

Improvement Priority Statements

May 2020
Month 2

Trust Board
9th July 2020

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<p>1.1 INTEGRATED CARE : System wide integrated service model for older people incorporating:</p> <ul style="list-style-type: none"> ○ Geriatric Emergency Medicine Service ○ Frailty management and avoidance of hospital acquired functional decline (HAFD) 	<p>Exec Lead</p>	<p>D of S&P</p>
<p>Clinical Services Strategy</p>		
<p>BAF 3: If we do not implement the Clinical Services Strategy then we will not be able to realise the benefits of the proposed service changes in full, causing reputational damage and impacting on patient experience and patient outcomes.</p>		
<p>How have we been doing?</p>	<p>What actions are being taken to make the improvements?</p>	
<p>Integrated Care of Older People’s Service (ICOPE) Business Case - next key milestones</p> <ul style="list-style-type: none"> • Approved at TME 20th May, pending written agreement on the risk share model with the CCG • Acute Medicine Footprint - ICOPE and the plans for an expanded acute medical unit will develop together • Home First Programme Clinical Lead is currently vacant; Corporate Lead Nurse Older People will support the transition to the Interim Option for Frailty Service GEMS at WRH <p>Development of Interim Option for Frailty Service GEMS</p> <ul style="list-style-type: none"> • Geriatric Emergency Medicine Service WRH ED; SOP in development by the GEMS Team led by Dr Ruma Dutta Consultant Geriatrician; date for the service to recommence tbc at a extraordinary frailty meeting 1st June <p>Fundamentals of Care Programme</p> <ul style="list-style-type: none"> • Fundamentals of Care Improvement Group formed, first meeting 18th May 	<p>Integrated Care of Older People’s Service (ICOPE) Business Case</p> <ul style="list-style-type: none"> • Advertising of Geriatrician posts including the System Wide Elderly Care Services Lead Consultant is now moving forward. • Acute Frailty Network Clinical Frailty Scale (CFS) App - decision required about use in WAHT to enable clinical frailty scoring with patients in real time. Nine questions, starting at the most severely frail end of the scale; response identifies the level of frailty and provides a recommendation about how to approach that patient’s care and treatment. Free to download from the Apple App Store and supported by a CFS Quick Reference Guide. 	
	<ul style="list-style-type: none"> • ASSURANCE LEVEL = 3 (AMBER) • DATE TO MOVE TO NEXT ASSURANCE LEVEL = July 2020 • NEXT LEVEL REQUIRES DELIVERY OF: <ul style="list-style-type: none"> ○ Embedding of SAFER/Red2Green and Criteria Led Discharge ○ Accelerated plan development and delivery of the SDEC areas 	

<p>1.1 INTEGRATED CARE : More out of hospital care for long term conditions: diabetes; respiratory, cardiovascular disease:</p> <ul style="list-style-type: none"> ○ Build on the work from the COVID-19 experience to deliver more care integrated with primary and community services and more digitally enabled care for patients 	<p>Exec Lead</p>	<p>D of S&P</p>
<p>Clinical Services Strategy</p>		
<p>BAF 3: If we do not implement the Clinical Services Strategy then we will not be able to realise the benefits of the proposed service changes in full, causing reputational damage and impacting on patient experience and patient outcomes.</p>		
<p>How have we been doing?</p>	<p>What actions are being taken to make the improvements?</p>	
<ul style="list-style-type: none"> • Activity identified for COPD patients that can be supported by primary care / community services is now on the community monitoring system. • Diabetes and Cardiology have rolled out remote monitoring of patients during CPOVD-19 	<ul style="list-style-type: none"> • Community monitored HF patients to have BP/ HR monitors (Omron) to allow better non Face to face monitoring – saving time and risk for CHF nurses. Combined with Refero (video consultation software) the benefits of new ways of working post COVID-19 can be captured and maintained. • One of the trust’s recovery and reset high impact change areas is remote monitoring of long term conditions. A lead is being identified and programme of work will be scoped. <div style="background-color: red; color: white; padding: 10px;"> <ul style="list-style-type: none"> • ASSURANCE LEVEL = 1 (RED) • DATE TO MOVE TO NEXT ASSURANCE LEVEL = Q2 20/21 • NEXT LEVEL REQUIRES DELIVERY OF: <ul style="list-style-type: none"> ○ New Strategy Director in post, need to allow period of induction and review of existing plans </div>	

1.1 INTEGRATED CARE : Deliver more acute /community pathway / service integration: <ul style="list-style-type: none"> ○ Focus on Onward Care team/processes, Stroke Rehabilitation , Outpatient Parenteral Antibiotic Therapy (OPAT) Service, Fractured Neck of Femur 		Exec Lead	D of S&P
		Clinical Services Strategy	
BAF 3: If we do not implement the Clinical Services Strategy then we will not be able to realise the benefits of the proposed service changes in full, causing reputational damage and impacting on patient experience and patient outcomes.			
How have we been doing?		What actions are being taken to make the improvements?	
Onward Care Team <ul style="list-style-type: none"> • One single source of data with clear roles and responsibilities in terms of accurate data capture. • Daily review meetings to discuss delays to discharges. • Performance measures for success have been communicated. 		Onward Care Team <ul style="list-style-type: none"> • Review of performance weekly and dashboard development to be completed and made accessible. • Themes from the delay meetings to be investigated and mitigated where possible. • Future sustainability of the OCT resources to be resolved following the completion of an outline business case. • Review of system called SHREWD which would provide transparency of full system bed capacity and enable early warning trigger system to highlight potential deficits in certain types of beds. 	
		<ul style="list-style-type: none"> • ASSURANCE LEVEL = 3 (AMBER) • DATE TO MOVE TO NEXT ASSURANCE LEVEL = Q2 20/21 • NEXT LEVEL REQUIRES DELIVERY OF: <ul style="list-style-type: none"> ○ New Strategy Director in post, need to allow period of induction and review of existing plans 	

<p>1.2 URGENT AND EMERGENCY CARE: Countywide service/pathway development for urgent and emergency care</p> <ul style="list-style-type: none"> ○ Further development of acute medicine speciality and increased capacity and coverage to support acute take ○ Increase in same day emergency care ○ Improvement in assessment unit capacity and flow ○ Extensive internal pathway development to support rapid flow of specialty patients from ED <p>1.3 ACUTE AND SPECIALIST PLANNED CARE: Blueprint for Surgical Centres of Excellence at KTC and AGH</p> <ul style="list-style-type: none"> ○ Increase the utilisation of KTC in 20/21 ○ Refurbish the AGH theatres in preparation for elective centre development in 2021-22 	<p>Exec Lead(s)</p>	<p>COO / D of S&P / CMO</p>
<p>Clinical Services Strategy</p>		
<p>BAF 3: If we do not implement the Clinical Services Strategy then we will not be able to realise the benefits of the proposed service changes in full, causing reputational damage and impacting on patient experience and patient outcomes.</p>		
<p>How have we been doing?</p>	<p>What actions are being taken to make the improvements?</p>	
<ul style="list-style-type: none"> • Priority of flow agreed at system level AEDB Discussion of AMU model at Home First • Pilot of ‘SDEC’ model at the Alexandra Hospital in place from mid May. • Discussions regarding what the AMU footprint would look like at WRH and further discussions with Surgery regarding the physical space and staff required to deliver a Surgical assessment unit that would take all Surgical conditions, not just the limited ones based on the current capacity constraints. 	<ul style="list-style-type: none"> • Feedback from the Alexandra Hospital ‘SDEC’ pilot to come to Home First during the middle of June. • Learning from the Alexandra Hospital pilot and how this may influence a future Worcestershire Royal model. • Options appraisal and Outline Business Case for the Worcestershire Royal Hospital. • Demand and Capacity modelling to identify what bed capacity types we may require during the restart and restoration phases of 20/21 and how this may influence the Urgent Care footprint decisions. Will be completed by the end of June. • Demand and Capacity modelling to be discussed with the system so that we can be clear about where people should be seeking treatments for certain conditions, i.e. Minor Injuries Unit and General Practitioners. • Discussions continue regarding a system single point of contact that would signpost patients to the most appropriate care setting. 	
<ul style="list-style-type: none"> • ASSURANCE LEVEL = 4 (AMBER) • DATE TO MOVE TO NEXT ASSURANCE LEVEL = JULY/AUGUST 2020 • NEXT LEVEL REQUIRES DELIVERY OF: <ul style="list-style-type: none"> ○ Delivery of the SDEC areas across both hospitals 		



Strategic Objective One: Best services for local people



1.3 ACUTE AND SPECIALIST PLANNED CARE: Strategic Partnership ○ Joint service model for oncology, urology & head and neck cancer developed with preferred partner		Exec Lead	D of S&P
		Clinical Services Strategy	
BAF 3: If we do not implement the Clinical Services Strategy then we will not be able to realise the benefits of the proposed service changes in full, causing reputational damage and impacting on patient experience and patient outcomes.			
How have we been doing?		What actions are being taken to make the improvements?	
<ul style="list-style-type: none"> Initial meeting with CMO re partnership strategy 11/6 Induction meetings with WVT, UHB and C&W trusts scheduled 		<ul style="list-style-type: none"> Review current MoU arrangements Review CSS priorities June for recommendation on refresh by end Q2 	
		TBC <ul style="list-style-type: none"> ASSURANCE LEVEL = DATE TO MOVE TO NEXT ASSURANCE LEVEL = NEXT LEVEL REQUIRES DELIVERY OF: 	

1.3 ACUTE AND SPECIALIST PLANNED CARE: NHS Long Term Plan - Outpatient Transformation: <ul style="list-style-type: none"> ○ Reduction in follow up appointments ○ Adopt virtual outpatient appointments 		Exec Lead	D of S&P
		Clinical Services Strategy	
BAF 3: If we do not implement the Clinical Services Strategy then we will not be able to realise the benefits of the proposed service changes in full, causing reputational damage and impacting on patient experience and patient outcomes.			
How have we been doing?		What actions are being taken to make the improvements?	
<ul style="list-style-type: none"> • In April and May we have seen ten times more telephone and virtual consultations recorded than before. However, we need to investigate what is being recorded as what type of appointment. • We have been process mapping the Outpatient processes across the Trust and it is clear that everyone has different practices and there is little consistency. • Work has continued on the NHSE/I Outpatients Follow Up 100 Day Challenge programme. This has focused on MSK, colorectal cancer and diabetes, particularly the use of videoconferencing for appointments and group sessions. Video resources for patients are also being developed. 		<ul style="list-style-type: none"> • We need to clearly communicate what consultations should be recorded as to ensure targets are set against the correct data. • We are undertaking a staff engagement programme to identify how we can build on the success of video and telephone consultations as we move into the restoration programme and ensure that we maintain current levels as we progress through re-starting services and not revert back to pre COVID-19 practices. • The acceleration of reducing follow ups that are face to face will be heavily reliant on the delivery of Digital alternatives and we will be working with the Digital Division as they review and re-prioritise their Digital Strategy deliverables. • We will be monitoring the outcomes from the non face to face Outpatients appointments to ensure that the appropriate actions are being taken and we are not creating twice as many appointments. We will also be looking at enabling patient initiated follow ups for appropriate areas – this will come out of the engagement programme. • We will be reviewing the O/P process mapping completed to date to identify any quick wins for consistent approaches and data capture. 	
		<ul style="list-style-type: none"> • ASSURANCE LEVEL = 3 (AMBER) • DATE TO MOVE TO NEXT ASSURANCE LEVEL = Q2 2020/21 • NEXT LEVEL REQUIRES DELIVERY OF: <ul style="list-style-type: none"> ○ Following Engagement Programme and the review of the Digital Strategy to align to accelerated priorities 	



Strategic Objective Two: Best experience of care and Best outcomes for our patients



2.1 CARE THAT IS SAFE: Infection Prevention and Control		Exec Lead	CNO
<ul style="list-style-type: none"> ○ Embed our current infection prevention and control policies and practices ○ Continuously monitor the effectiveness of our enhanced infection control policies and practices in preventing in-hospital transmission of COVID- 19 		Quality	
<p>BAF 4: If we do not have in place robust systems and processes to ensure improvement of quality and safety, then we may fail to deliver high quality safe care resulting in negative impact on patient experience and outcomes.</p> <p>BAF 12: If COVID-19 manifests itself as is modelled by the Government, then there is a serious risk that the safety of patients will be compromised due to the lack of equipment and staff to enable treatment of the most seriously ill resulting in the death of some patients.</p>			
How have we been doing?		What actions are being taken to make the improvements?	
<ul style="list-style-type: none"> • Quarter 1 has been dominated by the COVID-19 phase 1 response with the Clinical teams focused on the IPC core standards with appropriate PPE supplies and ward segregation and agreed pathways and Standard operating procedures with significant work undertaken with communicating the requirements for clinical practice and compliance to keep patients and staff safe. The hand hygiene results evidence the clear focus all staff have in their adherence to required IPC practice. • TIPCC met in quarter 1 after initial cancellations during COVID-19 and have reviewed all QUARTER 4 C-Diff cases in order to share and implement lessons learnt and apply into enhanced practice. • A review of the recently published infection prevention and control COVID-specific Board Assurance Framework produced nationally has been undertaken and reviewed through our governance frameworks. A final sign off to provide a level 7 assurance will be assessed by the DIPC in July. 		<ul style="list-style-type: none"> • Due to COVID-19 the national trajectories have not been confirmed for 20/21. However, a program of work for quarter 2-4 will be set out with the Division, detailing plans to support the trajectories for improvement. This will be aligned to the key standards agreed in 19/20 and will support cross divisional actions to ensure delivery of improvement actions and provide evidence of outcomes. • TIPCC will continue to hold “Scrutiny and learning” meetings on alternate months. These enable formal review of common themes and learning, leading to actions that need rapid application into practice or to celebrate improvements. • The Divisions will be working to the enhanced mandatory training standard of 95% compliance, along with a programme of other activities to ensure continuous monitoring of infection prevention key standards, practices and outcomes. • A rapid review of the programme for Antimicrobial Stewardship will need to be undertaken in the first part of Quarter 2 given the likely impact of significant antibiotic usage in and during the COVID-19 pandemic. 	
<ul style="list-style-type: none"> • ASSURANCE LEVEL = 3 (AMBER) • DATE TO MOVE TO NEXT ASSURANCE LEVEL = Q2 2020/21 • NEXT LEVEL REQUIRES DELIVERY OF: Divisional plans in place 		<ul style="list-style-type: none"> • COVID-19 SPECIFIC BAF ASSURANCE LEVEL = 6 (GREEN) • DATE TO MOVE TO NEXT ASSURANCE LEVEL = JULY 2020 • NEXT LEVEL REQUIRES DELIVERY OF: Final review of evidence 	



Strategic Objective Two: Best experience of care and Best outcomes for our patients



2.2 CARE THAT IS EFFECTIVE		Exec Lead	CMO
<ul style="list-style-type: none"> ○ Undertake review of poor performance to develop action plan ○ Improve delivery in respect of the Sepsis Six 		Quality	
BAF 4: If we do not have in place robust systems and processes to ensure improvement of quality and safety, then we may fail to deliver high quality safe care resulting in negative impact on patient experience and outcomes.			
How have we been doing?	What actions are being taken to make the improvements?		
<ul style="list-style-type: none"> • Increased monitoring of compliance of delivery of Sepsis Six • The provision of care for individuals who have flagged as potentially suffering from Sepsis is critical. Delivery has previously focused on ensuring baseline screening has been undertaken with success. The next step is to ensure the actions in response to the screen are accurately recorded and follow national guidance. The addition of a QRS code to the Sepsis 6 form will allow easy identification of the relevant cases for review and audit. 	<ul style="list-style-type: none"> • As part of the Seven Day working standard, each division / speciality will be required to provide a robust programme of quality improvement. Sepsis screening targets will be part of the individual specialty improvement programme. • There will be a focus on recording the actions in response to the trigger of the Sepsis 6 warning. The ability to identify the forms in the eZNotes portfolio will allow greater scrutiny and there will be plan to provide monthly feedback to services with an action plan when targets are not achieved. 		
	<ul style="list-style-type: none"> • ASSURANCE LEVEL = 1 (RED) • DATE TO MOVE TO NEXT ASSURANCE LEVEL = Q2 2020/21 • NEXT LEVEL REQUIRES DELIVERY OF: <ul style="list-style-type: none"> ○ Quality Improvement Programme will have commenced 		



Strategic Objective Two: Best experience of care and Best outcomes for our patients



2.2 CARE THAT IS EFFECTIVE: Implement clinical standards for seven day hospital services and agreed Internal Professional Standards (IPS) consistent with Home First principles		Exec Lead	CMO
		Quality	
BAF 4: If we do not have in place robust systems and processes to ensure improvement of quality and safety, then we may fail to deliver high quality safe care resulting in negative impact on patient experience and outcomes.			
How have we been doing?		What actions are being taken to make the improvements?	
<ul style="list-style-type: none"> Individual specialities have been working towards implementing 7 day working. 		<ul style="list-style-type: none"> As part of the Seven Day working standards, each division / speciality will be required to provide a robust programme of quality improvement. 	
		<ul style="list-style-type: none"> ASSURANCE LEVEL = 4 (AMBER) DATE TO MOVE TO NEXT ASSURANCE LEVEL = Q2 2020/21 NEXT LEVEL REQUIRES DELIVERY OF: <ul style="list-style-type: none"> Divisional plans will be in place 	



Strategic Objective Two: Best experience of care and Best outcomes for our patients



2.2 CARE THAT IS EFFECTIVE: Improve our <i>Learning from Deaths</i> process		Exec Lead	CMO
		Quality	
BAF 4: If we do not have in place robust systems and processes to ensure improvement of quality and safety, then we may fail to deliver high quality safe care resulting in negative impact on patient experience and outcomes.			
How have we been doing?	What actions are being taken to make the improvements?		
<ul style="list-style-type: none"> Despite the number of deaths rising above the previous 3 year average during the height of the COVID-19 first wave, we have now returned to below the previous three year average, which continues the trend seen before the crisis started. This previous improvement was due to in depth investigations driven by themes raised from the mortality reviews and changes in practices and coding. Monitoring of compliance and reporting of learning from deaths. This has been a focus for the CMO, Deputy CMO and DD's 	<ul style="list-style-type: none"> Continuous monitoring and reporting of and learning from deaths in the Trust; with a focus on same day care to ensure we provide the right care in the right environment, length of stay, readmission rates, improving pathways and increasing the use of care bundles to reduce the mortality rates within the Trust. The latest national data released in for January 2020 and we shall be analysing this in the coming weeks for any themes. 		
	<ul style="list-style-type: none"> ASSURANCE LEVEL = 4 (AMBER) DATE TO MOVE TO NEXT ASSURANCE LEVEL = Q2 2020/21 NEXT LEVEL REQUIRES DELIVERY OF: <ul style="list-style-type: none"> Analysis of learning from COVID-19 period 		



Strategic Objective Two: Best experience of care and Best outcomes for our patients



2.3 CARE THAT IS A POSITIVE EXPERIENCE FOR PATIENTS AND THEIR CARERS		Exec Lead	CNO
<ul style="list-style-type: none"> ○ Launch and implement real time patient and carer feedback through a focussed “you said....we did” approach utilising FFT/ WREN data at ward and department level 		Quality	
BAF 4: If we do not have in place robust systems and processes to ensure improvement of quality and safety, then we may fail to deliver high quality safe care resulting in negative impact on patient experience and outcomes.			
How have we been doing?	What actions are being taken to make the improvements?		
<ul style="list-style-type: none"> • National guidance changes were implemented on 1st April with greater flexibility around questions asked. • Engagement with Divisions has determined a new set of questions for specific areas. • Text messaging went live on 1st April. • Cards have been redesigned however due to the pandemic have not been circulated across all wards with the planned associated communications. • The previous questions are being used on iPads on wards at this time to ensure feedback can be captured. 	<ul style="list-style-type: none"> • Establishing a series of Webinars for staff to explain the new FFT approach and Trust emphasis on “You Said We Did”. • FFT App – once staff have taken part in the Webinar to ensure clarity and foster a collaborative approach. • Exploration of “I Want Care Great Care” as a supportive tool underpinning the ability to visibly share with the public that we are a listening Trust. • iPad on all wards will have the new questions on, linked to the Volunteer App (already in place) which supports the uploading of data. 		
	<ul style="list-style-type: none"> • ASSURANCE LEVEL = 6 (GREEN) • DATE TO MOVE TO NEXT ASSURANCE LEVEL = Q2 2020/21 • NEXT LEVEL REQUIRES DELIVERY OF: <ul style="list-style-type: none"> ○ Learning and mitigation from themes during COVID-19 incident 		

Strategic Objective Two: Best experience of care and Best outcomes for our patients

2.3 CARE THAT IS A POSITIVE EXPERIENCE FOR PATIENTS AND THEIR CARERS		Exec Lead	CNO
<ul style="list-style-type: none"> ○ Re-launch the Dementia strategy with a clinical co-production of a “fundamentals of care” programme 		Quality	
BAF 4: If we do not have in place robust systems and processes to ensure improvement of quality and safety, then we may fail to deliver high quality safe care resulting in negative impact on patient experience and outcomes.			
How have we been doing?	What actions are being taken to make the improvements?		
<ul style="list-style-type: none"> • Metrics for P2P Ward Accreditation Dashboard are in development – consideration is being given to compliance with the Dementia/Delirium Care Bundle. • The Fundamentals of Care steering group will be working with the Matrons and Ward Managers in developing admission documentation much in line with the current dementia pathway as supported by the ward managers/matron/DDN’s at an away day in January 2020. • The Fundamentals of Care Improvement Group has been formed on 18th May. • The Documentation Work stream will prioritise this work. • From a recent away day with Matrons and Ward managers it was agreed a fundamentals of care package would include principles of frailsafe with links also to “dressed is best” and PJ paralysis. Frailsafe has been identified as one of the key quality priorities for year 3 of QIS alongside Dementia care, End of Life and nutrition and hydration. 	<ul style="list-style-type: none"> • Questions regarding dementia in the Matrons Quality Audit are under review, to provide assurance that there is evidence that individualised, person-centred care /dementia care is being delivered. This will be through the new revised nursing documentation and review of that when undertaking the matron audits. • A working draft of the nursing assessment should be available having been co-designed with Matrons and Ward Managers. • Review of nursing documentation will be the first work stream of the Fundamentals of care package as it will form the back bone to the other work streams that follow. • We will need to use the digital blueprint available to ensure our model will fit within it. We are hoping to have a first draft within 8 weeks. 		
<ul style="list-style-type: none"> • ASSURANCE LEVEL = 4 (AMBER) • DATE TO MOVE TO NEXT ASSURANCE LEVEL = Q2 20/21 • NEXT LEVEL REQUIRES DELIVERY OF: <ul style="list-style-type: none"> ○ Completion of the first draft of the model 			

Strategic Objective Two: Best experience of care and Best outcomes for our patients

2.3 CARE THAT IS A POSITIVE EXPERIENCE FOR PATIENTS AND THEIR CARERS		Exec Lead	CNO
<ul style="list-style-type: none"> ○ Review Volunteering strategy in post COVID-19 environment ○ Launch and implement our Volunteers Strategy #WeAreVolunteering 		Quality	
BAF 4: If we do not have in place robust systems and processes to ensure improvement of quality and safety, then we may fail to deliver high quality safe care resulting in negative impact on patient experience and outcomes.			
How have we been doing?		What actions are being taken to make the improvements?	
<ul style="list-style-type: none"> • The planned launch of the strategy was paused due to the COVID-19 pandemic. • 98% of volunteers left the site presence at the Trust at the start of the pandemic due to meeting the vulnerable category or choosing to self-isolate. • The approach has been to roll out a gentle “Keeping in Touch” programme with a series of emails, telephone calls, acknowledgements and small projects for our volunteers to support individual wellbeing and isolation. • During this time the database has been cleansed to ensure all current details are up to date. • A microsite was created due to a “gap” in provision for and of volunteers and uncertainty over national drivers (we were inundated with offers from volunteers which did not materialise and locally initiatives were in place but we did not have a mechanism to effectively signpost - alongside this the site provided a clear mechanism to support donations coming into Trust). Phase 2 invited the WHCT to integrate with the site. It is to be noted the WHCT is not currently placing any volunteers and has not throughout the pandemic. 		<ul style="list-style-type: none"> • Creation of a storyboard to articulate the Trust’s response to the crisis in terms of volunteering actions. • Volunteers who have been supporting the Wellbeing Store have communicated that they would like to remain with the Trust (a mix of new volunteers and pre COVID-19 volunteers). These volunteers will support the new project - the delivery of letters and cards and small items for patients, on a rota system. The project was developed in response to feedback from a member of the public who was turned away and wanted to deliver a card to her loved one on our ward. • A soft launch of the Volunteering Strategy “We Are Volunteering” which will include a collaborative programme of virtual and remote activities with our volunteers to support strategy development under the key themes, this will include: <ul style="list-style-type: none"> • Making it Easier to Volunteer: identity, recruitment and ongoing training and development (induction development and a training passport) • Welcome pack development for new volunteers • Development of a poster/set of standards and expectations to support volunteers and staff on wards • Integrated Volunteering: exploration of potential to both use the same online training modules (to continue to be trialled by our volunteers) and application form – potentially supporting volunteer pathways by adopting the same or similar processes at application and for ongoing training that can be recognised across the health footprint • Exploration of a joint newsletter with the WCHT for volunteers 	
		Continued next slide	

Strategic Objective Two: Best experience of care and Best outcomes for our patients

2.3 CARE THAT IS A POSITIVE EXPERIENCE FOR PATIENTS AND THEIR CARERS		Exec Lead	CNO
<ul style="list-style-type: none"> ○ Review Volunteering strategy in post COVID-19 environment ○ Launch and implement our Volunteers Strategy #WeAreVolunteering 		Quality	
BAF 4: If we do not have in place robust systems and processes to ensure improvement of quality and safety, then we may fail to deliver high quality safe care resulting in negative impact on patient experience and outcomes.			
How have we been doing?	What actions are being taken to make the improvements?		
<p><i>CONT'D from previous slide</i></p> <ul style="list-style-type: none"> • National Volunteer Week was acknowledged with a series of blogs created “Volunteer Stories” – one per day for the week. These were due to be shared on social media every day, along with a thank you card from Vicky Morris (which was sent to all volunteers with a letter) and spotlighted in the Weekly Brief. It is intended that these will be shared on the Trust website as the intended splash did not happen. • Funds secured from NHSe/i to support winter pressures in volunteering have been utilised to support COVID-19 pressures and have supported a Volunteer Manager and administrative support - this has enabled volunteers to be recruited and supported to open a Wellbeing store for staff, on a rota system and to support with donations and Hospital Charity initiatives. • The Patient Public Forum has been meeting monthly via Zoom as part of the Keeping in Touch programme. Members have continued their engagement with Committees and groups virtually during the pandemic. Members have reviewed new online systems available to support the integrated volunteering developments and are engaged with the Healthwatch survey work. New work streams are in development. 	<p><i>CONT'D from previous slide</i></p> <ul style="list-style-type: none"> • Communication and engagement with staff is planned for this month to start to explore the role of a volunteer. This will take place informally at ward level and Divisional meetings where they are taking place – beginning with SCSD (working with a member of the PPF who sits on this group). • The film will be launched later in the year with the strategy document as this is intended to accompany a recruitment drive. It will be delayed until the Autumn but is dependent on the pandemic and the Trust position on volunteering at that time. • Volunteers will continue to be contacted via the “Keeping in Touch Programme” with updates and invitations to engage – in June this will be a consultation on the staff and volunteer recognition awards. • The Patient Public Forum will be supported to undertake a quality and customer service review programme in Patient Services to support Complaints and PALS developments (in line with the Quality Priorities). • The Volunteer Manager three year fixed post to be supported by the Hospital Charity will be drafted in collaboration with the Director of the Charity. 		
	<ul style="list-style-type: none"> • ASSURANCE LEVEL = 6 (GREEN) • DATE TO MOVE TO NEXT ASSURANCE LEVEL = Q2 20/21 • NEXT LEVEL REQUIRES DELIVERY OF: <ul style="list-style-type: none"> ○ The actions as set out under being taken 		

Strategic Objective Two: Best experience of care and Best outcomes for our patients

2.4 OPERATIONAL PERFORMANCE STANDARDS		Exec Lead	COO
<ul style="list-style-type: none"> Complete the implementation of Home First Worcestershire to eradicate corridor care and minimise ambulance handover and admission delays 		Quality	
BAF 5: If we fail to implement Home First Worcestershire as scheduled then there will be an impact on our ability to see, treat and discharge patients in a timely way which may result in patient harm and curtails urgent elective activity.			
How have we been doing?	What actions are being taken to make the improvements?		
<ul style="list-style-type: none"> The 'SDEC' pilot to establish a Acute Medical Unit at the Alexandra Hospital has commenced in May. This new model will allow the Emergency Department to 'push' patients to the most suitable area for their treatment rather than have patients waiting long periods of time to be 'pulled' by the receiving area. The number of patients who have been in the hospital more than 21 days improved down to single figures during the height of the first wave of COVID-19, but has crept up to approximately 30, however a majority of these patients still require an acute bed. The SAFER / Red to Green principles have been in place throughout the COVID-19 crisis but still need to become business as usual. The before midday discharges has started to decline as patients are leaving later in the day. This will be a focus in June and we have already started to see some improvements. All beds in Worcestershire Royal have now been opened, although we do still have a large number empty and the Alexandra Hospital has empty beds and 4 wards closed. The type of beds available daily i.e surgery / medical, COVID-19 /non COVID-19 is causing some challenges and the clinical site management team are looking at how best to manage this using technology. There has been a review of options and one has now been chosen – OASIS bed capacity module – we are progressing the usage of this tool. 	<ul style="list-style-type: none"> Absolute focus on not reverting to long waits in the Emergency Departments and no corridor care. Learning from the 'SDEC' pilot at the Alexandra Hospital that can be fed into the options for a similar model at the Worcestershire Royal. Ongoing discussions with Surgery to create a Surgical Assessment model. Discussions with our system providers to establish sustained pathways for long length of stay patients who no longer need an acute bed but may not be clinically fit. Frailty GEMS outline business case to be reviewed. The clinical site management work stream is implementing a completely new way of working into both sites. The recruitment is nearing completion and the technology option has been chosen. There may need to be a business case to enable the option to become fit for purpose, but this will be known in June. The new model will enable virtual bed meetings, action focused delivery of capacity and consistency across both sites. 		
<ul style="list-style-type: none"> ASSURANCE LEVEL = 4 (AMBER) DATE TO MOVE TO NEXT ASSURANCE LEVEL = JULY/AUGUST NEXT LEVEL REQUIRES DELIVERY OF: <ul style="list-style-type: none"> Delivery of the SDEC accelerated plans for both sites 			

Strategic Objective Two: Best experience of care and Best outcomes for our patients

2.4 OPERATIONAL PERFORMANCE STANDARDS		Exec Lead	COO
<ul style="list-style-type: none"> ○ Ensure timely access to diagnostics and treatment for all urgent cancer care ○ Maintain access to all emergency surgery (inc trauma) and triage elective waiting list to prioritise access for those at greatest risk of harm from delay 		Quality	
BAF 1: If the System Improvement Board is not able to resolve the mismatch between demand and capacity, then there will be delays to patient treatment, resulting in a significant impact on the Trust's ability to deliver safe, effective and efficient care to patients.			
How have we been doing?		What actions are being taken to make the improvements?	
<ul style="list-style-type: none"> • During the COVID-19 pandemic we have been prioritising our Category 1 and 2 patients, with many patients being seen and treated by services we have procured as a system in the independent sector. Early June we received a letter from our national colleagues with advice on how to restore Cancer services and ring fence diagnostics to ensure we return to pre COVID-19 activity levels. We are currently working through the Demand and Capacity levels. 		<ul style="list-style-type: none"> • In order to identify what Diagnostics are required to support the Emergency and Elective patients (including Cancer) we are modelling how many beds we have available to us that will not be ring fenced for COVID-19 patients. This will then inform the services that we restart and what the demand on diagnostics will be. This work is expected to be completed in its first iteration by the end of June. • This is the same for Surgery although some patients have refused or requested a delay on Surgery as they are too worried about the risk of COVID-19 within the hospital environment. This will also be included in the modelling. • There are two meetings per week with Divisional Directors to discuss options for re-starting services. A plan for ambulatory services will be provided in June. 	
		<ul style="list-style-type: none"> • ASSURANCE LEVEL = 4 (AMBER) • DATE TO MOVE TO NEXT ASSURANCE LEVEL = Q2 2020/21 • NEXT LEVEL REQUIRES DELIVERY OF: <ul style="list-style-type: none"> ○ Demand and Capacity by bed type being impacted by the COVID-19 incident 	



Strategic Objective Two: Best experience of care and Best outcomes for our patients



2.5 IMPROVEMENT: Single Improvement Methodology ○ Increase capacity and capability of service improvement function		Exec Lead	CEO / D of S&P
		Quality	
BAF			
How have we been doing?		What actions are being taken to make the improvements?	
<ul style="list-style-type: none"> The Strategy & Planning team reviewing methodologies, advised by NHSE/I Improvement Director The Strategy & Planning Team are working to support provision of virtual QSIR training in conjunction with our STP partners 		<ul style="list-style-type: none"> Go / no go on business case 	
		<ul style="list-style-type: none"> ASSURANCE LEVEL = 1 (RED) DATE TO MOVE TO NEXT ASSURANCE LEVEL = Q2 20/21 NEXT LEVEL REQUIRES DELIVERY OF: <ul style="list-style-type: none"> ○ New Strategy Director in post, need to allow period of induction and review of existing plans 	



Strategic Objective Two: Best experience of care and Best outcomes for our patients



2.5 IMPROVEMENT Reset and Transformation		Exec Lead	CEO / D of S&P
<ul style="list-style-type: none"> ○ Identify and deliver the 10 high impact changes from COVID-19 ways of working ○ Reviewed and delivered KLOE improvements as required by CQC ○ Reset the workforce model to meet the needs of the new service model 		Quality	
BAF			
How have we been doing?		What actions are being taken to make the improvements?	
<ul style="list-style-type: none"> • TME and Board agreement to 10 high impact changes • Governance agreed Outline plan taken to Board 11/6 for approach to Recovery & Reset • System partners briefed and priorities aligned to ICS / STP • A staff engagement campaign is being undertaken to support identification and prioritisation of positive aspects of COVID-19 ways of working 		<ul style="list-style-type: none"> • Leads for each of the initial ten high impact changes are being identified, following which a project team will be identified and each theme will be scoped 	
		<ul style="list-style-type: none"> • ASSURANCE LEVEL = 1 (RED) • DATE TO MOVE TO NEXT ASSURANCE LEVEL = Q2 20/21 • NEXT LEVEL REQUIRES DELIVERY OF: <ul style="list-style-type: none"> ○ Engagement process completed and plans being developed 	

3.1 DIGITAL STRATEGY: Deliver year one of our digital strategy <ul style="list-style-type: none"> ○ Digital care record implementation plan ○ Digital Infrastructure development ○ Digital innovation programme to support new ways of working 		Exec Lead	CDO
		Enablers	
BAF 6: If we do not implement year one of the digital care record business case in a timely coordinated way, then we may not be able to utilise the system for the benefit of patients, resulting in delayed and poorly coordinated care for patients and a poor patient experience.			
How have we been doing?		What actions are being taken to make the improvements?	
<p>Through the COVID-19 response the Digital Division has rapidly introduced new collaborative and remote working capabilities, including clinical video consultations, virtual MDTs and meetings, remote Radiology Reporting, virtual visiting, home and distributed working. Additional technical equipment has been made available for staff and clinical areas (PCs, Laptops ,Mobiles and COWS) to support staff work safely.</p> <p>The Trust has also invested in new infrastructure as part of the COVID-19 response to improve the resilience of the remote working solutions, this investment will be leveraged to ensure return on investment.</p> <p>The Trust has signed a Contract Change Notice (CCN) with Allscripts, EPR provider , to delay the digital care record deployment until April 2021. The DCR programme continues with its preparation for deployment with a technical workstream in place and the PAS upgrade project reinvigorated.</p>		<p>The infrastructure modernisation workstream, Brilliant Foundations, is currently undertaking a due diligence exercise with technologies partners on the carry forward of 2019/2020 capital monies related to network remediation . Aligned to this the capital programme for 2020/21 is almost finalised and is in the process of being reconciled to the risk register.</p> <p>The clinical reference group for digital has met for the first time and is working through its terms of reference and its developing work programme linked to the digital care record and the restoration programme.</p> <p>The innovation work stream continue to move at pace with remote monitoring , virtual consultation platforms evaluation underway to support the scalability and alignment to the STP solutions.</p>	
		<ul style="list-style-type: none"> • ASSURANCE LEVEL = 3 (AMBER) • DATE TO MOVE TO NEXT ASSURANCE LEVEL = JULY 2020 • NEXT LEVEL REQUIRES DELIVERY OF: <ul style="list-style-type: none"> • Additional work on Digital Priorities to ensure they reflect the work being undertaken 	

4.1 WORKFORCE: Organisation development ○ Implement our new operational management structure		Exec Lead	D of P&C
		Workforce and Culture	
BAF 9: If we do not have a sustainable fit for purpose diverse and flexible workforce, we will not be able to provide safe and effective services resulting in a poor patient experience.			
How have we been doing?		What actions are being taken to make the improvements?	
<ul style="list-style-type: none"> • COO has worked with Divisional Directors to reach agreement on moving to a 16 directorate structure • Standard job descriptions and terms and conditions in place for Divisional Directors • Standard job descriptions developed for Divisional Directors of Operations, Clinical Directors and Clinical Leads 		<p>Consultation document drafted but paused due to COVID-19</p> <p>New timeline for management structure review to be agreed through Trust Management Executive</p>	
		<ul style="list-style-type: none"> • ASSURANCE LEVEL = 2 (RED) • DATE TO MOVE TO NEXT ASSURANCE LEVEL = SEPTEMBER 2020 • NEXT LEVEL REQUIRES DELIVERY OF: <ul style="list-style-type: none"> ○ Updated programme timelines and launch of consultation 	

4.1 WORKFORCE: Strategic workforce plan <ul style="list-style-type: none"> ○ 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 		Exec Lead	D of P&C
BAF 9: If we do not have a sustainable fit for purpose diverse and flexible workforce, we will not be able to provide safe and effective services resulting in a poor patient experience.		Workforce and Culture	
How have we been doing?	What actions are being taken to make the improvements?		
<ul style="list-style-type: none"> • A COVID-19 workforce plan has been developed (approved through TME in May). • “Workforce guard rails” have been introduced to support the restoration of services ensuring workforce models are sustainable • Bank and agency costs have reduced in April and May as a result the temporary pause of some of our services and the effective redeployment of staff • COVID-19 related staff absence has reduced from 1,062 (30th March) to 342 (31st May) 	<ul style="list-style-type: none"> • A further review of our establishment is being undertaken in light of the new staffing models and different ways of working as a result of COVID-19 • Continuing the focus on ensuring our current workforce is fully utilised by maximising redeployment opportunities. • Refocusing job plans to prioritise urgent care <div style="background-color: red; color: white; padding: 10px;"> <ul style="list-style-type: none"> • ASSURANCE LEVEL = 2 (RED) • DATE TO MOVE TO NEXT ASSURANCE LEVEL = JULY 2020 • NEXT LEVEL REQUIRES DELIVERY OF: <ul style="list-style-type: none"> ○ Review of new operating model on staffing </div>		

4.1 WORKFORCE: BAME workforce <ul style="list-style-type: none"> Undertake COVID-19 risk management assessments for all BAME staff 		Exec Lead	D of P&C
		Workforce and Culture	
BAF			
How have we been doing?		What actions are being taken to make the improvements?	
<ul style="list-style-type: none"> Guidance on supporting BAME colleagues issued on 7th May 2020 along with an updated occupational health risk assessment (approved through Bronze, Silver and Gold) As at 10th June 2020, 503 (46%) of BAME occupational health risk assessments have been completed and received by the Occupational Health department JNCC subgroup set up to review Trust documentation. Meeting held on 10th June 2020 		<ul style="list-style-type: none"> List of outstanding BAME risk assessments issued on 12th June with deadline of 19th June 2020 Virtual workshop arranged for 30th June to determine how we can improve BAME representation both across the STP and within the Trust 	
		<ul style="list-style-type: none"> ASSURANCE LEVEL = 3 (AMBER) DATE TO MOVE TO NEXT ASSURANCE LEVEL = JULY 2020 NEXT LEVEL REQUIRES DELIVERY OF: <ul style="list-style-type: none"> Compliance levels above 95% 	

4.2 CULTURE 4ward ○ Continue to develop our culture and improve staff engagement through 4ward phase 2 – Step Forward		Exec Lead	D of C&E
		Workforce and Culture	
BAF 10: If we fail to sustain the positive change in organisational culture, then we may fail to attract and retain sufficiently qualified, skilled and experienced staff to sustain the delivery of safe, effective high quality compassionate treatment and care.			
How have we been doing?		What actions are being taken to make the improvements?	
<ul style="list-style-type: none"> The Advocates have been engaged through a number of channels during the COVID-19 pandemic, and have played an active role in supporting communications and engagement with colleagues during the outbreak. Advocates have in particular supported the staff wellbeing agenda and have enjoyed an active role in signposting and supporting colleagues during this time. A number of advocates have also engaged in a 'hello my name is' campaign in order to raise their presence and have launched a virtual 'Happy Café' page promoting wellness whilst working from home and during a pandemic. Use of all available internal communications channels to share positive stories about our response to the pandemic, and say 'thank you; to staff for their efforts have been priority throughout the outbreak. 		<ul style="list-style-type: none"> A series of engagement sessions with 4ward advocates taking place in late June. Virtual Pyramid Week in early July to celebrate success and reflect on how we have worked together through a very challenging period. Specification being developed for a staff app to further improve engagement Specific focus on engaging BAME colleagues 4ward Advocate training sessions set up virtually and a train the trainer programme for 4ward advocates will be launched by the end of June. 	
		<ul style="list-style-type: none"> ASSURANCE LEVEL = 3 (AMBER) DATE TO MOVE TO NEXT ASSURANCE LEVEL = SEPTEMBER 2020 NEXT LEVEL REQUIRES DELIVERY OF: <ul style="list-style-type: none"> ○ Implement next phase of 4ward Advocate recruitment and retention activities ○ Issue of, and supporting communications around, Staff FFT ○ Analysis of results of Staff FFT 	

Appendix: Assurance Levels

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

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

Finance Key Messages

Trust Board
9th July 2020

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Operational & Financial Performance	
• Finance Key Messages	2-4

Finance | Key Messages | Month 2 20/21

COVID-19 Financial Regime

As part of the NHS response to COVID-19, a revised COVID-19 financial framework has been established. For an initial period of 1 April to 31 July 2020, the PbR national tariff payment architecture and associated administrative/ transactional process are suspended and NHS Trusts are reimbursed through block contract payments 'on account'. Additional funding to cover extra costs of responding to the coronavirus emergency is administered through a 'top up' mechanism. Through this arrangement, all NHS Trusts are expected to report a break even position.

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), and set at a deficit forecast of **£(£78.9)m including £14.5m of improvement from productivity and efficiency schemes**. In approving the pre-covid19 annual plan, there is a desire to further reduce the 2020/21 forecast deficit closer to a c.£(77.0)m target notably through: exploring the opportunity to appropriately capitalise some of the costs included in the revenue case for the digital care record in 2020/21 (subject to system / regional support for a multi-year capital funding source) . **Note the 20/21 DCR programme has now been deferred due to focus on COVID19); and to focus in on some notable high expenditure lines**. At the time of compiling the internal pre-covid 19 plan, the belief was that it reflected a credible forecast based on planning information and assumptions available to us at the time .

Month 2 – May Position

Income & Expenditure	May 20 (Month 2)				
	NHSI Plan £000s	Budget £000s	Actual £000s	Variance to NHSI £000s	Variance to Budget £000s
Income (Excluding top up)	36,643	37,283	36,113	(530)	(1,170)
Pay	(25,843)	(26,607)	(25,915)	(72)	692
Non Pay	(14,817)	(15,246)	(12,970)	1,847	2,276
Financing Costs	(2,727)	(2,567)	(2,323)	404	244
Other	0	0	6	6	6
Surplus / (Deficit)	(6,744)	(7,137)	(5,089)	1,655	2,048
Income - TOP UP	6,744	0	5,089	(1,655)	5,089
Adjusted Surplus / (Deficit)	0	(7,137)	0	(0)	7,137
<i>Sub Table - Financial Position Excluding pre COVID-19</i>					
Surplus / Deficit BEFORE TOPUP	(6,744)	(7,137)	(5,089)	1,655	2,048
COVID-19 Incremental Expenditure Included Above			1,572	1,572	1,572
Surplus / Deficit EXCLUDING COVID-19	(6,744)	(7,137)	(3,517)	3,227	3,620

Delivery of the Internal Financial Plan £(78.9)m

In **May** we report a deficit of **£(5.1)m** - prior to accounting for the 'top up payment'. This position is **£1.7m better** than the Financial Framework assumptions. Our incremental costs in response to COVID-19 increased in May by £0.5m from £1.1m in April to **£1.6m**. If we exclude COVID-19 costs from the deficit post top up position of £5.1m, we would report a deficit of **£3.5m which is £3.2m better than the NHSI Framework Plan**. Receipt of the top up payment of £5.1m results in a breakeven position, **aligned to the Framework arrangement in that all NHS Trusts are expected to report a break even position**.

Against our internal **£(78.9)m** operational plan (Budget), the profiled month 2 (May 2020) deficit was **£(7.1)m**. As a result of the interim COVID-19 framework, income is matched to cost resulting in a breakeven position. Favourable pay and non pay **expenditure variances of £3m** against our internal budget, despite incurring **£1.6m** of incremental COVID-19 costs, are largely as a result of paused / reduced levels of clinical service provision. The combined Income position was **£3.9m** favourable to budget in month recognising the interim funding regime and the expectation for all NHS Trusts to report a break even position.

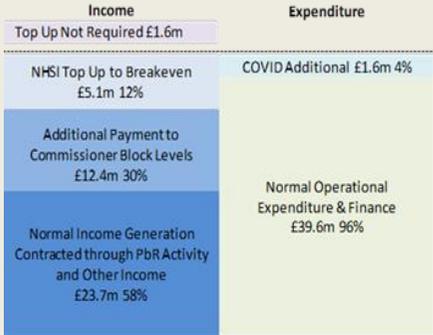
YTD Month 2 – May Position

Income & Expenditure	Year to Date				
	NHSI Plan £000s	Budget £000s	Actual £000s	Variance to NHSI £000s	Variance to Budget £000s
Income (Excluding top up)	73,286	74,496	72,125	(1,161)	(2,371)
Pay	(51,686)	(53,533)	(51,821)	(135)	1,712
Non Pay	(29,634)	(30,696)	(26,117)	3,517	4,580
Financing Costs	(5,454)	(5,134)	(4,638)	816	495
Other	0	0	12	12	12
Surplus / (Deficit)	(13,488)	(14,867)	(10,439)	3,049	4,428
Income - TOP UP	13,488	0	10,439	(3,049)	10,439
Adjusted Surplus / (Deficit)	0	(14,867)	0	(0)	14,867
<i>Sub Table - Financial Position Excl.Sub Table - Financial Position Excluding pre COVID-19</i>					
Surplus / Deficit BEFORE TOPUP	(13,488)	(14,867)	(10,439)	3,049	4,428
COVID-19 Incremental Expenditure Included Above			2,679	2,679	2,679
Surplus / Deficit EXCLUDING COVID-19	(13,488)	(14,867)	(7,760)	5,728	7,107

Finance | Key Messages | Month 2 20/21

Income

The Combined Income (including PbR pass-through drugs & devices, Other Operating Income and the NHSI Top up payment for COVID) was **£3.9m** above the Trust's Internal operational plan in May (deficit of £(78.9)m 2020/21).



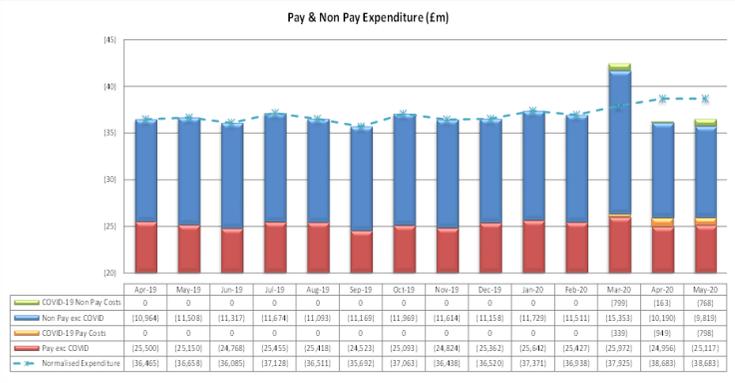
Patient Care Income measured under normal PbR arrangements was £13.0m below plan in month (excluding pass-through drugs & devices and other adjustments for commissioner block payments).

Commissioners have paid block amounts based on April to Dec 2019 monthly average values plus inflation (as directed by NHSI). This has resulted an additional £12.4m over the Trust's actual performance in May.

An additional £6.7m in month Top up **differential** cash payment has been received from NHSI to neutralise the financial impact. Through the interim COVID-19 framework, adjustments are made to the Top Up payment to result in a breakeven position. After taking costs into consideration to achieve a breakeven position in May, only £5.1m of top-up income was required. Against the revised NHSI plan (which takes into account the additional Top Up Payment) the combined income position is (£2.2m) below the plan.

Expenditure

Pay and non-pay costs (excluding pass-through drugs & devices) were favourable against budget despite the inclusion of £1.6m of incremental costs in response to COVID-19. A month on month comparison of our pay and operating non pay expenditure run rates by removing key 'one off' items from March actuals and applying inflation uplifts demonstrates that although we are reporting £1.6m of COVID-19 incremental cost, our **'NON COVID' baseline has reduced by c.£3m**. Pay is c.£1m lower than where we would have expected it to be and this can be seen across Temporary staffing lines – notably nursing. Non pay is c.£2m lower and this can be seen largely across clinical supplies and services cost lines.



In May our **pay** costs were lower than our budget despite us identifying **£0.8m of incremental COVID-19 pay costs**. Substantive workforce costs increased from £22.2m to £22.8m in May aligned to non clinical COVID costs and commencement of c.100 student nurses – allocated against COVID. All Temporary staffing costs reduced by £0.6m from £3.7m in April to £3.1m, of this £0.5m was a reduction in costs classified as 'COVID-19' through our bank and agency booking systems. The closure of in-patient beds as a result of paused / reduced levels of service provision and the corresponding redeployment of our substantive workforce alongside reduced levels of leave across some pay groups has reduced demand for temporary staffing.

Non pay expenditure overall has reduced from £15.5m in April to £15.3m in May 2020. The majority of this continued decrease can be seen across clinical supplies and services cost lines aligned to reduced levels of activity.

Controls and processes for the commitment of a temporary workforce remain. Under the unique circumstances of the COVID-19 pandemic, it is imperative that we continue to allocate our staffing optimally, utilising redeployment opportunities as the first option to fill gaps in the workforce, followed by bank and finally agency as a last resort. Visibility of these actions through our workforce systems is paramount alongside how and where we are redeploying staff where services have been paused in order for us to effectively triangulate and future plan our workforce as we start to de-escalate.

Finance | Key Messages | Month 2 20/21

Productivity & Efficiency

Although Financial Efficiencies are not being monitored under the COVID-19 Financial Framework operating between 1st April to 31st July, our internal operational plan is inclusive of £14.5m of plans, and as such we will continue to assess current performance and assess 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, **£700k of actuals have been realised in Month 2. £526k of the £700k** realised has been delivered by four schemes:
Energy Rate Decrease; Evergreen Closure; Medical Workforce Savings – Medics; Nursing Recruitment: Nurse Agency to Substantive.

Capital

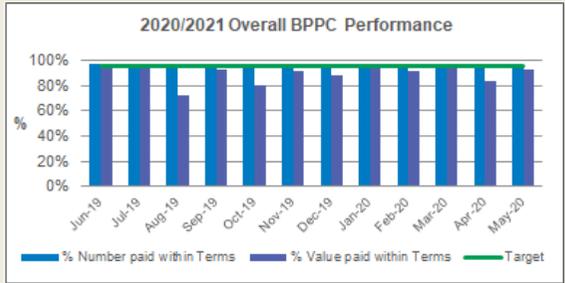
Year to date Capital expenditure at May 20 (Month 2) totals £1.2m, the majority of which is relating to the ASR Aconbury East Scheme, COVID-19 equipment purchases and schemes approved in 2019/20 that couldn't be concluded due to COVID-19.

Capital Plan 2020/21	£000s
STP Wave Developments Total (excl. from envelope)	13,059
COVID-19 Expected Reimbursement (excl. from envelope)	1,060
Internal Programme - Backlog/Critical Infrastructure	
Property & Works	3,122
Clinical Equipment	3,193
Digital	5,718
Other	7,524
Total Expenditure	33,676
<i>Of which: within STP Envelope</i>	<i>19,557</i>

From 2020/21 Capital Resource Limits (CRL) have been allocated in the form of a System capital envelope, and which has been prioritised with collective agreement within the system. The Trust's 2020/21 capital plan agreed with system providers and submitted to NHSI on 28th May is £33.7m.

Cash Balance

Under the interim COVID-19 financial arrangements, sufficient cash is being received each month to meet obligations and additional cash requests are unlikely to be necessary in the medium term. **At the end of May the cash balance was £64m due to timing of receipts (April to June payments received to date).** The trust also received £7.7m revenue support (PDC) funding in April which was requested prior to the interim arrangements being confirmed.



The DHSC and NHSE&I announced reforms to the cash and capital regimes for 2020/21 meaning that PDC will be issued to repay existing DHSC interim loans. The transactions to effect these changes are anticipated to be concluded later in 2020.

Better Payment Practice Code (BPPC) performance continues to be stable with the number and value of invoices paid. The BPPC performance for the month is 96%, 6,624 invoices out of 6,941 and 93% value, £17.3m worth of invoices out of £18.75m were paid on time. We are ensuring suppliers are paid within 7 days in line with guidance, where invoices are approved for payment.

SPC Charts

May 2020
Month 2

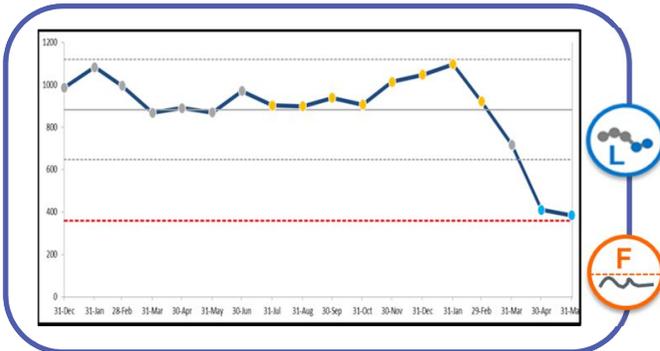
Trust Board
9th July 2020

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

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• Operational Performance SPC Charts	2 – 7
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• Quality and Safety SPC Charts	9 – 16
• Quality and Safety Performance Table	17
• People & Culture SPC Charts	18 – 23

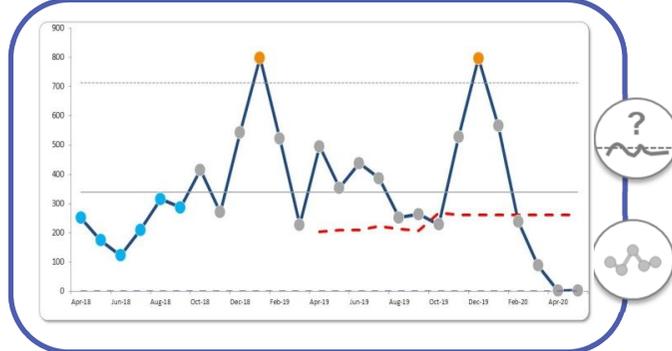
Total time spent in A&E (95th Percentile)

385 mins



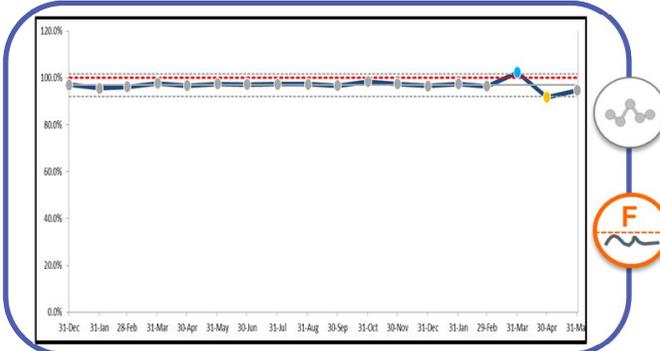
60 minute Ambulance Handover Delays

3



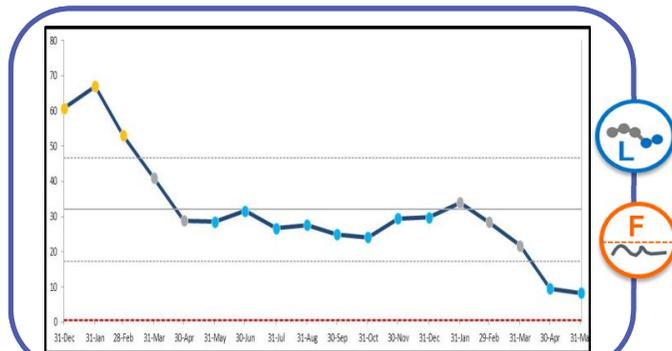
Discharge as a percentage of admissions

90.70%



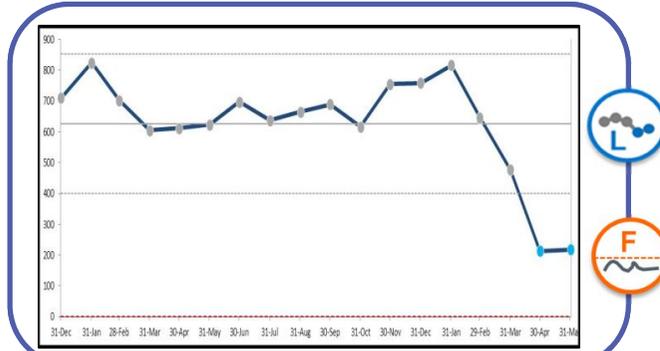
Capacity Gap (Daily avg. excl. EL)

7.84



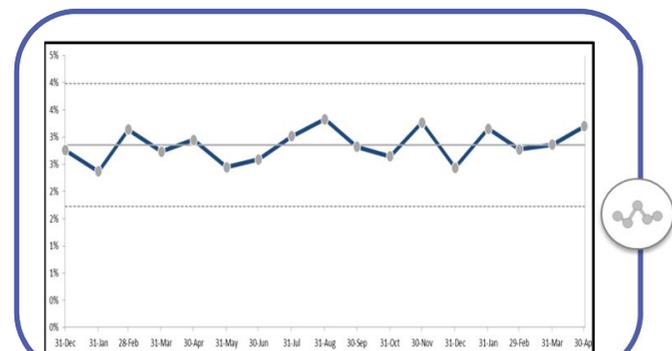
Aggregated Patient Delay (APD)

218



30 day readmission rate for same clinical condition (Apr-20)

3.69%



Variation

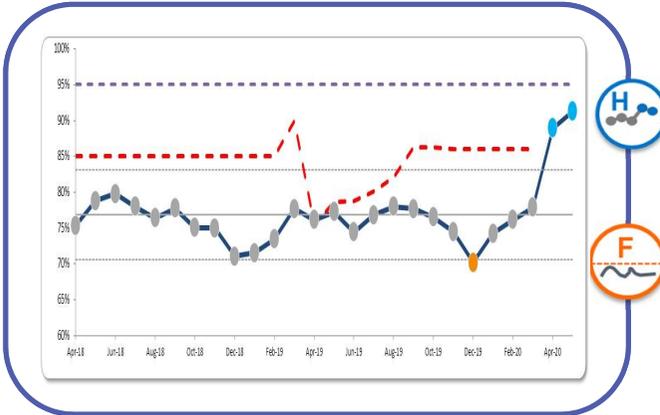
- Special Cause Concern High
- Special Cause Concern Low
- Special Cause Note/Investigate High
- Special Cause Note/Investigate Low
- Common Cause

Assurance

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

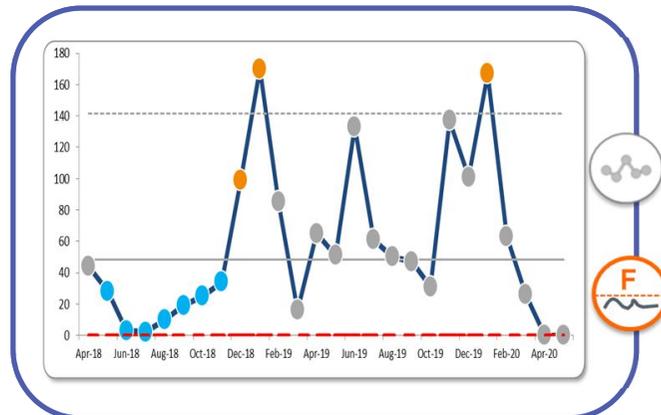
4 Hour EAS (all)

91.28%



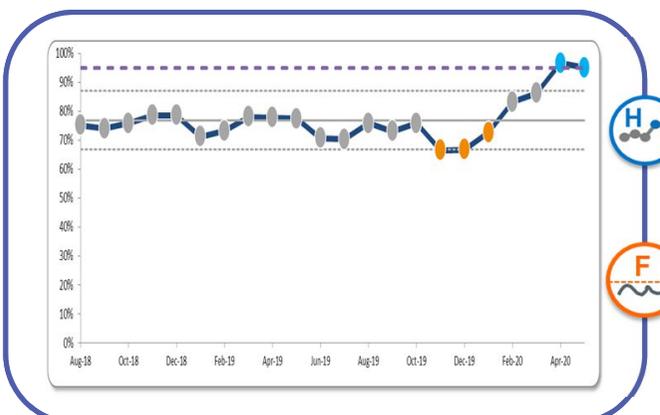
12 Hour Trolley Breaches

0



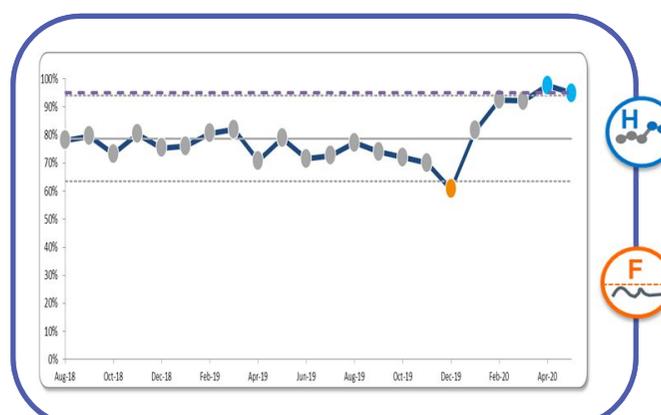
TTIA - % within 15 minutes WRH

94.94%



TTIA - % within 15 minutes ALX

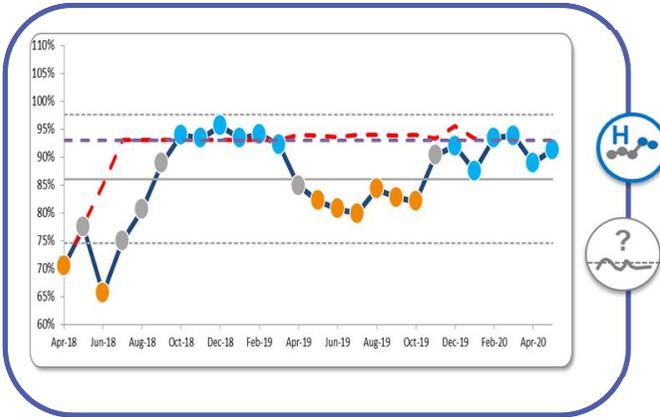
94.91%



Variation			Assurance		
Special Cause Concern High	Special Cause Concern Low	Special Cause Note/Investigate High	Common Cause	Consistently hit target	Hit and miss target subject to random
					Consistently fail target

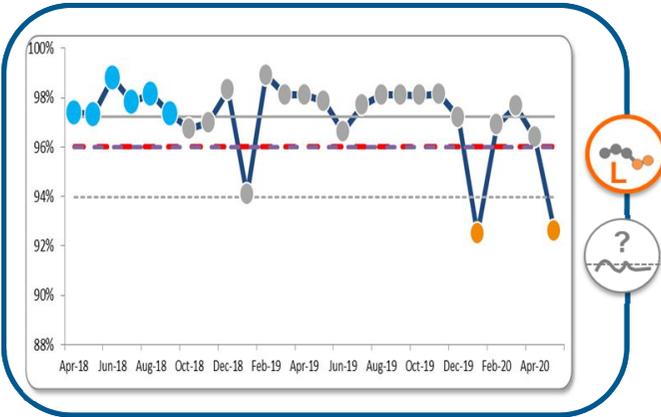
Cancer 2WW All

91.20%



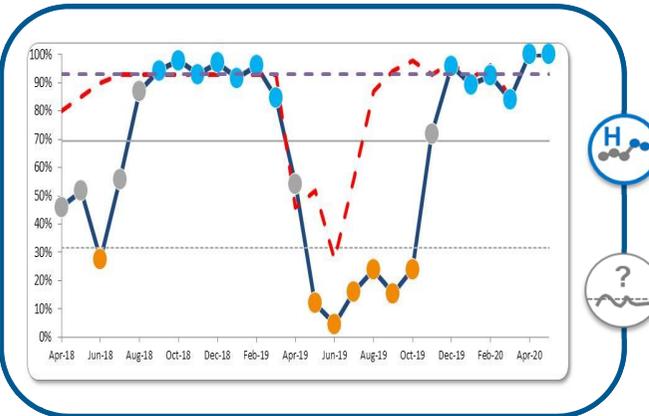
Cancer 31 Day All

92.65%



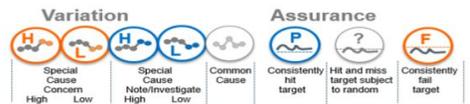
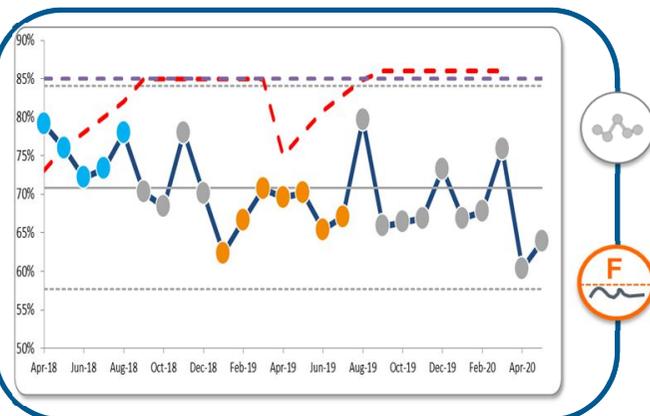
Cancer 2WW Breast Symptomatic

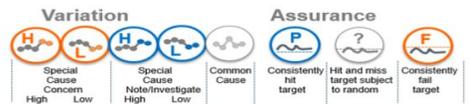
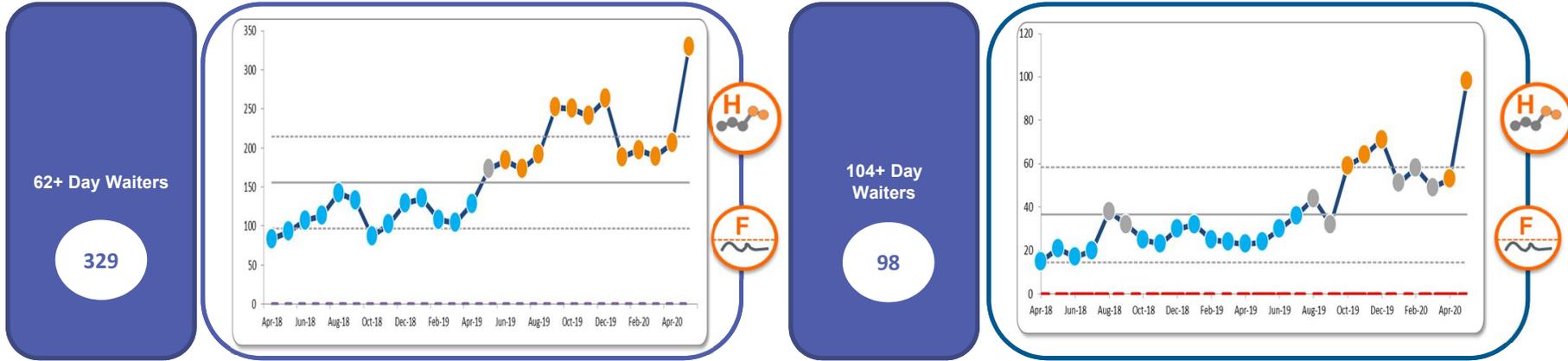
100%



Cancer 62 Day All

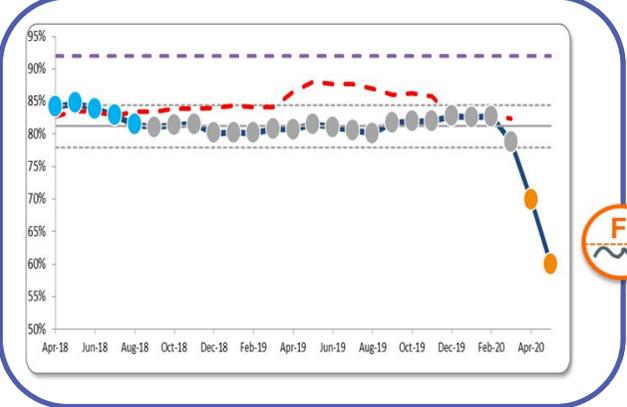
63.92%





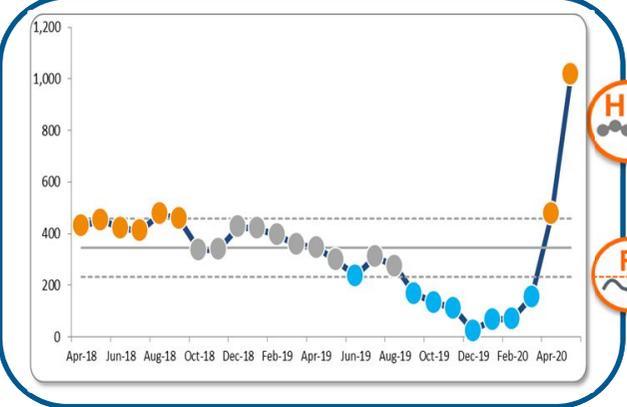
RTT Incomplete

59.89%



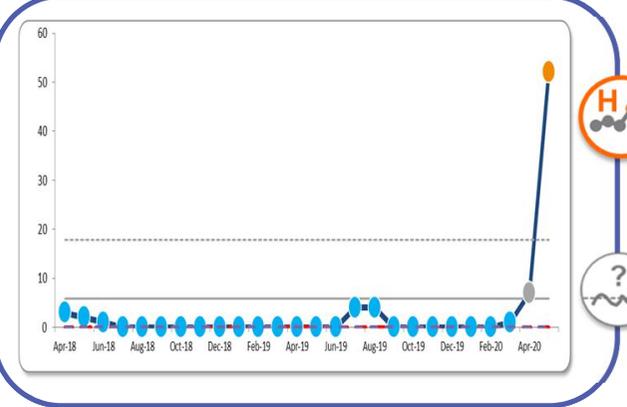
40+ week waits

1,018



52+ week waits

52



Diagnostics (< 6 weeks)

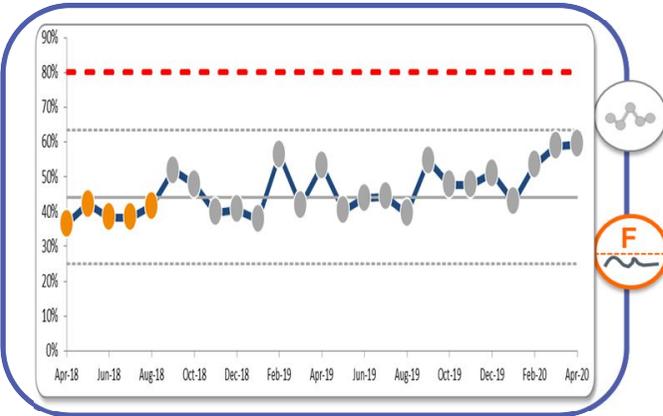
27.52%



Variation			Assurance		
Special Cause Concern High	Special Cause Concern Low	Special Cause Note/Investigate High	Common Cause	Consistently hit target	Hit and miss target subject to random
					Consistently fail target

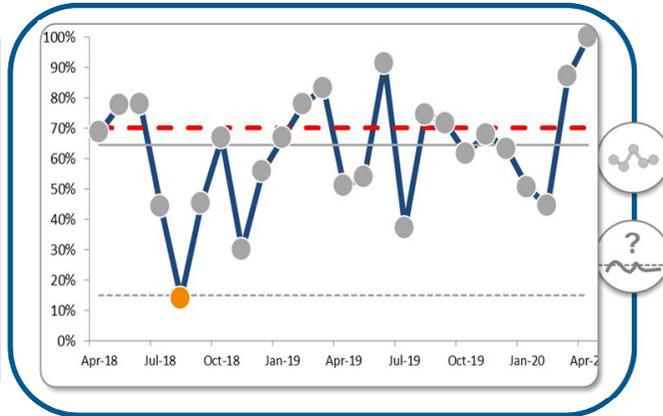
Stroke : % CT scan within 60 minutes

59.40%



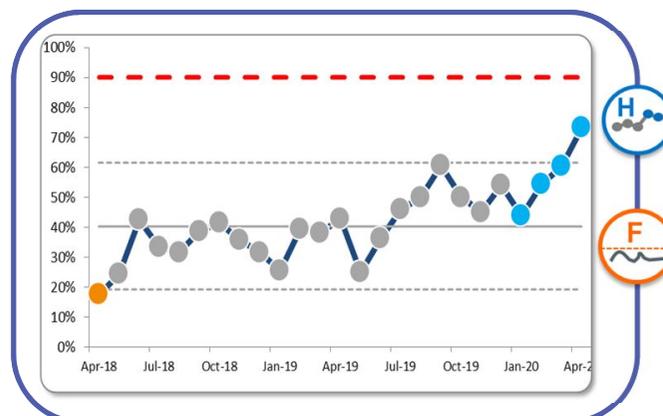
Stroke: % seen in TIA clinic within 24 hours

100%



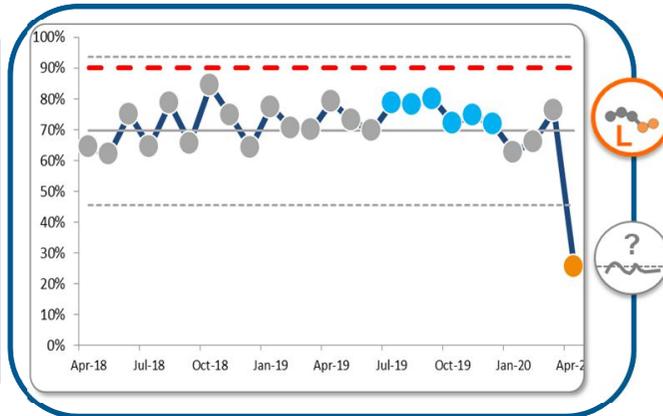
Stroke : % Direct Admission to Stroke ward

73.30%



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

25.50%



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



Operational Performance Table | Month 2 [May] 2020-21

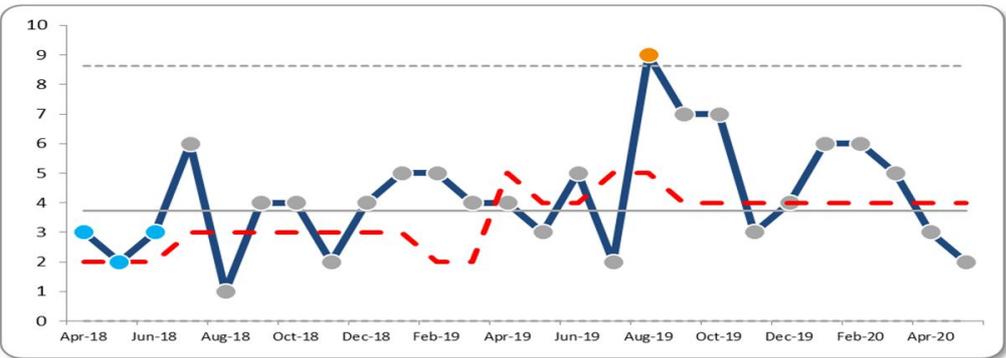


Performance Metrics		Operational Standard	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	
EAS	4 Hours (all)	95%	Actual 77.28% ✗	74.43% ✗	76.82% ✗	77.98% ✗	77.68% ✗	76.49% ✗	74.47% ✗	70.17% ✗	74.23% ✗	76.15% ✗	77.90% ✗	88.92%	91.28%	
		Trajectory	78.60%	78.78%	80.10%	82.10%	86.21%	86.24%	86.00%	86.00%	86.00%	86.00%	86.00%	86.00%		
	15-30 minute Amb. Delays	-	Actual 1,767 ✗	1,738 ✗	1,925 ✗	1,828 ✗	1,624 ✗	1,940 ✗	1,826 ✗	1,946 ✗	1735 ✗	1788 ✗	1992 ✗	1,443	1,148	
		Trajectory	1251	1149	1112	855	831	673	655	704	706	642	470			
30-60 minute Amb. Delays	-	Actual 608 ✓	671 ✗	751 ✗	646 ✗	578 ✗	705 ✗	813 ✗	1,004 ✗	647 ✗	458 ✗	413 ✓	145	82		
	Trajectory	626	522	445	428	416	292	284	376	377	428	470				
60+ minutes Amb. Delays	0	Actual 354 ✗	438 ✗	386 ✗	252 ✗	264 ✗	228 ✓	528 ✗	797 ✗	566 ✗	239 ✗	88 ✗	2	3		
	Trajectory	209	209	222	214	208	269	262	329	330	107	0				
RTT	Incomplete (<18 wks)	92%	Actual 81.51% ✗	81.02% ✗	80.53% ✗	80.10% ✗	81.75% ✗	81.88% ✗	81.94% ✗	82.72% ✓	82.56% ✗	82.66% ✗	82.66% ✓	69.92%	59.89%	
		Trajectory	88.06%	87.72%	87.69%	86.93%	86.01%	86.25%	85.81%	82.59%	83.06%	82.95%	82.43%			
52+ WW	0	Actual 0 ✓	0 ✓	4 ✗	4 ✗	0 ✓	0 ✓	0 ✓	0 ✗	0 ✓	0 ✓	0 ✓	0 ✓	7	52	
		Trajectory	0	0	0	0	0	0	0	0	0	0	0			
CANCER	2WW All	93%	Actual 82.21% ✗	80.75% ✗	79.91% ✗	84.32% ✗	82.76% ✗	82.03% ✗	90.34% ✗	91.99% ✗	87.53% ✗	93.44% ✗	93.83% ✓	89.00%	91.20%	
		Trajectory	93.90%	93.64%	93.94%	94.02%	93.83%	93.96%	93.37%	95.58%	93.34%	94.05%	93.10%			
	2WW Breast Symptomatic	93%	Actual 12.00% ✗	4.58% ✗	16.07% ✗	23.77% ✗	15.52% ✗	24.06% ✗	71.96% ✗	95.92% ✗	88.89% ✗	92.42% ✗	83.10% ✗	100.00%	100.00%	
		Trajectory	51.76%	27.66%	55.68%	87.01%	94.20%	97.81%	93.02%	97.04%	91.72%	96.00%	84.80%			
	62 Day All	85%	Actual 70.16% ✗	65.41% ✗	67.07% ✗	79.70% ✗	65.86% ✗	66.37% ✗	66.87% ✗	73.25% ✗	66.84% ✗	67.75% ✗	75.82% ✗	60.33%	63.92%	
		Trajectory	78.06%	80.91%	82.91%	84.90%	86.04%	86.04%	86.04%	86.04%	86.04%	86.04%	86.04%			
	104 day waits	0	Actual 24 ✗	30 ✗	36 ✗	44 ✗	32 ✗	59 ✗	64 ✗	71 ✗	51 ✗	58 ✗	49 ✗	53	98	
		Trajectory	0	0	0	0	0	0	0	0	0	0	0			
	31 Day First Treatment	96%	Actual 97.85% ✓	96.62% ✗	97.69% ✗	98.11% ✗	98.10% ✓	98.09% ✓	98.13% ✓	97.20% ✗	92.48% ✗	96.90% ✗	97.65% ✓	96.39%	92.65%	
		Trajectory	97.32%	98.80%	97.82%	98.15%	97.35%	96.73%	96.99%	98.30%	94.07%	98.91%	97.22%			
	31 Day Surgery	94%	Actual 93.80% ✓	93.80% ✓	75.00% ✓	85.20% ✓	88.00% ✓	76.00% ✓	84.80% ✓	76.20% ✓	64.00% ✓	63.30% ✓	90.90% ✓	97.1%	75.0%	
		Trajectory	97.06%	96.88%	100.00%	100.00%	95.00%	100.00%	100.00%	100.00%	92.68%	93.33%	95.83%			
	31 Day Drugs	98%	Actual 100% ✓	100% ✓	100% ✓	100% ✓	91% ✗	100% ✓	98% ✓	97% ✗	91% ✓	100% ✓	98% ✓	100.0%	97.4%	
		Trajectory	100%	96.43%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
	31 Day Radiotherapy	94%	Actual 100% ✗	96% ✗	100% ✗	100% ✗	100% ✗	100% ✗	100% ✗	100% ✗	99% ✓	98% ✓	99% ✓	100% ✗	96.4%	98.5%
		Trajectory	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
62 Day Screening	90%	Actual 90.90% ✓	50.00% ✓	100.00% ✓	94.40% ✓	82.50% ✓	85.70% ✓	72.20% ✓	80.00% ✓	73.50% ✓	72.20% ✓	73.90% ✓	70.6%	88.2%		
	Trajectory	85.19%	90.00%	90.70%	76.60%	73.21%	65.38%	78.26%	93.55%	63.41%	86.96%	81.25%				
62 Day Upgrade	-	Actual 69.00% ✓	72.70% ✓	52.40% ✓	73.30% ✓	46.70% ✓	76.90% ✓	80.00% ✓	73.10% ✓	85.70% ✓	85.30% ✓	92.40% ✓	96.2%	88.9%		
	Trajectory	62.50%	59.09%	83.33%	80.00%	90.91%	60.00%	75.00%	55.00%	62.50%	84.21%	65.38%				
Diagnostics (DM01 only)	99%	Actual 93.67% ✗	95.16% ✓	95.68% ✓	93.17% ✓	94.21% ✓	95.96% ✓	95.78% ✓	94.94% ✓	95.28% ✓	97.64% ✓	94.29% ✗	33.37%	27.52%		
	Trajectory	94.74%	91.42%	91.42%	89.52%	88.25%	91.28%	91.91%	89.77%	94.99%	96.71%	99.03%				
STROKE	CT Scan within 60 minutes	-	Actual 40.30% ✗	43.90% ✗	44.30% ✗	39.50% ✗	54.70% ✗	47.70% ✗	47.70% ✗	51.00% ✗	42.90% ✗	53.40% ✗	58.80% ✗	59.40%	-	
		Trajectory	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%			
	Seen in TIA clinic within 24hrs	-	Actual 53.90% ✗	91.20% ✓	37.10% ✗	74.40% ✓	71.60% ✓	61.60% ✗	67.90% ✗	63.10% ✗	50.50% ✗	44.40% ✗	87.00% ✓	100.00%	-	
		Trajectory	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%			
Direct Admission	-	Actual 25.00% ✗	36.20% ✗	46.00% ✗	50.00% ✗	60.70% ✗	50.00% ✗	45.10% ✗	54.10% ✗	43.90% ✗	54.40% ✗	60.40% ✗	73.30%	-		
	Trajectory	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%				
90% time on a Stroke Ward	-	Actual 73.00% ✗	69.60% ✗	78.50% ✗	78.00% ✗	80.00% ✗	72.10% ✗	74.60% ✗	71.70% ✗	62.70% ✗	66.00% ✗	76.11% ✗	25.50%	-		
	Trajectory	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%				

Number of patients developing Clostridioides difficile

May-20

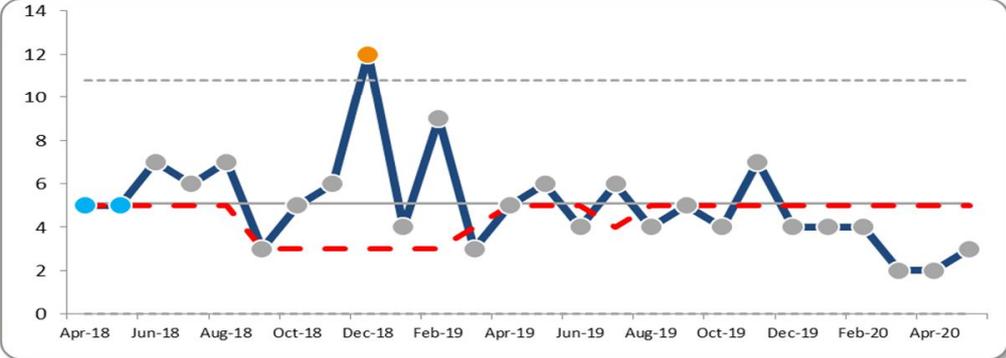
2



Number of patients developing Ecoli bacteraemia

May-20

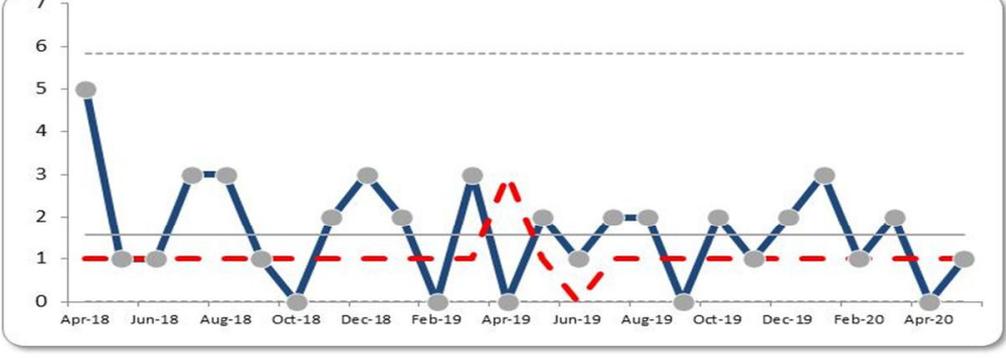
3



Number of patients developing MSSA bacteraemia

May-20

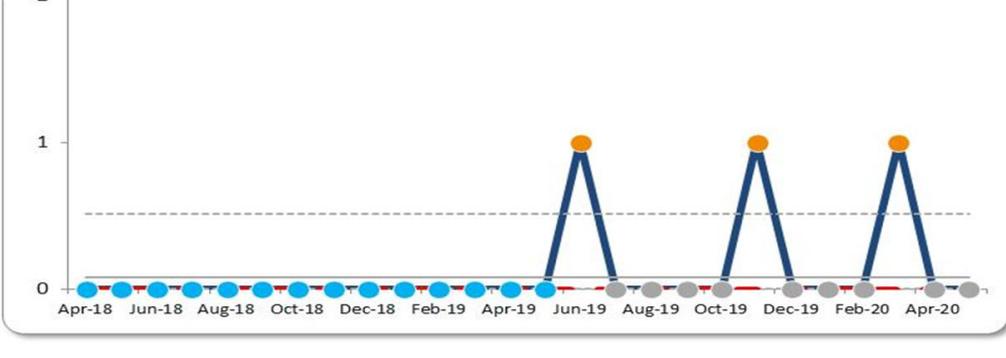
1



Number of patients developing MRSA bacteraemia

May-20

0




Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated May 20 as at 09th June 2020

Total Medicine incidents reported

May-20

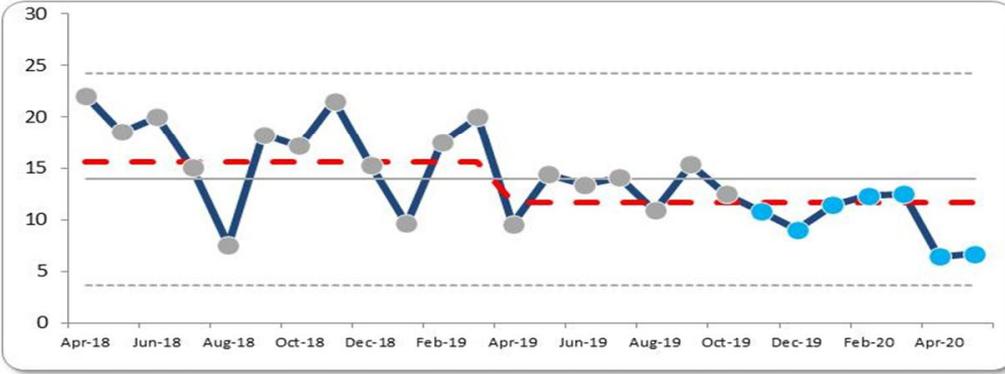
105



Medicine incidents causing harm (%)

May-20

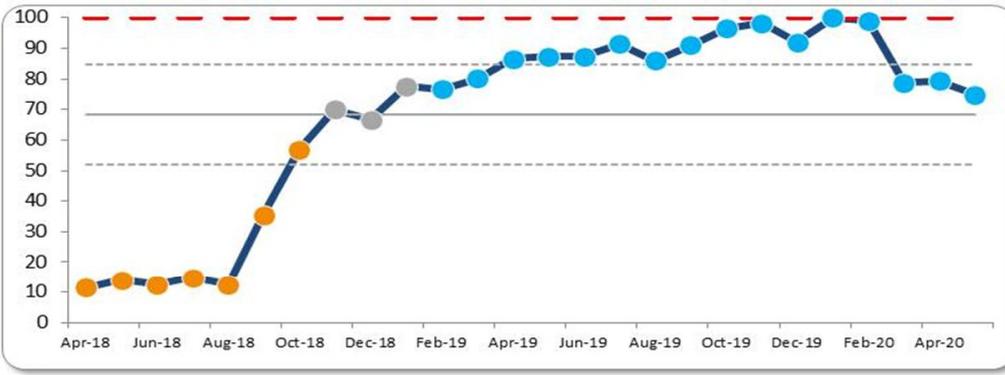
6.67



Hand Hygiene Audit Participation (%)

May-20

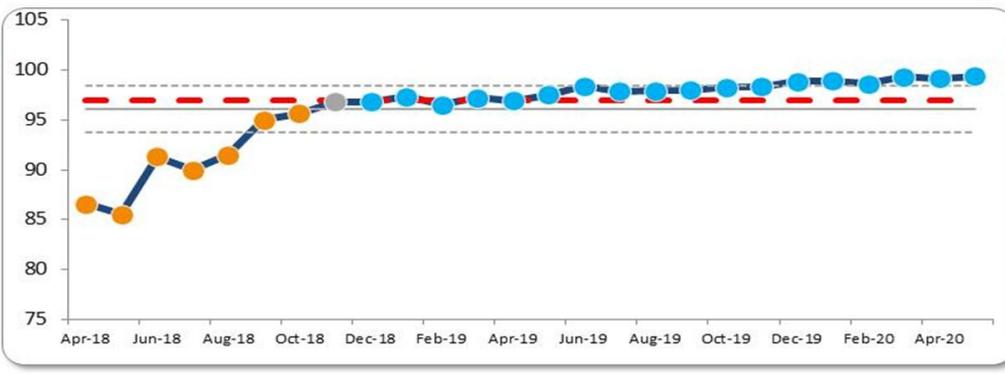
74.77



Hand Hygiene Compliance (%)

May-20

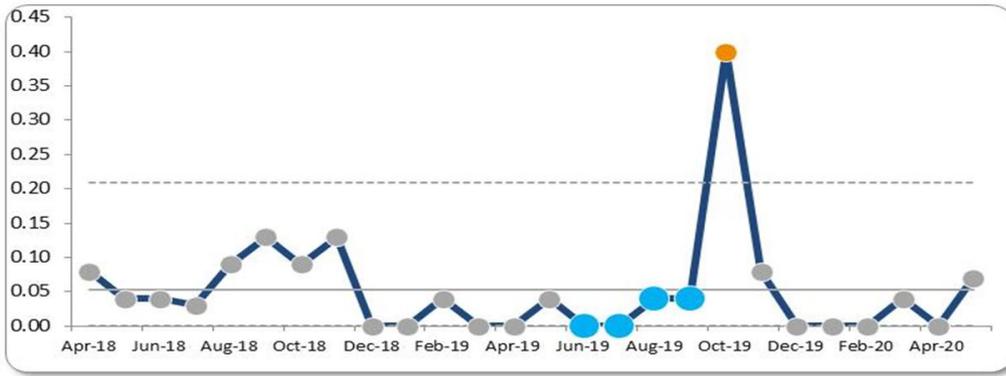
99.38




Falls per 1,000 bed days causing harm

May-20

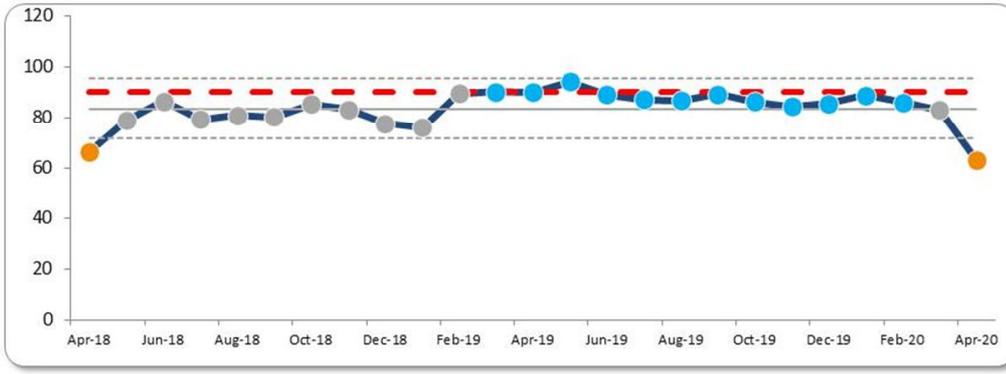
0.07



Sepsis Screening Compliance (audit) (%)

Apr-20

63.25



Sepsis 6 Bundle Compliance (audit) (%)

Apr-20

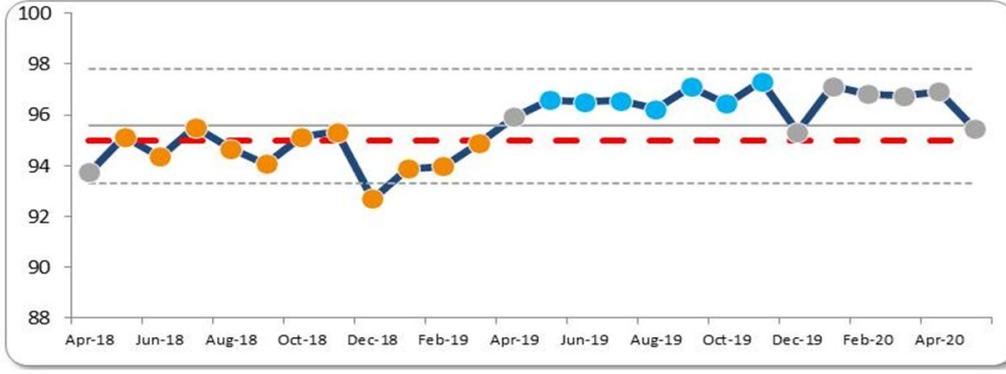
43.37



VTE Assessment Compliance (%)

May-20

95.49



Variation

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

Assurance

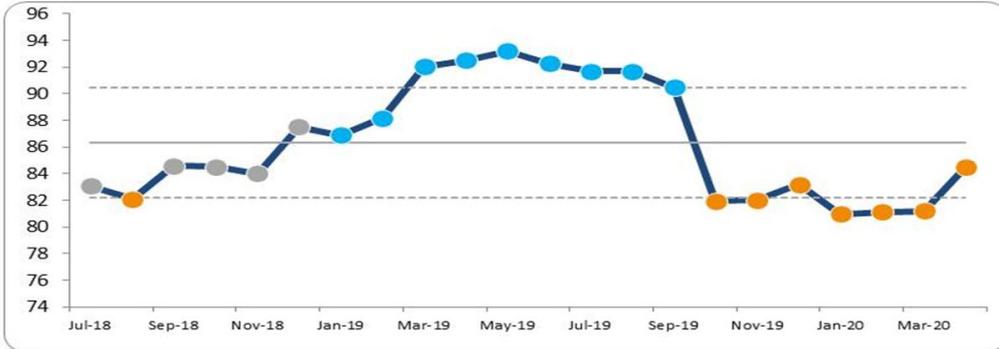
- Consistently hit target (P)
- Hit and miss target subject to random (H)
- Consistently fail target (F)

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated May 20 as at 09th June 2020

ICE reports viewed [radiology] (%)

Apr-20

84.46



ICE reports viewed [pathology] (%)

Apr-20

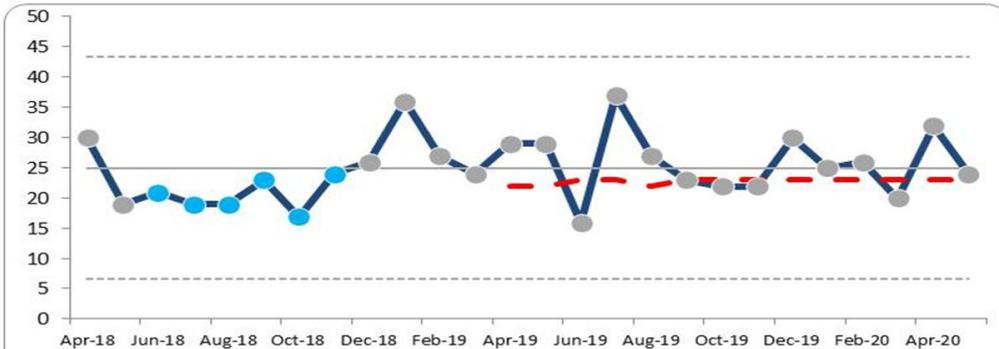
97.06



All Hospital Acquired Pressure Ulcers

May-20

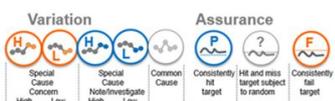
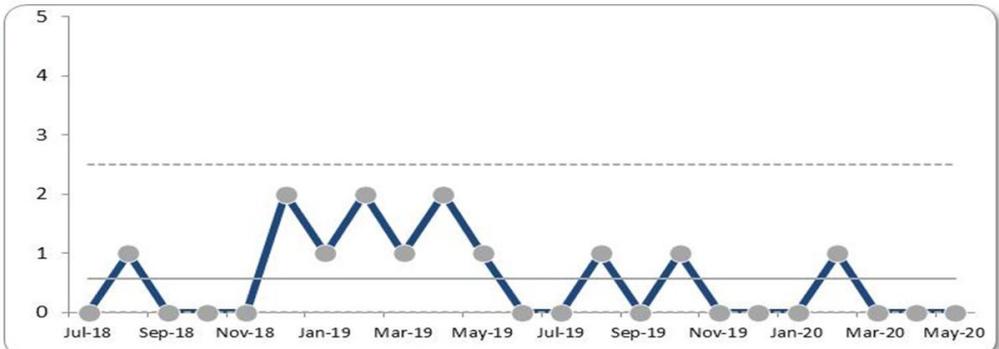
24



Serious Incident Pressure Ulcers

May-20

0



Month 2 [May] | 2020-21 Quality & Safety Summary

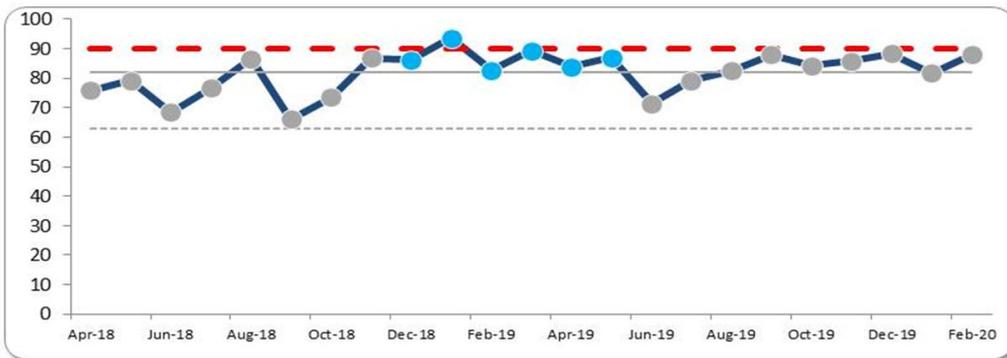
Care that is Effective / Positive Experience

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated May 20 as at 09th June 2020

#NOF time to theatre \leq 36 hours (%)

Feb-20

87.93



Mortality Reviews completed \leq 30 days (%)

Apr-20

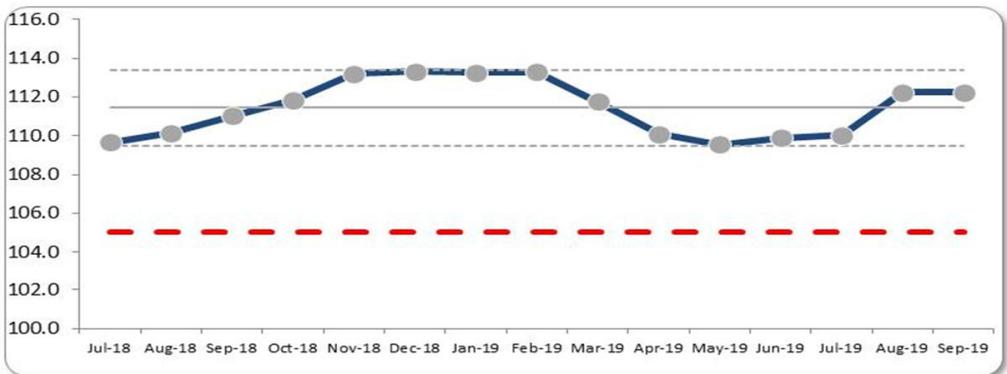
18.95



HSMR 12 month rolling average

Sep-19

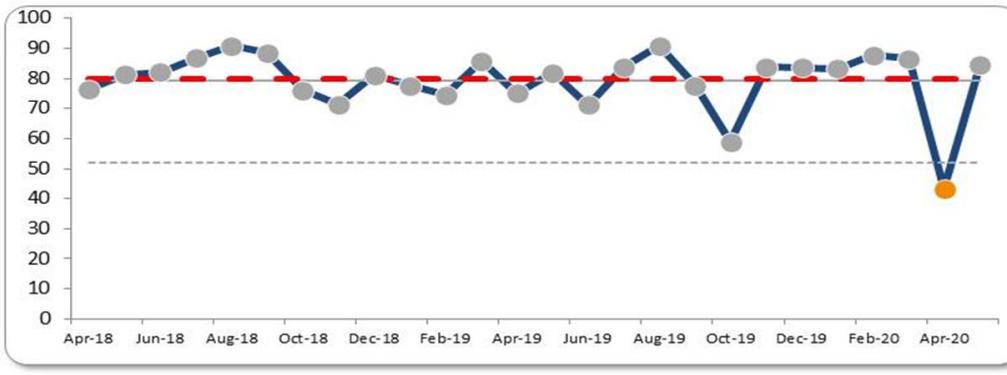
112.2



Complaints Responses \leq 25 days (%)

May-20

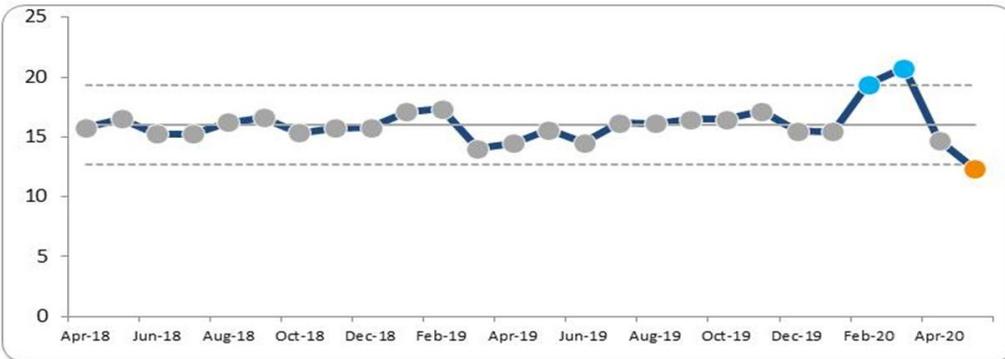
84.62




Discharges before midday (%)

May-20

12.31



Risks overdue review

May-20

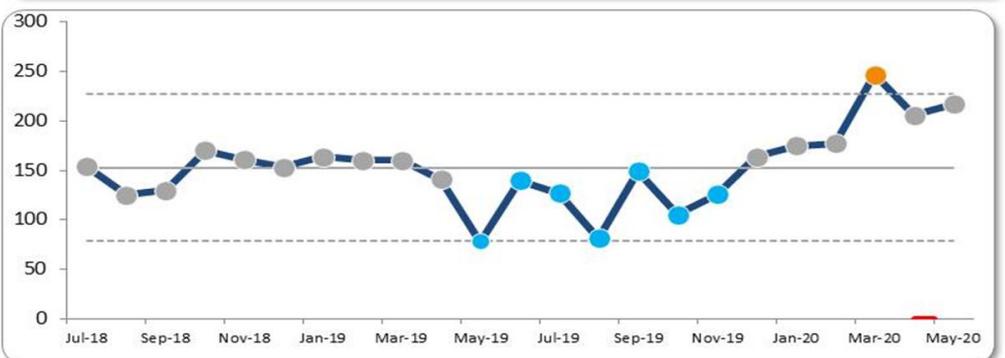
193



Risks with overdue actions

May-20

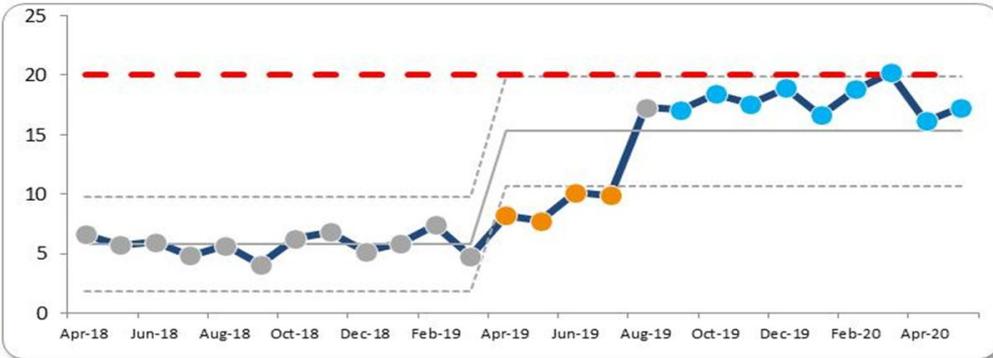
217



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

April 20

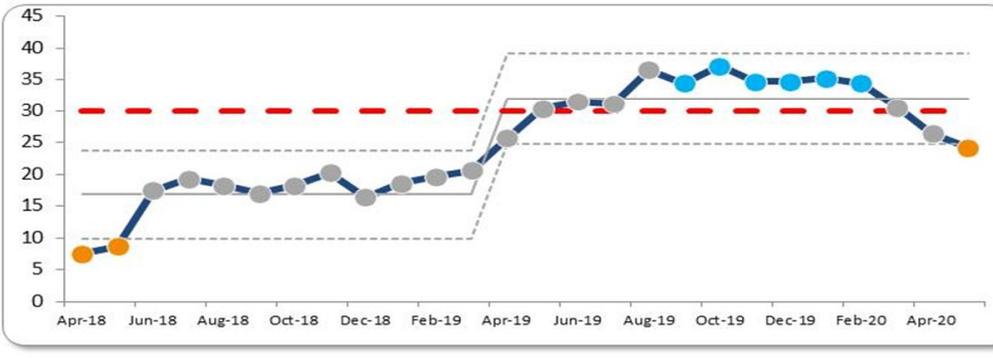
18.10



Inpatient Response Rate Friends & Family Test (%)

April 20

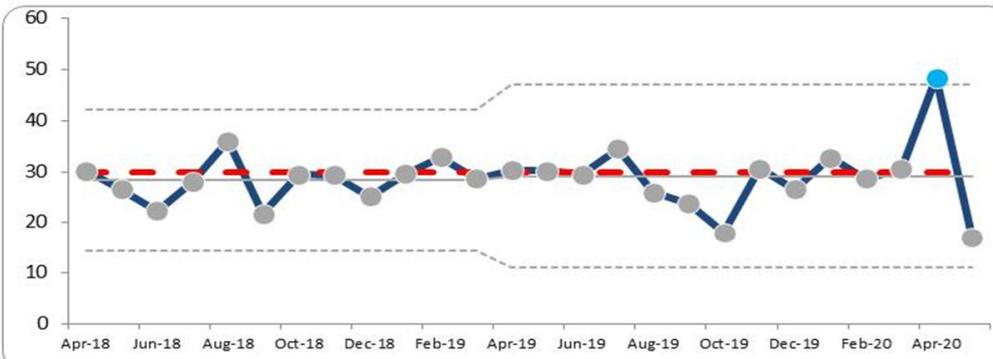
24.81



Maternity Response Rate Friends & Family Test (%)

April 20

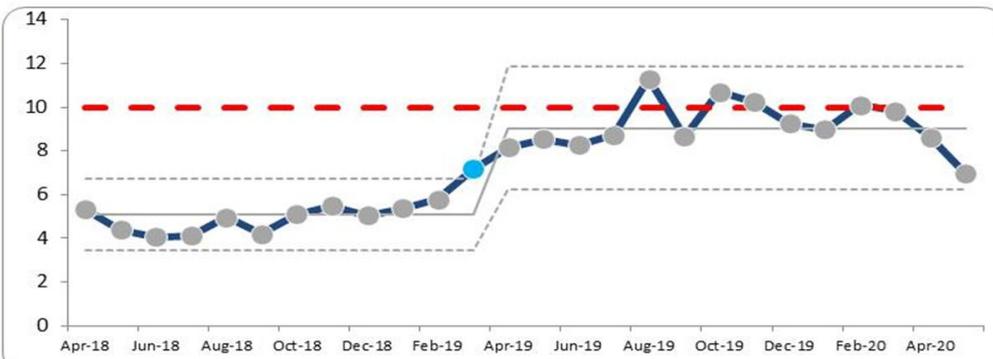
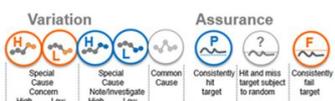
17.05



Outpatients Response Rate Friends & Family Test (%)

April 20

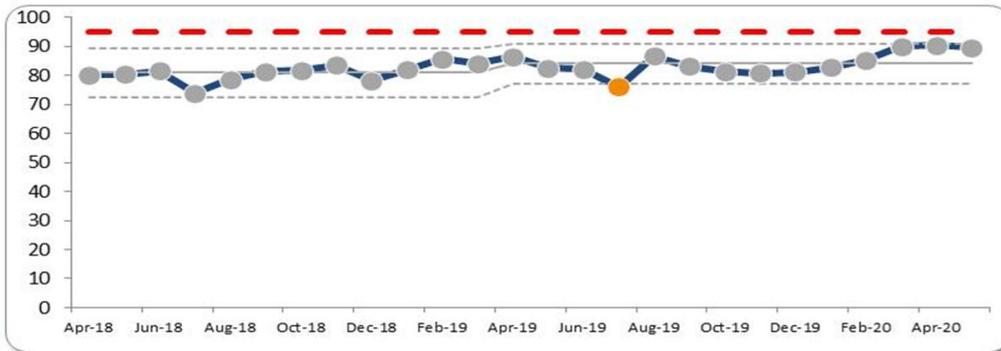
6.92

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

April 20

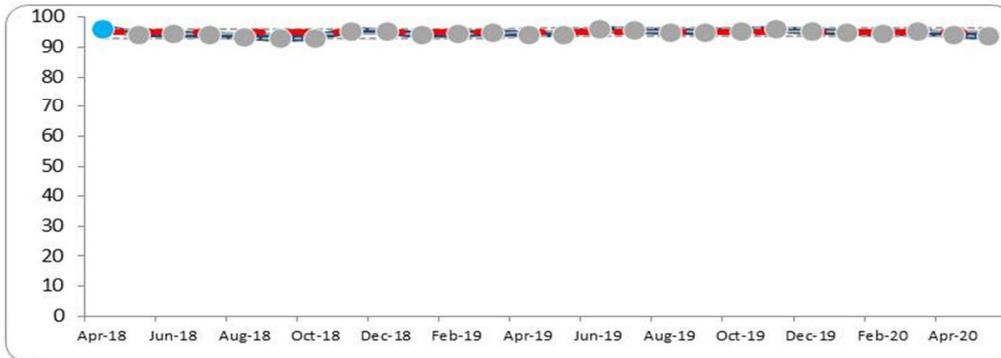
89.76



Inpatient Recommended Rate
Friends & Family Test (%)

April 20

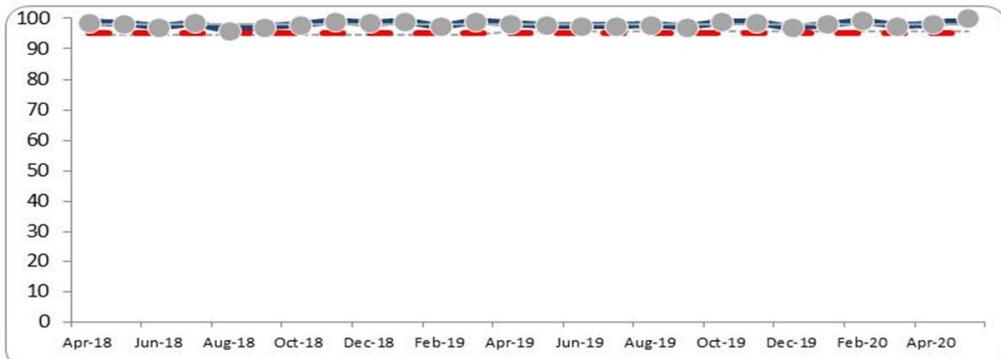
93.77



Maternity Recommended Rate
Friends & Family Test (%)

April 20

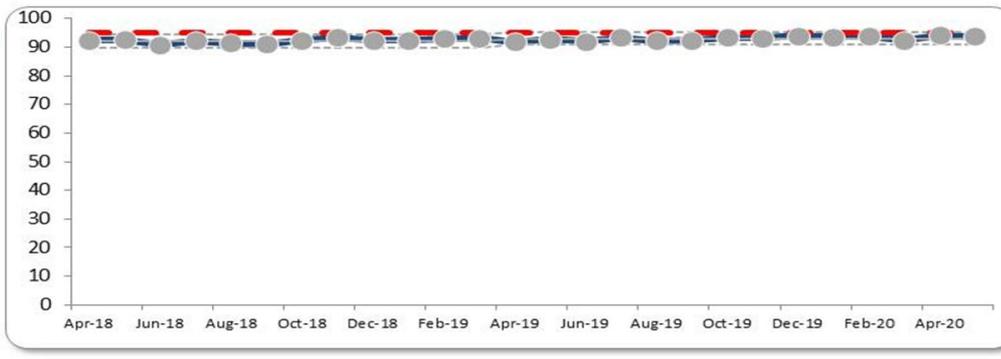
100.00



Outpatients Recommended Rate
Friends & Family Test (%)

April 20

93.77






Quality & Safety Performance Table Month 2 [May] 2020-21



Enc F2 IPR att 3
0720

Performance Metrics		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Cdiff	0 Actual	4 ✓	3 ✓	5 ✗	2 ✓	9 ✗	7 ✗	7 ✗	3 ✓	4 ✓	6 ✗	6 ✗	5 ✗	3 ✓	2 ✓
	Trajectory	5	4	4	4	5	4	4	5	4	5	4	4	5	5
Ecoli	0 Actual	5 ✓	6 ✗	4 ✓	6 ✗	4 ✓	5 ✓	✗ ✗	7 ✗	4 ✓	4 ✓	4 ✓	2 ✓	2 ✓	3 ✓
	Trajectory	5	5	5	4	5	5	5	5	5	5	5	5	4	4
MSSA	0 Actual	0 ✓	2 ✗	1 ✗	2 ✗	2 ✗	0 ✓	2 ✗	1 ✓	2 ✗	3 ✗	1 ✗	2 ✗	0 ✓	1 ✓
	Trajectory	3	1	0	1	1	1	0	1	1	1	0	0	3	3
MRSA	Actual	0 ✓	0 ✓	1 ✗	0 ✓	0 ✓	0 ✓	0 ✓	1 ✗	0 ✓	0 ✓	0 ✓	1 ✗	0 ✓	0 ✓
	Trajectory	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hospital Acquired Deep Tissue injuries	0 Actual	8 -	11 -	3 -	8 -	6 -	9 -	6 -	7 -	12 -	12 -	5 -	8 -	15 -	6 -
	Trajectory	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Falls per 1,000 bed days causing harm	0 Actual	0 ✓	0.04 ✓	0 ✓	0 ✓	0.04 ✓	0.04 ✓	0.04 ✓	0.08 ✗	0.04 ✓	0 ✓	0.04 ✓	0.08 ✗	0.00	0.07
	Trajectory	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04		
% medicine incidents causing harm	0% Actual	9.57% ✓	14.40% ✗	13.38% ✗	14.07% ✗	10.87% ✓	15.34% ✗	12.50% ✗	10.78% ✓	9.02% ✓	11.41% ✓	10.67% ✓	8.24% ✓	6.45%	6.67%
	Trajectory	11.71%	11.71%	11.71%	11.71%	11.71%	11.71%	11.71%	11.71%	11.71%	11.71%	11.71%	11.71%		
Hand Hygiene Audit Participation	100% Actual	86.55% ✗	87.39% ✗	87.39% ✗	91.38% ✗	85.96% ✗	91.07% ✗	96.43% ✗	98.21% ✗	91.96% ✗	100.00% ✓	99.11% ✗	78.76% ✗	79.28%	74.77%
	Trajectory	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Hand Hygiene Compliance to practice	97% Actual	96.95% ✗	97.52% ✓	98.39% ✓	97.88% ✓	97.92% ✓	97.98% ✓	98.28% ✓	98.35% ✓	98.84% ✓	98.90% ✓	98.64% ✓	99.35% ✓	99.17%	99.38%
	Trajectory	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%		
VTE Assessment Rate	95% Actual	95.92% ✓	96.58% ✓	96.51% ✓	96.55% ✓	96.23% ✓	97.10% ✓	96.45% ✓	97.33% ✓	95.32% ✓	97.14% ✓	96.83% ✓	96.76% ✓	96.91%	95.49%
	Trajectory	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%		
Sepsis Screening compliance	90% Actual	90.05% ✓	94.39% ✓	89.24% ✗	87.16% ✗	86.83% ✗	89.30% ✗	86.35% ✗	84.51% ✗	85.64% ✗	88.89% ✗	86.03% ✓	82.99%	63.25%	-
	Trajectory	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%		
Sepsis 6 bundle compliance	100% Actual	57.50% ✗	44.66% ✗	47.47% ✗	60.00% ✗	68.09% ✗	51.96% ✗	45.00% ✗	59.26% ✗	42.31% ✗	58.33% ✗	55.74% ✓	64.94%	43.37%	-
	Trajectory	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%		
#NOF time to theatre <=36 hrs	95% Actual	83.87% ✗	86.89% ✓	71.43% ✗	79.10% ✗	82.46% ✗	88.00% ✓	84.21% ✗	85.71% ✓	88.27% ✓	81.67% ✗	87.93% ✓	-	-	-
	Trajectory	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%		
Mortality Reviews completed <=30 days	100% Actual	40.45% -	53.74% -	43.65% -	45.18% -	46.58% -	68.57% -	54.31% -	59.74% -	52.91% -	59.24% -	53.53% -	22.94% -	18.95%	-
	Trajectory	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HSMR 12 month rolling average	100 Actual	110.15 -	109.6 -	109.96 -	110.02 -	112.24 -	-	-	-	-	-	-	-	-	-
	Trajectory	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Complaints responses <=25 days	85% Actual	75.00% ✗	81.82% ✓	71.19% ✗	83.93% ✓	90.91% ✓	77.50% ✗	58.93% ✗	83.78% ✓	83.67% ✓	83.33% ✓	87.76% ✓	86.49% ✓	43.33% ✓	84.62% ✓
	Trajectory	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
ICE viewed reports [pathology]	100% Actual	96.85% -	96.66% -	96.83%	96.69%	96.54%	96.19%	95.97%	95.64%	96.10%	95.79%	95.33%	95.77%	97.06%	-
	Trajectory	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ICE viewed reports [radiology]	100% Actual	92.49% -	93.22% -	92.28% -	91.67% -	91.69% -	90.46% -	81.95% -	82.01% -	83.19% -	80.96% -	81.13% -	81.22% -	84.46%	-
	Trajectory	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Key Performance Indicator	Variation/Assurance and Corrective Action
Appraisal (non-medical)	Compliance has fallen again by 4% this month and is currently 72%. This is 11% lower than the same period last year and is a direct result of staff being advised that they could relax this due to Covid-19 workload. However, as the Trust is seeking to restart services and staff have access to zoom, skype and Microsoft teams there should be no barrier to appraisals. TME have agreed to retain the 90% target during Covid. Monthly appraisal reports are being reinstated from HR and ESR continues to send automated reminders to managers and individual staff.
Mandatory Training	Mandatory Training compliance has stabilised and remained the same at 87% despite the 70 wte increase in contracted staff in post. A reduction in mandatory training was expected due to the cessation of face to face training as part of the Covid-19 response. However, the majority of topics are available as e-learning through ESR which is accessible from home or in the workplace. HR BP's and divisions have been provided with compliance data for those staff who are shielding or working from home to ensure that they are 100% compliant. TME have agreed to retain the current 90% target during Covid. The Model Hospital benchmark is 90% nationally and 88% within our peers.
Medical appraisal	Medical Appraisal has reduced by 6% this month to 83% against Model Hospital average of 85%. This is directly as a result of Covid-19 relaxation on appraisals. However, there should be no barrier to appraisals as these can be done remotely rather than face to face. Reminders through ESR Self Service, implementation of Allocate e-appraisal system, and dedicated resource in HR to support medical appraisal and revalidation have been effective in improving and maintaining trajectory previously. TME have agreed to retain the current 90% target during Covid but appraisal reports will be reinstated to encourage Divisions to improve on this area.
Consultant Job Plans	Consultant Job plan compliance has reduced by 32% since February 2020 from 89% to 57%. There has been a 6% reduction this month. This demonstrates a lack of focus on this area during Covid 19 response which has been compounded by the numbers of job plans that ran through till March. TME have agreed to retain the current target of 90% during Covid but Divisional Medical Directors will need to give this more attention.
Vacancy rate	Our vacancy rate (including bank and agency has reduced by 2.2% to 9.54% this month, partly due to a 74 wte reduction in funded establishment. International recruitment has continued to stall due to flight restrictions but all existing overseas nurses have been entered onto a temporary NMC register so that they can practice as Band 5 nurse so are no longer supernumerary. The national substantive NHS vacancy rate was 8.1% in March 2019 (office of national statistics). We have continued active recruitment to roles during Covid-19 and our substantive vacancy rate is currently 6.17% which is 3.43% better than the same period last year.

People and Culture KPI's – M2 –May 2020

Variation

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

Assurance

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

Key Performance Indicator	Variation/Assurance and Corrective Action
Staff turnover	Turnover had been reducing month on month since May 2019. However this month turnover has increased by 0.04% from 11.41% to 11.45%, against a 12% target. The target is 11% from April 2020. Our monthly turnover rate on latest Model Hospital is favourable at 1.09% compared to national average of 1.23% (March 2020 rate)
Staff in Post Growth	Staff in Post on ESR payroll has increased by 4.5 wte this month. There are There are 592 wte additional staff in post since April 2016 across all staff groups, due to various successful recruitment campaigns to respond to increased establishment for new wards.
Establishment Growth	Establishment has reduced by 74 wte this month (including a reduction of 57 wte substantive). Total growth since April 2017 is 706 wte due to new wards and Covid - see Finance report.
Total hours worked	Our total hours worked have reduced by 54 wte this month. This is still an increase of 175.54 wte compared to the same period last year due to new wards, section 31, coronavirus response and increased fill rates through NHSP interface. Our total hours worked have remained below establishment due in part to incident planning functionality which has been enabled on Allocate to redeploy staff and cancel out bank and agency shifts. HR Business Partners are working with divisions to reduce agency spend.
Monthly Sickness Absence Rate	Sickness rates have reduced by 0.34% this month from 5.9% to 5.56% against local Trust target of 4%. The Trust is reported as 5.2% on the latest Model Hospital data against national benchmark of 4.98% (December 2019 rates). COVID19 has impacted sickness rates and medical suspension rates since March 2020 but May showed improvement from April. A separate SPC chart for Covid Absence is included again this month.
Agency Spend as a % of gross cost	Agency spend as a % of gross cost has reduced this month by 0.75% from 7.02% to 6.27%. This correlates with a reduction in hours worked which was achieved by the use of redeployment. This would not have been possible without deployment of the Incident Management module of Allocate, and the NHSP interface to e-roster. This is the first time since June 2018 that we have been below our 7% target. See Finance Report
Bank Spend as a % of gross cost	Bank spend as a % of gross cost has reduced this month by 1.59% from 7.4% to 5.83%. Functionality on Allocate system has enabled greater grip and control over redeployment for Covid this month. The Trust has met the target of 7% this month without increasing Agency spend.
Covid-19 related Absence	The Covid SPC charts track absence and Covid-19 related absence. As at 31 st May we had 8.39% staff absent due to any type of sickness, self-isolation or social distancing (shielding). 5.33% of this was Covid related absence. Following notification by NHSI that the Trust appeared an outlier, an error was identified in the data feed to SitRep which was corrected from 5 th May. Welfare calls have reduced the number of staff social distancing with many due back from 9 th June.

People and Culture KPI's – M2 – May 2020

Variation

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

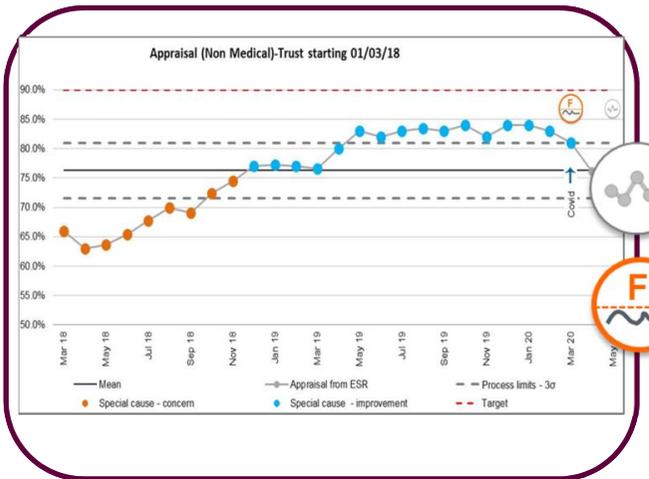
Assurance

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

Appraisal (Non-Medical)

↓

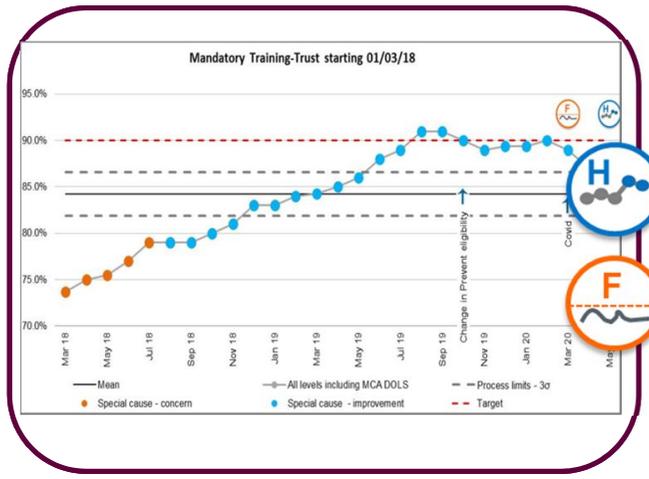
72%



Mandatory Training

→

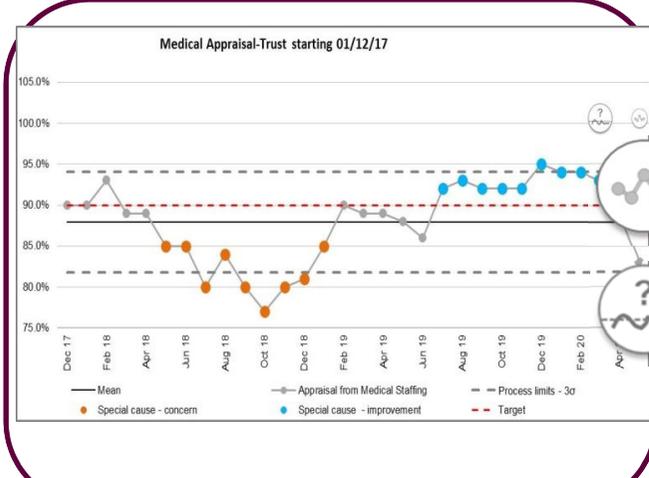
87%



Medical Appraisal

↓

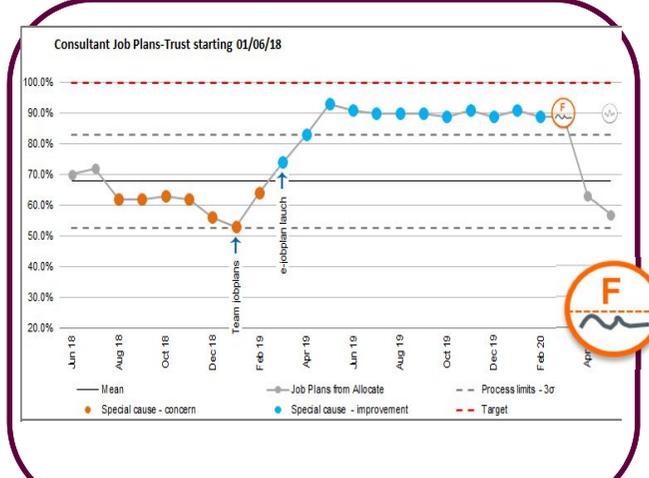
83%



Consultant Job Plans

↓

57%



Variation

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

Assurance

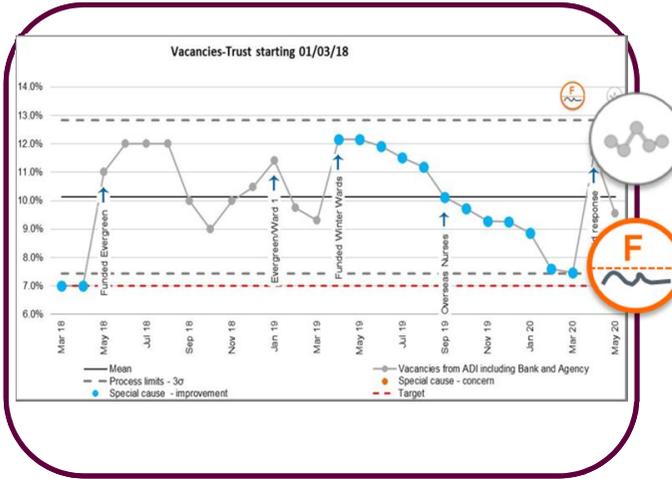
- Consistently hit target (P)
- Hit and miss target subject to random (Q)
- Consistently fail target (F)

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

Vacancies

↓

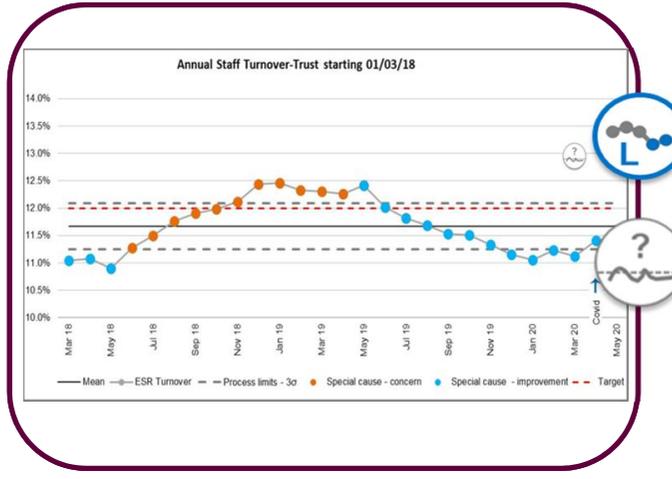
9.54%



Annual Staff Turnover

↑

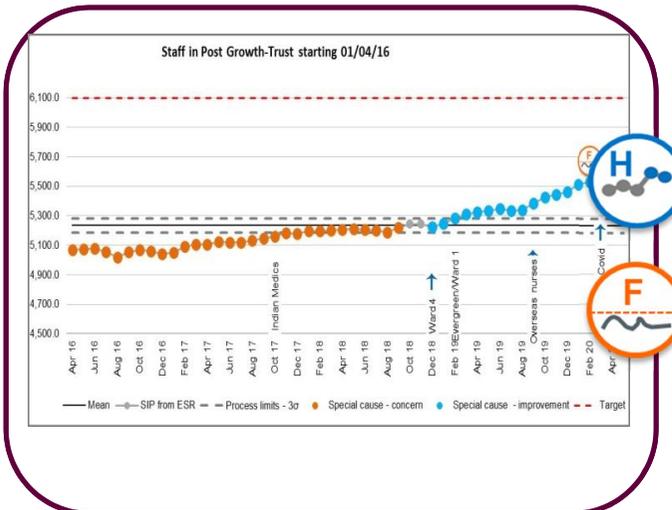
11.45%



Staff in Post Growth

↓

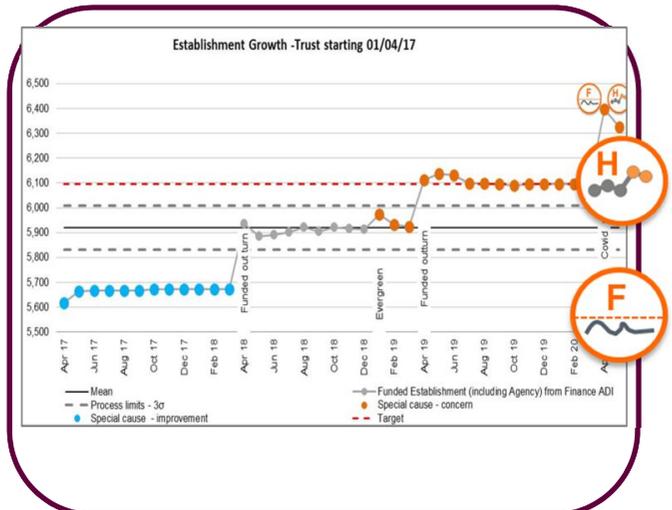
+ 592 wte



Establishment Growth

↓

+ 706 wte



Variation

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

Assurance

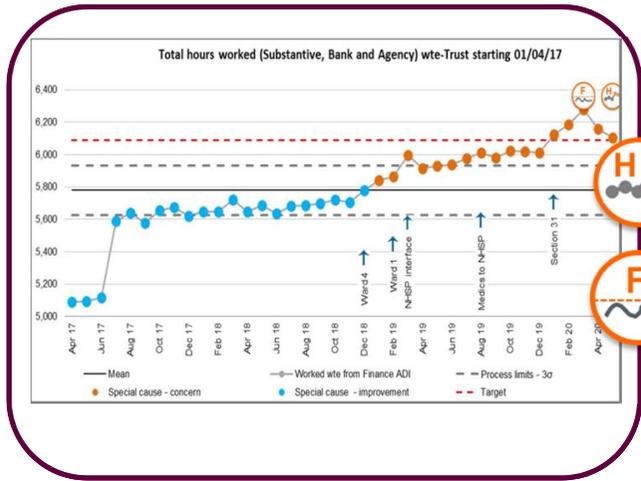
- Consistently hit target (P)
- Hit and miss target subject to random (Q)
- Consistently fail target (F)

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

Increase in total hours worked

↓

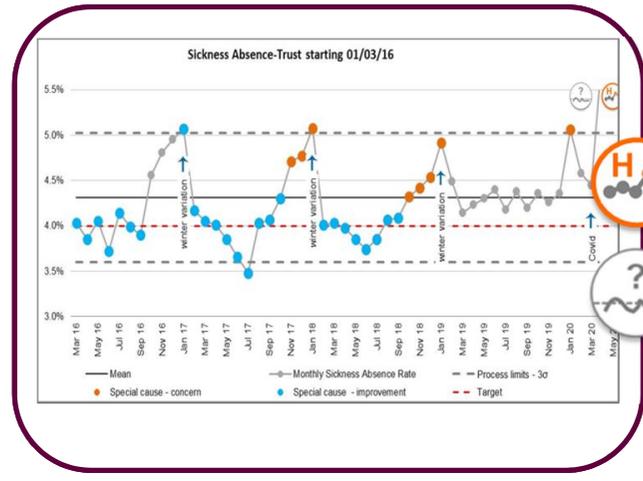
+ 1014 wte



Monthly Sickness Absence

↓

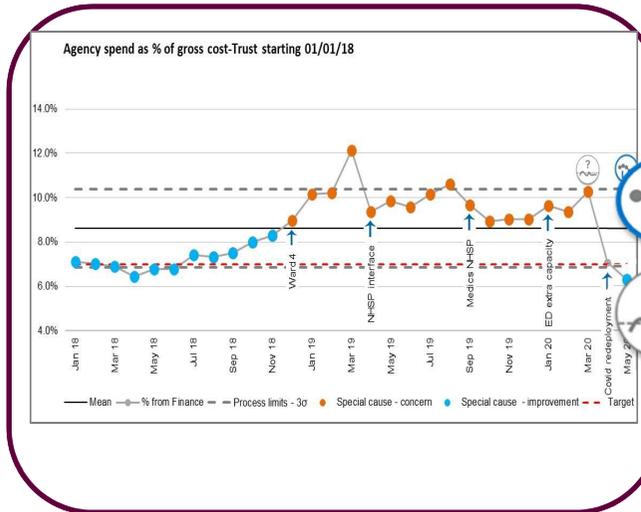
5.56%



Agency Spend as % of gross cost

↓

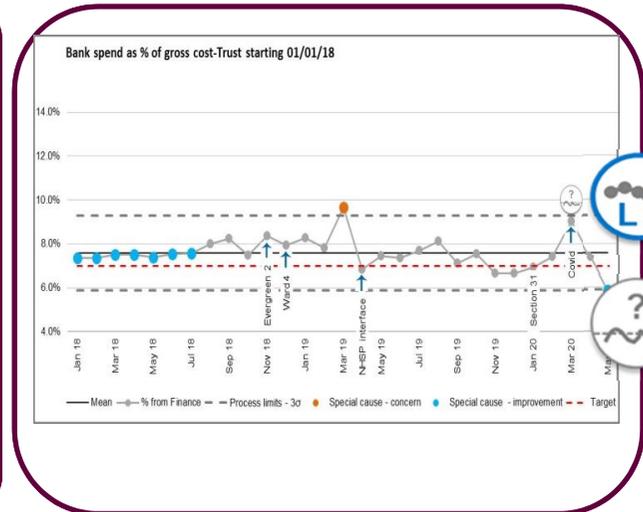
6.27%



Bank Spend as % of gross cost

↓

5.83%



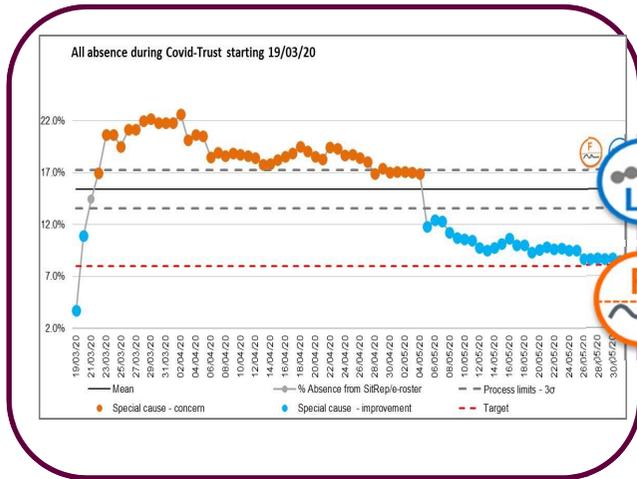
Variation			Assurance		
Special Cause Concern High	Special Cause Concern Low	Special Cause Note/Investigate High	Common Cause	Consistently hit target	Hit and miss target subject to random
					Consistently fail target

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

All Absence during Covid

↓

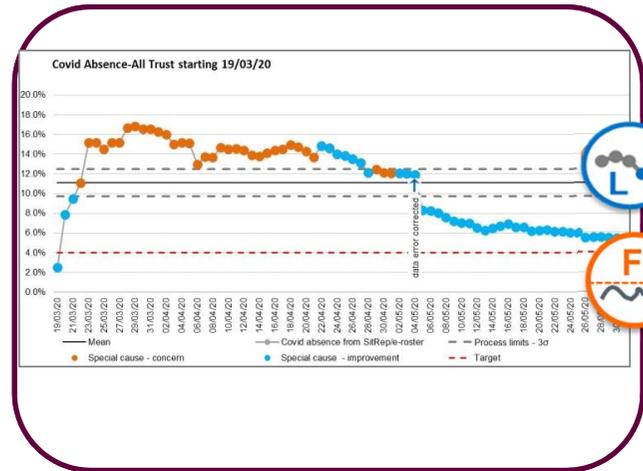
8.39%



Covid % absence only

↓

5.33%



Variation			Assurance		
Special Cause Concern	Special Cause Note/Investigate	Common Cause	Consistently hit target	Hit and miss target subject to random	Consistently fail target
High	High				
Low	Low				

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

Committee Assurance Reports

Trust Board
9th July 2020

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

Finance & Performance Committee Assurance Report – June 2020

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

Executive Summary

The Finance & Performance Committee met virtually on 24 June 2020.

COVID-19: We received an update from the Chief Executive in relation to the operational performance. There was a slight rise in COVID-19 cases in June but this has stabilised. Staffing absence continue to reduce with 225 staff members off self isolating. Currently the Trust is awaiting further guidance on the reduction on social distancing from 2m to 1m+. There was no substance to the rumour that Worcester was a hot spot for COVID-19. There is now a focus on restart and renewal programme with good engagement from all clinicians (this on the Board agenda). We were also updated on the risk assessments for all staff and this item is also on the Board's agenda.

BAF: We approved the document with three additions in relation to risks 7 and 12. This is on the Board agenda.

Financial performance: A revised COVID-19 financial framework has been established. PbR is currently suspended and a block contract arrangement exists. Additional payments in relation to COVID-19 expenditure is administered through a top up mechanism. In May, the Trust reported a deficit of £5.1m prior to the top-up. This is £1.7m better than the financial framework assumptions. We received £5.1m top up payment so are reporting a break even position.

The current situation makes is very difficult to assess financial performance. We have seen a reduction in our run rate for pay and non-pay costs. We have checked with colleagues and we have a similar position to other trusts. In respect of pay, we were informed of the controls in place to ensure a grip on pay. We had a discussion on assessing the productivity and efficiency in the COVID-19 environment. We had a good summary on the current position in respect of establishing a baseline and we have scheduled another meeting to review this in depth.

We have a healthy cash position.

Breast Imaging Full Business Case: We approved this for presentation to the Board. Due to commercial confidentiality, this is on the private Board agenda.

HomeFirst Worcestershire: There was a fall in discharges and flow due to the lack of presence on the wards for the onward care team which has been rectified. Around 30 patients are staying more than 21 days and there is now more focus on the 14 day plus. Staff should be appointed to the new clinical site management in the next week which will see better 24 hour operational management. This report is on the Board agenda.

Finance & Performance Committee Assurance Report – June 2020

Executive Summary (cont.)

Integrated Performance Report: We are continuing to maintain a high level of activity for cancer as part of the partnership with the independent sector. Our performance means that we are the 4th best in the country for utilisation of the independent sector. The absolute number of diagnosed cancer remains the same, despite the fall in referrals. We are positive that our model for the acute medical unit will reap benefits with patients bypassing the ED. We remain concerned with the long waits for diagnostics and the referral to treatment times.

Assurance level 4 for the HomeFirst Worcestershire report and IPR.

Background

The Finance and Performance Committee is set up to assure the Board with respect to the finance and performance agenda.

Recommendations

The Board is requested to

- receive this report for assurance.

Quality Governance Committee Assurance Report – June 2020

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

Executive Summary

The Committee met virtually on 25 June 2020. Key points raised were:

Harm review process: We were delighted to welcome Amanda Markall (Director of Operations, Surgery) and Graham James (deputy CMO) to the meeting to explain the Trust’s revised approach to harm reviews. This paper covered COVID patients as well as those whose treatment has been delayed. How to assess psychological harm is also being considered. We were assured that if any harm was found, full Duty of Candour would be exercised. We were pleased to approve this excellent piece of work and we will receive a report bi-monthly from the harm review panel.

Board Assurance Framework: We approved the quality section for presentation to the Trust board. It is on the Board’s agenda.

Quality Indicators: We had a discussion about how much of the performance during April and May could be attributed to COVID and were pleased that where appropriate, the indicators were by bed days. We were disappointed with the sepsis 6 performance, but understand that the key personnel involved in this indicator are ITU specialists so were not focussed on this area during this time. We also understood that the hand hygiene audits have decreased due to the closure of wards and that this metric should be back to nearly 100%.

COVID-19 mortality report: Andy Burtenshaw (clinical director – critical care) attended to present an excellent analysis of the COVID deaths in ITU during the pandemic. We are able to assure that Board that the performance of ITU was excellent during this time and I have sent a Thank You card to all the staff . A full report on mortality during this time will be presented to the September Board.

HealthWatch LGBT+ report: Unfortunately no-one from HealthWatch was present at the meeting so we have deferred detailed discussion. We did however agree the Trust’s response to the survey and we have commented that the whole health economy need to be involved in addressing concerns from this patient group.

Infection control – BAF: We received another iteration of this document which will be presented to the Board in September. Excellent work is being undertaken on this to gather the evidence required.

Background

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

Recommendations

The Board is requested to

- receive this report for assurance

Meeting	Trust Board
Date of meeting	9 July 2020
Paper number	G1

Communications and Engagement Update

For approval:		For discussion:		For assurance:		To note:	X
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Accountable Director	Richard Haynes, Director of Communications and Engagement		
Presented by	Richard Haynes	Author /s	Richard Haynes/ Communications Team

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	X

Report previously reviewed by		
Committee/Group	Date	Outcome

Recommendations	Board members are asked to note the report
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Executive summary	This report provides Board members with an update on significant communications and engagement activities which have taken place recently as well as looking ahead to key communications events/milestones in coming months.
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Risk						
Key Risks	BAF Risk 12: If we have a poor reputation, then we will be unable to recruit or retain staff, resulting in loss of public confidence in the trust, lack of support of key stakeholders and system partners and a negative impact on patient care					
Assurance	Social media activity and media coverage are monitored on a daily basis by the communications team and reported weekly to the Board and senior leadership team through the 'In the News' briefing as well as being summarised in Communications and Engagement Updates to the Board. Evaluation on return on investment is also included where possible – for example levels of interest in, and attendance at, recruitment events where awareness raising includes paid for social media advertising.					
Assurance level	Significant		Moderate	X	Limited	None
Financial Risk	All activities carried out within existing communications budget					



Meeting	Trust Board
Date of meeting	9 July 2020
Paper number	G1

Introduction/Background

This report provides Board members with an update on significant communications and engagement activities which have taken place recently as well as looking ahead to key communications events/milestones in coming months

Issues and options

Covid-19

Our response to the Covid-19 outbreak has presented an unprecedented challenge to many teams across the Trust, including the communications team.

This has included managing as sensitively and considerately as we can the sad news of the deaths of colleagues and patients.

A key focus has been on ensuring that the most up to date information is easily available to colleagues – whether working on site or remotely. The main vehicle for this is our Covid-19 Update. The Update was produced daily (Monday – Friday) through the peak of the outbreak, and recently scaled back to three per week. It is cascaded by email and also shared through the Staff Facebook Group. By the time Board members meet to discuss this paper we will have produced more than 70 editions of the Update.

We have faced significant increases in demand for our more specialist services including graphic design and videography to support the rapid dissemination of clear (and often rapidly evolving) guidance on use of PPE, social distancing and other key safety patient and staff safety issues.

We have also had opportunities to share with colleagues and our community more positive news about our response to the Covid-19 outbreak, including: Stories of patients who have recovered, often after very serious illness (including Superintendent Phil Dolby who has agreed to share his story with the Board in person, albeit remotely, at this month’s meeting); staff who have gone the extra mile to ‘put patients first’ and countless examples of generosity and support from our local community.

Social media has been a core part of our communications activity. The demand for, and interest in, information about the outbreak is reflected in some of our statistics for the period.

- The first 3 months of 2020/21 have brought the most social media activity for a 3-month period in our history.
- Our social media content has been seen over 7 million different times.
- This includes reaching an audience of 2 million on Twitter and nearly 4 million on Facebook. As well as over a million on LinkedIn and hundreds of thousands of times on Instagram, TikTok and YouTube.
- Our social media output has directly led to hundreds of different items of traditional media coverage (including Broadcast, Print and Online).
- This has included national and international stories on both national broadcast networks and national daily print newspapers.
- We’ve gained an enormous amount of followers across our channels throughout the Covid-19 Pandemic.
- This includes us becoming the fourth most followed Facebook Page of any Acute Trust.



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- Our work setting up a TikTok account has led us to be invited to present our work at national communication seminars and workshops during the pandemic, including assisting NHSE/I with an online project.
- Videos we've created during the Pandemic, sharing the positive work of our staff have been watched over 2.5 million times.
- Our Staff Facebook Group has now become an essential internal comms tool, sharing important Covid-19 updates and timely bulletins to over 4,500 active members of staff.
- This national award-winning group has grown during the Pandemic with lots of extra members of staff joining and participating in conversation and activity around our 4ward behaviours.
- Videos posted in the Group from our account including important messages from the Chief Executive regularly get seen by 3,000 members of staff.

Our communications response to the Covid-19 outbreak has attracted international attention with an invitation to share some examples of what the team have done in a presentation (remotely) to a group of communications leads from the Western Norway health economy.

The communications team would like to take this opportunity to thank all our colleagues, patients, families, carers, fundraisers and well-wishers who have helped us tell the story of the Covid outbreak in Worcestershire.

New Ways of Working

Like other corporate teams, the communications team have had to adapt rapidly to remote working as part of the Covid response – both in where we were based and how we delivered some of our regular communications activities including 'Meet the Chief' and Senior Leaders Brief which switched in the space of a month from live events to online forums.

Through use of technology such as Zoom we have also been able to maintain good communications with key stakeholders including our local MPs and councillors and taken advantage of opportunities to introduce previously untried additional communications activities (for example the live streaming of Board meetings on YouTube).

We are now looking at the implications of continuing social distancing for future communications events and activities including our three times a year 'Pyramid Weeks' and the Staff Achievement Awards.

As this report was being written, preparations were being made for a series of virtual events and activities to coincide with the NHS' 72nd birthday, which in different circumstances would have provided opportunities for a range of live work and social events.

Restore/reset

As the NHS response to Covid moves from immediate incident management, we are also shifting our focus to support other key workstreams including restore/reset.

In June we supported Jo Newton and the Strategy Team with a Trustwide engagement exercise to capture feedback on our achievements and innovation during the pandemic using branded graffiti walls, graffiti themed screen savers/whiteboards, an online survey and social media campaign.



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The scaling back of the Covid Updates has also allowed us to restart other regular communications activities including the Worcestershire Weekly bulletin

4ward/4ward Advocates

We continue to actively engage with our 4ward Advocate community and welcome new Advocates to support a range of initiatives across the Trust including our recent efforts to improve engagement with colleagues from a Black, Asian and Minority Ethnic (BAME) background.

In June we launched a regular electronic update for our Advocates – 4ward Focus – to support our on-going cultural improvement work and alignment to our organisation vision of #PuttingPatientsFirst. This has generated a significant amount of positive feedback from our Advocates and prompted many constructive discussions.

Again, the new ways of working needed to respond to Covid 19 have generated some creative responses from our Advocates including the launch of our virtual ‘Happy Cafes’ to offer online wellbeing and relaxation support.

Worcestershire Acute Hospitals Charity

Over the past few months we have received a huge influx of donations, goodwill gestures and offers of help and support for our hospitals. We have been working together with departments and teams across our hospitals to allow the overwhelming support of the public to be used in the best ways possible in order to ensure that our staff and services can continue to save lives and help all patients.

Staff support included two Wellbeing Shops (one at Worcester and one at Redditch), to provide a lifeline for those staff who might be struggling to get to supermarkets or who need a bit of a pick me up during a long shift. We worked together with lots of Trust Volunteers who were redeployed from their normal roles to help out in the shop. This allowed us to keep the shops open seven days a week during the peak of the virus.

We closed the shops at the end of May, but the numbers and usage that they saw was quite staggering. Over £100,000 of items were provided for staff in the shops, with over 34,000 visits to the shops by our staff. This works out at an average of 700 staff per day at each site visiting a shop, and an average of 7 visits per member of staff for the 7 week period the shops were open. We went through 3,000 Pot Noodles, 12,000 Easter Eggs, 3,500 Drinks, 2,700 Crisp packs, 1,500 Mug Shots and created over 5000 care packages that went direct to staff.

We also launched a JustGiving page to centralise public donations to our hospitals which received over £100,000 in donations in the first four weeks alone and has now reached well over £200,000 in donations.

As well as the JustGiving page, we set up a new website where members of the public and local businesses could contact us to offer their support and practical help.

The support from businesses meant we were able to support, purchase and donate towards



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130 iPads to wards across our hospitals. This donation meant that Virtual Visiting could be set-up for patients who were unable to receive visits in-person from their loved ones, due to the Covid restrictions.

Next Steps: Some restricted funding from the Covid appeal is aimed to support sustainable staff health and wellbeing, and vulnerable staff groups. We also must continue to raise the profile of the Charity in order to utilise the on-going public support for our hospitals, and use these funds to support colleagues and patients as best as possible.

We've been placing a lot of importance on raising the profile of the charity over the last year, both with Trust staff and publicly, and we are starting to see the progress in this. Six months ago, a survey found that 44% of our staff were not aware of the Trust Charity. After a recent survey, we found that 76% of staff are now aware, or very aware of the charity, but there is more to do and we will keep working to ensure staff have what they need to keep putting patients first.

Conclusion

- The communications team remain focussed on supporting our response to the Covid outbreak and building on what we have achieved over the past few months.
- We are actively developing new ways to enable our staff, partners, patients, the public and anyone with an interest in our services to take part in positive, well informed conversations about our plans for the future and the progress we are making on our strategic and operational priorities in the post-Covid era.
- We will also strive to maintain the momentum gained by our charity over the past few months, and build on the community goodwill that the Covid outbreak has generated
- We continue to look for the most effective ways of evaluating the impact and value of our communications and engagement activities, both quantitatively and qualitatively

Recommendations

- The Board is asked to note the report

Appendices

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Trust Management Executive

For approval:	For discussion:	For assurance:	x	To note:
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Accountable Director	Matthew Hopkins CEO		
Presented by	Matthew Hopkins CEO	Author /s	Martin Wood Deputy 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.
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Executive summary	This report gives a summary of the items discussed at the Trust Management Executives (TME) held in May and June 2020. Members will see that there is a clear line of sight between the Board, Committees and TME.
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Risk					
Key Risks	TME, as the decision making body for the Trust, addresses all risks.				
Assurance					
Assurance level	<table style="display: inline-table; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">Significant</td> <td style="border: 1px solid black; padding: 2px;">Moderate</td> <td style="border: 1px solid black; padding: 2px;">Limited</td> <td style="border: 1px solid black; padding: 2px;">None</td> </tr> </table>	Significant	Moderate	Limited	None
Significant	Moderate	Limited	None		
Financial Risk	Within budgets				

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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 May 2020 Board, TME has met on 20 May and 17 June 2020. This report covers both meetings.

20 May 2020

COVID-19 – The Trust’s Response (June Trust Board)

- **Response to NHS CEO/COO Letter of 29 April 2020 and Restoration of Services**
- **COVID-19 Workforce Plan**
- **COVID-19 – Lessons Learnt to Inform the Future**

Items presented for approval

- **2020/21 Annual Plan Priorities** (Board Committees and June Trust Board)
- **Allocate Business Cases**
- **Integrated Care of Older Peoples Service Case** (Approved in principle subject to further work and report back)
- **Proposal for Flexible Capacity in ENT** (Deferred for further consideration)

Items presented for discussion

- **Integrated Performance Report** (May Finance and Performance Committee and Trust Board)
- **Home First Worcestershire** (May Finance and Performance Committee and Trust Board)
- **Quality Account** (May Quality Governance Committee)
- **Integrated Quality Report** (May Quality Governance Committee)
- **Path to Platinum – Update on Accreditation** (May Quality Governance Committee)
- **Financial Performance Report Month 1 Position including PEP** (May Finance and Performance Committee)
- **Procurement – Commercial (Non Standard NHS) Contract Management Update** (May Finance and Performance Committee)
- **Integrated People and Culture Report including COVID-19 Update** (June People and Culture Committee)
- **Safe Staffing paper including QIA on Staff Safeguards and Infection Prevention Control** (May Quality Governance Committee, June People and Culture Committee and June Trust Board)
- **Screening Quality Assurance Visit Report** (May and June Quality Governance Committee)

17 June 2020

COVID-19 (July Trust Board)

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- **COVID Update** (each Committee)
- **Reset and Renewal**
- **COVID Mortality Reviews** (June Quality Governance Committee)

Items presented for approval

- **Board Assurance Framework** (June Committees and July Trust Board)
- **Trust Wide Standard Operating Procedure (SOP) for monitoring and management of patient harm which has occurred as a result of COVID-19** (June Quality Governance Committee)
- **IPC COVID-19** (June Quality Governance Committee)
- **Release of Revenue Contingency – Replacement of Sterile Service Instrument Assembly Benches and Sterile Instrument Transport Trolleys**
- **Update from Radiotherapy Network Oversight Group**

Items presented for discussion

- **Integrated Performance Report** (June Finance and Performance Committee and July Trust Board)
- **Home First Worcestershire Update** (June Finance and Performance Committee and July Trust Board)
- **Financial Performance Report Month 2 Position** (June Finance and Performance Committee and July Trust Board)
- **Internal Audit Report – Client End Controls (Financial and Payroll) Final**
- **HealthWatch – LGBT+ - Experience of Health and Social Care services in Worcestershire** (June Quality Governance Committee)
- **Revised Report on Sterile Services** (Summary to July QGC)
- **COVID We do this by**
- **The Breast Imaging Service Reconfiguration Full Business Case** was not presented. It was agreed that a summary would be circulated prior to the Strategy and Planning Group and the CEO would then give chair's approval for onward presentation at the June Finance and Performance Committee.

Recommendations

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

Appendices