Trust Board
There will be a meeting of the Trust Board on Thursday 14 March 2019 at 10:00 in Education Centre, Kidderminster Hospital and Treatment Centre.

This meeting will be followed by a public question and answer session.

Sir David Nicholson
Chairman

	Agenda		Enclosure
	Patient story: Freedom to Speak Up Guardian		
1	**Welcome and apologies for absence**		
2	**Items of Any Other Business** *To declare any business to be taken under this agenda item.*		
3	**Declarations of Interest** *To declare any interest members may have in connection with the agenda.*		
4	**Minutes of the previous meeting** *To approve the Minutes of the meeting held on **14 February 2019** as a true and accurate record of discussions.*	*For approval*	**Enc A**
5	**Action Log**	*For noting*	**Enc B**
6	**Chairman's Report**	*Verbal*	
7	**Chief Executive's Report**	*For noting*	**Enc C**
8	**Integrated Performance Report**		**Enc D**
8.1	**Executive Summary** Chief Executive	*For assurance*	
8.2.1	**Section 1 – Quality Performance Report** Chief Nurse/Chief Medical Officer		
8.2.2	**Quality Governance Committee Assurance report** Quality Governance Committee Chairman		
8.3.1	**Section 2 – Operational & Financial Performance Report** Chief Operating Officer/Chief Finance Officer		
8.3.2	**Finance and Performance Committee Assurance Report**		

	Finance and Performance Committee Chairman		
8.4.1	**Section 3 – People and Culture Performance Report** Director of People and Culture		
8.4.2	**People and Culture Committee Assurance Report** People and Culture Committee Chairman		
9	**Governance**		
9.1	**Learning from Deaths** Chief Medical Officer	*For assurance*	**Enc E1**
9.2	**Report on Nursing and Midwifery Staffing Levels – December 2018** Chief Nurse	*For assurance*	**Enc E2**
9.3	**Trust Management Executive Report** Chief Executive	*For assurance*	**Enc E3**
9.4	**Staff Survey** Director of People and Culture	*For assurance*	**Enc E4**
9.5	**EU preparedness** Chief Finance Officer	*For assurance*	**Enc E5**
10	**Assurance Reports**		
10.1	**Audit and Assurance Committee Report** Audit and Assurance Committee Chairman	*For assurance*	**Enc F1**
10.2	**Remuneration Committee Report** Chairman	*For assurance*	**Enc F2**
10.3	**Finance and Performance Committee Report** Finance and Performance Committee Chairman	*For approval*	**Enc F3**
	Any Other Business *as previously notified*		
	Date of Next Meeting *The next public Trust Board meeting will be held on 28 March 2019 in the Friends' Room, Charles Hastings Education Centre, Worcester*		
	Public Q&A session		

Exclusion of the press and public

The Board is asked to resolve that - **pursuant to the Public Bodies (Admission to Meetings) Act 1960 'representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest'** (Section 1(2) Public Bodies (Admission to Meetings) Act 1960).

Worcestershire Acute Hospitals NHS Trust

MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON THURSDAY 14 FEBRUARY 2019 AT 10:00 hours
The Board Room, Alexandra Hospital, Redditch

Present:

Chairman:	Sir David Nicholson	
Board members: (voting)	Paul Brennan	Chief Executive/Chief Operating Officer
	Anita Day	Non-Executive Director
	Matthew Hopkins	Chief Executive
	Suneil Kapadia	Chief Medical Officer
	Vicky Morris	Chief Nursing Officer
	Bill Tunnicliffe	Non-Executive Director
	Steve Williams	Non-Executive Director
	Mark Yates	Non-Executive Director
Board members: (non-voting)	Richard Haynes	Director of Communications
	Colin Horwath	Associate Non-Executive Director *from 146/18/2*
	Richard Oosterom	Associate Non-Executive Director
	Tina Ricketts	Director of People and Culture
	Sarah Smith	Director of Strategy and Planning
In attendance:	Kimara Sharpe	Company Secretary
Public Gallery:	Press	0
	Public	4
Apologies	Jill Robinson	Chief Finance Officer

141/18 **WELCOME**

Sir David welcomed everyone to the meeting, in particular, Mrs Osmond who was covering for Ms Robinson and, in his absence, Mr Horwath to his first meeting as Associate Non-Executive Director. Unfortunately Mr Horwath was delayed due to traffic problems.

142/18 **ANY OTHER BUSINESS**

There were no items of any other business.

143/18 **DECLARATIONS OF INTERESTS**

There were no additional declarations of interest. Board members were reminded that the Register is on the website.

144/18 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 10 JANUARY 2019**

RESOLVED that:-

- The Minutes of the public meeting held on 10 January 2019 be confirmed as a correct record.

145/18 **MATTERS ARISING/ACTION SCHEDULE**

123/18 **Digital steering group**: Mr Oosterom reported that this has not yet been set up.

ACTION Ms Robinson

119/18 **Nurse led services**: It was agreed to add this to the action list.

ACTION Mrs Morris to include in Clinical Services Strategy

All other actions were either not yet due or had been completed.

146/18 **INTEGRATED PERFORMANCE REPORT**

146/18/1 **Executive summary**

Mr Hopkins outlined the key areas he was recommending for further discussion at the meeting.

Quality

- Falls with harm and the work being undertaken with NHS I in the falls collaborative
- *Clostridium Difficile* (C Diff)
- Sepsis

Operational performance

- Emergency access standard
- Referral to treatment (RTT)
- Cancer

Finance

- Forecast for year-end including risks
- Performance against the cap and collar contract

People and Culture

- Consultant vacancy position
- Job planning process

146/18/2 **Quality Performance/Quality Governance Committee Assurance Report**

Mrs Morris stated that the falls with harm were below the national average and she has begun to roll out the work undertaken with NHS Improvement in the falls collaborative.

She went onto state that the proactive work undertaken by the pharmacy team has reduced the number of medicines incidents.

Mr Howarth joined the meeting.

She then turned to the launch of the key standards for infection control. She described the work being undertaken which included patient information to enable patients to challenge perceived poor practice.

She was pleased with the complaints performance which was now back on trajectory.

Ms Day asked about the detail behind the under reporting of medical incidents. Mrs Morris explained that whilst incidents of harm are reported, she believes that incidents in which there was no harm are not reported due to workload issues. She confirmed that there was proactive work being undertaken by the pharmacy staff with the ward staff.

Dr Kapadia added that the movement to electronic prescribing will allow better monitoring and there will be fewer errors.

Ms Smith asked about the responsiveness of the organisation to the infection control issues. Mrs Morris stated that vigilance was key and staff needed to be challenged. She was hopeful that patients would take the initiative as well. Ms Ricketts confirmed that there had been a helpful discussion with the JNCC concerning this area.

Mr Oosterom was disappointed with the low number of hand hygiene audits. Mrs Morris agreed but she confirmed that the position had improved. She explained that audits were still undertaken on paper in some areas which was a challenge.

Mr Williams asked about the sanctions for not undertaking hand hygiene practices. Ms Ricketts stated that there had been 38 conversations of concern and 18 disciplinary cases. Mrs Morris stated that the launch of the key standards would make the requirements explicit so holding to account would be easier.

Dr Tunnicliffe supported Mrs Morris with the work that she and her team are undertaking. He was frustrated that improvements were not happening as fast as he would like, but cultural change takes some time and he recognised that clinicians needed to own many of the issues, which they do not do currently. He was encouraged with the position of this year compared to last year.

Sir David asked about the trajectory for improvement for hand hygiene audits and sepsis. Mrs Morris stated that she was currently reviewing the trajectories in her review of the Quality Improvement Strategy.

Dr Kapadia was pleased that there had been an improvement in the time to theatre for patients who had a fractured neck of femur. Mortality at the Alexandra Hospital was decreasing and at the Worcestershire Royal the rate was 8.3% which was above the national average of 6.5%.

He then turned to sepsis. For the last 18 months, there had been a focus on ensuring antibiotics were given within the hour. The overall figure for sepsis 6 was 39% but this was for completed documentation rather than what had actually taken place. The mortality for sepsis 6 was within normal limits. He was confident that the end of the year, there should be a consistent achievement of 70% for the whole of sepsis 6.

Mr Yates was pleased to see the improvement in sepsis. However he wondered whether the dip in performance coincided with the sepsis nurse leaving. Dr Kapadia stated that there was no correlation and he confirmed the more robust support for sepsis now in place.

Dr Kapadia then turned to mortality. He was pleased that the crude mortality was deceasing. Ms Day asked why SHMI had not been presented and wondered where the scrutiny was for this. Dr Tunnicliffe confirmed that the Quality Governance Committee (QGC) was presented with a detailed report which was scrutinised.

Dr Tunnicliffe supported Dr Kapadia with his analysis of the use of the crude mortality figures. He agreed that SHMI and HSMR were more prone to variations. His view was that mortality was improving within the Trust. Mr Hopkins reminded members that there would be a more detailed report presented to the Board the following month.

Dr Tunnicliffe then presented his report. He highlighted the use of SQUID within the Committee meeting. He was pleased with the attendance of more medical staff at QGC.

He stated that he has more confidence than in the past.

Ms Day congratulated the teams for the work undertaken in this area.

Mr Howarth asked about discharge planning. Dr Tunnicliffe explained that the Committee is reviewing the attainment of professional standards to ensure that patients are quickly and safely discharged to the appropriate destination. He will be meeting with the Chief Operating Officer to see how the Committee can support the work being undertaken. He stated that this would be an area of focus for the next few months.

Mr Hopkins stated that this area was vitally important from a patient experience perspective. The current peak time for discharge was after 6pm. He was asking the Chief Operating Officer to review the medical model to ensure that earlier discharge is facilitated. This will be through the urgent care action plan which would be presented to the next meeting.

ACTION: Presentation of the Urgent Care Action Plan to the March meeting (Mr Brennan).

RESOLVED that
The Board

- Received the Committee report for assurance

146/18/3 **Financial & Operational Performance/Finance and Performance Committee Assurance Report**

Mrs Osmond presented the report. The Trust is reporting a month 9 deficit (pre Provider Sustainability Fund) of £6.3m which is £4.2m adverse to plan. This position was expected. Emergency activity was 4% above plan which is above the cap of the contract.

The Trust continues to be given access to monthly working capital from the Department of Health and Social Care. This will result in an increased interest charge.

She then turned to the overall forecast. There are two key risks to the £72.5m forecast deficit. These are winter and the contract outturn. She was pleased that the contract outturn risk was diminishing. The winter costs were not increasing. Currently the risks are not material. She stated that a further risk had been identified – that of energy cost. She explained the detail and confirmed that all mitigations were being reviewed. This was now raised to the regional and national team as achievement of the forecast remains a concern.

Mr Oosterom confirmed that the Finance and Performance Committee was focussing on the year end. He also raised the issue of the Malvern lease which was not in control of the Trust. He was disappointed that the issue about the energy bill had been raised so late in the year.

Mr Yates asked for clarification on the contract activity. Mrs Osmond confirmed that months 1-4 had slow elective income. Performance was now back to predicted. Emergencies continued to be above the cap which was of concern as these will not be funded.

Mr Howarth asked about the cost improvement programme and the traction within the Trust. Ms Smith stated that the lessons learnt from 2018/19 were being embedded within the 2019/20 work. Mr Oosterom stated that this was a key focus for the Finance and Performance Committee. Mr Hopkins assured members that delivery of the CIP

had been a focus at the recent Trust Management Executive meeting.

Mr Williams reminded members that planning needed to be much earlier, Mr Oosterom agreed and stated that a five year plan was essential.

Dr Tunnicliffe was surprised that the energy price rise had not been flagged earlier in the year. Mrs Osmond confirmed that the amount was £900k for 2018/19 and £2m full year effect. She stated that the performance management of some areas had not been as rigorous as other areas and that this was now being rectified.

Mr Brennan confirmed that the CIP focus for 2019/20 was on cost out. He was not prepared to consider income based schemes.

Sir David invited Mr Brennan to speak about operational performance. Mr Brennan highlighted the positive performance around cancer. He was disappointed with the RTT and diagnostic performance. The main focus on RTT was to reduce long waiters. This will affect performance. He was pleased that there was a reduction in people waiting over 40 weeks.

He then turned to diagnostics. The target was 99% of patients having their diagnostic within 6 weeks. The Trust's performance was at 92%. The main delays are for MRI, and CT scans and endoscopy. He would be producing a trajectory for TME later in the month which he will present to the Finance and Performance Committee. This will be within the urgent care plan (as detailed above).

With respect to cancer, Mr Brennan stated that the longest waits were with urology (prostate pathway), skin and lung pathways. He was reviewing each pathway and was optimistic with the progress that could be made.

Mr Brennan then turned to the emergency access standard. He was pleased that the patients were not being cared for in theatre recovery or other surge areas but expressed concern about the patients in the corridor. He described the urgent care interactive session held with staff earlier that week. The use of the corridor and delays for patients waiting in ambulances had to cease. He stated that the biggest area for challenge was the medical model. Some patients needed to bypass the emergency department and be seen within the speciality. There was a large cohort of elderly patients in acute medical beds being cared for by locums, who could benefit from being cared for staff, skilled in care of the elderly. The focus for these patients needed to be on discharge to a safe place.

Ms Smith reminded members that considerable investment had taken place into the frailty model at the Alexandra Hospital. She wondered how the model described by Mr Brennan would work with this model. Mr Brennan stated that he was meeting with the CCG and ambulance service to understand why patients were not being transferred directly to this service.

Dr Tunnicliffe was pleased with the progress being made but asked what went wrong during 2018/19 when all the key metrics declined. Mr Brennan stated that it was primarily due to the Trust being overwhelmed and using areas for patients such as endoscopy which meant that the area could not be used for normal business. Mrs Osmond reminded members that there had also been a national directive to reduce electives.

Sir David expressed his thanks to both Mrs Osmond and Mr Brennan. He was pleased with the focus of the work. However he was concerned that the opening of the beds had

not improved the performance and that patients were waiting in the back of ambulances. He asked when these issues would improve. Mr Brennan confirmed that he was working on the trajectories and would be able to report to the next Board meeting within the urgent care plan.

Mr Hopkins informed the Board that he had undertaken a night shift with paramedics. He had witnessed good team working between the Trust staff and the ambulance staff. Staff were working under pressurised conditions. He committed to improving the congestion of the department and eliminating patients on the corridor.

RESOLVED that:
The Board

- Received the Committee report for assurance

146/18/4 **People and Culture Performance**

Ms Ricketts stated that the Trust was on track for 85% of job plans to be completed by the end of March. The planning would be revisited once the clinical services strategy was in place to ensure the needs of the organisation were being met. Dr Kapadia confirmed that the alignment of job plans with the front door requirements would take place during the next few months. Mr Yates stated that the People and Culture Committee would be undertaking a deep dive at the next meeting on job planning and he would report back to the board in his next report.

Ms Ricketts stated that the sickness absence spike in new year was consistent with the same period in the previous year. This was mainly concentrated within Women and Children and Facilities. She was proving extra support to these areas from her department to support the reduction in sickness absence rates.

The increase in turnover was caused by the unqualified workforce. She was working on retention policies. She was also considering incentive schemes for recruitment. She was working with Health Education England on this area.

Mr Williams asked what the main reason for leaving was. Ms Ricketts stated that the exit interview process was not robust and an on line survey was being offered which would give better data. Anecdotally, the main reasons were lack of flexible working and retirement.

Mr Yates highlighted the moderate success with the achievement of mandatory training rates.

Sir David asked about the staff survey results. Ms Ricketts stated that the initial viewing of the results showed the Trust remained in the bottom quartile. There had been an improvement in support for personal development but a deterioration in support from line management.

Ms Day asked whether there were any consequences for agency spend being above the national ceiling. Ms Ricketts confirmed that there were no financial penalties but a more detailed response to regulators was required. Mr Oosterom stated that he would be reviewing the model hospital data which showed that the Trust was over resourced in staff numbers.

Mr Haynes stated that the arrival of Mr Hopkins had initiated more staff engagement and a regular senior leaders' brief. This would identify themes of concern to staff across the Trust.

RESOLVED that:
The Board:

- Received the report

147/18 **GOVERNANCE**

147/18/1 **European Union Exit Preparedness**

Mr Hopkins reported that there is a focussed team in place to lead on this area. He was unable to provide assurance that adequate local plans are in place for a 'no deal' Brexit. This was due to the national teams undertaking much of the work and the lack of communication from these teams. He confirmed that there was a detailed risk register in place which gave a description of the risks. He was able to confirm that there were about 200 staff from the EU employed by the Trust and none had indicated that they would be leaving as a result of Brexit. He was able to confirm that the Chief Executive of the County Council had undertaken a risk assessment of the EU staff within the care sector and she had confirmed that this was a low risk in Worcestershire.

He then gave more detail about the areas which were being managed centrally by the Department of Health and Social Care, in particular the supply of medicines and non-stock items. The Head of Pharmacy and Head of Procurement were working to mitigate risks. Dr Kapadia assured members that there would be no change in the registration for doctors within the trust or those wanting to work in the Trust from the EU.

Mr Hopkins committed to discussing the issues with NHS Providers and NHS Improvement as this affects the whole of the NHS.

Mr Yates thanked Mr Hopkins for the update. He stated that he was more concerned with the situation post 29 March.

Mr Williams asked whether the Trust had had sight of the risk registers from other trusts. Mr Hopkins confirmed that the pharmacy team and procurement teams were working very closely with NHS I and other colleagues to identify all the risks.

In response to Mr Oosterom, Mrs Osmond confirmed that assurance had been given by ISS with respect to their preparedness. Mrs Morris confirmed that the Trust had 28 days' supply of medicines, compared to the average of 15 days. Dr Tunnicliffe reminded members that some supplies were fragile and had no shelf life. It was important to understand these areas. Mr Hopkins stated that these areas were under consideration by NHS I.

Sir David thanked Mr Hopkins for his update.

RESOLVED that:
The Board:

- Noted the preparation being made for a 'no deal' Brexit

DATE OF NEXT MEETING
The next Public Trust Board meeting will be held on Thursday 14 March 2019 at 10:00 in the Education Centre, Kidderminster Hospital and Treatment Centre, Kidderminster.

The meeting closed at 11:48 hours.

Signed _____ **Date** _____

Sir David Nicholson, Chairman

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

PUBLIC TRUST BOARD ACTION SCHEDULE – MARCH 2019

RAG Rating Key:

Completion Status	
	Overdue
	Scheduled for this meeting
	Scheduled beyond date of this meeting
	Action completed

Meeting Date	Agenda Item	Minute Number (Ref)	Action Point	Owner	Agreed Due Date	Revised Due Date	Comments/Update	RAG rating
9-11-18	FTSU Guardian	99/18/4	FTSU guardian and champions to attend TB	KS	May 2019		On agenda for this meeting.	
14-2-19	IPR	146/18/2	Present the urgent care action plan to the March meeting	PB	Mar 2019	April 2019	Deferred to April.	
10-01-19	Patient Story	119/18	Follow up the following actions: • Eye Care Liaison Officer • The time between diagnosis and initial treatment • The lack of information for patients of services within the Community.	VM	Mar 2019		• This is in post within the community • This is dependent on clinical need • There is information relating to individual eye conditions. A full briefing will be presented to TME and QGC in the next cycle of meetings. Action closed.	
10-01-19	IPR	127/18/2	Present a paper on mortality covering • An outline of the issues and the challenges the Trust faces • An explanation of the top 3-4	SK	Mar 2019		On agenda. Action closed.	

			issues identified by the medical examiners and the actions taken as a result					
10-01-19 14-02-19	Matters arising	123/18 145/18	Set up a digital strategy steering group	JR	Jan 2019		Completed. Action closed. Action reopened – Feb 2019. Group now ben set up and first meeting to be held. Action closed.	
14-2-19	Matters arising	119/18 145/18	Increase nurse led services.	VM			Include within clinical services strategy. Action closed.	
9-11-18	CEO report	96/18	Explore applying for prostate cancer monies	PB	Jan 2019		Transferred to the Deputy CMO. Options being reviewed. Discussions being held with the Cancer Alliance who would apply for money. Action closed.	

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Meeting	Trust Board
Date of meeting	14 March 2019
Paper number	C

Chief Executive's Report

For approval:		For discussion:		For assurance:		To note:	x

Accountable Director	Matthew Hopkins Chief Executive Officer		
Presented by	Matthew Hopkins Chief Executive Officer	**Author**	Kimara Sharpe Company Secretary

Alignment to the Trust's strategic priorities					
Deliver safe, high quality, compassionate patient care	X	Design healthcare around the needs of our patients, with our partners	X	Invest and realise the full potential of our staff to provide compassionate and personalised care	x
Ensure the Trust is financially viable and makes the best use of resources for our patients	X	Continuously improve our services to secure our reputation as the local provider of choice	X		

Alignment to the Trust's goals							
Timely access to our services	X	Better quality patient care	x	More productive services	*X*	Well-Led	x

Report previously reviewed by		
Committee/Group	Date	Outcome

Assurance: *Does this report provide assurance in respect of the Board Assurance Framework strategic risks?*	N	BAF number(s)	

Significant assurance ☐ *High level of confidence in delivery of existing mechanisms/objectives*	**Moderate assurance** ☐ *General confidence in delivery of existing mechanisms /objectives*	**Limited assurance** ☐ *Some confidence in delivery of existing mechanisms /objectives*	**No assurance** ☐ *No confidence in delivery*

Recommendations	The Board is requested to • note this report

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Meeting	Trust Board
Date of meeting	14 March 2019
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Executive Summary

Trust Management Executive: Members will be aware that the Trust Leadership Group (TLG) met every fortnight to discuss items pertinent to our day to day business. The Deloitte review (October 2018) recommended that this forum was reviewed and the membership curtailed to enable better decision making. This review has been undertaken and on 23 January, the new Trust Management Executive met for the first time. I am currently still drafting the terms of reference and these will be presented to the Board for approval in due course. The TME meets monthly and will report to the Board (see later on the agenda). TME is our main decision making body. Committees will receive reports which will have been to TME, for assurance.

Emergency Care Programme Director: I am delighted to inform you that Andy Aldridge joined us on 4 March for 6 months as the Emergency Care Programme Director. Andy is currently a senior adviser at the Emergency Care Intensive Support Team (ECIST). This new role will support the COO in overseeing the delivery of the emergency care recovery plan, which is currently under final stages of development.

Winter pressures: We have been exceptionally busy over the last few weeks and I would like to thank all staff who have been working hard to ensure the safety of our patients.

Flu vaccination uptake: I am pleased to report that as at the 22 February 2019 the Trust has achieved a flu vaccination uptake rate of 75.88% with an opt out rate of 4%. This is similar to the rate we achieved in 2017/18. This information has been published on our website.

Recent unannounced visit from the Care Quality Commission (CQC) to the Accident and Emergency Departments at Worcestershire Acute Hospitals NHS Trust: The CQC undertook an unannounced visit to the two Accident and Emergency Departments on Monday, 14th January 2019. The CQC published their findings in two reports on 28 February 2019. It is pleasing to note the CQC identified examples of good practice, treatment and care and these are highlighted in the report. However, the CQC also identified areas for improvement and again these are outlined within the report. Whilst we have not been issued any enforcement actions, we have been issued with the following regulatory action:

- Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

We are required to respond to the CQC within the month outlining the actions we will take to return to compliance. As this was a partial inspection, not all domains were reviewed, no rating has been issued.

Further information about the CQC and the work that they do can be found at https://www.cqc.org.uk/. We anticipate a further more comprehensive inspection within the next few months as part of their regular cycle of monitoring, regulation and inspection of health and social care services.

National Accreditation for Anaesthetists: Our anaesthetists have been recognised for providing the highest quality care to their patients. The prestigious Anaesthesia Clinical Services Accreditation (ACSA) from the Royal College of Anaesthetists (RCoA) was presented at a ceremony on 9 January. ACSA is the RCoA's peer-reviewed scheme that

promotes quality improvement and the highest standards of anaesthetic service. To receive accreditation, departments are expected to demonstrate high standards in areas such as patient experience, patient safety and clinical leadership.

Link Bridge: local MPs opened the Link Bridge in January. This is a great achievement and I would like to thank all those staff who were involved in the project.

From Investment Banker to Midwife: I was delighted to learn that Claire Slater has started as a Neonatal Intensive Care nurse here at the Trust after a career in investment banking.

NHS I and NHS E update: Ian Dalton, currently Chief Executive of NHS I has announced his retirement. Simon Stevens, the current NHS England Chief Executive, will head up the integrated NHS E and NHS I. A new NHS chief people officer has also been announced**.** Prerana Issar, who is currently a director at the United Nations world food programme, will take up the role in April. Separately, Sir Chris Ham and Dr Clare Gerada were confirmed as co-chairs of the new NHS Assembly.

Proposed change in legislation: A raft of new measures to improve collaboration across the health service have been announced by NHS England and NHS Improvement, including a request from the two bodies for permission to merge. The legislative proposals will enable commissioners to work much more closely with each other, with providers, and with NHS England, as well as major changes to competition and procurement rules.

The other new legislative asks include:

- Clinical commissioning groups and providers to be given "the ability to create… joint decision-making committees" between them.
- CCGs and providers to make joint roles and appointments across their organisations.
- Plans to repeal current procurement rules to "allow commissioners to choose either to award a contract directly to an NHS provider or to undertake a procurement process".
- A "new shared duty" to be introduced so that all providers and CCGs in a local area must "promote the triple aim" of population health care, better care for all patients and efficient use of NHS resources.
- CCGs being given more responsibilities for specialised commissioning.
- The health secretary to be given powers to set up new integrated care trusts.
- Various new curbs on the freedom of foundation trusts, and proposed changes to national payments tariffs.

Further details are available here**.**

Kark review of the Fit and Proper Person test: The Kark Review was published in February. This is a review of the Fit and Proper Person Test (FPPT) and was commissioned by the then Health Secretary in February 2018 following the review into governance failings at Liverpool Community Trust. Kark has detailed eight recommendations, two of which the Secretary of State has accepted. These are the competencies required for all Board Directors and a national database for directors. The Chair of NHS Improvement, Dido Harding, has been asked to review the recommendations and develop an implementation plan. I am not aware of any timescale linked to the implementation of the recommendations.

Meeting	Trust Board
Date of meeting	14 March 2019
Paper number	C

Winter Performance – nationally: In January A&E performance against the four-hour target reached its lowest recorded level of 84.4% however the NHS saw an additional 75,670 patients within 4 hours compared to last year. Bed occupancy has also reached the highest point of this winter so far at 95.2%.

West Midlands Academic Health Science Network: A new leadership team has been announced to support the priorities of the new five year licence period for the Health Science Network. Tiny David, Director of Innovation and Economic Growth, Dr John Williams, Director of Academic Science, Kate Hall, Director of Implementation and Adoption and Rob Chesters, Chief Operating Officer. Initially set up in 2013 to encourage health innovation and stimulate economic growth, the national AHSN Network is made up of 15 regional organisations. In its first five years, the WMAHSN supported 3,000 companies and supported projects in 770 sites across the West Midlands that benefitted nearly 70,000 people.

Background

This report is to brief the board on various local and national issues.

Issues and options

None

Recommendations

The Board is requested to

- Note this report

Appendices – none

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V2 Feb 2019

Meeting	Trust Board
Date of meeting	14th March 2019
Paper number	D

Integrated Performance Report – Month 10

For approval:		For discussion:		For assurance:	✓	To note:	

Accountable Director	Matthew Hopkins Chief Executive		
Presented by	Matthew Hopkins Chief Executive	**Author**	Steven Price – Senior Performance Manager

Alignment to the Trust's strategic priorities					
Deliver safe, high quality, compassionate patient care	✓	Design healthcare around the needs of our patients, with our partners	✓	Invest and realise the full potential of our staff to provide compassionate and personalised care	
Ensure the Trust is financially viable and makes the best use of resources for our patients		Continuously improve our services to secure our reputation as the local provider of choice	✓		

Alignment to the Trust's goals							
Timely access to our services	✓	Better quality patient care	✓	More productive services	✓	Well-Led	✓

Report previously reviewed by		
Committee/Group	Date	Outcome
People and Culture Committee	26th February 2019	Limited Assurance
Quality Governance Committee	21st February 2019	Limited Assurance
Finance and Performance Committee	28th February 2019	Limited Assurance

Assurance: *Does this report provide assurance in respect of the Board Assurance Framework strategic risks?*	Y	BAF number(s)	As noted in the IPR

Significant assurance ☐ *High level of confidence in delivery of existing mechanisms/objectives*	**Moderate assurance** ☐ *General confidence in delivery of existing mechanisms /objectives*	**Limited assurance** ☒ *Some confidence in delivery of existing mechanisms /objectives*	**No assurance** ☐ *No confidence in delivery*

Recommendations	The Board is asked to: 1) Review the Integrated Performance Reports for Month 10. 2) Seek assurance as to whether: a) the risks of under-performance in each area have been suitably mitigated, and; robust plans are in place to improve performance for the remaining months of 18/19.

Meeting	Trust Board
Date of meeting	14th March 2019
Paper number	D

Executive Summary

The Integrated Performance Report (IPR) provides the Board Members with an update on the Trust's quality of care, operational and financial and workforce performance in Month 10 (January 2019) against priority metrics that form part of NHSi's Single Oversight Framework (SOF) and the Trust's own internal reporting priorities. The IPR has been updated since being reviewed by the Committees with the latest validated and un-validated data available.

The IPR provides the Board with an overview of the key messages from each area, along with summary grids of performance and assurance reports from the three Committees.

The NHS Constitutional standards are the Emergency Access Standard and Access to Elective treatment within 18 weeks.

The main points the Board needs to be aware of are:

Quality & Safety

- There have been improvements in the metrics of falls with harm and medicine incidents causing harm.
- Infection Prevention and Control continues to cause concern with the cumulative cases to date being in excessive of our targets. The Key Standards to Prevent Infection has now been launched.
- The change in pathway to operate on fractured neck of femur patients at the Alexandra Hospital shows an improvement in timeliness of time to theatre.
- Sepsis screening continues to embed particularly in regard to the timeliness of antibiotics administration.
- Response rates for the Friends and Family Test have yet to improve even though we continue to invest in, and provide, different approaches to receive feedback from our patients.
- Mortality rates, monitored via the HSMR indicator, still have us as an outlier. However, our underlying crude mortality rate is unchanged and, in fact, is lower than the two previous Novembers (latest data).
- The Committee report details the level of assurance for each of the subjects that were discussed; with the most significant concern voiced on mortality review reporting.

Financial and Operational Performance

Finance

- The Committee is providing limited assurance to the Board with concern expressed on the risks of delivery of the agreed 2018/19 deficit and plans for the 2019/20 plan; the amount of work required to develop and secure CIP remains significant.

Operational Performance

- The operational standard for 2 Week Wait has been achieved for the fourth consecutive month.
- Capacity constraints impacted our breast symptomatic patients being seen within two weeks.
- The on-going treatment of patients waiting longer than 62 days continues to impact our requirement to achieve the operational standard.

Meeting	Trust Board
Date of meeting	14th March 2019
Paper number	D

- Although the underlying metrics associated with EAS declined, the overall number of patients admitted, discharged or transferred within four hours improved marginally.
- RTT performance has been maintained and the number of patients waiting forty weeks or more has declined as this continues to be our focus.
- The number of patients waiting six or more weeks for a diagnostic test increased from December to January, with capacity issues remaining for endoscopy and CT scanning.
- The Committee is providing limited assurance to the Board with concern expressed on the risks of delivery of operational standards, particularly in relation to EAS performance, diagnostics and 62 day cancer waiting times.

People and Culture

- There has been a reduction in performance in job plan compliance. Although there have been improvements in medical staff with appraisals, non-medical PDR compliance remains a cause for concern.
- Mandatory training has remained static; however, the cyclical nature of staff undertaking training has cause Information Governance compliance to have the most significant drop.
- Turnover rates are slightly above our expected range with plans in place to continue with recruitment opportunities and improving retention.
- The key metrics monitored by the People and Culture Committee have been given milestone targets for delivery of the expected standards.
- The Committee is providing limited assurance to the Board, particularly on delivering the Communications Strategy, the framework for the strategic workforce plan and the nursing report.

Recommendations

The Board is asked to:

1) Review the Integrated Performance Reports for Month 10.
2) Seek assurance as to whether:
   a) the risks of under-performance in each area have been suitably mitigated, and; robust plans are in place to improve performance for the remaining months of 18/19.

Appendices

1) Trust Board IPR – M10 2018-19
2) Trust Board IPR Dashboards – M10 2018-19

Enc

Trust Board

Integrated Performance Report

January 2019
Month 10

14th March2019

Quality & Safety | Key Messages

Falls with harm	•Falls resulting in serious harm dropped to 0.04 in January down from 0.08 in December; it's lowest rate since May 2018. •We launched the NHSI Falls Prevention Collaborative in February 2019 with a focus on the number of falls free days on both MAU's. •Roll out the initiatives implemented: "Stay in the Bay", "Find your Feet" and "Kit where you Sit" which will be evaluated in terms of quantitative and qualitative data to determine a wider scale roll out plan.
Medicine Incidents per 1,000 bed days	•The number of medicine incidents per 1,000 bed days remains stable at around 4 each month and there are a number of actions in place: •The Medicines Safety Committee is to continue with oversight and support for the investigation of medicines incidents •There is a developing communications strategy across our Trust to promote the reporting of medicine related incidents •Medicine related incident reports in progress of development for all divisions in line with reporting schedule with feedback on actions to Medicines Safety Committee
% of medicine incidents causing harm	•9.62% medicine incidents caused harm, down from 15.31% in December. •Quality Improvement methodology will be used to identify actions and provide focus on medicine incidents causing harm e.g. time critical medicines.
Infection Prevention and Control	•There were 5 CDiff, 4 E-coli and 2 MSSA cases recorded in Jan 2019. We are above trajectory for all three areas. •This month saw the launch of our Key Standards to Prevent Infection. •Of the 76.67% of staff who participated in the hand hygiene audits, 97.35% were compliant.
Mixed Sex Accommodation	•There were 50 reported mixed sex accommodation breaches in January, 4 fewer than in December 2018. •Due to the on-going capacity challenges, stepping patients down from the intensive care environment remains very difficult • There has been no negative patient experience feedback in relation to mixed sex accommodation.

Quality & Safety | Key Messages (2)

Fractured Neck of femur

- 93.65% of patients reached theatre within 36 hours, the highest rate in the last 12 months. If excluding those patients who were not medically fit, performance is measured at 98.33% for January.
- Improved performance is expected to continue with the implementation of Golden Patients programme, Ambulatory Trauma Pathways, Quarterly audits and the Consultant on-call rota which will provide county-wide cover

Sepsis Screening and Treatment

- The screening audit was completed for 75.98% of patients that were required to have it. 84.69% of patients who required antibiotics received them within 1 hour.
- Sepsis HSMR shows an improving position in the national and regional cohort analysis.
- Performance is expected to improve with continued focus on the sepsis program, the proposed expansion of the role of critical care outreach team and the provision of a sepsis nurse.

Friends & Family Test

- Of the 4 monitored areas, only maternity saw a dip in response rates in January. It is expected that initiatives in place (the use of FFT app and printed cards) will continue to generate a better response rate.
- A&E and maternity saw increased recommendations while outpatients and acute wards saw a decrease.

Mortality Rate

- HSMR has risen for the 5th month in a row with pneumonia HSMR remaining an outlier . Mortality reviews on this cohort now complete.
- SHMI has risen for the 4th month in a row. Areas of concern mirror HSMR.
- Latest reported Crude mortality rate (Nov 18) unchanged and lower than previous 2 Novembers.
- Low attendance at mortality review group Oct – Dec being addressed by CMO.

Complaints

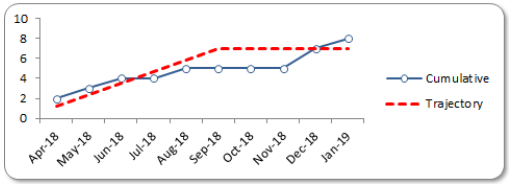
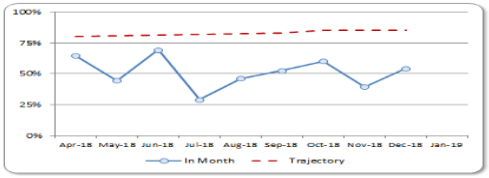
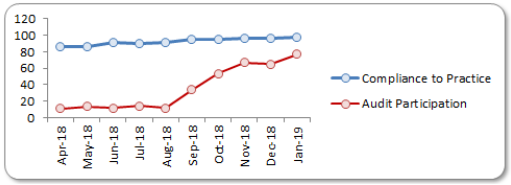
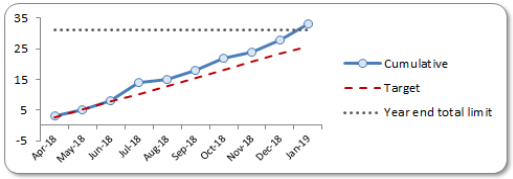
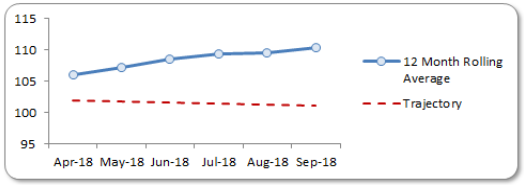
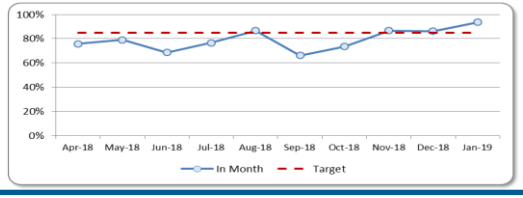
- 77.5% of complaints were responded to within 25 days in January, this is a decline from December.
- There continues to be a focus on Divisions improving the quality of responses to ensure timely delivery. A series of think tanks are being offered to Divisions that will focus upon themes and actions required.
- There are, however, no complaints open over 6 months for the second consecutive month.

Month 10 2018-19 Quality & Safety Summary

RAG rated against Internal Trajectory

Safe
Effective
Patient Experience

NHS Worcestershire Acute Hospitals NHS Trust

	Description	How we did	Trend	Key actions	What trajectory are we aiming for in February?
Are we preventing our patients from acquiring pressure ulcers?	To reduce the number of avoidable grade 3 / deep and ungradeable hospital acquired pressure ulcers.	1	There was 1 grade 3 hospital acquired pressure ulcer, and we are now above the agreed trajectory.		There has been a successful recruitment campaign to appoint the Quality Improvement Matron who will commence in the next few months.	0
Are we ensuring that patients receive all elements of the sepsis 6 bundle?	To improve the % of patients receiving all elements of the sepsis 6 bundle within 1 hour.	54.26% (Dec)	Compliance with the sepsis 6 bundle remains significantly below target level. Of 94 patients requiring treatment within 1 hour, 51 did receive it.		Proposed expansion of critical care outreach team and sepsis nurse provision.	>=83.82%
Are we maintaining the expected standards of hand hygiene?	To improve the compliance with Hand hygiene practice, and participating in audits.	97.35% ⇔ 76.67%	Compliance is at the target level but participation in audit remains significantly below target level.		Will be a focus for 'Back to the floor Fridays'. Disciplinary action for clinical staff transgressing hand hygiene policy.	>=95%
Are our patients at risk of contracting C.Difficile during their stay?	There should be no more than 31 cases of *C.Difficile* in the year.	5	There were 5 confirmed cases of hospital acquired C. difficile in Jan19. The year end target of 31 has been breached by 2 cases.		New training programmes, audit and monitoring tools, and publication and launch of the key standards	No more than 3
Are we reducing mortality for patients whilst under our care?	To monitor and seek to reduce mortality for patients using the Hospital Standardised Mortality Ratio.	110.31 (Sept.)	HSMR rolling average was 110.31 in **Sep-18**. Performance is moving further away from trajectory and we remain an outlier for the 6th month in a row.		Recruitment of additional ME's to ensure timely and consistent reviews and allows Divisions to focus on delivery of service improvements. Rescheduling of the Mortality Review meetings to a time more consistent with Clinician availability.	<=101.45
Are we treating our patients in the required timeframes?	To improve the time to theatre for patients with fractured neck of femur (#NOF)	93.65%	The #NOF metric met target again in January with 59 of 63 patients in theatre within 36 hours.		British Orthopaedic Association (BOA) Peer Review planned for Jun-19. Ambulance service pathway for appropriate hip fracture patients to Redditch operational since Jan 2019.	>=85%

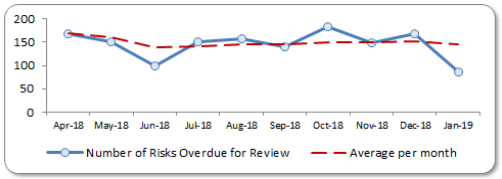
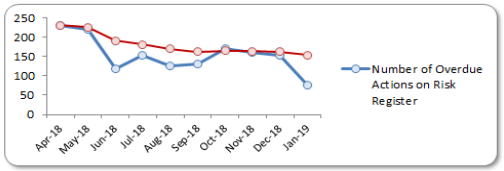
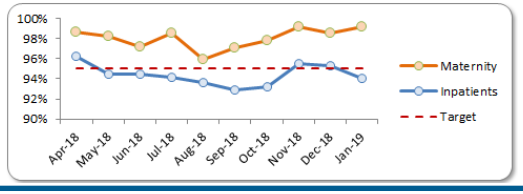
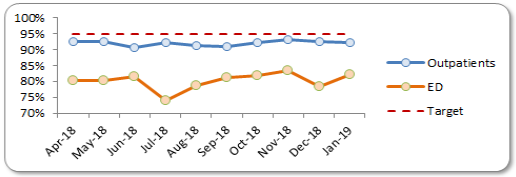
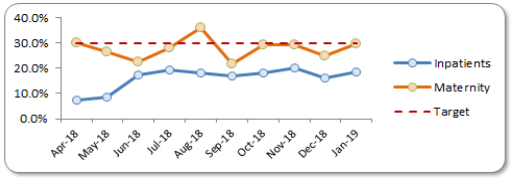
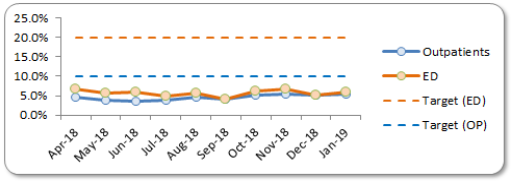
RAG ratings for all metrics except 'Hand Hygiene' indicate performance against trajectory. Hand Hygiene metric is RAG rated against locally agreed threshold. RAG rating on the Dashboards are against national or locally agreed standards.

Month 10 2018-19 Quality & Safety Summary

RAG rated against Internal Trajectory

Safe
Effective
Patient Experience

NHS Worcestershire Acute Hospitals NHS Trust

	Description		How we did	Trend	Key actions	What trajectory are we aiming for in February?
Risk	Are we reviewing risks to ensure patient safety?	To reduce the number of risks overdue a review.	87	The average number of risks overdue for review each month between Apr-18 and Jan-19 is 146.		Increased focus during divisional RAIT meetings.	
	Are we managing risks to ensure patient safety?	To reduce the number of overdue actions relating to risks.	76	The number of overdue actions decreased in January by 50% from 153 in December to 76.		Increased focus during divisional RAIT meetings.	
Friends & Family Test	Are we providing a positive experience for Maternity / Inpatients?	To improve the Recommended Friends & Family Score for Maternity & Inpatients	99.2% 94.1%	Maternity score remained above target but inpatients dropped slightly below target.		There has been a successful recruitment campaign to appoint the Quality Improvement Matron who will commence in the next few months.	>=95%
	Are we providing a positive experience for Outpatients / ED?	To improve the Recommended Friends & Family Score for Outpatients & ED	92.3% 82.0%	Both areas' recommended scores increased this month. though remain below target.		Appointment of Quality Improvement Matron to support wards. Text messaging service review planned.	>=95%
	Are we providing a positive experience for Maternity / Inpatients?	To improve the Response Rate for the Friends & Family Test for Maternity & Inpatients.	29.6% 18.6%	Both areas' recommended scores increased this month. though remain below target.		Appointment of Quality Improvement Matron to support wards. Text messaging service review planned.	>=30%
	Are we providing a positive experience for Outpatients/ ED?	To improve the Response Rate for the Friends & Family Test for Outpatients & ED.	5.4% 5.9%	Both Outpatients and ED rates increased in January but remain below target.		Appointment of Quality Improvement Matron to support wards. Text messaging service review planned.	>=95%

Forecast Status: Decline – expected to worsen. Stable – not expected to change significantly. Improve – Expected to improve

RAG ratings for FFT metrics indicate performance against national targets.. RAG rating on the Dashboards are against national or locally agreed standards.

Quality Governance Committee Assurance Report

Accountable Director	Presented By	Author
Dr Bill Tunnicliffe - Non-Executive Director	Bill Tunnicliffe - Non-Executive Director	Kimara Sharpe - Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	**BAF number(s)**	1, 2, 3, 9

Level of assurance and trend

Significant assurance	Moderate assurance	Limited assurance	No assurance

Executive Summary

The Committee met on 21 February. I was pleased with the clinical input which enhances the discussion at the meeting.

The items discussed were as follows:
CQUIN report: The Committee received a comprehensive report on the progress of the CQUINs for 2018/19. The majority of the 12 CQUINs have been achieved. Four have partial achievement. We went through the detail and we assured about the work being undertaken in each area. This report was a significant improvement to the position we were in this time last year. The financial effect is negligible. I was also impressed with the Improvement training commencing in April. **Moderate assurance.**

Safeguarding quarterly report: The Head of Safeguarding presented her report. She concentrated on the training in relation to safeguarding. Whilst the numbers are clearly improving, it is disappointing that we do not meet our targets in all areas. I am concerned that there does not appear to be any sanctions for staff who do not undertaken their mandatory training and I have asked the People and Culture Committee to consider this aspect. **Limited assurance.**

Clinical Governance Group: The reporting from this group continues to improve. I am keen to change reporting to be outcome focussed and we had a discussion about this. **Limited assurance.**

Quality Account: The Committee were presented with a paper showing progress against the priorities set out in last year's quality account. It was good to see the progress with elements of sepsis 6 and the reduction in mortality due to sepsis. We were also reassured with the progress on time to theatre for patients with fractured neck of femur and again, the reduction in mortality for this group of patients. However I was concerned about the lack of progress on sending letters to GPs within 10 working days. The CCG representative at the meeting agreed that progress needed to be made although she indicated that this issue had improved. The Committee can assure the Board that the Quality Account publication is on track for the end of June. **Moderate assurance.**

Themes from mortality: This item is on the Board agenda. The paper shows that there are themes from the 500 reviews undertaken. Work is still needed, but progress is being made. There is further work needed to ensure that clinicians are aware of these themes and the importance of undertaking the reviews in a timely manner. One area I do have concerns about is ensuring that patients die in the right environment. I am aware that work is being undertaken with the CCG to ensure that patients are not admitted unnecessarily.

Mortality report: I am very concerned that we are still not meeting the target of reviews being undertaken within 30 days. I have asked the executive team to review this and to develop an action plan so that these are undertaken in a timely manner. We were informed of the nature of the challenges, particularly within respect to notes, but we as a Trust need to prioritise this area and meet the target. It was pleasing to see that the HSMR and SHMI are going down and the crude mortality rate remains low. **Limited assurance.**

Quality Governance Committee Assurance Report

Accountable Director	Presented By	Author
Dr Bill Tunnicliffe - Non-Executive Director	Bill Tunnicliffe - Non-Executive Director	Kimara Sharpe - Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	**BAF number(s)**	1, 2, 3, 9

Level of assurance and trend

Significant assurance	Moderate assurance	Limited assurance	No assurance

Executive Summary (cont.)

Infection Control: The Deputy CNO (infection control) attended the meeting and was able to inform us of all the initiatives in place to improve infection control. We have unfortunately breached all our annual infection control targets. This is disappointing. Work is on-going to improve the participation rates in hand hygiene audits. Bed cleaning is on track. We were complimented at the NHS Improvement urinary tract infection collaborative with the work undertaken and this is now being rolled out throughout the Trust. A leaflet for patients is being printed. This tells patients what their responsibilities are and what to challenge with respect to staff hand hygiene. I was impressed with the energy of the deputy CNO and the work that she is undertaking. **Limited assurance.**

Other items considered:

- Board assurance framework – a new approach to determining the rating of risks. This will come to the Board in due course.
- Corporate risk register – a new format was presented which we will consider in full at our next meeting.
- Work plan

Background

The Quality Governance Committee is set up to assure the Board with respect to the quality agenda.

Issues and options

None.

Recommendations

The Board is requested to receive this report for assurance.

Appendices

- TB IPR Dashboards – M10 2018-19

Finance | Key Messages

Deficit	•In Month 10 the Trust is recording a pre Provider Sustainability Fund (PSF) deficit of £7.5m, which is £6.0m adverse to plan. Inclusion of PSF increases this adverse variance to £8m. The cumulative position is a £59.4m deficit against a pre STF plan of £37.1m, resulting in a £22.3m adverse variance. As a result of financial and operational performance the Trust has not been able to access PSF of £13.7m, increasing the adverse variance to £35.9m.
Income	•Patient Care Income levels overall – excluding drugs and devices held at £27.8m. Combined daycase and elective activity continues to perform to expected levels with the benefit of additional surgeons. Emergency activity remains high and is 10% above planned levels due to winter pressures.
Expenses	• Pay costs increased as expected in January by £0.5m. This increase was exclusive to temporary nursing as a result of additional capacity and sickness. Non Pay expenditure increased in month, primarily as a result of the backdated energy increase within the AMIT Division.
CIP	•Year to date, the CIP position has delivered £6.0m in gross improvements against a planned position of £14.3m. The key areas of slippage are in the theatre productivity, outpatient and workforce work streams. Although elective activity has improved, slippage in recruitment of additional surgeons has impacted delivery.
Cash Balance	•The Trust continues to require cash support in line with the planned deficit. The variance to plan has increased the level of cash support required and the Trust continues to work closely with NHS Improvement to ensure access to the cash required to maintain services.
Forecast Update	•The Trust year end forecast was reviewed at both Finance & Performance Committee and Trust Board in December. The forecast indicated an outturn position of £72.5m deficit. Two key risks were identified related to the cost of winter and contracts. An energy risk of £0.9m was identified in February. A further assessment has been undertaken that indicates a most likely forecast of £73.8m. Achievement of the forecast remains a concern and continues to be closely monitored through regular review meetings with Divisions / Directorates.

Use of Resources
Risk Rating Summary

	Metric Definition	How we did YTD at M10	Risk Rating		Previous Month YTD	Full Year Plan (Forecast)
Are we spending more than we are earning?	I&E surplus or deficit / total revenue.	(17.60%)	4	Adjusted financial performance deficit of **£59,439k** (£59,439 / total operating income £337,918 = **(17.60%).**	4	4
How close are we to our financial plan?	YTD actual I&E surplus/deficit in comparison to YTD plan I&E surplus/deficit.	(11.00%)	4	I&E margin YTD actual of **(17.60%)** less I&E margin YTD plan of **(6.60%)** = **(11.00%)**.	4	1
How many days worth of cash do we have?	Measures the days of operating costs held in cash, cash-equivalent and liquid working capital forms.	(93.733)	4	Working Capital of (£115,656) / YTD Operating Expenditure of £376,604 multiplied by the number of YTD days (306) = (93.730).	4	4
Are we earning enough to cover our capital costs?	Degree to which the organisation's generated income covers its financing obligations.	(2.448)	4	Revenue available for capital service (£38,532k)/ capital service **£15,740k** = **(2.448)**	4	4
Is our agency spend within the imposed limits?	Total agency spend compared to the agency ceiling.	(26.19%)	3	Total agency spend of **£18,184k** less agency ceiling of **£14,410k** / divided by agency ceiling of **£14,410k** = **(26.19%).**	2	3

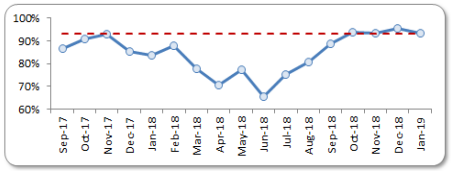
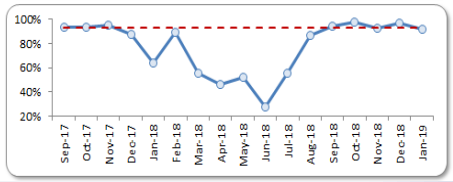
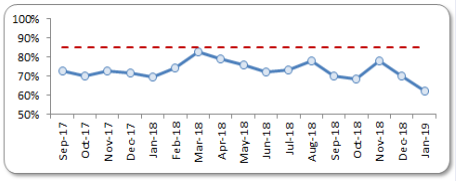
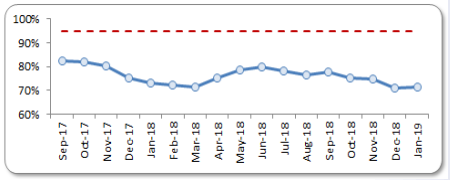
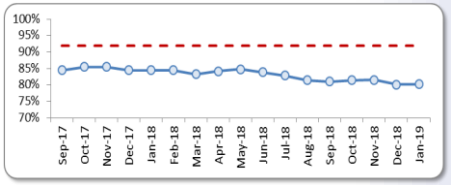
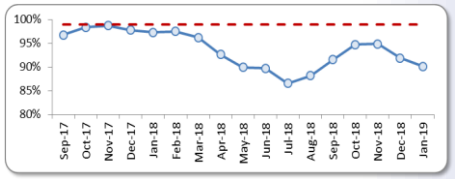
Operational Performance | Key Messages

2WW Cancer	•Including January's unvalidated performance, 2 week wait operational performance has been achieved for 4 consecutive months •A forward planning template has been developed by the cancer services team and cascaded to directorates to plan their 2 week capacity in order to maintain performance at the operational standard through 2019/20.
2WW Breast Symptomatic	•After 3 months achieving the operational standard for breast symptomatic patients, the unvalidated position for January was lower due to capacity constraints. •The forward planning template and daily calls with the Directorate where escalation is required will support the continuation of achieving the operational standard.
62 Day Cancer	•Although the number of treatments remains high, the attempts to reduce the 62+ day backlog continue to impinge on performance. •A Trust wide and sub specialty trajectory has been developed and shared with the Divisions. Divisions are currently formulating an action plan to support it's delivery with a particular focus on those patients waiting 104+ days. •Upcoming issues and concerns regarding compliance to the cancer standards are discussed at the Performance Management Group chaired by the Deputy COO/COO.
EAS 4 Hours	•Despite the increase in total attendances and breaches, EAS performance improved marginally from December to January. However, underlying metrics were impacted with an increase in 12 hour breaches, ambulance handovers over 60 minutes and patient hours on the corridor. •The ten point action plan has been developed and is supported by a recruitment strategy for consultants.
RTT	•Both the total number of patients waiting and those waiting 18+ weeks for treatment reduced between December and January and as a result performance improved marginally. •A specialty based trajectory, based on known and planned capacity to meet on-going demand is being worked on to, as a minimum, ensure that our position does not worsen and specifically reduce the number of patients waiting 40+ weeks.
Diagnostics	•There was an decline in performance with the number of patients waiting 6+ weeks increasing from December to January. •There remains concern that the CT and Endoscopy capacity is not sufficient to meet demand which delays our ability to perform at the expected standard. •A Rapid Action Plan has been drawn up in response to a CCG Contract Performance Notice and this will be monitored for impact over the course of 2019/20.

Month 10 2018-19 Operational Performance Summary

RAG rated against Internal Trajectory

Worcestershire Acute Hospitals NHS Trust

	Description	How we did	Trend	Key actions	What trajectory are we aiming for in February?
Cancer Waiting Times — Did we see urgent cancer patients quickly?	**93%** of potential cancer patients seen by a specialist within **2 weeks**.	93.35%	We saw 93.35% of our cancer patients within 2 weeks. **128 patients** waited longer than 2 weeks.		• Continued focus on 2WW and 104 days escalation. • Pathway work to continue with Urology and Lung, implementing the optimal pathway for each tumour site • 62 day recovery plans to be provided by each Division that will be monitored and challenged weekly.	93.0% FORECAST STATUS: DECLINE / **STABLE** / IMPROVE
Cancer Waiting Times — Did we see patients with potential breast cancer quickly?	**93%** of patients with potential **breast cancer** seen by a specialist within **2 weeks**	91.72%	91.72% of patients were seen within 2 weeks. **14 patients** waited longer than 2 weeks.			93.0% FORECAST STATUS: DECLINE / STABLE / **IMPROVE**
Cancer Waiting Times — How quickly did we start treating cancer patients?	**85%** of cancer patients to start treatment within **62 days** of urgent GP referral.	62.36%	62.36% of patients started treatment within 62 days. 65.5 **patients waited longer before starting treatment**. There were **32 patients** still waiting 104 days or more for treatment at the end of the month.			80.0% FORECAST STATUS: DECLINE / **STABLE** / IMPROVE
EAS — Are we seeing patients with an emergency within 4 hours?	We should see **95%** of patients within 4 hours from arrival to admission, transfer or discharge	71.57%	Our performance was 71.57%. 4,493 **patients** breached the 4 hours standard, WRH achieved 57.2% (), ALX 60.7% (). 170 **patients** waited 12+ hours to be admitted after their decision to admit.		NHS Improvement Urgent Care specialists have visited us to support plans for improvement. A ten point plan is being developed during February. A recruitment strategy is being developed for consultants.	85.0% FORECAST STATUS: DECLINE / **STABLE** / IMPROVE
RTT — Did we start treatment within18 weeks?	**92%** of patients on a 'referral to treatment' (RTT) pathway should be seen within 18 weeks.	80.17%	80.17% of patients are waiting less than 18 weeks for treatment. **6,820 patients have been waiting over 18 weeks.** No patient has waited over **52 weeks.** The 40-51 cohort **decreased from 427 to 420.**		Our focus is on reducing the over 40 week waiters. Divisional plans for achieving this are due for completion in February.	84.09% FORECAST STATUS: DECLINE / **STABLE** / IMPROVE
Diag. — When a patient needs a diagnostic test, do we do this within 6 weeks?	A minimum of **99%** of patients who need a diagnostic test should wait less than 6 weeks	90.13%	**90.13%** of patients requiring a diagnostic test were waiting less than 6 weeks for their test. **9.87%** were waiting 6 or more weeks which equates to **782 patients**.		An endoscopy recovery plan has been developed. This plan will be reviewed for authorisation of costs in February.	98.4% FORECAST STATUS: **DECLINE** / STABLE / IMPROVE

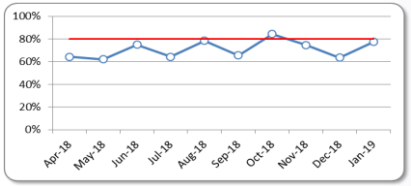
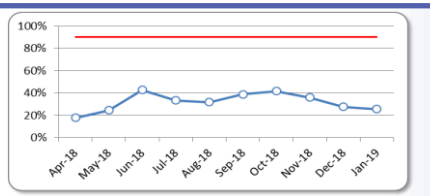
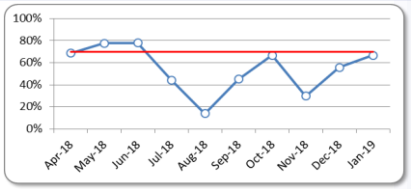
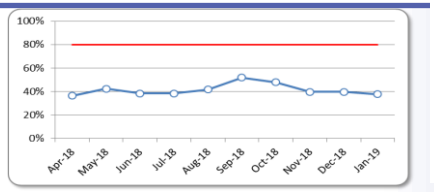
Forecast Status against most recent performance: Decline – expected to worsen. Stable – not expected to change significantly. Improve – Expected to improve

Month 10 2018-19 Operational Performance Summary

RAG rated against Internal Trajectory

Worcestershire Acute Hospitals NHS Trust

Stroke

	Description	How we did	Trend	Key actions	What trajectory are we aiming for in February?
Are stroke patients spending enough time on the specialist ward?	At least 80% of patients should spend 90% of their stay on the stroke unit.	77.3%	**58 of 75** patients spent at least 90% of their time on the stroke ward. **17 patients spent less than 90% of their stay on the ward.**		• Business case approved for 1 x registrar and 2 x consultants	93.0% FORECAST STATUS DECLINE STABLE IMPROVE
Are we directly admitting stroke patients to the specialist ward?	At least 90% of patients should be directly admitted to the stroke ward.	25.5%	Only **13 of 51 patients** were admitted to the stroke ward within 4 hours.		• Early morning discharge focus • 24/7 CNS and Consultant Rota	93.0% FORECAST STATUS DECLINE STABLE IMPROVE
Are stroke patients seen quickly in specialist clinic?	At least 70% of patients should be seen in TIA clinic within 24 hours.	66.7%	56 of 84 patients were seen in the TIA clinic within 24 hours. **28 patients were not.**		• Protection of HASU bed • Lead Nurse to review Gen Med patients and transfer as appropriate to create capacity	85.0% FORECAST STATUS DECLINE STABLE IMPROVE
Are we scanning stroke patients soon enough?	At least 80% of patients should receive a CT scan within 1 hour of arrival.	37.7%	Only 26 of 69 patients had their CT scan within 60 minutes. **Almost 2 thirds waited longer** than 1 hour.		• Stroke unit move to smaller ward	85.0% FORECAST STATUS DECLINE STABLE IMPROVE

Forecast Status against next month's performance: Decline – expected to worsen. Stable – not expected to change significantly. Improve – Expected to improve.

Finance & Performance Committee Assurance Report

Accountable Director	Presented By	Author
Richard Oosterom - Non-Executive Director	Richard Oosterom - Non-Executive Director	Kimara Sharpe - Company Secretary Katie Osmond, Assistant Director – Finance

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	**BAF number(s)**	4, 5, 6, 7

Level of assurance and trend

Significant assurance	Moderate assurance	Limited assurance	No assurance
		X	

Executive Summary

The Committee met on 28 February 2019 and wish to draw the Board's attention to the following:-

EPMA: The Committee have given further consideration to this Business Case. We support implementation of an EMPA as it is the right thing to do for patients. However, we are concerned over the impact on the Trust's financial deficit. We have asked that further work be undertaken to minimise the additional costs including savings on staff time particularly with an Electronic Discharge System, wider health system benefits such as the savings resulting in a reduction in length of stay and savings on drugs, and a financial contribution from partners due to the system benefits. We recognise that some of the benefits are not easy to quantify but should be referenced in the Business case. We have asked for clear accountability to be provided to deliver the benefits. A further report will be presented to the Committee in March 2019.

Finance Report – Month 10: As at month 10 the Trust reported a YTD cumulative pre Provider Sustainability Fund (PSF) deficit of £59.4m against a £37.1m planned deficit, resulting in a £22.3m adverse variance against plan. Inclusion of PSF (£13.7m adverse) increases the adverse variance to £35.9m. The £22.3m variance to plan is largely driven by patient care income, non-delivery of cost improvement and increased expenditure as a result of diagnostic demand and premium costs of supporting vacancies. This variance is partially offset by vacancies within the pay position, and reserves. As a result, the Trust has not been able to access the PSF allocations assigned to financial performance, nor the operational element. In Month 10 the Trust is recording a pre Provider Sustainability Fund (PSF) deficit of £7.5m, which is £6m adverse to plan. Inclusion of PSF increases the variance to £8.0m in month.

We are concerned about the Forecast. The vehicle to manage the overall Forecast is the Risks & Opportunities overview and this needs to be further sharpened, working with the divisions. Going forward the table will be enhanced to not only give us a best and worse case, but also a most probable case. For now, based on the discussions the most probable forecast is a deficit between £73-74M.

Forecasting Process – Lessons Learnt from External Audit Report: We have noted the proposal to address each of the eight recommendations made by Grant Thornton, our External Auditors. We have asked that a report be presented to the Trust Board in three months' time setting out a clear plan and the outputs required to ensure the recommendations have been delivered.

Development of the Operational Plan 2019/20 including Deep Dive on Status of CIP Development: We are concerned that with only three weeks remaining before the submission of the Operational Plan that considerable work remains to develop plans to deliver the size of the CIP requirement. To maintain the focus we have arranged a meeting by telephone in two weeks' time. The assurance level is limited.

Finance & Performance Committee Assurance Report

Accountable Director	Presented By	Author
Richard Oosterom - Non-Executive Director	Richard Oosterom - Non-Executive Director	Kimara Sharpe - Company Secretary Katie Osmond, Assistant Director – Finance

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	**BAF number(s)**	4, 5, 6, 7

Level of assurance and trend

Significant assurance	Moderate assurance	Limited assurance	No assurance
		X	

Executive Summary (cont.)

Bed Capacity – Phase 1 Review and Phase 2 Plan: The report summarised the Bed Capacity Phase 1 work programme previously approved by the Trust Board and set out a series of recommendations for ward moves and additional capacity increases associated with the commissioning of the first phase of the Aconbury refurbishment scheme. The financial consequences of the capacity changes and next steps were outlined. Again the Committee, whilst supportive of the proposals, are concerned that the additional costs would increase the Trust's financial deficit. We have asked that a full Business Case be presented in two months' time identifying the benefits of both phases and accountability for delivery. In the meantime we have agreed to proceed with recruitment in line with plan for a period of three months to enable staffing to put in place for the wards which have been opened.

Integrated Performance Report: The Emergency Access Standard has improved slightly since the last meeting. Cancer 2ww remains above the operational standard. Cancer 62 day performance has shown little sign of recovery and now is an area of focus. RTT performance has declined and statistically is an area of concern. Diagnostic performance has also declined. The Chief Operating Officer intends to report to the Committee in April 2019 with a 12 month plan to monitor activity and performance standards including EAS, 12 hour breaches and ambulance handover breaches. We expect to see the focus on patient numbers rather than performance percentages. The assurance level is limited.

Ways if Working including Review of Terms of Reference: Following an Away day we have approved five areas in which the Committee works to ensure the right level of focus on the Trust's financial and operational performance. These are:-

1. Preparation for Committee meetings in terms of ownership, timeliness, quality of documents and process for circulating the agenda and reports.
2. Agendas to be more focused with fewer themes and more time devoted to discuss important items.
3. Meetings to be structured to better balance discussion for Operational and Strategic (Execution & Planning).
4. The balance of discussion to move from Finance to the "Business" with greater engagement with and input from the Chief Operating Officer and Divisional Management Teams.
5. The Committee to drive and demonstrate greater accountability and ownership.

Detailed arrangements have been approved to implement these changes, the Committee's terms of reference have been revised and are attached as an appendix for approval.

Finance & Performance Committee Assurance Report

Accountable Director	Presented By	Author
Richard Oosterom - Non-Executive Director	Richard Oosterom - Non-Executive Director	Kimara Sharpe - Company Secretary Katie Osmond, Assistant Director – Finance

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	**BAF number(s)**	4, 5, 6, 7

Level of assurance and trend

Significant assurance	Moderate assurance	Limited assurance	No assurance
		X	

Background

The Finance and Performance Committee is set up to assure the Board with respect to the finance and performance agenda.

Issues and Options

None.

Recommendations

The Trust Board is requested to:-

a) Note the report for assurance.
b) Approve the attached revised terms of reference.

Appendices

- TB IPR Dashboards – M10 2018-19

People & Culture Performance | Key Messages

Job Plans

- As expected job plan compliance rates have reduced by a further 4% to 53% this month primarily due to the expiry of Radiography job plans.
- Compliance is being addressed through the Allocate suite of solutions, which will see 60% compliance by 28th February , 85% by 31st March and 90% by 30th April 2019.

Appraisals/ PDR's

- There has been 4% improvement in medical PDR's to 85%. However, non-medical appraisal rate has remained the same as last month at 77%. The slippage is primarily within AMIT with a 1% reduction in both Surgery and SCSD this month. Other divisions continue to show a steady improvement of between 1-5%.
- Our lowest compliance rate by staff group is within the Scientific, Therapeutic and Technical group.
- Each division has been set a target of 85% by 31st March 2019 and are held to account for delivery at the monthly performance review meetings.

Mandatory Training

- The Trust's compliance rates for mandatory training remained at 83% across all 11 topics (33 levels). 6 out of 33 topics have deteriorated this month but 2 of these remain above target.
- Our lowest compliance rates are within the Medical and Estates/Ancillary staff groups.
- IG training compliance has seen the biggest drop which happens at the same time every year.
- Prevent Level 2 has seen a drop in compliance due to increased eligibility with in the nursing establishment.
- Each division has been set a target of 85% by 31st March 2019 and are held to account for delivery at the monthly performance review meetings.

Sickness Absence

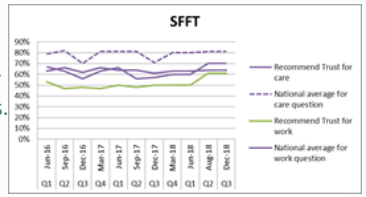
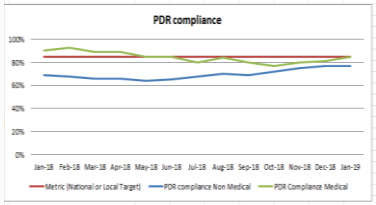
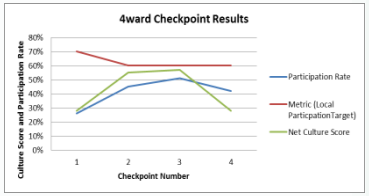
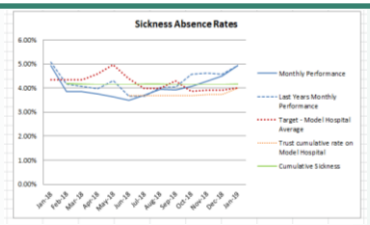
- Cumulative sickness rate for the 12 months has increased by 0.01% to 4.16% which is 0.01% lower than the same period last year.
- All divisions apart from Corporate are above the target of 4.15% this month and are being supported by HR to undertake back to work interviews and formal sickness absence management meetings.

Turnover

- The overall staff turnover rate has increased by 0.03% at 12.46% which is above our target range of 10-12%.
- Turnover for medics reduced in month but for all other staff groups increased slightly.
- Recruitment plans are in place with job fairs and assessment centres scheduled throughout the year, publicised through press, social media and advertised through NHS Jobs.
- Retention of staff to continue to be prioritised via launch of revised exit interview process and through 4ward.

Month 10 2018-19 Engaged Workforce Summary

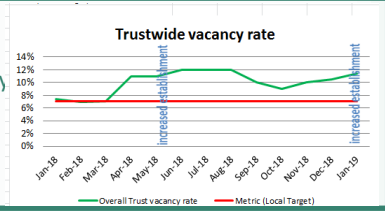
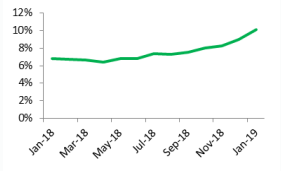
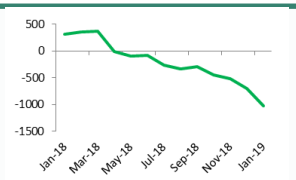
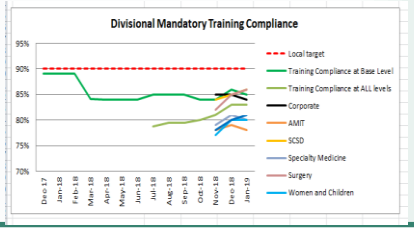
Worcestershire Acute Hospitals NHS Trust

	Description	How we did	Trend	Key actions	What are we aiming for in Feb?
Would our own staff recommend us?	National quarterly measure of whether staff would recommend our Trust for treatment (T) or work (W)	70% (T) 61% (W)	Q3 SFFT data is incorporated in the Annual Staff Opinion Survey which was conducted in paper only this year in an effort to improve response rates. The results of the Staff Opinion Survey 2018 are due out in February.		Improve culture, retention and staff experience so that staff report higher satisfaction.. Prepare Communication for staff and an action plan once the results of the 2018 Staff Opinion Survey are published.	Improved position to National average – 81% (T) & 64% (W)
Are our staff having annual appraisals?	All of our staff should have an annual appraisal/PDR. Separated into Medical (M) and Non-Medical (NM)	85% (M) 77% (NM)	Appraisal rates have improved by 4% for medical staff but have remained the same as last month for all other staff groups.		Divisions held to account through performance review meetings. ESR automatically notifies staff and managers of expiry dates. Change to national terms and conditions which links incremental progression to appraisal	80% against 85% target
Are we engaged with cultural change?	Summary of results from 4 ward Programme	42% participation 28% net culture	Checkpoint 4 reported against changed algorithm which reduced net culture score to 28% from 57% in checkpoint 3. Participation rate reduced from 51% to 42%.		Communications plan to reduce the impact of the fall in net culture score due to changed algorithm which reflected “unable to score” and “did not participate “rates. Checkpoint 5 is currently live in the organisation.	Improving response rate and net culture score
How many of our staff are taking time off sick?	Sickness absence rates measured against National average on NHS Model Hospital (4% as at Sept 2018 (when our Trust reported 4%)	4.93%	Cumulative sickness for the 12 month period has increased by 0.01% to 4.16% . Compared to 4.17% last year.		Sickness absence to continue to be managed through Divisions with support from HR business partners.	4.25%

Key to rag rating: Green - target met; Amber – on track or close to target: Red - target missed

Month 10 2018-19 Skilled Workforce Summary

Worcestershire Acute Hospitals NHS Trust

	Description	How we did	Trend	Key actions	What are we aiming for in Feb?
Do we have enough staff?	Vacancies against funded establishment compared to the local target of 7%	11.41%	Vacancy rate has increased by 0.93% from 10.48% which is due to increased establishment.	 Implementation of Allocate suite of solutions will give greater transparency of vacancy position. Business case for centralised recruitment to improve governance and timelines has not been approved at this point.	11%
How much are we spending on temporary staff?	Agency spend as a percentage of total substantive and temporary pay spend	10.16%	Agency spend increased in January and was 10.16% of the total pay costs. The increase in spend is linked to higher establishment levels (new wards and higher use of escalation areas) and use of more expensive agencies .	 The new bank and agency model was launched in January 2019, which	4.58% (Forecast)
Are we spending too much on temporary staff?	NHSI set the Trust an annual agency expenditure ceiling of £17.3m	(£1032k)	Agency staffing costs of £2,473k in month is an increase of £335k on last month and is £1032k above the monthly NHSI agency ceiling. Agency costs are above our internal plan.	 The Trust has strengthened controls across all staff groups requesting agency and engaging with agency suppliers to ensure compliance with capped rates.	Need to reduce run-rate
Are our staff doing the necessary training?	All staff are required to undertake Mandatory training at the appropriate level assigned by leads in 11 mandatory training topics (33 topic levels)	83%	Compliance has remained unchanged across all levels this month. 6 of the 33 topic levels have declined (with 2 of these 6 still remaining above target)	 Divisions held to account through monthly performance review meetings. Actions plans in place to achieve 85% by 31st March 2019.	84%
Do our consultants have up-to-date job plans?	All consultants are required to have an annual job plan review	53%	Compliance has declined by a further 3% for Consultants to 53% and 5% for SAS doctors to 34%. This is primarily due to expiry of Radiography job plans.	 Early Implementers have uploaded job plans to Health Medics rostering system. Revised targets for completion for 85% of all specialities by 31st March 2019 with 95% by 30th April 2019.	60%

Key to rag rating: Green - target met; Amber – on track or close to target: Red - target missed

People & Culture Committee Assurance Report

Accountable Director	Presented By	Author
Mark Yates - Non-Executive Director	Mark Yates - Non-Executive Director	Kimara Sharpe - Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	**BAF number(s)**	10 11

Level of assurance and trend

Significant assurance	Moderate assurance	Limited assurance	No assurance
		X	

Executive Summary

The Committee met on 26 February 2019. The items discussed were as follows:-

Deep Dive into Job Planning: The Committee received a presentation form the Deputy Chief Medical Officer and the Assistant Director of Human Resources setting out where the Trust aims to be in 2019/20 with job planning. The process is to be more open, consistent and transparent and linked to activity. There will be team job planning across all specialities reflecting the needs of the service and individual providing visibility on who is working and leave management. The implementation of Allocate will assist this process. The timeframe is for 95% of job plans to be signed off by the end of April 2019 with a full cycle of team job planning available on allocate by the Autumn 2019 with all on Allocate in 2010/21. An update is to be presented to the Committee in the Autumn 2019.

People and Culture Strategy update: The report provided the initial findings of the 2018 staff survey results and triangulation with other staff groups confirms that the culture of the Trust remains largely unchanged. A number of priority actions have been identified to address the root causes of the top three symptoms that would indicate that the Trust still has negative undertones. These are excessive workloads, lack of accountability and lack of trust between staff and senior managers. The Committee take the view that the term “learned helplessness” is not helpful in taking forward the priority actions and it should cease to be used. The behaviours need to be demonstrated by the Trust Board and Trust Management Executive. I have stressed that there needs to be engagement in taking this work forward. The focus of 4Ward this year will be on ensuring that all staff are able to put the signature behaviours into practice for the benefit of patients and service users. Moderate assurance.

Developing Our Communications Strategy: The Committee provided feedback to the Director of Communications and Engagement on the development of the Communications Strategy which is to be presented to the Committee in August 2019 prior to approval at the Trust Board in September 2019. Limited assurance.

Framework for the Strategic Workforce Plan: This report provided the context for developing the strategic workforce plan 2019/22 and is being developed alongside the Trust’s Integrated Business Plan which is scheduled for completion by August 2019. The Workforce Plan 2019/20 will be presented to the next Committee meeting. Limited assurance.

Development of the CEA Award Policy: This report set out the actions being taken to ensure that the Trust’s CEA policy is fully compliant with the national contract. This is to be by the implementation of an addendum to the Policy which will require the approval of the Remuneration Committee. This arrangement will be in place until 2020 when new guidance is expected to be issued. I have asked that issues considered by the Audit and Assurance Committee be considered as part of the CEA process. Moderate assurance.

People & Culture Committee Assurance Report

Accountable Director	Presented By	Author
Mark Yates - Non-Executive Director	Mark Yates - Non-Executive Director	Kimara Sharpe - Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	**BAF number(s)**	10 11

Level of assurance and trend

Significant assurance	Moderate assurance	Limited assurance	No assurance
		X	

Executive Summary (cont.)

Nursing, Midwifery & AHP Workforce Group: The Committee received the initial report form this Group. I have asked that the governance and future reporting arrangements of this operational group be considered.

4ward steering group: This report set out the work undertaken in preparation for Checkpoint 5. The participation rate on the day of the meeting was 20%. The Chief Executive is to Chair the Group providing visibility.

Nursing Report: This item is also on the board agenda. Safe staffing arrangements have been in place for the service relocations on both sites. Limited assurance.

Guardian for Safe Working – Quarterly Report: This report showed a reduction in exception reporting rates albeit that the data was based on a shorter two month period. Reporting rates appear comparable with other Trusts.

Overview of Trust's Position against HEE Standards (Junior Doctors): This report provided an overview of Health Education England's (HEE) quality framework which the Trust is required to implement for all learners and trainees from 1 February 2019. The self-assessment tool was submitted in February 2019 with a focused improvement plan. The Committee have approved arrangements to further populate the self-assessment and the development of an action plan to address any identified gaps. Oversight will be provided through the Quality Governance Committee. Limited assurance.

Staff flu vaccination: The Committee approved the pro-forma for publication by the end of February 2019. Moderate assurance.

Other reports received:

- Medical Workforce Group:
- Education, Learning and Development Steering Group:
- People and Culture Scorecard
- Workforce Race Equality and Workforce Disability Standards report
- People and culture risk register
- JNCC and MMC minutes
- Work plan

People & Culture Committee Assurance Report

Accountable Director	Presented By	Author
Mark Yates - Non-Executive Director	Mark Yates - Non-Executive Director	Kimara Sharpe - Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	**BAF number(s)**	10 11

Level of assurance and trend

Significant assurance	Moderate assurance	Limited assurance	No assurance
		X	

Background

The People and Culture Committee is set up to assure the Board with respect to the People and Culture agenda.

Issues and options

None.

Recommendations

The Trust Board is requested to note the report for assurance.

Appendices

- TB IPR Dashboards – M10 2018-19

Worcestershire Acute Hospitals NHS Trust

Quality Metrics Overview

Reporting Period: January 2019

SAFE

Area	Indicator Type		Indicator	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Current YTD	Prev Year	2018/19 Tolerances			SRO	Data Quality Kitemark
																				On Target	Of Concern	Action Required		
Incidents	Local	QPS3.3	Number of overdue SIs	4	1	1	4	0	0	0	0	0	0	0	0	0			0	-	>0	CMO	
Falls	Local	QPS6.6	Falls: Total Falls Resulting in Serious Harm (In Month)	0	1	2	2	1	2	2	2	4	2	4	2	1	22	24	<=1	-	>=2	CNO	
VTE	National	QPS11.1	VTE Risk Assessment (as recorded in Bluespier and OASIS)	92.47%	91.98%	90.97%	93.74%	95.13%											>=95%	94% - 94.9%	<94%	CMO	
	National	QPS11.2	VTE Risk Assessment (as recorded in OASIS only - Aug-17 onwards)						94.35%	95.51%	94.67%	94.07%	95.14%	95.33%	92.70%	93.89%			>=95%	94% - 94.9%	<94%	CMO	
Never Events	National	QPS4.1	Never Events	0	0	0	0	0	0	0	0	0	0	1	0	0	1	2	0	-	>0	CMO	
Pressure Ulcers	Contractual	QPS7.5	Pressure Ulcers: New Pts. with Hosp. Acq. Grade 3 Avoidable (Monthly)	2	2	2	2	1	1	0	1	0	0	0	2	1	8	17	0	1 - 3	>=4	CNO	
	Contractual	QPS7.7	Pressure Ulcers: New Pts. with Hosp. Acq. Grade 4 Avoidable (Monthly)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	>=1	CNO	
Infection Control	National	QPS12.1	*Clostridium Difficile* Infection (Trust Attributable)	3	1	3	3	2	3	6	1	3	4	2	4	5	33	33	17/18 Threshold < = 32 18/19 Threshold < = 31			CNO	
	Contractual	QPS12.15	MSSA Bacteremia Cases (Trust Attributable)	2	0	0	5	1	1	3	3	1	0	2	3	2	21	17	0	1	>1	CNO	
	Contractual	QPS12.14	Ecoli Bacteremia Cases (Trust Attributable)	3	3	4	5	5	6	6	7	3	5	6	12	4	59	62	18/19 Threshold < = 47			CNO	
	National	QPS12.4	MRSA Bacteremia Cases (Trust Attributable)	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	-	>0	CNO	
	National	QPS12.131	MRSA Patients Screened (High Risk Wards Only) - Elective	95.1%	98.8%	97.3%	96.8%	95.5%	95.6%	97.7%	97.8%	96.5%	95.5%	93.9%	97.4%	96.90%	1		>=95	-	<95%	CNO	
C-Sections	Contractual	MCS1.2	Emergency Caesareans	18.10%	18.90%	15.40%	12.60%	14.10%	12.10%	14.00%	16.30%	15.80%	20.00%	17.10%	16.40%	15.00%	15.34%	16.14%	<=15.2%		>15.2%	CNO	
Sepsis 6	National	QEF3.4	% of patients receiving all elements of the sepsis 6 bundle within 1 hour (wards)				64.71%	44.44%	69.23%	29.17%	46.15%	50.00%	64.44%	39.39%	48.72%				>=80%	-	< 80%	CNO	
Hand Hygeine	Local	QEF3.5	Hand Hygiene Compliance to Practice		77.38%	88.58%	86.59%	85.55%	91.29%	89.96%	91.48%	95.02%	95.66%	96.79%	96.79%	97.35%			>=95%		<95%	CNO	
	Local	QEF3.6	Hand Hygiene Audit Participation		0.79%	6.30%	11.38%	13.82%	12.20%	14.63%	12.20%	34.96%	56.10%	68.85%	64.75%	76.67%			100%		<100%	CNO	

EFFECTIVE

Mortality	National	QPS9.81	Mortality - HSMR - All Diagnostic Groups - rolling 12 months (HED)	104.67	104.52	104.15	106.03	107.23	108.69	109.42	109.57	110.31					-	-	<=100	-	-	DPS	
	National	QPS9.1	Mortality - SHMI - inc. deaths 30 days post discharge - rolling 12 months (NHS Digital)			1.06			1.09								-	-	-	-	-	DPS	
	National	QPS9.23	% Primary Mortality Reviews returned within 30 days of issue (from month assigned)	56.28%	52.59%	45.11%	34.16%	58.62%	51.46%	57.24%	58.18%	52.17%	59.89%	40.00%					>=60%	-	<60%	DPS	
	National	QPS9.26	% Completed PMRs (includes > 30 day completion)	76.95%	77.44%	77.29%	78.68%	80.78%	81.10%	81.77%	82.18%	82.59%	82.51%	82.20%					-	-	-	DPS	
EMSA	National	QEX3.1	EMSA - Eliminating Mixed Sex Accommodation	50	39	32	55	62	62	55	45	55	50	52	54	50	540	487	0	-	>0	CNO	
NOF	National	QEF3.1	Hip Fracture - Time to Theatre <= 36 hrs (%)	80.95%	80.65%	81.48%	75.86%	79.10%	68.52%	76.56%	86.54%	66.18%	73.53%	86.67%	86.27%	93.65%		81.4%	>=85%	-	<85%	CMO	
	National	QEF3.2	Hip Fracture - Time to Theatre <= 36 hrs (%) - Excl. Unfit/Non-Operative Pts	94.44%	94.34%	89.80%	86.27%	84.13%	84.09%	87.50%	93.75%	70.31%	80.65%	88.14%	91.67%	98.33%		91.9%	>=85%	-	<85%	CMO	
Audits	Local	QR1.9	% Of NICE assessments completed within 12 weeks following publication	82.0%	84.0%	85.5%													>95%	20% - 94%	<20%	CNO	
	Local	QR1.16	% of NICE assessments completed within 10 weeks (8 weeks wef 1/9/18, 6 weeks wef 1/4/19)				46.2%	74.6%	81.7%	79.4%	80.0%	84.0%	89.0%	90.00%	89.73%	90.42%			>=85%	84%- 75%	<75%	CMO	
	Local	QR1.13	Complete an annual programme of local clinical audit				0.0%	1.0%	2.0%	5.0%	9.0%	19.0%	22.0%	28.0%	32.0%	41.0%			>=60%	59%- 50%	<50%	CMO	
	Local	QR1.14	Participate in all relevant national clinical audits that the trust is eligible to participate in.				94.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.00%	95.00%	95.00%			>=94%	93-90%	<90%	CMO	

* NCEPOD - currently not active as no reports are due

PATIENT EXPERIENCE

Friends & Family	National	QEX2.1a	Friends & Family - A&E (% Recommend)					80.35%	81.46%	73.93%	78.68%	81.35%	81.70%	83.52%	78.27%	82.02%	-	-	>=95%	85% - 94%	<85%	CNO	
	National	QEX2.2	Friends & Family - A&E (Response Rate %)	1..3%	6.10%	3.59%	6.64%	5.72%	6.00%	4.86%	5.67%	4.12%	6.30%	6.83%	5.19%	5.87%	5.71%	-	>=20%	-	<20%	CNO	
	National	QEX2.61a	Friends & Family - Acute Wards (% Recommend)					94.45%	94.49%	94.14%	93.65%	92.90%	93.16%	95.47%	95.30%	94.09%	-	-	>=95%	85% - 94%	<85%	CNO	
	National	QEX2.62	Friends & Family - Acute Wards (Response Rate %)	6.79%	9.30%	5.65%	7.51%	8.69%	17.46%	19.33%	18.26%	16.99%	18.29%	20.30%	16.40%	18.63%	16.32%	-	>=30%	-	<30%	CNO	
	National	QEX2.7a	Friends & Family - Maternity (% Recommend)					98.26%	97.25%	98.60%	95.98%	97.13%	97.88%	99.18%	98.59%	99.20%	-	-	>=95%	85% - 94%	<85%	CNO	
	National	QEX2.8	Friends & Family - Maternity (Response Rate %)	34.04%	34.93%	19.14%	30.18%	26.56%	22.38%	27.99%	35.97%	21.76%	29.42%	29.37%	25.09%	29.64%	27.61%	-	>=30%	-	<30%	CNO	
	National	QEX2.10a	Friends & Family - Outpatients (% Recommend)					92.51%	90.79%	92.17%	91.40%	91.01%	92.36%	93.32%	92.48%	92.34%	-	-	>=95%	85% - 94%	<85%	CNO	
	National	QEX2.11	Friends & Family - Outpatients (Response Rate %)	3.67%	5.69%	4.13%	4.72%	3.76%	3.65%	3.80%	4.60%	4.21%	5.11%	5.48%	5.04%	5.39%	4.83%	-	>=10%	-	<10%	CNO	
Complaint Management	Local	QEX1.24	Formal Complaints - Received In Month	62	52	56	55	61	44	58	50	49	56	47	45	45	510	607	-	-	-	CNO	
	Local	QEX1.37	Formal Complaints - % responded within 25 days (closed in month)	42.62%	54.24%	73.21%	76.36%	81.33%	82.00%	86.67%	90.77%	88.57%	76.09%	71.43%	81.08%	75.60%			>=80%	70-79%	<=69%	CNO	
	Local	QEX1.41	Formal Complaints - % of further concerns received	5.0%	4.0%	0.0%	0.0%	3.0%	0.0%	0.0%	8.0%	0.0%	2.6%	2.1%	0.0%	0.0%			<10%	-	>=10%	CNO	

* A new electronic mortality review system was introduced at the end on May - this means previous months are not comparable. PMR reporting is based on the month assigned and reported a month in arrears.
** There has been a change in methodology for FFT - the 'score' now represents % recommended (where the response was either extremely likely or likely)

Worcestershire Acute Hospitals NHS Trust (WAHT)is committed to continuous improvement of data quality. The Trust supports a culture of valuing high quality data and strives to ensure all data is accurate, valid, reliable, timely, relevant and complete. This data quality agenda presents an on-going challenge from ward to Board. Identified risks and relevant mitigation measures are included in the WAHT risk register. This report is the most complete and accurate position available. Work continues to ensure the completeness and validity of data entry, analysis and reporting.

Data Quality Kite Mark Descriptions
Green - Reviewed in last 6 months and confidence level high.
Amber - Potential issue to be investigated
Red - DQ issue identified - significant and urgent review required.
Blue - Unknown - will be scheduled for review.
White - No data available to assign DQ kite mark

Worcestershire Acute Hospitals NHS Trust

Performance Metrics Overview

Worcestershire Acute Hospitals NHS Trust

Reporting Period: January 2019

***** PLEASE NOTE THIS IS A DRAFT VERSION WITH PRE-VALIDATED FIGURES WHICH ARE SUBJECT TO CHANGE *****

Area	Indicator Type	Indicator		Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Current YTD	Prev Year	Tolerance Type	2018/19 Tolerances			SRO	Data Quality Kitemark
																				On Target	Of Concern	Action Required		
Waits	National	PW1.1.3	Proportion of patients referred for diagnostic tests who have been waiting for less than six weeks	97.26%	97.46%	96.20%	92.63%	89.89%	89.69%	86.51%	88.13%	91.52%	94.68%	94.81%	91.89%	90.13%			National	>=99%	-	<99%	COO	
	National	CW3.0	RTT - Patients on an incomplete pathway (within 18 weeks)	84.46%	84.46%	83.24%	84.15%	84.76%	83.86%	82.87%	81.45%	81.01%	81.36%	81.47%	80.14%	80.07%			National	>=92%	-	<92%	COO	
	National	CW4.0	RTT - Patients waiting 52 weeks or more for treatment	3	2	4	3	2	1	0	0	0	0	0	0	0			National	0	-	>=1	COO	
A & E	National	CAE1.1a	4 Hour Waits (%) - Trust	73.28%	72.12%	71.28%	75.34%	78.78%	79.80%	78.01%	76.37%	77.76%	75.02%	74.97%	71.04%	71.57%	75.98%	78.91%	National	>=95%	-	<95%	COO	
	Local	CAE2.1	12 hour trolley breaches	8	24	75	44	28	3	2	10	19	25	34	99	170	434	140	Local	0		0	COO	
	National	CAE3.1	Time to Initial Assessment for Pts arriving by Ambulance (Mins) - 95th Percentile	56	58	59	68	47	40	51	68	73	94	65	102	183	82	-	National	<=15mins	-	>15mins	COO	
	National	CAE3.2	Time to Initial Assessment for All Patients (Mins) - 95th Percentile	46	49	49	64	55	64	66	69	68	68	57	60	105	66	-	National	<=15mins	-	>15mins	COO	
	National	CAE7.0	Ambulance Handover within 15 mins (%) - WMAS data	33.30%	28.90%	28.60%	33.30%	36.70%	53.60%	51.00%	46.50%	43.90%	39.20%	43.80%	36.20%	28.70%	41.40%	46.30%	National	>=80%	-	<80%	COO	
	National	CAE8.0	Ambulance Handover within 30 mins (%) - WMAS data	70.40%	67.40%	71.40%	73.80%	78.80%	85.70%	83.40%	80.30%	79.20%	76.20%	81.60%	71.50%	63.10%	77.40%	81.20%	National	>=95%	-	<95%	COO	
	National	CAE9.0	Ambulance Handover over 60 minutes - WMAS data	372	336	335	263	174	123	210	315	287	415	270	544	799	3400	1,992	Local	0		>0	COO	
Cancer	National	CCAN1.0	2WW: All Cancer Two Week Wait (Suspected cancer)	83.74%	87.79%	77.75%	70.48%	77.49%	65.62%	75.00%	80.58%	88.90%	93.96%	93.37%	95.58%	93.35%	83.54%	80.63%	National	>=93%	-	<93%	COO	
	National	CCAN2.0	2WW: Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	63.64%	89.15%	55.65%	45.96%	51.76%	27.66%	55.68%	87.01%	94.20%	97.81%	93.02%	97.04%	91.72%	73.60%	71.79%	National	>=93%	-	<93%	COO	
	National	CCAN3.0	31 Days: Wait For First Treatment: All Cancers	97.24%	97.11%	98.11%	97.39%	97.32%	98.80%	97.82%	98.15%	97.35%	96.73%	96.99%	98.30%	94.07%	97.26%	97.63%	National	>=96%	-	<96%	COO	
	National	CCAN7.0	62 Days: Wait For First Treatment From Urgent GP Referral: All Cancers	69.39%	74.06%	82.93%	79.11%	76.01%	72.14%	73.30%	77.96%	70.26%	68.38%	77.97%	70.13%	62.36%	72.70%	72.65%	National	>=85%	-	<85%	COO	
	Local	CCAN7.2	62 Days: Wait For First Treatment From Urgent GP Referral: Breast*	69.23%	90.91%	86.44%	87.50%	85.19%	86.67%	93.55%	89.74%	65.52%	91.49%	82.61%	94.59%	68.00%	83.92%	88.59%	National	>=85%	-	<85%	COO	
	Local	CCAN7.3	62 Days: Wait For First Treatment From Urgent GP Referral: Gynae*	71.43%	0.00%	100.00%	81.82%	55.00%	60.00%	69.23%	90.00%	44.44%	84.21%	85.00%	37.50%	45.45%	67.94%	74.12%	National	>=85%	-	<85%	COO	
	Local	CCAN7.4	62 Days: Wait For First Treatment From Urgent GP Referral: Haemotological*	60.00%	60.00%	76.00%	71.43%	70.00%	75.00%	92.86%	77.78%	100.00%	83.33%	33.33%	66.67%	60.00%	76.62%	78.71%	National	>=85%	-	<85%	COO	
	Local	CCAN7.5	62 Days: Wait For First Treatment From Urgent GP Referral: Head & Neck*	41.67%	26.67%	28.57%	100.00%	71.43%	10.00%	50.00%	20.00%	50.00%	0.00%	75.00%	25.00%	13.33%	38.40%	28.79%	National	>=85%	-	<85%	COO	
	Local	CCAN7.6	62 Days: Wait For First Treatment From Urgent GP Referral: Lower Gastro*	54.55%	51.16%	80.00%	71.43%	70.00%	73.91%	76.19%	80.49%	89.66%	70.00%	82.05%	72.73%	80.95%	76.09%	52.19%	National	>=85%	-	<85%	COO	
	Local	CCAN7.7	62 Days: Wait For First Treatment From Urgent GP Referral: Lung*	28.57%	53.85%	50.00%	57.14%	75.00%	75.00%	56.00%	66.67%	35.71%	52.17%	70.00%	45.45%	30.77%	55.61%	56.08%	National	>=85%	-	<85%	COO	
	Local	CCAN7.8	62 Days: Wait For First Treatment From Urgent GP Referral: Skin*	91.18%	90.63%	97.30%	96.88%	100.00%	100.00%	87.14%	92.68%	83.33%	77.53%	94.38%	91.43%	87.36%	90.61%	94.99%	National	>=85%	-	<85%	COO	
	Local	CCAN7.9	62 Days: Wait For First Treatment From Urgent GP Referral: Upper Gastro*	48.15%	66.67%	90.91%	57.14%	90.48%	53.85%	68.42%	85.71%	92.86%	52.94%	86.67%	60.00%	59.46%	71.31%	67.03%	National	>=85%	-	<85%	COO	
	Local	CCAN7.10	62 Days: Wait For First Treatment From Urgent GP Referral: Urological*	78.48%	83.54%	83.33%	77.14%	59.68%	53.21%	56.86%	67.48%	57.89%	59.57%	59.79%	62.50%	42.86%	59.76%	65.16%	National	>=85%	-	<85%	COO	
	Local	CCAN7.11	62 Days: Wait For First Treatment From Urgent GP Referral: Other*	-	-	-	33.33%	100.00%	100.00%	0.00%	100.00%	100.00%	-	-	-	-	68.18%	56.10%	National	-	-	-	COO	
	National	CCAN8.0	62 Days: Wait For First Treatment From National Screening Service Referral: All Cancers (Small numbers)	76.00%	69.23%	71.43%	85.19%	85.19%	90.00%	90.70%	76.60%	73.21%	65.38%	78.26%	93.55%	63.41%	79.18%	87.73%	National	>=90%	-	<90%	COO	
	Local	CCAN12.0	62 Days waits: 62 day treatments waiting over 62 days	95	73	78	83	93	107	113	135	133	87	102	129	135							COO	
	Local	CCAN10.0	104 Day waits : 62 day treatments waiting over 104 days	26	27	24	15	21	17	20	38	32	25	23	30	32							COO	
	Local	CCAN11.0	Cancer Long Waiters (104+ Days) - treated in month	12.0	10.0	12.0	7.5	9.5	9.5	12.5	9.5	17.5	18.5	9.5	12.5	12.0	118.5	127.0	-	-	-	-	COO	
Stroke**	Local	CST1.1	80% of Patients spend 90% of time on a Stroke Ward	70.0%	59.3%	60.7%	64.3%	62.0%	73.1%	64.3%	78.5%	65.5%	84.3%	74.6%	63.5%	77.3%	70.40%	1	Local	>=80%	-	<80%	COO	
	Local	CST2.1	Direct Admission (via A&E) to a Stroke Ward	32.4%	27.8%	27.3%	17.6%	24.4%	42.5%	33.3%	31.6%	38.7%	41.5%	35.7%	27.5%	25.5%	33.00%	0	Local	>=90%	-	<90%	COO	
	Local	CST3.1	TIA clinic within 24 hours	77.2%	80.5%	85.0%	68.6%	77.6%	77.9%	44.2%	14.1%	45.2%	66.7%	29.9%	55.7%	66.7%	56.20%	0	Local	>=60%	-	<60%	COO	
	Local	CST4.0	CT scan within 60 minutes of arrival	27.1%	37.9%	23.6%	36.4%	42.2%	38.3%	38.3%	41.6%	51.9%	47.8%	39.7%	39.7%	37.7%	43.00%	34.90%	Local	>=80%	-	<80%	COO	
Inpatients (All)	Local	PIN1.5	Bed Occupancy (Midnight General & Acute) - WRH	98.8%	100.2%	99.9%	99.8%	99.8%	98.8%	100.3%	98.3%	96.3%	98.4%	97.3%	97.9%	99.7%	98.7%	97.4%	Local	<90%	90 - 95%	>95%	COO	
	Local	PIN1.6	Bed Occupancy (Midnight General & Acute) - ALX	92.3%	91.2%	91.7%	87.2%	87.2%	87.3%	88.1%	87.8%	89.5%	91.4%	92.1%	93.6%	97.0%	90.2%	86.8%	Local	<90%	90 - 95%	>95%	COO	
	Local	PIN2.3	Beds Occupied by NEL Stranded Patients (>7 days) - last week of month	47.27%	44.30%	45.12%	40.20%	38.41%	41.18%	39.19%	37.41%	35.18%	41.04%	38.08%	43.91%	41.25%			Local	<=45%	-	>45%	COO	
	National	PIN3.1	Delayed Transfers of Care SitRep (Patients) - Acute/Non-Acute	51	38	25	36	35	40	25	31	27	23	39	28	26			Local	<30	-	>=30	COO	
	National	PIN3.2	Delayed Transfers of Care SitRep (Days) - Acute/Non-Acute	1160	876	923	830	803	713	617	840	622	523	885	575	607	7015		-	-	-	-	COO	
Elective	National	PEL3.1	Number of patients - 28 Day Breaches (cancelled operations)	38	15	19	36	19	34	8	25	16	30	37	25	21	251	-	TBC	-	-	-	COO	
	National	PEL4.2	Urgent Operations Cancelled for 2nd time	1	0	1	0	1	1	3	2	1	0	2	1	0	11	7	National	<=0	-	>0	COO	
Emergency	Local	PEM2.0	Length of Stay (All Patients)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.5	4.6	4.6	0.0	Local	TBC	TBC	TBC	COO	
	Local	PEM3.0	Length of Stay (Excluding Zero LOS Spells)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6.8	7.0	6.9	0.0	-	-	-	-	COO	
Dementia	National	QEF1.1	Dementia: Find, Assess, Investigate and Refer (Pt 1 - Find)	94.3%	91.5%	88.1%	89.9%	88.1%	85.5%	93.6%	94.9%	86.8%	97.9%	93.4%	96.8%	96.5%	92.9%	94.1%	National	>=90%	-	<90%	CMO	
	National	QEF1.2	Dementia: Find, Assess, Investigate and Refer (Pt 2 - Investigate)	96.4%	93.5%	92.2%	93.4%	94.3%	90.5%	93.7%	93.1%	89.5%	93.3%	93.9%	94.9%	90.8%	92.9%	92.4%	National	>=90%	-	<90%	CMO	
	National	QEF1.3	Dementia: Find, Assess, Investigate and Refer (Pt 3 - Refer)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	National	>=90%	-	<90%	CMO	

** Cancer - this involves small numbers that can impact the variance of the percentages substantially.*

*** Stroke metrics are unvalidated for the current reporting month and are subject to change due to coding timeliness*

Data Quality Kite Mark Descriptions

Green - Reviewed in last 6 months and confidence level high.
Amber - Potential issue to be investigated
Red - DQ issue identified - significant and urgent review required.
Blue - Unknown - will be scheduled for review.
White - No data available to assign DQ kite mark

Worcestershire Acute Hospitals NHS Trust (WAHT)is committed to continuous improvement of data quality. The Trust supports a culture of valuing high quality data and strives to ensure all data is accurate, valid, reliable, timely, relevant and complete. This data quality agenda presents an on-going challenge from ward to Board. Identified risks and relevant mitigation measures are included in the WAHT risk register. This report is the most complete and accurate position available. Work continues to ensure the completeness and validity of data entry, analysis and reporting.

DIVISIONAL PEOPLE AND CULTURE ENGAGEMENT SCORECARD - AS AT 31 JANUARY 2019

Worcestershire Acute Hospitals NHS Trust

DATA FROM OLM - run 12 February 2019

Metric	Description	FUNDED	CONTRACTED	VACANCIES	TRUST TOTALS JANUARY 2019	TRUST TOTALS DECEMBER 2018	TRUST TOTALS FOR LAST YEAR JAN 2018	Asset Management and IT	Corporate	Specialty Medicine	Urgent Care	SCSD	Surgery	Women and Children	Central Trustwide	Data Source	Local Target or Model Hospital Benchmark (MHB)	Trend from last month
Establishment	Funded Divisional Establishment for M10 (January)	5,974.00		681.91	5,974.00	5,913.57		294.12	546.58	1,181.00	571.55	1,897.76	847.72	635.27	0.00	Finance ADI		↑ 60.43
	Contracted SIP (Full-Time Equivalent) M10		5,292.09		5,292.09	5,293.30		280.06	448.64	1,039.84	470.20	1,730.57	730.34	591.94	0.50	Finance ADI	5,974.00	↓ -1.21
	Vacancies (Funded less Contracted) M10				681.91	620.27		14.06	97.94	141.16	101.35	167.19	117.38	43.33	(0.50)	Finance ADI	0.10	↑ 61.64
	Worked FTE M10 (includes extra hours, bank and agency)				5840.59	5,782.70		285.06	460.52	1149.84	587.74	1787.31	826.67	599.18	144.27	Finance ADI	5,974.00	↑ 57.89
PDR Rates and Staff Engagement/SFFT	**Staff Engagement Topic**	**REQUIRED**	**National Average SFFT Q2**	**COMPLIANT**	**% COMPLIANCE JAN 2019**	**% COMPLIANCE DEC 2018**	**LAST YEAR COMPARISON JAN 2018**	**Asset Mgment and IT**	**Corporate**	**Specialty Medicine**	**Urgent Care**	**SCSD**	**Surgery**	**Women and Children**		**DATA SOURCE**	**Target**	**TREND FROM LAST MONTH**
	Staff Survey/SFFT - Recommend Trust as a place to work		64%		61%	61%	50%									SFFT Test Q2 2018	64% national average Q2	→ 0%
	PDR - Medical	437		373	85%	81%	90%			69%	82%	88%	88%	92%		Medical Staffing	MHB 83% Mar 2018	↑ 4%
	Overall PDR rate - Non Medical	4757		3675	77%	77%	69%	74%	83%	74%	79%	79%	80%	73%		BI	MHB 83% Mar 2018	→ 0%
	Last months Divisional Overall PDR rate - Non Medical	4764		3652	77%	77%		77%	78%	75%	78%	77%	81%	70%		BI	MHB 83% Mar 2018	
	DIRECTION OF TRAVEL ON NON MEDICAL PDR FROM LAST MONTH					→ 0%		↓ -3%	↑ 5%	↓ -1%	↑ 1%	↑ 2%	↓ -1%	↑ 3%		BI	MHB 83% Mar 2018	→ 0%
	PDR Registered Nursing and Midwifery	1727		1335	77%	76%			79%	70%	75%	82%	82%	74%		BI	MHB 83% Mar 2018	↑ 1%
	PDR Additional Clinical Services (HCA's and Helpers)	983		759	77%	76%			50.00%	71.15%	90.82%	78.06%	84.94%	63.92%		BI	MHB 83% Mar 2018	↑ 1%
	PDR Allied Health Professionals	337		287	85%	85%			0.00%	79.47%	33.33%	91.71%	0.00%			BI	MHB 83% Mar 2018	→ 0%
	PDR Professional, Scientific and Technical	185		105	57%	57%			100.00%	100.00%	0.00%	54.39%	100.00%	100.00%		BI	MHB 83% Mar 2018	→ 0%
	Healthcare Scientists	178		150	84%	86%			0.00%	85.29%		92.73%	61.29%				MHB 83% Mar 2018	↓ -2%
	PDR Estates and Ancillary	332		255	77%	79%		75.61%		100.00%		90.63%	66.67%	66.67%		BI	MHB 83% Mar 2018	↓ -2%
	PDR Admin and Clerical	1015		784	77%	77%		62.26%	84.27%	77.95%	79.01%	70.71%	74.13%	76.32%		BI	MHB 83% Mar 2018	→ 0%
	Divisions are advised to focus on those staff that ae highlighted red as these are 1 or 2 people who are impacting on divisonal compliance. Names will be available in pivot tables.																	
Up to date Job Plans	**MODEL HOSPITAL COMPARISON**	**MH PEER TOTAL FOR 2016/17**	**MH NATIONAL TOTAL FOR 2016/17**	**MH TRUST TOTAL FOR 2016/17**	**% COMPLIANCE JAN 2019**	**% COMPLIANCE DEC 2018**	**LAST YEAR COMPARISON JAN 2018**	**Asset Mgment and IT**	**Corporate**	**Specialty Medicine**	**Urgent Care**	**SCSD**	**Surgery**	**Women and Children**		**DATA SOURCE**	**Target**	**TREND FROM LAST MONTH**
	Consultants	75%	89%	77%	53%	56%	71%			92%	88%	30%	54%	63%		Medical Staffing	MHB 89% Mar 2017	↓ -3%
	SAS Doctors				34%	39%	38%			25%	22%	41%	25%	60%		Medical Staffing	MHB 89% Mar 2017	↓ -5%
	All Medical				50%	54%	67%			87%	65%	32%	48%	63%		Medical Staffing	MHB 89% Mar 2017	↓ -4%
Overall Mandatory Training Compliance	**TRAINING TOPIC**	**REQUIRED TRAINING**		**COMPLIANT**	**% COMPLIANCE JAN 2019**	**% COMPLIANCE DEC 2018**	**LAST YEAR COMPARISON JAN 2018**	**Asset Mgment and IT**	**Corporate**	**Specialty Medicine**	**Urgent Care**	**SCSD**	**Surgery**	**Women and Children**		**DATA SOURCE**	**Target**	**TREND FROM LAST MONTH**
	OVERALL TRAINING COMPLIANCE AT BASE LEVEL %	42971		36606	85%	86%	83%	80%	86%	83%	83%	88%	88%	82%		BI at base level as per NHSI guidance	**90%**	↓ -1%
	OVERALL TRAINING COMPLIANCE AT ALL LEVELS %	72040		59811	83%	83%	72%	78%	84%	80%	81%	86%	86%	80%		ALL LEVELS as per self service	**90%**	→ 0%
	LAST MONTHS TRAINING COMPLIANCE							79%	85%	81%	80%	85%	85%	80%		ALL LEVELS as per self service	**90%**	
	DIVISIONAL DIRECTION OF TRAVEL FROM LAST MONTH					**0%**		↓ **-1%**	↓ **-1%**	↓ **-1%**	↑ **1%**	↑ **1%**	↑ **1%**	→ **0%**		ALL LEVELS as per self service	**90%**	→ 0%

DIVISIONAL PEOPLE AND CULTURE ENGAGEMENT SCORECARD - AS AT 31 JANUARY 2019

Worcestershire Acute Hospitals NHS Trust

DATA FROM OLM - run 12 February 2019

Mandatory Training Compliance by Staff Group

MANDATORY TRAINING BY STAFF GROUP	REQUIRED TRAINING		COMPLIANT	% COMPLIANCE JAN 2019	% COMPLIANCE DEC 2018	LAST YEAR COMPARISON JAN 2018	Asset Mgment and IT	Corporate	Specialty Medicine	Urgent Care	SCSD	Surgery	Women and Children		DATA SOURCE	Target	TREND FROM LAST MONTH
Medical and Dental	7967		5292	66%	64%			57%	64%	55%	73%	67%	66%		BI Competencies	90%	2%
Registered Nursing and Midwives	23115		19921	86%	86%			81%	83%	85%	90%	90%	82%		BI Competencies	90%	0%
(Additional Clinical Services (HCA's, Therapy Aides and Helpers)	13875		11395	82%	82%			96%	77%	87%	83%	88%	78%		BI Competencies	90%	0%
Allied Health Professionals (Physios, OT's etc)	5183		4523	87%	88%			100%	83%	86%	92%	67%			BI Competencies	90%	-1%
Healthcare Scientists	2268		2066	91%	91%			65%	89%		94%	88%			BI Competencies	90%	0%
Professional, Scientific and Technical	2554		2082	82%	80%			85%	88%	46%	81%	100%	67%		BI Competencies	90%	2%
Admin and Clerical	12770		11214	88%	88%		90%	86%	89%	87%	87%	93%	84%		BI Competencies	90%	0%
Estates and Ancillary	4308		3318	77%	78%		76%		94%		84%	94%	70%		BI Competencies	90%	-1%

Mandatory Training Compliance byTopic

TRAINING TOPIC	REQUIRED TRAINING		COMPLIANT	% COMPLIANCE JAN 2019	% COMPLIANCE DEC 2018	LAST YEAR COMPARISON JAN 2018	Asset Mgment and IT	Corporate	Specialty Medicine	Urgent Care	SCSD	Surgery	Women and Children		DATA SOURCE	Target	TREND FROM LAST MONTH
Information Governance	6138		5147	84%	88%	95%	91%	80%	80%	87%	89%	87%	82%		BI Competencies	95%	-4%
Fire	6138		5011	82%	81%	81%	71%	75%	83%	84%	83%	86%	77%		BI Competencies	90%	1%
Health & Safety	6138		5473	89%	89%	85%	86%	89%	88%	91%	91%	91%	86%		BI Competencies	90%	0%
Conflict Resolution	6138		5498	90%	89%	88%	84%	89%	89%	92%	91%	90%	87%		BI Competencies	90%	1%
Equality & Diversity	6138		4781	78%	77%	68%	54%	81%	72%	83%	82%	83%	79%		BI Competencies	90%	1%
Infection Control L1	1819		1630	90%	90%	88%	84%	91%	95%	92%	91%	95%	85%		BI Competencies	90%	0%
Infection Control L2	4310		3383	78%	76%	67%		68%	74%	82%	80%	82%	77%		BI Competencies	90%	2%
Moving & Handling L1	1659		1449	87%	88%	88%	72%	91%	95%	92%	94%	95%	80%		BI Competencies	90%	-1%
Moving and Handling L2	4473		3547	79%	79%	79%	33%	82%	84%	79%	79%	83%	66%		BI Competencies	90%	0%
Safeguarding Children L1	1600		1550	97%	98%	99%	97%	96%	95%	98%	99%	99%	94%		BI Competencies	90%	-1%
Safeguarding Children L2 ++	3692		2910	79%	77%	57%	10%	67%	72%	85%	84%	83%	79%		BI Competencies	90%	2%
Safeguarding Children L3 ++	834		687	82%	75%	57%		78%	63%	82%	63%	72%	90%		BI Competencies	90%	7%
Safeguarding Children L4	4		4	100%	100%	100%		100%					100%		BI Competencies	90%	0%
Safeguarding Children L5	1		1	100%	100%	100%		100%							BI Competencies	90%	0%
Safeguarding Adults L1	2834		2577	91%	92%	92%	90%	92%	87%	93%	93%	94%	90%		BI Competencies	90%	-1%
Safeguarding Adults L2	2943		2403	82%	79%	51%		85%	78%	84%	82%	82%	84%		BI Competencies	90%	3%
Safeguarding Adults L3	353		126	36%	34%	1%		23%	31%	51%	50%	34%	22%		BI Competencies	90%	2%
Safeguarding Adults L4	1		1	100%	100%	100%		100%							BI Competencies	90%	0%
Safeguarding Adults L5	1		1	100%	100%	33%		100%							BI Competencies	90%	0%
Resuscitation BLS L1 (non-clinical)	1527		1359	89%	89%	93%	78%	92%	95%	86%	97%	92%	89%		Discoverer	90%	0%
Resuscitation BLS L2 (clinical)	4369		3490	80%	80%	84%		71%	81%	80%	79%	82%	77%		BI Competencies	90%	0%
NLS L4 medics	19		19	100%	100%	40%							100%		Discoverer	90%	0%
EPLS L4 medics	57		49	86%	84%	41%				87%	76%		100%		Discoverer	90%	2%
ALS L4 medics	62		51	82%	80%	53%			43%	81%	90%		100%		Discoverer	90%	2%
Preventing Radicalisation L1 (non-clinical)	1527		1434	94%	94%	85%	93%	93%	95%	96%	94%	99%	92%		BI Competencies	90%	0%
Preventing Radicalisation L2 (clinical)	3073		2610	85%	89%	86%		74%	80%	73%	92%	85%	74%		BI Competencies	90%	-4%
Preventing Radicalisation L3 (WRAP)	1503		1248	83%	76%	36%		82%	78%	74%	88%	92%	83%		BI Competencies	90%	7%
Preventing Radicalisation L4 (WRAP)	3		3	100%	100%	100%		82%							Discoverer	90%	0%
Preventing Radicalisation L5 (WRAP)	1		1	100%	100%	100%		100%							Discoverer	90%	0%
MCA and DOLS L1	1259		992	79%	80%	58%	7%	29%	76%	82%	84%	88%	92%		BI Competencies	90%	-1%
MCA and DOLS L2	2677		1978	72%	72%	33%		77%	72%	73%	71%	75%	78%		BI Competencies	90%	0%
MCA and DOLS L3	658		540	80%	80%	0%		68%	78%	86%	83%	86%	82%		BI Competencies	90%	0%
MCA and DOLS L4	3		3	100%	100%	0%		100%							BI Competencies	90%	0%

DIVISIONAL PEOPLE AND CULTURE ENGAGEMENT SCORECARD - AS AT 31 JANUARY 2019

NHS Worcestershire Acute Hospitals NHS Trust

DATA FROM OLM - run 12 February 2019

	SICKNESS ABSENCE	FTE DAYS LOST	FTE DAYS AVAILABLE	MH Sept 18 Trust rate	% COMPLIANCE JAN 2019	% COMPLIANCE DEC 2018	LAST YEAR COMPARISON JAN 2018	Asset Mgment and IT	Corporate	Specialty Medicine	Urgent Care	SCSD	Surgery	Women and Children		DATA SOURCE	Target	TREND FROM LAST MONTH
Sickness Absence	Monthly Sickness Absence	8013.21	162400.49	MHB Sep 18: 4%	4.93%	4.50%	4.94%	6.10%	2.86%	5.13%	5.15%	4.92%	5.28%	5.11%		Discoverer	MHB Sep 18 4%	⇧ 0.43%
	Cumulative Sickness Absence	79144.10436	1903066.305	Our Trust Sep 18: 4%	4.16%	4.15%	4.17%	4.59%	2.48%	4.06%	4.34%	4.12%	4.90%	4.50%		Discoverer	MHB Sep 18 4%	⇧ 0.01%
	TURNOVER	**LEAVERS IN PERIOD**	**AVERAGE SIP**	**MH Rate Oct 2018 Trust**	**% COMPLIANCE JAN 2019**	**% COMPLIANCE DEC 2018**	**LAST YEAR COMPARISON JAN 2018**	**Asset Mgment and IT**	**Corporate**	**Specialty Medicine**	**Urgent Care**	**SCSD**	**Surgery**	**Women and Children**		**DATA SOURCE**	**Target**	**TREND FROM LAST MONTH**
Turnover	Annual Turnover (FTE)	595.62	4,779.45		12.46%	12.43%	10.94%	8.97%	13.72%	14.52%	18.70%	10.86%	13.22%	8.96%		Discoverer	local target 10-12%	⇧ 0.03%
	Annual Turnover (FTE) for Consultants	22.75	257.46		8.84%	9.79%	5.50%		0.00%	12.68%	2.11%	10.76%	5.04%	6.30%		Discoverer	local target 10-12%	⇧ -0.95%
	Annual Turnover (FTE) for other Medics	1.10	46.20		2.38%	6.64%	0.00%		0.00%	0.00%	0.00%	5.88%	0.00%	0.00%		Discoverer	local target 10-12%	⇩ -4.26%
	Annual Turnover (FTE) for Registered Nurses	200.99	1,650.78		12.18%	11.83%	11.26%		24.46%	11.31%	22.79%	10.06%	11.31%	8.02%		Discoverer	local target 10-12%	⇧ 0.35%
	Annual Turnover (FTE) for Additional Clinical Services (HCA's etc)	153.22	943.19		16.24%	16.19%	12.91%		0.00%	15.32%	22.24%	12.47%	23.19%	14.15%		Discoverer	local target 10-12%	⇧ 0.05%
	Monthly Turnover (FTE)	40.75	4,767.22	1.04% 3rd quartile	0.85%	1.17%		0.70%	0.25%	1.14%	1.27%	0.71%	1.33%	0.47%		Discoverer	MHB Nov 18 0.84%	⇧ -0.32%

TURNOVER DATA IS PRESENTED WITH NO EXLUSIONS FROM DECEMBER 2018 (PREVIOUSLY WE HAVE EXCLUDED CORPORATE AS THESE POSTS MAY BE HELD DUE TO CIP)

No exclusions for sickness, maternity or career break are made to Mandatory Training figures; New starters in last 12 month are excluded from PDR %

KEY TO COLUMN F	
	TARGET MET
	CLOSE TO TARGET (WITHIN 3% TRAINING)
	TARGET NOT MET

GREY BOXES ARE NOT APPLICABLE OR NOT AVAILABLE

KEY TO COLUMN R and Divisional Performance Columns I - O	
	PERFORMANCE IMPROVED
	PERFORMANCE DETERIORATED
	PERFORMANCE UNCHANGED
⇧	ARROW DEPICTS DIRECTION OF TRAVEL

DIVISIONAL PEOPLE AND CULTURE PAYBILL SCORECARD - AS AT 31 JANUARY 2019

Worcestershire Acute Hospitals NHS Trust

DATA FROM OLM - run 12 February 2019

Metric	Description	FUNDED	CONTRACTED	VACANCIES	TRUST TOTALS JANUARY 2019	TRUST TOTALS DECEMBER 2018	TRUST TOTALS FOR LAST YEAR JAN 2018	Asset Management and IT	Corporate	Specialty Medicine	Urgent Care	SCSD	Surgery	Women and Children	Central Trustwide	Data Source	Local Target or Model Hospital Benchmark (MHB)	Trend from last month
Establishment	Funded Divisional Establishment for M10 (January)	5,974.00		681.91	5,974.00	5,913.57		294.12	546.58	1,181.00	571.55	1,897.76	847.72	635.27	0.00	Finance ADI		⇧ 60.43
	Contracted SIP (Full-Time Equivalent) M10		5,292.09		5,292.09	5,293.30		280.06	448.64	1,039.84	470.20	1,730.57	730.34	591.94	0.50	Finance ADI	5,913.57	⇩ -1.21
	Worked FTE M10 (includes extra hours, bank and agency)				5840.59	5,782.70		285.06	460.52	1149.84	587.74	1787.31	826.67	599.18	144.27	Finance ADI	5,913.57	⇧ 57.89
Vacancies	**TOTAL VACANCIES (Funded less Contracted WTE)**			681.91	681.91	620.27		14.06	97.94	141.16	101.35	167.19	117.38	43.33	(0.50)	Finance ADI	0.10	⇧ 61.64
	VACANCY RATE				11.41%	10.48%		4.78%	17.92%	11.95%	17.73%	8.81%	13.85%	6.82%		Finance ADI	7%	⇧ 0.93%
	Vacancies are reported as per Finance ADI with no exclusions. Vacancies increased by 3.72% in May 2018 due to the significant increase in establishment to fund Evergreen, Silver Frailty and others. Establishment has increased by 60.43 wte this month which has increased vacancy rate by 0.93% despite there only being 1.21 wte reduction in contracted staff in post.																	
	Registered Nursing and Midwifery	**1,956.13**	**1,737.25**	**218.88**	11.19%	10.44%			11.61	65.55	63.23	44.48	39.72	(5.71)	0.00	Finance ADI	7%	⇧ 0.75%
	Registered Midwifery (Obstetrics, Maternity and Community Nursing Directorates)	205.37	214.58	(9.21)	-4.48%	-0.78%								(9.21)		Finance ADI	7%	⇩ -3.70%
	Registered Nursing	**1,750.76**	**1,522.67**	**228.09**	13.03%	12.12%			11.61	65.55	63.23	44.48	39.72	3.50	0.00	Finance ADI	7%	⇧ 0.91%
	HCA's	**810.73**	**752.77**	**57.96**	7.15%	7.63%			11.21	3.34	2.87	13.61	12.82	14.11	0.00	Finance ADI	7%	⇩ -0.48%
	Medics Overall	752.11	628.14	123.97	16.48%	14.73%			11.00	32.47	13.37	24.32	22.80	20.01	0.00	Finance ADI	10%	⇧ 1.75%
	Consultants	325.28	283.70	41.58	12.78%	11.95%			7.00	12.98	5.10	13.91	0.55	2.04	0.00	Finance ADI	15%	⇧ 0.83%
	Middle Grade Medics	198.04	175.01	23.03	11.63%	6.88%			3.00	11.52	(1.13)	1.65	12.02	(4.03)	0.00		10%	⇧ 4.75%
	Junior Grade Medics	228.79	169.43	59.36	25.95%	25.49%			1.00	7.97	9.40	8.76	10.23	22.00	0.00	Finance ADI	10%	⇧ 0.45%
	AHP'S (Dietitians, OT's Physio's, Orthoptists and Radiographers)	461.40	454.14	7.26	1.57%	1.23%			0.00	(2.15)		9.41	0.00	0.00	0.00	Finance ADI	7%	⇧ 0.35%
	Scientific, Therapeutic and Technical (Pharmacists, MTO's ATO's, Clinical Scientists, MLSO's, Chaplains)	529.67	475.23	54.44	10.28%	6.20%			0.92	(0.84)	(2.00)	45.04	10.72	0.60	0.00	Finance ADI	7%	⇧ 4.08%
	Ancillary	218.73	202.78	15.95	7.29%	6.49%		13.98		3.99	2.00	0.01	(0.60)	(3.43)	0.00	Finance ADI	7%	⇧ 0.80%
	Senior Managers	202.91	184.62	18.29	9.01%	7.25%		(3.30)	18.87	0.28	(0.18)	0.62	2.20	(0.20)	0.00	Finance ADI		⇧ 1.76%
	Admin and Clerical	919.79	817.56	102.23	11.11%	10.61%		0.52	42.06	16.71	5.43	20.41	12.50	4.60	0.00	Finance ADI		⇧ 0.51%
	Vacancies are reported directly from ADI since December 2018 with no exclusions. Previously Corporate posts had been excluded to focus on clinical posts.																	

Agency and bank as % of gross cost					JAN 2019	DEC 2018		Asset Mgment and IT	Corporate	Specialty Medicine	Urgent Care	SCSD	Surgery	Women and Children	Central Trustwide	DATA SOURCE	Target	TREND FROM LAST MONTH
	Agency as a % of gross cost				10.16%	8.98%		1.72%	6.94%	5.39%	16.30%	6.40%	9.34%	2.31%		Finance	7%	⇧ 1.18%
	Bank as a % of gross cost				8.27%	7.92%		0.00%	0.30%	11.90%	17.11%	3.62%	10.95%	6.60%		Finance	7%	⇧ 0.35%

Cost per WAU	COST PER WAU - latest data from Model Hospital	NATIONAL TOTAL FOR 2017/18	PEER TOTAL FOR 2017/18		TRUST TOTAL FOR 2017/18	TRUST TOTAL FOR 2017/18		DATA SOURCE	TRUST QUARTILE FOR 2017/18	TREND FROM LAST YEAR MHB
	Medical staff	£535	£570		£616	£616	Cost per WAU is the headline productivity metric used within the Model Hospital. It shows the amount spent by a trust to produce one Weighted Activity Unit (WAU) of clinical output. This metric shows the amount the trust spend on staff, based on ESR data, compared to the total NHS clinical activity provided by the trust within the financial year.	Model Hospital Jan 2019	4th	⇨ £0.00
	Registered Nurses and Midwives	£711	£718		£789	£789			3rd	⇨ £0.00
	AHP'S (Dietitians, OT's Physio's, Orthoptists and Radiographers less Corporate)	£130	£137		£144	£144			3rd	⇨ £0.00
	Healthcare Scientists and other Scientific and Technical Staff	£156	£165		£169	£169			3rd	⇨ £0.00
	Corporate, Admin and Estates	£359	£321		£306	£306			2nd	
	Agency staff cost per WAU	£108	£121		£181	£181			4th	⇨ £0.00

Registered nursing and midwifery vacancy rate includes Nurses & Midwives Band 5 and above

Agency as a % of gross pay cost = this is all agency for all staffing types

No exclusions for sickness, maternity or career break are made to Mandatory Training figures; New starters in last 12 month are excluded from PDR %

KEY TO COLUMN F	
	TARGET MET
	CLOSE TO TARGET (WITHIN 3% TRAINING)
	TARGET NOT MET

GREY BOXES ARE NOT APPLICABLE OR NOT AVAILABLE

KEY TO COLUMN R and Divisional Performance Columns I - O	
	PERFORMANCE IMPROVED OR TARGET MET
	PERFORMANCE DETERIORATED
	PERFORMANCE UNCHANGED
⇧	ARROW DEPICTS DIRECTION OF TRAVEL

V2 Feb 2019

Meeting	Trust Board
Date of meeting	14 Mach 2019
Paper number	E1

Learning From Mortality Reviews Report

For approval:		For discussion:		For assurance:	√	To note:	

Accountable Director	Dr Suneil Kapadia CMO		
Presented by	Graham James, Deputy CMO	**Author /s**	SA Kapadia, S Graystone and J Reading

Alignment to the Trust's strategic priorities					
Deliver safe, high quality, compassionate patient care	√	Design healthcare around the needs of our patients, with our partners	√	Invest and realise the full potential of our staff to provide compassionate and personalised care	
Ensure the Trust is financially viable and makes the best use of resources for our patients		Continuously improve our services to secure our reputation as the local provider of choice			

Alignment to the Trust's goals							
Timely access to our services		Better quality patient care	√	More productive services		Well-Led	

Report previously reviewed by		
Committee/Group	Date	Outcome
QGC	Feb 2019	Received for assurance

Assurance: *Does this report provide assurance in respect of the Board Assurance Framework strategic risks?*	Y	BAF number(s)	1

Significant assurance ☐ *High level of confidence in delivery of existing mechanisms/objectives*	**Moderate assurance** ☐ *General confidence in delivery of existing mechanisms /objectives*	**Limited assurance** ☒ *Some confidence in delivery of existing mechanisms /objectives*	**No assurance** ☐ *No confidence in delivery*

Recommendations	The Trust Board is recommended to receive the report for assurance.

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Paper number	E1

Executive Summary

We have established a mortality review process. This paper outlines the organisational level themes identified through this review process together with actions being taken to improve the quality of care being delivered.

A total of 523 reviews have been considered for this report. The report looks at good practice as well as areas for improvement.

Areas of good practice includes:

- Clear initial documentation of likely diagnosis, investigation and management plan
- Where specialist reviews completed within 24 hours of request with a clear management plan documented in the notes
- Appropriate response to deterioration.

Areas for improvement include

- Consultant review and clear plan documented within 14 hours of admission
- Do not resuscitate decisions documentation
- End of Life Care Pathway
- Daily documented Consultant review

Of the 1052 deaths occurring between January and June, three were deemed on a 50:50 probability rating as being avoidable. These have been managed through our Serious Incident management process and learning has been identified as follows:

- Improved pathway for multidisciplinary team management of overdose patients presenting to the emergency department
- Treatment and advice for patients presenting with a VTE
- Operational issues.

Background

We have established a mortality review process. Just under 60% of deaths are reviewed within 30 days of the death and over 82% of deaths are reviewed overall. A review of themes emerging from high level reviews has been undertaken.

Quality improvement work is taking place in the areas identified as impacting on the quality of care provided to our patients.

Where an initial mortality review identifies a potential avoidable death these cases are managed through our Serious Incident investigation process.

Issues and options

Mortality Review Results

The data is collected using the Mortality Review database, which includes structured judgment reviews and those completed by specialty clinicians, has been reviewed by the information department for the first 6 months of 2018, a total of 523 reviews.

Good practice was identified together with areas for improvement.

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Evidence of good practice

Issue	Compliance	Action being taken
Clear initial documentation of likely diagnosis, investigation and management plan?	96.4%	Improved interface between coding team and clinicians to ensure primary diagnosis accurately coded
Where specialist reviews completed within 24 hours of request with a clear management plan documented in the notes?	93.1%	Speciality teams reviewing job plans and work programmes to ensure 7 day access to speciality input
Was there an appropriate response to deterioration	94.4%	All unplanned admissions to ICU reviewed for timely escalation and response. Lapses recorded in Datix and issues fed back to ward teams for review and action

Areas identified for quality improvement

Issue	Compliance	Action being taken
Consultant review and clear plan documented within 14 hours of admission?	79.4%	All Consultant job plans being reviewed to ensure there are no barriers to this standard being met and the objective is clearly described in individual job plans.
Do not resuscitate decisions documented correctly	80.1%	Training delivered at physicians meetings at AGH & WRH. Programme underway to implement ReSPECT methodology for documenting patients care wishes including do not resuscitate. Go live date 1st July 2019. Extensive multimedia training package in place with training dates being scheduled for April to June. Post implementation support, impact analysis and training in place for 12 months.
If the patient needed to be on the End of Life Care Pathway did this occur?	74.0%	Launch of Individualised last days of care plan with extensive training package and monitoring of compliance by the palliative care team Patient/family feedback requested as part of the implementation of an individual plan, monitored by the palliative care team. Benchmarking occurring through involvement in the national end of life care audit.

		Palliative care team have 7 day working with on-call availability.
Daily documented Consultant review.	43.7%	Consultant recruitment and job plan reviews aimed at delivering a 7 day service. Where cover not yet in place weekend review and action plan stickers introduced to clarify Consultant plans. Ongoing audit of compliance in place – latest information submitted to NHSI shows 78% compliance.
Death following sepsis	20.2%	Issues with sepsis management (delayed identification, delayed antibiotics, incomplete/inaccurate completion of screening form) identified in 14% of these patients. These issues are being addressed through the sepsis improvement project.
Operational/system wide issues identified	17.1%	Overwhelming issues – long stay in ED and transfer to out of speciality ward. Trust wide emergency access, inpatient capacity and timely discharge improvement programmes aimed at improving this problem.

Learning from avoidable deaths

Of the 1052 deaths occurring between January and June 3 deaths (0.2%) were deemed, on a 50:50 probability rating as being avoidable.

These have been managed through the Trust Serious Incident management process. The table below identifies the learning/changes in practice initiated as a result of these investigations.

	Issue Identified	**Learning/Changes in Practice**
Case 1	Delay in involving Intensive Care Team in ED.	Improved pathway for MDT management of overdose patients presenting to ED.
Case 2	Inconsistent approach to VTE prophylaxis in ambulatory trauma patients.	Consistent approach implemented so patients receive the same advice & management irrespective of site of attendance or pathway followed.
Case 3	Missed subdural haematoma patient then given low dose anticoagulants as VTE prophylaxis.	Radiology reports are an opinion and where clinical sings do not match findings further review must be sought. Subject of Trust wide patient safety notice.

Recommendations

The Trust Board is recommended to receive the report for assurance.

Appendices - none

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Report on Nursing and Midwifery Staffing Levels – November & December 2018

For approval:		For assurance:	x	To note:	

Accountable Director	Vicky Morris, Chief Nursing Officer		
Presented by	Vicky Morris Chief Nursing Officer	**Author /s**	Louise Pearson: Lead for Nursing and Midwifery Workforce

Alignment to the Trust's strategic priorities					
Deliver safe, high quality, compassionate patient care	x	Design healthcare around the needs of our patients, with our partners		Invest and realise the full potential of our staff to provide compassionate and personalised care	x
Ensure the Trust is financially viable and makes the best use of resources for our patients		Continuously improve our services to secure our reputation as the local provider of choice			

Alignment to the Trust's goals							
Timely access to our services	x	Better quality patient care	x	More productive services		Well-Led	

Report previously reviewed by		
Committee/Group	Date	Outcome
People and Culture Committee	26th February 2019	Received for assurance

Assurance: *Does this report provide assurance in respect of the Board Assurance Framework strategic risks?*	Y	BAF number(s)	11

Significant assurance ☐ *High level of confidence in delivery of existing mechanisms/objectives*	**Moderate assurance** ☐ *General confidence in delivery of existing mechanisms /objectives*	**Limited assurance** ☒ *Some confidence in delivery of existing mechanisms /objectives*	**No assurance** ☐ *No confidence in delivery*

Recommendations	The Trust Board is requested to note the findings of the report and the mitigating actions taken to address areas of concern, specifically in relation to staffing shortfalls and incidence relating to patient safety and quality.

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NHS Trust

Meeting	Trust Board
Date of meeting	14 March 2019
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Executive Summary

This paper provides an overview to the Trust Board of the nursing and midwifery staffing levels for the planned and the actual staffing levels for November and December 2018.

- This paper demonstrates our position regarding the mandatory submission for nursing fill rates, required by the Department of Health via UNIFY, and highlights key areas of risk and the mitigation taken at Divisional / Directorate level.

- The paper also includes an overview by division of their staffing position for registered and non – registered staff. The turnover rate is included, which indicates the ability of the organisation to retain staff against the regional and national benchmarks. There is stability in the number of RN vacancies; however the HCA vacancies have reduced by 23 wte in this period. Of the 246.33 wte vacancies 195.94 of these are RNs and 50.39 are for HCAs. In January and February 2019 there are approximately 40 registered nurses due to commence in ward areas.

- The fill rates for RN and HCAs over November and December are above 90% except for RN fill on days in December which ran at 89.5% and HCAs on day duty in November and December.

- The staffing levels are reviewed 3 times each day and reported at the bed meetings, further review of nurse staffing levels are monitored by the on call matron out of hours. The wards are safely staffed as mitigation actions are taken where any risk is identified.

- Risks and incidents which have been attributed to staffing levels are also provided in order to review the impact and outcomes on patients. There has been a reduction in the number of red flag incidents in this period compared to the previous month. In November there was 1 moderate harm identified as result of nursing staff being redeployed, 2 patients fell during this shift.

a. Proactive recruitment is in place and includes:
b. An active social media campaign
c. Fortnightly staffing meetings to discuss rosters, vacancies and bank usage
d. The reintroduction of the Nursing and Midwifery Action Group
e. Working with the university to guaranteed post here once they qualify
f. Support for internal and external recruitment events by the Practice Development Team
g. The rollout of the 1st Nursing Associates who join the NMC register and our workforce in April 2019

- During the winter 3 additional wards have been opened. The additional nurse staffing requirements are 61.76 WTE RN's and 91.21 HCA's. The wards which have opened are Avon 5 on the Worcester site and Ward 4 and Ward 1 on the Alex site.

- Safe staffing levels and Care Hours per Patient Day (CHPPD) are in place across the Trust and the mitigation is detailed in Appendix1.This table demonstrates the mitigation which has been put in place contemporaneously to ensure safe staffing across the wards.

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Background

We are required to submit monthly data to Unify. This information provides the detail per ward of the nursing and midwifery staffing fill rates and bed days. This information is displayed on our website.

From September 2018, NHSI have published Care Hours Per Patient Day (CHPPD) on MY NHS and NHS choices. This measure is used alongside clinical quality and safety outcome measures to reduce unwarranted variation and support delivery of high quality, efficient patient care. This is through ward deployment of staff to care for the right patients at the right time with the right skill set to meet patients' needs. Divisions review staffing on a shift by shift basis and move staff across wards/departments to ensure safe staffing.

The staffing levels fill rates are RAG rated as Green above 90%, Amber 80-89% and Red below 79%. Areas showing as more than 100% will have used additional staff to their ward establishment. Reasons for this include, increased capacity i.e. additional beds being open, and one to one nurse to patient ratio to provide enhanced observations for specific patient needs (specialling).

Issues

Staffing levels/Vacancies

The data below in Table 1 highlights the funded and in post rates within the nursing workforce for December 2018.

Overall the nursing and midwifery vacancies have decreased by 23 whole time equivalent (wte) for Health Care Assistants (HCAs). This decrease is as a result of the targeted recruitment campaign from September 2018 for HCA vacancies within the Trust in support of winter pressures. The RN vacancy rate is stable.

Table 1

Vacancy for in patient wards areas & non ward areas	December 2108
Qualified	195.94
Unqualified	50.39
Total	246.33

From January through to the end of February 2019 there are approximately 40 registered nurses due to commence in post into vacancies on ward areas and 30 HCAs. The Divisions continue to actively recruit to support winter pressures and the additional wards at the Alexandra Hospital site (Ward 4 and Ward 1) and the winter ward on the Worcester Royal Hospital site. The recruitment event in January at the Alexandra Hospital has over 80 applicants for HCA positions within the trust which will also support the additional 2 medical wards due to open in April 2019.

The Table 2 provides a summary of the vacancy rates across the Divisions.

Table 2

Division	RN vacancy wte	HCA vacancy wte	Concerns
Speciality Medicine*	65.96	10.77	Wards with vacancies greater than 25% of their establishment are Ward 6, 2,12 Evergreen, Avon 3 and ASU.
Urgent Care	56.13	1.20	The ward with a vacancy factor of greater than 25% is Medical Assessment Unit WRH, MSSU
Surgery	38.33	12.50	Wards with a vacancy factor greater than 25% of their establishment is Beech B, SCDU Trauma and Orthopaedics
SCSD	30.36	12.68	No areas above 25%
Women & Children	0	13.24	No areas above 25%

*These figures exclude the additional winter wards

Actions to support proactive recruitment.

- Increased profiling of medicine and surgery in both recruitment events and adverts, this includes targeted recruitment for specialty wards/ units rather than generic recruitment adverts. This includes the use of social media which was very successful for HCAs. The trust are also undertaking an external recruitment event with the RCN in March which allows up to 10 external vacancy adverts onto the RCN bulletin, so all specialities have been asked for adverts.
- Wards with vacancies greater than 25% - prioritise block booking of bank and agency to ensure safe cover, these are the areas that have utilised the IDM service.
- A specialised managed agency project – “Project Nightingale” will be in place from December 2018 to support safe staffing of the winter wards. This will be provided through an external company supporting the Trust to fill substantive vacancies with the same agency staff from December until the end of March.
- A weekly staffing meeting involving Divisional Directors of Nursing (DDNs) and Workforce Leads/ Deputy CNO is in place to provide oversight of planned staffing and actual staffing numbers and actions in place for escalation.
- Wards with >25% vacancies will have a monthly workforce review meeting.

Fill rates of staffing shifts

Fill rates are calculated from the expected level of staffing on a shift by shift basis against

what was actually provided. This data is produced from the safer staffing app and submitted to Unify in response to Lord Carter's recommendations. The full data set is provided in the unified data - Appendix 1.

Overall Trust position

Table 3 demonstrates the average fill rates across the Trust. It is a concern that the fill rate for trained and untrained staff on the day shift is under 90%. This is a driver for Project Nightingale where temporary staff is being brought in to cover lines of off duty in wards/departments to enhance safer staffing levels. The Trust is working with 2 companies to support the wards having temporary staff working lines of off duty. The total number of staff which they are expected to provide is up to 150 wte.

Table 3 Trust wide Summary of RN/HCA fill rates for days and nights for November and December 2018

	RN day	RN night	HCA day	HCA night
November 2018	**90.12%**	**92.35%**	**84.8%**	**93.5%**
December 2018	**89.5%**	**94.39%**	**80.1%**	**90.2%**

For November and December 2018 wards that have triggered red on the Unify data in Appendix 1 have the explanation and mitigation detailed within the Appendix.

Staffing is reviewed by the Matrons and Divisional Directors of Nursing three times a day and by the matrons on call overnight. Mitigation processes are activated in real time when temporary staffing measures are not achieved. These included reviews of the acuity and dependency of patients on wards to ensure needs are being met with reduced staffing numbers. Decisions taken included: cancelling training, use of non-ward based nursing staff, ward managers included in provision of patient care, not opening extra capacity beds and accepting acutely dependant patients.

Work is progressing for the implementation of the Allocate safe staffing module that will provide a greater accuracy in reporting staffing in real time going forward. A pilot of 4 wards went live from 29th January. The full implementation of the NHSP interface and the safer care module from Allocate will have all inpatient wards live on the system from the end of April 2019.

Incident reports and red flags

In November and December 2018 there were 61 and 76 Incidents reported respectively with the specific category of nurse/midwifery staffing. The number of reported incidents that fall within the red flag criteria has reduced from the previous report.

The red flag shifts were indicative of events where staffing could be a causative factor; these

incidents were triangulated with red triggered fill rates on the Unify data. These incidences were all recorded on Datix where staff selects the appropriate outcome of short staffing. Table 4 provides a breakdown of red flag shifts reported.

Table 4 Incident reported with category nurse/midwifery staffing

	No Harm	Minor Harm	Moderate Harm
November	53	7	1
December	76	8	0

Staffing incidents of harm

There was 1 moderate harm incident reported in November which describes the movement of staff potentially contributed to the fall of 2 patients during that shift. There were 15 incidents that reported minor harm. All 15 were related to situations where there has been decreased staffing on shift. In all incidents, mitigations have been put into place through the use of either bank or agency, moving staff from neighbouring wards to ensure patients' needs were met.

Winter planning

In meeting the increased needs of patients during winter, increased numbers of nursing staff are required. This totals 61.76 WTE RN's and 91.21 HCA's (Avon 5 and Ward 4 and Ward 1). There is a recruitment drive in place for recruitment of health care assistants.

Proactive Recruitment in place

- Social media continues to be actively used to raise the trust's profile regarding nurse vacancies and opportunities being offered through targeted advertising the use of this for the recent recruitment drive yielded 25 trained and students to come through the doors and in excess of 90 HCAs).
- Fortnightly staffing meeting will now become weekly during winter months to discuss health rosters (e-rostering), vacancies and bank usage ensuring that posts are being actioned appropriately. This is overseen by Chief Nursing Officer and areas where deep dives are needed are being explored through Divisional Directors of Nursing.
- Fortnightly meetings with strategic partners is in place to ensure agency partners and HR, are addressing the agency staff being used appropriately.
- The reintroduction of the Nursing and Midwifery Action Group (NWAG) and NMAG has been recommenced with the initial meeting taking place in January with a task and finish group to complete the recruitment strategy made up from all divisions
- The Lead for Professional Development is working with the University regarding the pre-registration employment process and opportunities and the 'Golden ticket' approach to support Worcester University student nurses to be guaranteed a post on qualifying.
- The Lead for Nursing Workforce will work with HR in raising profile of nursing in local schools for Worcestershire- with the use of the SIM lab and the team going out to careers days. What can we do going forward – offer week long work experience

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placements for 16 year old students looking for a job within the NHS.

- The Professional Development Team is supporting internal and external recruitment events planned for 2019.
- The rollout of the first co-hort of Nursing Associates will be in the workforce by April 2019 with 18 qualifying and taking their place on the NMC register

Recommendations	The Trust Board are asked to note the findings of the report and the mitigations to address areas of concern, specifically in relation to staffing shortfalls and incidence relating to patient safety and quality.

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Appendices

Appendix 1 – Unify Data – November & December 2018

APPENDIX 1

NOVEMBER 2018 - RAG RATED UNIFY DATA ALL SITES

Ward name	Day		Night		Narrative for each red shift	Care Hours Per Patient Day (CHPPD)			
	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)		Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
Acute Stroke Unit	85.6%	101.1%	87.3%	110.7%		870	4.1	3.7	7.8
Avon 2	100.0%	93.3%	92.2%	116.7%		643	3.2	3.4	6.6
Avon 3	83.3%	95.8%	83.3%	115.0%		560	3.2	3.9	7.2
Avon 4	91.1%	122.7%	100.0%	115.0%		667	2.6	5.8	8.3

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Beech A	100.6%	94.4%	67.8%	101.7%	Establishment set at 3RNs on the night shift but currently running on 2RN's. Matron and DDN monitor patient safety indicators and acuity and increase trained nurse staffing when acuity is high	590	3.1	3.0	6.1
Beech B	104.5%	161.4%	131.8%	109.1%		263	4.7	2.7	7.5
Beech C	79.4%	70.0%	98.3%	100.0%	Establishment is set as 3RNs on a late shift but do roster 2RN's at the weekend and occassionally in the week. HCA establishment is 3HCAs in the morning but will run with 2HCA's. Matron and DDN review acuity,dependancy and patient safety and adjust staffing numbers and skill mix accordingly.	477	3.3	3.1	6.4
Coronary Care	100.0%	-	100.0%	-		101	14.3	0.0	14.3
Critical Care	76.1%	58.3%	78.9%	-	Working with critical care to understand why they continue to show red across the county,	122	27.4	1.7	29.2

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					potential to combine the areas as they work county wide				
Critical Care	97.0%	78.3%	97.7%	-		282	24.9	1.0	25.9
EGAU/ANW Gynaecology	96.7%	84.2%	90.0%	71.7%		333	4.0	3.4	7.4
Evergreen	77.5%	112.1%	66.7%	154.4%		687	2.7	4.8	7.4
Head and Neck	88.2%	95.0%	100.0%	51.7%	Establishment set at 2 HCA'ss on the night shift but currently running on 1HCA's. Matron and DDN monitor patient safety indicators and dependency and increase trained nurse staffing when acuity is high	322	4.5	3.3	7.8
Laurel 1	102.2%	124.4%	110.0%	116.7%		565	3.4	1.9	5.3
Laurel 2	117.5%	76.7%	99.2%	101.7%		628	5.0	2.9	7.9
Laurel 3	87.1%	82.8%	91.7%	170.0%		497	5.2	3.0	8.2
Laurel CCU	96.7%	-	100.0%	-		217	13.1	0.0	13.1
Lavender Suites	92.1%	83.5%	92.3%	100.4%		1000	15.1	5.2	20.3
Medical Assessment Unit - ALX	89.4%	89.7%	94.4%	87.2%		919	4.3	4.2	8.5
Medical Assessment Unit -	84.7%	111.1%	82.7%	95.6%		642	4.7	3.5	8.2

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WRH									
Medical Short Stay Unit	94.0%	74.4%	93.0%	88.7%		725	4.3	3.7	8.0
Neonatal TCU	113.6%	113.6%	104.5%	122.7%		274	2.1	2.3	4.4
Neonatal Unit	134.1%	63.6%	132.7%	95.5%		385	9.1	1.1	10.2
Riverbank	87.4%	80.0%	95.6%	103.3%		774	6.3	1.2	7.6
SCDU	89.4%	101.7%	100.0%	206.7%		472	3.6	3.1	6.7
Silver Oncology	128.4%	83.3%	96.2%	97.4%		589	3.6	3.4	7.0
Surgical High Care Unit	109.1%	97.7%	108.5%	131.8%		214	10.0	2.8	12.8
Trauma And Orthopaedics	124.2%	104.2%	123.1%	126.2%		1021	1.6	1.8	3.5
Vascular Unit	84.0%	65.6%	100.8%	53.3%	Establishment for HCA's is 2 on the L:D and 2 on a night shift. The ward is now has a compliment of 14 beds and will dependant on acuity and dependency roster 1 HCA instead of 2	518	5.7	2.1	7.8
Ward 1	108.3%	111.7%	100.0%	-		91	16.5	5.1	21.6
Ward 10	101.1%	94.4%	100.0%	111.7%		549	3.3	3.3	6.6
Ward 11	67.6%	94.8%	141.1%	173.2%		836	2.5	3.0	5.5
Ward 12	85.3%	95.1%	97.4%	103.8%		813	2.7	3.4	6.2
Ward 14	82.2%	92.8%	100.0%	100.0%		550	2.9	3.1	6.1

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Ward 16	93.3%	86.7%	76.7%	91.7%	Ward is the elective orthopaedic ward and staffing is adjusted according to workload and how many beds are being occupied. In addition the ward has throughout Nov on occasion had 6 beds flipped to other wards to create additional medical capacity	558	3.9	3.1	7.0
Ward 17	96.3%	101.3%	97.8%	98.3%		810	3.0	3.5	6.6
Ward 18	82.6%	81.0%	95.6%	100.0%		698	3.4	2.5	5.9
Ward 2	97.2%	90.6%	70.0%	170.0%		664	2.7	3.3	6.0
Ward 5	75.7%	94.4%	78.7%	120.0%		564	4.9	3.3	8.3
Ward 6	81.7%	103.3%	103.3%	113.3%		657	2.5	2.7	5.1

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DECEMBER 2018 - RAG RATED UNIFY DATA ALL SITES

Ward name	Day		Night		Narrative	Care Hours Per Patient Day (CHPPD)			
	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)		Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
Acute Stroke Unit	83.9%	92.3%	100.0%	105.6%		937	4.0	3.5	7.5
Avon 2	100.0%	95.2%	89.2%	108.1%		660	3.2	3.4	6.6
Avon 3	97.8%	96.8%	87.1%	98.4%		604	3.4	3.6	7.0
Avon 4	90.3%	131.3%	98.4%	118.5%		715	2.4	5.9	8.3
Beech A	101.6%	96.2%	67.7%	103.2%	Establishment set at 3RNs on the night shift but currently running on 2RN's. Matron and DDN monitor patient safety indicators and acuity and increase trained nurse	620	3.0	3.0	6.0

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					staffing when acuity is high				
Beech B	92.7%	100.0%	93.5%	74.2%		261	5.3	2.5	7.8
Beech C	88.7%	84.4%	104.8%	116.1%		495	3.6	3.6	7.2
Coronary Care	100.0%	-	100.0%	-		116	12.8	0.1	12.9
Critical Care	79.6%	66.1%	84.9%	-		135	27.2	1.8	29.0
Critical Care	98.5%	66.1%	99.4%	-		301	24.5	0.8	25.3
EGAU/ANW Gynaecology	95.2%	69.4%	82.3%	62.9%		74	17.8	13.3	31.1
Evergreen	77.4%	112.1%	77.4%	147.3%		703	2.9	4.7	7.6
Head and Neck	97.6%	87.1%	101.6%	58.1%	Establishment set at 2 HCA'ss on the night shift but currently running on 1HCA's. Matron and DDN monitor patient safety indicators and dependency and increase trained nurse staffing when acuity is high	327	4.5	3.3	7.8
Laurel 1	101.6%	87.1%	116.1%	112.9%		556	3.6	1.9	5.5
Laurel 2	107.3%	100.8%	100.0%	106.5%		652	4.7	3.5	8.2
Laurel 3	83.1%	73.7%	92.7%	122.6%		528	5.0	2.4	7.4
Laurel CCU	99.2%	-	96.0%	-		223	13.0	0.0	13.0

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Lavender Suites	87.2%	85.9%	95.2%	100.0%		1151	13.2	4.5	17.7
Medical Assessment Unit - ALX	83.9%	79.3%	91.9%	79.6%		767	5.1	4.6	9.7
Medical Assessment Unit - WRH	94.8%	108.6%	94.2%	96.8%		715	4.9	3.2	8.1
Medical Short Stay Unit	89.7%	69.9%	96.8%	110.8%		737	4.2	3.8	8.0
Neonatal TCU	66.1%	87.1%	71.0%	93.5%		284	1.8	2.4	4.2
Neonatal Unit	94.5%	51.6%	97.4%	54.8%		371	9.6	1.1	10.7
Riverbank	90.1%	75.0%	98.9%	93.5%		596	8.8	1.5	10.3
SCDU	89.2%	107.3%	117.7%	212.9%		491	3.8	3.2	7.1
Silver Oncology	114.0%	90.3%	94.6%	98.9%		620	3.8	3.9	7.7
Surgical High Care Unit	98.9%	61.3%	97.8%	83.9%		234	9.4	2.3	11.7
Trauma And Orthopaedics	112.1%	66.9%	104.0%	67.7%		1061	3.0	3.5	6.6
Vascular Unit	83.2%	72.6%	97.6%	80.6%		533	5.6	2.6	8.3

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Ward 1	104.0%	104.8%	96.8%	-		121	12.3	3.2	15.6
Ward 10	96.2%	86.6%	100.0%	98.4%		590	3.1	2.9	6.0
Ward 11	76.5%	100.4%	150.0%	224.2%		841	3.0	3.8	6.8
Ward 12	109.3%	100.8%	141.9%	116.1%		975	3.3	3.3	6.6
Ward 14	87.6%	96.8%	103.2%	103.2%		567	3.1	3.3	6.3
Ward 16	77.8%	58.9%	66.7%	75.8%	Ward is the elective orthopaedic ward and staffing is adjusted according to workload and how many beds are being occupied. In addition the ward has throughout December on occasion had 6 beds flipped to other wards to create additional medical capacity	370	5.1	3.9	9.0
Ward 17	99.6%	99.2%	116.1%	97.6%		826	3.4	3.5	6.9
Ward 18	83.9%	71.9%	104.6%	117.9%		786	3.1	2.2	5.4
Ward 2	95.7%	90.9%	83.9%	159.7%		684	2.9	3.2	6.1
Ward 4 ALX	72.0%	60.8%	68.8%	66.7%		626	2.5	2.3	4.8
Ward 5	74.8%	90.3%	77.4%	114.5%		788	3.6	2.4	6.0
Ward 6	83.3%	87.6%	106.5%	104.8%		693	2.5	2.5	5.0

Meeting	Trust Board
Date of meeting	14 March 2019
Paper number	E1

Worcestershire Acute Hospitals NHS Trust

V2 Feb 2019

Meeting	Trust Board
Date of meeting	14 March 2019
Paper number	E3

Trust Management Executive: Report to Trust Board

For approval:		For discussion:		For assurance:	x	To note:	

Accountable Director	Matthew Hopkins Chief Executive		
Presented by	Matthew Hopkins Chief Executive	**Author /s**	Kimara Sharpe Company Secretary Martin Wood Deputy Company Secretary

Alignment to the Trust's strategic priorities					
Deliver safe, high quality, compassionate patient care	X	Design healthcare around the needs of our patients, with our partners	X	Invest and realise the full potential of our staff to provide compassionate and personalised care	x
Ensure the Trust is financially viable and makes the best use of resources for our patients	X	Continuously improve our services to secure our reputation as the local provider of choice	X		

Alignment to the Trust's goals							
Timely access to our services	x	Better quality patient care	x	More productive services	*x*	Well-Led	x

Report previously reviewed by		
Committee/Group	Date	Outcome

Assurance: *Does this report provide assurance in respect of the Board Assurance Framework strategic risks?*	Y	BAF number(s)	All

Significant assurance ☐ *High level of confidence in delivery of existing mechanisms/objectives*	**Moderate assurance** ☐ *General confidence in delivery of existing mechanisms /objectives*	**Limited assurance** ☐ *Some confidence in delivery of existing mechanisms /objectives*	**No assurance** ☐ *No confidence in delivery*

Recommendations	The Trust Board is requested to receive this report for assurance.

Meeting	Trust Board
Date of meeting	14 March 2019
Paper number	E3

Executive Summary

The Trust Management Executive has met three times. This report details the discussions and decisions made at those meetings.

Meetings held on 23 January, 13 and 27 February

Electronic Prescribing and Medicines Administration (EPMA) business case: TME discussed the business case in depth and concluded that it did not represent value for money at this stage. There was no quality impact assessment presented and the cash releasing elements had not been explicitly stated. Further work was needed on the capital and revenue associated with the case. It was acknowledged that the implementation of such a system would improve the quality of prescribing and reduce the number of errors. It was agreed that an expression of interest would be put in and a further iteration of the business case be considered at the February meeting. This was further discussed at February meeting and more work has been identified. It is on the agenda for the Trust Board at today's meeting.

PFI governance arrangements: Revised governance arrangements were approved. Key performance indicators will be developed.

Breast Imaging services: We have been awarded £4m for capital to enhance the breast imaging services. It was approved to develop a full business case to enable us to draw down the money.

4ward: Members reaffirmed their commitment to the 4ward methodology.

Centralisation of recruitment: It was agreed that further work was needed to ascertain how the centralisation would be funded. Currently only medical workforce, band 5s (nurses) and band 2s (health care assistants) are centrally recruited.

Developing our Clinical Strategy: Draft discussed for discussions within teams. This will be a standing item on every TME agenda and the TME on 20 March will be partly a workshop on the outputs from the Board away day.

Access Policy: The policy was approved describing the arrangements for the management of waiting lists including guidelines and procedures to ensure that waiting lists are managed effectively, a high quality of service to patients is maintained, and optimum use is made of resources at all our locations.

Operational Plan and Control Total: This has been discussed at length at all the meetings.

Items discussed and subsequently presented to either a subcommittee or Trust board

- PFI hard services contact variation (Trust Board, 31 January)
- Quality Impact assessment – service reconfigurations (QGC, January)
- GIRFT governance structure (QGC, January)
- Harm reviews (QGC, January)
- Mortality report (QGC, January)
- Cessation of complex head and neck surgery (Trust Board, 31 January)
- EU preparedness (Trust Board, 14 February)

Meeting	Trust Board
Date of meeting	14 March 2019
Paper number	E3

Background
TME is the primary executive decision making body for the Trust. It is set up to drive the strategic agenda and the business objectives for the Trust. It ensures that the key risks are identified and mitigated as well as ensuring that the Trust achieves its financial and operational performance targets.
Issues and options
Recommendations
The Trust Board is requested to receive this report for assurance.
Appendices - none

V2 Feb 2019

Meeting	Board
Date of meeting	14th March 2019
Paper number	E4

NHS Staff Survey 2018 Results

For approval:		For discussion:		For assurance:	x	To note:	

Accountable Director	Tina Ricketts, Director of People and Culture		
Presented by	Tina Ricketts	**Author /s**	Tina Ricketts

Alignment to the Trust's strategic priorities					
Deliver safe, high quality, compassionate patient care	x	Design healthcare around the needs of our patients, with our partners		Invest and realise the full potential of our staff to provide compassionate and personalised care	x
Ensure the Trust is financially viable and makes the best use of resources for our patients		Continuously improve our services to secure our reputation as the local provider of choice			

Alignment to the Trust's goals							
Timely access to our services		Better quality patient care		More productive services		Well-Led	x

Report previously reviewed by		
Committee/Group	Date	Outcome
People and Culture Committee	Feb 2019	Discussed and received

Assurance: *Does this report provide assurance in respect of the Board Assurance Framework strategic risks?*	N	BAF number(s)	

Significant assurance ☐ *High level of confidence in delivery of existing mechanisms/objectives*	**Moderate assurance** ☐ *General confidence in delivery of existing mechanisms /objectives*	**Limited assurance** ☒ *Some confidence in delivery of existing mechanisms /objectives*	**No assurance** ☐ *No confidence in delivery*

Recommendations	The Board is asked to: • Note the actions that will be taken in response to the results • Note the changes that will be made to 4ward in 2019 to ensure the Trust continues on its journey to a culture of collective achievement

Meeting	Board
Date of meeting	14th March 2019
Paper number	E4

Executive Summary

The NHS staff survey results for 2018 have recently been published (see appendix 1) which show that the Trust remains in the bottom quartile with regards to the overall survey results. Furthermore, there has been little change in the results from last year.

The results indicate that the culture of the Trust requires improvement with the top 3 themes being excessive workloads, a lack of accountability and a lack of trust between staff and senior managers. This analysis has been based on the results of the 2018 NHS staff survey and a triangulation of the themes raised through the Freedom to Speak Up Guardian, HR casework, Occupational Health and staff engagement events held during 2018.

A number of priority actions have been identified to address these themes which will be taken forward under the People and Culture Strategy and 4ward programme.

The 4ward programme is a key vehicle for the Trust to improve its culture and the focus for 2019 will be on ensuring that all colleagues are able to put the signature behaviours into practice for the benefit of patients and service users. In addition, the wisdom in the boardroom and wisdom in the workplace components will be refreshed to ensure senior leaders in the Trust are role models and advocates of the behaviours.

An important factor is for 4ward not to be seen as a separate programme or initiative but a framework and toolkit that colleagues can utilise to enhance their everyday practice. To support this an OD plan has been developed to embed the signature behaviours into all key activities within the Trust which is supported by a comprehensive staff engagement plan to ensure all colleagues are aware of the 4ward resources that are available to them.

Background

2.1 NHS Staff Survey Results 2018

The full results of the survey are attached in appendix 1. These results confirm that the Trust remains in the bottom quartile for its overall results. The survey has 5 sections containing 89 questions, with the results summarised in the table below.

Table 1: Overview of 2018 NHS Staff Survey raw data

Section of survey	Total No of Q's	No of Q's improved since 2017	No of Q's remaining the same as 2017	No of Q's deteriorating since 2017
Your job	30	11 (37%)	10 (33%)	9 (30%)
Your manager	11	0	0	11 (100%)
Your health, wellbeing and safety at work	30	9 (30%)	5 (17%)	16 (53%)

Your personal development	8	7 (88%)	1 (12%)	0
Your organisation	10	4 (40%)	2 (20%)	4 (40%)

From the above table it can be seen that improvements have been made in supporting colleagues with their personal development. However, the results highlight that management capability/ capacity is an issue for the Trust with 100% of the questions in this section scoring lower than last year. The key themes of the survey and opportunities for improvement are summarised in the table below:

Table 2: Summary of themes from 2018 NHS Staff Survey

Section of survey	Key themes from survey results – opportunities for improvement
Your job	• Involving staff in key decisions of the organisation (only 23% of staff believe senior managers involve staff in important decisions) • Improving the materials, supplies and equipment available • Improved staffing levels • Regular team meetings • Recognition for good work • Support from immediate manager
Your manager	• Clear feedback on my work (only 21% of staff believe managers act on staff feedback) • Manager taking a positive interest in my health and wellbeing • Senior manager visibility • Improved communication between senior managers and staff
Your health, wellbeing and safety at work	• Increase in stress risk assessments and support for staff • Reduction in presenteeism • Improved support for staff report experiencing harassment, bullying or abuse from patients, their relatives or members of the public • Improved confidence that the Trust will tackle harassment, bullying or abuse from managers and/or colleagues
Your organisation	• Improved culture so that colleagues would recommend the Trust as a place to work (34% of colleagues often think about leaving this organisation)

2.2 **Freedom to Speak Up Themes**

The following table provides an overview of the concerns raised through the Freedom to Speak up Guardian in 2018. From the table it can be seen that 57% of the cases relate to poor attitudes and behaviours followed by the inconsistent application of policies, procedures and processes at 28%. This would suggest that colleagues are choosing to raise behavioural concerns through the Guardian rather than directly with their line manager or by tackling the behaviours themselves.

Table 3: Summary of concerns raised to the Freedom to Speak Up Guardian in 2018

FTSU Cases	Attitudes & Behaviours	Staffing Levels	Policies, Procedures and Processes	Quality & Safety	Patient Experience	Performanc e Capability	Total Case
Total	38	2	19	1	4	3	67

2.3 **HR Casework**

The following table provides a breakdown of the cases referred to the HR Advisory team during 2018. From the table is can be seen that 40% of the cases have been dealt with informally with conversations of concern addressing issues at an earlier stage. Interestingly, only 6 formal cases of bullying, harassment or victimisation have been raised.

Table 4: Summary of cases referred to the HR Advisory Team during 2018

HR Cases	Disciplinary	Dignity at Work	Grievance	Safeguarding	Sickness	Appeal	Tribunal	Visa	Cases Managed Informally	Total Cases
Total	18	6	7	5	8	6	3	2	38	93

2.4 **Occupational Health**

Occupational health record the reasons (from the colleagues perspective) of what is contributing to their work related stress. Of the 79 cases recorded, 7 (9%) of the reasons relate to poor behaviours by manager or colleagues, 23 (29%) relate to feeling unsupported by their line manager and 31 (39%) are due to workload pressures.

2.5 **Staff Engagement Events**

Staff engagements events and the 4ward programme continue to "flush out" underlying cultural issues that would otherwise remain unknown. For example, colleagues report that they are reluctant to participate in the checkpoint as the results will be used to performance manage them or that colleagues will use the opportunity to intentionally rate them low. This would suggest low levels of trust within the organisation. Common themes raised during staff engagement events are:

- Inconsistent application of Trust policy – e.g. retire and return, sickness absence management, annual leave approval
- Unreasonable demands by Trust on my time – e.g. on site until 2am in the morning whilst on call
- Long hours culture
- Being given unmanageable workloads or impossible deadlines
- Expectation that you will not claim for excess hours worked or for travel costs
- Lack of management capability
- Inappropriate behaviours within the team which have not been tackled despite being raised previously

The top 3 themes from the above feedback are excessive workloads, a lack of accountability and a lack of Trust between senior managers and staff.

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Date of meeting	14th March 2019
Paper number	E4

3.0 Issues and options

3.1 The 4ward Programme

The 4ward programme has been designed to achieve an intentional culture of collective achievement through the positive demonstration of the Trust's 4 signature behaviours.

There are 4 key segments to the programme:

1. Board and executive team alignment – delivered through wisdom in the boardroom and wisdom in the workplace
2. Creating a movement – delivered through staff engagement and 4ward advocates
3. Collective achievement – delivered though the 4 step process and by using the we listen, we learn, we lead methodology
4. Check in (step 4 of the collective achievement process) which reviews colleagues participation in the programme and provides a net culture score for the Trust

The results, at Trust level, of the 4 checkpoints held to date are as follows:

Checkpoint	Participation rate	Net Culture Score
1. October 2017	26%	28%
2. March 2018	45%	55%
3. July 2018	51%	57%
4. October 2018	42%	28%

From the table above it can be seen that there was a stepped change in the net culture score between checkpoints 3 and 4. This has been attributed to the resignation of the previous Chief Executive who was seen as the ambassador for the programme along with an overall reduction in the number of colleagues participating in the checkpoint.

To better understand this, an analysis of checkpoint 4 results has been undertaken which confirms that 31% of the clusters (staff groups of up to 15 people) are true adopters of the 4ward programme, although 12% of clusters in this group saw a stepped decline in participation rates since the last checkpoint. 51% of clusters had less than a 50% participation rate evidencing that the programme has yet to achieve its tipping point in creating the movement necessary for a change in culture. The analysis of checkpoint 4 results are summarised in the table below.

Table 5: Analysis of checkpoint 4 results

Segment	% participation rate	No of clusters In segment	Total staff in segment
1	70% plus	103 (19%)	1,100
2	Previously in segment 1 but reduced to <70% in checkpoint 4	65 (12%)	700
3	Between 51 and 69%	72 (14%)	800
4	<50%	281 (51%)	3,000
5	0%	29 (4%)	300

3.3 **Next Steps**

The following table details the top 3 themes from staff feedback along with the actions that will be taken to address them. Key to the success of these actions is colleagues involvement in helping shape them and the roles they play in making the change happen.

Table 6: Priority actions to be taken to address the themes from staff feedback

Theme	Priority actions to be undertaken in 2019
Excessive workloads	1. Clarity on Trust objectives/ priorities to all staff (the what) 2. Development of the Trust's Integrated Business Plan, Clinical Services Strategy and enabling strategies(the how) 3. Implementation of an effective performance management framework 4. Improved resource planning through the annual planning round (e.g. demand/ capacity) 5. Support to divisions to increase service transformation capacity/ capability
Lack of accountability	6. Revised executive team portfolios 7. Revised management structure and job descriptions 8. Development and implementation of a management development plan
Lack of trust between staff and senior managers	9. Implementation of the leadership development plan 10. Executive team development programme 11. Board and TME staff engagement plan 12. CEO staff engagement events 13. Development and implementation of a staff recognition plan 14. Further promotion of the Freedom to Speak up Guardian 15. Focus group to look at bullying and harassment

3.4 **4ward in 2019**

In addition to the above actions it is critical that the 4ward programme is structured appropriately if the Trust is to change its culture to one of collective achievement.

4ward is currently presented to colleagues has having 4 steps:

1. Knowing the signature behaviours
2. Putting the signature behaviours into practice (we do this by)
3. Showcasing the positive impact that "we do this by" has had to patient care
4. Checking in (checkpoints)

Year 1 of the programme was too heavily focused on step 4 (check in) and due to a change in methodology of how individual scores were presented this approach has had a detrimental impact on colleagues engaging with 4ward. On the converse, step 1 has been successfully achieved with most staff within the Trust being able to recite the 4 signature behaviours.

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The focus for year 2 will be on ensuring all colleagues in the Trust are able to put the signature behaviours into practice (step 2). In addition the Trust will relaunch the wisdom in the boardroom and wisdom in the workplace components to ensure the senior leaders of the organisation are both role models and advocates of the behaviours, which will a key part of the Trust's leadership development plan.

Key to a change in culture is for 4ward not to be seen as a separate programme or initiative but a framework and toolkit that colleagues can utilise to enhance their everyday practice. To support this, an OD plan has been developed which is supported by a comprehensive staff engagement plan to ensure all colleagues are aware of the 4ward resources that are available to them.

Recommendations

The Committee is asked to:

- Discuss the findings of the 2018 staff survey results
- Note the actions that will be taken in response to the results
- Note the changes that will be made to 4ward in 2019 to ensure the Trust continues on its journey to a culture of collective achievement

Appendices

1. NHS Staff Survey Results 2018 – Worcestershire Acute Hospitals NHS Trust

Worcestershire Acute Hospitals NHS Trust

V2 Feb 2019

Meeting	Trust board
Date of meeting	14 March 2019
Paper number	E5

EU Exit Preparedness

For approval:		For discussion:		For assurance:	x	To note:	

Accountable Director	Jill Robinson Chief Finance Officer		
Presented by	Jill Robinson CFO	**Author /s**	Charlotte Kings – Assistant Director of Procurement Stuart Allen – EPRR Manager

Alignment to the Trust's strategic priorities					
Deliver safe, high quality, compassionate patient care	x	Design healthcare around the needs of our patients, with our partners	x	Invest and realise the full potential of our staff to provide compassionate and personalised care	x
Ensure the Trust is financially viable and makes the best use of resources for our patients	x	Continuously improve our services to secure our reputation as the local provider of choice	x		

Alignment to the Trust's goals							
Timely access to our services	x	Better quality patient care		More productive services		Well-Led	x

Report previously reviewed by		
Committee/Group	Date	Outcome
EU preparedness	Feb/<March	Review and updating of actions

Assurance: *Does this report provide assurance in respect of the Board Assurance Framework strategic risks?*	N	BAF number(s)	

Significant assurance ☐ *High level of confidence in delivery of existing mechanisms/objectives*	**Moderate assurance** ☐ *General confidence in delivery of existing mechanisms /objectives*	**Limited assurance** ☒ *Some confidence in delivery of existing mechanisms /objectives*	**No assurance** ☐ *No confidence in delivery*

Recommendations	The Board is asked to consider the content of this report and receive assurance that the Trust are actively preparing for a 'no-deal' EU exit scenario.

Meeting	Trust board
Date of meeting	14 March 2019
Paper number	E5

Executive Summary

The following report seeks to inform the Board and provide assurance regarding our state of readiness in preparing for a 'no-deal' exit to the EU. The report outlines the actions taken to date to manage the potential risks and the creation of mitigating action plans in the event we leave the EU without a deal being in place.

Key messages are:

- We are asked not to stockpile at a local level.
- A Trustwide EU Exit table top exercise has been undertaken to consider potential scenarios and ensure robustness of plans, key learnings are contained within the content of this report.
- We are building upon our internal task and finish group by expanding into Divisions and Directorates for information cascade.
- We await further updates from the Department of Health and Social Care (DHSC) on communication channels and shortage escalation procedures.

Background

The UK is currently scheduled to leave the European Union on 29 March 2019. The government continues to work to secure an EU Exit deal prior to that date, but time requires that some actions need to be taken now to ensure effective contingency arrangements can be in place ahead of 29 March, that ensure we can continue to deliver safe, effective patient care in any scenario.

MPs will vote on the deal as negotiated by government by 12 March 2019. If the deal is not passed, MPs will vote on 13 March on leaving the EU without a Deal. If no deal is not passed, MPs will vote on 14 March on delaying Brexit (extending article 50). If this is voted for, the PM will request extension to article 50 with the EU. If an extension is not voted for, then the UK will leave the EU with a no deal scenario 29 March.

The Trust continues to undertake local EU Exit readiness planning, local risk assessments and plan for wider potential impacts that could impact upon our ability to deliver safe patient care. The EU exit risk register and action tracker attached demonstrates progress in Appendix 1.

Issues and options

To support the Trust in its plans for operational readiness, a review of capacity and activity plans, as well as annual leave, on call and command and control arrangements around the 29 March 2019 has been undertaken.

We await further communication from DHSC in relation to clear escalation routes for different types of issues potentially arising from or affected by EU Exit, into the regional NHS EU Exit teams as identified in the EU Exit Operational Readiness Guidance.

An EU Exit task and finish group is well established and to build upon the organisational resilience further named staff in Divisions and Directorates are being identified to work as part of a wider cascade team internally with the Chief Finance Officer as Senior Responsible Officer to support EU Exit preparation, implementation and incident response.

Our organisation has provided a generic EU Exit email address that enables direct single

point of contact (SPOC) communication with the Midlands Region EU Exit team to ensure that all email traffic is monitored and addressed in a timely way. The email traffic into the address provided will need to be monitored from 9am to 5pm by a Trust EU Exit team member. As we move nearer to 29 March, monitoring may need to be extended to 7am - 10pm plus weekends. Our EPRR manager is creating a rota to enable this.

A Trustwide EU preparedness meeting undertaken 7th March identified the below as key actions that need to be addressed in coming days and incorporated in to the Trustwide action log:

- Key messages for Divisions are to be fed through Divisional Nursing and Medical teams in relation to the following areas: Medical Devices and Clinical Consumables, Pharmaceutical products, FOI and press enquiry procedures/protocols.
- Additional transport resilience to be considered and planned for to support product relocation to support business continuity.
- Clarification to be obtained from DHSC to understand if Acute pharmacy features as part of community pharmaceutical supply resilience in the event of shortages.
- In the event that an EU no deal exit has an impact upon activity this could have an impact on both performance and finance and will need to be closely monitored.

Recommendations

The Board is asked to consider the content of this report and receive assurance that the Trust are actively preparing for a ‘no-deal’ EU exit scenario.

Appendix - WAHT active Risk Register (members only, commercially in confidence)

NHS
Worcestershire
Acute Hospitals
NHS Trust

Meeting	Trust Board
Date of meeting	14 March 2019
Paper number	F1

Audit and Assurance Committee Assurance Report

For approval:		For discussion:		For assurance:	x	To note:	

Accountable Director	Steve Williams Audit and Assurance Chairman		
Presented by	Steve Williams Audit and Assurance Chairman	**Author /s**	Kimara Sharpe Company Secretary

Alignment to the Trust's strategic priorities					
Deliver safe, high quality, compassionate patient care	x	Design healthcare around the needs of our patients, with our partners		Invest and realise the full potential of our staff to provide compassionate and personalised care	
Ensure the Trust is financially viable and makes the best use of resources for our patients	x	Continuously improve our services to secure our reputation as the local provider of choice			

Alignment to the Trust's goals							
Timely access to our services		Better quality patient care		More productive services	*x*	Well-Led	x

Report previously reviewed by		
Committee/Group	Date	Outcome

Assurance: *Does this report provide assurance in respect of the Board Assurance Framework strategic risks?*	Y	BAF number(s)	All

Significant assurance ☐ *High level of confidence in delivery of existing mechanisms/objectives*	**Moderate assurance** ☐ *General confidence in delivery of existing mechanisms /objectives*	**Limited assurance** ☐ *Some confidence in delivery of existing mechanisms /objectives*	**No assurance** ☐ *No confidence in delivery*

Recommendations	The Trust Board is requested to note the report for assurance.

NHS
Worcestershire
Acute Hospitals
NHS Trust

Meeting	Trust Board
Date of meeting	14 March 2019
Paper number	F1

Executive Summary

The Committee met on 6 February and discussed the following items:

- **External Audit update**: The external auditors will be commencing their preparatory work during February. The audit requested by the Chairman concerning the Trust's financial position was received. There were eight recommendations and I consider that all the areas highlighted are being considered by the Board. The Committee will review the actions at subsequent meetings.
- **IT systems audit**: The Trust Board has requested that the Committee have regular updates on the progress of the actions associated with this audit, undertaken in 2017/18. A comprehensive update was given by the Associate Director of Information and Performance. It was clear that significant progress has been made with five outstanding recommendations out of a total of 29. The five remaining recommendations will be completed by June 2019. There will be a re-audit in quarter 2 of 2019/20.
- **Internal Audit**: I am pleased with the significant progress made in closing recommendations in respect of internal audit reports. There are only five outstanding recommendations, all of which are under control. The internal audit plan for 2019/20 should be presented to the Trust Management Committee in March following discussions with the executives.
- **Management of Medicines Wastage**: The head of Pharmacy attended the meeting to explain the Trust's outlier position with the wastage of medicines. She explained that significant wastage was due to the lack of automation. The storage facilities for chemotherapy were not optimum on the Worcester site. She was also reclassifying the expenditure for wasted chemotherapy drugs due to patients not being well enough to receive the drug already made up. She was reviewing total parental nutrition (TPN). These actions will start to make a difference with the medicines wastage in the next couple of months. The Committee was assured of the actions being taken.
- **Quality Account**: The Chief Nurse presented the process that has been undertaken with the development of the quality priorities. The Committee were assured with the process undertaken.
- **Risk Management Group**: The Chief Nurse explained the new arrangements for the management of risk at an operational level within the Trust. The new RMG was accountable to the Trust Management Executive and met monthly. She acknowledged that there was much work to be undertaken and she would report back to the Committee in July.
- **Board Assurance Framework**: The process for the updating of the BAF was outlined by the Company Secretary. The Committee agreed that the process was more robust and embedded but that work was needed on the corporate risk register linking to the BAF.
- **Declaration of interests**: The Committee was pleased with the amount of work undertaken on ensuring that the consultants completed the declaration of interest forms. The process is being linked with appraisals.

Other items that were considered were:

- Local Security Management Specialist - six monthly report
- Counter fraud progress report

Meeting	Trust Board
Date of meeting	14 March 2019
Paper number	F1

- Review of debt write off
- Work plan

Background

The Audit and Assurance Committee has been established to critically review the governance and assurance processes upon which the Trust Board places reliance, ensuring that the organisation operates effectively and meets its strategic objectives. Membership is three non-executive directors.

Issues and options

Recommendations

The Trust Board is requested to note the report for assurance.

Appendices

NHS
Worcestershire
Acute Hospitals
NHS Trust

V2 Feb 2019

Meeting	Trust Board
Date of meeting	14 March 2019
Paper number	F2

Remuneration Committee Report

For approval:		For discussion:		For assurance:		To note:	x

Accountable Director	Sir David Nicholson Chairman		
Presented by	Sir David Nicholson Chairman	**Author /s**	Kimara Sharpe Company Secretary

Alignment to the Trust's strategic priorities					
Deliver safe, high quality, compassionate patient care		Design healthcare around the needs of our patients, with our partners		Invest and realise the full potential of our staff to provide compassionate and personalised care	
Ensure the Trust is financially viable and makes the best use of resources for our patients		Continuously improve our services to secure our reputation as the local provider of choice			

Alignment to the Trust's goals							
Timely access to our services		Better quality patient care		More productive services		Well-Led	

Report previously reviewed by		
Committee/Group	Date	Outcome

Assurance: *Does this report provide assurance in respect of the Board Assurance Framework strategic risks?*	N	BAF number(s)	

Significant assurance ☐ *High level of confidence in delivery of existing mechanisms/objectives*	**Moderate assurance** ☐ *General confidence in delivery of existing mechanisms /objectives*	**Limited assurance** ☐ *Some confidence in delivery of existing mechanisms /objectives*	**No assurance** ☐ *No confidence in delivery*

Recommendations	The Board is requested to note the contents of this report.

Meeting	Trust Board
Date of meeting	14 March 2019
Paper number	F2

Executive Summary

The Remuneration Committee has met twice (virtually) since the last Board report. This is the report from that meeting.

Background

The Remuneration Committee sets and reviews pay for staff not on agenda for change terms and conditions of service. It also ensures that there is a succession plan for senior members of staff including Board members.

Issues and options

February 2019

The Committee considered the business case for a retention premium for a new member of staff. This was approved.

March 2019

The Committee agreed the following in respect of the consultant excellence awards:

- The recognition of the addendum to the current Consultant Clinical Excellence Awards Policy Version 2 to reflect the changes to the 2018 contractual position to allow the 2018 CEA round to be concluded.
- The award of 53 points.
- The renewal of 2 Level 9 CEA awards.

The Committee approved the running of the 2019 Clinical Excellence Awards based on the amendment to the Terms and Conditions-Consultants (England) 2003 and the NHS Employers Local Clinical Excellence Awards Guidance 2018 to 2021.

Recommendations

The Board is requested to note the contents of this report.

Appendices none

NHS
Worcestershire
Acute Hospitals
NHS Trust

V2 Feb 2019

Meeting	Trust Board
Date of meeting	14 March 2019
Paper number	F3

Finance and Performance Committee Report

For approval:	x	For discussion:		For assurance:		To note:	

Accountable Director	Richard Oosterom Chairman – F&P Committee		
Presented by	Richard Oosterom Chairman – F&P Committee	**Author /s**	Martin Wood Deputy Company Secretary

Alignment to the Trust's strategic priorities					
Deliver safe, high quality, compassionate patient care		Design healthcare around the needs of our patients, with our partners		Invest and realise the full potential of our staff to provide compassionate and personalised care	
Ensure the Trust is financially viable and makes the best use of resources for our patients	x	Continuously improve our services to secure our reputation as the local provider of choice			

Alignment to the Trust's goals							
Timely access to our services		Better quality patient care		More productive services		Well-Led	

Report previously reviewed by		
Committee/Group	Date	Outcome
F&P	Feb 2019	Approved

Assurance: *Does this report provide assurance in respect of the Board Assurance Framework strategic risks?*	Y	BAF number(s)	4,5,6,7

Significant assurance ☐ *High level of confidence in delivery of existing mechanisms/objectives*	**Moderate assurance** ☐ *General confidence in delivery of existing mechanisms /objectives*	**Limited assurance** ☐ *Some confidence in delivery of existing mechanisms /objectives*	**No assurance** ☐ *No confidence in delivery*

Recommendations	The Board are recommended to approve the attached revised terms of reference.

Worcestershire Acute Hospitals NHS Trust

Terms of Reference

FINANCE AND PERFORMANCE COMMITTEE

Version: **3.0**

Terms of Reference approved by: **Trust Board**

Date approved: March 2019

Author: **Company Secretary**

Responsible directorate: **Finance**

Review date: March 2020

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

FINANCE AND PERFORMANCE COMMITTEE

Terms of Reference

1. Introduction

The purpose of the Finance and Performance Committee (F&P) is to act as a sub-committee of the Trust Board to give the Board assurance on the management of the financial and operational performance of the Trust and to monitor and support the financial planning and budget setting process. The Committee will review business cases with a significant financial impact and oversee developments in financial systems and reporting, e.g. SLR/PLICS. The Committee will provide oversight of the IT/Digital agenda

The Committee will also review the performance strategy of the Trust and hold the Trust to account on national and local targets.

2. Membership

- Three non-executive directors
- Chief Executive
- Chief Operating Officer
- Chief Finance Officer
- Chief Nursing Officer and/or Chief Medical Officer (or their nominated Deputy)
- Director of Strategy and Planning
- Director of People & Culture

In attendance:

- Assistant Directors of Finance/Performance
- Company Secretary
- Other senior finance staff as required
- Divisional Management Teams will attend on a rotational basis
- Other staff as appropriate

2.1 The Chair of the Committee is appointed by the Trust Board.

3 Arrangements for the conduct of business

3.1 Chairing the meetings

A non-executive director will chair the meetings. In the absence of the Chair, another non-executive director will chair the meeting.

3.2 Quorum

The Committee will be quorate when two non-executive directors and two executive directors are present.

3.3 Frequency of meetings

The Committee will meet monthly.

3.4 Frequency of attendance by members

Members are expected to attend each meeting, unless there are exceptional circumstances.

3.5 Declaration of interests

If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that member to withdraw until the subject consideration has been completed. All declarations of interest will be minuted.

3.6 Urgent matters arising between meetings

If there is a need for an emergency meeting, the Chair will call one in liaison with the Director of Finance and Chief Operating Officer.

3.7 Secretariat support

Secretarial support will be through the Company Secretary.

4 Authority

The Committee is authorised by the Trust Board.

5 Purpose and Functions

5.1 Purpose

To act as a sub-committee of the Trust Board to:

- Give the Board assurance on the management of the financial and operational performance of the Trust
- Monitor and support the financial planning and budget setting process
- Review business cases with a significant financial impact.
- Oversee developments in financial systems and reporting, e.g. SLR/PLICS
- To conduct post implementation reviews of all major business cases approved by the Committee

- To review procurement Strategy Development
- The following sub-groups will report to the F & P Committee on a frequency determined by their business cycle:
    - Capital Prioritisation Group
    - To be confirmed pending finalisation of Governance Structure

5.2 Duties

In discharging the purpose above, the specific duties of the F&P Committee are as follows:

5.2.1 Financial Management

To provide key assurances on the financial governance of the Trust through a programme of review work incorporating the following:

- To oversee and evaluate the development of the Trust's financial strategy to deliver its integrated business plan.
- To regularly review the financial standing of the Trust
- Review and endorsement of the annual revenue and capital budgets before they are presented to the Board for approval.
- Monitor income and expenditure against planned levels and make recommendations for corrective action should excess variances occur.
- Review expenditure against the agreed capital plan.
- To review the key financial risks facing the Trust
- To review financial aspects of key policy areas
- To review the Trust's and, as appropriate, CCG QIPP programmes.
- To review the financial impact on quality of the financial strategy
- To receive reports relating to the financial recovery plan
- To commission work as needed to enhance the work of the Committee

5.2.2 Performance Management

To provide key assurances on the Trust's performance management framework through a programme of review work incorporating the following:

- To oversee and evaluate the development of the Trust's performance strategy to performance manage against strategy and against plan.
- Review the performance report and dashboards against local/national targets
- Review performance against the CQUIN targets
- Review areas of underperformance and agree corrective actions
- Horizon scan regarding new targets
- Develop performance dashboards for reporting to the Board

5.2.3 Other Duties

- To scrutinise the financial aspects of business cases/investment proposals as necessary.
- Receive updates on the contract management and negotiations giving direction as necessary.
- Periodically review financial policies and procedures including the SFIs, scheme of delegation, etc. to ensure that they are still relevant and appropriate.
- Review the outputs of benchmarking exercises and consider appropriate actions.
- To provide oversight of the IT/Digital agenda
- To review progress Against the BAF and Finance Risk Register
- To identify any training needs for Committee members and to ensure that all members are competent in ensuring they can undertake their duties as members of the Committee.

6. Relationships and reporting

6.1 The F&P Committee is accountable to the Trust Board and will report monthly to the Board.

6.2 Through the linkage of common NED membership, the F&P Committee will retain a close relationship with the Quality Governance Committee, People & Culture Committee and the Audit and Assurance Committee. This will include referring matters to those committees and receiving referrals from those committees.

7 Review of the Terms of Reference

These Terms of reference will be reviewed by March 020 or earlier if deemed appropriate by the Chair.