

Report to:	Council of Governors	Agenda item:	19
Date of Meeting:	5 December 2018		

Title of Report:	Board Monitoring Group Update Report
Status:	For Approval
Board Sponsor:	Council of Governors
Author:	Amanda Buss (Public Governor)
Appendices	Appendix 1: Assurance Tracker Appendix 1.1: True North A3 on Staff

1. Purpose
To outline the recommended actions proposed by the Council of Governors Board Monitoring Group during the past 3 months.

2. Recommendations (Note, Approve, Discuss etc)
The Council of Governors is asked to discuss the recommendations.

3. Legal / Regulatory Implications (NHSLA / Value for Money Conclusion etc)
None

4. Risk (Threats or opportunities link to risk on register etc)
None

5. Resources Implications (Financial / staffing)
None

6. Equality and Diversity
None

7. References to previous reports
None

8. Freedom of Information
Public

Board Monitoring Group Update Report

Background

In June 2015, the Lead Governor expressed concern to the Council of Governors that they were not fulfilling their duties in full as RUH Governors. Whilst he suggested that the Governors were adequately representing the views and interests of the members, he felt that they were failing in the duty to hold the Non-Executive Board to account via the Non-Executives. He suggested that, as a start, some Governors should attend the Board of Directors meetings each month and see the NEDs at work. He asked for volunteers which resulted in the formation of the group.

Reporting

The Board Monitoring Group provides an update report to the Council of Governors following each Board of Directors meeting to:

- Report to CoG on the main areas being addressed by RUH Board of Directors.
- Identify the areas that may cause concern from an attendee's perspective.
- Recommend actions that could be taken.

Recommendations

The information below summarises the key recommendations from these reports. The Council of Governors is asked to discuss the recommendations and agree whether or not to implement them.

Board of Directors Meeting held on 26 September 2018

Quality/Performance recommendations

- QWG should follow up the NIST report on the cardiac ward to understand their recommendations and evidence improvement in the Quality Report

Finance recommendations/ questions:

- Governors are very concerned by the significant deterioration in performance and by the Director of Finance's concern as to whether or not the situation is recoverable by year end. She believes the income position could recover, but is much less sure about both pay and QIPP and gave a clear warning that action is required if we are to recover the position. Governors are concerned that failure to achieve our financial plan would affect the capital program for next year. We have therefore asked the Director of Finance to provide additional information.
- Governors would like to know if the Facilities performance has been affected by the decision to delay the WOS.

Author : Amanda Buss (Public Governor)	Date: November 2018
Document Approved by: Brian Stables, Trust Chairman	Version: 1.1
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Other recommendations

- None

Board of Directors Meeting held on 31 October 2018

Quality/Performance recommendations

- QWG to be briefed on William Budd Improvement plan and progress made.
- Governors are very concerned by the current staff shortages, particularly nurses. Whilst we understand that there is a national shortage of nurses, Governors would like reassurance on the measures in place/planned to motivate and retain existing staff. We are aware of some initiatives in relation to training and career progression, but would like to be reassured that current staff have been involved in identifying the key factors which would make them stay at the RUH.

Finance recommendations

- Governors await the more detailed statement from the Finance Director, but will wish to make further recommendations once this has been received. S & BWG will be involved in posing further questions.
- Although the Finance Director assured the Board that many measures are being taken to address the deficit, Governors are aware that we are now approaching the busy winter period. We are concerned that the Trust's ambition to recover elective income during the winter months may not be realistic and would like further reassurance on this point.
- In view of our concerns, we would like a presentation/more detailed discussion of the Financial position at the Board/Governor Awayday in December.

Appendix 1

Meeting	Source Channel	Question	Responder	Response
Sept 18	Board Monitoring Group - BoD June 2018	Seek clarification at CoG about the potential of increasing the budget for Innovation Panel by a minimum of 25%.	Libby Walters, Director of Finance 25.10.18	This was raised with the Director of Finance who advised that this will be reviewed through the business planning process. The existing budget will be protected but I cannot confirm it will be increased at this stage.
Sept 18	Board Monitoring Group - BoD June 2018	Seek assurance at CoG that the Chair and new Director of Finance have a plan that mitigates the risk of RUH losing its reputation for prudence in financial management.	Libby Walters, Director of Finance 25.10.18	A recovery plan has been developed to ensure that we achieve a finance control total. This has been discussed with NHSI and will be reviewed at the next Board of Directors meeting. Additional financial assurance information was shared with Governors following the September Board of Directors meeting.
Sept 18	Board Monitoring Group - BoD July 2018	Governors note the difficulties in achieving sepsis targets before E Observations are implemented, but we would like to understand how the Non-Executive Directors are reassured that the delay in administering antibiotics for Sepsis in ED has not resulted in measurable harm to any patients.	Update went to BoD meeting 26.09.18	<p>Update provided at the Clinical Governance Committee on 23rd July 2018. This committee is chaired by a Non-Executive Director in addition to Non-Executive Director attendance.</p> <p>Sepsis: Overview of Programme of Work. The Consultant Anaesthetist and Patient Safety Lead summarised that the work had started in 2014 and significant improvements had been seen in patients from the first hour of the sign of Sepsis.</p> <p>In relation to the data collection process, the Consultant Anaesthetist and Patient Safety Lead reported that data was collected for CQUIN performance as well as ongoing improvement measures and emphasised that it was important to note that these measures were slightly different for antibiotic compliance. The CQUIN Antibiotic measure was 60 minutes from the time of diagnosis for emergency admissions and the Quality Improvement Data required the antibiotic measure to be 60 minutes from the time</p>

				<p>of red flag signs.</p> <p>The Trust had made good progress in both areas, although data collection was onerous as it was currently captured manually. The Consultant Anaesthetist and Patient Safety Lead reported that mortality rates for patients at the RUH with suspicion of Sepsis codes had decreased since 2014, despite an increase in the incidence of infection over that time. There had been a further reduction in mortality since 2016 when the second Sepsis campaign was launched and the new NICE guidelines and inpatient work commenced.</p> <p>The Consultant Anaesthetist and Patient Safety Lead described how the WEAHSN (West of England Academic Health Science Network) regional work on increasing awareness of sepsis and use of NEWS (National Early Warning Scoring) across the whole system had gained national acknowledgement in 2017, winning a Patient Safety Care Award, whereby the RUH teams were significant contributors. Also the work performed across the region had demonstrated that mortality rates from suspicion of Sepsis codes in the West of England was lower than any other region in the country.</p> <p>The Consultant Anaesthetist and Patient Safety Lead reported that during January and February 2018 less patients had been identified due to sickness in the Sepsis team and the exceptional acuity on the wards which required the Sepsis team to support routine care. The small sample numbers may have reflected the decrease in percentage compliance with antibiotics in an hour. The number of patients identified in March had improved and compliance was 78%. Reasons for delay were difficulty with access or delayed screening and review, but once identified treatment was prompt. It was felt that electronic recording of observations would improve this.</p>
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Sept 18	Board Monitoring Group - BoD July 2018	Governors would like to know how is the Board of Directors assured that the level of sickness absence is not affecting patient care	Sue Davis, Head of Human Resources 18.10.18	The Trust's overall sickness absence rate is relatively low at 4%, compared with the NHS average of 5.03%. Staffing levels on the Wards are monitored routinely via the Rostering System, and a real time electronic Ward Dashboard has recently been implemented, enabling Matrons to be able to assess staffing levels and move staff accordingly to ensure safe patient care. Where necessary, the Trust uses agency and bank staff.
Sept 18	Board Monitoring Group - BoD July 2018	Governors would like clarification in relation to the one-off benefits which have allowed the trust to achieve the control total.	Libby Walters, Director of Finance 25.10.18	Joanna Hole and Jeremy Boss, Non-Executive Directors attended the August 2018 Strategy and Business Planning Working Group to provide NED assurance on financial matters. Additional information on financial recovery plans has been provided following the September Board of Directors meeting, and the Director of Finance has committed to sharing further information with Governors following the October Board of Directors meeting.
		Additionally, do Non-Executive Directors feel that there is sufficient reassurance in relation to the measures in place to achieve the financial plan for the year, and how are they assured that the reliance on 'one-off' measures will not be deployed in subsequent quarters?	Simon Wade, Deputy Director of Finance 20.11.18	At the end of quarter 1 the Trust will be able to utilise balance sheet flexibility to positively adjust the I&E position. This related mainly to the following items: <ul style="list-style-type: none"> £320k relating to winter monies from the 17/18 position that was in dispute at the year-end but agreement was reached during Q1 with Swindon CCG. A release of provisions held totalling £175k as the anticipated costs of the Health and Safety Executive court case were lower than we had provided for. £125k relating to Drugs that were under billed in 17/18 at year end due to a dispute over the responsible commissioner. £150k of a projected underspend against the Depreciation plan
Dec 2018	Board Monitoring Group - BoD Oct 2018	Governors are very concerned by the current staff shortages, particularly nurses. Whilst we understand that there is a national shortage of nurses, Governors would like	Claire Radley, Director of People	There are a number of projects and initiatives focused on motivating and retaining staff, all of which have been informed by staff views either directly or indirectly (e.g. using information provided through exit interviews): - <ul style="list-style-type: none"> Flexible working project, including significant engagement with matrons about their experience to inform the project scope and objectives

		<p>reassurance on the measures in place/planned to motivate and retain existing staff. We are aware of some initiatives in relation to training and career progression, but would like to be reassured that current staff have been involved in identifying the key factors which would make them stay at the RUH.</p>	<ul style="list-style-type: none"> • Fresh eyes review done by Learning and OD team to understand reasons we're losing staff and specifically what 'work-life balance' means (the most common response in exit interviews). Presentation given to Nursing Workforce Group • A detailed Recruitment and Retention Action plan for Nursing and Midwifery is led by the Recruitment and Retention Nurse, with over sight from the Lead Nurse for Workforce Development and the Head of Human Resources • Deep dive done in Medicine division to identify issues impacting on nurse retention – specific groups identified and actions taken to review in even more detail • Work as part of Improving Together programme has involved a root cause analysis about what stops us from being an 'outstanding place to work where staff can flourish' (see separate A3 template) – led by Director of People. Highlights staff being moved as a key factor in retention. Series of actions identified to address the issue over the next 12 months • As part of the Nursing and Midwifery Strategy, a Nursing and Midwifery Conference was held at the Trust earlier this year • Across the Trust, the Freedom to Speak Up Guardian promotes the mechanisms for staff to raise concerns
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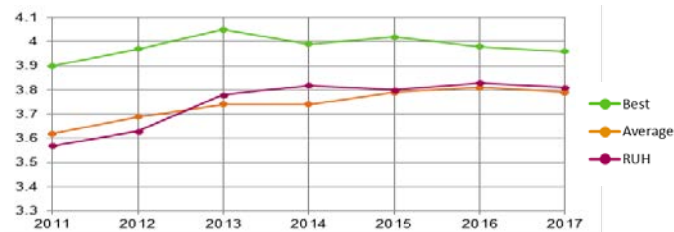
True North A3: Be an outstanding place to work where staff can flourish

Step 1: Problem Statement

Evidence shows that staff engagement and patient experience are inextricably linked. Our staff survey results show that the overall experience of our staff is being impacted by the quality of leadership they experience and their experience of team-working. Our staff survey score is not as high as we'd like it to be, and a poor staff experience can negatively impact our care quality, patient experience, hospital flow and our finances.

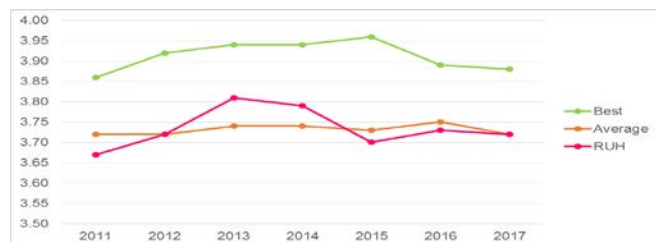
Step 2: Current Situation

Figure 1: Overall engagement score



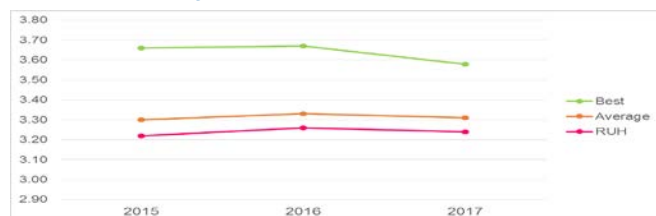
Our overall engagement score (3.81 / 5) has been over-performing the Acute average (3.79 / 5) over the past five years but it decreased from 3.81 in 2016 and is significantly lower than the best performing Acute trust (3.96).

Figure 2: Effective team working



Although the extent to which staff report effective team working was the same as the Acute trust average in 2017 (3.27 / 5) it has fluctuated significantly since 2011 and is significantly lower than the best performing Acute trust (3.88 / 5).

Figure 3: Staff satisfaction with resourcing and support



Staff satisfaction with resourcing and support (3.24 / 5) is below average (3.26 / 5) and is in the bottom 20% of all Acute trusts.

Research also shows that the extent to which staff are engaged impacts on: -

- **Recruitment:** our vacancy rate is 5.9% Trust-wide at August 2018, which equates to 441.14 wte of which 176.94 wte are RNs and midwives. National nursing shortfall was at 11.9% at Dec 2016
- **Retention:** our turnover is 12.1% Trust-wide at August 2018. National turnover ratio is 11.4% for FY16/17
- **Sickness absence:** our sickness absence in July 2018 was 3.9%, which equated to 5538 FTE days of absence

A3 team members: Claire Radley, Victoria Downing-Burn, Angela Hayday, Sue Davis, Rhiannon Hills

Step 3: Vision/Goals

Vision: To be a Trust where staff experience is outstanding

Goals (measured through staff survey):

1. To achieve at least a 30% increase in staff reporting effective team working (2017 baseline score was 3.72 (out of 5)) by 2019.
2. To be in the top 20% of Acute trusts for the overall engagement score by 2019

Proxy goals:

1. Reduce the number of people leaving in their first 12 months by **xx%** by Sept 2019
2. Reduce vacancy rate by **xx%** and turnover rate by **xx%** by Sept 2019
3. Reduce sickness rate by 0.5% by March 2019

Step 4: Analysis (Issues and Root Causes)

By engaging with the HR/OD team and divisional managers, a few potential causes were identified for each domain:

Quality of leadership: there is variation in the quality of experience across staff groups and divisions, and this can be heavily influenced by their line managers. We have also identified that staff from a minority background tend to have a different experience and have reported a lower satisfaction rate. Although we scored better on “% of staff believing that the organisation provides equal opportunities for career progression or promotion” (89% vs average 85%), BME staff group’s response was 65%, compared to 91% from the white respondents; staff with disabilities scored lower on 24 out of 32 key findings. A high and consistent quality of leadership across all levels of the Trust across all divisions and teams are identified as key to improve our staff experience and satisfaction.

Effective team working: many RUH’s teams tend to work in silos. This is for a variety of reasons, such as a team’s level of speciality, daily pressure on the ward, lack of effective communication and planning mechanisms, leadership and existing culture. Due to our resource constraints (see point below), many of our staff are being moved to support other wards in time of staffing shortage, which impact their experience of team working.

Resourcing and support: RUH currently carries a high level of vacancies and as a result, we do not only use agency staff to fill shifts, but also have a tendency to move staff around to support wards with staff shortage. This has led to people feeling they are being put in an unfamiliar working environment, unable to apply their strength at work and many of them feel unsupported while doing so. We do not have a robust workforce planning process in place which has led to inefficient utilisation of our clinical staff’s hours and expertise. We also recognise that many staff require flexible working (such as due to child care arrangement etc.) and it is a key area to make our people feel supported at work. Our staff survey shows that we trail behind Acute average on this front (47% satisfaction vs. 51% average) and was among the lowest 20% Acute Trusts. Support for staff in the more general sense requires a better developed approach to staff benefits.

Step 5: Counter Measures and Future State

Quality of leadership	We want everyone to have a consistent high quality experience of leadership where they are feeling supported at work, they feel safe to report unsafe clinical behaviours/errors, and their line managers take their development goals seriously and would work with the individual to achieve those goals.
Team working	We want all teams to be able to work better as a team and to collaborate with other teams so that collectively we can achieve our True North goals
Resourcing and support	We want our staff to feel safe and supported when carrying out their profession: 1) there are adequate number of staff on the wards with the right skill mix; 2) staff feel supported in their daily job, e.g. skill-related support such as for new staff members and staff working in an unfamiliar environment or flexible working arrangement to accommodate their commitment outside RUH; 3) staff can apply their strength every day; 4) highly regarded staff benefits scheme

Step 6: Actions and Risks

Quality of leadership	<ul style="list-style-type: none"> • BIS programme – leadership coaching and development from Exec level to frontline • Diversity and inclusion objectives
Team working	<ul style="list-style-type: none"> • BIS frontline roll out (breakthrough objective on team working)
Resourcing and support	<ul style="list-style-type: none"> • Workforce and job planning initiative • Recruitment and retention initiatives • Flexible working project • Development of staff benefits scheme