Agenda (public) 1219 final

Trust Board
There will be a meeting of the Trust Board on Thursday 12 December 2019 at 10:00 in Charles Hastings Education Centre, Worcestershire Royal Hospital

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 **14 November 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	**Integrated Performance Report**		**Enc D**
8.1	**Executive Summary** Chief Executive	*For assurance*	
8.2.1	**Section 1 – Quality Performance Report** Chief Nurse/Chief Medical Officer		
8.2.2	**Quality Governance Committee Assurance report** Quality Governance Committee Chairman	*For assurance*	
8.3.1	**Section 2 – Operational & Financial Performance Report** Chief Operating Officer/ Chief Finance Officer		
8.3.2	**Finance and Performance Committee Assurance Report** Finance and Performance Committee Chairman	*For approval*	

8.4.1 Section 3 – People and Culture Performance Report
Director of People and Culture

Any Other Business *as previously notified*

Date of Next Meeting
The next public Trust Board meeting will be held on 16 January 2020 in the 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 Public Trust Board minutes 141119 final

NHS
Worcestershire Acute Hospitals
NHS Trust

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

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
	Robert Toole	Chief Finance Officer
	Mark Yates	Non-Executive Director
	Stephen Williams	Non-Executive Director
Board members: (non-voting)	Richard Oosterom	Associate Non-Executive Director
	Tina Ricketts	Director of People and Culture
	Sarah Smith	Director of Strategy and Planning
In attendance:	Kimara Sharpe	Company Secretary
	Becky Bourne	Head of Communications
	Jackie Edwards	Deputy Chief Nurse
Public Gallery:	Press	0
	Public	1
Apologies	Bill Tunnicliffe	Non-Executive Director
	Colin Horwath	Associate Non-Executive Director
	Richard Haynes	Director of Communications & Engagement
	Vicky Morris	Chief Nursing Officer from

101/19 **WELCOME**

Sir David welcomed everyone to the meeting. He explained that Mrs Morris and Mr Haynes were hosting a last minute visit by the Secretary of State for Health to Worcestershire Royal Hospital and would join the meeting as soon as they were able. He reminded those present that the Purdah guidance was in effect.

102/19 **Patient story**

Sir David welcomed Mrs Steryx, Dawn (specialist paediatric oncology nurse) and Baylon (consultant) to the meeting. He emphasised the importance of the section for the Patient's Story. He invited Mrs Steryx to introduce the story.

Mrs Steryx explained that the story centred around M, a patient within the paediatric oncology department. She was unable to be present at the meeting, but Mrs Steryx had filmed M earlier in the week. Dawn and Baylon were both involved in M's care. She showed the film to members.

M was diagnosed in 2018 with leukaemia. She described the treatment package which involved attending every two weeks. She also described the diagnosis which was in conjunction with Birmingham Children's Hospital. It took just one week to obtain a diagnosis.

She described the atmosphere within the paediatric clinic. It was like an extended family. Younger children did not wish to leave! She has shared her story with the attendees at the oncology ball.

She stated that the diagnosis has changed her perspective on life. She said that she wanted the board to know how incredible the unit was and that her care could not have been any better. She was so pleased that the Charity had been set up to raise money to buy additional items such as iPads, computers and better TVs. She invited board members to the annual ball.

Dawn then shared the patient pathway and the links with Birmingham Children's Hospital. The vast majority of care is provided in Worcestershire for the children living in Worcestershire. She had set up the charity to raise money for the additional items. This year, the raffle alone raised £1500. She praised the generosity of the local businesses with the raffle and auction prizes.

She then went onto describe the psycho-social support she manages for the parents. At the monthly meetings, parents can raise anything. It is a unique service. Holiday events are also put on e.g. visiting the pantomime. The Charity has enabled children to receive a folder which enables the treatments to be ticked off so progress can be seen to be made. Parents are involved in deciding how the money is spent.

Baylon stated that the work that Dawn does in respect of pyscho-social needs is essential. He then described the improvements made in some of the key performance indicators – for example door to antibiotic time is over 90% for those patients at risk of neutropenic sepsis. A huge difference has been made with delivering the service locally.

Ms Day complimented the service provided and committed to visiting it in the near future. She wondered whether Dawn has tried to access trust Charitable funds. Mr Yates committed to ensuring that Dawn was put in contact with Jason Levy, the fundraising manager.

Ms Day asked about support available from national charities. Baylon confirmed that support was available and there were excellent links with the national and local charities, which were usually niche charities.

Mr Williams praised the service. He wondered what lessons could be learnt and applied to the adult oncology service. He also wondered how the Trust could celebrate the service offered. Mrs Edwards explained that the links to Birmingham Children's were excellent and were based on trust. Several initiatives had been transferred to adult care such as ringing the bell at the end of treatment. A nurse has been appointed to bridge between the paediatric and adult service.

Mr Hopkins stated that an awards' evening is being organised in July 2020 which will recognise teams who have gone above and beyond the 4ward behaviours. He is also reviewing whether there should be a monthly award.

Mr Oosterom asked how the partnership with Birmingham Children's operated. Baylon described the 'hub and spoke' model. He described the initial work undertaken at Worcestershire Royal, then the patient would be transferred to Birmingham Children's

for diagnosis and then back to the Trust for ongoing care. There were weekly multidisciplinary team meetings and the output was communicated to Birmingham Children's.

Sir David thanked Mrs Steryx, Dawn and Baylon for attending. He also thanked M for her film. He was pleased that the story included the partnership working and praised the work that the staff undertook. He wondered whether there was anything else that the staff wished to raise. Dawn asked for Board attendance at the Oncology Ball on 3 October 2020 at Stanbrook Abbey.

103/19 **ANY OTHER BUSINESS**

There were no items of any other business.

104/19 **DECLARATIONS OF INTERESTS**

There were no additional declarations of interest. Sir David noted that the Register was on the website.

105/19 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 14 OCTOBER 2019**

RESOLVED that:-

- The Minutes of the public meeting held on 14 October 2019 were confirmed as a correct record and signed by the Chairman.

106/19 **MATTERS ARISING/ACTION SCHEDULE**

All actions were either completed or not yet due.

107/19 **Chairman's Report**

Sir David asked the endorsement of the vice chair chairman's action in relation to the endoscopy business case. This decision was taken in liaison with the Chair of the Finance and Performance Committee, Mr Oosterom.

Sir David then acknowledged the contribution that Mr Bryan McGinity had made to the trust. Mr McGinity had recently passed away. He had been a member of the Board, including Chair of the Audit and Assurance Committee and a spell as vice-chair. He had been a force for continuity. After this, he became the Freedom to Speak Up Guardian and recruited 30 champions.

He was trustworthy, sensitive, had huge wisdom, and was tireless in his work.

RESOLVED that:-

The Board

- Noted the Vice-Chair's action (in the absence of the Chairman) undertaken since the last Trust board meeting in October.

108/19 **Chief Executive's Report**

Mr Hopkins complimented the University of Worcester for being shortlisted as the University of the Year. Mr Hallissey had formed a close working relationship with the University.

Mr Hopkins also informed members that the new national Chief Medical Officer visited the Trust informally on 8 November. He was awaiting the formal letter from NHS E/I in relation to the Provider Oversight Committee decision on 12 November to defer a decision on exiting special measures until February 2020. It was his understanding that further improvements needed to be made to within urgent care.

RESOLVED that:-

The Board

- Noted the report

109/19 **Clinical Services Strategy**

Ms Smith gave a short presentation on the Clinical Services Strategy which was being presented for approval at the meeting. The Strategy sets out the Trust's contribution to integrated care with services wrapped around patients.

She reminded members that the NHS Long term Plan had been published in January 2019. This had a particular focus on out of hospital and digitally enabled care. She then turned to the NHS People Plan (interim) and acknowledged the significant challenge with workforce and stated that a trust strategic workforce plan was currently being developed.

She pointed out that the strategy closely aligned to other local plans. She was confident that the strategy is appropriately integrated and supports direction of travel for the integrated care system.

Ms Smith then outlined the three strategy pillars:

- End to end integrated care
- Comprehensive and responsive urgent and emergency care
- High quality, dependable acute and specialist planned care

The three strategy pillars support delivery of the four imperatives:

- Care for people living with frailty;
- Care at end of life;
- Cancer care, and;
- Access to care

Ms Smith them detailed the priority plans and key milestones for each of the pillars.

She then turned to the NHS Long Term plan proposal of a population health management approach. This will be developed as 2025 is approaching.

Finally, Ms Smith described the variety of enabling strategies and plans.

She then stated that there will be a communications and engagement exercise, within the Purdah guidelines with staff and those who attended the seminar on the 13 August. The Strategy will inform the annual planning process. She acknowledged that strategy impact assessments needed to be undertaken.

In conclusion, Ms Smith thanked the Good Governance Institute for their support in developing the strategy.

Mr Yates supported the strategy and emphasised the necessity to build on the good relationships commenced at the 13 August seminar. Ms Day agreed and reported that she was meeting with the CCG and would discuss this with them.

Mr Oosterom thought that the document was excellent. He was concerned however about the financial situation. He asked for a clear timeline for when the three year financial plan would be presented. This was agreed.

ACTION: Mr Toole to present a timetable for the development of the three year financial plan

Mr Toole reminded members that there is a commitment to invest in a digital care record. He assured members that there are links to the STP and that the investment is profiled.

Mr Oosterom advised that a plan was needed for the execution of the Strategy. He was not convinced that the capability was available in the trust for this.

Mr Williams emphasised the importance of maintaining clinical engagement. He asked that the clinicians had feedback in respect of their submissions. Mr Hopkins advised that this was already taking place. The clinicians are now being asked to have a more ambitious vision for their services.

Sir David thanked Ms Smith for her work on developing the Strategy. He agreed that it was important to continue the engagement. There needed to be a rigorous set of processes underpinning the Strategy. He was pleased that the finances were linked to the whole STP.

RESOLVED that:-
The Board
- Approved the Clinical Services Strategy

110/19 **Board Assurance Framework (BAF)**

Mr Hopkins advised that the Trust Management Executive and the Committees were recommending a reduction in risk ratings for 1 & 12 (due to the CQC report) and risk 9 (due to the publication of the Clinical Services Strategy). He was expecting that the annual planning process currently in train would work towards a risk based approach.

He thanked Mrs Sharpe for her work on the BAF.

RESOLVED that
The Board
- Approved the Board Assurance Framework

111/19 **INTEGRATED PERFORMANCE REPORT (IPR)**

111/19/1 **Executive summary**

Mr Hopkins introduced the IPR. He began with the people section and was pleased to report an improvement in the vacancy rate, particularly in relation to consultant appointments. Turnover had reduced as well. There were signs that the latest staff friends and family test was showing an improvement in recommending the Trust as a place to work and to have treatment. He was concerned that sickness absence was rising.

In respect of quality, there was an improvement in the number of medical examiners being appointed. There were further plans to increase with a review of the operation of clinical leadership. He expressed concerns about sepsis and medicines safety.

There was a continued focus on delivering the ambition of £73m deficit. £21.4m CIP has been identified but there are low levels of confidence in some plans. He reported that the trust was on plan or below the agreed £82m deficit.

There were signs of improvement with diagnostics and cancer. The Trust is one of the best performers in the region in relation to diagnostics. There are two main areas for focus – RTT and 40 weeks. The focus for urgent and emergency care is on three indicators, delayed ambulance turnarounds, 12 hour breaches and the use of the

corridor in the department.

111/19/2 **Quality Performance/Quality Governance Committee Assurance Report**

Mr Williams asked about the detail of hand hygiene audits and wondered why some areas were non-compliant. He also wondered whether there was triangulation with hand hygiene and other areas of infections. Mrs Edwards assured Mr Williams that areas were being targeted. There is a shift in attitude with staff now challenging poor practice more frequently. She agreed that there was a link between hand washing and c diff so glow boxes have been bought in to encourage more effective hand washing. There is a key focus on cleaning, training and antibiotic prescribing.

Mr Yates confirmed that QGC has a clear focus on this work. Hand hygiene audit compliance is discussed at most meetings. He has undertaken a walkabout with the deputy Director of Infection Prevention and Control and was impressed with the scrutiny. He had great confidence in the work that was being undertaken.

Ms Day was concerned that the sepsis bundle was not at the 90% target. Mr Hallissey explained that one factor is the need to measure hourly urine output. If a patient refused a catheter or clinicians believe that it is inappropriate to insert one, this currently is not being recorded. He is working to ensure that accurate records are maintained and so an accurate percentage attainment can be given. He acknowledged that further information was needed to ensure that the Board had accurate figures.

Dame Julie reported that there was good progress with ward accreditation. She was concerned with the number of non-clinical ward moves, particularly at night. She had been assured that this was being given a renewed focus.

RESOLVED that

The Board

- Received the report for assurance
- Delegated responsibility to the Quality Governance Committee to sign off the 7 day services board assurance framework for submission on 30 November

111/19/3 **Financial & Operational Performance/Finance and Performance Committee Assurance Report**

Mr Oosterom was pleased with the sustained performance with respect to diagnostics. He asked for a separate report on Home First, which was agreed. Ms Day agreed.

Mr Brennan was pleased to report that the governance is now robust for Home First. The work streams are being robustly managed. Aspects of the Home First plan, A&E Delivery Board plan and the demand and capacity work are being bought together as a county wide winter plan. Mr Brennan also gave details of the intensive two week plan commencing on 18 November involving matrons and consultants. There will be a focus on discharges.

Ms Day asked to see the number of people being discharged on a daily basis. She wished to view the granular detail. This would then give confidence that progress is being made. Mr Brennan emphasised that there are three critical indicators for Home First Worcestershire and they are ambulance handovers, 12 hour waits and corridor care.

Sir David welcomed a separate report on Home First Worcestershire being presented to the Finance and Performance Committee.

Mr Oosterom then turned to Finance. The Trust is on track to deliver the external goal of

£82m but is working towards the ambition of £73m deficit. He was concerned that the CIPs currently identified would deliver £11m. He wished to see more within a financial recovery plan.

Mr Toole reminded members about a number of initiatives underway including the removal of surgical beds and the plans for Evergreen. It was important to understand how the frailty assessment unit was utilised. He was looking forward to the international nurses arriving which would impact on 2020/21. Mr Oosterom asked for more clarity within the Financial papers to show the links to Home First Worcestershire.

Sir David asked for the revised external target of £79m deficit to be included in the papers. This was also agreed.

ACTION: Mr Toole to show more links to the Home First Worcestershire programme within the financial papers and to include the revised external target of £79m.

Mr Hopkins reported that the system performance meeting with NHS E/I was challenging but the trust was being realistic about the final financial position.

Sir David stated that he was expecting the December Finance and Performance meeting would include the full 2020/21 CIP.

RESOLVED that:
The Board

- Received the report for assurance

111/19/4 **People and Culture Performance/People and Culture Committee Assurance Report**

Mr Yates was pleased to report that sustainable improvements had been made with some key basic key performance indicators such as mandatory training, appraisals, job planning. However, unfortunately there had been a deterioration in sickness rates. Further support was being given to managers in this area. The Committee would undertake a deep dive into sickness at the next meeting. Ms Ricketts added that there are a significant number of interventions now available for staff via occupational health such as fast track physiotherapy.

In respect of flu, the Trust is on target to achieve 80% of staff vaccinated. Ms Ricketts also reported that the current response rate to the staff survey of 29% was disappointing.

Ms Day complimented Ms Ricketts in the work she has undertaken.

RESOLVED that:
The Board:

- Received the Committee report for assurance
- Delegated responsibility to the People and Culture Committee to approve the flu return to NHS E/I in December 2019.

112/19 **GOVERNANCE**

112/19/1 **Independent review of elevated mortality**

Mr Hallissey presented the report which had been commissioned due to the deficit of medical examiners and the backlog of reviews. The reviewers looked at a number of deaths in the last two years. Of those that were reviewed, most had irreversible

problems. Issues identified included patients being moved too often for non-medical reasons. Mr Hallissey has agreement with consultants to reduce these movements. He was reassured that there were no major care failings reported, which was unusual in such a review. He also acknowledged that there was more work to do.

Ms Day asked whether the issues identified in the report were still current. Mr Hallissey confirmed that some were. He was working with clinicians to define the date of discharge on the day of admission.

Sir David requested that QGC oversaw the implementation of the recommendations for the report and that the governance task and finish group reviewed the comments about the trust board and non-executive directors. Mr Hallissey confirmed that the report was being taken forward through the divisions.

Mr Hallissey then outlined the plans to increase the number of medical examiner sessions. This will enable the reviews to be undertaken in real time.

RESOLVED that:
The Board:

- Noted the findings of the report of the independent review of elevated mortality at Trust.

112/19/2 **Report on Nursing and Midwifery Staffing Levels – August 2019**

Mrs Edwards reported that the staffing levels in August met the needs of the patients. Hot spot areas continued to use temporary staffing. She highlighted that the report now covers allied health professionals and she was able to assure the Board that there were no risks identified with numbers in this staff group in this period of time.

RESOLVED that:
The Board

- Received the report for assurance

112/19/3 **Annual establishment review including biannual staffing reviews for in patient adult, paediatrics, neonates and maternity: Key outcomes and actions**

Mrs Edwards confirmed that this biannual report was required to be considered by the Board. It has been discussed in detail at the People and Culture Committee. Currently the establishment levels meet the needs of the population the Trust serves.

This is the third review and is aligned with finance and human resources. The Chief Nurse has signed off the establishment as being safe. Areas identified as needing improvement are high care and surgical. These will be progressed before the next review in January and February.

Ms Day asked whether there was enough contingency for the ward changes proposed. Mrs Edwards confirmed that a lot of work had been undertaken with specialised medicine and the closure of Evergreen was essential to ensure the opening of other areas. The recruitment of the international nurses was also essential.

Mr Yates expressed frustration that no changes were being made, even though this was the third acuity review. Mrs Edwards stated that actions were being taken forward and gave the example of the work currently being undertaken with the high care unit. Sir David stated that budgets must be set on the basis of need, not historical staffing levels.

RESOLVED that:-
The Board:

- Noted the annual establishment and biannual reviews 2019 have taken place and are in line with a robust process aligned to the safeguard workforce guidelines NHSI (2018).
- Noted the Chief Nursing Officer has reviewed and can confirm that establishments are safe to meet patient needs.
- Noted that the details of this work and outcomes have been approved at committees.
- Noted that approval is required prior to updating the annual safe staffing governance statement, which is published on the Trust website.
- Noted that no further change to establishments for 2019/20 will be made without a Quality Impact Assessment which the Chief Nursing Officer will sign off and the approval from Trust board will be subsequently gained.
- Noted the next biannual review will take place throughout January 2020. An establishment midterm review will take place in February 2020.

112/19/4 **Trust Management Executive Report**

Mr Hopkins explained that the sequencing of all Committees with the Trust Management Executive (TME) would take place from January. He thanked Mrs Sharpe for her work on this.

He was pleased with the level of clinical debate at the TME.

Resolved that:

The Board:

- Received the report for assurance

113/18 **ASSURANCE REPORTS FROM COMMITTEES**

113/19/1 **Audit and Assurance Committee Report**

Mr Williams stated that there had been a good presentation on the quality impact assessments but members had expressed concern about the initiatives not having a quality impact assessment. This was however, being rectified. He was concerned that an electronic signature had been applied when the person did not know that it had been applied and has asked for a report on this area.

The Committee had received a report on patient group directions and was concerned that this was not being taken forward by clinicians as needed. He had requested that this had been discussed at the TME.

Other items that were discussed included the consultant declarations of interest and clinical systems, which was making good progress, a lot of which was due to the clinical lead.

He asked for the debt as outlined in the paper to be written off.

RESOLVED that:

The Board

- Noted the report for assurance.
- Approved the debt write off as detailed

113/19/2 **Remuneration Committee**

Sir David reported that the Committee had met twice virtually since the last report, once to agree the appointment of the new Chief Digital Officer and once to align the remuneration of the Associate Non-Executive Directors to the new national remuneration of non-executive directors.

RESOLVED that:
The Board
- Noted the report

114/18 **ANNUAL REPORTS**

114/19/1 **Equality and Diversity**

Ms Ricketts confirmed that the report had been presented twice to the People and Culture Committee. She pointed out the development of the strategy (page 38) and the objectives (pages 40 and 41).

Mr Williams asked for more of a focus on disability. Ms Ricketts confirmed that the trust does not record the number of staff with disabilities accurately and more work was required on this area.

Mr Yates supported the approval of the strategy. Ms Day added that there needed to be a focus on flexible working. Mr Hallissey was pleased to report that a trainees champion has been appointed for junior and consultant staff.

Dame Julie commented that there was more work to be undertaken in this area, but the report was a good start. She was disappointed that staff were not willing to disclose whether they had a disability. Sir David was surprised that there was no active BAME network amongst staff. Ms Ricketts stated that there have been attempts to set one up with the Health and Care Trust. She confirmed that the Trust a higher proportion of BAME staff than in the county.

RESOLVED that:
The Board
- Approved for publication the Equality and Diversity Annual Report.

DATE OF NEXT MEETING
The next Public Trust Board meeting will be held on Thursday 12 December 2019 at 10:00 in the Crompton Rooms A&B, Charles Hastings Education Centre, Worcestershire Royal Hospital.

The meeting closed at 12:23 hours.

Mr Adams complimented the publication of the Clinical Services Strategy and the confirmation of the roles of the three hospital sites.

Signed _____ **Date** _____

Sir David Nicholson, Chairman

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 B

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

PUBLIC TRUST BOARD ACTION SCHEDULE – DECEMBER 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
14-11-19	Clinical services strategy	109/19	Present a timetable for the development of the three year financial plan	RT	Dec 2019		For presentation to the Trust Management Executive 11-12-19	
14-11-19	IPR	111/19/3	Show more links to the Home First Worcestershire programme within the financial papers and to include the revised external target of £79m.	RT	Dec 2019		Verbal update within the finance section of the IPR. 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.	

Worcestershire Acute Hospitals NHS Trust

Putting patients first May 2019

Meeting	Trust Board
Date of meeting	12 December 2019
Paper number	C

Chairman's Report

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

Accountable Director	Sir David Nicholson Chairman		
Presented by	Sir David Nicholson Chairman	**Author /s**	Martin Wood Deputy 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	The Trust Board are requested to ratify the Vice Chair's action undertaken since the last Trust Board meeting in November 2019.

Executive summary	The Vice Chair undertook a Chairman's Action in accordance with Section 24.2 of the Trust Standing Orders to approve a two year extension to the Linen and Laundry contract from 1 December 2019. This followed negotiations with the supplier which will result in a financial saving to our Trust over the life of the contract extension. The Deputy Chief Executive supported this proposal.

NHS
Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	12th December 2019
Paper number	D

Trust Board - Integrated Performance Report – Month 7 2019/20

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

Accountable Director	Matthew Hopkins Chief Executive		
Presented by	Matthew Hopkins Chief Executive	**Author /s**	Nicola O'Brien – Head of Information and BI Analytics Steven Price – Senior BI Analytics 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	✓

Report previously reviewed by		
Committee/Group	**Date**	**Outcome**
Trust Management Executive	20th November 2019	Approved
Quality Governance Committee	21st November 2019	Limited
Finance and Performance Committee	29th November 2019	Limited

Recommendations	The Board is asked to: 1. Review the key messages from the Integrated Performance Reports provided in Month 7 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 is provided in a pilot presentation format, designed to aid discussion and challenge regarding how effective our action/recovery plans are. Finance and Performance Committee and Quality Governance Committee have supported the pilot of this new methodology, as agreed at the Governance Task and Finish Group. **The key points from this paper are as follows:** • Home First Programme has been re-launched. • Winter Plan interventions have been submitted to NHSE/I. • No statistically significant change to Cancer 2WW, Breast symptomatic and RTT performance; however there is statistically significant decline in Cancer 62 days and the number of patients waiting both 62+ and 104+ days. • Diagnostics remains on track to meet the year-end target. • Sepsis six bundle performance remains significantly below target.

NHS
Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	12th December 2019
Paper number	D

	• MRSA, MSSA and CDif metrics have not met the expected year to date target. E-coli is at the year to date target. • ReSPECT training is significantly below the expected target and has now been consumed into the Internal Professional Standards project in Home First Programme. • The backlog for primary mortality reviews has increased. • Workforce metrics are improving with the exception of sickness absence which is impacted by seasonal variation.

Does this affect any Board Assurance Framework/Corporate risks?								
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:** <u>Patient Safety and Experience</u> 4075: Harm from avoidable infection as a result of poor clinical practices. 3361: Standards of care for patients will be compromised in the corridors of ED 3956: There is a risk of delay in diagnosis and treatment for surveillance endoscopy patients due to lack of appointment capacity. <u>Operations and Finance</u> 3482: Overcrowding in the Emergency Department 3772: Access to funding for asset replacement 3792: Achievement of the financial plan 3631: Increased spend for NHSP Tier 1 and 2 Financial risk: 4099 – Achievement of the 19/20 financial plan (delivery of the stretch target). Please note: There are other risks that will have an impact on performance, but only those with a rating of over 20 have been included above.							
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.							

NHS
Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	12th December 2019
Paper number	D

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.

Recommendations

The Board is asked to:

1. Review the key messages from the Integrated Performance Reports provided in Month 7 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 – M7 2019-20 (Quality and Safety, Operational Performance, Finance and Workforce)*

**As approved by the internal governance process*

Enc

Trust Board

Integrated Performance Report

Improvement Statements

October 2019
Month 7

12th December 2019

PERFORMANCE IMPROVEMENT STATEMENTS

Worcestershire Acute Hospitals NHS Trust

1. Patient Flow as supported by the Home First Programme

Strategic Objective: Best services for local people

Current performance (October)	November trajectory	December trajectory	January trajectory	19/20 Year-end target
76.49%[1] 228[2] 31[3]	86.00% 262 0	86.00% 329 0	86.00% 330 0	86.00% 0 0

How have we been doing?	What actions are being taken to make the improvements?
• No significant change with EAS performance at 76.49% or 12 hour delays at 31. • Ambulance handovers in October were below trajectory. Year-end target is zero. • Winter Capacity Plan submitted to NHSE/I. • Worcestershire Health Winter Plan complete. • 15 identified priorities from the MADEs to be encompassed in the Home First plan. • Home First programme re-launched. • NHS intensive support team allocated to 4 Home First work streams to ensure progress. • 4 overarching metrics have been agreed.	• Home First Board will hold work stream leads to account fortnightly. Full project documentation being completed with PMO. • Immediate changes to the medical internal professional standards (IPS) being made by the CMO. • ReSPECT training has been incorporated into Home First IPS work stream. • Red2Green will be accelerated across all Wards in WRH by the end of the calendar year. • Frailty will be amended from a geographical location to a Frailty sensitive approach in all Wards. • SDEC and GP streaming proposals to be reviewed; and pilot 'Surgical direct access unit' will commence in November. • Ward moves between 10pm – 6am KPI to be added into SAFER/Red2Green following discussion in Quality Governance Group. • Clinical site management work stream to start.
Assurance level – LEVEL 3	**SRO: Dependant on work stream**

[1] % of patients waiting less than 4 hours from arrival to admission, transfer or discharge (EAS).
[2] Number of ambulance handovers (60 minutes)
[3] Number of patients spending 12+ hours from decision to admit to admission.

PERFORMANCE IMPROVEMENT STATEMENTS

Worcestershire Acute Hospitals NHS Trust

2. Two week wait cancer waiting times (unvalidated)

Strategic Objective: Best services for local people

Current performance (October)	November trajectory	December trajectory	January trajectory	19/20 Year-end target
82.00%[1] 23.94%[2]	93.37% 19.72%	95.58% 93.00%	93.34% 93.00%	93.10% 93.00%

How have we been doing?	What actions are being taken to make the improvements?
• No significant change with 2WW (All) performance at 81.97% • The significant decline in 2WW Breast Symptomatic since May-19 due to reduced capacity continues	• Updated trajectory has been submitted to NHSE/I for 2WW Breast symptomatic. • Additional 2WW Breast WLIs. • Discussion taking place regarding most appropriate communication to return incorrectly completed GP cancer referrals, without putting patients at risk of harm.
Assurance level – LEVEL 3	**SRO: Paul Brennan (COO)**

[1] % patients seen within 14 days (2WW) (All Cancers)
[2] % patients seen within 14 days (2WW) (Breast Symptomatic)

PERFORMANCE IMPROVEMENT STATEMENTS

Worcestershire Acute Hospitals NHS Trust

3. 62 day cancer waiting times (unvalidated)

Strategic Objective: Best services for local people

Current performance (October)	November trajectory	December trajectory	January trajectory	19/20 Year-end target
64.81%[1] 250[2] 59[3]	86.04% N/A N/A	86.04% N/A N/A	86.04% N/A N/A	86.04% N/A N/A

How have we been doing?	What actions are being taken to make the improvements?
• No significant change with 62 Day (All) performance at 64.91% • The number of patients waiting 62+ days since August is statistically significant; and of that cohort, those waiting 104+ days are also statistically significant for the first time.	• Head and Neck – recruitment process underway. • Urology – utilisation of increased third party capacity being investigated. • Dermatology - utilisation of increased third party capacity being investigated. • Micro management of the 104 day waits at the performance management group.
Assurance level – LEVEL 2	**SRO: Paul Brennan (COO)**

[1] % patients treated within 62 days
[2] Number of patients waiting 62+ days
[3] Number of patients waiting 104+ days

PERFORMANCE IMPROVEMENT STATEMENTS

4. Consultant-led referral to treatment (RTT) waiting times (validated)

Strategic Objective: Best services for local people

Current performance (October)	November trajectory	December trajectory	January trajectory	19/20 Year-end target
81.88%[1] 21[2]	85.78% TBA	82.56% TBA	83.02% 0	82.39% 0

How have we been doing?	What actions are being taken to make the improvements?
• No significant change with RTT performance at 81.88% • A significant decrease in the number of patients waiting 40+ weeks; however, the trajectory of 0 was not achieved. 50% of the breaches are within Urology *NOTE: There are 166 over 40 week waiters in total but this includes Oral Surgery and Gynaecology who has been agreed is an exception.* • The new Outpatient RTT outcome form has been launched. Early audit results show 37% of the sample were completed fully.	• A training programme proposal is being written and will be completed by the end of December. A business case may be required following the proposal. • Continued focus of the correct completion of the Outpatient outcome forms. • Oral Surgery and Dermatology are looking to utilise third party capacity. Urology already utilise third party capacity but are looking to increase the volumes. • The year-end projection will be completed and the 20/21 monthly trajectories will be modelled.
Assurance level – LEVEL 2	**SRO: Paul Brennan (COO)**

[1] % Incomplete
[2] 40+ Week Waiters – excludes the agreed exceptions.

PERFORMANCE IMPROVEMENT STATEMENTS

5. Diagnostic test waiting times (validated)				
Strategic Objective: Best services for local people				
Current performance (October)	November trajectory	December trajectory	January trajectory	19/20 Year-end target
95.96%[1]	91.91%	89.77%	94.99%	99.03%

How have we been doing?	What actions are being taken to make the improvements?
• No significant change with Diagnostic test performance at 95.96%; this is better than submitted trajectory.	• Continued monitoring between Cancer services and Diagnostics to ensure 2WW Cancer patients are being correctly categorised as 'urgent, so as not to create internal delays. • Consultant Radiologist and radiographer recruitment currently being advertised.
Assurance level – LEVEL 6	**SRO: Paul Brennan (COO)**

[1] % patients waiting less than 6 weeks for a diagnostic test

PERFORMANCE IMPROVEMENT STATEMENTS

6. Stroke (Validated)

Strategic Objective: Best services for local people

Current performance (October)	November trajectory	December trajectory	January trajectory	19/20 Year-end target
80.0%[1]	80.0%	80.0%	80.0%	80.0%
60.7%[2]	52.0%	53.0%	55.0%	90.0%
71.6%[3]	74.5%	75.0%	75.5%	70.0%
54.7%[4]	40.5%	42.0%	45.0%	80.0%

How have we been doing?	What actions are being taken to make the improvements?
• All four metrics show no significant change in performance	• The Ward change is anticipated to commence in January which will support the improvements for Stroke. • Developing key activities for 20/21 as part of the annual planning processes. • Recruitment of a CNS to enable 24/7 cover on the Stroke ward.
Assurance level – LEVEL 3	**SRO: Paul Brennan (COO)**

[1] % of patients spending 90% of time on a Stroke Ward
[2] % of patients who had Direct Admission (via A&E) to a Stroke Ward
[3] % patients seen in TIA clinic within 24 hours
[4] % of patients who had a CT within 60 minutes of arrival

Finance & Performance Committee Assurance Report

Accountable Non-Executive Director	Presented By	Author
Steve Williams - Non-Executive Director	Steve Williams - Non-Executive Director	Martin Wood – Deputy Company Secretary

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 29 November 2019.

Divisional Attendance – Strategy and Planning: We received a presentation from the Director of Strategy and Planning explaining the work of the team and the focus for the future. There are four portfolios; Strategy and Planning, Corporate Projects, Improvement and Programme Management Office (PMO). The skill mix of the team has developed and there is close working amongst the four portfolios. The work is aligned to our Clinical Services Strategy and the anticipated future growth in demand. There is now a greater focus on working with Local Authorities to secure Section 106 funding from housing developments to support health services. The Strategy and Planning Group is providing extensive support to Home First Worcestershire, recognising that putting patients first is the key priority and requires working with partners for a more system wide approach. We consider that day to day activity should be developed alongside improving patient flow rather than waiting for that to be resolved. Further work is required to implement QIAs. The PMO Portfolio team is now fully developed and is benchmarked on Portsmouth although we do not have the same level of resources.

The challenges for Strategy and Planning are to integrate the work into day to day activity and the physical location is perceived as a barrier to closer working. We are looking to be a data led organisation.

Integrated Performance Report: The key points from the report are that there is no statistically significant change to Cancer 2WW, Breast symptomatic (where we are seeing an increase in referrals but no change in the rate of cancer diagnosis) and RTT performance; however there is statistically significant decline in Cancer 62 days and the number of patients waiting both 62+ and 104+ days. Diagnostics remains on track to meet the year-end target and it is encouraging that we are on track with one of our key measures. The remedial actions were noted but it was agreed that tangible progress on Home First Worcestershire is the priority and would assist in the achievement of the performance metrics .

The new format for the IPR which is being piloted was discussed at length. The feedback was positive - the new format of the report makes it easier for us to focus and challenge on key areas. Points for improving the approach included:

- Clearly setting out the objectives against which assurance is being given
- Setting out the key actions and timescales which are needed to achieve the next assurance level
- Drawing out the key drivers and topics upon which we need to focus.

Finance & Performance Committee Assurance Report

Executive Summary (cont.)

Home First Worcestershire Programme Update: This Programme has been re-booted with six newly agreed work streams; Executive sponsors and Improvement Leads with metrics set, and with progress in delivery which is expected to increase next month. The aim is to make this a data driven programme with a consistent measure of assurance. The focused work undertaken by Speciality Medicine over the last 10 days has identified a daily average of between 66 and 77 patients medically fit for discharge revealing the extent of the issue. Our partners have recognised the situation and the County Council have provided increased funding incentives to the private domiciliary service to take patients sooner. This focused work is to be extended to the Surgery Division and to the Alex. Future reports are to set out trajectories, the key metrics of the revised programme and the actions being taken. It was noted that sub-metrics were available to enable an assessment of the effectiveness of the separate work streams.

Financial Performance – October – Month 7 2019/20: The cumulative position at the end month 7 is a deficit of £(47.1)m, £4.1m positive to the submitted plan. This position is after gross income is reduced and net of £1.8m of "blended payment" adjustment where non-elective activity exceeds plan. Against the profiled internal stretch target of £(73.7)m this position would be YTD £0.4m positive. Although the £22.5m CIP target to deliver £(73.7)m deficit is heavily skewed towards the second half of the financial year and as noted below is not likely to be achieved.

For the month the deficit was £(6.1)m which was in line with the planned deficit for the month in the submitted £(82.8)m plan and £0.7m better compared to the Q2 £(82.6)m forecast.

In respect of CIP (£5.1m achieved YTD) we noted the challenge in increasing the efficiency and effectiveness required (£8+m) over the remainder of the financial year to achieve the £13m lower-level CIP target in the published plan.

There has been limited progress in the month on the additional CIP initiatives required to achieve the £22.5m saving and the £(73.7)m deficit for the year. CIP schemes at the highest levels of maturity (3 and 4) stand at £11m. Action is continuing on the schemes which could make deliver large savings (e.g. reassign Evergreen against a discharge to assess contract, theatre utilisation) but the pace of development is not sufficient to deliver substantial benefits in the current financial year.

We learnt that since the publication of the report there have been opportunities to bid for both capital and revenue monies and the Trust has been successful in a number of bids to provide the ward reconfiguration and give us the additional winter capacity. The full list of bids is to be presented in the next report. There is an expectation that the Trust will deliver on the additional allocations. Additional funding has also been provided to the CCG and the Worcester Health & Care Trust for provision of out of hospital care.

Procurement/Supply Chain Quarterly Update: The 2019/20 Procurement forecast is £1.8m against a plan of £2m. To mitigate this gap in forecast and plan our Trust is working more strategically with Shrewsbury and Telford, Walsall, Sandwell and Dudley Hospitals resources to identify opportunities using scale and a new spend comparison service to reduce the prices we pay for products we use today. Opportunities identified will be factored into the plan in the coming weeks. Procurement is also working with the Divisions and seeking to ensure better contract management over the total life of contracts.

We have endorsed the re-award of an outsourcing contract across the Finance and Accounting and Employment Services and in line with SFIs Contract > 3 years and £100k the Board is recommended to approve this contact award.

Finance & Performance Committee Assurance Report

Executive Summary (cont.)

Annual Plan Update: We noted that there is now increased ownership with progress being made in the absence of the 2020/21 national operational planning guidance. Again, it is acknowledged that there is more work to do. The Plan is based on the top down element of the national position with the bottom up element being how each speciality considers deliverability. We consider that the deficit figure should be set in the first instance acknowledging that the higher the target leads to a greater level of transformational activity although this comes with increased risk of non delivery. We are planning to update the data issue in December of Model Hospital and separately GIRFT data to underpin future transformational activity.

Planning is more about transformational activity than just CIPs and we wish to invite the Board to consider at an early stage in the planning process the appetite for the level of financial target. This can then be included in the developing Medium Term Financial Plan alongside the CIPs. We have stressed again that CIPs should be ready for implementation from the start of the financial year. Divisions need greater clarity on the scale of the financial ask. In the longer term there should be a move away from budgets to the use of the run rate and a focus on continuous improvement and improving margin contribution.

Winter Plan: A brief verbal update was provided to the meeting pending an update of the plan. It was noted that the local health system is proposing to use the Home First Worcestershire Plan, the System Capacity Plan and the A + E Delivery Board Plan as the core actions to be taken over the winter period.

Report from the Finance and Service Improvement Group: We received the report providing an update on progress on the major programmes contributing to financial and service improvement both now and in the future. This is the beginning of transformational activity although it is acknowledged that more work needs to be done. There is staff commitment to the Home First Worcestershire Programme in terms of meeting attendance but in other areas a lack of engagement has delayed some of the other programmes. This needs to be addressed by the relevant programme leaders. It was noted that the format of the report demonstrated the range of actions being undertaken but did not facilitate the committee to gain assurance over their effectiveness. It was agreed that the approach being developed for the IPR be used also for this report.

Risks: We identified no further risks to those set out in the various reports.

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 and to approve the Finance and Accounting and Employment Services contact award.

Appendices

QUALITY IMPROVEMENT STATEMENTS

1. SEPSIS six bundle - % of patients who received all elements of the sepsis six bundle within 60 minutes of arrival (audit – inpatient wards)	
Strategic Objective: Provide the best experience of care and best outcomes for patients.	
Current performance September is 51.96%.	
How have we been doing?	**What actions are being taken to make the improvements?**
• 53 of 103 patients received the sepsis bundle within 60 minutes. • We have not achieved the target in any month during 19/20. • The provision of antibiotics and oxygen given within one hour are above trajectory. • Lactate is significantly below the target, with Urine and IV fluids showing variable performance. • As reported last month we are undertaking an audit to identify the barriers to compliance.	• Enhanced ownership at divisional level. • Bar coded stickers are being applied to aid audit purposes during October. • The results of an audit to identify barriers to achieving the target will be presented to December CGG.
Assurance level – LEVEL 2	**SRO: Mike Hallissey (CMO)**

QUALITY IMPROVEMENT STATEMENTS

2. Infection Prevention – Embed our infection prevention and control recovery plan

Strategic Objective: Provide the best experience of care and best outcomes for patients.

YTD Current performance(October)	YTD November trajectory	December trajectory	January trajectory	19/20 Year-end target
CDif – 38	CDif – 36	CDif – 40	CDif – 45	CDif – 53
E-Coli – 34	E-Coli – 39	E-Coli – 44	E-Coli – 49	E-Coli – 59
MSSA - 9	MSSA – 8	MSSA – 9	MSSA – 10	MSSA – 10
MRSA -1	MRSA -0	MRSA - 0	MRSA -0	MRSA - 0

How have we been doing?	What actions are being taken to make the improvements?

• During October we have had 7 CDif cases, 5 E-coli cases, 0 MRSA and 0 MSSA.
• Identification of key concerns driving variation in performance, and the three themes identified through review of red lapses in care from CDI cases:
  ○ Cleaning
  ○ Antimicrobial Prescribing
  ○ Mandatory Training
• Continued robust scrutiny and challenge at TIPCC committee.
• We have increased the frequency of unannounced walkabouts and feedback.
• Divisional improvements in IPC training compliance.
	• We need to continue to identify, challenge and mitigate risks and issues to reduce variation.
	• Actions in place to focus attention at clinical level on a daily basis at all levels, across all disciplines on the 3 key actions identified.
	• Escalation actions in place within Divisions and corporately to increase the pace of delivery for improvement with cleaning Services.
	• CNO and CMO actions being taken to address antimicrobial prescribing.
	• Divisional actions and monitoring in place to achieve % e-learning modules to be completed. This is at individual clinician level to address areas of poor mandatory training compliance.

Assurance level – LEVEL 3 (downgraded from level 4) **Specific actions for improvements on prescribing will impact on outcomes in Q4**	**SRO: Vicky Morris (CNO)**

QUALITY IMPROVEMENT STATEMENTS

3. ReSPECT training – awareness and authorship	
Strategic Objective: Provide the best experience of care and best outcomes for patients.	
Current performance in September for Awareness – 26.59% (739/2779) With a target of 75% and for Authorship 25.99% (230/885) with a target of 75%	
How have we been doing?	**What actions are being taken to make the improvements?**
• We have been liaising with the IT Company –IBM, to develop the 'Essential to role' dashboard. This has experienced some delivery issues. • We have been developing the organisational SOP.	• Actions taken to include RESPECT training in the Appraisal process (effective from November). • Actions in place to review the competency mapping to roles to ensure the correct number of eligibility numbers. • Two months of support from the Worcestershire Macmillan ReSPECT Project Lead with a particular focus on compliance with training, starting November. This will include bespoke face to face training. • ReSPECT will now be included in the Internal Professional Standards project within the Home First Worcestershire Programme.
Assurance level – LEVEL 3 **Action expected to deliver Improvements by the end Dec 2019 with an assurance level of 4**	**SRO: Mike Hallissey (CMO)**

QUALITY IMPROVEMENT STATEMENTS

4. Improve our learning from death processes.

Strategic Objective: Provide the best experience of care and best outcomes for patients.

Current performance (August)

Mortality reviews within 30 days remains at 47% with a current overall backlog of 916 cases compared to 888 in July. Consideration is being given to excluding deaths prior to October 2018 from future review as the external mortality review has not identified any significant issues and there is a need to focus on recent deaths to maximise learning.

Investigation of SI's remains a key further mechanism to identify concerns.

How have we been doing?	What actions are being taken to make the improvements?
• Neither the HSMR nor SHMI models reflect current trends in crude mortality across the trust • The Trust continues to remain an outlier for mortality in respect of HSMR and SHMI. Whilst there is no single cause of the elevated HSMR, SHMI does appear to suggest above average out of hospital deaths • The completion rate for mortality reviews within 30 days, whilst improved, has begun to slow down, and the backlog has plateaued	• Consider and implement the actions from the mortality review recently conducted by NHSE (work commissioned by the Trust) • Actions to develop (mortality metrics linked to A&E/ED (not covered by SHMI or HSMR) • We will be examining possible links between extended waiting times (A&E) and subsequent mortality risks • We are continuing to recruit medical examiners and the role will be incorporated into the Deputy DD role which will provide an adequate cohort to do the mortality reviews in real time once they have been trained
Assurance level – Level 2 With agreed action – assurance level and timelines of reviews will be evidenced in Q4	**SRO: Mike Hallissey (CMO)**

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 21st November 2019. A summary of key points discussed are as follows:

- **Theatres Disposables / Sterile Equipment Report:** We were assured on the actions being taken with respect to sterile supplies in theatres.
- **Integrated Quality Report:** The new format seems to be working well in the Committee. We discussed the issues with the attainment of the sepsis 6 bundle and urged the Chief Medical Officer to continue the work on ensuring that there was accurate recording of information. We were surprised with the lack of accurate figures in relation to ReSPECT training but were pleased that the CMO had ensured that all consultants were trained as authors. This was of paramount importance to ensure that patient wishes were properly executed. There should be the full complement of medical examiners in January. This will ensure the real time reviews of deaths to ensure lessons are learnt. In respect of infection control, the Trust remains red rated by NHSEI. It is clear, however, that there is grip on the three main issues, cleaning, antimicrobial prescribing and mandatory training. We also received the results of the Q2 review into C. diff infections which also highlighted the same three themes, cleaning, antimicrobial prescribing and mandatory training.
- **Long Wait Report:** NHSEI had undertaken a review of 12 patients who had been in the ED for longer than 12 hours. We were pleased with the proactive response of the Trust and the recognition that wider reviews needed to be undertaken. We understand that the actions will be amalgamated within the Home First action plan and we will review this at our next meeting.
- **Quality Account:** We received a report outlining the progress against the priorities identified in last year's quality account. We were pleased that the work was dovetailing with the review of the Quality Improvement Strategy. We requested that ReSPECT and the ED experience be included within the report
- **7 Day Services:** We approved the report on behalf of the Board for submission to NHSEI. There is a robust programme in place in respect of auditing notes to ensure that patients are seen with 14 hours of admission. We had a discussion about job plans and we were assured with the work in train which is being reported to the People and Culture Committee about the development of job plans to ensure that they meet the needs of the Trust.

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.

Appendices - none

PEOPLE & CULTURE IMPROVEMENT STATEMENTS

Worcestershire Acute Hospitals NHS Trust

1. Appraisal Rates – Ensure all our staff have annual appraisal

Strategic Objective: Best People

Current performance (October) against local target of 90%	November trajectory	December trajectory	January trajectory	19/20 Year-end target
Non-Medical Appraisal 84%	85%	86%	87%	89%
Medical Appraisal 92%	93%	86%	95%	97%

How have we been doing?	What actions are being taken to make the improvements?
• Appraisal rates are showing steady improvement • 1% improvement this month on non-medical appraisal to 84% • Medical appraisal stayed the same at 92% which is above target • Model Hospital benchmark is 85%	• Roll out of ESR Manager self-service which shows appraisal rates on landing page • Appraisals uploaded on ESR centrally from an IT link to simplify process • ESR sends email 4 months prior to expiry of appraisal to remind manager and individual • Appraisal rates are covered in Divisional PRM meetings • HR send monthly reports to Divisions for discussion at Divisional Board meetings
Assurance level – LEVEL 4	**SRO: Tina Ricketts (DPC)**

PEOPLE & CULTURE IMPROVEMENT STATEMENTS

Worcestershire Acute Hospitals NHS Trust

2. Consultant Job Plan Compliance – Ensure all our Consultants have up to date Job Plans

Strategic Objective: Best Use of Resources

Current performance (October) against local target of 100%	November trajectory	December trajectory	January trajectory	19/20 Year-end target
89%	90%	91%	92%	95%

How have we been doing?	What actions are being taken to make the improvements?
• Consultant job planning compliance is showing steady improvement • Model Hospital Benchmark is 100%	• Roll out of e-job plan module on Allocate to enable appraisers and appraisees to input directly • Job plans uploaded centrally on e-job plan to enable reporting • Dedicated resource in HR medical resourcing team to complete initial project roll out • Outstanding job plans in SCSD and Surgery escalated to Divisional Directors to follow up • New HR Business Partners are supporting to challenge gaps • E-job plan automated email notifications to be turned on from April 2020 once all job plans are live, which will support the next annual job plan round
Assurance level – LEVEL 3	**SRO: Tina Ricketts (DPC)**

PEOPLE & CULTURE IMPROVEMENT STATEMENTS

Worcestershire Acute Hospitals NHS Trust

3. Mandatory Training Compliance – Ensure that all our staff are suitably trained

Strategic Objective: Best People

Current performance (October) against local target of 90%	November trajectory	December trajectory	January trajectory	19/20 Year-end target
90%	91%	92%	93%	95%

How have we been doing?	What actions are being taken to make the improvements?
• Mandatory training has shown a dip this month for the first time since March 2018 but is still above target. • Compliance has dropped by 1% to 90% this month mainly due to the change in eligibility for Prevent (WRAP) training as required by the CCG • Overall mandatory training is showing a steady improvement and is on trajectory • Model Hospital benchmark has increased from 89% to 90% in September • Automated emails from ESR and RAG rated matrix are well received by staff in maintaining compliance.	• Workforce are providing 1:1 support with Managers to embed use of Manager Self Service with gauge on landing page • Mandatory Training compliance is covered in Divisional PRM meetings • HR send monthly reports to Divisions for discussion at Divisional Board meetings • HR BP's to push further action within divisions to meet stretch target of 95% post April 2020. • Staff comms regarding the change in eligibility for WRAP to counteract the anticipated drop in compliance for November following IBM upload.
Assurance level – LEVEL 6	**SRO: Tina Ricketts (DPC)**

PEOPLE & CULTURE IMPROVEMENT STATEMENTS

Worcestershire Acute Hospitals NHS Trust

4. Vacancy Rates – Ensure we have adequate staff to ensure patient safety

Strategic Objective: Best Use of Resources

Current performance (October) against NHS average of 8.1%	November trajectory	December trajectory	January trajectory	19/20 Year-end target
9.72% Substantive plus bank for new wards	9.5%	9.25%	9%	8.5%
8.64% Substantive vacancies only	8.5%	8.25%	8%	7.5%

How have we been doing?	What actions are being taken to make the improvements?
• Vacancies continue to reduce 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 2.5% since May 2019 and by 0.4% since last month which is better than anticipated. • Our overall vacancy rate (including funded bank and agency for new wards) is now at 9.72% which is lower than our substantive vacancy rate for most months last year. • Our substantive vacancy rate (excluding new wards) is 8.64% against national average of 8.1%	• Rolling Programme of centralised recruitment for Band 5 and Band 2 Nurses and all Medics • Our recruitment pipeline for nurses will reduce our vacancies from 290 currently to less than 110 by June 2020 as a result of increased domestic recruitment and international recruitment supported by HEE and NHSP. • Clinical fellow programme in place to reduce career grade vacancies • Enhanced support in place for overseas nurses to ensure maximum retention
Assurance level – LEVEL 3	**SRO: Tina Ricketts (DPC)**

PEOPLE & CULTURE IMPROVEMENT STATEMENTS

5. Sickness Absence Rates – Ensure that sickness absence is managed and that our staff are supported to maintain their health and wellbeing at work

Strategic Objective: Best Use of Resources

Current performance (October) against local target of 4%	November trajectory	December trajectory	January trajectory	19/20 Year-end target
Monthly Absence rate 4.36%	4.1%	4.3%	4.2%	4%

How have we been doing?	What actions are being taken to make the improvements?
• Our monthly sickness absence run rate has increased this month to 4.36% and remains higher than Model Hospital average (4.06% in August 2019 which is the latest data) • Short term sickness has increased to 1.99% due to seasonal illnesses. • Long term sickness has reduced by 0.38% this month due to active intervention between HR and managers • Our SPC charts show that sickness trajectories are difficult to predict due to prevalence of winter illnesses such as norovirus and influenza.	• Roll out of ESR Manager self-service which shows sickness absence rates on landing page • Support, such as counselling, acupuncture, physiotherapy and the Self Care programme are all available to support staff reporting stress anxiety or depression and musculoskeletal issues which are the main reasons for long term absence • Sickness absence rates are discussed in Divisional PRM meetings • Deep dive being undertaken for review by TME and People and Culture Committee in December.
Assurance level – LEVEL 3	**SRO: Tina Ricketts (DPC)**

PEOPLE & CULTURE IMPROVEMENT STATEMENTS

6. Staff Turnover Rates – Make this a good place to work so that we can retain our staff

Strategic Objective: Best Use of Resources

Current performance (October) against local target of 11%	November trajectory	December trajectory	January trajectory	19/20 Year-end target
Annual Turnover rate 11.51%	11.45%	11.35%	11.25%	11.00%

How have we been doing?	What actions are being taken to make the improvements?
• Turnover rates are improving, with a further reduction to 11.51% • Turnover remains lower than same period last year and continues its steady improvement since May 2019. • Q2 Staff Friends and Families Test shows 69% of our staff would recommend the Trust as a place to work which is the highest rate in the last 2 years. • New 'Happy Café's' have received good feedback.	• 'Retention' drop in sessions to enable staff to outline what keeps them here so that we can learn lessons – actions being taken forward through the workforce groups • 4ward culture programme to make this a better place to work. Phase 2 of 4ward in development. • Further roll out of 'Happy Café's • Launch of the Education Academy • Target to be reduced to 11% from April 2020
Assurance level – LEVEL 5	**SRO: Tina Ricketts (DPC)**

Finance | Key Messages

2019/20 Plan	For 2019/20 the Trust committed to delivering a deficit of no more than £(82.8)m with a stretch target of £(73.7)m. This stretch target requires delivery, all other things being equal, of £22.5m of savings/margin improvement. 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. Notwithstanding the aforementioned, we continue to aim to achieve the £(73.7)m 2018/19 internal stretch out-turn target.
I&E Position	For October, month 7 of 2019/20 is a deficit of £(6.1)m in line with the plan deficit, £(26)k negligibly adverse to the YTD £(82.8)m deficit plan. In month results are broadly consist with YTD. Favourable variances from income, timing of opening additional capacity and Business Case underspends (Electronic Prescribing & Medicines Administration – EPMA and proposed expansion of Managed Equipment Service - MES) continue to support the position. Premium staffing costs and CIP delivery reduce the overall level of benefit. **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 7 we would be £(0.9)m adverse and £0.4m favourable year to date. The key challenge is further improving efficiency and effectiveness and deliver improved performance over the 2nd half of the year / winter period.**
Income	The combined income (including Other Operating Income and after adjusting for the blended payment mechanism) was £1.0m above plan in October (YTD position is £4.1m above plan including PSF). If the £1.8m blended adjustment did not apply (20% Marginal Rate), income would be £5.9m above the year to date plan. Patient Care Income was £1.9m above plan in month (excluding drugs & devices) before adjusting for the blended payment marginal rate (£1.0m in October). Emergency activity was £1.5m above plan in month, driven by a catch-up of the previous months coding and a greater volume of activity. Day case and Electives were £0.3m above plan; Elective inpatients performance was higher than planned levels; the endoscopy improvement target incorporated within the annual plan to achieve the diagnostic waiting standards was not met; there were increased activity levels in October due to insourcing and outsourcing but the planned activity was higher. Outpatients were £0.5m above plan: the activity run-rate in October was much improved from September across a number of specialties across the Trust. Other Income was £0.4m below plan.
Expenditure	Pay and non pay costs (excluding Non PbR and finance charges) exceeded plan by £(0.7)m in October. This adverse variance is largely as a result of the alignment and slippage against the submitted CIP plan, premium staffing and non-pay overspends. Pay expenditure increased by £0.6m from £24.5m to £25.1m in October. The underlying increase was c. £0.3m with the remainder due to the normalisation of medical costs following the medical award settlement benefit last month. The combined agency and bank spend is £4.1m in October and represents 16.5% of the pay bill. This value is a marginal increase compared to last month of £14k, specifically within bank. Agency expenditure for month 7 of £2.2m is a reduction of £132k on September and is at its lowest reported level in this financial year. Nursing has been a key driver as a result of substantive recruitment and reduced levels of specialling. In turn we continue to see a reduction in our spend with ID medical, particularly within the Specialist Medicine Division Increased non pay expenditure within Estates & Facilities of c.£0.3m reflects PFI increased variable costs for laundry, catering and waste and professional service costs supporting CIP delivery (Managed Energy Contract, the Managed Energy Deed, and the Siemens Managed Equipment Services Benchmarking negotiations) (£88k).

Finance | Key Messages

Operational Financial Forecast	The month 7 deficit of £(6.1)m is £0.7m better than the forecast prepared at Q2 of £(6.8)m (to deliver £(82.6)m). A pre risk adjusted forecast of £(82.6)m is aligned to our external target. A forecast of £(82.6)m implies that the positive YTD variance of £4m reduces moving forward as a result of the lack of CIP delivery against the back ended plan. Our ability to hit our internal target of £(73.7)m requires a material reduction in our agency and bank costs, continued focus on improving flow and reducing ED attendances through Home First, maintaining tightened governance and execution of the key elements of the financial recovery programme.
Productivity & Efficiency	In October, month 7 2019/ 20, a nominal £5.1m (note £22.5m Full Year delivery required) of CIP delivery (year to date) was achieved. The operational forecast assumes c. £11m FYE CIP delivery in the 2019/20 financial year from the £20.1m Identified. 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 FYE 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 break-even position against available funds. At October 2019 – Month 7, year to date expenditure totals £3.95m, the majority of which is relating to the Acute Services Review "ASR" Aconbury East Scheme (£2.54m). 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 is due to be re-submitted during November, following the receipt of queries, with a revised phasing of the loan across 2019/20 and 2020/21. 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 October the cash balance was £21.95m which is significantly over the £1.9m minimum balance required owing to the timing of due payments, the year to date favourable variance to plan and timing of receipt of 2018/19 PSF cash. Future loan requests have been recalculated to manage the cash balance down and meet the minimum month end balance requirements. The Trust has received £7.122m working capital cash support in October 2019. The 2018-19 capital loan of £5.64m has now been approved and £1.2m of this has been drawn down in October 2019. 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. NHSI/E have recently confirmed that revenue loan principal repayments due during 2019/20 have been re-profiled into 2020/21. Capital loans are repaid through the capital programme.

Assurance Levels

RAG Rating	ACTIONS	OUTCOMES
Level 7	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of delivery of the majority or all the agreed actions, with clear evidence of the achievement of desired outcomes over defined period of time i.e. 3 months.
Level 6	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of delivery of the majority or all of the agreed actions, with clear evidence of the achievement of the desired outcomes.
Level 5	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of delivery of the majority or all of the agreed actions, with little or no evidence of the achievement of the desired outcomes.
Level 4	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of a number of agreed actions being delivered, with little or no evidence of the achievement of the desired outcomes.
Level 3	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Some measurable impact evident from actions initially taken AND an emerging clarity of outcomes sought to determine sustainability, agreed measures to evidence improvement.
Level 2	Comprehensive actions identified and agreed upon to address specific performance concerns.	Some measurable impact evident from actions initially taken.
Level 1	Initial actions agreed upon, these focused upon directly addressing specific performance concerns.	Outcomes sought being defined. No improvements yet evident.
Level 0	Emerging actions not yet agreed with all relevant parties.	No improvements evident.

The table above provides the detail in relation to the assurance levels being applied in the improvement statements shown earlier in this report

Enc

Trust Board

Integrated Performance Report

SPC Charts

October 2019
Month 7

12th December 2019

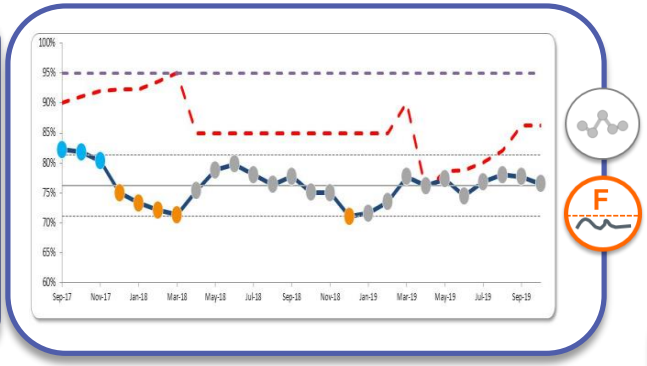
Month 7 [October] | 2019-20 Operational Performance Summary

Responsible Director: Chief Operating Officer | Validated for Oct-19 as at **21-Nov-19**

NHS Worcestershire Acute Hospitals NHS Trust

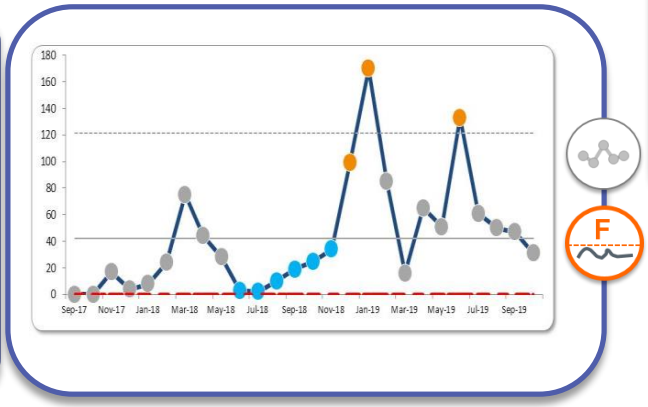
4 Hour EAS (all)

76.49%



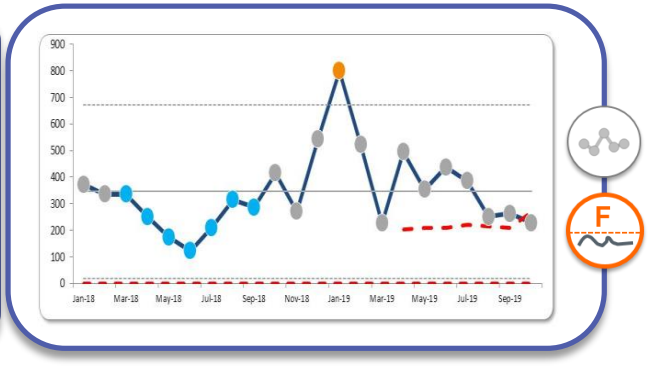
12 Hour Trolley Breaches

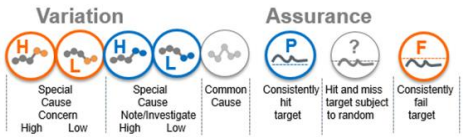
31



60 minute Ambulance H.O delays

228





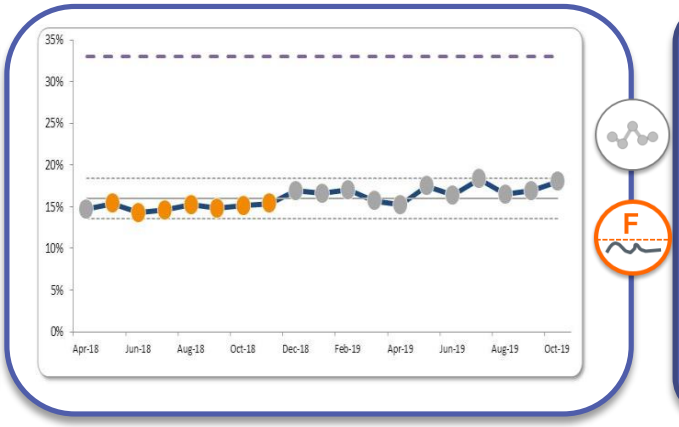
Month 7 [October] | 2019-20 Operational Performance Summary

Responsible Director: Chief Operating Officer | Validated for Oct-19 as at **21-Nov-19**

NHS Worcestershire Acute Hospitals NHS Trust

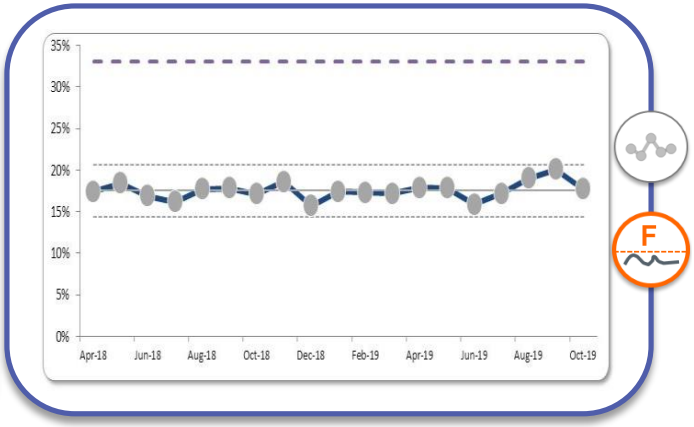
Discharge before midday (WRH)

18.00%



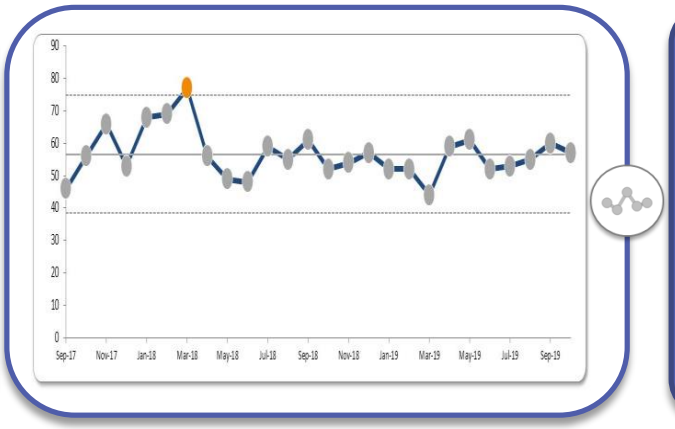
Discharge before midday (ALX)

17.70%



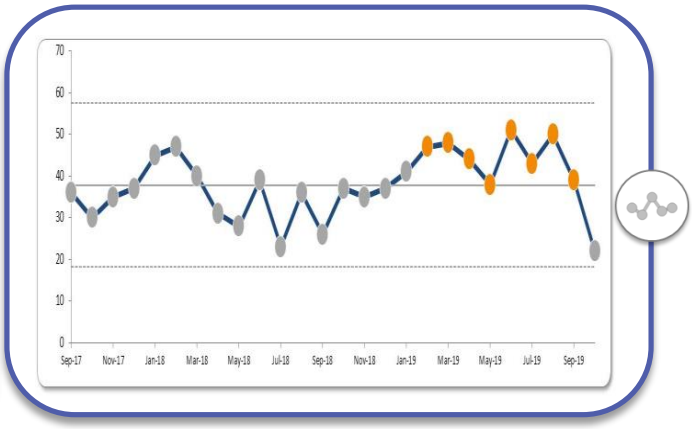
Long Length of Stay Patients (21+ days) (WRH)

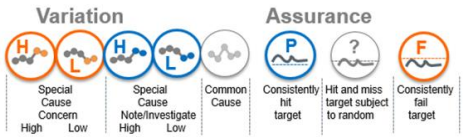
57



Long Length of Stay Patients (21+ days) (ALX)

22





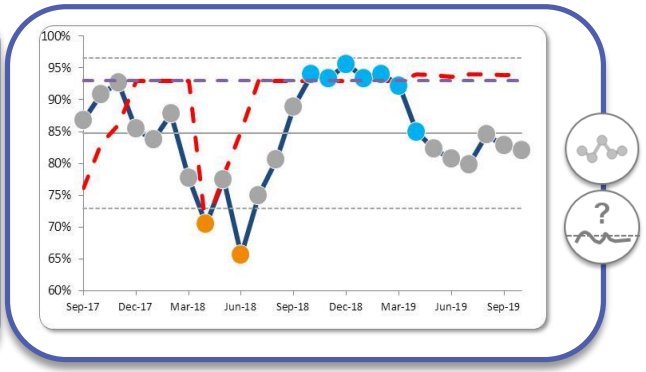
Month 7 [October] | 2019-20 Operational Performance Summary

Responsible Director: Chief Operating Officer | Unvalidated for Oct-19 as at **21-Nov-19**

NHS Worcestershire Acute Hospitals NHS Trust

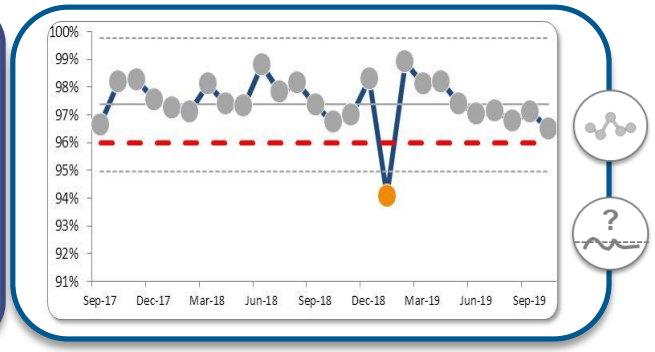
Cancer 2WW All

82.00%



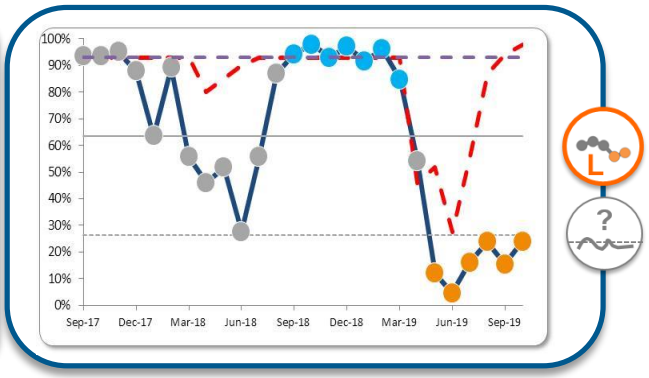
Cancer 31 Day All

96.60%



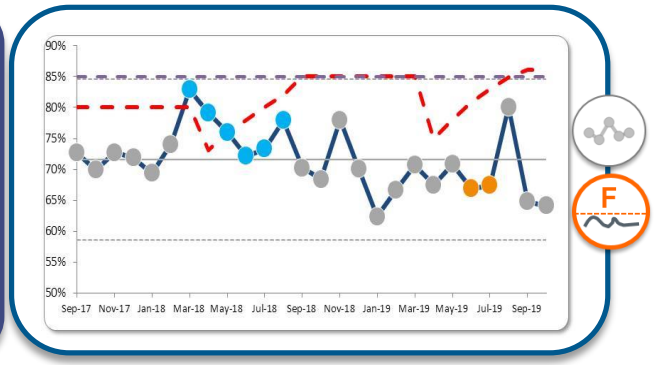
Cancer 2WW Breast Symptomatic

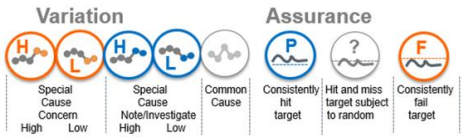
23.94%



Cancer 62 Day All

64.81%





Month 7 [October] | 2019-20 Operational Performance Summary

Responsible Director: Chief Operating Officer | Unvalidated for Oct-19 as at **21-Nov-19**

NHS Worcestershire Acute Hospitals NHS Trust

62+ Day Waiters

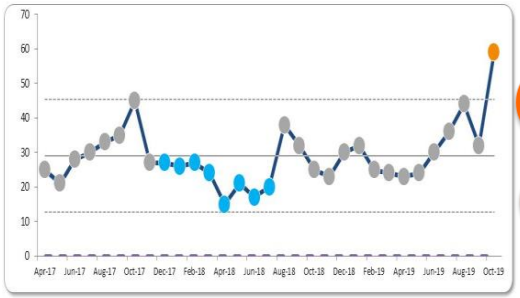
250

H

F

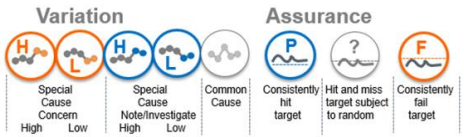
104+ Day Waiters

59



H

F



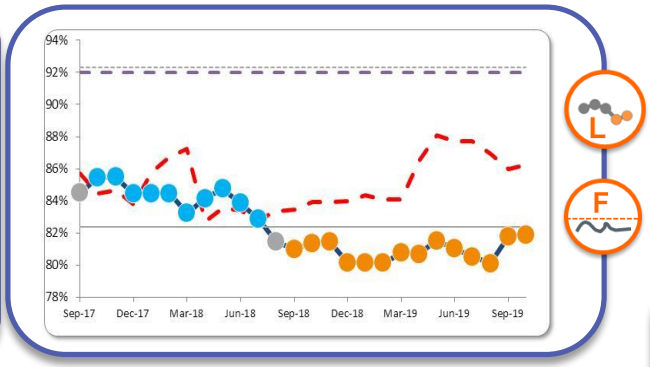
Month 7 [October] | 2019-20 Operational Performance Summary

Responsible Director: Chief Operating Officer | Validated for Oct-19 as at **21-Nov-19**

Worcestershire Acute Hospitals NHS Trust

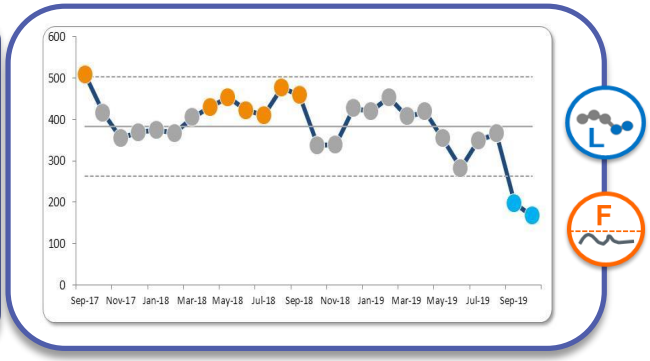
RTT Incomplete

81.88%



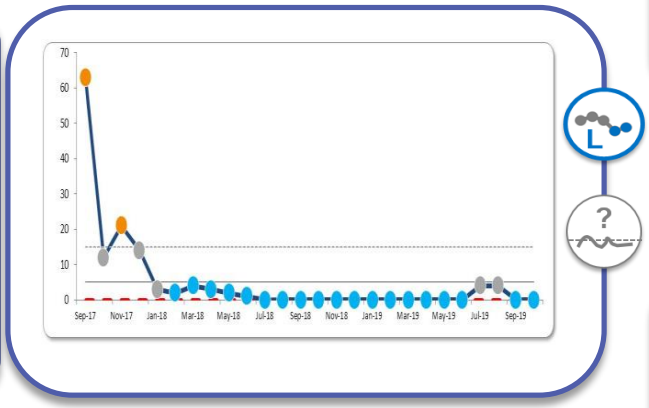
40+ week waits (includes agreed exceptions)

166



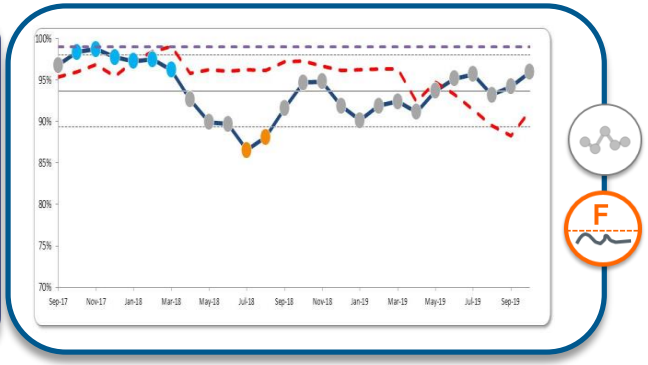
52+ week waits

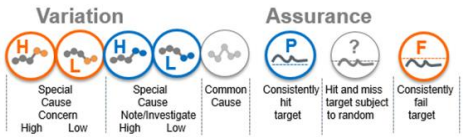
0



Diagnostics

95.96%





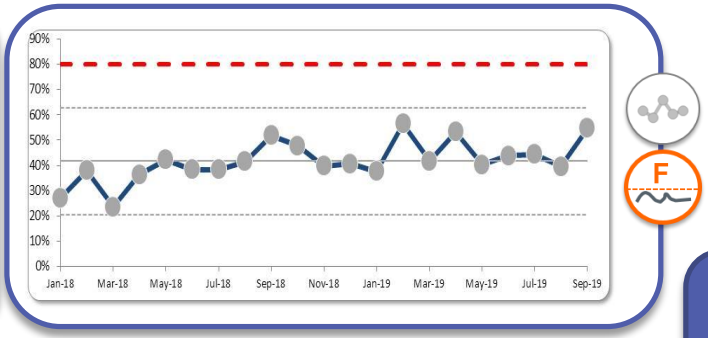
Month 6 [September] | 2019-20 Operational Performance Summary

Responsible Director: Chief Operating Officer | Validated for Sept-19 as at **21-Nov-19**

NHS Worcestershire Acute Hospitals NHS Trust

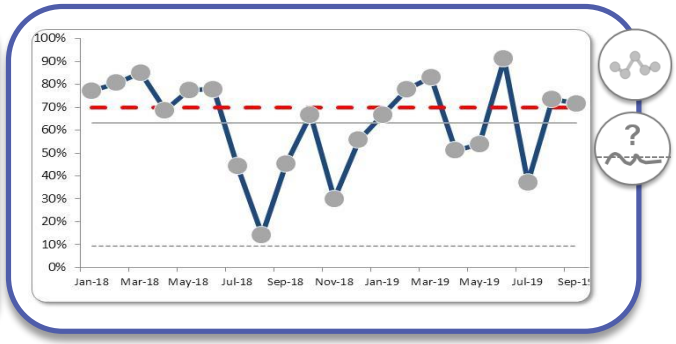
Stroke : % CT scan within 60 minutes

54.7%



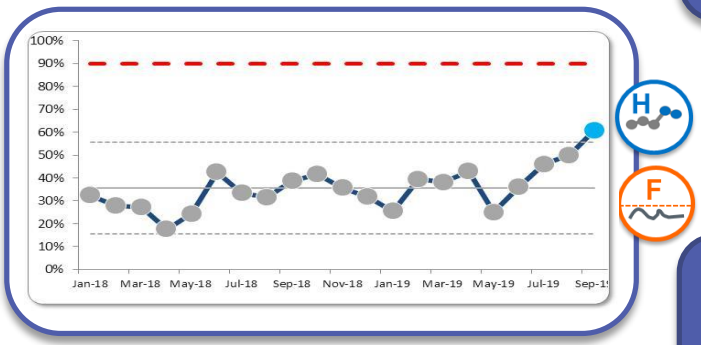
Stroke: % seen in TIA clinic within 24 hours

71.6%



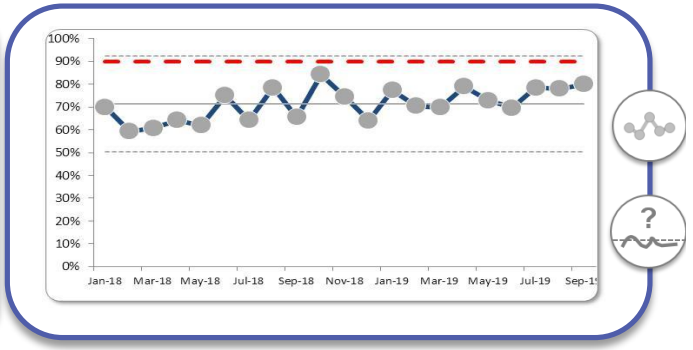
Stroke : % Direct Admission to Stroke ward

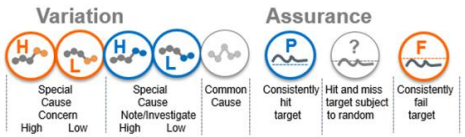
60.7%



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

80.0%





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

Operational | Submitted Trajectories (19/20) | M7 [October]

Worcestershire Acute Hospitals NHS Trust

	Performance Metrics	Operational Standard		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
EAS	4 Hours (all)	95%	Actual	76.18% ✓	77.28% ✗	74.43% ✗	76.82% ✗	77.96% ✗	77.69% ✗	76.49% ✗
			Trajectory	75.41%	78.60%	78.78%	80.10%	82.10%	86.21%	86.24%
	15-30 minute Amb. Delays	-	Actual	1,703 ✗	1,767 ✗	1,738 ✗	1,925 ✗	1,828 ✗	974 ✗	1940 ✗
			Trajectory	1420	1251	1149	1112	855	831	673
	30-60 minute Amb. Delays	-	Actual	728 ✗	608 ✓	671 ✗	751 ✗	646 ✗	436 ✗	705 ✗
			Trajectory	609	626	522	445	428	416	292
	60+ minutes Amb. Delays	0	Actual	496 ✗	354 ✗	438 ✗	386 ✗	252 ✗	264 ✗	228 ✓
			Trajectory	203	209	209	222	214	208	269
RTT	Incomplete (<18 wks)	92%	Actual	80.18% ✗	81.51% ✗	81.02% ✗	80.54% ✗	80.10% ✗	81.75% ✗	81.88% ✗
			Trajectory	86.47%	88.06%	87.72%	87.69%	86.93%	86.01%	86.25%
	52+ WW	0	Actual	0 ✓	0 ✓	0 ✓	4 ✗	5 ✗	0 ✓	0 ✓
			Trajectory	0	0	0	0	0	0	0
CANCER	2WW All	93%	Actual	84.92% ✗	82.27% ✗	80.70% ✗	79.79% ✗	84.51% ✗	82.81% ✗	81.97% ✗
			Trajectory	93.93%	93.90%	93.64%	93.94%	94.02%	93.83%	93.96%
	2WW Breast Symptomatic	93%	Actual	54.12% ✓	12.00% ✗	4.58% ✗	16.07% ✗	23.77% ✗	15.52% ✗	23.94% ✗
			Trajectory	45.96%	51.76%	27.66%	55.68%	87.01%	94.20%	97.81%
	62 Day All	85%	Actual	67.50% ✗	70.83% ✗	66.86% ✗	67.41% ✗	80.24% ✗	65.04% ✗	64.51% ✗
			Trajectory	74.93%	78.06%	80.91%	82.91%	84.90%	86.04%	86.04%
	104 day waits	0	Actual	23 ✗	23 ✗	30 ✗	36 ✗	44 ✗	32 ✗	56 ✗
			Trajectory	0	0	0	0	0	0	0
	31 Day First Treatment	96%	Actual	98.19% ✓	97.40% ✓	97.02% ✗	97.13% ✗	96.80% ✗	97.10% ✗	96.50% ✗
			Trajectory	97.39%	97.32%	98.80%	97.82%	98.15%	97.35%	96.73%
	31 Day Surgery	94%	Actual	96.67% ✓	93.94% ✗	94.12% ✗	81.48% ✗	85.71% ✗	85.19% ✗	68.00% ✗
			Trajectory	96.43%	97.06%	96.88%	100.00%	100.00%	95.00%	100.00%
	31 Day Drugs	98%	Actual	100% ✓	100% ✓	100% ✓	100% ✓	95.83% ✗	90.91% ✗	100.00% ✓
			Trajectory	90.91%	100%	96.43%	100%	100%	100%	100%
	31 Day Radiotherapy	94%	Actual	100% ✓	100% ✓	96.30% ✗	100.00% ✓	100.00% ✓	98.18% ✗	74.19% ✗
			Trajectory	100%	100%	100%	100%	100%	100%	100%
	62 Day Screening	90%	Actual	92.00% ✓	92.00% ✓	52.00% ✗	88.89% ✗	94.44% ✓	81.03% ✓	84.62% ✓
			Trajectory	85.19%	85.19%	90.00%	90.70%	76.60%	73.21%	65.38%
	62 Day Upgrade	-	Actual	79.17% ✓	70.00% ✓	75.00% ✓	62.50% ✗	75.00% ✗	52.94% ✗	75.00% ✓
			Trajectory	70.00%	62.50%	59.09%	83.33%	80.00%	90.91%	60.00%
Diagnostics (DM01 only)		99%	Actual	91.14% ✗	93.67% ✗	95.46% ✓	95.68% ✓	93.17% ✓	94.21% ✓	95.96% ✓
			Trajectory	92.37%	94.74%	91.42%	91.42%	89.52%	88.25%	91.28%
STROKE	CT Scan within 60 minutes	-	Actual	53.30% ✗	40.30% ✗	43.90% ✗	44.30% ✗	39.50% ✗	54.70% ✗	- -
			Trajectory	80.00%	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% ✓	71.60% ✓	- -
			Trajectory	70.00%	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% ✗	60.70% ✗	- -
			Trajectory	90.00%	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% ✗	80.00% ✓	- -
			Trajectory	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%

Month 7 [October] | 2019-20 Quality & Safety Summary

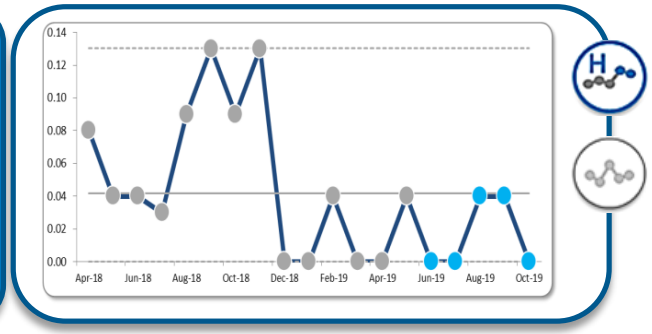
Care that is Safe

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for October 19 as at **13 Nov 19**

Worcestershire Acute Hospitals NHS Trust

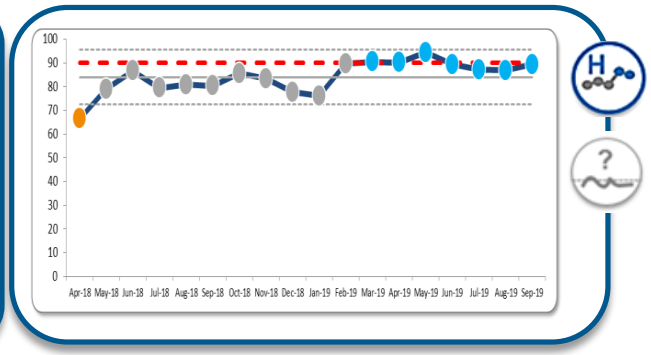
Falls per 1,000 bed days causing harm

0



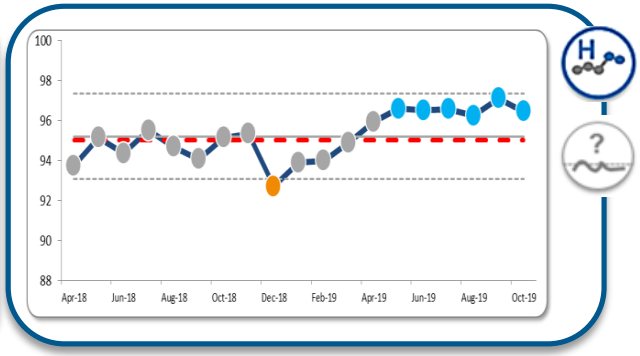
Sepsis Screening Compliance (audit)

Sep 89.3%



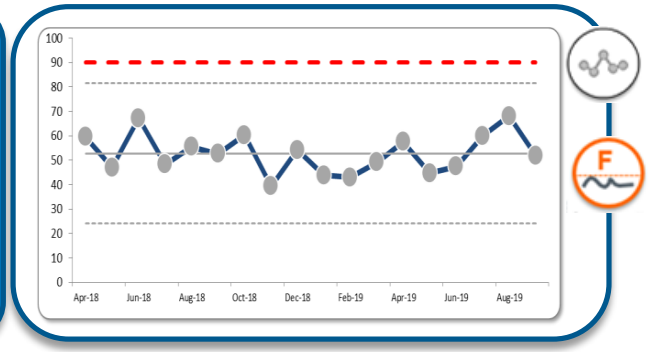
VTE Assessment Compliance

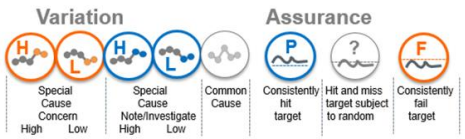
96.45%



Sepsis 6 Bundle Compliance (audit)

Sep 51.96%





*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 7 [October] | 2019-20 Quality & Safety Summary

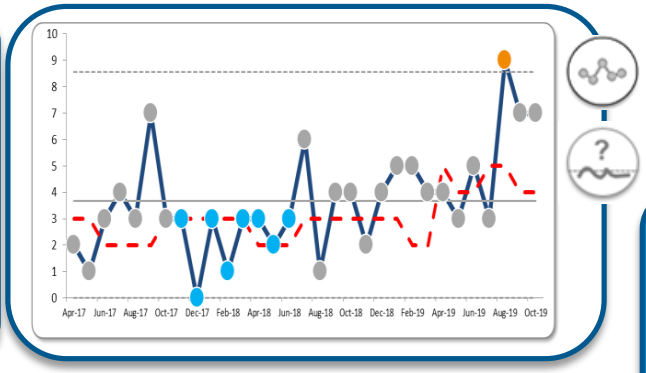
Care that is Safe

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for October 19 as at **13 Nov 19**

Worcestershire Acute Hospitals NHS Trust

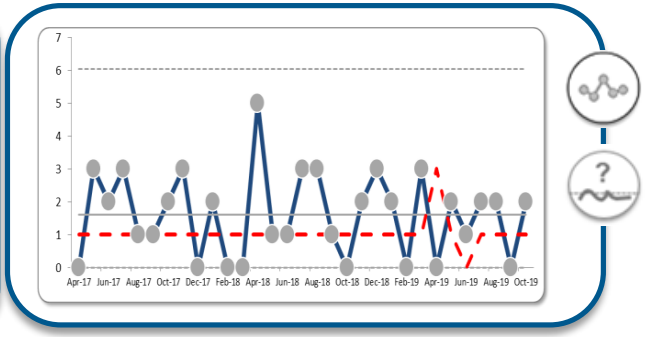
Number of patients developing Clostridioides difficile

7



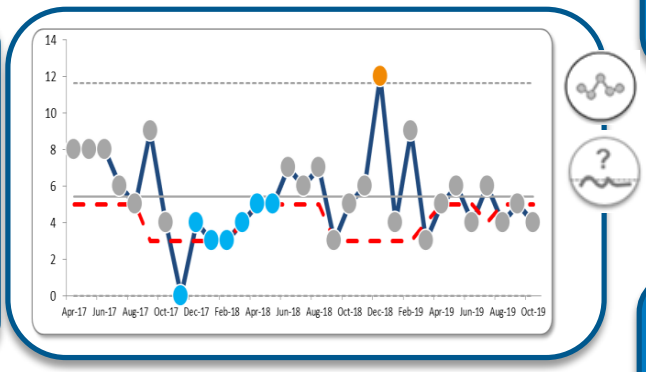
Number of patients developing MSSA bacteraemia

2



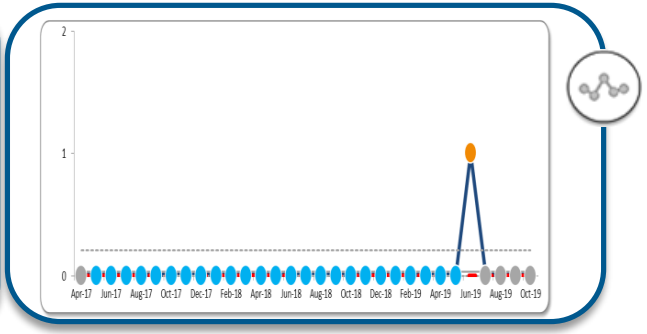
Number of patients developing Ecoli bacteraemia

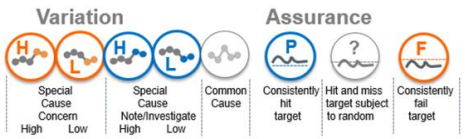
4



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 7 [October] | 2019-20 Quality & Safety Summary

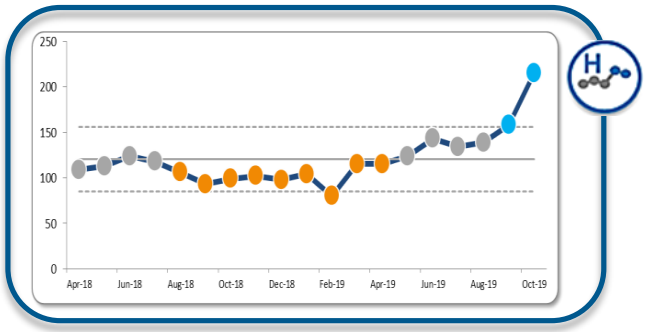
Care that is Safe

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for October 19 as at **13 Nov 19**

Worcestershire Acute Hospitals NHS Trust

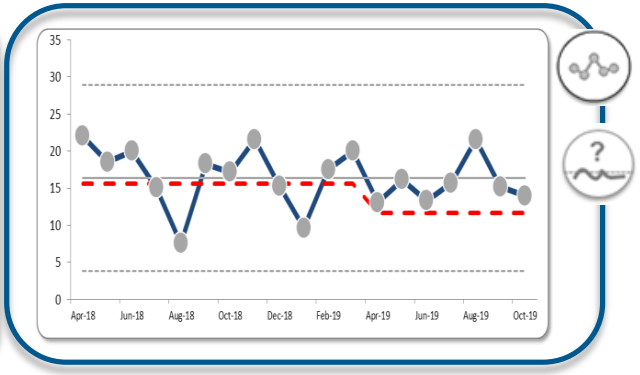
Total Medicine incidents reported

215



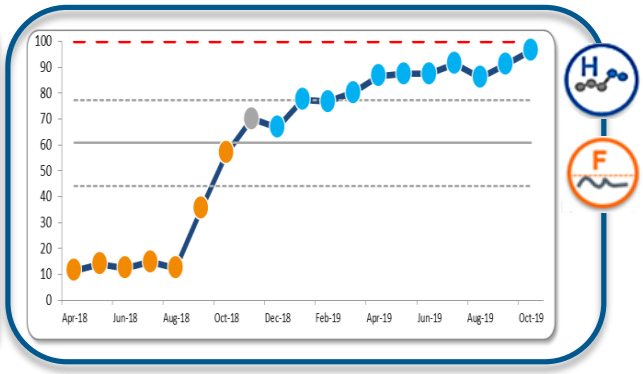
% Medicine incidents causing harm

13.95%



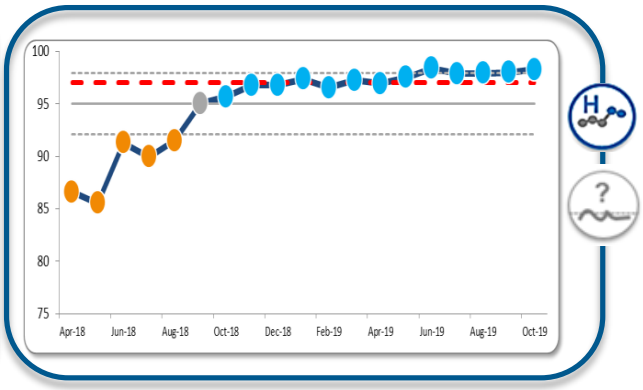
Hand Hygiene Audit Participation

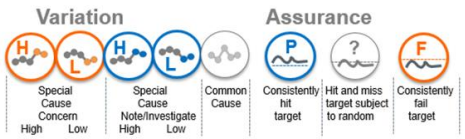
96.43%



Hand Hygiene Compliance

98.28%





*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 7 [October] | 2019-20 Quality & Safety Summary

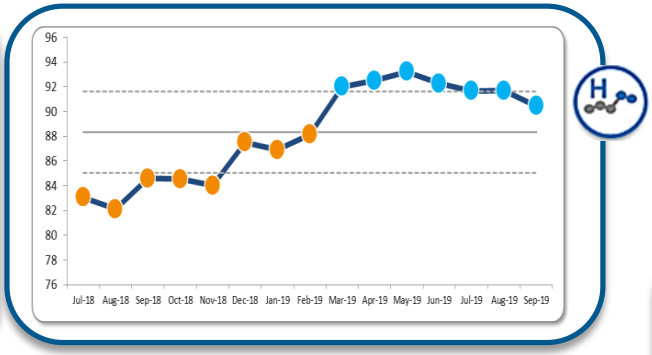
Care that is Safe

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for October 19 as at **13 Nov 19**

Worcestershire Acute Hospitals NHS Trust

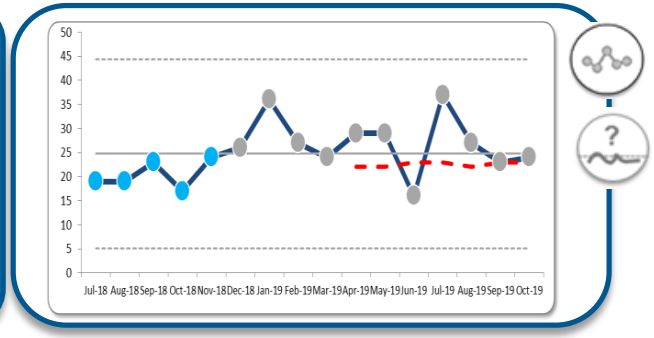
ICE reports viewed [radiology]

Sep 90.46%



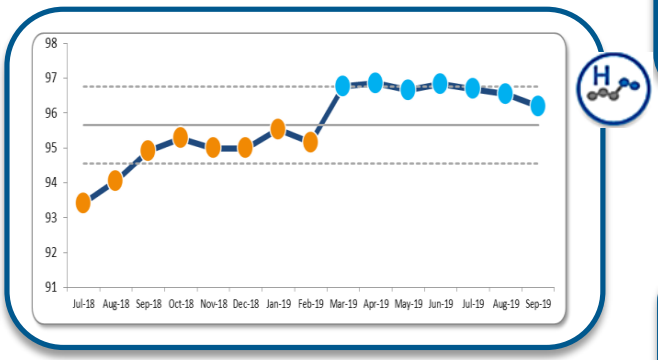
All Hospital Acquired Pressure Ulcers

24



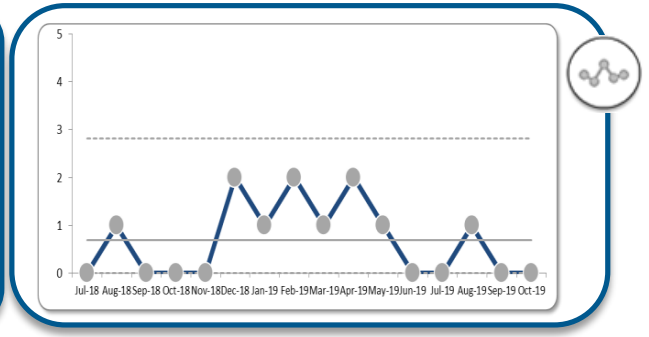
ICE reports viewed [pathology]

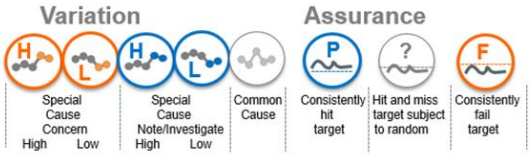
Sep 96.19%



Serious Incident Pressure Ulcers

0





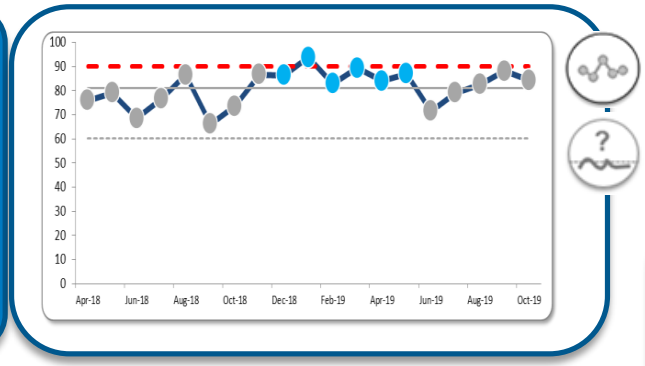
Month 7 [October] | 2019-20 Quality & Safety Summary
Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for October 19 as at **13 Nov 19**

Worcestershire Acute Hospitals NHS Trust

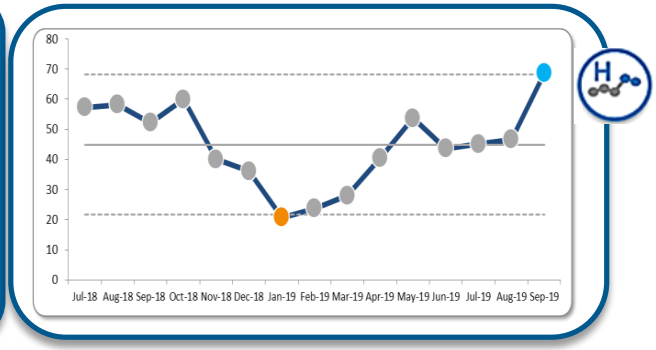
#NOF time to theatre </=36 hours

84.21%



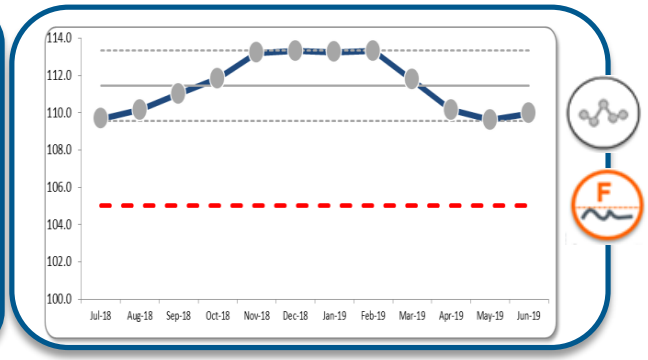
Mortality Reviews completed </=30 days

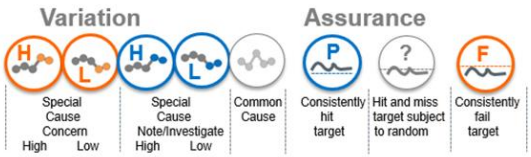
Sep 68.57%



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

109.6





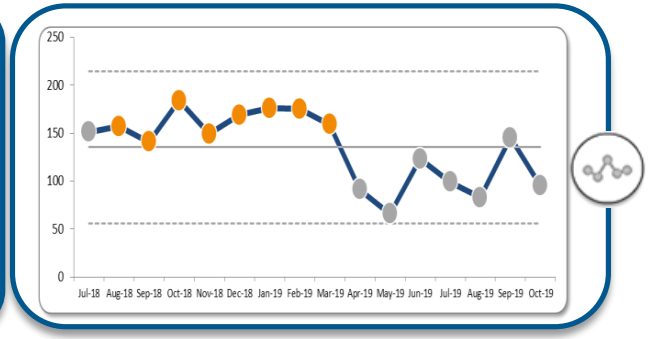
Month 7 [October] | 2019-20 Quality & Safety Summary
Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for October 19 as at **13 Nov 19**

Worcestershire Acute Hospitals NHS Trust

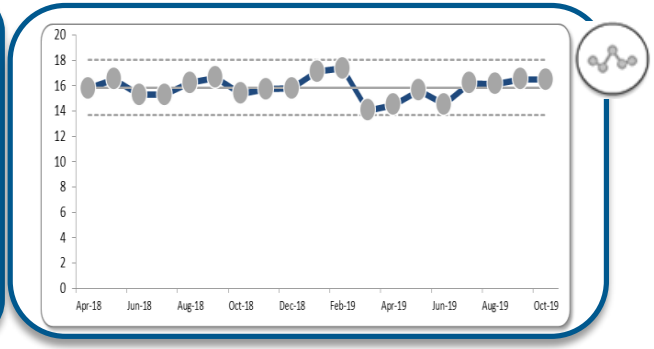
Risks overdue review

95



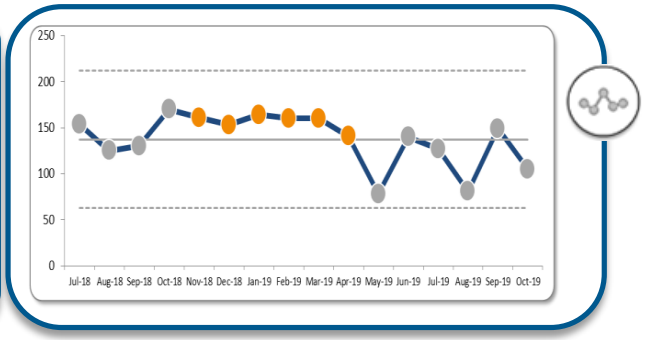
Discharges before midday

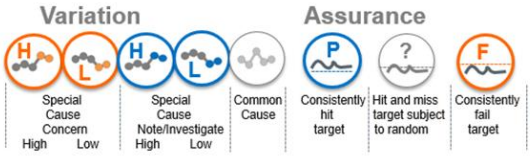
16.46%



Risks with overdue actions

105





Month 7 [October] | 2019-20 Quality & Safety Summary
Positive Experience for Patients and Carers

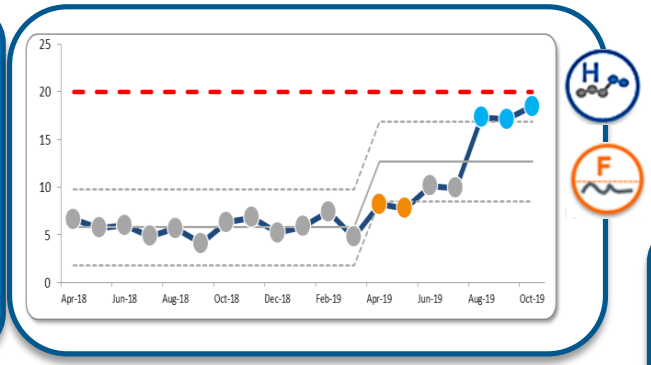
Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for October 19 as at **13 Nov 19**

NHS Worcestershire Acute Hospitals NHS Trust

Accident & Emergency Response Rate

Friends & Family Test

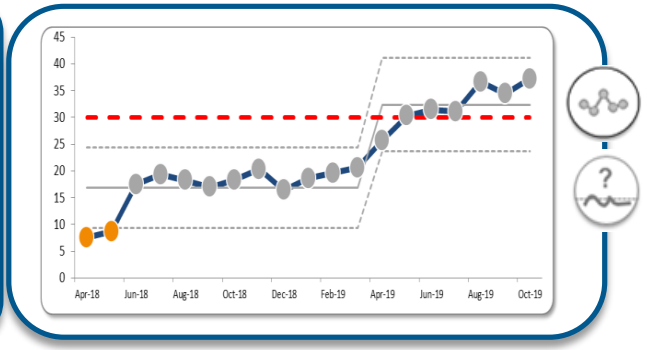
18.45%



Inpatient Response Rate

Friends & Family Test

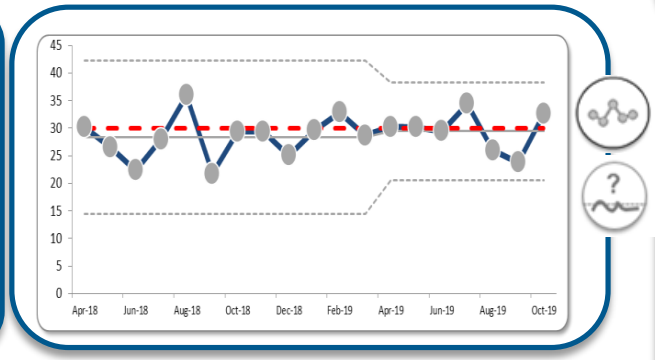
37.19%



Maternity Response Rate

Friends & Family Test

32.57%

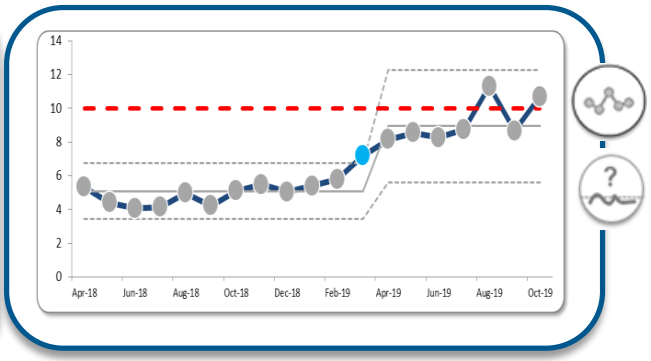


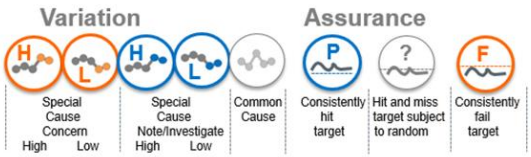
Caveat: Variance to SQUID for Maternity – SQUID excludes Community

Outpatients Response Rate

Friends & Family Test

10.69%



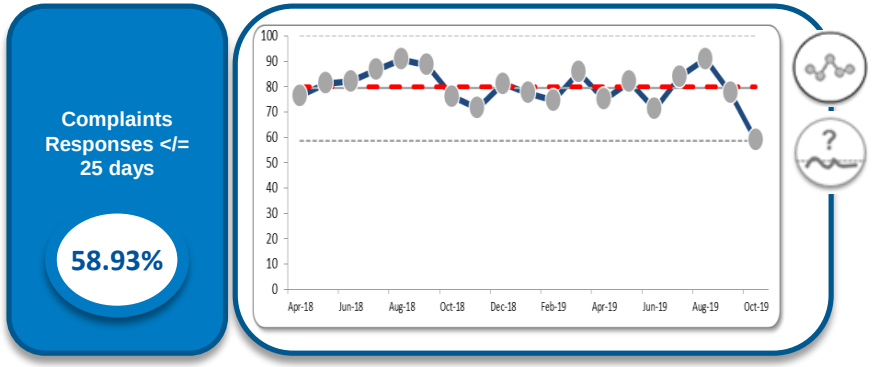


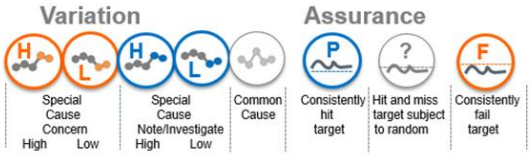
The FFT response rate metrics have been rebased from Apr-19 to incorporate the step change in performance.

Month 7 [October] | 2019-20 Quality & Safety Summary
Positive Experience for Patients and Carers

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for October 19 as at **13 Nov 19**

Worcestershire Acute Hospitals NHS Trust





Quality & Safety| Submitted Trajectories (19/20) | M7 [October]

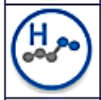
Worcestershire Acute Hospitals NHS Trust

Performance Metrics		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Cdiff	Actual	4 ✓	3 ✓	5 ✗	3 ✓	9 ✗	7 ✗	7 ✗
	Trajectory	5	4	4	4	5	4	4
Ecoli	Actual	5 ✓	6 ✗	4 ✓	6 ✗	4 ✓	5 ✓	4 ✓
	Trajectory	5	5	5	4	5	5	5
MSSA	Actual	0 ✓	2 ✗	1 ✓	2 ✗	2 ✗	0 ✓	2 ✗
	Trajectory	1	1	1	1	1	1	1
MRSA	Actual	0 ✓	0 ✓	1 ✗	0 ✓	0 ✓	0 ✓	0 ✓
	Trajectory	0	0	0	0	0	0	0
Hospital Acquired Deep Tissue injuries	Actual	8 -	11 -	3 -	8 -	6 -	9 -	6 -
	Trajectory	-	-	-	-	-	-	-
Falls per 1,000 bed days causing harm	Actual	0 ✓	0.04 ✓	0 ✓	0 ✓	0.04 ✓	0.04 ✓	0.04 ✓
	Trajectory	0.04	0.04	0.04	0.04	0.04	0.04	0.04
% medicine incidents causing harm	Actual	13.04% ✗	16.13% ✗	13.29% ✗	15.67% ✗	23.19% ✗	15.19% ✗	13.95% ✗
	Trajectory	11.71%	11.71%	11.71%	11.71%	11.71%	11.71%	11.71%
Hand Hygiene Audit Participation	Actual	86.55% ✗	87.39% ✗	87.39% ✗	91.38% ✗	85.96% ✗	91.07% ✗	96.43% ✗
	Trajectory	100%	100%	100%	100%	100%	100%	100%
Hand Hygiene Compliance to practice	Actual	96.95% ✗	97.52% ✓	98.39% ✓	97.88% ✓	97.92% ✓	97.98% ✓	98.28% ✓
	Trajectory	97%	97%	97%	97%	97%	97%	97%
VTE Assessment Rate	Actual	95.92% ✓	96.58% ✓	96.51% ✓	96.55% ✓	96.23% ✓	97.10% ✓	96.45% ✓
	Trajectory	95%	95%	95%	95%	95%	95%	95%
Sepsis Screening compliance	Actual	90.05% ✓	94.39% ✓	89.24% ✗	87.16% ✗	86.83% ✗	89.30% ✗	- -
	Trajectory	90%	90%	90%	90%	90%	90%	90%
Sepsis 6 bundle compliance	Actual	57.50% ✗	44.66% ✗	47.47% ✗	60.00% ✗	68.09% ✗	51.96% ✗	- -
	Trajectory	90%	90%	90%	90%	90%	90%	90%
#NOF time to theatre <=36 hrs	Actual	83.87% ✗	86.89% ✓	71.43% ✗	79.10% ✗	82.46% ✗	88.00% ✓	84.21% ✗
	Trajectory	85%	85%	85%	85%	85%	85%	85%
Mortality Reviews completed <=30 days	Actual	40.45% -	53.74% -	43.65% -	45.18% -	46.58% -	68.57% -	- -
	Trajectory	-	-	-	-	-	-	-
HSMR 12 month rolling average	Actual	110.15 -	109.60 -	109.96 -	- -	- -	- -	- -
	Trajectory	-	-	-	-	-	-	-
Complaints responses <=25 days	Actual	75.00% ✗	81.82% ✓	71.19% ✗	83.93% ✓	90.91% ✓	77.50% ✗	58.93% ✗
	Trajectory	80%	80%	80%	80%	80%	80%	80%
ICE viewed reports [pathology]	Actual	96.85% -	96.66% -	96.83%	96.69% -	96.54% -	96.19% -	- -
	Trajectory	-	-	-	-	-	-	-
ICE viewed reports [radiology]	Actual	92.49% -	93.22% -	92.28% -	91.67% -	91.69% -	90.46% -	- -
	Trajectory	-	-	-	-	-	-	-

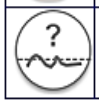
People and Culture KPI's – M7 – October 2019

Key Performance Indicator	Variation/Assurance and Corrective Action
Non Medical appraisal	There has been 1% 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	Although still on target, there has been a 1% deterioration in Mandatory Training compliance this month. This is primarily due to a change in eligibility criteria for Prevent Awareness (WRAP) which increased eligibility from 1502 to 4748. The CCG have instructed that ALL clinical staff require WRAP training. Despite this change 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	Although no change this month, we have exceeded both the Trust target of 90% and Model Hospital average of 85%, and continue 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 the Allocate suite of solutions which has resulted in a 36% improvement since January 2019. There has been a 1% increase this month to 88% overall and a 2% increase in consultants. Performance continues to be addressed through the monthly performance review meetings.
Vacancies	Our vacancy rate has improved this month from 10.13% to 9.72% (including funded bank and agency) due to domestic and international recruitment. The national NHS vacancy rate was 8.1% in March 2019 (office of national statistics).
Increase in total hours worked	Our fill rates have increased since implementation of NHSP interface and mobile app as part of Allocate suite. There has been further increase of 60.09 wte hours worked this month by substantive staff resulting in a reduction of bank and agency hours worked. See finance report
Increase in Staff in Post	There are 360 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 473 wte since April 2017 which has impacted on our vacancy rates. See finance report.
Monthly Sickness Absence Rate	Sickness rates have increased this month. A 0.38% reduction in long term sickness has been offset by a 0.44% increase in short term sickness due to seasonal illnesses. Managers continue to be supported by HR in the application of the Trust Policy.
Annual Staff turnover	Turnover continues to reduce and remains lower than same period last year. Retention plans are being refreshed to address specific staff group issues such as HCA's. The new AHP lead will be supported in addressing recruitment and retention problems.
Staff FFT positive feedback	A further improvement in Q2 2019 SFFT from 63% to 69%. National benchmark for Q2 has not yet been published although Q1 benchmark was 66% so this is likely to be favourable for the Trust.. Q3 staff survey is open until 29th November 2019.

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

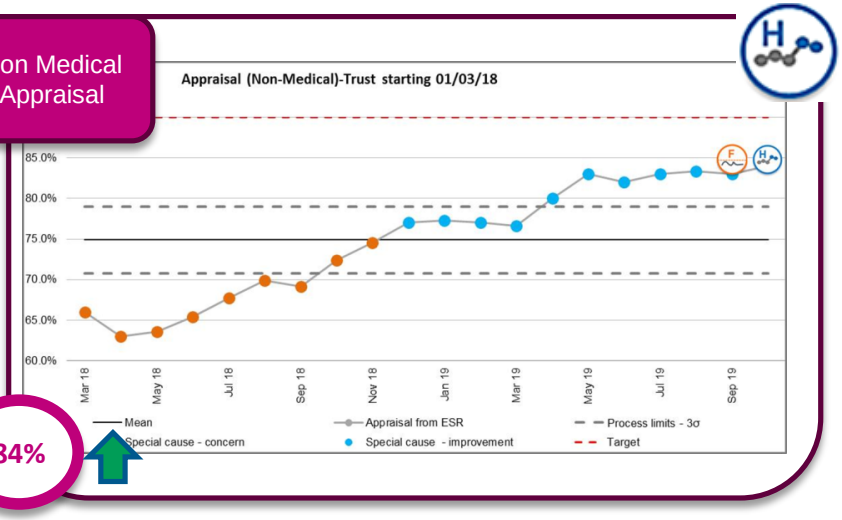
	The system is expected to consistently fail the target
	The system is expected to consistently pass the target
	The system may achieve or fail the target subject to random variation

Month 7 | 2019-20 Engaged & Skilled Workforce Summary

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

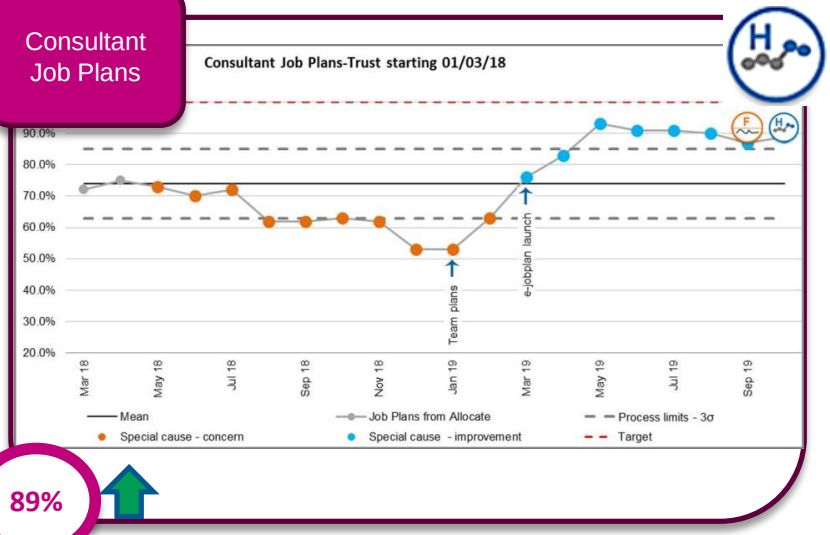
NHS Worcestershire Acute Hospitals NHS Trust

Non Medical Appraisal



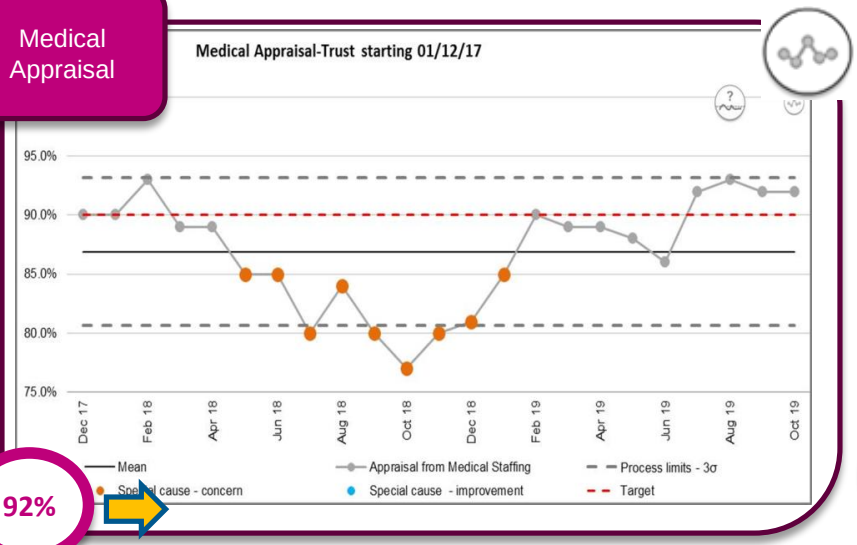
84%

Consultant Job Plans



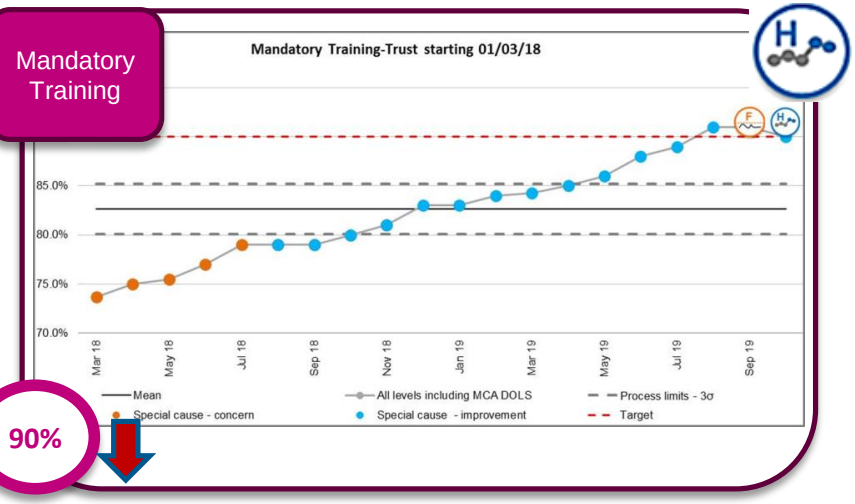
89%

Medical Appraisal

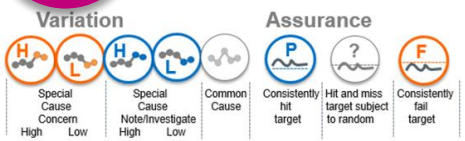


92%

Mandatory Training



90%



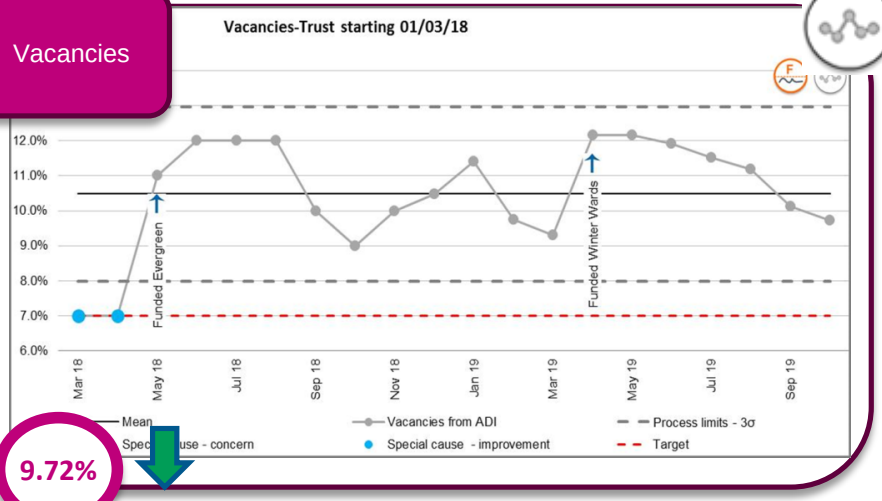
Arrow depicts direction of travel since last month. **Green** is improved, **Red** is deteriorated and **amber** unchanged since last month.

Month 7 | 2019-20 Engaged & Skilled Workforce Summary

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

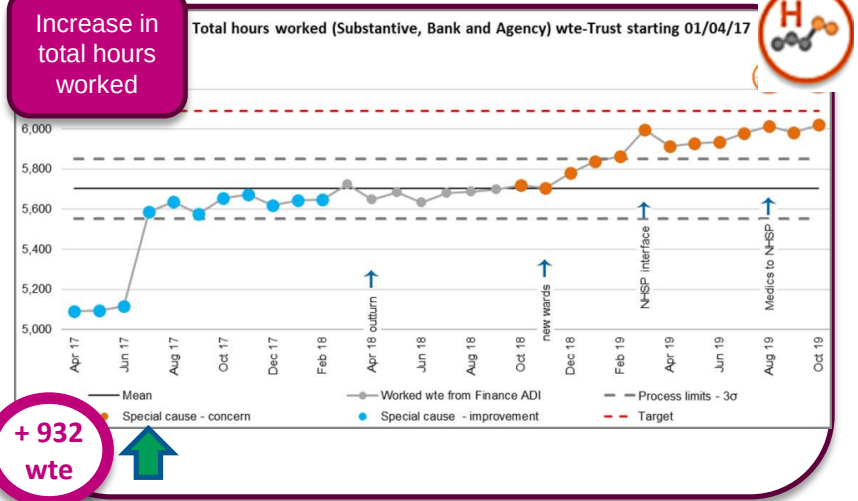
Worcestershire Acute Hospitals NHS Trust

Vacancies



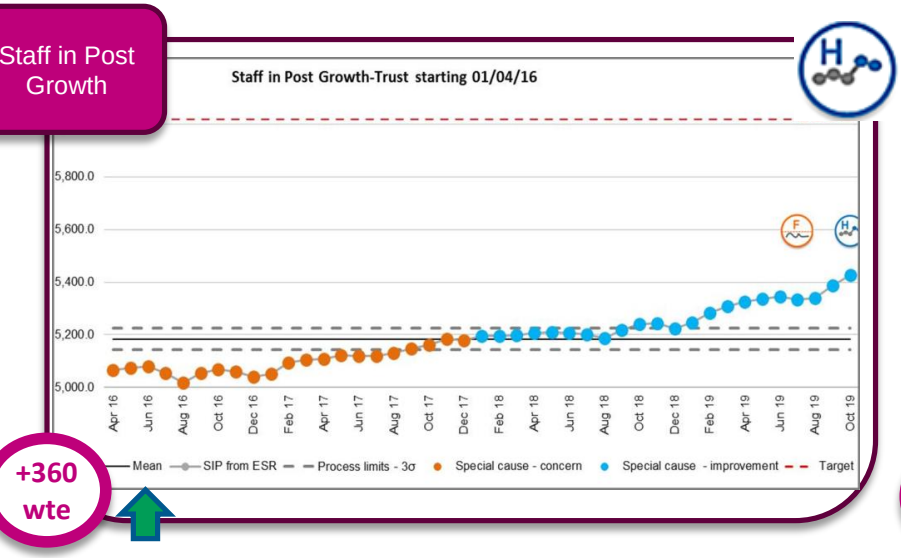
9.72%

Increase in total hours worked



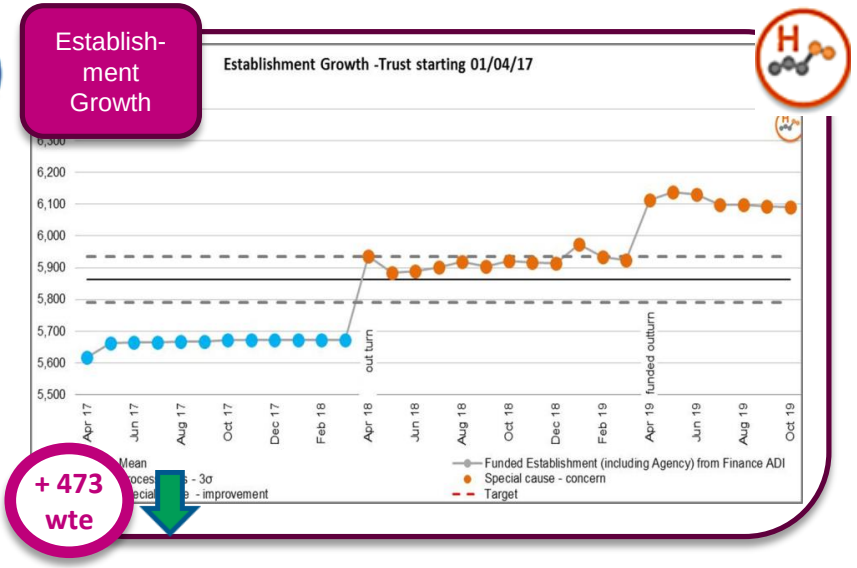
+ 932 wte

Staff in Post Growth



+360 wte

Establish-ment Growth



+ 473 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

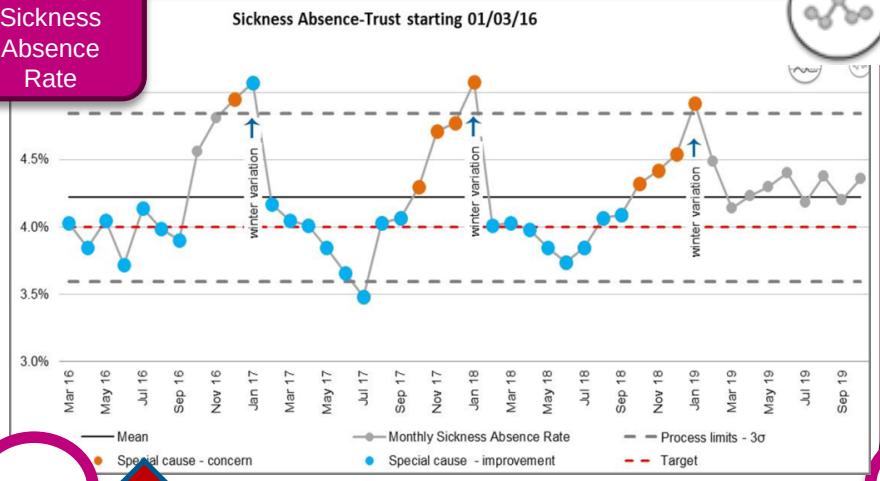
Arrow depicts direction of travel since last month. **Green** is improved, **Red** is deteriorated and **amber** unchanged since last month.

Month 7 | 2019-20 Engaged & Skilled Workforce Summary

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

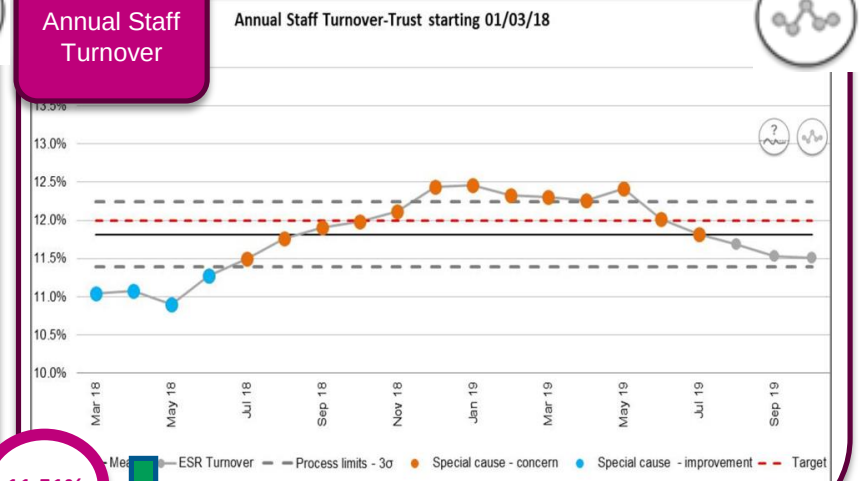
Worcestershire Acute Hospitals NHS Trust

Monthly Sickness Absence Rate

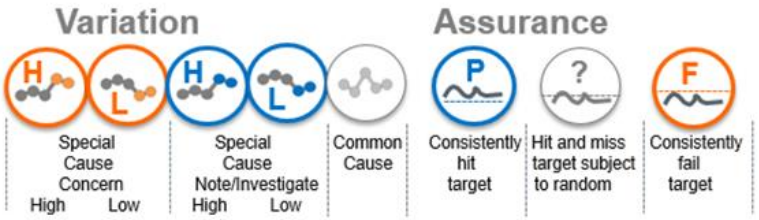


4.36%

Annual Staff Turnover

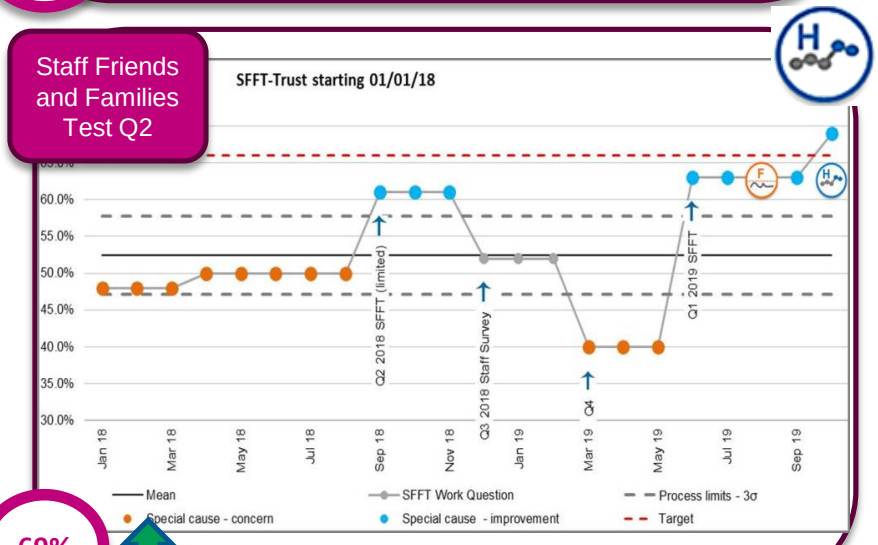


11.51%



Arrow depicts direction of travel since last month. **Green** is improved, **Red** is deteriorated and **amber** unchanged since last month.

Staff Friends and Families Test Q2



69%

Use of Resources
Risk Rating Summary

	Metric Definition	How we did YTD at M7	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.	(18.89%)	4	Adjusted financial performance deficit of **£47,092** (£47,092k/ total operating income £249,316k = **(18.89%).**	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.	1.91%	1	I&E margin YTD actual of **(18.89%)** less I&E margin YTD plan of **(20.80%) = 1.91%**	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.	(113.68)	4	Working Capital of (£148,573k) / YTD Operating Expenditure of £279,691 multiplied by the number of YTD days (214) = (113.68).	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.	(2.411)	4	Revenue available for capital service (£34,636k)/ capital service **£14,366k**= **(2.411)**	4	4
Is our agency spend within the imposed limits?	Total agency spend compared to the agency ceiling.	(69.93%)	4	Total agency spend of **£17,141k** less agency ceiling of **£10,087k** / divided by agency ceiling of **£10,087k** = **(69.93%).**	4	3