

## Trust Board

There will be a meeting of the Trust Board on Wednesday 3 May 2017 at 09:30 to 11:30 in the Education Centre, Kidderminster Hospital and Treatment Centre.

This will be followed by a public question and answer session from 11:45 to 12:45.



Caragh Merrick, Chairman

| Agenda                 |   | Enclosure |
|------------------------|---|-----------|
| 1                      | <b>Welcome and apologies for absence</b>  |           |
| 2                      | <b>Patient Story</b><br>Chief Nurse to facilitate   |           |
| 3                      | <b>Items of Any Other Business</b><br><i>To declare any business to be taken under this agenda item.</i>  |           |
| 4                      | <b>Declarations of Interest</b><br><i>To declare any interest members may have in connection with the agenda and any further interest(s) acquired since the previous meeting.</i> |           |
| 5                      | <b>Minutes of the previous meeting</b><br><i>To approve the Minutes of the meeting held on <b>1 March 2017</b> as a true and accurate record of discussions.</i>                  | Enc A     |
| 6                      | <b>Action Log</b>   | Enc B     |
| 7                      | <b>Chairman's Business</b>  | Oral      |
| 8                      | <b>Chief Executive's Report</b>   | Enc C2    |
| <b>Quality of Care</b> |   |           |
| 9.1                    | <b>Quality Governance Committee report</b><br>Quality Governance Committee Chairman   | Oral      |
| 9.2                    | <b>Quality Improvement Plan – Response to s29A letter</b><br>Chief Nurse  | Enc D2    |

## Finance and use of resources

- |             |  |               |
|-------------|--|---------------|
| <b>10.1</b> | <b>Finance and Performance Committee</b><br>Finance and Performance Committee Chairman | <b>Enc E1</b> |
| <b>10.2</b> | <b>Financial Performance Report</b><br>Chief Finance Officer                           | <b>Enc E2</b> |
| <b>10.3</b> | <b>Financial Plan</b><br>Chief Finance Officer   | <b>Enc E3</b> |

## Operational Performance

- |             |  |               |
|-------------|--|---------------|
| <b>11.1</b> | <b>Integrated Performance Report</b><br>Acting Director of Performance | <b>Enc F1</b> |
|-------------|--|---------------|

## Strategic Change

- |             |   |               |
|-------------|---|---------------|
| <b>12.2</b> | <b>Trust Management Group</b><br>Chief Executive                                      | <b>Enc G1</b> |
| <b>12.3</b> | <b>2017 General Election: Purdah Considerations for NHS Trusts</b><br>Chief Executive | <b>Enc G2</b> |

## Leadership and Improvement Capability

- |             |  |             |
|-------------|--|-------------|
| <b>13.1</b> | <b>Pulse Workshop</b><br>Chief Executive | <b>Oral</b> |
|-------------|--|-------------|

## Stakeholders

- |             |                               |
|-------------|-------------------------------|
| <b>14.1</b> | There are no items to report. |
|-------------|-------------------------------|

## Governance

- |             |   |               |
|-------------|---|---------------|
| <b>15.1</b> | <b>Audit and Assurance Committee report</b><br>Audit and Assurance Committee Chairman | <b>Enc J1</b> |
| <b>15.2</b> | <b>Remuneration Committee Report</b><br>Remuneration Committee Chairman               | <b>Enc J2</b> |
| <b>15.3</b> | <b>Freedom to Speak Up Champion</b><br>Director of Human Resources                    | <b>Enc J3</b> |

## Items for information

- |           |   |
|-----------|---|
| <b>17</b> | <b>Any Other Business</b> <i>as previously notified</i><br><br>Date of Next Meeting The next public Trust Board meeting will be held on<br><b>Wednesday, 5 July</b> |
|-----------|---|



**MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON  
WEDNESDAY 1 MARCH AT 09:30 hours**

**Present:**

|                                    |  |   |
|------------------------------------|--|---|
| <b>Chairman of the Trust:</b>      | Caragh Merrick   | Chairman  |
| <b>Board members: (voting)</b>     | Richard Beeken<br>John Burbeck<br>Philip Mayhew<br>Bryan McGinity<br>Jill Robinson<br>Gareth Robinson<br>Andrew Short<br>Jan Stevens<br>Chris Swan<br>Bill Tunnicliffe | Acting Chief Executive<br>Non-Executive Director<br>Non-Executive Director<br>Non-Executive Director<br>Interim Director of Finance and Performance<br>Interim Chief Operating Officer<br>Acting Chief Medical Officer<br>Interim Chief Nursing Officer<br>Non-Executive Director<br>Non-Executive Director |
| <b>Board members: (non-voting)</b> | Denise Harnin<br>Haq Khan<br>Sarah Smith<br>Lisa Thomson   | Director of HR & Organisational Development<br>Acting Director of Performance<br>Director of Planning and Development<br>Director of Communications   |
| <b>In attendance:</b>              | Kimara Sharpe<br>Paul Crawford<br>Cathy Geddes   | Company Secretary (minutes)<br>Patient Representative<br>NHSI Improvement Director  |
| <b>Public Gallery:</b>             | Press<br>Public  | 0<br>5  |
| <b>Apologies:</b>                  | Stewart Messer   | Chief Operating Officer   |

146/16

**WELCOME**

Mrs Merrick welcomed members of the public to the Board meeting. She also welcomed Mr Beeken as Acting Chief Executive who would be in that position until the arrival of the permanent Chief Executive at the end of the month. She was delighted that Mr Khan was attending his first Board meeting as Acting Director of Performance and finally she welcomed Ms Geddes as the new Improvement Director from NHS Improvement.

147/16

**PATIENT STORY**

Ms Stevens introduced Ms Hill, the Associate Director for Service Transformation, Lisa and Kirsty. She explained that SAFER was an evidence based approach to ensuring that patients were in the right place to get the right care according to their needs. She explained that Kirsty was a new Ward Manager who was introducing the process and Lisa was a coach supporting the introduction of SAFER within the Alexandra Hospital.

Ms Hill explained that SAFER was a set of standards which if implemented well will improve patient care. It was based on driving out delay in the patient journey. There was demonstrable success of its introduction across the country.

She went onto explain SAFER. Central to the process was the concept of 'red and green' days. A 'red' day was when no intervention took place. Each day all patients started as having a 'red' day and by the end of the day the aim was to have ensured that patients had received an intervention therefore the day became 'green'. Having a red day would alert staff to whether the patient was in fact in the right place for their on-going needs.

She explained that the whole economy was supporting the ward teams in the implementation. Coaches were in place. There was an initial focus on 12 medical wards. Initial data results showed that days were being shifted from red to green. Senior reviews were taking place. Clinically led estimated discharge dates were in place. Matrons, nurses and therapists were working more effectively together and earlier planning for discharge was taking place.

Ms Hill stated that there had been challenges in the implementation. There were on-going problems with internal and external delays – particularly in respect of social care and transfers to other hospitals. She was optimistic that SAFER would result in improved patient safety, better communication and short length of stay.

Mr Robinson, the Senior Responsible Officer for the implementation confirmed that there was a plan for the full rollout of SAFER. He confirmed that the introduction of SAFER had shown issues around culture, particularly at the Worcestershire Royal – for example once Board rounds are undertaken, some junior doctors then attend Ward rounds which delays the actions needed for patients to have interventions on that day. Mr Beeken reinforced this and gave a practical example of the effect of delays in actioning discharge plans.

Mr Robinson asked Kirsty what other wards could learn from the work she has undertaken on ward 12.

Kirsty stated that having enthusiasm to make the implementation work was key. Her philosophy was *every patient has a bed and that bed is in their home so let's get them there*. She was complimentary about her team who had pulled together to change the traditional methods of working and embrace the new methodology. She was delighted with the input from the therapy team.

Mr Mayhew explained that he has observed the Board round in action and he recommended that staff had an explanation about what happens to the data that is collected.

Ms Robinson asked Lisa to explain more about the role of a coach. Lisa stated that she had supported the improved dialogue between the team members. This was crucial to the success of SAFER. She understood more about the work of the ward staff and this would help her when she returned to her substantive post of Hospital Social Worker.

Mr Swan asked about the planned rollout. Mr Robinson explained to Mrs Merrick that the initial intention was to train enough coaches so that SAFER was implemented across the Trust. However this had not been possible and the initial rollout was targeted at the medical wards. Surgical wards had different needs – patients usually

came into hospital for planned surgery and were able to return home with minimal support. Medical patients usually required more community support. Ms Hill explained that within three months all the wards should be using SAFER. An intensive week in April was planned to maintain the momentum of implementation. These intensive weeks would be on-going.

In response to Mrs Merrick, Ms Hill explained how SAFER would be embedded. This included the rigorous collection of data and production of metrics and the continued involvement of matrons. Visits by Board members would be critical and Mr Mayhew advised Members to visit during the times of Board rounds. Ms Hill confirmed that SAFER would be part of the on-going improvement plan.

Mrs Merrick thanked Ms Hill, Lisa and Kirsty for their presentation. She emphasised the importance of the work which was central to the operational strategy for the Trust.

**Resolved: that  
The Board**

- Noted the content of the story

148/16

**ANY OTHER BUSINESS**

There were no items of any other business.

149/16

**DECLARATIONS OF INTERESTS**

It was noted that there are new directors in post and the updated declarations of interest will be posted on the website by the end of the week.

There were no further declarations of interest.

150/16

**MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 11 JANUARY 2017**

**Resolved that:-**

- The Minutes of the public meeting held on 11 January 2017 be confirmed as a correct record and be signed.

151/16/1

**MATTERS ARISING/ACTION SCHEDULE**

Mrs Sharpe confirmed that all the actions had been completed or not yet due.

152/16

**Chairman's Report**

Mrs Merrick drew the Board's attention to the appointments of the executive directors. She confirmed the start date for the Chief Nurse was 13 March. She was confirming the start date for the Chief Medical Officer which would be in April or May. Ms Robinson would officially take up her position on 1 April. Mr Khan would officially commence as Acting Director of Performance on 13 March.

Mrs Merrick was in discussion with an executive support team and she would be able to expand on this work at the private board meeting on 8 March.

She stated that she had been working with health partners and there would be a summit later in the month March with the focus on the frail elderly. She was determined to improve the experience of the frail elderly particularly in the A&E department and effective collaboration was crucial to this aim. Again, she would bring a further update at the meeting on 8 March.

The Board Away day was planned for the beginning of June. She was in the process of recruiting further associate non executive posts to ensure continuity when Mr

McGinity's and Mr Burbeck's terms of office finish.

She invited Mr Beeken to explain the role of Mr Kiran Patel. Mr Beeken explained that the Medical Director for NHS England, Kiran Patel, would be joining the Trust for two days a week as senior medical advisor to the Board. Mr Patel would work closely with the Divisional Medical Directors specifically on cultural change. Dr Short would continue as Acting Chief Medical Officer until the arrival of the new CMO.

**Resolved that:-**

**The Board**

- Noted the Board appointments

153/16

**Acting Chief Executive's Report**

Mr Beeken highlighted the objectives that he was focussing on during his tenure as Acting CEO. The four objectives were set out in item three of his report – quality improvement, urgent care and improving patient flow, national standards and meeting financial targets.

He then turned to urgent care, item 6 in his report. He remained very concerned about the urgent care pressures faced by the Trust, in particular at Worcestershire Royal. Patients who were requiring admission were facing lengthy waits. He acknowledged that there were actions that the Trust could undertake to ensure that delays were minimised. These actions included:

- Ensuring best practice was in place at the front door: this included diagnosing before seeking to admit.
- Best practice for inpatient care such as that shown by Kirsty in the implementing of SAFER earlier in the meeting
- Complex discharge processes - responsiveness and capacity – need to be improved. He was concerned about the interaction with other health care settings to ensure that patients are moved to more appropriate places.

He went on to state that the Trust had a duty to ensure that its assets were utilised optimally. He was working through a number of initiatives to ensure the effective use of all three sites. This work will be on-going for the next couple of months.

Mr Beeken sought approval for the interim governance structure. This emphasised the role of the Trust Management Group to deliver the Board's strategic intent.

Mrs Merrick welcomed the governance framework and the role of the Trust Management Group. She also welcomed the work on the appropriate utilisation of the three trust sites.

The role of the Workforce Assurance Group was clarified in respect of the Finance and Performance Committee and it was agreed that this Committee would give assurance to the Board in relation to workforce issues. The HR strategy would go to the TMG before being presented to the Board.

Ms Thomson confirmed to Mr Swan that publicity had been undertaken in respect of the developments at the Alexandra Hospital. She was working with the Chairman on a regular bulletin in the local press and this would be a focus for that bulletin.

**Resolved that:-**

**The Board**

- Approved the revised governance structure

- Noted operational pressures around A&E, particularly at Worcestershire Royal
- Received the Health and Wellbeing CQUIN update
- Received the assurance within the report.

## 154/16 **QUALITY OF CARE**

### 154/16/1 **Quality Governance Committee report**

Dr Tunnicliffe outlined the discussions held at the meeting of the Quality Governance Committee on 19 January and 16 February. He was pleased with the development of the Clinical Governance Group and its assurance role.

The stroke manager had provided assurance in relation to the stroke service. Assessment of patients at risk of a venous thrombotic embolism remained a concern and this is likely to be a qualified audit as part of the quality account.

He then turned to the divisional reports. He acknowledged that this was work in progress. He expressed concern about the capability within the medicine division as there was no medical leadership for governance in the division. He also expressed concern about the progress with mortality reviews but was confident that this position would improve.

Dr Tunnicliffe stated that the reports in relation to medicines optimisation and infection control gave the Committee assurance.

Finally he requested the Board approval for the Terms of Reference.

Dr Tunnicliffe confirmed to Mrs Merrick that harm reviews have been requested but the Committee did not have assurance that all patients are safe.

Mr McGinity requested that the Terms of Reference were amended in relation to attendance at meetings. This was agreed.

#### **Resolved that:-**

##### **The Board:-**

- Approved the revised terms of reference with the amendment that all members attend all meetings
- Received the update on stroke and VTE
- Received the report on the divisional reports
- Noted the update on avoidable mortality
- Noted the assurance received in respect of medicines optimisation and infection control
- Noted the report

### 155/16/2 **Quality Improvement Plan**

Mr Beeken introduced the presentation. The current Quality Improvement Plan, phase 1, addresses the immediate concerns within the section 29A letter from the CQC. A communication plan has also been developed. Outcome measures are integral to the Plan. Phase two of the Plan will cover effectiveness and experience. The Executive Team have driven the development of the Plan.

The full response to the CQC letter will be presented to and agreed with the Board at its private meeting on 8 March.

Mr Khan explained the overall governance for the Plan. There are three key work streams and an overall core support team. The executive team receives daily updates



and he was grateful for the support being given by Mr Mayhew.

A key part of the communication plan was the visibly of the non executives and executive directors. The Go See visits were starting this week.

Mr Beeken then went through the immediate actions taken.

1. Safeguarding children (checks in emergency departments (ED)) – EDs are now using the electronic system from 6/2/16. There is monthly auditing of the use of the register.
2. Medicines rounds in ED corridor – A new operating procedure is in place from 3/2/17. This is audited weekly via the SNAP tool.
3. Missed doses on wards – Ward 5 was audited on 3/2/17. An audit of all areas to establish a baseline is completed.
4. Medication storage and temperature control – the issue in the letter in relation to MIU is resolved.
5. News/PEWS – concern about escalating due to deteriorating patient. An audit has been done in all wards to establish a baseline. Resuscitation audit completed on all patients that arrest and it has been reviewed by the Resus Group.
6. Worcestershire Royal ED Paediatric nursing – E-rostering has been amended to provide assurance in respect of trained staffing levels. There are adequate numbers of appropriately trained nurses on shifts. ED nurses have been trained in the advanced assessment of children as there are not sufficient paediatrically trained ED nurses nationally.
7. Safe staffing in discharge lounge (Alexandra Hospital) and CDU (Worcestershire Royal) – Cover arrangements are in place which are monitored daily by the Chief Nurse.
8. Essential emergency equipment checks in maternity – Done and compliant. An assurance system needs to be put into place.
9. Risk registers reviewed – A programme of reviews of each divisional risk register is in place by the executive management team.

Mr Beeken confirmed that there is on-going dialogue with the CQC local team in respect of the development of the Plan.

He then invited Mr Robinson to speak about the urgent and emergency care aspects of the Plan. Mr Robinson gave an overview of the interventions already in place. A new system was put into place on 10 February in respect of weekend discharges where performance was poor. The acute medicine pathway was being redesigned to ensure more flexible working. Hot clinics have been implemented for GPs to bypass A&E.

In respect of 12 hour trolley waits, there had been a peak between Christmas and New Year. The Trust was recovering its position although performance had dipped in the past week.

He then outlined the actions being taken which included a new streaming of patients at the front door, whether self presenting or transferred by ambulance. A new model of care has been agreed for the GP service in A&E.

In response to Mr McGinity, Mr Robinson confirmed that the root cause of the breaches at Worcestershire Royal was the lack of discharges. Mr Beeken confirmed that the availability of community services has not been optimal during the same period of time.

Ms Stevens then spoke to the quality and safety assurance. She confirmed that the



inspectors when on site had stated that whilst leadership was good and the patients looked well cared for, there was a lack of documentation to show the evidence of good care. The Trust was aware prior to the inspection that the clinical governance systems needed to be embedded which was also recognised by the inspectors.

She then outlined the tools in place. This included the quality and safety dashboard showing ward to board information, an intensive support team for nursing and midwifery and the development of a safe staffing app.

Mr Burbeck commented that there were a number of other issues in the S29A letter such as children and children and young persons presenting with mental health problems. He was concerned that not all the issues were being addressed. Mr Beeken reminded Mr Burbeck that the presentation concentrated on the immediate safety issues, not all issues raised within the letter.

Mr Swan asked whether there was a formalised communications plan. Mrs Thomson affirmed that there was and she would present it to the private meeting on 8 March. Mr Mayhew expressed concern that not all staff were aware of the issues and asked whether the leaders were receiving training on communications as part of the leadership development. Mrs Harnin confirmed that this would take place.

Mrs Merrick confirmed to Mr Swan that there would be a dashboard developed which would cover the main metrics. Mr Khan confirmed that the dashboard would be presented to the Board on 8 March.

**Resolved that:-**

**The Board:-**

- **Received the update on the Quality Improvement Plan**
- **Agreed to receive the following at the private board**
  - **the full response to the S29A letter**
  - **the communications plan**
  - **the dashboard**

156/16/3

**Board Assurance Framework (BAF)**

Mrs Merrick welcomed the revised presentation of the Board Assurance Framework. The previous BAF had been very detailed and operational. She welcomed the approach and recognised that the executive team would be developing the detail over the next few weeks.

Dr Short also welcomed the approach. He asked whether the risk rating for patient safety was correct as it implied that patients were at high risk of receiving unsafe care. Mr Beeken stated that he was of the opinion that the Trust does not systematically and consistently mitigate patient safety risks throughout the Trust. Ms Geddes reminded members that the integrated performance report (IPR) showed red and amber ratings for performance in these areas. She stated that the trust could not be assured that it was providing safe care throughout.

Dr Short also asked whether the issue of changing the culture was adequately addressed within the risks. Mr Burbeck asked that urgent care be split into two, urgent care and patient flow.

Mrs Merrick confirmed that the Board would have a workshop on risk when the whole executive team was in place. These issues would be considered then. She was also keen that a system for horizon scanning of future risks was in place.

**Resolved that:-****The Board**

- Received the revised BAF
- Noted that the BAF is under development and will be finalised with the whole Board for presentation at the Board meeting later in the Spring

**157/16 FINANCE AND USE OF RESOURCES****157/16/1 Finance and Performance Committee**

Mr Burbeck reported on the work of the Committee at its meetings on 25 January and 22 February. He was pleased to report that the Trust should meet its year-end financial target (pre STF). The divisional teams gave significant assurance with the work being undertaken. The Committee gave approval to the business case for modernising heat systems and the outline business case for enhancing the radiotherapy machines in the oncology centre. This would mean that more patients could be treated, particularly those with head and neck cancer.

Mr Burbeck then turned to performance. He had significant concerns and stated that the Trust needed to demonstrate more grip on processes to make sure that changes are implemented to create the outcomes needed.

**Resolved that:-****The Board**

- Approved the Finance and Performance committee terms of reference
- Noted the report

**157/16/2 Financial Performance Report**

Ms Robinson reported that the Trust would use the £3.7m PFI adjustment (as agreed in May) to partially deliver the control total. This had been approved by the external auditors. She was pleased that the divisions had worked to ensure the control total was met.

She then turned to the emergency capital position. NHS Improvement was still in discussions with the Treasury. Progress was being made with the MRI scanner and endoscopy.

*Post meeting: The emergency capital loan has been approved.*

**Resolved that:-****The Board**

- Note the financial position
- Note the intention to reflect loss of STF income due to failure to deliver operational metrics

**157/16/3 Nursing and Midwifery Workforce**

Ms Stevens expressed concern about the recruitment position. She was now pursuing an international recruitment campaign with the Director of Human Resources. She was pleased that 20 band 4 nursing associates would be fully trained in June.

Mrs Merrick confirmed that an overall recruitment plan would be pursued by the new Chief Executive with the Chief Nurse and Chief Medical Officer. The plans would be discussed with the non-executive directors in the next few months.

**Resolved that:-****The Board**

- Acknowledged that building a flexible and permanent nursing workforce against a backdrop of national nursing shortages remains a challenge.
- Noted that the Trust is strengthening its approach to recruitment and retention.
- Received assurance that controls are in place to manage the risks associated with nursing vacancies.

157/16/4

**Medical revalidation report**

Dr Short stated that there had been concerns about the processes in place in relation to appraisals. Following a visit from NHS Improvement, an action plan was developed and significant improvements made. An appraisal lead has been appointed and the revalidation support team has been strengthened. The Appraisal Policy has been reviewed which introduces a central allocation of appraisers. The Policy will be discussed at the Medical Management Committee later in March. Dr Short was pleased that Kiran Patel would support this area moving forward.

Mr Beeken asked whether consultants had to have had an appraisal in order to qualify for CEA. Dr Short stated that they did, but only in the previous 12 months.

Dr Short has invited the regional team back to re audit the revised processes.

**Resolved that:-****The Board**

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

158/16

**OPERATIONAL PERFORMANCE**

158/16/1

**Integrated Performance Report**

Ms Robinson expressed her disappointment with the performance. Many actions were being picked up to be part of the Quality Improvement Plan and within the monthly performance reviews. A number of the quality metrics were now being brought together to review as a whole.

In respect of referral to treatment targets (RTT), individual specialities are being reviewed and programmes to address 52 week waiters developed to start to reduce overall waiting time. These plans will be discussed at the Finance and Performance Committee. Mr Beeken warned that the Trust core capacity may not be sufficient to deliver the recovery plans. Work was needed with the CCG on the alternatives.

Mrs Merrick was disappointed with the report. She requested that Mr Burbeck keep the Board apprised of the RTT plans and the other constitutional targets not being met.

**Resolved that:-****The Board**

- Review the IPR for month 10
- Seek assurance as to whether
- The risks of under-performance in each area have been suitably mitigated and plans are in place to improve performance

159/16

**STRATEGIC CHANGE**

159/16/1

**Sustainability and Transformation Plan – Governance**

Ms Smith reminded members that the STP was still draft. Engagement is currently taking place with the public. The financial elements needed to be reset following the confirmed control totals. She confirmed that the plan was being implemented through the work streams as identified.

Finally she confirmed that NHS England would be publishing a delivery plan later in March to strengthen governance across the country. The presented structure would be revised in the light of this guidance.

**Resolved that:-**

**The Board**

- Noted the governance structure supporting the current phase of STP development and delivery

159/16/2 **Trust Management Group**

**Resolved that:-**

**The Board**

- Noted the report

159/16 **LEADERSHIP AND IMPROVEMENT CAPABILITY**

159/16/1 **Organisational Development Plan**

Mrs Merrick confirmed that the new executive team would review the strategy. She asked for links to specific outcomes.

**Resolved that:-**

**The Board**

- Re-endorsed the plan of programmes outlined with a view to them commencing in March 2017.

160/16 **STAKEHOLDERS**

160/16/1 **Future of Acute Hospital Services in Worcestershire**

Ms Smith stated that the CCG led public consultation started on the 6 January. She confirmed the current engagement levels which was that 966 people had attended 38 meetings. 1825 questionnaires have been returned. The emerging themes were transport, appointment and operation times, the future of the Alexandra Hospital and capacity issues, particularly at Worcestershire Royal.

The consultation ends on 30 March. The CCGs will publish the results in May after the local elections.

**Resolved that:-**

**The Board**

- Received the formal consultation document and an update on the consultation process

161/16 **GOVERNANCE**

161/16/1 **Audit and Assurance Committee report**

Mr McGinity reported that the external auditors had no concerns with the production of the annual accounts when they undertook their preparatory work. He highlighted that adherence to the patient property and money policy as audited by internal audit could be improved and the deputy chief nurse was taking this forward. The induction process now did not include anti fraud. Mrs Harnin confirmed that this would be reinstated in April 2017.

Mrs Merrick asked for induction to be reviewed and Mrs Harnin confirmed that this was underway.

**Resolved that:-  
The Board**

- Approved the revised terms of reference
- Noted the report from External Audit
- Noted the internal audit reports approved
- Noted the contents of the report

**DATE OF NEXT MEETING**

The next Trust Board meeting will be held on Wednesday 3 May 2017 at 09:30 in the Kidderminster Hospital and Treatment Centre.

Mrs Merrick took the opportunity to thank Mr Robinson and Ms Stevens for their work. They would be leaving the Trust in the next month. Ms Stevens stated that she had enjoyed her time at the Trust and complimented the passion and commitment at every level in the Trust. She was optimistic for the future.

The meeting closed at 12:12 hours.

Signed \_\_\_\_\_  
Caragh Merrick, Chairman

Date \_\_\_\_\_

## WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

## PUBLIC TRUST BOARD ACTION SCHEDULE – AS AT MARCH 2017

## 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 |
|--------------|------------------------|---------------------|--|-------|-----------------|------------------|---|------------|
| 11-1-17      | STP                    | 140/16/2            | Lack of mention of social enterprise and use of social media | SS    | Jan 2017        |                  | Feb back to appropriate personnel   |            |
| 11-1-17      | STP                    | 140/16/2            | Governance arrangements – bring back to a future meeting     | SS    | Mar 2017        |                  | On agenda   |            |
| 11-1-17      | Trust Improvement Plan | 141/16/2            | Present more detail to the Board Development Day             | SS    | Feb 2017        |                  | Superseded by Quality Improvement Plan – presented to QGC 16-2-17   |            |
| 7-7-16       | WAG                    | 74/16/1             | OD strategy to be presented to TB in September               | DH    | Sept 2016       |                  | Deferred. For discussion with the Chairman for way forward<br>Planned for December BoD meeting. Deferred.<br>Awaiting a further date for discussion |            |

Date of meeting: 3 May 2017

Enc C2

## Report to Trust Board

|  |  |
|--|--|
| <b>Title</b>   | <b>Chief Executive's Report</b>  |
| <b>Sponsoring Director</b>                           | <b>Michelle McKay, Chief Executive</b>   |
| <b>Author</b>  | <b>Kimara Sharpe, Company Secretary</b>  |
| <b>Action Required</b>                               | The Board is asked to <ul style="list-style-type: none"> <li>Confirm the HTA licence holder is the CEO</li> <li>Receive the assurance contained within the report</li> </ul> |
| <b>Previously considered by</b>                      | Not applicable   |
| <b>Priorities (✓)</b>                                |  |
| <i>Investing in staff</i>                            | ✓  |
| <i>Delivering better performance and flow</i>        | ✓  |
| <i>Improving safety</i>                              | ✓  |
| <i>Stabilising our finances</i>                      | ✓  |
| <b>Related Board Assurance Framework Entries</b>     | All BAF risks are covered.   |
| <b>Legal Implications or Regulatory requirements</b> | None   |
| <b>Glossary</b>                                      | Sustainability and transformation plan (STP)<br>Emergency Care Improvement Programme (ECIP)<br>RTT – referral to treatment time  |

### Key Messages

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

|                  |                          |
|------------------|--------------------------|
| Title of report  | Chief Executive's Report |
| Name of director | Michelle McKay           |



Date of meeting: 3 May 2017

Enc C2

**WORCESTERSHIRE ACUTE HOSPITAL NHS TRUST**

**REPORT TO PUBLIC TRUST BOARD – 3 MAY 2017**

**1 Background**

This report aims to brief Board members on various issues.

**2 CEO initial areas of focus**

As this is my first Public Trust Board meeting, I thought it helpful to indicate my two of my key initial areas of focus during the first month.

Staff engagement:

I publish a weekly message to all staff that provides a short summary of my activity, particularly in terms of external engagement. Importantly it includes an invitation to all staff to email me about what success looks like to them in terms of staff engagement and encourages them to invite me to their staff forums. I have received a significant amount of feedback from staff in response to the message and am scheduled to meet with many staff groups of coming weeks. This is in addition to the more ad-hoc discussions that occur as I visit each of our hospitals.

External engagement:

I have met with four of the local Members of Parliament, in addition to a visit from Phillip Dunne, Minister of State for Health. These meetings have provided the opportunity for our key politicians to learn more about me and my approach, as well as to discuss the detail of the challenges confronting the Trust. I have also done a range of media interviews, emphasising our collective responsibility to improve the services for the communities that we serve.

The other key part of my external engagement has been with our partners in the health economy and our regulators. There is goodwill across the economy for us to work together to deliver better services for our communities. While the various regulators have their own areas of focus, they are equally keen to see the Trust succeed and I have received considerable support and assistance in these early weeks.

**3 Executive objectives for the first month**

The Executive team have identified the following short term objectives, which we see being completed, or well progressed, by early May.

- Progress with the Quality Improvement Plan - CNO
- Embed and finalise the urgent care escalation processes - COO
- Develop the performance management and accountability framework – Director of Performance
- Develop a recruitment strategy for medics and nurses – Director of HR
- Clear focus on a range of medical issues such as fractured neck of femur, mortality review process, seven day service offering - CMO
- CIP finalisation – Director of Finance
- Communication plan for the CQC report – Director of Communications

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- Provide more clarity about the meeting structure and reduce duplication – CE and CNO

Action is progressing well against all.

A broader longer term plan for the organisation is under development which will encompass the full gamut of staff engagement, community engagement, safety and quality, financial and operational performance. In concert with the behaviour change underway, the intent is to have a connected and cohesive narrative that links all of the arenas of change together to assist staff, particularly, to see our way forward.

#### 4 **Corporate Licence holder – Human Tissue Authority**

The Board is asked to confirm the Corporate Licence holder for the HTA is myself as Chief Executive.

#### 5 **CQC**

The Trust has been visited by the CQC for a range of announced and unannounced visits through April to assess our improvement following the s29A letter in January. While a report of these visits is pending, as is the report from the full inspection in November 2016, we are committed to continuous improvement across the Trust. Further detail will be discussed later in the agenda.

#### 6 **New heart procedure at Worcestershire Royal**

Patients suffering from heart rhythm problems are now able to undergo a life-changing procedure closer to home for the first time. The procedure, cardiac electrophysiology and ablation – was introduced in March.

During the procedure, small wires called catheters are placed inside the heart to measure the heart's electrical activity, all via tiny holes at the top of the leg. When the source of the problem is found, the tissue causing the problem is destroyed to prevent abnormal rhythms from moving through the heart.

Worcestershire patients suffering from arrhythmia previously underwent the procedure at University Hospitals Coventry and Warwickshire NHS Trust (UHCW).

#### 7 **Election**

Following the announcement of the general election, the pre-election period (known as purdah) commenced on 22 April. This means that, until after a new Government has been formed, there should be:

- No new decisions or announcements of policy or strategy
- No decisions on large and/or contentious procurement contracts
- No participation by NHS representatives in debates and events which may be politically controversial

A briefing from NHS Providers on this issue is attached.

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**8 National update**

**Next Steps on the NHS Five Year forward view**

The Chief Executive of NHS England published the next steps on 31 March 2017. An executive summary is shown attached to this report.

**Sir Bruce Keogh steps down**

Sir Bruce has stepped down from his role with NHS England to chair Birmingham Women's and Children's Foundation Trust.

**Chair of NHS Improvement**

The Chair of NHS Improvement will be stepping down a year early. Ed Smith has announced his intention to resign to enable a successor to be recruited to be able to appoint to Jim Mackey's successor in the autumn.

**NHS Litigation Authority**

From 1 April 2017, the NHS Litigation Authority has been renamed as NHS Resolution

**Government's mandate to NHS England for 2017/18**

The Government published the mandate on 20 March 2017. The key deliverables for NHS Trusts include the following

- Rollout of 7 day services in a phased way according to clinical priorities by April 2018
- Deliver aggregate A&E performance in England above 90% in September 2017 with majority of trusts meeting 95% in March 2018, and aggregated performance in England at 95% by the end of 2018
- Meet agreed standards on A&E, ambulance, diagnostics and referral to treatment
- Achieve the 62 day cancer waiting times standard, and maintain performance against the other cancer waiting times standards
- Reduce NHS related delayed transfers of care in support of a total reduction of delayed transfers of care to 3.5% by September 2017 (recognising existing variation between areas)
- Support delivery of the 2017-18 mental health five year forward view implementation plan recommendation

**9 Recommendation**

The Board is asked to

- Confirm the HTA licence holder is the CEO
- Note the contents of this report

Michelle McKay  
Chief Executive

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| Title of report  | Chief Executive's Report |
| Name of director | Michelle McKay           |

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## Five Year Forward View- Next Steps

### EXECUTIVE SUMMARY

1. Next year the NHS turns 70. New treatments for a growing and aging population mean that pressures on the service are greater than they have ever been. But treatment outcomes are far better - and public satisfaction higher - than ten or twenty years ago.

2. With waiting times still low by historical standards but on the rise, and the budget growing - but slowly - it is the right time to take stock and confront some of the choices raised by this challenging context. This plan is not a comprehensive description of everything the NHS will be doing. Instead, it sets out the NHS' main national service improvement priorities over the next two years, within the constraints of what is necessary to achieve financial balance across the health service. (Chapter One)

3. Perhaps most importantly, we all want to know that the NHS will be there for us and our families when we need it the most - to provide **urgent and emergency care** 24 hours a day, 7 days a week. Staff are working with great skill and dedication to do so, and looking after more patients than ever. But some urgent care services are struggling to cope with rising demand. Up to 3 million A&E visits could have been better dealt with elsewhere. There are difficulties in admitting sicker patients into hospital beds and discharging them promptly back home.

4. That's why over the next two years the NHS will take practical action to take the strain off A&E. Working closely with community services and councils, hospitals need to be able to free up 2,000-3,000 hospital beds. In addition, patients with less severe conditions will be offered more convenient alternatives, including a network of newly designated Urgent Treatment Centres, GP appointments, and more nurses, doctors and paramedics handling calls to NHS 111. (Chapter Two)

5. Most NHS care is provided by **general practice**. One of the public's top priorities is to know that they can get a convenient and timely appointment with a GP when they need one. That means having enough GPs, backed up by the resources, support and other professionals required to enable them to deliver the quality of care they want to provide.

6. We have begun to reverse the historic decline in funding for primary care, and over the next two years are on track to deliver 3,250 GP recruits, with an extra 1,300 clinical pharmacists and 1,500 more mental health therapists working alongside them. As well as improved access during the working week, bookable appointments at evenings and weekends will be available covering half the country by next March, and everywhere in two years' time.

7. **Cancer** remains one of the public's most feared illnesses, affecting more than one in three of us in our lifetimes, meaning most of us will face anxiety of ourselves or a loved one receiving this diagnosis at some point. Fortunately cancer survival rates are at record highs, and an estimated 7,000 more people are surviving cancer after NHS treatment than would have three years before. Identifying cancer earlier is critical to saving more lives. So we will speed up and improve diagnosis, increase current capacity and open new Rapid Diagnostic and Assessment Centres. Patients will have access to state of the art new and upgraded

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linear accelerators (LINACs) across the country. By taking these actions we expect at least an extra 5,000 people to survive their cancer over the next two years.

8. Increasingly, the public also understand that many of our lives will at some point be touched by **mental health** problems. Historically, treatment options for mental health compare unfavourably with those for physical conditions, particularly for children and young people. The public now rightly expect us to urgently address these service gaps.

9. Substantially increased investment will enable 60,000 more people to access psychological, or 'talking' therapies, for common mental health conditions over the coming year, rising to 200,000 more people in 2018/19—an increase of over 20%. We will also address physical health needs by providing an extra 280,000 health checks in 2018/19 for people with severe mental illness. New mothers will get better care. Four new Mother and Baby Units across the country, more specialist beds and 20 new specialist perinatal mental health teams will provide help to 9000 more women by 2018/19. An extra 49,000 more children and young people will be treated by community services. Both children and adults will benefit from reduced travel distances when they need inpatient care through an expansion and rebalancing of specialist beds around the country. 24-hour mental health liaison teams in A&Es, investing in crisis response and home treatment teams and placing 1,500 therapists in primary care will ensure more people get appropriate care when they need it.

10. As people live longer lives the NHS needs to adapt to their needs, **helping frail and older people stay healthy and independent**, avoiding hospital stays where possible. To improve prevention and care for patients, as well as to place the NHS on a more sustainable footing, the NHS Five Year Forward View called for better integration of GP, community health, mental health and hospital services, as well as more joined up working with home care and care homes. Early results from parts of the country that have started doing this – our 'vanguard' areas – are seeing slower growth in emergency hospitalisations and less time spent in hospital compared to the rest of the country. The difference has been particularly noticeable for people over 75, who often face a revolving door of emergency admission, delayed discharge and then hospital re-admission.

11. We now want to accelerate this way of working to more of the country, through partnerships of care providers and commissioners in an area (Sustainability and Transformation Partnerships). Some areas are now ready to go further and more fully **integrate their services and funding**, and we will back them in doing so (Accountable Care Systems). Working together with patients and the public, NHS commissioners and providers, as well as local authorities and other providers of health and care services, they will gain new powers and freedoms to plan how best to provide care, while taking on new responsibilities for improving the health and wellbeing of the population they cover.

12. Mirroring this local action, we will also be taking further action nationally to ensure that the NHS can deliver more benefit for patients from every pound of its budget. While the NHS is already one of the leanest publicly-funded health services in the industrialised world, there are still opportunities to do better, as set out in the **NHS' 10 Point Efficiency Plan**.

13. None of this is possible without the outstanding **staff** of the NHS. Although we have 3,000 more doctors and 5,000 more nurses than 3 years ago, and productivity continues to

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improve, frontline staff face great personal and organisational pressures from rising demand. As a crucial part of delivering the next steps of the Five Year Forward View, we therefore set out in this document how we will continue to support the NHS frontline over the next two years, with Health Education England expanding current routes to the frontline, and opening innovative new ones to attract the best people into the health service, whatever stage of their career they are at.

14. In doing so, the NHS is on a journey to becoming one of the **safest** and most transparent health systems in the world. Chapter Nine describes next steps on this agenda. As well as harnessing people power, the NHS also needs to leverage the potential of **technology and innovation**, enabling patients to take a more active role in their own health and care while also enabling NHS staff and their care colleagues to do their jobs - whether that is giving them instant access to patient records from wherever they are, or to remote advice from specialists.

15. There are considerable risks to delivery of this stretching but realistic agenda, but taken together the measures set out in this plan will deliver a better, more joined-up and more responsive NHS in England. One that is focussed on the issues which matter most to the public. That collaborates to ensure that services are designed around patients. And that is on a more sustainable footing, so that it can continue to deliver **health and high quality care - now and for future generations**.

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| Title of report  | Chief Executive's Report |
| Name of director | Michelle McKay           |



Report to Trust Board – May 3<sup>rd</sup> 2017

|   |  |   |
|---|--|---|
| Title   | Quality Improvement Plan<br>(Compliance with CQC Fundamental Standards)  |   |
| Sponsoring Director                           | Vicky Morris, Chief Nursing Officer  |   |
| Author  | Vicky Morris, Chief Nursing Officer  |   |
| Action Required                               | The Board is asked to; <ul style="list-style-type: none"><li>• <b>Receive</b> the update on the specific progress of the Quality Improvement Plan, based on the recently submitted paper to QUIRG.</li><li>• <b>Note</b> the summary points received from the Care Quality Commission following their recent Unannounced Inspection in April.</li><li>• <b>Approve</b> that the Quality Governance Committee will provide a detailed Governance overview and scrutiny to a planned and prospective Quality Improvement Programme.</li><li>• <b>Note</b> the plans for a three year Quality Improvement Strategy which will be brought to the July public Board for approval.</li></ul> |   |
| Previously considered by                      | Quality Governance Committee (QGC)<br>Quality Improvement review group(QUIRG)<br>The Quality and Safety Improvement Group (QSIG)   |   |
| Priorities (√)                                |  |   |
| Investing in staff                            |  |   |
| Delivering better performance and flow        |  | √ |
| Improving safety                              |  | √ |
| Stabilising our finances                      |  |   |
| Related Board Assurance Framework Entries     | 3038 If the Trust fails to improve performance, strengthen governance and patient safety it will not address CQC inspection concerns   |   |
| Legal Implications or Regulatory requirements | The CQC is the quality regulator in England and this report relates to the legal powers they have to deploy to lever quality improvement from NHS, independent and social care providers. The section 29a warning notice is one such instrument.   |   |
| Relevant Domains                              | Appendix 1 outlines the full range of relevant regulatory domains  |   |
| Glossary                                      |  |   |

**Key Messages**

- This paper provides a progress report in respect of the Quality Improvement Plan developed by the Trust to address the concerns highlighted in the Care Quality



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Commission (CQC) Section 29A Warning Notice.

- Worcestershire Acute Hospitals NHS Trust (WAHT) recognised that it must make significant and immediate improvements to the quality of the health care its delivers. Some early immediate actions were undertaken following receipt of the warning notice. The Quality Improvement Plan itself was submitted to the CQC by the Trust in advance of the deadline for response which was 10<sup>th</sup> March 2017.
- The current action plans are grouped into three main themes: urgent care and flow, safe and effective care and governance and risk.
- Delivery of the plan is governed through the Quality and Safety Improvement Group (QSIG) which reports to the Quality Governance Committee (QGC). The QSIG meets fortnightly and is chaired by the Chief Executive Officer.
- An outline of key issues raised in the recent Unannounced CQC Inspection(April 2017)
- A proposal for a prospective process of Quality Improvement across the Trust
- Recommendations that the Quality Governance Committee provide a delegated Trust Board assurance overview on the progress being made against the Quality Improvement Plan and proposed prospective processes.

Vicky Morris  
Chief Nursing Officer  
April 2017

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## **REPORT TO TRUST BOARD – 3<sup>rd</sup> May 2017**

### **1. Introduction**

This paper provides an outline and progress report against the Quality Improvement plan within Worcestershire Acute Hospitals NHS Trust and a formal brief to the Trust Board on the recent Care Quality Inspection and an outline brief regarding the plans to develop proactive and prospective processes to ensure embedded Quality Improvements as well as monitoring compliance with the CQC's Fundamental Standards.

### **2. Background**

In March 2017 the Trust Board received a report that described how the Trust has developed a Quality Improvement Plan (QIP) to address the concerns highlighted in the Care Quality Commission (CQC) Section 29A Warning Notice (January 2017) that identified that Worcestershire Acute Hospitals NHS Trust (WAHT) must make significant and immediate improvements to the quality of the health care its delivers. Some early immediate actions were undertaken following receipt of the warning notice. The Quality Improvement Plan itself was submitted to the CQC by the Trust in advance of the deadline for response which was 10<sup>th</sup> March 2017.

The paper to the Board in March 2017 described the programme governance structure for the Trust's QIP, and the three work streams within it, each of which has an executive lead:

- Safe and Effective Care;
- Urgent Care/ Flow; and
- Governance and Risk Management

### **3. Compliance with Fundamental Standards**

- 3.1 It is acknowledged that since 2015 the Trust has primarily functioned in a reactive manner, responding to feedback from CQC by developing action plans and being driven almost exclusively by these. While this approach has delivered some improvements, some of these improvements had not been sustained and the processes have been imperfect, as well as insufficient focus on risk and assurance.

It is recognised that in order to ensure that the improvements to quality and safety that are being made are sustained, and built on further, the Trust

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must be less 'action plan driven' taking a more proactive approach and building in prospective review processes that are aligned to the CQC's Fundamental Standards. We will therefore be taking the issues from the Section 29a notice, pulling out the themes, and aligning them to existing assurance processes. This will embed the delivery of improvements into normal business, rather than treating it as something quite separate.

There will be a greater focus on;

- Ensuring that all risks are fully assessed and added to the risk register, and escalated to the corporate risk register in line with the Risk Management Strategy.
- Identifying and recording the impact of any risks on the fundamental standards.
- Availability of assurance, ensuring that assurance is evidence-based, closely scrutinised and robust.

## **4.0 Quality Improvement Plan**

### **4.1 The plan**

This report provides an update on progress with the delivery of the Quality Improvement Plan as at 21 April 2017. There are 32 separate action plans grouped into three main themes: urgent care and flow, safe and effective care and governance and risk. Each action plan has an identified operational lead and a PMO lead in support. The Chief Executive Officer is the Senior responsible Office (SRO) for the plan and the Executive Lead is the Chief Nursing Officer.

### **4.2 Delivery of the plan**

Delivery of the plan is governed through the Quality and Safety Improvement Group (QSIG) which reports to the Quality Governance Committee (QGC). The QSIG meets fortnightly and is chaired by the Chief Executive Officer. The group reviews updated highlight reports for each of the three core themes in the plan, the actions identified from previous meetings and the risk and issues log. Actions can only be closed and agreed as delivered if there is sufficient evidence for sustained improvement, which includes any measurable improvement captured in the dashboard accompanying the overall plan.

The QSIG has met three times to date and the processes governing the delivery of the Quality Improvement Plan are rapidly maturing. However, at this early stage and

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with new key executives only recently joining the Trust, the plan is scrutinised in significant detail at each meeting to ensure that actions and RAG ratings are an appropriate reflection of progress and improvement, with any concerns captured for discussion with operational leads, to support the development of an effective culture for improvement. The group has requested 'deep dives' into areas of particular concern to attempt to gain greater assurance. So far there have been deep dives into:

1. Capacity escalation systems and processes
2. Gynaecology patient experience
3. Mortality reviews

In the case of 1 & 3 there was insufficient assurance and further executive action has been identified. Further deep dives into Venous Thromboembolism assessment and Risk escalation processes are planned for the next QSIG meeting in the first week of May 2017.

#### **4.3 Reporting the plan**

Reporting by the QSIG is by exception and the main discussion on the issues arising from these exceptions. The reports arising from the group provide a high level summary of progress made across the domains and key areas of concern.

### **5. Unannounced CQC Inspection – April 2017.**

The CQC undertook an unannounced visit on the 11<sup>th</sup>/12<sup>th</sup> April which focused on gaining assurance regarding the section 29a response provided by the Trust.

The Inspection was in response to concerns found during the previous comprehensive inspection in November and December 2016 which resulted in the trust being served a Section 29a Warning Notice.

The focus of the Inspection was on the areas indicated by the information that triggered the focused inspection and to check that necessary improvements have been made.

#### **5.1 Approach**

As part of the inspection CQC

- Inspected clinical areas
- Interviewed clinical staff
- Provided verbal feedback on 12 April 2017

A smaller team of Inspectors returned to the trust on 24 and 25 April 2017 to hold focus groups with staff and interview senior executives.

#### **5.2 CQC overview of their preliminary findings**

##### **5.2.1 Areas of improvement since the last Inspection**

- Pressure area care was good across the sites visited.
- The assessment of Paediatric Early Warning Score (PEWS) was well managed in the emergency department (ED) at the Alexandra Hospital (AH) and had improved at Worcestershire Royal Hospital (WRH). However, CQC found at WRH that:
  - PEWS triggers were not consistently being escalated

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- Frequency of observation of PEWS scores were not always noted and adhered to.
  - The endoscopy suite at Kidderminster Hospital and Treatment Centre had addressed concerns regarding the contemporaneous recording of the administration of controlled drugs.
  - The concerns identified relating to mixed sex breaches and how these were reported within Kidderminster Hospital and Treatment Centre (KHTC) had been addressed.
  - 91% of staff in the children's department had completed training in the use of continuous positive airway pressure (CPAP) providing assurance of safe management of children requiring this intervention.
  - The concerns relating to appropriate checking and servicing of equipment in maternity had been addressed.

### **5.2.2 Areas for improvement:**

- Initial venous thromboembolism (VTE) assessments were generally completed, although reassessment in line with trust and national guidance remained poor. However within the haematology ward and the medical assessment unit (MAU) at WRH areas of good practice were identified.
- CQC saw improved processes around monitoring temperatures in which medicines were being stored; however there were instances where temperatures had exceeded acceptable range.
- One Clinical area was not monitoring temperatures in a room that had drugs which should not be stored over 25°C. This was picked up and has now been addressed.
- There was an occasion where time critical drugs (intravenous antibiotics) were not given until escalated by inspector at WRH ED and anti-coagulant prescriptions and some examples of prescriptions which had not been given on numerous occasions (without clear reasons for the omission being recorded).
- The completion of the National Early Warning Score (NEWS) had improved on the MAU and Hazel ward. Otherwise variable practice was observed, particularly regarding escalation and a lack of a link to sepsis.
- There were concerns across both the WRH and AH regarding infection prevention and control processes. We observed staff not washing their hands before and after patient contact, on entering and leaving clinical areas, and not removing personal protective equipment between tasks. The exception to this was the ED at the Alexandra Hospital and in maternity and gynaecology across the trust.
- There continued to be a lack of awareness and appropriate training of staff in safeguarding children. Staff told us and the Interim Chief Medical Officer confirmed, that safeguarding children training had been suspended due to lack of resources. In the quality improvement plan sent by the trust in response to the Section 29a Warning Notice, an action to 'ensure all staff have appropriate safeguarding training' was due to be completed on 30 February 2017 (sic).
- CQC found that patients continued to breach the 12 hour target in ED. Concerns continue regarding the care of patients in the WRH ED corridor as their privacy and dignity was significantly compromised. In addition there were concerns regarding the "culture" of the use of the corridor with it being seen as part of the ED. Patients were moved to and cared for in the corridor even when there was other capacity in the department.
- During the visit to KHTC resuscitation equipment was found, which had failed

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as of midnight (12/4/17) due to the expiry of electronic pads. This was not communicated to the day staff, meaning the equipment failure would not be identified and rectified until it was checked by the night staff the following evening.

- Four out of five executive and non-executive personal files reviewed in line with the Fit and Proper Person regulation were incomplete. There was insufficient governance in place to ensure that directors and non-directors fulfilled this requirement. Actions were undertaken immediately.
- Locum consultants did not always have their own log in or passwords for the computer system, therefore other members of staff predominantly but not restricted to junior doctors were sharing theirs. This was not compliant with the required Information Governance Standards and this was addressed at the time of the Inspection.

## **6.0 Approach to Quality Improvement Programme for 2017/18**

There are clear trends and themes which have been identified within the section 29a Improvement notice, the subsequent unannounced Inspection and our own Internal audit information and analysis.

It is vitally important that we quickly and effectively resolve the outstanding actions required against the current specific actions outlined in the section 29a letter and move to a sustainable and prospective Quality Improvement Plan which engages with staff across all wards and Departments on all three sites in order that we can collectively implement and then sustain the Quality improvements required, which will include the development of Divisional improvement plans and objectives to underpin the overarching Trust wide Quality improvement Plan.

The current phase of specific improvement actions will be completed by the end of May 2017. The closure of that phase of the Improvement programme will be underpinned by closure criteria, associated evidence to support the action closure and then the prioritised and themed Quality Improvements objectives for 17/18 will be aligned to demonstrate how the Quality Improvements will be managed prospectively.

The Detailed scrutiny and closure criteria will be monitored and signed off through Quality and Safety Improvement Group (QSIG) and then a high level overview presented to the Quality Governance Committee on the 25<sup>th</sup> May with underpinning prospective action plans.

The Trust recognises the need to proactively engage with our staff, patients and our full range of stakeholders across the summer and into the Autumn in relation to developing a three year Quality Improvement Strategy. A full proposal for that process will be developed and considered in the next Public Board Meeting in July 2017.

Mrs Vicky Morris  
Chief Nursing Officer  
April 2017





3 May 2017

Enclosure E1

Report to Trust Board (in Public)

|   |  |  |   |
|---|--|--|---|
| Title   | Finance & Performance Committee  |  |   |
| Sponsoring Director                           | John Burbeck – F & P Committee Chairman / Non-Executive Director   |  |   |
| Author  | Jill Robinson – Chief Finance Officer<br>Thekla Goodman - F & P Committee Secretary  |  |   |
| Action Required                               | <p>The Board is requested to:</p> <ul style="list-style-type: none"><li>- <i>Note the Trust delivered its control total for 2016/17 with an overall improvement of £5.83m</i></li><li>- <i>Note the progress against the CIP target and the rigorous approach to performance management.</i></li><li>- <i>Note the approval of the 2017/18 Capital Programme</i></li><li>- <i>Note the continued focus for improving the Trust’s Operational targets</i></li><li>- <i>Approve that the 2016/17 be prepared on a Going Concern basis.</i></li></ul> |  |   |
| Previously considered by                      | N/A  |  |   |
| Priorities (✓)                                |  |  |   |
| <i>Investing in staff</i>                     |  |  |   |
| <i>Delivering better performance and flow</i> |  |  | ✓ |
| <i>Improving safety</i>                       |  |  |   |
| <i>Stabilising our finances</i>               |  |  | ✓ |
| Related Board Assurance Framework Entries     |  | <p>3290 If plans to improve cash position do not work the Trust will be unable to pay creditors impacting on supplies to support service.</p> <p>3291 Deficit is worse than planned and threatens the Trust’s long term financial sustainability.</p> <p>3193 If the Trust does not achieve patient access performance targets there will be significant impact on finances.</p> |   |
| Legal Implications or Regulatory requirements |  | <p>It is expected that the F&amp;P Committee will give assurance to the Trust Board that plans are in place to achieve the Trust’s financial forecasts.</p> <p>The Trust has a statutory duty to breakeven over a 3 year period.</p>   |   |
| Glossary                                      |  | <p>The government budget that is allocated to and spent by government departments is known as the <b>Capital Departmental Expenditure Limit (CDEL)</b>.</p>  |   |

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|------------------|---|
| Title of report  | Finance & Performance Committee Report – Month 12 |
| Name of director | John Burbeck                                      |

3 May 2017

Enclosure E1

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**KEY MESSAGES**

The Finance & Performance Committee met on 29 March (Month 11) and 26 April (Month 12), the key discussions and decisions are below.

**Financial Position**

For 2016/17 the Trust committed to delivering a deficit of £47.7m before receipt of Sustainability and Transformation Funding (STF) amounting to £13.1m, giving a Control Total deficit of £34.6m. In agreeing to this plan, the Trust expected to record a one-off technical adjustment related to the PFI contract of approximately £3.7m. The final position for the Trust is a pre STF deficit of £44.7m, representing a £3m positive variance to the original plan. This is primarily generated by an increase in the PFI technical adjustment (£7.3m). Out of the possible £13.1m Sustainability and Transformation Funding (STF) assigned to the Trust (on condition the Trust achieved the Financial and Operational elements of the STF), £11.135m had been achieved; the shortfall is due to the Trust's continued operational challenges with the A & E 4 hour waits, RTT and so on. However, as an additional incentive payment for delivering a financial position better than the Control Total, the Trust has received a £ for £ STF incentive payment. This amounted to £3m, being the amount delivered before STF. Subsequent notification from NHSI, has resulted in additional incentive payment of £0.2m and a further STF bonus payment of £1.5m paid to providers that exceeded their control total and committed to delivering this early.

In summary, this has resulted in the Trust delivering a Control Total for the year of £28.75m deficit, compared to a planned £34.58m deficit, an overall improvement of £5.83m.

There is an underlying monthly run rate which is £0.8m above budget as we start the 2017/18 financial year which must be addressed. The Executive Team will continue to robustly monitor the Divisional and Corporate areas in terms of budgetary control, their CIP targets and agency expenditure as the Trust ensures its run rate improves and stabilises through 2017/18 and beyond. The Performance Review meetings are the platform for rigorous challenge and monitoring performance against the statutory targets.

Cost Improvement Programme

The Trust's CIP target for 2017/18 has been set at £20.9m and Divisional plans are to be finalised by 30 April 2017, the PMO will be absolutely focussed on supporting the Divisions in keeping on track with their schemes. Whilst the Trust has strengthened its monitoring processes with the monthly performance reviews, the development and implementation of the Improvement Programme will give added rigour and provide the tools and levers for a transformational plan to improve, maintain and sustain safety and quality throughout the Trust by 2020 which will in turn translate into financial efficiency. This programme framework consists of 4 key work streams to drive out inefficiencies and enhance productivity whilst ensuring safety and quality are at the forefront of all Trust activity.

Capital Programme

The Trust has £3.768m available of internally generated capital funding leaving a gap of £14.905m required for capital expenditure deemed as essential. This position leaves very little scope for flexibility, and schemes that have already been deferred are becoming increasingly high risk. The Trust will be submitting bids at an early stage for loans to address the shortfall. In terms of the available Trust generated funding, the Capital Prioritisation Group, membership of which includes clinical divisional representation, has met on a monthly basis since the start of the calendar year to agree the priorities which were presented to the F & P Committee for approval. The Committee approved the 2017/18 Programme being clear that expenditure must remain within the available funding until such a time the Trust is successful in securing loans or other available funding sources.

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| Title of report  | Finance & Performance Committee Report – Month 12 |
| Name of director | John Burbeck                                      |

**3 May 2017**

**Enclosure E1**

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Financial Plan

At its meeting in March, the Committee noted that the financial budgets and plan for 2017/18 had been set following a series of Divisional meetings to agree the individual components of each budget based on service growth assumption, CIP target and the finalisation of the Capital Programme. At the time the financial target for 2017/18 was a deficit of £30m including STF. The Committee agreed the plan and it is a separate item on the Board agenda for approval.

**Operational Performance**

The Committee received the Integrated Performance Report noting the key messages which are also presented separately on the Board Agenda. The Committee discussed the challenges over the past 12 months which has made it difficult to achieve against target for Emergency Access Standard (EAS), Referral to Treatment (RTT) and issues within Diagnostics have impacted on Cancer performance. The Acting Director of Performance advised that reporting going forwards would be more action focussed and forward looking.

In terms of improving performance, the Acting Director of Performance set out the key planned actions and the 2017/18 trajectories for EAS, RTT, Diagnostics and Cancer which have been submitted to NHSI. The trajectory for EAS has been aligned with the national requirements but further work is required on how this will be delivered. The remaining trajectories have been built bottom up with the Divisions which will give a better platform for accountability and ownership. This is an initial step and further work will be required to improve the robustness of the demand and capacity analysis underpinning the trajectories. He continued that increased rigour would be applied to managing the delivery of these trajectories.

The Interim Chief Operating Officer agreed to present a report detailing the actions/processes introduced for improving the four targets mentioned above together with the expected impact.

Performance Management & Accountability Framework

The Performance Management and Accountability Framework outlines a clear set of principles in relation to how performance management will work at the Trust. The Trust is at the start of the journey towards creating a performance culture so the Framework will evolve over time. The Acting Director of Performance asked the Committee to note that the Framework was central to supporting the delivery of the aims and objectives of the Trust. The three main areas of focus are (a) to create a well governed and clear structure that has clear lines of accountability and responsibility; (b) to achieve and embed performance improvement by facilitating cultural change through a programme of improvement and (c) access to supporting tools, i.e. high quality data and business intelligence. The first of three training days have been held with the Trust's senior management from which positive feedback has been received. The focus of the second training day will be on the introduction of the Framework. The Committee supported the introduction of the Framework and noted that future monthly performance reviews will be conducted in line with this Framework.

**Other Committee Business**

Theatre Improvement Programme

The Theatre Improvement Programme commenced during the earlier part of 2016/17 with the intense support of PricewaterhouseCoopers to improve theatre utilisation. The aim of the project was to improve productivity, increase levels of activity and maintain reductions in additional session expenditure.

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| Name of director | John Burbeck                                      |

**3 May 2017**

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A number of actions were taken to refresh and strengthen operational policy, practice and governance which improved overall performance.

Improvements made included a more proactive approach to understanding available capacity through forward looking at available slots, weekly activity trajectories and weekly theatre meetings and the Divisional successfully met its planned target in November 2016.

In December 2016, following a county wide risk summit, it had been agreed to suspend all activity with the exception of life and limb threatening which had an adverse impact on performance. Normal activity has since been re-activated and performance in March has demonstrated the Division's ability to bring activity backed to planned levels which is set to continue into 2017/18.

Through a number of additional measures, channelled focus will continue on delivering contracted activity, improving the backlog position ensuring the productivity and efficiency gains supporting the Division in achieving its CIP target.

#### Workforce Report

Some progression is being made in medical recruitment but the vacancy factor remains a high risk for the Trust. The Director of Human Resources & Organisational Development described the Trust's reinvigorated approach to recruitment, looking at overseas appointments, enhanced advertisement campaigns, open events to showcase the Trust and a careers fair in London during autumn.

Work continues on converting agency to bank and this has accelerated to some extent owing to the new HMRC regulations on IR35 for public bodies. The Agency Task Force meets weekly to review on an individual basis the status of agency staff i.e. rate, length of service, duration.

Nursing recruitment too needs additional focus as the static vacancy factor is also high risk for the Trust.

#### Going Concern

As with previous years in the preparation of the annual accounts, the Trust is obliged to make a decision at Board Level on whether to report the accounts as a Going Concern.

The Trust's Auditors, Grant Thornton, have advised that the financial statements should include disclosure on the length of the guaranteed cash support and whilst there is no formal agreement in place, the Trust is confident that the Department of Health and NHSI will continue to support the cash needs of the Trust and will disclose this within the accounts.

The Assistant Director of Finance confirmed that the Trust has achieved its pre STF control total; the Trust produces a monthly cash flow spanning 13 weeks and a 12 month cash flow forecast; the Trust has signed up to the 2017/18 control total and the NHSI has not raised any material concerns; contracts for healthcare have been agreed for 2017/18; the 2017/18 CIP programme has been set at £20.9m and schemes are being worked up to ensure they are viable and have been quality impact assessed; as part of the STP the Trust is committed to working with partners on a system wide plan for financial balance; substantive Executive Director level recruitment has taken place; the Trust has developed a comprehensive response and action plan to the section 29a CQC letter.

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| Title of report  | Finance & Performance Committee Report – Month 12 |
| Name of director | John Burbeck                                      |

**3 May 2017**

**Enclosure E1**

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The Committee considered, and endorsed, the evidence in the report and all other information that had been presented and recommended that the Board:

- Gives it approval for the 2016/17 accounts to be prepared as a Going Concern on the above basis;
  - Notes the need to disclose within the accounts the arrangement around future cash flows; and
  - Note that future revenue support loans are agreed on a month by month basis and that NHSI receive regular cash flow updates.
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**John Burbeck**

Finance & Performance Committee Chairman/  
Non-Executive Director

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| Title of report  | Finance & Performance Committee Report – Month 12 |
| Name of director | John Burbeck                                      |

3 May 2017

Enclosure E2

Report to Trust Board (in public)

|   |   |   |
|---|---|---|
| Title   | Financial Performance – Month 12 2016/17  |   |
| Sponsoring Director                           | Jill Robinson – Chief Finance Officer   |   |
| Author  | Jo Kirwan - Assistant Director of Finance<br>Katie Osmond – Assistant Director of Finance   |   |
| Action Required                               | The Board is asked to review and consider the Trust's financial performance in month 12 and its final position for the 2016/17 financial year.  |   |
| Previously considered by                      | N/a   |   |
| Priorities (v)                                |   |   |
|   | Investing in staff  |   |
|   | Delivering better performance and flow  |   |
|   | Improving safety  |   |
|   | Stabilising our finances  | ✓ |
| Related Board Assurance Framework Entries     | <p><b>3290</b> If plans to improve cash position do not work the Trust will be unable to pay creditors impacting on supplies to support service.</p> <p><b>3291</b> Deficit is worse than planned and threatens the Trust's long term financial sustainability.</p> <p><b>3193</b> If the Trust does not achieve patient access performance targets there will be significant impact on finances.</p>   |   |
| Legal Implications or Regulatory requirements | <p>The Trust must ensure plans are in place to achieve the Trust's financial forecasts.</p> <p>The Trust has a statutory duty to breakeven over a 3 year period.</p>  |   |
| Glossary                                      | <p><b>Commissioning for Quality and Innovation (CQUINs)</b> – payments ensure that a proportion of providers' income (currently up to 2.5%) is conditional on quality and innovation and is linked to service improvement. The schemes that qualify for CQUIN payments reflect both national and local priorities.</p> <p><b>Earnings before interest, taxation, depreciation and amortisation (EBITDA)</b> – is a measure of a trust's surplus from normal operations, providing an indication of the organisation's ability to reinvest and meet any interest associated with loans it may have. It is calculated as revenue less operating expenses less depreciation less amortisation.</p> |   |

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| Title of report  | Financial Performance – Month 12 2016/17 |
| Name of director | Jill Robinson                            |

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**Liquidity** – is a measure of how long an organisation could continue if it collected no more cash from debtors. In Monitor's Risk Assessment Framework, it is measured by the number of days' worth of operating costs held in cash or cash-equivalent forms and is a key component of the continuity of services risk.

**Quality, innovation, productivity and prevention (QIPP)** – is a programme designed to identify savings that can be reinvested in the health service and improve quality of care. Responsibility for its achievement lies with CCGs; QIPP plans must therefore be built into planning (and performance management) processes.

**Marginal rate emergency tariff (MRET)** – is an adjustment made to the amount a provider of emergency services is reimbursed. It aims to encourage health economies to redesign emergency services and manage patient demand for those services. A provider is paid 70% of the national price for each patient admitted as an emergency over and above a set threshold.

Introduced in 2003, **payment by results (PBR)** was the system for reimbursing healthcare providers in England for the costs of providing treatment. Based on the linking of a pre-set price to a defined measure of output of activity, it has been superseded by the national tariff.

**Key Messages:**

**OVERVIEW**

- For 2016/17 the Trust committed to delivering a deficit of £47.7m before receipt of Sustainability and Transformation Funding (STF) amounting to £13.1m, giving a Control Total deficit of £34.6m. In agreeing to this plan, the Trust expected to record a one-off technical adjustment related to the PFI contract of approximately £3.7m.
- The final position for the Trust is a pre STF deficit of £44.7m, representing a £3m positive variance to the original plan. This is primarily generated by an increase in the PFI technical adjustment (£7.3m) which has been agreed with the auditors and included in the financial position in full.
- The Trust has earned the full amount of the STF related to Financial Delivery (£9.2m) but due to not meeting agreed operational performance trajectories has only earned the performance element for Q1, which was based on agreement of trajectories with Commissioners and at the end of the financial year we were also informed that we would earn the element related to Q4 (£0.98m) linked to delivery of the financial position.
- As an additional incentive payment for delivering a financial position better than the Control Total, the Trust has received a £ for £ STF incentive payment. This amounted to £3.3m, being the amount delivered before STF.

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| Title of report  | Financial Performance – Month 12 2016/17 |
| Name of director | Jill Robinson                            |



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Enclosure E2

- In addition to the incentive payment, the Trust has received notification from NHSI of a further STF bonus payment of £1.5m paid to providers that exceeded their control total and committed to delivering this early.
- In summary, this has resulted in the Trust delivering a Control Total for the year of £28.75m deficit, compared to a planned £34.58m deficit, an overall improvement of £5.83m.

**I&E POSITION YTD**

- In summary, adverse variances as a result of CIP slippage and the provision of additional ward capacity have been offset by favourable variances across non clinical vacancies whilst the impact of reduced levels of patient care activity on the income position has been limited by the marginal cost reduction of delivering lower than planned activity.
- The underlying March run rate of £5.1m is consistent with last month - predominantly due to the on-going provision of additional ward capacity.

**CIP**

- The Trust has achieved £25.5m of savings and efficiencies against its £28m target - representing 91% of the target.

**AGENCY CEILING**

- At the end of March the Trust's annual spend on agency staffing is £23.7m, this is £0.8m over its total agency ceiling of £22.9m.

**FINANCIAL DUTIES**

On the three key financial duties, the Trust has:

- **Not achieved** its Breakeven Duty
- **Achieved** the External Financing Limit
- **Met** its Capital Resource Limit

**CAPITAL POSITION**

- The full year position at month 12 2016/17 shows a breakeven position against the Trusts CDEL, with the Emergency Loan of £2.570m fully committed.

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| Title of report  | Financial Performance – Month 12 2016/17 |
| Name of director | Jill Robinson                            |

## Finance Report Month 12

Jill Robinson

Chief Finance Officer

26<sup>th</sup> April 2017

# Trustwide Position – Key Headlines

March 17 (Month 12)

| Income & Expenditure                                     | Current Month   |                 |              | Full Year        |                  |                |
|--|-----------------|-----------------|--------------|------------------|------------------|----------------|
|  | Plan            | Actual          | Var          | Plan             | Actual           | Var            |
|  | £000s           | £000s           | £000s        | £000s            | £000s            | £000s          |
| <b>Operating Revenue &amp; Income</b>                    |                 |                 |              |                  |                  |                |
| Patient Care Revenue exc STF                             | 26,142          | 26,282          | 141          | 317,598          | 313,834          | (3,764)        |
| Other Operating Income                                   | 2,353           | 1,649           | (704)        | 26,543           | 28,096           | 1,553          |
| Non PBR Drugs & Devices                                  | 3,420           | 3,420           | 0            | 38,158           | 38,158           | 0              |
| <b>Total Operating Revenue exc STF</b>                   | <b>31,915</b>   | <b>31,351</b>   | <b>(564)</b> | <b>382,299</b>   | <b>380,088</b>   | <b>(2,211)</b> |
| <b>Operating Expenses</b>                                |                 |                 |              |                  |                  |                |
| Pay  | (20,949)        | (22,289)        | (1,340)      | (253,831)        | (253,659)        | 172            |
| Non Pay  | (9,265)         | (2,079)         | 7,186        | (112,598)        | (106,734)        | 5,864          |
| Non PBR Drugs & Devices                                  | (3,420)         | (3,420)         | 0            | (38,158)         | (38,158)         | 0              |
| <b>Total Operating Expenses</b>                          | <b>(33,634)</b> | <b>(27,787)</b> | <b>5,846</b> | <b>(404,587)</b> | <b>(398,551)</b> | <b>6,036</b>   |
| <b>EBITDA *</b>  | <b>(1,719)</b>  | <b>3,564</b>    | <b>5,283</b> | <b>(22,288)</b>  | <b>(18,463)</b>  | <b>3,825</b>   |
| EBITDA %   | -5.4%           | 11.4%           |              | -5.8%            | -4.9%            |                |
| Depreciation   | (1,167)         | (1,167)         | 0            | (10,697)         | (10,697)         | 0              |
| Net Interest, Dividends & Gain/(Loss) on asset disposal  | (982)           | (1,500)         | (518)        | (14,770)         | (15,289)         | (519)          |
| Impairment Losses  | 0               | (155)           | (155)        | 0                | (155)            | (155)          |
| <b>Reported Total Surplus / (Deficit) exc STF</b>        | <b>(3,868)</b>  | <b>897</b>      | <b>4,765</b> | <b>(47,755)</b>  | <b>(44,449)</b>  | <b>3,306</b>   |
| Less Impact of Donated Asset Accounting                  | 6               | 6               | 0            | 72               | (254)            | (326)          |
| <b>Surplus / (Deficit) against Control Total exc STF</b> | <b>(3,862)</b>  | <b>903</b>      | <b>4,765</b> | <b>(47,683)</b>  | <b>(44,703)</b>  | <b>2,980</b>   |
| Surplus / (Deficit) %                                    | -12.1%          | 2.9%            |              | -12.5%           | -11.8%           |                |

|  |                |              |               |                 |                 |              |
|--|----------------|--------------|---------------|-----------------|-----------------|--------------|
| Core STF - Financial                                     | 764            | 2,292        | 1,528         | 9,170           | 9,170           | 0            |
| Core STF - Performance                                   | 328            | 983          | 655           | 3,930           | 1,965           | (1,965)      |
| Finance Incentive STF (£ for £)                          | 0              | 3,319        | 3,319         | 0               | 3,319           | 3,319        |
| Bonus STF  | 0              | 1,501        | 1,501         | 0               | 1,501           | 1,501        |
| <b>Total STF</b>   | <b>1,092</b>   | <b>8,095</b> | <b>7,003</b>  | <b>13,100</b>   | <b>15,955</b>   | <b>2,855</b> |
| <b>Surplus / (Deficit) against Control Total inc STF</b> | <b>(2,770)</b> | <b>8,998</b> | <b>11,768</b> | <b>(34,583)</b> | <b>(28,748)</b> | <b>5,835</b> |

*STF bonus pot (remaining balance after core and incentive fund calculated) has now been communicated to the Trust as £1.5m. This allocation is paid to providers that deliver their control total and weighted to providers that exceeded their total and committed early. At this point STF values remain indicative until after the final accounts are complete and submitted – beginning of June 17.*

## Performance against Control Total – (excluding STF)

- The Trust has delivered a pre STF year end position of a £44.7m deficit in line with forecast resulting in a £3m favourable variance.
- The £0.9m in-month surplus represents an improvement of £6m on the underlying February position, predominately due to the inclusion of the PFI technical adjustment.

## Performance against Control Total – (including STF)

- Inclusion of the STF reduces the year end deficit to £28.7m.
- At Q4, the full quarters STF is paid on delivery of the agreed financial control target (recently adopted change for 16/17 only).
- Inclusion of STF finance incentive scheme increased the STF by £3.3m and the STF bonus payment by a further £1.5m.

## CIP

- The Trust has achieved £25.5m of savings and efficiencies against its £28m target - representing 91% of the target.

## Financial Duties

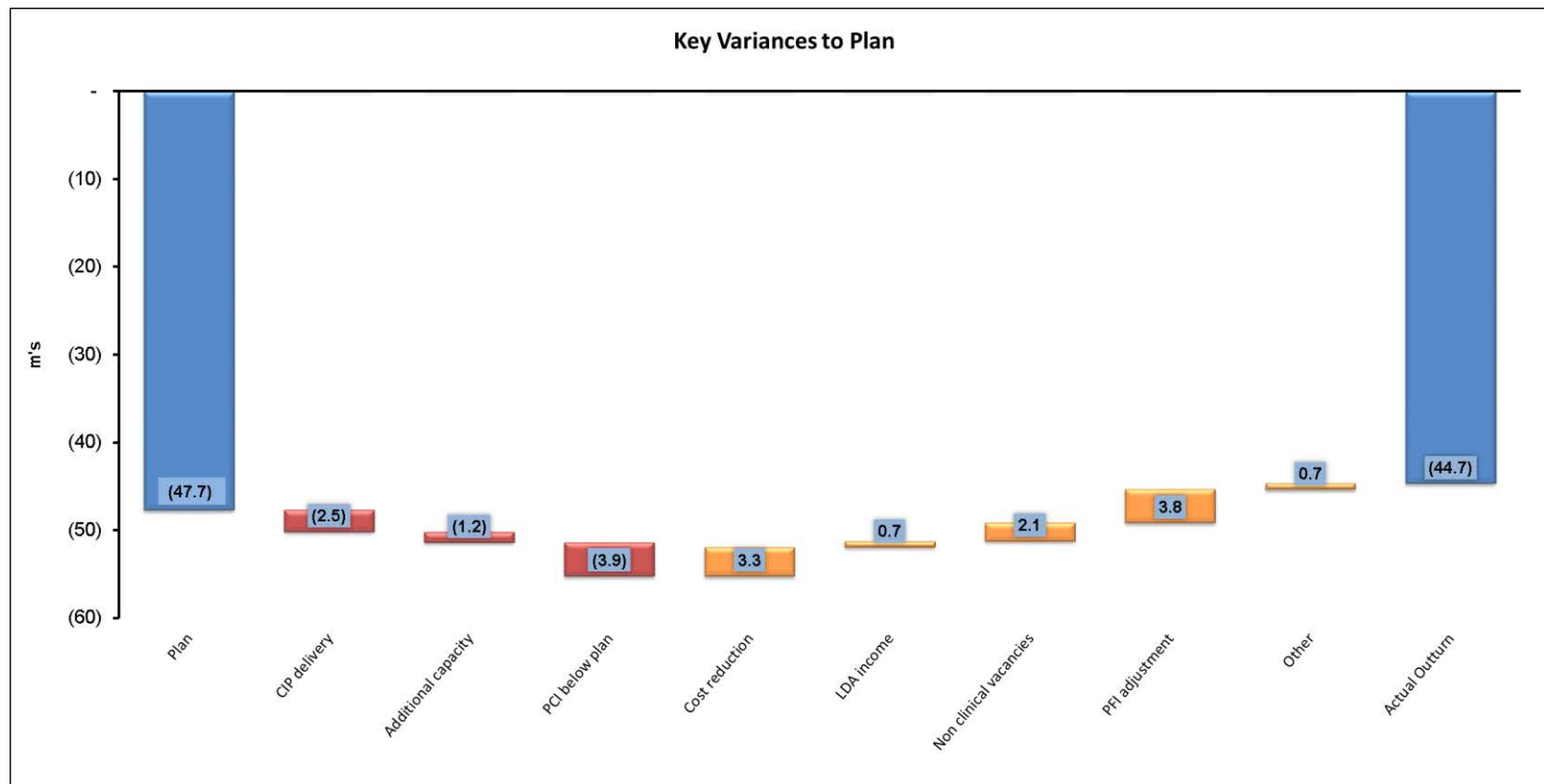
On the three key financial duties, the Trust has:

- Not achieved** its Breakeven Duty
- Achieved** the External Financing Limit
- Met** its Capital Resource Limit

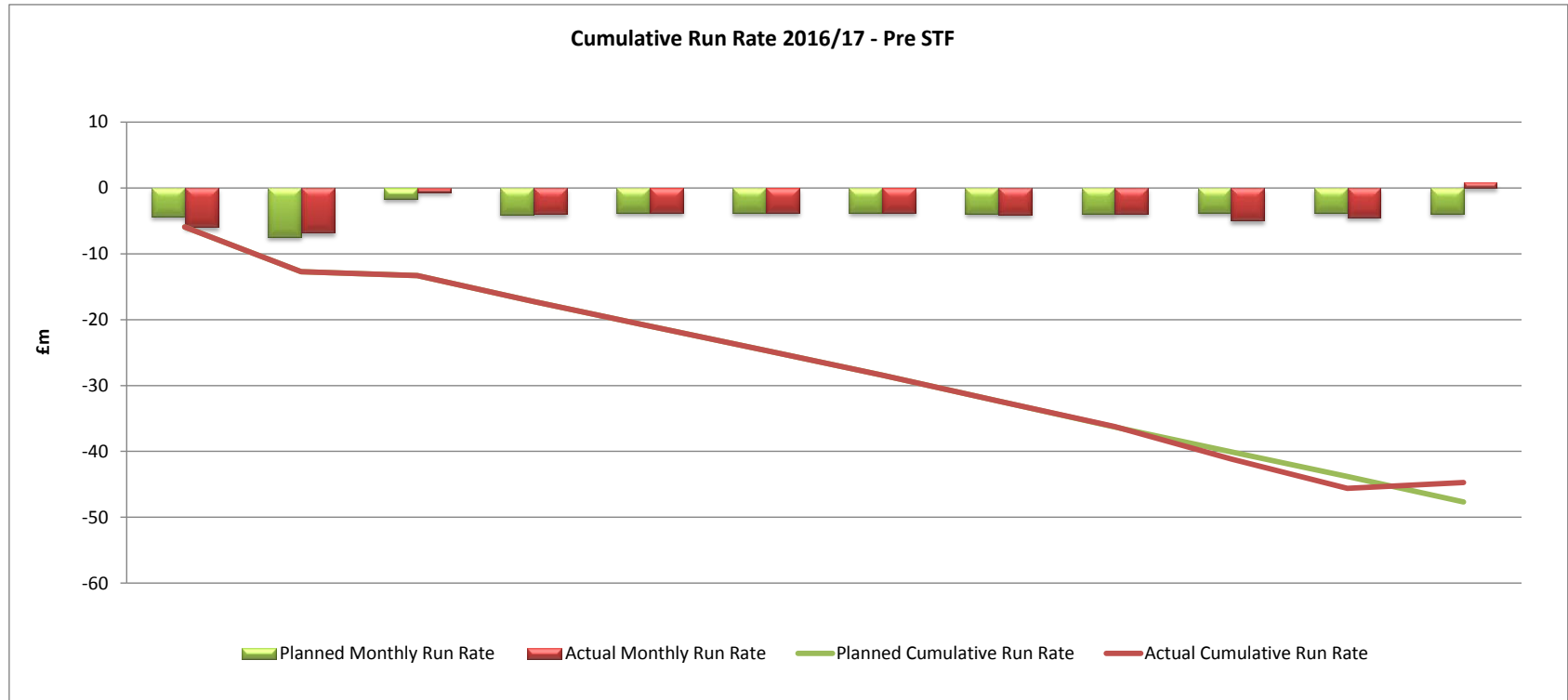
# Key Variances

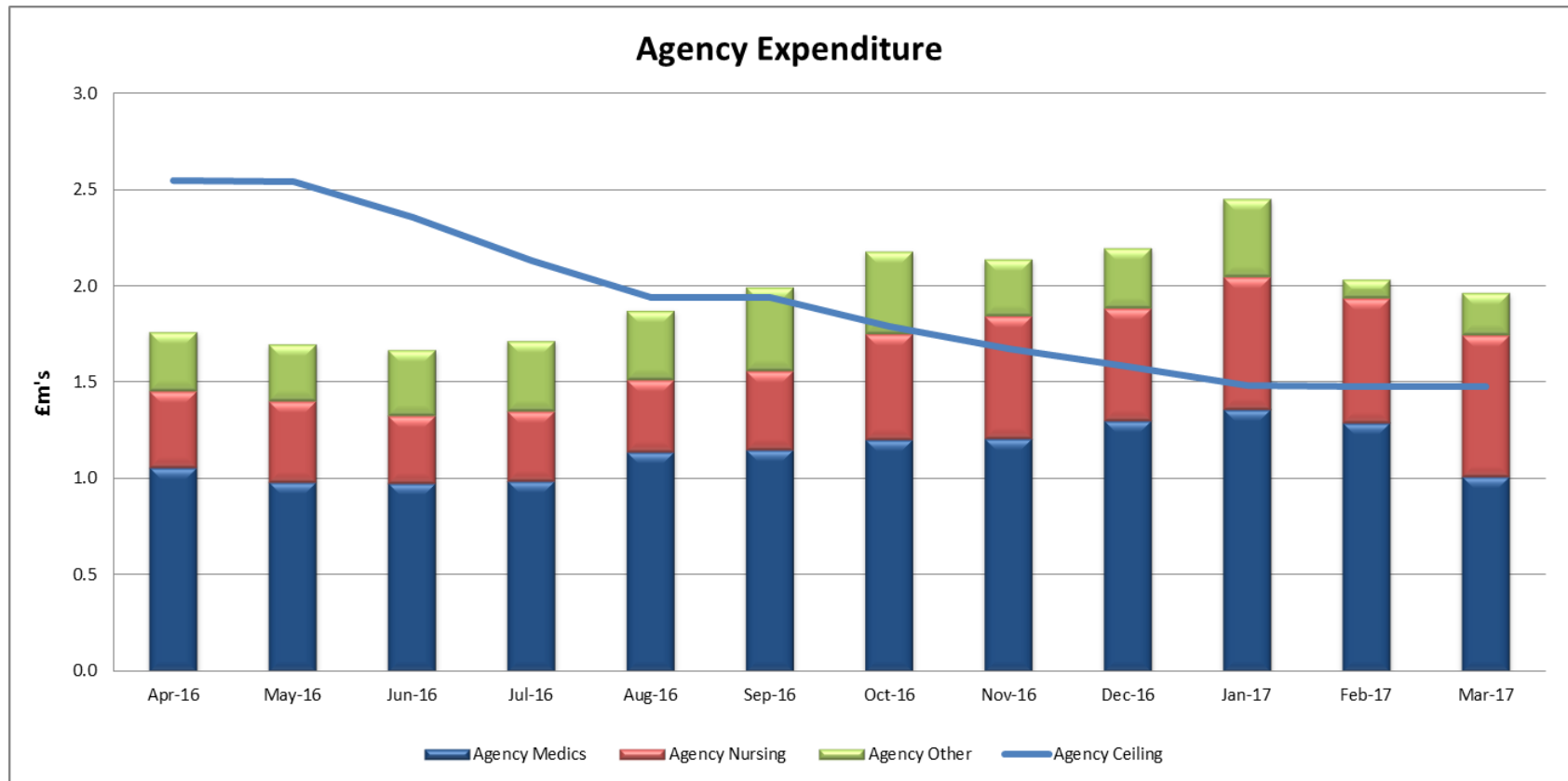
The Trust has delivered a pre STF year end position of a £44.7m deficit in line with forecast resulting in a £3m favourable variance.

The bridge diagram below details the main drivers of the variance against plan. In summary, adverse variances as a result of CIP slippage and the provision of additional ward capacity have been offset by favourable variances across non clinical vacancies - whilst the impact of reduced levels of patient care activity on the income position has been limited by the marginal cost reduction of delivering lower than planned activity.



# Annual Run Rate





- At the end of March the Trusts annual spend on agency staffing is £23.7m, this is £0.8m over its total agency ceiling of £22.9m.
- Total agency expenditure for the month of March is £2m - although this does include a prior period adjustment that reduced the in month cost by £0.3m. The normalised run rate continues at £2.3m per month.
- Increased agency costs continue as a result of providing additional bed capacity. Without any further action a continuation of the current agency run rate into next year would result in FOT of £27.7m.
- The agency ceiling of £22.9m remains in 2017/18. However, further to the NHSI announcement regarding a year on year reduction in medical agency, the Trust has been set a savings target of £3,084m. To date Divisions have submitted medical agency CIP plans totalling £4m.

# Income by Point of Delivery

|   | In Month      |               |              |              | YTD            |                |                |             | Full Year      |                |                |                |             |
|---|---------------|---------------|--------------|--------------|----------------|----------------|----------------|-------------|----------------|----------------|----------------|----------------|-------------|
|   | Plan          | Actual        | Var          | %            | Plan           | Actual         | Var            | %           | Initial Plan   | Current Plan   | Forecast       | Var            | %           |
|   | £'000         | £'000         | £'000        | £'000        | £'000          | £'000          | £'000          | £'000       | £'000          | £'000          | £'000          | £'000          | £'000       |
| Elective                                | 2,247         | 2,285         | 37           | 2%           | 27,293         | 25,024         | (2,269)        | (8%)        | 27,293         | 27,293         | 24,841         | (2,452)        | (9%)        |
| Daycase                                 | 3,143         | 3,127         | (15)         | (%)          | 35,063         | 34,607         | (456)          | (1%)        | 35,063         | 35,063         | 34,103         | (960)          | (3%)        |
| Non Elective - Emerg                    | 7,725         | 7,753         | 28           | %            | 88,795         | 86,760         | (2,034)        | (2%)        | 88,795         | 88,795         | 85,872         | (2,923)        | (3%)        |
| Non Elective - Other                    | 140           | 89            | (51)         | (37%)        | 1,610          | 1,457          | (153)          | (10%)       | 1,610          | 1,610          | 1,546          | (64)           | (4%)        |
| <b>Total Inpatients</b>                 | <b>13,255</b> | <b>13,254</b> | <b>(1)</b>   | <b>(%)</b>   | <b>152,760</b> | <b>147,848</b> | <b>(4,912)</b> | <b>(3%)</b> | <b>152,760</b> | <b>152,760</b> | <b>146,361</b> | <b>(6,399)</b> | <b>(4%)</b> |
| Outpatients New                         | 1,780         | 1,688         | (91)         | (5%)         | 19,953         | 19,176         | (777)          | (4%)        | 19,953         | 19,953         | 19,242         | (710)          | (4%)        |
| Outpatients F Up                        | 1,734         | 1,749         | 15           | 1%           | 19,312         | 18,672         | (640)          | (3%)        | 19,312         | 19,312         | 18,630         | (682)          | (4%)        |
| Outpatients Procedure                   | 739           | 726           | (14)         | (2%)         | 8,525          | 8,480          | (45)           | (1%)        | 8,525          | 8,525          | 8,547          | 22             | %           |
| <b>Total Outpatients</b>                | <b>4,253</b>  | <b>4,163</b>  | <b>(90)</b>  | <b>(2%)</b>  | <b>47,790</b>  | <b>46,328</b>  | <b>(1,462)</b> | <b>(3%)</b> | <b>47,790</b>  | <b>47,790</b>  | <b>46,419</b>  | <b>(1,370)</b> | <b>(3%)</b> |
| ED Attendances                          | 1,485         | 1,395         | (90)         | (6%)         | 16,645         | 16,453         | (193)          | (1%)        | 16,645         | 16,645         | 16,732         | 87             | 1%          |
| Community MIU                           | 192           | 204           | 11           | 6%           | 2,155          | 2,244          | 89             | 4%          | 2,155          | 2,155          | 2,300          | 145            | 7%          |
| <b>Total ED/MIU</b>                     | <b>1,677</b>  | <b>1,599</b>  | <b>(79)</b>  | <b>(5%)</b>  | <b>18,800</b>  | <b>18,697</b>  | <b>(104)</b>   | <b>(1%)</b> | <b>18,800</b>  | <b>18,800</b>  | <b>19,032</b>  | <b>232</b>     | <b>1%</b>   |
| Maternity - Delivery                    | 1,068         | 957           | (111)        | (10%)        | 13,267         | 12,302         | (965)          | (7%)        | 13,267         | 13,267         | 12,154         | (1,113)        | (8%)        |
| Maternity Ante Natal                    | 650           | 793           | 143          | 22%          | 8,625          | 8,523          | (102)          | (1%)        | 8,625          | 8,625          | 8,346          | (279)          | (3%)        |
| Maternity Post Natal                    | 124           | 124           | (1)          | (%)          | 1,598          | 1,463          | (136)          | (8%)        | 1,598          | 1,598          | 1,419          | (179)          | (11%)       |
| <b>Total Maternity</b>                  | <b>1,848</b>  | <b>1,877</b>  | <b>29</b>    | <b>2%</b>    | <b>23,555</b>  | <b>22,317</b>  | <b>(1,238)</b> | <b>(5%)</b> | <b>23,555</b>  | <b>23,555</b>  | <b>21,946</b>  | <b>(1,609)</b> | <b>(7%)</b> |
| Paed - Daycase/Elective                 | 22            | 29            | 6            | 28%          | 250            | 271            | 21             | 8%          | 250            | 250            | 267            | 17             | 7%          |
| Paed - Non Elective                     | 518           | 446           | (71)         | (14%)        | 5,527          | 5,426          | (101)          | (2%)        | 5,527          | 5,527          | 5,480          | (47)           | (1%)        |
| Paed - Outpatient                       | 236           | 243           | 7            | 3%           | 2,645          | 2,631          | (15)           | (1%)        | 2,645          | 2,645          | 2,658          | 13             | %           |
| Paed - BPT, Drugs, CQUIN                | 120           | 128           | 8            | 7%           | 1,504          | 1,563          | 59             | 4%          | 1,501          | 1,504          | 1,479          | (25)           | (2%)        |
| Paed - Neonatal Cot Days                | 354           | 221           | (134)        | (38%)        | 4,250          | 3,876          | (374)          | (9%)        | 4,250          | 4,250          | 3,963          | (288)          | (7%)        |
| <b>Total Paediatrics</b>                | <b>1,249</b>  | <b>1,066</b>  | <b>(183)</b> | <b>(15%)</b> | <b>14,177</b>  | <b>13,766</b>  | <b>(410)</b>   | <b>(3%)</b> | <b>14,174</b>  | <b>14,177</b>  | <b>13,847</b>  | <b>(330)</b>   | <b>(2%)</b> |
| <b>Chemotherapy Delivery</b>            | <b>346</b>    | <b>175</b>    | <b>(170)</b> | <b>(49%)</b> | <b>3,828</b>   | <b>3,815</b>   | <b>(14)</b>    | <b>(%)</b>  | <b>3,828</b>   | <b>3,828</b>   | <b>4,002</b>   | <b>174</b>     | <b>5%</b>   |
| Drugs PBR Excluded                      | 2,161         | 2,161         | 0            | %            | 25,414         | 25,414         | 0              | %           | 25,700         | 25,414         | 25,212         | (288)          | (1%)        |
| Critical Care ITU/HDU                   | 854           | 705           | (148)        | (17%)        | 10,242         | 9,550          | (692)          | (7%)        | 10,242         | 10,242         | 9,434          | (808)          | (8%)        |
| Other Contract Income                   | 5,196         | 5,444         | 248          | 5%           | 59,764         | 61,118         | 1,354          | 2%          | 60,663         | 59,764         | 63,028         | 3,264          | 5%          |
| <b>Total Other Contract Income</b>      | <b>8,211</b>  | <b>8,311</b>  | <b>100</b>   | <b>1%</b>    | <b>95,420</b>  | <b>96,082</b>  | <b>662</b>     | <b>1%</b>   | <b>96,605</b>  | <b>95,420</b>  | <b>97,673</b>  | <b>2,253</b>   | <b>2%</b>   |
| Non Elective - Emerg Threshold          | 0             | 0             | 0            | %            | 0              | 0              | 0              | %           | 0              | 0              | 0              | 0              | %           |
| Financial Sanctions                     | 0             | (54)          | (54)         | %            | 0              | (837)          | (837)          | %           | 0              | 0              | (985)          | (985)          | %           |
| Contractual Risk                        | (135)         | (200)         | (65)         | %            | (1,624)        | (2,313)        | (689)          | %           | (1,624)        | (1,624)        | (3,132)        | (1,508)        | %           |
| <b>Contractual Deductions/Penalties</b> | <b>(135)</b>  | <b>(254)</b>  | <b>(119)</b> | <b>88%</b>   | <b>(1,624)</b> | <b>(3,150)</b> | <b>(1,526)</b> | <b>94%</b>  | <b>(1,624)</b> | <b>(1,624)</b> | <b>(4,116)</b> | <b>(2,492)</b> | <b>153%</b> |
| Commissioner QIPP                       | (417)         | 0             | 417          | %            | (5,000)        | 0              | 5,000          | %           | (5,000)        | (5,000)        | 0              | 5,000          | %           |
| Non Contract Income                     | 598           | 835           | 237          | 40%          | 6,050          | 6,290          | 240            | 4%          | 7,970          | 6,050          | 6,237          | 187            | 3%          |
| Phasing Adj                             | (1,322)       | (1,322)       | 0            | %            | (0)            | (0)            | 0              | %           | 0              | (0)            | (0)            | 0              | %           |
| <b>Pre STF Total</b>                    | <b>29,562</b> | <b>29,702</b> | <b>141</b>   | <b>%</b>     | <b>355,756</b> | <b>351,992</b> | <b>(3,764)</b> | <b>(1%)</b> | <b>358,859</b> | <b>355,756</b> | <b>351,402</b> | <b>(4,354)</b> | <b>(1%)</b> |
| STF                                     | 1,092         | 8,095         | 7,003        | 642%         | 13,100         | 15,955         | 2,855          | 22%         | 13,100         | 13,100         | 10,153         | (2,947)        | (22%)       |
|   | <b>30,653</b> | <b>37,797</b> | <b>7,144</b> | <b>23%</b>   | <b>368,856</b> | <b>367,947</b> | <b>(909)</b>   | <b>(%)</b>  | <b>371,959</b> | <b>368,856</b> | <b>361,555</b> | <b>(7,301)</b> | <b>(2%)</b> |

# Capital Final Position 2016/17

| Workstream               | Source of Funding | Highlevel Summary                                       | In Month Plan | In Month Actual | In Month Variance | Annual Plan including Loan | Full Year Actual | Full Year Variance |
|--------------------------|-------------------|---|---------------|-----------------|-------------------|----------------------------|------------------|--------------------|
| Development              | Emergency Loan    | Alex Bathroom Refurbishment                             | (240)         | (218)           | 22                | (240)                      | (218)            | 22                 |
|                          |                   | Car parking   | (132)         | (142)           | (10)              | (132)                      | (143)            | (11)               |
|                          |                   | A block (Cookley conversion)                            | (188)         | (237)           | (49)              | (188)                      | (237)            | (49)               |
|                          |                   | GAU/EPAU/Clover Suite                                   | (96)          | (104)           | (8)               | (96)                       | (104)            | (8)                |
|                          |                   | Theatres Admission Unit                                 | 0             | 1               | 1                 | 0                          | (4)              | (4)                |
|                          |                   | ASR OBC   | 0             | (31)            | (31)              | 0                          | (376)            | (376)              |
|                          | Trust             | ED Expansion  |               |                 |                   | (216)                      | 0                | 216                |
|                          |                   | ED Expansion  | 0             | (31)            | (31)              | (1,786)                    | (2,159)          | (373)              |
| Development Total        |                   |   | (656)         | (762)           | (106)             | (2,658)                    | (3,240)          | (582)              |
| Equipment                | Trust             | Equipment   | (121)         | (52)            | 69                | (400)                      | (321)            | 79                 |
|                          | PDC               | Equipment   | (452)         | (452)           | (0)               | (452)                      | (452)            | (0)                |
| Equipment Total          |                   |   | (573)         | (504)           | 69                | (852)                      | (774)            | 78                 |
| ICT                      | Emergency Loan    | Additional  | (40)          | (62)            | (22)              | (40)                       | (144)            | (104)              |
|                          |                   | EPR   | (56)          | (8)             | 48                | (56)                       | (160)            | (104)              |
|                          | Trust             | Existing Systems & Infrastructure Maintenance Programme | (191)         | (196)           | (5)               | (191)                      | (212)            | (21)               |
|                          |                   | Additional  | (93)          | (5)             | 88                | (274)                      | (121)            | 153                |
|                          |                   | Data Centre   | (204)         | (132)           | 72                | (1,800)                    | (1,748)          | 52                 |
|                          |                   | EPR   | (31)          | (32)            | (1)               | (270)                      | (344)            | (74)               |
|                          |                   | Existing Systems & Infrastructure Maintenance Programme | (55)          | (82)            | (27)              | (510)                      | (532)            | (22)               |
|                          |                   | Hardware and Peripherals replacement programme          | 0             | (2)             | (2)               | (119)                      | (67)             | 52                 |
|                          |                   | IDCF  | 0             | (5)             | (5)               | 0                          | (4)              | (4)                |
|                          |                   | Inflight Project  | 0             | (11)            | (11)              | 0                          | 8                | 8                  |
| ICT Total                |                   |   | (670)         | (533)           | 137               | (3,260)                    | (3,324)          | (64)               |
| Property and Works       | Emergency Loan    | Additional  | (555)         | (461)           | 94                | (572)                      | (486)            | 86                 |
|                          |                   | Routine works/Backlog                                   |               |                 |                   |                            |                  |                    |
|                          |                   | Maintenance   | (355)         | (352)           | 3                 | (355)                      | (409)            | (54)               |
|                          |                   | External Regs/ Stds                                     | (254)         | (173)           | 81                | (254)                      | (178)            | 76                 |
|                          | Trust             | Trust Capital Overspend                                 |               |                 |                   |                            |                  |                    |
|                          |                   | Compensation P&W  | 0             | 0               | 0                 | (230)                      | 0                | 230                |
|                          |                   | Additional  | (23)          | 7               | 30                | (240)                      | (103)            | 137                |
|                          |                   | Clinical Developments/Strategic Schemes                 | 0             | (62)            | (62)              | 0                          | (146)            | (146)              |
|                          |                   | DAF(Clinical)   | 0             | (22)            | (22)              | 0                          | 0                | 0                  |
|                          |                   | External Regs / Stds                                    | (85)          | (70)            | 14                | (453)                      | (402)            | 51                 |
|                          |                   | Routine works/Backlog                                   |               |                 |                   |                            |                  |                    |
|                          |                   | Maintenance   | (35)          | (136)           | (101)             | (672)                      | (868)            | (196)              |
|                          |                   | Staffing  | (4)           | (54)            | (50)              | (17)                       | (55)             | (38)               |
| Property and Works Total |                   |   | (1,311)       | (1,323)         | (12)              | (2,793)                    | (2,646)          | 147                |
| Other Total              | Yes               | IFRS  | (147)         | (26)            | 121               | (1,781)                    | (1,660)          | 121                |
| Other Total              |                   |   | (147)         | (26)            | 121               | (1,781)                    | (1,660)          | 121                |
| Donations/Disposals      | Trust             | ICT: ISS Donation                                       | 0             | 0               | 0                 | 0                          | 300              | 300                |
| Donations Total          |                   |   | 0             | 0               | 0                 | 0                          | 300              | 300                |
| Grand Total              |                   |   | (3,357)       | (3,149)         | 208               | (11,344)                   | (11,344)         | (0)                |

- The full year position at month 12 2016/17 shows a breakeven position against the Trusts CDEL, with the Emergency Loan of £2.570m fully committed.
- Finance has worked with the work stream leads, meeting weekly to monitor the capital expenditure to ensure the Trust meets its CDEL.
- The board approved a list of schemes associated with the emergency loan, which included schemes linked to the CQC/S29 notice. Further schemes from the main loan and prioritised schemes from 2017/18 were then reviewed. This approach was taken due to the tight timescales for the schemes to be completed.
- The Alex bathroom refurbishment scheme was a new scheme approved by the Trust board with a year to date actual expenditure of £218k.
- PDC received relates to the Radiotherapy Imaging System at WRH.

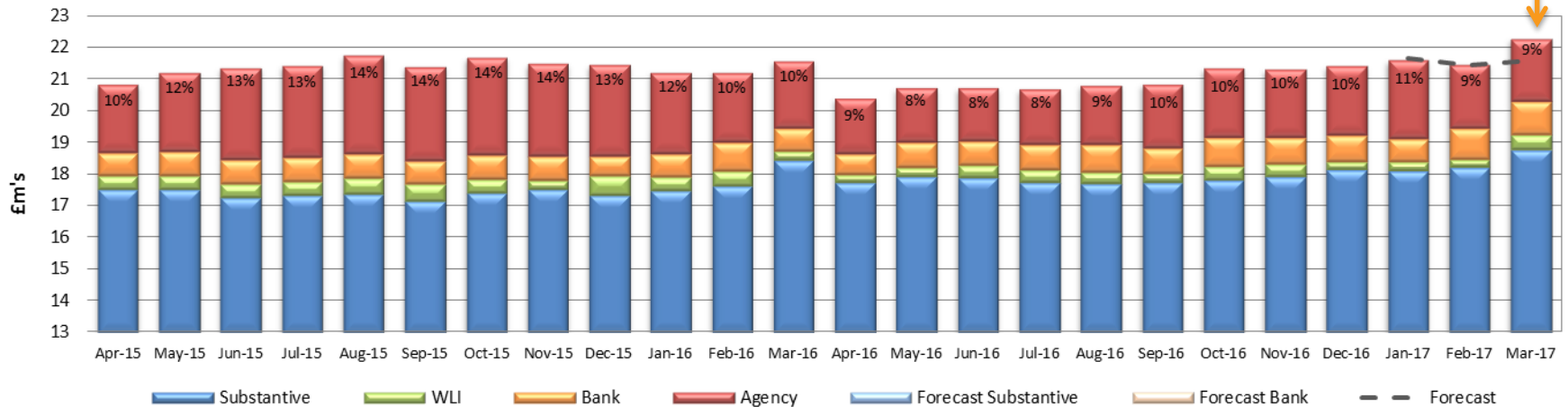


# Appendices

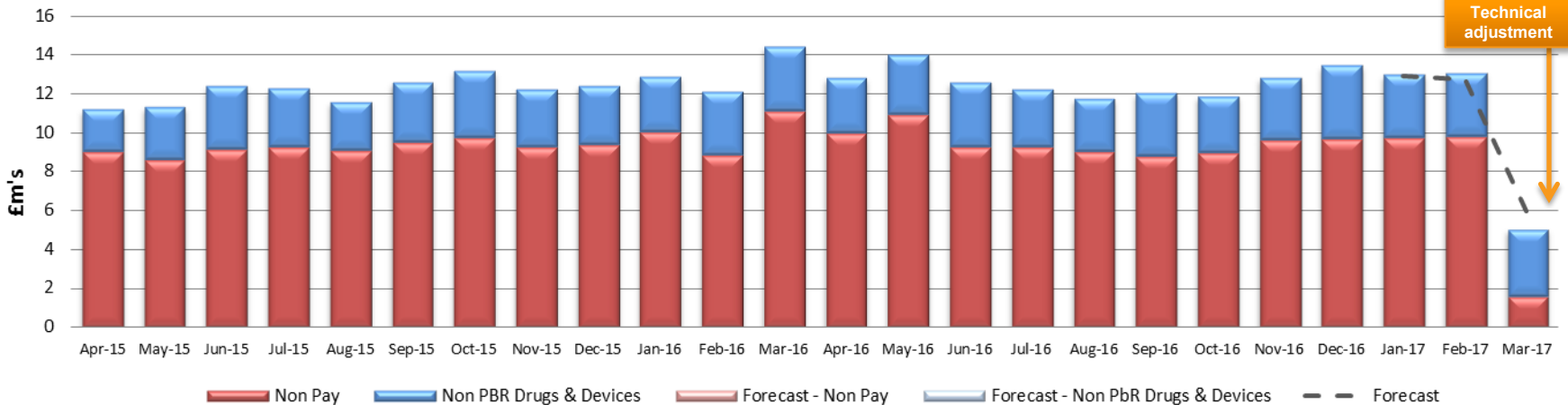
# Pay & Non Pay Expenditure

Percentages shows proportion of agency spend against total spend.

## Pay Costs



## Non Pay Costs

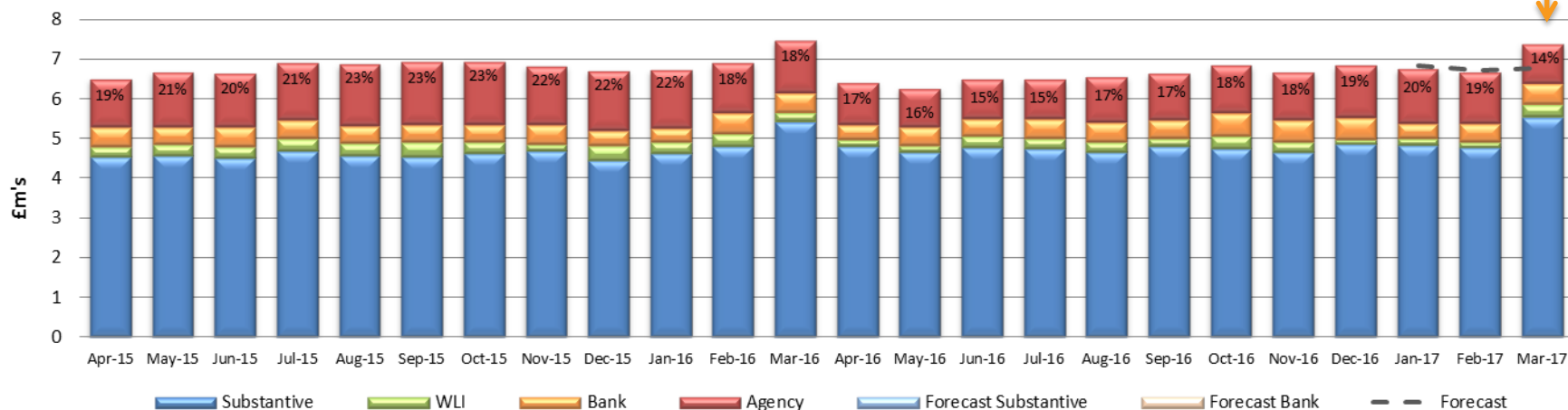


# Medics & Nursing Pay Expenditure

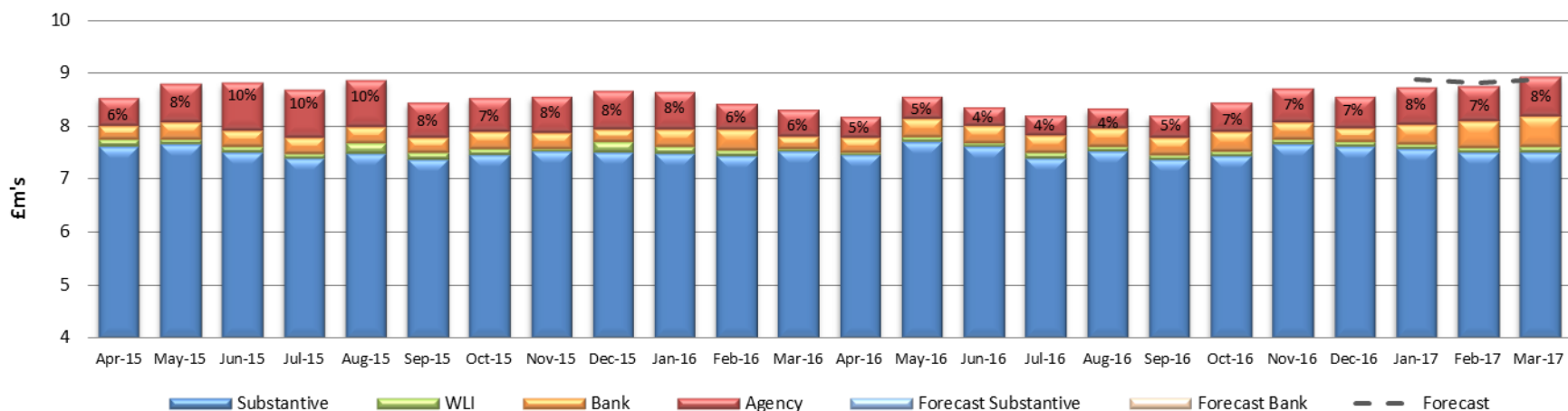
Percentages shows proportion of agency spend against total spend.

M12 provisions - Consultant annual leave, CEAs, job plan reviews

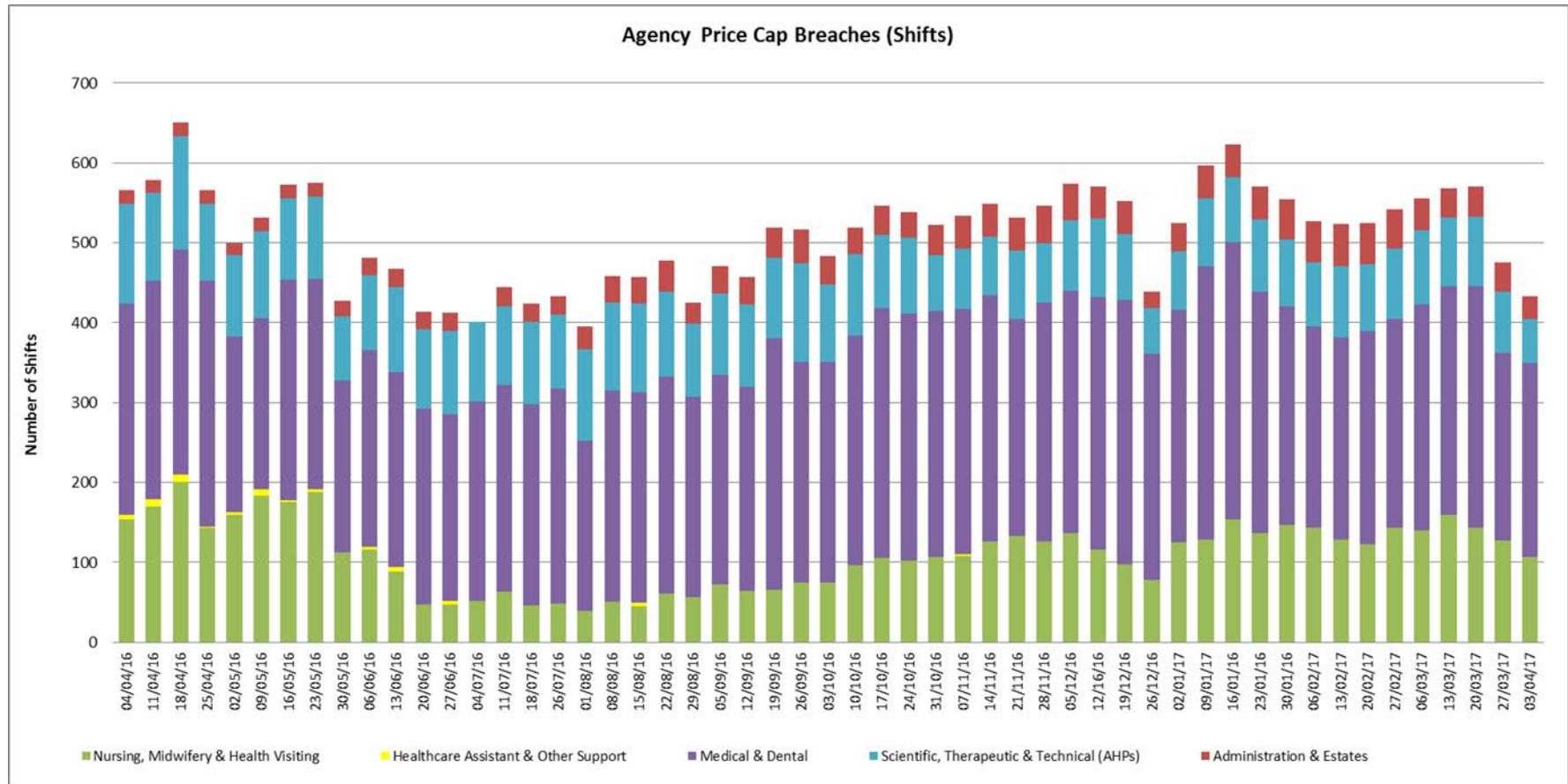
## Medics Pay Costs



## Nursing Pay Costs



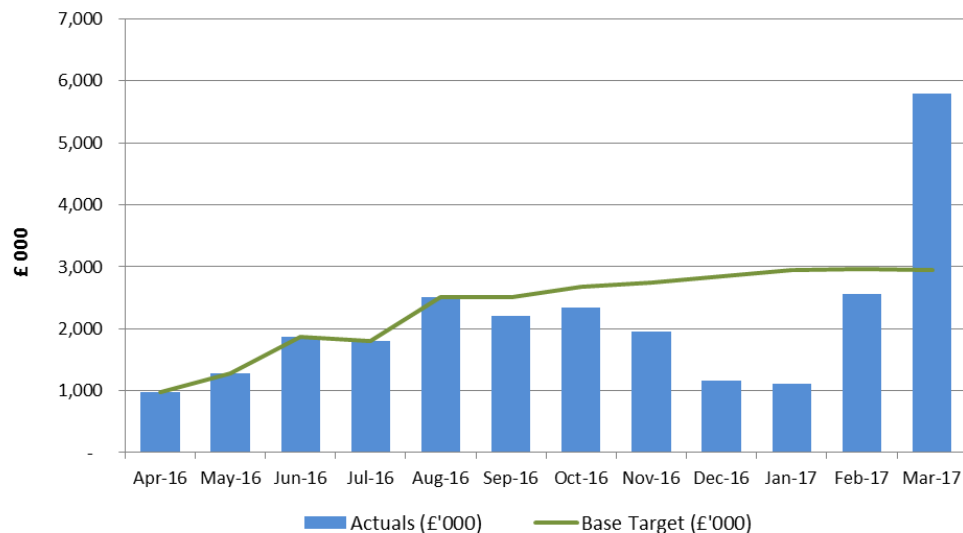
# Agency Cap Breaches



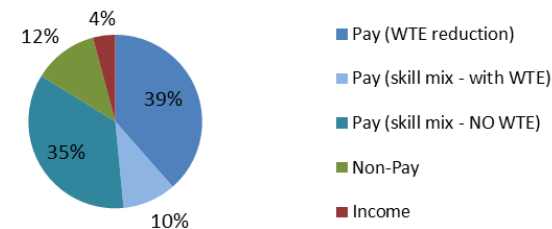
NHS Improvement agency performance is measured against price caps, framework breaches and wage caps. The chart above includes price cap performance only.

# CIP – Target £28m

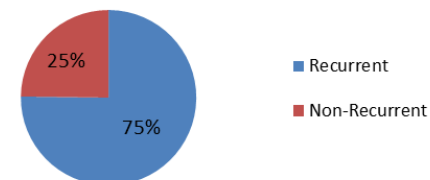
**Total Trust CIP Performance 2016/17**



**Benefit Type Forecast**



**Recurrent/ Non-Recurrent Forecast**



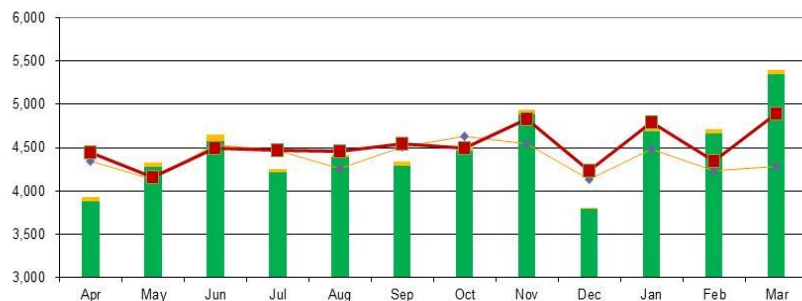
| Month  | Base Target (£'000) | Actuals / Forecast (£'000) | Actual v Target (£'000) |
|--------|---------------------|----------------------------|-------------------------|
| Apr-16 | 967                 | 967                        | 0                       |
| May-16 | 1,284               | 1,284                      | 0                       |
| Jun-16 | 1,860               | 1,860                      | 0                       |
| Jul-16 | 1,795               | 1,795                      | 0                       |
| Aug-16 | 2,502               | 2,502                      | 0                       |
| Sep-16 | 2,502               | 2,197                      | -305                    |
| Oct-16 | 2,683               | 2,340                      | -343                    |
| Nov-16 | 2,740               | 1,955                      | -785                    |
| Dec-16 | 2,849               | 1,163                      | -1,686                  |
| Jan-17 | 2,952               | 1,116                      | -1,836                  |
| Feb-17 | 2,959               | 2,562                      | -397                    |
| Mar-17 | 2,950               | 5,791                      | 2,841                   |
|        | 28,043              | 25,532                     | -2,511                  |

# Activity

|                                    | In Month      |               |              |              | YTD            |                |                |             | Full Year      |                |                |                |             |
|------------------------------------|---------------|---------------|--------------|--------------|----------------|----------------|----------------|-------------|----------------|----------------|----------------|----------------|-------------|
|                                    | Plan          | Actual        | Var          | %            | Plan           | Actual         | Var            | %           | Initial Plan   | Current Plan   | Forecast       | Var            | %           |
| Elective                           | 810           | 799           | (11)         | (1%)         | 9,679          | 8,568          | (1,111)        | (11%)       | 9,679          | 9,679          | 8,596          | (1,083)        | (11%)       |
| Daycase                            | 4,856         | 5,342         | 486          | 10%          | 53,771         | 53,461         | (310)          | (1%)        | 64,901         | 53,771         | 52,691         | (1,080)        | (2%)        |
| Non Elective - Emerg               | 3,700         | 3,920         | 220          | 6%           | 42,403         | 41,689         | (714)          | (2%)        | 42,403         | 42,403         | 41,388         | (1,016)        | (2%)        |
| Non Elective - Other               | 50            | 32            | (18)         | (35%)        | 575            | 574            | (1)            | (%)         | 575            | 575            | 621            | 46             | 8%          |
| <b>Total Inpatients</b>            | <b>9,415</b>  | <b>10,093</b> | <b>678</b>   | <b>7%</b>    | <b>106,429</b> | <b>104,292</b> | <b>(2,137)</b> | <b>(2%)</b> | <b>117,559</b> | <b>106,429</b> | <b>103,296</b> | <b>(3,133)</b> | <b>(3%)</b> |
| Outpatients New                    | 12,271        | 11,886        | (385)        | (3%)         | 138,738        | 135,236        | (3,502)        | (3%)        | 138,738        | 138,738        | 135,624        | (3,114)        | (2%)        |
| Outpatients F Up                   | 21,664        | 22,312        | 648          | 3%           | 243,400        | 240,185        | (3,215)        | (1%)        | 243,400        | 243,400        | 240,645        | (2,756)        | (1%)        |
| Outpatients Procedure              | 4,281         | 4,160         | (121)        | (3%)         | 48,800         | 47,981         | (819)          | (2%)        | 48,800         | 48,800         | 48,395         | (405)          | (1%)        |
| <b>Total Outpatients</b>           | <b>38,215</b> | <b>38,358</b> | <b>143</b>   | <b>%</b>     | <b>430,939</b> | <b>423,402</b> | <b>(7,537)</b> | <b>(2%)</b> | <b>430,939</b> | <b>430,939</b> | <b>424,663</b> | <b>(6,275)</b> | <b>(1%)</b> |
| ED Attendances                     | 13,629        | 12,587        | (1,042)      | (8%)         | 152,768        | 148,912        | (3,856)        | (3%)        | 152,768        | 152,768        | 152,120        | (648)          | (%)         |
| Community MIU                      | 3,260         | 3,450         | 190          | 6%           | 36,539         | 38,051         | 1,512          | 4%          | 36,539         | 36,539         | 38,984         | 2,445          | 7%          |
| <b>Total ED/MIU</b>                | <b>16,889</b> | <b>16,037</b> | <b>(852)</b> | <b>(5%)</b>  | <b>189,307</b> | <b>186,963</b> | <b>(2,344)</b> | <b>(1%)</b> | <b>189,307</b> | <b>189,307</b> | <b>191,104</b> | <b>1,797</b>   | <b>1%</b>   |
| Maternity - Delivery               | 470           | 444           | (26)         | (6%)         | 5,845          | 5,502          | (343)          | (6%)        | 5,845          | 5,845          | 5,415          | (430)          | (7%)        |
| Maternity - Non Delivery           | 190           | 212           | 22           | 11%          | 2,312          | 2,124          | (188)          | (8%)        | 2,312          | 2,312          | 2,069          | (243)          | (11%)       |
| Maternity - Outpatient             | 4,065         | 3,845         | (220)        | (5%)         | 44,112         | 45,165         | 1,053          | 2%          | 44,112         | 44,112         | 45,051         | 939            | 2%          |
| Maternity Ante Natal               | 451           | 557           | 106          | 23%          | 5,989          | 5,909          | (80)           | (1%)        | 5,989          | 5,989          | 5,772          | (217)          | (4%)        |
| Maternity Post Natal               | 452           | 443           | (9)          | (2%)         | 5,802          | 5,251          | (551)          | (10%)       | 5,802          | 5,802          | 5,105          | (697)          | (12%)       |
| <b>Total Maternity</b>             | <b>5,629</b>  | <b>5,501</b>  | <b>(128)</b> | <b>(2%)</b>  | <b>64,061</b>  | <b>63,951</b>  | <b>(110)</b>   | <b>(%)</b>  | <b>64,061</b>  | <b>64,061</b>  | <b>63,411</b>  | <b>(649)</b>   | <b>(1%)</b> |
| Paed - Daycase/Elective            | 34            | 49            | 15           | 44%          | 390            | 430            | 40             | 10%         | 415            | 415            | 419            | 4              | 1%          |
| Paed - Non Elective                | 676           | 575           | (101)        | (15%)        | 7,220          | 6,779          | (441)          | (6%)        | 7,220          | 7,220          | 6,906          | (314)          | (4%)        |
| Paed - Outpatient                  | 1,432         | 1,593         | 161          | 11%          | 16,080         | 16,787         | 707            | 4%          | 16,080         | 16,080         | 16,682         | 602            | 4%          |
| Paed - BPT, Drugs, CQUIN           | 18            | 0             | (18)         | (100%)       | 221            | 0              | (221)          | (100%)      | 270            | 221            | 0              | (221)          | (100%)      |
| Paed - Neonatal Cot Days           | 736           | 433           | (303)        | (41%)        | 8,838          | 7,422          | (1,416)        | (16%)       | 8,816          | 8,838          | 7,590          | (1,247)        | (14%)       |
| <b>Total Paediatrics</b>           | <b>2,897</b>  | <b>2,650</b>  | <b>(246)</b> | <b>(9%)</b>  | <b>32,749</b>  | <b>31,418</b>  | <b>(1,331)</b> | <b>(4%)</b> | <b>32,801</b>  | <b>32,774</b>  | <b>31,597</b>  | <b>(1,177)</b> | <b>(4%)</b> |
| <b>Chemotherapy Delivery</b>       | <b>960</b>    | <b>513</b>    | <b>(447)</b> | <b>(47%)</b> | <b>11,156</b>  | <b>11,085</b>  | <b>(71)</b>    | <b>(1%)</b> | <b>11,130</b>  | <b>11,130</b>  | <b>11,882</b>  | <b>752</b>     | <b>7%</b>   |
| Drugs PBR Excluded                 | 0             | 0             |              |              |                |                |                |             |                |                |                |                |             |
| Critical Care ITU/HDU              | 806           | 657           | (149)        | (19%)        | 9,673          | 9,204          | (469)          | (5%)        | 9,673          | 9,673          | 9,216          | (457)          | (5%)        |
| Other Contract Income              | 0             | 0             |              |              |                |                |                |             |                |                |                |                |             |
| <b>Total Other Contract Income</b> | <b>806</b>    | <b>657</b>    | <b>(149)</b> | <b>(19%)</b> | <b>9,673</b>   | <b>9,204</b>   | <b>(469)</b>   | <b>(5%)</b> | <b>9,673</b>   | <b>9,673</b>   | <b>9,216</b>   | <b>(457)</b>   | <b>(5%)</b> |
| Non Contract Income                |               |               |              |              |                |                |                |             |                |                |                |                |             |
| Phasing Adj                        |               |               |              |              |                |                |                |             |                |                |                |                |             |

# Elective, Day Cases & Outpatients New

Daycase activity (includes Paediatrics)

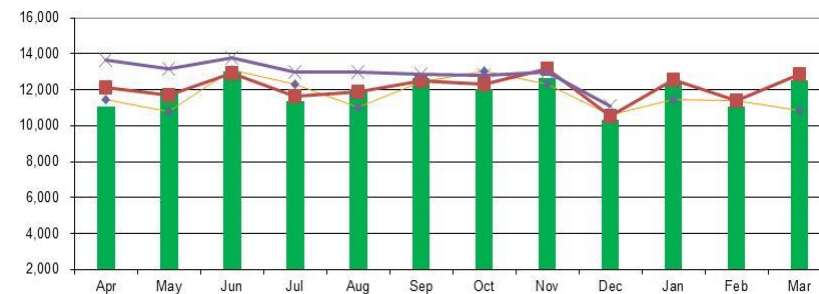


Ave. Income per admission

|                |      |
|----------------|------|
| FY Plan        | £695 |
| Monthly Actual | £663 |

2016/17 Actual - Private 2016/17 Actual 2015/16 Actual 2016/17 Plan

Outpatient New Activity (includes Paediatrics)

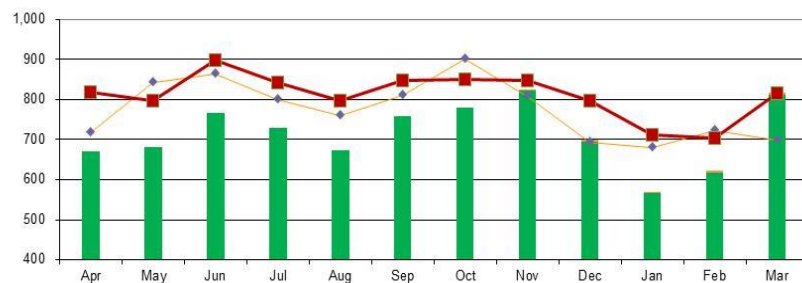


Ave. Income per admission

|                |      |
|----------------|------|
| FY Plan        | £143 |
| Monthly Actual | £146 |

2016/17 Actual 2015/16 Actual 2016/17 Plan Referrals

Elective activity (includes Paediatrics)



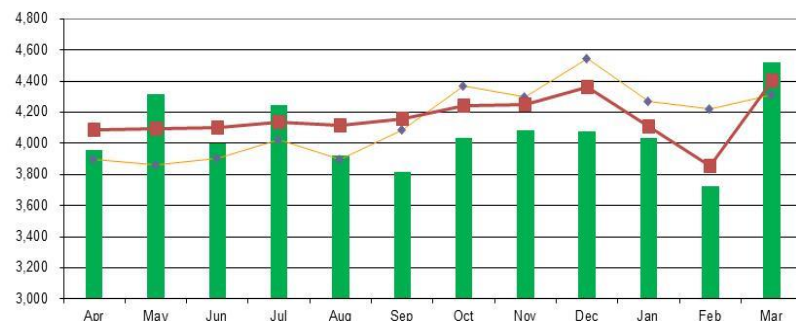
Ave. Income per admission

|                |        |
|----------------|--------|
| FY Plan        | £2,708 |
| Monthly Actual | £2,913 |

2016/17 Actual - Private 2016/17 Actual 2015/16 Actual 2016/17 Plan

# Outpatients, Non Elective and A&E

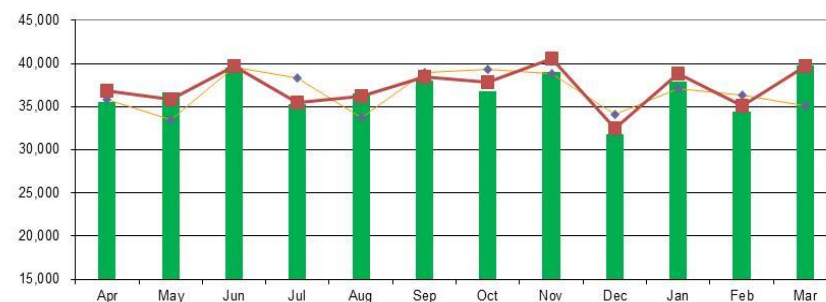
Non Elective - Emergency Discharged activity (includes Paediatrics)



|                           |   |
|---------------------------|---|
| Ave. Income per admission |   |
| FY Plan                   | £1,826  |
| Monthly Actual            | £1,911 £1,835 £1,877 £1,814 £1,945 £1,906 £1,887 £1,844 £1,943 £1,945 £1,935 £1,761 |

2016/17 Actual 2015/16 Actual 2016/17 Plan

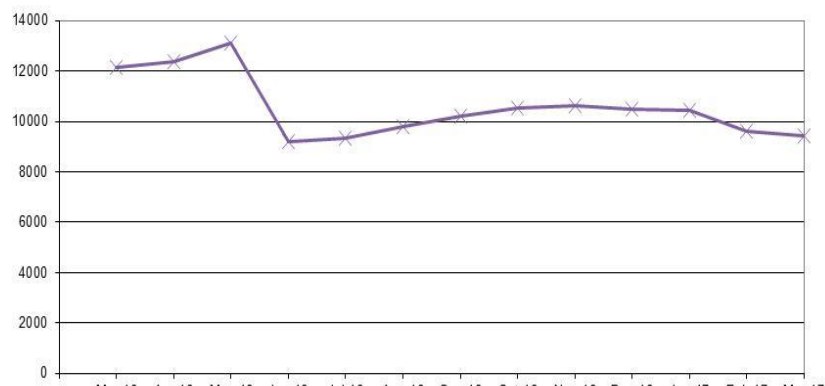
Outpatient activity (includes Paediatrics)



|                           |   |
|---------------------------|---|
| Ave. Income per admission |   |
| FY Plan                   | £110  |
| Monthly Actual            | £112 £113 £111 £109 £109 £112 £111 £112 £112 £112 £110 £110 |

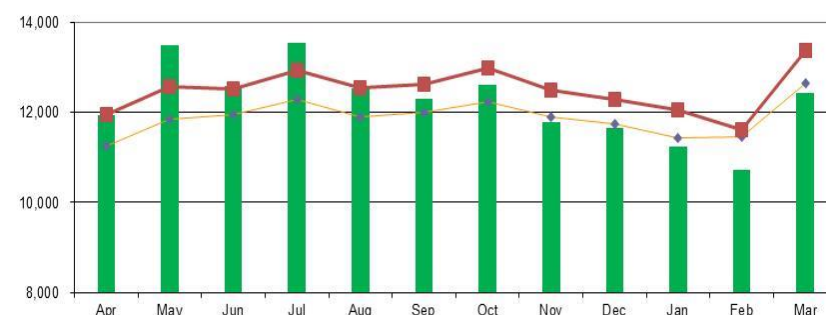
2016/17 Actual 2015/16 Actual 2016/17 Plan

Stranded Patients - Occupied Bed Days  
Mar 16 - Mar 17



Occ Bed Days

A&E activity



|                           |   |
|---------------------------|---|
| Ave. Income per admission |   |
| FY Plan                   | £98   |
| Monthly Actual            | £100 £99 £98 £99 £98 £98 £100 £101 £103 £104 £101 £99 |

2016/17 Actual 2015/16 Actual 2016/17 Plan

Stranded Patients – there was a reporting issue for Feb to May 2016, which has been corrected from June onwards.

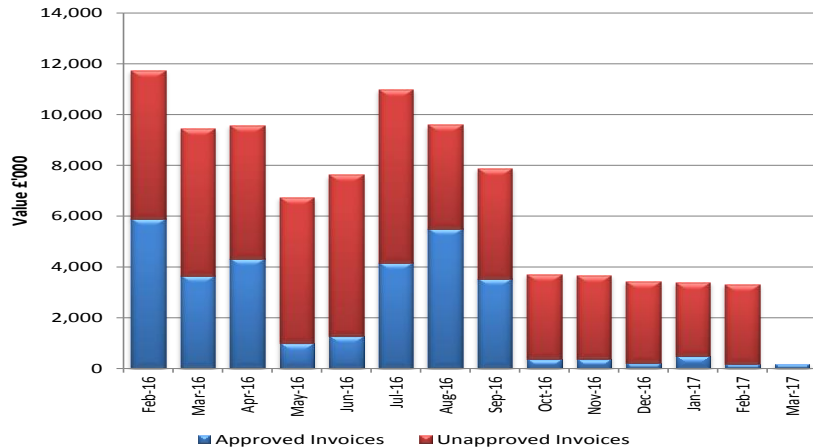


# Balance Sheet

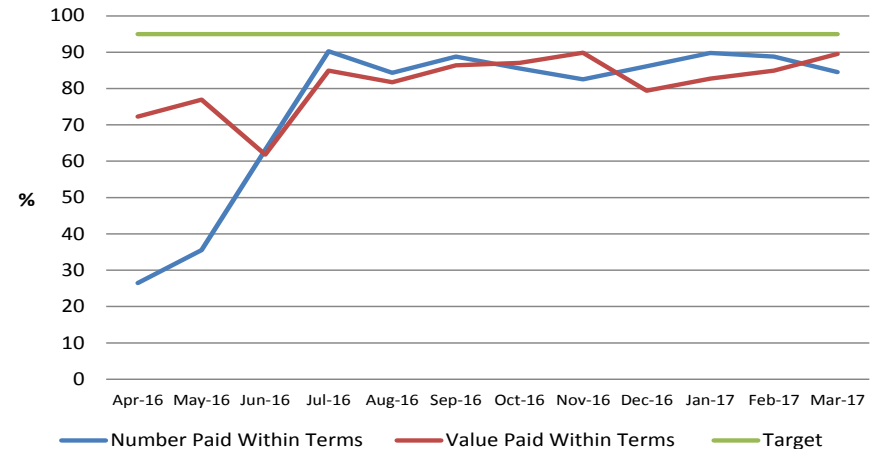
| Balance as at 28<br>February 2017 | Balance as at 31<br>March 2017 | Movement in<br>Month | Balance Sheet  | Annual Plan at<br>31 March 2017 | Balance as at<br>31 March 2017 | Variance from<br>Plan | Balance at 31st<br>March 2016 |
|-----------------------------------|--------------------------------|----------------------|--|---------------------------------|--------------------------------|-----------------------|-------------------------------|
| £000s                             | £000s                          | £000s                |  | £000s                           | £000s                          | £000s                 | £000s                         |
|                                   |                                |                      | <b>ASSETS, NON CURRENT</b>                               |                                 |                                |                       |                               |
| 249,479                           | 257,477                        | 7,999                | Property, Plant and Equipment and intangible assets, Net | 270,605                         | 257,477                        | (13,128)              | 250,590                       |
| 3,024                             | 2,723                          | (301)                | Other Assets, Non-Current                                | 3,238                           | 2,723                          | (515)                 | 1,669                         |
| <b>252,503</b>                    | <b>260,200</b>                 | <b>7,698</b>         | <b>Assets, Non-Current, Total</b>                        | <b>273,843</b>                  | <b>260,200</b>                 | <b>(13,643)</b>       | <b>252,259</b>                |
|                                   |                                |                      | <b>ASSETS, CURRENT</b>                                   |                                 |                                |                       |                               |
| 7,054                             | 8,527                          | 1,473                | Inventories  | 5,800                           | 8,527                          | 2,727                 | 7,081                         |
| 16,131                            | 25,065                         | 8,934                | Debtors  | 15,121                          | 25,065                         | 9,944                 | 25,823                        |
| 8,116                             | 2,050                          | (6,066)              | Cash and Cash Equivalents                                | 1,900                           | 2,050                          | 150                   | 1,474                         |
| <b>31,301</b>                     | <b>35,642</b>                  | <b>4,341</b>         | <b>Assets, Current, Total</b>                            | <b>22,821</b>                   | <b>35,642</b>                  | <b>12,821</b>         | <b>34,378</b>                 |
| <b>283,804</b>                    | <b>295,842</b>                 | <b>12,039</b>        | <b>ASSETS, TOTAL</b>                                     | <b>296,664</b>                  | <b>295,842</b>                 | <b>(822)</b>          | <b>286,637</b>                |
|                                   |                                |                      | <b>LIABILITIES, CURRENT</b>                              |                                 |                                |                       |                               |
| 1,936                             | 1,941                          | 5                    | PFI leases, Current                                      | 1,936                           | 1,941                          | 5                     | 1,936                         |
| 43,634                            | 45,506                         | 1,873                | Creditors < 1 Year                                       | 38,367                          | 45,506                         | 7,139                 | 48,270                        |
| <b>45,570</b>                     | <b>47,447</b>                  | <b>1,878</b>         | <b>Liabilities, Current, Total</b>                       | <b>40,303</b>                   | <b>47,447</b>                  | <b>7,144</b>          | <b>50,206</b>                 |
| <b>(14,269)</b>                   | <b>(11,805)</b>                | <b>2,463</b>         | <b>Net Current Assets/(Liabilities)</b>                  | <b>(17,482)</b>                 | <b>(11,805)</b>                | <b>5,677</b>          | <b>(15,828)</b>               |
|                                   |                                |                      | <b>LIABILITIES, NON CURRENT</b>                          |                                 |                                |                       |                               |
| 136,850                           | 141,146                        | 4,296                | Creditors > 1 Year                                       | 153,031                         | 141,146                        | (11,885)              | 95,757                        |
| 70,280                            | 62,810                         | (7,470)              | PFI leases, Non-Current                                  | 70,058                          | 62,810                         | (7,248)               | 72,055                        |
| 0                                 | 0                              | 0                    | Other Liabilities, Non-Current                           | 0                               | 0                              | 0                     | 0                             |
| <b>207,130</b>                    | <b>203,956</b>                 | <b>(3,174)</b>       | <b>Liabilities, Non-Current, Total</b>                   | <b>223,089</b>                  | <b>203,956</b>                 | <b>(19,133)</b>       | <b>167,812</b>                |
| <b>31,104</b>                     | <b>44,439</b>                  | <b>13,335</b>        | <b>TOTAL ASSETS EMPLOYED</b>                             | <b>33,272</b>                   | <b>44,439</b>                  | <b>11,167</b>         | <b>68,619</b>                 |
|                                   |                                |                      | <b>FINANCED BY :- PUBLIC EQUITY</b>                      |                                 |                                |                       |                               |
| 184,564                           | 185,017                        | 453                  | Public Dividend Capital                                  | 184,564                         | 185,017                        | 453                   | 184,564                       |
| 54,320                            | 59,107                         | 4,787                | Revaluation reserve                                      | 54,320                          | 59,107                         | 4,787                 | 54,320                        |
| (861)                             | (88)                           | 773                  | Other reserves   | (861)                           | (88)                           | 773                   | (861)                         |
| (206,920)                         | (199,597)                      | 7,322                | I&E Reserve  | (204,751)                       | (199,597)                      | 5,154                 | (169,404)                     |
| <b>31,104</b>                     | <b>44,439</b>                  | <b>13,335</b>        | <b>TOTAL PUBLIC EQUITY</b>                               | <b>33,272</b>                   | <b>44,439</b>                  | <b>11,167</b>         | <b>68,619</b>                 |

# Working Capital

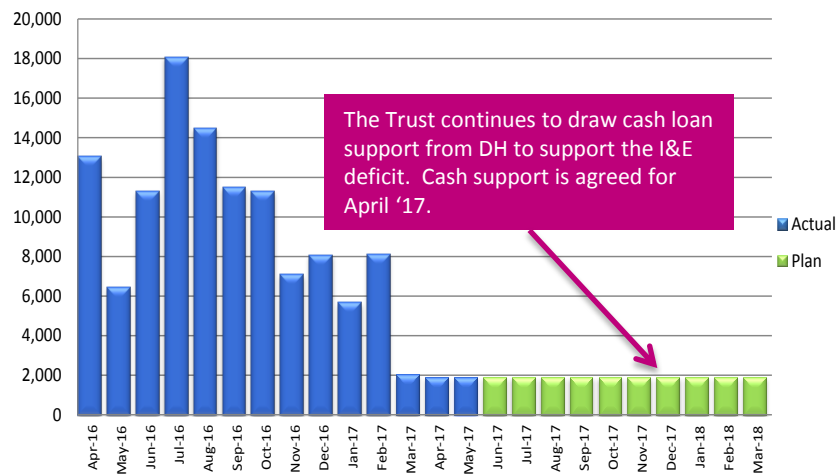
## Creditor Balances over 90 days past due date



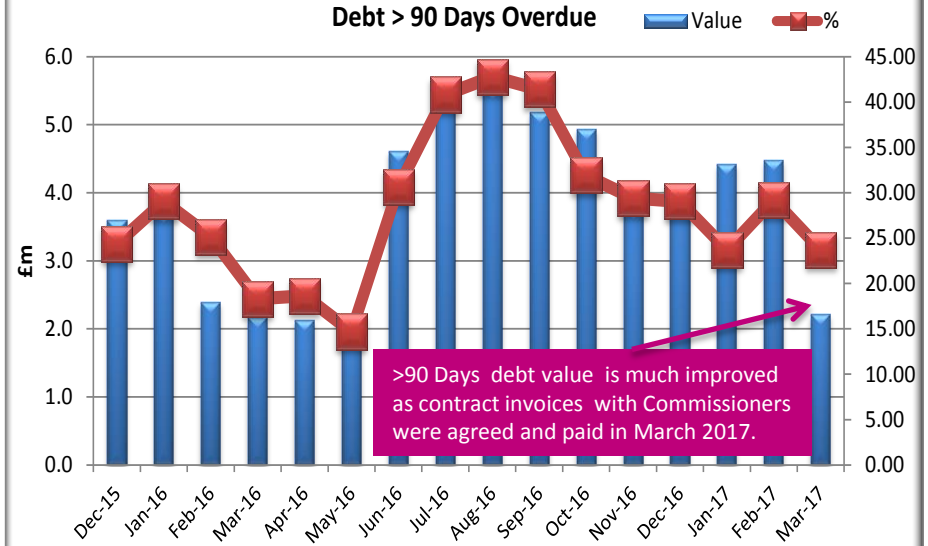
## BPPC Performance



## Month End Cash Balances Actual and Forecast April 2016 - March 2018



## Debt > 90 Days Overdue



3 May 2017

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Report to Trust Board

|   |  |   |
|---|--|---|
| Title   | Financial Plan and Budgets 2017/18   |   |
| Sponsoring Director                           | Jill Robinson, Chief Finance Officer   |   |
| Author  | Katie Osmond, Assistant Director of Finance<br>Jo Kirwan, Assistant Director of Finance<br>Dan Mortiboys, Assistant Director of Finance<br>Lynne Walden, Head of Financial Planning and Costing  |   |
| Action Required                               | <b>The Trust Board is asked to:</b> <ul style="list-style-type: none"><li>Assure itself that assumptions have either been appropriately reflected in the financial plan or have robust mitigation plans.</li><li>Note the extremely limited Trust capital funding and the requirement for loan funding in 2017/18</li></ul>  |   |
| Previously considered by                      | NA   |   |
| Priorities (√)                                |  |   |
| Investing in staff                            |  |   |
| Delivering better performance and flow        |  |   |
| Improving safety                              |  |   |
| Stabilising our finances                      |  | ✓ |
| Related Board Assurance Framework Entries     | <b>3290</b> -If plans to improve cash position fail the Trust will be unable to pay creditors impacting on supplies to support services<br><br><b>3291</b> -Deficit is worse than planned and threatens the Trust's long term financial sustainability<br><br><b>3193</b> -If the Trust does not achieve patient access performance targets there will be significant impact on finances and patient experience. |   |
| Legal Implications or Regulatory requirements | The Trust must ensure plans are in place to achieve the Trust's financial forecasts.<br><br>The Trust has a statutory duty to breakeven over a 3year period.   |   |
| Glossary                                      | <b>Sustainability and Transformation Plans (STP)</b> - Health and care organisations within geographic footprints are working together to develop plans to drive genuine and sustainable transformation  |   |

|                  |                        |
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| Title of report  | Financial Plan 2017/18 |
| Name of director | Jill Robinson          |

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**Sustainability and Transformation Fund (STF)** - a non-recurrent national fund allocated to Providers which is intended to support the achievement of provider sector aggregate financial balance in each of the financial years 2016/17 to 2018/19.

**Quality, Innovation, Productivity and Prevention (QIPP)** – is a programme designed to identify savings that can be reinvested in the health service and improve quality of care. Responsibility for its achievement lies with CCGs; QIPP plans must therefore be built into planning (and performance management) processes.

**Commissioning for Quality and Innovation (CQUINs)** – payments ensure that a proportion of providers' income (currently up to 2.5%) is conditional on quality and innovation and is linked to service improvement. The schemes that qualify for CQUIN payments reflect both national and local priorities.

**HRG4+** - Introduced in 2003, Payment by Results (PBR) was the system for reimbursing healthcare providers in England for the costs of providing treatment. Based on the linking of a pre-set price to a defined measure of output of activity, it has been superseded by the national tariff. Tariff prices are applied to units of healthcare (currencies) on which a payment will be made, based on groups of services (healthcare resource groups – HRG) that are clinically similar and require similar resources to deliver. It is being proposed that the current version (HRG4) be changed to the latest version, known as HRG4+, as the basis for prices in the NHS from next year. It expands the number of HRGs from 1,657 to 2,100 with greater granularity in how services are grouped.

**FOASHW** - The Future of Acute Hospital Services in Worcestershire. The programme was launched in September 2013 by the newly established three Worcestershire Clinical Commissioning Groups (Redditch and Bromsgrove CCG, South Worcestershire CCG and Wyre Forest CCG). Together with Worcestershire Acute Hospitals NHS Trust, Worcestershire County Council and public stakeholder groups a proposed clinical model has been developed.

**Payment by Results (PbR)** - is a system of paying NHS healthcare providers a standard national price or tariff for each patient seen or treated, taking into account the complexity of the patient's healthcare needs.

|                  |                        |
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**Key Messages**

- The annual financial plan and budgets have been set following the local and national planning processes as previously reported.
- The financial plan will deliver the financial control target set by NHSI, resulting in a deficit of £42.7m prior to any STF funding.
- The Trust has the opportunity to access up to £12.7m of non recurrent STF funding in 2017/18, depending on financial and operational performance.
- The financial plan assumes efficiency savings of £20.9m (5.3% turnover) are delivered in 2017/18. As at the 24<sup>th</sup> April, schemes have been identified for 73% of this target. Final worked up plans are due by 30<sup>th</sup> April 2017.
- The Board needs to assure itself that assumptions have either been appropriately reflected in the financial plan or have robust mitigation plans.
- Final budget sign off will be secured by 30<sup>th</sup> April 2017.
- The capital plan has been reviewed by the Divisions through Capital Prioritisation Group (CPG). Schemes submitted and supported result in an over commitment of £13.166m in 2017/18 which will form the basis for a capital loan submission. In addition capital loans have been flagged to support the reconfiguration costs over a 5 year period for FOASHW (£29.6m).
- The planned deficit position will result in a requirement for additional cash support in 2017/18. It is anticipated that this will be made available to the Trust through a revenue support loan.

|                  |                        |
|------------------|------------------------|
| Title of report  | Financial Plan 2017/18 |
| Name of director | Jill Robinson          |

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## REPORT TO TRUST BOARD (IN PUBLIC)

|     |   |
|-----|---|
| 1.  | <b>Introduction</b>   |
|     | <p>The report sets out the Trust's financial plans and budgets for 2017/18 which have been developed through the local and national planning process.</p> <p>This report details:</p> <ul style="list-style-type: none"> <li>• Overview of the financial planning process</li> <li>• 2017/18 contracts</li> <li>• 2017/18 planned financial position including Divisional budgets and budget sign off</li> <li>• 2017/18 efficiency programme</li> <li>• Capital programme</li> <li>• Cash</li> <li>• Risks</li> </ul>  |
| 2.  | <b>Overview of the Financial Planning Process</b>   |
| 2.1 | <p>The national planning timetable was clearly defined and the Trust has submitted all planning returns on time. The actions within the local planning timetable, established to deliver the plan and budgets on time, have been completed with the exception of the final documented budget sign off which is due for completion by the end April 2017.</p> <p>We have modelled the local impact of national changes in assumptions which have been previously reported to the committee (e.g. transition to HRG4+, 2017/18 CQUIN schemes). We have worked through detailed bottom up review of budgets to ensure appropriate cost changes (inflation, pay awards, cost pressures) have been recognised, and budgets have been through an internal sign of process.</p> <p>To ensure robust, credible plans, the Finance Department works closely with other corporate departments (Strategy &amp; Planning, HR and Information) and with the operational divisions to triangulate each of the planning areas and ensure planning assumptions are as credible and evidence based as possible. A national triangulation tool was reviewed and submitted to ensure that activity, income, workforce, expenditure were aligned as far as possible.</p> <p>NHSI had notified the Trust of an opportunity to resubmit the final financial plan on 30<sup>th</sup> March 2017 to allow for updates to categorisation and phasing following completion of the planning process. The Trust will resubmit in line with the timetable.</p> |
| 2.2 | <p>The planning guidance for 2017/18 and 2018/19 was explicit that the local Sustainability and Transformation Plans (STP) should form the basis of the financial plans, with an emphasis on collaborative working and plans that are affordable to the whole health economy.</p> <p>The planning process has demonstrated that whilst some of the planning assumptions remained consistent with those in the October STP, others have had to change to deliver the requirements of the regulators on individual organisations.</p> <p>Work has commenced to update the STP financial model based on the final plans for 2017/18.</p>   |

|                  |                        |
|------------------|------------------------|
| Title of report  | Financial Plan 2017/18 |
| Name of director | Jill Robinson          |

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|     |  |
|-----|--|
| 3.  | <b>2017/18 Contracts</b>   |
| 3.1 | <p>The Trust's healthcare income comes from 3 main types of contract:</p> <ul style="list-style-type: none"> <li>• 75% from Worcestershire CCG's</li> <li>• 15% NHS England (e.g. specialised services, dental and screening)</li> <li>• 10% Other (e.g. Gloucestershire, Telford, Powys , Hereford)</li> </ul> <p>The contract between the Trust and the Worcestershire CCGs is based on a cap/collar agreement to share risk in 2017/18 and 2018/19. Measurement of performance against the contract will be based on activity. No contractual fines will impact on the agreed contract sum but all deliverables will be reported.</p> <p>Contracts with Associate CCGs form part of the main Worcestershire CCG contract but are to remain based on PbR.</p> <p>A series of briefings were run by the income and contracts team in March to raise awareness and understanding of this new contract model within the organisation. Slides were cascaded to the Divisions and the team are providing further ad-hoc briefings on request.</p> |
| 3.2 | <p>There have been no material changes in income/activity assumptions since the full plan submission. Given the continued operational pressures, activity levels have not recovered to the levels projected. The RTT backlog position at the end of March 2017 is therefore now expected to be greater which will require careful management in 2017/18. The Worcestershire CCG contract settlement for 2016/17 and cap and collar for 2017-19 were based on an expected level of performance. CCGs have already signalled their intention to review the impact of the changed waiting list position with the Trust.</p>   |
| 4.  | <b>2017/18 Planned Financial Position</b>  |
| 4.1 | <p>The planned financial position submitted to NHSI on 23<sup>rd</sup> December was a deficit of £42.7m, excluding STF funding.</p> <p>NHSI have now given the Trust an opportunity to resubmit the final plan to amend categorisation and phasing of expenditure / income. This allows us to align the NHSI submitted plan to local budgets now that the planning process is complete. This does not change the overall bottom line performance. The revised plan was submitted on 30<sup>th</sup> March as per the table below.</p>  |

|                  |                        |
|------------------|------------------------|
| Title of report  | Financial Plan 2017/18 |
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| <i>Income &amp; Expenditure</i>                         | 2017/18 Plan<br>£000s |
|---|-----------------------|
| <b>Operating Revenue &amp; Income</b>                   |                       |
| Patient Care Revenue                                    | 366,246               |
| Other Operating Income                                  | 26,178                |
| <b>Total Operating Revenue</b>                          | <b>392,424</b>        |
| <b>Operating Expenses</b>                               |                       |
| Pay   | (252,271)             |
| Non Pay   | (158,195)             |
| <b>Total Operating Expenses</b>                         | <b>(410,466)</b>      |
| <b>EBITDA *</b>   | <b>(18,042)</b>       |
| Depreciation  | (9,881)               |
| Net Interest, Dividends & Gain/(Loss) on asset disposal | (14,741)              |
| <b>Reported Total Surplus / (Deficit)</b>               | <b>(42,664)</b>       |
| <b>Surplus / (Deficit) against Control Total</b>        | <b>(42,664)</b>       |

**Sustainability & Transformational Fund**

Receipt of £8.9m (financial element) of STF is reliant upon the Trust delivering the £42.7m deficit. A further £3.8m (operational element) of STF is available in 2017/18 increasing the total available STF fund to £12.7m. Inclusion of the STF decreases the Trust's planned deficit to £30m in 2017/18.

4.2 Financial plans have been based on:

- Budgets based on M1-M9 actuals and Q3 forecast run-rate. Adjusted for:
  - Non recurrent items
  - Full Year Effect (FYE) of any recurrent part year changes in 2016/17 (e.g. Emergency Department expansion)
  - Agreed service changes
  - Trust CIP
- Inflation has been based on tariff and planning guidance and contained within the assumptions made to date.
- A reserve has been held for a general 0.6% contingency.
- Activity Growth across the main points of delivery has been assumed at 2%, with a higher rate for Non PbR Drugs. Expenditure budgets for drugs have been funded at full cost. The marginal cost of delivering the remaining growth is held in reserves and will be issued based on delivered activity.
- CIP targets have been allocated to Divisions and deducted from start point budgets.
- A winter cost reserve has been set at £0.5m.
- Service developments have been included based on agreed business cases e.g. Radiotherapy and Electrophysiology.

|                  |                        |
|------------------|------------------------|
| Title of report  | Financial Plan 2017/18 |
| Name of director | Jill Robinson          |



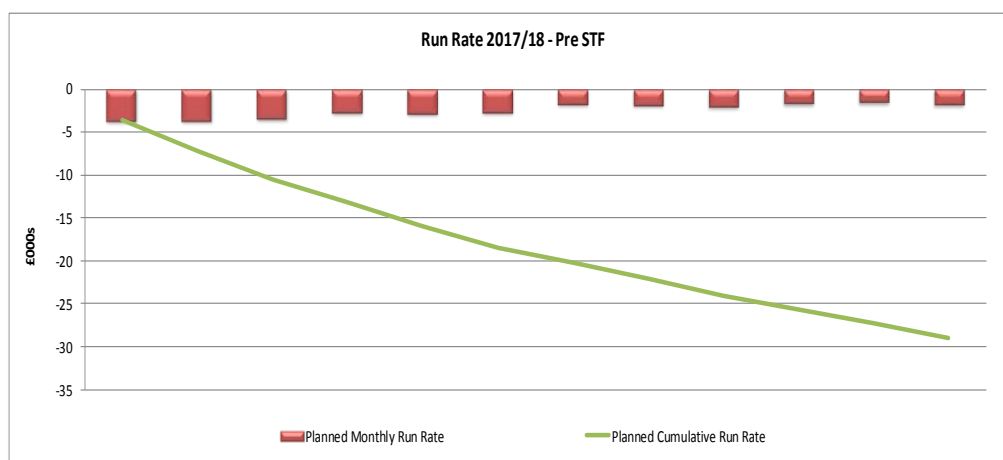
3 May 2017

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- £7.5m of Commissioner QIPPs have been included in contracts, although the financial plan assumes CCGs are successful in delivering £5.5m of savings. A negative reserve based on a 70% marginal cost reduction is held in central reserves. A joint Executive QIPP/CIP Committee has been established to oversee delivery of these programmes. Key work streams are established and CCG colleagues are due to attend the Trust Management Group meeting to provide further overview. As this work progresses we will assess the potential in year impact of these on the Trust's expenditure base and allocate the marginal cost reduction to the appropriate Division.

4.3 The projected run rate for 2017/18 in the chart below shows that the Trust will start the first part of the year with an average monthly deficit of £3.5m decreasing to £2.7m in quarter 2 and then averages at £1.7m thereafter. This is due to two key factors:

- Tariff efficiencies are removed from income evenly throughout the year, in contrast to expenditure efficiencies which ramp up incrementally throughout the year. See section 7.
- Income is phased evenly through the year, as previously, to mitigate the impact of the number of days in the month and holiday periods. This allows a more meaningful comparison of the Trust position since expenditure is not as sensitive to these same factors.



5. Divisional Budgets

5.1 Budget setting has been carried out in accordance with the principles outlined in the 'Budget Setting Policy 2017/18' and covered within section 4.

The table below provides a summary of the 2017/18 start point recurrent budgets for the Divisions inclusive of patient care income.

|                  |                        |
|------------------|------------------------|
| Title of report  | Financial Plan 2017/18 |
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| £000s     | Pay       | Non Pay   | Total Operating Expenses | Other Operating Income | Patient Care Revenue | Total Operating Revenue | Depreciation, PDC, Interest Payable | Surplus / (Deficit) against Control Total |
|-----------|-----------|-----------|--------------------------|------------------------|----------------------|-------------------------|-------------------------------------|---|
| Medicine  | (68,841)  | (23,279)  | (92,120)                 | 2,166                  | 119,062              | 121,229                 |                                     | 29,108                                    |
| Surgery   | (43,174)  | (10,155)  | (53,329)                 | 1,216                  | 98,688               | 99,904                  |                                     | 46,575                                    |
| W&C       | (28,550)  | (3,234)   | (31,785)                 | 410                    | 50,300               | 50,709                  |                                     | 18,925                                    |
| SCSD      | (76,869)  | (55,678)  | (132,547)                | 4,269                  | 97,983               | 102,252                 |                                     | (30,295)                                  |
| AMIT      | (7,235)   | (51,130)  | (58,365)                 | 4,863                  | 130                  | 4,993                   |                                     | (53,373)                                  |
| Corporate | (21,415)  | (24,966)  | (46,381)                 | 12,886                 | 0                    | 12,886                  |                                     | (33,495)                                  |
| Trustwide | (6,187)   | 10,247    | 4,061                    | 368                    | 83                   | 451                     | (24,622)                            | (20,111)                                  |
|           | (252,271) | (158,195) | (410,466)                | 26,178                 | 366,246              | 392,424                 | (24,622)                            | (42,664)                                  |

Divisional budgets have been developed aligned to the 2017/18 budget setting policy as described in section 4. The movements set out below summarise the key changes.

CIP targets have been assigned to Divisions with the exception of procurement and drugs which will be aligned to the Divisions consistent with the detailed plan in Q1.

| Division  | Baseline Budget 2017/18<br>£000s | Pay Inflation, Incremental Drift & NI Changes<br>£000s | Non Pay Inflation<br>£000s | Growth & Commissioner QIPP<br>£000s | All Other Items<br>£000s | CIP 2017/18<br>£000s | Start Point Budget 2017/18<br>£000s |
|-----------|----------------------------------|--|----------------------------|-------------------------------------|--------------------------|----------------------|-------------------------------------|
| Medicine  | (91,812)                         | (1,196)  | (163)                      | 0                                   | (916)                    | 4,133                | (89,954)                            |
| Surgery   | (53,704)                         | (903)  | (9)                        | 0                                   | (277)                    | 2,780                | (52,113)                            |
| W&C       | (32,432)                         | (621)  | (16)                       | 0                                   | (87)                     | 1,781                | (31,375)                            |
| SCSD      | (128,842)                        | (1,407)  | (328)                      | 0                                   | (2,951)                  | 5,250                | (128,278)                           |
| AMIT      | (54,417)                         | (123)  | (1,413)                    | 0                                   | (440)                    | 2,891                | (53,502)                            |
| Corporate | (31,090)                         | (341)  | (3,547)                    | 0                                   | (82)                     | 1,565                | (33,495)                            |
| Trustwide | 14,408                           | 0  | (285)                      | (1,319)                             | (10,875)                 | 2,500                | 4,429                               |
|           | (377,889)                        | (4,591)  | (5,761)                    | (1,319)                             | (15,628)                 | 20,900               | (384,288)                           |

|                  |           |         |         |         |          |        |           |
|------------------|-----------|---------|---------|---------|----------|--------|-----------|
| Depreciation     |           |         |         |         |          |        | (9,881)   |
| PDC              |           |         |         |         |          |        | (401)     |
| Interest Payable |           |         |         |         |          |        | (14,340)  |
|                  | (377,889) | (4,591) | (5,761) | (1,319) | (15,628) | 20,900 | (408,910) |

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

- Marginal cost of activity growth applied to 2016/17 projected outturn activity
- Marginal cost reduction of delivering Commissioner QIPP
- General 0.6% contingency
- Income risk around repatriation project (Shared aspiration with CCGs)
- Apprentice levy
- Implementation of Junior doctors contract/IR35
- Winter
- Developments not yet started e.g. Electrophysiology
- Procurement and drugs efficiency target

|                  |                        |
|------------------|------------------------|
| Title of report  | Financial Plan 2017/18 |
| Name of director | Jill Robinson          |

**3 May 2017**

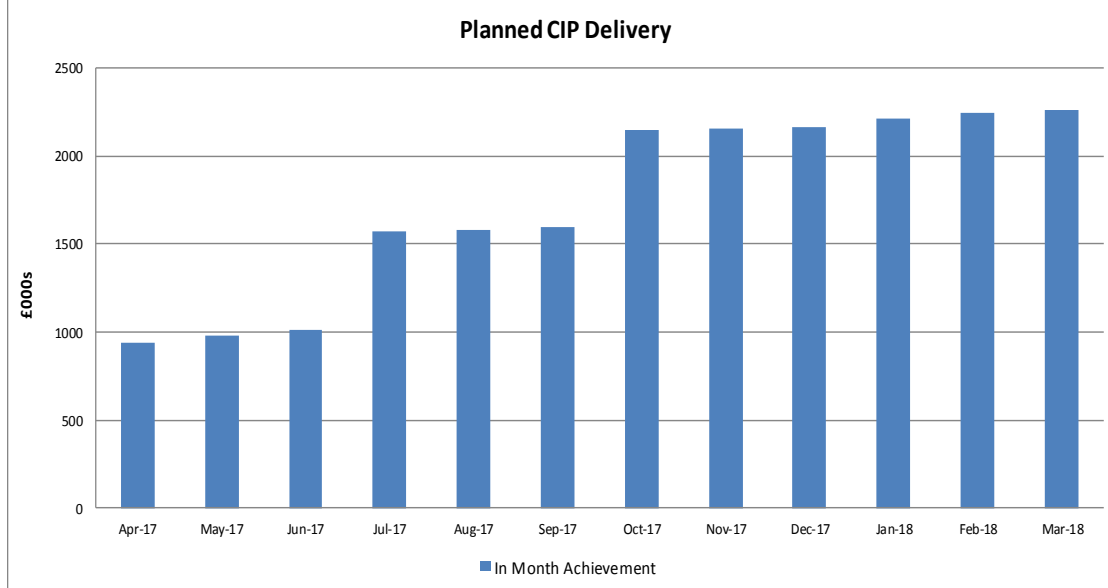
**Enclosure E3**

|           |   |
|-----------|---|
| <b>6.</b> | <b>Budget Sign Off</b>  |
| 6.1       | <p>The formal Divisional sign off for 2017/18 budgets has commenced with Directorate sign off between the Divisional triumvirate and Divisional management teams, and Divisional sign off between the Divisional triumvirate, the Chief Finance Officer and Chief Operating Officer.</p> <p>The Chief Finance Officer and Chief Operating Officer held initial formal budget sign off sessions with the Clinical Divisions in March where Divisions presented their 2017/18 budgets including their efficiency plans. A further session will take place in April to finalise the process.</p> <p>Budget holders have been advised that the signed activity and budget statement must be returned to Finance by 30<sup>th</sup> April 2017.</p>  |
| <b>7.</b> | <b>Efficiency Programme 2017/18</b>   |
| 7.1       | <p>The Efficiency target has been set at £20.9m for 2017/18 (4.8% of total spend/ 5.3% turnover). This represents a much greater target than the tariff efficiency requirement of 2%, which reflects the Trust's underlying financial position and the extent of local cost pressures.</p> <p>The planning assumption was that £5m of this would come from targeting repatriation of elective activity from either outside of Worcestershire or from the independent sector, maximising the benefit of Worcestershire funding within Worcestershire. This represents a shared aim of the Executive joint CIP/QIPP Committee with a target of £10m benefit over the next 2 years. In practice given the capacity challenges faced by the Trust this scheme will have a significant lead in time.</p> |
| 7.2       | Divisions have been assigned a target totalling £18.4m which excludes procurement and drugs. This will be distributed to Divisions in Q1 aligned to the detailed plan.  |
| 7.3       | The Divisional targets were issued inclusive of the £5m repatriation target to allow for a bottom build approach. In presentation terms – as this target is reported within Patient care Income - a corresponding £5m offset is reflected in reserves.  |
| 7.4       | The graph below shows the current planned phasing of the delivery of the efficiency programme.  |

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7.5 Whilst it is recognised that the profile continues to be back loaded, this is a reflection of the fact that the start date of schemes will accrue throughout the year.

As at the 24<sup>th</sup> April the Trust has thus far identified schemes valued at £15.2m, which is £5.7m short of the target.

Delivery of a £20.9m efficiency saving remains a significant risk and will need to be closely monitored to ensure that the Trust remains in line with its financial trajectory. To assist with this delivery the Trust is in the process of finalising its improvement programme that will provide a framework to align the cost improvement programme with the operating plan, system wide delivery plans and commissioning intentions. This will also provide a programme governance framework to support delivery of the overall efficiency saving.

The Divisions are to finalise and implement plans by 30<sup>th</sup> April 2017.

## 8. Capital Programme

8.1 The detailed capital programme has been reviewed by Divisions at the Capital Prioritisation Group (CPG). The plan has been amended to reflect the group's prioritisation of the schemes for the Trust.

The essential capital schemes submitted for 2017/18 shows an over commitment against the Trust funding available of £13.166m. Loan requests will be submitted in 2017/18 to fund the shortfall.

The Trust's internally generated resource will be principally committed to essential works and equipment replacement. The Trust will have to manage the limited capital resources available to ensure only critical/essential schemes progress until the loan funding is approved. Regular reviews of the position with the work stream leads and finance will continue to ensure the Trust meets its CDEL.

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There is no contingency built into the capital programme.

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

- There is as yet no agreed capital loan within the plan for 2017/18; however the plan assumes loan applications of £13.166m. If the business cases and loans are not agreed then these schemes cannot proceed. The risk associated with backlog maintenance, clinical equipment & ICT schemes is material and will need to be kept under close review.
- The plan includes £500k towards project and design fees to support the implementation of the service reconfiguration. We are currently assuming a total capital requirement of £29.6m for implementation the Future of Acute Hospital Services in Worcestershire (FOAHSW) over the next 4 years.
- Receipts from the Sale of Assets have been included at an estimated Net Book Value of £325k. There is potential to release further assets which is being reviewed by the Director of Asset Management and ICT but not included as yet.
- Equipment replacement assumes that equipment will be leased where better value for money can be achieved. All potential purchases will be subject to a robust financial appraisal.
- The ICT work stream plan includes project staffing at an estimated recurrent cost of £670k, funding 14.20 wte. There is additional non recurrent staffing of £16.5k in 2017/18. The balance to the full plan of £1.4m relates to any additional staff/agency costs, software and other purchase orders. In the event that loan funding is not secured for the wider capital plan there is a risk that spend on this work stream could not be further reduced due to the proportion of the plan related to project workforce.

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8.2 The table below shows the submitted capital plan for 2017/18 to 2021/22.

|  | 2017/18<br>Plan £000's | 2018/19<br>Plan £000's | 2019/20<br>Plan £000's | 2020/21<br>Plan £000's | 2021/22<br>Plan £000's |
|--|------------------------|------------------------|------------------------|------------------------|------------------------|
| <b>Capital Plan</b>                    |                        |                        |                        |                        |                        |
| <b>Funding</b>                         |                        |                        |                        |                        |                        |
| Depreciation                           | 7,820                  | 7,507                  | 7,507                  | 7,507                  | 7,507                  |
| Capital Loans ED*                      | -                      | 631                    | -                      | -                      | -                      |
| CRL                                    | 7,820                  | 8,138                  | 7,507                  | 7,507                  | 7,507                  |
| Capital Loan principal repayments      | (2,436)                | (2,689)                | (2,942)                | (1,952)                | (1,952)                |
| PFI capital repayments                 | (1,941)                | (2,106)                | (2,304)                | (2,533)                | (3,160)                |
| <b>Total Available Capital Funding</b> | <b>3,443</b>           | <b>3,343</b>           | <b>2,261</b>           | <b>3,022</b>           | <b>2,395</b>           |
| Loans                                  | 13,166                 | 4,795                  |                        |                        |                        |
| FOASHW                                 | -                      | 19,099                 | 9,342                  | 218                    | 17                     |
| <b>Capital Funding including loans</b> | <b>16,609</b>          | <b>27,237</b>          | <b>11,603</b>          | <b>3,240</b>           | <b>2,412</b>           |

|  |               |               |               |              |              |
|--|---------------|---------------|---------------|--------------|--------------|
| <b>Expenditure</b>                             | -             | -             | -             | -            | -            |
| ED Expansion*                                  | 228           | 631           | -             | -            | -            |
| Main Loan 16/17 - Development schemes          | 2,164         | -             | -             | -            | -            |
| Anticipated FOASHW /ASR                        | 500           | 19,099        | 9,342         | 218          | 17           |
| <b>Sub Total Developments</b>                  | <b>2,892</b>  | <b>19,730</b> | <b>9,342</b>  | <b>218</b>   | <b>17</b>    |
| Property & Works Trust Funded                  | 1,122         | 1,140         | 1,088         | 1,493        | 1,055        |
| Property and Works Loan Funded                 | 6,622         | 2,398         | 2,623         | 2,243        | 2,556        |
| <b>Sub Total P&amp;W</b>                       | <b>7,744</b>  | <b>3,538</b>  | <b>3,711</b>  | <b>3,736</b> | <b>3,611</b> |
| Clinical Equipment                             | 450           | 700           | 600           | 600          | 600          |
| Clinical Equipment Property & Works Loan 17/18 | 250           | -             | -             | -            | -            |
| <b>Sub Total Equipment</b>                     | <b>700</b>    | <b>700</b>    | <b>600</b>    | <b>600</b>   | <b>600</b>   |
| ICT Trust Funded                               | 1,468         | 871           | 573           | 928          | 740          |
| ICT Loan Funded                                | 4,130         | 2,398         | 2,623         | 2,243        | 2,556        |
| <b>Sub Total ICT</b>                           | <b>5,598</b>  | <b>3,269</b>  | <b>3,196</b>  | <b>3,171</b> | <b>3,296</b> |
| Contingency                                    | -             | -             | -             | -            | -            |
| <b>Total Expenditure</b>                       | <b>16,934</b> | <b>27,237</b> | <b>16,849</b> | <b>7,725</b> | <b>7,524</b> |
| Alex Land Disposals                            | (325)         | -             | -             | -            | -            |
| <b>Sub Total Donations/Receipts</b>            | <b>(325)</b>  | <b>-</b>      | <b>-</b>      | <b>-</b>     | <b>-</b>     |
| <b>Total Net Expenditure</b>                   | <b>16,609</b> | <b>27,237</b> | <b>16,849</b> | <b>7,725</b> | <b>7,524</b> |

**9. Cash**

9.1 The Trust continues to forecast Control Total deficits for 2017/18 and 2018/19. These deficits will require cash support from the Department of Health. It is expected that this cash support will be in the form of loans. Without this funding the Trust would not be able to meet its financial commitments. The pre STF deficit positions of £42.7m in 2017/18 and £39.1m in 2018/19 would need to be mitigated through revenue support loans. The Trust can mitigate a small amount of the need for loans by improving the working capital position. However, the Trust is expected to settle creditors within set times which restricts improvement to other areas.

The financial plan assumes that £12.7m of STF funding will be earned in each year. Revenue loans of £31.322m are required to support the 2017/18 position. This supports the post STF deficit of £29.988m and £1.334m to support revenue loan principal repayments. The Trust's cash flow for 2017/18 assumes that as with previous loan conditions the Trust needs to maintain a daily cash balance of £1.9m.

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|            |  |
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|            | <p>The Trust has contacted the Department of Health (DoH) for the first loan instalment of 2017/18. The Trust has supplied the DoH with the relevant Board resolution to release the funds of £3.618m.</p> <p>There is the need for investment in capital over the 2 year planning period to support the FoAHSW reconfiguration programme, Estates backlog maintenance and IM&amp;T due in part to the requirement to repay the Capital elements of the PFI Concessionary Payment and capital loan principal repayments from internally generated depreciation. Capital loans will be required in 2017/18 as described in section 8 above.</p>   |
| <b>10.</b> | <b>Risks</b>   |
| 10.1       | <p>A number of risks remain outstanding which could significantly impact delivery of the Trust's plan and require mitigation. These include:</p> <ul style="list-style-type: none"> <li>• <u>Cost Improvement Programme (CIP) is not delivered</u> - Any under-delivery of the CIP programme would risk delivery of the control total. Strong CIP monitoring and reporting is required as part of the overall Quality Improvement Programme.</li> <li>• <u>Unidentified cost pressures arise in year</u> - Any increase in cost pressures above planned levels would have a detrimental impact on the plan. The comprehensive budget setting and sign off process undertaken minimises this risk.</li> <li>• <u>Non recurrent costs in 2016/17 continue into 2017/18</u> – e.g. additional ward capacity. Close monitoring and clear reporting of non recurrent items and the underlying position will be key.</li> <li>• <u>Agency costs exceed agency ceiling</u> - continue robust management controls already in place and seek to recruit to vacant posts. Aim to use bank staff wherever possible.</li> <li>• <u>Loss of STF income</u> due to non delivery of Financial Control Total and /or agreed performance trajectories. Continue focus on robust management of the financial position and complete capacity and demand planning exercise to develop robust performance trajectories.</li> <li>• <u>Cost of Transformation</u> – additional non recurrent transformation costs may risk delivery of the Control Total.</li> <li>• <u>Activity levels do not meet the planned levels</u> – whilst the cap/collar affords some protection against this, the activity plan is set at a higher level than the collar. In the event that we exceed the cap, activity would not be fully reimbursed unless it can be proven to be repatriated from elsewhere. Close contract monitoring will continue.</li> <li>• <u>Repatriation project</u> assumes an income benefit of £5m in 2017/18 but is reliant on capacity being identified to deliver the activity. Identification of mitigating CIP schemes is underway.</li> <li>• <u>Prior Approval schemes</u> not complied with resulting in activity not being paid / counted against the cap/collar. Communication of key policies to the divisions and specialties will continue, along with a rolling audit sampling programme for key procedures.</li> </ul> |

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|     |  |
|-----|--|
|     | <ul style="list-style-type: none"> <li>• <u>CCG use of contract clause GC9</u> resulting in retention of 2% of the value for the service where we are not meeting required standards. Trust to continue to proactively engage with Commissioners where there are service concerns.</li> <li>• <u>Change in Planning Assumptions</u> - The contract settlement and cap and collar were based on an expected level of performance. CCGs have already signalled their intention to review the impact of the changed waiting list position. Trust to continue to proactively engage with commissioners.</li> <li>• <u>Decisions in 2017/18 whilst under the cap/collar</u> may set a precedent for future years which result in reduced income. Any potential changes in counting / coding practice will require a full work up to understand future implications.</li> <li>• <u>Inability to access additional capital support</u> – If capital loan bids are unsuccessful there will be insufficient funding to deliver prioritised capital schemes. As well as exposing the Trust to operational and clinical risk this would jeopardise delivery of some of the CIP plans. The capital programme and level of available funding will require robust and on-going oversight.</li> </ul> |
| 11. | <b>Actions &amp; Recommendations</b>   |
|     | <p>The Trust Board is asked to:</p> <ul style="list-style-type: none"> <li>• Assure itself that assumptions have either been appropriately reflected in the financial plan or have robust mitigation plans.</li> <li>• Note the extremely limited Trust capital funding and the requirement for loan funding in 2017/18</li> </ul>   |

**Jill Robinson**  
**Chief Finance Officer**  
*April 2017*

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| Name of director | Jill Robinson          |



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Report to Trust Board (in public)

|                                 |   |
|---------------------------------|---|
| <b>Title</b>                    | Integrated Performance Report (Month 12)  |
| <b>Sponsoring Director</b>      | Haq Khan, Acting Director of Performance  |
| <b>Author</b>                   | Rebecca Brown, Assistant Director of Information and Performance  |
| <b>Action Required</b>          | Trust Board is asked to:<br>1. Review the Integrated Performance Report for Month 12.<br>2. Seek assurance as to whether:<br>a) The risks of under-performance in each area have been suitably mitigated, and;<br>b) plans are in place to improve performance. |
| <b>Previously considered by</b> | N/A   |

**Priorities (√)**

|   |   |
|---|---|
| <i>Investing in staff</i>                     | ✓ |
| <i>Delivering better performance and flow</i> | ✓ |
| <i>Improving safety</i>                       | ✓ |
| <i>Stabilising our finances</i>               | ✓ |

|  |   |
|--|---|
| <b>Related Board Assurance Framework Entries</b>     | <p><b>2790</b> As a result of high occupancy levels, patient care may be compromised and access targets missed</p> <p><b>3291</b> Deficit is worse than planned and threatens the Trust's long term financial sustainability</p> <p><b>2895</b> If we do not adequately understand &amp; learn from patient feedback we will be unable to deliver excellent patient experience</p>              |
| <b>Legal Implications or Regulatory requirements</b> | Section 92 of the Care Act 2014 creates an offence of supplying, publishing or otherwise making available information, which is false or misleading in a material respect. The offence will apply: to such care providers and such information as is specified in regulations; and, where the information is supplied, published or made available under an enactment or other legal obligation |
| <b>Glossary</b>                                      | <p>EAS – Emergency Access Standard</p> <p>STF – Sustainability Transformation Fund</p> <p>YTD – Year to Date</p> <p>NHSI – National Health Service Improvement</p> <p>CQC – Care Quality Commission</p> <p>TTIA – Time to Initial Assessment</p>  |

**Key Messages**

The Trust continues to face ongoing performance challenges against the majority of the operational targets and standards that relate to both good patient access and the Sustainability Transformation Fund (STF). Planning of recovery actions are well advanced but in most cases won't be reflected in improvement for several months.

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| Name of director | Haq Khan, Acting Director of Performance         |

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The focus over the last few months has been on developing detailed bottom up demand and capacity models to support the agreement of 2017/18 trajectories for Referral to Treatment (RTT), cancer and diagnostics. This work is coming to a conclusion with RTT trajectories submitted to NHS Improvement (NHSI); and cancer and diagnostics trajectories imminent. Delivery of the underpinning specialty level activity will be forensically managed by the Chief Operating Officer (COO) through weekly reviews as a minimum. Achieving the trajectories is not without risk as set out in the report.

Performance in respect of the 18 week Referral To Treatment target has plateaued at c.84%. The revised trajectory submitted to NHSI shows that performance will not improve significantly in 2017/18 due to the size of the backlog, continuing high demand, and capacity constraints in key specialties.

The 85% standard for cancer 62 day waits has not been met for 12 months. Performance has recovered from the January post-Christmas dip but remains significantly below the standard. Improvement is dependent on resolving the issues with diagnostic capacity.

Performance against the 2ww for breast symptomatic has significantly deteriorated in March due to annual leave and maternity leave as well as the impact of IR35 within Radiology. Recovery actions are set out in the report.

The Trust needs to increase the proportion of patients having their diagnostic completed within 6 weeks to alleviate the current adverse effect on RTT and cancer standards. The capacity constraints within endoscopy are the main driver of the poor performance with some impact from Radiology capacity issues (CT in particular) to a lesser extent. Improvement actions for these two areas are set out in the report.

Performance against the 4 hour emergency access standard (EAS) remains challenging, and flow related pressure continued in March. Increased operational controls are in place to create flow and to release designated assessment area spaces to ensure that patients are admitted in a timely way to the right bed first time. The immediate priority will be to focus on reducing the number of stranded patients to create the conditions for success for the other schemes that have been previously well rehearsed with the Board.

The Board should note that all Quality and Safety issues are reported through for assurance to Quality Governance Committee.

In conjunction with the introduction of the Performance Management and Accountability Framework, the Integrated Performance Report will transition towards being more action focussed and forward looking using the Corrective Action Statement (CAS) format as set out in Appendix 1.

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## REPORT TO TRUST BOARD (IN PUBLIC)

### 1. Situation and Background

- 1.1 This paper presents an overview of performance for March 2017 (Month 12). The report summarises issues with current performance, and areas of risk for the Trust. An exception based approach is taken, escalating areas of particular risk in performance against national and local targets and standards.
- 1.2 Divisional Performance Reviews take place on a monthly basis and are currently being strengthened and formalised through the Performance Management and Accountability Framework to improve management of risk and assurance and escalation to the relevant Committee. This will include the development of the Integrated Performance Report towards a more action focussed forward looking document using a Correct Action Statement (CAS) approach. Several examples are included in Appendix 1 to illustrate the direction of travel.
- 1.3 Work on recovery trajectories for EAS, RTT, cancer and diagnostics for 2017/18 is underway. Internally, a Clinical Services Planning round has been completed which has supported the development of a bottom-up robust RTT recovery trajectory and has been sent to NHSI for feedback. Work on the Cancer and Diagnostics recovery trajectories continues and will be sent to NHSI week beginning 24<sup>th</sup> April.
- 1.4 For comprehensive performance data, please refer to the Trust dashboard.

### 2. Assessment

#### 2.1 Urgent Care and Flow

- 2.1.1 EAS performance (4 hour breaches) has not met the national target of 95% for more than 2 years. The March Trust performance was another small improvement on the previous 3 months reaching 82.6%. A&E attendances (including MIU) increased from 13,388 in February 2017 to 15,558 in March. This is compared to March 2016 attendances of 15,958 and an EAS 4 hour performance of 82.3%.

Performance at WRH improved in March 2017 by 5% to 66% from 61% the previous month. The performance was 67.2% for 2016/17 which is a decline of 8.6% compared to 2015/16.

Performance at the ALX improved by 8% (from 75.80%) to 83.8% in March 2017, which is comparable to March 2016 (83.9%). However the financial year 2016/17 performance shows an overall decline of 11.6% compared to 2015/16.

The overall decline in the EAS performance in 2016/17 is 6.4% (81.5%) compared to 2015/16 performance of 87.9%, however there has been a 6.15% increase in attendances in 2016/17.

**Benchmarking** – The latest published national data is for February 2017. The Trust is one of 29 (out of the 31 Peer Group Trusts) which demonstrated an improvement in this timeframe. For the 31 peer trusts the performance against the EAS standard ranged from 75.8% to 95.2% with the Trust ranked 26<sup>th</sup>. For February the Trust performance was below the peer group average of 86.1% and the England average of 87.6%.

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**2.1.2** *Tables showing 4 hour wait performance March 2016 – March 2017 and financial year comparison for 2016/17 and 2015/16.*

| 4 hour waits | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 |
|--------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| WAHT         | 82.3%  | 84.4%  | 82.2%  | 84.7%  | 85.7%  | 83.7%  | 82.8%  | 80.9%  | 78.9%  | 75.3%  | 76.8%  | 77.9%  | 82.6%  |
| Peer Trusts  | 85.1%  | 88.6%  | 89.6%  | 90.3%  | 89.5%  | 89.3%  | 89.9%  | 88.6%  | 87.6%  | 84.4%  | 82.6%  | 86.1%  | -      |
| England      | 87.3%  | 90.0%  | 90.3%  | 90.6%  | 90.3%  | 91.0%  | 90.6%  | 89.0%  | 88.4%  | 86.2%  | 85.1%  | 87.6%  | -      |

| 4 hour waits                   | 2015-16 | 2016-17 | Variance      |
|--------------------------------|---------|---------|---------------|
| Total attendances (incl. MIUs) | 183,439 | 184,568 | 1,129 (6.15%) |
| % compliance                   | 87.9%   | 81.5%   | -6.4%         |

**2.1.3** The STF trajectories for the EAS have not been met for any month of the 2016/17 financial year. The submitted trajectory for 2017/18 is line with the national requirement to achieve 90% each month from September with 95% to be achieved in March 2018.

**2.1.4** The Time to Initial Assessment, 95<sup>th</sup> percentile tolerance is set at 15 minutes or below. The 95<sup>th</sup> percentile for time to initial assessment for **all** patients improved in March to 27 minutes. The median time from arrival to treatment target of 60 minutes has been met for the last three months. The performance for patients arriving by ambulance has been broadly consistent at 43 minutes (A&E only), the improvement in March to 27 minutes is notable. The Board should be mindful that the Trust is still reporting weekly figures to the Care Quality Commission (CQC) on Time to Initial Assessment (TTIA), following the March 2015 CQC Improvement Notice.

**2.1.5** There were 14 12 hour (trolley) breaches reported in March, down from 53 confirmed breaches in February. This continues to be of concern to the Trust and A&E Delivery Board. Initial Case Reviews and Harm Reviews are taking place on all trolley breaches in accordance with internal procedures.

**2.1.6** Extended ambulance handover times continue to be an issue for the Trust. There were 60 ambulance handovers of over 60 minutes in March 2017, which is marginally fewer when compared to March 2016 when there were 68 handovers of over 60 minutes.

**2.1.7** Bed occupancy (funded at midnight) has reduced to some of the lowest levels in the past year at 98% and 86% on the Worcestershire Royal and Alexandra Hospital sites respectively.

**2.1.8** Oversight of urgent care and flow issues is gained at multiagency level in the A&E Delivery Board, and supported by the A&E Delivery Board Operational Group. Partners include the Acute Trust, Health and Care Trust, West Midlands Ambulance Service and the County Council. A multiagency plan is in place to improve urgent care performance and flow, in line with national requirements.

The Trust is working on the following work streams which form part of the A&E Delivery Board Plan:

- Urgent Care Connect
- Front door streaming / Triage
- Review of MAU
- Review of SCDU
- Review of EPAU and GAU (capacity and SOP)

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2.1.9 There are also internal programmes of work that have been identified to support flow throughout the organisation. Whilst this work is either embedding or being delivered, patient safety is ensured through undertaking harm reviews on three groups of patients: longest waiters in the department; patients that have been in the department over 12 hours from their decision to admit time; and, for patients that wait more than 30mins for their initial assessment. This work also forms a core part of the Trust's new Quality Improvement Programme, phase 2 of which is currently being developed. The identified internal priorities include:

- Streaming at Front Door
- Trolleys /Chairs Medical Assessment Unit (MAU) for assessment to expand the Ambulatory Emergency Care Unit (AEC)
- Hot Clinics
- Acute frailty and Older Person Advice & Liaison service (OPAL)
- Red / Green SAFER Bundle
- GP Consultant advice line
- Stroke Pathway
- Prepare and recovery from surge

2.1.10 The focus and prioritisation of the urgent care and flow recovery plan is being revisited by the new Interim COO. The immediate priority will focus on reducing the number of stranded patients to create the conditions for the success of the above initiatives. In particular there will be a strong focus on medically optimised patients and reducing delayed transfer of care patients (DTC).

2.1.11 Preliminary recovery trajectories for EAS performance in 2017/18 have been submitted as part of the Operational Plan. The submitted trajectory for 2017/18 is in line with the national requirement to achieve 90% each month from September with 95% to be achieved in March 2018. Programmes of work should be aligned with the delivery of the submitted trajectory.

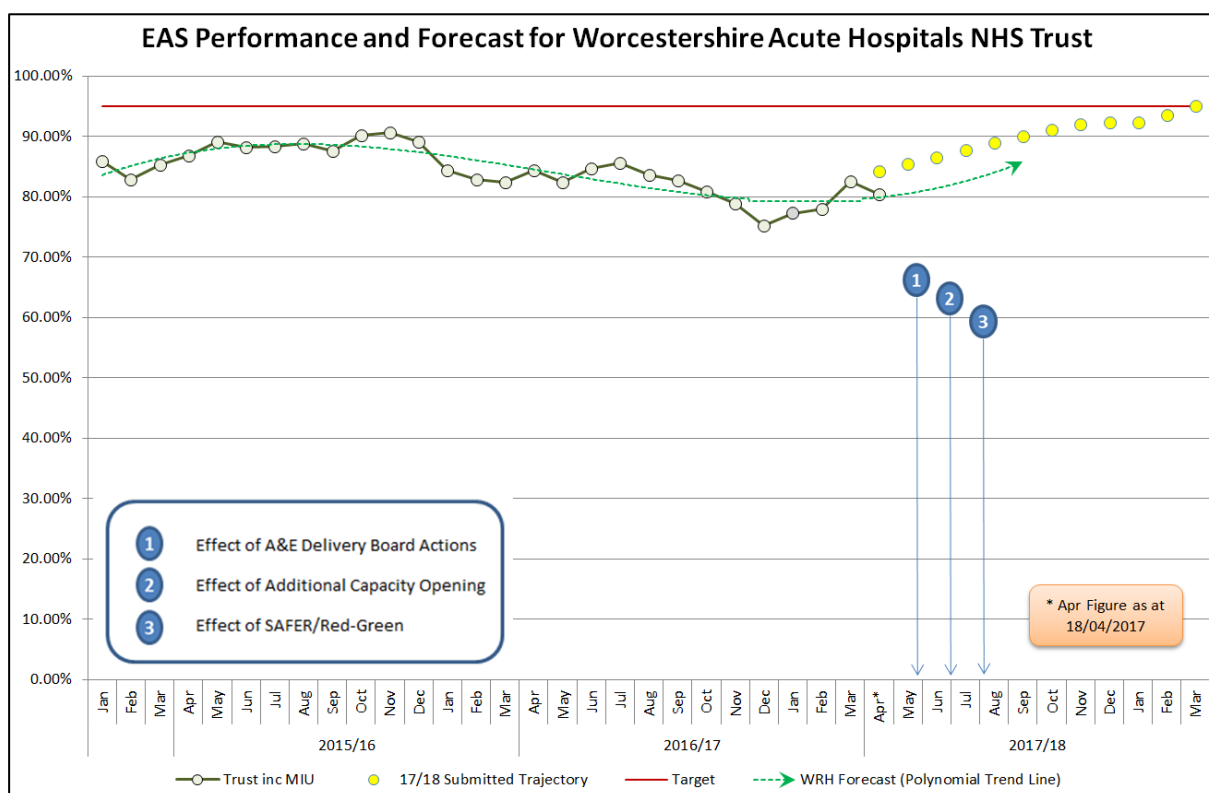
2.1.12 *Table and chart showing 4 hour wait trajectory 2017/18*

|                         | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 |
|-------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 4 hour waits trajectory | 84.20% | 85.50% | 86.50% | 87.80% | 89.00% | 90.00% | 91.10% | 92.00% | 92.30% | 92.30% | 93.60% | 95.00% |

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## 2.2 Referral to Treatment

2.2.1 Since March 2016 the Trust has failed to meet the 92% standard. The performance since December has remained in the region of 83%.

**Benchmarking** – The latest published national data is for February 2017. The Trust is one of 19 of the 28 Peer Group Trusts which demonstrated an improvement in this timeframe albeit a small one and this Trust is ranked 27<sup>th</sup> of the 28. The performance for the peer group ranges from 79.5% to 95.3%. The England figure for February 2017 was 90.0% with the peer average remained at 90.7%.

### 2.2.2 Table showing incomplete RTT performance March 2016 – March 2017

| RTT         | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 |
|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| WAHT        | 89.2%  | 88.9%  | 88.8%  | 88.3%  | 87.8%  | 87.4%  | 86.8%  | 86.6%  | 85.0%  | 83.6%  | 83.9%  | 83.5%  | 83.3%  |
| Peer Trusts | 92.0%  | 91.9%  | 92.2%  | 91.8%  | 91.6%  | 91.1%  | 90.8%  | 90.9%  | 91.0%  | 90.3%  | 90.7%  | 90.7%  | -      |
| England     | 91.5%  | 91.6%  | 91.8%  | 91.5%  | 91.3%  | 90.9%  | 90.6%  | 90.4%  | 90.5%  | 89.7%  | 89.9%  | 90.0%  | -      |

Note: March 2017 performance is provisional at the time of this report being produced, but is not expected to change significantly.

2.2.3 Comparison between financial year 2015/16 and 2016/17 performance is not possible, due to a significant change in reporting logic being applied in November 2015. This change followed a Programme of change supported by the Intensive Support Team (NHSI).

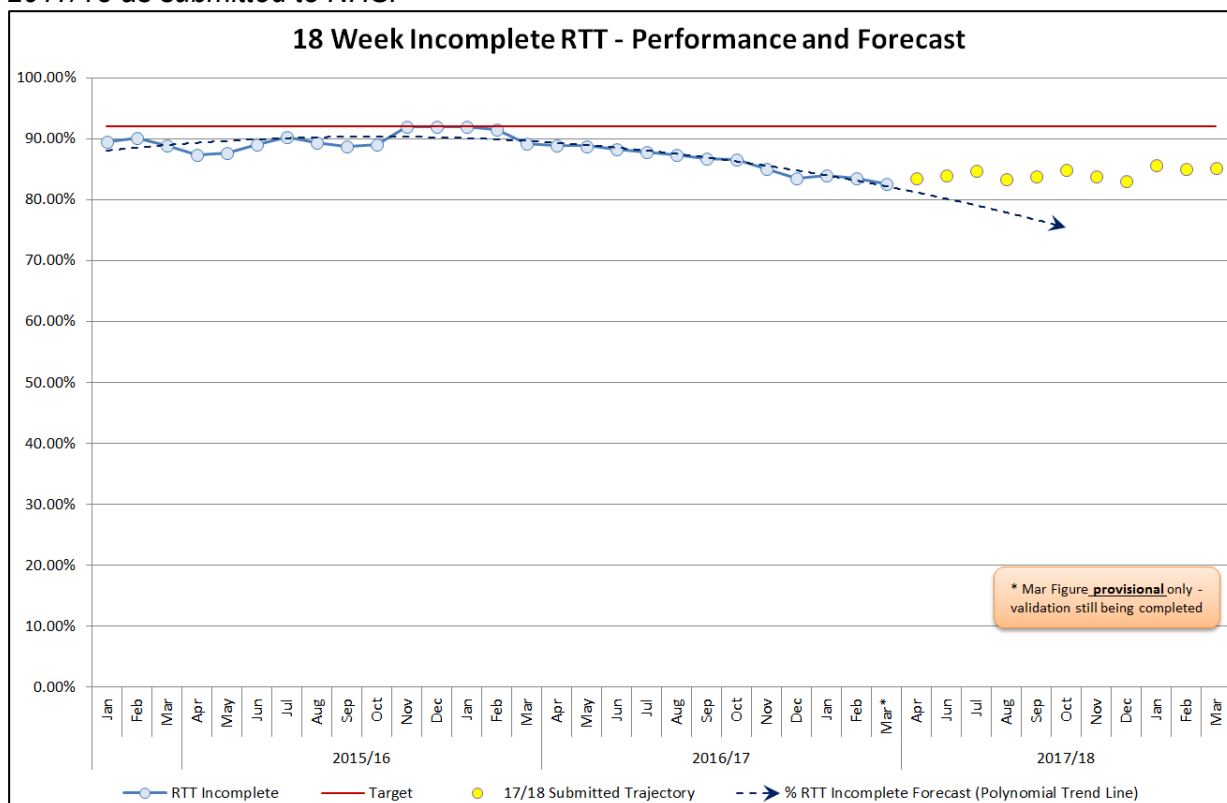
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- 2.2.4 The Clinical Service Planning exercise has been completed and the resultant RTT recovery plan has been submitted to NHSI in line with the agreed deadline. A detailed demand and capacity model has been developed at specialty level which in turn has informed the specialty level and Trust RTT recovery trajectories for 2017/18.
- 2.2.5 The top five specialities identified for recovery are T&O, General Surgery, Oral Surgery, Thoracic Medicine and Gynaecology. The remedial actions and the impact of each are recorded in detail with appropriate timescales and delivery will be monitored at specialty level by the COO through weekly activity review meetings with the Divisions. Remedial actions include the employment of additional staff, changes to job plans and outsourcing. The key to success rests on:
- Ability to recruit consultants within planned timescales,
  - Forensic management of demand, capacity and activity on at least a weekly basis,
  - Delivery of planned productivity gains.

*Chart showing incomplete RTT performance March 2016 – March 2017 and planned trajectory for 2017/18 as submitted to NHSI*



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## 2.3 Diagnostics

2.3.1 Diagnostics performance (6 week standard) has been above the national tolerance of 1% for all of 2016/17. This is having an adverse impact on the RTT and cancer standards. The March performance has deteriorated, with 3.37% of patients waiting for 6 or more weeks for a diagnostic test.

**Benchmarking** – The latest published national data is for February 2017. The Trust is one of 18 of the 25 Peer Group Trusts which demonstrated an improvement in this timeframe and this Trust is ranked 24<sup>th</sup> of the 25 in February. The peer group performance ranged from 0.0% to 4.3% with an average of 0.7%. The England average for February 17 was 1.0%.

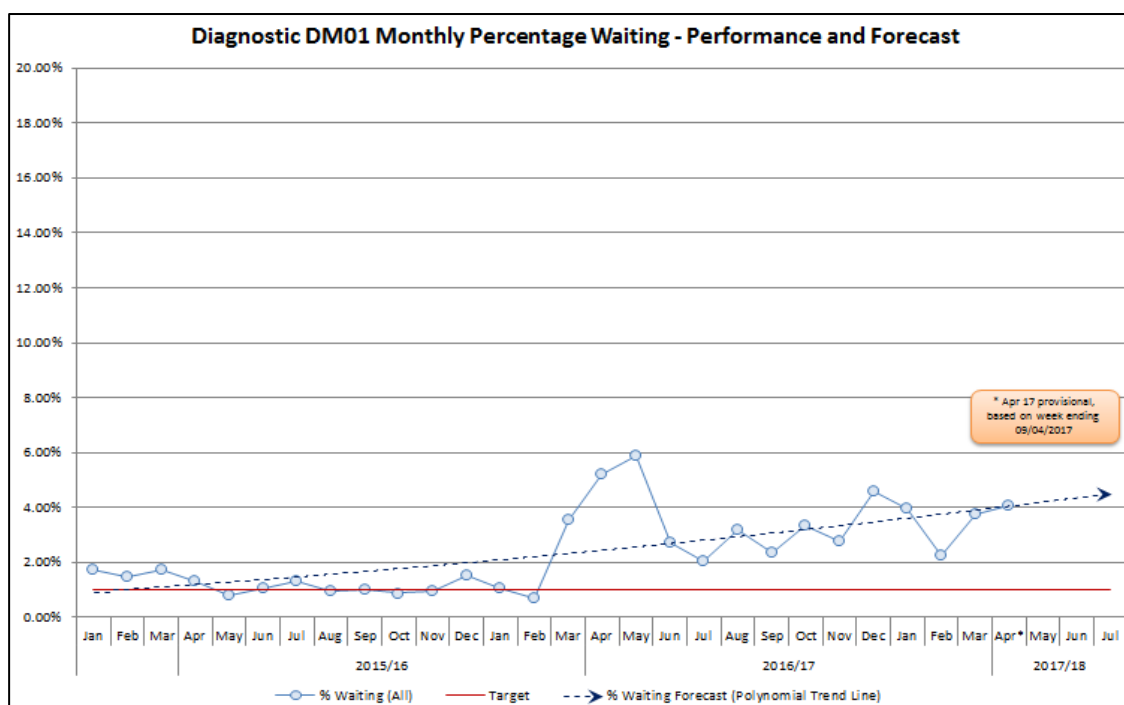
### 2.3.2 Table showing Diagnostics 6 week wait percentage March 2016 – March 2017

| Diagnostic  | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 |
|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| WAHT        | 3.52%  | 5.20%  | 5.90%  | 2.70%  | 2.03%  | 3.16%  | 2.36%  | 3.36%  | 2.75%  | 4.56%  | 3.98%  | 2.24%  | 3.73%  |
| Peer Trusts | 1.1%   | 0.9%   | 0.8%   | 0.7%   | 0.5%   | 0.9%   | 0.8%   | 0.6%   | 0.6%   | 1.3%   | 1.3%   | 0.7%   | -      |
| England     | 1.7%   | 1.8%   | 1.4%   | 1.5%   | 1.4%   | 1.7%   | 1.5%   | 1.1%   | 1.1%   | 1.7%   | 1.7%   | 1.0%   | -      |

### 2.3.3 Table showing Diagnostics 6 week wait number of patients March 2016 – March 2017

| Diagnostic | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 |
|------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| WAHT       | 337    | 505    | 613    | 255    | 174    | 257    | 201    | 276    | 229    | 367    | 345    | 196    | 362    |

### Chart showing Diagnostics 6 week wait percentage March 2016 – March 2017



Performance fluctuates month on month but there is a clear deteriorating trajectory.

The diagnostics performance is primarily impacted by a lack of workforce capacity in endoscopy. There are also issues in CT but to a lesser extent.

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- 2.3.4 The Specialised Clinical Services Division (SCSD) is currently working on a recovery plan required to be submitted to NHSI w/b 24<sup>th</sup> April. They are following a similar clinical service planning model as used for RTT in order to understand the demand and capacity of the different tests. This work will also contribute to the Cancer recovery plan.
- 2.3.5 The key elements of the endoscopy recovery plan include:
- Outsourcing via spot contract– June
  - Insourcing – August
  - Substantive appointment of nurse endoscopist – November
  - Appointment of 2 consultant surgeons – July and October.
- 2.3.6 The key elements of the Radiology recovery plan include:
- Additional Waiting List Initiatives – March 2017
  - Outsourcing – March 2017
  - Implement countywide bookings – April 2017.
- 2.3.7 As for RTT, the COO will forensically oversee the delivery of the plan through weekly activity review meetings with the aim of achieving the target from August 2017 onwards. However, there are significant risks to delivery including securing outsourcing and insourcing capacity, patient choice regarding outsourced capacity and the ability to recruit staff within the planned timescales. The plan is also dependent on the delivery of internal efficiency gains.

## **2.4 Cancer**

2.4.1 The 85% standard for 62 day cancer waits has not been met for the past 12 months.

**Benchmarking** – The latest published national data is for February 2017. The Trust's position improved as did the position for 20 of the 32 Peer Group Trusts. The Trust is ranked 26th of 32 Trusts in February with the peer group performance ranging from 67.3% to 90.8%. In February the Trust moved back towards the England average (79.8%) and the peer average (81.2%).

### **2.4.2 Table showing Cancer 62 day wait performance March 2016 – March 2017 (indicative)**

| Cancer 62 Day | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 |
|---------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| WAHT          | 75.3%  | 75.6%  | 79.3%  | 68.1%  | 66.44  | 66.15% | 72.2%  | 74.35% | 75.25% | 73.85% | 57.5%  | 76.4%  | 74.92% |
| Peer Trusts   | 83.3%  | 82.3%  | 81.8%  | 82.9%  | 81.6%  | 83.3%  | 82.1%  | 81.8%  | 83.1%  | 83.5%  | 79.1%  | 81.2%  | -      |
| England       | 84.0%  | 82.8%  | 81.5%  | 82.7%  | 82.2%  | 82.8%  | 81.4%  | 81.1%  | 82.3%  | 83.1%  | 79.7%  | 79.8%  | -      |

*Note: March 2017 figures are not finalised until May 2017.*

2.4.3 There was a post-Christmas dip in performance for 62 day waits related to reduced capacity and increased incidences of patient choice. From February the performance has returned to pre-Christmas levels but remains well below the target. A national bowel cancer awareness campaign ran during March resulting in increased referrals of 190 per month. This has been partly mitigated by the introduction of nurse triage but further work is underway to better align demand and capacity.

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2.4.4 Table showing Cancer 2 week wait performance for all cancers and breast symptomatic March 2016 – March 2017 (indicative). The operational standard is 93%.

| Cancer 2WW (Breast) | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 |
|---------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| WAHT                | 79.41% | 34.5%  | 28.0%  | 55.7%  | 74.5%  | 52.0%  | 76.1%  | 93.4%  | 94.1%  | 95.6%  | 86.6%  | 80.5%  | 52.2%  |
| Peer Trusts         | 96.0%  | 95.4%  | 93.7%  | 94.6%  | 95.0%  | 95.0%  | 94.8%  | 95.2%  | 96.0%  | 96.2%  | 96.4%  | 95.4%  | -      |
| England             | 94.5%  | 93.7%  | 91.6%  | 92.1%  | 91.9%  | 92.1%  | 92.2%  | 95.7%  | 96.1%  | 96.1%  | 95.2%  | 93.8%  | -      |

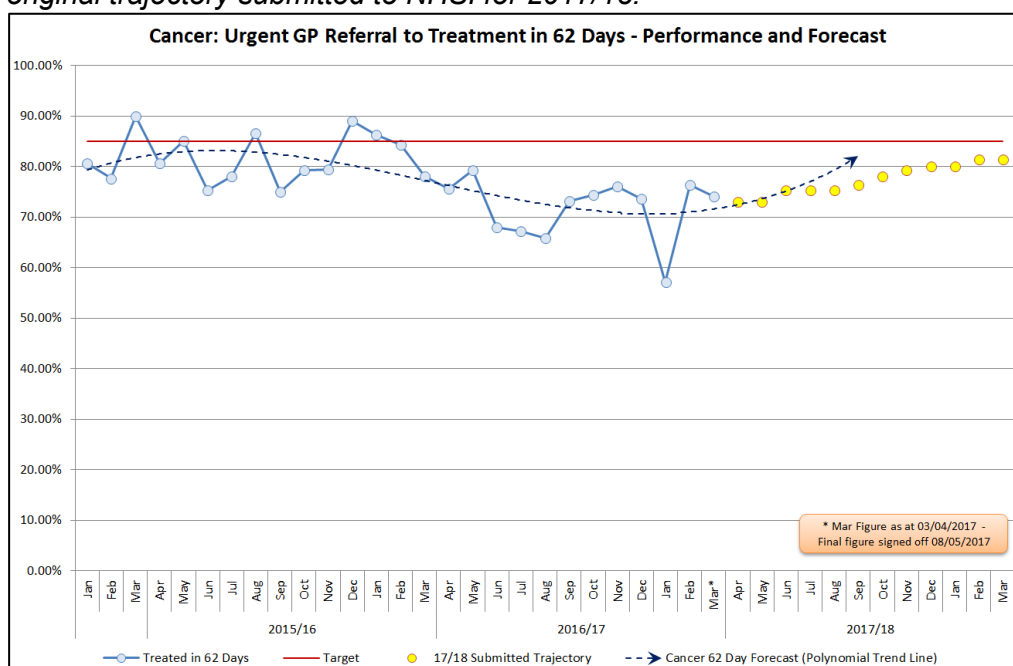
| Cancer 2WW (All) | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 |
|------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| WAHT             | 77.5%  | 39.4%  | 63.67% | 69.2%  | 75.5%  | 65.9%  | 71.0%  | 86.3%  | 82.5%  | 90.4%  | 86.6%  | 86.3%  | 83.9%  |
| Peer Trusts      | 94.0%  | 89.7%  | 90.1%  | 92.4%  | 91.4%  | 93.1%  | 95.7%  | 95.3%  | 96.0%  | 95.1%  | 94.9%  | 96.2%  | -      |
| England          | 94.9%  | 93.0%  | 94.0%  | 93.9%  | 94.4%  | 94.0%  | 94.1%  | 94.8%  | 95.1%  | 95.5%  | 94.0%  | 95.4%  | -      |

2.4.5 For 2ww breast symptomatic the post-Christmas dip in performance continued into February followed by a significant deterioration in March. The historical consultant vacancies have been exacerbated in recent months due to annual leave and maternity leave as well as the impact of IR35 within Radiology. Mitigating actions include:

- Additional weekend consultant capacity until the end of June,
- Additional nurses clinics,
- Task and finish group established, chaired by commissioners.

2.4.6 The Trust is developing a cancer recovery plan which will be sent to NHSI w/b 24<sup>th</sup> April. This will dovetail with the work being completed for the Diagnostics recovery plan as cancer timescales cannot improve without diagnostics improving, particularly endoscopy. The chart below shows the trajectory for 2017/18 that was submitted with the operational Plan in March but will now be revised based on the outcome of the bottom up demand and capacity modelling.

Chart showing Cancer 62 day wait performance March 2016 – March 2017 (indicative) plus the original trajectory submitted to NHSI for 2017/18.



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## 2.5 Stroke

2.5.1 The three core stroke metrics have been consistently under target for 2016/17. There continue to be issues with the timeliness and validation of the data. This is being addressed by a task and finish group to support validation and timeliness of data, and a full action plan is in place which was presented at the February Medicine Divisional Performance Review.

2.5.2 *Table showing percentage of stroke patients who spent 90% of their time on a stroke ward August 2016 – February 2017 (February indicative only)*

|  | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 |
|--|--------|--------|--------|--------|--------|--------|--------|
| 80% of Patients spend 90% of time on a Stroke Ward | 72.70% | 27.30% | 61.00% | 70.59% | 44.40% | 21.80% | 53.80% |

2.5.3 *Table showing percentage of stroke patients who are directly admitted to a stroke ward August 2016 – February 2017 (February indicative only)*

|   | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 |
|---|--------|--------|--------|--------|--------|--------|--------|
| Direct Admission (via A&E) to a Stroke Ward | 6.80%  | 9.10%  | 19.30% | 17.24% | 22.2%  | 14.5%  | 4.7%   |

2.5.4 Quarterly SSNAP (Sentinel Stroke National Audit Programme) data has been published for August to November. This data collection provides detail on provision of health economy stroke services, and rates each theme between A (best) and E (worst). This most recent SSNAP data shows improvements in the levels of Time to Scan and Speech and Language (swallow screen) assessments. Occupational Therapy, Discharge Process and Physiotherapy continue to score well in SSNAP. Further work is needed to improve Time to Acute Stroke Unit, Specialty Assessment, Multidisciplinary Team Assessment and Standards by Discharge. Thrombolysis data showed deterioration, due to staffing issues and cover arrangements which have now been resolved. An improvement will be seen in the next reporting period.

2.5.5 A report covering the detail of the SSNAP quarterly report was presented to the Stroke Strategy Board, and the Medicine Divisional Performance Meeting. The Stroke Action plan covers all areas of SSNAP which require improvement. NHSI attended the March Stroke Strategy Board and provided advice and guidance on recruitment innovation and best practice cross county working.

## 2.6 Quality and Safety

2.6.1 The Trust received a Section 29A warning notice from the CQC on 27<sup>th</sup> January 2017, requiring the Trust to show 'significant improvements... regarding the quality of healthcare by 10 March 2017'. The notice provides examples which demonstrate that 'The board cannot rely on the processes in place or the information they are receiving in order to take assurance that risks are identified and actions taken to reduce the risks to patients'. Phase 1 of the Quality Improvement Programme has been submitted to the CQC. Phase 1 of the plan and subsequent phases are being managed through the Quality and Safety Improvement Group. Quality Governance Committee will continue to manage the core quality and safety indicators.

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- 2.6.2 The Trust has an HSMR for the 12 months to December 2016 of 106.48; based on this value the Trust is not a statistical outlier, though the value is above the Trusts target of <100. The SHIMI value for the rolling 12 months to November 2016 is 107.55, The Trust remains a statistical outlier for SHIMI.

The three diagnostic groups with the highest number of deaths over the 12 months to October 2016, where the HSMR is over 100 are pneumonia, septicaemia and COPD. Key actions to investigate these issues are managed and monitored by the Mortality Review Group.

Completion rates of Primary Mortality Reviews continue to be of concern, especially in light of additional winter pressures on clinical time which impacts availability to complete the reviews. The Trust has embarked on a series of improvement programmes to address these issues and ensure continued surveillance. Actions to improve this are being defined and managed by the Mortality Review Group and reported through to Quality Governance Committee.

- 2.6.3 CDiff performance is measured through the year by compliance with a full year threshold. The threshold for the 12 months in 2016/17 was 32 cases in total, and year end performance was 42. Individual Patient Reviews are completed for each case. Key themes in the reportable lapses continue to be around non-compliance in antimicrobial prescribing and non-completion of the D&V risk assessment tool. These areas are being addressed by the Corporate Infection Prevention team with wards.
- 2.6.4 We have been reviewing all our areas to ensure compliance with EMSA (Eliminating Mixed Sex Accommodation). The National Lead for MSA visited WAHT in 2016 and gave advice on those areas where there was misunderstanding of the essence of the EMSA guidance. It has become apparent that the current arrangements do not always provide separate facilities. The Trust declared 40 mixed sex accommodation breaches in March, the majority of which occurred in ITU. Current Trust policy states that step down from ITU must occur within 6 hours to avoid a potential mixed sex breach. Our CQC visit in November identified MSA issues on Theatre Assessment Unit at Kidderminster Treatment Centre. This has been mitigated whilst an estates plan is developed and completed. A working party has been established to review the Trust policy and communicate new guidance to the organisation.
- 2.6.5 Performance in time to theatres for fractured Neck of Femur (NOF) has been an issue, with performance not reaching target for the past year. Following robust challenge at Quality Governance Committee in March, an Improvement Plan was immediately implemented by the Surgery Division which has seen excellent results to date. April 2017 Performance (up until 18<sup>th</sup> April) is 91% on the Worcester site and 89% on the Alex site. Significant work has taken place around setting out clear principles to manage this performance within, and around engagement with all clinicians.
- 2.6.6 The Board should note that all Quality and Safety issues are reported through for assurance to Quality Governance Committee.

**4. Recommendations**

- 4.1 The Board is asked to:

1. Review the Integrated Performance Report for Month 12.  
Seek assurance as to whether:

- a) The risks of underperformance in each area have been suitably mitigated; and,
- b) plans are in place to improve performance.

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

### Situation

The Trust's Performance against this standard has been declining month on month since February 2016 and had plateaued around 83% from December 2016. The last validated position is February 2017 at 83.5%. A number of challenged specialties show deterioration in performance compared to January; most notable being Trauma and Orthopaedics (67.56% v 69.99%), Urology (88.13% v 89.82%), General Surgery (76.74% v 77.65%) and Oral Surgery (75.52% v 76.41%). This is offset by improved performance in Rheumatology (84.94% v 74.81%), Ophthalmology (90.21% v 89.13%) and Gastroenterology (91.28% v 90.55%). There were thirteen 52+week waiters as at the end of February 2017 – one in General Surgery, one in Gynaecology and eleven in Trauma and Orthopaedics. March 2017 position is currently being validated; it is anticipated that the performance against this standard will be circa 83% and there will be twenty one patients waiting over 52 weeks as at the end of March 2017.

### Gaps in control

Performance against this standard has been significantly impacted by increased emergency pressures and reduced elective operating, medical staffing gaps across a number of specialties linked to inability to recruit, IR35 and/or obtain locum cover within the agency cap and historic over reliance on additional activity. All the directorates have completed capacity and demand modelling with associated trajectories. The top five specialties with the highest risks to delivery are Trauma and Orthopaedics (insufficient capacity and risks to recruitment), General Surgery (risks to recruitment), Thoracic Medicine (inability to recruit and/or cross cover within Agency cap), Gynaecology (middle grade gaps in the rota and inability to recruit suitably qualified staff within the agency cap) and Oral Surgery (inability to recruit and/or cross cover within Agency cap). It is anticipated that there will be a further negative impact on this standard following the validation of non-RTT pathways. Based on sample validation the anticipated conversion of non-RTT pathways to RTT pathways is circa 2500 pathways with associated decrease in performance of circa 2%.

### Corrective Actions

|    | Action   | Lead  | Completion due date | When will this have an effect on performance   |
|----|--|---|---------------------|--|
| 1. | Specialty level capacity and demand plans and associated trajectories and recovery plans to be developed and shared with NHSI. | COO   | 13/04/2017          | It is anticipated that performance will decline in August 2017 due to the non-RTT impact and then gradually improve from September 2017 onwards. |
| 2. | Weekly PTL meetings with dedicated specialty slots   | Head of Elective Performance and Patient Access | On-going            | Forward look and proactive avoidance of potential 52 week breaches   |
| 3. | Robust monitoring of progress against the recovery plans via monthly Divisional Performance Reviews                            | COO/Director of Performance                     | On-going            | September 2017 onwards   |

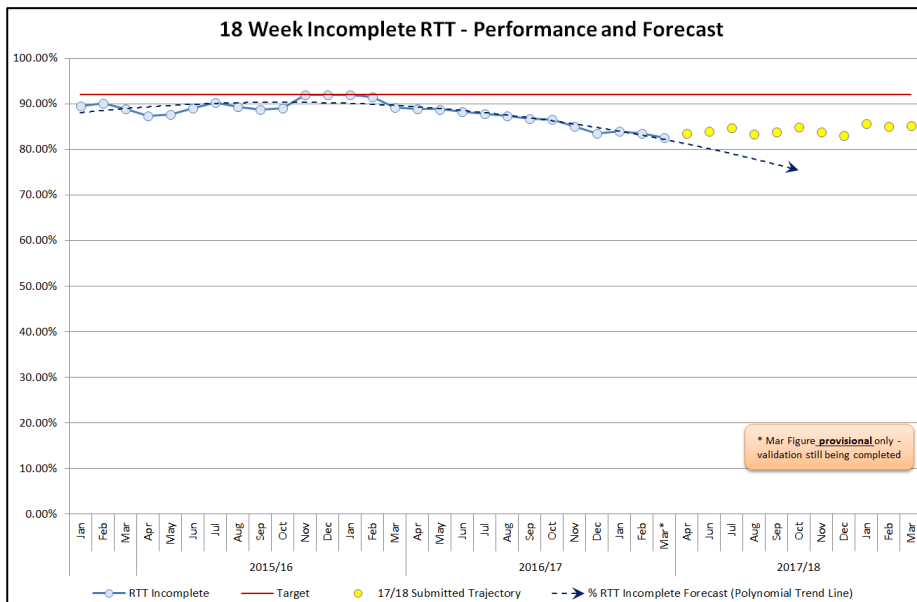
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**Proposed Recovery forecast** – Note not yet agreed with NHSE and may be subject to change

| TARGET | Apr    | May    | Jun    | Jul    | Aug    | Sep   | Oct   | Nov   | Dec   | Jan   | Feb   | Mar   |
|--------|--------|--------|--------|--------|--------|-------|-------|-------|-------|-------|-------|-------|
| 92.00% | 83.45% | 83.76% | 84.00% | 84.68% | 83.40% | 83.9% | 84.9% | 83.9% | 83.0% | 85.7% | 85.1% | 85.2% |



**SRO: Chief Operating Officer**

**Current reporting month performance: 83.3% (provisional)**

**Last reported month performance: 83.5%**

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## Key Performance Indicator: Cancer – 62 days wait for first treatment from GP referral

### Situation

The Trust has not achieved the 62 - day standard in March 2017; current unvalidated March performance against the 85% national standard is 74.92% compared to February performance of 76.40%. Whilst overall performance remains significantly under the standard, there has been a marked reduction in the backlog of patients waiting over 62 days from 200 (as at 03/01/2017) to 106 (as at 18/04/2017) following the targeted treatment of long waiters in Urology. Looking forward, it is anticipated that the performance will remain fairly static at 73-75% until the diagnostic capacity shortfall in Endoscopy is addressed with gradual improvement in performance from October 2017 onwards.

### Gaps in control

Performance against this standard has been significantly impacted by continued shortfall of diagnostic capacity. The overall Trust's performance against the diagnostic standard in March was 3.73%, however, performance for endoscopic procedures was 4.68% (against a standard of <1%). Short term remedial actions include spot contract for outsourcing with independent providers; however, this solution would still have a lead in time of circa two months and would not provide a speedy mitigation to the current backlog of patients. Urology surgery capacity remains a challenge and is being mitigated by additional theatre lists.

### Corrective Actions

|    | Action   | Lead                              | Completion due date | When will this have an effect on performance  |
|----|--|-----------------------------------|---------------------|---|
| 1. | Achieve compliance with 2ww standard   | DDOPs – Surgery, Medicine and W&C | June 2017           | July 2017 onwards   |
| 2. | Improve compliance with diagnostic standard (in line with the remedial action plan shared with NHSI) | DDOPS - SCS                       | July 2017           | July 2017 onwards   |
| 3. | Implement weekly confirm and challenge reviews of patients waiting 62 days and over                  | Deputy COO                        | May 2017            | Initially performance will deteriorate whilst backlog is being reduced; improved performance from June 2017         |
| 4. | Bring on line additional urology surgery capacity - additional four sessions per months              | DDOPs Surgery                     | May 2017            | Initially performance will deteriorate whilst backlog is being reduced; improved performance from June 2017 onwards |

### Recovery forecast

Below are the Trust trajectories submitted to NHSI as part of the STF:

| TARGET | April | May   | June  | July  | August |
|--------|-------|-------|-------|-------|--------|
| 85.00% | 73.1% | 73.1% | 75.3% | 75.3% | 75.4%  |

#### SRO: Chief Operating Officer

**Current reporting month performance: 74.04%**

**Forecasted Performance 85.1%**

**Last reported month performance: 76.40%**

**YTD performance: 71.59%**

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## Key Performance Indicator: 2 week wait for symptomatic breast patients (Cancer Not initially Suspected) (CCAN9.0)

### Situation

Current March performance shows deterioration compared to February (52.15% v 80.45%) and remains significantly below the 93% standard. There were 78 breaches of the standard in March compared to 26 in February.

### Gaps in control

Aligning surgical capacity with breast radiology capacity remains a challenge; this is mitigated by daily review of the escalation lists and micromanagement of all available capacity. There was a 1.0WTE gap in breast radiology capacity due to maternity leave and whilst 0.8WTE cover has been secured above agency cap, there is a residual shortfall of breast radiology cover. In addition, in March a compounding factor was extended annual leave for the whole month of March of one of the Breast surgeons. Patient choice remains a significant factor and the trust is working with the commissioners to increase patient awareness of the referral reason and urgency of their appointment.

### Corrective Actions

|    | Action   | Lead   | Completion due date | When will this have an effect on performance |
|----|--|--|---------------------|--|
| 1. | Daily monitoring of 2ww escalation lists and identification of sufficient capacity                           | DDOPs/Directorate Managers   | On-going            | May 2017 onwards                             |
| 2. | Develop a proposal to address the issues of multi-site working and centralise breast surgery                 | DDOPs Surgery  | July 2017           | TBC  |
| 3. | Launch updated 2ww referral proformas in line with the latest NICE guidance                                  | Head of Elective Performance and Patient Access/CCG Deputy Director of Commissioning | April 2017          | May 2017 onwards                             |
| 4. | Work with commissioners to ensure GPs increase patient awareness of the reason and urgency of their referral | Deputy COO/CCG Deputy Director of Commissioning                                      | On-going            | May 2017 onwards                             |

### Recovery forecast

Currently in development.

#### SRO: Chief Operating Officer

**Current reporting month performance: 52.2%**

**Forecasted performance – 93%**

**Last reported month performance: 80.5%**

**YTD performance: 66.65%**

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## Key Performance Indicator: Sickness Absence

### Situation

The Trust sickness absence rate for March 2017 is 4% which shows a decrease on the previous month (0.16%). Long term sickness has remained on or around 2.7% consistently over the last 12 months. March long term sickness is 2.77% which is a 0.01% reduction on previous month. The Divisions have engaged with HR to ensure active and supportive management plans are in place within the Trust Policy. Short term sickness remains at 1.50%.

### Gaps in control

There has been an improvement in the sickness rates in five of the six Divisions this month compared to last month, – Asset Management has reduced by 0.59% to 4.40%, Corporate reduced by 0.53% to 2.60%, S.C.S.D reduced by 0.23% to 3.74%, Women & Children reduced by 0.17% to 4.07% and Medicine reduced by 0.14% to 4.32%. S.C.S.D and Corporate are under 4% with Corporate sickness (2.60%) falling below Trust target of 3.5% for the second month in a row. Surgery has increased to 4.63%, but is still significantly lower than the December /January figure of over 5.5%.

Top 3 reasons for sickness in March 2017 remain the same as last month and are:

- Anxiety/Stress/Depression
- Other Musculoskeletal
- Cold, Cough, Flu

### Corrective Actions

|    | Action  | Lead                | Completion due date        | When will this have an effect on performance  |
|----|---|---------------------|----------------------------|---|
| 1. | Monthly meetings with Matrons/Ward managers to review action plans for long term and episodic absences, to identify and target hot spots and ensuring appropriate timely management action is taken | HR Consultancy Team | On-going                   | Immediate effect  |
| 2. | The Trust's Occupational Health and Wellbeing Department continue to lead a number of CQUIN strands in the interest of staff absence in the longer term   | Head of HR          | Ongoing for 2017/18 CQUINS | Counselling service has already had an impact. Fast track Physiotherapy pilot which was launched in August 2016 is currently being evaluated. |
| 3. | Absence levels are reported monthly at Divisional Board meeting and hot spots highlighted for action, and in addition to ensure awareness at senior level   | HR Consultancy Team | Ongoing                    | Immediate effect for short term absence   |
| 4. | Recognising that employees need not be fully fit to attend work, and encouraging managers at their discretion to make temporary workplace adaptations   | HR Consultancy Team | Ongoing                    | Immediate effect with phased returns and modified duties.   |

|                  |  |
|------------------|--|
| Title of report  | Integrated Performance Report – Month 12 2016/17 |
| Name of director | Haq Khan, Acting Director of Performance         |

3 May 2017

Enclosure F1

**Recovery forecast**

As anticipated we have experienced an increase in sickness in November, December 2016 and January 2017, due to seasonal illnesses. These are historically higher months for sickness absence for the Trust. However, February 2017 has reduced by 0.90% from the previous month and March 2017 again shows a further reduction of 0.16%. A recovery forecast is being developed for 17/18.

|   |
|---|
| <b>SRO: Director of HR</b>                        |
| <b>Current reporting month performance: 4.00%</b> |
| <b>Forecasted performance: 4.00%</b>              |
| <b>Last reported month performance: 4.16%</b>     |
| <b>YTD performance: 4.27%</b>                     |

|                  |  |
|------------------|--|
| Title of report  | Integrated Performance Report – Month 12 2016/17 |
| Name of director | Haq Khan, Acting Director of Performance         |

# Worcestershire Acute Hospitals NHS Trust



## Quality Metrics Overview

Reporting Period: March 2017

| Patient Safety             |                |           |  |        |        |        |        |        |        |        |        |        |        |        |        |        |             |           |  |              |                 |     |                       |
|----------------------------|----------------|-----------|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------------|-----------|--|--------------|-----------------|-----|-----------------------|
| Area                       | Indicator Type | Indicator |  | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Current YTD | Prev Year | 2016/17 Tolerances                             |              |                 | SRO | Data Quality Kitemark |
|                            |                |           |  |        |        |        |        |        |        |        |        |        |        |        |        |        |             |           | On Target                                      | Of Concern   | Action Required |     |                       |
| Incidents and Never Events | Local          | QPS3.3    | Incidents - SI's open > 60 days (Awaiting closure - WAHT)                                  | 4      | 7      | 6      | 4      | 1      | 4      | 4      | 1      | 2      | 4      | 1      | 0      | 0      | -           | -         | 0  | -            | >0              | CMO |                       |
|                            | National       | QPS4.1    | Never Events   | 0      | 0      | 0      | 0      | 0      | 1      | 0      | 0      | 0      | 0      | 1      | 0      | 0      | 2           | 2         | 0  | -            | >0              | CMO |                       |
|                            | Local          | QPS6.6    | Falls: Total Falls Resulting in Serious Harm (In Month)                                    | 0      | 3      | 1      | 1      | 1      | 1      | 2      | 2      | 1      | 4      | 2      | 5      | 0      | 23          | 26        | <=1  | -            | >=2             | CNO |                       |
|                            | Contractual    | QPS7.5    | Pressure Ulcers: New Pts. with Hosp. Acq. Grade 3 Avoidable (Monthly)                      | 2      | 1      | 0      | 2      | 1      | 2      | 3      | 2      | 0      | 7      | 2      | 1      | 0      | 21          | 12        | 0  | 1 - 3        | >=4             | CNO |                       |
|                            | Contractual    | QPS7.7    | Pressure Ulcers: New Pts. with Hosp. Acq. Grade 4 Avoidable (Monthly)                      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0           | 1         | 0  | -            | >=1             | CNO |                       |
| Mortality                  | National       | QPS9.1    | Mortality - SHMI (HED tool) Inc. deaths 30 days post discharge - rolling 12 months         | 109    | 110    | 110    | 110    | 111    | 110    | 108    | 109    | 108    |        |        |        |        | -           | -         | <100   | >=100 to UCL | > UCL           | DPS |                       |
|                            | National       | QPS9.81   | Mortality - HSMR - All Diagnostic Groups - rolling 12 months                               | 106    | 107    | 107    | 109    | 110    | 109    | 108    | 109    | 108    | 106    |        |        |        | -           | -         | <100   | >=100 to UCL | > UCL           | DPS |                       |
|                            | National       | QPS9.21   | % Primary Mortality Reviews completed*   |        |        | 51%    | 61%    | 59%    | 64%    | 59%    | 59%    | 54%    | 55%    | 54%    | 52%    |        |             |           | >=60   |              | <60             | DPS |                       |
|                            | National       | QPS.9.22  | % Secondary Mortality Reviews completed*   |        |        | 0%     | 17%    | 11%    | 0%     | 22%    | 10%    | 17%    | 29%    | 3%     | 0%     |        |             |           | >=20   |              | <20             | DPS |                       |
| Safety Thermometer         | National       | QPS10.1   | Safety Thermometer - Harm Free Care Score  | 93.77% | 90.97% | 93.33% | 92.86% | 94.47% | 93.10% | 91.78% | 91.51% | 89.91% | 91.79% | 94.63% | 93.39% | 93.63% | -           | -         | >=95%  | 90% - 94%    | <90%            | CMO |                       |
| VTE                        | National       | QPS11.1   | VTE Risk Assessment**  | 93.58% | 95.64% | 96.19% | 95.43% | 95.64% | 93.80% | 93.89% | 92.84% | 93.46% | 93.40% | 93.48% | 93.27% |        | 94.27%      | 95.00%    | >=95%  | 94% - 94.9%  | <94%            | CMO |                       |
| Infection Control          | National       | QPS12.1   | Clostridium Difficile (Monthly)  | 2      | 2      | 4      | 2      | 3      | 0      | 6      | 4      | 5      | 6      | 3      | 3      | 3      | 41          | 29        | 15/16 Threshold <= 33<br>16/17 Threshold <= 32 |              |                 | CNO |                       |
|                            | National       | QPS12.4   | MRSA Bacteremia - Hospital Attributable (Monthly)  | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 1      | 1      | 0      | 1      | 1      | 4           | 1         | 0  | -            | >0              | CNO |                       |
|                            | National       | QPS12.131 | MRSA Patients Screened (High Risk Wards Only) - Elective                                   | 95.40% | 94.50% | 95.00% | 95.40% | 95.80% | 95.90% | 92.70% | 97.10% | 96.60% | 93.80% | 97.00% | 96.70% | 95.50% | 95.40%      | -         | >=95   | -            | <95%            | CNO |                       |
| Patient Experience         |                |           |  |        |        |        |        |        |        |        |        |        |        |        |        |        |             |           |  |              |                 |     |                       |
| Area                       | Indicator Type | Indicator |  | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Current YTD | Prev Year | 2016/17 Tolerances                             |              |                 | SRO | Data Quality Kitemark |
|                            |                |           |  |        |        |        |        |        |        |        |        |        |        |        |        |        |             |           | On Target                                      | Of Concern   | Action Required |     |                       |
| Complaints & Compliments   | Local          | QEX1.1    | Complaints - Numbers (In Month)  | 64     | 59     | 58     | 65     | 55     | 70     | 59     | 63     | 68     | 60     | 55     | 51     | 61     | 724         | 629       | -  | -            | -               | CNO |                       |
|                            | Local          | QEX1.3    | Complaints - Number per 10,000 Bed Days (YTD)  | 20.74  | 25.23  | 24.70  | 27.41  | 26.82  | 31.31  | 25.86  | 25.92  | 26.24  | 25.96  | 25.42  | 25.21  | 25.05  | 25.05       | 20.74     | -  | -            | -               | CNO |                       |
|                            | Local          | QEX1.14   | Complaints - % of Category 2 complaints responded within complainant deadline (WAHT) - NEW | 55.0%  | 63.0%  | 73.0%  | 68.0%  | 67.0%  | 65.0%  | 51.0%  | 47.0%  | 63.0%  | 70.0%  | 71.0%  | 55.0%  | 56.0%  | 63.0%       | 67.0%     | >=90   | 80-90%       | <79%            | CNO |                       |
| Friends & Family           | National       | QEX2.1    | Friends & Family - A&E (Score)   | 63.2   | 70.2   | 57.4   | 63.8   | 74.7   | 82.1   | 64.1   | 66.8   | 69.1   | 77.5   | 69.0   | 67.8   | 71.9   | 70.2        | 70.8      | >=71   | 67-<71       | <67             | CNO |                       |
|                            | National       | QEX2.61   | Friends & Family - Acute Wards (Score)   | 77.1   | 78.8   | 80.1   | 79.7   | 79.2   | 82.1   | 78.0   | 80.0   | 80.9   | 78.0   | 83.0   | 81.0   | 0.8    | 80.0        | -         | >=71   | 67-<71       | <67             | CNO |                       |
|                            | National       | QEX2.7    | Friends & Family - Maternity (Score)   | 76.1   | 84.2   | 87.6   | 87.6   | 83.2   | 86.0   | 85.8   | 79.0   | 83.0   | 81.4   | 87.1   | 81.6   | 83.5   | 84.0        | 84.2      | >=71   | 67-<71       | <67             | CNO |                       |
| EMSA                       | National       | QEX3.1    | EMSA - Eliminating Mixed Sex Accommodation   | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 15     | 0      | 9      | 40     | 64          | 2         | 0  | -            | >0              | CNO |                       |
| Effectiveness of Care      |                |           |  |        |        |        |        |        |        |        |        |        |        |        |        |        |             |           |  |              |                 |     |                       |
| Area                       | Indicator Type | Indicator |  | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Current YTD | Prev Year | 2016/17 Tolerances                             |              |                 | SRO | Data Quality Kitemark |
|                            |                |           |  |        |        |        |        |        |        |        |        |        |        |        |        |        |             |           | On Target                                      | Of Concern   | Action Required |     |                       |
| Hip Fracture***            | National       | QEF3.1    | Hip Fracture - Time to Theatre <= 36 hrs (%)   | 63.1%  | 55.1%  | 65.9%  | 69.6%  | 47.7%  | 47.9%  | 53.4%  | 66.1%  | 61.4%  | 61.2%  | 63.7%  | 63.5%  | 70.5%  | 60.0%       | 66.0%     | >=85%  | -            | <85%            | CMO |                       |
|                            | Local          | QEF3.1i   | Hip Fracture - Time to Theatre <=36 hours (%) - WRH  | 48.0%  | 52.0%  | 68.0%  | 64.0%  | 40.0%  | 46.0%  | 40.0%  | 67.0%  | 50.0%  | 68.0%  | 59.0%  | 59.0%  | 55.0%  | 55.7%       | 65.8%     | >=85%  | -            | >=85%           | CMO |                       |
|                            | Local          | QEF 3.1ii | Hip Fracture - Time to Theatre <=36 hours (%) - ALX  | 88.0%  | 60.0%  | 61.0%  | 86.0%  | 60.0%  | 52.0%  | 69.0%  | 66.0%  | 78.0%  | 48.0%  | 71.0%  | 70.0%  | 89.0%  | 67.2%       | 61.2%     | >=85%  | -            | >=85%           | CMO |                       |
|                            | National       | QEF3.2    | Hip Fracture - Time to Theatre <= 36 hrs (%) - Excl. Unfit/Non-Operative Treatment Pts     | 75.9%  | 63.0%  | 79.0%  | 81.0%  | 65.0%  | 77.0%  | 63.0%  | 80.0%  | 67.0%  | 69.5%  | 78.7%  | 76.7%  | 76.8%  | 70.2%       | 75.9%     | >=85%  | -            | <85%            | CMO |                       |
| Risk Register Activity     |                |           |  |        |        |        |        |        |        |        |        |        |        |        |        |        |             |           |  |              |                 |     |                       |
| Risks                      | Local          | QR1.31    | % Forward Plan completed is defined as 'audit completed and action plan produced')         |        |        |        |        |        |        |        |        |        |        |        |        |        |             |           | 25%  | 10%-24%      | <10%            | CNO |                       |
|                            | Local          | QR1.4     | % of National Audits with an action plan   |        |        |        |        |        |        |        |        |        |        |        |        |        |             |           | >80%   | 50%-79%      | <50%            | CNO |                       |
|                            | Local          | QR1.5     | % of National Audits with no overdue actions   |        |        |        |        |        |        |        |        |        |        |        |        |        |             |           | <5%  | 5% - 20%     | >20%            | CNO |                       |
|                            | Local          | QR1.6     | % of Local Audits with an action plan  |        |        |        |        |        |        |        |        |        |        |        |        |        |             |           | >80%   | 50% - 79%    | <50%            | CNO |                       |

\*Primary and Secondary Mortality Reviews are reported one month in arrears.

\*\* VTE data has not yet been finalised at the time of this report being produced.

\*\*\* The target for Fractured NoFs has changed to 85% from 90% - effective April 1st, 2016. The 2015/16 performance is RAG rated against 90%.

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

Data Quality Kite mark descriptions:

Green - Reviewed in last 6 months and confidence level high.

Amber - Potential issue to be investigated

Red - DQ issue identified - significant and urgent review required.

Blue - Unknown will be scheduled for review.

White - No data available to assign DQ kite mark

# Worcestershire Acute Hospitals NHS Trust

## Performance Metrics Overview



Reporting Period: March 2017

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

| Area             | Indicator Type | Indicator |  | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Current YTD | Prev Year | Tolerance Type | 2016/17 Tolerances   |            |                 | SRO | Data Quality Kitemark |
|------------------|----------------|-----------|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------------|-----------|----------------|--|------------|-----------------|-----|-----------------------|
|                  |                |           |  |        |        |        |        |        |        |        |        |        |        |        |        |        |             |           |                | On Target  | Of Concern | Action Required |     |                       |
| Waits            | National       | PW1.1.1   | 6 Week Wait Diagnostics (Breached Patients)  | 337    | 505    | 613    | 255    | 174    | 257    | 201    | 276    | 229    | 367    | 345    | 196    | 362    | 3,780       | 1,304     | -              | -  | -          | -               | COO | <div></div>           |
|                  | National       | PW1.1.3   | 6 Week Wait Diagnostics (Proportion of waiting list)                                       | 3.52%  | 5.20%  | 5.90%  | 2.70%  | 2.03%  | 3.16%  | 2.36%  | 3.36%  | 2.75%  | 4.56%  | 3.98%  | 2.24%  | 3.73%  | 3.55%       | 1.28%     | National       | <1%  | -          | >1%             | COO | <div></div>           |
|                  | National       | CW3.0     | RTT - Incomplete 92% in 18 Weeks *   | 89.20% | 88.90% | 88.80% | 88.26% | 87.80% | 87.36% | 86.79% | 86.60% | 85.00% | 83.58% | 83.90% | 83.59% | 83.30% | 83.30%      | 89.20%    | National       | >=92%  | -          | <92%            | COO | <div></div>           |
| Theatres         | Local          | PT2.1     | Booking Efficiency - ALX   | 75.00% | 74.00% | 69.00% | 75.00% | 67.00% | 74.00% | 72.00% | 71.00% | 72.00% | 75.00% | 71.00% | 72.00% | 76.00% |             | -         | Local          | Based on Target Cases per Sessions Utilisation (>8% below target = 'Of Concern') |            |                 | COO | <div></div>           |
|                  | Local          | PT2.2     | Booking Efficiency - WRH   | 85.00% | 86.00% | 80.00% | 83.00% | 87.00% | 81.00% | 81.00% | 87.00% | 87.00% | 75.00% | 83.00% | 78.00% | 83.00% |             | -         | Local          |  |            |                 | COO | <div></div>           |
|                  | Local          | PT2.3     | Booking Efficiency - KGH   | 71.00% | 74.00% | 74.00% | 78.00% | 70.00% | 73.00% | 66.00% | 68.00% | 69.00% | 70.00% | 71.00% | 72.00% | 75.00% |             | -         | Local          |  |            |                 | COO | <div></div>           |
|                  | Local          | PT1.1     | Utilisation - ALX  | 70.00% | 72.00% | 66.00% | 72.00% | 66.00% | 73.00% | 69.00% | 42.00% | 69.00% | 71.00% | 29.00% | 67.00% | 72.00% |             | -         | Local          | Based on Target Cases per Sessions Utilisation (>8% below target = 'Of Concern') |            |                 | COO | <div></div>           |
|                  | Local          | PT1.2     | Utilisation - WRH  | 72.00% | 74.00% | 68.00% | 72.00% | 76.00% | 75.00% | 75.00% | 78.00% | 78.00% | 71.00% | 75.00% | 71.00% | 76.00% |             | -         | Local          |  |            |                 | COO | <div></div>           |
|                  | Local          | PT1.3     | Utilisation - KGH  | 68.00% | 67.00% | 70.00% | 71.00% | 66.00% | 70.00% | 64.00% | 65.00% | 66.00% | 67.00% | 69.00% | 70.00% | 71.00% |             | -         | Local          |  |            |                 | COO | <div></div>           |
|                  | National       | CAE1.1a   | 4 Hour Waits (%) - Trust inc. MIU - from September 14                                      | 82.30% | 84.40% | 82.20% | 84.70% | 85.70% | 83.70% | 82.80% | 80.90% | 78.90% | 75.30% | 76.80% | 77.90% | 82.57% | 81.50%      | 87.90%    | National       | >=95%  | -          | <95%            | COO | <div></div>           |
| A & E            | Local          | CAE2.1    | 12 hour trolley breaches   | 0      | 0      | 0      | 5      | 1      | 13     | 4      | 4      | 37     | 88     | 167    | 53     | 14     | 386         |           | Local          | 0  |            | 0               | COO | <div></div>           |
|                  | National       | CAE3.1    | Time to Initial Assessment for Pts arriving by Ambulance (Mins) - 95th Percentile          | 54     | 40     | 33     | 22     | 24     | 32     | 23     | 37     | 36     | 41     | 44     | 43     | 27     | 35          | -         | National       | <=15mins   | -          | >15mins         | COO | <div></div>           |
|                  | National       | CAE3.2    | Time to Initial Assessment for All Patients (Mins) - 95th Percentile                       | 46     | 34     | 35     | 28     | 30     | 40     | 35     | 31     | 34     | 34     | 35     | 34     | 28     | 32          | -         | National       | <=15mins   | -          | >15mins         | COO | <div></div>           |
|                  | National       | CAE7.0    | Ambulance Handover within 15 mins (%) - WMAS data  | 37.74% | 54.00% | 56.10% | 57.30% | 59.10% | 60.70% | 57.40% | 54.70% | 53.90% | 39.20% | 39.70% | 35.90% | 47.70% | 53.20%      | 43.43%    | National       | >=80%  | -          | <80%            | COO | <div></div>           |
|                  | National       | CAE8.0    | Ambulance Handover within 30 mins (%) - WMAS data  | 81.65% | 91.70% | 90.20% | 91.70% | 93.00% | 90.30% | 90.80% | 87.69% | 87.70% | 78.70% | 79.50% | 74.90% | 86.40% | 88.10%      | 88.62%    | National       | >=95%  | -          | <95%            | COO | <div></div>           |
| Cancer **        | National       | CAE9.0    | Ambulance Handover over 60 minutes - WMAS data   | 68     | 31     | 51     | 34     | 26     | 70     | 43     | 97     | 81     | 157    | 141    | 129    | 60     | 731         | 381       | Local          | 0  |            | >0              | COO | <div></div>           |
|                  | National       | CCAN1.0   | 31 Days: Wait For First Treatment: All Cancers   | 96.10% | 95.93% | 96.90% | 96.58% | 99.23% | 98.13% | 97.25% | 98.32% | 94.60% | 97.63% | 95.08% | 97.39% | 97.64% | 97.06%      | 97.50%    | National       | >=96%  | -          | <96%            | COO | <div></div>           |
|                  | National       | CCAN5.0   | 62 Days: Wait For First Treatment From Urgent GP Referral: All Cancers                     | 75.30% | 75.64% | 79.34% | 68.07% | 66.44% | 66.15% | 72.20% | 74.35% | 75.25% | 73.85% | 57.49% | 76.40% | 74.92% | 70.61%      | 81.20%    | National       | >=85%  | -          | <85%            | COO | <div></div>           |
|                  | National       | CCAN8.0   | 2WW: All Cancer Two Week Wait (Suspected cancer)   | 77.30% | 39.40% | 63.70% | 69.20% | 75.50% | 65.90% | 71.00% | 86.30% | 82.50% | 90.40% | 86.60% | 86.30% | 83.90% | 74.70%      | 85.70%    | National       | >=93%  | -          | <93%            | COO | <div></div>           |
|                  | National       | CCAN9.0   | 2WW: Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)                 | 79.40% | 34.50% | 28.00% | 55.70% | 74.50% | 52.00% | 76.10% | 93.40% | 94.10% | 95.60% | 86.60% | 80.50% | 52.10% | 66.60%      | 80.00%    | National       | >=93%  | -          | <93%            | COO | <div></div>           |
| Stroke           | National       | CCAN10.1  | Cancer Long Waiters (104 Day +) includes suspected and diagnosed - treated in month - NEW  |        |        | 12     | 18     | 12     | 12     | 11     | 12     | 14     | 11     | 20     | 7      | 13     |             |           | Local          | -  | -          | -               | COO | <div></div>           |
|                  | Local          | CST1.0    | 80% of Patients spend 90% of time on a Stroke Ward (Local Definition - until March 2016)   | 89.80% | -      | -      |        |        |        |        |        |        |        |        |        |        |             | 82.21%    | Local          | >=80%  | -          | <80%            | COO | <div></div>           |
|                  | Local          | CST1.1    | 80% of Patients spend 90% of time on a Stroke Ward (National Definition - from April 2016) |        |        |        |        |        |        |        |        | 70.59% | 48.50% | 41.40% | 53.80% |        |             |           | Local          | >=80%  | -          | <80%            | COO | <div></div>           |
|                  | Local          | CST2.0    | Direct Admission (via A&E) to a Stroke Ward (Local Definition - until March 2016)          | 66.10% | -      | -      |        |        |        |        |        |        |        |        |        |        |             | 74.40%    | Local          | >=70%  | -          | <70%            | COO | <div></div>           |
|                  | Local          | CST2.1    | Direct Admission (via A&E) to a Stroke Ward (National Definition - from April 2016)        |        |        |        |        |        |        |        |        |        | 17.24% | 19.10% | 15.50% | 4.70%  |             |           | Local          | >=90%  | -          | <90%            | COO | <div></div>           |
|                  | Local          | CST3.0    | TIA (Local Definition - until March 2016)  | 60.00% | -      | -      |        |        |        |        |        |        |        |        |        |        |             | 64.23%    | Local          | >=60%  | -          | <60%            | COO | <div></div>           |
|                  | Local          | CST3.1    | TIA (National Definition - from April 2016) ***  |        | 62.50% | 50.00% | 31.80% | 5.60%  | 6.40%  | 4.60%  | 4.50%  | 8.00%  | 35.00% |        |        |        |             |           | Local          | >=60%  | -          | <60%            | COO | <div></div>           |
| Inpatients (All) | Local          | PIN1.5    | Bed Occupancy (Midnight General & Acute) - WRH ****  | 102.0% | 100.3% | 100.7% | 99.4%  | 99.7%  | 100.5% | 99.6%  | 99.6%  | 99.2%  | 99.1%  | 99.2%  | 98.8%  | 97.9%  | 99.5%       | 101.9%    | Local          | <90%   | 90 - 95%   | >95%            | COO | <div></div>           |
|                  | Local          | PIN1.6    | Bed Occupancy (Midnight General & Acute) - ALX ****  | 96.2%  | 85.8%  | 87.3%  | 84.2%  | 86.6%  | 86.1%  | 93.3%  | 95.7%  | 95.8%  | 90.1%  | 91.4%  | 90.5%  | 86.1%  | 89.4%       | 94.5%     | Local          | <90%   | 90 - 95%   | >95%            | COO | <div></div>           |
|                  | Local          | PIN2.3    | Beds Occupied by NEL Stranded Patients (>7 days) - last week of month                      |        |        |        |        |        |        |        |        |        | 45.60% | 45.60% | 48.90% | 40.94% |             |           | Local          | <=45   | -          | >45             |     | <div></div>           |
|                  | National       | PIN3.1    | Delayed Transfers of Care SitRep (Patients) - Acute/Non-Acute                              | 27     | 36     | 33     | 33     | 22     | 26     | 39     | 34     | 45     | 25     | 23     | 34     | 33     | 383         | 457       | -              | -  | -          | -               | COO | <div></div>           |
|                  | National       | PIN3.2    | Delayed Transfers of Care SitRep (Days) - Acute/Non-Acute                                  | 725    | 739    | 788    | 1063   | 704    | 514    | 1145   | 1,005  | 1,225  | 1,068  | 706    | 878    | 1,186  | 11,021      | 14561     | -              | -  | -          | -               | COO | <div></div>           |
|                  | Local          | PIN4.2    | Bed Days Lost Due To Acute Bed No Longer Required (Days)                                   | 3,468  | 3,038  | 3,252  | 3,106  | 2,409  | 2,459  | 2,899  | 3,387  | 3,402  | 2,933  | 3,068  | 3,117  | 3,428  | 36,498      | 40,369    | -              | -  | -          | -               | COO | <div></div>           |
| Elective         | National       | PEL3.0    | 28 Day Breaches as a % of Cancellations****  | 36.1%  | 38.3%  | 15.3%  | 20.0%  | 17.7%  | 22.9%  | 10.1%  | 7.1%   | 40.2%  | 28.4%  | 39.0%  | 13.4%  | 51.43% | 25.65%      | 20.1%     | TBC            | <=5%   | 6 - 15%    | >15%            | COO | <div></div>           |
|                  | National       | PEL3.1    | Number of patients - 28 Day Breaches (cancelled operations)                                | 26     | 23     | 13     | 15     | 11     | 11     | 7      | 7      | 39     | 25     | 39     | 9      | 18     | 217         | -         | TBC            | -  | -          | -               | COO | <div></div>           |
|                  | National       | PEL4.2    | Urgent Operations Cancelled for 2nd time   | 0      | 0      | 1      | 4      | 1      | 1      | 0      | 0      | 1      | 1      | 0      | 1      | 0      | 10          | 4         | National       | <=0  | -          | >0              | COO | <div></div>           |
| Emergency        | Local          | PEM2.0    | Length of Stay (All Patients)  | 4.7    | 4.7    | 4.4    | 4.8    | 4.3    | 4.7    | 4.8    | 4.6    | 4.6    | 5.0    | 5.0    | 5.0    | 4.58   | 4.7         | 4.8       | Local          | TBC  | TBC        | TBC             | COO | <div></div>           |
|                  | Local          | PEM3.0    | Length of Stay (Excluding Zero LOS Spells)   | 6.5    | 6.5    | 6.1    | 6.6    | 5.9    | 6.4    | 6.9    | 6.6    | 6.8    | 7.1    | 7.0    | 7.3    | 6.77   | 6.6         | 6.6       | -              | -  | -          | -               | COO | <div></div>           |

\* At the time of production the RTT performance is PROVISIONAL. It will be finalised on April 25th.  
\*\* Cancer \_this involves small numbers that can impact the variance of the percentages substantially. March performance is provisional and will not be finalised until May 2017  
\*\*\*TIA reporting is being developed so that we can report from the management system rather than manually collated data - effective April 2017  
\*\*\*\*Bed occupancy data source is Bed State Report.

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

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

# Worcestershire Acute Hospitals NHS Trust

## Workforce Metrics Overview



Reporting Period: March 2017

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

| Area   | Indicator Type | Indicator |  | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Current YTD | Prev Year | Tolerance Type | 2016/17 Tolerances |                   |                 | SRO  |
|--|----------------|-----------|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------------|-----------|----------------|--------------------|-------------------|-----------------|------|
|  |                |           |  |        |        |        |        |        |        |        |        |        |        |        |        |        |             |           |                | On Target          | Of Concern        | Action Required |      |
| Vacancies & Recruitment                                  | Local          | WVR1.0    | Number of Vacancies - Total  | 383    | 522    | 440    | 406    | 461    | 524    | 499    | 486    | 497    | 512    | 502    | 471    | 437    |             | 383       | Local          | <=200              | 201-229           | >=230           | DCE  |
| Turnover<br><br>Sickness & Absence<br>Temporary Staffing | Local          | WT1.0     | Staff Turnover WTE %   | 13.0%  | 13.0%  | 12.9%  | 12.8%  | 12.7%  | 12.6%  | 12.5%  | 12.6%  | 13.0%  | 12.8%  | 12.8%  | 12.7%  | 12.6%  |             | 12.97%    | Local          | <>10-12%           | <>12-14%          | >14%            | DoHR |
|  | Local          | WT1.3     | Nursing Staff Turnover - Qualified   | 14.2%  | 14.3%  | 14.4%  | 13.9%  | 14.4%  | 14.1%  | 13.8%  | 13.9%  | 13.6%  | 13.5%  | 13.2%  | 13.3%  | 13.3%  |             | 14.2%     | Local          | <>10-12%           | <>12-14%          | >14%            | DoHR |
|  | Local          | WT1.4     | Nursing Staff Turnover - Unqualified   | 13.8%  | 14.0%  | 14.3%  | 14.6%  | 13.9%  | 13.5%  | 13.0%  | 12.6%  | 14.1%  | 14.5%  | 15.1%  | 14.4%  | 14.8%  |             | 13.8%     | Local          | <>10-12%           | <>12-14%          | >14%            | DoHR |
|  | Local          | WSA1.0    | Sickness Absence Rate Monthly (Total %)  | 4.06%  | 3.90%  | 4.10%  | 3.73%  | 4.12%  | 3.98%  | 3.90%  | 4.54%  | 4.80%  | 4.97%  | 5.06%  | 4.16%  | 4.00%  |             | 4.06%     | Local          | <= 3.50%           | >=3.51% & <=3.99% | >= 4.00%        | DoHR |
|  | Local          | WTS1.0    | Agency Staff - Medics (WTE) Indicative   | 158.7  | 126.6  | 128.1  | 126.4  | 130.3  | 145.9  | 144.2  | 156.6  | 154.1  | 163.3  | 152.9  | 155.0  | 134.3  |             | 158.7     | Local          | <=85               | 85.1-100          | >100            | DCE  |
| Statutory and Mandatory Training                         | Contractual    | WSMT10.2  | % Of Eligible Staff completed Training   | 84.5%  | 81.8%  | 85.3%  | 82.1%  | 84.5%  | 81.6%  | 81.3%  | 109.0% | 107.9% | 109.7% | 108.2% | 104.6% | 80.5%  | 92.4%       | 85.1%     | Contractual    | >= 90%             | 60.1-89.9%        | <=60%           | DoHR |
| Appraisals   | Contractual    | WAPP1.2   | % Of Eligible non-medical Staff Completed Appraisal                            | 79.9%  | 81.1%  | 84.9%  | 79.4%  | 78.9%  | 82.1%  | 83.4%  | 84.6%  | 86.8%  | 85.3%  | 83.8%  | 80.5%  | 75.8%  | 82.2%       | 77.9%     | Contractual    | >= 85%             | 71 - 84%          | < 71%           | DoHR |
|  | Contractual    | WAPP2.2   | % Of Eligible medical Staff Completed Appraisal (excludes Doctors in training) | 82.4%  | 80.2%  | 83.6%  | 82.9%  | 82.6%  | 81.4%  | 81.1%  | 82.3%  | 83.4%  | 83.1%  | 82.1%  | 80.2%  | 81.9%  | 82.1%       | 83.6%     | Contractual    | >= 85%             | 71 - 84%          | < 71%           | DoHR |
|  | Contractual    | WAPP3.2   | % Of Eligible Consultants Who Have Had An Appraisal                            | 84.6%  | 83.7%  | 85.7%  | 85.8%  | 86.4%  | 85.9%  | 86.0%  | 85.7%  | 85.7%  | 85.8%  | 83.7%  | 83.1%  | 84.4%  | 85.2%       | 86.2%     | Contractual    | >= 85%             | 71 - 84%          | < 71%           | DoHR |

\* Please note that the thresholds for Mandatory Training now reflect the required CCG reporting trajectory of 95% by year end.  
\*\* With the exception of IG the mandatory training target has been revised from 95% to 90% effective from Feb 2016. Data from Feb 2015 is now calculated against 90% (except IG)

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

Date of meeting: 3 May 2017

Enc G1

Report to Trust Board

|   |  |   |
|---|--|---|
| Title                                     | Trust Management Group (TMG)   |   |
| Sponsoring Director                       | Michelle McKay<br>Chair of the Trust Management Group  |   |
| Author                                    | Kimara Sharpe<br>Company Secretary   |   |
| Action Required                           | The Board is requested to: <ul style="list-style-type: none"><li>Note the report</li></ul>   |   |
| Previously considered by                  | N/A  |   |
| Priorities (√)                            |  |   |
| Investing in staff                        |  | √ |
| Delivering better performance and flow    |  | √ |
| Improving safety                          |  | √ |
| Stabilising our finances                  |  | √ |
| Related Board Assurance Framework Entries | 2790 As a result of high occupancy levels, patient care may be compromised and access targets missed<br>2790 As a result of high occupancy levels, patient care may be compromised and access targets missed<br>3193 If the Trust does not achieve patient access performance targets there will be significant impact on finances |   |
| Glossary                                  | RTT – referral to treatment<br>STP - Sustainability and Transformation Plan<br>STF – Sustainability and Transformation Fund  |   |

|                  |                        |
|------------------|------------------------|
| Title of report  | Trust Management Group |
| Name of director | Michelle McKay         |



Date of meeting: 3 May 2017

Enc G1

## WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

### REPORT TO TRUST BOARD – MAY 2017

#### 1. Situation

To inform the Trust Board on the actions and progress of the Trust Management Group (TMG) at its meetings held in March and April. *(Please note that the April meeting of the TMG was cancelled due to the Easter holidays).*

#### 2. Background

The Trust Management Group provides assurance to the Trust Board on operational issues. TMG now meets fortnightly.

#### 3. Assessment

##### 3.1 Recruitment

The Director of HR and OD presented a proposal for active overseas recruitment for consultants and middle grade doctors. Candidates would be recruited for a period of two years. It was agreed to identify key specialties and mentoring support and to commence the process for rolling recruitment.

A similar proposal for nursing recruitment is in progress.

##### 3.2 Weekend Pharmacy Discharge Service

The Director of Pharmacy, supported by the Clinical Support Services Division, presented a proposal to increase the availability of pharmacy at weekends. The provision of an extended service has shown that this increases the number of discharges. The proposal was agreed.

##### 3.3 Strategy Group

The terms of reference for the Strategy Group were approved. This Group will report to the TMG and then onward to the Trust Board. This Group will meet monthly.

##### 3.4 Quality and Safety Improvement Group

The terms of reference for the Quality and Safety Improvement Group were approved. This Group will report to TMG on the progress of the Quality Improvement Plan. Assurance to the Board will be through a separate report to the Quality Governance Committee.

##### 3.5 RTT

Targets have been set and submitted to NHS Improvement. This is being managed through the Finance and Performance Committee.

##### 3.6 Agency staff

The Director of HR and OD stated that the Trust would be compliant with IR35. A stock take has been undertaken to ascertain the position in respect of the number of resignations due to IR35.

|                  |                        |
|------------------|------------------------|
| Title of report  | Trust Management Group |
| Name of director | Michelle McKay         |

Date of meeting: 3 May 2017

Enc G1

TMG also discussed in detail the implications of the most recent cap requirement. It was agreed to review the on call arrangements.

**3.7 Quality and Safety Improvement Group**

The first report from the Group was received. The same report was received by the Board of Directors on 5 April.

**3.8 Quality and Productivity Improvement Programme - Framework and Approach**

It was agreed that further work was needed to show how all the work plans fit together and the synergies between them. Out of this will fall the business objectives and key programmes of work. Work will continue whilst this further work is undertaken.

**3.9 Sessional rates for waiting list initiatives**

The rate for consultants undertaking WLI was agreed. The policy will now be reviewed.

**4 Recommendations**

The Board is requested to:

- Note the report

**Michelle McKay**  
**Chair of the Trust Management Group**

|                  |                        |
|------------------|------------------------|
| Title of report  | Trust Management Group |
| Name of director | Michelle McKay         |



# 2017 GENERAL ELECTION: PURDAH CONSIDERATIONS FOR NHS TRUSTS AND FOUNDATION TRUSTS

This briefing sets out considerations for NHS foundation trusts and trusts in the period of time known as the pre-election period or 'purdah' leading up to the 2017 UK general election on 8 June. It **highlights the practical implications around provider activities, including in relation to sustainability and transformation partnerships (STPs) (see section 4.5), and communication during purdah.**

It also covers the requirements on central and local government, the civil service and arm's length bodies during purdah to maintain political impartiality in carrying out their public duties and ensuring that public resources are not used for the purposes of political parties or campaign groups.

**We suggest NHS foundation trusts and trusts share this briefing and/or its specific pre-election planning with all staff and stakeholders who may find it useful to be aware of the steps you are taking.**

Should you have any questions, please contact John Coutts ([john.coutts@nhsproviders.org](mailto:john.coutts@nhsproviders.org)) if your query relates organisational governance or foundation trust governors, or Ferelith Gaze ([ferelith.gaze@nhsproviders.org](mailto:ferelith.gaze@nhsproviders.org)) for all other queries.

## 1. GENERAL ELECTION TIMETABLE



## 2. WHAT IS PURDAH?

The term 'purdah' is used across central and local governments to describe the period of time immediately before elections or referendums when specific restrictions on the activity of civil servants and local government officials, where appropriate, are in place. The term pre-election period is also used synonymously with purdah. Purdah prevents announcements from and activities by public bodies which could influence or be seen to influence the election. Purdah officially applies until the day following the general election, but effectively applies during any period of negotiation around the formation of a government.

## 3. RULES AND REGULATIONS DURING LOCAL GOVERNMENT ELECTION PURDAH

### 3.1 For the government and arm's length bodies

- The Cabinet Office issues guidance for civil servants in UK departments on their role and conduct during election campaigns. The guidance also applies to the board members and staff of arm's length bodies. The 2017 guidance is available on the [Cabinet Office website](#) and sets out the following general principles:

- “The government retains its responsibility to govern, and ministers remain in charge of their departments. Essential business must be carried on. However, it is customary for ministers to observe discretion in initiating any new action of a continuing or long-term character.”
- “Decisions on matters of policy on which a new government might be expected to want the opportunity to take a different view from the present government should be postponed until after the election, provided that such postponement would not be detrimental to the national interest or wasteful of public money.”
- Civil servants should answer constituency correspondence from former MPs, avoiding individual cases becoming party political issues.
- Special advisers who will be involved in the campaign must first resign their appointments.
- “It is important that non-departmental public bodies [including arms length bodies] avoid becoming involved in party political controversy. Decisions on individual matters are for the bodies concerned in consultation with their sponsor Department who will wish to consider whether proposed activities could reflect adversely on the work or reputation of the non-departmental public body or public body in question.”.

### 3.2 Local authorities

A number of local authorities are holding council and mayoral elections on 4 May. They will have been acting under purdah rules since 27 March.

Although the ordinary functions of councils should continue during purdah, some restrictions do apply, by law, to all councillors and officers. The restrictions on local government during purdah are governed by [Section 2 of the Local Government Act 1986](#). Under these restrictions, councils should “not publish any material which, in whole or in part, appears to be designed to affect public support for a political party.”

The [2011 Code of Recommended Practice on Local Authority Publicity](#) provides guidance for local government on communications during purdah. It recommends that all communication is: lawful; cost effective; objective; even-handed, appropriate; has regard to equality and diversity; and, issued with care during periods of heightened sensitivity.

## 4. PRACTICAL CONSIDERATIONS FOR NHS FOUNDATION TRUSTS AND TRUSTS DURING PURDAH

### 4.1 Key principles

- **No activity should be undertaken which could be considered politically controversial or influential**, which could compete for public attention or which could be identified with a party / candidate/ designated campaign group.
- **Would you do the same for everyone?** NHS foundation trusts and trusts have discretion in their approach, but must be able to demonstrate the same approach for every political party, official candidate and designated campaign groups in order to:
  - avoid allegations of bias or pre-judging the electorate
  - ensure you will be able to form a constructive relationship with whoever wins the seat
- **The NHS may be under the media spotlight, locally and nationally.** It is advisable to have a plan in place for:
  - how the organisation will manage the purdah periods (with both its risks and its opportunities)
  - the potential for the organisation or its partners to be singled out in the media

### 4.2 Board meetings and normal regulation

**Normal business and regulation needs to continue during the purdah period.** NHS Improvement, for example, is not expected to alter the dates on which it expects information from foundation trusts. Where a board discussion

or sign off is required, there is no problem with holding a board meeting. Indeed, if the purdah period is extended by post-election negotiations, good governance practice would dictate that board meetings take place.

Where board meetings need to take place, the agenda should be confined to those matters that need a board decision or require board oversight. Matters of future strategy or the future deployment of resources may be construed as favouring one party over another and should be avoided.

Use of the confidential part or part 2 of the agenda to discuss matters that may be politically controversial is not recommended. Such matters should be deferred until after the purdah periods.

#### 4.3 Publishing information and making announcements

Care should be taken not to comment on the policies of political parties or campaign groups and websites should not be updated with any information that may be considered political. The rule of thumb should be that communications activities necessary for patient safety, quality and operational delivery purposes should continue as normal, but any other activity beyond that and not required in the pre-election period should wait until after the election.

Wherever possible, information to be published about the organisation should be factual and released in advance of purdah commencing. After purdah begins, requests for new information are best handled by applying FOI rules.

**Organisations should not start long-term initiatives or undertake major publicity campaigns unless time critical** (such as a public health emergency), and should instead wait until after the election. Unless strictly necessary, high-level public sector appointments should not be made.

**Public consultations should not be launched during purdah.** Those already in progress should continue, but it is advisable to extend the period to take account of purdah and avoid public meetings and publicity. Responses received should not be commented on and no announcements should be made until after local government elections.

We would only expect civil servants to release data (such as the regulator publishing trusts' financial returns) when a precise publication date has been pre-announced.

#### 4.4 Individual NHS trusts under the media spotlight

The profile of the NHS – already under intense scrutiny – will increase further as an issue of public, political and media debate during purdah. In particular, it is anticipated that there will be a significant focus on proposals for local service reconfiguration under STPs. Each political party will be keen to demonstrate its support for the NHS, and the threat posed by its opponents. At times during local and national campaigning, the NHS will become the issue of the day – the focus may be on a particular issue, place, policy, individual or incident. In this context, it is likely that the depth of debate about particular local instances will be lessened and potentially used as an example of a particular issue facing the NHS nationally.

Any issues that can be predicted to be of interest during the campaign should be prepared for, with relevant information available and agreed spokespeople and lines. Where possible, it is usually easiest to use information for public comment that is already publically available and can be readily referred to.

Where affected, we would advise that trusts remain neutral, refraining from any commentary and providing only factual information where necessary. Normal patient confidentiality rules apply. It is also worth considering who it

would be helpful to share information with (both in advance and in the event of any issues arising) in the local health economy and other NHS and regulatory organisations.

#### 4.5 Sustainability and transformation partnerships

It is important to bear in mind that STPs are not bodies corporate and have no legal standing or powers in their own right. Therefore, communications issued by STPs are the responsibility of each of the constituent partners jointly and severally. Given the potential politicisation of service reconfiguration, with regards to STPs we would advise:

- responding to requests with reference to materials already available in the public domain;
- pausing any consultations relating to STPs, resuming them only following the formation of the new government.

#### 4.6 Political visits and engagement

An NHS provider has the discretion to decide whether or not to allow visits by politicians during the election campaign. When considering whether to host a visit, **safety and operational considerations must come first** and previous guidance has said that campaign visits should not disrupt services or care.

In addition, **the same approach must be applied to all requests from all official candidates and political parties, irrespective of their size.** All requests from candidates to visit may be declined, but if they are allowed, then all requests should be accepted. If you do not plan to permit any campaign visits, it is worth considering formally advising all candidates in advance at the same time to ensure clear and consistent understanding.

Organisations may wish to engage with the prospective parliamentary candidates (PPCs) in relevant constituencies. It is important to remember that there are no MPs – care should be taken to ensure that former MPs are not treated any differently from PPCs. Again, we would recommend that all PPCs are treated in the same way and any invitations are extended to all parties. If one party makes an announcement on site, it would be advisable to ensure that all parties do so.

#### 4.7 Foundation trust governor elections

In law, there is nothing to prevent foundation trust governor elections from taking place during the purdah period. In practice however, **it is best to avoid holding governor elections during this period.**

NHS foundation trusts and trusts should avoid activities that may be seen to favour one political party or another, and given that foundation trusts have no control over what governors may say in their election statements, at hustings or elsewhere they cannot guarantee a politically neutral outcome. What might be deemed to be party political can be quite broad – outsourcing, for example, might be associated more with one party than with others. Similarly, while governor elections have for the most part not become party political events there is nothing in law to prevent them from becoming so.

Our best advice therefore is not to hold governor elections during the purdah period, noting that the period only ends when a new government is formed. It is therefore important not to schedule governor elections in the immediate aftermath of the general election. In the unlikely event that the purdah period extends beyond a few days after the general election, we would issue further advice.

For further information relating to governor elections please contact John Coutts, governance advisor: [john.coutts@nhsproviders.org](mailto:john.coutts@nhsproviders.org) or 0207 304 6875.

#### 4.8 Activism onsite or by individual staff

NHS employees are free to undertake political activism and public debate in a personal capacity. They should, however, avoid involving their organisation or creating any impression of their organisation's involvement. They are not permitted to use any official premises, equipment (including uniforms) or information they would only have access to through their work and which is not publically available. Naturally, patient confidentiality must be preserved at all times and normal professional conduct and contractual rules apply as usual in this respect.

Especially given the prevalence of social media and the balancing act people perform in presenting their personal and professional lives and views, it becomes easier to blur or mistake the capacity within which individuals are contributing online. At all times every effort should be made to preserve public professional neutrality while not inhibiting personal activity.

#### 4.9 Voter registration, postal votes and proxy votes

It might be helpful to advise staff on the trust's provisions for postal and proxy voting to support those – both staff, patients, service users and their families – who may not be able to go to their polling station on the day. National advice is available here: <https://www.gov.uk/register-to-vote>.

We would advise that **NHS staff and trusts should not undertake any voter registration or proxy or postal voting activity for those in their care** to avoid any possible concern being raised about inappropriate influence.

#### 4.10 Trade union activities and engagement

Trade unions may be active during the election campaigning on issues concerning their members. All organisations will have existing relationships, channels and protocols for working effectively with trade unions and these should be used as normal. Nevertheless, given the importance of NHS organisations preserving their neutrality, **it is worth considering itemising the local elections and referendum for discussion at an imminent meeting.**

Date of meeting: 3 May 2017

Enc J1

Report to Trust Board (in public)

|                                 |   |
|---------------------------------|---|
| <b>Title</b>                    | <b>Audit and Assurance Committee report</b>   |
| <b>Sponsoring Director</b>      | <b>Bryan McGinity</b><br><b>Chair – Audit and Assurance Committee</b>   |
| <b>Author</b>                   | <b>Kimara Sharpe</b><br><b>Company Secretary</b>  |
| <b>Action Required</b>          | The Board is recommended to: <ul style="list-style-type: none"> <li>• Note the report from External Audit</li> <li>• Note the internal audit reports approved</li> <li>• Note the contents of the report</li> </ul> |
| <b>Previously considered by</b> | N/A   |

**Priorities (√)**

|   |   |
|---|---|
| <i>Investing in staff</i>                     |   |
| <i>Delivering better performance and flow</i> |   |
| <i>Improving safety</i>                       |   |
| <i>Stabilising our finances</i>               | √ |

|  |  |
|--|--|
| <b>Related Board Assurance Framework Entries</b>     | The Committee reviews and provides assurance on the overall management of the BAF risks. |
| <b>Legal Implications or Regulatory requirements</b> |  |
| <b>Glossary</b>                                      |  |

**Key Messages**

This is the routine report from the Audit and Assurance Committee to the Trust Board and covers the meeting held on 16 March 2017.

|                  |                               |
|------------------|-------------------------------|
| Title of report  | Audit and Assurance Committee |
| Name of director | Bryan McGinity                |



Date of meeting: 3 May 2017

Enc J1

## WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

### REPORT TO TRUST BOARD – 3 MAY 2017

#### 1. Situation

The Audit and Assurance Committee met on 16 March 2017. This report details the business undertaken at that meeting.

#### 2. Background

The Audit and Assurance Committee provides assurance on systems and processes in place at the Trust. It is a key assurance committee.

#### 3. Assessment

##### 3.1 Expenses audit

The Director of HR and OD attended the meeting to demonstrate the progress made with the action plan for the expenses audit. The Committee were satisfied with the progress being made.

##### Quality Governance Committee

The Committee gave the Chairman of the QGC the opportunity to discuss the effectiveness of the Committee. Dr Tunnicliffe expressed concern that the Committee was unable to assure the Board of safe and high quality care and this was demonstrated by the receipt of the section 29A notice. He was frustrated by the lack of attendance by key members. He was complimentary about the development of the better data flows and was looking forward to the SQUID dashboard being available at the meeting.

The report constructed by Dr Tunnicliffe was sent to the Quality and Safety Improvement Group for their consideration.

The A&A committee have a regular rolling programme of reviewing effectiveness of Board subcommittees.

##### 3.2 External Audit

The report from External Audit showed that the work was on plan and the deadline of 26 April would be met. A letter would be sent to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014. This was being done as the Trust was not breaking even.

A detailed report was given by the External Auditors. The issue of Going Concern was raised as NHS Improvement would not be issuing a letter in respect of cash availability. This was being picked up nationally. He was expecting to give a qualified value for money opinion, given the CQC reports.

|                  |                               |
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| Title of report  | Audit and Assurance Committee |
| Name of director | Bryan McGinity                |

Date of meeting: 3 May 2017

Enc J1

### 3.3 Internal Audit

The Head of Internal Audit stated that he was beginning to consider his opinion for 2016/17 and he was minded to issue a limited assurance audit opinion due to the Trust remaining in special measures. He acknowledged that financial control was good.

The Committee approved the following reports:

- Waiting List initiative processes: This repeat audit showed that the policy was not being followed. Limited assurance was given and the audit would be repeated in 2017/18.
- Procurement: The audit gave significant assurance and there were no high level recommendations.

### 3.4 Anti-Fraud update

The Committee received the routine update on the current fraud cases. The Anti-Fraud officer was now attending induction.

### 3.5 Board Assurance Framework

The Committee approved the revised structure for the BAF.

### 3.7 Other

The Committee received the following updates:

- Managing Interests in the NHS
- Accounting Policies
- Annual Governance Statement
- Tender waivers
- Review of debts write off
- Review of losses and compensations

## 4 Recommendation

The Board is recommended to:

- Note the report from External Audit
- Note the internal audit reports approved
- Note the contents of the report

Bryan McGinity  
Chair – Audit and Assurance

|                  |                               |
|------------------|-------------------------------|
| Title of report  | Audit and Assurance Committee |
| Name of director | Bryan McGinity                |



Date of meeting: 3 May 2017

Enc: J2

Report to Trust Board (in public)

|  |  |
|--|--|
| <b>Title</b>   | <b>Remuneration Committee</b>  |
| <b>Sponsoring Director</b>                           | <b>Caragh Merrick<br/>Chairman</b>   |
| <b>Author</b>  | <b>Gemma Bullock<br/>HR Administration Manager</b>   |
| <b>Action Required</b>                               | The Trust Board are requested to receive the report.   |
| <b>Previously considered by</b>                      | N/A  |
| <b>Priorities (✓)</b>                                |  |
| <i>Investing in staff</i>                            | ✓  |
| <i>Delivering better performance and flow</i>        |  |
| <i>Improving safety</i>                              |  |
| <i>Stabilising our finances</i>                      | ✓  |
| <b>Related Board Assurance Framework Entries</b>     | 2932 Turnover of Trust Board members adversely affecting business continuity and impairing the ability to operate services |
| <b>Legal Implications or Regulatory requirements</b> |  |
| <b>Glossary</b>                                      |  |

**Key Messages**

The committee considered the decision from the Clinical Excellence Awards Panel.

The committee considered the 1% Executive Director Pay Increase.

The committee revised the Terms of Reference for the Remuneration Committee, to include a standard quorum as included in Appendix 1.

|                  |                        |
|------------------|------------------------|
| Title of report  | Remuneration Committee |
| Name of director | Caragh Merrick         |

## Appendix 1

### WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

#### TERMS OF REFERENCE

#### Remuneration and Terms of Service Committee

#### 1. Authority

- 1.1 The remuneration 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.
- 1.2 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.
- 1.3 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.
- 1.4 The committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

#### 2. Main Purpose

- 2.1 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. Appointments role

The committee will:

- 3.1 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, and nomination committee of the council of governors, as applicable, with regard to any changes.
- 3.2 Give full consideration to and make plans for succession planning for the chief executive and other executive board directors taking into account the challenges

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|------------------|------------------------|
| Title of report  | Remuneration Committee |
| Name of director | Caragh Merrick         |

**Date of meeting: 3 May 2017**

**Enc: J2**

and opportunities facing the trust and the skills and expertise needed on the board in the future.

- 3.3 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.
- 3.4 Be responsible for overseeing and ratifying the appointment of candidates to fill posts within its remit as and when they arise.
- 3.5 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.
- 3.6 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.
- 3.7 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.
- 3.8 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.

#### **4. Remuneration role**

The committee will:

- 4.1 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.
- 4.2 Consult the chief executive about proposals relating to the remuneration of the other executive directors.<sup>1</sup>
- 4.3 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.

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| Title of report  | Remuneration Committee |
| Name of director | Caragh Merrick         |

Date of meeting: 3 May 2017

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- 4.4 In adhering to all relevant laws, regulations and trust policies:
- 4.4.1 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;
  - 4.4.2 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;
  - 4.4.3 be sensitive to pay and employment conditions elsewhere in the trust.
- 4.5 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.
- 4.6 Advise upon and oversee contractual arrangements for executive directors, including but not limited to termination payments to avoid rewarding poor performance.
- 4.7 Receive and approve an annual report on Clinical Excellent Awards.

## 5. Membership

- 5.1 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
- 5.2 The trust chair shall chair the committee.
- 5.3 The Director of Human Resources and OD will be in attendance at each meeting.

## 6. Quorum

- 6.1 Two core members must be present, of which at least one must be the Chair and one must be a substantive Non-Executive Director.

## 7. Secretary

- 7.1 The trust secretary shall be secretary to the committee.

## 8. Attendance

- 8.1 Only members of the committee have the right to attend committee meetings.
- 8.2 Other persons may be invited by the committee to attend a meeting so as to assist in deliberations.

|                  |                        |
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| Title of report  | Remuneration Committee |
| Name of director | Caragh Merrick         |

**Date of meeting: 3 May 2017**

**Enc: J2**

- 8.3 Any non-member, including the secretary to the committee, will be asked to leave the meeting should their own conditions of employment be the subject of discussion.

**9. Frequency of meetings**

Meetings shall be called as required, but at least once in each financial year.

**10. Minutes and reporting**

10.1 Formal minutes shall be taken of all committee meetings.

10.2 The committee will report to the board after each meeting.

10.3 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.

**11. Performance evaluation**

As part of the board's annual performance review process, the committee shall review its collective performance

**12. Review**

The terms of reference of the committee shall be reviewed by the board when required, but at least annually.

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| Title of report  | Remuneration Committee |
| Name of director | Caragh Merrick         |

Date of meeting: Wednesday 3 May 2017

Enc J3

## Report to Trust Board

|  |  |
|--|--|
| <b>Title</b>   | <b>Freedom to Speak Up Guardian (FTSUG) Update</b>   |
| <b>Sponsoring Director</b>                           | <b>Denise Harnin, Director of HR and OD</b>  |
| <b>Author</b>  | <b>Diane Pugh, Deputy Director of HR</b>   |
| <b>Action Required</b>                               | The Board is asked to re-endorse the plan of programmes outlined with a view to them commencing in March 2017. |
| <b>Previously considered by</b>                      | Workforce and Assurance Group  |
| <b>Priorities (√)</b>                                |  |
| <i>Investing in staff</i>                            | √  |
| <i>Delivering better performance and flow</i>        | √  |
| <i>Improving safety</i>                              | √  |
| <i>Stabilising our finances</i>                      |  |
| <b>Related Board Assurance Framework Entries</b>     |  |
| <b>Legal Implications or Regulatory requirements</b> | National requirement within NHS Contract 2016/17.  |
| <b>Glossary</b>                                      |  |

## Key Messages

- The Department of Health accepted a number of recommendations made by Sir Robert Francis' report on 'Freedom to Speak Up' including one that there should be a 'Freedom to Speak Up Guardian' appointed in every NHS Trust during the financial year 2016/17.
- John Burbeck, Non-Executive Director was appointed to this role in February 2017 which built on his existing role within the Trust's Policy for 'Raising Concerns' and the Trust's 'Dignity at Work Policy' as nominated Non-Executive Director. John is supported by a Freedom to Speak Up Team – please see appendix 1. This model is consistent with a number of other Trust's; although this varies.
- Feedback from the CQC demonstrates that some staff are going to them direct to raise their concerns which suggests that our current processes need strengthening.
- John Burbeck is due to leave the Trust in June which means we need a replacement. It is timely to review our existing model in line with lessons learnt from both within this Trust and other Trusts. This review will be carried out and a further report presented to Board in June 2017.

|                  |                                      |
|------------------|--------------------------------------|
| Title of report  | Freedom to Speak Up Guardian Update  |
| Name of director | Denise Harnin, Director of HR and OD |

Date of meeting: Wednesday 3 May 2017

Enc J3

## WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST REPORT TO TRUST BOARD – MAY 2017

### 1 Situation

The appointment of a National Guardian for speaking up freely and safely, and Freedom to Speak Up (FTSU) Guardians in NHS trusts were recommended by Sir Robert Francis, following his review and subsequent report into the failings in Mid-Staffordshire.

In July 2015, the Secretary of State confirmed the steps needed to be taken to develop a culture of safety, and supported Sir Robert's recommendations. Therefore, all NHS trusts and NHS foundation trusts are required by the NHS contract (2016/17) to nominate a Guardian.

National Guidance can be found from the CQC (Care Quality Commission) [https://www.cqc.org.uk/sites/default/files/20160301\\_Guide\\_to\\_trusts\\_in\\_establishing\\_FT\\_SU\\_guardian.pdf](https://www.cqc.org.uk/sites/default/files/20160301_Guide_to_trusts_in_establishing_FT_SU_guardian.pdf). The CQC have an interest in the roles nationally.

**Outcomes from the FTSUG Champion role include an assurance that:**

- A culture of speaking up is instilled throughout the organisation.
- Speaking up processes are effective and continuously improved.
- All staff have the capability to speak up effectively and managers have the capability to support those who are speaking up.
- All staff are supported appropriately when they speak up or support other people who are speaking up.
- The Board is fully sighted on, and engaged in, all Freedom to Speak Up matters and issues that are raised by people who are speaking up.
- Safety and quality issues are assured.

### 2 Background

John Burbeck, Non-Executive Director agreed to take on this role for the Trust in February 2017 on the back of an already established role as Nominated Non-Executive Director within the Trusts Raising Concerns and Dignity at Work Policies (supported by a Deputy Director of HR). A model was developed in support of this role as identified within [Appendix 1](#).

A Freedom to Speak Up Guardian Members Group was established in line with an existing Group which meets on a monthly basis as a Equality and Diversity Committee (4 members) This was further supported by advertised 'Freedom to Speak Up Champion' roles with an aim of attracting a cross cut of roles from all 3 sites within the Trust. To date we have attracted 25 staff in Worcester, Redditch and Kidderminster from a cross cut of staff groups; highly representative of professional groups. A training plan and agreement will be put in place to support these roles.

|                  |                                      |
|------------------|--------------------------------------|
| Title of report  | Freedom to Speak Up Guardian Update  |
| Name of director | Denise Harnin, Director of HR and OD |

Date of meeting: Wednesday 3 May 2017

Enc J3

The Freedom to Speak Up Guardian Role is a role that has been implemented with the belief that it will be a genuinely independent role to provide the leadership and support to create a culture where staff understand and feel confident in raising concerns, however insignificant they may appear, so that it becomes part of normal, everyday practice. As well as ensuring staff know how to and where to raise concerns, they should feel entirely confident that their concerns will be listened to and acted upon as necessary and, most significantly, that they will not experience any detriment for having raised their concerns. These new local roles are being supported through a network by the newly established National Office of the Guardian.

The current model is supported with a Governance Structure, as outlined in [Appendix 2](#), the Trust Board will receive an annual update from the Freedom to Speak Up Guardian. The Freedom to Speak Up Committee will receive monthly updates and the Freedom Guardian Group will meet fortnightly to ensure good traction and pace with any key issues being reported by staff to the team.

In addition to the model, our Staffside Lead and Head of Occupational Health have been included in monthly review meetings to ensure that all informal and formal feedback is captured and reviewed in terms of potential themes within the organisation.

### 3 Assessment

Although the model established is in its infancy, feedback from the CQC demonstrates that our current processes need strengthening; given that staff are going direct to them with their concerns rather than having the confidence to raise them internally. It is important to create a culture of confidence within the Trust processes and support staff to come forward to ensure organisational learning.

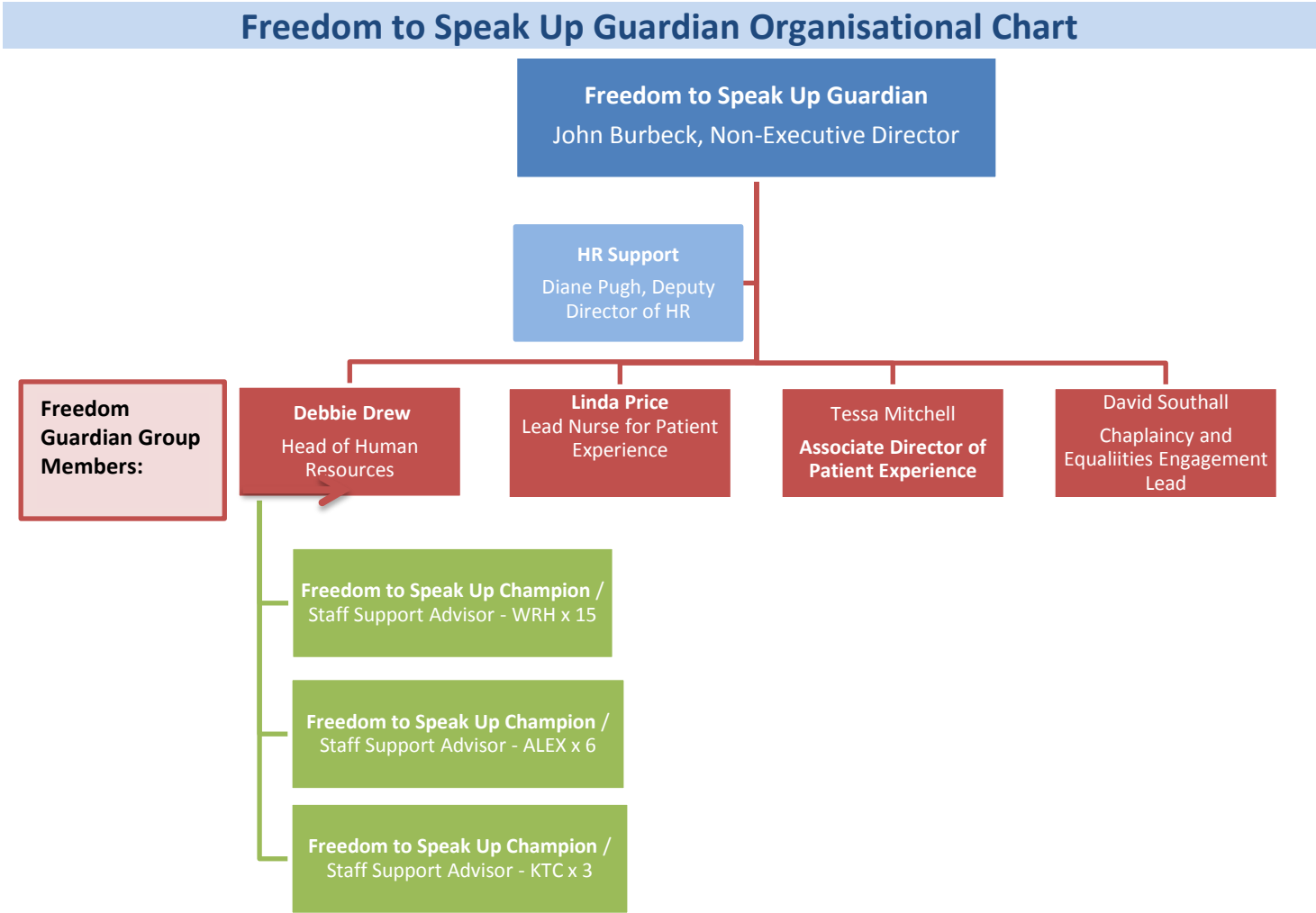
Our current Freedom to Speak Up Guardian, John Burbeck, is due to leave the Trust in June 2017 and so this role will need to be replaced. Given this and the feedback received, it is timely to review our current model. Some of these roles have been established in other Trusts for some 12 months or more and we can do a review of lessons learnt to see what has worked well in practice and what has worked not so well.

### 4 Recommendation

The Board is asked to endorse continuation of the current model whilst a review is taking place. A further report will be presented to Board in June 2017. This report will include a review of concerns reported to date from the current Freedom to Speak Up Guardian and a recommendation in terms of a future model within this Trust based on benchmarking.

|                  |                                      |
|------------------|--------------------------------------|
| Title of report  | Freedom to Speak Up Guardian Update  |
| Name of director | Denise Harnin, Director of HR and OD |





|                  |                                      |
|------------------|--------------------------------------|
| Title of report  | Freedom to Speak Up Guardian Update  |
| Name of director | Denise Harnin, Director of HR and OD |

## Freedom to Speak Up Guardian Governance Structure

### Trust Board Report - Annually

Author: John Burbeck as *Freedom to Speak Up Guardian*

### Trust Management Group/Trust Workforce Assurance Group - Quarterly

Author: John Burbeck as Freedom to Speak Up Guardian/Diane Pugh, Deputy HR Director

### Freedom Guardian Group - Monthly

Attendees: John Burbeck, Diane Pugh, David Southall, Linda Price, Tessa Mitchell, Debbie Drew (reports from Freedom to Speak Up Champions) Staffside and Occupational Health

|                  |                                      |
|------------------|--------------------------------------|
| Title of report  | Freedom to Speak Up Guardian Update  |
| Name of director | Denise Harnin, Director of HR and OD |