

Best experience of care and outcomes for our patients

While rising to the challenge of managing continuing high levels of pressure on our urgent and emergency care system remains our Trust's number one quality and safety improvement priority, it will also continue to be a focus for proactive communications and engagement activity.

Our aim is to raise awareness of the challenges, highlight progress and engage patients and the public in an ongoing conversation about making the best use of all services, whether hospital based or in community or primary care settings. This will be through continued focussed Trust specific communications support for our **Home First** programme as well as in partnership with STP colleagues.

Supporting initiatives aligned to our **Quality Improvement Strategy**, including our 'Pathway to Platinum' ward accreditation programme, will also help to share best practice and celebrate success in getting all aspects of care right first time.



Best Use of Resources

Focussing the finite capacity of the communications team on an agreed list of Trust priorities will help to deliver the best return on investment for the communications budget.

In addition the benefits we can deliver to the Trust as a professional enabling function will be further increased if we can upskill non-communications colleagues and enable and empower them to support the conversations described elsewhere in this strategy.

We have already made some progress in this area, supporting clinical and corporate teams to set up and run their own social media channels, but we believe there is significant potential to go much further.

By developing a range of development and support packages (under the working umbrella title of '**Comms-U**') we plan to increase the quality and frequency of positive communications and engagement activities being carried out by colleagues across our Trust to improve the way they communicate with patients, carers, colleagues and partners.

Developing the Comms-U approach, and aligning it with the developing Leadership faculty of our Trust Academy, offers us a chance to increase the benefit we deliver to the Trust, further improving the return on investment in our team.

We will also continue to support major projects and developments where active communications and engagement support can directly contribute to effective roll out and maximise benefits realisation.

An example of this which is likely to feature significantly in our workplan for 2020/21 and beyond will be the objectives of our **Digital Strategy**, in particular is the roll out of our **Digital Care Record (DCR)**.

A further priority is to improve the way we calculate the value of all the services we provide to the Trust. Again, early work in this area has provided us with a useful foundation on which to build. One example is the use of paid for social media advertising to promote recruitment events which can be directly linked to interest in, and attendance at, those events and followed through to the number of attendees subsequently appointed.

We will seek to develop a communications dashboard combining qualitative and quantitative **evaluation** data. This will enable us to test and refine our areas of focus on an ongoing basis as well as providing useful insights and intelligence to support regular communications reports to the Board and relevant sub-committees.

Following an expansion of the team in 2019/20, we will also be focussing additional time and energy in raising awareness of, and support for, the Trust's **Charity**, leveraging the extensive good will we know we enjoy in our local communities to re-energise the charity and generate additional funding to support quality and safety improvements and service developments which are over and above the core NHS offer.



All of these activities will make a positive contribution to the delivery of the Trust's **medium term financial plan** – and messages about the waste reduction and efficiency gains achieved through quality and safety improvements will also be a key part of our story.

Best People

While actively supporting the aims of our People and Culture Strategy to develop an engaged, skilled and supported workforce, we have identified three key areas for focus with current and potential colleagues: Recruitment, retention and 4ward.

Recruitment

While improved organisational reputation will undoubtedly have a positive impact on our ability to recruit staff we can further enhance the benefits of developments such as our improved CQC ratings through a creative approach to communications campaigns. Partnership working with recruiting teams is key to this as we combine their knowledge of the people they are trying to attract with our ability to reach those people with targeted communications that are engaging and attractive.

The 'Comms-U' approach to development will also support those teams who are keen to market themselves effectively to prospective employees and use current colleagues not only as the face of any advertising campaigns but also to use their own networks to reach out to prospective recruits.

Retention

Helping to build a listening, responsive working environment, celebrating success and supporting a wide range of recognition and reward activities with creative communications will all help to encourage our brightest and best colleagues to stay with us on our improvement journey.

From our award winning staff Facebook group to the achievement awards being planned for 2020 we will continue to develop creative ways of showcasing our Trust as a great place to work.



We will also use our communications channels to encourage active participation in listening exercises including the Staff Friends and Family Test and annual NHS Staff Survey, and then close the feedback loop with widely shared 'you said, we did' messages.



4ward: At the heart of our Pyramid are our 4ward behaviours. A continued focus on establishing 4ward as 'the way we do things round here' from ward to Board will continue to be a key area of focus for us, as it has been since the launch of 4ward in 2017.

A review of how we build on what 4ward has already achieved is already under way, and through the work of our Lead Advocate we will continue to build and support our network of active 4ward Advocates across our Trust.

Communications Principles – Our “7Cs”

During the course of this development, the team agreed our own set of guiding principles that will be used to shape and evaluate our future work – which we call the “7Cs”

The ‘7Cs’ are set out in more detail below, along with a SWOT analysis specifically relating to the communications and engagement issues which we believe are most relevant to our Trust, our strategic context and operational priorities.

These principles were developed by the communications team and tested through conversations with a range of internal and external communications partners in conversation.

They will shape what we do and how we do it and provide a clear checklist for planning, delivery and evaluation.

1. Consistency

Our areas of focus as a communications team will be consistent with, and supportive of, other Trust strategic and operational objectives and priorities (eg quality improvement, recruitment and retention and more effective financial management)

We also recognise the mutual relationship between 4ward and better communications – improved communication leads to more proactive engagement with the 4ward behaviours and processes which leads to a more positive culture which in turn supports more effective communication and engagement between colleagues.

The story we are telling, and the conversations we are having with staff, patients, carers and others also need to be consistent with what is actually happening, and the reality of life in our hospitals for the people who work and are cared for in them.

Extravagant promises, unrealistic commitments or denial of issues may secure short term

gains but will ultimately severely damage the reputation of our Trust and our services. Honest, openness and transparency will be our watchwords and guide in all communications and engagement activities.

The planning, development and delivery of our communications channels and messages will also be **consistent** with, and actively support, communications activity relating to wider health and care developments locally and nationally.

These include, but are not limited to, the Herefordshire and Worcestershire Sustainability and Transformation Partnership (STP) and the NHS Long Term Plan (LTP)

‘C also’ in this section **Clarity** of objectives because we need to make our purpose and intention clear if that Consistency is to be effectively communicated internally and externally.

2. Capacity and Capability

Key questions to be answered under this heading for each key piece of work are:

- ➔ What capacity do we have in house? (in the comms team and with colleagues across the Trust as internal partners - for example patient involvement/experience colleagues, PALs and Complaints)
- ➔ What capacity can we draw on/share with our external/system partners?
- ➔ What equipment and facilities do we need to support delivery?
- ➔ What are our training and development requirements? – for in-house specialists, colleagues and partners
- ➔ How might these requirements change in the future as a result of trends and developments in communication and changes in the health and care system
- ➔ How can we best anticipate and prepare for these changes?

Key to building capacity is to ensure that formal internal networks beyond corporate communications channels are used to support and reinforce the conversations about priority issues and themes.

Examples of these include: divisional and departmental team brief/cascades; professional development and/or networking events and other communications activities which could be supported, but not managed by, the communications team.

Work on communications and engagement on our “Pyramid” and Clinical Services Strategy will include targeted support for senior leaders, including the Chief Medical Officer and Divisional Directors, on improving medical staff engagement – identified by the Board as critical in delivering our improvement plans.

There is also an important role in improving communications and engagement in all parts of the Trust, and beyond, for our 4ward Advocates and other colleagues who are supported to carry out engagement activities in addition to their core duties (the same could apply to colleagues in similar roles such as our Patient Experience Champions and the facilitators supporting the development of our Clinical Services Strategy)

A priority is building communications capacity and capability amongst members of the Trust’s senior leadership team – with particular emphasis on supporting our divisional leadership triumvirates with development, materials and advice on monitoring the effectiveness of their communications cascades.

This priority has been identified not least because of the key role that the divisions have to play in engaging colleagues at all levels on critical objectives including the development and delivery of our Clinical Services Strategy.

‘C also’ in this section – **Courage**: Because prioritisation of finite resources sometimes means we will have to say “no” or “not yet” to ensure sufficient focus is given to priority projects.

3. Channels

Effective delivery is essential. Face to face is always preferred where possible, in accordance with our 4ward behaviour of listening, learning and leading.

However, we also recognise that changing expectations among those we are having conversations, particularly with millennials working for or using our services will require creative use of online engagement, including maximising the benefits of social media.

Whether face to face, online or through other channels, we will adopt wherever possible a “we go to where our audiences are” approach rather than expecting them to come to us – and ideally develop our communications in partnership with them (‘C also’ **Collaboration** and **Co-Production**)

We will make best use of all the channels that technology can offer while also remembering that our organisation is, at its heart, made up of people looking after people.

Our communications – internal and external – will seek to ensure a joined up approach making best use of all media: owned, earned and paid for.

Owned includes:

- ▶ Our website
- ▶ Our social media channels
- ▶ Worcestershire Way
- ▶ Corporate Publications (for example Annual Report, Quality Account)

Earned includes:

- ▶ Proactively secured “good news” media coverage
- ▶ Social media shares
- ▶ Patient and public feedback (via, for example, NHS Choices)
- ▶ Paid for includes
- ▶ Recruitment advertising
- ▶ Promoted social media posts

4. Content

Many of the messages that we have to share are challenging, complex or politically sensitive. However effective and wide reaching our Channels are they will not achieve optimal results unless they are delivering engaging, accessible content in a variety of formats.

5. Conversations

The best and most effective communication is not simply “transmit” but also “receive.” Our aim is to use our **Channels** and **Content** they carry to facilitate informed, productive, two-way **Conversations** with our audiences which in turn support...

6. Calls to Action

Our aim is to use effective communications and engagement as a vehicle for change and improvement. **Calls to action** made through the **Conversations** we facilitate via our **Channels** and **Content** are many and varied but are likely to include:

- ➔ Work for us/stay with us
- ➔ Complete mandatory training/follow appropriate policies and procedures
- ➔ Identify opportunities for efficiency
- ➔ Support our plans for service development/change
- ➔ Make the best and most appropriate use of your health and care services

7. Counting

Providing meaningful evaluation for communications and engagement activity is a frequent and ongoing topic of conversation in the communications profession, both in the NHS and more widely.

We have a number of quantitative measures already in use, including:

- ▶ Reach and engagement of social media
- ▶ Reach and tone/content of media coverage
- ▶ Engagement with specific Calls to Action (for example expressions of interest in recruitment events, subsequent attendance and, through feedback forms, which Channel prompted that attendance)
- ▶ Other communications related metrics including participation in/responses to Staff opinion Survey and participation rate/net culture score in the 4ward Checkpoints.

Additional triangulation/insight will be sought from public opinion and feedback via external sources (for example, NHS Choices website) as well as internal sources, for example PALs/ Complaints information.

As part of the ongoing review of our strategy we will seek to expand the range of metrics available, refine their use and present them back to the organisation to demonstrate value for money/return on investment and also to support business cases for any further investment in communications and engagement.

Partners In Conversation

Key Audiences For Engagement

Although some of the activities in the action plan below are described as “internal” (staff) or “external”, the lines between these two audience groups is often less clear than such a neat divide would suggest. For example, many of our staff live in Worcestershire and some of them, inevitably, will, on occasion, also be patients or carers for patients using our hospital services.

Increasingly, individual members of staff, or teams, will have their own presence on social media which puts them in the role of content providers/curators or opinion formers.

This reinforces the importance of our principle of Consistency – because if the conversations we have with our staff are not consistent with the conversations we are having with other people, we risk creating confusion and losing credibility.

We can, and should, be mindful of the needs and requirements of different audiences when developing our content and using our channels but there needs to be a consistent story running through our conversations, which in turn reflects our overarching strategic vision and objectives.

While recognising the overlap between audiences as described, audience segmentation is still a useful starting point for planning communications and engagement activities.

Our key partners in conversation are identified overleaf (this list is not intended to be exhaustive, nor is it in priority order – but it does illustrate the range of our potential audiences).



Our key partners in conversation

- ▶ Patients/Carers
- ▶ Patient and Public Forum and Youth Forum
- ▶ Public (Worcestershire)
- ▶ General public
- ▶ Staff – current
(further sub-division may be required for specific programmes or activities)
- ▶ Staff – prospective
(job seekers, returners to practice, or colleagues joining temporarily or permanently from elsewhere due to service change)
- ▶ Staff side/union representatives
- ▶ Volunteers
- ▶ Friends/League of Friends groups
- ▶ Fundraisers/philanthropic donors
- ▶ Our Health and Care Partners
 - Herefordshire and Worcestershire Sustainability and Transformation Partnership (STP)
 - Worcestershire Clinical Commissioning Groups
 - GPs
 - Worcestershire Health and Care Trust
 - Worcestershire County Council
 - West Midlands Ambulance Service
 - University Hospitals Coventry and Warwick
 - Worcestershire County Council (in particular adult social care and children's services)
 - Third sector; voluntary and community partners
- ▶ MPs
- ▶ Local Councillors/Worcestershire County Council Health Overview and Scrutiny Committee
- ▶ Health and Wellbeing Board
- ▶ Healthwatch
- ▶ Care Quality Commission
- ▶ NHS Improvement/NHS England
- ▶ Media
 - Local/regional/national/trade
 - Print/broadcast/online
- ▶ Online communities and influencers
- ▶ University of Worcester
- ▶ Health Education England
- ▶ Royal Colleges
- ▶ Other local businesses and organisations with an interest in health

How Will We Measure Our Progress

This strategy sets out a series of principles for how we will tell a more positive story about our Trust, our people and our services as we focus on our shared purpose of Putting Patients First.

Much of what is delivered through this strategy will be visible through high quality, engaging content shared through a variety of channels.

We will also chart our progress through regular reporting to Trust Management Executive, People & Culture Committee and Trust Board.

Our aim is to promote and actively support the achievement of our Trust's wider strategic objectives and operational priorities.

A detailed 'communications dashboard' will be refined as part of this process to focus on the benefits from some of our most important conversations to measure:

For our patients:

- ▶ Awareness of, and support for, the vital changes we need to make to secure the future of safe, high quality, clinically and financially sustainable services
- ▶ Improved understanding of the contribution they can make as 'active health citizens' – using the right service at the right time and actively making healthy lifestyle choices to support prevention and self-care

Measures to include:

Participation in, and responses to, informal and formal engagement activities.

For our staff:

- ▶ Improved morale and pride in the organisation they work for

Measures to include:

- ▶ Better scores in relevant questions in scores in annual Staff Survey and staff Family and Friends Test
- ▶ Improved rates of recruitment and retention
- ▶ Increased numbers of staff signed up as active 4ward Advocates

For our partners:

- ▶ Confidence in our commitment to being active system partners

Measures to include

- ▶ More 'joined up' communications activities building on established system wide campaigns
- ▶ Closer partnership working between communications teams across our health and care system

In communications, as in many aspects of healthcare, 'better never stops' and we are committed to building a culture of continuous improvement in all our communications and engagement activities.

This strategy provides an opportunity to build on the communications developments and successes of recent years.

With the support of our senior leaders, our staff, our partners and our patients, it will help us to tell the story of our improvement journey, as we move 4ward as a Trust and a system, to build a better future for our health and care services.

Appendix 1: Swot Analysis

(Communications and Engagement Focussed)

Strengths	Weaknesses
<ul style="list-style-type: none"> ▶ Strong, multi-skilled, award-winning, in-house team ▶ Board level communications lead ▶ Good partnership working across health and care system ▶ Good understanding/knowledge of the Trust ▶ Strong, established internal and external channels ▶ Reputational gain from improved CQC ratings 	<ul style="list-style-type: none"> ▶ Demand for services growing rapidly and putting pressure on capacity – particularly for video and graphic design ▶ Reputational challenge from Trust's special measures status and operational/financial challenges ▶ Minimal non-pay budget impacts on production of printed/display materials and other marketing collateral ▶ Low participation in conversations by some internal and external audiences ▶ IT constraints – bandwidth, outdated web browsers, access to PCs, access to social media in the workplace, outdated content management systems (in particular for intranet)
Opportunities	Threats
<ul style="list-style-type: none"> ▶ Growing use of social media to effectively target and engage key partners in conversation ▶ Expanding skill set of team and confidence in different techniques ▶ As a result, more capacity for in-house design and video production (within limits) ▶ High social media profile and activity of Trust leaders ▶ Strong opportunities for internal engagement through 4ward, clinical service strategy and other high interest topics ▶ Strong leadership on, and commitment to, communications by CEO 	<ul style="list-style-type: none"> ▶ Challenge of timely and appropriate response to social media claims and complaints – specifically the number and variety of queries and concerns coming through corporate Facebook and Twitter channels. ▶ Related challenge in monitoring social media without capacity to run 24/7 on call ▶ Excessive demand for highly skilled support (eg advanced design or video production) – especially when work is requested at short notice – our 'single points of failure' ▶ Sudden high profile media issues causing capacity drain which impacts on business as usual

Appendix 2: Legal/Statutory/Regulatory Context

- ▶ NHS trusts and foundation trusts are also under a duty to make arrangements for the involvement of the users of health services when engaged with the planning or provision of health services (s.242 NHS Act 2006).
- ▶ The range of duties for commissioners and providers covers engagement with the public through to a full public consultation. Public involvement is also often referred to as public engagement.
- ▶ Where substantial development or variation changes are proposed to NHS services, there is a separate requirement to consult the local authority under the Local Authority (Public Health, Health & Wellbeing Boards and Health Scrutiny) Regulations 2013 ("the 2013 Regulations") made under s.244 NHS Act 2006. This is in addition to the duties on commissioners and providers for involvement and consultation. A local authority can trigger a referral to the Secretary of State and the Independent Reconfiguration Panel.
- ▶ By virtue of being in Quality Special Measures (at the time of writing) the Trust is also subject to enhanced scrutiny by regulatory bodies including NHSI/E and the CQC
- ▶ Effective communications and engagement with regulatory bodies, always important, gains additional significance for challenged organisations to provide assurance that a clear improvement plan is in place and delivering the desired outcomes.



 www.worcsacute.nhs.uk

 [@WorcsAcuteNHS](https://twitter.com/WorcsAcuteNHS)

 [@WorcsAcuteNHS](https://www.facebook.com/WorcsAcuteNHS)

V2 January 2020

Meeting	Trust Board
Date of meeting	16 January 2020
Paper number	F1

Report on Nursing and Midwifery Staffing Levels October 2019

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

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

Alignment to the Trust's strategic objectives

Best services for local people	x	Best experience of care and outcomes for our patients	x	Best use of resources	x	Best people	x
--------------------------------	---	---	---	-----------------------	---	-------------	---

Report previously reviewed by

Committee/Group	Date	Outcome
TME	11.12.19	Noted
People and Culture Committee	Dec 2019	Reviewed and noted

Recommendations

Trust board is requested to note that

- Staffing levels were safe in October 2019 following mitigating actions which took place in real time.
- Vacancies of all registered nurses have decreased by 19 WTE from 242 WTE to 223 WTE.

Executive Summary

This paper provides assurance to the Committee of the nursing, midwifery and Allied Health Professionals staffing levels and vacancies for October 2019.

- The report confirms that following mitigation staffing levels trust wide were safe. Fill rate below

RN Days	HCA Days	RN Nights	HCA nights
90.71%	91.5%	96%	97.2%

- The fill rate for the trust is above 90% across all trained and HCA's for days and nights.
- The paediatric unit is staffed to the acuity and dependency of the patients on the ward and ensures safe staffing across the month.
- There were no moderate harm incidents relating to decreased staffing levels reported. There were 39 occasions where actions were required on specific ward areas where levels did decrease from that planned due to vacancies or sickness or when patient acuity and dependency required additional staffing. A detailed account ward by ward for October 2019 is

Meeting	Trust Board
Date of meeting	16 January 2020
Paper number	F1

	<p>given in appendix 1. All areas were reviewed by matrons and DDNs and mitigations put in place.</p> <ul style="list-style-type: none"> • The October 2019 HCA vacancies remain static at 50 WTE a targeted recruitment will be planned for November 2019. • The two divisions with the highest vacancies continue month on month to be specialised medicine and urgent care. The hot spot ward areas which are deemed as hard to recruit are Acute Stroke Unit, ward 4 (medical) and MAU. There are targeted recruitment and retention work streams in place. These wards are being prioritised as first placements for international nurses. • A new Therapies Lead has been appointed to the trust and is due to commence in post in November 2019 -AHP (Dieticians, OTs, physiotherapists, orthoptists and radiographers) vacancies across the trust are: <ul style="list-style-type: none"> • Speciality medicine 8.07 WTE • SCSD 29.33 WTE <p>The AHP vacancies sit predominantly in radiography. The lead for workforce will work with the new therapies lead and organise a targeted recruitment campaign.</p> • There are no reported risks at this time with the current vacancy numbers in AHP's <p>Maintaining safe staffing levels and the required recruitment and retention are risks on the corporate risk register. This has been reviewed monthly and actions are in place through an active recruitment and retention campaign.</p> <ul style="list-style-type: none"> • 3 international nurses arrived in August and have now completed their training and are now Band 5 Registered Nurses working within the trust. • The International nursing work stream has offered 90 posts between April 2019 to June 2019. • International nursing pipeline for recruitment continues with 12 WTE who arrived in October giving a total of 27 WTE. • A further 20 are predicted to land in November. <p>This project is on target for delivery by June 2020</p>
Risk	
Staffing Risks	The need for temporary staffing on ward areas to ensure there is an ability to keep open the number of beds required to meet patients' needs and meet demand - Risk number 4000
Financial Risk	Continued spend in bank and agency to keep open the increased number of ward based beds required to meet patient need and demand. This is specifically for wards with an increased vacancy factor over 25% and increased activity seen at A&E Alexandra Hospital.

Meeting	Trust Board
Date of meeting	16 January 2020
Paper number	F1

	Recruitment of International nurses is in progress to support bank and agency spend. Active recruitment is in place to support reduction of vacancies and a programme of retention is being drawn up.
Assurance level based on Hooper,G (2019)	Level 6
Recommendations	<p>Trust board is requested to note that</p> <ul style="list-style-type: none"> • Staffing levels were safe in October 2019 following mitigating actions which took place in real time. • Vacancies of all registered nurses have decreased by 19 WTE from 242 WTE to 223 WTE.

OCTOBER 2019 - WARD STAFFING FIGURES					
Ward name	DAY		NIGHT		Cumulative count over the month of patients at 23:59 each day
	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	
Aconbury 4	94.6%	84.3%	97.8%	93.6%	773
Acute Stroke Unit	88.4%	92.8%	93.5%	96.0%	928
Avon 2	89.4%	87.6%	92.6%	96.6%	729
Avon 3 Infectious Diseases	92.0%	87.8%	99.1%	92.8%	623
Avon 4	87.8%	86.7%	97.9%	98.4%	723
Beech A	101.2%	96.7%	101.7%	96.8%	627
Beech B - Female	75.0%	91.9%	79.6%	45.2%	300
Beech C	76.3%	98.7%	82.4%	100.0%	483
Beech High Care	88.4%	71.0%	96.8%	94.3%	240
CCU-Alex	86.3%		96.8%		96
Evergreen 1	80.3%	87.4%	92.5%	98.6%	751
Head and Neck Ward	97.4%	90.0%	100.1%	49.9%	325
ICCU - Alex	102.9%	100.0%	103.8%		82
ICCU - Worcs	16.6%	85.2%	103.2%		300
Laurel 1 Cardiology-CCU	98.0%	77.5%	97.0%	116.7%	807
Laurel 3 Haem Ward	105.6%	89.4%	99.2%	105.1%	523
Laurel Unit 2	100.5%	94.4%	97.6%	135.8%	649
M A U - Alex	99.4%	83.8%	105.4%	93.7%	638
Maternity Team 1 Midwives	78.2%	78.5%	80.4%	97.0%	1196
MAU Assessment	93.1%	99.0%	96.6%	100.0%	734
MAU High Care and Short Stay	90.4%	93.5%	76.0%	84.9%	757
NICU- Paeds	83.4%	59.8%	80.2%	86.8%	533
Riverbank Unit- Paeds	93.8%	92.1%	96.2%	90.9%	541
Silver Oncology	83.1%	95.3%	101.0%	97.8%	615
Surgical Clinical Decisions Unit (SCDU)	97.2%	104.3%	101.7%	96.8%	500
Trauma & Orthopaedic A Ward - WRH	84.0%	89.6%	98.4%	101.4%	1059

Meeting	Trust Board
Date of meeting	16 January 2020
Paper number	F1

Vascular Unit & VHCU	86.6%	88.7%	99.2%	67.7%	554
Ward 1 - KTC	140.5%	91.8%	107.8%		45
Ward 1 - Medicine	87.3%	85.1%	95.7%	98.2%	543
Ward 10 - Urology	89.7%	98.8%	98.5%	98.3%	518
Ward 11 - Medicine	97.3%	97.0%	93.7%	103.2%	640
Ward 12 Medicine	95.6%	87.0%	97.8%	94.1%	796
Ward 14 - Surgery	93.3%	93.2%	103.2%	100.0%	558
Ward 16 - Elective Orthopaedic Ward	89.2%	85.4%	85.3%	96.8%	506
Ward 17 - Trauma Ward	113.5%	101.2%	118.9%	107.1%	823
Ward 18	83.3%	92.5%	100.0%	98.0%	681
Ward 2 - Medicine	96.1%	86.8%	99.1%	143.4%	649
Ward 4	104.8%	125.5%	97.1%	125.7%	671
Ward 5 Alex	92.7%	94.7%	96.7%	94.9%	695
Ward 6 - Medicine	75.4%	123.4%	95.8%	104.0%	662

Meeting	Trust Board
Date of meeting	16 January 2020
Paper number	F2

Enforcement Undertakings Update

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

Accountable Director	Matthew Hopkins, Chief Executive		
Presented by	Matthew Hopkins, Chief Executive	Author /s	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	December 2019	Received

Recommendations	The Trust board is asked to note the progress made against the NHSI Enforcement Undertakings.
------------------------	---

Executive summary	<ul style="list-style-type: none"> This paper provides the board with an update on the Trust's position in relation to NHS Improvement Enforcement Undertakings signed in May 2019. Good progress has been made in terms of delivery against the Quality Improvement Strategy, creation of the Clinical Services Strategy, and setting in place appropriate annual planning for 2020/21. Although the Trust is not yet on track with operational performance achieving submitted trajectories, with the exception of diagnostics, there is evidence of the progress that has been made with strengthening grip, control and improved planning. It is expected that the undertakings will be refreshed to reflect the plans to implement a system-wide package of support for the Trust to exit special measures.
--------------------------	--

Risk

Key Risks	<p>Quality 3930 IF we do not deliver the outcomes of the Quality Improvement Strategy (incorporating the CQC 'must and should' dos) THEN we may fail to deliver sustained improvements</p> <p>Operational performance 3932 IF we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning THEN we will fail the national quality and performance standards</p> <p>Workforce 3939 IF we are unable to recruit, retain and develop sufficient numbers</p>
------------------	--

Meeting	Trust Board
Date of meeting	16 January 2020
Paper number	F2

	of skilled, competent and trained staff, including those from the EU THEN there is a risk to the sustainability of some clinical services						
Assurance	The source of assurance for the data included in this paper is undertaken across several meetings including the Trust Board sub-Committees, performance management group, clinical governance group, divisional management reviews and directorate validation at patient level. Further data assurance has been completed by the Information Team based on the data provided from the operational and clinical teams.						
Assurance level	Significant		Moderate		Limited	✓	None
Financial Risk	Financial Performance 3934 IF we are unable to resolve the structural imbalance in the Trust's income and expenditure position THEN we will not be able to fulfil our financial duties						

Meeting	Trust Board
Date of meeting	16 January 2020
Paper number	F2

Introduction/Background

NHS Improvement decided to accept undertakings from the Trust due to failure to comply with the conditions of the Provider License in May 2019. This was on the basis of the grounds set out in the Enforcement Undertakings letter and pursuant to the powers exercisable by NHS Improvement under or by virtue of the National Health Service Act 2006 and the TDA Directions. For completeness, the agreed undertakings letter is included as appendix 1. The undertakings included the actions which were agreed in consequence of the Trust being in special measures for quality.

In particular:

Quality

- An inspection of the trust by the CQC during January and March 2018 resulted in the Trust being given an overall rating by the CQC of 'Inadequate' with the safe and responsive domains also being rated inadequate.
- The overall concerns were focused on the Trust's Worcestershire Royal Hospital site which was rated inadequate in Urgent and Emergency Care, Surgery, and Outpatients overall. The Alexandra site was rated inadequate for safe, responsive and well led domains overall and inadequate for Surgery and Outpatients overall. Further details are contained the CQC's report dated 5th June 2018 ('the CQC Report').

Operational performance

- The Trust has not achieved the A&E 4 hour waiting time since September 2014 and did not deliver its recovery trajectory in 2017/18. 2018/19 YTD performance is 79.8% at December 2018.
- The Trust did not achieve the 62 Day Cancer standard during 2017/18 and did not deliver its recovery trajectory. 2018/19 performance has not demonstrated recovery against the agreed trajectory, and a robust recovery plan has not been developed.
- The Trust has breached the Diagnostic performance (DM01) standard having not achieved the <1% standard since February 2016 and, to date, no recovery plan has been developed or delivered.

Financial Performance

- For 2017/18 the Trust delivered a significant negative variance against its control total plan. The control total for 2017/18 was a deficit of £42.7m, excluding STF. The trust outturn position for 2017/18 was a deficit of £57.9m, excluding STF.
- For 2018/19 the Trust's financial plan is to deliver the control total of a deficit of £41.5m excluding PSF. However, the Trust has indicated that it will revise its Forecast Outturn (FOT) and have identified that the most likely outturn will be a deficit of £72.5m excluding PSF (excluding the reported issue in relation to emergency costs).
- Workforce and Use of Agency: The Trust has an agency ceiling of £17.291m. As at month 9 the trust has spent £15.710m on agency staffing and is forecasting expenditure of £22.9192m, £4.901m above cap. This variance is in the main due to additional unplanned winter capacity in order to meet demand. In addition to this the Trust has had a number of workforce CIPs such as rota grip and control and leave management. These were expected to reduce agency spend but they have not delivered.

Any failure to comply with the undertakings may result in NHS Improvement taking further regulatory action. This could include giving formal directions to the trust under section 8 of the National Health Service Act 2006 and paragraph 6 of the TDA Directions.

Meeting	Trust Board
Date of meeting	16 January 2020
Paper number	F2

Issues and Options			Internal governance	Conditions of licence
The following table sets out the original undertakings in full, and provides an update on progress in the right hand column. The final two columns show the internal governance arrangements and the associated conditions of licence, FT4 and G6 (see appendix for definitions).				
1. Quality Improvement Strategy and Regulatory Requirements Milestone Plans				
1.1	The trust will take all reasonable steps to address the concerns identified in, but not limited to, the CQC Report, including carrying out the actions set out in the CQC Report in accordance with timescales as determined by the CQC such that, upon re-inspection by the CQC within 12 months of the date of the CQC Report (or such other date as CQC may determine), the trust will no longer be found to be 'inadequate' in any of the CQC domains.	The Trust has now moved from inadequate to requires improvement or better across all domains apart from Responsive in Urgent and Emergency Care at Worcestershire Royal Hospital (September 2019). A strategy and arrangements are in place to ensure the should do's and must do's are being addressed.	TME QGC	G6 FT4(4)(c) FT4(5)
1.2	The trust will refresh the existing Quality Improvement Plans (QIPs) for emergency access (EAS) following completion of the current baseline assessment of the QIPs and their information reporting systems.	The QIP for EAS has been replaced by the Home First Improvement Plan. Alongside the plan there is on-going support from ECIST, the monthly MADE events and support from the Regional UEC team.	TME F&P A&E delivery board	G6 FT4(4)(e)
1.3	The trust will continue to provide updates on progress with achievement of the existing Quality Improvement Strategy (QIS) and the associated milestones of the QIPs.	The three year Quality Improvement Strategy 2018-2021 is now in year two of implementation. Year two priorities are again aligned to the Trust Quality Account priorities, with a refresh of targets and objectives informed by the learning in year one. Each ward/clinical department has Quality Improvement Plan and has good awareness and ownership of the high level and specific goals relevant to them. 212 staff have been trained to tier 1 (bronze) standard on the Quality Improvement methodology (Dec 2019). The Quality Improvement Strategy is supported by the ward accreditation programme known as "pathway to platinum".	TME QGC	G6 FT4(4)(c) FT4(5)
1.4	The trust will continue to cooperate with arrangements for oversight of the achievement of the QIS and the individual regulatory	The Trust has fully participated in QIRG and will continue to do the same for the newly established System Improvement Board and System Review Group.		
Enforcement Undertakings Update			Page 4	

Meeting	Trust Board
Date of meeting	16 January 2020
Paper number	F2

	requirements via the single system Quality Improvement Review Group (QIRG), led by NHS Improvement. The QIRG comprises NHS Improvement, CQC, NHS England, the CCG and Health Watch, and is established to provide system support to the trust. The trust will modify the QIPs if required to do so by NHS Improvement in response to feedback from the QIRG.			
1.5	The trust will demonstrate that it is able to deliver all the QIPs including demonstrating that it has sufficient capacity at both executive and other levels of management to enable delivery of these.	<p>Implementation of the Home First Improvement Plan is a priority for the Trust in 2019/20. The programme has an Executive Lead and senior management involvement.</p> <p>The Quality Improvement Strategy has joint executive leads, and all senior management staff contribute to its delivery.</p> <p>Any anomalies in service capacity which could adversely affect the implementation of the QIS are discussed with the Line Manager at the time they occur.</p>	TME F&P QGC	FT4(4)(c) FT4(5)
1.6	The trust will keep the QIPs and their delivery under review. Where matters are identified which materially affect the trust's ability to deliver the QIPs, whether identified by the trust or another party, the trust will notify NHS Improvement as soon as practicable and update and resubmit the QIPs within a timeframe to be agreed by NHS Improvement.	<p>The Home First project board meet on a fortnightly basis and discuss any risks/issues which could impact delivery of the QIPs. On occasion NHSE and other external advisors are in attendance.</p> <p>The QIS is discussed monthly in the Clinical Governance Group, and external advisors also attend occasionally.</p>	TME A&E delivery board QGC	FT4(4)(c) FT4(5)
1.7	The trust will ensure that the delivery of the QIPs, and other measures to improve quality and operational performance do not compromise its overall financial position. The trust will keep the financial cost of its quality improvements under close review and will notify NHS Improvement as soon as practicable of any matters which are	<p>There are robust processes in place for the management of Business Cases which require investment to facilitate the implementation of QIPs. Finance has oversight and final sign off is via the Chief Financial Officer.</p> <p>Monthly Divisional Performance Review Meetings (PRMs) are used as a forum for Divisional Leads and Finance to monitor and discuss any variation of budgetary plans.</p>	TME F&P	FT4(4)(g)

Meeting	Trust Board
Date of meeting	16 January 2020
Paper number	F2

	identified as potentially having a material impact on the trust's overall financial position.			
2. Operational Performance				
2.1	National Standards - The trust will take all reasonable steps to recover operational performance to meet national standards, including but not limited to those set out in paragraphs 2.2 to 2.5, below.	For those operational standards not detailed in sections 2.3 to 2.5 below, additional recovery trajectories were developed for RTT and Cancer. There remain ongoing challenges with meeting these trajectories, in terms of increased demand and reduced capacity but the underpinning actions plans are in place with the expectation to be back on track by January for 2WW cancer and maintaining the RTT position at March 2020.	TME F&P	G6
2.2	Demand and capacity planning - The trust will ensure it has in place a robust demand and capacity plan for 2019/20 by the end of March 2019, alongside implementing a rolling process of reviewing run-rate demand and capacity and producing detailed forward demand and capacity plans for 1 and 2 months, with this detailed process having a regular feedback loop into the 2019/20 plan.	In 2018/19 the Trust undertook a demand and capacity planning project for 2019/20, reviewing capacity in outpatients, inpatients and theatres against demand forecasts based on historic ratios of referrals-to-activity and service expectations regarding referral growth. This model was reviewed at specialty level with operational and finance teams to inform the planning and commissioning processes. In 2019/20, the trust has revised and updated the model for 2020/21 planning; implementing improvements based on feedback from the previous exercise, and will enhance reporting to monitor planning assumptions used in the modelling process.	TME F&P	
2.3	Emergency Care - The trust will take all reasonable steps to recover operational performance to meet its projected performance and achieve sustainable compliance with the 4 hour A&E standard in 2019/20. The trust will submit a revised trajectory and recovery plan as part of the planning process for 2019/20 See section 1.2 with regard to a significant refresh of the emergency access quality improvement plan.	The Trust did not set a trajectory to achieve the 4 hour A&E standard in 2019/2020. Instead the trajectory was to achieve, and maintain, 86% from September onwards. The only in-month trajectory milestone to be achieved was April-19.	TME F&P	G6 FT4(4)(c)
2.4	Diagnostics - The trust will take all reasonable steps to recover overall diagnostics performance (DM01) to <1 % in 2019/2020. The trust will submit a recovery plan and revised trajectory to NHS Improvement by 12th April 2019.	The Trust set a trajectory to achieve the DM01 operational standard at the end of 2019/2020. The in-month trajectories from April to September have been bettered and this is expected to continue for the rest of 2019/2020 as the trust remains ahead of plan. Additional staffing is required to address an increasing number of patients waiting for an echocardiography test. An endoscopy business case will set out the options for additional investment which aims to provide a sustainable service to the patients of Worcestershire through sourcing additional	TME F&P	G6 FT4(4)(c)

Meeting	Trust Board
Date of meeting	16 January 2020
Paper number	F2

		diagnostic capacity.		
2.5	Cancer - The trust will take all reasonable steps to recover cancer performance; 62 day, in line with the agreed trajectories by June 2019. The draft recovery plan needs to be strengthened following feedback and to be submitted to NHS Improvement by 12th April 2019.	Recovery action plans are in place for all specialties of concern as performance remains challenged. The Trust set a trajectory to achieve the 62 day cancer performance from September 2019 onwards; however no in-month trajectory milestone has been achieved. The backlog of patients waiting over 62 days has now exceeded 200 and therefore diagnosing and treating those patients remains a priority. However this will impact the achievement of the operational standard and trajectories.	TME F&P	G6 FT4(4)(c)
The Operational Plan				
2.6	The trust will ensure that there is a robust and board approved operational plan in place for 2019/20 (Operational Plan) to meet national planning guidance and the requirements of paragraph 2.1 and will agree the Operational Plan with NHS Improvement in line with national timescales.	An operational plan is in place for 2019/20, having been approved by trust board and submitted to NHSI in line with national timescales. A publically accessible version was also approved by board and has been published on the trust's website The submitted plan meets the 2019/20 national planning guidance and describes how the requirements of paragraph 2.1 will be met.	TME TB	G6 FT4
2.7	The Operational Plan will, in particular:			
	2.7.1	include the actions required to meet the requirements of paragraph 2.1, with appropriate timescales, key performance indicators and resourcing including financial impact;	TME F&P	G6
	2.7.2	describe the key risks to meeting the requirements of paragraph 2.1 and mitigating actions being taken;	TME BAF	G6
	2.7.3	be based on realistic assumptions; the trust is discussing with commissioners activity and bed capacity and how this will be commissioned for 2019/20	TME F&P TB	G6

Meeting	Trust Board
Date of meeting	16 January 2020
Paper number	F2

	2.7.4	reflect collaborative working with key system partners and other stakeholders;	The Trust's operational plan submission to NHSI describes how we will work with key system partners to align our plans across the health economy.	TME STP TB	G6
	2.7.5	set out the key performance indicators which the trust will use to measure progress;	The annual plan sets out key performance indicators which are measured as part of PRM and the IPR.	TME F&P	
	2.7.6	be consistent with the trust's other key plans, including but not limited to those plans described elsewhere in these undertakings and the Sustainability and Transformation Plan; and	The Trust's operational plan submission to NHSI describes how we will work with key system partners to align our plans across the health economy.	TME STP TB	
	2.7.7	support the trust in delivering their agreed financial plan for 2019/20	The NHSI return outlines the agreed financial plan, including CIP and how this will be achieved.	TME F&P TB	FT4(4)(d)
2.8	<p>The trust will keep the Operational Plan and its delivery under review and provide appropriate assurance to its Board regarding progress towards meeting the requirements of paragraph 2.1, such assurance to be provided to NHS Improvement on request.</p> <p>Where matters are identified which materially affect the trust's ability to meet the requirements of paragraph 2.1, whether identified by the trust or another party, the trust will notify NHS Improvement as soon as practicable and take mitigating actions and a revised recovery plan and resubmit within a timeframe to be agreed with NHS Improvement.</p>		<p>The annual plan including the elements in paragraph 2.1 is kept under review through the Divisional and Directorate PRM process where appropriate performance information is tabled and discussed. The Integrated Performance Report is discussed at F&P Committee and trust board.</p>	TME F&P TB	G6

Meeting	Trust Board
Date of meeting	16 January 2020
Paper number	F2

3. Finance				
3.1	Understanding the drivers of the deficit	The Trust committed to setting out and seeking agreement from NHSI for its drivers of the financial position / deficit. As such, an analysis of the drivers of the deficit was undertaken in 2017 and refreshed through the Turnaround Director in 2018. The approach identified drivers within and outside of the Trust's control but did not in itself clearly identify the level of structural deficit in effect at that time. In 2019, the Trust engaged with the NHSI TSS team to support a refresh of the drivers of the deficit and to establish whether there was a "best practice" approach to valuing a structural deficit. It was identified that no standard approach exists and the Trust will therefore need to determine for itself the level of its structural deficit. This will include an assessment of the inefficiencies of multi-site working; Workforce & agency usage and staff shortages; Working Time Directive & Junior Doctor / Clinically compliant rotas; 7-day working requirements; the on-going impact of both an early PFI contract & associated contracts; and the existence of significant and long term IM&T and other services contracts. Bench-Marking using available information such as the Model Hospital; GIRFT; Corporate Services Reviews; Reference Costs and Completeness of clinical documentation / depth of coding (estimating under-payment/lost Income). This work is also being taken into consideration as part of the ICS 5-year system planning and the Trust Annual Plan and Medium Term Financial Planning process.	TME F&P P&C QGC TB	G6
3.2	Medium Term Financial Strategy (MTFS)	The Trust committed to developing its Medium Term Financial Plan for agreement with NHSI. The MTFP needs to align with the clinical services strategy and supporting plans as part of the overall strategic pyramid and planning processes and is scheduled to be developed in December 2019. Key elements of this alongside the emerging Clinical Services Strategy are: <ul style="list-style-type: none"> Investment in IM&T Infrastructure (review of outsourced Computacentre Services); Systems - Digital Care Record (DCR)/Electronic Patient Records. This will drive improvements in clinical efficiency and clinical documentation including improved assessment of morbidity, co-morbidities and correctly reflect our cohort of patients resource needs / population health understanding Critical investment in core Medical Equipment and Devices / Managed Equipment Services will also be essential to ensure that Clinicians and supporting staff have the equipment and tools to undertaken their activities in an effective and efficient manner 	TME F&P	FT4(4)(d)
3.3	MTFS Delivery	Once developed, the Trust will monitor the implementation of the MTFP through delivery of the annual Operational plan. Delivery of the Operational plan is routinely monitored through existing Board governance structures. To date, NHSI have not required the Trust to appoint a Turnaround Director to deliver the Financial Plan for 2019/20. Year to date Financial performance is ahead of the submitted external / national plan (£(82.8)m y/e deficit).	TME F&P	FT4(4)(d)

Meeting	Trust Board
Date of meeting	16 January 2020
Paper number	F2

4. Funding Conditions and Spending Approvals				
4.1	Where interim support financing or planned term support financing is provided by the Secretary of State for Health to the trust under Schedule 5 to the National Health Service Act 2006, the trust will comply with any terms and conditions which attach to the financing.	The Trust continues to require interim financing in line with its planned deficit and to support capital spend. We comply with terms and conditions applied to such financing. The Trust remains compliant with NHSI spending approvals processes.	TME F&P	G6
4.2	Where the trust receives payments from the Provider Sustainability Fund (PSF), the trust will comply with any terms or conditions which attach to the payments.			
4.3	The trust will comply with any spending approvals processes that are deemed necessary by NHS Improvement.			

Meeting	Trust Board
Date of meeting	16 January 2020
Paper number	F2

5. Workforce and Governance				
5.1	<p>The trust will develop a comprehensive workforce plan to address key workforce risks. The workforce plan should be supported by detailed underlying work programmes with key metrics and milestones to measure impact of actions and submit to NHS Improvement by a date to be agreed with NHS Improvement.</p>	<p>The clinical services strategy was approved by the Trust Board in November 2019. It highlights the need for us to change our workforce profile if we are to deliver sustainable services into the future. The focus for the next 5 years must be on the recruitment and retention of the right staff to reduce the reliance on the temporary workforce. We must also focus on supporting our workforce to be more productive through different ways of working and technology. We will see new roles introduced, increased working across organisational boundaries and strategic partnerships being formed to maximise the patient experience.</p> <p>To address this work has commenced on a 5 year strategic workforce. The first iteration of the plan was considered the Trust Management Executive and People and Culture Committee in October 2019. We submitted to NHS Improvement on 30th November 2019. The plan is supported by detailed underlying work programmes as set out in the Maximising Our Workforce document.</p>	TME P&C	FT4(6)
5.2	<p>The workforce plan should include a specific improvement plan related to reduction of agency spend with a credible and ambitious trajectory to reduce spend in line with the agency ceiling in a reasonable timeframe to be agreed with NHS Improvement .</p>	<p>A PID has been developed for each programme setting out the key metrics and milestones to ensure agreed outcomes are achieved.</p> <p>Bottom up workforce plans have been developed for each of the 42 specialities as part of the clinical services strategy development. In addition, a line by line establishment review (at cost centre level) has been undertaken which has been informed by the ward acuity staffing audit, royal college guidance and benchmark data from Model Hospital.</p>		

Meeting	Trust Board
Date of meeting	16 January 2020
Paper number	F2

6. Improvement Director				
6.1	The trust will co-operate and work with the Improvement Director appointed by NHS Improvement to oversee and provide independent assurance to NHS Improvement on the trust's delivery of the quality plans and improvement of quality of care the trust provides.	The Trust has continued to work with the NHSE/I assigned Improvement Director. The support of the Improvement Director will be withdrawn once the trust exits Quality Special Measures. NHSE/I are sponsoring a System Improvement Director to coordinate a system response and a package of support to address the underlying challenges at the trust and the system as a whole.		
7. Buddy trust and other partner organisations				
7.1	The trust will co-operate and work with any partner organisations (this may include one or more 'Buddy trusts') who may be appointed by NHS Improvement to: <ul style="list-style-type: none"> support and provide expertise to the trust; and assist the trust with the delivery of the quality plans and the improvement of the quality of care the trust provides 	<p>The Trust has engaged with, and been supported by The Royal Wolverhampton NHS trust and Oxford University Hospitals NHS Foundation trust.</p> <p>The trust has engaged with, and nominated staff to attend the Leadership Development Programme.</p>	TME QGC P&C	FT4 G6
7.2	The trust will work with any such partner organisation on such terms as may be specified by NHS Improvement.			
7.3	The trust will be engaging with system partners to build a coalition in order to support the delivery of the improvements that are required			

Meeting	Trust Board
Date of meeting	16 January 2020
Paper number	F2

8. Programme Management				
8.1	The trust will maintain sufficient programme management and governance arrangements to enable delivery of these undertakings.	Over the past 12 months, the Trust has developed a fully substantively staffed programme management office. The PMO is led by the Head of PMO and Transformation and the four PMO Project Managers are partnered with the clinical and corporate divisions for CIP identification and delivery and also aligned with the key transformation programmes at the Trust namely, Worcestershire Home First, Right Site; Right Surgery and Elective Productivity and Workforce Transformation. The CIP and transformation programmes are supported by the appropriate project management, governance and reporting arrangements through programme boards, Finance and Service Improvement Group and escalation/exception reporting to Trust Management Executive. All other aspects of delivery and performance are governed through the Trust Management Executive and the respective Trust Board Subcommittees e.g. Quality Governance Committee, Finance and Performance Committee and People and Culture Committee	TME F&P	G6
8.2	Such programme management and governance arrangements must enable the board to: <ul style="list-style-type: none">obtain clear oversight over the process in delivering these undertakings;obtain an understanding of the risks to the successful achievement of the undertakings and ensure appropriate mitigation; andhold individuals to account for the delivery of the undertakings			
9. Access				
9.1	The trust will provide to NHS Improvement direct access to its advisors, programme leads, and the trust's board members as needed in relation to the matters covered by these undertakings. Access will be co-ordinated through the Executive Assistant to the Chief Executive at the trust.	The Trust has endeavoured, where practicable, to provide NHS Improvement direct access to any and all staff that involved in the matters of the undertakings, as required.		FT4(6)

Meeting	Trust Board
Date of meeting	16 January 2020
Paper number	F2

10. Meetings and reports				
10.1	The trust will attend meetings or, if NHS Improvement stipulates, conference calls, at such times and places, and with such attendees, as may be required by NHS Improvement.	The Trust has endeavoured, where practicable, to attend meetings with NHS Improvement and provide reports in relation to the matters of the undertakings, as required.		
10.2	The trust will provide such reports in relation to the matters covered by these undertakings as NHS Improvement may require.			
10.3	Meetings and reports referred to above will be requested and co-ordinated through the Executive Assistant to the Chief Executive at the trust.			

Meeting	Trust Board
Date of meeting	16 January 2020
Paper number	F2

Conclusion
Although the trust is not yet on track with operational performance achieving submitted trajectories, with the exception of Diagnostics, there is evidence of the progress that has been made with strengthening grip, control and improved planning. It is expected that the undertakings will be refreshed to reflect the plans to implement a system-wide package of support for the Trust to exit special measures.
Recommendations
The Trust Management Executive is asked to note the progress made against the NHSI Enforcement Undertakings.
Appendices
Appendix 1: Enforcement Undertakings letter (May 2019) Appendix 2 – conditions of licence and abbreviations

Meeting	Trust Board
Date of meeting	16 January 2020
Paper number	F2

Conditions of licence

FT4

	Corporate Governance Statement
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time
3	The Board is satisfied that the Licensee has established and implements: <ul style="list-style-type: none"> (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.
4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: <ul style="list-style-type: none"> (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.
5	The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: <ul style="list-style-type: none"> (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but

Meeting	Trust Board
Date of meeting	16 January 2020
Paper number	F2

	not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.
6	The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.

Condition G6

Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.

Abbreviations

QGC – Quality Governance Committee
 F&P - Finance and Performance Committee
 TB – Trust Board
 P&C – People and Culture Committee

ENFORCEMENT UNDERTAKINGS**NHS TRUST:**

Worcestershire Acute Hospitals NHS Trust ("the Trust")
Charles Hastings Way
Worcester
WR5 1DD

DECISION:

On the basis of the grounds set out below and pursuant to the powers exercisable by NHS Improvement under or by virtue of the National Health Service Act 2006 and the TDA Directions, NHS Improvement has decided to accept undertakings from the Trust.

These undertakings include the actions which have been agreed in consequence of the trust being in special measures for quality.

DEFINITIONS:

In this document:

"the conditions of the Licence" means the conditions of the licence issued by Monitor under Chapter 3 of Part 3 of the Health and Social Care Act 2012 in respect of which NHS Improvement has deemed it appropriate for NHS trusts to comply with equivalent conditions, pursuant to paragraph 6(c) of the TDA Directions;

"NHS Improvement" means the National Health Service Trust Development Authority;

"TDA Directions" means the National Health Service Trust Development Authority Directions and Revocations and the Revocation of the Imperial College Healthcare National Health Service Trust Directions 2016.

GROUND:**1. The Trust**

The trust is an NHS trust all or most of whose hospitals, facilities and establishments are situated in England.

2. Issues and need for action

2.1. NHS Improvement has reasonable grounds to suspect that the trust has provided and is providing health services for the purposes of the health service in England while failing to comply with the following conditions of the Licence: FT4(5)(a) to (d), (f) and FT4(6)(a) to (f) and FT4(7).

2.2. In particular:**Quality**

2.2.1. An inspection of the trust by the CQC during January and March 2018 resulted in the trust being given an overall rating by the CQC of 'Inadequate' with the safe and responsive domains also being rated inadequate.

- 2.2.2. The overall concerns were focused on the trust's Worcestershire Royal Hospital site which was rated inadequate in Urgent and Emergency Care, Surgery, and Outpatients overall. The Alexandra site was rated inadequate for safe, responsive and well led domains overall and inadequate for Surgery and Outpatients overall. Further details are contained the CQC's report dated 5th June 2018 ('the CQC Report').

Operational performance

- 2.2.3. The trust has not achieved the A&E 4 hour waiting time since September 2014 and did not deliver its recovery trajectory in 2017/18. 2018/19 YTD performance is 79.8% at December 2018.
- 2.2.4. The trust did not achieve the 62 Day Cancer standard during 2017/18 and did not deliver its recovery trajectory. 2018/19 performance has not demonstrated recovery against the agreed trajectory, and a robust recovery plan has not been developed.

Performance YTD

	2018/19 Q1	2018/19 Q2
Cancer 62 day	75.5%	73.8%
Cancer 104 days	26	40

- 2.2.5. The trust has breached the Diagnostic performance (DM01) standard having not achieved the <1% standard since February 2016 and, to date, no recovery plan has been developed or delivered

Financial Performance

- 2.2.6. For 2017/18 the trust delivered a significant negative variance against its control total plan. The control total for 2017/18 was a deficit of £42.7m, excluding STF. The trust outturn position for 2017/18 was a deficit of £57.9m, excluding STF.
- 2.2.7. For 2018/19 the trust's financial plan is to deliver the control total of a deficit of £41.5m excluding PSF. However, the trust has indicated that it will revise its Forecast Outturn (FOT) and have identified that the most likely outturn will be a deficit of £72.5m excluding PSF. excluding the reported issue in relation to emergency costs
- 2.2.8. Workforce and Use of Agency: The Trust has an agency ceiling of £17.291m. As at month 9 the Trust has spent £15.710m on agency staffing and is forecasting expenditure of £22.9192m, £4.901m above cap. This variance is in the main due to additional unplanned winter capacity in order to meet demand. In addition to this the Trust has had a number of workforce CIPs such as rota grip and control and leave management. These were expected to reduce agency spend but they have not delivered.

2.3. Failures and need for action

These failings by the trust demonstrate a failure of governance arrangements and financial management including, in particular:

2.3.1. failure to establish and effectively implement systems or processes:

- 2.3.1.1. to ensure compliance with the trust's duty to operate efficiently, economically and effectively;
- 2.3.1.2. for timely and effective scrutiny and oversight by the Board of the trust's operations;
- 2.3.1.3. to ensure compliance with healthcare standards binding on the trust;
- 2.3.1.4. to ensure that the trust's services are safe and of sufficient quality.

2.3.2. failure to establish and effectively implement or apply systems, standards and/or processes:

- 2.3.2.1. of corporate and financial management suitable for a provider of NHS services and which provide reasonable safeguards against the risk of being unable to carry on as a going concern; and
- 2.3.2.2. for effective financial decision-making, management and control.

2.4. Need for action:

NHS Improvement believes that the action which the trust has undertaken to take pursuant to these undertakings, is action required to secure that the failures to comply with the relevant requirements of the conditions of the Licence do not continue or recur.

UNDERTAKINGS

NHS Improvement has agreed to accept and the trust has agreed to give the following undertakings:

1. Quality Improvement Strategy and Regulatory Requirements Milestone Plans

- 1.1. The trust will take all reasonable steps to address the concerns identified in, but not limited to, the CQC Report, including carrying out the actions set out in the CQC Report in accordance with timescales as determined by the CQC such that, upon re-inspection by the CQC within 12 months of the date of the CQC Report (or such other date as CQC may determine), the trust will no longer be found to be 'inadequate' in any of the CQC domains.
- 1.2. The trust will refresh the existing Quality Improvement Plans (QIPs) for emergency access (EAS) following completion of the current baseline assessment of the QIPs and their information reporting systems.
- 1.3. The trust will continue to provide updates on progress with achievement of the existing Quality Improvement Strategy (QIS) and the associated milestones of the QIPs.
- 1.4. The trust will continue to cooperate with arrangements for oversight of the achievement of the QIS and the individual regulatory requirements via the single system Quality Improvement Review Group (QIRG), led by NHS Improvement. The QIRG comprises NHS Improvement, CQC, NHS England, the CCG and Health Watch, and is established to provide system support to the trust. The trust will

modify the QIPs if required to do so by NHS Improvement in response to feedback from the QIRG.

- 1.5. The trust will demonstrate that it is able to deliver all the QIPs including demonstrating that it has sufficient capacity at both executive and other levels of management to enable delivery of these.
- 1.6. The trust will keep the QIPs and their delivery under review. Where matters are identified which materially affect the trust's ability to deliver the QIPs, whether identified by the trust or another party, the trust will notify NHS Improvement as soon as practicable and update and resubmit the QIPs within a timeframe to be agreed by NHS Improvement.
- 1.7. The trust will ensure that the delivery of the QIPs, and other measures to improve quality and operational performance do not compromise its overall financial position. The trust will keep the financial cost of its quality improvements under close review and will notify NHS Improvement as soon as practicable of any matters which are identified as potentially having a material impact on the trust's overall financial position.

2. Operational Performance

- 2.1. The trust will take all reasonable steps to recover operational performance to meet national standards, including but not limited to those set out in paragraphs 2.2 to 2.5, below.

Demand and capacity planning

- 2.2. The trust will ensure it has in place a robust demand and capacity plan for 2019/20 by the end of March 2019, alongside implementing a rolling process of reviewing run-rate demand and capacity and producing detailed forward demand and capacity plans for 1 and 2 months, with this detailed process having a regular feedback loop into the 2019/20 plan.

Emergency Care

- 2.3. The trust will take all reasonable steps to recover operational performance to meet its projected performance and achieve sustainable compliance with the 4 hour A&E standard in 2019/20. The trust will submit a revised trajectory and recovery plan as part of the planning process for 2019/20 See section 1.2 with regard to a significant refresh of the emergency access quality improvement plan.

Diagnostics

- 2.4 The trust will take all reasonable steps to recover overall diagnostics performance (DM01) to <1 % in 2019/2020. The trust will submit a recovery plan and revised trajectory to NHS Improvement by 12th April 2019.

Cancer

- 2.5 The trust will take all reasonable steps to recover cancer performance; 62 day, in line with the agreed trajectories by June 2019. The draft recovery plan needs to be strengthened following feedback and to be submitted to NHS Improvement by 12th April 2019.

The Operational Plan

2.6 The trust will ensure that there is a robust and board approved operational plan in place for 2019/20 (Operational Plan) to meet national planning guidance and the requirements of paragraph 2.1 and will agree the Operational Plan with NHS Improvement in line with national timescales.

2.7 The Operational Plan will, in particular:

- 2.7.1 include the actions required to meet the requirements of paragraph 2.1, with appropriate timescales, key performance indicators and resourcing including financial impact;
- 2.7.2 describe the key risks to meeting the requirements of paragraph 2.1 and mitigating actions being taken;
- 2.7.3 be based on realistic assumptions; the trust is discussing with commissioners activity and bed capacity and how this will be commissioned for 2019/20
- 2.7.4 reflect collaborative working with key system partners and other stakeholders;
- 2.7.5 set out the key performance indicators which the trust will use to measure progress;
- 2.7.6 be consistent with the trust's other key plans, including but not limited to those plans described elsewhere in these undertakings and the Sustainability and Transformation Plan; and
- 2.7.7 support the trust in delivering their agreed financial plan for 2019/20

2.8 The trust will keep the Operational Plan and its delivery under review and provide appropriate assurance to its Board regarding progress towards meeting the requirements of paragraph 2.1, such assurance to be provided to NHS Improvement on request. Where matters are identified which materially affect the trust's ability to meet the requirements of paragraph 2.1, whether identified by the trust or another party, the trust will notify NHS Improvement as soon as practicable and take mitigating actions and a revised recovery plan and resubmit within a timeframe to be agreed with NHS Improvement.

3 Finance

Understanding the drivers of the deficit

- 3.1 The trust will rapidly identify and set out in writing and submit for agreement to NHS Improvement, by 31st March 2019:
 - 3.1.1 a robust understanding of the underlying causes of the trust's financial position vs. appropriate peers to include the identification of:
 - 3.1.2 drivers which are out of the trust's control ('Structural'); and
 - 3.1.3 drivers that the trust has some control over but will require the input of other STP stakeholders to address ('Strategic'); and
 - 3.1.4 drivers that are wholly within trust control ('Operational').
 - 3.1.5 an overview of the evidence underpinning the rationale for the driver and range of values/value identified; and to include analysis of service line contribution.

3.2 Medium term financial strategy (MTFS)

The MTFS will be informed by the work the trust is undertaking on the clinical and workforce strategies, which, together with the financial strategy and a refresh of the Trust's vision, purpose and ambition will form the Trust's overall strategic plan.

The trust will identify, set out in writing and submit for agreement to NHS Improvement a 3 year medium-term financial strategy (MTFS). The drivers of deficit analysis will inform the actions to be set out within the MTFS. The MTFS will set out how and when the trust will return to financial balance (excluding structural deficit), given the exit position and run rate for 2018/19. The date for submission will be agreed between the Trust and NHS Improvement.

The scope and detailed content of the MTFS will be as agreed with NHS Improvement but will include:

- 3.2.1 Key assumptions: description of key assumptions and drivers of future financial flows around income (including contracting) taking into account the current STP medium term planning, expenditure, workforce, activity, and capacity;
 - 3.2.2 Enabling strategies: building upon and including appropriate references to, the trust's strategic plans across all key areas, to include: quality; clinical; workforce; operational; estates and capital; digital and IT;
 - 3.2.3 Efficiencies: clear articulation of the efficiency requirement over the period with a detailed plan for 2019/20 and themes for future years as a minimum, including demonstrating how the trust is addressing Model Hospital efficiency opportunities;
 - 3.2.4 Delivery milestones and actions: actions to address the key issues identified through the work on the drivers of the deficit and to deliver the MTFS, including a high-level milestone plan for delivery of the trust's key schemes to deliver the MTFS;
 - 3.2.5 Financial model to breakeven: a fully populated Long Term Financial Model with a credible trajectory to the break-even position which shows improvement in the monthly run rate from year 1; supported by bridging analysis to show key changes;
 - 3.2.6 Service level reviews: a trajectory at individual service level for returning low/no contribution and loss-making services identified to a break-even position or to an agreed alternative delivery solution (to include consideration of services that are a clinical sustainability risk);
 - 3.2.7 Sensitivities: pressure testing of key assumptions to identify the factors that most influence/impact delivery of the MTFS;
 - 3.2.8 Risks and mitigations: potential risks to delivery of the MTFS and how the trust would mitigate these;
 - 3.2.9 Financial support: analysis to show the revenue and capital cash support that will be needed over the period;
 - 3.2.10 Resourcing: details of both the level of resourcing needed to deliver the MTFS and how the trust will deploy sufficient resources to ensure its implementation;
 - 3.2.11 Assurance: the governance, assurance and programme management arrangements to support delivery of the identified efficiencies and overall operational delivery plan (including the trust's internal assurance approach); and
 - 3.2.12 Oversight: details of the trust governance arrangements for approval and delivery of the MTFS.
- 3.3 The Operational Plan will form the base year for the MTFS.
- 3.4 The trust will ensure that the MTFS is robust, quality-assured and agreed by the trust's Board and that it links through to the overall trust strategy and supporting strategies (e.g. Workforce, Clinical Services, Estates).

- 3.5 When developing the MTFS, the trust will engage effectively with key stakeholders, including commissioners, and will reflect their views appropriately in the MTFS.
- 3.6 The trust will, if deemed necessary by NHS Improvement, commission external support and/or assurance to assist it in developing the MTFS. The provider and scope of the support and/or assurance will be agreed with NHS Improvement.
- 3.7 The trust will take all reasonable steps to secure that it is able to deliver the MTFS once approved by NHS Improvement.

MTFS delivery

- 3.8 The trust will demonstrate to NHS Improvement a period of successful implementation of the MTFS through achievement of the Operational Plan and assurance of continued focus, capability and capacity to sustainably maintain financial recovery and deliver the MTFS.
- 3.9 The trust will, if deemed necessary by NHS Improvement, appoint a Turnaround Director to support it in the delivery of their Financial Plan for 2019/20.

4. Funding conditions and spending approvals

- 4.1. Where interim support financing or planned term support financing is provided by the Secretary of State for Health to the trust under Schedule 5 to the National Health Service Act 2006, the trust will comply with any terms and conditions which attach to the financing.
- 4.2. Where the trust receives payments from the Provider Sustainability Fund, the trust will comply with any terms or conditions which attach to the payments.
- 4.3. The trust will comply with any spending approvals processes that are deemed necessary by NHS Improvement.

5. Workforce and Governance

- 5.1. The trust will develop a comprehensive workforce plan to address key workforce risks. The workforce plan should be supported by detailed underlying work programmes with key metrics and milestones to measure impact of actions and submit to NHS Improvement by a date to be agreed with NHS Improvement.
- 5.2. The workforce plan should include a specific improvement plan related to reduction of agency spend with a credible and ambitious trajectory to reduce spend in line with the agency ceiling in a reasonable timeframe to be agreed with NHS Improvement.

6. Improvement Director

- 6.1 The trust will co-operate and work with the Improvement Director appointed by NHS Improvement to oversee and provide independent assurance to NHS Improvement on the trust's delivery of the quality plans and improvement of quality of care the trust provides.

7. Buddy trust and other partner organisations

- 7.1. The trust will co-operate and work with any partner organisations (this may include one or more 'Buddy trusts') who may be appointed by NHS Improvement to:

- 7.1.1. support and provide expertise to the trust; and
- 7.1.2. assist the trust with the delivery of the quality plans and the improvement of the quality of care the trust provides.

7.2. The trust will work with any such partner organisation on such terms as may be specified by NHS Improvement.

7.3. The Trust will be engaging with system partners to build a coalition in order to support the delivery of the improvements that are required

8. Programme Management

8.1. The trust will maintain sufficient programme management and governance arrangements to enable delivery of these undertakings.

8.2. Such programme management and governance arrangements must enable the board to:

- 8.2.1. obtain clear oversight over the process in delivering these undertakings;
- 8.2.2. obtain an understanding of the risks to the successful achievement of the undertakings and ensure appropriate mitigation; and
- 8.2.3. hold individuals to account for the delivery of the undertakings.

9. Access

9.1. The trust will provide to NHS Improvement direct access to its advisors, programme leads, and the trust's board members as needed in relation to the matters covered by these undertakings. Access will be co-ordinated through the Executive Assistant to the Chief Executive at the trust.

10. Meetings and reports

10.1. The trust will attend meetings or, if NHS Improvement stipulates, conference calls, at such times and places, and with such attendees, as may be required by NHS Improvement.

10.2. The trust will provide such reports in relation to the matters covered by these undertakings as NHS Improvement may require.

10.3. Meetings and reports referred to above will be requested and co-ordinated through the Executive Assistant to the Chief Executive at the trust.

Any failure to comply with the above undertakings may result in NHS Improvement taking further regulatory action. This could include giving formal directions to the trust under section 8 of the National Health Service Act 2006 and paragraph 6 of the TDA Directions.

THE TRUST

Signed 

(Chair or Chief Executive of trust)
Dated 9-5-19

NHS IMPROVEMENT

Signed

Janie Grant

Delivery and Improvement Director Midlands and East and member of the Regional Provider Support Group (Midlands and East)

Dated

16 May 2019

Meeting	Trust Board
Date of meeting	16 January 2020
Paper number	F3

Trust Management Executive

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

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

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

Report previously reviewed by		
Committee/Group	Date	Outcome

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

Executive summary	This report gives a summary of the items discussed at the Trust Management Executives (TME) held in November and December. Members will see that there is a clear line of sight between the Board, Committees and TME.
--------------------------	--

Risk							
Key Risks	TME, as the decision making body for the Trust, addresses all risks.						
Assurance							
Assurance level	Significant		Moderate		Limited		None
Financial Risk	Within budgets						

Meeting	Trust Board
Date of meeting	16 January 2020
Paper number	F3

Introduction/Background

TME is the primary executive decision making body for the Trust. It is set up to drive the strategic agenda and the business objectives for the Trust. It ensures that the key risks are identified and mitigated as well as ensuring that the Trust achieves its financial and operational performance targets.

Issues and options

Since my last report at the November Board, TME has met twice on 20 November and 11 December. This report covers this meeting.

Items presented for approval

- **Communications and Engagement Strategy** (November, November P&C Committee, January Trust board)
- **Charitable Strategy** (November, November Charitable Funds Committee, January Trust board)
- **7 day services** (November, November QGC (delegated approval from Trust board))
- **Digital care record, full business case** (November and December, December F&P, January Trust Board)
- **Policy for consultant SAS doctors cover for absent colleagues** (November)
- **Risk Management Strategy** (December, December QGC, January Trust board)
- **Risk appetite** (December, December F&P/QGC/P&C, January Trust board)
- **Frailty** (December)

Items presented for information/discussion

- **Computacentre contract** (October & November)
- **IPR** (November and December, F&P Nov and Dec, Trust Board Nov, Dec and Jan)
- **Operational and financial performance (M7)** (November, November F&P)
- **Procurement** (November, November F&P)
- **Leadership development course – evaluation** (November, December P&C)
- **Safe staffing** (November & December, December P&C, January Trust Board)
- **Integrated quality report** (November and December, November and December QGC, part of IPR for Trust board)
- **Emergency department long wait** (November, November QGC)
- **Theatre disposables** (November, November QGC)
- **Quality Account** (November, November QGC)
- **GIRFT** (November, November QGC)
- **Bluespier letters – update** (November, November QGC)
- **Annual plan** (December, December F&P, January Trust board)
- **Medium Term Financial Plan** (December, December F&P, January Trust board)
- **Acute Services Review – Full Business Case – update** (December, January Trust board)
- **#WeAreVolunteering** (December, December QGC)
- **Integrated P&C report** (December, December P&C)
- **Fit and Proper Person Policy** (December, December P&C)
- **Workforce disability report** (December, December P&C)
- **Flu vaccination** (December, December P&C approval on behalf of the board)
- **Junior doctor workforce** (December)

Meeting	Trust Board
Date of meeting	16 January 2020
Paper number	F3

- **Never events** (December, December QGC)
- **Financial performance (M8)** (December, December F&P)
- **Enforcement undertakings** (December, January Trust board)

Subgroup reports

- **Strategy and Planning update**
- **Finance and Service Improvement Group**
- **Information Governance Steering Group**

Recommendations

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

Appendices

Meeting	Trust board
Date of meeting	16 January 2020
Paper number	G1

Audit and Assurance Committee Assurance Report

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

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

Alignment to the Trust's strategic objectives

Best services for local people		Best experience of care and outcomes for our patients		Best use of resources	x	Best people	
--------------------------------	--	---	--	-----------------------	---	-------------	--

Report previously reviewed by

Committee/Group	Date	Outcome

Recommendations

- The Trust Board is requested to
- Note the report for assurance

Executive summary

This report summarises the business of the Audit and Assurance Committee at its meeting held on 19 November 2019.

Risk

Key Risks	The Committee reviews all significant risks.						
Assurance							
Assurance level	Significant		Moderate		Limited		None
Financial Risk							

Meeting	Trust board
Date of meeting	16 January 2020
Paper number	G1

Introduction/Background

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

The Committee has met once since the last report.

Issues and options

Items discussed at the 19 November meeting:

- **Review of Data Security and Protection Toolkit:** the actions identified with the March 2020 submission have now all been completed. There is a new version for March 2020 which requires 179 pieces of evidence and 103 are either new or changed. It was noted that the Trust is still working with NHS Digital re Cyber resourcing.
- **Finance and Performance** – annual evaluation: the vice-Chairman of the Committee presented the report. We discussed whether there was a need for two Committees, one reviewing performance and one reviewing finance as the meetings have a significant agenda and are long. It was noted that the finance and flow are interlinked and that there are advantages in considering both within the same committee. We were pleased with the development of the business cases and urged the consideration of benefits realisation to be paramount. Overall we were assured with the performance of this committee.
- **Violent marker:** We were assured that the clinical lead was undertaking considerable work in this area. The lead nurse explained the system used and the number of warning notices that have been issued.
- **Health and Safety:** The Chief Operating Officer explained the governance and that this was being reviewed.
- **Board Assurance Framework** – We received a report detailing the process used for the updating of the BAF and we were assured with the robustness of the process.
- **Debt write off:** The Committee is recommending the Board approval of £61,846 bad debt write off.

Items approved:

- Internal Audit Reports:
 - Data Security and Protection Toolkit

Other items received:

- CCTV update – noted also that the security strategy was due for revision in January and this would form part of the remit of the new Estates Director
- Internal Audit progress report
- Counter Fraud progress report – we have requested an escalation process be put into place as some staff are not responding in a timely fashion to requests for information from counter fraud.
- Waiver report
- Losses and special payments
- Review of debt write off

Recommendations

The Trust Board is requested to

- Note the report for assurance

Appendices - none

Meeting	Trust Board
Date of meeting	16 January 2020
Paper number	G2

Remuneration Committee Report

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

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

Alignment to the Trust's strategic objectives

Best services for local people		Best experience of care and outcomes for our patients		Best use of resources		Best people	x
--------------------------------	--	---	--	-----------------------	--	-------------	---

Report previously reviewed by

Committee/Group	Date	Outcome

Recommendations	The Trust board is requested to note this report for assurance.
------------------------	---

Executive summary	This report is a routine report to the Trust board outlining the business of this committee.
--------------------------	--

Risk

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

Meeting	Trust Board
Date of meeting	16 January 2020
Paper number	G2

Introduction/Background
The Remuneration Committee sets and reviews pay for staff not on agenda for change terms and conditions of service. It also ensures that there is a succession plan for senior members of staff including Board members.
Issues and options
<p>The Committee has met three times since my last report in November. The meetings covered the following:</p> <ul style="list-style-type: none"> • December 2019 - Approval of additional salary payments to colleagues opting out of the NHS pension scheme • December 2019 – Approval to recruit to the NHS EI System Improvement Director (paid for by NHS EI, hosted by the Trust) • January 2020 – Approval to recruit to the Director of Planning and Strategy.
Recommendations
The Trust board is requested to note this report for assurance.
Appendices - none

Meeting	Trust Board (as trustees of the Charity)
Date of meeting	16 January 2020
Paper number	H1

Worcestershire Acute Hospitals Charity Strategy 2019 - 2024

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

Accountable Director	Richard Haynes Director of Communications and Engagement		
Presented by	Jason Levy Fundraising Manager	Author /s	Jason Levy/Richard Haynes

Alignment to the Trust's strategic objectives

Best services for local people	x	Best experience of care and outcomes for our patients	x	Best use of resources	x	Best people	x
--------------------------------	---	---	---	-----------------------	---	-------------	---

Report previously reviewed by

Committee/Group	Date	Outcome
TME	Nov 2019	Ratified
Charitable Funds	Dec 2019	Approved

Recommendations	Trust board, acting as the Trustees of the Charity, are asked to: <ul style="list-style-type: none"> Ratify the strategy
------------------------	---

Executive summary	<p>This Worcestershire Acute Hospitals Charity Strategy sets out plans for the next five-years, of how through increasing sustainable donations, combined with making charitable funding less restrictive, our objectives of providing significant new funding in support of over and above core NHS services to Worcestershire Acute Hospitals NHS Trust, will be realised.</p> <p>It follows the appointment of the new role of the Head of Fundraising and Community Development to lead and extend the charity's reach into local communities and businesses to increase charitable giving.</p> <p>It is a result of a review of the current status of the charity, its structure, income streams, capabilities and opportunities for growth.</p> <p>It provides a framework within which charitable fundraising should be conducted, a methodology to deliver a clear purpose that demonstrates the charity impact, and gives reassurance to existing fund administrators, patients and supporters that we will complement, not hinder, their existing good work.</p>
--------------------------	--

Risk

Key Risks	<p>The charity strategy comes at a challenging time for the NHS, but also at an exciting time for the Trust. The appointment of a new leadership role within the charity comes with an expectation of a return on that investment.</p> <p>The existing Fundraising Officer has been mainly focused on the Rory the Robot Appeal that to date has raised over £450,000. With that fund likely to be reaching its conclusion the charity needs new purpose and without it funds a likely to rapidly diminish.</p>
------------------	---

Meeting	Trust Board (as trustees of the Charity)
Date of meeting	16 January 2020
Paper number	H1

Assurance	<p>We will produce operational work plans that have a 12-month view that will provide detail of the actions that we will take to implement our strategy within each year, which will be closely monitored and reported through to the Charitable Funds Committee on a quarterly basis.</p> <p>Our risk approach to investing in growth will be sound and pragmatic, supported by robust charity governance that serves to test and challenge organisational needs.</p>						
Assurance level	Significant		Moderate		Limited		None
Financial Risk	No Risk to the Trust, Pay and non-Pay costs of implementing the strategy met from charitable funds						

Meeting	Trust Board (as trustees of the Charity)
Date of meeting	16 January 2020
Paper number	H1

Introduction/Background

The Charity was established in 1996. The Corporate Trustee is the Worcestershire Acute Hospitals NHS Trust, and is responsible for the governance and administration of the Worcestershire Acute Hospitals Charity (Reg. No. 1054612) and its subsidiaries.

The Board members of Worcestershire Acute Hospitals NHS Trust act as Trustees on behalf of the Trust in the management and administration of its Charitable Fund. The Charitable Funds Committee, being a recognised sub-committee of the Trust Board, has delegated authority on behalf of the Trustees in the execution of all responsibilities relating to the Trustees.

Over the last five years income has remained fairly consistent mainly funded through Divisional, Directorate and Specialist teams generating numerous small appeal funds to support the work in their respective departments.

These funds are held in trust under the stewardship of the Charitable Funds Committee (CFC), until monies raised are spent in accordance with the donor's wishes. The existing Fundraising Officer has been mainly focused on the Rory the Robot Appeal that to date has risen to over £450,000.

Worcestershire has a number of well-respected established charities that have been consistently and effectively fundraising for many years. The top five charities for fundraising in Worcestershire have raised over £20 million* from the county in 2017/18.

Issues and options

Our charitable status is not fully recognised by all sectors of the Worcestershire community, some of whom believe that we are solely NHS funded and confuse us with other charities.

The charity priorities for fundraising and appeals will focus on where our outcome and impact can be put into action by the Trust. Therefore we will collaborate with the Trust and other relevant service providers and charities towards supporting the areas within the Trusts' developing Clinical Services Strategy.

To achieve our objective of providing significant new funding in support of over and above core NHS services to Worcestershire Acute Hospitals NHS Trust, focus needs to be placed on reaching the wider public through online and offline methods, including growing our volunteer network, developing our digital platforms, increasing media presence, and considering collaboration with other mainstream charities.

Through creation of new innovative fundraising and awareness campaigns with clear 'call to action' messaging we will aim to build our reputation in Worcestershire as we aspire to be within the top five leading charitable causes.

To provide structure and purpose to our fundraising plans and to reflect our commitment to the partnership with the Trust and Putting Patients First, the Charity has established a clear vision, mission and purpose.

We will have a phased approach to developing new charity income platforms with our aim to gradually increase donations over the next five years in line with timed campaigns.

Conclusion

The next steps will be to agree and identify with the Trust the priorities for core clinical appeals, and then implement work plans to start engagement with our staff, partners, patients and the public in the process.

Meeting	Trust Board (as trustees of the Charity)
Date of meeting	16 January 2020
Paper number	H1

The charity strategic plan has a clear vision and provides a framework within which charitable fundraising will be conducted. It demonstrates and gives reassurance to our evolving donor base that we will provide tangible outcomes and measurable impact.

The outcome will result in a sustainable integrated cohesive fundraising and communication model that provides significant new funding in support of over and above core NHS services to the Trust.

Recommendations

Trust board, acting as the Trustees of the Charity, are asked to:

- Ratify the strategy

Appendices

Strategy Document



WORCESTERSHIRE ACUTE HOSPITALS CHARITY

STRATEGY 2019-2024



**WORCESTERSHIRE
ACUTE HOSPITALS
CHARITY**
Putting patients first

NHS
**Worcestershire
Acute Hospitals**
NHS Trust

DEC 2019 / PREPARED BY JASON LEVY

1. Introduction	Page 3
2. The Strategic Context	Page 4
• The local population and its propensity to give	
• Putting Patients First	
• Strategic Purpose	
• Charity Values	
3. The Charity Strategic Plan	Page 8
• Strategic Priorities and Aims	
• Strategic Pillars	
4. Implementing our Strategy	Page 10
• Sustainable Fundraising	
• Clinical Support	
• Funds and Appeal Management	
• Effective Marketing & Communication	
• Culture and Change Management	
5. Conclusion	Page 21
6. Appendix	Page 22
• SWOT	
• Lottery Modelling	
• Grants and Trust Analysis	
• Corporate Analysis	



WORCESTERSHIRE ACUTE HOSPITALS CHARITY STRATEGY

This document sets out the strategic plans for Charity for the next five-years, and how through increasing sustainable donations, combined with making charitable funding less restrictive, our objectives of providing funding in support of over and above core NHS services to Worcestershire Acute Hospitals NHS Trust, will be realised.

It is a result of a review of the current status of the charity, its structure, income streams, capabilities and opportunities for growth.

It comes at a challenging time for the NHS, but also at an exciting time for the Trust, with a new leadership team at the head of an evolving board that foresee a positive future for the organisation.

It provides a framework within which charitable fundraising should be conducted, a methodology to deliver a clear purpose that demonstrates the charity impact, and gives reassurance to existing fund administrators, patients and supporters that we will complement, not hinder, their existing good work.

The Charity was established in 1996. The Corporate Trustee is the Worcestershire Acute Hospitals NHS Trust, and is responsible for the governance and administration of the Worcestershire Acute Hospitals Charity (Reg. No. 1054612) and its subsidiaries.

The Board members of Worcestershire Acute Hospitals NHS Trust act as Trustees on behalf of the Trust in the management and administration of its Charitable Fund. The Charitable Funds Committee, being a recognised sub-committee of the Trust Board, has delegated authority on behalf of the Trustees in the execution of all responsibilities relating to the Trustees.

The main objective of the charity has been to ensure its funds are used for a charitable purpose relating to the National Health Service, exclusively for the benefit of staff and patients within the wards or departments within the Worcestershire Acute Hospitals NHS Trust.

Our charitable status is still not fully recognised by all sectors of the Worcestershire community, some of whom believe that we are solely NHS funded and confuse us with other charities.

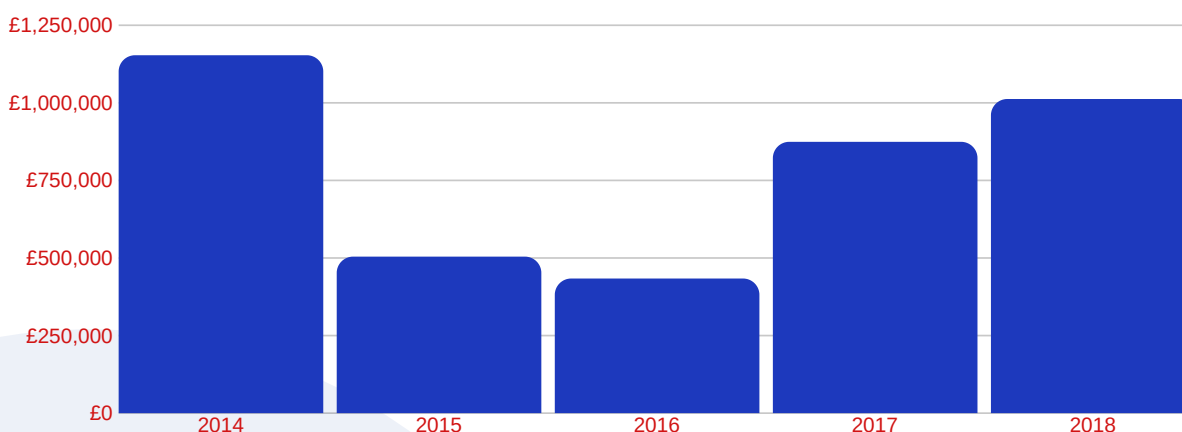
Over the last five years income has remained fairly consistent mainly funded through Divisional, Directorate and Specialist teams generating numerous small appeal funds to support the work in their respective departments.

These funds are held in trust under the stewardship of the Charitable Funds Committee (CFC), until monies raised are spent in accordance with the donor's wishes.

The existing Fundraising Officer has been mainly focused on the Rory the Robot Appeal that to date has risen to over £450,000.

It has been recognised by the CFC that there is significant goodwill in Worcestershire and surrounding communities that has not yet been developed to its full potential.

The decision to appoint the new role to lead fundraising and development by the CFC demonstrates the clear intention to extend the charity's reach into these communities and increase charitable giving.



2.1 THE LOCAL POPULATION AND ITS PROPENSITY TO GIVE

Worcestershire in 2019 has an estimated population of 592,000, with an expected growth rate of 5.8% by 2033. During the same period, the population in the 65 years old and over cohort is projected to increase by 28%.

The health and care system is the largest employer in the county and so has the capability to lead the way in changing risky behaviours within the population.

An ageing population will continue to bring increased numbers of patients with frailty, multiple morbidities, and increased incidence of life limiting conditions such as cancer and organ failure.

Worcestershire has a number of well-respected established charities that have been consistently and effectively fundraised for many years. The top five charities for fundraising in Worcestershire have raised over £20 million* from the county in 2017/18.

• St Richards Hospice	£9.4m
• Acorns	£5.5m
• Midlands Air Ambulance	£3.5m
• Primrose Hospice	£1.7m
• Worcestershire Communities Trust	£852k

These charities have provided their supporters with a clear purpose for their donations, and the right level of stewardship to build sustainable income.

To achieve our objectives, focus will be placed on reaching the wider public through online and offline methods, including growing our volunteer network, developing our digital platforms, increasing our media presence, and considering collaboration with other mainstream charities.

Through creation of new innovative fundraising and awareness campaigns with clear 'call to action' messaging we will aim to build our reputation in Worcestershire as we aspire to be within the top five leading charitable causes.

*source charity commission

