.3) has any pecuniary interest, direct or indirect, the Officer shall declare their interest by giving notice in writing of such fact to the Chief Executive or Trust Secretary as soon as practicable.

ii) An Officer should also declare to the Chief Executive any other employment or business or other relationship of his/her, or of a cohabiting spouse, that conflicts, or might reasonably be predicted could conflict with the interests of the Trust.

iii) The Trust will require interests, employment or relationships so declared to be entered in a register of interests of staff.

7.4.3 Canvassing of and Recommendations by Members in Relation to Appointments

i) Canvassing of members of the Trust or of any Committee of the Trust directly or indirectly for any appointment under the Trust shall disqualify the candidate for such

appointment. The contents of this paragraph of the Standing Order shall be included in application forms or otherwise brought to the attention of candidates.

Members of the Trust shall not solicit for any person any appointment under the Trust or recommend any person for such appointment; but this paragraph of this Standing Order shall not preclude a member from giving written testimonial of a candidate's ability, experience or character for submission to the Trust.

7.4.4 **Relatives of Members or Officers**

i) Candidates for any staff appointment under the Trust shall, when making an application, disclose in writing to the Trust whether they are related to any member or the holder of any office under the Trust. Failure to disclose such a relationship shall disqualify a candidate and, if appointed, render him liable to instant dismissal.

ii) The Chairman and every member and officer of the Trust shall disclose to the Trust Board any relationship between himself and a candidate of whose candidature that member or officer is aware. It shall be the duty of the Chief Executive to report to the Trust Board any such disclosure made.

iii) On appointment, members (and prior to acceptance of an appointment in the case of Executive Directors) should disclose to the Trust whether they are related to any other member or holder of any office under the Trust.

iv) Where the relationship to a member of the Trust is disclosed, the Standing Order headed 'Disability of Chairman and members in proceedings on account of pecuniary interest' (SO 7) shall apply.

8. CUSTODY OF SEAL, SEALING OF DOCUMENTS AND SIGNATURE OF DOCUMENTS

8.1 **Custody of Seal**

The common seal of the Trust shall be kept by the Trust Secretary.

8.2 **Sealing of Documents**

Where it is necessary that a document shall be sealed, the seal shall be affixed by the Chief Executive and Chairman, or their nominated deputies (Chief Financial Officer, Chief Operating Officer and Trust Secretary), and shall be arrested by them.

8.3 **Register of Sealing**

The Trust Secretary shall keep a register in which he/she, or another manager of the Authority authorised by him/her, shall enter a record of the sealing of every document.

8.4 **Signature of documents**

Where any document will be a necessary step in legal proceedings on behalf of the Trust, it shall, unless any enactment otherwise requires or authorises, be signed by the Chief Executive, any Executive Director or Director of Governance.

In land transactions, the signing of certain supporting documents will be delegated to Managers and set out clearly in the Scheme of Delegation but will not include the main or principal documents effecting the transfer (e.g. sale/purchase agreement, lease, contracts for construction works and main warranty agreements or any document which is required to be executed as a deed).

9. MISCELLANEOUS (see overlap with SFI No. 21.3)

9.1 **Joint Finance Arrangements**

The Board may confirm contracts to purchase from a voluntary organisation or a local authority using its powers under Section 28A of the NHS Act 1977. The Board may confirm contracts to transfer money from the NHS to the voluntary sector or the health related functions of local authorities where such a transfer is to fund services to improve the health of the local population more effectively than equivalent expenditure on NHS services, using

its powers under Section 28A of the NHS Act 1977, as amended by section 29 of the Health Act 1999.

See overlap with Standing Financial Instruction No. 21.3.

SECTION C - SCHEME OF RESERVATION AND DELEGATION

REF	THE BOARD	DECISIONS RESERVED TO THE BOARD
NA	THE BOARD	**General Enabling Provision** The Board may determine any matter, for which it has delegated or statutory authority, it wishes in full session within its statutory powers.
NA	THE BOARD	***Regulations and Control*** 1 Approve Standing Orders (SOs), a schedule of matters reserved to the Board and Standing Financial Instructions for the regulation of its proceedings and business. 2 Suspend Standing Orders. 3 Vary or amend the Standing Orders. 4 Ratify any urgent decisions taken by the Chairman and Chief Executive in public session in accordance with SO 5.2 5 Ratify or otherwise instances of failure to comply with Standing Orders brought to the Chief Executive's attention in accordance with SO 5.6 6 Approve a scheme of delegation of powers from the Board to committees**.** 7 Require and receive the declaration of Board members' interests that may conflict with those of the Trust and determining the extent to which that member may remain involved with the matter under consideration. 8 Adopt the organisation structures, processes and procedures to facilitate the discharge of business by the Trust and to agree modifications thereto as recommended by the Chief Executive. 9 Receive reports from committees including those that the Trust is required by the Secretary of State or other regulation to establish and to take appropriate action on. 10 Receive the recommendations of the Trust's Board committees where the committees do not have executive powers and in line with the terms of reference 11 Receive annual management letter from the external auditor and agreement of proposed action, taking account of the advice, where appropriate, of the Audit Committee. 12 Approve arrangements relating to the discharge of the Trust's responsibilities as a corporate trustee for funds held on trust. 13 Approve the terms of reference and reporting arrangements of all committees and sub-committees that are established by the Board. 14 Authorise use of the seal. 15 Discipline members of the Board who are in breach of statutory requirements or SOs.
NA	THE BOARD	**Appointments/ Dismissal** 1. Appoint the Vice Chairman of the Board. 2. Appoint and dismiss committees that are directly accountable to the Board. 3. Appoint the Senior Independent Director

REF	THE BOARD	DECISIONS RESERVED TO THE BOARD
		4. Appoint, discipline and dismiss Executive Directors (subject to SO 2.2). 5. Confirm appointment of members of any committee of the Trust as representatives on outside bodies.
NA	THE BOARD	***Strategy, Plans and Budgets*** 1. Set the strategic aims and objectives of the Trust. 2. Approve proposals for ensuring quality and developing clinical governance in services provided by the Trust 3. Approve annually the Trust's organisational development proposals (People Strategy) 4. Approve the 5 year plan and annual operating plan 5. Approve financial strategies and plans, budgets (including capital) 6. Approve Outline and Final Business Cases for capital investment in line with the scheme of delegation. 7. Approve investments of new activity or any disinvestments (in line with NHS Improvement's significant transactions guidance) 8. Ratify proposals for acquisition or disposal of land and/or buildings. 9. Approve PFI proposals. 10. Approve the opening and closing of bank accounts. 11. Approve applications for loans 12. Approve proposals on individual contracts (other than NHS contracts) of a capital or revenue nature amounting to, or likely to amount to over £5,000,000 over a 3 year period or the period of the contract if longer. 13. Approve the use of the NHS risk pooling schemes or arrangements to self-insure 14. Approve arrangements in relation to spin off companies 15. Approve the Trust's R & D Strategy
	THE BOARD	**Policy Determination** 16. Approval of Risk Management Policy 17. Approval of Performance Management Policy 18. Approval of Investment Policy
	THE BOARD	1. Approve the appointment (and where necessary dismissal) of External Auditors. 2. Approve external auditors' arrangements for the separate audit of funds held on trust, and the submission of reports to the Audit Committee meetings. 2 Receive an annual report from the Internal Auditor and agree action on recommendations where appropriate of the Audit Committee.

REF	THE BOARD	DECISIONS RESERVED TO THE BOARD
NA	THE BOARD	**Annual Reports and Accounts** 1. Receive and approve the Trust's Annual Report and Annual Accounts. 2. Receive and approve the Annual Report and Accounts for funds held on trust.
NA	THE BOARD	**Monitoring** 1. Receive such reports as the Board sees fit from committees in respect of their exercise of powers delegated. 2. Continuous appraisal of the affairs of the Trust by means of the provision to the Board as the Board may require from directors, committees, and officers of the Trust. All monitoring returns required by the Department of Health and the Charity Commission shall be reported, at least in summary, to the Board. 3. Receive reports from the Chief Financial Officer on financial performance of the Trust .

REF	COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES
	AUDIT COMMITTEE	**Duties and Responsibilities of the Committee** • **Governance, Risk Management and Internal Control** The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non clinical), that supports the achievement of the organisation's objectives. **In particular, the Committee will review the adequacy of:-** • All risk and control related disclosure statements (in particular the ***Annual*** Governance Statement), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to submission to the Board. • The structures, processes and responsibilities for identifying and managing key risks facing the organisation in particular the Board Assurance Framework, including the link with the corporate risk register • The underlying control and assurance processes that indicate the degree of the achievement of strategic objectives, the effectiveness of the management of principal risks and the appropriateness of the disclosure statements. • The policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the Counter Fraud and Security Management Service. • Consider and review the Annual Information Governance Toolkit and the Data Quality Reports. **Power to seek reports and assurances** In carrying out this work the Committee will primarily utilise the work of Internal Audit, Counter fraud**,** External Audit and other assurance functions, but will not be limited to these audit functions. It may also seek reports and assurances from Directors and managers as appropriate, concentrating on the over arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness. The Committee will receive the

REF	COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES
		minutes of the Board's Performance and Finance Committee, Quality Committee and Charitable Funds Committee to inform its assurance work . This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it. **Internal Audit** The Committee shall ensure that there is an effective internal audit function established by management; that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee. It will:- • Recommend the appointment of the Internal Auditors to the Board, approve the annual fee and consider any questions of resignation and dismissal • Review and approve the Internal Audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework and Strategic Plans. • Consider the major findings of internal audit work (and management's response), and ensure co-ordination between the Internal and External Auditors to optimise audit resources. • To review progress on implementing internal audit recommendations. • Ensure that the Internal Audit function is adequately resourced and has appropriate standing within the organisation. • Monitor the effectiveness of internal audit through their annual review **External Audit** The Committee shall review the work and findings of the External Auditor and consider the implications and management's responses to their work. This will be achieved by:- • Recommending to the Trust Board the appointment of the External Auditor . • Discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan. • Discussion with the External Auditors of their local evaluation of audit risks and

REF	COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES
		assessment of the Trust and associated impact on the audit fee. • Review all external audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to the Board and any work undertaken alongside the annual audit plan together with the appropriateness of management responses. • Review and monitor the external auditor's independence and objectivity, taking into account relevant UK professional and regulatory requirements. • To develop and implement a policy on the engagement of the external auditor to supply non audit services. **Financial Reporting** The Audit Committee shall review the Annual Report and Financial Statements before submission to the Board, focussing particularly on:- • The wording in the Annual Governance Statement and other disclosures relevant to the terms of reference of the Committee. • Changes in, and compliance with, accounting policies, practices and estimation techniques. • Unadjusted mis-statements in the financial statements. • Letter of Representation. • Significant judgements in preparation of the financial statements. • Significant adjustments resulting from the audit. **Other Assurance Functions** • The Audit Committee shall review the findings of other significant assurance functions, both internal and external to the organisation and consider the implications to the governance of the organisation. These will include, but will not be limited to, any reviews by Department of Health Arms Length Bodies or Regulators/Inspectors (e.g. Care Quality Commission, NHS Litigation Authority etc.), professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc.). • In addition, the Committee will consider the work of other Committees within the organisation, whose work can provide relevant assurance to the Audit Committee's own scope of work. This Committee also needs to be review the assurances gained from clinical audit activities in the organisation.

REF	COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES
		• The Committee shall satisfy itself that the organisation has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. • The Committee will seek annual assurance that a current, clear and effective Whistleblowing or Protected Disclosures Policy is in place and that all Trust staff have access to this policy. One Non Executive Director under the current policy (reference CP169) will be one of a number of internal contacts available to consult and be the "Whistleblowing Champion" of the Trust. **Reporting** • The minutes of the Audit Committee meetings shall be approved by the Chairman of the Audit Committee and submitted to the Board. The Chairman of the Committee shall draw to the attention of the Board any issues that require disclosure to the full Board, or require executive action. • The Committee will report to the Board annually on its work in support of the Governance Statement, specifically commenting on the fitness for purpose of the Board Assurance Framework, the completeness and effectiveness of risk management in the organisation, the integration of governance arrangements and produce an annual work plan. **Other Matters** The Committee shall undertake reviews of: • Risk register • Write offs and compensations • Outstanding debtors over £50,000 and 90 days or more outstanding. • Fraud register • Decision to waive tender procedures • Offers of hospitality/gifts and sponsorship • Review of Standing Orders and Standing Financial Instructions and approval of proposed changes • Waiver of Standing Orders • Going Concern Reviews • Corporate credit card expenditure • Legal expenditure

REF	COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES

	REMUNERATION AND TERMS OF SERVICE COMMITTEE	**Duties and Responsibilities of the Committee**
		Remuneration
		• To approve the terms and conditions of the Board Directors (detailed below) in accordance with Trust policies and following consultation with the Chief Executive, including;
		  • Salary, including any performance related pay or bonus
		  • Provision for other benefits, including pensions
		  • Allowances
		
		The Board Directors are the Chief Executive, Chief Financial Officer, Chief Nurse, Chief Medical Officer, Chief Operating Officer, Chief of Workforce and Development, Chief of Infrastructure and Development, Director of Strategy and Planning and Director of Governance and Corporate Affairs.
		
		• To receive benchmarking information on Board Directors salaries in order to determine the overall market positioning of the remuneration package
		• In conjunction with the Chief Executive, monitor and evaluate the performance of individual Board Directors
		• To adhere to all relevant laws, regulations and Trust policy in all respects, including (but not limited to) determining levels of remuneration that are sufficient to attract, retain and motivate Board Directors whilst remaining cost effective.
		• To approve any changes to the standard contract of employment for Board Directors
		• To agree and review the extent to which a full time Board Director takes on a Non-Executive Director or Chairman role of another organisation.
		• To approve any payments to staff which are outside of Trust policy.
		• To monitor the level and structure of remuneration for Very Senior Managers and note annually the remuneration trends across the Trust
		• To approve severance payments in line with NHSI guidance
		• To approve MAR schemes and ensure that NHSI guidance is followed for individual staff applications.
		• To receive information on:
		  • Any Trust post where there is a termination clause of more than 6 months
		  • Highest paid employees in the Trust (20 individuals) annually

REF	COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES
		• Any special pension arrangements for any employee • All bonus schemes (ie Trust earnings not paid in to salary) in operation in the Trust **Nomination** • To review the structure, size and composition of the Board and make recommendations for changes as appropriate • Before an appointment is made evaluate the balance of skills, knowledge and experience on the Board and its diversity and on the basis of the evaluation prepare a description of the role and capabilities required for appointment of Executive Directors. • To give full consideration to and make plans for succession planning for the Chief Executive and other Board Directors (Chiefs) taking into account the challenges and opportunities facing the Trust and the skills and expertise needed on the Board in the future. • Keep the leadership needs of the Trust under review at executive level to ensure the continued ability of the Trust to operate effectively in the health economy. • Ensure that a proposed executive directors, other significant commitments (if applicable) are disclosed before appointment. • Consider any matter relating to the continuation in office of any Executive Director (Chief Executive, Chief Financial Officer, Chief Nurse, Chief Medical Officer, and Chief Operating Officer) including the suspension and termination of service of an individual as an employee of the Trust, subject to the provisions of the law and their service contract. • To receive assurance on the succession plans for Very Senior Managers.
	CHARITABLE FUNDS COMMITTEE	**Duties and Responsibilities of the Committee** • To ensure that the Trust's charitable funds are established and operated in accordance with Charities Law. • To ensure that any fund raising activity carried out by or on behalf of the charity is properly undertaken and that all funds are properly accounted for in line with the Trust policy. • To ensure that funds not needed for immediate expenditure are invested or deposited to earn interest to protect the real value of the asset whilst generating a reasonable level of income.

REF	COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES
		• To ensure that audited accounts, as laid down in the 2011 Charities Act are submitted to the Trust Board and to the Charities Commission annually and made available for the public.. • To manage and monitor expenditure from charitable funds in accordance with Standing Financial Instructions and the Scheme of Delegation • To receive information on grants against general funds which are less than £10,000K. To approve bids of £10,000 or greater in line with the Scheme of Delegation.
	PERFORMANCE & FINANCE COMMITTEE	**Duties and Responsibilities of the Committee** **NHS Constitution standards (access)** • To gain assurance that the organisation has, at all times, robust and effective operational planning systems in place (including demand and capacity) for delivering contract levels of activity • To gain assurance that the organisation has, at all times, robust and effective performance management systems in place relating to delivery of the access targets. • To seek assurance that controls are in place, and operating effectively to mitigate the risks to the successful delivery of access targets • Review the plans for winter and make recommendations to the Board for adoption. Monitor delivery of the plans. • To ensure that the Board is informed of significant issues, underperformance, deviation from plans and to provide assurance on action being taken • To seek assurance that agreed recovery plans are being implemented in a timely fashion and delivering the required outcomes **Financial Performance** • To seek assurance that the organisation has a robust and effective financial planning and performance management systems in place. • To seek assurance on the production and implementation of long term financial plans (including capital) having regard to relevant national guidance, commissioning plans, and resource availability both internally and within the local

REF	COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES
		health economy in order to support the Board in its decision making. • To consider loan applications prior to recommending approval by the Trust Board • To seek assurance that controls are in place and operating effectively to mitigate the risks to the successful delivery of financial performance, including cash releasing efficiency schemes and agency caps. • To ensure that the Board is informed of significant issues, underperformance, deviation from plans and to provide assurance on action being taken • To seek assurance that agreed recovery plans are implemented in a timely fashion and resulting in improved outcomes • To receive assurance that Service Line Management is in place and Patient level costing is being developed and used to support delivery of the Trust's financial objectives • To receive assurance on the work being undertaken in relation to the Lord Carter review **Overall Financial & Operational Planning** • To provide overview and scrutiny to the development of the Trust's annual and longer term plans (as required by relevant National Guidance) for financial and operational performance and is line with the Trust Strategy, ensuring that the Trust's financial plan is consistent with the Trust's operational plan and reflective of the Trust's goals • Ensure that the annual plans (operations, revenue and capital) are consistent with, and supportive of, relevant Trust wide strategies - Clinical Services, IM&T and Estates • To recommend to the Trust Board the approval of the Annual Operating Plan in relation to operational performance and financial plans. • Review the risks on the Board Assurance Framework relevant to the remit of the Committee (NHS Constitution Standards and Finance) to ensure that controls are in place and mitigating action is effective **Investment** • In line with the Trust's approved scheme of delegation scrutinise all business cases for proposed capital investment that require either Performance and Finance

REF	COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES
		Committee or Trust Board approval, ensuring that outcomes and benefits are clearly defined, are measurable and support delivery of the Trust's goals • Evaluate, scrutinise and approve investment (and dis-investment) proposals within delegated limits, making recommendations to the Board in line with Standing Orders, Standing Financial Instructions • To receive assurance from the Capital Resource Allocation Committee that in year capital investment is being spent as planned and delivering planned benefits.
	QUALITY	**Duties and Responsibilities of the Committee** The Committee is responsible for providing the Board with assurance concerning all aspects of quality and safety relating to patient care and identifying quality improvement measures. The specific responsibilities are to: • Monitor delivery of Trust strategies as delegated by the Board to this committee. • Advise the Board on appropriate quality and safety indicators and benchmarks for inclusion in the Trust's Corporate Performance Report and keep these under regular review. • Propose Quality Accounts priorities for consideration by the Board and maintain oversight of delivery. • Scrutinise performance against quality targets, highlighting risks and exceptions to the Board. • Regularly review compliance with Care Quality Commission requirements and receive assurance that agreed actions are being progressed. • To assure the Board that where there are risk and issues that might jeopardise the Trust's ability to deliver excellent quality care that these are being managed in a controlled and timely way. • Receive assurance that the Trust's Cost Improvement Programme is not adversely impacting on quality. • Monitor the information being received from patient feedback to demonstrate that the Trust is learning and making improvements. • Learning from national and local reviews.

HULL AND EASY YORKSHIRE HOSPITALS NHS TRUST

STANDING FINANCIAL INSTRUCTIONS

CONTENTS **PAGE**

HULL AND EASY YORKSHIRE HOSPITALS NHS TRUST

STANDING FINANCIAL INSTRUCTIONS

1. INTRODUCTION

The purpose of these Standing Financial Instructions is to regulate the conduct of the Trust and **all** of its employees, directors, officers and agents with regards to financial matters.

These Standing Financial Instructions explain the financial responsibilities, policies and procedures adopted by the Trust. They are designed to ensure that the Trust's financial transactions are carried out in accordance with the law and with Government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness in the use of public resources. They should be used in conjunction with the Schedule of Decisions Reserved to the Board and the Scheme of Delegation adopted by the Trust and the financial policies and procedures on the Trust intranet site.

These do not provide detailed procedural advice and should be read in conjunction with the detailed departmental and financial procedure notes. All financial procedures must be approved by the Chief Financial Officer.

Where other guidance or policies appear to conflict with these instructions, these instructions will override those policies or procedures. Any conflicts should be brought to the attention of the Chief Financial Officer. If there are any doubts regarding the application or interpretation of these Standing Financial Instructions the advice of the Chief Financial Officer should be sought.

All members of staff, including the Trust Board, have an obligation to disclose any non-compliance with these Instructions to the Chief Financial Officer as soon as possible. All non compliance will be reported to the Audit Committee for review and action.

For the avoidance of doubt, where the Title of Chief Executive or Chief Financial Officer is used it is also deemed to refer to officers or employees that have been duly authorised to represent them. Officers and employees of the Trust include nursing and medical staff and consultants practising on Trust premises.

These standing financial instructions have been compiled under the authority of the Trust Board and have been fully approved by the Trust Board. The Audit Committee has also reviewed and approved the content. It is expected that all staff, including contractors and agency staff, will comply with these instructions at all times. **The failure to comply with Standing Financial Instructions and Standing Orders can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.**

2. DELEGATION AND AUTHORITY

Certain Powers and obligations exist for the following in relation to financial matters.

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2.1 The Trust Board

Specific powers and decisions that are reserved to the Board are set out in the document “Reservation of powers to the Board.” Other specific powers, decisions and obligations have been delegated to Trust Board committees.

By virtue of their size or nature certain financial transactions will require Board approval, these are detailed in the financial scheme of delegation.

The Trust Board will exercise financial supervision and control by ensuring:

- Approval of annual financial strategies and plans
- Approval of annual capital strategies and plans
- Approval of annual accounts
- Approval of the high level scheme of delegation.
- Approving the opening and closing of bank accounts
- Approving use of seal
- Approving loans

2.2 The Chief Executive

All executive powers are vested in the Chief Executive. The Chief Executive will delegate some of those powers as appropriate to relevant Executives and Officers, and also delegate detailed responsibilities to them as appropriate. This includes the delegation of financial management powers to the Chief Financial Officer, however, the Chief Executive remains accountable for financial control.

The Chief Executive is specifically accountable as Accounting Officer to the following for ensuring that the Board meets it obligations within its available financial resources

- to the Board
- to the Chairman
- to the Secretary of State

The Chief Executive is also responsible for:

- maintaining a sound system of internal control.
- ensuring that all staff and Board members are aware of and in a position to understand their obligations in relation to these instructions.

2.3 The Chief Financial Officer

The Chief Executive delegates powers to the Chief Financial Officer to facilitate his/her role in relation to managing the financial affairs of the Trust.

Using these powers the Chief Financial Officer is required to:

- formulate and implement the Trust's financial policies and strategy
- ensure that all financial systems and records are sufficiently detailed to allow the determination and explanation of the Trust's financial position at any time.
- determine and maintain detailed financial procedures and systems that incorporate the principles of separation of duties and internal assurance and control
- determine and maintain an effective scheme of financial delegation that will set out the required level of authorisation for transactions based on their nature and value.
- determine the form of financial records and approve the method of discharge of duties for financial functions not under the direct control of the Finance department.
- provide financial advice to the Board / Board members

- Ensure that all financial and procurement processes are compliant with the law
- interpret the meaning of standing financial instructions where there is uncertainty.

2.4 All Trust Employees

The Trust is accountable to Parliament to ensure that the services it provides are efficient, economic and effective and therefore these principles must be incorporated into the daily business of all staff. All employees should have regard to the principles set out in HM Treasury guidance "Managing Public Money.

All staff are individually and collectively responsible for safeguarding the interests of the Trust at all times. In practice this will include ensuring the security of Trust property, actively avoiding loss, ensuring that all actions have a basis in law and are in line with internal policy and procedures.

All employees are expected to uphold the public service values of accountability, probity and openness in all they do.

Without exception all staff should comply with these Standing Financial instructions, Standing Orders and the Scheme of Delegation.

2.5 Contractors and their employees (including Agency staff)

Any contractor, employee of a contractor, or agency worker who is empowered by the Trust to commit resources or obtain income, shall be covered by these instructions. It is the responsibility of the Chief Executive and engaging officer to ensure that such persons are made aware of this.

The following provides specific guidance in relation to the specific functions and services

3. AUDIT and ANTI-FRAUD

The following have roles and responsibilities in relation to Audit and anti fraud

3.1 Audit Committee

In accordance with Standing Orders the Board shall formally establish an Audit Committee, with clearly defined terms of reference that are in line with guidance contained within the most current version of the NHS Audit Committee Handbook.

The committee will provide an independent and objective view of risk management and internal control across clinical and non clinical services. They will do this by oversight and review of the work of internal and external audit services and anti-fraud services, the work undertaken by other risk related committees and clinical audit, and by ensuring compliance with Standing Orders, Standing Financial Instructions and the Scheme of Delegation.

The Audit Committee will also review the annual accounts, significant financial judgements therein, and make recommendations to the Trust Board.

The internal auditors, external auditors and local counter fraud specialist should ordinarily attend Audit Committee

Where the Audit Committee considers there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters

that the Committee wishes to raise, the Chairman of the Audit Committee should raise the matter at a full meeting of the Board. Exceptionally, the matter may need to be referred to NHS Improvement (to the Chief Financial Officer in the first instance.)

It is the responsibility of the Chief Financial Officer to ensure adequate internal and external audit services are provided. The Audit Committee shall be involved in the selection process when internal and external Audit service providers are changed. When appointing external Auditors the Audit Committee will be the "audit panel"

The Audit Committee should ensure that measures are in place to ensure both internal and external audit and the provider of anti-fraud services, provide an effective and cost efficient service.

3.2 Chief Financial Officer

The Chief Financial Officer will:

(a) ensure there are arrangements to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective internal audit function;

(b) ensure that the internal audit function is adequate and as a minimum meets the NHS mandatory audit standards;

(c) decide at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption;

(d) ensure that for each meeting an internal audit report is prepared for the consideration of the Audit Committee [and the Board]. The report must cover:

(i) a clear opinion on the effectiveness of internal control in accordance with current assurance framework guidance issued by the Department of Health including for example compliance with control criteria and standards;
(ii) major internal financial control weaknesses discovered;
(iii) progress on the implementation of internal audit recommendations;
(iv) progress against planned work

(e) Ensure that strategic a 3 year internal audit plan and an annual audit plan are prepared for review by the Audit Committee before the start of each financial year

(f) Appoint a competent and suitable Local Counter Fraud Specialist in line with Secretary of State and NHS Protect guidance

(g) Ensure effective counter fraud arrangements that are in line with the regulatory requirements set out by the Secretary of State and NHS Protect, are in place and monitored.

(h) Ensure that a report is prepared for the Audit Committee at least twice annually and should cover:

- Progress against the agreed annual plan

- Progress in respect of fraud referrals noted on the fraud log

The Chief Financial Officer or designated auditors are entitled without necessarily giving prior notice to require and receive:

(a) access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;

(b) access at all reasonable times to any land, premises or members of the Board or employee of the Trust;

(c) the production of any cash, stores or other property of the Trust under a member of the Board or an employee's control; and

(d) explanations concerning any matter under investigation.

3.3 The Role of Internal Audit

Internal Audit will review, appraise and report upon:

(a) the extent of compliance with, and the financial effect of, relevant established policies, plans and procedures;

(b) the adequacy and application of financial and other related management controls;

(c) the suitability of financial and other related management data;

(d) the extent to which the Trust's assets and interests are accounted for and safeguarded from loss of any kind, arising from:

(i) fraud and other offences;
(ii) waste, extravagance, inefficient administration;
(iii) poor value for money or other causes.

(e) Internal Audit shall also independently verify the Annual Governance Statement in line with guidance from the Department of Health.

Whenever Internal Audit discovers any matter which involves, or is thought to involve, irregularities concerning cash, stores, or other property or any suspected irregularity in the exercise of any function of a pecuniary nature, or fraud, the Chief Financial Officer must be notified immediately.

The Director of Internal Audit will normally attend Audit Committee meetings and has a right of access to all Audit Committee members, the Chairman and Chief Executive of the Trust.

The Director of Internal Audit shall be accountable to the Chief Financial Officer. The reporting process for Internal Audit shall be agreed between the Chief Financial Officer, the Audit Committee and the Director of Internal Audit. The agreed process shall comply with the guidance on reporting contained in the NHS Internal Audit Standards and be reviewed at least every three years.

3.4 Role of the Local Counter Fraud Specialist (LCFS)

The Local Counter Fraud Specialist shall report to the Trust 's Chief Financial Officer and shall work with staff in the NHS Protect and the Regional Counter Fraud and Security Management Services (RCFSMS) in accordance with the Department of Health and NHS Protect Guidance.

The Local Counter Fraud Specialist will provide written reports on counter fraud work within the Trust to the Audit Committee at intervals agreed with the Chief Financial Officer, but at least twice annually.

3.5 Appointment of the External Audit Function

The External Auditor is appointed by the Trust. In line with national guidance, the Audit Committee will act as the "panel" responsible for the selection process of the External Auditors. The Audit Committee will advise the Board of Directors of the recommended External Audit appointment. The Board will approve the appointment.

4. FINANCIAL PLANNING, BUDGETARY CONTROL AND MONITORING

4.1 Board

The Board will approve an annual financial plan setting out key financial targets and milestones.

The Plan will be submitted to the Trust's Regulatory body.

The financial plan will involve the formal devolution of financial budgets to health groups and directorates

4.2 Chief Executive

As Accountable Officer the Chief Executive delegates powers to Officers in their role as first line budget holders

The Chief Executive may delegate the management of a budget to permit the performance of a defined range of activities. This delegation must be in writing and be accompanied by a clear definition of:

(a) the amount of the budget;
(b) the purpose(s) of each budget heading;
(c) individual and group responsibilities;
(d) authority to exercise virement;
(e) achievement of planned levels of service;
(f) the provision of regular reports.

Delegated budget holders must not exceed the budgetary total or virement limits set by the Board.

The Chief Executive (in conjunction with the Chief Financial Officer) is responsible for identifying a programme of cash releasing efficiency savings and productivity gains for inclusion in the annual financial plan

The Chief Executive is responsible for ensuring that the appropriate monitoring forms are submitted to the appropriate monitoring organisation.

4.3 Chief Financial Officer

Prior to the start of the financial year the Chief Financial Officer will, on behalf of the Chief Executive, prepare and submit budgets for approval by the Board. Such budgets will:

(a) be in accordance with the aims and objectives of the local health and social care economy;
(b) Be consistent with workforce and activity assumptions;
(c) be produced following discussion with appropriate budget holders;
(d) be prepared within the limits of available funds;
(e) identify potential risks.

The Chief Financial Officer shall monitor financial performance against allocated budgets and the annual plan, regularly review them and report appropriately to the Board.

The Chief Financial Officer will devise and maintain robust systems of budgetary control. These will include:

(a) monthly financial reports to the Board in a form approved by the Board containing:

    (i) income and expenditure to date showing, trends and year end forecasts;
    (ii) movements in working capital;
    (iii) movements in cash and capital;
    (iv) capital programme spend and projected outturn against plan;
    (v) explanations of any material variances from budget or plan;
    (vi) details of any corrective action where necessary and the Chief Executive's and/or Chief Financial Officers view of whether such actions are sufficient to correct the situation;

(b) the issue of timely, accurate and comprehensive financial reports to each budget holder, covering the areas for which they are responsible;

(c) investigation and reporting of variances from financial, activity and workforce plans and targets;

(d) monitoring of management action to correct variances

(e) sound arrangements for the authorisation of budget virements.

The Chief Financial Officer has a responsibility to ensure that there is adequate provisions for financial training for budget holders in order to facilitate robust budget management.

4.4 Budget Holders

4.4.1 General Principles

All budget holders will sign up to their allocated budgets at the commencement of each financial year

All budget holders must provide information as required by the Chief Financial Officer to enable budgets to be compiled.

Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Financial Officer, subject to any authorised use of virement.

Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Financial Officer.

4.4.2 Budgetary Control and Reporting

Each Budget Holder is responsible for ensuring that:

(a) any likely overspending or reduction of income which cannot be met by virement is not incurred without the prior consent of the Chief Financial Officer.

(b) the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised subject to the rules of virement;

(c) no permanent employees are appointed without the approval of the Chief Financial Officer other than those provided for within the available resources and manpower establishment as approved by the Board.

4.4.3 General

The general principles applying to delegation and reporting shall also apply to capital.

4.4.4 Monitoring Financial Performance

The Chief Finance Officer will provide regular reporting of the overall Trust financial position for the current financial year and for future financial periods.

For the purposes of monitoring performance against budget as part of the overarching financial framework. The Board will look to the following Board members for assurance regarding financial performance:

- Individual corporate directors for their own individual portfolios (corporate directorates)
- Chief Operating Officer for the overall performance of the clinical Health Groups within the Trust.

5. ANNUAL ACCOUNTS AND ANNUAL REPORT

The following have responsibilities in relation to the Annual Accounts and Annual Report

5.1 Chief Executive

The Chief Executive will:

(a) ensure that an Annual Report is published and presented to a public meeting by the prescribed deadline

(b) ensure the Annual Report shall be compliant with The NHS Manual for accounts guidance on the content of Annual Reports

5.2 The Chief Financial Officer,

The Chief Financial officer will:

(a) By the prescribed date, prepare and submit annual accounts and financial returns in accordance with the Trust's accounting policies, generally accepted accounting principles, and guidance given by the Department of Health and HM Treasury,

(b) Ensure that annual accounts are audited by the external auditors and the accounts are approved by the Board before submission to the NHS Improvement and the Department of Health.

(c) Ensure that audited returns and accounts are submitted to the NHS Improvement together with any relevant audit reports, in line with nationally agreed deadlines.

(d) A copy of the Annual Accounts will be made available to the public and presented at a public meeting

6. BANK ACCOUNTS

6.1 Trust Board

The Trust Board is responsible for approving banking arrangements, including authorising the opening and closing of new accounts.

6.2 Chief Financial Officer

The Chief Financial Officer will:

(a) Manage the Trust's banking arrangements
(b) Advise the Trust on the provision of banking services and operation of accounts. This advice will take into account guidance/ Directions issued from time to time by the Department of Health, NHS Improvement or other regulatory body
(c) Be responsible for the operation of all bank accounts held by the Trust (commercial and Government Banking Service accounts), including those used for charitable funds.
(d) Ensure accounts do not fall into overdraft other than where proper arrangements have been agreed and approved.
(e) Report to the Board arrangements made for overdraft facilities
(f) Monitor compliance with Department of Health and NHS Improvement guidance on the level of cleared funds permitted within commercial bank accounts.
(g) Set out the conditions under which each bank account is to be operated;
(h) Detail those authorised to sign cheques or other orders drawn on the Trust's accounts or make changes to the banking mandates
(i) Report changes to banking arrangements to the Trust Board for approval

The Chief Financial Officer must advise the Trust's bankers in writing of the conditions under which each bank account will be operated.

The Chief Financial Officer will review the commercial banking arrangements of the Trust at regular intervals to ensure they reflect best practice and represent best value for money by market testing at least every 8 years. The results of the tendering exercise should be reported to the Board.

7. INCOME, FEES & CHARGES AND DEBT RECOVERY

7.1 All Employees

All staff shall follow the Department of Health's advice in the "Costing for contracting" Manual and “Payment by Results” guidance in setting prices for NHS service agreements.

All employees must inform the Chief Financial Officer promptly, and in accordance with procedure, of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.

Only officially prescribed stationery and receipts should be used to record monies receivable/received

7.2 Chief Financial Officer

The Chief Financial Officer is responsible for designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due. This includes prompt banking of all monies received.

The Chief Financial Officer is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the Department of Health or by Statute. Independent professional advice on matters of valuation shall be taken as necessary. Where sponsorship income (including items in kind such as subsidised goods or loans of equipment) is considered the guidance in the Department of Health’s Commercial Sponsorship – Ethical standards in the NHS - shall be followed. Actions should also be in accordance with the Trust’s policies on business and professional conduct.

The Chief Financial Officer is responsible for ensuring appropriate recovery action on all outstanding debts, such actions should be cost effective. Income considered uncollectable should be dealt with in accordance with debt collection, write off, and losses procedures.

Systems and processes should be designed to minimise overpayments however where they do occur appropriate recovery action should be initiated by the Chief Financial Officer. Such actions should be cost effective

8. CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS

8.1 All Employees

All receipts of cash, cheques and other negotiable instruments, including those in respect of charitable funds should be banked as soon after receipt as is practicable.

All cash received should be banked intact. i.e. as received. Disbursements should always be made from separate cash floats unless expressly authorised by the Chief Financial Officer

Those responsible for cash floats should never use Trust money for the encashment of private cheques

The holders of safe keys shall not accept unofficial funds for depositing in their safes other than those in the scope of the patient’s property and money procedures.

8.2 Chief Financial Officer

The Chief Financial Officer is responsible for:

(a) approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;

(b) ordering and securely controlling any such stationery;

(c) the provision of adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines;

(d) prescribing systems and procedures for handling cash and negotiable securities on behalf of the Trust.

9. TENDERING AND CONTRACTING PROCEDURE

9.1 General

The procedure for making all contracts by or on behalf of the Trust will encompass the requirements of these Standing Orders and Standing Financial Instructions

Directives by the Council of the European Union promulgated by the Department of Health (DH) prescribing procedures for awarding all forms of contracts shall have effect as if incorporated in these Standing Orders and Standing Financial Instructions.

The Trust shall comply as far as is practicable with the requirements of the Department of Health, other regulatory bodies, the requirements of "Estate code" in respect of capital investment and estate and property transactions. In the case of management consultancy contracts the Trust shall comply as far as is practicable with Department of Health guidance "The Procurement and Management of Consultants within the NHS".

The table below summarises the requirement in relation to tenders and quotations and should be viewed in conjunction with the detailed guidance below.

Value of Goods/Services	Tender/quotation requirement
Less than £10k (including VAT)	Use NHS supply chain and established contracts where possible otherwise obtain a quotation (see guidance below)
Between £10k and up to £50k (including VAT)	Obtain a quotation (see guidance below)
£50k to £106k (including VAT)	Undertake a local tender exercise (see guidance below)
More than £106k (Including VAT)	Tender exercise using EU procurement procedures

9.2 Formal Competitive Tendering

The Trust shall ensure that competitive tenders are invited for:

- the supply of goods, materials and manufactured articles;
- the tendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the DH);
- for the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens); for disposals.
- Where the Trust elects to invite tenders for the supply of healthcare services these Standing Orders and Standing Financial Instructions shall apply as far as they are applicable to the tendering procedure.

9.3 Exceptions and instances where formal tendering need not be applied

Tenders exceeding the OJEU limit can never be waived or not applied**,** however formal tendering procedures (for contracts expecting to be under the OJEU limit) need not be applied where:

(a) the estimated expenditure or income does not, or is not reasonably expected to, exceed £50,000 over the life of the contract. In these circumstances formal quotes should be requested

(b) where the supply is proposed under special arrangements negotiated by the DH in which event the said special arrangements must be complied with;

(d) regarding disposals as set out in Standing Financial Instruction number 9.17.

Items estimated to be below the £50,000 limit set out above which subsequently prove to have a value in excess of £50,000, shall be reported to the Chief Financial Officer and recorded by the Head of Procurement. That record should be reported to the Audit Committee at least annually.

9.4 Formal tendering procedures may be waived in the following circumstances:

(a) in very exceptional circumstances where the Chief Executive or Chief Financial Officer decides that formal tendering procedures would not be practicable or the estimated expenditure or income would not warrant formal tendering procedures, and the circumstances are detailed in an appropriate Trust record (with the exception of tenders over the OJEU limit).

(b) where the requirement is covered by an existing contract;

(c) where a consortium arrangement is in place and a lead organisation has been appointed to carry out tendering activity on behalf of the consortium members;

(d) where the timescale genuinely precludes competitive tendering but failure to plan the work properly would not be regarded as a justification for a single tender; *(This only applies if the value of the contract does not exceed the OJEU limit)*

(e) where specialist expertise is required and is available from only one source; *(This only applies if the value of the contract does not exceed the OJEU limit)*

(f) when the task is essential to complete the project, and arises as a consequence of a recently completed assignment and engaging different consultants for the new task would be inappropriate; *(This only applies if the value of the contract does not exceed the OJEU limit)*

(g) there is a clear benefit to be gained from maintaining continuity with an earlier project. However in such cases it should be clearly demonstrated that the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive tendering; *(This only applies if the value of the contract does not exceed the OJEU limit)*

(h) for the provision of legal advice and services providing that any legal firm or partnership commissioned by the Trust is regulated by the Law Society for England and Wales for the conduct of their business (or by the Bar Council for England and Wales in relation to the obtaining of Counsel's opinion) and are generally recognised as having sufficient expertise in the area of work for which they are commissioned.

The Chief Financial Officer will ensure that any fees paid are reasonable and within commonly accepted rates for the costing of such work.

Competitive Tendering cannot be waived for building and engineering construction works and maintenance (other than in accordance with Concode) without Departmental of Health approval.

The waiving of competitive tendering procedures should not be used to avoid competition or for administrative convenience or to award further work to a consultant originally appointed through a competitive procedure.

Where it is decided that competitive tendering is not applicable and should be waived, the fact of the waiver and the reasons should be documented and recorded in an appropriate Trust record and reported to the Audit Committee at least twice annually.

The Trust shall always ensure that invitations to tender or quote are sent to a sufficient number of companies/individuals to provide fair and adequate competition. In no circumstances should this be less than two firms/individuals, and accounts should be taken of their capacity to supply the goods or materials or to undertake the services or works required.

9.5 Detailed Tendering Procedure

9.5.1 Invitation to tender

(i) All invitations to tender shall state the date and time as being the latest time for the receipt of tenders.

(ii) Every tender for goods, materials, services or disposals shall embody such of the NHS Standard Contract Conditions as are applicable at the time

(iii) Every tender for building or engineering works (except for maintenance work, when Estmancode guidance shall be followed) shall embody or be in the terms of the current edition of one of the

Joint Contracts Tribunal Standard Forms of Building Contract or Department of the Environment (GC/Wks) Standard forms of contract amended to comply with concode; or, when the content of the work is primarily engineering, the General Conditions of Contract recommended by the Institution of Mechanical and Electrical Engineers and the Association of Consulting Engineers (Form A), or (in the case of civil engineering work) the General Conditions of Contract recommended by the Institute of Civil Engineers, the Association of Consulting Engineers and the Federation of Civil Engineering Contractors. These documents shall be modified and/or amplified to accord with Department of Health guidance and, in minor respects, to cover special features of individual projects.

9.5.2 Acceptance/Evaluation of formal tenders

(i) Any discussions with a tenderer which are deemed necessary to clarify technical aspects of his tender before the award of a contract will not disqualify the tender.

(ii) The lowest tender, if payment is to be made by the Trust, or the highest, if payment is to be received by the Trust, shall be accepted unless there are good and sufficient reasons to the contrary. Such reasons shall be explicitly recorded in the contract file.

It is accepted that for professional services such as management consultancy, the lowest price does not always represent the best value for money. Other factors affecting the success of a project include:

(a) experience and qualifications of team members;

(b) understanding of client's needs;

(c) feasibility and credibility of proposed approach;

(d) ability to complete the project on time.

Where other factors are taken into account in selecting a tenderer, these must be clearly recorded and documented in the contract file, and the reason(s) for not accepting the lowest tender clearly stated.

(iii) No tender shall be accepted which will commit expenditure in excess of that which has been allocated by the Trust and which is not in accordance with these Instructions except with the authorisation of the Chief Executive or the Chief Financial Officer.

(iv) The Trust must demonstrate that the award of the contract was:

(a) not in excess of the going market rate / price current at the time the contract was awarded;

(b) that best value for money was achieved.

(v) All tenders should be treated as confidential and should be retained for inspection by the procurement department or the Infrastructure

and Development directorate.

Reports on tender activity to the Audit Committee will be made on an exceptional circumstance basis only

9.6 List of approved firms for building engineering and construction work

(i) Invitations to tender shall be made only to companies included on the approved list of tenderers compiled in accordance with this Instruction or on the separate maintenance lists compiled in accordance with Estmancode guidance (Health Notice HN(78)147).

(ii) Companies included on the approved list of tenderers shall ensure that when engaging, training, promoting or dismissing employees or in any conditions of employment, shall not discriminate against any person because of Age, Race, Religion and Belief, Disability, Gender, Gender Reassignment, Sexual Orientation, Pregnancy and Maternity, Marriage and Civil Partnerships and will comply with the provisions of the Equality Act 2010, Equal Pay Act 1970, the Sex Discrimination Act 1975, the Race Relations Act 1976, and the Disabled Persons (Employment) Act 1944 and any amending and/or related legislation.

(iii) Companies shall conform at least with the requirements of the Health and Safety at Work Act and any amending and/or other related legislation concerned with the health, safety and welfare of workers and other persons, and to any relevant British Standard Code of Practice issued by the British Standard Institution. Firms must provide to the appropriate manager a copy of its safety policy and evidence of the safety of plant and equipment, when requested.

9.7 Financial Standing and Technical Competence of Contractors

The Chief Financial Officer may make or institute any enquiries he deems appropriate concerning the financial standing and financial suitability of approved contractors. The Director with lead responsibility for clinical governance will similarly make such enquiries as is felt appropriate to be satisfied as to their technical / medical competence.

If in the opinion of the Chief Executive and the Chief Financial Officer or the Board member with lead responsibility for clinical governance it is impractical to use a potential contractor from the list of approved firms/individuals (for example where specialist services or skills are required and there are insufficient suitable potential contractors on the list), or where a list for whatever reason has not been prepared, the Chief Financial Officer should ensure that appropriate checks are carried out as to the technical and financial capability of those firms that are invited to tender or quote.

An appropriate record in the contract file should be made of the reasons for inviting a tender or quote other than from an approved list. –

9.8 Quotations: Competitive and non-competitive

General Position on quotations

Quotations are required where formal tendering procedures are not adopted and where the intended expenditure or income exceeds, or is reasonably expected to exceed £10,000 but not exceed £50,000. The purpose of a quotation is to provide comparison and achieve best value for money.

9.9 Competitive Quotations

(i) Quotations should be obtained from at least 3 companies/individuals based on specifications or terms of reference prepared by, or on behalf of, the Trust.

(ii) Quotations should only be in writing

(iii) All quotations should be treated as confidential and should be retained for inspection.

(iv) The Chief Financial Officer or his nominated officer(s) (see table 9.12) should evaluate the quotation and select the quote which gives the best value for money. If this is not the lowest quotation if payment is to be made by the Trust, or the highest if payment is to be received by the Trust, then the choice made and the reasons why should be recorded in a permanent record.

9.10 Non-Competitive Quotations (ie single quotes)

Non-competitive quotations in writing may be obtained in the following circumstances:

(i) the supply of proprietary or other goods of a special character and the rendering of services of a special character, for which it is not, in the opinion of the responsible officer, possible or desirable to obtain competitive quotations;

(ii) the supply of goods or manufactured articles of any kind which are required urgently and could affect a service provision if not purchased and are not obtainable under existing contracts;

(iii) miscellaneous services, supplies and disposals;

(iv) where the goods or services are for building and engineering maintenance the responsible works manager must certify that the first two conditions of this SFI (i.e.: (i) and (ii) of this SFI) apply.

9.11 Quotations to be within Financial Limits

No quotation shall be accepted which will commit expenditure in excess of that which has been allocated by the Trust and which is not in accordance with Standing Financial Instructions except with the authorisation of either the Chief Executive or Chief Financial Officer.

9.12 Authorisation of Tenders and Competitive Quotations

Providing all the conditions and circumstances set out in these Standing Financial Instructions have been fully complied with, formal authorisation and awarding of a contract may be decided by the following staff to the total value of the contract as follows:

Budget Holder	Up to £50,000
Chief Executive or Chief Financial Officer	Up to £500,000
Chief Executive or Chief Financial Officer and Chairman/vice Chairman	£500,000 up to £1M
Performance and Finance Committee	£1M up to £3M
Trust Board	£3M and over
All lease tenders must be authorised by the Chief Executive or Chief Financial Officer	**All**

These levels of authorisation may be varied or changed from time to time and therefore need to be read in conjunction with the Trust Board's Scheme of Delegation.

Formal authorisation must be put in writing. In the case of authorisation by the Trust Board and the Performance and Finance Committee this shall be recorded in the minutes.

Where competitive tendering or a competitive quotation is not required (i.e. where expenditure is less than £10,000) the Trust should adopt one of the following alternatives:

(a) the Trust shall use the NHS Supply Chain for procurement of all goods and services, where applicable, unless the Chief Executive or nominated officers deem it inappropriate or impractical. The decision to use alternative sources must be documented and retained by the requisitioner.

(b) If the Trust does not use the NHS Supply Chain, or any other agreed contracts the Trust shall procure goods and services in accordance with procurement procedures approved by the Chief Financial Officer.

9.13 Private Finance funded procurements (see overlap with SFI No. 24)
On consideration of a PFI funded procurement the following should apply

(a) The Chief Financial Officer shall demonstrate that the use of private finance represents value for money and genuinely transfers risk to the private sector.
(b) The proposal must be specifically agreed by the Board of the Trust.

(c) The selection of a contractor/finance company must be on the basis of competitive tendering or quotations.

9.14 Compliance requirements for all contracts

The Board may only enter into contracts on behalf of the Trust within the statutory powers delegated to it by the Secretary of State and/or regulatory body and shall comply with:

(a) The Trust's Standing Orders and Standing Financial Instructions;

(b) EU Directives and other statutory provisions;

(c) any relevant directions including the Capital Investment Manual, Estate code and guidance on the Procurement and Management of Consultants;

(d) such of the NHS Standard Contract Conditions as are applicable.

(e) contracts with Foundation Trusts must be in a form compliant with appropriate NHS guidance.

(f) Where appropriate contracts shall be in or embody the same terms and conditions of contract as was the basis on which tenders or quotations were invited.

(g) In all contracts made by the Trust, the Board shall endeavour to obtain best value for money by use of all systems in place. The Chief Financial Officer shall nominate an officer who shall oversee and manage each contract on behalf of the Trust.

9.15 Personnel and Agency or Temporary Staff Contracts

The Chief Executive shall nominate officers with delegated authority to enter into temporary contracts for services with agencies or personal service companies. Such contracts are not covered by these procurement rules, however, officers and employees should use agencies with whom national and local contracts have been negotiated wherever possible. Officers and employees should have regard to pay regulations governing the payment to and rates paid to temporary and agency workers.

9.16 Healthcare Services Agreements

Service agreements with NHS providers for the supply of healthcare services shall be drawn up in accordance with the NHS and Community Care Act 1990 and administered by the Trust. Service agreements are not contracts in law and therefore not enforceable by the courts. However, a contract with a Foundation Trust, being a Public Benefit Corporation, is a legal document and is enforceable in law.

The Chief Executive shall nominate officers to commission service agreements with providers of healthcare in line with a commissioning plan approved by the Board.

9.17 Disposal of Equipment

Competitive Tendering or Quotation procedures shall not apply to the disposal of:

(a) any matter in respect of which a fair price can be obtained only by negotiation or sale by auction as determined (or pre-determined in a reserve) by the Chief Executive or his nominated officer;

(b) obsolete or condemned articles and stores, which may be disposed of in accordance with the disposal policy / guidance,

(c) items with an estimated sale value of less than £100, this figure to be reviewed on a periodic basis;

(d) items arising from works of construction, demolition or site clearance, which should be dealt with in accordance with the relevant contract;

(e) land or buildings concerning which DH guidance has been issued but subject to compliance with such guidance.

9.18 Tendering of In-house Services

The Chief Financial Officer shall be responsible for ensuring that best value for money can be demonstrated for all services provided on an in-house basis. The Trust may also determine from time to time that in-house services should be market tested by competitive tendering.

In all cases where the Board determines that in-house services should be subject to competitive tendering the following groups shall be set up:

(a) Specification group, comprising the Chief Financial Officer or nominated officer/s and specialist.

(b) In-house tender group, comprising a nominee of the Chief Financial Officer and technical support.

(c) Evaluation team, comprising normally a specialist officer, a supplies officer and a Financial Officer or representative.

All groups should work independently of each other and individual officers may be a member of more than one group but no member of the in-house tender group may participate in the evaluation of tenders.

The evaluation team shall make recommendations to the Board.

The Chief Financial Officer shall nominate an officer to oversee and manage the contract on behalf of the Trust.

9.19 Charitable Funds

These Instructions shall not only apply to expenditure from Exchequer funds but also to works, services and goods purchased from the Trust's Trust funds and private resources.

10. NHS SERVICE AGREEMENTS FOR PROVISION OF SERVICES

10.1 Service Level Agreements (SLAs)

10.1.1 Chief Executive

The Chief Executive, as the Accountable Officer, is responsible for ensuring the Trust enters into suitable Service Level Agreements (SLA) with service commissioners and providers for the provision of NHS services.

All SLAs should aim to implement the agreed priorities contained within local strategies and plans and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In

discharging this responsibility, the Chief Executive should take into account:

- the standards of service quality expected;
- the relevant national service framework (if any);
- the provision of reliable information on cost and volume of services;
- the NHS National Performance Assessment Framework;
- that SLAs build where appropriate on existing Joint Investment Plans;
- that SLAs are based on integrated care pathways
- That SLA's are clear on costs, volumes and outcomes.

The Chief Executive will ensure that the Trust works with all partner agencies involved in both the delivery and the commissioning of the services required to ensure all parties are appropriately involved in planning and management of risks.

The Chief Executive will ensure that the SLA will apportion responsibility for handling a particular risk to the party or parties in the best position to influence the event and financial arrangements should reflect this. In this way the Trust can jointly manage risk with all interested parties.

The Chief Executive, as the Accountable Officer, will need to ensure that regular reports are provided to the Board detailing actual and forecast income from the SLA. This will include information on costing arrangements, which increasingly should be based upon Healthcare Resource Groups (HRGs). Where HRGs are unavailable for specific services, all parties should agree a common currency for application across the range of SLAs.

The Trust's main activity is to provide healthcare services. Guidance should be sought from the Chief Financial Officer where commissioning activities are necessary.

10.2 Remuneration of Staff and Payment of expenses

10.2.1 General

In accordance with Standing Orders the Board shall establish a Remuneration and Terms of Service Committee, with clearly defined terms of reference, specifying which posts fall within its area of responsibility, its composition, and the arrangements for reporting.

The Committee shall report in writing to the Board the basis for its decisions. The Board shall use the report as the basis for their decisions, but remain accountable for taking decisions on the remuneration and terms of service of officer members. Minutes of the Board's meetings should record such decisions. This responsibility is currently delegated to the Remuneration Committee.

The Trust will pay allowances to the Chairman and non-officer members of the Board in accordance with instructions issued by the Secretary of State for Health and other regulatory bodies as appropriate.

10.2.2 Chief Financial Officer

The Chief Financial Officer is responsible for:

(a) specifying timetables for submission of properly authorised time records, expense claims and other notifications;

(b) the final determination of expenses pay and allowances;

(c) making payment on agreed dates;

(d) agreeing method of payment.

The Chief Financial Officer will issue instructions regarding:

(a) verification and documentation of data;

(b) the timetable for receipt and preparation of payroll and expense data and the payment of employees and allowances;

(c) maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;

(d) security and confidentiality of payroll and related information;

(e) checks to be applied to completed payroll and expenses before and after payment;

(f) authority to release payroll and expenses data under the provisions of the Data Protection Act;

(g) methods of payment available to various categories of employee and officers;

(h) procedures for payment to employees and officers;

(I) procedures for the recall of cheques and bank credits;

(j) pay advances and their recovery;

(k) maintenance of regular and independent reconciliation of pay and expense control accounts;

(l) separation of duties of preparing records and handling cash;

(m) a system to ensure the recovery from those leaving the employment of the Trust of sums of money and property due by them to the Trust.

(n) specifying the arrangements for accepting deductions from employees gross/net pay

(o) specifying the arrangements to be put in place to recover overpayment of salary and expenses.

The Chief Financial Officer will:

(a) Reject or refer payments in whole or in part where they contravene Trust policies, contracts or employment/terms of service and liaise with the Chief Executive where appropriate

(b) Reject in whole or in part expense claims where they contravene agreed policies procedures, contracts of employment/terms of service

Regardless of the arrangements for providing the payroll service, the Chief Financial Officer shall ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of authorised payroll deductions and payment of these to appropriate bodies.

10.2.3 Appropriately nominated managers (budget holders)

Appropriately nominated managers (budget holders) have delegated responsibility for:

(a) submitting time and expense records, and other notifications in accordance with agreed timetables;

(b) completing time records and other notifications in accordance with the Chief Financial Officer's instructions and in the form prescribed by the Chief Financial Officer;

(c) submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's or officer's resignation, termination or retirement. Where an employee fails to report for duty or to fulfill obligations in circumstances that suggest they have left without notice, the Chief Financial Officer must be informed immediately.

(d) In so far as they are able, ensuring that all claims for remuneration and expenses are genuine and reasonable.

11. NON-PAY EXPENDITURE

11.1 General Principles

Those placing requisitions for goods and services should always ensure that they obtain the best value for money. The Trust's Head of Procurement is able to offer advice in relation to obtaining best value for money.

Payments for goods or services will only be made where it can be proven that those goods or services have been received, and that the price charged is correct and as agreed.

Payment for goods and services should not be made in advance of receipt those goods or services other than with the express agreement of the Chief Financial Officer. See conditions for making prepayments below

On an annual basis, the Board will approve the level of non-pay expenditure as part of the agreement of the financial plan and budgets. The annual plan will delegate the level of non- pay expenditure to budget holders.

The financial scheme of delegation will set out the delegated level of approval for non-pay transactions depending on the nature and value of the transaction and will be determined by the Chief Financial officer. The scheme of delegation will also set out the levels at which competitive quotes and tenders should be sought

Prepayments for goods and services are only permitted where exceptional circumstances apply. In such instances:

(a) Prepayments are only permitted where the financial advantages outweigh the disadvantages
    a) (i.e. cash flows must be discounted to NPV using the National Loans Fund (NLF) rate plus 2%).-The opportunity cost / availability of cash is considered

    b) The budget holder must provide to the Chief Financial Officer a written report setting out all relevant circumstances of the purchase. The report must set out the effects on the Trust if the supplier is at some time during the course of the prepayment agreement unable to meet his commitments;

    c) The Chief Financial Officer will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the EU public procurement rules where the contract is above a stipulated financial threshold);

    d) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Chief and Chief Financial Officer.

11.2 Chief Financial Officer

The Chief Financial Officer will:

(a) Advise the Board on the threshold above which quotations or formal tenders will be required for goods and services.

(b) devise procedural instructions or guidance within the Scheme of Delegation on the obtaining of goods, works and services incorporating the thresholds

(c) set out procedures on the seeking of professional advice regarding the supply of goods and services, ensuring they are in accordance with relevant guidance.

The Chief Financial Officer will set out and maintain:

(a) a list of those who are authorised to place requisitions for the supply of goods and services;

(b) the maximum level of authority for those authorised to requisition goods and services.

(c) detailed procedures for the ordering of goods and services which will include verification procedures, legal compliance, authorisation, official stationery requirements and will incorporate adequate internal controls

(d) detailed procedures covering the approval and verification of accounts for payment. These shall include controls on the verification of invoices including confirmation of prior receipt of goods and services, prices charged, discounts applicable, and, arithmetic accuracy.

The Chief Financial Officer will authorise all prepayments.

11.3 Budget Holders, Managers and Officers

Budget holders, Managers and Officers must ensure that they comply fully with the guidance and limits specified by the Chief Financial Officer and that:

(a) all contracts (except as otherwise provided for in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Chief Financial Officer in advance of any commitment being made;

(b) contracts above specified thresholds are advertised and awarded in accordance with EU rules on public procurement;

(c) where consultancy advice is being obtained, the procurement of such advice must be in accordance with guidance issued by the Department of Health or Regulator;

(d) no order shall be issued for any item or items to any firm or company which has made an offer of gifts, reward or benefit to directors or employees, other than as set out in the Declarations Policy.

(This provision needs to be read in conjunction with the principles outlined in the national guidance contained in HSG 93(5) "Standards of Business Conduct for NHS Staff");

(e) no requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Chief Financial Officer on behalf of the Chief Executive;

(f) all goods, services, or works are ordered on an official order except works and services executed in accordance with a contract and purchases from petty cash;

(g) verbal orders will only be issued exceptionally and will be confirmed by an official order and clearly marked "Confirmation Order";

(h) orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;

(i) goods are not taken on trial or loan in circumstances that could commit the Trust to a future uncompetitive purchase;

(j) changes to the list of employees and officers authorised to certify invoices are notified to the Chief Financial Officer within a reasonable timescale following the change;

The Chief Executive and Chief Financial Officer shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within CONCODE, OGC, and ESTATECODE. The technical audit of these contracts shall be the responsibility of the relevant Director.

Payments to local authorities and voluntary organisations made under the powers of section 28A of the NHS Act **shall** comply with procedures laid down by

the Director of Finance which shall be in accordance with these Acts. (See overlap with Standing Order No. 9.1)

12. EXTERNAL BORROWING AND INVESTMENT

12.1 Borrowing

All short-term borrowings should be kept to the minimum period of time possible, consistent with the overall cash flow position, represent good value for money, and comply with the latest guidance from the Department of Health and regulatory body.

Any short-term borrowing must be with the authority of two members of an authorised panel, one of which must be the Chief Executive or the Chief Financial Officer. The Board must be made aware of all short term borrowings at the next Board meeting.

Applications for capital investments or loans will be subject to approval by the Department of Health and the Trusts regulatory body.

Capital Investment loans and receipt of Public Dividend Capital (PDC) must be consistent with the Trust's financial strategy and should always be approved by the Board

12.1.1 Board

The Board must approve all capital investment loans and receipts of PDC

The Board will agree the list of employees (including specimens of their signatures) who are authorised to take short term borrowings on behalf of the Trust. This must contain the Chief Executive and the Chief Financial Officer

12.1.2 Chief Financial Officer

The Chief Financial Officer will advise the Board concerning the Trust's ability to pay dividend on, and repay any proposed new borrowing

The Chief Financial Officer is also responsible for reporting to the Board at least annually the position of all borrowings. (loans, PDC, and overdraft facilities).

The Chief Financial Officer must prepare detailed procedural instructions concerning applications for loans and overdrafts.

12.2 Investments

Temporary cash surpluses must be held only in such public or private sector investments as notified by the Secretary of State and regulatory bodies. The Trusts Investment policy sets out the nature of organisation the Trust will invest in.

12.2.1 Board

The Board should authorise the investment policy

12.2.2 Chief Financial Officer

The Chief Financial Officer is responsible for advising the Board on investments within the boundaries of the investment policy and shall report periodically to the Board concerning the performance of investments held.

The Chief Financial Officer will prepare detailed procedural instructions on the operation of investment accounts and on the records to be maintained.

13. FINANCIAL FRAMEWORK

The Chief Financial Officer should ensure that members of the Board are aware of the Financial Framework. This document contains the financial directions which the Trust must follow. The Chief Financial Officer should also ensure that the direction and guidance in the framework is followed by the Trust.

14. CAPITAL INVESTMENT

14.1 Capital Investment in Property plant and Equipment

14.1.1 Board

The Board should approve the quantum and content of the capital investment programme before the start of each financial year. The approval of a capital investment programme does not constitute approval to incur costs.

The Board should oversee capital investment by receiving progress reports at least quarterly

All projects considered under a PFI initiative should be approved by the Board.

14.1.2 Chief Financial Officer

The Chief Financial Officer:

(a) shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon business plans;

(b) is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;

(c) shall ensure that the capital investment is not undertaken without confirmation of Commissioners support where applicable and the availability of resources to finance all revenue consequences, including capital charges.

For every capital expenditure proposal the Chief Financial Officer should see it.

(a) that a business case (in line with the Trusts business case guidance) is produced setting out:

(i) an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs;

(ii) the involvement of appropriate Trust personnel and external agencies;

(ii) appropriate project management and control arrangements;

(b) that the business case has certified professionally to the costs and revenue consequences of the proposal.

For capital schemes where the contracts stipulate stage payments, the Chief Financial Officer will issue procedures for their management, incorporating the recommendations of “Estatecode”.

The Chief Financial Officer is responsible for the maintenance of an asset register recording all items of capital investment (as defined within the Trusts accounting policies). The register should be in a format that identifies where the asset is located, and includes a data set that facilitates recording the value of the asset in line with accounting policies

The Chief Financial Officer will ensure that there are adequate arrangements in place to confirm the existence of assets. Discrepancies should be reported to the Chief Financial Officer

The approval of a capital programme shall not constitute approval for expenditure on any scheme. The Chief Financial Officer is responsible for devising processes to regulate capital expenditure within approved limits of the approved capital programme, including a scheme of delegation that is in line with the instructions and limits issued by the Trusts regulatory body. The current scheme of delegation for capital investment is set out below.

Total Value	Approver
£3M and above	Trust Board & NHS Improvement
£1M up to £3M	Performance and Finance committee
£100K up to £1M	Executive Management Committee
Up to £100K	Capital Resource Allocation Committee

The Chief Financial Officer shall ensure adequate arrangements for the regular reporting of expenditure and commitments against authorised capital budgets.

Where PFI funding is being considered the Trust Chief Financial Officer will ensure compliance with the requirements of its regulatory body. All PFI initiatives need Board approval prior to proceeding.

The Chief Financial Officer should offer advice in respect of capital investment to the Board.

14.1.3 All Staff

All staff have a duty to ensure that property, plant and equipment assets are used, safe guarded, and maintained responsibly. Wherever possible all should be marked clearly as Trust property.

15. INVENTORY AND CONSUMABLES RECEIPT OF GOODS

15.1 General Principles

Inventory should always be kept to the minimum level possible and should always be the subject of an annual stock take as set out in the Chief Financial Officers stock take instructions. Material holdings of inventory should be checked at least twice annually.

Inventory should be valued in accordance with the prevalent accounting policies, the appropriate methodology is set out in the Chief Financial Officers stock take instructions.

15.2 Chief Executive

The Chief Executive, through the scheme of delegation, shall delegate responsibility to individuals for the management and safe keeping of inventory and consumables.

15.3 Chief Financial Officer

The Chief Financial Officer has delegated responsibility for ensuring adequate systems of financial control. The Chief Financial Officer shall therefore set out procedures and systems to regulate the stores including records for receipt of goods, issues, and returns to stores, losses, stock counting and valuation.

The Chief Financial Officer will authorise systems of stores and control, where the value held is greater than £750k

The Chief Financial Officer will ensure that systems are in place to ensure he can satisfy himself that the goods have been received

The Chief Financial Officer will authorise all bulk purchases of inventory.

15.4 Designated staff

The control of any Pharmaceutical stocks shall be the responsibility of a designated Pharmaceutical Officer; the control of any fuel oil and coal of a designated Estates Manager.

The responsibility for security arrangements and the custody of keys for any stores and locations shall be clearly defined in writing by the designated Manager/Pharmaceutical Officer. Wherever practicable, inventory should be marked as health service property.

The designated Manager/Pharmaceutical Officer shall be responsible for a system approved by the Chief Financial Officer for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles.

The designated Officer shall report to the Chief Financial Officer any evidence of significant overstocking and of any negligence or malpractice (see also Losses and Special Payments guidance). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

Any proposed bulk purchases of inventory should be notified to the Chief Financial Officer and be authorised by him before a purchase is made.

15.5 All Staff and Budget Holders

For goods supplied via the NHS Logistics central warehouses, the Chief Financial Officer shall identify those authorised to requisition and accept goods from the store and this will be set out within the financial scheme of delegation. The authorised person shall check receipt against the delivery note and satisfy themself that the goods have been received before accepting the charge.

Any proposed bulk purchases of inventory should be notified to the Chief Financial Officer and be authorised by him before a purchase is made.

16 DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS

16.1 Disposal and Condemnation of assets

16.1.1 Chief Financial Officer

The Chief Financial Officer must prepare detailed procedures for the disposal or condemnation of property, plant equipment and other assets such as inventory. These procedures should be notified to managers

16.1.2 All Staff

All staff have a responsibility to safeguard the interests and assets of the Trust at all times

Assets should only be condemned or disposed of if deemed unserviceable and the decision to condemn must be taken by an employee authorised by the Chief Financial Officer to make such decisions

The procedure for disposals sets out the decision making and authorisation process.

Staff should report negligent use of Trust assets to the Chief Financial Officer

16.2 Losses and Special Payments

16.2.1 The Chief Financial Officer

The Chief Financial Officer must prepare procedural instructions on recording losses, and special payments. Such instruction should include the maintenance of a register, the content of the register should be reported to the Audit Committee twice annually.

The Chief Financial Officer must notify NHS Protect and the External Auditor of all frauds.

For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Chief Financial Officer must immediately notify the Board and External Auditors.

Where a criminal offence is suspected, the Chief Financial Officer must immediately inform the police if theft or arson is involved

The Chief Financial Officer should ensure that the Trust follows the losses and special payments guidance issued by the Department of Heath and other regulatory bodies, and acts within the delegated limits from those authorities. The Chief Financial Officer should seek authorisation and advice from the regulatory body and/ or the Department of Health where payments are expected to fall outside the Trust's delegated limits

The Chief Financial Officer shall be authorised to take any necessary steps to safeguard the Trust's interests in bankruptcies and company liquidations.

For any loss, the Chief Financial Officer should consider whether any insurance claim can be made.

16.2.2 All Staff

Any employee or officer discovering or suspecting a loss of any kind must either immediately inform their head of department, who must immediately inform the Chief Executive or the Chief Financial Officer or inform an officer charged with responsibility for responding to concerns involving loss – for example the Local Counter Fraud Specialist or the Local Security Management Specialist

This notified officer will then appropriately inform the Chief Financial Officer and/or Chief Executive.

Where fraud or corruption is suspected the employee must inform the Local Counter Fraud Specialist (LCFS) or Chief Financial Officer, the matter will then be dealt with under the Local Anti-Fraud Bribery and Corruption Policy.

17. INFORMATION TECHNOLOGY

17.1 Chief Financial Officer

The Chief Financial Officer, who is responsible for the accuracy and security of the computerised financial data of the Trust, shall:

(a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the Trust's data, programmes and computer hardware for which the Director is responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;

(b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;

(c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;

(d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Director may consider necessary are being carried out.

(e) ensure that the Trust complies with the obligations and principles set out in:

- Data Protection Act 1998
- NHS Information Governance Standards
- NHS Code of Practice: Confidentiality
- NHS Code of Practice: Information Security Management
- The Caldicott Review

The Chief Financial Officer shall need to ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

The Chief Financial Officer (in conjunction with the Trust Secretary) shall publish and maintain a Freedom of Information (FOI) Publication Scheme, or adopt a model Publication Scheme approved by the information Commissioner. A Publication Scheme is a complete guide to the information routinely published by a public authority. It describes the classes or types of information about our Trust that we make publicly available.

17.2 Other Directors and Officers

Each proposed new computer systems must have a Project Sponsor. Whether the intention is to procure a solution as part of a consortium or to procure a system by the Trust for its sole use, Directors and Officers involved in the planning of such systems must:

(a) take due regard of, and ensure compliance with, national IM&T Strategy, particularly regarding the procurement of clinical systems and the development of unified, electronic patient records;

(b) notify the Director of IT & Innovation of the outline requirements of the system and design requirements prior to any procurement commencing

(c) ensure that Trust IM&T staff are involved in all stages of the planning, procurement and installation of new systems and upgrades;

(d) ensure compliance with Trust IM&T Polices and Technical Standards. Systems and hardware must not be procured, or applications developed, which do not comply with relevant Trust technical standards;

(e) ensure that new clinical systems are technically able to connect to the Trust's infrastructure and, where applicable, are able to connect to and share data with, existing clinical systems

(f) in the case of packages acquired either from a commercial organisation, from the NHS or from another public sector organization, ensure that Trust technical standards are complied with

Financial support for, and approval of, IM&T procurements will be regulated in accordance with the committee structure and scheme of delegation pertaining to investment.

It is the responsibility of the Project Sponsor to ensure that, before any commitment to procure or develop a system is made a Proof of Concept is submitted to the appropriate authorising body for approval in principle. All procurements will be supported by Business Cases.

17.3 Contracts for Computer Services with other health bodies or outside agencies

17.3.1 Chief Financial Officer

The Chief Financial Officer shall ensure that contracts for computer services and/or applications with another health organisation or any other

agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

Where another health organisation or any other agency provides a computer service for financial applications, the Chief Financial Officer shall periodically seek assurances that adequate controls are in operation.

The Chief Financial Officer shall ensure that risks to the Trust arising from the use of IT are effectively identified and considered and appropriate action taken to mitigate or control risk. This shall include the preparation and testing of appropriate Business Continuity and Disaster Recovery plans.

17.3.2 General

For non-financial applications it is the responsibility of the appropriate Trust Director to ensure that the contracts with the suppliers clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

For any services and systems hosted and managed by third parties, evidence of appropriate controls should be periodically obtained for audit purposes.

17.4 Computer Systems which have an impact on corporate financial systems

17.4.1 Chief Financial Officer

Where computer systems have an impact on corporate financial systems the Chief Financial Officer shall need to be satisfied that:

(a) systems acquisition, development and maintenance are in line with corporate policies such as an Information Technology Strategy & Trust Technical Standards;

(b) data produced for use with financial systems is adequate, accurate, complete and timely, and that a management (audit) trail exists;

(c) Chief Financial Officer staff have access to such data;

(d) such computer audit reviews as are considered necessary are being carried out.

18. PATIENTS' PROPERTY - check this fits with new procedures

The Trust has a responsibility to provide safe custody for money and other personal property (hereafter referred to as "property") handed in by patients, in the possession of unconscious or confused patients, or found in the possession of patients dying in hospital or dead on arrival.

18.1 Chief Executive

The Chief Executive is responsible for ensuring that patients or their guardians, as appropriate, are informed before or at admission, that the Trust will not accept responsibility or liability for patients' property brought into Health Service

premises, unless it is handed in for safe custody and a copy of an official patients' property record is obtained as a receipt.

18.2 Chief Financial Officer

The Chief Financial Officer must provide detailed written instructions on the collection, custody, investment, recording, safekeeping, and disposal of patients' property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all staff whose duty is to administer, in any way, the property of patients. Due care should be exercised in the management of a patient's money in order to maximise the benefits to the patient.

18.3 All staff

All Staff should be informed, on appointment, by the appropriate departmental or senior manager of their responsibilities and duties for the administration of the property of patients.

All staff shall abide by the policies and procedures for managing patients money at all times.

19. FUNDS HELD ON TRUST (CHARITABLE FUNDS)

19.1 General

Section C of Standing Orders outlines the Trust's responsibilities as a corporate trustee for the management of funds it holds on trust. Trust funds should always be managed in accordance with the law and Charities Commission requirements and the Charities own internal policies

The discharge of the Trust's Corporate Trustee responsibilities are distinct from its responsibilities for exchequer funds and may not necessarily be discharged in the same manner, but there must still be adherence to the overriding general principles of financial regularity, prudence and propriety as set out in these Standing Financial Instructions.

19.2 The Board

The Trust discharges its operational duties through the Charitable Funds Committee however the Board remains fully responsible and accountable for funds held on trust as the physical embodiment of the Trust.

19.3 Charitable Funds Committee

The committee shall, on behalf of the Board, manage the strategic and policy decisions relating to funds held on trust.

The charitable funds committee shall oversee the operational management of funds held on trust as provided by the Chief Financial Officer.

19.4 Chief Financial Officer

The Chief Financial Officer shall ensure that each trust fund which the Trust is responsible for managing is managed appropriately with regard to its purpose and to its requirements.

The Chief Financial Officer will discharge the duties of the Charitable Funds Committee in terms of the daily operational management of charitable funds, and legal and financial reporting requirements

The Chief Financial Officer is responsible for devising policies and control mechanisms (both financial and non financial) for ratification by the charitable funds committee

19.5 All staff

The funds held on Trust's Financial Scheme of Delegation makes clear where decisions regarding the exercise of discretion regarding the use of the funds are to be taken and by whom. Decisions should not be taken outside of that scheme of delegation.

All staff authorised by way of the scheme of delegation should always have regard to its limitations and the policies and procedures governing the use of funds held on trust.

20. ACCEPTANCE OF GIFTS AND HOSPITALITY

The Chief Executive shall ensure that all staff are made aware of the Trust policy on acceptance of gifts and other benefits in kind by staff (see the Trust's Declarations Policy). **All staff**, **Officers and contractors** should comply with the provisions of these policies.

21. RETENTION OF RECORDS

21.1 Chief Executive

The Chief Executive shall be responsible for maintaining archives for all records required to be retained in accordance with Department of Health guidelines and various statutory requirements.

21.2 Chief Financial Officer

The Chief Financial Officer shall provide advice on the retention of financial records.

The records held in archives shall be capable of retrieval by authorised persons.

Records should only be destroyed in accordance with best practice guidance, and at all times have regard to information governance principles.

22. RISK MANAGEMENT

22.1 General

The Trust should maintain a programme of risk management which must be approved and monitored by the Board.

The programme of risk management shall include:

a) a process for identifying and quantifying risks and potential liabilities;

b) engendering among all levels of staff a positive attitude towards the control of risk;

c) management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk;

d) contingency plans to offset the impact of adverse events;

e) audit arrangements including; Internal Audit, clinical audit, health and safety review;

f) a clear indication of which risks shall be insured;

g) arrangements to review the Risk Management programme.

The existence, integration and evaluation of the above elements will assist in providing a basis to make Statements on the effectiveness of Internal Controls within the Annual Report and accounts as required.

22.2 Board

The programme of risk management should be approved by the Board

23. INSURANCE

23.1 General

The Trust will use the NHS Risk Pooling Scheme, including the Clinical Negligence Scheme, unless otherwise agreed by the Board.

Insurance arrangements with commercial insurers should not be entered into other than those below

(1) **Insuring motor vehicles** owned (or lead) by the Trust including insuring third party liability arising from their use;

(2) **Private Finance Initiative contract** or similar arrangements where the agreements stipulates commercial insurance arrangements should be used.

(3) **Income generation activities** not covered by the risk pooling scheme

(4) **Fidelity guarantee** – insuring the Trust against financial losses incurred through theft or fraud of senior officers of the Trust

23.2 Chief Financial Officer

Where there is any doubt about the Trust's powers to enter into commercial contracts of insurance, the Chief Financial Officer will consult the Trust's regulatory authority.

The risk pooling scheme requires Scheme members to make some contribution to the settlement of claims (the 'deductible'). The Chief Financial Officer should ensure documented procedures also cover the management of claims and payments below the deductible in each case.

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

AUDIT COMMITTEE

Meeting Date:	8 September 2016	**Chair:**	Mr M Gore	**Quorate (Y/N)**	**Y**

Key issues discussed:

The key issues discussed at the Committee were:

- Clinical Audit – Closed Audits and actions outstanding were reported
- KPMG – Reported the centralised approach to the NHS financial position
- The committee received the annual audit letter which would be uploaded to the Trust's website
- A status update was received from Internal Audit (MiAA), all audits were on track against the current plan
- MiAA updated the committee regarding the Counter Fraud Plan.
- Declaration of Gifts/Hospitality/Sponsorship Report was received for Quarter 1
- There had been 1 serious incident requiring investigation – further information to be presented at the December 2016 meeting.
- New rules regarding the "Freedom to speak up guardian" had been published
- The Terms of Reference for the committee were agreed
- The Audit meeting in October 2016 would be an effectiveness review with MiAA hosting the day

Decisions made by the Committee:

- The Terms of Reference were approved
- The Executive Team to review the Declarations Policy

Key Information Points to the Board:

Matters escalated to the Board for action:

- The Board to approve the Terms of Reference

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST
AUDIT COMMITTEE MINUTES
HELD ON THURSDAY 8 SEPTEMBER 2016
IN THE BOARDROOM, HULL ROYAL INFIRMARY

PRESENT:	Mr M Gore (Chair)	Non-Executive Director
	Mr S Hall	Non-Executive Director
	Mrs T Christmas	Non-Executive Director
IN ATTENDANCE:	Mr L Bond	Chief Financial Officer
	Ms L Thomas	Director of Governance
	Mr R Walker	KPMG
	Mr D Davies	MiAA
	Mrs D Roberts	Deputy Director of Finance
	Mrs R Thompson	Assistant Trust Secretary (Minutes)

Action

1. APOLOGIES
Apologies were received from Mr G Baines, MiAA and Mr J Prentice, KPMG.

2. DECLARATIONS OF INTEREST
There were no declarations of interest.

3. MINUTES OF THE MEETING 23 JUNE 2016
4.1 – Consultant Job Plans – Second paragraph, third sentence should read, "the system is not yet sophisticated enough to also link this explicitly to individual job plans and specialty productivity levels."

Following the above change the minutes were approved as an accurate record of the meeting.

4. MATTERS ARISING/ACTION TRACKER/WORKPLAN
External Auditors – Suppliers had been invited to tender and dates set to receive their presentations. The panel would be the Non Executives from the Audit Committee, Mrs Roberts and Ms Thomas.
NHS Providers – Ms Thomas updated the committee and advised that the Trust had responded to the consultation document from NHSI and Monitor and the report would be published in the Autumn 2016.
Diamond Ring and web hosting – Ms Roberts updated the committee relating to the two issues raised. The issues had been closed and security procedures would be strengthened following the learning from the incident. This item would be removed from the tracker.

It was agreed that the winter planning, the Trust's annual plan update and consultant job planning against productivity would be received at the Performance and Finance Committee. These items would be removed from the tracker.

Follow up reviews of audit – Mr Bond agreed to provide this report to the next meeting in December 2016.
Risk Mapping – Ms Thomas agreed to bring the risk mapping document to the next Audit Committee in December 2016.
Claims Benchmarking – Ms Thomas agreed to prepare a report to the December 2016 Audit Committee detailing premiums for each Trust and claims history.

Reference Cost Report – Mr Bond advised that the Trust had now received the report and he would present it at the next meeting in December 2016.

4.1 CLINICAL AUDIT

Ms Thomas presented the report which highlighted the outstanding Clinical Audit actions. The Committee had picked two outstanding audits to focus on and both of these were currently being ratified and then would be closed off. Ms Thomas reported that the Clinical Audit Team were monitoring audits and reported to the Clinical Effectiveness Committee to give assurance. Mr Gore referred the item to the Quality Committee as it was reviewing the relevance of the audits, what difference they make and any learning coming from them.

Resolved:

The Committee received the report and referred the item to the Quality Committee to review.

5. BOARD COMMITTEE MINUTES

5.1 – PERFORMANCE & FINANCE (25.07.16)

The Committee received the minutes, there were no issues raised.

5.2 – QUALITY (28.06.16)

The Committee received the minutes and Mr Hall asked if the Surgery health group had presented a requisition for the purchase of an image intensifier that would assist an improved service. Mr Bond advised that he hadn't seen the requisition yet and he would chase this up at the monthly performance meeting.

Ms Thomas raised an issue regarding a repeat Never Event in neurosurgery and the clinical lead attending the Quality Committee to explain why this had happened.

6. TECHNICAL UPDATE

Mr Walker presented the update and highlighted the centralised approached to the financial position of the NHS and how this would be shared ownership with the Clinical Commissioning Groups. Mr Bond asked if there was any shared learning following the NHS Improvement Financial Improvement Programme with other trusts and Mr Walker agreed to find out and report back any improvements made.

There was a discussion around national contracts and the supply chain and Mr Bond advised the committee that the Trust was participating as a result of the work ongoing with the Lord Carter cost improvement programme.

A new framework for clearer health and care information was discussed and it was agreed that this would be monitored through the Equality and Inclusion Steering Group.

Mr Walker informed the committee that Mr Bond had requested a piece of work from KPMG looking at the Trust's high risk creditors and the new financial systems recently implemented by the organisation. Mr Bond was concerned about the cash pressures on the Trust such as debtors, material issues and the overtrading on the Clinical Commissioning Group contracts. Mr Walker was confident that there were no underlying issues and Mr Bond agreed to provide a cash flow forecast to the next Performance & Finance Committee in September 2016.

Resolved:

The Committee received the report and agreed that Mr Bond would provide a report detailing the cash flow forecast to the Performance & Finance Committee in September 2016. **LB**

7. ANNUAL AUDIT LETTER

Mr Walker presented the statutory letter which summarised the audit activity for 2015/16. There were no referrals to the Secretary of State. The Audit Letter would be uploaded to the Trust's website.

Resolved:
The Committee received the report and noted the contents.

8. INTERNAL AUDIT PROGRESS REPORT

Mr Davies presented the report which highlighted the work ongoing with a number of internal audits. The first audit was the new Electronic Staff Record system ESR which had been given significant assurance. Mr Davies reported that the new system had strengthened controls and a clear audit trail. There were also super users which had been reviewed and their level of access cleared.

The second audit related to the Nurse Revalidation and this had also been given significant assurance. Mr Davies reported that the Trust was being proactive in its approach, giving appropriate training to nurses and there were relevant reports being delivered to the Board. An evaluation form was being developed for the training sessions and synchronisation with appraisal was required. Mr Gore wanted to thank Mr Wright and his team for the work put into the project.

Mr Davies reported that the Internal Audits and subsequent actions were all on track to be delivered in the correct timescales.

Resolved:
The Committee received the report and noted the progress made to date.

9. COUNTER FRAUD REPORT

Mr Davies presented the report and advised that there was only one issue to raise and that was with the recent NHS Protect inspection against Anti-Fraud services supplied to the Trust. The inspector had downgraded two standards to amber as he felt that the number of responses to the 2014-15 anti-fraud survey were not sufficient. The finalised report would be presented to the Audit Committee.

Mr Davies reported that the rest of the plan was on track and that there were no issues to raise with the Committee.

Mr Bond updated the committee regarding an ongoing NHS Protect case.

Resolved:
The Committee received the report and noted the progress made to date.

10. DECLARATIONS OF GIFTS/HOSPITALITY/SPONSORSHIP (QUARTER1)

Ms Thomas presented the declarations of gifts/hospitality and sponsorship for quarter 1. At the last meeting of the committee two consultants were asked to provide further details regarding study leave they had taken and whether a Medical Director had approved the leave. In each case a Medical Director had approved the leave but it was noted that a clinic had been cancelled to accommodate this. Mr Gore asked if an email could be sent to Mr Phillips asking if he could comment on this for the meeting in December 2016.

The disclosures in the Gifts and Hospitality register were considered in line with the procedures contained in the policy. In some respects the policy had not been applied and Mr Gore asked that the Executive Team review the policy.

Resolved:
The Committee received the report and noted the contents. An email to Mr Phillips asking for comments relating to the cancelled consultant clinics due to study leave would be sent. Mr Phillips's response would be received at the December 2016 committee.

11. INFORMATION GOVERNANCE UPDATE

11.1 – SERIOUS INCIDENTS REQUIRING INVESTIGATION (SIRI)

Ms Thomas presented the report which highlighted the number of SIRIs reported to the Information Commissioner in 2015/16 and the outcomes as well as any new SIRIs reported this year. There had been 1 SIRI reported between 1st April and 31st August 2016 which was a breach of confidentiality. Mr Gore wanted to know if Trust staff had been made aware of this incident and that it would be communicated in the CEO briefing, to make staff aware of the consequences. Ms Thomas agreed to get further information for the next meeting.

Resolved:
The Committee received the update and agreed that further information would be presented at the next committee. **LT**

12. STANDING ORDERS/STANDING FINANCIAL INSTRUCTIONS

Ms Thomas presented the Standing Orders section of the report to the Committee. Mr Gore asked if the Trust still required a Senior Independent Director and Ms Thomas advised that this was an FT requirement but that the Trust could appoint one if it was felt necessary. There was a discussion around the Quality Committee responsibilities and whether the Quality Accounts, Never Events, learning and improvement should be included in the Standing Orders. Ms Thomas advised that she would check with Prof. Sheldon the Quality Committee chair.

Mr Bond presented the Standing Financial Instructions to the committee. A number of minor alterations were discussed such as the Board having sight of the opening and closing of bank accounts and budget holders signing off their budget levels. Mr Gore requested a report from Mr Bond showing members of staff responsible for a budget of £50k or above. Mr Bond agreed to supply a report to the committee in December 2016.

Resolved:
Following the minor alterations discussed the Committee agreed to recommend the Standing Orders/Standing Financial Instructions be approved by the Board in September 2016.

13. DEBTS>£50K AND OVER 3 MONTHS OLD

Mr Bond presented the report and highlighted that there were only a small number of debtors at the moment. The two main issues were the North Lincolnshire and Goole NHS FT invoices and the Hull City Council invoice. Mr Gore commented that both of these issues had been long standing problems and Mr Bond advised that NLAG were withholding payment until their invoices had cleared and he was waiting for a response from Hull City Council.

Resolved:
The Committee received the report and noted the long term issues still outstanding.

14. LEGAL FEES

Mr Bond presented the report and advised that there was a low level of legal fees for quarter 1. There was a discussion around the clinical negligence invoices and that and accrual had been made by the finance department to balance the estimated costs to the budget.

Resolved:
The Committee received the report and noted the contents.

15. WHISTLEBLOWING PROCEDURES – EFFECTIVENESS REVIEW

Ms Thomas presented the report to the Committee. She advised that there were a number of ways staff could raise concerns and that there was a Whistleblowing policy in place. There were only a small number of concerns raised through the official Whistleblowing procedure and there was shared concern as to whether staff felt comfortable raising issues within the Trust. Mr Nearney was presenting a cultural update at the next Board meeting and the Committee agreed to raise this issue with him there.

Mr Hall asked if Mr Snowden was still the Trust's 'Freedom to Speak Up Guardian' and Ms Thomas advised that new rules had been published around this and that the Governance Director now taken on the role promoting and encouraging staff to speak up within the organisation. As Ms Thomas was due to retire from the Trust, her replacement would be appointed in due course and take on the role.

Resolved:
The Committee received the report and noted the contents.

16. TERMS OF REFERENCE

Ms Thomas presented the Terms of Reference to the Committee. The main change to the TOR was to change the number of meetings per year to 4 instead of 6 with an extra ordinary Audit Committee to approve the annual accounts in May 2017.

Resolved:
The Committee recommended that the Terms of Reference be presented to the Board in September 2017 for approval.

16.1 – COMMITTEE EFFECTIVENESS REVIEW

The Audit Committee to hold a development session in October 2016 to review its effectiveness. MiAA would lead the session using their recommended evaluation tool.

Resolved:
The Committee agreed to hold an effectiveness review in October 2016 and that MiAA would facilitate this.

17. ANY OTHER BUSINESS

The frequency of Audit meetings was discussed. It was agreed that in 2017 Audit Committee meetings would be quarterly with an extra meeting to approve the accounts in May 2017.

The committee discussed the October 2016 meeting and agreed that this would be a development session to discuss the effectiveness of the Audit committee.

18. CHAIRS SUMMARY OF THE MEETING

Mr Gore agreed to summarise the meeting to the Board in September 2016.

19. DATE AND TIME OF THE NEXT MEETING:
Thursday 20th October 2016, 9am – 12pm, The Committee Room, HRI

KPMG

Annual Audit Letter 2015-16

Hull and East Yorkshire Hospitals NHS Trust

July 2016

Contents

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This report is addressed to Hull and East Yorkshire Hospitals NHS Trust (the Trust) and has been prepared for the sole use of the Trust. We take no responsibility to any member of staff acting in their individual capacities, or to third parties.

External auditors do not act as a substitute for the audited body's own responsibility for putting in place proper arrangements to ensure that public business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.

We are committed to providing you with a high quality service. If you have any concerns or are dissatisfied with any part of KPMG's work, in the first instance you should contact John Prentice, the engagement lead to the Trust, who will try to resolve your complaint. If you are dissatisfied with your response please contact the national lead partner for all of KPMG's work under our contract with Public Sector Audit Appointments Limited, Andrew Sayers (on 0207 6948981, or by email to andrew.sayers@kpmg.co.uk). After this, if you are still dissatisfied with how your complaint has been handled you can access PSAA's complaints procedure by emailing generalenquiries@psaa.co.uk, by telephoning 020 7072 7445 or by writing to Public Sector Audit Appointments Limited, 3rd Floor, Local Government House, Smith Square, London, SW1P 3HZ.

KPMG

Introduction

Introduction

Background

This Annual Audit Letter (the letter) summarises the key issues arising from our 2015/16 audit at Hull and East Yorkshire Hospitals NHS Trust (the Trust). Although this letter is addressed to the directors of the Trust, it is also intended to communicate these issues to external stakeholders, such as members of the public. It is the responsibility of the Trust to publish the letter on the Trust's website at *www.hey.nhs.uk.*

In the letter we highlight areas of good performance and summarise recommendations made to help the Trust improve performance. We have reported all the issues in this letter to the Trust during the year and we have provided a list of our reports in Appendix A..

Scope of our audit

The statutory responsibilities and powers of appointed auditors are set out in the Local Audit and Accountability Act 2014. Our main responsibility is to carry out an audit that meets the requirements of the National Audit Office's Code of Audit Practice (the Code) which requires us to report on:

Financial Statements including the Annual Governance Statement	We provide an opinion on the Trust's accounts. That is whether we believe the accounts give a true and fair view of the financial affairs of the Trust and of the income and expenditure recorded during the year. We also confirm whether the Trust has complied with the Department of Health (DoH) requirements in the preparation of its Annual Governance Statement. We also confirm whether the balances you have prepared for consolidation into the Whole of Government Accounts (WGA) are not inconsistent with our other work.
Use of Resources (UoR)	We conclude on the arrangements in place for securing economy, efficiency and effectiveness (value for money) in the Trust's use of resources.

Adding value from the External Audit service

We have added value to the Trust from our service throughout the year through our:

— Attendance at meetings with members of the Executive Team and Audit Committee to present our audit findings, broaden our knowledge of the Trust and to provide insight from sector developments and examples of best practice;

— Proactive and pragmatic approach to issues arising in the production of the financial statements to ensure that our opinion is delivered on time; and

— Strong and effective working relationship with Internal Audit to maximise assurance to the Audit Committee, avoid duplication and provide value for money.

Introduction (cont.)

Fees

Our base fee for the 2015/16 audit was £64,745 plus VAT. We have also agreed a further fee adjustment of £6,330 plus VAT with the Trust's Chief Financial Officer linked to additional work on the valuation of the land at Castle Hill, PPE valuations and Assets under Construction, and the two significant value for money risks. The fee adjustment still requires approval from Public Sector Audit Appointments Limited.

In 2014/15 the base fee net of VAT was £86,327 plus an adjustment of £8,000 to take account of additional work on the accounts and valuation issues in the 2014/15 audit.

Our scale (or base) fees are set nationally by Public Sector Audit Appointments Ltd and reflected a significant 25% reduction made nationally to scale fees. We also completed the following work at the Trust during the year**:**

Review of Quality Account	Work to support the Quality Account opinion totalled £9,500 (plus VAT)
VAT Compliance	PSAA Ltd approved additional VAT compliance work totalling £16,000 (plus VAT) covering work on 2015/16 and 2016/17.
Charitable Funds	The fee for the audit of the Hull and East Yorkshire General Charitable Trust is £3,150 (plus VAT)

Acknowledgement

We would like to take this opportunity to thank the officers of the Trust and members of the Audit Committee for their continued support throughout the year.

KPMG

Headlines

Headlines

This section summarises the key messages from our work during 2015/16.

Overall financial results and other key messages	The Trust's overall financial position remains difficult. Although the £8.1 million deficit in 2015/16 was much better than planned, there remains a significant underlying deficit of over £20 million and risks surround some elements of the significant savings needed in 2016/17. The Trust has plans in place to break even in 2016/17, however, this assumes receipt of additional support of £14 million from the Sustainability and Transformation Fund which depends on the achievement of key performance targets. The trajectory needed to meet those targets will require a significant improvement in performance. The Trust carried out a lot of work in 2015/16 to analyse performance and to understand where improvements can be made. However, the Trust did not achieve key national targets for waiting times impacting on the Care Quality Commission's (CQC) 'responsiveness' assessment although, overall, performance was maintained during the year with minor improvements. Although most cancer targets were met during the year, the 62 day wait target has been missed every month. Recent progress has been more encouraging but the challenges still remain. The CQC has been undertaking a further inspection recently which will provide much more detail on progress being made.
Use of Resources conclusion	We concluded that the Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources, except the Trust does not have detailed plans in place to fully address its significant underlying deficit of £22.2 million sustainably. The Trust's outturn position for 2015/16 was an £8.1 million deficit Whilst this was better than the projected deficit of £18.3 million it was primarily achieved through one off technical adjustments including a capital to revenue transfer of £2 million agreed with the Trust Development Authority and the revaluation of land at Castle Hill by £8.2 million. The Trust achieved its statutory duty to break even for the three years ending 31 March 2016 because the surpluses in 2013/14 and 2014/15 (£5.9 million and £2.9 million respectively) exceeded the £8.1 million deficit for 2015/16. The Trust has agreed contracts with its main commissioners for 2016/17 and is planning a break-even position for its financial performance. However, the Trust acknowledges there are risks to achievement of this plan. The plan will only be achieved with £19.2 million cost improvements and the receipt of £14 million of non-recurrent support from the Sustainability and Transformation Fund. £5.1 million of the savings needed have still to be identified. Any slippage in delivery of identified savings would also need to be addressed in year to achieve the break even forecast.

Headlines (cont.)

Use of resources risk areas	We undertook a risk assessment as part of our VFM audit work to identify the key areas impacting on our VFM conclusion and considered the arrangements you have put in place to mitigate these risks. Our work identified the following significant risks: — Risk 1 - Achievement of key financial targets - We reviewed the Trust's financial planning, financial governance and financial control arrangements including reviewing the Trust's financial plans for 2016/17. The results of this work are reflected above. — Risk 2 - Responding to the CQC inspection in May 2015 which scored the Trust as 'requires improvement' - The key area for improvement was 'responsiveness' which was assessed as 'inadequate'. We reviewed detailed plans, analysed and assessed performance and discussed the Trust's response with senior managers. The Trust has made progress with the actions needed in response to the May 2015 CQC inspection. We can see evidence of improved arrangements; a lot of work has also been carried out to analyse performance and to understand where improvements can be made. However, despite this action, the Trust did not achieve key national targets for waiting times throughout the year.
Financial Statements audit opinion	We issued an unqualified opinion on the Trust's accounts on 1 June 2016. This means that we believe the accounts give a true and fair view of the financial affairs of the Trust and of the income and expenditure recorded during the year. Management agreed to amend the draft financial statements for two significant audit differences: — £1.6 million amendment being the increase in value of Land at 31 March 2016 which had been accounted for as a reversal of an impairment in error. — £6.4 million reclassification from Assets under Construction balance to operational assets (Buildings £2.5 million and Equipment / IT £3.9 million) as at 31 March 2016. Management decided not to amend one further audit difference. This related to one area of uncertainty concerning the treatment of a fall in value of Buildings at 31 March 2016 of £1.4 million. This comprised an indexation increase in value of £2.2 million and a fall in value, due to changes in the estimated useful lives, of £3.6 million. We recommended that the Trust should request further details from the valuer in future to identify changes due to economic use and changes due to price.

Headlines (cont.)

Financial statements audit work undertaken	We are required to apply the concept of materiality in planning and performing our audit. We are required to plan our audit to determine with reasonable confidence whether or not the financial statements are free from material misstatement. An omission or misstatement is regarded as material if it would reasonably influence the user of financial statements. Our materiality for the audit was £5 million which was lower than previous years because of the financial difficulties facing the Trust. We identified the following risks of material misstatement in the financial statements as part of our External Audit Plan 2015/16: — Risk 1 - Potential Sale of Land at Castle Road disclosed as an Investment Property. We carried out a review of the Trust's accounting treatment and documentation supporting the proposed sale of land and reclassification of the asset as an investment Property. We concurred with the Trust's view that in 2015/16 the land could be re-classified as an Investment Property under IAS 40. This allowed a change in valuation, supported by appropriate documentation, to be taken directly to the Statement of Comprehensive Income in 2015/16. — Risk 2 - Outsourcing of Financial Services from 1 April 2016. We held regular discussions on the impact of the changes with senior management and we planned our work around the changes. Overall, the information supporting the financial statements improved in 2015/16 compared to 2014/15 and the new outsourcing arrangements did not impact on the delivery of the 2015/16 audit. — Risk 3 - Meeting the Financial Target in the Recovery Plan. We reviewed the impact of changes in valuation of PPE and Investment Properties which reduced the planned deficit of £18.3 million by £8.2 million. We also reviewed changes in the asset lives which reduced the deficit by over £3.6 million against the original budget and other adjustments (such as impairments) which were not counted against the break even duty.
Annual Governance Statement	We also confirmed that the Trust has complied with the Department of Health's requirements in the preparation of the Trust's Annual Governance Statement.
Whole of Government Accounts	We issued an unqualified Group Audit Assurance Certificate to the National Audit Office regarding the Whole of Government accounts submission with no exceptions on 1 June 2016.
Recommendations	We made two new medium risk recommendations on valuation of assets and accounting for assets under construction which were agreed. The Trust made reasonable progress on implementing agreed audit recommendations from prior years,. Of the seven made in 2014/15 only two medium risk recommendations remained partially outstanding with plans in place to fully implement them in 2016.
Public Interest Reporting	We have a responsibility to consider whether there is a need to issue a public interest report or whether there are any issues which require referral to the Secretary of State. We did not issue a report in the public interest or refer any matters to the Secretary of State in 2015/16.

KPMG

Appendices

Appendix A

Summary of our reports issued

Audit Plan
(February 2016)

The Audit Plan set out our approach to the audit of the Trust's Use of Resources and Financial Statements (including the Annual Governance Statement).

Audit Report
(June 2016)

The Audit Report provides our audit opinion for the year, the Value for Money conclusion, and our Audit Certificate.

Report on Quality Accounts
(June 2016)

This Report confirms the findings of our work in regard to the Trust's Quality Accounts and the indicators selected for review.

Audit Highlights Memorandum
(June 2016)

The Audit Highlights Memorandum provides details of the results of our audit for 2015/16 including key issues and recommendations raised as a result of our observations.

We also provided the mandatory ISA 260 declarations as part of this report.

Annual Audit Letter
(July 2016)

This Annual Audit Letter provides a summary of the results of our audit for 2015/16.

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

AUDIT COMMITTEE

TERMS OF REFERENCE

1 CONSTITUTION

1.1 Establishment

The Trust Board has established an Audit Committee (The Committee). The Committee is a non-executive Committee of the Board and has no executive powers, other than those specifically delegated in these terms of reference. This committee reports directly to the Board.

1.2 Membership

The Committee shall be appointed by the Board from amongst the Non Executive Directors of Hull and East Yorkshire Hospitals NHS Trust ("the Trust") and shall consist of not less than three members. The Chairman of the Trust shall not be a member of the Audit Committee. Appointments to this Committee shall be made by the Board in consultation with the Audit Committee Chairman. Appointments to be for an initial period of up to 3 years, extendable by no more than one additional 3 year period.

1.3 Quoracy

A quorum shall be two members.

1.4 Attendance

(a) The Chief Financial Officer, Director of Governance, Head of Internal Audit, the Trust's nominated Local Counter Fraud Specialist and representatives of the External Auditors shall normally attend meetings advising the Committee on pertinent issues / areas. The Committee will meet in private with External and Internal Auditors without any Executive Directors or members of the Trust staff present at least once a year.

(b) The Chief Executive, other Directors or lead officers may be invited to attend, but particularly when the Committee is discussing areas of risk or operation that are the responsibility of that individual.

(c) The Chief Executive will be invited to attend, at least annually, to discuss with the Audit Committee the process for assurance that supports the Annual Governance Statement.

(d) The Trust Secretary, or assistant, shall be Secretary to the Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chair of Committee and its members.

1.5 Meetings

Meetings shall be held not less than five times a year. The Chair of the Committee can call additional meetings as required to discuss urgent business.

2 AUTHORITY

2.1 Authority to investigate and seek information

(a) The Committee is authorised by the Trust Board to investigate any activity within its terms of reference. It is authorised to seek any

information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

(b) The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant expertise if it considers this necessary.

3 ROLE AND PURPOSE OF THE AUDIT COMMITTEE

The duties of the Committee are:

3.1 Governance, Risk Management and Internal Control

The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non clinical), that supports the achievement of the organisation's objectives.

In particular, the Committee will review the adequacy of:-

(a) All risk and control related disclosure statements (in particular the Annual Governance Statement), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to submission to the Board.

(b) The structures, processes and responsibilities for identifying and managing key risks facing the organisation in particular the Board Assurance Framework –including the link with the corporate risk register.

(c) The underlying control and assurance processes that indicate the degree of the achievement of strategic objectives, the effectiveness of the management of principal risks and the appropriateness of the disclosure statements.

(d) The policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the Counter Fraud and Security Management Service.

(e) Consider and review the Annual Information Governance Toolkit and the Data Quality Reports.

3.2 Power to seek reports and assurances

In carrying out this work the Committee will primarily utilise the work of Internal Audit, Counter fraud**,** External Audit and other assurance functions, but will not be limited to these audit functions. It may also seek reports and assurances from Directors and managers as appropriate, concentrating on the over arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness. The Committee will receive the minutes of the Board's Performance and Finance Committee, Quality Committee and Charitable Funds Committee to inform its assurance work.

This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

3.3 **Internal Audit**

The Committee shall ensure that there is an effective internal audit function established by management; that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee.

It will:-

(a) Recommend the appointment of the Internal Auditors to the Board, approve the annual fee and consider any questions of resignation and dismissal.

(b) Review and approve the Internal Audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework and Strategic Plans.

(c) Consider the major findings of internal audit work (and management's response), and ensure co-ordination between the Internal and External Auditors to optimise audit resources.

(d) To review progress on implementing internal audit recommendations.

(e) Ensure that the Internal Audit function is adequately resourced and has appropriate standing within the organisation.

(f) Monitor the effectiveness of internal audit through their annual review

3.4 **External Audit**

The Committee shall review the work and findings of the External Auditor and consider the implications and management's responses to their work.

This will be achieved by:-

(a) Recommending to the Trust Board the appointment of the External Auditor.

(b) Discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan.

(c) Discussion with the External Auditors of their local evaluation of audit risks and assessment of the Trust and associated impact on the audit fee.

(d) Review all external audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to the Board and any work undertaken alongside the annual audit plan together with the appropriateness of management responses.

(e) Review and monitor the external auditor's independence and objectivity, taking into account relevant UK professional and regulatory requirements.

(f) To develop and implement a policy on the engagement of the external auditor to supply non audit services.

3.5 **Financial Reporting**

The Audit Committee shall review the Annual Report and Financial Statements before submission to the Board, focussing particularly on:-

(a) The wording in the Annual Governance Statement and other disclosures relevant to the terms of reference of the Committee.

(b) Changes in, and compliance with, accounting policies, practices and estimation techniques.

(c) Unadjusted mis-statements in the financial statements.

(d) Letter of Representation.

(e) Significant judgements in preparation of the financial statements.

(f) Significant adjustments resulting from the audit.

3.6 **Other Assurance Functions**

3.6.1 The Audit Committee shall review the findings of other significant assurance functions, both internal and external to the organisation and consider the implications to the governance of the organisation. These will include, but will not be limited to, any reviews by Department of Health Arms Length Bodies or Regulators/Inspectors (e.g. Care Quality Commission, ~~Monitor~~, NHS Litigation Authority etc.), professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc.).

3.6.2 In addition, the Committee will consider the work of other Committees within the organisation, whose work can provide relevant assurance to the Audit Committee's own scope of work. This Committee also needs to be review the assurances gained from clinical audit activities in the organisation.

3.6.3 The Committee shall satisfy itself that the organisation has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work.

3.6.4 The Committee will seek annual assurance that a current, clear and effective Whistleblowing or Protected Disclosures Policy is in place and that all Trust staff have access to this policy. One Non Executive Director under the current policy (reference CP169) will be one of a number of internal contacts available to consult and be the "Whistleblowing Champion" of the Trust.

3.7 **Reporting**

3.7.1 The minutes of the Audit Committee meetings shall be approved by the Chairman of the Audit Committee and submitted to the Board. The Chairman of the Committee shall draw to the attention of the Board any issues that require disclosure to the full Board, or require executive action.

3.7.2 The Committee will report to the Board annually on its work in support of the Governance Statement, specifically commenting on the fitness for purpose of the Board Assurance Framework, the completeness and effectiveness of risk management in the organisation, the integration of governance arrangements and produce an annual work plan.

3.8 **Other Matters**

The Committee shall undertake reviews of:

- Risk register
- Write offs and compensations
- Outstanding debtors over £50,000 and 90 days or more outstanding.
- Fraud register
- Decision to waive tender procedures
- Offers of hospitality/gifts and sponsorship
- Review of Standing Orders and Standing Financial Instructions and approval of proposed changes
- Waiver of Standing Orders
- Going Concern Reviews
- Corporate credit card expenditure
- Legal expenditure

3.9 **Administration**

The Committee shall be supported administratively by the Trust Secretary, or assistant and the Deputy Director of Accounting and Treasury, their duties in this respect will include:

Agreement of each agenda with the Chairman and collation of papers
Taking the Minutes
Keeping a record of matters arising and issues to be carried forward
Advising the Committee on pertinent issues
Enabling the development and training of Committee members

4 MONITORING COMPLIANCE WITH THESE TERMS OF REFERENCE

The Trust Secretary and the Chairman of the Committee have a joint responsibility for ensuring compliance with these Terms of Reference. Any member or person in attendance who considers compliance with these Terms of Reference is at risk should bring their concerns to the attention of the Trust Secretary.

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST
PERFORMANCE & FINANCE COMMITTEE
HELD ON MONDAY 22ND AUGUST 2016
THE COMMITTEE ROOM

PRESENT:	Mr S Hall (Chair)	Non-Executive Director
	Ms M Veitch	Deputy Chief Operating Officer
	Mr M Gore	Non-Executive Director
	Mrs T Christmas	Non-Executive Director
	Mr L Bond	Chief Financial Officer
IN ATTENDANCE:	Mrs E Allison	PA to Chief Medical Officer (Minutes)

No	Item	Action
1.	**APOLOGIES** Apologies were received by Mr Nearney, Director of Workforce and Organisational Development. The Chair requested that Mr Nearney be notified that a deputy should attend if he is not available.	
2.	**MINUTES OF THE MEETING HELD ON 25th JULY** The minutes were approved as an accurate record of the meeting	
3.	**ACTION TRACKING** The Committee reviewed the action tracker.	
4.	**WORK PLAN 2016/17** The Committee noted the workplan and no revisions were made.	
5.	**MATTERS ARISING** ***Hull City Council Mortuary Bill*** Mr Bond gave an outline of the current position in regard to the bill received from Hull City Council for the Mortuary building. Mr Bond has asked the council to reconsider this charge. The council has not received rent for the building for 8 years which was an administrative error on their part. Initially Mr Bond agreed to pay two years, however, this was rejected by the Council and counter offer was made to repay the debt over the remaining life of the lease (circa 20 years) Unfortunately the Council later withdrew this offer. Mr Bond has asked that this offer be re-started. No formal agreement yet been reached. **Action**: Mr Bond to update to September meeting **Resolved:** Mr Gore and Mrs Christmas to meet to discuss budget lines The integrated report is not yet completed and a new streamlined prototype performance report is being discussed. **Resolved:** Mr Bond to speak to Mr Ramsden to update on current plans	**LB** **LB**
6.	**SECTION B – PERFORMANCE** **PERFORMANCE REPORT** Clinical cancellations were still a concern to the Trust and will be added as an agenda item to the September meeting. Jacqueline Myers will be invited to attend the September meeting to discuss the outpatient programme and overall management. **Resolved:** Agenda item September. **Resolved:** Mr Hall to send invite to Jacqueline Myers to outline what is required for the meeting.	**RT** **SH**

ASSURANCE FRAMEWORK
PERFORMANCE & FINANCE COMMITTEE JULY 2016
Approval of the replacement of the Linacs scanner had been deferred pending clarification on revenue costs of alternative option. Mr Bond stated that he was satisfied that these items required replacement but would aim for this to happen within the next financial year. If the order was placed within the next few months this would enable this to occur. Mr Bond stated that there was a continued need for working patterns to be reviewed to enable the Trust to utilise the resources and staff more efficiently.
Action: Mr Bond to review the revenue costs associated with weekend working and confirm the preferred option for the next meeting. **LB**

CANCER
The Trust needs to ensure that appointment booking front-loads the two week period with an aim of 50% of appointments being booked by day 7. This continued to be problematic as patients did not attend due to lack of notice or holidays. Ms Veitch quantified that the Trust were not capitalising on what could be achieved in this area. Mr Hall stated that it appeared that GPs were not having the conversations with patients when they were referred for the two week appointment and therefore they were not prepared for the appointment or aware of its importance.

Action: Ms Veitch to circulate the dashboard showing details of 2 week waits. **MV**

Mr Hall also requested data to show which GP practices are making the most referrals. **Action:** Ms Veitch to provide data to September meeting. **MV**

Action: Ms Veitch will provide a definition of "clock stops" to the September meeting. **MV**

LIQUIDITY INCLUDING CREDITOR/DEBTOR PAYMENTS
Balances outstanding by debtors over 90 days were discussed in detail and it was noted that the largest balance in respect of the NHS had been resolved; however payment has yet to materialise. The payment has been agreed but not paid to-date.
Resolved: To be reviewed at the September meeting. **LB**

EXCEPTION REPORTING
Ms Veitch presented the report of behalf of Ellen Ryabov.

4 Hour performance had fluctuated across the month which also saw consistently high number of attendances. The Emergency Department had 3895 ambulance arrivals in July 2016 compared to 3638 in June 2016. 49% of handovers being undertaken in less than 15 minutes.

The introduction of the Frailty model which involved a Senior Clinician at the 'front door' who specialises in Elderly medicine has been successfully trialled. The intention of this initiative was to reduce the high number of frail patients being admitted via the Emergency Department. Early indicators show that between 30-50% of patients will avoid admission. A business case is in the process of being drawn up to understand the viability of the use of the existing ED footprint and surrounding area.

An 8.00am and 4.30pm strategic meetings have now been established. 1st

and 2nd on call attend both meetings. The purpose is to review what went well and what could be done better on a daily basis. In addition there is a 5.00 pm meeting chaired by the CEO (weekly) at which ED flow and management is discussed. The Medicine Health Group attend with the Ops Directors and are held accountable for the current state of ED.

Waiting for Doctor breach causes are still problematic, and this has been compounded by the increase in activity. The Health Group have been tasked with reviewing the staffing levels and rotas across the Department.

Mr Bond stated that clinical leadership continues to be a problem.

Flow out of the Trust remains a challenge which contributes to the 4 hour performance position. Ms Veitch stated that there was currently a slight reduction in the medically fit for discharge patients although more work is being undertaken to continue to improve this.

52 WEEK BREACHES

The Trust Performance and Activity Group meet weekly chaired by the Chief Operating Officer. This is the forum used to monitor compliance, assure the organisation of remedial action, and mitigate risk.

To achieve the target for Quarter 2 in regard to 52 week breeches there can be no more than 7 breaches for the quarter, and therefore only a maximum of another 3 through August and September.

REFERAL TO TREATMENT (RTT)

To improve understanding of RTT rules the Trust has invested a training package. This will be re-launched in September. It is expected that all consultants will undertake this e-learning to improve compliance and accuracy with clinic outcome forms.

The Surgery Health Group is in discussion with all specialties and lead clinicians to improve performance and as of 15 August 2016 has implemented a Division of Theatres, Anaesthetics and ICU in order to improve throughput and efficiencies in the pathway

7.0 **FINANCE (Revenue)**

At the end of month 4 the Trust is reporting an actual deficit of £1.98m which is £0.05m above the planned deficit of £1.93m. The Trust is planning a breakeven position by the end of the financial year. Non delivery of CRES remains the main concern with month 4 position showing a £1.7m shortfall against plan with an anticipated outturn of £4.8m below plan. The forecast outturn delivery has dropped from month 3 by £0.7m. An exercise to revisit CRES plans has commenced with the aim of refreshing this year's plans by the end of September. This process is being supplemented by a number of measures designed to strengthen internal financial governance of CRES delivery at Health Group and Divisional level. Medicine is £0.4m overspent at month 4 and continues to be a problem with overspend and not hitting the required targets. Surgery similarly continued to be the highest financial weakness against productivity gains. All Health Groups have been asked to re-visit CRES targets and bring reports to the Performance and Accountability meeting. Mr Bond extended an invitation to the Non-Executive Directors to attend Performance and Accountability meeting which are held on Wednesday before Trust Board. Mr Bond felt strongly that every departmental head and ward sister should be financially responsible. The Chair actively agreed with this statement.

7.1 **CRES Schemes**

The CRES programme has a number of schemes across each of the health groups which are at a very early stage of development and as such savings in the plan could not be assumed to be delivered with any confidence. Such schemes are opportunities and include items such as service reviews, patient pathways, reduction of agency expenditure and improved procurement deals with suppliers.

7.2 **AGENCY REPORT**

The Trust at month 4 has spent £3.9m against a budget of £3.4 m, resulting in an adverse variance of £0.5m. NHS Improvement have set the Trust a target of £9.5M expenditure on agency for 16/17, the Trust's plan to deliver this consists of each of the health groups having their own target along with an amount in reserves. Each of the Health groups at month 4 (with the exception of CSS) have spent above their target with particularly high levels of expenditure in Medicine and Corporate, this has resulted in the Trust being £0.5m over the target even after taking into account reserves.

7.3 **PATIENT LEVEL COSTS UPDATE**

Mr Bond spoke to the report which had been provided by Rachel Wrightson Head of Finance (CSS). In December 2015, the Trust agreed a business case to implement a new Patient Level Costing system, Prodacapo, and cease the contract with Civica. The system will produce reference cost information, SLR and PLICs. The project was launched in December 2016 and a project steering group has been established. The agreed timescales included the production of the Trust's annual reference cost submission in July 2016 and Quarter 1 16/17 PLCs/SLR reports in September 2016. The Performance and Finance Committee were asked to note the progress so far. It was acknowledged that a clinical champion to make PLICs work is an essential driver for change.

7.4 **LORD CARTER OF COLES**

Mr Bond addressed the paper which provided an update on the progress made within the Trust on the recommendations contained in the Lord Carter report (15 recommendations in this report each recommendation being supplemented by between 2 and 10 actions through which the recommendations would be delivered (84 actions in total). Progress is being made at steady pace across the Trust. The recommendations are reviewed at the Portfolio Improvement Board

GIRFT (Get it right first time)

The biggest changes will be required from clinicians to meet the GIRFT (Get it right first time) targets. At the time of this meeting no detailed plan was available.

PHARMACY

There are 8 projects up and running under the auspices of the Pharmacy Program. The introduction of biosimilar drugs has been identified as a potential quick win.

BACK OFFICE

The NHSI have written to all Trusts requiring urgent reviews of their back office arrangements and have also published a list of services considered to be in scope. The Trust is participating in the wider STP discussions with

Simon Nearney leading on this for the Trust.

ESTATES
There was currently a proposal in place to enter into a partnership with the Carbon Energy Fund (Value of circa £10m - £11m).

Action: LB to bring pharmacy and medicines optimisation plan to October meeting **LB**
Action: LB to update progress on GRIFT to September meeting **LB**
Action: LB to review accommodation at the Queens Centre and update to October meeting **LB**

FINANCE (CAPITAL)
Mr Bond gave an outline of the funding sources for the Trust to support its capital programme which include external loans, charitable donations, operating leases or long term PFI type contracts. It was agreed that the main entrance and energy schemes would need to demonstrate they are affordable and represent value for money in a business case before being approved. Mr Bond will share this paper with the Chairman.

9. **ITEMS DELEGATED BY THE BOARD**
Items delegated by the Board were discussed in items 6 and 7.

10. **ANY OTHER BUSINESS**
The committee considered the utilisation request proposed by Mr Bond.

11. **CHAIRMANS SUMMARY OF MEETING**
Mr Hall agreed to summarise the meeting to the Board in September 2016.

12. **DATE AND TIME OF NEXT MEETING**
Monday 26th September 2016
2.00-5.00pm, The Committee Room, HRI