

**AGENDA FOR THE SPECIAL MEETING OF THE BOARD OF DIRECTORS
TUESDAY 18TH DECEMBER 2018
VENUE: THE BOARDROOM, WEST PARK HOSPITAL,
DARLINGTON
AT 9.30 A.M.**

Apologies for Absence

Standard Items (9.30 am)

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| Item 1 | Declarations of Interest. | | |
| Item 2 | Chairman's Report. | Chairman | Verbal |
| Item 3 | To consider any issues raised by Governors. | Board | Verbal |

Quality Items (9.40 am)

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| Item 4 | To consider any matters of urgency arising from the meeting of the Quality Assurance Committee held on 6 th December 2018. | HG/EM | Verbal |
| Item 5 | To receive and note a report on "Developing Workforce Standards" published by NHS Improvement. | EM | To follow |
| Item 6 | To receive and note a report, and to sign off the Trust's declaration required by NHS England and NHS Improvement, on the Trust's flu campaign. | DL | Attached |

Performance (10.05 am)

- | | | | |
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| Item 7 | To consider the Finance Report as at 30 th November 2018. | PM | Attached |
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Items for Information (10.10 am)

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| Item 8 | To note that the next ordinary meeting of the Board of Directors will be held on Tuesday 29th January 2019 in The Durham Centre, Belmont Industrial Estate, Durham, DH1 1TN at 9.30 am. | | |
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Confidential Motion (10.10 am)

Item 9 The Chairman to move:

“That representatives of the press and other members of the public be excluded from the remainder of this meeting on the grounds that the nature of the business to be transacted may involve the likely disclosure of confidential information as defined in Annex 9 to the Constitution as explained below:

Information relating to a particular employee, former employee or applicant to become an employee of, or a particular office-holder, former office-holder or applicant to become an office-holder under, the Trust.

Information relating to any particular applicant for, or recipient or former recipient of, any service provided by the Trust.

Information relating to the financial or business affairs of any particular person (other than the Trust).

Information which, if published would, or be likely to, inhibit -

- (a) the free and frank provision of advice, or*
- (b) the free and frank exchange of views for the purposes of deliberation, or*
- (c) would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs.*

Any advice received or information obtained from legal or financial advisers appointed by the Trust or action to be taken in connection with that advice or information.

Information:

- (a) prohibited from disclosure by or under any enactment, or*
- (b) which if disclosed by the Trust would be incompatible with any EU obligation or would constitute or be punishable as a contempt of court.*

**Mrs. Lesley Bessant
Chairman
12th December 2018**

Contact: Phil Bellas, Trust Secretary Tel: 01325 552312/Email: p.bellas@nhs.net

BOARD OF DIRECTORS

FOR GENERAL RELEASE

DATE:	17 th December 2018
TITLE:	'Developing Workforce Safeguards' NHS-Improvement
REPORT OF:	Elizabeth Moody
REPORT FOR:	Information

This report supports the achievement of the following Strategic Goals:	✓
<i>To provide excellent services working with the individual users of our services and their carers to promote recovery and wellbeing</i>	
<i>To continuously improve to quality and value of our work</i>	
<i>To recruit, develop and retain a skilled, compassionate and motivated workforce</i>	
<i>To have effective partnerships with local, national and international organisations for the benefit of the communities we serve</i>	
<i>To be recognised as an excellent and well governed Foundation Trust that makes best use of its resources for the benefits of the communities we serve.</i>	

Executive Summary:

- Safe, sustainable and productive workforce planning is critical for trusts. 'Developing workforce safeguards' published in October 2018, provides a comprehensive set of guidelines on workforce planning and includes new recommendations for Trusts on reporting and governance approaches.
- The document was designed by NHSI to help Trusts manage workforce issues. It builds on previous NQB guidance and shares best practice on decision making including stronger board engagement.
- The document sets out NHSI's future approach to assessment with a 'triangulated approach' to deciding staffing requirements as described in NQB's previous 2016 guidance. This combines evidence-based tools, professional judgement and outcomes to ensure the right staff with the right skills are in the right place at the right time.
- To assess Trust compliance, they will use information collected through the Single Oversight Framework (SOF) and will also ask Trusts to include a specific workforce statement in their annual governance statement
- Compliance will be assessed from April 2019
- The guidance was reinforced by a letter to Trust Directors of Nursing from Ruth May, Executive Director of Nursing at NHS-I and colleagues at NHS-I (Appendix two)
- The Trust already has a comprehensive Right Staffing Programme which

includes measures to respond to the 2016 National Quality Board Staffing Guidance on ensuring “Right Staff, Right Skills, Right Place”

- The Trusts approach is based closely around the former NQB 2016 guidance, however, the Right Staffing Programme board will assess compliance with the new guidance and review the programme plans accordingly.

Recommendations:

That the Trust Board note the attached report and recommendations, raising any further issues for consideration.

MEETING OF:	Trust Board
DATE:	17th December 2018
TITLE:	Update on 'Developing Staffing Safeguards' NHS-I Paper

1. INTRODUCTION & PURPOSE:

- 1.1 This paper provides an overview to the Board of the issues and responsibilities arising from the recent 'Developing Workforce Safeguards' NHS-I guidance and the associated reporting framework, which will commence from April 2019. The guidance builds on previous NQB safe staffing guidance, and significantly strengthens the expectations placed on Trusts, including some specific assurance requirements for Board members.

2. BACKGROUND INFORMATION AND CONTEXT:

- 2.1 The Trust has an established Right Staffing Programme as a business priority, which includes measures to respond to the 2016 National Quality Board Staffing Guidance on ensuring "Right Staff, Right Skills, Right Place". These measures include work streams looking at Recruitment and Retention, Staff Development, and the deployment of specialist and Advanced Practice roles. This goes some way beyond the earlier guidance which was focussed more upon staffing numbers and establishment reviews, although the latter are still a key part of the Trust process. There is national reporting of staff fill rates for the wards, and more recently a requirement to report Care Hours per Patient Day (CHPPD), as a ratio of available staffing time to patient numbers. From an initial focus on in-patient settings and nursing staffing, the programme is broadening out to include community services and a multi-professional approach.
- 2.2 New guidance was published by NHS-I in October 2018, "Developing workforce Safeguards - Supporting providers to deliver high quality care through safe and effective staffing". This was accompanied by a letter to Directors of Nursing from NHS-I executives, highlighting the new guidance and advising of the establishment of a National Faculty for Safe Staffing programme.
- 2.3 NHS-I will be monitoring organisations against the updated guidance from April 2019. This approach includes:
- Assessing Trusts' compliance with a 'triangulated approach' to deciding staffing requirements, as described in NQB's guidance. This combines evidence-based tools, professional judgement and outcomes to ensure the right staff with the right skills are in the right place at the right time
 - Using information collected through the Single Oversight Framework (SOF) and also asking Trusts to include a specific workforce statement in their annual governance statement

3. KEY ISSUES:

- 3.1 The key recommendations for Trusts and their Boards have been extracted from the main NHS-I paper “Developing Workforce Safeguards” and attached as Appendix One. However the full document is available at the following link:
<https://improvement.nhs.uk/resources/developing-workforce-safeguards/>
- 3.2 The Trust Right Staffing programme was designed in order to comply with earlier NQB guidance, and many of the principles contained within the updated NHS-I paper are captured within this approach. Nonetheless, the Right Staffing Programme board will assess compliance with the new guidance and review the programme plans accordingly. An update will be provided on any key issues arising from this.
- 3.3 The Trust has expressed an interest in being involved in the new National Faculty for Safe Staffing referred to above. We are also actively involved in some of the national work refining the mental health and learning disability service safe staffing tools which form part of the establishment review process.

4. IMPLICATIONS:

- 4.1 **Compliance with the CQC Fundamental Standards:**
Safe Staffing is a key factor within the CQC regulatory framework. The Trust will also be monitored by NHS-I on these issues. By implementing this document’s recommendations and strong, effective governance, boards can be assured that their workforce decisions will promote patient safety and so comply with the Care Quality Commission’s (CQC) fundamental standards.
- 4.2 **Financial/Value for Money:**
Staffing is the major component of the Trust’s overall budget. The Carter review includes the requirement to obtain the best value from public funds. Safe staffing is fundamental to the delivery of high quality care.
- 4.3 **Legal and Constitutional (including the NHS Constitution):**
A sustainable workforce with the correct skills is central to meeting the constitutional requirements, including in delivering excellent services.
- 4.4 **Equality and Diversity:**
Developing an equal and diverse approach to human resources is a significant issue within an approach to having the right staff, with the right skills, and obtaining a sustainable workforce for future requirements.

5. RISKS:

- 5.1 There are risks to safe and effective services associated with failing to maintain the correct staffing establishments, including failing to have staff with the right skills in the right place. There is a Board level risk to this effect.

The new guidance places additional compliance and reporting factors onto the organisation, with a monitoring framework led by NHS-I. Failure to comply with this would bring NHS-I intervention and associated reputational impact.

6. CONCLUSIONS:

- 6.1 The Trusts Right staffing programme has already been established to deliver the key requirements set out within the previous NQB guidance 2016. This includes the implementation of effective escalation processes and an annual staffing review using the Hurst tool which in mental health settings is seen as the best evidence based tool and which fits with the triangulated approach set out in this document. The new and strengthened governance requirements set out in the recommendations will be considered at the Right Staffing Board and incorporated into the work-plan as appropriate.

7. RECOMMENDATIONS:

- 7.1 That the Trust Board note the attached report and recommendations raising any further issues for consideration.

Name - Stephen Scorer
Title - Deputy Director of Nursing

Joe Bergin
Programme Manager

Background Papers:

**Appendix One – Summary of Recommendations for Trusts and Boards
extracted from the NHS-I report**

APPENDIX ONE

A summary of recommendations and key highlights for Trusts and Trust Boards detailed in the document 'Developing Workforce Safeguards'

Trusts need to take the required action to ensure that the NQB principles are in place:

- Trusts must formally ensure NQB's 2016 guidance is embedded in their safe staffing governance.

This can be found at <https://www.england.nhs.uk/publication/national-quality-board-guidance-on-safe-staffing/> with further information specific to the mental health setting at https://improvement.nhs.uk/documents/810/Mental_Health_Setting_Improvement_Resource_final.pdf

- Trusts must ensure that three components are used in their safe staffing processes:
 - evidence-based tools (where they exist)
 - professional judgement
 - outcomes

This will be checked in NHSI's yearly assessment

- Assessment will be based on trust's annual governance statement, in which they will be required to confirm their staffing governance processes are safe and sustainable. This assessment will also include assurance through the SOF, in which a provider's performance is monitored against five themes:
 - quality of care
 - finance and use of resources
 - operational performance
 - strategic change
 - leadership and improvement capability
- The annual governance statement will be reviewed against the usual regulatory arrangements and performance management processes, which complement quality outcomes, operational and finance performance measures.

- Trusts **must** have an effective workforce plan that is updated annually and signed off by the chief executive and executive leaders. The board should discuss the workforce plan in a public meeting.
- An assessment or re-setting of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit where available) must be reported to the board by ward or service area twice a year, in accordance with NQB guidance and NHS Improvement resources. This must also be linked to professional judgement and outcomes.
- There must be no local manipulation of the identified nursing resource from the evidence-based figures embedded in the evidence-based tool used, except in the context of a rigorous independent research study, as this may adversely affect the recommended establishment figures derived from the use of the tool.
- As part of the safe staffing review, the Director of Nursing and the Medical Director **must** confirm in a statement to their board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable.
- Any redesign or introduction of new roles (including but not limited to physician associate, nursing associates and advanced clinical practitioners – ACPs) would be considered a service change and must have a full Quality Impact Assessment. As stated in CQC's well-led framework guidance (2018) and NQB's guidance, any service changes, including skill-mix changes, must have a full quality impact assessment (QIA) review.
- Trusts are expected to carry out business-as-usual dynamic staffing risk assessments including formal escalation processes. Any risk to safety, quality, finance, performance and staff experience must be clearly described in these risk assessments. Should risks associated with staffing continue or increase and mitigations prove insufficient, trusts must escalate the issue (and where appropriate, implement business continuity plans) to the board to maintain safety and care quality. Actions may include part or full closure of a service or reduced provision: for example, wards, beds and teams, realignment, or a return to the original skill mix.
- All stakeholders, including commissioners, are sighted on all recommendations to maintain or change establishments. Stakeholders should understand the rationale behind such recommendations and their anticipated impact.
- Trusts must have a clear focus and process from the front line to the board, making sure their tactical and operational systems address strategic needs.

- Any workforce review and assessment and the safeguards reported should cover all clinical groups, areas and teams. Nursing/midwifery is the most often represented group at board level, but a focus on medical staff, AHPs, healthcare scientists and the wider workforce is needed too.
- Reports need to cover all areas, departments and clinical services. Data should be collated and reviewed every month for a range of workforce metrics, quality and outcomes indicators and productivity measures – as a whole and not in isolation from each other. Evidence should be provided of continuous improvements across all these areas.
- Effective governance gives the Board confidence about maintaining and continually improving both the delivery and quality of their services, despite rising demand, cost pressures, advancing science, changing expectations, tough economic circumstances and the complexity of the healthcare system.

Factors indicated more specifically for the Board, which state that the Board must / needs to:

- Collaborate with their local health and care system, specialist networks, commissioners and other providers to ensure the best possible care and value for patients, service users and the public. This may mean making difficult decisions about resourcing as local sustainability and transformation plans are developed and agreed.
- Implement NQB's 2016 guidance and the Carter recommendations and use information from the Model Hospital or other data sources to best assign workforce resources and improve outcomes.

This includes:

- Review workforce metrics, quality and outcome indicators, and productivity measures monthly – as a whole and not in isolation from each other – and there is evidence of continuous improvements across all these areas.
- Using local quality and outcomes dashboards that are published locally and discussed in public board meetings, and nationally agreed quality metrics published at provider level.
- Developing metrics for patient/service user outcomes, staff experience, people productivity and financial sustainability.
- Comparing performance against internal plans, peer benchmarks and the NHS experts' views, taking account of any underlying differences.
- Supporting and engaging staff to remove barriers to their productivity and ensure their time is used in the best way possible to provide direct or relevant care or care support.

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- Using national good practice checklists to guide improvement action, as well as taking account of knowledge shared by top performers.
 - using evidence-based decision support tools (where available and appropriate)
 - Using e-rostering and e-job planning tools to support efficient and effective staff deployment
 - Reconciling the ESR and finance ledger every month.
- **Oversee workforce issues and grasp the detail of any risk to safe and high quality care.** NQB highlighted that boards are accountable for ensuring their organisation has the right culture, leadership and skills for safe, sustainable and productive staffing. While ultimate responsibility for safe staffing rests with the chief executive, boards are also responsible for proactive, robust and consistent approaches to measurement and continuous improvement, including the use of a local quality framework for staffing that will support safe, effective, caring, responsive and well-led care. This also reflects CQC's 'well-led' requirements.
 - **See the actual data from the evidence based tools used, such as the Safer Nursing Care Tool, Mental Health Optimal Staffing Tool and other European working-time directive reporting such as diary cards and exception-reporting information.** This should be clearly cross-checked with other data such as ratios, fill rates and CHPPD.
 - **See a clear link made between the quality outcomes, operational and finance performance, and patient, service user and staff experience in the ward, department or area.**
 - **Ensure that intelligence on patient, service user and staff experience is explicitly linked with metrics on quality outcomes, operational and finance performance, so they can oversee and monitor how these areas are interdependent.**
 - **Assure themselves that robust governance systems and processes around staffing and related outcomes are embedded down to ward or service level.** This may include formally reviewing or adding processes such as QIAs to organisational policy. Ultimate responsibility for governance around staffing decisions should rest with the chief executive.
 - **Assure themselves that an effective response to 'areas of concern' is described and consistently implemented.** Escalation processes for ward, service or professional group should be activated if risks associated with staffing continue or increase or mitigations prove insufficient, so that safety and care quality are maintained.

- Have confirmation that all proposals for changing the workforce have been systematically assessed for their impact on quality. Many will be familiar with completing and reviewing QIAs as a normal part of their efficiency and transformation arrangements, and they will have seen how QIAs support considered and proportionate decision-making.
- Ensure that the quality risk assessments are of sufficient quality and have captured all foreseeable risks. Risk scores should be attributed to each risk using a standard 5 × 5 risk matrix, which should be consistent with the organisation's risk management policy.
- Be assured of the quality and comprehensiveness of the risk assessment. It must also ensure there is a way to identify the cumulative impact of smaller or less risky schemes to ensure the risk does not increase.
- Chairs and chief executives should ensure that time is allocated at board meetings or similar to discuss and agree clear actions in response to the data, and they should identify the key performance indicators (KPIs) to measure success and adverse outcomes.
- Have the necessary assurance to support any proposed changes to skill mix that go beyond traditional professional boundaries and/or national guidance or regulatory. They must ensure they have strong and effective governance frameworks and a systematic and structured approach to workforce changes.

ITEM NO. 6

FOR GENERAL RELEASE

Board of Directors

DATE:	18 th December 2018
TITLE:	Staff Flu Campaign 2018-19 – Healthcare workers flu vaccination best practice management checklist assessment
REPORT OF:	Director of Human Resources and Organisational Development
REPORT FOR:	Board of Directors

This report supports the achievement of the following Strategic Goals:	✓
<i>To provide excellent services working with the individual users of our services and their carers to promote recovery and wellbeing</i>	
<i>To continuously improve to quality and value of our work</i>	✓
<i>To recruit, develop and retain a skilled, compassionate and motivated workforce</i>	✓
<i>To have effective partnerships with local, national and international organisations for the benefit of the communities we serve</i>	
<i>To be recognised as an excellent and well governed Foundation Trust that makes best use of its resources for the benefits of the communities we serve.</i>	✓

Executive Summary:
<p>The purpose of this report is to inform the Board of Directors about the progress of the Trust's 2018-19 staff flu vaccination campaign assessed against the best practice management checklist produced by NHS senior leaders on 7th September 2018.</p>

Recommendations:
<p>To note the contents of the report, to comment accordingly and endorse the Staff Flu Campaign 2018-19 – Healthcare workers flu vaccination best practice management checklist assessment subject to any agreed amendments that are made.</p> <p>To endorse senior NHS Senior leader's ambition of 100% healthcare workers with direct patient contact receiving a flu vaccination</p>

MEETING OF:	Board of Directors
DATE:	18 December 2018
TITLE:	Staff Flu Campaign 2018-19 – Healthcare workers flu vaccination best practice management checklist assessment

1. INTRODUCTION & PURPOSE:

1.1 The purpose of this report is to inform the Board of Directors about the progress of the Trust’s 2018-19 staff flu vaccination campaign assessed against the best practice management checklist (Appendix 3) produced by NHS senior leaders on 7th September 2018.

2. BACKGROUND INFORMATION AND CONTEXT:

2.1 Senior NHS leaders wrote to Chief Executives of NHS Trusts on 7th September 2018 (Appendix 1) to highlight the importance of healthcare workers protecting themselves, their patients, colleagues and their families by being vaccinated against seasonal flu, because the disease can have serious and even fatal consequences, especially for vulnerable patients. The letter advised how organisations should plan to ensure every staff member is offered the vaccine which will enable NHS organisations to achieve the highest possible level of vaccine coverage this winter. The letter added that senior leader’s ambitions were that 100% of healthcare workers with direct patient contact would be vaccinated.

The letter also advises that this year Trusts are required to report how many healthcare workers with direct patient contact have been offered the vaccine and opted-out of having a vaccination. This information will be published monthly on the Public Health England website. The slightly adapted version of the explanatory opt-out letter to TEWV staff is attached as Appendix 2.

2.2 The achievement of a target flu vaccination uptake rate for frontline clinical staff also remains a CQUIN indicator (1c) with a value of up to £205,452 in 2018-19. The target rate for CQUIN payment to achieve maximum payment is 75% of frontline clinical staff being vaccinated by 28th February 2019.

3. KEY ISSUES:

3.1 The Trust’s flu vaccination uptake rate for frontline clinical staff in 2017/18 was 65.62%, the Trust’s highest ever flu vaccination uptake rate. Therefore an increase of 10% vaccinations during the 2018-19 campaign needs to be achieved by 28th February 2019. As at 7th December 2018, 54.27% of frontline healthcare workers in the Trust have had a flu vaccination.

3.2 A Staff Flu Vaccination plan for 2018-19 was approved by EMT in June 2018 and is the basis for the continued implementation of the 2018-19 Flu campaign within the Trust. The 2018/19 staff flu vaccination programme commenced on 1st October 2018 and vaccinations have been administered since then across the Trust by an Occupational Health nurse and around 90 Trust registered nurses and clinical pharmacists (known as ‘Chief Flu Fighters’) working across all Localities and Directorates in the Trust.

- 3.3 A multi-disciplinary Flu group meets each month, chaired by David Levy, Director of HR/OD to plan and monitor progress of the Trust's Flu vaccination campaign. Any significant decisions or issues of concern are taken to the Executive Management Team (EMT) meeting for consideration.
- 3.4 A Staff Flu Compact was introduced at the beginning of this year's Staff Flu Vaccination to remind staff that the Trust expects them to take up the offer of a Flu Vaccination to ensure that they are protected from flu, as well protecting service users, carers, fellow colleagues, family and friends
- 3.5 A Staff Flu Operational Plan for the 2018-19 campaign is in place to ensure all necessary steps in conducting a successful Flu campaign will be in place.
- 3.6 From the first week of December, the Flu team, Heads of Nursing and Director of Operations are undertaking analysis of % vaccination uptake reports for wards and teams within Localities to target efforts to increase vaccinations for staff where uptake is low. Lists of staff names, who as yet, are still to have a vaccination, have also been included in the reports for Localities. Managers are being asked to use this information to have a sensitive conversation with staff to ask them if they still like to have a vaccination or not. This also links to the requirement for the Trust to ask staff who do not wish to have a vaccination to formally opt out of the offer by informing the Trust (and NHS England) and for staff to advise of the reason why they do not want a vaccination.

Opportunities for all staff who would like a vaccination will continue to be

- 3.7 provided in December and there will also be a further push to vaccinate staff in January and February 2019.

4. **IMPLICATIONS:**

- 4.1 **Compliance with the CQC Fundamental Standards:** None identified.

- 4.2 **Financial/Value for Money:** As previously agreed by EMT, the cost of vaccinations is expected to be up to £49,226 and the costs of incentives and additional Flu campaign resources are approximately £22,000

4.3

Legal and Constitutional (including the NHS Constitution):

None identified.

4.4

Equality and Diversity: None identified.

5. **RISKS:** CQUIN funding of up to £205,452 is at risk should the target vaccination rate not be achieved.

6. **CONCLUSIONS:**

- 6.1 Following an assessment of how the Trust's 2018-19 Flu campaign is progressing against a checklist suggested by NHS senior leaders it is considered that the Trust is meeting the majority of the suggested required elements of an effective Flu campaign and have been assessed as 'green' (see Appendix 3 RAG-rated assessment). There are only three elements where the assessment has been concluded to be 'amber': the use of screensavers in the Trust is not usually undertaken **having ideally at least one Chief Flu Fighter in each clinical area,**

having as many Chief Flu Fighters across the Trust is always an important aim for the Flu team, in 2019-20 Operational Services will be asked to help provide an even more extensive coverage across the Trust; **having 24 hour vaccinations**, some early morning and night-time vaccinations are provided in some Localities across the Trust, in 2019-20 these opportunities will aim to be increased with more availability of Chief Flu Fighters who can offer such vaccination times.

- 6.2 As the 2018-19 Flu campaign continues any learning/improvements identified will be noted and taken forward into the 2019-20 campaign planning and implementation. An evaluation event with Occupational Health and Chief Flu Fighters will also take place in March 2019.

7. **RECOMMENDATIONS:**

- 7.1 To note the contents of the report and to comment accordingly.
- 7.2 To endorse senior NHS Senior leader's ambition of 100% healthcare workers with direct patient contact receiving a flu vaccination
- 7.3 To endorse the Staff Flu Campaign 2018-19 – Healthcare workers flu vaccination best practice management checklist assessment subject to any agreed amendments that are made.

David Levy

Director of Human Resources and Organisational Development

Background Papers:

Appendix 1 – NHS England healthcare worker flu vaccination letter, opt-out suggested letter and best practice management checklist, 7th September 2018

Appendix 2 – TEWV letter and Opt-out form October and November 2018

Appendix 3 – Updated TEWV Staff Flu campaign 2018-19 best practice management checklist as at 11th December 2018 and exception reporting narrative

Appendix 1

NHS
Wellington House
133-155 Waterloo Road
London SE1 8UG
martin.wilson1@nhs.net

Friday 7 September 2018

To: Chief Executives of NHS Trusts and Foundation Trusts

Dear Colleague

Health care worker flu vaccination

We know you appreciate the importance of all healthcare workers protecting themselves, their patients, their colleagues and their families by being vaccinated against seasonal flu, because the disease can have serious and even fatal consequences, especially for vulnerable patients. Your leadership, supported by the Flu Fighter campaign and the CQUIN has increased take-up of the flu vaccine, with some organisations now vaccinating over 90% of staff. Our ambition is for 100% of healthcare workers with direct patient contact to be vaccinated.

In February, the medical directors of NHS England and NHS Improvement wrote to all Trusts to request that the quadrivalent (QIV) vaccine is made available to all healthcare workers for winter 2018-19 because it offers the broadest protection. This is one of a suite of interventions that can and should be taken to reduce the impact of flu on the NHS.

Today we are writing to ask you to tell us how you plan to ensure that every one of your staff is offered the vaccine and how your organisation will achieve the highest possible level of vaccine coverage this winter.

Healthcare workers with direct patient contact need to be vaccinated because:

- a) Recent National Institute for Health and Care Excellence (NICE) guidelines¹ highlight a correlation between lower rates of staff vaccination and increased patient deaths;
- b) Up to 50% of confirmed influenza infections are subclinical (i.e. asymptomatic). Unvaccinated, asymptomatic (but nevertheless infected) staff may pass on the virus to vulnerable patients and colleagues;
- c) Flu-related staff sickness affects service delivery, impacting on patients and on other staff – recently published evidence suggests a 10% increase in vaccination may be associated with as much as a 10% fall in sickness absence;
- d) Patients feel safer and are more likely to get vaccinated when they know NHS staff are vaccinated.

In order to ensure your organisation is doing everything possible as an employer to protect patients and staff from seasonal flu we ask that you complete the best practice management checklist for healthcare worker vaccination [appendix 1] and publish a self-assessment against these measures in your trust board papers before the end of 2018.

Where staff are offered the vaccine and decide on the balance of evidence and personal circumstance against having the vaccine, they should be asked to anonymously mark their reason for doing so by completing a form, and you should collate this information to contribute to the development of future vaccination programmes. We have provided an example form [appendix 2] which you may wish to tailor and use locally, though we suggest you use these opt out reasons to support national comparisons.

We specifically want to ensure greatest protection for those patients with specific immune-suppressed conditions, where the outcome of contracting flu may be most harmful. The evidence suggests that in these 'higher-risk' clinical environments more robust steps should be taken to limit the exposure of patients to unvaccinated staff and you should move as quickly as possible to 100% staff vaccination uptake. At a minimum these higher-risk departments include haematology, oncology, bone marrow transplant, neonatal intensive care and special care baby units. Additional areas may be identified locally where there are a high proportion of patients who may be vulnerable, and are receiving close one-to-one to clinical care.

In these higher-risk areas, staff should confirm to their clinical director / head of nursing / head of therapy whether or not they have been vaccinated. This information should be held locally so that trusts can take appropriate steps to maintain the overall safety of the service, including considering changing the deployment of staffing within clinical environments if that is compatible with maintaining the safe operation of the service.

We would strongly recommend working with your recognised professional organisations and trade unions to maximise uptake of the vaccine within your workforce; to identify and minimise any barriers; to discuss and agree which clinical environments and staff should be defined as 'higher-risk'; and to ensure that the anonymous information about reasons for declining the vaccine is managed with full regard for the dignity of the individuals concerned. Medical and nurse director colleagues will need to undertake an appropriate risk assessment and discuss with their staff and trade union representatives how best to respond to situations where clinical staff in designated high risk areas decline vaccination.

It is important that we can track trusts' overall progress towards the 100% ambition. Each trust shall continue to report uptake monthly during the vaccination season via 'ImmForm'. However from this year you are also required to report how many healthcare workers with direct patient contact have been offered the vaccine and opted-out. This information will be published monthly by Public Health England on its website.

By February 2019 we expect each trust to use its public board papers to locally report their performance on overall vaccination uptake rates and numbers of staff declining the vaccinations, to include details of rates within each of the areas you designate as 'higher-risk'. This report should also give details of the actions that you have undertaken to deliver the 100% ambition for coverage this winter. We shall collate this information nationally by asking trusts to give a breakdown of the number of staff opting out against each of the reasons listed in appendix 2.

You can find advice, guidance and campaign materials to support you to run a successful local flu campaign on the NHS Employers Flu Fighter website www.nhsemployers/flufighter

Finally we are pleased to confirm that NHS England is once again offering the vaccine to social care workers free of charge this year. Independent providers such as GPs, dental and optometry practices, and community pharmacists, should also offer vaccination to staff. There are two parallel letters to primary care and social care outlining these proposals in more detail.

Yours sincerely

- signed jointly by the following national clinical and staff side professional leaders -

Prof Stephen Powis National Medical Director,
NHS England

..... and on behalf of National Escalation
Pressures Panel

Prof Paul Cosford .. Medical Director & Director of Health Protection, Public
Health England

Prof Jane Cummings Chief Nursing Officer,
NHS England

Sara Gorton (Unison)..... Co-chair, National Social
Partnership Forum

Prof Dame Sue Hill Chief Scientific Officer,
NHS England

Dame Donna Kinnair. Acting Chief Executive & General Secretary, Royal
College of Nursing

Prof Carrie MacEwen Chair of the Academy of Medical
Royal Colleges

Ruth May Executive Director of Nursing, NHS
Improvement

Dr Kathy Mclean Executive Medical Director NHS
Improvement

Danny Mortimer (NHS Employers) Co-chair, National Social
Partnership Forum

Pauline Philip National Director of Urgent and
Emergency Care

Suzanne Rastrick Chief Allied Health Professions Officer,
NHS England

Keith Ridge Chief Pharmaceutical Officer,
NHS England

John Stevens Chairman, Academy for
Healthcare Science

Gill Walton Chief Executive, Royal
College of Midwives

Appendix 2

TEWV Flu opt-out form – to complete

Please tick to confirm that you have chosen not to have the vaccine this year:

I know that I could get flu and have only mild symptoms or none at all; and that because of this I could give flu to a patient and/or another person, such as a colleague or person I know. I know that vaccination is likely to reduce the chances of me getting flu and of me passing it to a patient or another person. But I still don't want the vaccine.

Please tick each of the boxes below that apply to your decision not to have the jab.

I DON'T WANT TO BE FLU VACCINATED BECAUSE:

- I don't believe the evidence that being vaccinated is beneficial
- I'm concerned about possible side effects
- I don't know how or where to get vaccinated
- It was too inconvenient to get to a place where I could get the vaccination
- The times when the vaccination is available are not convenient
- I don't like needles
- I don't think I'll get flu
- I have a known anaphylactic reaction to eggs
- I am vegan
- Other reason – please tell us here:

**Please return this form via e-mail to russell.smith2@nhs.net OR in the internal post to Russell Smith
CQUIN Project Manager
Health & Wellbeing Team
HR/OD
Flatts Lane Centre
Normanby**

– PLEASE BE ASSURED THAT ANY FORMS RETURNED VIA EMAIL WILL BE TREATED ANONYMOUSLY AND NO DETAILS OF STAFF ORIGIN WILL BE KEPT AS PART OF THE DATA COLLECTION

Thank you for completing this form.

Appendix 3

Healthcare worker flu vaccination best practice management checklist

A	Committed leadership	Trust Self-Assessment (RAG rated)
A1	Board record commitment to achieving the ambition of 100% of frontline health care workers being vaccinated and for any healthcare worker who decides on the balance of evidence and personal circumstance against getting the vaccine should anonymously mark their reason for doing so.	<p>The BOD report of December 2018 formally endorses this ambition (as contained in the 7th September 2018 letter from senior NHS leaders). A process for gathering data relating to staff opting-out of having a flu vaccination was piloted in Forensic services in October 2018 and rolled out to all Trust areas on 23rd November 2018 – this information will be reported on monthly to Public Health England ; to date 55 responses have been received by staff across the Trust with the top3 reasons for staff not wanting a vaccination from the Trust being:</p> <ul style="list-style-type: none"> • I don't like needles (11) • I don't believe the evidence (15) • I am concerned about side effects (13)
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers.	Quadrivalent vaccine was ordered and has been in use across the Trust since 1 st October 2018
A3	Board receive an evaluation of the flu programme 2017-18, including data, successes and lessons learnt.	This evaluation was attached to the Staff Flu Vaccination 2018-19 plan which was approved by EMT in June 2018
A4	Agree on board champion for flu campaign	David Levy as Director of HR/OD is the Trust's senior board champion for

A5	Agree on how data on uptake and opt-out will be collected and reported.	<p>Flu</p> <p>Uptake data is collated and submitted by the Trust's Occupational Health Service provider (University Hospital of North Tees NHSFT). Opt-out data is being collated by the Trust's CQUIN Flu Project Manager ; this is via emailing senior clinical staff with a copy of the Trust's letter about this and opt-out form and asking them to cascade this form to their managers and teams asking for those staff who definitely do not want a vaccination to return the form (advising why they do not want a vaccination) ; awareness of this process has also been raised by the Communications Team using in Touch and the e-bulletin. Heads of Nursing and individual Chief Flu Fighters are also aware of the process and the need for the Trust to collect this data.</p>
A6	All board members receive flu vaccination and publicise this.	<p>All board members were offered a Flu vaccination and the clinic to offer this was advertised on in Touch ; there is no guarantee that all board/EMT members will have a flu vaccination, however this is offered to all members of the board/EMT and specific clinics arranged ; the Flu campaign is endorsed and promoted by the Trust's Chief Executive both in person and via Trust media on many occasions throughout the campaign</p>
A7	Flu team formed with representatives from all directorates, staff groups and trade union representatives.	<p>The Trust's Flu team/Flu group is multi-disciplinary</p>

		and includes representatives from different Trust Localities, a Head of Nursing (representing all trust Localities) and professional groups, including a staff-side representative ; currently the group does not have a medical representative and a member from Allied Health Professional staff group – the Terms of Reference for the group will be reviewed before the start of the next Flu campaign in 2019-20.
A8	Flu team meet regularly from August 2018.	The Trust's multi-disciplinary Flu group meets every month each year (apart from March) and the group has met each month during 2018 and will continue to do so
B	Communications plan	
B1	Rationale for the flu vaccination programme and myth busting to be published – sponsored by senior clinical leaders and trade unions.	This information is contained within the Trust's dedicated Flu in Touch pages and electronic training package for Chief Flu Fighters (peer vaccinators) ; it is also referenced in the 2018-19 Staff Flu vaccination and Operational plans
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper.	This information is detailed on the dedicated Flu in Touch pages and included in other Trust documents such as the weekly electronic e-bulletin and also on paper via noticeboards etc..
B3	Board and senior managers having their vaccination to be publicised	All board members were offered a Flu vaccination and the clinic to offer this was advertised on in Touch
B4	Flu vaccination programme and access to vaccination on induction.	There is an established Trust-wide Flu vaccination programme ; Occupational Health nurse attends the Trust's

		induction each month to offer Flu vaccinations and will also be attending a specific junior doctor's induction on 6 th December 2018
B5	Programme to be publicised on screensavers, posters and social media.	Whilst the use of screensavers in the Trust are not used, the Flu campaign is publicised using a banner on the front page of in Touch and via posters and social media
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups.	CQUIN Flu Project Manager circulates weekly flu uptake data to Flu group members, operational directors, heads of nursing and to Chief Flu Fighters ; information is also published on in Touch and by the Communications team
C	Flexible accessibility	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered.	The Trust has a well-established network of Chief Flu Fighters across each Locality of the Trust ; for the 2018-19 campaign, 92 Chief Flu Fighters were initially recruited ; face to face training was provided to staff undertaking the role for the first time ; In future an even wider network of Chief Flu Fighters across each clinical area in each Locality ; no concerns have been raised about staff not being released for the role from their substantive positions, however at times there is inevitably pressure for staff undertaking both roles
C2	Schedule for easy access drop in clinics agreed.	The Trust's Occupational Health Nurse and Chief Flu Fighters across the Trust create a full schedule of easy access clinics for each month of the campaign from

		October until February (if needed later in the campaign)
C3	Schedule for 24 hour mobile vaccinations to be agreed.	In some areas, such as in Forensic services, there are a couple of Chief Flu Fighters who are regular night staff ; the Trust's Occupational Nurse also offers flu vaccinations at clinics at the start and end of shifts early on a morning at as many sites as possible ; a formal and regular of vaccinations for staff who work night shifts is not formally established at the current time
D	Incentives	
D1	Board to agree on incentives and how to publicise this.	EMT agreed within the Staff Flu Vaccination plan 2018-19 the type of incentives to be offered to staff as a 'thank you' for having a flu vaccination – this year the items were lanyards, pens, notebooks and 7 weekly prize draws for Love to Shop High Street vouchers ; the incentives have been widely publicised by the Communications team, on in touch and in the e-bulletin, by Chief Flu Fighters, the Flu Team/group
D2	Success to be celebrated weekly.	The Communications Team regularly publish vaccination uptake data and celebrate achievements throughout the Flu campaign e.g. when % vaccination milestone percentages are reached

**FOR GENERAL RELEASE
BOARD OF DIRECTORS**

DATE:	18 December 2018
TITLE:	Finance Report for Period 1 April 2018 to 30 November 2018
REPORT OF:	Patrick McGahon, Director of Finance and Information
REPORT FOR:	Assurance and Information

This report supports the achievement of the following Strategic Goals:	✓
<i>To provide excellent services working with the individual users of our services and their carers to promote recovery and wellbeing</i>	
<i>To continuously improve to quality and value of our work</i>	
<i>To recruit, develop and retain a skilled, compassionate and motivated workforce</i>	
<i>To have effective partnerships with local, national and international organisations for the benefit of the communities we serve</i>	
<i>To be recognised as an excellent and well governed Foundation Trust that makes best use of its resources for the benefits of the communities we serve.</i>	✓

Executive Summary:

The comprehensive income outturn for the period ending 30 November 2018 is a surplus of £6,287k, representing 2.7% of the Trust's turnover and is £603k ahead of the revised NHSI plan.

Performance Against Plan – year to date (3.2)

The Trust is currently £603k ahead of its year to date financial plan.	Variance £000	Monthly Movement £000	Movement
	-603	31	

Cash Releasing Efficiency Savings (CRES) (3.3)

Identified CRES schemes for the financial year are £194k behind financial plan.	CRES Type	Annual Variance £000	Movement
	Recurrent	4,505	
	Non recurrent	-4,311	
	Target	0	
	Variance	194	

Identified CRES schemes for the rolling 3 year period are £14,717k behind the £21,000k CRES target.	CRES Type	Annual Variance £000	Movement
	Recurrent	14,717	

A Waste Reduction Programme has been established to assist the Trust in delivering the current year CRES requirements in full, and a 3 year recurrent CRES plan.

Capital (3.4)

The Trust is currently £112k in excess of its capital plan.	Variance £000	Monthly Movement £000	Movement
	112	115	↓

The Trust received a capital rebate relating to prior year schemes (£2,289k) and has incurred £2,566k expenditure relating to Roseberry Park rectification work. With these included, capital expenditure is £390k higher than planned.

Workforce (3.5)

The Trust is currently £2,036k (53%) in excess of its agency cap.	Variance £000	Monthly Movement £000	Movement
	2,036	407	↓

Agency expenditure remains high in month 8 across all localities and is largely required for nursing agency to support vacancies and enhanced observations with complex clients.

Use of Resources Risk Rating (UoRR) (3.7)

The Trust is currently behind its planned UoRR which is rated 1 to 4 with 1 being good.	Plan	Actual	Movement
	1	3	→

The UoRR for the Trust is assessed as 3 for the period ending 30 November 2018 and is behind plan (Table 4). The agency position exceeds the 50% NHSI cap and is rated as a 4, as a result the Trust's UoRR is capped at a 3. Excluding this cap the Trust would be assessed as a rating of 2. Recruitment options are being explored to reduce dependency on agency, and progress continues to inform conversations with NHSI.

Recommendations:

The Board of Directors is requested to receive the report, to note the conclusions in section 6 and to raise any issues of concern, clarification or interest.

MEETING OF:	Board of Directors
DATE:	18 December 2018
TITLE:	Finance Report for Period 1 April 2018 to 30 November 2018

1. INTRODUCTION & PURPOSE:

This report sets out the financial position for 1 April 2018 to 30 November 2018.

2. BACKGROUND INFORMATION AND CONTEXT:

- 2.1 This report will enable the Board of Directors to monitor the Trust's key financial duties and performance indicators which are both statutory requirements.
- 2.2 NHS Improvement's Use of Resources Rating (UORR) evaluates Trusts based on ability to service debt, liquidity, I&E margin, achievement of planned I&E margin and agency expenditure.

3. KEY ISSUES:

3.1 Key Performance Indicators

The Trust is achieving the control total set by NHSI, the Use of Resources Rating for the Trust is capped as a 3 and is behind plan due to agency expenditure exceeding the capped target. Excluding this cap the Trust would be assessed as a rating of 2. The amount of CRES identified is marginally below required levels, and actions taken to rectify are detailed in section 3.3.

3.2 Statement of Comprehensive Income

During October the Trust submitted a revised financial plan to NHS Improvement increasing the planned year end surplus to £9,863k, including £4,663k of Provider Sustainability Fund (PSF). This report reflects this update and performance year to date is measured accordingly.

The comprehensive income outturn for the period ending 30 November 2018 is a surplus of £6,287k, representing 2.7% of the Trust's turnover and is £603k ahead of plan.

Table 1	Annual Plan £000	Year to Date Plan £000	Year to Date Actual £000	YTD Variance £000	October Variance £000
Income From Activities	(336,162)	(219,242)	(218,914)	328	342
Other Operating Income	(15,938)	(11,429)	(11,669)	(240)	(190)
Total Income	(352,100)	(230,671)	(230,583)	88	152
Pay Expenditure	264,635	176,185	175,605	(581)	(811)
Non Pay Expenditure	68,554	42,036	42,126	90	207
Depreciation and Financing	9,048	6,766	6,565	(201)	(182)
Variance from plan	(9,863)	(5,683)	(6,287)	(603)	(634)

3.3 Cash Releasing Efficiency Savings (CRES)

The Trust's performance against the 2018/19 CRES target is shown in Table 2 below. The Trust is behind plan (£194k) and continues to identify schemes to ensure full delivery of recurrent CRES requirements.

Table 2	CRES Type	Annual Variance £000	Movement
Identified CRES schemes for the financial year are £194k behind financial plan.	Recurrent	4,505	
	Non recurrent	-4,311	
	Target	0	
	Variance	194	

3.4 Capital

Expenditure against the capital programme to 30 November 2018 is £8,483k and is £112k in excess of plan largely due to expenditure incurred on IT licenses.

The Trust received a capital rebate relating to prior year schemes (£2,289k) and has incurred £2,566k expenditure relating to Roseberry Park rectification work. With these included, capital expenditure is £390k higher than planned.

3.5 Workforce

Table 3 below shows the Trust's performance on some of the key financial drivers identified by the Board.

Table 3	Pay Expenditure as a % of Pay Budgets						
	Tolerance Nov-18	Jun	Jul	Aug	Sep	Oct	Nov
Tolerance							
Establishment (a) (90%-95%)	93.96%	93.41%	92.77%	92.72%	92.31%	93.46%	93.96%
Agency (b)	1.00%	2.80%	2.98%	3.05%	3.19%	3.25%	3.40%
Overtime (c)	1.00%	1.12%	1.12%	1.13%	1.11%	1.09%	1.07%
Bank & ASH (flexed against establishment) (100%-a-b-c)	4.04%	3.08%	2.93%	2.98%	3.09%	3.13%	3.22%
Total	100.00%	100.41%	99.80%	99.88%	99.70%	100.93%	101.65%

The tolerances for flexible staffing expenditure are set at 1% of pay budgets for agency and overtime, and flexed in correlation to staff in post for bank and additional standard hours (ASH). For November 2018 the tolerance for Bank and ASH is 4.04% of pay budgets.

NHS Improvement monitors agency expenditure against a capped target. Agency expenditure at 30 November 2018 is £5,896k which is £2,036k (53%) in excess of the agreed year to date capped target of £3,860k. Recruitment options are being explored to reduce dependency on agency, and progress continues to inform conversations with NHSI.

3.6 Cash

Total cash at 30 November 2018 is £70,626k, and is £5,080k higher than planned, largely due to working capital variations.

3.7 Use of Resources Risk Rating (UoRR) and Indicators

3.7.1 The UoRR for the Trust is assessed as 3 for the period ending 30 November 2018 and is behind plan (Table 4). The agency position exceeds the 50% NHSI cap and is rated as a 4, as a result the Trust's UoRR is capped at a 3. Excluding this cap the Trust would be assessed as a rating of 2. Recruitment options are being explored to reduce dependency on agency, and progress continues to inform conversations with NHSI.

Table 4: Use of Resource Rating at 30 November 2018

NHS Improvement's Rating Guide	Weighting	Rating Categories			
	%	1	2	3	4
Capital service Cover	20	>2.50	1.75	1.25	<1.25
Liquidity	20	>0	-7.0	-14.0	<-14.0
I&E margin	20	>1%	0%	-1%	<=-1%
I&E margin distance from plan	20	>=0%	-1%	-2%	<=-2%
Agency expenditure	20	<=0%	-25%	-50%	>50%

TEWV Performance	Actual		YTD Plan		RAG Rating
	Achieved	Rating	Planned	Rating	
Capital service cover	1.50x	3	1.39x	3	●
Liquidity	45.7 days	1	50.2 days	1	●
I&E margin	2.7%	1	2.5%	1	●
I&E margin distance from plan	0.2%	1	0.0%	1	●
Agency expenditure	£5,896k	4	£3,860k	1	◆

Overall Use of Resource Rating	3	1	◆
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3.7.2 The capital service capacity rating assesses the level of operating surplus generated, to ensure Trusts are able to cover all debt repayments due in the reporting period. The Trust has a capital service capacity of 1.50x (can cover debt payments due 1.50 times), which is ahead of plan and rated as a 3.

3.7.3 The liquidity metric assesses the number of days operating expenditure held in working capital (current assets less current liabilities). The Trust liquidity metric is 45.7 days; this is behind plan and is rated as a 1.

3.7.4 The income and expenditure (I&E) margin assesses the level of surplus or deficit against turnover, excluding exceptional items e.g. impairments. The Trust has an I&E margin of 2.7%, which is ahead of plan and rated as a 1.

3.7.5 The I&E margin distance from plan ratio assesses the I&E Margin against plan, excluding PSF income. The Trust I&E margin distance from plan is 0.2% which is ahead of plan and rated as a 1.

3.7.6 The agency rating assesses agency expenditure against a capped target for the Trust. Agency expenditure is 53% higher than the capped target and is rated as a 4.

The margins on UoRR are as follows:

- Capital service cover - to improve to a 2 a surplus increase of £2,213k is required.
- Liquidity - to reduce to a 2 a working capital reduction of £40,780k is required.
- I&E Margin – to reduce to a 2 an operating surplus decrease of £603k is required.
- I&E margin distance from plan – to reduce to a 2 an operating surplus decrease of £603k is required.
- Agency Cap rating – to improve to a 3 a reduction in agency expenditure of £106k is required.

4. IMPLICATIONS:

4.1 There are no direct CQC, quality, legal or equality and diversity implications associated with this paper.

5. RISKS:

5.1 There are no risks arising from the implications identified in section 4.

6. CONCLUSIONS:

6.1 At the end of November the Trust is £603k ahead of the revised control total submitted to NHSI.

6.2 The amount of CRES identified for the financial year and rolling 3 year period is below required levels; however, the Trust continues to identify schemes to ensure full delivery of recurrent CRES requirements.

6.3 The UoRR for the Trust is capped as a 3 for the period ending 30 November 2018 and is behind plan due to agency expenditure exceeding the capped target. Excluding this cap the Trust would be assessed as a rating of 2. Recruitment options are being explored to reduce dependency on agency, and progress continues to inform conversations with NHSI.

7. RECOMMENDATIONS:

7.1 The Board of Directors is requested to receive the report, to note the conclusions in section 6 and to raise any issues of concern, clarification or interest.

Patrick McGahon
Director of Finance and Information