

Trust Board

There will be a meeting of the Trust Board on Thursday 10 October 2019 at 10:00 in Education Centre, Kidderminster Hospital and Treatment Centre, Kidderminster.

This meeting will be followed by a public question and answer session.



Sir David Nicholson
Chairman

| Agenda | | Enclosure |
|--------|--|-------------------------------|
| 1 | Welcome and apologies for absence | |
| 2 | Patient story | |
| 3 | Items of Any Other Business <i>To declare any business to be taken under this agenda item.</i> | |
| 4 | Declarations of Interest To note any additional declarations of interest and to note that the declaration of interests is on the website. | |
| 5 | Minutes of the previous meeting <i>To approve the Minutes of the meeting held on 12 September 2019 as a true and accurate record of discussions.</i> | Enc A <i>For approval</i> |
| 6 | Action Log | Enc B <i>For noting</i> |
| 7 | CQC Report Chief Nurse | Enc C <i>For noting</i> |
| 8 | Integrated Performance Report | Enc D <i>For assurance</i> |
| 8.1 | Executive Summary Chief Executive | |
| 8.2.1 | Section 1 – Quality Performance Report Chief Nurse/Chief Medical Officer | |
| 8.2.2 | Quality Governance Committee Assurance report Quality Governance Committee Chairman | |
| 8.3.1 | Section 2 – Operational & Financial Performance Report Chief Operating Officer/ Chief Finance Officer | |
| 8.3.2 | Finance and Performance Committee Assurance Report Finance and Performance Committee Chairman | |
| 8.4.1 | Section 3 – People and Culture Performance Report Director of People and Culture | |

Any Other Business *as previously notified*

Date of Next Meeting

The next public Trust Board meeting will be held on 14 November 2019 in the Board Room, Alexandra Hospital, Redditch

Public Q&A session

Exclusion of the press and public

The Board is asked to resolve that - pursuant to the Public Bodies (Admission to Meetings) Act 1960 'representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest' (Section 1(2) Public Bodies (Admission to Meetings) Act 1960).

**MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON
THURSDAY 12 SEPTEMBER 2019 AT 10:00 hours
Education Centre, Kidderminster Treatment Centre**

Present:

Chairman: Sir David Nicholson

| | | |
|------------------------------------|------------------------|--|
| Board members: (voting) | Paul Brennan | Deputy Chief Executive/Chief Operating Officer |
| | Anita Day | Non-Executive Director |
| | Matthew Hopkins | Chief Executive |
| | Dame Julie Moore | Non-Executive Director |
| | Vicky Morris | Chief Nursing Officer |
| | Bill Tunnicliffe | Non-Executive Director |
| | Stephen Williams | Non-Executive Director |
| Mark Yates | Non-Executive Director | |

| | | |
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| Board members: (non-voting) | Richard Haynes | Director of Communications & Engagement |
| | Richard Oosterom | Associate Non-Executive Director |
| | Tina Ricketts | Director of People and Culture |
| | Colin Horwath | Associate Non-Executive Director |

| | | |
|-----------------------|----------------|-------------------------------|
| In attendance: | Graham James | Deputy Chief Medical Officer |
| | Katie Osmond | Assistant Director of Finance |
| | Martin Wood | Deputy Company Secretary |
| | Fleur Blakeman | NHSI/E |

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|------------------------|--------|-------------------------------|
| Public Gallery: | Press | None |
| | Public | 3 (including 2 staff members) |

| | | |
|------------------|----------------|-----------------------------------|
| Apologies | Mike Hallissey | Chief Medical Officer |
| | Kimara Sharpe | Company Secretary |
| | Sarah Smith | Director of Strategy and Planning |
| | Robert Toole | Chief Finance Officer |

62/19

WELCOME

Sir David welcomed all to the meeting. In particular he was pleased to see Mr Hopkins return following his sick leave. He thanked Mr Brennan for his work in covering for Mr Hopkins during his absence.

63/19

Patient story

(Jackie Edwards, Deputy Chief Nurse (Quality), Anna Sterckx, Head of Patient Experience and Mandie Rees, Dementia Nurse Specialist, attended the meeting for the presentation of this item)

Sir David asked Mrs Sterckx to introduce the patient story relating to T who lives with her husband and son and who has a diagnosis of Semantic Dementia. Mrs Sterckx said that unfortunately the patient was not able to attend the Trust Board meeting. However, she would be attending an engagement session tomorrow. The story centred on treating the patient as a person first and listening to them and their carer to better

understand their needs to do what is best for them to improve their quality of life. Mandie Rees then presented the story. She also explained the work of the Dementia Team to improve the quality of patients' lives by early intervention with a small complement of staff. Mrs Sterckx said that it is the small things which can make the biggest difference. She presented a short video on the introduction of music therapy which is making a significant improvement to patients' quality of life.

During the course of the discussion, the following were the main points raised:-

- Sir David said that he had undertaken dementia training and commended this for Trust Board members.

Action – Mrs Morris to arrange dementia training for Trust Board members.

- Mandie Rees explained to Sir David that it is not always possible to capture those patients with dementia as it is not always recorded especially with younger people.

Sir David thanked the staff for their story.

64/19

ANY OTHER BUSINESS

There were no items of any other business.

65/19

DECLARATIONS OF INTERESTS

There were no additional declarations of interest.

66/19

MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 11 JULY 2019

RESOLVED THAT the minutes of the meeting held on 11 July 2019 be confirmed as a correct record and signed by the Chair.

67/19

MATTERS ARISING/ACTION SCHEDULE

Ms Ricketts reported that non-disclosure agreements are to be reported to the People and Culture Committee in October 2019.

All remaining actions were either completed or not yet due.

68/19

Chairman's Report

Sir David presented his report. He also reported on the second meeting of the ICS Executive Group held last week. Three items were considered, capital, performance improvement in the ICS and a fully integrated ICS. In the first item, the capital programme had been signed off and there is a possibility that an additional amount between £2m and £3m could be made available although this had yet to be confirmed. On the second item, Scott Parker, CCG Improvement Director, will lead discussions on improving performance management which is currently undertaken by the Region. On the third item, the end point is a fully integrated ICS and what this might look like was discussed with a move to funding based outcomes.

RESOLVED THAT The two Chairman's actions undertaken since the last Trust Board meeting in July 2019 be noted.

69/19

Chief Executive's Report

Mr Hopkins presented his report. He thanked Mr Brennan and the Executive Team for their work during his absence. He emphasised the full Multi Agency Discharge Event (MADE) taking place at Worcestershire Royal Hospital next week focussing on the ED pathway and in particular discharging patients in an efficient and safe manner. Executives are leading this work and we will build on learning.

In response to Mr Williams, Mr Hopkins said that Executives from partner organisations will be supporting the MADE event together with NHSI/E regional representatives looking at the way the pathway is managed.

RESOLVED THAT:

- **The report be noted.**
- **The register of seals annual report be noted.**

70/19 INTEGRATED PERFORMANCE REPORT (IPR)

70/19/1 Executive summary

Mr Brennan introduced the report drawing attention to the Multi Agency Discharge Event which will take place every four weeks on alternate sites from September 2019 to March 2020. The Onward Care Team pilot on the Alexandra Hospital site is at the end of its fourth week and has seen improvements in bed capacity and will be rolled out to the Worcester site. Diagnostic performance met the trajectory in July 2019. Yesterday our Trust received JAG accreditation for the first time which will provide additional income of approximately £200k per annum.

70/19/2 Quality Performance/Quality Governance Committee Assurance Report

Mrs Morris introduced the Quality report drawing attention to infection prevention control where on the statistical analysis there is no cause for concern. Our Trust is two above trajectory for E coli. The total number of hospital acquired pressure ulcers is currently above the agreed trajectory. A grade 4 pressure ulcer has been confirmed as a result of a patient waiting too long in ED. The team are clear on the actions to be taken.

Mr James then reported that the external mortality review report is being presented to the Quality Governance Committee next week. That report identified no concerns identifying areas for improvement. Two further Medical Examiners have been appointed bringing the total to eight. It is considered that 15 Medical Examiners will be required by April 2020. The Colleges are being asked to encourage doctors to undertake this important role. Processes have improved which it is hoped will provide better learning. The percentage of NOF patients in theatre in less than 36 hours increased from June to July 2019 but it is still below target.

Dr Tunnicliffe said that the Quality Governance Committee is now taking a more strategic and prospective view of quality performance.

During the course of the discussion, the following were the main points raised:-

- Mr Oosterom asked for clarity on risks rated 16 and above and what action is being taken to reduce them. In response, Mrs Morris said that there is peer challenge at the Risk Management Group where ratings are changed on the basis of risk and not solely on performance. Dame Julie added that it is important to identify actual risk as the first step rather than risks being identified on the basis of performance numbers. Mr Hopkins added that in the context of other Trusts a three site operation inherently contains higher risks. Benchmarking data can be provided by Oxford hospitals Trust, our risk management buddy Trust. Dr Tunnicliffe added that it is important to maintain risk visibility as some risks would be mitigated with capital investment and Sir David said that it would be helpful to identify the risks in this category.

Action – Mrs Morris to identify risks which can be mitigated with capital investment.

- Dame Julie referred to the risks associated with the grade 4 pressure ulcer. Mrs Morris said in response that safety checks are undertaken after 4 and 6 hours and all mattresses are pressure relieving.

- Mr Williams asked if the lessons from the Bluespier letters backlog hand been learnt when the issue was first raised two years ago. Dr Tunnicliffe said that the plan is to clear the majority of the backlog by the end of the month. A focus remains to ensure that lessons are learnt. A universal care record would address the issue.

RESOLVED THAT the report be received for assurance.

70/19/3

Financial and Operational Performance/Finance and Performance Committee Assurance Report

Operational Performance

Mr Brennan presented the national or local priorities in relation to operational performance. EAS performance in September 2019 to date is 79.5%, a 6% increase in the last four months. There is more work to do to achieve the target. As part of the Multi Agency Discharge Event (MADE) it is planned to introduce a maximum 12 hour wait in ED. The AEC has been closed as an inpatient area leaving only the Discharge Lounge on the Worcester site being used as a surge area. This usage will cease after MADE. There is a clear plan to reduce the cancer 104 weeks and 62 days, the majority of which are Urology patients. The RTT target of zero patients by September 2019 will not be achieved due to the identification of a cohort of oral surgery patients and a group of gynaecology patients who will be treated by a consultant starting in October 2019. The situation is being managed daily with a re-emphasis on our Access Policy.

During the course of the discussion, the following were the main points raised:-

- Mr Horwath referred to a media article on a national cancer report which sought information on outcomes. Mr Brennan said that a harm review is undertaken on patients waiting 104 weeks and to date no harm has been identified. Cancer is often diagnosed late and the majority of cancer patients are diagnosed in ED making it difficult to identify hard outcomes. The STP is looking to establish a rapid referral cancer service.
- Sir David said that it is important to focus on the quality of care and reduce waiting times. The ICS is looking to discuss with providers as a group to measure outcomes on a population basis. Mr Hopkins is picking this up with the Director of Public Health to become better informed on outcomes.

Financial Performance

Mrs Osmond reported that the year to date deficit is £(27.0m), £3.8m positive to the submitted plan. This position is after gross income is reduced and net of £0.9m of "blended payment" adjustment where non-elective activity exceeds plan. On this basis our Trust will not be in a position to deliver the stretch target. We have not been able to recruit substantive nurses to the number required resulting in an increase in Bank and Agency spend. Mrs Morris added that the opening of the three additional wards, the high vacancy rate on four wards and the increase in specialising has impacted upon the position. By the end of October 2019 there will be an increase of approximately 110 substantive nurses. There is fortnightly rigour and oversight of the nurse recruitment position. Ms Ricketts said that a wider review of the skill mix is being undertaken.

With regard to the Cost Improvement Programme, Mrs Osmond said that as at m4 opportunities to the value of £20.1m have been identified with £16.2m removed from budgets. This is broadly in line with plan. The year end forecast is £11.3m against the plan of £22.5m.

Mr Hopkins said that our Trust is now moving to a financial recovery position with weekly Executive oversight and holding senior staff to account.

During the course of the discussion, the following were the main points raised:-

- Mr Williams referred to the £9m workforce reduction plans and asked what has changed as this is not being delivered. He asked to see action. Ms Ricketts, in response, said that recruitment and retention plans have changed due to the higher than planned nursing turnover rate. Our Trust is 18 nurses down at the end of July 2019 when compared with April 2019. There are now 280 nursing vacancies when the figure is usually around 200 vacancies. The wider review is looking at what can be done differently. The Executive Team have developed multi faceted actions including the capacity of managers.
- Mr Oosterom echoed Mr Williams' point that results need to be demonstrated. Patient flow needs to be resolved with adherence to the Home First Programme. The blended payments issue needs to be addressed with the CCG. The CIP is not where it needs to be with no significant programme to deliver the £22.5m. Workforce is a big piece of work which is dependent upon external factors. Ways of working need to be more efficient with a reduction in resources including contractors. This is the first time that the Executive team proposals have been shared which will need plans to deliver which take time to prepare. We are half way through the financial year and he did not consider that the £22.5m target will be achieved. The governance arrangements need to be tighter.
- Mrs Day expressed concern that robust delivery plans are not in place. We need to focus on matters which are not within our control and offer support to achieve this. She had accompanied Mrs Morris yesterday reviewing long length of stay on the Worcester site and was pleased with the challenge and compassion demonstrated by staff. Mr Hopkins said budget managers need to be encouraged to consider wider issues. In response to Mr Horwath regarding support to the CIP, Mr Hopkins said that the PMO often take a financial solution for others which reduces ownership at budget level where the accountability needs to lie. There will, however, be occasions when top down decisions need to be taken.
- In summary, Sir David said that we are not where we want to be with our financial position. We need to improve patient flow as we move into the winter months and deliver a good CIP with next year's CIP being presented to the Trust Board in December 2019.

RESOLVED THAT the report be received for assurance.

70/19/4

People and Culture Performance/People and Culture Committee Assurance Report

Ms Ricketts drew attention to sickness absence where our monthly run rate continues to be higher than last year even allowing for seasonal variation stating that the top three reasons for sickness absence are stress, back and muscular-skeletal conditions and colds/flu although the flu vaccine has improved performance. The greatest increase has been in Estates and Facilities Division.

Mr Yates reported that the People and Culture Committee is to focus on staff recruitment and retention and has oversight on the cultural change programme. The uptake on mandatory training has increased as funding has been received for "Essential to Role" training. The Friends and Family Test is now open for completion.

During the course of the discussion, the following were the main points raised:-

- Sir David enquired as to the support available for staff on sickness absence as a result of stress which may not be work related. Ms Ricketts, in response, said that there is good Occupational Health support with automatic referrals for stress-related cases.
- Mr Hopkins said that a very firm approach is being taken against those

members of the public who assault staff and we will be seeking conviction wherever possible.

RESOLVED THAT the report be received for assurance.

71/19 GOVERNANCE

71/19/1 Care Quality Commission Report

Mrs Morris said that confirmation is awaited of the date of publication of the CQC Inspection Report.

RESOLVED THAT the report be noted.

71/19/2 Stakeholder Report

Mr Haynes presented the report providing an update on significant communications and engagement activities which have taken place in June, July and August 2019 as well as looking ahead to key communications events/milestones in coming months. He reported that since report preparation our work had been used at the Expo event as good examples and he congratulated the team on this achievement. He reported that positive feedback had been received from the Clinical Services Strategy event with partners on 10 September 2019. Further work with partners was identified.

RESOLVED THAT the report be noted.

71/19/3 Report on Nursing and Midwifery Staffing Levels – March and April 2019

Mrs Morris presented the report providing an account on the key headlines and metrics for assurance of the nursing and midwifery staffing position for May and June 2019.

RESOLVED THAT:

- **This report be noted giving accounts of staffing for nursing, midwifery and Allied Health Professionals (AHPs) for the months of May and June 2019 which are reported as separate sections.**
- **Overall both months report staffing levels were safe following the comprehensive actions taken in real time when wards reported reduced levels be noted.**

71/19/4 Annual Appraisal and Revalidation Report

Mr James presented the report covering April 2018 to March 2019 providing assurance that appraisal and revalidation are in line with national standards and processes are in place to build on the improvements to date to increase compliance and build on quality of appraisal documentation. He emphasised that a proactive stance is being taken against any consultants who do not engage in the process. Performance needs to be sustained.

During the course of the discussion, the following were the main points raised:-

- Mr Hopkins said that he would speak to SAS/Trust grade doctors regarding compliance.

Action – Mr Hopkins to speak to SAS/Trust grade doctors.

RESOLVED THAT:-

- **The report which is provided for assurance be noted.**
- **The ‘Statement of Compliance’ confirming the organisation as a designated body is compliant with the Medical Profession (Responsible Officer) regulations (Appendix 3) be approved and signed**

by the Chief Executive.

71/19/5

Trust Management Executive Report

Mr Brennan presented the report of the Trust Management Executive.

RESOLVED THAT the report be received for assurance.

71/19/6

European Union Exit Preparedness

Mr Brennan presented the update on the current status of NHS preparations for EU Exit, and a brief in relation to the key activities that need to be progressed locally as we prepare for leaving the EU on 31 October 2019. No areas of serious concern have been identified which are not being managed at a national level.

During the course of the discussion, the following were the main points raised:-

- Mr Brennan said that the County Council had not identified any nursing home issues as a result of Brexit. Dame Julie commented that there may be longer term nursing home staffing issues.
- Ms Ricketts responded to Dr Tunnicliffe that our Trust has provided 1:1 support to those staff applying for Settled Status. Further support is required. She would provide information on the precise number of applications made.

Action – Ms Ricketts to provide the number of staff applying for Settled Status.

- In response to Sir David, Mrs Osmond said that revised guidance is expected after Brexit on charging for healthcare.
- Mr Hopkins said in response to Sir David that he would pick up with colleagues system-wide communications.

Action – Mr Hopkins to discuss communications with colleagues.

RESOLVED THAT our European Union (EU) exit response is being updated in respect of previous position in order to be prepared and ready for any impacts of leaving the EU on the revised time-tabled date of 31st October 2019 be noted.

71/19/6

Emergency Planning – Core Standards Self-Assessment

Mr Brennan presented the report demonstrating our Trust's annual level of compliance for the NHS England Emergency Preparedness, Resilience and Response (EPRR) Core Standards and all standards where our Trust is not currently achieving full compliance against set criteria. Of the 64 core standards, our Trust is rated green on 59, amber on 5 and red on 0. The rating has been validated by our Commissioners.

During the course of the discussion, the following were the main points raised:-

- Mr Yates said that there is a lack of exercises to test our emergency planning arrangements and they should be tested. In response, Mr Brennan said that arrangements are being made for a major incident table top exercise facilitated by a specialist external organisation. He acknowledged that poor communication is often an issue. Mr Yates offered to assist Mr Brennan in the exercise planning.

RESOLVED THAT:

- **The progress in the delivery of the EPRR Core Standards and planned actions be noted.**
- **The self-assessment compliance level declared to NHS England be noted.**
- **The Trust's EPRR core standards statement of compliance in the annual report be published following ratification at the Local Health Resilience Partnership (LHRP).**

72/18 **ASSURANCE REPORTS FROM COMMITTEES**

72/19/1 **Audit and Assurance Committee Report**

Mr Williams presented the report of the Audit and Assurance Committee. He drew attention to the cyber security action plan which will require capital resources to deliver.

RESOLVED THAT:

- **The report for assurance be noted.**
- **The Gifts and Hospitality annual report be noted.**

72/19/2 **Remuneration Committee**

Sir David presented the report of the Remuneration Committee.

RESOLVED THAT the report for assurance be noted.

73/18 **ANNUAL REPORTS**

73/19/1 **Health and Safety**

Mr Brennan presented the report containing details of the recent health and safety activities and the health and safety risks that our Trust is currently exposed to.

During the course of the discussion, the following were the main points raised:-

- Dr Tunnicliffe referred to the physical assaults on staff which he found astonishing. He supported the firm stance being taken by Mr Hopkins on such incidents. Mr Brennan said that approximately 80% of assaults on staff were linked to one patient.
- Mr Yates expressed surprise at the low level of near miss reporting. Mrs Morris said that educational support is being provided to encourage such reporting.

RESOLVED THAT the report be received for assurance.

74/19 **Any Other Business**

There was no any other business.

75/19 **DATE OF NEXT MEETING**

The next Public Trust Board meeting will be held on Thursday 10 October 2019 at 10:00 in the Education Centre, Kidderminster Hospital and Treatment Centre.

Exclusion of the press and public

RESOLVED THAT pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960 'representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest'

The meeting closed at 12.11 hours.

Signed _____

Date _____

Sir David Nicholson, Chairman

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

PUBLIC TRUST BOARD ACTION SCHEDULE – OCTOBER 2019

RAG Rating Key:

| Completion Status | |
|-------------------|---------------------------------------|
| | Overdue |
| | Scheduled for this meeting |
| | Scheduled beyond date of this meeting |
| | Action completed |

| Meeting Date | Agenda Item | Minute Number (Ref) | Action Point | Owner | Agreed Due Date | Revised Due Date | Comments/Update | RAG rating |
|--------------|--|---------------------|--|--------------|-----------------|------------------|---|------------|
| 12-9-19 | Patient Story | 63/19 | Arrange dementia training for Trust Board members. | CNO (VM) | Oct 2019 | | To be programmed into a Board seminar. | |
| 17-7-19 | Board development – clinical services strategy | | <ul style="list-style-type: none"> Agenda item for STP Board in September Consider external review of individual directorate strategies Establish links with other Trusts nationally (to learn) | Dir P&C (SS) | Sept 2019 | | Update session 16-17 September. Session undertaken. Action closed. | |
| 12-9-19 | Integrated Performance Report | 70/19/2 | Identify risks which can be mitigated with capital investment. | CNO (VM) | Oct 2019 | | Being taken forward as part of the Risk Management Group agenda. Action closed. | |
| 12-9-19 | Annual Appraisal and Revalidation Report | 71/19/4 | Mr Hopkins to speak to SAS/Trust grade doctors regarding process compliance. <i>Transferred to Mr Hallissey</i> | CMO (MHa) | Oct 2019 | | Meeting w/c 7 October. Action closed. | |
| Oct 2019 | European Union Exit Preparedness | 71/19/6 | Provide to the Board the number of staff applying for Settled Status. | Dir P&C (TR) | Oct 2019 | | Within the P&C update report for P&C Committee. Action closed. | |

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| Oct 2019 | European Union Exit Preparedness | 71/19/6 | Discuss system-wide communications with colleagues | Brexit | CEO (MH) | Oct 2019 | | This action is on-going, Action closed. | |
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| Paper number | C |

CQC Inspection Report - September 2019

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

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| Accountable Director | Vicky Morris, Chief Nursing Officer | | |
| Presented by | Vicky Morris, Chief Nursing Officer | Author /s | Vicky Morris, Chief Nursing Officer Siobh  n Gordon Head of Quality Hub & Healthcare Standards |

Alignment to the Trust's strategic objectives

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|--------------------------------|---|---|---|-----------------------|---|-------------|---|
| 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

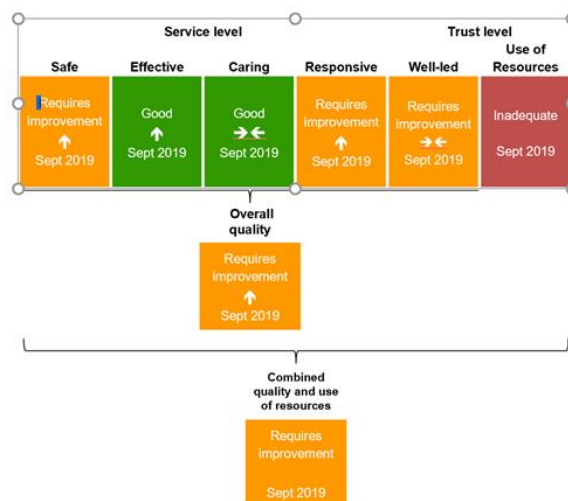
| Committee/Group | Date | Outcome |
|-----------------|------|---------|
| | | |

Recommendations

Trust board is requested to receive the Care Quality Commission (CQC) report published on 20th September 2019 and to note the associated action that will be taken in monitoring the Must and Should Do's.

Executive summary

The CQC report relating to inspections between 14th May and 6th June 2019 was published on 20th September 2019. The overall rating for the Trust, which includes Quality and Use of Resources, was rated as Requires Improvement. Use of Resources was inspected for the first time in 2019. The overall rating was an improvement from an Inadequate rating in 2018. Outlined below are the individual domains and overall ratings:



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The CQC conducted a series of announced and unannounced inspections at our Worcestershire Royal Hospital, Alexandra General Hospital, Kidderminster Hospital and Treatment Centre and Evesham Community Hospital. The following core services were inspected:

- Children and Young People's Services
- Diagnostics
- Medical Care, including older people's care
- Surgery
- Outpatients
- Urgent and Emergency Care, including MIU

The CQC comprehensive inspections of National Health Service trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include a review of the well-led key line of enquiry at trust level. The Well Led review took place between 19th – 21st June 2019 where 35 interviews of Executives, Non Executives, Directors, Chair of Staff side, Corporate Services Leads and Chair of Patient and Public Forum took place.

The CQC rated the Trust as Requires Improvement because:

"Many of the key questions inspected across the six core services in the four hospitals improved. We saw improvements particularly with regard to medicines' management, infection control, incident reporting and sharing learning across the trust in particular. Local and divisional leadership had improved, and staff were engaging with the trust's improvement journey."

However, further work was required to manage patient flow effectively to ensure all patients had access to the right care at the right time. Leaders knew what to do but as strategies and improvement plans were still being developed and implemented, there were not yet fully demonstrable, sustainable improvements in the quality of all patient care and treatment over time."

The Use of Resources was inspected by NHSI as a separate stream and their data was provided to the CQC.

A summary of findings including ratings comparisons with that of the CQC inspection report 2017 have been shared via a series of trust wide staff briefings held on Friday 20th September 2019. The Trust's Patient Public Forum members were also briefed on 26th September 2019. There was an overwhelming positive response from our staff on hearing the results and a clear focus on work together celebrate together, with an emphasis on further improvement to take the results from Requires Improvement to Good.

A briefing was provided to our partners at the Quality Improvement

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Review Group (QIRG) on 26th September 2019 and the Health Oversight Scrutiny Committee (HOSC) will be briefed on 8th October 2019.

This full CQC report and supporting evidence appendix can be found on the [CQC website](#).

The CQC report outlines four requirement notices where the Trust is required to take action. These are as follows:

- Regulation 12 Safe care and treatment
- Regulation 15 Premises and equipment
- Regulation 17 Good governance
- Regulation 18 Staffing

The report outlines what the trust has been told it must take action on (Must Do's) to comply with regulations in relation to the following regularity breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In total there were 38 Must Do's across 5 of the 6 core services inspected. Children and Young Peoples core service did not receive any Must Do's.

The report also includes 127 Should Do's where the Trust is recommended to take action either to comply with minor breaches that did not justify regulatory action, to avoid breaching a legal requirement in the future, or to improve the service.

The Divisions are in the process of preparing detailed action plans in support of action taken or further action to be taken against each Must Do and the Trust will ensure the completed action plan is submitted to the CQC by the 4th October 2019 deadline.

Ongoing monitoring of the Divisional Must and Should Do's will continue monthly via the Regulated Improvement Activity Tool (RAIT) and process. Divisions will be expected to be very clear with regard to their compliance and the identification of improvement actions required to achieve improvements in care provided and progress will be shared with Quality Governance Committee (QGC).

Ongoing training and support will be provided by the Quality Hub for the use of the RAIT tool and process to enable the Divisional teams to progress their improvement plans at pace.

| Risk | | | | | | |
|------------------------|---|--|-----------------|--|----------------|-------------|
| Key Risks | BAF 3930 IF we do not deliver the Quality Improvement Strategy (incorporating the CQC 'must and should' dos) THEN we may fail to deliver sustained change RESULTING IN required improvements not being delivered for patient care & reputational damage. | | | | | |
| Assurance | N/A | | | | | |
| Assurance level | Significant | | Moderate | | Limited | None |
| Financial Risk | N/A | | | | | |

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Trust Board - Integrated Performance Report – Month 5 2019/20

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| For approval: | | For discussion: | | For assurance: | ✓ | To note: | |
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| Accountable Director | Matthew Hopkins Chief Executive | | |
| Presented by | Paul Brennan Chief Operating Officer / Deputy Chief Executive | Author | Steven Price – Senior Performance Manager |

Alignment to the Trust's strategic objectives

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

Report previously reviewed by

| | | |
|-----------------------------------|---------------------------------|-------------------|
| Quality Governance Committee | 19 th September 2019 | Limited Assurance |
| Finance and Performance Committee | 30 th September 2019 | Limited Assurance |

Recommendations

The Board is asked to:

- 1) Review the key messages from the Integrated Performance Reports provided in Month 5 2019-20
- 2) Note areas of improved and sustained performance.
- 3) Seek assurance as to whether the risks of under-performance in each area have been suitably mitigated, with robust plans for stabilisation and recovery.

Executive summary

This paper provides the Committee with an update on the Trust's annual plan priorities and the key messages from the governance committees in relation to operational, quality of care, finance and workforce performance. The key points to draw the Board's attention to are:

Quality of Care

- Infection Control and Prevention - There were 9 cases of Clostridioides difficile (C.Diff) in August, of which 7 were of a hospital onset and 2 were Community Onset. We are not achieving the month 5 **cumulative** trajectories for C.Diff, MSSA or E-Coli.
- Patient experience - The proposed actions for increasing Friend and Family Test response rates have significantly improved with for A&E, Inpatient and Outpatients with the latter two also exceeding the operational target.
- Medicines' incidents - We have seen consistent improvement for 6 months on reporting medicine incidents. However, the number of incidents causing harm has increased; this is being investigated as 20 of the 30 recorded were attributable to one ward.

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Operational

- Referral to treatment - We did not meet the externally submitted monthly trajectories for Referral to Treatment within 18 weeks, zero 52 week waiters, Cancer 2WW (including Breast symptomatic), 31 day Cancer (although we are achieving operational standard), 62 day Cancer and 60 min ambulance handover.
- The Trust did meet the externally submitted monthly trajectory for Diagnostics within 6 weeks
- As reported the previous month, Breast symptomatic continues to show 'special cause' variation though performance has improved again and is still expected to have recovered by December 2019
- The backlog of patients waiting 62+ days is a special cause concern, as is the sub-cohort who have been waiting 104+ days.
- Agreed exceptions aside, there is significant risk to achieving the reduction of RTT patients waiting 40+ weeks to zero by the end of September.

Finance

- For Month 5 of 2019/20 against the £(82.8)m submitted external plan is an in-month deficit of £(7.4)m vs a plan of £(7.0)m deficit, resulting in a £(0.4)m adverse variance.
- Against a similarly profiled £(73.7)m plan the actual £(7.4)m, against a target of £(6.4)m is adverse by £1.0m.
- Year to date of £(73.7)m profiled at month 5 plan cumulative £(35.8)m, actual £(34.4)m better than profile £1.4m.
- The internal savings/CIP target remains at £22.5m of which opportunities to the value of c.£20m have been identified to date.

Workforce

- Sickness absence remains higher than last year even allowing for seasonal variation; this is due to an increase in long term sickness.
- Staff retention remains a key focus with the senior nursing team working with NHSP to develop a "virtual ward" to attract staff who have more restricted availability.
- Premium staffing costs are being targeted; replacing high cost agency staff with bank.

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| Risk | | | | | | | |
|------------------------|--|--|-----------------|--|----------------|---|-------------|
| Key Risks | <p>Board Assurance Framework –1,2,3,4,5,6,7,8,10,11,12</p> <p>Corporate Risks with a score of 20 or above:</p> <p>*4184 – Ophthalmology: risk of patient harm due to lack of capacity in medical retina service.</p> <p>*4183 – Equipment: risk to safe service following site-wide Medical Device audit.</p> <p>*4118 – Ophthalmology: Heidelberg OCT instability.</p> <p>*4099 – Finance: Delivery of the in-year stretch target 19/20.</p> <p>3482 – Operations: overcrowding in the Emergency Department</p> <p>3361 – ED Corridor: Standards of care for patients will be compromised in the corridors of ED</p> <p>3956 – Endoscopy: There is a risk of delay in diagnosis and treatment for surveillance endoscopy patients due to lack of appointment capacity.</p> <p>4075 – Clinical Practice: Harm from avoidable infection as a result of poor clinical practices - Score 20</p> <p>3792 – Achievement of the financial plan</p> <p>3603 – Information/IT: risk of loss or compromise due to inadequate cyber security precautions.</p> <p>3631 – Increased spend for NHSP tier 1 and 2</p> <p>The next highest severity accorded to a workforce risk is currently 16;</p> <p>3939 – Failure to recruit, retain and develop staff.</p> <p><i>Please note: There are further risks that will have a negative impact on performance, but only those with a rating of over 20 have been included above.</i></p> <p><i>* risks registered since date of last meeting.</i></p> | | | | | | |
| Assurance | <p>The source of assurance for the data included in this paper is undertaken across several meetings including the Trust Board sub-Committees, performance management group, clinical governance group, divisional management reviews and directorate validation at patient level.</p> <p>Further data assurance has been completed by the Information Team based on the data provided from the operational and clinical teams.</p> | | | | | | |
| Assurance level | Significant | | Moderate | | Limited | ✓ | None |
| Financial Risk | <p>There is a financial risk that we will not complete the activity required under our contract due to dependencies on funding which is limited. There is a risk that the limitations in capital funding will impact on our ability to provide safe and effective services for our patients.</p> | | | | | | |

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Introduction/Background

This Integrated Performance Report (IPR) provides the Board Members with an update on the Trust's quality of care, financial performance, operational performance and workforce against the priority metrics which form part of NHSI's Single Oversight Framework (SOF) and the Trust's own internal reporting priorities.

Included are the key messages from each area, detailing actions agreed to improve performance, along with summary grids of performance and assurance reports from the Finance and Performance Committee (FPC), People and Culture Committee (PCC) and the Quality Governance Committee (QGC).

The NHS Constitutional standards are the Emergency Access Standard and Access to Elective treatment within 18 weeks. We are required to externally submit trajectories to NHSE/I that provide the monthly performance during 19/20. We have advised that we are not expecting to meet the constitutional standards by the end of 19/20, but we will be working towards reducing the gap from March 2019 performance towards the standard.

Issues and options

Below are updates in relation to national or local priorities for the quality of patient services, safety and effectiveness.

(Note: This data relates to August 2019 in line with the reporting to the Quality Governance Committee)

Infection Prevention and Control

- The number of cases of patients with C diff is statistically significant for August as we had 9 cases reported. The trajectory for August was 5. Of these 9 cases, 7 were hospital onset and 2 were community onset. With 24 cases reported year to date, we are now off trajectory for year to date (to have no more than 23 cases).
- The statistical analysis indicates that the processes supporting delivery of the target do not provide assurance as to whether we will achieve the year-end target.
- E-coli and MSSA bacteraemia are slightly above trajectory (both by one case). Though not statistically significant, the MSSA bacteraemia target gives cause for concern due to the small annual target number.
- MRSA bacteraemia has had one reported case during 19/20 to date; therefore we are over the year-end target of zero. There were no attributable cases on MRSA bacteraemia in August.

Hand Hygiene

We remain below the target of 100% hand hygiene participation with August performance at 85.96%, although compliance remains high at 97.92%. The decline in performance for participation is being impacted by overall divisional performance in particular Women's and Children's (Obstetrics) and SCSD (Outpatients/Theatres).

Implementation and embedding the key standards to prevent infection continues to be the key driver of improvements. Variation in practice is being seen in a number of areas. Targeted support is in place. Increased oversight trust level of clinical problems, actions and progress is present through introduction of a TIPCC 'scrutiny and learning' meeting which began in August. The meeting has a focus on presentations by divisional clinical leads of key infections which have occurred in previous 2 month, review of action plans.

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Medication incidents reported and medical incidents causing harm

The total number of medication incidents reported per 1,000 bed days exceeded the minimum target of 4.88 for August. We continue a focus on promoting a culture of openness and transparency with staff reporting all medicine incidents, and as such would expect at this point in the year to be above 4.88 for 1,000 bed days for this measure.

However, conversely we would not expect to experience an increase in the number of incidents reported where patient harm had been caused. August performance is 21.58% which is a significant variation from previous months. The trajectory for August is 11.71%. The decline in performance (identified through the monitoring in the Pathway to Platinum Programme) has been significantly impacted by the volume of incidents causing harm (20) reported by Ward 2, a majority of which have been reported by the Pharmacist, an action plan is in place through and this is under review by the Division.

Pressure Ulcers

In August we have not reported any Grade 3 or Grade 4 pressure ulcers and there have been no reclassifications of previous ulcers. Continued focused actions through 'stop the pressure' campaign on wards in place and supported through ward accreditation 'path to platinum programme'

Fractured Neck of Femur (broken hip)

The percentage of fractured neck of femur patients in theatre in less than 36 hours was 82.46% for August, but it is still below target of 85%; the performance trend continues to show no significant variation and therefore no cause for concern. There were 10 (of 57) patients who breached the 36 hour target, four were due theatre capacity issues (one at Worcestershire Royal and three at the Alexandra), three patients were medically unfit, one patient was awaiting a total hip replacement and two patients required further imaging.

Friends and Family Test

Maternity response rates are common cause variation, despite dropping below the operational target. A&E, Inpatient and Outpatients response rates are all showing special cause improvement with Inpatients and Outpatients performing better than the operational target for the first time.

Below are updates in relation to national or local priorities for operational performance.

(Note: This data relates to August 2019 in line with the reporting to the Finance and Performance Committee)

Patient Flow and the Emergency Access Standard

In August, performance increased again to 77.96%, remaining within common cause variation limits, but was below the month 5 internal target of 82.10%. Without significant improvement to the system/processes, EAS will meet neither local trajectory nor national target. There were 50 12 hour breaches and 521 60+ minute ambulance handover delays, both reductions from July. There have been significant improvements to length of stay in six of the Home First pilot wards.

Assurance levels:

- Performance trend – **variation is common cause – no significant change.**

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- Ability to meet trajectory – **no assurance based on current trend that this will achieve.**
 - Based on recovery plan –**assurance for improvements seen on pilot Wards in the Home First Programme.**

Cancer

2WW All

Although improved from the previous month, the performance in August is currently 84.56% against the trajectory of 94.02%. Breast and Lung continue to drive the underperformance. The performance in Breast continues to be 'special cause' variation.

2WW Breast Symptomatic

Of the 122 patients waiting for a symptomatic breast appointment in August, 93 waited longer than the operational standard of 2 weeks. As noted last month, recovery of the service is not expected until December 2019.

62 Day performance

The trajectory for August was to achieve 84.90%; we are currently achieving 81.45% despite treating 159 patients with 29.5 breaches. There are no specialties showing 'significant variation' from the expected performance, and five performing at or better than the agreed trajectory. The reduction in the number of patients treated in August has had an impact on the backlog of patients.

62 Day Backlog

The number of patients waiting 62+ days has increased to 191, with 44 patients in that cohort waiting 104+ days.

Assurance levels:

- Performance trend – **special cause variation – low assurance.**
- Ability to meet trajectory – **consistently failing – low assurance (with the exception of 2WW all and Breast who are may or may not reach target).**
- Based on recovery plan – **limited assurance.**

Referral to treatment

RTT is failing to meet the monthly internal trajectory, which for August was 86.93%, with insufficient numbers of patients being treated within 18 weeks. The validated performance for August was 80.10% and it remains the case that the local trajectory for March 2020 of 82.39% is at risk of being achieved. As in July, we reported four orthodontic patients as waiting longer than 52 weeks at the month end snapshot for August.

The Trust continues to focus on reducing patients who have to wait over 40 weeks for their first definitive treatment. The trajectory for the end of August was to have no more than 32 patients; however we currently have 362 patients waiting longer than 40 weeks, of which 291 patients are waiting for surgery.

Assurance levels:

- Performance trend – special cause variation – low assurance.
- Ability to meet overall in-year trajectory – consistently failing in some specialities – medium assurance.

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- Based on recovery plan – consistently failing in some specialities – medium assurance (40 week waiters).

Diagnostics

The August performance was validated at 6.83% of patients waiting longer than 6 weeks for their diagnostics; we therefore met the monthly trajectory of 10.48%. The majority of modalities are successfully working to their trajectories; however echocardiography is currently a cause for concern with an increasing number of patients waiting 6+ weeks for their test.

Assurance levels:

- Performance trend – **common cause variation**
- Ability to meet trajectory based on current trend– **May or may not reach target.**
- Based on recovery plan – **Assured.**

Stroke services

In July, the percentage of patients seen in TIA clinic within 24 hours decreased to 37.1% which was below the operational standard, but still remains common cause variation. Although Direct Admission to the stroke ward and patients spending 90% of their stay on a stroke ward both improved, they did not achieve the standard; both measures are reflective of normal variation attributable the system. The percentage of patients who had a CT scan within 60 minutes declined; again, attributable to common variation.

Assurance levels

- Assurance level of performance trend – **common cause variation for all of the stroke metrics that are detailed here.**
- Assurance level of process/system – the targets for CT scan within 60 mins and direct admission to the stroke ward will not be met without external intervention or system redesign. The targets for TIA clinic within 24 hours and patients spending 90% of their stay on the ward will not be met consistently.

Below are updates in relation to national or local priorities for financial performance.

(Note: This data relates to August 2019 in line with the reporting to the Finance and Performance Committee)

- For 2019/20 the Trust committed to delivering a deficit of no more than £(82.8)m with a stretch target of £(73.8)m. This Stretch target requires delivery of £22.5m of savings/margin improvement. The Trust has not signed up to the revised control total set by NHSI of £(64.4)m [£58.4m+£6m] (excluding PSF, FRF and MRET funding). Whilst we recognise that it is disappointing that we have not been able to submit a plan closer to the control total, we believe that the submission reflects a credible plan based on the existing plan information and assumptions available to us at this time. Notwithstanding the aforementioned that we continue to aim to achieve the £(73.8)m 18/19 internal out-turn target. In month 2 budgets were revised to reflect £16.2m of identified savings opportunities with a remaining gap of £6.3m to identify and deliver a minimum of £22.5m.
- For August 2019 - month 5 of 2019/20 is a deficit of £(7.4)m against a submitted plan deficit of £(7.0)m, resulting in a £(0.4)m adverse variance to the £(82.8)m deficit plan. The adverse in month variance is predominantly driven by premium pay costs and

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underachievement of CIP but continues to be reduced by positive variances on estimated income margin productivity growth; lower level of spend related to the provision of additional (Bed) capacity, and slippage in planned business case expenditure (Electronic Prescribing & Medicines Administration – EPMA and proposed expansion of Managed Equipment Service - MES).

- The cumulative position at the end of month 5 (August 19) is a deficit of £(34.4)m, £3.4m positive to the submitted plan. It is important to note this position is after gross income is reduced and net of £0.5m of “blended payment” (20% marginal rate) adjustment where non-elective activity exceeds plan. The internal target is to deliver no more than the 2018/19 out-turn of £(73.7)m deficit. Against a similarly profiled £(73.7)m, a month actual of £(7.4)m, against a target £(6.4)m results in a £1.0m adverse variance. Year to Date at month 5 a cumulative plan of £(35.8)m, against an actual deficit of £(34.4)m results in a favourable variance of £1.4m.
- The combined income (including Other Operating Income and after adjusting for the blended payment mechanism) was £0.1m below plan in August (YTD position is £2.5m above plan). If the £0.5m blended adjustment did not apply (20% Marginal Rate), income would be £3m [net £2.5m] above the year to date plan.
- Pay is £342k adverse to plan in month and £1.1m favourable year to date, key variances include timing and level of spend against additional bed/ward capacity, vacancies, slippage against business cases (EPMA & MES) and income margin growth. The impact of these favourable variances has been lessened by operational expenditure variances including premium nursing and continuation of additional medical staffing in the Emergency Department.
- Non pay is £121k favourable to plan in month and £234k adverse year to date, over spends on drugs are largely being offset by timing of spend against additional capacity, agreed business cases (MES & EPMA) and income margin / productivity growth.
- In August month 5 savings cumulatively are £3.1m (excluding Non –Recurrent slippage e.g. Beds). We remain focused on maximising the savings plans and are continuing every effort to drive further improvements to our financial position, whilst ensuring a credible plan for delivery. As a result the internal savings/CIP target remains at £22.5m of which opportunities to the value of c. £20m have been identified to date with £16.2m removed from budgets.
- As a result of the ongoing deficit position, we continue to rely on additional cash support from the Department of Health and Social Care (DHSC) and request cash in line with financial performance on a monthly basis.

=====

Below are updates in relation to national or local priorities for workforce performance

(Note: This data relates to August 2019 – this has not been discussed at People and Culture Committee but was reported to Finance and Performance Committee)

Good progress continues to be made in getting the basics right with mandatory training increasing to 91% which exceeds target and is on trajectory for our stretch target of 95% post April 2020. Turnover rates have reduced again this month and are now only 0.20% higher than the same period last year.

The areas of exception are as follows:

- Sickness absence – our monthly run rate continues to be higher than last year even

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allowing for seasonal variation. However, this is due to an increase in long term sickness absence. Short term sickness absence is slightly lower than the same period last year which reflects the support that the HR team are providing to managers with back to work interviews and escalation to the formal stages of the policy.

- Retention – we made progress with our overall staff turnover rate last year which reduced to a low of 11%. However, the opening of the new wards was a trigger for the rate to deteriorate due to the increased requirement of bank and agency shifts and the requirement to move staff to cover different wards. This is a key focus for the senior nursing team. Our contract with NHSP is focussed on increasing our Nurse Bank to replace high cost agency staff. In addition we are setting up “virtual wards” to attract staff who have more restricted availability such as those who can only work fixed days or weekends.

Recommendations

The Board is asked to:

- 1) Review the key messages from the Integrated Performance Reports provided in Month 5 2019-20
- 2) Note areas of improved and sustained performance.
- 3) Seek assurance as to whether the risks of under-performance in each area have been suitably mitigated, with robust plans for stabilisation and recovery.

Appendices

- 1) Trust Board IPR Slide deck – M5 2019-20 (Quality and Safety, Operational Performance, Finance and People and Culture)*

**As approved by the internal governance process*

Trust Board

Integrated Performance Report

August 2019
Month 5

10th October 2019

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Quality Governance Committee Assurance Report

| Accountable Non-Executive Director | | Presented By | | Author | | |
|--|--|--|--|----------------------------------|---------------|--------------|
| Dr Bill Tunnicliffe - Non-Executive Director | | Dr Bill Tunnicliffe - Non-Executive Director | | Kimara Sharpe –Company Secretary | | |
| Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks? | | | | Y | BAF number(s) | 1, 2, 3, 9 |
| Level of assurance and trend | | | | | | |
| Significant assurance | | Moderate assurance | | Limited assurance | | No assurance |
| X | | | | | | |

Executive Summary

The Committee met on 19 September 2019. A summary of key points discussed are as follows:

- **Bluespier letters:** The backlog is on track to be cleared by the end of October (typed letters) and end November (untyped letters). We have been assured that the systems will enable sustained performance in this area. We will receive a further update in November.
- **CQC outlier report:** The Head of Midwifery attended to explain the reasons behind a CQC letter received in relation to the Trust having a higher than expected rate of planned caesarean sections. She explained that there had been a data quality issue in respect of coding and when the errors were corrected, the rate was within the expected range. Lessons have been learnt, particularly in respect of talking to patients about having a vaginal birth following a previous caesarean section. The CQC has closed the issue. In future, it will be difficult to determine the rate for planned caesarean sections due to the choice agenda.
- **Integrated Quality Report:** the key issues within the report were as follows:
 - Medicine incidents causing harm: There was a spike in month 5. She was pleased that Ward Accreditation has helped. The action plan was being monitored by the medical division weekly.
 - Pressure ulcers (grades 3 and 4): The trajectory has been maintained.
 - Hand hygiene: there has been a slight dip – 85.96%. this issue is further explored within the infection control report.
 - #NOF: This dip in performance is related to flow and will recover.
 - Friends and Family: Performance has improved. The trajectory has been achieved for out patients. A&E continues to be challenged.
 - Mandatory training/ReSPECT: training has improved.
- **CQUIN:** The routine report in relation to CQUINs showed good progress and on track to achieve all CQUINs. Two were slightly behind schedule (urinary tract infections and prophylactic antibiotics) but they are now recovering the position.
- **External mortality review:** An external review was commissioned to determine whether there was a systemic problem with the review of deaths within the Trust. The review showed that there was no such issue. Nationally there is a rate of under 10% of poor care due to avoidable factors. The Trust's rate is 7%. There were a number of challenges identified, mainly relating to patient flow and the number of patients who wait in the ED. There was also concern expressed about the lack of discharge of patients when they are fit for discharge. The end of life pathway could be better utilised. Concern was also expressed about the relationship between the ED and the specialist medical teams. There are a series of recommendations which will be taken forward by the Chief Medical Officer.
- **Patient Safety report:** We received the quarterly report. A review is being undertaken of the serious incident process as well as the clinical governance function within the Trust.

Quality Governance Committee Assurance Report

Executive Summary (cont.)

- **Local Maternity Service update:** A routine update was received which showed good engagement. However the CNO will be undertaking a review of the items presented to ensure that they have been through the Trust's governance processes first.
- **Infection Control:** the number of *c diff* cases have breached the trajectory by one (16 compared to 15). MSSA is also over trajectory by one (7 against 6). *E coli* is also one over target but this is an improvement on 2018/19. The Trust Infection Prevention and Control Committee has restructured to ensure that there is a regular forum for a deep dive and learning with respect to infection control. We were pleased to hear of the innovative approach to learning within the housekeeping team. Tablets are now being used on the wards to ensure that this staff group are up to date with their training. Cleaning at the Alexandra Hospital has improved. Detailed work is on-going with the surgical division in respect of infections of surgical sites. There is a cluster of eight cases which are being reviewed. The deputy DIPC was also working on equipment in theatres.
- **Patient Survey:** We were pleased to see that improvements are being shown with respect to patient experience. The surveys are currently embargoed. Publication is on 23 October.
- **WMRQS update:** A year ago, the West Midlands Quality Review Service visited theatres and made a series of recommendations. We were disappointed that the action plan had not been updated for presentation at the meeting. We were assured however that actions had been undertaken and improvements made. The action plan will be presented next month.
- **IT systems audit:** We received assurance that actions are being undertaken. We understand that the Audit and Assurance Committee receive a detailed update on this.

The Committee then met in private to consider a confidential issue. The issue had been discussed at the Audit and Assurance Committee the day before.

Background

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

Issues and Options

None.

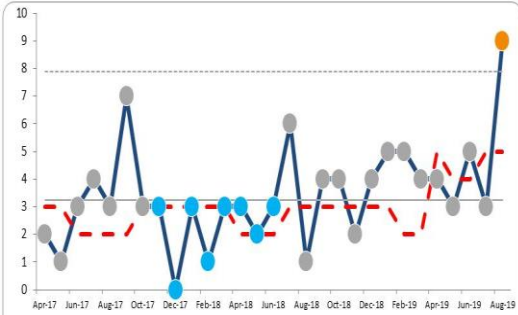
Recommendations

The Board is requested to receive this report for assurance.

Appendices

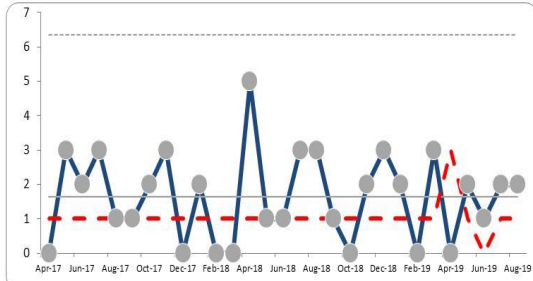
Number of patients developing Clostridioides difficile

9



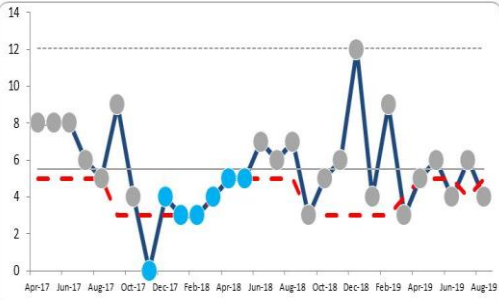
Number of patients developing MSSA bacteraemia

2



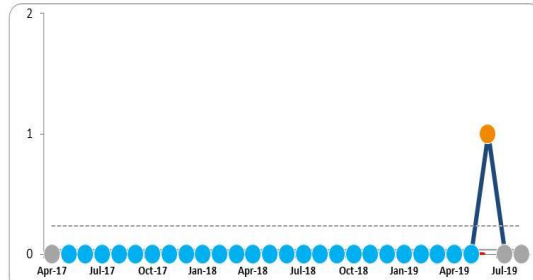
Number of patients developing Ecoli bacteraemia

4



Number of patients developing MRSA bacteraemia

0



| 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 | Low | | | | |

*Please note - for 19/20, there has been a change to Cdiff guidance; the definitions now include hospital onset healthcare associated and community onset healthcare associated.

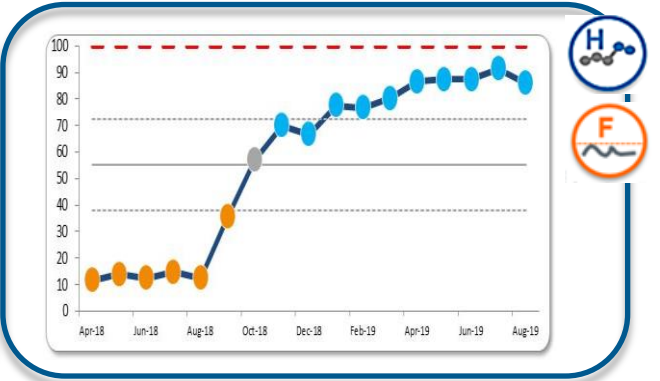
Total Medicine incidents reported

139



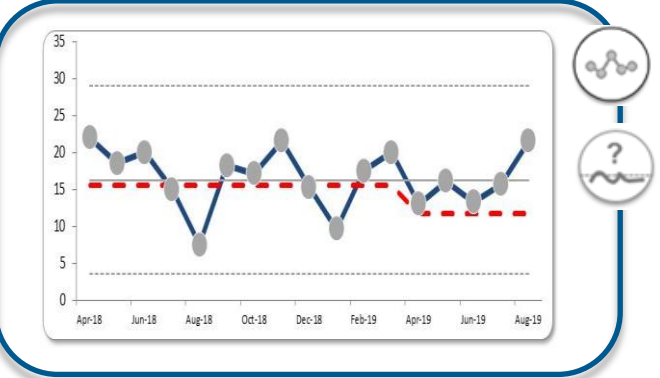
Hand Hygiene Audit Participation

85.96%



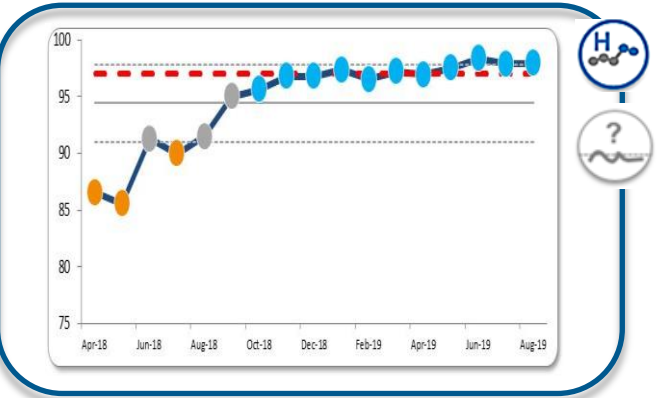
% Medicine incidents causing harm

21.58%



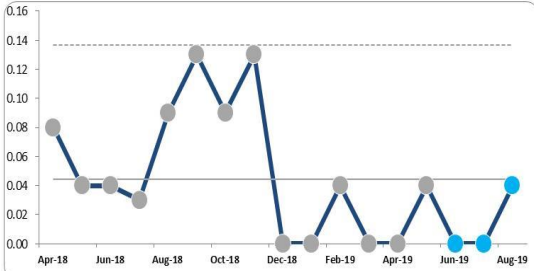
Hand Hygiene Compliance

97.92%



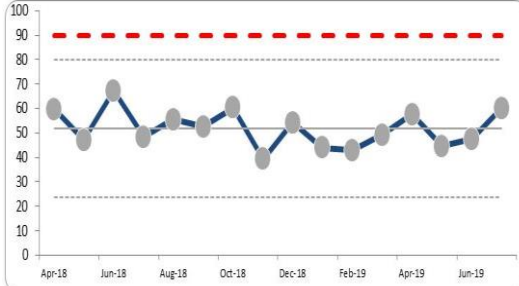
Falls per 1,000
bed days
causing harm

0.04



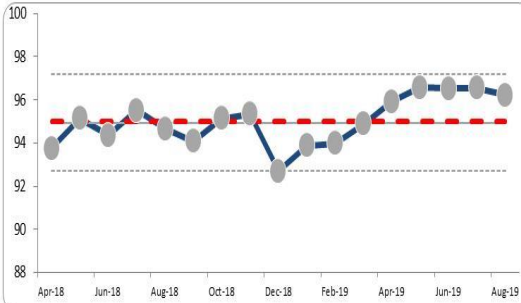
Sepsis 6 Bundle
Compliance
(audit)

July
60.00%



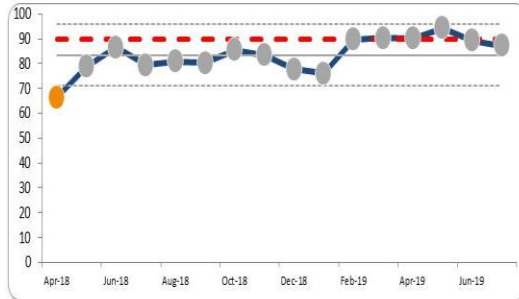
VTE
Assessment
Compliance

96.23%

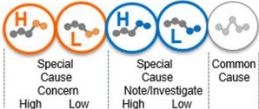


Sepsis
Screening
Compliance
(audit)

July
87.16%



Variation

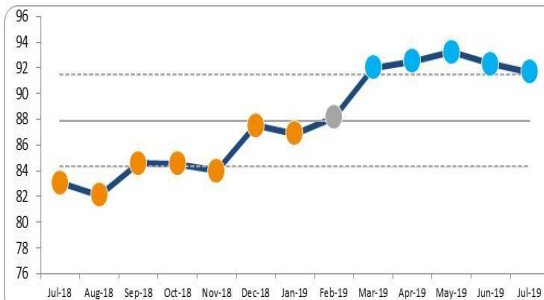


Assurance



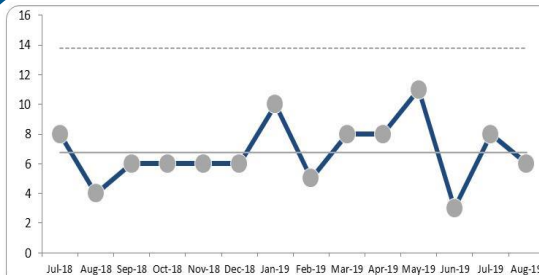
ICE reports
viewed
[radiology]

July
91.67%



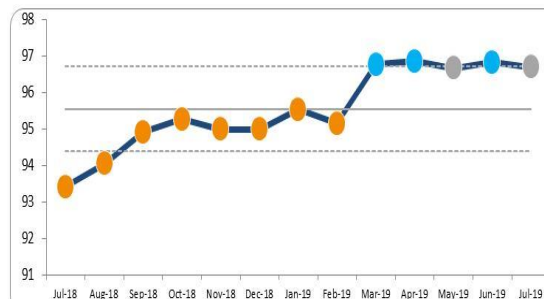
Hospital
Acquired Deep
Tissue Injuries

6

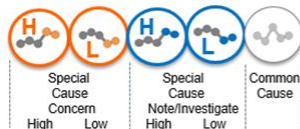


ICE reports
viewed
[pathology]

July
96.69%



Variation

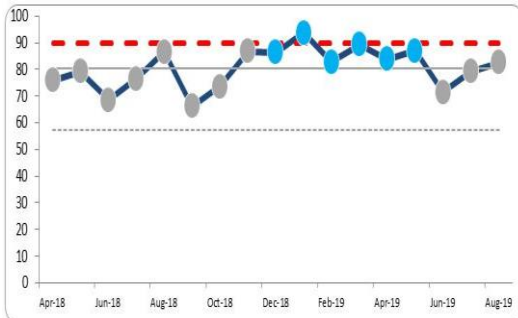


Assurance



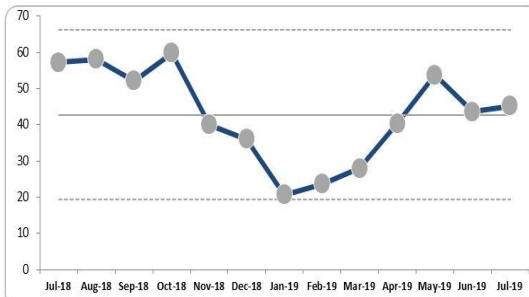
#NOF time to theatre <=36 hours

82.46%



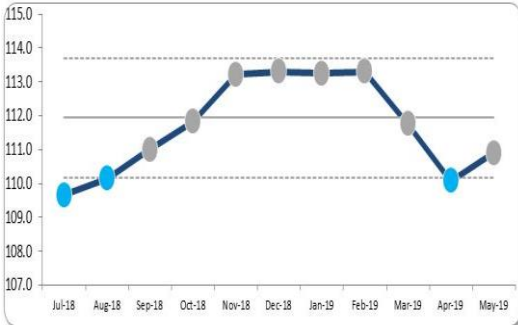
Mortality Reviews completed <=30 days

July
45.18%



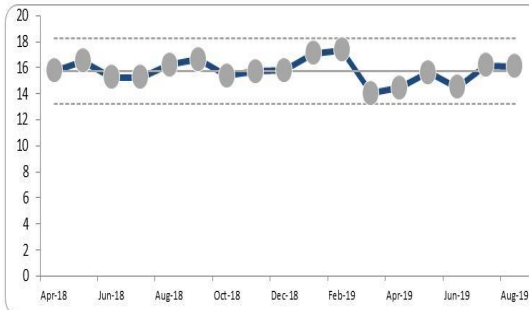
HSMR 12 month rolling average [Jun-18 – May-19]

110.91



Discharges before midday

16.11%



Variation

Special Cause Concern High

Special Cause Note/Investigate Low

Common Cause

Assurance

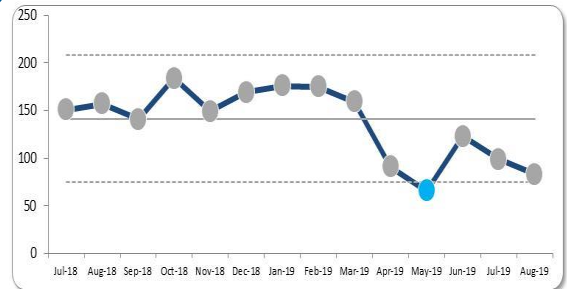
Consistently hit target

Hit and miss target subject to random

Consistently fail target

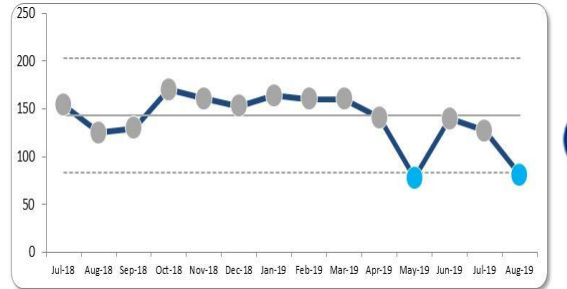
Risks overdue review

83




Risks with overdue actions

81




Variation




Special Cause Concern

High




Low




Special Cause

Note/Investigate

High




Low




Common Cause


Assurance



Consistently hit target

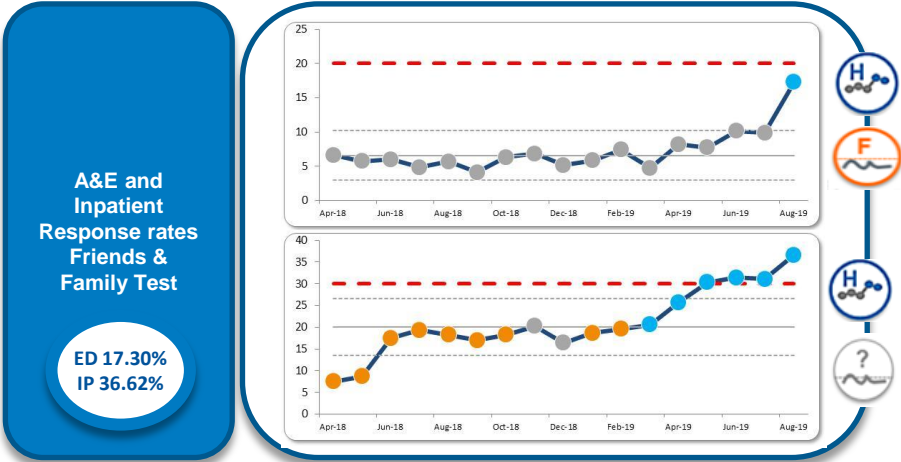


Hit and miss target subject to random



Consistently fail target

9



Quality & Safety | Improvement Trajectories (19/20) | M5 [August]

| Performance Metrics | | Apr-19 | | May-19 | | Jun-19 | | Jul-19 | | Aug-19 | |
|--|------------|--------|---|--------|---|--------|---|--------|---|--------|---|
| Cdiff | Actual | 4 | ✓ | 3 | ✓ | 5 | ✗ | 3 | ✓ | 9 | ✗ |
| | Trajectory | 5 | | 4 | | 4 | | 4 | | 5 | |
| Ecoli | Actual | 5 | ✓ | 6 | ✗ | 4 | ✓ | 6 | ✗ | 4 | ✓ |
| | Trajectory | 5 | | 5 | | 5 | | 4 | | 5 | |
| MSSA | Actual | 0 | ✓ | 2 | ✗ | 1 | ✓ | 2 | ✗ | 2 | ✗ |
| | Trajectory | 1 | | 1 | | 1 | | 1 | | 1 | |
| Hospital Acquired Deep Tissue injuries | Actual | 8 | - | 11 | - | 3 | - | 8 | - | 6 | - |
| | Trajectory | - | | - | | - | | - | | - | |
| Falls per 1,000 bed days causing harm | Actual | 0 | ✓ | 0.04 | ✓ | 0 | ✓ | 0 | ✓ | 0.04 | ✓ |
| | Trajectory | 0.04 | | 0.04 | | 0.04 | | 0.04 | | 0.04 | |
| % medicine incidents causing harm | Actual | 13.04% | ✗ | 16.13% | ✗ | 13.29% | ✗ | 15.67% | ✗ | 23.19% | ✗ |
| | Trajectory | 11.71% | | 11.71% | | 11.71% | | 11.71% | | 11.71% | |
| Hand Hygiene Audit Participation | Actual | 86.55% | ✗ | 87.39% | ✗ | 87.39% | ✗ | 91.38% | ✗ | 85.96% | ✗ |
| | Trajectory | 100% | | 100% | | 100% | | 100% | | 100% | |
| Hand Hygiene Compliance to practice | Actual | 96.95% | ✗ | 97.52% | ✓ | 98.39% | ✓ | 97.88% | ✓ | 97.92% | ✓ |
| | Trajectory | 97% | | 97% | | 97% | | 97% | | 97% | |
| VTE Assessment Rate | Actual | 95.92% | ✓ | 96.58% | ✓ | 96.51% | ✓ | 96.55% | ✓ | 96.23% | ✓ |
| | Trajectory | 95% | | 95% | | 95% | | 95% | | 95% | |
| Sepsis Screening compliance | Actual | 90.05% | ✓ | 94.39% | ✓ | 89.24% | ✗ | 87.16% | ✗ | - | |
| | Trajectory | 90% | | 90% | | 90% | | 90% | | 90% | |
| Sepsis 6 bundle compliance | Actual | 57.50% | ✗ | 44.66% | ✗ | 47.47% | ✗ | 60.00% | ✗ | - | |
| | Trajectory | 90% | | 90% | | 90% | | 90% | | 90% | |
| #NOF time to theatre <=36 hrs | Actual | 83.87% | ✗ | 86.89% | ✓ | 71.43% | ✗ | 79.10% | ✗ | 82.46% | ✗ |
| | Trajectory | 85% | | 85% | | 85% | | 85% | | 85% | |
| Mortality Reviews completed <=30 days | Actual | 40.45% | - | 53.74% | - | 43.65% | - | 45.18% | - | - | |
| | Trajectory | - | | - | | - | | - | | - | |
| HSMR 12 month rolling average | Actual | 110.08 | - | 110.91 | - | - | | - | | - | |
| | Trajectory | - | | - | | - | | - | | - | |
| Complaints responses <=25 days | Actual | 75.00% | ✗ | 81.82% | ✓ | 71.19% | ✗ | 83.93% | ✓ | 90.91% | ✓ |
| | Trajectory | 80% | | 80% | | 80% | | 80% | | 80% | |
| ICE viewed reports [pathology] | Actual | 96.85% | - | 96.66% | - | 96.83% | - | 96.69% | - | - | |
| | Trajectory | - | | - | | - | | - | | - | |
| ICE viewed reports [radiology] | Actual | 92.49% | - | 93.22% | - | 92.28% | - | 91.67% | - | - | |
| | Trajectory | - | | - | | - | | - | | - | |

Finance & Performance Committee Assurance Report

| Accountable Non-Executive Director | | Presented By | Author | | |
|---|--------------------|---|-----------------------------------|----------------------|------------|
| Richard Oosterom – Associate Non-Executive Director | | Richard Oosterom – Associate Non-Executive Director | Kimara Sharpe – Company Secretary | | |
| Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks? | | | Y | BAF number(s) | 4, 5, 6, 7 |
| Level of assurance and trend | | | | | |
| Significant assurance | Moderate assurance | Limited assurance | No assurance | | |

X

Executive Summary

The Committee met on 29 July.

Divisional attendance – Women and Children: The Divisional leadership attended the meeting to present their challenges and achievements. We heard a comprehensive report which outlined the challenges. This is a small division (617 staff). The challenges as presented included the difficulty with the RTT target within gynaecology, the achievement of the CNST CIP, the accommodation required for a paediatric assessment unit and the nurse staffing required for the neonatal unit level 2. Assurance was given that the RTT target of no-one waiting over 40 weeks would be achieved by the end of December. The delay on this was due to the shortage of staff and the appointment of NHS Locums who have started in October. The locums also have job plans which give capacity for Gynae cancer appointments so the two week wait should be addressed. Turning to finance, the Division were clear that the £2.2m CIP target would be unachievable. They felt that the £1.2m currently identified is the maximum they can do. They also felt that unrealistic activity levels had been set as they were trying to reduce the number of paediatric emergencies and there was no increase in maternity and therefore neonatal activity. Answering the question on what they will be able to achieve, they confirmed to meet last year’s outturn. The Chief Financial Officer stated that he was aware of the situation.

We were pleased to hear from a cohesive and committed team that made good progress in quality (CQC ratings), had a solid plan in place to improve performance, and were cognisant about the financial situation. We were not pleased about the situation regarding targets. The execs acknowledged that the budget/target-setting process needs to be improved to create absolute clarity and 100% ownership for the targets agreed.

Minor injury units: The Chief Operating Officer gave an update on a review of minor injury units across the county. The aim in the NHS Long Term Plan is to have urgent care centres supporting emergency departments. The county is not suggesting a revised model of provision at this time and so we have removed this from our work plan. We understand that it will be within the Clinical Services Strategy.

Financial Recovery Plan: The Chief Operating Officer explained that he would be able to give a further update on the recovery following the performance review meetings (PRM) currently being held. He explained that the trust was now freezing administration and clerical posts as well as managerial staff. Front line staff (including the appointment of NHS locums) was not affected. It was accepted that the Committee needed further assurance on the achievement of the CIP and the effectiveness of the enhanced governance. Mr Brennan committed that there would be a revised CIP and modified targets for each division following the conclusion of the PRMs. He confirmed that the CIP plans for the major initiatives would go down to individual WTE level, to enable tight execution management. There was also acknowledgement that there needed to be more work with cross divisional themes, particularly for schemes within theatres.

Finance & Performance Committee Assurance Report

Executive Summary (cont.)

Financial Performance – M5 position: The actual deficit in month 5 was £7.4m. We missed both plan (£7.0m) and forecast (£6.5m). This was largely due to lower than expected activity levels. We continue to see overspend in relation to the use of bank and agency staff (especially in nursing), which is partially compensated by delayed business case investments, margin improvements and lower than budgeted costs for staffing the extra bed capacity. When discussing the effect of the missed forecast/plan in month 5, the executives felt that this was more a matter of bad holiday planning/forecasting than a fundamental issue with activity/income.

Of the £22.5m CIP target, £20m has been identified and £16.2m has been removed from budget. YtD CIP delivery is £3.1m and the current FY CIP forecast is £10.8m. This is far below the £22.5m we need to achieve our internal target of a deficit of no more than £73.7m. And without further action even the external target of £82.8m would be in jeopardy. Hence the need for the Financial Recovery Plan and much tighter governance.

Integrated Performance Report: We were pleased that diagnostics continues to perform better. There is an improving picture with cancer (two week wait) and breast will meet that 93% by the end of December. RTT – every effort is made to achieve our target of zero “over 40 weeks waiters” (except gynae and orthodontics) by September 30th; We will receive an update on this at the Board meeting. On many of the performance metrics (EAS, RTT, Cancer) we continue to see a lack of progress both in relation to meeting the national standards as well as our own trajectories.

We all agreed that focusing on Home First was the right thing to do, since reducing attendances and admissions, improving flow and faster discharges would positively impact many of our performance standards. We look forward to see the effect of Home First reflected in the weekly performance stats. We heard that the MADE event held in September had good support from the health economy. Patient Flow had been maintained during the previous weekend with a huge focus on discharge planning. There were now 15 actions that had been identified as a result of the event and these actions were being incorporated within the Home First Worcestershire action plan. We were pleased to hear that following the first MADE event, the number of patients with a long length of stay had reduced by 25-30 patients in the previous 2 weeks.

Operational Plan development: We were presented with a plan for the creation of the Operational Plan 2020/2021. We were pleased to see the timely start and more thorough approach and encouraged by the active engagement with both directorate as well as divisional leaders. The CIP will be included within the Plan and the governance arrangements are in place for delivery. The Director of Planning and Strategy is the accountable officer for this work. We will spend further time on this topic in the coming meetings. And we explicitly requested a timely review of the demand and capacity model underpinning the new plan.

Risks: We agreed that the risk ratings for our risks would not be changed.

Background

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

Issues and Options

None.

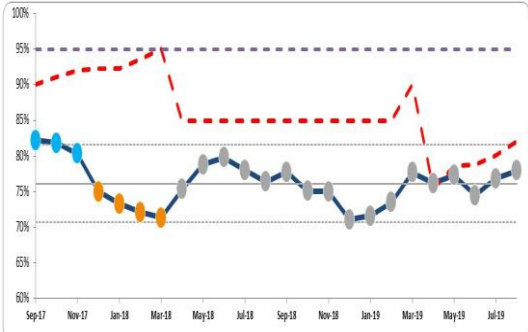
Recommendations

The Board is requested to receive this report for assurance.

Appendices

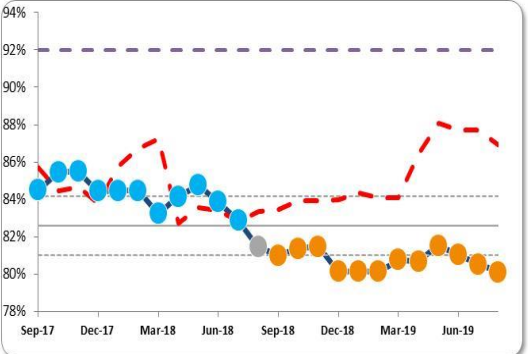
4 Hour EAS (all)

77.96%



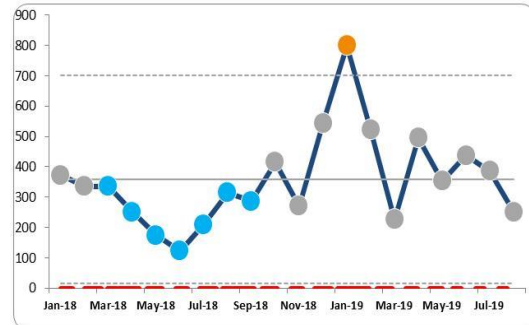
RTT Incomplete

80.10%



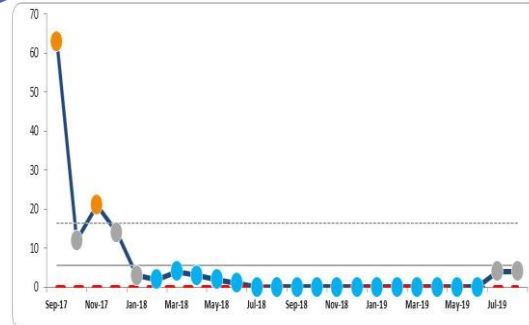
60 minute Ambulance H.O delays

252



52+ week waits

4



Variation

Special Cause Concern High

Special Cause Note/Investigate Low

Common Cause

Assurance

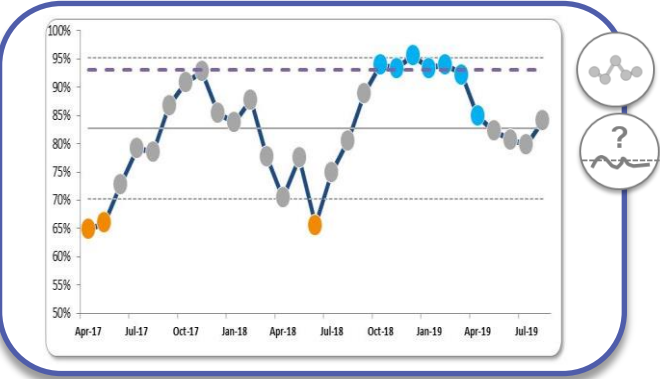
Consistently hit target

Hit and miss target subject to random

Consistently fail target

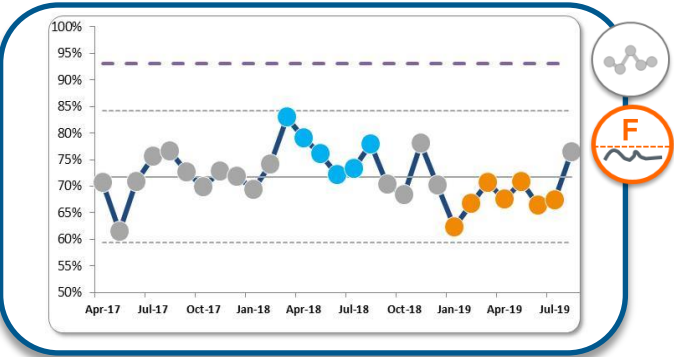
Cancer 2WW
All

84.07%



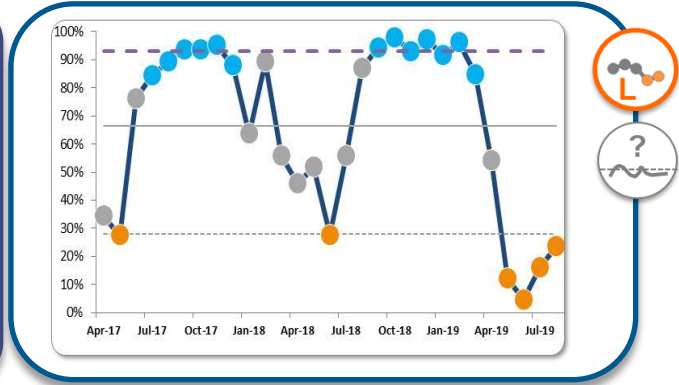
Cancer 62 Day
All

76.49%



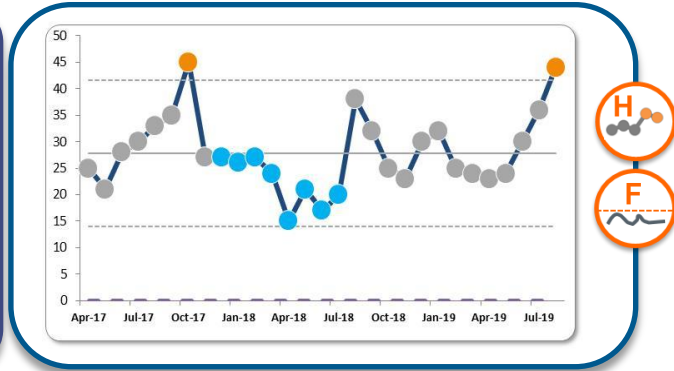
Cancer 2WW
Breast
Symptomatic

23.58%



Cancer 104 day
waits

44



Variation

Special Cause
Concern
High

Special Cause
Not Investigate
Low

Common Cause

Assurance

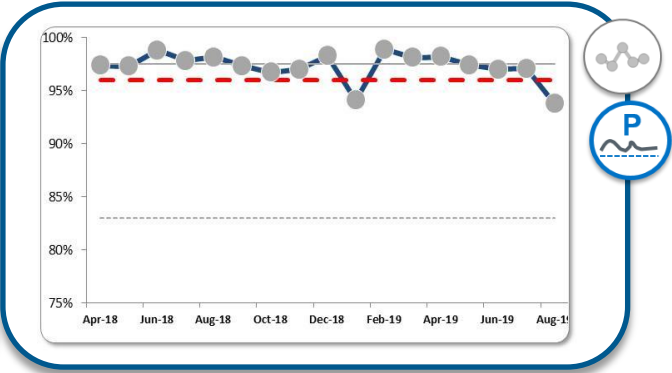
Consistently hit target

Hit and miss target subject to random

Consistently fail target

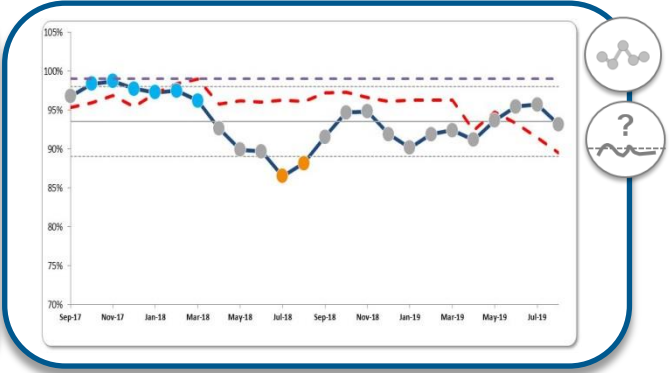
Cancer 31 Day
All

94.12%



Diagnostics

93.17%



Variation

Assurance

H

L

H

L

Common Cause

P

?

F

Special Cause Concern High

Special Cause Concern Low

Special Cause Note/Investigate High

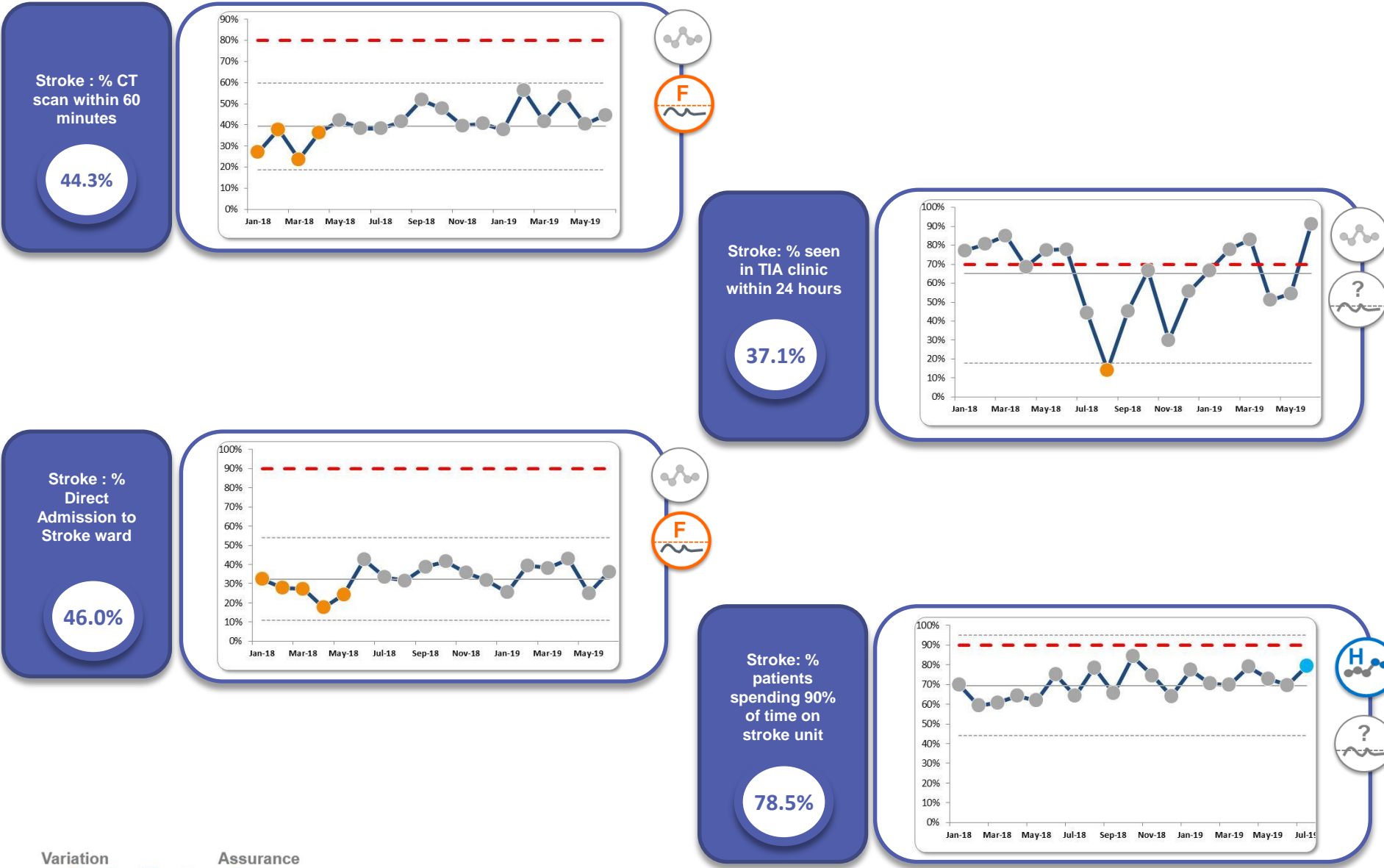
Special Cause Note/Investigate Low

Common Cause

Consistently hit target

Hit and miss target subject to random

Consistently fail target



Variation

Special Cause Concern

Special Cause Note/Investigate

Common Cause

High

Low

High

Low

Assurance

Consistently hit target

Hit and miss target subject to random

Consistently fail target

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

| Performance Metrics | | Operational Standard | | Apr-19 | | May-19 | | Jun-19 | | Jul-19 | | Aug-19 | | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 |
|-------------------------|--------------------------|----------------------|------------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|---------|---------|---------|---------|---------|---------|
| EAS | 4 Hours (all) | 95% | Actual | 76.18% | ✓ | 77.28% | ✗ | 74.43% | ✗ | 76.82% | ✗ | 77.96% | ✗ | | | | | | | |
| | | | Trajectory | 75.41% | | 78.60% | | 78.78% | | 80.10% | | 82.10% | | 86.21% | 86.24% | 86.00% | 86.00% | 86.00% | 86.00% | |
| | 15-30 minute Amb. delays | - | Actual | 1,703 | ✗ | 1,767 | ✗ | 1,738 | ✗ | 1,925 | ✗ | 1828 | ✗ | | | | | | | |
| | | | Trajectory | 1420 | | 1251 | | 1149 | | 1112 | | 855 | | 831 | 673 | 655 | 704 | 706 | 642 | 470 |
| | 30-60 minute Amb. Delays | - | Actual | 728 | ✗ | 608 | ✓ | 671 | ✗ | 751 | ✗ | 646 | ✗ | | | | | | | |
| | | | Trajectory | 609 | | 626 | | 522 | | 445 | | 428 | | 416 | 292 | 284 | 376 | 377 | 428 | 470 |
| 60+ minutes Amb. delays | 0 | Actual | 496 | ✗ | 354 | ✗ | 438 | ✗ | 386 | ✗ | 252 | ✗ | | | | | | | | |
| | | Trajectory | 203 | | 209 | | 209 | | 222 | | 214 | | 208 | 269 | 262 | 329 | 330 | 107 | 0 | |
| RTT | Incomplete | 92% | Actual | 80.18% | ✗ | 81.51% | ✗ | 81.02% | ✗ | 80.54% | ✗ | 80.10% | ✗ | | | | | | | |
| | | | Trajectory | 86.47% | | 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 | ✓ | 0 | ✓ | 4 | ✗ | 5 | ✗ | | | | | | | |
| | | | Trajectory | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CANCER | 2WW All | 93% | Actual | 84.92% | ✗ | 82.27% | ✗ | 80.70% | ✗ | 79.79% | ✗ | 84.07% | ✗ | | | | | | | |
| | | | Trajectory | 93.93% | | 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 | 54.12% | ✓ | 12.00% | ✗ | 4.58% | ✗ | 16.07% | ✗ | 23.58% | ✗ | | | | | | | |
| | | | Trajectory | 45.96% | | 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 | 67.50% | ✗ | 70.83% | ✗ | 66.47% | ✗ | 67.41% | ✗ | 76.49% | ✗ | | | | | | | |
| | | | Trajectory | 74.93% | | 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 | 23 | ✗ | 23 | ✗ | 30 | ✗ | 36 | ✗ | 44 | ✗ | | | | | | | |
| | | | Trajectory | 0 | | 0 | | 0 | | 0 | | 0 | | | | | | | | |
| | 31 Day First Treatment | 96% | Actual | 98.19% | ✓ | 97.40% | ✓ | 97.02% | ✗ | 97.13% | ✗ | 94.12% | ✗ | | | | | | | |
| | | | Trajectory | 97.39% | | 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 | 96.67% | ✓ | 93.94% | ✗ | 94.12% | ✗ | 81.48% | ✗ | 81.82% | ✗ | | | | | | | |
| | | | Trajectory | 96.43% | | 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% | ✓ | 100.00% | ✓ | 84.62% | ✗ | | | | | | | |
| | | | Trajectory | 90.91% | | 100.00% | | 96.43% | | 100.00% | | 100.00% | | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| | 31 Day Radiotherapy | 94% | Actual | 100% | ✓ | 100% | ✓ | 96.30% | ✗ | 100.00% | ✓ | 81.25% | ✗ | | | | | | | |
| | | | Trajectory | 100.00% | | 100.00% | | 100.00% | | 100.00% | | 100.00% | | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| | 62 Day Screening | 90% | Actual | 92.00% | ✓ | 92.00% | ✓ | 52.00% | ✗ | 88.89% | ✗ | 94.44% | ✓ | | | | | | | |
| | | | Trajectory | 85.19% | | 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 | 79.17% | ✓ | 70.00% | ✓ | 75.00% | ✓ | 62.50% | ✗ | 83.33% | ✓ | | | | | | | | |
| | | Trajectory | 70.00% | | 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 | 91.14% | ✗ | 93.67% | ✗ | 95.46% | ✓ | 95.68% | ✓ | 93.17% | ✓ | | | | | | | |
| | | | Trajectory | 92.37% | | 94.74% | | 91.42% | | 91.42% | | 89.52% | | 88.25% | 91.28% | 91.91% | 89.77% | 94.99% | 96.71% | 99.03% |

Use of Resources

Risk Rating Summary

| | Metric Definition | How we did YTD at M5 | Risk Rating | | Previous Month YTD | Full Year Plan (Forecast) |
|--|--|-------------------------|-------------|---|-----------------------|------------------------------|
| Are we spending more than the income we receive? | I&E surplus or deficit / total revenue. | (19.40%) | 4 | Adjusted financial performance deficit of £34,402 (£34,402k/ total operating income £177,478k = (19.50%). | 4 | 4 |
| How close are we to our financial plan? | YTD actual I&E surplus/deficit in comparison to YTD plan I&E surplus/deficit. | 2.20% | 1 | I&E margin YTD actual of (19.40%) less I&E margin YTD plan of (21.60%) = 2.10% | 1 | 1 |
| How many days' worth of cash do we have? | Measures the days of operating costs held in cash, cash-equivalent and liquid working capital forms. | (106.73) | 4 | Working Capital of (£139,528k) / YTD Operating Expenditure of £200,012 multiplied by the number of YTD days (153) = (106.73). | 4 | 4 |
| Do we have sufficient income to cover the interest owed on our borrowings? | Degree to which the organisation's generated income covers its financing obligations. | (2.438) | 4 | Revenue available for capital service (£21,977k)/ capital service £9,016k= (2.438) | 4 | 4 |
| Is our agency spend within the imposed limits? | Total agency spend compared to the agency ceiling. | (73.8%) | 4 | Total agency spend of £12,524k less agency ceiling of £7,205k / divided by agency ceiling of £7,205k = (73.8%). | 4 | 3 |

Finance | Key Messages

| | |
|-------------------------|--|
| 2019/20 Plan | <p>For 2019/20 the Trust committed to delivering a deficit of no more than £(82.8)m. This includes £13.6m of planned savings/CIP delivery. The Trust has not signed up to the revised control total set by NHSI of £(64.4)m [£58.4m+£6m] (excluding PSF, FRF and MRET funding). Whilst we recognise that it is disappointing that we have not been able to submit a plan closer to the control total, we believe that the submission reflects a credible plan based on the existing plan information and assumptions available to us at this time. Clearly we are some way off the £(73.7)m target we wish to achieve, and the Board remains focused on maximising the savings plans setting an internal Quality and Savings/CIP Improvement Target with the Divisions and Corporate functions totalling £22.5m.</p> |
| I&E Position | <p>For August 2019 - month 5 of 2019/20 is a deficit of £(7.4)m against a submitted plan deficit of £(7.0)m, resulting in a £(0.4)m adverse variance to the £(82.8)m deficit plan. The adverse in month variance is predominantly driven by premium pay costs and underachievement of CIP but continues to be reduced by positive variances on estimated income margin productivity growth; lower level of spend related to the provision of additional (Bed) capacity, and slippage in planned business case expenditure (Electronic Prescribing & Medicines Administration – EPMA and proposed expansion of Managed Equipment Service – MES).</p> |
| Income | <p>The combined income (including Other Operating Income and after adjusting for the blended payment mechanism) was £0.1m below plan in August (YTD position is £2.5m above plan). If the £0.5m blended adjustment did not apply (20% Marginal Rate), income would be £3m [net £2.5m] above the year to date plan.</p> <p>Patient Care Income was £0.1m below plan in August (before drugs & devices £0.1m adverse) after adjusting for the blended payment marginal rate. Emergency activity was £0.2m below plan before the income CIP and Blended Adjustment and £0.1m above after the adjustments. The blended adjustment (reflecting cumulative performance) was £0.3m favourable in August. Day case and Electives were £0.2m below plan; the endoscopy improvement target to achieve the diagnostic waiting standards was not met in August. Outpatient £0.3m adverse. Activity was 7.7% below plan – which is a significant reduction in volume from previous months activity.</p> |
| Expenditure | <p>Pay is £342k adverse to plan in month and £1.1m favourable year to date, key variances include timing and level of spend against additional bed/ward capacity, vacancies, slippage against business cases (EPMA & MES) and income margin growth. The impact of these favourable variances has been lessened by operational expenditure variances including premium nursing and continuation of additional medical staffing in the Emergency Department. Pay costs reduced by £45k in August from £25.459m to £25.414m. Substantive pay costs saw a reduction in month of £252k due to the Employment Tribunal provision made in July (£0.3m), which has been partially offset by Bank holiday enhancements in month of £87k. The favourable pay movement has been further offset by an increase of £215k in temporary staffing. Temporary Nursing costs increased by £146k with an increase in fill to cover substantive leavers, as well as additional cover for specialising and sickness. Temporary Medics costs increased by £89k, mainly within Surgery, and relate to retrospective costs and increased fill rates.</p> <p>Overall non pay is £121k favourable to plan in month and £234k adverse year to date, over spends on drugs are largely being offset by timing of spend against additional capacity, agreed business cases (MES & EPMA) and income margin / productivity growth. Non pay costs excluding Non PbR items, Depreciation, Interest Payable and Interest Receivable reduced by £350k from £11.7m in July to £11.1m in August, these movements are largely aligned to reduced activity. The positive movement has been marginally offset by increased volumes in energy consumption.</p> |

Finance | Key Messages

Q1 Forecast Alignment

The month 5 deficit of £(7.4)m is £0.9m worse than the forecast prepared at Q1 of £(6.5)m (to deliver £(83.8)m noting that this is prior to any management action to improve the outturn position). Taking last months favourable position against forecast, cumulatively at the end of month 5 we are £0.6m adverse to forecast. The month 5 adverse variance is largely driven by patient care income. In light of the financial performance and Q1 forecast, executives are developing a financial recovery plan to improve the run rate over the remaining months.

CIP

(Savings Improvement Plans)

In August month 5 savings cumulatively are £3.101m (excluding Non –Recurrent slippage e.g. Beds) vs an equivalent £5.3m stretch requirement (£2.2m adverse). (note this is against a profile to deliver £22.5m Full Year).

We remain focused on maximising the savings plans and are continuing every effort to drive further improvements to our financial position, whilst ensuring a credible plan for delivery. As a result the internal savings/CIP target remains at £22.5m of which opportunities to the value of c. £20m have been identified to date with £16.2m removed from budgets.

Capital

The Trust has a minimal £2.24m internal source of funding after repaying the capital loans and accounting for IFRIC 12 and PFI capital repayments. In addition the Trust has loan funds confirmed of £5.64m and £0.906m. Of the limited capital for spend on critical and emergency schemes YTD at month 5, £1.5m has been committed. Further urgent schemes are being reviewed and risk assessed through the standard process. The Full Year Forecast shows a breakeven position against available funds. August 2019 - Month 5 expenditure is mainly against the Acute Services Review “ASR” Aconbury East Scheme £2.28m.

An application for additional £13.05m Capital resource Limit (CRL) will be submitted in September. The additional funding is to address the increased level of risk due to the backlog of Estate works, urgent equipment replacements, digital upgrades etc.

Cash Balance






As a result of the ongoing deficit position, we continue to rely on additional cash support from the Department of Health and Social Care (DHSC) and request cash in line with financial performance on a monthly basis.

At the end of August the cash balance was £20.503m which is over the £1.9m minimum balance required due to the timing of due payments and receipts. A mid year review of the rolling cash flow forecast is planned at the end of September. The Trust has received £8.030m working capital cash support in August 2019. The 2018/19 capital loan of £5.64m has now been approved and will be drawn in year.




Cash limitations will prevent repayments of existing and future revenue support loans without refinancing existing borrowings, or a change to the existing financing regimes for Trusts that are in financial difficulties. Based on this scenario, we are in on-going discussions with NHS Improvement and the DHSC regarding the planned repayments due in 2019/20 for revenue support loans. The DHSC has currently deferred a total of £19.6m revenue loan repayments due in 2019/20 to later within the same financial year. Capital loans are repaid through the capital programme.

| Key Performance Indicator | Variation/Assurance and Corrective Action |
|--------------------------------|---|
| Non Medical appraisal | Achieved Model Hospital Benchmark and working towards Trust target of 90%. Reminders now automatically emailed to individuals and managers through ESR Self Service which has improved compliance . |
| Mandatory Training | Exceeded Trust target of 90% and Model Hospital Benchmark of 89% . On trajectory towards 95% post April 2020. Reminders now automatically emailed to individuals and managers through ESR Self Service. and individual matrix shows training due which has improved compliance. |
| Medical appraisal | Medical appraisal is on an upward trajectory. Reminders through ESR Self Service and dedicated resource in HR to support medical appraisal and revalidation. |
| Consultant Job Plans | Team job planning and e-job planning rolled out as part of Allocate suite of solutions which has resulted in 38% improvement since January 2019. |
| Vacancies | Increases in vacancies in May 2018 and April 2019 due to increased establishment at budget setting. With additional posts for new wards this increases vacancy rate to 11.18%. However this is still lower than the same period last year when substantive vacancies were 12%. |
| Increase in total hours worked | Increase of 35.2 wte this month. See finance report |
| Increase in Staff in Post | 273.33 wte additional staff in post since April 2016 which demonstrates successful recruitment campaigns. However, increased establishment means that this does not reduce our vacancy rate. |
| Establishment Growth | Establishment has grown by 489.5 wte since April 2017. See finance report. |
| Monthly Sickness Absence Rate | Adherence to Trust policy is key to reducing rates. Managers are being supported by HR to conduct back to work interviews and to make referrals to the formal stages of the policy |
| Annual Staff turnover | Turnover is reducing . Managers supported by HR to review reasons for leaving through exit interview process and leavers report. Retention plans being refreshed to address specific staff group issues |
| Staff FFT positive feedback | Improvement in Q1 2019 SFFT to 63% with an improvement participation rate as well. Methodology reviewed and now linked in to 4ward checkpoints to avoid survey overload. |

Variation

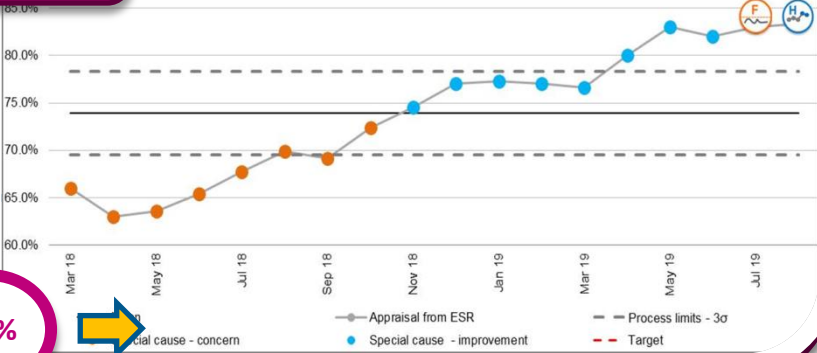
| Icon | Description |
|---|---|
|  | Special cause variation - cause for concern (indicator where high is a concern) |
|  | Special cause variation - cause for concern (indicator where low is a concern) |
|  | Common cause variation |
|  | Special cause variation - improvement (indicator where high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

Non Medical Appraisal

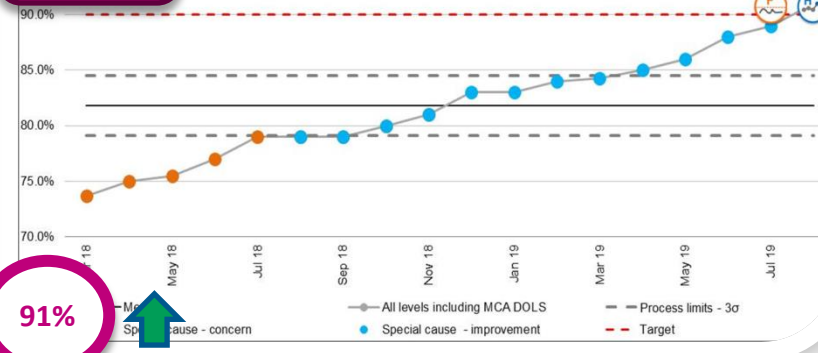
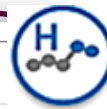
Non-Medical)-Trust starting 01/03/18



83%

Mandatory Training

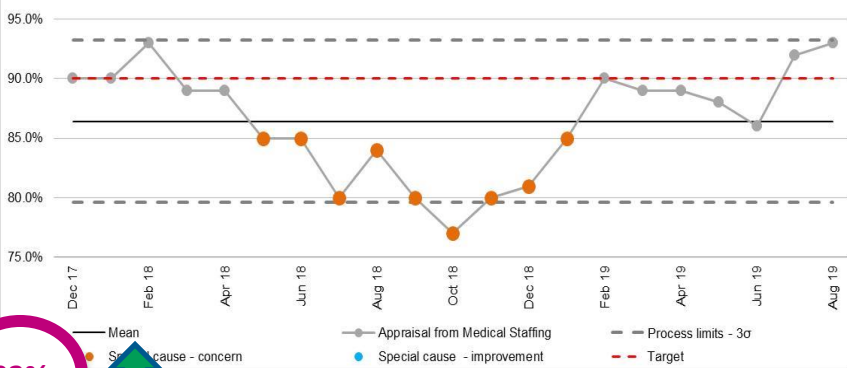
Non-Medical)-Trust starting 01/03/18



91%

Medical Appraisal

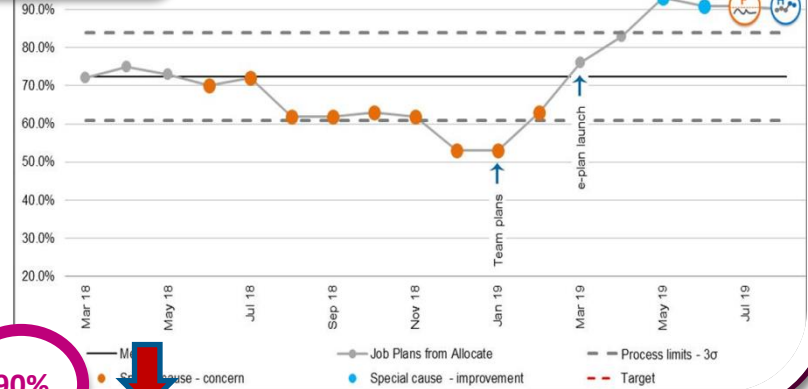
Non-Medical)-Trust starting 01/12/17



93%

Consultant Job Plans

Non-Medical)-Trust starting 01/03/18



90%

Variation

Special Cause Concern High

Special Cause Note/Investigate High

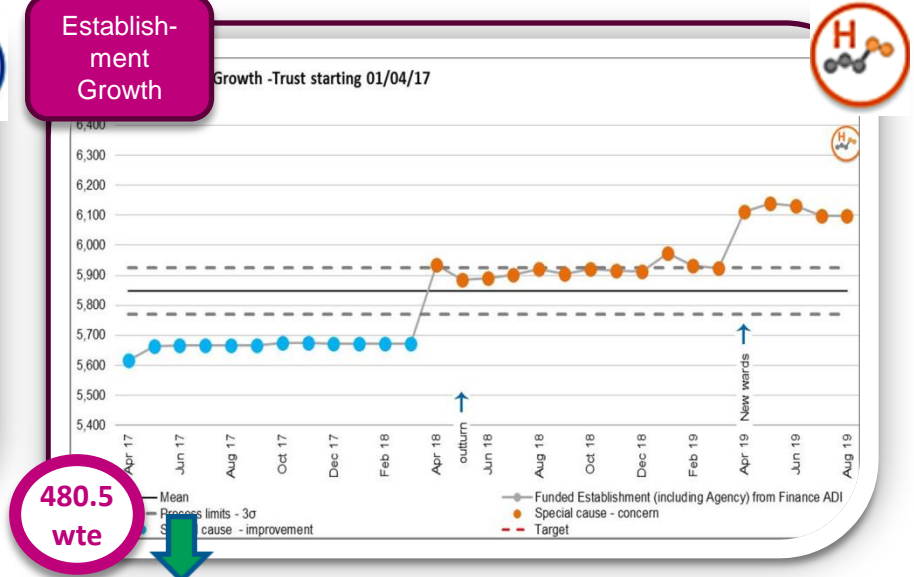
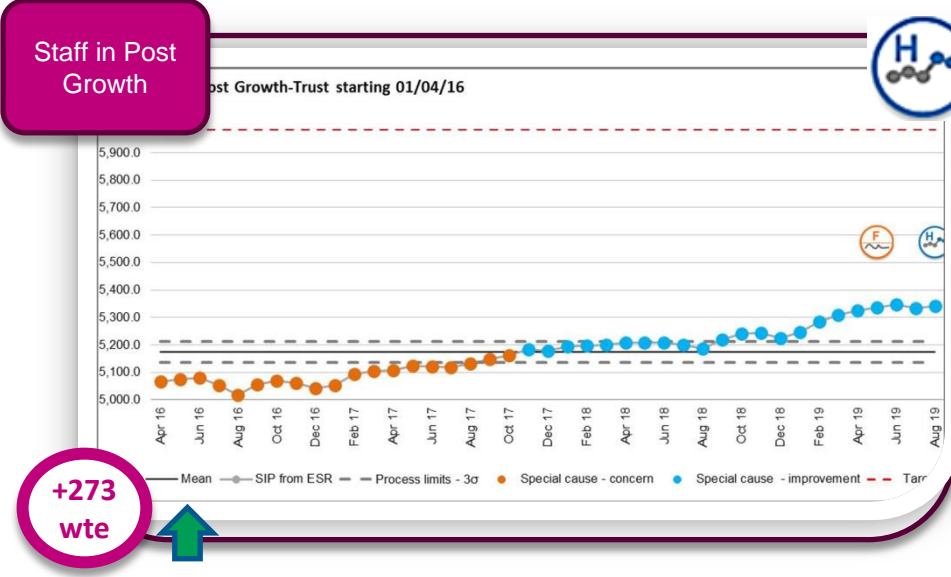
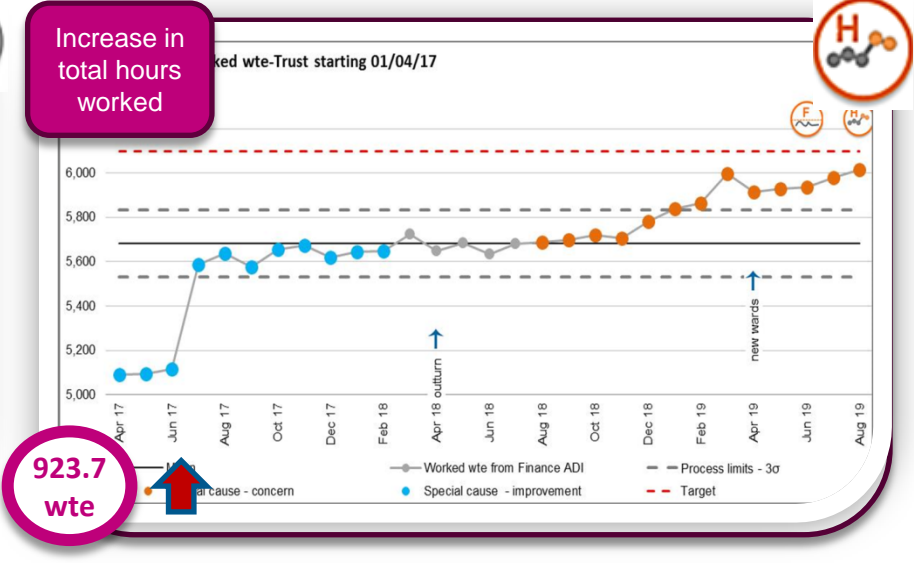
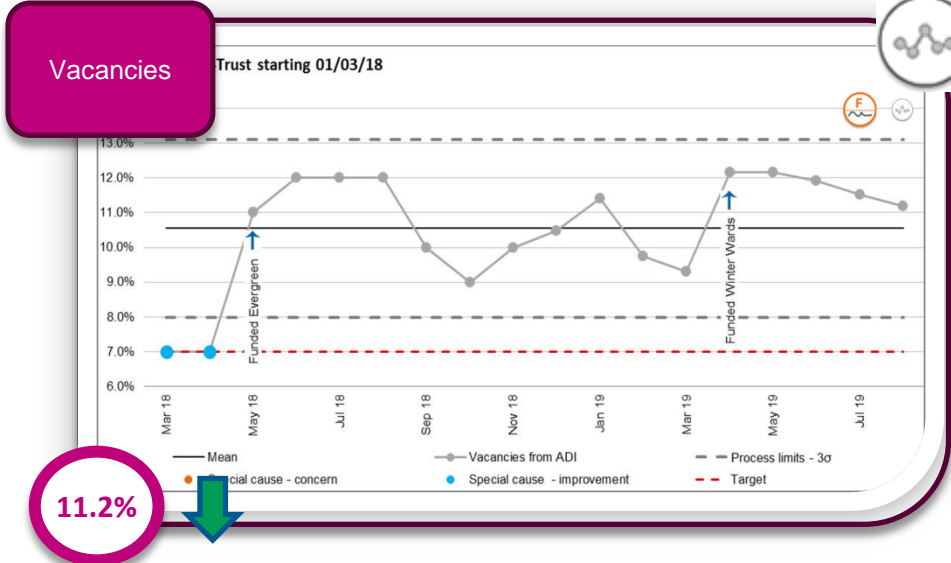
Common Cause Low

Assurance

Consistently hit target

Hit and miss target subject to random

Consistently fail target



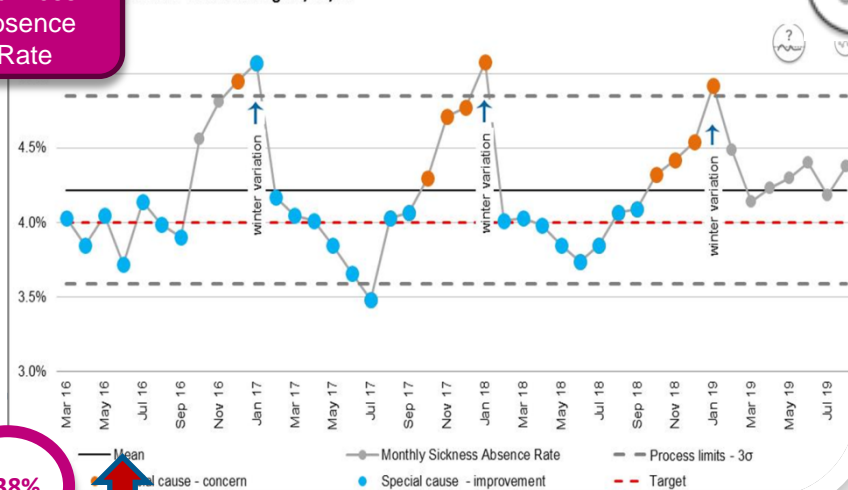
Variation

Assurance

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

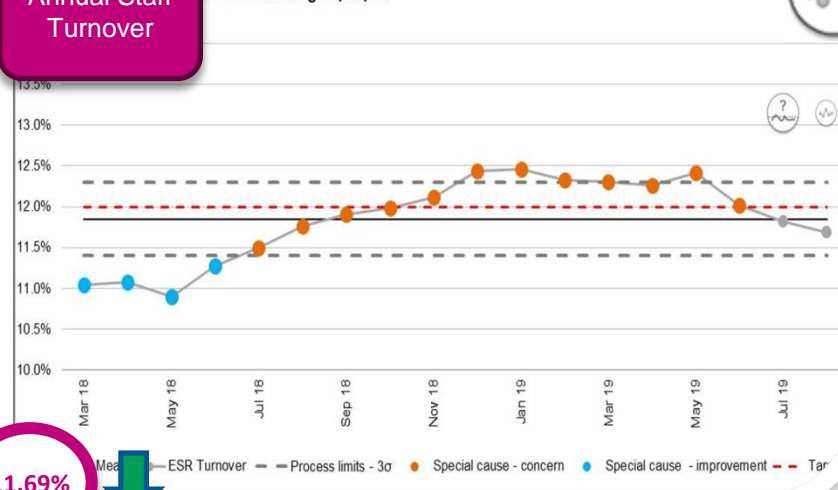
Monthly Sickness
Absence Rate

Absence-Trust starting 01/03/16

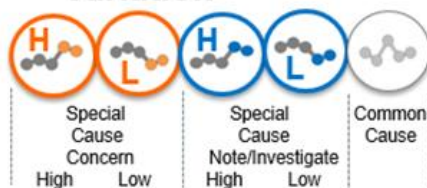


Annual Staff
Turnover

Absence-Trust starting 01/03/18



Variation



Assurance



Staff Friends
and Families
Test Q1

ing 01/01/18

