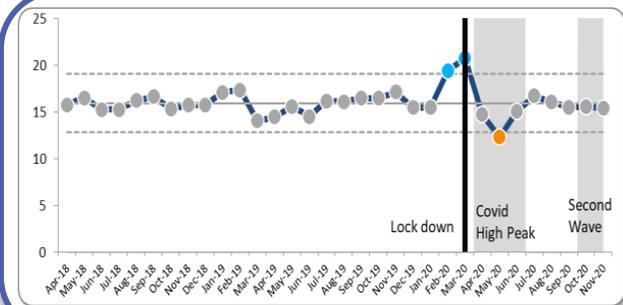


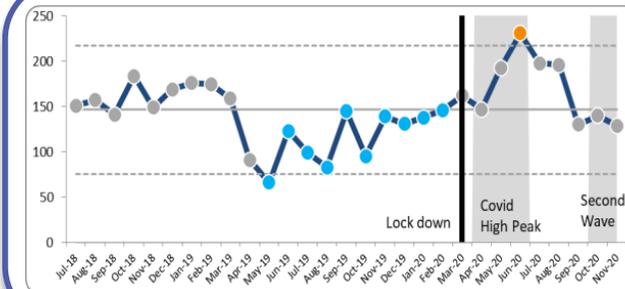
Discharges before midday (%)

15.43



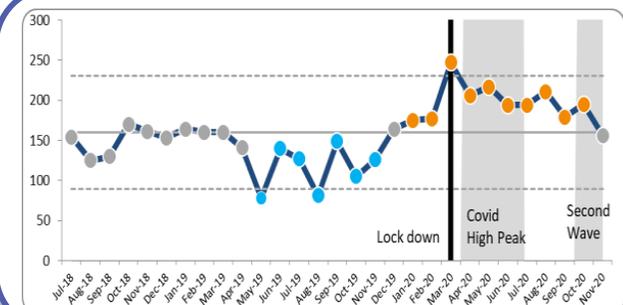
Risks overdue review

129



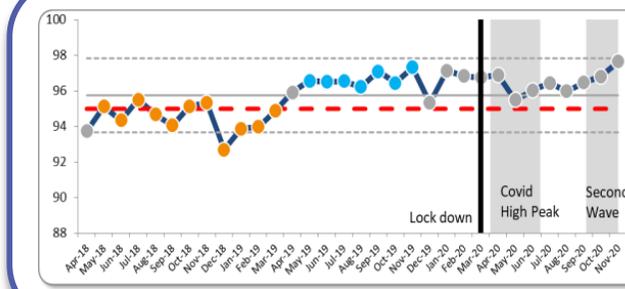
Risks with overdue actions

156



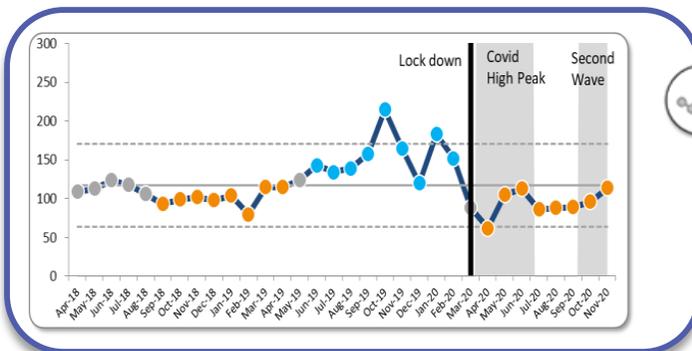
VTE Assessment Compliance (%)

97.65



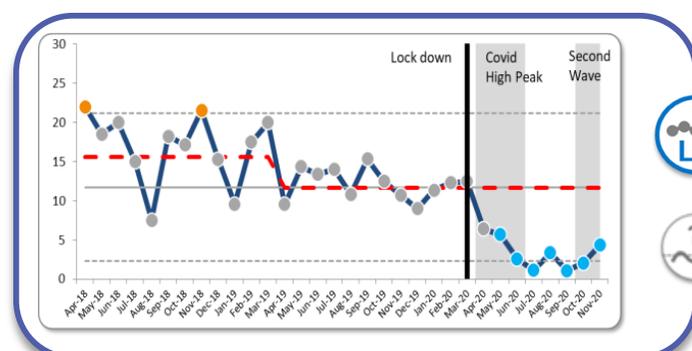
**Total Medicine incidents reported**

**114**



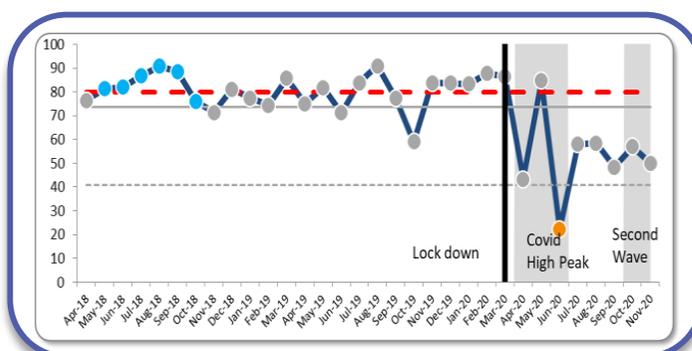
**Medicine incidents causing harm (%)**

**4.39**



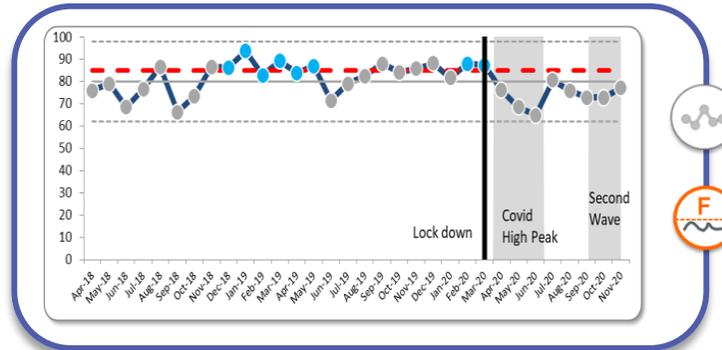
**Complaints Responses <= 25 days (%)**

**40**



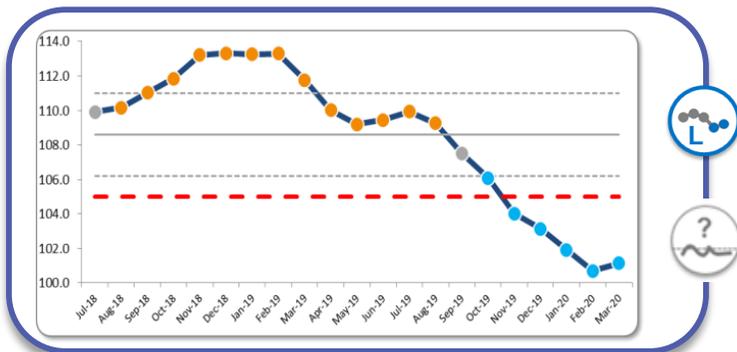
#NOF time to theatre <math>\leq 36</math> hours (%)

77.19



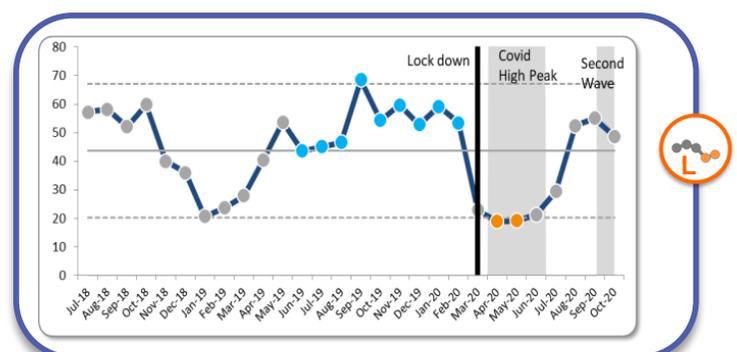
HSMR 12 month rolling average  
March - 20

**101.15**



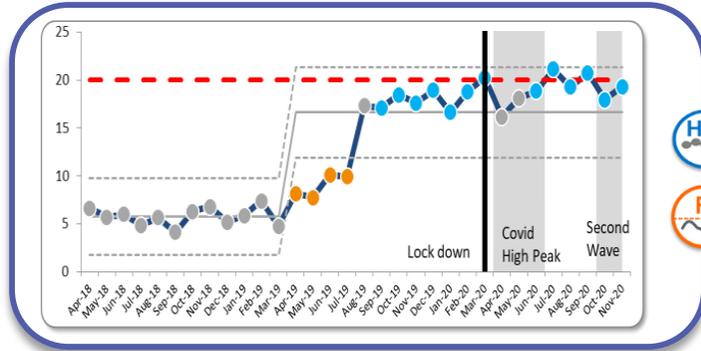
Mortality Reviews completed  $\leq 30$  days

**48.73**



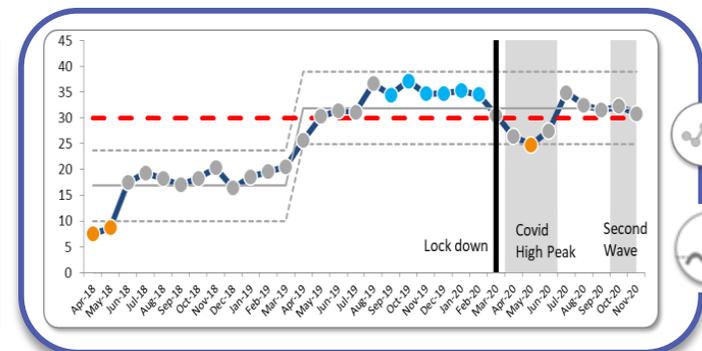
Accident & Emergency Response Rate Friends & Family Test (%)

19.31



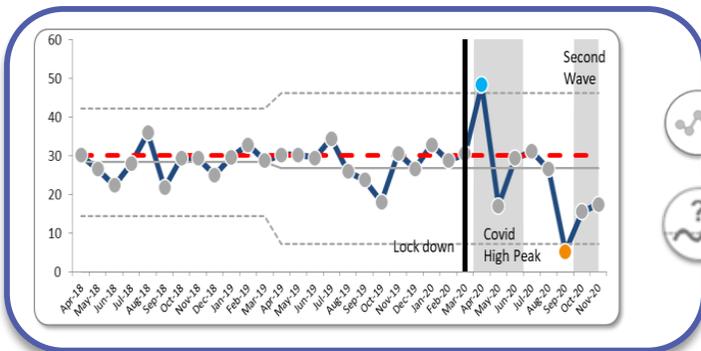
Inpatient Response Rate Friends & Family Test (%)

30.82



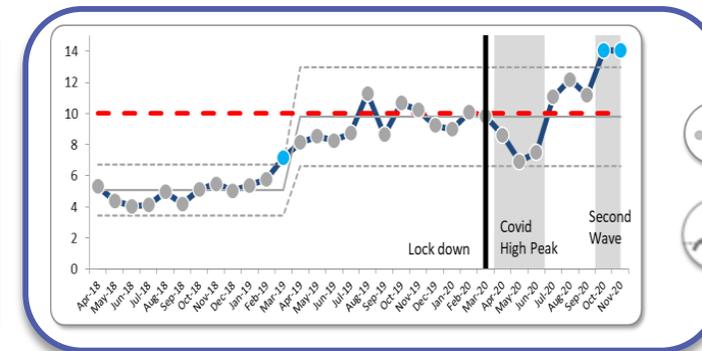
Maternity Response Rate Friends & Family Test (%)

17.43



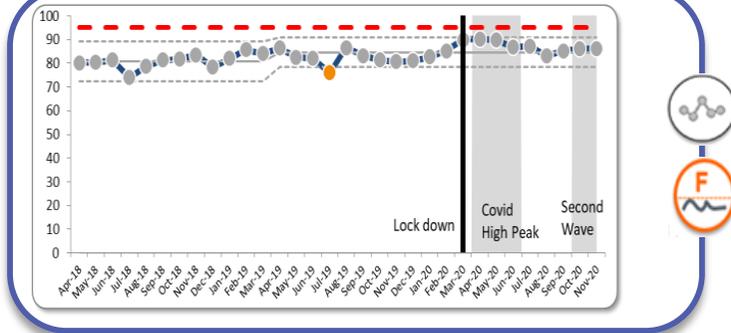
Outpatients Response Rate Friends & Family Test (%)

14.06



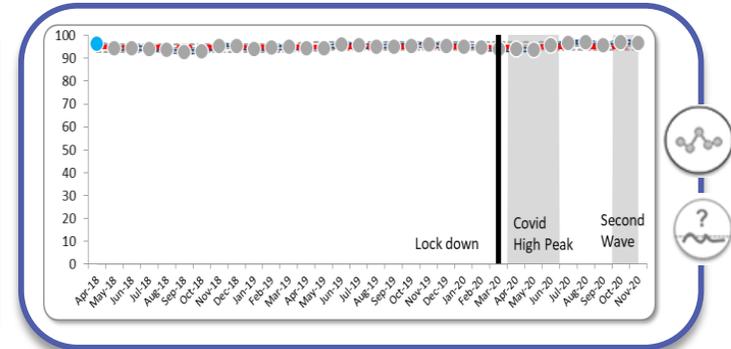
Accident & Emergency Recommended Rate Friends & Family Test (%)

86.28



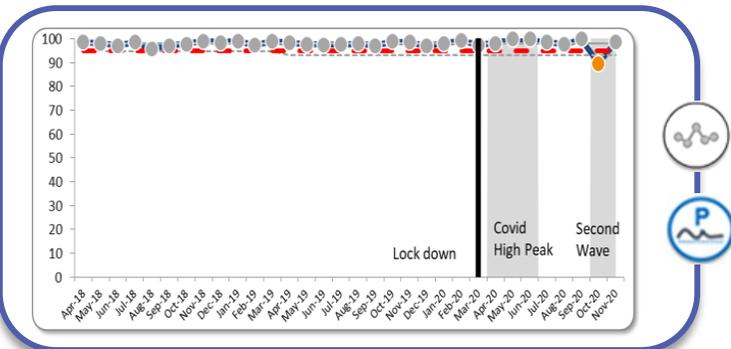
Inpatient Recommended Rate Friends & Family Test (%)

96.74



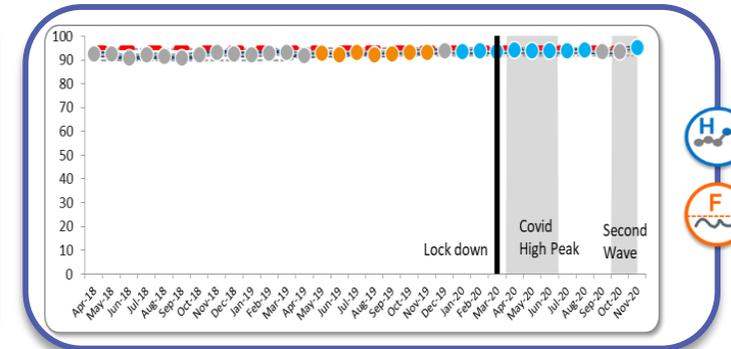
Maternity Recommended Rate Friends & Family Test (%)

98.81



Outpatients Recommended Rate Friends & Family Test (%)

95.28



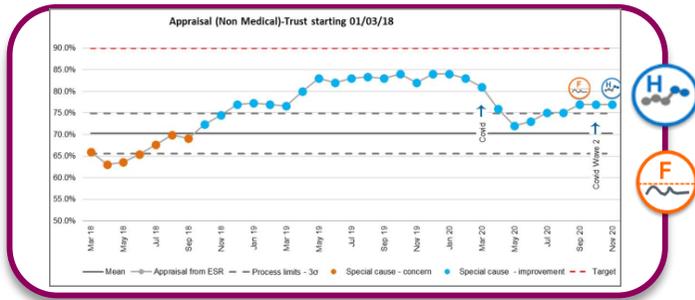


# Workforce

People & Culture	Comments
<b>Getting the basics right (appraisal, mandatory training, job plans)</b>	<ul style="list-style-type: none"> <li>Mandatory training compliance is now equal to the same period last year despite the impact of COVID-19</li> <li>Medical appraisal compliance has improved by 8%</li> <li>Non-medical appraisal rate has remained unchanged</li> <li>Urgent Care are the first division to have achieved 100% in job plans</li> </ul>
<b>Absence due to Stress and Anxiety (S10)</b>	<ul style="list-style-type: none"> <li>Sickness due to S10 (stress and anxiety) has increased this month partly due to lockdown but is only slightly worse than same period last year</li> <li>Our staff health and wellbeing offer has been refreshed and continues to be communicated to staff at every opportunity</li> </ul>
<b>Monthly Sickness Absence Rate</b>	<ul style="list-style-type: none"> <li>Cumulative sickness has increased to 5% with a 0.2% increase in November which corresponds with the one month lockdown</li> <li>Cumulative sickness is 0.7% higher than the same period last year</li> <li>All absence including COVID-19 related is monitored daily through Bronze</li> </ul>
<b>Vacancy Rate</b>	<ul style="list-style-type: none"> <li>Vacancy rates have continued to improve despite the pandemic and are now better than Model Hospital average. The Trust has improved to Quartile 2 on Model Hospital as at October</li> <li>This improvement is due to continued successful domestic recruitment campaigns, improved time to recruit, end of the pause on international recruitment, and improved retention of staff</li> </ul>
<b>Staff Turnover</b>	<ul style="list-style-type: none"> <li>Staff turnover continues to improve and is 0.39% better than the same period last year</li> <li>The Trust has improved to Quartile 2 on Model Hospital</li> </ul>
<b>Premium staffing costs</b>	<ul style="list-style-type: none"> <li>Bank and agency usage has increased again this month as predicted in our phase 3 plans.</li> <li>We are experiencing higher rates of unfilled shifts</li> </ul>

**Appraisal (Non-Medical)**

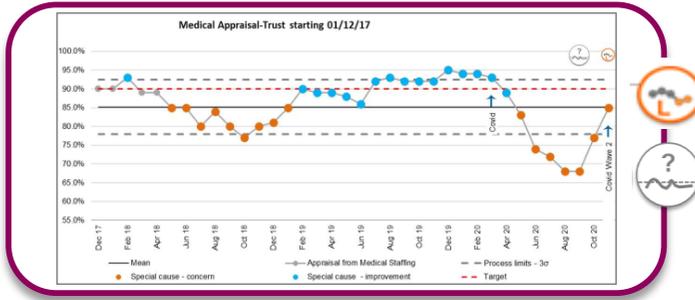
77%



H  
F

**Medical Appraisal**

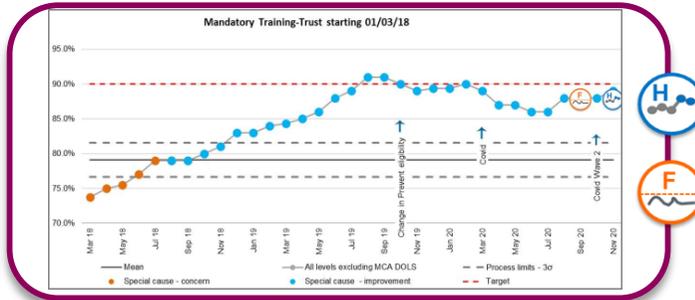
85%



H  
F  
?

**Mandatory Training**

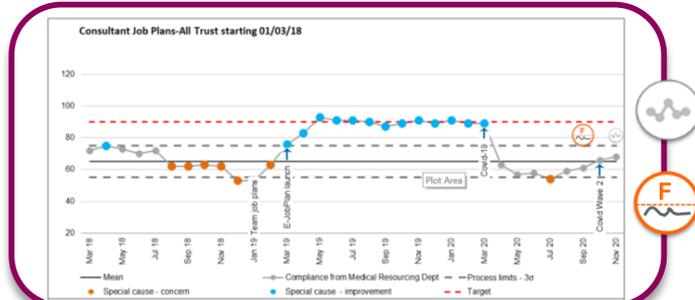
89%



H  
F

**Consultant Job Plans**

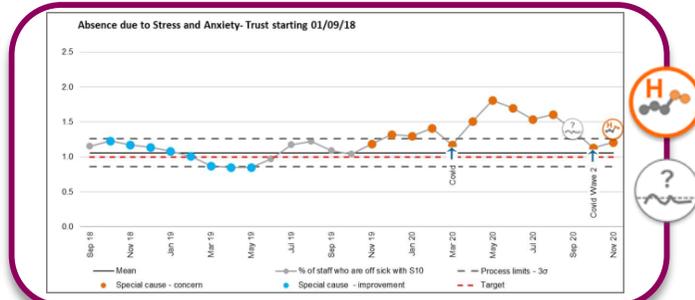
68%



H  
F

**Absence due to Stress and Anxiety**

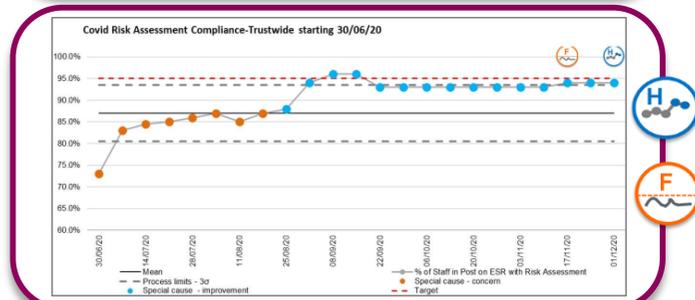
1.21%



H  
F  
?

**Covid Risk Assessment Compliance**

94%



H  
F

**Variation**

Special Cause Concern High Low

Special Cause Not Investigate High Low

Common Cause

**Assurance**

Consistently hit target

Hit and miss target subject to random

Consistently fail target

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

Appraisal and Medical Appraisal	Consultant Job Planning	Mandatory Training and Core Essential to Role Training	Absence due to Stress and Anxiety (S10)	Covid-19 Risk Assessment Compliance
77% and 85%	68%	89% and 74%	1.13%	94%

### What does the data tell us?

- **Appraisal** – Compliance has remained the same this month at 77% and is 5% lower than the same period last year.
- **Medical Appraisal** – Medical appraisal has improved from 77% to 85% this month and is 7% lower than the same period last year.
- **Consultant Job Plans** – Consultant Job planning activity improved by 2% to 68%. Urgent Care are the first division to achieve 100% across the Board for all job plans (Consultants and SAS doctors). There has also been a 6% improvement in Women and Children’s Division. Surgery compliance continues to be of concern at only 22% followed by Specialty Medicine which has fallen to 59%.
- **Mandatory Training** – Mandatory Training compliance has improved by 1% this month to 89% against a 90% target. Our compliance is equal to the same period last year. Information Governance has remained at 90% against a target of 95% for the IG Toolkit but is 5% higher than the same period last year.
- **Essential to Role Training** – Uploading of OLM competencies for these topics continues to reap dividends with MCA and DoLs compliance remaining good. Of the new topics we have seen a further 2% increase in ReSPECT awareness, 4% in ReSPECT authorship, 25% in Dementia and 45% in Sepsis. Frailty is the latest topic to be uploaded and then there will be a pause before any further competence rollouts to enable staff time to undertake the new training.
- **Absence due to Stress and Anxiety (S10)** – Absence due to stress and anxiety has increased in November by 0.08% which correlates with the 1 month lockdown. This is only 0.02% higher than the same period last year and represents 24.91% of all sickness absence compared to 24.23% last month.
- **Covid-19 Risk Assessment Compliance** – The Trust achieved 96% by 2<sup>nd</sup> September which met the NHSI target. However, compliance is currently at 94% due to starters and leavers despite active efforts by Occupational Health, HR and divisional teams to improve compliance.

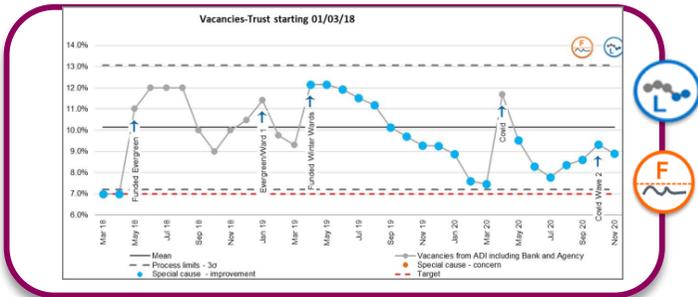
### National Benchmarking (November 2020)

Model Hospital Benchmark for Mandatory Training compliance is 90%; and a peer group average of 88% so the Trust is not an outlier in this area. Performance is below Model Hospital average of 85% for appraisal and job planning. Medical Appraisal has improved and now meets Model Hospital average.

**Vacancy Rate**

↓

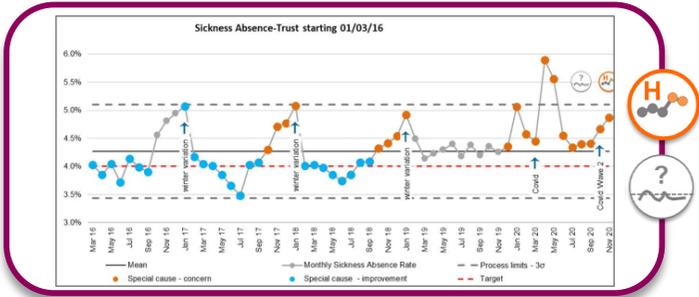
8.9%



**Monthly Sickness Absence**

↑

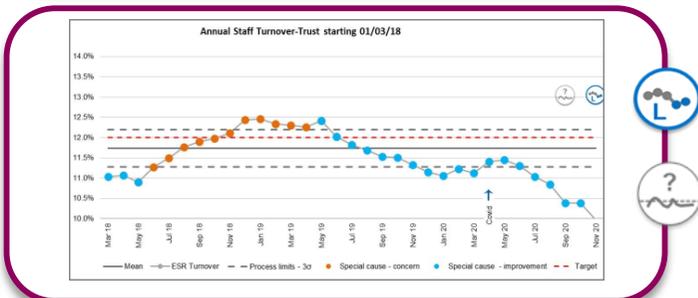
4.87%



**Staff Turnover**

↓

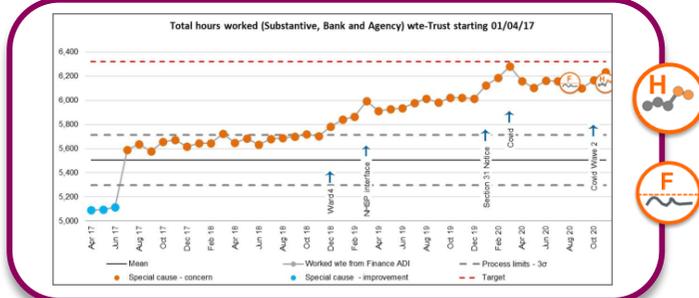
9.97%



**Total Hours worked**

↑

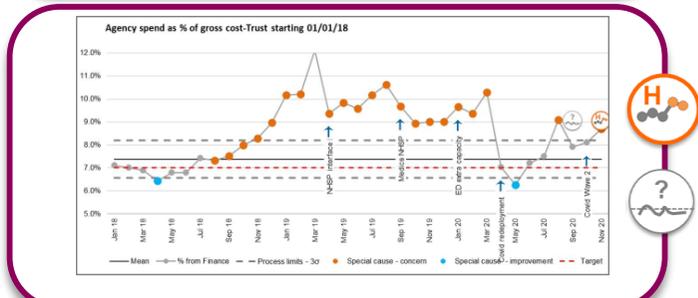
6235 wte



**Agency Spend as a % of gross cost**

↑

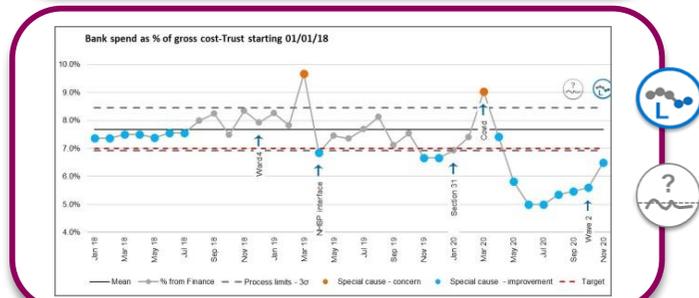
8.7%



**Bank Spend as a % of gross cost**

↑

6.49%



**Variation**

- Special Cause Concern High
- Special Cause Not Investigate High
- Common Cause High

**Assurance**

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

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

Vacancy Rate	Monthly Sickness Absence Rate and cumulative sickness rate for 12 months	Staff Annual Turnover	Total Hours worked (including substantive bank and agency)	Agency and Bank Spend as a % of Gross Cost
8.90%	4.87% and 5.00%	9.97%	6,235wte	8.70% and 6.49%

### What does the data tell us?

- **Vacancy Rate** – Vacancy rates have continued to improve from 9.33% to 8.9% partly due to a 12.84wte decrease in establishment. Our staff in post is 221 wte higher than the same period last year.
- **Monthly Sickness Absence Rate** – sickness has increased by 0.2% to 4.87% which is 0.61% higher than the same period last year but corresponds with the November lockdown. Cumulative sickness has increased to 5% averaged over 12 months which is 0.7% higher than the same period last year.
- **Staff Turnover** – Staff annual turnover has reduced this month to 9.97% from 10.39% last month against target of 11%. Our turnover rate is 0.39% better than the same period last year. Urgent Care and Corporate have the highest rates with all other divisions achieving target.
- **Total Hours Worked** – The total hours worked for substantive, bank and agency staff in October increased by 69 wte to 6,235 against a funded establishment of 6,320.
- **Agency Spend as a % of Gross Cost** – Agency spend increased by 0.6% this month to 8.70% compared to 9.2% at the same period last year. We are providing 221 more staff but at a lower % overall cost than last year.
- **Bank Spend as a % of Gross Cost** – bank spend increased this month from 5.6% to 6.49% against Trust target of 7%. The Trust continues to work with NHSP to improve the bank fill rate to replace agency cost. This month bank and agency will have been needed to cover wave 2 shielding, increased Covid-19 self isolation, and to cover additional workloads due to Covid-19 response (including Flu vaccination programme, swabbing and lateral flow).

### National Benchmarking (November 2020)

The Trust benchmarks lower than the national median of 7.49% and peer average of 8.66% for its vacancy rate but has improved to Quartile 3 for sickness on Model Hospital with 4.49% in September compared to 4.19% national average. Monthly turnover has also improved to Quartile 2 on Model Hospital at 1.16% in September compared to 1.16% national median and 1.3% peer median. **These improvements have been reflected in our performance rating this month**

Strategic Workforce Plan		BAME Workforce	Organisational Development
Introduce new roles and staffing models to support the delivery of our clinical services strategy	Accelerate new ways of working from the Covid-19 experience	Undertake Covid-19 Risk Assessments for all BAME staff	Implement new operational management structure
		94%	
<p><b>Annual Plan: Strategic Objectives   Best people</b>            Ensure all our staff have annual appraisal and are suitably trained with up to date job plans. Ensure we have adequate staff to meet patient needs within financial envelope, and that this is a good place to work so that we can retain our substantive staff and reduce reliance on bank and agency staff.</p>			
<p><b>How have we been doing?</b>  <b>Included below are business as usual updates.</b></p> <ul style="list-style-type: none"> <li>• Medical Appraisal rates have improved by 8%</li> <li>• Vacancy rate is 0.38% better than last year</li> <li>• Staff turnover has reduced below 10%</li> <li>• Sickness absence rate is at the pre-COVID-19 HEE average of 5% but is rising</li> <li>• There has been an increase in both bank and agency % of gross cost</li> <li>• Mandatory training compliance has improved and equal to Model Hospital average</li> <li>• Flu uptake improved</li> <li>• Covid-19 vaccination planning underway</li> </ul>		<p><b>What improvements will we make?</b></p> <ul style="list-style-type: none"> <li>• Further embed the Allocate e-job plan system to drive up compliance</li> <li>• Continue to work with NHS Professionals to increase the bank</li> <li>• Continue to work with divisions to improve Risk Assessment compliance to above 95%</li> <li>• Continue to work with divisions to improve Flu vaccination uptake towards the 90% NHSI target</li> <li>• Supporting the STP in phase 1 of their Covid-19 vaccination programme</li> <li>• HR Restructuring to be fully implemented</li> <li>• Working with managers to improve data quality in self isolation categories</li> <li>• Working with Trust and STP colleagues on the next NHSI annual planning submission</li> </ul>	
<p><b>Overarching Workforce Performance Level – 5 – November 2020</b>  <b>Previous Assurance Level - 4 – October 2020</b></p>		<p><b>To work towards improvement to next assurance level</b></p>	



# Finance

## COVID-19 Financial Regime

As part of the NHS response to COVID-19, a revised COVID-19 financial framework was established for the period of 1 April to 31 September 2020. PbR national tariff payment architecture and associated administrative/ transactional process were suspended and throughout this period NHS Trusts were reimbursed through block contract payments 'on account'. Additional funding to cover extra costs of responding to the coronavirus emergency was administered through a 'top up' mechanism. Through this arrangement, all NHS Trusts were expected to report a break-even position. From Month 7 we are no longer under this arrangement. **Under Phase 3 RESTORATION arrangements STP s have an allocation and are expected to deliver Phase 3 recovery and activity requirements and achieve financial balance within this envelope. The Trust originally submitted a plan which included a £(7.3)m deficit for M7-12 (net system position £19.8m deficit). In M8 we have submitted a forecast deficit of £(1.3)m resulting in a positive year end financial variance of £6m. At the end of M8 we are £4.3m positive against this NHSI Framework Plan, note though, reduced operational activity current and forecast in light of 2<sup>nd</sup> wave COVID impact against phase 3.**

## 2020/21 Internal Plan £(78.9)m

The 2020/21 pre-covid 19 financial plan takes into account growth and the increased pressure on budgets from 2019/20 in-year developments (some of which under PbR are offset by growth in income). The Trust Board agreed to set a deficit forecast of **£(£78.9)m including £14.5m of improvement from productivity and efficiency schemes**. Our pre COVID 19 internal financial plan and corresponding Divisional budgets remain at the Trust Board agreed deficit plan of £(78.9)m and Divisional and Directorate financial performance is measured against this.

### Month 8 – November Position

Income & Expenditure	November 20 (Month 8)				
	NHSI Framework £000s	Budget £000s	Actual £000s	Variance to NHSI £000s	Variance to Budget £000s
Income (Excluding top up)	36,626	38,125	37,260	634	(865)
Pay	(27,884)	(26,445)	(26,913)	971	(468)
Non Pay	(16,699)	(15,270)	(16,149)	550	(880)
Financing Costs	(2,397)	(2,567)	(2,541)	(144)	26
Other	6	0	6	0	6
<b>Surplus / (Deficit)</b>	<b>(10,348)</b>	<b>(6,156)</b>	<b>(8,337)</b>	<b>2,011</b>	<b>(2,181)</b>

Income - TOP UP	9,062	0	9,062	0	9,062
<b>Adjusted Surplus / (Deficit)</b>	<b>(1,286)</b>	<b>(6,156)</b>	<b>725</b>	<b>2,011</b>	<b>6,881</b>

Sub Table - Financial Position Excluding pre COVID-19

Surplus / Deficit BEFORE TOPUP	(10,348)	(6,156)	(8,337)	2,011	(2,181)
COVID-19 Incremental Expenditure Included Above			1,712	1,712	1,712
<b>Surplus / Deficit EXCLUDING COVID-19</b>	<b>(10,348)</b>	<b>(6,156)</b>	<b>(6,626)</b>	<b>3,723</b>	<b>(469)</b>

Against the internal **£(78.9)m** operational plan (Budget), the month 8 (November 2020) actual surplus was **£0.7m**. The combined pay and non pay **expenditure variance** against our **internal budget** is **£(1.3)m adverse**. This position includes **£1.7m** of incremental COVID-19 costs. The combined income position was **£8.2m** favourable to budget in month recognising the interim funding regime. The Trusts Income & Expenditure position **was £2.0m** better than the Financial Framework assumptions.

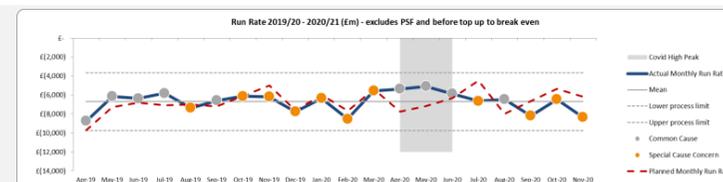
### YTD Month 7 – November Position

Income & Expenditure	Year to Date				
	NHSI Framework £000s	Budget £000s	Actual £000s	Variance to NHSI £000s	Variance to Budget £000s
Income (Excluding top up)	286,440	304,473	290,138	3,698	(14,335)
Pay	(211,401)	(212,099)	(209,209)	2,192	2,889
Non Pay	(115,626)	(123,643)	(114,432)	1,194	9,212
Financing Costs	(19,161)	(20,534)	(19,007)	154	1,527
Other	48	0	48	0	48
<b>Surplus / (Deficit)</b>	<b>(59,700)</b>	<b>(51,803)</b>	<b>(52,462)</b>	<b>7,239</b>	<b>(659)</b>

Income - TOP UP	58,444	0	55,534	(2,910)	55,534
<b>Adjusted Surplus / (Deficit)</b>	<b>(1,256)</b>	<b>(51,803)</b>	<b>3,072</b>	<b>4,329</b>	<b>54,875</b>

Sub Table - Financial Position Excluding pre COVID-19

Surplus / Deficit BEFORE TOPUP	(59,700)	(51,803)	(52,462)	7,239	(659)
COVID-19 Incremental Expenditure Included Above			11,647	11,647	11,647
<b>Surplus / Deficit EXCLUDING COVID-19</b>	<b>(59,700)</b>	<b>(51,803)</b>	<b>(40,815)</b>	<b>18,886</b>	<b>10,988</b>



Performance against Phase 3 Financial Plan

I&E Delivery Assurance Level:

**Level 4**

**Rationale:**

Phase 3 Forecast deficit of c.£(7.3)m has been reduced to £(1.3)m. Controls remain. POSITIVE Financial variance in month. PEP & Temp Staffing remain challenged.

**Month 8 – November Position**

Income & Expenditure	November 20 (Month 8)		
	NHSI Framework £000s	Actual £000s	Variance to NHSI £000s
Income (Excluding top up)	36,626	37,260	634
Pay	(27,884)	(26,913)	971
Non Pay	(16,699)	(16,149)	550
Financing Costs	(2,397)	(2,541)	(144)
Other	6	6	0
Surplus / (Deficit)	(10,348)	(8,337)	2,011
<b>Income - TOP UP</b>	<b>9,062</b>	<b>9,062</b>	<b>0</b>
<b>Adjusted Surplus / (Deficit)</b>	<b>(1,286)</b>	<b>725</b>	<b>2,011</b>

The outputs of the activity and workforce modelling were assessed and the financial impact included within the financial forecast for months 7-12. This was submitted to NHSI/E. In the second half of the year, the national arrangements changed from a block regime where actual costs were fully reimbursed through additional top-ups, to a fixed allocation regime. Fixed allocations have been calculated nationally and allocated at system level, to include COVID costs. Each system **was** expected to deliver its Phase 3 recovery and activity requirements and achieve financial balance within this envelope. To encourage recovery of elective activity in line with published targets, an Elective incentive scheme was introduced. Where activity levels are not achieved, system income levels were expected to be reduced using a nationally determined formula. **Note however given wave 2 COVID impact this financial adjustment appears to be in abeyance.**

Against the M1-M8 phase 3 financial plan (NHSI Financial Framework M7-M12), in month 8 (November 2020) our position is **£2m positive** to framework plan.

**Pay** costs were **£1.0m (3%)** lower than plan as a result of the following key items:

- Forecast assumed that all beds would be open in November 2020 and that we would incur significant additional temporary staffing costs for heightened levels of staff absenteeism. However, Ward 10 remains closed and temporary **staffing resource** and thus costs have not increased to the levels anticipated (**£0.5m**)
- Fill rates for temporary staff to perform patient temperature checks in Outpatients and Radiology and Theatres roles such as runners for RED theatres are low. In the main, these tasks have been completed by utilising the goodwill of our substantive workforce, stretching existing staff. This is not deemed a sustainable solution and requires mitigation. Workforce colleagues are working closely with Directorate leads (**£0.1m**)
- Lower than forecast usage of WLI in Endoscopy which may have an impact on waiting lists (**£0.1m**)
- Slippage in recruitment – in many cases this is deemed to be a timing difference and therefore we would not expect this favourable variance to continue at this level. (**£0.1m**)
- The August baseline included bank holiday enhancements. Due to the top town approach, no phasing was applied for future payments. Over the course of the remaining months this item will even itself out (**£0.1m**).

**Non Pay** costs were **£0.6m (3%)** lower than plan. The key items driving this position include:

- The forecast assumed an additional £1.7m of additional spend driven by increases in activity and an assumption that all beds would be open in November 2020. Ward 10 remains closed and as a result, incremental variable non pay costs associated with the number of beds open and occupied are lower than anticipated (**c. £0.3m**)
- Forecast had assumed additional touchpoint cleaning was to commence in October and continue throughout November. These services have not yet commenced. A paper has been submitted to Bronze and Silver meetings to update that the previously forecast £1.3m of additional cleaning costs will now be £0.4m (**£0.1m**)

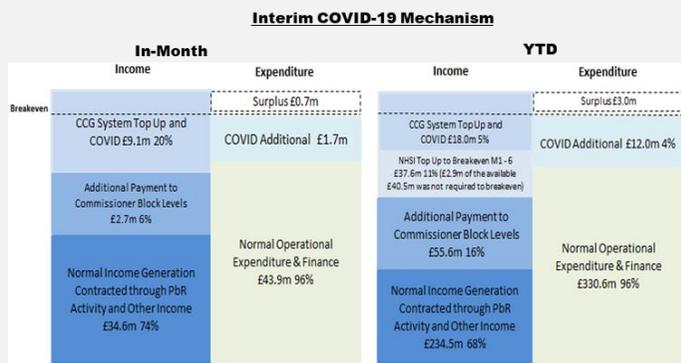
**Financing Costs** are **£0.1m** adverse to plan following a reforecast in the PDC dividend.

**As a result of the cumulative £4.3m positive to NHSI Finance Framework, mainly across temporary staffing and supplies and services we have adjusted the FOT to a forecast deficit of £(1.3)m based on the positive financial variances in M7 and M8 noting though impact on activity and patients into 21/22.**

**PERFORMANCE AGAINST Original Internal Operational Trust plan**

**Income**

The Combined Income (including Pbr pass-through drugs & devices and Other Operating Income) was **£8.2m** above the Trust's Internal operational plan in November (deficit of £(78.9)m 2020/21). Patient Care Income measured under normal PbR was **£(4.0)m below plan in month** (excluding pass-through drugs & devices and other adjustments for block payments).



£9.1m additional System COVID/top up payment was received under the Phase 3 regime. Commissioner block payments were £2.7m over the Trust's actual performance (which includes activity delivered by our clinicians at the independent sector). The revised payment mechanism will be in place until end of March. Funds will be withheld if the phase 3 activity targets are not met under Elective Incentive Scheme re: Phase 3 letter.

The current guidance requires Trusts to refer to the likely impact of **the Elective Incentive Scheme in Board papers**, but not to adjust the financial positions as a result of it. **No adjustment is therefore included this month although it is estimated that the Trust activity levels would have resulted in a £1.3m penalty YTD, if applied.**

**Expenditure**

**Combined pay and non-pay costs** (excluding pass-through drugs & devices) remain favourable against budget despite the inclusion of **£1.7m of incremental costs in response to COVID-19**. In November our **pay** costs were higher than our budget driven by £0.6m of COVID pay costs in month. These have been slightly offset by underspends due to vacancies across Nursing, ST&T and A&C staff that have not been covered by Bank and Agency. Substantive workforce costs increased by £0.2m to £22.8m in November. This movement is largely a normalisation following the COVID security costs adjustment in month 7 and £0.1m additional weekend enhancements in November.



Temporary staffing costs increased by **£0.5m** to £4.1m in November largely driven by additional COVID costs. Agency increases of £0.2m are due to additional Medical staff costs in Urgent Care supporting the PDSA pilot (£0.1m) and a Consultant employed due to COVID (£0.1m). Bank increases of £0.3m are largely driven by additional temporary nursing costs as a result of COVID and sickness (£0.2m). **Note – Temporary Medics has again been estimated for M8 due to the transition from the HCL Clarity system to NHSP Allocate system. Work is ongoing with NHSP developing an accurate workforce / financial report. We expect to update the YTD position in M9.**

**Non pay** expenditure overall has increased by **£1.5m** from £17.2m to £18.7m in November. This increase is largely due to the one off beneficial non recurrent credits last month for MES on the Siemens contract (£1.0m) and a reforecast of PDC Dividend (£0.4m).

Our operating cost base (excluding COVID) has returned to pre COVID normalised levels as services have been restored and bed occupancy increased. Our total operating cost base is in excess of our normalised position driven by COVID-19 incremental cost (pay and non pay). In month 8 this totalled £1.7m.

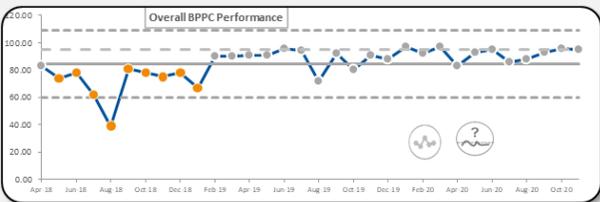
# Finance | Headlines

## Capital

Year to date Capital expenditure at month 8 totals £5.96m, the majority of which is relating to the ASR Aconbury East Scheme, COVID-19 equipment purchases and schemes approved in 2019/20 that couldn't be concluded due to COVID-19. The 2020/21 capital plan at month 8 is £44.8m (excl. IFRIC 12 charges). The plan now includes £2.5m to fund the Urgent Emergency Care works for this financial year, plus £1.75m for the Adult Critical Care project. We are working with system partners and regional colleagues to review the forecast position against all schemes.

**Capital Assurance Level:** Level 4  
**Reason:** Funding allocated, significant work being undertaken on projects and to progress implementation. Commitments increasing but actual spend remains low at this point in the year. Fortnightly Exec led capital meetings to drive pace and progress.

## Cash Balance



Under the interim COVID-19 financial arrangements, sufficient cash is currently being received each month to meet obligations and additional cash requests are considered unnecessary at this stage. At the end of November the cash balance was £64.4m due to timing of receipts (April to December payments received to date), timing of capital programme spend, and £7.7m revenue support (PDC) received in April 2020.

**Cash Assurance Level:** Level 6  
**Reason:** Good cash balances, historic loans converted to PDC, rolling CF forecasting well established, achieving BPPC target, positive SPC trends on aged debtors and cash. Risks remain around sustainability given unknown regime for 2021/22.

## Productivity & Efficiency

Although Financial Efficiencies are not being monitored under the COVID-19 Financial Framework operating this financial year, our internal operational plan is inclusive of £14.5m of plans, and as such we continue to assess current performance and impact of COVID-19 on the programme whether that be slippage or identification of further opportunities as a result of new ways of working. Notwithstanding all of the focus being on COVID-19, the Productivity and Efficiency Programme has delivered £7.5m of actuals at Month 8 against an Annual Plan figure of £8.5m. The key over-performing schemes are: Evergreen Closure: over-performing by £459k YTD and Energy Rate Decrease: over-performing by £564k YTD.



**Adjusted Expenditure Productivity Trend:**  
 COVID significantly impacting our spend against weighted activity. This local metric allows us to follow productivity changes through COVID recovery and to track against forecasted activity going forward.

The improvement trend that we saw in months 1-4 has subsequently slowed. **It improved into September before stabilising and (pending final coding) appears to have further deteriorated in November as COVID 19 wave 2 has impacted.**

# Appendices



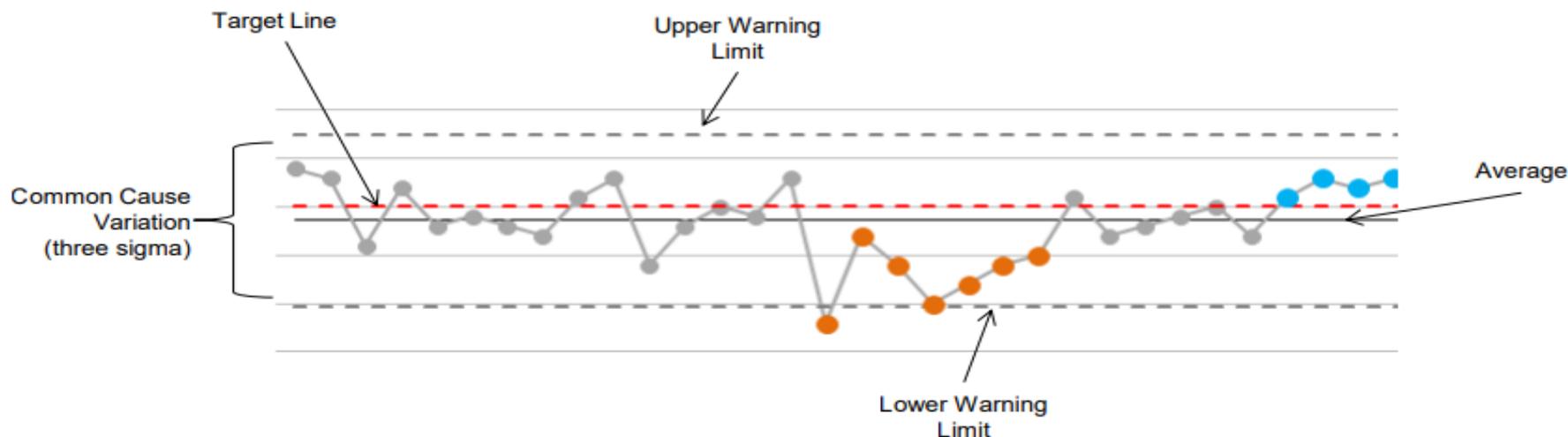
# Operational Performance Table | Month 8 [November] 2020-21



Performance Metrics		Operational Standard	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
EAS	4 Hours (all)	95%	Actual 74.47% ✗	70.17% ✗	74.23% ✗	76.15% ✗	77.90% ✗	88.92%	91.33%	88.73%	92.60%	88.05%	83.47%	83.56%	82.10%
		Trajectory 86.00%	86.00%	86.00%	86.00%	86.00%	86.00%								
	15-30 minute Amb. Delays	-	Actual 1,826 ✗	1,946 ✗	1,735 ✗	1,788 ✗	1,992 ✗	1,443	1,148	1,119	818	933	979	986	893
		Trajectory 655	704	706	642	470									
	30-60 minute Amb. Delays	-	Actual 813 ✗	1,004 ✗	647 ✗	458 ✗	413 ✓	145	82	150	97	172	188	213	178
Trajectory 284		376	377	428	470										
60+ minutes Amb. Delays	0	Actual 528 ✗	797 ✗	566 ✗	239 ✗	88 ✗	2	3	25	13	28	67	58	63	
	Trajectory 262	329	330	107	0										
RTT	Incomplete (<18 wks)	92%	Actual 81.94% ✗	82.72% ✓	82.56% ✗	82.66% ✗	78.75% ✗	69.92%	59.89%	49.95%	42.70%	47.84%	53.03%	55.58%	57.47%
		Trajectory 85.81%	82.59%	83.06%	82.95%	82.43%									
52+ WW	0	Actual 0 ✓	0 ✓	0 ✓	0 ✓	1 ✗	7	52	179	483	873	1,403 ✗	2,007 ✗	2,457 ✗	
		Trajectory 0	0	0	0	0						1,269	1,533	1,532	
CANCER	2WW All	93%	Actual 90.30% ✗	91.99% ✗	87.53% ✗	93.44% ✗	93.83% ✓	90.30%	94.58%	88.19%	88.96%	81.01%	85.61%	72.39%	77.22%
		Trajectory 93.37%	95.58%	93.34%	94.05%	93.10%									
	2WW Breast Symptomatic	93%	Actual 71.96% ✗	95.92% ✗	88.82% ✗	92.25% ✗	83.94% ✗	100.00%	100.00%	70.42%	91.95%	78.65%	82.95%	25.00%	13.59%
		Trajectory 93.02%	97.04%	91.72%	96.00%	84.80%									
	62 Day All	85%	Actual 66.87% ✗	73.25% ✗	66.50% ✗	67.75% ✗	75.82% ✗	60.81%	65.08%	72.39%	74.83%	69.42%	70.31%	74.51%	73.83%
		Trajectory 86.04%	86.04%	86.04%	86.04%	86.04%									
	104 day waits	0	Actual 64 ✗	71 ✗	50 ✗	58 ✗	68 ✗	50	71	186	189	118	52	44	45
		Trajectory 0	0	0	0	0									
	31 Day First Treatment	96%	Actual 98.13% ✓	96.81% ✗	92.48% ✗	96.90% ✗	97.65% ✓	97.67%	92.82%	95.41%	97.21%	97.07%	97.83%	97.38%	96.08%
		Trajectory 96.99%	98.30%	94.07%	98.91%	97.22%									
	31 Day Surgery	94%	Actual 85.3% ✗	76.2% ✗	59.3% ✗	63.3% ✗	90.9% ✗	100.00%	-	-	-	0.00%	-	100.00%	0.00%
		Trajectory 100.00%	100.00%	92.68%	93.33%	95.83%									
	31 Day Drugs	98%	Actual 97.6% ✗	96.8% ✗	90.9% ✗	100.0% ✓	97.8% ✗	100.00%	97.78%	99.19%	98.00%	95.24%	94.74%	100.00%	95.92%
		Trajectory 100%	100%	100%	100%	100%									
31 Day Radiotherapy	94%	Actual 100.0% ✓	98.8% ✗	98.0% ✗	98.9% ✗	100.0% ✓	96.43%	97.18%	95.60%	98.99%	100.00%	100.00%	100.00%	98.55%	
	Trajectory 100%	100%	100%	100%	100%										
62 Day Screening	90%	Actual 72.2% ✗	80.0% ✗	73.5% ✓	72.2% ✗	73.9% ✗	70.60%	88.20%	0.00%	14.30%	0.00%	66.70%	97.60%	78.70%	
	Trajectory 78.26%	93.55%	63.41%	86.96%	81.25%										
62 Day Upgrade	-	Actual 80.0% ✓	73.1% ✓	85.7% ✓	85.3% ✓	92.4% ✓	95.50%	89.50%	91.80%	86.80%	81.80%	92.60%	100.00%	94.30%	
	Trajectory 75.00%	55.00%	62.50%	84.21%	65.38%										
Diagnostics (DM01 only)	99%	Actual 95.78% ✓	94.94% ✓	95.28% ✓	97.64% ✓	94.29% ✗	33.37%	27.52%	31.85%	34.56%	37.20%	42.89%	45.72%	61.32%	
	Trajectory 91.91%	89.77%	94.99%	96.71%	99.03%										
STROKE	CT Scan within 60 minutes	-	Actual 56.72% ✗	48.05% ✗	41.27% ✗	46.97% ✗	59.38% ✗	52.83%	50.77%	48.75%	61.18%	42.50%	50.00%	50.77%	-
		Trajectory 80.00%	80.00%	80.00%	80.00%	80.00%									
	Seen in TIA clinic within 24hrs	-	Actual 67.92% ✗	63.10% ✗	50.51% ✗	53.40% ✗	86.84% ✓	91.94%	94.52%	92.31%	89.36%	87.72%	89.23%	72.09%	-
		Trajectory 70.00%	70.00%	70.00%	70.00%	70.00%									
	Direct Admission	-	Actual 41.79% ✗	31.17% ✗	38.87% ✗	36.36% ✗	56.25% ✗	46.15%	65.08%	63.29%	65.48%	51.25%	57.35%	44.62%	-
Trajectory 90.00%		90.00%	90.00%	90.00%	90.00%										
90% time on a Stroke Ward	-	Actual 79.10% ✗	71.05% ✗	63.49% ✗	76.92% ✓	75.00% ✗	71.15%	81.54%	79.75%	85.54%	76.92%	75.00%	67.69%	-	
	Trajectory 80.00%	80.00%	80.00%	80.00%	80.00%										

# Quality & Safety Performance Table Month 8 [November] 2020-21

Performance Metrics		Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Cdiff	0	Actual	3 ✓	4 ✓	6 ✗	6 ✗	5 ✗	3 ✓	2 ✓	3 ✓	6 ✗	5 ✗	6 ✗	9 ✗
		Trajectory	5	4	5	4	4	5	5	4	4	4	4	4
Ecoli	0	Actual	7 ✗	4 ✓	4 ✓	4 ✓	2 ✗	2 ✓	3 ✓	1 ✓	4 ✓	2 ✓	3 ✓	3 ✓
		Trajectory	5	5	5	5	5	4	4	4	4	4	4	4
MSSA	0	Actual	1 ✓	2 ✗	3 ✗	1 ✗	2 ✗	0 ✓	1 ✓	1 ✗	5 ✗	2 ✗	4 ✗	5 ✗
		Trajectory	1	1	1	0	0	3	3	0	0	0	0	0
MRSA		Actual	1 ✗	0 ✓	0 ✓	0 ✓	1 ✗	0 ✓	0 ✓	0 ✓	0 ✓	0 ✓	0 ✓	1 ✗
		Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
Hospital Acquired Pressure Ulcers: Serious Incidents	0	Actual	0 -	0 -	0 -	1 -	0 -	0 -	1 -	0 -	0 -	0 -	0 -	0 -
		Trajectory	-	-	-	-	-	-	-	-	-	-	-	-
Falls per 1,000 bed days causing harm	0	Actual	0.08 ✗	0.04 ✓	0.00 ✓	0.04 ✓	0.08 ✗	0.00 -	0.14 -	0.07 -	0.00 -	0.17 -	0.00 -	0.19 -
		Trajectory	0.04	0.04	0.04	0.04	0.04	-	-	-	-	-	-	-
% medicine incidents causing harm	0%	Actual	10.78% ✓	9.02% ✓	11.41% ✓	10.67% ✓	8.24% ✓	6.45%	5.71%	2.65%	1.15%	3.41%	1.12%	2.08%
		Trajectory	11.71%	11.71%	11.71%	11.71%	11.71%	-	-	-	-	-	-	-
Hand Hygiene Audit Participation	100%	Actual	98.21% ✗	91.96% ✗	100.00% ✓	99.11% ✗	78.76% ✗	95.65%	89.25%	93.88%	91.18%	86.24%	89.09%	91.89%
		Trajectory	100%	100%	100%	100%	100%	-	-	-	-	-	-	-
Hand Hygiene Compliance to practice	97%	Actual	98.35% ✓	98.84% ✓	98.90% ✓	98.64% ✓	99.35% ✓	99.17%	99.38%	99.73%	99.28%	99.49%	99.53%	99.66%
		Trajectory	97%	97%	97%	97%	97%	-	-	-	-	-	-	-
VTE Assessment Rate	95%	Actual	97.33% ✓	95.32% ✓	97.14% ✓	96.83% ✓	96.76% ✓	96.91%	95.49%	96.03%	96.45%	95.99%	96.47%	96.82%
		Trajectory	95%	95%	95%	95%	95%	-	-	-	-	-	95%	95%
Sepsis Screening compliance	90%	Actual	84.51% ✗	85.64% ✗	88.89% ✗	86.03% ✗	82.99% ✗	63.25%	81.30%	82.59%	87.86%	86.08%	83.38%	85.54%
		Trajectory	90%	90%	90%	90%	90%	-	-	-	-	-	95%	95%
Sepsis 6 bundle compliance	100%	Actual	59.26% ✗	42.31% ✗	58.33% ✗	55.74% ✗	64.94% ✗	43.37%	57.58%	55.07%	50.70%	32.14%	34.91%	34.31%
		Trajectory	90%	90%	90%	90%	90%	-	-	-	-	-	95%	95%
#NOF time to theatre <=36 hrs	95%	Actual	85.71% ✓	88.27% ✓	81.67% ✗	87.93% ✓	87.30%	76.10%	68.42%	64.79%	80.65%	75.95%	72.73%	72.73%
		Trajectory	85%	85%	85%	85%	85%	-	-	-	-	-	85%	85%
Mortality Reviews completed <=30 days	100%	Actual	59.74% -	52.91% -	59.24% -	53.53% -	22.94% -	18.95%	19.25%	21.32%	52.46%	55.13%	48.73%	-
		Trajectory	-	-	-	-	-	-	-	-	-	-	-	-
HSMR 12 month rolling average	100	Actual	104.02 -	103.14 -	101.92 -	100.70 -	101.15 -	-	-	-	-	-	-	-
		Trajectory	-	-	-	-	-	-	-	-	-	-	-	-
Complaints responses <=25 days	85%	Actual	83.78% ✓	83.67% ✓	83.33% ✓	87.76% ✓	86.49% ✓	43.33% ✗	84.62% ✓	22.22% ✗	58.06% ✗	58.54% ✗	48.39% ✓	57.00% ✓
		Trajectory	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	-	-
ICE viewed reports [pathology]	100%	Actual	95.64% -	96.10% -	95.79% -	95.33% -	95.77% -	97.06%	97.19%	90.76%	96.41%	96.42%	96.05%	96.44%
		Trajectory	-	-	-	-	-	-	-	-	-	-	-	-
ICE viewed reports [radiology]	100%	Actual	82.01% -	83.19% -	80.96% -	81.13% -	81.22% -	84.46%	80.56%	83.42%	84.38%	82.99%	83.20%	83.35%
		Trajectory	-	-	-	-	-	-	-	-	-	-	-	-



**Orange dots signify a statistical cause for concern.** A data point will highlight orange if it:

- A) Breaches the lower warning limit (special cause variation) when low reflects underperformance or breaches the upper control limit when high reflects underperformance.
- B) Runs for 7 consecutive points below the average when low reflects underperformance or runs for 7 consecutive points above the average when high reflects underperformance.
- C) Runs in a descending or ascending pattern for 7 consecutive points depending on what direction reflects a deteriorating trend.

**Blue dots signify a statistical improvement.** A data point will highlight blue if it:

- A) Breaches the upper warning limit (special cause variation) when high reflects good performance or breaches the lower warning limit when low reflects good performance.
- B) Runs for 7 consecutive points above the average when high reflects good performance or runs for 7 consecutive points below the average when low reflects good performance.
- C) Runs in an ascending or descending pattern for 7 consecutive points depending on what direction reflects an improving trend.

**Special cause variation** is unlikely to have happened by chance and is usually the result of a process change. If a process change has happened, after a period, warning limits can be recalculated and a step change will be observed. A process change can be identified by a consistent and consecutive pattern of orange or blue dots.

## Levels of Assurance

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



# NOVEMBER 2020 IN NUMBERS



**4,356**

Walk-in patients (A&E)



**4,357**

Patients arriving  
by ambulance



**10,673**

Inpatients



**27,524**

Face to Face outpatients



**14,807**

Telephone consultations



**381**

Births



**1,403**

Elective operations



**130**

Trauma Operations



**252**

Emergency Operations



**5.4 days**

Average length of stay



**15,287**

Diagnostics

# QUALITY AND SAFETY IN NUMBERS

November 2020



**MRSA**  
**1**



**ECOLI**  
**3**



**CDIFF**  
**6**



**MSSA**  
**5**



**Hand Hygiene**  
 Participation **90.18**  
 Compliance **99.64**

## SEPSIS

**Sepsis**  
 Screening Compliance **85.54**  
 Sepsis 6 bundle compliance **34.31**



**ICE reports viewed**  
 Radiology **83.35**  
 Pathology **96.44**



**Falls per 1,000 bed days causing harm**  
**1**



**Pressure Ulcers**  
 All hospital acquired **17**  
 Serious incident pressure ulcers **0**



**Response Rate**  
 A&E **19.31**  
 Inpatients **30.82**  
 Maternity **17.43**  
 Outpatients **14.06**



**Recommended Rate**  
 A&E **86.28**  
 Inpatients **96.74**  
 Maternity **98.81**  
 Outpatients **95.28**



**HSMR 12 months rolling (March 20)**  
**-101.15**  
**Mortality Reviews completed <math>\leq 30</math> days**  
**48.73**



**Risks overdue review** **129**  
**Risks with overdue actions** **156**



**Discharged before midday**  
**15.43**



**Complaints Responses <math>\leq 25</math> days**  
**50**



**Total Medicine incidents reported** **114**  
**Medicine incidents causing harm (%)** **4.39**

# WORKFORCE COMPOSITION IN NUMBERS

November 2020



Employees  
**6630**



BAME employees  
**17%**



Part-time workers  
**45%**



Female  
**82%**



Registered nurses  
**2166 (32%)**



HCAs, helpers and assistants  
**1233 (19%)**



Doctors  
**719 (11%)**



Other clinical and scientific staff  
**862 (13%)**



Over age 55  
**18%**



30 years and under  
**21%**



Staff with less than 2 years service  
**28%**



Staff with 20 years service or over  
**9%**

## Committee Assurance Reports

Trust Board  
11<sup>th</sup> January 2021

Topic	Page
<b>Operational &amp; Financial Performance</b>	
<ul style="list-style-type: none"><li>Finance and Performance Committee Assurance Report</li></ul>	2 – 3
<b>Quality &amp; Safety</b>	
<ul style="list-style-type: none"><li>Quality Governance Committee Assurance Report</li></ul>	4

## Finance & Performance Committee Assurance Report – 23<sup>rd</sup> December 2020

Accountable Non-Executive Director	Presented By	Author	
Richard Oosterom Associate Non-Executive Director	Richard Oosterom Associate Non-Executive Director	Martin Wood Deputy Company Secretary	
<b>Assurance:</b> Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	<b>BAF number(s)</b>	1, 5, 6, 7, 8, 12

### Executive Summary

The Finance & Performance Committee met virtually on 23 December 2020.

- **COVID-19:** We received an update noting the concern over the rise in community cases. Further escalation plans are being prepared as a matter of urgency to deal with increasing patient admissions with a scaling down of inpatient elective activity with the exception of vascular and cancer. Day cases are now being undertaken at the Alex and Kidderminster. There is to be a further reduction on new and follow up outpatient appointments. The Worcester site is particularly compressed to provide capacity for both emergency and COVID-19 activity as numbers rise. Flu vaccine take up is 85% and COVID-19 vaccinations have commenced. We noted the strong representations made regarding the decision of the Health and Care Trust to unilaterally close minor injury units and community beds and delivered assistance to keep the units and beds open.
- **Single Improvement Methodology:** We received an update on the development of a Single Improvement Methodology noting that the full business case is to be presented to our meeting in January 2021. We commented that we are expecting much higher returns than 2:1, and will be seeking assurance regarding the specific contributions/delivery from the partner to be selected.
- **Business Case – PAS Re-implementation:** We approved this business case noting that it is a pre requisite to delivering our Digital Care Strategy as well as an overdue mitigation of a significant operational risk. We have asked that following this approval the Chief Digital Officer reviews the DCR Business Case to provide a greater focus on the benefits. This business case has been approved by the Vice-Chair on behalf of the Trust Board.
- **Business case – Alex UEC Staffing:** We approved the business cases to repatriate Consultant time to Respiratory Medicine whilst transferring a consultant and funding for 2 further consultants to Acute Medicine with the remaining net shortfall of 2.00 WTE which is requested in the Acute Medicine Business Case. We noted the benefit identification and have asked that we can review how the benefits will be tracked and realised in our January meeting (and in future business cases this need to be clearly articulated to ensure delivery).
- **Business case – Bereavement Services:** We approved this business case making permanent improvements made during COVID-19. This will be undertaken by employing Medical Examiner Officers to provide greater safeguards for the public by ensuring proper scrutiny of all non-coronial deaths. This is a statutory requirement from April 2021. The proposal is self financing albeit with a small cost in the current financial year.

## Finance & Performance Committee Assurance Report – 23<sup>rd</sup> December 2020

### Executive Summary (cont.)

- **Trauma Products Contract Award:** We approved this contract renewal with our existing supplier for a period of four years which aligns with the two partner Trusts in the Region and will deliver price discounts of 19% without hard purchase guarantees. The contract renewal has been approved by the Vice-Chair on behalf of the Trust Board.
- **Integrated Performance Report:** The key areas of performance challenges were identified as cancer, urgent and emergency care, planned care and workforce demand against supply. We noted the number of breast cancer referrals continues to increase. The number of clinics have increased to deal with this increasing demand. We are looking to triage patients along similar lines to colorectal and increase the number of clinicians.

The assurance levels were agreed as set out in the report namely, urgent care and patient flow including HomeFirst Worcestershire 5, cancer 4, RTT 4, outpatients and planned admissions 4, diagnostics 5 and stroke 6.

- **Financial performance report:** We are now under Phase 3 arrangements whereby each STP has an allocation and is expected achieve financial balance within this envelope. Overall the month 8 position is £2.0m better than the extended monthly Financial Framework assumptions. The operating cost base is lower than plan across both pay and non-pay lines due to assumptions made about the opening of additional beds, levels of sickness and additional staff required for Theatres and Outpatients. We are revising our year-end forecast to be a deficit of £1.3m, which is aligned to the statement about achieving financial balance within the STP, and is based on the current trajectory of activity, which is below our submitted phase 3 plan due to COVID. We commended the detailed Capital Forecast reports and remain concerned about our ability to spend the capital according to plan.

The assurance levels set out in the report were agreed namely, Income and Expenditure 4, Capital 4 and cash 6.

- **Risks:** I have arranged to consider the Committee's risks and work plan with the Chief Operating Officer and the Chief Finance Officer in January.

### Recommendation(s)

The Board is requested to receive this report for assurance.

## Quality Governance Committee Assurance Report – 17<sup>th</sup> December 2020

Accountable Non-Executive Director	Presented By	Author	
Dr Bill Tunnicliffe Non-Executive Director	Dr Bill Tunnicliffe Non-Executive Director	Kimara Sharpe Company Secretary	
<b>Assurance:</b> Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	<b>BAF number(s)</b>	2, 3, 4, 5, 12

### Executive Summary

The Committee met virtually on 17 December 2020.

Risks identified were:

- **Infection, Prevention and Control update:** The Committee remains concerns about antimicrobial prescribing. We asked for further information about the audit of cannulae and the number that had been removed as a result of the audits. The antimicrobial stewardship group was overseeing the work and the role of the pharmacist on the ward would be emphasised. The antimicrobial prescribing policy was being revised.
- **Integrated Performance Report:** The Committee is concerned about the following:
  - Sepsis 6: A deep dive will be presented to the Committee in January
  - Stroke: We asked for the assurance level presented (6) to be reviewed as the targets had not been met

**Areas that the Committee can assure the Board on are as follows:**

- Harm review process (assurance level 5)
- Initial response to the Ockendon review

*Due to operational pressures, the meeting had a curtailed agenda for this month.*

### Recommendation(s)

The Board is requested to receive this report for assurance .

Meeting	Trust Board
Date of meeting	14 January 2021
Paper number	Enc G

**Trust Management Executive**

For approval:		For discussion:		For assurance:	X	To note:	
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<b>Accountable Director</b>	Matthew Hopkins CEO		
<b>Presented by</b>	Matthew Hopkins CEO	<b>Author /s</b>	Martin Wood Deputy Company Secretary

Alignment to the Trust's strategic objectives (x)							
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

<b>Recommendations</b>	The Trust Board is requested to receive this report for assurance.
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<b>Executive summary</b>	This report gives a summary of the items discussed at the Trust Management Executives (TME) held in September and October 2020. Members will see that there is a clear line of sight between the Board, Committees and TME.
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Risk			
<b>Which key red risks does this report address?</b>	N/A	<b>What BAF risk does this report address?</b>	N/A

<b>Assurance Level (x)</b>	0	1	2	3	4	5	6	7	N/A	X
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<b>Financial Risk</b>	<i>State the full year revenue cost/saving/capital cost, whether a budget already exists, or how it is proposed that the resources will be managed.</i>
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Action					
<b>Is there an action plan in place to deliver the desired improvement outcomes?</b>					N/A
<b>Are the actions identified starting to or are delivering the desired outcomes?</b>	Y		N		
<b>If no has the action plan been revised/ enhanced</b>	Y		N		
<b>Timescales to achieve next level of assurance</b>					

Meeting	Trust Board
Date of meeting	14 January 2021
Paper number	Enc G

<b>Introduction/Background</b>
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.
<b>Issues and options</b>
Since my last report at the November 2020 Board, TME has met twice, on 25 November and 16 December 2020. This report covers both meetings.
<u>November TME</u>
Items presented which were then considered by the Finance and Performance Committee (November)
<ul style="list-style-type: none"> <li>• COVID-19 Update</li> <li>• Annual Operational and Financial Planning for 2021/22</li> <li>• Business cases – Digital Pathology and increasing Gynaecology Diagnostic capacity</li> <li>• Winter Plan</li> <li>• 7 Levels of Assurance</li> <li>• IPR</li> <li>• Financial Performance Report Month 7</li> </ul>
Items presented which were then considered by the Quality Governance Committee (November)
<ul style="list-style-type: none"> <li>• COVID-19 Update</li> <li>• Winter Plan</li> <li>• 7 Levels of Assurance</li> <li>• IPC Update – November 2020</li> <li>• IPR</li> <li>• 7 Day Services Update</li> <li>• Patient Experience Quarterly Report</li> <li>• Safeguarding Quarterly Report</li> <li>• Safer Staffing – September 2020</li> </ul>
<u>Items presented which were then considered by the People and Culture Committee (December)</u>
<ul style="list-style-type: none"> <li>• Equality and Diversity Annual Report</li> <li>• Sickness Absence Reporting – Deep Dive Report</li> <li>• Integrated People and Culture Report</li> <li>• Safer Staffing – September 2020</li> <li>• Health and Safety Annual Report</li> </ul>
Other items
<ul style="list-style-type: none"> <li>• ICS</li> <li>• 2020/21 Annual Plan Priority Refresh Wave2</li> <li>• Update – Working in Partnership to Provide Specialist Acute Services</li> <li>• Research and Innovation Strategy 2020 – 2025</li> <li>• Medicines Optimisation Annual Report 2019/20</li> </ul>

Meeting	Trust Board
Date of meeting	14 January 2021
Paper number	Enc G

- Internal Audit Report – Governance Arrangements – Divisions – Follow-up (January 2021 Audit and Assurance Committee)

December TME

Items presented which were then considered by the Finance and Performance Committee (December)

- COVID-19 Update
- Single Improvement Methodology
- Business Cases – Alex Acute Medicine and Bereavement Service
- PAS Re-implementation Position Statement and Project Plans for Underpinning Workstreams
- IPR
- Finance and Performance Report Month 8

Items presented which were then considered by the Quality Governance Committee (December)

- IPC Update – December 2020
- Harm Review Panel
- Sepsis six Update
- Islet Centre Closure
- IPR
- Ockenden Review of Maternity services

Other items

- UEC Capital Full Business Case
- Business cases – WRH AEC Staffing, Acute Oncology Service and Stereotactic Ablative Radiotherapy (SABR)
- Worcestershire ICS Briefing and Development Plan
- CQC Registration – Statement of Purpose
- HomeFirst Worcestershire – Terms of reference – deferred
- Internal Audit Report – Health and Safety Follow – up (January 2021 Audit and Assurance Committee)
- Internal Audit Report – BAF Interim Review – Draft (January 2021 Audit and Assurance Committee)
- Flu – Uptake of vaccine
- People and Culture Strategy 2021 – 2023 – presentation

Conclusion

Recommendations

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

Appendices