Countess of Chester Hospital
NHS Foundation Trust

BOARD OF DIRECTORS AGENDA AND PAPERS

TUESDAY, 5TH DECEMBER 2017

NHS
Countess of Chester Hospital
NHS Foundation Trust

MEETING OF THE BOARD OF DIRECTORS
TUESDAY, 5TH DECEMBER 2017 AT 1.30PM
BOARDROOM

A G E N D A

FORMAL BUSINESS

1.	Welcome and Apologies	Chairman
2.	Declarations of Interest	Chairman
3.	To receive and approve the Board of Directors minutes of meeting held on 18th October 2017, BoD action tracker (November 2017) and matters arising **(Attached)**	Chairman

QUALITY & ASSURANCE

4.	To receive a patient Story (**presentation**)	Director of Nursing and Quality
5.	To review the Integrated Performance Report as at Month 7 to include: **(Attached)** • Financial update **(Attached)** • Winter Planning (**Verbal**)	Executive Team
6.	To receive an update the Board Assurance Framework – November 2017 **(To follow)**	Chief Executive/Director of Nursing and Quality
7.	To receive an update on the General Data Protection Regulation (GDPR) **(Attached)**	Director of Corporate and Legal Services
8.	To receive an update on Freedom to Speak Up **(Attached)**	Director of People and Organisational Development
9.	To receive a update on Never Events and Serious Untoward Incidents **(Verbal)**	Director of Nursing and Quality

STRATEGIC DEVELOPMENT

10.	To receive a CEO Update **(Verbal)**	Chief Executive
11.	To receive an update on Board and Governor Matters **(Verbal)**	Director of Corporate & Legal Services

FOR NOTING & RECEIPT

12.	To receive the Guardian of Safe Working Report – Q2	Director of People and Organisational Development
13.	To receive the Month 7 letter to NHS Improvement	Interim Chief Finance Officer
14.	To receive the minutes of the Quality, Safety and Patient Experience Committee – 18th September 2017 and 6th October 2017	Director of Nursing and Quality
15.	To receive the minutes of the Audit Committee – 24th April 2017 and 23rd May 2017	Director of Corporate and Legal Services
16.	To receive the minutes of the Charitable Funds Committee – 25th July 2017	Director of Corporate and Legal Services
17.	To receive the minutes of the People and Organisation Development Committee – 26th September 2017	Director of People and Organisational Development
18.	Date and Time of Next Meeting: **Board of Directors Meeting** **6th February 2018 – time and venue to be confirmed**	

BOARD OF DIRECTORS

MINUTES OF THE MEETING HELD ON WEDNESDAY, 18TH OCTOBER 2017 AT 10.45AM
LECTURE HALL

		Attendance	
Chairman	Sir D Nichol	☑	
Non Executive Director	Mr A Higgins	☑	
Non Executive Director	Mr J Wilkie	☑	
Non Executive Director	Mr E Oliver	☑	
Non Executive Director	Mrs R Hopwood	☑	
Non Executive Director	Ms R Fallon	☑	
Chief Executive	Mr T Chambers	☑	
Medical Director	Mr I Harvey	☑	
Interim Chief Finance Officer	Mr S Holden	☑	
Director of Nursing & Quality	Mrs A Kelly	☑	
Director of People and Organisational Development	Mrs S Hodkinson	☑	
Director of Corporate & Legal Services	Mr S P Cross	☑	
Director of Operations	Ms L Burnett	☑	
Programme Director, Model Hospital	Mr I Bett		☒

In attendance:
Mrs C Raggett – Secretary to the Board

FORMAL BUSINESS

B62/17 **WELCOME AND APOLOGIES**

Sir Duncan welcomed all attendees to the Board meeting.

Apologies were received from Mr Bett.

B63/17 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

B64/17 **TO RECEIVE AND APPROVE THE BOARD OF DIRECTORS MINUTES OF MEETING HELD ON 4TH JULY 2017, BOD ACTION TRACKER (SEPTEMBER 2017)**

The Board of Directors minutes of the meeting held on 4th July 2017 were received as a true and

accurate record.

The Board noted the Board Action Tracker as at end of September 2017.

MATTERS ARISING

There were no matters arising.

QUALITY ASSURANCE

B65/17 **TO REVIEW THE INTEGRATED PERFORMANCE AND FINANCE REPORT AS AT MONTH 5: TO INCLUDE: FINANCIAL POSITION – MONTH 5**

The Board received details on the key issues within the integrated performance and finance report as at Month 5 and the following points were raised:

Performance

- Mr Harvey reported that SHMI level was above the expected level during August 2017 however, this had returned to the expected level in September 2017. The HMSR level assuredly in the expected band.
- Mr Harvey reported that the new mortality surveillance group has been established along with a new case review process.
- Mr Harvey stated that the number of C.Difficile cases is currently above trajectory and that some specific specialities are being supported to ensure that numbers do not increase further. Mr Harvey is confident that C.Difficile cases will be back on trajectory.
- Mr Harvey stated that hand hygiene compliance had dipped in August 2017 however, this was back in line in September 2017 following some targeted work in areas of concern
- Mrs Kelly stated the safe staffing levels were green in August 2017 but noted that the levels had dipped in September 2017. Safe staffing levels are not looked at in isolation and areas of concern are highlighted and discussed at the Quality, Safety and Patient Experience Committee (QSPEC).
- Mrs Kelly reported that there had been one inpatient fall in August 2017 that had sustained harm. The significant piece of work around falls in continuing and progressing really well. Mrs Kelly will provide an update on this work to a future Board meeting.
- Ms Burnett stated that stroke performance remains green and work is continuing to maintain this position.
- Ms Burnett reported that the Friends and Family results remain rated as green however there has been a drop in the response rate but this does mirror the response rate from the previous year. Overall the results show that patients remain happy with their treatment and care.
- Ms Burnett stated that there had been 4 breaches of mixed sex accommodation which were in relation to 1 patient and the learning from these were around how the patient see their gender.
- Ms Burnett stated that 6 week diagnostic target was just below the target at 98% with the target being 99%. There has been an increase in demand for endoscopy and work is being undertaken on a recovery plan.

- Ms Burnett reported that there are ongoing issues with the Cancer 62 day target, actions have been taken but it will take a few months for the effect of the actions to be demonstrated on the performance report.
- Ms Burnett reported that in relation to the outpatient letters all correspondence being sent within 7 days is starting from a low performance base. The Trust is bringing in new processes to support this area.
- Ms Burnett advised that the RTT target is currently 91.3% with around 10 patients waiting over 40 weeks, these patients are being prioritised.
- Ms Burnett stated that the A&E 4 hour target is at 86% and remains a challenge for the Trust.
- Ms Burnett stated that the Trust still has number of delayed discharge patients.
- Mrs Hodkinson reported that that variable pay in month 5 had been a challenge and had been the most difficult position since 2015/16, this due to the pressures on medical and nursing gaps. The variable pay position has improved in September 2017.
- Mrs Hodkinson stated that sickness levels are higher that the Trust would like however the level is better than the previous year. The People and Organisational Development Committee are focussing on the sickness level and in particular on those staff on long term sick and how such staff are supported.

Mrs Fallon referred to the RTT, A&E 4 hour and appraisal targets and recognised the significant amount work undertaken in each of these areas. Mrs Fallon asked how realistic were the forecasts for improvement by Q4? Ms Burnett replied that that Q2 and Q3 performance forecasts had been rebased and that there is incentive to achieve the targets in Q4 and as such it is still the plan to achieve the targets by the end of Q4. Mrs Hodkinson added that the team were also working to achieve the appraisal target by end of Q4 although this will be a challenge as the Trust will be piloting a new system for appraisal in Q4.

Mrs Hopwood asked if over the last 12 months there was an underlying increase in staff turnover? Mrs Hodkinson replied that there are elements in the workforce such as nursing turnover, steps have been taken such as an engagement survey to understand the turnover.

Sir Duncan asked if the Trust was behind other Trust in relation to the outpatient letters. Ms Burnett replied that the Trust was behind some but not all Trusts, the Trust does not currently have the right technology however systems and processes are being put in place which will provide some quick wins such as additional digital dictation. Sir Duncan asked if there were any specific areas which were behind in terms of the outpatient letters. Ms Burnett replied that different specialities had different issues that needed resolution or support, for example, the paediatric service had a very detailed letters that were needed by other health professionals to continue care and this required work to understand how the service can be supported to get the letters completed within the 7 days. Urgent care have a typing pool so that any specialities that need support due to an increase in activity have access to ensure letters are sent out within the 7 day timeframe.

Sir Duncan referred to the sickness levels in particular he noted that there had been an increase in one ward area and asked about the deep dive review into areas of concern. Mrs Hodkinson replied that where there are areas of concern we pick up with the Associate Directors of Nursing and also liaise with occupational health in terms of any actions from the ward areas. The actions taken are on a supportive basis and detailed discussions take place at the People and Organisational Development Committee (POD). Mr Oliver assured the Board that sickness levels were reviewed at each POD

meeting.

FINANCE

Mr Holden outlined the Trust's financial position as at month 5 and highlighted the follow points:

- The Trust is on plan however it is a very delicately balanced position.
- The Trust has been able to increase the allowed deficit from £2.6m to £3.6m.
- The Trust has had the capital loan of £8.1m approved.
- Additional funding allocation is based on quarterly points throughout the year and if on track the trust will receive a bonus payment, this is split 30% for performance and 70% for finance. The Trust received an element of bonus for Q1 and at the end of September that Trust is on track so will a 2nd tranche of the bonus payment for hitting the financial targets.
- The CRS programme has performed well to date however as the year progresses schemes are harder to achieve.

In response to a question from Mrs Hopwood, a discussion took place regarding the implications of not achieving the performance targets on the receipt of additional funding, the impact of winter pressures and the mitigations to support the pressures.

In response to question from Sir Duncan, a discussion took place regarding the cost of delayed transfers of care.

Mrs Hopwood asked about the delivery of the CRS programme. Mr Holden replied that the Trust has assumed that the blue, green and amber schemes will be achieved however the red and black schemes are monitored at the weekly CRS meeting.

The Integrated Performance Report for Month 5 was received by the Board.

B66/17 **TO RECEIVE DETAILS OF THE TRUST'S WINTER PLANNING AND FEEDBACK ON NATIONAL PRIORITIES**

Ms Burnett gave a presentation on the Trust's winter planning and feedback on national priorities and noted the following points:

- The Trust's winter plan is not yet finalised as it next further clinical oversight from the Medical Director and Director of Nursing and Quality.
- A national panel has been established and the Trust will need to be able to respond to the panel 7 days per week and a rota is being prepared to support this.
- The Trust's non-elective admissions are up by 7%.
- The Trust is re-visiting the bed model as the winter ward is still open and there is limited additional capacity.
- The Trust's A&E department is built to see 50k patients per year and is currently seeing approximately 80k patients per year.
- There are a number of workstreams in the winter plan including working with pharmacy services across the system, alternatives to A&E for patients and there will be a communications plan from NHS England.

- The Trust is looking at putting senior clinicians in A&E to review patients who do not need to be admitted from A&E and this work is being supported by social care.
- The surgical assessment unit has been moved.
- There is a bed turnaround team linked to the Care Co-ordination Centre to clean beds and make them available quicker which is a very important piece of work.
- The Trust is working with care homes and primary care in terms of ensuring patients that come to A&E are appropriately triaged.
- The GP Out of Hours service is now in the Urgent Treatment Centre and is working well.
- The Trust has launched the Emergency Department Improvement plan and each workstream has an executive lead, this is monitored on a weekly basis and is about doing the right things for patients.
- The national target for delayed transfers of care (DTOCS) is 3.5% and currently the Trust is at 6%.
- The risks for the Trust are delayed transfers of care, bed occupancy rates and pressure on nursing and medical staff.

In response to a question from Sir Duncan, a discussion took place regarding the number of DTOCS and medically optimised patients and the effect on patient flow across the Trust.

Mr Higgins asked about the impact of the drop in the availability of intermediate care beds. Ms Burnnett stated that the Trust is able to spot purchase some beds and processes are being strengthened to ensure these beds are used effectively. The Trust needs a further 6 beds for dementia patients and the Cheshire West and Chester Council (CWAC) have assured the Trust that these beds will available in the community. The Trust has increased the numbers in the rapid response team to get patients home sooner.

B67/17 **TO RECEIVE AN UPDATE ON THE STAFF SURVEY 2016 RESULTS AND PREPARATION FOR THE STAFF SURVEY 2017**

Mrs Hodkinson presented the update on the Staff Survey 2016 results and the progress made in relation to action plan following publication of the results. This action plan is monitored regularly at POD Committee, all actions are on track. Mrs Hodkinson stated that the POD Committee would continue to monitor the action plan and incorporate any actions arising from the 2017 Staff Survey results, so that the action plan becomes a rolling plan.

Mrs Hodkinson added that the Trust will be surveying all staff and that the Trust has engaged survey champions to encourage staff to complete the survey.

Mrs Hodkinson stated that in relation to bullying and harassment there are some hotspots in the Planned Care division and extensive actions have been taken to address this. In response to a question from Sir Duncan, a discussion took place around exploring the different elements for staff to raise concerns however as the survey was confidential it was not possible to pin point specific areas.

B68/17 **TO RECEIVE THE PLACE REPORT AND RESULTS 2017**

Mrs Kelly presented the annual PLACE report and results 2017 which is a national assessment into the environment for patients. The assessment is undertaken by various members of the organisation and

external stakeholders. This was a generally good assessment and was pleased to note that we are above the national average for cleanliness.

Mrs Kelly was disappointed by the results for privacy and dignity for dementia patients in relation to the environment, one area is A&E as it does get crowded which has an impact on the privacy and dignity in particular when giving confidential information. The Trust is reviewing the work with dementia patients with a new model of care to cover the Countess and CWP which is great for patients. Mrs Kelly hopes that there will be some funds available from capital to help support the wards to support dementia patients with some quick wins in terms of signage. The PLACE Committee will take the actions forward and these will be monitored at the Patient and Experience Operational Group (PEOG).

Mrs Hopwood stated that it was good to hear about the work to support dementia patients and asked about plans for patients with a disability. Mrs Kelly replied that Mr O'Grady works with specific disability groups and that these link into PEOG. Mrs Hodkinson added that there is a pilot around a workforce disability group and Mr O'Grady is feeding into the national standards around this.

B69/17 **TO RECEIVE A 6 MONTHLY REPORT OF WORKFORCE RISKS AND OPPORTUNITIES**

Mrs Hodkinson gave an update on workforce risks and opportunities and noted the following points:

- The nation pay restraint is a significant challenge across the NHS and it was pleasing that the Secretary of State has reported that that the pay cap is no longer sustainable but is it not known how this will be funded.
- There are gaps in the medical and nursing workforce such as theatre ODPs and sonographers.
- There is a lot of work being undertaken in engaging with midwifery and nursing staff around how the Trust supports recruitment and retention.
- There are some challenges for Health Education England around commissioning numbers and also in relation to CPD funding as this has reduced significantly and this is impacting our teams.
- The Trust held a very successful careers evening with over 350 people in attendance looking at apprenticeships and wider careers.
- The trust has a CQUIN in relation staff health and wellbeing around food available for staff and the flu campaign.
- The Trust is looking to recruit physician associates.
- The Medical Workforce Board is developing a strategy for medical recruitment and retention.
- The Trust undertook an exercise in relation to nursing bank staff and the frequency of pay, the feedback was that bank staff would like to be paid weekly. This has started and already there has been an increase in the take up of bank hours.

Mrs Kelly gave details of the national and local work being undertaken in relation nurse recruitment and retention.

Mr Higgins asked about the progress in relation the acuity based workforce. Mrs Kelly replied that this has been discussed in details the POD Committee and that there are a number of measures being monitored at the Nursing and Midwifery group which now need to be aligned to the Model Hospital

work. Mrs Kelly stated that work was going in the right direction and that she had recently met with the Ward Managers and advised them that the old style of looking at rotas will change going forward to support patient care and that the tele-tracking data will help to understand the staffing at the bedside and is embedding further month on month. Mrs Hodkinson added that the Trust had achieved the plan for roll out of e-rostering and that this work had been recognised nationally.

In response to a question from Mrs Fallon, Mrs Kelly outlined that discussions taking place locally and nationally and how the Directors of Nursing Group are in regular dialogue with the Universities to influence the curriculum development. There are a number of pilot sites utilising the therapy and pharmacy teams.

Mrs Hodkinson is Chair of a piece of work in relation to the creation of a regional bank for nurses and medical staff with harmonised pay rates. The bank will work within the cap for agency staff and NHSi guidelines which is something that not all organisations are doing.

Mrs Kelly added that there are robust discussions with Wales as they are paying inflated rates of pay for nurses, there are collaborative conversations taking place to harmonise pay rates.

B70/17 **TO RECEIVE AN UPDATE ON NEVER EVENTS AND SERIOUS UNTOWARD INCIDENTS**

Mrs Kelly reported that there had been no never events.

B71/17 **TO RECEIVE AN UPDATE ON THE BOARD ASSURANCE FRAMEWORK – SEPTEMBER 2017 AND THE TRUST'S RISK APPETITIE**

Mr Chambers gave an overview of the changes made to the Board Assurance Framework and the work being undertaken in relation the Trust's risk appetite.

Mrs Kelly added that there is a full refresh of the operational and strategic risks and that these would be reviewed at the newly established Risk and Performance Committee (RPC) which will report into the Finance and Integrated Governance Committee.

Mrs Kelly is undertaking further work on the Trust's risk appetite and is utilising the work from MIAA which had been previously shared with the Board. Mrs Kelly is meeting with each of the executives to populate the Board Assurance Framework strategic risks and will present the updated Board Assurance Framework to the Board in November 2017.

In response to a question from Mrs Hopwood, Mrs Kelly stated that there are reputational risks within the Board Assurance Framework which included elements of finance and operational risk as well. Mr Cross stated that this will be discussed further at the Executive Directors Group to reflect and include reputational risk within the strategic risks as appropriate.

STRATEGIC DEVELOPMENT

B72/17 **TO RECEIVE A CEO UPDATE ON THE ACCOUNTABLE CARE ORGANISATIONS (ACO)/ INTEGRATED CARE PROVIDER (ICP)**

Mr Chambers suggested that the CEO Update would be given to the Annual Members Meeting which followed the Public Board of Directors. This was agreed by the Board of Directors.

B73/17 **TO RECEIVE AN UPDATE ON GOVERNOR MATTERS**

Mr Cross was delighted to see so many Governors at the Board meeting and stated that the Board appreciates their support.

- The Trust's Annual members Meeting will be held after the Board of Directors meeting starting with the service showcase and refreshments.

FOR NOTING & RECEIPT

B74/17 **TO RECEIVE THE MONTH 6 LETTER TO NHS IMPROVEMENT**

The Board received and noted the month 6 letter to NHS Improvement.

B75/17 **TO RECEIVE A LETTER FROM THE SKILLS DEVELOPMENT NETWORK – NORTH WEST TOWARDS EXCELLENCE PROCUREMENT**

The Board received and noted a letter from the Skills Development Network – North West Towards Excellence Procurement.

B76/17 **TO RECEIVE A LETTER REGARDING FUTURE-FOCUSED FINANCE ACCREDIATATION LEVEL 2**

The Board received and noted a letter regarding Future-Focused Finance Accreditation Level 2.

B77/17 **TO RECEIVE DETAILS OF THE NASOGASTRIC CAS ALERT**

The Board received and noted details of the Nasogastric CAS Alert.

B78/17 **TO RECEIVE THE MINUTES OF THE QUALITY, SAFETY AND PATIENT EXPERIENCE COMMITTEE – 19TH JUNE 2017, 17TH JULY 2017 AND 21ST AUGUST 2017**

The Board received and noted the minutes of the Quality, Safety and Patient Experience Committee – 19th June 2017, 17th July 2017 And 21st August 2017.

B79/17 **TO RECEIVE THE MINUTES OF THE FINANCE AND INTEGRATED GOVERNANCE COMMITTEE 6TH JUNE 2017**

The Board received and noted the minutes of the Finance And Integrated Governance Committee 6th June 2017.

B80/17 **TO RECEIVE THE MINUTES OF THE CHARITABLE FUNDS COMMITTEE – 9TH MAY 2017**

The Board received and noted the minutes of the Charitable Funds Committee – 9th May 2017.

B81/17 **TO RECEIVE THE CORPORATE INFECTION PREVENTION AND CONTROL ASSURANCE QUARTERLY REPORT (RETROSPECTIVE REPORT BASED UPON AUGUST 2017 QUARTERLY DATA UPDATE)**

The Board received and noted the Corporate Infection Prevention And Control Assurance Quarterly Report (Retrospective Report Based Upon August 2017 Quarterly Data Update).

B82/17 **TO RECEIVE THE MINUTES OF THE PEOPLE AND ORGANISATIONAL DEVELOPMENT COMMITTEE – 28TH MARCH 2017 AND 18TH JULY 2017**

The Board received and noted the minutes of the People And Organisational Development Committee – 28th March 2017 And 18th July 2017.

B83/17 **TO RECEIVE DETAILS OF THE FREEDOM OF INFORMATION REQUESTS RECEIVED BY THE TRUST FEBRUARY 2017 – AUGUST 2017**

The Board received and noted details of the Freedom Of Information Requests Received By The Trust February 2017 – August 2017.

B84/17 **TO RECEIVE THE OVERSEAS VISITORS POLICY – OCTOBER 2017**

The Board received and noted the Overseas Visitors Policy – October 2017.

B85/17 **DATE AND TIME OF NEXT MEETING**

Tuesday 5th December 2017, 1.30pm in the Boardroom, Countess of Chester Hospital.

BOARD OF DIRECTORS ACTION LOG 2016/17 & 2017/18

Meeting Date	Minute Ref:	Issue	Action	Update	Responsibility	Target Date
07.02.17	B09/17	Mr Chambers to invite Dr Richardson, Chair of CCG to a future Board			Tony Chambers	To be confirmed
18.10.17	B65/17	Mrs Kelly to provide an update on the falls project to future Board meeting			Alison Kelly	To be confirmed

	Action has slipped
	Action is not yet complete but on track
	Action complete
*	Moved with agreement

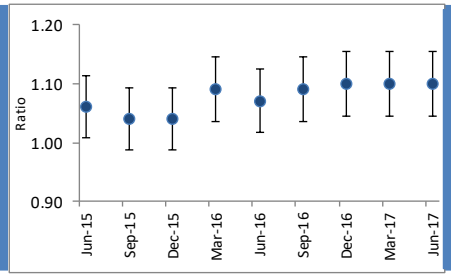
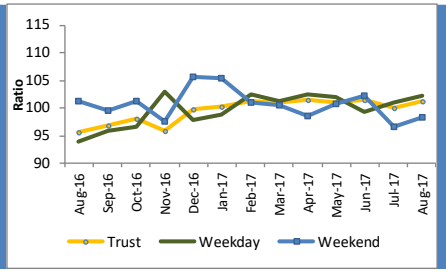
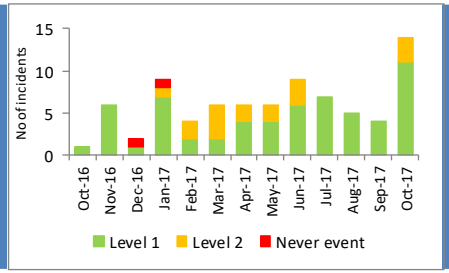
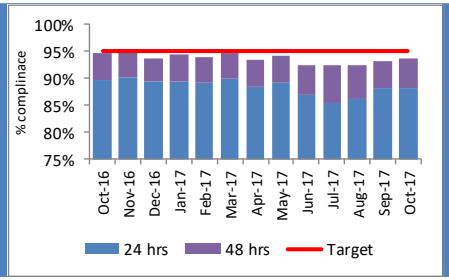
Countess of Chester Hospital NHS
NHS Foundation Trust

October 2017

Are we safe?

Countess of Chester Hospital NHS Foundation Trust — Board Assurance metrics October 2017

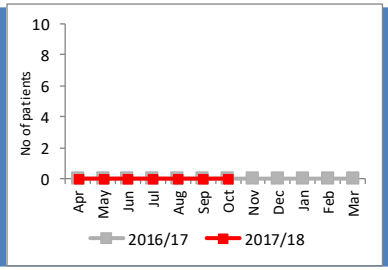
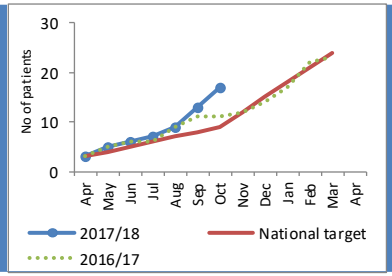
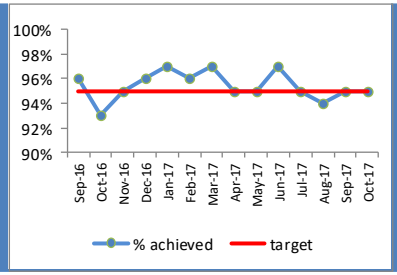
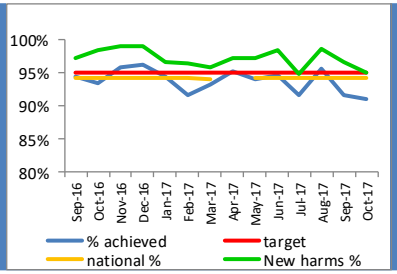
BAF ref: CR1, CR2, CR3, CR6, CR7, CR10

	Description	Current position/comments	Trend	Target
Mortality SHMI	Risk adjusted mortality ratio based on number of expected deaths. National published figure from HSCIC.	A Mortality surveillance group is meeting to investigate further including staff from clinical, coding and Business Intelligence areas.		As expected - Blue Above expected - Red Below expected - Green
Mortality HSMR	Ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death	This measure is based on diagnosis groups that account for approx 80% of our inpatients. A ratio of greater than 100 means more deaths occured then expected, while a ratio of less than 100 suggests fewer deaths occured than expected. The chart is a rolling 12 months.		The predicted rate is 100
Serious Incidents	Level 2 severe harm or death to patient. Never events are serious largely preventable patient safety incidents	There were eleven level 1 incidents and three level 2 incidents. In October there was a spike in the number of incidents converted to Level 1 or 2 investigations, although no change to risk processes or overarching theme to these incidents. It demonstrates an ongoing Trust ethos of good levels of Datix submission and subsequent review by the risk team prior to escalation to Trust SI panel for review.		No current target but any never event highlighted as red in month
Electronic Discharge for admitted patients	90% of electronic discharges for admitted pts should be sent within 24 hrs, 95% within 48 hrs and all within 2 weeks	The 24 hour and 48 hour e-discharge performance remained under target in October. An exception report on page 15 has been produced for this indicator.		90% within 24 hrs per month 95% within 48 hrs per month

Are we safe?

Countess of Chester Hospital NHS Foundation Trust — Board Assurance metrics October 2017

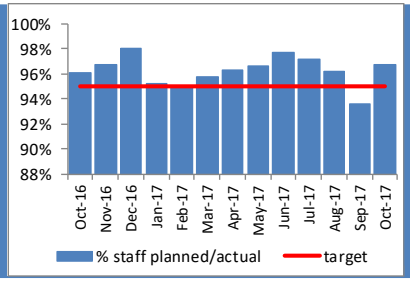
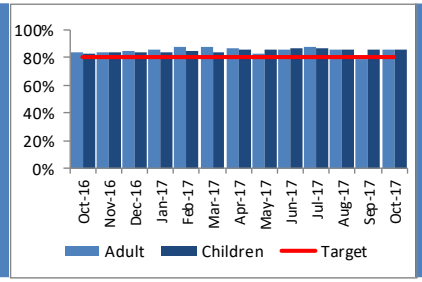
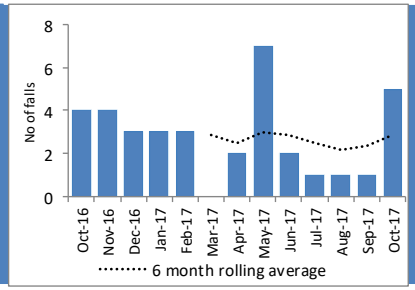
BAF ref: CR1, CR2, CR3, CR6, CR7, CR10

	Description	Current position/comments	Trend	Target
MRSA	Number of cases of hospital acquired MRSA bacteraemia (meticillin-resistant staphylococcus aureusis)	The target set for MRSA is for zero avoidable cases during 2017/18. There were no new cases in October.		Zero avoidable cases for the year
CDiff	Number of cases of Clostridium Difficile	The target for end of year is a maximum of 24 C Diff cases We had 4 confirmed cases within the month of October. 17 cases have been recorded for the year to date against the trajectory of 9. An exception report is provided on page 16.		24 maximum annual cases
Hand hygiene	Based on ward based hand hygiene audits. Each ward is required to submit two audits each month	Hand Hygiene achieved 95% in October. Work continues to maintain and improve hand hygiene compliance in the Trust.		95% each month
Safety Thermometer	Tool to survey a snapshot of harm free patient care. Includes pressure ulcers, falls, catheters, UTIs and VTE	In October the figure for patients free of new harms was 95.07% and our all harms performance was 91.07%.		Compare to National average Above average - Green Below average - red

Are we safe?

Countess of Chester Hospital NHS Foundation Trust — Board Assurance metrics October 2017

BAF ref: CR1, CR2, CR3, CR6, CR7, CR10

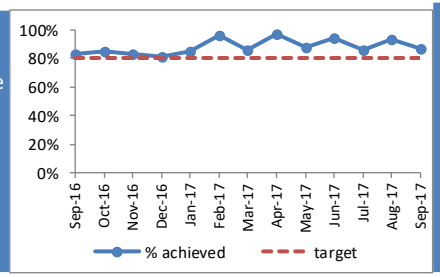
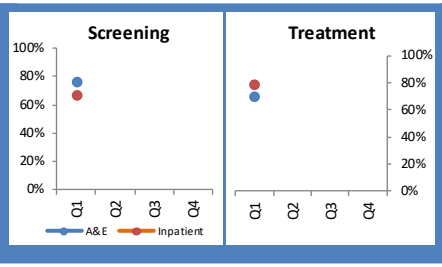
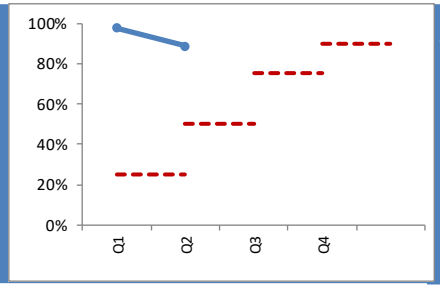
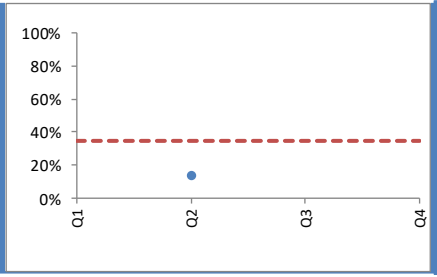
	Description	Current position/comments	Trend	Target
Safe Staffing	Actual staffing compared to planned for registered nurses/ midwives and care staff	See appendix 1 for detailed ward analysis report.		>95% per month
Safeguarding training	% of level 2 training undertaken to be split by training for Adults and Children	Rates of adult and children safeguarding training at level 2 have increased. Both are now above the 80% target for October.		>80% in month
Inpatient falls	Inpatient falls with moderate or above harm	There were five falls with moderate or above harm recorded in October. See exception report on page 17.		Trend line shows rolling 6month average

Are we effective?

Countess of Chester Hospital NHS Foundation Trust

Board Assurance metrics October 2017

BAF ref: CR3, CR7, CR10

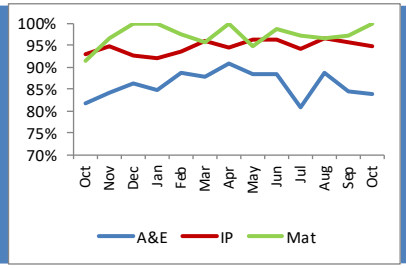
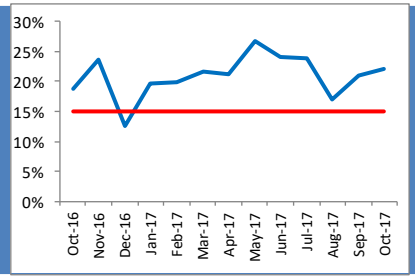
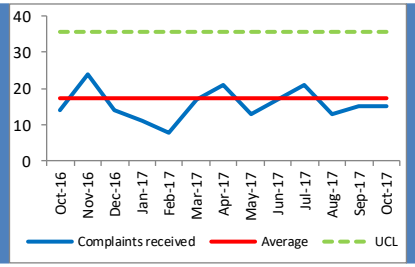
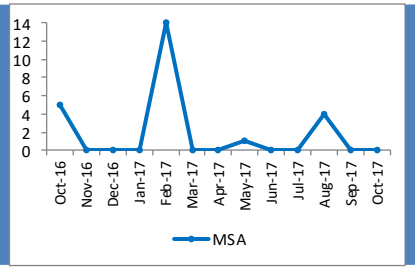
	Description	Current position/comments	13 month rolling trend	Target
Stroke	All Stroke patients who spend at least 90% of their time in hospital on a stroke unit	The target was met for the month of September with 86.4% achieved against a target of 80%. This metric is reported one month behind to allow for coding.		>80% per month
Sepsis screening and treatment	CQUIN 2a/2b Timely identification and treatment of sepsis in ED and acute inpatient settings	Work is ongoing to improve screening and treatment rates towards the 90% target level. An exception report has been created and can be seen on page 18.		National CQUIN. 90% of pts with sepsis screened and received IVAB within 1 hour of diagnosis
Antibiotics review	CQUIN 2c Antibiotics review between 24-72 hours for patients with sepsis who are still an inpatient at 72 hours	Performance in Q2 was above the 50% target, with 31/35 prescriptions reviewed within the 24 hour target time (88.6%).		National CQUIN. Target is 25% (Q1), 50% (Q2)
Offering advice and guidance	CQUIN 6 Percentage of GP referrals to elective outpatient specialties which provide A&G	Data collection process is now underway for this CQUIN. Initial results suggest that 3 specialties are in a position to provide advice and guidance and these specialties accounted for 14% of new, non-urgent GP referred appointments in Q2. An exception report has been created for this indicator and can be seen on page 19.		National CQUIN. Target of 35% of GP referrals providing advice and guidance by end of financial year

Are we caring?

Countess of Chester Hospital NHS Foundation Trust

Board Assurance metrics October 2017

BAF ref: CR1, CR4, CR6, CR7, CR10

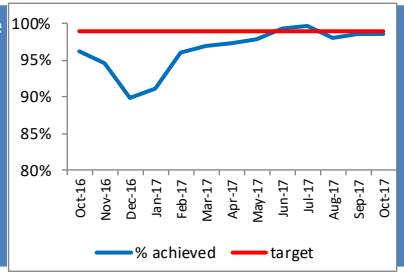
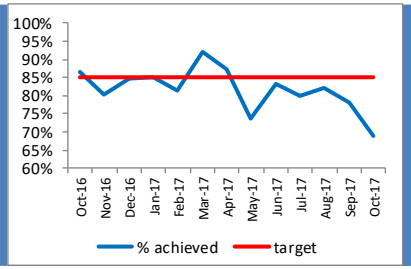
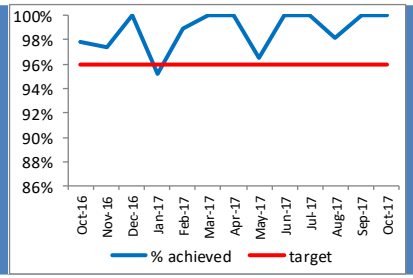
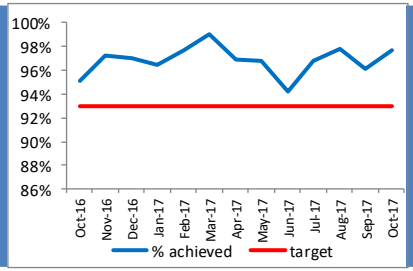
	Description	Current position/comments	Trend	Target
Friends & Family - % likely to recommend	Would patients recommend service to friends & family. Introduced in 2013 for Inpatients, A&E and maternity.	Feedback continues to achieve target. The % likely to recommend scores in October were: - Inpatients 94.60% - A&E 83.90% - Maternity 100%		90% for maternity and Inpatients. 80% for A&E
Friends & Family response rate	Number of responses received for IP, A&E and maternity compared to eligible patients	The response rate for October was 22.10%. and remains above the target figure.		>15% per month
Feedback	Monthly Trust complaints and formal thank you letters received by the Trust	In October 2017, the Trust received 11 new formal complaints.		Complaints to be within expected control limits
Mixed Sex accommodation breaches	Number of breaches to the mixed sex accommodati -on standard for non clinical reasons	There were no MSA breaches in October.		Zero cases per month

Are we responsive?

Countess of Chester Hospital NHS Foundation Trust

Board Assurance metrics October 2017

BAF ref: CR3, CR5, CR6, CR7, CR8, CR9, CR10

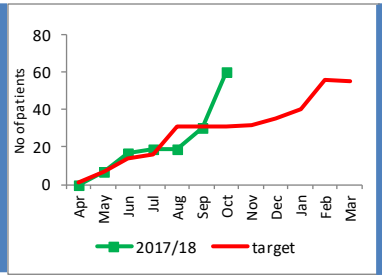
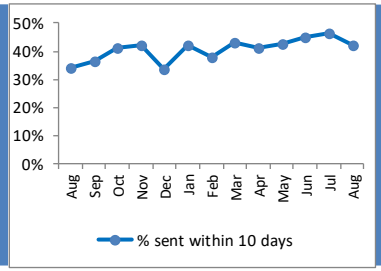
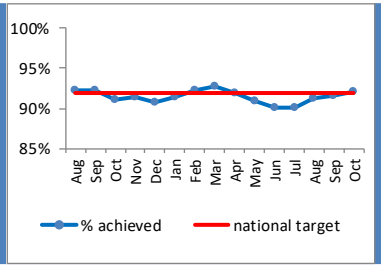
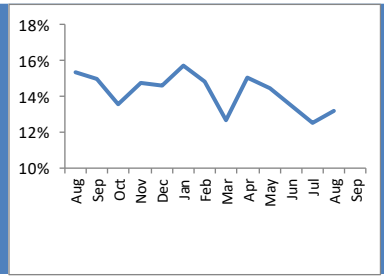
	Description	Current position/comments	13 month rolling trend	Target
Diagnostic 6 week standard	Diagnostic tests to be carried out within 6 weeks of request being received. This is measured on the National DM01 return.	The diagnostics figure remained the same in October with a score of 98.5%., which is below target An exception report is provided on page 20.		99% per month
Cancer 62 day standard	First treatment for cancer within 62 days of urgent referral through GP 2 week referral route. 85% threshold	The 62 Day performance for October is a provisional underachievement of the standard. An exception report is provided on page 21.		85% per Quarter
Cancer 31 day standard	Patients receiving first definitive treatment within 1 month of cancer diagnosis. The threshold is 96%.	The provisional 31 day figure for October is above the 96% target .		96% per Quarter
Cancer 2 week standard	Patients referred from GP with suspected cancer should have their first appointment within 14 calendar days	Performance against the 2 week standard continues to exceed target.		93% per Quarter

Are we responsive?

Countess of Chester Hospital NHS Foundation Trust

Board Assurance metrics October 2017

BAF ref: CR3, CR5, CR6, CR7, CR8, CR9, CR10

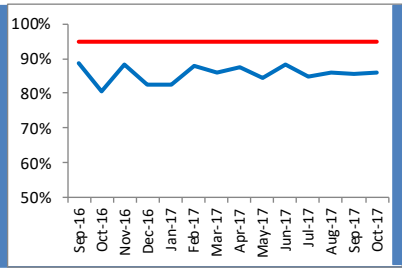
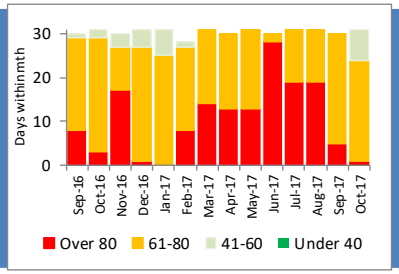
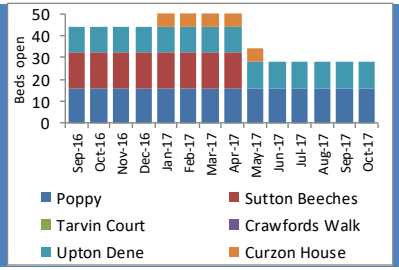
	Description	Current position/comments	Trend	Target
Cancellation due to no beds	Hospital cancellations due to no beds	There were 30 cancellations due to no beds in October. These figures do not include patients cancelled due to critical care beds which are tracked separately.		Internal target based on 2016/17 levels
Outpatient clinic letters	100% of outpatient clinic letters to be sent within 10 days	This data is always two months in arrears. Performance for August is 41.1% of letters sent within 10 days. An exception report can be seen on page 15.		Within 10 days from April 2017
RTT incomplete pathways	Percentage of incomplete pathways for English patients within 18 weeks. The threshold is 92%.	RTT incomplete performance has achieved the 92% target. The Trust continues to proactively manage all over 35 week waiters.		92% per month
Readmission rate	Number of emergency readmissions within 28 days. Excludes patients with diagnosis of cancer, nephrology, obstetrics	This is currently reported two months behind to allow for the readmissions and subsequent coding.		No target agreed

Are we responsive?

Countess of Chester Hospital NHS Foundation Trust

Board Assurance metrics October 2017

BAF ref: CR3, CR5, CR6, CR7, CR8, CR9, CR10

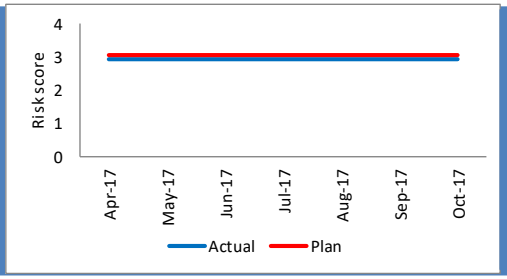
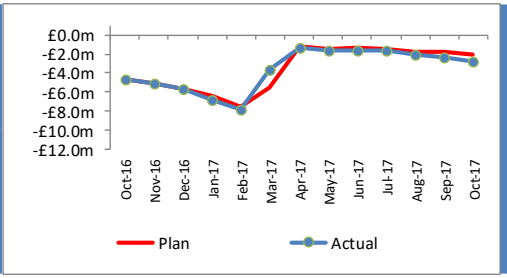
	Description	Current position/comments	13 month rolling trend	Target
A&E 4 hour standard	Maximum wait time of 4 hours in A&E from arrival to admission, transfer or discharge. Target of 95%.	Performance was unchanged at 85.83% in October and remained under the 95% national target. The exception report is shown on page 22.		>95% per month
Medically optimised patients	Number of days within the month where there are medically optimised patients within acute beds	There was 1 day in October when there were over 80 medically optimised patients. The exception report is shown on page 23.		Less than 40 medically optimised patients within acute beds each day (target agreed with CCG)
Number of Intermediate care beds	Number of intermediate care beds open in use in the Community	There were 28 available intermediate care beds for the month of October. Beds at Sutton Beeches no longer have medical cover to use as a step down facility. Curzon House is currently closed to admissions.		No target agreed

Are we well led?

Countess of Chester Hospital NHS Foundation Trust

Board Assurance metrics October 2017

BAF ref: CR3, CR5, CR6, CR7, CR8, CR9,

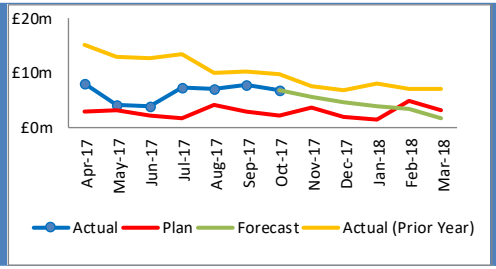
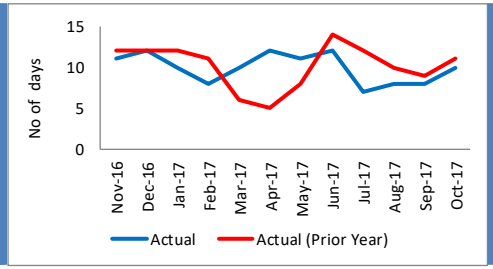
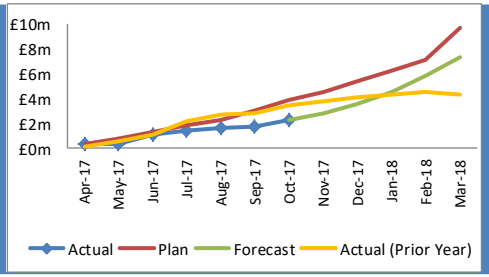
	Description	Current position/comments		
Use of Resources	NHS Improvement's measure of financial risk.	The Trust is currently at a level 4 for Capital Service Capacity , liquidity and I&E Margin rating, which when combined with Plan Variance and Agency expenditure, results in an overall score of 3. Under the Single Oversight Framework 1 is the best score, 4 the lowest. The Trust has been allocated to a 'segment' of 2, despite the Use of Resources score.		A score of 3 each month (restated)
Normalised net surplus/ deficit	Net income and expenditure after adjusting for hosted services and impairments	As at the end of October 17, we are reporting a £741k overspend against plan. Notable pressures include £583k in relation to lost STF due to missing the A&E target for April to October and £107k in relation to Donated Asset transactions. Further details of financial performance will be provided in the Board Report.		As Plan

Are we well led?

Countess of Chester Hospital NHS Foundation Trust

Board Assurance metrics October 2017

BAF ref: CR3, CR5, CR6, CR7,

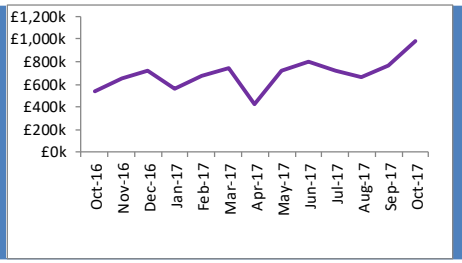
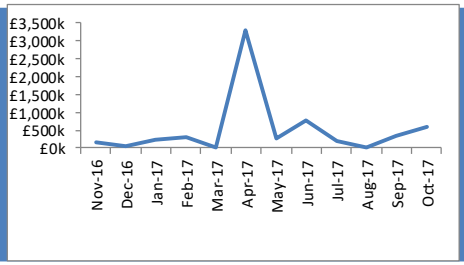
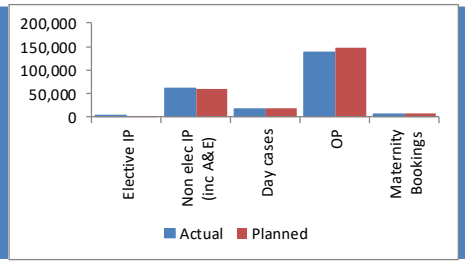
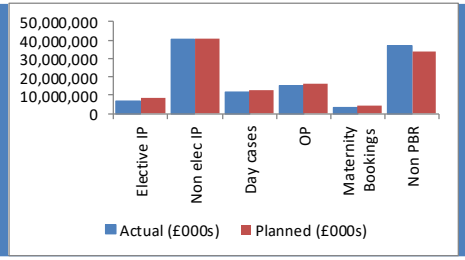
	Description	Current position/comments		
Cash	Cash on deposit <3 month deposit	The closing cash balance at the end of October is £6.9m, £4.7m ahead of plan. £6.1m of the capital loan has been drawn down to date. Going forward, it is now critical to monitor capital and revenue cash seperately, as DH funding is segregated. If the Trust delivers its financial plan, revenue funding should not be required until next year.		£2.9m
Debtor Days	Debtor Days: Trade Debtors divides by income x 365	Debtor days has risen to 10 days at the end of October, consistent with quarterly sla billing in advance. Q1 STF monies of £661k has now been received, but Q2 is still outstanding and the DTOCs invoices due from Local Authorities remain unpaid.		No target
Capital Expenditure	Capital expenditure performance against plan / forecast out-turn	YTD capital expenditure of £2.3m has consisted mainly of committed brought forward spend from 2016/17 including the MRI scanner. This is under plan by £1.6m. The capital programme has now been revisited to be reprioritised and re profiled. Capital spend in the month was mainly the urgent treatment centre and the chillers as approved		£3.86m

Are we well led?

Countess of Chester Hospital NHS Foundation Trust

Board Assurance metrics October 2017

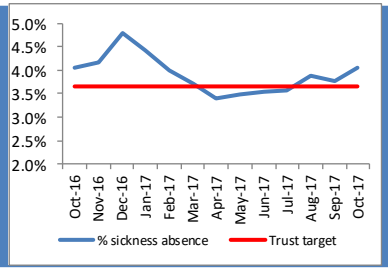
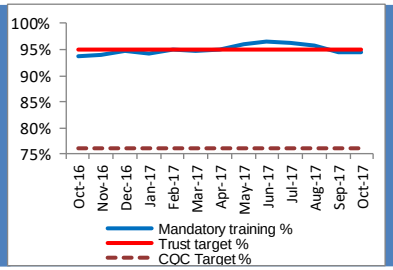
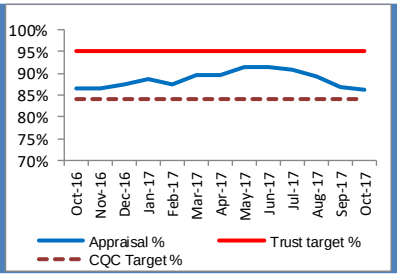
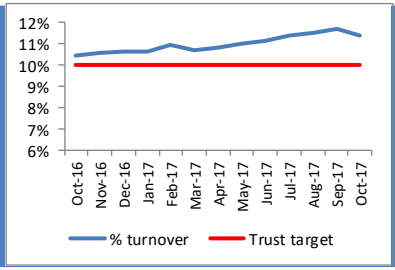
BAF ref: CR3, CR5, CR6, CR7, CR8, CR9,

	Description	Current position/comments		
CRS In Year	Planning improvements in productivity and efficiency	Based on the £11.4m revised plan for 2017/18, the CRS programme is £25k behind the profiled plan as at the end of October. In year £7.9m (69%) has been delivered, with £1.3m (12%) of the outstanding amount rag rated green or amber and £2.2m (19%) outstanding rag rated red or black.		No deviation from plan
CRS Recurrently	Planning improvements in productivity and efficiency	Based on the £11.4m revised plan, £5.5m (49%) of CRS savings has been achieved recurrently. Of the outstanding amount, £2.1m (18%) is rag rated green or amber and £3.8m (33%) is rag rated red or black.		No deviation from plan
Contract performance Activity	YTD Contract performance against Trust Planned activity (English & Welsh)	All points of delivery are showing an under performance against plan YTD with the exception of Non-elective activity (+1,665). This is made up of 2,444 Emergency Department attendances more than planned which is offset by an underperformance on non-elective discharges (-779). However this additional NEL activity does not materialise in additional income.		Actual Activity should be greater than Planned activity
Contract performance Financial Value	YTD Contract performance against Trust Planned Value (English & Welsh)	Prior to adjustment for the block contract with WCCCG, the September year to date income position is below plan by -£4,185k. The block contract adjustment to reflect the under performance on WCCCG mitigates £3,410k in year resulting in an adverse position on contract income of -£776k.		Actual Value should be greater than Planned Value

Are we well led?

Countess of Chester Hospital NHS Foundation Trust — Board Assurance metrics October 2017

BAF ref: CR3, CR4, CR6, CR7, CR11

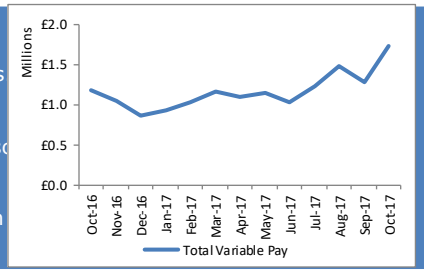
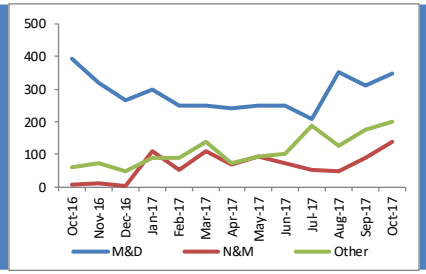
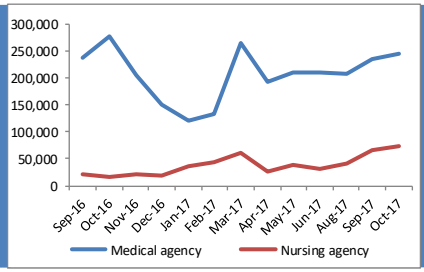
	Description	Current position/comments	13 month rolling trend	Target
Sickness Absence	% sickness absence. Monthly rate excludes Comfort zone and Bank staff	In October the absence rate rose to 4.04%, which exceeds the Trust target of 3.65%. The rate for the same period in 2016, was 4.05%. The rolling 12 month average was 3.95% in September, against 4.3% regionally (eWin data extract Aug 2017). Short term absence decreased to 1.86%, while long term absence increased to 2.18%.		Below 3.65% per month
Mandatory Training	Mandatory Training Monthly Rate Excludes Comfort Zone, Bank Staff, Staff on long term sick & mat. leave.	Trust compliance target has dropped marginally in October with Mandatory Training standing at 94.4%, still exceeding the CQC target (76%) & Trust target. When taking into account those already booked to attend, the Trust continues to exceed the Trust target, reporting a slightly higher 96.7% compliance.		95% per month *The CQC target is 76% (the CQC take the results from the Staff Survey)*
Staff with completed Appraisal	Appraisal Monthly Rate Exclusions as above and also excludes staff with less than 1 years service.	Compliance with the Appraisal target has reduced further in October to 86.2%, which continues to exceed the CQC target (84%). This is symptomatic with the pressures across the Trust and further details are provided within the exception report.		Above 95% per month *The CQC target is 84% (the CQC take the results from the Staff Survey)*
Staff turnover	Turnover Rate Based on headcount in the previous 12 months and on permanent staff only.	Turnover reduced marginally but remained above target for October at 11.38%. This rate is based on a headcount, turnover by FTE also remained above target at 10.97%. An exception report has been provided.		Below 10% per month

Are we well led?

Countess of Chester Hospital NHS Foundation Trust

Board Assurance metrics October 2017

BAF ref: CR3, CR4, CR6, CR7, CR11

	Description	Current position/comments	Breakdown by type by month	Target
Variable Pay	Reducing and controlling variable pay spend (including overtime, agency, additional clinical activity)	M7 variable pay spend was the highest level for over 12 months at £1734k due to Bank expenditure & staffing pressures Due to the introduction of weekly pay, there is 2 months' pay in M7 with M6 being paid in arrears and M7s weekly also paid. Forecasts have been adjusted to reflect this. In addition, additional overtime pay was paid to nursing staff in October to support staffing pressures.		To achieve levels of spend in line with 14/15 (£12.876m) delivering £1.6m saving
Agency Shifts Over Cap Rates	M&D Agency shifts over cap rates. 'Other' consists of Care Packages, Sonographers, Theatres and CRV Dept.	Month 7 again demonstrates an increase in shifts above the cap, with 346 medical shifts above cap rates. Operating Department Practioner shifts increased to 201 shifts approved over the cap. In relation to Nursing shifts, 138 shifts were approved above cap rates. In total, 685 shifts were paid across all staff groups above the cap rates.		A reduction in the total number of agency shifts paid above the cap rate compared to the previous year & month.
Agency spend	Planning improvements in productivity and efficiency	Medical Pay is overspent by £677k. Agency medical expenditure is £1,620k (6% of the total medical spend). Nursing Pay is £114k overspent. Agency nursing expenditure is £319k which is 1% of total trained nursing spend. Total Agency spend for April to October is £2,148k, compared to £2,314k spent during the same period last year.		Total Agency ceiling set at £4,843m for 17/18

EXCEPTION REPORT

Indicator: Clinical correspondence

Issue:

There has been a slight improvement in compliance for eDischarge in October

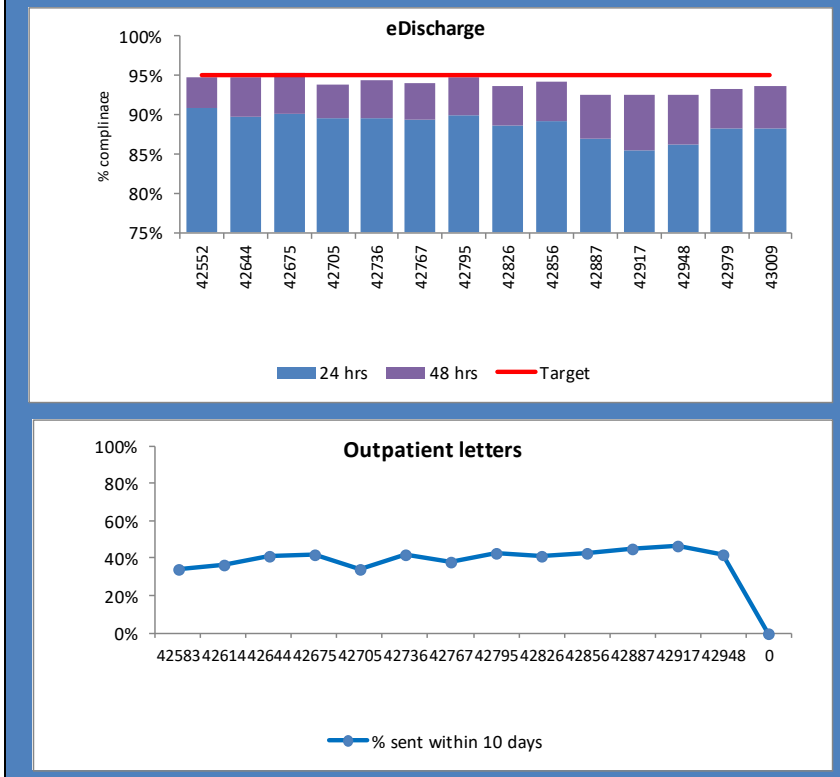
Outpatient letters sent within 10 days continues to be an area which needs significant improvement with only 42.1% of letters sent within 10 days during August. This drop was expected and reflects a regular seasonal fluctuation over the summer months; performance year on year has improved 8.1%.

Proposed actions:

eDischarge - actions are being being led by Medical Director and Associate Medical Directors. Clinical teams to plan and start to complete the eDischarge before discharge. Daily reports are sent out and reviewed by ward clerks and consultants.

Outpatient letters - a number of projects are underway to help improve the sign off process for clinicians, including the continued roll out of Medisec Digital Dictation and apilot of speech recognition. A review of processes will be required to meet the full compliance.

Historic data:



Forecast for improvement:

Q1	Q2	Q3	Q4

Lead:

Executive Lead: Ian Harvey, Medical Director

EXCEPTION REPORT

Indicator: Number of C. Difficile Cases

Issue:

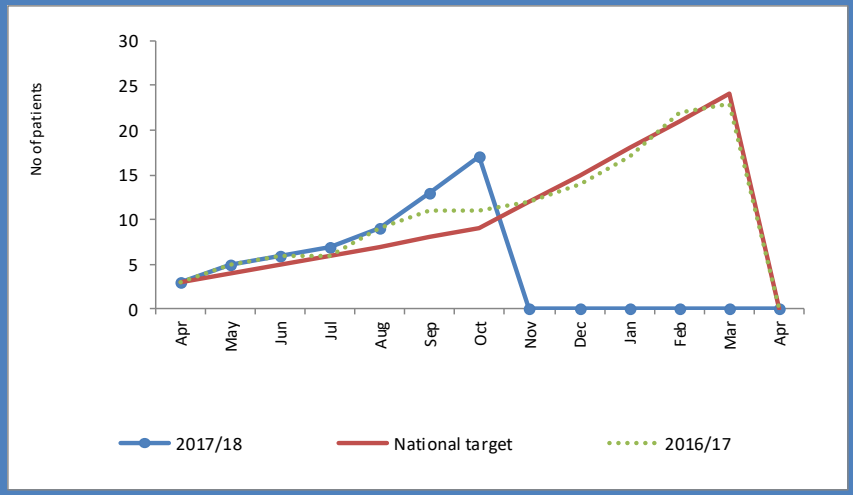
The target for end of year is a maximum of 24 C Diff cases. By the end of October 17 cases have been recorded for the year to date against the trajectory of 9.

Proposed actions:

The CDI risk reduction strategy has been maintained, monitored and continues to include:

- Case by case C. difficile surveillance, with robust feedback methodology including early identification of any increased incidence
- Weekly multidisciplinary C. difficile wards rounds
- Antimicrobial stewardship programme
- Daily Consultant Microbiologist ward rounds within Critical Care
- Taking the opportunity for antimicrobial stewardship ward rounds within other specialities
- Robust infection prevention and control practices, including hand hygiene, rapid patient isolation and environmental/equipment cleaning
- Root cause analysis process for each case of infection, sharing any identified learning from these investigations with clinical teams to support improvement
- Communication systems to support the workforce to remain informed on progress and for the promotion of best practice

Historic data:



Forecast for improvement:

Q1	Q2	Q3	Q4

Lead:

Executive Lead: Alison Kelly, Director of Nursing & Quality

EXCEPTION REPORT

Indicator: Falls with harm

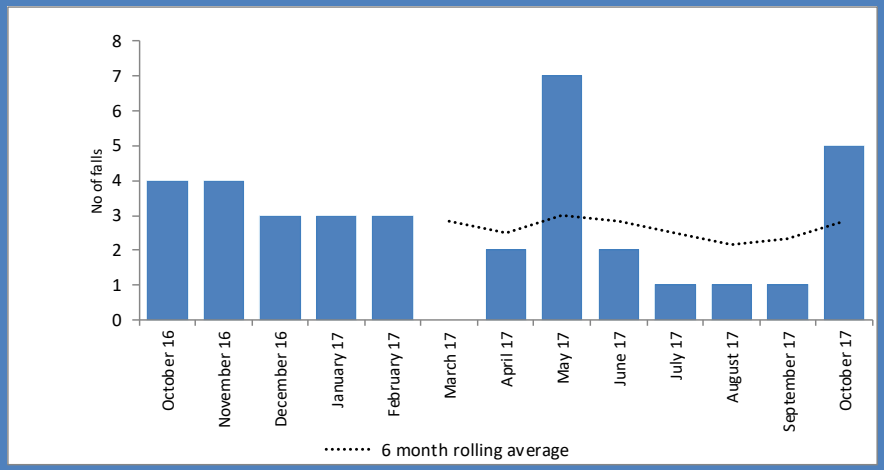
Issue:

There were 5 Inpatient fall with moderate or above harm within the month of October

Proposed actions:

The Quality Improvement lead for falls is now established with a clearly defined work programme to support the hospital wide launch of the fallsafe bundle. The timeframes have been reviewed and brought forward to expedite improvement. The Trust has also now completed an analysis of falls data to understand the key areas for improvement and has built a falls dashboard to increase visibility and transparency.

Historic data:



Forecast for improvement:

Q1	Q2	Q3	Q4

Lead:

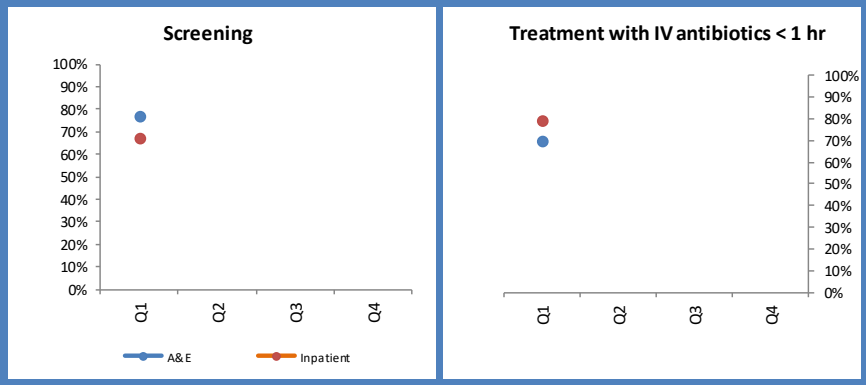
Executive Lead: Alison Kelly, Director of Nursing & Quality

EXCEPTION REPORT

Indicator: Sepsis

Issue:
The Sepsis CQUIN compliance is below 90% for screening and IV antibiotics administration within one hour

Proposed actions:
Sepsis is recognised as an area for improvement and work has started on developing a hospital wide action plan to address any shortfall. This action plan is scheduled to be presented for agreement at Quality, Safety and Patient Experience Committee in December 2017. The plan focuses on the following 5 key workstreams: - CQUIN compliance - pathway development - NICE/NCEPOD compliance - education and training strategy - innovation



Forecast for improvement:			
Q1	Q2	Q3	Q4

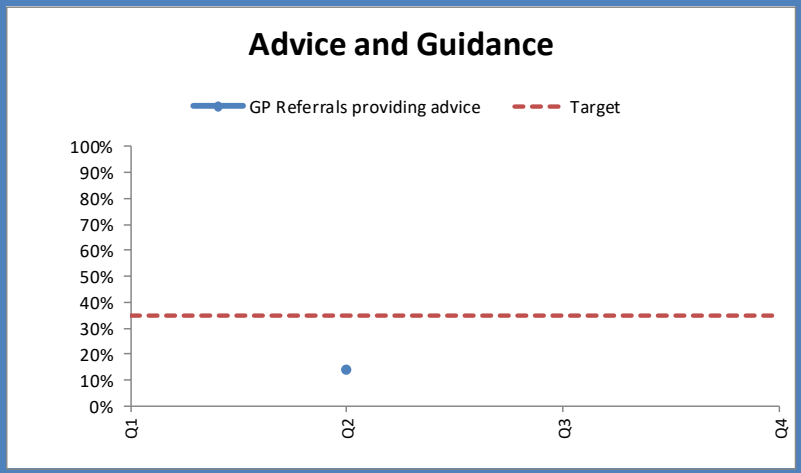
Lead:	
Executive Lead:	Alison Kelly, Director of Nursing & Quality

EXCEPTION REPORT

Indicator: Advice & Guidance CQUIN

Issue:
By the end of Q1 a scoping exercise should be complete specialties with the highest volume of GP referrals (for Advice & Guidance implementation), with a defined trajectory for when specialties are able to provide this service.

Proposed actions:
This is a new National CQUIN which came in to effect in April 2017. Work has been slow to progress as a result of the current electronic referral system in use (Accenda) which does not offer all the facilities required to achieve CQUIN compliance. Discussions are currently in progress to explore an alternative referral system (eRS).



Forecast for improvement:			
Q1	Q2	Q3	Q4

Lead:	
Executive Lead:	Alison Kelly, Director of Nursing & Quality

EXCEPTION REPORT

Indicator: Diagnostic 6 week wait

Issue:

The diagnostic 6 week standard did not meet the October target, with 98.5% exams being conducted in less than 6 weeks.

Historic data:

English - Number of exams > 6 weeks

Month End Snapshot	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
Magnetic Resonance Imaging	13	8	12	2	0	1	2	24	22	2	1	1	
Computed Tomography	1						1				3		1
Non-obstetric ultrasound	6	1	47	8	1	1	3	6		1	1	8	3
Audiology - Audiology Assessments													
Cardiology - echocardiography	72	137	300	373	144	124	112	58	3	4	9	3	3
CRV - Vascular												2	19
Respiratory physiology - sleep studies	3	1	5	0	0	2			2	3	8		
Colonoscopy											23	7	5
Flexi sigmoidoscopy												2	
Cystoscopy	72	98	75	15	15	9	2			5	15	10	8
Gastroscopy	1							1	1	1	15	6	6
Total patients waiting	4439	4493	4350	4467	4027	4542	4231	4166	3917	3908	3721	3775	3872
% < 6 weeks	96.2%	94.5%	89.9%	91.1%	96.0%	97.0%	97.2%	97.9%	99.3%	99.6%	98.0%	98.7%	98.5%

Proposed actions:

Endoscopy - there were 6 nurse vacancies which were interviewed for in October and 4 were filled. We are currently back out to advert for the remaining hours. The new Nurses coming in will need to be GIN trained before they can run a room meaning that we will not feel the effect of these staff until February 2018.

Extra sessions were offered out but at times there was a lack of availability from all staff involved either via no Clinician or no theatre / staff available. We are currently investigating an additional Endoscopist position but so far there has not been any interest. We are training a band 5 Nurse to become a Scopist and this training is going well with completion being in December for flexi sig lists with a further plan to train for bowel scoping and screening and then colonoscopies.

Changes in job plans which Endoscopy have no control over has also meant that capacity was reduced for a period of time, but this is now being rectified with further changes and new Consultants / Clinicians.

Endoscopy are still breaching but by reduced numbers. It is a fast paced environment with very tight deadlines, and all of the above being experienced at once has impacted heavily on capacity and ability to provide our usually excellent level of service.

CRV Vascular - we have put several steps in place and we are currently seeing a significant reduction in waits/ breached ae a result of this. We have moved to an electronic wait list which is enabling the wait list to be closely monitored and appointments booked accordingly. We have provided additional evening and weekend scanning sessions to help reduce the wait

Forecast for improvement:

Q1	Q2	Q3	Q4

Lead:	Divisional Directors
Executive Lead:	Lorraine Burnett, Director of Operations.

EXCEPTION REPORT - October 2017

Indicator: 62 day cancer

Issue:

The 62 day performance for October is a provisional underachievement of the standard. There are currently 14 breaches in October, which will now be validated. Initial findings show breaches are broken down under the following specialties:

- Colorectal - 3 breach
- Gynae - 2 breach
- Haem - 1 breach
- Head & Neck - 1 breach
- Lung - 3 breaches
- Skin - 1 breach
- Upper GI - 2 breaches
- Urology - 1 breach

The Quarter will be at risk for this target.

N.B. - still awaiting histology for 1x patient (this will be a breach if confirmed cancer).

Proposed actions:

Improvement Plan

An improvement plan is being developed with key areas identified with Exec, Clinical and Management leads for each area.

The key areas are:-

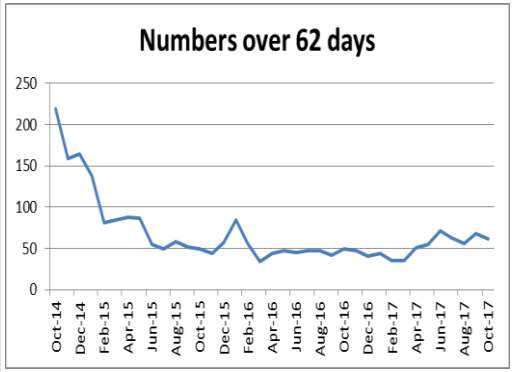
- Diagnostics
- Internal processes
- MDT
- Technology and Data
- Optimum clinical pathways
- Workforce
- Education and Engagement

A planned launch of this programme is scheduled for December.

Forecast for improvement:

Q1	Q2	Q3	Q4

Supporting PTL data:



	PTL between 63 and 103 days	PTL above 104+ Days	Total PTL over 62+ days
Breast	1		**1**
Colorectal	9	9	**18**
Gynaecology	6	1	**7**
Haematology		4	**4**
Head & Neck	6	2	**8**
Lung	1		**1**
Skin	3	2	**5**
Upper GI	7	2	**9**
Urology	5	3	**8**
Grand Total	**38**	**23**	**61**

Supporting Breach Data by Speciality - April to October (Provisional) Performance:

	Total Breaches	% of Trust Breaches
Upper GI	18	20%
Urology	18	20%
Colorectal	13	15%
Head & Neck	9	10%
Lung	9	10%
Haematology	6	7%
Breast	5	6%
Gynae	5	6%
Skin	5	6%
TOTAL	**88**	

Lead:

Executive Lead: Lorraine Burnett, Director of Operations

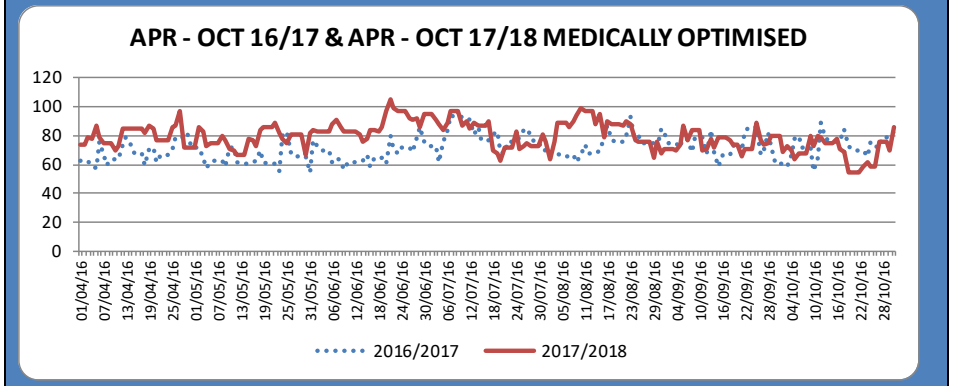
EXCEPTION REPORT

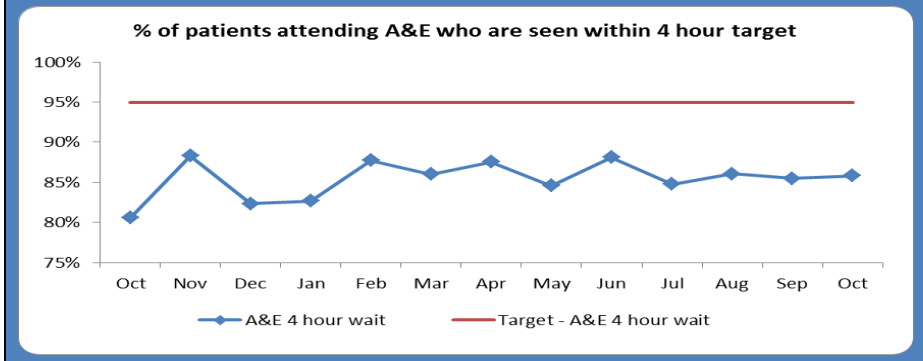
Indicator: A&E 4 hour standard

Issue:
Failure of ED 4 hour target in October - measure fell below the 95% target and 92% improvement trajectory. This has been highlighted as a priority target for NHS England. The Trust performance currently sits below national average.

Proposed actions:
During October we have seen a number of initiatives commencing as part of the ED Improvement Plan and alongside launch of Co-ordination Centre and Urgent Treatment Centre. We continue to operate with all escalation capacity open which is also impacting through staffing. We are beginning to see the performance stabilise however we now need to continue to progress all work streams and seek further engagement from external colleagues to support improvement.

Historic data:





Forecast for improvement:			
Q1	Q2	Q3	Q4

Lead:	Karen Townsend, Divisional Director, Urgent Care
Executive Lead:	Lorraine Burnett, Director of Operations

EXCEPTION REPORT

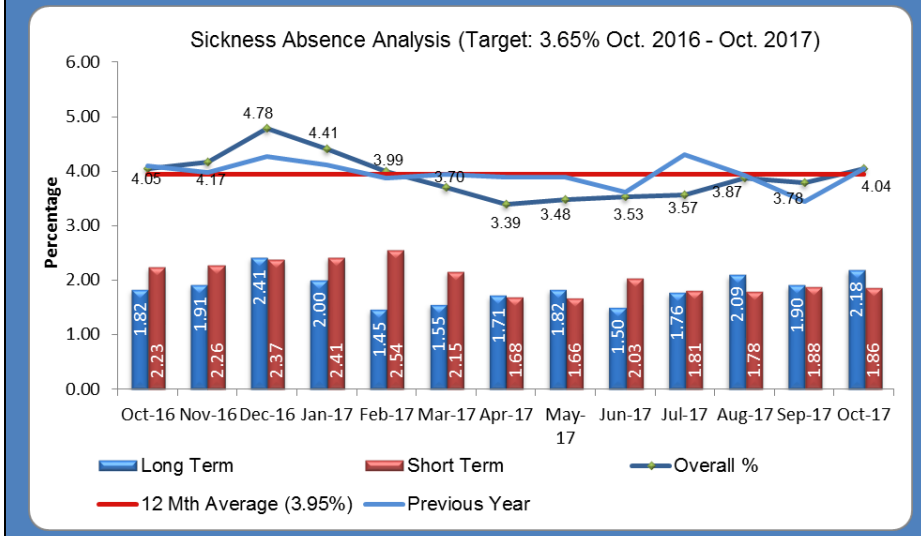
Indicator: Monthly Sickness Absence rate

Issue:
The Trust wide absence increased in October to 4.04% which is over the Trust target of 3.65%. Short Term sickness has increased to 1.88% however long term sickness has increased from 1.90% to 2.19%. Absence in Planned Care is at 4.80% this months with Urgent Care at 3.42%. The area with the most sickness is Corporate Clinical with 10.36%, this is down to long term sickness with one or two cases which are being managed appropriately. Facilities is at 6.53% and again a small number of long term sick cases which due to their nature are being sensitively managed. With regard to staff groups, Professional, Scientific and Technical along with Additional Clinical Services account for over 10% of the Trust sickness. HR are conducting a deep dive into individual cases to support where possible, however, despite additional resources being applied, there remains a backlog of OH referrals with new cases being scheduled for December due to capacity.

Proposed actions:
Absence in all areas of the Trust continues to be monitored with detailed analysis taking place in all areas. Additional support has been put in place within the Occupational Health & Wellbeing Team to ensure there is a timely process for referral management and an additional OH Doctor will be holding clinics to tackle the backlog but this will cause a cost pressure. Joe O'Grady is extending his stress clinics through the winter months to support staff. There is also a dedicated resource for the health & wellbeing agenda shared with the Manual Handling Team, starting before Christmas, they will focus on muscular skeletal problems. Participation of members of staff in the 2017 Flu Campaign has been excellent and we are pleased to report that as of 15/11/17 77.3% or over 2900 front line staff had been vaccinated. We are working through requirements to provide consent reporting as part of national reporting.

Forecast for improvement:			
Q1	Q2	Q3	Q4

Historic data:



Lead:	Dee Appleton-Cairns, Deputy Director of HR
Executive Lead:	Sue Hodkinson

EXCEPTION REPORT

Indicator: Mandatory Training Completed In The Last 12 Months

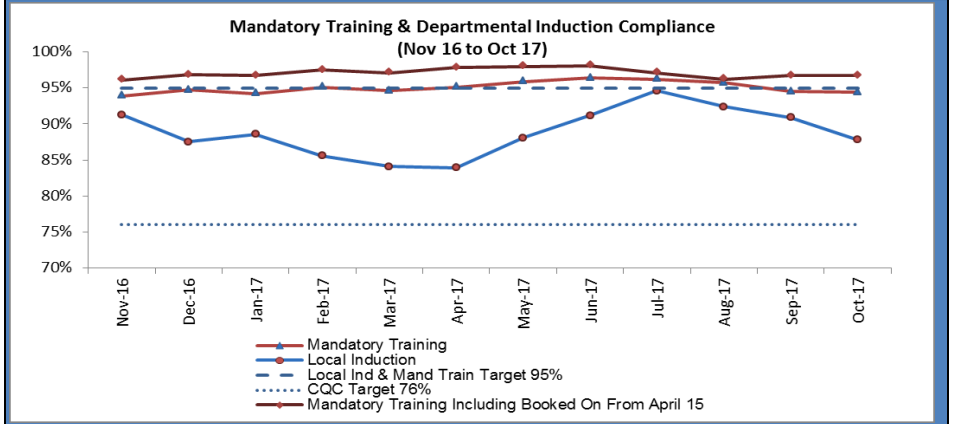
Issue:

Mandatory training compliance has reduced to just under the Trust target of 95% in M7, with performance reported at 94.4%. 6 divisions have achieved compliance. Local induction compliance has reduced to 87.8%.

Proposed actions:

Follow up will be undertaken with those divisions who have not achieved level of compliance this month with reporting into People & OD Committee required by exception. Revised Mandatory Training provision in place and feedback being captured. Learning & Development Team to follow up with DNAs.

Historic data:



Mandatory Training Table October 2017

Position	Division	Compliance
1	COCH & WUTH Collaboration	100.0%
2	Corporate Clinical	100.0%
3	Estates	97.4%
4	Finance & Performance	95.7%
5	Human Resources	95.7%
6	Diagnostics and Pharmacy	95.4%
7	Urgent Care	94.7%
8	Facilities	93.8%
9	Planned Care	93.7%
10	Corporate Non - Clinical	87.0%
11	Nurse Management	86.7%
	Total	94.4%

Local Induction Table October 2017

Position	Division	Compliance
1	COCH & WUTH Collaboration	100.0%
2	Estates	100.0%
3	Nurse Management	100.0%
4	Facilities	100.0%
5	Human Resources	100.0%
6	Planned Care	96.4%
7	Finance & Performance	88.2%
8	Urgent Care	83.9%
9	Diagnostics and Pharmacy	78.2%
10	Corporate Non - Clinical	57.1%
11	Corporate Clinical	-
	Total	87.8%

Forecast for improvement:

Q1	Q2	Q3	Q4

Lead: Linda Walker, Head of Learning & Development

Executive Lead: Sue Hodkinson

EXCEPTION REPORT

Indicator: Appraisals Completed In The Last 12 Months

Issue:

The performance against the appraisal target of 95% has reduced this month to 86.2%. This remains above the CQC target of 84% but remains below the Trust target of 95%.

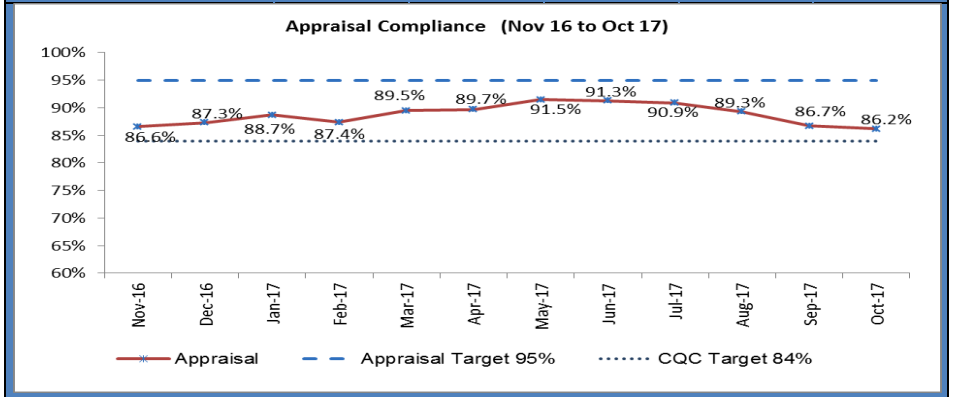
Proposed actions:

Currently, line managers and all members of staff should be ensuring that appraisals are planned so incremental pay will not be affected. The HR Business Partner Team continue to issue letters to those whose incremental dates are coming up and who are not complaint, to remind them that they will not receive their increment. All Divisional Managers receive details of areas of non-compliance supported by the reminder regarding responsibilities related to the new policy. Where there are any issues of reduced compliance, Senior Managers are alerted and urgent action plans are requested in order to bring compliance back into line. Follow up will be undertaken with those divisions who have not achieved level of compliance this month with reporting into People & OD Committee required by exception.

Forecast for improvement:

Q1	Q2	Q3	Q4

Historic data:



Appraisal Table October 2017

Position	Division	Compliance
1	COCH & WUTH Collaboration	100.0%
2	Facilities	93.4%
3	Human Resources	91.9%
4	Estates	91.7%
5	Finance & Performance	88.6%
6	Planned Care	87.3%
7	Diagnostics and Pharmacy	85.1%
8	Nurse Management	84.6%
9	Corporate Clinical	84.6%
10	Urgent Care	82.9%
11	Corporate Non - Clinical	80.4%
	Total	**86.2%**

Lead: Linda Walker, Head of Learning & Development

Executive Lead: Sue Hodkinson

EXCEPTION REPORT

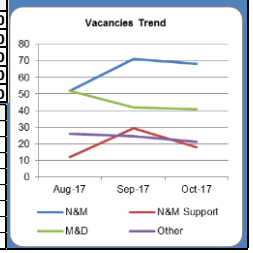
Indicator: Variable Pay

Issue:

To not exceed £4.843m agency expenditure ceiling. To deliver variable savings target in line with 14/15.

M&D Vacancies	Urgent	Planned	Diag/Radiol	Total
Consultant	9.00	1.00	0.00	**10.00**
Speciality Doctor	5.00	0.00	0.00	**5.00**
Middle Grade	5.00	9.60	0.00	**14.60**
Junior Grade	9.00	2.00	0.00	**11.00**
Total	**28.00**	**12.60**	**0.00**	**40.60**

Vacancies (FTE)	Urgent Care	Planned Care	Diag/Radiol/Pharm	Total
N&M Registered	28.40	39.59	0.00	**67.99**
Support Staff	5.68	12.02	0.00	**17.70**
Radiographer/Sonographer	0.00	0.00	10.80	**10.80**
Allied Health Professionals	3.50	0.00	0.00	**3.50**
Healthcare Scientist	0.00	0.80	0.00	**0.80**
Pharmacy Support	0.00	0.00	6.20	**6.20**
Pharmacist	0.00	0.00	0.00	**0.00**
Total	**37.58**	**52.41**	**17.00**	**106.99**



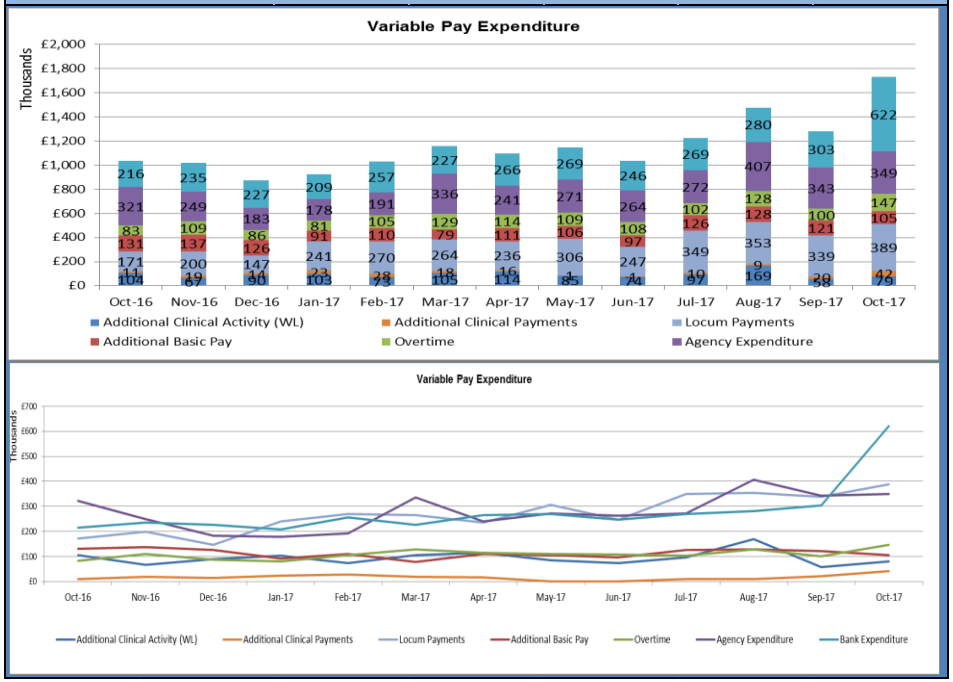
Proposed actions:

Actions continue to focus on the key themes of recruitment, retention, data recording and collaborative working. Recruitment: plans are in place for further nursing recruitment with revisions to medical recruitment attraction being progressed through the Medical Workforce Board. Retention: a nursing retention strategy is in development, lead by the Associate Director or Nursing (Corporate) and the draft Medical Workforce Strategy has significant focus on all medical posts. A new recruitment tool is also being explored to understand how this can support the visibility of data and accountability for reducing the time to hire. Weekly pay on the Bank has been implemented and the development of more shifts on the Medical Bank is in progress. Plans to collaborate with a Cheshire & Merseyside Regional Bank are progressing well.

Forecast for improvement:

Q1	Q2	Q3	Q4

Historic data:



Lead:	Jane Hayes Green, Project Manager
Executive Lead:	Sue Hodkinson

EXCEPTION REPORT

Indicator: Turnover

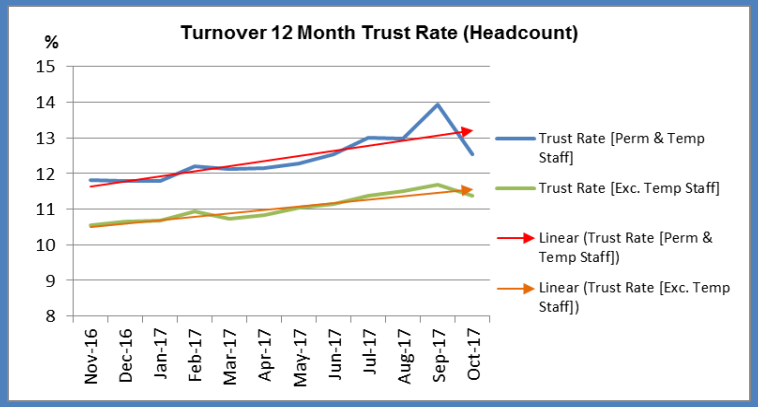
Issue:

Turnover in October remained above target at 11.38%. The rate based on FTE is also above target at 11.30%. The staff groups over target are: Additional Clinical Services at 10.04%, which represents 74 leavers in the last year, 49 of which were Healthcare Assistants, with no trends regarding the reason for leaving recorded on ESR. Allied Health Professionals at 11.93%, representing 28 leavers in the last year. Administration and Clerical has decreased again to 12.59% representing 96 leavers in the last 12 months (7 of which were MARs & a further 14 age retirements). Nursing & Midwifery Registered Staff at 12.97% with 16 Midwives and 115 Staff Nurses leaving the Trust in the last year. The North West average based on headcount is 15.43% (15.84% for Acute Trusts) according to Ewin at August 2017.

Proposed actions:

Significant focus is being placed on retention of staff particularly within the nursing, midwifery and medical staff groups. Actions were reported to the Board in October. Exit interviews are also looking to be updated to include questions around if a member of staff would return if a suitable post becomes available.

Historic data:



Staff Group - Nov 16 - Oct 17 Excludes Temporary Staff	Turnover %
Add Prof Scientific and Technic	10.72
Additional Clinical Services	10.04
Administrative and Clerical	12.59
Allied Health Professionals	11.93
Estates and Ancillary	10.10
Healthcare Scientists	9.39
Medical and Dental	7.01
Nursing and Midwifery Registered	12.97
Trust Totals & Rate	**11.38**

Forecast for improvement:

Q1	Q2	Q3	Q4

Lead: Dee Appleton-Cairns, Deputy Director of HR

Executive Lead: Sue Hodkinson

EXCEPTION REPORT

Indicator: Agency Spend

Issue:

Medical Pay is overspent by £677k. Agency medical expenditure is £1,620k (6% of the total medical spend). Nursing Pay is £114k overspent. Agency nursing expenditure is £319k which is 1% of total trained nursing spend. Total Agency spend for April to October is £2,148k, compared to £2,314k spent during the same period last year.

Agency Spend by Staff Group	14/15	15/16	16/17	17/18 YTD to Oct 17
Admin & Clerical	£ 119,858	£ 163,219	-£ 180	£ 40,389
Medical	£ 2,531,112	£ 3,911,032	£ 2,743,172	£ 1,619,645
Nursing	£ 830,776	£ 642,734	£ 380,679	£ 319,334
Allied Health Professional	£ 177,384	£ 218,871	£ 75,470	£ 99,843
Health Care Scientists	£ 115,743	£ 161,736	£ 252,863	£ 68,367
Total	**£ 3,774,873**	**£ 5,097,592**	**£ 3,452,004**	**£ 2,147,578**

Proposed actions:

See actions proposed under Variable Pay.

Forecast for improvement:

Nurse Staffing October 2017

Below 90% of planned staff hours were worked

Between 90% and 94% of planned staff hours were worked

Between 95% and 100% of planned staff hours worked

Over 100% of planned staff hours were worked

Ward Name	Specialty	Staffing Rate	Vacant Posts	Sickness Absence	CHPPPD (Avg long term)	CHPPPD (This month)	CHPPPD variance (This month)	Pressure Ulcers at Grade 2+	Falls with moderate and above harm	Red Flags (Patient Risks)	Red Flags (Staffing Risks)	Care Metrics	VTE Assessment (provisional)
Bluebell	EPH Rehabilitation	107.3%	TBC	4%	6.10	6.24	0.1	1	0	0	0	95%	NA
Children's	Paediatrics	93.1%	TBC	7%	NA	15.75	NA	0	0	0	1	100%	NA
ICU	Adult Intensive Care	85.2%	TBC	4%	26.56	25.86	-0.7	3	0	0	0	100%	90%
Labour	Maternity	135.5%	TBC	7%	NA	22.79	NA	0	0	24	8	NA	99%
NNU	Neonatal Unit	86.7%	TBC	6%	NA	23.51	NA	0	0	0	0	89%	NA
Poppy	Intermediate Care Unit	99.5%	TBC	7%	6.70	6.59	-0.1	0	0	0	0	100%	100%
Renal	Renal	77.4%	TBC	3%	NA	NA	NA	0	0	0	0	93%	100%
Ward 32	Maternity	102.7%	TBC	7%	NA	5.01	NA	0	0	23	2	NA	99%
Ward 33	Stroke	93.3%	TBC	4%	6.41	6.61	0.2	0	0	4	2	95%	96%
Ward 34	Intermediate Care Unit	95.7%	TBC	3%	4.04	4.33	0.3	0	1	4	21	100%	NA
Ward 40	Women's Surgical	91.2%	TBC	1%	7.45	7.41	0.0	0	0	1	5	96%	91%
Ward 41	Surgery	95.4%	TBC	9%	5.47	5.05	-0.4	2	1	8	31	97%	98%
Ward 42	Cardiology	92.4%	TBC	3%	8.29	7.83	-0.5	0	1	4	7	99%	100%
Ward 43	Haematology/Oncology	101.6%	TBC	7%	6.85	6.79	-0.1	1	0	9	17	98%	0%
Ward 44	Surgery	97.2%	TBC	6%	5.09	5.45	0.4	0	0	10	10	100%	96%
Ward 45	Surgery	81.7%	TBC	5%	5.27	5.83	0.6	0	0	1	3	99%	100%
Ward 47	Acute Medical Unit	97.1%	TBC	3%	6.39	6.23	-0.2	0	0	29	45	97%	98%
Ward 48	Respiratory	107.5%	TBC	2%	6.48	6.85	0.4	0	0	16	11	98%	100%
Ward 49	Gastroenterology	97.5%	TBC	4%	5.09	5.28	0.2	0	0	2	13	100%	100%
Ward 50	Care of the Elderly	102.3%	TBC	5%	5.30	5.62	0.3	1	1	2	3	99%	NA
Ward 51	Care of the Elderly	99.0%	TBC	5%	5.66	5.91	0.2	2	0	1	0	97%	NA
Ward 52	Trauma & Orthopaedics	97.3%	TBC	6%	5.62	5.72	0.1	0	0	5	9	91%	98%
Ward 53	Vascular	89.7%	TBC	2%	6.17	5.81	-0.4	0	0	0	3	94%	92%
Ward 54	General Medicine	93.7%	TBC	9%	5.61	5.23	-0.4	1	0	0	0	100%	100%
Ward 60	Haem / Oncology	82.1%	TBC	4%	NA	NA	NA	0	0	19	1	96%	100%
Data source for figures		Health Roster	Health Roster	Health Roster	Health Roster/Meditech	Unify Return	Unify Return	DATIX	DATIX	Health Roster	Health Roster	Care Metrics	Meditech

Appendix 2 – Cancer assurance report
Quarter 2 (July to September 2017)

Overview of finalised performance for all cancer targets

The following table provides the final confirmed performance for all cancer standards.

	July	Aug	Sept	Quarter 2
14 Day (93%)	**96.81%**	**97.81%**	**96.13%**	**96.91%**
14 Day - Breast Symptomatic (93%)	**93.75%**	**91.67%**	**93.02%**	**92.90%**
31 Day - Diagnosis to Treatment (96%)	**100.00%**	**98.18%**	**100.00%**	**99.32%**
31 Day - Surgery (94%)	**100.00%**	**100.00%**	**94.44%**	**98.36%**
31 Day - Drugs (98%)	**100.00%**	**100.00%**	**100.00%**	**100.00%**
62 Day - Referral to Treatment (85%)	**78.79%**	**82.69%**	**78.20%**	**80.09%**
62 Day - Screening (90%)	**86.67%**	**80.00%**	**100.00%**	**87.76%**
62 Day - Upgrade (85%)	**82.35%**	**92.50%**	**94.59%**	**88.98%**

14 Day Breast Symptomatic Target

The 14 Day Breast Symptomatic was a quarter fail for the speciality, although two months in the quarter were a pass. Due to a lower number of referrals compared to the same period last year, the have only been four breaches in July and August and three in September which has affected the denominator.

62 Day Referral to Treatment Performance

Performance details by speciality:-

	July	Aug	Sept	Quarter 2
TRUST POSITION	**78.79%**	**82.69%**	**78.20%**	**80.09%**
Breast	100.00%	100.00%	100.00%	100.00%
Gynaecology	50.00%	100.00%	42.86%	66.67%
Haematology	50.00%	40.00%	66.67%	50.00%
Head & Neck	33.33%	33.33%	33.33%	31.58%
Low er GI	53.33%	60.00%	80.00%	62.86%
Lung	80.00%	100.00%	100.00%	88.24%
Other	#DIV/0!	#DIV/0!	100.00%	100.00%
Sarcoma	100.00%	#DIV/0!	100.00%	100.00%
Skin	92.59%	95.74%	96.88%	95.37%
Upper GI	0.00%	36.36%	46.15%	32.26%
Urology	97.06%	93.10%	62.07%	84.78%

Breach Overview for 62 days by Speciality – 2017/2018 Performance

	Total Breaches	% of Trust Breaches
Upper GI	18	20%
Urology	18	20%
Colorectal	13	15%
Head & Neck	9	10%
Lung	9	10%
Haematology	6	7%
Breast	5	6%
Gynae	5	6%
Skin	5	6%
TOTAL	**88**	

	Colorectal	Gynaecology	Haematology	Head & Neck	Lung	Skin	Upper GI	Urology	Grand Total
July									
Complex Pathway	1		1				2		**4**
Healthcare Provider Initiated Delay		1				1	1		**3**
Outpatient capacity inadequate	3			2	1		1	1	**8**
Patient Choice							1		**1**
August									
Admin Delay						1		1	**2**
Complex Pathway			1						**1**
Healthcare Provider Initiated Delay			1				2		**3**
Outpatient capacity inadequate	2		1	2			2	1	**8**
Patient Choice				2					**2**
September									
Complex Pathway			1			1	2	1	**5**
Healthcare Provider Initiated Delay	1	2		1				1	**5**
Outpatient capacity inadequate							2	3	**5**
Patient Choice								1	**1**
Grand Total	**7**	**3**	**5**	**7**	**1**	**3**	**13**	**9**	**48**

This quarter has shown a poor performance for transfers out of the Trust to a tertiary centre for treatment by Day 38 (all diagnostics have to be completed and reported).

Late Transfers (after day 38) to Tertiary Centre (to date):-

	Before Day 38	After Day 38	% of Total Transfers After Day 38
Upper GI	2	16	24%
Urology	6	15	22%
Head & Neck	13	10	15%
Lung	30	9	13%
Colorectal	1	8	12%
Gynaecology	7	6	9%
Skin	0	2	3%
Breast	9	1	1%
Haematology	0	0	
Other/Sarcoma	2	0	
TOTAL	**70**	**67**	**49%**

The main reasons for late transfers continue to be the first outpatient appointment are around day 14, lack of diagnostic capacity (endoscopy, radiology and theatre biopsy's) for both appointments (approx. 10-12 day wait) and delays reporting of results. Patients still require discussion at MDT and also a clinic appointment to discuss results and if further investigations are required etc., prior to transfer.

Improvement Plan

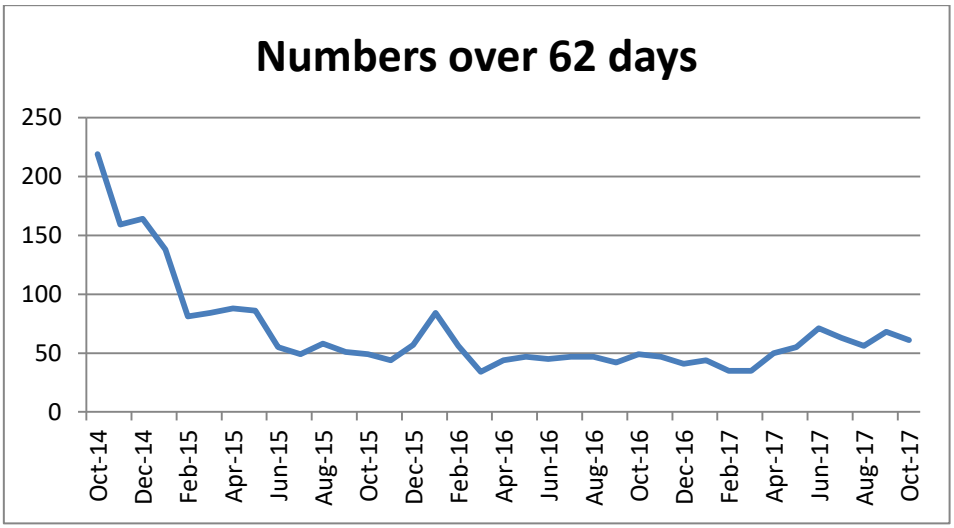
An improvement plan is being developed with key areas identified with Exec, Clinical and Management leads for each area.
The key areas are:-

- Diagnostics
- Internal processes
- MDT
- Technology and Data
- Optimum clinical pathways
- Workforce
- Education and Engagement

A planned launch of this programme is scheduled for December.

PTL Position

The following chart provides an updated summary of the current progress in relation to the number of suspected patients over 62 days.



The following table provides a summary of the PTL position week ending 27/10/17 for patients waiting above 62 days and identifies the number of patients over 104 days.

	PTL between 63 and 103 days	PTL above 104+ Days	Total PTL over 62+ days
Breast	1		**1**
Colorectal	9	9	**18**
Gynaecology	6	1	**7**
Haematology		4	**4**
Head & Neck	6	2	**8**
Lung	1		**1**
Skin	3	2	**5**
Upper GI	7	2	**9**
Urology	5	3	**8**
Grand Total	**38**	**23**	**61**

BOD Item No

Countess of Chester Hospital NHS
NHS Foundation Trust

Board of Directors

Subject	Financial Position – Month 7, October 2017
Date of Meeting	
Author(s)	Mr Simon Holden, Interim Chief Finance Officer
Annual Plan Objective No.	
Summary	This paper is intended to provide details of the Trust's financial position, as at 31st October 2017 (Month 7)
Recommendation(s)	**The Board is asked to:** Directors are asked to note: • The overspend in October (Month 7) of £741k against plan, being made up as follows, namely: o Underlying position before STF funding, £50k adverse being the "monitored" position; o The STF & Donated Asset position is £691k adverse, principally due to low levels of A&E performance (resulting in penalties of £584k) and a technical accounting issues relating to donated assets (£107k adverse); culminating in o The reported net position of £741k adverse (overspend) against plan • The total Contract Income headline being £4.2m shortfall below plan (circa 1.4%), with £0.8m being attributable to Welsh and "other" English contract underperformance although subject to further investigation; • The relatively tight operational financial performance, being offset by a number of non-recurrent initiatives, although noting a plan is in place to deliver the amended Control Total by 31st March 2017; • Cost Reduction Scheme (CRS) delivery remains broadly on plan, but the program is back loaded. Hence, mitigations are being developed to ensure

	delivery of red and black items. • An indication of the potential best and worst case forecast outturns; • The underlying risks to achievement of the Trust's Control Total, which are currently being managed; • The continued proactive management of the Trust's cash balances; and • The work on going currently with regards to the 2018/19 financial position, with a view to developing the plan / strategy in early January 2018
Risk Score	**N/A**
FOIA Status: *FOIA exemptions must be applied to specific information within documents, rather than documents as a whole. Only if the redaction renders the rest of the document non-sensical should the document itself be redacted.* **Applicable Exemptions:** ▪ **Prejudice to effective conduct of public affairs** ▪ **Personal Information** ▪ **Info provided in confidence** ▪ **Commercial interests**	Please tick the appropriate box below: ☐ **A. This document is for full publication** ☐ **B. This document includes FOIA exempt information** ☐ **C. This whole document is exempt under the FOIA** IMPORTANT: If you have chosen B. above, highlight the information that is to be redacted within the document, for subsequent removal. Confirm to the Trust Secretary, which applicable exemption(s) apply to the whole document or highlighted sections.

Countess of Chester Hospital NHS
NHS Foundation Trust

Board of Directors

Financial Position
Month 7 2017/18

1.0 Executive Summary

- As at 31st October 2017, the Trust is reporting an overspent position of £741k against the plan.

    - Pre STF –the position shows an adverse variance of £50k.

        - *NB. It should be noted that it is this "Pre STF position" that is the number against which NHS Improvement use to monitor the Trust's performance.*

    - Post STF & Donated Asset Transactions - the position shows an adverse variance of £741k (i.e. it deteriorates by £691k), due to the Trust failing the A&E 4 hour target (for April to October) and the subsequent loss of £584k STF and, in addition, an adverse movement of £107k relating to donated assets.

- The strongly caveated forecast position for the year, before Donated Assets, being

    - Best case forecast outturn on plan with exception of loss of STF for A&E performance; and
    - Worst case forecast outturn of £5.5m off plan (prior to loss of SFT) with key risks identified as CRS and costs to deliver winter.

- As previously reported, the CRS target had been reduced by £1m to reflect the change in the control total. This has reduced the unidentified target profiled in month 12 so consequently has not impacted on the year to date position on CRS which is behind the planned profile by £24k.

- The table below shows CRS Delivery compared to where we were at the same time last year. Though ahead in year it is the recurrent position that requires concerted effort to ensure schemes deliver recurrently so that we are not carrying forward a financial problem to next year. The financial plan for 2018/19 assumes full recurrent delivery of the 2017/18 CRS target.

	2016/17 Target £000s	Achieved as at M7 £000s		2017/18 Target £000s	Achieved as at M7 £000s	
In Year	11,852	7,464	63%	11,380	7,864	69%
Recurrent	11,852	6,677	56%	11,380	5,526	49%

- Capital expenditure is £2.3m year to date (which is largely made up of 2016/17 brought forward schemes).

- The underlying significant risks to achievement of the Trust's required Control Total, which are being managed, of circa £5.8m (worst case scenario) pre any mitigation.

2.0 Overview

	Original Annual Budget 2017/18 £000s	Restated Annual Budget 2017/18 £000s	Oct YTD Budget 2017/18 £000s	Oct YTD Actual 2017/18 £000s	Oct YTD Variance 2017/18 £000s
Pre STF	7,817	8,817	4,575	4,625	50
STF	(5,189)	(5,189)	(2,335)	(1,751)	584
Post STF Control Total	**2,628**	**3,628**	**2,240**	**2,874**	**634**
Donated Asset Transactions	(433)	(433)	(122)	(15)	107
I&E Deficit (pre impairments)	**2,195**	**3,195**	**2,118**	**2,859**	**741**

The financial position Pre STF is a £50k adverse variance, however it is important to acknowledge the key issues in this reported position: -

- Contractual Income is potentially £0.8m off plan (after a block adjustment of £3.4m, therefore the underlying recurrent income position is off plan by £4.2m).
- The winter escalation ward has been open all year with costs from April to October of £511k. This has been funded from the Trust's Winter Reserve so consequently there will be less funding available in the winter months to support winter pressures.
- Income of £427k has been assumed in the position for DTOCs for April to October, it is anticipated that this invoice may be challenged and is therefore high risk.
- Urgent Care continues to experience both Medical & Nursing Pay pressures above the funded budget, of circa £794k and £360k respectively after 7 months.
- At the end of October the value of the Red & Black CRS schemes totals £2.2m. Of which, £1.9m is within divisions and departments and £0.3m is the centrally held unidentified target:

For information also: -

- The STF variance of £584k is due to the loss of STF funding for missing the A&E target for April to October.
- The Donated Asset Transactions variance of £107k is due the delay in spending against the Baby-grow Appeal.

Please note the agreed change to the control total is represented in the table below:

KEY VARIANCES	Annual Budget £000s	Oct YTD Budget £000s	Oct YTD Actual £000s	Oct YTD Variance £000s	Oct YTD Variance % of budget
INCOME					
Income - England	(171,096)	(100,502)	(100,541)	(39)	0.0%
Income - Wales	(26,100)	(15,241)	(14,434)	807	-5.3%
Other Clinical Income	(10,857)	(6,766)	(6,657)	109	-1.6%
Non Patient Income	(13,723)	(8,218)	(9,072)	(854)	10.4%
INCOME	**(221,776)**	**(130,727)**	**(130,704)**	**23**	0.0%
PAY					
Nursing	56,757	33,494	33,608	114	0.3%
Medical	44,199	25,889	26,566	677	2.6%
Admin & Clerical	20,112	11,618	11,387	(231)	-2.0%
AHP, Therapies, Diagnostics & Pharmacy	22,644	13,109	12,913	(196)	-1.5%
Other	13,757	7,298	7,052	(246)	-3.4%
TOTAL PAY	**157,469**	**91,408**	**91,526**	**118**	0.1%
NON PAY					
Drugs	19,856	11,695	11,885	190	1.6%
Medical & Surgical Equipment	11,394	7,091	7,041	(50)	-0.7%
Depreciation	4,579	2,671	2,671	0	0.0%
CNST	9,536	5,563	5,563	0	0.0%
Furniture & Office Equipment, Equip Hire & Computers	3,005	1,734	1,814	80	4.6%
Other	28,467	15,163	14,829	(334)	-2.2%
TOTAL NON PAY	**76,837**	**43,917**	**43,803**	**(114)**	-0.3%
CRS	**(3,713)**	**(23)**		**23**	
TOTAL - PRE STF & DONATED ASSET TRANSACTIONS	**8,817**	**4,575**	**4,625**	**50**	1.1%
STF	**(5,189)**	**(2,335)**	**(1,751)**	**584**	-25.0%
POST STF CONTROL TOTAL	**3,628**	**2,240**	**2,874**	**634**	28.3%
DONATED ASSET TRANSACTIONS	**(433)**	**(122)**	**(15)**	**107**	-87.7%
I&E DEFICIT	**3,195**	**2,118**	**2,859**	**741**	35.0%

Please note: (Favourable) / adverse

SUMMARY OF DIVISIONAL VARIANCES AS AT 31ST OCTOBER 2017

Division	Annual Budget	Budget to Date	Pay Variance	Non Pay Variance	Income Variance	Divisional CRS Variance	Grand Total	Variance as a % of Budget to Date
	£000	£000	£000	£000	£000	£000	£000	
Planned Care Division	65,595	39,473	(290)	(108)	(50)	101	(347)	-1%
Urgent Care Division	65,924	42,196	1,048	13	(412)	737	1,386	3%
Diagnostics & Pharmacy Division	23,705	13,716	(189)	141	(2)	150	100	1%
Facilities	7,476	4,367	(24)	47	9	61	93	2%
Estates	6,288	3,481	(40)	41	2	20	23	1%
Nurse Management	2,022	1,169	(62)	(11)	0	(1)	(74)	-6%
Corporate Services - Non Clinical	13,505	7,877	(222)	76	53	58	(35)	-0%
Corporate Services - Clinical	219	184	1	4	(6)	(0)	(1)	-1%
Other (Inc. Contract Income)	(183,975)	(111,613)	(104)	(318)	1,012	(1,103)	(513)	0%
	759	**850**	**118**	**(115)**	**606**	**23**	**632**	**74%**
Interest Receivable	(37)	(22)	0	0	2	0	2	25%
Interest Payable	771	427	0	0	0	0	0	0%
Impairements & Gains/Loss on Disposals	0	0	0	0	0	0	0	0%
Govt Interest & Dividends	1,112	649	0	0	0	0	0	0%
Operating (Surplus) / Deficit	**2,605**	**1,904**	**118**	**(115)**	**608**	**23**	**634**	**33%**
Donated Assess Depreciation	590	214	0	0	107	0	107	0%
I&E DEFICIT	**3,195**	**2,118**	**118**	**(115)**	**715**	**23**	**741**	**35%**

Please note: (Favourable) / adverse

3.0 Income

3.1 Commissioner Income

At the end of October 2017 (month 7) the total contract income is £4.2m below plan. This reflects a shortfall attributable to the block, of circa £3.4m, and an underperformance on Welsh and other English patients of £0.8m

Whilst there are a number of explanations for an element of this underperformance (as outlined below), there is an assertion nationally that changes between the HRG4 and HRG4+ may have consequently resulted in this headline drop in income. Hence, further work is now underway in order to establish whether the Trust's underperformance has been magnified by errors emanating from national coding changes.

However, taking the above into account, all elective points of delivery are below plan (before and) after adjusting performance for the block contract as follows: Daycase activity (£273k), elective activity (£192k), outpatient activity (£61k) and maternity bookings activity (£348k). However, there were approximately 30 cancelled operations due to emergency pressures in the month of October with a financial value of circa £90k which is the highest it has been year to date. As outlined previously there are a number of other known contributing factors described below:

- General Surgery activity has continued to be below plan in October as the service has still not had the consultant capacity in place to deliver the baseline. Two new locum upper GI consultants are due to start 1st November

2017. A colorectal consultant has been appointed in September, and will start in post in April 2018 following completion of their fellowship.

- Prioritisation of cancer work within Urology coupled with annual leave within the team has resulted in them not being able to backfill all sessions to deliver the baseline. This is compounded by activity lost in prior months. A consultant has now retired and the locum cover arrangements that were due to start in October will now not be in place until November. The divisional management team are exploring how this gap can be filled in the interim but it is likely that this underperformance will continue until December 2017.

- Underperformance on day case and elective activity within Orthopaedics continued in the month of October. The department have agreed to take additional work from Betsi Cadwaladr University Health Board with discussions already underway for the transfer of patients. The day case waiting list is down due to the Procedures of Limited Clinical Priority (PLCP) Commissioner Policy however this may change once the community triage team have exhausted all options other than to refer. The service has also seen a reduction in arthroscopy day case activity but this has been offset by an increase in case mix acuity within inpatients.

- Ophthalmology is showing a significant under performance across all points of delivery year to date. There were 2 additional locum specialty doctors during the same period last year providing additional capacity to clear the backlog of activity. Two new consultants have now started and job plans are fully in operation.

- Oral Surgery underperformance year to date has been predominately due to medical gaps however these have now been resolved. There is a significant pressure in dental nursing sickness which has resulted in a reduction in the number of lists and clinics and this has continued in to October and will possibly continue in November. In the interim additional bank staff has been requested and other Trusts have been contacted for their dental nurse availability. This issue will also impact on the RTT compliance for the specialty.

- Pain Management day case activity continues to be below plan cumulatively due to the continued impact of theatre staff vacancies but has delivered more than planned activity within the month of October as previously indicated.

- Since December 2016 the Gastroenterology service have been down by 2 consultants. This has meant that the other consultants have had to increase on call frequency which has compounded the loss of clinic capacity.

- As part of the deep-dive into activity performance, it has been highlighted that there has been a change in the Respiratory Medicine cancer pathway. GP's can now order the tests and investigations required prior to the patient's first attendance and therefore has reduced the number of follow up appointments a patient requires which is reflected within the activity position.

There is an over performance on Emergency Department attendances of £141k but this is more than offset by an under performance on non-elective discharges (£169k). This predominately relates to non-West Cheshire English Emergency Department attendances and an element of Welsh non-elective discharges.

Within the emergency activity category, obstetric deliveries are continuing to show a significant underperformance against planned activity levels at the end of October to the value of £524k prior to the block adjustment. Obstetric bookings are also contributing a significant underperformance of £550k year to date.

There have been significant recruitment and retention issues for the Primary Care Unit which compounds the pressures within the Emergency Department. Higher than planned A&E attendances are generating £169k additional income to offset underperformance in other areas. This is non-West Cheshire English activity.

The net overall non-PBR position is showing an over performance of £127k following the block adjustment. Within this position there continues to be an underperformance of £84k relating to fertility. Due to the new arrangements, the lab has not been up and running which has meant there has been a delay in the number of IVF cycles the Trust has initiated. This loss of income is within the Planned Care divisional finance position.

Critical care and neonatal bed day activity is £1,326k below plan year to date after the application of the block adjustment. The application of the risk reserve has largely offset this in prior months but as of October there is a net pressure of £436k. It is the lower than planned critical care bed days that accounts for the majority of this pressure.

A summary of the activity & income variances by Point of Delivery are shown below:-

Point of Delivery	Activity Variance YTD	Value Variance YTD	Block Contract Impact YTD	Value Variance after block adjustment YTD	Movement from Previous Period
Daycases	-911	(£775,304)	£502,422	(£272,882)	£9,772
Elective Inpatients	-452	(£1,233,157)	£1,041,045	(£192,112)	£39,491
Non-Elective Inpatients	-779	(£451,906)	£282,850	(£169,056)	(£213,948)
First Outpatients	-1,032	(£138,473)	£143,998	£5,525	£7,986
Follow Up Outpatients	-6,261	(£517,215)	£429,713	(£87,502)	£593
Outpatient Unbundled & Procedures	-4,045	(£357,283)	£378,342	£21,059	£30,956
Maternity	-847	(£550,040)	£201,930	(£348,110)	(£59,166)
A&E Attendances	2,445	£61,805	£79,177	£140,982	£17,571
Best Practice Adj'ts & Growth	0	(£124,069)	£96,511	(£27,557)	(£9,089)
Drugs & Devices	0	(£367,248)	£415,458	£48,210	(£32,015)
AMD	215	£167,693	(£164,257)	£3,436	£3,513
Adult Crit Care & Neonatal	-1,276	(£1,399,402)	£73,596	(£1,325,806)	(£261,447)
Other Non PBR & CQUIN	0	£609,225	(£71,174)	£538,051	£246,527
PBR & Non PBR Variance	**-12,943**	**(£5,075,375)**	**£3,409,612**	**(£1,665,762)**	**(£219,255)**
CQUIN & Contract Penalties				£0	£0
Critical Care & SCBU Risk		£890,203		£890,203	£127,172
Total Excluding STF Funding		**(£4,185,171)**	**£3,409,612**	**(£775,559)**	**(£92,083)**
Sustainability & Transformation funding		**(£583,763)**		**(£583,763)**	(£155,670)
Total Including STF Funding		**(£4,768,934)**	**£3,409,612**	**(£1,359,321)**	**(£247,753)**

3.2 Non-Commissioner Income

At the end of October 2017, non-commissioner income is above plan by £170k for the following reasons:-

- Non-recurrent VAT rebate in May 2017 of £282k, with £78k in August 2017 and a further £47k in October, totalling £407k year to date;
- Invoices have been raised to Cheshire West and Chester Council and other local health authorities for delayed transfers of care (DTOC's) for £427k; and
- The above are offset by the loss of the STF monies in relation to A&E performance of £584k;

4.0 Key Expenditure Variances

4.1 Pay

Medical Pay – £677k over spent in total.

This predominantly relates to Urgent Care with an overall medical pay overspend of £794k. The main pressures are as follows:-

Explanation / Action	In Month £000s	YTD £000s
Speciality / Explanation / Action	**In Month Overspend £000s**	**YTD Overspend £000s**
Acute Medicine - There is currently an over establishment of one consultant post and also a cumulative pressure relating to a consultant maternity leave which was covered by agency. A business case to seek additional funding is being prepared for CLG.	9	267
Acute Medicine - There are two CT1/2 posts above funded establishment. In addition there is an agency doctor to cover short stay ward (ward 46). The Division will be required to return to the funded establishment or seek approve for the current staffing level.	26	89
The Emergency Department are incurring costs for additional Staff Grade locum shifts to support work pressures. Furthermore there are agency staff covering middle grade gaps. The Division are: reviewing the capacity with ED, trialling progress chasers and early assessment nurse, are out to advert for middle grade rota gaps and are also working with other Trusts to recruit from overseas.	102	498
Paediatrics - are currently covering a consultant gap with agency and have incurred costs to cover maternity leave in previous months.	- 1	59
Paediatrics - are covering one ST1/2 gap with agency.	12	91
Clinical Haematology - there are 1.23 wte consultant vacancies covered by agency.	35	112
Remainder spread across number of areas - Diabetes £50k, Elderly £66k, General Medicine £36k, UTC £44k.	76	236
Funding allocated from medical pay reserve.	(81)	(558)
Total	**178**	**794**

Please note: (Favourable) / adverse

Nursing Pay – £114k over spent in total.

Urgent Care currently has a nursing overspend of £360k, which is offset by underspends in Planned Care nursing.

The main reasons for the overspent nursing position within Urgent Care Nursing are as follows:-

Explanation / Action	In Month Overspend £000s	YTD Overspend £000s
Financial pressure as a result of maternity leave over and above the funding available.	12	85
Financial Pressure as a result of patients requiring additional nursing care above the funding available.	21	103
Short Stay Unit (Ward 46) is incurring additional costs as a result of over establishment of 1.96 wte Band 5 nurse, additional nurse recharges and bank costs for healthcare assistants. Staffing levels are to be reviewed.	19	76
Ward 49 is incurring additional costs due to over establishment on ward of 2.60 wte predominantly band 2s.	5	43
The Intermediate Care Unit is over established by 1 wte Band 6 (with the approval of the Director of Nursing) and is also incurring bank costs to cover for sickness. The CFBM and Head of Therapies are reviewing the current funding and resources.	10	50
Emergency Department - nurse bank usage and nurse recharges due to long term sick and maternity leave and operational pressures have resulted in this overspend within the Emergency Department.	19	66
There are a number of smaller nursing underspends across the division.	(23)	(63)
Total	63	360

Please note: (Favourable) / adverse

4.2 Agency spend & Variable Pay

The Agency expenditure position, year to date to October 2017 is shown below; previous years full year spends are also shown.

Agency Spend by Staff Group	14/15	15/16	16/17	17/18 YTD to Oct 17
Admin & Clerical	£ 119,858	£ 163,219	-£ 180	£ 40,389
Medical	£ 2,531,112	£ 3,911,032	£ 2,743,172	£ 1,619,645
Nursing	£ 830,776	£ 642,734	£ 380,679	£ 319,334
Allied Health Professional	£ 177,384	£ 218,871	£ 75,470	£ 99,843
Health Care Scientists	£ 115,743	£ 161,736	£ 252,863	£ 68,367
Total	**£ 3,774,873**	**£ 5,097,592**	**£ 3,452,004**	**£ 2,147,578**

The variable pay position for October is shown below, with three forecasts modelled based on straight line extrapolation, rolling average and using historic expenditure.

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
Additional Clinical Activity (WL)	£ 114,133	£ 85,343	£ 74,281	£ 96,914	£ 168,801	£ 57,645	£ 79,439
Additional Clinical Payments	£ 16,305	£ 877	£ 905	£ 10,056	£ 9,402	£ 20,287	£ 42,178
Locum Payments	£ 236,205	£ 306,120	£ 247,004	£ 349,481	£ 353,475	£ 338,585	£ 388,742
Additional Basic Pay	£ 110,886	£ 105,910	£ 96,953	£ 126,284	£ 127,602	£ 121,214	£ 105,461
Overtime	£ 114,324	£ 108,962	£ 108,195	£ 101,998	£ 127,994	£ 100,107	£ 146,828
Agency Expenditure	£ 240,593	£ 270,875	£ 263,895	£ 272,466	£ 407,324	£ 343,018	£ 349,409
Bank Expenditure	£ 266,151	£ 268,599	£ 246,173	£ 269,459	£ 280,350	£ 302,969	£ 622,123
Total Variable Pay Expenditure	**£ 1,098,596**	**£ 1,146,685**	**£ 1,037,407**	**£ 1,226,657**	**£ 1,474,947**	**£ 1,283,825**	**£ 1,734,180**
Pay Budget	**£ 12,947,539**	**£ 12,946,428**	**£ 12,947,357**	**£ 12,946,919**	**£ 13,416,422**	**£ 13,044,067**	**£ 13,158,398**
Variable Pay as % of Total Budget	**8%**	**9%**	**8%**	**9%**	**11%**	**10%**	**13%**

	2014/15 Full Year Spend	2015/16 Full Year Spend	2016/17 Full Year Spend	Apr-Oct 2017 Spend	Straight Line Projection	Rolling Total Forecast	Forecast Based on 16/17 Trajectory
Additional Clinical Activity (WL)	£ 1,693,801	£ 1,514,408	£ 1,136,104	£676,556	£ 1,159,810	£ 1,113,140	£ 1,098,808
Additional Clinical Payments	£ 484,274	£ 165,110	£ 214,471	£100,010	£ 171,446	£ 201,100	£ 189,178
Locum Payments	£ 1,996,586	£ 2,833,197	£ 2,905,458	£2,219,611	£ 3,805,047	£ 3,341,678	£ 3,616,137
Additional Basic Pay	£ 1,128,161	£ 1,454,549	£ 1,487,368	£794,311	£ 1,361,676	£ 1,337,689	£ 1,251,532
Overtime	£ 993,742	£ 1,143,224	£ 1,167,972	£808,408	£ 1,385,842	£ 1,318,660	£ 1,435,559
Agency Expenditure	£ 3,774,873	£ 5,097,591	£ 3,452,003	£2,147,580	£ 3,681,566	£ 3,285,299	£ 3,203,087
Bank Expenditure	£ 2,805,054	£ 2,840,072	£ 2,809,066	£2,255,823	£ 3,314,662	£ 3,087,912	£ 3,282,438
Total Variable Pay Expenditure	**£ 12,876,491**	**£ 15,048,151**	**£ 13,172,442**	**£ 9,002,299**	**£ 14,880,050**	**£ 13,685,478**	**£ 14,076,739**
Pay Budget	**£ 145,850,540**	**£ 148,236,202**	**£ 155,020,877**	**£ 91,407,130**	**£ 157,272,015**	**£ 157,272,015**	**£ 157,272,015**
Variable Pay as % of Total Pay Budget	**9%**	**10%**	**8%**	**10%**	**9%**	**9%**	**9%**

As can be seen, it should be noted that using projections, the forecast for Agency spend looks relatively positive, but careful management of bank expenditure is still required to ensure value for money is delivered.

5.0 CRS

The CRS target for 2017/18 was originally set at £12.4m. However, this has been reduced by £1m as a result of the agreed change to the control total so the restated CRS target for 2017/18 and recurrently is now £11.4m.

£2.4m has been achieved by reducing reserves held by the Trust at the beginning of the year leaving £9m to be delivered by Divisions and Departments. It was agreed that Clinical budgets would deliver 3.5% of their budgets and Back Office areas would deliver 6% of their budget. This originally left £2.5m unidentified centrally, but is now £0.3m (see table below):

	£m
Original M12 Target	2.5
NHSI Control Total Adjustment	(1.0)
Reduction in medical pay reserve	(0.5)
Removal of junior doctors contract reserve	(0.5)
Other	(0.2)
Total outstanding	**0.3**

5.1 October 2017 CRS Performance

The profile of the CRS target can be found in the table below and broadly reflects historic delivery with CRS savings picking up pace as the year progresses and as schemes are developed. The centrally held unidentified target which currently stands at £0.3m (this being broadly the original £2.5m less £1.0m NHSI control total adjustment, £0.5m Medical Pay Reserve and £0.5m Junior Doctors Contract Reserve) is profiled in month 12 with the expectation that schemes will be developed to offset this target during the remaining months of this financial year.

CRS Profile	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
	637	644	630	710	730	764	978	971	1,002	1,001	985	2,328	11,380
Monthly Profile	6%	6%	6%	6%	6%	7%	9%	9%	9%	9%	9%	20%	100%
Quarterly Profile			17%			19%			26%			38%	100%

CRS Performance as at the end of September is £24k behind plan, as shown in the table below:

CRS DIVISIONAL PERFORMANCE AS AT OCTOBER 2017			
Division / Department	Target to Oct	Achieved to Oct	Var to Oct
Planned Care	£ 1,413,850	£ 1,312,070	£ 101,780
Urgent Care	£ 1,322,213	£ 585,162	£ 737,051
D&P	£ 463,860	£ 313,633	£ 150,227
Estates & Facilities	£ 504,018	£ 422,309	£ 81,709
Nurse Mgmt	£ 42,023	£ 42,672	-£ 649
Corporate Clinical	£ 7,090	£ 7,157	-£ 67
IM&T	£ 234,282	£ 180,931	£ 53,351
HR	£ 101,696	£ 118,780.73	-£ 17,085
Trust Administration	£ 85,807	£ 64,366	£ 21,441
Finance	£ 52,991	£ 52,991	-£ 0
Procurement	£ 16,627	£ 16,627	£ 0
Central	£ 2,393,875	£ 1,951,355	£ 442,520
Profile Adjustment	-£ 1,545,597		-£1,545,597
TOTAL	**£ 5,092,736**	**£ 5,068,056**	**£ 24,680**

Please note: (Favourable) / adverse

5.2 In Year & Recurrent CRS Performance

Total CRS schemes already delivered in year and recurrently are shown below: -

2017/18 EFFICIENCY PROGRAMME PERFORMANCE AS AT OCTOBER 2017

IN YEAR

Division / Department	2017/18 In Year CRS Target	Achieved		Outstanding	Green	Amber	Red	Pipeline
Planned Care	£ 2,423,743	£ 1,605,216	66%	£ 818,527	£ 201,989	£ 204,068	£ 411,315	£ 1,154
Urgent Care	£ 2,266,650	£ 693,518	31%	£1,573,132	£ 356,491	£ 318,658	£ 482,167	£ 415,816
D&P	£ 795,189	£ 479,263	60%	£ 315,926	£ 76,172	£ -	£ 160,000	£ 79,754
Estates & Facilities	£ 864,031	£ 603,929	70%	£ 260,103	£ 14,599	£ -	£ 220,000	£ 25,504
Nurse Mgmt	£ 72,040	£ 60,476	84%	£ 11,564	£ 0	£ -	£ -	£ 11,564
Corporate Clinical	£ 12,155	£ 11,324	93%	£ 831	£ 0	£ -	£ -	£ 831
IM&T	£ 401,626	£ 239,822	60%	£ 161,804	£ 103,804	£ -	£ 58,000	£ -
HR	£ 174,336	£ 164,509	94%	£ 9,827	£ 9,827	£ -	£ -	£ -
Trust Administration	£ 147,098	£ 92,912	63%	£ 54,186	£ 8,908	£ -	£ 13,700	£ 31,578
Finance	£ 90,842	£ 76,748	84%	£ 14,094	£ 14,094	£ -	£ -	£ -
Procurement	£ 28,504	£ 28,504	100%	£ -	£ -	£ -	£ -	£ -
Central	£ 4,103,786	£ 3,807,899	93%	£ 295,887	£ -	£ -	£ -	£ 295,887
TOTAL	**£11,380,000**	£ 7,864,120	69%	**£3,515,880**	£ 785,884	£ 522,726	£ 1,345,182	£ 862,088
		69%		31%	7%	5%	12%	8%

2017/18 EFFICIENCY PROGRAMME PERFORMANCE AS AT OCTOBER 2017

RECURRENT

Division / Department	2017/18 Recurrent CRS Target	Achieved		Outstanding	Green	Amber	Red	Pipeline
Planned Care	£ 2,423,743	£ 532,937	22%	£ 1,890,806	£ 420,981	£ 320,018	£ 922,983	£ 226,824
Urgent Care	£ 2,266,650	£ 219,536	10%	£ 2,047,115	£ 169,018	£ 914,052	£1,172,000	-£ 207,956
D&P	£ 795,189	£ 331,948	42%	£ 463,241	£ 62,838	£ -	£ 310,000	£ 90,403
Estates & Facilities	£ 864,031	£ 448,129	52%	£ 415,902	£ 54,497	£ -	£ 320,000	£ 41,405
Nurse Mgmt	£ 72,040	£ 41,315	57%	£ 30,725	£ -	£ -	£ -	£ 30,725
Corporate Clinical	£ 12,155	£ 10,000	82%	£ 2,155	£ -	£ -	£ -	£ 2,155
IM&T	£ 401,626	£ 99,828	25%	£ 301,798	£ 110,000	£ 10,000	£ 181,798	£ -
HR	£ 174,336	£ 76,590	44%	£ 97,746	£ 9,310	£ -	£ 69,147	£ 19,289
Trust Administration	£ 147,098	£ 74,473	51%	£ 72,625	£ 4,000	£ -	£ 14,200	£ 54,425
Finance	£ 90,842	£ 57,016	63%	£ 33,827	£ -	£ -	£ 27,500	£ 6,327
Procurement	£ 28,504	£ 28,504	100%	£ -	£ -	£ -	£ -	£ -
Central	£ 4,103,786	£3,605,899	88%	£ 497,887	£ -	£ -	£ -	£ 497,887
TOTAL	**£11,380,000**	£5,526,174	49%	**£ 5,853,826**	£ 830,644	£1,244,070	£3,017,628	£ 761,484
		49%		51%	7%	11%	27%	7%

As can be seen, the challenge currently needs to be to effectively "convert" the non-recurrent CRS delivery, into recurrent schemes.

	Status	Definition
Blue	Complete	Scheme delivered, budget savings removed for year
Green	Active	Low Risk, Confident of delivery, milestones on track but not removed from budget due to future start date
Amber	Active	Minor risk, Fairly confident of delivery but actions/minor issues to be resolved to ensure delivery within the timeframe
Red	Active	High Risk, Significant issues to be resolved before savings can be realised e.g. - Opportunity savings identified but plans not yet worked up accurately - Cross divisional issues to address - Potential negative impact on quality/safety - Requires investment?
Black	Yet to be activated	High Risk - Pipeline schemes with no value/milestones etc identified - Unidentified balance

5.3 Unidentified CRS £0.5m

The remainder of the CRS target (unallocated to departments or divisions) which was reported as £2.5m at the beginning of the financial year is now £0.5m due to the £1m adjustment to the control total, review of the Medical Pay Reserve £0.5m and the review of the Junior Doctors Contract Reserve £0.5m.

Further plans to address the balance are being formulated, but are now more likely to focus on a combination of mitigations which are currently being pursued (outlined in section 10).

6.0 Model Hospital Update

Work continues to attempt to close the CRS gap with support from the Model Hospital Team. Brief updates on some of the work streams are as follows:

6.1 Acuity Based Workforce

The implementation of E-rostering is continuing and the current implementation schedule has seen the completion of Paediatric Outpatients, Cath Lab and Interventional Radiology. The next phase of the roll will focus on the maternity suite and maternity support workers. Regular spot checks are carried out to ensure agreed compliance targets are being met by the wards.

6.2 Variable Pay

Work to address the recruitment issue around medics continues. The development of a medical recruitment website is being reviewed as a potential solution.
The newly constituted Medical Workforce Board as part of their now agreed and finalised terms of reference will target high spend specialties.

6.3 Medical Management

The first draft of the Trust Medical Workforce strategy which incorporates a workforce Strategy Action Plan has been completed. The process for approval of medical vacancies going forward will be via the newly constituted Medical Workforce Board.

6.4 Length of Stay (LOS)

The focus continues with Red and Green day board rounds on the wards. This is followed up with regular red and green day spot checks to ensure the reduction in LOS is being maintained as well the high quality of care.

The Safer Care Bundle is being rolled into MAU along with plans for the ED improvement. The plans are to test the methodology on a single bay before roll out across the ward. There will be wards rounds every day going forward. As part of the

red and green days, work continues with Therapists to ensure they are able to order equipment earlier, increased awareness of discharge planning and the continued support to junior nurses on the wards.

6.5 Outpatient's efficiency

Using the new Outpatient Dashboard live dashboard, metrics are now in place with agreed targets per specialty to improve efficiencies in their respected areas. The divisions are pleased with the continued progress. Headway is continuing with the roll out of partial booking in Outpatients to reduce DNA's and the associated re-work involved. The Partial booking process has now been awarded to a company via the framework by the procurement department

Excellent gains continue to be made in trialling and embedding the plans on the efficiency in theatres, outpatients and length of stay particularly in relation to Clinic room utilisation and the Trusts paperless strategy.

6.6 Coordination Centre Programme (Teletracking)

The first phase of the go live took place on the 10th October for the bed management module. This has been followed up with full training and support for various wards and departments. The second phase of the go live has been delayed until the 28th November due to a number of IT technical issues that are currently being resolved.

The delivery of the staff badging in preparedness has been very successful with more than over half of our staff having received their badges. The continued roll out of the staff badges will continue into targeted areas of low uptake.

7.0 Capital Expenditure

As at the end of October, the capital expenditure stands at £2.3m. The majority of spend to date is in relation to 2016/17 brought forward commitments. The single biggest item of spend is in relation to an MRI scanner at £1.0m.

Going forward, the existing capital program is being revisited to ensure that the most urgent requirements are prioritised, and that other items are reviewed to ensure that priorities haven't changed.

8.0 Working Balances and Cash

The closing cash balance at the end of October is £6.9m which is £4.7m ahead of plan.

Now that the first two tranches of the capital loan has been received the immediate revenue cash pressure has been removed, as the £2.3m capital spend to date has now been 'funded'.

Going forward, we will need to ensure that capital and revenue cash funding and expenditure are clearly segregated so that a revenue funding requirement is not masked by draws on capital funding. This will be particularly important if the Trust fails to secure its STF funding, or manage to its control total in the coming months.

Cash balances continue to be monitored on a daily basis, feeding into a rolling 13 week cash-flow and we are in close communication with NHSI to ensure that all future cash funding requirements are clearly identified.

9.0 Forecast

Best case and worst case outcomes have been estimated in the table below with the key risks accounted for in the worst case scenario. The risks and mitigation is described in section 10 below.

2017/18 Forecast Outturn	Best £000s	Worst £000s
Pre-STF 2017/18	(8,817)	(8,817)
CRS Forecast (Red & Black Schemes)		(2,207)
DTOC invoices not paid		(842)
Winter funding not secured but costs still incurred		(718)
Ellesmere Port Rental Dispute Unresolved		(405)
Other pressures identified		(164)
Sub Total	0	(4,336)
Revised Pre-STF Total	(8,817)	(13,153)
STF	5,189	5,189
Q1 A&E (Performance Element Only)	(117)	(117)
Q2 A&E (Performance Element Only)	(311)	(311)
Q3 A&E (Performance Element Only)	(467)	(467)
Q4 A&E (Performance Element Only)		(545)
Sub Total	4,294	3,749
Post STF Total	(4,523)	(9,404)
Adjusted control total	(3,628)	(3,628)
Off control total by:	(895)	(5,776)
Achievement of NHSI target	√	X

10.0 Key Risks and Mitigation

10.1 Key Risks

The key risks are outlined below:

- **CRS** – the £2.2m risk identified on CRS above is made up of the unidentified £0.3m profiled in month 12 and the CRS schemes which have been risk rated as red or black within divisions and departments.
- **Non Elective Activity and Winter Costs** - escalation capacity has remained open for the first seven months of 17/18 resulting in additional costs that were not planned for at this stage in the year. This has been funded from the winter reserve resulting in the risk that the depleted balance is inadequate to cover the additional costs of winter if they are incurred later in the year. The contingency reserve remains potentially available to cover some costs plus the Trust is seeking additional external funding;
- **Delayed Transfers of Care (DTOCs)** - remain high and contribute to the requirement to keep escalation capacity open. Within the October position, a recharge to our partners within the local health system of £427k has been raised predominantly to the local authorities. This is in line with the Community Care Act 2014 where the regulations state a recharge of £130 per bed day for DTOCs can be charged. The invoices have not yet been paid and there is a risk that this may become a bad debt;
- **Ellesmere Port Hospital (EPH) Rental Recharges –** NHS Property Services have invoiced the organisation for rental charges for EPH. This is currently in dispute as funding for this did not transfer on the disbursement of the PCT. Discussions are ongoing to try and resolve this matter; and
- **Elective activity** - performance remains low with an adjustment of £3.4m at the end of 7 months reflecting the value of the under performance against the baseline with West Cheshire CCG. The block with the West Cheshire CCG contract mitigates the majority of the risk to income for the current financial year but may pose a risk for the 18/19 baseline and consequent contract value. Further review of the data is underway to better understand the various causes of this position, and whether technical, genuinely operational, or a combination of both

10.2 Key Mitigations

The following key mitigations have been identified:

- **CRS** – Works continues to progress red and black schemes within the CRS programme and identify further opportunities. The CRS working group continues to meet weekly;

- **Reserves –** an assessment of reserves has taken place to identify slippage and contingency available to mitigate financial risks identified;
- **Modern Equivalent Asset Review –** the Trust is currently undergoing a review of the asset values with the expectation that it could generate a revenue saving;
- **Balance Sheet –** as part of the current financial planning, in addition to reviewing all the Trust's contingency and reserves, a similar exercise is underway to review a number of provisions and accruals. The current assumption, although subject to audit scrutiny, is that perhaps there is potential to prudently release circa £0.5m non recurrently, whilst still maintaining sufficient financial rigour.

10.3 Review of Financial Risks and Assumptions

	£m
Revised I&E Deficit (including STF & donated asset transactions)	**(3.195)**
Potential Risk	(4.211)
Absolute maximum potential mitigation dependent on assumptions below	4.225
Potential Outturn	(3.182)
On plan	**0.013**

Please note the following significant assumptions and mitigations:	**Mitigation £m**
Further CRS schemes identified (£1.5 req'd v £1.0m offered by NHSI	0.500
Red and Black CRS schemes deliver an additional £1m	1.000
DTOCs invoices are paid in full	
Additional costs for winter above the £1m reserve are funded externally or not incurred	0.718
NHS Property services raise a credit note for Ellesmere Port rental	0.405
CHP overhaul is delayed until 2018/19	
Estimated disbursement of reserves is accurate resulting in reserves uncommitted	1.102
CRS schemes currently categorised as green or amber are assumed to deliver in full	
Operational budgets balance (with exception of CRS) and workforce pressures are managed	
CRS profile is back loaded	
Modern Equivalent Asset Review	
Balance Sheet review	0.500
No further risks are identified	
The CCG does not retract funding for under performance, penalties or CQUIN	
Total Mitigation	**4.225**

NHS
Countess of Chester Hospital
NHS Foundation Trust

SBAR – General Data Protection Regulation (GDPR) Implementation

Situation:

The General Data Protection Regulation (GDPR) is an EU regulation that will come into force on 25th May 2018. Many of the main themes within GDPR are the same as the current Data Protection Act and therefore will provide the starting point for the Trust to progress towards compliance with the new requirements of GDPR.

Changes must be made across the organisation to ensure compliance with the new legislation prior to May 2018.

Background:

GDPR introduces larger accountability for organisations. All Board members need to be aware of forthcoming changes to the law and potential for change in information security standards. GDPR will be the responsibility for the whole Board to provide assurance that the law is complied with.

The GDPR is an evolving landscape and guidance is still being developed by the Information Governance Alliance and the Information Commissioner's Office.

Assessment:

To be able to ensure compliance ahead of May 2018, the Trust must be able to demonstrate changes as below:

- Implement appropriate technical and organisational measures to ensure the Trust complies with GDPR. This will include internal data protection policies, staff training, internal audits of processing activities and reviews of internal HR policies
- Maintain a detailed register of all incidents of data sharing
- Appoint a Data Protection Officer
- Implement measures that meet the principles of Data Protection By Design including:
    - Data Minimisation for data sets and data collection;
    - Pseudonymisation when sharing information to a greater level that we currently do including producing randomised information;
    - Transparency with regards to what we are doing with data;
    - Allowing individuals to monitor processing – staff and patients now have strengthened rights;
    - Creating and improving security features on an on-going basis
    - Use Data Protection Impact Assessments in the use of new technologies or a change in the management of data, monitoring and CCTV.

Actions taken so far:

With 6 months until implementation, significant progress has been made across the Trust to ensure compliance ahead of May 2018.

- Polices are currently under review and will be submitted to the IG and Caldicott Panel for approval;
- Review of all information sharing and data flow mapping is currently being carried out across the Trust;
- The Director of Legal and Corporate Services has been appointed as Data Protection Officer;
- Implementation and greater awareness of 'Privacy By Design' within research and ICT Development Teams;
- Use of Data Protection Impact Assessments increasing across the organisation with Caldicott Guardian authorisation.

The IG Team have recently attending GDPR Practitioner Training to ensure a fully informed approach to complete the work plan prior to May 2018.

Leanne Cheers
Information Governance Manager

BOD Item No

Countess of Chester Hospital NHS
NHS Foundation Trust

Board of Directors

Subject	**Speak Out Safely / Freedom to Speak Up Update**
Date of Meeting	5th December 2017
Author(s)	Sue Hodkinson, Director of People & Organisational Development
Presented by	Sue Hodkinson, Director of People & Organisational Development
Annual Plan Objective No.	N/A
Summary	The purpose of this paper is to provide an update to the Board from the Freedom to Speak Up (FTSU) Committee in relation to the recent publication of the National Guardian's Office (NGO) Southport & Ormskirk Hospital NHS Trust case review of speaking up processes, policies and culture considerations; the National Guardian's Office Annual Report 2017; and the national release of the Q2 speaking up data, all published in November 2017
Recommendation(s)	The Board is asked to receive and note the information contained within this report, including the publications from the National Guardian's Office. It is anticipated that further recommendations will be presented to the Executive Directors Group and the Board in Q4 for further consideration, in relation to proposed changes with the trust policy, processes, supporting communications and resource requirements to ensure that speaking up becomes business as usual across the Trust.
Risk Score	**N/A**

FOIA Status: *FOIA exemptions must be applied to specific information within documents, rather than documents as a whole. Only if the redaction renders the rest of the document non-sensical should the document itself be redacted.* **Applicable Exemptions:** ▪ **Prejudice to effective conduct of public affairs** ▪ **Personal Information** ▪ **Info provided in confidence** ▪ **Commercial interests**	Please tick the appropriate box below: **X** **A. This document is for full publication** **B. This document includes FOIA exempt information** **C. This whole document is exempt under the FOIA** IMPORTANT: If you have chosen B. above, highlight the information that is to be redacted within the document, for subsequent removal. Confirm to the Trust Secretary, which applicable exemption(s) apply to the whole document or highlighted sections.

Speak Out Safely & Freedom to Speak Up Update (FTSU) to the Board of Directors (November 2017)

1.0 Executive Summary

The purpose of this paper is to provide an update to the Board from the Freedom to Speak Up (FTSU) Committee in relation to the recent publication of the National Guardian's Office (NGO) Southport & Ormskirk Hospital NHS Trust case review of speaking up processes, policies and culture considerations; the National Guardian's Office Annual Report 2017; and the national release of the Q2 speaking up data, all published in November 2017.

The FTSU Committee, which is constituted from the FTSU Guardians across the Trust, have a planning session in January 2018 to prepare revisions to the current Speak out Safely (Raising Concerns About Patient Care) and Whistle Blowing Policy and processes, the communication published across the Trust to enable and support colleagues to raise concerns and will be considering the resource requirements the Trust needs in light of the national publications. Following this planning session, it is anticipated that in Q4, recommendations will be presented to the Executive Directors Group and the Board for further consideration in relation to proposed changes with the policy, processes, supporting communications and resource requirements to ensure that speaking up becomes business as usual across the Trust.

2.0 Background

Following successful joint work in late 2013, the Partnership Forum agreed revisions to the Whistleblowing Policy. This Policy was reviewed alongside the Raising Concerns about Patient Care Policy and the two were amalgamated to ensure clarity for staff. This Policy is a Statutory requirement and extremely important in the interests of supporting high quality patient care and in providing an open culture which is supportive in enabling staff to raise concerns at work.

As part of this review, it was agreed that the Trust would commit to supporting the Nursing Times campaign on "Speak Out Safely", which is aimed at encouraging a culture where all staff feel able to speak out about concerns they may have in relation to patient care. Consequently, the Director of People & OD and Staff Side Chair jointly presented to the Board in February 2014. The Trust has continued to implement the above recommendations and the campaign has been supported by the implementation of the Nursing & Midwifery Strategy and the onset of the High Performance Culture as part of the Model Hospital programme.

Updates on progress were provided to the Board in December 2014 and February 2016 and in line with the changes to the standard NHS contract, which required all organisations subject to the contract to nominate a Freedom to Speak Up Guardian by October 2016, the Speak out Safely Designated Officers are now known as Freedom to Speak Up (FTSU) Guardians. In addition, the FTSU Committee meets on a bi-monthly basis, with many of the guardians present, reviewing cases received, communication from the NGO and agreeing ways forward. It was on the back of the last meeting in early November 2017 and the subsequent national publications, that a further update to the Board was required.

It is important to note that the FTSU Guardians within the Trust subsume the role within existing job commitments. As such, the Trust does not currently have any dedicated resource to the requirements

around Freedom to Speak Up. The current FTSU Guardians or members of the FTSU Committee are as follows:

- Andrew Higgins – NED and FTSU Guardian
- Alison Kelly – Director of Nursing & Quality & FTSU Guardian
- Sue Hodkinson – Director of People and OD & FTSU Guardian
- Hayley Cooper – Staff Side Chair, RCN Representative & FTSU Guardian
- Ian Harvey – Medical Director & FTSU Guardian
- Stephen Cross – Director of Corporate & Legal Affairs (member of the FTSU Committee).

3.0 National Guardian's Office (NGO) Southport & Ormskirk Hospital NHS Trust case review of speaking up processes, policies and culture considerations

As part of its work, the National Guardian's Office reviews how a NHS trust or foundation trust has supported its workers to speak up, where it receives evidence that this support has not met with good practice. The standards of good practice against which the NGO assesses the actions of trusts are found in the Francis Freedom to Speak Up review and the standard, integrated Freedom to Speak Up policy published by NHS Improvement.

The National Guardian's Office is currently undertaking a 12 month pilot of its case review programme, which began in June 2017. At the end of the pilot it will review the process to see how it can be improved. It will use all the feedback it receives during the pilot, including from individuals who have referred cases, to ensure that the case review process meets the needs of all workers who wish to speak up.

The primary focus of a case review is on extracting as much learning as possible relating to how speaking up processes and cultures can be improved and the likelihood of obtaining such learning is one of the principal selection criteria the National Guardian's Office applies when deciding which cases to review. Where the National Guardian's Office finds evidence during a case review that a trust's support for speaking up has not met with good practice it will make recommendations about how the trust should improve this. A case review report will also highlight where the office has found examples of good practice.

The National Guardian's Office does not have statutory powers. However, the National Guardian expects trusts to reasonably support case reviews, to provide the relevant information for their completion and to take action to implement case review recommendations. Where trusts do not reasonably support the case review process, the National Guardian will refer the matter to those bodies responsible for regulating trusts, including the Care Quality Commission (CQC) and NHS Improvement, so that they may use their regulatory powers to ensure trusts take effective action.

In November 2017, the NGO published the Case Review they had conducted in relation to speaking up processes, policies and culture considerations related to concerns raised regarding Southport & Ormskirk Hospital NHS Trust. 23 recommendations were made as a consequence of this Case Review; 22 for the trust and one for the CQC and in line with the Well Led Domain, it is important that the Board are sighted of these recommendations. The full case review can be found in Appendix One of this paper.

4.0 National Guardian's Office Annual Report 2017

The NGO has now been in existence for over a year with Dr Henrietta Hughes, National Guardian for the NHS & the NGO publishing the first Annual Report in November 2017. The report, based on the principles as set out in Sir Robert Francis' review, describes the work to date, the future priorities and the possibilities for an NHS where speaking up is business as usual. The report itself has been included within Appendix Two of this paper.

5.0 National release of the Q2 speaking up data

From Q1 2017/18, the Trust was required to submit speaking up data to the NGO on a quarterly basis for national publication. The Trust has undertaken this in Q2 and has submitted the following details:

- Number of cases raised – 3
- Number of cases raised anonymously – 0
- Number of cases with element of patient safety / quality – 3
- Number of cases with element of bullying / harassment – 0
- Number of cases where the person speaking up may have suffered some form of detriment – 1.

The full report is included in Appendix 3 and the headlines on a national basis for the full report are as follows:

- 1,611 cases were raised to Freedom to Speak Up Guardians / ambassadors / champions.
- 551 of these cases included an element of patient safety / quality of care.
- 733 included elements of bullying and harassment.
- 75 related to incidents where the person speaking up may have suffered some form of detriment.
- 365 anonymous cases were received.
- 23 trusts did not receive any cases through their Freedom to Speak Up Guardian.
- 210 of the 233 NHS trusts listed in our directory sent returns.

5.0 Conclusion and recommendations to the Board of Directors

The Board is asked to receive and note the information contained within this report, including the publications from the National Guardian's Office. Following the planning session that will be conducted by the FTSU Committee in January 2018, it is anticipated that further recommendations will be presented to the Executive Directors Group and the Board for further consideration, in relation to proposed changes with the Trust policy, processes, supporting communications and resource requirements to ensure that speaking up continues to become business as usual across the Trust.

Prepared by:
Sue Hodkinson, Executive Director of People & Organisational Development

November 2017

National Guardian
Freedom to Speak Up

Southport and Ormskirk Hospital NHS Trust

A case review of speaking up processes, policies and culture

Contents

Executive summary

In August and September 2017 the National Guardian's Office conducted a review of the speaking up processes, policies and culture at Southport and Ormskirk NHS Trust. This was because it had received information that the trust's response to its workers speaking up was not in accordance with good practice.

In particular, the National Guardian's Office received information that a bullying and discriminatory culture existed across the trust.

The purpose of the review was to find evidence of where speaking up process, policies and culture did not meet with good practice and to make recommendations to remedy this. The trust fully supported the review and provided all necessary information for its completion.

The review found evidence that the culture, policies and procedures of the trust did not always support workers to speak up, including evidence of a bullying culture. Many workers who spoke to the National Guardian's Office during the review expressed a belief that the trust did not take their views or concerns seriously.

The review also found that the trust did not appropriately support the needs of its black and ethnic minority workers, including a failure to respond to multiple and serious concerns raised by many of those workers.

However, there was also evidence at the time of our review that a new trust leadership team was taking steps to improve the trust's speaking up processes, policies and culture, including a revision of the existing speaking up policy to bring it in line with national minimum standards set by NHS Improvement.

Where we found evidence that the trust's support for speaking up was not in accordance with good practice we have made recommendations to improve this. We have made 23 recommendations in total; 22 for the trust and one for the Care Quality Commission. We will ask the trust to develop an action plan to address these recommendations.

Our findings can be summarised as follows:

There were several important areas where the trust's support for its workers to speak did not meet with good practice. These areas included:

- Evidence of a longstanding culture where the trust did not respond appropriately to specific and serious concerns raise by its workers
- Significant evidence of a bullying culture within the trust where staff were too afraid to speak up, or they alleged detriment at the hands of their colleagues for having done so
- Failure of the trust to meet its responsibilities regarding equality and diversity resulting in black and ethnic minority staff not feeling free to speak up

- No specific training for staff on either how to speak up, or for managers to handle concerns raised according to the policies and procedures of the trust
- Persistent failure by the trust to feedback to staff regarding any actions it had taken in response to workers' speaking up, creating a widespread belief among staff that the trust did not take their concerns seriously
- Since appointing a Freedom to Speak Up Guardian in August 2016 the trust had not provided all the necessary resources to support the role, including adequately promoting it across trust sites
- The trust did not have a systematic approach to measure the effectiveness of its speaking up policies, procedures and culture
- Many workers regarded most of the trust's senior leaders as invisible and inaccessible

There were also examples of where the trust was taking positive steps to support speaking up. These included:

- The trust was in the process of revising its speaking up policy to bring it in line with minimum standards set out by NHS Improvement
- The trust was in the process of developing a detailed freedom to speak up action plan to ensure that its speaking up processes, policies and culture were in accordance with the principles and actions set out in Sir Robert Francis' Freedom to Speak Up review
- There was evidence that the trust's interim chief executive officer was taking steps to improve the speaking up culture and many workers told us they could see that the interim chief executive's leadership was beginning to make a difference

Acknowledgements and thanks

In completing this review we would like to thank the following individuals for their engagement and support:

- Trust workers who have told us about their experiences of speaking up
- The leaders of the trust
- The trust's Freedom to Speak Up Guardian
- Care Quality Commission

Introduction

The National Guardian's Office

The National Guardian's Office provides leadership, support and guidance on speaking up in the NHS, and was set up in response to recommendations made in Sir Robert Francis' 'Freedom to Speak Up' review. It supports and guides a network of Freedom to Speak Up Guardians and reviews cases where good practice in speaking up appears not to be met.

The Francis review set out 20 principles and actions to enable NHS workers to speak up freely at work, without fear of detriment, and to ensure that workers' concerns are responded to appropriately. These principles are designed to create a safer and more effective service for everyone.

Principle 15 of the review set out the terms for the role of a National Guardian and the National Guardian's Office to support this work and to bring about a positive culture change in speaking up across the NHS.

The full Francis Freedom to Speak Up report can be found here.

The National Guardian's Office is an operationally independent body, sponsored by NHS Improvement, NHS England and the Care Quality Commission.

Case reviews

As part of its work the National Guardian's Office reviews how a NHS trust or foundation trust has supported its workers to speak up, where it receives evidence that this support has not met with good practice.

The standards of good practice against which the NGO assesses the actions of trusts are found the Francis Freedom to Speak Up review and the standard, integrated Freedom to Speak Up policy published by NHS Improvement.

The National Guardian's Office is currently undertaking a 12 month pilot of its case review programme, which began in June 2017. At the end of the pilot it will review the process to see how it can be improved. It will use all the feedback it receives during the pilot, including from individuals who have referred cases, to ensure that the case review process meets the needs of all workers who wish to speak up.

The primary focus of a case review is on extracting as much learning as possible relating to how speaking up processes and cultures can be improved and the likelihood of obtaining such learning is one of the principal selection criteria the National Guardian's Office applies when deciding which cases to review.

Learning may not only arise from evidence of a trust's lack of support for speaking up, but also where a trust demonstrates innovative and effective support for speaking up that should be shared across the NHS.

Where the National Guardian's Office finds evidence during a case review that a trust's support for speaking up has not met with good practice it will make recommendations about how the trust should improve this. A case review report will also highlight where the office has found examples of good practice.

More information about National Guardian's Office case reviews is available on our webpages.

The National Guardian's Office publishes its case review reports on its webpages and ensures that they are shared with individuals and bodies with a direct interest in the review process. These include trust workers who have contacted us about their speaking up experiences, the trust itself and regulatory bodies with responsibility for ensuring the trust delivers care and treatment according to accepted standards.

To conduct a case review the National Guardian's Office works with the trust in question to identify relevant information and to feedback learning as it arises.

Why we conducted a case review at Southport and Ormskirk NHS Trust

The National Guardian's Office received information that the response of the trust to several instances of its workers speaking up was not in accordance with good practice. The National Guardian's Office received evidence that many workers had raised a range of concerns relating to bullying and discrimination against black and minority ethnic staff that had been ignored. The information indicated that the practices and cultures of the trust frequently did not support its staff to speak up.

The information relating to these concerns also included a public statement by the trust released in June 2017 that its previous chief executive had been dismissed in October 2016 following allegations that he had 'failed to comply with the trust and the NHS's conduct requirements in his approach to whistleblowing complaints.'

Feedback from the published NHS staff survey in 2016 also confirmed that many workers were not content with the support they received from the trust to speak up, including responses relating to their perception of the fairness and effectiveness of procedures to support speaking up that were worse than the national average. A significant number of black and minority ethnic doctors also indicated in their survey responses that they had experienced bullying.

Because of the information received by the National Guardian's Office, as well as published information relating to speaking up, it undertook a wide-ranging review of how the trust was supporting its staff to speak up.

How we conducted our review

We made three visits to the trust during August and September 2017 to meet with trust staff and visited both trust sites at Southport and Formby District General Hospital and at Ormskirk and District General Hospital. During those visits we met with a total of 52 workers of the trust, including the chief executive and board members to learn how they intended to support the trust's workers to speak up.

We also met front line staff, including nurses, doctors and ancillary staff to hear their experiences of speaking up, as well as with ward managers with responsibility for handling the issues raised. We also met with the trust's newly appointed Freedom to Speak Up Guardian to learn how the trust supported its workers to speak up and toured the wards at Ormskirk hospital with the Guardian as they introduced themselves to staff and asked them about their experiences of speaking up.

We held a total of six staff forums across both hospitals, including a forum specially for black and minority ethnic staff, to provide an opportunity for trust workers to tell us about their experiences of speaking up.

In addition to forums and one to one meetings, trust workers were also able to contact us directly. We worked with the trust's internal communications team to promote the case review to its workers.

We reviewed a range of documents relating to speaking up in the trust, including trust policies, procedures and strategies, as well as staff surveys. We also looked at a cultural review commissioned by the trust in April 2016 in response to concerns raised by trust workers relating to the treatment of black and minority ethnic staff.

In addition, we asked other bodies to share what they knew about the trust's support for speaking up, including the Care Quality Commission and NHS Improvement.

Where we found issues we immediately raised them with the trust to allow them to address them as quickly as possible.

Recommendations and actions

Where we found evidence that support for speaking up was not in accordance with good practice we have made recommendations on how to remedy this. 22 of our recommendations are for the trust and one is for the Care Quality Commission.

A list of our recommendations is set out in the Annex to this report.

Where the trust has already begun to take steps to address our recommendations we have stated this. We have also asked the trust to produce an action plan in response to our recommendations and we will publish this once we receive it.

To support the trust to implement our recommendations we will advise regulators of the actions the trust are taking in response, to ensure the trust receives all appropriate guidance to complete this work.

The structure of this report

We have set out the information we gathered during our review under four main headings: culture, the handling of concerns, supporting good practice, and vulnerable and minority groups.

About the trust

Southport and Ormskirk trust has two hospitals, Southport and Formby District General Hospital and Ormskirk and District General Hospital. The trust provides acute hospital care and community services to the populations of Southport, Formby, Sefton and West Lancashire and employs 2,900 staff.

The trust was most recently inspected by the Care Quality Commission in April 2016 and received an overall rating of 'Requires Improvement'.

According to the Care Quality Commission's inspection process the category of work related to how the trust supports its workers is defined as 'Well Led'. The Care Quality Commission rated 'Well Led' as 'Requires Improvement'.

A link to the inspection report, published in November 2016 can be found here.

Our findings

1. Culture

Culture of Raising Concerns

Policies and procedures

The trust's policy relating to speaking up was entitled 'Raising Concerns (Whistleblowing) Policy'. At the time that our case review began in August 2017 the trust had last reviewed the policy in September 2014. During our review the trust undertook a revision of its policy to bring it in line with the minimum standards set out in the standard, integrated freedom to speak up policy published by NHS Improvement in April 2016.

The trust informed us that the revised new policy would be available from the middle of October 2017. However, there was no information indicating how the trust would ensure that all workers were aware of the contents of the new policy.

Recommendation 1

Within three months the trust should publish its new speaking up policy.

Recommendation 2

Within six months the trust should take steps to ensure all existing and new workers are aware of the contents of the new freedom to speak up policy.

Senior leadership and culture

There was evidence from the NHS 2016 trust staff survey that many workers did not regard the speaking up processes in the trust be fair or effective. We therefore asked senior leaders about their perception of the speaking up culture and what steps they intended to take to address the concerns raised in the survey.

The senior leaders explained that most of the trust's senior management team had been appointed recently and all shared the intention of making improvements in the trust, including to the speaking up culture. Some leaders conceded that the culture had previously not been a positive one. Trust leaders explained the steps they were planning to take to improve the speaking up culture. Firstly, the trust planned to hold a series of listening events in autumn 2017 to better understand the views of all staff and to provide an opportunity for them raise any concerns they wished. This included a 'speak up safely campaign'. A principal purpose of these events was for senior leaders to learn the concerns of staff in order to respond to them.

In addition to the listening events, senior leaders also highlighted that the trust had, during our review, appointed the trust chaplain, an individual they regarded as a well-respected and familiar

employee to many workers, as the new Freedom to Speak Up Guardian. Senior leaders said that the guardian was free to meet with them to discuss concerns they were supporting workers to raise. The guardian confirmed that this was the case.

The new Freedom to Speak Up Guardian replaced the previous guardian, who the trust had appointed to the role in August 2016 and who had left the trust 12 months later.

At the time of our review the trust was also drafting a Freedom to Speak Up action plan, to ensure that the trust implemented the principles and actions stated in the Francis Freedom to Speak Up review. The expected completion dates for the actions in the plan ran from October 2017 for 12 months with a committee from the trust board next due to review its progress in December 2017. The National Guardian's Office will liaise with the trust's Freedom to Speak Up Guardian to monitor whether the draft plan is put into effect and if the planned actions take place.

We asked workers about their experiences of the speaking up culture in the trust. In response, many felt that the culture in the trust in recent times had not always been positive and that they did not always feel listened to, but that they hoped this would change with the appointment of the guardian.

Recommendation 3

Within 12 months the trust should implement all aspects of its draft Freedom to Speak Up action plan, by the plan's stated completion dates.

Culture of valuing workers

There was evidence that the trust had previously provided opportunities for staff to give their views about working in the trust. These included surveys, forums and focus groups. Further staff listening events were also about to begin at the time of our review as part of the Listening into Action programme.

However, many staff expressed frustration that although the trust had provided an opportunity for them to speak up at certain points, the culture was not a positive one when it came to the trust responding to their concerns and taking appropriate action. Some described listening events as mere 'gimmicks' and did not think that speaking up at such events made any difference. Another worker observed 'there are some really good ideas that come out of these sessions but nothing is done with them'.

A senior trust leader also observed that the way in which the trust responded to the views it obtained from its workers was 'poor' and as a result staff sometimes felt that nothing was done once they had spoken up.

However, all senior leaders that we spoke to emphasised that the board was mostly comprised of new members who were committed to improving the speaking up cultures, policies and procedures in the trust and they all felt confident that they were beginning to make those changes.

Many workers told us that the most important step the trust could take to improve the speaking up culture in the trust was to provide feedback once someone has spoken up.

Providing feedback to a worker who has spoken up is an essential element of good practice. The commitment to providing feedback is also set out in the trust's new speaking up policy.

When we raised workers' frustrations about the lack of feedback to senior leaders, they told us that they had recently amended the electronic system used by staff to record incidents, which is a principal way in which they are able to raise a safety incident. The amendment allows the individual recording an incident to request feedback on how it was responded to.

The majority of staff said they believed that the interim chief executive of the trust wanted to make positive changes to the trust, including responding to the needs of workers.

However, many also said that such changes could not be achieved by one person alone. Several described a tier of middle and upper management who were not responsive to the concerns of staff and who represented a block upon positive changes.

Recommendation 4

Within three months the trust should ensure that, in accordance with its own policies and procedures and in accordance with good practice, all those managers and leaders responsible for handling concerns provide feedback to every individual who speaks up, including any actions they intend to take in response.

Measuring the effectiveness of speaking up processes

We asked senior trust leaders how they intended to measure the effectiveness of speaking up cultures, policies and processes to ensure that they were meeting the needs of trust workers and promoting a positive speaking up culture.

Senior leaders explained that the trust kept a register of concerns it determined were 'whistleblowing' matters, which was maintained by the company secretary. It was then the responsibility of the audit committee of the board to review the cases on that register to assess whether all necessary actions in relation to them had been taken.

However, it was not clear from the information provided how the trust determined whether a concern that was raised was a 'whistleblowing' matter or not. Senior staff we asked about this also conceded that the register was not intended to record all types of concerns that workers raised.

In addition, although all senior leaders accepted that it would be important to monitor the effectiveness of the trust's speaking up processes they did not provide any specific examples of how they intended to do this, other than assessing the anonymised information gathered from the Freedom to Speak Up Guardian.

Good practice to support speaking up includes effective and continuous monitoring of speaking up culture, processes and policies to ensure that the response to speaking up is effective and the organisation is taking all necessary steps to develop and maintain a positive speaking up culture.

Trusts can make informed choices about which data they may best use to monitor their speaking up culture. Such information can include data from staff surveys, reports from Freedom to Speak Up Guardians, information from staff grievances, staff retention data, feedback from staff at exit interviews and independent audits of speaking up processes.

Recommendation 5

Within six months the trust should put in place effective systems to monitor the development of a positive speaking up culture.

Culture free from bullying

Policies and procedures

The trust had a dignity at work policy to address incidents of bullying and harassment. In line with good practice the policy set out clearly defined standards of acceptable behaviour and a zero tolerance of bullying behaviour.

Culture

However, there was evidence of a bullying culture in the trust, as reflected by the 2016 NHS staff survey, the trust's own cultural review, as well as the experiences of some of the staff we spoke to.

In the survey the number of staff reporting that they had been bullied by colleagues was higher than the national average. Further, the author of the cultural review commissioned by the trust in April 2016 reported that they witnessed levels of fear caused by bullying among the staff they interviewed that was unprecedented in their own experience. This was especially in the case of black and minority ethnic staff.

Four workers also told us they had been the victims of bullying and all said this had happened because those who bullied them did not like the fact they had spoken up.

Several workers also told us that they had witnessed a culture of bullying at the trust and gave examples of how this occurred. They said that managers had their favourites and if they did not like a worker that they managed they would deliberately treat them less favourably than other staff. Such treatment could include unreasonably refusing to grant a request for leave, or giving individuals more difficult shifts than their colleagues.

Many workers also said that the culture of favourable treatment extended to a culture of cronyism, where managers in the trust sought only to appoint colleagues into positions where they personally favoured them, instead of following a fair and open recruitment process. This is discussed further below.

However, the majority of staff we spoke to said that, although they were aware of allegations of bullying, they had not personally witnessed such behaviour. Many workers, including front line staff and ward managers also commented that they believed that the culture in the trust was changing in recent months, following the appointment of new senior leaders in the trust who were helping to create a more positive working environment.

Despite the allegations of a bullying culture set out in detail in the cultural review and reported in the staff survey, the trust did not have a strategy or action plan to address these serious concerns. This was not in accordance with good practice and the reports of a bullying culture strongly indicated that not all workers believed they had been free to speak up without fear of reprisals.

Training

Good practice in relation to addressing bullying cultures requires managers and leaders to receive regular training on how to address and prevent bullying, and should provide information on how such behaviour impacts on individuals.

NHS Employers, the national body which acts on behalf of NHS trusts, also provides guidance to trusts regarding developing positive anti-bullying cultures, which advises that trusts should provide their workers with appropriate training.

This guidance can be found here

However, the trust did not provide specific training relating to bullying and harassment, either in respect of how to speak up about bullying and harassment or how to appropriately handle concerns. The only reference to such training in the trust's dignity at work policy was a description of the need for 'all managers […] to implement this policy and bring it to the attention of staff in their work area …' without providing support for the managers to do this.

Managers that we spoke to confirmed that they received no training to manage bullying and agreed that such training would be helpful.

Therefore, it was clear that not only would anti-bullying training fulfil an important requirement of good speaking up practice, but would also support the more positive working cultures that the new trust leadership was beginning to put in place and which many staff were noticing.

Recommendation 6

Within 12 months the trust should develop an action plan to develop a working culture that is free from bullying, including providing anti-bullying training for all staff.

Culture of visible leadership

Management support for workers

The accessibility of senior leaders to all staff is an important aspect of a positive speaking up culture. Leaders' visibility in the workplace, and their availability for workers to meet with them, confidentially if necessary, promotes confidence that those leaders value their workers' views and will respond to them.

We asked staff at both the Southport and Ormskirk hospital sites if they had access to senior managers to raise concerns and whether senior leaders of the trust visited their workplace to engage with them. Most workers replied that although the new chief executive officer had visited the workplace, they had rarely seen other members of the executive team.

Several staff at Ormskirk and District General Hospital said that they had not seen any senior leaders and some commented that they thought the leaders of the trust were not interested in learning their views. They added that because most senior staff were based at the Southport site this meant that they neglected to attend the Ormskirk site to learn the views of workers based there.

This caused some staff particular anxiety as they had concerns about the future of some services at the site, but felt uncertain as to their future.

When we raised the issue of visible leadership with senior trust staff they responded that they were putting in place from September 2017 a programme of visits to trust sites, undertaken by every executive director accompanied by a non-executive director. The purpose of these visits was for the directors to assess the quality of services and to speak to workers.

This new programme of directors' visits was evidence of the trust leadership's actions to transform the speaking culture referred to in our executive summary.

Because this programme was in accordance with good practice, but also because it was just beginning, we have recommended to the trust that it undertakes and continues with all such appropriate efforts to promote accessible and visible leadership.

Recommendation 7

Within 3 months trust leaders should take appropriate steps to ensure that they are visible and accessible to all workers to promote a culture of visible leadership.

2. Handling concerns

During our case review individual workers from the trust approached us to share their experience of how the trust had handled specific concerns they had spoken up about. Where individual cases fulfilled the National Guardian's Office criteria for reviewing the handling of a case and where the individual concerned gave their consent for us to look into the matter we did so.

The National Guardian's Office's case review criteria can be found here.

For each case we looked into we have provided a short case study below alongside our recommendations.

As with all the narrative in this report there are no references to individuals in order to protect their identity and to ensure that the focus of this case review is on learning how to improve speaking up culture, policies and procedures.

Although some of the events described took place some time ago, they highlight an historic speaking culture that requires change and the learning from them will help assist the new trust leadership to deliver that change.

Case study 1

The information set out below was the version of events given to the National Guardian's Office by an individual working at the trust. When the National Guardian's Office put these matters to the trust they did not provide an alternate version.

Several years ago the staff member spoke up about the potential falsification of patient safety data by a colleague. When the staff member initially raised the matter they were told by a senior manager that the changes to the data were not important.

Because the staff member remained concerned they escalated the matter to a member of the trust leadership, who said that the matter was 'too complicated' for the trust to look into. Instead the trust leader suggested that the worker raise the matter with the relevant regulator.

Upon referring the matter to the regulator, they told the worker they would have to provide evidence to support their allegation, before it could be looked into.

Therefore, as a consequence of the trust's refusal to look into the worker's original concern and following what little advice the trust gave them, the burden to obtain evidence relating to the matter was placed upon the worker themselves.

Faced with this burden, the worker felt that they were unable to provide the regulator with the relevant information.

We asked the regulator what action they then took in the absence of any evidence on the matter from the worker. They told us that, in response, they investigated the concern themselves, although they told us that they could not disclose the outcome of this investigation.

Two years later the trust suspended the worker who had spoken up regarding a disciplinary matter. The investigation that followed found no case to answer against the worker. The worker told us during our case review that they perceived such action as a deliberate and detrimental act against them for having spoken up, although they could not provide evidence to substantiate this allegation.

The trust's response to their worker who spoke up did not meet with good practice. This was because firstly, those with responsibility for responding to the worker's concern chose not to investigate the matter. Secondly, by failing to respond to concern appropriately they then caused the burden for investigating it to fall upon the worker who had spoken up.

We have included the worker's comments regarding their perception of deliberate action against them for speaking up because, although this belief was not confirmed by other information, culture is, in part, driven by perception and it is therefore important for leaders who are acting to change that culture to be aware of workers' negative experiences and perceptions.

Recommendation 8

Within three months the trust should ensure that it responds to the concerns raised by its workers strictly in accordance with its policies and procedures and in accordance with good practice and report to the board evidence of this.

Case study 2

Trust workers told us about their experiences of speaking up over a long period of time regarding their belief that a culture existed where individuals were appointed into jobs without a proper, fair and open recruitment procedure taking place. Because of this culture it was alleged that many individuals were appointed on the basis of who they knew, instead of being selected for their relevant competence and experience.

The workers who told us about this said that they had raised these concerns on many occasions, but on each occasion the trust, did not provide any feedback about what steps it intended to take in response to the concerns, including whether they would be formally investigated.

The workers added that the trust's failure to properly investigate these allegations over a long period of time contributed to a widespread perception among many workers of a culture of cronyism within the trust.

We asked senior leaders about the allegations. In response, a senior trust member of staff told us that they did not know how the trust had responded to each allegation of improper recruitment, save for a recent allegation that was formally investigated by an external and independent body. In this case no evidence was found of improper recruitment processes and this was fed back to those who spoken up about this matter.

The senior staff member conceded that there were historic allegations about improper recruitment processes, but expressed the hope that with new leadership in the trust seeking to positively change cultures, policies and procedures that staff would have more confidence in the recruitment process.

The senior staff member also gave assurance that the trust would investigate any recruitment practices that appeared not to be in accordance with trust policy and take appropriate action where evidence was found of such practices.

However, although many workers we spoke to confirmed that the trust's new leadership displayed a willingness to develop more positive working cultures, new appointments were still taking place that were not in accordance with a fair, open and honest process.

An example given by workers of this continuing culture was the appointment of the new Freedom to Speak Up Guardian. While many workers expressed confidence in the individual appointed, staff were nevertheless unaware of any advertisement for the role, or a proper recruitment process for it. Instead the trust had merely announced to staff that an individual had been appointed to the role. This is discussed further below.

Recommendation 9

Within three months the trust should ensure that it responds to all concerns raised by its workers in relation to the recruitment of staff strictly in accordance with its policies and procedures and in accordance with good practice.

3. Supporting good practice

Speaking up training

Good speaking up practice includes providing training for all staff so that they know how to speak up and how to respond to and support those who do speak up. This is particularly important for managers whose responsibility is to ensure that they handle all matters raised by the staff they supervise in accordance with good practice, policy and procedure.

All workers we spoke to, including senior leaders, ward managers and front line staff said that they did not receive such training and that it would be very supportive to have it.

In the trust's draft speaking up action plan a section on training was included, although it was not clear from the information provided whether this would include guidance for managers of all levels on how to support and respond to people who speak up.

Recommendation 10

Within 12 months the trust should provide all workers, including all managers, with regular, updated and mandatory training on speaking up and supporting and responding to people who speak up. The trust should monitor the effectiveness of this training.

Freedom to Speak Up Guardians

In accordance with its standard contract with NHS England the trust had appointed a Freedom to Speak Up Guardian to support workers to raise concerns. The first guardian was appointed to the role in August 2016, who occupied the role for 12 months. During our review the trust appointed a new guardian to the role.

Trust leaders explained that they had asked the trust chaplain to undertake the role as their existing chaplaincy role meant they already had significant experience in providing independent support for trust workers across a range of issues. Many trust workers we spoke to said they knew the chaplain and thought they were a good choice for Freedom to Speak Up Guardian.

However, some staff expressed concern that the trust had not undertaken an open recruitment process and had appointed them without providing the opportunity for workers to apply for the role. Two members of staff commented that the trust's decision to appoint a guardian without following any recruitment process was another example of senior managers choosing to appoint individuals they preferred, rather than following correct recruitment procedures.

National Guardian's Office guidance to trusts regarding the appointment of guardians advises that this should happen 'in a fair and open way'.

See the following link for this guidance.

We asked trust leaders why they had appointed a Freedom to Speak Guardian without following a recruitment process. In response they explained they had been keen to ensure that the role was

promptly filled following the departure of the previous guardian and had selected an individual they reasonably believed the majority of staff would support.

In addition, trust leaders pointed out that their choice to appoint the chaplain is something they had first discussed with us in August and at that stage we did not comment on their process. This was because we only formulated our guidance after that conversation, in September, following data we collected from our Guardian survey.

The leaders acknowledged that, on reflection, some staff may be unhappy about the absence of a recruitment process and undertook to adopt different methods in future, both in respect of the guardian as well as any staff appointed to support the guardian role.

We accept that the trust leaders acted as they thought best at the time and with our knowledge, so we do not seek to criticise the way in which the appointment was made. Instead our recommendation below asks the trust to look again the process, in light of our new guidance, but within a time frame that does not place an unreasonable burden upon the trust.

Although the trust had first appointed a guardian in August 2016 many staff we spoke to had not heard of the role. When we spoke to the trust employee who had occupied the role for the first year they acknowledged that the trust needed to do more to promote it. During our review we also noted that there were no visible advertisements of the role on the wards, or other trust locations, which could serve not only to promote it among staff, but also among patients, for whom they could serve as reassurance that the trust was supporting the staff responsible for their care to speak up.

In response, trust leaders said they were putting in place a communications strategy to inform staff about the guardian, which included a formal announcement of the appointment on internal staff communications networks and visible communications throughout the trust to be displayed from October 2017.

The trust's draft speaking up plan provided for additional roles to support the guardian, although the completion date for the appointment of these roles had not been reached at the time of our review. It was therefore not clear what support was available for staff to speak up in the absence of the guardian.

The National Guardian's Office guidance on the appointment of guardians states that trusts should ensure that minority and vulnerable staffing groups receive particular support to speak up. We detail later in this report how we found evidence that minority staff, especially black and minority ethnic (BME) workers, had experienced discrimination.

Because of this evidence we asked trust leaders how they supported BME workers to speak up. The leaders said that staff engagement groups existed for minority staffing groups, including BME workers, although these were rarely well attended.

As neither the previous nor the newly appointed guardian was a BME worker and because supporting vulnerable and minority staff was not specifically addressed in the trust's speaking up policy or draft strategy, it was not clear how the trust would assure itself that BME workers would receive this support.

Recommendation 11

Within three months the trust should ensure that appropriate steps are taken to publicise the role of guardian and any staff supporting that role, using methods that reach all workers.

Recommendation 12

Within three months the trust should ensure that it provides appropriate resources for the role of Freedom to Speak Up Guardian, in line with guidance provided by the National Guardian's Office, including sufficient cover to support their work in their absence, and alternative routes to handle speaking up matters to overcome any possible conflicts.

Recommendation 13

Within three months the trust should take appropriate steps to ensure that minority and vulnerable workers, including BME workers are free to speak up.

Recommendation 14

Within six months the trust should look again at its appointment process for the role of Freedom to Speak Up Guardian and ensure a Guardian is appointed using a process that is open and fair.

Transparency

In accordance with good practice, organisations should publish information relating to concerns that their workers speak up about and the actions they have taken in response to those concerns.

As described above, the trust commissioned in April 2016 a cultural review to assist it in developing its approach to equality and diversity. The review had been prompted, in part, by concerns raised by some BME staff that they had experienced discrimination in the trust. The review was completed in June 2017.

At the beginning of our case review the trust shared the report with us so that we could learn about the cultural review's findings. The report described in detail the experiences of bullying alleged by workers, the fear that some staff had described about speaking up, governance failures in responding to that fear, bullying, and an overall culture in the trust that, to many of those interviewed for the review found to be 'elitist', 'insular' and which was characterised by 'nepotism'.

At the time of the publication of this report five months have passed since the completion of the cultural review. However, the trust had not yet published any part of this report. Instead, its contents had only been disclosed to a small number of trust leaders. This did not include the Freedom to Speak Up Guardian, despite the fact that the report contained very detailed information relating to significant failings in the trust's speaking up processes and the lessons learned from those failings.

The review detailed many lessons to be learned from its findings and set out recommendations to implement its findings.

Most of the workers we met with knew of the review and did not understand why the trust had not disclosed any of its contents. Some staff commented that this was another example of the trust not providing feedback following workers speaking up.

We asked trust leaders why they had not shared the lessons learned in the review and had only disclosed its contents to a very small number of people. A senior leader explained that the trust was committed to transparency, but had delayed sharing the review following legal advice that it should first resolve important issues arising from the cultural review before it could publish it. Moreover, publishing the report before these issues were resolved could compromise that process.

However, although the trust clearly needed to be sensitive about some of the review's contents, including the identity of individuals referred to in it, while it resolved certain issues, there was nevertheless significant learning relating to speaking up that the trust could potentially share, without compromising its resolution of those specific issues. These included the majority of the recommendations made by the review's author.

Moreover, the trust's decision to delay sharing any of the learning in the cultural review caused some staff to believe that it was simply repeating historic failures to provide feedback to workers who had spoken up.

Recommendation 15

Within three months the trust should seek to share the learning of its cultural review with its workers, taking all necessary steps to protect the confidentiality of individuals.

Fit and Proper Person review

Under section 5 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014 service providers, including NHS trusts, are legally required to ensure that each of their directors is a fit and proper person to perform that role and as such that they meet specific standards of competence and character.

In response to workers' repeated concerns about the alleged discriminatory behaviour of one of the trust's directors the trust commissioned an external Fit and Proper Person (FPP) review in 2015 to determine whether the director's competence and character met those standards.

However, evidence cited in the trust's cultural review highlighted that the FPP investigation did not interview any of the staff who had spoken up about the director in question. This was despite the fact that, for a director to be a fit and proper person under the regulations, one of the requirements their employer must show is that they have 'not been responsible for … any serious misconduct or mismanagement' – the very type of misconduct that staff who spoke up were alleging.

Upon completion the FPP review 'found no evidence of discrimination or racial discrimination' against the director in question.

The good practice set out in the Francis Freedom to Speak Up review principles applies to all aspects of the work of NHS trusts, including how they conduct a FPP review. According to good practice, as well as the trust's speaking up policy, concerns raised by workers should be properly investigated. Therefore, the trust's response to its workers' concerns was not in accordance with best practice because its FPP review failed to adequately investigate them.

It is one of the statutory functions of the Care Quality Commission to regulate how services discharge their responsibilities under section 5 of the regulations. Under the regulations a trust must provide the Care Quality Commission with 'satisfactory information' to show that it has discharged its FPP responsibilities. We therefore asked the Care Quality Commission how it assured itself that the trust had satisfactorily conducted its FPP review of its director.

In response, a senior Care Quality Commission inspector said that the commission was satisfied that the trust had gone through due process when completing its FPP review. However, the senior inspector also said that the Care Quality Commission did not have guidelines for inspectors setting out how they determined what information provided by a trust regarding a FPP review would be satisfactory.

However, the senior inspector also acknowledged that 'this was one of the first cases considered by the [Care Quality Commission FPP] panel … [and] there has been a great deal of learning and reflection as our experience has grown and we would now be seeking much greater levels of assurance in similar cases'.

In addition, the senior inspector informed us that the Care Quality Commission had 'been out to consultation around strengthening the [FPP] regulation and … revised guidance will soon be issued. We have undertaken an internal review of our cases and taken external advice from counsel around our approach to FPP investigations all of which has been implemented into practice.'

We commend that the Care Quality Commission has undertaken this work to revise its approach to FPP tests and recommend that the revised guidance it produces for trusts specifically addresses the need for information provided by people speaking up to be considered when assessing whether a satisfactory FPP review has been carried out.

Recommendation 16

Within 12 months the trust should take appropriate steps to ensure that all aspects of its work are consistent with the Francis Freedom to Speak Up principles, including where it undertakes a Fit and Proper Person review.

Recommendation 17

The Care Quality Commission should, where regulating matters relating to a fit and proper persons test under section 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, continue to develop its approach and include the need for information provided by people who speak up to be considered when assessing whether a satisfactory FPP review has been carried out.

Support for staff during the speaking up process

During our case review we spoke to some members of staff who felt that they had not been properly supported when speaking up.

One aspect of this support identified by the Francis Freedom to Speak Up review was the use of mediation, to resolve issues arising from speaking up, whether at the beginning, during or at the end of the process.

We asked staff who had previously spoken up whether the trust had offered them mediation services. None said that this had been offered and many commented that they would have benefitted from it, particularly where speaking up had led to potential conflict between staff members.

Staff members who expressed a desire for mediation support also included those about whom others had spoken up. Staff involved in this part of the speaking up process explained that it was stressful and challenging to have concerns raised about them and mediation would have helped meet their needs.

We asked trust leaders whether mediation was commonly used to resolve issues between workers arising from speaking up. They said that mediation was available in this situation. However, the workers who said they would have benefitted from its use also said that the trust had told them it was not available.

The trust's updated speaking up policy also made no reference to the use of mediation in the speaking up process.

Recommendation 18

Within 12 months the trust should take steps to ensure that its policies and procedures are supportive of all workers affected by the speaking up process, including those who are the subject of concerns raised.

Recommendation 19

Within 12 months the trust should take steps to actively promote the use of mediation, where appropriate, to resolve issues arising from speaking up.

4. Vulnerable and minority workers

The Francis Freedom to Speak Up review highlighted that minority staff, including black and minority ethnic (BME) workers, feel vulnerable when speaking up, as they may feel excluded from larger groups of workers. Data set out in the review also showed that minority staffing groups are more likely to suffer detriment for having spoken up.

In addition to BME workers, the review identified minority working groups as those whose employment was of a temporary or junior nature, such as trainees, volunteers and students, which meant that they were less connected within the trust and often lacked support to speak up.

Concerns raised by black and minority ethnic workers

As part of the case review we looked at how the trust supported black and minority ethnic (BME) staff to speak up because we had received information that many BME doctors had reported to the trust acts of bullying and discrimination against them. The perception of a discriminatory culture in the trust against BME staff was corroborated by the findings of the trust's cultural review.

In addition, the trust's 2016 staff survey reported that 15.8% of its BME staff reported that they had experienced discrimination at work from a manager or team leader in the previous 12 months. Out of 21 NHS trusts in the Cheshire and Merseyside region this was the third worst figure. This compared with 5.1% of white staff reporting discrimination in the trust.

BME staff also expressed their concerns about discrimination to Care Quality Commission inspectors during an inspection of the trust in 2016.

As already discussed, one of the reasons we decided to review the speaking up culture, process and policies at the trust was because we had received information that many BME doctors had previously raised concerns about discriminatory treatment, including the fact that the trust had not appropriately responded to those concerns.

We specifically held staff forums at both the Southport and Ormskirk NHS trust sites for BME workers to hear their experiences of speaking up. The trust promoted these events but, unfortunately, very few BME workers attended the forums.

Although we had hoped to speak to some of the BME doctors who had previously raised concerns none of them attended the forums or approached us in person.

Before beginning our review we asked the trust whether any of the doctors concerned still worked at the trust. In response the trust said that some still worked there. In order to try and reach former workers, as well as to publicise the National Guardian's Office's work, we had announced our case review of the trust on our webpages at the beginning of August. The trust also announced the review on its website at the same time.

Of those who attended the BME forums none said that they had been either the victim of, or had witnessed any discriminatory behaviour towards BME staff. Two also said the trust culture was improving following the appointment of new trust leaders.

Meeting the needs of black and minority ethnic workers

We asked senior trust leaders for details of the steps they intended to take to support black and minority ethnic (BME) staff to speak up, given the concerns described above. Several leaders replied that the trust did have BME staff engagement groups in place, but that hardly any BME staff attended them.

When we asked them what the trust would do to encourage better engagement they said that, once an equality and diversity lead was appointed, they would put measures in place to address this. However, the trust leaders were not able to say when this appointment would happen, or what actions might be taken once the lead was appointed.

Regarding the specific concerns themselves we asked trust leaders what steps they intended to take to address them. In respect of the 2016 NHS staff survey trust leaders said the steps they intended to take were contained within the trust Workforce Race Equality Standard (WRES) action plan for 2016-2017. All trusts must produce an annual WRES report, in accordance with their contractual obligations to NHS England, stating how they will address race and equality issues among their workforce.

Much of this plan stated that the necessary actions would be determined by what was said by the trust's cultural review, but at the time of our case review the trust had only implemented one recommendation from that plan and could not say when it would begin implementing the others.

The trust leaders said that its response to the Care Quality Commission inspection was also the cultural review and the WRES action plan, but again this response was compromised by the fact that they had not begun to implement most of the review's findings.

As described earlier in this report trust leaders explained that they had delayed implementing the cultural review following legal advice it had received. Nevertheless, they could not give a timetable of when they would begin implementing the learning from the review.

Finally, the trust was unable to say when it would appoint an equality and diversity lead to supervise all of this essential work.

Support is available for trusts to meet their WRES objectives from the WRES implementation team at NHS England. Once a trust identifies that they need assistance to support their BME staff, they can request help from the team, who will look at a range of relevant data, including staff surveys and help develop action plans to address these issues.

Recommendation 20

Within six months the trust should take all appropriate steps to address the concerns raised by BME workers in the trust 2016 survey .

Recommendation 21

Within six months the trust should appoint an equality and diversity lead and ensure that position is appropriately resourced.

Recommendation 22

Within 12 months the trust should take action to implement all the recommendations of its cultural review.

Recommendation 23

Within three months the trust should consider requesting support from the NHS England WRES Implementation Team to help meet the needs of its BME workers.

What the National Guardian's Office will do now:

Following publication of this report we will work with interested parties to monitor the trust's implementation of our recommendations.

To do this we have asked the trust to publish an action plan within four weeks of the publication date to state what actions they will take.

Once the trust has published its action plan we will then work with the trust's Freedom to Speak Up Guardian to review the progress of those actions in three, six and 12 months. We will do this by meeting at those intervals with the guardian, taking advice from NHS Improvement, Care Quality Commission, and other regulators and experts as appropriate.

Where a review identifies that the trust has not completed the actions in its own plan we will notify regulators to address this.

In addition, we will respond to all those individuals who have spoken to us, thanking them and providing feedback to them on how their experiences have been reflected in this report. We will also ask them for feedback on their experience of how we have conducted this review.

Finally, as part of our 12 month case review pilot, we will reflect upon all the feedback we receive from this and other reviews to help us develop a process that meets the needs of all those the case review programme is intended to support.

We welcome feedback from all readers of this report. Please send your comments to: casereviews@nationalguardianoffice.org.uk

Annex A – summary of recommendations

The recommendations arising from the case review for the trust are listed below.

They are grouped according to when we recommend the trust completes the work to implement each recommendation. The recommendation for the Care Quality Commission is listed separately.

1. Recommendations for the trust

Recommendations to be implemented within three months

Recommendation 1

The trust should publish its new speaking up policy.

Recommendation 4

Within three months the trust should ensure that, in accordance with its own policies and procedures and in accordance with good practice, all those managers and leaders responsible for handling concerns provide feedback to every individual who speaks up, including any actions they intend to take in response.

Recommendation 7

Trust leaders should take appropriate steps to ensure that they are visible and accessible to all workers to promote a culture of visible leadership.

Recommendation 8

The trust should ensure that it responds to the concerns raised by its workers strictly in accordance with its policies and procedures and in accordance with good practice and report to the board evidence of this.

Recommendation 9

The trust should ensure that it responds to all concerns raised by its workers in relation to the recruitment of staff strictly in accordance with its policies and procedures and in accordance with good practice.

Recommendation 11

The trust should ensure that appropriate steps are taken to publicise the role of guardian and any staff supporting that role, using methods that reach all workers.

Recommendation 12

The trust should ensure that it provides appropriate resources for the role of Freedom to Speak Up Guardian, in line with guidance provided by the National Guardian's Office, including sufficient cover to support their work in their absence, and alternative routes to handle speaking up matters to overcome any possible conflicts.

Recommendation 13

The trust should take appropriate steps to ensure that minority and vulnerable workers, including black and minority ethnic workers are free to speak up.

Recommendation 15

The trust should seek to share the learning of its cultural review with its workers, taking all necessary steps to protect the confidentiality of individuals.

Recommendation 23

Within three months the trust should consider requesting support from the NHS England WRES Implementation Team to help meet the needs of its black and minority ethnic workers.

Recommendations to be implemented within six months

Recommendation 2

The trust should take steps to ensure all existing and new workers are aware of the contents of the new freedom to speak up policy.

Recommendation 5

The trust should put in place effective systems to monitor the development of a positive speaking up culture.

Recommendation 14

Within six months the should trust look again at its appointment process for the role of Freedom to Speak Up Guardian and ensure a Guardian is appointed using a process that is open and fair.

Recommendation 17

Within six months the Care Quality Commission should, where regulating matters relating to a fit and proper persons test under section 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, take appropriate steps to assure itself that those tests are conducted in accordance that regulation.

Recommendation 20

The trust should take all appropriate steps to address the concerns raised by black and minority ethnic workers in the trust 2016 survey.

Recommendation 21

The trust should appoint a senior member of staff as equality and diversity lead and ensure that position is appropriately resourced.

Recommendations to be implemented within 12 months

Recommendation 3

The trust should implement all aspects of its draft Freedom to Speak Up action plan, by the plan's stated completion dates.

Recommendation 6

The trust should develop an action plan to develop a working culture that is free from bullying, including providing anti-bullying training for all staff.

Recommendation 10

Within 12 months the trust should provide all workers, including all managers, with regular, updated and mandatory training on speaking up and supporting and responding to people who speak up. The trust should monitor the effectiveness of this training.

Recommendation 16

The trust should take appropriate steps to ensure that all aspects of its work are consistent with the Francis Freedom to Speak Up principles, including where it undertakes a Fit and Proper Person review.

Recommendation 18

The trust should take steps to ensure that its policies and procedures are supportive of all workers affected by the speaking up process, including those who are the subject of concerns raised.

Recommendation 19

The trust should take steps to actively promote the use of mediation, where appropriate, to resolve issues arising from speaking up.

Recommendation 22

The trust should implement all the recommendations of its cultural review.

2. Recommendations for the Care Quality Commission

Recommendation 17

The Care Quality Commission should, where regulating matters relating to a fit and proper persons test under section 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, continue to develop its approach and include the need for information provided by people who speak up to be considered when assessing whether a satisfactory fit and proper person review has been carried out.

National Guardian
Freedom to Speak Up

National Guardian's Office

Annual Report 2017

National Guardian's Office

Annual Report 2017

Sue Franklin (far right), Freedom to Speak Up Guardian, Bradford Teaching Hospitals NHS Foundation Trust.

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Feedback to Freedom to Speak Up Guardians

Quotes from people who have spoken to a Freedom to Speak Up Guardian.

"It's the best job in the trust as it makes staff feel listened to and keeps patients safe."

"I felt supported throughout the process and was immediately put at ease. I was made to feel that someone cared about me and valued my opinion and role."

"Your role has been absolutely invaluable."

"Your action was swift and made sure that the issues were escalated and addressed. You also kept everyone up to date with your actions, which was very reassuring."

"This proves that an impartial agent to take things forward is a valuable asset."

Jenni Fellows, Freedom to Speak Up Guardian, Chesterfield Royal Hospital NHS Foundation Trust.

The National Guardian's Office

An Independent National Guardian and Freedom to Speak Up Guardians were key recommendations made by Sir Robert Francis QC in the Freedom to Speak Up review.[1]

The National Guardian's Office is an independent body sponsored equally by the Care Quality Commission, NHS Improvement, and NHS England, with a remit to lead culture change in the NHS so that speaking up becomes business as usual. Dr Henrietta Hughes, the National Guardian for the NHS, took up post in October 2016.

Guardians are appointed by their trusts and lead the culture change within their own organisations. This involves supporting workers who wish to speak up, ensuring that they are thanked for speaking up, that the issues they raise are responded to, and making sure that they receive feedback on the actions taken as a result of them raising an issue. Guardians also work proactively to tackle barriers to speaking up and to promote openness and transparency.

Dr Hughes and her office provide advice, guidance and training for the newly created national network of guardians. The office has also started a case review process to assess the speaking up culture in trusts where it appears that accepted standards of good practice have not been followed. The National Guardian makes recommendations to promote best practice in speaking up and provides national leadership to the NHS and surrounding organisations.

Pauline Lewitt (left), Freedom to Speak Up Guardian, Leicestershire Partnership NHS Trust, Dr Henrietta Hughes (centre), Jo Dawson (right), Freedom to Speak Up Guardian, University Hospitals of Leicester NHS Trust.

1 http://freedomtospeakup.org.uk/the-report/

Welcome to the Annual Report

For the first time we have published data on Speaking Up in the NHS in England. Until the end of June 2017 nearly four thousand staff have spoken to their Freedom to Speak Up Guardian, knowing that the right actions will be taken as a result. Over a thousand patient safety issues have been raised through this new channel.

We have surveyed guardians about their perceptions of speaking up in their trust. There appears to be a correlation between barriers to speaking up, how well staff are supported to speak up by managers and leaders and the trust's overall Care Quality Commission rating.

Even after only one year in post, I feel that we are already bringing the principles set out in the Freedom to Speak Up review to life. We are, however, only taking the first steps on what will be a longer journey to change the culture of the NHS.

During this year, I have listened to the experiences of NHS workers who have spoken up, risking their health and careers for the benefit of patient safety and staff experience. I can also see that, with so many pressures on NHS services, there is a constant risk that a focus on finance and activity could lead to these priorities driving the culture within an organisation, at the expense of patient safety and staff experience, just as they did at Mid Staffordshire NHS Foundation Trust. My learning over the last year leads me to believe that with an open and transparent culture where speaking up thrives it is possible to nurture and value NHS workers and keep patients safe.

Freedom to Speak Up is an investment in the amazing staff that are the life blood of the NHS and this report highlights the excellent work that is being done across England to deliver safe high quality services without compromising staff experience. The network of Freedom to Speak Up Guardians that we have created is testimony to this. I have never worked with a more passionate, values driven and mutually supportive group of people where professional background, geography and seniority create no barriers to the shared enterprise of supporting staff to speak up.

Leadership is key to success and the support and encouragement of leaders at all levels and from many organisations within and around the NHS has enabled the progress that has been made to date. Partnership working is also paramount and I am delighted at the support and relationships that have been created with organisations and individuals across the system. Leadership, partnership and the commitment and passion of freedom to speak

up guardians and those supporting me and my office has resulted in some notable successes during the year including:

- The appointment of over 500 individuals across all trusts in a Freedom to Speak Up Guardian, Champion or Ambassador role representing a powerful social movement
- The creation of regional networks to support guardians and delivery of two national training and development events
- Development and delivery of highly-rated foundation training for guardians
- Incorporation of Freedom to Speak Up into the Care Quality Commission well-led inspection framework
- The first survey of Freedom to Speak Up Guardians and the development of principles for the role based on the results
- The start of regular publication of speaking up data
- Co-production and roll-out of a pilot case review process based on the principles set out in Sir Robert's review

This report, based on the principles set out in Sir Robert's review, describes the work to date, the future priorities and the possibilities for an NHS where speaking up is business as usual. We have taken the first steps; we now need to continue the journey.

Dr Henrietta Hughes
National Guardian for the NHS

Foreword – Sir Robert Francis QC

It became clear to me from the Mid-Staffordshire inquiries and the Freedom to Speak Up review that poor standards of care can proliferate unless both patients and staff are listened to by the leaders of our health services and their concerns welcomed and acted upon. A crucial part of the change of culture required to ensure that this happens is that all who work in the service accept their responsibility to raise issues of concern and to support others who do so. Speaking up should be the norm, not a dangerous exception to a general practice of keeping one's head down. Every healthcare leader from ward to board level has to promote a culture where speaking up about legitimate concerns can occur without fear of harassment, bullying or discrimination.

It is easy to say that this should be the position, but it can be more challenging for those whose jobs and personal well-being may be in jeopardy to act in this constructive way. It is for that reason that in the Freedom to Speak Up review I proposed a set of principles which should be followed within every healthcare provider. I believe that it is important that these principles are put into practice everywhere patients are being cared for and are embraced by all who serve them. This cannot be done by diktats from on high, but needs to be implemented through collaborate endeavour in every workplace. I have therefore been pleased that the principles have been widely accepted.

However, all this is not necessarily easy to do, and it has to be recognised that help may be required. For that reason I recommended that every provider should have a Freedom to Speak Up Guardian, someone acting with the authority of the leadership, trusted by staff, and capable of independent judgement and action, to help ensure that concerns are listened to and those who raise them are appropriately supported. This report demonstrates that guardians have not only been appointed in every NHS trust but have been doing valuable work in supporting staff and management in dealing with sometimes challenging issues. A variety of approaches to the appointment of and support for guardians is apparent and that is only to be expected when there are different needs in different places. I am glad to see that the National Guardian is encouraging through networking and other events reflection on the most successful approaches. At various events organised by the National Guardian's Office I have been privileged to meet many guardians of whom their organisation should be very proud of the contribution they are making to supporting staff in difficult circumstances.

This report also shows the hard work that the National Guardian and her office have been undertaking in supporting guardians, prompting good practice and setting up the processes for case reviews. In these ways the office has a valuable contribution to make in the advancement of the Freedom to Speak Up principles, in supporting guardians, as well as staff who find themselves in difficulties through speaking up.

I believe this report shows that great progress is being made. Clearly there is also more work to do. Inevitably the development of an open patient focussed culture is a journey, but one which will continue to be assisted by the work of the National Guardian and her staff.

Sir Robert Francis QC

Chair, Freedom to Speak Up review

Foreword – Minister of State for Health

I welcome this inaugural annual report describing the work of the National Guardian's Office and that of Freedom to Speak Up Guardians working in trusts and foundation trusts across the NHS in England.

Since Sir Robert Francis made the initial recommendation, it is good to see such a strong start has now been made in recruiting a new and important network of individuals within NHS organisations. I believe that NHS staff have always wanted to speak up when they see that something is wrong – both as part of their professional duty and because it fits with their values. This has not always been welcomed in the past and cultures have developed that do anything but encourage people to speak up when they know they should.

The development, over the past eighteen months, of a network of some 500 individuals all committed to guiding and supporting NHS staff who wish to speak up is therefore significant and a very welcome start. I know that their job is not an easy one; as well as supporting individuals, they are there to challenge and change culture within their organisations so that barriers to speaking up, whatever they are, wherever they are, are identified and addressed.

I make a point of seeking to meet Freedom to Speak Up Guardian when I visit a hospital. This allows me to learn first-hand, from the guardians, or ambassadors or champions they work with, the impact this team is having. I have been hugely impressed by the commitment of the individuals I have spoken to and the positive reaction they are receiving from members of staff who confide in them. I am also pleased to learn from them of the constructive approach taken by trust boards and the access given to guardians to raise issues of concern.

These are early steps along the journey towards making speaking up business as usual. No one can guarantee, or indeed believes, that the path we are following will be an entirely smooth one, but I am confident that the National Guardian for the NHS, her office, and the new network of Freedom to Speak Up Guardians, are becoming part of the everyday life of the NHS.

Philip Dunne

Minister of State for Health

Impact

Speaking up to a Freedom to Speak Up Guardian is not intended to replace normal channels available for workers to raise concerns and issues. Nevertheless, the numbers of cases dealt with by guardians is an important indicator of the impact that this new role is having.

Up to the end of June 2017, guardians had dealt with nearly 4,000 cases. Systematic reporting and publication of the number of issues raised started in 2017. Returns were received from 144 trusts until end of Q1 2017/18. In addition to quantitative data, qualitative data has been received with examples of case studies and feedback from staff.

3,974

issues raised to Freedom to Speak Up Guardians, Ambassadors or Champions

1,009

of these cases included an element of patient safety/ quality of care

Leadership

Active engagement by the leadership of trusts and foundation trusts is a key driver of positive culture change. It is not surprising, therefore, that results from the first Freedom to Speak Up Guardian Survey we conducted suggest a correlation between the Care Quality Commission (CQC) rating and the support that leaders and managers give to speaking up.

The influence of the cultures within the many bodies that support, commission and regulate health services are also not to be underestimated – these act as role models for the rest of the system and in themselves they can be powerful drivers of wider change. To support this, NHS England, NHS Improvement, Health Education England and the Care Quality Commission have already appointed Freedom to Speak Up Guardians for their own staff. We are in discussions with other organisations to support this development further and we will offer training and support to these guardians in the same way as we do for trusts and foundation trusts.

The National Guardian's Office has developed strong relationships with many organisations and will continue to attend learning and engagement sessions, informal discussions and other events that will enable us to spread the speaking up message.

Neelam Mehay, Freedom to Speak Up Guardian, The Royal Wolverhampton NHS Trust.

Working together

The National Guardian's Office is independent but not isolated and cannot create the culture change it wishes to see without working in partnership with others. Over the year, many supportive and productive partnerships have been forged within the NHS, the wider healthcare system and other sectors. These relationships have already produced a number of significant outcomes, including:

- Refreshing the specification for the NHS Whistleblowing helpline with the Department of Health
- Supporting the development of the new inspection framework for the well-led domain and co-producing guidance for inspectors with the Care Quality Commission (CQC)
- The creation of e-learning modules and a film on speaking up with Health Education England
- Issuing a joint letter to independent providers of NHS funded care concerning Freedom to Speak Up Guardians with CQC
- Co-authoring a paper on speaking up for the Journal of the Royal College of General Practitioners with NHS England
- Supporting the development of guidance for governors of foundation trusts, with NHS Providers, guidance on referrals and revalidation with General Medical Council, and guidance on advice for whistleblowers with the British Medical Association

The NHS has much to learn from other sectors – many of whom have learnt from tragedies which could have been prevented if staff had been supported in speaking up. The National Guardian's Office has therefore launched a pan sector network which will enable cross-sector learning. The first meeting of this developing network was attended by representatives of the Civil Aviation Authority, the Institute of Business Ethics, the Parliamentary Health Standards Ombudsman, the Human Factors Group, KPMG, Healthcare Safety Investigation Branch, and NHS Improvement.

Case study: making a practical difference

On Monday 12 June 2017, eight weeks after the formal launch of the North West Ambulance Service NHS Trust's 'F2SU' scheme, two concerns regarding the same issue were raised with the Freedom to Speak Up Guardian, after initially being discussed with one of the organisation's 'F2SU Advocates'.

The concerns were raised by staff working in the Emergency Operations Centre (EOC), where 999 calls are handled. The centre receives approximately 1.5 million 999 calls every year, so it can be an extremely busy and highly stressful environment to work in. At times of very high demand there are occasions when unanswered 999 calls stack up. During these times, unfortunately, there is an increase in abandoned calls.

Following an incredibly busy night shift, the staff concerned noticed that 420 calls between 00:00 and 07:30 had been abandoned. Standard procedures meant that every caller who had abandoned their call had to be re-contacted to determine whether an ambulance was required – an extremely time consuming exercise.

When brought to his attention, the guardian raised the issue with the director of operations who immediately took action. The resulting investigation highlighted how complicated and time-consuming the call back procedure had become, an issue of which the executive management team were not aware. Following an in-depth review, just six weeks after staff had spoken up about the issue, changes were made to procedures which meant that calls which had been abandoned before connection were no longer routinely re-contacted, giving staff more time to answer waiting 999 calls.

The people who spoke up received a personal thank you from the director of operations.

This is a great example of how staff who spot an issue, supported by their guardian, and with an executive management team willing and able to listen, can make a timely, practical change to improve the quality and efficiency of a service.

(Left to right) Chris Gresty, Freedom to Speak Up Advocate, Michael Huddart, Freedom to Speak Up Guardian, Mohammed Khan, Freedom to Speak Up Advocate, Dr Henrietta Hughes and Rachael Foot, Assistant Freedom to Speak Up Guardian.

The Freedom to Speak Up Guardian role

The standard NHS contract required all organisations subject to the contract to nominate a Freedom to Speak Up Guardian by October 2016.

The guardian role was issued in April 2016, with a revised example job description published in September 2016. The guardian role is novel and challenging. It has proactive, reactive, strategic and tactical elements and requires excellent partnership working. Above all, the person in the role needs to gain the trust of workers throughout the organisation so that everyone feels supported and empowered to speak up. It also requires both independence and the skills to work in partnership with an organisation's leadership team so that senior leaders are fully engaged in the agenda and lead from the top.

We see the role as being values driven – having the right person in the role is more important than specifying a particular level of seniority or position in the organisation.

Appointments to the guardian role are made and funded locally and implementation needs to reflect local need as well as the expectations of the National Guardian's Office. It is unsurprising therefore that we have seen a wide variation in how the role has been implemented.

Results of the first Freedom to Speak Up Guardian survey were published in September 2017. These gave valuable information on how the role is being implemented and, for the first time, asked guardians, ambassadors and champions for their perceptions of Freedom to Speak Up in their organisations.

We see great benefits being drawn from the diverse experience and expertise of individuals who have been appointed to the role but it is important that the role is properly supported and resourced. Potential conflicts of interest (real or perceived) resulting from guardians carrying out another role alongside their Freedom to Speak Up responsibilities also need to be managed.

The role is still in its infancy, though some early adopters have gathered a great deal of experience which others are learning from as insight is shared amongst the regional guardian network. Using our recommendations from the survey all organisations will probably need to change their approach to some degree as they learn more, and some organisations may need to make more substantial revisions to their initial approach. We would

encourage all those involved to make changes in an open and transparent way and to accept change as a healthy response to listening and learning – principles which are at the heart of speaking up.

Training for Freedom to Speak Up Guardians, funded by Health Education England and delivered by Public Concern at Work, commenced in June 2016, was rolled out throughout 2016 / 17 and is now being delivered in-house by the National Guardian's Office.

Freedom to Speak Up Guardian regional networks were launched in October 2016, designed to enable guardians to get the peer support they need, and learn from one another. A 'compact' has also been developed setting out the expectations of the National Guardian's Office and how guardians will be supported.

Barbara Kozlowska, Freedom to Speak Up Guardian, West Midlands Ambulance Service NHS Foundation Trust.

Freedom to Speak Up Guardian Survey 2017

The results from the first Freedom to Speak Up Guardian Survey have led to ten principles that we recommend are followed when implementing the guardian role.

Fairness

Freedom to Speak Up Guardians should be appointed in a fair and open way

Conflict

Freedom to Speak Up Guardians should guard against potential conflicts caused by holding additional roles

Reach

The Freedom to Speak Up message should reach everyone – developing a local network of ambassadors can help with this

Diversity

All staff groups, especially the most vulnerable, need routes to enable them to speak up – staff networks can support this

Communication

Freedom to Speak Up messages should be included in training and feedback on how it generates change should be disseminated regularly

10 principles for the role.

These principles are derived from the findings of this 2017 survey.

Partnership

Freedom to Speak Up Guardians need to forge strong partnerships with teams and individuals throughout their organisation

Leadership

Leaders should demonstrate their commitment to Freedom to Speak Up and CEOs and NEDs should meet regularly with their Guardian

Openness

Freedom to Speak Up Guardians should present regular reports to their Board, in person

Feedback

Freedom to Speak Up Guardians should gather feedback on their performance

Time

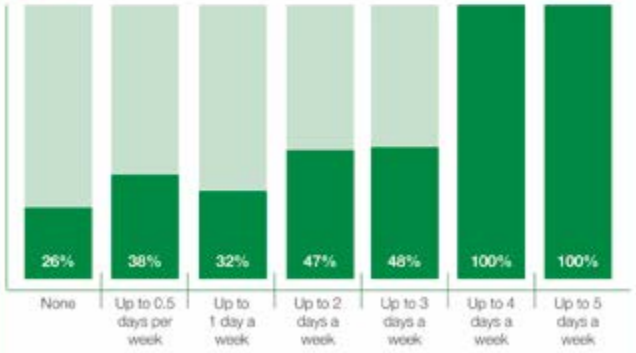
Freedom to Speak Up Guardians should have enough time and other resources to meet the needs of workers in their organisation

Over 500

Freedom to Speak Up Guardians, Ambassadors and Champions in England.

86% of respondents said that they had direct access to their CEO and **76% of respondents** said that they have direct access to their NED with responsibility for speaking up.

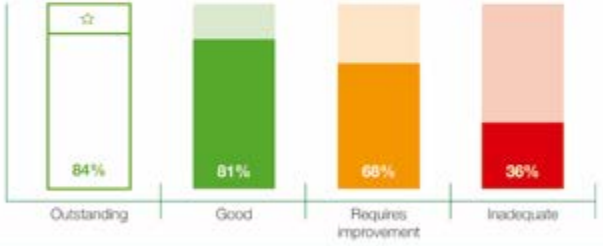
"I have sufficient time to carry out the Freedom to Speak Up Guardian role appropriately for my organisation."



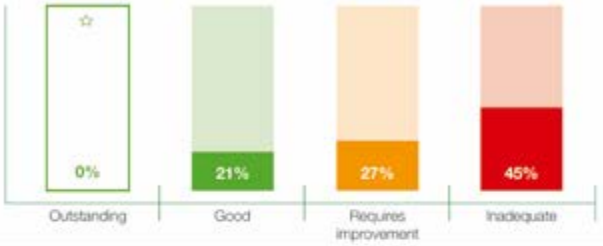
Time ring-fenced for the Freedom to Speak Up Guardian role

Proportion of respondents agreeing or strongly agreeing with the statement

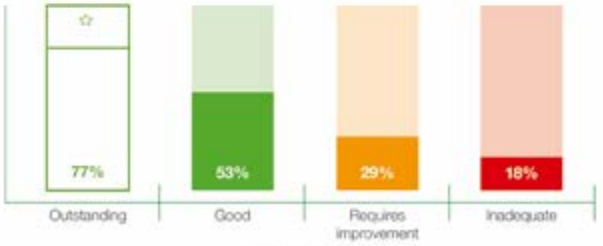
"Speaking up is taken seriously in my organisation."



"There are significant barriers to speaking up in my organisation."



"Managers support staff to speak up."



CQC rating

Case study: dealing with the immediate and making changes for the future

Jacqui Pollington, Freedom to Speak Up Guardian at Barnsley Hospital NHS Foundation Trust, encountered a situation where a patient was transferred from one ward to another and the receiving nurse raised a concern with her. The nurse was concerned about the ward's ability to safely manage the patient – she had spoken to the bed manager about this who thought that the transfer was appropriate, but she still had doubts. The nurse remained concerned about how the privacy and dignity of the patient could be maintained. Jacqui escalated the issue immediately and the patient was moved within 30 minutes.

Looking further into the matter, the situation revealed that the protocol that was being followed had been developed without a critical review by the nursing directorate and did not adequately cover the situation that had been encountered. Jacqui was therefore able to use the concern that had been raised to trigger a review of the protocol which resulted in it being changed so that privacy and dignity was prioritised.

The nurse who raised the concern commented, "I am really pleased that I raised this concern with the guardian because, for the first time, I have been given some feedback on the situation and I can see that something has been done about my worry. I would definitely raise a concern again."

Diane Edwards, Assistant Director of Nursing for Medicine, said, "Our staff have the solutions to so many of the problems we face and we welcome the guardian role as another way of enabling staff to raise concerns."

Jacqui Pollington, Freedom to Speak Up Guardian, Barnsley Hospital NHS Foundation Trust.

Case study: a Board perspective

Anna Morgan, Freedom to Speak Up Guardian for Norfolk Community Health & Care NHS Trust, was keen to become the Board lead for Freedom to Speak Up as it is closely aligned with her trust's patient safety and quality strategy.

Anna said, "I have personal experience as a nurse of speaking up and how difficult it can be. I understand how important it is to have an open culture where it is safe to talk about the things that worry us or the things that go wrong."

She said, "Without an open and supportive culture, staff can feel unsafe and it can also be damaging to one's confidence and self-esteem if there is any fear associated with being open. If we want our patients to receive excellent care then our staff must also be cared for and feel able to exercise their right to be heard and to be supported to deal with the difficult things."

Following their Freedom to Speak Up training, the board for her trust have all signed up to become Freedom to Speak Up Champions to support Anna Morgan and Geoff Rivers in their roles as guardians for the trust. They agreed that, as part of the board's 'walkaround' visits, they would promote the message of Freedom to Speak Up at every opportunity.

The Director of Finance and Performance said, "I've signed up as a champion because this is all about helping improve the quality of care and the experience of our patients - that cannot happen if staff cannot air their concerns and are afraid to identify potential areas of poor practice. We have to be open and honest about this and allow staff the opportunity to develop and learn and thereby improve patient care".

Geoff said, "A culture of openness and honesty is necessary for any organisation to achieve what it is set up to do; they are values which encourage involvement, improvement and development both for the individual and the organisation.

He said, "Freedom to Speak Up gives everyone the right to play an active part in achieving these. Organisations that flourish are those which encourage staff involvement and participation."

Geoff Rivers and Anna Morgan, Freedom to Speak Up Guardians, Norfolk Community Health and Care NHS Trust.

Update from the regions

In October 2016, the National Guardian launched the Freedom to Speak Up Guardian regional network. Based on an established footprint, this is divided into ten regions and two national networks. Each region and network is led by a locally elected chair, and works to agreed terms of reference. The regional networks are there to support guardians in their role, to promote learning and sharing of best practice and to engage with partner organisations at a regional level. Regional meetings are attended by the National Guardian's Office so that national learning can be informed by local developments and disseminated across England.

Freedom to Speak Up Guardian Regional Network

- East of England region
- East Midlands region
- London region
- North East region
- North West region
- South East Coast region
- South West region
- Thames Valley/Wessex region
- West Midlands region
- Yorkshire and Humber region

Liz Keay – East of England region

I am very proud that people within my organisation are seeing me as someone they can talk to and trust to help them. I hear similar stories from regional colleagues and can see them learning from new situations and sharing that learning with each other in our meetings. I'm proud with how generous my regional colleagues are with their expertise and solid relationships are being forged through buddying and sharing experiences.

For the future I would like to be confident that every Freedom to Speak Up Guardian in our region feels they have support from me and the rest of the team and are able to ask for or give support without compromising whatever else their role might involve.

Helen Auld – East Midlands region

I have felt privileged to undertake this role and work closely with such a dedicated and passionate group of Freedom to Speak Up Guardians. Throughout the year the network has formed some great relationships with open and honest dialogue throughout our meetings and all members have shared experiences and learnt from each other.

In the future I would like to see the network offer local support by reviewing cases for each other, and help the national network develop by sharing some of the ground-breaking initiatives that guardians have undertaken. I am confident that the East Midlands regional network of guardians will lead great culture change and I am thankful and proud to be the coordinator for such a dedicated and innovative group of individuals.

Georgina Charlton – London region

My highlight so far as the regional chair for the London region is experiencing the passion and commitment that Freedom to Speak Up Guardians within the region bring to their roles. Some have been in post longer than others, however their dedication to supporting staff in a compassionate and empathetic manner is always apparent and can be heard through the sharing of their experiences and stories.

I often hear examples of great practice and innovative ideas of how people manage, promote and embed their Freedom to Speak Up services. Ensuring that we have effective and efficient methods of sharing good practice and ideas across the London region is my ambition for the future. The meetings are always hugely insightful and I come away from every meeting learning something new.

Neil Cockling – North East region

Being a Freedom to Speak Up Guardian is not simply about dealing with a caseload, but about encouraging a culture within our trusts. As we each operate in different ways, as sole guardians, or in a shared role, and with varying amounts of time dedicated to the

role, it has been particularly good to have the opportunity to learn from one another and offer one another advice.

We have a very loose agenda at our meetings, in order to offer the best use of our time together. We meet to share what we are doing in our own trusts and always have time to exchange updates about any difficult issues we are addressing, or any particular obstacles to cultural change in our organisations that we are experiencing.

Heather Bruce and Jane Butcher – North West region

We have had two well attended regional meetings. Amongst other things we have discussed how to tackle bullying and harassment and how, by making Freedom to Speak Up inclusive and fair, we will help contribute to making bullying a thing of the past.

The region has conducted an analysis of their collective skills and competencies to identify expertise and gaps and contributed to the production of the National Guardian's Office training framework.

In the future I hope that, as a region, we can support new Freedom to Speak Up Guardians as they come into post. The North West is definitely in favour of the share and learn ethos; for this to be possible we need to make sure that trusts appreciate the vital importance of Freedom to Speak Up and give enough time and support to their guardians.

Catherine Sharpe – South East Coast region

The regional network is an excellent opportunity to develop relationships and buddy systems for advice and support in this often isolated role. Guardians in the South East Coast region have a variety of experiences and job roles which enhances the conversations, reflections and ideas that we have.

There has been an openness and willingness to share resources and ideas within the region. The meetings are well attended and other forms of communications have been utilised between meetings. There is always a respectful approach between all members of the regional group regardless of previous experience and position.

My ambition for the future is to continue to provide support to guardians in this isolated role and to rotate regional coordinator responsibility to maintain a fresh and varied approach to meeting agendas and discussions.

Sonia Pearcey – South West region

As an experienced Freedom to Speak Up Guardian my initial hopes were to support new guardians and help them develop their own role and gain confidence in addressing concerns that are raised to them.

I am proud of the many things that we have achieved as a region, and our collective commitment to making the South West a leading region

for speaking up. We have a supportive approach and each one of us is ready and willing to help each other. Learning is at the top of our agenda and we regularly share challenges, best practice and case studies.

It has been a very successful year considering how new the network is. My ambitions for the future include further promoting leadership development within the role, for all trusts to actively engage in the agenda, and for the region to be recognised as being a place that is open and honest where people want to come and work. I would like to thank all the guardians that have supported the network as it develops.

Mike Foster – Thames Valley/ Wessex region

Guardians from across the region have shown a shared enthusiasm for the role and lively discussions are held at our meetings on a wide range of subjects. The opportunity to share confidentially some of the challenges we are experiencing and the chance to get some support from peers has been valuable. We thought it would be helpful to add an education slot to the meeting and have identified a number of subjects, such as holding difficult conversations, which we want to learn more about.

Between meetings network members share information and are using each other to find answers for the questions that are arising as their new role develops.

Neelam Mehay – West Midlands region

My passion and belief in Freedom to Speak Up led me to want to do what I can to support the region. With the support of the vice regional lead, we have aimed to shape a supportive, engaging and informative network. The role so far has been one of variety and has entailed meeting and talking to new Freedom to Speak Up Guardians as they have been appointed, sharing best practice and innovative ideas, keeping the network updated with new developments and developing partnerships.

The network has embedded a culture that represents the values of Freedom to Speak Up. Everyone has contributed towards our network's successes, with one of the most memorable moments being training on managing difficult conversations devised and delivered by one of the members of the network. Belonging to a network that values the importance of partnership has been a particularly rewarding aspect of my role.

Judith Graham – Yorkshire and Humber region

Despite the challenges, it has been a huge privilege to work alongside some of the most compassionate and motivated people I have met throughout my time in the NHS.

Within our region we meet quarterly, but also have a buddy system for people to seek and gain peer supervision between meetings. As a region we co-produced our support

system agreeing to vary where we hold our meetings due to our large geographic spread and to rotate chairing the meetings so that we can all receive support.

Our region is positive and open to exploring different topics with a thirst for learning. My ambitions for the future is to support the region to develop a 'communities of practice' model and to consider whether there is a need to expand the regional support provided, either face-to-face or by digital means.

Jock Crawford and Anna Price – National ambulance trusts network

Developing the ambulance network has been an excellent opportunity to make changes to the pre-hospital arena, an area that is not greatly understood by the wider health economy. We are a dynamic group with other roles and we are using our collective expertise to help us develop into resilient Freedom to Speak Up Guardians.

We are beginning our first project work which is around the personal development of guardians. We hope that this will provide a firm foundation to help us meet the challenging demands of this role. In the near future, we will be looking at emerging themes and trends affecting ambulance services and seeing how Freedom to Speak Up can respond to these challenges and support the amazing people who work in the pre-hospital setting.

Liz Lubbock – National community and mental health trusts network

I offered to create the community and mental health trusts network following a conversation with other Freedom to Speak Up Guardians who felt that some of the issues we face are different from those faced by acute trusts. Many of our staff are lone workers and our geographical spreads provide for interesting challenges in embedding Freedom to Speak Up. The hope was that, between us, we would be able to support each other, be creative with ideas, and strive for continuous improvement as we address challenges. It has been invaluable to share experiences as we set up our guardian arrangements and to think about how we can use our learning to make these more effective.

Trust visits

The real everyday experience of NHS workers, and the patients they care for, is at the heart of Freedom to Speak Up. Visits to trusts provide the National Guardian's Office with an invaluable opportunity to see Freedom to Speak Up in practice, observe the successes and challenges that Freedom to Speak Up Guardians are experiencing, and offer one-to-one support and guidance.

Over the year, the National Guardian and members of her office have visited trusts and foundation trusts in every region of England, visiting over 45 hospitals and other organisations.

Some particularly memorable highlights have been visits to:

- The Emergency Operations Centre at London Ambulance Service NHS Trust, meeting call-handling and dispatch staff and their managers and listening to their experiences of working in this challenging environment, how it has traditionally been difficult for staff to raise concerns, and the impact that the Freedom to Speak Up Guardian is having.
- Liverpool Heart and Chest Hospital NHS Trust and hearing about well-attended morning safety huddles in the Chief Executive's office and the use of the HALT campaign to give authority to everyone to stop any action that could result in harm to patients or staff. HALT stands for: Have you a concern about your care?; Alert the professionals providing your care; Let them know why you are concerned; Tell them what you want to be reviewed.
- University Hospitals of Morecambe Bay NHS Foundation Trust, meeting staff and hearing about the positive changes that have taken place at the trust over the past few years including the introduction and impact of the behaviour framework.
- Leicester Partnership NHS Trust and taking part in an excellent training session including the "Alzheimers Whodunnit" performed by performance poet and registered nurse Rob Gee.

Christine Mars (left), Catheter Laboratories, Liverpool Heart and Chest Hospital NHS Foundation Trust.

Fergus Cass (centre), London Ambulance Service NHS Trust with colleague.

Anita Vincent (2nd from left), Croydon Health Services NHS Trust, with colleagues.

Heather Bruce, University Hospitals of Morecambe Bay NHS Foundation Trust (right of Dr Hughes), with North West Region Freedom to Speak Up Guardians.

Training and guidance

Introductory and Foundation Training

Introductory workshops, delivered in collaboration with Public Concern at Work and Health Education England, and new Freedom to Speak Up foundation training sessions, delivered in-house by the National Guardian's Office, have been rolled-out to Freedom to Speak Up Guardians since June 2016. 70% of respondents to our survey said that they had completed training in the role.

Guidance

In addition to the Freedom to Speak Up Guardian example job description, guidance and information documents for guardians have been issued on recording cases, Care Quality Commission inspections, and the case review process.

Webinars have also proven to be a popular way to offer guidance and share information. To date over 300 guardians have signed up to take part in webinars and the National Guardian's Office will be looking to expand the number and range of webinars on offer in the future.

One-to-one support for guardians is central to the work of the National Guardian's Office and any guardians can call the office for guidance or to help them with challenges that they are encountering. The office has regular phone-in sessions and telephone advice clinics for guardians.

Newsletter and bulletin

Working in such a new field means that the Freedom to Speak Up landscape is evolving at a rapid pace. There are always new developments to keep abreast of and, as challenges are learnt from and experience is built, it is vital that this learning is disseminated. We have therefore developed a regular bulletin for guardians and a newsletter for our expanding family of stakeholders.

Anne Burton, Freedom to Speak Up Guardian and Robert Simcox, Deputy Director of HR Operations, Sherwood Forest Hospitals NHS Foundation Trust.

Case reviews

In June 2017, following listening events earlier in the year, the National Guardian's Office launched a pilot of its case review process, based on the principles set out in the Freedom to Speak Up review. Individuals or organisations are able to refer cases to the National Guardian's Office where they think there is evidence that the handling of a speaking up case did not meet with good practice. The purpose of a case review is to identify areas that can be improved and make recommendations on how improvements can be made. Examples of good practice that a case review identifies will also be commended. Case reviews are there to promote learning, so are undertaken in an open and transparent way, with findings being published so that they can be shared and taken up by other organisations.

The case review pilot will last for 12 months, after which a thematic report setting out learning points and next steps will be published.

So far, we are delighted by the reaction we have received from the trusts that we have approached when taking on a case review. They have been welcoming, supportive, and transparent in their actions, publicising the fact that a case review is being undertaken on their websites.

In response to feedback from Freedom to Speak Up Guardians, the National Guardian's Office is developing a local case review process. This will enable guardians to carry out a first level review of how speaking up matters are handled and enable them to respond to individuals who have spoken up but feel that the matter that they raised has not been dealt with in accordance with best practice.

Carol Love-Mecrow (left), Freedom to Speak Up Guardian, The Dudley Group NHS Foundation Trust, with colleague.

Governance

The National Guardian's Office is equally funded by the Care Quality Commission (CQC), NHS Improvement and NHS England and senior representatives from each of these organisations form the accountability and liaison board (ALB).

Board members are:

- Sir Robert Francis, QC
- Dame Moira Gibb, DBE
- Kate Moore (formerly Helen Buckingham)



The ALB meets four times a year and is responsible for:

- Acting as a critical friend and sounding board on strategic developments
- Strengthening the relationship with, and acting as a liaison point between, the National Guardian's Office and sponsor organisations
- Acting as an independent reviewer of complaints

The office also presents a report to the Boards of the CQC, NHS Improvement and NHS England once a year.

The National Guardian's Office is developing an advisory working group. Individuals and organisations have been invited to be part of this group to ensure that expertise and experience can be harnessed reflecting a wide range of backgrounds and interests. The first meeting of this group will be in the autumn of 2017.

Structure

When fully staffed, the National Guardian is supported by a team of eight.

Finances

The total budget for the National Guardian's Office for 2016/17 was £993,044 (actual spend was £608,596) and for 2017/18 is £992,409.

Prescribed Body

The National Guardian's Office is a prescribed body and will report on protected disclosures made to it annually.

Future priorities

"Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has."

Margaret Mead

Culture change requires a movement not a mandate. Already thousands of NHS staff have spoken up to their Freedom to Speak Up Guardians. The feedback that has been given to guardians so far has been overwhelmingly positive. It is clear, however, that there is a wide variation across the NHS with excellent organisations leading the way and others lagging behind. A key priority for the National Guardian's Office is to reduce this variation. A first step for trusts to take is to understand their starting point on the journey to make speaking up business as usual.

The principles set out by Sir Robert Francis QC in the Freedom to Speak Up review provide sound guidance about speaking up, form the foundation of the National Guardian's Office case review process and have informed the guidance used by Care Quality Commission inspectors in the well-led domain.

Areas for improvement exist at every level of healthcare and the National Guardian will continue to call this out as she speaks up for the benefit of patient care and staff experience. Senior leaders across the health system will no doubt have identified issues during their own careers and will have either spoken up about them or not – the National Guardian invites them to talk about their own experiences, reflect on them, and encourage others to speak up and listen well. Leaders are the role models for the change we wish to see - NHS staff are looking to them and will benefit from hearing their experiences. It is for this reason that we are pleased to see speaking up incorporated into the final assessment of the NHS Leadership Academy Aspiring Chief Executives Programme. We believe that other leadership programmes should follow this lead.

The Freedom to Speak Up Guardian regional network is still establishing itself and growing, and the case review process is developing. Both need to continue to be nurtured and the National Guardian's Office will continue to engage with organisations across the system and seek their support to help create the culture change we are promoting. There is much to do, however, and our future priorities will include:

- Publishing and implementing a good practice guide to speaking up, which will give guidance on established best practice and incorporate a self-assessment tool for organisations
- Producing and implementing a training guide for Freedom to Speak Up Guardians

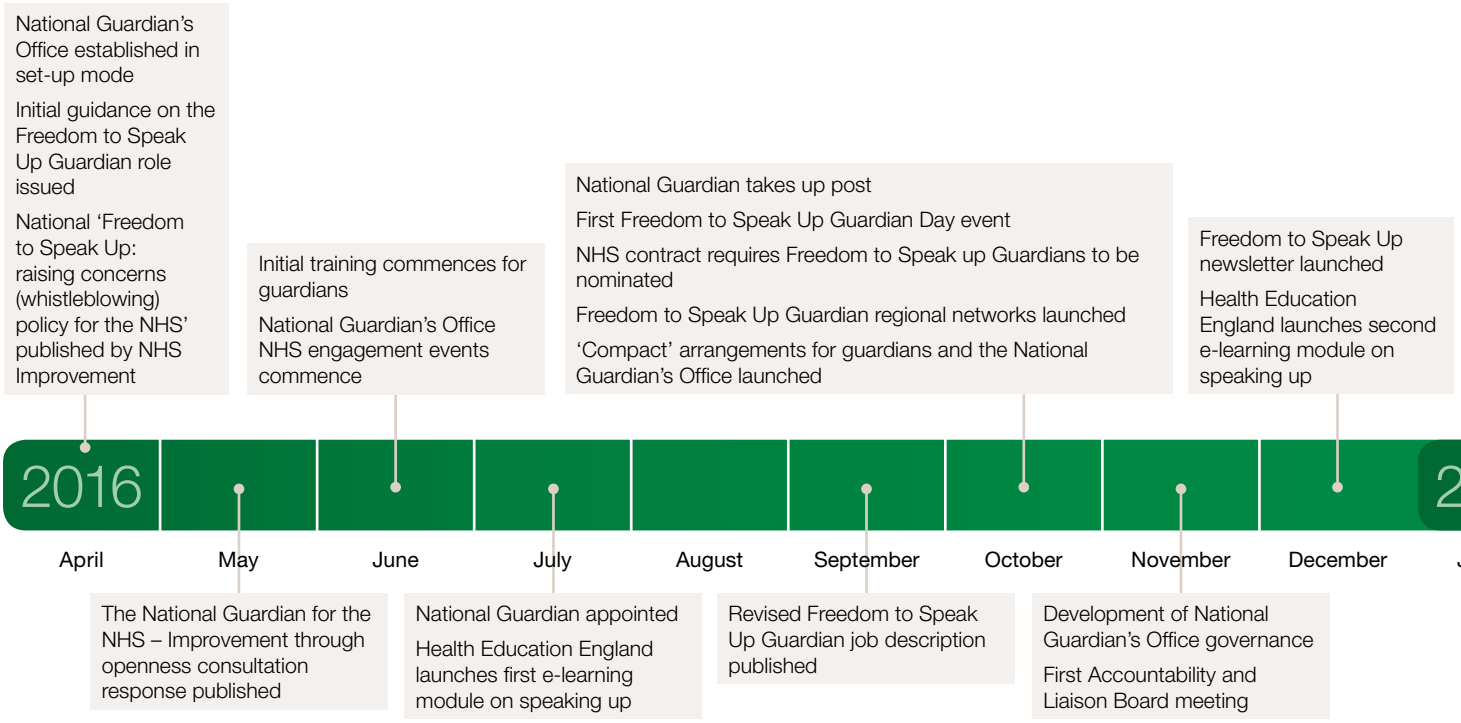
- Continuing to disseminate and embed learning on all aspects of Freedom to Speak Up
- Launching an advisory working group with key stakeholders from organisations within and around the NHS and individuals with experience of speaking up
- Supporting NHS England to embed Freedom to Speak Up into primary care
- Developing the approach to speaking up for the independent sector
- Expanding and developing a pan sector network
- Publishing guidance on key aspects of legal and HR processes which can act as barriers to speaking up
- Monitoring the impact of the Freedom to Speak Up Guardian model including an annual survey to review the adoption of recommendations
- Publishing leaders' experiences of speaking up

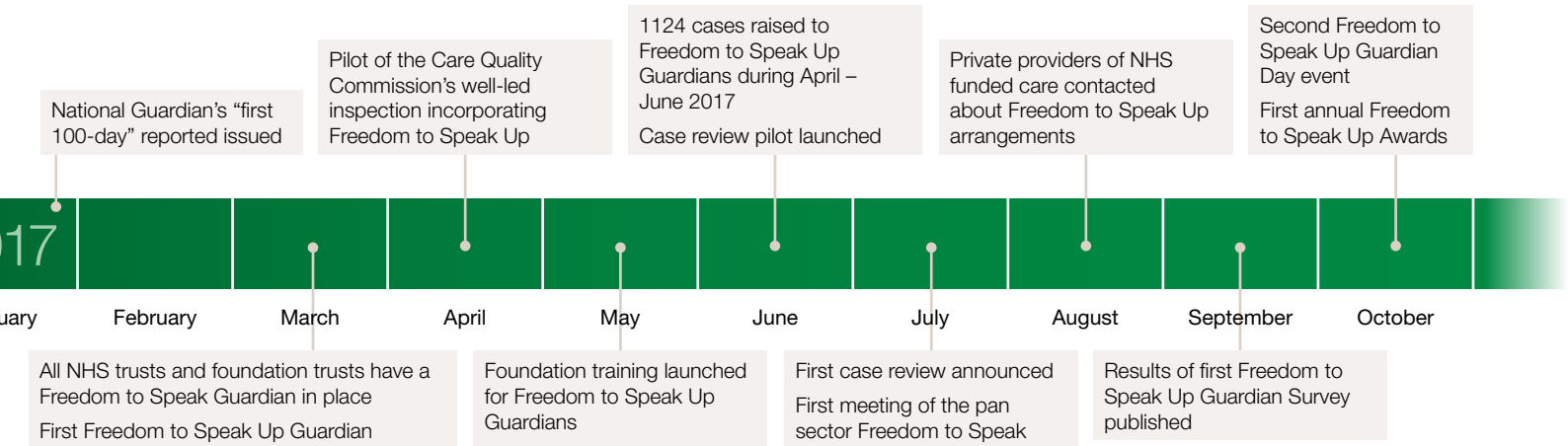
As we continue the journey further priorities will, no doubt, come into view but, for the benefit of patients and staff, we will maintain our focus on moving towards an open and transparent culture in the health sector where speaking up is business as usual.

Derek Eaves, Freedom to Speak Up Guardian, The Dudley Group NHS Foundation Trust.

Timeline - National Guardian for the NHS, year one

"It is astonishing how short a time it can take for very wonderful things to happen." **– Frances Hodgson Burnett**




National Guardian's "first 100-day" reported issued
Pilot of the Care Quality Commission's well-led inspection incorporating Freedom to Speak Up
1124 cases raised to Freedom to Speak Up Guardians during April – June 2017
Case review pilot launched
Private providers of NHS funded care contacted about Freedom to Speak Up arrangements
Second Freedom to Speak Up Guardian Day event
First annual Freedom to Speak Up Awards
017
uary
February
March
April
May
June
July
August
September
October
All NHS trusts and foundation trusts have a Freedom to Speak Guardian in place
First Freedom to Speak Up Guardian conference
2,850 issues raised to Freedom to Speak Up Guardians to end of March 2017
Freedom to Speak Up incorporated into key lines of enquiry and prompts in Care Quality Commission's Well-Led Inspection Framework
Health Education England launches 'Making speaking up business as usual' film
Foundation training launched for Freedom to Speak Up Guardians
Guardian Directory for NHS trusts published
First case review announced
First meeting of the pan sector Freedom to Speak Up network
Bulletin for Freedom to Speak Up Guardians launched
Results of first Freedom to Speak Up Guardian Survey published

Region	NHS trust	Type of trust	Size of trust	#cases raised	#raised anonymously	#element of patient safety / quality	#element of bullying / harassment	#suffering detriment
South West	2gether NHS Foundation Trust	Mental health and learning disability	Small	0	0	0	0	0
North West	Aintree University Hospital NHS Foundation Trust	Acute	Small	4	0	1	0	0
Yorks and Humber	Airedale NHS Foundation Trust	Acute	Small	36	2	13	3	0
North West	Alder Hey Children's NHS Foundation Trust	Acute specialist	Small	1	0	1	1	0
South East Coast	Ashford and St. Peter's Hospitals NHS Foundation Trust	Acute	Medium	12	3	8	5	1
South West	Avon and Wiltshire Mental Health Partnership NHS Trust	Mental health	Small	3	2	2	1	0
London	Barking, Havering and Redbridge University Hospitals NHS Trust	Acute	Medium	13	12	0	6	0
London	Barnet, Enfield and Haringey Mental Health NHS Trust	Mental health	Small	12	1	2	7	0
Yorks and Humber	Barnsley Hospital NHS Foundation Trust	Acute	Small	7	0	2	2	0
London	Barts Health NHS Trust	Combined acute and community	Large	8	7	0	2	0
East of England	Basildon and Thurrock University Hospitals NHS Foundation Trust			No data received	No data received	No data received	No data received	No data received
East of England	Bedford Hospital NHS Trust	General	Small	11	1	1	10	0
Thames Valley/Wessex	Berkshire Healthcare NHS Foundation Trust	Combined mental health, learning disability and community	Small	6	2	5	3	2
West Midlands	Birmingham and Solihull Mental Health NHS Foundation Trust	Mental health	Small	0	0	0	0	0
West Midlands	Birmingham Community Healthcare NHS Foundation Trust	Community and learning disability	Medium	3	0	2	1	1
West Midlands	Birmingham Women's and Children's NHS Foundation Trust	Women's and children's	Medium	6	0	2	4	0
West Midlands	Black Country Partnership NHS Foundation Trust	Combined mental health, learning disability and community	Small	0	0	0	0	0
North West	Blackpool Teaching Hospitals NHS Foundation Trust	Acute	Medium	8	0	3	5	0
North West	Bolton NHS Foundation Trust			No data received	No data received	No data received	No data received	No data received
Yorks and Humber	Bradford District Care NHS Foundation Trust	Combined mental health, learning disability and community	Small	4	0	2	1	1
Yorks and Humber	Bradford Teaching Hospitals NHS Foundation Trust	Acute	Medium	6	1	2	2	0
North West	Bridgewater Community Healthcare NHS Foundation Trust	Community	Small	1	1	1	1	0
South East Coast	Brighton and Sussex University Hospitals NHS Trust	Acute	Medium	15	0	11	10	0

Region	NHS trust	Type of trust	Size of trust	#cases raised	#raised anonymously	#element of patient safety / quality	#element of bullying / harassment	#suffering detriment
Thames Valley/Wessex	Buckinghamshire Healthcare NHS Trust	Combined acute and community	Medium	19	1	10	4	0
West Midlands	Burton Hospitals NHS Foundation Trust	Acute	Medium	9	0	1	8	0
Yorks and Humber	Calderdale and Huddersfield NHS Foundation Trust	Acute	Medium	0	0	0	0	0
East of England	Cambridge University Hospitals NHS Foundation Trust	Acute	Medium	14	5	5	10	1
East of England	Cambridgeshire and Peterborough NHS Foundation Trust	Combined mental health, learning disability and community	Small	9	3	1	2	0
East of England	Cambridgeshire Community Services NHS Trust	Community	Small	3	1	0	1	0
London	Camden and Islington NHS Foundation Trust	Mental health	Small	2	0	0	2	0
London	Central and North West London NHS Foundation Trust	Community	Small	25	18	8	21	0
London	Central London Community Healthcare NHS Trust	Community	Small	25	18	8	21	0
North West	Central Manchester University Hospitals NHS Foundation Trust	Combined acute and community	Large	0	0	0	0	0
London	Chelsea and Westminster Hospital NHS Foundation Trust	Acute	Small	5	0	3	3	0
North West	Cheshire and Wirral Partnership NHS Foundation Trust	Combined mental health, learning disability and community	Small	11	0	1	0	0
East Midlands	Chesterfield Royal Hospital NHS Foundation Trust	Acute	Small	19	1	11	12	3
North East	City Hospitals Sunderland NHS Foundation Trust	Acute	Small	2	0	0	2	0
East of England	Colchester Hospital University NHS Foundation Trust	Acute	Small	11	5	5	8	4
South West	Cornwall Partnership NHS Foundation Trust	Combined mental health, learning disability and community	Small	0	0	0	0	0
North West	Countess of Chester Hospital NHS Foundation Trust	Acute	Small	3	0	3	0	1
North East	County Durham and Darlington NHS Foundation Trust	Combined acute and community	Medium	6	0	3	3	0
West Midlands	Coventry and Warwickshire Partnership NHS Trust	Combined mental health, learning disability and community	Small	2	1	2	0	0
London	Croydon Health Services NHS Trust	Combined acute and community	Small	8	2	3	3	0
North West	Cumbria Partnership NHS Foundation Trust	Community	Small	0	0	0	0	0
South East Coast	Dartford and Gravesham NHS Trust	Acute	Small	4	1	3	0	0
East Midlands	Derby Teaching Hospitals NHS Foundation Trust	Acute	Medium	26	0	1	25	1
East Midlands	Derbyshire Community Health Services NHS Foundation Trust	Community	Medium	5	1	0	4	0

Region	NHS trust	Type of trust	Size of trust	#cases raised	#raised anonymously	#element of patient safety / quality	#element of bullying / harassment	#suffering detriment
East Midlands	Derbyshire Healthcare NHS Foundation Trust	Mental health and learning disability	Small	0	0	0	0	0
South West	Devon Partnership NHS Trust	Combined mental health, learning disability and community	Small	9	9	3	2	1
Yorks and Humber	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	Acute	Medium	1	0	1	0	0
Thames Valley/Wessex	Dorset County Hospital NHS Foundation Trust	Acute	Small	1	1	1	0	0
South West	Dorset Healthcare University NHS Foundation Trust	Combined mental health, learning disability and community	Medium	3	1	0	2	0
West Midlands	Dudley and Walsall Mental Health Partnership NHS Trust	Mental health	Small	3	0	2	3	0
East of England	East and North Hertfordshire NHS Trust	Acute	Medium	1	0	0	1	0
North West	East Cheshire NHS Trust	Combined acute and community	Small	2	1	0	1	0
South East Coast	East Kent Hospitals University NHS Foundation Trust	Acute	Medium	1	0	0	1	0
North West	East Lancashire Hospitals NHS Trust	Acute	Medium	39	0	3	10	0
London	East London NHS Foundation Trust	Combined mental health, learning disability and community	Medium	4	2	2	2	1
East Midlands	East Midlands Ambulance Service NHS Trust	Ambulance	Small	11	2	3	4	3
East of England	East of England Ambulance Service NHS Trust	Ambulance	Medium	3	0	2	0	0
South East Coast	East Sussex Healthcare NHS Trust	Combined acute and community	Medium	61	4	2	36	1
London	Epsom and St Helier University Hospitals NHS Trust	Acute	Small	8	1	1	6	0
East of England	Essex Partnership University NHS Foundation Trust	Combined mental health, learning disability and community	Medium	2	2	0	0	0
South East Coast	Frimley Health NHS Foundation Trust	Acute	Medium	16	3	7	13	0
North East	Gateshead Health NHS Foundation Trust	Acute	Small	6	2	2	4	0
West Midlands	George Eliot Hospital NHS Trust	Acute	Small	13	4	4	5	0
South West	Gloucestershire Care Services NHS Trust	Community	Small	7	0	5	3	0
South West	Gloucestershire Hospitals NHS Foundation Trust	Acute	Medium	1	1	1	0	0
London	Great Ormond Street Hospital for Children NHS Foundation Trust	Acute specialist	Small	3	1	0	2	0
South West	Great Western Hospital NHS Foundation Trust	Combined acute and community	Medium	1	1	0	1	0
North West	Greater Manchester Mental Health NHS Foundation Trust	Mental health	Small	1	0	1	0	0

Region	NHS trust	Type of trust	Size of trust	#cases raised	#raised anonymously	#element of patient safety / quality	#element of bullying / harassment	#suffering detriment
London	Guy's and St Thomas' NHS Foundation Trust	Combined acute and community	Large	32	2	6	3	0
Thames Valley/Wessex	Hampshire Hospitals NHS Foundation Trust	Acute	Medium	7	3	2	3	0
Yorks and Humber	Harrogate and District NHS Foundation Trust	Combined acute and community	Small	2	0	0	2	0
West Midlands	Heart of England NHS Foundation Trust	Acute	Large	7	2	1	6	0
East of England	Hertfordshire Community NHS Trust	Community	Small	2	0	1	1	0
East of England	Hertfordshire Partnership University NHS Foundation Trust	Mental health and learning disability	Small	8	6	2	2	0
London	Homerton University Hospital NHS Foundation Trust			No data received	No data received	No data received	No data received	No data received
London	Hounslow and Richmond Community Healthcare NHS Trust	Community	Small	8	0	7	0	0
Yorks and Humber	Hull and East Yorkshire Hospitals NHS Trust	Acute	Medium	1	0	0	1	0
Yorks and Humber	Humber NHS Foundation Trust	Combined mental health, learning disability and community	Small	1	1	1	0	0
London	Imperial College Healthcare NHS Trust			No data received	No data received	No data received	No data received	No data received
East of England	Ipswich Hospital NHS Trust	Acute	Small	6	3	5	2	1
South East Coast	Isle of Wight NHS Trust	Acute, community and mental health	Small	9	0	3	5	0
East of England	James Paget University Hospitals NHS Foundation Trust	Acute	Small	0	0	0	0	0
South East Coast	Kent and Medway NHS and Social Care Partnership Trust			No data received	No data received	No data received	No data received	No data received
South East Coast	Kent Community Health NHS Foundation Trust	Community	Medium	9	0	5	4	0
East Midlands	Kettering General Hospital NHS Foundation Trust	Acute	Small	0	0	0	0	0
London	King's College Hospital NHS Foundation Trust	Acute	Large	9	9	2	8	0
London	Kingston Hospital NHS Foundation Trust	Acute	Medium	1	1	1	0	0
North West	Lancashire Care NHS Foundation Trust	Combined mental health, learning disability and community	Medium	4	0	3	1	0
North West	Lancashire Teaching Hospitals NHS Foundation Trust	Acute	Medium	0	0	0	0	0
Yorks and Humber	Leeds and York Partnership NHS Foundation Trust	Mental health	Small	0	0	0	0	0
Yorks and Humber	Leeds Community Healthcare NHS Trust	Community	Small	9	10	11	11	0
Yorks and Humber	Leeds Teaching Hospitals NHS Trust	Acute	Large	8	2	2	3	1

Region	NHS trust	Type of trust	Size of trust	#cases raised	#raised anonymously	#element of patient safety / quality	#element of bullying / harassment	#suffering detriment
East Midlands	Leicestershire Partnership NHS Trust	Combined mental health, learning disability and community	Medium	14	6	10	3	0
London	Lewisham and Greenwich NHS Trust			No data received	No data received	No data received	No data received	No data received
East Midlands	Lincolnshire Community Health Services NHS Trust	Community	Small	1	1	0	1	0
East Midlands	Lincolnshire Partnership NHS Foundation Trust	Mental health and learning disability	Small	7	3	3	2	0
North West	Liverpool Community Health NHS Trust			No data received	No data received	No data received	No data received	No data received
North West	Liverpool Heart and Chest Hospital NHS Foundation Trust	Acute specialist	Small	3	0	2	2	0
North West	Liverpool Women's NHS Foundation Trust			No data received	No data received	No data received	No data received	No data received
London	London Ambulance Service NHS Trust	Ambulance	Medium	1	1	1	1	0
London	London North West Healthcare NHS Trust			No data received	No data received	No data received	No data received	No data received
East of England	Luton and Dunstable University Hospital NHS Foundation Trust	Acute	Small	6	4	3	1	2
South East Coast	Maidstone and Tunbridge Wells NHS Trust			No data received	No data received	No data received	No data received	No data received
South East Coast	Medway NHS Foundation Trust			No data received	No data received	No data received	No data received	No data received
North West	Mersey Care NHS Foundation Trust	Combined mental health, learning disability and community	Medium	14	2	3	10	1
North West	Mid Cheshire Hospitals NHS Foundation Trust			No data received	No data received	No data received	No data received	No data received
East of England	Mid Essex Hospital Services NHS Trust	Acute	Medium	2	2	0	2	0
East Midlands	Milton Keynes University Hospital NHS Foundation Trust	Acute	Small	10	10	4	6	0
London	Moorfields Eye Hospital NHS Foundation Trust			No data received	No data received	No data received	No data received	No data received
East of England	Norfolk and Norwich University Hospitals NHS Foundation Trust	Acute	Medium	4	0	1	0	0
East of England	Norfolk and Suffolk NHS Foundation Trust	Mental health	Small	8	1	4	2	0
East of England	Norfolk Community Health and Care NHS Trust	Community	Small	35	0	31	3	1
South West	North Bristol NHS Trust	Acute	Medium	0	0	0	0	0
North East	North Cumbria University Hospitals NHS Trust	Acute	Small	4	0	0	4	0
North East	North East Ambulance Service NHS Trust	Ambulance	Small	4	1	4	2	1
London	North East London NHS Foundation Trust			No data received	No data received	No data received	No data received	No data received

Region	NHS trust	Type of trust	Size of trust	#cases raised	#raised anonymously	#element of patient safety / quality	#element of bullying / harassment	#suffering detriment
London	North Middlesex University Hospital NHS Trust	Acute	Small	4	0	0	4	0
West Midlands	North Staffordshire Combined Healthcare NHS Trust	Mental health and learning disability	Small	0	0	0	0	0
North East	North Tees and Hartlepool NHS Foundation Trust	Acute	Medium	1	0	1	0	0
North West	North West Ambulance Service NHS Trust	Ambulance	Medium	16	1	2	5	0
East of England	North West Anglia NHS Foundation Trust	Acute	Medium	2	0	0	0	0
North West	North West Boroughs Healthcare NHS Foundation Trust	Combined mental health, learning disability and community	Small	2	1	2	0	0
East Midlands	Northampton General Hospital NHS Trust	Acute	Small	9	4	2	2	1
East Midlands	Northamptonshire Healthcare NHS Foundation Trust	Combined mental health, learning disability and community	Small	14	1	5	0	0
South West	Northern Devon Healthcare NHS Trust	Combined acute and community	Small	2	0	2	0	0
Yorks and Humber	Northern Lincolnshire and Goole NHS Foundation Trust			No data received	No data received	No data received	No data received	No data received
North East	Northumberland, Tyne and Wear NHS Foundation Trust	Combined mental health, learning disability and community	Medium	3	1	1	2	0
North East	Northumbria Healthcare NHS Foundation Trust	Combined acute and community	Large	25	2	11	20	0
East Midlands	Nottingham University Hospitals Trust	Acute	Large	15	3	0	3	1
East Midlands	Nottinghamshire Healthcare NHS Foundation Trust	Combined mental health, learning disability and community	Medium	33	29	4	12	2
Thames Valley/Wessex	Oxford Health NHS Foundation Trust	Combined mental health, learning disability and community	Medium	15	0	8	3	0
Thames Valley/Wessex	Oxford University Hospitals NHS Foundation Trust	Acute	Large	2	0	2	2	2
London	Oxleas NHS Foundation Trust	Combined mental health, learning disability and community	Small	1	1	1	0	0
East of England	Papworth Hospital NHS Foundation Trust	Acute	Small	0	0	0	0	0
North West	Pennine Care NHS Foundation Trust	Combined mental health, learning disability and community	Medium	1	1	1	1	0
South West	Plymouth Hospitals NHS Trust	Acute	Medium	10	9	1	9	2
South West	Poole Hospital NHS Foundation Trust	Acute	Small	3	1	1	1	0
Thames Valley/Wessex	Portsmouth Hospitals NHS Trust	Acute	Medium	3	0	1	3	3
South East Coast	Queen Victoria Hospital NHS Foundation Trust	Acute	Small	15	0	2	3	1
Yorks and Humber	Rotherham Doncaster and South Humber NHS Foundation Trust	Combined mental health, learning disability and community	Small	8	0	2	2	2

Region	NHS trust	Type of trust	Size of trust	#cases raised	#raised anonymously	#element of patient safety / quality	#element of bullying / harassment	#suffering detriment
Thames Valley/Wessex	Royal Berkshire NHS Foundation Trust	Acute	Small	5	0	1	3	0
London	Royal Brompton and Harefield NHS Foundation Trust	Acute specialist	Small	9	0	2	8	0
South West	Royal Cornwall Hospitals NHS Trust	Acute	Medium	3	0	2	0	0
South West	Royal Devon and Exeter NHS Foundation Trust	Acute	Medium	6	1	0	2	0
London	Royal Free London NHS Foundation Trust			No data received	No data received	No data received	No data received	No data received
North West	Royal Liverpool and Broadgreen University Hospitals NHS Trust	Acute	Medium	4	0	3	1	0
London	Royal National Orthopaedic Hospital NHS Trust	Acute specialist	Small	3	0	2	1	0
South East Coast	Royal Surrey County Hospital NHS Foundation Trust	Acute specialist	Small	2	1	0	2	0
South West	Royal United Hospitals Bath NHS Foundation Trust	Acute	Small	31	30	0	31	0
North West	Salford Royal NHS Foundation Trust	Acute specialist	Medium	6	0	3	3	0
South West	Salisbury NHS Foundation Trust	Acute	Small	6	4	4	1	0
West Midlands	Sandwell and West Birmingham Hospitals NHS Trust			No data received	No data received	No data received	No data received	No data received
Yorks and Humber	Sheffield Children's NHS Foundation Trust	Specialist stand-alone children's trust: acute, community, mental health and learning disability	Small	4	1	4	2	1
Yorks and Humber	Sheffield Health and Social Care NHS Foundation Trust	Mental health	Small	4	1	3	0	0
Yorks and Humber	Sheffield Teaching Hospitals NHS Foundation Trust	Acute	Large	1	0	0	0	0
East Midlands	Sherwood Forest Hospitals NHS Foundation Trust			No data received	No data received	No data received	No data received	No data received
West Midlands	Shrewsbury and Telford Hospital NHS Trust	Acute	Small	7	0	1	6	0
West Midlands	Shropshire Community Health NHS Trust	Community	Small	3	0	1	1	0
Thames Valley/Wessex	Solent NHS Trust			No data received	No data received	No data received	No data received	No data received
South West	Somerset Partnership NHS Foundation Trust			No data received	No data received	No data received	No data received	No data received
Thames Valley/Wessex	South Central Ambulance Service NHS Foundation Trust			No data received	No data received	No data received	No data received	No data received
South East Coast	South East Coast Ambulance Service NHS Foundation Trust	Ambulance	Small	3	3	0	0	0
London	South London and Maudsley NHS Foundation Trust	Combined mental health, learning disability and community	Small	4	0	1	2	1

Region	NHS trust	Type of trust	Size of trust	#cases raised	#raised anonymously	#element of patient safety / quality	#element of bullying / harassment	#suffering detriment
West Midlands	South Staffordshire and Shropshire Healthcare NHS Foundation Trust	Combined mental health, learning disability and community	Small	2	1	1	1	2
North East	South Tees Hospitals NHS Foundation Trust	Acute	Medium	0	0	0	0	0
North East	South Tyneside NHS Foundation Trust	Combined acute and community	Small	2	0	1	1	0
West Midlands	South Warwickshire NHS Foundation Trust	Combined acute and community	Small	5	0	2	3	0
London	South West London and St George's Mental Health NHS Trust	Mental health and learning disability	Small	14	12	4	3	1
Yorks and Humber	South West Yorkshire Partnership NHS Foundation Trust	Combined mental health, learning disability and community	Small	2	0	1	1	2
South West	South Western Ambulance Service NHS Foundation Trust	Ambulance	Small	0	0	0	0	0
East of England	Southend University Hospital NHS Foundation Trust	Acute	Medium	0	0	0	0	0
Thames Valley/Wessex	Southern Health NHS Foundation Trust	Combined mental health, learning disability and community	Medium	18	8	5	6	1
North West	Southport and Ormskirk Hospital NHS Trust	Acute	Small	4	1	2	0	0
London	St George's University Hospitals NHS Foundation Trust	Combined acute and community	Large	1	0	0	1	0
North West	St Helens and Knowsley Teaching Hospitals NHS Trust	Acute	Small	2	1	1	0	0
West Midlands	Staffordshire and Stoke on Trent Partnership trust	Combined acute and community	Medium	12	2	4	5	1
North West	Stockport NHS Foundation Trust	Combined acute and community	Medium	3	0	1	2	0
South East Coast	Surrey and Borders Partnership NHS Foundation Trust	Mental health and learning disability	Small	9	0	5	3	0
South East Coast	Surrey and Sussex Healthcare NHS Trust	Acute	Medium	1	0	1	0	0
South East Coast	Sussex Community NHS Foundation Trust	Community	Small	22	1	17	6	0
South East Coast	Sussex Partnership NHS Foundation Trust	Mental health and learning disability	Small	11	0	10	4	2
North West	Tameside and Glossop Integrated Care NHS Foundation Trust	Combined acute and community	Small	10	1	7	6	3
South West	Taunton and Somerset NHS Foundation Trust	Acute	Small	7	0	3	4	1
London	Tavistock and Portman NHS Foundation Trust	Mental health	Small	9	0	4	5	0
North East	Tees, Esk and Wear Valleys NHS Foundation Trust	Mental health and learning disability	Medium	8	1	4	7	0

Region	NHS trust	Type of trust	Size of trust	#cases raised	#raised anonymously	#element of patient safety / quality	#element of bullying / harassment	#suffering detriment
North West	The Christie NHS Foundation Trust	Acute specialist	Small	5	1	0	1	0
North West	The Clatterbridge Cancer Centre NHS Foundation Trust	Acute specialist	Small	0	0	0	0	0
West Midlands	The Dudley Group NHS Foundation Trust	Combined acute and community	Medium	14	3	4	10	0
London	The Hillingdon Hospitals NHS Foundation Trust	Acute	Small	15	0	6	2	0
Yorks and Humber	The Mid Yorkshire Hospitals NHS Trust	Combined acute and community	Medium	45	1	8	14	1
North East	The Newcastle upon Tyne Hospitals NHS Foundation Trust	Acute	Large	6	0	0	6	0
North West	The Pennine Acute Hospitals NHS Trust	Combined acute and community	Medium	0	0	0	0	0
East of England	The Princess Alexandra Hospital NHS Trust	Acute	Small	0	0	0	0	0
East of England	The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	Acute	Small	3	2	2	0	0
West Midlands	The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Trust	Specialist orthopaedic	Small	3	0	0	3	0
Yorks and Humber	The Rotherham NHS Foundation Trust	Combined acute and community	Small	5	0	3	1	1
Thames Valley/Wessex	The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	Acute	Small	14	1	5	13	3
London	The Royal Marsden NHS Foundation Trust	Acute specialist	Small	6	0	2	2	0
West Midlands	The Royal Orthopaedic Hospital NHS Foundation Trust	Acute specialist	Small	4	2	3	1	1
West Midlands	The Royal Wolverhampton NHS Trust	Combined acute and community	Medium	8	1	3	7	1
West Midlands	The University Hospitals of North Midlands NHS Trust	Acute	Large	6	1	2	4	1
North West	The Walton Centre NHS Foundation Trust	Acute specialist	Small	6	0	1	2	0
London	The Whittington Hospital NHS Trust	Combined acute and community	Small	23	3	7	5	4
South West	Torbay and South Devon NHS Foundation Trust	Combined acute and community	Medium	12	0	2	3	0
East Midlands	United Lincolnshire Hospitals NHS Trust	Acute	Medium	4	1	0	4	2
London	University College London Hospitals NHS Foundation Trust	Acute specialist	Medium	6	4	0	0	0
North West	University Hospital of South Manchester NHS Foundation Trust	Combined acute and community	Medium	1	1	1	0	0

Region	NHS trust	Type of trust	Size of trust	#cases raised	#raised anonymously	#element of patient safety / quality	#element of bullying / harassment	#suffering detriment
South East Coast	University Hospital Southampton NHS Foundation Trust	Acute	Large	0	0	0	0	0
West Midlands	University Hospitals Birmingham NHS Foundation Trust	Acute	Large	3	2	1	1	0
South West	University Hospitals Bristol NHS Foundation Trust	Acute specialist	Medium	3	3	0	3	0
West Midlands	University Hospitals Coventry and Warwickshire NHS Trust	Acute	Medium	9	0	0	3	0
East Midlands	University Hospitals of Leicester NHS Trust	Acute	Large	40	13	13	8	0
North West	University Hospitals of Morecambe Bay NHS FT	Acute	Medium	16	1	4	6	0
West Midlands	Walsall Healthcare NHS Trust			No data received	No data received	No data received	No data received	No data received
North West	Warrington and Halton Hospitals NHS Foundation Trust	Acute	Small	5	1	2	2	0
East of England	West Hertfordshire Hospitals NHS Trust	Acute	Small	5	1	1	4	0
London	West London Mental Health NHS Trust	Combined mental health, learning disability and community	Medium	5	0	3	1	0
West Midlands	West Midlands Ambulance Service NHS Foundation Trust	Ambulance	Small	3	1	1	2	0
East of England	West Suffolk NHS Foundation Trust	Acute	Small	3	0	1	2	0
South East Coast	Western Sussex Hospitals NHS Foundation Trust	Acute	Medium	5	0	0	5	0
South West	Weston Area Health NHS Trust	Combined acute and community	Small	14	0	12	1	0
North West	Wirral Community NHS Foundation Trust	Community	Small	14	1	11	1	0
North West	Wirral University Teaching Hospital NHS Foundation Trust			No data received	No data received	No data received	No data received	No data received
West Midlands	Worcestershire Acute Hospitals NHS Trust	Acute	Medium	1	0	1	0	0
West Midlands	Worcestershire Health and Care NHS Trust	Combined mental health, learning disability and community	Small	7	0	1	6	0
North West	Wrightington, Wigan and Leigh NHS Foundation Trust	Acute	Medium	5	3	2	3	1
West Midlands	Wye Valley NHS Trust	Combined acute and community	Small	10	1	4	2	0
South West	Yeovil District Hospital NHS Foundation Trust	Acute	Small	3	0	1	0	0
Yorks and Humber	York Teaching Hospital NHS Foundation Trust	Combined acute and community	Large	31	0	7	21	2
Yorks and Humber	Yorkshire Ambulance Service NHS Trust	Ambulance	Medium	19	0	4	11	1
TOTAL				**1,611**	**365**	**551**	**733**	**75**