Trust Board
There will be a meeting of the Trust Board on Thursday 14 November 2019 at 10:00 in Alexandra Hospital Board Room, Redditch.

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

Sir David Nicholson
Chairman

Agenda			Enclosure
1	**Welcome and apologies for absence**		
2	**Patient story**		
3	**Items of Any Other Business** *To declare any business to be taken under this agenda item.*		
4	**Declarations of Interest** *To note any additional declarations of interest and to note that the declaration of interests is on the website.*		
5	**Minutes of the previous meeting** *To approve the Minutes of the meeting held on **10 October 2019** as a true and accurate record of discussions.*	*For approval*	**Enc A**
6	**Action Log**	*For noting*	**Enc B**
7	**Chairman's Report**	*For noting*	**Enc C**
8	**Chief Executive's Report** Chief Executive	*For noting*	**Enc D**
9	**Clinical Services Strategy** Director of Strategy and Planning	*For approval*	**Enc E**
10	**Board Assurance Framework** Chief Executive	*For approval*	**Enc F**
11	**Integrated Performance Report**		**Enc G**
11.1	**Executive Summary** Chief Operating Officer/Deputy CEO	*For assurance*	
11.2.1	**Section 1 – Quality Performance Report** Chief Nurse/ Chief Medical Officer		
11.2.2	**Quality Governance Committee Assurance report** Quality Governance Committee Chairman		

11.3.1	**Section 2 – Operational & Financial Performance Report** Chief Operating Officer/Chief Finance Officer		
11.3.2	**Finance and Performance Committee Assurance Report** Finance and Performance Committee Chairman		
11.4.1	**Section 3 – People and Culture Performance Report** Director of People and Culture		
11.4.2	**People and Culture Committee Assurance Report** People and Culture Committee Chairman		
12	**Governance**		
12.1	**External review into Mortality** Chief Medical Officer	*For noting*	**Enc H1**
12.2	**Report on nursing and midwifery staffing levels** Chief Nurse	*For assurance*	**Enc H2**
12.3	**Acuity review – nursing and midwifery** Chief Nurse	*For assurance*	**Enc H3**
12.4	**Trust Management Executive Report** Chief Executive	*For assurance*	**Enc H4**
13	**Assurance Reports**		
13.1	**Audit and Assurance Committee Report** Audit and Assurance Committee Chairman	*For approval*	**Enc I1**
13.2	**Remuneration Committee Report** Chairman	*For assurance*	**Enc I2**
14	**Annual Reports**		
14.1	**Equality and diversity** Director of People and Culture	*For assurance*	**Enc J1**

Any Other Business *as previously notified*

Date of Next Meeting

The next public Trust Board meeting will be held on 12 December 2019 in Charles Hastings Education Centre, Worcestershire Royal Hospital, 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).

Enc A

Worcestershire Acute Hospitals NHS Trust

MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON THURSDAY 10 OCTOBER 2019 AT 10:00 hours
Education Centre, Kidderminster Treatment Centre

Present:

Chairman:	Sir David Nicholson	
Board members: (voting)	Paul Brennan	Deputy Chief Executive/Chief Operating Officer
	Anita Day	Non-Executive Director
	Mike Hallissey	Chief Medical Officer
	Matthew Hopkins	Chief Executive
	Dame Julie Moore	Non-Executive Director
	Vicky Morris	Chief Nursing Officer
	Robert Toole	Chief Finance Officer
	Bill Tunnicliffe	Non-Executive Director
	Stephen Williams	Non-Executive Director
	Mark Yates	Non-Executive Director
Board members: (non-voting)	Richard Haynes	Director of Communications & Engagement
	Colin Horwath	Associate Non-Executive Director
	Richard Oosterom	Associate Non-Executive Director
	Tina Ricketts	Director of People and Culture
	Kimara Sharpe	Company Secretary
	Sarah Smith	Director of Strategy and Planning
Public Gallery:	Press	0
	Public	6 including 1 staff member, a volunteer and a relative of a patient

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86/19 **WELCOME**
Sir David welcomed all to the meeting.

87/19 **Patient story**
Sir David welcomed Reverend Helen Glithero, volunteer J and relative M to the meeting. He emphasised the importance of hearing first-hand about the experiences of patients and relatives. He asked Helen to introduce the story.

Helen thanked Sir David for his introduction and was pleased to present the story with J and M. She recognised that it was important that different relationships were successful during a patient's journey. She asked M to speak about her and her husband's experience of care.

M stated that she was most appreciative of the NHS care as she had experienced care in a Faro hospital over the new year when John was taken acutely ill. On the return from Portugal, a diagnosis of cancer was made and John was in Worcestershire Royal (WRH) for five weeks undergoing intensive radiotherapy and chemotherapy for bowel and liver cancer. John was then transferred to Primrose at the Princess in Bromsgrove and then readmitted to WRH. The first Sunday following this admission, J came and

saw him and gave him communion. J became a regular visitor and Reverend Glithero also provided support. There was a connection felt between M and John and J and Helen.

John was discharged home in early July. Helen and J continued to visit at home and were very supportive during the ensuing days. She also complimented the actions and support from the district nurses during the final days of John's life.

M was pleased that Helen and J conducted the funeral service. In order to show the appreciation, the family split the donations made at John's funeral between the chaplaincy and the district nurses. The total raised was £1450.

M ended by stating that she continues to have support from both Reverend Glithero and J.

J explained that she has been part of the chaplaincy team for 14 years. She now covers both WRH and Kidderminster. She stated that it had been an enormous privilege to share communion. She also complimented the support she received from the Chaplains.

Sir David thanked M and J for their story. He reflected that increasingly it was the role of the Trust to ensure a good death. He wondered what M thought of where the ideal place of death should be.

M stated that the staff at WRH wanted John to go to Primrose at the Princess. However she was adamant that John should come home. It was not an easy journey to Bromsgrove from her home and the accommodation for relatives was poor. She recognised that being at home meant that a lot of support was needed. She had been disappointed that MacMillan and the local hospice had not been able to support the family.

She stated that when John had been at WRH, she frequently stayed at the local hotel. She also slept on the floor and on a theatre trolley. She asked the board to consider having rooms available for relatives.

Helen stated that travel is difficult from Kidderminster. She reflected that there could be some beds used at the hospital for end of life care.

Helen added that she recognised the added value that volunteers had and wished that they were recognised more. Mrs Morris agreed. She informed those present that there had been a workshop to develop a volunteering strategy.

Helen stated that she is looking to develop quiet places and had plans to clear the courtyards to enable staff and patients to utilise them.

Mr Hopkins stated that he will progress the specific issue about accommodation for relatives.

Sir David emphasised that end of life care was a priority for the Trust. He thanked the Reverend Glithero, J and M for attending.

88/19 **ANY OTHER BUSINESS**

There were no items of any other business.

89/19 **DECLARATIONS OF INTERESTS**

There were no additional declarations of interest.

90/19 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 12 SEPTEMBER 2019**

RESOLVED THAT the minutes of the meeting held on 12 September 2019 be confirmed as a correct record and signed by the Chair with the following amendments:
63/19 change *addend* **to** *attend* (page 1)
70/19/2 add *Detailed analysis had been undertaken in the investigation into this care related outcome and clear actions are in place* to the bullet point at the bottom of page 3.
70/19/3 change *specialising* **to** *specialling* (under financial performance)

91/19 **MATTERS ARISING/ACTION SCHEDULE**
All matters arising were either not yet due or completed.

92/19/1 **Care Quality Commission Report**
Sir David invited Mrs Morris to present her report.

Mrs Morris stated that she was delighted with the outcome of the recent inspection. The Trust had moved to requires improvement overall from inadequate and the CQC had recommended that the Trust comes out of special measures. The results were shared with the staff through a series of briefings and recently Sir David and Mr Hopkins had attended the patient forum and the Health Overview and Scrutiny Committee.

Mrs Morris referred members to page 3 which outlined the improvement notices that had been received. Action plans had been developed and submitted to the CQC. A monitoring process is in place.

Ms Day welcomed the news. She felt that the publication was a golden opportunity to undertake further engagement with staff. Mrs Morris agreed and stated that ongoing engagement was key. Mr Haynes agreed and was pleased that staff were continuing to celebrate the report on social media. He stated that there were plans for celebrating the second birthday of 4ward and there was the launch of the happy café at Kidderminster that afternoon. He was noticing that many initiatives were now being developed by staff. He congratulated Mrs Morris for undertaking six briefings about the CQC report in one day, two on each site.

Ms Ricketts stated that the method of managing the visit needed to be replicated with other visits and programmes.

Dr Tunnicliffe thanked and congratulated the executive team. He asked when the Trust would transition to Good and then Outstanding. Mrs Morris stated that improvements needed to be sustained. Good was achievable but only with the sustained improvements.

Mr Hopkins drew attention back to the ratings. Urgent care was still rated as inadequate for responsiveness and this related to patient flow. Significant improvement in this area was still needed.

Mr Hopkins went onto state that whilst the Chief Inspector had recommended exiting special measures, this was with a system wide support package. Details of this had been received from NHS E/I and the Trust will respond to this on 14 October. There are a series of meetings planned for regional and national teams to agree the support

package. He was optimistic that the decision would be made in the middle of November.

Mr Horwath asked whether there had been any change in the ability to recruit staff as a result of the report. Ms Ricketts explained that the trust is able to recruit but not able to retain staff.

Mr Williams added his congratulations to the executive team. He reminded members that the trust was also inadequate in use of resources and we needed to show improvement in this area as well.

Mr Haynes returned to the ratings. He wished to point out that Kidderminster Hospital was rated as 'good' overall and there had been many congratulations from the wider health community in respect of this rating. Sir David agreed. He stated that this shows that transformational change can take place to make a difference. He congratulated everyone.

RESOLVED THAT the report be noted.

93/19 **INTEGRATED PERFORMANCE REPORT (IPR)**

93/19/1 **Executive summary**

Sir David invited Mr Hopkins to introduce this report. Mr Hopkins highlighted the key areas of concern. Within quality, there remained a focus on the infection, prevention and control agenda. There was continued pressure on the *c diff* prevalence. Work was ongoing with the regional team in relation to continued support in this area. Mr Hopkins concluded by stating that there was an increase in medicines incidents causing harm which was centralised on one area.

With respect to operational performance, Mr Hopkins stated that the emergency access standard was still critical for the Trust and the system partners. There was a focus on this nationally and regionally. However he recognised that there needed to be a step change in the performance and key was the execution of the Home First Worcestershire plan.

He was pleased that diagnostics was performing to the targets but there continued to be pressures within some specialties to meet the 40 week RTT target of zero by the end of September.

In relation to finance, he was pleased that £20m of the £22.5m CIP had been identified but he stated that there continued to be significant risk associated with this.

Finally Mr Hopkins turned to the workforce. He was concerned with the increase in long term sickness.

93/19/2 **Quality Performance/Quality Governance Committee Assurance Report**

Sir David asked for questions from members to Mrs Morris and Mr Hallissey in respect of the quality performance.

Mr Williams asked how long it was before the challenged ward had been identified and support put in place. Mrs Morris confirmed that support had been put in within the previous 2 months. Pharmacy had initially flagged concerns and she had discussed escalation in respect of the ward with the division. There were some very specific issues relating to two patients with very complex needs and it was clear very early that additional support was required. She acknowledged that she should have escalated the concerns earlier than she did. She assured members that the appropriate escalation processes were in place although she was disappointed that the issues had not been

flagged directly through the nursing hierarchy.

Mr Williams felt that the IT systems would have alerted the senior staff. Mrs Morris agreed and have raised the issue of the earlier analysis of Datix with the directorate and division.

Sir David requested that there was assurance that three is a system in place for escalation in such cases. Mrs Morris agreed to hold a round table to discuss this further.

ACTION: Mrs Morris to hold a round table to ensure that escalation processes are in place.

Mr Oosterom praised the ward accreditation scheme. However he was concerned that hand hygiene was once again problematic. Mrs Morris conformed that actions were in place and that data from September showed a 5% improvement. She was hopeful that the learning meeting of the Trust Infection Prevention and Control Committee would ensure that there was learning around this area.

Dame Julie stated that people must comply as part of their contract and professional responsibilities. They were endangering lives if they did not comply. Mrs Morris agreed and clinicians have been escalated to both Divisional Directors and the Chief Medical Officer.

Mr Hopkins referred members back to the 4ward behaviours, specifically '*do what we say we will do'* and agreed that staff needed to be held to account.

Sir David stated that the Board would support action being taken against staff who did not adhere to the hand hygiene policy.

RESOLVED THAT the report be received for assurance.

93/19/3 **Financial and Operational Performance/Finance and Performance Committee Assurance Report**

Sir David asked for comments and questions on the operational performance. Mr Yates asked about the challenges with urology and Mr Brennan stated that he and Mr Hallissey were dealing with this.

Dr Tunnicliffe expressed concern that some services were dependent on a small number of clinicians, such as breast surgery. The absence of just one clinician had a dramatic effect on the waiting time for patients. Mr Brennan stated that the directorates of breast surgery and breast screening needed to be merged to ensure better continuity of care. He confirmed that the clinical position had been backfilled and all patients are now being seen within 20 days. Ms Smith added that there was a process being conducted to reduce the number of sites for breast radiography, from five to three. Dr Tunnicliffe stated that whilst he was pleased with the response, future proofing was needed. Mr Hallissey reminded members that there was a universal challenge with the number of referrals and few centres were meeting the required targets.

Mr Oosterom was encouraged with the implementation of Home First Worcestershire but was frustrated with the slow progress. He asked about the achievement of 40 weeks for RTT. Mr Brennan confirmed that there was a clear plan in relation to gynaecology so that specialty would achieve zero waiters by the end of December. There were only 27 people waiting over 40 weeks on 30 September and of these, 13 had already been treated.

Mr Brennan then turned to Home First Worcestershire. There had been a robust executive director discussion about the Plan with the chair, Dr Walton. It was agreed that the Plan was the correct plan with a few additions as a result of the recent MADE event. Concerns were raised about the lack of attendance at the Steering Group meetings and a series of actions had been agreed, including the observation of Board rounds. Mr Brennan added that the length of stay for patients admitted via urgent care had decreased from 9.9 to 9.3 days and he was encouraged by this.

Dr Tunnicliffe asked about the learning from the MADE event. Mr Brennan stated that the two events (there was one to be held at the Alexandra Hospital in the following week) would report into the Home First Steering Group and actions identified.

Mr Hopkins reminded members that there has been a 9.6% increase in activity via the ambulance service. He would ensure that the day staff finished their work prior to the night staff shift starting. He also highlighted other areas that needed to be improved including the presence of a doctor at the 08:30 board round. He stated that staff needed to be held to account on these patient safety issues. Ms Ricketts stated to Ms Day that conversations of concern were still a challenge for staff and the leadership development should held in this area. Mr Hallissey agreed with Dame Julie that there should be one conversation of concern followed by disciplinary action.

Dame Julie asked about the response of the wider health care system. Mr Brennan stated that the Health and Care Trust was very responsive through their new Chief Operating Officer. Sir David added that neighbourhood teams should be engaged. Mr Brennan agreed and a whole system operational meeting would be held.

Sir David expressed concern that not all staff were aware that Home First Worcestershire was the main priority for the Trust.

Sir David then turned to the finance papers. Mr Williams wished to see the finances presented over 18 months. Mr Toole agreed. There also needed to be a continuous refresh of the planning cycle.

Mr Oosterom requested that the financial report be clear that of the £22.5m, £10.8m was guaranteed.

RESOLVED THAT the report be received for assurance.

93/19/4 **People and Culture Performance**

Dr Tunnicliffe congratulated Ms Ricketts on the better performance – for example with respect to mandatory training. He stated that there needed to be a focus on retaining staff. Ms Ricketts agreed and stated that there is a detailed paper being presented to the Trust Management Executive and the People and Culture Committee later in the month on this issue. She stated that the employer offer needed to be strengthened in respect of training and development, flexible working and health and wellbeing. She was presenting the initial draft of a five year workforce plan to the meetings. This reflected that the divisions needed to think imaginatively about staff in the future.

Ms Ricketts explained to Sir David that she was aware of the areas that needed further work to reduce the vacancy rate. This work was also reflected in the work that Mr Hallissey was undertaking on the junior doctor workforce. She stated that there is a highly skilled clinical nurse specialist workforce which needs to be better utilised and the interface between these staff and the junior doctors needed to be explored.

In response to Mr Oosterom, Ms Ricketts explained that the top three reasons for long

term sickness were mental health and wellbeing; musculoskeletal and cold/flu type symptoms. Work was ongoing to see what the triggers were for the first reason and there is rapid access to physio for staff in place for musculoskeletal issues. The final element linked to the flu campaign.

RESOLVED THAT the report be received for assurance.

DATE OF NEXT MEETING
The next Public Trust Board meeting will be held on Thursday 14 November 2019 at 10:00 in the Board Room, Alexandra Hospital, Redditch.

Exclusion of the press and public

RESOLVED THAT pursuant to Section 1(2) of 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'

The meeting closed at 11.28 hours.

Signed _____ Date _____

Sir David Nicholson, Chairman

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

PUBLIC TRUST BOARD ACTION SCHEDULE – NOVEMBER 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
10-10-19	IPR – Quality	93/19/2	Hold a 'round table' to ensure that escalation processes are in place for challenged wards	VM			Taking place w/c 911 Nov. Action closed.	
12-9-19	Patient Story	63/19	Arrange dementia training for Trust Board members.	CNO (VM)	Oct 2019		To be programmed into a Board seminar.	

Meeting	Trust board
Date of meeting	12 September 2019
Paper number	C

Chairman's 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 objectives							
Best services for local people		Best experience of care and outcomes for our patients		Best use of resources	x	Best people	

Report previously reviewed by		
Committee/Group	Date	Outcome

Recommendations	Trust Board are requested to note the Vice-Chair's action (in the absence of the Chairman) undertaken since the last Trust board meeting in October.

Executive summary	The Vice-Chair undertook a Chairman's Action (as per section 24.2 of the Trust Standing Orders) to approve the endoscopy business case which had previously been approved by the Trust Management Executive and the Finance and Performance Committee. The Vice-Chair discussed the issue with the Chair of the Finance and Performance Committee prior to the approval given.

Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	14 November 2019
Paper number	D

Chief Executive's Report

For approval:		For discussion:		For assurance:		To note:	X

Accountable Director	Matthew Hopkins CEO		
Presented by	Matthew Hopkins CEO	**Author /s**	Kimara Sharpe Company Secretary

Alignment to the Trust's strategic objectives							
Best services for local people		Best experience of care and outcomes for our patients		Best use of resources		Best people	

Report previously reviewed by		
Committee/Group	Date	Outcome

Recommendations	The Trust Board is requested to • Note this report
Executive summary	This report is to brief the board on various local and national issues.

Risk								
Key Risks	N/A							
Assurance	N/A							
Assurance level	**Significant**		**Moderate**		**Limited**		**None**	
Financial Risk	N/A							

Meeting	Trust Board
Date of meeting	14 November 2019
Paper number	D

Introduction/Background

This report gives members an update on various local, regional and national issues.

Issues and options

Bryan McGinity: It was sad to hear of the death of Bryan last month. He was our Freedom to Speak Up Guardian and prior to this appointment, had been a non-executive director of the trust board since 2011, including being the vice chair for a period. A number of staff were able to attend the memorial service at Pershore Abbey and the hospital Chaplain led a service of remembrance at Worcestershire Royal. He will be missed and I have sent our condolences to his family.

Aspire Together programme: I was delighted to be a senior assessor for future leaders in the NHS last month. It was a pleasure to see so many capable senior leaders we have in the NHS. The Trust is currently identifying individuals to participate in the next cohort of the programme.

Bowel cancer: It is 10 years since the Bowel Cancer Screening programme was launched and over 402,000 patients have been screened since its launch.

Colorectal Nursing team: This team was shortlisted in the cancer nursing category at the Nursing times Awards in October. This was a fantastic achievement and whilst they did not win, they were nationally recognised.

Poster in France: Dawn Forbes, a specialist children's nurse, presented a poster on her work providing oncology education to staff on our children's ward at a paediatric conference on France.

Poster in Birmingham: Dr Ramnarase, Electrophysiology Fellow, was invited to present his research poster on patient outcomes form the first year of performing atrial fibrillation cardiac ablation at the National Heart Rhythm Congress in Birmingham

Poster in Athens: the urology team presented a poster in Athens on their work examining advanced diagnostic techniques for prostate cancer

University of Worcester - Shortlisted for a national award: The University of Worcester was shortlisted for University of the Year by the Times Higher Education. I would like to congratulate them on this achievement.

Chief Medical Officer – Annual Report: Professor Dame Sally Davies emphasises that global health security is only as strong as its weakest link, and that increasing levels of non-communicable diseases globally could undermine health systems in lower- and middle-income countries. This could jeopardise poorer countries' ability to meet the needs of their populations and effectively engage in infectious disease control.

The report consists of 21 letters from global health leaders to Dame Sally, and her responding summary, recommendations and epilogue. Dame Sally publishes these letters under 3 headings:

- equity
- sustainability

- security

These are the 3 interdependent conditions she proposes must be met to secure good health for all. Professor Dame Sally Davies' report is independent of government and is primarily aimed at government, regulators, policy-makers and healthcare professionals.

It can be found here: https://www.gov.uk/government/publications/chief-medical-officer-annual-report-2019-partnering-for-progress

Creating healthy lives - a whole-government approach to long-term investment in the nation's health (report by The Health Foundation): Life expectancy in the UK has been stalling since 2011, and there is an 18-year gap in healthy life expectancy between the least and most socioeconomically deprived populations. Fluctuations in government priorities, a tendency towards short-term political decision-making, and challenges in addressing complex dynamic issues, all lead to insufficient attention by government on creating the conditions for a healthy life.

Over the past decade there has been a significant shift in expenditure across government, moving from spending on the services and infrastructure that help people stay healthy, towards addressing problems that could be avoided in the first place. This short-term approach is storing up significant problems for the future and runs the risk of widening inequalities in people's health.

This Health Foundation publication makes the case for an ambitious, whole-government approach to long-term investment in the nation's health. We recommend five shifts in the government's overall approach to achieving this aim and outline how investment can be rebalanced towards areas of spending that maintain and improve health, such as early years services, housing and social security.

The report can be found here: https://www.health.org.uk/publications/reports/creating-healthy-lives

Recommendations

The Trust Board is requested to

- Note this report

Appendices - none

NHS
Worcestershire
Acute Hospitals
NHS Trust

Meeting	Trust board
Date of meeting	14 Nov 2019
Paper number	E

Clinical Services Strategy to 2025

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

Accountable Director	Sarah Smith, Director of Strategy and Planning		
Presented by	Sarah Smith Director of Strategy and Planning	**Author**	Sarah Smith Director of Strategy and Planning

Alignment to the Trust's strategic objectives							
Best services for local people	√	Best experience of care and outcomes for our patients	√	Best use of resources	√	Best people	√

Report previously reviewed by		
Committee/Group	Date	Outcome
Trust Board Private Session	10 October 2019	Reviewed
Trust Management Executive	23 October 2019	Approved

Recommendations	The Trust Board is asked to approve the Trust Clinical Services Strategy to 2025.

Executive summary	The Trust Board reviewed the Clinical Services Strategy at its October meeting in private. The Board agreed that the document appropriately set the strategic direction for the Trust for the next 5 years, in the context of the Trust current state, the local STP context and the context of the NHS Long Term Plan. The Board suggested some refinements to the document itself including the development and inclusion of strategy milestones and greater clarity on the how the three strategy pillars (Integrated Care, Urgent and Emergency Care, Acute and Specialist Planned Care) support delivery of the four imperatives (care for those living with frailty, care at end of life, cancer care and access to care). The strategy document has been updated to reflect these refinements. The updated Clinical Services Strategy was approved at Trust Management Executive in October and is presented for Trust Board approval today.

Risk	
Key Risks	Capacity to meet day to day operational challenges and to deliver strategic change is a key risk. The Trust needs to ensure whole system alignment with its strategy and plans and the garnering of system resource in support.

Meeting	Trust board
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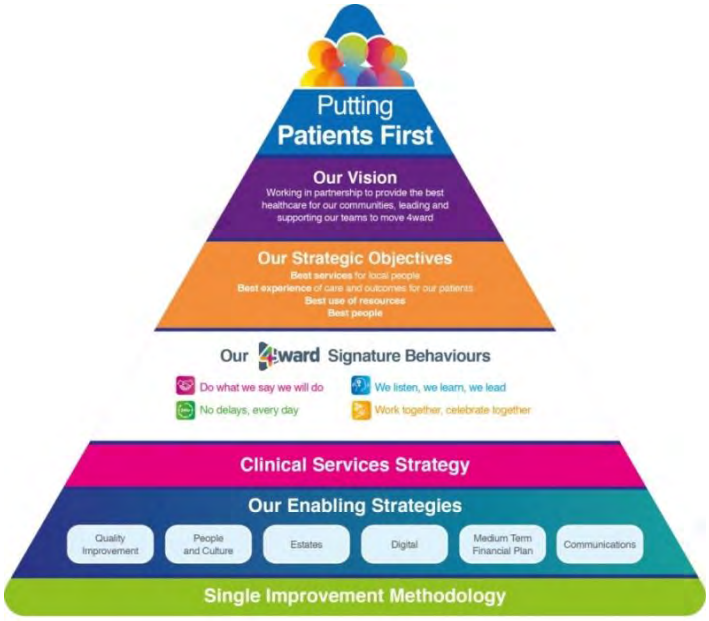
Assurance								
Assurance level	**Significant**		**Moderate**	√	**Limited**		**None**	
Financial Risk	The detail of how the Clinical Services Strategy will support financial sustainability has yet to be worked through however this was a key consideration in its genesis.							

Worcestershire Acute Hospitals NHS Trust

Meeting	Trust board
Date of meeting	14 Nov 2019
Paper number	E

Introduction/Background

The Trust strategy *Putting Patients First* was launched in May 2019 with 'Pyramid Week'.



Evidence of the strategy was key to the subsequent CQC inspection, as the Trust had been found lacking in previous inspections due to the absence of a Board agreed strategy that staff and stakeholders could relate.

The Clinical Services Strategy is pivotal to the Trust Strategy to support delivery of the Trust vision and strategic objectives but also to inform the other appropriate strategic plans such as workforce, digital, estates and partnership and engagement and to inform the next stage of the Trust's improvement journey.

The Clinical Services Strategy has been developed intensively over the summer with clinical teams, patients and other key stakeholders, all of which have informed this single, overarching document.

The Trust had support from the Good Governance Institute throughout this process.

The Trust Board considered an initial draft of the strategy at the development session on September 16/17 2019. The discussion and debate at the event and at the subsequent October Trust Board meeting has led to further development of the document as has further executive discussion and discussion with clinical leaders at the Trust.

There needs to remain a line of sight from the bottom up work of the Trust specialties, the financial and clinical sustainability challenges we face and the vision for the organisation held by the Trust leadership. This Clinical Services Strategy aspires to meet the needs of all its audiences both within and out with the current organisation.

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Work has already commenced on further prioritisation of the Clinical Services Strategy priority plans, the implementation of these plans through the further development of existing work programmes in urgent and emergency care and acute and specialist planned care and the development of new joint programmes with primary and community services around integrated care, this year and next.

Issues and options

There are four important issues to highlight:

1 The outline quality and financial impacts of the Clinical Services Strategy need to be assessed and we also need to develop the supporting enabling plans and strategies at pace

2 We need to re- engage our clinical teams in the implementation plans and the alignment of their speciality strategies with this overarching strategy for our services.

3. The timing of this clinical services strategy coincides with the development of the STP Long Term Plan proposals for the next five years including the development of the local Integrated Care System. This clinical services strategy is aligned with the STP plans and provides the platform from which we need to increase our involvement and leadership role in the local system.

4 It is vital that we build on the levels of engagement with patients, partners and other stakeholders that this strategy process has enabled and that this becomes the norm in our future development and that of our teams.

Recommendation

The Trust Board is asked to approve the Trust Clinical Services Strategy to 2025

Appendices – Clinical Services Strategy (separate attachment)

Meeting	Trust Board
Date of meeting	14 November 2019
Paper number	D

Board Assurance Framework

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

Accountable Director	Matthew Hopkins CEO		
Presented by	Matthew Hopkins CEO	**Author /s**	All responsible executive directors

Alignment to the Trust's strategic objectives							
Best services for local people	X	Best experience of care and outcomes for our patients	X	Best use of resources	X	Best people	x

Report previously reviewed by		
Committee/Group	Date	Outcome
People and Culture Committee	22 October	Approved
TME	23 October	Approved
Quality Governance Committee	24 October	Approved
Finance and Performance Committee	25 October	Approved

Recommendations	The trust board is requested to approve the attached Board Assurance Framework (BAF) update. The risk rating for three risks (1,9&12) is recommended to decrease. Other risks remain the same.

Executive summary	The attached BAF is the most recent update, having been through the committees and trust management executive.

Risk									
Key Risks	The BAF considers all the high rated risks for the Trust.								
Assurance	There is significant assurance in relation to the process for the development of the BAF.								
Assurance level	**Significant**	*x*	**Moderate**		**Limited**		**None**		
Financial Risk	N/A								

Board Assurance Framework – Gap analysis

This analysis shows the difference between the target risk and the current risk rating.

no	risk	gap
6	IF we are unable to resolve the structural imbalance in the trust's income and expenditure position, then we will not be able to fulfill our financial duties, resulting in the potential inability to invest in services to meet the needs of our patients.	14
7	If we are not able to unlock funding for investment, then we will not be able to modernise our estate, replace equipment or develop the digital infrastructure, resulting in the lack of ability to deliver safe, effective and efficient care to patients	14
4	If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning, then we will fail the national quality and performance standards, resulting in a negative patient experience and a possible compromise to patient safety	11
10	If we do not deliver a cultural change programme, then we may fail to attract and retain staff with the values and behaviours required for putting patients first, resulting in lower quality care	10
3	If we do not deliver the statutory requirements under the Health and Social Care Act (Hygiene Code) then there is a risk that patient safety may be adversely affected, resulting in poor patient experience and inconsistent/varying patient outcomes	9
8	If we do not have effective digital systems which are used optimally, then we will be unable to utilise the systems for the benefit of patients, resulting in poorly coordinated care for patients and a poor patient experience	8
9	If we are unable to sustain our clinical services, then the trust will become unviable, resulting in inequity of access for our patients	8
11	If we are unable to recruit, retain and develop sufficient numbers of skilled, competent and trained staff, including those from the EU, then there is a risk to the sustainability of some clinical services. resulting in lower quality care for our patients and higher staffing costs	8
5	If there is a lack of a county wide operational plan which balances demand and capacity across the county, then there will be delays to patient treatment, resulting in a significant impact on the trust's ability to deliver safe, effective and efficient care to patients	7
12	If we have a poor reputation, then we will be unable to recruit or retain staff, resulting in loss of public confidence in the trust, lack of support of key stakeholders and system partners and a negative impact on patient care	6
2	If we do not deliver the outcomes of the quality improvement strategy (incorporating the CQC 'must and should' dos), then we may fail to deliver sustained improvements, resulting in improvements not being delivered for patient care & reputational damage	6
1	If we do not have in place robust clinical governance, then we may fail to deliver high quality safe care, resulting in negative impact on patient experience and outcomes.	4

RISK NUMBER	DATIX REF/DATE OF INITIAL RISK	RISK DESCRIPTION	EXEC LEAD	RESPONSIBLE COMMITTEE	PREVIOUS				CURRENT 31 OCT 2019			CHANGE	LAST REVIEW	NEXT REVIEW	PAGE NUMBER
					RISK RATING 30 SEPT 2018	RISK RATING 30 NOV 2018	RISK RATING 30 APRIL 2019	RISK RATING 30 JUNE 2019	LIKELIHOOD	CONSEQUENCE	RISK RATING				
1	3927 ------ 2017	IF we do not have in place robust clinical governance THEN we may fail to deliver high quality safe care RESULTING IN negative impact on patient experience and outcomes.	Chief Medical Officer	Quality Governance	12	12	16	16	3	4	12	⇩	Oct 2019	Feb 2020	7
2	3930 ------ 2018	IF we do not deliver the outcomes of the Quality Improvement Strategy (incorporating the CQC 'must and should' dos) THEN we may fail to deliver sustained improvements RESULTING IN improvements not being delivered for patient care & reputational damage	Chief Nurse	Quality Governance	16	16	12	12	3	4	12	⇔	Oct 2019	Feb 2020	9

Worcestershire Acute Hospitals NHS Trust

RISK NUMBER	DATIX REF/DATE OF INITIAL RISK	RISK DESCRIPTION	EXEC LEAD	RESPONSIBLE COMMITTEE	PREVIOUS				CURRENT 31 OCT 2019			CHANGE	LAST REVIEW	NEXT REVIEW	PAGE NUMBER
					RISK RATING 30 SEPT 2018	RISK RATING 30 NOV 2018	RISK RATING 30 APRIL 2019	RISK RATING 30 JUNE 2019	LIKELIHOOD	CONSEQUENCE	RISK RATING				
3	3931 ------ 2018	IF we do not deliver the statutory requirements under the Health and Social Care Act (Hygiene code) THEN there is a risk that patient safety may be adversely affected RESULTING IN poor patient experience and inconsistent/varying patient outcomes	Chief Nurse	Quality Governance	16	16	16	12	3	4	12	⇔	Oct 2019	Feb 2020	11
4	3932 ------ 2018	IF we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning THEN we will fail the national quality and performance standards RESULTING IN a negative patient experience and a possible compromise to patient safety	Chief Operating Officer	Finance and Performance	20	20	20	20	4	5	20	⇔	Oct 2019	Feb 2020	13

RISK NUMBER	DATIX REF/DATE OF INITIAL RISK	RISK DESCRIPTION	EXEC LEAD	RESPONSIBLE COMMITTEE	PREVIOUS				CURRENT 31 OCT 2019			CHANGE	LAST REVIEW	NEXT REVIEW	PAGE NUMBER
					RISK RATING 30 SEPT 2018	RISK RATING 30 NOV 2018	RISK RATING 30 APRIL 2019	RISK RATING 30 JUNE 2019	LIKELIHOOD	CONSEQUENCE	RISK RATING				
5	3933 ------ 2018	IF there is a lack of a county wide operational plan which balances demand and capacity across the county THEN there will be delays to patient treatment RESULTING IN a significant impact on the trust's ability to deliver safe, effective and efficient care to patients	Chief Operating Officer	Finance and Performance	20	20	15	16	4	4	16	⇔	Oct 2019	Feb 2020	14
6	3934 ------ 2018	IF we are unable to resolve the structural imbalance in the Trust's income and expenditure position THEN we will not be able to fulfill our financial duties RESULTING IN the potential inability to invest in services to meet the needs of our patients.	Chief Financial Officer	Finance and Performance	15	15	20	20	5	4	20	⇔	Oct 2019	Feb 2020	15
7	3941 ------ 2018	IF we are not able to unlock funding for investment THEN we will not be able to modernise our estate, replace equipment or develop the digital infrastructure RESULTING IN the lack of	Chief Financial Officer	Finance and Performance	16	15	16	20	5	4	20	⇔	Oct 2019	Feb 2020	17

RISK NUMBER	DATIX REF/DATE OF INITIAL RISK	RISK DESCRIPTION	EXEC LEAD	RESPONSIBLE COMMITTEE	PREVIOUS				CURRENT 31 OCT 2019			CHANGE	LAST REVIEW	NEXT REVIEW	PAGE NUMBER
					RISK RATING 30 SEPT 2018	RISK RATING 30 NOV 2018	RISK RATING 30 APRIL 2019	RISK RATING 30 JUNE 2019	LIKELIHOOD	CONSEQUENCE	RISK RATING				
		ability to deliver safe, effective and efficient care to patients													
8	3936 ------ 2018	IF we do not have effective digital systems which are used optimally THEN we will be unable to utilise the systems for the benefit of patients RESULTING IN poorly coordinated care for patients and a poor patient experience	Chief Digital Officer/Chief Medical Officer	Finance and Performance/ Quality Governance Committee	16	16	16	16	4	4	16	⇔	Oct 2019	Feb 2020	18
9	3937 ------ 2017	IF we are unable to sustain our clinical services THEN the Trust will become unviable RESULTING IN inequity of access for our patients	Director of Strategy and Planning	Finance and Performance	16	16	16	16	3	4	12	⇩	Oct 2019	Feb 2020	20
10	3938 ------ 2017	IF we do not deliver a cultural change programme. THEN we may fail to attract and retain staff with the values and behaviours required for putting patients first RESULTING IN lower quality care	Director of People and Culture	People and Culture	15	15	15	15	3	5	15	⇔	Oct 2019	Feb 2020	21

RISK NUMBER	DATIX REF/DATE OF INITIAL RISK	RISK DESCRIPTION	EXEC LEAD	RESPONSIBLE COMMITTEE	PREVIOUS				CURRENT 31 OCT 2019			CHANGE	LAST REVIEW	NEXT REVIEW	PAGE NUMBER
					RISK RATING 30 SEPT 2018	RISK RATING 30 NOV 2018	RISK RATING 30 APRIL 2019	RISK RATING 30 JUNE 2019	LIKELIHOOD	CONSEQUENCE	RISK RATING				
11	3939 ------ 2018	IF we are unable to recruit, retain and develop sufficient numbers of skilled, competent and trained staff, including those from the EU THEN there is a risk to the sustainability of some clinical services RESULTING IN lower quality care for our patients and higher staffing costs	Director of People and Culture	People and Culture	16	16	16	16	4	4	16	⇔	Oct 2019	Feb 2020	23
12	3940 ------ 2018	IF we have a poor reputation THEN we will be unable to recruit or retain staff RESULTING IN loss of public confidence in the Trust, lack of support of key stakeholders and system partners and a negative impact on patient care	Director of Communications and Engagement	None – Trust Board	16	16	16	16	3	4	12	⇩	Oct 2019	Feb 2020	25

Summary of risks on Corporate Risk Register (Oct 2019) & Glossary – page 24

BAF RISK REFERENCE *Summary for Datix entry*	1 Lack of robust clinical governance	**DATE OF REVIEW**	Oct 2019
DATIX REF	3927 (Linked to corporate risks 3483, 4009)	**NEXT REVIEW DATE**	Feb 2020

RISK DETAILS

RISK DESCRIPTION	RATING	L	C	R	CHANGE
IF we do not have in place robust clinical governance THEN we may fail to deliver what high quality safe care RESULTING IN negative impact on patient experience and outcomes.	**INITIAL**	4	5		⇩
	TARGET Dec 19	2	4		
	PREVIOUS	4	4		
	CURRENT	3	4		

CONTEXT

STRATEGIC OBJECTIVE	Best experience of care and outcomes for our patients
GOAL (S)	Quality and Improvement
CQC DOMAIN	Safe, Caring, Effective, Well Led

ACCOUNTABILITY

CHIEF OFFICER LEAD	Chief Medical Officer
RESPONSIBLE COMMITTEE	Quality Governance Committee

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	Framework for governance including (not exhaustive) • Learning from deaths – external review • Better outcomes • Serious incident management – improving performance • Divisional governance leads – in place for 2 divisions • Outcomes • Complaints – improving performance • Learning	Clinical Governance Committee (CGG) report to Trust Management Executive (TME) and Quality Governance Committee (QGC) (monthly) and Trust Board (bimonthly) monitoring via Integrated Performance Report and Learning from Deaths	2
2	Quality Improvement Strategy and associated plans	CGG report to TME	1
3	Risk Management Strategy	Reviewed by TME, QGC, Audit and Assurance Committee & Trust Board	2
4	Performance Review Meetings	TME	0

REF	CONTROL	ASSURANCE	LEVEL
5	Medical annual appraisals	NHS E/Trust Board/People and Culture	3

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	Framework for clinical governance	Development of a framework	Dec 2019	
2		Interim report on the development of a framework	Sept 2019 Nov 2019	
	Effectiveness of medical appraisals	Review appraisals	Dec 2019	
4	Alignment of resources	Review of clinical governance staff	Dec 2019	

BAF RISK REFERENCE *Summary for Datix entry*	2 Failure to deliver the Quality Improvement Strategy and the CQC 'must and should dos'	**DATE OF REVIEW**	Oct 2019
DATIX REF	3930 (linked to corporate risks)	**NEXT REVIEW DATE**	Feb 2020

RISK DETAILS

RISK DESCRIPTION	INTERIM TARGET		RATING	L	C	R	CHANGE
IF we do not deliver the outcomes of the Quality Improvement Strategy (incorporating the CQC 'must and should' dos) THEN we may fail to deliver sustained improvements RESULTING IN improvements not being delivered for patient care & reputational damage	**2020**	2x4	**INITIAL**	4	4		⇔
			TARGET 2021	2	3		
			PREVIOUS	3	4		
			CURRENT	3	4		

CONTEXT

STRATEGIC OBJECTIVE	Best experience of care and outcomes for our patients
GOAL	Quality and Improvement
CQC DOMAIN	Safe, Effective, Well Led

ACCOUNTABILITY

CHIEF OFFICER LEAD	Chief Nurse
RESPONSIBLE COMMITTEE	Quality Governance Committee

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	Reporting from the CGG to the Quality Governance Committee	TME and Quality Governance Committee – bimonthly	2
2	Year 2 Quality Improvement Plans developed for Divisions	CGG – monthly	1
3	Collaboratives in place to underpin the implementation of the QIS (*e coli*, nutrition, falls (rolled out), pressure ulcers (rolled out), staff retention, ACP fast track)	CGG report to TME and Quality Governance Committee monthly	2
4	On-going quality audits	Report to CGG	1
5	Board members undertaking safety walk abouts	Report to TME, Quality Governance Committee	2
6	Risk management strategy in place to ensure best practice in risk management and risk maturity	Risk Management Strategy approved by TME, QGC, Audit and Assurance Committee, Trust board	2/3
7	RAIT and QIS meeting	CGG report to TME and Quality Governance Committee	2

REF	CONTROL	ASSURANCE	LEVEL
8	Band 7, 8 development sessions	People and Culture Committee	2
9	Risk Maturity assessment	Oxford University Hospitals	3
10	Triangulation of ward accreditation/ward to board reporting/QI training	CCG report to TME and QGC	2
11	Quality Impact Assessment process overseen by Quality Improvement Matron	CCG report to QGC, Audit and Assurance Committee	3

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	Annual monitoring of quality improvement strategy	Publication of Quality Account	Jun 2020	

2	Ward to Board flow	Bespoke quality walk abouts
		• Matron for patient flow
		• Matron for Quality Improvement
		• Infection Prevention and Control ward reviews
		• Back to the floor
		• NED ward visits
		  ○ Revision of tools
		  ○ Observation of care process
		  ○ Process up and running
			Aug 2019
			
			Jan 2020
			Jan 2020
			March 2020
				
				Complete
				Complete
				Complete
				Complete

3	Robust QIA process	Revision of policy and process	July 2019	Competed
4	Oxford University risk maturity assessment	Arrange for OUH to visit and assess	Mar 2020	
5	Significant QIA training	Roll out training from November 2019, review March 2020	March 2020	
6	Framework for monitoring corporate teams	Roll out RAIT for corporate teams (Infection control, safeguarding, pressure ulcers, falls) Peer panels set up	Nov 2019	

REF	GAP	ACTION	BY WHEN	PROGRESS
		Panels commenced Review of effectiveness	Dec 2019 March 2020	
7	Clear escalation process in place for quality issues	Develop a framework for escalation Implement	Dec 2019 March 2020	

BAF RISK REFERENCE *Summary for Datix entry*	3 Lack of delivery of statutory requirements of the Hygiene Code	**DATE OF REVIEW**	Oct 2019
DATIX REF	3931 (linked to corporate risks 3852, 4213)	**NEXT REVIEW DATE**	Feb 2020

RISK DETAILS

RISK DESCRIPTION	INTERIM TARGET		RATING	L	C	R	CHANGE
IF we do not deliver all the statutory requirements under the Health and Social Care Act (Hygiene code) THEN there is a risk that patient safety may be adversely affected RESULTING IN poor patient experience and inconsistent/varying patient outcomes	Mar 2020	2x3	INITIAL	4	4		⇔
			TARGET	1	3		
			PREVIOUS	3	4		
			CURRENT	3	4		

CONTEXT

STRATEGIC OBJECTIVE	Best experience of care and outcomes for our patients
GOAL	Quality and Improvement
CQC DOMAIN	Safe, Effective, Well Led

ACCOUNTABILITY

CHIEF OFFICER LEAD	Chief Nurse
RESPONSIBLE COMMITTEE	Quality Governance Committee

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	2019/20 forward Improvement plan in place	Monthly reports to TME and QGC	2
2	Key standards in place	Monthly reports to TME and QGC	2
3	Reporting from Trust Infection Prevention and Control Committee (TIPCC)	Monthly reports to TME and QGC and Trust Board	2
4	PFI Contract management	Regular reports to F&P	1
5	Infection control link professionals	Report to TIPCC	0
6	Hand hygiene audits	Report to CCG/TME/QGC	2
7	TIPCC scrutiny and learning meeting (holding to account)	TIPCC reporting to TME and QGC	2

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS

REF	GAP	ACTION	BY WHEN	PROGRESS
1		Ongoing sustained implementation of the Quality Improvement Strategy including a refreshed strategy and year 2 divisional plans	Mar 2021	
2	Annual monitoring of quality improvement strategy	Publication of Quality Account	Jun 2020	
3	PFI contract monitoring	Implementation of the new governance structure for the PFI contract (including KPIs)	TBC	
4	Annual Report – TIPCC	Publication	June 2020	
5	A clear policy on antimicrobial stewardship	Review antimicrobial stewardship and prescribing. Develop an action plan	Dec 2019	
6	Variations across the Trust in application of IPC actions	Increased focus of divisional directors of nursing and matrons Weekly inspections by the CNO and deputy DIPC	Immediate Immediate	

BAF RISK REFERENCE *Summary for Datix entry*	4 The Trust is unable to ensure efficient patient flow through our hospitals	**DATE OF REVIEW**	Oct 2019
DATIX REF	3832 (linked to corporate risks 3482,)	**NEXT REVIEW DATE**	Feb 2020

RISK DETAILS

RISK DESCRIPTION	RATING	L	C	R	CHANGE
IF we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning THEN we will fail the national quality and performance standards RESULTING IN a negative patient experience and a possible compromise to patient safety	**INITIAL**	4	5		⇔ further review end October
	TARGET Dec 19	3	3		
	PREVIOUS	4	5		
	CURRENT	4	5		

CONTEXT

STRATEGIC OBJECTIVE	Best services for local people
GOAL	Performance
CQC DOMAIN	Safe, Responsive, Effective

ACCOUNTABILITY

CHIEF OFFICER LEAD	Chief Operating Officer
RESPONSIBLE COMMITTEE	Finance and Performance Committee

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	Delivery of the Home First Worcestershire Plan	TME and F&P Committee	1-2
2	Delivery of the referral to treatment (RTT) recovery plan/cancer plan/diagnostics plan	TME and F&P Committee	1-2
3	System wide capacity and demand modelling work	TME and F&P Committee/A&E delivery Board/Carnall Farrah/System Review Meeting	1-2-3
4	Service reconfiguration actions	Health Overview and Scrutiny Committee/A&E Delivery Board/	3
5	4 weekly multisite MADE review	NHS EI	3

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	Implementation of the Urgent care Improvement Plan	Implementation of the 6 work streams contained within Home First Worcestershire		

REF	GAP	ACTION	BY WHEN	PROGRESS
		including the MADE recommendations	Jan 2020	
2	The Trust is not commissioned to deliver the NHS constitutional standard for incomplete RTT	Maintain size of incomplete waiting list Reduce maximum wait to 40 weeks	Mar 2020 Sept 2019 Dec 2019	 Gynae/oral surgery/orthodontics

BAF RISK REFERENCE *Summary for Datix entry*	5 Lack of system capacity plan	**DATE OF REVIEW**	Oct 2019
DATIX REF	3933 (linked to corporate risks 3846)	**NEXT REVIEW DATE**	Feb 2020

RISK DETAILS

RISK DESCRIPTION	RATING	L	C	R	CHANGE
IF there is a lack of a county wide operational plan which balances demand and capacity across the county THEN there will be delays to patient treatment RESULTING IN a significant impact on the trust's ability to deliver safe, effective and efficient care to patients	**INITIAL**	4	5		⇔
	TARGET	3	3		
	PREVIOUS	4	5		
	CURRENT	4	4		

CONTEXT

STRATEGIC OBJECTIVE	Best services for local people
GOAL	Performance
CQC DOMAIN	Safe, Responsive, Effective

ACCOUNTABILITY

CHIEF OFFICER LEAD	Chief Operating Officer
RESPONSIBLE COMMITTEE	Finance and Performance Committee

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	Delivery of system capacity plan and escalation framework and associated actions	ASystem review meeting	3

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	Lack of a system capacity plan	Develop plan and execute actions	Oct 2019	Providerr oversight committee 12-11-19

BAF RISK REFERENCE *Summary for Datix entry*	6 The Trust is unable to ensure financial viability and make the best use of resources for our patients.	**DATE OF REVIEW**	Oct 2019
DATIX REF	3934 (linked to corporate risks 3768, 4099)	**NEXT REVIEW DATE**	Feb 2020

RISK DETAILS

RISK DESCRIPTION	INTERIM TARGETS		RATING	L	C	R	CHANGE
IF we are unable to resolve the structural imbalance in the Trust's income and expenditure position THEN we will not be able to fulfill our financial duties RESULTING IN the potential inability to invest in services to meet the needs of our patients.	**2020**	**5x3**	**INITIAL**	5	3		⇨
	2021	**4x3**	**TARGET 2022**	3	2		
			PREVIOUS	5	4		
			CURRENT	5	4		

CONTEXT

STRATEGIC OBJECTIVE	Best use of resources
GOAL	Finance
CQC DOMAIN	Effective, Well Led

ACCOUNTABILITY

CHIEF OFFICER LEAD	Chief Finance Officer
RESPONSIBLE COMMITTEE	Finance & Performance Committee

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	Weekly review of efficiency and improvement plans including vacancy control panel, ideas and delivery	Finance Improvement Group, TME, Finance and Performance Committee	1/2
2	Operational budgets developed at divisional and directorate level	Finance Improvement Group, TME, Finance and Performance Committee	1
3	Medium Term Financial (MTF) Plan	TME/F&P/Trust Board/NHS Improvement	3

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	MTF Plan	Develop the MTF Plan	Dec 2019	
2	Fully identified and assignable improvement opportunities	Ensure rolling programme of continuous improvement internally and system wide working to support value for money decisions	On-going	
3	Ownership of financial situation	Finance is included within personal objectives which are aligned to trust objectives Realign budget holder responsibilities as part of planning round	On-going	

BAF RISK REFERENCE *Summary for Datix entry*	7 The Trust is unable to secure investment capital to make the best use of resources for our patients.	**DATE OF REVIEW**	Oct 2019
DATIX REF	3941 (linked to corporate risks 4130)	**NEXT REVIEW DATE**	Feb 2020

RISK DETAILS

RISK DESCRIPTION	INTERIM TARGETS		RATING	L	C	R	CHANGE
IF we are not able to unlock funding for investment THEN we will not be able to modernise our estate, replace equipment or develop the digital infrastructure RESULTING IN the lack of ability to deliver safe, effective and efficient care to patients	**2020**	**3x5**	**INITIAL**	3	5		⇨
	2021	**3x4**	**TARGET 2022**	2	3		
			PREVIOUS	5	4		
			CURRENT	5	4		

CONTEXT

STRATEGIC OBJECTIVE	Best use of resources
GOAL	Finance
CQC DOMAIN	Effective, Well Led

ACCOUNTABILITY

CHIEF OFFICER LEAD	Chief Finance Officer
RESPONSIBLE COMMITTEE	Finance & Performance Committee

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	Capital prioritisation group constituted to prioritise capital spend	Decisions reviewed and endorsed by Strategy and Planning Group, TME, F&P	1-2
2	Loan funding requests and review of outcomes	TME and overseen by Finance and Performance Committee	2

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	Medical devices strategy	Develop strategy/plan *check with Vicky*	Oct 2019	*Check with Vicky*
2	MTF plan	Develop the MTF plan	Dec 2019	

BAF RISK REFERENCE *Summary for Datix entry*	8 Ineffective digital/IMT systems	**DATE OF REVIEW**	Oct 2019
DATIX REF	3936 (linked to corporate risks 3603, 3855, 4107)	**NEXT REVIEW DATE**	Feb 2020

RISK DETAILS

RISK DESCRIPTION	INTERIM TARGET	RATING	L	C	R	CHANGE
IF we do not have effective digital systems which are used optimally THEN we will be unable to utilise the systems for the benefit of patients RESULTING IN poorly coordinated care for patients and a poor patient experience	**2021 3x4**	**INITIAL**	4	4		⇔
		TARGET 2024	2	4		
		PREVIOUS	4	4		
		CURRENT	4	4		

CONTEXT

STRATEGIC OBJECTIVE	Best services for local people
GOAL	Strategy
CQC DOMAIN	Safe, Effective, Well Led

ACCOUNTABILITY

CHIEF OFFICER LEAD	Chief Digital Officer/Chief Medical Officer
RESPONSIBLE COMMITTEE	Finance & Performance Committee/ Quality Governance Committee

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	Governance for implementation of Digital Strategy	Report to TME/F&P/Trust Board	2
2	Alignment to STP Digital Strategy	STP Digital Board	3
3	Internal audit report on clinical systems	Internal audit/Audit and Assurance Committee	3
4	Cybersecurity report	NHS Digital	3
5	Digital Strategy	Trust board	2

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	Implementation of Digital Strategy	Meet milestones within plan	2024	
2	Implementation of cybersecurity	Meet cybersecurity essential plus	2021	

REF	GAP	ACTION	BY WHEN	PROGRESS
	report			
3	Funding for implementation	Cross reference BAF risk 7		

BAF RISK REFERENCE *Summary for Datix entry*	9 Inability to sustain our clinical services	**DATE OF REVIEW**	Oct 2019
DATIX REF	3937 (linked to corporate risks - none)	**NEXT REVIEW DATE**	Feb 2020

RISK DETAILS

RISK DESCRIPTION	RATING	L	C	R	CHANGE
IF we are unable to sustain our clinical services THEN the Trust will become unviable RESULTING IN inequity of access for our patients	**INITIAL**	4	4		⇩
	TARGET 2023/24	2	4		
	PREVIOUS	4	4		
	CURRENT	3	4		

CONTEXT

STRATEGIC OBJECTIVE	Best services for local people
GOAL	Strategy
CQC DOMAIN	Responsive, Effective, Well Led

ACCOUNTABILITY

CHIEF OFFICER LEAD	Director of Strategy and Planning
RESPONSIBLE COMMITTEE	TME

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	Trust clinical services strategy being finalised	Trust Board	2
2	Refresh of STP plan to deliver NHS Long Term Plan	STP Partnership Board	3
3	Strategic partnership arrangement	Trust Board	2

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	Clinical services strategy – summary and strategic intention	Develop strategy	Oct 2019	Presented to TB Oct 2019
2		Strategic outline case	Nov 2019	
3		Review target risk scores	Oct 2019	Completed

BAF RISK REFERENCE *Summary for Datix entry*	10 Failure to deliver cultural change programme	**DATE OF REVIEW**	Oct 2019
DATIX REF	3938 (linked to corporate risks 3842)	**NEXT REVIEW DATE**	Feb 2020

RISK DETAILS

RISK DESCRIPTION	INTERIM TARGET		RATING	L	C	R	CHANGE
IF we do not deliver a cultural change programme. THEN we may fail to attract and retain staff with the values and behaviours required for putting patients first RESULTING IN lower quality care	**2021**	**2X5**	**INITIAL**	3	5		⇔
			TARGET 2023	1	5		
			PREVIOUS	3	5		
			CURRENT	3	5		

CONTEXT

STRATEGIC OBJECTIVE	Best People
GOAL	Culture
CQC DOMAIN	Safe, Effective, Well Led

ACCOUNTABILITY

CHIEF OFFICER LEAD	Director of People and Culture
RESPONSIBLE COMMITTEE	People and Culture Committee

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	Implementation of 4ward including leadership behaviour led by the Trust Board (phase 2)	Report to TME/People and Culture Committee	2
2	Implementation of the People and Culture Strategy.	Report to TME/People and Culture Committee	2
3	Freedom to Speak Up Guardian in place, policy approved, enhanced support network in place.	Report to People and Culture/Audit and Assurance Committees and Trust Board	2
4	Report from Health Education England in respect of junior doctors. Framework for junior doctors in line with HEE standards	Report to People and Culture Committee	2
5	Range of policies in place to support staff in their day to day work e.g. occupational health	None	0

REF	CONTROL	ASSURANCE	LEVEL
6	Triangulate evidence and identify themes and actions	Freedom to Speak Up group bi-monthly meetings – TME – People and Culture Committee	2
7	Staff friends and family & staff survey	Report to TME, P&C Committee & Trust Board	2
8	External assurance in relation to junior doctors	Health Education England	3

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	Organisational development strategy (OD) aligned to new vision and objectives	Refresh of P&C strategy	Mar 2020	
2	Measurement of culture	Develop new measure of indicator for measuring culture	Sept 2019	Completed
3	Good experience from junior doctors	Medical education strategy linking to the OD strategy	March 2020	
4	Model for phase 2 of 4wawrd	Consultation Oct/Nov	Dec 2019	

BAF RISK REFERENCE *Summary for Datix entry*	11 Failure to recruit, retain and develop staff	**DATE OF REVIEW**	Oct 2019
DATIX REF	3939 (linked to corporate risks 3831, 3833)	**NEXT REVIEW DATE**	Feb 2020

RISK DETAILS

RISK DESCRIPTION	RATING	L	C	R	CHANGE
IF we are unable to recruit, retain and develop sufficient numbers of skilled, competent and trained staff, including those from the EU THEN there is a risk to the sustainability of some clinical services RESULTING IN lower quality care for our patients and higher staffing costs	**INITIAL**	4	4		
	TARGET 2021	2	4		
	PREVIOUS	4	4		
	CURRENT	4	4		

CONTEXT

STRATEGIC OBJECTIVE	Best people
GOAL	Culture
CQC DOMAIN	Safe, Caring, Effective, Well led

ACCOUNTABILITY

CHIEF OFFICER LEAD	Director of People and Culture
RESPONSIBLE COMMITTEE	People and Culture Committee

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	Delivery of People and Culture Strategy (including the recruitment and retention plan)	Report to TME/People and Culture Committee/Trust Board	2
2	Workforce programme focussed on reduction in premium staffing costs	Monitored through Financial Improvement Group, TME, Finance and Performance Committee	1 2
3	Monthly run rate for pay costs	TME and Finance and Performance Committee	2
4	Five year strategic workforce plan	P&C Committee/TME	2
5	Weekly vacancy control panel	Financial Improvement Group	1

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
	Implementation of the People and Culture Strategy	Implementation of the 11 strands (prioritised to 6 strands) Implementation of the Learning & Development plan including the Academy Implementation of Timewise Implementation of the Recruitment and Retention Plan Implementation of Allocate & single bank and agency provider model	Mar 2020	
2	Inability to fuill all vacancies	Overseas recruitment Clinical Fellowships	Mar 2020 Mar 2020	

BAF RISK REFERENCE *Summary for Datix entry*	12 Reputational damage	**DATE OF REVIEW**	Oct 2019
DATIX REF	3940 (linked to corporate risks 3877)	**NEXT REVIEW DATE**	Feb 2020

RISK DETAILS

RISK DESCRIPTION	INTERIM TARGET	RATING	L	C	R	CHANGE
IF we have a poor reputation THEN we will be unable to recruit or retain staff RESULTING IN loss of public confidence in the Trust, lack of support of key stakeholders and system partners and a negative impact on patient care	2021 3x4	INITIAL	4	4		⇔
		TARGET 2024	2	4		
		PREVIOUS	4	4		
		CURRENT	3	4		

CONTEXT

STRATEGIC OBJECTIVE	Best services for local people, best experience, best use of resources, best people
GOAL	Strategy/quality/finance/performance/culture
CQC DOMAIN	Responsive, Effective, Well Led

ACCOUNTABILITY

CHIEF OFFICER LEAD	Director of Communication and Engagement
RESPONSIBLE COMMITTEE	People and Culture/Trust Board

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	Proactive media management	Weekly report to trust board (real time news) Communications report to Trust Board	1-2
2	Internal programme of communication and engagement built around putting people first	Report to 4ward and People and Culture Committee	1-2
3	On-going programme of stakeholder engagement	Communication report to TME/People and Culture/TB	2

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	No Communications strategy	Develop a communications strategy	July 2019	
2	Implement communications strategy	Develop action plan	Sept 2019	

Summary of risks on the Corporate Risk Register (Oct 2019)

3482 Operations - overcrowding in the Emergency Department
3483 Clinical Quality and Effectiveness - effective management of tracking processes
3603 If there is a cyber attack, this means patient information can be lost/compromised, resulting in poor care
3768 Cash Flow -There is a risk that the Trust does not generate sufficient cash incomings through contracted services provided
3831 PC06 Nursing Recruitment and Retention
3832 PC07 Workforce Planning
3833 PC08a Mandatory Training completion rates
3842 PC15 HR / OD Capacity
3844 PC17 Health and Safety capability/ capacity
3852 Clinical - safe, clean environment
3855 Risk of Trust utilising an unsupported PC/Laptop Operating System after January 2020
3877 Reputational - junior doctors on rotation
3946 Clinical Quality and Effectiveness - Trustwide capacity situation
4009 Lack of comprehensive asset register
4099 Achievement of the 2019/20 Financial Plan (Delivery of the in year stretch target)
4107 Risk of loss of data and cyber attack to unsupported ICT systems that reside out of ICT
4130 Access to funding for asset replacement and renewal
4213 Risk of damaged or contaminated theatre instruments being present on theatre sets

Glossary

CGG	Clinical Governance Group
CMO	Chief Medical Officer
CNO	Chief Nursing Officer
CQC	Care Quality Commission
F&P	Finance and Performance Committee
MTF	Medium Term Financial
NHS I	NHS Improvement
OD	Organisational Development
QGC	Quality Governance Committee
QIS	Quality Improvement Strategy
RTT	Referral to treatment
STP	Sustainability and transformation partnership
TIPCC	Trust Infection Prevention and Control Committee
TME	Trust Management Executive

NHS
Worcestershire
Acute Hospitals
NHS Trust

Meeting	Trust Board
Date of meeting	14th November 2019
Paper number	G

Trust Board - Integrated Performance Report – Month 6 2019/20

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

Accountable Director	Matthew Hopkins Chief Executive		
Presented by	Paul Brennan Chief Operating Officer / Deputy Chief Executive	**Author**	Steven Price Senior Performance Manager

Alignment to the Trust's strategic objectives							
Best services for local people	✓	Best experience of care and outcomes for our patients	✓	Best use of resources	✓	Best people	✓

Reports previously reviewed by		
People and Culture Committee	22nd October 2019	Moderate Assurance
TME	23rd October 2019	Noted
Quality Governance Committee	24th October 2019	Limited
Finance and Performance Committee	25th October 2019	Limited

Recommendations	The Board is asked to: 1) Review the key messages from the Integrated Performance Reports provided in Month 6 2019-20 2) Note areas of improved and sustained performance. 3) Seek assurance as to whether the risks of under-performance in each area have been suitably mitigated, with robust plans for stabilisation and recovery.

Executive summary	This paper provides the Committee with an update on the Trust's annual plan priorities and the key messages from the governance committees in relation to operational, quality of care, finance and workforce performance. The key points to draw the Board's attention to are: **Quality of Care** ▪ Infection Control and Prevention - There were 8 cases of Clostridioides difficile (C.Diff) in September, of which 6 were of a hospital onset and 2 were Community Onset. We are not achieving the month 6 **cumulative** trajectories for C.Diff or E-Coli and are back on track for MSSA. ▪ Falls Resulting in Harm – There was 1 fall resulting in harm in September. This is a positive position against the 6 month cumulative trajectory. ▪ SEPSIS – additional work is being undertaken with the Divisions to understand why the processes in place don't yet result in improved SEPSIS compliance.

	▪ Picker Survey results show improved scores from previous year. The outlier themes are consistent with the collated PALS and complaints data, identifying information, communication, privacy and dignity as areas for improvement for the Trust. **Operational** ▪ Referral to treatment - We did not meet the externally submitted monthly trajectories for EAS, 60 minutes ambulance handovers, 62 day Cancer, Cancer 2WW (including Breast symptomatic) and Referral to Treatment within 18 weeks ▪ The Trust did meet the externally submitted monthly trajectory for Diagnostics within 6 weeks and Cancer Waiting Times - 31 Day First Treatment ▪ Breast symptomatic continues to show significant decline since May-19 due to a combination of reduced capacity and increased demand ▪ The backlog of patients waiting 62+ days remains a significant concern, as is the sub-cohort who have been waiting 104+ days. ▪ The reduction of RTT patients waiting 40+ weeks to zero by the end of September was not achieved. **Finance** ▪ For Month 6 of 2019/20 against the £(82.8)m submitted external plan is an in-month deficit of £(6.6)m vs a plan of £(7.2)m deficit, resulting in a £(0.6)m positive variance. ▪ The internal target is to deliver no more than the 2018/19 out-turn of £(73.7)m deficit. Using the £22.5m savings target as a proxy to deliver £(73.7)m I&E deficit position - at Month 6 we would be £(40)k adverse and £1.337m favourable year to date. ▪ The key challenge is further improving efficiency and effectiveness and deliver improved performance over the second half of the year / winter period. ▪ The internal savings/CIP target remains at £22.5m of which opportunities to the value of c.£20.1m have been identified and £16.2m removed from budgets. **Workforce** ▪ Sickness absence is improving but remains higher than the Model Hospital average ▪ Premium staffing costs continue to be targeted with an exit strategy being developed to replace high cost agency staff with bank or substantive staff
Risk	
Key Risks	Board Assurance Framework –1,2,3,4,5,6,7,8,10,11,12 **Corporate Risks with a score of 20 or above:** ***4184 – Ophthalmology:** risk of patient harm due to lack of capacity in medical retina service. ***4183 – Equipment:** risk to safe service following site-wide Medical Device audit.

	***4118 – Ophthalmology:** Heidelberg OCT instability. ***4099 – Finance:** Delivery of the in-year stretch target 19/20. **3482 – Operations**: overcrowding in the Emergency Department **3361 – ED Corridor:** Standards of care for patients will be compromised in the corridors of ED **3956 – Endoscopy:** There is a risk of delay in diagnosis and treatment for surveillance endoscopy patients due to lack of appointment capacity. **4075 – Clinical Practice:** Harm from avoidable infection as a result of poor clinical practices - Score 20 **3792 – Achievement of the financial plan** **3603 – Information/IT:** risk of loss or compromise due to inadequate cyber security precautions. **3631 – Increased spend for NHSP tier 1 and 2** The next highest severity accorded to a workforce risk is currently 16; **3939 – Failure to recruit, retain and develop staff.** *Please note: There are further risks that will have a negative impact on performance, but only those with a rating of over 20 have been included above.* ** risks registered since date of last meeting.*
Assurance	The source of assurance for the data included in this paper is undertaken across several meetings including the Trust Board sub-Committees, performance management group, clinical governance group, divisional management reviews and directorate validation at patient level. Further data assurance has been completed by the Information Team based on the data provided from the operational and clinical teams.
Assurance level	**Significant** | **Moderate** | **Limited** ✓ | **None**
Financial Risk	There is a financial risk that we will not complete the activity required under our contract due to dependencies on funding which is limited. There is a risk that the limitations in capital funding will impact on our ability to provide safe and effective services for our patients.

Meeting	Trust Board
Date of meeting	14th November 2019
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Introduction/Background

This Integrated Performance Report (IPR) provides the Board Members with an update on the Trust's quality of care, financial performance, operational performance and workforce against the priority metrics which form part of NHSI's Single Oversight Framework (SOF) and the Trust's own internal reporting priorities.

Included are the key messages from each area, detailing actions agreed to improve performance, along with summary grids of performance and assurance reports from the Finance and Performance Committee (FPC), People and Culture Committee (PCC) and the Quality Governance Committee (QGC).

The NHS Constitutional standards are the Emergency Access Standard and Access to Elective treatment within 18 weeks. We are required to externally submit trajectories to NHSE/I that provide the monthly performance during 19/20. We have advised that we are not expecting to meet the constitutional standards by the end of 19/20, but we will be working towards reducing the gap from March 2019 performance towards the standard.

Issues and options

Below are updates in relation to national or local priorities for the quality of patient services, safety and effectiveness.
(Note: This data relates to September 2019 in line with the reporting to the Quality Governance Committee)

Infection Prevention and Control

- The number of cases of patients with C.Diff was reported as 8 in September and the trajectory was 4. Of these 8 cases, 6 were hospital onset and 2 were community onset. With 32 cases reported since 1st April, we continue to be off trajectory for year to date (to have no more than 27 cases at this point in the year).
- The statistical analysis indicates that the processes supporting delivery of the target do not provide assurance as to whether we will achieve the year-end target.
- E-coli was above the trajectory of 29 cases by one case; there were 5 cases in month.
- MSSA bacteraemia is back on trajectory of no more than 7 cases by September.
- MRSA bacteraemia has had one reported case during 19/20 to date; therefore we are over the year-end target of zero. There were no attributable cases on MRSA bacteraemia in September.

Falls Resulting in Harm

- The number of falls resulting in harm was reported as 1 in September.
- The cumulative number of falls resulting in harm for the first 6 months of 2019/20 is 3.
- The trajectory for this period is 6, and therefore the Trust is demonstrating a positive position against the trajectory.

Hand Hygiene

Performance for hand hygiene participation has improved for six of the last seven months however is currently 91.07%, so is currently below trajectory. For the staff observed as part of the audits they were 97.98% compliant with guidance.
A new hand hygiene 'app' went live on 1st October which offers the function for staff to report other staff observed as non-compliant to the hand hygiene guidance.

Medication incidents reported and medical incidents causing harm

The total number of medication incidents reported per 1,000 bed days exceeded the target of 4.88 for September (158 incidents were reported which equates to 6.62 per 1,000 bed days). During September we have seen a decrease in the percentage of medicine incidents causing harm (15.19% down from 21.58% in August). The trajectory for September was 11.71%.

There is a continued focus on shared learning from medicine incidents to prevent further similar incidents and this remains a priority for clinical and operational staff.

Learning from Deaths

The Mortality report for September was hampered by the late submission of HES data to HED by NHS Digital and was further complicated by an incomplete submission for May. There was no update on HSMR and SHMI data available.

However, we have completed benchmarking based on weekend crude mortality rates and;

- all trusts from the five trusts included in the deep dive have a higher crude mortality rate for weekend admissions;
- the difference between the weekdays and weekends for our trust (and our crude mortality rate for weekend admissions) are below the group average.

The primary mortality review data shows that the uncompleted review backlog is currently 888 (20.05% of the overall number waiting review).

Fractured Neck of Femur (broken hip)

The percentage of fractured neck of femur patients in theatre in less than 36 hours was 88% for September, which is above the target of 85%.

The last four months have shown continuous improvements following a slight decline in June, however statistically the performance still indicates that the systems in place may not deliver the 19/20 target of 85%. This will change if performance continues to be sustained during the coming months.

SEPSIS

The Sepsis 6 bundle has improved in August (68.09%) but remains below the target of 90%. The Sepsis screening audit is slightly below the target of 90%, with current performance in August at 86.83%. The performance has consistently declined during the last three months.

The divisions will be feeding back to the Chief Medical Officer what the barriers to achieving target are. To complement this, each Division has been asked to undertake an investigation into why the performance has been declining and report back to Clinical Governance Group in December.

Friends and Family Test

With the exception of Maternity all other areas showing statistically significant improvement for response rates. Maternity have previous been above target but have fallen below in the last two months but this is not a significant change.

The focus on the Friends and Family Test across the Divisions, by the Patient Experience team, the volunteers and supported by the Corporate teams with technology appears to

have had a significant positive impact in recent months.

Picker Surveys

The survey results from the four reports published in 2019 all show improvements when comparing year on year. Some outlier themes remain and are replicated across data received from PALS and complaints (information, communication, privacy and dignity). Assurance is given that quality measures and processes are in place to lead and support on delivery – relating to existing governance mechanisms and Path To Platinum which are in turn supported by initiatives such as Patient Experience Champions. This will drive forward quality from the bottom up and top down with the same messaging.

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Below are updates in relation to national or local priorities for operational performance.

(Note: This data relates to September 2019 in line with the reporting to the Finance and Performance Committee)

Patient Flow and the Emergency Access Standard

In September, there was no significant change with performance at 77.96%; this was below the month 6 internal target of 86.21%. Without significant improvement to the system/processes, EAS will meet neither local trajectory nor national target. There were 46 12 hour breaches and 264 60+ minute ambulance handover delays, neither representing significant changes in performance.

Assurance levels:

- Performance trend – **variation is common cause – no significant change**
- Ability to meet trajectory – **no assurance based on current trend that this will achieve; therefore enhanced actions are being taken to pull back to agreed trajectory**
- Assurance that mitigating actions will drive improvements – **limited assurance**

Cancer

2WW All - there has been no significant change with performance in September currently 82.76% against the trajectory of 93.83%. Breast and Lung continue to drive the underperformance and the performance in Breast continues to be 'special cause' variation.

2WW Breast Symptomatic - of the 174 patients waiting for a symptomatic breast appointment in September, 147 waited longer than the operational standard of 2 weeks. The average wait for a patient who was seen in September was 21 days, an increase from 19 days for the patients seen in August.

The internal trajectory for recovery was 94.2% which we have not achieved, with September performance being 15.52%.

62 Day performance - The trajectory for September was to achieve 86.04%; we are currently achieving 63.11% having treated 154.5 patients in month. Across the specialties, Urology continues to display 'significant variation' (variation that has declined below the lower limit of random variation).

62 Day Backlog - the number of patients waiting 62+ days increased to 252 at month end and remains 'special cause for concern' and, of that cohort, the patients waiting 104+ days decreased to 32; this reduction is now back within expected variation.

Assurance levels:

- Performance trend – 2WW all – common cause variation, 2WW Breast symptomatic – special cause concern, 62 days – common cause.
- Ability to meet trajectory – 2WW all and 2WW Breast symptomatic – it is not clear whether the system/processes will enable the achievement of the trajectory. 62 days – the system / processes needs sustained change to achieve the trajectory.

Referral to treatment

RTT has not met the in-month internal trajectory for September which was 86.00%, with insufficient numbers of patients being treated within 18 weeks. The validated performance for September was 81.75% with no patients identified as month-end 52 week breaches and 9 in-month clock stops that had breached 52 weeks. The breach waiting list at month end has decrease from 7,410 in August to 6,746 in September.

The Trust has an internal target of having no patients waiting longer than 40 weeks as at the end of September. The number of patients waiting as at the end of September was 197. There was Executive approval for delays in treating 147 oral / orthodontic patients and 22 gynaecology patients; however, the remaining 28 patients breached the deadline date.

Assurance levels:

- Performance trend – special cause variation – low assurance.
- Ability to meet overall in-year trajectory – consistently failing in some specialities – medium assurance.
- Based on recovery plan – consistently failing in some specialities – medium assurance (40 week waiters).

Diagnostics

The September performance is validated at 5.79% (94.21% have not breached) of patients waiting longer than 6 weeks for their diagnostics; we therefore have met the monthly trajectory of 11.75% (88.25% not breaching). The majority of modalities are successfully working to their trajectories; however echocardiography remains a cause for concern with an increasing number of patients waiting 6+ weeks for their test.

Assurance levels:

- Performance trend – common cause variation
- Ability to meet trajectory based on current trend– May or may not reach target.
- Based on recovery plan – Assured.

Stroke services

In August, the percentage of patients seen in TIA clinic within 24 hours increased to 73.6% which was above the operational standard, but still remains common cause variation due to the variable performance month to month. Direct Admission to the stroke ward improved again to 50%; still within expected variation. Patients spending 90% of their stay on a stroke ward and the percentage of patients who had a CT scan within 60 minutes declined; again,

attributable to common variation.

Assurance levels

- Assurance level of performance trend – common cause variation for all of the stroke metrics that are detailed here.
- Assurance level of process/system – the targets for CT scan within 60 mins and direct admission to the stroke ward will not be met without external intervention or system redesign. The targets for TIA clinic within 24 hours and patients spending 90% of their stay on the ward will not be met consistently.

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Below are updates in relation to national or local priorities for Financial performance.
(Note: This data relates to September 2019 in line with the reporting to the Finance and Performance Committee)

- For 2019/20 the Trust committed to delivering a deficit of no more than £(82.8)m. This includes £13.6m of planned savings/CIP delivery. The Trust has not signed up to the revised control total set by NHSI of £(64.4)m [£58.4m+£6m] (excluding PSF, FRF and MRET funding). Whilst we recognise that it is disappointing that we have not been able to submit a plan closer to the control total, we believe that the submission reflects a credible plan based on the existing plan information and assumptions available to us at this time. Clearly we are some way off the £(73.7)m target we wish to achieve, and the Board remains focused on maximising the savings plans setting an internal Quality and Savings/CIP Improvement Target with the Divisions and Corporate functions totalling £22.5m.
- For September 2019 - month 6 of 2019/20 is a deficit of £(6.6)m against a submitted plan deficit of £(7.2)m, £0.6m positive to the £(82.8)m deficit plan. The favourable in month variance is predominantly driven by positive variances on estimated income margin productivity growth; lower level of spend related to the provision of additional (Bed) capacity, and slippage in planned business case expenditure (Electronic Prescribing & Medicines Administration – EPMA and proposed expansion of Managed Equipment Service - MES), although these favourable variances are being offset by premium pay costs and underachievement of CIP.
- The combined income (including Other Operating Income and after adjusting for the blended payment mechanism) was £0.1m above plan in September (YTD position is £3.1m above plan including PSF). If the £0.8m blended adjustment did not apply (20% Marginal Rate), income would be £3.9m above the year to date plan.
- Pay is £0.5m favourable to plan in month and £1.6m favourable year to date, key variances include timing and level of spend against additional bed/ward capacity, vacancies, slippage against business cases (EPMA & MES) and income margin growth. The impact of these favourable variances has been lessened by operational expenditure variances including premium nursing.
- Overall non pay is £28k favourable to plan in month and £207k adverse year to date, over spends on drugs are largely being offset by timing of spend against additional capacity, agreed business cases (MES & EPMA) and income margin / productivity growth. Non pay costs excluding Non PbR items, Depreciation, Interest Payable and Interest Receivable increased slightly by £75k from £11.1m in August to £11.2m in September; these movements are largely aligned to increased activity, the YTD costs associated with the development of digital strategy. These adverse movements have

been slightly offset by a reduction in variable costs in PFI for laundry (£104k).

- The month 6 deficit of £(6.6)m is £0.3m better than the forecast prepared at Q1 of £(6.9)m (to deliver £(83.8)m noting that this is prior to any management action to improve the outturn position). Taking last month's adverse position against forecast, cumulatively at the end of month 6 we are £(0.2)m adverse to forecast. In light of the financial performance and Q1 forecast, Executives are developing a financial recovery plan to improve the run rate over the remaining months.
- As a result of the ongoing deficit position, we continue to rely on additional cash support from the Department of Health and Social Care (DHSC) and request cash in line with financial performance on a monthly basis.

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Below are updates in relation to national or local priorities for Workforce performance
(Note: This data relates to September 2019 – this has been discussed at People and Culture Committee and was reported to Finance and Performance Committee)

Good progress is being made in getting the basics right with mandatory training continuing on an upward trajectory towards our stretch target of 95% post April 2020. Compliance remains at 91% this month which is above current target, but we anticipate an increase to 92% by 31st October 2019. The issue identified last month with information governance training has been resolved.

Appraisal rates (including medical appraisal rates) and job planning are all showing steady improvement with intervention from HR team. We expect improvement to 84% for appraisal, 93% for medical appraisal, and 91% for job planning by 31st October 2019 due to increased focus by divisions.

Turnover rates are improving, with a reduction to 11.53% which is within the Trust target. Turnover is now lower than same period last year and has been improving steadily since May 2019.

Vacancies are reducing due to successful recruitment campaigns which have seen sustained growth in our staff in post position. Our overall vacancy rate including funded bank and agency for new wards has reduced by almost 2% since May 2019 and is now at 10.13% which is lower than our substantive vacancy rate last year. Recent recruitment has reduced our substantive vacancy rate to 8.41% compared to the national average of 8.1% which is the lowest it has been since April 2018. A further 0.25% reduction is expected next month. Our recruitment pipeline for nurses will reduce our vacancies from 293 to 110 by June 2020 as a result of increased domestic recruitment and international recruitment supported by HEE and NHSP.

The areas of exception are as follows:

- Sickness absence – our monthly run rate is improving but remains higher than Model Hospital average. Short term sickness is 1.55% which is lower than the same period last year. Focus is on supporting staff to return to work following long term sickness which has increased since last year and is harder to influence. Staff support, such as counselling, acupuncture, physiotherapy and the Self Care programme are all

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designed to support staff reporting stress anxiety or depression and musculoskeletal issues which are the main reasons for absence.

- Premium staffing costs – The senior nursing and E-rostering teams are working closely with NHS Professionals on an exit strategy to replace high cost agency staff with bank or substantive staff. A review of other pay costs such as additional hours, overtime, WLI's is underway.

Recommendations

The Board is asked to:

1) Review the key messages from the Integrated Performance Reports provided in Month 6 2019-20
2) Note areas of improved and sustained performance.
3) Seek assurance as to whether the risks of under-performance in each area have been suitably mitigated, with robust plans for stabilisation and recovery.

Appendices

1) Trust Board IPR Slide deck – M6 2019-20 (Quality and Safety, Operational Performance, Finance and Workforce)*

**As approved by the internal governance process*

Enc G

Trust Board

Integrated Performance Report

September 2019
Month 6

14th November 2019

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Quality Governance Committee Assurance Report

Accountable Non-Executive Director	Presented By	Author
Dr Bill Tunnicliffe - Non-Executive Director	Dr 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
		X	

Executive Summary

The Committee met on 24 October 2019. A summary of key points discussed are as follows:

- **Board Assurance Framework**: We approved the reduced rating for BAF risk 1. We also discussed whether a further reduction should be made to BAF risk 2 given the improvement that we have seen in the quality arena. We decided not to recommend at this time as we need to see sustained improvement. I am hopeful however, that the next update will see a reduction in the risk rating for BAF risk 2.
- **Integrated Quality report**: We were pleased to see the improvement in the patient experience indicators, particular in dementia. We are concerned with the number of non clinical ward moves are taking place and are pleased that TME have agreed to stop this happening. We suggested that a serious incident should be raised if this took place and this will be considered. With respect to mortality reviews, we were pleased that the governance leads for the divisions will also be a medical examiner. This will increase our capacity to undertake more reviews in a timely manner. We heard that ReSPECT training needs to be increased and that this is being tackled. We also had a presentation about the infection, prevention and control agenda. Specific actions are being taken with respect to cleanliness (weekly meetings) and training (using tablet devices) are being rolled out. Unfortunately significant variation is still present within the Trust. There is a reinspection on 28th November by NHS E/I.
- **Ward accreditation**: 37 wards are currently participating in the Path to Platinum programme. We are impressed with the progress made and are encouraged by the staff engagement. Medical staff need to be further engaged with the programme. We suggested that a speciality approach maybe a way to get further medical engagement and this will be considered.
- **CQC**: We received a deep dive into the RAIT (regulated activity improvement tool) which is used to monitor progress with the 'must and should dos' as well as the key lines of enquiry. Tremendous strides have been made with this and it is obviously integral to the success of our recent inspection. We will be receiving a summary report early in 2020.
- **Quality Impact assessment** – progress report: this report showed the totality of the QIAs undertaken and whether they had been rejected or accepted. We were impressed with the robust implementation of the QIA policy.
- **7 day services**: we received an update on the data collection which would be submitted at the end of November.

Background

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

Recommendations

The Board is requested to receive this report for assurance and to delegate authority to the Committee to approve the submission of the 7 day services board assurance framework at the end of November.

Appendices - none

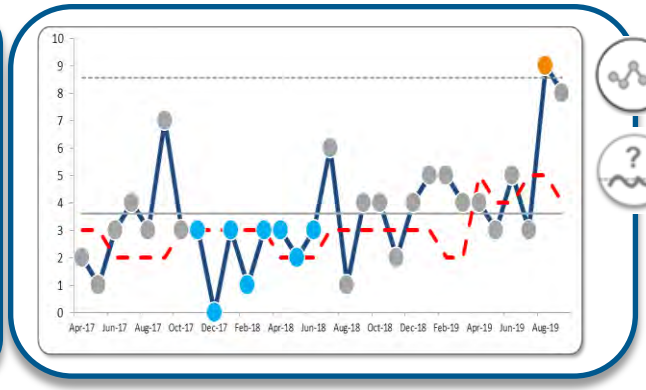
Month 6 [September] | 2019-20 Quality & Safety Summary

Care that is Safe

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for September 19 as at **11 Oct 19**

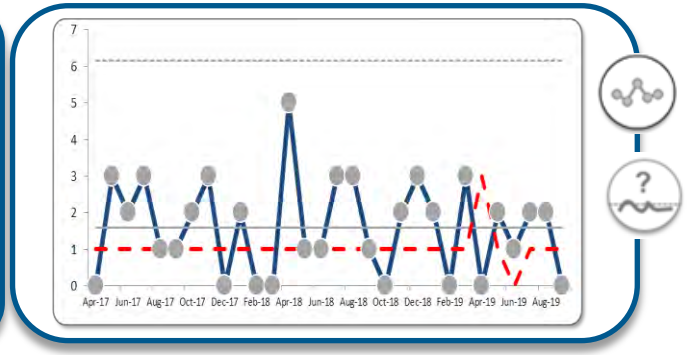
Number of patients developing Clostridioides difficile

8



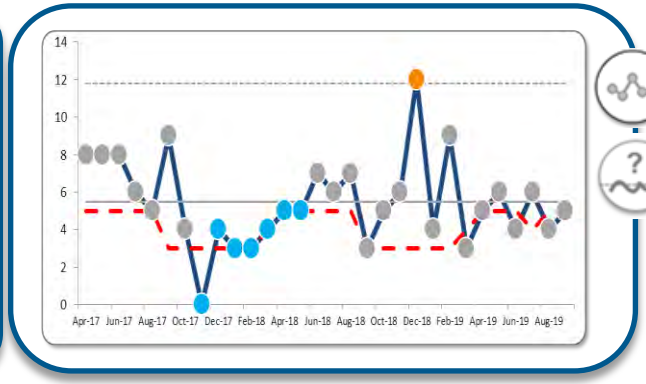
Number of patients developing MSSA bacteraemia

0



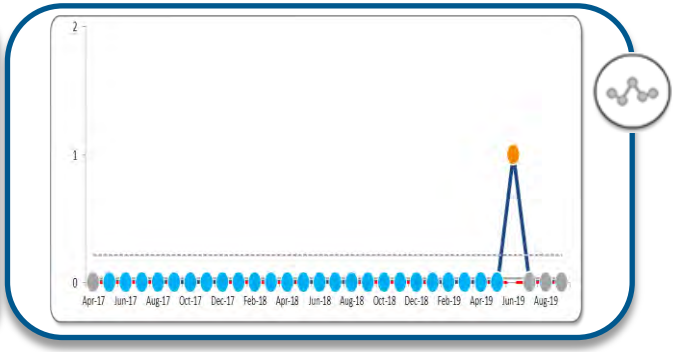
Number of patients developing Ecoli bacteraemia

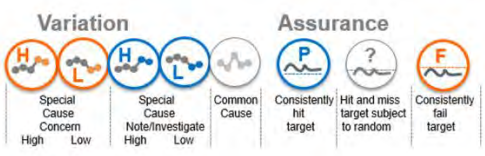
5



Number of patients developing MRSA bacteraemia

0





*Please note - for 19/20, there has been a change to Cdiff guidance; the definitions now include hospital onset healthcare associated and community onset healthcare associated.

Month 6 [September] | 2019-20 Quality & Safety Summary

Care that is Safe

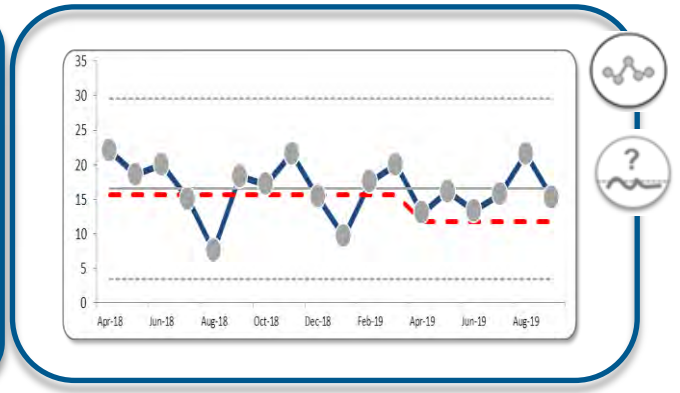
Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for September 19 as at **11 Oct 19**

Total Medicine incidents reported

158

% Medicine incidents causing harm

15.19%

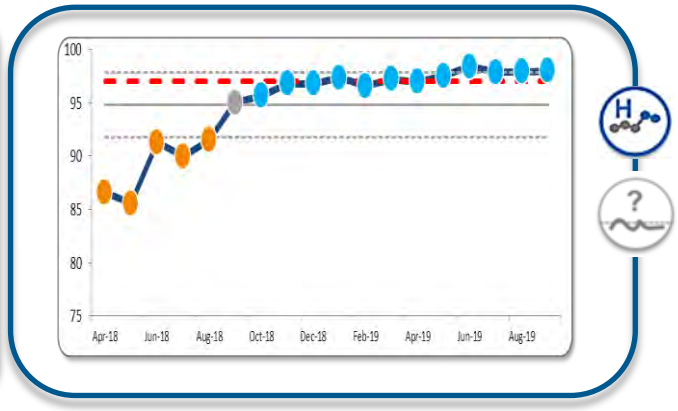


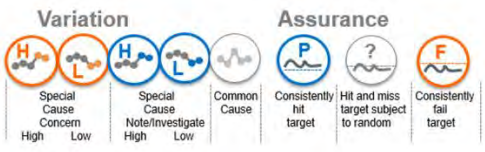
Hand Hygiene Audit Participation

91.07%

Hand Hygiene Compliance

97.98%





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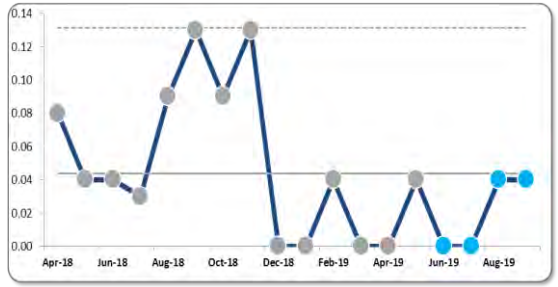
Month 6 [September] | 2019-20 Quality & Safety Summary

Care that is Safe

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for September 19 as at **11 Oct 19**

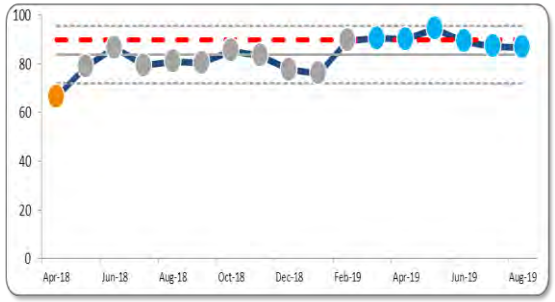
Falls per 1,000 bed days causing harm

0.04



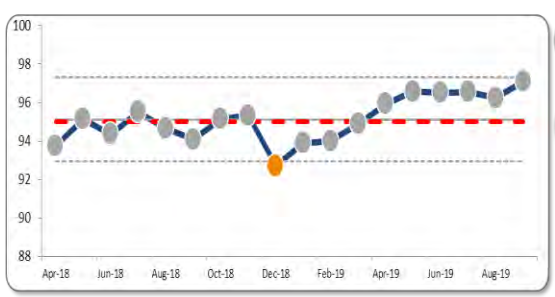
Sepsis Screening Compliance (audit)

Aug 86.83%



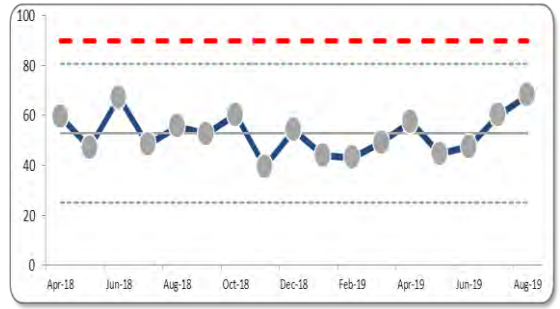
VTE Assessment Compliance

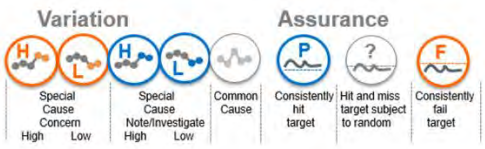
97.10%



Sepsis 6 Bundle Compliance (audit)

Aug 68.09%





*Please note - for 19/20, there has been a change to Cdiff guidance; the definitions now include hospital onset healthcare associated and community onset healthcare associated.

Month 6 [September] | 2019-20 Quality & Safety Summary

Care that is Safe

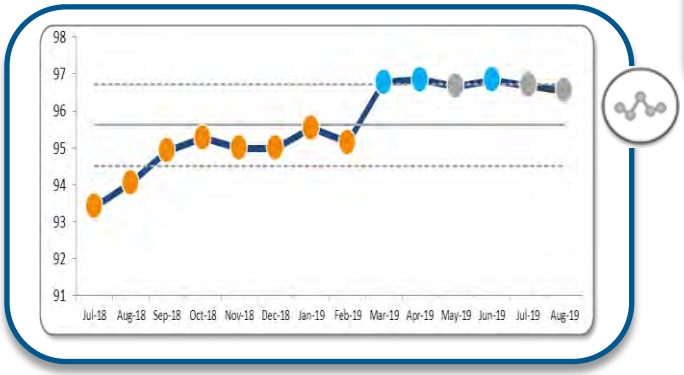
Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for September 19 as at **11 Oct 19**

ICE reports viewed [radiology]

Aug 91.69%

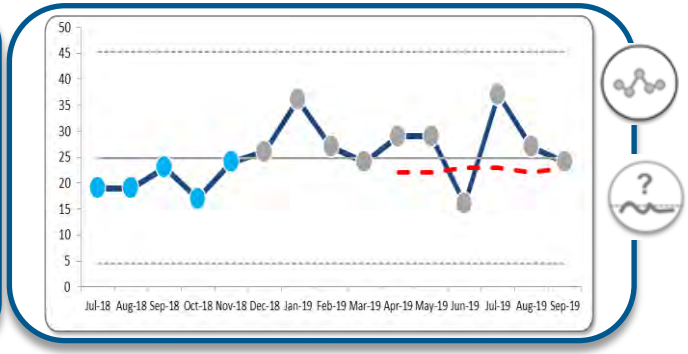
ICE reports viewed [pathology]

Aug 96.54%



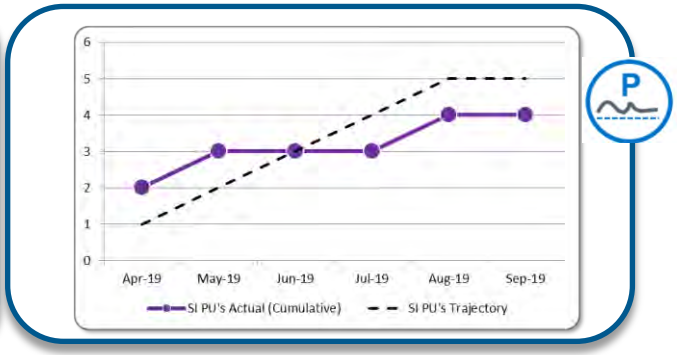
All Hospital Acquired Pressure Ulcers

24



Serious Incident Hospital Acquired Pressure Ulcers

0



Variation

- Special Cause Concern High / Low
- Special Cause Note/Investigate High / Low
- Common Cause

Assurance

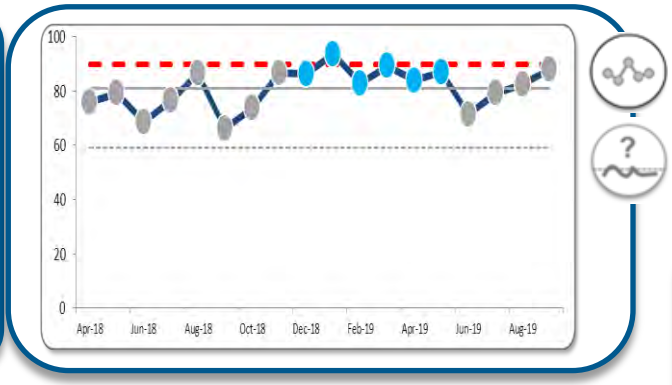
- Consistently hit target
- Hit and miss target subject to random
- Consistently fail target

Month 6 [September] | 2019-20 Quality & Safety Summary
Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for September 19 as at **11 Oct 19**

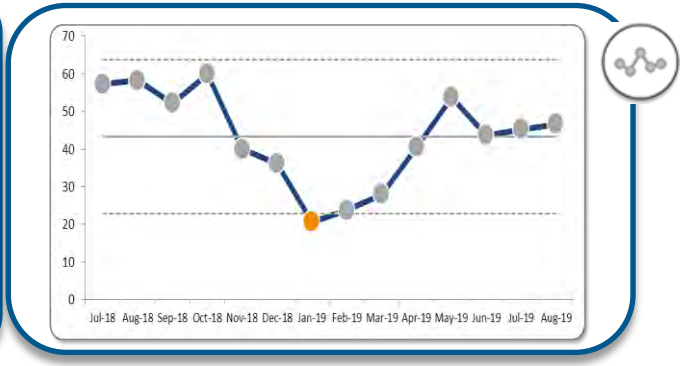
#NOF time to theatre </=36 hours

88.00%



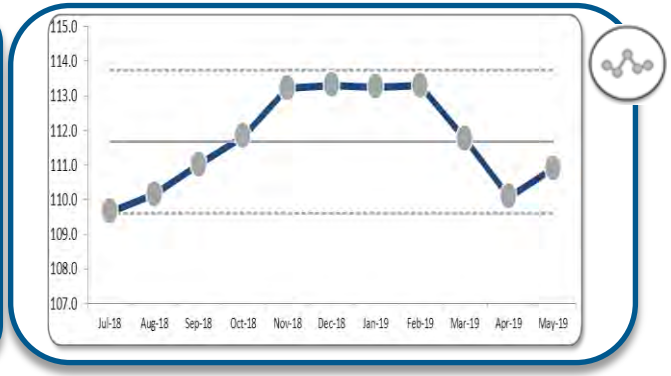
Mortality Reviews completed </=30 days

Aug 46.58%



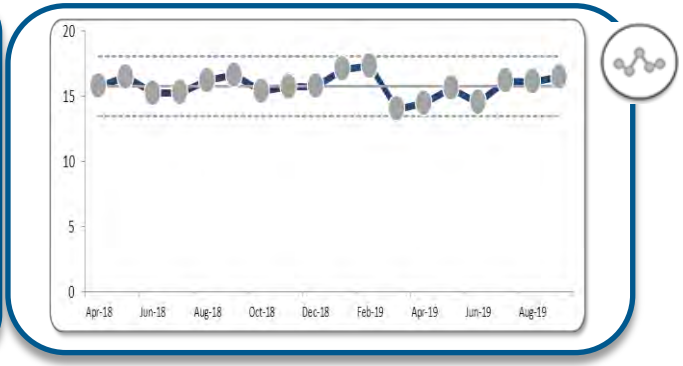
HSMR 12 month rolling average [Jun-18 – May-19]

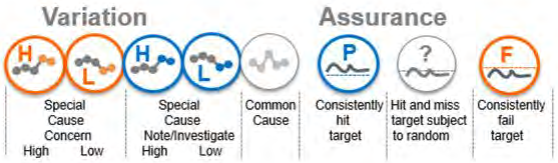
110.91



Discharges before midday

16.49%





Month 6 [September] | 2019-20 Quality & Safety Summary
Care that is Effective

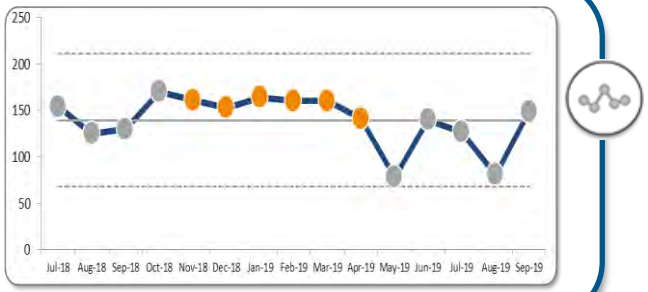
Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for September 19 as at **11 Oct 19**

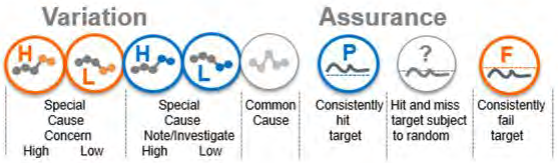
Risks overdue review

145

Risks with overdue actions

149





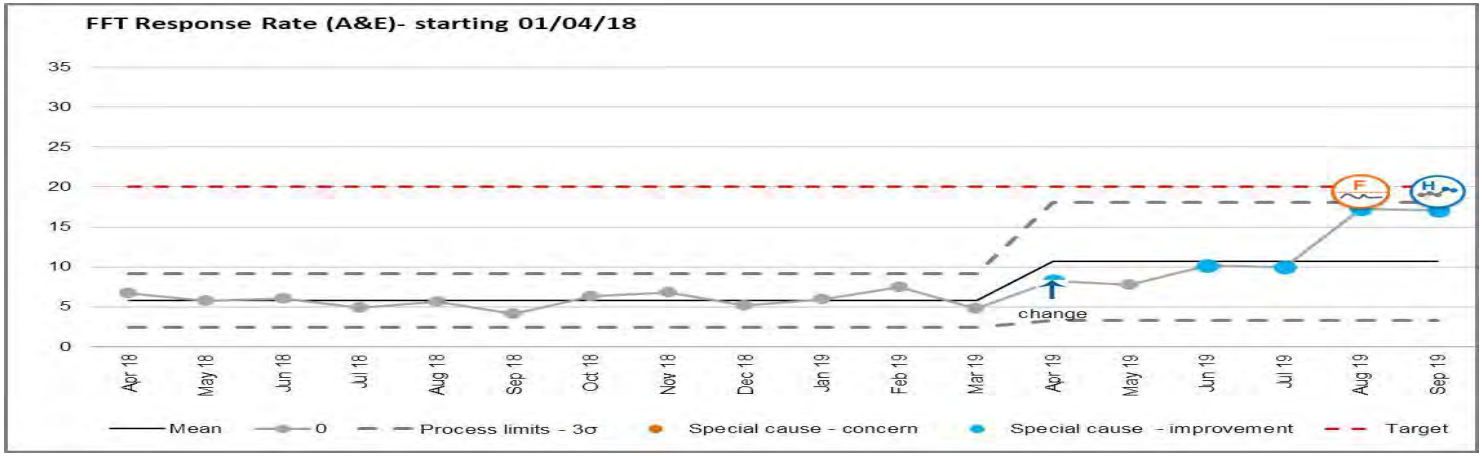
Month 6 [September] | 2019-20 Quality & Safety Summary
Positive Experience for Patients and Carers

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for September 19 as at **11 Oct 19**

A&E Response Rate

Friends & Family Test

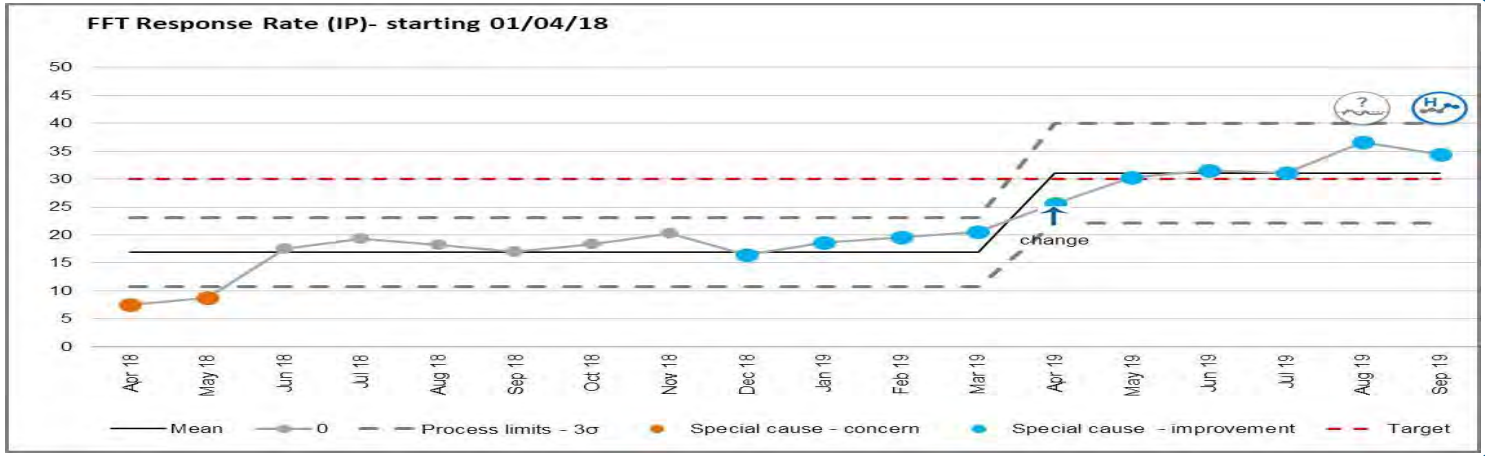
17.11%

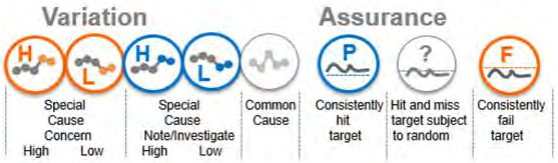


Inpatient Response Rate

Friends & Family Test

34.47%





The FFT response rate metrics have been rebased from Apr-19 using the NHSi SPC Toolkit, hence the presentation is different to the other graphs.

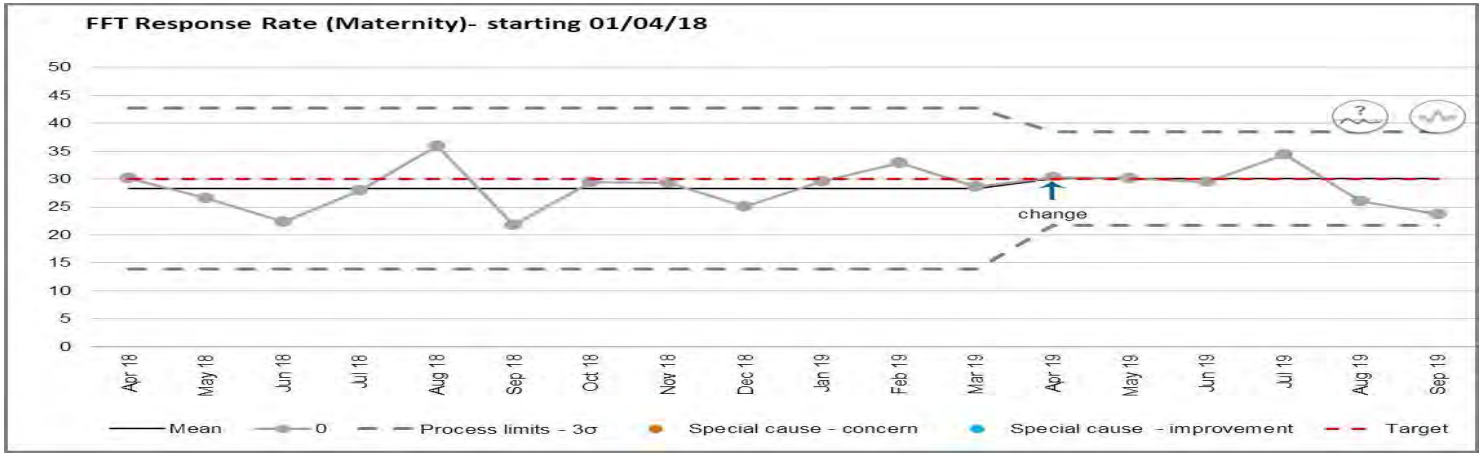
Month 6 [September] | 2019-20 Quality & Safety Summary
Positive Experience for Patients and Carers

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for September 19 as at **11 Oct 19**

Maternity Response Rate

Friends & Family Test

23.76%

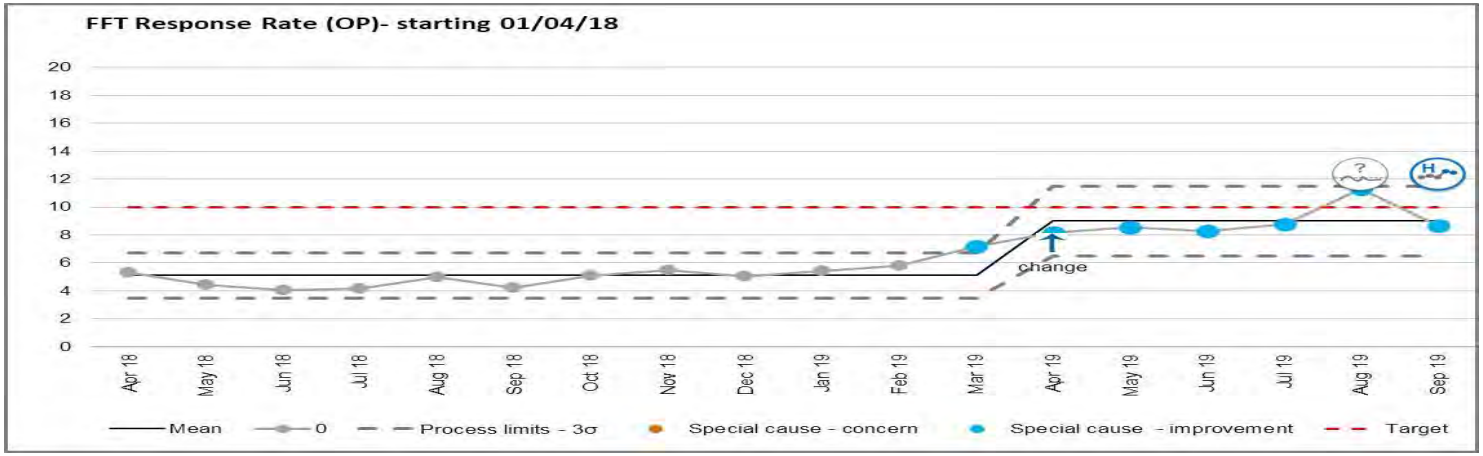


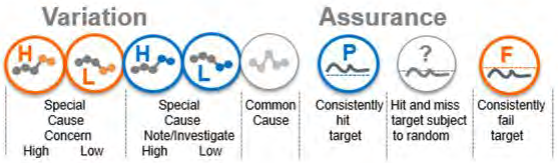
Caveat: Variance to SQUID for Maternity – SQUID excludes Community

Outpatient Response Rate

Friends & Family Test

8.65%





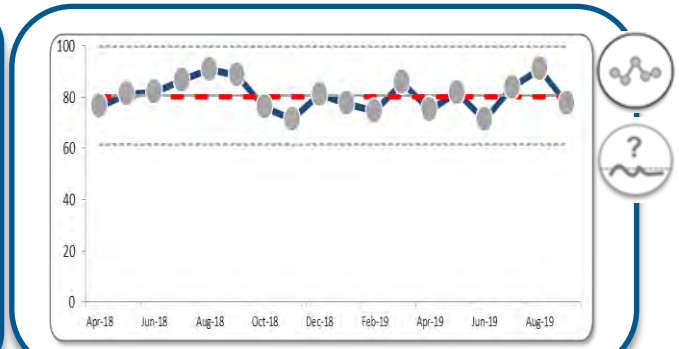
The FFT response rate metrics have been rebased from Apr-19 using the NHSi SPC Toolkit, hence the presentation is different to the other graphs.

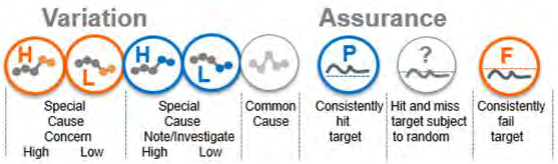
Month 6 [September] | 2019-20 Quality & Safety Summary
Positive Experience for Patients and Carers

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for September 19 as at **11 Oct 19**

Complaints Responses </= 25 days

%





Quality & Safety| Submitted Trajectories (19/20) | M6 [September]

Performance Metrics		Jun-19		Jul-19		Aug-19		Sep-19	
Cdiff	Actual	5	×	3	✓	9	×	8	×
	Trajectory	4		4		5		4	
Ecoli	Actual	4	✓	6	×	4	✓	5	✓
	Trajectory	5		4		5		5	
MSSA	Actual	1	✓	2	×	2	×	0	
	Trajectory	1		1		1		1	
Hospital Acquired Deep Tissue injuries	Actual	3	-	8	-	6	-	9	-
	Trajectory	-		-		-		-	
Falls per 1,000 bed days causing harm	Actual	0	✓	0	✓	0.04	✓	0.04	✓
	Trajectory	0.04		0.04		0.04		0.04	
% medicine incidents causing harm	Actual	13.29%	×	15.67%	×	23.19%	×	15.19%	×
	Trajectory	11.71%		11.71%		11.71%		11.71%	
Hand Hygiene Audit Participation	Actual	87.39%	×	91.38%	×	85.96%	×	91.07%	×
	Trajectory	100%		100%		100%		100%	
Hand Hygiene Compliance to practice	Actual	98.39%	✓	97.88%	✓	97.92%	✓	97.98%	✓
	Trajectory	97%		97%		97%		97%	
VTE Assessment Rate	Actual	96.51%	✓	96.55%	✓	96.23%	✓	97.10%	✓
	Trajectory	95%		95%		95%		95%	
Sepsis Screening compliance	Actual	89.24%	×	87.16%	×	86.83%	×	-	-
	Trajectory	90%		90%		90%		90%	
Sepsis 6 bundle compliance	Actual	47.47%	×	60.00%	×	68.09%	×	-	-
	Trajectory	90%		90%		90%		90%	
#NOF time to theatre <=36 hrs	Actual	71.43%	×	79.10%	×	82.46%	×	88.00%	✓
	Trajectory	85%		85%		85%		85%	
Mortality Reviews completed <=30 days	Actual	43.65%	-	45.18%	-	46.58%	-	-	-
	Trajectory	-		-		-		-	
HSMR 12 month rolling average	Actual	109.96	-	-	-	-	-	-	-
	Trajectory	-		-		-		-	
Complaints responses <=25 days	Actual	71.19%	×	83.93%	✓	90.91%	✓	77.50%	×
	Trajectory	80%		80%		80%		80%	
ICE viewed reports [pathology]	Actual	96.83%		96.69%	-	96.54%	-		
	Trajectory	-		-		-		-	
ICE viewed reports [radiology]	Actual	92.28%	-	91.67%	-	91.69%	-		
	Trajectory	-		-		-		-	

Validated September data at 21/10/2019

Finance & Performance Committee Assurance Report

Accountable Non-Executive Director	Presented By	Author
Richard Oosterom – Associate Non-Executive Director	Richard Oosterom – Associate Non-Executive Director	Robert D Toole – Chief Finance Officer Thekla Goodman - Administrator

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 Finance & Performance Committee met on 25 October 2019.

Divisional attendance – Finance & Supply Chain/Procurement: The Chief Finance Officer and Assistant Directors gave us an overview on the Directorate's roles, responsibilities, skills and expertise. They also illustrated how their individual teams not only work in synergy with each other but how they are also integrated into the wider Trust and play a vital part in all aspects of Trust business. From ensuring our staff are paid, our debts are minimised, income is secured , reporting is accurate, orders are raised, buyers negotiate value for money goods and services, and our business advisor teams support operational colleagues in the day to day management of their financial commitments and budgets. We asked the team what success would look like for them, beyond delivering the business as usual finance outputs.

Board Assurance Framework: We reviewed the BAF but noted that further refinements are expected when the Clinical Services Strategy is given final approval to ensure our risks reflect any ongoing changes and also that risks are accurately identified and addressed.

PFI Contract – Combined Heat and Power Plant (CHP) – we received a report recommending that in line with modernising the energy infrastructure and also sustainability requirements, that the Trust should enter into the Deed of variation for the installation and operation of a Combined Heat & Power Plant to service Worcestershire Royal Hospital. We received assurance that the Trust would be risk free in having to pay for the CHP or any liabilities arising from it and under a gain share agreement the Trust would also receive savings. We agreed this was the right direction of travel and recommend that the Trust Board endorses this decision.

PFI Managed Equipment Services (MES) – we received a report outlining the benefits of agreeing certainty of services and charges gaining immediate service improvements and cost savings with a long term committed PFI partner, we agreed we should pursue with Trust Board approval the option proposed.

Financial Recovery Plan: Following a detailed year-end forecast process**,** we noted that urgent remedial action is needed. A 'first tranche' Financial Recovery / Improvement Plan has been worked up with the Divisions to ensure the Trust remains on track to deliver the external plan of £(82.8m). This list of savings schemes will be overseen by the Finance & Service Improvement Group (led by the Executive Team) to ensure delivery. Although the Trust continues to target a position no different to the 2018/19 out-turn, it is unlikely this will be achieved. Although the Committee could see the extra attention for governance, more work is needed to make the Financial Recovery /Improvement plans more robust, and confidence in delivery would only increase when we see the benefits being realised.

For 2019/20, targets have been re-set with the Divisions following the forecast review and taking account of the Financial Recovery Plan agreed at the Trust Management Executive "TME" on 23.10.19.

Finance & Performance Committee Assurance Report

Executive Summary (cont.)

Financial Performance – Month 6 position: The actual deficit in month 6 was £(6.6)m which is £0.6m better than the submitted year to date plan. We noted that Bank & Agency cost as well as headcount were down on the previous month for the first time this year. However a significant part of the positive variance was caused by shifting planned costs, and not a fundamental reduction in cost. The Chief Finance Officer advised the Committee that crucial to financial stability would be the successful embedding of Home First Worcestershire to improve patient flow with care provided at the most appropriate place of care and not necessarily in an acute Hospital setting. Working in partnership across the system to get our patients to where they need to be is also crucial as well as working together internally around project management and understanding who is accountable for what.
Of the £22.5m Cost Improvement Programme (CIP) target, £20m has been identified and £16.2m has been removed from budget. Year to date CIP delivery is £3.9m and the current full year effect / CIP forecast is £11m. This is disappointing and is one of the causes for the need for a Financial Recovery Plan.
Appended to the Financial Performance Report, we noted that the Costing submission has been completed in line with the Approved Costing Guidance which incorporated a summary of how any areas of non-compliance are being addressed and an update on progress against requirements. We further noted that engagement is underway to embed Service Line Reporting (SLR)/ Patient Level Information Costing Systems (PLICs) in the Trust as a tool to aid strategic management decisions. As such we approved the post submission review of the annual National Cost Collection as part of the assurance process required by Regulators.

Integrated Performance Report: We were disappointed to note that our performance against both trajectories and standard targets is falling short, with exception of Diagnostics. We are clear however that gradual and sustained improvements can only be achieved when Home First starts delivering the expected results. This requires embedding on a permanent basis the principles around Multi Agency Discharge Events "MADE" to shorten length of stay and as a result free up capacity, as well as other elements of the plan focused on reducing Emergency Department (ED) attendances and improving ED flow. Ownership and accountability by all involved is crucial to success and the Executive team is actively visiting wards across all sites to monitor and to offer support.

Endoscopy Equipment Managed Equipment Service (MES): We were asked to approve a business case to replace aging, inefficient equipment. We were pleased to see this crucial issue addressed. Although the Committee was assured that this project would pay for itself, this wasn't completely reflected in the business case, which showed an increase of the deficit. Verbally we were assured that the deficit increase could be avoided, through a combination of efficiency gains, avoidance of equipment failure and downtime, as well as increasing levels of productivity, opportunity to bring back the skill in-house and ceasing external premium costs. The Trust had achieved JAG accreditation and would in future earn best practice tariff for procedures undertaken. The Committee recommends the board to approve the case, under the provision that a revised "deficit neutral" business case will be provided.

Annual Operational & Financial Planning for 2020/21: We received the report outlining the annual process for 2020/21 which also incorporated the Sustainability & Transformation Partnership (STP) long term plan due for submission next month. An appendix to the report for noting is that the Budget Setting Policy had been refreshed from previous years to be more descriptive in how realistic achievable budgets had been set and also explained the triangulation of budget reduction arising from planned efficiency and productivity improvements. The Committee appreciated the timely start and proper planning and requested to be kept informed about progress in the coming months.

Herefordshire & Worcestershire STP – Long Term Plan Submission (draft): We are aware that the STP has a significant system financial challenge at the end of the 5 year planning period even after CIP/QIPP plans The Chief Finance Officer told us that an accountable officers workshop had been held the day before to review and conclude the financial model for the next iteration submission of the Long Term Plan, it had been agreed that the baseline would remain unchanged until the system had identified and agreed joint remedial actions.

Risks: The Committee reviewed the relevant Board Assurance Framework and agreed additional review was required in respect of some risk descriptions and mitigations. It also noted that the Quarter 2 re-forecast was broadly in line with the external target yet fell short of the Trust's internal stretch target and requested given time available that further and ongoing review would be undertaken in November at the next meeting.

Finance & Performance Committee Assurance Report

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 Board is requested to receive this report for assurance.

Appendices

Month 6 [September] | 2019-20 Operational Performance Summary

Responsible Director: Chief Operating Officer | Unvalidated for Sep-19 as at **16 Oct-19**

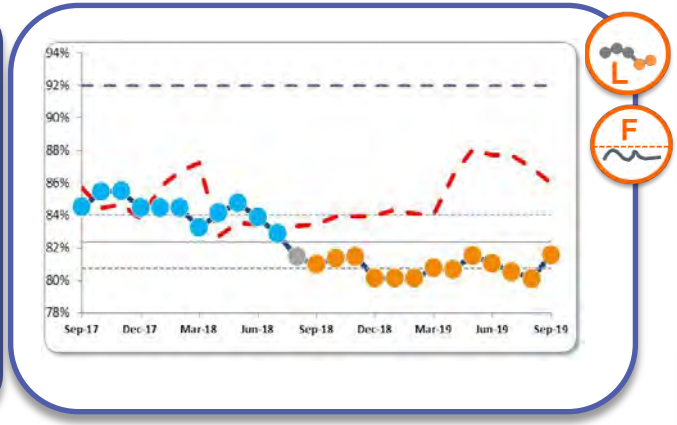
Worcestershire Acute Hospitals NHS Trust

4 Hour EAS (all)

77.69%

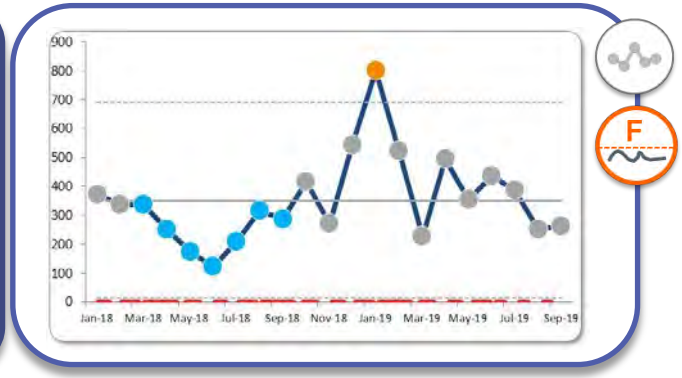
RTT Incomplete

81.75%



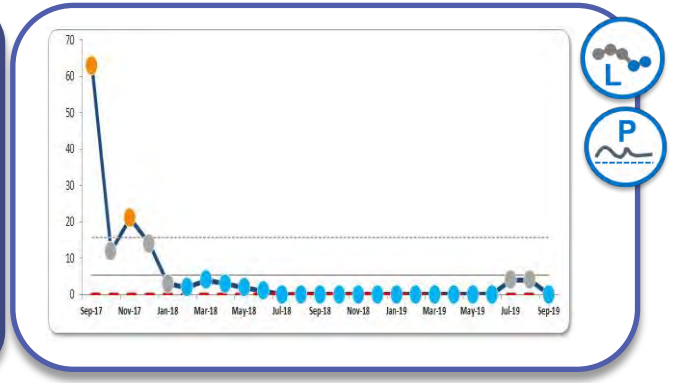
60 minute Ambulance H.O delays

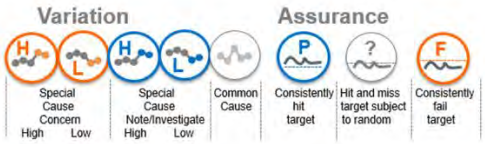
264



52+ week waits

0





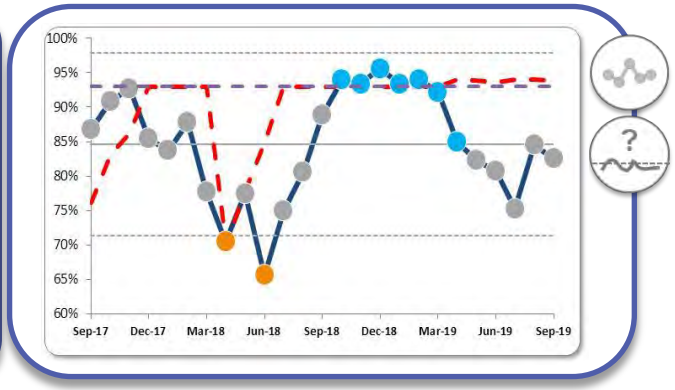
Month 6 [September] | 2019-20 Operational Performance Summary

Responsible Director: Chief Operating Officer | Unvalidated for Sep-19 as at **16 Oct-19**

Worcestershire Acute Hospitals NHS Trust

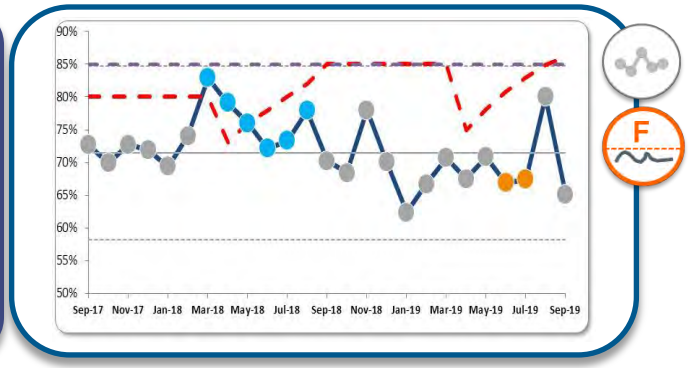
Cancer 2WW All

82.76%



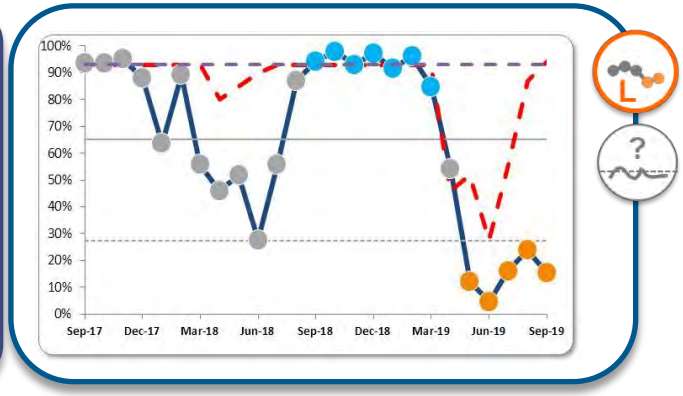
Cancer 62 Day All

65.14%



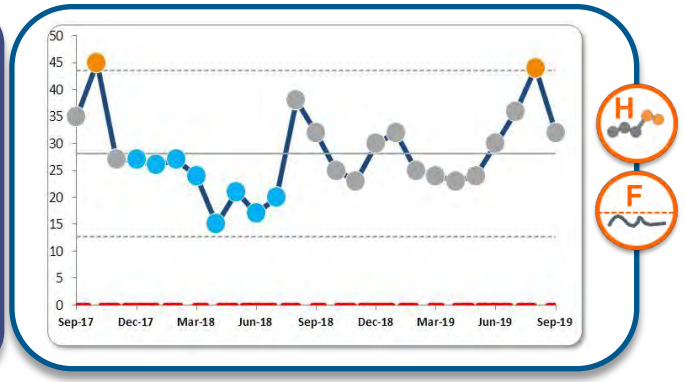
Cancer 2WW Breast Symptomatic

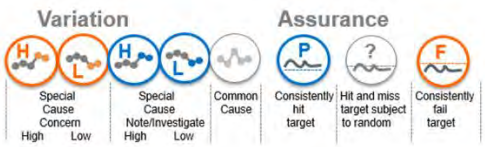
15.52%



Cancer 104 day waits

32





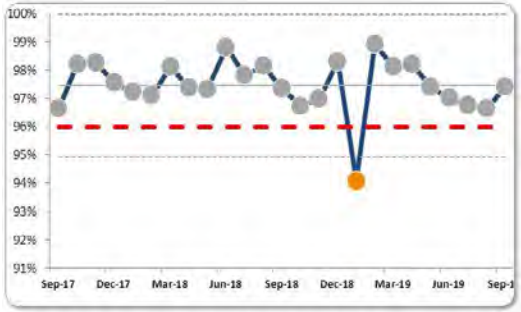
Month 6 [September] | 2019-20 Operational Performance Summary

Responsible Director: Chief Operating Officer | Unvalidated for Sep-19 as at **16 Oct-19**

NHS Worcestershire Acute Hospitals NHS Trust

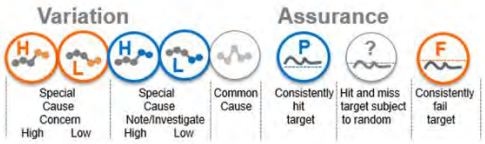
Cancer 31 Day All

97.29%



Diagnostics

94.21%



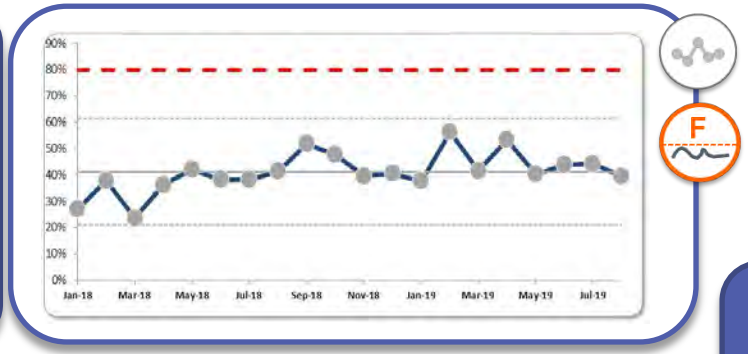
Month 5 [August] | 2019-20 Operational Performance Summary

Responsible Director: Chief Operating Officer | Validated for August as at **16 Oct-19**

Worcestershire Acute Hospitals NHS Trust

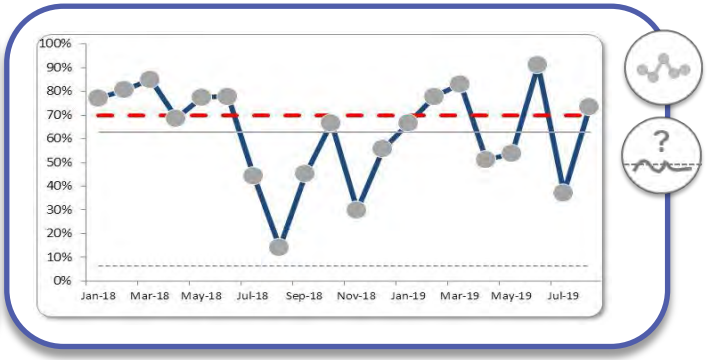
Stroke : % CT scan within 60 minutes

39.5%



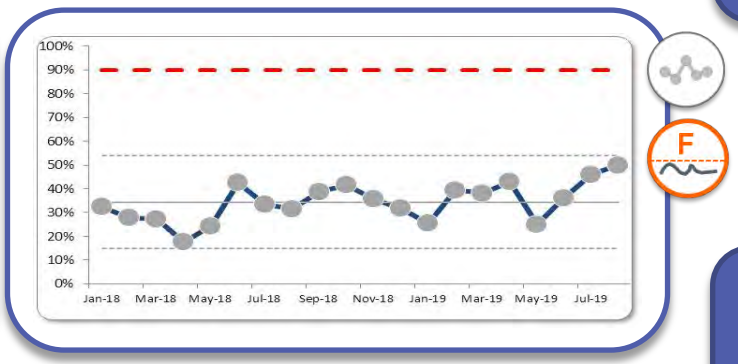
Stroke: % seen in TIA clinic within 24 hours

73.6%



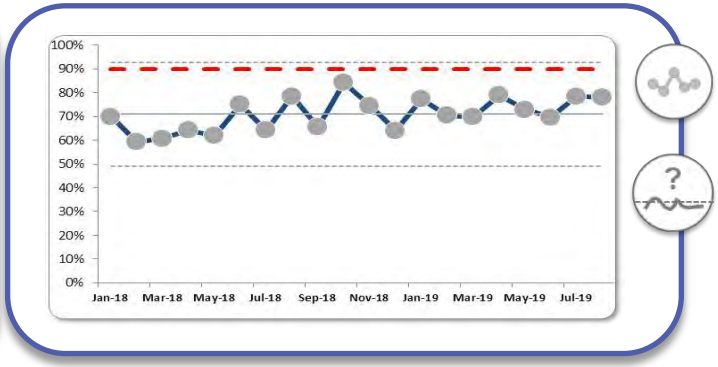
Stroke : % Direct Admission to Stroke ward

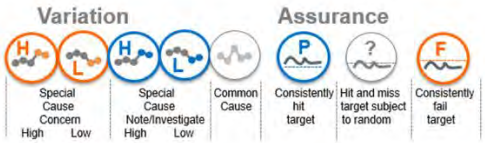
50.0%



Stroke: % patients spending 90% of time on stroke unit

78.0%





*Please note – Stroke Data is month in arrears due to coding and validation processes

Operational | Submitted Trajectories (19/20) | M6 [September]

	Performance Metrics	Operational Standard		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
EAS	4 Hours (all)	95%	Actual	76.18% ✓	77.28% ×	74.43% ×	76.82% ×	77.96% ×	77.69% ×
			Trajectory	75.41%	78.60%	78.78%	80.10%	82.10%	86.21%
	15-30 minute Amb. Delays	-	Actual	1,703 ×	1,767 ×	1,738 ×	1,925 ×	1,828 ×	974 ×
			Trajectory	1420	1251	1149	1112	855	831
	30-60 minute Amb. Delays	-	Actual	728 ×	608 ✓	671 ×	751 ×	646 ×	436 ×
			Trajectory	609	626	522	445	428	416
	60+ minutes Amb. Delays	0	Actual	496 ×	354 ×	438 ×	386 ×	252 ×	264 ×
			Trajectory	203	209	209	222	214	208
RTT	Incomplete (<18 wks)	92%	Actual	80.18% ×	81.51% ×	81.02% ×	80.54% ×	80.10% ×	81.75% ×
			Trajectory	86.47%	88.06%	87.72%	87.69%	86.93%	86.01%
	52+ WW	0	Actual	0 ✓	0 ✓	0 ✓	4 ×	5 ×	0 ✓
			Trajectory	0	0	0	0	0	0
CANCER	2WW All	93%	Actual	84.92% ×	82.27% ×	80.70% ×	79.79% ×	84.51% ×	82.76% ×
			Trajectory	93.93%	93.90%	93.64%	93.94%	94.02%	93.83%
	2WW Breast Symptomatic	93%	Actual	54.12% ✓	12.00% ×	4.58% ×	16.07% ×	23.77% ×	15.52% ×
			Trajectory	45.96%	51.76%	27.66%	55.68%	87.01%	94.20%
	62 Day All	85%	Actual	67.50% ×	70.83% ×	66.47% ×	67.41% ×	80.24% ×	65.14% ×
			Trajectory	74.93%	78.06%	80.91%	82.91%	84.90%	86.04%
	104 day waits	0	Actual	23 ×	23 ×	30 ×	36 ×	44 ×	32 ×
			Trajectory	0	0	0	0	0	0
	31 Day First Treatment	96%	Actual	98.19% ✓	97.40% ✓	97.02% ×	96.75% ×	96.70% ×	97.29% ×
			Trajectory	97.39%	97.32%	98.80%	97.82%	98.15%	97.35%
	31 Day Surgery	94%	Actual	96.67% ✓	93.94% ×	94.12% ×	80.00% ×	80.00% ×	100.00% ✓
			Trajectory	96.43%	97.06%	96.88%	100.00%	100.00%	95.00%
	31 Day Drugs	98%	Actual	100% ✓	100% ✓	100% ✓	100.00% ✓	100.00% ✓	100.00% ✓
			Trajectory	90.91%	100.00%	96.43%	100.00%	100.00%	100.00%
	31 Day Radiotherapy	94%	Actual	100% ✓	100% ✓	96.30% ×	100.00% ✓	100.00% ✓	100.00% ✓
			Trajectory	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	62 Day Screening	90%	Actual	92.00% ✓	92.00% ✓	52.00% ×	87.18% ×	94.44% ✓	80.36% ✓
			Trajectory	85.19%	85.19%	90.00%	90.70%	76.60%	73.21%
	62 Day Upgrade	-	Actual	79.17% ✓	70.00% ✓	75.00% ✓	62.50% ×	75.00% ×	46.67% ×
			Trajectory	70.00%	62.50%	59.09%	83.33%	80.00%	90.91%
Diagnostics (DM01 only)		99%	Actual	91.14% ×	93.67% ×	95.46% ✓	95.68% ✓	93.17% ✓	94.21% ✓
			Trajectory	92.37%	94.74%	91.42%	91.42%	89.52%	88.25%
STROKE	CT Scan within 60 minutes	-	Actual	53.30% ×	40.30% ×	43.90% ×	44.30% ×	39.50% ×	- -
			Trajectory	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%
	Seen in TIA clinic within 24hrs	-	Actual	51.10% ×	53.90% ×	91.20% ✓	37.10% ×	73.60% ✓	- -
			Trajectory	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%
	Direct Admission	-	Actual	42.90% ×	25.00% ×	36.20% ×	46.00% ×	50.00% ×	- -
			Trajectory	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
	90% time on a Stroke Ward	-	Actual	79.00% ×	73.00% ×	69.60% ×	78.50% ×	78.00% ×	- -
			Trajectory	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%

Use of Resources
Risk Rating Summary

	Metric Definition	How we did YTD at M6	Risk Rating		Previous Month YTD	Full Year Plan (Forecast)
Are we spending more than the income we receive?	I&E surplus or deficit / total revenue.	(19.30%)	4	Adjusted financial performance deficit of **£40,969** (£40,969k/ total operating income £212,260k = **(19.30%).**	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.	2.20%	1	I&E margin YTD actual of **(19.30%)** less I&E margin YTD plan of **(21.50%) = 2.20%**	1	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.	(111.80)	4	Working Capital of (£146,002k) / YTD Operating Expenditure of £238,976 multiplied by the number of YTD days (183) = (111.80).	4	4
Do we have sufficient income to cover the interest owed on our borrowings?	Degree to which the organisation's generated income covers its financing obligations.	(2.019)	4	Revenue available for capital service (£26,139k)/ capital service **£12,945k**= **(2.019)**	4	4
Is our agency spend within the imposed limits?	Total agency spend compared to the agency ceiling.	(72.3%)	4	Total agency spend of **£14,898k** less agency ceiling of **£8,646k** / divided by agency ceiling of **£8,646k** = **(72.3%).**	4	3

Finance | Key Messages

2019/20 Plan	For 2019/20 the Trust committed to delivering a deficit of no more than £(82.8)m. This includes £13.6m of planned savings/CIP delivery. The Trust has not signed up to the revised control total set by NHSI of £(64.4)m [£58.4m+£6m] (excluding PSF, FRF and MRET funding). Whilst we recognise that it is disappointing that we have not been able to submit a plan closer to the control total, we believe that the submission reflects a credible plan based on the existing plan information and assumptions available to us at this time. Clearly we are some way off the £(73.7)m target we wish to achieve, and the Board remains focused on maximising the savings plans setting an internal Quality and Savings/CIP Improvement Target with the Divisions and Corporate functions totalling £22.5m.
I&E Position	For September 2019 - month 6 of 2019/20 is a deficit of £(6.6)m against a submitted plan deficit of £(7.2)m, £0.6m positive to the £(82.8)m deficit plan. The favourable in month variance is predominantly driven by positive variances on estimated income margin productivity growth; lower level of spend related to the provision of additional (Bed) capacity, and slippage in planned business case expenditure (Electronic Prescribing & Medicines Administration – EPMA and proposed expansion of Managed Equipment Service - MES), although these favourable variances are being offset by premium pay costs and underachievement of CIP. **The internal target is to deliver no more than the 2018/19 out-turn of £(73.7)m deficit. Using the £22.5m Savings target as a proxy to deliver £(73.7)m I&E deficit position - at Month 6 we would be £(40)k adverse and £1.337m favourable year to date. The key challenge is further improving efficiency and effectiveness and deliver improved performance over the second half of the year / winter period.**
Income	The combined income (including Other Operating Income and after adjusting for the blended payment mechanism) was £0.1m above plan in September (YTD position is £3.1m above plan including PSF). If the £0.8m blended adjustment did not apply (20% Marginal Rate), income would be £3.9m above the year to date plan. Patient Care Income delivered broadly to plan in month (excluding drugs & devices) before adjusting for the blended payment marginal rate (£0.3m in September). Emergency activity was £0.2m above plan in month, primarily driven by a catch-up of the previous months coding rather than volume. Day case and Electives were £0.2m below plan; the endoscopy improvement target incorporated within the annual plan to achieve the diagnostic waiting standards was not met in September. Outpatients were breakeven, the activity run-rate for September improved on August across a number of Specialties across the Trust.
Expenditure	Pay is £0.5m favourable to plan in month and £1.6m favourable year to date, key variances include timing and level of spend against additional bed/ward capacity, vacancies, slippage against business cases (EPMA & MES) and income margin growth. The impact of these favourable variances has been lessened by operational expenditure variances including premium nursing. Pay costs reduced by £0.9m in September from £25.4m to £24.5m. Substantive pay costs reduced by £0.3m largely due to a planning benefit following settlement of the medical pay award (£253k) which was paid in month and backdated to April. There was a further reduction in month due to enhancements paid last month for the bank holiday (£86k). Temporary pay costs reduced by £0.6m in month and was across Medics (£340k), largely within the Surgery & SCSD Divisions following substantive recruitment; Nursing (£242k) driven by reduced demand for patient specialling and agency spend in Specialty Medicine; and Non Clinical (£97k) due to a realignment of professional fees from “Non Clinical” to “Other Non Pay”. Overall non pay is £28k favourable to plan in month and £207k adverse year to date, over spends on drugs are largely being offset by timing of spend against additional capacity, agreed business cases (MES & EPMA) and income margin / productivity growth. Non pay costs excluding Non PbR items, Depreciation, Interest Payable and Interest Receivable increased slightly by £75k from £11.1m in August to £11.2m in September, these movements are largely aligned to increased activity, the YTD costs associated with the development of digital strategy as detailed above. These adverse movements have been slightly offset by a reduction in variable costs in PFI for laundry (£104k).

Finance | Key Messages

Q1 Forecast Alignment	The month 6 deficit of £(6.6)m is £0.3m better than the forecast prepared at Q1 of £(6.9)m (to deliver £(83.8)m noting that this is prior to any management action to improve the outturn position). Taking last month's adverse position against forecast, cumulatively at the end of month 6 we are £(0.2)m adverse to forecast. In light of the financial performance and Q1 forecast, Executives are developing a financial recovery plan to improve the run rate over the remaining months.
CIP (Savings Improvement Plans)	In September, month 6 of 2019/ 20, a nominal £3.9m (note £22.5m Full Year required) of CIP delivery (year to date) was achieved. We remain focused on maximising the savings plans and are continuing every effort to drive further improvements to our financial position, whilst ensuring a credible plan for delivery. As a result the internal savings/CIP target remains at £22.5m of which opportunities to the value of c. £20.1m have been identified to date with £16.2m removed from budgets.
Capital	The Trust has a minimal £2.24m internal source of funding for the 2019/20 capital programme. This is after repaying the capital loans, accounting for IFRIC 12 and PFI capital repayments. The Full Year Forecast Capital position for the financial year shows a breakeven position against available funds. September 2019 - Month 6 expenditure is mainly against the Acute Services Review "ASR" Aconbury East Scheme £2.32m. A revised capital plan was submitted to NHSI on 2nd August including an increased urgent loan provision (from £10m to £13m) to address the risks associated with backlogs of capital works and asset replacement. The full £13m loan application was submitted in September and we are now awaiting feedback from NHSI. Further capital has been earmarked from a national scheme to invest in Urgent and Emergency Care improvements as we head into winter. We are working through the proposed schemes with NHSI/E.
Cash Balance	As a result of the ongoing deficit position, we continue to rely on additional cash support from the Department of Health and Social Care (DHSC) and request cash in line with financial performance on a monthly basis. At the end of September the cash balance was £17.76m which is obviously over the £1.9m minimum balance required due to the timing of due payments and receipt of the 2018/19 PSF cash. The Trust has received £8.238m working capital cash support in September 2019. The 2018-19 capital loan of £5.64m has now been approved and will be drawn later in the year. The latest revenue support loan documentation is attached for information. Cash limitations will prevent repayments of existing and future revenue support loans without refinancing existing borrowings, or a change to the existing financing regimes for Trusts that are in financial difficulties. Based on this scenario, we have formally written to NHSI/E regarding the planned repayments due in 2019-20 for revenue support loans. The DHSC has deferred a total of £19.6m revenue loan repayments due in 2019-20 to later within the same financial year. Capital loans are repaid through the capital programme.

People and Culture Committee Highlight Report August 2019

Non-Executive Director lead	Presented to the September 2019 Board 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 22 October 2019. The summary of the key points discussed are as follows:

- We were privileged that six junior doctors were able to attend the meeting to talk about their experiences within the Trust. We were disappointed to hear of some experiences, particularly within the surgical division and the Deputy Medical Director will be taking the feedback to the appropriate areas. It was encouraging to hear of excellent experience within some directorates such as microbiology, ITU and cardiology. We also received the latest report from the new Guardian for Safe Working (Dr Sally Millett). Her report triangulated with the experiences of the juniors.
- The Communication and Engagement Strategy is in development and will align with the Clinical Services Strategy.
- The Committee approved the proposed changes to the People and Culture Board Assurance risks. There is no proposed change to the risk ratings.
- We considered the first draft of a strategic workforce plan. It was a baseline assessment which has not been undertaken before. Consideration was given to the model hospital data which showed an opportunity for between £15 and £30m savings. A key message was that the size of the workforce will remain constant but that the mix will change. Controls are in place via the annual planning round to ensure that growth does not take place unless approved through business cases. Further work is required in the light of the Clinical Services Strategy.
- The Integrated People and Culture Report showed progress in several areas such as the implementation of the suite of solutions and a single bank and agency provider model. We requested that progress with flexible working in the trust be progressed as we understand that being a flexible employer is part of our retention strategy. We do recognise however that there are challenges with this due to the nature of the business we provide. We also felt that progress of the launching of the Academy could be more rapid, again as a cornerstone of our offer to staff. The launch is now planned for the next few months, ending in March 2020.
- In respect of recruitment and retention, we were pleased to see the detailed analysis in respect of staff groups and challenging trajectories set for decreasing the attrition. An excellent SWOT analysis was presented in respect of nursing staff. We recognised that there are areas of concern, particularly in respect of recruiting to consultants for care of the elderly.
- We received the safe staffing paper (on the agenda for the Board meeting) and with mitigations, all areas were safely staffed.
- The annual nursing establishment review was also presented. This was the third such review. All divisions were fully engaged. We were assured that changes have already been made and other changes have been identified, in particular about staffing high care. Work in this area should be complete in January.

Other reports received:

- Employee case work (including lessons learnt from the national case)
- Flu update – delegated authority is requested from the Trust Board for the Committee to sign off the required return in December
- Risk register
- Health and Safety internal audit report
- Work plan

Quality Governance 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 agenda.

Issues and options

None.

Recommendations

The Board is requested to:

- Receive this report for assurance
- Give delegated authority to the Committee to sign off the flu return, required by the end of December.

Appendices

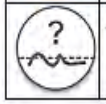
People and Culture KPI's – M6 – September 2019

Key Performance Indicator	Variation/Assurance and Corrective Action
Non Medical appraisal	There has been no improvement in performance this month. Reminders continue to be sent to individuals and managers through ESR Self Service which has improved compliance from 69% in September 2018.
Mandatory Training	We have now exceeded our target of 90% and the Model Hospital Benchmark of 89% but there has been no further improvement this month. We remain on trajectory towards 95% post April 2020. Reminders are automatically emailed to individuals and managers through ESR Self Service and individual matrix shows when training is due which has improved compliance from 79% in September 2018.
Medical appraisal	We have exceeded both the Trust target of 90% and Model Hospital median of 85%. Medical appraisal continues on an upward trajectory. Reminders through ESR Self Service and dedicated resource in HR to support medical appraisal and revalidation have been effective.
Consultant Job Plans	Team job planning and e-job planning have been rolled out as part of Allocate suite of solutions which has resulted in a 38% improvement since January 2019. However, there has been a 3% drop this month in the SCSD and Surgery divisions. This is being addressed through the monthly performance review meetings.
Vacancies	Increases in establishment due to the new wards have resulted in an increase in our vacancy rate to 10.13%. The national NHS vacancy rate was 8.1% in March 2019 (office of national statistics).
Increase in total hours worked	There has been an increase of 26.57wte hours worked this month by substantive staff resulting in bank and agency hours worked reducing. See finance report
Increase in Staff in Post	There are 319 wte additional staff in post since April 2016 across all staff groups, which demonstrates successful recruitment campaigns. However, the growth in non-frontline posts is subject to review through our Workforce Transformation Programme.
Establishment Growth	Our establishment has grown by 476 wte since April 2017 which has impacted on our vacancy rates. See finance report.
Monthly Sickness Absence Rate	Sickness rates are reducing and short term sickness is 1.55% which is lower than the same period last year. Long term sickness is running at a higher rate than last year with increase mental health related causes being the top category. Managers continue to be supported by HR in the application of the Trust Policy.
Annual Staff turnover	Turnover continues to reduce and is now lower than same period last year. Retention plans are being refreshed to address specific staff group issues.
Staff FFT positive feedback	Improvement in Q1 2019 SFFT to 63%. Results of Q2 SFFT due shortly and Q3 staff survey has been launched.

Variation

Icon	Description
	Special cause variation - cause for concern (indicator where high is a concern)
	Special cause variation - cause for concern (indicator where low is a concern)
	Common cause variation
	Special cause variation - improvement (indicator where high is good)
	Special cause variation - improvement (indicator where low is good)

Assurance

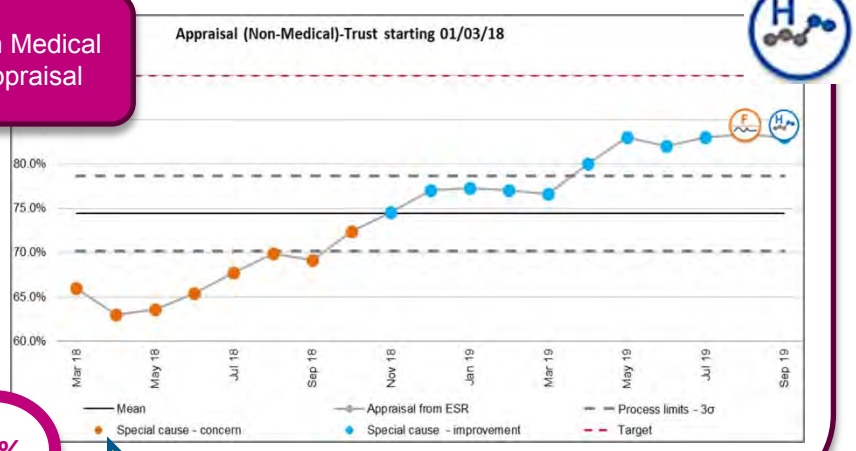
	The system is expected to consistently fail the target
	The system is expected to consistently pass the target
	The system may achieve or fail the target subject to random variation

Month 6 | 2019-20 Engaged & Skilled Workforce Summary

Responsible Director: Director of People & Culture | as at 30th September 2019

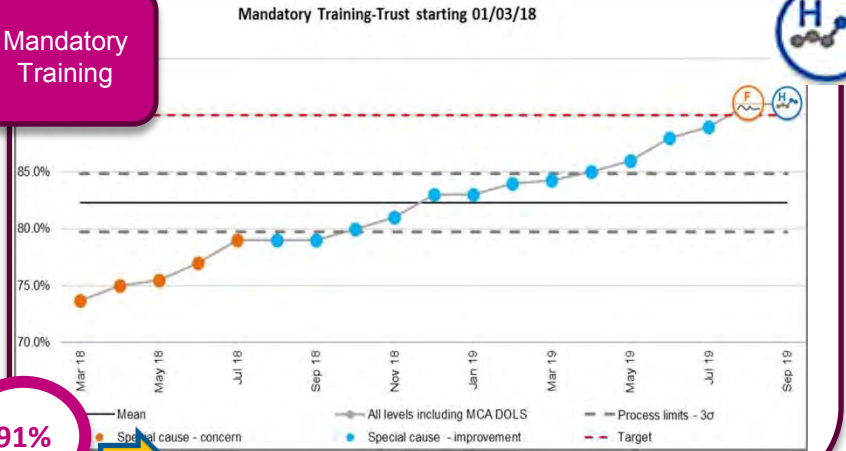
Worcestershire Acute Hospitals NHS Trust

Non Medical Appraisal



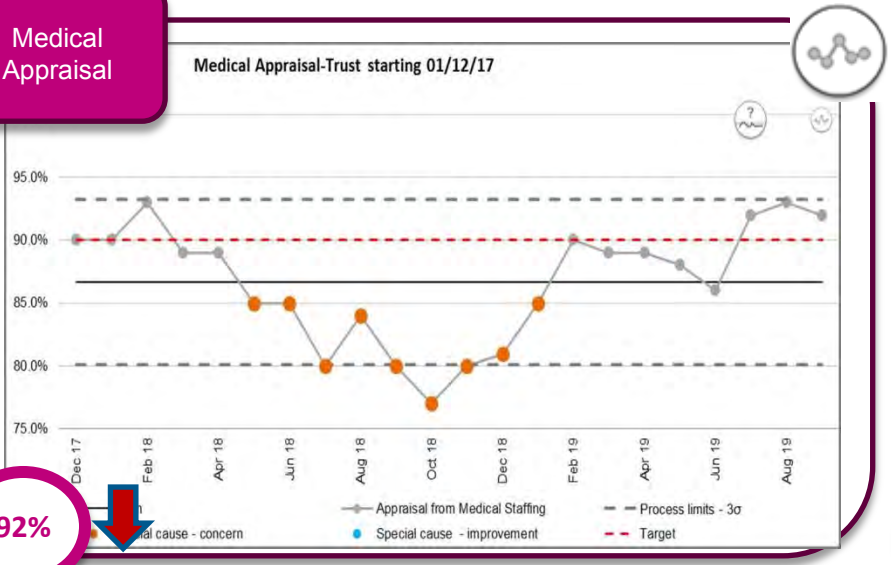
83%

Mandatory Training



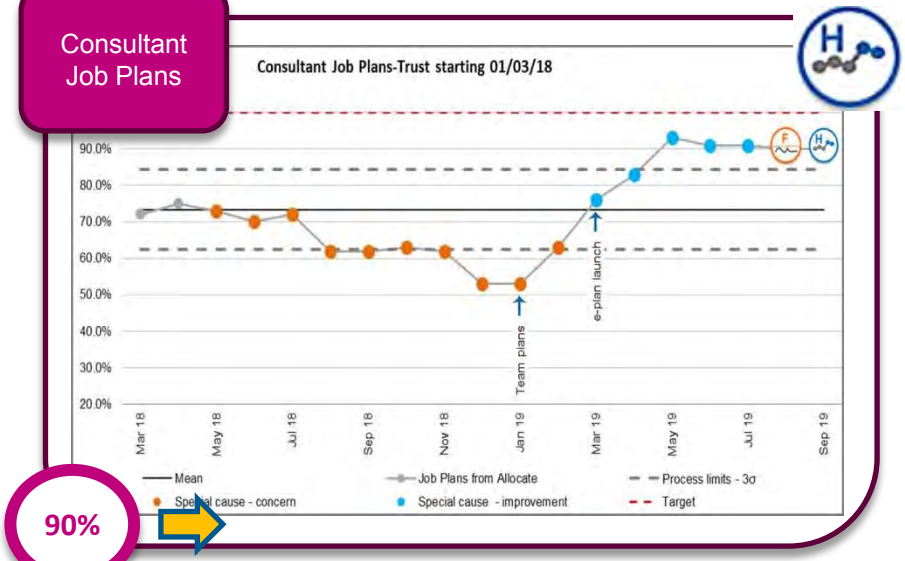
91%

Medical Appraisal



92%

Consultant Job Plans



90%

Variation

- Special Cause Concern (High / Low)
- Special Cause Note/Investigate (High / Low)
- Common Cause

Assurance

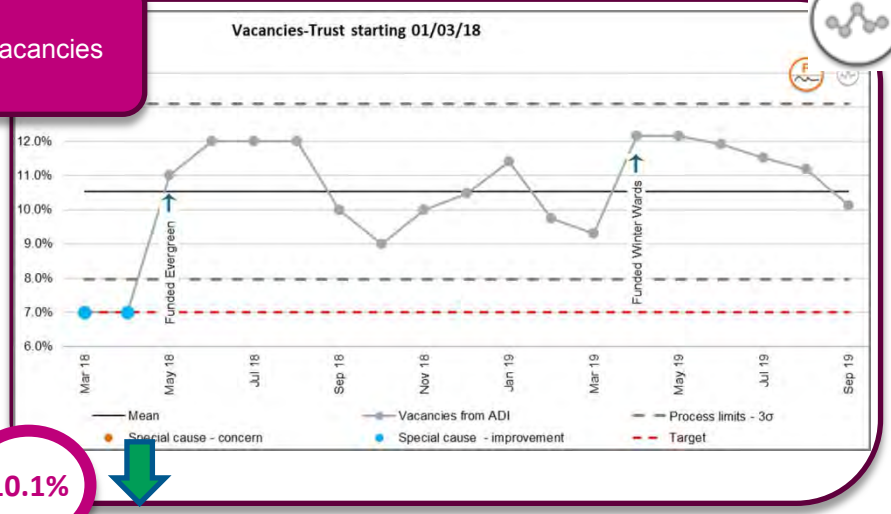
- Consistently hit target
- Hit and miss target subject to random
- Consistently fail target

Month 5 | 2019-20 Engaged & Skilled Workforce Summary

Responsible Director: Director of People & Culture | as at 30th September 2019

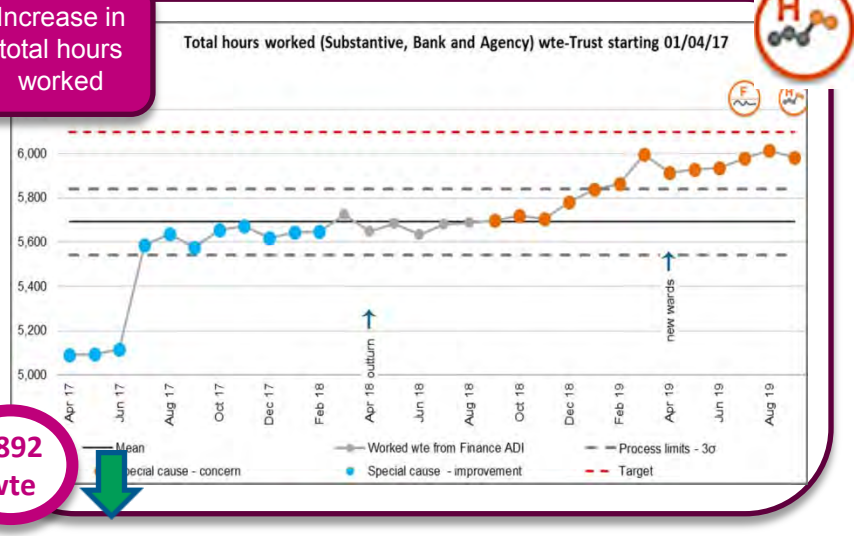
Worcestershire Acute Hospitals NHS Trust

Vacancies



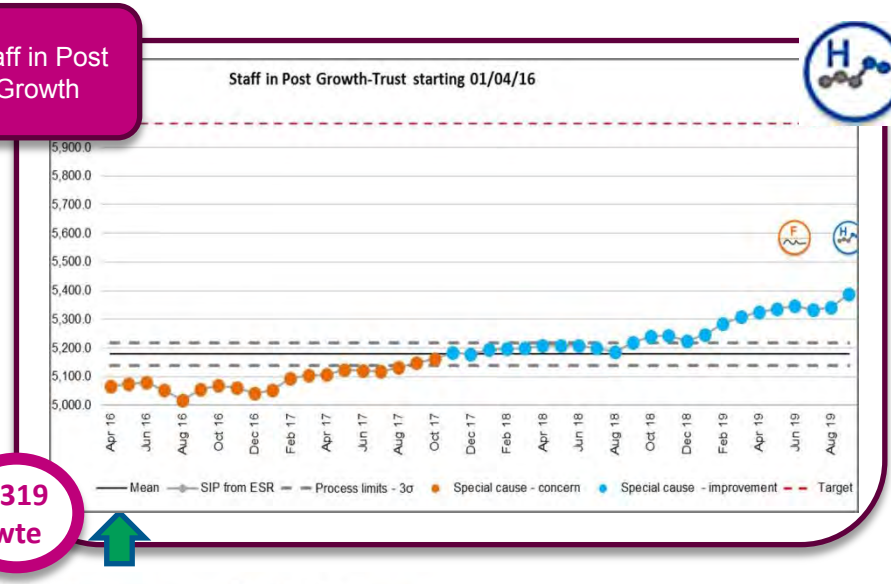
10.1%

Increase in total hours worked



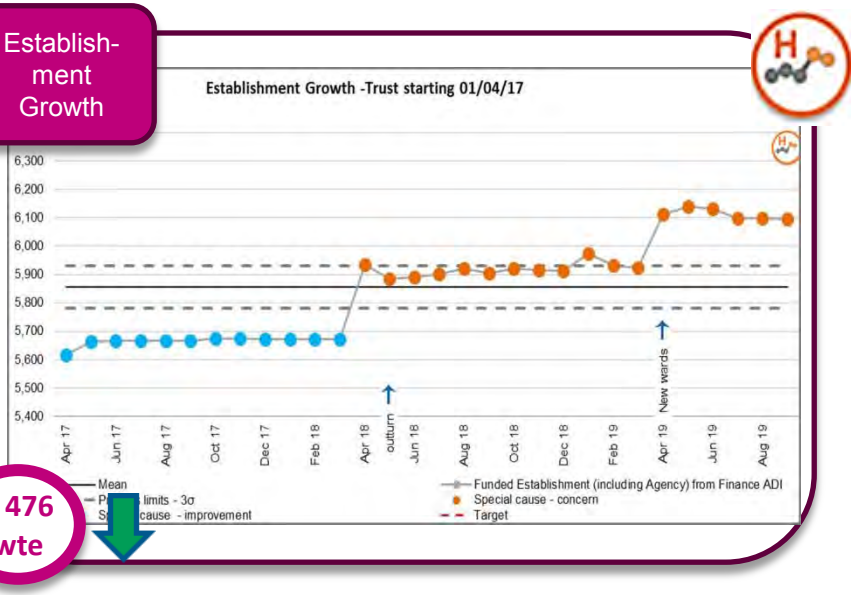
+892 wte

Staff in Post Growth



+319 wte

Establish-ment Growth



+ 476 wte

Variation

- Special Cause Concern (High / Low)
- Special Cause Note/Investigate (High / Low)
- Common Cause

Assurance

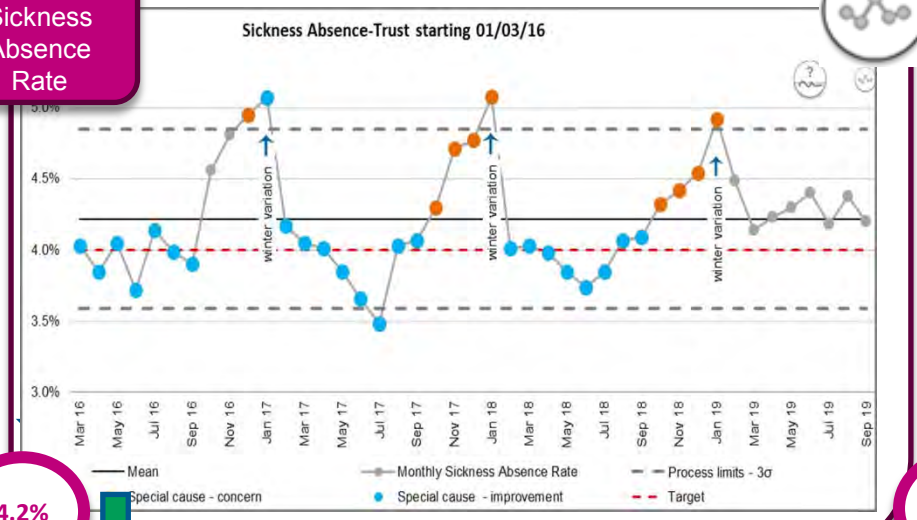
- Consistently hit target
- Hit and miss target subject to random
- Consistently fail target

Month 5 | 2019-20 Engaged & Skilled Workforce Summary

Responsible Director: Director of People & Culture | as at 30th September 2019

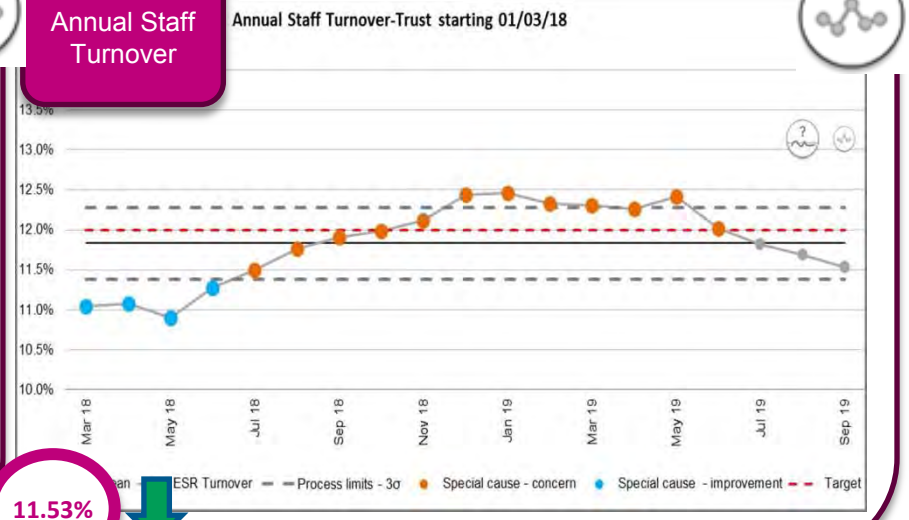
Worcestershire Acute Hospitals NHS Trust

Monthly Sickness Absence Rate

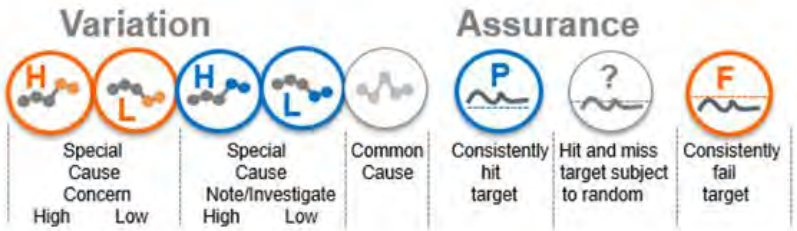


4.2%

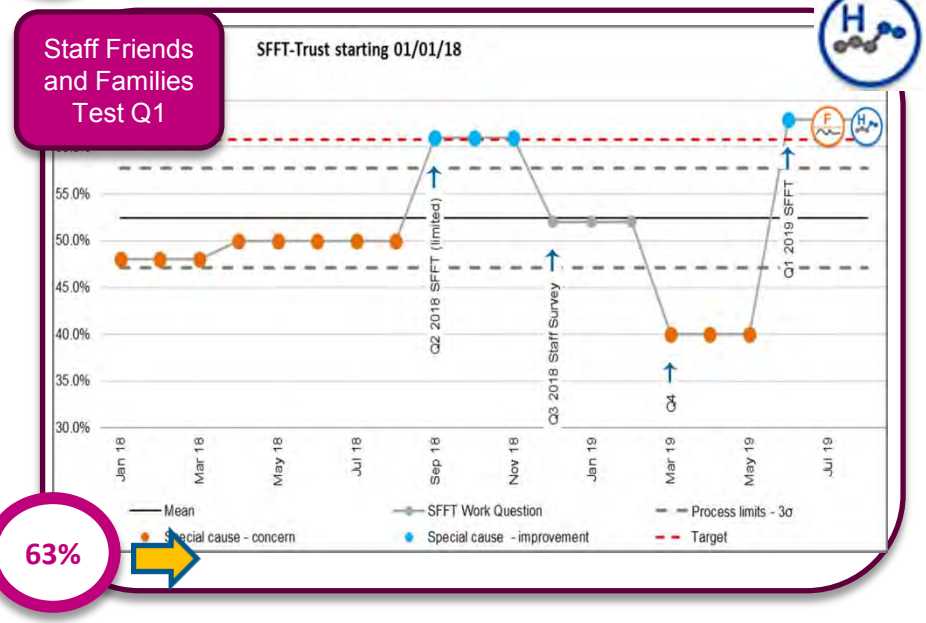
Annual Staff Turnover



11.53%



Staff Friends and Families Test Q1



63%

NHS
Worcestershire
Acute Hospitals
NHS Trust

Meeting	Trust Board
Date of meeting	14 November 2019
Paper number	Enc H1

Independent Review of Elevated Mortality

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

Accountable Director	Mike Hallissey Chief Medical Officer		
Presented by	Mike Hallissey Chief Medical Officer	**Author /s**	Graham James Deputy CMO

Alignment to the Trust's strategic objectives							
Best services for local people		Best experience of care and outcomes for our patients	X	Best use of resources		Best people	

Report previously reviewed by		
Committee/Group	Date	Outcome
QGC	September 2019	Received
TME	October 2019	Received

Recommendations	To note the findings of the report of the independent review of elevated mortality at Worcestershire Acute Hospitals NHS Trust.

Executive summary	Over the last 15 months Worcester Acute Hospitals Trust has had persistently raised national mortality indicators which are not clearly understood. The Trust has also been unable to review all deaths in a timely way and therefore effectively learn from them. An external independent review was therefore commissioned to understand more fully what factors behind the mortality data and assess the current mortality review and governance processes in place. The review report is attached. Despite the high mortality indicators most of the 225 deaths reviewed were due to irreversible disease and contrary to other comparative reviews the frequency of avoidable factors was low which reflects well on the staff caring for an elderly frail population. No specific cases required escalation However a number of concerns in care were identified which include: prolonged lengths of stay; nutrition and hydration; extended stays in ED while waiting for an appropriate inpatient bed; multiple handovers of patients between clinicians; delays in escalation and lack of recognition of end of life care. The medical examiner system has been under pressure due to lack of capacity but recent recruitment from both the Health and care trust and General Practice will impact on this over the coming months. At present, mortality reviews are not completed in a timely manner and a