

Trust Board

There will be a meeting of the Trust Board on Friday 9 November 2018 at 10:00 in Crompton Rooms A&B, Charles Hastings Education Centre, Worcestershire Royal Hospital, Worcester.

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



Sir David Nicholson
Chairman

Agenda		Enclosure
	Staff story: Miss Alex Blackwell, Guardian for Safe Working <i>Introduced by Mr Graham James</i>	
1	Welcome and apologies for absence	
2	Items of Any Other Business <i>To declare any business to be taken under this agenda item.</i>	
3	Declarations of Interest <i>To declare any interest members may have in connection with the agenda and to note that the updated register, to include the Deputy Chief Executive and the new Associate Non-executive Director is on the website.</i>	
4	Minutes of the previous meeting <i>To approve the Minutes of the meeting held on 13 September 2018 as a true and accurate record of discussions.</i>	Enc A
		<i>For approval</i>
5	Action Log	<i>For noting</i> Enc B
6	Chairman's Report	<i>For noting</i> Enc C1
7	Chief Executive's Report	<i>For noting</i> Enc C2
8	Integrated Performance Report	Enc D
8.1	Introduction Chief Executive	<i>For assurance</i>
8.2.1	Section 1 – Quality Performance Report Chief Nurse/Deputy Chief Medical Officer	
8.2.2	Quality Governance Committee Assurance report Quality Governance Committee Chairman	
8.3.1	Section 2 – Operational & Financial Performance Report	

Interim Chief Operating Officer/Chief Financial Officer

8.3.2 Finance and Performance Committee Assurance Report
Finance and Performance Committee Chairman

8.4.1 Section 3 – People and Culture Performance Report
Director of People and Culture

8.4.2 People and Culture Committee Assurance Report
People and Culture Committee Chairman

9 Strategy

9.1 People and Culture Strategy – refresh **Enc E1**
Director of People and Culture

9.2 Digital Strategy **Enc E2**
Chief Financial Officer/Deputy CMO

10 Governance

10.1 Report on Nurse Staffing Levels – August to September 2018 *For assurance* **Enc F1**
Chief Nurse

10.2 System Resilience Winter Plan *For assurance* **Enc F2**
Chief Operating Officer

10.3 Flu campaign – staff *For approval* **Enc F3**
Director of People and Culture

10.4 Freedom to Speak Up Guardian *For assurance* **Enc F4**
Director of People and Culture

11 Stakeholders

11.1 Communications and Engagement update *For assurance* **Enc G1**
Director of Communications and Engagement

11.2 Local Maternity System *For assurance* **Enc G2**
Herefordshire and Worcestershire Local Maternity System
Senior Midwife/Manager *Presentation*

12 Assurance Reports from Board Committees

12.1 Audit and Assurance Committee Report *For approval* **Enc H1**
Audit and Assurance Committee Chairman

12.2 Charitable Funds Committee Report *For assurance* **Enc H2**
Charitable Funds Committee Chairman

12.3 Remuneration Committee Report *For approval* **Enc H3**
Chairman



12.4 Quality Governance Committee
Committee Chairman

For approval

Enc H4

Any Other Business *as previously notified*

Date of Next Meeting

The next public Trust Board meeting will be held on 10 January 2019 in Crompton Rooms A&B, Charles Hastings Education Centre, Worcestershire Royal Hospital

Public Q&A session

MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON

**THURSDAY 13 SEPTEMBER 2018 AT 10:00 hours, the Board Room, Alexandra
Hospital, Redditch**

Present:

Chairman: Sir David Nicholson

Board members: (voting)	Suneil Kapadia	Chief Medical Officer
	Michelle McKay	Chief Executive
	Inese Robotham	Interim Chief Operating Officer
	Jill Robinson	Director of Finance
	Philip Mayhew	Non-Executive Director
	Vicky Morris	Chief Nursing Officer
	Bill Tunnicliffe	Non-Executive Director
	Steve Williams	Non-Executive Director
Mark Yates	Non-Executive Director	

Board members: (non-voting)	Richard Haynes	Director of Communications
	Richard Oosterom	Associate Non-Executive Director
	Tina Ricketts	Director of People and Culture
	Kimara Sharpe	Company Secretary
	Sarah Smith	Director of Strategy and Planning

In attendance:	Cathy Geddes	NHS Improvement Director
	Jackie Edwards	Deputy Chief Nurse (item 65/18 only)

Public Gallery:	Press	1
	Public	4 plus one staff member

Observers:	John Murray	Deloitte
	Tom West	Deloitte

Apologies:	Anita Day	Non-Executive Director
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64/18 **WELCOME**
Sir David welcomed everyone to the meeting.

65/18 **Patient Story**
Sir David was pleased to introduce the Patient Story. He emphasised the importance of ensuring Board members were focussed on the patient during the meeting. He asked Mrs Morris to introduce the Story.

Mrs Morris explained that the Story was complex. Board members had received a synopsis of the story written by the son of the patient. Mrs Edwards would present the lessons learnt.

Mrs Edwards explained that she had been working with Mr A (the son) and she was presenting the lessons learnt. Mrs S had been a patient within the Trust in early 2017. She had been transferred to a nursing home where she died in February 2017.

Mrs S had multiple health problems but had been independent. She was an out-patient for many years. She deteriorated very quickly over Christmas 2016 and Mr A found himself the decision maker in his mother's care. There were three main lessons to learn.

1 Lack of involvement of carers: Mr A had raised concerns with the Trust over the lack of mobility of his mother and her nutritional status. Mrs S developed a pressure ulcer whilst under our care. The Trust was concentrating on Mrs S's health problems and not reviewing her holistic needs. The Trust now has open visiting across the wards, introduced malnutrition scoring and quality audits.

2 Investigation into the development of the pressure ulcer: The ward matron had undertaken the root cause analysis into the formation of the pressure ulcer. The result was that the pressure ulcer was unavoidable. However the investigation did not include other factors such as the holistic care for Mrs S. The process has now been changed and the Tissue Viability Nurse takes an active role in the investigation. There is a round table discussion together with the deputy CNO and learning is reviewed at that meeting. Relatives are also included when possible in this process.

3 Multiple contacts: Mrs S was admitted via the Medical Admissions Unit (MAU). She went to Ward 17, the discharge lounge, a nursing home. At each stage her history was given to staff. There was no effective communication between each area. If she had been admitted now, she would be on the frailty pathway and be part of the frailty unit. Currently Mrs Edward is reviewing how the Trust can work more closely with nursing homes to avoid this situation happening again.

Mrs Morris concluded the story by thanking Mr A for his approach to ensuring that lessons were learnt from his mother's story. He was now participating in master classes with staff to ensure that the learning is embedded within the organisation.

Sir David wondered why Mrs S was not on the frailty pathway when she was admitted. Mrs Edwards explained that it was not in place as is it now. Mrs Smith stated that the service was in a pilot phase during the winter of 2017/18 and now the service is 12 hours a day, seven days a week. She was working on a frailty strategy which covered both the hospital and the community services including GPs.

Sir David asked what the impact would have been on Mrs S in relation to the development of the pressure ulcer if the trust had involved Mr A in her care. Mrs Edwards stated that Mrs S had been quite mobile and independent prior to being admitted. The Trust should have encouraged mobility but instead had accepted the disengagement of Mrs S in her own care which resulted in the lack of mobility and the development of a pressure ulcer.

Mr Williams asked how frail patients were on the frailty pathway if they had come to Worcester Royal emergency department. Ms Smith explained that a scoring matrix is being developed for patients over the age of 65. By utilising this, all patients needing the frailty pathway can be rapidly assessed and frailty staff can in reach to WRH if the patient needs acute care.

Dr Tunnicliffe stated that the story shows clearly the demographic challenge facing the NHS. The focus is shifting from the acute care to whole population care. It was so important to look holistically.

Mr Mayhew wondered how the lessons could be embedded. Mrs Morris explained about

national John's Campaign and the work that each ward is doing to sign up to this campaign. She explained about the passports for carers. The signing up for the Campaign will be part of Ward Accreditation which the Quality Governance Committee (QGC) is reviewing.

Dr Kapadia welcomed the story. He stated that more work was needed with the community. He was disappointed that the Trust was not able to recruit clinicians into the key roles to take this forward.

Sir David thanked Mrs Edwards for telling the story. He asked Dr Tunnicliffe as chair of QGC to review the learning from the story and to ensure that the Trust embeds that learning. He will write to Mr A to thank him for the work that he has undertaken with the Trust.

ACTION: QGC to oversee the learning from the story. (Mrs Morris to lead)

66/18

ANY OTHER BUSINESS

There were no items of any other business.

67/18

DECLARATIONS OF INTERESTS

There were no additional declarations of interest. Board members were reminded that the Register is on the website.

68/18

MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 17 JULY 2018

RESOLVED that:-

- The Minutes of the public meeting held on 17 July 2018 be confirmed as a correct record and be signed by the Chair with the addition of Mr Yates as being in attendance.

69/18

MATTERS ARISING/ACTION SCHEDULE

Mrs Sharpe reported that all actions had been completed.

Sir David asked whether there were detailed plans in place for the achievement of the targets. Ms Robotham confirmed this and they have been presented to the Finance and Performance Committee.

70/18

Chairman's Report

Sir David expressed his regret that Mrs McKay was leaving the Trust in December to take up a senior role in her home country of Australia. She has had a significant impact on the organisation, particularly through creating a stable and permanent executive team; developing partnerships across the health economy and leading the cultural change programme. He thanked her for her contribution. Sir David explained that the recruitment for her replacement was already underway. The interview date has been determined. He was keen to ensure that there was no significant gap between her leaving and the new CEO starting.

Since the last meeting, Mrs Day has been appointed a Non-Executive Director and Dame Julie Moore will start as an associate Non-Executive Director on 1 October. Both will bring expertise and knowledge to the Board.

Finally, Sir David confirmed that the Governance Review was underway and the report should be with the Trust at the end of October.

RESOLVED that the Board:-

- Approved the committee membership
- Noted the report.

71/18

Chief Executive's Report

Mrs McKay reported that the new Chief Operating Officer/deputy CEO, Paul Brennan will commence on 1 October. She thanked Ms Robotham for her work as Interim Chief Operating Officer, in particular her unwavering commitment to the Trust and her personal support.

She was pleased that the final condition on the Trust registration with the CQC has now been lifted. This is the first time since March 2015 that there have been no conditions on the Trust registration.

She asked for the Board to note the use of the Common Seal as outlined within her report.

Finally she referred to the learning from national reviews. She explained that the People and Culture Committee were reviewing the lessons from the tragic suicide of a staff member from another trust; the Finance and Performance Committee would be reviewing the financial governance in the light of the report from Barking and Havering and when the Kirkup review is complete she would be reviewing the approach to fit and proper persons. She reminded members that the Trust has already taken on board some recommendations from the earlier Kirkup review into the Freedom to Speak Up Guardian and the Quality Impact Assessment process.

Resolved that:-

The Board

- Noted the use of the common seal for 2017/18.
- Received the report for noting.

72/18

INTEGRATED PERFORMANCE REPORT

72/18/1

Executive summary

Sir David introduced this report. He was pleased to see a report which covered both the performance of the Trust and the feedback from the individual committees.

Mrs McKay stated that the report was still being improved. She asked for feedback on the content and construction of the report.

She stated that the Trust continues to be challenged in terms of operational performance. Some areas were improving such as no patients waiting over 52 weeks and the number waiting between 41 and 52 weeks has reduced again. A number of the quality and safety metrics improvements have been sustained. However, financial performance is fragile which is largely driven by the income position of the Trust. There is a continued focus on mandatory training and personal development reviews as well as the cultural change programme.

72/18/1

Quality Performance/Quality Governance Committee Assurance Report

Dr Kapadia stated that the target for the length of time a patient with a fractured neck of femur time waited for theatre was not met but when excluding patients who were not fit for surgery, the trust was above the national average. There had been a clear improvement programme in place to improve this metric over the past 18 months. VTE performance was becoming more of a sustained picture at 95% and a range of actions were in place to improve this. Mortality reviews had dipped during the summer but was showing improvement to 58% with another dip to 51%. This is better than in the past.

Mrs Morris explained that there had been six cases of *c diff* in July. This was probably a seasonal increase. A further review by NHS Improvement in August on universal infection control precautions and environmental cleanliness resulted in an improvement in the rating to amber.

Sir David asked Dr Tunnicliffe to report as chair of the Quality Governance Committee.

Dr Tunnicliffe was pleased with the progress in the metrics. He was keen to refocus his committee on outcomes, not process. He was looking forward to the away day in early October to make progress on this. He stated that governance processes were maturing although there were still gaps in relation to the Clinical Governance Group. Embedding the QGC agenda with the divisions and into the wards and frontline was also imperative.

Sir David asked Mrs Geddes on her views of the quality agenda. Mrs Geddes endorsed the views of Dr Tunnicliffe. The divisions need support for their governance systems and processes and the data needs to be used intelligently to improve outcomes for patients. She was reviewing the agenda for the Clinical Governance Group and welcomed the development of the performance review meetings where quality issues will be performance managed. There had been progress over the last few months.

Mr Yates asked for more detail in relation to the appointment of medical examiners and the performance in relation to mortality reviews. Dr Kapadia confirmed that some medical examiners have been appointed. There are still gaps. The dip in the summer was due to the process being changed. His aim was to have over 60% of deaths reviewed in 30 days. Dr Tunnicliffe stated that the QGC had this as a priority and he would be meeting the medical examiners to understand more about the process.

Mr Williams expressed concern about the quality of the divisional governance processes. He wondered when this would be sorted. Mrs Morris explained that the separation of the functions of the CGG and the performance review meetings would help this maturity. Mrs Geddes said that standard agendas would be rolled out by November.

Sir David stated that the membership of the CGG needed to be right and asked whether clinical leaders, including those below the divisional leadership team were aware of their responsibilities in relation to quality. Mrs Morris agreed that this needs to be further developed and this is on track for the end of the year.

Sir David then turned to quality improvement and asked for an update. Mrs Morris explained that the Trust is working with NHS Improvement Collaboratives. These provide the tools and techniques for quality improvement. There is on-going training. Dr Tunnicliffe stated that this was part of the Ward Accreditation programme. Mrs Geddes stated that the Head of Improvement post was key to this agenda and this is out to advert. There is a vision for an improvement faculty.

Resolved that

The Board

- Noted the Committee's discussion in respect of the Board Assurance Framework
- Received the report for assurance

72/18/2

Financial Performance/Finance and Performance Committee Assurance Report

Ms Robinson reported that a key element of the negative variance was the lack of income. This was significantly behind the plan. A detailed analysis was presented to the Finance and Performance Committee. There had been lower complexity of cases which meant a lower income. There was a marginal turnaround in August and this will continue into September.

There had been a step change in the cost improvement plan (CIP) in July and August, primarily due to procurement. Workforce and theatre productivity had also made changes. The vacancy factor continued to impact on agency and bank spend which was higher than expected. The Sustainability and Transformation Fund (STF) money had not been forthcoming as targets had not been met.

She reported that work with NHS Improvement continued on a monthly basis to secure cash.

There will be a detailed analysis for the month 4 position which will come to the Board in October following the Finance and Performance Committee.

Mr Mayhew gave the finance report from the Finance and Performance Committee. The Committee had reviewed the income drop and felt that this was being managed proactively. There was a commitment to the medium term financial strategy. This would enable the Trust to look ahead and review the next 3 years instead of year on year. He felt that the CIP was as it should be but stated that there was still hard work to ensure achievement.

Mr Yates expressed concern that the income was down. He felt that there should have been better planning to ensure that this did not happen. Ms Robinson explained that the plan for this year had been to increase activity. However there was a problem with staffing theatres and there were difficulties in ensuring adequate levels of staff. Locums were in place and the Division was working hard to fill the positions. Ms Smith pointed out that the Trust had been over reliant on waiting list initiatives which had been reduced in 2018/19.

Mr Yates wondered whether the Trust had the right people in the right place. Activity should increase in the summer but many people take holidays. Mr Mayhew explained about the theatre productivity work (6 weeks, 4 weeks then 2 weeks prior to the list) which takes into account the seasonality and capacity. Mrs McKay stated that the theatre productivity work has shown a significant amount of underutilised theatre capacity and not enough resources.

Dr Tunnicliffe advocated the use of the appraisal system to ensure accountability. Dr Kapadia explained that the job planning redesign was being clinically led.

Mr Williams turned to the pressures on beds. He was unsure as to whether the additional beds in Aconbury were sufficient to meet the needs over winter.

Sir David stated that a three year financial and service plan was needed. CIPs for the next few years needed to be developed.

He invited Ms Robotham to speak about the operational performance.

Ms Robotham stated that the cancer two week wait performance had improved for both breast and all cancers. The August performance (unvalidated) was 80.2% and September to date was 85.32%. The Gynae capacity issues had been resolved and the breast service was now booking people within 2 weeks. This service remains fragile due to the lack of breast radiologists. There remained challenges with dermatology which is highly reliant on locums.

The cancer 62 day standard was at 78.70% in August. She expected the 80% to be met in September. The biggest challenge is urology in respect of biopsy capacity. The urologists were engaged with the improvement plan so this should improve.

Dr Tunnicliffe commended Ms Robotham on the performance turnaround. He wondered what had been done to achieve this. Ms Robotham explained that the demand tool now in place was supporting the clinicians. This tool was going to be published by NHS Improvement citing Worcestershire as an exemplar Trust. The new cancer manager was also making a difference with their grip and control.

Mr Mayhew expressed concern that the surge areas were still being utilised. He wondered how the Trust would ensure the capacity was there in the coming months.

Sir David commended the progress being made.

Ms Robinson asked for approval for the signing of the deed of variation with the PFI provider in relation to energy. She explained that the detail had been reviewed by the Finance and Performance Committee. She also asked for delegated authority to progress the next stage of the work. This was agreed.

Resolved that:

The Board

- Noted the financial position at the end of July
- Noted that as a result of the YTD position, the Trust has not accessed the financial element of the SPF £2.7m. In addition, the Trust has not met the required EAS standard that attracted £1.2m.
- Noted the continued requirement for access to interim revenue support (cash) in line with the planned 2018/19 I&E deficit position, and that the level of interim revenue support will increase where the Trust is unable to access the full allocation of PSF.
- Noted that the Trust is in the process of finalising a robust year-end forecast, which will be presented to the September Finance and Performance Committee
- Robust actions are in place to improve Patient Care income levels
- The CIP programme has made good in-month progress
- Operational Performance data is able to support decision making and that tools are in place to work up realistic predictions
- The Committee's reporting agenda does reflect robust financial governance

The Board approved:

- That the Trust enters into the Deed of Variation with the PFI partner to get the best possible deal
- Delegated authorisation to the Chief Financial Officer the ability to execute the variation in the PFI deed.

72/18/3

People and Culture Performance/People and Culture Committee Assurance Report

Ms Ricketts confirmed that there has been slight progress on the numbers of staff having a personal development review (PDR) and those attending mandatory training. She was now linking this work to the 'must dos' for the CQC.

Recruitment and retention was stable for medical and qualified nursing vacancies. The refreshed recruitment and retention plan had been discussed at the recent People and Culture Committee and there were a number of initiatives in place for the winter period. These will show improvements in both areas. Bank and agency spend was a concern.

Mr Yates stated that the People and Culture Committee continued to evolve. He recommended limited assurance in relation to this agenda. He stated that he was pleased that the Trust had solved the issue of DBS checks for staff working for the PFI partner. He was satisfied that relevant checks were now in place. The Committee received regular reports on engagement with clinicians.

Mr Yates then turned to the cultural change programme. The Committee received the benefits realisation report which showed the progress being made. He was recommending that this was continued into year 2.

He was pleased with the level of sickness but echoed the view of Ms Ricketts in the disappointment in the performance relating to appraisal and PDR.

He reported that the quarterly reports from the Guardian for Safe Working were maturing. There had been improvements in the exception reporting from 240 to 148. The personal testimonies related by the Guardian had been very powerful.

Mr Williams asked whether the training needs for divisional and directorate leaders were reviewed. Ms Ricketts stated that through the PDR process training needs were identified. It was anticipated that a baseline review of leadership requirements would be undertaken in the next two months. Health Education England were supporting the Trust and she would review with them whether there is a measure that the Trust could employ when looking at leadership development.

Dr Kapadia explained that the consultant appraisals were on trajectory but that temporary staff were below target. The way in which temporary staff are appraised is being reviewed.

Mr Haynes supported the continuation of the 4ward programme. Consistency was essential in this area.

Sir David expressed concern about the staff friends and family test. Ms Ricketts stated that the Committee had been presented with a deep dive on this area at its last meeting. The survey is currently electronic and she is proposing a different approach. Staff groups will be targeted. The underlying issue is culture.

Dr Tunnicliffe stated that working in a challenged organisation which was continually not achieving targets was exhausting. There is an obligation that care must be great and so staff feel satisfied with the work that they do.

Sir David was concerned that corporate staff were not as content as they should be. Ms Ricketts agreed and stated that targeted work was being undertaken as part of the 4ward programme.

It was agreed to circulate the benefits realisation paper in the private session of the Board and make the decision in relation to the continuation of the programme there.

Resolved that:

The Board:

- Received the Committee report for assurance.

73/18

STRATEGY

73/18/1

Board Assurance Framework

Mrs McKay stated that the committees had discussed the risks as shown in detail. She asked that Board approve the closing of the previous BAF (appendix 1) and approved the new BAF, recognising that its development was iterative.

Sir David asked for the views of the Chairs of the Committees. Mr Mayhew thought the BAF was greatly improved and the language showed the impact on patients. He asked for consideration of risk 8 (IT) and whether it was feasible for 2 committees to oversee this risk. Dr Tunnicliffe agreed that the BAF was better. He thought that it was feasible for the

two committee to oversee this risk. Mr Yates endorsed the views of his colleagues.

Resolved that:-

The Board:-

- Approved the closure of the previous BAF (appendix 1)
- Approved the revised BAF (appendix 2).

74/18

GOVERNANCE

74/18/1

Learning from deaths

Dr Kapadia presented the report which follows national guidance. Out of the 1751 deaths which were reviewed, 2.9% had significant concerns based on the balance of probability. There had been nine unavoidable deaths and the learning from each death was detailed in the paper. He then turned to the Structured Judgment Reviews (SJR). He was disappointed with the 'do not resuscitate findings' and whilst sepsis appeared high he was unable to confirm this as there were no national figures to compare against. He was concerned with the readmission rates which were being looked at in more detail to ascertain whether there was any learning from this area. He confirmed that this work was not meant to be compared to other trusts.

Dr Kapadia confirmed to Mrs McKay that the deaths included all deaths, including those on the terminal cancer pathway. In response to a question from Sir David, Dr Kapadia confirmed that relatives were informed if the death could have been avoided.

Dr Tunnicliffe stated that this was an area the QGC were keen to ensure that learning was embedded. He asked whether QGC could review those deaths that occurred in people with learning disabilities. Dr Kapadia stated that these reviews were undertaken externally and he was yet to receive a report. He will share the report with QGC when it is received.

ACTION: Dr Kapadia to present the report in relation to people with a learning disability to QGC when it is received.

RESOLVED that:-

The Board:

- noted the level of scrutiny of the care provided to patients dying whilst in our care.
- noted the learning and improvements in care resulting from the review programme

74/18/2

Safer Nurse/Midwifery Staffing – June and July 2018

Mrs Morris presented this report which had been to the last People and Culture Committee. She confirmed that there was proactive and on-going recruitment for staff vacancies. There was a weekly overview of the position with the Deputy CNO and Divisional Nurse Directors.

She was confident that the new Allocate system will give better information in real time in relation to the red and amber areas shown in the appendix. For example, Beech B is a small surgical ward where staff are deployed across the surgical floor. This fact is not translated into the table and the current system cannot describe the actions being taken. The new system will be in place by the end of March.

She reported that more work was being undertaken with the overseas Health Care Assistants to ensure that they passed their exams. Unfortunately the exam changed part way through the course and all the HCAs failed it. This was in common with others across the country.

Mrs Morris described the methodology to determine the staffing levels to Sir David. There was a bi-annual review in relation to acuity and current budgeted staffing was also taken

into account. It was a robust process enhanced by the professional oversight of the ward matrons and divisional nurse directors. She confirmed that the templates had been completed for the additional beds which had been agreed by the divisions. Recruitment was underway.

She also confirmed that a skill mix review had been undertaken and more band 3s and 4s were being recruited.

She agreed to put the denominator into the table.

ACTION: Include a denominator in the table (Mrs Morris)

Dr Tunnicliffe was sorry to hear about the position in relation to the overseas nurses and urged for a quick turnaround to the problem. Mrs Morris agreed.

RESOLVED that:-

The Board:

- Noted the report.

74/18/3

Winter Plan

Ms Robotham spoke to this agenda item. She pointed out that the full draft winter plan was attached. In essence, the Plan looked to avoid admission, have effective discharge, bring on line additional bed capacity and phase elective work, all supported by communications. She reminded the meeting that the Plan will be part of a wider health economy plan and work is still on-going. The system wide plan would be ready by the end of October.

Ms Robotham drew members' attention to the new dynamic demand and capacity model which was based on 92% occupancy. At 92%, the emergency access standard deteriorates. Ideally, bed occupancy should be at 85%.

Based on this model, attachment 3 shows average occupancy of 120% and maximum occupancy of 131% with no mitigation. This is equivalent to 208 beds or bed alternatives. This can be in the form of admission avoidance schemes e.g. the frailty pathway, or reduction of length of stay or better out of hospital stay. Attachment 4 shows a snapshot of the model. She explained that the model is dynamic and easily adjustable.

Sir David thanked Ms Robotham for her explanation. He stated that given the scale of the challenges, there was further work to be undertaken. He was pleased that staff recruitment was underway.

Mr Mayhew was concerned about the system response to winter. It was essential to have support from partners. He wondered whether any pressure could be brought to bear on the partners to ensure their continued support. Mrs McKay stated that plans were far more advanced this year than last. There is more data viable for demand modelling and work is being undertaken within the health economy to expand the demand modelling the Trust has undertaken. Occupancy is key. There had been an extended meeting of the A&E Delivery Board (which she chairs) on 11 September. Chief Operating Officers were meeting weekly.

Mr Williams felt that the model was extremely useful. He wondered how the extra capacity needed would be met. Mrs McKay stated that there were a number of additional measures being put in place for example extended appointment times at all GP surgeries.

Mr Oosterom commended the progress being made. However he stated that an emergency plan was needed in case of a real disaster. Mrs McKay thanked him for the comment. This

is being discussed at the A&E delivery board.

Dr Tunnicliffe was pleased to see the plan. However he was concerned that the Worcester site is at 120% occupancy already. The Redditch site was at 86% occupancy but still the A&E target was not met. He supported the need for an emergency escalation plan.

Ms Smith reminded the meeting that there were a number of beds within the community which were coming on stream for medically fit for discharge patients. These included 3 beds at Tenbury and 47 other beds. Ms Smith corrected the paper and stated that there £8m refurbishment achieved 46 extra beds.

Dr Tunnicliffe wondered whether the Trust would be awarded the STF if NHS Improvement accepted the bed modelling. Ms Robinson agreed to take this forward. However Mrs McKay reminded members that there was still more that the Trust could achieve itself such as the attainment of professional standards.

Mrs McKay stated that it was her aim that at least 20% of time for all clinically qualified staff who are not currently working in the clinical area should be spent on the wards over winter. This included staff from the CCG. Ms Ricketts confirmed that the skills of the corporate nurses were being refreshed. Block booking of agency and bank had already taken place.

Mr Yates confirmed that the People and Culture Committee had reviewed the recruitment plan in detail. The recruitment to registered nurse posts was the challenge.

Sir David thanked all those who had developed the plan. He was expecting Finance and Performance and People and Culture to oversee the operational aspects of the Plan.

RESOLVED that:-

The Board:

- Noted the modelled impact of Winter and capacity requirements
- Noted the range of mitigating interventions identified to date
- Noted that further refinement of system wide winter plan is on-going with local health economy partners
- Noted that a further update will be provided in October.

74/18/4

Emergency Planning Self Certification

Ms Robotham explained that this annual return was in relation to the Emergency Preparedness, Resilience and Response (EPRR) core standards. The current self-assessment showed 61 standards as green and three as amber. The compliance rating was substantial. The three rated as amber were detailed on page 3 of the report.

The self-assessment has been scrutinised by the local health economy and issues were triangulated. The final report will be presented to the Local Health Resilience Partnership later this month.

Mr Yates welcomed and endorsed the self-assessment. He advocated testing and exercising the plan. Ms Robotham agreed and stated that there was an exercise planned in October with the Fire Service.

RESOLVED that:-

The Board:

- Noted the progress in the delivery of the EPRR Core Standards and planned actions
- Noted the self-assessment compliance level declared to NHS England

- Agreed to publish the Trust's EPRR core standards statement of compliance in the annual report (for 2018/19) following ratification at Local Health Resilience Partnership

75/18 **GOVERNANCE**

75/18/1 **Audit and Assurance Committee Report**

Mr Williams reported that concern has been expressed in relation to the use of Datix for the monitoring of the progress of serious incident reports. He also reported that the audit of the emergency department data at the Alexandra Hospital showed that there was no discrepancy of numbers but there was a problem with the paperwork. He was pleased with the presentation in relation to clinical audit (Better Outcomes for Patient Programme) and felt that this would give assurance in this area of work.

RESOLVED that:

The Board

- Noted the report for assurance.

75/18/2 **People and Culture Committee Report - supplementary**

Ms Ricketts stated that the terms of reference had reviewed the membership and governance arrangements.

RESOLVED that:

The Board approved the terms of reference

74/18 **ANNUAL REPORTS**

74/18/1 **Equality and Diversity Annual Report**

Ms Ricketts confirmed that the changes advocated by the People and Culture Committee and the Clinical Governance Group had been incorporated.

RESOLVED that:

The Board approved the Equality Information Report for 2017/18 for publication

DATE OF NEXT MEETING

The next Public Trust Board meeting will be held on Friday 9 November 2018 at 10:00 in the Crompton rooms A&B, Charles Hastings Education Centre, Worcestershire Royal Hospital. .

The meeting closed at 12:57 hours.

Signed _____

Date _____

Sir David Nicholson, Chairman

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

PUBLIC TRUST BOARD ACTION SCHEDULE – NOVEMBER 2018

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
13-9-18	Patient Story	65/18	Ensure lessons from the Patient Story are embedded	VM	tbc		Transferred to QGC. Action closed	
13-9-18	Learning from Deaths	74/18/1	Present report on deaths of people with a learning disability to QGC	SK	Tbc		Transferred to QGC. Action closed.	
13-9-18	Safe staffing	74/18/2	Add in a denominator to the table	VM	Nov 2018		Included in table. Action closed.	
17-7-18	Guardian for Safe working	52/18/4	Present an update report to the Board	SK	Oct 2018		On agenda, item 1. Action closed.	

Meeting	Trust Board
Date of meeting	9 November 2018
Paper number	C1

Chairman's Report

For approval:		For assurance:		To note:	x
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Accountable Director	Sir David Nicholson Chairman		
Presented by	Sir David Nicholson Chairman	Author /s	Kimara Sharpe Company Secretary

Alignment to the Trust's 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		Continuously improve our services to secure our reputation as the local provider of choice		

Alignment to the Trust's goals				
Timely access to our services		Better quality patient care		More productive services
				Well-Led

Report previously reviewed by		
Committee/Group	Date	Outcome

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	N	BAF number(s)	
Significant assurance <input type="checkbox"/> <i>High level of confidence in delivery of existing mechanisms/objectives</i>	Moderate assurance <input type="checkbox"/> <i>General confidence in delivery of existing mechanisms/objectives</i>	Limited assurance <input type="checkbox"/> <i>Some confidence in delivery of existing mechanisms/objectives</i>	No assurance <input type="checkbox"/> <i>No confidence in delivery</i>

Recommendations	The Board is requested to note the use of emergency powers
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Meeting	Trust Board
Date of meeting	9 November 2018
Paper number	C1

Executive Summary
Emergency Action <p>Together with the Chief Executive, acting jointly, we have exercised emergency powers pursuant to section 24.2 of the Trust's Standing Orders on 11 October 2018 in respect of the authorisation of the execution of an energy services variation to the Trust's PFI project. The exercise of such power is detailed in the Record which is available from the Company Secretary on request. The Record sets out the circumstances, that the action was required to ensure that the agreements could be executed, and to ensure the authority to do so was clear to the PFI Concessionco and the PFI funders.</p>
Recommendations
The Board is requested to note the use of emergency powers
Appendices - none

Meeting	Trust board
Date of meeting	9 November 2018
Paper number	C2

Chief Executive's report

For approval:		For assurance:		To note:	x
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Accountable Director	Michelle McKay Chief Executive		
Presented by	Michelle McKay Chief Executive	Author	Kimara Sharpe Company Secretary

Alignment to the Trust's strategic priorities					
Deliver safe, high quality, compassionate patient care	X	Design healthcare around the needs of our patients, with our partners	X	Invest and realise the full potential of our staff to provide compassionate and personalised care	x
Ensure the Trust is financially viable and makes the best use of resources for our patients	X	Continuously improve our services to secure our reputation as the local provider of choice	X		

Alignment to the Trust's goals							
Timely access to our services	X	Better quality patient care	x	More productive services	X	Well-Led	x

Report previously reviewed by		
Committee/Group	Date	Outcome

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	N	BAF number(s)	
Significant assurance <input type="checkbox"/> <i>High level of confidence in delivery of existing mechanisms/objectives</i>	Moderate assurance <input type="checkbox"/> <i>General confidence in delivery of existing mechanisms/objectives</i>	Limited assurance <input type="checkbox"/> <i>Some confidence in delivery of existing mechanisms/objectives</i>	No assurance <input type="checkbox"/> <i>No confidence in delivery</i>

Recommendations	The Board is requested to <ul style="list-style-type: none"> note this report Agree that the detailed work on the 2019/20 and beyond plans is undertaken through the Finance and Performance Committee.
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Meeting	Trust board
Date of meeting	9 November 2018
Paper number	C2

Executive Summary

Workforce Team of the Year: I am delighted that the Professional Development Team was awarded Workforce team of the Year at the Nursing Times national awards ceremony in early October. The team were recognised for a number of successful schemes they have put in place with the aim of creating a supportive environment for nurses and midwives, with opportunities to continue to develop their skills at all stages of their career. This has included the opening of a state of the art simulation ward for training and development, the introduction of a structured preceptorship programme for new nurses, and an innovative new scheme to introduce Learning Disability and Mental Health nurses directly to the hospital wards. An innovative approach to international recruitment has also seen nursing and midwifery vacancies reduce and there has been an improvement in nurse and midwife retention.

University of Worcester Mentor Awards: I am delighted to report that the Trust had six winners at the recent University of Worcester Mentor Awards:

- Outstanding Mentor category winners Susan Bett (Nurse), Beth Saunders- Smith (Midwife) and Lydia Collins (Physician Associate)
- Outstanding Practice Learning Environment category winners – Kidderminster Outpatients Department, Beech A WRH and our ENT team.

Rising Star: I am delighted that Sam Bloomer, Ward Manager, Silver Ward, was nominated for the Nursing Times Rising Star award on 31 October. This is a great achievement.

Bereavement midwife: Trudy Berlet was shortlisted for the national bereavement support award. Whilst she was not successful, this is a tremendous achievement.

Communications: The Communications Team were shortlisted for the Best Internal Communications Award for the Midlands CIPR Pride Award. Whilst they were unsuccessful, this too is a tremendous achievement.

Accreditation: I should like to express my congratulations to the Directorate of Anaesthesia which has been awarded Accreditation by the Royal College of Anaesthetists as part of their Accreditation of Clinical Services in Anaesthesia (ACSA) program. This makes our Trust one of only four in the Midlands and East region to have this level of accreditation.

Case study: A case study about good practice from our End of Life team has been featured in national coverage of a campaign to help healthcare professionals talk to patients about dying. A new report released by the Royal College of Physicians (RCP) reveals some of the reasons that doctors and other healthcare professionals find it hard to talk to patients about dying. The report ***Talking about dying: How to begin honest conversations about what lies ahead***, based on conversations with doctors at all levels, patients and carers, and medical organisations, reveals the barriers that stand in the way, offers solutions and resources to help, including a 'mythbusting section' debunking common but erroneous beliefs. A case study from our Trust was included in the report as one of four English hospitals leading the way in supporting end-of-life care conversations and was written by End of life care facilitator for the Trust, Tess Makinson.

Maternity Hub launched: The Maternity Hub based at the Alexandra Hospital was launched

Meeting	Trust board
Date of meeting	9 November 2018
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on 18 October. The development of the 'Maternity Hub' at the hospital sees community and hospital services brought together under one roof, meaning pregnant women are now able to access and receive any care they need - throughout their pregnancy and afterwards - quicker and easier. Mums-to-be can access community midwives, scanning midwives, antenatal clinic midwives, consultants and specialist advisors who all work together - meaning they can refer women into each other's services on the same day, and often within just a few hours. Accessing services from the Hub means expectant mothers have a single point of care from as early as six weeks pregnant, from first blood tests to first scans all the way up to the point of delivery.

STPs to create new five year plans: In a letter to local leaders on 16 October 2018, NHS England and NHS Improvement are expecting sustainability and transformation partnerships and integrated care systems to develop and agree their plans during the first half of 2019-20. The letter also says organisations and systems will first have to develop one-year operational plans for 2019-20 - a "transitional year" - and asks them to begin work this autumn on activity, capacity and efficiency planning. Five-year commissioner allocations will be published in December. Planning guidance will also be published in December. It also confirmed a move away from the current system of control totals in the medium term, not in 2019-20, and said the CQUIN incentive payment scheme for providers would be significantly reduced. Boards will be expected to oversee the development of the financial and operational plans which will form a key element of the performance oversight by NHS England and NHS Improvement. To this end, the Board agenda will reflect the need for this in the January and March meetings. I suggest that the detailed work is overseen by the Finance and Performance Committee. The outline timetable for planning is shown in appendix 1.

EU Exit - NHS Trust Contract Review: The Secretary of State has written to all trust chief executives to advise of the requirements to ensure continuity of supply of goods and services in the event of a no deal Brexit. The Chief Financial Officer will be the Senior Responsible Officer overseeing this work and a summary of contracts deemed highly impacted, with mitigating activities, will be identified and reported to department of Health and Social Care (DHSC) by 30th November 2018. Procurement will undertake the review of all contracts Trustwide that may be impacted by EU exit. Some categories and suppliers are being managed centrally by DHSC, such as the supply of medicines, in order to minimise this activity at local Trust level. A more detailed report will be taken to Finance and Performance Committee in November.

Mental Health Liaison team: From 1st October the mental health liaison service expanded and is now taking referrals from the wards at both the Alexandra and Worcestershire Royal Hospitals. The service covers all wards, Monday-Friday 08.00-20.00 and will carry a case load offering patients assessments and regular reviews, and advice and education to ward staff. The team will respond within 24 hours.

Medical waste: I can confirm that the Trust does not contract with the company which has been in the news recently over the disposal of medical waste.

University of Worcester – update: The University has recently undergone a minor internal re-structure of its Academic Departments and the previously named Institute of Health and Society has been divided into three separate Schools. Elizabeth Davies-Ward is the Head of

Meeting	Trust board
Date of meeting	9 November 2018
Paper number	C2

The School of Allied Health and Community, Robert Dudley is the Interim Head of Nursing and Midwifery and Dr Tim Jones will take up post as Head of School for Psychology from the 1st November 2018.

Emergency funding for social care announced. Local councils will receive a share of £240m to purchase domestic care packages aimed to prevent emergency admissions and facilitate timely discharges through winter. We are still awaiting further information on the allocation and use of this money locally.

Future of IT: The Secretary of State for Health and Social Care has unveiled plans for a 'tech vision' in which all NHS data and IT systems should be moved onto the cloud, using systems like those run by Microsoft or Amazon. A mandatory set of IT standards for all NHS Trusts and NHS IT suppliers has also been published. NHS Improvement would include the standards in its provider oversight regime and they would also be incorporated into the NHS standard contract and the Care Quality Commission inspections.

Prostate Cancer – injection of cash: NHS England is injecting £10 million to increase capacity, helping services see and treat the extra people coming forward for help following publicity around two celebrities who have revealed that they have prostate cancer, Bill Turnbull and Stephen Fry. There has been an increase of 36% in April to June compared to the same period last year and a 250% increase in visits to the NHS choices website advice page on prostate cancer in March 2018.

Mental health support scheme for all doctors: The current national mental health support scheme in place for GPs is being expanded to include all doctors in the NHS. The new service will be openly procured in the next six months.

Background

This report is to brief the board on various local and national issues.

Issues and options

None

Recommendations

The Board is requested to

- note this report
- Agree that the detailed work on the 2019/20 and beyond plans is undertaken through the Finance and Performance Committee.

Appendices - none

Annex

Outline timetable for planning	Date
NHS Long Term Plan published	Late November / early December 2018
Publication of 2019/20 operational planning guidance including the revised financial framework	Early December 2018
Operational planning	
Publication of <ul style="list-style-type: none"> • CCG allocations for 5 years • Near final 2019/20 prices • Technical guidance and templates • 2019/20 standard contract consultation and dispute resolution guidance • 2019/20 CQUIN guidance • Control totals for 2019/20 	Mid December 2018
2019/20 Initial plan submission – activity and efficiency focussed with headlines in other areas	14 January 2019
2019/20 National Tariff section 118 consultation starts	17 January 2019
Draft 2019/20 organisation operating plans	12 February 2019
Aggregate system 2019/20 operating plan submissions and system operational plan narrative	19 February 2019
2019/20 NHS standard contract published	22 February 2019
2019/20 contract / plan alignment submission	5 March 2019
2019/20 national tariff published	11 March 2019
Deadline for 2019/20 contract signature	21 March 2019
Organisation Board / Governing body approval of 2019/20 budgets	By 29 March
Final 2019/20 organisation operating plan submission	4 April 2019
Aggregated 2019/20 system operating plan submissions and system operational plan narrative	11 April 2019
Strategic planning	
Capital funding announcements	Spending Review 2019
Systems to submit 5-year plans signed off by all organisations	Summer 2019

Trust Board

Integrated Performance Report

September 2018
Month 6

9th November 2018

Topic	Page Number
1. Quality & Safety	
a) Integrated Quality Performance Report	2 – 4
b) Summary Grid	5 – 6
c) QGC Assurance Report	7 – 9
2. Financial & Operational Performance	
a) Finance Key Messages	10
b) User of Resources Summary Grid	11
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e) Operational Summary Grid	13
f) F&P Assurance Report	14 – 16
3. Workforce	
a) Key Messages	17 – 20
b) Summary Grid	21 – 22
c) P&C Assurance Report	23 – 25

Quality & Safety Key Messages

IPC

- Although the performance for Infection control continues to be monitored and is within tolerance for some areas, there have been particular issues with the control of carbapenemase-producing enterobacteriaceae (CPE) on several wards. This has been subject to intense focus and scrutiny with external and internal reviews of process and adherence to best practice. Efforts to resolve the issues have been intensified and are on-going.

IPC

- MRSA: The performance has been maintained and there have been no cases since March 2017.
- MSSA: Baseline position in 2017/18 was 16. Quarter 1 position was 7 and this has been repeated in quarter 2 with an additional 7 cases.
- C.Difficile: Baseline position in 2017/18 was 33. Quarter 1 position is 8 with a further 10 in quarter 2, giving a total of 18. The trajectory for 2018-19 is 31 and is at risk.
- Hand hygiene: The compliance to practice rate improved to 95.43% from 95.02% however audit participation has dropped to 12.6% from 33.86%.

VTE

- Venous thromboembolism assessment performance for September 2018 is 94.07% against the expected 95%. Work continues to improve this. The quarter 2 data for 18/19 reported nationally was 94.77% and for quarter 1 was 94.45%.

Falls

- The Trust is working towards reducing the number of patients who have a fall whilst under our care. Our baseline position (2017-18) is 4.82 falls per 1000 bed days. This month's position has decreased to 5.15 falls per 1000 bed days from 5.63, still behind the improvement trajectory but remaining below the national average of 6.63 falls per 1000 bed days.

Quality & Safety Key Messages

Pressure Ulcers

- The Quarter 2 data shows that we are below on trajectory and continued focus needs to be maintained to see sustained improvement and reduction of hospital acquired (avoidable) pressure ulcers. There was one grade 3 pressure ulcer for in August but zero in September or July.

Sepsis 6

- Compliance with sepsis 6 bundle being completed within 1 hour on the wards improved to 50.00% from 46.15% and in ED declined from 60.87% to 53.66%. ED has had above 85% target compliance with the screening audit from Apr-18 but wards were below at 74.73%, just short of the 75% target. Compliance with Antibiotics within 1 hour (the most important component) is >90% across the Trust and mortality from SEPSIS remains below HSMR 100.

Mortality

- The 12 month rolling average to May 2018 has increased when compared with the same position in May 2017 and is now 106.53. The Trust's SHMI is still in Band 2 ('As Expected'). However there has now been an increase in the last three SHMI publications and the current 12 month rolling average to March 2018 is 1.0584. Primary mortality review data for July is 57.24%.

Mixed Sex Breaches

- Mixed sex breaches have increased to 55 in September 2018, an increase from 45 the previous month.

Quality & Safety Key Messages

Fractured Neck of Femur

- Patients with hip fractures and time to theatre data remains below the Trust trajectory (85%) at 66.18%. The rationale for this is being explored but the closure of beds on the trauma and orthopaedic wards secondary to the outbreak of CPE is thought to be a significant factor.

Friends and Family Test

- For In-patient areas the current position current position is 16.99% against the expected >30% recommended data of 92.90%.
- For the Emergency Departments, the current position is 4.12% against the expected >20% recommended data of 81.35%
- For Maternity, the current position is 38.26% against the expected >30% recommended data of 97.15%.

Complaints

- Responding to complaints within 25 days has been sustained at >80% since May.

Overdue SI's

- There remain no overdue serious incident reports and this has been the case for five months.

Month 6 2018/19: Quality & Safety Summary

RAG rated against Internal Trajectory

Safe
Effective
Patient Experience

What are we aiming for in Oct?

Description

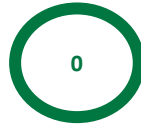
How we did

Trend

Key actions

Are we preventing our patients from acquiring pressure ulcers?

To reduce the number of avoidable grade 3 / deep and ungradeable hospital acquired pressure ulcers.



There were no grade 3 hospital acquired pressure ulcers; the third month in a row.



- Weekly DCNO Accountability meetings.
- Mattress Training: Weekly Arjo CNS ward based and included in medical device training.
- PU categorisation tool aide memoire on datix

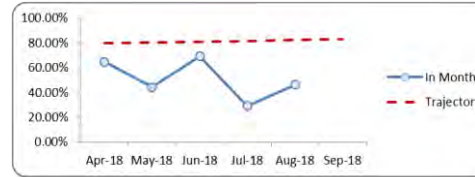


Are we ensuring that patients receive all elements of the sepsis 6 bundle?

To improve the % of patients receiving all elements of the sepsis 6 bundle within 1 hour.



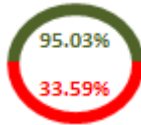
Compliance with the sepsis 6 bundle remains significantly below target level.



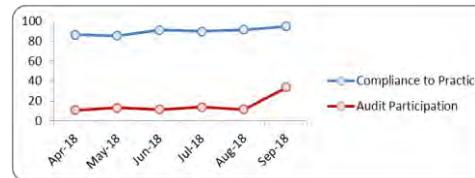
>=82.73%

Are we maintaining the expected standards of hand hygiene?

To improve the compliance with Hand hygiene practice, and participating in audits.



Where audits are undertaken, compliance is at the target level but participation in audit remains significantly below target level.

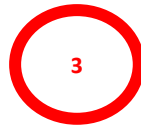


- Use Gojo App in place of paper audits
- Ensure staff are aware of revised SOP

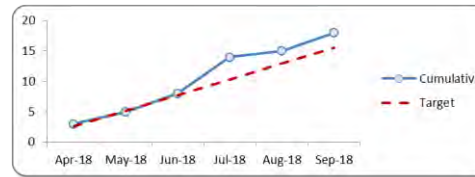
>=95%

Are our patients at risk of contracting C.Difficile during their stay?

There should be no more than 31 cases of C.Difficile in the year.



There were 3 confirmed cases of hospital acquired C. difficile in Sep-18. The cumulative total is above the trajectory.



- Medical staff look at previous microbiological history prior to prescribing and refer to Consultant Microbiologists for advice
- Consider alternatives to co-amoxiclav

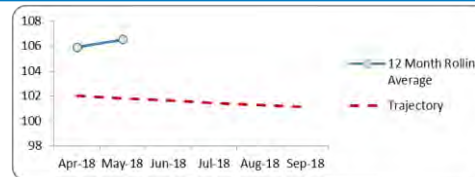
<=18.08

Are we reducing mortality for patients whilst under our care?

To monitor and seek to reduce mortality for patients using the Hospital Standardised Mortality Ratio.



The 12 month rolling average for HSMR was 106.53 in May-18. The Trust was not an outlier.



- Targeted reviews of specific patient groups, based on Diagnostic Group HSMR performance.

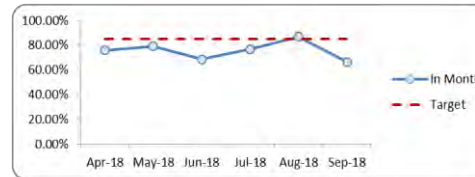
<=101.64

Are we treating our patients in the required timeframes?

To improve the time to theatre for patients with fractured neck of femur (#NOF)



The #NOF metric fell below the target in Sep-18.



- Additional theatre resources sought.

>=85%

Month 6 2018/19: Quality & Safety Summary

RAG rated against Internal Trajectory

Description

How we did

Trend

Key actions

Are we reviewing risks to ensure patient safety?	To reduce the number of risks overdue for review.	112*	The number of risks overdue for review decreased in Sep-18.		<ul style="list-style-type: none"> Risk management continues to be under increased scrutiny at monthly Performance Review Meetings Divisions to embed risk into core business
Are we managing risks to ensure patient safety?	To reduce the number of overdue actions relating to risks.	85*	The number of overdue actions decreased in Sep-18.		<ul style="list-style-type: none"> Risk management continues to be under increased scrutiny at monthly Performance Review Meetings Divisions to embed risk into core business
Are we providing a positive experience for Maternity / Inpatients?	To improve the Recommended Friends & Family Score for Maternity & Inpatients	97.13% 92.90%	Maternity achieved the target. Inpatients remains below target but above 90%.		<ul style="list-style-type: none"> Comms campaign on staff Intranet to raise profile. Comments available for staff review on WREN (after content check) <p>>=95%</p>
Are we providing a positive experience for Outpatients / ED?	To improve the Recommended Friends & Family Score for Outpatients & ED	91.01% 81.35%	Although below target Outpatients remains above 90%, and ED is above 80% for the 4 th time this year.		<ul style="list-style-type: none"> Comms campaign on staff Intranet to raise profile. Comments available for staff review on WREN (after content check) <p>>=95%</p>
Are we providing a positive experience for Maternity / Inpatients?	To improve the Response Rate for the Friends & Family Test for Maternity & Inpatients.	21.76% 16.99%	Maternity dropped below target this month, and Inpatients continues to fall slightly.		<ul style="list-style-type: none"> Continue to promote new app to capture, report and publicise response rate and scores. Work on enabling staff to use the feedback data. <p>>=30%</p>
Are we providing a positive experience for Outpatients/ ED?	To improve the Response Rate for the Friends & Family Test for Outpatients & ED.	4.21% 4.12%	Both Outpatients and ED are currently below target.		<ul style="list-style-type: none"> Continue to promote new app to capture, report and publicise response rate and scores. Work on enabling staff to use the feedback data. <p>>=95%</p>

Quality Governance Committee Assurance Report

Accountable Director

Presented By

Author

Dr Bill Tunnicliffe - Non-Executive Director

Bill Tunnicliffe - Non-Executive Director

Kimara Sharpe - Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?

Y

BAF
number(s)

1, 2,
3, 9

Level of assurance and trend

Significant assurance

Moderate assurance

Limited assurance

No assurance

X

Executive Summary

The Committee met on 20th September and 25th October. The items discussed were as follows:

Medical devices: The Committee wish to raise awareness to the Board in relation to the gaps in personnel in respect of managing medical devices. There is no medical devices trainer and no medical device manager and there are risks around the training of staff and the overall management of the devices. This is an area which has caused concern for some time.

Corporate Risk Register: The Committee considered the risks aligned to it and were of the opinion that whilst it was a useful tool, work was needed to refine it and members have requested it to be represented in November.

CQC update and actions: This is a standing item on our agenda. We continue to be concerned that work is not progressing fast enough and there continues to be risk associated with the electronic staff record and the accuracy of the data within it. We have requested that next month a paper will be presented showing all the must and should dos and the progress outlined. **Limited assurance**

Infection control: The Committee continues to be disappointed with performance in this area. A special meeting of QGC has been convened for 1st November to consider the latest correspondence from NHS Improvement and I will give a verbal report at the Board meeting. **No assurance**

Ward Accreditation: I am pleased with the progress being made for ward accreditation and the Committee received a presentation about the process. All wards will be part of the process from 1 April 2019 with a pilot being undertaken in November. I see this as crucial to the quality agenda and improving patient experience within the Trust.

Patient Safety alerts: The Committee is looking forward to the new policy being presented to it in November. This will make clear the overall responsibilities and ensure accountability for the actions.

Monthly mortality report: Both the HSMR and SHMI have shown a slight rise. The CMO expressed concern about the pneumonia HSMR which is two standard deviations away from the norm. Significant work is being undertaken to review this. I am still concerned about the percentage of primary mortality reviews being undertaken within 30 days. I am also concerned that learning is not taking place as it should be. Over 20% of patients are not reviewed by a consultant within 14 hours of admission. This is a contractual obligation. There was no evidence that this was being used to change job plans to ensure that patients were reviewed in a timely manner. The paper also highlighted the national review into deaths of people with learning disabilities and the learning will be taken forward by the learning disability team with the relevant acute trust teams. **Limited assurance**

Quality Governance Committee Assurance Report

Accountable Director

Presented By

Author

Dr Bill Tunnicliffe - Non-Executive Director

Bill Tunnicliffe - Non-Executive Director

Kimara Sharpe - Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?

Y

BAF
number(s)

1, 2,
3, 9

Level of assurance and trend

Significant assurance

Moderate assurance

Limited assurance

No assurance

X

Executive Summary (cont.)

SQUID: the live reporting of data continues through the excellent SQUID. I commend this to members. We reviewed the length of time patients take to attend theatre following a fractured neck of femur and concluded that whilst there appears to be a dip, this could be due to natural variation and we await the report from the division. We had a long discussion about patients being cared for on the corridor and concluded that additional data was required to give depth and meaning to the metrics. We expressed concern that the Friends and Family response rate has fallen in some areas but understand that there is a national working group reviewing this. It was pleasing to see that the target for responding to complaints has been met for seven consecutive months, which is statistically significant.

Quality dashboard: A revised dashboard was discussed and was refined. The Committee is keen to progress to monitoring outcomes and is developing the dashboard to reflect this.

Clinical Governance Group: members were concerned about the lack of engagement by divisional teams in the quality improvement strategy. Achievement of quality targets will form part of ward accreditation and a quality improvement matron is being recruited to who will support wards in their work. Limited assurance

Learning from the patient story: Board members will recall that the Chairman requested that QGC reviewed the learning from the last Board meeting's patient story. The lead tissue viability nurse attended our meeting and it was clear that processes had changed, particularly in the engagement of relatives and the holistic approach to care. Cultural change was at the heart of the issue.

Quality account: A progress report in relation to the objectives in the Quality Account was presented. Whilst a number of issues had been progressed, there were still a number outstanding. Quality training was being rolled out which will support the attainment of the objectives. The Trust is on target to produce the Account for 2018/19, but some of the objectives are not on target. **Moderate assurance for process, limited for delivery**

Harm reviews: A very useful paper was presented which brought all the harm reviews together. No harm review has identified any harm to patients except within ophthalmology where three patients had been identified as being harmed due to the delay. This is out of nearly 6500 patients. **Limited assurance**

Quality Governance Committee Assurance Report

Accountable Director

Dr Bill Tunnicliffe - Non-Executive Director

Presented By

Bill Tunnicliffe - Non-Executive Director

Author

Kimara Sharpe - Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?

Y

**BAF
number(s)**

1, 2,
3, 9

Level of assurance and trend

Significant assurance

Moderate assurance

Limited assurance

No assurance

X

Executive Summary (cont.)

Other updates received:

- CQUIN update
- Sepsis
- Patient survey
- Serious incident – learning
- Discharge planning
- Never event action plans – both were progressing satisfactorily

We discussed the impact of our meeting on the BAF risks and concluded that there were no changes to be made.

Background

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

Issues and options

None.

Recommendations

The Board is requested to receive this report for assurance and to note the concern in relation to the management of medical devices.

Appendices

- TB IPR Dashboards – M6 2018-19

Finance Key Messages

Deficit

• In Month 6 the Trust is recording a pre Provider Sustainability Fund (PSF) deficit of £5.8m, which is £1.2m adverse to plan. Inclusion of PSF takes the deficit to £2.4m in month. The cumulative position is a £32.8m deficit against a plan of £28.4m, resulting in a £4.4m adverse variance. As a result of financial and operational performance the Trust has not been able to access PSF of £6.2m

Income

• Patient care income remain behind plan in elective and non elective activity, driven by a combination of lower than planned activity volumes and lower complexity activity. This is being addressed by specific actions within the productivity and efficiency programmes and is forecast to stabilise.

Expenses

• Pay costs normalised in September as a result of the Agenda for Change (AfC) pay arrears paid in August 2018. Substantive staffing costs increased in month following recruitment to vacancies within Scientific, Technical & Therapeutic (ST&T) and Nursing staff groups. Non-pay expenditure has largely been impacted by a PFI technical adjustment and one-off support costs related to CIP implementation. The overall position continues to be supported by non-recurrent vacancies and slippage against business cases.

CIP

• Year to date, the CIP position has delivered £3m in improvements against a planned position of £2m. However, the programme fell short of the forecast expectations, primarily due to the slippage in the theatre productivity plan. Although elective activity has improved, slippage in recruitment of additional surgeons has impacted delivery of the expected financial improvement. This will be addressed through the extension of the locums into Quarter 4.

Cash Balance

• The Trust continues to require cash support in line with the planned deficit. The Trust has recognised the risk of not delivering the control has increased the level of cash support required and is working closely with NHS Improvement to ensure access to the cash required to maintain services. The Trust has already received £19.9m in revenue loans and £4.3m in capital loans as at the end of September.

Forecast Update

• A forecast refresh has been undertaken based on M4 results. This forecast indicates a base case outturn position of £62m deficit. The organisation is currently identifying a further mitigating actions to ensure that any proposed revision to forecast outturn is minimised, managed and fully recovered at the earliest possible time. The outcome of this work will be scrutinised by the Finance & Performance Committee. A formal revision of the forecast can only be made at the quarterly reporting points in the year and it is our intention to finalise a forecast position for Q3 submission.

Use of Resources

Risk Rating Summary

	Metric Definition	How we did YTD at M6	Risk Rating		Previous Month YTD	Full Year Plan (Forecast)
Are we spending more than we are earning?	I&E surplus or deficit / total revenue.	(16.20%)	4	Adjusted financial performance deficit of £32,820k (£32,820 / total operating income £202,198= (16.20%) .	4	4
How close are we to our financial plan?	YTD actual I&E surplus/deficit in comparison to YTD plan I&E surplus/deficit.	(5.60%)	4	I&E margin YTD actual of (16.20%) less I&E margin YTD plan of (10.60%) = (5.60%) .	4	1
How many days worth of cash do we have?	Measures the days of operating costs held in cash, cash-equivalent and liquid working capital forms.	(65.704)	4	Working Capital of (£79,908) / YTD Operating Expenditure of £227,559 multiplied by the number of YTD days (183) = (65.704).	4	4
Are we earning enough to cover our capital costs?	Degree to which the organisation's generated income covers its financing obligations.	(2.112)	4	Revenue available for capital service (£20,364k)/ capital service £9,643k = (2.112)	4	4
Is our agency spend within the imposed limits?	Total agency spend compared to the agency ceiling.	(12.56%)	2	Total agency spend of £9,732k less agency ceiling of £8,646k / divided by agency ceiling of £8,646k = (12.56%) .	2	1

Operational Performance

Key Messages

EAS 4 Hours

- EAS 4 hour performance improved slightly due to an increase in performance at the ALX offsetting the decline at WRH. 19 patients waited longer than 12 hours to be admitted (trolley breach). Ambulance handovers over 60 minutes decreased from 315 in August to 287 in September.

62 Day Cancer

- Performance against the 62 day standard remains below target level with high numbers of patients being treated; the second highest in the region and 12th highest in the country in August. However, as the 62+ day and 104+ day patients start their treatments and the backlog reduces, the impact will be a decline in performance.

2WW Cancer

- Cancer 2WW performance continues to improve with the second highest number of patients seen in month. The expected improvements in Gynaecology were maintained, but are being offset by underperformance in Skin and Urology.

2WW Breast S

- The number of patients with potential breast cancer who waited longer than 2 weeks to see a specialist reduced to 8 from 20 the previous month. This improved the performance by a further 7.2 percentage points and means that the operational performance standard has been achieved in month; the first time since November 2017.

RTT

- Although lower than trajectory, RTT performance is expected to stabilise. The number of patients waiting for 18+ weeks has increased and, at the same time, the 0-18 cohort has reduced. On a positive note, patients waiting between 40-51 weeks for treatment has reduced and for the third month in a row there are no patients waiting 52+ weeks at month end.

Diagnostics

- A significant but decreasing number of patients are still waiting longer than 6 weeks for a diagnostic test. Over half of the patient cohort breaching are waiting for an endoscopy.

Month 6 2018-19 Operational Performance Summary

RAG rated against Internal Trajectory

What are we
aiming for in
October?

Description

How we did

Trend

Key actions

Did we see
urgent
cancer
patients
quickly?

93% of
potential
cancer
patients seen
by a specialist
within 2
weeks.

88.87%

We saw 88.87% of our
cancer patients within 2
weeks. **231 patients**
waited longer than 2
weeks.



Daily monitoring, recovery plans,
realise additional capacity.

93.0%

FORECAST STATUS

DECLINE STABLE **IMPROVE**

Did we see
patients with
potential
breast
cancer
quickly?

93% of patients
with potential
breast cancer
seen by a
specialist within
2 weeks

94.20%

94.20% of patients were
seen within 2 weeks. **8**
patients waited longer
than 2 weeks.



Increased week and weekend slots,
enhanced consultant radiology cover.

93.0%

FORECAST STATUS

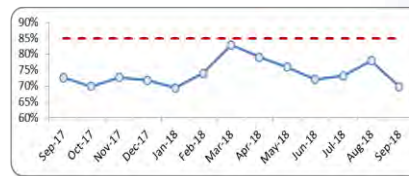
DECLINE STABLE **IMPROVE**

How quickly
did we start
treating
cancer
patients?

85% of cancer
patients to
start
treatment
within **62 days**
of urgent GP
referral.

69.77%

69.77% of patients started
treatment within 62 days. **53.5**
patients waited longer before
starting treatment. There were
32 patients still waiting 104
days or more for treatment at
the end of the month.



Cancer pathways continue to be
reviewed. Focus on TRUS biopsies to
reduce backlog. On-going discussion
with Tertiary Centres to reduce
patients delays.

80.0%

FORECAST STATUS

DECLINE **STABLE** IMPROVE

Are we
seeing
patients
with an
emergency
within 4
hours?

The Trust should
see 95% of
patients within 4
hours from arrival
to admission,
transfer or
discharge

77.76%

The Trust performance was 77.76%
with 3,586 patients breaching the 4
hours standard and **19 patients**
waiting 12+ hours to be admitted.
WRH achieved 57.70% (U) and ALX
77.48% (U) against the EAS
standard



Consultant-led flow management
process, recruitment of additional
corridor nurse. Investigate alternative
location for AEC.

85.0%

FORECAST STATUS

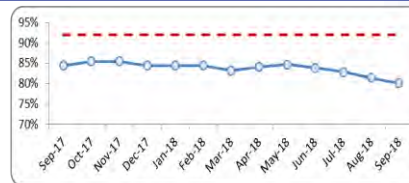
DECLINE STABLE IMPROVE

Did we start
treatment
within 18
weeks?

92% of patients
on a 'referral to
treatment' (RTT)
pathway should
be seen within 18
weeks.

81.01%

81.01% of patients are waiting less
than 18 weeks for treatment. **6,878**
patients have been waiting longer
than 18 weeks, there are no
patients waiting **52 weeks or**
longer and the 40-51 cohort
decreased to 458 from 477.



Business Case for additional Dr
overnight at ALX. Expansion of
capability of CAPP tool. Review of Bed
Management policy.

83.36%

FORECAST STATUS

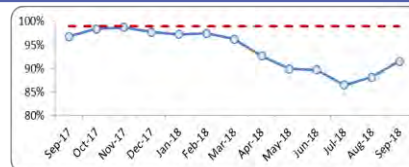
DECLINE **STABLE** IMPROVE

When a
patient needs
a diagnostic
test, do we do
this within 6
weeks?

A minimum of
99% of patients
who need a
diagnostic test
should be
waiting less than
6 weeks

91.52%

91.52% of patients requiring a
diagnostic test were waiting less
than 6 weeks for their test.
8.48% were waiting 6 or more
weeks; **that's 778 patients.**



Direct Access discussion with CCGs.
Business Case with W&C for ultrasound
capacity. Options appraisal for radiology
to TLG.

96.1%

FORECAST STATUS

DECLINE STABLE **IMPROVE**

Finance & Performance Committee Assurance Report

Accountable Director

Phil Mayhew - Non-Executive Director

Presented By

Phil Mayhew - Non-Executive Director

Author

Jill Robinson – Chief Finance Officer
Thekla Goodman – FPC Committee Administrator

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?

Y

**BAF
number(s)**

4, 5,
6, 7

Level of assurance and trend

Significant assurance

Moderate assurance

Limited assurance

No assurance

X

Executive Summary

The Finance & Performance Committee (FPC) focuses on gaining assurance that improvements are being made on three main priorities:

- Flow
- Cancer Performance
- Financial performance

A combination of in-depth presentations on pertinent subjects and normal business reports provide the detail to enable the Committee members to test assurance levels.

Background

The Finance & Performance Committee (FPC) meets on a monthly basis to gain assurance that plans are in place to achieve the Trust's agreed Operational Performance Targets, Financial Control Total, its Cost Improvement and Financial Recovery Plans.

The Committee met on 24 September 2018 (Month 5) and 29 October 2018 (Month 6).

Deep Dive | Patient Flow Programme

The Committee received an update on the 5 separate but interdependent work streams for which each had a robust plan and set of KPIs for which it was monitored against.

Front Door Work Streams: The Trust continues to try and improve appropriate admission into the emergency department by introducing and piloting new schemes. Some require collaboration with health economy partners such as GP streaming, the pilot of which has proved to be a success and a permanent solution would make a positive benefit in admission avoidance at the WRH site in the face of continued full occupancy that leads to overcrowding.

Middle & Back Work Streams: Any significant progress on these schemes is dependent on having sufficient staffing levels in order to maintain senior clinical focus and presence but again full site occupancy does somewhat limit significant progress.

Bed Management: The bed management policy has been reviewed and escalated and a 'capacity app' developed in-house has been rolled out initially at the Alex and then at WRH during October, this will have a significant positive impact on how bed teams operate.

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number(s)

4, 5,
6, 7

Level of assurance and trend

Significant assurance

Moderate assurance

Limited assurance

No assurance

X

Standard Agenda Items – Financial Performance

A fuller report on the Financial performance is elsewhere on the Agenda but the highlights of the discussion at FPC are as follows:

It was noted that a tight grip regime on expenditure is being maintained. Through weekly and fortnightly contact, NHS Improvement (NHSI) is fully sighted on the Trust's financial position and the remedial actions being taken. NHSI undertook a 3 day deep dive review on the financial position during October, initial informal feedback has been positive around the Trust's grip and control on its financial processes and the monitoring thereof and felt there was good Divisional engagement.

As part of this review, NHSI have highlighted that CIP forecasting was an area for improvement. As part of the discussion, assurance was given that although the majority of scheme delivery was back ended a risk assessment on CIP forecast is being undertaken as part of the Financial Forecast Review. This will incorporate identification of risks and development of mitigations to address these.

The Chief Finance Officer is chairing monthly Divisional Confirm & Challenge meetings which have been well attended by the Divisions, supported by Finance, Programme Management Office (PMO) and Human Resources (HR). These meetings focus on budgetary control, progress against Cost Improvement Plans (CIP) and delivery against workforce plans. The meetings monitor Divisional improvement on productivity whilst managing the workforce, not only to achieve agreed targets but also improve services for patients. The Committee noted that there should be a marked improvement in activity performance from October as pay costs have begun reducing and performance in activity has improved now that the additional consultants have been engaged by the Trust. The development of a demand & capacity tool (completed in draft for 2018/19) will have multiple benefits including being able to forward look better when agreeing activity plans with Commissioners and also informing consultant job plan content. Initial planning for 2019/20 has begun and there will be more emphasis on developing a robust Medium Term Financial Strategy (MTFS) in the next few months.

The Trust is in the process of re-visiting the year end forecast and any intent to revise the control will be signalled in Month 9. A Financial Recovery Plan (FRP) comprising a number of potential opportunities to improve the position will be agreed by the Trust Leadership Group and Executive Team and rolled out across the Trust in quarter four.

In terms of the Capital Programme all funds not already pre-committed are being held in contingency to support management of critical works in year, this amounts to £700k for the remainder of the year.

A Capital loan application of c£5m was submitted in July 2018 which has been pro-actively chased. The Trust has responded to a series of queries since and continues to await the outcome.

The Trust continues to require cash support in line with its planned deficit of £41.5m pre STF control total and recognises the potential increase of cash requirements of not delivering a control total.

Finance & Performance Committee Assurance Report

Accountable Director

Phil Mayhew - Non-Executive Director

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Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?

Y

BAF
number(s)

4, 5,
6, 7

Level of assurance and trend

Significant assurance

Moderate assurance

Limited assurance

No assurance

X

Standard Agenda Items – Operational Performance

The Committee reviewed the month 6 actual position against the previous month's predictions, in summary:

- 2 week wait cancer had improved and is now within 5% of target, it is envisaged the Trust will hit both trajectory and standard in the next quarter
- 2 week wait Breast Symptomatic has improved and exceeded the standard.
- 62 day cancer has declined, with particular performance issues in skin and urology. The Committee was asked to consider (that as the second highest provider of cancer treatment in the region), the number of treatments undertaken compared to its peers is significantly higher. 190 treatments were undertaken in July 2018 which equated to 76% for WAHT, and yet another undertaking 110 treatments achieved their standard.
- Emergency Access Standard (EAS) has marginally improved. Performance over the next 3 months is forecast as between 70% and 75%.
- Referral to Treatment (RTT) has remained stable and the Trust has had no 52 week breaches for several months.
- Diagnostics continues to perform below the national standard but has seen an improvement in month 6.
- Backlogs of follow up appointments in the Ophthalmology and Dermatology services were discussed. Learning from follow up backlogs was addressed in the October Divisional Performance Review meetings, and the Trust's Quality Governance Committee received report in October which covered an update on harm reviews in these two areas.

The newly appointed Chief Operation Officer (COO) gave a brief update on the Trust's plans for getting through winter, analysis was being undertaken as to what areas could be reconfigured around the Trust's sites to ensure right capacity in the right area, this piece of work is almost concluded. At the same time the Trust continues dialogue with external partners such as social services, commissioners to extract as much support as possible around packages of care around the County albeit this might be limited.

Recommendations









The Board is asked to confirm it is assured that:

- The Trust has robust systems and process in place around financial grip and control.
- The CIP programme will be on track to deliver against target during the latter part of the financial year.
- The Trust continues to focus on improving operational performance and has made good progress in cancer services.
- Plans around winter planning are progressing










Appendices

- TB Finance Report - M6 2018-19 and TB IPR Dashboards – M6 2018-19

People & Culture Performance Key Messages (1)

Theme	RAG 2018	Where we are now Sept 2018	RAG 2017	Where we were Aug 2017	Target
Culture		The Trust's net culture score has improved from 28% in October 2017 to 57% in July 2018		A recent analysis has identified that the most prevalent behaviour within the Trust is one of learnt helplessness	A culture in which colleagues feel empowered to improve performance through collective achievement be accountable for their actions and to transform care at every opportunity
		The Trust remains below average for colleagues recommending the Trust as a place of work (50%)		The Trust scores below average for colleagues recommending the Trust as a place of work (49%)	A higher than average score for colleagues recommending the Trust as a place to work
		The Trust saw improvement in two thirds of the 2017 NHS Staff Survey questions, which was against the national trend		62% of the Trust's NHS staff survey key findings are in the bottom (worst) 20% of all acute trusts	In the top 20% of all acute trusts for our NHS staff survey results
Leadership		The Trust has been rated requires improvement by the Care Quality Commission (CQC) for its Well Led domain		The Trust has been rated inadequate by the Care Quality Commission (CQC) for its Well Led domain	To achieve a rating of outstanding for its Well Led domain
		The Trust's Leadership Plan is in development and will be considered by the People and Culture Committee in November 2018		The Trust does not have an up to date plan or designated budget for leadership development	The Trust is renowned for its leadership development
Staff Engagement		The overall staff engagement in the Trust has improved from 3.66 in 2016 to 3.70 (the higher the better) but remains below the national average for acute trusts which is 3.79		The overall staff engagement in the Trust has improved from 3.64 in 2015 to 3.66 (the higher the better) but remains below the national average for acute trusts which is 3.81	A higher than average staff engagement score. Over 80% of colleagues reporting that communication within the Trust is effective (measured through staff survey)
Colleague health and wellbeing		The Trust has a rolling sickness absence rate of 4.16% which continues to improve		The Trust has a rolling sickness absence rate of 4.22% which has continuously improved since January 2017	A consistent sickness absence rate of below 3.5% across all services and staff groups
		39% of Trust colleagues report feeling unwell due to work related stress compared with the national average of 36%		38% of Trust colleagues report feeling unwell due to work related stress compared with the national average of 35%	Fewer than 30% of colleagues reporting feeling unwell due to work related stress

People & Culture Performance Key Messages (2)



Theme	RAG 2018	Where we are now Sept 2018	RAG 2017	Where we were Aug 2017	Target
Staff Recognition		The Trust scores 3.35 compared to a national average of 3.45 (the higher the better) for colleagues feeling valued and recognised by managers and the organisation		The Trust scores 3.28 compared to a national average of 3.45 (the higher the better) for colleagues feeling valued and recognised by managers and the organisation	A Trust score of over 3.5 for colleagues feeling valued and recognised by managers and the organisation
		Only 69% of non medical colleagues have an up to date performance development plan (PDP)		76% of colleagues have an up to date performance development plan (PDP)	Consistent performance of over 90% of colleagues having an up to date PDP
Recruitment		The medical vacancy rate has reduced to 12.4%.		The number of medical vacancies in August 2017 was 157.41 or 20%	A medical vacancy rate of less than 6% or 43 wte
		The Trust has seen an increase in the number of qualified nursing vacancies which is due to an increase in establishment as a result of business cases and the winter plan. The current vacancy rate sits at 11.93%.		The Trust is treading water with regard to the number of qualified nursing vacancies with a vacancy rate of 9%	A qualified nursing vacancy rate of less than 5%
Retention		The overall Trust turnover rate is 11.9% against a model hospital recommended rate of 12%		The overall Trust turnover rate is 12.09% against a model hospital recommended rate of 12%	A consistent overall turnover rate of below 12%
		The turnover rate for qualified nurses is in line with the national average		The turnover rate for qualified nurses is in line with the national average	A turnover rate of less than 10% for qualified nurses
		The turnover rate for doctors of all grades is 9.56%		Turnover of doctors of all grades (currently 9.1%) has reduced month on month since Jan 2017	A turnover rate of less than 8% for medical staff groups
		The turnover rate for the unregistered nursing workforce is 14.86%		There has been an increase in turnover of the unregistered nursing workforce from 12.6% in October 2016 to 14.95% in June 2017	A turnover rate of less than 10% for the unregistered nursing workforce

People & Culture Performance

Key Messages (3)

Theme	RAG 2018	Where we are now Sept 2018	RAG 2017	Where we were Aug 2017	Target
Workforce Planning		The Trust benchmarks at £1,947 pay cost per substantive member of staff which places the Trust in quartile 3 (mid to high cost). This suggests the Trust spends more on staff per unit of activity than our peers which are average £1,910		The Trust benchmarks at £1,881 pay cost per substantive member of staff which places the Trust in quartile 3 (mid to high cost). This suggests the Trust spends more on staff per unit of activity than a typical Trust	The Trust will be in the lower quartile for cost of staff per unit of activity
		Only 62% of consultants have job plans		Only 45% of consultants have job plans	100% of consultants will have job plans linked to the Trust's business plan
Education, Learning & Development		85% of colleagues have completed the required statutory and mandatory training at level 1		85% of colleagues have completed the required statutory and mandatory training at level 1	The Trust will score consistently over 90% for statutory and mandatory training
		The Trust does not currently monitor essential to role compliance		The Trust does not currently monitor essential to role compliance	The Trust will score consistently over 95% for essential to role compliance
Freedom to Speak Up		The Trust is forecast to meet its apprenticeship levy target in 2018/19. Further work is needed on funding spend.		The Trust is unlikely to meet the apprenticeship levy target in 2017/18 or maximise its spend against available funding in 2018/19	The Trust will exceed its spend on the apprenticeship levy and will be seen as an employer of best practice in this area
		28% of colleagues report experiencing harassment, bullying and abuse from colleagues in the last 12 months compared to a national average of 25%		32% of colleagues report experiencing harassment, bullying and abuse from colleagues in the last 12 months compared to a national average of 25%	The percentage of colleagues reporting experiencing harassment, bullying or abuse from colleagues is below 25%
		The Trust has an effective Freedom to Speak Up Guardian in place		The Trust cannot fully evidence its learning from the findings of the Good Governance Institute's investigation in 2016	
Flexible Working		50% of colleagues are satisfied with the opportunities for flexible working patterns. The national average 51%		49% of colleagues are satisfied with the opportunities for flexible working patterns. The national average is 51%	Achievement of the Timewise accreditation

People & Culture Performance Key Messages (4)

Theme	RAG 2018	Where we are now Sept 2018	RAG 2017	Where we were Aug 2017	Target
Equality & Diversity		28% of BME colleagues within the Trust experience harassment, bullying or abuse from patients, relatives or the public compared to a national average of 28%		25% of BME colleagues within the Trust experience harassment, bullying or abuse from patients, relatives or the public compared to a national average of 26%	The percentage of all colleagues reporting experiencing harassment, bullying or abuse from patients, relatives or the public is below 20%
		70% of BME colleagues believe that the Trust provides equal opportunities for career progression or promotion compared to a national average of 75%		74% of BME colleagues believe that the Trust provides equal opportunities for career progression or promotion compared to a national average of 76%	
		28% of the Trust's BME colleagues experience harassment, bullying or abuse from colleagues compared to a national average of 27%		32% of the Trust's BME colleagues experience harassment, bullying or abuse from colleagues compared to a national average of 27%	The percentage of all colleagues reporting experiencing harassment, bullying or abuse by colleagues is below 25%

Month 6 (September 2018) Engaged Workforce Summary

What are we
aiming for in Oct?

Description

How we did

Trend

Key actions

Staff Friends and Family Test Results

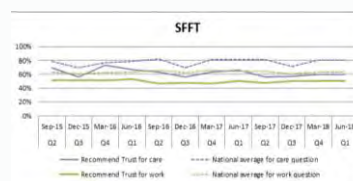
National quarterly measure of whether staff would recommend Trust for treatment (T) or work (W)

60% (T)

50% (W)

Our results are lower than national average but are improving from 56% (T) and 48% (W).

Q2 SFFT has been conducted by Quality Health as postcards;. Results awaited.



Improve culture, retention and staff experience so that staff report higher satisfaction.. National Staff Survey has been issued as paper questionnaire in attempt to improve response rates

Improved position to National average – 71% (T) & 61% (W)

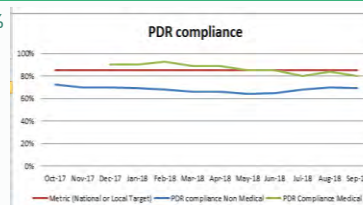
PDR Compliance

All staff should have an annual appraisal/PDR. Separated into Medical (M) and Non-Medical (NM)

80% (M)

69% (NM)

Appraisal rates have deteriorated by 4% M and 1% NM. Appraisal rates remain below target. Reports continue to be circulated by the Learning and Development team to highlight areas of concern to divisions.



Divisions to be held to account. ESR also automatically notifies staff and managers of expiry dates.

75% against 85% target

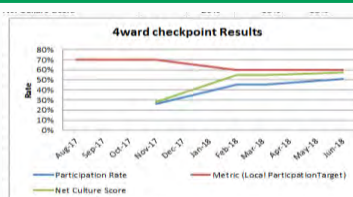
4ward pulse check results

Summary of results from 4 ward Programme

51% participation

57% net culture

Checkpoint 3 produced a 51% response rate compared to 45% in Checkpoint 2., and a Net Culture Score of 57%.



Checkpoint 4 issued w/c 15 October 2018. Aiming for improved Net Culture Score from 57% in Checkpoint 3 and improved response rate.

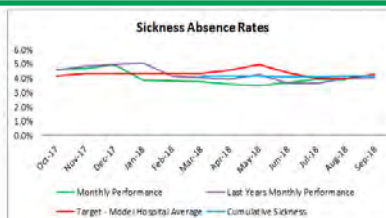
Improving response rate and net culture score

Sickness absence rates

Sickness absence rates measured against National average on NHS Model Hospital (3.99% as at March 2018)

3.91%

Sickness has reduced by 0.03% in month and remains below Model Hospital target. Of 4.3%. Cumulative sickness for the 12 month period is 4.15%.



Sickness absence to continue to be managed through Divisions with support from HR business partners.

3.70%

Key to rag rating:

Green - target met;

Amber – on track or close to target;

Red - target missed

Month 6 (September 2018) Skilled Workforce Summary

What are we aiming for in Oct?

Description

How we did

Trend

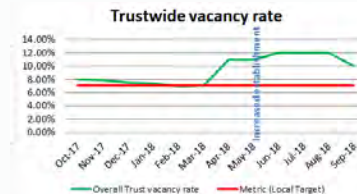
Key actions

Vacancy Rates

Vacancies against funded establishment compared to 7% Trust local target

10%

Vacancy rate has reduced by 2% from 12% which is due to increased recruitment and reduced establishment.



Assessment Centres are continuing for B5 and B2 Nurses. Business case for centralised recruitment to improve governance and timelines.. The method of measuring vacancies is under review. Winter Recruitment Plan developed

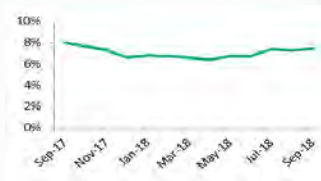
10%

Agency as a % of gross payroll cost

Agency spend as a percentage of total substantive and temporary pay spend

7.52%

Agency spend decreased in September and was 7.52% of the total pay costs. Agency spend was above forecast as the forecast assumed agency costs would represent 5.75% of total pay costs.



The FRP plan is to improve quality and safety through recruitment of substantive clinical staff.

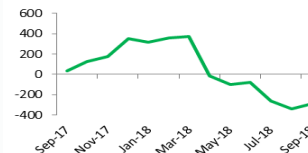
5.42 %
(Forecast)

Agency spend v NHSI ceiling

NHSI set the Trust an annual agency expenditure ceiling of £17.3m

(£292k)

Agency staffing costs of £1,733k in month is a decrease of £48k on last month and is (£292k) above the monthly NHSI agency ceiling. Agency costs are above the Trusts internal plan.



As part of the FRP the Trust is strengthening controls across all staff groups requesting agency and engaging with agency suppliers to ensure compliance with capped rates.

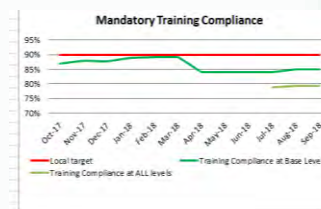
Need to maintain a reduced run-rate

Training compliance (statutory, mandatory, and essential to role)

All staff are required to undertake Mandatory training at the appropriate level assigned by leads in 11 mandatory training topics

85%

Overall compliance was unchanged in month, both at Base Level and All Levels. Only 4 off target topic levels out of 33 saw a decline this month



Embedding the roll out of ESR Employee Self Service through engagement with divisions, with divisions being held to account for their staff compliance..

87%

Percentage of up to date job plans

All consultants are required to have an annual job plan review

62%

Compliance was unchanged this month at 62% for Consultants. SAS doctors improved by 2%.



Business case approved for implementation of Health Medics rostering system which has a job planning module which should improve compliance. and visibility.

65%

Key to rag rating:

Green - target met;

Amber – on track or close to target:

Red - target missed

People & Culture Committee Assurance Report

Accountable Director

Mark Yates - Non-Executive Director

Presented By

Mark Yates - Non-Executive Director

Author

Kimara Sharpe - Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?

Y

BAF
number(s)

10
11

Level of assurance and trend

Significant assurance

Moderate assurance

Limited assurance

No assurance

X

Executive Summary

The Committee met on 23 October. The elements discussed were as follows:

Recruitment and retention of nurses: The lead nurse for workforce and the Professional Development Lead attended the meeting to discuss the recruitment and retention of nursing staff. This is a key priority for the Trust and the Committee was keen to understand the initiatives in place to ensure that the Trust was maximising all recruitment and retention opportunities. It is obvious that there is huge commitment to ensuring that nurses are recruited to the trust. This is in the form of open days, targeted campaigns (e.g. via social media) and exploiting the two awards that have recently been won. There is also considerable work on utilising the skills of nurses who have qualified abroad, currently working as health care support workers and supporting them to obtain their NMC PIN. This process can take as long as 18 months, due to the need to show 450 hours of practical work. Despite this hard work, there is still work to do, particularly on duplication of effort (e.g. student nurses being expected to go through assessment centres when they have already been signed off as competent by the Trust) and on keeping in touch with people who have expressed interest in working for the Trust. Overall, however, the Committee was assured with the grip of the subject and the work that was being undertaken.

Retention is the other key element. Again, there is a huge amount of work being undertaken to ensure that nurses have the career opportunities and access to the education, learning and development needed. There is work being undertaken with Health Education England and the University of Worcester. Work is also underway with those nurses who retire and wish to return to practice. The Committee was informed that 50% of all nurses are eligible to retire in the next five years. This shows the challenge we as a Trust have.

Monthly safer staffing report: The Committee reviewed this report (which is later on the Board agenda) and were satisfied with the mitigations in place to ensure safe staffing levels. **Limited assurance**

People and Culture Strategy – update on progress: The workforce transformation programme is on plan for meeting the targets set out in the Trust’s recovery plan. This includes the realisation of £3.4m savings. The Committee was informed that a business case has been developed to introduce a centralised recruitment model for the Trust. The Trust is also ensuring lessons are learned in relation to the national case of Amin Abdullah. This is in particular putting in place support for staff who are going through formal HR processes. **Limited Assurance**

People and Culture Strategy – refresh: The Committee approved the refresh which is on the agenda for this meeting. Additional elements were requested in respect of the future strategy (up to five years hence), leadership and accountability.

People & Culture Committee Assurance Report

Accountable Director

Mark Yates - Non-Executive Director

Presented By

Mark Yates - Non-Executive Director

Author

Kimara Sharpe - Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?

Y

**BAF
number(s)**

10
11

Level of assurance and trend

Significant assurance

Moderate assurance

Limited assurance

No assurance

X

Executive Summary (cont.)

Leadership Development Plan: The Committee was pleased to see a much improved Leadership Development Plan with clear programmes outlined for staff of all levels. The courses ranged from the Mary Seacole on line programme for those in their first management position to the roll out of Wisdom in the Workplace for leaders below the level of the Trust Leadership Group. There are other programmes for senior leaders/middle management and first line managers. The Committee were concerned about the risk identified with backfill – i.e. no funding has been identified for this. **Limited assurance**

Recruitment and Retention: This paper focussed on medical staffing. Examples were given in relation to the support for out of hours working and reviewing the pharmacy support as well as work being undertaken on international recruitment. The advantages of the trust wide bank and agency model were discussed.

Education, Learning and Development update: I expressed my concern in relation to the low level of budget for management training. I have requested an update in the next report. The Committee approved the structure of the Trust's Academy which brings together all disciplines under six faculties. **Limited assurance.**

Sickness absence: The Committee received a deep dive report into sickness absence. This showed that the Trust is performing well, but there is more to do. Areas that apply the Sickness Policy consistently have lower levels of sickness and we have requested communication to go out to staff about the importance of ensuring that the policy is adhered to. It was requested that all future reporting be on the 12 month rolling figure rather than in month performance. **Limited assurance.**

Staff flu campaign: This is for discussion later on the agenda. **Moderate assurance.**

Other papers received:

- Update from the 4ward steering group: Checkpoint 4 is underway and the results are awaited
- People and Culture Scorecard
- People and Culture risk register
- Work plan
- Minutes of the JNCC and MMC

People & Culture Committee Assurance Report

Accountable Director

Mark Yates - Non-Executive Director

Presented By

Mark Yates - Non-Executive Director

Author

Kimara Sharpe - Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?

Y

**BAF
number(s)**

10
11

Level of assurance and trend

Significant assurance

Moderate assurance

Limited assurance

No assurance

X

Background

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

Issues and options

None.

Recommendations

The Board is requested to receive this report for assurance.

Appendices

- TB IPR Dashboards – M6 2018-19

Meeting	Trust Board
Date of meeting	9 November 2018
Paper number	E1

People and Culture Strategy – Annual Refresh 2018

For approval:	<input checked="" type="checkbox"/>	For assurance:	<input type="checkbox"/>	To note:	<input type="checkbox"/>
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Accountable Director	Tina Ricketts, Director of People and Culture		
Presented by	Tina Ricketts, Director of People and Culture	Author /s	Tina Ricketts, Director of People and Culture

Alignment to the Trust's strategic priorities					
Deliver safe, high quality, compassionate patient care	<input checked="" type="checkbox"/>	Design healthcare around the needs of our patients, with our partners	<input checked="" type="checkbox"/>	Invest and realise the full potential of our staff to provide compassionate and personalised care	<input checked="" type="checkbox"/>
Ensure the Trust is financially viable and makes the best use of resources for our patients	<input checked="" type="checkbox"/>	Continuously improve our services to secure our reputation as the local provider of choice	<input checked="" type="checkbox"/>		

Alignment to the Trust's goals						
Timely access to our services	<input type="checkbox"/>	Better quality patient care	<input type="checkbox"/>	More productive services	<input type="checkbox"/>	Well-Led <input checked="" type="checkbox"/>

Report previously reviewed by		
Committee/Group	Date	Outcome
Executive Team	26 th September 2018	Approved with minor amendments
People and Culture Committee	23 rd October 2018	Approved with minor amendments

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF number(s)	10,11
Significant assurance <input type="checkbox"/> <i>High level of confidence in delivery of existing mechanisms/objectives</i>	Moderate assurance <input checked="" type="checkbox"/> <i>General confidence in delivery of existing mechanisms/objectives</i>	Limited assurance <input type="checkbox"/> <i>Some confidence in delivery of existing mechanisms/objectives</i>	No assurance <input type="checkbox"/> <i>No confidence in delivery</i>

Recommendations	The Board is asked to approve the updated people and culture strategy.
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Meeting	Trust Board
Date of meeting	9 November 2018
Paper number	E1

Executive Summary

Attached in appendix 1 is the refreshed people and culture strategy which is presented to the Board for approval. The strategy was first approved by the Board in November 2017. The following revisions have been made to the strategy:

- The context table has been updated to show progress against the strategy since August 2017. This review confirms that progress has been made against 11 of the 36 indicators with deterioration in 4 areas (nurse vacancies, medical staff turnover, appraisal completion rates and career progression opportunities for BME colleagues). Of note is the progress made against the Trust's culture and well led domain, reduction in medical vacancies, reduction in sickness absence and reduction in the Trust's overall turnover rate.
- The governance structure has been updated to ensure focus is given to priority areas. The priority areas remain as culture, recruitment and retention (medical and nursing), workforce transformation and education, learning and development. The revised governance structure was reviewed and approved by the People and Culture Committee in September 2018.
- The people and culture model has been amended to incorporate leadership under the engaged workforce strand, effective workforce systems under the skilled workforce strand and colleague health and wellbeing under the supported workforce strand. These changes are to reflect the revised governance structure.

It is the view of the People and Culture Committee that the strategy remains fit for purpose and that the focus should remain on delivery to ensure progress continues to be made in this critical area.

Background

The People and Culture strategy was first considered by the Board in November 2017.

It is important that the strategy is reviewed each year to ensure it remains fit for purpose and that good progress is made against the people and culture agenda.

The strategy document contains a summary of the progress made in the first year. From this analysis it can be seen that whilst there is still a lot of work to do, improvement has been made in 11 out of the 36 indicators. Of note is the progress made against the Trust's culture and well led domain, reduction in medical vacancies, reduction in sickness absence and reduction in the Trust's overall turnover rate. However, the Trust has seen an increase in nurse vacancies (partly as a result of an increase in establishment), an increase in the turnover of medical staff, a deterioration in the completion rate of appraisals and a reduction in BME colleagues believing there is equal opportunities for career progression. The strategy document references the actions that will be taken to improve performance in these areas.

Issues and options

Governance

The People and Culture Committee has identified the following priority areas for the people and culture agenda:

- Culture
- Leadership
- Recruitment and retention (medical and qualified nursing)

Meeting	Trust Board
Date of meeting	9 November 2018
Paper number	E1

- Workforce transformation (as part of the Trust's financial recovery plan)
- Education, learning and development (as this is a key to recruitment and retention)

The governance structure was reviewed by the Committee in September 2018 with the updated structure now being included within the strategy document. The governance structure has been designed to ensure focus is given to these priority areas.

Delivery

A section has been added to the strategy document to outline how the 11 strands of the strategy will be delivered. This confirms that:

- The 3 engaged workforce strands will be delivered through the 4ward programme. The 4ward steering group will be responsible for overseeing actions relating to staff engagement, leadership development (in association with the leadership faculty) and staff recognition
- The 4 skilled workforce strands will be delivered through the Trust's strategic workforce plan, recruitment and retention plan, academy infrastructure and workforce transformation programme. The medical workforce and nursing, midwifery and AHP workforce groups will be responsible for overseeing actions related to the recruitment and retention agenda. The Education, Learning and Development Group will be responsible for the establishment of the academy. The workforce transformation programme steering group will be responsible for overseeing actions relating to effective workforce systems
- The 4 supported workforce strands will be delivered by the Trust achieving the following standards:
 - ✓ Investors in People accreditation
 - ✓ Employers wellbeing charter
 - ✓ Mindful employer
 - ✓ Workforce Race Equality Standards
 - ✓ Workforce Disability Standards
 - ✓ Equality Delivery System
 - ✓ Timewise

Recommendations

The Board is asked to approve the updated people and culture strategy.

Appendices

Appendix 1: People and Culture Strategy – Updated October 2018



People and Culture Strategy
For the period 1st October 2017 to 31st March 2020
V2 - Updated October 2018

Contents

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Introduction

Our colleagues have been commended for the patient centred care that they provide to service users and the Board is proud of the commitment and contribution of every member of staff. We want our colleagues to be proud to work for the Trust acting as ambassadors for the services that we provide and, therefore, we have set the following purpose for our people:

Purpose:

We want our colleagues to feel empowered to improve performance through collective achievement, be accountable for their actions and transform care at every opportunity.

It is recognised that an aspirational people and culture strategy is critical to the future success of the Trust particularly given the regulatory environment that the Trust currently finds itself in. Our colleagues are and will be the Trust's most important asset as we continue to work through these issues. Whilst the focus around workforce will involve 'getting the basics right' in the short term, the ambitions detailed throughout this document will ensure that the Trust is able to achieve its purpose of providing high quality patient centred care.

The Trust's success is intrinsically bound up with having the right sized, right skilled and engaged workforce and whilst colleagues are seldom excited by strategy documents, being interested in the outcomes, the 4ward culture change programme that was launched in October 2017 will provide colleagues with a clear link between the things that we do

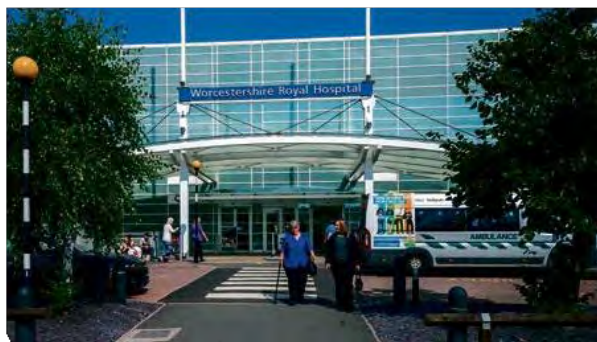
and why they make a difference. This programme, which will build on the sense of local pride, will see four signature behaviours and a set of 'Wisdom in the Workplace' leadership behaviours form the basis of all future Trust activity. The programme will be a key enabler in setting a culture in line with the Trust's purpose as set out opposite.

Strong leadership and accountability within the Trust is critical in driving this change forward and there will be a focus on supporting leaders across the organisation to implement this strategy.

This document sets out the current position of the Trust with regard to its people and culture, describes the end state that the Trust is working towards and details the plans that will be put in place to get there.

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Trust Profile



Worcestershire Acute Hospitals NHS Trust provides hospital based services from three main sites - the Alexandra Hospital in Redditch, Kidderminster Hospital and Treatment Centre and Worcestershire Royal Hospital.

With an annual turnover of over £400 million, the Trust provides a wide range of services to a population of more than 575,000 in Worcestershire as well as caring for patients from surrounding counties and further afield. The Trust employs nearly 6,000 people and has around 800 volunteers.

Last year the Trust provided care to more than 232,644 different patients including:

148,713
A&E
attendances

48,761
Emergency
admissions

526,716
Outpatient
attendances

5,558
Births

8,645
Planned
admissions

The Trust has identified a number of priorities for the period of this strategy and these are detailed in the plan on a page below:



Where we were in 2017, where we are now, where we want to be and how we will get there

The context in which the Trust operates has been analysed alongside the Trust's current performance across all people and culture metrics. The findings of this analysis is summarised in the table below.

Table 1: Summary of key findings following analysis of the context in which the Trust operates and its current performance













Theme	RAG 2018	Where we are now (Aug 2018)	RAG 2017	Where we were (Aug 2017)	Where we want to be	How we will get there
Culture		The Trust's net culture score has improved from 28% in October 2017 to 57% in July 2018		A recent analysis has identified that the most prevalent behaviour within the Trust is one of learnt helplessness	A culture in which colleagues feel empowered to improve performance through collective achievement be accountable for their actions and to transform care at every opportunity	The 4ward culture change programme The Trust will undertake a review of the effectiveness and frequency of staff surveys
		The Trust remains below average for colleagues recommending the Trust as a place of work (50%)		The Trust scores below average for colleagues recommending the Trust as a place of work (49%)	A higher than average score for colleagues recommending the Trust as a place to work	
		The Trust saw improvement in two thirds of the 2017 NHS Staff Survey questions, which was against the national trend		62% of the Trust's NHS staff survey key findings are in the bottom (worst) 20% of all acute trusts	In the top 20% of all acute trusts for our NHS staff survey results	
Leadership		The Trust has improved its well led rating to requires improvement		The Trust has been rated inadequate by the Care Quality Commission (CQC) for its Well Led domain	To achieve a rating of outstanding for its Well Led domain The Trust has the right leadership capability and capacity to successfully deliver its agenda	'Wisdom in the Workplace' leadership framework A refreshed leadership development plan supported by a talent management policy
		The Trust's Leadership Plan is in development and will be considered by the People and Culture Committee in October 2018		The Trust does not have an up to date plan or designated budget for leadership development	The Trust is renowned for its leadership development and has exceptional leaders across all areas of the organisations. There are clear lines of accountability from ward to board	
Staff Engagement		The overall staff engagement in the Trust has improved from 3.66 in 2016 to 3.70 (the higher the better) but remains below the national average for acute trusts which is 3.79		The overall staff engagement in the Trust has improved from 3.64 in 2015 to 3.66 (the higher the better) but remains below the national average for acute trusts which is 3.81	A higher than average staff engagement score Over 80% of colleagues reporting that communication within the Trust is effective (measured through staff survey)	A 4ward culture change programme which includes a staff engagement and internal communication plan



Table 1: Summary of key findings following analysis of the context in which the Trust operates and its current performance

Theme	RAG 2018	Where we are now (Aug 2018)	RAG 2017	Where we were (Aug 2017)	Where we want to be	How we will get there
Colleague health and wellbeing		The Trust has a rolling sickness absence rate of 4.16% which continues to improve		The Trust has a rolling sickness absence rate of 4.22% which has continuously improved since January 2017	A consistent sickness absence rate of below 3.5% across all services and staff groups	A refreshed Colleague Health and Wellbeing Plan
		39% of Trust colleagues report feeling unwell due to work related stress compared with the national average of 36%		38% of Trust colleagues report feeling unwell due to work related stress compared with the national average of 35%	Fewer than 30% of colleagues reporting feeling unwell due to work related stress	Achievement of the NHS Employers Workplace Wellbeing Charter
		In August 2018, the Trust lost 350 sickness absence days due to back problems. A further 795 days were lost due to other musculoskeletal problems		In August 2017, the Trust lost 516 sickness absence days due to back problems. A further 650 days were lost due to other musculoskeletal problems	Regular monitoring of back and musculoskeletal injuries caused as work. Consistent performance of over 90% of colleagues having manually handling training	All back injuries caused at work are reviewed by Occupational Health and reported to health and safety committee. A dedicated staff physiotherapy service has been introduced on both sites.
Staff recognition		The Trust scores 3.35 compared to a national average of 3.45 (the higher the better) for colleagues feeling valued and recognised by managers and the organisation		The Trust scores 3.28 compared to a national average of 3.45 (the higher the better) for colleagues feeling valued and recognised by managers and the organisation	A Trust score of over 3.5 for colleagues feeling valued and recognised by managers and the organisation	Staff recognition scheme linked to the 4ward culture change programme
		Only 70% of colleagues have an up to date performance development plan (PDP)		Only 76% of colleagues have an up to date performance development plan (PDP)	Consistent performance of over 90% of colleagues having an up to date PDP	
Recruitment		The number of medical vacancies has reduced by 28% (from 158 wte in June 2017 to 114 wte in August 2018). Further candidates are in the pipeline		The number of medical vacancies is predicted to reduce by 50% (from 157.41 wte in June 2017 to 69.07 wte in September 2018)	A medical vacancy rate of less than 6% or 43 wte	Continued implementation of the Trust's recruitment and retention plan including overseas recruitment
		The Trust has seen an increase in the number of qualified nursing vacancies (232 wte in Aug 2018) which is due to increased establishment of 30 wte. We have 101.75 B5 registered nurses appointed but not yet started.		The Trust is treading water with regard to the number of qualified nursing vacancies (178.38 wte in June 2017)	A medical vacancy rate of less than 7% or 50.59 wte A qualified nursing vacancy rate of less than 5% or 92 wte Exemplary candidate experience and a slick recruitment process	
		There are no reported breaches of safer staffing fill rates post mitigation		There are some breaches of safer staffing fill rates which is impacting on the quality of services	Staffing levels consistently above the national expected fill rate of 80%	Review of the Trust's staff escalation policy

Table 1: Summary of key findings following analysis of the context in which the Trust operates and its current performance













































Theme	RAG 2018	Where we are now (Aug 2018)	RAG 2017	Where we were (Aug 2017)	Where we want to be	How we will get there
Retention	   	<p>The overall Trust turnover rate is 11.77% (Aug 2018) against a model hospital recommended rate of 12%</p> <p>The turnover rate for qualified nurses is in line with the national average</p> <p>The turnover rate for doctors of all grades is 9.56%</p> <p>The turnover rate for the unregistered nursing workforce is 14.33%</p>	   	<p>The overall Trust turnover rate is 12.09% against a model hospital recommended rate of 12%</p> <p>The turnover rate for qualified nurses is in line with the national average</p> <p>Turnover of doctors of all grades (currently 9.1%) has reduced month on month since Jan 2017</p> <p>There has been an increase in turnover of the unregistered nursing workforce from 12.6% in October 2016 to 14.95% in June 2017</p>	<p>A consistent overall turnover rate of below 12%</p> <p>A turnover rate of less than 10% for qualified nurses</p> <p>A turnover rate of less than 8% for medical staff groups</p> <p>A turnover rate of less than 10% for the unregistered nursing workforce</p>	<p>Continued implementation of the Trust's recruitment and retention plan</p> <p>Review of reasons for leaving for unregistered nursing workforce - develop new strategies based on findings</p>
Workforce planning	  	<p>The Trust benchmarks at £1,947 pay cost per substantive member of staff which places the Trust in quartile 3 (mid to high cost). This suggests the Trust spends more on staff per unit of activity than our peers which are average £1,910</p> <p>Only 62% of consultants have job plans</p> <p>The Trust's agency spend in 2017/18 was in line with the cap set by NHS Improvement</p>	  	<p>The Trust benchmarks at £1,881 pay cost per substantive member of staff which places the Trust in quartile 3 (mid to high cost). This suggests the Trust spends more on staff per unit of activity than a typical Trust</p> <p>Only 45% of consultants have job plans</p> <p>The Trust's agency spend in 2017/18 is predicted to be in line with the cap set by NHS Improvement</p>	<p>The Trust will be in the lower quartile for cost of staff per unit of activity</p> <p>The Trust will be clear on the workforce that it needs in 5 years time and has proactive plans in place to meet its workforce plan</p> <p>100% of consultants will have job plans linked to the Trust's business plan</p> <p>The Trust's spend on agency staff will be 10% below the cap set by NHS Improvement</p>	<p>The development of a 5 year strategic workforce plan</p> <p>Review of standard job planning and rota standardisation</p> <p>Review of electronic rostering and shift standardisation</p> <p>Review of corporate services</p>

Table 1: Summary of key findings following analysis of the context in which the Trust operates and its current performance

Theme	RAG 2018	Where we are now (Aug 2018)	RAG 2017	Where we were (Aug 2017)	Where we want to be	How we will get there
Education, learning and development		85% of colleagues have completed the required statutory and mandatory training		85% of colleagues have completed the required statutory and mandatory training	The Trust will score consistently over 90% for statutory and mandatory training	Statutory and mandatory training is regularly evaluated to ascertain its impact on the quality of service provision
		The Trust does not currently monitor essential to role compliance		The Trust does not currently monitor essential to role compliance	The Trust will score consistently over 95% for essential to role compliance	The development of essential to role training matrices for each staff group
		The Trust is forecast to meet its apprenticeship levy target in 2018/19. Further work is needed on funding spend.		The Trust is unlikely to meet the apprenticeship levy target in 2017/18 or maximise its spend against available funding in 2018/19	The Trust will exceed its spend on the apprenticeship levy and will be seen as an employer of best practice in this area	The development of an Apprenticeship Levy Plan
		The Trust has a restricted budget for learning and development (outside of statutory, mandatory and essential to role)		The Trust has a restricted budget for learning and development (outside of statutory, mandatory and essential to role)	Learning and development priorities are clearly linked to the Trust's strategic objectives	A refresh of the Trust's Education, Learning and Development Plan
Effective HR Function		28% of colleagues report experiencing harassment, bullying and abuse from colleagues in the last 12 months compared to a national average of 25%		32% of colleagues report experiencing harassment, bullying and abuse from colleagues in the last 12 months compared to a national average of 25%	The percentage of colleagues reporting experiencing harassment, bullying or abuse from colleagues is below 25%	A zero tolerance campaign to be launched led by the CEO
		The Trust has an effective Freedom to Speak Up Guardian in place		The Trust cannot fully evidence its learning from the findings of the Good Governance Institute's investigation in 2016	The Trust has implemented all the recommendations from the Good Governance Institute's report	Raise the profile of Freedom to Speak Up Guardian across the Trust The attainment of the Investors in People Accreditation
		The HR function is still viewed as reactive. The HR model is being reviewed under the Workforce Transformation Programme.		The HR function is viewed as reactive. A business partner model has been introduced but is not effective due to operational management capability and professional development of the HR Team	The HR function can evidence its positive contribution to the Trust and it rated as 'good' by its internal customers	The deliverables of the HR function are agreed with the Trust's Leadership Group

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Table 1: Summary of key findings following analysis of the context in which the Trust operates and its current performance

Theme	RAG 2018	Where we are now (Aug 2018)	RAG 2017	Where we were (Aug 2017)	Where we want to be	How we will get there
Equality and Diversity		28% of BME colleagues within the Trust experience harassment, bullying or abuse from patients, relatives or the public compared to a national average of 28%		25% of BME colleagues within the Trust experience harassment, bullying or abuse from patients, relatives or the public compared to a national average of 26%	The percentage of all colleagues reporting experiencing harassment, bullying or abuse from patients, relatives or the public is below 20%	A zero tolerance campaign to be launched led by the CEO
		70% of BME colleagues believe that the Trust provides equal opportunities for career progression or promotion compared to a national average of 75%		74% of BME colleagues believe that the Trust provides equal opportunities for career progression or promotion compared to a national average of 76%		A review of the terms of reference of the Trust's Equality and Inclusion Committee
		28% of the Trust's BME colleagues experience harassment, bullying or abuse from colleagues compared to a national average of 27%		32% of the Trust's BME colleagues experience harassment, bullying or abuse from colleagues compared to a national average of 27%	The percentage of all colleagues reporting experiencing harassment, bullying or abuse by colleagues is below 25%	A refresh of the Trust's Equality and Inclusion Plan
Flexible Working		50% of colleagues are satisfied with the opportunities for flexible working patterns. The national average 51%		49% of colleagues are satisfied with the opportunities for flexible working patterns. The national average is 51%	Recognised as a flexible employer	The attainment of Timewise accreditation
Effective Workforce Systems		The Trust has limited information technology solutions to support flexible and mobile working		The Trust has limited information technology solutions to support flexible and mobile working	The Trust has a range of innovative solutions that support flexible and mobile working and which free up colleague's time to care	Development of an IT Strategy for the workplace
		ESR self-service has been launched. The Trust has invested in an end to end solution for rostering, job planning and annual leave management.		The electronic staff records system is being developed to support employee and manager (supervisor) self-service. The system will shortly support the recording of all statutory and mandatory training competencies	Full implementation and functionality of employee and manager (supervisor) self service	Continued implementation of the Trust's recruitment and retention plan
		No central records help for pre-employment checks. Risk of non-compliance with safer recruitment practices		No central records help for pre-employment checks (other than medical, band 5 nurses and band 2 HCAs). Risk of non-compliance with safer recruitment practices	Central recording of all pre-employment checks	Undertake audit of pre-employment checks to include review of the effectiveness of policies, procedures and processes
		Time take to recruit/process new starters remains inconsistent		Time take to recruit/process new starters is inconsistent	Time taken to recruit/process new starters in line with agreed targets	

People and culture model

From table 1 it can be seen that the Trust should focus on the following priorities if it is to achieve its purpose for its people. The priorities have been grouped under three headings, an engaged workforce, a skilled workforce and a supported workforce.

Table 2: Summary of workforce priorities

An engaged workforce	A skilled workforce	A supported workforce
Staff Engagement	Recruitment and Retention	Effective HR Function
Colleague recognition	Workforce Planning	Equality and Diversity
Leadership	Effective Workforce Systems	Flexible employer
	Education, learning and development	Colleague health and wellbeing

The culture and leadership priorities will be taken forward through the 4ward programme, as referenced above, which will form the overarching framework of this strategy. The programme has been designed to embed the following set of core competencies and signature behaviours in all Trust activity:

Table 3: The Trust's core competencies and signature behaviours

Core Competence	Signature Behaviour
Improving performance	 No delays, every day
Leading collective achievement	 Work together, celebrate together
Transforming care	 We listen, we learn, we lead
Accountability	 Do what we say we will do

Furthermore, the 4ward programme includes a set of leadership competencies for the Trust which will become known as 'Wisdom in the Workplace'. The leadership programme has been designed to achieve the following outcomes:

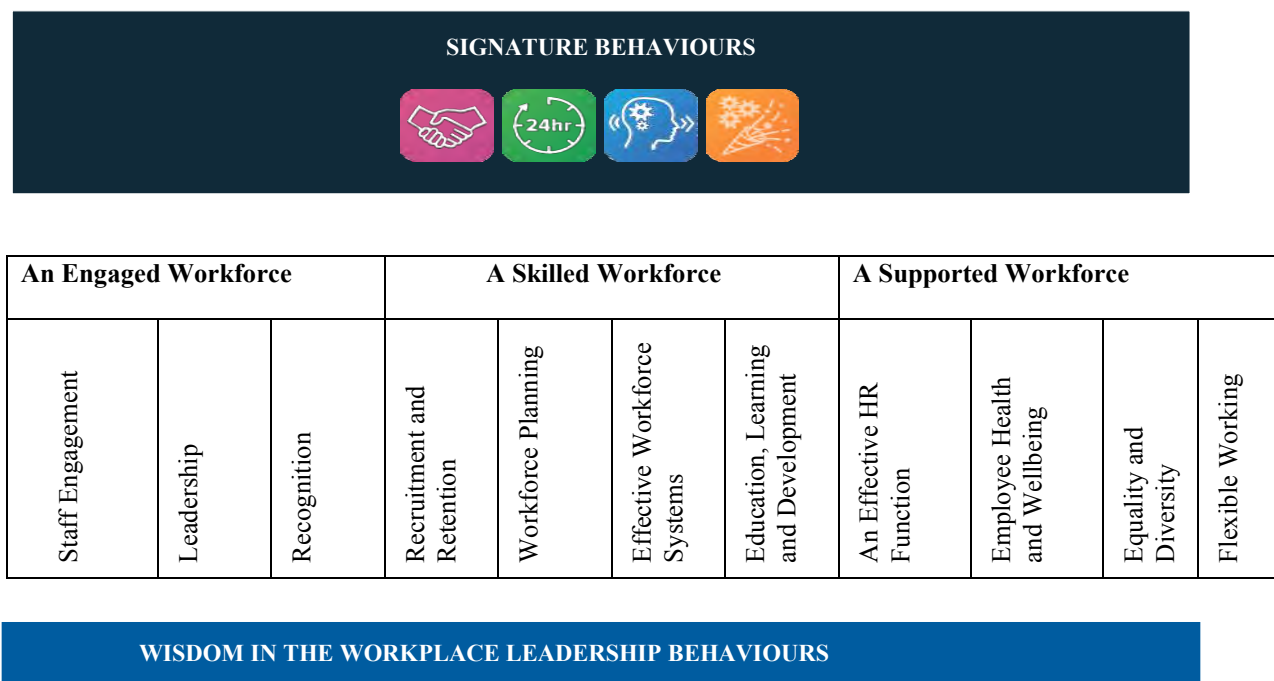
- Collective achievement
- High levels of self-worth and engagement
- Highly effective cross functional teams
- High levels of personal resilience
- Creative problem solving/innovation

The 'Wisdom in the Workplace' framework will be supported by a leadership development plan for the Trust.

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Due to the complexity of the above, a people and culture model has been designed for the Trust to bring all of the components of the strategy together:

Diagram 1: People and culture model



Overarching Framework – Culture and Leadership

As shown in diagram 1 the signature and leadership behaviours will form the baseline and overarching framework for the strategy.

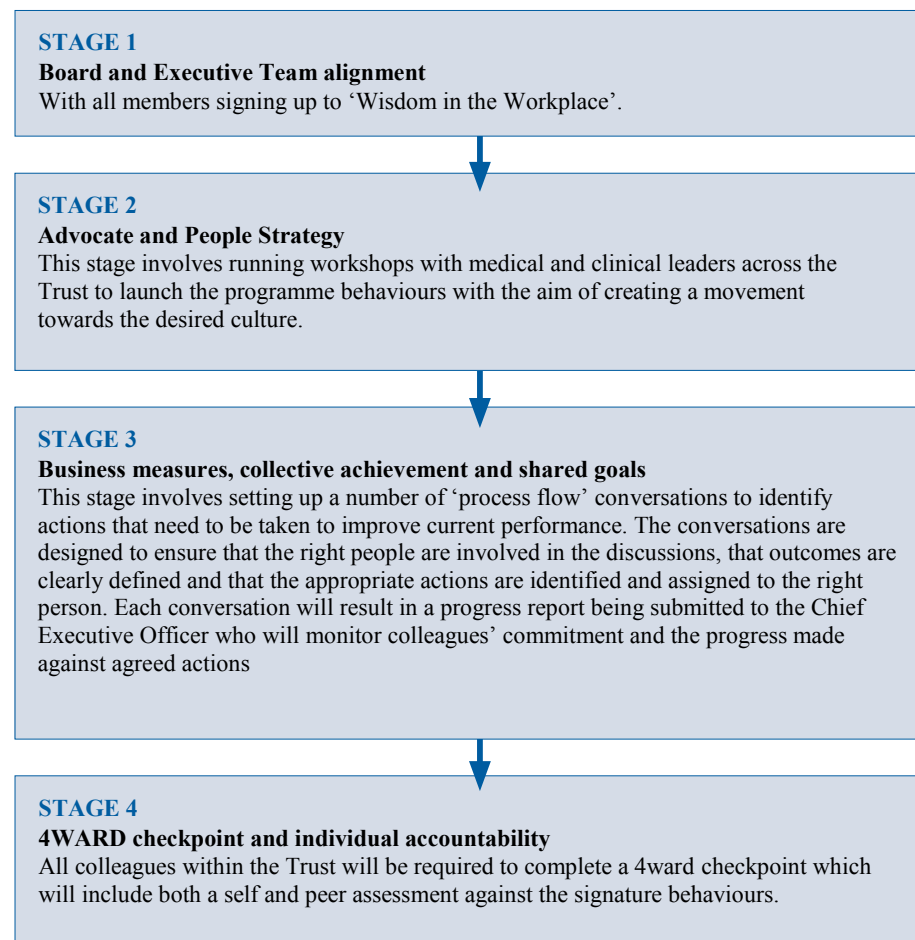
Culture (Signature Behaviours)

An initial assessment in 2017 identified that the most prevalent behaviour within the Trust is one of learnt helplessness, which is typical of people who 'have endured repeated aversive stimuli which they have been unable to escape or avoid'. The 4ward programme was therefore designed to change the behaviour of colleagues from one of helplessness to the behaviours described above and has been taken forward in four stages (*shown in diagram 2*).

Each colleague has been assigned to a 'cluster' of approximately ten peers (of mixed grades and staff group) with results published at service level. There are 600 'clusters' within the Trust. This will enable the Trust to assess whether the programme is being adopted across all parts of the organisation.

The success of the culture change programme is being measured through regular 4ward checkpoints (three times a year) and through the annual NHS staff survey.

Diagram 2.



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Leadership – Wisdom in the Workplace

Leadership capability and capacity and clear lines of accountability from ward to board are critical factors in the Trust delivering its strategic objectives. All future leadership development within the Trust will be based on the 'Wisdom in the Workplace' framework which has been adapted to include key elements of the NHS Well Led Framework. The aims of this framework are as follows:

- Strategic and transformational leadership is role modelled, leaders have a shared purpose and this is aligned across the Trust
- Colleagues feel proud to work for the Trust and recommend its services and as a place to work.
- All colleagues know and support the Trust signature behaviours and these inform all Trust activity
- The Trust has high quality leaders who can support the delivery of the Trust's strategy
- Leadership capacity and capability is increased at all levels across the Trust.

Strong leadership within the Trust is critical in driving this change forward and there will be a focus on supporting leaders across the organisation to lead by example. A priority for the Trust will be to develop a leadership plan to support the embedding of the 'Wisdom in the Workplace' framework.

Enabling Strategies

This section summarises the aims of the enabling strategies which have been clustered under the three headings as shown in diagram 1.

An Engaged Workforce

Whilst every domain of the strategy is important, improving staff engagement will be most powerful in supporting sustainable transformation. A more engaged workforce will enable the achievement of the Trust's strategic objectives but more importantly will allow colleagues to work as 'one Trust' despite being based in different services and at different sites.

Our aim is that colleagues will:

- Be proud to work for the Trust, acting as ambassadors for our services and as an employer of choice
- Role model our signature and leadership behaviours and demonstrate these on a day-to-day basis
- Be engaged in shaping the services we provide and the culture of the Trust.

We will achieve our aims by:

This means:

Improving staff engagement

- Using the signature behaviours as our 'litmus' test. If the action is not aligned to the signature behaviours then it is not the right action.
- All Trust policies and processes to be aligned to the signature behaviours including as recruitment and retention tools.
- Colleagues will be held accountable for operating in line with the signature behaviours in everything they do each day.
- Strengthening medical and clinical engagement in key organisation decisions.

Developing wise leaders

- We will undertake a baseline assessment to identify gaps in leadership capability and capacity within the Trust to inform our plans
- We will develop a leadership strategy to ensure we have the right leadership capability and capacity at all levels of the organisation ensuring there are clear lines of accountability from ward to board
- We will establish a leadership faculty within the Trust supported by a leadership plan for all staff groups
- We will undertake a baseline assessment to identify gaps in leadership capability and capacity within the Trust to inform our plans
- All leadership development programmes will support colleagues to be wise leaders by adopting wisdom in the workplace behaviours
- We will develop and implement a talent management strategy

Recognising the value of our colleagues

- We will deliver great performance development review processes that are meaningful to colleagues and support the alignment of the Trust's strategic objectives and priorities into individual objectives.
- We will recognise high performance in a fair and timely way and this will be focused on collective achievement as identified through the Trust's 4ward programme.

A Skilled Workforce

To deliver and continually improve the quality of our services, we need a skilled workforce which is continuously developing, sharing knowledge (working as one Trust) and learning from others.

Our aim is that:

- The Trust will be a desirable employer attracting, developing and retaining a skilled workforce that is passionate about delivering consistently good services.
- The Trust will work collaboratively with partner organisations and through working as 'one Trust' to develop new and existing roles to meet workforce supply constraints and changing service needs while supporting colleagues with the knowledge, skills and confidence to operate in a dynamic environment.
- Colleagues will be experts in their own professional areas and will have the opportunities to develop their broader transferable skills and experience.
- Colleagues will take ownership for their professional and personal development and the Trust will support this through a variety of innovative and flexible educational and development pathways.
- We develop our workforce IT systems to release time to care, to support managers to have easy access to information to better equip them to do their jobs and that colleagues are able to access their core employment information to support them in their work.
- The Trust will be in the top quartile for its cost of staff per unit of activity.

We will achieve our aims by:	This means:
Having innovative recruitment and retention strategies	<ul style="list-style-type: none">• By implementing the Trust's recruitment and retention plan.• We will implement innovative strategies to reduce the level of qualified nursing vacancies including offering additional hours to part time staff.• We will regularly monitor the reasons for leaving and will take action to avoid resignations for issues that are within our control.• The Trust attracts colleagues that are passionate about providing services to the communities that they live in. We will regularly benchmark, review and promote our employment offer to ensure we continue to attract local people and remain competitive within the marketplace.• We will continue to proactively engage with the local, regional, national and international labour markets through a combination of generic and targeted campaigns.• We will ensure our recruitment processes are as efficient and effective as possible by seeking regular feedback from candidates and new starters.• We will review the Trust's escalation policy to eradicate safe staffing level breaches.• We will undertake a review of how we can better attract junior doctors to apply for permanent positions at the end of their training.

We will achieve our aims by:	This means:
Having future focused workforce planning which is integrated within the strategic and operational planning cycles of the Trust.	<ul style="list-style-type: none"> We will develop a 5 year strategic workforce plan for the Trust so that we are clear on our future workforce requirements We will proactively plan and will work collaboratively with Health Education England, partner organisations and Higher Education establishments to identify emerging needs and to develop solutions that are supported by educational commissioning to meet future workforce demands and skills requirements. We will review our approach to job planning and rota standardisation for medical staff. We will undertake a review of the electronic rostering system including shift standardisation. We will undertake a review of corporate services in line with the model hospital.
Effective workforce systems	<ul style="list-style-type: none"> The Trust will undertake a review of its use of technology to support flexible and mobile working and will develop an IT Strategy for the workforce. We will further develop the use of the electronic staff record to effectively monitor and report in training compliance and performance. We will review the effectiveness of the electronic rostering system and how it can better support the deployment of both substantive and temporary staff. We will roll out electronic job planning across our medical workforce. All colleagues will be supported in the effective use of the electronic staff record system including self-service, learning and talent management.
Having innovative and flexible approaches to delivery of staff education, training and development	<ul style="list-style-type: none"> We will establish an academy within the Trust based on 6 faculties We will refresh the Trust's education, learning and development plan. We will regularly monitor the impact of statutory and mandatory training on the quality of service provision. We will introduce essential to role training matrices for all staff groups. We will account for national skills shortages with an increased focus on 'growing our own' and will develop a plan to maximise the apprenticeship levy. This will be supported by the Trust's response to the national talent for care strategy which will support colleagues to 'get in, go on and go further'. We will review our education and development offerings to develop our reputation as an excellent place to receive undergraduate and postgraduate training. We will develop existing and new clinical and non-clinical roles to support current and emerging operational needs (for example non-medical prescribers, advanced practitioners and nursing associates). We will establish clear pathways to identify progression, development, training and education needs for all colleagues including specialisation and movement between clinical/technical expert and managerial roles.

A Supported Workforce

To support our priorities of achieving financial sustainability and working across sites as ‘one Trust’, it is important that support is in place for colleagues to enable them to respond to changing needs and priorities.

Our aim is that:

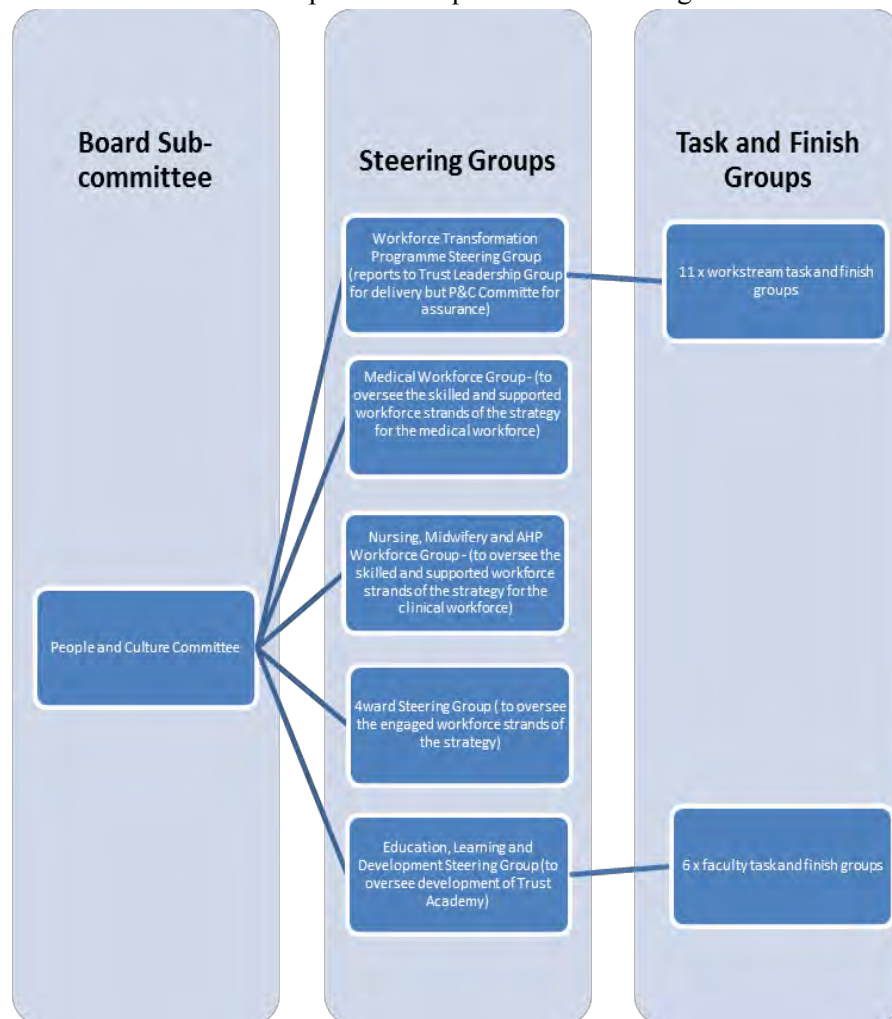
- We have an effective HR function that is viewed as responsive and a key enabler.
- We will reduce the number of black minority ethnic colleagues who are subject to harassment, bullying or abuse from colleagues, patients, relatives or the public.
- We deploy our staff as effectively as possible operating as a system rather than isolated units.

We will achieve our aims by:	This means:
An effective HR function	<ul style="list-style-type: none"> • We will achieve Investors in People accreditation. • HR will review its current model of provision to ascertain whether it is meeting the needs of the Trust. The impact of the function will be monitored through a set of deliverables as identified by the Trust’s Leadership Group. • We will launch a zero tolerance campaign re bullying and harassment. • We will raise the profile of the Freedom to Speak Up Guardian across the Trust. • A review of the management of employee relations cases will be undertaken to ensure lessons have been learnt from the Worcestershire Report into bullying and harassment. • We will routinely review why staff leave and respond to arising themes.
Improving colleague health and wellbeing	<ul style="list-style-type: none"> • We will refresh the Trust’s colleague health and wellbeing plan and develop a range of tools, training and development opportunities available to support managers to champion colleague wellbeing and deliver safe and health work environments. • We will sport colleagues to take greater responsibility for their own health and wellbeing. • We will reduce the number of back and musculoskeletal injuries caused at work by reviewing each case and by monitoring compliance with manual handling training. • We will work towards meeting all the standards of the Employers Wellbeing Charter. • We will champion ‘A Time to Change’ to reduce the stigma of mental ill health. • Through the STP we will work with partner organisations to identify and share best practice and resources.
Equality and Diversity	<ul style="list-style-type: none"> • We will review the terms of reference of the Trust’s Equality and Inclusion Committee • We will refresh the Trust’s Equality and Inclusion Plan • We will integrate the Trust’s annual Equality and Inclusion report with the Quality Account.

We will achieve our aims by:	This means:
Flexible working	<ul style="list-style-type: none"> • We will achieve Timewise accreditation. • Our contractual arrangements, policies and procedures will support a workforce that is better able to adapt to changing organisational needs whether in terms of role, location, pattern or ways of working. • We will introduce career conversations to help retain colleagues considering retirement. • We will review our employment offer to reduce the number of colleagues that are leaving the Trust due to work life balance. The review will include a review of the Trust's childcare offer. • We will design our services and supporting workforce structures so that these follow the patient journey and they are readily adaptable to changing operational needs.

Governance

It is envisaged that the culture change programme will result in a change to the governance culture within the Trust, moving away from disjointed forums to one that is driven by shared goals and collective achievement. However, until this new approach is embedded the following governance structure has been established to oversee the delivery of the strategy and to ensure that associated plans are implemented within agreed timescales.



With overall leadership from the Director of People and Culture, this strategy will be managed as a transformational programme of work through the People and Culture Committee who will be responsible for reviewing its effectiveness.

The 11 strands of the strategy will be delivered through the following:

The **3 engaged workforce strands** will be delivered through the 4ward programme. The 4ward steering group will be responsible for overseeing actions relating to staff engagement, leadership behaviours (in association with the leadership faculty) and staff recognition.

The **4 skilled workforce strands** will be delivered through the Trust's strategic workforce plan, leadership strategy, recruitment and retention plan, academy infrastructure and workforce transformation programme. The medical workforce and nursing, midwifery and AHP workforce groups will be responsible for overseeing actions related to the recruitment and retention agenda. The Education, Learning and Development Group will be responsible for the establishment of the academy. The workforce transformation programme steering group will be responsible for overseeing actions relating to effective workforce systems.

The **4 supported workforce strands** will be delivered by the Trust achieving the following standards:

- Investors in People accreditation
- Employers wellbeing charter
- Mindful employer
- Workforce Race Equality Standards
- Workforce Disability Standards
- Equality Delivery System
- Timewise

Measuring Success

The true success of this strategy will be evidenced by the Trust meeting its purpose for its people.

As the 4ward programme is key to the development of the Trust's culture, the 4ward steering group has developed a set of quantitative and qualitative indicators which will be used to assess performance and the effectiveness of the programme. Regular reports will be submitted to the People and Culture Committee on progress.

In addition to the above, the following scorecard will be developed to enable the Committee to monitor the effectiveness of the strategy.

Table 4: People and culture strategy scorecard

Theme	Quantitative Data	Qualitative Data
Engaged Workforce	<ul style="list-style-type: none"> Staff Friends and Family Test results PDR compliance 4ward pulse check results 	<ul style="list-style-type: none"> NHS Staff Survey results including overall staff engagement score Trust's rating for well led domain
Skilled Workforce	<ul style="list-style-type: none"> Vacancy rates Safer staffing fill rates Turnover rates by staff group Cost per staff per unit of activity Agency spend vs cap Personal Development Review compliance Training compliance (statutory, mandatory and essential to role) Spend against apprenticeship levy Percentage of up to date job plans Exit interview completion rates 	<ul style="list-style-type: none"> Quality of Personal Development Reviews Trends from exit interviews
Supported Workforce	<ul style="list-style-type: none"> Recruitment process metrics including time taken at each stage of recruitment process Sickness absence rates including those relating to mental health conditions 	<ul style="list-style-type: none"> Staff survey re number of staff experiencing bullying or harassment by colleagues Workforce Race Equality Standards Workforce Disability Standards Results of HR function customer service survey Investors in People status Timewise accreditation Health and Wellbeing Charter rating

Meeting	Trust Board
Date of meeting	9 November 2018
Paper number	E2

Digital Strategy - progress report

For approval:		For assurance:		To note:	x
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Accountable Director	Jill Robinson (Chief Finance Officer)		
Presented by	Jill Robinson (Chief Finance Officer) Graham James, Deputy CMO	Author	Jill Robinson (Chief Finance Officer)

Alignment to the Trust's strategic priorities					
Deliver safe, high quality, compassionate patient care	x	Design healthcare around the needs of our patients, with our partners	x	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	x	Continuously improve our services to secure our reputation as the local provider of choice			

Alignment to the Trust's goals							
Timely access to our services	x	Better quality patient care	x	More productive services	x	Well-Led	x

Report previously reviewed by		
Committee/Group	Date	Outcome

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF number(s)	7 and 8
Significant assurance <input type="checkbox"/> <i>High level of confidence in delivery of existing mechanisms/objectives</i>	Moderate assurance <input checked="" type="checkbox"/> <i>General confidence in delivery of existing mechanisms/objectives</i>	Limited assurance <input type="checkbox"/> <i>Some confidence in delivery of existing mechanisms/objectives</i>	No assurance <input type="checkbox"/> <i>No confidence in delivery</i>

Recommendations	It is recommended that the Trust Board: 1. note the progress made, and the next planned phase for the Digital Strategy, and 2. consider establishment of a Digital Steering Board to provide executive and non-executive leadership.
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Meeting	Trust Board
Date of meeting	9 November 2018
Paper number	E2

Executive Summary

Following an intensive period of work on a new Trust Digital Strategy over the last ten weeks, an update is provided for Trust Board around progress to date and next steps.

Good progress has been made around gaining insight into products currently available, engaging the Working Group in discussions and demonstrations, expressing an intention to bid for Electronic Prescribing funding, and bidding for Health Led Service Investment (HLSI) funding.

The focus for the remainder of 2018/19 will be on engaging with a partner who has technical expertise and market knowledge, creating a specification, improved governance and engagement, continuing to build the 'foundations' for a successful strategy and delivering on HLSI bid projects.

Background

In early 2018, it was identified that a Digital Strategy was required as one the key Infrastructure Strategies to support delivery of the 2018/19 to 2019/20 Trust 4ward Plan. Engagement with a wide range of senior staff produced rich qualitative feedback on issues with the current digital offer at the Trust, and aspirations for the future. It was identified that the Trust required a Digital Strategy that encompassed key clinical tools such as the Electronic Patient Record (EPR), decision support tools, and workflow / management of clinical pathways.

An ICT Strategy working group was convened and is chaired by the Deputy Chief Medical Officer. The group consists of both clinical and administrative staff, with the brief to develop a clinically led Digital Strategy for the Trust. An update was provided to Trust Board in September 2018 detailing progress.

Issues and options

Progress on the Digital Strategy has been made in the following key areas:

1. The Working Group has gained vital insight into the current market offer around EPR, receiving supplier demonstrations from a variety of providers.
2. An expression of interest has been submitted related to the application for Electronic Prescribing funding.
3. A strong bid has been submitted for Health Led Service Investment (HLSI) funding, covering projects including Badgernet (maternity) and ophthalmology.

The Working Group will now move into the next phase of planning, with a focus on the following areas:

1. Engaging in a partnership with a solution agnostic supplier, who will bring industry expertise and expert knowledge in NHS IT to the Trust to support the development of the Digital Strategy.
2. Develop a clinically led requirements and specification document, closely aligned with the developing Trust Clinical Strategy, and risk portfolio. Identification of the cost of deployment, aligned to the cessation of current system contracts.
3. Strengthening the governance around the Digital Strategy, with consideration of a Digital Steering Board to provide executive and non-executive leadership, and a delivery board.
4. Continuing to build the foundations for the Digital Strategy – including ensuring our current systems are operable until the strategy delivers, and that the Trust is in a state of

Meeting	Trust Board
Date of meeting	9 November 2018
Paper number	E2

technical readiness to deliver future digital innovations.
5. Delivering 18/19 requirements for HLSI; subject to successful allocation of funding.
Recommendations
It is recommended that the Trust Board: <ol style="list-style-type: none"> 1. note the progress made, and the next planned phase for the Digital Strategy, and 2. consider establishment of a Digital Steering Board to provide executive and non-executive leadership.
Appendices
Appendix 1 – Digital Strategy background and context



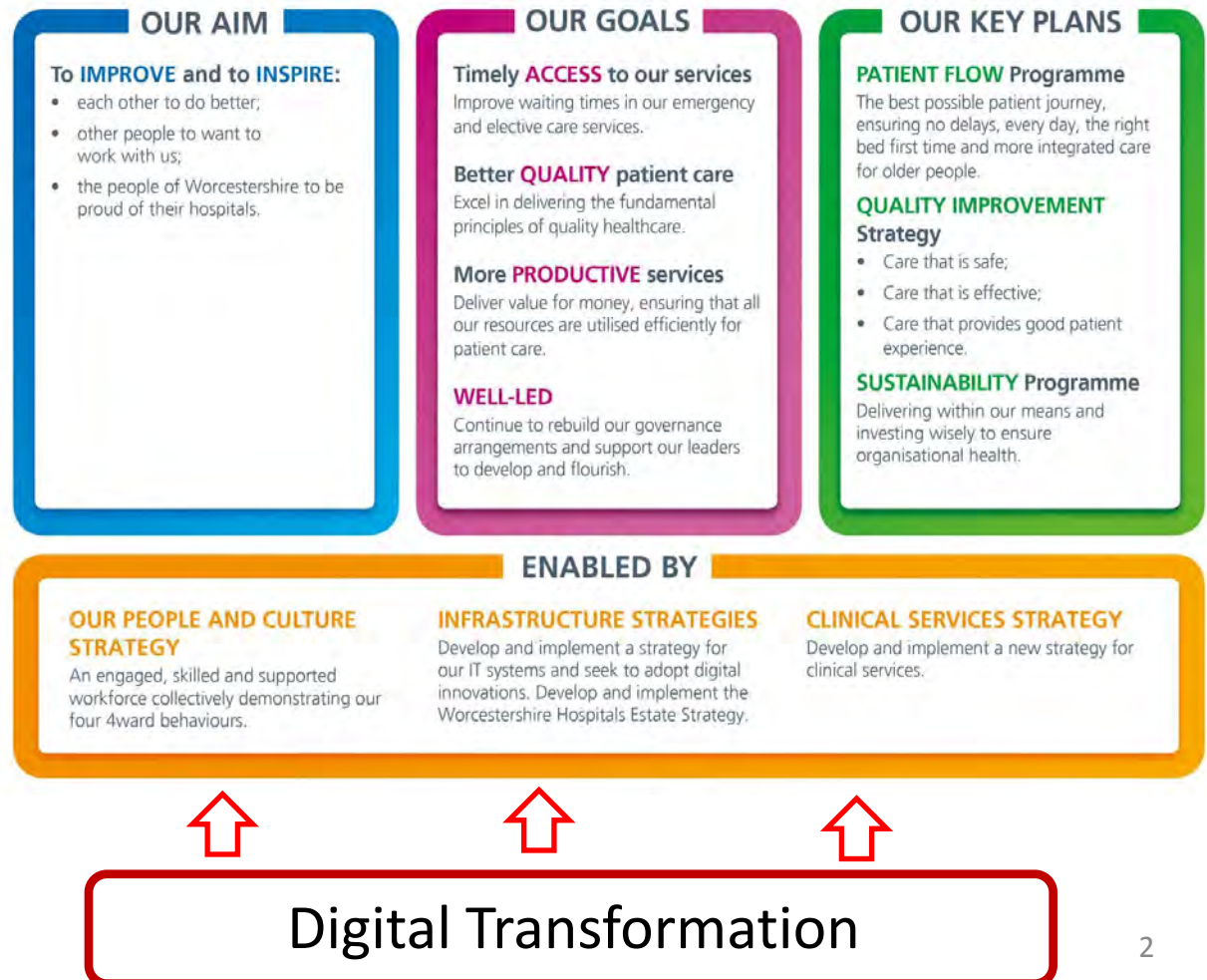
In early 2018, it was identified that a Digital Strategy was required as one of the key Infrastructure Strategies to support delivery of the 2018/19 to 2019/20 Trust Business Plan. The Trust's goals and key plans are set out below. In order to successfully deliver these plans, we will embrace 'Digital' tools and seize the opportunities that they offers us, to enable us to **transform** the way in which we do things, and deliver care to the patients of Worcestershire.

The Digital Strategy will set out; the challenges we currently have, and how through a five year roadmap these will be addressed which includes Leadership and Governance structures that will need to be in place from the outset to ensure the successful delivery of the **Digital Strategy**.

The Digital Strategy will;

- Improve the quality of care that we provide for every patient; improving patient outcomes and patient experience
- Improve the working lives of every staff member across the Trust so that they are more productive, efficient and can spend more time 'caring' for patients
- Improve the way we share Information with external organisations

We will adopt digital tools and embrace innovation as part of our Digital Strategy, which is key to a sustainable future.



The Digital strategy is set in the wider context of the National IT Strategy around achieving a transformed healthcare environment:

The **Five Year Forward View** (NHS England, 2014) and **Personalised Health and Care 2020** (National Information Board, 2014) describe the commitment by the health and care system and the Government to use information and technology and make sure patient records are digital and interoperable by 2020. 'Digital' is given a significant role to play in sustainability and transformation, including for example delivering primary care at scale, securing seven day services, enabling new care models and transforming care in line with key clinical priorities. In September 2015 a process began to allow local health and care systems to produce 'Local Digital Roadmaps', which set out how they will achieve these commitments.

An independent review by the National Advisory Group on Health IT, **Making IT work: Harnessing the Power of Health Information Technology to Improve Care in England** (Watcher, 2016) produced ten findings and principles, including a) 'it is better to get digitisation right that do it quickly' b) short term return on investment from digitisation is more likely to be around quality and safety than financial improvements (which may take several more years to emerge), and c) a Digital Strategy needs to have a strong link to workforce development.

The recently released draft **NHS Digital, Data, and Technology Standards Frameworks** (NHS Digital, 2018) sets out that 1) we have to ensure that staff have the right technology that helps them to be more effective in their role, 2) digital solutions must meet the needs of the users and support innovation, and 3) leadership and change management is critical to ongoing improvement.



Across Worcestershire, the health and social care sector are facing significant challenges: persistent inequalities between the most disadvantaged and the most affluent communities within Worcestershire, increasing demand on local services, a growing elderly population who are also frail, and a rise in people with complex health needs and chronic conditions. The Digital Strategy will set out how we will work with local partners, to support the delivery of our Digital Strategy and seek to ensure that Worcestershire patients and staff have seamless access to the health and social care information.

Locally through the Sustainability Transformation Plan (STP) Digital group, and regionally through strategic partnerships e.g. University Hospitals Coventry and Warwick, we will adopt the concept of **connected health and care communities**. This will ensure that we remain patient centric, and work jointly with partners to ensure that we share information at the right time across the care boundaries locally, regionally, and nationally where required, to ensure the timely continuity of patient care.

To support **connected health and care communities*** we will ensure that our systems:

- Are fully interoperable and able to exchange patient centric information in real-time with other health and social care providers.
- Fully integrate with the health economy wide 'Integrated Digital Care Record' for Worcestershire patients, allowing our staff to read, update and share clinical information as part of the patients integrated care pathways.
- Fully integrate into the single health economy wide patient portal that will allow patients to contribute to and self-manage their care, where they are able to do so, using innovative technologies e.g. wearable technology.

Sustainability and Transformation Partnership

STP Vision

"Local people will live well in a supportive community with joined up care underpinned by specialist expertise and delivered in the best place by the most appropriate people."

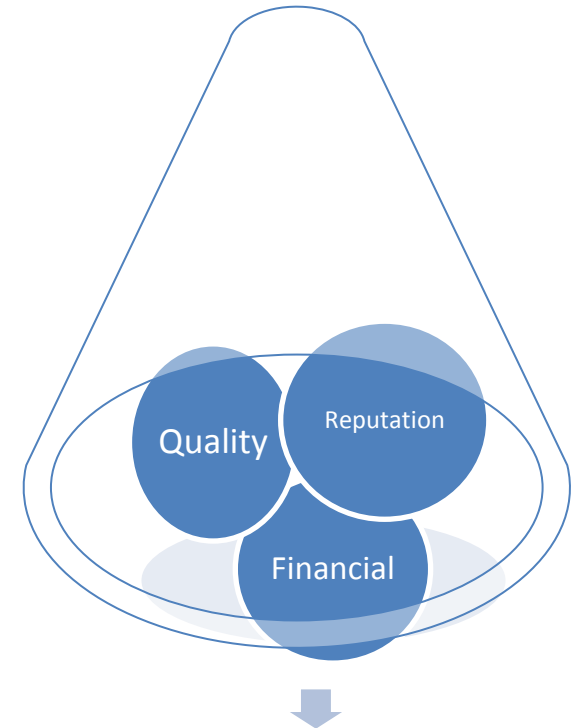
STP Priorities

1. Maximise efficiency and effectiveness
2. Establish clinical and financial sustainability
3. Improve out of hospital care
4. Prevention and self-care
5. Enabling change and transformation

*Connected Health and Care Communities consists of working with the following agencies to transform how we deliver patient care: Police, Prison, Care Homes, Primary Care, West Midlands Ambulance Service, Voluntary agencies, Hospices, Fire Service, Social Care, Mental Health and Community Services.

The Digital Strategy will support the Trust in delivering improvements across a number of areas, but there are three key areas in particular that we will focus the roadmap delivery around:

- **'Quality Improvement'** - ensuring that we have effective and efficient clinical processes in place, supported by digital systems that aid patient flow, timely clinical decision making and support the delivery of safe care and improve patient outcomes and patient experience e.g. electronic clinical workflows, electronic task management and alerting.
- **'Financial'** - cost improvement savings can be achieved through transforming the way we do things and how we deliver care by using digital tools and innovative technologies e.g. digital collaboration tools will mean reduced travelling between sites for management and clinical meetings.
- **'Trust Reputation and Staff Morale'** – our commitment to adopt digital technologies to enable efficient ways of delivering care to patients, as well supporting our staff to work in a mobile, flexible way, which will help us to **attract and retain staff** e.g. enabling access to clinical systems when away from Trust base.



Digital =
Transforming Care
Delivery

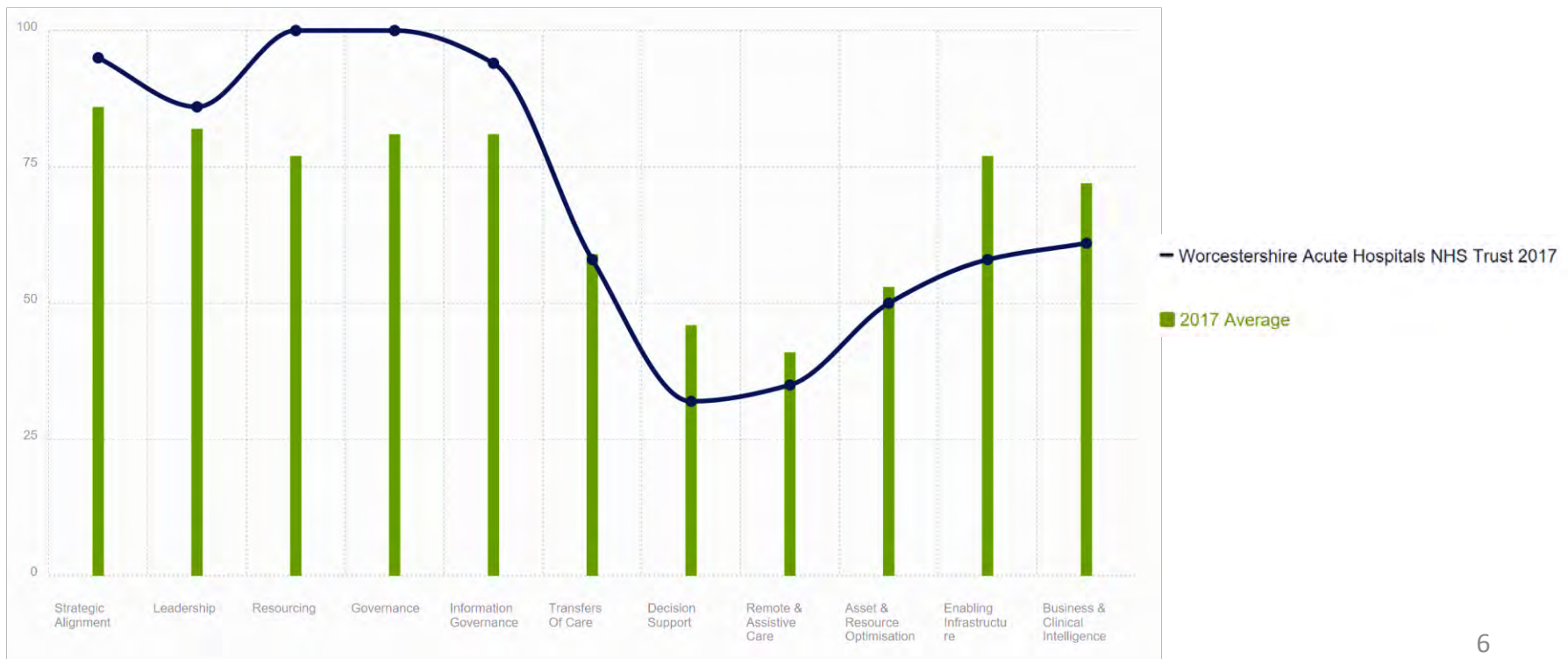
Our Vision (DRAFT)

"We will use digital tools to help us to provide the highest possible standards of care and the very best patient and staff experience. We will deliver efficient and effective clinical care through clinically safe processes and workflows supported by digital tools and systems. This will allow us to ensure that the right patient, is given the right care, in the right place, every time."

"To achieve this we will ensure that our staff have intuitive systems to use that allow them to access the information they need, at the point of care, to provide high quality patient centric care."

The NHS Digital Maturity Assessment (DMS) assesses how well secondary care providers are adopting digital technology to support the delivery of patient care that is paper-free at the point of care. This is based on a self-assessment that aims to highlight strengths and areas for improvement across 15 categories. The results of the latest DMS (January 2017) against national benchmarking are illustrated below. There are categories where we are demonstrating good performance e.g. strategic alignment, and others which require improvement.

Our Digital Strategy aims to address the areas requiring improvement. e.g. electronic prescribing, clinical decision support, and ensure we maintain our strengths e.g. strong executive clinical leadership for introducing Electronic Requesting for Pathology and Radiology requests in the Emergency Department.



During the stakeholder engagement sessions, common themes were identified across our current application and technical landscape that are creating clinical risk, impacting patient quality and causing patient harm. These issues are frustrating our staff who do not have the right tools and infrastructure to support how they wish to work. These issues will be addressed through the Digital Strategy.

The systems run too slowly & and are not easy to use.

I still can't access GP-held Information

The PC's & laptops take too long into and are slow.

There is no single source of truth for a patient and what had been happening to them clinically.

There is a lack of real-time information to support operational decision making.

There are too many passwords to have to remember

Clinical staff have to log into 6 different systems to access the information they need to 'treat' patients in OP's.

We're losing income through not capturing patient activity.

There are no standardised processes in place which creates inefficiencies.

We're still using paper for every part of the patient's journey which makes audit and quality governance challenging.

Based on the initial analysis there are six suggested work streams for our Digital Strategy. These work streams will help us to provide high quality, safe patient care that improves both patient outcomes and patient experience. The work streams will also enable us to introduce new ways of working that mean that we will become more efficient and effective as an organisation.

1. Single Patient Record Access

We will deliver a fully interoperable electronic patient record, with all information relevant to the patient available to view, update and share in a single place, which is secure, that can be accessed from any place and on any device.

2. Empowering Our Patients

We will transform our models of care by enabling patients and carers to access their own appointments, letters and information and allow them to manage their health using innovative digital services.

3. Empowering Our Staff

We will support the use of joined up patient centric patient information to support clinical and operational decision making at the point of care, identify and support quality service improvements.

4. Easy Access to Business Intelligence & Information

We will ensure that our staff can access real-time information to support operational and clinical decision making. Clinical staff will also be able to read, update and electronically share health and social care information, locally and nationally.

5. Improving Infrastructure

We will deliver secure, efficient, robust and reliable infrastructure that will allow us to introduce to new ways of working with digital tools and ensure staff use the tools more efficiently.

6. Non-Technical Enablers

We will focus on the delivery of non technical enablers to underpin the successful delivery of the digital strategy; Information Governance, Data Security, Staff Training, Change Management, Benefits Management and Clinical Leadership.

Domain	Key Outcomes and Benefits
Our Staff will:	<ul style="list-style-type: none"> - Have access to clinical and operational decision making tools that support the delivery of high quality and safe patient care. - Only need to record information once and be able to share it electronically with whoever else needs to see it. - Have 24x7 access to the information they need to support their decision making at the point of care. - Have access to information to support audit and monitoring of patient outcomes and patient experience. - Have access to the right devices across a stable, highly performing and resilient infrastructure supported by a clinically orientated ICT support service.
Our Patients will:	<ul style="list-style-type: none"> - Have better quality care, improved outcomes and patient experience. - Be active participants in the management of their own care by accessing and contributing to their own electronic health care information to support them in being able to communicate with us and access our services more easily, as well as allowing them to better manage their own care and conditions. - Be able to access digital tools in their own home that enable them to make decisions about their care and how to access healthcare more easily.
Our Local Health and Social Care economy will:	<ul style="list-style-type: none"> - Provide an integrated care record system that will support the flow of information across care boundaries. - Provide a single health economy wide patient portal that will contain information from all health and care organisations. - Provide support for integrated care pathways across organisational and geographical boundaries.



Do what we say we will do



We listen, we learn, we lead



No delays, every day



Work together, celebrate together

Meeting	Trust Board
Date of meeting	9 November 2018
Paper number	F1

Report on Nurse Staffing Levels - August to September 2018

For approval:		For assurance:	x	To note:	
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Accountable Director	Vicky Morris, Chief Nursing Officer		
Presented by	Vicky Morris Chief Nursing Officer	Author /s	Louise Pearson: Lead for Nursing and Midwifery workforce

Alignment to the Trust's strategic priorities					
Deliver safe, high quality, compassionate patient care	x	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	x
Ensure the Trust is financially viable and makes the best use of resources for our patients		Continuously improve our services to secure our reputation as the local provider of choice			

Alignment to the Trust's goals							
Timely access to our services	x	Better quality patient care	x	More productive services		Well-Led	

Report previously reviewed by		
Committee/Group	Date	Outcome
People and Culture Committee	23 October 2018	Received for assurance

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF number(s)	11
Significant assurance <input type="checkbox"/> <i>High level of confidence in delivery of existing mechanisms/objectives</i>	Moderate assurance <input type="checkbox"/> <i>General confidence in delivery of existing mechanisms/objectives</i>	Limited assurance <input checked="" type="checkbox"/> <i>Some confidence in delivery of existing mechanisms/objectives</i>	No assurance <input type="checkbox"/> <i>No confidence in delivery</i>

Recommendations	The Trust board is requested to note the findings of the report and mitigations to address areas of concern, specifically in relation to staffing shortfalls and incidence relating to patient safety and quality.
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Meeting	Trust Board
Date of meeting	9 November 2018
Paper number	F1

Executive Summary

This paper provides an overview to the Board of the nursing and midwifery staffing levels for planned and actual staffing for August 2018.

The paper incorporates the Trust's position on mandatory submission for nursing fill rates to the Department of Health via UNIFY, highlighting key areas of risk and the mitigation taken at directorate level.

An overview by division of their staffing position for registered and non – registered staff and the turnover is included.

Risks and incidents that have been attributed to staffing levels are also reviewed.

Background

The Trust is required to submit data monthly to Unify. This information provides the detail per ward of the nursing and midwifery staffing fill rates and bed days. This information is also displayed on the trust's website.

From September 2018, NHSI plan to publish Care hours per patient day on MY NHS and NHS choices. This measure is used alongside clinical quality and safety outcome measures to reduce unwarranted variation and support delivery of high quality, efficient patient care through ward deployment of staff to care for the right patients at the right time with the right skill set to meet patients' needs.

The staffing levels fill rates are RAG rated as Green above 90%, Amber 80-89% and Red below 79%. Areas showing as purple will have used additional staff to their ward establishment. Reasons for this include increased capacity and one to one specials. The number of harms are also correlated with safer staffing levels.

Issues

Staffing levels/Vacancies

The data below in Table 1 highlights the funded and in post rates within the nursing workforce for the most recent month of August 2018. Overall the nursing vacancies have increased. This increase is from the impact of additional funding of posts, as a result of the funding of the ward establishment for Evergreen ward following the outturn April 2018 and not due to an increase in leavers.

Table 1

Vacancy for in patient wards areas	Aug 2018
Qualified	232.47
Unqualified	56.97
Total	282.72

In line with the Executive Director of Nursing for NHS improvement request for all hospitals to

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have no vacancies for Healthcare Assistants (HCA) to support patient need during Winter, the Trust is working to increase HCA positions on wards and minimise any vacancies. This will enable a position for winter staffing of wards to support the increased patient demand and demand for one to one specialising.

Substantive recruitment is in progress for Evergreen Ward as well as proposed staffing identified for winter wards, the discharge lounge, additional staffing for specialising of patients and surge areas. This detail is provided in the winter staffing paper.

The division with the largest vacancy factor is specialised medicine. Increased focus in recruitment is being taken to support the reduction in vacancies, which includes profiling the speciality in both recruitment events and adverts, block booking of bank and agency to cover areas with vacancies greater than 25%.

Table 2 below provides a breakdown of vacancies by division

Speciality Medicine

	August		August
Registered funded	323.42	Unregistered Funded	235.93
Registered vacancy	70.66	Unregistered Vacancy	5.89
Vacancy rate	21%	Vacancy rate	2.5%

Urgent Care

	August		August
Registered funded	213.7	Unregistered Funded	77.72
Registered vacancy	56.42	Unregistered Vacancy	15.03
Vacancy rate	23%	Vacancy rate	19%

SCSD

	August		August
Registered funded	514.02	Unregistered Funded	190.75
Registered vacancy	55.04	Unregistered Vacancy	15.94
Vacancy rate	11%	Vacancy rate	8%

Surgery

	August		August
Registered funded	235.44	Unregistered Funded	154.59
Registered vacancy	46.33	Unregistered Vacancy	10.28
Vacancy rate	19%	Vacancy rate	7%

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Women and Children

	August		August
Registered funded	239.67	Unregistered Funded	98.41
Registered vacancy	4.22	Unregistered Vacancy	9.94
Vacancy rate	5%	Vacancy rate	10%

Fill rates

Fill rates are calculated from the expected level of staffing on a shift by shift basis against what was actually provided. This data is produced from the safer staffing app and submitted to Unify in response to Lord Carter's recommendations. The full data set is provided in the unified data - Appendix 1.

Overall trust position

Table 3 demonstrates that fill rates have been positive and above the planned 75% per roster. This position has remained positive for the past 12 Months. Where there have been incidents with staffing levels of over 100%, staffing additional to establishment have been used to meet patient needs.

The staffing levels fill rates are RAG rated as Green above 90%, Amber 80-89% and Red below 79%.

Table 3 RN/HCA fill rates for days and nights

RN day	RN night	HCA day	HCA night
90%	96%	223%	157%

For August 2018 and September 2018 Wards have triggered as red on Unify data Appendix 1 are:

- Specialised medicine - Avon 2, 3 and Evergreen, Wards 2 and 5 for registered staff nights. This is due to the fact that these areas reported a reduction of 1 registered nurse down on shifts due to vacancies and no backfill established.
- Surgical division -Beech A, Beech B. This is due to the fact that these areas reported a reduction of 1 registered nurse down on shifts due to vacancies and no backfill established
- Areas that required further analysis over the next month due to triggering red for fill rates:
 - Critical Care
 - Ward 16
 - Trauma and Orthopaedics

These areas have identified that capturing the narratives of actions taken in real time is affecting data results. There is work in progress with ward managers and these gaps in data which the Lead Nurse for nursing and midwifery workforce in November 2018 will address actions required in month and support the implementation of the Allocate safe staffing module

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for accuracy of reporting going forward. This is being commenced on four pilot wards in October.

Staffing is reviewed by matrons and DDN's three times a day and by the matron on call overnight. Mitigation processes are activated in real time when temporary staffing measures are not achieved, which includes review of the acuity and dependency of patients on wards to ensure needs are being met with reduced staffing numbers. These decisions can include, cancelling mandatory training, use of non-ward based nursing staff, ward managers included in provision of patient care, not opening extra capacity beds and accepting acutely dependant patients.

Incident reports and red flags

In August and September 2018, 159 Incidents were reported with the specific category staffing. The number of reported incidents that fall within the red flag criteria has reduced from the previous report in June/July 2018. Red flags are indicative of events where staffing could be a causative factor, these incidents are triangulated with red triggered fill rates on unified data. These incidences are recorded on Datix where staff select the appropriate outcome of short staffing.

Table 4 Incident reported with category nurse/midwifery staffing

	No Harm	Minor Harm	Moderate Harm
August 2018	57	13	0
September 2018	43	14	0

Staffing incidents of harm

There were no moderate harm incidents reported.

Triangulation of the red flag shifts against minor harms reported a combined total of 27 for August and September. All are related to situations where there has been decreased staffing numbers on shift. In all incidents mitigations had been put into place through use of either bank or agency, moving staff from neighbouring wards to ensure patients' needs were met.

Incidents of harm triangulated with ward vacancy factor

While the trust wide fill rates remain green and is positive, high vacancy factors in specific areas and staffing of additional bed areas means that high percentages of bank and agency staffing are used in these areas. Incidents with moderate to minor harm have been reviewed for this period against wards that have a vacancy rate > 25%. There are three ward areas that meet this criteria.

- Specialist medicine: Acute Stroke Unit reported 17 falls, 1 moderate harm and 1 severe, 4 delays to monitoring with no harm to patients and 4 Hospital Acquired Pressure Ulcer (HAPU).
- Specialist medicine: Avon 4 reported 12 falls over the 2 months, 1 fall with harm, 3 HAPU.
- Surgery: Beech B3 reported 3 delays to medications or treatment and 1 HAPU incident

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Whilst investigations of incidents on wards have not identified staffing as a causative factor on the days where there was a shortfall in shift numbers, for the above three ward areas there is a round table supportive meeting in planned for October 2018 to explore if further supportive actions are required.

Recruitment update – 5 R's (Recruit, Retain, Reward, Rules, Redesign)

An overview and update on the approach to the recruitment and retention actions being taken is provided in the action plan (available on request). This plan supports the overarching recruitment and retention trust wide action plan with an aim to recruit 33 registered nurses per month to meet demand.

Winter planning

In meeting the increased needs of patients during winter, increased numbers of nursing staff are required. This totals 61.76 WTE Registered nurses and 91.21 health care assistants. There is a recruitment drive in place for recruitment of health care assistants.

Strategy and action plan

- Further approaches are being explored
- The trust has employed an interim experienced lead for nursing workforce to support the development of the nursing recruitment and retention strategy and ensure efficiencies and productivity is optimised.

Recruitment processes

- Social media is actively used to raise the trust's profile regarding nurse vacancies and opportunities being offered.
- Fortnightly meetings are in place to discuss health rosters (e-rostering), vacancies and bank usage ensuring that posts are being actioned appropriately. This is overseen by Chief Nursing Officer and areas where deep dives are needed are being explored through Divisional Directors of Nursing. Fortnightly meetings with strategic partners is in place to ensure agency partners and HR, are addressing the agency staff being used appropriately.
- A deep dive into is planned with this information monitored through weekly staffing meetings and exit interviews
- Recruitment of a nurse to have a specifically focus on raising profile of the Trust and employment and career opportunities available is planned (a 'recruitment nurse').
- The lead for nursing workforce position has been recruited.
- The lead for professional development is working with the university regarding pre-registration employment process and opportunities.
- The lead for nursing workforce will work with HR in raising profile of nursing in local schools for Worcestershire.

The Nursing workforce team are delighted to have be awarded the Nursing Times Workforce team of the year award 2018 in October 2018. This recognition of work put into place through 5 R's will be significant in taking forward recruitment strategies for 2018/19.

Recommendations	Note the findings of the report and mitigations to address areas of concern, specifically in relation to staffing shortfalls and incidence relating to patient safety and quality.
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Appendices

Appendix 1 – Unify Data – August and September 2018

APPENDIX 1

August 2018 Data

Ward name	Main 2 Specialties on each ward	Day		Night	
	Specialty 1	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	328 - STROKE MEDICINE	82.3%	96.1%	85.8%	96.8%
Avon 2	301 - GASTROENTEROLOGY	91.4%	96.0%	73.1%	108.1%
Avon 3	350 - INFECTIOUS DISEASES	89.2%	101.6%	68.8%	119.4%
Avon 4	430 - GERIATRIC MEDICINE	86.0%	127.1%	83.9%	104.8%
Beech A	100 - GENERAL SURGERY	96.8%	93.0%	66.7%	100.0%
Beech B	100 - GENERAL SURGERY	63.7%	124.2%	69.4%	80.6%
Beech C	100 - GENERAL SURGERY	83.9%	72.6%	100.0%	111.3%
Coronary Care	320 - CARDIOLOGY	96.8%	-	95.2%	-
Critical Care	192 - CRITICAL CARE MEDICINE	73.1%	45.2%	77.4%	-
Critical Care	192 - CRITICAL CARE MEDICINE	95.8%	56.5%	97.4%	-
EGAU/ANW Gynaecology	502 - GYNAECOLOGY	93.5%	74.2%	85.5%	71.0%
Evergreen	430 - GERIATRIC MEDICINE	72.2%	119.0%	66.7%	157.0%
Head and Neck	145 - ORAL & MAXILLO FACIAL SURGERY	96.0%	92.7%	103.2%	53.2%
Laurel 1	320 - CARDIOLOGY	101.6%	97.6%	104.8%	119.4%

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Laurel 2	340 - RESPIRATORY MEDICINE	99.2%	95.2%	99.2%	101.6%
Laurel 3	823 - HAEMATOLOGY	79.0%	75.8%	84.7%	112.9%
Laurel CCU	320 - CARDIOLOGY	102.0%	-	99.2%	-
Lavender Suites	501 - OBSTETRICS	82.4%	84.7%	90.8%	100.0%
MAU	300 - GENERAL MEDICINE	88.4%	91.1%	94.6%	97.8%
Medical Assessment Unit	300 - GENERAL MEDICINE	82.6%	100.0%	83.9%	95.7%
Medical Short Stay	300 - GENERAL MEDICINE	91.6%	72.0%	92.7%	116.1%
Neonatal TCU	422 - NEONATOLOGY	64.5%	80.6%	58.1%	83.9%
Neonatal Unit	422 - NEONATOLOGY	83.5%	87.1%	89.0%	51.6%
Riverbank	420 - PAEDIATRICS	84.9%	85.5%	96.8%	116.1%
SCDU	100 - GENERAL SURGERY	91.4%	110.5%	100.0%	212.9%
Silver Assessment Unit	800 - CLINICAL ONCOLOGY	112.9%	79.0%	91.4%	96.8%
Surgical High Care Unit	100 - GENERAL SURGERY	97.8%	100.0%	89.2%	132.3%
Trauma and Orthopaedic A	110 - TRAUMA & ORTHOPAEDICS	87.9%	72.6%	93.5%	63.4%
Trauma and Orthopaedic B	110 - TRAUMA & ORTHOPAEDICS	89.5%	85.9%	95.2%	74.2%
Vascular Unit	100 - GENERAL SURGERY	80.3%	70.4%	96.0%	54.8%
Ward 1	100 - GENERAL SURGERY	101.6%	88.7%	100.0%	-
Ward 10	101 - UROLOGY	91.4%	97.3%	98.4%	96.8%
Ward 11	100 - GENERAL SURGERY	61.3%	78.6%	125.8%	158.1%
Ward 12	430 - GERIATRIC MEDICINE	63.7%	74.2%	97.8%	97.6%
Ward 14	430 - GERIATRIC MEDICINE	80.6%	95.2%	96.8%	101.6%

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Ward 16	110 - TRAUMA & ORTHOPAEDICS	77.8%	76.6%	72.0%	101.6%
Ward 17	110 - TRAUMA & ORTHOPAEDICS	89.1%	94.4%	100.0%	99.2%
Ward 18	100 - GENERAL SURGERY	68.7%	72.2%	93.5%	96.8%
Ward 2	302 - ENDOCRINOLOGY	94.6%	101.1%	65.6%	153.2%
Ward 5	340 - RESPIRATORY MEDICINE	74.2%	106.5%	74.2%	117.7%
Ward 6	360 - GENITOURINARY MEDICINE	67.7%	86.0%	82.3%	93.5%

September 2018 Data

Ward Name	Hospital	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	WORCESTERSHIRE ROYAL HOSPITAL - RWP50	73.9%	91.1%	82.7%	105.0%
Avon 2	WORCESTERSHIRE ROYAL HOSPITAL - RWP50	92.2%	94.2%	77.8%	105.0%
Avon 3	WORCESTERSHIRE ROYAL HOSPITAL - RWP50	88.9%	99.2%	74.4%	116.7%
Avon 4	WORCESTERSHIRE ROYAL HOSPITAL - RWP50	81.1%	107.0%	70.0%	84.2%
Beech A	WORCESTERSHIRE ROYAL HOSPITAL - RWP50	96.7%	90.6%	66.7%	105.0%
Beech B	WORCESTERSHIRE ROYAL HOSPITAL - RWP50	62.5%	143.3%	76.7%	96.7%
Beech C	WORCESTERSHIRE ROYAL HOSPITAL - RWP50	75.6%	76.1%	110.0%	91.7%
Coronary Care	ALEXANDRA HOSPITAL - RWP01	96.7%	-	100.0%	-
Critical Care	ALEXANDRA HOSPITAL - RWP01	73.1%	56.7%	76.1%	-
Critical Care	WORCESTERSHIRE ROYAL HOSPITAL - RWP50	99.5%	48.3%	98.7%	-
EGAU/ANW Gynaecology	WORCESTERSHIRE ROYAL HOSPITAL - RWP50	95.8%	71.7%	91.7%	71.7%
Evergreen	WORCESTERSHIRE ROYAL HOSPITAL - RWP50	71.3%	124.6%	64.4%	154.4%
Head and Neck	WORCESTERSHIRE ROYAL HOSPITAL - RWP50	92.5%	85.8%	98.3%	68.3%
Laurel 1	WORCESTERSHIRE ROYAL HOSPITAL - RWP50	100.0%	99.2%	108.3%	136.7%
Laurel 2	WORCESTERSHIRE ROYAL HOSPITAL - RWP50	93.3%	93.3%	99.2%	100.0%

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Laurel 3	WORCESTERSHIRE ROYAL HOSPITAL - RWP50	81.3%	76.7%	87.5%	116.7%
Laurel CCU	WORCESTERSHIRE ROYAL HOSPITAL - RWP50	95.4%	-	97.5%	-
Lavender Suites	WORCESTERSHIRE ROYAL HOSPITAL - RWP50	82.8%	76.3%	92.1%	78.5%
MAU	ALEXANDRA HOSPITAL - RWP01	86.1%	79.7%	95.0%	93.3%
Medical Assessment Unit	WORCESTERSHIRE ROYAL HOSPITAL - RWP50	82.7%	106.7%	82.7%	97.8%
Medical Short Stay	WORCESTERSHIRE ROYAL HOSPITAL - RWP50	85.3%	72.2%	95.0%	118.9%
Neonatal TCU	WORCESTERSHIRE ROYAL HOSPITAL - RWP50	83.3%	93.3%	96.7%	70.0%
Neonatal Unit	WORCESTERSHIRE ROYAL HOSPITAL - RWP50	90.3%	68.3%	148.9%	50.0%
Riverbank	WORCESTERSHIRE ROYAL HOSPITAL - RWP50	88.7%	79.2%	98.3%	96.7%
SCDU	WORCESTERSHIRE ROYAL HOSPITAL - RWP50	95.6%	95.8%	100.0%	200.0%
Silver Assessment Unit	WORCESTERSHIRE ROYAL HOSPITAL - RWP50	91.1%	71.7%	80.0%	86.7%
Surgical High Care Unit	WORCESTERSHIRE ROYAL HOSPITAL - RWP50	90.0%	78.3%	94.4%	113.3%
Trauma and Orthopaedic A	WORCESTERSHIRE ROYAL HOSPITAL - RWP50	53.3%	116.7%	76.7%	73.3%
Trauma and Orthopaedic B	WORCESTERSHIRE ROYAL HOSPITAL - RWP50	85.0%	71.7%	73.3%	73.3%
Vascular Unit	WORCESTERSHIRE ROYAL HOSPITAL - RWP50	82.3%	67.8%	95.8%	51.7%
Ward 1	KIDDERMINSTER HOSPITAL - RWP31	103.3%	95.0%	100.0%	-
Ward 10	ALEXANDRA HOSPITAL - RWP01	102.2%	92.2%	100.0%	100.0%
Ward 11	ALEXANDRA HOSPITAL - RWP01	71.7%	87.9%	158.3%	155.0%
Ward 12	ALEXANDRA HOSPITAL - RWP01	65.8%	80.8%	92.2%	98.3%
Ward 14	ALEXANDRA HOSPITAL - RWP01	83.9%	96.1%	100.0%	103.3%
Ward 16	ALEXANDRA HOSPITAL - RWP01	79.2%	71.3%	70.0%	86.7%
Ward 17	ALEXANDRA HOSPITAL - RWP01	93.3%	96.7%	97.8%	101.7%
Ward 18	ALEXANDRA HOSPITAL - RWP01	68.0%	67.1%	91.1%	100.0%
Ward 2	ALEXANDRA HOSPITAL - RWP01	96.1%	107.2%	71.1%	156.7%
Ward 5	ALEXANDRA HOSPITAL - RWP01	72.3%	102.8%	78.7%	111.7%
Ward 6	ALEXANDRA HOSPITAL - RWP01	66.7%	86.7%	95.0%	101.7%

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Worcestershire System Resilience Winter Plan

For approval:		For assurance:	x	To note:	
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Accountable Director	Paul Brennan Chief Operating Officer		
Presented by	Paul Brennan Chief Operating Officer	Author /s	Chris Cashmore/Mari Gay CCG

Alignment to the Trust's strategic priorities					
Deliver safe, high quality, compassionate patient care	X	Design healthcare around the needs of our patients, with our partners	x	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		Continuously improve our services to secure our reputation as the local provider of choice			

Alignment to the Trust's goals					
Timely access to our services	x	Better quality patient care	x	More productive services	Well-Led

Report previously reviewed by		
Committee/Group	Date	Outcome
A&E Delivery board	October 2018	Progress to date approved but further work requested

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF number(s)	5
Significant assurance <input type="checkbox"/> <i>High level of confidence in delivery of existing mechanisms/objectives</i>	Moderate assurance <input type="checkbox"/> <i>General confidence in delivery of existing mechanisms/objectives</i>	Limited assurance <input type="checkbox"/> <i>Some confidence in delivery of existing mechanisms/objectives</i>	No assurance <input type="checkbox"/> <i>No confidence in delivery</i>

Recommendations	The Board is requested to note the progress in the attached Worcestershire System Resilience Winter Plan.
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Executive Summary

The Worcestershire Health and Social Care winter plan has been in development since May 2018 and has been influenced by national best practice, guidance issued this year and learning from the last two winters within our system. This winter plan further demonstrates an integrated approach to winter planning as one overarching plan for the entire system and focusses on some of the key risks across the system and how we can mitigate those risks.

This winter plan aims to achieve four outcomes

- Full implementation and benefits realisation of the planned urgent care and patient flow services that have commenced implementation in the last year
- Taking actions to ensure assessment areas remain functioning consistently to reduce front door delays
- Increasing capacity across acute and community services where required and as influenced by the new demand and capacity tool
- Enhancing further escalation processes and command and control across the system when required and at key points over the winter.

Work continues by Carnell Farrar on the demand and capacity across the system. It is anticipated that this will conclude by early November. Despite extensive planning the Chief Operating Officers who meet weekly remain concerned that the current plan will not reduce the bed occupancy on the WRH site sufficiently.

This winter plan to date was agreed at the A&E Delivery Board on 23rd October. Chief Operating Officers across the system continue to review the effectiveness of the plan and will submit proposed changes to A&E Delivery Board.

The Trust will continue to monitor progress and receive updates through the Board Committees and Board meetings.

Background

Issues and options

Recommendations

The Board is requested to note the attached Worcestershire System Resilience Winter Plan.

Appendices

System Resilience Winter Plan

Worcestershire A&E Delivery Board

System Resilience Winter Plan

2018/19

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Appendix 1 Worcestershire A&E Delivery Plan *available on request...*

Approved by Worcestershire

**Michelle McKay
Chief executive
Worcestershire Acute Hospital NHS Trust**

**Mark Docherty
Executive Director
West Midlands Ambulance Service NHS Foundation Trust**

**Sarah Dugan
Chief Executive
Worcestershire Health Care NHS Trust**

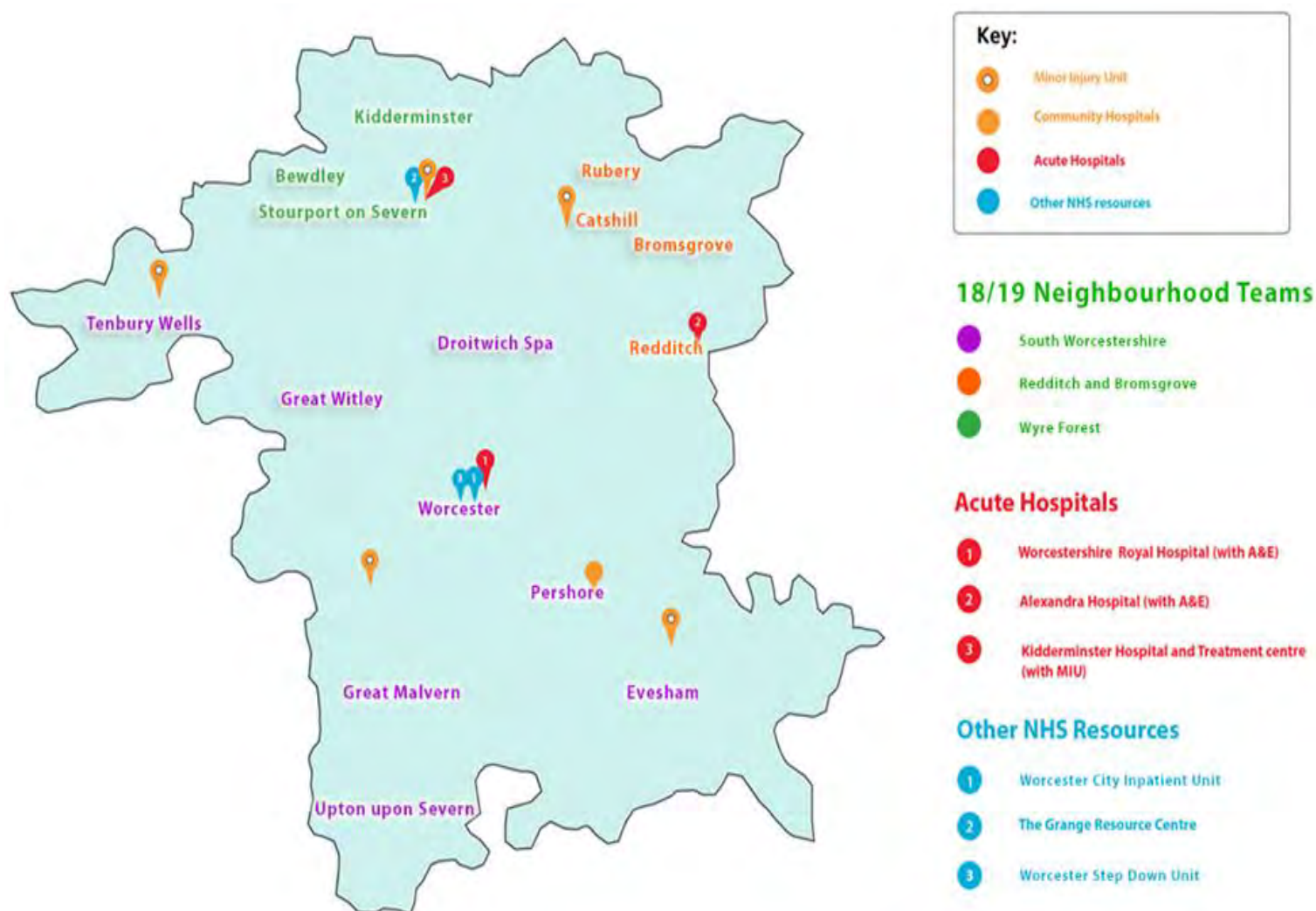
**Avril Wilson
Director of Adult Services and Health
Worcestershire County Council**

**Simon Trickett
Accountable Officer
NHS South Worcestershire Clinical Commissioning Group
NHS Redditch and Bromsgrove Clinical Commissioning Group
NHS Wyre Forest Clinical Commissioning Group**

1. An overview of the Worcestershire Health and Care System

- 1.1** Worcestershire has a population of 560,000 spread across an area of approximately 500 square miles, and benchmark highly for those residents aged sixty five and above. Major urban areas include the towns of Worcester, Bromsgrove, Kidderminster, Redditch, Evesham, and Malvern. It is in these areas that the majority of the population live.
- 1.2** Three clinical commissioning groups (CCGs) serve Worcestershire; NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG. There is now one integrated management team across the three CCG's. They are clinically-led organisations responsible for planning health services based on the needs of their local communities, paying for the services that meet those needs, and monitoring the quality of the services and care provided to patients.
- 1.3** Worcestershire has three Hospitals which are part of Worcestershire Acute Hospitals NHS Trust (WAHT). The Trust provides a full range of acute and emergency hospital-based services from the Worcestershire Royal Hospital in Worcester and the Alexandra Hospital in Redditch, and also provide a smaller range of services from the Kidderminster Hospital and Treatment Centre.
- 1.4** Worcestershire Health and Care NHS Trust (WHCT) is the main provider of community and mental health services in Worcestershire. It delivers a wide range of services in a variety of settings including people's own homes, community clinics, outpatient departments, community inpatient beds, schools, GP practices and Minor Injury Units. The Trust also provides in-reach services into acute hospitals, nursing and residential homes and social care settings.
- 1.5** The community teams are now part of 14 Neighbourhood teams focused on maintaining people in their own homes. There are also over 300 registered social care services in Worcestershire provided by independent organisations. Social care is funded by the County Council where people are eligible for local authority support and social care supports discharge to assess pathways in the County to assist with patient flow. In addition there a range of voluntary services that provides support for older and other vulnerable people.

1.6 Worcestershire Hospitals, Resource Centres and GP surgeries



2. An overview of the winter planning process for 2018/19

2.1 This document outlines the winter plan for the Worcestershire Health and Care System from 1st December 2018 to 31st March 2019. The purpose of plan is to ensure:

- The Health and Care system is resilient throughout the winter period and provides safe and effective care for the local population
- Sufficient capacity is available to meet likely demands over winter
- Direction of patients/clients to most appropriate setting for care and treatment
- Safe and effective transfer of patients/clients within the system

2.2 Planning for winter 2018/19 commenced in May 2018 through the A&E Operational Group and the final plan will be agreed by the A&E Delivery Board in October 2018. The planning was designed to achieve the following objectives:

- Fast track or enhance existing aspects of the AEDB plan focussing on AEDB plan priorities (See attachment 1)
- Ensure delivery of our urgent care and patient flow system as it has been designed (see 2.3)
- Development of a full demand and capacity analysis for the system undertaken by Carnall Farrar to identify where to prioritise capacity within the Worcestershire System
- Identify specific winter initiatives designed to reduce demand or enhance capacity
- Undertake a detailed analysis of workforce across the system and agree an approach to workforce planning for the Winter 2018/19 period

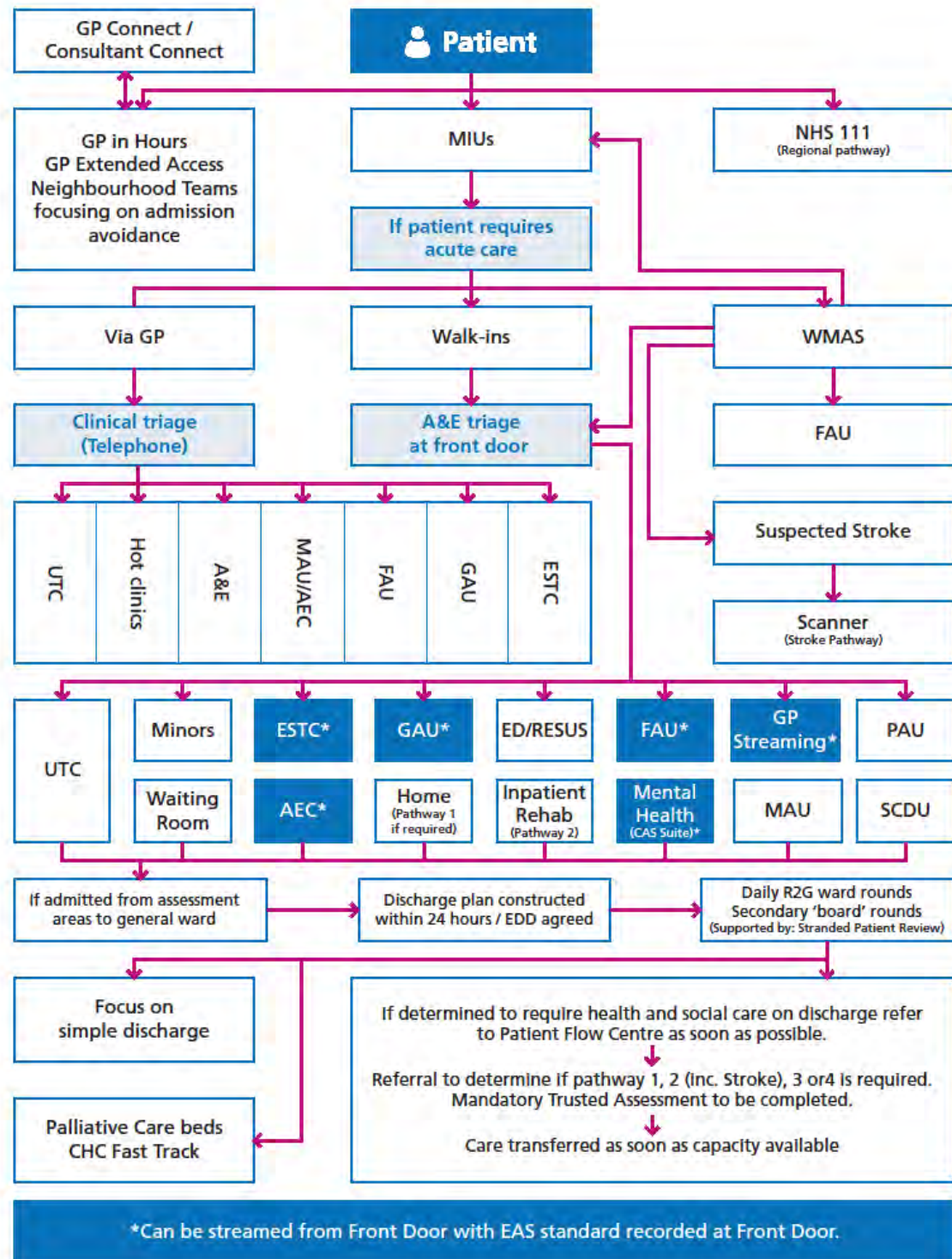
Key principles throughout the plan are to ensure:

- Patients being treated safely in the right place
- Where appropriate, and available, seven day working is in place
- We work as a Health and Care system to avoid points of crisis, ensuring collaborative working and flexibility within/between providers, and across A&E Delivery Board Partners and balance the risk and escalation across the system in the interest of patient safety
- Effective system-wide communication of the plan to ensure understanding
- Learning from the escalation and deterioration in standards during the winter of 2017/18 is taken into account when developing initiatives and governance arrangements for winter 2018/19.

In developing the plan the following key questions have also been explored, to ensure resilience of the Health and Care System throughout winter:

- What additional type and volume of activity is expected over and above the summer period?
- What services are required to meet this additional demand?
- What additional capacity is going to be available to meet the additional demand?
- What other actions are being taken to ensure the Health and Care System can provide safe and timely care throughout the winter period?
- How will we measure the effectiveness of this winter plan throughout the period?
- What are the key risks and contingencies?

What should it look like?



3. National guidance for 2018/19 system resilience and winter planning

3.1 Supporting the delivery of elective and emergency care

The below paragraphs are statements from NHS E guidance in relation to Winter 2018/19 planning and priorities.

“Last winter was challenging and it is thanks to the efforts and dedication of hard working frontline staff, more people were seen in A&E and admitted or discharged within four hours every day than last year. We know there are ongoing demand challenges and we need to continue working towards achieving clinical standards over this coming winter.

Following the publication of the national planning guidance on 2nd February 2018 and the letter from Ian Dalton to trust chief executives on 18 April 2018, the focus has been on the development and delivery of annual demand and capacity plans. You are continuing to work with your system partners and regional directors to ensure ongoing refinement of your plans.

As a reminder, operating guidance asks you to deliver 90% performance against the four-hour operational target over winter with the majority of trusts expected to achieve 95% performance in March. Your plans also commit you to ensuring that the number of patients on an incomplete elective pathway will be no higher in March 2019 than in March 2018. As part of the long-term plan, we are looking at whether there are any ways to improve the standards, but throughout this year the NHS will continue to focus on the current standards for emergency and elective care.

To deliver, we understand that trusts will need to maximise the flexibility of the clinical workforce, enabling staff to respond to times of increased workload. Trusts should consider annualised clinical job plans, with capacity for amendment/ redeployment and effective, electronic systems of e-rostering and leave planning”.

3.2 Reducing the number of long-stay patients in hospital

The system also received guidance related to reducing long stays in hospital with the ambition to reduce the number of beds occupied by long stay patients by 25%, freeing up at least 4,000 beds nationally compared to 2017/18. The Worcestershire System Target is to be below 73 ‘super stranded’ patients. This In line with the systems previous work related to the development and implementation of Discharge to assess pathways and reduction in DTOCs achieved over recent years – the tools supporting this national guidance will be reviewed and the system will ensure adherence to best practice

3.3 Triaging patients away from A&E departments and admitted pathways

Further guidance reminded the system that the best performing A&E departments and hospitals owe their success partly to triaging patients into other pathways. These include:

- using primary care streaming for minor illnesses and injuries;
- consistently treating and discharging over 99% of non-admitted patients in less than four hours. This helps reduce risks of overcrowding that can otherwise be a safety concern
- managing up to 50% of acute medical referrals via non-admitted care pathways. This is often preferable for patients and reduces the pressures on in- patient beds.
- using front door streaming to appropriate services to reduce the congestion in the departments, to support appropriate patient moves before the EAS is breached and to support reduction in ambulance handover delays

3.4 Quality Assurance

It is a significant concern nationally and locally that during last winter, due to high levels of bed and emergency department occupancy arising from capacity issues and poor flow, patients continued to receive care in corridors and this has been the situation ongoing during the summer this year on the WRH site. Whilst we will continue to advocate the use of the ED patient safety checklist the focus of our winter plan will be to reduce the need for corridor care and ambulance delays by

- delivering our streaming model to all assessment services
- maximising the use of all new assessment areas from the front door
- creating the capacity in the right place to meet demand in accordance with our demand and capacity tool

3.5 Healthcare worker flu vaccination

National guidance encourages achievement of higher levels of flu vaccinations for healthcare workers and in higher risk areas, trusts should also take robust steps to move quickly to 100% staff vaccination uptake. For the remainder of the system the workforce target is being set at a challenging **90%** to improve on last year's performance and reduce the risk of lost workforce hours

In addition there is a target of **90%** of all care home residents.

3.6 Primary care

Primary care plays a fundamental role in managing increasing demands over winter. By October 2018, everyone across the country will have more convenient access to GP services, including access to appointments during evenings and weekends, which will provide more than 9 million additional appointments nationally. This equates to an additional **1000** GP appointments per week locally within Worcestershire. This should reduce the impact on other parts of the system and reduce attendances at emergency departments.

As part of the work on extended access, this autumn, NHS England will have made available a tool for every general practice to measure appointment capacity and utilisation. This tool is designed to help practices better understand their demand and capacity, including over the bank holiday, Christmas and New Year periods.

Unlike in the previous two years when General Practice has been closed for a four day period, this winter will only see a two day closed period, with General Practice being opening directly before and after the two day festive period. This should help reduce some significant demand on ED and urgent care services.

ReSPECT stands for Recommended Summary Plan for Emergency Care and Treatment. ReSPECT is a process that creates personalised recommendations for a person's clinical care in a future emergency in which they are unable to make or express choices. It provides health and care professionals responding to that emergency with a summary of recommendations to help them to make immediate decisions about that person's care and treatment. ReSPECT can be complementary to a wider process of Advance Care Planning (ACP) or anticipatory care planning.

The plan is created through conversations between a person and their health professionals. The plan is recorded on a form and includes their personal priorities for care and agreed clinical recommendations about care and treatment that could help to achieve the outcome that they would want, that would not help, or that they would not want. ReSPECT can be for anyone at any time, but will have increasing relevance for people who have complex health needs, people who are likely to be nearing the end of their lives, and people who are at risk of sudden deterioration or cardiac arrest. Some people will want to record their care and treatment preferences for other reasons.

People with a ReSPECT plan in place are more likely to avoid unwanted and unnecessary interventions including hospital admissions, and allow people to be cared for and die in the place of their choosing. The ReSPECT process will be rolled out across the entire Worcester Health economy over the next six months.

3.7 Mental health

Urgent and emergency mental health services should be included in local planning by

- increasing capacity in community mental health crisis services, as well as alternatives to A&E that can provide a more suitable service for many people who would otherwise attend A&E,
- moving towards provision of 24/7 liaison psychiatry to provide safe care in A&E and general hospital wards, as well as preventing avoidable emergency admissions via A&E and facilitating earlier discharge,
- ensuring sufficient capacity in core community and acute mental health services so that people are able to access local beds when needed, and can be transferred from A&E in a timely manner.

4. Detailed winter plan requirements

4.1 All local level A&E Delivery Boards are required to submit comprehensive winter plans (covering from 01 December up to Easter). In addition to any local initiatives already planned or underway, this should cover the following key themes:

- Ensuring that good practice in patient flow is embedded across all parts of the emergency patient pathway, not just in isolated departments or wards as described in the Keogh Review's Safer, Faster, Better (2015) and The Good Practice Guide: Focus on patient Flow (2017).
- Collaborating with ambulance services and primary care to monitor illness patterns in the local community and weather changes that may affect specific patient cohorts. Escalate early in anticipation of demand surges, not in response to them.
- Focus on supporting care homes and the frail elderly.
- Front Door streaming within the Emergency Departments
- Good practice patient flow within hospitals
- Safe and effective discharge
- Better planning for peaks in demand over weekends and bank holidays

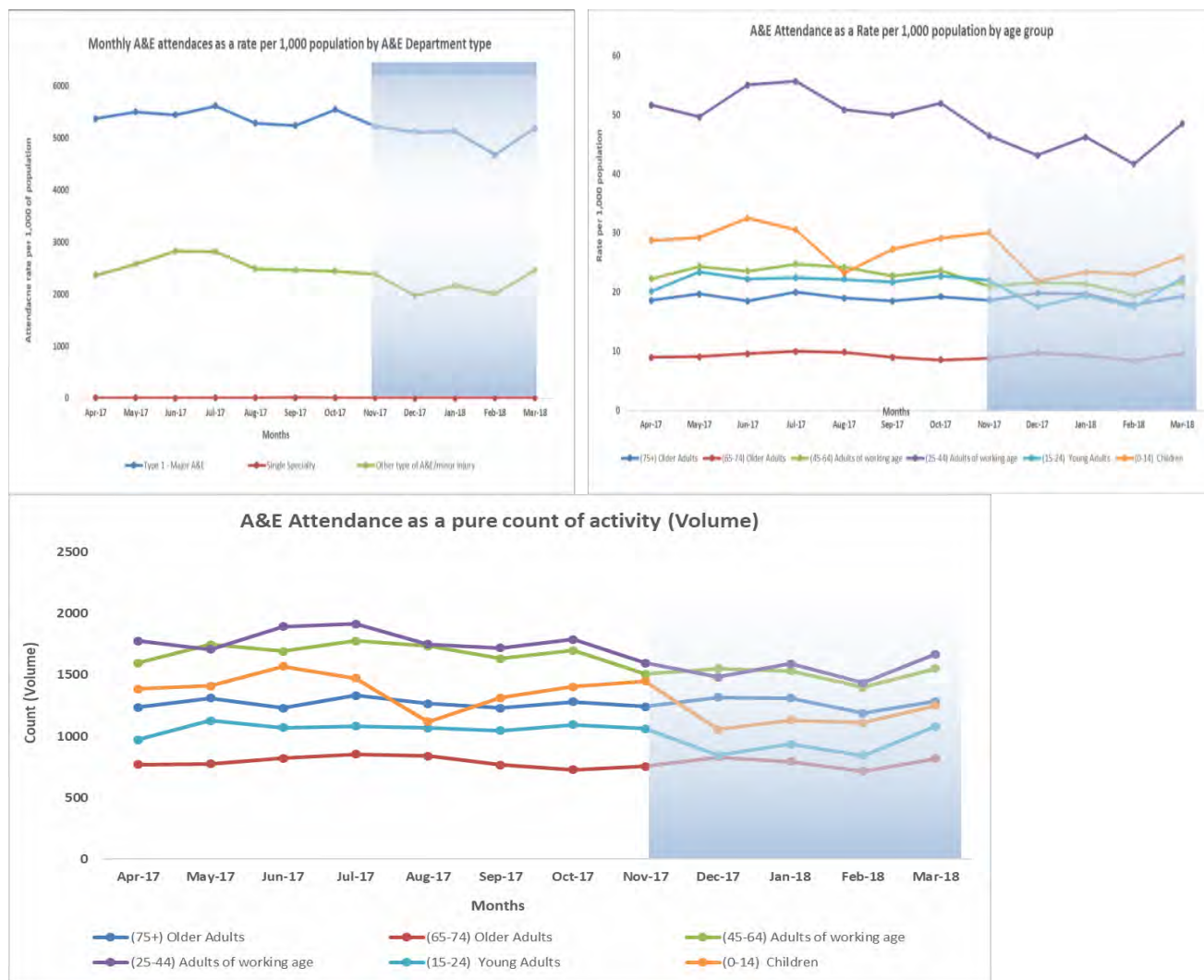
4.2 As part of the Worcestershire winter planning cycle an assessment of all of these priority areas has taken place, where already in place and achieved, will be monitored as part of the AEDB core business. In addition a review of the outcomes of winter 17/18 has been undertaken (see section 5) to assist in the development of this year's winter plan.

4.3 This winter plan focusses on the initiatives and capacity requirements required to be in place by December 1st 2018 to maintain safe patient care, to manage the impact of winter pressures and to support the achievement of the AEDB emergency standard trajectory.

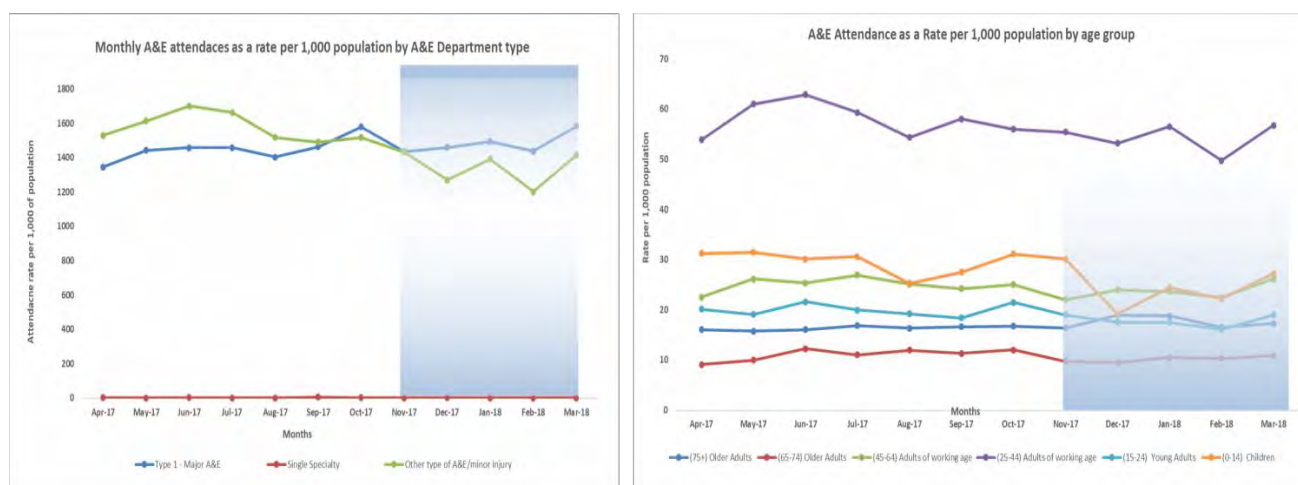
5. Review of Winter 2017/18

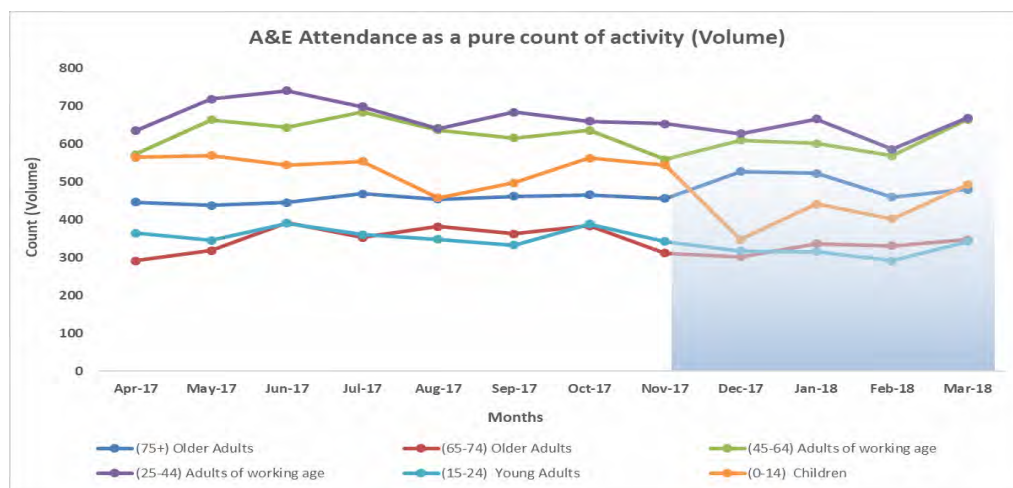
a. The graphs below highlight A&E activity, by CCG, for the period of 2017/18

NHS South Worcestershire CCG

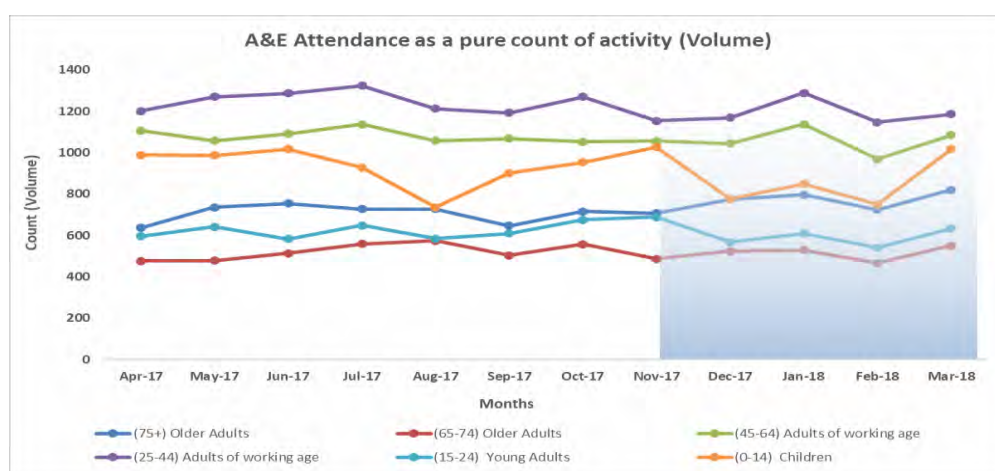
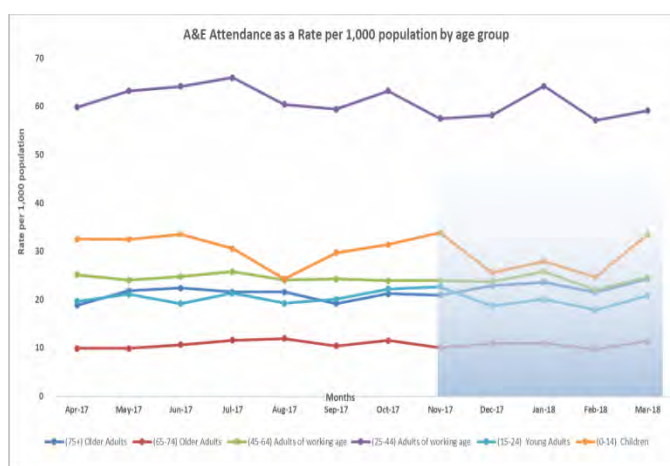
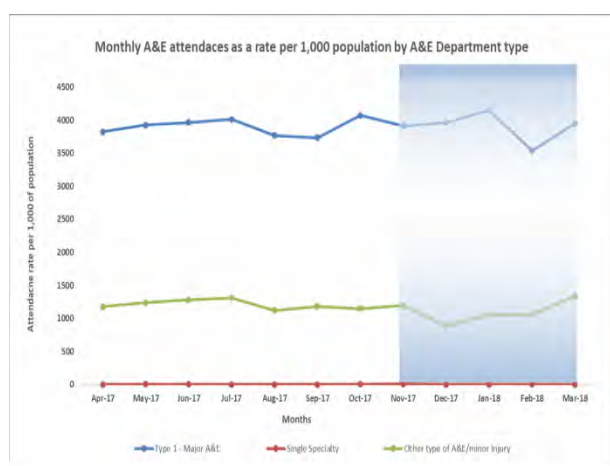


NHS Wyre Forest CCG

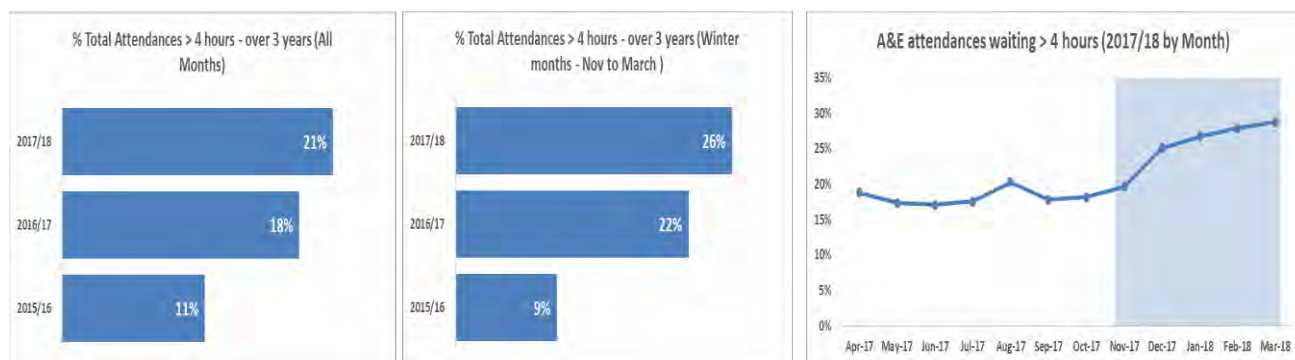




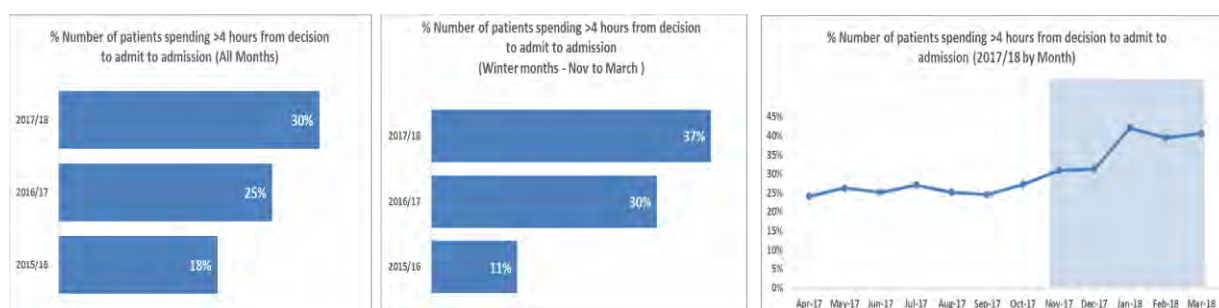
NHS Redditch and Bromsgrove CCG



- b. The graphs below highlight the increase in patients waiting over 4 hours in the A&E department during the winter months



- c. The graphs below show the number of patients waiting between 4 and 12 hours in the A&E department, again this shows a marked increase during the winter months

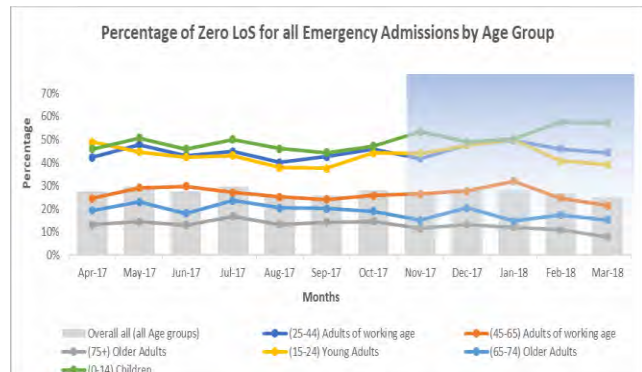
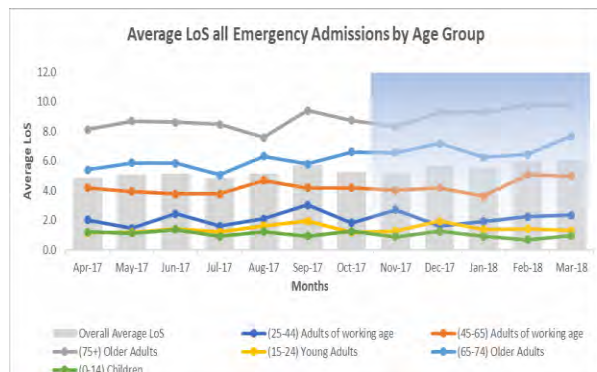


Measure	2017/1		2016/1		2015/16	
	Daily average		Daily average		Daily average	
	None winter	Winter	None winter	Winter	None winter	Winter
Total Emergency Admissions	128	126	125	127	88	27
Number of patients spending >4 hours from decision to admit to admission	33	47	27	38	18	3
Number of patients spending >12 hours from decision to admit to admission	0	1	0	2	0	0
% Number of patients spending >4 hours from decision to admit to admission	26%	37%	21%	30%	20%	11%
% Number of patients spending >12 hours from decision to admit to admission	0.04%	0.67%	0.09%	1.84%	0.02%	0.00%

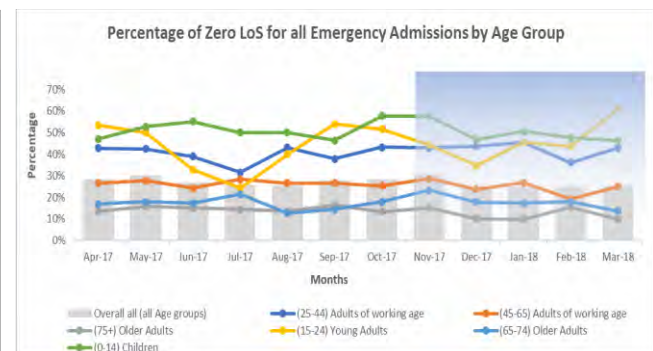
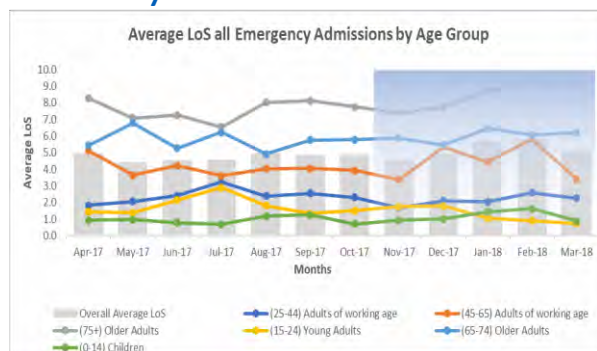
- d. The graphs below show the LOS data from the 3 CCG's. As expected there are significant increase in LOS / Admissions for patients over 65+over, there is also rises in LOS/ Admissions for those patients aged (45 to 65), although this statistic shows improvement in Wyre Forest.

e.

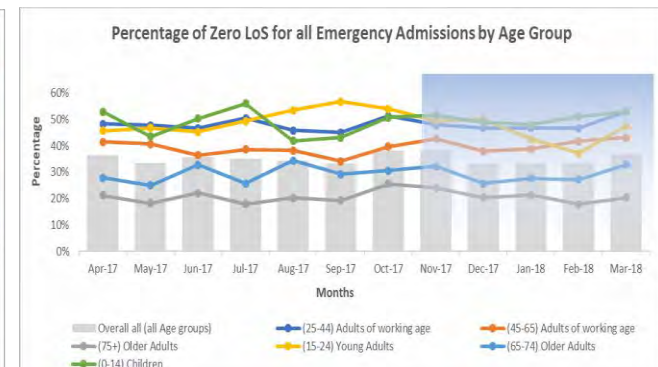
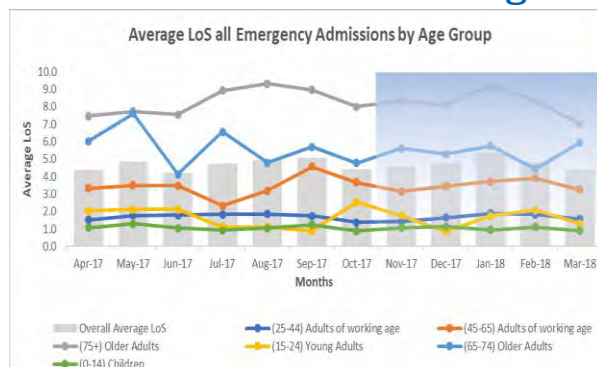
NHS South Worcestershire CCG



NHS Wyre Forest CCG



NHS Redditch and Bromsgrove CCG



- f. EAS performance on the WRH reduced by 5% from 67% to 62% and performance on the Alex site reduced by 4% from 78% to 74% compared to Winter 2016/17, even though both sites had fully functional AEC services and the Alex site had a functioning Frailty unit which were not operational in Winter 2016/17
- g. Although 12 hour breaches reduced by 226 compared to Winter 2016/17 there were still long waits throughout the period, this was highlighted by a significant increase in patients waiting between 4 and 12 hours, this figure increased by 1,358 compared to Winter 2016/17. The situation was made particularly worse by increased levels of occupancy at the WRH site, which was routinely over 100%

h. Activity Data for winter 2016/17 & 2017/18

	2016-17	2017-18	Diff
Attendances	72,127	74,053	+1,926
Breaches	15,536	18,936	+3,400
EAS %age	78.46%	74.43%	-4.03%
12hr	354	128	-226

i. Although EAS performance deteriorated compared to winter 2016/17 the below key points were identified as positive experiences during the winter 2017/18 period

- Improved system and working relationships
- Daily system calls and templates led to an improvement in the sharing of vital system information
- The addition of Evergreen 2 complementing Evergreen 1 at the Worcester site led to continued improvements in early discharge and prevented many patients from requiring complex pathways
- AEC performance, although not contributing to improving the '4 hour clock' did help relieve some pressure at the front door of the ED Departments

j. The key areas for improvement identified were:

- Too many reactive actions with little benefit in response to a crisis
- The full benefits of the initiatives developed were not delivered or maximised.
- System wide capacity was flagged as problematic and required analysis.
- Insufficient governance on a daily basis to manage escalation
- Insufficient system capacity to manage business as usual resulting in almost daily senior escalation to drive 'business as usual'

6. 2018/19 Worcester Winter Plan Initiatives

This section highlights the key winter initiatives for the whole system, commencing with system wide plans then highlighting key plans by organisations.

6.1 Demand and Capacity Planning

The Worcestershire health economy has engaged with Carnall Farrar to produce a system wide Demand & Capacity tool for winter 2018/19 and beyond. This is the first time that our system will have such a developed system for understanding how we meet demand. Key outcomes of this demand and capacity tool will include:

- Completed and validated 'do nothing' forecast of demand, capacity and flow for the Worcestershire system, to agreeing a 'one version of the truth' regarding demand and capacity in the system
- Support in prioritisation of change levers, taking into consideration return on investment, impact and effort for implementation.
- Modelled impact of change levers on demand, capacity and flow projections on a monthly basis for 2018/19
- Support in summarising a system plan for demand and capacity including demand side interventions, capacity changes and improvements to flow
- Handover of tool and plans to local teams, with clear definition of the targets and accountability for implementation, enabling the local teams to take forward the monitoring of delivery (See page 31, section 24 for final analysis).

6.2 Workforce

Worcestershire System partners have agreed to share workforce plans across the system which will enable a more robust and targeted approach to workforce planning this winter.

Health and Care Providers will review staffing levels for winter and agreed plans to ensure core services have appropriate cover, including over Christmas and New Year. A key risk to the winter plan is vacancy and sickness levels, particularly given the current caps placed by NHS England on the use of agency staff. The A&E Delivery Board will closely monitor key performance indicators relating to the workforce, to understand and mitigate any associated risks. A Workforce Task and Finish Group has been established to provide the system with assurance in relation to the 2018/19 workforce initiative.

The System has agreed the following:

- System partners will meet ahead of the Winter Period and develop a robust staffing strategy which will involve plans to temporarily 'swap' staff between partners where appropriate and also develop plans to schedule **20%** of corporate clinical roles supporting front line care
- To develop a long range forecast of staffing plans and initiatives for the winter period and beyond
- To develop a weekly staffing forecast covering all areas of our system

6.3 The Right Move

In July this year the system commenced 'The Right Move' exercise aimed at restabilising our system with predominate focus on supporting improvement in EAS performance through recognising the full benefit of system developments over the recent years. While 'The Right Move' did not result in improvement to EAS, the system has agreed to continue with the below key measures through the Winter Period:

- Continued reporting of Right Move metrics – which will be via the AEDB dashboard
- Command and Control within the ED department
- Acute Trust to fully embed front door streaming across the Trust
- Community in-reach to MAUs at both sites
- Reduction in time to wait for PTS for acute discharges and commitment to try to attain a three hour standard
- Continuation of the Integrated Discharge Team development
- Single management structure and senior oversight for pathway 1
- 50% of PFC discharges to be confirmed by 3pm the previous day

6.4 Neighbourhood Team Development – Urgent Visiting

During 2018 Neighbourhood teams have developed and they have one specific initiative this winter which is the investment in Neighbourhood plans with an aim to reducing **5** admissions per day across Worcestershire.

The neighbourhood teams will also develop a 'pull' model from the acute trust into community teams. On a daily basis details of patients over 65 who have been admitted in the previous 24 hours will be shared across neighbourhood teams who will then attempt to 'pull' patients out of the acute trust into community settings.

6.5 Falls Response Service

The falls response service will adopt a holistic approach for service users, responding and dealing with the immediate crisis and preventing A&E attendances where appropriate to do so.

The CCG has recently undergone a procurement exercise to secure a countywide provider of a Falls Response Service. Fortis Living Limited will be mobilised to commence service delivery from 3rd December. Subject to the number of calls being in line with estimates, this service has the potential to support a reduction in ambulance conveyances by **2844** per annum.

6.6 UTC Centre – Alexandra Hospital

As part of the FOASHW programme and since the publication of the NHS England Urgent Treatment Centre Standards and Principles, in July 2017, the urgent care system in Worcestershire has been exploring opportunities for the development of an Urgent Treatment Centre (UTC). Following various Options Appraisal processes and workshops it was agreed that we will pilot first UTC in the county at the Alexandra Hospital until April 2019.

Key Components of the Operating Model include

- A shared reception area and a nurse-led clinical triage that would then stream patients to the most appropriate setting – UTC or ED
- The UTC would operate 12noon to 9pm, 7 days a week. Operational hours will be reviewed at the end of the trial
- Operational hours has been based on current A&E heat maps and data on minor breaches
- The anticipated skills mix would be an ANP/Clinical Pharmacist between 12 and 4pm with a GP from 4pm to 9pm.
- The UTC would have a similar operational triage model to AEC with a timeframe set for the last patient to be seen in order to provide an efficient handover once the UTC closes at 9pm.

By implementing an UTC at the Alexandra Hospital it is believed that the following benefits will be achieved:

- Demand through ED will be better managed by redirecting minor injuries and illnesses to the UTC reducing attendances to ED
- Support towards improving EAS targets for the Hospital – data suggests that the majority of minor breaches at the Alexandra Hospital occur between 6pm and 12pm. By operating a 12 noon to 9pm model it is anticipated that these breaches could be reduced and potentially increase the EAS standard by an average of **2.76%** at the Alex site (based on data from August 2018)
- A clear and consistent approach to minor injury and minor illnesses
- Reduced urgent care admissions
- Improved access to urgent, unplanned care, whilst ensuring that the patient's on-going healthcare needs are met in the most appropriate setting

6.7 Multi-Disciplinary Accelerated Discharge Event (MADE)

Building on the success of MADE events last winter, during the months of **November, December and January** the Worcestershire system will hold system-wide MADE events commencing one week prior within the Health and Care Trust then commencing in the Acute Trust. The system wide event will run from the Acute Trust Site with a command and control approach throughout the system.

The dates for the November MADE events are: Week Commencing 5th November for Community and Week Commencing 12th November for the Acute Trust.

The dates for the December MADE events are: Week Commencing 10th December for Community and Week Commencing 17th December for the Acute Trust.

Acute Trust MADE events will be overseen via daily command and control processes via Sky 2.

6.8 Acute Trust Patient Flow Program

The Acute trust will implement its 'patient flow program' ahead of and during the winter period.

The Patient Flow Programme consists of 5 work streams. These are:

- Front work stream – focused on improving flow in the Emergency Department
- Middle work stream – centred around No Delays Every Day for all wards.
- Back work stream – focused on expediting complex discharges and reducing the numbers of stranded patients.
- Frailty work stream – will result in the development of a county wide service focused on avoiding admissions and reducing length of stay – as detailed in Section 6.11
- Bed Management work stream- will result in new more efficient ways of working for the operational teams.

Middle Work stream – Key Deliverables

- Consultant-led MDT board and ward rounds implemented and embedded
- Expected Date of Discharge set and clear clinical plans set for each patient
- Clinical Criteria for Discharge set for each patient
- Recording and monitoring of clinical and non-clinical delays to aid escalation and action on key causes of delay
- Improvement in EDS and TTOs done day prior to discharge
- Establishment of KPIs and measurement of improvement – Knowing How Your Ward is Doing

Back Work stream – Key Deliverables

- Passport for Discharge rolled out to all wards
- Structured long Length of Stay Reviews
- Introduction of the Whippet system to monitor referrals processes

Bed Management Work stream Key Deliverables

- Enable getting patients in the right place first time through 24/7 bed management with clarified roles and responsibilities
- Use of the bed capacity APP
- Review of bed management data and governance

(We are awaiting confirmation of potential bed day savings)

6.9 Acute Trust: GP Streaming

The acute trust will implement enhanced GP streaming at the WRH site. The streaming service aims to make care more efficient and take pressure away from emergency departments by having a primary healthcare professional "stream" patients coming through hospital doors, who can then refer them to primary healthcare or an emergency department. GP streaming service commenced in December 2017 on the WRH site. This service is currently split into two elements. A daytime service from 10am – 6.30pm which is delivered by the Worcestershire GP Federation with the ability to see 120 patients per week. This service is contracted directly by the Acute trust and is set to continue throughout winter 2018/19. This is then supplemented from 6.30pm to 10pm by the co-located Out Of Hours GP Service currently contracted by the CCG with Care UK. The Trust and Care UK have been piloting a new streaming model throughout July 2018 which will inform new ways of working to maximise the efficiency and effectiveness of this service throughout the winter months. The CCG will assist in working with providers in developing new models of operation during winter although

it needs to be recognised that the contract is due to change next year so more substantive changes can be made then,

6.10 Acute Trust: Front Door Streaming to assessment areas

The Acute trust will work to fully utilise Ambulatory Care Pathways at the WRH and Alex sites. The acute trust will work to fully utilise the Frailty unit at the Alex site. A business case to expand the countywide frailty service was approved by TLG in May 2018. This business case gained approval for an extended frailty assessment service to be implemented, providing cover 12 hours per day 7 days per week. Recruitment is on-going for this development and the plan is to implement an extended service by deploying a resilient and flexible workforce. There has been a subsequent reduction in the number of proposed posts and an acceptance that Advanced Clinical Practitioners (ACPs) can interchange with junior doctors, particularly SHOs whose posts are currently filled by locums. The business case approved the recruitment of ACPs to work interchangeably with junior doctors (SHOs). There is a plan for the service to become ACP led and replace SHOs in the medium to long term. While the service is in its infancy and the ACPs become established SHO cover will still be required. Recruitment of ACPs against the funds approved in the business case is now complete and conditional offers have been issued with anticipated commencement dates in November 2018. It is anticipated that the fully extended frailty service will be able to cover 12 hours per day, 7 days per week, from January 2019. **An agreed streaming process is required to be developed to support this change to practice.**

6.11 Acute Trust: WRH Surge Capacity

Aconbury Surge Capacity the old Evergreen ward in the Aconbury East building will be available to open from Mid-December till end of March and has the capacity of 28 acute medical beds following the completion of the link bridge. This ward will be used as a surge area for acute medical patients under a designated Standard operating procedure. The benefits of this scheme are achievable through the recent capital funding of 80K to provide Oxygen on the ward. However overall this provides 2 less beds on the WRH site than last year.

6.12 Acute Trust: Discharge Lounge WRH

The Trust has commenced the construction of a new discharge lounge facility on the WRH site in July 2018. This will be complete by November 2018 with formal handover currently scheduled for 15th November 2018. The lounge can be accessed from 8am when the lounge staff will help support moving the patients from the wards. The lounge will have capacity **for 3 male and 3 female patients on beds at any one time and another 5 male and 5 female patients on chairs.**

6.13 Acute Trust: ALEX Surge Capacity

Six additional medical beds have already been opened on Ward 11 in preparation for Winter 2018/19. As part of phasing elective activity the Surgery division are working up a plan to temporarily **re-designate Ward 14 (19 beds) from surgical to medical ward for the duration from 21st of December 2018 to 29th of March 2019. To enable this change, 6 additional beds will be open on Ward 16 to maintain elective orthopaedic activity during the Winter period.**

6.14 Acute Trust: Elective Activity

Surgical activity undertaken on the WRH site is predominately classified as category one (urgent or cancer surgery). It is essential that this activity is protected, given the potential impact on patient safety and experience and performance against the cancer operational

standards. For the period commencing 17th December 2018 to 11th January 2019, the surgical division will reduce its theatre capacity by four lists per week scheduling circa 19 patients per week. In order to temporarily re-designate Ward 14 as acute medical wards. As mitigation the Surgery Division will be transferring further day case activity from the Alexandra Hospital to Kidderminster Treatment Centre and Evesham Hospital. For a three month period the Division will utilise an additional seven lists (across both sites) per week. The model assumes an additional 21 patients per week; over a 16 week period 294 cases would be undertaken. In addition to this the division is working with SCSD to scope the potential of increasing day case capacity at the Alexandra Hospital (Birch Unit) by extending the working day to 2100hrs (an extra 2 hours per day, Monday – Friday).

6.15 Acute Trust: COPD In-Reach and avoided admission

A business case to facilitate the best practice tariff for COPD has been approved and the recruitment of 3 WTE specialist nurses/physiotherapists is in progress. This will provide cover at both sites from 9am-5pm Monday to Friday and 9am-5pm on Saturdays on the WRH site. This additional service will facilitate an earlier discharge of up to 2 patients a week, as they can be reviewed at home next working day. The specialist team will act as a point of contact for GPs and neighbourhood community teams to discuss patients that could be cared for at home and thus avoid admittance.

An admission avoidance programme of work has been developed focussing specifically in Redditch and Bromsgrove during the winter months, with action plans for Neighbourhood teams with practices having the highest rates of admissions per weighted population.

Initiatives include:

- Telemedicine pilot –A cohort of 18 patients participating in this scheme with monitoring through WHCT colleagues which involves rapid response and treatment at home when exacerbation occurs
- Roll out of MyCOPD app – 2,000 mobile device app's have been secured and will be offered to patients suitable to the criteria
- Practices are being reminded to adhere to NICE guidance around the prescribing of Rescue Medicine packs to support patients with self-management
- New Patient Information leaflets have been developed
- Community Pharmacy Roadshow planned for late Autumn
- COPD Study Day for Practice Nurses to be held
- Weekly Hot clinic at PoWCH to support admission avoidance
- **Target reduction of 13 admissions per month**

6.16 Acute Trust: Heart Failure Pathway

Heart failure patients requiring I.V. diuretics are currently treated as in-patients. A business case for ambulatory care based model for this cohort of patients has been approved and recruitment has commenced. The cardiology department has identified ring fenced seating areas to deliver treatment in an ambulatory care setting. The model used will follow national best practice and will result in reduction in circa 700 bed days per annum which equates to 2 inpatient beds.

6.17 Acute Trust: Hospital from Home

A proposal has been scoped with Herefordshire and Worcestershire Fire Service to provide an enhanced home from hospital service to support safe early discharge of patients who may need additional help to settle them back home, but do not require Pathway 1. This service would help to expedite safe discharges before midday, 7 days per week. Herefordshire and Worcestershire Fire Service (H&WFS) have agreed to provide a 6 month service free of charge commencing from October 2018 which will enable us to identify the exact requirements of such a service in the future.

6.18 Acute Trust Pharmacy provision

Extended weekend discharge service

Saturdays – extended discharge service until 3.30pm. Sundays – additional discharge service 10.00am – 14.30pm.
Business case for substantive establishment for the extended service to be presented in September 2018.

Enhanced Christmas and New Year fortnight provision

24/12/18: Additional service both sites
26/12/18: Additional service both sites
27/12/18) late discharge service at WRH
29/12/18: Extended service at WRH
30/12/18: Additional service at WRH
31/12/18: late discharge service both sites
01/01/19: Extended service both sites
02/01/19 – 04/01/19: late discharge service at WRH.

6.19 Health and Care Trust: Surge Capacity

William Astley ward, Evesham is able to provide **16** extra surge beds for general rehab patients. Estates team are working with Matron and SDU Lead to develop detailed scheme with schedule of work, costs and programme, with a view to opening these beds on 1 December 2018, for a 3 month period. Plans also in place to provide 3 surge beds at Tenbury Community Hospital and 4 at POWCH, with a 24 hour lead in time (requires additional HCW staffing).

6.20 Health and Care Trust: 4 Complex Mental Health Beds

Through Urgent Care STP transformation and CCG monies **4** beds will be commissioned on a ring fence basis within the Health and Care Trust. These beds will help facilitate speedier transition of patients within the Acute Trust who have complex mental health needs and cannot be accommodated in Pathway 3 beds due to their highly complex nature resulting in a significant reduction in length of stay and release of bed days lost..

6.21 Health and Care Trust: Demand and Capacity

The neighbourhood team will participate in twice daily teleconferences between Neighbourhood Teams and county council Urgent Promoting Independence (UPI) team, chaired by a senior manager to ensure Pathway 1 discharges are maximised.

6.22 Fast Track End of Life Improvements

The Worcestershire CCGs have recently commissioned a designated Care Home to support patients who chose to receive Fast-Track end of life care in a Nursing Home Setting. The contract has been awarded to The Lawns, Kempsey.

This will facilitate early discharge from Acute and Community Hospitals and remove the need for families to locate suitable Nursing Home accommodation.

A workshop is planned for 31st October 2018 to brief staff who refer in for consideration of Fast Track NHS Continuing Healthcare funding and the service will start on the 1st November 2018.

6.23 WMAS: *5

From December 2018 Paramedics on scene will be able to seek clinical advice from experienced local GP's by calling NHS 111 *5. Local GPs with knowledge of the area and the patient population will be able to provide appropriate advice and will seek to reduce inappropriate ED activity.

7. Mental Health Services for Winter 2018/19

- 7.1** A full range of mental health services is commissioned for the local population, consistently across the year. Specifically to support the Urgent Care System during winter the following services are available. The local Directory of Services contains all relevant mental health services.

The Mental Health Liaison service will be expanding its remit and taking referrals from the wards at both the Alexandra and Worcestershire Royal Hospitals. The trust are currently recruiting 1 WTE Consultant Psychiatrist and 4 WTE Band 6 Mental Health Nurses. The service will cover the wards Monday – Friday 0800-2000 hours and will carry a case load offering patients; assessments, regular reviews and advice to ward staff. The service will also provide training to the Acute Trust staff.

7.2 Twenty Four Hour community-based crisis response

Worcestershire Health and Care NHS Trust provide a Crisis Resolution Service to meet the needs of patients who are experiencing acute mental health crisis. All interventions provided by the service are short term, focused on the safety, wellbeing and empowerment of the Patient and their carer/family during the period of crisis. All treatments are based on appropriate assessment, which aims to ensure that the Patients' needs are met and that their carer's are also supported.

- 7.3** The Crisis Resolution Service is a twenty four hour service, 365 days per year, providing mental health assessments and support for individuals with urgent and acute mental health crisis. The team will remain involved with the Patient until the crisis has been resolved and/or arrangements are in place for their continuing care and management. In hours the Crisis Resolution Team will provide support and intervention to Patients aged between 17 ½ years and 65 years (or older if they continue to be with Adult Mental Health Services). Out of hours the Team will also accept referrals for assessment of people of all ages. Children and young person under the age of 17 ½ must be referred by a GP. Generally patients are referred by their GP, or through local A&E services, although the CRT does respond to requests from other services such as the police or ambulance service.

- 7.4** In addition there is a Crisis Assessment Suite within the Elgar Unit on the Worcestershire Royal Hospital site. People experiencing a mental health crisis who require an immediate response/assessment from mental health services, who do not need physical health treatment, will be diverted from A&E departments and conveyed directly to the suite by West Mercia Police or WMAS. A&E staff can also refer where patients access A&E independently or have been conveyed by police or ambulance services without contacting CAS. The CAS service is available to patients aged 18+.

- 7.5** Worcestershire has a health-based Place of Safety within the Elgar Unit on the Worcestershire Royal Hospital. The health-based Place of Safety, or Section 136 Suite, is for people detained under Section 136 of the Mental Health Act (legal powers police use to safeguard people with severe mental health problems) as an alternative to detention in police custody. The Elgar Unit has the capacity to manage all ages twenty four hours a day, seven days a week, with flexible provision around the suite and its family room.

8. Flu Immunisation Programme

- 8.1** The national Flu immunisation programme for 2018/19 was issued in March 2018 (gateway reference 2017863) and taken into consideration when developing local plans
- 8.2** The Worcestershire system as agreed a 90% target for workforce flu immunisation and a 90% target for residents in Care Homes
- 8.3** It is anticipated that NHS West Midlands will issue a localised 2018/19 Flu Plan

- 8.4** All key NHS health and care workers are required to have a flu vaccination. The national requirement is for at least 75% of key workers to be vaccinated.
- 8.5** Health and Social Care staff will be eligible for a free flu immunisation this season. Delivery will be the same as last year either from their own GP or via participating pharmacies.
- 8.6** Recognising the changes to this year's programme in relation to the vaccines and their availability. Adjuvanted trivalent vaccine (aTIV) will be available all 65s and over, quadrivalent vaccine (QIV) for 18 – under 65s at risk. The live attenuated influenza vaccine (LAIV) will continue to be used for the children's programme.
- 8.7** Vaccine Delivery for those aged 65 years and over using adjuvanted trivalent flu vaccine (aTIV) – There is only one licensed supplier in UK and therefore delivery will be different to standard years. GPs and community pharmacies will all receive 40% of their aTIV order in September, 20% in October and 40% in November. With the flu season often starting in December, with appropriate planning, all patients should be able to be offered protection before the start of the flu season. Further guidance is anticipated for any practices that have not ordered sufficient aTIV for their practice population.
- 8.8** QIV and LAIV delivery dates will be confirmed by the supplier.

9 Review of 2017/18 Flu Immunisation Uptake

- 9.1** Both WAHT and WHCT achieved the 2017/18 CQUIN by immunising >75% of staff. All three CCGs achieved >73% for the 65 years and over category which is just above the England average of 72.6% Compared to 2016/17. SWCCG saw an increase of 1.8%, RBCCG increase of 2% and WFCCG was the CCG with the highest % increase of 2.2%.
- 9.2** All three CCG's achieved >49.5% for under 56 years (at risk) which is just above the England average of 48.9%. All three CCG's achieved >48% for pregnant women which is just above the England average of 47.2% and West Midlands DCO of 45.3%.

10 Lessons learnt from Winter 2017/18 in relation to Flu immunisation

- Early recognition of symptoms paramount
- Early notification to PHE and CCG regarding suspected outbreak essential
- Prescribing and access to antivirals for treatment and prophylaxis
- Promotion of immunisations to social care staff and clear communication strategy
- Delay in immunising new residents to care homes admitted after initial round of immunisations
- Access to antiviral swabs and information within the influenza toolkit to complete swabbing
- The importance of a dedicated resource /Toolkit to support early recognition and support management with access via local website and sharing of national resources.

11 Plans to improve immunisation uptake for 2018/19 campaign

- Review monthly uptake feedback from NHS England
- Convene a Health economy flu group to support health economy working
- Communications plan re public messages using the communication toolkit 'Stay Well this Winter' campaign resources.
- Liaise and support where necessary WAHT and WHCT
- Target communications messages to lower uptake groups e.g. pregnant women and risk groups
- Liaise with Local Authority and Public Health re flu messages to other independent providers to include nurseries and day care.

- Continued development of local resources to target staff uptake in care homes
- Include flu information in GP Practice briefs /Practice Manager meetings/IQSP visits
- Letter to be sent to all residential homes with 'Statement of Assurance' re staff immunisation(from CCG and PHE) and measuring of uptake
- Immunisation statement included within care home contract
- Staff flu immunisation and measuring uptake is a component of care home Quality Assurance visits and will be monitored through the care home dashboard
- Care home resources issued via email and made available on local IPC website and care home portal
- <https://www.worcestershirehealth.nhs.uk/infection-control-service/nursing-care-homes/>
- Importance of flu immunisation included in all IPC training to care home and GP staff
- Representation at the Herefordshire and Worcestershire Immunisation Forum.

12 Outbreak plans (D&V / Norovirus)

The CCG Infection Prevention Control (IPC) nurse supports the management of all care home outbreaks. Worcestershire Health and Care NHS Trust Nurse Consultant provides cover in absence with support from Public Health England (West Midlands).

13 Lessons learnt from Winter 2017/18 in relation to Norovirus/Gastroenteritis

- Early notification to PHE and CCG regarding suspected outbreak/s essential
- Obtaining stool samples to support diagnosis
- Maintaining clear and accurate records of outbreak progress
- Challenges around isolation
- Challenges around environmental decontamination
- Obtaining timely information from homes – only having 1 person who can update Infection Prevention Control proved challenging
- Providing the correct and accurate information in a timely manner

13.1 The following proactive and reactive actions are in operation as part of business as usual and have helped to inform planning for 2018/19.

- Hold/attend outbreak meetings if appropriate. CCG IPC lead attends local outbreak meetings –WAHT /WHCT outbreaks
- IPC Nurse (CCG) Liaise with local PHE re outbreak management across the County and provides PHE daily updates via email
- Local IPC Nurses/team manage outbreaks locally- this involves distribution of electronic resources , daily (sometimes more frequent) contact with affected areas and guidance and support
- Support given to all homes re length of closure and when deep cleans and be undertaken. Advice given on deep cleans
- Daily countywide communication via email re homes/ wards affected by D/V Norovirus
- Annual proactive distribution of resources via email to all care homes across Worcestershire
- Working with CCG communications team regarding local public messages and use of social media to promote awareness
- Distribution of PHE/CCG IPC resource folders to all care homes containing local contact details and general IPC information
- Use of Worcestershire health website – resources made available and link shared with all homes via email, via care homes newsletter and via the care home portal
- Outbreak recognition and management is incorporated into all IPC training delivered to care home staff. This is delivered via CCG and by WHCT IPC team under an SLA with CCG. Also assurance that this is also delivered at WHCT and WAH mandatory training to all staff

- All care homes are visited by IPC following notification of an outbreak. This includes a walk round the home and a summary report is given to care home manager outlining good practice and recommendations for improvement. This includes a debrief of any lessons learnt re notification, management etc.
- Development of a local sample protocol for care homes/primary care as a component of the Outbreak Toolkit
- Updating current resources/ posters for care homes re prevention, notification and management.
- Liaising with PHE re any new national resources for the community setting
- System in place currently for all care homes to notify receiving hospital / units of patients admitted to hospital/A&E. this is via a form – ‘Infection Risk assessment’ that accompanies the patient to ensure patients are isolated appropriately. Also notifies WMAS.
- Risk assessment tool in place at WAHT re discharge of patients to care homes from a ward closed due to suspected or confirmed Norovirus
- Both Worcestershire Acute Hospitals NHS Trust and Worcestershire Health and Care NHS Trust have dedicated outbreak policies.

14 Christmas and New Year Plans

- 14.1 The A&E Delivery Board and Operational group will review Provider plans for the Christmas and New Year period to ensure core services will be available throughout this period, and that they will be appropriately staffed. Detailed planning will take place through the A&E Delivery Operational Group, up to January 2019 to ensure system resilience during this key period. System management arrangements {Section 15.0} will be enhanced in the period leading up to, during, and after Christmas and New Year, to ensure system resilience throughout this key period, recognising the national evidence review outlined in Gateway 03926 and local experience in Worcestershire over the last few years.

15 System Management Arrangements

The Health and Care System will enhance system wide operational management arrangements, to ensure that system management is co-ordinated during the winter period. With acknowledgment of the national and regional process for winter resilience a **Worcestershire system wide winter room**, with dedicated resource to support reporting functions and an agreed standard operating procedure in place, will be responsible for coordinating system wide functions on a daily basis. However it will be a STP version with Herefordshire. This will deliver the same benefits as last winter with an agreed standard operating procedure and senior executive escalation leads to take overall lead of the system when at EMS level 4 or more than 1 12 hour breach recorded.

- 15.1 In addition to the usual system teleconferences held between operational managers, **the twice daily system wide call at 11am and 3pm will continue, led by the CCG. If not required during this period, this will be a CEO/AO decision.**
- 15.2 The A&E Delivery Board will introduce a **weekly Urgent Care planning forum for Directors of Operations of all A&E Delivery Board partners to ensure a collaborative approach to system management and to agree the system wide operational plan for the week ahead.**
- 15.3 The Group, which will meet until 31st March 2019, will review agreed KPIs on a weekly basis to ensure delivery of key standards of service delivery and issues will be escalated to A&E Delivery Operational Group and A&E Delivery Board or CEO/AO's as appropriate.
- 15.4 An On-Call system operates in Worcestershire to ensure clarity about system leadership twenty four hours a day, seven days a week. This is currently being finalised and will be available at the end of October.

16 Escalation Management Plan and Operational Pressures Escalation Levels Framework - OPEL (subject to confirmation from NHS England of implementation for Winter 18/19)

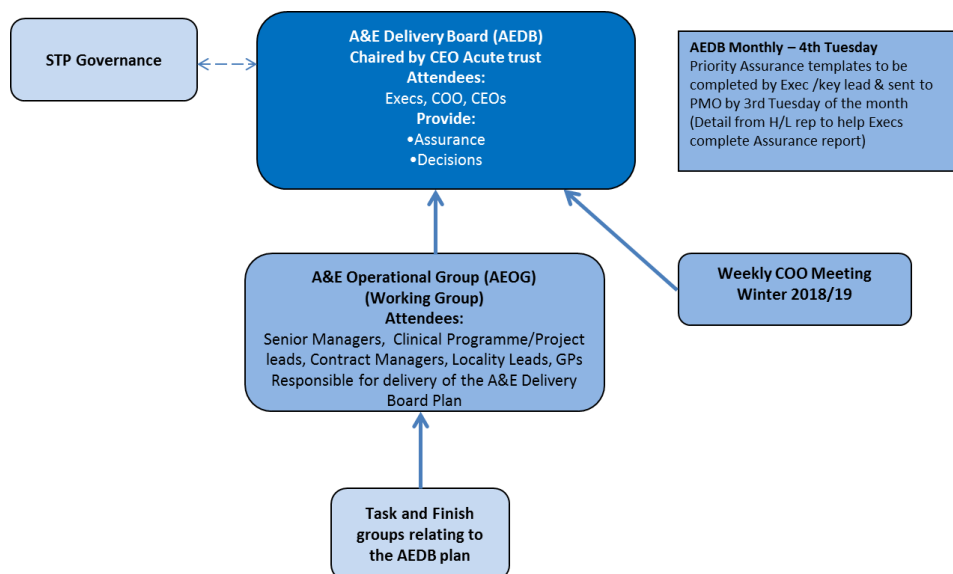
- 16.1** The Worcestershire system wide Escalation Management Plan has recently been revised and will continue to support the system for the winter period of 2018/19.
- 16.2** This policy formally sets out the operational management arrangements when part(s) of the Health and Care System experience pressure, over and above business as usual. Formal trigger points are set out in the plan, with agreed actions that each partner, and the wider system, must take to maintain patient safety and quality of care. Four levels of escalation occur, one being the lowest form of escalation, and four being the most severe.
- 16.3** De-escalation will occur as quickly as possible and the policy will only be used in accordance with agreed triggers. A&E Delivery Operational Group will keep the policy, and its use, under review.

17 Business Continuity arrangements

- 17.1** All organisations that have direct patient input such as the Health and Care Trust and Acute will produce a Cold Weather plan in line with the national plan once this has been released by Public Health E in mid-October. These plans will have all the necessary action cards in them linked to the national alerts which are received by those that require them.
- 17.2** The Worcestershire System is currently operating the Public Health England / NHS England Cold Weather Plan which is in the process of being updated for Winter 18/19 and will be adopted locally upon release.

18 A&E Delivery Board Governance Arrangements

- 18.1** The Worcestershire A&E Delivery Board has strategic responsibility for ensuring that the local system has robust plans for delivery of Health and Care across Worcestershire, consistently throughout the year, in accordance with National Health and Care standards, and in compliance with statutory frameworks. The A&E Delivery Board is not an organisation in its own right, and is made up of membership from statutory organisations across the Health and Care System. Chief Executives/Officers provide strategic leadership to the local Health and Care System, through the A&E Delivery Board and are supported by an A&E Delivery Board Operational Group, who manages delivery of the Urgent Care Plan, including the Winter System Resilience Plan.
- 18.2** AEDB governance arrangements were implemented in August 2016, and are summarised below.



19 Governance Arrangements for Winter 2018/19

- 19.1 The A&E Delivery Board Operational Group and the A&E Delivery Board will review the Winter Plan on an ongoing basis, and at least once a month formally at A&E Delivery Board and A&E Delivery Operational Group meetings. As described in 7.1 there will, and are likely to be, enhanced system monitoring on a daily and weekly basis. **In addition to the performance indicators outlined in this plan further indicators will be agreed at the October 2018 AEDB meeting and will include a mixture of quantitative and qualitative measures.**

20 Resources

- 20.1 100% commissioned capacity through Health and Care contracts and Better Care Fund Contracts must be available throughout the winter period and this will be monitored weekly
- 20.2 Resources have been identified between commissioning organisations for the additional initiatives identified in section 6.

21 Communications

- 21.1 The national campaign is 'Help Us Help you', a new single unifying campaign brand that builds upon the success of last year's 'Stay Well' campaign. The local plan will be in line with the integrated national marketing campaign.

- 21.2 The overall aim of the winter communication plan is to:

Ensure that people who are most at-risk of preventable emergency admission to hospital are aware of and, wherever possible, are motivated to take those actions that may avoid admission this winter.

- 21.3 The 'Help Us Help You' campaign focuses on reciprocal relationship between public and NHS. The various messages are delivered by a health care professional as they naturally bring authority to the message and seeing it come from a person, rather than the NHS, brings warmth and reassurance to communications too. The target audience for 'Help Us Help You' is segmented into the following groups:

- Older people (65+)
- People with long-term conditions
- Parents of children under 5

- Informal carers

21.4 There are three pillars to the Winter Communications Plan:

- **Prevention** - focus on changing public behaviour to help prevent pressures on the urgent and emergency care system during the winter period, e.g. flu vaccinations for children and vulnerable patients, promotion of pharmacy for advice, NHS 111, GP extended access appointments etc.
- **Prepared** - build awareness among staff and public of the work that the NHS is implementing to be prepared for the winter period, raising confidence in the plan and ability to cope under pressure, e.g. GP urgent visiting scheme, GP streaming, home from hospital scheme etc.
- **Performance** - ensure the health and care system responds to all reputational issues associated with performance during the winter period in a co-ordinated way, making use of quantitative information where available, e.g. number of GP appointments available, MIU waiting times etc.

21.5 Research indicates that including reference to 'A&E' within messages to the public (e.g. highlighting demand and encouraging use of alternative services) only increases demand on A&E. As part of the Winter Communications Plan all partners are committed to excluding any reference to A&E in their proactive messages.

21.6 The CCG leads on all reactive system-wide communications for winter planning on behalf of the local health economy and will work with all partners in the event of any urgent communications plans that need to be devised and implemented.

21.7 Providers lead on all reactive communications for their respective organisations and will work in a co-ordinated manner with their local health economy partners.

21.8 The Worcestershire A&E Delivery Board will co-ordinate communications across the Health and Care System in relation to winter planning to ensure consistency of approach. The CCGs' Head of Communications will work closely with Communications Teams across the local health economy to ensure that the local system complies with the national campaign and uses all appropriate opportunities to communicate with staff and the public.

21.9 The national timeline for campaign activity is as follows:

Campaign	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Flu							
NHS 111							
Stay Well: Pharmacy							
GP extended access							
NHS 111 online							
Stay Well: Pharmacy							

Local communication activity will take place in line with national campaign timescales to maximise the opportunity for message reinforcement (there is the expectation for national TV advertising in 2018/19 to support the enabling campaigns). Locally there will be increased focus on promoting GP extended access appointments as well increasing awareness among

staff and public of the work that the NHS is implementing to be prepared for the winter period, raising confidence in the plan and ability to cope under pressure.

- 21.10** There will also be a focused effort this year on health and social care staff, emphasising the importance that we all work together as a system to ensure that we perform better this coming winter. The aim will be to foster a feeling of the system coming together to support each other, highlighting some of the key initiatives taking place to support patients and staff during peaks in demand and supporting staff awareness of an overall 'winter plan' and some of the steps that we are taking. This activity will include on site briefings for staff, fortnightly updates highlighting the work taking place, case studies, promotional literature and social media packs to support staff champions in delivering messages.

22 Monitoring and Evaluation of Winter

- Weekly monitoring of the detailed AEDB dashboard and the system winter initiatives via the weekly COO meeting with escalation where targets are not achieved requesting urgent improvement plans
- Use of the Carnall Farrar tool to understand demand and capacity over the winter period and the impact of any further change levels
- To support the system in evaluating the winter plan the CSU will be undertaking a 'live' evaluation process monitoring all aspects of the winter plan

23 Risks and Contingencies

Key risks and mitigating actions are summarised in the following table, to be managed through a formal A&E Delivery Board Risk Register, and reviewed by A&E Delivery Operational group and A&E Delivery Board on monthly basis.

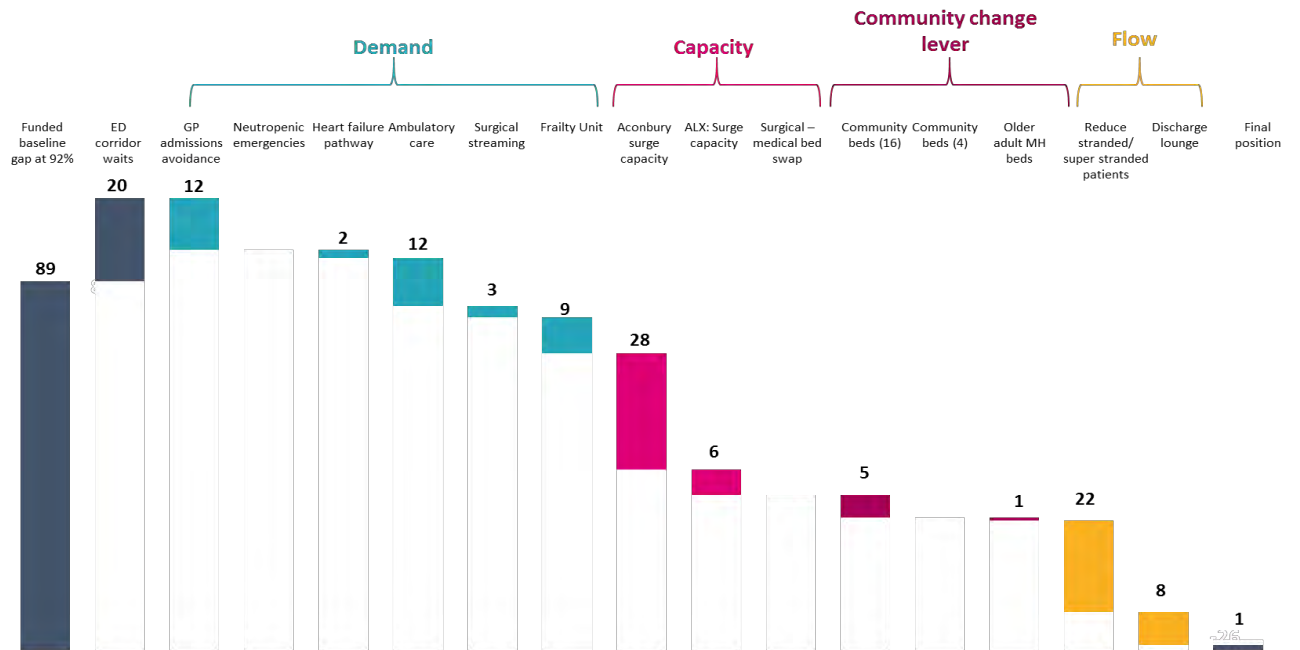
	<u>Key Risks</u>	<u>Mitigating Actions</u>
1	Sickness and vacancy levels across the Health and Care System to be as low as possible, and appropriate staffing cover to be in place seven days a week. Agency caps introduced nationally during 2017/18 for NHS Providers present a key risk to delivery of the winter plan.	A&E Operational Group to keep Provider plans under review through KPIs.
2	90% of key worker to be vaccinated as part of Flu Immunisation programme	Statutory organisations to ensure delivery
3	Maximising flow of simple and complex discharges on a daily basis	Daily and weekly system operational reviews to unblock any delays. Three system-wide MADE events during the period November to January.
4	Seven day working to support flow	Statutory providers to manage service delivery and A&E Operational Group to review at least monthly
5	Acute and Community Hospital Delayed Transfers of Care (DTOCs) and Patients Medically Fit for Discharge (MFFD) to be as low as possible	Daily and weekly system operational reviews to unblock any delays.
6	Ensuring Social Care resilience to support flow from Acute and Community Hospitals throughout winter, and particularly Christmas and New Year	County Council to keep under close review and implement mitigating actions as required

7	Bed Occupancy/Bed Stock as part of provider plans, to support flow, including surge/core capacity	Statutory providers to manage service delivery and A&E Operational Group to review at least monthly
8	Ensuring collaborative working between partners during periods of intense pressure	Weekly Executive meetings to agree system wide plans, and regular Chief Executive oversight through A&E Delivery Board.
9	Ensuring Care Home, Residential Home and Domiciliary Care capacity throughout winter to support complex discharges from the Acute Sector	County Council exploring commissioning of block contract to ensure availability of domiciliary care
11	Maintaining capacity to deliver elective care throughout the winter period in accordance with agreed trajectories – at risk if admission avoidance plans, acute sector patient flow and complex discharge plans are insufficient	A&E Operational Group, Elective Care Committee and AEDB to keep under close review and ensure action taken to mitigate presenting risks
11	Delivering Accident and Emergency Departments four hour standard to agreed trajectory- at risk if admission avoidance plans, acute sector patient flow and complex discharge plans are insufficient	A&E Operational Group and A&E Delivery Board to keep under close review and ensure action taken to mitigate presenting risks
12	Resources may be insufficient to meet demand throughout winter	Some organisations will proceed at risk to ensure winter resilience and A&E Delivery Board will review overall position on regular basis
13	Enhanced ambulatory care and the Frailty Unit at the Alexandra Hospital may not be implemented at the Acute Trust rapidly enough to support delivery of winter resilience	Acute Trust to manage service delivery and A&E Delivery Operational Group and CCG urgent care PMO to review at least monthly

24 Table of Demand and Capacity analysis and Predicted Benefits of winter initiatives 18/19 (Carnall Farrar)

In February, at 92% occupancy, there is estimated to be a 1 bed shortfall between capacity and demand trust wide

Forecast the do something position

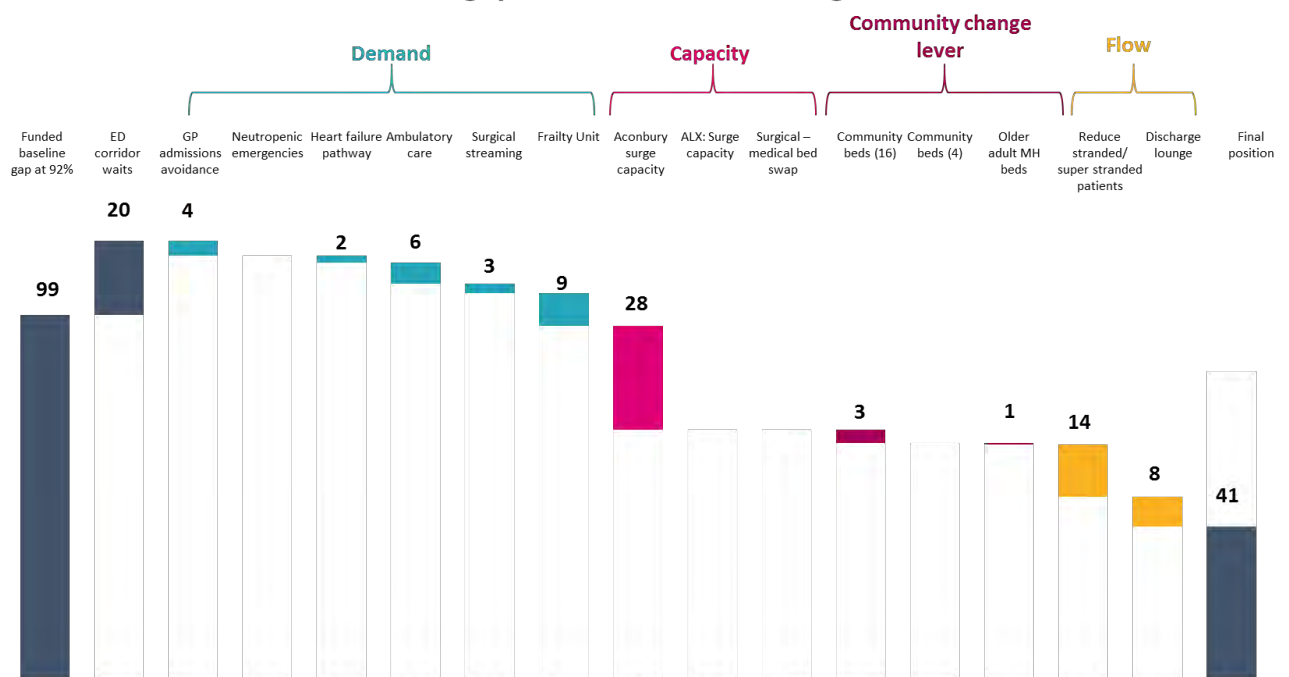


This is a snapshot of one month and does not take into account any increases in elective capacity required to meet contract levels.

Discharge Lounge benefit is derived by: 6 beds & 10 chairs x 2 turnover p/day = 32 patients per day x 0.25 LoS saving = 8 bed days p/day benefit

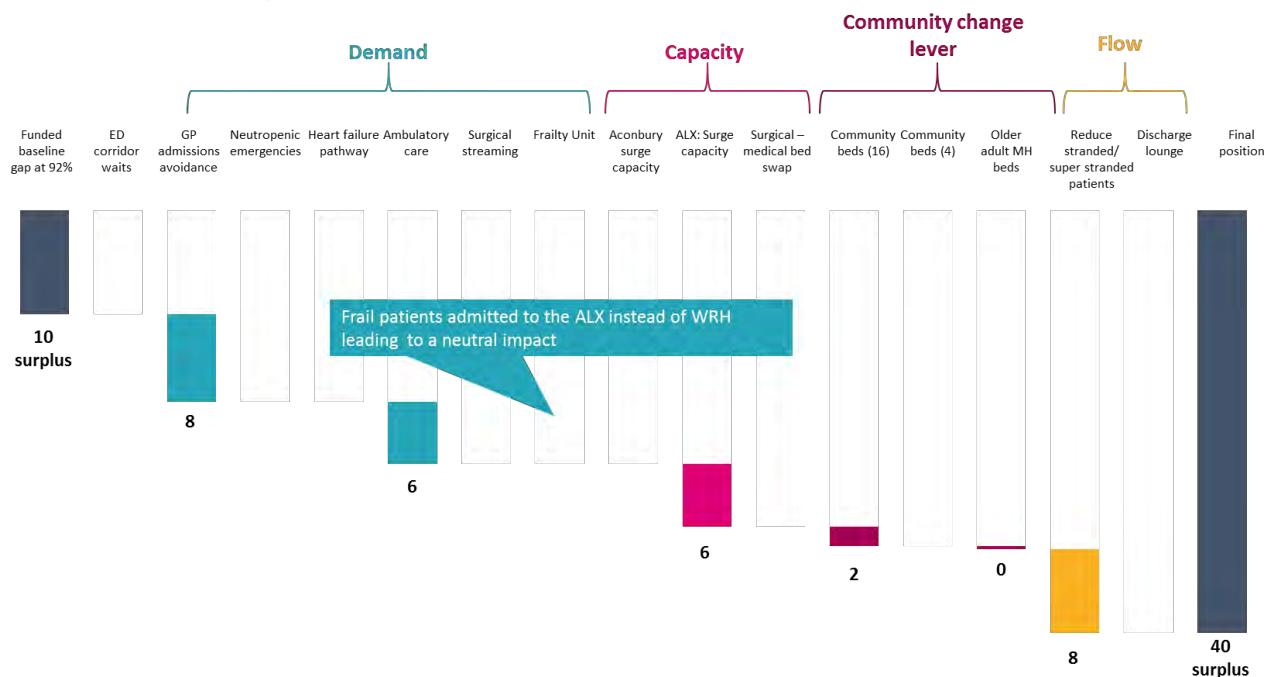
However, there is a capacity shortfall which is concentrated at WRH, where the estimated residual gap is 41 beds after change levers

Forecast the do something position



This is a snapshot of one month and does not take into account any increases in elective capacity required to meet contract levels.

At ALX, the change levers will likely create further capacity, leading to an estimated surplus of 40 beds



This is a snapshot of one month and does not take into account any increases in elective capacity required to meet contract levels.

As a number of the fixed term winter change levers are removed from the system, the bed shortfall reoccurs across summer based on projected activity level, estimated bed gap and assumed impact of change levers

Forecast the do something position

Date	"Funded baseline" gap ¹	Change lever impacts				Total	Remaining gap
		Demand	Capacity	Community capacity	Flow		
November 18	(79)	11	6	-	7	25	(61)
December 18	(76)	21	34	6	23	83	7
January 19	(106)	34	34	6	30	104	(2)
February 19	(109)	38	34	6	30	108	(1)
March 19	(96)	38	34	6	30	108	12
April 19	(82)	38	6	-	30	74	(8)
May 19	(80)	38	6	-	30	74	(6)
June 19	(77)	38	6	-	30	74	(3)
July 19	(83)	38	6	-	30	74	(9)
August 19	(88)	38	6	-	30	74	(14)

There is a disproportionate acute bed requirement across the two sites with no requirement to 92% occupancy at ALX based on projected activity level, estimated bed gap and assumed impact of change levers

Worcester Royal Hospital				Alexandra Hospital		
Date	"Funded baseline" gap ¹	Impact of change levers	Remaining gap	"Funded baseline" surplus	Impact of change levers	Remaining surplus
November 18	(92)	13	(79)	13	12	25
December 18	(90)	61	(29)	14	22	36
January 19	(109)	76	(33)	3	28	31
February 19	(119)	78	(41)	10	31	41
March 19	(111)	78	(33)	15	31	46
April 19	(99)	46	(53)	17	28	45
May 19	(97)	46	(51)	17	28	45
June 19	(98)	46	(52)	21	28	49
July 19	(106)	46	(60)	23	28	51
August 19	(102)	46	(56)	14	28	42

Meeting	Trust Board
Date of meeting	9 November 2018
Paper number	F3

Staff Flu Campaign

For approval:	x	For assurance:		To note:	
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Accountable Director	Tina Ricketts, Director of People and Culture		
Presented by	Tina Ricketts, Director of People and Culture	Author /s	Sandra Berry, Deputy Director of HR

Alignment to the Trust's strategic priorities					
Deliver safe, high quality, compassionate patient care	x	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	x	Continuously improve our services to secure our reputation as the local provider of choice			

Alignment to the Trust's goals							
Timely access to our services		Better quality patient care	x	More productive services		Well-Led	

Report previously reviewed by		
Committee/Group	Date	Outcome
People and Culture Committee	23 rd October 2018	Received for assurance

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?		N	BAF number(s)	
Significant assurance <input type="checkbox"/> <i>High level of confidence in delivery of existing mechanisms/objectives</i>	Moderate assurance <input checked="" type="checkbox"/> <i>General confidence in delivery of existing mechanisms/objectives</i>	Limited assurance <input type="checkbox"/> <i>Some confidence in delivery of existing mechanisms/objectives</i>	No assurance <input type="checkbox"/> <i>No confidence in delivery</i>	

Recommendations	The Board is requested to: <ul style="list-style-type: none"> Delegate responsibility to the People and Culture Committee to approve the Trust's self-assessment (appendix 1) for publication by 31st December 2018. Note the actions being undertaken to improve compliance of staff flu vaccinations.
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Meeting	Trust Board
Date of meeting	9 November 2018
Paper number	F3

Executive Summary

The purpose of this report is to provide the Board with a position statement regarding the Trust's Plan for this year's staff flu campaign to ensure compliance with the letter dated 7th September 2018 from NHS England. This report also includes a review of last year's campaign and the lessons learnt.

The flu jab uptake as at 18th October was 34.9%. There is a requirement to vaccinate a further 2,969 clinical staff to reach the 100% target.

Background

In February 2018 NHS England and NHS Improvement wrote to all Trusts to request that the quadrivalent (QIV) vaccine is made available to all healthcare workers for winter as it offers the broadest protection and is one of a suite of interventions that can and should be taken to reduce the impact of flu on the NHS. In September 2018 NHS England wrote to all Chief Executives to outline the plan to ensure all staff are offered the vaccine and how each organisation can achieve the highest possible level of vaccine coverage. This letter confirmed a 100% target for the staff flu vaccine for frontline staff.

Trusts are required to complete a self-assessment against the best practice management checklist (appendix 1) for publication before the 31st December 2018. The self-assessment will be updated at the end of November and presented to the People and Culture Committee for approval on 18th December before publication.

Trusts are required to track overall progress towards the 100% ambition reporting monthly during the vaccination season, including reporting how many healthcare workers with direct patient contact have been offered the vaccine and opted out. This information will be published monthly by the Public Health England website.

However, Trusts are expected in higher clinical risk areas such as haematology, oncology bone marrow transplant and neonatal intensive care to implement robust measures to limit the exposure of patients to unvaccinated staff. Staff in these areas, are required to confirm to the manager whether or not they have been vaccinated and this information must be recorded and appropriate steps taken to maintaining the overall safety of the service.

By February 2019 all trusts are expected to use its public board papers to locally report their performance on overall vaccination rate and numbers of staff declining the vaccinations and details of the actions taken to deliver the 100% ambition.

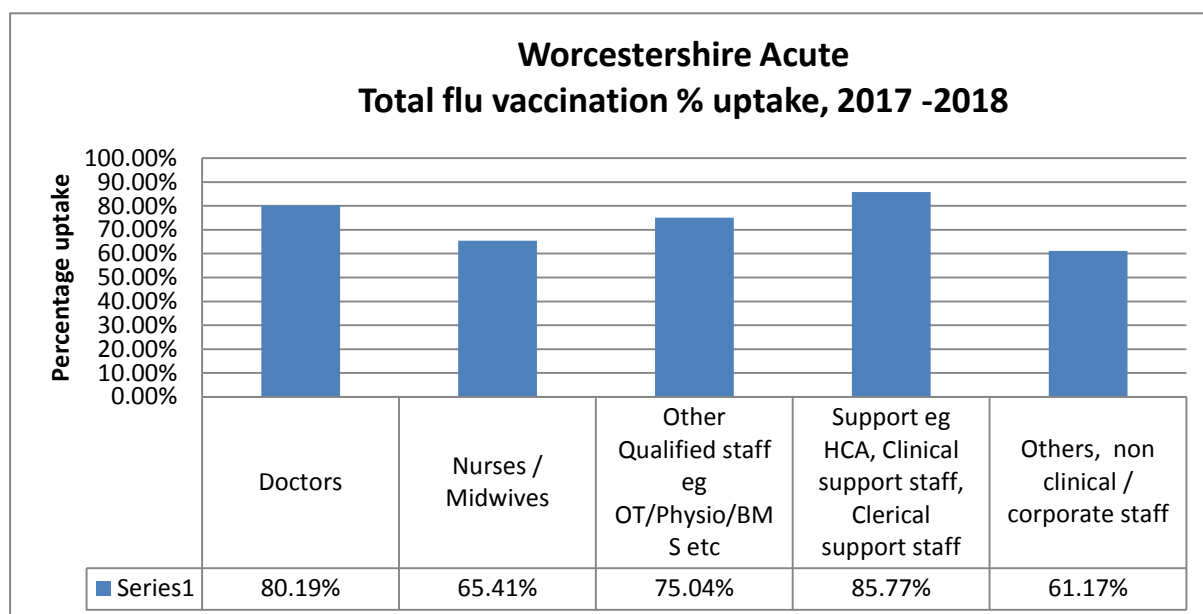
Issues and options

Staff Flu Vaccination Evaluation 2017/18

The flu vaccination programme runs from the beginning of October to the end of March with the majority of healthcare workers being vaccinated in the first two months of the campaign. The target set by CQUIN for 2017/18 was to achieve a vaccination uptake of frontline health care workers of 70%. Worcestershire Acute Hospitals NHS Trust achieved an uptake of 75.72%.

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Breakdown of flu vaccination uptake by staff groups for 2017/18



Last year's successes:

- Flu hubs on all sites were a success. The flu hubs were visible and recognisable to all staff as the place to be vaccinated, they were easily accessible, and effectively placed in areas where there is a high foot fall of staff.
- Communications were comprehensive, each week there was new information about the location of flu hubs, there was visible support from the Trust Board with photographs of the executive team receiving the vaccine, and other information including myth busting, and NICE evidence of why the vaccine is effective available on the intranet and in regular weekly communications.
- Locating an extra vaccination fridge at Worcester Out Patients Department assisted Occupational Health staff in ensuring there was always adequate vaccine available.
- The timing of the vaccination clinics at the hubs (starting 07:00hrs) was effective with night staff arriving and leaving work.
- Utilising the Health and Wellbeing Officer for the Trust who walked round with the Occupational Health Nurse, contributed to an increase in vaccination uptake. The Health and Wellbeing officer encouraged staff to have the vaccine, discussed queries and concerns with staff and generally increased the profile of flu vaccination during the walk rounds.
- Liaising with managers to coordinate a visit to their area, when most staff were available for vaccination proved successful.
- The flu champions were able to walk round and target areas of low uptake during evenings and night shifts following analysis of the uptake in wards and departments.

Challenges and Plan for 2018/19

Occupational Health have a comprehensive flu action plan to coordinate and administer flu vaccinations on all sites, and to all groups of staff. In addition to the usual organisation of the campaign, further measures have been implemented to increase uptake and these are

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detailed in the table below based on the learning from the 2017/18 campaign.

Challenges 2017/18	Action for 2018/19
Trying to encourage disengaged staff to have the vaccine and encountering impolite colleagues and negativity.	Ask staff who do not want the vaccine to complete an OPT out form, which will provide some information as to the reasons why staff do not want the vaccine. This information can be analysed and use to plan further campaigns.
Duration of the flu campaign was extended in order to reach target, and the operational impact on routine OH work was significant.	Obtain further staffing resources for 2018-19 to assist OH deliver the flu campaign from NHSP. Engage more flu champions across trust to support the campaign.
Obtaining information from staff that have had the vaccine from their GP was difficult despite Communications assisting with messages on the intranet.	A form requesting information from staff that have had the vaccine at their GP has been designed and will be completed by all flu champions, ward and departmental managers and OH staff to capture this missing data.
The flu hub stayed open too long at Redditch, after two weeks there was very little uptake at the actual hubs and the time could have been utilised better with walk rounds.	Timing the flu hubs more effectively and using the time saved with flu walk rounds to departments and wards.
Nurses and midwives proved to be the most challenging group of staff to receive the vaccine. This may be due to the 24hour shifts and lack of accessibility to these staff from OH.	Increase the number of flu champions on all wards and clinical areas to target the nurses and midwives. Letter from Chief Nursing Officer to Matrons and DDN's requesting nominations of flu champions in each area. Training to be provided to the flu champions by OH.
Ensuring all Acute staff have been invited for a flu vaccination.	Communications plan in place Leaflets will be sent out to all departments and wards, and distributed to staff that may not access their computer to see the intranet page. Posters will be located on all staff notice boards, and sent to wards and departments for display Articles in the Worcestershire Weekly Social media utilised to further advertise the vaccine.

Recommendations

The Board is requested to:

- Delegate responsibility to the People and Culture Committee to approve the Trust's self-assessment (appendix 1) for publication by 31st December 2018.
- Note the actions being undertaken to improve compliance of staff flu vaccinations.

Appendices:

Appendix 1 – Trust Self-Assessment

Appendix 1 - Healthcare worker flu vaccination best practice management checklist – for public assurance via trust boards by December 2018

A	Committed leadership (number in brackets relates to references listed below the table)	Trust self-assessment
A1	Board record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated, and for any healthcare worker who decides on the balance of evidence and personal circumstance against getting the vaccine should anonymously mark their reason for doing so.	Presented to Trust Board in November 2018.
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers (1).	Pharmacy ordered 6000 quadrivalent vaccine, and 400 Trivalent vaccine for >65's. Order received first week of October.
A3	Board receive an evaluation of the flu programme 2017-18, including data, successes, challenges and lessons learnt (2,6)	Presented to Trust Board in November 2018.
A4	Agree on a board champion for flu campaign (3,6)	Vicky Morris, Chief Nursing Officer.
A5	Agree how data on uptake and opt-out will be collected and reported	Data uptake and opt out collected in Occupational Health via consent and opt out forms. OH will report monthly, and will provide stats as requested to all stakeholders.
A6	All board members receive flu vaccination and publicise this (4,6)	To be completed during October and November 2108.
A7	Flu team formed with representatives from all directorates, staff groups and trade union representatives (3,6)	Currently the flu team comprises of Director of People and Culture, Comms team, Infection Control and Occupational Health.
A8	Flu team to meet regularly from August 2018 (4)	Meetings commenced in July 18.
B	Communications plan	
B1	Rationale for the flu vaccination programme and myth busting to be published – sponsored by senior clinical leaders and trade unions (3,6)	Myth busting leaflets distributed across the Trust. Clinical leaders and Trade Unions will be publicised having their flu jab over during October, November.
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper (4)	Flu hubs, walk rounds timetabled in, and will be publicised by Comms on intranet, and social media as from October 1st.
B3	Board and senior managers having their vaccinations to be publicised (4)	Completed.
B4	Flu vaccination programme and access to vaccination on induction programmes (4)	Training provide dates and locations of Induction, and a representative from OH will be vaccinating.
B5	Programme to be publicised on screensavers, posters and social media (3, 5,6)	Included within the Communications plan 2018.
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups (3,6)	Feedback on % uptake will on a weekly basis from 18 th October 2018.
C	Flexible accessibility	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to	Nominated peer vaccinator names are being collated. Letter from Chief

Appendix 1 - Healthcare worker flu vaccination best practice management checklist – for public assurance via trust boards by December 2018

	vaccinate and empowered (3,6)	Nursing Officer requesting nominations from all clinical areas and each ward.
C2	Schedule for easy access drop in clinics agreed (3)	Timetable for flu hubs over four weeks, no appointment necessary.
C3	Schedule for 24 hour mobile vaccinations to be agreed (3,6)	Flu vaccinations available 0700hrs to 1700hrs. Walk round and evening clinics are being arranged, with assistance from flu champions.
D	Incentives	
D1	Board to agree on incentives and how to publicise this (3,6)	Prizes for best team uptake
D2	Success to be celebrated weekly (3,6)	This will be done via Communications on weekly update and CEO message.

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Date of meeting	9 November 2018
Paper number	F4

Freedom to Speak Up (FTSU) Guardian Report

For approval:		For assurance:	x	To note:	
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Accountable Director	Tina Ricketts Director of People and Culture		
Presented by	Tina Ricketts Director of People and Culture	Author /s	Tina Ricketts Bryan McGinity, FTSU Guardian

Alignment to the Trust's 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		Continuously improve our services to secure our reputation as the local provider of choice	√		

Alignment to the Trust's goals							
Timely access to our services		Better quality patient care	√	More productive services	√	Well-Led	√

Report previously reviewed by		
Committee/Group	Date	Outcome
People and Culture Committee	23 October 2018	Received for assurance

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF number(s)	10
Significant assurance <input type="checkbox"/> <i>High level of confidence in delivery of existing mechanisms/objectives</i>	Moderate assurance <input checked="" type="checkbox"/> <i>General confidence in delivery of existing mechanisms/objectives</i>	Limited assurance <input type="checkbox"/> <i>Some confidence in delivery of existing mechanisms/objectives</i>	No assurance <input type="checkbox"/> <i>No confidence in delivery</i>

Recommendations	The Board is asked to note the themes of the issues raised through the Freedom to Speak Up Guardian.
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Meeting	Trust Board
Date of meeting	9 November 2018
Paper number	F4

Executive Summary

One of the priorities of the Board is to improve the Trust's culture. It is recognised that if we do not deliver our 4ward cultural change programme then we may fail to attract and retain staff with the right values and behaviours to deliver high quality care for our patients. This links to the Trust's strategic objective to invest and realise the full potential of our staff to provide compassionate and personalised care.

The role of the Trust's Freedom to Speak Up Guardian makes a significant contribution to the above objective and following their appointment in January this year, significant steps have been made to build confidence with individuals and teams to raise their concerns for early resolution.

80 concerns have been raised with the Guardian during the period 1 September 2017 to 31 August 2018 with the two main themes being:

- Attitudes/ behaviours
- Trust policies, processes and procedures

Fewer concerns are raised by colleagues within the medicine and women and children divisions. However, the origin of concerns is more evenly spread across divisions.

A number of actions are being taken as a result of lessons learnt and these are being overseen by the Trust Leadership Group.

Background

It is an integral part of the Guardian's role to record all cases and to ensure effective review and follow up. Keeping in contact with the colleague who raised the concern is fundamental particularly as for each concern raised, the employee themselves see that their issue as a critical worry for them and can be a potential cause of stress, so prompt resolution is key.

The Guardian has sent a feedback form to 44 colleagues who have raised concerns between September 2017 and March 2018. So far 18 have responded. Eleven colleagues state that they would contact the Guardian again, one said no (considered it to be a CQC tick box exercise) and six do not know as the situation e.g. situation has not changed. One of the issues highlighted in the feedback from colleagues is that sometimes the follow up contact from the Guardian or line manager is not frequent enough. This has been addressed by the Guardian who now agrees the frequency of contact with the member of staff at the time they lodge their concern.

Issues and options

Themes

At the end of August 2018 80 concerns have been raised, with a number in the pipeline. A large number of the older open cases relate to similar issues, one being the behaviours around bed management involving 7 cases and 4 concerns regarding one person's alleged capability issue. We have two recent cases where opposing parties have raised a concern. The data below indicates the spread of themes and number of concerns.

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Data on FTSU concerns raised as at 29 August 2018

Month	Cases Raised	Open	Closed	Anonymous
Sept 2017	7	1	6	0
Oct 2017	1	0	1	0
Nov 2017	9	0	9	0
Dec 2017	8	2	6	0
Jan 2018	9	2	7	1
Feb 2018	6	1	5	0
Mar 2018	2	0	2	0
2017/2018 year	42	6	36	1
April 2018	1	0	1	0
May 2018	11	3	8	0
June 2018	8	4	4	2
July 2018	8	5	3	0
August 2018	10	5	5	0
Total	80	23	57	3

From the above table it can be seen that few cases are raised on an anonymous basis which is an encouraging sign that staff feel confident to raise concerns.

The following table provides a breakdown of concerns raised by staff group, by site and of the themes raised:

Staff Groups	Number	Site	Number	Themes	Number
Clinician	9	WRH	62	Attitudes /Behaviours	52
Nursing	31	Alex	15	Policies , Procedures and processes	32
Manager	6	KTC	3	Staffing	6
AHP	11			Patient experience	7
Admin	15			Fraud	3
Support	1			allegations	
Anonymous	3			Performance	2
HCA	4			capability	
				Quality and Safety	1

From the above table it can be seen that the majority of concerns relate to culture (attitudes/ behaviours), which is being addressed through the Trust's 4ward programme. The second highest theme relates to Trust policies, processes and procedures with further details as follows:

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On call - There have been representations from both nursing staff and management who find the current operational on call system a real issue in trying to have a personal as well as a work life balance. The views are that our on-call is more onerous than other Trusts (where on call means on call). They have stated that "In our Trust it often means working your normal shift, then although being on call, actually being physically on site, and then be expected to continue your shift the next day as if nothing has happened".

Some of the issues raised regarding on-call are:

- Lack of clarity on roles and responsibilities
- Lack of training
- Lack of on-call standing operating procedures and manual
- Hours of work may be in breach of working time directive
- Remuneration for on call does not reflect level of responsibilities and is inequitable
- Morale and staff Impact, as well as tiredness due to on call being used to facilitate annual leave and cover sickness

Bed Management – a number of concerns have been raised about inappropriate behaviours at the bed management meetings. In addition, it is perceived that poor on site processes are the root cause of these behaviours. Staff see a broken system that just keeps on going. It is suggested that we make minimal improvements but somehow expect things to miraculously change. The meetings themselves are considered a waste of time as little in the way of added value is made, particularly as too many staff attend for what they see as for no real benefit. Staff are afraid to fully contribute and so keep their head down.

Authorisation To Recruit – This continues to be a frustration for management and staff. It is fully accepted that we are in a very difficult financial situation, but the process seems to add to issues and does not support the staff. The process is seen as bureaucratic and we are only offering 6 month contracts for non-frontline staff, which makes these roles difficult to recruit.

Exit Interviews- The Guardian and champions have offered their support to be an option to conduct the interview (after the line manager and HR). The concern raised is that the process is not mandatory and so the take up is not high, and we do not fully learn from the causes and use to improve our future recruitment. In addition once a person offers their notice we do not seem to consider; is this best route for the person concerned and for us as a Trust. If we really understand their reasons, we maybe able persuade them to stay. The view is that it is assumed that if you tender your resignation no-one is too bothered to take action, to either support the staff member to either stay or leave on the best of terms, and to use the information on the causes to improve our Trust.

Work Pressures – A number of staff, particularly in management roles, have expressed concerns, some of them formally in the process and others in conversation with someone they think has an influence, with pressures that they feel. They feel continually hounded to respond to demands to deliver results on activities that they are involved with. The impression is that they often have a variety of extreme pressures on their time and are confused on how they can deal with these. They find that they receive continual requests for updating the relevant supporting information. For example if someone requires a progress report, instead of agreeing to wait for the timeline, they continually ask for meetings with the person concerned. This both takes the manager away from their original work activity

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programme but also requires them to spend time producing the relevant data. So we end up in a continuous circle of demands for information, trying to provide the responses and failing then to spend the appropriate time to deliver the results to actions given to them. This is about everyone having their objectives and action plan with clear priorities and timelines and that should be respected. If there is a change in programme this needs a formal re-assessment of the existing agreed plan before alternative demands and pressures are applied so that the work is clearly re-prioritised.

The above themes have been raised with the Chief Executive and relevant Executive Directors. Actions to address the issues identified are being taken forward through the Trust Leadership Group and these include:

- A task and finish group to design a new model for on call. This has met 3 times so far
- An open discussion at TLG about the behaviours at bed meetings resulting in the development of a “we do this by” behaviour charter
- Amendments to the authorisation to recruit process so that only the budget holder, finance and divisional sign off is needed for all front-line posts
- The introduction of exit interview guidance which is currently being trialled for a 3 month period
- An “above the line” exercise at TLG to agree priorities and to help colleagues manage their workloads.

Policy

The FTSU Policy has been re-written and was approved by the Board on 17 July 2018.

Whilst there is a belief that the role of the FTSU Guardian and the Policy is well publicised within the Trust, it is important to ensure that this role is continually communicated to all our staff across all three sites and every level within the staff structure (see below).

Champions

The Trust made a decision to support the Guardian by the appointment of voluntary FTSU Champions. There are now 31 champions in place, 11 from WRH, 7 from Kidderminster, 6 from the Alex and 7 from Corporate Services.

We have quarterly meetings with the champions at each of the three sites. The CEO and Chair have both offered to attend. There is a concern about the low numbers of champions at the Alex and Kidderminster so the Guardian is looking to arrange an annual celebration event to promote the role of the champions to encourage others to volunteer.

FTSU Working Group

The FTSU Group is chaired by Di Pugh, Deputy Director. The members include HR, Occupational Health, Staff side, FTSU Guardian and chaplaincy. We have agreed at the last meeting to set up a process to review the five key themes raised in July and August and share learning at our next meeting to see if this approach is effective.

Promotion, Marketing and Training

The marketing of the FTSU Guardian must be a continuous programme in order to ensure that all staff are aware of the role. The following actions have been identified to increase awareness:

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- The new screensaver and whiteboard notice seemed to increase awareness particularly with night staff. This promotion will be repeated later in 2018.
- Frequent updates will be included in the weekly CEO brief to launch the updated policy and re-iterate the role of the Guardian and champions to support all staff.
- A video has been created by the FTSU Guardian which is used at induction sessions.
- Presentation packs have been developed for champions as well as divisional leaders to explain the support available to colleagues.
- 700 FTSU pamphlets have been issued to volunteers.
- The training and development team have been asked to include FTSU awareness within mandatory training and management development.

Further awareness is needed for corporate support staff and the Guardian sought ideas from his counterparts at the regional Guardian's meeting on 11 September 2018.

Recommendations

The Board is asked to note the themes of the issues raised through the Freedom to Speak Up Guardian

Meeting	Trust Board
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Paper number	G1

Communications and Engagement Update

For approval:		For assurance:	x	To note:	
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Accountable Director	Richard Haynes Director of Communications and Engagement		
Presented by	Richard Haynes Director of Communications and Engagement	Author	Richard Haynes Director of Communications and Engagement

Alignment to the Trust's 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		Continuously improve our services to secure our reputation as the local provider of choice	x		

Alignment to the Trust's goals						
Timely access to our services		Better quality patient care		More productive services		Well-Led x

Report previously reviewed by		
Committee/Group	Date	Outcome

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF number(s)	12
Significant assurance <input type="checkbox"/> <i>High level of confidence in delivery of existing mechanisms/objectives</i>	Moderate assurance <input checked="" type="checkbox"/> <i>General confidence in delivery of existing mechanisms/objectives</i>	Limited assurance <input type="checkbox"/> <i>Some confidence in delivery of existing mechanisms/objectives</i>	No assurance <input type="checkbox"/> <i>No confidence in delivery</i>

Recommendations	The Board is asked to note the report.
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Meeting	Trust Board
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Paper number	G1

Executive Summary

This report highlights some recent achievements and issues in the Trust's efforts to engage effectively with key internal and external stakeholders.

In accordance with our signature behaviour "Work Together, Celebrate Together" it highlights a selection of positive stories from across the Trust.

As part of our commitment to "Listen, Learn and Lead" it also provides illustrations of some of the challenges faced by our Trust in engaging effectively with our priority audiences and some of the actions that are being taken to address those challenges.

Background

It is important that we are able to share the story of our Trust in a clear, consistent and compelling way with a wide range of key audiences, so that they are understand, and are supportive of, what we are doing to achieve our objectives, in particular:

- Our plans to continuously improve the quality and safety of the care we provide
- Our plans to move to a sustainable position of financial balance
- Our plans to transform the culture of our organisation through the 4ward programme

Issues and options

Examples of major communications and engagement activities/issues since the last report to Trust Board (July 2018) include:

4ward

We continue to focus considerable time and resource on raising awareness of the 4ward programme and behaviours, and encouraging participation in Checkpoint Surveys.

A new feature for this Checkpoint was "Thank You Thursday",

Thank You Thursday took place on Thursday 18 October (the first Thursday of the two-week Checkpoint 'window'). It was a day to work together and celebrate together, when everyone working in our Trust was particularly encouraged to say 'thank you' to a colleague.

To make it simple and easy to join in we developed a range of "Thank You Thursday" branded materials including cards, postcards (which were double sided to include the graphic of our 4wardplan), editable PDF e-postcards and email templates.

Colleagues were also encouraged to find their own ways of saying "thank you" to each other and share via social media.

Feedback to the first event was generally positive, with growing uptake and social media activity through the day.

We plan to repeat the event in the future, possibly during the next 4ward Checkpoint, subject to further discussions at 4ward Committee.

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Other 4ward-related communications activity:

- We also produced a series of videos including one with our Chairman Sir David Nicholson talking about the importance of the 4ward behaviours and repeating the Board's commitment to the programme.
- Awareness raising in build up to and during 4ward Checkpoint 4 (15-29 October) also included screensaver/whiteboard displays, posters, leaflets, updated "How to complete your checkpoint" video, 4ward "Showcase" features in each edition of Worcestershire Weekly and regular Fast 4ward videos giving colleagues a chance to talk about what our Signature Behaviours mean for them – these can be viewed online at www.4ward-waht.co.uk/staff/fast-4ward-your-behaviours-your-trust-your-stories/
- Detailed updates on 4ward communications and engagement activity are given to each meeting of the 4ward committee
- At the time of writing this report, preparations were underway for the next Leader and Advocate Forum Days scheduled for 26/27 November

The work done on communications and engagement between Checkpoints 1 and 2 saw the Communications team shortlisted for the Best Internal Communications award in the Chartered Institute of Public Relations 2018 Midlands PRide Awards last month.

Recruitment and Retention

The communications team continue to support the Trust's recruitment events and activities with display materials, press releases and social media activity.

In partnership with colleagues from theatres and HR we have also been trialling a new more joined up and creative approach to engaging with potential job seekers, using a recruitment campaign for theatre staff to test some new techniques.

We developed a brief with the theatre team to understand their requirements, and then carried out a mapping exercise to identify opportunities for identifying and engaging with prospective employees.

Supporting materials included:

- A video showcasing members of the team and focussing on the many positive aspects to working in our theatres.
- Display materials including pull-up banners and online adverts (examples attached at Appendix 2)
- A bespoke job pack

To complement our usual media and social media activity we also invested, for the first time, in Facebook advertising to allow us to promote a theatre open day/recruitment event at the Alexandra Hospital in October to the most relevant audience (segmented by location, occupation and personal interests).

For a spend of less than £500 we were able to achieve the following:

- Total number of people our campaign reached: **159,508**
- Number of people who watched our campaign video: **17,254**
- Number of people who visited our dedicated web page: **4,740**

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- Number of people who clicked to register interest in our Facebook Event: **286**

A total of 57 potential employees attended the open day and 31 of them completed our feedback form. Of those, 23 told us they came because of direct exposure to the Facebook content, with seven others saying they came because they were told about it by friend/relative, which may also have come from Facebook. Only one person mentioned an information source other than Facebook (local newspaper coverage which came from our media release).

There was further anecdotal evidence of the reach of our advert and video from the number of people at the event who recognised team members who had appeared in the publicity.

At the time of writing this report (five working days after the event) we had received 35 applications for theatre support workers (this recruitment was closed early because of the high levels of response) and one application for an operating department practitioner. Applications and outcomes will be monitored as part of our ongoing evaluation.

Feedback from colleagues involved in the project so far has been extremely positive and we believe this is an approach which could be used more widely – subject to the capacity of the comms team and the availability of budget.

Social Media

- October saw us reach 11,500 ‘followers’ on Facebook. Our Page is the 15th most liked/followed of any NHS Trust.
- Our content is now regularly reaching well over 100,000 accounts every month via our Facebook Page.
- Our dedicated Staff Facebook Group to encourage staff to “work together, celebrate together” and share their own good news stories, which was set up at the end of March now has 2,556 members. There is only one other NHS Trust in the country which has a larger Staff Facebook Group.
- Our Twitter page passed 5,000 followers in October. We are continuing to see increased engagement with members of the public/patients sharing their positive experiences of our care.
- We are continuing to place an increased focus on our Instagram and LinkedIn channels. Instagram is now the most popular social media for under-25s so we have placed an increased focus on appealing to this audience as it could be beneficial for recruitment/staff engagement. LinkedIn is useful to engage with a more professional audience and is ideal for helping to recruit to vacant posts.
- Our Instagram account now has 1,300 followers, with our posts receiving ever-greater engagement from colleagues and members of the public. Our LinkedIn page is also growing quickly with over 2,200 followers regularly receiving updates from job opportunities to latest press releases.
- We continue to work with an increasing number of teams to set up their own Service/Department social media accounts. We now have individual service/department pages for over 25 of our services, which each help engage with their own professional colleagues from other organisations and share useful information and self-care tips with the public.

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Other activities of note include:

- MP engagement – our next briefing for local MPs is scheduled for November. The focus will be on winter planning.
- Medical staff engagement:
 - Meeting between Michelle McKay, Suneil Kapadia and Richard Haynes with Trust Consultants held at the Alexandra Hospital on 12 September
 - Dates diaried for further meetings with Consultant body for February 2019 (Alexandra) and May 2019 (WRH)
 - A “work together, celebrate together” informal dinner for recently appointed consultants and members of the senior management team which took place at the Charles Hastings Education Centre on 1 October

Other topics generating significant levels of media coverage, or interest/requests for updates from stakeholders included:

- Announcement of the resignation of Chief Executive Michelle McKay to take up a new role in Australia
- Appointment of Dame Julie Moore as an Associate Non-Executive Director
- Progress on the link bridge/Aconbury ward developments at WRH and other works associated with the Acute Service Review
- Opening of our new state-of-the-art simulation lab at Kidderminster – [press release](#)
- National Award for our Professional Development Team – [press release](#)

Recommendations


The Board is asked to note the report.

Appendices

- Appendix 1: Examples of “Thank You Thursday” communications materials
- Appendix 2: Examples of materials produced to support the Theatre recruitment campaign

Appendix 1: Examples of Thank You Thursday materials


Thank You Thursday Postcard (both sides)



FROM: _____

TO: _____

BECAUSE: _____



4ward Plan 2018/19 to 2019/20 **NHS** Worcestershire Acute Hospitals NHS Trust

OUR AIM

To **IMPROVE** and to **INSPIRE**:

- each other to do better;
- other people to want to work with us;
- the people of Worcestershire to be proud of their hospitals.

OUR GOALS

Timely ACCESS to our services
Improve waiting times in our emergency and elective care services.

Better QUALITY patient care
Focus on delivering the fundamental principles of quality healthcare.

More PRODUCTIVE services
Deliver value for money, ensuring that all our resources are utilised efficiently for patient care.

WELL-LED
Continue to refresh our governance arrangements and support our leaders to develop and flourish.

OUR KEY PLANS

PATIENT FLOW Programme
The best possible patient journey, ensuring the delays, every day, the right last first time and more integrated care for older people.

QUALITY IMPROVEMENT Strategy

- Care that is safe;
- Care that is effective;
- Care that provides good patient experience.

SUSTAINABILITY Programme
Delivering within our means and meeting wisely to ensure organisational health.

ENABLED BY

OUR PEOPLE AND CULTURE STRATEGY
An engaged, skilled and supported workforce collectively demonstrating our 4ward behaviours.

INFRASTRUCTURE STRATEGIES
Develop and implement a strategy for our IT systems and seek to adopt digital innovations. Develop and implement the Worcestershire Hospitals Estate Strategy.


CLINICAL SERVICES STRATEGY
Develop and implement a new strategy for clinical services.

www.4ward-waht.co.uk

Screen Saver “Tease”



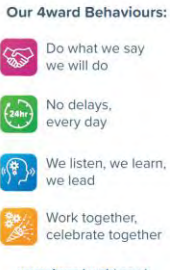
Editable PDF “e-postcard”







FROM: _____

TO: _____

BECAUSE: _____







Our 4ward Behaviours:

-  Do what we say we will do
-  No delays, every day
-  We listen, we learn, we lead
-  Work together, celebrate together

www.4ward-waht.co.uk

Appendix 2: Examples of Theatre Recruitment materials

Recruitment Event Publicity Poster	Facebook ad
	
Designs for pull-up display banners	
	

Meeting	Trust Board
Date of meeting	9 November 2018
Paper number	G2

Herefordshire & Worcestershire Local Maternity System (LMS)

For approval:		For assurance:		To note:	x
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Accountable Director	Michelle McKay, SRO of LMS		
Presented by	Cathy Garlick H & W LMS Senior Midwife/Manager	Author /s	Fay Baillie – LMS Lead and Cathy Garlick

Alignment to the Trust's strategic priorities					
Deliver safe, high quality, compassionate patient care	x	Design healthcare around the needs of our patients, with our partners	x	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		Continuously improve our services to secure our reputation as the local provider of choice	x		

Alignment to the Trust's goals						
Timely access to our services		Better quality patient care	x	More productive services		Well-Led

Report previously reviewed by		
Committee/Group	Date	Outcome
Presentation shared with all partner organisations		

Assurance: <i>Does this report provide assurance in respect of the Board Assurance Framework strategic risks?</i>	Y/N	BAF number(s)	
Significant assurance <input type="checkbox"/> <i>High level of confidence in delivery of existing mechanisms/objectives</i>	Moderate assurance <input checked="" type="checkbox"/> <i>General confidence in delivery of existing mechanisms/objectives</i>	Limited assurance <input type="checkbox"/> <i>Some confidence in delivery of existing mechanisms/objectives</i>	No assurance <input type="checkbox"/> <i>No confidence in delivery</i>

Recommendations	The Trust Board are asked to note the work of the LMS and the progress made to date.
------------------------	--

Meeting	Trust Board
Date of meeting	9 November 2018
Paper number	G2

Executive Summary
The presentation serves to update the Trust Board on the progress to date of the Local Maternity System (LMS).
Background
<p>The LMS was established in January 2017, as per Secretary of State direction to deliver the objectives of Better Births, Saving Babies Lives and The Safety Collaborative.</p> <p>Each STP had to have a LMS in place by January 2017 to deliver a 20% reduction in still birth, neonatal death, maternal death and neonatal brain injury by 2020 and a 50% reduction by 2025</p> <p>The LMS is a work stream of the Herefordshire and Worcestershire STP.</p>
Issues and options
None.
Recommendations
The Trust Board are asked to note the work of the LMS and the progress made to date.
Appendices Herefordshire & Worcestershire Local Maternity System (LMS) presentation.



Herefordshire and Worcestershire Local Maternity System

9th November 2018

Presented to Worcestershire Acute Hospitals NHS Trust Board by: Cathy Garlick, H & W LMS Senior Midwife/Manager

LMS presentation written by: Fay Baillie & Cathy Garlick on behalf of H&W LMS

Context



- National maternity strategy –Better Births 2016
- Saving Babies Lives -2016
- Maternity and Neonatal Safety collaborative -2016
- STP initiated and included a maternity and neonatal work stream – June 2016
- National maternity and neonatal transformation Board established November 2016, to deliver the objectives of Better Births, Saving Babies Lives and The Safety Collaborative through the development of Local Maternity Systems
- Each STP had an LMS in place by January 2017 to deliver a 20% reduction in still birth ,neonatal death , maternal death and neonatal brain injury by 2020 and a 50% reduction by 2025.
- In November 2017 further objectives were announced, a reduction in smoking at birth to less than 6% by 2022, a reduction in pre-term births (24-36 weeks gestation) to 6% by 2025



Background



- The LMS Board has been in existence for 18 months:
 - Michelle McKay – SRO
 - Christobel Hargraves – Chair
 - Fay Baillie – Consultant for the LMS
- Agreed Governance and TORs
- Project office in place
- Continuing to meet NHS England milestones for development and now implementation of the LMS Plan



Progress to date



- Agreed and signed off LMS Plan with LMS board and NHSE
- Trajectories agreed for reduction in stillbirth, neonatal deaths, maternal death and neonatal brain injuries to meet national expectations
- Additional national trajectories have been added to plan:
 - reduction in prematurity (6% by 2025)
 - smoking at delivery (6% by 2022)
 - an increase in continuity of carer (20% by 2019 with local target of 10%)
 - midwife led care (70% by 2022)
- Established Maternity Voices Partnerships in both counties
- Successful in financial bids from Health Education England to develop continuity of care model
- Successful bid for transformational monies - Saving Babies Lives
- Successful bid for Perinatal Mental Health funding



Progress to date



- Project support monies have been utilised to fund the project support including clinical backfill
- BirthRate Plus exercise to establish midwifery staffing baseline completed for both acute trusts
- An agreed Maternity specification for 2018/19 across the counties
- Successful LMS launch event
- Joined National Maternity Digital and Rural LMS workstreams
- Shared Information Governance agreement in place
- Attendance at Large Scale Change study days by NHS Improvement
- Agreed shared clinical dashboard for LMS



Trajectories



LMS	Number of births and projection for each year to 2020/2021				Stillbirths and neonatal deaths							
	Local baseline 2015	2018/19	2019/20	2020/21	Local baseline	Crude Rate	Trajectory March 2019	Crude Rate	Trajectory March 2020	Crude Rate	Trajectory March 2021	Crude Rate
H&W	7783	7000	6900	6900	50	6.4	44	6.3	37	5.4	35	5.1
H					13		11		9		8	
W					37		33		28		27	



Board Activities



Maternity Voice Partnerships established

Three work streams established:

- Clinical Transformation and Governance
- Workforce, Education and Training
- Finance and Performance

Reporting mechanisms to STP and NHSE established



Maternity Voices Partnership



- Established group in each county
- Chairs in place who both attend LMS Board
- Support infrastructure agreed
- LMS plan co-produced with MVP
- Continuity of Carer and Personalised Maternity Care surveys held with assistance from MVP – over 600 responses to date
- Financial support from CCGs requested



Clinical Transformation and Governance



- Two Maternity Hubs in operation at Kidderminster and Leominster, with further sites planned
- Shared MBRRACE reports and action plan
- Shared Serious Incident investigation reports and learning
- Shared risk register for all constituent organisations
- Agreement to use West Midlands Maternity Network Clinical Guidelines and there is a plan in place for roll out
- Agreed to jointly use MBRRACE review tool – National Maternal and Perinatal Review Tool
- Agreed development of a joint business case for Neonatal Outreach service
- Work in progress to agree a protocol to ensure babies requiring level 2 neonatal care remain within LMS footprint



Workforce, Education and Training



- Birth Rate Plus maternity workforce - exercise completed to give baseline
- In line with Government direction, increased number of midwifery training places, each acute trust has agreed to take additional student midwives
- Agreed joint model for Professional Midwifery Advocate
- University of Worcester and Consultant Midwife involvement



Finance and Performance

- Agreed joint Maternity Specification
- Development of joint dashboards to monitor trajectories and outcomes
- High level financial analysis of income and expenditure has been completed. Workstream developing exploring options to reduce gap in provider organisations which will need cross organisational support
- Action Plan to explore reductions in spend in development
- Working with Specialist Commissioners to ensure retention of level 2 neonatal care with LMS footprint and agreeing level 3 pathways

Risks and Issues

- Public health profile - smoking in pregnancy, prematurity, obesity, and stillbirth are all above national rates
- Breastfeeding rates below national norms
- Identified financial gap in both acute provider organisations
- Working within a challenged health economy
- Inconsistent perinatal Mental Health services
- Inconsistent electronic patient record system

The LMS Plan



Key clinical themes:

- Maternity hubs - care closer to home
- Delaying place of birth choice
- Developing post natal 'day care' philosophy
- Increasing midwifery led care, continuity of carer and personalisation
- Robust pathways appropriate to clinical need and women's choices
- Retain level 1 and 2 neonatal care with LMS footprint by creating capacity within existing resources



Next steps...

- Development of detailed project plans for the workstreams
- Reporting and monitoring mechanisms to be finalised
- Appointments to transformational team to be made
- Maternity ultra sound scanning strategy in line with Saving Babies Lives
- Agree consistent perinatal mental health pathways
- Roll out maternity hubs
- Development of joint Neonatal Outreach business case for Specialist Commissioners
- Exploration of new roles for a sustainable workforce
- Consistent Public Health strategies to tackle the health inequalities within the footprint
- Agree ambulance response times when help is required

Meeting	Trust Board
Date of meeting	9 November 2018
Paper number	H1

Audit and Assurance Committee Assurance Report

For approval:	<input checked="" type="checkbox"/>	For assurance:	<input type="checkbox"/>	To note:	<input type="checkbox"/>
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Accountable Director	Steve Williams Chair – Audit and Assurance Committee		
Presented by	Steve Williams Chair – Audit and Assurance Committee	Author /s	Kimara Sharpe Company Secretary

Alignment to the Trust's strategic priorities					
Deliver safe, high quality, compassionate patient care	<input type="checkbox"/>	Design healthcare around the needs of our patients, with our partners	<input type="checkbox"/>	Invest and realise the full potential of our staff to provide compassionate and personalised care	<input type="checkbox"/>
Ensure the Trust is financially viable and makes the best use of resources for our patients	<input checked="" type="checkbox"/>	Continuously improve our services to secure our reputation as the local provider of choice	<input type="checkbox"/>		<input type="checkbox"/>

Alignment to the Trust's goals						
Timely access to our services	<input type="checkbox"/>	Better quality patient care	<input type="checkbox"/>	More productive services	<input type="checkbox"/>	Well-Led <input checked="" type="checkbox"/>

Report previously reviewed by		
Committee/Group	Date	Outcome

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	<input checked="" type="checkbox"/> Y	BAF number(s)	All
Significant assurance <input type="checkbox"/> <i>High level of confidence in delivery of existing mechanisms/objectives</i>	Moderate assurance <input type="checkbox"/> <i>General confidence in delivery of existing mechanisms/objectives</i>	Limited assurance <input type="checkbox"/> <i>Some confidence in delivery of existing mechanisms/objectives</i>	No assurance <input type="checkbox"/> <i>No confidence in delivery</i>

Recommendations	The Trust Board is requested to: <ul style="list-style-type: none"> Approve the revised terms of reference Note this report.
------------------------	--

Meeting	Trust Board
Date of meeting	9 November 2018
Paper number	H1

Executive Summary

The Committee, at its meeting on 18 September 2018, discussed the following items:

Evaluation of the People and Culture Committee: As part of its programme to review all committees, the Chairman of the P&C Committee presented a short critique of the working of the Committee. As a relatively new committee (formed in September 2017), it is still determining its way of operating. He expressed concern about the membership being biased towards staff from the Human Resources Department, but recognised that other staff members attended when required for example, the Guardian for Safe Working and a group of consultants. He was pleased that the metrics were improving. He confirmed that the Committee was effective with its meetings every other month. Finally, he expressed concern that the front line staff were unaware of the work of the Committees. This issue is being picked up by the Chief Executive.

External Audit – progress report: the planning for the 2018/19 audit would take place in the next couple of months.

Internal Audit – progress report: Five reports have been issued for comments and two further audit were about to be started. There were 35 outstanding recommendations of which 12 were high level. Three of these are due to be completed shortly. The Head of Operational IT will be attending the next meeting as some related to this area of work. Assurance was given that a detailed report is presented monthly to the Trust Leadership Group on this issue.

Annual Security Report: The Committee received the annual report which identified progress against the objectives within the standard NHS Contract. There has been a decrease in physical and non-physical assaults for the second successive year. The Trust has good working relationships with the local police and sanctions are in place. The review of security at the Alexandra Hospital and Kidderminster Hospital is being taken forward by estates. The recommendations are mainly concerning open areas of access. Moderate assurance was given.

Board Assurance Framework: The Committee was satisfied that the BAF is relevant to the Trust and that there are robust systems and processes in place to manage the BAF. Moderate assurance was given.

Review of Debt write-off: The Committee agreed to write off debt amounting to £12,501 which related to 89 items.

Declaration of interests Annual Report: Three registers were presented – the trust Board, Trust Leadership Group and Consultants. Concern was expressed in relation to the poor response rate for consultants. It was agreed to work with the CMO to improve the response rate.

Data Quality: The twice yearly report on data quality was presented by the Associate Director of Information and Performance. The new Data Security and Protection Toolkit had no mandated areas for audit so she was proposing that the initial audits would relate to those areas within the Quality Account. She continued to work on data quality kite marks and

Meeting	Trust Board
Date of meeting	9 November 2018
Paper number	H1

was also working on cost improvement plans as necessary including the two way texting where patients have opted out and ensuring that as much anonymised information relating to Friends and Family is published. She finally confirmed that ensuring a single source of data in respect of mandatory training compliance was being actively worked on by the Data Quality Steering Group. The Committee agreed that the paper gave moderate assurance.

Terms of Reference: The Terms of Reference have been revised to take account of the model within the new Audit Committee handbook. The Board is requested to approve them as attached.

Corporate Risk Register: the Committee were concerned with the number of risks that needed to be updated and the absence of risks relating to finance, asset management and IT. I can report that whilst the Committee are assured of the process in relation to the CRR, only limited assurance can be given due to the gaps shown in the paper presented.

Background

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

Issues and options

None.

Recommendations

The Trust Board is requested to:

- Approve the revised terms of reference
- Note this report.

Appendices

Terms of Reference

Terms of Reference

AUDIT AND ASSURANCE COMMITTEE

Version: 3.1

Terms of Reference approved by: A&A Committee, Trust Board

Date approved: September 2017/September 2018/November 2018

Author: **Company Secretary**

Responsible directorate: Finance

Review date: March 2020

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

AUDIT AND ASSURANCE COMMITTEE

TERMS OF REFERENCE

1 Purpose

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

2 Constitution

The Committee is established by the Trust Board and is a non-executive committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference.

3 Membership

Three non-executive directors, one of which shall be appointed chair by the Trust board.

The Chair of the Trust shall not be a member of the Committee.

4 Attendance

The following shall be in attendance at each meeting:

- The Chief Financial Officer
- Assistant Director of Finance or representative
- The Head of Internal Audit or representative
- External Audit engagement lead or representative
- Head of Anti Fraud
- Company Secretary

The Chief Executive shall attend on an ad hoc basis.

The Chief Executive and other executive directors should be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that director.

In addition, the Chief Executive should be invited to attend, at least annually, to discuss with the Audit and Assurance Committee the process for assurance that supports the Annual Governance Statement.

5 Administrative support

The administrative support shall be through the Company Secretary.

6 Attendance

Except in exceptional circumstances, members are required to attend all of the meetings per year.

7 Quoracy

A quorum shall be two members.

8 Frequency of meetings

Enc H1

There should be a minimum of 5 meetings per year, scheduled on a bi-monthly basis.

The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary. The holding of such a meeting shall be at the discretion of the Chair of the Audit and Assurance Committee.

The Committee may meet the internal/external auditors privately as required.

9 Authority

The Committee is authorised by the Trust Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised by the Trust Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

10 Duties

The duties of the Committee can be categorised as follows:

10.1 Integrated Governance, Risk Management and Internal Control

The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (clinical and non-clinical) that supports the achievement of the organisation's objectives.

In particular, the committee will review the adequacy and effectiveness of:

1. The Assurance Framework as the key source of evidence that links strategic objectives to risks, controls and assurances and the main tool that the Trust Board uses in discharging its overall responsibility for internal control. Thus, the Committee should review whether;
 - The format of the Assurance Framework is appropriate for the organisation
 - The processes around the Framework are robust and relevant
 - The controls in place are sound and complete
 - The assurances are reliable and of good quality based on recommendations from other committees
 - The data the assurances are based on is reliable
2. All risk and control related disclosure statements (in particular the Annual Governance Statement), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board
3. The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements.
4. The policies and procedures for all work related to counter fraud, bribery and corruption as required by NHS Counter Fraud Authority.

Enc H1

In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work, and that of the audit and assurance functions that report to it.

As part of its integrated approach, the Committee will have effective relationships with other key committees (for example Quality Governance Committee) so that it understands processes and linkages. However these other committees must not usurp the Committee's role.

10.2 Internal Audit

The Committee shall ensure that there is an effective internal audit function established by management that meets the Public Sector Internal Audit Standards 2017 and provides appropriate independent assurance to the Audit and Assurance Committee, Chief Executive and Trust Board. This will be achieved by:-

1. Consideration of the provision of the Internal Audit Service, including the cost of the audit.
2. Review and approval of the Internal Audit plan, and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation, as identified in the assurance framework.
3. Consideration of the major findings of internal audit work (and management's response) and ensure co-ordination between the Internal and External Auditors to optimise audit resources.
4. Ensuring that the Internal Audit function is adequately resourced, suitably qualified and has appropriate standing and access within the organisation.
5. Annual review of the effectiveness of internal audit, including consideration of the Internal Audit Annual Report.

10.3 External Audit

The Committee shall review and monitor the external auditors' independence and objectivity and the effectiveness of the audit process. In particular the Committee will review the work and findings of the external auditors and consider the implications and management's responses to their work. This will be achieved by:-

1. Consideration of the appointment and performance of the External Auditor.
2. Discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan, and ensure coordination, as appropriate, with other Internal Audit and External Auditors in the local health economy.
3. Discussion with the External Auditor of its local evaluation of audit risks and assessment of the Trust and associated impact on the audit fee.
4. Review all External Audit reports, including agreement of the annual audit letter before submission to the Trust Board and any work carried

Enc H1

outside the annual audit plan, together with the appropriateness of management responses.

5. Ensure that there is in place a clear policy for the engagement of external auditors to supply non-audit services.

10.4 Other Assurance Functions

The Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications to the governance of the organisation.

These will include, but will not be limited to, any reviews by Department of Health and Social Care arm's length bodies or regulators/inspectors for example the Care Quality Commission, NHS Resolution and professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies).

The Committee shall also ensure that the Trust appoints external auditors in compliance with the requirements of the Local Accountability and Audit Act 2014 and The Local Audit (Health Service Bodies Auditor Panel and Independence) Regulations 2015. This will be through the Auditor Panel.

In addition, the Committee will through an agreed annual work plan, review the work of other committees within the organisation, whose work can provide relevant assurance to the Committee's own scope of work. When reviewing the work of the QGC and issues around clinical risk management, the Committee will wish to satisfy itself on the assurance that can be gained from the clinical audit function.

The Committee shall report to the board in relation to the robustness of the processes behind the quality accounts. The Committee shall also provide assurance to the board in relation to the management of cyber security arrangements.

10.5 Counter Fraud

The Committee shall satisfy itself that the organisation has adequate arrangements in place for counter fraud, bribery and corruption that meet NHS Counter Fraud Authority standards and shall review the outcomes of work in these areas.

The Committee will refer any suspicions of fraud, bribery and corruption to the NHS CFA.

10.6 Management

The Committee shall request and review reports, evidence and assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

The Committee may also request specific reports from individual functions or major change programmes within the organisation as appropriate.

10.7 Financial Reporting

The Committee shall monitor the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance.

Enc H1

The Committee should ensure that the systems for financial reporting to the Trust Board, including those of budgetary control are subject to review as to completeness and accuracy of the information provided to the Trust Board

The Committee shall review and approve the Annual Report and financial statements before submission to the Board, focusing particularly on:-

- The wording in the Annual Governance Statement, and other disclosures relevant to the Terms of Reference of the Committee.
- Changes in, and compliance with, accounting policies, practices and estimation techniques.
- Unadjusted mis-statements in the financial statements.
- Significant judgments in preparation of the financial statements.
- Significant adjustments resulting from the audit.
- Letter of Representation
- Explanations for significant variances

10.8 Whistleblowing

The Governance Institute's *Guidance note – terms of reference for the audit committee* states that 'the committee shall review the adequacy and security of the company's arrangements for its employees and contractors to raise concerns, in confidence, about possible wrongdoing in financial reporting or other matters. The committee shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow up action'.

To that end, the committee shall review the effectiveness of the arrangements in place for allowing staff to raise (in confidence) concerns about possible improprieties in financial, clinical or safety matters and ensure that any concerns are investigated proportionately and independently.

11 Reporting Structure

The Minutes of Committee meetings shall be formally recorded and a report of each meeting submitted to the Trust Board. The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure to the full Board, or require executive action.

The Committee will report to the Board at least annually on its work

- in support of the Annual Governance Statement,
- specifically commenting on the fitness for purpose of the Assurance Framework,
- the completeness and embedding of risk management in the organisation,
- the integration of governance arrangements
- The appropriateness of the evidence that shows the organisation is fulfilling regulatory requirements relating to its existence as a functioning business
- The robustness of the processes behind the quality accounts.

The Committee's annual report should also describe how the committee has fulfilled its terms of reference and give details of any significant issues that the committee considered in relation to the financial statements and how they were addressed.

Enc H1

12 Record of Business

Minutes of Committee meetings shall be produced and circulated to members of the Committee no later than five working days following each meeting.

Agendas and associated papers shall be sent out no later than five working days before the meeting.

13 Review Period

The Committee's membership and terms of reference will be reviewed annually by 31st March.

September 2018

Meeting	Trust Board
Date of meeting	9 November 2018
Paper number	H2

Charitable Funds – Report to Trust Board

For approval:		For assurance:	x	To note:	
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Accountable Director	Mark Yates Charitable Funds Committee Chairman		
Presented by	Mark Yates Charitable Funds Committee Chairman	Author /s	Kimara Sharpe Company Secretary

Alignment to the Trust's 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		Continuously improve our services to secure our reputation as the local provider of choice			

Alignment to the Trust's goals					
Timely access to our services		Better quality patient care		More productive services	Well-Led

Report previously reviewed by		
Committee/Group	Date	Outcome

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?		N	BAF number(s)	
Significant assurance <i>High level of confidence in delivery of existing mechanisms/objectives</i>	<input type="checkbox"/>	Moderate assurance <i>General confidence in delivery of existing mechanisms/objectives</i>	<input type="checkbox"/>	Limited assurance <i>Some confidence in delivery of existing mechanisms/objectives</i>
			<input type="checkbox"/>	No assurance <i>No confidence in delivery</i>

Recommendations	The Board is requested to: <ul style="list-style-type: none"> Note the report
------------------------	--

Meeting	Trust Board
Date of meeting	9 November 2018
Paper number	H2

Executive Summary
This was a regular meeting of the Charitable Funds Committee.
Background
The Charitable Funds Committee meets twice a year to ensure that the funds donated are being managed and spent in an optimal way. Members of the Charitable Funds Committee are there to ensure that the Trust fulfils its duties as a charity Trustee when it manages the charitable funds.
Issues and options
<p>The Committee discussed the following items:</p> <ul style="list-style-type: none"> • Charitable Funds risk register: It was agreed to refresh and review the risk register and present it to the next meeting. • Retirement Gift Policy: Although all present understood and agreed the value of recognising staff long service it was not now felt appropriate to use charitable funds for this purpose and therefore it was agreed that the funds would not be used in this way, with effect from 1 April 2019. • Administrative fees: It was agreed to change the way dividends are paid into the funds. They will now be paid into the same account that pays the administrative funds. • Staff awards: it was agreed that staff members who are invited to events as they have been shortlisted for awards, should apply to the Trust for funding. The Trust should then apply to charitable funds if funding is not available from another source. The agreement to fund such requests would be made by a non-executive and executive director. <p>The Committee also received information relating to the fund balances and expressed concern about the amount of money available to spend that has not been spent and the absence of apparent plans to do so. An expert is being bought in to determine how the funds can be managed more rigorously.</p> <p>The Committee also has requested a review of the terms of reference which will be presented to the next meeting.</p>
Recommendations
The Trust Board is requested to note this report.
Appendices - none

Meeting	Trust Board
Date of meeting	9 November 2018
Paper number	H3

Remuneration Committee Report

For approval:	<input checked="" type="checkbox"/>	For assurance:	<input type="checkbox"/>	To note:	<input type="checkbox"/>
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Accountable Director	Sir David Nicholson Chairman		
Presented by	Sir David Nicholson Chairman	Author /s	Kimara Sharpe Company Secretary

Alignment to the Trust's 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		Continuously improve our services to secure our reputation as the local provider of choice		
				x

Alignment to the Trust's goals				
Timely access to our services		Better quality patient care		More productive services
				Well-Led
				x

Report previously reviewed by		
Committee/Group	Date	Outcome

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF number(s)	11
Significant assurance <input type="checkbox"/> <i>High level of confidence in delivery of existing mechanisms/objectives</i>	Moderate assurance <input type="checkbox"/> <i>General confidence in delivery of existing mechanisms/objectives</i>	Limited assurance <input type="checkbox"/> <i>Some confidence in delivery of existing mechanisms/objectives</i>	No assurance <input type="checkbox"/> <i>No confidence in delivery</i>

Recommendations	Trust Board is requested to: <ul style="list-style-type: none"> • Approve the attached Terms of Reference • Note this report.
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Meeting	Trust Board
Date of meeting	9 November 2018
Paper number	H3

Executive Summary
The Remuneration Committee met in September. This is the report from that meeting.
Background
The Remuneration Committee sets and reviews pay for staff not on agenda for change terms and conditions of service. It also ensures that there is a succession plan for senior members of staff including Board members.
Issues and options
<p>The Remuneration Committee discussed the following items:</p> <p>Appointment of a Chief Executive: The Committee agreed the following:</p> <ul style="list-style-type: none"> • The job description • The salary range • The appointment of 'head hunters' <p>Directors' performance 2017/18: The Committee considered a paper from the CEO outlining Directors' performance for 2017/18. A number of recommendations were made by Committee members to strengthen the process for 2018/19.</p> <p>Succession plan: A draft plan was discussed. This will be enhanced with more work being undertaken on talent management at sub-board level.</p> <p>Terms of Reference: These were approved. There was a minor change requested to section 6. There were no other changes to the terms of reference.</p>
Recommendations
<p>The Trust Board is requested to:</p> <ul style="list-style-type: none"> • Approve the Terms of Reference • Note the report.
Appendices
<ul style="list-style-type: none"> • Terms of Reference



Terms of Reference

REMUNERATION COMMITTEE

Version: 2.1

Terms of Reference approved by: Remuneration Committee/Trust board

Date approved: September 2017/November 2017/September 2018/November 2018

Author: Company Secretary

Responsible directorate: Chairman/CEO

Review date: March 2020

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

REMUNERATION COMMITTEE

TERMS OF REFERENCE

1 Authority

The remuneration and nominations committee (the committee) is constituted as a standing committee of the Trust's board. Its constitution and terms of reference shall be as set out below, subject to amendment at future board meetings.

The committee 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 committee.

The committee is authorised by the 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 committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

2 Purpose

To be responsible for overseeing and ratifying the appointment of candidates to fill all the executive director positions on the board and for determining their remuneration and other conditions of service.

When appointing the chief executive, the committee shall be the committee described in Schedule 7, 17(3) of the National Health Service Act 2006 (the Act). When appointing the other executive directors the committee shall be the committee described in Schedule 7, 17(4) of the Act.

3 Terms of Reference

3.1 Appointments role

The committee will:

- Regularly review the structure, size and composition (including the skills, knowledge, experience and diversity) of the board, making use of the output of the board evaluation process as appropriate, and make recommendations to the board, with regard to any changes.
- Give full consideration to and make plans for succession planning for the chief executive and other executive board directors taking into account the challenges and opportunities facing the trust and the skills and expertise needed on the board in the future.
- Keep the leadership needs of the trust under review at executive level to ensure the continued ability of the trust to operate effectively in the health economy.
- Be responsible for overseeing and ratifying the appointment of candidates to fill posts within its remit as and when they arise.
- When a vacancy is identified, evaluate the balance of skills, knowledge and experience on the board, and its diversity, and in the light of this evaluation, prepare a description of the role and capabilities required for the particular appointment. In identifying suitable candidates the committee shall use open advertising or the services of external advisers to facilitate the search; consider candidates from a wide range of backgrounds; and consider candidates on merit against objective criteria.

- Ensure that a proposed executive director's other significant commitments (if applicable) are disclosed before appointment and that any changes to their commitments are reported to the board as they arise.
- Ensure that proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest are reported.
- Consider any matter relating to the continuation in office of any board executive director including the suspension or termination of service of an individual as an employee of the trust, subject to the provisions of the law and their service contract.

3.2 Remuneration role

The committee will:

- Establish and keep under review a remuneration policy in respect of executive board directors and senior managers earning over £70,000 or accountable directly to an executive director and on locally-determined pay.
- Consult the chief executive about proposals relating to the remuneration of the other executive directors.
- In accordance with all relevant laws, regulations and trust policies, decide and keep under review the terms and conditions of office of the trust's executive directors and senior managers earning over £70,000 or accountable directly to an executive director and on locally-determined pay, including:
 - Salary, including any performance-related pay or bonus;
 - Annual salary increase
 - Provisions for other benefits, including pensions and cars;
 - Allowances;
 - Payable expenses;
 - Compensation payments.
- In adhering to all relevant laws, regulations and trust policies:
 - establish levels of remuneration which are sufficient to attract, retain and motivate all staff covered by these terms of reference with the quality, skills and experience required to lead the trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable for the trust;
 - use national guidance and market benchmarking analysis in the annual determination of remuneration of executive directors [and senior managers earning over £70,000 or accountable directly to an executive director and on locally-determined pay], while ensuring that increases are not made where trust or individual performance do not justify them;
 - be sensitive to pay and employment conditions elsewhere in the trust.
- Ensure the annual performance of Board Directors is undertaken and evaluate on an exceptional basis the performance of Board Directors on the advice of the Chief Executive/Chairman. This will include consideration of this output when reviewing changes to remuneration levels.
- Advise upon and oversee contractual arrangements for executive directors, including but not limited to termination payments to avoid rewarding poor performance.
- Receive and approve an annual report on Clinical Excellent Awards.

4 Membership

The membership of the committee shall consist of:

- *the trust chair;*
 - *two other non-executive directors;*
- and in addition, when appointing executive directors other than the chief executive

- the chief executive

The trust chair shall chair the committee.

The Director of People and Culture will be in attendance when required.

5 Quorum

Two core members must be present, of which at least one must be the Chair and one must be a substantive Non-Executive Director.

5 Frequency of meetings

Meetings shall be called as required, but at least once in each financial year.

6 Attendance

Committee members are expected to attend all meetings,.

7 Record of Business

Formal minutes shall be taken of all committee meetings.

The committee will report to the board after each meeting.

The committee shall receive and agree a description of the work of the committee, its policies and all executive director emoluments in order that these are accurately reported in the required format in the trust's annual report and accounts.

The Company Secretary is responsible for the administration of the committee.

8 Performance evaluation

As part of the board's annual performance review process, the committee shall review its collective performance

9 Review Period

Terms of reference will be reviewed annually.

Meeting	Trust Board
Date of meeting	9 November 2018
Paper number	H4

Quality Governance Committee Report

For approval:	<input checked="" type="checkbox"/>	For assurance:	<input type="checkbox"/>	To note:	<input type="checkbox"/>
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Accountable Director	Dr Bill Tunnicliffe QGC Chairman		
Presented by	Dr Bill Tunnicliffe QGC Chairman	Author /s	Kimara Sharpe Company Secretary

Alignment to the Trust's strategic priorities					
Deliver safe, high quality, compassionate patient care	<input checked="" type="checkbox"/>	Design healthcare around the needs of our patients, with our partners	<input type="checkbox"/>	Invest and realise the full potential of our staff to provide compassionate and personalised care	<input type="checkbox"/>
Ensure the Trust is financially viable and makes the best use of resources for our patients	<input type="checkbox"/>	Continuously improve our services to secure our reputation as the local provider of choice	<input type="checkbox"/>		<input type="checkbox"/>

Alignment to the Trust's goals					
Timely access to our services	<input type="checkbox"/>	Better quality patient care	<input checked="" type="checkbox"/>	More productive services	<input type="checkbox"/>
				Well-Led	<input type="checkbox"/>

Report previously reviewed by		
Committee/Group	Date	Outcome
QGC	25 October 2018	Approved

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	<input checked="" type="checkbox"/> Y	BAF number(s)	1,2,3
Significant assurance <input type="checkbox"/> <i>High level of confidence in delivery of existing mechanisms/objectives</i>	Moderate assurance <input type="checkbox"/> <i>General confidence in delivery of existing mechanisms/objectives</i>	Limited assurance <input type="checkbox"/> <i>Some confidence in delivery of existing mechanisms/objectives</i>	No assurance <input type="checkbox"/> <i>No confidence in delivery</i>

Recommendations	Trust Board is requested to: <ul style="list-style-type: none"> Approve the attached Terms of Reference
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Meeting	Trust Board
Date of meeting	9 November 2018
Paper number	H4

Executive Summary
The Quality Governance Committee met on 25 October. Following our away day in early October, we have reviewed and re-written our Terms of Reference. These are attached for approval.
Background
The Committee's Terms of Reference have been significantly reviewed. They are now structured to reflect the Quality Improvement Strategy and associated plans.
Issues and options
The review of the Terms of Reference has been extensive. If anyone would like to see the original Terms of Reference, please contact the Company Secretary.
Recommendations
The Trust Board is requested to: <ul style="list-style-type: none"> • Approve the Terms of Reference
Appendices
<ul style="list-style-type: none"> • Terms of Reference



Terms of Reference

Quality Governance Committee (QGC)

Version: 4.0

Terms of Reference approved by: QGC/Trust Board

Date approved: September 2017/October 2018/November 2018

Author: **Company Secretary**

Responsible directorate: CNO/CMO

Review date: March 2020

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

Quality Governance Committee

Terms of Reference

1. Introduction/Authority

The Quality Governance Committee (QGC) 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 QGC 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 QGC 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 QGC is authorised to obtain such internal information as is necessary and expedient to fulfil its functions.

2. Membership

Non-Executive Director (Chair)
Two Non-Executive Directors
One Associate Non-Executive Director
Chief Executive
Chief Nursing Officer
Chief Medical Officer
Chief Operating Officer
Patient Forum Representative

In attendance:

Company Secretary
Deputy CNO (quality)
CCG representative
Assistant Director – Information and Performance
Trainee representative
HealthWatch
Divisional governance leads
NHS Improvement Director

As required:

Other personnel as invited by the Chair

- 2.1 The Chair of the Group is appointed by the Trust Board.
- 2.2 Trust employees who serve as members of the QGC 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 Chairing the meetings

The Non-Executive Director will chair the meetings. In the absence of the Non-Executive Director, the Chair will be another Non-Executive Director.

3.2 Quorum

The Group will be quorate when one third of the members are present including at least two non-executive directors and one clinician, including the Chief Nurse or the Chief Medical Officer or their deputies.

3.3 Frequency of meetings

The Committee will meet monthly.

3.4 Frequency of attendance by members

Members are expected to attend all meetings each year, unless there are exceptional circumstances. The Chair must be informed of expected absences; members should arrange for an appropriate officer with full delegated authority to deputise for them on such occasions.

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 CNO/CMO.

3.7 Secretariat support

Secretarial support will be the Company Secretary and a report will be presented to the Trust Board.

4 Authority

The Committee is authorised by the Trust Board.

5 Aims and Objectives

5.1 Aims

- The Quality Governance Committee provides the Trust Board with assurance that
 - quality within the organisation is being delivered to the highest possible standards and that there are appropriate policies, processes and governance in place to continuously improve care quality, and to identify gaps and manage them accordingly.
 - the quality risks on the corporate risk register associated with the Trust's provision of excellent care are identified managed and mitigated appropriately. In doing so, the Quality Governance Committee may consider any quality issue it deems appropriate to ensure that this can be achieved.
 - the strategic priorities for quality assurance are focused on those which best support delivery of the Trust's quality priorities in relation to patient experience, safety of patients and service users and effective outcomes for patients and service users;
 - the independent annual Clinical Audit Programme provides a suitable level of coverage for assurance purposes, and receiving reports as appropriate;
 - compliance with regulatory standards and statutory requirements, for example those of the Duty of Candour, the CQC, NHSR and the NHS Performance Framework are reviewed.

- the quality risks on the Board Assurance Framework are reviewed and the Committee is satisfied as to the adequacy of assurances on the operation of the key controls and the adequacy of action plans to address weaknesses in controls and assurances;
 - the Annual Quality Report is reviewed ahead of its submission to the Board for approval.
- Overseeing 'Deep Dive Reviews' of identified risks to quality identified by the Board or the Committee and how well any recommended actions have been implemented.
 - The Committee may also initiate such reviews based on its own tracking and analysis of quality trends flagged up through the regular performance reporting to the Board.

5.2 Objectives

5.2.1 The Committee provides oversight of the Quality Improvement Strategy and the three plans that support the strategy:

- **The SAFETY of treatment and care provided to patients** – safety is of paramount importance to patients and is the bottom line when it comes to what services must be delivering
- **EFFECTIVENESS of the treatment and care provided to patients** – measured by both clinical outcomes and patient-related outcomes
- **The EXPERIENCE patients have of the treatment and care they receive** – how positive an experience people have on their journey through the organisation can be even more important to the individual than how clinically effective care has been.

5.2.2 The Committee's objectives are:

- To approve the Quality Improvement Strategy (QIS) and receive monthly updates.
- To approve the three Plans supporting the QIS
- To oversee the CQC 'must' and 'should' dos through the RAIT tool
- To approve the Trust's annual quality accounts before submission to the Board;
- To monitor and review the Trust Quality Performance Dashboard
- To review the Trust's performance against the annual CQUINs
- To consider matters referred to the Committee by the Trust Board, other Committees or other sources;
- To have oversight of the Infection Prevention and Control Plan and receive regular updates on the action plan
- To receive the Annual Report for Infection Control prior to it being presented to the Trust Board
- To monitor the Trust's compliance with the national standards of quality and safety of the Care Quality Commission, and NHS Improvement's licence conditions that are relevant to the Quality Governance Committee's area of responsibility, in order to provide relevant assurance to the Board so that the Board may approve the Trust's annual declaration of compliance and corporate governance statement

5.2.3 In relation to **SAFETY**

- To scrutinise serious incidents, analyse patterns and monitor trends and to ensure appropriate follow up within the Trust

- To provide the Board with assurance regarding Adult and Child Safeguarding requirements and processes
- To have oversight of infection prevention and control and to scrutinise the annual Infection Protection and Control report on behalf of the Board
- To promote within the Trust a culture of open and honest reporting of any situation that may threaten the quality of patient care in accordance with the trust's policy on reporting issues of concern and monitoring the implementation of that policy
- To ensure that where practice is of high quality, that practice is recognised and propagated across the Trust
- To monitor the impact on the Trust's quality of care of cost improvement programmes and any other significant reorganisations.

5.2.4 In relation to **EFFECTIVENESS**

- To have oversight and monitor progress of the annual clinical audit programme
- To make recommendations to the Audit & Assurance Committee concerning the clinical audit programme;
- To approve relevant policies and including but not limited to:
 - Risk Management Policy
- To have oversight of Trust-wide compliance with clinical regulations and Central Alert System requirements;
- Ensure the review of patient safety incidents (including near-misses, complaints and Rule 43 coroner reports) from within the trust and wider NHS to identify similarities or trends and areas for focussed or organisation-wide learning;
- To ensure the Trust is outward-looking and incorporates the recommendations from external bodies into practice with mechanisms to monitor their delivery.
- To have oversight of the Trust's Mortality and Morbidity Surveillance Group, and to monitor Trust performance in these areas;

5.2.5 In relation to **EXPERIENCE**:

- To monitor the Trust's Friends and Family Test response rates
- To provide the Board with assurance that complaints are handled both effectively and timely
- To scrutinise patterns and trends in patient survey results, Friends and Family results, complaints and PALs data, and ensure appropriate actions are put into place and lessons are learnt
- To oversee the Trust's progress on Patient Experience.

6. **Relationships and reporting**

6.1 The Committee is accountable to the Trust Board. The quality governance committee will report to the Trust Board at each of its meetings in public and where appropriate in private.

6.2 The following sub groups report to the Quality Governance Committee

- Clinical Governance Group (CGG)
- Infection Prevention and Control Committee

The following groups are accountable to the CGG:

- Patient and Carer Experience
- Research and Development
- Safeguarding
- Blood Transfusion
- Harm Reduction
- Divisional Governance

- Medical Devices
- Resuscitation and deteriorating patient
- Medicine Optimisation
- Serious Incident Review
- Mortality Review

7 Review of the Terms of Reference

These Terms of reference will be reviewed by March 2020

KS/TOR (corp gov TOR)