Trust Board
There will be a meeting of the Trust Board on Thursday 13 February 2020 at 10:00 in Kidderminster Education Centre

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 **16 January 2020** as a true and accurate record of discussions.*	*For approval*	**Enc A**
6	**Action Log**	*For noting*	**Enc B**
7	**Integrated Performance Report**		**Enc C**
7.1	**Executive Summary** Chief Executive	*For assurance*	
7.2.1	**Section 1 – Operational & Financial Performance Report** Chief Operating Officer/Chief Finance Officer		
7.2.2	**Finance and Performance Committee Assurance Report** Finance and Performance Committee Chairman		
7.3.1	**Section 2 – Quality Performance Report** Chief Nurse/Chief Medical Officer		
7.3.2	**Quality Governance Committee Assurance report** Quality Governance Committee Chairman		
7.4.1	**Section 3 – People and Culture Performance Report** Director of People and Culture		

7.4.2 People and Culture Committee Assurance Report
People and Culture Committee Chairman

Any Other Business *as previously notified*

Date of Next Meeting
The next public Trust Board meeting will be held on 12 March 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

Worcestershire Acute Hospitals NHS Trust

MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON THURSDAY 16 JANUARY 2020 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
	Vicky Morris	Chief Nursing Officer from
	Robert Toole	Chief Finance Officer
	Bill Tunnicliffe	Non-Executive Director
	Mark Yates	Non-Executive Director
	Stephen Williams	Non-Executive Director
Board members: (non-voting)	Tina Ricketts	Director of People and Culture
	Sarah Smith	Director of Strategy and Planning
	Colin Horwath	Associate Non-Executive Director
	Richard Haynes	Director of Communications & Engagement
	Kimara Sharpe	Company Secretary
Public Gallery:	Press	0
	Public	2
Apologies	Richard Oosterom	Associate Non-Executive Director

133/19 **WELCOME**

Sir David welcomed everyone to the meeting.

134/19 **Patient story**

Sir David welcomed Mrs Jeffery, Divisional Director of Midwifery & Gynaecology Nursing, to the meeting. Sir David emphasised the importance of this slot on the agenda as it was essential for Board members to understand the experience of users of services.

A video was shown featuring K and her experience of her second pregnancy. She was one of the first mothers to benefit from the new 'continuity of carer' (CoC) midwifery service covering the Pershore area. She was cared for by the Sapphire team. She contrasted the experience with that of her first pregnancy when she was cared for by several community midwives, none of whom were present at the birth of her child. She spoke about the care she received, particularly from Helen, one of the midwives in the Sapphire team. She concluded by reading a poem she had composed and thanked the midwives for an excellent experience.

Mrs Jeffery explained that a report was published in 2016, the National Maternity

Review, which made recommendations to improve safety on and women's experiences. The report recommended that maternity services implemented continuity of carer to improve health outcomes and experience. This changes the way in which midwives work and instead of specialising in one area of the maternity pathway, the midwife will look after a group of women for all their pregnancy and birth. This has been shown to increased satisfaction for women as well as the midwives. She went onto explain the three national milestones, 20% of women should be cared for in this way in 2019, 35% in by March 2020 and the majority of women (51%) by March 2021. The Trust was on track to meet these targets.

Mrs Morris confirmed that the consultant midwife is working within the university to ensure that this way of working was being embedded with the student midwives training and had played as instrumental lead role in the implementation of CoC.

Mr Yates wished to know when all women would benefit from the continuity of carer approach. Mrs Jeffery stated that once 51% was reached, the roll out would continue and the maternity service would work towards more women receiving care in this way.

Dr Tunnicliffe was pleased to hear the progress being made. He wondered what the barriers were to the achievement. Mrs Jeffery explained that the main challenge was to change the way of working, which had been the same for decades. There had been anxieties within the midwifery workforce as midwives had not worked in this way before for many years.

Sir David thanked Mrs Jeffery for the story. He recognised that the work being undertaken in the Trust was leading the way nationally. Mr Hopkins stated that it was an opportunity to learn from how the culture was changed within the workforce. The methodology could be used with other staff groups.

Mr Hopkins added that Mrs Jeffery was supporting Herefordshire to implement this way of working.

Sir David expressed his thanks to K for stimulating such a discussion.

135/19 **ANY OTHER BUSINESS**

There were no items of any other business.

136/19 **DECLARATIONS OF INTERESTS**

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

137/19 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 12 DECEMBER 2019**

RESOLVED that:-

- The Minutes of the public meeting held on 12 December 2019 were confirmed as a correct record and signed by the Chairman.

138/19 **MATTERS ARISING/ACTION SCHEDULE**

All actions were either completed or not yet due.

139/19 **Chief Executive's Report**

Mr Hopkins reported that there continued to be significant pressure in the Trust with a mismatch of capacity and demand. There had been an unannounced CQC inspection on 16 December and the draft report has been received. The Trust is checking this for factual accuracy. He stated that there had been some initial concerns and the Trust had

responded appropriately. The report would be taken in public once published.

Mr Hopkins was pleased to report that the new Freedom to Speak Up Champion was Melanie Hurdman. She was currently undertaking induction and developing how to take the role further forward.

He was pleased that legislation would be forthcoming in respect of merging NHS E and I. There is currently a national discussion about new emergency care standards and he would bring more information when it was forthcoming.

Mr Hopkins then turned to the separate report on Home First Worcestershire. There had been progress but not enough. He is now chairing the Board and he has more project management resource. Unfortunately ambulance handover times have increased as have waiting times at the Alexandra Hospital. The Trust has bought down the number of patients with a long length of stay and is on track to meet the national target.

He also reported that the Surgical Care Decision Unit has reduced length of stay. He thanked Ian Sturgess and Claire Old for their support.

Mr Hallissey added that additional consultant support was in place from 20 January which will reduce the length of stay within the ED.

Mr Brennan was disappointed that the AEC was being used for overnight stays bit was confident that the additional consultants would enable AEC to be used appropriately.

Dr Tunnicliffe wondered why the AEC could not be kept as an assessment area at the current time. Mr Hopkins explained that the access to community services to facilitate discharge is not as good as it should be for patients. This means that the flow of patients through the hospital is hampered. Patients are transferred to the AEC pending discharge. Dr Tunnicliffe asked whether there were lessons to be learnt for winter 2020/21. Mr Brennan reminded members that once the new wards are opened, AEC will be able to be returned to an ambulatory unit. There are also more community based services coming into place on 1 February and the onward care team becomes fully operational on 3 February.

In response to a question from Mr Williams, Mr Hallissey informed members that the vast majority of patients leave the hospital having had no interventions. Care needs to be increased within the community to enable people to stay at home. He was confident that the experienced consultants being employed would work with colleagues to ensure that patients were only admitted when absolutely necessary. There was, he stated, an opportunity to ensure that the emergency departments worked more efficiently.

Mr Haynes stated that there is concern within the community that people are not getting the care that they need. Mr Brennan explained that nationally some policies have been changed to higher the thresholds for treatment.

Mr Hopkins stated that family members were often concerned about discharge and it was essential that people were cared for in the right place for their needs. The Trust's policy on discharge would be applied as necessary.

Sir David thanked everyone who was working to ensure safe services. This included the huge efforts being put in place to ensure that patients were offloaded from ambulances. He was pleased with the additional capacity coming on stream as it was clear that there was not enough capacity within the Trust. He expressed frustration with the pace of improvement and supported executive directors in their work to protect patients.

RESOLVED that:-
The Board
- Noted the report

140/19 **INTEGRATED PERFORMANCE REPORT (IPR)**

140/19/1 **Executive summary**

Mr Hopkins introduced the IPR. He requested that Board members visit wards and departments – staff welcomed this contribution.

With respect to Home First Worcestershire, some indicators were moving in the right direction but there was a lot to focus on. There were significant 12 hour breaches which was a key quality concern.

He was pleased to report that the diagnostic target was close to being met. There had been an improvement with the administration of antibiotics for sepsis. There were plans for the cancer and RTT targets to be met.

With respect to infection control, he was pleased that NHS E/I now rated the trust as green.

Finally he reported that workforce metrics continue to improve and the recent deep dive into sickness absence has improved the rates. He was pleased with the staff survey raw data results which would be presented once the embargo was lifted.

140/19/2 **Operational Performance Report**

M Brennan stated that the figures in the report were month 8. Month 9 (unvalidated) showed that 56 people were waiting over 40 weeks to be seen This was down from 357 in April. The target was to get to zero. He thanked the teams for their work on this.

Diagnostics achieved the trajectory for November and expected to meet the target in December. With respect to cancer, the December position showed improvement but he recognised that this could be better.

The four hour target was 70% in December. The Trust's position nationally has improved. The target is 86%. There were a high number of ambulance delays in December and capacity needs to be released to obtain flow. There had been an increase of 4.5% increase in emergency admissions which may indicate an increase in acuity. Finally he reported that the ambulance conveyance rate was higher than the national rate.

Mr Yates asked how the improvement in diagnostics and cancer has happened. Mr Brennan stated that the recovery plan for diagnostics was very robust and it was followed. There had been a real focus by the breast team and the bringing together of the breast teams (surgery and radiology) plus the recruitment of two breast consultants were crucial.

Ms Day asked about the significant increase in paediatric attendances in the ED. She wondered what adjustments had to be made and whether there were any lessons to learn. Mr Brennan stated that this was a short term increase. He reviewed the possibility of opening an interim paediatric assessment unit (PAU) but the Trust did not have the staff for this. Some additional resource has been put into the ED to ensure that a paediatric nurse is always present. Additional resources have been requested to support the service. The capital needed to develop a PAU is within the acute services review business case.

Mrs Morris stated that there is shared governance between Riverbank, the clinics and the ED. This was essential for safeguarding and any child leaving before being seen is followed up.

Dr Tunnicliffe welcomed the sustained in the non-emergency pathway. He wondered what the financial implications were. Mr Brennan stated that the estimated expenditure was £2.6m with income of £2.2m. He was confident that in 2020/21 there would be a positive financial position. Cancer work is break even.

RESOLVED that
The Board
- Received the report for assurance

140/19/3 **Finance and Performance Committee Assurance Report**

Mr Williams (vice chair of the Finance and Performance Committee) reported that there had been a focus on Home First Worcestershire. The plan was supported but concern was expressed with the pace of change.

He then turned to finance. Month 8 was below forecast but overall the trend is on track to meet £82.8m deficit. He was concerned that the cost improvement plan (CIP) had stalled. He was also concerned that 2020/21 CIP was not as far developed as it should be.

Mr Haynes left the meeting

RESOLVED that:
The Board
- Received the report for assurance

140/19/4 **Financial report**

Mr Toole stated that the execution of Home First Worcestershire was crucial to the financial position. He stated that it was essential to identify a few big schemes to make a real difference. He stated that the international nurse recruitment was a great success also clinical fellows. Ms Smith added that workforce remains the biggest opportunity for cost improvement and there were five workforce work streams in place.

140/19/4 **Quality Performance Report**

Mrs Morris reported that the infection control team had undertaken some intensive support with divisions which has had real benefits. C Diff was within the trajectory and there were significant benefits from learning from the cases. Mr Hallissey was now chairing the medicines safety committee and there was to be a review of prescribing which could be improved.

Finally, she reported that complaints performance had improved.

Mr Hallissey reported that the sepsis lead was being very proactive with front line staff and this was making a difference. There was more work to do with respect to the front door, but overall, he was pleased with the improvements.

There has been additional face to face ReSPECT training and it is also available on line. He stated that there needed a focus within the community. Mr Hopkins reminded members that this area had been highlighted in the external review of mortality as a significant number of people without care plans in last year of life.

Mr Yates congratulated the infection control team for the green rating.

RESOLVED that:
The Board:

- Received the Committee report for assurance

140/19/5 **Quality Governance Committee Assurance Report**

Dame Julie (vice chair of the Quality Governance Committee) reported that whilst the rating of green for infection control was welcomed, there were still areas for improvement. The Risk Management Strategy was approved and she recommended it to the Board. There had been two ophthalmology never events and learning had taken place.

Mr Hallissey stated that the two never events were not related. It was clear that the teams were aware of the root causes and changes have been made to ensure that the mistakes do not happen again. Mr Hallissey confirmed that both patients are well.

Mr Haynes returned to the meeting.

Mr Hopkins reported that he has met with the lead clinician and was assured with the recognition of the mistakes and learning will take place. Mrs Morris added that the clinician involved in the second case has been open about the role of human factors in the event.

Dame Julie stated that the Committee was assured as the executives were aware of the issues and the actions already taken to prevent the evens happening again.

Dame Julie went onto explain that the Committee had been presented with an analysis of paediatric and neonatal deaths This report showed that there was no connection. The Committee was assured with the report and the methodology employed. Mr Hallissey stated that the report was undertaken by the division and it was a sign of good governance as the division recognised that there had been some deaths and they proactively undertook the investigation.

Finally, Dame Julie reported that an early draft of the volunteering strategy had been presented. Work was progressing well.

RESOLVED that:
The Board:

- Received the Committee report for assurance

140/19/5 **People and Culture Performance**

Ms Ricketts reported that there had been progress with reducing the number of vacancies and turnover had improved. This had been driven by the recruitment of overseas nurses. There had been a slight dip in appraisals and mandatory training. She reported the launch of *Act on Amber* which was issuing reminders to staff when their appraisals and mandatory training rating dropped to amber, four months prior to the due date. This had made a difference.

She expressed concern that sickness absence continues to deteriorate. There needed to be a better implementation of the policy.

The staff survey results are embargoed until March. The raw data has bene received and this shows a step change. Mr Yates reinforced this as he has reviewed the data. Sir David congratulated the team for this achievement.

Mr Horwath asked what track is made to vacancies which are essential to fill. Ms Ricketts explained that her report to the People and Culture Committee shows the hot spots and there are trajectories in place. Mr Yates added that there is a cross check with the safer staffing report.

Sir David asked whether there were any hot spots which posed a risk to the delivery of the Clinical Services Strategy. Ms Ricketts stated that the fragile services are reported in the Clinical Services Strategy and her report names these areas. Mr Hopkins added that these areas are reviewed at the Trust Management Executive.

140/19/6 **People and Culture Committee Assurance Report**

Mr Yates reported that there is a full programme of leadership training in place.

At every meeting, a group of staff come to discuss their issues and he has had feedback that this is appreciated. Sir David concurred, having met a member of staff who had presented to the Committee.

RESOLVED that:
The Board:

- Received the Committee report for assurance

141/19 **STRATEGY**

141/19/1 **Risk Management Strategy**

Mrs Morris presented the refreshed Risk Management Strategy and the risk appetite statements which have been discussed at a recent board development session and at each committee. She stated that the Board paper will reflect risk appetite and the statements will be reviewed in six months' time. Mrs Sharpe added that the Audit and Assurance Committee suggested some changes to the Strategy, mainly around the role of the Committee.

Mr Williams stated that at the recent Audit and Assurance Committee, there had been a discussion about the risk appetite statements and members have requested some worked examples. Members felt that more work was needed on understanding the application of the statements. Mrs Morris committed to working with Sir David and Mr Horwath to take this forward within each committee and make more explicit within board papers.

Mr Horwath asked how risk was embedded within the organisation. Mrs Morris confirmed that it is built into job descriptions and appraisal. There is however, more work to do.

Sir David shared Mr Williams' view that more work was needed on the risk appetite statements. He has convened a group to take this forward, particularly the relationship between risk appetite, the board assurance framework and the strategic objectives.

Dame Julie advised that there is little room for variation in relation to risk appetite. Patient safety and quality as well as financial stability are absolutes. Sir David stated that the statements allowed the Board to challenge and confront any assumptions.

ACTION: Sir David to convene a small group to take forward risk appetite

RESOLVED that:
The Board:

- Approved the Risk Management Strategy and the Risk Appetite Statements.

141/19/2 **Communications Strategy**

Mr Haynes introduced the Strategy. It gave the communications team a set of principles to work to as detailed work plans for 20/21 are developed. In the coming year, it was essential to have the right resource available as the biggest single risk was capacity. The large areas of work included the digital care record, annual plan and the charitable funds strategy. He was keen to utilise expertise across the health economy and the CommsU approach will skill up staff to manage communications, particularly social media.

Mr Hopkins stated that the initial results of the staff survey showed that communications had improved between senior management and staff. The engagement of the public in the Clinical Services Strategy was essential as was continuing engagement with our staff.

Mr Horwath asked how the impact of the strategy could be measured. Mr Haynes stated that metrics for the effectiveness of communications were a challenge. Some were negative for example no judicial review after consultation. Numbers involved in consultation can be measured. Sir David asked about the measures that the local authority have in this area. Mr Haynes confirmed that through the STP data was being collected that will be available to the Trust.

RESOLVED that:

The Board

- Approved the Communications Strategy

142/18 **GOVERNANCE**

142/19/1 **Report on Nursing and Midwifery Staffing Levels – October 2019**

Mrs Morris presented the paper that had been scrutinised at the recent People and Culture Committee. There had been a reduction in nursing vacancies and there should be 150 international nurses in post by June 2020. There had been considerable resource employed to ensure that the nurses were settled within the Trust. She expressed concern about the vacancies for the stroke ward but this now had a smaller bed base so this should improve. Mrs Morris stated that the allied professionals would feature in the paper more prominently in future.

Mr Yates confirmed that the hard to recruit areas are identified to the Committee.

Mrs Morris reported that the Director of Nursing for Health Education England, Mark Radford had recently visited the Trust. He had been very positive with the initiatives being undertaken and will continue to work with the Trust.

RESOLVED that:

The Board

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

142/19/2 **Enforcement undertakings Update**

Mr Hopkins presented the paper which gave an oversight of the progress on the undertakings which relate to 2018/19. The paper shows progress in many areas but further work was needed in urgent and emergency care. He was discussing the NHS E/I updating the undertakings.

RESOLVED that:

The Board

- Noted the report

142/19/3 **Trust Management Executive**

Mr Hopkins presented the report which showed the governance route for items on the Board agenda. There had been a recent focus on urgent and emergency care as well as medical staffing.

RESOLVED that:

The Board

- Noted the report

143/18 **REPORTS FROM ASSURANCE COMMITTEES**

143/19/1 **Audit and Assurance**

Mr Williams reported on the meeting held in November 2019. Concern had been expressed about resources for the implementation of some cyber and digital initiatives. He was disappointed that responses to internal audit requests had slowed but understood that this was due to operational pressures. Mr Hopkins committed to ensuring that responsiveness to internal audit was within the set timescales and will review this with the executive team.

ACTION: Review responsiveness to internal audit with the executive team (Mr Toole)

RESOLVED that:

The Board

- Received the report for assurance.

143/19/2 **Remuneration Committee**

Mr Horwath asked about the issue of pensions and tax. Ms Ricketts reported that at a recent meeting it was agreed that most people had resolved the immediate issues. There was confidence in the local scheme. Mr Brennan stated that no additional activity was being undertaken.

RESOLVED that:

The Board

- Received the report for assurance.

DATE OF NEXT MEETING

The next Public Trust Board meeting will be held on Thursday 13 February 2020 at 10:00 in the Rooms 1&2, Education Centre, Kidderminster Hospital and Treatment Centre.

Meeting finished at 12:09

144/19 **CORPORATE TRUSTEE OF WORCESTERSHIRE ACUTE HOSPITALS CHARITY**

144/19/1 **Worcestershire Acute Hospitals Charity Strategy**

Sir David welcomed Mr Justin Levy, Head of Fundraising for the Hospitals Charity and invited him to present the Strategy.

Mr Haynes emphasised that it was important to have a professional approach to fundraising and to capitalise on the good will of the community. The Corporate Trustee was being asked to ratify the strategy at the meeting as the Charitable Funds Committee had already approved it.

Mr Levy stated that it was important to look to the future and the next five years. £10m had been raised since the Charity's inception which was in 1996. In Worcestershire as a whole, £20m had been raised for good causes in 2017/18. The Trust raised £550k. There was therefore a huge opportunity to raise more funds.

It was essential to align the purpose of the Charity with that of the Trust and the Clinical Services Strategy. He was advocating an objective led approach where members of the public can see what the money is being raised for.

He was keen to obtain sustainable income streams and for the opportunity for local people to own the charity. He was firm that all ideas from clinicians would have to match with the trust priorities. He was working with a number of departments to develop ideas and he has met with the Leagues of Friends to ensure alignment.

A number of actions had already been done such as the creation of the identity and brand, a new website and more prominence on social media. He was reviewing whether to launch a lottery.

He concluded by stating that the strategy is a direction of travel to support the Trust in putting patients first.

Mr Yates confirmed that the post that Mr Levy held was being funded out of the interest on the charitable funds money.

Mr Horwath asked whether the cost of fundraising activities was being tracked against the funds raised. Mr Yates stated that this was not yet happening. Mr Levy stated that the Charity was now registered with the regulator and this issue would be taken forward by the Committee in the future.

Mr Yates confirmed to Mr Horwath that there was a fundraising handbook which outlined the criteria for buying equipment. This includes the necessity to consider the revenue consequences of any purchase. Fund managers need to submit a spend plan for approval.

Ms Day stated that the Strategy was an excellent start. It was essential to collaborate and have robust partnerships with organisations such as local hospices.

Mrs Morris thanked Mr Levy for his support in the development of the Volunteering Strategy.

Sir David thanked Mr Levy for his work. He asked for the governance issues to be considered and then stated that the Board was willing to support initiatives and requested that Mr Levy asked members for support.

Mr Yates asked for support for the staff awards on 3 July and if anyone knew of local companies who would be willing to support this evening, then please contact Mr Levy.

RESOLVED that:
The Corporate Trustee

- Ratified the Strategy.

144/19/2 **Charitable Funds Committee**

Mr Yates reported that the Committee has switched to a more ethical investment fund.

Dame Julie expressed concern about the lack of spending of some funds. Mr Yates agreed and has written to fund managers.

RESOLVED that:
The Corporate Trustee

- Received the report for assurance.

The meeting closed at 12:29 hours.

Signed _____ **Date** _____

Sir David Nicholson, Chairman

Q&A session
Mr Pinfield (HealthWatch) thanked staff for their attendance at the meeting on the 15 January. He would like to know the outcome of the CQC visit. He also asked about additional resources for the Trust following the general election and the promise of extra funds for the NHS.

Mr Hopkins confirmed that he has written to the Secretary of State for Health in relation to funding, both capital and revenue. The request covered car parking and back log maintenance. He has shared the letter with local MPs.

Mr Trigger wished to nominate a member of staff for an award. Ms Ricketts confirmed that nomination forms would be available shortly.

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 – FEBRUARY 2020

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
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.	
16-01-20	Audit and Assurance Committee	143/19/1	Review responsiveness to internal audit with the executive team	RT	Mar 2020			
16-01-20	Risk Management Strategy	141/19/1	Convene a small group to take forward risk appetite	DN	Jan 2020		Meeting in diary. Action closed.	

NHS
Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	13th February 2020
Paper number	C

Trust Board - Integrated Performance Report – Month 9 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	30th January 2020	Approved
Finance and Performance Committee	29th January 2020	Limited
Quality Governance Committee	30th January 2020	Limited
People and Culture Committee	4th February 2020	Moderate

Recommendations	The Board is asked to: 1. Review the key messages from the Integrated Performance Reports provided in Month 9 2019-20 2. Note areas of improved, sustained and under-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.
Key points to note	The key points from this paper are as follows: • Home First Programme is now chaired by the Chief Executive. • The Worcestershire system wide improvement plan (WSIP) has been produced. The objective of this plan is to reduce acute attendances and admissions, and improve patient flow for the Acute hospitals. The WSIP incorporates the Home First Programme deliverables. • Appendix 2 includes an overview of the predicted impact on bed days resulting from system-wide interventions for December (pages 10 and 11). • Performance in 4 hour emergency standard, ambulance

Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	13th February 2020
Paper number	C

	handovers, 12 hour trolley waits, number of hours patients spent on the ED corridor all deteriorated in December. Occupancy remained above 92% even though we discharged more patients daily than predicted (appendix 1 – page 2). • Core bed occupancy levels were on average over 100% on both sites and therefore escalation beds had to be used, impacting patient flow in the same day emergency care units and discharge lounge (appendix 2 – page 2). • No statistically significant change to Cancer 2WW, Breast symptomatic and RTT performance. However, 62 day untreated backlog and 104 waits increased (appendix 1 – pages 4 to 6). • Diagnostics is currently on track to meet the year-end target (appendix 1 – page 7). • Sepsis six bundle performance remains significantly below target (appendix 1 – page 11). • All four infection prevention metrics have not met trajectory for December MRSA, MSSA, E-coli and CDif. MRSA will not meet the year-end target (appendix 1 – page 12). • ReSPECT training remains below target (appendix 1 – page 13). • The backlog for primary mortality reviews has increased (appendix 1 – page 14). • Workforce metrics continue to improve with the exception of job plan compliance and sickness absence where a deep dive has shown an increase in absence due to stress/anxiety (appendix 1 – pages 18 to 23). This paper is provided in a presentation that should aid discussion and challenge regarding how effective our action/recovery plans are. Finance is reported in a separate paper.
BAF risk numbers are: 1,2,3,4,5,6, 7,8,10,11 and 12.	
Appendices:	• Appendix 1 – Improvement Statements and Committee Assurance Reports • Appendix 2 – SPC Charts and Trajectories

Trust Board

NHS
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Acute Hospitals
NHS Trust

Integrated Performance Report Appendix 1

Improvement Statements
&
Committee Assurance Reports

December 2019
Month 9

13th February 2020

PERFORMANCE IMPROVEMENT STATEMENTS

1. Patient Flow as supported by the Home First Programme (validated)

Strategic Objective: Best services for local people

Metrics	Current performance (December)	December trajectory	January trajectory	February trajectory	19/20 Year-end target
Total time spent in A&E (mins) – 95th percentile	1,047	Reduction on previous month			
Discharge as a percentage of admissions	99.04%	Improvement on previous month - >100%			
30 day readmission rate for same clinical condition	3.66%				
Capacity Gap (Daily Average)	29.32				
Number of ambulance handovers (60 minutes)	797	329	330	107	0
% of patients waiting less than 4 hours from arrival to admission, transfer or discharge (EAS)	70.17%	86.00%	86.00%	86.00%	86.00%
Number of patients spending 12+ hours from decision to admit to admission	101	0	0	0	0

How have we been doing?

- Performance in 4 hour emergency standard, ambulance handovers, 12 hour trolley waits, number of hours patients spent on the ED corridor all deteriorated in December. A&E attendances (predicted 5% more than last December but had nearer 7%) and emergency admissions were higher than predicted (predicted 5.3% more than last December, but had over 8% more across both sites, nearer 17% more at the WRH site), and we discharged more patients daily than predicted..
- The Home First Board will be chaired by the Chief Executive from January onwards.
- The Home First Programme is the Acute contribution towards the wider System improvement plan.
- Increased volume of patients being directed to the using the 'same day emergency care' (SDEC) areas continued into December, and following a successful pilot of the 'surgical clinical decision unit' (SCDU) funding has been secured to keep this unit.
- An external review of GP streaming has identified an opportunity to increase the patients from 1.5 per hour to 3 per hour. The specification for GP streaming is being discussed.

What actions are being taken to make the improvements?

- There will be three accelerated system wide projects identified by the System Improvement Board, these are an extension of some of the Home First deliverables. 30,60,90 day rapid actions will take place to accelerate improvements in embedding the SAFER/Red to green principles; maximising front door streaming and use of SDEC; and, increasing discharges to normal place of residence.
- SAFER will continue to be rolled out across the Alexandra Hospital site and Wards will be providing themes as to any barriers experienced.
- Job plans will be reorganised to enable appropriate SDEC capacity.
- Reorganisation of three wards to improve efficient use of existing beds will take place in January. (as at the point of writing this has been completed).
- Preparation for the additional bed capacity that comes online in February 2020.
- The Onward Care Team will become fully operational across both sites from February 1st. The mechanism for robust referral and patient level data capture will be completed.

PERFORMANCE IMPROVEMENT STATEMENTS

Worcestershire Acute Hospitals NHS Trust

1. Patient Flow as supported by the Home First Programme (validated) (Cont.)	
Strategic Objective: Best services for local people	
How have we been doing?	**What actions are being taken to make the improvements?**
• Rapid implementation of criteria led discharge has been identified as the key enabler to improving weekend discharges. • The number of patients who have remained in the hospital for 21 days or more continues to improve and met the target for December. • Micro management and review of patients referred to onward care outside our hospitals identified some discrepancies in referral and waiting lists. • A front door frailty rapid PDSA cycle has taken place with another one planned imminently. • System wide funding has been secured to offer an additional 40 pathway one places per month fully effective from February, which will improve patient flow for appropriate patients no longer requiring an Acute bed. • The clinical site management work stream have identified a capacity and capability gap in site management, specifically at the Alexandra Hospital. • Internal Professional Standards focusing on specialist reviews, onward care and maintaining patient safety have been launched.	
Assurance level – LEVEL 3 (no change)	**SRO: Dependant on work stream**

PERFORMANCE IMPROVEMENT STATEMENTS

Worcestershire Acute Hospitals NHS Trust

2. Two week wait cancer waiting times (unvalidated)

Strategic Objective: Best services for local people

Metrics	Current performance (December)	December trajectory	January trajectory	February Trajectory	19/20 Year-end target
% patients seen within 14 days (2WW) (All Cancers)	92.11%	95.58%	93.34%	94.05%	93.10%
% patients seen within 14 days (2WW) (Breast Symptomatic)	96.18%	97.04%	91.72%	96.00%	84.80%

How have we been doing?	**What actions are being taken to make the improvements?**
• 2ww performance (all) improved across all Cancer sites during December, however it has already been reflected in January's early performance that the loss of clinics during the end of December will impact January's performance. • 50% of all breaches in December were due to patient choice. • Gynaecology has reported an increase in referrals which is more than current capacity. The clinics required need access to scanning machines which are only available for extra sessions on Saturdays which limits the days additional capacity can be used. • Of particular note was Breast Suspected and Symptomatic performance achieving 94.51% and 96.23% respectively. It is probable however that performance will take a slight dip in January given the element of patient choice and patients being carried over into the new month and year.	• A debrief regarding Christmas and New Year planning for 2WW clinics will take place so that we can implement any learning in 2020/21. • Gynaecology - Cancer alliance funding agreed for ultrasound machine for Women's Health Unit – increasing ability to flex 2WW capacity • Lung – there are 3 vacant consultants posts which are hoping to be recruited to; however, if unsuccessful, alternatives will need to be discussed to prevent deterioration in performance. • Breast symptomatic - Increase consultant capacity in breast surgery - the service continues to be vulnerable in terms of breast radiology. • Urology - work is underway to redesign outpatient clinics to ensure that slots are ring-fenced. Urology should achieve 93% by the end of March and sustain this.
Assurance level – LEVEL 3 (no change)	**SRO: Paul Brennan (COO)**

PERFORMANCE IMPROVEMENT STATEMENTS

3. 62 day cancer waiting times (unvalidated)

Strategic Objective: Best services for local people

Current performance (December)	Current performance (December)	December trajectory	January trajectory	February trajectory	19/20 Year-end target
% patients treated within 62 days	71.15%	86.04%	86.04%	86.04%	86.04%
Number of patients waiting 62+ days	263	0	0	0	0
Number of patients waiting 104+ days	71	0	0	0	0

How have we been doing?	What actions are being taken to make the improvements?
• Please note that the performance shown above is unvalidated until mid February and therefore is subject to small change. • Urology performance is being impacted by a reduction in consultant capacity and has created a high degree of risk to the service. • The number of patients on the 104+ day backlog continues to grow with 18 patients currently waiting for treatment at a tertiary centre. • Lung have three consultant vacancies which they are trying to recruit to. • Histology demand and capacity remains an issue internally and for the external provider we use as additional resource. This is causing delays on an increasing number of patient pathways. • The number of untreated patients over 62 days is 236 with Skin accountable for 42% of these. The additional external capacity (Medinet) has now ceased.	• To assist with the immediate issues in Urology some additional theatre capacity is being identified in January for Radical Prostatectomy surgery, and contact has been made with other centres to request their support in treating some patients. Response has been mixed however Cheltenham and Gloucester Trust and the Royal Wolverhampton Trust have both agree to offer a limited amount of support which continues to be explored. • A change in outsourcing company to further reduce the Histology backlog has been actioned and will continue to be monitored weekly. • Lung we will have 3 vacant consultants posts which they are hoping to recruit to, however if unsuccessful alternatives will need to be discussed to prevent deterioration in performance. • Analysis and feedback regarding the performance against the proposed 28 day faster diagnosis will be shared with Divisions and barriers will be highlighted.
Assurance level – LEVEL 2 (no change)	**SRO: Paul Brennan (COO)**

PERFORMANCE IMPROVEMENT STATEMENTS

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

Strategic Objective: Best services for local people

Metrics	Current performance (December)	December trajectory	January trajectory	February trajectory	19/20 Year-end target
Percentage of patients on a consultant led pathway waiting less than 18 weeks for their first definitive treatment	82.72%	82.56%	83.02%	82.92%	82.39%
Number of patients waiting 40 weeks or more for their first definitive treatment	56	0	0	0	0

How have we been doing?	**What actions are being taken to make the improvements?**
• There remain a small number of 40 week breaches in December due to a requirement of joint surgery / specialised care (such as Urogynaecological Surgery), due to incorrect application of the RTT guidance or due to Elective planned patient breaches. • There continues to be a reduction of the Oral Surgery patients waiting over 40 weeks • The Medicine Division now have no breaches above 35 weeks and are focusing on a reduction to 30 weeks by July 2020. • Urology performance is being impacted by a reduction in consultant capacity and has created a high degree of risk to the service. • Ophthalmology remains one of the specialties with the highest backlog (c1,060 patients) • The overall backlog has grown compared to this time last year but fewer patients are waiting over 18 weeks. • There are no 52 week incomplete breaches.	• Interviews are taking place at the end of January for an additional Urogynaecologist. • Oral Surgery have highlighted that the 40 week target cannot be sustained with current referral volumes and the available consultant capacity. An urgent meeting has been requested in January with NHSE to discuss suspension of referrals into the service for a 6 month period. This action is supported by the COO. • Surgery are reviewing options for improvement in Urology. • Ophthalmology are discussing with CCG and Optometrists regarding establishing a shared cat assess service for 2020/21.
Assurance level – LEVEL 2 (no change)	**SRO: Paul Brennan (COO)**

PERFORMANCE IMPROVEMENT STATEMENTS

Worcestershire Acute Hospitals NHS Trust

5. Diagnostic test waiting times (validated)

Strategic Objective: Best services for local people

Metrics	Current performance (December)	December trajectory	January trajectory	February trajectory	19/20 Year-end target
% patients waiting less than 6 weeks for a diagnostic test	94.94%	89.77%	94.99%	96.71%	99.03%

How have we been doing?	**What actions are being taken to make the improvements?**
• No significant change with Diagnostic test performance at 94.94%; 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. • Continue to utilise WLI and extra capacity with the mobile CT unit • Consultant Radiologist and radiographer recruitment currently being advertised. • Pressures regarding Urology breaches in Endoscopy has been escalated to specialty and PMG. Endoscopy service offering additional sessions but there is at present limited capacity within the Urology service. • A process review between SCSD and Surgery to ensure that patients on their RTT pathway have their clocks stopped correctly as validation has indicated we are over reporting breaches in some cases. • Feedback from an audit on the Elective Planned waiting list (where a majority of the patients are scheduled of an Endoscopy) will be shared and any recommendations implemented immediately.
Assurance level – LEVEL 6 (no change)	**SRO: Paul Brennan (COO)**

PERFORMANCE IMPROVEMENT STATEMENTS

6. Stroke (validated)

Strategic Objective: Best services for local people

Metrics	Current performance (November)	December trajectory	January trajectory	February trajectory	19/20 Year-end target
% of patients spending 90% of time on a Stroke Ward	74.60%	80.0%	80.0%	75%	80.0%
% of patients who had Direct Admission (via A&E) to a Stroke Ward	45.10%	53.0%	55.0%	55%	90.0%
% patients seen in TIA clinic within 24 hours	67.90%	75.0%	75.5%	72%	70.0%
% of patients who had a CT within 60 minutes of arrival	47.70%	42.0%	42.0%	57%	80.0%

SSNAP Overall Score	Q1	Score: 59.4	Grade: D	Q2	Score: 68.4	Grade: C

How have we been doing?	What actions are being taken to make the improvements?
• All four metrics show no significant change in performance. • Extended Stroke presence at weekdays and also introduced partial 7 day working. This reduces the reliance on the on-call medical SpR, which limits the delays in organising and allocating patients' to stroke if required. • Stricter approach to bed management and protection of all Stroke bed at all times. • Enhancement to the performance report and comparison/reconciliation of data will help to ensure that the range of measures can be improved on weekly/months basis. • Recently appointed SpR's to support TIA clinics and ensure consistent ward cover of middle grade doctors. • Appointed Stroke Admin support to provide cover for data input and TIA clinics over the weekend. • Adverting for a permanent Stroke consultant and also interviewing this week for a fix term 12 month consultant. This will ensure sustainable 7 day service.	• Ward move to a smaller bed base was completed this weekend and agreement is in place for all Stroke beds to be ring-fenced at all times. This would allow the team to truly focus ensuring the key indicators are achieved for each individual patents. • Discussion are on-going with regards to Stroke adopting Consultant of the Week model (CoW). This would ensure the stroke team is able to provide 24/7 on-call CNS/Consultant cover. • These major changes should have positive impact on the trajectory.
Assurance level – LEVEL 3 (no change)	**SRO: Paul Brennan (COO)**

Finance | Key Messages

		RAG
Delivery of the External Financial Plan £(82.8)m	The month 9 deficit of £(7.76)m is £1.1m positive to the forecast prepared at Q2 of £(8.84)m . At the end of Q3 a final assessment of the forecast has been completed building on work delivered to date and incorporating learnings from prior months performance. Although this forecast continues to be aligned to our external plan, assessment shows a material level of downside risk which needs active management and mitigation by all budget holders. This forecast shows that that the positive YTD variance against the external plan of £2.8m 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, as well as continued focus on improving flow and reducing ED attendances / activity through Home First Worcestershire, maintain and further improve decisions on expenditure and deliver identified productivity and efficiency opportunities at every level.	Level 4 > relatively confident that external plan can be achieved subject to level of winter pressure.
Capital	The Trust has a minimal £2.24m internal source of funding for the 2019/20 capital programme. This is after repaying capital loans, accounting for IFRIC 12 and PFI capital repayments. The Full Year Forecast Capital position for the financial year shows a breakeven position against available funds on the basis that the full available funding will be utilised. December 19 – Month 9 capital expenditure totals £5.86m. Whilst we await the outcome of the capital loan application, the Capital Prioritisation Group (CPG) has reviewed the remaining uncommitted contingency, alongside recently awarded capital, and is developing the list of schemes that can be achieved in year. The existing prioritised list of schemes is being used to ensure that all available capital funding is allocated to the most urgent schemes. CPG and strategy and planning have now allocated the remaining £2.3m capital funding balance.	Level 4 > to have sufficient capital funding. Plan complete – securing capital funds ongoing
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) requesting cash monthly in line with financial performance. At the end of December the cash balance was £13.1m (£12.7m net of un-cleared payments) which is significantly over the £1.9m minimum desired balance owing to the timing of due payments, the year to date favourable variance to plan and post Balance Sheet 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 received £5.816m working capital cash support in December 2019. The 2018-19 capital loan of £5.64m has now been approved and £2.4m of this has been drawn down to date. 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 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.	Level 6 > Plan to access cash and deferral of loan repayments.

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 the time. Notwithstanding the aforementioned, we continue to challenge all areas to improve further in order to deliver as close as possible to the £(73.7)m 2018/19 internal stretch out-turn target.
I&E Position	**For December**, month 9 of 2019/20 is a deficit of £(7.76)m, £(0.1)m adverse to the £(7.63)m plan. **The cumulative position** at the end of month 9 is a deficit of £(61.0)m, £2.8m positive to the submitted plan. This is a reduction in the previous favourable YTD variance primarily due to premium staffing and insufficient levels of CIP delivery. The impact of these adverse variances has been reduced by the shifting of costs for new capacity and not spending on business cases. (Electronic Prescribing & Medicines Administration – EPMA and proposed expansion of Managed Equipment Service - MES) and early receipt of the Maternity Clinical Negligence Scheme for Trusts (CNST) rebate following confirmation of delivering the standard. **The internal target is to have a deficit no bigger 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 the I&E deficit position in month 9 would be £(1.1)m adverse and £(2.8)m adverse year to date. In order to get closer to our internal target it will be vital to: continue to prioritise our efforts on improving flow; reducing ED attendances / activity through Home First Worcestershire; Maintain and further improve decisions on expenditure ; and deliver identified efficiency and productivity opportunities at every level.**
Income	The combined income (including Other Operating Income and adjusting for the blended payment mechanism) was £0.5m above plan in December (YTD position is £3.1m above plan on the same basis). If the £2.9m blended adjustment did not apply (20% Marginal Rate), income would be £6.0m above the year to date plan. Patient Care Income was £0.6m above plan in month (excluding drugs & devices) incorporating the blended payment marginal rate (£0.6m in December). In-patients were £1.2m above plan in December (before the blended payment adjustment. Emergency activity was £1.2m above plan in month, driven by a mix of volume and value. Day case and Electives were on plan. The endoscopy improvement target (incorporated within the annual plan to achieve the diagnostic waiting standards) was not fully met in December. Outpatients were £0.1m above plan, the activity run-rate reduced in December compared to November across a number of specialties as a result of reduced patient attendances across the Christmas period and increased emergency activity. Other Income was on plan.
Expenditure	Pay and non pay costs (excluding Non PbR and finance charges) exceeded plan by £(0.6)m in December. 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 £0.5m from £24.82m to £25.36m in December, the majority of this is within substantive nursing and medics, with £0.3m due to bank holiday and weekend enhancements. The substantive nursing workforce continues to increase as a result of overseas recruitment. The combined agency and bank spend is £4.0m in December and represents 15.7% of the pay bill, a marginal increase of £82k compared to last month across both bank (£42.5k) and agency (£39.5k). Agency expenditure for month 9 of £2.3m exceeds the agency ceiling by £(0.8)m and represents 9.0% of gross staff costs. Temporary staffing costs are forecast to increase aligned to changes in bed capacity and in response to Section 31 requirements. Non pay spend (excluding Non PbR and finance charges) reduced by £0.4m from £11.6m to £11.2m. This was largely due to receipt of the Maternity CNST rebate.
CIP (Savings Improvement Plans)	In December, month 9 2019/ 20, a nominal £7.76m (note £22.5m Full Year delivery required) of CIP delivery (year to date) has been achieved. The operational forecast assumes c. £12m (up from £11m reported in M6) FYE CIP delivery in the 2019/20 financial year 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. £21.5m have been identified to date with £16.2m removed from budgets.

Finance & Performance Committee Assurance Report

Accountable Non-Executive Director	Presented By	Author
Richard Oosterom Associate Non-Executive Director	Richard Oosterom Associate 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)**	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 January 2020.

Divisional attendance – HR: We received a comprehensive report from the Director of People and Culture in relation to the HR function. The HR function now benchmarks well against other similar Trusts. The progress of the People and Culture Strategy was mapped and benchmarked and in 2019/20 there has been a step change in HR metrics including staff survey results. There has been clear progress in this area of work. The Governance structure was described in detail and workforce transformation is covered by the four workforce groups, each with a lead director and lead delivery manager. We heard of some initiatives in place to transform the workforce for example international nurses. It was evident that transforming the workforce was a priority for the executives, but further work was needed to embed this within the whole trust. Controls have improved but more ownership is needed within divisions and we heard of the work being undertaken to standardise accountability within the divisions. We were pleased to learn of the cascade of objectives within the Trust and the Chief Operating Officer is accountable to ensure objectives are set, with quality assurance by the HR department. We requested a report from HR on the quality assurance of the objectives soon after the objective setting took place. We had an in depth discussion about the size of workforce and initiatives underway to review roles and responsibilities. Finally we reviewed the forward plans which included the OD work as well as transformational work. A resource plan has been put in as part of the annual planning round.

In summary, we congratulated the progress that has been made but recognised that there was much work still to be done.

Annual Plan: We received a presentation which emphasised the importance of the Home First Worcestershire Plan as well as redefining the role of Kidderminster Hospital to be used more effectively. The presentation showed the links between the medium term financial plan and the clinical services strategy. Work had been undertaken on the opportunities under the model hospital, both pay and non-pay. There are project initiation documents available for all areas identified but these are not well developed. Plans are underway to ensure that by 14 Feb, the schemes will be matured and will identify the cost code for the budget to be reduced. We expressed our concern about the state of the schemes and the amount of work to be completed by the 14th of February. We asked for the executive team to prioritise areas, as well as map the areas to the Clinical Services Strategy. We expressed concern about the areas which were dependent on our system partners and this needed to be explicit. We were assured that all schemes will be allocated to budgets at the beginning of the financial year.

Integrated Performance Report: In December our bed occupancy was above 100% and consequently key urgent care metrics declined. The trust had 7% more emergency attendances and there was a significant increase in ambulance conveyances (highest number ever in December) with delays with ambulance handovers. Discharges before midday showed an increase. There was a significant improvement in cancer two week waits and the two week wait for breast symptomatic was above target at 96.18%. The 62 day cancer wait was under target. Diagnostics were on the agreed trajectory. With respect to RTT, we were pleased to hear that the number of people waiting over 40 weeks was the lowest for two years at 23 patients at the end of December. We are the best performing non specialist trust in the West Midlands.

Finance & Performance Committee Assurance Report

Executive Summary (cont.)

Home First Worcestershire: We were pleased to hear that we are reducing the number of the patients with a long length of stay and will meet the national target by the end of March. We have also seen a reduction in the length of time being spent in the ED for surgical patients and an increase in the proportion of patients discharged and not admitted. More work is being undertaken on the patients being cared for in AEC, under the advice of ECIST colleagues, to ensure it is not used for patients unless it is for ambulatory care. We heard about the funding of a primary care navigator (10am to 10pm at Worcestershire Royal) at the front door of ED who will be able to signpost non-ambulance patients to the most appropriate service, including services out side the Trust. Recruitment is taking place for clinical site managers to increase capacity on both main sites.

We remain concerned that despite some green shoots fundamental key metrics are not really moving in the right direction. And although we acknowledge 19/20 demand was underestimated and we have a bed capacity gap, we cannot understand why this impacted performance in the Alex as much as in WRH. We were pleased to hear about the changes in the programme, with the CEO taking the lead and the programme resources being strengthened. We expressed concern about the dependencies on system partners, which was illustrated by the delay in getting the Onward Care team started. We then discussed the escalation processes available to ensure all partners fulfil their commitments. We were pleased that all medical ED shifts have been filled with the additional senior staff and initial feedback is that this support has been useful, both from a patient experience point of view and from the staff. We remain focused on seeing the key metrics move (discharges per day, beds occupied, avg length of stay) and to see the programme adopt much more of a rapid “plan, do, check, act” behaviour on a daily basis.

CQC report: We considered a report on the CQC actions since the visit in December. This report is on the Board’s agenda, private.

Financial performance report (M9): We were pleased that the Trust was above forecast for month-9, although slightly below plan. We have received a non-recurrent CNST rebate and this was due to the work of the Women and Children Division. We expect the I&E rate for December will deteriorate due to bank holidays . The limited CIP is being delivered. There remains a challenge around non-elective income. Our revised (Q3) full-year forecast is now exactly on plan (-/-82.8m), which leaves no margin for error. We urged the executive team to actively manage the risks and opportunities. We remain concerned about the inability to reduce temporary staffing which is key to reducing the deficit. There is a high probability we will not achieve a reduction in runrate by the end of the year, which will increase the challenge to reduce our deficit in 2020/21.We do recognise that the Home First Worcestershire plan is the right one to improve patient flow and reduce the deficit.

With respect to capital, the Capital Prioritisation Group have met to ensure that the recent capital received will be spent on the Trust already identified priorities . This includes infrastructure.

Cash is being managed appropriately.

We were clear that we need to set an achievable but challenging target for 2020/21.

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.
- approve the awarding to Liaison for provision of secondary NHS VAT consultancy, recovery and compliance service.

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 November is **Trust 59.26% (45% in Oct)** Emergency Department 80.00% (51.35% in Oct) Inpatient 51.28% (38.81% in Oct)	
How have we been doing?	**What actions are being taken to make the improvements?**
• All Divisions have shown an improved performance for November. • We have not achieved the target in any month during 19/20. • The provision of antibiotics within one hour reached 100% for all Divisions1, with the exception of Specialty Medicine. • The Urine and Oxygen elements of the Sepsis 6 have shown improvement, but IV Fluid Bolus, Lactate and Blood Cultures have declined.	• The results of an audit to identify barriers to achieving the target will be presented to CGG in February (deferred from Jan due to cancellation of meeting). • There is a plan to add a barcode to the NEWS/Sepsis sticker so that we can audit Sepsis management and also deteriorating patient management more effectively. The result will be a more robust audit which will provide results that accurately reflect the sepsis screening and treatment across the Trust. • There is a Sepsis e-learning presentation ready to launch which will be accessed via ESR to enable training to be recorded – this is awaiting final agreement with the Training Department.
Assurance level – Level 2 (no change)	**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(December	January trajectory	January trajectory	19/20 Year-end target
CDif – 44 (40 Traj)	CDif – 45	CDif – 49	CDif – 53
E-Coli – 45 (44 Traj)	E-Coli – 49	E-Coli – 54	E-Coli – 59
MSSA – 12 (9 Traj)	MSSA – 10	MSSA – 10	MSSA – 10
MRSA -2 (0 Traj)	MRSA - 0	MRSA - 0	MRSA - 0

How have we been doing?	**What actions are being taken to make the improvements?**
• During December we had 4 C-Diff cases, 4 E-coli cases, 0 MRSA and 2 MSSA. • We are now above trajectory for all 4 metrics, with 2 (MSSA & MRSA) having failed the year end target. • Staff Flu Vaccination uptake amongst Trust clinical staff is 71.80% (below target of 80%). • Significant increase in flu positive patients admitted in December (60 of the 78 since Oct 2019). • Hand Hygiene Compliance to Practice improved for the 6th month in a row, and the Target has been achieved every month, except April, in 2019/20. • Hand Hygiene Audit Participation fell in December to 91.96%. • The TIPCC Scrutiny and Learning Meeting has delivered significant impact in improving timeliness and quality of Cdiff reviews, and improved clinical engagement. • Ward Managers and Matrons for all Cdiff cases attended the Q3 review in Jan 2020, and provided significant detail on the actions they are implementing. Learning is being shared across Divisions via this forum. • Cleanliness is improving, with clinical teams able to describe in detail the actions they are taking to achieve standards. • Though inconsistencies remain, the Q3 Cdiff reviews highlighted that the gap in cleaning standards has lessened, with many ward cleaning scores now just a few percentage points below what is required. • Review of Q3 Cdiff cases has shown a reduction in the proportion of cases* with red lapses in care, and one case assessed as green (no lapses in care). **Data currently being collated*	• Based on the positive impact of the first series of Cleanliness Scrutiny Meetings, a further series are being held in Feb-March 2020. • Housekeeper Cleanliness Workshops held Oct-Dec 2019 have been positively received and raised awareness. They are being rolled out to a wider group of staff in spring 2020. • TIPCC Scrutiny and Learning Meetings continue in 2020, ensuring the results of all Cdiff reviews and lapses in care are completed within 1 month of the end of the quarter in line with CCG requirements. • Divisions are required to present the results of their CDI patient antimicrobial prescribing reviews to the Medicines Safety Committee from Jan 2020, in order to increase focus on this aspect of practice. • Divisions are each nominating one or more lead consultants for antimicrobial prescribing, to strengthen medical staff leadership on this issue. • Further ward based teaching is being provided by the IPC team on the detection and management of D&V, and flu. • The programme of staff flu vaccinations is ongoing, and reminders are being sent to all staff via weekly briefings. • The names of 26 staff non-compliant with Hand Hygiene Audit have been escalated to Divisions (16 additional failed audits did not have a staff name recorded). This process is being repeated on a monthly basis. Divisions are then contacting individual staff to discuss reasons for non-compliance.
Assurance level – Level 3 (no change) **Reason: Specific actions for improvements on prescribing will impact on outcomes in Quarter 4**	**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 November for : Awareness – 33.39% (1057/3166) – Target is 75% Authorship 28.62% (276/969) with a target of 75%	
How have we been doing?	**What actions are being taken to make the improvements?**
• Both ReSPECT Awareness Training and Authorship Training have increased, but are both significantly below target.	• All Divisions are developing action plans which will be incorporated into their Mandatory Training portfolio to embed ReSPECT training. • ReSPECT is now a mandatory training requirement for all clinical staff. Divisions will ensure there is a monthly 10% increase in compliance.
Assurance level – LEVEL 2 (no change) Reason: Some measurable impact evident from actions thus far taken, but action plans in development to accelerate improvement.	**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 (November) Mortality reviews within 30 days rose to 59.74% with a current overall backlog of 544 cases compared to 554 in October	
How have we been doing?	**What actions are being taken to make the improvements?**
• The Trust continues to remain an outlier for mortality in respect of HSMR and SHMI. There is no single, identifiable cause of the elevated HSMR. However SHMI does appear to suggest an above average level of out of hospital deaths that are unduly influencing this measure. • Neither the HSMR nor SHMI figures reflect current trends in crude mortality, but are a function of the number of deaths 'expected' decreasing in the models. • The completion rate for mortality reviews within 30 days has improved, and the backlog has fallen for the third month in a row. • Attendance at December Learning from Death group was non-quorate, with no Divisional Clinical representation.	• Consider and implement the actions from the mortality review recently conducted by NHSE (work commissioned by the Trust) • Examination of out of hospital deaths (within 30 days of discharge). • Development of mortality metrics linked to A&E/ED (not covered by SHMI or HSMR). • Examination of links between extended waiting times (A&E) and subsequent mortality risks. • Exploration of the links between admission rates and mortality. • Continued recruitment into Medical Examiner roles, including Consultants from the Health & Care Trust and Primary Care Networks. • ME examiner recruitment will be complete once the Divisional Governance leads are appointed and this will complete the workforce requirements to achieve daily review. Training completion should be by March 2020.
Assurance level – Level 2 (no change)	**SRO: Mike Hallissey (CMO)**

QUALITY IMPROVEMENT STATEMENTS

NHS Worcestershire Acute Hospitals NHS Trust

5. Friends and Family Test

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

Current performance (November)

	ED	Inpatient	Maternity	Outpatient
Response Rate	18.91%	34.75%	32.95%	9.25%
Recommended Rate	81.12%	95.37%	97.09%	93.94%

How have we been doing?	What actions are being taken to make the improvements?
• Inpatient and Maternity met the targets for **Response Rates** in November. • Inpatient and Maternity have met their targets for 8 of the 9 months in 2019/20. • Inpatient and Maternity met the targets for **Recommended Rates** in November. • Maternity have met their target every month in 2019/20 for **Recommended Rates**, whilst the Inpatient target has been achieved 7 out of 9 months in 2019/20. • Both ED and Outpatient missed the targets for **Response Rates** in November. • ED has failed to meet the **Response Rate** target every month in 2019/20, although there has been sustained improvement, whilst the Outpatient target has been achieved 3 out of 9 months in 2019/20. • Both ED and Outpatient missed the targets for **Recommended Rates** in November. • Both ED and Outpatient have missed the target for **Recommended Rates** every month in 2019/20. • New guidance, which was released in September 2019, is expected to be implemented in April 2020. One of the main changes is a move away from an emphasis of quantity of responses to a focus on quality of responses – what the public is telling us and "You said We Did" from the Trust	• A full group discussion is on the agenda for January's Patient Public Forum. This will cascade volunteer and public awareness of the new guidance. • Wider engagement plan in development to ensure that all stakeholders are supported to develop action plans to facilitate implementation of the new guidance in a manner which will best utilise the potential for quality improvement. • Meetings being scheduled for January and February 2020. • Support to the division by patient experience lead nurse with the new DDN for urgent care is in place to support tools being available during the busy winter period to capture patients experiences. The positive and negative comments from friends and family test are being reviewed by the division and these are being sent to CQC fortnightly. Supporting the division to have greater awareness of the responses is key in the action plans. • Ongoing support to SCSD is in place to support outpatients with newly appointed matron for the area in gathering data and responding to recommendations through a move to "you said we did approach" which is being adopted. • The roll out of phase 2 of the ward accreditation will provide medium term support to both departments
Assurance level – LEVEL 5 (no change) Reason: Evidence of improved outcomes and actions identified to facilitate implementation of new guidance.	**SRO: Vicky Morris (CNO)**

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 30 January 2020. A summary of key points discussed are as follows:

CQC visit: As requested by the Trust Board, we discussed a report showing the actions being taken after the unannounced visit by the CQC in December. We concentrated on the actions as identified in the 'must' and 'should dos'. We were assured with the actions being taken and we have agreed with the CEO to take a more proactive role in monitoring the quality aspects of the Home First Worcestershire plan. To this end we have set up a subgroup to develop the metrics needed. This report is on the agenda in the private part of this Board meeting.

Infection prevention and control: We received a presentation showing the improvements in the management of infection prevention and control since the appointment of the deputy Director of Infection Prevention and Control. We were pleased to hear that the divisions have robust plans to continue the improvement and there is a real focus on antimicrobial prescribing, led by the CMO. We also received a verbal update on the preparations the Trust is making in respect of corona virus. This is a fast moving topic and I will ask the CNO to give a verbal update at the Trust Board meeting.

Integrated Quality report: We heard about the improvements in the Friends and Family Test but were still concerned that outpatients were struggling in this area. There is however a new matron who is focussing on this. We were pleased with the progress on sepsis 6 with four out of five divisions meeting the antibiotic target. We were keen to ensure that ReSPECT was being utilised appropriately and we believe that there is more work to be undertaken on this.

Learning from deaths: This paper will be presented to the Board at the March meeting. Preliminary data up to November indicates that we are not an outlier for out of hospital deaths. We urged the CMO to concentrate on learning. This will be in place once all the medical examiners are appointed, which should be within a few weeks.

Ward based fundamentals of care: Some excellent work has been undertaken by the deputy CNOs on embedding fundamentals of care. All adult wards have been audited and the band 7 nurse development forum are committed to ensuring that the patient experience improves.

Terms of Reference: We approved a revised set of terms if reference. These will be presented to the Board for March.

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.

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 (December) against local target of 90%	January trajectory	February trajectory	Year End Trajectory	19/20 Year-end target
Non-Medical Appraisal 84%	85%	86%	87%	90%
Medical Appraisal 95%	96%	96%	97%	97%

How have we been doing?	What actions are being taken to make the improvements?
• Non-Medical Appraisal rates have shown a 2% increase this month to 84% • Medical appraisal rates have increased by 3% to 95%. • Model Hospital benchmark is 85% (December 2019)	• No issues were identified from investigations into concerns raised about the timeliness of uploading PDR completion dates through the electronic appraisal link • 1:1 training provided to managers on appraisal functionality • Act on Amber - ESR sends email 4 months prior to expiry of appraisal to remind both manager and individual • Appraisal rates are reviewed in Divisional PRM meetings • HR send monthly reports to Divisions for discussion at Divisional Board meetings • Further ESR Self Service training for managers planned throughout 2020 • Target to be raised to 95% from April 2020
Assurance level – LEVEL 4 (was level 3)	**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 (December) against local target of 90%	January trajectory	February trajectory	Year End 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 has dipped by 2% this month • Compliance is 89% which is just below the current 90% target • Trajectory and Assurance Level adjusted to reflect dip in performance which is now unlikely to reach 95% by year end • Model Hospital Benchmark is 100%	• Dedicated resource in HR medical resourcing team has uploaded the majority of job plans on e-job plan • Outstanding job plans escalated to Divisional Directors and HR BP's to follow up • 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 planning round • Target to be raised to 95% from April 2020
Assurance level – LEVEL 3 (was level 4)	**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 (December) against local target of 90%	January trajectory	February trajectory	Year End Trajectory	19/20 Year-end target
89.4%	90%	91%	92%	93%

How have we been doing?	What actions are being taken to make the improvements?
• Mandatory training has shown a slight increase 0.4% this month to 89.4% and is now just below current target • Performance affected by national ESR downtime for 4 days through Christmas • Model Hospital benchmark is 90% (Sept 2019) • Automated emails from ESR and RAG rated matrix are well received by staff in maintaining compliance • WRAP training has increased by a further 6% in one month which demonstrates the effectiveness of ESR functionality	• Mandatory Training compliance is covered in Divisional PRM meetings • HR send monthly reports to Divisions for discussion at Divisional Board meetings • HR Business Partners following up further action within divisions • Target to be raised to 95% from April 2020
Assurance level – LEVEL 6 (no change)	**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 (December) against NHS average of 8.1%	January trajectory	February trajectory	Year End Trajectory	19/20 Year-end target
9.26% Substantive plus bank for new wards	9.23%	9%	8.75%	8.5%
8.18% Substantive vacancies only	8%	7.8%	7.6%	7.5%

How have we been doing?	What actions are being taken to make the improvements?
• Successful domestic and international recruitment campaigns continue to impact • Our overall vacancy rate including funded bank and agency for new wards has reduced by 2.89% since May 2019 and by 0.02% since last month • Our overall vacancy rate (including funded for new wards) is now at 9.26% which is lower than our substantive vacancy rate for same period last year (10.48%) • Our substantive vacancy rate (excluding new wards) is 8.18% which is a 0.11% reduction from last month • HEE Regional average and NHS average are 8.1% (source ONS survey)	• Rolling Programme of centralised recruitment for Band 5 and Band 2 nurses and all medics • Our recruitment pipeline for B5 nurses will reduce our vacancies from 175 currently to less than 55 by June 2020 • Clinical fellow programme in place to reduce career grade vacancies • Medics recruitment requirement reduced by 23.72 wte since October and will reduce to 42.65 wte by June 2020
Assurance level – LEVEL 4 (was 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 (December) against local target of 4%	January trajectory	February trajectory	Year End Trajectory	19/20 Year-end target
Monthly Absence rate 4.36%	4.3%	4.3 %	4.2%	4%

How have we been doing?	What actions are being taken to make the improvements?
• Our cumulative monthly sickness absence rate has increased by 0.1% to 4.36% this month compared to 4.15% for the same period last year • Model Hospital average is 4.42% in October 2019 (which is the latest data) • HEE Regional average is 5% • Short term sickness has increased by 0.05% to 1.98% • Long term sickness has increased by 0.01% to 2.38% this month • Deep dive undertaken for review by People and Culture Committee in December showed increase in absence due to stress/anxiety	• 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 • HR BP's working with divisions to ensure that they are conducting return to work interviews and sickness reviews in line with policy • Target to remain at 4.0% from April 2020.
Assurance level – LEVEL 4 (no change)	**SRO: Tina Ricketts (DPC)**

PEOPLE & CULTURE IMPROVEMENT STATEMENTS

Worcestershire Acute Hospitals NHS Trust

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 (December) against local target of 12%	January trajectory	February trajectory	Year End Trajectory	19/20 Year-end target
Annual Turnover rate 11.15%	11.1%	11.00%	11.00%	11.00%
Monthly Turnover 1.02%	0.98&	0.96%	0.94%	0.92%

How have we been doing?	What actions are being taken to make the improvements?
• Annual turnover rates are better than target and continuing to improve with further 0.18% improvement this month to 11.15% • Turnover is 0.85% lower than same period last year and improving since May 2019 • Our monthly turnover for October (latest rates on Model Hospital) was 0.89% which is better than Model Hospital average of 0.98% • 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	• 4ward culture programme to make this a better place to work • Phase 2 of 4ward to be launched in April 2020 • Embedding of the Education Academy • Stepped improvement in 2019 staff survey raw data • Target to be reduced from 12% to 10% from April 2020
Assurance level – LEVEL 6 (no change)	**SRO: Tina Ricketts (DPC)**

People and Culture Committee Assurance Report

Non-Executive Director lead	Presented by:	Author
Mark Yates - Non-Executive Director	Mark Yates - Non-Executive Director	Kimara Sharpe - Company Secretary

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

Level of assurance and trend

Significant assurance	Moderate assurance	Limited assurance	No assurance
	x		

Executive Summary

The Committee met on 4th February 2020 and a summary of the key points discussed follows:

- **AHPs:** We had five AHPs plus the Lead Therapist join us to understand more about their profession and role within our Trust. Of the 14 AHP roles, 8 are represented in our Trust. Those attending the meeting represented Physiotherapy, Diagnostic Radiography, Orthoptics, Therapeutic Radiology and SLT and Dietetics. We heard that in Physiotherapy the profile has raised significantly during the last two years largely due to senior management support. There are challenges in providing consistent conditions of service to develop 7 day services across all specialities. Recruitment of Band 6 posts and retention is an issue. There is integration with the health community which we need to be considered for other services. For Orthoptics there are challenges in providing services in the community and we need to understand the economics of providing dispersed services or consolidated services based on patient access against cost. Therapeutic Radiotherapy share IT systems with Coventry and Warwick Hospitals which is challenging during periods of downtime. This is being picked up by the Chief Digital Officer. Recruitment is an issue in Diagnostic Radiology and innovative ways are being considered which have the potential to provide future financial savings. We noted that a separate AHP Faculty is being established as previously AHPs were part of nursing and midwifery. For all groups we need to do more to improve recruitment and retention. We will invite AHPs back to a future meeting to hear from other Professions working in our Trust and to learn more of their successes.
- **Integrated People and Culture Report:** We noted the improvement journey which was from a low starting point. There was a significant step change in the staff survey results confirming that we have made progress with our culture, leadership development, staff recognition, recruitment and retention and workforce IT systems. Further improvement is needed in workforce planning, employee health and wellbeing and equality and diversity. We will map the improvements against the CQC well-led domain. We are moving in the right direction and have urged Executives to maintain the strong focus. We noted the improvement in completed job plans and the use of Allocate to provide visibility and challenge to both new and existing job plans. There are currently 40 job plans outstanding which are planned to be completed by the end of the month. Revised rules are being developed to provide consistency to the process. This requires a change in culture. We agreed the People and Culture priorities for 2020/21 as: to continue our culture improvement journey, to further develop our employee offer, to finalise and implement our 5 year strategic workforce plan, to continue to provide a stable and substantive workforce leading to cost reductions and to strengthen our approach to employee health and wellbeing. Our flu vaccination take up rate is currently 77.5% and we are confident that the 80% target can be achieved by the end of March 2020 ensuring receipt of the CQIN payment. Further work is to be undertaken on working in partnership with Timewise on flexible working arrangements. We have noted that there will be no further financial cost if we continue with this partnership. We are conscious that that working flexibly may create impediments for staff unless innovative solutions are found. We have congratulated the Director of People and Culture and her team for the work undertaken so far to deliver the People and Culture Strategy.
- **Integrated Recruitment and Retention Report:** This excellent report provided full assurance demonstrating a good understanding and grip of the issues to be addressed. Most metrics are moving in the right direction and the focus needs to be on retention.
- **Allocate Benefits Realisation Year 1:** We received an interim report on the benefits of HealthRoster Optima for non-medical staff and HealthMedics Optima for medical staff. We have asked for a further report with greater explanation of the technical information to be presented to our March 2020 meeting.

People and Culture Committee Assurance Report

Executive Summary (cont.)

- **Guardian for Safe Working:** This report could only provide limited assurance that junior doctors in general surgery are working compliant hours in accordance with their terms and conditions of service. The Guardian had imposed a fine due to the excessive hours worked by Foundation doctors in Surgery Division at WRH. There is an ongoing issue with the year 1 Foundation doctors rota in Medicine Division at WRH. Work is in progress to provide additional consultant cover in Medicine Division to address this issue. The Guardian is focusing on engagement with junior doctors and strengthening the role of educational supervisor who should consider exception reports in the first instance.
- **Junior Doctor Experience – Update on Actions Taken in Surgery Division**: We are pleased to note the measures being put in place at WRH in response to junior doctor concerns. The introduction of the Surgical Assessment Unit (funded by the CCG until the end of March 2020) with additional middle grade resource will be of benefit to both patients and junior doctors. Additional consultant led ward rounds are also being introduced. These measures will protect teaching time for junior doctors. We noted that the Chief Executive Officer is to reinstate his attendance at junior doctor induction sessions so that they feel part of our Trust and its culture. The success or otherwise of the new initiatives in WRH surgery will be reported to this Committee by the Guardian for Safe Working.
- **Safe Staffing:** We were assured that staffing was safe, after mitigation. We noted the enhanced staffing put in place in the children's emergency department following the CQC's unannounced inspection in December 2019. The report contained new metrics relating to midwifery staffing although the data sources need more scrutiny to ensure accuracy.

Other reports received:
- Review of terms of reference
- People and Culture Risk Register
- Work plan

Background

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

Recommendations

The Board is requested to:
- Receive this report for assurance

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

Trust Board

NHS
Worcestershire
Acute Hospitals
NHS Trust

Integrated Performance Report
Appendix 2

SPC Charts and Trajectories

December 2019
Month 9

13th February 2020

Best Services for Local People

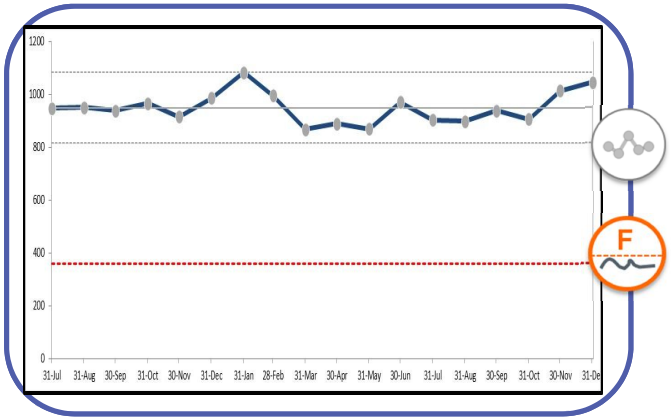
NHS Worcestershire Acute Hospitals NHS Trust

Month 9 [December] | 2019-20 Operational Performance Summary

Responsible Director: Chief Operating Officer | Validated for Dec-19 as at **3rd February 2020**

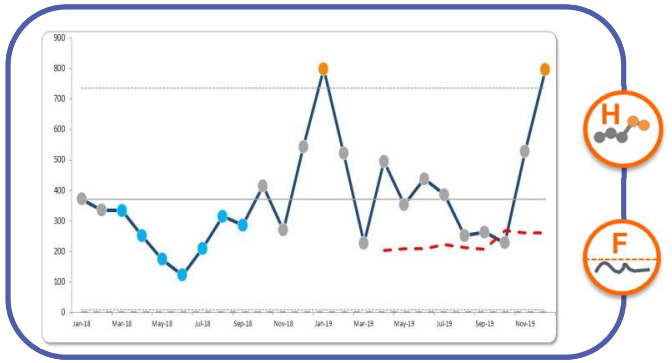
Total time spent in A&E

1047



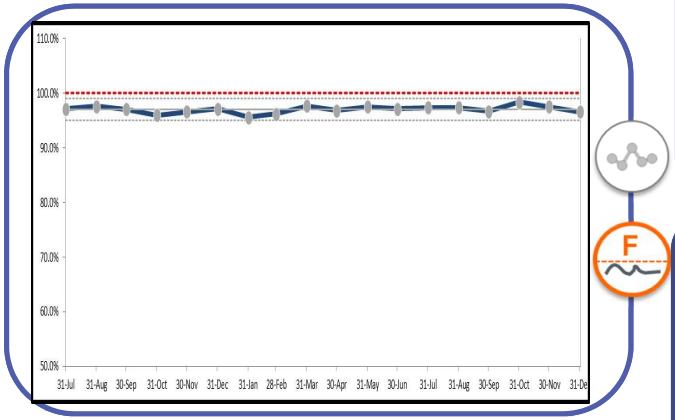
60 minute Ambulance Handover Delays

797



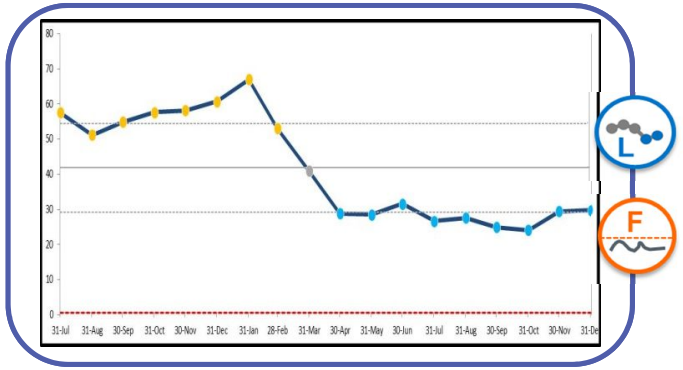
Discharge as a percentage of admissions

99.04%



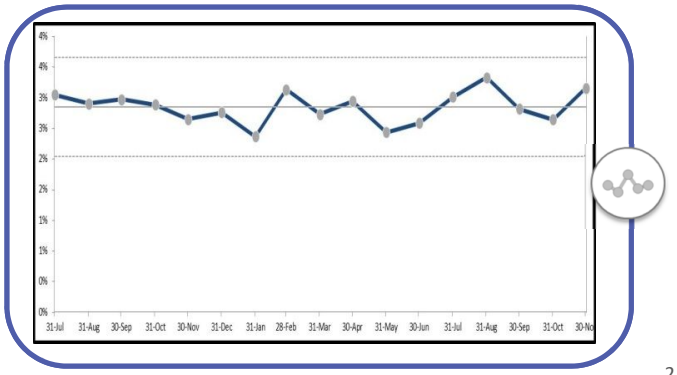
Capacity Gap (Daily Average)

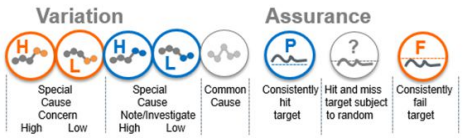
29.32



30 day readmission rate for same clinical condition (Nov-19)

3.66%





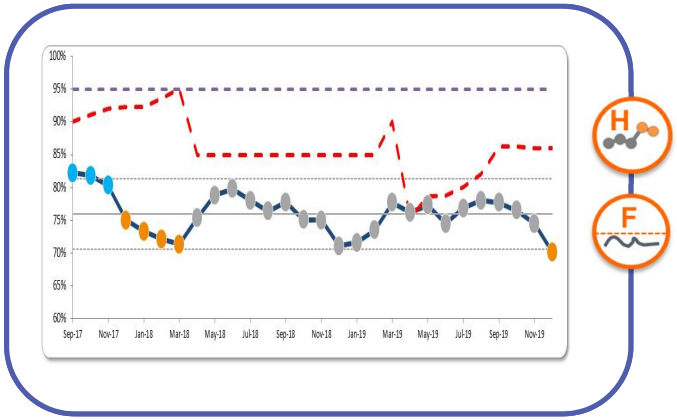
Month 9 [December] | 2019-20 Operational Performance Summary

Responsible Director: Chief Operating Officer | Validated for Dec-19 as at **3rd February 2020**

Worcestershire Acute Hospitals NHS Trust

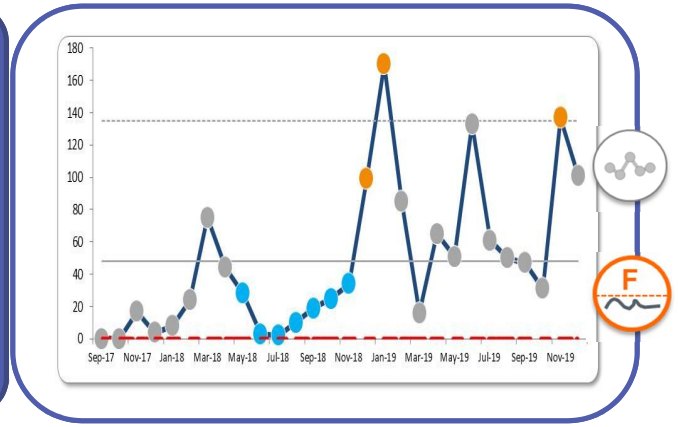
4 Hour EAS (all)

70.17%



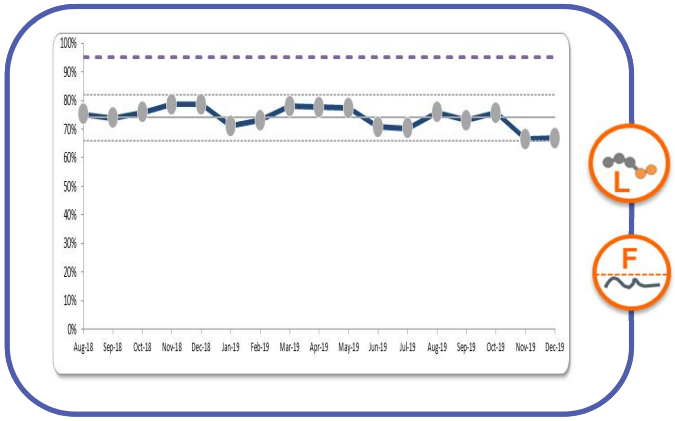
12 Hour Trolley Breaches

101



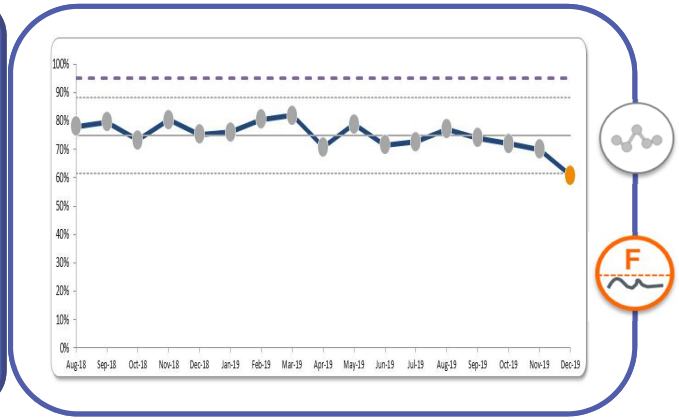
TTIA - % within 15 minutes WRH

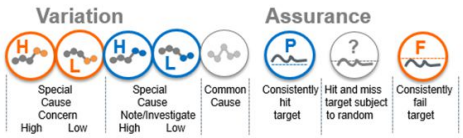
66.8%



TTIA - % within 15 minutes ALX

60.8%





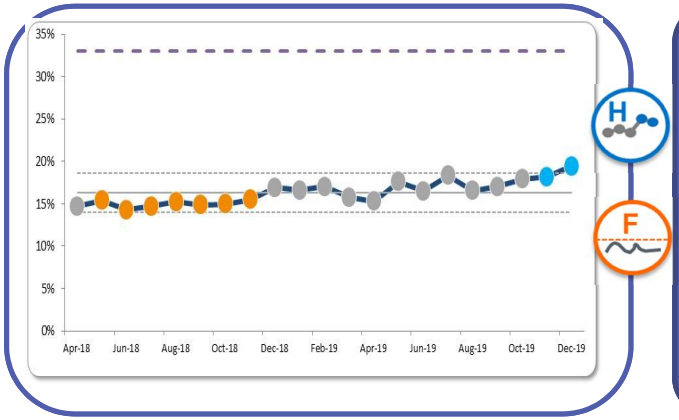
Month 9 [December] | 2019-20 Operational Performance Summary

Responsible Director: Chief Operating Officer | Validated for Dec-19 as at **3rd February 2020**

Worcestershire Acute Hospitals NHS Trust

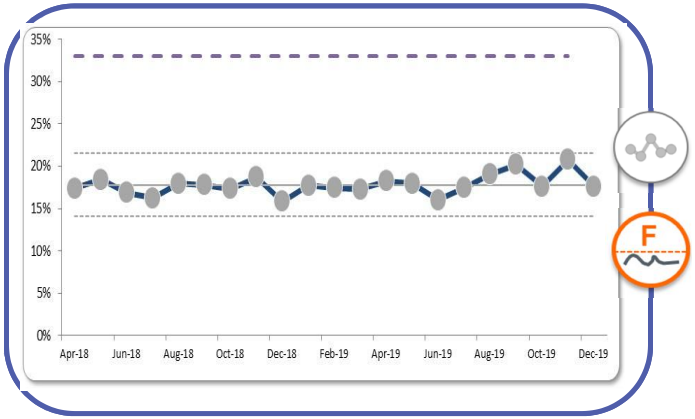
Discharge before midday (WRH)

19.40%



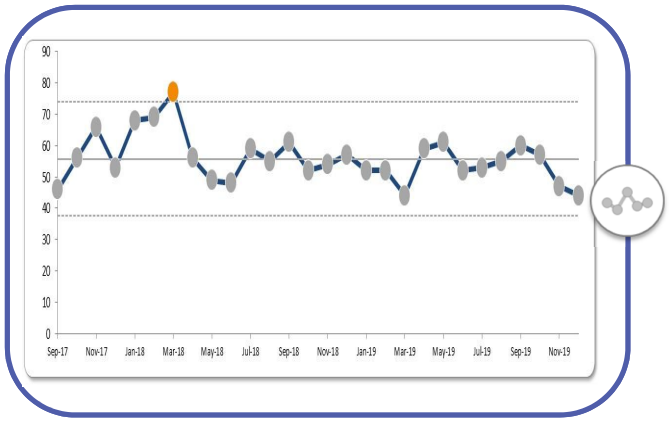
Discharge before midday (ALX)

17.60%



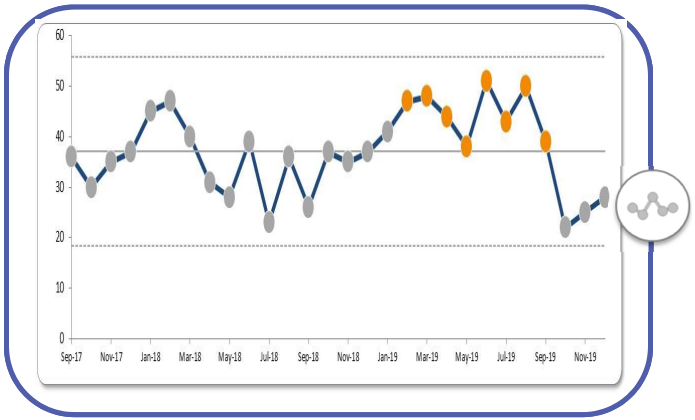
Long Length of Stay Patients (21+ days) (WRH)

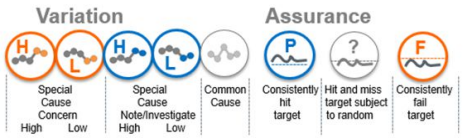
44



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

28





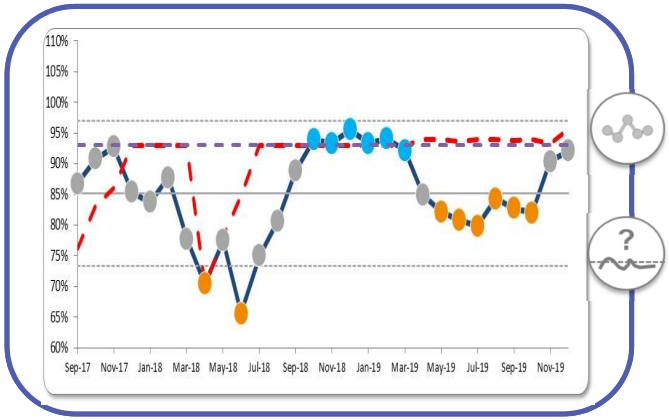
Month 9 [December] | 2019-20 Operational Performance Summary

Responsible Director: Chief Operating Officer | Unvalidated for Dec-19 as at 3rd February 2020

NHS Worcestershire Acute Hospitals NHS Trust

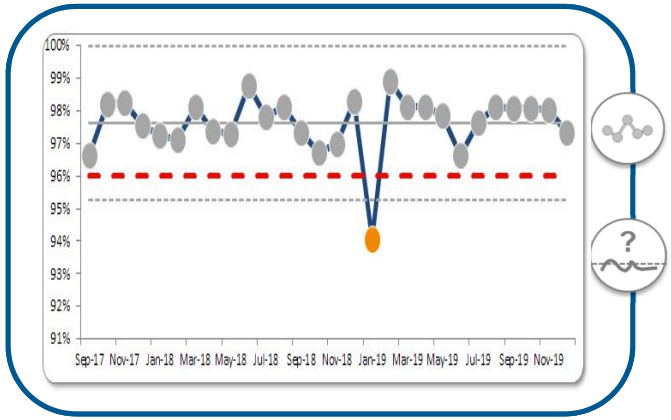
Cancer 2WW All

92.11%



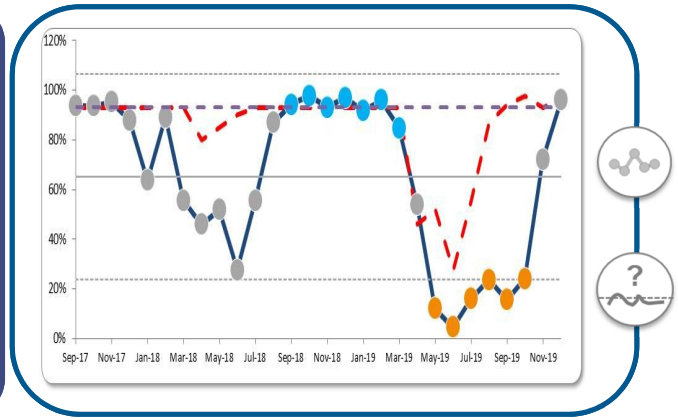
Cancer 31 Day All

97.35%



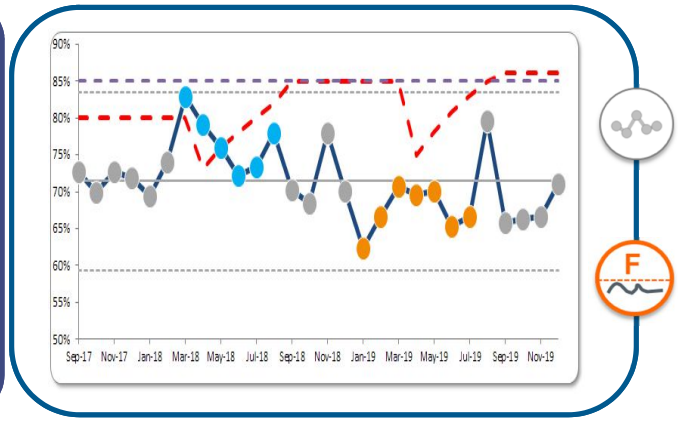
Cancer 2WW Breast Symptomatic

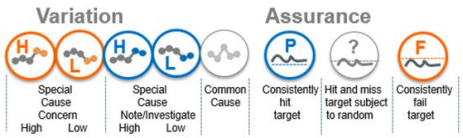
96.18%



Cancer 62 Day All

71.15%





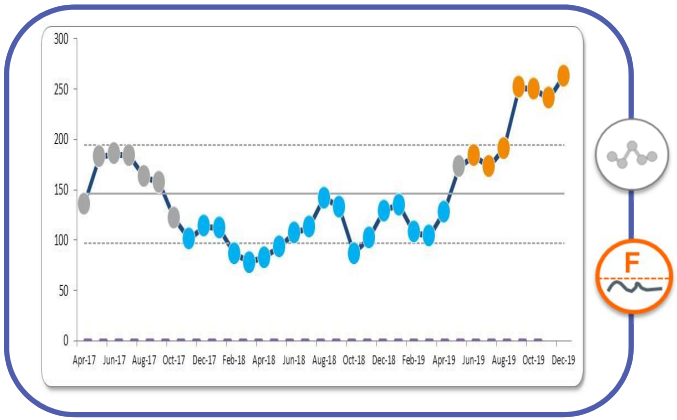
Month 9 [December] | 2019-20 Operational Performance Summary

Responsible Director: Chief Operating Officer | Validated for Dec-19 as at **3rd February 2020**

NHS Worcestershire Acute Hospitals NHS Trust

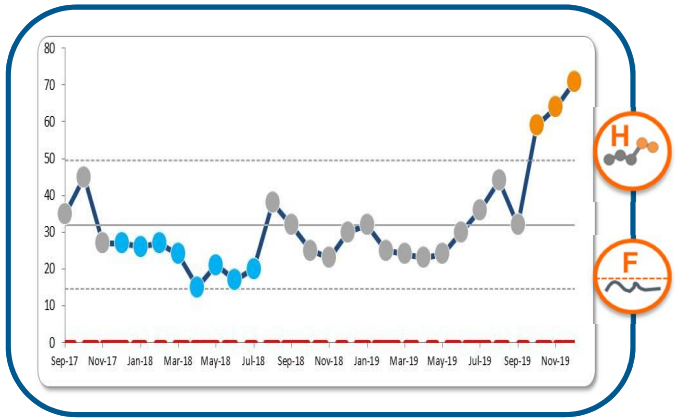
62+ Day Waiters

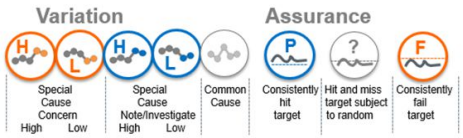
263



104+ Day Waiters

71





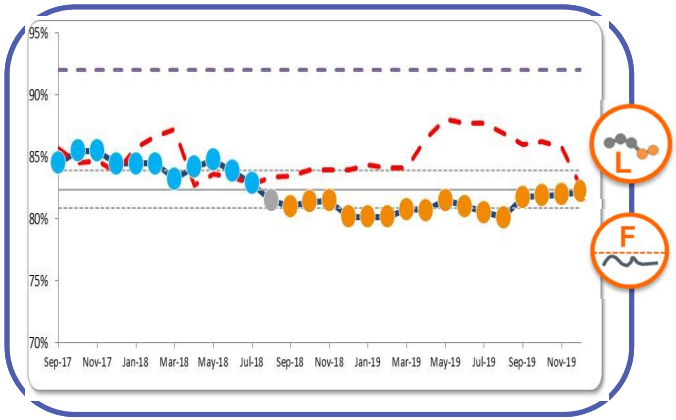
Month 9 [December] | 2019-20 Operational Performance Summary

Responsible Director: Chief Operating Officer | Validated for Dec-19 as at **3rd February 2020**

NHS Worcestershire Acute Hospitals NHS Trust

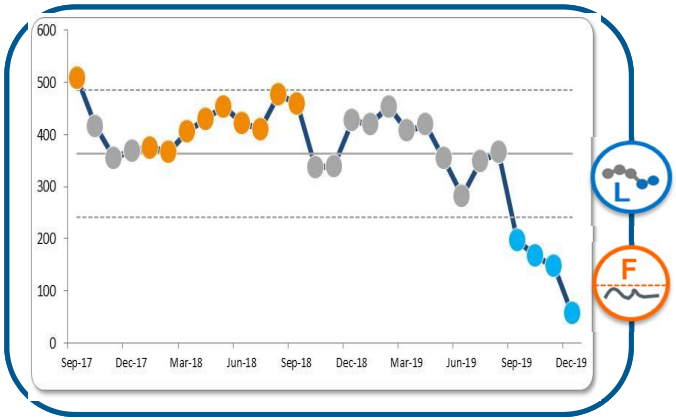
RTT Incomplete

82.72%



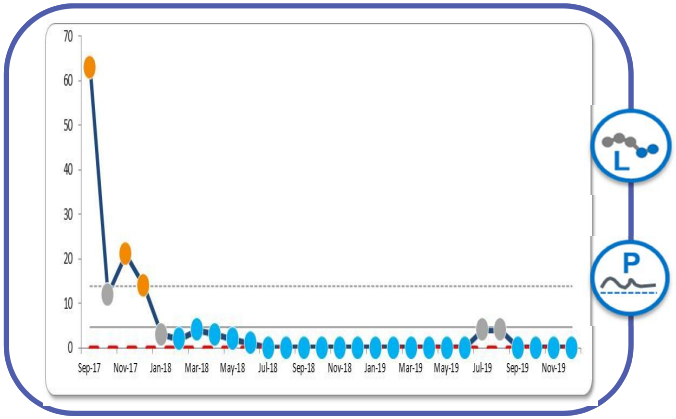
40+ week waits (includes agreed exceptions)

56



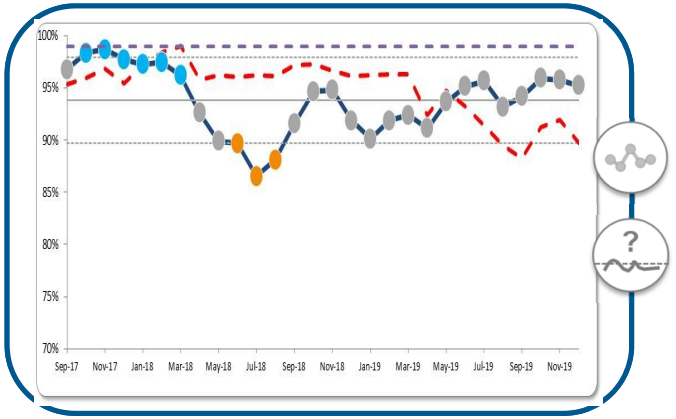
52+ week waits

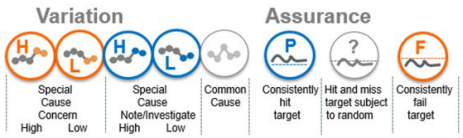
0



Diagnostics

94.94%





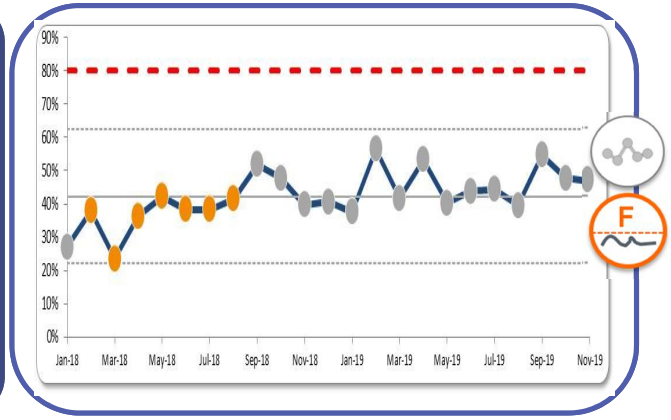
Month 9 [December] | 2019-20 Operational Performance Summary

Responsible Director: Chief Operating Officer | Validated for Nov-19 as at **3rd February 2020**

NHS Worcestershire Acute Hospitals NHS Trust

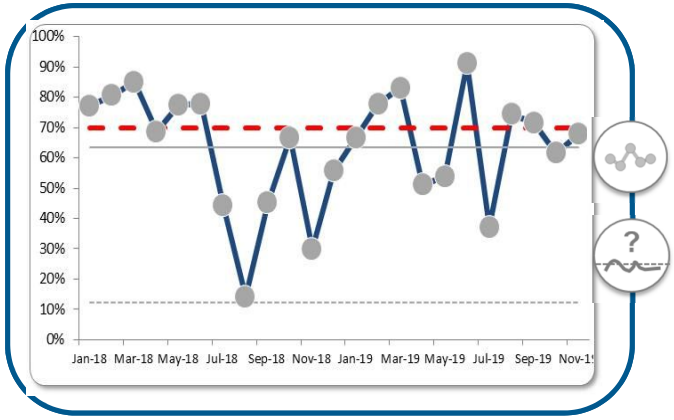
Stroke : % CT scan within 60 minutes

47.70%



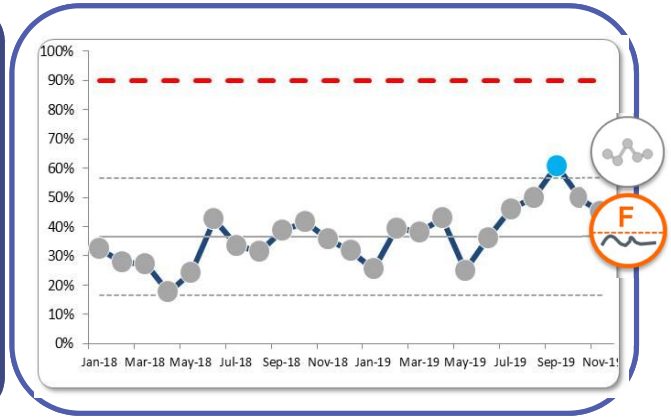
Stroke: % seen in TIA clinic within 24 hours

67.90%



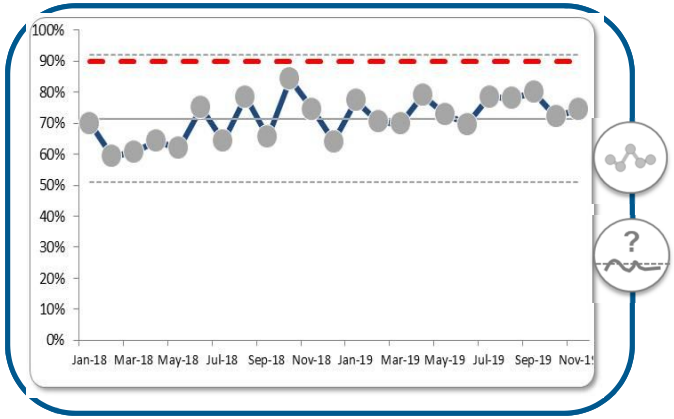
Stroke : % Direct Admission to Stroke ward

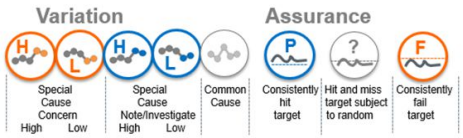
45.10%



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

74.60%





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

Operational | Submitted Trajectories (19/20) | M9 [December]

NHS Worcestershire Acute Hospitals NHS Trust

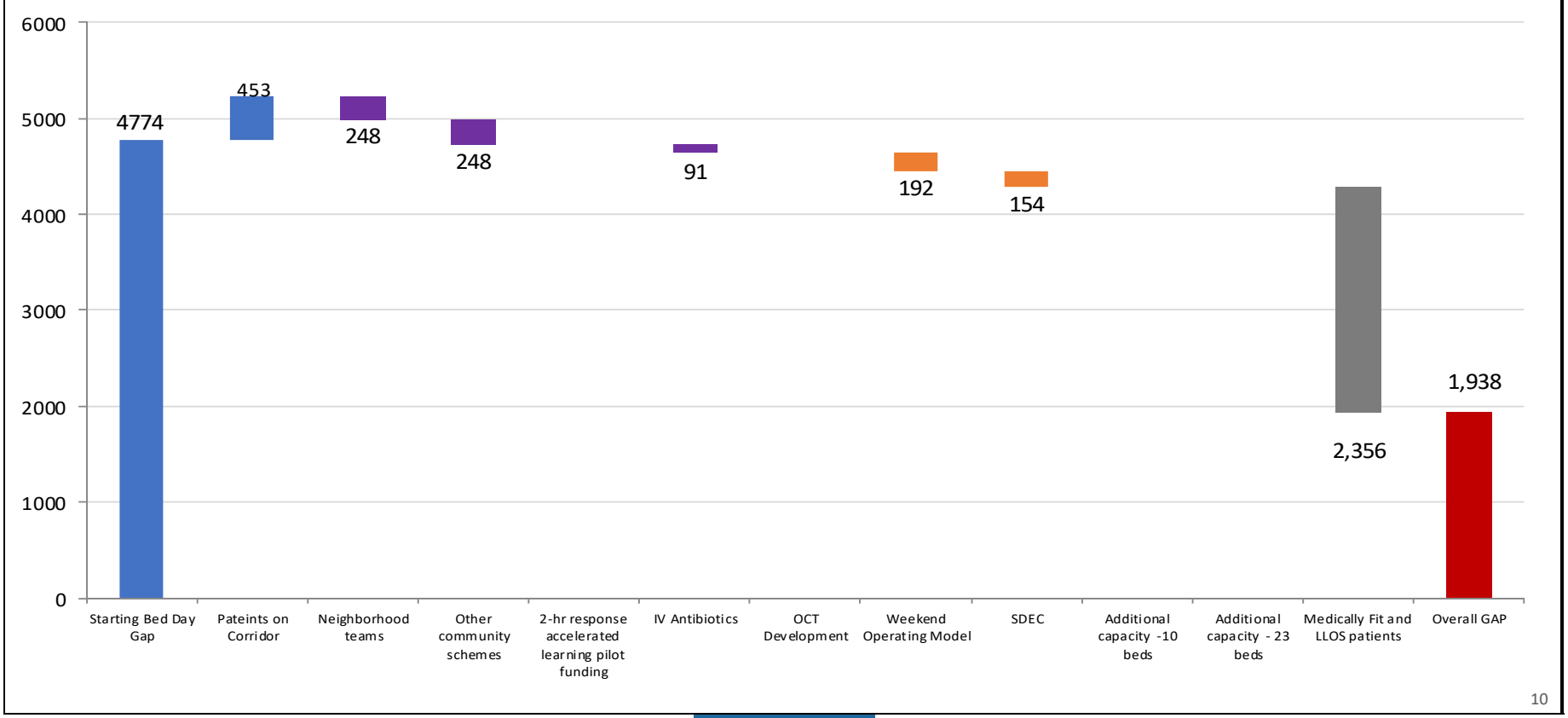
	Performance Metrics	Operational Standard		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
EAS	4 Hours (all)	95%	Actual	76.18% ✓	77.28% ✗	74.43% ✗	76.82% ✗	77.96% ✗	77.69% ✗	76.49% ✗	74.47% ✗	70.17% ✗
			Trajectory	75.41%	78.60%	78.78%	80.10%	82.10%	86.21%	86.24%	86.00%	86.00%
	15-30 minute Amb. Delays	-	Actual	1,703 ✗	1,767 ✗	1,738 ✗	1,925 ✗	1,828 ✗	1,624 ✗	1,940 ✗	1,826 ✗	1,946 ✗
			Trajectory	1420	1251	1149	1112	855	831	673	655	704
	30-60 minute Amb. Delays	-	Actual	728 ✗	608 ✓	671 ✗	751 ✗	646 ✗	578 ✗	705 ✗	813 ✗	1,004 ✗
			Trajectory	609	626	522	445	428	416	292	284	376
	60+ minutes Amb. Delays	0	Actual	496 ✗	354 ✗	438 ✗	386 ✗	252 ✗	264 ✗	228 ✓	528 ✗	797 ✗
			Trajectory	203	209	209	222	214	208	269	262	329
RIT	Incomplete (<18 wks)	92%	Actual	80.18% ✗	81.51% ✗	81.02% ✗	80.54% ✗	80.10% ✗	81.75% ✗	81.88% ✗	81.94% ✗	82.72% ✗
			Trajectory	86.47%	88.06%	87.72%	87.69%	86.93%	86.01%	86.25%	85.81%	82.59%
	52+ WW	0	Actual	0 ✓	0 ✓	0 ✓	4 ✗	5 ✗	0 ✓	0 ✓	0 ✓	0 ✓
			Trajectory	0	0	0	0	0	0	0	0	0
CANCER	2WW All	93%	Actual	84.87% ✗	82.21% ✗	80.75% ✗	79.91% ✗	84.32% ✗	82.76% ✗	82.03% ✗	90.42% ✗	92.11% ✗
			Trajectory	93.93%	93.90%	93.64%	93.94%	94.02%	93.83%	93.96%	93.37%	95.58%
	2WW Breast Symptomatic	93%	Actual	54.12% ✓	12.00% ✗	4.58% ✗	16.07% ✗	23.77% ✗	15.52% ✗	24.06% ✗	72.22% ✗	96.18% ✗
			Trajectory	45.96%	51.76%	27.66%	55.68%	87.01%	94.20%	97.81%	93.02%	97.04%
	62 Day All	85%	Actual	69.58% ✗	70.16% ✗	65.41% ✗	67.07% ✗	79.70% ✗	65.86% ✗	66.37% ✗	66.77% ✗	71.15% ✗
			Trajectory	74.93%	78.06%	80.91%	82.91%	84.90%	86.04%	86.04%	86.04%	86.04%
	104 day waits	0	Actual	23 ✗	23 ✗	30 ✗	36 ✗	44 ✗	32 ✗	56 ✗	64 ✗	71 ✗
			Trajectory	0	0	0	0	0	0	0	0	0
	31 Day First Treatment	96%	Actual	98.11% ✓	97.85% ✓	96.62% ✗	97.69% ✗	98.11% ✗	98.10% ✓	98.09% ✓	98.05% ✓	97.35% ✗
			Trajectory	97.39%	97.32%	98.80%	97.82%	98.15%	97.35%	96.73%	96.99%	98.30%
	31 Day Surgery	94%	Actual	93.55% ✗	93.75% ✗	93.75% ✗	75.00% ✗	85.19% ✗	88.00% ✗	76.00% ✗	90.00% ✗	86.67% ✗
			Trajectory	96.43%	97.06%	96.88%	100.00%	100.00%	95.00%	100.00%	100.00%	100.00%
	31 Day Drugs	98%	Actual	100% ✓	100% ✓	100% ✓	100% ✓	100% ✗	90.91% ✗	100% ✓	100% ✓	100% ✓
			Trajectory	90.91%	100%	96.43%	100%	100%	100%	100%	100%	100%
	31 Day Radiotherapy	94%	Actual	100% ✓	100% ✓	96.15% ✗	100% ✓	100% ✓	98.18% ✗	74.19% ✗	100.00% ✓	98.75% ✓
			Trajectory	100%	100%	100%	100%	100%	100%	100%	100%	100%
	62 Day Screening	90%	Actual	95.65% ✓	90.91% ✓	50.00% ✗	100.00% ✗	94.44% ✓	82.46% ✓	85.71% ✓	72.22% ✗	72.00% ✗
			Trajectory	85.19%	85.19%	90.00%	90.70%	76.60%	73.21%	65.38%	78.26%	93.55%
	62 Day Upgrade	-	Actual	71.43% ✓	68.97% ✓	72.73% ✓	52.38% ✗	73.33% ✗	46.67% ✗	76.92% ✓	76.92% ✓	70.83% ✓
			Trajectory	70.00%	62.50%	59.09%	83.33%	80.00%	90.91%	60.00%	75.00%	55.00%
	Diagnostics (DM01 only)	99%	Actual	91.14% ✗	93.67% ✗	95.46% ✓	95.68% ✓	93.17% ✓	94.21% ✓	95.96% ✓	95.78% ✓	94.94% ✓
			Trajectory	92.37%	94.74%	91.42%	91.42%	89.52%	88.25%	91.28%	91.91%	89.77%
STROKE	CT Scan within 60 minutes	-	Actual	53.30% ✗	40.30% ✗	43.90% ✗	44.30% ✗	39.50% ✗	54.70% ✗	47.70% ✗	47.70% ✗	-
			Trajectory	80.00%	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% ✗	74.40% ✓	71.60% ✓	61.60% ✗	67.90% ✗	-
			Trajectory	70.00%	70.00%	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% ✗	50.00% ✗	45.10% ✗	-
			Trajectory	90.00%	90.00%	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% ✓	72.10% ✗	74.60% ✗	-
			Trajectory	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%

Winter interventions extracted from the System wide Improvement Plan

This has been included to provide an overview of how the system will be supporting a reduction in emergency attendances and admissions to the Acute and supporting improvements in patient flow.

Note: The additional proposed schemes were not fully worked up for December.

December Impact - planned



10

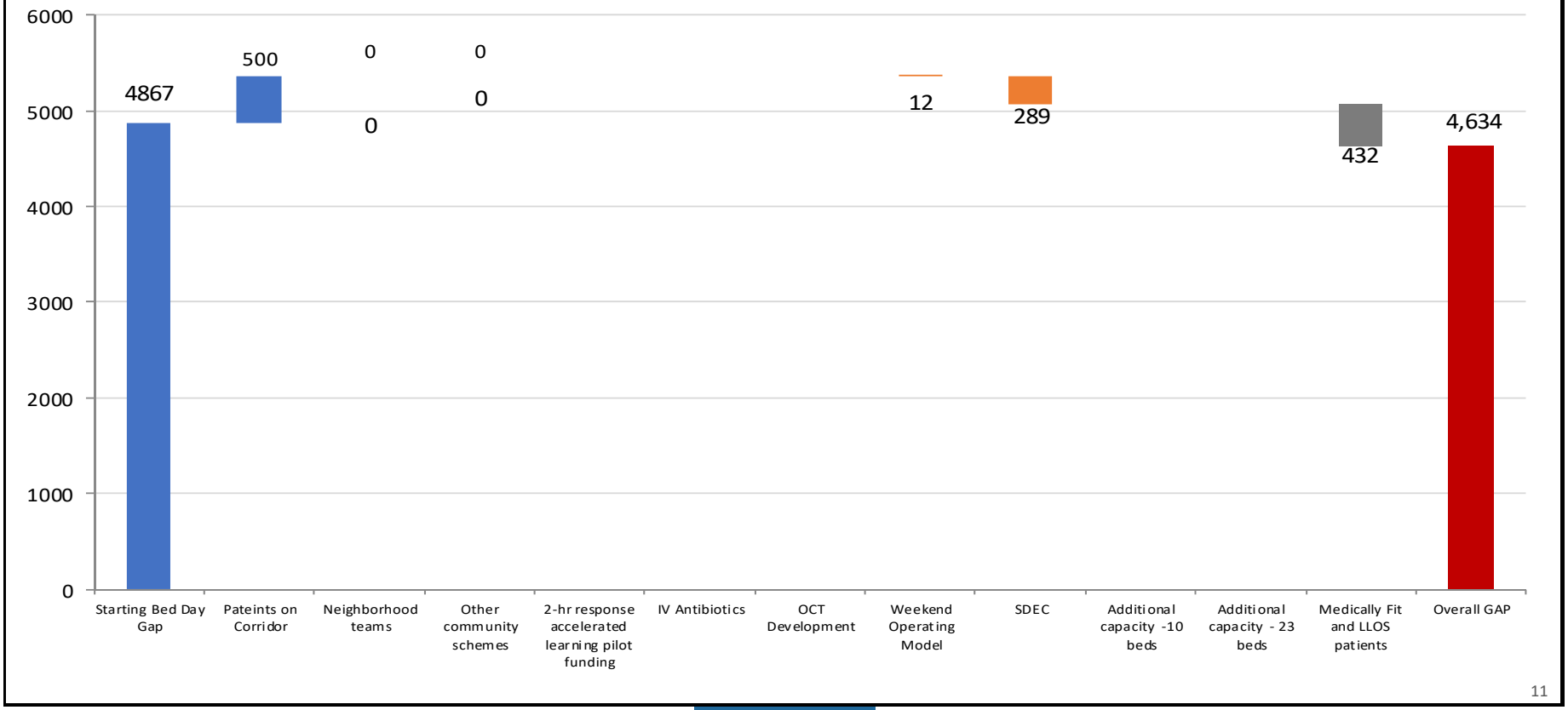
Winter interventions extracted from the System wide Improvement Plan

This has been included to provide an overview of how the system will be supporting a reduction in emergency attendances and admissions to the Acute and supporting improvements in patient flow.

Note: The additional proposed schemes were not fully worked up for December.

Starting Gap | **WHCT CCG Schemes** | **Worc Acute Trust Schemes** | **All partner** | **GAP**

December Impact - Actual



11

Best Experience of Care and Best Outcomes for our Patients

Month 9 [December] | 2019-20 Quality & Safety Summary

Care that is Safe

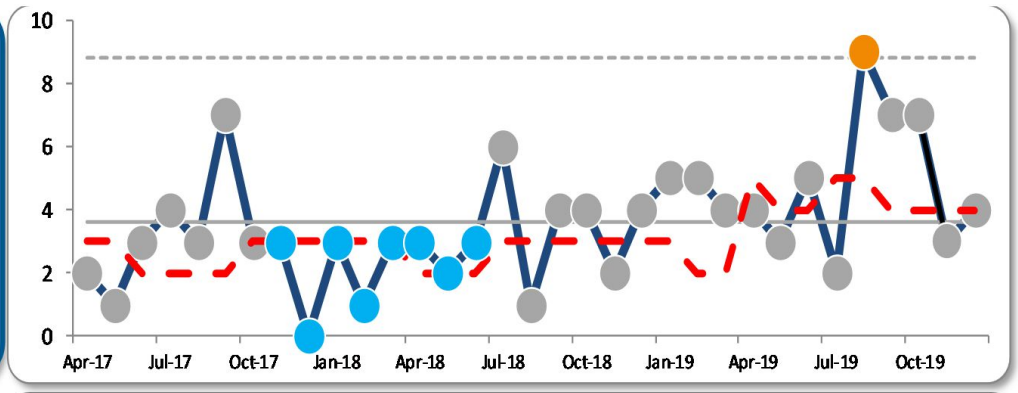
Responsible Director: Chief Nursing Officer, Chief Medical Officer | for December 19 as at 3rd February 2020

Worcestershire Acute Hospitals NHS Trust

Number of patients developing Clostridioides difficile

Dec-19

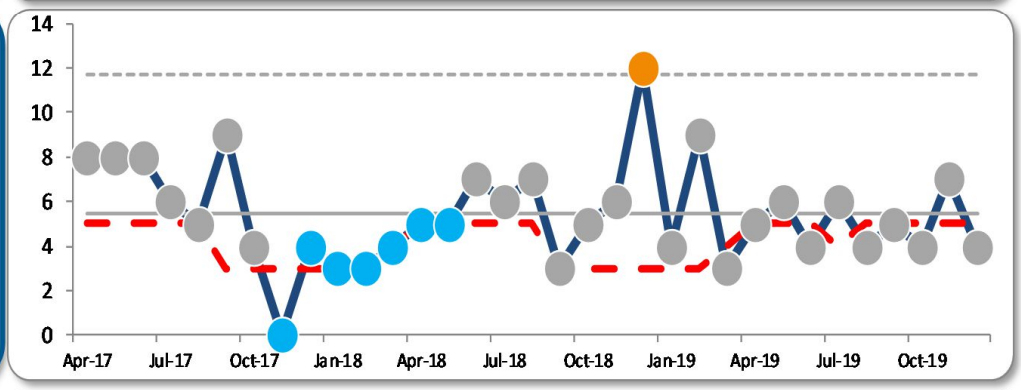
4



Number of patients developing Ecoli bacteraemia

Dec-19

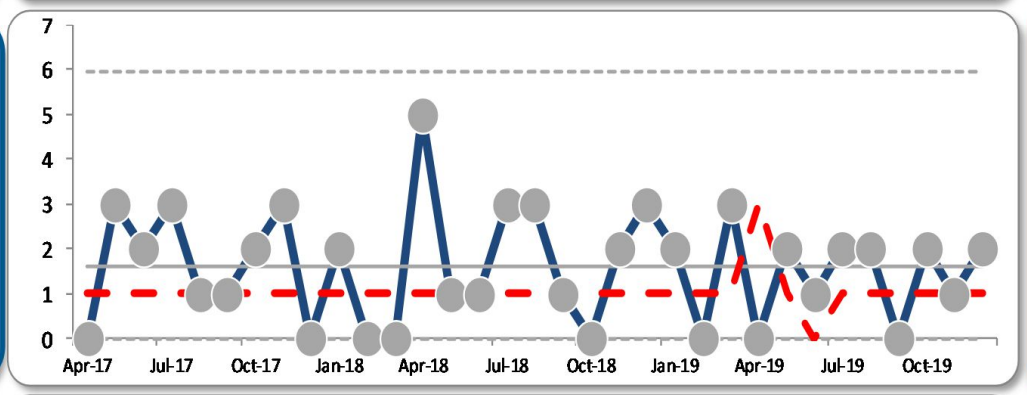
4



Number of patients developing MSSA bacteraemia

Dec-19

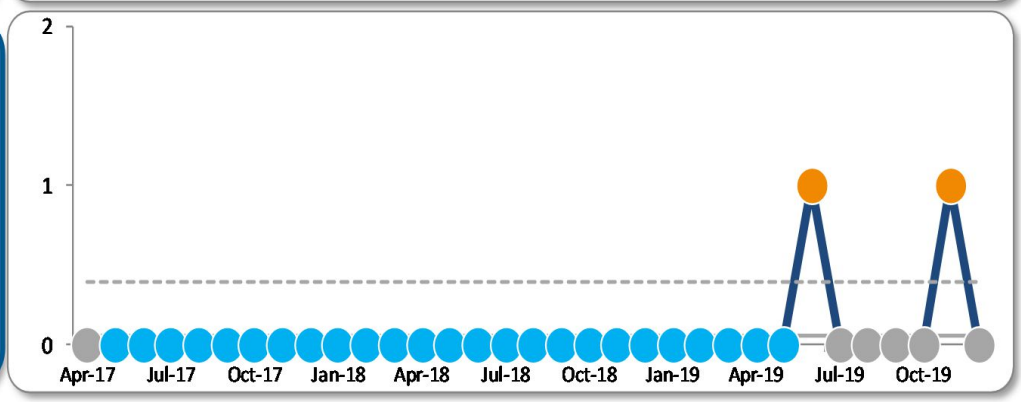
2



Number of patients developing MRSA bacteraemia

Dec-19

0



Month 9 [December] | 2019-20 Quality & Safety Summary

Care that is Safe

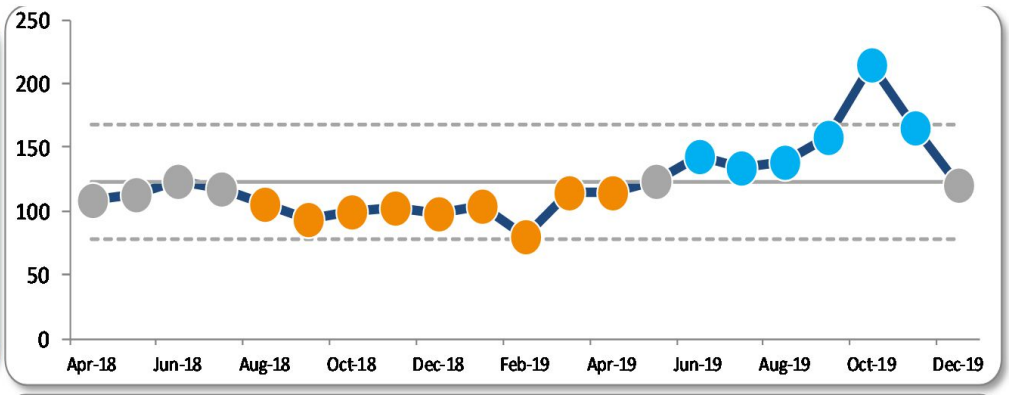
Responsible Director: Chief Nursing Officer, Chief Medical Officer | for December 19 as at 3rd February 2020

Worcestershire Acute Hospitals NHS Trust

Total Medicine incidents reported

Dec-19

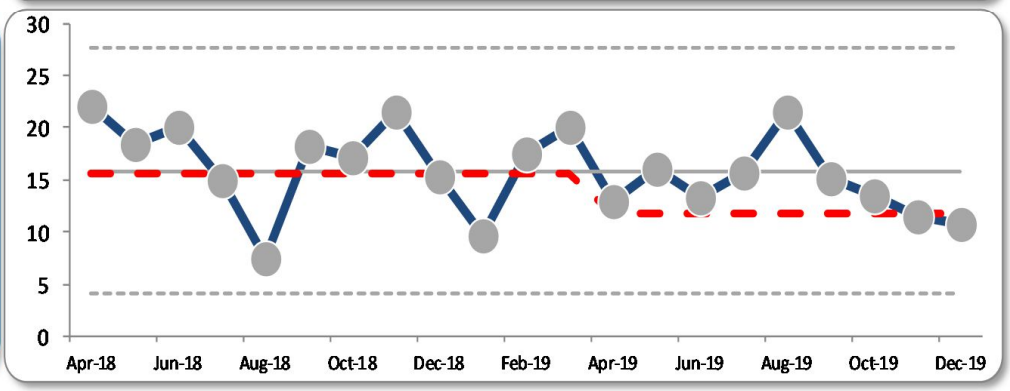
120



Medicine incidents causing harm (%)

Dec-19

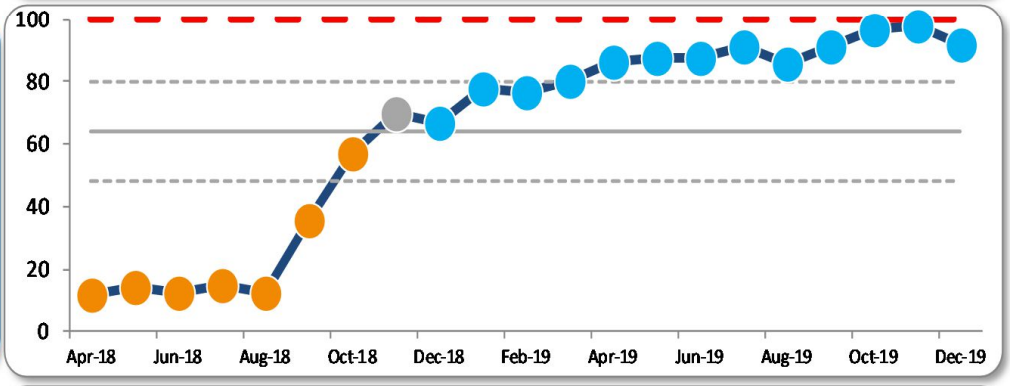
10.83



Hand Hygiene Audit Participation (%)

Dec-19

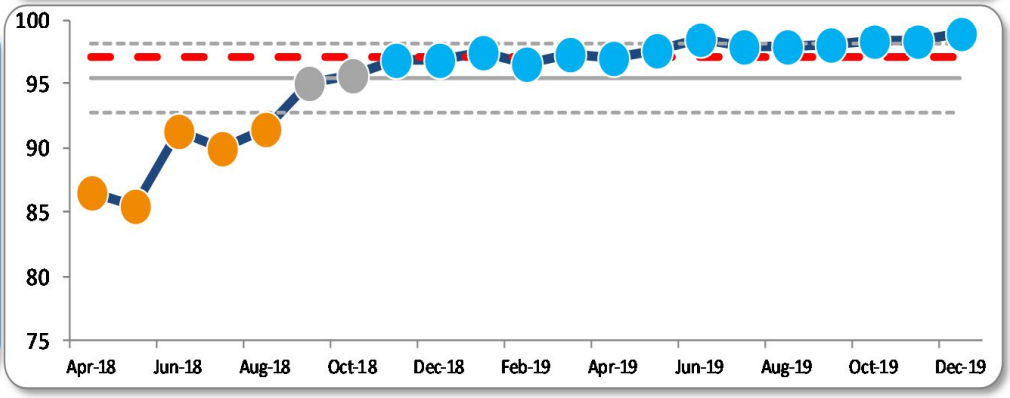
91.96



Hand Hygiene Compliance (%)

Dec-19

98.84



Variation: Special Cause Concern High/Low; Special Cause Note/Investigate High/Low; Common Cause

Assurance: Consistently hit target; Hit and miss target subject to random; Consistently fail target

Month 9 [December] | 2019-20 Quality & Safety Summary

Care that is Safe

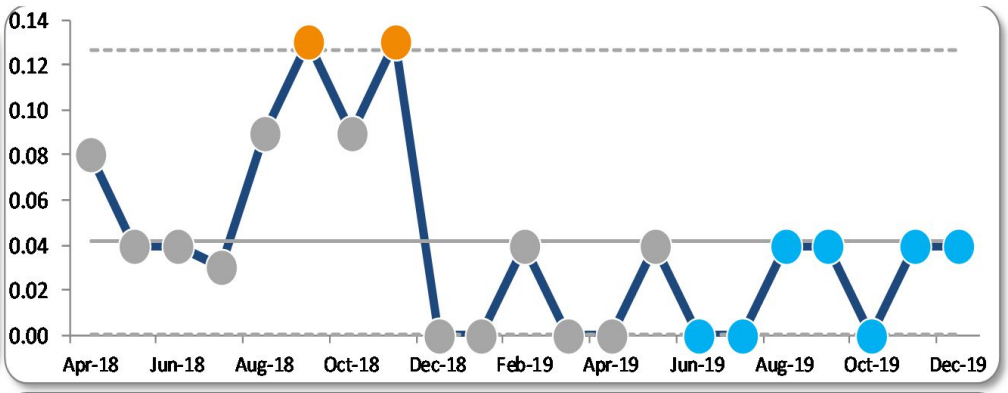
Responsible Director: Chief Nursing Officer, Chief Medical Officer | for December 19 as at 3rd February 2020

Worcestershire Acute Hospitals NHS Trust

Falls per 1,000 bed days causing harm

Dec-19

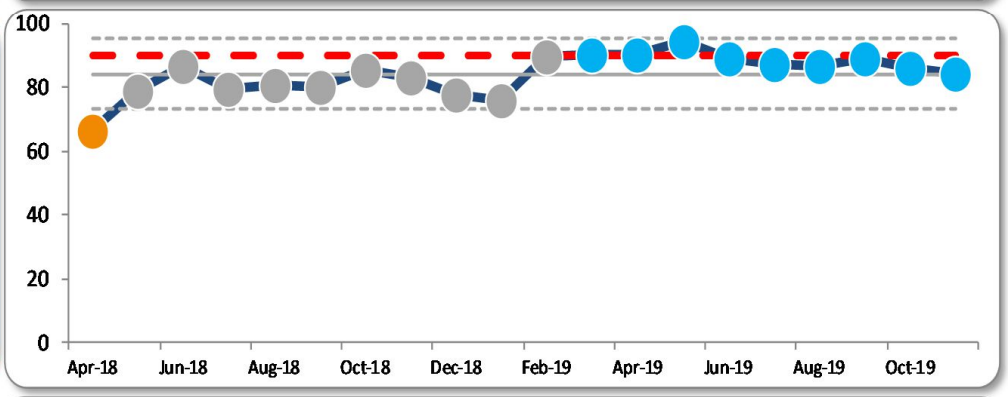
0.04



Sepsis Screening Compliance (audit) (%)

Nov-19

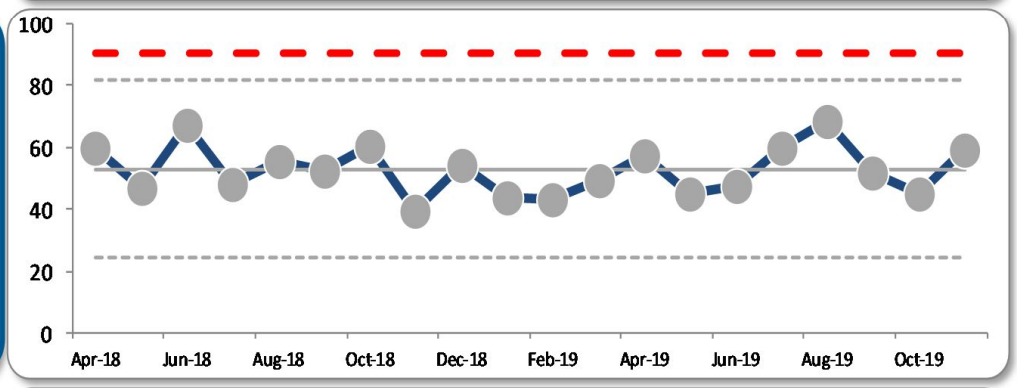
84.51



Sepsis 6 Bundle Compliance (audit) (%)

Nov-19

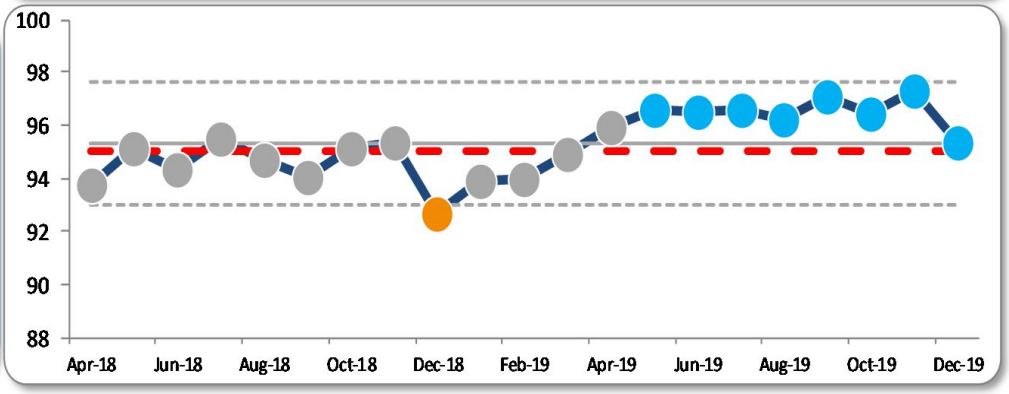
59.26

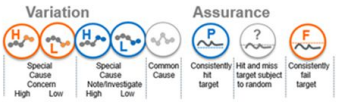


VTE Assessment Compliance (%)

Dec-19

95.32





Month 9 [December] | 2019-20 Quality & Safety Summary

Care that is Safe

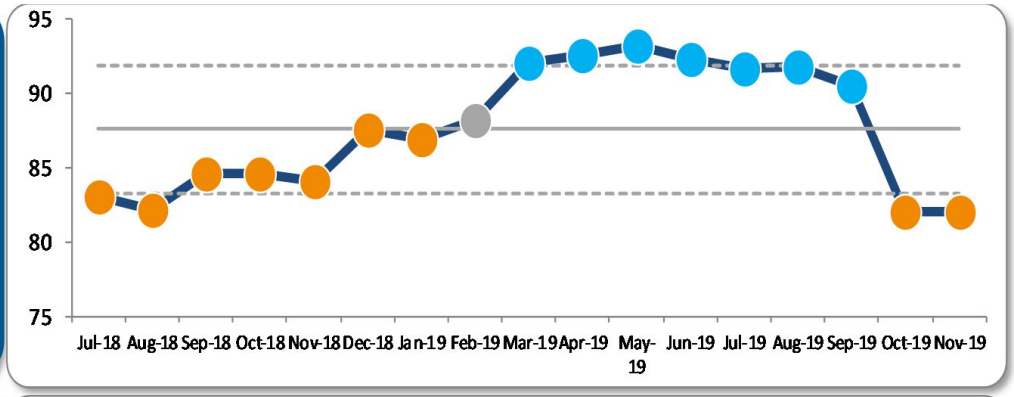
Responsible Director: Chief Nursing Officer, Chief Medical Officer | for December 19 as at 3rd February 2020

Worcestershire Acute Hospitals NHS Trust

ICE reports viewed [radiology] (%)

Nov-19

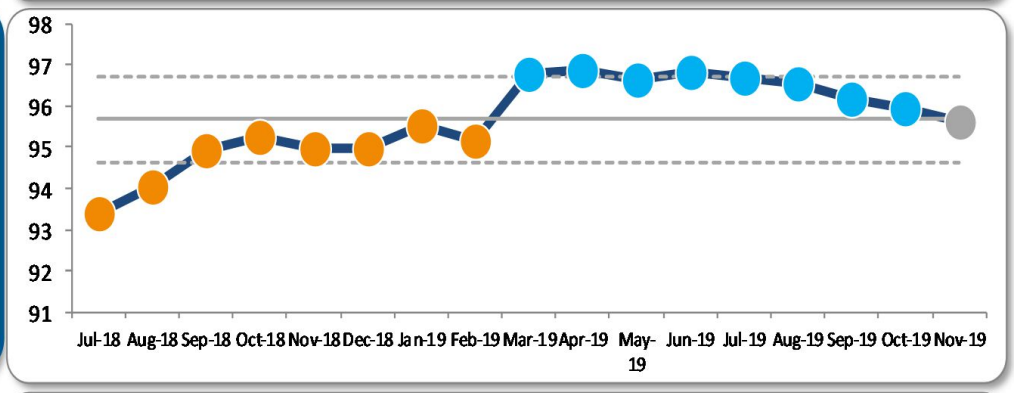
82.01



ICE reports viewed [pathology] (%)

Nov-19

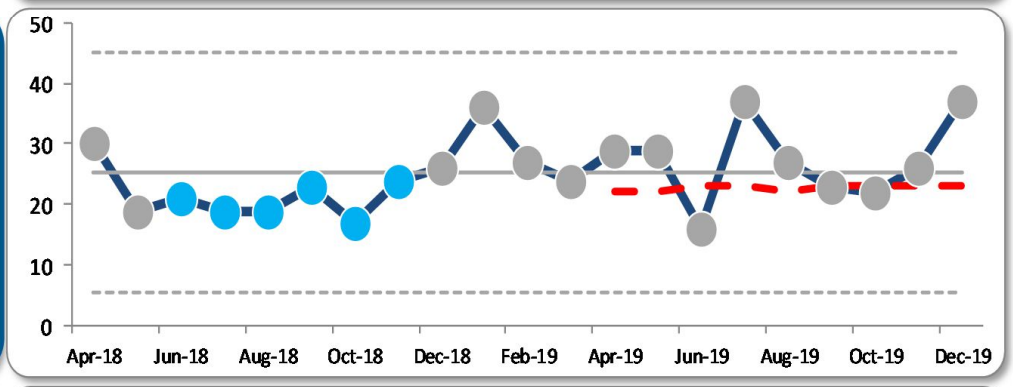
95.64



All Hospital Acquired Pressure Ulcers

Dec-19

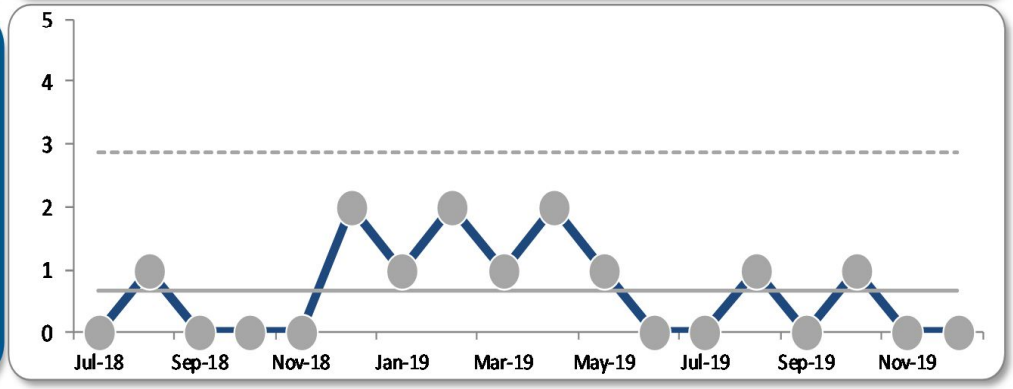
37



Serious Incident Pressure Ulcers

Dec-19

0



Variation: Special Cause Concern High/Low; Special Cause Note/Investigate High/Low; Common Cause

Assurance: Consistently hit target; Hit and miss target subject to random; Consistently fail target

Month 9 [December] | 2019-20 Quality & Safety Summary
Care that is Effective / Patient Experience

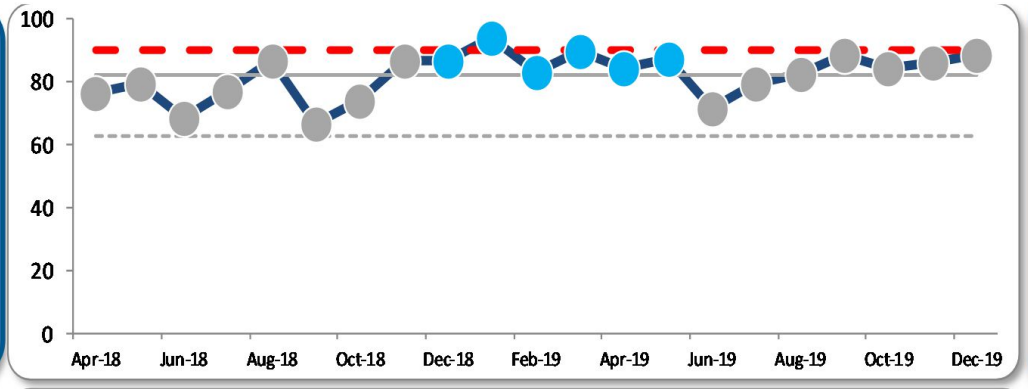
Responsible Director: Chief Nursing Officer, Chief Medical Officer | for December 19 as at 3rd February 2020

Worcestershire Acute Hospitals NHS Trust

#NOF time to theatre </=36 hours (%)

Dec-19

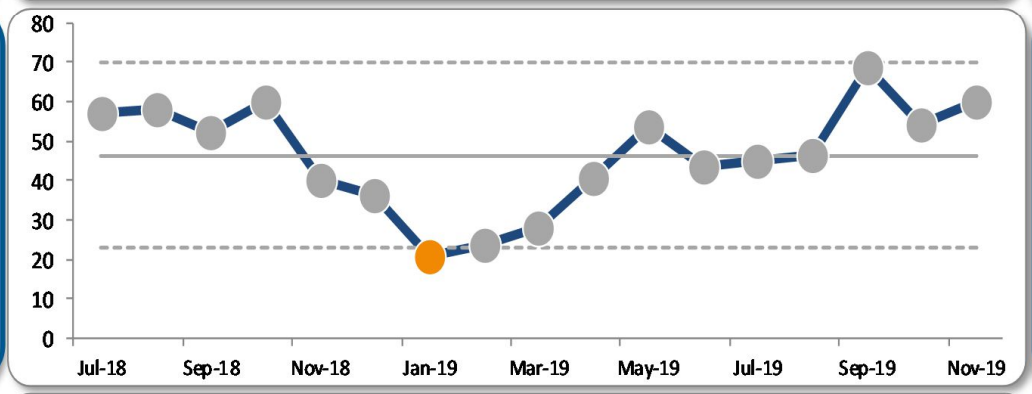
88.24



Mortality Reviews completed </=30 days (%)

Nov-19

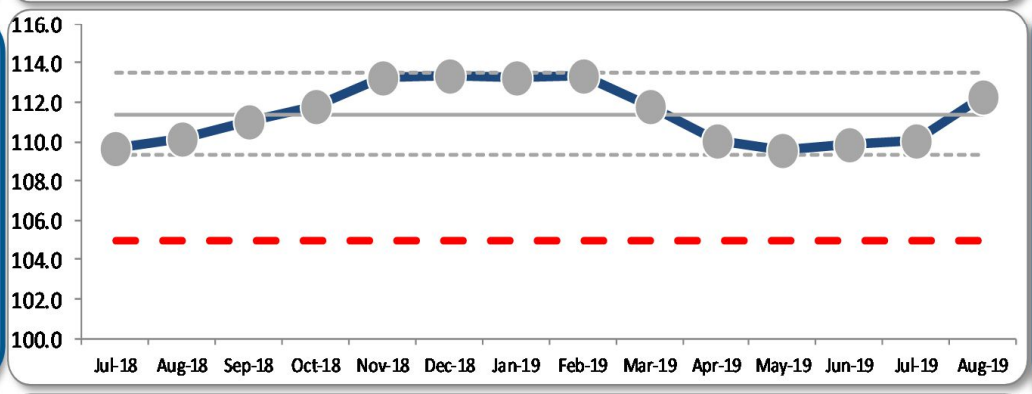
59.74



HSMR 12 month rolling average

Aug-19

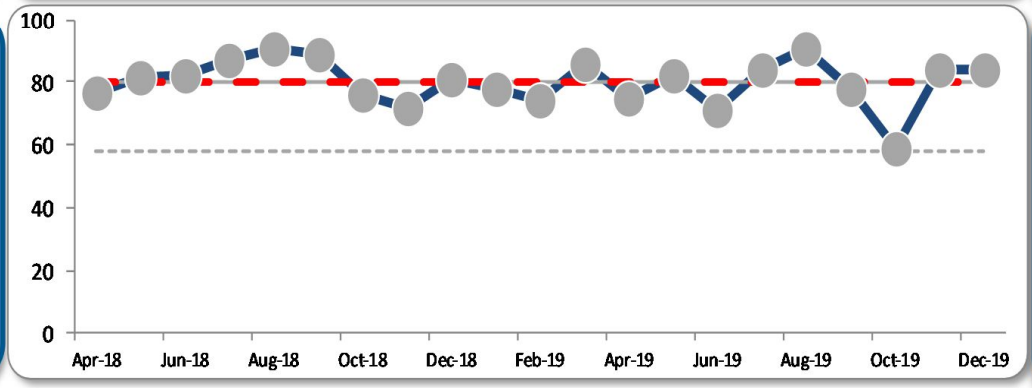
112.2

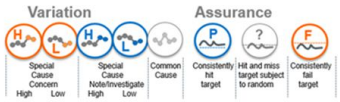


Complaints Responses </= 25 days (%)

Dec-19

83.67





Month 9 [December] | 2019-20 Quality & Safety Summary

Care that is Effective

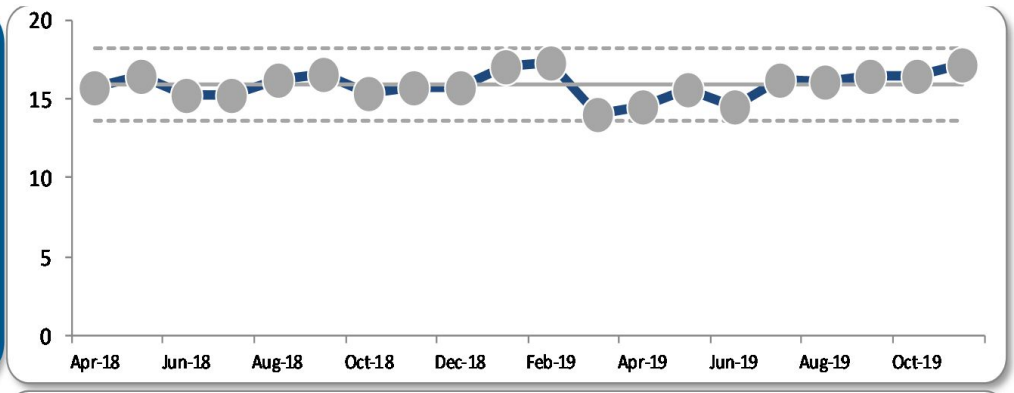
Responsible Director: Chief Nursing Officer, Chief Medical Officer | for December 19 as at 3rd February 2020

Worcestershire Acute Hospitals NHS Trust

Discharges before midday (%)

Dec-19

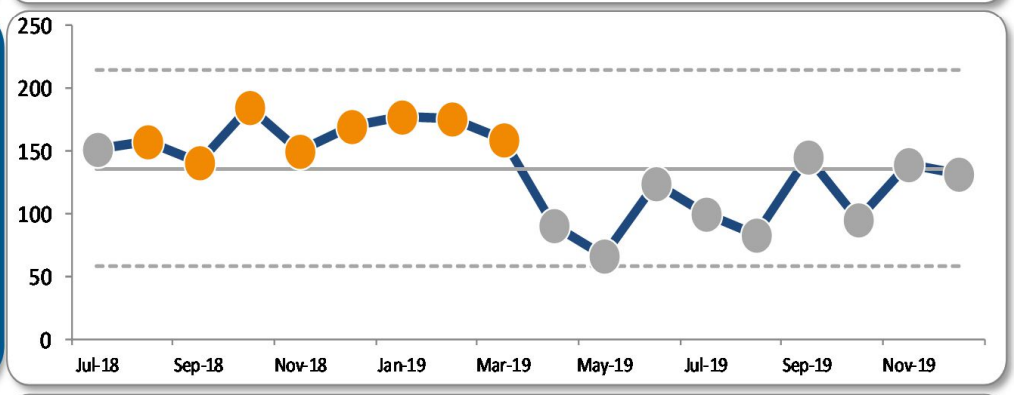
15.5



Risks overdue review

Dec-19

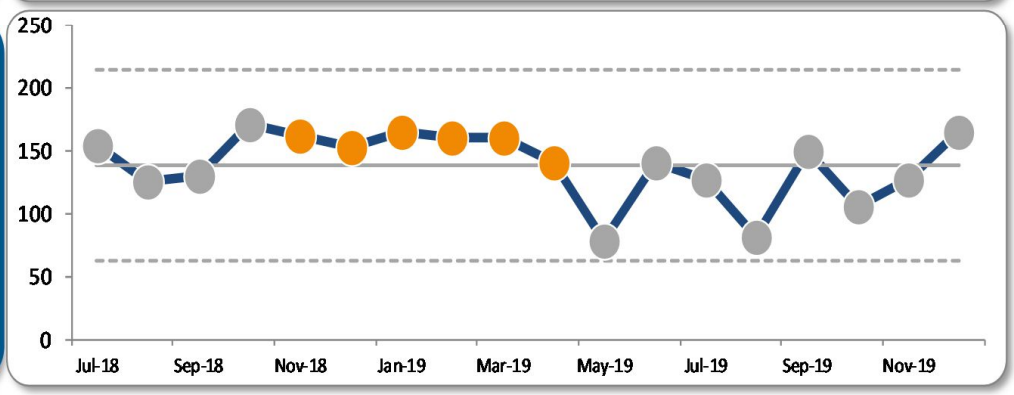
131

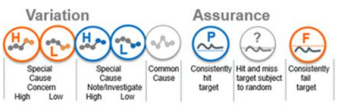


Risks with overdue actions

Dec-19

165





Quality & Safety | Submitted Trajectories (19/20) | M9 [December]

Worcestershire Acute Hospitals NHS Trust

Performance Metrics		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Cdiff	Actual	4 ✓	3 ✓	5 ✗	2 ✓	9 ✗	7 ✗	7 ✗	3 ✓	4 ✓			
	Trajectory	5	4	4	4	5	4	4	5	4	5	4	4
Ecoli	Actual	5 ✓	6 ✗	4 ✓	6 ✗	4 ✓	5 ✓	4 ✓	7 ✗	4 ✓			
	Trajectory	5	5	5	4	5	5	5	5	5	5	5	5
MSSA	Actual	0 ✓	2 ✗	1 ✓	2 ✗	2 ✗	0 ✓	2 ✗	1 ✓	2 ✗			
	Trajectory	1	1	1	1	1	1	1	1	1	1	1	1
MRSA	Actual	0 ✓	0 ✓	1 ✗	0 ✓	0 ✓	0 ✓	0 ✓	1 ✗	0 ✓			
	Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
Hospital Acquired Deep Tissue injuries	Actual	8 -	11 -	3 -	8 -	6 -	9 -	6 -	8 -	12 -			
	Trajectory	-	-	-	-	-	-	-	-	-	-	-	-
Falls per 1,000 bed days causing harm	Actual	0 ✓	0.04 ✓	0 ✓	0 ✓	0.04 ✓	0.04 ✓	0.04 ✓	0.08 ✗	0.04 ✓			
	Trajectory	0.04	0.04	0.04	0.04	0.04	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% ✗	13.49% ✗	11.52% ✓	10.83% ✗			
	Trajectory	11.71%	11.71%	11.71%	11.71%	11.71%	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% ✗	98.21% ✗	91.96% ✗			
	Trajectory	100%	100%	100%	100%	100%	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% ✓	98.35% ✓	98.84% ✓			
	Trajectory	97%	97%	97%	97%	97%	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% ✓	97.33% ✓	95.32% ✓			
	Trajectory	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Sepsis Screening compliance	Actual	90.05% ✓	94.39% ✓	89.24% ✗	87.16% ✗	86.83% ✗	89.30% ✗	86.35% ✗	84.51% ✗	- -			
	Trajectory	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Sepsis 6 bundle compliance	Actual	57.50% ✗	44.66% ✗	47.47% ✗	60.00% ✗	68.09% ✗	51.96% ✗	45.00% ✗	59.26% ✗	- -			
	Trajectory	90%	90%	90%	90%	90%	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% ✗	85.71% ✓	88.27% ✓			
	Trajectory	85%	85%	85%	85%	85%	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% -	54.31% -	59.74% -	- -			
	Trajectory	-	-	-	-	-	-	-	-	-	-	-	-
HSMR 12 month rolling average	Actual	110.15 -	109.60 -	109.96 -	110.02 -	112.24% -	- -	- -	- -	- -			
	Trajectory	-	-	-	-	-	-	-	-	-	-	-	-
Complaints responses <=25 days	Actual	75.00% ✗	81.82% ✓	71.19% ✗	83.93% ✓	90.91% ✓	77.50% ✗	58.93% ✗	83.78% ✓	83.67% ✓			
	Trajectory	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
ICE viewed reports [pathology]	Actual	96.85% -	96.66% -	96.83%	96.69% -	96.54% -	96.19% -	95.97% -	95.64% -	- -			
	Trajectory	-	-	-	-	-	-	-	-	-	-	-	-
ICE viewed reports [radiology]	Actual	92.49% -	93.22% -	92.28% -	91.67% -	91.69% -	90.46% -	81.95% -	82.01% -	- -			
	Trajectory	-	-	-	-	-	-	-	-	-	-	-	-

Best People

NHS Worcestershire Acute Hospitals NHS Trust

Key Performance Indicator	Variation/Assurance and Corrective Action
Mandatory Training	There has been a 0.4% improvement in Mandatory Training compliance this month which is slightly below target at 89.4%. The change in eligibility for Prevent (WRAP) training and national ESR downtime over Christmas have impacted performance. The target will rise to 95% from April 2020.
Appraisal (non-medical)	There has been a 2% improvement in performance this month to 84%. Act on amber is being launched across the Trust, which will encourage colleagues to book their appraisal at the point they get the 4 month reminder. The target for appraisal will rise to 95% from April.
Medical appraisal	Medical Appraisal has improved by 3% this month to 95% which exceeds both the Trust target of 90% and Model Hospital average of 85%. Reminders through ESR Self Service and dedicated resource in HR to support medical appraisal and revalidation have been effective in improving and maintaining trajectory.
Consultant Job Plans	There has been a 2% reduction this month to 89% compliance for consultants. Performance continues to be addressed through the monthly performance review meetings and e-job planning. Divisional Directors have been contacted to help improve compliance.
Vacancies	Our vacancy rate has improved again this month from 9.27% to 9.26% (including new wards) due to further domestic and international recruitment. The national substantive NHS vacancy rate was 8.1% in March 2019 (office of national statistics). Our substantive vacancy rate has reduced to 8.18% compared to the regional vacancy rate of 8.1%.
Increase in total hours worked	Our total hours appear to have stabilised in the last 3 months and total hours worked have reduced again by 8.3 wte this month. See Finance report.
Increase in Staff in Post	There are 397.5 wte additional staff in post since April 2016 across all staff groups, which demonstrates successful recruitment campaigns. This has increased by 20 wte this month.
Establishment Growth	Our establishment has grown by 477 wte since April 2017 which has impacted on our vacancy rates. Establishment has not changed this month for the first time since March 2019 - see Finance report.
Monthly Sickness Absence Rate	Sickness rates have increased by 0.1% this month to 4.36% against Model Hospital benchmark of 4.42% (Oct 2019) and Trust target of 4%. This includes a 0.05% increase in short-term sickness and a 0.01% increase in long-term sickness. This is a priority for the HR directorate who are working with managers to ensure full compliance with our policy
Annual Staff turnover	Turnover has been reducing month on month since May 2019 and is now 11.15% against a 12% target. The target will reduce to 10% from April 2020. Our monthly staff turnover is good (Quartile 2 on Model Hospital October 2019) at 0.86% compared to national average of 0.98%
Staff FFT positive feedback	Q3 staff opinion survey closed on 29th November 2019 with 39% participation rate which is the highest for a number of years. Official results are due out later this month but raw data shows that 57% of staff said that they would recommend the Trust as a place to work compared to 51% last year. 69% of respondents in Q2 SFFT say they would recommend the Trust has a place to work. Results do differ across the surveys.

People and Culture KPI's M9 – December 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

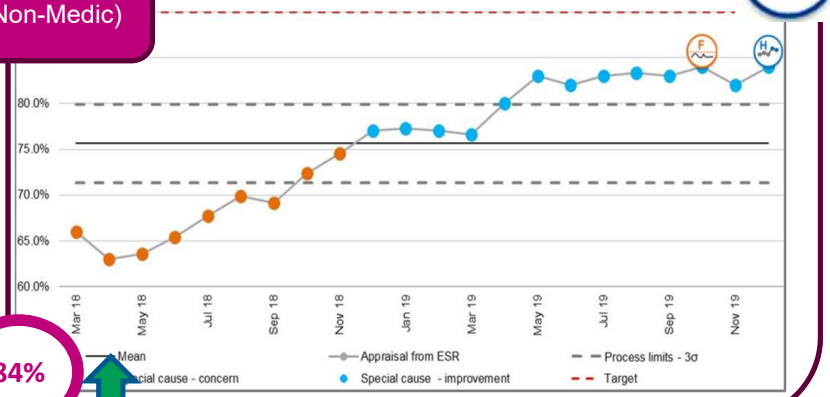
	The system is expected to consistently fail the target
	The system is expected to consistently pass the target
	The system may achieve or fail the target subject to random variation

Month 9 [December] | 2019-20 Engaged & Skilled Workforce Summary

Responsible Director: Director of People & Culture | as at 31st December 2019

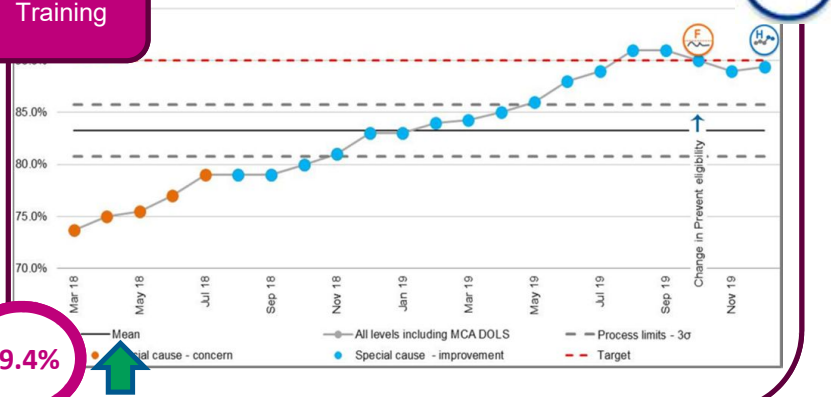
NHS Worcestershire Acute Hospitals NHS Trust

Appraisal (Non-Medic)



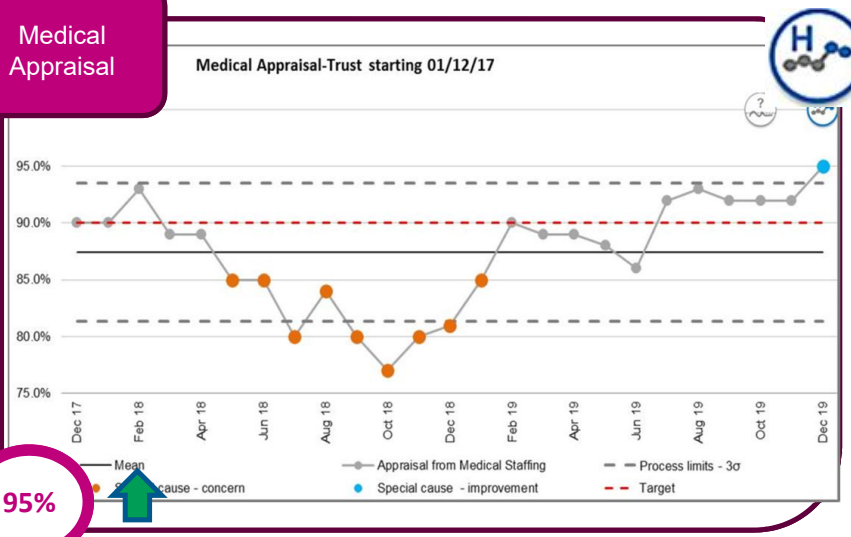
84%

Mandatory Training



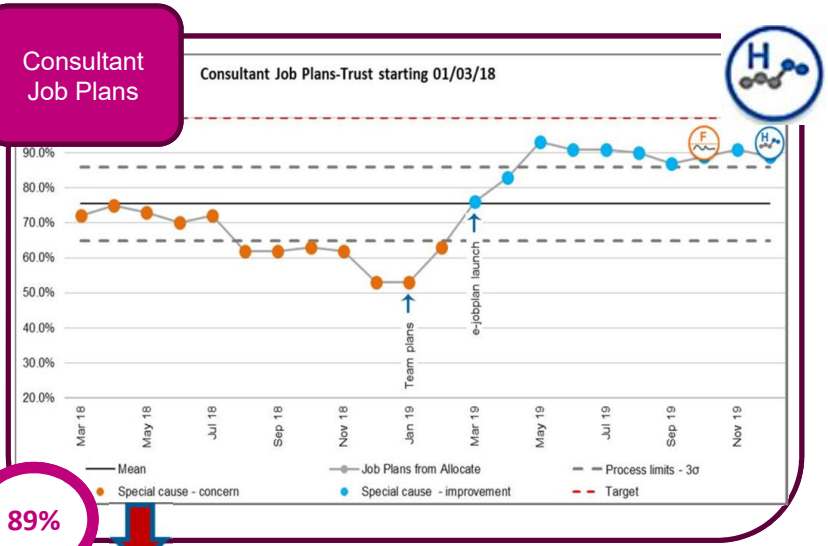
89.4%

Medical Appraisal



95%

Consultant Job Plans



89%

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

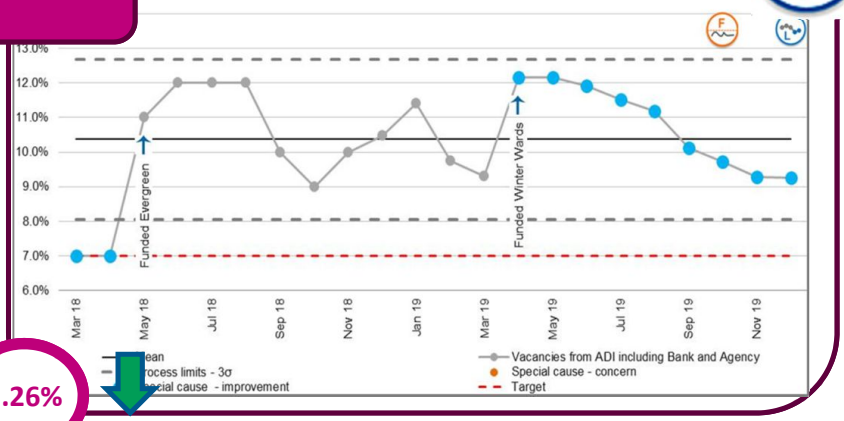
Arrow depicts direction of travel since last month. **Green** is improved, **Red** is deteriorated and **amber** unchanged since last month.

Month 9 [December] | 2019-20 Engaged & Skilled Workforce Summary

Responsible Director: Director of People & Culture | as at 31st December 2019

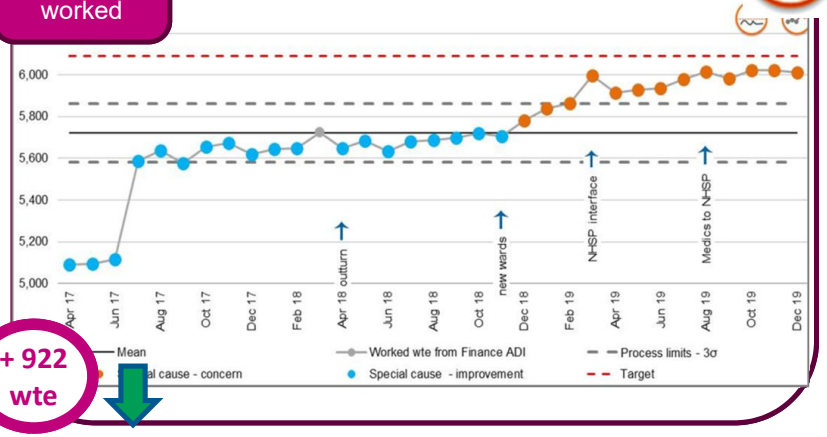
Worcestershire Acute Hospitals NHS Trust

Vacancies



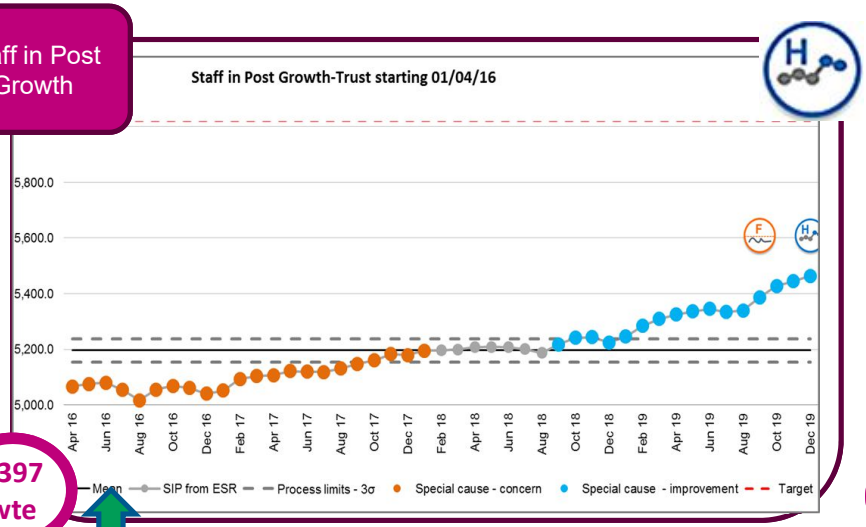
9.26%

Increase in total hours worked



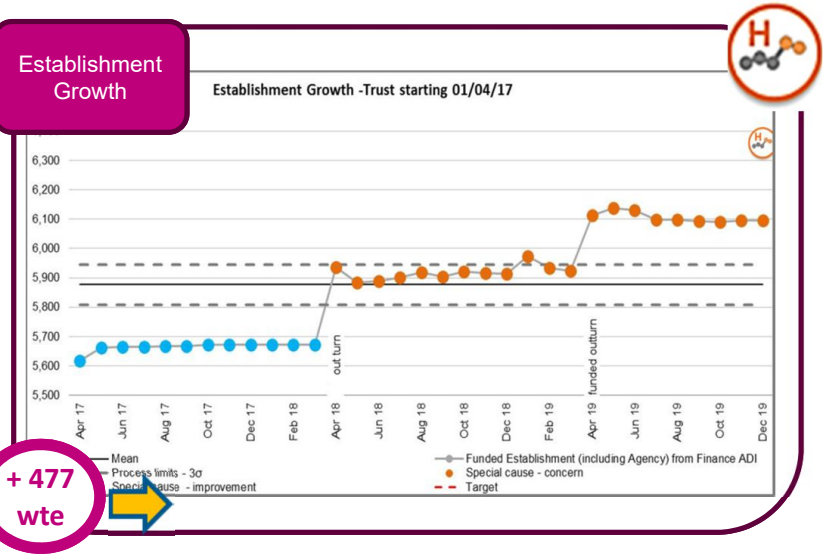
+ 922 wte

Staff in Post Growth



+397 wte

Establishment Growth



+ 477 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

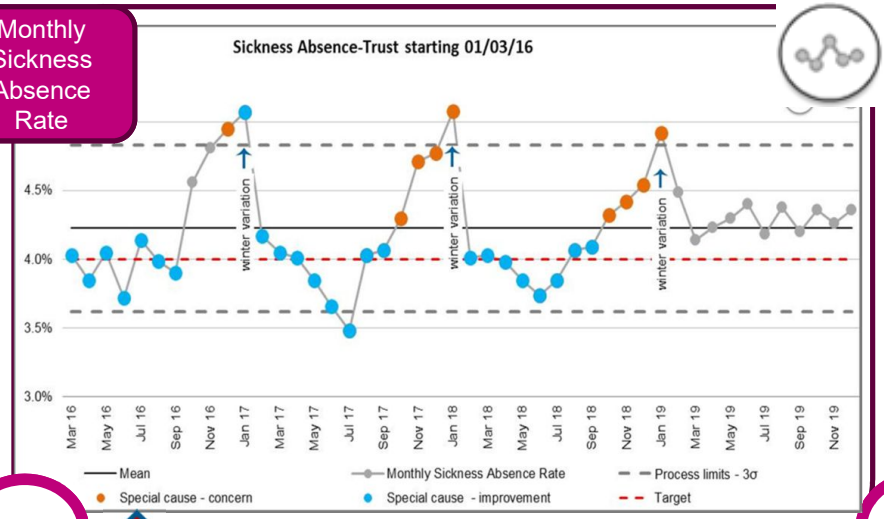
Arrow depicts direction of travel since last month. **Green** is improved, **Red** is deteriorated and **amber** unchanged since last month.

Month 9 [December] | 2019-20 Engaged & Skilled Workforce Summary

Responsible Director: Director of People & Culture | as at 31st December 2019

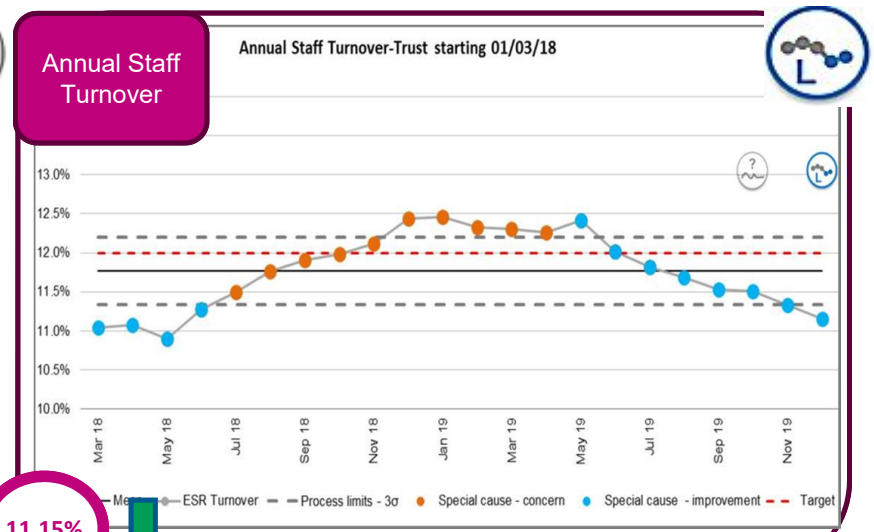
Worcestershire Acute Hospitals NHS Trust

Monthly Sickness Absence Rate



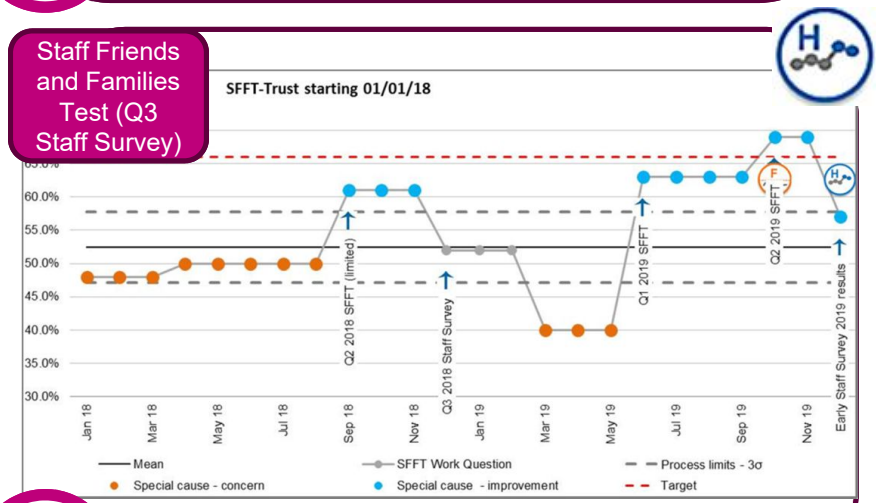
4.36%

Annual Staff Turnover

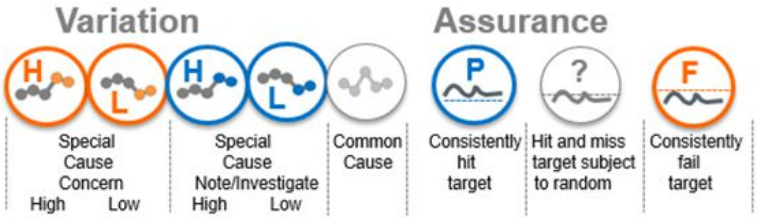


11.15%

Staff Friends and Families Test (Q3 Staff Survey)



57%



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

Best Use of Resources

NHS Worcestershire Acute Hospitals NHS Trust

Risk Rating Summary

	Metric Definition	How we did YTD at M9	Risk Rating		Previous Month YTD	Full Year Plan (Forecast)
Are we spending more than the income we receive?	I&E surplus or deficit / total revenue.	(19.10%)	4	Adjusted financial performance deficit of **£61,026** (£61,026k/ total operating income £319,209k = **(19.10%).**	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.	1.00%	1	I&E margin YTD actual of **(19.10%)** less I&E margin YTD plan of **(20.10%) = 1.00%**	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.	(124.77)	4	Working Capital of (£162,679k) / YTD Operating Expenditure of £358,556 multiplied by the number of YTD days (275) = (124.77).	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.	(2.133)	4	Revenue available for capital service (£38,711k)/ capital service **£18,149k= (2.133)**	4	4
Is our agency spend within the imposed limits?	Total agency spend compared to the agency ceiling.	(67.02%)	4	Total agency spend of **£21,661k** less agency ceiling of **£12,969k** / divided by agency ceiling of **£12,969k** = **(67.02%).**	4	3