Worcestershire NHS
Acute Hospitals NHS Trust

There will be a meeting of the **Worcestershire Acute Hospitals NHS Trust Board** on
Wednesday 4 May 2016
at 09:30 in
Kidderminster Education Centre Kidderminster Hospital and Treatment Centre

John Burbeck
Interim Chairman

Please take papers as read

AGENDA

1	**Welcome and apologies for absence**	Interim Chairman	
2	**Patient Story**	Interim CNO	
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 **6 April 2016** as a true and accurate record of discussions.*	Interim Chairman	**Enc A**
6	**Matters Arising**	Interim 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@nhs.net by 12 noon on Tuesday 3 May 2016.* ***Please note change of email address***		
8	**Chairman's Update Report** *For information*	Chairman	**Verbal**
9	**Chief Executive's Report** *For assurance*	Interim Chief Executive	**Enc C**
	STRATEGY **Board Assurance Framework 2665, 2904, 3140**		
10.1	**Strategy and Transformation Committee** *For assurance*	Committee Chair	**Enc D1**
	QUALITY AND PATIENT SAFETY **Board Assurance Framework 2790, 2902, 3038, 2895**		
11.1	**Quality Governance Committee report** *For assurance*	Committee Chair	**Enc E1**

11.2	**Patient Care Improvement Plan** *For approval*	Director of Planning and Development	**Enc E2**
WORKFORCE Board Assurance Framework 2678, 2894, 2893			
12.1	**Workforce Assurance Group report** *For assurance*	Committee Chair	**Enc F1**
12.2	**Nursing and Midwifery Workforce** *For assurance*	Interim CNO	**Enc F2**
12.3	**People Engagement Programme update** *For assurance*	Director of Communications	**Enc F3**
FINANCE AND PERFORMANCE Board Assurance Framework 2888, 2668			
13.1	**Finance and Performance Committee** *For assurance*	Committee Chair	**Enc G1** ***To follow*** ***(meeting 29.4.16)***
13.2	**Integrated Performance Report** *For assurance*	Director of Planning and Development	**Enc G2**
13.3	**Financial Performance Report** *For assurance*	Interim Director of Finance	**Enc G3**
13.4	**Financial Plan** *For approval*	Interim Director of Finance	**Enc G4**
14	**Any Other Business**		
	Date of Next Meeting The next public Trust Board meeting will be held on **Wednesday, 8 June 2016, Charles Hastings Education Centre, Worcestershire Royal Hospital, Worcester**		

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 6 APRIL AT 09:30 HOURS

Present:

Interim Chairman of the Trust:	John Burbeck	Vice Chair and Non-Executive Director
Board members: (voting)	Mari Gay	Interim Chief Nursing Officer
	Rob Cooper	Interim Director of Finance
	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 HR & Organisational Development
	Sarah Smith	Director of Planning and Development
	Lisa Thomson	Director of Communications
	Lynne Todd	Board Advisor
In attendance:	Paul Crawford	Patient Representative
	Inese Robotham	Deputy Chief Operating Officer
	Kimara Sharpe	Company Secretary (minutes)
	Jan Stevens (JSt)	Interim Chief Nurse (from end April)
	Julie Stupart	Assistant Director of HR
Public Gallery:	Press	1
	Public	2
Apologies:	Stewart Messer	Chief Operating Officer
	Mark Wake	Chief Medical Officer
	Marie-Noelle Orzel	Improvement Director
	Bill Tunnicliffe	Associate Non-Executive Director
	Stephen Howarth	Non-Executive Director

1/16 **WELCOME**

The Interim Chairman welcomed members of the press and public to the meeting.

2/16 **PATIENT STORY**

The Interim Chairman invited the Interim CNO to introduce the patient story. The Interim CNO introduced Mr Sharma, consultant ophthalmologist who had undertaken innovative work within the department and she asked him to outline his work.

Mr Sharma outlined the achievements within the ophthalmology department. He was identified by Monitor as running one of the best units in the UK in terms of productivity and activity. He stated that the NHS could save circa £500m per year if every ophthalmology unit in the UK operated as Worcestershire. He explained that he has streamlined the patient flow through the unit and changed the culture of the team to

ensure greater productivity whilst maintaining excellent patient experience.

He commenced a glaucoma support group in 2009 as he recognised that patients did not always have time to discuss their particular needs. He now has 120-150 people attending twice a year. He won the best patient support group in 2015. He stated that he now videos his consultation with patients so that they can go over it with their family once back home. He has made several videos of the patient experience and he showed some to the meeting. He has also composed patient information leaflets which are available on the website. The website has received 3216 hits and the leaflets have been downloaded 11,000 times.

He thanked his support nurse Sarah Ruck and Sally Hunter for her work on the website. He also praised Mr Docker, a patient, who asked for money instead of flowers at his funeral. As a consequence of this gesture, Mr Sharma approached other organisations for additional funding and was able to buy a piece of equipment at a discounted rate. This has saved 16,000 patient hours a year in travel time.

Mrs Todd thanked Mr Sharma for his innovative work. She wondered how his work could be applied across the Trust into other specialities. Mr Sharma agreed that the work he had undertaken was transferable and the Interim CEO explained that Mr Sharma has agreed to be involved in Listening Into Action. He stated that much of Mr Sharma's work was about the mind-set and culture, not necessarily money.

Mr McGinity probed about the use of videos and education at home. The Interim CEO agreed and stated that the videoing of a consultation ensured greater understanding, particularly amongst the family. Mr Sharma stated that if the patient does not have access to a computer, he will ensure that extra time is spent with a nurse within the clinic setting.

In response to Mr Sleigh, the Interim CEO acknowledged that the work that Mr Sharma was undertaking was not representative across outpatients. This is where Listening into Action would support the roll out.

The Interim Chair thanked Mr Sharma for his attendance and for his innovative work within ophthalmology.

Resolved: that
The Board

- Noted the content of the story

3/16 **ANY OTHER BUSINESS**

No other items of business were raised.

4/16 **DECLARATIONS OF INTERESTS**

There were no additional declarations of interest.

5/16 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 2 MARCH 2016**

Resolved: that

- The Minutes of the public meeting held on 2 March 2016 be confirmed as a correct record and be signed

5/16/1 **MATTERS ARISING/ACTION SCHEDULE**

The Company Secretary confirmed that all the actions had been completed or not yet due.

6/16 **QUESTIONS FROM MEMBERS OF THE PUBLIC**
No questions had been received.

7/16 **Interim Chairman's Report**
The Interim Chairman referred to the previously circulated report, enclosure C1. He outlined the proposed changes to the committee membership and the appointment of Mr McGinity as vice-chair.

Resolved: that
The Board

- Noted and approve the proposed changes to the chairs and membership of the committees
- Noted the appointment of Bryan McGinity as Vice-Chair.

8/16 **Interim Chief Executive's Report**
The Interim Chief Executive presented the report circulated with the agenda (enclosure C) and highlighted the main points. He stated that the Trust had been asked to take part in the programme, Building on the Best. He outlined the developments undertaken in Ward 12 at the Alexandra Hospital in respect of end of life care.

He went onto outline the changes being undertaken as part of the Emergency Care Improvement Programme (ECIP). In particular, he highlighted the work with senior decision makers present at the front door at both EDs and medical assessment units. This was enabling earlier discharge of patients and the prevention of admission of some elderly frail patients.

He then turned to the Future of Acute Hospital Services in Worcestershire Programme. He stated that the clinical senate would be reviewing the revised model and he was hopeful that public consultation would commence in the early Autumn. He emphasised the current fragility of some services and the risk to safety of patients.

Mrs Todd asked how Building on the Best was ensuring continuity across the health system. The Interim CNO stated that the Commissioners recognised that there were gaps in case in this service and that a re-commissioned service would commence in the next 12 months. She would be ensuring that there was a fast track back to the patient's home for end of life care.

Mrs Todd then turned to the continued pressures on the emergency departments. She wondered whether any work had taken place to understand why this was occurring. The Interim CEO agreed and the main cause appeared to be the over 75 age group calling 999. He stated that the Strategic Resilience Group (SRG) was committed to review why this was taking place and had commissioned an audit. The Interim CNO stated that this work would also review admissions to nursing homes which appeared to have increased.

Mr Sleigh asked whether the MADE event had had an impact. The Interim CNO stated that she had been disappointed that there had not been as much learning as there could have been but the event had generated discussion about how to ensure that elderly patients were in the right place for their needs. The Interim CEO stated that one geriatrician had spent some time on the phone to GPs who were referring patients to the Trust and had managed to reduce attendances considerably.

Resolved: that
The Board,

- Received the assurance within the report
- Noted the terms of reference for the Improvement Board

9/16 **STRATEGY**

9/16/1 **Trust Operational Plan 2016/17**

The Interim Chair stated that he was pleased that the Trust had a number of new initiatives in place and had tighter controls on the finances than at the same time last year. There were clear expectations that the NHS as a whole needed to improve performance in key areas and to reduce the deficits. He welcomed the presentation of the Operational Plan and the Financial Plan for 2016/17.

The Deputy Chief Operating Officer left the meeting.

The Director of Planning and Development (DPD) presented the Operational Plan which had been previously circulated as enclosure D1. She stated that the Plan was to be submitted to NHS Improvement on 11 April. She outlined the background to the development of the Plan which formed part of the Sustainability and Transformation Plan (STP) which had to be developed by the early summer. The operational plan concentrates on sustainable solutions to the financial challenges and improved performance.

She then went on to remind members that the draft plan had been discussed in February and there had been a confirm and challenge meeting with the then Trust Development Authority. She had incorporated all the feedback from this meeting. She stated at the plan relied on the Trust being able to access the £13.1m sustainability fund. This had not yet been confirmed. She stated that there was further work to be undertaken on areas of the Plan including ensuring that the key issue of the stranded patient is a common thread throughout the document. She also was planning to strengthen the workforce element of the Plan. Nationally there was a clear expectation that a further reduction in agency costs would be shown.

She then turned to how the plan would be embedded within the Trust. Executive Directors would have their objectives set in accordance with the priorities within the Plan and these objectives would then be cascaded throughout the Trust. The Communications Department would play a full role in ensuring the full roll out.

The Interim CEO reflected on the huge amount of work undertaken by the Trust in the previous few weeks. £10m had been delivered and further plans to deliver £14m were in place. The challenge was the capacity and capability to deliver this amount of savings and he was keen to ensure that the Plan was explicit in any further resources required.

The Interim DF stated that the plans to deliver the further £14m were being worked with divisions. He was confident that by 18 April draft plans would be available.

The Interim CNO (JSt) stated that it was imperative that the organisational development programme was central to ensuring that staff had the skills to embed improvement activities. The Interim CEO concurred and stated that one key element of the STP would be organisational development across the whole STP footprint.

The DPD confirmed to Mrs Todd that work had commenced with divisions in December in respect of the priorities for 2016/17 and the formal divisional plans would be ready by the end of April.

The DPD also confirmed to Mr McGinity that there were ring-fenced monies within the

STP for digital health. The Director of Asset Management was reviewing this. It was agreed to include a section in respect of IT and the state within the Plan.

The Interim DF reminded members that NHS Improvement would be looking for the Trust to deliver on its plans before reviewing any additional monies. It was agreed not to include a list of desirable areas for action.

In response to the Interim Chair, the DPD stated that the Trust has one set of corporate objectives which would embrace both the PCIP actions and those further actions identified within the Operational Plan. She confirmed that the communication to staff would commence the following day through the Chief Executive Brief meetings.

The Interim CEO drew the board's attention to the trajectories on page 6 which showed that the A&E standard would not delivered in 2016/17 albeit the plan was to achieve consistently over 90%. This has been agreed with ECIP. He went onto state that the RTT incomplete standard would be delivered from Q3 as this is when the CCGs intent for dermatology pathway to be put onto a more sustainable footing. The 62 day cancer target would be challenging at the start of the year before recovering in quarter 2.

The Deputy COO returned to the meeting.

Resolved: that
The Board:-

- Approved the final draft of the Operational Plan for 2016/17, subject to further minor changes in advance of the April 11th submission to NHS Improvement
- Approved the trajectories as outlined on page 6 of the document.

10/16 **QUALITY AND PATIENT SAFETY**

10/16/1 **Quality Governance Committee**

Mr Burbeck presented the report from the Quality Governance Committee (Enclosure E1) and highlighted the key points. The Committee has expressed their concern about the CQUIN performance in relation to acute kidney injury and sepsis. He highlighted the two never event final reports and complemented the investigations that had been undertaken.

There remained concerns about the number of primary mortality reviews being undertaken but performance was improving. There was a need to formalise the secondary mortality process to ensure that lessons were now learnt. The Interim CMO stated that he was aware that secondary mortality reviews were being undertaken but not reported through the process and he would include in his next report.

Mr Burbeck then turned to the surgery division deep dive which provided assurance that the leadership team were tackling the key issues. There now needed to be learning across the division and into the wider trust.

He finally reported that the work with the buddy trusts was proving useful.

Mr Sleigh asked that the quality impact assessments were regularly discussed at the Quality Governance Committee. The Interim CNO agreed and she would ensure that monthly summary reports would be taken to the Committee. She stated that an annual summary had been received in November 2015.

Resolved: that
The Board

- Received the assurance in respect of the consideration of the four BAF risks allocated to the Committee
- Received assurance with respect to the actions being taken to increase the number of VTE assessments
- Received the final summary reports into the two never events, one concerning insulin dosage and one wrong implant
- Noted the root causes and learning from the two never events
- Noted the mortality report and that the data are being reviewed
- Received the assurance in relation to the surgery division deep dive in particular assurance in relation to the management of fractured neck of femur
- Noted the February exception reports for medicine, TACO-CS and women and children
- Received assurance in relation to the management and progress of the Governance and Safety Improvement Plan
- Noted the report

10/16/2 **Patient Care Improvement Plan**

The DPD presented the report which has been previously circulated as enclosure E2. She stated that considerable progress had been made in respect of the action plans relating to infection control and the Health Education West Midlands visit. There were now three areas at the Trust was concentrating on and these were urgent care and patient flow, mortality and organisational development and culture. She welcomed the impetus that the Improvement Director had given to developing the granular plans and recognised that more work was required. She referred to the previous decision on the Operation Plan in respect of the capacity and capability to undertake sustainable improvement initiatives.

The Interim CNO gave feedback from the Quality Oversight Review Group (QORG). Acknowledgment had been given in respect of the progress with Infection Control, maternity and governance.

Mr Todd asked why not all the areas identified by the CQC were not in the PCIP. The DPD explained that considerable thought had been given to the development of a specific plan for all the CQC elements but on balance, the approach she outlined together with the dashboard would cover all the elements. Trajectories had been set to see month on month improvement.

It was agreed that the tracking of the PCIP elements would be developed so that there was no overlap but the relevant committees had the oversight.

Resolved: that
The Board

- Received the Patient Care Improvement Plan (PCIP) for assurance and considered the next steps in respect of the PCIP to ensure progression.
- Were assured of the effectiveness of the approach outlined
- Asked that the relevant subcommittees sought assurance and monitored the trajectories

11/16 WORKFORCE

11/16/1 **Workforce Advisory Group**

Mr Burbeck, Chair of the WAG presented the report (enclosure F1). He acknowledged that the report as presented needed to be more detailed. There had been considerable focus on the recruitment to vacant posts and support for the long term sick. The Group discussed the draft Organisational Development (OD) strategy and he was pleased

that there were firm plans to develop an integrated workforce strategy by the early autumn. The Group had requested milestones to ensure the achievement of this.

The Associate Director of HR outlined the key element of the OD strategy which was cultural improvement. A significant amount of external funding had been secured to develop programmes for the staff specifically about leadership and development.

She went onto explain that a significant amount of work had been undertaken to reduce agency spend with the centralisation of the locum coordinators to ensure common systems and processes are used. She outlined the new targets set by NHS Improvement in relation to longer term bookings and off framework agencies.

Mr McGinity asked where the issue of retention was being addressed. The Associate Director stated that the results of the exit interviews would be discussed at a future meeting. Divisions were clear about the importance of a work life balance.

Resolved: that
The Board

- Received assurance in respect of the items discussed at the Workforce Assurance Group, specifically in relation to:
  - BAF risks
  - Workforce Key Performance Indicators and Workforce Planning
  - Development of the OD Strategy

11/16/2 **Nursing and Midwifery Workforce**

The Interim CNO presented the report (enclosure F2). She was pleased to see that the workforce metrics had stabilised and that there was a reduction in the number of qualified and unqualified vacancies. Recently she was pleased that 9 wte nurses had been offered jobs in theatres. She outlined the work being undertaken with the University to attract newly qualified nurses and confirmed that emphasis was being placed on career development.

Within the safer staffing table, 15 wards have not met the guidelines, mainly at night at the Alexandra Hospital. Staff were being supplemented with health care assistants which maintained a safe and high quality service.

She had undertaken a review of the matrons' function to align the role better to the patient pathway and to ensure equity across the Trust. The review was currently with the HR department.

She was developing a strategy to address the advanced practitioner role and she would be reviewing the specialised nurses.

She was pleased with the reduction in the use of bank and agency staff. The Trust had been spending £900k a month. This was now at £400k and there had been no concerns about the safety of patients.

Mr McGinity asked whether there was a correlation between staffing levels and leadership. The Interim CNO confirmed that ward managers were being encouraged to undertake leadership training to ensure that there were aware of the strategies needed to attract and retain staff.

Resolved that
The Board received and noted:-

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

11/16/3 **Six Monthly Staffing Establishment Review**

The Interim CNO presented the report (enclosure F3). She reminded members that there was a nationally driven requirement for NHS Trusts to review their establishment every six months. She was awaiting new guidance on safe sustainable staffing. Eight guides will be published, four of which will be relevant to the Trust.

She went onto explain that she has used the national tools in the review and has undertaken a care contact time audit which involved external nurses watching the amount of time spent with patients by qualified and unqualified nurses. This showed that qualified nurses were undertaking activities that they did not need to be doing. She then went through the results for each division in turn which were detailed in the paper, section 3.1. Within medicine, she highlighted that a detailed workforce plan is being developed for ED which includes the development of a bespoke course at Worcester University to ensure paediatric competencies amongst the current staff. The main challenge within the Surgical Division is the recruitment of staff to the Alexandra Hospital site and targeted recruitment is being undertaken. The Women and Children Division are undertaking an exercise using Birth-rate plus in April which will be reported in the May Board report.

She then turned to the skill mix for delivering safe and effective care. She was advocating the employment of ward housekeepers to free up time for ward managers to spend in direct patient care. She was also proposing a new role, the associate nurse. She sought approval from the Board to recruit 33 wte band 3 ward housekeepers, 26 wte ward administrators and 42 band 4 associate nurses. These would be funded through existing resources (band 5 vacancies). She was conscious that the implementation needed to be evaluated and she stated that the ward dashboards were structured to enable this to take place.

Mr McGinity asked about whether there was confidence in the ability to recruit to the position of ward housekeepers. The Interim CNO was confident that the appropriate people would be recruited. She was aiming for local people.

Mr Sleigh asked whether the CQC were appraised of the change in skill mix. The Interim CNO stated that she had discussed the issues with the CQC and they were satisfied with the governance being put into place with individual ward based risk assessments.

The Interim CEO stated that the next six monthly review would show whether the initiative had been successful and WAG would review the implementation on a monthly basis. The Interim CNO stated that this would be a huge change for the staff so communication was key.

Resolved that
The Board:-

- Received assurance in relation to the outcomes of the establishment review
- Supported the changes to the workforce profile of the ward establishment with the recruitment of 33 wte ward housekeepers, 26 wte ward administrators and 42 band 4 associate nurses.

11/16/4 **Medical Workforce Report**

The Interim CMO presented the report (enclosure F4). He confirmed that the detail of the paper had been discussed at WAG. He recognised that there was a challenge with medical workforce with the number of non-permanent posts. A number of posts have been transferred to permanent but there was more work to do particularly on the use of other staff. He also referred to the on-going dispute in relation to the implementation of the junior doctors' contract. The Trust had received details of the implementation of the Contract and he outlined the position of *Guardian for Safe Working*, an appointment which has to be made by July. The Associate Director for HR gave more detail about the implementation of the contract which needed to be offered to the junior doctors by the beginning of June for implementation in August.

The Interim CMO was pleased that the Trust has secured two ED training posts through Health Education West Midlands and a new post has been approved for medical oncology.

He then turned to revalidation. He stated that this was aligned with the appraisal process and the majority of doctors have now been through the process.

The DPD asked how the Trust makes the medical vacancies and HEWM posts as attractive as possible. The Interim CMO stated that the current consultants needed to encourage people to come to work within the Trust. He admitted however that considerable more work was needed with the consultants and this had started with the development of a county wide vision for medicine at the meeting held the previous week.

The Interim CEO asked the Interim CMO to review why posts are not advertised en bloc. He gave the example of advertising for the 4 Alexandra Hospital ED consultants which had been successful because the consultants wanted to work together. The Associate Director of HR agreed to review the recruitment strategy and to review the position in respect of formal mentoring. Both these issues would be discussed via WAG.

In response to a question from the Interim Chair, the Deputy COO confirmed that there had been as yet no impact on the work of the Trust by the junior doctor strike currently taking place.

Resolved that
The Board:-

- Received assurance in respect of
  - Management of medical vacancies
  - Job planning
- Received an update on Health Education England Doctors in Training posts
- Received the report

11/16/5 **2015 National Staff Survey**

The Director of Communications presented the report (enclosure F5). She explained that the Trust surveys staff each year in October as part of the national staff survey. The sample was small so it was not possible to look at individual locations. Nevertheless the results placed the Trust in the bottom 20% which was disappointing and showed the need for a more radical response. She explained that the results showed evidence of a healthy reporting culture.

A number of different actions were being taken in response to the survey. The OD

strategy will be based on creating an inspirational workplace where people want to come and work. Real-time staff surveys will be undertaken of all the staff will be undertaken quarterly. This will provide much more detailed information and actions will be taken in specific areas. She confirmed that the Big Conversation will be continuing.

She then turned to Listening into Action. This 12 month programme will focus on a series of initiatives throughout the Trust and will be launched in the next few weeks. It is being funded through Special Measures money.

The new reward and recognition plan, discussed at WAG, is based on the Trust's values.

Mrs Todd welcomed Listening into Action and asked that all areas of the Trust be represented on the steering group. The Interim CNO (JSt) stated that her recent experience of LIA was very positive. The methodology was powerful. She asked that patient views be considered.

The Interim CEO stated that the LIA work was essential. There was evidence to show that happy motivated staff meant better patient care.

Resolved that
The Board:-

- Received the results of the staff survey 2015
- Noted the key findings of the survey
- Received assurance on the actions being taken to engage with staff, in particular ChatBack, The Big Conversation, Listening into Action
- Discussed any further areas for consideration on staff engagement
- Agreed to receive further assurance via the Workforce Assurance Group which will be monitoring the actions agreed.
- Noted the content of the report

12/16 **FINANCE AND PERFORMANCE**

12/16/1 **Finance and Performance Committee Report**

Mr Sleigh, Committee Chair, presented the report from the Finance and Performance Committee held on 1 April 2016 (Enclosure G1) and highlighted the main points. The committee discussed and reviewed the financial plan for 2016/17 and recommended that the actions outlined should be agreed. Unfortunately there was no recommendation in respect of the contract discussions and he stated his concern that the negotiations had not been concluded. He outlined the process for agreeing the contract prior to the next board meeting.

The financial performance for month 11 was scrutinised and there was a high degree of assurance that the Trust would end the year in deficit to the tune of £59.9m. This was predicated on the ability of commissioners to ensure that the Trust had received the appropriate income.

Each Division was probed on the run rate and pay bill. As a result, there was a high degree of confidence that £10m savings will be reached. This was due to successful recruitment, reduced dependence on agency and reduction on waiting list initiative payments. Mr Sleigh then went into detail about the agency cap and the effect that this had on all Trusts.

There was now a requirement to ensure that the Trust made £14m savings in 2016/17. Whilst the plans were more advanced than in previous years, there was still some work

to be undertaken. He then stated that there continued to be an issue with cash.

He apologised that the report did not cover the IPR in detail. There had been considerable discussion at the Committee about stranded patients and a trajectory had been requested.

Finally he asked for approval of the updated terms of reference.

Resolved that:-
The Board

- Agreed the four Actions identified in the Financial Plan 2016/17.
- Noted that the Capital plan requires certain project specific loans.
- Noted that the Cash plan requires agreement of a longer term solution to providing liquidity.
- Noted the assumptions implicit in the Risks identified
- Noted the contracting position with Commissioners
- Agreed that the draft contract(s) should be reviewed by the F&P Committee Chair, Interim CEO and Interim DF before been taken by the Board, if necessary by an extraordinary meeting.
- Approved the updated terms of reference.

12/16/2 **Integrated Performance Report**

The DPD presented the report which had been circulated as enclosure G2. Given the detail of the discussion at the F&P Committee, she asked for any comments from members.

Mr McGinity expressed his continued disappointment with the utilisation of Kidderminster Hospital theatres. The Deputy COO reminded members that the data did not take account of downtime and recovery. Due to the number of patients seen in the theatre sessions, this would make a difference to the data presented. She was expecting an improvement in the first quarter of 2016/17. The Interim CEO expressed his concern about the number of late starting sessions. He confirmed that theatre utilisation would be a project under LIA.

The DPD confirmed to Mr Sleigh that meaningful trajectories were required. She was aware that forecasting was not undertaken well by the Trust. She was hopeful that this would be presented within three months.

In response to Mr McGinity, the Deputy COO confirmed that urology was an outlier for cancer. Additional theatre capacity was required and a further consultant has been appointed.

Mrs Todd asked why the Trust was so different to peer trusts in relation to the two week cancer wait. The Deputy COO explained that the Trust was reliant on waiting list initiatives which other trusts were not. She has tasked the Divisions to develop sustainable plans without the need for WLI.

Mrs Todd asked about the 28 day breaches and what mitigations were in place. She recognised that the numbers were small. The Deputy COO stated that these were linked to patient flow. She was working with surgery to ensure that the patients were tracked and escalated as soon as possible.

Mr Sleigh asked why the 15 minute time to initial assessment was not being met. The Interim CNO confirmed that she has recently reviewed the nursing workforce and she

has determined that the current workforce cannot deliver this standard. The resource will increase and she agreed that there needed to be a focus on the achievement of the target when the resource was in place.

The Interim CEO drew members' attention to the better performance in relation to patients with a fractured neck of femur. There had been a focus on achieving the target across both sites.

Resolved that:-
The Board

- Received the Integrated performance Report and noted the actions being taken to improve performance

12/16/3 **Financial Performance Report**

The Interim Director of Finance presented the financial performance report (Enclosure H2) and highlighted the main points. He stated that the £10m reduction in agency spend was on track and he was having this externally validated.

He expressed his disappointment with the on-going dialogue with the CCGs in relation to the income for 2015/16. This would directly affect the end of year deficit figure. He reported that discussions were still continuing.

He then turned to the cash position. There were significant challenges with cash with 35% of private sector creditors being paid within 30 days. He was continuing the discussions with the Department of Health.

Mrs Todd expressed her disappointment in relation to the discussions with the CCGs. She was surprised that 2014/15 had not been agreed as yet whilst negotiations had commenced about 2016/17.

Mrs Todd praised the divisions for their efforts for the progress towards the £10m. She asked how the Trust had achieved the reduction. The Interim CEO stated that the Trust had managed the winter pressures by reducing length of stay and had proactively managed stranded patients and those waiting a long time for discharge. This together with the engagement of the senior clinical leaders had made a significant difference to the operational management of the Trust.

Mr McGinity expressed his concern about the reduction in activity during February. The Interim CEO agreed and requested that the Interim CMO review the annual leave protocols for senior doctors.

Mr McGinity requested assurance that controls were in place to prevent the escalation of the deficit as seen in the previous financial year. The Interim CEO confirmed that the performance management framework was more robust this year with more engagement with the divisions.

Resolved that:-
The Board noted that:-

- Contract agreement for 14/15 and 15/16 needs to be formally signed off with local commissioners and NHSE.
- Expenditure needs to be contained within the forecast values including the closure of capacity as per the £10m savings plan despite the continuing very high levels of emergency demand.

12/16/4 **Financial Plan 2016/17 – Update**

The Interim Director of Finance presented the financial performance report (Enclosure H2) and highlighted the main points. He stated that the Trust continues to have outstanding issues with the CCGs and the overall 2016/17 contract so he has assumed an income of £267m from the main CCGs.

He explained that overall the Trust would be declaring a deficit plan of £38.3m for 2016/17. This did not take account of commissioner QIPP plans as these had not been shared with the Trust. It also assumed £13.1m from the Sustainability and Transformation fund. The efficiency programme for the Trust was £24.3m, £10m of which had already been found.

He went onto describe the methodology he was implementing to achieve the outstanding £14.3m. Each division was committed to their portion of the savings required and he would be monitoring the progress on a two weekly basis. He confirmed that a progress report would be presented to the F&P Committee.

He then turned to the capital programme and stated that he would prepare a more detailed report for the May meeting. He was keen to ensure that the capital resource was used effectively.

There was a significant requirement for cash - £52.9m and he reiterated that he was working with the Department of Health to secure this.

He outlined the assumptions that underpinned the proposed Financial Plan which included the achievement of the £24.3m savings; no provision for winter; CCG affordability and commissioner QIPPs.

Finally the Interim DF stated that he would, on the basis that the board would approve the proposed Plan, refine the divisional and corporate budgets and finalise the QIPP plans.

The Interim CEO asked for a trajectory showing the normalised underlying position. He then outlined the challenges with the capital programme and the lack of funding to replace items linked to the statutory standards. He warned that some developments may have to be held back.

The Interim Chairman expressed concern that the Plan proposed did not have the agreement of the Commissioners. The Interim DF reminded members that this was a key assumption as outlined within the paper and it was crucial that NHS Improvement were aware of the situation faced by the Trust.

It was agreed to amend the Corporate Risk Register and the BAF accordingly.

Resolved that:-
The Board:-

- Approve the submission of the 2016/17 financial plan on 11 April 2016 on the basis set out in this paper noting the assumption around the £13.1m STF.
- Support the progress on the financial plan, including the £24.3m of savings target and contracts.
- Review the risks and:
  - consider whether these are complete and are adequately reflected in the financial plan
  - seek assurance that appropriate mitigations are in place

- Ensure the risks are incorporated within the CRR and BAFas appropriate
- Agree the basis for budget setting for 2016/17.

13/16 **GOVERNANCE**

13/16/1 **Audit and Assurance Committee report**

Mr McGinity reported that the Finance Team had mitigated for the lack of a permanent chief accountant but the Committee had expressed their concern with the delay in the approval to recruit. He stated that the audit in the management of Waiting List Initiative payments received limited assurance, but the Interim COO had assured the Committee of the improvements being taken to regularise consistent controls to ensure systematic assurance can be given.

Resolved that:-
The Board:-

- Received assurance in relation to the external Audit report
- Received assurance in relation to the management of core financial systems
- Noted the actions being taken in respect of the waiting list initiative audit
- Received assurance in relation to the management of risk
- Noted the report

13/16/2 **Board Assurance Risks and Corporate Risk Register**

The Interim CNO explained that the report was the first quarterly report as agreed at the last Board meeting. The Committees would continue to review their high risks monthly. This had been agreed with the buddy trust.

The Interim CEO stated that more work was required in cross referencing the document to the Patient Care Improvement Plan, but he was satisfied that progress was being made. It was agreed to only have current year actions within the report.

It was agreed to refer risk 2678 to WAG for their view on the wording with reference to agency use.

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

13/16/3 **Declaration of Interests**

Resolved that:-
The Board

- Noted the declaration
- Requested any changes to be given to the Company Secretary

DATE OF NEXT MEETING

The next Trust Board meeting will be held on Wednesday 4 May at 09:30 in the Kidderminster Education centre, Kidderminster Hospital and Treatment Centre

The Interim Chair thanked the Interim CNO for her time at the Trust and wished her well in the future. The meeting closed at 12:05 hours

Signed _____ **Date** _____
John Burbeck, Acting Chairman

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

PUBLIC TRUST BOARD ACTION SCHEDULE – AS AT 4 MAY 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
9-9-15	CEO report	116/15	Baseline assessment and audit for seven days services	RM	Mar 2016	May 2016 June 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. May update: Baseline audit undertaken. Benchmarked data available mid-May. Report to TB in June with benchmarked data	
06-04-16	Financial Plan	12/16/4	Present detailed capital plan to next meeting	RC	May 2016		Within Finance Report	
06-04-16	Six monthly staffing review	11/16/3	Include report on birth rate plus in next report	JS	May 2016		Within Staffing report	
06-04-16	Operational Plan	9/16/1	Include a section on IT	SS	April 2016		Plan submitted 11-4-16	

06-04-16	Six monthly staffing review	11/16/3	Review the implementation of the skill mix in the nursing workforce				Transferred to WAG	
06-04-16	Medical Workforce Report	11/16/4	Review recruitment strategy for medics, including formal mentoring				Transferred to WAG	
06-04-16	2015 patient survey	11/16/5	Include patient views within LIA	LTh			Discussed at EMT 12-4-16. Referred to LIA steering Group	
06-04-16	IPR	12/16/2	Include trajectories within report	SS			Transferred to F&P Committee	
06-04-16	Financial Plan	12/16/4	Ensure regular report on the £14.3m is discussed at F&P	RC			Transferred to F&P Committee	
06-04-16	Financial Plan	12/16/4	Produce a trajectory showing a normalised underlying position	RC			Transferred to F&P Committee	
06-04-16	Financial Plan	12/16/4	Amend the BAF and CRR to take account of the risks outlined in the Financial Plan paper	RC			Transferred to F&P Committee	
02-03-16	CEO report	222/15	Mr Sharma to present to the Trust board	KS	April 2016		On the agenda. Mr Sharma is presenting the patient story for April	
02-03-16	CEO report	222/15	Staff survey – action plan	DH	April 2016		On agenda	
02-03-16	IPR	223/15/1	Discuss medically fit for discharge at F&P	RM	April 2016		Transferred to F&P. Also see PCIP	
02-03-16	BAF	228/15/1	Discuss future financial sustainability	CT/RC	April 2016		Transferred to F&P for initial discussion	
02-03-16	BAF	228/15/1	Communications to be an agenda item in April	LT	April 2016		On agenda – staff engagement (staff survey item)	

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		Within the WAG report	
06-04-16	QGC	10/16/1	Monthly summary reports on QIA to QGC	MG/JS	June 2016		Transferred to QGC	

Worcestershire NHS
Acute Hospitals NHS Trust

Date of meeting: 4 May 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	The Board is asked to • Receive the assurance contained within 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 sustainable and financially viable and makes the best use of resources	√
Continuously improve our services to provide the best outcomes and experience for our patients	√

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.

Date of meeting: 4 May 2016 **Enc C**

WORCESTERSHIRE ACUTE HOSPITAL NHS TRUST

REPORT TO PUBLIC TRUST BOARD – 4 MAY 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 Learning from the actions taken during the Junior Doctors' Industrial Action

The Trust's business continuity plan was successfully enacted last week to ensure we could cope during the 2 day junior doctors' industrial action. It was regrettable that a number of patients had their outpatient appointment and procedures cancelled which we will look to re-book as a priority. A more positive outcome was the team work shown across the hospitals to ensure patient safety and the improvement we saw to patient flow as a result of earlier senior decision making. We will be running a workshop to agree how we can sustain the new ways of working that made the difference.

4 External Visits

A group of executives and senior clinical staff visited Warwick Hospital on 12 April to see first-hand their 'Hospital at Night' service. This proved very useful and I have asked Jan Stevens to lead an implementation group on replicating the system in our hospitals.

The Executive team visited the University of Worcester on 26 April to agree a joint programme of work linked to improving our offer to new and existing members of staff. This programme will be managed through the Workforce Advisory Group.

5 External scrutiny

The Trust attended the Quality Improvement Review Group on 1 April, which provided an opportunity to demonstrate the 'bottom up' planning in place in order to move out of the special measures regime. Whilst there is more to do, the approach was welcomed by the CQC, CCG, NHS England and NHS Improvement colleagues and the positive progress made by the Women and Children division was also noted.

The Chair and myself also attended the Health Overview and Scrutiny Committee on 27 April which was useful in showing progress on the Future of Acute Hospital Services in Worcestershire programme as well as internal Quality Improvement.

6 Progress on reducing Agency Spending

We continue to reduce our reliance on agency staff through our targeted action plan to improve recruitment substantively and to our bank. We have halved our cap breaches since November, evidencing the progress made. Where breaches still exist, it will be safety related and with an action plan to resolve the staffing issues.

7 RTT training sessions

The Trust recognises the importance of ensuring staff understanding the RTT and

capturing the patient activity accurately. The trust is therefore putting on two days of bespoke training for any members of staff who deal with the 18 week RTT pathway.

8 Future of Acute Hospital Services in Worcestershire

At the Programme Board on 17 March, the timeline was confirmed for proceeding to consultation. Firstly the West Midlands Clinical Senate have agreed three dates for site visits to the trust which are Monday 21 April, Tuesday 3 May and Monday 16 May after which we can expect their final report at the end of May. It is then intended that the NHS England assurance process commences and, subject to a satisfactory level of assurance, it is currently planned that public consultation will commence at the beginning of September 2016. The programme board recognised the fragility of some of the affected services and will continue to monitor the risk mitigation through the Quality and Sustainability Subgroup.

The first meeting went very well with positive feedback on the progress made in developing a cohesive countywide approach and with the level of engagement.

Due to the high profile of the FOAHSW process, there is likely to be significant media interest and the Trust's central message is that 95% of services currently provided at the Alexandra Hospital will continue to be delivered and it is only life changing events that need to be catered for differently.

9 Improvement Board (13-4-16)

9.1 Improvement Framework

The framework for the operation of the Improvement Board was agreed which included the commitment to ensure that the Trust focuses on improvement and the development and execution of plans.

9.2 Urgent Care/patient flow

The Divisional Director of Operations (Medicine) updated on the progress of this work stream. Two full day workshops have been held to develop the granular PCIP plan, facilitated by the Improvement Director. The Board approved the governance structure and the engagement strategy for the programme. It was recognised by the SRO that more needed to be done to understand where progress had not been made and to inject the necessary actions and resources. Assurance was given that the trajectories would be agreed by 22 April. Updates on the projects within this work stream are as follows:

SAFER bundle: This programme supports the reduction of stranded patients within the Trust. Three wards are piloting the project as advised by ECIP however embedding the programme within the wards is at an early stage. It was agreed to review the approach with ECIP with a view to utilising professional standards to embed the work.

ED and Acute care: Work is progressing. The utilisation of hot clinics across the Trust is being extended. The use of the ambulatory care centre is increasing to prevent admissions. Concern was expressed about the time to initial assessment as this is very variable. A review of the staff mix within ED is taking place to ascertain the value of the band 3 and 4s recruited a few months ago. Recruitment is in place for additional nurses. Concern was expressed about the differences in working on both sites.

Patient Flow Centre: This project is about site coordination and the ability to

discharge patients to the appropriate place. Assurance was given on the progress of developing an effective way of working, seven days a week.
Frailty: Assurance was also given with the progress of this project with the front line clinical staff taking a lead on ensuring the appropriate treatment of frail elderly patients.

9.3 Mortality

Sepsis: This is being led by the Interim CMO. One single sepsis screening proforma is now in place. This will ensure the proper recording of the work that is being undertaken. Whilst the ED staff are fully aware of the issues relating to sepsis but further awareness raising across the Trust is being planned.
Mortality reviews: A key barrier was identified as the workload for the medicine division. This was referred to the programme board for mortality reduction.
Fractured neck of femur: It was agreed that the target for surgery within 36 hours would be 80%. There is no national target but this is the best performance in the West Midlands. Approximately 15% of patients are not fit for surgery. It was also agreed to capture the actual time to theatre.

It was recognised that the work undertaken had to be translated into a clear plan with agreed trajectories.

9.4 Organisational Development and Staff Engagement

The leads for each of the work streams have been identified. The KPIs and trajectories have been developed and the granular plans need to be developed. All areas discussed had been presented to the Trust Board in the April meeting.

Overall it was recognised that work had been undertaken to build plans form the bottom up but more urgency was now required to complete the detailed planning and improvement milestones.

9.5 Operational updates

Emergency surgery: Work is now being undertaken within the Trust to mitigate the risk as outlined in the CQC report. A more detailed report will be presented to the next meeting.
Vascular and Surgery HDU: There are four work streams on patient acuity, nurse education, operating procedures and governance. A visit has been undertaken to Gloucester Post Anaesthetic Care Unit to review the way of working and learning is being incorporated. Assurance was given on the progress of the programme and the senior responsible officer was agreed to be the Interim COO.
Outpatients & Diagnostics: It was recognised that there were multiple strands to this improvement work. Some of it environmental, some cultural and some processes but the Improvement Programme for Outpatients is now underway. This is a large project and is being led by the Deputy COO. This work will be underway and most actions will be completed by the time of the next CQC visit.
Maternity: The CQC actions have now been embedded within the Division. Key to this has been the weekly multidisciplinary quality and safety meeting. It was agreed that other divisions would review this way of working.
Governance and safety: Progress has been made within all areas. Ward dashboards are now in place with a target of 90% adherence. Work has commenced with Oxford as the buddy trust who are satisfied with the metrics being considered.

9.6 CQC Inspection

The monitoring dashboard has now been developed for the must dos and should dos. Work continues for preparation on the mock inspection in May.

10 Listening into Action

The LIA sponsor team and myself attended a launch event in Birmingham with three other trusts. It is clear that we have made a good start, with a representative team of three consultants, a junior doctor, four nurses and a great mix of therapists, scientists and bed managers. We have now agreed the first 10 clinical priorities and will launch these at a meeting on May 12. It is expected that this will be a catalyst for our plans to better engage staff in innovating and making changes for better patient and staff expertise.

11 Celebrating success

Jan Stevens and myself attended the 1 year anniversary of the Meadow Birth Centre on 14 April which was well attended by both families and staff. The first year has been a major success with over 640 babies born which is beyond the expectations of staff. We were also visited by Harriet Baldwin MP, who saw first-hand the 5* quality of the rooms on offer.

I also attended the 1 year anniversary of the Worcestershire Oncology Centre which again was well attended by our clinical teams as well as ex and current patients. We received a presentation from Mr Makar and Dr Irwin on the future plans for further developing the range of radiotherapy services we are now able to offer.

Both units showed the importance of clinical staff having a clear vision and determination to make it happen.

12 National Update

12.1 NHS Improvement - Board appointments

Richard Douglas, former head of finance at the Department of Health has joined NHS Improvement as a non-executive director.

13 Recommendation

The Board is asked to

- Receive the assurance contained within the report

Chris Tidman
Interim CEO

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

Worcestershire NHS
Acute Hospitals NHS Trust

Date of meeting: 4 May **Enc D1**

Report to Trust Board in public

Title	**Strategy and Transformation Committee – report to Trust Board**
Sponsoring Director	**Andrew Sleigh – Non Executive Director**
Author	**Sarah Smith – Director of Planning and Improvement**
Action Required	The Board is requested to: • Receive assurance in respect of the importance of the Sustainability and Transformation Plan process in terms of future financial and clinical sustainability and the priority programmes of work for the Trust, and to address the need for effective prioritisation and resourcing. • Receive assurance in respect of the development of the Local Digital Roadmap and the requirements around access to the investment for technology enabled transformation fund. • Receive assurance that the BAF risks associated with the Committee were reviewed and agreed that the associated actions will be strengthened.
Previously considered by	

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 sustainable and financially viable and makes the best use of resources	√
Continuously improve our services to provide the best outcomes and experience for our patients	√

Related Board Assurance Framework Entries	2902 If the Trust does not successfully improve clinical care, we will fail to reduce avoidable harm to expected levels 2904 If there is inadequate culture and staff development for improvement, the Trust will not be able to continuously improve 2905 Failure to create capacity and capability for transformation, resulting in inability to deliver required improvement
Legal Implications or Regulatory requirements	
Glossary	STP – Sustainability and Transformation Plan

Key Messages

1. The Strategy and Transformation Committee met on April 25th 2016.

Title of report	Report from the Strategy and Transformation Committee
Name of director	Andrew Sleigh, Non - Executive Director

2. The Committee reviewed the range of transformation/improvement projects underway at the Trust or due to commence in 2016/17, including those that were deemed on the critical path to delivery of the Herefordshire and Worcestershire Sustainability and Transformation Plan (STP). The Committee was concerned that constraints arising from capacity and capability might be a risk to the Trust achieving short term objectives whilst at the same time needing to develop a sustainable long term future.

3. The committee considered the emerging priorities from the STP April 2016 Gateway submission with a particular focus on changes in ways of working with partners to manage better the demand impact from multiple comorbidities.

4. Trust input into the STP development was discussed as significantly more radical transformation will be needed if the 'Place Based' clinical and financial sustainability called for by NHS (England) is to be achieved.

5. The Committee received an update on the work that had continued under the Worcestershire Well Connected health and social care integration programme to agree how to create an Integrated Digital Care Record across the county. It was noted that the basis of good future progress is now in place, with potential access to essential additional funding.

6. The Director of Asset Management and ICT provided a briefing on the development of the Local Digital Roadmap.

7. The Committee considered how other hospitals were developing innovation capture and adoption processes that we could learn from, and there was support for an exploratory meeting with the WM Academic Health Sciences Network to understand more about what they can provide by way of support for innovation and development.

Date of meeting: 4 May **Enc D1**

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

REPORT TO TRUST BOARD – MAY 2016

1. Situation & Background

The Trust has formed the Strategy and Transformation Committee to drive its strategic development and to develop and define the major change programmes.

2. Assessment

1. The Strategy and Transformation Committee met on April 25th 2016.

2. The Committee reviewed the range of transformation/improvement projects underway at the Trust or due to commence in 2016/17. It was agreed that there needed to be a process of prioritisation and a resource plan to support delivery of the programmes of work that were key to unlocking the Trust and the health economy financial and performance issues, including those that were deemed on the critical path to delivery of the Herefordshire and Worcestershire Sustainability and Transformation Plan (STP).

3. The committee considered the emerging priorities from the STP April 2016 Gateway submission. Modelling has identified that even achieving the performance of the best 10% (as benchmarked in 2014/15) alongside an optimistic demographic scenario commissioners in the H&W footprint will be left with a shortfall in funding at the end of the 5 year planning period. It was acknowledged that during 2016/17 the Trust and other partners in the STP needed to start to work in common on some substantial work programmes to address the triple aim gaps around care and quality, finance and efficiency and health and wellbeing with a particular focus on the gap between life expectancy and healthy life expectancy where the impact from multiple comorbidities and the financial impact is greatest.

4. Trust input into the STP development was discussed and whilst it was acknowledged that the conclusion of the FoAHSW was still the priority for the Trust, significantly more radical transformation will be needed if the 'Place Based' clinical and financial sustainability called for by NHS(England) is to be achieved.

5. The Committee received an update on the work that had continued under the Worcestershire Well Connected health and social care integration programme to agree technically, how to enable the sharing of patient information across the county. At the last meeting of the IT group it was agreed that the option of exploiting existing capability to create an Integrated Digital Care Record would be explored rather than a de novo approach. The Integrated Digital Care Record would require a clinical portal and a patient portal. Currently WAHT is the only local organisation that employs a clinical portal and there was agreement within the Well Connected IT Group that there would be benefit in collaborating with the Trust as the potential host.

There is national ring-fenced funding for IT however the STP must be in place to access national transformation funding. The Well Connected Programme

Lead is investigating whether this could be accessed to progress this work. As well as the technical development work there would need to be appropriate information sharing protocols in place to support the Integrated Digital Care Record.

6. The Director of Asset Management and ICT also provided a briefing on the Local Digital Roadmap. In September 2015, a three-step process began to enable local health and care systems to produce Local Digital Roadmaps (LDRs) that set out how we will achieve the ambition of 'paper-free at the point of care' by 2020.

Step 1: Development of the LDR Footprints. Development of our LDR is being led by South Worcestershire CCG.

Step 2: Digital Maturity Self-assessment. This has been completed, our score was published last week: Readiness: 79%; Capabilities: 46%; Infrastructure 64%.

Step 3: LDR footprint to develop and submit its own Local Digital Roadmap by 30th June.

Local Digital Roadmaps will be assessed in July 2016 within the broader context of the assessment of STPs. While a signed-off STP will be a condition of accessing the Sustainability and Transformation Fund in the future, a signed off LDR will be a condition for accessing investment for technology enabled transformation. The Trust IT Strategy Group will reconvene to drive the paperless agenda and there 7 capabilities that we must demonstrate the projects in our LDR will projects will support:

- Records Assessment & Care Plans
- Transfers of care
- Medicine Management
- Orders & Results
- Asset Resource Optimisation (i.e. patient & product tracking)
- Decision Support
- Remote & Assistive Care (Telemonitoring/TeleConsultation)

7. The Committee received some high level detail about the Nottingham University Hospitals (NUH) innovation capture and adoption process 'Better for *You',* which features a simple five step process. Exploratory discussions are scheduled with NUH, Royal United Hospitals, Bath and Heart of England FT before the next meeting of the Strategy and Transformation Board (STB) to inform an option appraisal whose recommendations will be brought to the Committee in Summer 2016.

8. There was a discussion about the West Midlands Academic Health Sciences Network engagement programme and the Chair and the Executive lead will meet with the AHSN outside of the committee meeting to understand more about what they can provide by way of support for innovation and development.

9. The Committee reviewed the PESTLE analysis to provide assurance that the meeting was considering all the strategic challenges identified by the Trust

Board when the PESTLE analysis was refreshed in December 2015

10. The Committee reviewed the following Board Assurance Framework entries:
2665 If we do not redesign services in a timely way we will have inadequate numbers of clinical staff to deliver quality care
2904 If there is inadequate culture and staff development for improvement, the Trust will not be able to continuously improve
3140 If the Trust doesn't proactively manage its reputation, regional confidence and recruitment will be adversely affected

It was agreed that the associated actions needed to be strengthened and the Director of Planning and Development agreed to review this.

4 Recommendation

The Board is requested to:

- Receive assurance in respect of the importance of the Sustainability and Transformation Plan process in terms of future financial and clinical sustainability and the priority programmes of work for the Trust , and to address the need for effective prioritisation and resourcing.
- Receive assurance in respect of the development of the Local Digital Roadmap and the requirements around access to the investment for technology enabled transformation fund.
- Receive assurance that the BAF risks associated with the Committee were reviewed and agreed that the associated actions will be strengthened.

Worcestershire NHS
Acute Hospitals NHS Trust

Date of Trust Board: 4 May 2016 **Enc E1**

Report to Trust Board

Title	**Quality Governance Committee – report to Trust Board**
Sponsoring Director	**Dr Bill Tunnicliffe, Associate Non-Executive Director, Chair**
Author	**Kimara Sharpe, Company Secretary**
Action Required	The Board is requested to: • Receive assurance that the Committee is concerned about the fracture neck of femur metric and are reviewing the actions monthly • Receive assurance about the actions being taken to mitigate harm with the poor cancer wait performance • Note the targets that have been agreed for the completion of primary and secondary mortality reviews • Note the work being instigated by the Trust for completion of primary reviews relating to deaths outside hospital • Note that the complaints target will be reviewed • Receive assurance in relation to the progress of clinical research within the trust • Note the deep dive report into Women and Children division • Receive the assurance in respect of the consideration of the four BAF risks allocated to the Committee • Receive assurance in relation to the management and progress of the Governance and Safety Improvement Plan • 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	2790 As a result of high occupancy levels, patient care may be compromised 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 21 April 2016

Title of report	Quality Governance Committee
Name of director	Bill Tunnicliffe

Title of report	Quality Governance Committee
Name of director	Bill Tunnicliffe

Date of Trust Board: 4 May 2016 **Enc E1**

REPORT TO TRUST BOARD – 4 MAY 2016

1. Situation

This report provides the Board with key quality issues and risks discussed at the QGC's meeting held on 21 April 2016.

2. Background

This report provides the Board with assurance on matters related to patient safety and quality. The QGC reviews reports from its sub-committees, quality performance data, and risks to meeting strategic quality 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 Quality Account and Corrective Action Statements

The Committee were concerned with the time taken to get to theatre for patients who have had a fractured neck of femur. There were a number of factors which contributed to the poor performance and assurance was given that performance would improve in the next month. The Interim CMO confirmed that all patients classified as 'unfit' for theatre would be reviewed individually.

Whilst the trust is not delivering the 95% target for VTE assessment, it is very close to the target. The QGC have requested sight of the number of VTEs that have occurred to ascertain whether there is a problem with VTE assessment.

3.2 Cancer and RTT performance

The Committee was very concerned with the poor cancer and RTT performance. Assurance was given in respect of harm reviews being undertaken and the communication which is taking place between the trust and the GP. The Committee will receive another report at its May meeting.

3.3 Future of Acute Hospital Services – quality risks

The Committee received the metrics. The Committee was assured with the actions being taken in respect of night staff in general surgery at AGH.

3.4 Operational Governance group and mortality

The Committee heard that the Trust was working with GPs to instigate primary mortality reviews for deaths that occurred outside hospital. Quarterly targets for the completion of primary mortality reviews were agreed which will result in a year end position of 75%. The target for secondary reviews was also set at 75% for year–end. The Committee were shown information relating to all departments which had a requirement for completing the primary medical review. This showed that medicine division has made a concerted effort to improve performance which was resulting in an improved position overall.

3.5 Patient and Carer Experience Committee

The Committee were assured in respect of the quality of response letters through the reduction in the number of complaints needing to be re-opened

and comments received at the meeting from the Health Watch Chief officer. It was agreed that the Interim CNO and CCG would review the 25 day target as the most recent national guidance urges trusts to work with individual complainants on the target for response. The Interim CNO also committed to reviewing the systems and processes in place to respond to complaints.

The Friends and Family test will be re-launched. Learning from the way that Ward 16 at the Alexandra Hospital will be utilised. Volunteers are used to collect the information.

3.6 Research and Development

Progress with the R&D agenda has taken place during the year with the downturn in clinical trials during 2014/15 to have been reversed. The final clinical trial figure for 2015/16 is expected to be within 10% of the target figure of 1340 which reflects an annual increase of between 10-15% compared to 2014/15.

A recent clinical research evening event attracted approximately 90 staff and highlighted the enthusiasm and appetite for clinical research across the Trust. The research committee has also been relaunched with the comprehensive representation from across the range of clinical departments that has previously been difficult to capture. The engagement of several consultant staff new to the organisation is particularly encouraging. There nevertheless remains a need to expand clinical research to involve a greater proportion of staff and widen access to trials for patients. Success in this will correct and strengthen the NIHR funding position for future years, as well as improve clinical care and the popularity and profile of the Trust.

The Committee thanked the R&D lead for his work throughout the year and asked for more to be undertaken with the involvement of non-clinical staff in R&D activity.

3.7 Urgent Care – ECIP

The Committee has responsibility of assuring the Trust board on the progress with the mitigation of BAF risk 2790 which relates to high occupancy. It had been suggested that a report from ECIP should be considered. The Committee determined that assurance should be through the medicine divisional deep dive report (due in May). This report should address all issues in relation to high occupancy and overcrowding in A&E.

3.8 Quality Exception Report

The Women and Children Division presented the deep dive report. Considerable progress has been made with the embedding of a safety culture within the division with the weekly safety meetings and having no serious incident reports overdue. There are now less than 100 open Datix reports and there were investigations underway into the high number of third and fourth degree tears. To mitigate the challenge of paediatric staffing, rotation now takes place across both sites. Neonatal staffing is at safe levels at Worcestershire Royal Hospital but there are not enough staff to re-open the Alexandra Hospital service yet.

Concern was expressed by the Leadership team in relation to the loss of dedicated Gynae beds due to the temporary move of services from the Alexandra Hospital. This loss of beds is causing some patients to have a poor experience due to cancelled procedures. The Division is reviewing the Gynae pathways and the models of care currently in place. The Committee have requested a further report in June on this issue.

3.9 CQUINs

A report was presented about the national and local CQUINs for 2016/17. Leads for the CQUINs will be asked to present to the Committee during the next 12 months.

3.10 Information Governance

The regular report from the IG Steering Group was presented. Assurance was given in relation to the progress of the toolkit. Patient names will be taken off the handover sheet (common practice in other trusts) and an audit via the Quality Champions will take place to ensure that all staff comply with this. This should decrease the number of serious incidents relating to IG.

3.11 Quality Account

The draft Quality Account was approved. The Committee will approve the final Account prior to its publication at the end of June.

3.12 Risk

The Committee considered the four BAF risks for which the Committee has responsibility and is able to assure the Board on their progress. The Committee have requested a review of the BAF risks which was agreed, but only when the Deloitte report into the Board effectiveness and the Oxford review have been received.

4 Recommendation

The Board is requested to:

- Receive assurance that the Committee is concerned about the fracture neck of femur metric and are reviewing the actions monthly
- Receive assurance about the actions being taken to mitigate harm with the poor cancer wait performance
- Note the targets that have been agreed for the completion of primary and secondary mortality reviews
- Note the work being instigated by the Trust for completion of primary reviews relating to deaths outside hospital
- Note that the complaints target will be reviewed
- Receive assurance in relation to the progress of clinical research within the trust
- Note the deep dive report into Women and Children division
- Receive the assurance in respect of the consideration of the four BAF risks allocated to the Committee
- Receive assurance in relation to the management and progress of the Governance and Safety Improvement Plan

Title of report	Quality Governance Committee
Name of director	Bill Tunnicliffe

- Note the report

Dr Bill Tunnicliffe
Chair – Quality Governance Committee

Title of report	Quality Governance Committee
Name of director	Bill Tunnicliffe

Worcestershire NHS
Acute Hospitals NHS Trust

Date of meeting: 4 May **Enc E2**

Report to Trust Board in Public

Title	Patient Care Improvement Plan (PCIP)
Sponsoring Director	Sarah Smith, Director of Planning and Development
Author	Sarah Smith, Director of Planning and Development
Action Required	The Board is asked to review progress with the Patient Care Improvement Plan (PCIP) as reported to the April 2016 meeting of the Trust Improvement Board
Previously considered by	Improvement 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 sustainable and financially viable and makes the best use of resources	
Continuously improve our services to provide the best outcomes and experience for our patients	√

Related Board Assurance Framework Entries	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	
Glossary	QORG – Quality Oversight Review Group NHS I – NHS Improvement NHSE – NHS England CQC – Care Quality Commission

Key Messages

The Patient Care Improvement Plan (PCIP) has resulted in good progress in some key areas however it was recognised that a new approach was required to support the major improvement programmes.

A new Improvement Framework, is in place for the development of project plans and improvement trajectories for the top three priority programmes namely Urgent Care and Patient Flow, Reducing Mortality and Organisational Development and Staff Engagement, which will be fully developed in time for the May QORG meeting, with roll-out to the improvement plans for Outpatients and High Dependency (HDU) areas planned next.

Worcestershire NHS
Acute Hospitals NHS Trust

Date of meeting: 4 May **Enc E2**

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

REPORT TO TRUST BOARD – 4 MAY 2016

1. Situation

This report is concerned with progress with the Trust Patient Care Improvement Plan (PCIP)

2. Background

The Trust was inspected by the CQC Chief Inspector of Hospitals team in July 2105. Immediately following the inspection and after following publication of the inspection report in December 2015, the Trust was required to develop a Patient Care Improvement Plan (PCIP), to address concerns raised by the CQC.

3. Assessment

- The Trust has already made good progress in some key areas such as Women and Children's services, and has developed a new Improvement Framework for delivery of the other key programmes of work.

- There are two 'buddy' Trusts in place to support the Trust:

    - Birmingham Women's & Children's NHS Foundation Trusts (Women and Children's PCIP)
    - Oxford University Hospitals NHS Foundation Trusts (Governance and Safety PCIP)

- In line with the Improvement Framework, support is in place for the full development of project plans and improvement trajectories for the top three priority programmes with roll-out to the operational improvement plans (Outpatients and High Dependency (HDU) areas) planned next.

- 'Mock' CQC inspections are planned for June 2016 ahead of November 2016 re-inspection, with the Trust aiming for an overall 'Good' rating and an exit from special measures.

4 Recommendation

The Board is asked to review progress with the Patient Care Improvement Plan (PCIP) as reported to the April 2016 meeting of the Trust Improvement Board

Sarah Smith
Director of Planning and Development

Title of report	Patient Care Improvement Plan
Name of director	Sarah Smith, Director of Planning and Development

Enc E2

Worcestershire NHS
Acute Hospitals NHS Trust

Patient Care Improvement Plan

April 2016

Our Improvement Plans

Worcestershire NHS
Acute Hospitals NHS Trust

Quality Oversight Arrangements

Worcestershire NHS
Acute Hospitals NHS Trust

Internal Governance

- Trust Quality Governance Committee
- Trust Quality Impact Assessment Process (QIA) – separately audited
- Weekly safety meeting to review Serious Incidents

External Assurance

- Monthly Quality Improvement Review Group (QIRG) – CQC, NHSE, NHSI, CCG, HealthWatch
- NHSI Improvement Director appointment extended
- Two Buddy Trusts in place
    - Birmingham Women's & Children's NHS Foundation Trusts
    - Oxford University Hospitals NHS Foundation Trusts
- CCGs have primary role through contract management

Achievements to date and Improvement Priorities

Worcestershire NHS
Acute Hospitals NHS Trust

Key Achievements

- Women and Children's services – recognised by CQC and 'buddy' Trust that there have been huge strides in terms of safety, governance and learning lessons – helped by temporary centralisation
- Infection Control PCIP delivered
- Health Education England West Midlands – greater assurance re junior doctor training in Medicine Division
- Good progress on FOASHW programme
- Relationships and collaboration improved
- Resilience of our Emergency Departments
- 'Big Conversation' changing the culture

Top 3 Improvement Priorities for this year

1. Urgent care and Patient Flow
2. Avoidable Mortality and Harm
3. Organisational Development & Staff Engagement

Urgent Care and Patient Flow – Work streams / Measures of Success

Worcestershire NHS
Acute Hospitals NHS Trust

Work Streams	Measures				
SAFER Bundle	% stranded patients (NEL LoS > 7 days)	% discharges before 12 Noon	% compliance best practice ward rounds		
ED & Acute Care Model	Increase in NEL 0-48 hours LoS	Reduction in admission conversion rate	Reduction in bed occupancy		
	Time to initial assessment in ED	Patients in ED corridor	Patients spending > 12 hours in ED	% specialty review within 1 hour	% unplanned re-attendance
Patient Flow Centre	% stranded patients (NEL LoS > 7 days)	Time to start of planning – post acute care	Time from referral to discharge		
Frailty Pathway	Reduction in admission conversion rate > 75 years	Reduction in NEL LoS > 75 years	% stranded patients > 75 years (NEL LoS > 7 days)		

Urgent Care and Patient Flow Programme Update Report

Worcestershire NHS
Acute Hospitals NHS Trust

Work Stream	Update
SAFER Bundle	The roll out of the SAFER Bundle has now commenced on 6 wards (pilot sites) to maximise the immediate impact. As part of the pilots there will be a review of the 8am morning activity to see if a full ward round or short board round is most beneficial when improving patient flow and senior decision making early in the day.
ED & Acute Care Model	The Ambulatory Emergency Care (AEC) service commenced on the WRH site on 14th March and has continued to increase in the number of patients being seen per day. In order to extend this service further the management team are currently scoping the availability of 'hot' clinic slots across all specialties. This should further maximise the potential for admission avoidance.
	Reviewing the administrative duties being performed by the ED Sisters to release them to support the provision of the Senior Initial Assessment Nurse (SIAN) role. A pilot of the proposed initial assessment process resulted in an average 7 minutes time to initial assessment for a 12 hour period. Case reviews on frequent ED attenders take place to identify root causes Information is now being provided to identify the delays in specialty reviews to support escalation processes.
Patient Flow Centre	County wide task & finish group to review the complex discharge pathways and PFC involvement Process being developed to increase the in - reach provision from the Community Matrons to improve the flow of patients to the community hospitals Integration of the PFC with the Acute Trust underway.
Frailty Pathway	A pilot of the Older People's Assessment and Liaison (OPAL) service on the WRH site commenced on 14th March for a 2 week period. The data shows that between 14/3 and 26/3 the OPAL team saw 56 patients and discharged 40 safely, with only 16 requiring inpatient admission. This service will be recommenced as an urgent priority. Plans are in place to commence a service on the AGH site from 1st May 2016.

Mortality Reduction – Work streams / Measures of Success

Worcestershire NHS
Acute Hospitals NHS Trust

Sepsis Bundle	% Sepsis Screening	% eligible patients receiving antibiotics within 1 hour	Time to antibiotic administration	Sepsis Bundle compliance	% patients with confirmed sepsis who died
Mortality Reviews	% deaths for which primary review requested	% primary review forms returned	% primary review forms returned within target time	% secondary review forms returned within target time	% secondary review forms returned with X days of patient death
Fractured Neck of Femur (#NoF)	% patients undergoing surgery within 36 hours	% eligible patients undergoing surgery within 36 hours	% patients with confirmed # NoF who died	Los # NoF	
National Early Warning Scores (NEWS)	No of cardiac arrests per 1000 bed days	% patients with resuscitation status recorded	% clinical areas with NEWS rolled out		

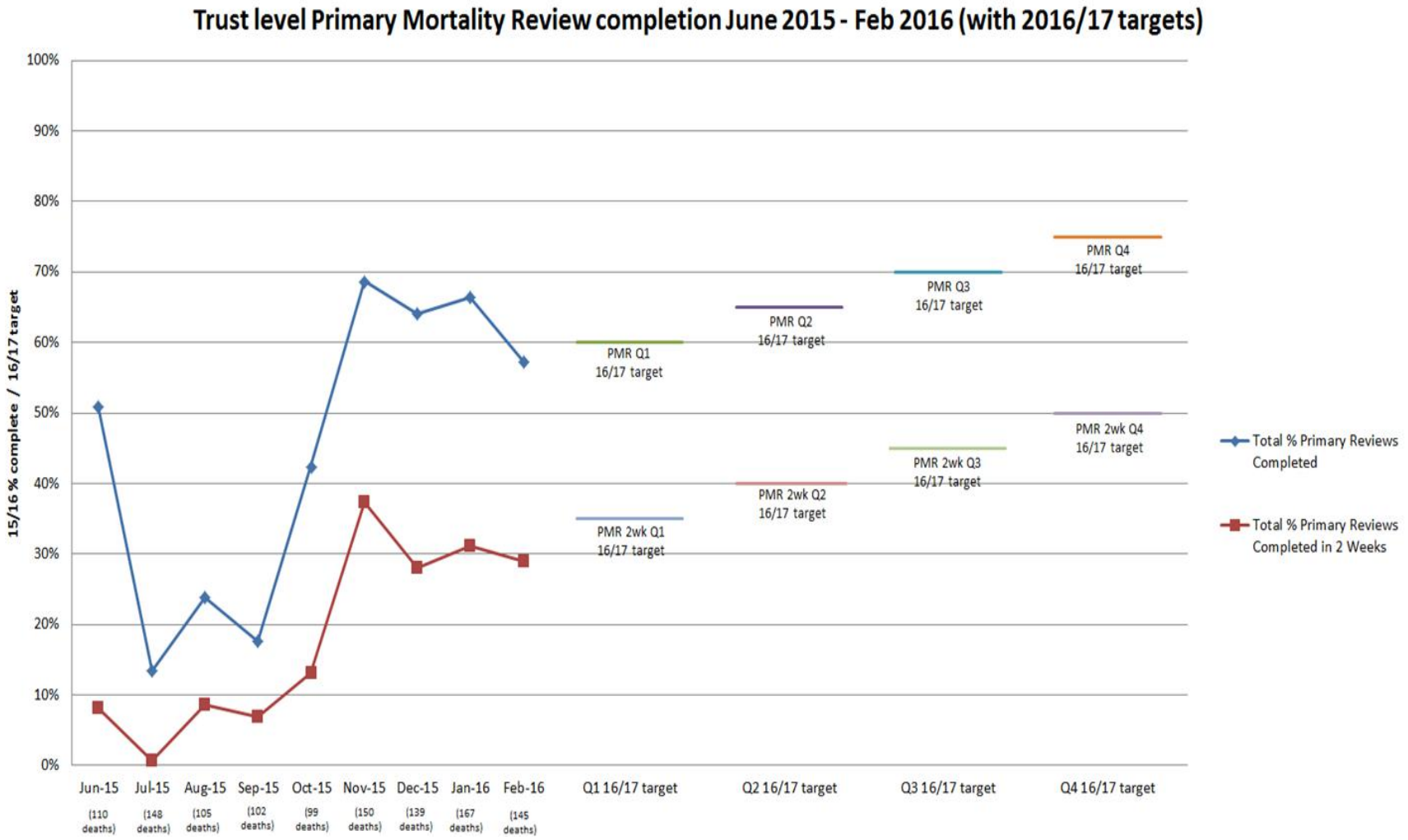
Mortality Reduction Programme Update Report

Worcestershire NHS
Acute Hospitals NHS Trust

Work Stream	Update
Sepsis Bundle	Medical Director is now assigned as lead for the Sepsis work stream. Workshops are in development to bring key clinical teams together to identify and resolve the issues which are contributing to the delivery of poor care for septic patients. Clinical guidelines will be reviewed and re-launched Communications campaign to continue Specific data collection support assigned to work stream
Mortality Reviews	Support from Oncology with primary mortality review (PMR) process being explored Focusing on highest number of outstanding reviews from Jan and Feb, and managing at Consultant level. PMR performance in Jan 16 was 66.27% and in Feb 16 was 57.24% Divisional performance reported weekly into Operational Governance Meeting Compliance discussed at Consultant appraisal and included in CEA assessment process. Mortality review pathway has been process mapped
#NoF	Project lead identified, initial meeting and high level issues discussed with actions planned to resolve Dedicated #NOF bed to be established at each site to facilitate faster movement of patients to theatre Case for change submitted to request dedicated weekend trauma lists Information Team to assign lead to establish metrics reporting
NEWS	Project Team established Draft of NEWS proforma signed off by Outreach Team Lead. Pilot of new form / introduction to clinical area planned for May 16 Training plan in development. Working with information team to create monthly reporting mechanisms

Example Improvement Trajectory

Worcestershire NHS
Acute Hospitals NHS Trust



Organisation Development and Staff Engagement Programme – Work streams / Measures of Success

Worcestershire NHS
Acute Hospitals NHS Trust

Leadership	Staff Turnover %	Exit Interview Data. Number of comments relating to poor leadership	Staff Opinion Survey Key Factor 1 – Recommending Trust as a place to work and receive treatment.	Staff Opinion Survey KF5- Recognition and valued by managers and organisation.	Staff Opinion Survey KF10 – support from Managers.	Chat-Back Survey results.	
Culture	Staff Opinions Survey- KF31- staff confidence to report unsafe practise	Chat-Back Survey results	Reported Patient safety incidents	HR Case work B&H cases	Occupational Health Referrals • No of Stress referrals • No of counseling referrals		
Workforce Plans	Vacancy Numbers	No of New roles implemented • PA • Band 4 Nurse • Ward Administrator • Ward Housekeeper	Number of Agency shifts. • M&D • N&M	Number of compliant rotas • M&D • N&M	Staff Opinion Survey KF15- Staff satisfaction with working patterns		
Policies and Standards	B & H concerns raised.	Mandatory Training compliance rates	Staff Opinion Survey – KF11 – staff received an appraisal in last 12 months.	Appraisal Compliance % • Medical • Non-Medical	Staff Opinion Survey KF12 – Quality of Appraisals.	Sickness Absence % • Long Term Cases • Short Term	Staff. Opinion Survey KF20 – Staff experiencing discrimination.
Communic -ation and Engage- ment	National SOS Results - Total engagement Score	Chat-Back Survey Results	Staff Turnover %	Sickness Absence % • Long Term Cases • Short Term	Exit Interview Data. Number of comments relating to poor communication		
New Roles	Vacancy Numbers	Patient complaints • No of complaints regarding staff shortages.	Number of compliant rotas • M&D • N&M	Number of Agency shifts. • M&D • N&M	Staff Opinion Survey Q49 – There are enough staff to do the job.		

Organisation Development and Staff Engagement Programme Update

Worcestershire NHS
Acute Hospitals NHS Trust

Work Stream	Update
Leadership	Development and scoping of bespoke leadership programmes has commenced - to be finalised by May 2016. Chat Back survey commenced - first results expected June 2016. 1:1 exit interviews with HR offered to all employees leaving the Trust to explore reasons for leaving in relation to leadership.
Culture	kNOw bullying training commenced for managers on how to handle concerns. kNOw bullying awareness training commenced for employees.
Workforce Plans	Divisional workforce plans are in development with all divisions and support provided in developing new roles. Variety of recruitment approaches supporting both medical and nursing recruitment plans Fortnightly divisional vacancy returns to track actual vacancies
Policies and Standards	Compliance with Mandatory Training is steadily improving and it is anticipated the 90% target will be achieved by the end of June 2016. Both Medical and Non-medical appraisal percentage have shown improvement which reflects activity undertaken by Divisions to ensure appraisals are completed. Sickness absence remains within the trajectory target for both long term and short term sickness absence.

Organisation Development and Staff Engagement Programme Update

Worcestershire NHS
Acute Hospitals NHS Trust

Work Stream	Update
Communication and Engagement	Listening into Action (LiA) launched, LIA Lead and Sponsor Group in place – 10 initial improvement areas Staff engagement group convened Chat Back survey commenced - first results expected June 2016. Leadership walkabouts on-going
New Roles	Job Description and profile for Band 4 Nurse Associate/Practitioner developed and programmes agreed with Worcester University - 40 places commissioned - programme to commence in September 2016. Job Description for Ward Administrator and Ward housekeeper developed - to be advertised April 2016. Physicians Associates Divisional Job Descriptions currently being developed with a view to commence recruitment in May 2016 - appointments to commence September 2016.

Next Steps

Worcestershire NHS
Acute Hospitals NHS Trust

- Improvement framework agreed:
  - project plans built ‘bottom up’
  - granular project plans including key milestones and 30/60/90 day actions
  - reporting based on key project metrics to provide evidence of sustained improvement
- Support in place for full development of project plans and improvement trajectories for top three programmes and roll-out to Operational Improvement Plans – Outpatients and High Dependency (HDU) areas
- ‘Mock’ inspections planned for June 2016 ahead of November 2016 re-inspection- aiming for ‘Good’ rating
- Stability of Leadership Team; progress being made:
  - Chair / NEDs to soon be appointed
  - Director of Finance / Chief Nursing Officer soon to be appointed
  - Strong interim arrangements in place

Worcestershire NHS
Acute Hospitals NHS Trust

Date of meeting: 4 May 2016 **Enc F1**

Report to Trust Board

Title	**Workforce Assurance Group (WAG) Update**
Sponsoring Director	**John Burbeck** Chair of the Workforce Assurance Group
Author	**Kimara Sharpe** Company Secretary
Action Required	The Board is requested to: • Approve the revised terms of reference • Receive assurance on the controls in place to manage nurse agency spend • Receive assurance on the processes in place for medical recruitment • Receive assurance in relation to the introduction of the junior doctors contract • Note the medical appraisal rate of 83% and note the concern about the progress of job plans • Note that the Committee considered the Nursing and Midwifery report and the assurance that this gives • Note the assurance in respect of the BAF risks
Previously considered by	*N/A*

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 sustainable and financially viable and makes the best use of resources	√
Continuously improve our services to provide the best outcomes and experience for our patients	

Related Board Assurance Framework Entries	• Risk 2678: If we do not attract and retain key clinical staff we will be unable to ensure safe and adequate staffing levels. • Risk 2893: Failure to engage and listen to staff leading to low morale, motivation and productivity as well as missed opportunities • Risk 2894: Failure to enhance leadership capability resulting in poor communication, reduced team working, and delays in resolving problems.
Legal Implications or Regulatory requirements	

Title of Report	**Workforce Assurance Group**
Name of director	**John Burbeck**

Date of meeting: 4 May 2016 **Enc F1**

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

REPORT TO TRUST BOARD – APRIL 2016

1. Situation

To inform the Trust Board on the actions and progress of the Workforce Assurance Group (WAG) at its April meeting.

2. Background

The Workforce Assurance Group provides assurance to the Trust Board on all workforce issues.

3. Assessment

3.1 Terms of Reference

The Committee approved a revised set of terms of reference which are appended to this report for approval. The main change was to the membership.

3.2 Agency staff

The Committee considered the controls in place to reduce nurse agency spend to be adequate. The Committee considers that assurance can be given to the Board on this area. Additionally, the Committee can report that the introduction of the theatre bank is already making a difference to the spend in this area. The Committee have requested more information on the use of agency staff in other areas such as scientific and technical and non-clinical.

The committee was pleased to see there was an increase in the number of medical vacancies that were being actively recruited to, however there were still 15.4 posts that had no recruitment plan.

3.3 Medical workforce

Assurance was provided on the challenges being given to the Divisions with no plans for recruitment to medical posts. Each division is now developing its own medical workforce strategy it was explained this will take more time and a further report on this will be given in three months.

The Committee considered the plans in place for the introduction of the new junior doctors' contract and noted the considerable work involved, particularly in 2017. The committee will receive an update each month on this implementation and the Board can be assured about the progress in its implementation.

Appraisals are now at 83% against a target of 85%. Disappointing progress has been made with job planning, particularly with SAS doctors. The Committee requested divisions to audit this area and work with HR to complete this as a matter of urgency.

3.4 Nursing and Midwifery report

This is a Board agenda item. The Committee considered the report and can assure the Board on the progress in this area, in particular the work with the University to capture newly qualified staff. The divisions are reviewing the skill mix on the wards.

Title of Report	**Workforce Assurance Group**
Name of director	**John Burbeck**

3.5 **Workforce key performance indicators**

Sickness had slightly reduced but the length of episodes had increased within one division. The number of admin and clerical appraisals was low, however, the committee were assured of the process introduced to improve the performance including the introduction of group appraisals and new monitoring forms. Equality and diversity mandatory training is now required to be undertaken every three years, instead of once only. This has resulted in very low attainment figures in this area this month. The Committee were assured of the action being taken to increase the number of people undertaking the training and to bring the performance up to target.

3.6 **BAF risks**

The Committee can assure the Board on the progress against all the BAF workforce risks. The wording of risk 2678 was considered as requested by the Board and it was agreed not to change the wording, however it was recommended that consideration was given to creating a new corporate risk.

4 **Recommendations**

The Board is requested to:

- Approve the revised terms of reference
- Receive assurance on the controls in place to manage nurse agency spend
- Receive assurance on the processes in place for medical recruitment
- Receive assurance in relation to the introduction of the junior doctors contract
- Note the medical appraisal rate of 83% and note the concern about the progress of job plans
- Note that the Committee considered the Nursing and Midwifery report and the assurance that this gives
- Note the assurance in respect of the BAF risks

John Burbeck
Chair of the Workforce Assurance Group

Worcestershire NHS
Acute Hospitals NHS Trust

Terms of Reference

Workforce Assurance Group (WAG)

Version: 1.1

Terms of Reference approved by: WAG/Trust Board

Date approved: 18 April 2016/

Author: **Director of HR/OD/Company Secretary**

Responsible directorate: HR

Review date: March 2017

Title of Report	**Workforce Assurance Group**
Name of director	**John Burbeck**

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

WORKFORCE & ASSURANCE GROUP

TERMS OF REFERENCE

1 Introduction

The Workforce Assurance Group is constituted as a standing committee of the Trust's board. Its constitution and terms of reference are set out below, subject to amendment at future Trust board meetings.

The WAG is authorised by the board to act within its terms of reference. All members of staff are directed to co-operate with any request made by the QGC.

The WAG is authorised by the Trust board to instruct professional advisors and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions.

The WAG is authorised to obtain such internal information as is necessary and expedient to fulfil its functions.

The purpose of the group is:

- To assess the workforce implications of the Trust strategic objectives, national HR workforce strategies, employment legislation and local initiatives.
- To develop and implement the Trust response to the above drivers.
- To monitor and report on progress against plan.
- To assurance the Board on the operation of effective and robust HR Workforce & OD practices and governance frameworks.

2 Membership

The committee shall consist of:

- Non-Executive Director x2
- Director of HR and OD
- Assistant Directors of HR & Workforce OD (x2)
- Chief Nurse or deputy
- Lead Nurse- Workforce Transformation/Recruitment & Retention
- Divisional Directors of Operation /Divisional Medical Director (Medicine)
- Divisional Directors of Operation /Divisional Medical Director (W&C)
- Divisional Directors of Operation /Divisional Medical Director (Surgery)
- Divisional Directors of Operation /Divisional Medical Director (TACO-CS)
- Director of Planning and Development
- CMO
- Director of Communications

- Healthcare scientist representative
- Deputy Director of Finance

In attendance

- Heads of HR (as required)
- PA to the Director of HR
- Company Secretary

Other attendees may be requested to attend the meeting by the Chair or may attend with the permission of the Chair.

2.1 The Chair is appointed by the Trust Board.

2.2 Trust employees who serve as members of the WAG do not do so to represent or advocate for their respective department, division or service area but to act in the interests of the Trust as a whole and as part of the Trust-wide governance structure.

3 Arrangements for the Conduct of business

3.1 Chair

The Chair of the committee shall be the Non-Executive Director and will provide any necessary challenge or assurance overview on the intelligence reported / managed by the group.

3.2 Vice-Chair

The Vice-Chair of the Committee will be a non-executive director and in their absence, the Director of HR and OD.

3.3 Quorum

Four members must be present, of which at least one must be a HR Representative (Director of deputy) and one must be an Operational representative (Divisional Director of Ops).

3.4 Frequency of meetings

The Committee will meet monthly.

3.5 Frequency of attendance by members

Members are expected to attend a minimum of 10 meetings each year, unless there are exceptional circumstances.

3.5 Declaration of interests

If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that member to withdraw until the subject consideration has been completed. All declarations of interest will be minuted.

3.6 Urgent matters arising between meetings

If there is a need for an emergency meeting, the Chair will call one in liaison with the Director of HR/OD.

3.7 Secretariat support

Secretarial support will be through the CE secretariat and a report will be presented to the Trust Board.

4 Authority

The Committee is authorised by the Trust Board.

5 Purpose and functions

5.1 To consider the Trust strategic objectives, national HR strategies, employment legislation and local initiatives and access their impact on the Trust, and develop plans to achieve implementation of the same.

5.2 To monitor and report on implementation and effectiveness and progress of national and local strategies, prior to submission to the Trust Board.

5.3 To ensure that all Trust polices relevant to HR / OD / Education / Training and Occupational Health are maintained and updated in accordance with best practice, operational service activities, relevant legislation as well as taking into account the requirements of NHS regulatory bodies including:

- Department of Health (DOH)
- Care Quality Commission (CQC)
- NHSLA
- NHS Employers Guidance

5.4 To review and monitor the implementation of the following strategies:

- HR Strategy
- OD & Leadership Strategy
- Education and Training Strategy
- Health and Wellbeing Strategy
- Recruitment Strategy

5.5 To review and monitor effectiveness of the implementation of strategies using HR key performance indicators such as:

- Staff Feedback strategies
- Workforce Data
- Demographic makeup of the organisation
- Development of new roles.
- Recruitment of junior, middle and consultant grade medical and dental staff.

5.6 To identify and address risks to the capability, capacity and wellbeing of the workforce; and assuring the board on the progress of the workforce related Board Assurance Framework risks

5.7 To monitor and report on the development of a trust wide plan to ensure the size and skill mix of the workforce is fit for purpose.

5.8 To review other workforce information as defined within the strategies.

5.9 To consider the controls in place to reduce reliance on agency staff (all areas) and therefore reduce agency spend.

6. Relationships and reporting

6.1 The Committee is accountable to the Trust Board. The WAG will report after each of its meetings to the Trust Board in public and where appropriate in private.

6.2 The following sub groups report to the WAG

- Nursing and workforce
- Education

7 Record of Business

Minutes and action logs shall be produced no later than seven days following each meeting.

Agendas and associated papers shall be sent out electronically no later than five days before the meeting. No papers will be circulated after five days.

8 Review of the Terms of Reference

These Terms of reference will be reviewed by March 2017.

DH/KS/WAG ToR v1.1

Worcestershire NHS
Acute Hospitals NHS Trust

Date of meeting: 4 May 2016 **Enc F2**

Report to Trust Board

Title	**Nursing and Midwifery Workforce Report**
Sponsoring Director	**Jan Stevens, Chief Nursing Officer**
Author	**Lisa Miruszenko, Deputy Chief Nurse**
Action Required	The Board is asked to receive assurance in relation to the: • Management of recruitment and retention • Management of vacancies • Links to the University • Safer staffing levels • Birthrate plus desk top exercise
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 sustainable and financially viable and makes the best use of resources	√
Continuously improve our services to provide the best outcomes and experience for our patients	√
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 NHS I – NHS Improvement NICE – National Institute for Health and Care Excellence NMC Nursing and Midwifery Council NQB National Quality Board

Key Messages

- Safe staffing status and performance against NHS I benchmark remains positive.
- An update on the continuing nursing and midwifery workforce review
- Progress on the reduction of use of agency staff.

Date of meeting: 4 May 2016 **Enc F2**

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

REPORT TO TRUST BOARD – 4 MAY 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.

The Trust awaits the publication of the eight Safe Sustainable Staffing Guidance documents for different care settings by the National Quality Board in 2016. These will include Urgent and Emergency Care, Maternity Services, Children's Services and Inpatient wards for adults in acute hospitals.

3. Assessment

3.1 Nursing and Midwifery workforce metrics

The nursing and midwifery vacancy position reported as of 29 March 2016 is shown below:

Division	Registered-Vacant WTE	Registered % Vacancy	Non-registered Vacant WTE	Non-registered% Vacancy
Clinical Support	0.00	0.00%	0	0.00%
Medicine	98.42	15.84%	20.82	7.38%
Surgery	44.00	14.02%	-0.50	-0.30%
TACO	7.73	1.63%	7.72	5.09%
Women & Children	17.13	4.85%	9.86	9.42%
Total	**167.28**	**8.91%**	**37.90**	**5.12%**

**Based on Finance Funded Establishment for March 2016 data taken from Divisional Returns on 28/3/2016 (NB. includes maternity leave and 10% over recruitment where appropriate*)The number of wte funded qualified nursing and midwifery posts have improved during March 2016. Non-registered nursing vacancies have also slightly improved.

Vacancies for registered staff have increased by 14.68 wte from February 2016. It is currently 9.66% compared to 8.87%.

Vacancies for non-registered staff have decreased to 40.2 wte in March – reflecting the on-going recruitment initiative and also the work that has been undertaken to look at

registered to non-registered staff ratios. Surgery are over recruiting as planned.

3.1.1 Surgery

The vacancies for registered nurses within Surgery are 44.0 wte. This compares to 42.4 wte for February 2016. The majority of the vacancies remain on the AGH site with 28.2 wte posts vacant in February compared to 30.2 wte in March. The Division has recruited a number of student nurses to commence on the AGH site in September on completion of their training.

The vacancies for non–registered nurses shows an improvement In March 2016 - 1.8 wte compared to 2.5 wte in February 2016. These vacancies sit are on the WRH site, with the AGH site currently over recruited by 6.6 wte. This reflects the continued active recruitment of HCSWs to support areas where there are registered nurse vacancies. Further work has been undertaken within the division regarding staffing ratios.

The Division has reviewed all inpatient ward establishments, with changes proposed to skill mix and the introduction of new roles. This has been signed off by the CNO and is now in the implementation phase. The changes proposed have not affected the total number of nurses on duty; reflect the acuity and dependency and safe staffing guidance. The impact of the changes will be monitored via the monthly unify returns, red flag events reported on Datix and the ward dashboard safety metrics. No harm events have been recorded in relation to the change of staffing mix.

3.1.2 **Medicine**

The vacancies for registered nurses within medicine was 98.42 wte in March 2016 compared to 129.18 wte in February 2016. The Medical Assessment Units at the Alexandra Hospital have the highest vacancies for registered nurses. A workforce review is being undertaken in MAU at the Alexandra Hospital with a view to creating smaller speciality areas within the overall foot print with the intention that this may make vacancies more attractive to potential candidates.

The vacancies for non-registered staff were 20.82 wte in March and 21.55 wte in February 2016.

The Divisional Agency spend has reduced due to a number of initiatives for example a review of the management of specialing patients and the introduction of tighter controls.

3.1.3 TACO/Clinical Support

Vacancies within TACO/Clinical Support were 28.21 wte in March 2016 for registered staff and 11.92 wte for non-registered staff. The areas that have had issues in particular are Theatres for the recruitment of registered nurses and operating department practitioners. The recent introduction of the theatre staff bank has reduced the requirement for expensive and above cap agency. Negotiations are taking place to reduce the cap further. The Theatre recruitment day has proved very fruitful in recruiting 9 new qualified members of staff. Further discussions are underway to utilise the skills of Band 3 staff and introduce band 4 assistant practitioners. Oncology and haematology has seen some increase in spend, but recruitment to full establishment has taken place it is anticipated there will be a reduction in agency usage in June.

3.1.4 **Women & Children**

Within the Women and Children Division the vacancy position has decreased, there

were 17.13 wte for registered staff and 9.86 wte for non-registered staff.

Recruitment is on-going and regular establishment reviews are being undertaken since the temporary centralisation of services.

A table top Birth-rate plus exercise was carried out at the end of March 2016. Birthrate plus is the recognised tool kit to calculate the workforce requirements to run a maternity service. It recognises consultant led care, midwife led care, home birthing and community caseloads. It also factors in deprivation index and social care factors such as safeguarding and migrant mobile populations.

The midwifery establishment is 217.6 wte and the Birthrate plus desktop exercise suggests the Trust requires 219 wte.

Whilst this shows the Trust has the appropriate numbers of midwives, a review has been completed regarding the distribution of work between hospital and community as the case loads within community are higher than recommended due to the social dependency and levels of deprivation. The Divisional Director of Operations and the Divisional Director of Nursing and Midwifery have agreed a planned adjustment to the staffing in the community over the next 2/3 years with the commissioners as part of the maternity specification.

All vacant posts have been filled with a combination of experienced Band 6 midwives and newly qualified Band 5 midwives. The recruitment of HCSW and developing new roles is now an essential piece of work within the division.

Ten paediatric beds at the Alexandra Hospital Redditch have been temporarily closed to ensure safe staffing on both sites. The vacant posts have been filled and the new starters will be in post from August in time for winter when the beds will be reopened.

During March there were several leavers, retirements and maternity leaves that have started.

The key area of concern is Gynaecology where there are currently 3.5 wte band 5 vacancies and 3 wte registered nurses who have been interviewed and accepted jobs outside of the Trust. In addition, there are 0.8 wte specialist vacancies and 5.6 wte non registered nurse vacancies. The divisions of surgery and women and children are developing a strategy to deal with these issues. Progress will be monitored by the Workforce Assurance Group and an update will be given to the May meeting of this Group.

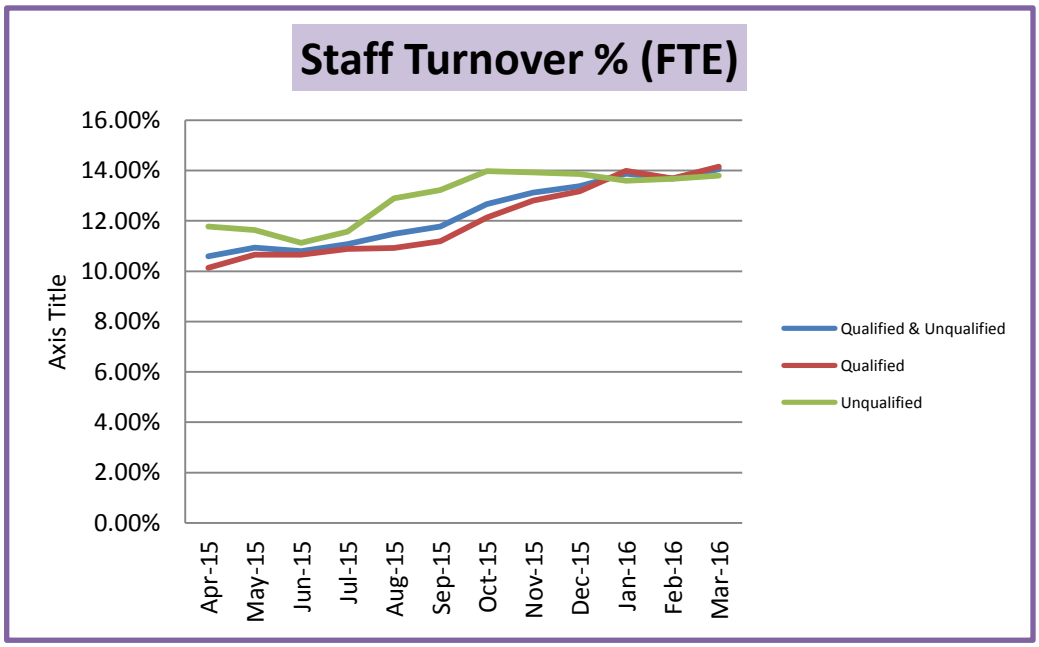
3.1.5 Recruitment Actions

- On 2 March a recruitment event was held at the University of Worcester with final year nursing students. Fifty students attended and senior staff from the Trust showcased offers to newly qualified staff. Feedback from the event was very positive and future events are now planned for all third year student nurses.
- Both the Medical and Surgical Divisions have in place bespoke rotational programmes for Band 5 posts.
- The next planned recruitment event is Saturday 21 May 2016 at the Alexandra Hospital in Redditch.
- We continue to attend recruitment fairs at colleges and Universities around the region. These include Birmingham City University, Keele University as well as

Worcester University

- Improved links with the University and the introduction of new roles have helped with nurse recruitment
- The Interim CNO has negotiated a bespoke nurse practitioner training programme for a 12 month period. The first cohort will commence in June.

3.1.6 Retention



The staff turnover rates for this quarter remain static at around 14%.

In particular the retention rates for non – registered staff are consistent with those for registered staff.

There is presently no direct comparison data across the region or the NHS, for registered and non-registered nurse turnover.

Some limited data is available from the Health and Social Care Information Centre (HSCIC) which relates to benchmarking of qualified nursing, midwifery & health visiting staff within Health Education West Midlands as at November 2015.

Stability Index (May 2014 to April 2015)
HSCIC also report on staff stability which gives a measure of staff retention. The stability index is calculated by taking the number of leavers for the year divided by the headcount of staff at the start of the 12 month period.

Within the above period the stability index for qualified nurses and midwives is reported by HSCIC as:

Trust	90.4%
Health Education West Midlands	92.0%
NHS	91.2%

We are within the average range for stability across the NHS. Stability in the 3 London Regions are reported as 89.2%, 89.4% and 89.6%.

3.2 Safer staffing

3.2.1 Trust overall fill rates for March 2016

	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 (%)**
ALEXANDRA HOSPITAL	90.6%	98.9%	89.3%	113.1%
KIDDERMINSTER HOSPITAL	91.2%	85.6%	99.8%	100.6%
WORCESTERSHIRE ROYAL HOSPITAL	93.7%	99.1%	92.5%	101.3%

The above table indicates that overall our hospital sites are working either to or above the required 80% benchmark set by NHS Improvement for safer staffing.

The table below outlines the wards who did not meet the 80% fill rates required by NHS I for March 2016. 12 out of the 43 wards required to report fill rates had a fill rate of less than 80% which is a slight decline when compared with February 2016 (15 wards had fill rates of below 80% on one or more occasion for that month).

Ward name	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Acute Stroke Unit	85.6%	109.7%	89.8%	101.6%
Avon 2- Gastro	86.2%	94.6%	104.8%	106.5%
Avon 3- Infectious Diseases	80.6%	85.2%	106.5%	101.8%
Avon 4	95.4%	116.4%	88.2%	121.0%
Laurel 2 Resp	89.6%	84.9%	96.8%	98.4%
Medical High Care and Short Stay	81.6%	111.8%	94.7%	96.8%
Silver Assessment Unit	100.1%	81.3%	122.9%	93.9%
GP Unit WF - ward (TCS)	84.6%	81.6%	99.7%	100.6%
MAU ALX	85.3%	94.8%	97.6%	99.5%
Ward 12 Medicine	92.9%	99.8%	108.3%	102.0%
Ward 5 - Medicine AHD	88.4%	105.5%	81.3%	82.2%
Ward 6	91.9%	97.1%	97.4%	116.0%
CCU- Alex	83.2%	-	96.5%	-
Ward 9	81.7%	103.2%	70.1%	195.2%
Ward 10	89.9%	92.5%	68.6%	170.3%
Ward 11	87.2%	94.8%	68.3%	200.3%
Ward 16	94.3%	96.1%	64.0%	164.2%
Ward 17	84.0%	107.5%	95.9%	138.3%
Ward 18	79.1%	112.9%	76.8%	174.6%

SCDU & SHDU	108.1%	111.4%	76.7%	97.7%
Beech A	94.6%	132.9%	64.9%	190.0%
Chestnut	96.2%	100.2%	93.4%	86.0%
Trauma & Orthopaedics	87.6%	98.6%	79.4%	113.3%
Severn Unit & HDU	111.9%	62.6%	96.3%	89.3%
WRH Delivery Suite & Theatre	90.6%	73.1%	91.0%	62.4%
WRH Postnatal Ward	90.6%	94.6%	88.7%	79.6%
WRH Riverbank	90.2%	74.6%	102.5%	43.8%
Alex Ward 1	98.7%	77.4%	100.0%	94.1%
WRH Gynaecology - Chestnut Ward	100.0%	96.8%	96.8%	90.3%
WRH Neonatal	84.5%	91.4%	80.2%	100.0%
WRH TCU Nursery Nurses	100.0%	92.0%	100.0%	89.7%
WRH Antenatal Ward	94.3%	93.8%	87.1%	100.0%
Laurel 3 WRH	96.0%	92.5%	81.5%	100.0%

Key

< 80%	
80-94.9%	
> 95%	

3.2.2 Surgery

The low fill rates ie those 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. The division have reviewed this and it has been recently agreed that the establishment for the smaller surgical wards would change from to 3 RN and 1 HCSW to 2 RN and 2 HCSWs which would address this shortfall without compromising patient care. This came into effect in April 2016 and the division have already recruited into the HCSW posts. The division will continue to monitor patient safety matrix to provide assurance of quality of care.

3.2.3 Medicine

Within the Medical Division there were no fill rates under 80% Where the shortfall is related to Registered Nurses the skill mix was supplemented by additional HCSWs. Some overfill rates were patients requiring 1:1 supervision and specialing. A pilot study within medicine commenced on 1 March whereby for 3 months selected agencies have been invited to fill shifts for specialing with HCSWs rather than registered nurses where appropriate. The results of this will be reported at the next Workforce Assurance Group in terms of quality impact.

3.2.4 Women and Children

Low fill rates within the Women and Children Division on paediatric wards have been due to vacancies which have now been recruited to. As a safety measure the bed base on Ward 1 at the Alexandra has been reduced temporarily until the new staff are in post.

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 the midwives on night shifts, staffing of maternity areas is shared across the unit and staff are re-deployed across the areas dependant on acuity and patient need.

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

3.3 Nursing and Midwifery Workforce Review

A scoping of the Emergency Nurse Practitioner Roles has been undertaken and the results of this demonstrate there is a lack of consistency across the Trust in terms of the roles, skills sets and competencies for this group of staff and a strategy is being developed by the senior nursing team to address this. Monitoring of this strategy will be through the Workforce Assurance Group.

A review of the nursing staffing levels has commenced at Worcestershire Royal Hospital to ensure safe staffing levels when the extension to the ED opens later this year.

3.4 Progress with the use of Bank and Agency Staffing

The current NHSP contract has been temporarily extended with no changes in contractual terms and conditions whilst a longer term solution is agreed.

March saw a decrease in third party agency usage. The highest usage of non- cap compliant agencies continues to be Theatres, Emergency Departments and MAU at the Alexandra Hospital. A number of actions have been taken to further reduce the agency spend including:

- Introduction of in–house bank in Theatres
- Temporary increase in pay rates for NHSP staff in Emergency Departments
- A pilot is currently underway within the Medical Division whereby a restricted number of agencies are able to see HCSW shifts. This is aimed particularly at reducing the use of qualified agency staff for specialing. The 8 week trial commenced on March 1st and the results will be reported to the Workforce Assurance Group at its May meeting.
- Restriction on the use of third party agencies to named clinical areas is also being considered.

4 Recommendation

The Board is asked to receive assurance in relation to the:

- Management of recruitment and retention
- Management of vacancies
- Links to the University
- Safer staffing levels
- Birthrate plus desk top exercise

Jan Stevens
Interim Chief Nursing Officer

Worcestershire NHS
Acute Hospitals NHS Trust

Date of meeting: 4 May 2016 **Enc F3**

Report to Trust Board (in public)

Title	**People Engagement Programme Update**
Sponsoring Director	**Lisa Thomson, Director of Communications** **Denise Harnin, Director of HR and OD**
Author	**Lisa Thomson, Director of Communications**
Action Required	• To note the content of the report • Receive assurance on the actions being taken to engage with staff, in particular the ChatBack, The Big Conversation, Listening into Action • Agree to receive further assurance via the Workforce Assurance Group which will be monitoring the actions agreed.
Previously considered by	

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	2893 Failure to engage and listen to staff leading to low morale, motivation, and productivity and missed opportunities.
Legal Implications or Regulatory requirements	NHS Constitution National NHS Staff Survey Workforce Race Equality Standards Protection from Harassment Act 1997
Glossary	

Key Messages

As part of our commitment a new Operational Strategy has been developed.

A programme of activity has been planned including real time surveys to monitor progress and a tried and tested programme called ***Listening into Action*** *(LiA)* which has already led to increased engagement and morale of staff in other NHS trusts. This work commenced in April.

Progress is to be monitored via the Workforce Assurance Group, subcommittee of the Board.

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

REPORT TO TRUST BOARD – 4 May 2016

1. Situation

Following the results and the 2015 NHS Staff Survey (the 13th national survey) the Trust has committed to focus on improving staff engagement as this is fundamental to the Trust's improvement journey.

Following agreement by the Board in April, this report presents the journey to introducing real time feedback and the nationally recognised approach Listening into Action.

2. Background

Issues raised by staff with regard to the 2015 NHS Staff Survey around the length of time from completing the survey to obtaining the feedback and the inability to provide divisional and directorate specific information needs to be addressed through a robust local solution.

In addition, there is a need to deliver a structured approach to engagement and one element of this which has proved successful for other NHS organisations is Listening into Action.

3. Assessment

As part of our commitment to improving our staff engagement and address issues raised by staff the Trust commenced work in April on two elements:

- gaining improved real time feedback through its own survey ChatBack and
- Listening into Action (LiA)

3.1 *Real-time Surveys*


ChatBack

Worcester Acute NHS Trust April/May 2016

Where you work (tick ONE option only)

Asset Management and IT
Accommodation
Acute IT
Central Services
Estates
Facilities
Patient Transport
PFI
Technical Services

Clinical Support
Clinical Support Divisional Management Team
Haematology & Oncology
Pathology
Pharmacy
Radiology

Corporate
Bed Management & Patient Access
Cancer Team
Chief Executive
Chief Medical Officer Directorate
Chief Operating Officer
Clinical Governance
Corporate Affairs
Corporate Nursing
Finance & Information
Human Resources
IM&SL
Research & Development
SDFT Alex
SDFT NRH

Medicine
Elderly Medicine, Neurophysiology & Therapy
Emergency Medicine
Medicine Divisional Management Team
Specialty Medicine

Surgery
General Surgery & Vascular
Head & Neck, Dermatology & Urology
Surgical Divisional Management Team
T&O

Theatres, Ambulatory Care & Outpatients (TACO)
CSSD
Critical Care
Radiology & Outpatients
Ophthalmology, Rheumatology & DTC
Theatres & Anaesthetics
Theatres, Ambulatory Care & OPD Divisional Management Team

Women & Children
Obs & Gynae
Paediatrics
Women & Children Divisional Management Team

Our own quarterly surveys, commenced at the end of April asking our staff if they would recommend us as a place to work and a place to receive care. These surveys are based on the National Staff Survey methodology and enable the Trust to test what is driving people's views. It is open to all staff and not just a sample and is due to close at the end of May.

The survey is available for completion online. In addition, paper copies have been made available to ensure everyone has an opportunity to share their views. Members of the Communications and HR teams have also been visible in key staff areas with iPads promoting the survey and offering the opportunity to complete the survey.

Data and information from these surveys will be available in a few weeks following each survey, the first from early June, enabling progress to be measured and support given to specific areas. Information will be provided at Trust level and for the first time at a Divisional level. Following this a programme of support will be specifically targeted at those areas with the last response rates and scores. This will be designed and delivered in collaboration with the leaders from the specific areas.

3.2 ***Listening into Action (LiA) building on the Big Conversation***

Listening into Action

We have commenced our 12 month journey with the confirmation of our LiA Lead who comes from a clinical background, Sponsor Group and the agreement of our first 10 big impact actions to adopt LiA as a vehicle for change.

Our LiA Sponsor Group, chaired by Chris Tidman, comprises a range of clinicians (consultants, doctors, junior doctors, nurses and AHPs) from all sites and has already agreed our first 10 big impact actions. Each of these actions are supported by a member of the LiA Sponsor Group and an executive director. In addition, the team driving each of these improvements includes a lead doctor, nurse and clinician as well as supported by a manager. The following provides a high level overview of the first 10 actions which will be looking to deliver results and benefits within a 20 week period.

Improving the Patient Experience and efficiency of the pre-admission process at Kidderminster Treatment Centre
Speeding up the recruitment process and improving local ownership
Improving Pre-op Process
Patient Notes - Ensure that patient records are accurate, complete and fit for purpose for use across A&E and MAU
Streamlining the discharge process on both sites so patients can leave before lunch
Setting up a Diabetes Self Help Website
Reviewing the Early Pregnancy Assessment Unit process
Food – greater access to hot food for staff and visitors in the evening and at weekends
Streamline and combine OT and Physiotherapy assessments to reduce LOS Pilot on Ward 5 and Ward 12
Streamlining mandatory training, including improved on line access

The LiA approach encompasses:

- A launch event, planned for the 12 May with the teams working on the first 10 high impact areas.
- LiA Pulse Check, planned for May, which is a simple tool with 15 questions, providing the Trust with snapshot view of how engaged and how valued staff feel
- Five Trust wide events planned for June targeting over 400 staff in the first phase.

All of these activities and outcomes are to be reported to the Workforce Assurance Group.

4 Recommendation

The Board is requested to:

- Receive assurance on the actions being taken to engage with staff with regard to ChatBack and Listening into Action.
- Agree to receive further assurance via the Workforce Assurance Group which will be monitoring the actions agreed.

Lisa Thomson
Director of Communications

Denise Harnin
Director of HR and OD

Title of report	People Engagement Programme Update
Name of director	Denise Harnin, Director of HR and OD / Lisa Thomson, Director of Communications

Worcestershire NHS
Acute Hospitals NHS Trust

4 May 2016 **Enclosure G1**

Report to Trust Board (in public)

Title	**Finance & Performance Committee Report**
Sponsoring Director	**Andrew Sleigh – Finance & Performance Committee Chairman/ Non-Executive Director**
Author	**Andrew Sleigh – Finance & Performance Committee Chairman/ Non-Executive Director**
Action Required	• Agree the Actions set out in the financial plan, budget and contractual position for 2016/17, (Enc G4). The Board should note the positive implications of the result of contract negotiations with commissioners and the key assumptions that underline the budget. The impact of meeting the CQUINS should be particularly noted. • Agree the proposed budget sign-off process ensuring ownership of budgets by budget holders, noting the approach now adopted of integrating all savings targets into the budget to be delivered holistically. • Agree the Capital priorities set by the Executive Team as advised by the Capital Prioritisation Group.
Previously considered by	*N/A*

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 sustainable and financially viable and makes the best use of resources	√
Continuously improve our services to provide the best outcomes and experience for our patients	

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	It is expected that the F&P Committee will give assurance to the Trust Board that plans are in place to achieve the Trust's financial forecasts and performance targets 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 preset price to a defined measure of output of activity, it has been superseded by the national tariff.*

Key Messages

- Forecast deficit of £59.9m for 15/16 has been achieved subject to audit.
- 2015/16 £9.6m savings target achieved remaining £400k to be carried forward to 2016/17, PricewaterhouseCoopers (PwC) validating to give assurance.
- 2016/17 £14.3m savings target - £6.5m identified so far, plans for the remaining £8.5m needs to be identified as a matter of urgency.

Title of report	Finance & Performance Committee Report (Mth 12)
Name of director	Andrew Sleigh

- The Trust has made significant progress so far towards cap compliance. The initial steady reduction in breaches has plateaued with subsequent reductions in capped rates. Plans to further reduce agency cap breaches and expenditure are being enacted.

- Performance on Cancer and Referral to Treatment (RTT) being managed to ensure improvement going forwards.

- Target to reduce stranded patients to 45% by November.

- Emergency Access Standard (EAS) performance continues to be challenging although the Trust is holding its own compared to national performance, despite the pressure the Trust has not re-opened extra beds.

- Financial plan including the Capital Programme was considered, the actions accepted by the Finance & Performance Committee (FPC) and recommended for approval by the Board.

- Position against 2016/17 contract was noted, final agreement had almost been reached with local commissioners and sign off in sight subject to some detail being worked out around CQUINs.

- Procurement strategy includes re-establishing the standardisation and rationalisation groups.

Worcestershire NHS
Acute Hospitals NHS Trust

4 May 2016 **Enclosure G1**

REPORT TO TRUST BOARD

1. Situation

This report informs the Board of the actions, scrutiny and assurance undertaken by the FPC at its meeting on 29th April 2016.

2. Background

The FPC meets to review the financial and operational performance of the Trust and reviews forecasts and plans for future performance. It exists to undertake a more detailed assessment than will be possible in main Board, provides advice to the Board and exercises specific delegated authorities.

3. Assessment

3.1 Decisions Made Within Delegated Responsibilities

There were no decisions made within delegated responsibilities.

3.2 Recommendations to Board

The Board is recommended to:

- Agree the Actions set out in the financial plan, budget and contractual position for 2016/17, Enclosure G4. The Board should note the positive implications of the result of contract negotiations with commissioners and the key assumptions that underlie the budget. The impact of meeting the CQUINS should be particularly noted.
- Agree the proposed budget sign-off process ensuring ownership of budgets by budget holders, noting the approach now adopted of integrating all savings targets into the budget to be delivered holistically.
- Agree the Capital priorities set by the Executive Team as advised by the Capital Prioritisation Group.

3.3 Principal Areas of Performance Scrutinised

- The draft results for financial and operational performance for 2015/16 were reviewed. It was noted that the forecast deficit of £59.9m has been achieved subject to audit, reflecting the success of the cost reduction measures instituted during Q4. As predicted, the reductions in Waiting List Initiative (WLI) activity has had impact on Referral Time to Treatment (RTT) and cancer waiting time performance.
- Each Division was reviewed on its achievement of the imperative for overall £10m run-rate reduction from start of 2016/17. Whilst three of the Divisions met or exceeded their target, overall £9.6m of reduction has so far been identified. This achievement will be validated by PwC. The shortfall arises from delays in closing capacity caused by unexpectedly high demand and unavoidable need for retaining locum engagement.

Title of report	Finance & Performance Committee Report (Mth 12)
Name of director	Andrew Sleigh

- The number of medics agency contracts above the Cap has reduced significantly, with two Divisions now having no breaches of the (reducing) Cap on medical agency. Surgery and Medicine have reduced the number of breaches and the Committee was satisfied the process for approving every instance has been operating rigorously. Examples were given of effective renegotiation of rates whilst retaining key locums. Successful recruitment has also played an important part.
- The achievement of proposed procurement efficiencies for 2015/16 were reviewed and the Committee noted the achievement of £1.4m against a target of £1.5m. The target for 2016/17 of £2m has already identified £1.7m of schemes.
- Savings plans for delivering the £24.3m reduction (ie £10m already baked into the run-rate and £14.3m to be found in year) were reviewed. Currently only approx. £6.5m of the £14.3m has been identified, with the largest gaps being in Medicine and Surgery. This is seen by the Committee as a major risk that needs urgent attention. The QIA process is being strengthened and the Committee is seeking further assurance that timely, robust and properly documented QIAs are in place with regular reviews.
- The measures being taken to get RTT and cancer wait performance back to target were reviewed, and the forecast trajectory of performance noted.
- The impact of stranded patients (over 7 days) was assessed with the aim of getting bed occupancy to a sustainable level. It was noted that the high bed occupancy at Worcestershire Royal Hospital (WRH) (>100%) is a major driver of Emergency Department (ED) wait performance. Various changes under the Patient Care Improvement Plan (PCIP) and Emergency Care Improvement Programme (ECIP) joint programmes are aiming to reduce the number of stranded patients to less than 45% of available beds by Q3. The Committee will be focused on tracking the achievement of this objective.
- The achievement of CQUINS in 2015/16 was reviewed and has been good. The importance of similar success in 2016/17 was stressed.

3.4 <u>Observations Drawn to attention of the Board</u>

- The Committee felt there was a need to strengthen executive oversight of the cost reduction programmes, especially measures that have impact across more than one Division. Issues were raised by Divisions during the meeting that we consider would have been better resolved through normal management means.
- It should be recognised that achievement of the planned savings for 2016/17 will require appropriate release of resources and this aspect is not yet explicit in our plans.
- It was questioned whether the Capital Prioritisation Group (CPG) should report to the FPC as a committee of the main Board; it was viewed that this and similar committees would better report through an executive member.
- It is proposed that the Board Assurance Framework (BAF) risks overseen by the FPC be updated to separate the risk of meeting in-year and longer term performance. The Committee discussed the risk assessments and made recommendations to the executive members who hold responsibility for each risk.

4 Recommendation

The Board is recommended to:

- Agree the actions identified in Section 3.2
- Receive assurance on the aspects assessed in Section 3.3
- Note the observations made in Section 3.4

ANDREW SLEIGH
Finance & Performance Committee Chairman/
Non-Executive Director

Title of report	Finance & Performance Committee Report (Mth 12)
Name of director	Andrew Sleigh

Worcestershire NHS
Acute Hospitals NHS Trust

Date of meeting: 4 May **Enc G2**

Report to Trust Board (in public)

Title	Integrated Performance Report (March 2016)
Sponsoring Director	Sarah Smith, Director of Planning and Development
Author	COO, CNO, CMO, Director of HR & OD
Action Required	The Board is asked to review the Integrated Performance Report for March 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 sustainable and financially viable and makes the best use of resources	√
Continuously improve our services to provide the best outcomes and experience for our patients	√

Related Board Assurance Framework Entries	2790 As a result of high occupancy levels, patient care may be compromised and access targets missed 2888 Deficit is worse than planned and threatens the Trust's long term financial sustainability 2895 If we do not adequately understand & learn from patient feedback we will be unable to deliver excellent patient experience
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 SHMI – Summary Hospital Mortality Indicator HSMR – Hospital Standardised Mortality Ratio YTD – Year to Date RTT – Referral to Treatment

Date of meeting: 4 May **Enc G2**

Key Messages

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

The main exceptions and priorities as agreed by the Executive Team are included in this covering paper.

Title of report	Integrated Performance Report
Name of director	Sarah Smith, Director of Planning and Development

Worcestershire NHS
Acute Hospitals NHS Trust

Date of meeting: 4 May **Enc G2**

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

REPORT TO TRUST BOARD – MAY 2016

1. Situation

This paper presents an integrated corporate performance report (IPR) for March 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:

Emergency Access Standard

The Trust did not achieve the 95% Emergency Access Standard (EAS) in March 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, remained below 90% throughout Q4 2015/16. March 2016 performance for the Trust was 82.3%

In line with the above, during Q4 21015/16, the Trust failed to deliver the national 15 minute standard for assessment in Emergency Department (ED) for the 95th percentile wait (all patients); performance deteriorated from 32 minutes in January 2016 to 46 minutes in March 2016. The median wait for treatment in the ED was 62 minutes in February and in March 2016, which marginally exceeded the national standard of 60 minutes for the first time since April 2015.

18 weeks Referral to Treatment (RTT)

Following above target performance for the three previous months, in February 2016, the Trust was unable to report compliance with the 92% 18 Week referral to treatment incomplete pathways target and this continued into March 2016 where actual performance 89.2%. This coincides with changes to the policy around ad hoc waiting list activity and the impact from emergency pressures, cancelled activity due to Junior Doctors' Industrial Action and the early Easter Bank Holiday.

Cancer and diagnostic waiting time performance has been similarly affected as follows and the Trust has urgently developed plans and trajectories to recover this performance during 2016/17.

Cancer Performance

After two months of above target performance, the 62 day target of 85% for cancer first treatment was not achieved in February 2016 and in March 2016

performance was 75.3%

In respect of the 2 week wait (2ww) cancer targets, over the previous five months there had been a marked improvement in performance towards the 93% target however this trend was reversed in March 2016 with performance for all referrals under the 2 week rule at 77.3% and for breast symptomatic patients performance was 79.4%

Diagnostics Waiting Time Standard
In March 2016, the Trust failed achieved the target of < 1% of patients waiting longer than 6 weeks for diagnostic tests; actual performance was 3.52%.

Finance
At Month 12 (March 2016) the Trust reported a year end £59.9m deficit position. The in - month variance was £4.7m which is £0.1m better than the preceding month. Further detail including turnaround actions is provided in the Financial Performance report.

4 Recommendation

The Board is asked to review the Integrated Performance Report for March 2016. The key performance issues and the mitigating actions are described in the report itself.

Sarah Smith
Director of Planning and Development

INTEGRATED PERFORMANCE REPORT

March 2016

Release date: April 26th, 2016

Please note:

All data relates to March 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 Planning and Development

Worcestershire NHS
Acute Hospitals NHS Trust

Enc G2 attachment 1

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

- Falls with serious harm
- Number of grade 3/4 pressure ulcers
- CDifficile
- Friends and Family Test - Acute wards score
- Never events
- 31 day cancer – first treatment (all cancers)
- 80% of stroke patients spend 90% of time on stroke ward
- Urgent operations cancelled for a second time
- Delayed Transfers of Care (DTOC)

Performance on /above target with negative trend

- MRSA screening (including high risk wards)
- Friends and Family Test - Maternity score
- Stroke – TIA

Performance under target with positive trend

- *CQUIN – AKI (DASHBOARD ONLY - MANAGED AND REPORTED THROUGH CQUIN PROGRAMME)*
- *Bed occupancy WRH/AGH (DASHBOARD ONLY – REPORTED THROUGH EAS CAS)*
- *Workforce – agency staff medics (DASHBOARD ONLY - MANAGED AND REPORTED THROUGH FINANCIAL PERFORMANCE REPORT)*
- Workforce – sickness absence monthly
- Workforce - % of non-medical staff that have had appraisal
- Workforce - % of eligible staff completing statutory and mandatory training

Performance under target with negative trend

- Safety Thermometer
- VTE
- Friends and Family Test - A&E score
- Serious Incidents open over 60 days and awaiting closure
- *CQUIN – Sepsis (DASHBOARD ONLY - MANAGED AND REPORTED THROUGH CQUIN PROGRAMME*
- Hip fracture - time to theatre
- Category 2 Complaints responded to within 25 days
- 18 week Referral to Treatment – Incomplete
- Cancer - 2 week wait (breast symptomatic)
- Cancer - 2 week wait (all cancers)
- Stroke - direct admission on to stroke ward
- *A&E - unplanned re-attendance within 7 days (DASHBOARD ONLY – REPORTED THROUGH EAS CAS)*
- Cancer - 62 days wait for first treatment from all GP referral (all cancers)
- 6 week wait for diagnostics
- 28 day breaches as % of cancellations
- A&E - Ambulance handover over 60 minutes
- A&E - Ambulance handover within 30 minutes
- A&E - Ambulance handover within 15 minutes
- A&E - 4 hour Emergency Access Standard
- A&E - Time to initial assessment (all patients) – 95th percentile
- Workforce - % of medical staff that have had appraisal
- Workforce – staff turnover
- Workforce – nursing staff turnover (qualified)
- Workforce – nursing staff turnover (unqualified)

Summary

National / NHS Constitution Standards

The Trust achieved > 90% against the emergency access standard in October and November 2015 however in line with the national trend and the peak of the winter pressures, performance declined in December, January and February, and this trend continued into March 2016, with the percentage attending A&E and waiting four hours or less to be seen, treated, admitted or discharged at 82.3%.

For three months at the end of the 2015, the Trust was able to report compliance with the target of 92% of elective care pathways being completed within 18 weeks, however this dipped slightly in February 2016 and performance in March 2016 showed a further deterioration to 89.2%, following changes to the policy around ad hoc waiting list activity, combined with emergency pressures, cancelled activity due to Junior Doctors' Industrial Action and the impact from the early Easter Bank Holiday. The backlog of patients waiting over 18 weeks also increased. For similar reasons, performance against the 62 - day referral to treatment standard for (all) cancers wasn't achieved in February or March 2016, following two months of greater than target achievement and there was a further increase in the number of cancer long waiters (104+ days). Performance in terms of the percentage of urgent cancer referrals seen within 2 weeks of referral was also affected. The Trust has developed plans and trajectories to recover this performance during 2016/17.

In March 2016 the Trust failed the target of greater than 99% of those on the diagnostic waiting list being seen within 6 weeks and a range of options are being pursued to reinstate sustainable performance.

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. There are a number of improvement initiatives to expedite discharges from the wards and there has been an increased focus at the front door of the hospital to promote ambulatory assessment and care and to avoid unnecessary admissions to hospital inpatient beds. There remains however a high proportion of bed days lost due to patients remaining in hospital after their acute episode of care has finished.

Issues with patient flow in the hospital can lead to overcrowding in the A&E department, in particular when there are surges in ambulance arrivals. Since the start of the year the Trust had 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 for the past three months performance has deteriorated and there is further to go in terms of achieving and sustaining target performance.

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

Corrective Action Statements: Performance and Efficiency

Key Performance Indicator:

- 18 Week referral to treatment (RTT) - incomplete pathways (CW3.0)
- A&E - 4 hour waits (%) Trust including MIU (CAE1.1a) (to follow)
- Stranded Patients (% last week of month) (PIN2.3)(to follow)
- Cancer – 62 days wait for first treatment from GP referral
- 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)
- Time to initial assessment (patients arriving by ambulance) (mins) – 95th percentile (inc Kidd MIU); Time to initial assessment (all patients) (mins) – 95th percentile (inc Kidd MIU)
- Ambulance Handover within 15 minutes (%) – WMAS data (CAE7.0); Ambulance Handover within 30 minutes (%) – WMAS data (CAE8.0); Ambulance Handover within 60 minutes– WMAS data (CAE9.0)
- 28 day breaches as a percentage of cancelled operations (PEL3.0)
- 6 Week Wait Diagnostics (Proportion of waiting list)(PW1.1.1)
- Theatre Booking and Utilisation (all sites) (PT2)
- Stroke - direct admission on to stroke ward (to follow)

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

Key Performance Indicator: 18 Week referral to treatment (RTT) - incomplete pathways (CW3.0)

Headlines

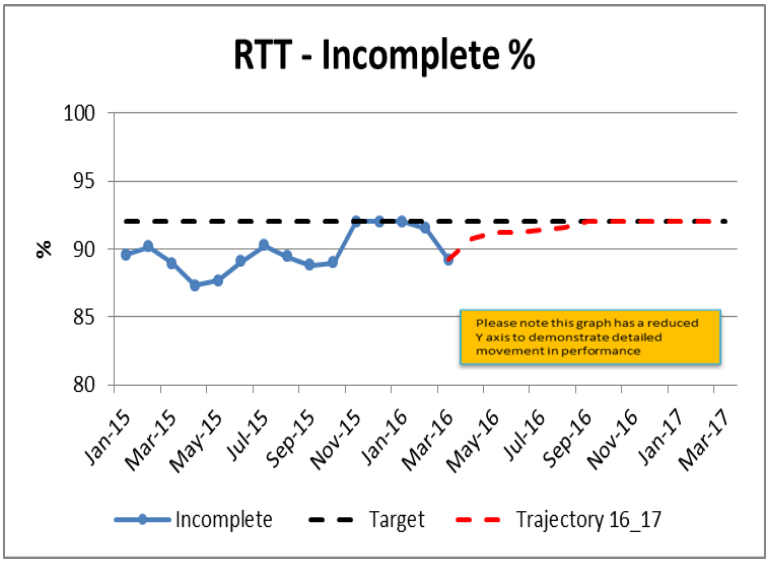
Historically, the Trust was consistently failing the RTT Incomplete standard between December 2014 and October 2015 inclusive. The target was met for three consecutive months in November 2015 (92.05%), December 2015 (92.05%) and January 2016 (92.04%). Following the implementation of the changes to the WLI policy combined with emergency pressures, the performance declined in February 2016 (91.53%) and deteriorated further in March to 89.2%. The total backlog of patients waiting over 18 weeks has increased by 1119; the main increase has been in Gastroenterology (+134) Oral Surgery (+129), Thoracic Medicine (+128), Urology (+94), Dermatology (+88), General Surgery (+87), T&O (+80), ENT (+77), Gynaecology (+59) and Ophthalmology (+51). The challenged specialties remain Dermatology (70.81%), Thoracic Medicine (73.30%), Oral Surgery (79.38%), Trauma and Orthopaedics (82.96%), Gynaecology (84.70%) and Gastroenterology (88.90%). The Trust has also reported one 52+week waiter as at the end of March 2016 in Gynaecology, the patient has since been treated (in April 2016) and a clinical review has identified no harm to the patient related to the extended waiting time. Current and forecast performance is RAG rated red as it is anticipated that the reduction of additional activity will continue to have an impact and the performance will not be recovered until Q3 2016/17 in line with the STP trajectory. Current year - end performance is RAG rated red due to the underperformance in Q1, Q2 and Q4.

Corrective Actions

A substantial validation exercise is on-going, however, significant data quality issues remain and further monthly waiting list validation is required on a specialty by specialty basis. In addition, telephone contact continues being made with patients waiting over 18 weeks who had not had their first appointment to establish if the patient still requires to be seen or if the patient's condition has changed and an appointment needs to be expedited. Partial booking letters are being sent to those patients that cannot be contacted by phone. Specialty specific action plans for reduction of 18+ week backlog are in place for all underperforming specialties and have been shared with the CCGs. The specialty level RTT performance is monitored via fortnightly PTL meetings and monthly Divisional Performance Reviews.

Risks to Delivery

Non - delivery of this target poses significant reputational, financial and patient safety risks. These are mitigated by the remedial action plans that are in place; in addition, long waiters over 18 weeks are reviewed at regular intervals and findings reported via Quality Governance Committee (QGC). Retrospective RCAs with a particular focus on harm reviews have been undertaken for all patients who had waited over 52 weeks for treatment. Following the temporary Trust wide moratorium on WLIs and associated reduction in capacity, the Trust has a significant backlog of patients on cancer pathways; clearance of this backlog will have a direct impact on RTT and will pose a further risk that there will be insufficient short and medium term capacity to maintain this standard.



SRO:COO	Current Reporting Month: Mar 2016			
	Performance	**Direction of travel**	**Plan/ Forecast**	**Status/ RAG**
Target	92%	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	89.2%	↓	Forecast next reported month	
Last reported month performance	91.5%	↓	Forecast month after	
YTD performance	Not applicable		Forecast month after	
Revised date to meet the standard	September 2016		Forecast year end 16_17	

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

Headlines

Trust performance on the Emergency Access Standard, (EAS) remained below the national target in March (82.3%). There were 13,318 A&E attendances in March 2016 (5.9% higher than March 2015). There was a slight improvement on the 5% target for 'unplanned re-attendance within 7 days of original attendance in March at 5.5%. We continued to experience 'exit block' from A&E throughout the month, but there were no breaches of the 12 hour trolley wait standard. Other key facts:

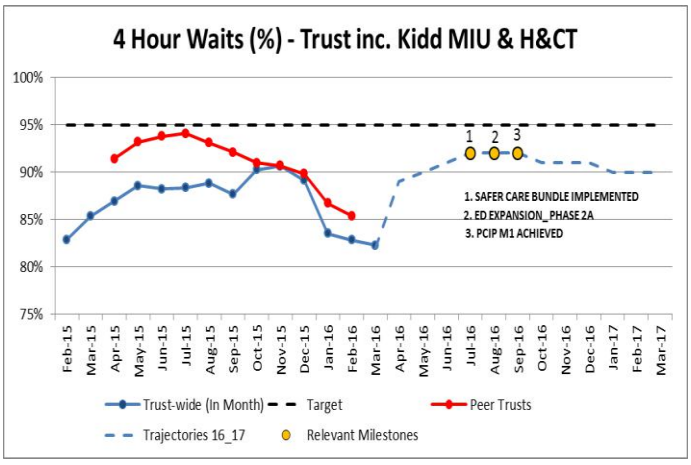
- Midnight bed occupancy remained high at 102% at WRH and 96% at AGH for the month on average.
- Emergency admissions rose by 8.4% in March 2016 compared to March 2015, from 3,975 to 4,310.
- Emergency length of stay was lower than the year to date figure for 2015/16 and the figure for March 2015; 4.7 days in March 2016 compared to the year to date figure of 4.8 days and March 2015 figure of 5.2 days.

Corrective Actions

We implemented a new model for medical admissions at AGH, reducing the number of beds, enhancing senior nurse input and treating more patients in an ambulatory care environment. We implemented an Older Persons Assessment and Liaison (OPAL) Service at WRH to reduce admissions and support rapid multi-disciplinary assessment of complex frail elderly patients in WRH ED. We relocated the Ambulatory Emergency Care Service at WRH to a new permanent location with more capacity for admission avoidance and follow up of patients who would otherwise be admitted. We strengthened clinical leadership of site coordination with the appointment of a team of Clinical Site Coordinators at WRH.

Risks to Delivery

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: Mar 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	82.3%	↓	Forecast next reported month	
Last reported month performance	82.4%	↓	Forecast month after	
YTD performance	87.9%	-	Forecast month after	
Revised date to meet the standard	2017_18		Forecast year end 16_17	

Key Performance Indicator Name: Stranded Patients

Headlines

Working closely with the National Emergency Care Improvement Programme (ECIP), we have worked with some success to reduce the number of stranded patients in the Trust. Stranded patients are those who were admitted as emergencies who have been in an acute bed for more than 7 days. Each case is worthy of review, particularly the frail elderly who are known to be at risk of harm with extended stay in hospital. We aim to achieve the ECIP average performance (45% of beds occupied by stranded patients), from a January baseline of 65% stranded patients. In March 2016 48.4% of acute beds were occupied by stranded patients.

Corrective Actions

We implemented daily reviews of stranded patients. A multi-agency multidisciplinary team meets every day to review and expedite the treatment and discharge of the top 20 longest waiters, and to tackle and promote learning from any emerging themes. The Best Practice Urgent Care Board, a sub-group of senior officers from organisations across Worcestershire will review and expedite discharge for the top 10 stranded patients.

Risks to Delivery

Failure to deliver this standard poses significant reputational and patient safety risks. These are mitigated by the remedial action plans that are in place; stranded patients are at greater risk of harm, particularly the frail elderly who are known to lose functional independence, to decompensate physically, and have an increased risk of falls or hospital acquired illness. The risk is mitigated by the above internal actions and the work programme of the System Resilience Group – a multi-agency committee chaired by the Medical Director of the CCG which is focussed on minimising delayed transfers of care from the acute to community settings.

SRO:COO	Current Reporting Month: Mar 2016			
	Perform-ance	Direction of travel	Plan/ Forecast	Status/ RAG
Target	tbc	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	48.8%	↑	Forecast next reported month	RAG
Last reported month performance	41.6%	↓	Forecast month after	RAG
YTD performance	-	-	Forecast month after	RAG
Revised date to meet the standard	To be completed		Forecast year end 16_17	RAG

Key Performance Indicator: 62 days – Wait for first treatment from urgent GP referral – All cancers (CCAN5.0)

Headlines

In December 2015 and January 2016 the Trust achieved the standard of >85% of patients with cancer receiving their first treatment within 62 days following urgent referral by their GP. In February 2016, performance dropped below standard to 84.4% and current unvalidated March 2016 performance stands at 75.3%. The reasons for underachievement can vary by specialty and include increased numbers of 2ww referrals, capacity constraints at various stages of the pathways including the diagnostic phases, and sub-optimal patient tracking processes. Currently there are 27 breaches of the standard recorded for March 2016. The greatest number of breaches are in Urology (12.5), Lung (4.5) and Head and Neck (4), the rest are spread out across the other specialties - Colorectal (2), Haematology (2), Gynaecology (1) and Skin (1). Year - end performance is RAG rated red. It is forecast that performance will remain below standard during Q1 of 2016/17 as there has been a significant increase in waiting times and 62+ day backlog due to the following factors:

- A Trust- wide moratorium on 'Waiting List Initiative' payments from mid-February 2016
- The Easter Bank Holiday period
- Cancelled activity due to Junior Doctors' Industrial Action
- Insufficient coordination and reprioritisation of cancer patient treatment lists (PTL)

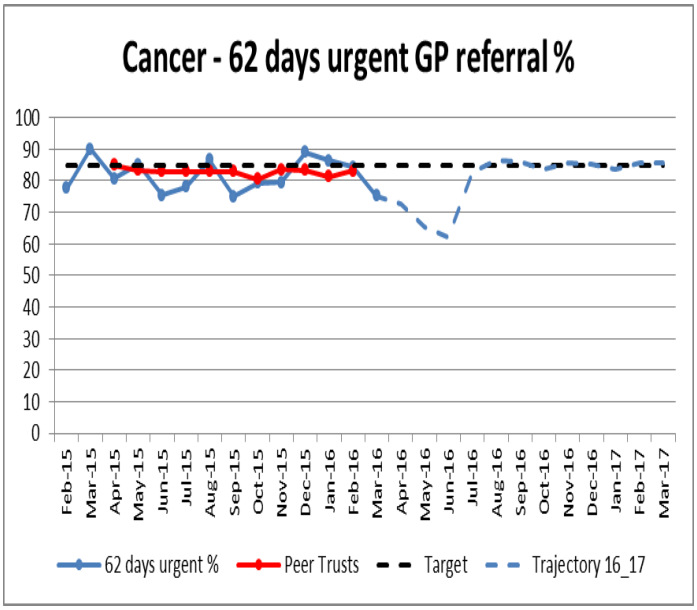
Corrective Actions

Weekly patient - level PTL meetings continue with dedicated time slots for each of the challenged specialties. All Divisions have been requested to produce remedial action plans and recovery trajectories for presentation at the May TMC. There are on-going capacity issues in Urology which are being mitigated through plans for additional Consultant staffing and theatre realignment. A new policy covering payments for 'Additional Clinical Activity' will be presented to the Joint Negotiating Committee in May for agreement.

Risks

The achievement of the 62 day standard is high on the national agenda therefore there is a reputational risk to the organisation; also there is a potential risk for harm to patients due to extended waiting times. The latter is mitigated via weekly patient by patient review of patients who are waiting over 104 days for treatment.

In line with the new national 'backstop' policy, formal harm reviews of patients with confirmed diagnosis of cancer that have been treated post 104 days commenced in November 2015. It is anticipated that the deteriorating performance against 2ww standards will have a significant detrimental impact on the 62 day standard in Q1 of 2016/17. This is reflected in the Trust's trajectory linked to the sustainability and transformation fund.



SRO:COO	Current Reporting Month: Mar 2016			
	Perform-ance	Direction of travel	Plan/ Forecast	Status/ RAG
Target	85%	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	75.3%	⇩	Forecast next reported month	
Last reported month performance	84.4%	⇩	Forecast month after	
YTD performance	81.2%	-	Forecast month after	
Revised date to meet the standard	August 2016		Forecast year end 16_17	

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 (for example 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).

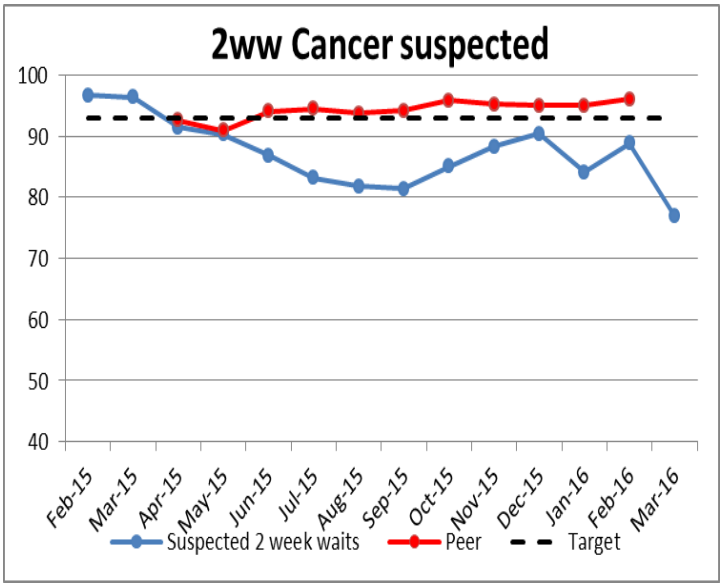
Current March performance shows deterioration compared to February (77.3% versus 89.00%) and is RAG rated red as it remains below the standard. Current year - end performance is RAG rated red due to the under performance throughout 2015/16. It is anticipated that the performance will significantly deteriorate further in April 2016 due to the impact of the Trust wide moratorium on WLIs from mid-February to the end of March, Junior Doctors' Industrial Action, and reduced capacity over the Easter Bank Holiday. The biggest numbers of breaches in February were in Urology (102), Skin (60) and Colorectal Surgery (42) followed by Breast (34) and Head and Neck (28).

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. 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. The Directorates are exploring all options to prioritise cancer including replacing routine activity with cancer appointments. All Divisions have been requested to produce remedial action plans and recovery trajectories for presentation at the May TMC.

Risks to Delivery

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 a significant detrimental impact on the 62 day standard. Historically the risk was being mitigated with ad-hoc additional capacity; detailed specialty by specialty demand and capacity modelling is being undertaken to provide sustainable services and to mitigate the risk long term.



SRO:COO	Current Reporting Month: Mar 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	77.3%	↓	Forecast next reported month	
Last reported month performance	89%	↑	Forecast month after	
YTD performance	85.7%	-	Forecast month after	
Revised date to meet the standard	To be completed		Forecast year end 16_17	To be completed

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

Headlines

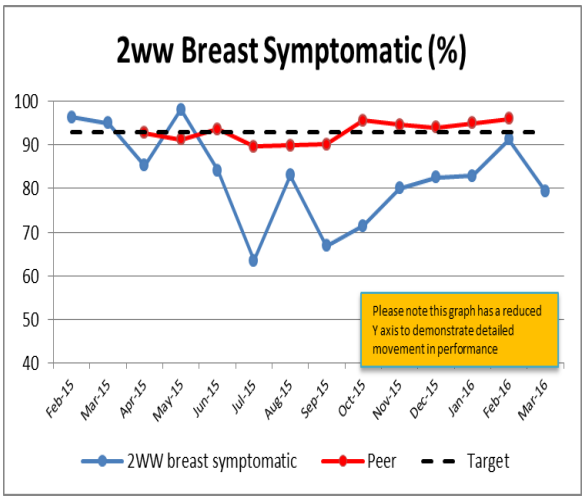
2ww referral volumes for 2ww breast symptomatic have remained broadly the same compared to the same period last year; however, the Directorate has had a reduction in capacity following the loss of two GP practitioners who were undertaking 2ww clinics at the WRH. The Directorate has been covering this 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). Following the Trust wide moratorium on Waiting List Initiatives the Directorate had reduced capacity in March which has translated into deterioration of the performance – 79.4% versus 91.3% in February (28 breaches compared to 16 in February). Current year - end performance is RAG rated red due to the underperformance throughout 2015/16. It is anticipated that the performance will significantly deteriorate further in April 2016 due to the impact of WLIs from mid-February to the end of March, Junior Doctors' Industrial Action, and reduced capacity over the Easter Bank Holiday.

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, however, will be finishing in April. The post is out for locum cover. The Directorate is working closely with Breast Radiology to ensure maximum utilisation of all available capacity. All Divisions have been requested to produce remedial action plans and recovery trajectories for presentation at the May TMC.

Risks to Delivery

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 a significant detrimental impact on the 62 day standard. Historically the risk was being mitigated with ad-hoc additional capacity; detailed demand and capacity modelling is being undertaken to provide sustainable services and to mitigate the risk long term.



SRO:COO	Current Reporting Month: Mar 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	79.4%	↓	Forecast next reported month	
Last reported month performance	91.2%	↑	Forecast month after	
YTD performance	80.0%	-	Forecast month after	
Revised date to meet the standard	Not provided		Forecast year end 16_17	To be completed

Key Performance Indicator: Time to initial assessment (patients arriving by ambulance) (mins) – 95th percentile (inc Kidd MIU); Time to initial assessment (all patients) (mins) – 95th percentile (inc Kidd MIU)

Headlines

The Trust failed to reach the national 15 minute "Time to Initial Assessment" target in March 2016 (95th percentile: All patient arrivals; 46mins; Ambulance arrivals; 54 mins). There was deterioration in assessment times for both ambulance and walk - in patients on both the AGH and WRH sites largely due to overcrowding in both Trust A&E Departments, and an inability to sustain the availability of the Senior Initial Assessment Nurse (SIAN).

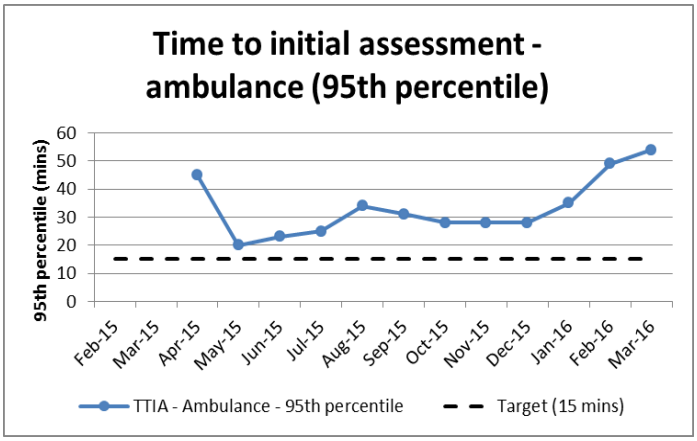
The median for March has been consistently below 15 minutes at the Alexandra Hospital with the exception of one day (14/03). In Worcestershire Royal Hospital the median has been below 15 minutes every day for March 2016.

Corrective Actions

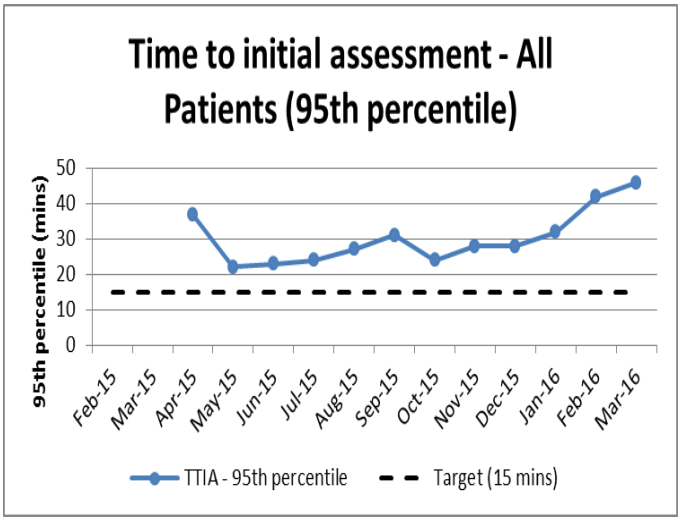
The Trust and partners in the Worcestershire health and care system are working with the Emergency Care Improvement Programme (ECIP) to address the underlying causes of poor patient flow that result in 'exit block' from the A&E department. Year to date activity as at March 2016 compared with year to date activity March 2015, there were 22.6% more A&E attendances and 4.59% more patients presenting at the Trust requiring emergency admission. The overcrowding issue is most acute at the WRH. Expansion of the ED at WRH is underway and on track for the first phase to open in the Autumn 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 and provide initial assessment of all patients attending ED. These nurses are deployed at times of peak demand in ED. However due to the difficulties with departmental activity pressure these staff often get pulled away from the SIAN nurse role to focus on direct patient care within the department. This is being addressed by a review of the administrative duties currently performed by the band 7 ED Sisters in the department in order to release more of their time to enable the SIAN role to be sustained. The inpatient flow is also being addressed by the rollout of Best Practice Ward Rounds and the SAFER care bundle. 3 wards have commenced this on the WRH site already with a further 3 wards to go live within the next week on the Alexandra site. This is rollout is detailed in the PCIP plan.

Risks to Delivery

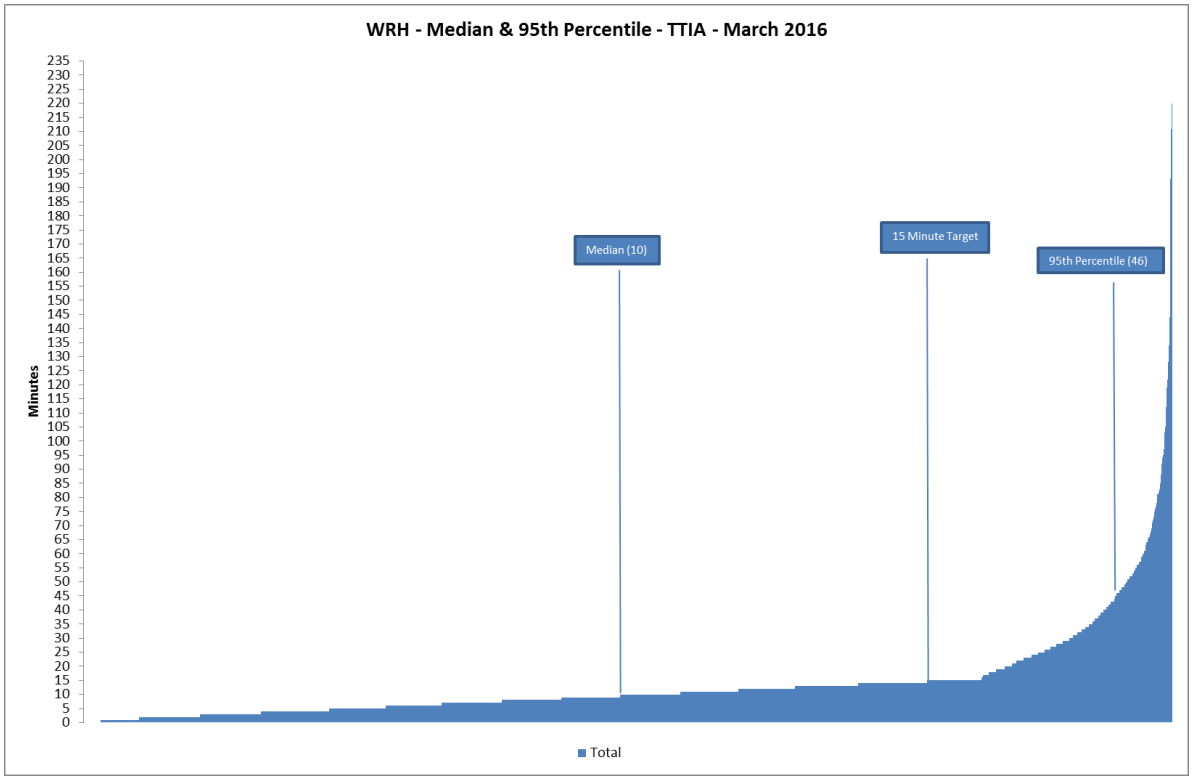
The major risk to delivery remains the very high levels of bed occupancy at the Trust and the need to ensure that patient flow is optimised

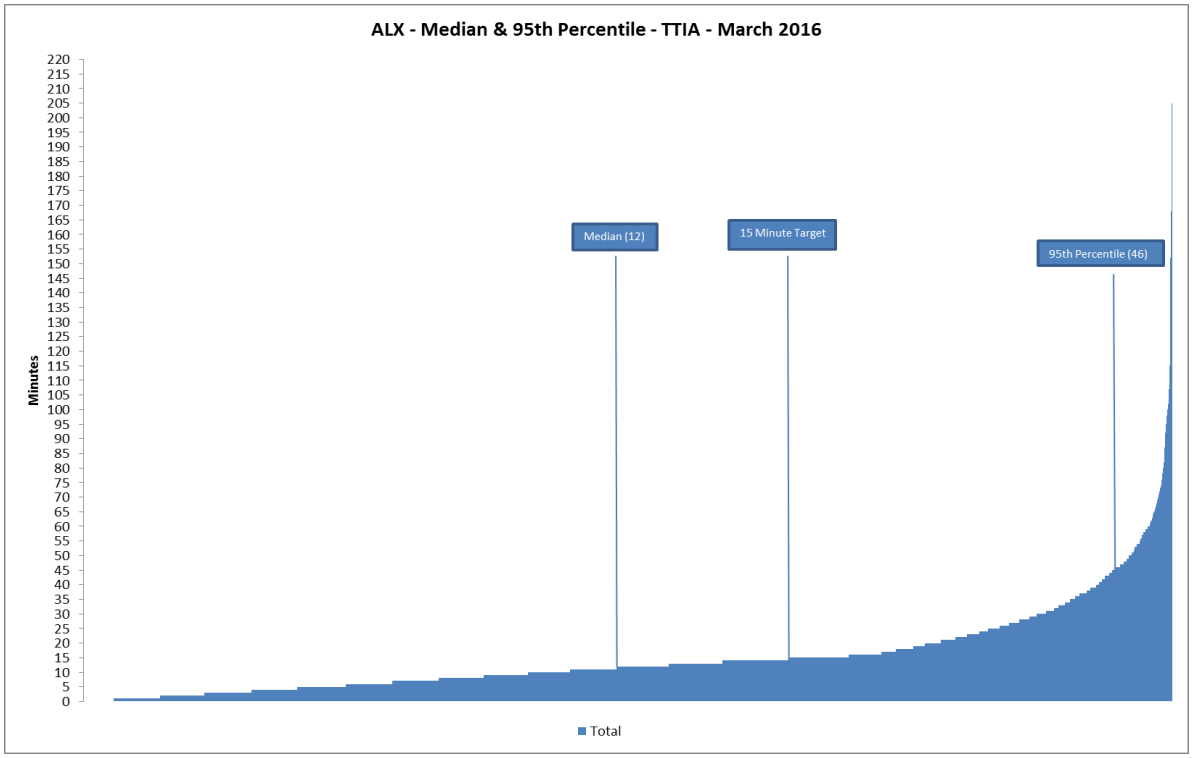


SRO:COO	Current Reporting Month: Mar 2016			
	Performance TTIA	Direction of travel	Plan/ Forecast	Status/ RAG
Target	<=15	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	54	↑	Forecast next reported month	
Last reported month performance	49	↑	Forecast month after	
YTD performance	30	-	Forecast month after	
Revised date to meet the standard	July 2016		Forecast year end 16_17	



SRO:COO	Current Reporting Month: Mar 2016			
	Performance TTIA	Direction of travel	Plan/ Forecast	Status/ RAG
Target	<=15	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	46	↑	Forecast next reported month	
Last reported month performance	42	↑	Forecast month after	
YTD performance	29	-	Forecast month after	
Revised date to meet the standard	July 2016		Forecast year end 16_17	


WRH - Median & 95th Percentile - TTIA - March 2016
Minutes
Median (10)
15 Minute Target
95th Percentile (46)
Total


ALX - Median & 95th Percentile - TTIA - March 2016
Minutes
Median (12)
15 Minute Target
95th Percentile (46)
Total

Key Performance Indicator: Ambulance Handover within 15 minutes (%) – WMAS data (CAE7.0); Ambulance Handover within 30 minutes (%) – WMAS data (CAE8.0); Ambulance Handover within 60 minutes– WMAS data (CAE9.0)

Headlines

In March 2016, there was deterioration in Ambulance handover times for 15, 30 and 60 minute performance standards. 15 minute performance deteriorated from 38.4% in February 2016 to 37.7% in March 2016; 30 minute performance deteriorated from 85.58% in February 2016 to 81.65% in March 2016. Ambulances waiting over 60minutes to handover deteriorated from 26 in February 2016 compared to 68 in March 2016. However this performance is still an improvement on the same period in 2015. The majority of breaches of the 15 minute standard were during periods of surge in ambulance attendance. We continued to experience 'exit block' from ED throughout March, particularly at WRH, and performance on ambulance handover times was impaired by the consequent over-crowding in ED.

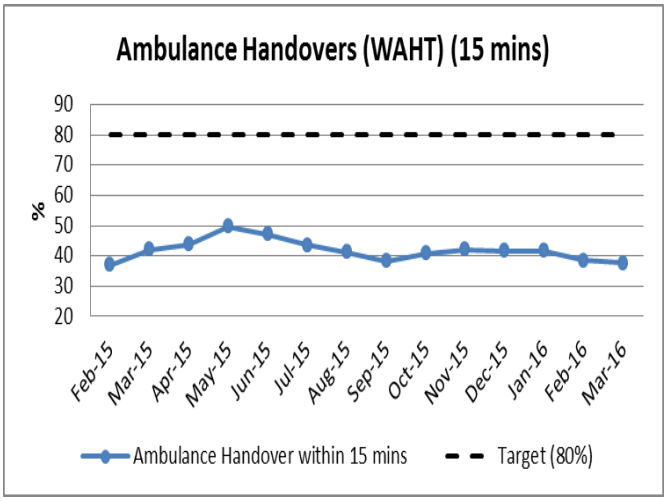
Corrective Actions

Within existing resources the Trust has deployed Senior Immediate Assessment Nurses (SIANs) to take the handover of patients from the Ambulance Trust and provide Initial Assessment of all patients attending ED. These nurses are deployed at times of peak demand in ED. However due to the difficulties with departmental activity pressure these staff often get pulled away from the SIAN nurse role to focus on direct patient care within the department. This is being addressed by a review of the administrative duties currently performed by the band 7 ED sisters in the department in order to release more of their time to enable the SIAN role to be sustained.
An expansion of the ED at WRH is underway and on track for the first phase to open in the Autumn of 2016, offering more space to accommodate patients waiting for handover, triage and admission.

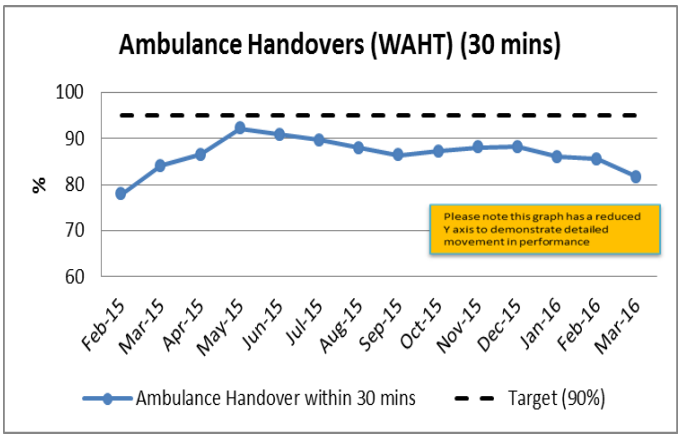
Risks to Delivery

The major risk to delivery remains 'exit block' from the very high levels of bed occupancy at the Trust and the need to ensure that patient flow is optimised.
A further risk to delivery of this performance indicator is the recent removal of the additional HALO support being provided out of hours by WMAS. This withdrawal of support will have an adverse impact on the ability to manage the WMAS crews through the required process to expedite handover, particularly during busy periods within ED.

SRO:COO	Current Reporting Month: Mar 2016			
	Performance	Direction of travel	Plan/ Forecast	Status/ RAG
Target	>80%	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	37.70%	↓	Forecast next reported month	
Last reported month performance	38.40%	↓	Forecast month after	
YTD performance	43.43%	-	Forecast month after	



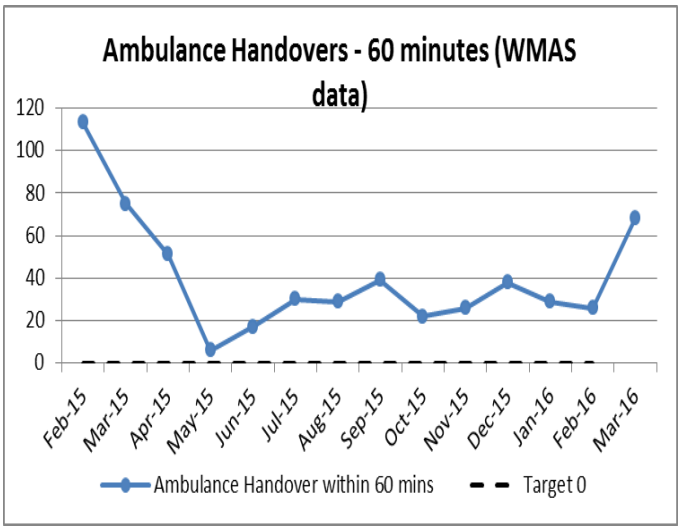
Revised date to meet the standard	October 2016	Forecast year end 16_17	



SRO:COO	**Current Reporting Month: Mar 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	81.65%	↓	Forecast next reported month	
Last reported month performance	85.58%	↓	Forecast month after	
YTD performance	88.62%	-	Forecast month after	
Revised date to meet the standard	June 2016		Forecast year end 16_17	

SRO:COO	**Current Reporting Month: Mar 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	68	↑	Forecast next reported month	
Last reported month performance	26	↓	Forecast month after	
YTD performance	-	-	Forecast month after	

Revised date to meet the standard	Not yet agreed	Forecast year end 16_17	



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

Headlines

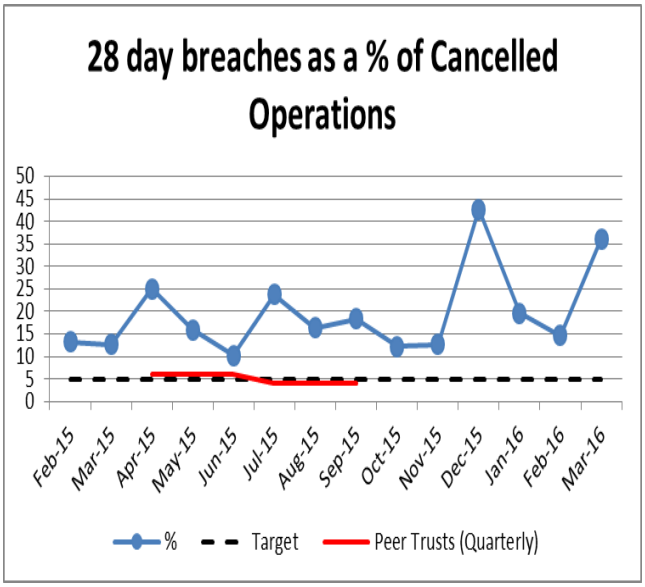
This indicator measures performance in terms of rebooking patients within 28 days of a cancelled operation and in March 2016 is at 36.1% against target of 5% affecting 26 patients. The decision to cancel operations for non-clinical reasons is taken by the Divisional Director for Surgery or Chief Operating Officer at the point the team is confident that all options have been explored. Due to on - going high levels of bed occupancy, the number of procedures cancelled on the day of surgery, due to a lack of surgical beds (timely) remains a challenge.

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 to Delivery

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. In recent months the risk was being mitigated with ad-hoc additional capacity whilst longer term specialty by specialty demand and capacity modelling was being undertaken.



SRO:COO	Current Reporting Month: Mar 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	36.1%	↑	Forecast next reported month	Not provided
Last reported month performance	14.6%	↓	Forecast month after	Not provided
YTD performance	20.1%	-	Forecast month after	Not provided
Revised date to meet the standard	Not provided		Forecast year end 16_17	Not provided

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

Headlines

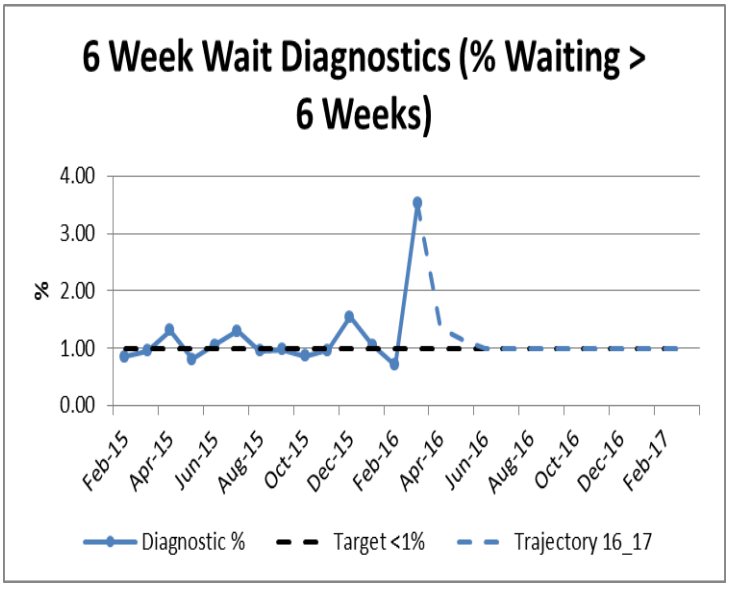
The achievement of the diagnostic 6 week target has been difficult due to the Trust-wide moratorium on ad hoc waiting list activity from mid-February which impacted radiology and endoscopy, Easter Bank Holiday and a continued increase in referrals, particularly from in-patients which is impinging on out-patient capacity. In addition the loss of key agency radiologists (above national agency price cap) has limited capacity.

Corrective Actions

The Directorate has been unable to secure independent sector capacity for radiology from any provider.
Commissioners are attempting to secure some independent sector capacity for radiology and endoscopy.
The radiology directorate are trying to secure locum radiologists below capped rate (unsuccessful so far) and are out to advert for substantive posts. A demand and capacity exercise is being completed for endoscopy and radiology to inform the substantive staffing model for endoscopy and radiology.

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: Mar 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	3.52%	↑	Forecast next reported month	Not provided
Last reported month performance	0.71%	↓	Forecast month after	Not provided
YTD performance	1.28%	-	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

All sites continue to struggle with theatre booking and utilisation, this is in part is due to the on-going issues in relation to bed capacity and on – the - day cancellations, but to compound the issue, through March, all WLIs and extra sessions were curtailed.

Corrective Actions

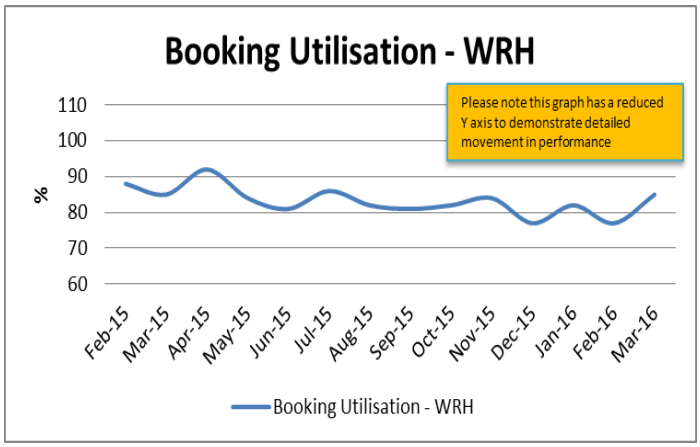
The TACO division is working closely with the Surgery division to ensure sessions and lists are fully utilised. The weekly meeting between Surgery and TACO has highlighted numerous issues and as such Theatres and Surgery have arranged a process mapping event with the intention of improving theatre utilisation on the KTC site. The process will aid the design of a new model of working for the surgeons, anaesthetists and theatre staff with the aim of achieving more efficient patient throughput and turnaround. This review was due to commence on Monday 8th February however, this has been rescheduled for April. The weekly meetings also monitor the effective use of the anaesthetic staff by ensuring that mixed GA and LA lists are not booked. In order to address the underutilisation of theatre 4 (second emergency and trauma theatre) at WRH there has been an executive decision that we should close this theatre (except for the 2 sessions per week of elective surgery) until business cases have been written to demonstrate the requirement for reopening.

Risks to Delivery

Underutilisation of elective theatre capacity and poor list efficiency risks impact on 18ww target, cancer targets and may result in the potential for increased WLI sessions which in turn impacts unfavourably on the patient experience impacts on the trust financially.

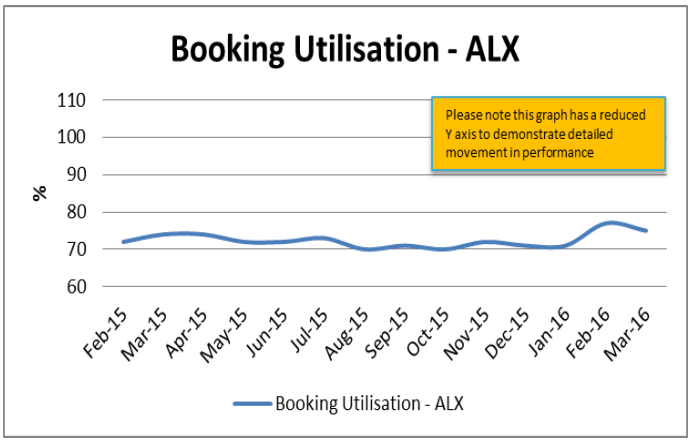
Booking - WRH

SRO:COO	Current Reporting Month: Mar 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	85%	↑	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 16_17	Not provided



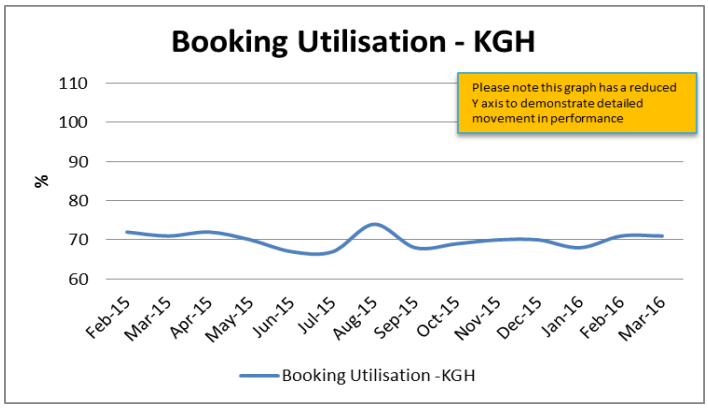
Booking - ALX

SRO:COO	Current Reporting Month: Mar 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	75%	↓	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 16_17	Not provided



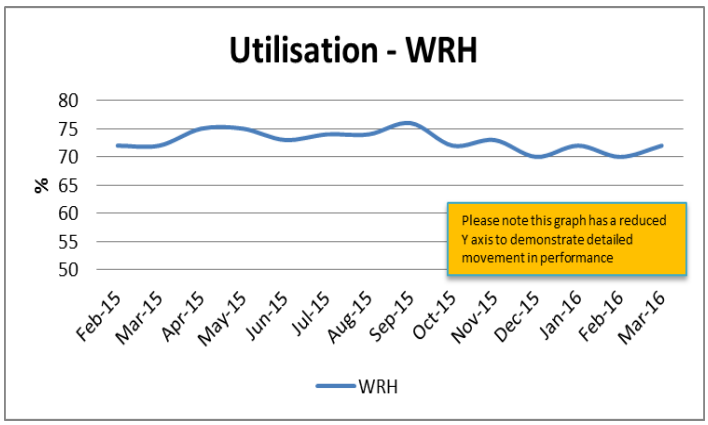
Booking - KGH

SRO:COO	Current Reporting Month: Mar 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 16_17	Not provided



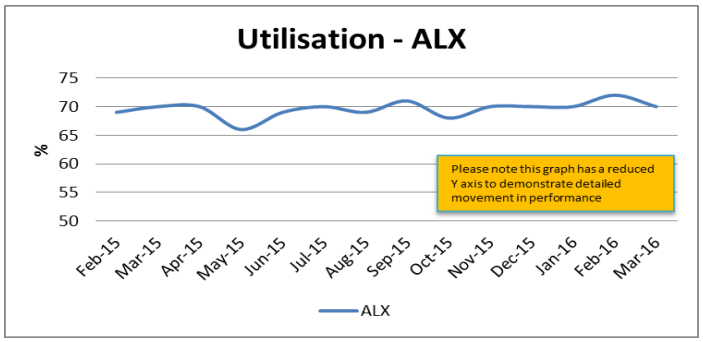
Utilisation – WRH

SRO:COO	Current Reporting Month: Mar 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 16_17	Not provided



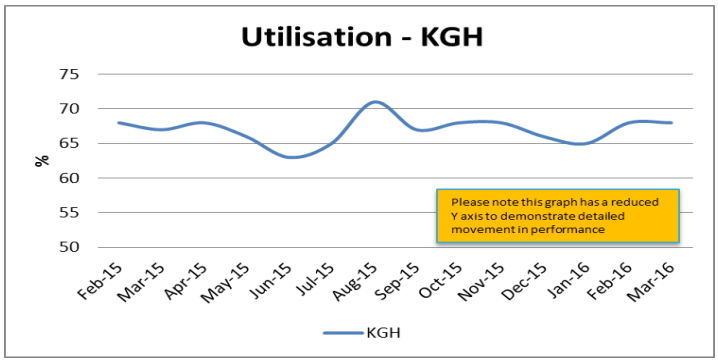
Utilisation – ALX

SRO:COO	Current Reporting Month: Mar 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	72%	↑	Forecast month after	Not provided
Revised date to meet the standard	Not provided		Forecast year end 16_17	Not provided



Utilisation – KGH

SRO:COO	Current Reporting Month: Mar 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	68%	↑	Forecast month after	Not provided
Revised date to meet the standard	Not provided		Forecast year end 16_17	Not provided



Corrective Action Statements: Workforce

Key Performance Indicators:

- 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)
- Consultant and SAS Doctor Job Planning (additional information)

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

Trust overall turnover (all staff) has increased from 10.42% in March 2015 to 12.97% in March 2016. There has been a 0.26% increase in month for March 2016. Comparing March 2015 and March 2016 turnover %, the Medicine division demonstrates the highest increase (6.04%), followed by Asset Management & IT (3.80%) and Women & Children (2.78%). The Corporate division is the only division that shows a reduction (2.49%).

Corrective Actions

An analysis of the turnover has identified that the departments with the highest number of permanent staff leaving are:

A&E Nursing WRH: 23.28wte	1 wte retirement and 22.28wte voluntary resignation
Maternity Team at WRH: 14.89wte	12.89wte voluntary resignation, 1.2wte retirement and 0.8wte MARS.
Physiotherapy: 14.23wte	11.39wte voluntary resignation and 2.89wte retirement.
Main Theatres WRH: 13.55wte	4.99wte voluntary resignations, 4.91wte retirement, 2.80wte dismissal and 0.85wte death in service.
MAU Alex: 12.41wte	9.01wte voluntary resignation, 1.6wte dismissal, 1 retirement and 0.8wte death in service.
A&E Nursing Staff Alex: 11.88wte	11.08 voluntary resignation and 0.8wte retirement.

The top 5 reasons for permanent staff leaving the Trust in the past 12 months were:

- Retirement 129.33wte
- Work Life Balance 99.04wte
- Relocation 88.39wte
- Promotion 44.99wte
- Better Reward Package 48.70wte

47.72wte of permanent staff departing the organisation are recorded as not supplying a reason for leaving . Managers are being reminded about identifying the actual reason for leaving prior to an employee's departure.

An action plan is monitored through the Nursing and Midwifery Workforce Assurance Group and 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.

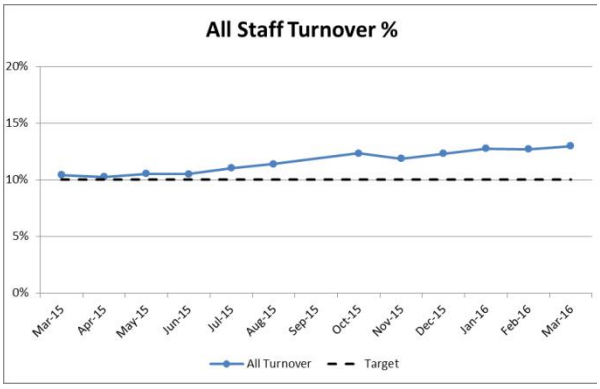
- 40 places commissioned with University of Worcester Band 4 Associate Nurse programme to commence in September 2016.

Future actions include:

- Recruitment internally to commence for Band 4 Nurse Programme/role.
- A range of educational programmes are being agreed with Worcester University to support development of new roles .
- Development of a campaign to encourage qualified nurses and AHP's to return to practice.
- Review exit questionnaire to understand reason for leaving in more detail
- Introduction of various initiatives under the HR and OD plan to improve culture and staff engagement within the Trust including Chat-Back pulse surveys, LiA (Listening into Action), Staff Engagement Group and Health at Work plan (to meet national CQUIN).

Risks to Delivery

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: Mar 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	13.0%	↑	Forecast next reported month	
Last reported month performance	12.7%	↓	Forecast month after-	
YTD performance	-	-	Forecast month after	
Revised date to meet the standard			Forecast year end 16_17	10%

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

Headlines

The qualified nursing turnover figure for March 2016 is 14.15% (against the target of 10%) which is a slight increase on the February 2016 figure of 13.68% (+0.47%). There has been a steady increase in the qualified turnover % over the past 12 months from 10.13% in April 2015. Qualified nurse recruitment continues to be a challenge; there were 5.23wte more leavers than starters in the month of March 2016.

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:

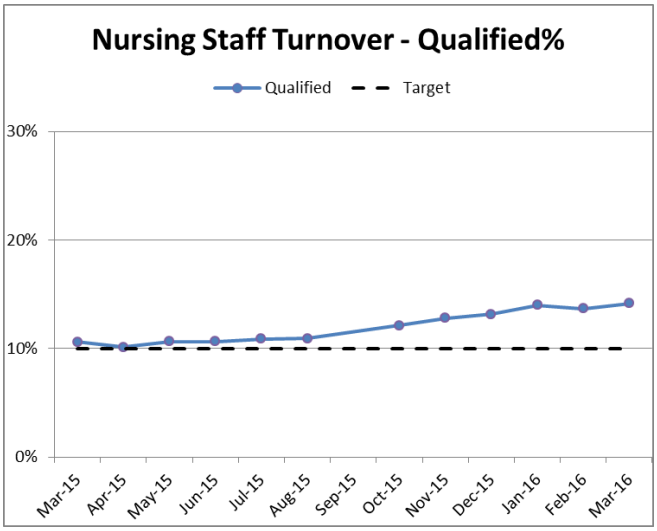
- Fortnightly divisional vacancy returns to track actual vacancies.
- Local Recruitment event in Jan 2016 with interviews on the day for qualified staff (17 offers made on the day).
- University Worcester and Birmingham Community College graduates recruitment event.
- Tracking and follow up system for 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.
- Analysis of exit interviews to identify reasons for nursing leavers with 12 months or less continuous service.
- Review of mentoring ratio of mentor to student undertaken to increase student number intake from next intake.
- 40 places commissioned with University of Worcester Band 4 Associate Nurse programme to commence in September 2016.

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 exit interview process to ensure all leavers are provided with the opportunity to participate in the process.

Risks to Delivery

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: Mar 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	14.2%	↑	Forecast next reported month -13%	
Last reported month performance	13.7%	↓	Forecast month after	
YTD performance	-	-	Forecast month after	
Revised date to meet the standard			Forecast year end 16_17	12%

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

Headlines

The unqualified nursing turnover figure for March 2016 is 13.8%, which is an increase of 0.13% on February 2016 (13.67%). Over the period April 2015 to March 2016 we have recruited an additional 52.81fte unqualified nurses, with an improvement in the numbers of starters in comparison to the number of leavers for 9 out of the 12 months. The leavers are distributed across the Divisions with no particular hotspots identified. The Trust continues to attract an average of 50 applications per advertisement with sufficient quality applications to fill vacancies and a list of reserve candidates. Analysis of the reasons for leaving indicate the top reasons are work-life balance and relocation.

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:

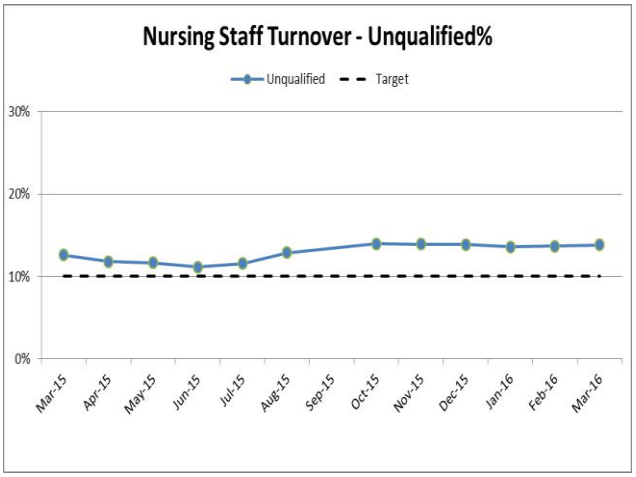
- Continue to provide 6 -day care certificate course for all new unqualified nursing staff.
- Improved assessment centre process to provide a reserve candidate list.
- Automatic offer of posts to all HCA apprentices on completion of apprenticeship.
- Commissioned Band 4 programme with UW to offer to 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.
- Use the Band 4 development programme to improve retention by attracting applicants who want to pursue a career in nursing.
- Recruitment event at Alexandra Hospital in April 2016.
- Implementation of Chat-Back local pulse survey with quick feedback of results to enable early intervention in hotspot areas.

Risks to Delivery

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: Mar 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	13.8%	↑	Forecast next reported month	
Last reported month performance	13.7%	↑	Forecast month after	
YTD performance	-	-	Forecast month	
Revised date to meet the standard	**Not provided**		Forecast year end 16_17	12%

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

Headlines

The Trust sickness absence 'in-month' for March is 4.30% which shows a small decrease on last month (4.39%) and small increase on last year's March figure of 4.25%; we remain above the Trust target of 3.5% but comparable with other NHS Trusts. The 12 month cumulative figure is 4.35% an increase of 0.16% on the March 2015 cumulative figure. Long-term sickness has remained consistent at on or around 2.8% over the last 12 months. Short-term sickness remains consistently under Trust target.

There has been a shift this month; previously problem areas have been Asset Management and IT and TACO, in both of these areas rates are coming down but all other areas show an increase on last month. TACO has shifted from an average of 7% down to 5.14% and Asset Management shows a similar decrease down to 5.1% which is good progress.

Top 3 reasons for sickness absence are:

- Anxiety and stress (1379 days lost in March, another increase from 1196 days lost in February)
- Colds and Flu (1,038 days lost in March, 838 days lost in February)
- Back problems (1,075 days lost).

Corrective Actions

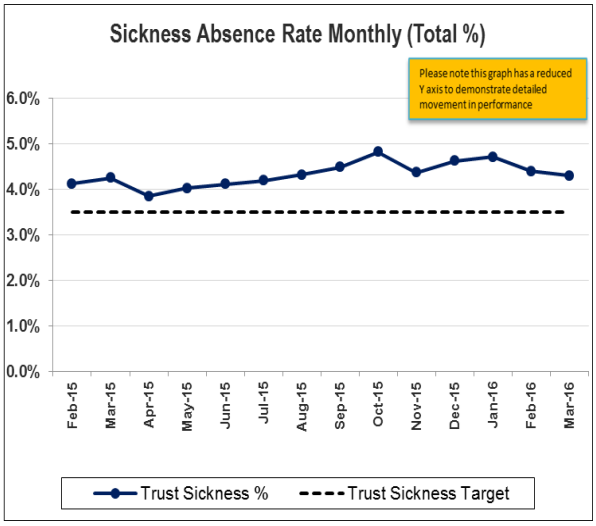
Despite a lot of positive work and robust management of long term sickness cases, we are failing to make significant inroads into the Trust target. We plan to carry out a further benchmarking exercise to see how we fit with other Trusts to see if we are setting ourselves a realistic and achievable target.

Given the main concern for the Trust remains long-term sickness, the HR Team in conjunction with line managers have reviewed all long-term sickness absences cases across the Trust and all have active management plans in place where appropriate in line with Trust policy. Of the 149 cases, 70 have been off less than 2 months, 55 less than 6 months and 22 less than 12 months. We have 2 cases over 12 months but these will be drawn to appropriate conclusion within the next month. The HR Team continue with the following actions in support of the operational teams:

- Monthly meetings with matrons/ward/line managers to review action plans for long term and episodic absences, prioritise hot spot areas, ensure referrals to self-care workshop are being made and referrals to OH are being made in a timely manner.
- Absence levels are reported monthly at Divisional Board Meetings and hot spot areas highlighted
- Future actions are to review attendance at the Being Absence Minded workshop to ensure that all staff who manage absence have attended recently.

Risks to Delivery

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: Mar 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	4.30%	↓	Forecast next reported month	
Last reported month performance	4.39%	↓	Forecast month after	
YTD performance	-	-	Forecast month after	
Revised date to meet the standard			Forecast year end 16_17	

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

Headlines

Medical Staff:

The medical appraisal rate for all medical staff as at 31st March is 82.4% and shows a 0.62% decline since 29th February against the agreed 85% target. The Consultant rate of appraisal has decreased by 0.58% resulting in this staff group falling below the 85% target rate. The SAS appraisal rate remains low, requiring improvement at 73.9%. As at 31st March there were 56 missed appraisals, however 9 of these are now complete with a further 9 scheduled to take place by the end of April 2016. The remaining 38 doctors with an expired appraisal will be escalated to Divisional Management Team for urgent implementation of appraisal completion plans.

Three of the five divisions are currently below the 85% Trust target however the W&C appraisal rate has improved for the 3rd consecutive month, now meeting the 85% target along with TACO as follows:

- Clinical Support 75.9% (decrease of 5.9% from February 2016)
- Medicine 82.8% (increase of 4.7% from February 2016)
- Surgery 77.5% (decrease of 4.4% from February 2016)
- TACO 88.9% (decrease of 0.1% from February 2016)
- Women and Children 87.2% (increase of 2.6% from February 2016)

The SAS rate of appraisal is of particular concern in the Medicine division (65%) and Surgery division (66.7%). The SAS tutor has made contact with all SAS staff regarding appraisal, providing targeted support to engage with this staff group.

Non-Medical staff:

The appraisal rate for all non-medical staff is 79.9% against a target of 85%. Non-medical appraisal compliance has improved by 3.7% since February 2016. Some changes in the appraisal documentation including an electronic monitoring form for submission of completion of appraisal to ESR has assisted with improving performance.

Corrective Actions

Medical Appraisal :

Current corrective actions:

- Anaesthetist appraisers continue to appraise colleagues in Clinical Support to expedite appraisal within this Division.
- A Trust experienced appraiser has agreed to support the training and development aspects of the Clinical Lead for Appraisal and Revalidation role on an interim basis.
- Appraiser training for new appraisers was undertaken by the Interim Clinical Lead in April. As a result of the training, the appraiser pool has increased by nine.
- Monthly RAG rated appraisal reports are issued to Divisional Management Teams and action plans have been requested to address expired appraisals.

Future corrective actions:

- A dedicated appraisal workshop for SAS doctors is to take place in June and will be run collaboratively by the interim Trust Clinical Lead for Appraisal, SAS Tutor and HR representative to improve engagement.
- Appraiser network group meetings will be arranged in June to enable peer review and support for appraisers, calibration of professional judgement, discussion of FAQ .

Non-Medical Appraisal:

The following actions have been completed:

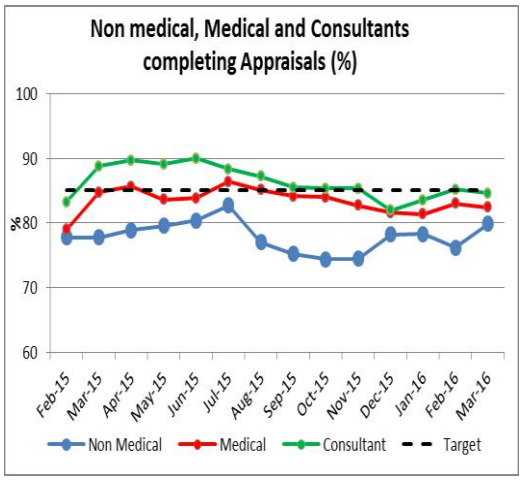
- All employees who have not received an appraisal in the last 12 months have received an email/ letter reminding them of the importance of their appraisal this reminder is repeated on a monthly basis.
- All managers whose departmental performance is below 85% have been sent a reminder regarding their 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.
- Monthly report on appraisal performance is now refreshed fortnightly.
- Learning and Development Lead for appraisal continues to meet with low compliance heads of departments to assist with planning of appraisals.

Future corrective actions:

- Awareness training for staff planned from May 2016.
- Additional training sessions are provided for appraisers.

Risks to Delivery

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: Mar 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	82.4% Medical, 79.9% Non-medical, 84.6% Consultant		Forecast next reported month Medical – 84% Non-Medical – 83%	
Last reported month performance	83.0% Medical, 76.2% Non-medical, 85.2% Consultant		Forecast month after Medical – 85% Non-Medical 85%	
YTD performance	83.6% medical, 77.9% non – medical. 86.2% Consultant	-	Forecast month after Non-medical – 85%	
Revised date to meet the standard	1st June 2016		Forecast year end 16_17	85%

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

Headlines

The Trusts mandatory training performance as at March 2016 is 86.8% which shows a 0.1% decline since February 2016 against an agreed revised 90% target. There are now 10 mandatory training topics that have been agreed across the West Midlands Streamlining project and currently 3 topics have met the 90% target, 5 further topics have made significant progress and compliance percentages range from 82% to 87% and therefore are expected to achieve the 90% target by May 2016. The remaining two topics are Equality and Diversity at 42% and conflict resolution at 78% and these are being reviewed with the topic lead and Mandatory Training Lead. Analysis of the data continues to show that in identifying the clinical/non-clinical split in mandatory training rates, the focus has been on clinical staff with over 85% compliance in all areas and 90% and above in safeguarding and infection prevention / hand hygiene.

Corrective Actions

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

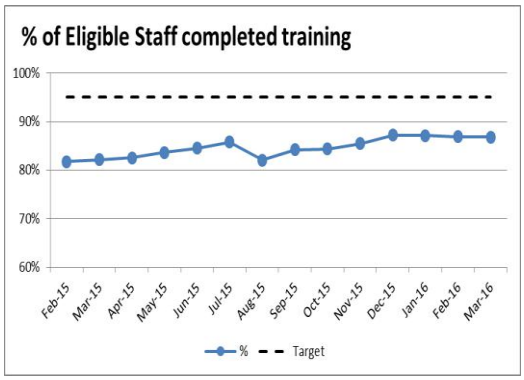
- Provision of additional training sessions and weekends and evenings.
- Alternative methods of training delivery.
- Written assessments to replace e-learning for staff that have limited IT contact
- Additional administration support resourced to support managers to validate mandatory training data and records.
- Knowledgeable management staff supporting staff to complete e-learning training in Trust libraries.
- Mobile phone text reminder service implemented.

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.
- Competencies attached to each job role on ESR to enable easier access to correct e-learning programme, work due to be completed by 30th April 2016.

Risks to Delivery

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: Mar 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	86.8%	↓	Forecast next reported month	88%
Last reported month performance	86.9%	↑	Forecast month after-	89%
YTD performance	85.1%	-	Forecast month after	90%
Revised date to meet the standard	June 2016		Forecast year end 16_17	

Additional Information:
Key Performance Indicator Name: Consultant and SAS Doctor Job Planning (additional information)

As at 18th April 2016, 68% of the Trust's medical and dental workforce have a current job plan which is an increase of 26% from 29th February 2016. The substantive consultant job plan percentage has increased to 72%, from 49% at 29th February 2016. The SAS doctor job plan percentage has also seen a positive increase, to 45%, from 12% at 29th February 2016. The latest report has seen significant improvements across the Surgical specialties, with steady progress made within the Clinical Support, Medicine and Women and Children Divisions. Job planning meetings have taken place in Obstetrics and Gynaecology, Ophthalmology, Clinical Haematology and some of the medical specialities, however these job plans have not yet all been submitted to HR. Eight job plans expired within Paediatrics during March 2016 resulting in the divisional downward trend. Clinical Directors/Leads and Directorate Managers have been asked to submit exception reports for all outstanding job plans, with escalation to Divisional Medical Directors and Divisional Directors of Operations.

Corrective Actions

The Interim Chief Medical Officer committed to achieving 100% of all consultants and SAS doctors having a current job plan by 31st March 2016, and continued support has been provided through:

- Monthly Divisional RAG rated reports are issued to identify areas of non-compliance with action plans requested to address this.
- Analysis of diary exercise data within some specialties to inform discussion at job planning meetings.
- Escalation to Chief Medical Officer in respect of underperforming divisions on a monthly basis.
- Exception reports, and reasons for delays in job plan meetings and/or submission has been requested from Directorate Clinical Directors/Leads and Managers for all outstanding job plans, and escalation to the Chief Medical Officer on a weekly basis.

Future actions are:

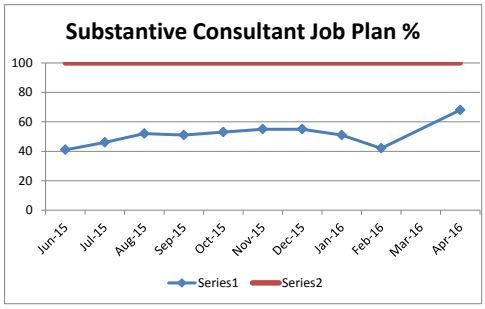
- Outstanding Divisional job plans will continue to be actively followed up by HR.
- Weekly exception reports will continue to be requested, with escalation to Divisional Medical Directors and Divisional Directors of Operations, and the Chief Medical Officer continuing.

Risks to Delivery

If job plans are not reviewed and validated annually there is no provision to assess individual and specialty activity affecting capacity planning and service delivery. The Trust may also be liable for individual claims for additional remunerated programmed activities which cannot be substantiated if there has been no robust process.

The table below demonstrates percentage movements for the months of March and April 2016 in comparison to February 2016.

	18/04/2016 compared to 29/02/2016					
	Division					TRUST TOTAL
	Clinical Support	Medicine	Surgery	TACO	W&C	
% Consultants with current job plan	↑ 29% to 69%	↑ 28% to 71%	↑ 36% to 70%	↑ 25% to 76%	↓ 19% to 72%	↑ 23% to 72%
% SAS Doctors with current job plan	→ 0%	↑ 1% to 14%	↑ 77% to 77%	↑ 30% to 50%	→ 20%	↑ 33% to 45%
% eligible doctors with current job plan	↑ 29% to 66%	↑ 18% to 64%	↑ 45% to 71%	↑ 26% to 71%	↓ 16% to 66%	↑ 26% to 68%



SRO: DoHR/COO	Current Reporting Month: April 2016			
	Perform-ance	Direction of travel	Plan/ Forecast	Status/ RAG
Target	100%	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	68%	↑	Forecast next reported month	
Last reported month performance	42%	↑	Forecast month after-	
YTD performance	68%		Forecast month after	
Revised date to meet the standard	May 2016		Forecast year end 16_17	100%

Corrective Action Statements:

Quality and Safety

Key Performance Indicator Names;

- Mortality – HSMR monthly and rolling 12 months (HED tool) (QPS9.8)
- Mortality - SHMI monthly and rolling 12 months (inc. Deaths 30 days post discharge) (QPS9.1)
- The total number of Serious Incidents open longer than 60 day (QPS3.1)
- % of Category 2 complaints responded within 25 days (WAHT) (QEX1.14)
- Safety Thermometer (QPS10.1)
- % 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)
- VTE Risk Assessment (QPS11.1)
- Friends and Family (QEX2)

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

Key Performance Indicator: HSMR monthly (QPS9.8) and rolling 12 months (HED tool) (QPS9.81)

Headlines

The HSMR result for the month of January is 102.

The HSMR value for the rolling 12 months to January 2016 (the most recent period for which data is available) is 105, the comparable peer group figure is 100.

There is month on month variability. To identify a sustained trend the rolling 12 month figures are used. There does appear to be an improvement trend from the peak in the May '14 – April '15 period.

Data from the latest 3 months should be viewed with caution as it is based on an incomplete dataset due to patients admitted during these months still having active management. The impact of data refresh is to increase the HSMR value as long stay patients tend to have a higher overall mortality but not a higher predicted mortality.

Corrective Actions

The Trust has embarked on 4 work streams to identify and address avoidable lapses in care that would be expected to impact on avoidable mortality as part of the overall Trust Improvement Programme.

Stream 1: Routine review of the care of patients dying whilst an in-patient

Stream 2: Reduction in avoidable cardiac arrests.

Stream 3: Ensuring patients with sepsis are identified and treated within an hour of presentation

Steam 4: Ensuring all patients presenting with a fractured neck of femur receive rapid treatment specifically surgery within 36 hours of presentation.

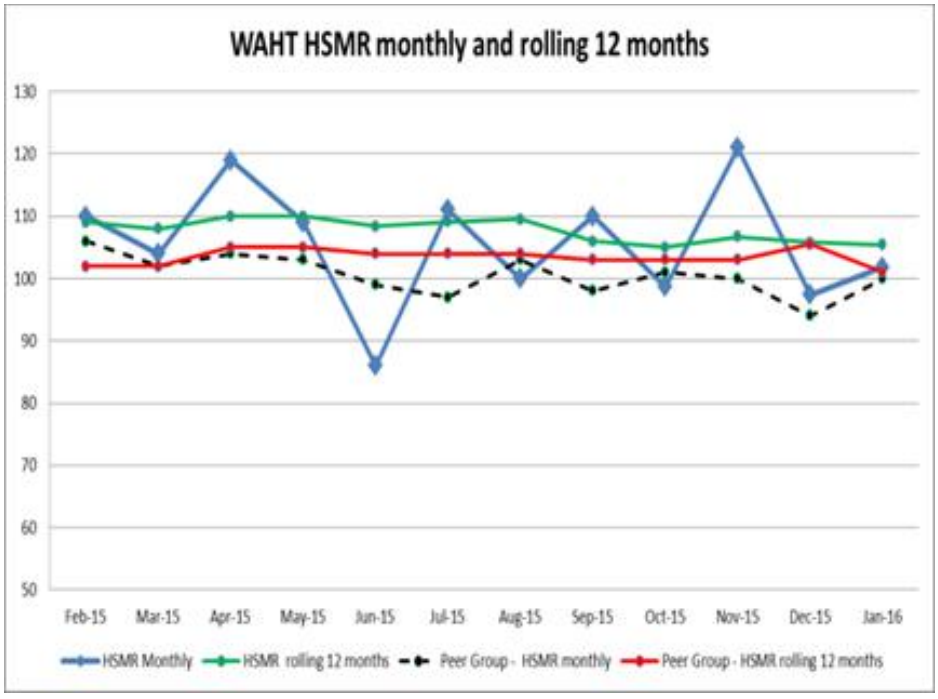
The requirement to undertake Deep Dive Reviews in heat map identified diagnostic groups indicating adverse trends has been discussed by CMO and relevant DMDs. Divisional governance processes/ meetings are to be refocused.

Risks to Delivery

Failure to identify and address suboptimal care puts patient safety at risk. Errors in care lead to prolonged stay impacting on the Trusts ability to manage its emergency and elective workload. A continued high HSMR and poor compliance with completion of mortality reviews damages the Trusts reputation and risks regulatory action from the CQC.

This graph and chart relate to the rolling 12 months (QPS9.81)

SRO:CMO	Current Reporting Month: Jan 2016			
	Performance – rolling 12 months	**Direction of travel**	**Plan/ Forecast**	**Status/ RAG**
Target	<100	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	105	↓	Forecast next reported month	
Last reported month performance	106	↓	Forecast month after	
YTD performance	-	-	Forecast month after	
Revised date to meet the standard	Not provided		Forecast year end	



Key Performance Indicator: SHMI – inc. deaths 30 days post discharge – monthly (QPS9.0) and rolling 12 months (QPS9.1)

Headlines

The Trust's SHMI value for the month of December 2015 was 106.
The SHMI value for the 12 month rolling period to December 2015 (latest 12 month period for which data is available) is 109. The 12 month rolling figures demonstrated in the chart below show a plateauing in value rather than any sustained reduction.

Corrective Actions

The Trust has embarked on 4 work streams to identify and address avoidable lapses in care that would be expected to impact on avoidable mortality as part of the overall Trust Improvement Programme.

Stream 1: Routine review of the care of patients dying whilst an in-patient
Stream 2: Reduction in avoidable cardiac arrests.
Stream 3: Ensuring patients with sepsis are identified and treated within an hour of presentation
Steam 4: Ensuring all patients presenting with a fractured neck of femur receive rapid treatment specifically surgery within 36 hours of presentation.

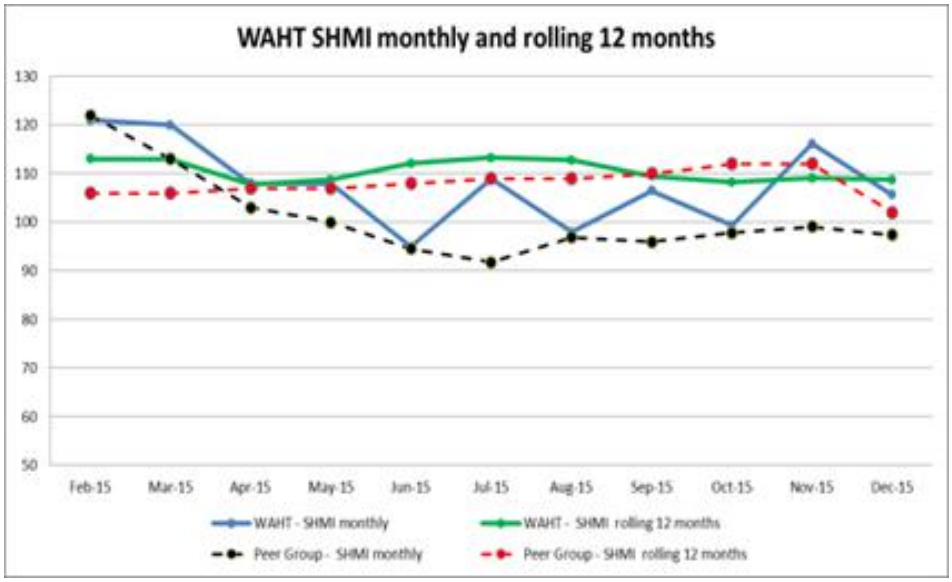
The SHMI incorporates deaths occurring within 30 days of discharge and work continues to link mortality reviews occurring in Worcestershire Health and Care Trust and establish mortality reviews for patients discharged to their normal place of residence. These initiatives should identify any avoidable factors compromising the quality of care delivered to these groups of patients and thus facilitate improvement.

Risks to Delivery

Failure to identify and address suboptimal care puts patient safety at risk. Errors in care lead to prolonged stay impacting on the Trust's ability to manage its emergency and elective workload. A continued high HSMR and SHMI damages the Trust's reputation and risks regulatory action from the CQC.

This graph and chart relate to the rolling 12 months (QPS9.1)

SRO:CMO	Current Reporting Month: Dec 2015			
	Performance – rolling 12 months	**Direction of travel**	**Plan/ Forecast**	**Status/ RAG**
Target	TBC	-	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	109	⇨	Forecast next reported month	
Last reported month performance	109	⇧	Forecast month after	
YTD performance	-	-	Forecast month after	
Revised date to meet the standard	Not provided		Forecast year end	



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

Headlines

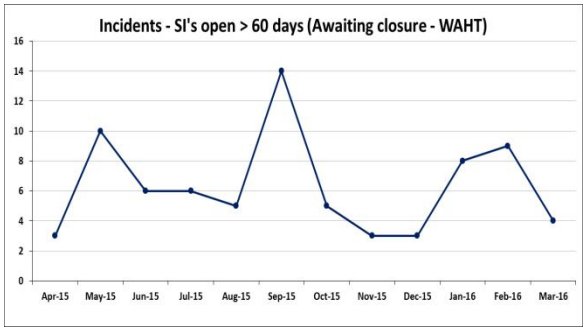
4 SI investigations were open beyond 60 days at the end of March, a decrease from 9 in February. There were 2 in the Surgical Division, 1 from TACO/Clinical Support and 1 from Medicine (that was closed at the 1st April meeting). There are a total of 31 open SI investigations. The clock has been stopped for 2. There were 7 new SIs reported in March.

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. 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 to Delivery

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



SRO:CNO	Current Reporting Month: Mar 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	4	↓	Forecast next reported month	Not provided
Last reported month performance	9	↑	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: % 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 was 61% in February and is now 67% for YTD (year to date). On-going work continues with the Divisions including regular meetings and updates. Sustaining performance is proving extremely challenging.

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 (last attendance February 16). Actions taken to progress this are as follows:

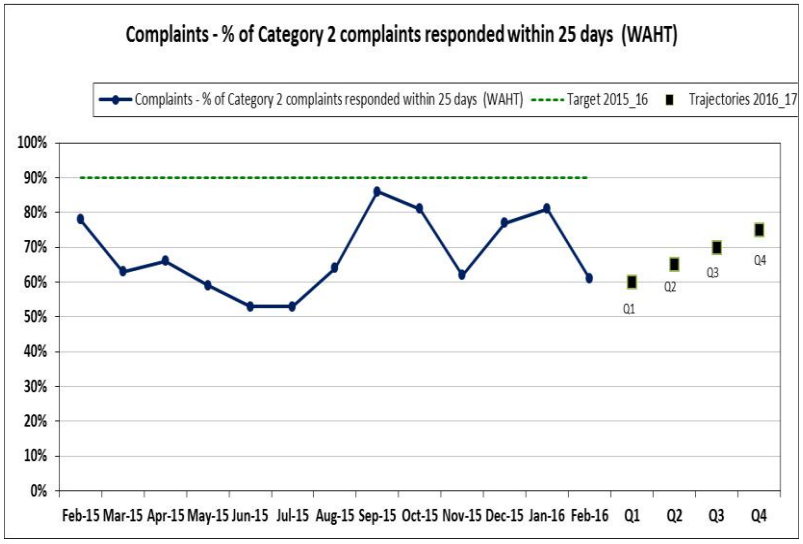
- New investigation template introduced for all complaints since 1.2.16. However completions have been low and this has been followed up with each Division.
- Briefing sessions held for staff.
- Datix Complaints Report now rolled out.
- Patient Relations Manager continuing to hold letter writing sessions with staff .
- Regular meetings with Divisions re complaints. A complete review of Medicine's outstanding complaints was undertaken on 8th April.
- All 22 day outstanding complaints escalated to DDNs
- All 23 day outstanding complaints escalated to ADPE
- All 24 day outstanding complaints escalated to DCNO
- New Complaints & PALS Newsletter implemented in February 2016 to share themes, trends, performance and learning
- New Complaints Policy being drafted and a consultation event is being planned with Divisions.
- TDA Complaints Framework template completed to inform improvement / policy development.

We dealt with 198 PALS enquiries in March making a total of 2563 for the year. This significantly exceeded the total of 1833 for 2014-15. Given we only have one PALS Officer for the whole Trust this does have capacity implications which need to be reviewed as part of the wider workforce review.

Risks to Delivery

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: Feb 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	61%	↓	Forecast next reported month	
Last reported month performance	81%	↑	Forecast month after	
YTD performance	67%	-	Forecast month after	
Revised date to meet the standard			Forecast year end	



Key Performance Indicator: Safety Thermometer (QPS10.1)

Headlines

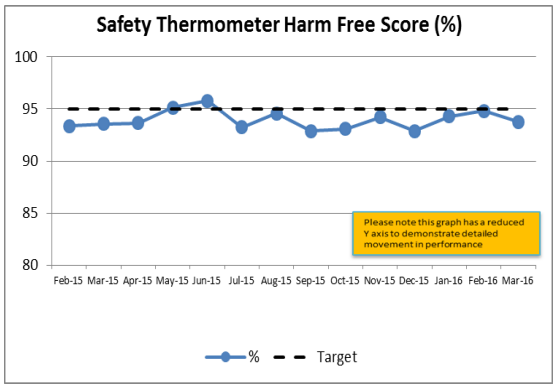
The target score set for harm free care is 95%. The Trusts overall harm free care score for March 2016 was 93.77% against a national benchmark for acute trusts of 93.55%. The Trust has achieved a score of 95% for 2 months out of 12 for this financial year. Overall performance in the last 4 months has been between 92.8% and 94.8%. 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 number of these had been acquired prior to admission to our hospitals and are therefore beyond our control. The number of new pressure ulcers for March was 0.15% of all reported (down from 0.28% from February 2016), and the number of new catheters and urinary tract infections was 0.15% of all reported (Down from 0.85% in February 2016). The calculation of new harm i.e. those that occur within our Trust was 0.74% for March 2016 (Down from 1.4% for the month of February2016).

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 was established in February 2016 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. The next meeting is in April 2016.

Risks to Delivery

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 actions plans for the areas where there are issues which are within our control.



SRO:CNO	Current Reporting Month: Mar 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	93.77%	↓	Forecast next reported month	
Last reported month performance	94.82%	↑	Forecast month after	
YTD performance	-	-	Forecast month after	
Revised date to meet the standard	Not provided		Forecast year end	

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

Headlines

Reasons a risk is not reviewed, or action or action 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 did not achieve target for QR1.0 or QR1.2.

Corrective Actions

The Trust Risk Officer (TRO) 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. Women and Children have identified the need for an in-depth review of risks the date of which has not yet been finalised.

Estates and Facilities have commenced a department heads meeting process for review of risks (and incidents) and this has delivered improved results this month with all performance indicators met.

All risk owners and their delegates are invited to training in the use of Datix and in the last four months 63 (30%) of the 204 owners/delegates have been trained. The TRO plans to have 90% trained within the next five months.

Further actions:

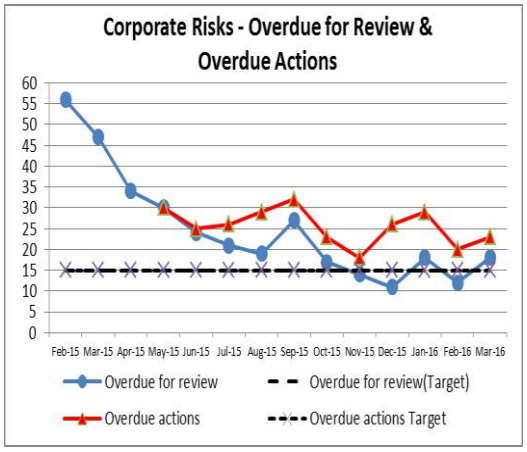
Risks will also be reported through the Ward Performance Dashboard in phase three, April 2016. Format designed and development underway.

Further action: provide advice, education and/or educational materials to Divisional Management Teams to ensure robust review of risks within governance meetings. Presently being discussed with CMO.

Risks to Delivery

The following could all impact on the delivery of the target:

- Divisions and corporate services not giving sufficient time or attention to overdue risks & actions
- Cancelled meetings or risk register not added to agenda/papers
- Risk owners not sufficiently engaged or state they do not have time to update the risk



SRO:CNO	Current Reporting Month: Mar 2016			
	Overdue for review	**Overdue actions**	**Plan/ Forecast**	**Status/ RAG Overdue Actions**
Target	<15%	-<15%	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	18%	23%	Forecast next reported month	
Last reported month performance	12%	20%	Forecast month after	
YTD performance	–	–	Forecast month after	
Revised date to meet the standard	**April 2016**		Forecast year end	

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

Headlines

Performance in March 2016 has dropped by 18% (48%) on the WRH site compared to the February's performance (66%) due to:-

Worcester Royal Hospital	55%	66%	48%
	Jan-16	**Feb-16**	**Mar-16**
Total NOF admissions	40	29	40
Achieved 36hrs	22	20	19
Unfit	4	2	9
Weekend Theatre Capacity	3	3	6
Theatre Capacity	7	2	2
Required THR	1	0	0
Non operative treatment	2	2	3
BH capacity	0	0	0
Requires further imaging	1	0	1
Total	40	29	40

The Trust failed to achieve the Best Practice Tariff for the majority of March patients due to no Orthogeriatric cover from 8 March 2016.

Corrective Actions

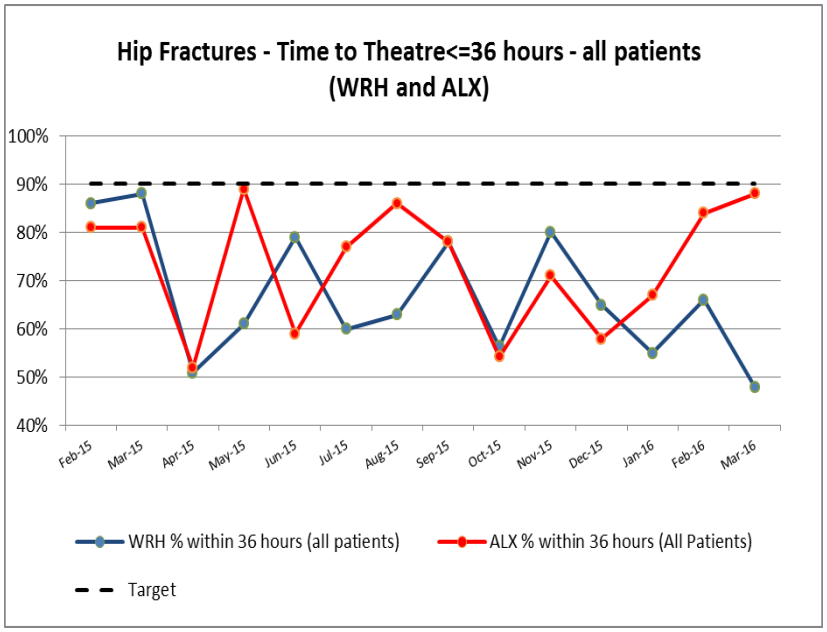
1) Prioritisation of #NoF cases to be done first on the PM Trauma Theatre Sessions; this to be driven by the Trauma Nurse Practitioners & Clinical Teams.
2) Hip Fracture Escalation Policy disseminated to the T&O Clinical Teams to support the following:- - #NoFs first on the list; other cases to be prioritised - Hip Fracture Escalation Policy to be enforced - delaying fracture care needs to be challenged - 36 hour breach time to be added onto Bluespier (support required from IT to implement).
3) Trauma Nurse Practitioners & Clinical Teams are reviewing and escalating daily trauma issues.
4) Trauma Nurse Practitioners submit a daily #NoF Report on the achievement of the 36 hour target; report submitted to the COO & Surgical Division.
5) #NoF performance reviewed and discussed at the Monthly T&O Directorate Meetings; this will be a monthly standard agenda item for discussion.
6) Business Case to be submitted for additional weekend Trauma Theatre Sessions for both The Alexandra & Worcester Sites. The document "Case for Change – Weekend Trauma Sessions" was resubmitted on the 3 March 2016.

Risks to Delivery

Weekday Theatre 3 & Theatre 4 PM Sessions are required to support #NOF workload.
Currently no dedicated weekend Trauma Theatre Sessions at the Alexandra Site and only weekend AM dedicated Theatre Sessions at the Worcester Site.

There appears to be a significant number of patients being prescribed new generation anticoagulants, which is delaying surgery as we cannot reverse these in the same way as Warfarin. Guidance is required from haematology and anaesthetics on this matter as more and more patients seem to be switching from Warfarin to e.g. Apixaban for AF in the community.
Require dedicated Orthogeriatric cover.

SRO:COO	Current Reporting Month: Mar 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	63.1%	↓	Forecast next reported month	
Last reported month performance	76.0%	↑	Forecast month after	
YTD performance	66.0%	-	Forecast month after	
Revised date to meet the standard	Not provided		Forecast year end	



Key Performance Indicator: VTE Risk Assessment (QPS11.1)

Headlines

Previous performance had been achieving target until November 2015, performance has declined in subsequent months, not achieving target of 95% and stabilising marginally above 93%. March 2016 reported performance was 93.5%, February's was 93.8%. A group was convened comprising clinicians, governance and information team representatives to assess and address recent deterioration in performance. The group's review of data quality included:

- Identified that varying processes being used by different Ward Clerks to record VTE assessments.
- There is a lack central management structure for Ward Clerks creating difficulties in achieving a consistent approach.
- Identified concerns relating to the reporting of VTE, currently being sourced from two systems, OASIS and Bluespier.

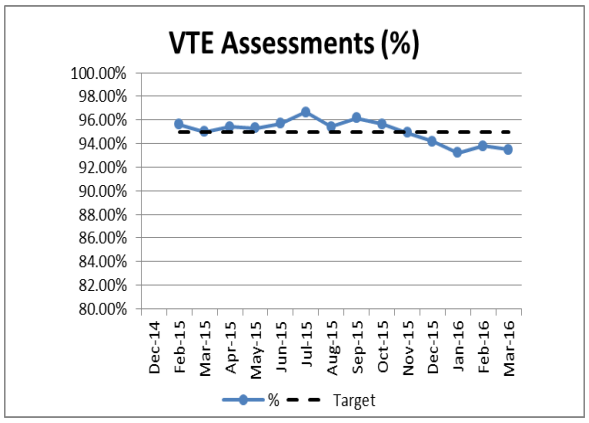
Corrective Actions

The corrective actions reported in the previous month's report are continuing.
Actions agreed at convened meeting:

- to review best practice ward rounds and draft a procedure document for review by the group for subsequent discussion with Matrons/ Divisional Lead Nurses for implementation
- Trust's VTE assessment policy to be updated to include agreed changes to support improvement
- current agreed exclusion criteria to be reviewed and changed to align with agreed clinical practices
- Information Department agreed to produce separate reports from the two systems for comparison and further investigation.

Risks to Delivery

Not performing VTE assessments prevents the provision of appropriate therapeutic interventions which reduce an individual's risk of developing a VTE with the possibility of subsequent morbidity or mortality. Not recording VTE assessments, which have been completed appropriately, results in avoidable adverse reporting. Failing to achieve this KPI will result in a contract query with CCG.



SRO:CNO	Current Reporting Month: Mar 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	93.5%	↓	Forecast next reported month	
Last reported month performance	93.8%	↑	Forecast month after	
YTD performance	-	-	Forecast month after	
Revised date to meet the standard	**Not available**		Forecast year end	

Key Performance Indicator: Friends and Family (QEX2)

Headlines

Corrections to how we collect and record our data in February 2016 has resulted in all areas now coming in under target for completion rates. Scores remain consistently high for the wards but A& E has failed to reach target.

Corrective Actions

FFT returns have continued to prove challenging in both A&E departments. The revised data collection process now shows that this is also an issue in a number of ward areas as well. The Associate Director Patient Experience and our new Patient Experience Lead have started a schedule of regular ward / department visits to areas under performing and those doing well. In March we visited ward 16 at the AGH to thank staff for their consistently good returns and scores. The ward adopt a team approach with everyone understanding the need for completion and checking with patients that this is done rather than assuming someone else has done it. This successful team approach was highlighted in our monthly Patient Experience Newsletter.

Our Patient Experience Lead has also continued to work closely with our A&E teams. A new FFT box has been installed at the AGH and new card racks ordered. We have also met with ServicePoint to review the number of cards available and with informatics to review how data is entered and viewed. New posters and cards are being designed to mirror the NHS England footage now showing on our TV screens and we plan a full Trust wide re-launch in June.

The proposal to expand SMS texting to both A&E and Maternity services has been agreed in principle but further work is required on budgets and whether this will achieve value for money.

Risks to Delivery

- Failure to ensure our response rates meets agreed targets impacts upon our contract.
- It impacts on our reputation at a time of increased scrutiny
- It decreases patient confidence. However recent CQC report highlights that while our response rates are low our recommendations are higher than the national average.

Friends and Family Response Rates

	March	Target	2015-16 Total %	RAG
Wards	14.71%	30%	15.71%	
A&E WRH	9.34%	20%	17.25%	
A&E ALX	4.05%	20%	11.76%	
Maternity	26.88%	30%	31.40%	

Friends and Family Score

	March	Target	2015-16 Total	RAG
Wards	77.10	71	75.77	
A&E WRH	53.06	71	61.52	
A&E ALX	91.78	71	85.34	
Maternity	76.13	71	82.42	

SRO:CNO	Current Reporting Month: Mar 2016			
	A&E – score (both sites)	Wards – score	Plan/ Forecast	Status/ RAG For A&E score only
Target	71	71	Corrective action plan status	Currently not applicable – to be rolled out
Current reported month performance	63.2	77.1	Forecast next reported month	
Last reported month performance	61.6	74.6	Forecast month after	
YTD performance	-	-	Forecast month after	
Revised date to meet the standard	A&E – September 2016 Wards – March 2016		Forecast year end 15_16	

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 12 FINANCIAL PERFORMANCE REPORT

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

Summary Performance Trust Dashboard

Worcestershire Acute Hospitals NHS Trust

Quality Metrics Overview

Worcestershire NHS
Acute Hospitals NHS Trust

Reporting Period: March 2016

*** PLEASE NOTE THIS IS A DRAFT VERSION WITH PRE-VALIDATED FIGURES WHICH ARE SUBJECT TO CHANGE ***

Patient Safety

Waits	Indicator Type	Indicator		Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Current YTD	Prev Year	Tolerance Type	2015/16 Tolerances			SRO	Data Quality Kitemark
																				On Target	Of Concern	Action Required		
	Local	QPS3.3	Incidents - SI's open > 60 days (Awaiting closure - WAHT)		3	10	6	6	5	14	5	3	3	8	9	4	-	-	Local	0	-	>0	CMO	
	National	QPS4.1	Never Events	0	0	0	0	0	0	0	0	1	1	0	0	0	2	-	National	0	-	>0	CMO	
	Local	QPS6.6	Falls: Total Falls Resulting in Serious Harm (In Month)	4	1	5	2	2	1	3	0	2	2	6	2	0	26	24	Local	<=1	-	>=2	CNO	
	Contractual	QPS7.5	Pressure Ulcers: New Pts. with Hosp. Acq. Grade 3 Avoidable (Monthly)	0	2	0	2	0	0	3	2	0	1	0	0	2	12	22	Contractual	0	1 - 3	>=4	CNO	
	Contractual	QPS7.7	Pressure Ulcers: New Pts. with Hosp. Acq. Grade 4 Avoidable (Monthly)	0	0	0	0	1	0	0	0	0	0	0	0	0	1	2	Contractual	0	-	>=1	CNO	
	National	QPS9.1	Mortality - SHMI (HED tool) Inc. deaths 30 days post discharge - rolling 12 months			109	112	113	113	110	108	109	109						National	<100	>=100 to UCL	> UCL	DPS	
	National	QPS9.81	Mortality - HSMR - All Diagnostic Groups - rolling 12 months*			113	109	109	109	106	105	107	106	105					National	<100	>=100 to UCL	> UCL	DPS	
	National	QPS9.21	% Primary Mortality Reviews completed			#N/A	51	14	24	18	42	69	64	66	57	41			Local				DPS	
	National	QPS.9.22	% Secondary Mortality Reviews completed			#N/A	0	0	0	0	14	0	7	0	0	0			Local				DPS	
Safety Thermometer	National	QPS10.1	Safety Thermometer - Harm Free Care Score	93.55%	93.63%	95.12%	95.78%	93.25%	94.57%	92.86%	93.09%	94.20%	92.86%	94.28%	94.82%	93.77%	-	-	National	>=95%	90% - 94%	<90%	CMO	
VTE	National	QPS11.1	VTE Risk Assessment	95.01.%	95.41%	95.31%	95.71%	96.67%	95.43%	96.17%	95.65%	94.91%	94.19%	93.20%	93.86%	93.58%	95.00%	95.01.%	National	>=95%	94.9 - 94%	<94%	CMO	
Infection Control	National	QPS12.1	Clostridium Difficile (Monthly)	7	3	3	3	2	4	2	3	0	2	2	3	2	29	36	National	14/15 Threshold <=40.8 15/16 Threshold <= 33			CNO	
	National	QPS12.4	MRSA Bacteremia - Hospital Attributable (Monthly)	1	0	0	0	0	0	0	0	0	0	0	1	0	1	1	National	0	-	>0	CNO	
	National	QPS12.131	MRSA Patients Screened (High Risk Wards Only) - Elective - NEW**		97.00%	97.58%	97.01%	96.65%	96.68%	99.14%	91.86%	95.70%	97.97%	95.31%	98.61%	95.40%	96.60%	-	National	>=95	-	<95%	CNO	
	Contractual	QPS12.14	Ecoli Cases (Trust Attributable)	6	1	3	10	3	3	4	3	6	5	6	2	3	49	61	Local	-	-	-	CNO	
	Contractual	QPS12.15	MSSA Cases (Trust Attributable)	2	0	3	0	3	2	3	1	0	1	1	2	3	19	9	Local	-	-	-	CNO	
CQUIN screening	Contractual	QCQ1.0	Patients with acute kidney injury who have the completed key items in their discharge summaries (sample) - as defined by the CQUIN - %					29.0%	32.0%	27.0%	10.0%	34.0%	26.0%	56.0%	45.0%	45.0%	-	-	Local	>=60%	-	<60%	CNO	
	Contractual	QCQ1.1	Patients receiving Sepsis screening that have been identified as eligible (sample) - as defined by the CQUIN - %					53.0%	40.0%	100.0%	53.0%	21.0%	64.0%	34.0%	38.0%	34.0%	-	-	Local	>=75%	-	<75%	CNO	

Patient Experience

Complaints & Compliments***	Local	QEX1.1	Complaints - Numbers (In Month)	54	41	37	53	59	47	50	54	68	36	63	57	68	633	554	-	-	-	-	CNO	
	Local	QEX1.3	Complaints - Number per 10,000 Bed Days (YTD)	19.48	16.65	15.87	17.70	19.09	19.31	19.58	19.91	21.08	20.29	20.52	20.83	21.41	21.41	19.48	-	-	-	-	CNO	
	Local	QEX1.14	Complaints - % of Category 2 complaints responded within 25 days (WAHT)	63.0%	66.0%	59.0%	53.0%	53.0%	64.0%	86.0%	81.0%	62.0%	77.0%	81.0%	61.0%		67.0%	63.0%	Local	>=90	80-90%	<79%	CNO	
Friends & Family****	National	QEX2.1	Friends & Family - A&E (Score)			77.2	72.5	68.0	66.2	61.9	69.6	76.6	70.7	72.4	61.6	63.2	70.8		National	>=71	67-<71	<67	CNO	
	National	QEX2.61	Friends & Family - Acute Wards (Score)											77.0	74.6	77.1	76.0		National	>=71	67-<71	<67	CNO	
	National	QEX2.7	Friends & Family - Maternity (Score)	77.8	88.4	84.5	80.7	87.4	86.4	88.5	86.0	82.5	84.9	86.7	78.2	76.1	84.2	83.0	National	>=71	67-<71	<67	CNO	

Effectiveness of Care

Hip Fracture	National	QEF3.1	Hip Fracture - Time to Theatre <= 36 hrs (%)	84.1%	51.3%	70.4%	70.0%	68.0%	71.0%	78.0%	56.0%	76.0%	61.8%	59.0%	76.0%	63.1%	66.0%	64.0%	National	>=90%	-	<90%	CMO	
	National	QEF3.2	Hip Fracture - Time to Theatre <= 36 hrs (%) - Excl. Unfit/Non-Operative Treatment Pts	91.4%	69.0%	79.2%	84.0%	76.0%	75.0%	88.0%	63.0%	87.0%	76.0%	68.0%	80.0%	75.9%	75.9%	84.9%	National	>=90%	-	<90%	CMO	

Risk Register Activity

Risks *****	Local	QR1.0	% of approved risks overdue for review	47.0%	34.0%	30.0%	24.0%	21.0%	19.0%	27.0%	17.0%	14.0%	11.0%	18.0%	12.0%	18.0%	18.0%		Local	<15	15-49	>=50	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.

** QPS12 There has been an in depth review of the way in which the MRSA metric is calculated internally versus the national guidance. Previously reported data was not compliant, hence this new indicator has replaced the previously reported MRSA metrics. MRSA data for February is provisional as the final submission has not been confirmed.

*** Complaints and Compliments are reported one month in arrears

**** Friends and Family metrics have been reviewed and have been adjusted in accordance with latest guidance. The A&E & Wards metric has been replaced with separate ones.

*****QR metrics - data reported for February was extracted on 01/03 and may be reported as March month commencing figures.

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

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Worcestershire NHS
Acute Hospitals NHS Trust

Reporting Period: March 2016

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Area	Indicator Type	Indicator		Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Current YTD	Prev Year	Tolerance Type	2015/16 Tolerances			SRO	Data Quality Kitemark
																				On Target	Of Concern	Action Required		
Waits	Local	PW4.0	Backlog > 18 weeks (Admitted)	2921	3715	3628	3119	2952	3008	3122	2997	3134	2764	2770	3083	4202	4,202	2,921	Local	-	-	-	COO	
	National	PW1.1.3	6 Week Wait Diagnostics (Proportion of waiting list)	0.95%	1.31%	0.81%	1.06%	1.30%	0.95%	0.98%	0.87%	0.97%	1.55%	1.05%	0.71%	3.52%	1.28%	1.05%	National	<1%	-	>1%	COO	
	National	CW3.0	RTT - Incomplete 92% in 18 Weeks	88.93%	87.33%	87.68%	89.07%	90.25%	89.42%	88.81%	89.00%	92.05%	92.05%	92.04%	91.50%	89.20%	89.20%	88.93%	National	>=92%	-	<92%	COO	
	Local	CW4.1	Over 52 week waiters who have been treated in month - NEW		1	1	1	3	0	0	1	0	0	0	0	0	7	-	Local	0	-	>0	COO	
Theatres	Local	PT2.1	Booking Efficiency - ALX	74.00%	74.00%	72.00%	72.00%	73.00%	70.00%	71.00%	70.00%	72.00%	71.00%	71.00%	77.00%	75.00%	-	-	Local	Based on Target Cases per Sessions Utilisation (>8% below target = 'Of Concern')			COO	
	Local	PT2.2	Booking Efficiency - WRH	85.00%	92.00%	84.00%	81.00%	86.00%	82.00%	81.00%	82.00%	84.00%	77.00%	82.00%	77.00%	85.00%	-	-	Local				COO	
	Local	PT2.3	Booking Efficiency - KGH	71.00%	72.00%	70.00%	67.00%	67.00%	74.00%	68.00%	69.00%	70.00%	70.00%	68.00%	71.00%	71.00%	-	-	Local				COO	
	Local	PT1.1	Utilisation - ALX	70.00%	70.00%	66.00%	69.00%	70.00%	69.00%	71.00%	68.00%	70.00%	70.00%	70.00%	72.00%	70.00%	-	-	Local	Based on Target Cases per Sessions Utilisation (>8% below target = 'Of Concern')			COO	
	Local	PT1.2	Utilisation - WRH	72.00%	75.00%	75.00%	73.00%	74.00%	74.00%	76.00%	72.00%	73.00%	70.00%	72.00%	70.00%	72.00%	-	-	Local				COO	
	Local	PT1.3	Utilisation - KGH	67.00%	68.00%	66.00%	63.00%	65.00%	71.00%	67.00%	68.00%	68.00%	66.00%	65.00%	68.00%	68.00%	-	-	Local				COO	
A & E	National	CAE1.1	4 Hour Waits (%) - Trust *	82.55%	83.99%	86.71%	85.46%	85.61%	86.43%	85.00%	88.21%	88.83%	86.97%	81.37%	78.70%	78.77%	85.30%	90.22%	National	>=95%	-	<95%	COO	
	National	CAE1.1a	4 Hour Waits (%) - Trust inc. MIU - from September 14 *	85.40%	86.89%	88.59%	88.21%	88.35%	88.83%	87.64%	90.25%	90.66%	89.07%	84.30%	82.40%	82.30%	87.90%	-	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	49	54	30	-	National	<=15mins	-	>15mins	COO	
	National	CAE3.2	Time to Initial Assessment (All Patients) (Mins) - 95th Percentile ^ (inc Kidd MIU)		37	22	23	24	27	31	24	28	28	32	42	46	29	-	National	<=15mins	-	>15mins	COO	
	National	CAE7.0	Ambulance Handover within 15 mins (%) - WMAS data	42.09%	43.66%	49.65%	47.14%	43.50%	41.16%	38.20%	41.09%	42.04%	41.58%	41.74%	38.40%	37.74%	43.43%	46.68%	National	>=80%	-	<80%	COO	
	National	CAE8.0	Ambulance Handover within 30 mins (%) - WMAS data	84.09%	86.47%	92.16%	90.85%	89.69%	87.99%	86.34%	87.23%	88.10%	88.18%	86.02%	85.58%	81.65%	88.62%	88.61%	National	>=95%	-	<95%	COO	
	National	CAE9.0	Ambulance Handover over 60 minutes - WMAS data	75	51	6	17	30	29	39	22	26	38	29	26	68	381	-	Local	0		>0	COO	
Cancer	National	CCAN5.0	62 Days: Wait For First Treatment From Urgent GP Referral: All Cancers	90.00%	80.73%	85.12%	75.37%	78.10%	86.50%	75.10%	79.30%	79.40%	89.10%	86.30%	84.40%	75.30%	81.20%	82.39%	National	>=85%	-	<85%	COO	
	National	CCAN7.0	62 Days: Wait For First Treatment From Consultant Upgrades: All Cancers **	100.00%	100.00%		60.00%	18.20%	66.70%	54.60%	66.70%	55.60%	100.00%	80.00%	100.00%	100.00%	70.00%	82.35%	National	>=90%	-	<90%	COO	
	National	CCAN8.0	2WW: All Cancer Two Week Wait (Suspected cancer)	96.38%	91.47%	90.28%	86.84%	83.10%	81.80%	81.40%	85.00%	88.30%	90.40%	84.10%	89.00%	77.30%	85.70%	93.13%	National	>=93%	-	<93%	COO	
	National	CCAN9.0	2WW: Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	94.94%	85.28%	98.15%	84.21%	63.50%	83.10%	66.90%	71.40%	80.10%	82.60%	82.90%	91.20%	79.40%	80.00%	91.72%	National	>=93%	-	<93%	COO	
	National	CCAN10.1	Cancer Long Waiters (104 Day +) includes suspected and diagnosed - treated in month - NEW			5	14	10	2	6	12	10	6	2	4	5	-		-	-	-	-	COO	
Stroke	Local	CST1.0	80% of Patients spend 90% of time on a Stroke Ward (Final)	80.00%	97.67%	95.56%	80.39%	77.80%	81.00%	80.77%	83.33%	74.60%	73.20%	72.55%	81.10%	89.80%	82.21%	85.57%	Local	>=80%	-	<80%	COO	
	Local	CST2.0	Direct Admission (via A&E) to a Stroke Ward	76.90%	94.29%	92.86%	76.92%	67.70%	75.00%	68.18%	77.08%	66.00%	69.20%	69.23%	77.30%	66.10%	82.26%	78.94%	Local	>=70%	-	<70%	COO	
	Local	CST3.0	TIA	70.70%	68.75%	62.00%	61.20%	66.70%	61.50%	56.41%	71.05%	68.20%	65.90%	62.07%	64.70%	60.00%	64.23%	69.39%	Local	>=60%	-	<60%	COO	
Inpatients (All)	Local	PIN1.5	Bed Occupancy (Midnight General & Acute) - WRH ***	97%	103%	100%	103%	100%	100%	101%	101%	102%	102%	108%	102%	102%	102%	93%	Local	<90%	90 - 95%	>95%	COO	
	Local	PIN1.6	Bed Occupancy (Midnight General & Acute) - ALX ***	85%	93%	93%	91%	85%	91%	93%	94%	96%	94%	104%	104%	96%	94%	82%	Local	<90%	90 - 95%	>95%	COO	
	Local	PIN2.3	Beds Occupied by NEL Stranded Patients (>7 days)											65.1%	41.6%	48.4%								
	National	PIN3.1	Delayed Transfers of Care SitRep (Patients) - Acute/Non-Acute****	77	57	37	48	41	39	31	59	25	34	26	33	27	457	725	-	-	-	-	COO	
	National	PIN3.2	Delayed Transfers of Care SitRep (Days) - Acute/Non-Acute****	2541	2532	2198	1146	1178	1010	778	1,362	817	918	807	1,090	725	14561	23610	-	-	-	-	COO	
	Local	PIN4.2	Bed Days Lost Due To Acute Bed No Longer Required (Days)	3,352	3,237	3,359	2,876	2,783	3,438	3,057	3,900	3,133	3,832	3,966	3,320	3,468	40,369	32,017	-	-	-	-	COO	
Elective	National	PEL3.0	28 Day Breaches as a % of Cancellations*****	12.7%	25.0%	15.9%	10.2%	23.8%	16.4%	18.4%	12.3%	12.7%	42.6%	19.7%	14.6%	36.1%	20.1%	16.6%	TBC	<=5%	6 - 15%	>15%	COO	
	National	PEL3.1	Number of patients - 28 Day Breaches (cancelled operations)								7	7	17	14	14	26			TBC	-	-	-	COO	
	National	PEL4.2	Urgent Operations Cancelled for 2nd time	0	0	0	0	0	0	0	1	1	1	1	0	0	4	0	National	<=0	-	>0	COO	

*April 15 figures onwards for indicators CAE1.1, CAE1.1a, CAE1.2, CAE1.3, CAE1.4, CAE2.0, CAE3.1, CAE3.2, CAE4.0 are calculated using a slightly different methodology to previously reported numbers.
** Cancer _this involves small numbers that can impact the variance of the percentages substantially.
*** 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.
***** Some of these figures may have been updated in later months due to validation - however the Trust dashboard data remains as published, this means that there may be a slight discrepancy between PEL3.0 and PEL3.1 for months prior to February 2016.

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

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Summary Performance Trust Dashboard

Worcestershire Acute Hospitals NHS Trust

Workforce Metrics Overview

Worcestershire NHS
Acute Hospitals NHS Trust

Reporting Period: March 2016

***** PLEASE NOTE THIS IS A DRAFT VERSION WITH PRE-VALIDATED FIGURES WHICH ARE SUBJECT TO CHANGE *****

Area	Indicator Type	Indicator		Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Current YTD	Prev Year	Tolerance Type	2015/16 Tolerances			SRO
																				On Target	Of Concern	Action Required	
Waits	Local	WVR1.0	Number of Vacancies - Total	224	274	311	391	400	408	375	329	374	392	408	379	383		224	Local	<=200	201-229	>=230	DCE
Turnover	Local	WT1.0	Staff Turnover WTE %	10.4%	10.2%	10.5%	10.5%	11.0%	11.4%	11.6%	12.3%	11.9%	12.3%	12.8%	12.7%	13.0%		10.42%	Local	9-10%	<>9-10%	-	DoHR
	Local	WT1.3	Nursing Staff Turnover - Qualified	10.6%	10.1%	10.7%	10.7%	10.9%	10.9%	11.2%	12.1%	12.8%	13.2%	14.0%	13.7%	14.2%		10.6%	Local	9-10%	<>9-10%	-	DoHR
	Local	WT1.4	Nursing Staff Turnover - Unqualified	12.6%	11.8%	11.6%	11.1%	11.6%	12.9%	13.2%	14.0%	13.9%	13.9%	13.6%	13.7%	13.8%		12.6%	Local	9-10%	<>9-10%	-	DoHR
Sickness & Absence	Local	WSA1.0	Sickness Absence Rate Monthly (Total %)	4.25%	3.84%	4.02%	4.10%	4.19%	4.32%	4.48%	4.81%	4.37%	4.62%	4.71%	4.39%	4.30%		4.25%	Local	<= 3.50%	>=3.51% & <=3.99%	>= 4.00%	DoHR
Temporary Staffing	Local	WTS1.0	Agency Staff - Medics (WTE) Indicative	146.9	148.0	157.6	158.1	165.8	173.0	176.0	176.7	170.7	163.4	159.4	154.8	158.7	158.7	146.9	Local	<=85	85.1-100	>100	DCE
Induction	Contractual	WIN1.3	% of eligible staff attended Induction	84.7%	85.1%	89.7%	95.5%	89.2%	92.1%	93.5%	73.8%	87.3%	94.6%	100.0%	73.4%	87.0%	88.2%	72.8%	Contractual	>= 90%	80 - 89%	< 80%	DoHR
Statutory & Mandatory*	Contractual	WSMT10.2	% Of Eligible Staff completed Training	82.2%	82.6%	83.7%	84.5%	85.8%	82.1%	84.2%	84.4%	85.5%	87.2%	87.1%	86.9%	86.8%	85.1%	82.9%	Contractual	>= 90%	60.1-89.9%	<=60%	DoHR
Appraisals	Contractual	WAPP1.0	Non-medical staff who are eligible for appraisal	5015	5026	5004	4983	4962	4933	4958	4965	4999	4953	5008	5003	4979	59773	59400	-	-	-	-	DoHR
	Contractual	WAPP2.2	% Of Eligible medical Staff Completed Appraisal (excludes Doctors in training)	84.7%	85.6%	83.6%	83.8%	86.4%	85.1%	84.1%	84.0%	82.7%	81.6%	81.4%	83.0%	82.4%	83.6%	72.8%	Contractual	>= 85%	71 - 84%	< 71%	DoHR
	Contractual	WAPP3.2	% Of Eligible Consultants Who Have Had An Appraisal	88.8%	89.7%	89.1%	90.0%	88.3%	87.2%	85.5%	85.3%	85.3%	82.0%	83.5%	85.2%	84.6%	86.2%	77.8%	Contractual	>= 85%	71 - 84%	< 71%	DoHR

** With the exception of IG the mandatory training target has been revised from 95% to 90% effective from Feb 2016. Data from Feb 2015 is now calculated against 90% (except IG)*

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

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Summary Performance Trust Dashboard

Worcestershire Acute Hospitals NHS Trust

Worcestershire NHS
Acute Hospitals NHS Trust

Maternity Metrics Overview

Reporting Period: March 2016

*** PLEASE NOTE THIS IS A DRAFT VERSION WITH PRE-VALIDATED FIGURES WHICH ARE SUBJECT TO CHANGE ***

Area	Indicator Type	Indicator		Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Current YTD	Prev Year	Tolerance Type	2015/16 Tolerances			SRO	Data Quality Kite mark
																				On Target	Of Concern	Action Required		
Waits	Contractual	MDEL1.0	Deliveries	461	465	511	519	507	472	484	496	484	439	447	462	496	5782	5676	Contractual	<=465	466 - 516	>516	CNO	
Births	Contractual	MBIR1.0	Births	469	471	521	532	515	478	490	504	492	447	454	470	502	5876	5741	Contractual	<=480	481 - 531	>532	CNO	
Scheduled Bookings	National	MSB1.1	Women Booked Before 12 + 6 Weeks	85.3%	88.6%	85.6%	88.0%	89.0%	87.7%	89.0%	88.5%	93.3%	92.0%	88.5%	88.6%	91.3%	89.2%	87.8%	National	>=90%	-	<90%	CNO	
	Contractual	MSB1.2	Total Bookings	510	526	485	502	543	529	526	540	491	497	479	493	503	6114	6301	Contractual	<492	493 - 575	>575	CNO	
Normal Vag. Deliveries	Contractual	MNVD1.0	Maintain Normal Vaginal Delivery Rate	62.9%	62.5%	57.5%	56.6%	57.7%	62.7%	63.7%	56.9%	56.8%	56.7%	57.3%	60.6%	63.3%	59.3%	60.7%	Contractual	>63%	63% - 60%	<60%	CNO	
C- Section	Contractual	MCS1.0	Total Caesareans	28.4%	25.8%	28.2%	33.7%	32.6%	28.1%	26.6%	31.3%	32.6%	30.5%	29.8%	28.6%	27.6%	29.6%	27.3%	Contractual	<27%	27% - 30%	>30%	CNO	
Outcome Indicators	National	MOI1.0	Breast Feeding Initiation Rates	73.0%	70.2%	71.1%	72.5%	73.0%	72.0%	74.6%	73.0%	68.6%	69.7%	70.1%	71.1%	70.6%	71.4%	74.2%	National	> 70%	67% - 70%	< 67%	CNO	
	Contractual	MOI3.0	Midwife Led Care %	38.0%	23.7%	21.0%	22.0%	21.1%	20.5%	23.9%	20.1%	20.9%	19.4%	18.3%	22.5%	22.4%	21.3%	35.3%	Contractual	>= 37.7%		<37.7%	CNO	

NB: Please note that tolerances are adjusted between financial years

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Worcestershire NHS
Acute Hospitals NHS Trust

4 May 2016 **Enclosure G3**

Report to Trust Board

Title	**Financial Performance – Month 12 2015/16**
Sponsoring Director	**Rob Cooper – Interim Director of Finance & Information**
Author	**Haq Khan – Deputy Director of Finance** **Jo Kirwan - Assistant Director of Finance**
Action Required	• The Board is asked to review and consider the Trust's financial performance in month 12 and its final position for the 2015/16 financial year.
Previously considered by	*N/A*

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 preset price to a defined measure of output of activity, it has been superseded by the national tariff.

Key Messages

The Trust has delivered a year end position of a £59.9m deficit in line with the forecast. The £4.7m in-month deficit represents an improvement of £0.1m in February and a £0.5m improvement against January. On the three key financial duties, the Trust has:

- Not achieved its break even duty
- Met its Capital Resource Limit
- Achieved the External Financing Limit

The bridge diagram details the main drivers of variances against plan and distinguishes four key themes which led to the Trust's off-plan performance in 2015/16.

1. Income, fines and penalties (£5.0m adverse variance includes specialised services gain share and excludes additional capacity income).
2. Impact of medically fit for discharge (£4.8m).
3. Additional premium staffing including the extra staff in A&E (£15.1m).
4. Non-pay overspends and other operating income (£3.7m).

- Total savings for the year were £12.2m consisting of £10.3m QIPP and £1.9m FRP.

- Throughout 2015/16 the Trust has required significant levels of working capital in order to meet its financial commitments. The Revenue Support facility figure is broadly comparable with funding equivalent to 40 days' worth of operating expenditure. The level of cash injection received in 15/16 has not enabled the Trust to pay creditors in accordance with the BPPC. It will also not improve the Trust's Balance Sheet liquidity in the longer term.

Report to Trust Board

Worcestershire NHS
Acute Hospitals NHS Trust

Finance Report
Month 12

Rob Cooper

Interim Director of Finance

4 May 2016

Trust Wide Position Month 12

Worcestershire NHS
Acute Hospitals NHS Trust

The Trust has delivered a year end position of a £59.9m deficit in line with the forecast. The £4.7m in-month deficit represents an improvement of £0.1m in February and a £0.5m improvement against January.

On the three key financial duties, the Trust has:

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3. Additional premium staffing including the extra staff in A&E (£15.1m).
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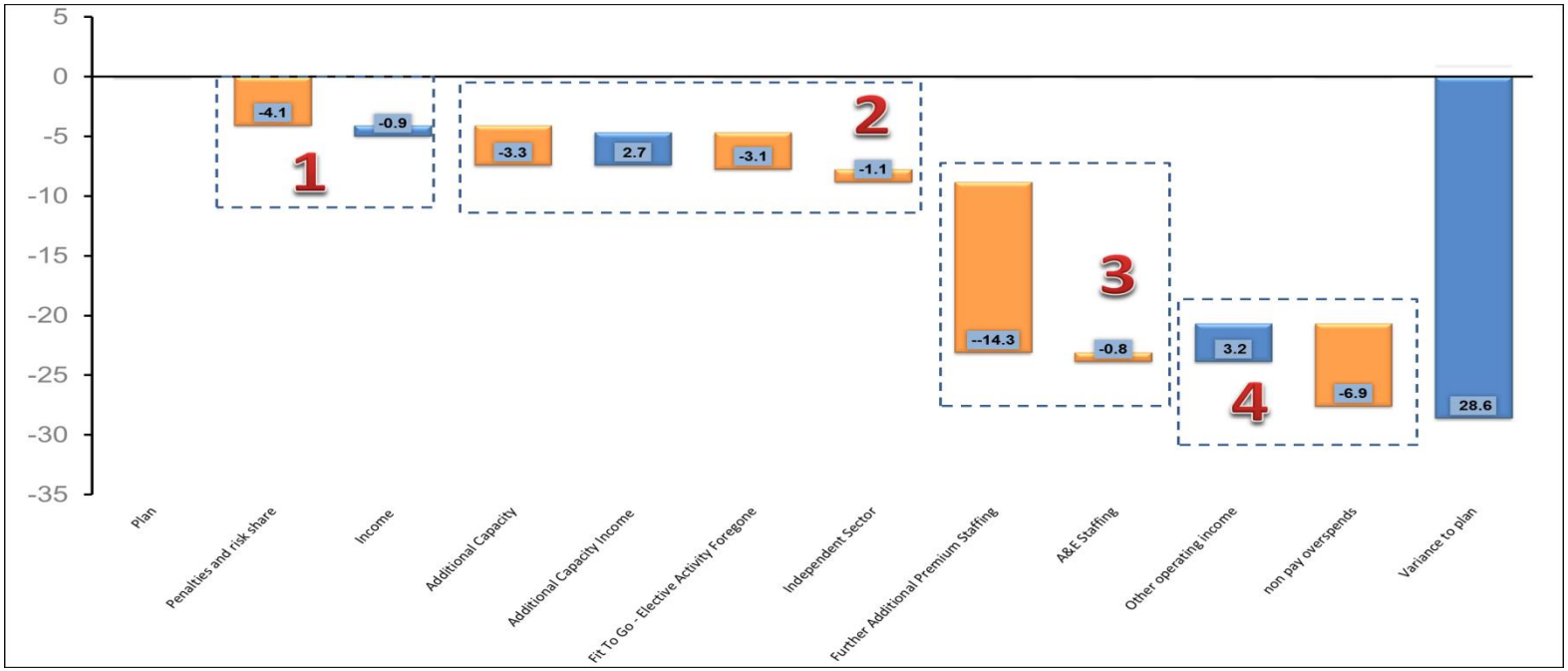
YEAR TO DATE VARIANCE TO PLAN



QIPP & Cash

Worcestershire NHS
Acute Hospitals NHS Trust

The Trust delivered total savings of £12.2m (£10.3m QIPP and £1.9m FRP). The QIPP end year savings represent 66% of the total required to meet the original target of £15.6m. The total performance for the year of £10.3m was £0.4m above the planned scheme value and £5.3m below the target.

Throughout 2015/16 the Trust required significant levels of working capital in order to meet its financial commitments. The revised forecast of £59.9m helped this requirement. The Trust's cash balances have been depleted as a result of the deficits accumulated over the last 2 years plus the significant deficit in this financial year. The level of cash injection received in 15/16 has not enabled the Trust to pay creditors in accordance with the BPPC. It will also not improve the Trust's Balance Sheet liquidity in the longer term.

The Trust's material aged debt with a profile over 90 days against NHS organisations has improved significantly and is now just under £1.3m. This is more than offset by the Trust's creditor position with the same group and profile, which remains at £3.3m. Disputes with Gloucestershire NHS Foundation Trust amounting to £0.35m debtor and £0.74m creditor represent the largest values in each category with negotiations to resolve this on-going.

Worcestershire NHS
Acute Hospitals NHS Trust

Appendices

Trustwide Position

Worcestershire NHS
Acute Hospitals NHS Trust

Table 1

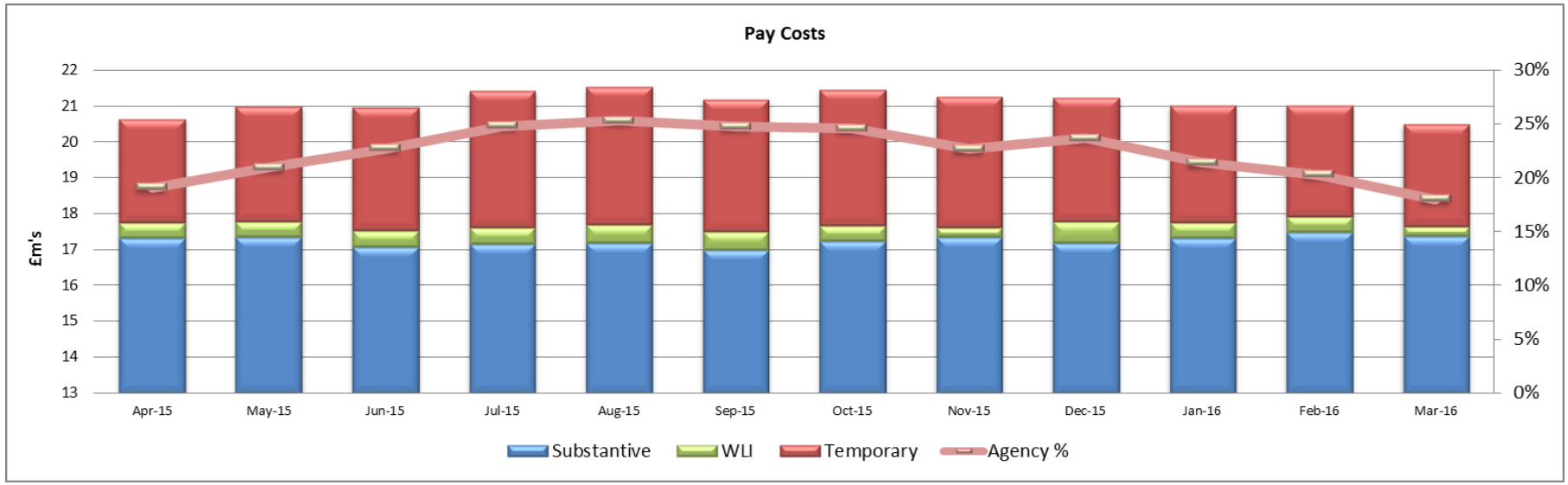
Income & Expenditure	Full Year		
	Plan	Actual	Var
	£000s	£000s	£000s
Operating Revenue & Income			
Patient Care Revenue	309,775	305,039	(4,737)
Other Operating Income	26,401	28,665	2,264
Non PBR Drugs & Devices	35,688	35,112	(575)
Total Operating Revenue	**371,864**	**368,816**	**(3,048)**
Operating Expenses			
Pay	(236,066)	(253,263)	(17,197)
Non Pay	(104,030)	(113,793)	(9,762)
Impairment impact	(3,256)	0	3,256
Non PBR Drugs & Devices	(35,688)	(35,688)	0
Total Operating Expenses	**(379,040)**	**(402,744)**	**(23,704)**
EBITDA *	**(7,176)**	**(33,927)**	**(26,751)**
EBITDA %	-1.9%	-9.2%	
Depreciation	(10,380)	(10,247)	133
Net Interest, Dividends & Gain/(Loss) on asset disposal	(16,226)	(14,830)	1,396
Reported Total Surplus / (Deficit)	**(33,782)**	**(59,004)**	**(25,222)**
Less Impact of Donated Asset Accounting	(816)	(912)	(96)
Less Impact of Impairments	3,256	0	(3,256)
Surplus / (Deficit) against Control Total	**(31,342)**	**(59,916)**	**(28,574)**
Surplus / (Deficit) %	-8.4%	-16.2%	

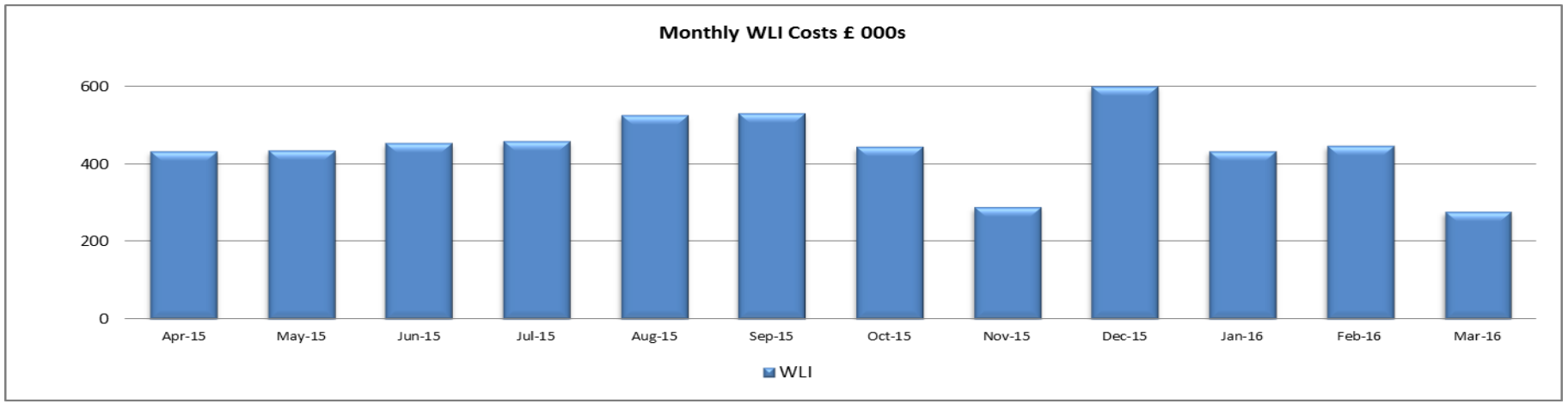
** EBITDA = earnings before interest, tax, depreciation and amortisation*

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

Pay & WLIs

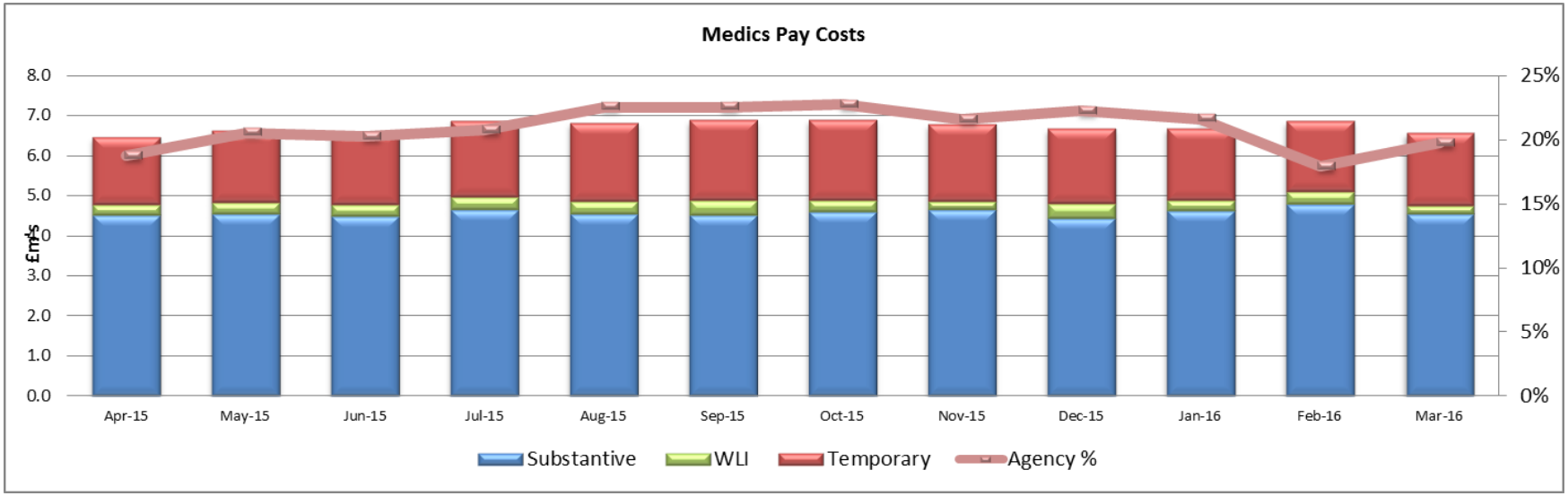
Worcestershire NHS
Acute Hospitals NHS Trust



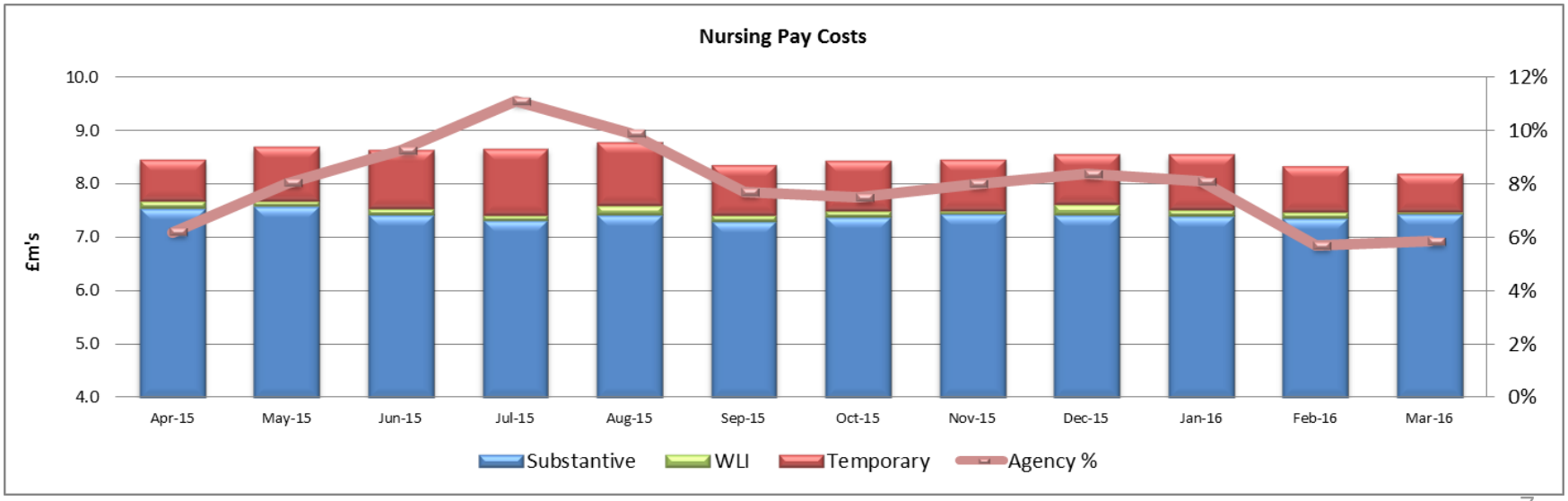


Medics & Nursing Pay

Worcestershire NHS
Acute Hospitals NHS Trust

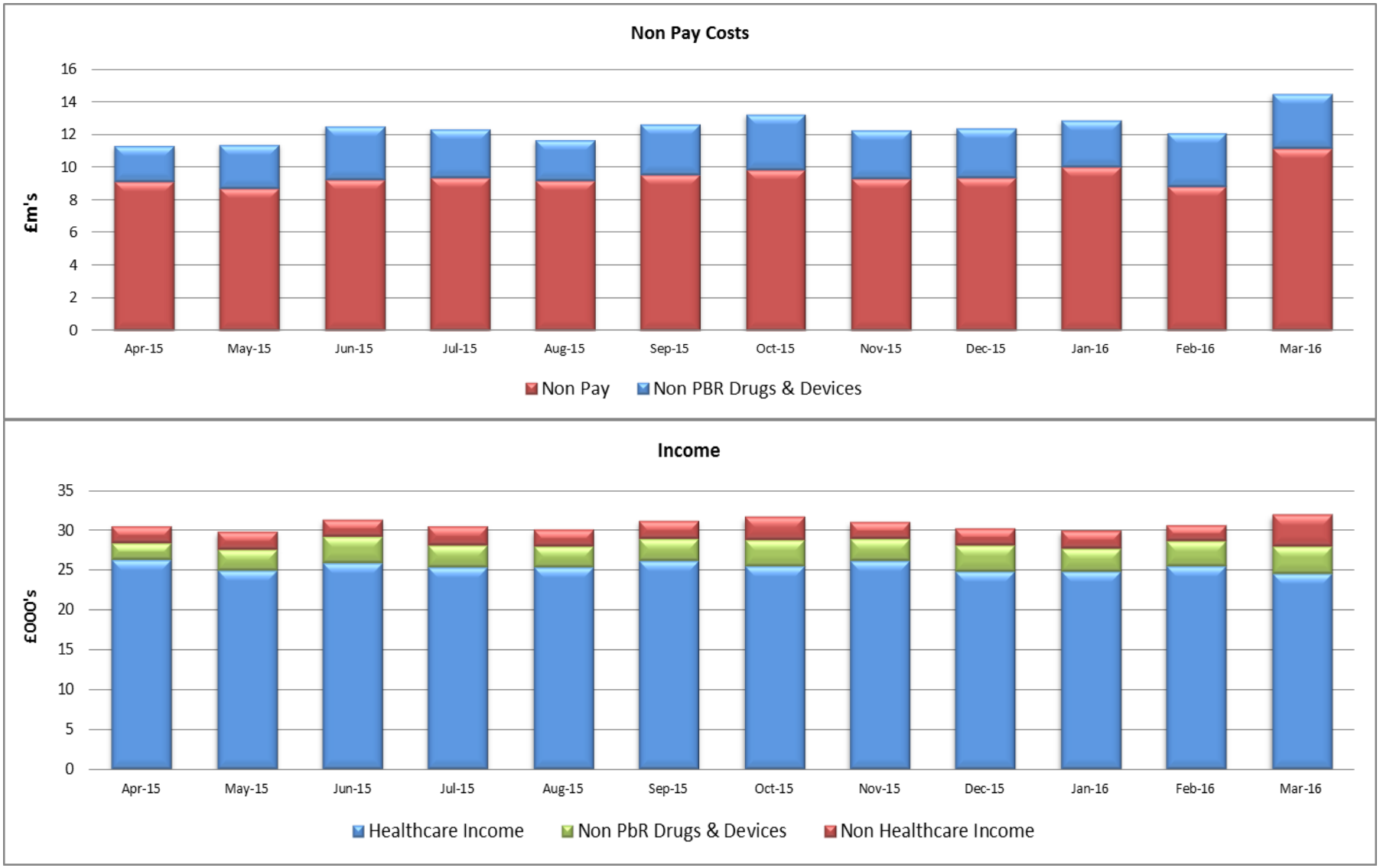


Note. Month 4 contained a YTD change from a net position to a gross position for Consultants sub-contracted to other Trusts.



Non Pay

Worcestershire NHS
Acute Hospitals NHS Trust



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	2,452	1,935	(517)	(21%)	28,419	25,840	(2,579)	(9%)	28,151	28,419
Daycase	3,095	2,625	(470)	(15%)	33,907	33,412	(495)	(1%)	34,119	33,907
Non Elective - Emerg	6,615	7,280	665	10%	82,858	86,725	3,866	5%	82,860	82,896
Non Elective - Emerg Threshold	0	327	327		0	0	0		0	0
Non Elective - Other	139	126	(13)	(10%)	1,762	1,526	(237)	(13%)	1,764	2,345
Total Inpatients	**12,301**	**12,292**	**(9)**	**(%)**	**146,946**	**147,502**	**556**	**%**	**146,895**	**147,567**
Outpatients New	1,800	1,493	(307)	(17%)	19,921	19,092	(829)	(4%)	19,849	19,921
Outpatients F Up	1,641	1,599	(43)	(3%)	18,368	18,946	577	3%	18,436	18,368
Outpatients Procedure	652	646	(6)	(1%)	7,553	8,323	770	10%	7,454	7,553
Total Outpatients	**4,094**	**3,738**	**(356)**	**(9%)**	**45,843**	**46,361**	**518**	**1%**	**45,739**	**45,843**
ED Attendances	1,295	1,369	74	6%	15,071	15,461	390	3%	15,254	15,071
Community MIU	146	169	23	16%	1,747	2,021	273	16%	1,747	1,747
Total ED/MIU	**1,441**	**1,538**	**97**	**7%**	**16,818**	**17,481**	**663**	**4%**	**17,001**	**16,818**
Maternity - Delivery	849	1,002	152	18%	11,394	12,045	650	6%	11,027	11,395
Maternity Ante Natal	667	763	96	14%	8,954	8,486	(468)	(5%)	8,879	8,954
Maternity Post Natal	123	141	17	14%	1,603	1,575	(28)	(2%)	1,578	1,603
Total Maternity	**1,639**	**1,905**	**266**	**16%**	**21,953**	**22,108**	**155**	**1%**	**21,483**	**21,951**
Paed - Daycase/Elective	23	23	(0)	(%)	245	253	8	3%	245	245
Paed - Non Elective	453	508	55	12%	5,516	5,680	163	3%	5,738	4,898
Paed - Outpatient	224	218	(7)	(3%)	2,559	2,583	24	1%	2,571	2,559
Paed - H@H, Drugs, CQUIN	100	96	(4)	(4%)	1,671	1,605	(65)	(4%)	2,041	1,671
Paed - Neonatal Cot Days	287	300	13	4%	3,417	4,177	760	22%	3,357	3,417
Total Paediatrics	**1,087**	**1,144**	**58**	**5%**	**13,408**	**14,298**	**890**	**7%**	**13,951**	**12,789**
Chemotherapy Delivery	**324**	**342**	**18**	**6%**	**3,354**	**3,720**	**366**	**11%**	**3,287**	**3,354**
Drugs PBR Excluded	1,775	1,775	0	%	21,815	21,815	0	%	20,134	21,815
Critical Care ITU/HDU	862	779	(82)	(10%)	10,280	9,824	(456)	(4%)	9,439	10,280
Other Contract Income	4,990	3,529	(1,461)	(29%)	55,338	51,890	(3,449)	(6%)	50,600	55,338
Financial Sanctions	0	(478)	(478)		0	(4,107)	(4,107)		0	0
Risk Share	0	1,225	1,225		0	0	0		0	0
Total Other Contract Income	**7,626**	**6,831**	**(796)**	**(10%)**	**87,433**	**79,422**	**(8,011)**	**(9%)**	**80,173**	**87,433**
Non Contract Income	953	1,028	75	8%	9,707	9,259	(448)	(5%)	7,678	9,707
Income CIP	(0)	0	0	(100%)	(0)	0	0	(100%)	3,879	(0)
Phasing Adj	(788)	(788)	0	%	0	0	(0)	(1%)	0	0
	28,677	**28,030**	**(646)**	**(2%)**	**345,463**	**340,151**	**(5,312)**	**(2%)**	**340,087**	**345,463**

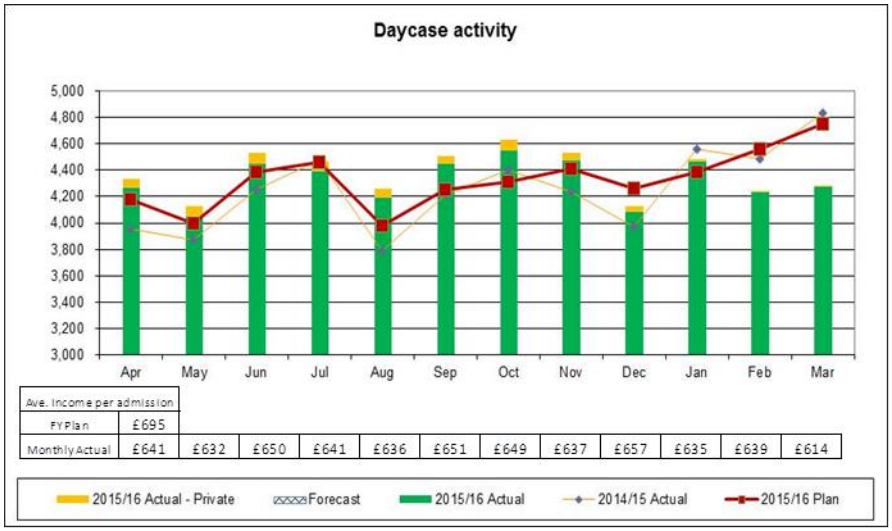
Activity

Worcestershire NHS
Acute Hospitals NHS Trust

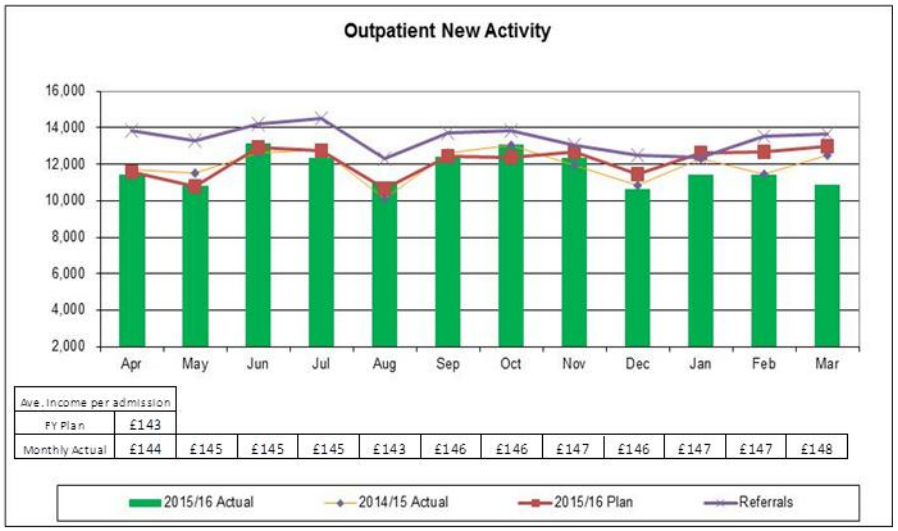
	In Month				YTD				Full Year	
	Plan	Actual	Var	%	Plan	Actual	Var	%	Initial Plan	Current Plan
Elective	904	693	(211)	(23%)	10,543	9,253	(1,290)	(12%)	10,465	10,543
Daycase	4,717	4,184	(533)	(11%)	51,587	52,186	599	1%	52,312	51,587
Non Elective - Emerg	3,296	3,595	299	9%	41,206	41,866	660	2%	41,623	41,206
Non Elective - Other	58	110	52	90%	740	638	(102)	(14%)	742	742
Total Inpatients	**8,975**	**8,582**	**(393)**	**(4%)**	**104,076**	**103,943**	**(133)**	**(%)**	**105,143**	**104,079**
Outpatients New	12,417	10,288	(2,129)	(17%)	139,321	133,889	(5,432)	(4%)	138,972	139,321
Outpatients F Up	20,548	19,837	(711)	(3%)	233,672	241,249	7,577	3%	234,822	233,672
Outpatients Procedure	3,894	3,882	(12)	(%)	45,368	48,375	3,007	7%	45,422	45,368
Total Outpatients	**36,860**	**34,007**	**(2,853)**	**(8%)**	**418,361**	**423,513**	**5,152**	**1%**	**419,216**	**418,361**
ED Attendances	12,346	12,878	532	4%	143,371	145,248	1,877	1%	145,414	143,371
Community MIU	2,510	2,913	403	16%	30,125	34,837	4,712	16%	30,125	30,125
Total ED/MIU	**14,856**	**15,791**	**935**	**6%**	**173,496**	**180,085**	**6,589**	**4%**	**175,539**	**173,496**
Maternity - Delivery	412	483	71	17%	5,719	5,750	31	1%	5,720	5,720
Maternity - Non Delivery	235	138	(97)	(41%)	3,123	2,309	(814)	(26%)	3,119	3,119
Maternity - Outpatient	3,504	3,941	437	12%	42,653	44,055	1,402	3%	42,653	42,653
Maternity Ante Natal	470	527	57	12%	6,344	5,959	(385)	(6%)	6,344	6,344
Maternity Post Natal	425	512	87	20%	5,591	5,766	175	3%	5,591	5,591
Total Maternity	**5,046**	**5,601**	**555**	**11%**	**63,429**	**63,839**	**410**	**1%**	**63,427**	**63,426**
Paed - Daycase/Elective	33	32	(1)	(4%)	360	381	21	6%	361	360
Paed - Non Elective	514	683	169	33%	6,248	7,357	1,109	18%	6,546	6,248
Paed - Outpatient	1,304	1,361	57	4%	14,615	15,900	1,285	9%	14,701	14,615
Paed - H@H, Drugs, CQUIN	0	0	0		0	0	0		0	0
Paed - Neonatal Cot Days	590	585	(5)	(1%)	7,006	8,213	1,207	17%	6,859	7,006
Total Paediatrics	**2,441**	**2,661**	**219**	**9%**	**28,230**	**31,851**	**3,621**	**13%**	**28,466**	**28,230**
Chemotherapy Delivery	**850**	**1,071**	**221**	**26%**	**8,967**	**11,243**	**2,276**	**25%**	**8,806**	**8,967**
Drugs PBR Excluded	0	0								
Critical Care ITU/HDU	805	765	(40)	(5%)	9,606	9,350	(256)	(3%)	8,923	9,606
Other Contract Income	0	0								
Total Other Contract Income	**805**	**765**	**(40)**	**(5%)**	**9,606**	**9,350**	**(256)**	**(3%)**	**8,923**	**9,606**
Non Contract Income										
Phasing Adj										

Elective, Day Cases & Outpatients New

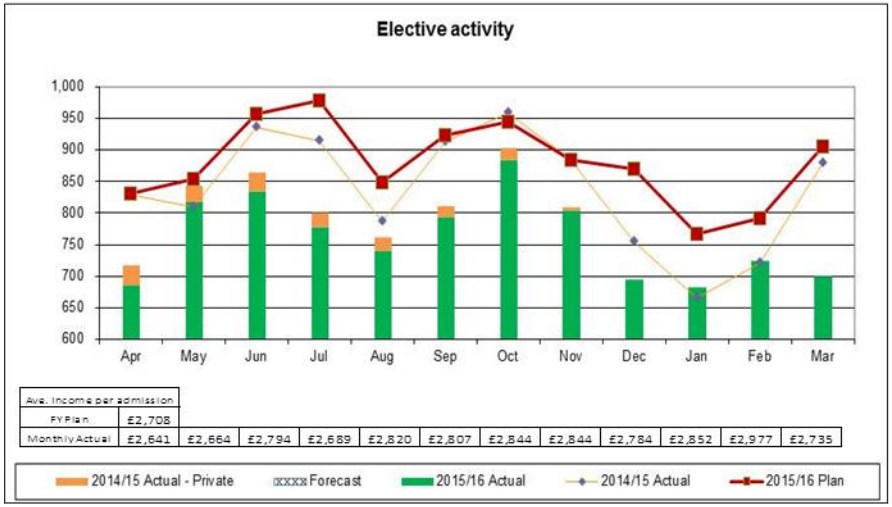
Worcestershire NHS
Acute Hospitals NHS Trust



Ave. Income per admission												
FY Plan	£695											
Monthly Actual	£641	£632	£650	£641	£636	£651	£649	£637	£657	£635	£639	£614



Ave. Income per admission												
FY Plan	£143											
Monthly Actual	£144	£145	£145	£145	£143	£146	£146	£147	£146	£147	£147	£148



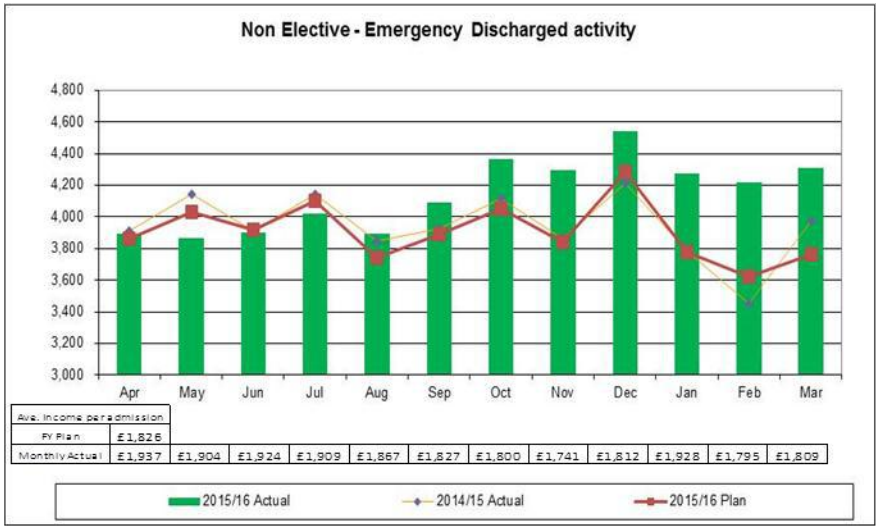
Ave. Income per admission												
FY Plan	£2,708											
Monthly Actual	£2,641	£2,664	£2,794	£2,689	£2,820	£2,807	£2,844	£2,844	£2,784	£2,852	£2,977	£2,735

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	4,453	56	793	18
Oct	4,554	80	882	20
Nov	4,474	65	803	5
Dec	4,090	39	693	0
Jan	4,466	17	681	0
Feb	4,235	1	723	0
Mar	4,279	5	699	0
YTD	51917	630	9125	173

Outpatients, Non Elective and A&E

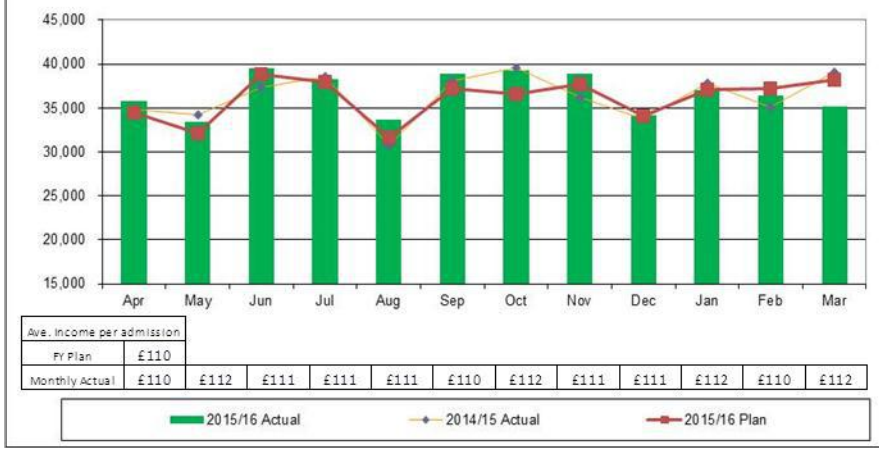
Worcestershire NHS
Acute Hospitals NHS Trust

Non Elective - Emergency Discharged activity



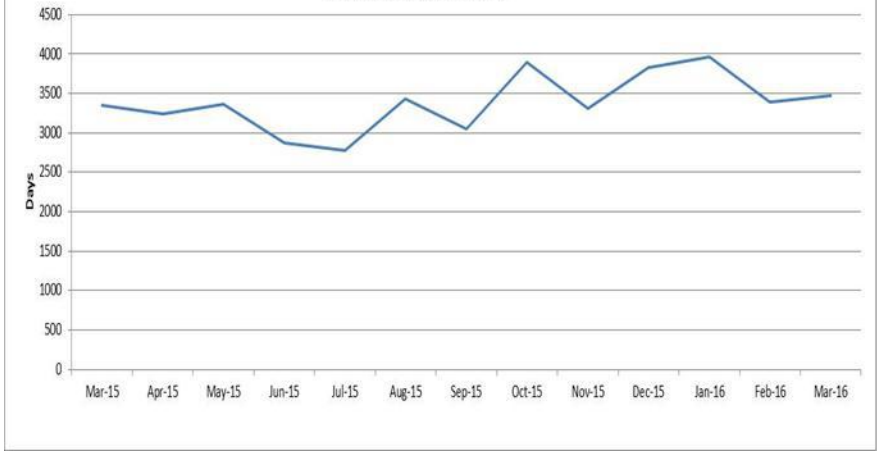
Ave. Income per admission												
FY Plan	£1,826											
Monthly Actual	£1,937	£1,904	£1,924	£1,909	£1,867	£1,827	£1,800	£1,741	£1,812	£1,928	£1,795	£1,809

Outpatient activity

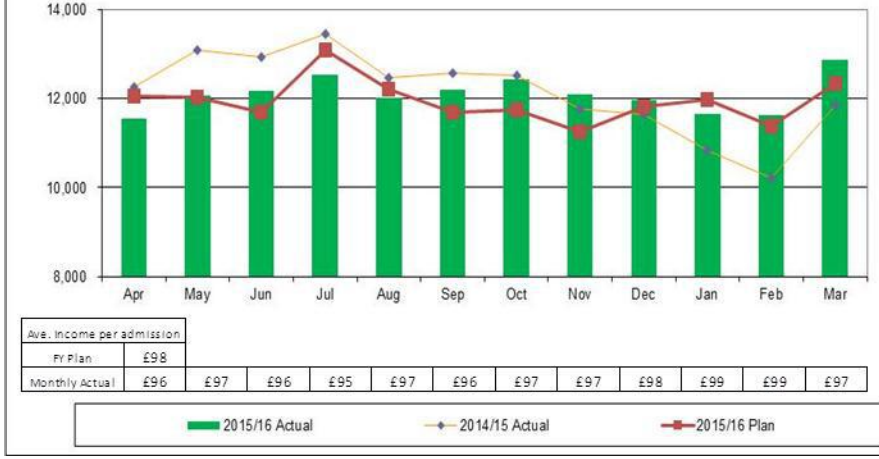


Ave. Income per admission												
FY Plan	£110											
Monthly Actual	£110	£112	£111	£111	£111	£110	£112	£111	£111	£112	£110	£112

Acute Beds Days Occupied by Patients Fit to Go March 15 to March 16



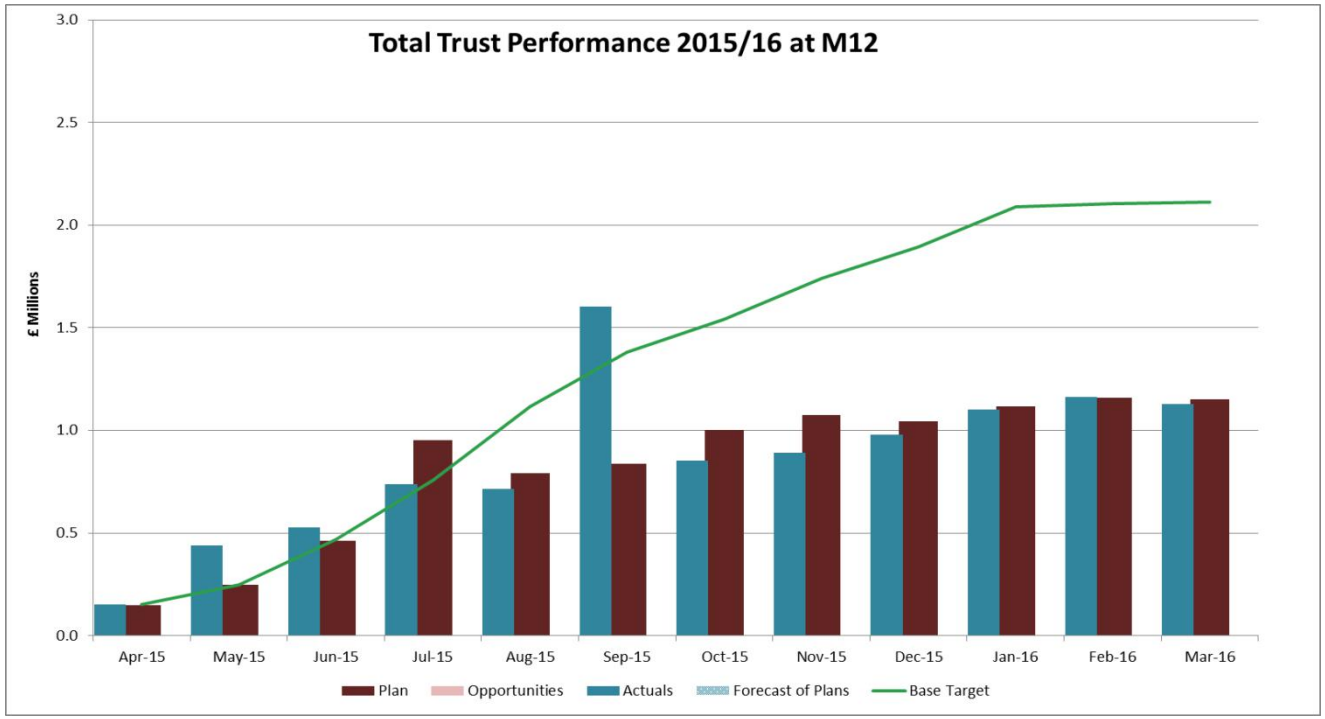
A&E activity



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

Internal QIPP

Worcestershire NHS
Acute Hospitals NHS Trust



Division	Base Target (£)	Plan (M12) (£)	Actual (M12) (£)	Variance Actual to Plan (£)	Variance Actual to Target (£)	% Actual v Base Target
Medicine	5,029,023	2,503,852	2,917,131	413,279	-2,111,892	58%
Surgery	2,136,113	1,690,000	1,568,248	-121,752	-567,865	73%
Women & Children	1,417,780	526,554	1,223,552	696,998	-194,228	86%
TACO	2,183,009	1,724,541	1,401,949	-322,592	-781,060	64%
Clinical Support	1,770,063	1,265,628	1,711,429	445,802	-58,633	97%
Asset Mgmt & IT	1,640,709	1,763,333	1,164,578	-598,756	-476,132	71%
Corporate	1,423,303	395,119	297,266	-97,853	-1,126,037	21%
Trustwide	0	0	0	0	0	0%
Total	**15,600,000**	**9,869,026**	**10,284,152**	**415,126**	**-5,315,848**	**66%**

Balance Sheet

Worcestershire NHS
Acute Hospitals NHS Trust

				Full Year			
Balance at 29th February 2016	Balance at 31st March 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
185,617	163,293	(22,324)	Property, Plant and Equipment and intangible assets, Net	296,943	270,796	(26,147)	182,933
84,820	80,261	(4,559)	Property, plant & equipment (PFI)	0	0	0	85,624
2,775	3,238	463	Other Assets, Non-Current	1,267	1,267	0	2,059
273,212	**246,792**	**(26,420)**	**Assets, Non-Current, Total**	**298,210**	**272,063**	**(26,147)**	**270,616**
			ASSETS, CURRENT				
8,309	7,081	(1,228)	Inventories	6,107	5,728	(379)	6,107
29,228	17,052	(12,176)	Debtors	21,831	30,594	8,763	29,174
7,431	2,199	(5,232)	Cash and Cash Equivalents	1,907	1,907	0	2,107
44,968	**26,332**	**(18,637)**	**Assets, Current, Total**	**29,845**	**38,229**	**8,384**	**37,388**
318,181	**273,124**	**(45,057)**	**ASSETS, TOTAL**	**328,055**	**310,292**	**(17,763)**	**308,004**
			LIABILITIES, CURRENT				
1,970	**1,970**	0	PFI leases, Current	1,936	1,936	0	1,970
103,766	**32,026**	(71,740)	Creditors < 1 Year	39,599	53,952	14,353	47,946
105,736	**33,996**	**(71,740)**	**Liabilities, Current, Total**	**41,535**	**55,888**	**14,353**	**49,916**
(60,768)	**(7,664)**	**53,103**	**Net Current Assets/(Liabilities)**	**(11,690)**	**(17,659)**	**(5,969)**	**(12,527)**
			LIABILITIES, NON CURRENT				
47,748	95,438	47,690	Creditors > 1 Year	44,061	95,570	51,509	36,168
72,185	72,021	(164)	PFI leases, Non-Current	72,055	70,273	(1,782)	73,991
0	0	0	Other Liabilities, Non-Current	0	0	0	0
119,933	**167,459**	**47,526**	**Liabilities, Non-Current, Total**	**116,116**	**165,843**	**49,727**	**110,159**
92,512	**71,669**	**(20,843)**	**TOTAL ASSETS EMPLOYED**	**170,404**	**88,561**	**(81,843)**	**147,930**
£000s	£000s		FINANCED BY :- PUBLIC EQUITY	£000s	£000s	£000s	£000s
184,536	184,564	28	Public Dividend Capital	224,992	184,564	(40,428)	183,996
60,539	42,729	(17,810)	Revaluation reserve	76,240	60,539	(15,701)	60,539
(861)	(861)	0	Other reserves	(861)	(861)	0	(861)
(151,702)	(154,763)	(3,061)	I&E Reserve	(129,967)	(155,681)	(25,714)	(95,744)
92,512	**71,669**	**(20,843)**	**TOTAL PUBLIC EQUITY**	**170,404**	**88,561**	**(81,843)**	**147,930**

Worcestershire NHS
Acute Hospitals NHS Trust

4 May 2016 **Enclosure G4**

Report to Trust Board

Title	**Financial Plan and Budgets 2016/17**
Sponsoring Director	**Rob Cooper – Interim Director of Finance**
Author	**Haq Khan – Deputy Director of Finance** **Jo Kirwan - Assistant Director of Finance**
Action Required	1. Actions are set out in Section 8.
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	2888 Deficit is worse than planned and threatens the Trust's long term financial sustainability. 2668 If plans to improve cash position do not work the Trust will be unable to pay creditors impacting on supplies to support service. 3193 If the Trust does not achieve patient access performance targets there will be significant impact on finances and patient experience.
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 3year period.

Key Messages

- The Trust has set budgets based on a £51.4m planned deficit. This may improve to a deficit of £38.3m as originally planned if the £13.1m Sustainability and Transformation Fund becomes available subject to a revised control total being agreed with the associated conditions.

- Financial values have been agreed with all commissioners in line with the Trust's financial plan but contract signatures are pending.

- A savings target of £24.3m is included within budgets for the divisions of which £9.7m has been achieved. Work is on-going around the second tranche of £14.3m.

Title of report	Financial Plan 2016/17 - Update
Name of director	Rob Cooper

- The capital plan has been reviewed by the divisions and Exec Team. It is over committed by £1.75m and will need to be managed through in-year slippage. Further capital loans have been flagged to support the reconfiguration (£3m), address backlog maintenance (£2.8m) and support recurrent savings and site rationalisation (£1.8m).

- Further cash support of £52.9m will be required in 2016/17.

- The Board needs to assure itself that assumptions have either been appropriately reflected in the financial plan or have robust mitigation plans.

4 May 2016 **Enclosure G4**

REPORT TO TRUST BOARD

1. Purpose of the Report

The report sets out progress with financial plans for 2016/17 particularly:

- 2016/17 contracting process
- 2016/17 planned position
- CIP/saving 2016/17 progress
- Budget setting
- Capital Programme
- Cash
- Next steps

2. 2016/17 contracting process

The Trust has been working closely with its Commissioners to agree activity baselines and demand assumptions for 2016/17 contracts. The national deadline for contract signature was 31st March 2016. Contracts were not agreed with the Worcestershire commissioners by this date triggering the dispute resolution process. Mediation by NHSI and NHSE took place on 22 April between the Trust and local commissioners which resulted in agreement of a PbR contract valued at £267.6m (including £5m of QIPP) in line with the Trust's financial plan.

Financial values have been agreed with Associate Commissioners. The majority of these commissioners form part of our main contract with Worcestershire CCGs so contract signature will only be achieved once the Worcestershire contract is signed.

Contract signature with NHSE is expected on 28 April 2016.

The total healthcare income contracts are in line with the financial plan.

3. 2016/17 planned financial position and budget setting process

The planned financial position submitted to the TDA on 11 April was a deficit of £51.4m. NHSI are considering resetting the Trust's control total to £38.3m in line with the Trust's original plan which would potentially give the Trust access to the £13.1m Sustainability and Transformation Fund subject to agreeing the conditions.

Financial plans have been based on:

- Budgets based on quarter 4 forecast run-rate. Adjusted for:
  - Non recurrent items
  - Agreed service changes
  - Trust CIP & Financial Recovery Plans

- Inflation has been based on tariff and planning guidance and contained within the assumptions made to date.

- Reserves and contingencies have been held for a general 0.5% contingency, income risk around contract agreement and a reduction in deanery posts.

- Growth has been assumed at 2%, with a higher rate for Drugs. This has been assumed at no margin. Should final agreement of this be different this will not impact the bottom line position.

- CIP targets to be deducted from budgets

- No impact of winter costs above those planned for 2015/16 have been included within the position.

- Service developments have been included based on agreed business cases with a net cost of £0.2m.

- £5m of Commissioner QIPPs have been included in contracts but expenditure has not been adjusted to reflect this. The Trust is working with Commissioners on a shared QIPP programme for 2016/17. The key work streams and leads have been identified and project plans are being developed. As this work progresses we will assess the potential in year impact of these on the Trust's expenditure base.

The table below shows the impact of the assumptions in arriving at the 2016/17 planned deficit of £38.3m in the scenario where the Trust receives the £13.1m STF.

2016/17 Financial Position	**£m**	**£m**
1516 Outturn		(59.9)
Reprovide 15/16	(1.3)	
Impact Q4 Run Rate	(5.6)	
		(66.8)
NR Income 14/15 outstanding issues	2.0	
NR Income 15/16 adjustment & contract risk	1.0	
		(63.8)
Service developments (net)	(0.2)	
		(64.0)
Tariff Increase	4.8	
Cost Pressures and inflation	(13.8)	
		(73.0)
0.5% contingency	(2.2)	
Deanery Contingency	(0.5)	
		(75.7)
£14.3m CIP	14.3	
£10m FRP	10.0	
Total Without S&T Fund		**(51.4)**
S&T Fund	13.1	
Total With S&T Fund		**(38.3)**

4. Divisional Budgets

Budget setting has been carried out in accordance with the principles outlined in the 'Budget Setting Policy 2016/17' and covered within section 3.

The table below provides a summary of the start point recurrent budgets for the Divisions. At the time of writing this paper Healthcare income budgets are yet to be assigned at Divisional level pending the finalisation of the 2016/17 detailed contract model with commissioners. CIP targets have been assigned to Divisions with the exception of procurement and drugs which will be aligned to the detailed plan.

Division	Included in start point		Start point budget £m
	CIP £10m	CIP £14.3m	
Medicine	4.0	3.7	(91.6)
Surgery	1.0	2.8	(55)
Women's & Children	0.7	0.9	(35)
Specialised Clinical Services	2.5	2.4	(124)
AMIT	-	2.1	(53)
Corporate	1.6	0.9	(27)
Central Trust wide	0.3	1.5	(24.3)
Divisional Totals	**10.0**	**14.3**	**(410.3)**
Healthcare Income	0	0	358.9
Total	**10.0**	**14.3**	**(51.4)**

Note – Divisional budgets include 'other operating revenue

The following key items remain in Trust reserves and will be devolved to Divisions on the basis of activity or the associated risk materialising:

- 2% growth applied to 2015/16 outturn activity
- General 0.5% contingency
- Income risk around contract agreement
- Reduction in deanery posts
- £0.7m CIP contingency as Divisions have been tasked with identification of £15.3m as opposed to the agreed £14.3 target in recognition that not all schemes will deliver from the 1st April 2016. This is reduced by £0.3m shortfall against the £10m target following Divisional identification of £9.7m.
- Developments not yet started e.g. Bowel Scope roll out and A&E expansion

4.1 Budget Sign Off

The formal divisional sign off for 2016/17 budgets is in progress. Appendix A contains a copy of the letter sent to budget holders i.e. Medical Director, Director of Operations and Nursing Director for each of the Clinical Divisions or Directors in the case of Corporate and AMIT Divisions.

This letter provides an overview of the 2016/17 planning assumptions formalising Divisional budget sign off and outlines the budget responsibilities of Budget Holders and the consequence of any unauthorised breach of budgetary expenditure limits.

Budget holders have been advised that the signed activity and budget statement must be returned to Finance by 13 May 2016.

In addition the Director of Finance and Chief Operating Officer will be holding a formal budget sign off session with the Divisions in early May which will provide the Divisional Management Teams with an overview of the contract and budget basis for 2016/17 and ensure that the Divisional Management Teams are fully aware of their role and responsibility as budget holders.

In addition, wider presentations covering budget manager's responsibilities will take place in May.

5. Capital Programme

The Trust's internally generated resource will be principally committed to essential works and equipment replacement.

The detailed capital programme has been reviewed by Divisions. The Exec Team have agreed the capital programme set out below after considering the divisional feedback received.

The proposed capital plan for 16/17 shows an over commitment against the plan by £1.75m. The over commitment will be managed through slippage and regular reviews of the position with the workstream leads and finance to ensure the Trust meets its CRL. There is no contingency built into the capital programme.

The key points to note from the draft capital plan set out in the table below are:

- The only agreed capital loan within the draft plan for 16/17 relates to the Emergency Department (ED) at WRH, estimated to be £1.386m.

- Almost £7m of the capital programme is subject to successful loan applications. If the business cases and loans are not agreed then these schemes cannot proceed. The risk associated with backlog maintenance will need to be kept under review.

- The draft plan includes £3m for the anticipated capital loan in 16/17 to support the implementation of the service reconfiguration. Working to a total capital requirement of £35m for implementation of ASR over a three year period.

- Further schemes are being reviewed to include invest to save schemes with a potential for at least a 1 to 1 return including the closure of Aconbury East and A Block at Kidderminster and the expansion of car parking on the WRH site. These are estimated at £2m in 16/17 funded via further capital loans subject to business cases.

- The draft plan also includes an estimated £2.8m for a distressed capital loan application for backlog maintenance, subject to a business case being presented.

- It is proposed that TAU is supported from the capital programme in 16/17, at an estimated cost of £170k.

- Receipts from the Sale of Land at Redditch have been included at an estimated Net Book Value of £325k which was deferred from 15/16. There is potential to release further surplus land for sale which is being reviewed by the Director of Asset Management and ICT but not included above as yet.

- The ICT plan is estimated at £2.5m which includes the expenditure to finalise the Data Centre scheme (£1.8m). There is an opportunity to bid for central digital roadmap funding, which the Director of Asset Management and ICT is reviewing.

Capital Plan	2016/17 Plan £000's	16/17 Proposed Schemes £000's	16/17 Variance to Plan £000's
Funding			
Depreciation	7,592		
Capital Loan - ED Expansion	1,386		
Anticipated Capital Loan - ASR	3,000		
Anticipated Capital Loan - Invest to Save	2,000		
Distressed Capital Loan - Backlog Maintenance	2,756		
CRL	**16,734**		
Existing Capital Loan Principal Repayments	(2,756)		
Total Available Capital Funding	**13,978**		
Expenditure			
ED Expansion	1,386	1,386	0
TAU	170	170	0
MRIEnbaling Works (Alex)	0	255	(255)
ASR - Subject to Loan Funding	3,000	3,000	0
Sub Total Developments	4,556	4,811	(255)
Property & Works	1,791	2,330	(539)
Invest to Save - Subject to Loan Funding	2,000	2,000	0
Backlog Maintenance - Subject to Loan Funding	2,756	2,756	0
Sub Total P&W	6,547	7,086	(539)
Equipment	700	700	0
Sub Total Equipment	700	700	0
ICT	700	1,661	(961)
Data Centre	1,800	1,800	0
Sub Total ICT	2,500	3,461	(961)
Total Expenditure	**14,303**	**16,058**	**(1,755)**
Alex Land Disposals	(325)	(325)	0
Sub Total Donations/Receipts	**(325)**	**(325)**	**0**
Total Net Expenditure	**13,978**	**15,733**	**(1,755)**

6. Cash

Throughout 2015/16 the Trust has required significant levels of working capital in order to meet its financial commitments. The Trust has received cash support of £61.9m to cover the £59.9m deficit for 2015/16, loan principal repayments, the capital element of the unitary payment and the working capital movement. The cash support has been received through interim revenue support facility loans and revolving working capital loans. This leaves the Trust with a £7.5m shortfall in cash funding in comparison to April 2015. Consequently, the Trust has only paid half of the invoices (by value) within 30 days on average YTD but this has been on a deteriorating trend.

The total cash requirement for 2016/17 is £52.9m based on:

- Planned deficit £38.3m
- 15/16 cash shortfall £7.5m
- Loan principal repayments £5.1m
- Capital element of the unitary payment £2.0m

This level of cash support will return the Trust's cash position to April 2015 levels. Even at this level the Trust will only be able to pay 70% of suppliers within 30 days.

The Trust will be required to submit a revised cash flow forecast for the next financial period confirming cash requirements by month. These requests will be considered on a month by month basis by the TDA, and then forwarded to the DH for a decision.

7. Assumptions

The key assumptions underlying the financial plan are:

- **Achievement of Savings Schemes –** At £24.3m this would be the highest level of savings achieved by the Trust. Any slippage in the achievement of this will cause an equal movement in the Trust's deficit position.

- **Winter** – No impact above those planned for 2015/16 has been included within the position. Any increase in stranded patients or a reduction in the amount of elective activity would have a detrimental impact to the plan depending on the contractual arrangements.

- **CCG Affordability –** With a PbR contract the Trust needs to recognise that significant over performance against the contract will create affordability issues for commissioners.

- **Cost of Transformation –** Additional costs around external and interim costs the Trust may be required to fund.

- **Delays in Reconfiguration –** This would constrict the potential progress on some of the key drivers of the deficit, particularly around the ability to recruit to medical posts.

- **Lack of Progress on System Flow –** The Trust needs to continue to improve flow and reduce the numbers of stranded patients; a number of the actions will require support form health economy partners. Should flow not be restored to the local health economy, this would detrimentally impact the Trust's financial position.

- **Impact of Commissioner QIPPs –** The Trust is working with Commissioners on a shared QIPP programme for 2016/17. The key work streams and leads have been identified and project plans are being developed. As this work progresses we will assess the potential in year impact of these on the Trust.

- **Deanery Posts –** Deanery posts not filled or decommissioned over and above those the Trust has already been notified of.

8. Actions

- The Board needs to assure itself that assumptions have either been appropriately reflected in the financial plan or have robust mitigation plans.
- Formal divisional sign off of activity plans and income and expenditure budgets by 13 May 2016.
- Hold presentations covering budget holder responsibilities by end of May.
- Progress contracts with commissioners and obtain signed contracts as soon as possible.
- Finalise and implement the plans for the £14.3m CIP target by end of May.
- Agree workforce plans for recruitment to medical and nursing staff by end of June 2016.

Rob Cooper
Interim Director of Finance

Appendix A - 2016/17– Budget Sign Off

Dear BUDGET HOLDER,

I am writing to you to provide an overview of the 2016/17 financial planning assumptions and to formalise Divisional budget sign off.

The Financial plan for 2016/17 is currently based on a planned deficit of £38.3m in a scenario where the Trust receives £13.1m from the National Sustainability & Transformation Fund. In order to ensure the Trust can access these funds it must achieve its financial control target and effective budget management is fundamental to this.

Key assumptions

The financial plan for 2016/17 has been developed with the following key assumptions:

- 2016/17 expenditure baseline reflects Q4 2015/16 forecast outturn run rate adjusted for:
    - non recurrent items
    - agreed service changes
    - Trust CIP & financial recovery plans
- Inflation has been based on tariff and planning guidance
- Growth has been assumed at 2%, with a higher rate for drugs
- CIP targets have been deducted from budgets
- No impact of winter costs above those planned for 2015/16 are included within the position
- Service developments have been included based on agreed business cases with a net cost of £0.2m
- No in year impact of Commissioner QIPPs have been included in budgets. The Trust is working with Commissioners on a shared QIPP programme for 2016/17. The key work streams and leads have been identified and project plans are being developed. As this work progresses we will assess the potential in year impact of these on the Trust.

Budget responsibilities and expectations

As budget holders the Divisional Medical Director, Divisional Director of Operations and the Divisional Nursing Director are responsible for ensuring that:

(a)any likely overspending or reduction of income which cannot be met by agreed budget transfers is not incurred without the prior consent of the Board;

(b)the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised subject to the rules of budget transfers;

(c)no permanent employees are appointed without the approval of the Chief Executive other than those provided for within the available resources and manpower establishment as approved by the Board.

Budget holders are accountable for managing their budgets effectively and any unauthorised breach of budgetary expenditure limits represents a violation of the Trust's Standing Financial Instructions and is a serious disciplinary matter.

In signing off the Divisional budget you accept responsibility for effective management of the budget allocated as part as part of the 2016/17 budget setting process and also reaffirm your commitment to carry out all actions / duties in accordance with the Trusts Standing Orders, Standing Financial Instructions and Scheme of Delegation.

You are required to sign off the attached budget statement and return to me by the 13th May 2016

Please do not hesitate to contact me if you need to discuss any of the content contained in this letter.

Kind Regards

Rob Cooper
Interim Director of Finance

Budget Setting 2016/2017 Sign off Schedule

DIVISION - xxxxxx

	Pay £000's	Non-Pay £000's	Directorate Income £000's	*Patient care Income £000's	Total £000's
Q4 x 4 baseline					0
Adjust non recurrent					0
Adjust full year effect items					0
Recurrent baseline moving into 16/17	**0**	**0**	**0**	**0**	**0**
Budget Changes:					
Inflation - inc drift/NI/pay awards					0
Approved Business Cases					
New cost pressures					0
Start point budget before CIP	**0**	**0**	**0**	**0**	**0**
2016/17 CIP	0	0	0		0
Start point budget 2016/17	**0**	**0**	**0**	**0**	**0**

Divisional Medical Director		Date	
Divisional Operational Director		Date	
Divisional Nursing Director		Date	

Supporting Comments

Elective - Inpatient		
Elective - Daycase		
Non Elective Inpatient		
Non Contract Income		
A&E Attendances		
Other Contract Income		
Total Healthcare Income Plan	0	0

Note:-
The above budgets exclude Service Line Recharges.

In signing off your budgets you:

1. Accept responsibility to effectively manage the budget and control costs.
2. Reaffirm your commitment to carry out all actions / duties in accordance with the Trusts Standing Orders, Standing Financial Instructions and Scheme of Delegation.

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