NHS
Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	10 September 2020
Paper number	App 2

Integrated Performance Report – Quality & Safety – Month 4 2020/21

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

Accountable Director	Jackie Edwards – Chief Nursing Officer and Mike Hallissey, Chief Medical Officer		
Presented by	Jackie Edwards – Chief Nursing Officer and Mike Hallissey - Chief Medical Officer	**Author /s**	John Reading – Information Manager

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

Report previously reviewed by		
Committee/Group	Date	Outcome
Clinical Governance Committee (CGG)	4th August 2020	Levels of assurance for each quality priority and divisional report was agreed using the 7 levels of assurance (Hooper 2019)
Trust Management Executive	19th August 2020	Approved
QGC	27th August 2020	Assured

Recommendations	Trust Board are requested to receive this report with the overall assurance level of 5 (amber) given there is evidence of delivery of the majority or all of the agreed actions, with a requirement to provide sustained performance of the achievement of desired outcomes.
Key points to note	The August 2020 Clinical Governance Group was the first opportunity the Clinical Divisions have had to present 2019/20 summaries due to the emergency measured required in management of the COVID 19 pandemic in March 2020. The Annual 2019/20 reports for complaints and safeguarding were presented. These reports are presented as separate papers. Appendix one presents the Improvement Statements linked to the Quality Improvement Plan. *Note: At time of writing this report the July data has not been locked down*. Areas of exception to report and to note are: • MSSA is above the monthly trajectory at 7 and the year-end target is 'at risk'. • The SEPSIS 6 Bundle compliance is 55.07% and requires improvement.

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- The Harm Review Panel met on June 23rd 2020. A separate paper is provided which sets out a summary of the position and the actions agreed. The report includes the outcome of the retrospective completed harm reviews for Q1 (to date) and a moderate level (5) was accepted at CGG for actions and progress achieved.
- Improvements in the management of Antimicrobial Stewardship are required; whilst progress has been achieved in identifying Clinical Leads in advance of the next Antimicrobial Stewardship Steering Group (ASSG) in August actions at divisional level is required.
- Improved and Sustained performance evidenced for the following key measures – decreased Falls, Falls resulting in serious harm, tissue viability, improved VTE assessments, fractured neck of femur, recommended rates of care in patient reporting positive experiences.
- The Quality Improvement strategy performance as discussed in the Clinical Governance Committee is provided below:

Quality Improvement Plan Priorities		Assurance Level	Further Details
2.1	**Care that is safe**		
	Infection Prevention and Control	**Level 6**	Appendix 1: Statement 1
	Sepsis six bundle	**Level 2**	Appendix 1: Statement 2
	Harm Reviews	**Level 4/5**	Appendix 1: Statement 3
	Medicine Optimisation	**Level 3**	Appendix 1: Statement 4

- ICE filing has fallen slightly. Revised job plans in progress will address timely actions within divisions.
- The Risk Management Group was re-established in July 2020, following its suspension earlier in the year. During this time, divisional level risks were being reviewed weekly, with oversight by the divisional management teams. A review of all corporates risks is also underway. The COVID Command & Control Structures hold responsibility for the risks associated to the COVID Pandemic, with risk leads identified at silver & bronze command. Work is underway to ensure the evidence behind those risks is in place and available. Divisional level meetings are planned to review RR directly and training planned for Divisional risks leads at the end of August/early September.

	• The complaint process was pause at the beginning of April 2020 following a directive by NHS England. At this point there were 57 complaints open, over the preceding 3 month a focus on divisions closing complaints as possible to ensure that a significant backlog was not building. The position for July is reported at 58% with active attention on the current position of 70 complaints open. The Trust wide position is on course for recovery to >80% closed in 25 days in quarter 3 2020/21.
BAF risk numbers are: 3, 4, 5, 6 and 7 and once the Risk Appetite statements are agreed by the board will make comment on the actions required to address the gaps in the CRR and the BAF	

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Appendix 1 – Quality Improvement Statements

Improvement Statement 1

Annual Plan: Strategic Objective Two

Provide the best experience of care and best outcomes for patients.

2.1 Care that is Safe - Infection Prevention and Control

- Embed our current infection prevention and control policies and practices
- Full compliance with our Key Standards to Prevent Infection, specifically Hand Hygiene above 97%, Cleanliness in line with national standards, ongoing care of invasive devices 97%

Metric	YTD accumulative total / YTD accumulative Trajectory (Year-end target)	July 2020/21 (current month)
C-Diff	**13/18 (Year end target – 53)**	**5 (Trajectory – 5)**
E-Coli	**9/16 (Year end target – 50)**	**1 (Trajectory – 4)**
MSSA	**7/5 (Year end target – 10)**	**5 (Trajectory – 1)**
MRSA	**0/0 (Year end target – 0)**	**0 (Trajectory – 0)**

How have we been doing?

- Review of patients with C difficile infection continues to highlight gaps in the management of diarrhoea and lack of medical input to the review of antibiotic prescribing for these patients
- Review of Staph aureus bacteraemia still identifies blood culture contamination, and issues with the care of intravascular lines as likely causative factors in some cases. An increase in MSSA bacteraemia was detected in July 2020.
- In May 2020 NHS England/Improvement issued a framework to help providers assess themselves against published COVID19 guidance ("IPC Board Assurance Framework 2020: COVID19"). Overall a Level 6 assurance has been assessed, though Criteria 3 – Antimicrobial Stewardship Activities is a key concern.
- There have been no COVID 19 outbreaks in July, and one probable healthcare-associated (HCAI) COVID infection, which has been reviewed and outcomes shared with the CCG in line with national guidance.

What improvements will we make?

- An Extra-Ordinary TIPCC Meeting was held 06-08-2020, to focus on what we will do differently as divisional and corporate actions to address these continuing themes. A range of actions were discussed, including proactive medical actions on prescribing reviews.
- PHE and CCG representatives who participated in the meeting reported feeling assured regarding the level of focus, engagement and planned actions.
- An urgent meeting was held on 24-07-2020 led by the CNO to agree the rapid actions required to terminate the rise in MSSA cases. This includes a major focus on aseptic non-touch technique. Divisional progress has been discussed since then and a follow-up review meeting is arranged for 24-08-2020.
- The COVID Board Assurance Framework self-assessment recommending Level 6 assurance has been reviewed and approved by CGG, TME and QGC. It will go to Board in September 2020.
  We are presently reviewing all retrospective HCAI COVID probable and definite patients from the start of the pandemic in order to identify learning

	which will help us during future waves of the pandemic.
Assurance level – Level 6 COVID-19 / Level 3 for non-Covid (July 2020 – not assessed in August) ***Reason: COVID-19 - Trust is on course to provide assurance of significant compliance with the NHSE/I COVID-19 Assurance Framework.***	**When expected to move to next level of assurance for non Covid:** September 2020 following implementation of learning by Divisions from the last 6 months *assuming no significant second Covid 19 wave.
Previous assurance level (February 2020) – Level 3	**SRO: Vicky Morris (CNO**

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Improvement Statement 2

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

2.2 Care that is Effective – Improve Delivery in Respect of the SEPIS Six Bundle

Sepsis 6 bundle completed within 1 hour
Current performance (June 2020) – ***one month in arrears***
Trust 55.07% (60.61% in May 2020)

How have we been doing?

- Specialty Medicine performance deteriorated to 15.38% from 37.50% which is the lowest Divisional performance. Urgent Care and Surgery also performed worse than in May. SCSD however improved from 42.86% to 100%, albeit the number of patients is less than the other Divisions.
- All Divisions performed at 100% or close to for antibiotics given within one hour.
- Urine output was 76.81% which remains the measure requiring the most improvement of the Sepsis six bundle.

What improvements will we make?

- The Divisions have been asked to draw up action plans to improve performance and present these at August's CGG.
- Divisions will ensure the importance of the Sepsis six bundle is emphasised with the new junior doctor intake.
- A focus group will be set up with managers and sepsis link nurses to relaunch the initiative.
- The Women's and Children's Division to link into the Sepsis audit process.
- Contingency plans to cover the Trust lead for SEPSIS will be progressed.

Assurance level – Level 2 – June 2020 (Not assessed in July/August)
Reason: COVID-19 incident has contributed to a lack of improvement in performance.

Previous assurance level (February 2020) – Level 2

When expected to move to next level of assurance for non Covid:
September 2020 following implementation of the Divisional plans.

SRO: Mike Hallissey (CMO)

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Improvement Statement 3

Annual Plan: Strategic Objective Two

Provide the best experience of care and best outcomes for patients.

2.3 Care that is Safe – Harm Reviews

Note : Covid-19 has increased the potential risk to patients in terms of:

1. That a delay to their care may increase the likelihood of harm
2. That care and outcomes may have been compromised due to inappropriate or poor clinical treatment due an agreed policy or pathway that has been designed to safeguard not being followed.

The clinical harm review process within the Trust has therefore been reviewed and enhanced in a response to this increased risk. This is reflected in the revised Standard Operating Procedure which was agreed at TME in June.

How have we been doing?

- The Harm Review Panel met on July 28th 2020.
- There have been 36 breaches of the 104 day pathway in Q1 2020/21. 24 reviews have so far been completed and all rated “No Harm”.
- There are 116 patients whose treatment has exceeded 52 weeks. 64 reviews have so far been completed and all rated “No Harm”.
- There have been 25 #NoF patients whose access to theatre exceeded 36 hours. Harm reviews to be completed.
- There has been 1 patient on an Emergency Access Standard Pathway whose treatment exceeded 12 hours. A harm review has been completed and rated as “Minor Harm”.
- It was noted that good progress had been made on clearing the historical backlog of clinical Harm Reviews. All of the historical reviews in Urology have now been undertaken with Respiratory / Lung now the only specialty that has a significant number outstanding. It was agreed that these would be undertaken before the end of September with support from the oncology team.
- Assurance is required that all Cancer MDTs are undertaking Covid Harm Reviews on all patients – this was evidenced only in SCSD report
- The Trust through its NHSE/I intensive support director, has been unable to identify any examples of measurement of psychological harm. Contact will be made with the Royal Marsden Hospital to scope this further.

What improvements will we make?

- The 2020 Covid-19 crisis has created a risk and therefore potential harm to patients. It is important that this is understood and that a systematic process of monitoring and measurement by all Divisional teams continues. The Harm Review panel will continue meet and to update the Clinical Governance Group on a monthly basis.
- Clinical input to the meeting from each Division would be a future requirement, with ideally the Divisional Lead for Governance being in attendance with other members of the Divisional Team.
- From August, (July breaches) all harm reviews will include learning, which will then be reflected in Divisional updates.
- Standard Operating Procedures (SOP) to be developed by each Division to demonstrate the processes and forums through which harm is monitored and discussed.

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Assurance level – LEVEL 4/5 **(No previous assurance level)** ***Reason: There is evidence of established maturity in the harm review process within the Divisions and the historical backlog of harm reviews outstanding is reducing. The triangulation between monitoring of risk and management of harm across to the Divisional risk register now requires further focus.***	**SRO: Chief Medical Officer**

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Improvement Statement 4	
Annual Plan: Strategic Objective Two Provide the best experience of care and best outcomes for patients. **2.3 Care that is Safe – Medicine Optimisation**	
The Medicines Safety Committee (MSC) provides leadership on and assurance of medicines optimisation. The MSC endeavours to work closely with the Divisional Governance groups to ensure delivery of medicines optimisation through the Medicines Optimisation Audit plan.	
How have we been doing? • The dashboard for the Key Standards KPIs is now available on WREN for Divisions to use to develop local action plans. • 7 Clinical Guidelines/Policies/SOPs/Patient Information Leaflets/Prescribing Documentation or other key documents containing medicines were approved for Trust use by the Committee. • Lack of engagement by divisions in the antimicrobial stewardship agenda continues to be a challenge and remains a high priority for 20/21. • The Director of Pharmacy and the Deputy DIPC both attend MSC and the TIPCC to promote and provide support for the antimicrobial stewardship agenda.	**What improvements will we make?** • Clinical nominations have been provided by most Divisions for Antimicrobial Stewardship Leads. They will be invited to future meetings, commencing in August.
Assurance level – LEVEL 3 ***Reason: There are systems in place to be able to provide information to the organisation , however the evidence of the achievement of desired outcomes is not yet present.***	**SRO: Chief Medical Officer**

Also discussed at Clinical Governance Group:

Subject	Brief Summary	Assurance Level
Blood Transfusion Q4 Report	The Transfusion Committee have not met since August 2019. The December meeting was cancelled due to a late corporate room cancellation, the committee were unable to reconvene due to time pressures. The March meeting was cancelled as all face to face meetings were cancelled	Level 5

	due to Covid. 26th August is our next scheduled meeting. The Trust Transfusion team have continued to monitor transfusion haemovigilance and blood usage and safety during this time.	
NICE Guidance Report Q1 2020/21	At the close of Quarter 1 the total percentage of NICE assessments that have been assessed in full is 95% against a Trust-wide trajectory of 95%. Overall responses to new NICE Guidance are within expected timescales. However there remains the need for NICE Leads to provide missing information for historic outstanding NICE assessments. Baseline assessment forms continue to be used by the NICE leads and are working well, with the level of detail provided improving.	Level 6

Integrated Performance Report – Quality & Safety

Worcestershire Acute Hospitals NHS Trust

Trust Board

10th September 2020

SPC Charts

July 2020

Month 4

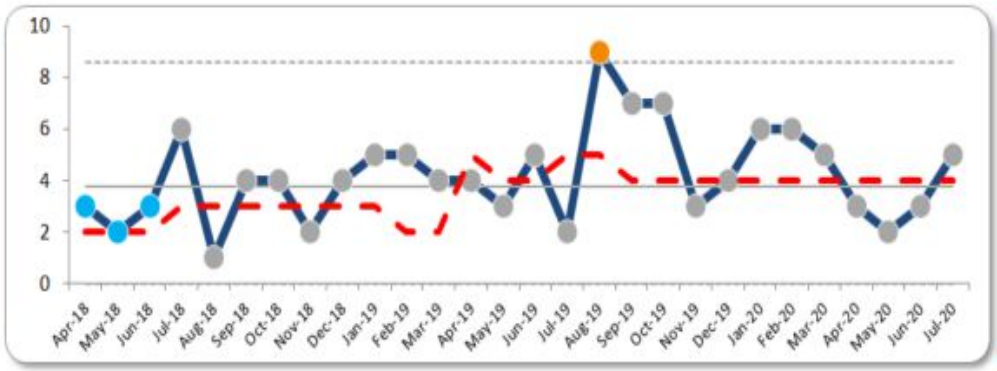
Best services for local people
Best experience of care and Best outcomes for our patients
Best use of resources
Best people

Month 4 [July] | 2020-21 Quality & Safety Summary
Care that is Safe

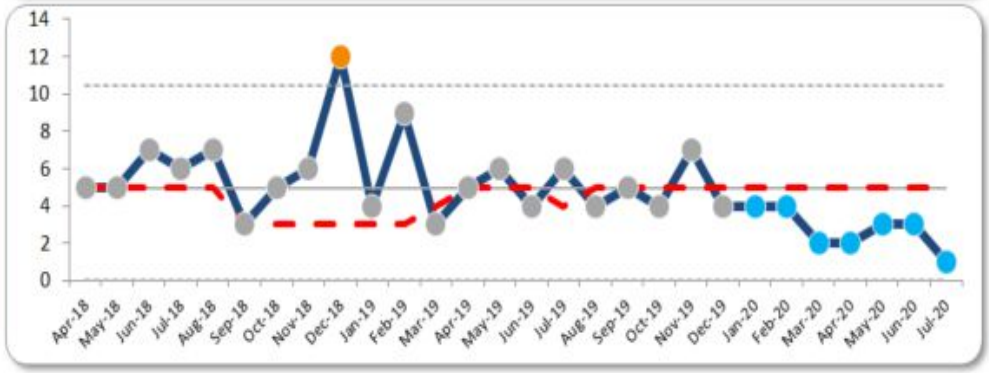
Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated July 20 as at 11th August 2020

Worcestershire Acute Hospitals NHS Trust

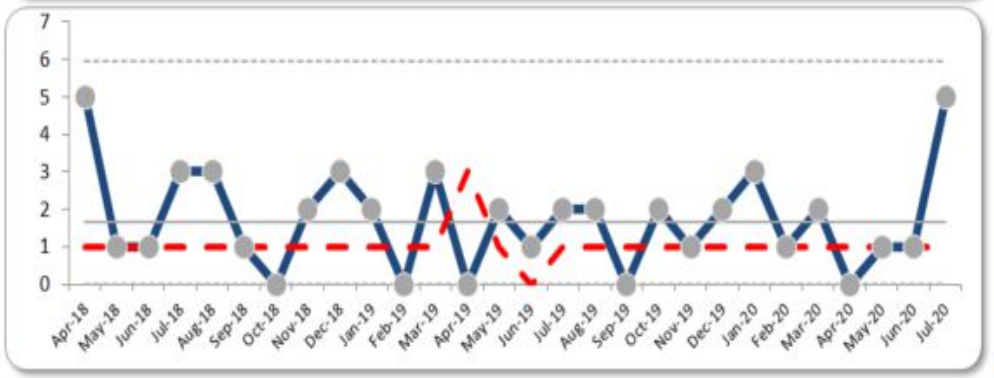
Number of patients developing Clostridioides difficile
Jul-20
5



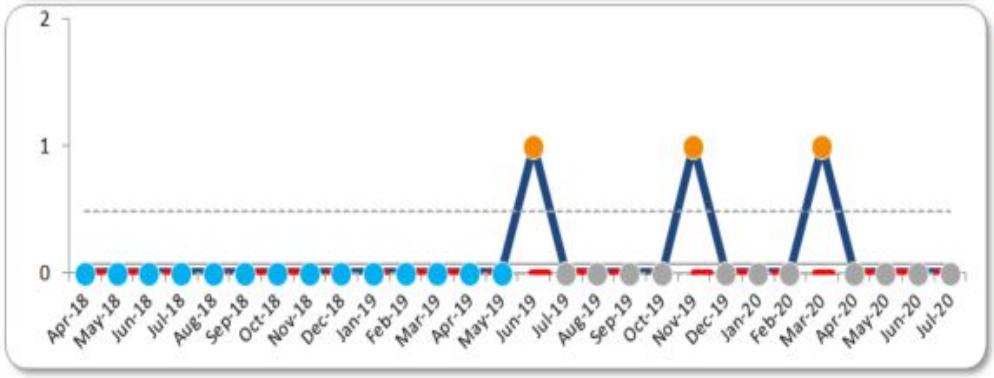
Number of patients developing Ecoli bacteraemia
Jul-20
1



Number of patients developing MSSA bacteraemia
Jul-20
5



Number of patients developing MRSA bacteraemia
Jul-20
0



Month 4 [July] | 2020-21 Quality & Safety Summary

Care that is Safe

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated July 20 as at 11th August 2020

Worcestershire Acute Hospitals NHS Trust

Total Medicine incidents reported

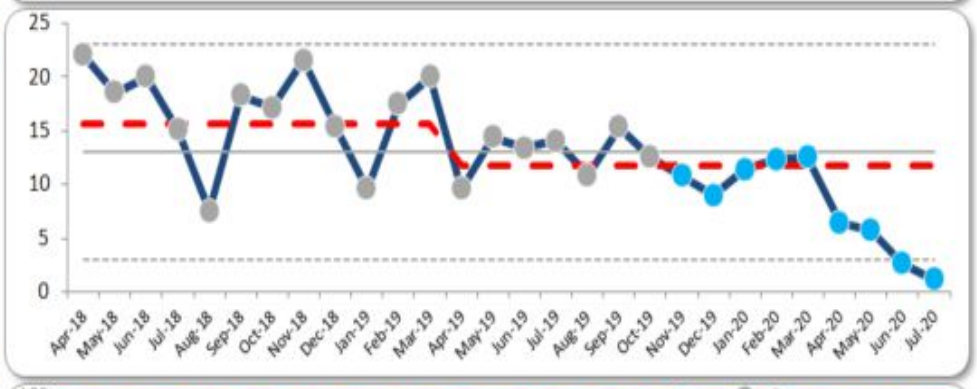
Jul-20

86

Medicine incidents causing harm (%)

Jul-20

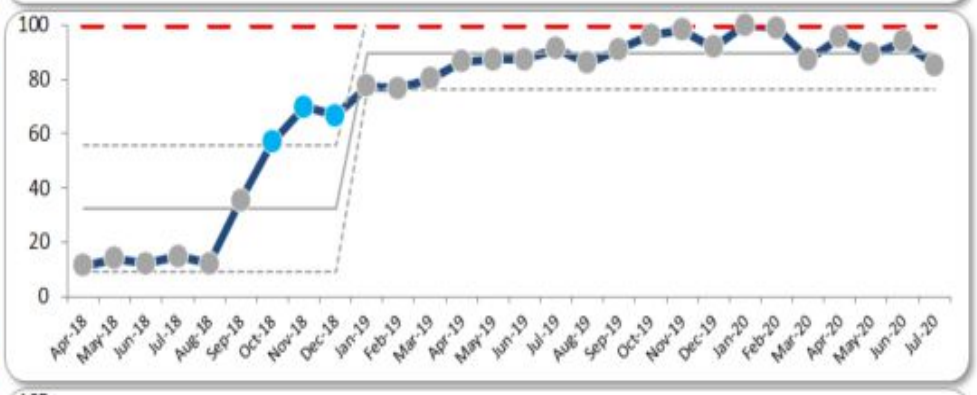
1.16



Hand Hygiene Audit Participation (%)

Jul-20

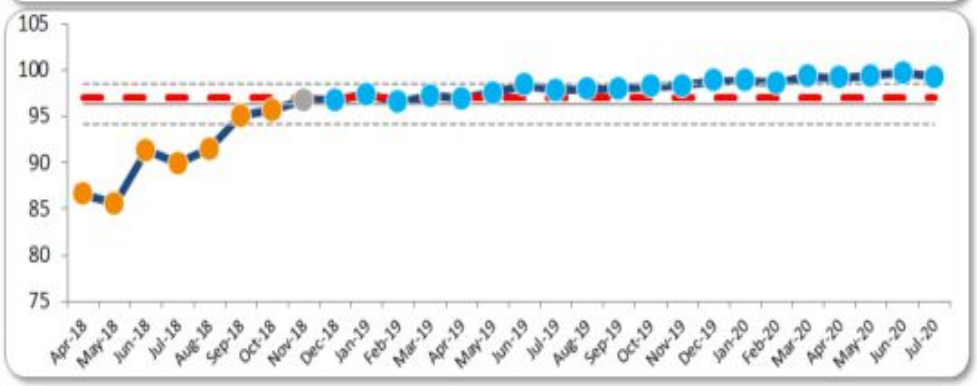
85.32



Hand Hygiene Compliance (%)

Jul-20

99.28



Month 4 [July] | 2020-21 Quality & Safety Summary
Care that is Safe

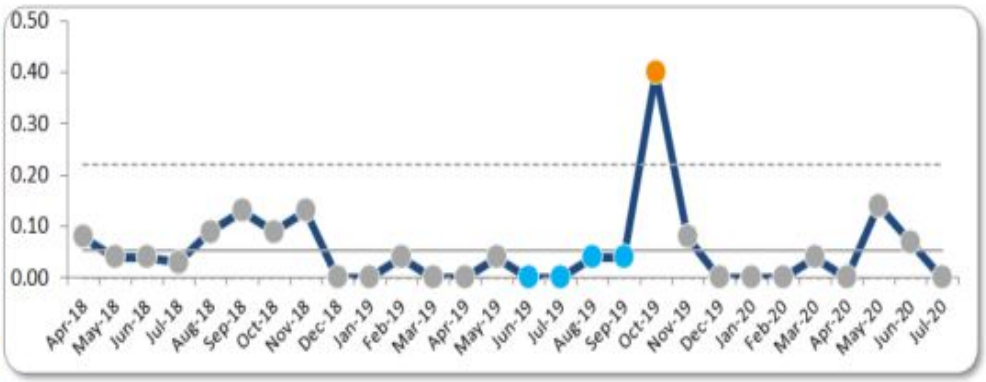
Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated July 20 as at 11th August 2020

Worcestershire Acute Hospitals NHS Trust

Falls per 1,000 bed days causing harm

Jul-20

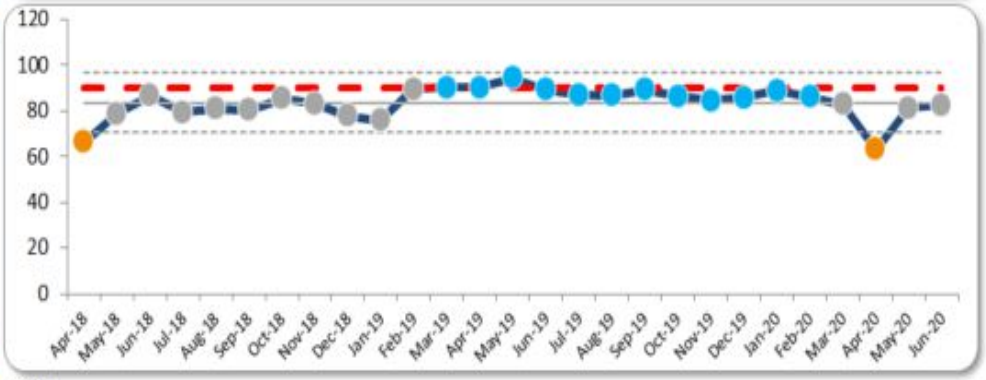
0



Sepsis Screening Compliance (audit) (%)

Jun-20

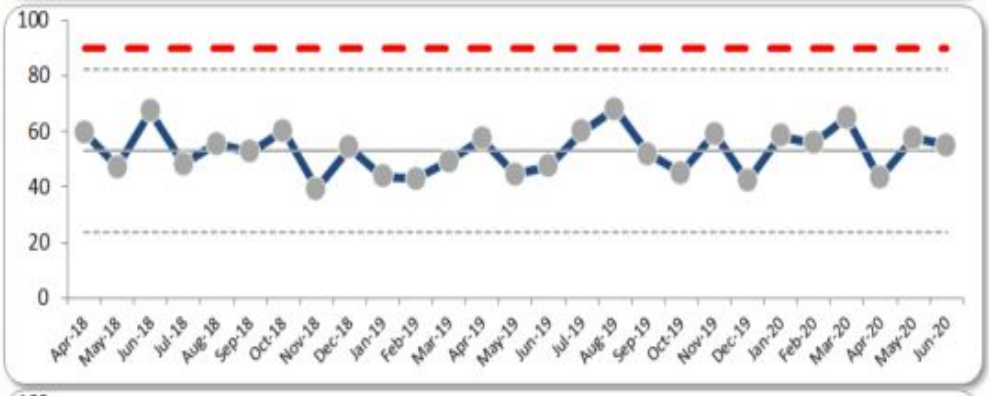
82.59



Sepsis 6 Bundle Compliance (audit) (%)

Jun-20

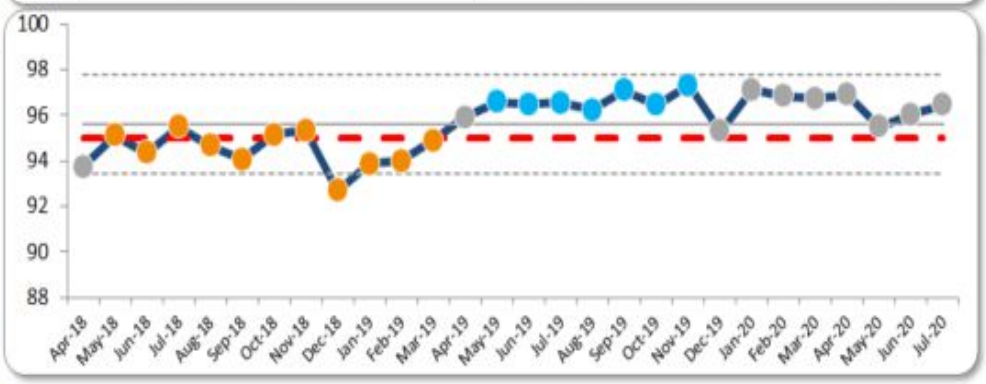
55.07



VTE Assessment Compliance (%)

Jul-20

96.45



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

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

Month 4 [July] | 2020-21 Quality & Safety Summary

Care that is Safe

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated July 20 as at 11th August 2020

Worcestershire Acute Hospitals NHS Trust

ICE reports viewed [radiology] (%)

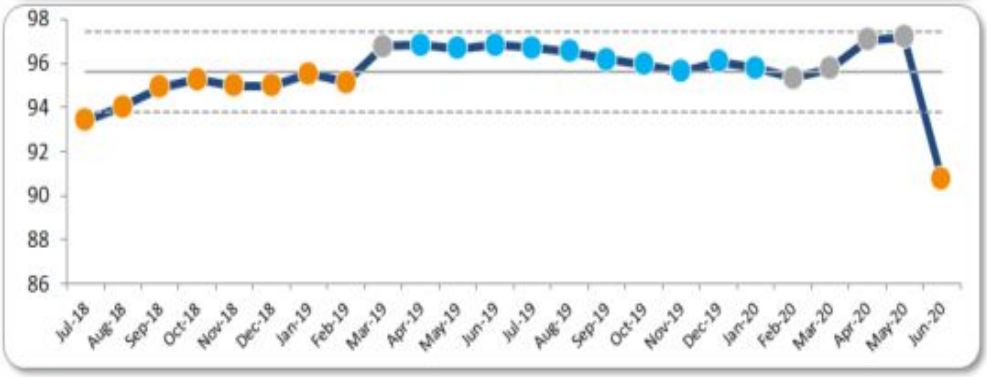
Jun-20

83.42

ICE reports viewed [pathology] (%)

Jun-20

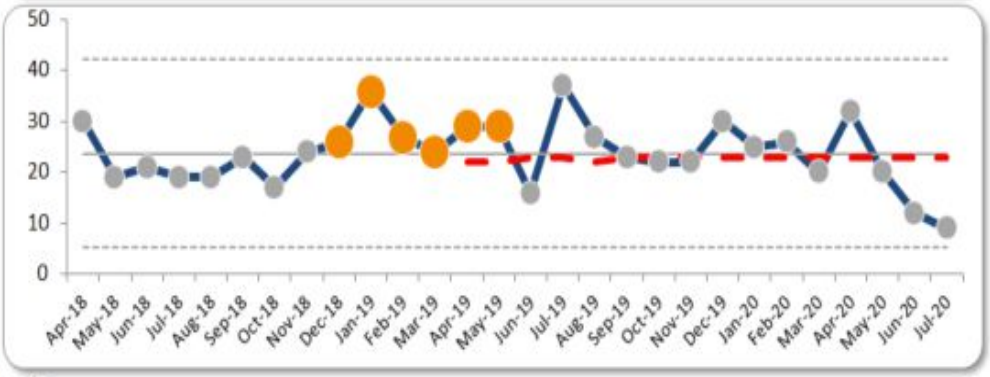
90.76



All Hospital Acquired Pressure Ulcers

Jul-20

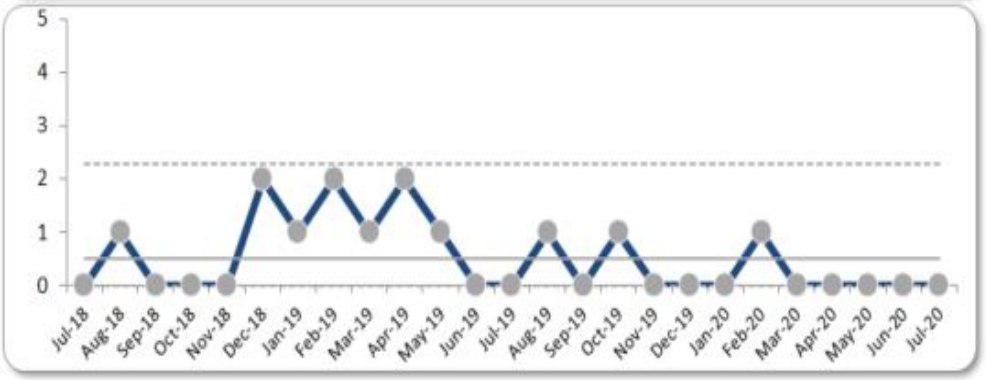
9



Serious Incident Pressure Ulcers

Jul-20

0



Month 4 [July] | 2020-21 Quality & Safety Summary

Care that is Effective / Positive

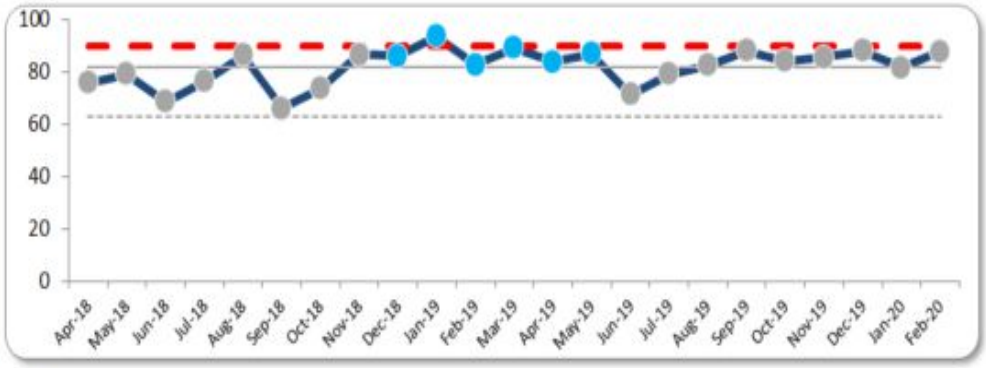
Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated July 20 as at 11th August 2020

Worcestershire Acute Hospitals NHS Trust

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

Feb-20

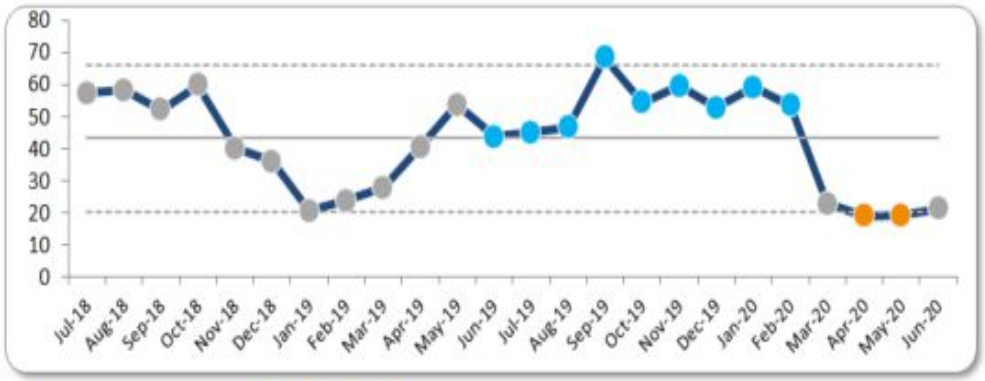
87.93



Mortality Reviews completed </=30 days (%)

Jun-20

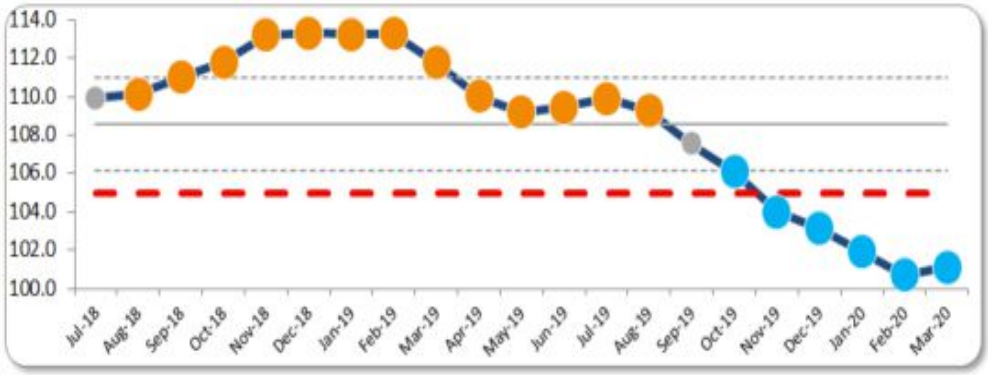
21.32



HSMR 12 month rolling average

Mar-20

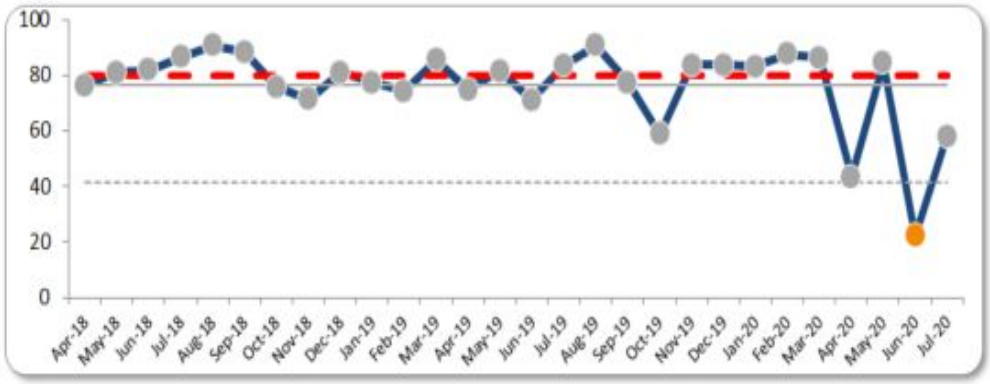
101.15



Complaints Responses </= 25 days (%)

Jul-20

58.06



Month 4 [July] | 2020-21 Quality & Safety Summary
Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated July 20 as at 11th August 2020

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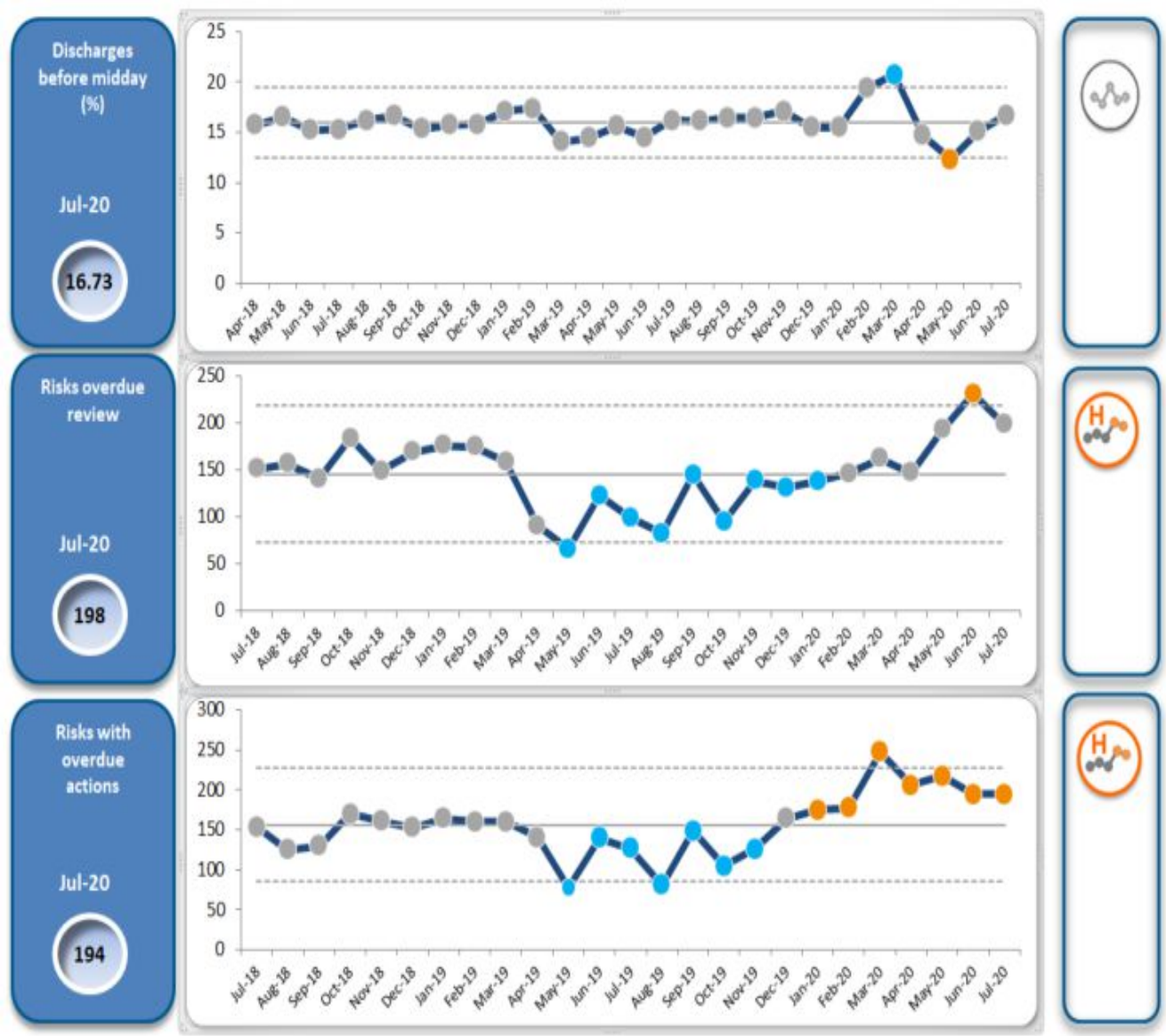


Variation: Special Cause Concern High/Low; Special Cause Note/Investigate High/Low; Common Cause

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

Month 4 [July] | 2020-21 Quality & Safety Summary
Care that is a Positive Experience

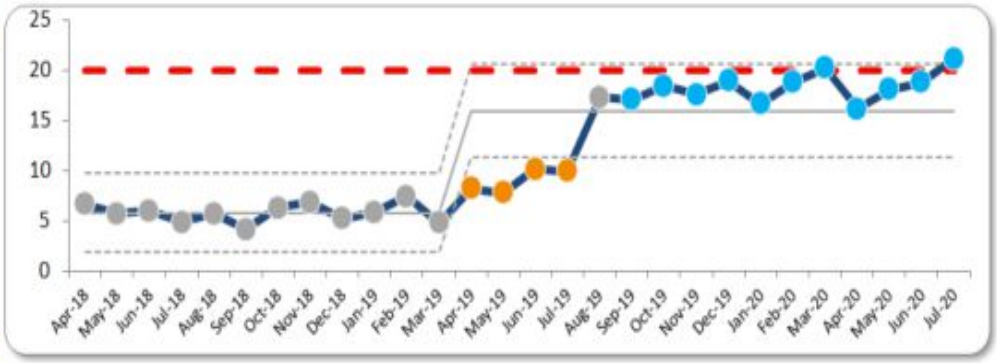
Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated July 20 as at 11th August 2020

Worcestershire Acute Hospitals NHS Trust

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

July 20

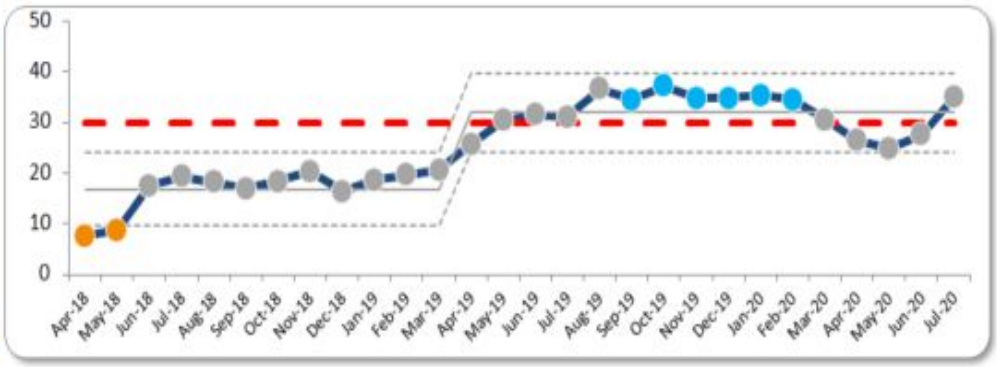
21.12



Inpatient Response Rate Friends & Family Test (%)

July 20

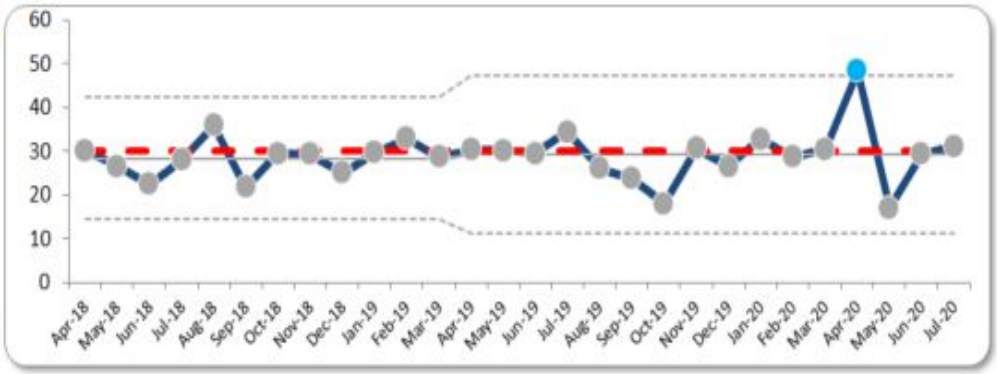
34.89



Maternity Response Rate Friends & Family Test (%)

July 20

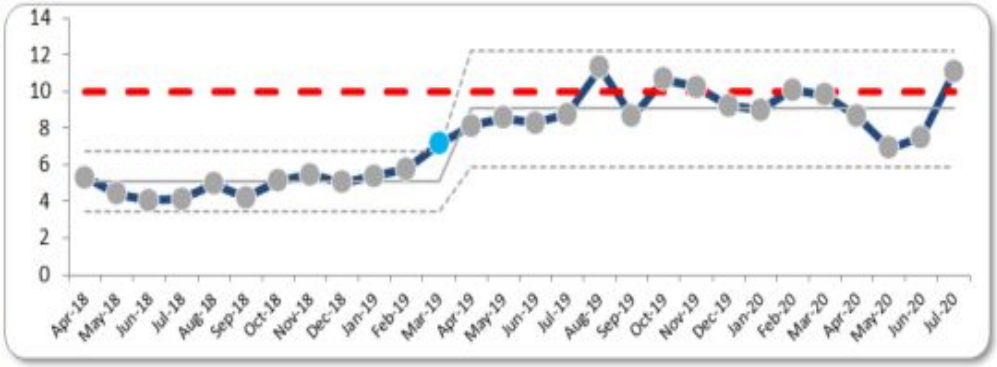
31.14

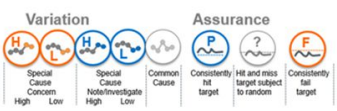


Outpatients Response Rate Friends & Family Test (%)

July 20

11.07





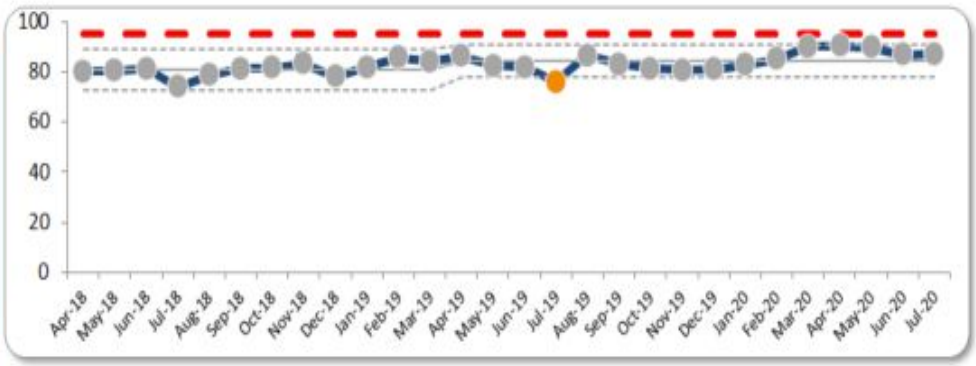
Month 4 [July] | 2020-21 Quality & Safety Summary
Care that is a Positive Experience

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated July 20 as at 11th August 2020

Worcestershire Acute Hospitals NHS Trust

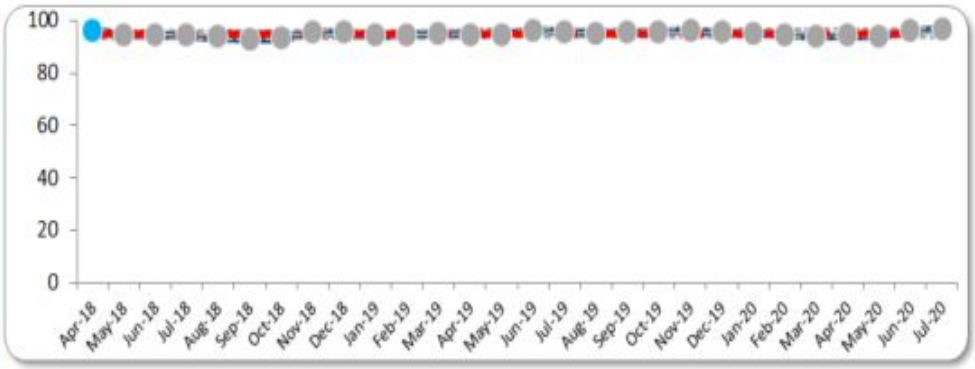
Accident & Emergency Recommended Rate Friends & Family Test (%)

July 20: 87.26



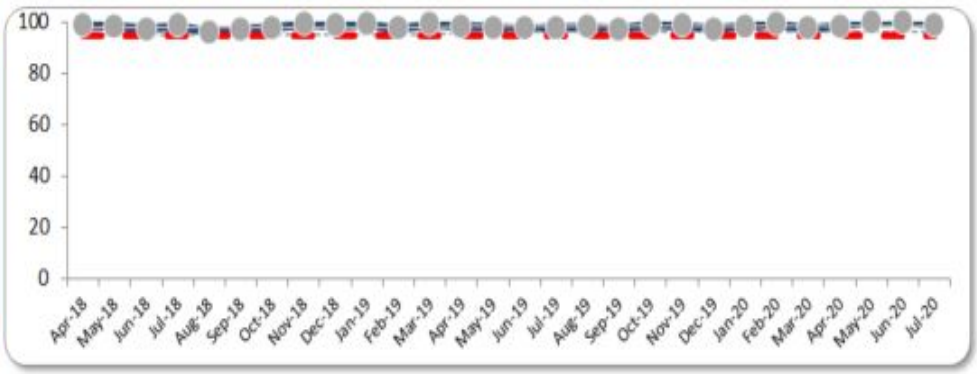
Inpatient Recommended Rate Friends & Family Test (%)

July 20: 96.69



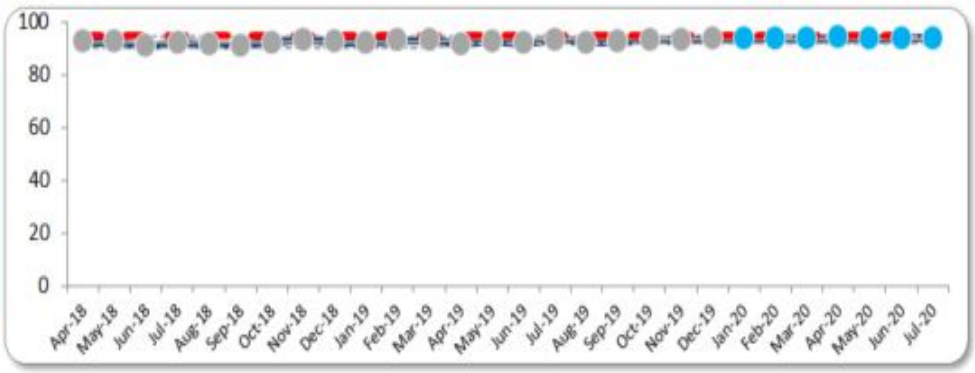
Maternity Recommended Rate Friends & Family Test (%)

July 20: 98.80



Outpatients Recommended Rate Friends & Family Test (%)

July 20: 93.87



IPR - People and Culture Report

Worcestershire Acute Hospitals NHS Trust

Trust Board

10th September 2020

July 2020

Month 4

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

PEOPLE & CULTURE IMPROVEMENT STATEMENTS – M4 2020

Worcestershire Acute Hospitals NHS Trust

1. Appraisal Rates – Ensure all our staff have annual appraisal (Non-Medical)

Strategic Objective: Best People

Current performance (July) against local target of 90%		August 2020 trajectory	2020/21 year end trajectory	2020/21 Year end target
Non-Medical Appraisal 75%		76%	83%	90%

How have we been doing?	What actions are being taken to make the improvements?
• Non-medical appraisal rates have improved by 2% to 75% which demonstrates a renewed divisional focus • Digital, Estates and Facilities and Corporate Divisions have all seen reduction in compliance • Digital compliance has dropped to 23% and Corporate to 46% so these are priority areas • During July this continued to be impacted by the number of staff working from home, Shielding and Social Distancing • Shielding ends on 31st July, which should help recovery • Based on our historical improvement of 1% per month our trajectory remains short of target which means that divisions need to prioritise appraisals.	• HR reinstated monthly reports to Divisions • HR Business Partners are pushing compliance in clinical divisions • The Corporate HR BP is due to commence in September and will focus on the non-clinical divisions • ESR sends email 4 months prior to expiry of appraisal to remind manager and individual • 1:1 training available to managers on appraisal functionality (with remote access to screens) • Target to remain at 90% during Covid-19
Assurance level – LEVEL 3	**SRO: Tina Ricketts (DPC)**

PEOPLE & CULTURE IMPROVEMENT STATEMENTS – M4 2020

Worcestershire Acute Hospitals NHS Trust

2. Mandatory Training Compliance – Ensure that all our staff are suitably trained

Strategic Objective: Best People

Current performance (July) against local target of 90%		August 2020 trajectory	2020/21 year end trajectory	2020/21 Year end target
86%		87%	90%	90%

How have we been doing?	What actions are being taken to make the improvements?
• Mandatory training compliance has stabilised at 86% this month • Model Hospital benchmark is 90% (Sept 2019 pre Covid) and 88% within our peers • Automated emails from ESR and RAG rated matrix continue to be well received by staff in maintaining compliance • The rollout plan for other Essential to Role topics is being refreshed as the Trust moves back into restoration phase	• Automated emails continue to be sent from ESR to remind staff that topics are due to expire • Staff and Managers can view their individual matrix on ESR to check their compliance • HR have reinstated monthly reports to divisions following a requested pause due to Covid-19 • All face to face training other than resuscitation and mask fit testing is now available via e-learning where possible • Publicity for "Act on Amber" to be sent out post Covid-19 • HR BP's to push further action within divisions through the restoration phase • Target to remain at 90% during Covid-19
Assurance level – LEVEL 4	**SRO: Tina Ricketts (DPC)**

PEOPLE & CULTURE IMPROVEMENT STATEMENTS – M4 2020

Worcestershire Acute Hospitals NHS Trust

3. Medical Appraisal Rates – Ensure all our doctors have annual appraisal as part of revalidation process				
Strategic Objective: Best People				
Current performance (July) against local target of 90%		August 2020 trajectory	2020/21 year end trajectory	2020/21 Year end target
Medical Appraisal 72%		73%	80%	90%

How have we been doing?	What actions are being taken to make the improvements?
• Medical appraisal has reduced by 0.5% to 72% this month directly as a result of the relaxation on appraisals due to Covid-19 • Compliance is now well below target and below Model Hospital average of 85% (pre-Covid) • Trajectory has been adjusted accordingly as we are now unlikely to achieve target	• Automated email notifications from Allocate system and from ESR Self Service • Dedicated resource in HR medical resourcing team has resumed usual work from June • Outstanding appraisal/revalidation escalated to Divisional Directors • Allocate e-appraisal and revalidation functionality implemented and embedded • Allocate e-appraisal and revalidation functionality implemented and embedded • Target to remain at 90% during Covid-19
Assurance level – LEVEL 3	**SRO: Tina Ricketts (DPC)**

PEOPLE & CULTURE IMPROVEMENT STATEMENTS – M4 2020

Worcestershire Acute Hospitals NHS Trust

4. Consultant Job Plan Compliance – Ensure all our Consultants have up to date Job Plans

Strategic Objective: Best Use of Resources

Current performance (July) against local target of 90%		August 2020 trajectory	2020/21 year end trajectory	2020/21 Year end target
58%		59%	66%	95%

How have we been doing?	What actions are being taken to make the improvements?
• Consultant job planning compliance has been dramatically impacted by Covid-19 and by the number of job plans that ran through to March • There has been little activity in job planning throughout July • 4% deterioration this month to 54% • Trajectory and assurance Level adjusted to reflect performance • The Trust will not achieve its year end target of 95%.	• Dedicated resource in HR medical resourcing team had uploaded the majority of job plans on e-job plan for last year • Outstanding job plans escalated to Divisional Directors and to the CMO/DCMO • E-job plan automated email notifications turned on to support the next annual job planning round • Medics had commenced on the next job planning round for 20/21 but this has been on hold due to Covid • Re-starting of services and staff returning from social distancing will facilitate an improvement • Urgent Care Medicine, Oncology, Haematology and Breast Surgery have job planning meetings booked for September • Obs and Gynae are undertaking a job plan review which will be complete in September • Divisional MD's will need to give this high priority • Target to remain at 90% during Covid
Assurance level – LEVEL 2	**SRO: Tina Ricketts (DPC)**

PEOPLE & CULTURE IMPROVEMENT STATEMENTS – M4 2020

Worcestershire Acute Hospitals NHS Trust

5. Vacancy Rates – Ensure we have adequate staff to ensure patient safety

Strategic Objective: Best Use of Resources

Current performance (July) against local target of 7%		August 2020 trajectory	2020/21 year end trajectory	2020/21 Year end target
7.77% Substantive plus bank and agency for new wards		7.5%	7%	7%
4.44% Substantive vacancies only		4.25%	4%	7%

How have we been doing?	What actions are being taken to make the improvements?
• Our overall vacancy rate including funded bank and agency for new wards has reduced by a further 0.52% since last month • Our overall vacancy rate (including funded bank and agency for new wards) is now at 7.77% • Our substantive vacancy rate (excluding bank and agency for new wards) has reduced to 4.44% • Our progress has exceeded our trajectory and this has now been adjusted to reflect our confidence in meeting our 7% target • Our local target for substantive vacancies is met and and is better than the NHS pre-Covid average of 8.1% (source ONS survey/NHSI) • Successful domestic recruitment campaigns continue to show impact	• Arrangements continue for Skype interviews, online assessment centre tests, and electronic ID checks to address COVID-19 concerns • The Recruitment Team continue to provide additional support to managers to support new technology using i-pads and video conferencing • Overseas nurse recruitment is scheduled to restart in September following flight restrictions due to Covid-19 • The Trust continues to work with HEE and Universities on various Covid-19 contingencies which included student nurse placements and medical student placements and Bring Back Scheme. • The recruitment team is now appointing to the remaining vacancies to establish centralised recruitment by September. This had been on hold during Covid-19
Assurance level – LEVEL 6	**SRO: Tina Ricketts (DPC)**

PEOPLE & CULTURE IMPROVEMENT STATEMENTS – M4 2020

Worcestershire Acute Hospitals NHS Trust

6. Staff Turnover Rates – Make this a good place to work so that we can retain our staff

Strategic Objective: Best Use of Resources

Current performance (July) against local target of 12%		August 2020 trajectory	2020/21 year end trajectory	2020/21 Year end target
Monthly Turnover 0.67%		0.6%	0.5%	0.89%
Annual Turnover rate 11.04%		11.2%	11%	11%

How have we been doing?	What actions are being taken to make the improvements?
• Our monthly turnover has increased by 0.1% to 0.67% this month • Annual turnover rates have reduced by 0.26% this month to 11.04% • We have set a new target of 11% • Our trajectory has been adjusted to reflect our confidence in meeting our target	• New Head of OD commenced in post • Review of People and Culture Plan and structure taking place • Health and wellbeing initiatives through Occupational Health enhanced during Covid • Education Academy, Timewise project and exit interview process continuing • Target has reduced from 12% to 11% from April 2020
Assurance level – LEVEL 5	**SRO: Tina Ricketts (DPC)**

PEOPLE & CULTURE IMPROVEMENT STATEMENTS – M4 2020

Worcestershire Acute Hospitals NHS Trust

7. Total Hours Worked – Ensure we have adequate staff to meet patient needs within financial envelope.				
Strategic Objective: Best Use of Resources				
Current performance (July) against local target against establishment of 6318 wte (inc. bank and agency)		August 2020 trajectory	2020/21 year end trajectory	2020/21 Year end target
Hours worked (substantive, bank and agency) 6159 wte		6125wte	6105 wte (funded substantive establishment)	6105 wte

How have we been doing?	What actions are being taken to make the improvements?
• Our total hours worked by substantive bank and agency staff has reduced by 3.84 wte this month • This is an increase of 180 wte from the same period last year due to new wards and increased fill rates through NHSP interface, as well as Section 31 ED capacity , and Coronavirus response • The impact of Covid-19 including increased sickness and special leave due to social distancing (shielding) and self isolation for symptomatic staff and those with symptomatic family members have increased hours paid	• Covid-19 response has led to implementation of Emergency Planning module on Allocate which enables safer staffing/redeployment of medics and nurses • Business plan approved for additional licences to roll out e-rostering to all staff groups which will avoid posts going straight out to agency • Rollout of Locum on Duty module implemented on 13th July. This will enable better reporting on temporary medic cover and more transparency. It also sends out vacant shifts to bank before expensive agency • Temporary staffing role commenced in HR to manage the NHSP contract relationship
Assurance level – LEVEL 3	**SRO: Tina Ricketts (DPC)**

PEOPLE & CULTURE IMPROVEMENT STATEMENTS – M4 2020

Worcestershire Acute Hospitals NHS Trust

8. Sickness Absence Rates – Ensure that sickness absence is managed and that our staff are supported to maintain their health and wellbeing at work				
Strategic Objective: Best Use of Resources				
Current performance (July) against local target of 4%		August 2020 trajectory	2020/21 year end trajectory	2020/21 Year end target
Monthly Absence rate 4.34%		4..1%	4.0%	4.0%

How have we been doing?	What actions are being taken to make the improvements?
• Our monthly sickness absence rate has reduced by 0.21% to 4.34% this month • Latest Model Hospital average is 6.38% in April 2020, at which point we were reported as 6.28% (Quartile 2) • HEE Regional average was 5% prior to Covid • Covid absence reduced from 9th June • Shielding for those who are extremely vulnerable ended on 31st July which should reduce rates further next month. • Those who are unable to return to their substantive role will need to be redeployed into a lower risk area. • We are on trajectory to meet our year end target and this has been reflected in our Assurance Level	• Enhanced support from Occupational Health available to support all staff • Specific support for those reporting stress anxiety or depression and musculoskeletal issues, or Covid related concerns through NOSS • HR absence email • HR advice line available for staff on self-isolation as a specific response to free up managers during Covid-19 • Licences purchased to enable the Allocate system to continue to be used for Absence and SitRep reporting • Rollout plan for full rostering to be developed for all staff groups
Assurance level – LEVEL 5	**SRO: Tina Ricketts (DPC)**

PEOPLE & CULTURE IMPROVEMENT STATEMENTS – M4 2020

Worcestershire Acute Hospitals NHS Trust

9. Agency Spend as a % of gross cost – Ensure that we have enough of our own substantive and bank staff to reduce reliance on agency spend				
Strategic Objective: Best Use of Resources				
Current performance (July) against local target of 7%		August 2020 trajectory	2020/21 year end trajectory	2020/21 Year end target
Monthly Agency spend as a % of gross cost 7.5%		7.25%	6%	7%

How have we been doing?	What actions are being taken to make the improvements?
• Agency spend as a % of gross cost increased again this month from 7.2% to 7.5% which would be expected during core holiday period • This is above the Trust target of 7%	• Locum on Duty interface for Medics launched on 13th July 2020. This will send vacant shifts direct to staff via mobile app which enables bank fill rather than going direct to agency. • Continuous review of NHSP bookings by managers to ensure that where we have redeployed staff and students joining there is a correlating drop in agency bookings • Continued utilisation of Allocate Incident planning module to enable redeployment of medics across wards whilst ensuring full transparency and safe staffing • Continuation of domestic recruitment using video technology • Restarting international recruitment from September following lifting of flight restrictions
Assurance level – LEVEL 4	**SRO: Tina Ricketts (DPC)**

PEOPLE & CULTURE IMPROVEMENT STATEMENTS – M4 2020

Worcestershire Acute Hospitals NHS Trust

10. Bank Spend as a % of gross cost – Ensure that we have enough of our own substantive and bank staff to reduce reliance on agency spend				
Strategic Objective: Best Use of Resources				
Current performance (July) against local target of 7%		August 2020 trajectory	2020/21 year end trajectory	2020/21 Year end target
Monthly Bank spend as % of gross cost 4.99%		5.1%	6%	7%

How have we been doing?	What actions are being taken to make the improvements?
• Bank spend has broadly remained the same this month at 5% compared to 4.99% last month • There has been an increase in agency spend • The launch of Locum on Duty during July will afford the Trust the ability to automatically send shifts out from rosters to bank before agency.	• Work with NHSP to increase the Nurse and Medic banks so that we can avoid agency spend wherever possible • Embedding of Locum on Duty which affords us similar functionality to the nurses • Business plan approved for purchase of additional Allocate licences to enable further rollout of NHSP interface to AHPs and all other staff groups which will mirror the functionality that we have for nurses
Assurance level – LEVEL 4	**SRO: Tina Ricketts (DPC)**

Appendix: Assurance Levels

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

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

Best People

NHS Worcestershire Acute Hospitals NHS Trust

Key Performance Indicator	Variation/Assurance and Corrective Action
Appraisal (non-medical)	Compliance has improved by 2% this month and is currently 75%. This coincides with the reinstatement of monthly appraisal reports . The Electronic Staff Record system continues to send automated reminders to managers and individual staff 4 months before expiry.
Mandatory Training	Mandatory Training compliance has remained at 86% this month. The Model Hospital benchmark (pre-Covid) is 90% nationally and 88% within our peers group. It is positive that compliance has stabilised after 4 months of deterioration.
Medical appraisal	Medical appraisal has reduced by 1% this month to 72% against Model Hospital average of 85% (pre-COVID data). Monthly appraisal reports have been reinstated.
Consultant Job Plans	There has been little activity in job planning through July and the overall Trust position for Consultants has subsequently reduced from 58 to 54%. Urgent Care Medicine are looking at job planning in September utilising Allocate directly which will be supported by Medical Resourcing. Oncology, Haematology, and Breast Surgery are also scheduling meetings for September. O&G are currently completing a job plan review which is due to conclude early September.
Vacancy rate	Our vacancy rate (including bank and agency) has reduced by 0.52% to 8.29% to 7.77% this month. International recruitment is scheduled to restart in September with the lifting of flight restrictions. We have continued active recruitment to roles during COVID-19 and our substantive vacancy rate has reduced to 4.44% which is well below our 7% local target.
Staff turnover	Turnover has reduced by 0.26% to 11.04% this month against our new target of 11%. Our monthly turnover has however increased to 0.67% compared to Model Hospital benchmark of 0.72% (March 2020 rates)

People and Culture KPI's – M4 – 31 July 2020

Variation

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

Assurance

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

Best People

NHS Worcestershire Acute Hospitals NHS Trust

Key Performance Indicator	Variation/Assurance and Corrective Action
Staff in Post Growth	Staff in Post has reduced by 36 wte this month. There are 638 wte additional staff in post since April 2016 across all staff groups, due to various successful recruitment campaigns to respond to increased establishment for new wards etc.
Establishment Growth	Establishment has increased y 14.76 wte this month and by 121.60 wte from the same time last year.
Total hours worked	Total hours worked has reduced by 3.84 wte this month. This is still an increase of 180 compared to the same period last year due to new wards, section 31, coronavirus response and increased fill rates through NHS Professionals interface.
Monthly Sickness Absence Rate	Sickness rates have improved by 0.21% this month from 4.55% to 4.34% against local Trust target of 4%. COVID-19 has impacted sickness rates and medical suspension rates since March 2020 but the position is improving as shielding and social distancing has paused.
Agency Spend as a % of gross cost	Agency spend as a % of gross cost has increased again this month from 7.2% to 7.5% against a local target of 7%.
Bank Spend as a % of gross cost	Bank spend as a % of gross cost has remained broadly the same this month at 5% which remains below the Trusts local 7% target. However, the Trust aims to increase bank spend to swap out with agency spend. The implementation of Locum on Duty during July will afford the Trust the ability to send Medics shifts automatically to bank before agency. This is one of the modules of the Allocate suite of solutions which links directly to HealthRoster and to NHSP, and replaces the stand alone HCL Clarity platform.

People and Culture KPI's – M4 – 31 July 2020

Variation

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

Assurance

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

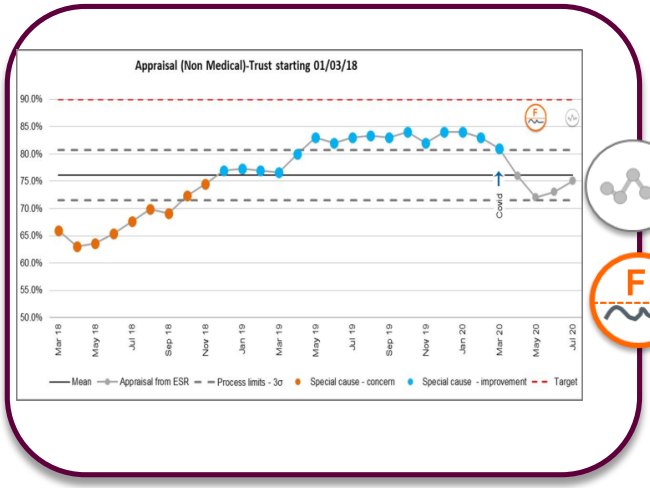
Month 4 | 2020-21 Engaged & Skilled Workforce Summary

Responsible Director: Director of People & Culture | as at 31 July 2020

NHS Worcestershire Acute Hospitals NHS Trust

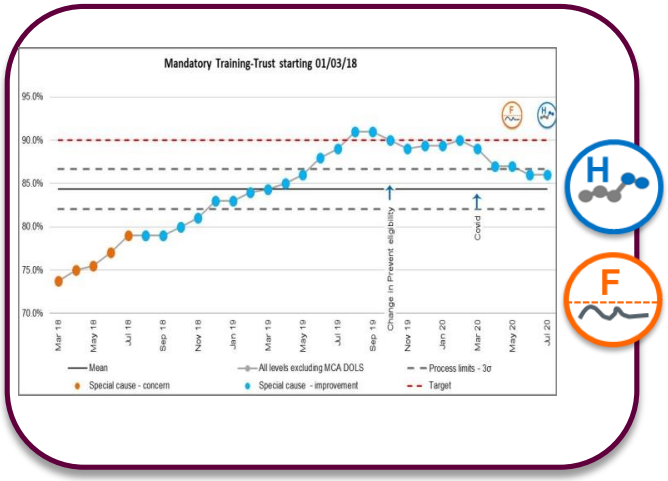
Appraisal (Non-Medical)

75%



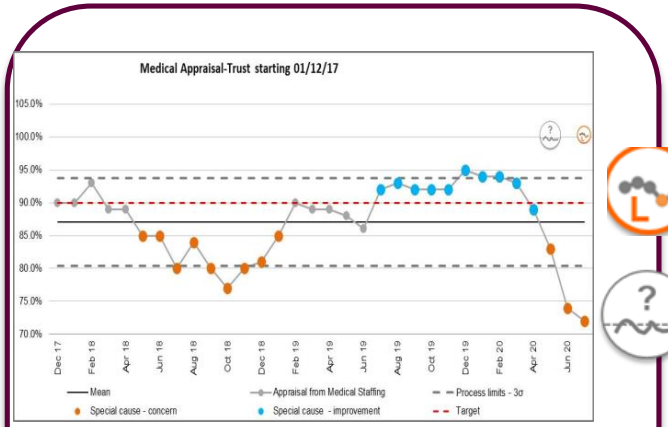
Mandatory Training

86%



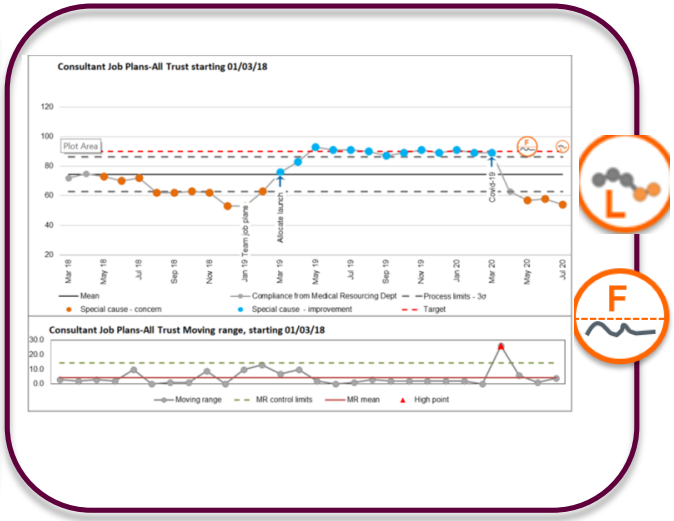
Medical Appraisal

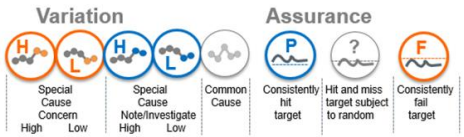
72%



Consultant Job Plans

54%





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

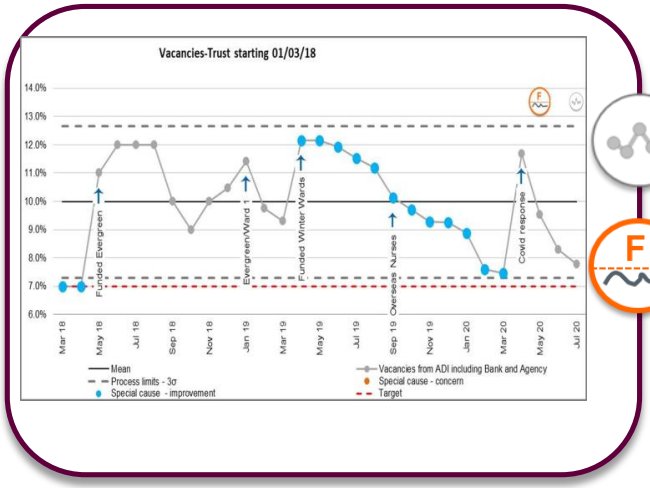
Month 4 | 2020-21 Engaged & Skilled Workforce Summary

Responsible Director: Director of People & Culture | as at 31st July 2020

NHS Worcestershire Acute Hospitals NHS Trust

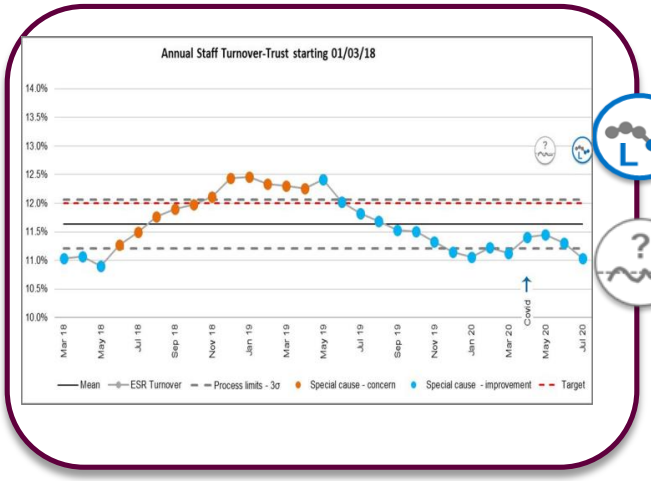
Vacancies

7.77%



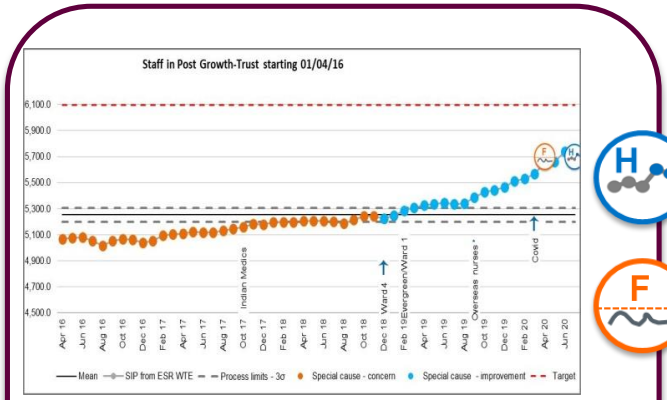
Annual Staff Turnover

11.04%



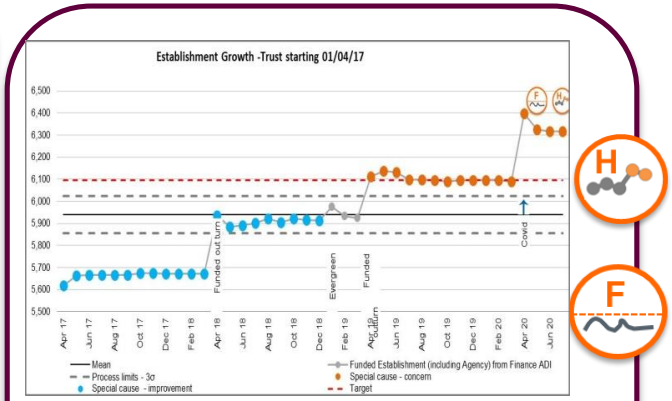
Staff in Post Growth

+ 638 wte



Establish-ment Growth

+ 702 wte



Variation

Special Cause Concern High Low

Special Cause Note/Investigate High Low

Common Cause

Assurance

Consistently hit target

Hit and miss target subject to random

Consistently fail target

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

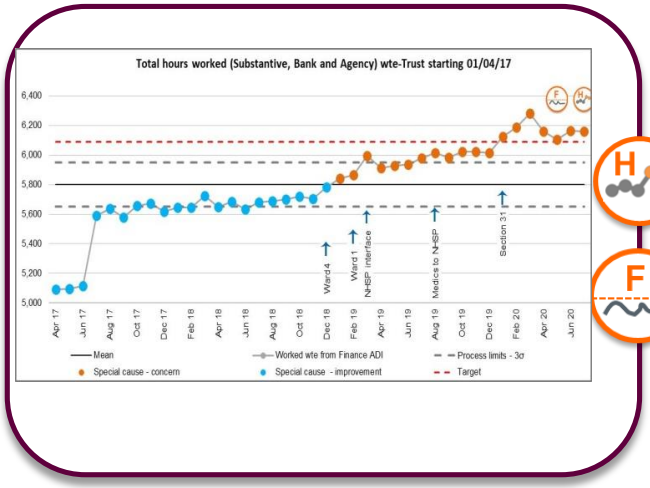
Month 4 | 2020-21 Engaged & Skilled Workforce Summary

Responsible Director: Director of People & Culture | as at 31st July 2020

NHS Worcestershire Acute Hospitals NHS Trust

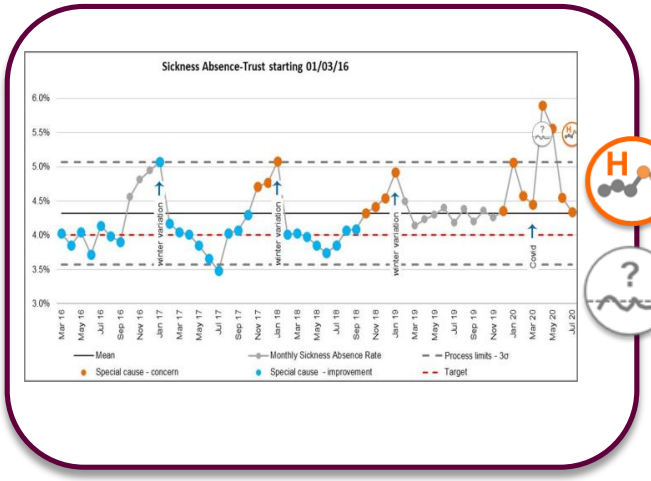
Increase in total hours worked

+ 1068 wte



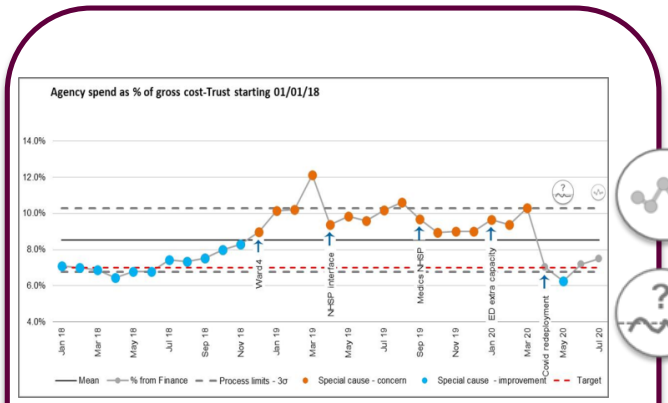
Monthly Sickness Absence

4.34%



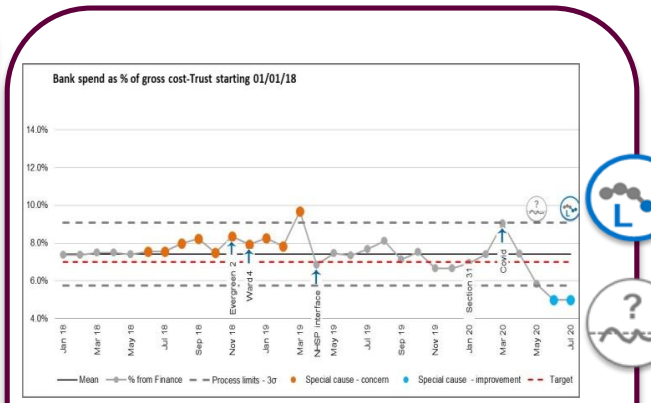
Agency Spend as % of gross cost

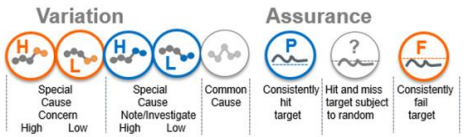
7.5%



Bank Spend as % of gross cost

5%





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IPR – Finance Key Messages

Trust Board

10th September 2020

July 2020

Month 4

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

Finance | Key Messages

Worcestershire Acute Hospitals NHS Trust

COVID-19 Financial Regime

As part of the NHS response to COVID-19, a revised COVID-19 financial framework has been established. Initially this was for the period of 1 April to 31 July 2020, but it has now been confirmed through the recently published **Phase 3 letter** that this will be extended to the end of September. PbR national tariff payment architecture and associated administrative/ transactional process are suspended and NHS Trusts are reimbursed through block contract payments 'on account'. Additional funding to cover extra costs of responding to the coronavirus emergency is administered through a 'top up' mechanism. **Through this arrangement, all NHS Trusts are expected to report a break-even position.**

The Phase 3 letter signals a revised financial regime for the period October 2020 – March 2021 with a greater focus on system partnership and the restoration of elective services. Following Government agreement the detail will be worked through locally.

2020/21 Internal Plan £(78.9)m

The 2020/21 pre-covid 19 financial plan takes into account growth and the increased pressure on budgets from 2019/20 in-year developments (some of which under PbR are offset by growth in income), and set at a deficit forecast of **£(£78.9)m including £14.5m of improvement from productivity and efficiency schemes**. In approving the pre-covid19 annual plan, there is a desire to further reduce the 2020/21 forecast deficit closer to a c.£(77.0)m target notably through: exploring the opportunity to appropriately capitalise some of the costs included in the revenue case for the digital care record in 2020/21 (subject to system / regional support for a multi-year capital funding source) . **Note the 20/21 DCR programme has now been deferred due to focus on COVID19); and to focus in on some notable high expenditure lines.** At the time of compiling the internal pre-covid 19 plan, the belief was that it reflected a credible forecast based on planning information and assumptions available to us at the time .

Delivery of the Internal Financial Plan £(78.9)m

Month 4 – July Position

Income & Expenditure	July 20 (Month 4)				
	NHSI Framework £000s	Budget £000s	Actual £000s	Variance to NHSI £000s	Variance to Budget £000s
Income (Excluding top up)	36,643	39,945	35,975	(668)	(3,969)
Pay	(25,843)	(26,391)	(25,477)	366	914
Non Pay	(14,819)	(15,467)	(14,288)	531	1,179
Financing Costs	(2,727)	(2,567)	(2,845)	(118)	(278)
Other	0	0	6	6	6
Surplus / (Deficit)	(6,746)	(4,480)	(6,629)	117	(2,149)
Income - TOP UP	6,746	0	6,629	(117)	6,629
Adjusted Surplus / (Deficit)	0	(4,480)	(0)	(0)	4,480
Sub Table - Financial Position Excluding pre COVID-19					
Surplus / Deficit BEFORE TOPUP	(6,746)	(4,480)	(6,629)	117	(2,149)
COVID-19 Incremental Expenditure Included Above			1,348	1,348	1,348
Surplus / Deficit EXCLUDING COVID-19	(6,746)	(4,480)	(5,281)	1,465	(801)

YTD Month 4 – July Position

Income & Expenditure	Year to Date				
	NHSI Framework £000s	Budget £000s	Actual £000s	Variance to NHSI £000s	Variance to Budget £000s
Income (Excluding top up)	146,572	152,376	144,143	(2,429)	(8,234)
Pay	(103,372)	(106,517)	(103,286)	86	3,231
Non Pay	(59,278)	(61,257)	(54,005)	5,273	7,252
Financing Costs	(10,908)	(10,267)	(9,805)	1,103	462
Other	0	0	24	24	24
Surplus / (Deficit)	(26,986)	(25,665)	(22,929)	4,057	2,736
Income - TOP UP	26,986	0	22,929	(4,057)	22,929
Adjusted Surplus / (Deficit)	0	(25,665)	0	0	25,665
Sub Table - Financial Position Excluding pre COVID-19					
Surplus / Deficit BEFORE TOPUP	(26,986)	(25,665)	(22,929)	4,057	2,736
COVID-19 Incremental Expenditure Included Above			6,287	6,287	6,287
Surplus / Deficit EXCLUDING COVID-19	(26,986)	(25,665)	(16,642)	10,344	9,023

Against the internal **£(78.9)m** operational plan (Budget), the month 4 (July 2020) actual deficit was **£(6.6)m** resulting in a £2.1m adverse variance. As a result of the interim COVID-19 framework, income is matched to cost resulting in a breakeven position. Favourable pay and non pay **expenditure variances of £2.1m** against our internal budget, despite incurring **£1.3m** of incremental COVID-19 costs, are largely as a result of paused / reduced levels of clinical service provision. The combined income position was **£2.7m** favourable to budget in month recognising the interim funding regime and the expectation for all NHS Trusts to report a break even position.

The Trusts Income & Expenditure position prior to adjustment to achieve breakeven (made up of Commissioner blocks + Top Up payments + Other Income - Expenditure) **was £0.1m** better than the Financial Framework assumptions. This positive variance has reduced in month as a result of increased finance charges (PDC) and Non PbR drugs.

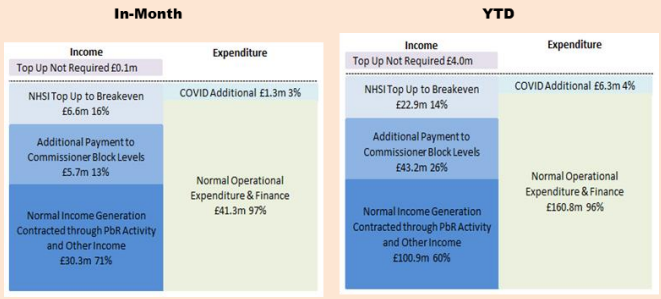
Finance | Key Messages

Worcestershire Acute Hospitals NHS Trust

Income

The Combined Income (including PbR pass-through drugs & devices, Other Operating Income and the NHSI Top up payment for COVID) was £2.7m above the Trust's Internal operational plan in July (deficit of £(78.9)m 2020/21).

Interim COVID-19 Mechanism

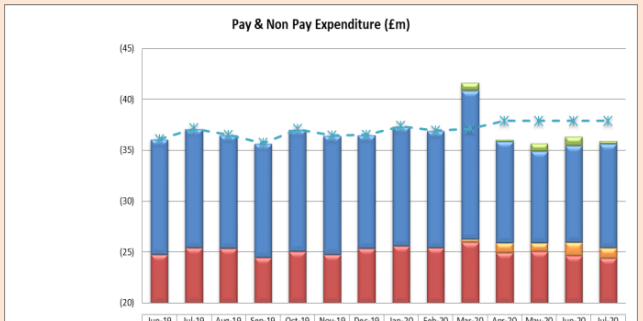


Patient Care Income measured under normal PbR arrangements was £9.3m below plan in month (excluding pass-through drugs & devices and other adjustments for commissioner block payments). **Commissioners have paid block amounts as directed by NHSI.** This has resulted an additional £5.7m over the Trust's actual performance in July (which is significant improvement from June when the difference was £10.3m). An additional £6.7m Top up **differential** payment for COVID has been received from NHSI to neutralise the financial impact . After taking costs into consideration to achieve a breakeven position in July only £6.6m was required. For July **£0.1m** of the NHSI top up was not required to achieve breakeven. YTD **£4.0m** of the available NHSI top up was not required to achieve breakeven.

The interim financial regime is due to be revised for the period October 2020 – March 2021, in line with the recently published Phase 3 letter. We are awaiting the guidance.

Expenditure

Pay and non-pay costs (excluding pass-through drugs & devices) were favourable against budget despite the inclusion of £1.3m of incremental costs in response to COVID-19. In July our **pay** costs were lower than our budget despite us identifying £1.1m of incremental COVID-19 pay costs. Substantive workforce costs reduced by £0.5m to £22.3m in July . This is largely due to a reclassification of COVID related security costs to non pay as well as a normalisation following the cumulative payment for COVID- related special leave last month.



	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20
COVID-19 Non Pay Costs	0	0	0	0	0	0	0	0	0	(799)	(163)	(768)	(928)	(281)
Non Pay exc COVID	(11,317)	(11,674)	(11,093)	(11,169)	(11,969)	(11,614)	(11,158)	(11,729)	(11,511)	(14,554)	(10,026)	(9,051)	(9,500)	(10,221)
COVID-19 Pay Costs	0	0	0	0	0	0	0	0	0	(339)	(944)	(804)	(1,345)	(1,067)
Pay exc COVID	(24,768)	(25,455)	(25,418)	(24,523)	(25,093)	(24,824)	(25,362)	(25,642)	(25,427)	(25,972)	(24,962)	(25,111)	(24,645)	(24,410)
Normalised Expenditure	(36,085)	(37,128)	(36,511)	(35,692)	(37,063)	(36,438)	(36,520)	(37,371)	(36,938)	(37,126)	(37,869)	(37,869)	(37,869)	(37,869)

Temporary staffing costs have held at £3.2m. £0.3m of the in month cost has been classified as 'COVID-19' through our bank and agency booking systems. The closure of in-patient beds as a result of paused / reduced levels of service provision and the corresponding redeployment of our substantive workforce continues to reduce demand for temporary staffing.

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

Due to the transition between systems used to book Temporary Medics (from HCL Clarity to Allocate) the July posted position is an estimate based on June data. Work is ongoing with NHSP developing an accurate workforce / financial report. Upon receipt from NHSP, the YTD position will be adjusted accordingly.

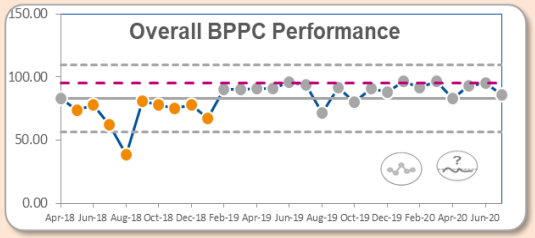
Non pay expenditure overall has increased by £1.2m from £15.9m in June to £17.1m in July 2020. This is principally due to increased finance charges (PDC - £0.5m) and Non PbR drugs (£0.5m), as well as the reclassification of YTD security costs from pay to non pay (£0.4m). **The change to the calculation of the PDC dividend is a YTD catch up in month as new guidance was received in July**.

Finance | Key Messages

Worcestershire Acute Hospitals NHS Trust

Cash Balance

Under the interim COVID-19 financial arrangements, sufficient cash is being received each month to meet obligations and additional cash requests are unlikely to be necessary in the medium term. **At the end of July the cash balance was £61.0m due to timing of receipts (April to August payments received to date).** The trust also received £7.7m revenue support (PDC) funding in April which was requested prior to the interim arrangements being confirmed.



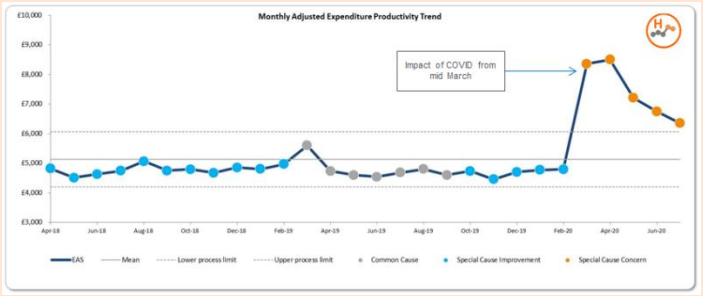
National reforms to the cash and capital regimes for 2020/21 mean that PDC will be issued to repay existing DHSC interim loans. **The transactions to effect these changes are to be concluded during September 2020.**

Better Payment Practice Code (BPPC) The BPPC performance for the month is 97%, 5,517 invoices out of 5,693 and 86% value, £13.4m worth of invoices out of £15.6m were paid on time. We are ensuring suppliers are paid within 7 days, where invoices are approved for payment.

Productivity & Efficiency

Although Financial Efficiencies are not being monitored under the COVID-19 Financial Framework operating between 1st April to 31st July, our internal operational plan is inclusive of £14.5m of plans, and as such we will continue to assess current performance and assess impact of COVID-19 on the programme whether that be slippage or identification of further opportunities as a result of new ways of working.

Notwithstanding all of the focus being on Covid-19, the Productivity and Efficiency Programme has delivered YTD £2.6m of actuals at Month 4 against an Annual Plan figure of £3.3m. The International Nursing scheme accounts for £771k of actuals. This is the first month actuals have been recorded for this scheme, and it incorporates months 1-4 actuals. The key over-performing schemes are: Evergreen Closure: over-performing by £459k YTD; Energy Rate Decrease: over-performing by £237k YTD; International Nursing by £174k YTD. Other workforce schemes are under-delivering due to the impact of COVID-19.



<u>Adjusted Expenditure Productivity Trend:</u> COVID significantly impacted our spend against activity. This local metric allows us to follow productivity changes through COVID recovery and to track against forecasted activity going forward. We are seeing a continued improvement in this metric over the last 3 months.

Capital

Year to date Capital expenditure at July 20 (Month 4) totals £2.6m, the majority of which is relating to the ASR Aconbury East Scheme, COVID-19 equipment purchases and schemes approved in 2019/20 that couldn't be concluded due to COVID-19.
The 2020/21 capital plan at month 4 is £34.7m, with £19.6m of the funds falling within the STP envelope. Review of prioritisation for property and works and digital backlog infrastructure has been undertaken and agreed schemes are being tracked monthly. The Equipment work stream prioritisation has a particular focus on radiology equipment backlog replacement. The Trust has been awarded capital from the National Diagnostics Replacement programme for radiology and breast screening. The STP has been awarded a further £5m of capital funding to address Critical Infrastructure Risk which has been through prioritisation across all partners. These changes will be reflected in the capital plans from Month 5 in line with NHSE/I guidance.

Meeting	Trust Board
Date of meeting	10 September 2020
Paper number	Appendix 5a&b

Home First Worcestershire Programme – Update – Month 4 (July 2020)

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

Accountable Director	Paul Brennan COO		
Presented by	Paul Brennan COO	**Author /s**	Nicola O'Brien Associate Director – Business Intelligence

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

Report previously reviewed by		
Committee/Group	Date	Outcome
Finance and Performance Committee	August 26th, 2020	Assured

Recommendations	Trust Board are requested to receive this report for assurance.

Executive summary	The Home First Worcestershire (HFW) Programme will deliver improved patient flow within our hospitals. This will be delivered through six projects. 1. SAFER/Red2Green 2. Long Length of Stay (LLOS) 3. Same Day Emergency Care (including front door streaming) 4. Frailty and Hospital Acquired Functional Decline (HAFD) 5. Clinical Site Team 6. Internal Professional Standards (IPS) The Home First Worcestershire (HFW) Programme Board has met twice since the last Committee update. The key points from these meetings are: • There has been a change to the Programme Lead. • The Emergency Access Standard for July was 92.6% at Trust level. • No patients were treated on the corridor and we have no 12 hour trolley breaches, although we did have 13 x 60 minute ambulance handover delays. • All of the overarching key performance measures indicate a sustained and/or improving position for 60 minute ambulance handover delays, overnight bed capacity gap, , admissions as a percentage of discharges and 95th percentile within ED. The readmission within 30 days did increase very slightly but this is one month in arrears and relates to June 2020. ○ **See Appendix 1 IPR Operational Performance (slides 2 and 3) for the SPC charts.**

	• We recognise that we still need to strengthen our resilience for when emergency activity is concentrated within short periods of time i.e. higher than predicted number of ambulance arrivals within an hour. • We recognise that we need to better understand what volume of emergency activity should trigger immediate actions to prevent challenges further into the day and days ahead. • Although we have made improvements in earlier discharges there is still more to be done to make this consistent and at the level needed to support the front door and acute medical units. • We continue to have low numbers of patients with a length of stay over 21 days and are reducing those waiting over 14 days. • We identify from the data that we need to make the simple discharges more consistent between the weekend and weekdays. • The Discharge Lounge occupancy has increased over the last few weeks, and we will be looking towards maximising this further. • The AMU at WRH business case is being amended to take account of the potential national funding for a major redevelopment of the Emergency Department in 2021 and a short term investment to create additional cubicle and social distance waiting room capacity in December 2020/January 2021. It is anticipated that the details of the national funding programme will be known during this week and the business case for the AMU and short term ED investment will be considered at TME in September 2020. • The Business Case for the redevelopment of the ED in 2021 will be subject to discussion with the Regional Team but it is envisaged it will be completed in time to be considered by TME January 2021.

Meeting	Trust Board
Date of meeting	10 September 2020
Paper number	Appendix 5a&b

Progress update – Trust level

The Trust Emergency Access Standard (including Kidd MIU) for July 2020 was 92.60%. For the two Acute hospitals only, the Emergency Access Standard was 90.2%, with both WRH and the ALX hospital improving from June 2020 (86.4%). We have had week on week increases in the number of patients arriving at our Emergency Departments seeking urgent care. We are now at 94% of the attendance levels that we saw in July 2019 (July 2019 was the month in 2019/20 financial year with the highest number of attendances), but have achieved 66% less 4 hour breaches (4,372 breaches in July 2019 compared to 1,077 in July 2020).

We have achieved this improvement with approximately a quarter of our G&A bed base unused (c150 beds across both the sites). However we acknowledge we have more to do to become resilient enough to cope with the potential for a 'perfect storm' of winter pressures, flu, Norovirus and a second wave of Covid.

In July there were seven days when the Emergency Access Standard was below 85% (internal minimum EAS performance); all were at the WRH site. These days contributed significantly towards the 13x 60 minute ambulance handovers breaches we also had in July. To better understand why performance on these days was compromised, we now complete a serious incident review every time we go below our minimum standard. From these reviews we have identified themes around staffing capacity, application of the escalation policy, diagnostic capacity amongst some others and these are being investigated; with feedback to be included in the Home First Board meetings.

The Home First Board monitors six programme metrics to support the improvements in the Emergency Access Standard and Patient Flow. See **Appendix 1 – IPR Operational Performance (slides 2 and 3)** for the statistical process charts (SPCs) that evidence that the key measures are sustaining improved levels, but acknowledging that the Covid pandemic is still having an impact on front door activity and the heightened acuity of some patients.

Please note the targets were set in October 2019 and will be adjusted where necessary in the coming weeks/months to challenge ourselves for further improvements. The graphs will be re-based in September.

The detailed updates from each project are in **Appendix 5b**.

A summary of the assurance levels is provided below:

Project Description	Assurance level
Safer/Red to Green	Level 6
Long length of stay	Level 6
Same day emergency care	Level 3
Frailty and Hospital functional decline	Level 3
Clinical Services Management	Level 4
RESPECT and Internal professional standards	Level 3

Meeting	Trust Board
Date of meeting	10 September 2020
Paper number	Appendix 5a&b

Summary
Home First Worcestershire is the top quality improvement priority for the Trust. The Programme continues to evidence progress and in the case of the SAFER/Red to Green project has moved to embedding changes as business as usual. We have already identified that under 'expected conditions' we can cope with the demand we are currently seeing and performance is good; however we must also ensure that our contingency planning for 'above predicted activity' is equally as robust, especially as we start to move towards increasing winter pressures and live with the threat of a second COVID-19 wave. This summary report is not exhaustive, but captures the main areas of progress with the programme.
Recommendations
Trust Board are requested to receive this report for assurance.

Home First Programme – July 2020 Summary Update

Please see below a summary of the key updates from the Home First Programme.

Project Description	What does the data tell us?	Key improvements this month	Key deliverables in the next month	Current Assurance level	Date to move to next assurance level
SAFER/ Red to Green	25.4% before midday discharges – target 33% Recovered to last year levels of discharges before 10am, 38 in July, but below what is needed. Although low numbers (19) increasing numbers discharged through clinically led discharge. Average LOS on NON Covid wards is increasing.	One stop ward round pilot commenced. Reason to reside is now almost 100%. The ADT whiteboards being used more frequently – promoted as single source of truth. Monitor daily usage of criteria led discharge and a target of one patient per ward. Continue to audit results 'Green wards' to deep dive into SAFER and triangulate recorded delays.	A full report on the 'one stop ward' round will be presented to board in September. Roll out of phase 2 plan for 'one stop ward Rounds. Plan to roll out of Criteria Led Discharge (CLD) to all wards. Recruitment of a Therapist to support Red/Green will be advertised. We will be concentrating on increasing the daily throughput of appropriate patients via the Discharge Lounge.	**GREEN - LEVEL 6**	When before midday discharges are sustained at >30%
Long length of stay	Improvement from 37 patients with LLOS (21 days) in June to 23 in July. Performance remains significantly below the numbers seen at the same time as last year. An audit highlighted	Continued embedding the national Covid Discharge Requirement principles. Ward level dashboards have been developed. Evidence that Ward staff understand and are comfortable escalating	Further deep dive audit to be completed on the top three themes for delay and to review reasonable decision making. Further challenge for any patients that do not appear to have a clear	**GREEN - LEVEL 6**	Clear evidence that we remain on track to achieve the year-end target for three consecutive months**.** (December 2020)

Home First Programme – July 2020 Summary Update

Project Description	What does the data tell us?	Key improvements this month	Key deliverables in the next month	Current Assurance level	Date to move to next assurance level
	these three reasons as the most common themes for delay in LLOS patients: Requiring clinical intervention that can only be provided in hospital, waiting for internal test or specialist opinion, waiting on a community placement. Early demand and capacity modelling looking at emergency demand and the impact on our beds show the combination of Winter and Covid will be extremely challenging.	patient delays to senior management.	discharge plan. Continuous promotion and discussion with consultants to remove any perceived or real barriers to using criteria led discharge.		
Same Day Emergency Care (SDEC)	8% of all patients attending ED are streamed to Primary care. The average LOS in zone 1 (AEC) across both sites was below 4 hours, although WRH was 4.06 at the end of July. The average LOS in zone 2 (MAU) across both site was 11 hours.	At WRH a new Primary care navigation process in place from August 3rd with one navigator. Workforce review - We have drafted the recruitment and retention proposal for medical workforce in Urgent Care and submitted for approval prior to recruitment drive.	Interviews for Emergency Consultant posts (provisionally booked for Sept. We will be monitoring the 1 hour turnaround of CT scans. Target – 95%. Liaision with the CSM work stream lead to ensure earlier delivery of beds is addressed and sustained.	**AMBER – LEVEL 3**	On full implementation as business as usual of the AMU at the Alexandra Hospital (October 2020)

Home First Programme – July 2020 Summary Update

Project Description	What does the data tell us?	Key improvements this month	Key deliverables in the next month	Current Assurance level	Date to move to next assurance level
	The target is to be below 24 hours. WRH was an average of 13 hours at the end of July and the ALX was an average of 9 hours.	CT scanning delays – We have set up a Task and Finish Group to review whether there are regular delays to CT scanning emergency patients and how we can mitigate this. AMU pilot at the ALX – feedback reviewed and signed off. Pilot will continue under normal Divisional oversight management. **AMU at WRH** - physical footprint restructuring was on hold so that it can be supported by national capital, however we have decided that we cannot delay this any further.	Update of the WRH AMU business case		
Frailty	One single point of variation for emergency admissions for over 75 year olds. Normal variation for length of stay for over 75 year olds. RESPECT training for	Geriatric Emergency Medicine Service (GEMS) – commenced at WRH at the start of August. The actions from the serious incident reviews in relation to 'hospital -	Geriatrician posts advertised with a closing date mid-August. Still have a vacancy for clinical lead. HW STP Integrated Shared Care Plan Solution - Frailty is a	**AMBER - LEVEL 3**	On evidence of change from the Geriatrician at the front door pilot.

Home First Programme – July 2020 Summary Update

Project Description	What does the data tell us?	Key improvements this month	Key deliverables in the next month	Current Assurance level	Date to move to next assurance level
	authorship and awareness are both going to miss the target of 75% by the end of July.	acquired functional decline' (HAFD) are now included in the HAFD Transformation Plan to ensure one single plan exists. HAFD Education – Proposal Form for 'Training to Become Essential for Frailty and Hospital Acquired Functional Decline (HAFD)' has been completed and will be discussed in August. Rockwood scores – we have proposed their inclusion in a number of clinical forms.	pilot, representing WAHT re content and interoperability across the system including Digital Care Record EPR 'Sunrise'. Demonstration to be organised for HF Frailty/HAFD work stream.		
Clinical Services Management	The control limit range is large and the performance fluctuates – specifically when comparing the weekends (shaded lines) to the weekdays. Discharge usage has increased but overall occupancy remains much lower than its capacity. The simple discharges	We have been recruiting to the remaining posts needed for a full complement in the Capacity team. We have been updating and testing the OASIS capacity management module to ensure the bed allocations are correct. We have also been	We are working with operational colleagues to identify the triggers that will help us to proactively look for bed capacity to support flow. Final recruitment for the Capacity team will continue. We will be scoping the expansion of the	**AMBER - LEVEL 4**	Evidence that the escalation policy triggers are effective in supporting ED to reduce breaches during periods of increased pressure. (September 2020)

Home First Programme – July 2020 Summary Update

Project Description	What does the data tell us?	Key improvements this month	Key deliverables in the next month	Current Assurance level	Date to move to next assurance level
	currently equate to 93.5% of all discharges in the Trust. The July bed occupancy was 82% for WRH, but this has since increased to 85% during the first two weeks of August, and the ALX was at 45% in July and has since increased to 54%.	delivering training ready for a 'Go live' date of August 20th We have also been delivering training ready for a 'Go live' date of August 20th Capacity Flow and Action Policy has been written and sent for sign off. PDSA test of change huddles are continuing with Divisional input	Discharge Lounge facility at the WRH site to ensure that we have contingency planning for a further Covid outbreak.		
Internal Professional Standards and RESPECT	RESPECT is now aligned to the Internal Professional standards. RESPECT awareness training is at 71.1% RESPECT authorship training is at 60% Both have missed the target of 75% by July 2020. The amended target date is September 2020.	RESPECT have been added to as an option to OASIS. We now have the ability to capture inappropriate admissions and where patient pathways have not been adhered to on DATIX.	ReSPECT being added to the Electronic Discharge Summary is being reviewed. Worcestershire ReSPECT Programme Board co-ordinated an audit in AGH to analyse the use of ReSPECT document and the suitability of the local audit tool (based on the national). The audit results will be analysed	AMBER – LEVEL 3	Achievement of the training target. September 2020

Home First Programme – July 2020 Summary Update

Glossary

Acronym	Description
ADT whiteboard	Admissions, Discharge and Transfers – the interactive whiteboards that we use for timely management of records which links directly to our patient administration system.
CT	Computed tomography – a type of diagnostic.
LOS	Length of stay – the number of overnight stays a patient has had whilst admitted.
LLOS	Long length of stay – patients that have had 21 overnight stays or more.
CLD	Criteria led discharge – clear instruction of clinical criteria that have to be achieved before a patient can be discharged. Defined by a consultant and enables trained nursing staff to discharge on behalf of the consultant.
ED	Emergency Department
AEC	Ambulatory Emergency Care
CSM	Clinical site management – the collective name for the staff that manage the patient flow.
AMU	Acute Medical Unit – the collective name for the Urgent Care facilities provided in our new model.
ALX	Alexandra Hospital, Redditch
WRH	Worcestershire Royal Hospital, Worcester
HW STP	Herefordshire and Worcestershire Strategic Transformation Partnership.
HAFD	Hospital Acquired Functional Decline – patient that have some decompensation whilst in hospital (particularly when they do not need to be).
GEMS	Geriatric emergency medical service – a service dedicated to supporting patients living with Frailty.
PDSA	Plan, Do, Study, Act – an improvement technique.

Integrated Performance Report

Worcestershire Acute Hospitals NHS Trust

Committee Assurance Reports

Trust Board

10th September 2020

Finance & Performance Committee Assurance Report – July and August 2020

Accountable Non-Executive Director	Presented By	Author
Richard Oosterom Associate Non-Executive Director	Richard Oosterom Associate Non-Executive Director	Kimara Sharpe Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	**BAF number(s)**	1, 5, 6, 7, 8, 12

Executive Summary

The Finance & Performance Committee met virtually on 29 July and 26 August 2020.

July 2020 meeting

COVID-19: We received the update on COVID-19. There is an improving picture and the Trust is prepared for a second wave. Staff are now returning to work following shielding. This item is on the Board agenda.

Eleka Service Contract Renewal: We were concerned about the robustness of this business case and were unable to approve it. We requested more information for us to be able to make a recommendation to the Trust Board.

HomeFirst Worcestershire: The routine performance report was discussed. We were pleased with the report and the effectiveness of HFW is good to see. The report will be aligned to the IPR in future. We expressed concern about the implementation of the internal professional standards which is being addressed. This is a problem throughout the Trust, not just in ED, but we were assured about the work on-going in this area. We were also concerned about the number of discharges taking place before midday. We were pleased to see the links to the *Path to Platinum* programme.

Assurance level – 4 (same as June)

Capital bid: A bid was put in at very short notice for £15m capital. Unfortunately it was not possible to review the bid prior to submission. We were pleased to learn that the Trust has requested revenue to accompany the capital. Business cases associated with the money will be presented to the Committee in November and the Board in December.

Integrated Performance Report: We were very concerned to learn about the increasing numbers of patients waiting a long time – 184 patients waiting over 52 weeks. We are not doing any routine surgery or routine outpatients. We are not planning to start routine surgery. We have over 6000 patients waiting over 6 weeks for diagnostics. With respect to cancer, all non-surgical treatment has been delivered. The majority of surgery has also been undertaken with the support of the independent sector. The delays for patients are caused by diagnostics which are being addressed through the management of the estate and changing job plans for consultants. Due to the infection control requirements, we understand that the capacity will be about 40% of the normal capacity.

Assurance level – 3 (level 4 in June). Level 3 due to the waiting list issues.

Finance & Performance Committee Assurance Report – July and August 2020

Executive Summary (cont.)

Financial performance: We are ahead of plan for month 4. We were pleased to hear that there has been less attrition of student nurses which has helped with the vacancy factor. We are delivering on a few of the Productivity Schemes and a revised PEP will be developed for September." In relation to capital, there is further capital available for the estate maintenance through the STP. We were assured about the spend in relation to capital. We were still concerned that we cannot assess the effectiveness of the financial position. We have requested that the COVID-19 spend is shown in more detail.

We have a healthy cash position.

Assurance rating - 4

N365 Participation Agreement – business case: This was approved by the board in July. The entire license cost is incremental, the deployment cost will be included in the Technical Services agreement and expected benefits will be defined to ensure benefit realisation.

Technical Services Extension – **Position Statement**: The full business case will be presented in September in relation to the contract renewal.

Brexit – risk of no deal: We agreed that this would not be on the risk register and that we would wait until we had more information from the national team.

August 2020 meeting

Phase 3 planning: This paper outlined the system wide submission for the response to the next phase in relation to COVID. It is clear that there is an expectation to learn from the COVID experience, in particular addressing health inequalities. It was clear that the Trust was being pragmatic in the submission to ensure that all risks and benefits had been captured and that there was no 'over promising' of activity. The first cut of the return is due on 1 September and the final submission on 21 September. We were concerned about how NEDs can oversee the submission and it was agreed that we would have a further discussion with the CEO within the next week. This item is on the Trust Board agenda.

Elekta Service Contract Renewal: The Committee supported the contract and this is on the agenda for the Trust Board.

PFI Managed Equipment (MES): The Committee supported the contract and this is on the agenda for the Trust Board.

Annual Blood and Blood Supply Contract: The Committee supported the contract and this is on the agenda for the Trust Board.

Financial Performance M4: The Trust continues to report a break even position as required under the COVID regime. We have a healthy cash balance and we are working to ensure that we understand the implications at year end for this. We will receive PDC cash on 1 September and we will be expected to pay this money back immediately on 2 September. This will clear the loan balances. We continue to have a challenge in respect of spending capital. We were assured that there will be further development of integrated reporting between the areas of finance, performance and workforce. We remain concerned about the inability to measure productivity however a good start has been made to begin to measure this. It was agreed that workforce and in particular the redeployment of staff were the biggest area of challenge at the moment. This means that there continues to be challenges with restarting services safely.

We were pleased to hear that there is a line by line review being undertaken in relation to temporary medical staff. This will be presented to the People and Culture Committee.

Finance & Performance Committee Assurance Report – July and August 2020

Executive Summary (cont.)

Integrated performance report: The IPR is in a transition phase. We were informed of the changes for this month and those that will take place in time for the October Board meeting. There is more comparable data and the SPC charts will be rebased and will contain annotations. The narrative will focus more on the annual plan priorities.

We were pleased with the new look and the changes proposed.

Performance (Apr-Jul) shows that the Trust has had 43 ambulance handover delays and one 12 hour breach in 2020 compared to 1674 and 313 respectively for the same period in 2019. The EAS performance is 90.57% in 2020 compared to 76.17% in 2019 and huge reductions in numbers of patients in ED >4-12< hours. ED type 1 activity is currently 20% down but this has narrowed further in the last month. Ambulance conveyances is now similar to last year. Whilst performance has improved, further improvement is needed (e.g. in July still >1000 ED 4 hour breaches although performance was 92.6% compared to 76.8% in 2019) and additional work is needed to ensure new ways of working are embedded and improvements are sustained when we move into phase III and bed occupancy increases.

There is growth in the number of people waiting and the focus for phase 3 is to reduce the number of patients on the cancer pathway waiting over 62 days and reduction on the number of patients waiting over 52 weeks on the RTT pathway. We were very concerned about the numbers waiting and we understand that this is a national problem.

Assurance rating – as per the document (various)

Home First Worcestershire: The reinstatement of the AEC service is being urgently addressed. There is a focus on job plans and ensuring that they are fit for purpose for the rest of the calendar year. We were concerned that white boards were not always up to date and this is being addressed. We were pleased with the format of the report and the evident grip on the issues.

Assurance rating – as per the document (various)

Background

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

Recommendations

The Board is requested to

- receive this report for assurance.

Quality Governance Committee Assurance Report – July and August 2020

Accountable Non-Executive Director	Presented By	Author
Dr Bill Tunnicliffe Non-Executive Director	Dr Bill Tunnicliffe Non-Executive Director	Kimara Sharpe Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	**BAF number(s)**	2, 3, 4, 5, 12

Executive Summary

The Committee met virtually on 30 July and 27 August 2020. Key points raised were:

- **Annual reports:** We have received, on behalf of the Board, the annual reports relating to Complaints and Safeguarding. We were pleased with the progress made in both areas. There had been a significant increase in mandatory training attainment for safeguarding, as well as progress throughout all 10 subjects. We were able to give an assurance level of 6 in relation to the work undertaken. With respect to complaints, there trust met the national target for response times for the first time since 2011. Key themes were delays in treatment, patient acre and communication. We expressed ongoing concern about the resourcing of PLAS which has seen an increase of over 150% in activity.
- **Harm review process:** the bi-monthly report from the Harm Review panel was presented in August. This showed a robust process and no significant harm has been identified.
- **Infection Control BAF:** We can assure the Board of the robustness of the work undertaken. We understand the actions being taken in respect of antimicrobial prescribing and we are assured in this area of work. We commend the BAF to the Board.
- **CQC section 31 notices:** We received a comprehensive report on the work undertaken with the conditions imposed by the CQC on the Trust registration. We were assured of the robustness of the work. Assurance level 6.
- **Saving Babies' Lives:** The Trust is ensuring that the recommendations within this national report are taken forward. There are five key components and actions are in place to ensure compliance with all. Assurance level 5.
- **Quality Account:** We approved this for presentation at the AGM**.**
- **Sterile Services update:** We received an update on the quality of sterile equipment and we were pleased to hear that there had been considerable investment in equipment in the past few months. Equipment was safe and there were no patient of staff safety issues.
- **Quality Impact Assessment process:** We received details of the comprehensive QIA process being undertaken for the restart of services, post COVID-19.
- **Patient, Carer and Community Engagement Report:** We had a deep dive into patient engagement. The team had been very busy during the pandemic. Assurance level 4
- **Safety walkabouts**: We were pleased that social distanced walkabouts had commenced. The process was using zoom and those that had participated felt that they had been worthwhile and useful.

Background

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

Recommendations

The Board is requested to

- receive this report for assurance

People and Culture Committee Assurance Report – August 2020

Non-Executive Director lead	Presented by:	Author
Mark Yates - Non-Executive Director	Mark Yates - Non-Executive Director	Martin Wood - Deputy Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	**BAF number(s)**	9, 10, 11, 19

Executive Summary

The Committee met virtually on 4 August 2020. We spent a considerable part of the meeting discussing equality and diversity issues as part of the Workforce Race Equality Standard and Staff Representation report. The summary of the key points discussed follows:

- **Workforce Race Equality Standard and Staff Representation:** We were joined for this discussion by a number of members from the Black and Minority Ethnic (BAME) group and we appreciated their valuable contribution and for speaking openly to help us understand and learn from their experiences. It was disappointing to hear that there remain instances of discrimination amongst BAME staff. We were informed that greater clarity is required of what equality and diversity means to the Trust and staff and the wider issue needs to be raised across the organisation. Direction is required from the Board with middle managers and staff having the same message. Education is a big part of this and how do we education both staff and patients of BAME issues and the IDEA is a good platform to take this forward. We were reminded that equality and diversity applies to all ethnic backgrounds with differing needs and we need to create a culture where all staff feel safe both in their working environment and to raise issues of concern linked to the Freedom to Speak Up Guardian. The work of the BAME network is progressing and we have suggested to the network through its terms of reference has its own identity and independence and should refer in some way to holding the Trust Board to account and network officers should have access to TME rather than reporting to that network and, when appropriate, access to the Chief Executive and Trust Chair. We recognise that there is considerable work to be done .

- We are required to report against the nine Workforce Race Equality Standards (WRES) and in comparison to the national average we are in line with 2 of the standards, below average in 3 standards and above average in 4 standards. We are below average for the relative likelihood of BAME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation; the percentage of BAME staff experiencing harassment bullying or abuse from staff in last 12 months and our Trust Board is not broadly representative of the population we serve. Whilst we have improved on last year's performance there is clearly further work to do. Our plan has been updated to include additional actions and targets for improvement by 31st March 2021 and this was approved.

- **Integrated People and Culture Report including COVID-19 Update:** The Director of People and Culture reported receipt of the recently issued People Plan. The priority areas described in the Plan relate to health and wellbeing including mental health, belonging to the NHS, new ways of working and delivering care and growing for the future. A more detailed report is to be presented to our next Committee meeting linking to an update on our workforce plan and following discussions with the STP.

- Good progress has been made in implementing the COVID-19 workforce plan. There has been an improvement in our staff turnover and vacancy rates which in turn has had a positive impact on our bank and agency usage resulting in pay costs being below plan as at month 3. COVID-19 related absence continues to reduce month on month which is contributing to the reduction in premium staffing costs. The impact of the pandemic continues to have a negative impact on appraisals, mandatory training and job plan compliance. As at 28 July 2020 overall 86% of staff have completed the occupational health risk assessment with 83% completion by those in the high risk category. Version 3 of the Occupational Risk Assessment has been issued to staff in high risk groups in light of the relaxation on shielding.

People and Culture Committee Assurance Report – August 2020

Executive Summary (cont.)

- **Integrated Bank and Agency Report (Including Audit Outcome)**: Model hospital data shows there is opportunity in our cost per weighted unit of activity which remains higher than our peers. Bank and agency usage spiked in March 2020 but then reduced in April and May 2020 as a result of the impact of COVID-19. HR Business Partners are working with Divisions to reduce bank and agency spend by increasing the number of substantive posts. Work is underway with Finance to integrate workforce with the finance report. We have stressed the importance on forecasting to avoid agency usage as we seem to be in a position where there is no alternative other than to use agency staff.

- **Integrated Recruitment and Retention Report**: Since December 2019 progress has been impacted by the increase in Funded Establishment due to COVID-19, and the difficulty in recruiting both domestically and internationally due to the pandemic. However, concerted efforts has enabled us to still demonstrate some progress. Our vacancy rate is now 8.29% which is a reduction from 9.26% in January 2020 and from 10.11% in August 2019. A centralised recruitment model is to be operational from 1 September 2020 to provide greater controls on recruitment. We consider that a more radical approach is taken to both recruit and retain staff and that this should be undertaken at pace.

- **Nursing and Midwifery Staffing Report – May and June 2020**: We noted that staffing levels are safe with mitigating actions taken where staffing gaps arose. There were no reported incidents of patient harm during these months. We sought clarification that our staffing levels are actually safe as the Unify data reporting systems requires the use of the term “reported as safe”.

- **Workforce Disability Equality Standards Report**: This report set out our performance against the 10 key metrics under the Workforce Disability Equality Standards (WDES). There has been a slight improvement in metrics since 2019 but clearly shows some areas that require improvement actions. An action plan has been developed which we have approved for publication on our website.

- **Fit and Proper Persons Annual Audit**: We have noted that all personal files of those within scope are compliant with these regulations.

- **Responsible Officer Annual Report – Medical Appraisal and Revalidation:** During COVID-19 NHS England suspended professional standards activity including medical appraisal. From 1 August 2020 we have reinstated medical appraisals and revalidation to reduce the backlog. Additional appraises are being recruited to assist in reducing the backlog. The Chief Medical Officer’s plan is to complete the appraisal backlog within six months and we have asked for an update in February 2021.

- **Other reports:**
    - **People and Culture Risk Register**: We noted that there are no new risks but sickness absence, mandatory training and PDR compliance risks have increased during COVID-19. The risk register is to be reviewed, particularly with regard to extreme risks, and we are to receive an update at our next meeting.
    - **JNCC Notes:** : We noted the notes of the JNCC meetings taken place since our last meeting.
    - **Work plan:** We noted our work plan.

Background

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

Recommendations

The Board is requested to note this report for assurance.

NHS
Worcestershire Acute Hospitals NHS Trust

Putting patients first May 2019

Meeting	Trust Board
Date of meeting	10 September 2020
Paper number	G1

Infection Prevention & Control Update: COVID-19 Board Assurance Framework

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

Accountable Director	Vicky Morris, CNO		
Presented by	Vicky Morris, CNO	**Author /s**	Tracey Cooper Deputy DIPC

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

Report previously reviewed by		
Committee/Group	Date	Outcome
TME	Jun/July	Approved
QGC	Jun/July	Received for assurance
TME	19-8-20	Approved
QGC	26-8-20	Received for assurance

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

Executive summary	The QGC endorses the level 6 overall assurance. The only criterion not at level 6 is Criterion 3, Antimicrobial Stewardship. QGC have rigorously tested the actions in place and are assured that this criterion is being managed appropriately. This report sets out: 1. The actions which are being taken in relation to Criterion 3: Antimicrobial Stewardship, in order to rapidly increase pace, grip and assurance on this issue. 2. A summary of the arrangements in place to monitor hospital-acquired COVID-19 infections and rapidly identify possible outbreaks.

Risk	
Key Risks	*Board Assurance Framework Risk 3* 4328 – COVID prevention and management 3001: Antimicrobial stewardship 3341: *Clostridioides difficile* infection
Financial Risk	Managing each case of healthcare-associated infection (HCAI) uses resources which could be used more effectively to treat other patients. Increased levels of HCAI will result in increased treatment costs to WAHT, whereas reducing infection will help ensure best use of resources in line with trust strategy.

Meeting	Trust Board
Date of meeting	10 September 2020
Paper number	G1

Assurance	Level 3 assurance is recommended in relation to Criterion 3: Antimicrobial Stewardship based upon the COVID BAF self-assessment work.

NHS
Worcestershire
Acute Hospitals
NHS Trust

Putting patients first May 2019

Meeting	Trust Board
Date of meeting	10 September 2020
Paper number	G1

Introduction/Background

Following our detailed self-assessment process against this assurance framework, including discussion at TME and QGC in June, July and August 2020 we have declared an overall Level 6 assurance of compliance.

For Criterion 3 - Antimicrobial Stewardship we self-assessed Level 3 assurance, which was in line with pre-pandemic concerns on antimicrobial stewardship.

The CQC has now also issued an Emergency Support Framework (EAS) which they are using during the current pandemic to assess and monitor Trusts. The EAS covers the criteria in the COVID BAF. An engagement call was held with the Chief Nurse (Director of Infection Prevention and Control, DIPC) and the Deputy DIPC on 16-07-2020 reviewing our detailed self-assessment.

The outcome report confirms that the Board has evidence of compliance for all criteria except Criterion 3: Antimicrobial Stewardship. However, due to this gap in assurance the CQC report summarises that they have found the Board is not assured the Trust has effective infection prevention and control measures in place. The CQC report was reviewed by the QGC on 27 August.

The report links to the Hygiene Code and all the COVID- related risks.

Issues and options

Action on Antimicrobial Stewardship (criterion 3)

There is an urgent need to achieve a step-change in focus and action on antimicrobial stewardship. In response the following actions are being taken:

- The Antimicrobial Stewardship Steering Group commenced meeting again on 06-08-2020, with Divisional representatives attending.
- Key actions were agreed with Divisions, focussing on:
- Ward round antimicrobial audits, using national *Start Smart Then Focus* tools
- Divisional action to undertake an antimicrobial clinical audit and improvement project, using teams of junior doctors
- Divisional review of antimicrobial prescribing for patients with *Clostridioides difficile* infection
- An awareness campaign is being planned to ensure all prescribers are aware of the national *Start Smart Then Focus* principles, evidence-base and toolkit. It is planned to launch this in early September 2020

In addition the Chief Medical Officer, Chief Nurse, DIPC and Director of Pharmacy have set out the actions needed to improve the assurance level and we reported to QGC that this should be level 6 by the end of the calendar year.

Healthcare-Associated COVID Infection (HCAI) (criterion 5**)**
In line with a national letter issued on 24-06-2020 we have in place a robust process based upon automated reporting, to detect and formally review any patient who develops a COVID infection which is deemed to be probable or definitely acquired in hospital. This process includes monitoring for any outbreaks of infection with COVID.

Meeting	Trust Board
Date of meeting	10 September 2020
Paper number	G1

In July 2020 there was 1 patient who met the HCAI probable definition. A root cause analysis review has been performed and was discussed at a system meeting in August in line with national requirements. There were none in August 2020.

From week commencing 17-08-2020 a CCG-led group is reviewing and sharing learning from any HCAI COVID patients across the local health system. We are actively participating in this group.

Recommendations

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

Appendix

NHS
Worcestershire Acute Hospitals NHS Trust

Putting patients first May 2019

Meeting	Trust Board
Date of meeting	10 September 2020
Paper number	G2

Trust Management Executive

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

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

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

Report previously reviewed by		
Committee/Group	Date	Outcome

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

Executive summary	This report gives a summary of the items discussed at the Trust Management Executives (TME) held in July and August 2020. Members will see that there is a clear line of sight between the Board, Committees and TME.

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

NHS
Worcestershire
Acute Hospitals
NHS Trust

Meeting	Trust Board
Date of meeting	10 September 2020
Paper number	G2

Introduction/Background

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

Issues and options

Since my last report at the July 2020 Board, TME has met on 22 July and 19 August 2020. This report covers both meetings.

COVID-19

- **Recovery & Reset** (Trust Board)

Items presented which were then considered by the People and Culture Committee (July)

- **Workforce Race Equality Standards and Staff Representation**
- **Integrated People and Culture Report**
- **Integrated bank and agency report (including audit outcome)**
- **Integrated recruitment and retention report**
- **Nurse and midwifery staffing report** (also discussed at QGC, July)
- **Fit and proper persons annual audit**
- **Responsible Officer report (medical appraisal and revalidation)**

(October)

- **Guardian for Safe Working**
- **Workforce Disability Equality Standards**

Items to be presented to Audit and Assurance Committee (September)

- **Job Planning – Internal Audit report**
- **Bank and agency – Internal Audit report**
- **Internal Audit – annual plan**
- **Financial Management Arrangements**
- **Standing Orders** (Trust Board, September, considered by Audit and Assurance in July)
- **Standing Financial Instructions and Scheme of Delegation** (Trust Board, September, considered by Audit and Assurance in July)

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

- **Integrated Performance Report**
- **Home First Worcestershire**
- **N365 national proposal for local adoption** (agreed by Trust Board, July)
- **Outsourced extension for ComputerCentre**
- **Financial performance report (M3)**
- **Eleka Service Contract**

(August)

- **Integrated Performance Report** (Trust Board, September)
- **Home First Worcestershire** (Trust Board, September)

Meeting	Trust Board
Date of meeting	10 September 2020
Paper number	G2

- **Financial performance report (M4)**
- **PFI Managed equipment** (Trust Board, September)
- **Annual Blood and Blood Products Supply Contract** (Trust Board, September)

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

- **Integrated Quality Report**
- **Patient Support during COVID-19**
- **Infection control BAF**

(August)

- **Section 31 notices**
- **QIA Panel Report**
- **Quality Account** (Trust AGM, September)
- **Saving Babies' Lives**
- **Integrated Quality Report**
- **Infection Control BAF** (Trust Board, September)
- **Harm Review Panel**
- **Safeguarding Annual Report**
- **Complaints Annual Report**
- **Quality Review Service Annual Report**

Other items

- **Staff App**
- **Update from radiology network**
- **Allocate Business Case for additional licences**
- **International Nurse Recruitment Business Case**
- **Nebuliser serious incident**
- **Evaluation of COVID-19**
- **Information Governance Steering Group**
- **Integrated Care of Older People's Service** (chair's action to move forward given)

Recommendations

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

Appendices

NHS
Worcestershire Acute Hospitals NHS Trust

Putting patients first May 2019

Meeting	Trust Board
Date of meeting	10 September 2020
Paper number	G3

Audit and Assurance Committee Assurance Report

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

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

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

Report previously reviewed by		
Committee/Group	Date	Outcome

Recommendations	The Trust Board is requested to • Note the report for assurance.

Executive summary	This report summarises the business of the Audit and Assurance Committee at its meeting held on 14 July 2020.

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

NHS
Worcestershire
Acute Hospitals
NHS Trust

Meeting	Trust Board
Date of meeting	10 September 2020
Paper number	G3

Introduction/Background

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

The Committee has met once since the last report on 14 July 2020.

Issues and options

Key areas discussed are as follows:

- **Freedom to Speak Up**: We were delighted to welcome Mel Hurdman to her first meeting. We heard that the Trust is the third most improved Trust for accessing the FTSU service. We were pleased to hear the work that she is undertaking including the additional publicity in respect of the role of Champions. We were also pleased to learn about the work being undertaken with the IDEA network and the recruitment of a BAME champion.
- **Annual Audit Letter:** The final letter (as received by the Board in its July meeting) was presented. It was confirmed that the Trust is reviewing stock control mechanisms.
- **Internal Audit Revised work plan**: The revised plan was agreed. The work will cover 75% of the initial work agreed.
- **Internal Progress Report**: We were pleased to see that the number of outstanding actions has decreased again. We approved the Client End Controls Internal Audit Report (significant assurance).
- **Counter Fraud Annual Report**: The self review tool assessment was rated as green. The report summarised the work already reported to the Committee during the year. The staff survey has not been undertaken this year due to staff fatigue of surveys. This survey will be undertaken in 2020/21.
- **Audit and Assurance Annual Report**: The Committee approved the Annual Report which is appended to this report.
- **Gift and Hospitality Register (2019/20)**: This was approved and is attached this report.
- **Standing Orders/Standing Financial Instructions/Scheme of Delegation**: The revised documents were approved and are on the agenda for this Board meeting.
- **Debit Write Off**: We approved the write of circa £20k of debit. We were very pleased to hear of the work undertaken with the Health and Care Trust to clear the outstanding debts.
- **Board Assurance Framework (BAF)**: We received the BAF which was approved by the Board in July. We were assured by the process that had been undertaken with this update.
- **GGI – Priorities for the Audit Committee**: This useful paper was discussed by the Committee and as a result we have requested papers on the emergency preparedness and lessons learnt (September) and risks and assurance within the integrated care system (November).
- **Costing Programme Update**: This subject will be added to the internal audit long list for 2021/22. We asked for the group being set up to link to the productivity agenda.

The Chair of the **Trust Management Executive (TME)** (the CEO) attended and we discussed its effectiveness. We were satisfied with the development of TME as the 'engine house' of the Trust. We were pleased with the ownership of the agenda by the clinicians which is helping to drive a clinically-led organisation.

Meeting	Trust Board
Date of meeting	10 September 2020
Paper number	G3

The Chair of the **Risk Management Group (RMG)** (the CNO) attended for the six monthly risk management update. We understood that due to COVID-19, progress has been slower than expected. However the updated risk management strategy went was approved by the Board in March and the Board Development session agreed revised risk appetite statements. The command and control system and operational framework enabled the COVID-19 risks to be considered through this route. The RAIT tool will continue to be utilised for the management of COVID-19 risks. An interim Director of Risk and Governance has been appointed for two days a week until the end of March. The post holder will also undertake an assessment on the risk maturity.

Recommendations

The Trust Board is requested to

- Note the report for assurance.

Appendices

Annual Report
Gifts and Hospitality register