Worcestershire NHS
Acute Hospitals NHS Trust

There will be a meeting of the **Worcestershire Acute Hospitals NHS Trust Board** on
Wednesday 2 March 2016 at 09:30 in
Charles Hastings Education Centre, Worcestershire Royal Hospital
Harry Turner
Chairman

AGENDA

1	**Welcome and apologies for absence**	Chairman	
2	**Patient Story**	Interim Chief Nursing Officer	
3	**Items of Any Other Business** *To declare any business to be taken under this agenda item.*		
4	**Declarations of Interest** *To declare any interest members may have in connection with the agenda and any further interest(s) acquired since the previous meeting.*		
5	**Minutes of the previous meeting** *To approve the Minutes of the meeting held on **3 February 2016** as a true and accurate record of discussions.*	Chairman	**Enc A**
6	**Matters Arising**	Chairman	**Enc B**
7	**Questions from the Public** *Questions relating to items on the agenda only should be provided in advance to the kimara.sharpe@worcsacute.nhs.uk by 12 noon on Tuesday 1 March 2016.*		
8	**Chairman's Update Report** *For information*	Chairman	**Verbal**
9	**Chief Executive's Report** *For assurance*	Interim Chief Executive	**Enc C**
	BOARD ASSURANCE FRAMEWORK INTEGRATED PERFORMANCE REPORT		
10.1	**Integrated Performance Report** • **18 weeks referral to treatment** • **Cancer** • **A&E four hour wait** *For assurance*	Director of Strategy, Planning and Improvement	**Enc D1**
	PATIENT SAFETY & EXPERIENCE Board Assurance Framework 2902, 2891, 3038, 2895, 2898,		
11.1	**Quality Governance Committee report** *For assurance*	Committee Acting Chair	**Enc E1**
11.2	**PCIP Update** *For assurance*	Director of Strategy, Planning and Improvement	**Verbal**

WORKFORCE **Board Assurance Framework 2678, 3028, 2893, 2894, 2932, 3904, 2899**			
12.1	**Nursing and Midwifery Workforce** *For assurance*	Interim Chief Nursing Officer	**Enc F1**
STRATEGY **Board Assurance Framework 2665, 2905**			
13.1	**The Future of Acute Hospital Services in Worcestershire Clinical Model** *For assurance*	Interim Chief Executive	**Enc G1**
FINANCE AND PERFORMANCE **Board Assurance Framework 2790, 2888, 2668**			
14.1	**Finance and Performance Committee** *For assurance*	Committee Chair	**Enc H1** **To follow**
14.2	**Financial Performance Report** *For assurance*	Interim Director of Finance	**Enc H2**
GOVERNANCE			
15.1	**Board Assurance Framework : Review of Board Assurance Risks - Rating and Mitigation** *For approval*	Chairman	**Enc I1**
16	**Any Other Business**		
	Date of Next Meeting The next public Trust Board meeting will be held on **Wednesday 6 April 2016, Alexandra Hospital Board Room, Redditch**		

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

Worcestershire NHS
Acute Hospitals NHS Trust

MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON

WEDNESDAY 3 FEBRUARY AT 09:30 HOURS

Present:

Chairman of the Trust:	Harry Turner	Chairman
Board members: (voting)	John Burbeck	Vice Chair and Non-Executive Director
	Mari Gay	Interim Chief Nursing Officer
	Rob Cooper	Interim Director of Finance
	Stephen Howarth	Non-Executive Director
	Rab McEwan	Interim Chief Operating Officer
	Bryan McGinity	Non-Executive Director
	Andy Phillips	Interim Chief Medical Officer
	Andrew Sleigh	Non-Executive Director
	Chris Tidman	Interim Chief Executive
Board members: (non-voting)	Denise Harnin	Director of Workforce & Organisational Development
	Sarah Smith	Director of Strategy, Planning and Improvement
	Bill Tunnicliffe	Associate Non-Executive Director
	Lisa Thomson	Director of Communications
	Lynne Todd	Board Advisor
In attendance:	Paul Crawford	Patient Representative
Minutes:	Nicky Langford	PA to Chairman/Chief Executive
Public Gallery:	Press	2
	Public	7
Apologies:	Stewart Messer	Chief Operating Officer
	Kimara Sharpe	Company Secretary
	Mark Wake	Chief Medical Officer
	Marie-Noelle Orzel	Improvement Director

191/15 **WELCOME**

The Chairman welcomed members of the press and public to the meeting and introduced Dr Bill Tunnicliffe, Associate Non-Executive Director.

192/15 **PATIENT STORY**

The Interim Chief Nursing Officer described the case of an 86 year old female patient admitted to hospital at the end of October 2015, she was declared medically fit for discharge after 6 days; but was not discharged until 1 February 2016.

She explained that the patient required 1:1 nursing due to the risk of falls and also required multiple assessments, but no care homes would take the patient and this involved escalation to executive level and following intervention a suitable placement

was found. She stated that this protracted delay was detrimental for the patient as well as a poor use of resources.

The Interim Chief Operating Officer stated that such patients are defined nationally as "stranded patients" and measures had begun to be introduced to address the needs of stranded patients; for example patients that had been in hospital for 9 days, would be automatically reviewed on a daily basis with a view to expedite discharge. He stated that for frail elderly patients, hospital was not the best place to be and they were at less risk of falls and confusion if cared for at home, plus beds would be freed up for other patients. He added that work was taking place across the health economy to address this.

In response to Mr Howarth, the Interim CNO confirmed that ward costs had risen due to the very high additional costs of 1:1 nursing.

Following discussions, the Interim Chief Executive confirmed that the issue was being addressed via the System Resilience Group with a focus on providing the right care to the patient, but it would also discuss the resource implications.

Resolved: that
The Board

- **Noted the content of the story**
- **Noted the work taking place across the health economy via the System Resilience Group to address the needs of "stranded patients"**
- **The Interim Chief Executive agreed to circulate the recent publication from the NHS Confederation "Growing Old Together"**

193/15 **ANY OTHER BUSINESS**

No other items of business were raised

194/15 **DECLARATIONS OF INTERESTS**

The Board noted the following declarations of interest from Dr Bill Tunnicliffe:-

- Spouse works for Worcestershire Acute Hospitals NHS Trust
- Main employment – University Hospitals Birmingham NHS Foundation Trust
- Associate Medical Director (UHBNHS FT) with responsibility for appraisal and revalidation of medical staff
- Co-investigator – NIHR HTA funded trial (REST study Ref 13/141/02)

The Board noted the following declaration of interest from the Chairman:-

- Trustee for Worcestershire Breast Unit – The Haven

195/15 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 2 DECEMBER 2015**
Resolved: that

- **The Minutes of the public meeting held on 2 December 2015 be confirmed as a correct record and be signed**

196/15 **MATTERS ARISING/ACTION SCHEDULE**
Minute 116/15 – It was noted that the Executive Team were developing a proposal on 7-day services for discussion at the May Board meeting. The Interim COO agreed to circulate the baseline audit undertaken which set out the services already being provided 7 days a week.

Minute 140/15/2 – It was noted that a new trajectory tool was being used to develop the PCIP and a report in the new format would be available from March.

Minute 117/15/1 – It was noted that the OD Strategy would be discussed at a future Board seminar.

197/15 **QUESTIONS FROM MEMBERS OF THE PUBLIC**

A question had been received from Mr P McNally – Does the Trust monitor, and make public, data about review appointments with clinics being delayed because of capacity problems. Has the Trust any concerns about the capacity of any particular clinic?

The Interim COO stated in response that follow-up waiting lists and clinic capacity were monitored via the relevant directorates. There were internal follow-up waiting list reports including the target date for the follow up appointment. The data was not made public; there was no national requirement or expectation to report on follow-up waiting times and/or delayed follow ups. He added that there were particular issues currently in Dermatology, Gastroenterology and Respiratory Medicine which had the longest waiting times, but confirmed patients were being managed in time order and active recruitment was taking place to fill vacancies in all three specialties, which were in regular contact with the affected patients.

A question had been received from Graham Vickery – How will the definition of the local unit of planning for development of the 5-year Sustainability and Transformation Plan becoming Herefordshire and Worcestershire improve the prospect of financial viability for WAHT?

The Director of Strategy, Planning and Improvement responded that planning across a larger geographical footprint might provide a greater opportunity to achieve clinical and financial sustainability in a number of service areas, and this was becoming increasingly recognised as a model for future sustainability. The Trust would be looking at how this approach might be developed across Worcestershire and Herefordshire but it was too soon to say what this might mean in terms of the financial position.

198/15 **Chairman's Report**

The Chairman reported that the process for appointing a substantive Chief Executive had been deferred and confirmed that the Interim Chief Executive had agreed to continue in the role in the medium term to provide some stability.

He advised that revisions to sub-committee membership and chairmanship had been circulated in the recent corporate governance handbook.

He reported on a recent meeting with the Chairman of the Breast Unit Campaign and Chairman of Haven Breast Charity, which had been raising capital funds for the Breast Unit. He confirmed that the campaign had now folded and a new charity launched "Worcestershire Breast Unit Haven" and he had accepted a position as Trustee of the new charity. He congratulated all concerned in raising the funds for the new Breast Unit, which was a significant achievement.

Resolved: that
The Board

- **Noted the deferral of the recruitment process for the Chief Executive position**
- **Noted the revised sub-committee membership and chairmanship**
- **Noted the establishment of a new charity in relation to the Breast Unit**

199/15 **Interim Chief Executive's Report**

The Interim Chief Executive presented the report circulated with the agenda (Enclosure C) and highlighted the main points.

He reported that discussions had commenced recently with Wye Valley to agree areas of partnership that would work clinically; e.g. the two organisations already shared a rota for Vascular services.

He advised that a very successful recruitment event had been held attracting 120 people on the day. He was confident now that the clinical model had been agreed for future services, that this reinforced the message that the Trust had three vibrant hospitals and would be able to attract candidates and fill vacancies, which in turn would reduce expenditure on agency staff.

He reported that the Breast Unit was scheduled to open at the end of February and registered his thanks to all those involved in the development. He confirmed that building work continued on the expansion to the Accident and Emergency Department, which would be completed in late April.

He recorded his thanks to all staff who worked hard to maintain services during the recent industrial action and confirmed plans were in place in readiness for the next proposed day of industrial action on 10 February.

Resolved: that
The Board,

- **Noted the successful recruitment event**
- **Noted the Breast Unit update**
- **Noted the contents of the report**

200/15 **BOARD ASSURANCE FRAMEWORK/INTEGRATED PERFORMANCE REPORT**

200/15/1 **Board Assurance Framework**

It was agreed to discuss the Board Assurance Framework and risk ratings at the end of the meeting.

200/15/2 **Integrated Performance Report**

The Director of Strategy, Planning and Improvement presented the report circulated with the agenda (Enclosure D2) and highlighted the main points. She reported compliance for the second month on the 92% RTT incomplete pathways target and highlighted progress against other key targets.

The Interim COO explained that the CT Scanner at Worcestershire Royal Hospital had failed for 5-7 days so activity had been restricted in this period; also the scanner at Kidderminster was out of action whilst awaiting a part to be delivered from Germany. This had impacted on the diagnostic target.

Following a query by Mrs Todd regarding sub acute stroke capacity, the Interim COO that the Best Practice Urgent Care Group was undertaking an urgent review to create the required capacity. He advised that there was a 28 bed stroke ward which was permanently full due to inadequate step down facilities.

The Interim CNO confirmed for Mr McGinity, that following a lapse in complaint response times, this had now been rectified.

Following a further query from Mr McGinity regarding hip fracture patients "time to theatre", the Interim CMO shared the results of a recent deep dive into theatres, which had been addressed with the Divisional teams and clinical directors. He confirmed that a business case was being prepared for additional trauma capacity. He stated that the issue had been recognised and was being addressed; he stated that very few patients were given priority over FNF patients and actions were in place and being progressed.

The Interim Chief Executive referred to page 11 of the report, indicating that this exemplified the significant pressure services were under, with a 9% increase in ambulance conveyance in January. He stated that staff were coping well under the pressure but wished to place on record the likely impact on elective activity and waiting times.

In response to Mr Burbeck regarding multiple/repeat attenders, the Interim COO confirmed that this issue was discussed at the Best Practice Urgent Care Group and increases had been noted and a deep dive had been initiated to begin to develop a coherent strategy. He added that initial analysis revealed this was an issue more prevalent at the Alexandra Hospital.

The Interim Chief Executive reported that there were on-going discussions with commissioners to address the challenged specialties, in particular a new pathway for dermatology patients, as the CCG was currently imposing heavy fines and it was likely that notice would be given to CCGs that Trust would no longer provide this service due to capacity constraints and financial losses.

Resolved: that
The Board:-

- **Received the Integrated Performance Report for December**
- **Noted the actions described in the report**

201/15 **PATIENT SAFETY & EXPERIENCE**

201/15/1 **Quality Governance Committee**

Mr Burbeck presented the report from the Quality Governance Committee (Enclosure E1) and highlighted the key points.

He stated that representatives from the Medicine Division had attended the meeting to talk about issues and their approach to solving them; he stated that they were very honest and open about their challenges and had good ideas to address them.

He sought approval of the revised Terms of Reference for the Committee which were agreed. He advised of a new process to learn from never events.

The Interim Chief Executive requested an evaluation of falls and pressure ulcers and for this to be monitored through the QGC; it should be triangulated with stranded patients and the Committee should report back findings in due course. The Interim CNO agreed to do this.

Resolved: that
The Board

- **Considered the discussion in respect of the key risks**
- **Noted the 50% mortality review rate and the actions being taken to improve the rate**
- **Noted the increase in DTOC Patients**
- **Noted the poor VTE documentation**

- **Noted the lack of assurance in respect of water quality on the WRH site**
- **Noted the divisional deep dive for medicine**
- **Noted the never event report and the assurance given in respect of stress testing**
- **Noted that the QGC received PCIP action plans in respect of Quality and Governance, Infection Control and Mortality**
- **Approved the terms of reference (appended)**
- **Noted that a report will be presented in due course following analysis of falls and pressure ulcers, triangulated to stranded patients**
- **Noted the report**

201/15/2 **PATIENT CARE IMPROVEMENT PLAN – DECEMBER 2015 OVERSIGHT REPORT**

The Director of Strategy, Planning and Improvement presented the Patient Care Improvement Plan as at December 2015 (Enclosure E2) and highlighted the main points. She stated that the report had been updated to incorporate the issues from the CQC inspection and would develop in the coming months to demonstrate improvements. She added that the Improvement Director was intensively involved in the development of PCIP and in particular to help staff understand the importance.

Mrs Todd requested that an individual tab within the section on women and children's services be incorporated to show detailed actions at a local level.

Following discussion, it was agreed to re-launch the PCIP across the organisation at the beginning of March in order to gain more ownership across the Divisions. In response to the Chairman, the Director of SPI explained that a gant chart will be included setting out milestones to monitor against improvement measures.

In response to Mr Sleigh, the Director of SPI confirmed that a separate piece of work was being undertaken with the Improvement Director to track improvements on the five CQC domains.

In response to Mr McGinity, the Director of HR confirmed that feedback from exit interviews was not captured centrally and better ways of obtaining the feedback at source were required and she agreed to look at this.

Resolved: that
The Board

- **Reviewed progress with the PCIP to date and noted its development to incorporate the Must Do and a selection of the key Should Do actions arising from the CQC Inspection Report**
- **Noted that a new presentation of the PCIP is being developed to include clear trajectories for the delivery of the improvement objectives and associated actions for each section, and to ensure greater consistency in reporting**
- **Noted that the PCIP will be re-launched in early March**
- **Noted that the PCIP include a tab for women and childrens' services showing actions at the local level.**
- **Noted that the Director of HR will look into improved methods for capturing exit information at source and capturing centrally**

201/15/3 **CHIEF INSPECTOR OF HOSPITALS REPORT AND TRUST RESPONSE**

The Interim CNO presented the report circulated with the agenda (Enclosure E3) and highlighted the key points.

She stated that internal champions had been identified which helped with preparations for the inspection; they would continue to assist with preparation for further inspections and help staff on the frontline to understand the ratings. She advised that a further formal inspection would take place later in the year and mini-mock inspection would be arranged for May. She confirmed that support from "buddy" Trusts had been identified – Birmingham Women and Children's Hospital NHS Trust would be working with the Women and Childrens Division on an agreed set of outcomes and Oxford University Hospitals NHS Trust would also be supporting the Trust on developing clinical governance. The Improvement Director would be arranging specific areas of work with the buddy Trusts.

The Interim CNO agreed to notify Mr Burbeck by email regarding the 2 outstanding matters to be completed (page 4 of the report).

Resolved : that
The Board received assurance that:-

- **The process for managing the requirements of the Chief Inspector of Hospitals report**
- **The CQC and TDA post-inspection reporting requirements were being complied with**
- **Arrangements were in place to prepare for the CQC's re-inspection of the Trust**
- **The buddying arrangements were being developed with other hospital Trusts.**

202/15 WORKFORCE

202/15/1 **Workforce Assurance Group**

Mr John Burbeck, Committee Chair, reported on discussions held at the meeting on 2 February 2016. He stated that active recruitment was taking place and he was satisfied that intensive effort was being made to fill vacancies and expected an improvement in the position soon. He stated that monitoring of safe staffing levels continued and close working with Worcester University. It was noted that a joint Executive Team meeting had been held on 2 February and the University executives were very enthusiastic to work with the Trust.

The Director of HR advised that discussions had taken place with the University involving the Interim CNO scoping the potential to strengthen the working relationship and develop new initiatives, clinical skills training, and professional development/ leadership. She stated that the Trust was also working with Health Education England on leadership development.

Resolved: that
The Board

- **Noted the report**

202/15/2 **Nursing and Midwifery Workforce**

The Interim CNO presented the nursing and midwifery workforce report (Enclosure F1) and highlighted the main points. She referred to page 4 of the report specifically "safer staffing levels" and described an initiative to introduce a Band 4 role to provide some aspects of care and change the profile of qualified and unqualified staff ratios. She confirmed that staff were being engaged in relation to the revalidation process and would be supported as they were going through this process.

Resolved that
The Board received and noted:-

- **The nursing and midwifery workforce metrics and associated action**
- **The safe staffing status**
- **The workforce review**
- **The state of preparedness for revalidation**

202/15/3 **Medical Revalidation**

The Interim CMO presented the medical revalidation quarterly report (Enclosure F2) and highlighted the main points. He explained that he had a statutory duty to make judgements and recommendations to the General Medical Council on whether doctors were revalidated or not. He highlighted an area of concern relating to Specialty Doctors; the vast majority had participated but support was being directed as appropriate. He confirmed that he regularly attended the Responsible Officer network events as part of his responsibilities. He also confirmed that the post of clinical lead had been re-advertised.

Resolved that
The Board:-

- **Noted the current status and supported the required actions for medical appraisal and revalidation to achieve Trust and national targets**

202/15/4 **The Big Conversation**

The Director of Communications presented the report circulated with the agenda (Enclosure F3) and highlighted the main points. She conveyed the feedback from the first round of "big conversation" initiatives and confirmed a set of recommendations and proposals had resulted. She advised that a Staff Engagement Group would be established to help shape the "big conversation" initiative and progress the work. She reported that during April a "learning in action" style initiative would be launched.

She reported that a Media Policy had been agreed at the Workforce Assurance Group on 2 February which sets standards for appropriate use of social media. She explained that staff and departments will be encouraged to have their own twitter feed and an initial launch of "#fact", so when an issue is raised, a response setting out the correct information can be used with this hash-tag.

Resolved that
The Board:-

- Considered and noted the suggestions and responses to the first round of the Big Conversation
- Supported the formation of a Staff Engagement Group
- Noted and commented on the proposed next steps

203/15 **STRATEGY**

203/15/1 **The Future of Acute Hospital Services in Worcestershire (FoASHW)**

The Interim Chief Executive presented the report circulated with the agenda (Enclosure G1), setting out the agreed clinical model for acute hospital services in Worcestershire. He confirmed that clinical consensus had been reached on configuration of services for the county. He thanked the clinicians involved in working through the models to reach agreement. He stated that the main concern was the paediatric pathway for the Alexandra Hospital and plans were in place to maintain 80% of attendances. He confirmed that public consultation would now take place and that the Trust would take appropriate action in the meantime if services become fragile.

Lucy Noon, Project Director confirmed that the agreed model would now be sent to the Clinical Senate to review and agree the final elements and to negotiate the timescales.

The Interim Chief Executive was optimistic that this would now improve recruitment to vacancies, which would help to reduce agency costs and it would be important to build on this to continue to address financial challenges. He emphasised that 95% of services would remain the same and this was an important message to the public that the vast majority of patients would be seen and treated as they are now. He emphasised that all three hospitals had a firm and vibrant future and that although some services would move from the Alexandra Hospital it would also be necessary to move some services from the Worcestershire Royal Hospital to the Alexandra Hospital.

Resolved that
The Board

- **Received and endorsed the changes to the clinical model which was previously approved by the FoASHW Programme Board**
- **Reaffirmed support for the case for change**
- **Noted the proposed timescale to be agreed with the clinical senate**

204/15 **FINANCE AND PERFORMANCE**

204/15/1 **Finance and Performance Committee Report**

Mr John Burbeck, Committee Chair, presented the report from the Finance and Performance Committee held on 29 January 2015 (Enclosure H1) and highlighted the main points.

Resolved that:-
The Board

- Received the concern expressed about the further deterioration of the financial position.
- Noted the forecast before mitigations (and excluding additional winter capacity costs) stood at £65.1m and the proposed actions to improve the position
- Received the committee's concerns regarding the precarious cash position and the escalation in reporting to the Department of Health
- Noted the likelihood of mediation/arbitration on the local CCG contract positions
- Noted the improvement of some key performance metrics and compliance with the RTT standard for the second month running
- Noted the TDA self-assessment submission

204/15/2 **Financial Performance Report**

The Interim Director of Finance presented the financial performance report (Enclosure H2) and highlighted the main points.

He reported that the overall position was a forecast deficit of £65m, which had worsened from £61.1m. This movement was due to a reduction in forecast income, most notably the £2m impact of the removal of the Risk Share with Commissioners. He advised that work continued to reduce costs and divisions were fully committed to reduce costs by £10m, having already achieved £6.9m. He explained the cash position, in that the Trust was receiving support from Department of Health but the position was challenging due to fines from the CCGs. The Trust was continuing to be fined for RTT performance despite meeting the target as a Trust. Fines were being levied on an individual commissioner and specialty level

The Trust must rigorously pursue the identified recovery actions in order to tackle the

adverse financial position and urgently demonstrate an improvement in the run rate. This must focus on:-

- Exploiting CDU and Ambulatory Care
- Compliance with new controls on non-pay restrictions
- Locum expenditure being micro-managed
- Increased targets and micro management of nursing agency
- Further theatre productivity gains
- Manage down MFFD
- Ensuring new costs do no enter the system

The DoF confirmed that the locally agreed deadline for reaching a year end settlement (including 14/15 outstanding issues) had passed and that the TDA/NHS England were facilitating health economy wide meetings to support the agreement of year end positions. Failure to agree would result in the Trust disputing fines and/or seeking re-investment due to mitigating circumstances.

The Interim Chief Executive emphasised the need to continue to reduce agency expenditure and keep patients flowing through the system. He believed it was vital to both restore and retain credibility by delivering the agreed £10m and sought closure of winter capacity beds as soon as possible.

Mr McGinity queried the adverse variance on non-pay and how this related to the forecast variance. The Interim Chief Executive responded that this was a presentation issue in relation to how impairments were dealt with. This would be re-aligned and a more accurate trajectory would show between year to date and year end. The Interim DF agreed to email Mr McGinity with an analysis of this variance.

The Interim Chief Executive confirmed that the Executive Team would formulate plans including a trajectory encompassing stricter controls on operational issues when more ambulatory care was available and reducing stranded patients. The Chairman asked that these be tracked against risk 2888

Resolved that:-
The Board:-

- **Received the financial performance report and the risks that it highlighted**
- **Noted that the TDA and Monitor had set out a list of priorities for the remainder of 2015/16 (set out in appendix 4), listing a number of areas for review. A return was due to the TDA setting out progress by 29 January 2015**

205/15 **GOVERNANCE**

205/15/1 **Audit and Assurance Committee Report**

Mr Bryan McGinity, Committee Chair, presented the Audit and Assurance Committee Report (Enclosure I1) and asked for agreement to the revised Terms of Reference – this was agreed.

The mid-year governance statement was not included with the paper and would be circulated separately.

Resolved: that
The Board

- **Noted the revised approach to risk management**
- **Noted the whistleblowing report into movement of staff**
- **Noted the internal audit reports of "moderate assurance" for serious incidents and medical revalidation**

- **Approved the mid-year annual governance statement**
- **Approved the Terms of Reference**
- **Noted the report**

205/15/2 **Christian and Multi-Faith Covenants**

The Interim Chief Executive presented the paper circulated with the agenda (Enclosure I2), which set out Christian and Multi-Faith covenants. He had been approached by the Chaplaincy Team to introduce the covenant to comply with best practice and a series of events would be organised to launch them. He agreed to nominate a Board member to participate.

Resolved: that
The Board

- **Approved the texts and signing of these covenants and to nominate a board member to attend ceremonies in February and April 2016 and sign the covenants on the Board's behalf**

205/15/3 **Business Continuity and Emergency Planning**

The Interim COO presented the paper Emergency Planning and Business Continuity (Enclosure I3), which had been prepared in response to recent terrorist attacks, to provide assurance of a state of readiness to respond to emergencies. He stated that the systems had been tested thoroughly on 20 December 2015 and was assured the Trust was sufficiently prepared.

Resolved: that
The Board

- **Accepted the statements of readiness in response to NHS England Publications Gateway Reference 04494**

205/15/4 **Review of Board Assurance Risks**

The Chairman led a discussion to review the board assurance risks during the course of the meeting. The following were noted/agreed where items were discussed: -

Risk	Update
2902	Discussed under the QGC report
2891	Discussed under the IPR item
3140	Responsibility to be transferred to TMC – additional column required
3038	Discussed under PCIP and report from Interim CNO
2895	Lynne Todd had attended a patient feedback event/session
2899	Transfer responsibility to TMC. Noted that Executive Team to consider proposals
2900	Not discussed during the meeting – to be picked up by Strategy and Transformation Committee
2932	Remuneration Committee to look at this risk and update the Board
2678	Discussed under the Workforce Assurance Group report
2894	Discussed under the WAG report
2893	Discussed under WAG Group Report and the Big Conversation report
2888	Discussed in Finance Report
2790	Reallocate to Finance and Performance Committee
2665	Links to FoASHW – separate out risk triggers
2094	Reallocate to WAG
2905	Reallocate to Strategy and Transformation committee

Columns to be added to include Trust Management Committee, Strategy and Transformation Committee and Remuneration Committee.

The Interim Chief Executive suggested the addition of a risk to reflect the issue of "stranded patients" - he agreed to draft a form of words and discuss at Executive Team.

Resolved that:-
The Board

- **Noted the changes to the BAF**
- **Reviewed the risk ratings, controls, assurance and mitigating actions and considered if these were reasonable**
- **Approved the risk updates**

DATE OF NEXT MEETING
The next Trust Board meeting will be held on Wednesday 2 March at 09:30 in the Charles Hastings Education Centre, Worcestershire Royal Hospital

The meeting closed at 12:35 hours

Signed _____ **Date** _____
Harry Turner, Chairman

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

PUBLIC TRUST BOARD ACTION SCHEDULE – AS AT 3 MARCH 2016

RAG Rating Key:

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

Meeting Date	Agenda Item	Minute Number (Ref)	Action Point	Owner	Agreed Due Date	Revised Due Date	Comments/Update	RAG rating
03-02-16	Financial Performance Report	14/16/2	Re. adverse variance on non-pay. The Interim DF agreed to email Mr McGinity with an analysis of this transaction.	RC	Mar 2016			
03-02-16	CIH report	11/16/3	The Interim CNO agreed to notify Mr Burbeck by email regarding the 2 outstanding matters to be completed (page 4 of the report).	MG	Mar 2016			
03-02-16	PCIP	11/16/2	PCIP to include a tab for women and children services showing actions at the local level.	SS	Mar 2016		PCIP being revised.	
7-10-15	PCIP	140/15/ 2	Develop a metric showing overall benefit of the actions to improve patient care	SS	Mar 2016		A new trajectory tool was being used to develop the PCIP and a report in the new format would be available from March.	
9-9-15	CEO report	116/15	Baseline assessment and audit for seven days services	RM	Mar 2016		Executive Team developing a proposal on 7-day services for discussion at the May Board meeting. The Interim COO agreed to circulate the baseline audit undertaken which set out the services already being provided 7 days a week.	

03-02-16	Audit and Assurance Committee Report	15/16/1	The mid-year governance statement was not included with the paper and would be circulated separately	KS	Mar 2016		Circulated 29-2-16	
03-02-16	Financial Performance Report	14/16/2	Plans including a trajectory encompassing stricter controls on operational issues when more ambulatory care was available and reducing stranded patients to be tracked against risk 2888	CT	Mar 2016		To be managed via F&P	
03-02-16	Review of Board Assurance Risks	15/16/4	CEO to agree wording with Executive Team regarding a new risk associated with "stranded patients"	MG	Mar 2016		Included on corporate register	
03-02-16	Review of Board Assurance Risks	15/16/4	Additional columns and reallocations to be carried out	MG	Mar 2016		Actioned	
03-02-16	Christian and Multi-Faith covenants	15/16/2	CEO to nominate a Board member to participate in the launch of the covenants	CT	Mar 2016		Actioned. Stephen Howarth to attend	
03-02-16	Patient Story	02/16	The Interim Chief Executive agreed to circulate the recent publication from the NHS Confederation "Growing Old Together"	CT	Mar 2016		Actioned	
03-02-16	QGC Report	11/16/1	QGC were requested to a commission a report to evaluate falls and pressure ulcers, triangulated with stranded patients data	MG	Apr 2016		Actioned	
03-02-16	PCIP	11/16/2	Director of HR will look into improved methods for capturing exit information at source and capturing centrally	DH	Apr 2016			
9-9-15	BAF risk	117/15/1	Review OD strategy at a future board development session	DH	Tba			

Worcestershire NHS
Acute Hospitals NHS Trust

Date of meeting: 3 March 2016 **Enc C**

Report to Trust Board

Title	**Interim Chief Executive's Report**
Sponsoring Director	**Chris Tidman, Interim Chief Executive**
Author	**Kimara Sharpe, Company Secretary**
Action Required	• Note the contents of the report.
Previously considered by	Not applicable

Strategic Priorities (√)

Deliver safe, high quality, compassionate patient care	√
Design healthcare around the needs of our patients, with our partners	√
Invest and realise the full potential of our staff to provide compassionate and personalised care	√
Ensure the Trust is financially viable and makes the best use of resources for our patients	√
Develop and sustain our business	√

Related Board Assurance Framework Entries	None.
Legal Implications or Regulatory requirements	None
Glossary	Sustainability and transformation plan (STP)

Key Messages

This report is provided to inform the Board on issues relating to the activity of the Trust and national policy that the Board needs to be aware of but which do not themselves warrant a full Board paper.

Title of report	Interim Chief Executive's Report
Name of director	Chris Tidman

Date of meeting: 3 March 2016 **Enc C**

REPORT TO PUBLIC TRUST BOARD – 3 FEBRUARY 2016

1 Situation

This report aims to brief Board members on various issues.

2 Background

The Chief Executive's report is provided to inform the Board on issues relating to the activity of the Trust and national policy that the Board needs to be aware of but which do not themselves warrant a full Board paper.

3 NHS Planning Guidance 2016/17 to 2020/21

The Trust has received further guidance on the planning timetable. The initial step is to focus on developing local leadership and collaboration supported by appropriate governance arrangements in order to identify a sense of the scale of the challenge in our local footprint area in the following three areas -

- health and wellbeing
- care and quality
- finance and efficiency

This has to be achieved by Easter and further national guidance and support will be provided to enable diagnosis of any current and projected gaps. This diagnosis will help to identify the key priorities that need to be tackled over the next five years.

After Easter the details of these plans will need to be developed in order to provide a broad platform for transforming local health and care services. The FoAHSW clinical model will form an integral part of this.

The government's Spending Review settlement has resulted in a Sustainability and Transformation Fund of £2.139bn for 2016/17. Of this, £1.8bn of funding has been allocated to the sustainability element of the fund to bring the NHS provider trust sector back to financial balance. Quarterly release of these sustainability funds to the Trust will depend on achieving recovery milestones for (i) deficit reduction; (ii) access standards; and (iii) progress on transformation.

The Sustainability and Transformation Fund will grow from £2.1bn in 2016/17 to £2.9bn in 2017/18, rising to £3.4bn in 2020/21, with an increasing share of the growing fund being deployed on transformation.

The STP will have to be submitted by 30 June 2016 and will be assessed during July 2016. In the meantime discussions are on-going with the CCGs on the concept of fixing a contract value for 2016/17 and agreeing joint programmes of work to redesign more efficient pathways to enable capacity and demand to be reduced.

4 Progress on reducing Agency Spending

The Executive Team continue to review agency spend on a weekly basis and good progress is being continued.

The revised agency list for nursing has been added to the NHSP system and is

framework compliant. There are still 26 agencies that have agreed to fill at capped rates. Eight agencies have confirmed they will not fill at capped rates and should only be approached in authorised "breakglass" situations. The list has been circulated to ensure all staff involved in booking agency cover are aware of the two tiers of agencies.

With regard to medical staff agency cover, the Trust continues to work closely with HCL Clarity and additional controls have been put in place over locum co-ordination.

A key driver in reducing the levels of agency spend in the Trust is to increase both the internal and external bank cover arrangements. Using a bank will represent the most cost effective temporary staffing solution in the short-term with the additional benefit of significant flexibility. Bank employees will either be Trust substantive employees willing to work additional hours or individuals not in substantive positions but who may have been employed by the trust previously. Two bank solutions, one for nursing and one for theatres are being developed.

The Trust is on track to ensure that all agency procurement is only through approved frameworks with effect from 1 April 2016.

5 Recognition for the Worcestershire Ophthalmology Department

Having been featured by Monitor as an exemplar of efficiency in the Cataract pathway, Tarun Sharma, CD for Ophthalmology and the team have been nominated for the HSJ Value in Healthcare Award. The nomination is a great achievement and it is suggested that the team attend the next board meeting to showcase their work.

6 Trust leadership changes

An extension to the interim arrangements for the Interim Chief Nurse, Mari Gay has been obtained until the end of April 2016 and a recruitment process for a permanent chief nurse has been commenced. Mari will be returning to the South Worcestershire Clinical Commissioning Group as Interim Chief Operating Officer, and we look forward to working with Mari in her new role.

Following Harry Turner's decision to step down as chair after today's Board meeting, the Trust Development Authority have started the recruitment process for a new chair, with a new appointment anticipated during April 2016. In the interim John Burbeck will assume the role of Interim Chair. John has been vice chair since he was appointed to the Board in 2011 and his appointment will ensure stability and continuity for the organisation.

7 Breast Unit update

The Breast Unit opened on 24th February 2016 and this promises to be a fantastic facility for the women of Worcestershire.

8 Emergency Care Improvement Programme

The Trust is included in the first wave of health and care systems within the Emergency Care Improvement Programme (ECIP) that have signed a concordat to improve urgent and emergency care for patients. Each concordat is tailored to the individual system and is based on diagnostic work undertaken by ECIP intensive support managers supported by staff within the system. The ECIP Priorities Concordat for the Worcestershire System resilience Group has been published on the

ECIP website (www.ecip.nhs.uk.) and sets out a range of improvement metrics have been identified that systems can use to keep track of progress.

9 Junior Doctors – Strike Action

It is regrettable that an agreement has not been reached between the BMA and the DH and that contract is to be imposed. Contingency plans remain in place in event of any further industrial action.

10 Consultant appointments

Please see list appended to this report.

12 Trust Management Committee (10-2-16)

12.1 Corporate risk register: This was presented to the TMC and the amendments accepted.

12.2 TACO/Clinical Services: Microbiology had achieved UCAS accreditation and was being recognised as a beacon site. One of the key concerns was the inability to gain packages for care for end of life patients across Worcestershire with increasing numbers of EOL patients staying in hospital.

Medicine: In addition to the unfunded beds, there continued to be on average 30 medical outliers per day in other specialty beds, preventing other planned work being delivered. In the meantime plans were shared for moving Silver Unit back into the main hospital and implementing ambulatory care more consistently.

Women and Children: The executive team had reviewed the staffing and activity levels since the emergency moves in November 2015. It was agreed that the quality and safety had improved, staff had adapted well and patients were satisfied with their care. The main area of concern remained Gynaecology bed capacity and the impact on elective activity. The executive team had agreed that the maternity and neonatal service remained centralised for the foreseeable future on the WRH site to address patient safety concerns. The permanent solution provision would be subject to the forthcoming public consultation.

Surgery: Plans were in place to reduce spend on agency staff and waiting list initiative sessions and mitigations continue to be in place to ensure the safety of emergency surgery pathway. Finally notice has been given that the dermatology contract cannot be continued at current rates and dialogue with CCGs would commence on the transition to a new pathway/contract.

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12.3 Safe Patient Group update: Recognised international safety indices were now accepted as key standards of care and the data was available in the Trust to analyse compliance with these standards. The informatics team had been instrumental in making this possible and divisional collaboration was now needed to take this forward as the Trust needed to catch up to the position of the other best Trusts in this area. The key areas included ICE reports, EDS completion, VTE risk assessments, mortality reviews, and #NOF admission to theatre times.

13 National Update

13.1 Lord Carter Review

The final report of Lord Carter's review into NHS productivity and efficiency - entitled 'Operational productivity and performance in English NHS acute hospitals: Unwarranted variations' – was published in February 2016, suggesting £5bn could be saved across the NHS by 2020. The report makes 15 recommendations designed to tackle this variation and help trusts improve their performance to match the best.

This work is welcomed by the Trust and will be used to shape the 2016/17 plan.

13.2 National Staff Survey

The national staff survey for 2015 was released on 23rd February 2015 and the Trust has continued to see lower than average results in terms of staff engagement and staff morale. Whilst this is perhaps not unexpected , given the many challenges experienced in 2015 and the uncertainty surrounding the FoAHSW process, this feedback reinforces the need for the 'Big Conversation' and a more proactive approach to staff engagement and development in 2016/17. The Director of HR & OD will bring the Trust's response to the next Board.

14 Recommendation

The Board is asked to

- Note the contents of the report.

Chris Tidman
Interim CEO

Date of meeting: 3 March 2016 **Enc C**

New starters for February:

Dr	**Kiritea**	**Brown**	15/02/2016	Consultant O&G
Mr	**David**	**Knox**	15/02/2016	Consultant T&O Shoulder

Leavers for February:

29/02/2016	Peter	Holland	Radiology
05/02/2016	George	Kondratowicz	Histopathology
02/02/2016	Antony	French	Cardiology

Worcestershire NHS
Acute Hospitals NHS Trust

2 March 2016 **Enclosure D1**

Report to Trust Board in Public

Title	Integrated Performance Report (January 2016)
Sponsoring Director	Sarah Smith, Director of Strategy, Planning and Improvement
Author	COO, CNO, CMO, Director of HR & OD
Action Required	The Board is asked to receive the Integrated Performance Report for January 2016. The key performance issues and the mitigating actions are described in the report itself.
Previously considered by	Finance and Performance Committee

Strategic Priorities (√)

Deliver safe, high quality, compassionate patient care	√
Design healthcare around the needs of our patients, with our partners	
Invest and realise the full potential of our staff to provide compassionate and personalised care	
Ensure the Trust is financially viable and makes the best use of resources for our patients	√
Develop and sustain our business	√

Related Board Assurance Framework Entries	2790 As a result of high occupancy levels, patient care may be compromised and access targets missed 2891 If the Trust does not learn from mortality reviews this knowledge will not be available to support improvements to patient care 2666 Inability to secure sufficient income placing the financial position at further risk and affecting long term sustainability 2888 Deficit is worse than planned and threatens the Trust's long term financial sustainability 2667 If expenses are not sufficiently contained and reduced there will be a serious impact on financial position & cash availability 2895 If we do not adequately understand & learn from patient feedback we will be unable to deliver excellent patient experience 2898 Poor communication with patients resulting in reduced quality of patient experience, complaints and reputation damage 2903 As a result of adverse publicity, Trust reputation may be damaged, negatively impacting patient confidence, & staff recruitment

Title of report	Integrated Performance Report
Name of director	Sarah Smith

Legal Implications or Regulatory requirements	Section 92 of the Care Act 2014 ("the Act") creates an offence of supplying, publishing or otherwise making available information, which is false or misleading in a material respect. The offence will apply: to such care providers and such information as is specified in regulations; and, where the information is supplied, published or made available under an enactment or other legal obligation
Glossary	IPR – Integrated Performance Report HED – Healthcare Evaluation Data SHMI – Summary Hospital Mortality Indicator HSMR – Hospital Standardised Mortality Ratio YTD – Year to Date RTT – Referral to Treatment

Key Messages

For performance in January 2016, please refer to the IPR report and Trust Board summary dashboard for the full detail.

2 March 2016 **Enclosure D1**

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST
REPORT TO TRUST BOARD – MARCH 2016

1. Situation

This paper presents an integrated corporate performance report (IPR) for January 2016.

2. Background

This paper updates the Board on the Trust's current performance against nationally and locally agreed targets and other key priorities, and summarises the actions being taken or planned to address non - compliance.

3. Assessment

Please refer to the IPR report for the full detail. The main exceptions and priorities as agreed by the Executive Team are as follows:

3.1 Emergency Access Standard

The Trust did not achieve the 95% Emergency Access Standard (EAS) in January 2016. Following a step improvement in October 2015, with performance for the Trust exceeding 90% for the first time since November 2014, performance dipped below 90% in December and in line with levels of pressure and resulting performance elsewhere in the country, has dropped to 83.5% in January.

The Trust failed to deliver the national 15 minute standard for assessment in Emergency Department (ED) for the 95th percentile wait; performance was 28 minutes in November and December and increased to 35 minutes in January. The median wait in ED for treatment was 50 minutes in January, within the national standard of 60 minutes.

3.2 18 weeks Referral to Treatment (RTT)

In line with trajectory, and for the third month running, the Trust was able to report compliance with the 18 Week referral to treatment incomplete pathways target (92%) in January 2016; Trust total 92.04%.

3.3 Cancer Performance

The 62 day target for cancer first treatment was achieved in January 2016 however the final validated information was not available to the Information Team at the time the papers were sent out.

The 2ww targets have not been achieved in January.

3.4 Diagnostics Waiting Time Standard

In January 2016, the Trust failed to achieve the target of < 1% of patients waiting longer than 6 weeks for diagnostic tests however January's performance was an improvement on December and the Trust has started to recover from the two significant equipment failures that impacted on the otherwise steady performance picture.

3.5 Finance

Title of report	Integrated Performance Report
Name of director	Sarah Smith

At Month 10 (January) the Trust reported a £50.3m deficit position. The in-month variance was £5.2m which is £0.4m better than the preceding month. Further detail including turnaround actions is provided in the Financial Performance report.

4 Recommendation

The Committee is asked to:

Note the contents of the enclosed report and actions being taken to improve performance.

Sarah Smith
Director of Strategy, Planning and Improvement

Worcestershire Acute Hospitals NHS Trust

Enc D2

INTEGRATED PERFORMANCE REPORT

January 2016

Release date: February 24th, 2016

Please note:

All data relates to January 2016 performance, unless stated otherwise.

Please note – the vertical axis on graphs differ depending the subject data. Some graphs have a reduced vertical axis to highlight detailed performance trends.

Worcestershire Acute Hospitals NHS Trust (WAHT) is committed to continuous improvement of data quality. The Trust supports a culture of valuing high quality data and strives to ensure all data is accurate, valid, reliable, timely, relevant and complete. This data quality agenda presents an on-going challenge from ward to Board. Identified risks and relevant mitigation measures are included in the WAHT risk register (Corporate risk 2908).

This report is the most complete and accurate position available. Work continues to ensure the completeness and validity of data entry, analysis and reporting.

Sarah Smith, Director of Strategy, Planning and Improvement

Worcestershire NHS
Acute Hospitals NHS Trust

Enc D2

Overview

Performance, efficiency, quality, safety and workforce metrics

***Notes**: This diagram is indicative only, and is based on trend direction of previous months' performance. Indicators on the Trust dashboard which are not RAG rated / have no set tolerances / are a subset of a high level indicator are not included. Financial performance is covered in more detail in the Trust Board Finance report.*

Performance on /above target with positive trend Number of grade 4 pressure ulcers MRSA bacteraemia Friends and family Test - A&E score Friends and Family Test - Maternity score Friends and Family Test - Acute wards and A&E score combined Never events Number of grade 3 pressure ulcers 18 week Referral to Treatment – Incomplete Stroke – TIA	**Performance on /above target with negative trend** Cdifficile 31 day cancer – first treatment (all cancers) % of eligible staff attending induction Cancer 62 days wait for first treatment from all GP referrals (all cancers)
Performance under target with positive trend Cancer - 2 week wait (breast symptomatic) **Stroke - direct admission on to stroke ward** 6 week wait for diagnostics 28 day breaches as % of cancellations A&E - unplanned re-attendance within 7 days Safety Thermometer harm free care score A&E - Ambulance handover within 15 minutes Delayed Transfers of Care (DTOC) patient snapshot Delayed Transfers of Care DTOC bed days Nursing staff turnover (Unqualified)	**Performance under target with negative trend** **Stroke - 80% of stroke patients spend 90% of time on stroke ward** Falls with serious harm Infection control - MRSA screening (including high risk wards) Bed occupancy (WRH) & (ALX) Urgent operations cancelled for a second time % of medical staff who have had appraisal Hip fracture - time to theatre A&E - 4 hour Emergency Access Standard Serious Incidents open over 60 days and awaiting closure VTE A&E - Time to initial assessment (all patients) – 95th %tile % approved risks with overdue action Sickness absence monthly Staff turnover % of non-medical staff who have had appraisal A&E - Ambulance handover within 30 minutes Cancer - 2 week wait (all cancers) % of eligible staff completing statutory and mandatory training Number of vacancies (reconciliation of finance and HR data required) Nursing staff turnover (qualified) Category 2 Complaints responded to within 25 days

Summary

National / NHS Constitution Standards

For the third month running, in January 2016, the Trust was able to report compliance in with the target of 92% of elective care pathways being completed within 18 weeks whilst the total backlog has remained fairly static. Performance against the 62 - day referral to treatment standard for (all) cancers was also achieved in January in line with trajectory and there was a further reduction in the number of cancer long waiters.

Performance against the emergency access standard dropped from 89.07% in December to 83.55% of patients in January attending A&E and waiting four hours or less to be seen, treated or admitted.

Although there has been some improvement over the past 4 months, the Trust continues to underperform with respect to the percentage of urgent cancer referrals seen within 2 weeks of referral and there are rectification plans in place.

In December 2015, for the first month since August 2015, the Trust failed to achieve the target of greater than 99% of those on the diagnostic waiting list being seen within 6 weeks. This underperformance continued into January although the position recovered from 1.55% to 1.05% not seen within 6 weeks.

Key factors impacting performance

Patient flow remains sub optimal at both acute hospital sites with levels of bed occupancy at around 100% most days at WRH. Occupancy at WRH reached 108% for January as a whole which compromised initiatives that had been put in place to maintain flow at both the front and back door to the hospital. Occupancy reached 104% at AGH. Ambulance conveyances were significantly higher than in previous years, indicating a higher level of patient acuity. This was particularly at weekends with a 15% increase in aggregate weekend ambulance attendances compared to January 2014. We continued to experience 'exit block' from A&E throughout January, but there were no breaches of the 12 hour trolley wait standard.

Since the start of the year the Trust has made significant improvements against process measures that reflect flow and prioritisation in the A&E department including the 95th percentile time to initial assessment of 15 minutes. However, with the increased pressure on the department, performance has declined in January but not nearly to the extent that it declined during the peak pressures in Q4 2014/15.

Poor patient flow and high levels of bed occupancy also impact the Trust's elective programme and this is reflected in the number of operations cancelled for non-clinical reasons and the number of 28 day breaches (within in which the operation should be rescheduled) as a percentage of all cancellations.

Quality, workforce and finance indicators

There are separate Board reports from the Board sub committees relating to quality, workforce and financial performance indicators however, alongside key operational performance indicators, the remainder of this report provides corrective action statements where there are performance issues.

Key maternity performance indicators are provided for information in the accompanying dashboard, following the temporary emergency centralisation of maternity and neonatal services at the WRH site.

Data Quality

The Trust is currently mapping the local patient journey against the national standards for acute stroke care as it has been identified that the local rather than national criteria were being applied. The refreshed acute stoke indicators will be ready for the April Integrated performance report.

Corrective Action Statements: Performance and Efficiency

Key Performance Indicator:

- All patients with suspected Cancer being seen within two weeks (CCAN8.0)
- 2 week wait for symptomatic breast patients (Cancer Not initially Suspected) (CCAN9.0)
- Cancer Long waiters – 104 days (CCAN10.0)
- A&E - 4 hour waits (%) Trust including MIU (CAE1.1a)
- Time to initial assessment for patients arriving by ambulance (mins) – 95th percentile (inc Kidd MIU)
- A&E - Ambulance Handover within 30 minutes (%) – WMAS data (CAE8.0)
- Ambulance Handover within 60 minutes– WMAS data (CAE9.0)
- 80% of patients spending 90% of time on a Stroke Ward (CST1.0) – data quality review in progress
- Direct Admission via A & E to a Stroke Ward (CST2.0) – data quality review in progress
- Bed Occupancy – WRH (PIN1.5)
- Delayed Transfers of Care - Patients (Acute and Non Acute) (PIN3.1)
- 28 day breaches as a percentage of cancelled operations (PEL3.0)
- Urgent operations cancelled for a second time (PEL4.2)
- Length of Stay (All patients) and Length of Stay (excluding zero LOS spells) (PEM2.0 and PEM3.0)
- 6 Week Wait Diagnostics (Proportion of waiting list)(PW1.1.1)
- Theatre Booking and Utilisation (all sites) (PT2)

Please note: Theatre Utilisation and Booking is not available this month for comment as there is a technical issue with the management information system used to report it – this issue has been resolved however not in time to include on the dashboard this month.

Forecast Key

Forecast to achieve	
Potential risk target will not be achieved	
Forecast not to achieve	

Key Performance Indicator: All patients with suspected Cancer being seen within two weeks (CCAN8.0)

Headlines

There has been a marked increase in 2ww referral numbers - up 13% compared to the same period last year (April to October) which has led to significant capacity constraints in a number of specialties. As a result a significant proportion of clinics continue to be set up ad-hoc and patients are contacted at short notice to be offered appointments. Subsequently a significant number of patients decline the offer to attend within the 14 day target; a smaller proportion of declined appointments are due to patient choice (holidays and other commitments). Current January performance shows deterioration compared to November and December (84.05% versus 88.25% and 90.43% respectively) and is RAG rated red as it remains below the standard. Year - end performance is RAG rated red due to the underperformance in Q1, Q2 and Q3. The biggest number of breaches in January were in Colorectal Surgery (95) followed by Skin (29) and Urology (27).

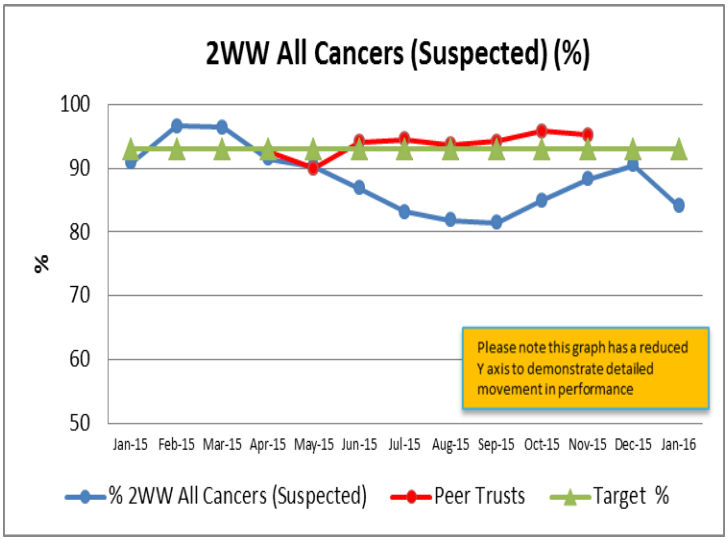
Corrective Actions

Initial version of an electronic 2ww PTL/escalation report has been implemented and is available to all Directorates; further enhancements to this report were introduced in December 2015. Capacity and demand by specialty is being monitored via a fortnightly Cancer PTL meeting. 2ww booking office protocols and standard operating procedures are currently under review with a view to establish a rolling audit programme for both internal processes and external adherence to referral parameters. Work is on-going with Commissioners to develop a project outline for implementation of the new 2ww NICE guidance and required changes to the referral forms.

Risks

This indicator has reputational risk for the organisation and also links to the 62 day cancer standard as it is the first stage in the 62 day referral to treatment pathway. The implication of not delivering this target will be potential underachievement against the 62 day standard. Short term the risk historically was being mitigated with ad-hoc additional capacity whilst a longer term specialty by specialty demand and capacity modelling was being undertaken. Following the short term changes to the WLI payment arrangements there is a further risk that there will be insufficient ad-hoc capacity to mitigate the demand.

SRO:COO	**Current Reporting Month: Jan 2016**



	Performance	Direction of travel	Plan/ Forecast	Status/ RAG
Target	93%	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	84.1%	↓	Forecast next reported month	
Last reported month performance	90.5%	↑	Forecast month after	
YTD performance	86.2%	-	Forecast month after	
Revised date to meet the standard	**March 2016**		Forecast year end	

Key Performance Indicator: All patients with symptomatic breast being seen within two weeks (cancer not initially suspected) (CCAN9.0)

Headlines

2ww referral volumes have remained broadly the same compared to the same period last year (April to November), however, the Directorate has had a reduction in capacity following the loss of two GP practitioners who were undertaking 2ww clinics at the WRH, one of these has since been replaced. The Directorate is covering this shortfall in capacity with waiting list initiative clinics. As a result a significant proportion of clinics are set up ad-hoc and patients are contacted at short notice to be offered appointments. Consequently a significant number of patients decline the offer to attend within the 14 day target; a smaller proportion of declined appointments are due to patient choice (holidays and other commitments). Whilst current performance shows further marginal improvement it is RAG rated red as it remains well below the standard. Year - end performance is RAG rated red due to the underperformance in Q1, Q2 and Q3. For September 2015 (latest published data), the Peer Trusts saw 95.2% of patients within 2 weeks. There has been a 16.01% improvement in the Trust's performance against this standard between September 2015 and January 2016.

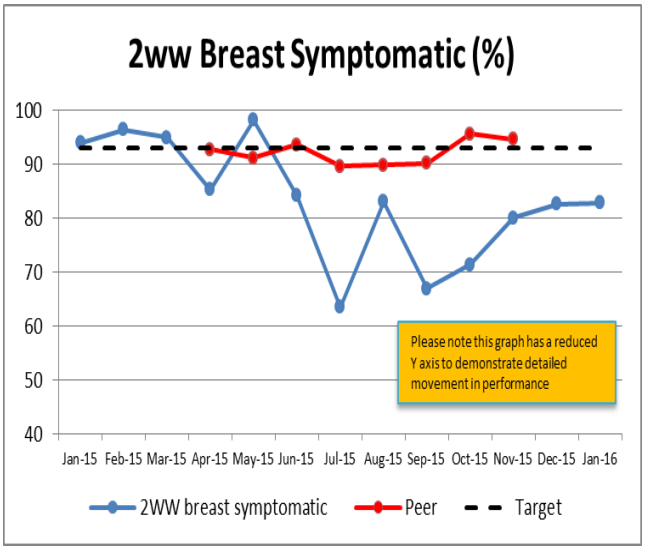
Corrective Actions

The Directorate is exploring other ways of increasing capacity; two new registrars are in post and one has commenced seeing two week wait patients, the other one is still under assessment. The Directorate is working closely with Breast Radiology to ensure maximum utilisation of all available capacity.

Risks

This indicator has reputational risk for the organisation and also links to the 62 day cancer standard as it is the first stage in the 62 day referral to treatment pathway. The implication of not delivering this target will be potential underachievement against the 62 day standard. Short term the risk is being mitigated with ad-hoc additional capacity whilst a longer term, demand and capacity modelling is being undertaken. Following the short term changes to the WLI payment arrangements there is a further risk that there will be insufficient ad-hoc capacity to mitigate the demand.

SRO:COO	**Current Reporting Month: Jan 2016**



	Performance	Direction of travel	Plan/ Forecast	Status/ RAG
Target	93%	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	82.9%	↑	Forecast next reported month	
Last reported month performance	82.6%	↑	Forecast month after	
YTD performance	78.9%	-	Forecast month after	
Revised date to meet the standard	**May 2016**		Forecast year end	

Key Performance Indicator: Cancer Long waiters – 104 days (CCAN10.0)

Headlines

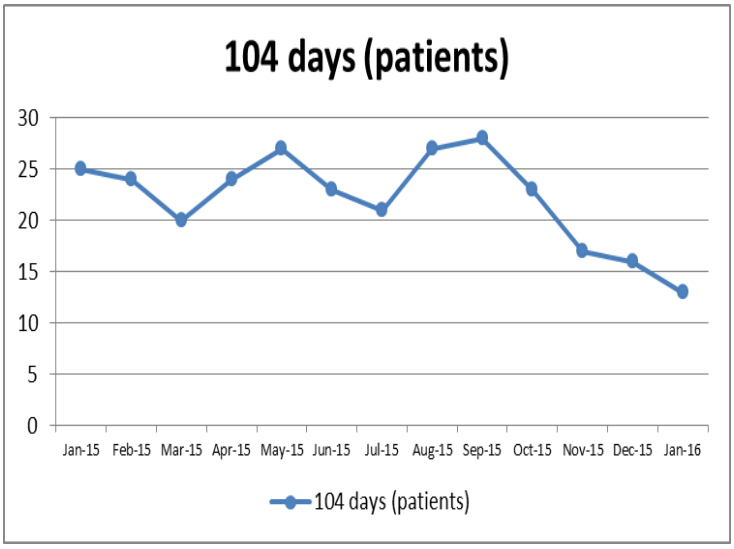
Whilst there is no national standard for this key performance indicator, service providers are required to monitor the numbers of patients waiting over 104 days and also to undertake harm reviews for patients with a confirmed diagnosis of cancer who have waited over 104 days for treatment. The numbers of 104 + day waiters have been consistently reducing month on month as of September 2015 and have been further reduced at the end of January compared to December (13 versus 16 respectively). The main reasons for the extended waits are complexities of certain pathways (some of which require multiple provider involvement in the provision of the patients' care), patient initiated delays and operating capacity in Urology for Radical Prostatectomies.

Corrective Actions

Detailed analysis of patients waiting over 104+ days is undertaken on a fortnightly basis by the Deputy Chief Operating Officer and reported to the Trust Development Authority. Any avoidable delays in patient pathways are escalated to the relevant Directorate for resolution. Retrospective harm review meetings to review patients with a confirmed diagnosis of cancer who had waited over 104 days for their treatment are chaired by the Trust's lead cancer clinician with Deputy Chief Operating Officer, lead Cancer Nurse and Cancer Data Manager in attendance. All patient outcomes are reviewed on a case by case basis and the findings of the reviews are reported to the Trust's Cancer Board. To date there have been no incidences identified where the patient had suffered harm attributable to extended waiting times.

Risks

The main risk of having patients waiting over 104 days for their treatment is that the patients may have sub-optimal outcomes due to extended wait for the treatment. Whilst avoidable delays are being mitigated via escalation processes and identification of earlier/additional capacity, a large proportion of the breaches are due to complexity of the pathways and/or patient initiated delays.



	Performance	Direction of travel	Plan/ Forecast	Status/ RAG
Target	-	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	13	↓	Forecast next reported month	Not applicable
Last reported month performance	16	↓	Forecast month after	Not applicable
YTD performance	-	-	Forecast month after	Not applicable
Revised date to meet the standard	**Not applicable**		Forecast year end	Not applicable

Key Performance Indicator Name: 4 hour waits (%) Trust including MIU (CAE1.1a)

Headlines

Trust performance on the Emergency Access Standard, (EAS) declined in January (83.5% compared to 89.1% in December). There were 13,795 A&E attendances in January (1.5% higher than January 2015). The Trust again achieved the national 60 minute 'Time from Arrival to Treatment' target in January (Median 50 mins). There was a slight improvement on the 5% target for 'Unplanned Re-attendance within 7 days of Original Attendance' in January (5.4% compared to 5.8% in December). Ambulance conveyances were significantly higher than in previous years, indicating a higher level of patient acuity. This was particularly at weekends with a 15% increase in aggregate weekend ambulance attendances compared to January 2014. We continued to experience 'exit block' from A&E throughout January, but there were no breaches of the 12 hour trolley wait standard. Other key facts:

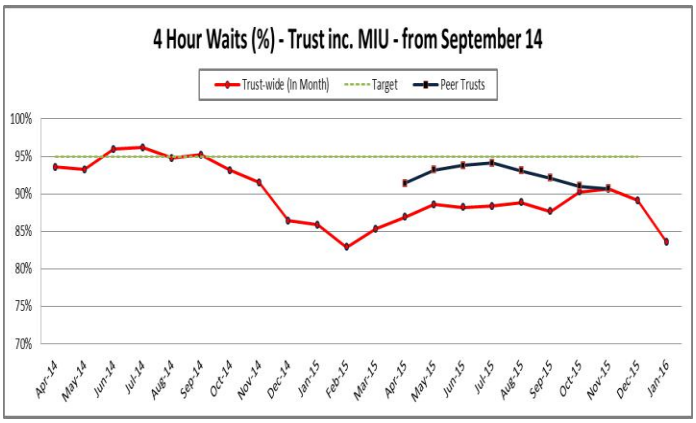
- Bed occupancy increased (108% in January 2016 vs 94% in January 2015 at WRH, and 104% vs 87% at AGH on average).
- There were 546 more emergency admissions in January 2016 compared to January 2015, a 14.4% increase.

Corrective Actions

We continued to focus on improving patient flow and reducing the numbers of 'stranded' patients in January. We ran a discharge pilot scheme with the support of ECIP. The 'Multidisciplinary Accelerated Discharge Event' (MADE) focussed on 3 wards and emphasised the multidisciplinary approach to discharge planning, and was very successful. As a consequence, a daily meeting with health economy partner organisations has been introduced to help expedite discharge. The Medicine Division task and finish group to reduce the total number of Medically Fit for Discharge patients focussed on implementing Length of Stay reviews at patient level, and implementing other recommendations from the MADE event including Patient Flow Centre in-reach, embedding MDT discharge coordination on the wards, and improving access to discharge planning information at weekends.

Risks

This indicator has a reputational risk to the organisation and health economy if not achieved. To mitigate the risk of underperformance we will continue to focus on patient flow and stranded patients.



SRO:COO	Current Reporting Month: Jan 2016			
	Perform-ance	Direction of travel	Plan/ Forecast	Status/ RAG
Target	95%	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	83.55%	↓	Forecast next reported month	
Last reported month performance	89.07%	↓	Forecast month after	
YTD performance	88.30%	-	Forecast month after	
Revised date to meet the standard	March 2016		Forecast year end	

Key Performance Indicator: Time to initial assessment for patients arriving by ambulance (mins) – 95th percentile (inc Kidd MIU); Ambulance Handover within 30 minutes (%) and – WMAS data (CAE8.0); Ambulance Handover within 60 minutes– WMAS data (CAE9.0)

Headlines

The Trust failed to reach the national 15 minute "Time to Initial Assessment" target in January (95th percentile: All patients; 32 mins, Ambulance arrivals; 35 mins). There was a significant deterioration in assessment times for both ambulance and walk in patients on both the AGH and WRH sites due to overcrowding in both A&E departments. Ambulance handover times were significantly improved when compared to January 2015. There was a 63% reduction in ambulances delayed over an hour waiting to handover (47 in January 2016 compared to 128 in January 2015). 42% of ambulances handed over in 15 minutes (40% in Jan 2015) and 86% were handed over in 30 mins (82% in January 2015). The majority of breaches of the 15 minute standard were during periods of surge in ambulance attendance at weekends, when there was a 10.8% increase in ambulance conveyances (January 2016 compared with January 2015). We continued to experience 'exit block' from A&E throughout January, particularly at WRH, and performance on ambulance handover times was impaired by the consequent over-crowding in A&E.

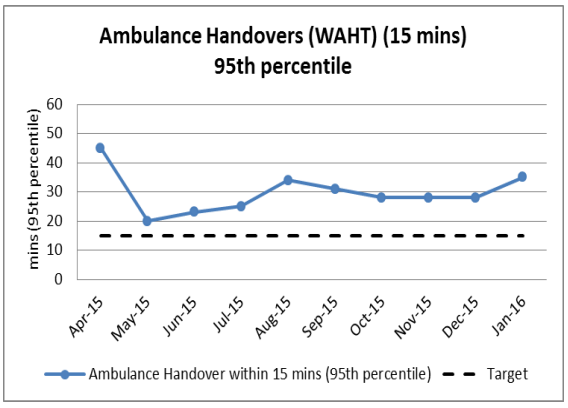
Corrective Actions

In February 2016 we agreed a handover protocol with WMAS to support early handover, including a letter jointly signed by WMAS and WAHT COOs to all front line staff. Extra admin support has been organised for the ambulance desk at WRH, and there are early discussions on staff rotation between the two organisations of paramedic and emergency care staff. Expansion of the ED at WRH is underway and on track to be available in the Summer of 2016, offering more space to accommodate patients waiting for handover, triage and admission. Within existing resources the Trust has deployed Senior Immediate Assessment Nurses (SIANs) to take the handover of patients from the ambulance Trust. These nurses are deployed at times of peak demand in ED.

Risks

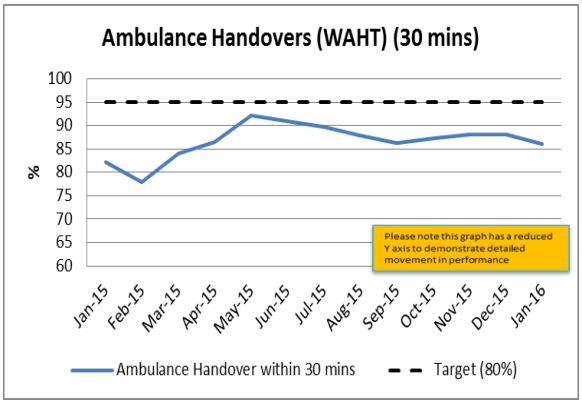
The risks from delayed handover are that:

- Sick people wait too long to receive emergency care
- Overall length of stay for waiting patients is increased, causing muscle wastage and loss of aerobic function in the elderly
- Hospital Standardised Mortality Ratio increases
- Increased numbers of patients leave without being seen
- Medical errors and incidents increase.

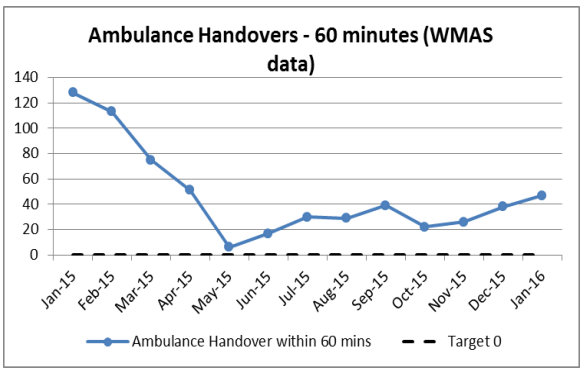


SRO:COO	Current Reporting Month: Jan 2016			
	Performance	Direction of travel	Plan/ Forecast	Status/ RAG
Target	<=15	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	35	↓	Forecast next reported month	To be completed
Last reported month performance	28	→	Forecast month after	To be completed
YTD performance	28	-	Forecast month after	To be completed
Revised date to meet the standard	To be completed		Forecast year end	To be completed

SRO:COO	Current Reporting Month: Jan 2016			
	Performance	Direction of travel	Plan/ Forecast	Status/ RAG
Target	>95%	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	86.02%	↓	Forecast next reported month	



Last reported month performance	88.18%		Forecast month after	To be completed
YTD performance	88.62%	-	Forecast month after	To be completed
Revised date to meet the standard	**February 2016**		Forecast year end	To be completed



SRO:COO	**Current Reporting Month: Jan 2016**			
	Performance	**Direction of travel**	**Plan/ Forecast**	**Status/ RAG**
Target	0	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	47		Forecast next reported month	To be completed
Last reported month performance	38		Forecast month after	To be completed
YTD performance	305	-	Forecast month after	To be completed
Revised date to meet the standard	**To be completed**		Forecast year end	To be completed

Key Performance Indicator Name: Bed Occupancy – WRH (PIN1.5)

Headlines

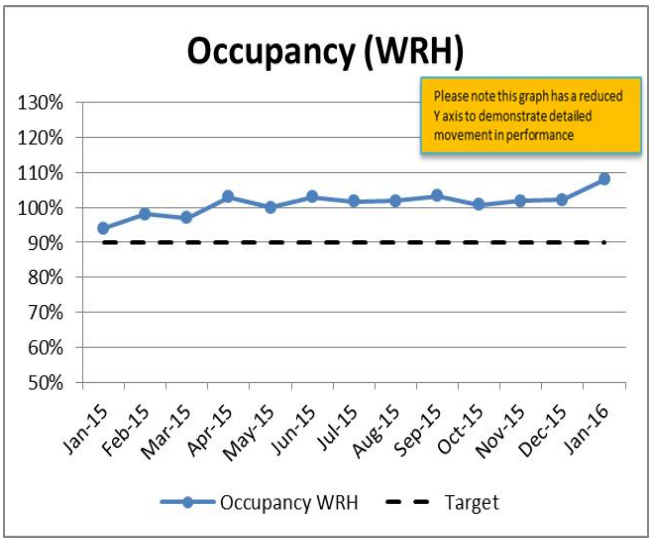
Bed occupancy rates remain above the National average and in January, both the Worcester and Redditch hospital sites experienced average levels of occupancy above 100%, which means that additional emergency bed capacity was being utilised throughout the month. There were 546 more emergency admissions in January 2016 compared to January 2015, a 14.4% increase. High numbers of stranded patients continues to be a significant issue in relation to bed occupancy rates. One aspect of this is the pathway for complex discharges (pathway one) which has had insufficient capacity to allow timely discharge of patients from the acute hospital and community hospitals, creating flow issues for a broader range of patients requiring discharge support, and actions are in train to unblock this.

Corrective Actions

Multidisciplinary Accelerated Discharge Events (MADE) have been delivered across the acute hospital sites with the support of the ECIP team. We have continued to build on the learning from these events to ensure that we maintain patient flow through the site. This has also generated a closer working relationship across the healthcare economy partners, which continues to develop in order to improve patient flow. Substantial capacity v demand modelling has been conducted which demonstrates that the WRH site does not have sufficient beds to accommodate current activity levels. A corrective business case is currently being written.

Risks

The impact of failing this KPI is that we are not able to accommodate patients in a timely manner into inpatient beds, for both emergency and elective activity. This leads to increased numbers of elective procedure cancellations and patients waiting prolonged periods of time in the Emergency Department for inpatient admission. This risk is included on the Divisional risk register.



SRO:COO	Current Reporting Month: Jan 2016			
	Performance	**Direction of travel**	**Plan/ Forecast**	**Status/ RAG**
Target	<90%	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	107.9%	↑	Forecast next reported month	To be completed
Last reported month performance	102.1%	↓	Forecast month after	To be completed
YTD performance	101.9%	-	Forecast month after	To be completed
Revised date to meet the standard	**To be completed**		Forecast year end	To be completed

Key Performance Indicator Name: Delayed Transfers of Care - Patients (Acute and Non Acute) (PIN3.1)

Headlines

There has been a recent change in the criteria being applied to DTOC identification, and, at the end of January 2016, the number of Delayed transfers of Care (DTOC) patients had dropped below the ceiling level of 30 agreed through the System Resilience Group.. The DTOC figure needs to be taken in conjunction with the number of stranded patients (non-elective admissions occupying an acute hospital bed for > 7 days).

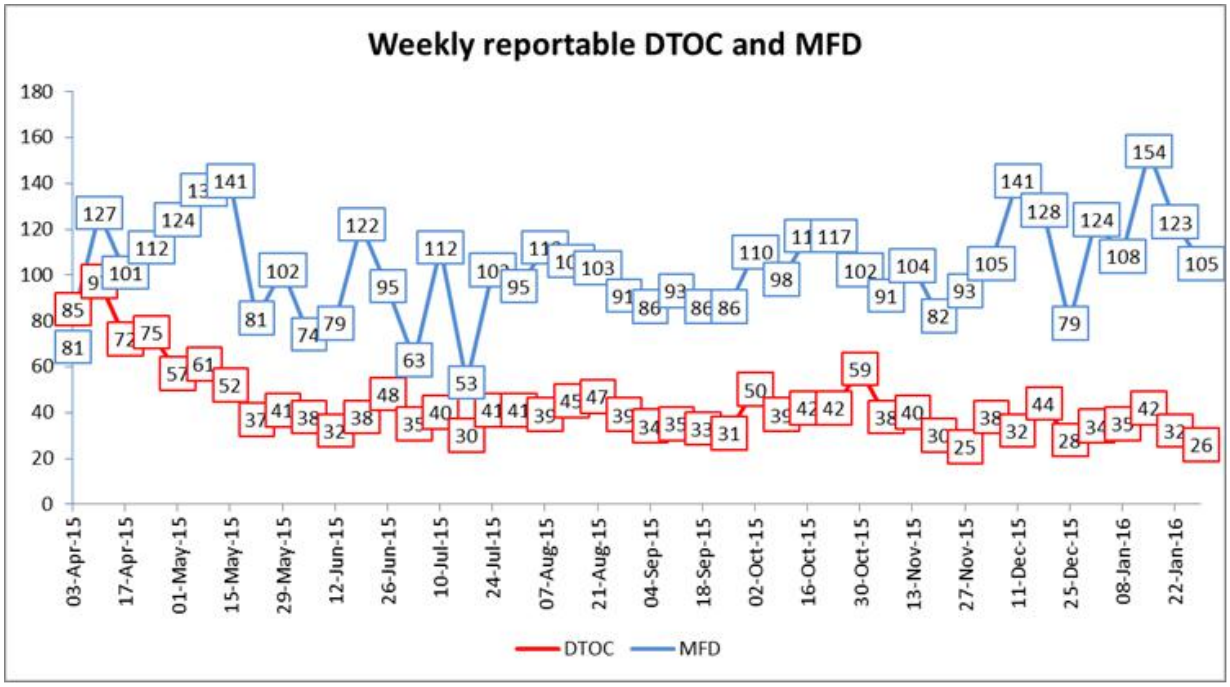
Corrective Actions

Currently there is a focus on the patients occupying acute beds with the longest delays. Multidisciplinary Accelerated Discharge Events (MADE) have been delivered across the acute hospital sites with the support of the ECIP team. These events generated significant numbers of additional discharges in the week prior to Christmas, and in the first week of January 2016. We have continued to build on the learning from these events to maintain patient flow through the site. This has also generated a closer working relationship across the healthcare economy partners which continues to develop in order to improve patient flow, to reduce DTOC and patients stranded over 7 days in the acute trust.

Risks

The key risk to delivery of this KPI is the availability of social care packages and community hospital beds. This capacity is vital to being able to provide a safe discharge destination for patients after their acute clinical episode had finished. Patients and relatives compliance with the arranged discharge plans is also crucial to the future success and delivery of this KPI. This risk is on the Divisional Risk Register

SRO:COO	Current Reporting Month: Jan 2016			
	Perform-ance	Direction of travel	Plan/ Forecast	Status/ RAG
Target	<30	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	26	↓	Forecast next reported month	
Last reported month performance	34	↑	Forecast month after	
YTD performance	397	-	Forecast month after	Not provided
Revised date to meet the standard	March 2016		Forecast year end	


Weekly reportable DTOC and MFD
180
160
140
120
100
80
60
40
20
0
03-Apr-15
17-Apr-15
01-May-15
15-May-15
29-May-15
12-Jun-15
26-Jun-15
10-Jul-15
24-Jul-15
07-Aug-15
21-Aug-15
04-Sep-15
18-Sep-15
02-Oct-15
16-Oct-15
30-Oct-15
13-Nov-15
27-Nov-15
11-Dec-15
25-Dec-15
08-Jan-16
22-Jan-16
DTOC
MFD

Key Performance Indicator: 28 day breaches as a percentage of cancelled operations (PEL3.0)

Headlines

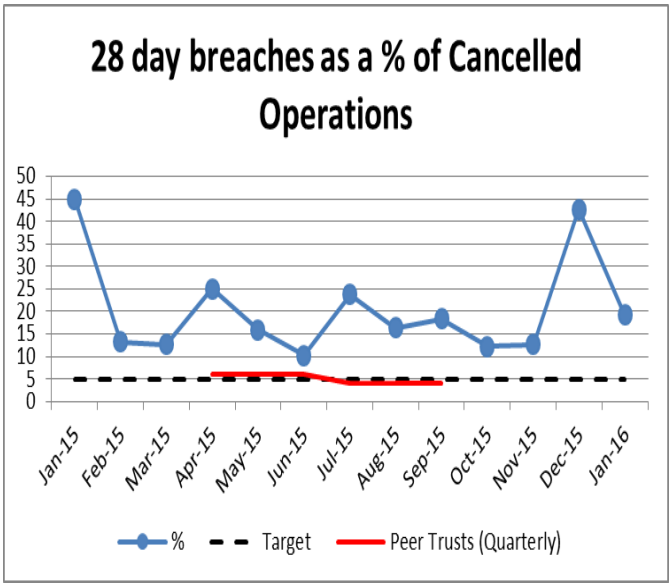
The decision to cancel operations for non-clinical reasons is taken by the Divisional Director for Surgery or Chief Operating Officer at the point the team is confident that all options have been explored. We have seen a slight improvement in January performance compared to the previous month. Despite witnessing early improvements in elective income, theatre in - session utilisation coupled with greater collaborative working across the Division, the number of procedures cancelled on the day of surgery, due to a lack of surgical beds (timely) remains a challenge. This indicator measures performance in terms of rebooking patients within 28 days of a cancelled operation and January 2015 is at 19.2% against target of 5%. The number of patients affected is small and we will include this in future reporting.

Corrective Actions

The Surgical Division has developed a number of new approaches to include daily prioritisation of elective patients requiring admission and improved information on the 'to come in' (TCI) lists. Each of the Clinical Directorates has been asked to review their own internal process for managing this cohort of patient. The Directorate's performance against this target is to be monitored at the Divisional Board

Risks

The key risk of not delivering against this target is a delay in a patient's treatment plan which could change the clinical presentation. This is in addition to poor patient experience as patients wait longer to be treated. This indicator also has a reputational risk for the organisation and is linked to the access targets (RTT and Cancer), resulting in higher financial penalties.



SRO:COO	Current Reporting Month: Jan 2016			
	Performance	Direction of travel	Plan/ Forecast	Status/ RAG
Target	<5%	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	19.2%	↓	Forecast next reported month	
Last reported month performance	42.6%	↑	Forecast month after	
YTD performance	19.5%	-	Forecast month after	
Revised date to meet the standard	February 2016		Forecast year end	

Key Performance Indicator: Urgent operations cancelled for a second time (PEL4.2)

Headlines

The decision to cancel patients for non-clinical reasons is taken by the Divisional Director for Surgery or Chief Operating Officer at the point the operational team is confident all options have been explored. During escalation, patients are allocated beds based on clinical priority. Cancellations are classified in the following area:

- Bed availability
- Theatre capacity
- Patient unfit/surgical procedure no longer required

Corrective Actions

Performance against this target remains unchanged, for the fourth consecutive month. The Division envisages improved performance with the introduction of an overall daily command structure. In addition, each of the Clinical Directorates has been asked to ensure accurate classification of patients and review their performance against the Trust's Patient Access Policy. Directorate performance against this target is to be monitored at the monthly Divisional Board.

Risks

The key risk of not delivering against this target is a delay in a patient's treatment plan which could change the clinical presentation. In addition, it is poor patient experience as patients wait longer for treatment. The indicator also has a reputational risk for the organisation and is linked to the access targets (RTT and Cancer), resulting in higher financial penalties.

	Operations cancelled	Target	Peer Trusts
Dec-14	0	0	
Jan-15	0	0	
Feb-15	0	0	
Mar-15	0	0	
Apr-15	0	0	0
May-15	0	0	0
Jun-15	0	0	0
Jul-15	0	0	0
Aug-15	0	0	0
Sep-15	0	0	0
Oct-15	1	0	0
Nov-15	1	0	0
Dec-15	1	0	
Jan-16	1	0	

SRO:COO	Current Reporting Month: Jan 2016			
	Performance	Direction of travel	Plan/ Forecast	Status/ RAG
Target	0	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	1	⇨	Forecast next reported month	
Last reported month performance	1	⇨	Forecast month after	
YTD performance	4	-	Forecast month after	
Revised date to meet the standard	February 2016		Forecast year end	

Key Performance Indicator: Length of Stay (all patients) and Length of Stay (excluding zero LOS spells) (PEM2.0 and PEM3.0)

Headlines

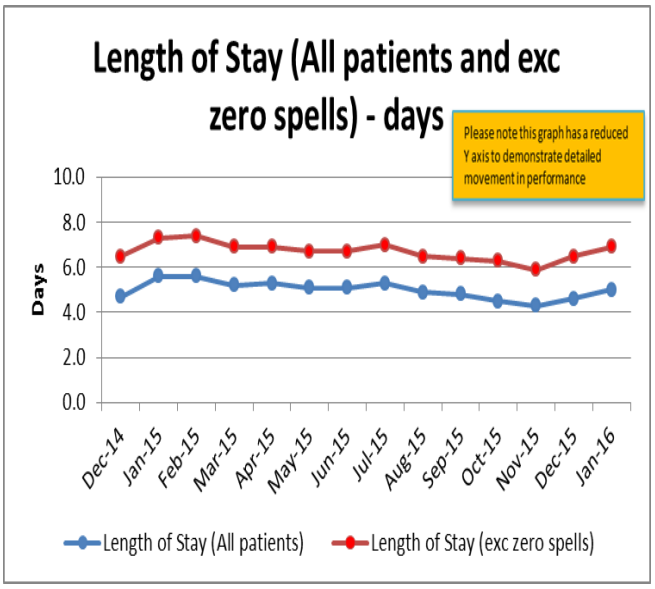
Overall length of stay for inpatients on the WRH site was 4.6 days in December and 5.6 days in January. This changed to 6.5 days in December and 6.9 days in January when zero day length of stay patients were excluded from the data set. The National trend for inpatient activity across UK hospitals is that the length of stay increases during the winter period due to the exacerbation of chronic conditions that take longer to resolve. The high bed occupancy levels also adversely impact on the inpatient average length of stay because patients are not always able to be admitted to the most appropriate clinical area in a timely manner.

Corrective Actions

In the longer term, the management teams are working on a business case to increase the inpatient bed holding, making it more likely that the patients will be admitted to the most appropriate ward in a timely manner, thus expediting their pathway through the hospital. In the shorter term, action being taken to develop more admission avoidance schemes such as an Older Persons Advice and Liaison (OPAL) service that can focus on key groups such as frailty patients to ensure they are not admitted where possible and where absolutely unpreventable, they are given intensive input to minimise their length of stay. We are also working with health economy partners to reduce the number of DTOC and stranded patients in acute hospital beds, resulting in a positive impact on length of stay. This includes the MADE event initiative run across the sites with support from the ECIP team.

Risks

Extended length of stay is detrimental to the quality of care and potential clinical outcomes for some patients for example with increased exposure to hospital acquired infections. Emergency and elective patients are unable to access inpatient facilities in a timely manner due to a lack of capacity being available when lengths of stay are overly long.



SRO:COO	Current Reporting Month: Jan 2016			
	Performance	Direction of travel	Plan/ Forecast	Status/ RAG
Target	To be agreed	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	5.0 (ALL) 6.9 (exc 0)	⇑⇑	Forecast next reported month	To be completed
Last reported month performance	4.6 (ALL) 6.5 (exc 0)	⇑⇑	Forecast month after	To be completed
YTD performance	4.9 (ALL) 6.6 (exc 0)		Forecast month after	To be completed
Revised date to meet the standard	Target to be agreed		Forecast year end	To be completed

Key Performance Indicator: 6 Week Wait Diagnostics (Proportion of waiting list)(PW1.1.1)

Headlines

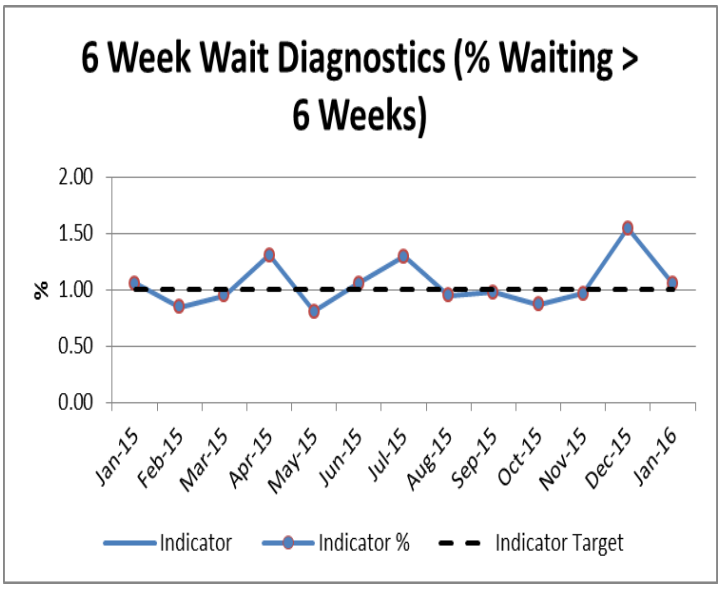
The achievement of the diagnostic 6 week target has been difficult due to equipment breakdown, bank holidays/ annual leave and a continued increase in referral s, particularly from in-patients which is impinging on out-patient capacity. The Directorate capacity has been severely impacted upon with the breakdown of MRI at KTC and CT at AGH, resulting in the cancellation of circa 400 patients who were close to or approaching breaching the performance indicator, leaving very little scope of providing an alternative date within timescales.

Corrective Actions

The Directorate has made arrangements with the independent sector to transfer patients, initially those who were affected by equipment breakdown and are also continuing to plan to utilise the private sector into February.
In order to support the use of out-patient capacity for in-patients, the Directorate has provided additional permanent capacity at AGH, to support WRH out-patients. An analysis of available CT capacity /usage has commenced, along with scoping requirements for permanent extension of days. Staff are providing WLI sessions daily/weekly and in light of the urgent situation of KTC MRI breakdown, have cancelled annual leave, re-arranged shifts and worked on other base sites to open up capacity from 7am – 10pm.

Risks

The delay of a diagnostic can impact on the achievement of 18 week target and does not provide a satisfactory experience for patients and may impact on Trust finances should any performance penalty's be applied



SRO:COO	Current Reporting Month: Jan 2016			
	Performance	Direction of travel	Plan/ Forecast	Status/ RAG
Target	<1.0%	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	1.05%	↓	Forecast next reported month	Not provided
Last reported month performance	1.55%	↑	Forecast month after	Not provided
YTD performance	1.09%	-	Forecast month after	Not provided
Revised date to meet the standard	Not provided		Forecast year end	Not provided

Key Performance Indicator: Theatre Booking and Utilisation (all sites) (PT2)

Headlines

Issues affecting theatre booking/utilisation are bed pressures, the move of gynaecological services from the Alexandra Hospital to the Worcestershire Royal Hospital site and underutilisation of sessions at the Alexandra Hospital due to medical cover, theatre maintenance programmes, and twelve funded unallocated sessions at Kidderminster Treatment Centre. Bank holidays and consultant annual leave have affected theatre utilisation. The booking of theatre sessions and in list utilisation is driven by the surgical specialties.

Corrective Actions

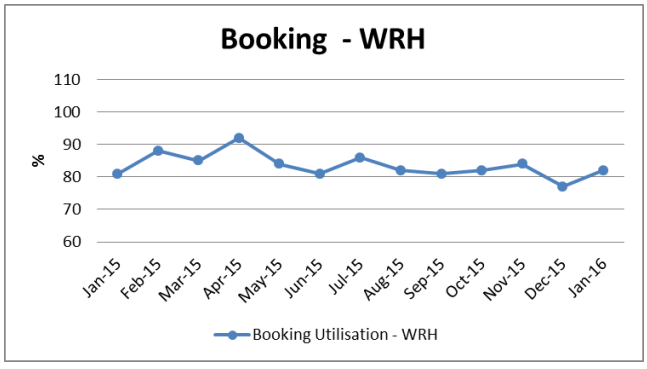
The division is working closely with the Surgical division to ensure lists are fully utilised. TACO division circulate the six week theatre forward look to all the surgical Directorate Managers to allow them to identify additional theatre sessions they may wish to book. There is a weekly theatre utilisation meeting attended by all Surgical Directorate Managers, Directors of Operations and consultant anaesthetic and surgical representatives. These meetings also monitor the effective use of the anaesthetic staff by ensuring that mixed GA and LA lists are not booked. At each of these meetings a two week forward look of booked lists are reviewed and challenged for maximum utilisation. At the same meeting a review of the previous two weeks lists is undertaken to ensure that utilisation was maximised as outlined at the scheduling meeting. Kidderminster Treatment Centre theatre lists are being scrutinised and a full process mapping will be carried out along with the design of a new model of working for the surgeons and anaesthetists with the aim of achieving more efficient patient turnaround. This review commenced on Monday 8th February and will be completed in full by the end of April 2016 as job planning for the surgical teams will require review. The Gynaecological directorate have a short term measure in place to maximise utilisation of a percentage of their theatre sessions at the Alexandra Hospital which commenced Monday 8th February.

Risks

The risk of under utilisation of theatre capacity will impact on 18ww target, cancer targets and fracture neck of femur target which impacts unfavourably on the patient experience and may impact on the trust financially.

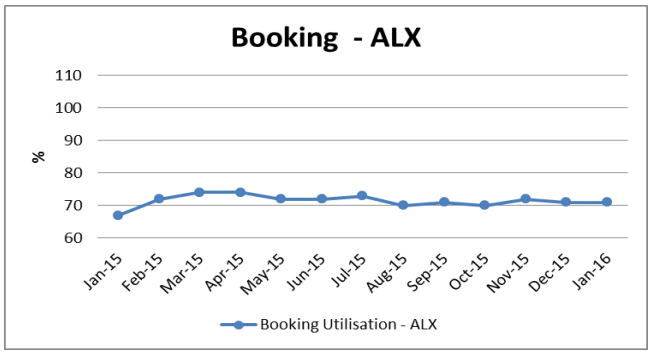
Booking - WRH

SRO:COO	Current Reporting Month: Jan 2016			
	Performance	Direction of travel	Plan/ Forecast	Status/ RAG
Target	-	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	82%	⇧	Forecast next reported month	Not provided
Last reported month performance	77%	⇩	Forecast month after	Not provided
Revised date to meet the standard	Not provided		Forecast year end	Not provided



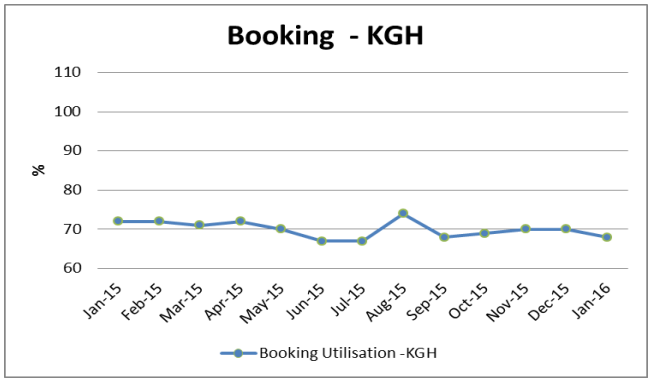
Booking - ALX

SRO:COO	Current Reporting Month: Jan 2016			
	Performance	Direction of travel	Plan/ Forecast	Status/ RAG
Target	-	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	71%	⇨	Forecast next reported month	Not provided
Last reported month performance	71%	⇨	Forecast month after	Not provided
Revised date to meet the standard	Not provided		Forecast year end	Not provided



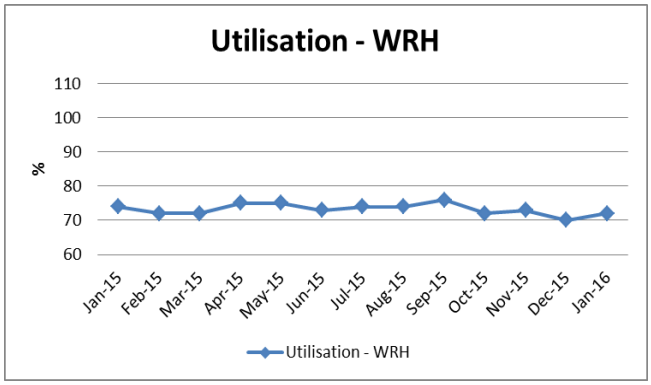
Booking - KGH

SRO:COO	Current Reporting Month: Jan 2016			
	Performance	Direction of travel	Plan/ Forecast	Status/ RAG
Target	-	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	68%	⇩	Forecast next reported month	Not provided
Last reported month performance	70%	⇧	Forecast month after	Not provided
Revised date to meet the standard	Not provided		Forecast year end	Not provided



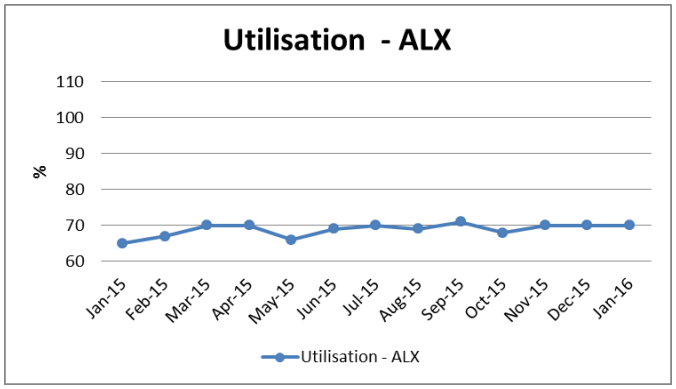
Utilisation – WRH

SRO:COO	Current Reporting Month: Jan 2016			
	Performance	Direction of travel	Plan/ Forecast	Status/ RAG
Target	-	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	72%	⇧	Forecast next reported month	Not provided
Last reported month performance	70%	⇩	Forecast month after	Not provided
Revised date to meet the standard	Not provided		Forecast year end	Not provided



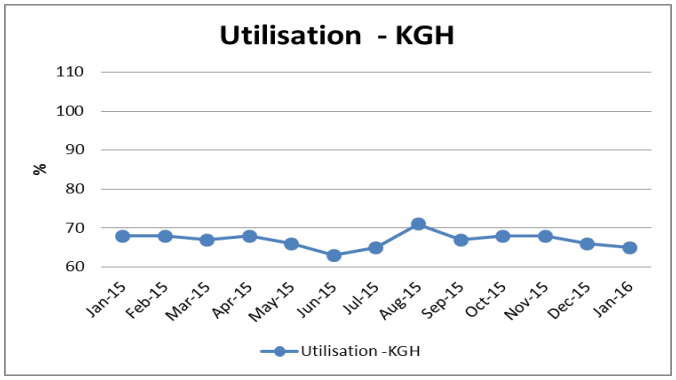
Utilisation – ALX

SRO:COO	Current Reporting Month: Jan 2016			
	Performance	Direction of travel	Plan/ Forecast	Status/ RAG
Target	-	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	70%	⇨	Forecast next reported month	Not provided
Last reported month performance	70%	⇨	Forecast month after	Not provided
Revised date to meet the standard	Not provided		Forecast year end	Not provided



Utilisation – KGH

SRO:COO	Current Reporting Month: Jan 2016			
	Performance	Direction of travel	Plan/ Forecast	Status/ RAG
Target	-	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	65%	⇩	Forecast next reported month	Not provided
Last reported month performance	66%	⇩	Forecast month after	Not provided
Revised date to meet the standard	Not provided		Forecast year end	Not provided



Corrective Action Statements: Workforce

Key Performance Indicator Names;

- All Staff Turnover – Total (WT1.0)
- Nursing Staff Turnover – Qualified (Total) (WT1.3)
- Nursing Staff Turnover – Unqualified (Total) (WT1.4)
- Sickness Absence Rate Monthly (Total %) (WSA1.0)
- Medical, Non -Medical and Consultant Appraisals (Total) (WAPP1.2, WAPP2.2 and WAPP3.2)
- % of eligible staff completed training (WSMT10.2)

Forecast Key	
Forecast to achieve	
Potential risk target will not be achieved	
Forecast not to achieve	

Key Performance Indicator: All Staff Turnover – (Total) (WT1.0)

Headlines

Overall, Trust turnover of 12.76% for January 2016 has increased from January 2015 figure of 10.30%. The highest increases this year compared to last year have been in Medicine with 5.34% increase, Women & Childrens with 4.08% increase and Surgery with 2.46% increase. There has been a net deficit for this year in Qualified Nurses, 49.50 fte more leavers than starters and a net deficit in Administrative and Clerical of 24.44 fte more leavers than starters. Also, this year Feb 15 to Jan 16, there have been an extra 59.85 fte qualified nurses and 27.65 fte unqualified nurses who have left when compared with the previous year February 2014 to January 2015. Both factors have contributed to the increase in turnover.

Corrective Actions

An analysis of the two divisions with the highest turnover has identified a significant level of qualified nurse leavers in both divisions and a significant number of unqualified leavers in the medical division. These leavers are concentrated in 12 areas/wards of which 5 are at the Alex and 7 at Worcester and, in the Women and Childrens Division, the leavers are concentrated in 8 areas/wards with the 2 highest levels of leavers in Ward 1 at AGH and Gynaecology.

A reasons for leaving report for all trust leavers has identified the top four reasons as work-life balance, relocation, better reward package and promotion and these top four reasons are replicated within the medicine division for both qualified and unqualified nurses. In women and children division the top two are replicated with the third reason as employee transfer which may be a direct result of the transfer of services during the final quarter of 2015. Leavers in the top 3 divisions will be followed up with a request to complete the trust exit interview pro-forma where leavers have not already done so.

An action plan is monitored through the Nursing and Midwifery Workforce Assurance Group and then into the Trust Workforce Assurance Group for approval. The following actions have been agreed:

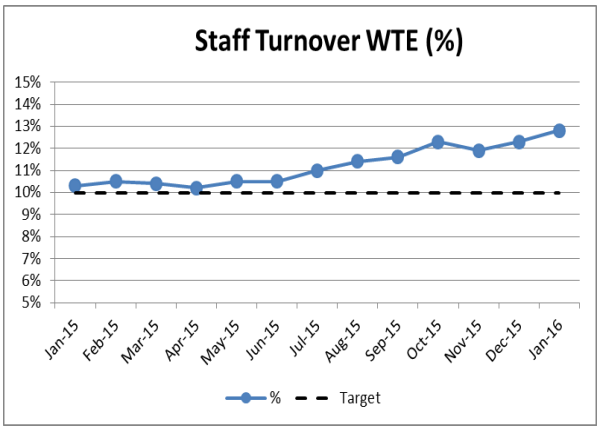
- A range of recruitment initiatives and careers fairs are in progress or planned.
- Internal transfer process implemented for qualified nurses.
- University Worcester Semester 6 graduates recruitment event. Tracking and follow up system for University of Worcester graduates presented to NWAG monthly as percentage offers accepted requires further analysis.
- Recruitment incentives for qualified nurses being considered in specific hard to fill areas e.g. theatres.
- Band 5 Assessment Centre test is being revised with the Worcester University, Professional Development and Pharmacy.
- Fortnightly divisional vacancy returns to track actual vacancies still on-going.
- Commenced Medical Secretary Apprenticeship to support existing admin and clerical staff and support their development.
- Commenced Step Up Programmes for Admin and Clerical staff to support Band 2 and 3 staff development.

Future actions are:

- A range of educational programmes are being agreed with Worcester University to support development of new roles e.g. Band 4 Assistant Practitioner role.
- Development of a campaign to encourage qualified nurses and AHP's to return to Practise.

Risks

If we do not attract and retain qualified nursing staff we will be unable to ensure safe and adequate staffing levels. We also will need to rely on agency and bank staff which will affect patient experience, quality and financial position. High turnover impacts on staff morale and health and wellbeing so is a high priority for the Trust.



SRO: DoHR/COO	Current Reporting Month: Jan 2016			
	Perform-ance	Direction of travel	Plan/ Forecast	Status/ RAG
Target	<10%	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	12.8%	↑	Forecast next reported month – 89%	
Last reported month performance	12.3%	↑	Forecast month after- 90%	
YTD performance	12.3%	-	Forecast month after – 90%	To be updated
Revised date to meet the standard	March 2016		Forecast year end -90%	

Key Performance Indicator: Nursing Staff Turnover – Qualified (Total) (WT1.3)

Headlines

The qualified nursing turnover figure for January 2016 is 14% against the target of 10%. During October 2015 to January 2016 there has been a gradual increase each month. As identified in the all staff turnover report there has been a net deficit for this year in Qualified Nurses, 49.50 fte more leavers than starters. Turnover in the Medicine division has deteriorated from 10.49% in January 2015 to 15.83% in January 2016 which is the highest in the Trust and specifically, qualified nursing leavers for the period February 2015 to January 2016 stands at 93.91fte in comparison with the previous year which was 72.32fte. Turnover in the Women and Childrens Division has deteriorated from 8.45% in January 2016 to 12.53% and specifically, qualified nursing leavers for the period February 2015 to January 2016 stands at 47.94fte in comparison with the previous year which was 31.61fte.

Corrective Actions

A number of actions continue to be developed and monitored by the Nurse Recruitment Task and Finish Group and the action plan is monitored through the Nursing and Midwifery Workforce Assurance Group and then into the Trust Workforce Assurance Group for approval. The following actions have been achieved:

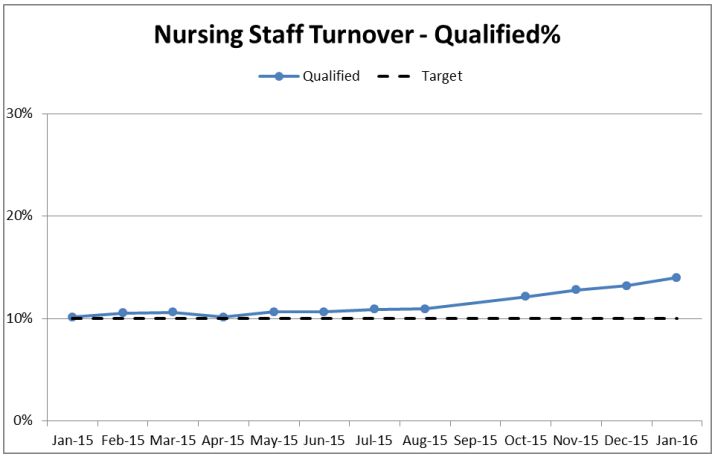
- Fortnightly divisional vacancy return to track actual vacancies.
- A range of recruitment initiatives and careers fairs are in progress or planned.
- Internal transfer process for qualified nurses.
- University Worcester Semester 6 graduates recruitment event. Tracking and follow up system for University of Worcester graduates presented to NWAG monthly as percentage offers accepted requires improvement.
- Recruitment incentives for qualified nurses being considered in specific hard to fill areas e.g. theatres.
- Band 5 Assessment Centre test is being revised with the Worcester University, Professional development and Pharmacy.
- Fortnightly divisional vacancy return to track actual vacancies still on-going.
- Business case for overseas nurse recruitment from India and the Philippines developed for consideration in conjunction with the future actions below.
- Analysis of exit interviews to identify reasons for nursing leavers with 12 months or less continuous service.

Future actions are:

- A range of educational programmes are being agreed with Worcester University to support development of new roles e.g. Band 4 Assistant Practitioner role.
- Development of a campaign to encourage qualified nurses and AHP's to return to Practise.
- Review of mentoring ratio of mentor to student to be undertaken with a view to increase student intake.
- Review of exit interview process to ensure all leavers are provided with the opportunity to participate in the process.

Risks

If we do not attract and retain qualified nursing staff we will be unable to ensure safe and adequate staffing levels. We also will need to rely on agency and bank staff which will affect patient experience, quality and financial position. High turnover impacts on staff morale and health and wellbeing so is a high priority for the Trust.



SRO: DoHR/ COO	Current Reporting Month: Jan 2016			
	Performance	**Direction of travel**	**Plan/ Forecast**	**Status/ RAG**
Target	10%	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	14.0%	↑	Forecast next reported month -13%	
Last reported month performance	13.2%	↑	Forecast month after	
YTD performance	-	-	Forecast month after	To be updated
Revised date to meet the standard			Forecast year end -12%	

Key Performance Indicator: Nursing Staff Turnover – Unqualified (Total) (WT1.4)

Headlines

The unqualified nursing turnover figure for January 2016 is 13.6% which is a slight reduction on the December 2015 figure of 13.9% against the trust target of 10% although this is in line with national average turnover of 14% for unqualified nursing. This figure reflects the improved recruitment figures from April 2015 to January 2016 which demonstrates an increase in the numbers of starters in comparison to the number of leavers for 9 of the 10 months. Analysis of the reasons for leaving indicate the top reasons work-life balance and relocation and the highest number of leavers for that period were in Medicine which was 7.54fte.

Corrective Actions

A number of actions have been developed by the Nurse Recruitment Task and Finish Group and the action plan is monitored through the Nursing and Midwifery Workforce Assurance Group and then into the Trust Workforce Assurance Group for approval. The following actions have been achieved:

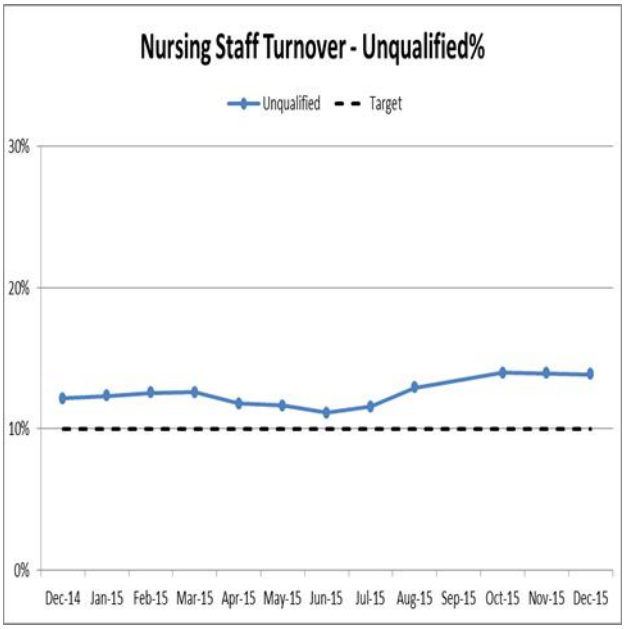
- Implemented a mandatory values- based recruitment pre-screening tool.
- Continue to provide 6 -day care certificate course for all new unqualified nursing staff.
- Improved assessment centre process to provide a reserve candidate list.
- Automatic offer of post to al HCA apprentices on completion of apprenticeship.
- Commissioned Band 4 programme with UW to offer to existing Band 3 HCA's career progression opportunities to improve retention.

Future actions are:

- Analysis of exit interviews to identify reasons for nursing leavers with 12 months or less continuous service. The trust continues to attract an average of 50 applications per advertisement with sufficient quality applications to fill vacancies with a list of reserve candidates.

Risks

If we do not attract and retain key clinical staff we will be unable to ensure safe and adequate staffing levels. We also will need to rely on agency and bank staff which will affect patient experience, quality and financial position. High turnover impacts on staff morale and health and wellbeing so is a high priority for the Trust.



SRO: DoHR/COO	Current Reporting Month: Jan 2016			
	Performance	**Direction of travel**	**Plan/ Forecast**	**Status/ RAG**
Target	10%	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	13.6%	↓	Forecast next reported month – 13%	
Last reported month performance	13.9%	→	Forecast month after- 12.5%	
YTD performance	-	-	Forecast month after – 12.5%	To be updated
Revised date to meet the standard	**Not provided**		Forecast year end -12..5%	

Key Performance Indicator: Sickness Absence Rate Monthly (Total %) (WSA1.0)

Headlines

There is no current up to date HSCIC benchmarking data available (system currently under review) however July 2015 data showed the Trust rate as comparable with the average for West Midlands which at that time was 4.20% compared to the Trust rate of 4.19%. The Trust sickness absence 'in-month' for January is 4.59% which shows a small increase on last month and on last year's January figure of 4.43% ; we remain above the Trust target of 3.5%. The 12 month cumulative figure is 4.29%, an increase of 0.21% on the January 2015 cumulative figure. The issue remains long-term sickness absence rather than short-term which has consistently remained at around 2.8% for the last 6 months. The highest percentage areas for long term sickness absence include Asset Management/IT at 4.11% and TACO at 3.78%; all other areas are showing a downward trend. Across the Trust, we currently have 96 open cases of long-term sickness absence with 86 employees absent between 1-6 months and 10 employees absent for more than 6 months.

Top 3 reasons for long-term sickness absence are:

- Anxiety and stress (1524 calendar days lost in January)
- Other musculoskeletal problems (1078 days lost)
- Back problems (829 days lost).

The top short-term sickness absence reasons are:

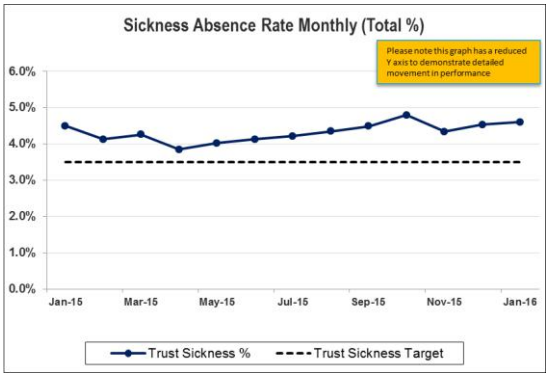
- Colds and Flu (998 days lost)
- Gastrointestinal conditions (493 days lost).

Corrective Actions

The HR Team in conjunction with line managers are reviewing all 96 long-term sickness absences cases and all but 9 have active management plans in place. These 9 cases are not appropriate for formal case management at this stage, in line with Trust Policy. There are currently 10 cases of employees off for 6 months or more, 6 have anticipated return to work plans, 2 are in process for ill-health early retirement and 2 have planned formal hearings. The HR Department are working closely with Occupational Health and Line Management to ensure management plans are appropriate and maintained and in addition are working closely with and reviewing best practice within other Trusts where sustained reductions in absence rates have been achieved to look at lessons learnt with the support of information from NHS Employers. Learning will be worked through with our staff side colleagues to recommend any changes to current Trust Policy. This review will be concluded within the next month.

Risks

Higher levels of sickness absence affect patient experience, team working and Trust finances due to the need for bank or agency cover; as well as the cost of Occupational and Statutory Sick Pay.



SRO: DoHR/COO	Current Reporting Month: Jan 2016			
	Performance	**Direction of travel**	**Plan/ Forecast**	**Status/ RAG**
Target	=<3.5%	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	4.59%	↑	Forecast next reported month	
Last reported month performance	4.52%	↑	Forecast month after	
YTD performance	-	-	Forecast month after	To be updated
Revised date to meet the standard			Forecast year end	

Key Performance Indicator: All Medical, Non-medical Appraisals and Consultants (Total) (WAPP1.2, WAPP2.2 and WAPP3.2)

Headlines

Medical Staff:

The appraisal rate for all medical staff is 81.4% as at 31st January 2016 against the Trust target of 85%, which has decreased by 0.2% since 31st December 2015. The consultant appraisal rate for this period is 83.5% and the SAS appraisal rate is 73.4%. As at 31st January there were 59 missed appraisals, 17 of which were scheduled and failed to take place in the month of January resulting in a further decrease in appraisal rate.

Four of the five divisions are currently below the 85% Trust target in January as detailed below:

- Surgery – 78.57%
- Medicine – 78.69%
- Women and Children's - 78.95%
- Clinical support – 83.64%
- TACO – 86.08%

Non-Medical staff:

The appraisal rate for all non-medical staff is 76.7% against a target of 85%. Non-medical appraisal showed a decline in performance from August 2015 until October 2015. There was some slight improvement in November and December 2015 to 78.2% but performance has now declined again in January 2016. Managers have reported performance has been affected due to operational pressures and managers' non-completion of either required documentation to report appraisal or not entering the appraisal onto ESR once completed.

Corrective Actions

Medical Staff Appraisal

Current corrective actions:

- Monthly RAG rated appraisal reports issued to Divisional Management Teams and action plans have been requested to address expired appraisals. To date action plans have been received from the TACO and Clinical Support Division. The remaining divisions have received a reminder to submit their action plans by Monday 22nd February.
- Appraisers in the Anaesthetics Directorate will also appraise colleagues in Clinical Support to improve the overall appraisal rate within the division.
- The Medical Appraisal and Revalidation Policy was ratified by the Medical Management Committee in January 16 to provide additional clarity and guidance for Appraisers and Appraisees.

Future corrective actions:

- Appraiser training for current appraisers and new appraisers is scheduled to take place in April 2016. New Appraiser training will increase the appraiser pool and reduce the risk of appraisal non-completion due to the appraiser availability in some specialties.

- An escalation procedure will be implemented to address areas of underperformance to ensure the Trust target for appraisal is achieved across all divisions.

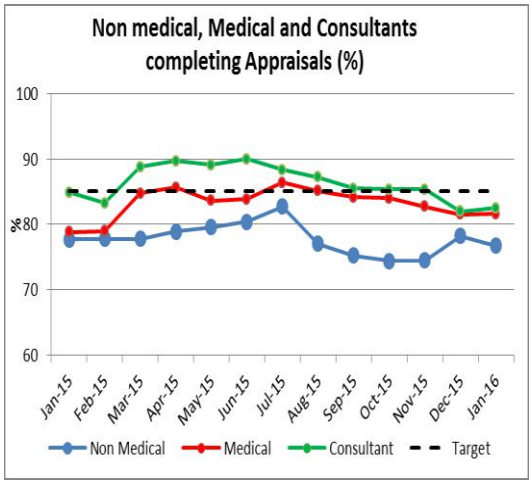
Non-Medical Appraisal

The following actions have been completed:

- All employees who have not received an appraisal in the last 12 months have received a letter reminding them of the importance of their appraisal.
- All managers whose departmental performance is below 85% have been sent a reminder regarding their obligation to ensure that all staff receive an annual appraisal.
- Development of an electronic appraisal form which can be submitted directly to ESR for monitoring, this is planned to be launched by the end of February 2016.
- Monthly reports on appraisal performance is now refreshed fortnightly.

Risks

The Clinical Lead role for Revalidation and Appraisal remains vacant. Staff are expected to have received a formal appraisal every year so that they are aware of their performance; where staff do not have an appraisal they do not have the opportunity to receive feedback and to give feedback to their manager.



SRO:DoHR	Current Reporting Month: Jan 2016			
	Performance	Direction of travel	Plan/ Forecast	Status/ RAG
Target	85%	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	81.4% Medical, 76.7% Non-medical, 83.5% Consultant	↓↑	Forecast next reported month Medical – 83% Non-Medical 80%	
Last reported month performance	81.6% Medical, 78,2% Non-medical, 82.0% Consultant	↓↑	Forecast month after Medical – 84% Non-Medical – 83%	
YTD performance	83.8% medical, 77.8% non – medical. 86.5% Consultant	-	Forecast month after Medical – 85% Non-Medical 85%	To be updated
Revised date to meet the standard	March 2016		Forecast year end	

Key Performance Indicator: % of eligible staff completed training (WSMT10.2)

Headlines

The Trusts mandatory training performance as at December 2015 is 87% which has remained the same since December 2015 against an agreed revised 90% target. However, there are 18 mandatory training topics and currently 7 topics have met the 90% target, 7 other topics are on track to achieve the 90% target by 31st March 2016. The remaining four topics are currently achieving between 47% and 64% and these are being reviewed with the topic lead and Mandatory Training Lead.

Analysis of the data shows that in identifying the clinical/non-clinical split in mandatory training rates, the focus has been on clinical staff with over 80% compliance in all areas and high 90% and above in safeguarding and infection prevention / hand hygiene. Non-clinical staff have made some improvement in all topics and key areas such as information governance and Fire are over 90%.

Corrective Actions

For the four topics that are not on track to reach the 90% target corrective actions have been agreed:

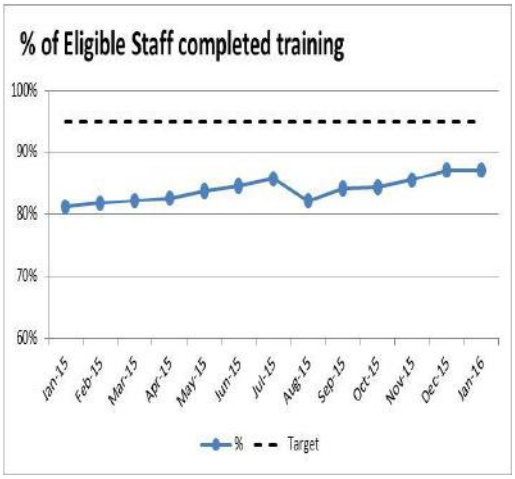
- Provision of additional training sessions and weekends and evenings.
- Alternative methods of training delivery
- Written assessments to replace e-learning for staff that have limited IT contact
- Additional administration support resourced to support managers to validate mandatory training data and records.
- Knowledgeable management staff supporting staff to complete e-learning training in Trust libraries.
- Workforce Assurance Group agreed revised target for all mandatory training topics to 90% except Information Governance which is a national target for all trusts of 95%.

Future Actions include:

- Networking continues with all 27 Trusts engaged in the West Midlands Mandatory Training Streamlining Project to develop new ideas and agree transferable training records between Trusts to improve compliance.

Risks

One of the key risks in not meeting their mandatory training targets will be financial penalties from CQR Group and potential for breaches in health and safety legislation.



SRO: DoHR/COO	Current Reporting Month: Jan 2016			
	Perform-ance	**Direction of travel**	**Plan/ Forecast**	**Status/ RAG**
Target	>90%	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	87.1%	→	Forecast next reported month – 89%	
Last reported month performance	87.2%	↑	Forecast month after-90%	
YTD performance	-	-	Forecast month after	Not provided
Revised date to meet the standard	**March 2016**		Forecast year end	

Corrective Action Statements:

Quality and Safety

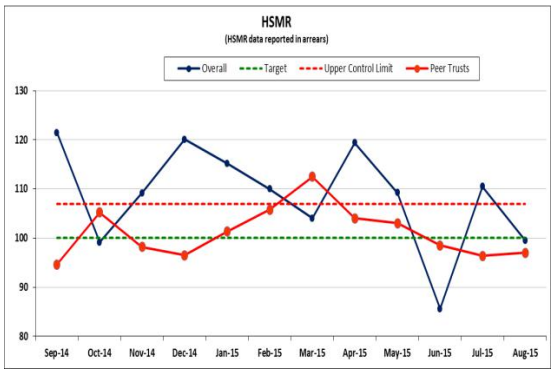
Key Performance Indicator Names;

- Mortality - HSMR (HED tool) (QPS9.8)
- Mortality - SHMI – inc. Deaths 30 days post discharge (QPS9.1)
- The total falls resulting in serious harm (in month) (QPS6.6)
- The total number of Serious Incidents (SIs), open longer than 60 days and are awaiting closure by WAHT (QPS3.1)
- % of Category 2 complaints responded within 25 days (WAHT) (QEX1.14)
- Safety Thermometer (QPS10.1)
- Infection control - MRSA Screening (High Risk Wards) (QPS12)
- % of approved risks overdue for review (QR1.0) and % of approved with overdue actions (QR1.2)
- Hip Fractures – Time to Theatre within 36 hours – all patients (QEF3.1)

Forecast Key	
Forecast to achieve	
Potential risk target will not be achieved	
Forecast not to achieve	

Key Performance Indicator: HSMR (HED tool) (QPS9.8)

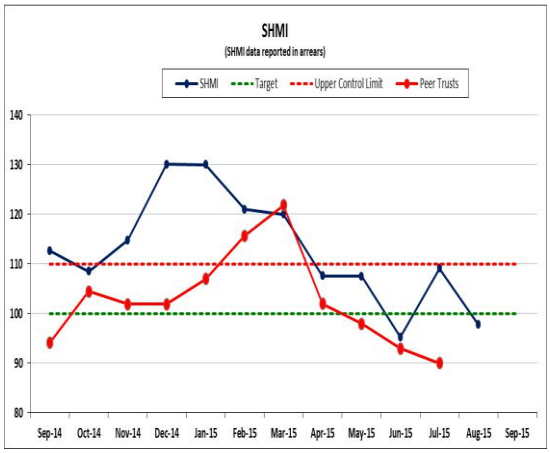
Please refer to the report from the Quality Governance Committee



SRO:CMO	Current Reporting Month: Aug 2015			
	Performance	**Direction of travel**	**Plan/ Forecast**	**Status/ RAG**
Target	<100	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	100	↓	Forecast next reported month	Not provided
Last reported month performance	111	↑	Forecast month after	Not provided
YTD performance	104	-	Forecast month after	Not provided
Revised date to meet the standard	**Not provided**		Forecast year end	Not provided

Key Performance Indicator: SHMI – inc. Deaths 30 days post discharge (QPS9.1)

Please refer to the report from the Quality Governance Committee



SRO:CMO	Current Reporting Month: Aug 2015			
	Performance	**Direction of travel**	**Plan/ Forecast**	**Status/ RAG**
Target	<100	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	98	↓	Forecast next reported month	Not provided
Last reported month performance	109	↑	Forecast month after	Not provided
YTD performance	104	-	Forecast month after	Not provided
Revised date to meet the standard	**Not provided**		Forecast year end	Not provided

Key Performance Indicator: The total falls resulting in serious harm (in month) (QPS6.6)

Headlines

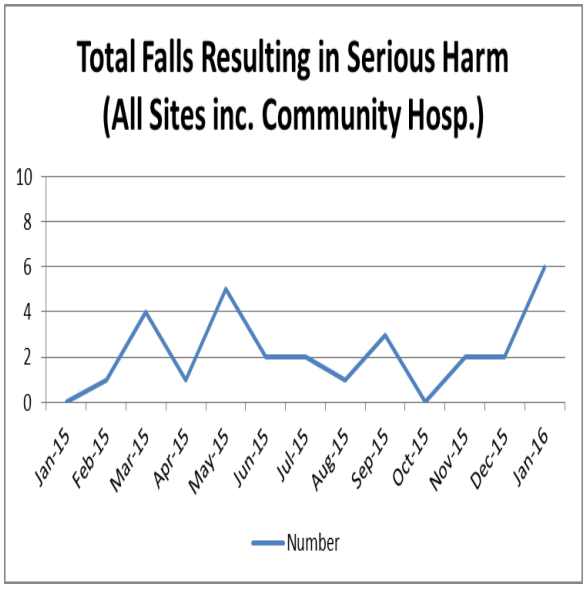
There were 6 serious harm falls reported in January 2016, although one of these falls occurred in December 2015.The injuries sustained were 3 right fractured neck of femur (one of these was from December), 3 left fractured neck of femur and one head injury. Three falls were witnessed and appear to have occurred whilst the patients were undertaking specific tasks. The falls were evenly spilt across the WRH and Alex sites. However three of the falls have occurred in the medical assessment/ high care areas on both sites. The spread of falls across the sites and ward areas is relatively inconclusive as to a pattern. This brings the total of serious harm falls for the financial year to 24. The general trend for serious harm falls has increased slightly.

Corrective Actions

There are on-going falls prevention and reduction training strategies in place. The first of this year's falls champion days was held at the beginning of February. The spread of falls across the sites and ward areas is relatively inconclusive as to a pattern. We are currently in the process of conducting repeat care contact time audits and we will be using that opportunity to look at the ward areas which have had high numbers of falls and also fractures.

Risks

The overall trend for serious harm falls is up compared to last year and we need to be mindful that the increase in length of stay and mortality are increased by serious harm falls. This also directly affects the patient experience.



SRO:CNO	Current Reporting Month: Jan 2016			
	Perform-ance	Direction of travel	Plan/ Forecast	Status/ RAG
Target	0	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	6	↑	Forecast next reported month	Not provided
Last reported month performance	2	→	Forecast month after	Not provided
YTD performance	24	-	Forecast month after	Not provided
Revised date to meet the standard	Not provided		Forecast year end	Not provided

Key Performance Indicator: The total number of Serious Incidents (SIs), open longer than 60 days and are awaiting closure by WAHT (QPS3.3)

Headlines

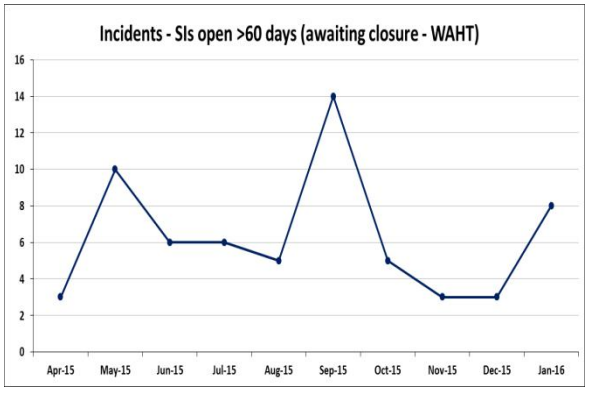
8 SI investigations were open beyond 60 days at the end of January, an increase from December. The position is expected to recover in February: two reports were pending executive sign-off; a number of investigation reports that have been referred back to the Investigator / Division for further review and/or clarification of actions are expected; only three additional SIs will reach the closure deadline in February.

Corrective Actions

The weekly Trust Operational Governance Meeting reviews SI reports and progress with investigations. Divisional Management Teams have been requested by the CNO and CMO to complete all overdue SI investigation reports and provide these to the two remaining February meetings. Improved attendance by the DMT at the Operational Governance Meeting has been requested. The approval of reports with minor amendments has delayed closure in some instances and this practice will be reviewed. Divisional review meetings continue to monitor progress of SI investigations and share any immediate learning within their area of responsibility. The new Divisional Governance Report will be reviewed at performance meetings: it includes the SI investigation performance and allows for challenge on performance where required. Training for additional lead investigators has been agreed and will be arranged.

Risks

Performance in SI investigations is monitored nationally and locally with the potential to attract a contract query from the CCGs or attention from the TDA. The CQC inspection report highlighted issues with the incident reporting and investigation process and learning from these events.



SRO:CNO	Current Reporting Month: Jan 2016			
	Perform-ance	Direction of travel	Plan/ Forecast	Status/ RAG
Target	0	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	8	↑	Forecast next reported month	Not applicable
Last reported month performance	3	→	Forecast month after	Not applicable
YTD performance	-	-	Forecast month after	Not applicable
Revised date to meet the standard	Not applicable		Forecast year end	Not applicable

Key Performance Indicator: % of Category 2 complaints responded within 25 days (WAHT) (QEX1.14)

Headlines

Overall performance against the target of 90% of category 2 complaints being responded to within 25 working days rose to 75% to the end of December 2015. On-going work continues with the Divisions including regular meetings and updates and a number of briefing sessions to launch the new complaints investigation template which went live in January.

Corrective Actions

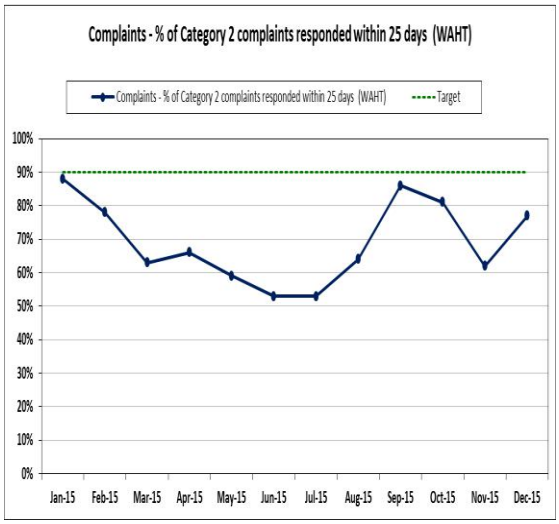
The Complaints Action Plan is included in the Patient Care Improvement Plan. This is monitored via the Patient and Carer Experience Committee and the Associate Director Patient Experience (ADPE) regularly reports progress to the Quality Governance Committee. The new complaints template has now been rolled out across all Divisions. This provides a framework for investigations and a repository to collate all information pertaining to the investigation, ensuring a root cause analysis takes place and that action plans are developed and shared as necessary. It provides an audit trail for complaint investigations, outcomes, actions and shared learning. Weekly briefings and support for staff on completing these continue to take place. We are continuing to work with the DATIX manager to ensure as much as possible can be completed via DATIX. The Complaints Team are attending regular complaints meetings with Medicine and Surgery. The ADPE and Patient Relations Manager have also been attending Divisional Quality Governance Meetings.

The revised DATIX complaints report , which provides all Divisions with up to date information on their complaints and records the outcomes, has now gone live and briefings have included raising staff awareness of this and how to find it. An update is scheduled for the Weekly Brief. Ninety per cent of complaints are sent to the Divisions within 3 working days in line with our performance target. The Complaints Team liaise with investigating officers and send out 22 day reminders. These are then escalated to the ADPE.

The Complaints Policy / process is being updated and will incorporate the new NHS England 'Assurance of Good Complaint Handling for Acute and Community Care' toolkit. In January we dealt with 232 PALS enquiries. With 2059 PALS contacts to the end of January we have already exceeded the total for 2014-15. Given we only have one PALS Officer for the whole Trust this does have capacity implications which are being reviewed as part of the wider workforce review.

Risks

If we do not adequately understand & learn from complaints and patient feedback we will be unable to deliver and demonstrate excellent patient experience.



SRO:CNO	Current Reporting Month: Dec 2015			
	Performance	**Direction of travel**	**Plan/ Forecast**	**Status/ RAG**
Target	>90%	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	75%	↑	Forecast next reported month	
Last reported month performance	62%	↓	Forecast month after	Not provided
YTD performance	64%	-	Forecast month after	Not provided
Revised date to meet the standard	**March 2016**		Forecast year end	Not provided

Key Performance Indicator: Safety Thermometer (QPS10.1)

Headlines

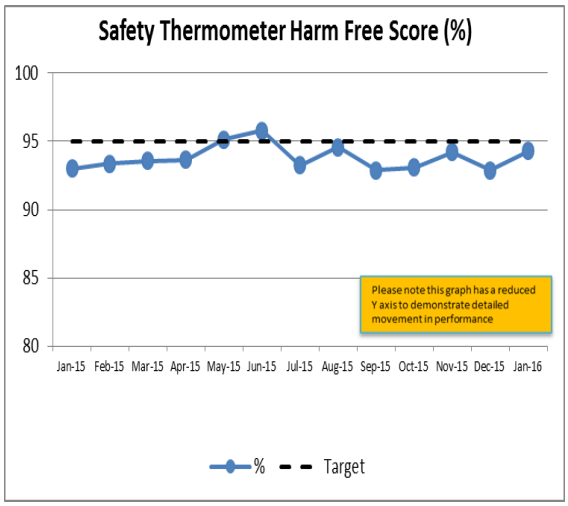
The target score set for harm free care is 95%. The Trusts overall harm free care score for January 2016 was 94.28% against a national benchmark for acute trusts of 93.55%. The Trust has achieved a score of 95% for 2 months out of 9 this financial year. Overall performance in the remaining six months has been between 92.8% and 94.5%. The main reason for not achieving 95% has been the scores for all pressure ulcers and the presence of catheters and urinary tract infections. A portion of these are acquired prior to admission to our hospitals and our beyond our control. The number of new pressure ulcers for January was 0.41% of all reported, and the number of new catheters and urinary tract infections was 0.14% of all reported. Of all new harms those that occur within our Trust was 1.09% for the month of January 2016.

Corrective Actions

All pressure ulcers are reviewed by the Trust Tissue Viability Team and accountability meetings held with relevant staff. Where pressure ulcers have occurred whilst in our care, action plans are developed and monitored by Matrons supported by the Tissue Viability Team. Ward areas have tissue viability link nurses who support learning from incidents and provide educational support to ward teams. The prevalence of catheter associated urinary tract infection (UTI) remains a focus for the Trust. The use of catheters must be documented including documenting the rationale for insertion and documentation of on-going care (which can follow the patient across the health economy) to help improve catheter management and reduce infection. A Harm Free Group has been established to bring together all current groups looking at 'harms' such as falls, pressure ulcers, venous thrombosis and infection, as these are often interconnected and the group will look at prevention of all harms using a connected and holistic approach.

Risks

The risks for not meeting the target of 95% need to be broken down into the specific areas that are being flagged. The number of pressure ulcers, catheter acquired urinary tract infections, falls and VTE's need to be looked at as to whether they occurred within the Trust or not (ie new harm), Also, Safety Thermometer should not be used as a bench mark with other trusts – NHS Safety Thermometer advise that we look at the trends within our own organisation. Both CQC and TDA will expect to see action plans for the areas where there are issues.



SRO:CNO	Current Reporting Month: Jan 2016			
	Perform-ance	Direction of travel	Plan/ Forecast	Status/ RAG
Target	>95%	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	94.28%	↑	Forecast next reported month	Not provided
Last reported month performance	92.86%	↓	Forecast month after	Not provided
YTD performance	-	-	Forecast month after	Not provided
Revised date to meet the standard	**Not provided**		Forecast year end	Not provided

Key Performance Indicator: MRSA Screening (all patients and High Risk Wards) (QPS.12)

Headlines

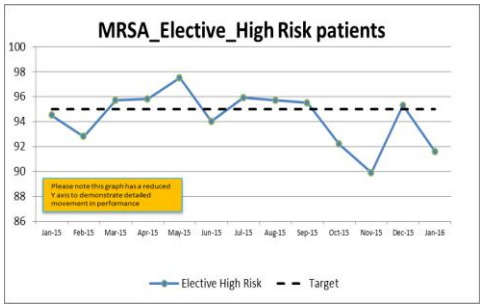
National guidance no longer requires universal MRSA screening; but allows local risk assessment to determine the extent of MRSA screening. At present universal screening continues at the Trust, but the focus of reporting is on areas caring for patients at higher risk from MRSA bacteraemia.
The performance for High Risk Wards (Non -elective) and High Risk Wards (Elective) declined from December to January and remains below the 95% target.

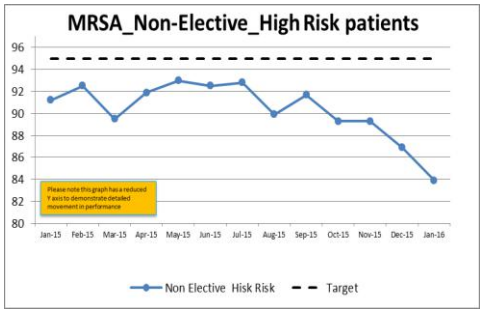
Corrective Actions

Some discrete high risk areas continue to show performance below the expected 95% or above. The Interim Chief Nursing Officer has sent a message to all inpatient areas reinforcing the need to screen appropriately . The new reporting (that has been in development to ensure that the data reported for MRSA screening is compliant with national guidance) has been progressing and is now in User Acceptance Testing. There may be further actions resulting from these tests which will be progressed during January and February, depending on the complexity. MRSA screening will be included in phase 2 of the ward quality dashboard. This will enable wards to monitor screening rates and feedback where data collection exclusions need to be implemented..

Risks

There remain overarching IT issues regarding data quality and MRSA screening, which the actions above seek to address. This will help to ascertain if there is a genuine risk to patient safety through not screening; or if the low compliance is related, as suspected, to data quality issues.





SRO: CNO	Current Reporting Month: Jan 2016			
	Elective – High Risk	Non Elective –High Risk	Plan/ Forecast	Status/ RAG
Target	>95%	>95%	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	91.6%	83.9%	Forecast next reported month	
Last reported month performance	95.3%	86.9%	Forecast month after	Not provided
YTD performance	92.8%	90.9%	Forecast month after	Not provided
Revised date to meet the standard	Feb 16	Jan 16	Forecast year end	Not provided

Key Performance Indicator: % of approved risks overdue for review (QR1.0) and % of approved with overdue actions (QR1.2)

Headlines

The performance indicator QR1.0 % Approved Risks Overdue for Review has been met this month at 18%; therefore the remainder of the corrective actions described here relate to QR1.1 % Risks with an Overdue Action. Reasons an action is not completed on time include:

- Unrealistic timeframe set or inadequate planning
- Cancelled meetings, or risk register not added to agenda
- Risk register not being reviewed in detail at meetings, or staff not held accountable for overdue actions

Overall this month, the trust had a further set back with 29% of risk actions overdue. This was due to the combination of many actions having been set as having a due date of 'the end of the year', with many staff off on leave or altered meeting arrangements in December 2015.

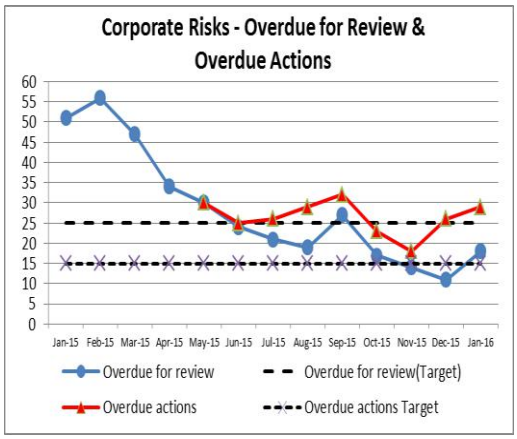
Corrective Actions

The Trust Risk Officer is attending Directorate meetings where performance is not meeting target, and liaising with the Divisional Quality Leads and the relevant DMT's. It has been noted that despite these efforts, if the chair or attendees do not challenge overdue dates, performance will not improve. The Trust Risk Officer is meeting with relevant chairs and meeting facilitators to ensure risks have robust review. Further actions:

- Introduce new divisional reporting template and revised quality governance structure by March 2016
- Implement alongside Ward Performance Dashboard phase 3 in March 2016

Risks

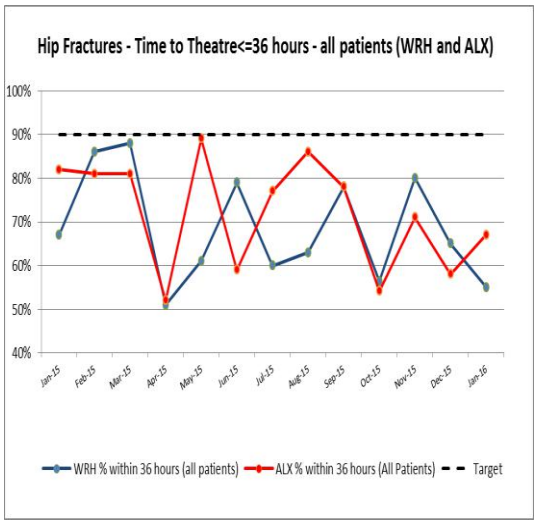
If performance is not addressed, there is no assurance that key risks are being managed in a timely way. Experience to date has shown that the majority of actions marked as overdue in Datix are truly overdue (ie it is not a problem with updating Datix). If risks are not being addressed in a timely way, the trust may be impacted financially, in terms of patient outcomes, operations/patient flow, reputation, and is less likely to achieve its objectives.



SRO:CNO	Current Reporting Month: Jan 2016*			
	Overdue for review	**Overdue actions**	**Plan/ Forecast**	**Status/ RAG Overdue Actions**
Target	<25%	-<15%	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	18%	29%	Forecast next reported month	
Last reported month performance	11%	26%	Forecast month after	
YTD performance			Forecast month after	To be completed
Revised date to meet the standard	**February 2016**		Forecast year end	Not provided

Key Performance Indicator: Hip Fractures – Time to Theatre within 36 hours – all patients (QEF3.1)

Please refer to the report from the Quality Governance Committee



SRO:COO	Current Reporting Month: Dec 2015			
	Performance	Direction of travel	Plan/ Forecast	Status/ RAG
Target	85%	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	59.0%	↓	Forecast next reported month	Not provided
Last reported month performance	61.8%	↓	Forecast month after	Not provided
YTD performance	66.5%	-	Forecast month after	Not provided
Revised date to meet the standard	Not provided		Forecast year end	Not provided

Worcestershire NHS
Acute Hospitals NHS Trust

Corrective Action Statements:

Finance

Key Performance Indicator Names;

- Elective Income (FCP2.2)
- Surplus / Deficit
- Temporary Staff expenditure (excluding WLI expenditure)

PLEASE REFER TO THE DETAIL INCLUDED IN THE MONTH 10 FINANCIAL PERFORMANCE REPORT

Forecast Key	
Forecast to achieve	
Potential risk target will not be achieved	
Forecast not to achieve	

Worcestershire Acute Hospitals NHS Trust

Quality Metrics Overview

Worcestershire NHS
Acute Hospitals NHS Trust

Reporting Period: January 2016

Patient Safety

Area	Indicator Type		Indicator	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Current YTD	Prev Year	Tolerance Type	2015/16 Tolerances			SRO	Data Quality Kitemark
																					On Target	Of Concern	Action Required		
Incidents & Never Events	Local	QPS3.3	Incidents - SI's open > 60 days (Awaiting closure - WAHT)				3	10	6	6	5	14	5	3	3	8	8	-	Local	0	-	>0	CMO	
	National	QPS4.1	Never Events	1	0	0	0	0	0	0	0	0	0	1	1	0	2	-	National	0	-	>0	CMO	
	Local	QPS6.6	Falls: Total Falls Resulting in Serious Harm (In Month)	0	1	4	1	5	2	2	1	3	0	2	2	6	24	24	Local	<=1	-	>=2	CNO	
	Contractual	QPS7.5	Pressure Ulcers: New Pts. with Hosp. Acq. Grade 3 Avoidable (Monthly)	1	1	0	2	0	2	0	0	3	2	0	1	0	10	22	Contractual	0	1 - 3	>=4	CNO	
	Contractual	QPS7.7	Pressure Ulcers: New Pts. with Hosp. Acq. Grade 4 Avoidable (Monthly)	1	1	0	0	0	0	1	0	0	0	0	0	0	1	2	Contractual	0	-	>=1	CNO	
Mortality	National	QPS9.1	Mortality - SHMI (HED tool) Inc. deaths 30 days post discharge - rolling 12 months*				108	109	112	113	113	112	111						National	<100	>=100 to UCL	> UCL	DPS	
	National	QPS9.81	Mortality - HSMR - All Diagnostic Groups - rolling 12 months*				114	113	109	109	109	109	108	108										
	National	QPS9.20	Crude Mortality - Trustwide*	4.92	4.35	3.84	3.83	3.77	2.83	3.48	3.09						-	3.74	National				DPS	
Safety Thermometer	National	QPS10.1	Safety Thermometer - Harm Free Care Score	93.00%	93.37%	93.55%	93.63%	95.12%	95.78%	93.25%	94.57%	92.86%	93.09%	94.20%	92.86%	94.28%	-	-	National	>=95%	90% - 94%	<90%	CMO	
Infection Control	National	QPS12.1	Clostridium Difficile (Monthly)	4	1	7	3	3	3	2	4	2	3	0	2	2	24	36	National	14/15 Threshold <=40.8 15/16 Threshold <= 33			CNO	
	National	QPS12.4	MRSA Bacteremia - Hospital Attributable (Monthly)	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	National	0	-	>0	CNO	
	National	QPS12.10	MRSA Screening (High Risk Wards Only) - Elective %				95.60%	97.50%	94.00%	95.90%	95.70%	95.50%	92.20%	89.90%	95.30%	91.60%	92.80%	-	National	>=95%	-	<95%	CNO	
	Local	QPS12.11	MRSA Patients Not Screened (High Risk Wards Only) - Elective				18	10	30	18	19	22	38	34	15	24	228	-	-	-	-	-	CNO	
	National	QPS12.12	MRSA Screening (High Risk Wards Only) - Non-Elective %				88.70%	93.00%	92.50%	92.80%	89.90%	91.70%	89.30%	89.30%	86.90%	83.90%	90.90%	-	National	>=95%	-	<95%	CNO	
	Local	QPS12.13	MRSA Patients Not Screened (High Risk Wards Only) - Emergency				69	43	48	48	58	49	59	60	75	99	608	-	-	-	-	-	CNO	
	Contractual	QPS12.14	Ecoli Cases (Trust Attributable)	3	5	6	1	3	10	3	3	4	2	3	5	6	40	61	-	-	-	-	CNO	
	Contractual	QPS12.15	MSSA Cases (Trust Attributable)	1	0	2	0	3	0	3	2	3	1	0	1	1	14	9	-	-	-	-	CNO	

Patient Experience

Area	Indicator Type		Indicator	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Current YTD	Prev Year	Tolerance Type	2015/16 Tolerances			SRO	Data Quality Kitemark
																				On Target	Of Concern	Action Required		
Complaints & Compliments*	Local	QEX1.1	Complaints - Numbers (In Month)	44	41	54	41	37	53	59	47	50	53	68	36	57	501	554	-	-	-	-	CNO	
	Local	QEX1.3	Complaints - Number per 10,000 Bed Days (YTD)	19.48	19.33	19.48	16.66	15.87	17.70	19.10	19.31	19.58	19.85	21.03	20.25	20.52	20.52	19.48	-	-	-	-	CNO	
	Local	QEX1.14	Complaints - % of Category 2 complaints responded within 25 days (WAHT)	88.0%	78.0%	63.0%	66.0%	59.0%	53.0%	53.0%	64.0%	86.0%	81.0%	62.0%	75.0%		64.0%	63.0%	Local	>=90	80-90%	<79%	CNO	
Friends & Family	National	QEX2.1	Friends & Family - A&E (Score)											76.6	70.7	72.4	70.8		National	>=71	67-70	<67	CNO	
	National	QEX2.5	Friends & Family - Acute Wards & A&E (Score)	78.9	74.2	74.0	77.1	80.3	77.7	74.5	74.8	69.4	76.9	80.2	75.8	77.3	76.7	76.6	National	>=71	67-70	<67	CNO	
	National	QEX2.7	Friends & Family - Maternity (Score)	81.5	80.0	77.8	88.4	84.5	80.7	87.4	86.4	88.5	86.0	82.5	84.9	86.7	85.6	83.0	National	>=71	67-70	<67	CNO	

Effectiveness of Care

Area	Indicator Type		Indicator	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Current YTD	Prev Year	Tolerance Type	2015/16 Tolerances			SRO	Data Quality Kitemark
																				On Target	Of Concern	Action Required		
Readmissions	Local	QEF2.1	Emergency Readmissions (Within 28 Days of Elective Discharge) - WAHT	0.2%	0.4%	0.5%	0.5%	0.5%	0.5%	0.4%	0.4%	0.4%	0.5%	0.3%	0.5%	0.3%	0.4%	0.5%	-	-	-	-	CMO	
Hip Fracture	National	QEF3.1	Hip Fracture - Time to Theatre <= 36 hrs (%)	73.5%	84.3%	84.1%	51.3%	70.4%	70.0%	68.0%	71.0%	78.0%	56.0%	76.0%	61.8%	59.0%	65.8%	64.0%	National	>=90%	-	<90%	CMO	
	National	QEF3.2	Hip Fracture - Time to Theatre <= 36 hrs (%) - Excl. Unfit/Non-Operative Treatment Pts	78.3%	93.5%	91.4%	69.0%	79.2%	84.0%	76.0%	75.0%	88.0%	63.0%	87.0%	76.0%	68.0%	76.2%	84.9%	National	>=90%	-	<90%	CMO	

Risk Register Activity

Area	Indicator Type		Indicator	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Current YTD	Prev Year	Tolerance Type	2015/16 Tolerances			SRO	Data Quality Kitemark
																				On Target	Of Concern	Action Required		
Risks	Local	QR1.1	% of approved risks with overdue actions					30.0%	25.0%	26.0%	29.0%	32.0%	23.0%	18.0%	26.0%	29.0%	29.0%		Local	<15	15-29	>=30	CNO	

*Indicators QPS9 are reported in arrears in accordance with published data in HED benchmarking tool. The HED data is not fully locked down until the Sept following the reported financial year, so some small changes may still occur. These metrics have previously been reported in month, these are now reported 'rolling 12 months', this is on advice from HED and the Trust Mortality lead. All months have been changed.

* Complaints and Compliments are reported one month in arrears

*QR metrics - data reported for January were extracted on 01/02 and are reported as January figures.

Worcestershire Acute Hospitals NHS Trust (WAHT)is committed to continuous improvement of data quality. The Trust supports a culture of valuing high quality data and strives to ensure all data is accurate, valid, reliable, timely, relevant and complete. This data quality agenda presents an on-going challenge from ward to Board. Identified risks and relevant mitigation measures are included in the WAHT risk register. This report is the most complete and accurate position available. Work continues to ensure the completeness and validity of data entry, analysis and reporting.

Data Quality Kite mark descriptions:
Green - Reviewed in last 6 months and confidence level high.
Amber - Potential issue to be investigated
Red - DQ issue identified - significant and urgent review required.
Blue - Unknown will be scheduled for review.
White - No data available to assign DQ kite mark

Worcestershire Acute Hospitals NHS Trust

Performance Metrics Overview

Worcestershire NHS
Acute Hospitals NHS Trust

Reporting Period: January 2016

Area	Indicator Type		Indicator	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Current YTD	Prev Year	Tolerance Type	2015/16 Tolerances: On Target	Of Concern	Action Required	SRO	Data Quality Kitemark
Waits	National	PW4.0	Backlog > 18 weeks (Outpatients + Day Case + Elective Inpatients)	2663	2489	2921	3715	3628	3119	2952	3008	3122	2997	3134	2764	2770	2,770	2,921	-	-	-	-	COO	
	National	PW1.1.3	6 Week Wait Diagnostics (Proportion of waiting list)	1.06%	0.85%	0.95%	1.31%	0.81%	1.06%	1.30%	0.95%	0.98%	0.87%	0.97%	1.55%	1.05%	1.09%	1.05%	National	<1%	-	>1%	COO	
	National	CW3.0	RTT - Incomplete 92% in 18 Weeks	89.55%	90.14%	88.93%	87.33%	87.68%	89.07%	90.25%	89.42%	88.81%	89.00%	92.05%	92.05%	92.04%	92.04%	88.93%	National	>=92%	-	<92%	COO	
	National	CW4.0	Over 52 week waits	0	0	1	1	1	4	0	0	0	1	0	0	0	7	1	National	0	-	>0	COO	
Theatres	Local	PT2.1	Booking Efficiency - ALX	67.00%	72.00%	74.00%	74.00%	72.00%	72.00%	73.00%	70.00%	71.00%	70.00%	72.00%	71.00%	71.00%	-	-	Local	Based on Target Cases per Sessions Utilisation (>8% below target = 'Of Concern')			COO	
	Local	PT2.2	Booking Efficiency - WRH	81.00%	88.00%	85.00%	92.00%	84.00%	81.00%	86.00%	82.00%	81.00%	82.00%	84.00%	77.00%	82.00%	-	-	Local				COO	
	Local	PT2.3	Booking Efficiency - KGH	72.00%	72.00%	71.00%	72.00%	70.00%	67.00%	67.00%	74.00%	68.00%	69.00%	70.00%	70.00%	68.00%	-	-	Local				COO	
	Local	PT1.1	Utilisation - ALX	65.00%	69.00%	70.00%	70.00%	66.00%	69.00%	70.00%	69.00%	71.00%	68.00%	70.00%	70.00%	70.00%	-	-	Local	Based on Target Cases per Sessions Utilisation (>8% below target = 'Of Concern')			COO	
	Local	PT1.2	Utilisation - WRH	74.00%	72.00%	72.00%	75.00%	75.00%	73.00%	74.00%	74.00%	76.00%	72.00%	73.00%	70.00%	72.00%	-	-	Local				COO	
	Local	PT1.3	Utilisation - KGH	68.00%	68.00%	67.00%	68.00%	66.00%	63.00%	65.00%	71.00%	67.00%	68.00%	68.00%	66.00%	65.00%	-	-	Local				COO	
	Local	PT3.1	Cases per Session - ALX	2.57	2.39	2.55	2.64	2.50	2.62	2.58	2.60	2.40	2.53	2.56	2.53	2.51	2.59	2.63	Local	-	-	-	COO	
	Local	PT3.2	Cases per Session - WRH	1.77	1.71	1.69	1.98	1.85	1.83	1.82	1.90	1.90	1.90	1.73	1.76	1.68	1.87	1.92	Local	-	-	-	COO	
	Local	PT3.3	Cases per Session - KGH	3.39	3.42	3.25	3.43	3.42	3.18	3.34	3.30	3.50	3.10	3.25	3.50	3.27	3.34	3.42	Local	-	-	-	COO	
A & E	National	CAE1.1	4 Hour Waits (%) - Trust **	83.35%	79.63%	82.55%	83.99%	86.71%	85.46%	85.61%	86.43%	85.00%	88.21%	88.83%	86.91%	80.28%	85.93%	90.22%	National	>=95%	-	<95%	COO	
	National	CAE1.1a	4 Hour Waits (%) - Trust inc. MIU - from September 14 **					88.59%	88.21%	88.35%	88.83%	87.64%	90.25%	90.66%	89.07%	83.55%	88.30%	-	National	>=95%	-	<95%	COO	
	National	CAE3.1	Time to Initial Assessment for Pts arriving by Ambulance (Mins) - 95th Percentile ^ (inc Kidd MIU)				45	20	23	25	34	31	28	28	28	35	35	-	National	<=15mins	-	>15mins	COO	
	National	CAE7.0	Ambulance Handover within 15 mins (%) - WMAS data	40.15%	37.08%	42.09%	43.66%	49.65%	47.14%	43.50%	41.16%	38.20%	41.09%	42.04%	41.58%	41.74%	43.43%	46.68%	National	>=80%	-	<80%	COO	
	National	CAE8.0	Ambulance Handover within 30 mins (%) - WMAS data	82.17%	77.97%	84.09%	86.47%	92.16%	90.85%	89.69%	87.99%	86.34%	87.23%	88.10%	88.18%	86.02%	88.62%	88.61%	National	>=95%	-	<95%	COO	
	National	CAE9.0	Ambulance Handover over 60 minutes	128	113	75	51	6	17	30	29	39	22	26	38	47	305	-	Local	0		>0	COO	
Cancer	National	CCAN5.0	62 Days: Wait For First Treatment From Urgent GP Referral: All Cancers	80.72%	77.69%	90.00%	80.73%	85.12%	75.37%	78.10%	86.50%	75.10%	79.30%	79.40%	89.10%	85.40%	81.31%	82.39%	National	>=85%	-	<85%	COO	
	National	CCAN6.0	62 Days: Wait For First Treatment From National Screening Service Referral: All Cancers (Small numbers)	100.00%	85.71%	100.00%	94.74%	100.00%	95.83%	100.00%	100.00%	92.60%	94.40%	100.00%	96.60%	94.10%	96.60%	91.40%	National	>=90%	-	<90%	COO	
	National	CCAN8.0	2WW: All Cancer Two Week Wait (Suspected cancer)	90.86%	96.64%	96.38%	91.47%	90.28%	86.84%	83.10%	81.80%	81.40%	85.00%	88.30%	90.50%	84.10%	86.20%	93.13%	National	>=93%	-	<93%	COO	
	National	CCAN9.0	2WW: Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	93.99%	96.39%	94.94%	85.28%	98.15%	84.21%	63.50%	83.10%	66.90%	71.40%	80.10%	82.60%	82.90%	78.90%	91.72%	National	>=93%	-	<93%	COO	
	National	CCAN10.0	Cancer Long Waiters (100 Day +, includes suspected and diagnosed)	25	24	20	24	27	23	21	27	28	23	17	16	13	13	20	-	-	-	-	COO	
Stroke	Local	CST1.0	80% of Patients spend 90% of time on a Stroke Ward (Final)	82.00%	94.30%	80.00%	97.67%	95.56%	80.39%	77.80%	81.00%	80.77%	83.33%	74.60%	73.20%	72.55%	82.40%	85.57%	Local	>=80%	-	<80%	COO	
	Local	CST2.0	Direct Admission (via A&E) to a Stroke Ward	71.40%	76.70%	76.90%	94.29%	92.86%	76.92%	67.70%	75.00%	68.18%	77.08%	66.00%	69.20%	69.23%	75.62%	78.94%	Local	>=70%	-	<70%	COO	
	Local	CST3.0	TIA	60.50%	73.70%	70.70%	68.75%	62.00%	61.20%	66.70%	61.50%	56.41%	71.05%	68.20%	65.90%	62.07%	64.94%	69.39%	Local	>=60%	-	<60%	COO	
Inpatients (All)	Local	PIN1.5	Bed Occupancy (Midnight General & Acute) - WRH **	94%	98%	97%	103%	100%	103%	100%	99.8%	101.1%	100.8%	102.2%	102.1%	107.9%	101.9%	92.5%	Local	<90%	90 - 95%	>95%	COO	
	Local	PIN1.6	Bed Occupancy (Midnight General & Acute) - ALX **	87%	89%	85%	93%	93%	91%	85%	90.7%	93.1%	94.3%	96.4%	94.5%	103.9%	93.4%	82.0%	Local	<90%	90 - 95%	>95%	COO	
	National	PIN3.1	Delayed Transfers of Care SitRep (Patients) - Acute/Non-Acute****	79	63	77	57	37	48	41	39	31	59	25	34	26	397	725	-	-	-	-	COO	
	National	PIN3.2	Delayed Transfers of Care SitRep (Days) - Acute/Non-Acute****	3635	2457	2541	2532	2198	1146	1178	1,010	778	1,362	817	918	807	12746	23610	-	-	-	-	COO	
Elective	National	PEL3.0	28 Day Breaches as a % of Cancellations ****	45.0%	13.2%	12.7%	25.0%	15.9%	10.2%	23.8%	16.4%	18.4%	12.3%	12.7%	42.6%	19.2%	19.5%	16.6%	TBC	<=5%	6 - 15%	>15%	COO	
	National	PEL4.2	Urgent Operations Cancelled for 2nd time	0	0	0	0	0	0	0	0	0	1	1	1	1	4	0	National	<=0	-	>0	COO	
Emergency	Local	PEM2.0	Length of Stay (All Patients)	5.6	5.6	5.2	5.3	5.1	5.1	5.3	4.9	4.8	4.5	4.3	4.6	5.0	4.9	4.8	Local	TBC	TBC	TBC	COO	
	Local	PEM3.0	Length of Stay (Excluding Zero LOS Spells)	7.3	7.4	6.9	6.9	6.7	6.7	7.0	6.5	6.4	6.3	5.9	6.5	6.9	6.6	6.5	-	-	-	-	COO	

Data Quality Kite mark descriptions:
Green - Reviewed in last 6 months and confidence level high.
Amber - Potential issue to be investigated
Red - DQ issue identified - significant and urgent review required.
Blue - Unknown will be scheduled for review.
White - No data available to assign DQ kite mark

***Bed occupancy data source is Bed State Report.*
****w/c 22nd Oct was not available, so the previous week has been used to calculate October performance.*

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Worcestershire Acute Hospitals NHS Trust

Workforce Metrics Overview

Worcestershire NHS
Acute Hospitals NHS Trust

Reporting Period: January 2016

Area	Indicator Type	Indicator		Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Current YTD	Prev Year	Tolerance Type	2015/16 Tolerances			SRO
																				On Target	Of Concern	Action Required	
Vacancies & Recruitment	Local	WVR1.0	Number of Vacancies - Total	249	249	224	274	311	391	400	408	375	329	374	392	408		224	Local	<=200	201-229	>=230	DCE
Turnover	Local	WT1.0	Staff Turnover WTE %	10.3%	10.5%	10.4%	10.2%	10.5%	10.5%	11.0%	11.4%	11.6%	12.3%	11.9%	12.3%	12.8%		10.42%	Local	9-10%	<>9-10%	-	DoHR
	Local	WT1.3	Nursing Staff Turnover - Qualified	10.1%	10.5%	10.6%	10.1%	10.7%	10.7%	10.9%	10.9%	11.2%	12.1%	12.8%	13.2%	14.0%		10.6%	Local	9-10%	<>9-10%	-	DoHR
	Local	WT1.4	Nursing Staff Turnover - Unqualified	12.3%	12.6%	12.6%	11.8%	11.6%	11.1%	11.6%	12.9%	13.2%	14.0%	13.9%	13.9%	13.6%		12.6%	Local	9-10%	<>9-10%	-	DoHR
Sickness & Absence	Local	WSA1.0	Sickness Absence Rate Monthly (Total %)	4.49%	4.12%	4.25%	3.84%	4.02%	4.12%	4.21%	4.34%	4.48%	4.79%	4.33%	4.52%	4.59%		4.25%	Local	<= 3.50%	>=3.51% & <=3.99%	>= 4.00%	DoHR
Temporary Staffing	Local	WTS1.0	Agency Staff - Medics (WTE) Indicative	143.6	163.3	146.9	148.0	157.6	158.1	165.8	173.0	176.0	176.7	170.7	163.4	159.4		146.9	Local	<=85	85.1-100	>100	DCE
Induction	Contractual	WIN1.3	% of eligible staff attended Induction	78.8%	79.0%	84.7%	85.1%	89.7%	95.5%	89.2%	92.1%	93.5%	73.8%	87.3%	94.6%	100.0%	90.7%	72.8%	Contractual	>= 90%	80 - 89%	< 80%	DoHR
Statutory and Mandatory	Contractual	WSMT10.2	% Of Eligible Staff completed Training	81.3%	81.8%	82.2%	82.6%	83.7%	84.5%	85.8%	82.1%	84.2%	84.4%	85.5%	87.2%	87.1%	84.7%	82.9%	Contractual	>= 95%	60.1-94.9%	<=60%	DoHR
Appraisals	Contractual	WAPP1.0	Non-medical staff who are eligible for appraisal	4970	4982	5015	5026	5004	4983	4962	4933	4958	4965	4999	4953	4984	49767	59400	-	-	-	-	DoHR
	Contractual	WAPP2.2	% Of Eligible medical Staff Completed Appraisal (excludes Doctors in training)	78.8%	79.0%	84.7%	85.6%	83.6%	83.8%	86.4%	85.1%	84.1%	84.0%	82.7%	81.6%	81.4%	83.8%	72.8%	Contractual	>= 85%	71 - 84%	< 71%	DoHR
	Contractual	WAPP3.2	% Of Eligible Consultants Who Have Had An Appraisal	84.9%	83.2%	88.8%	89.7%	89.1%	90.0%	88.3%	87.2%	85.5%	85.3%	85.3%	82.0%	83.5%	86.5%	77.8%	Contractual	>= 85%	71 - 84%	< 71%	DoHR

** Please note that the thresholds for Mandatory Training now reflect the required CCG reporting trajectory of 95% by year end.*

Note: If YTD is blank, then YTD is last reported month.

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Worcestershire Acute Hospitals NHS Trust

Maternity Metrics Overview

Worcestershire NHS
Acute Hospitals NHS Trust

Reporting Period: January 2016

Area	Indicator Type	Indicator		Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Current YTD	Prev Year
Deliveries	Contractual	MDEL1.0	Deliveries	482	434	461	469	515	514	503	469	482	492	479	439	447	4809	5676
Births	Contractual	MBIR1.0	Births	492	441	469	475	525	527	511	475	488	500	487	447	454	4889	5741
Scheduled Bookings	National	MSB1.1	Women Booked Before 12 + 6 Weeks	86.8%	84.0%	85.3%	88.6%	85.6%	88.0%	88.9%	87.7%	88.9%	88.6%	93.1%	92.1%	89.0%	88.1%	87.8%
Normal Vag. Deliveries	Contractual	MNVD1.0	Maintain Normal Vaginal Delivery Rate	61.4%	61.8%	62.9%	62.5%	57.5%	56.6%	57.7%	62.7%	63.7%	56.9%	56.8%	56.7%	57.3%	58.8%	60.7%
C- Section	Contractual	MCS1.0	Total Caesareans	27.4%	28.8%	28.4%	25.8%	28.2%	33.7%	32.6%	28.1%	26.6%	31.3%		30.5%	29.8%	29.2%	27.3%
Outcome Indicators	National	MOI1.0	Breast Feeding Initiation Rates	67.5%	73.4%	73.0%	70.2%	71.1%	72.5%	73.0%	72.0%	74.6%	73.0%	68.6%	69.7%	70.1%	72.3%	74.2%
	Contractual	MOI3.0	Midwife Led Care %	43.6%	29.0%	38.0%	23.7%	21.0%	22.0%	21.1%	20.5%	23.9%	20.1%	20.9%	19.4%	18.3%	21.7%	35.3%

Tolerance Type	2015/16 Tolerances			SRO	Data Quality Kite mark
	On Target	Of Concern	Action Required		
Contractual	<=465	466 - 516	>516	CNO	
Contractual	<=480	481 - 531	>532	CNO	
National	>=90%	-	<90%	CNO	
Contractual	>63%	63% - 60%	<60%	CNO	
Contractual	<27%	27% - 30%	>30%	CNO	
National	> 70%	67% - 70%	< 67%	CNO	
Contractual	>= 37.7%		<37.7%	CNO	

NB: Please note that tolerances are adjusted between financial years. Please note: That some metrics for the ALX are blank as services have been transferred to WRH.

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Worcestershire NHS
Acute Hospitals NHS Trust

Date of Trust Board: 3 March 2016 **Enc E1**

Report to Trust Board

Title	**Quality Governance Committee – report to Trust Board**
Sponsoring Director	**John Burbeck, Non-Executive Director, Acting Chair**
Author	**Claire Lea, Interim Company Secretary**
Action Required	The Board is requested to: • Consider the discussion in respect of the key risks • Note the report
Previously considered by	Not applicable

Strategic Priorities (√)

Deliver safe, high quality, compassionate patient care	√
Design healthcare around the needs of our patients, with our partners	√
Invest and realise the full potential of our staff to provide compassionate and personalised care	
Ensure the Trust is financially viable and makes the best use of resources for our patients	
Develop and sustain our business	√

Related Board Assurance Framework Entries	2665 If we do not achieve wider service redesign in a timely way we will have inadequate numbers of clinical staff to deliver quality care 2790 As a result of high occupancy levels, patient care may be compromised and access targets missed 2891 If the Trust does not learn from mortality reviews this knowledge will not be available to support improvements to patient care 2895 If we do not adequately understand & learn from patient feedback we will be unable to deliver excellent patient experience 2902 If the Trust does not successfully improve clinical care, we will fail to reduce avoidable harm to expected levels 3038 If the Trust does not address concerns raised by the CQC inspection the Trust will fail to improve patient care
Legal Implications or Regulatory requirements	This report covers some statutory issues such as CQC or accreditation visits.

Key Messages

This paper provides the Board with the key achievements, issues, and risks discussed at the Quality Governance Committee on 25 February 2016

Title of report	Quality Governance Committee
Name of director	John Burbeck

Date of Trust Board: 3 March 2016 **Enc E1**

REPORT TO TRUST BOARD – 03 MARCH 2016

1. Situation

This report provides the Board with key quality issues and risks discussed at the QGC's meeting held on 25 February 2016.

2. Background

This report provides the Board with assurance on matters related to patient safety and care quality. The QGC reviews reports from its sub-committees, quality performance data, and risks to meeting strategic objectives. In this way it provides assurance in the areas outlined below and identifies risks and areas of concern for the Board's attention. Where appropriate, the Committee also considers county-wide issues.

3. Assessment

3.1 Risk

The Committee had asked for the Board Assurance Framework to be reformatted for ease of reference. This work was now underway with support from Oxford University Hospitals NHS FT as part of the buddying arrangements.

3.2 Quality Account and Performance

The Committee had asked to see a more focussed quality dashboard with clear commentary on the corrective action to be taken. This new report highlighted that the position had deteriorated on open SIs, serious harm Falls, MRSA screening, and Hip Fracture Time to Theatre. Whilst the Committee was assured by the commentary provided that the appropriate actions were being taken in most areas it remained concerned at the slow progress in improving the Hip Fractures – Time to Theatre within 36 hours target, particularly for patients admitted at the weekend. It was agreed to bring this to the attention of the Board.

They were pleased to see the improvements in Safety Thermometer, HSMR, and SHMI.

3.3 Future of Acute Hospital Services – quality risks

The Committee received the report that had been considered at the Quality and Sustainability subgroup. The Committee were assured by the FoAHSW sustainability metrics as to the key risk triggers associated with the proposed Clinical Model.

3.4 Operational Governance group incorporating Safe Patient Group

The Committee heard about the poor completion rates in all divisions of the electronic discharge summary. It also highlighted the emerging trends in reported SI's. A further report was requested to explore these trends further.

Two Never Events had been reported in Q3 and were both under investigation. These would be reported to the Board in full when the investigations had been completed.

Title of report	Quality Governance Committee
Name of director	John Burbeck

3.5 Mortality

The Committee received an update on the mortality review process. The Committee were concerned to hear that the completion rate had fallen to 18.5% due to the activity levels that the Trust had faced during January. The Committee heard that renewed focus was being given and the position was expected to now improve month on month. The Committee were assured that that the process was now linked to clinical excellence awards and the appraisal process. The key message from the report was that engagement by Consultants with the primary review process was improving slowly but is not universal and concerns were expressed about the low completion rate. Appendix 1 outlining the crude mortality rate, SHMI and HSMR was circulated after the meeting and would be reviewed at the Committee's next meeting.

3.6 Patient and Carer Experience Committee Report incorporating Complaints Action Plan

The Committee was assured by the Patient and Carer Experience Committee Report which outlined the progress being made. In particular the Committee was pleased to see the on-going achievement of the Patient Experience CQUIN.

The report also included an update on the Complaints Action Plan. The Committee remains concerned at the slow progress in achieving the 90% target of responses within 25 days and has asked for further work to be carried out to improve performance.

3.7 Safeguarding Committee Report

The Committee considered and accepted the safeguarding risks set out in the report and in particular those associated with the implementation of the Mental Capacity and Mental Health Acts, safeguarding training and supervision. The Committee remained concerned at the lack of a formal agreement with Worcestershire Health and Care Trust (WHCT) for the provision of Responsible Clinician for patients detained to Worcestershire Acute Hospitals NHS Trust (WAHT) under the Mental Health Act.

Problems continued in accessing timely support for patients who have mental health illnesses whilst they are patients of WAHT. The Committee asked for a further report on the progress made by the multi-agency mental health crisis care concordat that was reviewing pathways for people presenting with acute mental health problems and on the pilot out of hours assessment service being established in the Elgar Unit.

3.6 Quality Exception Reports

The TACO-CS Division gave a detailed update on their quality metrics. The Committee was impressed with the progress being made and their awareness of the division's business. The Division continued to reduce the number of outstanding incidents. There had been a number of incidents reported relating to accessing tertiary services at other Trusts and this had been added as a risk to the divisional risk register. A Never Event in relation to a wrong size prosthesis was under review and the investigation on track. The Committee

heard that there was a risk that the Trust might lose its JAG accreditation for endoscopy and that a business case was being developed for the redesign of the endoscopy unit/decontamination facility.

The Division outlined their work on improving safety in Theatres which explored human factors/behaviours and looking at near misses which was leading the way on improving quality and safety in Theatres. They were also developing a Theatre Bank to help reliance on agency staff thus reducing agency spend and improving safety.

The Divisional leadership team also highlighted an issue with active patient identification and the Committee requested for a further detailed report on the wider trust issues on patient identification in relation to an improving safety culture & human factors.

The other divisions provided summary exception reports:
Medicine had been under a lot pressure with winter pressures. A significant SI had been notified to commissioners and the Committee was assured that urgent action had been taken to ensure robust medical support was available to the HDU concerned.
Women and Children: Work was continuing to ensure sufficient capacity for gynaecology surgery.
Surgery: The Committee was pleased to see that the risks and actions were well aligned.

3.7 PCIP

The Committee was informed that the PCIP was under a major review following feedback from the NHS TDA. A full report would be given to the Trust Board in March

3.8 Tissue Viability

The Committee was pleased to hear about the continuing work on tissue viability and the trajectory for improvement in the next few months.

3.9 Other updates

The Committee received updates in respect of the following:

- Quarterly CQC update
- Information Governance bi-annual Report
- External Visits
- CQUIN regular update which outlined the poor performance in SEPSIS screening and assessment. The Committee has asked for this to be included on the quality dashboard in future to keep it under review.

4 Recommendation

The Board is requested to:

- Consider the Committee's concern at the slow progress in improving the Hip Fractures – Time to Theatre within 36 hours target, particularly for patients admitted at the weekend
- Consider the Committee's concern at the lack of a formal agreement with Worcestershire Health and Care Trust (WHCT) for the provision of

Responsible Clinician for patients detained to Worcestershire Acute Hospitals NHS Trust (WAHT) under the Mental Health Ac

- Note the 18.5% mortality review rate and the actions being taken to improve
- Note the poor EDS documentation
- Note the divisional deep dive for TACO-CS
- Note that the QGC received the Safeguarding Report and the Information Governance Report
- Note the report

John Burbeck
Acting Chair – Quality Governance Committee

Title of report	Quality Governance Committee
Name of director	John Burbeck

Worcestershire NHS
Acute Hospitals NHS Trust

Date of meeting: March 2nd 2016 **Enc F1**

Report to Trust Board (in public)

Title	**Nursing and Midwifery Workforce Report**
Sponsoring Director	**Mari Gay , Chief Nursing Officer**
Author	**Sonya Murray, Associate Chief Nursing Officer**
Action Required	The Board is asked to receive the report on: • Nursing and Midwifery Workforce metrics and associated actions • Safe Staffing Status • Workforce Review • State of preparedness for revalidation
Previously considered by	*Workforce Assurance Group*
Strategic Priorities (√)	
Deliver safe, high quality, compassionate patient care	√
Design healthcare around the needs of our patients, with our partners	
Invest and realise the full potential of our staff to provide compassionate and personalised care	
Ensure the Trust is financially viable and makes the best use of resources for our patients	√
Develop and sustain our business	
Related Board Assurance Framework Entries	2678 If we do not attract and retain key clinical staff we will be unable to ensure safe and adequate staffing levels.
Legal Implications or Regulatory requirements	Quality Commission standards, NICE Safer Staffing Guidelines
Glossary	HCSW – Health Care Support Worker TDA – Trust Development Authority NICE –National Institute for Health and Care Excellence NMC Nursing and Midwifery Council

Key Messages

- Safe staffing status and performance against TDA benchmark remains positive.
- An update on the continuing nursing and midwifery workforce review
- Progress on the reduction of use of agency staff.
- Assurance on progress towards nursing and midwifery revalidation.

Date of meeting: March 2nd 2016 **Enc F1**

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

REPORT TO TRUST BOARD – 2 MARCH 2016

1. Situation

This paper presents an update on the Nursing and Midwifery Workforce, including compliance with safe staffing guidance using key workforce metrics to describe the current overall situation. It also provides an update on the challenges for nursing recruitment and the divisional positions.

2. Background

In November 2013 The National Quality Board published *A guide to support providers and commissioners in making the right decisions about nursing, midwifery and care staffing capacity and capability.* Subsequently in July 2014 NICE published recommendations on safe staffing for adult-inpatient wards. It is recognised that there is no right answer for nurse and midwifery staffing and that services are complex requiring different solutions. Establishing appropriate staffing levels is complex and depends upon a range of factors including patient's dependency and acuity, patient flow, the capacity and capability of nurses and midwives and the environment of care provision.

3. Assessment

3.1 Nursing and Midwifery workforce metrics.

The nursing and midwifery position reported as of January 31st 2016

	Funded Establishment		**Vacancies wte/% of funded**	
	Qualified	Unqualified	Qualified	Unqualified
September 2015	1696.43	710.28	135.75 **8.0%**	36.3 **5.1%**
October 2015	1865.08	735.91	171.21 **9.1%**	25.72 **3.4%**
November 2015	1865.08	735.91	172.2 **9.23%**	38.1 **5.1%**
December 2015	1871.61	737.84	160 **8.54%**	45.0 **6.0%**
January 2016	1872.42	740.77	195.8 **10.45%**	42.6 **5.7%**

The number of wte funded qualified nursing and midwifery posts have

remained mostly static and the actual staff in post has decreased again in January 2016 whilst turnover has increased. Since April 2015 the number of new starters has consistently fallen below the number of leavers. The number of applicants and external offers is insufficient to fill the current level of qualified nursing vacancies. The main reasons for leaving from ESR data suggest that work/life balance remains the most significant reason.

The total number of wte unqualified staff in post has increased in January 2016 and staff turnover has decreased slightly.

Vacancies for qualified nurses have increased in January after remaining largely static for the previous 3 months, whilst HCSW vacancies have increased again albeit slightly.

Divisional Position

Medicine

Registered Nurse vacancies within the Medical Division are currently 80.47 (including the 10% over recruitment target) and this is an increase on the previous two months. The areas with the highest number of vacancies remain MAU at the Alexandra Hospital (15.5 wte) and Medical High Care and Medical Short Stay at Worcestershire Royal Hospital (12.06 wte). The Division continues to try to over recruit particularly for HCSW.

Surgery

The position for in relation to registered nurses in Surgery remains static overall for the third month in a row with 43.0 wte registered nurse vacancies reported for January against 41.5 wte for December .The vacancy position for HCSWS also remains largely static at 6.1 wte for December 2015 against 5.1 wte for January 2016.

TACO/Clinical Support

Vacancies within TACO/Clinical Support remain largely for Registered Nurses and Operating Department Practitioners (ODPs) are also static that majority of vacancies being within theatres at the Alexandra and Worcestershire Royal Hospital. Initial discussions have taken place with the University of Worcester regarding the development of a local Operating Department Practitioner Programme to support recruitment. It was proposed that the development of this would also include the programmes for Surgical Care Practitioners, Surgeon's First Assistant and professional development modules. The offering of a recruitment incentive also appears to have attracted interest in vacancies in theatre with eight new applicants.

Women & Children

Within Women and Childrens Division the vacancy position has worsened slightly in January 2016 with 21.2 wte registered vacancies across the Division compared with 16.8 wte registered vacancies in December 2015 in November. The majority of vacancies in December were within the speciality of Gynaecology (7.27 wte)

Recruitment Actions

Further Trust wide recruitment events continue quarterly. The event held at the Alexandra Hospital event on January 23rd 2016 saw 129 people attend with 72 interested in HCSW posts and 32 in registered nursing opportunities. 17 interviews for staff nurse posts were held on the day, 5 for surgery and 12 for medicine. The next planned event is April 14th 2016. Staff are also attending recruitment fairs at colleges and Universities around the region.

3.2 Safer staffing

Trust overall fill rates for December 2015

	Day		Night	
Site Name	**Average fill rate - registered nurses midwives (%)**	**Average fill rate - care staff (%)**	**Average fill rate - registered nurses/ midwives (%)**	**Average fill rate - care staff (%)**
AGH	97.5	99.2	93.9	109.1
KGH	110.7	98.5	124.2	139.6
WRH	96.4	95.5	95.9	101.0

The above table indicates that overall our hospital sites are working either to or above the required safer staffing levels.

The table below outlines the wards who did not meet the 80% fill rates required by the TDA for January 2016. 12 out of the 44 wards required to report fill rates were fewer than 80% a significant improvement on December 2015 when 19 wards had fill rates of below 80% on one or more occasion. A number of the overfills have also been reduced due more robust scrutiny and challenge over the use of agency.

Ward	**DAYS Average fill rate - registered nurses/ midwives (%)**	**DAYS Average fill rate – care staff (%)**	**NIGHTS Average fill rate - registered nurses/ midwives (%)**	**NIGHTS Average fill rate – care staff (%)**
Ward 6	97.7%	78.0%	109.3%	128.3%
Ward 10	86.9%	102.0%	69.8%	176.6%
Ward 11	92.7%	92.9%	69.9%	174.0.0%
Ward 16	75.5%	110.4%	69.1%	144.7%
Ward 18	92.3 %	85.6%	74.8%	167.2%
SCDU & SHDU	105.8%	106.7%	79.4%	98.9%

Beech A	92.4%	128.8%	69.3%	119.4%
Severn & HDU	109.9%	67.1%	100.4%	100.3%
WRH Delivery Suite & Theatre	94.9%	81.6%	89.2%	67.7%
WRH Meadow Birth Centre	83.1%	100.8%	73.1%	96.8%
WRH Postnatal Ward	93.8%	93.3%	90.3%	72.0%
WRH Riverbank	80.1%	74.6%	95.2%	58.1%

Key

- 80%	
80-94.9%	
95% +	

Surgery

Fill rates under 80% within the Surgical Division are attributed to the unavailability of a third planned registered nurse on night shifts due to continued vacancies. Additional HCSWs were rostered to cover the shortfalls and maintain overall numbers of staff on duty.

Medicine

Within the Medical Division fill rates under 80% are attributed to vacancies and short term sickness, particularly amongst HCSWs and short notice cancellations by bank and agency staff. Significant overfill rates were due to Deprivation of Liberty safeguards and patients requiring 1:1 supervision and specialing. Our current specialing guidance is being reviewed to ensure that the use of additional staff for specialing is appropriate in terms of the skills and numbers required, together with our management of patients who require close supervision.

Women and Children

Low fill rates within the Women and Childrens Division on paediatric wards were due to vacancies which have now been recruited to. As these wards have low numbers of HCSWs within their skill mix any shortfall has a significant impact on fill rates. Whilst the data reflects a fill rate of 73.1% for midwives on night shifts, staffing of maternity areas is shared across the unit and staff are re-deployed across areas dependant on acuity and patient need. Since the emergency centralisation of maternity services the rostering templates have been under review and some responsive changes to need have not yet been reflected in the roster template which has contributed to the low fill rates reported.

Staffing across all areas is managed on a shift by shift basis and there are clear escalation procedures in place to cover shortfalls including the use of the use of bank and agency staffing where appropriate.

3.3 Nursing and Midwifery Workforce Review

Following the review of the matron structure discussions have taken place with Divisional Management teams to plan implementation of proposed changes. The proposed changes have now been put to the Matrons for consideration and will be agreed in March for implementation in April.

The next stage of the review will be a review of the corporate nursing structure and a scoping of the specialist nurse workforce.

Ward based reviews

Staffing establishments and skill mix on each in-patient ward are is currently being risk assessed in line with the advice issued in June by the Chief Nurse for England. This suggested that safe staffing should not just focus on nursing and midwifery numbers, but should look beyond professional boundaries to the staff needed for multi professional teams..

As a result job descriptions and person specifications have been job matched approved for the following new roles:
Ward Administrator Band 3
Ward Housekeeper Band 3
Assistant Practitioner (Nursing) Band 4.

A scoping exercise across the Divisions has identified where these posts would be most effective and these roles will now be advertised and recruited to. This is from existing ward resource and will create a wider skill mix. Currently across the 4 Divisions there has been identified the opportunity for complementing current ward teams with ward administrator and housekeeper roles as follows: 1 wte Ward Housekeeper and 1 wte Ward Administrator per base ward, 2 wte housekeepers and administrators for ICCU, paediatrics and maternity.

Discussions are currently taking place with the University of Worcester regarding a training programme for Assistant Practitioners, bearing in mind the current consultation from Health Education England on the possible implementation of an Associate Nurse type role.

During February 2016 the 6 monthly establishment review together with the 6 monthly acuity census using the Safer Nursing Care tool, and a Care Contact Time audit is being undertaken and these will be reported on in detail at the next Board meeting.

These two ward based reviews will provide a risk assessment of the staffing requirements for each ward in line with new National recommendations on safety level assurance.

3.4 Progress with the use of Bank and Agency Staffing

The proposed extension to the current NHSP contract put forward is still under

review by finance and procurement.

A new workflow for the use of agency staff based on a tiered cascade system dependant on compliance with the February agency rate caps has been implemented. All suppliers who are part of the Birmingham Cluster were invited to meet Trust representatives to discuss compliance with agency rate caps and continued supply of staff to the Trust. All shifts will in the first instance, be put to NHSP and subsequently to tier 1 compliant agencies. Any shifts which are subsequently required to go to non- compliant or off framework agencies in a 'break glass' situation will require senior and/or executive approve depending on the position on the tier system.

January saw an overall increase in the use of third party agencies, particularly in Emergency Departments, Theatres and Chemotherapy, along with MAU at the Alexandra, Ward 5 and Ward 9, Avon 5 and Medical High Care at Worcestershire Royal Hospital.

Current Financial Year	December 2015	January 2016
Day Web	49	16
Flame Lily	173	186
Imperial Staffing	351	386
Medacs Healthcare	3	14
M S I Recruitment	533	590
Nursing Personnel	79	54
Nursing Services Uk	67	64
*Pulse	101	87
*Thornbury Nursing Service	24	45
*Your World Recruitment	20	19
Total	**1,400**	**1,461**

* Non- compliant agency suppliers

New rates have been negotiated with the suppliers of chemotherapy nurses and the TACO/Clinical Support Division has in place a plan for the development and training of chemotherapy nurses to reduce the dependence on agency.

Within the Medical Division Staffing in both EDs is currently under review and the use of agency reflects the high activity in this area. Avon 5 is now closed. Ward 9 has increased capacity and the Medical Assessment Unit s on both sites have had high numbers of vacancies which are being addressed through

continued recruitment activity.

Theatres have put in place a plan for an internal bank and are introducing recruitment and retention incentives.

We are now starting to see an increase in the use of agencies new to our cascade and hope to see a significant reduction in the use non - cap compliant agencies during February and March and the elimination of off-framework agencies as the newer agencies start to supply specialist staff previously supplied by the off-framework agencies.

Further agency caps are due to be implemented in April and feedback from agencies on the cluster is that it will be challenging for them to meet these.

3.5. Nursing & Midwifery Revalidation – update

Awareness raising sessions continue across the Trust in preparation for April 1st with no major issues identified. The first wave of nurses to revalidate on or shortly after April 1st 2016 are now receiving notification from the NMC to start the process. 466 registered nurses and midwives have attended revalidation awareness sessions so far.

4 Recommendation

The Group is asked to receive the report on:

- Nursing and Midwifery Workforce metrics and associated actions
- Safe Staffing Status
- Workforce Review
- State of preparedness for revalidation

Mari Gay
Interim Chief Nursing Officer

Worcestershire NHS
Acute Hospitals NHS Trust

Date of meeting: 2 March 2016 **Enc G1**

Report to Trust Board (in public/in private) *please delete*

Title	**Furture of Acute Hosptial Services in Worcestershire**
Sponsoring Director	**Chris Tidman** **Interim Chief Executive**
Author	**Kimara Sharpe** **Company Secretary**
Action Required	The Board is requested to note the stake holder briefing and the significant progress being in respect of the programme.
Previously considered by	FOAHSW Programme Board

Strategic Priorities (√)

Deliver safe, high quality, compassionate patient care	√
Design healthcare around the needs of our patients, with our partners	√
Invest and realise the full potential of our staff to provide compassionate and personalised care	√
Ensure the Trust is financially viable and makes the best use of resources for our patients	√
Develop and sustain our business	√

Related Board Assurance Framework Entries	**2678** - If we do not attract and retain key clinical staff we will be unable to ensure safe and adequate staffing levels **2665** - If we do not achieve wider service redesign in a timely way we will have inadequate numbers of clinical staff to deliver quality care **2905** - Failure to transform our services, resulting in inability to deliver required improvement
Legal Implications or Regulatory requirements	
Glossary	

Key Messages

The attached stakeholder brief was circulated in February. There is significant progress being made with the programme and consultation is on track for the summer.

Title of report	FOAHSW
Name of director	Chris Tidman

Future of Acute Hospital Services in Worcestershire

Stakeholder Brief – February 2016

1. Clinical Model Approved

The Clinical Model for the Future of Acute Hospital Services in Worcestershire has been approved by NHS Redditch and Bromsgrove, NHS South Worcestershire and NHS Wyre Forest Clinical Commissioning Groups and endorsed by Worcestershire Acute Hospitals NHS Trust. The model will now be reviewed by the West Midlands Clinical Senate before being assured by NHS England. Once the model has been assured the public will be consulted and asked for their views.

Under the model 95% of patients will see no change to the way they currently access services in the county and all three of the county's acute hospitals –the Alexandra, Kidderminster Hospital and Treatment Centre and the Worcestershire Royal –will remain open. Worcestershire will also retain its two Accident and Emergency Departments and the Minor Injuries Unit at Kidderminster.

The main proposed changes to services in the proposed clinical model of care are:

- Separation of emergency and planned care to improve outcomes and patient experience
- Creation of centres of excellence for planned surgery
- Urgent care centre for adults and children at the Alexandra Hospital
- A&E remaining at the Alexandra Hospital (adult only) with robust arrangements for managing a seriously sick child if they arrive unexpectedly or their condition deteriorates and they need an inpatient stay in hospital
- Centralisation of inpatient care for children at Worcester with the majority of children's care remaining local
- Centralisation of consultant-led births at Worcester with ante-natal and post-natal care remaining local
- Centralisation of emergency surgery

2. Safety of Services

The on-going safety of clinical services is monitored monthly by the Programme Board's Quality and Service Sustainability sub group. The group has identified trigger points which would lead to recommendations to the statutory bodies (the CCGs and acute trust) to make changes to services. The Programme Board supports the extension of the temporary emergency move of maternity, neonatal and emergency gynaecology services from the Alexandra Hospital to Worcestershire Royal Hospital due to patient safety concerns.

3. Finances

The Clinical Model is expected to save £4.8 million and be the catalyst for a further £20 million of savings. Clarity on the proposed changes to services should enable Worcestershire Acute Hospitals to attract more permanent staff and reduce reliance on expensive temporary staff.

4. Transport

Transport for patients, staff and visitors has been considered by a transport working group which included representatives from Worcestershire County Council, patients and carers. The group has made a number of recommendations which have been forwarded to Worcestershire County Council which has a statutory duty to provide public transport in the county. The recommendations include extending the 350 bus service between Redditch and Worcester to an hourly service in each direction, improved use of community transport with the potential for a community bus and better promotion of car sharing and alternative forms of transport, particularly for staff. The programme team is now researching the transport arrangements at other hospitals to gauge how popular they are with patients, visitors and staff.

5. Public Consultation

The Programme Board is committed to putting the clinical model out for public consultation and to listening to the views of patients and the public before any formal decisions are made on the future of acute hospital services in Worcestershire.

6. Accountable Officers

Simon Hairsnape is being seconded to Herefordshire Clinical Commissioning Group from Monday, February 22nd until March 31st 2017. Simon Trickett, currently chief operating officer of NHS South Worcestershire CCG has been appointed the interim Chief Officer and Accountable Officer for NHS Redditch and Bromsgrove and NHS Wyre Forest CCGs. Simon Trickett and Dr Carl Ellson, Chief Clinical Officer for NHS South Worcestershire CCG, will be the joint Senior Responsible Officers for the Future of Acute Hospital Services in Worcestershire programme.

Worcestershire NHS
Acute Hospitals NHS Trust

2 March 2016 **Enclosure H2**

Report to Trust Board

Title	**Financial Performance – Month 10 2015/16**
Sponsoring Director	**Rob Cooper – Interim Director of Finance & Information**
Author	**Haq Khan – Deputy Director of Finance** **Rob Pickup - Assistant Director of Finance** **Katie Osmond - Assistant Director of Finance**

Action Required	• The Trust must rigorously pursue its identified recovery actions in order to tackle the adverse financial position and urgently demonstrate an improvement in the run rate. This must focus on:
	  • Exploiting Clinical Decisions Unit (CDU) and Ambulatory Care
	  • Compliance with new controls on non-pay restrictions
	  • Locum expenditure being micro-managed
	  • Increased targets and micro management of nursing agency
	  • Further theatre productivity gains
	  • Manage down Medically Fit for Discharge (MFFD)
	  • Ensuring new costs do not enter the system
	• Additional capacity at Worcestershire Royal Hospital (WRH) and the Alexandra Hospital needs to be contained to the agreed plans. This requires the closing of, and not re-opening Ward 9 and Avon 5 capacity.

Previously considered by	Finance & Performance Committee

Strategic Priorities (√)

Deliver safe, high quality, compassionate patient care	
Design healthcare around the needs of our patients, with our partners	
Invest and realise the full potential of our staff to provide compassionate and personalised care	
Ensure the Trust is financially viable and makes the best use of resources for our patients	✓
Develop and sustain our business	

Related Board Assurance Framework Entries	2668 If plans to improve cash position do not work the Trust will be unable to pay creditors impacting on supplies to support service. 2888 Deficit is worse than planned and threatens the Trust's long term financial sustainability

Legal Implications or Regulatory requirements	The Trust must ensure plans are in place to achieve the Trust's financial forecasts. The Trust has a statutory duty to breakeven over a 3 year period.
Glossary	***Commissioning for Quality and Innovation (CQUINs)*** – payments ensure that a proportion of providers' income (currently up to 2.5%) is conditional on quality and innovation and is linked to service improvement. The schemes that qualify for CQUIN payments reflect both national and local priorities. ***Earnings before interest, taxation, depreciation and amortisation (EBITDA)*** – is a measure of a trust's surplus from normal operations, providing an indication of the organisation's ability to reinvest and meet any interest associated with loans it may have. It is calculated as revenue less operating expenses less depreciation less amortisation. ***Liquidity*** – is a measure of how long an organisation could continue if it collected no more cash from debtors. In Monitor's Risk Assessment Framework, it is measured by the number of days' worth of operating costs held in cash or cash-equivalent forms and is a key component of the continuity of services risk rating. ***Quality, innovation, productivity and prevention (QIPP)*** – is a programme designed to identify savings that can be reinvested in the health service and improve quality of care. Responsibility for its achievement lies with CCGs; QIPP plans must therefore be built into planning (and performance management) processes. ***Marginal rate emergency tariff (MRET)*** – is an adjustment made to the amount a provider of emergency services is reimbursed. It aims to encourage health economies to redesign emergency services and manage patient demand for those services. A provider is paid 70% of the national price for each patient admitted as an emergency over and above a set threshold. Introduced in 2003, **payment by results (PBR)** was the system for reimbursing healthcare providers in England for the costs of providing treatment. Based on the linking of a pre-set price to a defined measure of output of activity, it has been superseded by the national tariff.

Key Messages

At a deficit of £5.2m the month 10 position is £0.4m better than the preceding month; the year to date deficit has moved to £50.3m. Both income and non-pay expenditure deteriorated by £0.1m and £0.7m respectively in month (excluding the impact of Non PbR drugs). This was offset by an improvement in pay of £0.2m and the £0.9m in-month adjustment of Public Dividend Charges (PDC)

The bridge diagram details the variance and distinguishes four key themes which continue to drive the Trust's off plan year to date position.

1. Income, fines and penalties (£4.5m adverse variance includes specialised services gain share and excludes additional capacity income). Fines continue for RTT as although the Trust has been achieving this as a whole, fines are being levied by commissioner and by specialty.

2. Impact of medically fit for discharge (MFFD) (£3.8m).

3. Additional premium staffing including the extra staff in A&E (£10.2m).

4. Non-pay overspends and other operating income (£3.4m).

The Trust is continuing to be fined for RTT performance despite hitting the target as a Trust. Fines are being levied on an individual commissioner and specialty level.

The locally agreed deadline for reaching a year end settlement for 2015/16 and the 2014/15 issues has now passed. There have been meetings on a Health Economy wide basis facilitated by NHS England and TDA to agree a settlement. Negotiations are on-going and are also now considering a 'block' arrangement for 2016/17. The most recent offer from commissioners falls below the Trust's requirements. An offer has also been received from NHSE Specialised Services to resolve 2015/16.

TDA and Monitor set out a list of priorities for the remainder of 2015/16. These were included in a letter dated 15th January 2016, listing the areas highlighted below for review and action. The majority of these have already been enacted by the Trust either in this year or previous years. A second return was submitted on the 19th of February highlighting the progress against these headings and incorporated the £5.2m improvement to forecast. The areas highlighted were:

- Loan capital to revenue transfers
- Accurate monthly capital forecasting
- Accurate provision reporting
- Workforce
- Agency staffing
- Reviewing in-year priorities
- Balance sheet review
- Bad debt provisions
- VAT changes
- Annual leave
- Asset valuations
- Asset lives review

- The QIPP savings after month 10 represent 51% of the total required to meet the original target of £15.6m. The year to date performance of £7.9m is ahead of the plan (£0.4m), including slippage factor, although the forecast does not indicate an increase to meet the original target. In month saving actuals continue to grow (£0.1m between months 9 and 10) but the slowing rate of growth indicates that QIPP performance is levelling out. Efforts to contain winter pressures and generate Financial Recovery Plans (FRP) continue. The Internal QIPP forecast has maintained at £10.3m against the target of £15.6m. £1.9m of this shortfall is forecast to be delivered through the FRP although this remains £7.9m short of the £9.7m originally planned.

- The Trust will need significant levels of further working capital to meet its financial commitments. The revised forecast of £59.9m helps this requirement. This will inevitably result in further TDA scrutiny and follows the Chief Executive and Director of Finance meeting with the Department of Health in November to discuss cash requirements. Currently, the Trust has an Interim Revenue Support Facility Loan of £38.2m, which represents the Trust's Stretch Control Target for 2015/16 of £28.7m plus the Working Capital identified as being required by the Trust in its 2015/16 Independent Trust Financing Facility (ITFF) application (£9.5m). The Revenue Support facility figure is broadly comparable with funding equivalent to 40 days' worth of operating expenditure. The balance of the Revenue Support Facility was drawn down in January 2016. The Trust has identified further cash resource support of at least £23.5m will be required above the agreed loan facility to meet the financial obligations to pay suppliers and avoid clinical incidents through to the end of the financial year. The Trust will access this support for the remainder of the financial year via a Revolving Working Capital Facility Loan. £4.9m of the cash support was drawn down during January 2016 and a further £5.1m has been drawn down in February 2016. The Trust has a minimum additional cash support requirement of £13.5m in March 2016. A decision on the permanent solution to the Trust's cash funding remains outstanding.

Report to Trust Board

Worcestershire NHS
Acute Hospitals NHS Trust

Finance Report
Month 10

Rob Cooper

Interim Director of Finance

26th February 2016

Trust Wide Position Month 10

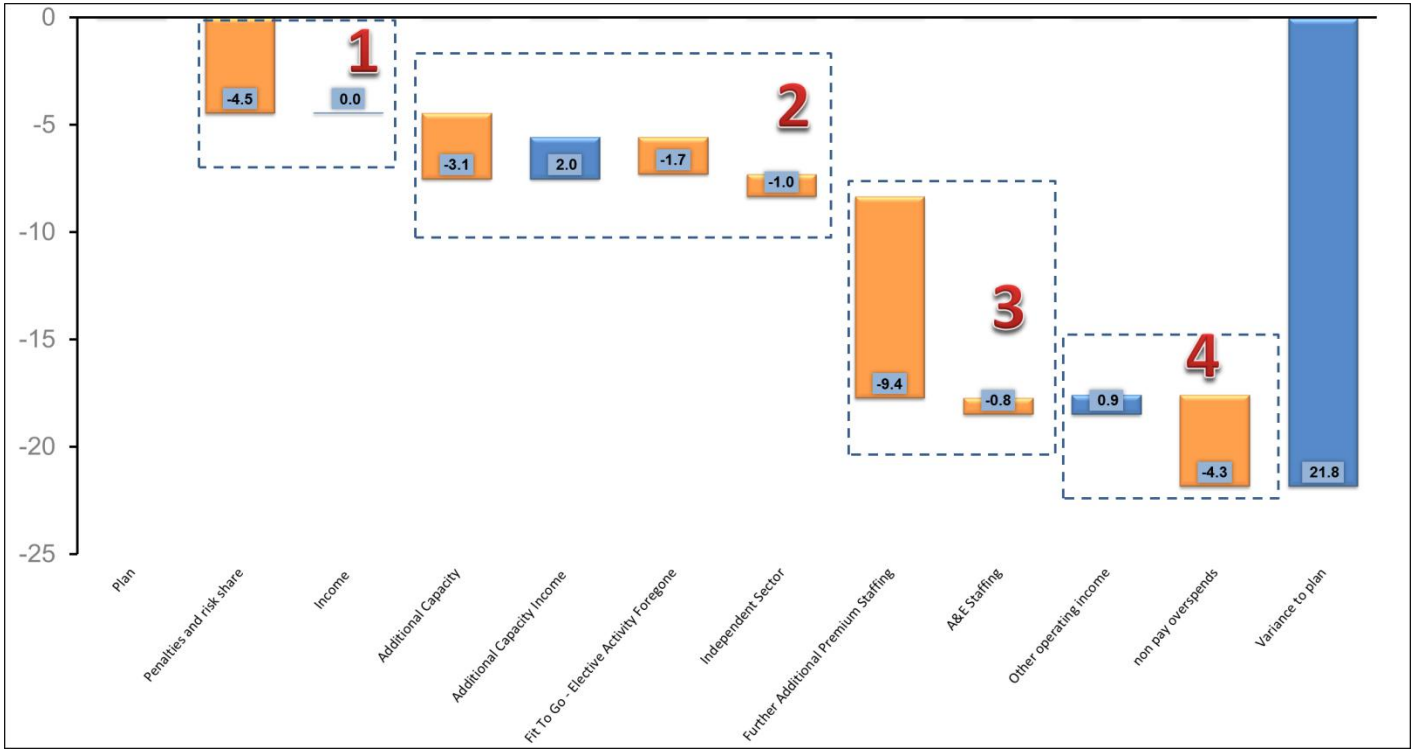
Worcestershire NHS
Acute Hospitals NHS Trust

At a deficit of £5.2m the month 10 position is £0.4m better than the preceding month; the YTD deficit has moved to £50.3m. Both income and non pay expenditure deteriorated by £0.1m and £0.7m respectively in month (excluding the impact of Non PbR drugs). This was offset by an improvement in pay of £0.2m and the £0.9m in-month adjustment of PDC charges.

The bridge diagram details the variance and distinguishes four key themes which continue to drive the Trust's off plan year to date position.

1. Income, fines and penalties (£4.5m adverse variance includes specialised services gain share and excludes additional capacity income). Fines continue for RTT as although the Trust has been achieving this as a whole, fines are being levied by commissioner and by specialty
2. Impact of medically fit for discharge (£3.8m).
3. Additional premium staffing including the extra staff in A&E (£10.2m).
4. Non-pay overspends and other operating income (£3.4m).

YEAR TO DATE VARIANCE TO PLAN



Forecast Outturn Position & Winter costs

Worcestershire NHS
Acute Hospitals NHS Trust

The Trust has revised it forecast financial position by £5.2m from £65.1m to £59.9m. This movement is due to improving pay and non pay positions, increased income from commissioners and increases to operating income. The movements in the forecast are shown in the table below with other areas remaining consistent with the previous forecast. At month 10 the Trust is on or ahead of forecast for pay, non pay and other operating income.

	£m's	£m's
Month 9 FOT		**(65.10)**
Movements		
Pay & Non Pay savings (inc FRP)	1.60	
Additional Healthcare income	1.80	
Other Operating income	1.75	
Bad Debt Provision	0.05	5.20
Revised FOT		**(59.90)**

Winter Costs M7-10	**£000's**
MDU	147
Silver additional Beds	52
Ward 9	83
Avon 5	157
Red cross	22
Physio & OT	5
Site Coordinators	14
Total	**480**

Key Movements

Pay and Non Pay Savings – Improved expenditure position from increased controls and the impact of bringing forward some of the £10m FRP where possible. Increased controls include greater non pay restraint, stopping WLIs and greater adherence to agency caps.

Additional Healthcare Income - Due to continued discussions with commissioners and the increased likelihood of reaching a year end settlement.

Bad Debt Provision – Reduced requirement to hold bad debt provision as probability of non payments by debtors has reduced.

Other Operating Income - Increased funding from Health Education England for continued costs in the provision of training.

Additional capacity opened across both the WRH and Alex site generated costs that are currently being contained within the forecast position. The capacity at WRH has now closed and capacity at AGH is due to close near the end of February. Any costs beyond this point would need to be off-set by additional savings in other areas.

QIPP & Cash

Worcestershire NHS
Acute Hospitals NHS Trust

The QIPP savings after month 10 represent 51% of the total required to meet the original target of £15.6m. The year to date performance of £7.9m is ahead of the plan (£0.4m), including slippage factor, although the forecast does not indicate an increase to meet the original target. In month saving actuals continue to grow (£0.1m between months 9 and 10) but the slowing rate of growth indicates that QIPP performance is levelling out. Efforts to contain winter pressures and generate FRP plans continue.

The Internal QIPP forecast has been maintained at £10.3m against the target of £15.6m. £1.9m of this shortfall is forecast to be delivered through the Financial Recovery Plan (FRP) although this remains £7.9m short of the £9.7m originally planned. This takes total savings in year to £12.2m. Further detail on this is included in the QIPP/FRP paper.

The Trust will need significant levels of further working capital to meet its financial commitments. The revised forecast of £59.9m helps this requirement. This will inevitably result in further TDA scrutiny and follows the CEO and DoF meeting with the Department of Health in November to discuss cash requirements. Currently, the Trust has an Interim Revenue Support Facility Loan of £38.2m, which represents the Trust's Stretch Control Target for 2015/16 of £28.7m plus the Working Capital identified as being required by the Trust in the 2015/16 ITFF application (£9.5m). The Revenue Support facility figure is broadly comparable with funding equivalent to 40 days' worth of operating expenditure. The balance of the Revenue Support Facility was drawn down in January 2016. The Trust has identified further cash resource support of at least £23.5m above the agreed loan facility of £38.2m will be required to meet the financial obligations to pay suppliers and avoid clinical incidents through to the end of the financial year.

The Trust will access this support for the remainder of the financial year via a Revolving Working Capital Facility Loan. £4.9m of the cash support was drawn down during January 2016 and a further £5.1m has been drawn down in February 2016. The Trust has a minimum additional cash support requirement of £13.5m in March 2016. A decision on the permanent solution to the Trust's cash funding remains outstanding.

The Trust's material aged debt with a profile over 90 days against NHS organisations is worth £2.8m. This is more than offset by the Trust's creditor position with the same group and profile, which now stands at £5.9m. Disputes with Worcestershire Health & Care Trust (WHCT) constitute the largest elements of aged NHS debt and credit, £1.7m & £0.6m respectively; disputes with Gloucestershire NHS Foundation Trust amount to £0.35m debtor and £0.7m creditor; negotiations to resolve both of the disputes are on-going, with a significant improvement in the aged debtor and creditor position with WHCT expected in February 2016. A director level phone conversation with Gloucester FT followed continued discussions concerning progression against outstanding queries. The requested backing documentation for the invoices is still awaited.

Risks & Mitigations

Worcestershire NHS
Acute Hospitals NHS Trust

The following risks have been identified and categorised in relation to delivery of the 2015/16 financial and operational plan.

RISK

- **Demand & Delayed Discharges and Patient Safety.** Increasing levels of emergency pressures and staffing issues may require the Trust to implement further emergency service changes to maintain patient safety. The current situation is generating additional costs and lost income; further changes may intensify these effects. These costs remain in the system at month 10, adversely affecting the Trust's position. This is currently worse than forecast in the Trust plan.

MITIGATION

- Working closely with SRG to agree robust plans for managing demand and delayed discharges including robust winter plans.
- Systematic, rigorous and frequent reviews of all patients classified as MFFD to facilitate prompt discharges.
- Improving capacity utilisation including improvements in utilisation of Kidderminster and Redditch sites.

RISK

- **CCG QIPP.** Financial plan has been set assuming £2.75m impact of CCG QIPPs as agreed by the Trust review panel.

MITIGATION

- Working closely with CCGs to support the development of effective but realistic QIPP schemes.

RISK

- **Risks from 14/15 position.** As previously reported to the Board, items not fully agreed in the 14/15 position (£1.8m) may impact the 15/16 position once negotiations are concluded. Locally agreed deadline for reaching a settlement has passed without agreement.

MITIGATION

- Continue to negotiate with the CCGs to attempt to minimise the impact of 14/15 issues.
- Escalation meetings in place.

Risks & Mitigations

Worcestershire NHS
Acute Hospitals NHS Trust

RISK

- **Liquidity**. The Trust will need significant levels of further working capital loans or a PDC injection to meet its financial commitments in 2015/16. The Trust currently has in place an Interim Revenue Support Facility of £38.2m whilst the outcome of the ITFF application is awaited. The balance of the Revenue Support Facility was drawn down in January 2016. The Trust has identified further cash resource support of at least £23.5m will be required above the loan agreement value to meet its financial obligations to pay suppliers and avoid clinical incidents through to the end of the financial year.
- The Trust will access this support for the remainder of the financial year via a Revolving Working Capital Facility Loan. £4.9m of the further cash support was drawn down during January 2016 and a further £5.1m has been received in February 2016. The Trust has a minimum additional cash support requirement of £13.5m in March 2016. A decision on the permanent solution to the Trust's cash funding remains outstanding.

MITIGATION

- Managing working capital effectively.
- Ensure the revised application for cash support (ITFF application) is tied to requirements.
- Interim DoF has written to the TDA Director of Finance setting out the consequences of the cash restrictions.
- CEO and DoF met with the Department of Health in November to discuss requirements.

RISK

- **Contract penalties.** The Trust's position at Month 10 now includes £4.5m in penalties and risk share arrangements. The original plan assumed that contract penalties applied would be reinvested in the Trust, although agreement was only received for this in respect of RTT penalties. Continued penalties will have a detrimental impact on the Trust's plans and challenge its ability to absorb them within the available financial envelope. The risk share agreement remains unsigned. The locally agreed deadline was passed without reaching an agreement on the risk share. The impact of this has been included in the forecast outturn position.
- The Trust is continuing to be fined for RTT performance despite hitting the target as a Trust. Fines are being levied on an individual commissioner and specialty level.

MITIGATION

- Robust contract management to deliver planned activity levels and minimise penalties.
- Locally agreed deadline for reaching a year end settlement has passed therefore the Trust will be disputing fines and/or seeking re-investment due to mitigating circumstances. Letters disputing this have been sent to CCGs. This has initiated the contract dispute process which will escalate to mediation if no resolution is agreed.
- Impact has been included in the forecast outturn position.

Risks & Mitigations

Worcestershire NHS
Acute Hospitals NHS Trust

RISK

- **Medics recruitment.** Continued recruitment difficulties result in high levels of agency expenditure.

MITIGATION

- Developing effective medical workforce plans to support recruitment.
- External specialist expertise engaged to support recruitment to shortage specialties.
- Robust management of temporary staffing costs.

RISK

- **Delivery of CIPs.** The £15.6m target represents a significant challenge as it relates to 3.8% of total spend and elements of this are not influenceable. Delivering the required level of savings will require more radical approaches than have previously been taken and must deliver at a greater pace. At month 10, the forecast value of schemes stands at £10.3m.

MITIGATION

- Confirm and challenge meetings have been arranged to close the gap and improve delivery.
- Additional savings plans and FRP.

RISK

- **Education Funding.** Current Education funding schedules show a £0.6m reduction in the level of funding to be received, despite similar levels of Trainees. This has reduced from a £1m issue.

MITIGATION

- Discussions are taking place with the new team in place at Health Education West Midlands (HEWM).
- Reconciliations of the level of trainees has taken place by the Trust to show the consistency of returns between years that have been provided to HEWM.
- The impact of the £0.6m reduction has been included in the forecast outturn position.

Conclusions & Recommendations

Worcestershire NHS
Acute Hospitals NHS Trust

- The Trust has revised its forecast deficit down by £5.2m from £65.1m to £59.9m. The revised forecast has been agreed with the TDA. The previous deterioration was mainly due to a reduction in forecast income, most notably the £2m impact from the removal of the Risk Share with Commissioners. The subsequent improvement relies on improvements across income (£3.5m), pay and non pay (£1.7m).

- The Trust is continuing to be fined for RTT performance despite hitting the target as a Trust. Fines are being levied on an individual commissioner and specialty level.

- The Trust must rigorously pursue its identified recovery actions in order to tackle the adverse financial position and urgently demonstrate an improvement in the run rate. The actions are set out in the attached plan which includes focus on:
    - Exploiting CDU and Ambulatory Care
    - Compliance with new controls on non-pay restrictions
    - Locum expenditure being micro-managed
    - Increased targets and micro management of nursing agency
    - Further theatre productivity gains
    - Manage down MFFD
    - Ensuring new costs do not enter the system

- The Trust is off plan driven by the consequences of operational problems. This needs to be resolved as promptly as possible. This involves focusing on flow and exploiting our planned elective capacity. Actions are being taken to exercise increased grip on the management of MFFD patients and improve utilisation of theatre capacity at Kidderminster and Redditch.

- The locally agreed deadline for reaching a year end settlement for 15/16 and the 14/15 issues has now passed. There have been meetings on a Health Economy wide basis facilitated by NHS England and NHS Improvement to agree a settlement. Negotiations are on-going and are also now considering a 'block' arrangement for 2016/17. The most recent offer from commissioners falls below the Trust's requirements. An offer has also been received from NHSE Specialised Services to resolve 2015/16.

Conclusions & Recommendations

Worcestershire NHS
Acute Hospitals NHS Trust

- Additional capacity at WRH and Alex needs to be contained to the agreed plans. This requires the closing, and not re-opening, of Ward 9 and Avon 5 capacity.

- The TDA and Monitor set out a list of priorities for the remainder of 2015/16. These were included in appendix 4 of the letter sent out on January 15th, 2016 and list the areas highlighted below for review and action. The majority of these have already been enacted by the Trust either in this year or previous years. A second return was submitted on the 19th of February highlighting progress against these headings and incorporated the £5.2m improvement to forecast. The areas highlighted were:

    - Loan capital to revenue transfers
    - Accurate monthly capital forecasting
    - Accurate provision reporting
    - Workforce
    - Agency staffing
    - Reviewing in-year priorities
    - Balance sheet review
    - Bad debt provisions
    - VAT changes
    - Annual leave
    - Asset valuations
    - Asset lives review

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Appendices

Trustwide Position

Worcestershire NHS
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Table 1

January 2016 (Month 10)

Income & Expenditure	Current Month			Year to Date			Full Year		
	Plan	Actual	Var	Plan	Actual	Var	Plan	Forecast	Var
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Operating Revenue & Income									
Patient Care Revenue	25,281	24,817	(464)	258,605	255,006	(3,600)	309,775	305,844	(3,931)
Other Operating Income	2,506	2,213	(293)	21,796	22,697	901	25,629	27,135	1,506
Non PBR Drugs & Devices	2,859	2,928	69	29,080	28,482	(597)	35,585	34,743	(842)
Total Operating Revenue	**30,646**	**29,958**	**(688)**	**309,481**	**306,185**	**(3,296)**	**370,989**	**367,722**	**(3,267)**
Operating Expenses									
Pay	(19,253)	(21,008)	(1,755)	(198,804)	(211,742)	(12,938)	(235,318)	(253,002)	(17,684)
Non Pay	(8,242)	(10,040)	(1,798)	(87,051)	(93,847)	(6,797)	(104,006)	(112,426)	(8,420)
Impairment impact	0	0	0	(3,256)	0	3,256	(3,256)	0	3,256
Non PBR Drugs & Devices	(2,859)	(2,859)	0	(29,080)	(29,080)	0	(35,585)	(35,585)	(0)
Total Operating Expenses	**(30,354)**	**(33,907)**	**(3,553)**	**(318,190)**	**(334,669)**	**(16,479)**	**(378,165)**	**(401,014)**	**(22,849)**
EBITDA *	**292**	**(3,949)**	**(4,241)**	**(8,709)**	**(28,484)**	**(19,775)**	**(7,176)**	**(33,291)**	**(26,115)**
EBITDA %	1.0%	-13.2%		-2.8%	-9.3%		-1.9%	-9.1%	
Depreciation	(865)	(863)	2	(8,650)	(8,636)	14	(10,380)	(10,380)	0
Net Interest, Dividends & Gain/(Loss) on asset disposal	(1,352)	(425)	927	(13,522)	(12,383)	1,139	(16,226)	(15,433)	793
Reported Total Surplus / (Deficit)	**(1,925)**	**(5,237)**	**(3,312)**	**(30,881)**	**(49,503)**	**(18,622)**	**(33,782)**	**(59,104)**	**(25,322)**
Less Impact of Donated Asset Accounting	7	7	0	(830)	(830)	0	(816)	(816)	0
Less Impact of Impairments	0	0	0	3,256	0	(3,256)	3,256	0	(3,256)
Surplus / (Deficit) against Control Total	**(1,918)**	**(5,230)**	**(3,312)**	**(28,455)**	**(50,333)**	**(21,878)**	**(31,342)**	**(59,920)**	**(28,578)**
Surplus / (Deficit) %	-6.3%	-17.5%		-9.2%	-16.4%		-8.4%	-16.3%	

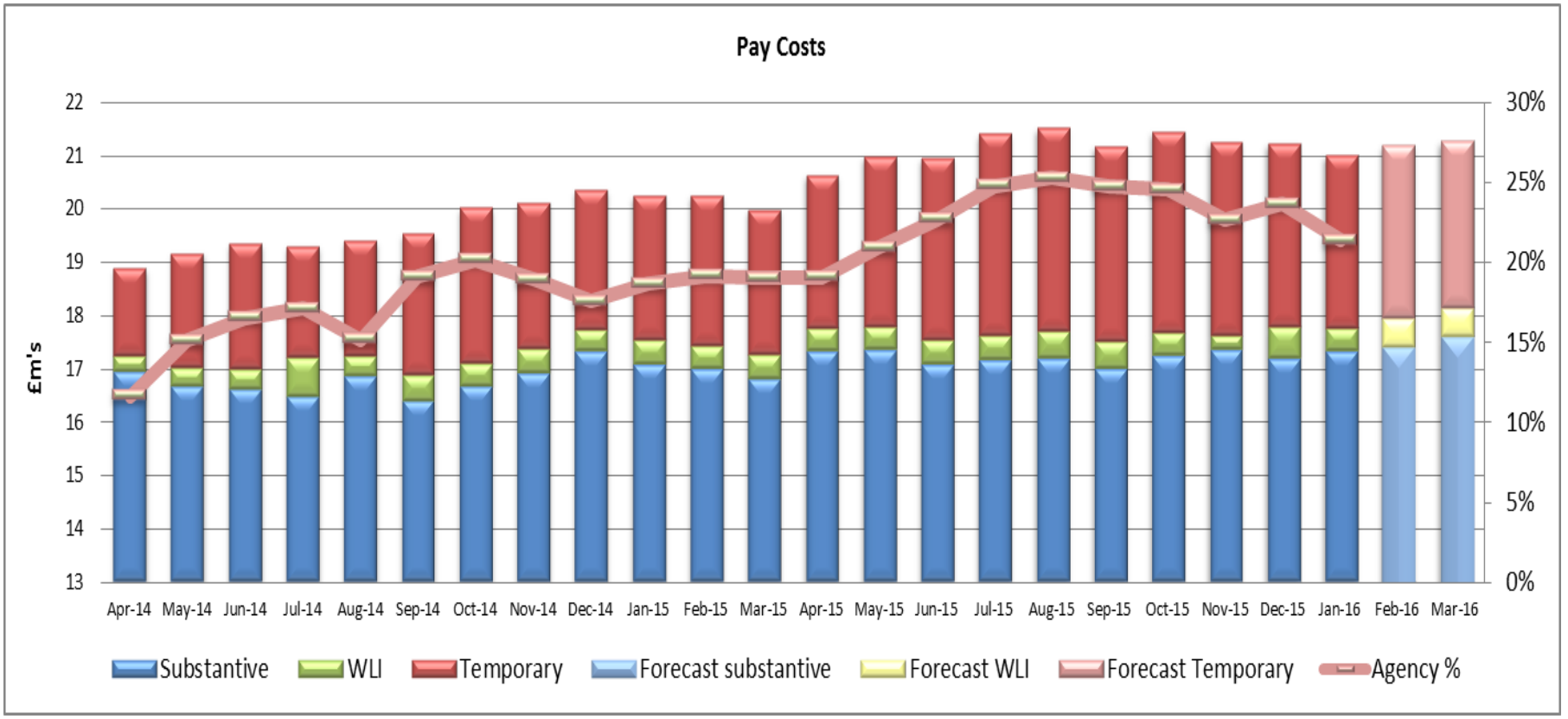
** EBITDA = earnings before interest, tax, depreciation and amortisation*

The impact of Specialised Commissioning's application of the marginal rate on non PBR Drugs and Devices is shown on the Non PBR Drugs & Devices line. YTD this equates to £0.6m above plan.

The table above separates the planned impairment of Aconbury East from general NP expenditure and highlights the impact of in-year NP variances.

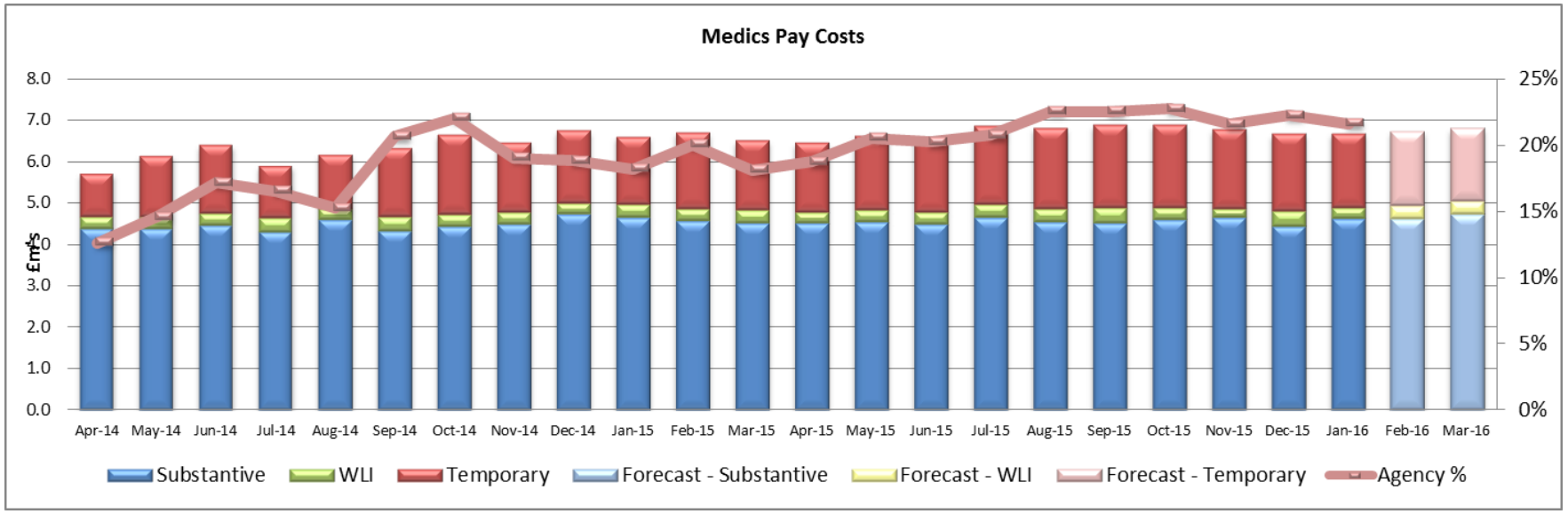
Pay

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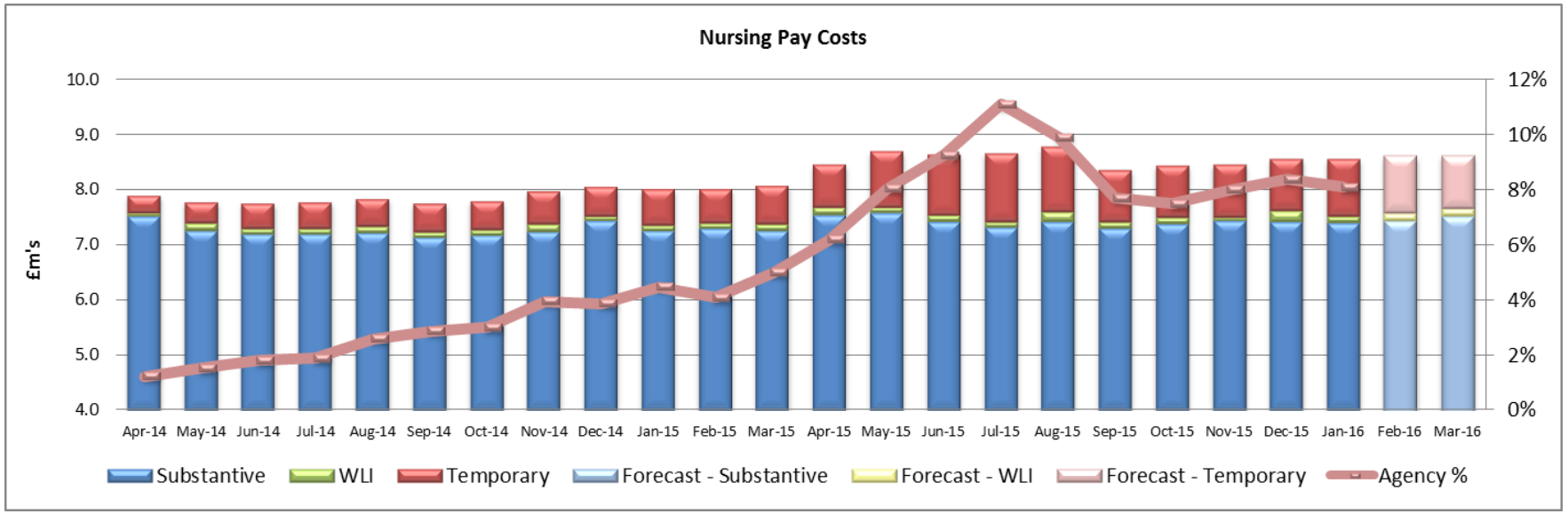


Medics & Nursing Pay

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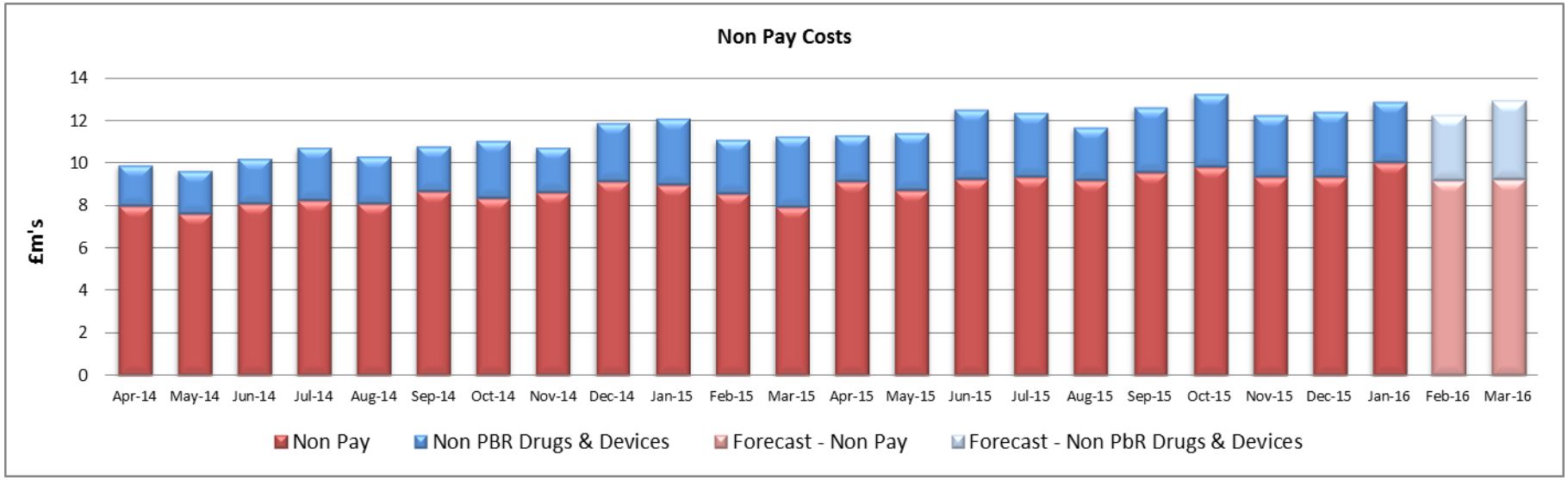


Note. Month 4 contained a YTD change from a net position to a gross position for Consultants sub-contracted to other Trusts.



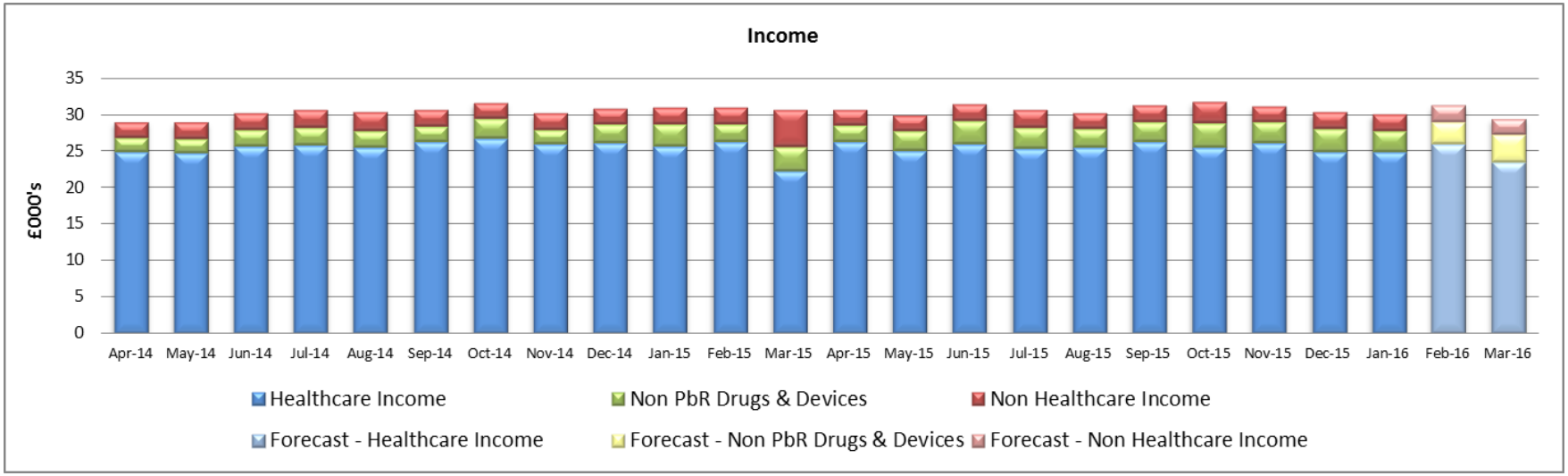
Non Pay

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Income

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Acute Hospitals NHS Trust



Healthcare income was £0.4m under plan in January and is now £4.2m under plan YTD. There were no one offs in the month and therefore the underlying position was £0.4m under plan. Against forecast the position is £0.9m adverse in January. The most significant variance to forecast was £0.9m on high cost drugs. It is anticipated that high cost drugs will see stronger performance in months 11 and 12. Excluding high cost drugs month 10 was on forecast but with a different mix of performance. Inpatient work was c£0.8m over forecast with outpatient and below the line items under forecast by c£0.8m.

Inpatient activity was 3% over the activity plan and 8% above the income plan. Non Elective work was the high performer with 6% more activity and 16% more income. This was offset by low elective activity and a poorer case mix on day cases. Theatre utilisation was high in month 10, although this was against a plan which included theatre closure for maintenance during the period. Medically Fit Discharges in January were higher than December as the Trust earned revenue on 3966 bed days – the highest value in 15/16 and similar to levels recorded in January 2014/15.

The Trust continues to receive a high volume of letters from commissioners concerning performance and contract queries.

Income

Worcestershire NHS
Acute Hospitals NHS Trust

	In Month				YTD				Full Year	
	Plan £'000	Actual £'000	Var £'000	% £'000	Plan £'000	Actual £'000	Var £'000	% £'000	Initial Plan £'000	Current Plan £'000
Elective	2,030	1,962	(68)	(3%)	23,822	21,792	(2,031)	(9%)	28,151	28,419
Daycase	2,849	2,848	(1)	(%)	27,832	28,133	301	1%	34,119	33,907
Non Elective - Emerg	6,698	7,748	1,050	16%	69,727	72,156	2,430	3%	82,860	82,896
Non Elective - Emerg Threshold	0	(47)	(47)		0	(288)	(288)		0	0
Non Elective - Other	143	120	(23)	(16%)	1,481	1,283	(198)	(13%)	1,764	2,345
Total Inpatients	**11,720**	**12,632**	**911**	**8%**	**122,862**	**123,076**	**214**	**%**	**146,895**	**147,567**
Outpatients New	1,744	1,570	(173)	(10%)	16,379	16,039	(340)	(2%)	19,849	19,921
Outpatients F Up	1,591	1,604	13	1%	15,156	15,783	628	4%	18,436	18,368
Outpatients Procedure	638	737	98	15%	6,255	7,008	753	12%	7,454	7,553
Total Outpatients	**3,973**	**3,911**	**(62)**	**(2%)**	**37,789**	**38,830**	**1,041**	**3%**	**45,739**	**45,843**
ED Attendances	1,255	1,262	6	1%	12,582	12,833	251	2%	15,254	15,071
Community MIU	146	147	1	1%	1,456	1,694	238	16%	1,747	1,747
Total ED/MIU	**1,401**	**1,408**	**7**	**1%**	**14,038**	**14,528**	**489**	**3%**	**17,001**	**16,818**
Maternity - Delivery	944	937	(7)	(1%)	9,647	10,112	465	5%	11,027	11,395
Maternity Ante Natal	788	713	(75)	(10%)	7,558	7,078	(481)	(6%)	8,879	8,954
Maternity Post Natal	142	118	(24)	(17%)	1,366	1,310	(56)	(4%)	1,578	1,603
Total Maternity	**1,874**	**1,768**	**(106)**	**(6%)**	**18,573**	**18,502**	**(71)**	**(%)**	**21,483**	**21,951**
Paed - Daycase/Elective	24	23	(0)	(1%)	203	205	3	1%	245	245
Paed - Non Elective	445	550	105	23%	4,658	4,718	61	1%	5,738	4,898
Paed - Outpatient	226	214	(12)	(5%)	2,095	2,141	45	2%	2,571	2,559
Paed - H@H, Drugs, CQUIN	125	117	(8)	(6%)	1,451	1,413	(38)	(3%)	2,041	1,701
Paed - Neonatal Cot Days	287	429	142	49%	2,842	3,513	671	24%	3,357	3,417
Total Paediatrics	**1,106**	**1,333**	**227**	**20%**	**11,248**	**11,990**	**741**	**7%**	**13,951**	**12,820**
Chemotherapy Delivery	**293**	**285**	**(8)**	**(3%)**	**2,755**	**3,067**	**312**	**11%**	**3,287**	**3,354**
Drugs PBR Excluded	1,585	1,585	0	%	17,819	17,819	0	%	20,134	22,717
Critical Care ITU/HDU	862	782	(80)	(9%)	8,557	8,171	(385)	(5%)	9,439	10,280
Other Contract Income	4,717	4,519	(198)	(4%)	45,947	44,108	(1,838)	(4%)	50,600	54,673
Financial Sanctions	0	(401)	(401)		0	(3,242)	(3,242)		0	0
Risk Share	0	(608)	(608)		0	(872)	(872)		0	0
Total Other Contract Income	**7,163**	**5,875**	**(1,288)**	**(18%)**	**72,323**	**65,985**	**(6,338)**	**(9%)**	**80,173**	**87,670**
Non Contract Income	812	737	(75)	(9%)	8,000	7,414	(586)	(7%)	7,678	9,337
Income CIP	0	0	0		0	0	0		3,879	(0)
Phasing Adj	(204)	(204)	0	%	97	97	0	%	0	0
	28,139	**27,745**	**(394)**	**(1%)**	**287,685**	**283,488**	**(4,197)**	**(1%)**	**340,087**	**345,360**

- Cost & Volume marginal rates for under/over performance have been applied

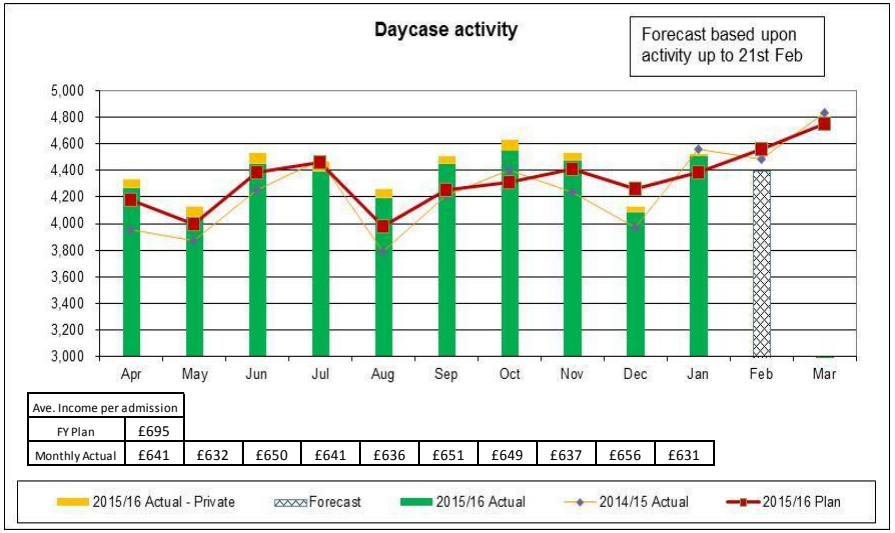
Activity

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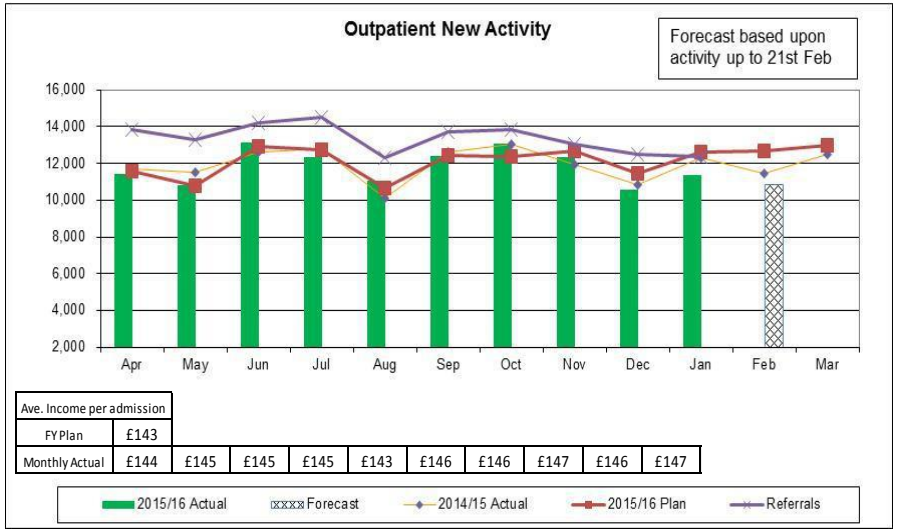
	In Month				YTD				Full Year	
	Plan	Actual	Var	%	Plan	Actual	Var	%	Initial Plan	Current Plan
Elective	766	689	(77)	(10%)	8,846	7,849	(997)	(11%)	10,465	10,543
Daycase	4,351	4,486	135	3%	42,338	43,781	1,443	3%	52,312	51,587
Non Elective - Emerg	3,332	3,546	214	6%	34,699	34,742	43	%	41,623	41,206
Non Elective - Other	60	63	3	5%	623	479	(144)	(23%)	742	742
Total Inpatients	**8,509**	**8,784**	**275**	**3%**	**86,505**	**86,851**	**346**	**%**	**105,143**	**104,079**
Outpatients New	12,014	10,908	(1,106)	(9%)	114,814	112,768	(2,046)	(2%)	138,972	139,321
Outpatients F Up	19,948	20,348	400	2%	193,202	201,285	8,083	4%	234,822	233,672
Outpatients Procedure	3,827	4,171	344	9%	37,654	40,552	2,898	8%	45,422	45,368
Total Outpatients	**35,789**	**35,427**	**(362)**	**(1%)**	**345,670**	**354,605**	**8,935**	**3%**	**419,216**	**418,361**
ED Attendances	11,979	11,634	(345)	(3%)	119,645	120,733	1,088	1%	145,414	143,371
Community MIU	2,510	2,530	20	1%	25,105	29,214	4,109	16%	30,125	30,125
Total ED/MIU	**14,489**	**14,164**	**(325)**	**(2%)**	**144,750**	**149,947**	**5,197**	**4%**	**175,539**	**173,496**
Maternity - Delivery	459	444	(15)	(3%)	4,872	4,825	(47)	(1%)	5,720	5,720
Maternity - Non Delivery	258	223	(35)	(13%)	2,647	1,971	(676)	(26%)	3,119	3,119
Maternity - Outpatient	3,570	3,439	(131)	(4%)	35,688	36,303	615	2%	42,653	42,653
Maternity Ante Natal	557	500	(57)	(10%)	5,360	4,977	(383)	(7%)	6,344	6,344
Maternity Post Natal	491	426	(65)	(13%)	4,771	4,792	21	%	5,591	5,591
Total Maternity	**5,334**	**5,032**	**(302)**	**(6%)**	**53,339**	**52,868**	**(471)**	**(1%)**	**63,427**	**63,426**
Paed - Daycase/Elective	35	31	(4)	(10%)	298	312	14	5%	361	360
Paed - Non Elective	495	658	163	33%	5,279	6,047	768	15%	6,546	6,248
Paed - Outpatient	1,283	1,348	65	5%	11,954	13,136	1,182	10%	14,701	14,615
Paed - H@H, Drugs, CQUIN	0	0	0		0	0	0		0	0
Paed - Neonatal Cot Days	590	781	191	32%	5,826	6,927	1,101	19%	6,859	7,006
Total Paediatrics	**2,403**	**2,818**	**415**	**17%**	**23,357**	**26,422**	**3,065**	**13%**	**28,466**	**28,230**
Chemotherapy Delivery	**792**	**880**	**88**	**11%**	**7,388**	**9,222**	**1,834**	**25%**	**8,806**	**8,967**
Drugs PBR Excluded	0	0								
Critical Care ITU/HDU	805	726	(78)	(10%)	7,997	7,742	(255)	(3%)	8,923	9,606
Other Contract Income	0	0								
Total Other Contract Income	**805**	**726**	**(78)**	**(10%)**	**7,997**	**7,742**	**(255)**	**(3%)**	**8,923**	**9,606**
Non Contract Income										
Phasing Adj										

Elective, Day Cases & Outpatients New

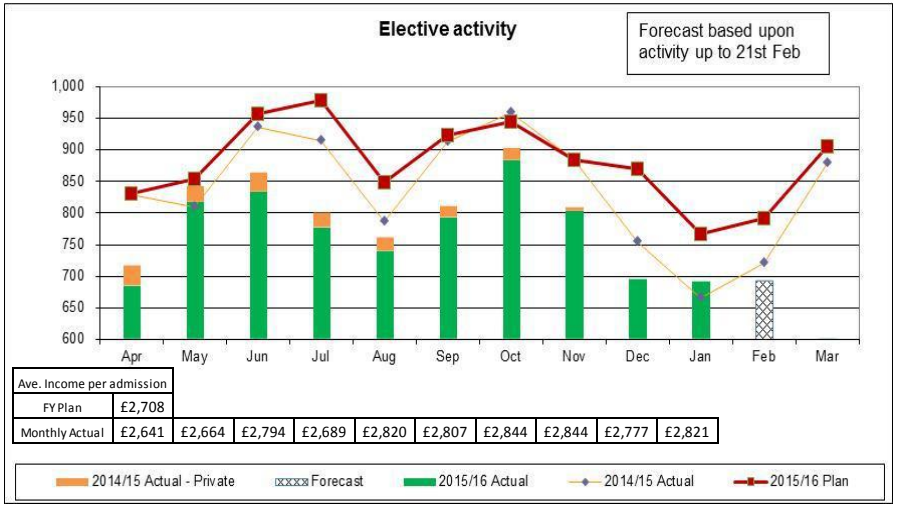
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Ave. Income per admission										
FY Plan	£695									
Monthly Actual	£641	£632	£650	£641	£636	£651	£649	£637	£656	£631



Ave. Income per admission										
FY Plan	£143									
Monthly Actual	£144	£145	£145	£145	£143	£146	£146	£147	£146	£147

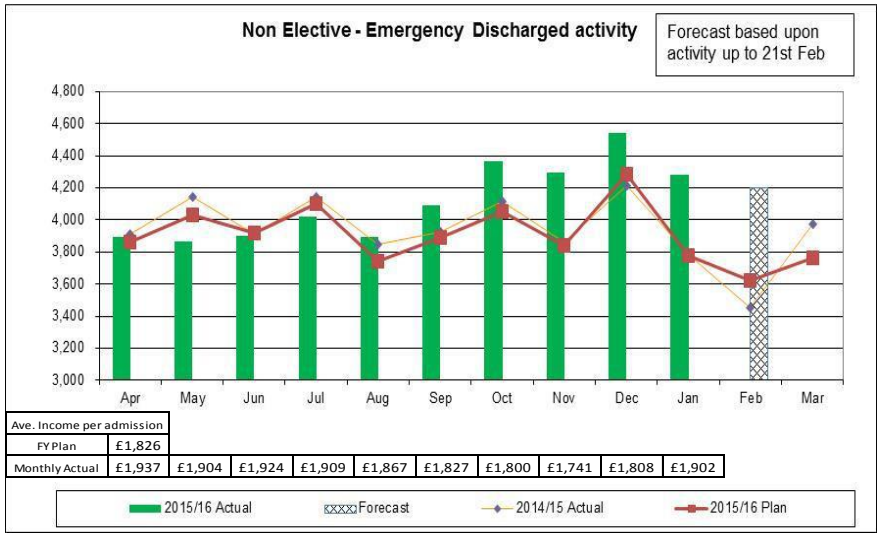


Ave. Income per admission										
FY Plan	£2,708									
Monthly Actual	£2,641	£2,664	£2,794	£2,689	£2,820	£2,807	£2,844	£2,844	£2,777	£2,821

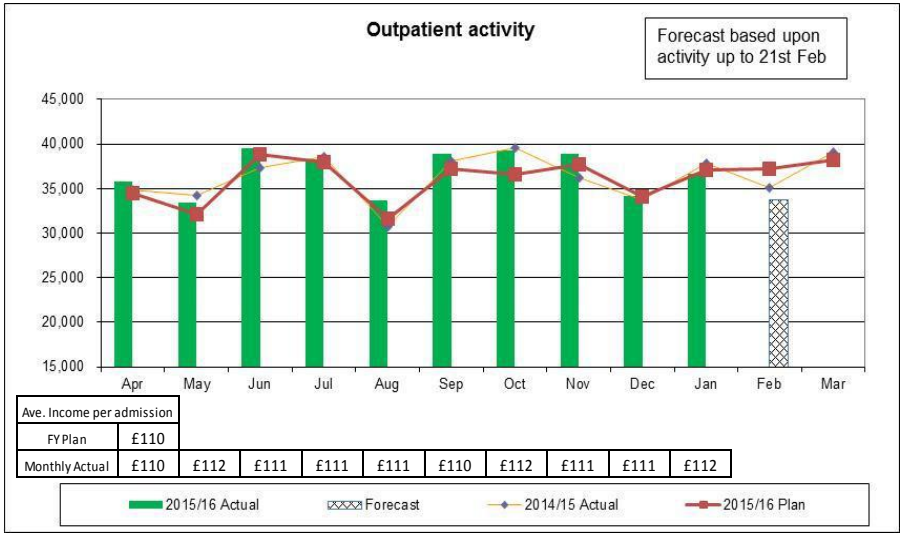
Activity performed within Trust and sent Private				
	Daycase		Elective IP	
	Trust	Private	Trust	Private
Apr	4,268	72	685	31
May	4,052	77	817	25
Jun	4,456	80	833	30
Jul	4,391	79	776	24
Aug	4,199	59	740	20
Sep	4,454	56	793	18
Oct	4,554	80	882	20
Nov	4,474	65	803	5
Dec	4,092	39	694	0
Jan	4,511	16	691	0
Feb	0	0	0	0
Mar	0	0	0	0
YTD	43451	623	7714	173

Outpatients, Non Elective and A&E

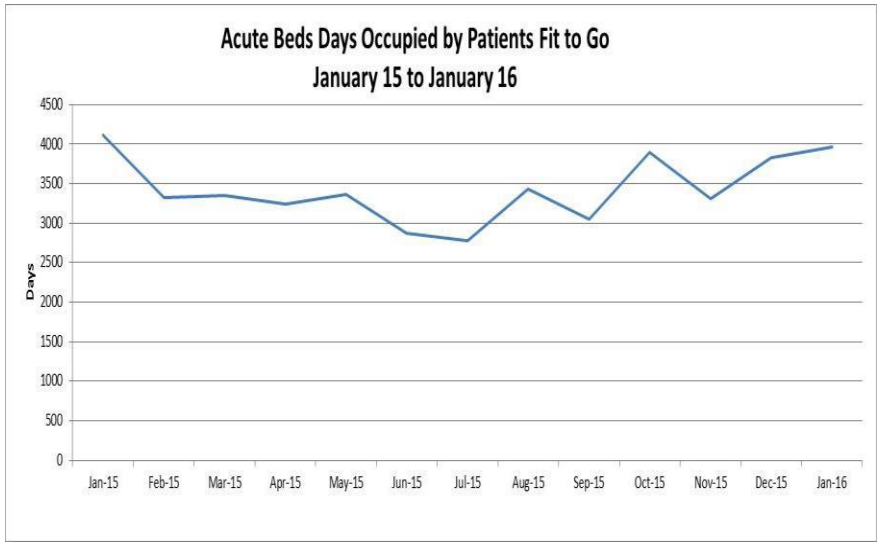
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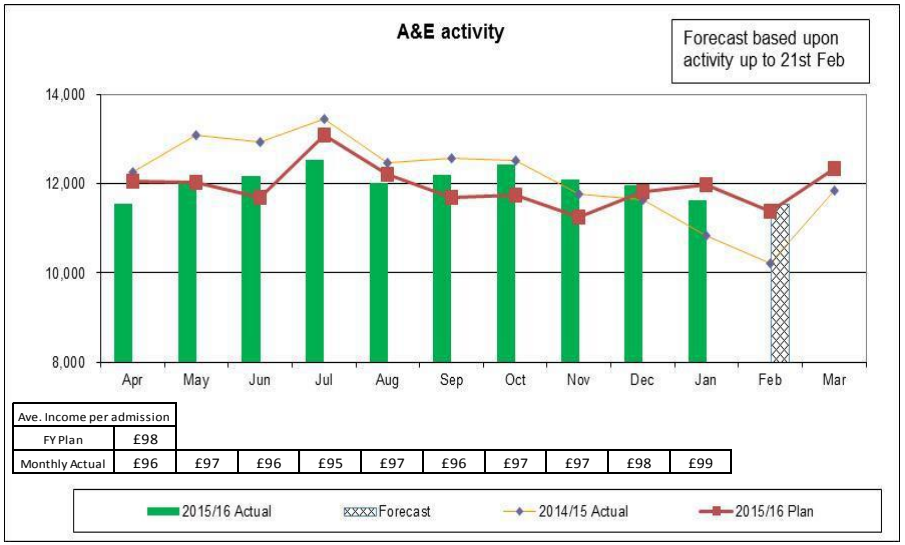


Ave. Income per admission										
FY Plan	£1,826									
Monthly Actual	£1,937	£1,904	£1,924	£1,909	£1,867	£1,827	£1,800	£1,741	£1,808	£1,902



Ave. Income per admission										
FY Plan	£110									
Monthly Actual	£110	£112	£111	£111	£111	£110	£112	£111	£111	£112

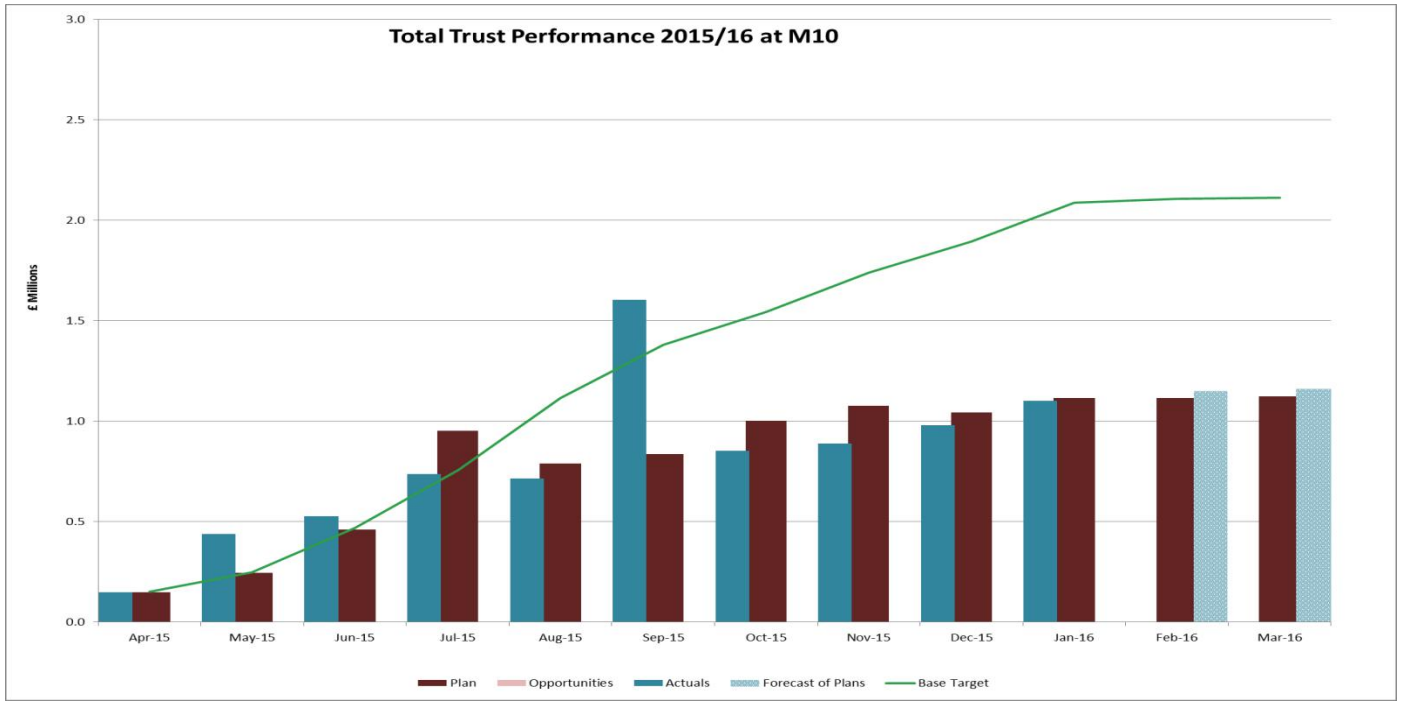


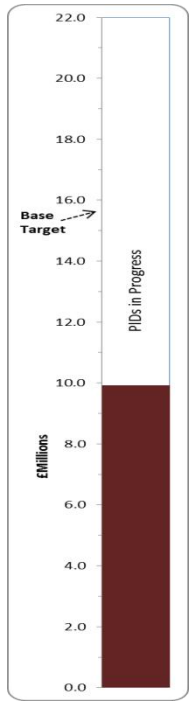


Ave. Income per admission										
FY Plan	£98									
Monthly Actual	£96	£97	£96	£95	£97	£96	£97	£97	£98	£99

Internal QIPP

Worcestershire NHS
Acute Hospitals NHS Trust





Division	Base Target	In year Plan	Opportunities	YTD Plan (M10)	YTD Actual (M10)	Variance YTD Actual to Plan	Full Year Forecast	% Forecast v Base Target
Medicine	5,029	2,504	0	1,852	2,189	337	2,871	57%
Surgery	2,136	1,690	0	1,374	1,121	-253	1,530	72%
Women & Children	1,418	527	0	440	1,054	614	1,278	90%
TACO	2,183	1,675	0	1,350	1,162	-189	1,518	70%
Clinical Support	1,770	1,383	0	1,032	1,393	361	1,656	94%
Asset Mgmt & IT	1,641	1,736	0	1,405	910	-495	1,234	75%
Corporate	1,423	395	0	336	165	-171	219	15%
Trustwide	0	0	0	-229	0	229	0	0%
Total	**15,600**	**9,909**	**-**	**7,560**	**7,994**	**434**	**10,307**	**66%**

Balance Sheet

Worcestershire NHS
Acute Hospitals NHS Trust

				Full Year			
Balance at 31st December 2015	Balance at 31st January 2016	Movement in Month	Balance Sheet	Annual Plan	Forecast 31st March 2016	Variance from Plan	Balance at 31st March 2015
£000s	£000s	£000s	**ASSETS, NON CURRENT**	£000s	£000s	£000s	£000s
185,502	185,734	231	Property, Plant and Equipment and intangible assets, Net	296,943	270,406	(26,537)	182,933
84,363	84,204	(159)	Property, plant & equipment (PFI)	0	0	0	85,624
2,186	2,451	265	Other Assets, Non-Current	1,267	1,267	0	2,059
272,052	**272,389**	**337**	**Assets, Non-Current, Total**	**298,210**	**271,673**	**(26,537)**	**270,616**
			ASSETS, CURRENT				
7,760	8,305	545	Inventories	6,107	5,728	(379)	6,107
32,809	32,739	(70)	Debtors	21,831	24,609	2,778	29,174
2,281	1,965	(315)	Cash and Cash Equivalents	1,907	1,907	0	2,107
42,849	**43,009**	**159**	**Assets, Current, Total**	**29,845**	**32,244**	**2,399**	**37,388**
314,902	**315,398**	**497**	**ASSETS, TOTAL**	**328,055**	**303,917**	**(24,138)**	**308,004**
			LIABILITIES, CURRENT				
1,970	**1,970**	0	PFI leases, Current	1,936	1,936	0	1,970
98,876	**101,608**	2,732	Creditors < 1 Year	39,599	69,326	29,727	47,946
100,846	**103,578**	**2,732**	**Liabilities, Current, Total**	**41,535**	**71,262**	**29,727**	**49,916**
(57,996)	**(60,570)**	**(2,573)**	**Net Current Assets/(Liabilities)**	**(11,690)**	**(39,018)**	**(27,328)**	**(12,527)**
			LIABILITIES, NON CURRENT				
37,872	42,687	4,815	Creditors > 1 Year	44,061	34,485	(9,576)	36,168
72,513	72,349	(164)	PFI leases, Non-Current	72,055	70,273	(1,782)	73,991
0	0	0	Other Liabilities, Non-Current	0	0	0	0
110,385	**115,036**	**4,651**	**Liabilities, Non-Current, Total**	**116,116**	**104,758**	**(11,358)**	**110,159**
103,671	**96,784**	**(6,887)**	**TOTAL ASSETS EMPLOYED**	**170,404**	**127,897**	**(42,507)**	**147,930**
£000s	£000s		**FINANCED BY :- PUBLIC EQUITY**	£000s	£000s	£000s	£000s
183,996	183,996	0	Public Dividend Capital	224,992	224,992	0	183,996
60,539	60,539	0	Revaluation reserve	76,240	60,323	(15,917)	60,539
(861)	(861)	0	Other reserves	(861)	(861)	0	(861)
(102,696)	(109,582)	(6,887)	I&E Reserve - Breakeven Performance	(86,735)	(113,325)	(26,590)	(58,436)
(37,308)	(37,308)	0	I&E Reserve - IFRS Transition and non breakeven performance	(43,232)	(43,232)	0	(37,308)
103,671	**96,784**	**(6,887)**	**TOTAL PUBLIC EQUITY**	**170,404**	**127,897**	**(42,507)**	**147,930**

Worcestershire NHS
Acute Hospitals NHS Trust

Date of meeting: 2 March 2016 **Enc I1**

Report to Trust Board in public

Title	**Board Assurance Framework (BAF)**
Sponsoring Director	Mari Gay, Interim Chief Nursing Officer
Author	Justin King, Trust Risk Officer
Action Required	Trust Board is asked to: • Note the changes to the BAF • Review risk ratings, controls, assurance and mitigating actions and consider if these are reasonable • Approve the risk updates
Previously considered by	Risk Executive Group & TMC

Strategic Priorities (√)

Deliver safe, high quality, compassionate patient care	√
Design healthcare around the needs of our patients, with our partners	√
Invest and realise the full potential of our staff to provide compassionate and personalised care	√
Ensure the Trust is financially viable and makes the best use of resources for our patients	√
Develop and sustain our business	√

Related Board Assurance Framework Entries	This paper relates to all BAF risks
Legal Implications or Regulatory requirements	NHS guidance states that Trusts are expected to have a Board Assurance Framework. This is monitored through the TDA and Monitor for Foundation Trusts. The approval of a BAF is a requirement for the Trust and forms part of the internal and external assurance requirements.
Glossary	BAF – Board Assurance Framework

Key Messages
This paper provides the Board with its monthly update on the BAF.

Worcestershire NHS
Acute Hospitals NHS Trust

Date of meeting: 2 March 2016 **Enc I1**

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

REPORT TO TRUST BOARD – MARCH 2016

1. Situation

Trust Board is provided with the BAF Risk Register which has been updated following the February 2016 Trust Board meeting.

2. Background

NHS Trusts are required to have a Board Assurance Framework (BAF). Trust Board review the high BAF risks monthly.

3. Assessment

The risks recorded on the 2015/16 BAF Risk Register have been reviewed by the responsible Executive Directors, and action plans updated.

As a result of the discussions at Trust Board in February 2016, a revised committee alignment is provided in the BAF index, along with the following proposed changes to BAF risks.

BAF risk	Action
2899 Failure to provide seven day per week services resulting in inconsistent quality of care, increased LOS, reduced clinical outcomes	Move to Corporate Risk Register
2891 If the Trust does not learn from mortality reviews this knowledge will not be available to support improvements to patient care	Capture within BAF risk 2902
2898 Poor communication with patients resulting in reduced quality of patient experience, complaints and reputation damage	Merge with BAF risk 2895
2900 If the Trust does not expand renal services, patients will have to travel further and experience fragmented care	Move to Medicine Division Risk Register

A new risk is currently under development, as noted on the BAF index: *If the Trust does not achieve patient access performance targets there will be significant impact on finances and patient experience*.

In order to clarify the reporting arrangements, a flow chart is attached for the consideration of Trust Board.

4 Action required

Trust Board is asked to:

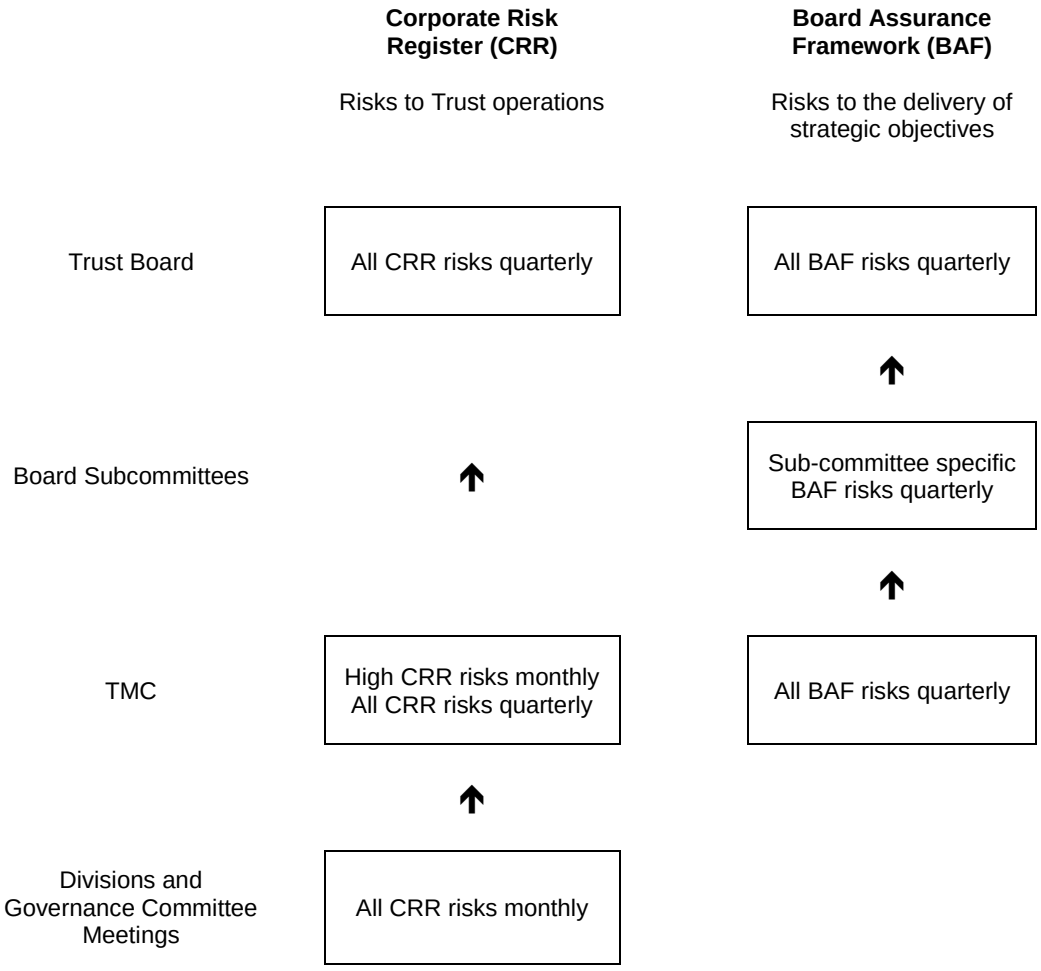
- Note the changes to the BAF
- Review risk ratings, controls, assurance and mitigating actions and consider if these are reasonable
- Approve the risk updates
- Consider the proposed changes to the reporting

Mari Gay
Interim Chief Nursing Officer

Worcestershire NHS
Acute Hospitals NHS Trust

Date of meeting: 2 March 2016 **Enc I1**

Enclosure: Proposed reporting process for BAF and Corporate Risk Register



Title of report	Board Assurance Framework (BAF)
Name of director	Chief Nursing Officer

Worcestershire NHS
Acute Hospitals NHS Trust

Board Assurance Framework:

Risk Register 2015/16

High Risks

Trust Board

February 2016

Principles of the Approach:

This document is intended to be dynamic. Each potential risk is given a score (risk level) that is derived from consideration of the consequences for the achievement of the objective(s) (or impact) and the probability of the risk arising (likelihood). The scoring has taken account of the controls and assurances that are in place to mitigate the risk.

Where gaps are identified in controls or assurances, a corresponding action plan is included. A second 'anticipated risk score' is then calculated, which reflects the level of risk posed to the achievement of the relevant objective once the appropriate action has been completed. (Where the action is split into several stages, a single score is awarded for all stages).

As actions are completed, additional controls and assurances resulting from those actions will be registered in the appropriate sections. The gaps will be removed and where possible, the risk level reduced (in terms of probability and/or impact) accordingly. Risks on the assurance framework will not be removed if the risk level is reduced, but will remain so as to provide continued assurance to the Board that controls and assurances are in place.

SECTION 1 – HARM / CONSEQUENCE SCORING					
	1	2	3	4	5
Descriptor	**Insignificant**	**Minor**	**Moderate**	**Major**	**Catastrophic**
OBJECTIVES **Achievement of organisational / strategic objectives**	Negligible effect upon the achievement of the objective	Small, but noticeable effect upon the objective, thus making it achievable with some minor difficulty / cost	Evident and material effect upon the objective, thus making it achievable only with some moderate difficulty / cost	Significant effect on the objective making it extremely difficult / costly to achieve	Catastrophic effect on the objective making it unachievable.
CLINICAL **Impact on the safety of patients (physical/ psychological harm)**	Incident prevented / near miss. Incident not prevented but **NO HARM** was caused	Any patient safety incident that required extra observation or **MINOR** treatment and cased minimal harm to one or more patients e.g. first aid, additional therapy or additional medication	Any patient safety incident that resulted in a **MODERATE** increase in treatment and that caused significant but not permanent harm to one or more patients Moderate increase in treatment is defined as: a return to surgery; an unplanned readmission; a prolonged episode of care; extra time in hospital or as an outpatient; cancelling of treatment; transfer to another area such as intensive care - as a result of the incident.	Any patient safety incident that appears to have resulted in permanent (**SEVERE**) harm to one or more patients Permanent harm directly related to the incident and not related to the natural course of the patient's illness or underlying condition is defined as: permanent lessening of bodily functions, sensory, motor, physiological or intellectual, including removal of the wrong limb or organ, or brain damage.	Any patient safety incident that directly resulted in the **DEATH** of one or more patients The death must be related to the incident rather than to the natural course of the patient's illness or underlying condition.
Quality/ complaints/ audit	Peripheral element of treatment or service suboptimal Informal complaint/ inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) - Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) - Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report	Service actively causing patient harm Gross failure of patient safety if findings not acted on Non coronial Inquest/ ombudsman inquiry Gross failure to meet national standards
OPERATIONAL **Service/business interruption** **Environmental impact**	Loss/interruption of >1 hour No impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment
Impact on staff or public (physical/ psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury requiring minor intervention Requiring time off work but less than 7 days	Moderate injury requiring professional intervention Requiring time off work for 7 -14 days RIDDOR/agency reportable incident	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days	Incident causing death Multiple permanent injuries or irreversible health effects
FINANCIAL	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget	Loss of 0.25–0.5 per cent of budget	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget	Non-delivery of key objective/ Loss of >1 per cent of budget
INFORMATION GOVERNANCE	Minor breach of confidentiality. Up to 10 individuals affected (scale 0)	Information up to 100 individuals (scale 1&2) Local media coverage	Serious breach of confidentiality e.g. Information for 101 – 1000 individuals (scale 3) Local media coverage ICO fine up to £50k	Serious breach with either particular sensitivity e.g. sexual health details, or up to 1001 – 100 000 people affected ICO fine of £50k to £250k	Loss of all systems / data Very sensitive information Information about 100,001 + individuals ICO fine of £250k to £500k National media attention
REPUTATION	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence	Local media coverage Long-term reduction in public confidence	National media coverage requiring significant action	National media coverage impacting on our ability to function
COMPLIANCE **Statutory duty/ inspections**	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Critical report	Multiple breaches in statutory duty Prosecution Severely critical report

SECTION 2 - LIKELIHOOD OF OCCURRENCE

Score	Operational scale Time until next event	Project and strategic planning scale Probability within planning period
1 - Rare	Will only occur in exceptional circumstances	Less than 1%
2 - Unlikely	Next event expected within a year	25%
3 - Possible	Next event expected within a month	50%
4 - Likely	Next event expected within a week	75%
5 - Almost certain	Next event expected to occur within a day	More than 99%

SECTION 3 - RISK SCORING MATRIX

		CONSEQUENCE				
		1	**2**	**3**	**4**	**5**
LIKELIHOOD	**1**	**1**	**2**	**3**	**4**	**5**
	2	**2**	**4**	**6**	**8**	**10**
	3	**3**	**6**	**9**	**12**	**15**
	4	**4**	**8**	**12**	**16**	**20**
	5	**5**	**10**	**15**	**20**	**25**

SECTION 4 - ACTION AND REPORTING REQUIREMENTS

Score	Risk	Action	Reporting Requirements
1-6	Risk is within tolerance	Within risk appetite / tolerance Managed through normal control measures at the level it was identified	Within tolerance so no reporting Record on risk register at the level the risk was identified
8-10		Within risk appetite / tolerance Review control measures at the level it was identified	Within tolerance so no reporting Record on risk register at the level the risk was identified
12-15	**Risk Exceeds tolerance**	Exceeds risk appetite / tolerance Actions to be developed, implemented and monitored at the level the risk was identified	Record on Risk Register at the level the risk was identified Report to next level of management
16-25		Exceeds risk appetite / tolerance **Immediate action required** Treatment plans to be developed, implemented and monitored at the level the risk was identified	Record on Risk Register at the level the risk was identified Report to next level of management With Executive Director approval - enter onto Corporate Risk Register

Worcestershire NHS
Acute Hospitals NHS Trust

BAF risks mapped to Strategic Goals

	1. Deliver safe, high quality, compassionate patient care	2. Design healthcare around the needs of our patients, with our partners	3. Invest and realise the full potential of our staff to provide compassionate and personalised care	4. Ensure the Trust is financially viable and makes the best use of resources for our patients	5. Develop and sustain our business
Strategic Goal					
Assurance Committee	**Quality Governance Committee**	**Quality Governance Committee**	**Workforce Assurance Group**	**Finance and Performance Committee**	**Strategy and Transformation Committee**
NED	Bill Tunnicliffe	~~Lynne Todd~~ Bill Tunnicliffe	John Burbeck	John Burbeck	Andrew Sleigh
ED	Chief Medical Officer	Chief Nursing Officer	Director Human Resources	Director of Finance	Director of Strategy & Planning
Risks	2790 As a result of high occupancy levels, patient care may be compromised and access targets missed **20**	3038 If the Trust does not address concerns raised by the CQC inspection the Trust will fail to improve patient care **16**	2678 If we do not attract and retain key clinical staff we will be unable to ensure safe and adequate staffing levels **16**	2888 Deficit is worse than planned and threatens the Trust's long term financial sustainability **20**	2665 If we do not achieve wider service redesign in a timely way we will have inadequate numbers of clinical staff to deliver quality care **20**
	2902 If the Trust does not successfully improve clinical care, we will fail to reduce avoidable harm to expected levels **16**	2895 If we do not adequately understand & learn from patient feedback we will be unable to deliver excellent patient experience **12**	2894 Failure to enhance leadership capability resulting in poor communication, reduced team working, and delays in resolving problems **15**	2668 If plans to improve cash position do not work the Trust will be unable to pay creditors impacting on supplies to support service **16**	2905 Failure to transform our services, resulting in inability to deliver required improvement **12**
			2893 Failure to engage and listen to staff leading to low morale, motivation, and productivity **12**	DRAFT If the Trust does not achieve patient access performance targets there will be significant impact on finances and patient experience and safety **16**	3140 If the Trust doesn't proactively manage its reputation, regional confidence and recruitment will be adversely affected **12**
			Remuneration Committee Chairman Chief Executive		
			2932 Turnover of Trust Board members adversely affecting business continuity and impairing the ability to operate services (CE) **20**		

BAF Risk Report

Worcestershire NHS
Acute Hospitals NHS Trust

Risk	**2665 If we do not redesign services in a timely way we will have inadequate numbers of clinical staff to deliver quality care**
Date opened	22/04/2014
Strategic goal	Develop and sustain our business
Strategic objective(s)	Provide excellent patient experience
Initial Risk Level	Major Almost certain 20 High

Director/Committee	Chief Medical Officer / Trust Management Committee
Description/Impact	If we do not redesign services (county wide reconfiguration)in a timely way we will have inadequate numbers of clinical staff to ensure safe, high quality care that is sustainable. As a result, the Trust will be unable to finalise its longer term strategy and may have a resultant deterioration in its financial position affecting its ability to be a standalone provider. Increased costs from high reliance on temporary staff affecting financial position of the Trust. The Trust may be unable to implement the large-scale changes required to services - further deterioration of clinical safety and quality, low staff morale. Loss of clinical staff to other providers. Reputation damage.
Key Controls	Specialty specific risk mitigation plans set out in line with the schedules and thresholds for action by Division Escalation of risks to TMC Future of Acute Hospital Services in Worcestershire (FOAHSW) Project established Sustainability sub-committee of Programme Board Project management contractors employed to support delivery
Sources of Assurance	Management Assurance-Divisional reports to the Safe Patient Group Management Assurance-Safe Patient Group report to the Quality Governance Committee Internal reports to the Board-Standing Board agenda item on reconfiguration. Management Assurance-FOAHSW Programme Board Independent Assurance-Health Gateway Report Independent Assurance-NHS England

Performance Monitoring	The Corporate Risk Register contains FoAHSW staffing sustainability risks for the Medicine, Surgery and Women and Children divisions. These risks have a suite of key staffing and clinical quality performance metrics with associated performance thresholds. These are reported to Trust Management Committee monthly. Annual Plan Objectives Monitoring Template FoAHSW Project Board reports
Gaps in Control	Timetable for reconfiguration is subject to: consensus of the Clinical Senate, NHSE assurance tests, affordability for all partners, capacity constraints (for more detail see Acute Services Review Project Risk Register) Contingency plan to include appropriate agreed mitigations Public consultation will require consideration and potential subsequent review of plan Commissioners required to submit separate business case to NHSE - uncertainty of outcome The consequences of emergency relocation of services may create unanticipated risks
Gaps in Assurance	Lack of certainty in proposed timeline and achievement of reconfiguration

Current Risk Level Major Almost certain 20 High

Action Plan

Action	Responsibility	Expected Completion	Progress	Date Done
Develop and gain endorsement for model of reconfiguration	Andy Phillips Interim Chief Medical Officer	16/05/2016	November 2015: Option not unanimously endorsed by FoAHSW Programme Board on 23rd October. Option to be refined at an extraordinary Quality and Sustainability Sub-committee. December 2015 update: FoAHSW Programme Board have endorsed the QSS model of paediatric care in the county. Due date updated to reflect the time required to go to the clinical senate and then NHS England for endorsement. Feb 2016 update: Three CCG governance bodies and WAHT Trust Board have approved model. Request submitted to review at clinical senate.	
ASR Project developing detailed business case(s) for interim and permanent solutions.	Chris Tidman Acting Chief Executive	18/07/2016	Due date updated as a result of delays in endorsement for the model.	
Planned consultation and engagement during the public consultation on reconfiguration	Andy Phillips Interim Chief Medical Officer	18/07/2016	Public consultation contingent on endorsement. Due date changed again to reflect time required for consultation.	
Development and Board sign off of the contingency plan (quality thresholds exceeded).	Mark Wake Chief Medical Officer	31/01/2015	Trust Board has agreed interim measures. Acute Surgery implemented. High risk obstetrics and paediatric surgery under discussion.	12/12/2014

BAF Risk Report

Work underway within General Surgery, gynecology and Obstetrics and paediatrics regarding interim plans to ensure safety of service provision and staffing levels	Andy Phillips Interim Chief Medical Officer	30/09/2015	TDA supporting assistance from other trusts with medical rotas. Continuous monitoring and interim plans have been established. Continued recruitment processes in place Weekly review of staffing levels and trigger points for safe staffing levels in place	21/09/2015
Develop trigger points for escalation in services affected by reconfiguration delays.	Andy Phillips Interim Chief Medical Officer	31/12/2015	Trigger points established for W&C specialities and endorsed by Trust Board and partners. Developed for Surgery. Performance monitoring tool established.	15/12/2015

Target Risk Level	Major	Unlikely	8	Low

Progress	Timetable and delivery plan delayed. November 2015: Emergency action taken on the 5th November to temporarily move maternity and neonatal services from Alexandra Hospital to the Worcestershire Royal Hospital. Outpatient, day assessment and community midwifery services continue as normal. Model for reconfiguration not unanimously endorsed by FoAHSW Programme Board on 23rd October 2015. The Quality and Sustainability Subcommittee agreed to create a single item task and finish group to propose a model for paediatric care in the county. On 12th November 2015 the group met and agreed an option which will be refined and endorsed at an extraordinary Quality and Sustainability Subcommittee. December 2015 update: Back on road to public consultation pending appropriate scrutiny and endorsement by Clinical Senate and NHS England. February 2016 update: When Clinical Senate endorsement achieved, model will progress to NHSE.

Next Review Date 06/04/2016

BAF Risk Report

Worcestershire NHS Acute Hospitals NHS Trust

Risk	**2668 If plans to improve cash position do not work the Trust will be unable to pay creditors impacting on supplies to support service**
Date opened	22/04/2014
Strategic goal	Ensure the Trust is financially viable and makes the best use of resources for our patients
Strategic objective(s)	Use resources wisely
Initial Risk Level	Major Likely 16 High

Director/Committee	Finance Director / Finance and Performance Committee
Description/Impact	Description: If plans for improving cash position do not materialise the Trust will not be able to pay creditors which ultimately could impact on supplies to support service delivery. Impact: Inability to meet cash requirements with resultant impact onto Continuity of Service (COS). Reduced capacity and capability to achieve change Reputational damage and confidence in Board. Will trigger further action by TDA. Suppliers ceasing provision of products and services impacting operations and patient care Interest payments increase over time
Key Controls	Further working capital loan or PDC requested. Daily cashflow forecasts Close management of working capital to prioritise creditors Delivery of financial plan
Sources of Assurance	Management Assurance-Monthly monitoring of cash position by F&P Committee. Internal Audit-Financial Management Arrangements & Reporting Audit Internal Audit-Core Financial Transaction Processing Internal Audit

Performance Monitoring	Financial reports to Finance & Performance and Trust Board
Gaps in Control	Confirmation of capital availability to meet needs of Trust.
Gaps in Assurance	Still lack of clarity on the actual availability of cash from the DH

Current Risk Level Major Likely 16 High

Action Plan

Action	Responsibility	Expected Completion	Progress	Date Done
Deliver revised forecast in order to obtain further cash draw downs	Rob Cooper Director of Finance	15/04/2016		
Public Dividend Capital (PDC) /Loan application to be made to Independent Trust Financing Facility alongside Long Term Financial Model in August, with Trust Development Authority support	Chris Tidman Acting Chief Executive	31/10/2014	Revenue cash injection application approved as PDC (£26.5m)and the Trust has been recently advised of terms and condiitons which have been reported to FPC.	22/12/2014
Bidding for any National funds available	Chris Tidman Acting Chief Executive	28/02/2015	The Trust has been successful in the Integrated Digital Care Fund Bid but the value has been reduced to £1.3m of which £0.8m will be received this year. The Trust has been unsuccessful in the other bid against the Nurse Tech Fund.	28/02/2015
Submit application for £4.95m distressed capital to improve IT infrastructure resilience.	Chris Tidman Acting Chief Executive	28/02/2015	The bid was successful and the Trust was initially informed that this will be PDC but we have now been told that this will be a loan.	28/02/2015
Apply for further revenue cash support of £17.2m for 14/15 to counter impact of increased deficit.	Chris Tidman Acting Chief Executive	31/03/2015	Application was approved by the by the ITFF, now awaiting DH formal confirmation. In the meantime the Trust has drawn down a temporary loan of £8m.	14/05/2015
Seek cash injection for 2015/16	Colin Gentile Director of Finance	31/10/2015	Temporary funding of £19m has been agreed to meet the cash requirements for the first 6 months of 2015/16. The application for permanent funding is dependent on the development of a financial recovery plan. This means the trust will need to extend the current temporary facility. It is likely the Trust will require additional access to cash as its defecit is larger than planned. 16/11/2015 Recieved 30 days working capital. Currently applying for 40 day facility	31/10/2015

BAF Risk Report

Submit two applications for distressed capital, August and September/October 2015	Colin Gentile Director of Finance	30/10/2015	ITFF bid for £5m capital to support ED expansion, discharge lounge and car park submitted August 2015. The second bid will be subject to TDA new guidance which is likely to make access to further capital difficult. Update 16/11/2015: Recieved £4m for ED expansion and discharge lounge	16/11/2015
Conduct a review of the Trust's risk appetite to reduce expenditure and ensure compliance with the agency caps	Rob Cooper Director of Finance	15/02/2016	Plans agreed to close surge capacity and reduce agency expenditure.	15/02/2016

Target Risk Level	Major	Possible	12	Moderate

Progress	

Next Review Date 06/04/2016

BAF Risk Report

Worcestershire NHS
Acute Hospitals NHS Trust

Risk	**2678 If we do not attract and retain key clinical staff we will be unable to ensure safe and adequate staffing levels**
Date opened	19/05/2014
Strategic goal	Invest and realise the full potential of our staff to provide personalised and compassionate care
Strategic objective(s)	Develop and support staff
Initial Risk Level	Major Almost certain 20 High

Director/Committee	Director of Human Resources / Workforce Assurance Group
Description/Impact	If we do not attract/retain key clinical staff we will be unable to ensure safe and adequate staffing levels. There will be increased dependency on temporary staffing which affects the safety, quality and consistency of care to patients. Health Education West Midlands is reviewing the workforce plan for commissioning
Key Controls	Workforce metrics reviewed monthly at Trust Board Divisions produce resource plans for the workforce within their service
Sources of Assurance	Review-Internal-Family and Friends staff surveys Internal reports to the Board-CNO Board report on safe staffing reporting on NICE guidance compliance Internal reports to the Board-WAG report on workforce recruitment and medical staffing management - report via TMC to the Board Internal Audit-Temporary Staff Booking Process Audit

Performance Monitoring	Vacancies as Proportion of Funded Establishment (WVR1.23) Clinical Staff Turnover % (Clinical, WT1.1)
Gaps in Control	Understanding retention issues, eg formal exit interview processes Formal marketing plan Uncertainty around reconfiguration timetable Deanery control of doctor training places
Gaps in Assurance	

Current Risk Level Major Likely 16 High

Action Plan

Action	Responsibility	Expected Completion	Progress	Date Done
Create Workforce Development Plan and implement new roles. Maximising internal Bank recruitment	Denise Harnin Director of HR & OD	15/03/2016	WAG and NMWAG looking at: temporary staffing, role development, consultant job planning, recruitment processes, workforce reporting, operational management templates. Strategy implementation expected by December 2015, due date updated to reflect this. Update Dec 2015: Strategy discussed at WAG 21st Dec 2015. Baseline complete. Organising a facilitated workshop with divisions to review forward plan. Alternative practitioner models to be picked up in this work. Propose update due date to March 2016.	
Medicine Division to review workforce strategy	Andy Phillips Interim Chief Medical Officer	15/04/2016	Re-opened following discussion at WAG September 2015. Update Dec 2015: The re-established MWAG will progress this work. To be included in revised terms of reference. Propose new target date March 2016. Update Feb 2016, propose new target date April 2016.	
Improve communication and engagement of staff to develop them as ambassadors for the trust	Denise Harnin Director of HR & OD	13/05/2016	Director of HR and Director of Communications developing an engagement strategy.	
Marketing plan for recruitment by division	Denise Harnin Director of HR & OD	30/09/2014	Surgery - open day held. Corporate resources to support recruitment being provided	25/11/2014
CMO discussing Deanery withdrawing training numbers - implications for Worcestershire	Mark Wake Chief Medical Officer	31/12/2014	Action complete	31/12/2014
Ensure future medical contracts are trust-wide appointments	Andy Phillips Interim Chief Medical Officer	31/07/2015	All medical appointments are made on the basis of county-wide working.	31/07/2015
Revise internal staff engagement programme	Denise Harnin Director of HR & OD	27/11/2015	Strategy developed for next 12 months. Endorsed at Directors meeting 1/12/2015	30/11/2015

CMO to work with surrounding universities and local education and training board (LETB) on alternative practitioner models	Andy Phillips Interim Chief Medical Officer	30/11/2015	Meetings have commenced with universities and LETB. Ongoing work being picked up as part of the workforce strategy.	31/12/2015

Target Risk Level	Moderate	Blank	12	Moderate

Progress	Update November 2015: Monitor and the NHS Trust Development Authority (TDA) have implemented a cap on the amount of money that trusts can pay per hour for agency staff working for the NHS, taking effect from 23rd November 2015. The impact of this change will be known from the first report on 25th November 2015. Caps can be exceeded in individual cases on safety grounds, but within a process overseen by Trust Board and reported to the TDA. If the TDA consider that the trust is not applying the rules in a timely manner, they may use formal powers. The Trust continues to focus on improving recruitment, graduate intake and increasing internal bank.

Next Review Date 06/04/2016

BAF Risk Report

Worcestershire NHS Acute Hospitals NHS Trust

Risk	**2790 As a result of high occupancy levels, patient care may be compromised and access targets missed**
Date opened	02/02/2015
Strategic goal	Develop and sustain our business
Strategic objective(s)	Develop and sustain safe services
Initial Risk Level	Major Almost certain 20 High

Director/Committee	Chief Operating Officer / Trust Management Committee
Description/Impact	If the trust experiences high occupancy levels and there is a lack of downstream flow in the local health economy then patient access performance will be compromised. These pressures can detrimentally affect safety, quality and patient experience. Impact: Over-crowding in ED Increased quality and safety risk due to sub-optimal location of patient, multiple tranfers between wards/departments/sites, lack of privacy and dignity for patients, increased length of stay. Financial (£4.8m FYE)and reputational impact of non-delivery of targets.
Key Controls	Bed management team and processes to place patient in optimal bed Waiting list management Weekly meetings of the Urgent Care Oversight Team in ED to coordinate patient flow Monitoring electronic white boards (EWBS) on a daily basis Working in partnership to deliver the Patient Care Improvement Plan (PCIP) System wide capacity plan Monitoring of patients >10 days LOS on a weekly basis Full capacity protocol
Sources of Assurance	Internal reports to the Board-Monitoring demand and utilisation of capacity / improvement via divisional performance reporting Management Assurance-Monthly quality and safety monitoring via divisional quality forums Internal Audit-Waiting List Initiative (WLI) Expenditure Audit Management Assurance-Divisional monitoring waiting lists Management Assurance-Divisions monitoring outliers daily Internal Audit-Divisional Governance Structures Audit

Performance Monitoring	CEM target initial clinical assessment within 15 minutes of ambulance arrival in A&E % of patients waiting less than 4hrs in A&E (CAE1) Backlog > 18 weeks (PW4) Cancer targets (CCAN1-9) Delayed Transfers of Care SitRep (Days) (PIN3) Acute bed days occupied by patients 'Fit to Go'
Gaps in Control	Discharge planning and delivery process needs improvement More physical capacity needed in ED and discharge lounge needed More senior clinical decision making particularly out of hours is needed The Trust lacks clarity and control of the management of new referrals to the waiting list
Gaps in Assurance	Further information and assurance being sought through the CCG 18 week RTT Working Group, CCG Contract Monitoring Board and Systems Resilience Group (SRG) System wide capacity plan not available at this time

Current Risk Level Major Almost certain 20 High

Action Plan

Action	Responsibility	Expected Completion	Progress	Date Done
Improve patient flow with actions outlined in the PCIP, such as ambulatory emergency care, redesign bed model, improve discharge processes	Rab McEwan Chief Operating Officer	15/06/2016	The actions within the Patient Care Improvement Plan (PCIP) are tracked at UrCOT.	
It is proposed that a Local Health Economy Action Plan is to be developed and monitored through Systems Resilience Group	Rab McEwan Chief Operating Officer	28/02/2015	This was signed off at last SRG.	30/06/2015
Ensure compliance with College of Emergency Medicine guidance that initial assessment is carried out by clinical staff within 15 minutes of arrival	Robin Snead Divisional Director of Operations	30/06/2015	Systems in place to monitor and deliver this target.	30/06/2015

Patient pathways review by Transformation Team. Assertive recycling of theatre lists. KTC realignment plan	Rab McEwan Chief Operating Officer	28/02/2015	Patient pathway review undertaken. KTC realignment plan approved by Trust Board Dec 2014. Now being implemented.	31/08/2015
Trust action plan include: recruitment to consultant gaps, ringfencing of cancer beds, restructuring Cancer Board, weekly cancer Patient tracking List meeting chaired by D.Ops	Rab McEwan Chief Operating Officer	28/02/2015	Cancer bed ringfencing established, weekly cancer patient tracking list meetings established. Cancer Board restructured and will commence in new structure in April 2015. Two week wait target achieved in Feb 2015 and on track to achieve target for YTD. 62 day target yet to be achieved.	31/08/2015
CCGs to agree plans with the Trust for management and reduction of GP referrals.	Rab McEwan Chief Operating Officer	31/08/2015	Agreed key specialities with significant backlogs- CCG to request GPs to refer to alternative providers. Trust has developed speciality level action plans to achieve 92% incomplete standard by September 2015. Complete.	31/08/2015
Commission a Discharge to Assess Pathway via Nursing Homes using Operational Resilience Funding	Rab McEwan Chief Operating Officer	31/10/2015		31/08/2015
Launch Breaking the Cycle initiative	Rab McEwan Chief Operating Officer	31/10/2015	Initiative launched. Early signs of improvement in key performance measures and underlying processes such as early discharges.	30/10/2015
Acute Trust to plan additional activity through existing theatre capacity	Rab McEwan Chief Operating Officer	31/12/2015	Winter plan to maximise elective activity of AGH and KTC with no down time for maintenance.	31/12/2015
Implement the Winter Plan which includes actions to increase bed capacity and cohort outliers	Rab McEwan Chief Operating Officer	29/02/2016	Winter plan implemented though elements were not funded by CCG so full capacity not commissioned.	31/12/2015
Weekly review of DTOC's led by SWCCG to speed up discharge	Rab McEwan Chief Operating Officer	29/02/2016	Weekly reviews completed and ongoing.	10/02/2016

Target Risk Level	Minor	Unlikely	4	Very Low

Progress	Capacity remains an issue. There are system wide issues with the three pathways - this will be discussed at SRG. System wide action plan still in development. CCG GP referral management plan still to be agreed. We continue to work with CCG Commissioners in the delivery of the 18 week pathway.

Next Review Date 06/04/2016

BAF Risk Report

Worcestershire NHS Acute Hospitals NHS Trust

Risk	**2888 Deficit is worse than planned and threatens the Trust's long term financial sustainability**
Date opened	14/05/2015
Strategic goal	Develop and sustain our business
Strategic objective(s)	Use resources wisely
Initial Risk Level	Catastrophic Likely 20 High

Director/Committee	Finance Director / Finance and Performance Committee
Description/Impact	If the Trust does not secure sufficient income, the financial position will be placed at further risk and could affect its long term sustainability. The risks around marginal rates and fines mean the Trust needs to deliver contracted performance levels whilst remaining within contracted levels of activity. If expenses are not sufficiently contained and reduced there will be a serious impact on the financial position of the Trust and this will affect its long term sustainability. Possibility of charges from 2014/2015 carrying over into 2015/2016. Impact: - Inability to meet planned deficit at year end or meet cash requirements will have a resultant impact onto Continuity of Service (COS) - Liquidity Problems - Reputational damage and confidence in Board - Will trigger further action by TDA - Risk of lack of investment in the environment/facilities/equipment supporting patient care
Key Controls	Finance and Performance Committee Executive accountability Financial reporting to highlight key issues and facilitate corrective action Divisional management structures & divisional performance management monthly Robust QIPP plans signed off and divisional QIPP Confirm and Challenge meetings Monthly review of plan delivery by PMO with divisions and escalation of issues to weekly meeting with COO Monthly QIPP report to Finance & Performance Committee Expenditure controls Executive accountability Contract Management Board (CMB) and weekly contract negotiation meetings Monthly income and activity reconciliations with CCGs System Resilience Group
Sources of Assurance	Management Assurance-Monthly review via Finance and Performance Committee and Trust Board Management Assurance-Turnaround Board with 3/4 year recovery plan and supporting progress reports Internal Audit-PWC Opportunities Report Management Assurance-Monthly monitoring of cost improvement programme delivery by divisions reported to F&P Independent Assurance-Value for Money Audit Internal Audit-Financial Management Arrangements & Reporting Audit

Performance Monitoring	Report to Turnaround Board - performance against the Financial Recovery Plan Financial reports to Finance & Performance Committee and Trust Board
Gaps in Control	Staff capacity and capability to deliver turnaround The performance management system requires strengthening Finalised project plans for all material elements of the QIPP programme Ability to realise savings in the face of operational pressures including safety issues and delayed discharges
Gaps in Assurance	Turnaround plan to be finalised in order to create assurance processes Three year recovery plan not yet completed Current financial position

Current Risk Level Catastrophic Likely 20 High

Action Plan

Action	Responsibility	Expected Completion	Progress	Date Done
Develop robust medical workforce plans to support recruitment as well as managing temporary costs	Denise Harnin Director of HR & OD	15/02/2016	December 2015 update: Agency cap process in place. Weekly return being provided to TDA. HR working with divisions on plans to reduce and eliminate agency usage. Being recorded in the NHSP and HCL systems to improve transparency. Action plan required by TDA to address agency usage above cap. Propose new due date of mid-February 2016. February 2016 update: Recruitment strategies to be completed in consultation with divisions by end February 2016. Workforce plans first draft to be developed by 1st March. Centralising medical locum coordinators to be completed by March 2016. Planning to implement an all staff bank. Propose new due date end March 2016.	

Reduce cost of additional premium rate capacity	Rab McEwan Chief Operating Officer	15/04/2016	Costs have reduced and a further target reduction of £10m agreed. Due date updated to reflect new target.	
Develop a recovery plan in conjunction with external advisors and Trust Board	Sarah Smith Director of Strategy, Planning and Improvement	31/07/2016	Develop a recovery plan in line with STP.	
Establish a turnaround Board	Chris Tidman Acting Chief Executive	30/06/2015	ToRs approved by Board. Board established.	22/06/2015
Engagement of a financial turnaround specialist to support the development of the plan	Chris Tidman Acting Chief Executive	30/06/2015	Interim Director Finance has relevant experience.	30/06/2015
Strengthen financial controls over discretionary expenditure	Colin Gentile Director of Finance	01/10/2015	Financial controls strengthened	01/10/2015
Develop a 3 year recovery plan in conjunction with external advisors and Trust Board, considering a range of radical options and workforce reductions	Sarah Smith Director of Strategy, Planning and Improvement	30/09/2015	Outline recovery plan developed 15/08/15. Presented to Trust Board in October 2015. The Turnaround Plan is set out in financial terms and themes, but not down to the detail of schemes.	30/10/2015
Divisions to finalise plans for delivering CIPs	Rab McEwan Chief Operating Officer	30/09/2015	CIPS to cover original gap developed and planned CIP delivery has improved.	30/10/2015
Performance management processes to be strengthened	Sarah Smith Director of Strategy, Planning and Improvement	31/10/2015	Monthly divisional performance meetings have commenced with the Chief Operating Officer.	31/10/2015
Finance and Procurement Teams are creating revised instructions and controls to further eliminate discretionary expenditure for the remainder of the year	Colin Gentile Director of Finance	30/11/2015	Revised instructions signed off at Finance and Performance Committee November 2015.	30/11/2015
Resolve outstanding queries with specialised commissioners	Colin Gentile Director of Finance	30/11/2015	Contract signed May 2015. Two of the three issues to be resolved during Q1 have been agreed. The third issue is the subject of a discussion with NHS England Commissioning Team in September 2015. The due date has been amended to reflect this. Update October 2015: The Trust received a response from the specialised commissioners on 20th October on the third issue, asking for further information for one element and disputing another. The Trust has responded to the query and is drafting a response to the disputed element. In the event that this cannot be resolved locally it will be escalated for dispute resolution. Revised completion / resolution date of 30 November 2015 – if not resolved by then it will be escalated. Update 1st December 2015: Outstanding queries all resolved.	30/11/2015
Develop detailed schemes to achieve the outline recovery plan	Rob Cooper Director of Finance	03/02/2016	Schemes developed to achieve £4.3m recurrent savings. Further schemes required to achieve the minimum of £10m required. To be completed by end Jan 2016 Update Feb 2016: Schemes developed to a value of £9.9m, to be presented to Finance & Performance Committee on 26/2/16.	18/02/2016
Divisions to develop further CIPs for remaining gap	Rab McEwan Chief Operating Officer	03/02/2016	There is work being undertaken on finding CIPs for the remaining gap, focused on agency staff expenditure. This will be completed by end Jan 2016. Update Feb 2016: Superseded by schemes developed to date. Need to maintain delivery of existing CIP schemes.	22/02/2016
Target Risk Level	Catastrophic	Unlikely	10	Low
Progress				
Next Review Date	06/04/2016			

BAF Risk Report

Worcestershire NHS Acute Hospitals NHS Trust

Risk [2891 If the Trust does not learn from mortality reviews this knowledge will not be available to support improvements to patient care]

Date opened 18/05/2015

Strategic goal Deliver safe, high quality, effective and compassionate care

Strategic objective(s) Develop and sustain safe services

Initial Risk Level Major Likely 16 High

Director/Committee	Chief Medical Officer / Safe Patient Group
Description/Impact	If the trust does not implement trust-wide primary mortality reviews we will have fewer opportunities to improve patient care.
Key Controls	Mortality review committees within Divisions and Directorates Divisions report to trust Mortality Review Committee Mortality review process developed HED mortality data & case review process CQC/Dr Foster mortality alerts and reporting process
Sources of Assurance	Peer Review-Quality performance data and HED data, including HSMR, provide a flag for potential concerns regarding quality of care Management Assurance-The Safe Patient Group receives reports from Mortality Review Committee and provides assurance to the Quality Governance Committee which in turn provides assurance to Trust Board

Performance Monitoring	Death review completion rate for each division reviewed at Mortality Review Committee monthly.
Gaps in Control	Mortality review tool needs to be further embedded and demonstrated increased compliance rate Clinicians and services may have insufficient resource to support this process Secondary mortality review process is in place but requires dissemination and shared learning
Gaps in Assurance	Directorate and Divisional governance processes have yet to be fully developed No quality assurance process for the quality of mortality reviews within all divisions

Current Risk Level Major Likely 16 High

Action Plan

Action	Responsibility	Expected Completion	Progress	Date Done
Establish a Quality Assurance process for review of local mortality review	Andy Phillips Interim Chief Medical Officer	15/03/2016	The secondary mortality review process will provide quality assurance for initial reviews. Due date extended to reflect this.	
CMO to commence process to write to consultants where engagement with procedure is not evidenced	Andy Phillips Interim Chief Medical Officer	15/04/2016		
Divisions to review resource required within consultant job plans where large numbers of reviews required	Andy Phillips Interim Chief Medical Officer	15/04/2016	Divisions provided with a database to identify response rate per consultant. Consultants expected to evidence engagement with mortality review process to support appraisal and applications for clinical excellence award application process.	
Road test tool and modify or adapt to ensure it is readily implementable	Andy Phillips Interim Chief Medical Officer	31/07/2015	Tool modified and adapted to make user friendly. Presently receiving feedback.	31/07/2015
Divisions and Directorates to ensure further development of governance processes to support mortality review and quality agenda	Andy Phillips Interim Chief Medical Officer	30/11/2015	Progress being made. Reviews rated B,C,D or E are subject to secondary review and the Division attend the Mortality meeting to discuss the findings. Due date extended to end November 2015.	23/11/2015
Enhance the support provided by divisional governance teams to clinicians for the completion of mortality reviews	Chris Rawlings Head of Clinical Governance & Risk Management	30/11/2015	Divisional governance teams have been tasked with the direct support for consultants with the process.	23/11/2015
Enhance performance accountability for review of completion rates	Andy Phillips Interim Chief Medical Officer	15/01/2016	Governance to be enhanced at Safe Patient Group, Confirm and Challenge meetings, TMC and QGC. December 2015 update: Accountability processes established.	30/11/2015

Divisions to identify and provide appropriate resources to support implementation of mortality review process	Andy Phillips Interim Chief Medical Officer	15/03/2016	CMO and CNO, with Corporate Governance leads, have reviewed the processes and resources allocated. Enhancing the divisional response. Due to new approach, due date extended to December 2015. December 2015 update: Divisions being consulted to respond with resource required to ensure mortality review process is undertaken. Mortality review will be included in the Job Planning process and the due date of this action has been updated to reflect this. Feb 2016 update: resource in place, compliance 50% and improving.	12/02/2016

Target Risk Level	Major	Unlikely	8	Low

Progress	Update Jan 2016: NHS Improvement are tendering for a national mortality review process.

Next Review Date 06/04/2016

BAF Risk Report

Worcestershire NHS Acute Hospitals NHS Trust

Risk 2902 If the Trust does not achieve safety targets, it will fail to improve clinical care and reduce avoidable harm to expected levels

Date opened 21/05/2015

Strategic goal Deliver safe, high quality, effective and compassionate care

Strategic objective(s) Develop and sustain safe services

Initial Risk Level Major Likely 16 High

Director/Committee	Chief Medical Officer / Safe Patient Group
Description/Impact	The Trust is committed to developing and sustaining safe services. It is creating a Sign up to Safety campaign which includes work to: - Reduce harm from medicines incidents - Improve outcomes and experience for patients with #NOF - Improve mortality review processes If these and other safety priorities are not successfully implemented, patients may experience preventable harm, resulting in morbidity and mortality, increased length of stay, complaints and legal claims.
Key Controls	Policies and procedures for patient safety, eg Incident Reporting and Investigation Policies Corporate Clinical Governance Team and Divisional Quality Teams to support implementation Routine monitoring and assurance processes for safety and quality indicators Clinical Governance committee structure and review and challenge of metrics, for review of patient safety issues Incident reporting and monitoring system Communication of safety issues via induction, divisional meetings, daily brief, safety newsletter Mortality review process established Single weekly Operational Governance meeting to coordinate patient safety forums Corporate Clinical Governance Team and Divisional Quality Teams to support implementation
Sources of Assurance	Management Assurance-Quality Review Visits Management Assurance-Quality Governance Committee Structure and reports on key subjects from committees Internal Audit-Internal audit of Risk Management and Serious Incident processes Care Quality Commission-CQC inspections Management Assurance-Progress against various safety initiatives captured in Patient Care Improvement Plan (PCIP)
Performance Monitoring	Numerous safety indicators reported in Trust Board Performance Dashboard monthly: - Incidents & Never Events by category (QSIN1-6) - Mortality (QSM1) - Safety Thermometer (QSST1) - VTE (QSVT1) - Hip Fractures – Time to Theatre within 36 hours (QEF3.1) - Infection Control (QSIC1-5) Review of Divisional Quality KPIs Divisional performance reviews
Gaps in Control	Trust-wide mechanisms for feedback of the outcome of incident investigations to individuals Mortality review process requires embedding Patient Safety work needs to be more proactive
Gaps in Assurance	Consistent review of safety and quality performance review down to directorate and department level

Current Risk Level Major Likely 16 High

Action Plan

Action	Responsibility	Expected Completion	Progress	Date Done
Launch safety culture campaign with highlighted themes	Lisa Thomson Director of Communications	17/06/2016		
Improve feedback mechanisms on quality matters to staff - Quality newsletter	Chris Rawlings Head of Clinical Governance & Risk Management	30/06/2015	First newsletter produced and published- Quarterly publication scheduled. Datix system now sending automated emails at closure of incidents.	02/07/2015
Embed Signup to Safety plan actions into the Patient Care Improvement Plan (PCIP)	Sarah Smith Director of Strategy, Planning and Improvement	15/01/2016	This has been completed	01/12/2015
Create a signup to safety implementation plan with associated resources	Steve Graystone AMD Patient Safety	30/09/2015	Signup to Safety plan andorsed at Safe Patient Group 4th December 2015.	11/12/2015

BAF Risk Report

Worcestershire NHS
Acute Hospitals NHS Trust

Review performance management framework	Sarah Smith Director of Strategy, Planning and Improvement	31/01/2016	Review of Integrated Performance Report underway by Information Team. Due date updated to 31 December 2015. December 2015 update: Review of performance management framework being presented to Trust Board January 2016. February 2016 update: Now working to new framework	31/01/2016
CMO and CNO to identify how Signup to Safety will be implemented in context of Governance Review and new responsibilities	Andy Phillips Interim Chief Medical Officer	15/02/2016	Incorporated into existing PCIP work streams and as necessarypatient safety workstreams.	12/02/2016

Target Risk Level	Major	Possible	12	Moderate

Progress	The second draft of the Sign up to Safety Plan has been produced and is being mapped to the PCIP to identify factors already included and any gaps. December 2015 - Additional actions related to this risk are recorded in the PCIP so are not duplicated here. The mortality review process has improved and returns increasing following changes that provide patient health records to consultants earlier. The new weekly Governance Operational Meeting will commence on 15th january and include mortality 3x per month. Sign-up-to-safety plan is included within the PCIP Communication strategy for feedback of learning will be developed during January

Next Review Date 06/04/2016

BAF Risk Report

Worcestershire NHS Acute Hospitals NHS Trust

Risk	**2932 Turnover of Trust Board members adversely affecting business continuity and impairing the ability to operate services**
Date opened	09/06/2015
Strategic goal	Invest and realise the full potential of our staff to provide personalised and compassionate care
Strategic objective(s)	Develop and support staff
Initial Risk Level	Major Likely 16 High

Director/Committee	Chief Executive / Remuneration Committee
Description/Impact	Worcestershire Acute Hospitals NHS Trust has entered a challenging period in its history, requiring a financial and operational turnaround, the plans for which last at least three years. This is against a background of substantial capacity issues in the county, recruitment difficulties and uncertainty over the Future of Acute Hospitals in Worcestershire reconfiguration. Continuing to have a strong and stable Board is essential to meet these challenges. At present the Trust Board consist of six Non-Executive Directors (NEDs) including the chair, one Associate NED, five voting Executive Directors including the Chief Executive, and two non-voting Executive Directors. The terms of office of all the NEDs are due to expire in 2016. Of particular concern is the fact that the Chair leaves the Trust in March 2016, with four other NED Terms ending in December 2016. This creates a business continuity risk for the governance of the organisation. Furthermore since April 2015, four of the voting Executive Directors are on leave or have resigned, leaving interims in these posts (see also risk 2932) and an Acting Chief Executive. This places an extra pressure on the NED members of the Board to maintain continuity. The requirements of Non-Executive Directors in terms of knowledge skills and experience are high, especially in this context. There is a particular need to ensure the appointment of individuals with a full range of abilities including financial experience, strategy, and communications along with an understanding of the pressures on NHS Trusts. The number of candidates meeting these requirements and with links to the area may be challenging. This could potentially lead to either delays in recruitment and subsequent challenge achieving quorum, or appointment of individual(s) who have less experience in the role. There is a risk that the newly appointed NEDs may take some time to acclimatise and gather an understanding of the organisation before reaching the level of effectiveness required. Other Trusts have approached this issue by staggering the expiry dates of Board Members' terms of office, reducing disruption and ensuring the Board is strong and corporate memory and continuity are maintained. The Trust has proposed this to the TDA who are responsible for the appointments, however this has not been accepted. The TDA have stated that they will now only appoint for two year periods. Furthermore, as a result of the absence of several Executive Directors, four Executive posts are interim. Therefore business continuity may be affected, resulting from handover issues, and loss of corporate memory. There is a risk that this and further absences could impair the Trust's ability to operate services.
Key Controls	All posts currently filled with suitably qualified acting or interim staff Clear deputizing arrangements in operation, and or swift action to bring in interim support where required PA support ensuring inboxes monitored and directed to interim/acting staff Named roles covered by temporary arrangements to ensure statutory responsibilities are covered, eg key roles of responsible officer covered by CMO, Caldicott Guardian and Controlled Drugs Officer covered by AMD Continuity provided by Trust operational and governance committees through minutes, action logs, project plans etc. Staff notified of changes via Chief Executive's Team Brief and daily notices, meetings etc. Non-Executive Director induction process & Trust Board Development Days NED position descriptions and selection criteria and appraisals conducted by Chairman
Sources of Assurance	Management Assurance-Acting Chief Executive ensuring and reviewing business continuity through the Exective Management Team (EMT) Management Assurance-Confirmed at Trust Board through TDA self-certification

Performance Monitoring	Achievement of financial turnaround. Achievement of various performance targets.
Gaps in Control	Potential for gaps where not covered by above controls If further absences occur this could significantly worsen the situation Trust Board appointment process governed by the TDA
Gaps in Assurance	The Trust is not presently aware of the TDA's plans for NED appointment in 2016

Current Risk Level Major Almost certain 20 High

Action Plan

Action	Responsibility	Expected Completion	Progress	Date Done
Constant review of interim posts is taking place between the CEO and Chair	Chris Tidman Acting Chief Executive	15/03/2016		
Develop a NED recruitment programme	Harry Turner Chairman	15/07/2016		

Appoint interim Finance Director	Chris Tidman Acting Chief Executive	31/07/2015	Interim Finance Director appointed	30/06/2015
Develop channels of communication with staff regarding leadership arrangements	Chris Tidman Acting Chief Executive	31/07/2015	Work underway with the Communications team to ensure all changes/updates are communicated with staff. Review modes of communication such as Team Brief, Daily Brief, intranet pages, noticeboards etc. The Big Conversation initiative has been launched in the trust.	30/09/2015

Target Risk Level	Major	Unlikely	8	Low

Progress	
Next Review Date	06/04/2016

BAF Risk Report

Worcestershire NHS Acute Hospitals NHS Trust

Risk	**3038 If the Trust does not address concerns raised by the CQC inspection the Trust will fail to improve patient care**
Date opened	12/10/2015
Strategic goal	Deliver safe, high quality, effective and compassionate care
Strategic objective(s)	Deliver effective care
Initial Risk Level	Major Likely 16 High

Director/Committee	Chief Nursing Officer / Trust Management Committee
Description/Impact	The report from the July 2015 announced CIH inspection was released in December 2015. The report rated the Trust as Inadequate overall, and the Trust has subsequently been placed in special measures. If the Trust does not respond to the concerns highlighted by the CIH inspection 2015 and does not continue to seek assurance of compliance with fundamental standards the Trust will fail to improve patient care and receive continued scrutiny from CQC adversely affecting reputation.
Key Controls	Policies covering the Trust's quality and business activities, monitoring these and taking action to improve compliance Clinical Governance structures and processes Divisional Quality Governance meetings, reporting to QGC Quality Review Visits Clinical Audit Incident management processes and monitoring Action plan part of PCIP and reported to QGC
Sources of Assurance	Self-assessment against standards-Quality Review Visits Review-External-CQC Intelligent Monitoring Report (IMR) Internal Audit-Review of CQC related processes

Performance Monitoring	Dashboards in development which will be presented in CQC domains
Gaps in Control	Not all corporate processes are subject to an assessment of compliance with the standards Ability to review performance in context of domains
Gaps in Assurance	

Current Risk Level Major Likely 16 High

Action Plan

Action	Responsibility	Expected Completion	Progress	Date Done
Ensure that the "must do's" contained within the Final Report are acted on.	Lisa Miruszenko Deputy Chief Nursing Officer	31/03/2016	The PCIP is being populated with the "Must Do's" from the Final report. All "Should Do's" will be reviewed and those identified as good practice for the organisation will also be moved across into the PCIP reports. Update Jan 2016: A new CQC monitoring group has been established and will meet monthly.	
Implement changes outlined in the review of quality	Chris Rawlings Head of Clinical Governance & Risk Management	13/05/2016	Associate Director post being advertised in December 2015. Structural changes will be implmented when this post commences. Initial review of committees completed, more detailed review of aims and objectives, chairmanship, membership and reporting commenced.	
Conduct mapping of existing ward performance measures against CQC domains	Heather Webb Healthcare Standards Lead	31/12/2015	This has been completed as part of the development of the ward quality dashboard.	02/11/2015
Review of quality governance structures and processes	Chris Rawlings Head of Clinical Governance & Risk Management	30/11/2015	Review undertaken and report endorsed by QGC in October 2015.	30/11/2015
Review Quality Review Visits process	Lisa Miruszenko Deputy Chief Nursing Officer	31/01/2016	Meeting to progress this action planned for 15th December 2015. Update Jan 2016: First new format Quality Review Visit scheduled for 11th February 2016 and will be conducted monthly thereafter.	01/02/2016

Target Risk Level Major Unlikely 8 Low

Progress	The PCIP is being populated with the "Must Do's" from the Final report. All "Should Do's" will be reviewed and those identified as good practice for the organisation will also be moved across into the PCIP reports. Progress against the PCIP will be reported to TMC, QGC, QOSG and will form part of the Board report. December 2015 - PCIP actions are being reviewed and reported to the Board and CQC. Jan 2016 - as above, plus initial meeting of monthly CQC Monitoring Group has taken place where must and should do's will be closely monitored to completion.

BAF Risk Report

Worcestershire NHS
Acute Hospitals NHS Trust

Next Review Date 06/04/2016