

Trust Board

There will be a meeting of the Trust Board on Thursday 14 February 2019 at 10:00 in the Board Room, Alexandra Hospital, Redditch.



Sir David Nicholson  
Chairman

Agenda		Enclosure
1	<b>Welcome and apologies for absence</b>	
2	<b>Items of Any Other Business</b> <i>To declare any business to be taken under this agenda item.</i>	
3	<b>Declarations of Interest</b> <i>To declare any interest members may have in connection with the agenda.</i>	
4	<b>Minutes of the previous meeting</b> <i>To approve the Minutes of the meeting held on 10 January 2019 as a true and accurate record of discussions.</i>	Enc A
5	<b>Action Log</b>	For approval For noting Enc B
6	<b>INTEGRATED PERFORMANCE REPORT</b>	Enc C
6.1	<b>Executive Summary</b> Chief Executive	For assurance
6.2.1	<b>Section 1 – Quality Performance Report</b> Chief Nurse/Chief Medical Officer	
6.2.2	<b>Quality Governance Committee Assurance report</b> Quality Governance Committee Chairman	
6.3.1	<b>Section 2 – Operational &amp; Financial Performance Report</b> Chief Operating Officer/Chief Finance Officer	
6.3.2	<b>Finance and Performance Committee Assurance Report</b> Finance and Performance Committee Chairman	
6.4.1	<b>Section 3 – People and Culture Performance Report</b> Director of People and Culture	
7	<b>GOVERNANCE</b>	
7.1	<b>European Union Exit Preparedness</b> Chief Finance Officer	Enc D



**Any Other Business** *as previously notified*

Date of Next Meeting

*The next public Trust Board meeting will be held on 14 March 2019 in the Education Centre, Kidderminster Hospital and Treatment Centre, Kidderminster*

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**MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON  
THURSDAY 10 JANUARY 2019 AT 10:00 hours  
Crompton Rooms A&B,  
Charles Hastings Education Centre, Worcestershire Royal Hospital**

**Present:**

**Chairman:** Sir David Nicholson

<b>Board members: (voting)</b>	Paul Brennan	Acting Chief Executive/Chief Operating Officer
	Anita Day	Non-Executive Director
	Suneil Kapadia	Chief Medical Officer
	Jill Robinson	Chief Financial Officer
	Vicky Morris	Chief Nursing Officer
	Bill Tunnicliffe	Non-Executive Director
	Steve Williams	Non-Executive Director
Mark Yates	Non-Executive Director	

<b>Board members: (non-voting)</b>	Richard Haynes	Director of Communications
	Tina Ricketts	Director of People and Culture
	Julie Moore	Associate Non-Executive Director
	Richard Oosterom	Associate Non-Executive Director
	Sarah Smith	Director of Strategy and Planning

**In attendance:** Kimara Sharpe      Company Secretary

<b>Public Gallery:</b>	Press	1
	Public	11

118/18      **WELCOME**  
Sir David welcomed everyone to the meeting.

119/18      **Patient story**  
Sir David welcomed Mr H to the meeting. He emphasised the importance of Board members hearing first hand of the experiences of patients. He asked Mrs Morris to introduce the story.

Mrs Morris was pleased to introduce a story which concerned ophthalmology, a challenged speciality for demand and capacity. She invited Mr H to present his story.

Mr H stated that he moved to Worcestershire two years' previously, having lived in Kent and been under the care of Maidstone and Tunbridge Wells NHS Trust for wet form macular degeneration in his left eye and a haemorrhage in his right eye. He contrasted the care he has received at Kidderminster since his move with that provided in Kent.

He was complimentary about the length of time taken to assess him at each appointment and his perception of the efficiency of the service, with few people waiting at any one time.

He described the nurse led care he receives at Kidderminster in detail. He has been particularly impressed with the care he has received as an individual with him being treated appropriately and the consistent care from one nurse.

He said that by having just four nurses running the clinic, he has felt at ease and less of a patient being treated. He described how one nurse offered to hold his hand when he was having his treatment. The treatment can be unpleasant.

He confirmed that he has not missed any treatments during the transition from living in Kent to living in Worcestershire and he praised his new GP surgery for the rapid response to his needs.

Mrs Morris thanked Mr H for his presentation. She assured Board members that harm reviews were being carried out when patients were delayed and nurse led services enabled timely reviews to take place.

Mr Yates was pleased to hear first-hand of the experience that Mr H has had. He stated that he has visited the clinic at Kidderminster and he was delighted that what he saw has been borne out by Mr H's experience. He stated that the staff have pride in their work and are able to increase the number of treatments provided per day due to the efficient way of working.

Mr H agreed that there was a sense of professionalism at Kidderminster. He praised all the staff involved, including the reception staff who greeted him. He also stated that the communication between him and the nursing staff was excellent and put him at ease.

Mr Williams asked what the Trust could do better. Mr H stated that the Macular Society (Kidderminster branch) have commented that there is a delay between the time that the patient is told of a diagnosis (usually at the optician) to the time that the initial treatment is given. When patients are told that time is of the essence and any delay could further damage the eye, this delay is of concern. He also stated that the support after discharge could perhaps be reviewed. The Trust does not have an Eye Care Liaison Officer which most other areas do have and this post could provide support to patients in terms of applying for benefits or community group support.

Dr Tunnicliffe thanked Mr H for his presentation. He requested that the team at Kidderminster is written to by the Board to express thanks for their work. This was agreed.

**ACTION: Write to staff at Kidderminster to express thanks for the service (Mrs Sharpe)**

Sir David added his thanks to Mr H. He listed areas which he felt needed to be followed up as a result of the story:

- Eye Care Liaison Officer
- The time between diagnosis and initial treatment
- The lack of information for patients of services within the Community.

**ACTION: Mrs Morris agreed to follow up these issues**

Mr Brennan stated that the Trust could invest more in nurse led services. He also stated that importance of utilising Kidderminster Hospital for care and treatment.

120/18 **ANY OTHER BUSINESS**

There were no items of any other business.

121/18 **DECLARATIONS OF INTERESTS**

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

122/18 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 9 NOVEMBER 2018**

**RESOLVED that:-**

- The Minutes of the public meeting held on 9 November 2018 be confirmed as a correct record

123/18 **MATTERS ARISING/ACTION SCHEDULE**

Mrs Sharpe reported that the one outstanding action, exploring the national prostate cancer monies, was being taken forward by the deputy Chief Medical Officer. All other actions were either not yet due or complete.

Mr Williams sought confirmation that the issue of the accuracy of the mandatory training record on the electronic staff record was being actioned. Mr Yates confirmed that a deep dive had been undertaken by the People and Culture Committee and his report, later on the agenda, provided assurance on this issue.

Mr Williams asked whether the divisions were actioning the CQC 'must and should dos'. Dr Tunnicliffe confirmed that the Quality Governance Committee was reviewing the system at each meeting and he had attended the RAIT meetings held this week with divisions.

Mrs Day asked for an update on the digital strategy steering group. Ms Robinson confirmed that initial work had been undertaken and the Group would be set up shortly.

**ACTION: Ms Robinson to set up the Digital Strategy Steering Group**

124/18 **Chairman's Report**

Sir David expressed his pleasure of being appointed for a four year term, commencing May 2019.

He went onto outline the changes in the Board since the last meeting:

- The Chair is now a permanent appointment, until May 2023
- Dr Tunnicliffe has been appointed for a further two years, until November 2020
- Mr Mayhew has resigned his position. Sir David expressed his thanks to Mr Mayhew and the wealth of expertise he brought to the Board in respect of community involvement and local government.
- Chair of Finance and Performance Committee: Mr Oosterom will be the Chair of this Committee with immediate effect
- Mrs Day will join the Audit and Assurance Committee as a member.

Sir David confirmed that he is working with NHS Improvement on the replacement of Mr Mayhew.

Sir David then outlined his three personal priorities as Chairman of the Trust:

- **Governance:** He is keen to strengthen, improve and focus the governance of the Trust. He stated that many of the challenges faced by the Trust are about the way the Trust is managed and the systems and processes that underpin this.

- **Urgent care pathway:** The inability to manage the flow of patients through the Emergency Department affects the whole organisation. Improvements need to be made to ensure that the patient experience is improved.
- **Strategy:** It was evident that the Trust needed to have a clear strategy about its purpose and future. He was pleased that an initial discussion was taking place that afternoon.

Sir David will identify a non-executive director to champion these areas.

**ACTION: Appoint a Non-Executive Director to champion the three areas. (Sir David)**

**RESOLVED that the Board**

- Noted the report

125/18

**Acting Chief Executive's Report**

Mr Brennan, on behalf of the Executive Directors, was pleased that Sir David has committed to the Trust for four more years. This provides stability at the highest level for the staff and patients.

He went on to highlight that the initial outline operational planning guidance has been published and he was awaiting a second publication which will give further detail.

He then turned to the NHS Plan, published on 7 January. He stated that there was a clear steer towards system working and integrated control totals. Care out of hospital and digital technology were also featured. The Trust had an opportunity to incorporate the digital work within the IT strategy which was currently being developed.

Finally, Mr Brennan highlighted the work that is being undertaken nationally in bringing together NHS Improvement and NHS England. The regional director covering Worcestershire was Dale Bywater.

Mr Oosterom asked for assurance that the timetable for the operational plan would be met and asked who was accountable for the delivery. Mr Brennan stated that the Chief Executive as the Accountable Officer would deliver the requirements and Ms Smith was chairing the Planning Oversight Group. Ms Smith stated that work had commenced and outlined the session that had been held with the Trust Leadership group on the 9 January.

Dame Julie suggested that the new Chief Executive needed to review the process for the delivery. This was agreed.

**ACTION: Mr Hopkins to review the structure for the delivery of the operational plan for 19/20.**

**RESOLVED that:-**

The Board

- Noted the report

126/18

**Board Assurance Framework and Corporate Risk Register**

Mr Brennan stated that this was the second revision of the Board Assurance Framework (BAF) and he was presenting it to the Board for approval. He reminded members that the Committees had considered the risks associated aligned to them and that changes had been agreed at that time.

He then turned to the Corporate Risk Register. He acknowledged that whilst considerable work had been undertaken, further work was needed and this was in hand. He requested that the Board note the Corporate Risk Register.

Dr Tunncliffe complimented Mr Brennan and his team for the work that has been undertaken on the BAF. He agreed that the Corporate Risk Register needs further improvement.

Mr Williams concurred and stated that the Board is using the BAF. He felt it was embedded.

Sir David was pleased that there was a robust process in place. However he expressed concern that the majority of risks were 'red' rated and that there was no priority between the risks. He felt that there needed to be some degree of severity. Dr Tunncliffe suggested that a risk matrix used on a training day he attended recently could be utilised. He agreed to share it with Mrs Sharpe.

**ACTION: Dr Tunncliffe to share the graded risk matrix with Mrs Sharpe who will work with the Committees to develop the BAF by the next iteration.**

#### **Resolved that**

The Board

- Approved the Board Assurance Framework
- Noted the Corporate Risk Register

127/18  
127/18/1

### **INTEGRATED PERFORMANCE REPORT**

#### **Executive summary**

Mr Brennan introduced the Integrated Performance Report (IPR). He highlighted the deterioration in complaints performance and hospital standardised mortality ratio (HSMR). He was pleased that these issues were being scrutinised at the Quality Governance Committee. He went on to express his concern with the deterioration of the Trust's financial position, which would be discussed later on the agenda. He was pleased with the cancer performance but expressed disappointment with the urgent care performance, both with the four hour target and the number of 12 hour waits. He confirmed that there had been an escalation meeting with the regulators, commissioners and other providers on 9 January. In respect of the people and culture agenda, he was disappointed with the net culture score but was pleased with the improvement in mandatory training, recognising that some groups of staff performed better than others.

In response to Sir David, he considered that the three most important items were mortality, finance and emergency department performance, including ambulance handover delays.

127/18/2

#### **Quality Performance/Quality Governance Committee Assurance Report**

Mrs Morris spoke to the Quality section of the IPR. She stated that she has been working with the NHS Improvement Falls Collaborative and is in the process of rolling this out across the Trust. She is focussing on four areas, Ward 11, Avon 4, Frailty and Evergreen.

She was pleased to report that the number of pressure ulcers recorded was under trajectory. She confirmed that the number of medicine incidents was under scrutiny with another report being presented to the Quality Governance Committee in due course. The main incidents were in respect of insulin and anticoagulation. Pharmacy continued



to work with the divisions.

She was concerned with the number of mixed sex breaches. She stated that patients were moved too many times and ITU patients awaiting transfer to wards were the main cause of the breaches. She was hopeful that the reconfiguration of the services would address this issue.

She also reported that the Trust needed to undertake more work on the Family and Friends test as all areas, apart from maternity, were below the target.

Finally she reported that whilst complaints were showing as below the target, December information showed the compliance had increased to over 80%.

Ms Day probed the reporting of medicine incidents causing harm which were nearly double the national average. She wondered whether this indicated poor systems and processes. Mrs Morris confirmed that the pharmacy team were working with the divisions and that the learning was being disseminated through the serious incident group. Dr Tunnicliffe added that the Trust was a low reporter of incidents and he would like to see the reporting of incidents without harm increasing. Dame Julie added that this was an area for development with the Digital Strategy and the introduction of an electronic prescribing system which has inbuilt safeguards.

Sir David invited Dr Kapadia to speak to the IPR. Dr Kapadia expressed concern with the gradual increase in HSMR to the current value of 109. He stated that this was in large part driven by respiratory infections. He has undertaken a detailed review of 44 deaths and he will present this to QGC later in the month. He was pleased to report that he has changed the mortality review group meetings to ensure better clinician attendance and was ensuring contemporaneous review of notes.

He went onto explain that the SHMI value placed the Trust in Band 2 which was expected and the crude mortality rate was the lowest October value for two years.

Dr Kapadia then turned to mortality reviews. Those being undertaken within 30 days was at 56%. Overall the figure was at 82%. He stated that the learning needed to be disseminated and he was looking to improve this.

Dr Kapadia then considered sepsis 6. Assessments and the provision of antibiotics within one hour are consistently above 90%. He is now focussing on fluid balance and oxygenation. He is feeding data back to individuals and he has had positive feedback from the approach he is taking.

Finally, Dr Kapadia turned to the time to theatre for patients with a fracture neck of femur. The target is within 36 hours. The rate was low in September, due to infections on the Trauma and Orthopaedic ward. The current figure is 86% of patients being treated within 36 hours.

Dame Julie asked whether the outputs from the medical examiners are reported to the board. Dr Kapadia confirmed that the report is considered at the Quality Governance Committee (QGC), but not the Board. Dame Julie then asked what the recurrent themes were that the medical examiners had found and how had they been addressed. Dr Kapadia confirmed that the issue of the lack of a senior review had been addressed. Consultants now undertook ward rounds on six days of the week, but recruitment to vacancies needs to be improved. He was unable to answer the question of the top three themes as he stated that there were a raft of issues including do not resuscitate and documentation.



Dame Julie then asked what action was taken if any part of the sepsis 6 was not undertaken. Dr Kapadia stated that there has been a focus on training of all staff, particularly the junior doctors in the emergency department. He also expressed concern about documentation. Dame Julie reminded members that this was a professional conduct issue and she wished to see improvement in colleagues being held to account.

Sir David invited Dr Tunnicliffe as Chairman of QGC to give his report.

Dr Tunnicliffe reported that the Committee was focussing on mortality. He was frustrated with the length of time it has taken to see improvements with this metric. He felt that there was a challenge with clinicians owning the issue and this was replicated in other areas for example hand hygiene and engagement with the appraisal process. He felt that there was still a gap between the committee, the work that Dr Kapadia and Mrs Morris were undertaking and front line staff.

He then reported that he has worked to refresh the metrics and he was now keen to see the learning. He was pleased that the governance leads for the divisions were now attending the meeting.

Dr Tunnicliffe was pleased to report that the update to the HealthWatch Care in the Corridor report had been considered by the Committee. He felt that this was exemplar work and he asked for Mrs Clare Bush to be recognised for her work in ensuring the Emergency Department was more patient centred. Care has improved considerably, despite the challenging conditions of the emergency department.

**ACTION: Sir David to write to Mrs Bush (Mrs Sharpe)**

Dr Tunnicliffe was personally engaged with the RAIT process for monitoring the compliance with the CQC must and should dos. He was also pleased that the Quality Improvement Strategy was being integrated within each division. He felt that overall progress was being made.

Mr Oosterom asked for more details on the audit process for hand hygiene. Dr Tunnicliffe stated that hand hygiene was a key area of focus. This underpins basic care. To ensure compliance, audits are undertaken. These audits have not been taking place. There is a plan to move forward and the Ward Accreditation scheme will support this. Mrs Morris added that there has been slow progress with the audits and she was now concentrating on outpatients as this was the lowest area of compliance.

Ms Day felt that there was a general theme about staff undertaking basic tasks such as hand hygiene, documentation or mortality reviews. She asked how this noncompliance is tackled. Dr Kapadia agreed. He was giving additional support to the divisional leadership team. Assistance has been sought from ECIST (the emergency care intensive support team). He was concerned that in one division, there are no clinical leads so the change is difficult to drive.

Mr Yates observed that there was a disconnect between the divisions and directorates. He stated that leadership is key and the formal leadership training for the triumvirate will commence in the next two months. Ms Day asked how leadership capability would be addressed. Mrs Morris gave an example of the work that she has undertaken with band 7 nursing staff. This will improve retention as this is key as well.

Mr Brennan observed that posts will not be filled unless staff have autonomy and can make a positive impact. He has observed that the current way the trust operates does

not mean that staff necessarily have that autonomy. Patients are moved so frequently that staff do not build a relationship which then ensures that discharge takes place in a timely manner. Dr Kapadia added that staff feel as if they do not have the time to take on leadership positions. There are not enough medical staff to delegate to enable time to be freed up to fulfil these positions.

Sir David stated that there was evidently a huge amount of work being undertaken. However he felt that the discussion so far showed that the priorities he outlined earlier in the meeting were crucial to moving forward. The Board's role was to create the environment where clinicians are able to step forward with the right support. He wondered whether the 4ward programme would provide a solution to some of the issues. Ms Ricketts agreed to speak to this in her report.

Sir David then turned to mortality. He expressed his concern and requested a report to the next meeting which covered:

- An outline of the issues and the challenges the Trust faces
- An explanation of the top 3-4 issues identified by the medical examiners and the actions taken as a result

**ACTION: Dr Kapadia to present a paper to the next full Board meeting.**

**RESOLVED that**

The Board

- Received the report for assurance
- Noted concern in relation to mortality
- Noted the QGC concern about mandatory training.

127/18/3

**Financial & Operational Performance/Finance and Performance Committee Assurance Report**

Ms Robinson reported that she was continuing to work with NHS Improvement to ensure that there was sufficient cash to support the revenue requirements. She also reported that the repayment of the Department of Health revenue loan had been suspended pending a review being undertaken nationally. Other finance issues would be discussed in the Financial Forecast paper.

Mr Brennan was pleased to report that the Trust is likely to meet seven out of the eight core standards, 62 days being the only one not achieved. Diagnostic waits continue to be reduced. He was keen to ensure that the patients on the RTT (referral to treatment) incomplete pathway were reviewed. He was concerned that some of the 36,000 patients did not have any action associated with their care.

He was very concerned about the emergency department performance. The 4 hour target had not been met. Ambulances were waiting longer to off load patients and there were increased 12 hour breaches. He was pleased with the work in enhancing the patient experience within the department, which has been endorsed by the patient forum.

He stated that the system escalation meeting, referred to earlier in the meeting, confirmed that there is a national focus on the Trust. There must be a concerted effort to ensure that patients are not waiting on ambulances.

Sir David asked Steve Williams to report from the Finance and Performance Committee.

Mr Williams outlined the presentation received from NHS Improvement about the work

undertaken on the outturn forecast. The conclusion was that the cost improvement plan (CIP) had not been managed or monitored adequately. He stated that this must not happen again.

Mr Williams went on to state that the meeting spent some time discussing the medium term financial strategy (MTFS). He stated that he had been disappointed in the paper that had been presented and wished to see a much more strategically driven paper.

**RESOLVED that:**

**The Board**

- Noted that the Trust continues to be under enhanced oversight and has not been placed into special measures
- Noted that the Trust has begun to develop the Medium Term Financial Strategy that will be developed further over the coming months into a robust 3-5 year rolling plan.

127/18/4

**People and Culture Performance/People and Culture Committee Assurance Report**

Ms Ricketts expressed concern with the drop in the culture score from 58% to 28% for checkpoint 4. She explained that this was in part due to the resignation of the Chief Executive who was seen to lead the programme for the Trust and an increasing number of colleagues who had either not participated in the checkpoint or had not been able to rate people within their clusters.

Ms Ricketts stated that she felt that the checkpoint had been overemphasised within the programme. The first three steps, which includes understanding behaviour, the benefits for patients and celebration of achievements, must now be the focus.. She was working with Mr Haynes to increase staff engagement in the programme throughout the Trust. She was also developing an organisational development plan to integrate behaviours into every day practice.

Mr Haynes added that with the imminent arrival of the new Chief Executive, there was an opportunity for the board to reinforce its commitment to the culture change programme. He is meeting regularly with the 4ward advocates and he felt that many individual teams were embedding the behaviours.

Ms Ricketts stated that she was disappointed that the Trust was not given advanced notice to deal with the reaction to the change in methodology in individual checkpoint scores which has resulted in lower scores for staff and therefore had a negative impact on the programme.

Ms Day welcomed the opportunity to recommit to the 4ward programme. However she stated that the staff do need to be empowered to be able to make a difference and she felt that having one clear figurehead for the programme was not the right way to precede.

Ms Ricketts then turned to bank and agency pay budget. The Trust was currently spending £40m on agency and bank staff. Reports on pay expenditure would be a focus for the People and Culture Committee.

Mr Yates stated that he has seen a negative shift in the engagement of staff within the 4ward programme. He felt that the Trust needed to lead the programme. He confirmed that the People and Culture committee have a focus on the pay budget for bank and agency staff and had invited key staff to the last meeting to explain to the Committee how the management of bank and agency operated in practice. He was not totally convinced that the controls were in place. He was also concerned about the ability to

recruit nursing staff and therefore open the beds as part of the reconfiguration.

Sir David stated that the board were fully committed to the 4ward programme. He agreed that the Trust is too dependent on the external partner and welcomed the opportunity for the Trust to take more ownership of the programme going forward.

He agreed that the amount of money spent on bank and agency staff is too much. He welcomed the opportunity to reconfigure the workforce. He wondered whether there were sufficient controls in place in respect of bank and agency staff. Ms Ricketts confirmed that there were controls, but that they needed reviewing and she would report to the People and Culture Committee.

**ACTION: Ms Ricketts to review the controls and present to the P&C Committee**

**RESOLVED that:**

The Board:

- Received the Committee report for assurance
- Approved the change in membership to the Committee

128/18  
128/18/1

**GOVERNANCE**

**Financial Forecast**

Ms Robinson explained that the forecast has been developed through extensive dialogue with the divisions and executives. She has reviewed months 1-8 and then forecasted the last four months of the year. She has also taken account of the Cost Improvement Plan (CIP) and its delivery, the work in theatres and outpatients and winter pressures. In respect of activity, the Trust is slightly above the cap of the contract.

Ms Robinson stated that the approach and methodology has been agreed by NHS Improvement.

She highlighted to members the table on page 4 which shows the key drivers of the variance to plan. This gives an overall deficit figure of £71.3m.

Page 5 details the risks of winter expenditure and contractual risks. She was advocating that an extra £1.2m be included for the reconfiguration which brings the overall deficit to £72.5m. The contractual disputes show a net effect of zero as both areas are within the contract. She confirmed that she has taken advice from NHS Improvement relating to these risks.

Mr Oosterom asked about the increase in pay costs. Ms Robinson stated that this was due to the additional capacity. He then asked about the CIP and what will be different for 2019/20. Ms Robinson stated that the CIP for 2019/20 will be within baseline budgets, having been developed by the divisions. Each scheme will have a senior responsible officer with a clear action plan and milestones. She was very clear that the divisions owned the CIP and confirmed to Mr Williams that she had full assurance that the £1.7m would be met.

She then confirmed to Mr Oosterom that the activity is due to the non-elective work. The 2019/20 activity would be developed by the divisions. She described the work in place to take this forward.

Mr Williams then asked about Malvern View and how confident Ms Robinson was that this would be concluded within this financial year. Ms Robinson explained that she has commitment from Rooftop Association. It was in their interests to conclude the work which was projected to finish in February.

Dr Tunnicliffe was disappointed with the financial performance. He wondered whether the Trust would be placed into financial special measures and if so, he asked what the consequences would be. Mr Brennan stated that the discussions he has had with NHS Improvement indicated that it would be unlikely that the Trust would be placed in financial special measures. He reminded members that the NHS Plan outlined a new regime for the 30 most challenged trusts and details were awaited about this.

Sir David was also disappointed with the performance. He stated that the Trust had failed on all the financial indicators and he wished to ensure that any learning was embedded ready for the commencement of the new financial year. He has been working with NHS Improvement to ensure that they were aware that the Board took full ownership of the challenges and were committed to ensuring better performance in the new year.

**RESOLVED that:**

The Board:

- Approved the revised forecast outturn as £72.5m.

128/18/2

**National Quality Board Mortality Metrics**

Dr Kapadia presented the April to September data. There had been 948 deaths of which one was deemed avoidable. This case had been subject to a coroner review. Three were of patients with learning disabilities which were not avoidable. He drew members' attention to the lessons and change in practice (appendix 1) and the flow chart showing the dissemination of learning across the trust (appendix 2).

Dr Tunnicliffe stated that after April, when the new regime is introduced, every death will be reviewed. He was keen to strengthen the efforts of the Trust to ensure that the reviews were undertaken on a timely basis.

**RESOLVED that:**

The Board

- Noted the report

128/18/3

**Report on Nursing and Midwifery Staffing Levels – October 2018**

Mrs Morris stated that the paper had been considered in detail by the People and Culture Committee. She is currently considering how to ensure that the data is more timely.

She reminded the Board of the commitment to zero healthcare assistant vacancies. As of October, there were 23 wte vacancies, with 40 starting in January. She remained concerned with the vacancies in registered nurses which were covered in tables 1 and 2. Table 1 showed the overall trust vacancy rate and table 2 showed the data by division. Block booking of agency continues and the introduction of the Allocate suite will support better management of rotas. She was pleased to report that no incidents had been reported which were due to a reduction in staffing levels.

Mr Yates added that for the first time, fill rates dipped below 90%. He stated that the People and Culture Committee had been assured with the mitigations in place.

**RESOLVED that:-**

The Board

- Noted the report

128/18/4

**Service reconfiguration Plan**

Mr Brennan presented his report. He had utilised the CGG commissioned demand and capacity report by Carnall Farrar which provided an independent review of the system winter plan.

This report showed that without intervention and with the Trust operating at 92%, there is a shortfall of 109 beds at the peak point of demand in February 2019. He stated that site by site information showed a shortfall of 119 beds on the Worcester site and an over capacity of 10 at the Redditch site. In August 2019, the figures are predicted to be 102 shortfall at Worcester and 14 surplus at Redditch.

The impact of the Winter Plan would bring the deficit in Worcester to 69 offset by a surplus in Redditch of 40.

Given this modelling and the current emergency department performance, he was proposing a series of changes to release bed capacity on the Worcester site which started with the use of the ambulatory emergency care (AEC) unit closed as an inpatient unit on 24 December. This has resulted in 30 patients a day being seen in this facility.

He then summarised the other changes which were set out on page 4 of his report.

- Evesham: 16 step down beds are operational to take patients who are recovering from surgery on a fractured neck of femur. This partnership with the Health and Care Trust is working very well.
- Fractured neck of femur: Patients with this condition are now being transferred to the Alexandra Hospital as at 2 January. Following further discussions with the Ambulance Service, this will be fully operational from 10 January.
- Frailty: The Frailty Inpatient Unit will move to ward 11 at the Alexandra Hospital. Ward 12 will be designated as the Frailty Decision Unit, Frailty Short Stay and Frailty Assessment Unit. A direct line has been provided to GPs and paramedics. The changes will take place on 28 January. Mr Brennan described the detail of the way the new facility will operate.
- The Bridge: This is due to open on 16 January with the wards operational by 18 January.

With the extra capacity on the Worcester site, endoscopy will cease to be an escalation area on 18 January. Mrs Morris stated that the staff within the endoscopy escalation area have been designated to staff the new wards opening in Aconbury, supplemented by agency staff.

Mr Brennan confirmed that the transfer of the frailty service, fractured neck of femur and the postcode changes will release the equivalent of 56 beds on the Worcester site. A further 28 beds will be opened in Aconbury with the link bridge opening.

Mr Brennan then outlined the future planned work including the medical assessment unit and medical short stay units functioning as they were set up to be. He then stated that the changes must result in fewer moves for patients. Only those moves needed for clinical reasons will take place. This should shorten the length of stay for patients.

Other bed moves include oncology, stroke and respiratory which will result in ring fenced beds for stroke patients. He will bring an update paper to the board.

Finally, Mr Brennan asked for approval of an extra £1.2m for the winter spend.

Mrs Morris added that she is block booking agency staff but there is a risk in relation to



staffing levels at the Alexandra Hospital. She will be monitoring this carefully.

Dr Tunnicliffe thanked Mr Brennan for the work that he was undertaking. He stated that they should make a real difference to the patient experience.

Mr Yates echoed this view. He asked whether the Trust was planning to review discharge arrangements. Mr Brennan outlined the team that has been in place since 17 December which worked at the front door focussing on discharge. He was clear that the Trust should discharge people when they were as fit as they were when they were admitted.

Dr Kapadia emphasised that the focus at the front door was crucial. He advised that many of the clinicians were locums. He went on to say that whilst he endorsed the changes he was liaising with Health Education England as there may be some effect on medical training.

Sir David reminded the Board that we have the lowest proportion of patients discharged before 12 noon in the region. He asked what was being done to improve this. Dr Kapadia stated that the opening of the discharge lounge would help. He was satisfied that the systems in place would result in earlier discharges.

Dr Tunnicliffe confirmed that QGC have requested a paper on discharge at the next meeting.

Ms Day asked about the data being gathered in relation to the Patient Flow Centre. She also stated that when she visited Kidderminster in mid-December, she was surprised that more work was not being undertaken there. Mr Brennan confirmed that the data analysis was being undertaken but was taking longer than had been anticipated. He has also asked the Health and care trust and Social Care for a view. He has also arranged to visit Kidderminster with a view to understanding how the site can be better utilised. He will report back to the board on this issue.

**ACTION: Mr Brennan to review the utilisation of Kidderminster Hospital and report back to the Board**

Mr Oosterom praised the format of the paper and how small changes could make a big impact.

**Resolved that:**

The Board:

- Noted the report
- Approved Increase of winter funding by £1.2m

129/18

**ASSURANCE REPORTS FROM COMMITTEES**

129/18/1

**Audit and Assurance Committee Report**

**RESOLVED that:**

The Board

- Noted the report for assurance.

129/18/2

**Charitable Funds Committee Report (the Board acting as Corporate Trustee)**

**RESOLVED that:**

The Board, as the Corporate Trustee,



- Noted the report
- Approved the revised terms of reference

129/18/3      **Remuneration Committee Report**

**RESOLVED that:**

The Board

- Noted the report for assurance.

**DATE OF NEXT MEETING**

The next Public Trust Board meeting will be held on Thursday 14 February 2019 at 10:00 in the Board Room, Alexandra Hospital, Redditch .

Sir David expressed his thanks to all staff who have worked exceptionally hard over the last few weeks.

The meeting closed at 12:38 hours.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Sir David Nicholson, Chairman**

## WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

## PUBLIC TRUST BOARD ACTION SCHEDULE – FEBRUARY 2019

## RAG Rating Key:

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

Meeting Date	Agenda Item	Minute Number (Ref)	Action Point	Owner	Agreed Due Date	Revised Due Date	Comments/Update	RAG rating
9-01-19	Patient Story	119/18	Follow up the following actions: <ul style="list-style-type: none"> <li>• Eye Care Liaison Officer</li> <li>• The time between diagnosis and initial treatment</li> <li>• The lack of information for patients of services within the Community.</li> </ul>	VM	Mar 2019		Actions have been sent to the Division for an update.	
9-01-19	IPR	127/18/2	Present a paper on mortality covering <ul style="list-style-type: none"> <li>• An outline of the issues and the challenges the Trust faces</li> <li>• An explanation of the top 3-4 issues identified by the medical examiners and the actions taken as a result</li> </ul>	SK	Mar 2019			
9-11-18	FTSU Guardian	99/18/4	FTSU guardian and champions to attend TB	KS			Programmed for May 2019.	
9-01-19	Patient Story	119/18	Write to staff at Kidderminster in relation to the patient story	KS	Jan 2019		Email sent with thanks. Action closed.	

9-01-19	BAF/CRR	126/18	Share the graded risk matrix with Mrs Sharpe who will work with the Committees to develop the BAF by the next iteration.	BT/K S	Mar 20 19		Paperwork shared. Being reviewed as part of the BAF update. Action closed.	
9-01-19	Matters arising	123/18	Set up a digital strategy steering group	JR	Jan 2019		Completed. Action closed.	
9-01-19	Chairman's report	124/19	Appoint three NEDs to champion the Chairman's objectives	DN	Feb 2019		Completed. Action closed.	
9-01-19	CEO report	125/18	Review the structure for the delivery of the operational plan for 19/20.	MH	Feb 2019		Completed. Action closed.	
9-01-19	IPR	127/18/4	Review the bank and agency controls and present to P&C	TR	Feb 2019		Transferred to P&C. Action closed.	
9-01-19	Service reconfiguration	128/18	Review the utilisation of Kidderminster Hospital and report back to the Board	PB			Within the strategy work. Action closed.	
9-01-19	IPR	127/18/2	Write to Mrs Bush on behalf of the board	KS (DN)			Completed. Action closed.	
9-11-18	CEO report	96/18	Explore applying for prostate cancer monies	PB	Jan 2019		Transferred to the Deputy CMO. Options being reviewed.	

Meeting	Trust Board
Date of meeting	14 February 2019
Paper number	C

## Integrated Performance Report – Month 9

For approval:		For discussion:		For assurance:	x	To note:	
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<b>Accountable Director</b>	Matthew Hopkins, Chief Executive		
<b>Presented by</b>	Vicky Morris, CNO Suneil Kapadia, CMO Paul Brennan, COO Jill Robinson, CFO Tina Ricketts, Director of People and Culture	<b>Author</b>	Steven Price – Senior Performance Manager

### Alignment to the Trust's strategic priorities

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

### Alignment to the Trust's goals

Timely access to our services		Better quality patient care		More productive services	x	Well-Led	
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### Report previously reviewed by

Committee/Group	Date	Outcome
People and Culture Committee	No meeting	
Quality Governance Committee	24 <sup>th</sup> January 2019	Limited Assurance
Finance and Performance Committee	28 <sup>th</sup> January 2019	Limited Assurance

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

Y

BAF number(s)

As noted in the IPR

**Assurance** in respect of: process/outcome/other (please detail) .....

<b>Significant assurance</b> <input type="checkbox"/> <i>High level of confidence in delivery of existing mechanisms/objectives</i>	<b>Moderate assurance</b> <input type="checkbox"/> <i>General confidence in delivery of existing mechanisms/objectives</i>	<b>Limited assurance</b> <input checked="" type="checkbox"/> <i>Some confidence in delivery of existing mechanisms/objectives</i>	<b>No assurance</b> <input type="checkbox"/> <i>No confidence in delivery</i>
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### Recommendations

The Board is asked to:

- Review the Integrated Performance Reports for Month 9.
- Seek assurance as to whether:
  - the risks of under-performance in each area have been suitably mitigated, and;
  - robust plans are in place to improve performance for the remaining months of 18/19.

Meeting	Trust Board
Date of meeting	14 February 2019
Paper number	C

### Executive Summary

The Integrated Performance Report (IPR) provides the Board Members with an update on the Trust's quality of care, operational and financial and workforce performance in Month 9 (December 2018) against priority metrics that form part of NHS I's Single Oversight Framework (SOF) and the Trust's own internal reporting priorities. The IPR has been updated since being reviewed by the Committees with the latest validated and unvalidated data available.

The IPR provides the Board with an overview of the key messages from each area, along with summary grids of performance and assurance reports from the three Committees. The NHS Constitutional standards are the Emergency Access Standard and Access to Elective treatment within 18 weeks.

### Background

NHS Improvement monitors the performance of NHS Trusts through the Single Oversight Framework. A series of metrics are used to assess providers' performance against the themes of the framework and potential support needs are considered accordingly. The IPR has gone through iterative updates over the last few months to bring together all the element of performance in order that the Board is sighted on the successes, areas for improvement forecasts for future performance.

### Recommendations

The Board is asked to:

- 1) Review the Integrated Performance Reports for Month 9.
- 2) Seek assurance as to whether:
  - a) the risks of under-performance in each area have been suitably mitigated, and;
  - b) robust plans are in place to improve performance for the remaining months of 18/19.

### Appendices

- 1) Trust Board IPR – M9 2018-19
- 2) Trust Board IPR Dashboards – M9 2018-19

# Trust Board

## Integrated Performance Report

December 2018  
Month 9

14<sup>th</sup> February 2019

Topic	Page Number
<b>1. Quality &amp; Safety</b>	
a) Q&S Key Messages	2 – 3
b) Q&S Summary Grid	4 – 5
c) QGC Assurance Report	6 – 8
<b>2. Financial &amp; Operational Performance</b>	
a) Finance Key Messages	9
b) Use of Resources Summary Grid	10
d) Operational Performance Key Messages	11
e) Operational Summary Grid	12 – 13
f) F&P Assurance Report	14 – 15
<b>3. People &amp; Culture</b>	
a) P&C Key Messages	16
b) P&C Summary Grid	17 – 18

# Quality & Safety | Key Messages

## Falls with harm

- The national average is 0.19 serious incident falls per 1000 bed days.
- The Trust's December performance is 0.08 serious incident falls per 1000 bed days (October 0.09 and November 0.17). Following on from the success of the NHSI Falls Prevention Collaborative carried out on both MAU's in 2018 which resulted in a reduction of falls, un-witnessed falls and an increase in consecutive fall free days, the Trust wide launch will commence at the beginning of February 2019.

## Medicine Incidents per 1,000 bed days

- National average is 4.69
- A reduction in reported incidents has occurred in December (4.11). Trust remains an under-reporter compared to other Trusts (4.25 and 4.41 for October and November 2018). Main areas for further improvement are the Emergency Department e.g. to reduce prescribing and administration errors including omissions and Evergreen by encouraging reporting by ward staff rather than relying on pharmacists. The introduction of Electronic Prescribing System in the forthcoming financial year(s) will reduce errors, although this improvement is reliant on a national funding bid.

## % of medicine incidents causing harm

- National average is 11.21%
- Currently reporting more incidents causing harm than national average however, reduction seen in December to 15.31% (17.17% and 21.57% reported for October and November 2018). Quality Improvement methodology will be used to identify actions and provide focus on medicine incidents causing harm e.g. time critical medicines.

## Infection Prevention and Control

- Clostridium difficile* infection 28 vs trajectory of 24 maximum: year-end target 31.
- E coli bacteraemia 55 vs trajectory of 37 maximum: year-end target 47.
- MSSA bacteraemia 19 vs trajectory of 9 maximum: year-end target 12.
- MRSA bacteraemia 0; though note the Trust has reported an MRSA contaminated blood culture which though non-attributable requires action.
- Actions planned to recover performance: New training programmes, audit and monitoring tools and launch of the key standards

## Mixed Sex Accommodation

- This performance indicator remained static from last month (54 against 52 in November) due to the on-going capacity challenges which continue to make stepping patients down from the intensive care environment very difficult.



## Quality & Safety | Key Messages (2)

### Fractured Neck of femur

- 86% of all patients with a fractured NOF were treated within 36 hours in December. If medically unfit patients are excluded this increases to 91%. The Trust target is for >85% of all patients with a fractured NOF to be treated < 36hrs and the national average is approximately 75%.
- Performance is expected to improve with the implementation of Golden Patients programme, Ambulatory Trauma Pathways, Quarterly audits and the Consultant on-call rota which will provide county-wide cover.

### Sepsis Screening and Treatment

- 83% of patients triggering a NEWS score to warrant sepsis screening received. Patients receiving antibiotics <1 hr was 81% and sepsis 6 compliance was 39%.
- Performance is expected to improve with continued focus on the sepsis program, the proposed expansion of the role of critical care outreach team and the provision of a sepsis nurse.

### Friends & Family Test

- Obtaining an increased level of response in ED, inpatients, outpatients and maternity remains a challenge. There are a number of initiatives in place including the use of FFT app and printed cards to generate a better response rate. However, the 'recommended rate' in all areas bar ED remains above 92% indicating that those who have responded experienced good quality care in our hospitals.

### Mortality Rate

- HSMR rolling average was 109.32 in **Jul-18**. Performance is moving further away from trajectory and the Trust remains an outlier for the 5<sup>th</sup> month in a row. Targeted reviews of respiratory infections group has been completed.
- If deaths from pneumonia and acute bronchitis are removed from the HSMR, the trust is no longer an outlier. There had been a peak in deaths in April and May 2018 consistent with peaks in 2016 and 2015 with the over 65 group was particularly at risk. The HSMR has returned to normal in recent months.
- the %crude mortality for November 2018 was 1.06% which is the lowest for this time of year since 2016.

### Complaints

- This KPI is back on track with a month end position of 81.08% of complaints responded to in 25 days for December 2018. Action to recover position from last month included: discretion with each division, ascertaining training requirements and reinforcing the process of responding to complainants via phone call within 5 days of receipt.

## Description

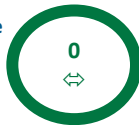
## How we did

## Trend

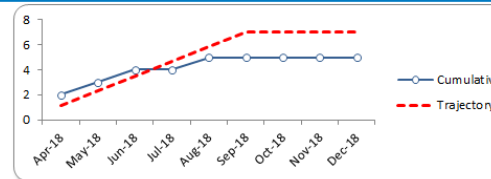
## Key actions

Are we preventing our patients from acquiring pressure ulcers?

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



There were no grade 3 hospital acquired pressure ulcers, and the Trust remains below trajectory.



Work continues to ensure improvements made via 'Stop the Pressure' collaborative is embedded. Appointment of Quality Improvement Matron to support wards.

January Target

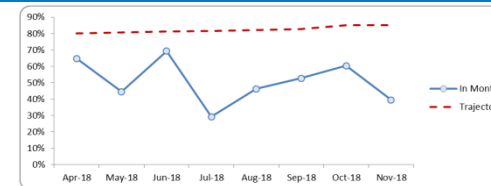


Are we ensuring that patients receive all elements of the sepsis 6 bundle?

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



Compliance with the sepsis 6 bundle remains significantly below target level. Of 66 patients requiring treatment within 1 hour, 40 did not receive it.

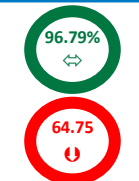


Proposed expansion of critical care outreach team and sepsis nurse provision.

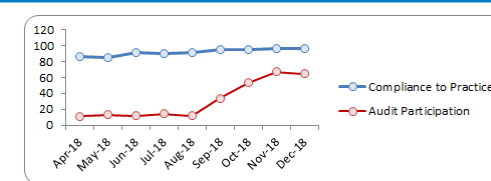


Are we maintaining the expected standards of hand hygiene?

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



Compliance is at the target level but participation in audit remains significantly below target level.



Disciplinary action for clinical staff transgressing hand hygiene policy. All medics to have completed IP Level 2 by end of Jan.

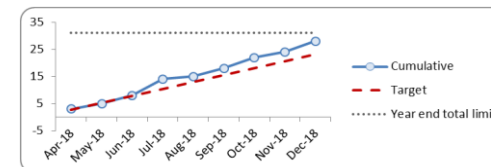


Are our patients at risk of contracting C.Difficile during their stay?

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



There were no confirmed cases of hospital acquired C. difficile in Dec18. The cumulative total of 24 continues to put the end of year target at risk.



Microbiologists to attend divisional governance meetings. Deputy DIPC role to be recruited to. Band 7 development programme underway.

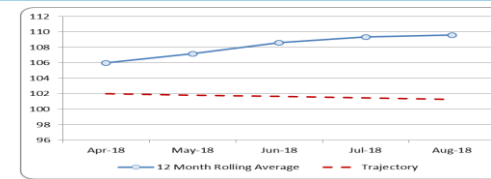


Are we reducing mortality for patients whilst under our care?

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



HSMR rolling average was 109.32 in Jul-18. Performance is moving further away from trajectory and the Trust remains an outlier for the 5<sup>th</sup> month in a row.



Targeted reviews of respiratory infections group is complete.

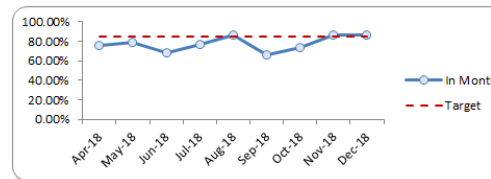


Are we treating our patients in the required timeframes?

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



The #NOF metric met target again in December



Golden Patients programme has been implemented. Quarterly audits scheduled. Consultant on-call rota now provides county-wide cover. Ambulatory Trauma Pathways in development.



	Description	How we did	Trend	Key actions	January Target
Risk	Are we reviewing risks to ensure patient safety?	<p>To reduce the number of risks overdue a review.</p> <p>169</p> <p>The average number of risks overdue for review each month between April and Dec 2018 is 152.</p>		Corporate Risk Register will be promoted and more effectively utilised in QGC. Increased focus during divisional RAIT meetings.	
	Are we managing risks to ensure patient safety?	<p>To reduce the number of overdue actions relating to risks.</p> <p>153</p> <p>The number of overdue actions has remained at over 100 since April 2018. The monthly average is 167</p>		Corporate Risk Register will be promoted and more effectively utilised in QGC. Increased focus during divisional RAIT meetings.	
	Are we providing a positive experience for Maternity / Inpatients?	<p>To improve the Recommended Friends &amp; Family Score for Maternity &amp; Inpatients</p> <p>98.6%</p> <p>95.2%</p> <p>Both Maternity and Inpatients achieved the target level of recommendation.</p>		Text messaging service review planned. Appointment of Quality Improvement Matron to support wards.	>=95%
Friends & Family Test	Are we providing a positive experience for Outpatients / ED?	<p>To improve the Recommended Friends &amp; Family Score for Outpatients &amp; ED</p> <p>92.5%</p> <p>78.3%</p> <p>Outpatients continues its upwards trend towards the standard but ED recommendations dropped in the same month</p>		Text messaging service review planned. Appointment of Quality Improvement Matron to support wards.	>=95%
	Are we providing a positive experience for Maternity / Inpatients?	<p>To improve the Response Rate for the Friends &amp; Family Test for Maternity &amp; Inpatients.</p> <p>25.1%</p> <p>16.0%</p> <p>Both Maternity and Inpatients response rates decreased in December</p>		Text messaging service review planned. Appointment of Quality Improvement Matron to support wards.	>=30%
	Are we providing a positive experience for Outpatients/ ED?	<p>To improve the Response Rate for the Friends &amp; Family Test for Outpatients &amp; ED.</p> <p>5.0%</p> <p>5.2%</p> <p>Both Outpatients and ED dropped in December and remain below target.</p>		Text messaging service review planned. Appointment of Quality Improvement Matron to support wards.	>=95%

# Quality Governance Committee Assurance Report

## Accountable Director

## Presented By

## Author

Dr Bill Tunnicliffe - Non-Executive Director

Bill Tunnicliffe - Non-Executive Director

Kimara Sharpe - Company Secretary

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

Y

BAF  
number(s)

1, 2,  
3, 9

## Level of assurance and trend

Significant assurance

Moderate assurance

Limited assurance

No assurance

X

## Executive Summary

The Committee met on 24 January. I was pleased with the clinical input which enhances the discussion at the meeting.

The items discussed were as follows:

**SQUID:** Once again, I would like to commend SQUID to members. We viewed the following metrics:

- Falls: there has been a slight decrease in the number of falls. The Committee was impressed with the multiagency review outlined at the last meeting and we have urged this methodology to be utilised. The extent of the information available on SQUID is impressive.
- Sepsis: The results show a significant improvement in the audits undertaken.
- Medical mandatory training: There is close liaison between the Information team and HR to ensure that this detail is on SQUID
- Letters and results: Progress has been made with the number of letters sent out in a timely manner. Some operational issues are being taken forward by the COO in relation to staffing. The number of results not viewed has also improved. There are issues in relation to induction and use of the IT system that need to be resolved.
- The CEO committed to the development of a clinical IT user forum as many issues related to operational IT.

**Proposed quality priorities for 2019/20:** A comprehensive report outlining the work undertaken with patients, carers and the public was presented. This was distilled into the Trust Quality Priorities for 2019/20. The Trust Management Executive (TME) had previously approved them for future development with the Divisions and QGC endorsed the priorities.

**Update on CQC actions:** The Committee received a detailed update on the RAIT tool, which I have previously reported on. Good progress is being made – I attended the RAIT meetings in January and seen the progress made and the commitment from the Divisions. The tool was used effectively after the inspection in the Emergency Department earlier this month.

**Quality Impact Assessment (QIA) – service reconfiguration:** This QIA was presented and concern was expressed about the timeliness of its development. However it was clear about the benefits to the Trust and patients. There was low risk associated with the overall reconfiguration. More detailed service QIAs will be presented to TME and by exception they will come to the Committee in future.

**Harm reviews:** A very detailed report on the number of harm reviews and the results of those reviews was presented by the divisions. It is clear that a lot of learning has been taken on board. Learning across divisions takes place at the harm review meetings.

# Quality Governance Committee Assurance Report

## Accountable Director

Dr Bill Tunnicliffe - Non-Executive Director

## Presented By

Bill Tunnicliffe - Non-Executive Director

## Author

Kimara Sharpe - Company Secretary

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

Y

**BAF  
number(s)**

1, 2,  
3, 9

## Level of assurance and trend

Significant assurance

Moderate assurance

Limited assurance

No assurance

X

## Executive Summary (cont.)

**‘Getting it right first time’:** The governance for this was presented and whilst the detailed reports will be presented to TME, QGC will receive reports by exception. The F&P Committee will also receive reports relating to the productivity benefit.

**Cessation of Head and Neck surgery:** This was presented to the last Board meeting in January.

**Infection Control update:** I am delighted that significant progress is being made with a clear grip on the issues by the new deputy Director of Infection Prevention and Control. She is introducing the standards as agreed by the clinicians and linking the attainment of standards to ward accreditation. The NHS Improvement local lead for infection control was also present and she expressed confidence in the approach as outlined.

**Discharge Planning:** The Committee received a report which was useful and stimulated a discussion about improving the whole patient pathway. An improvement plan will be developed by the COO which will look at the whole patient pathway. A timescale for this is currently being developed.

**CQC visit to the emergency department:** The CQC visited the emergency department on 14 January. Initial feedback was positive. The report is still awaited. This will not affect the Trust’s CQC rating.

**Mortality:** The report into pneumonia and respiratory deaths was presented. This showed no avoidable deaths, however it did show that there were opportunities to improve care. However, the mortality reviewers questioned whether some of the frail elderly patients should have been admitted. There were multiple comorbidities and end of life care could have been improved in more than 50% of patients. I remain concerned about the lack of clinical attendance at the mortality review group, but the group has been changed and reviewed and assurance was given to the commitment of the Divisional Medical Directors to ensuring attendance, It was agreed to present this report bi-monthly, with the Trust Management Executive considering the topic monthly. **Limited assurance**

Other items considered:

- Risk Management Group – revised terms of reference
- Work plan

# Quality Governance Committee Assurance Report

Accountable Director		Presented By		Author		
Dr Bill Tunnicliffe - Non-Executive Director		Bill Tunnicliffe - Non-Executive Director		Kimara Sharpe - Company Secretary		
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?				Y	BAF number(s)	1, 2, 3, 9
Level of assurance and trend						
Significant assurance		Moderate assurance		Limited assurance		No assurance
X						

Background
The Quality Governance Committee is set up to assure the Board with respect to the quality agenda.
Issues and options
None.
Recommendations
The Board is requested to receive this report for assurance.
Appendices
<ul style="list-style-type: none"><li>TB IPR Dashboards – M9 2018-19</li></ul>

# Finance | Key Messages

## Deficit

- In Month 9 the Trust is recording a pre Provider Sustainability Fund (PSF) deficit of £6.3m, which is £4.2m adverse to plan. Inclusion of PSF increases this adverse variance to £6m. The cumulative position is a £51.9m deficit against a plan of £35.6m, resulting in a £16.3m adverse variance. As a result of financial and operational performance the Trust has not been able to access PSF of £11.6m.

## Income

- Patient care income remains behind plan year to date in elective activity, driven by a combination of lower than planned activity volumes and a lower complexity of activity. Increased levels of Emergency activity continue. In December Emergency activity was 4% above plan.

## Expenses

- Pay costs increased in December, in line with forecast. The majority of the increase related to Nursing, in particular agency costs, driven by increased bed capacity aligned to the winter plan, sickness, and vacancy fill. Non pay expenditure reduced in month following a number of one off cost items (professional fees / SBS contract changes within Corporate that were reported in the November position.

## CIP

- Year to date, the CIP position has delivered £5.4m in improvements against a planned position of £11.4m. The key areas of slippage are in the workforce CIP and theatre productivity plans. Although elective activity has improved, slippage in recruitment of additional surgeons has impacted delivery of the expected financial improvement to date. This will be partially addressed through the extension of the locums and WLI into Quarter 4.

## Cash Balance

- The Trust continues to require cash support in line with the planned deficit. The variance to plan has increased the level of cash support required and the Trust continues to work closely with NHS Improvement to ensure access to the cash required to maintain services.

## Forecast Update

- The Trust year end forecast was reviewed at both Finance & Performance Committee and Trust Board in December. The forecast indicated a outturn position of £72.5m deficit. Two key risks were identified related to the cost of winter and contracts. A further energy risk has recently been identified. Mitigating actions have also been developed, and work continues to finalise the financial impact of these. Achievement of the forecast remains a concern and continues to be closely monitored through regular review meetings with Divisions / Directorates.



# Use of Resources | Risk Rating Summary

	Metric Definition	How we did YTD at M8	Risk Rating		Previous Month YTD	Full Year Plan (Forecast)
I&E margin rating	I&E surplus or deficit / total revenue.	(16.50%)	4	Adjusted financial performance deficit of <b>£39,017k</b> (£39,017 / total operating income £236,644= <b>(16.50%)</b> ).	4	4
I&E margin: distance from financial plan	YTD actual I&E surplus/deficit in comparison to YTD plan I&E surplus/deficit.	(7.20%)	4	I&E margin YTD actual of <b>(16.50%)</b> less I&E margin YTD plan of <b>(9.30%)</b> = <b>(7.20%)</b> .	4	1
Liquidity rating (days)	Measures the days of operating costs held in cash, cash-equivalent and liquid working capital forms.	(67.687)	4	Working Capital of (£82,591) / YTD Operating Expenditure of £261,119 multiplied by the number of YTD days (214) = (67.687).	4	4
Capital service cover rating	Degree to which the organisation's generated income covers its financing obligations.	(2.212)	4	Revenue available for capital service (£24,464k)/ capital service <b>£11,062k</b> = <b>(2.212)</b>	4	4
Agency rating	Total agency spend compared to the agency ceiling.	(15.15%)	2	Total agency spend of <b>£11,615k</b> less agency ceiling of <b>£10,087k</b> / divided by agency ceiling of <b>£10,087k</b> = <b>(15.15%)</b> .	2	1

# Operational Performance | Key Messages

## 2WW Cancer

- Trust level performance remains above operational standard though deterioration expected in January due to reduced December capacity resulting in additional patients needing to be seen.
- Lung 2WW is expected to improve from January due to recent recruitment of consultant.

## 2WW Breast Symptomatic

- Trust level performance remains above operational standard with 4 of 135 patients waiting longer than two weeks to be seen by a specialist for symptomatic breast cancer.

## 62 Day Cancer

- 62 day performance is not showing signs of recovery and 7 specialties continue to fall short of the operational standard.
- Limited resources and a growing backlog is contributing to on-going poor performance in Urology with 50% of the 104 day breach cohort attributable to Urology.
- Most patients waiting 104 days have either been delayed due to tertiary centres or patient choice.
- A plan to achieve the 62 day standard in June 2019 along with a trajectory from February to June 2019 will be presented to the TME for approval on the 27th February

## EAS 4 Hours

- Performance declined in December to 71.04%. The ALEX saw an additional 271 patients and a decline of 9.2% EAS.
- 35% of reportable 12 hour trolley breaches across all UK Trusts in December were attributable to WHAT
- 60 minute ambulance handover breaches were a significant concern in December. 33% of all WMAS handover delays were attributable to WAHT

## RTT

- The Trust has maintained zero 52 week breaches for the sixth consecutive month though overall performance dropped to 80.14% from 81.47% in November, with an increase of 240 patients waiting over 18 weeks for treatment compared to the previous month.

## Diagnostics

- 91.89% of patients received a diagnostic text within 6 weeks of referral. The 8.11% who did not, equates to 634 patients and 66% of these patients are waiting for an endoscopy. Deterioration in performance was due to lost capacity resulting from the holiday period and loss of insourcing capacity supporting the Endoscopy service during December.

## Description

## How we did

## Trend

## Key actions

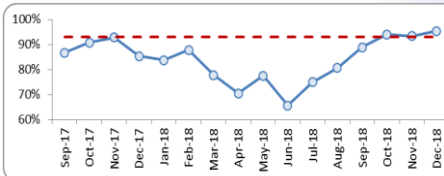
## What trajectory are we aiming for in January?

Did we see urgent cancer patients quickly?

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

95.38%

We saw 95.38% of our cancer patients within 2 weeks. **83 patients** waited longer than 2 weeks.



Continue with daily monitoring, recovery plans, maintain additional capacity where required, drawing .

93.0%

### FORECAST STATUS

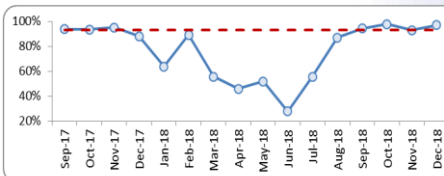
DECLINE STABLE IMPROVE

Did we see patients with potential breast cancer quickly?

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

97.04%

97.04% of patients were seen within 2 weeks. Only **4 patients** waited longer than 2 weeks.



Increased week and weekend slots, enhanced consultant radiology cover.

93.0%

### FORECAST STATUS

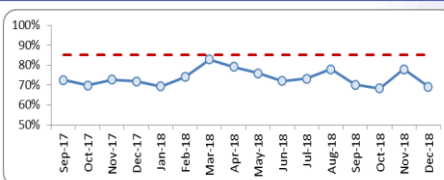
DECLINE STABLE IMPROVE

How quickly did we start treating cancer patients?

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

69.20%

69.20% of patients started treatment within 62 days. **44.5 patients waited longer before starting treatment.** There were **30 patients** still waiting 104 days or more for treatment at the end of the month.



Cancer pathways continue to be reviewed. On-going discussion with Tertiary Centres to reduce patients delays. Recruitment to vacant consultant posts and investigate use of independent sector.

80.0%

### FORECAST STATUS

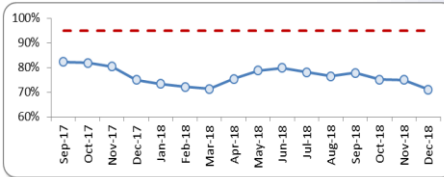
DECLINE STABLE IMPROVE

Are we seeing patients with an emergency within 4 hours?

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

71.04%

The Trust performance was 71.04% with **4,428 patients** breaching the 4 hours standard and **99 patients** waiting 12+ hours to be admitted. WRH achieved 56.01% (U) and ALX 62.88% (U) against the EAS standard



Review impact of GP streaming pilot at ALX, recalibration of MAU in response to Avon 5 opening, on-going work to embed Frailty Assessment Unit. Additional medical staff to be deployed to ALX. Cease use of surge areas.

85.0%

### FORECAST STATUS

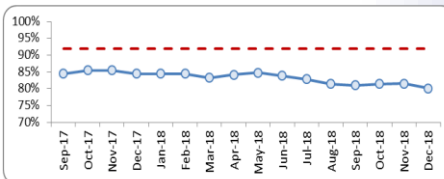
DECLINE STABLE IMPROVE

Did we start treatment within 18 weeks?

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

80.14%

80.14% of patients are waiting less than 18 weeks for treatment. **6,891 patients have been waiting longer than 18 weeks**, there are no patients waiting **52 weeks or longer** and the 40-51 cohort increased to 427 from 339.



Targeted improvements in all milestones: 6ww to first OPA; Diagnostic; 6ww to TCI; FUN ratio; DC rates; LOS; Theatre utilisation

83.36%

### FORECAST STATUS

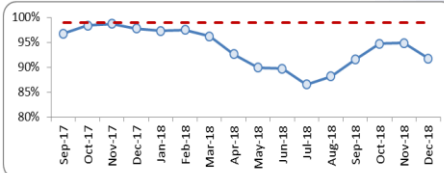
DECLINE STABLE IMPROVE

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

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

91.89%

91.89% of patients requiring a diagnostic test were waiting less than 6 weeks for their test. **8.11%** were waiting 6 or more weeks; **that's 634 patients.**



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

96.1%

### FORECAST STATUS

DECLINE STABLE IMPROVE

What trajectory are we aiming for in January?

Stroke

## Description

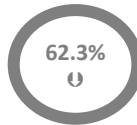
## How we did

## Trend

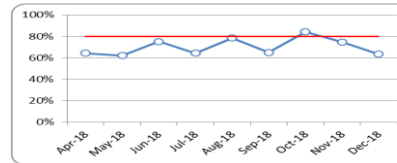
## Key actions

Are stroke patients spending enough time on the specialist ward?

At least 80% of patients should spend 90% of their stay on the stroke unit.



38 out of 61 patients spent at least 90% of their time on the stroke ward. **23 patients spent less than 90% of their stay on the ward.**



- IRMER training for stroke clinical nurse specialists.

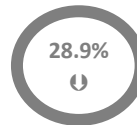
93.0%

FORECAST STATUS

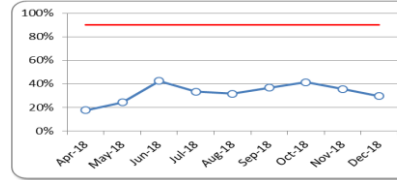
DECLINE **STABLE** IMPROVE

Are we directly admitting stroke patients to the specialist ward?

At least 90% of patients should be directly admitted to the stroke ward.



Only 11 of 38 patients were admitted to the stroke ward within 4 hours.



- Recruit 2 more consultants

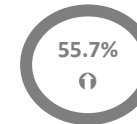
93.0%

FORECAST STATUS

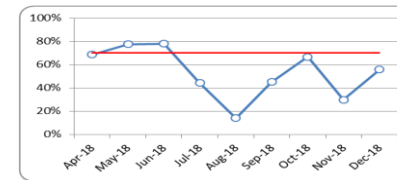
DECLINE **STABLE** IMPROVE

Are stroke patients seen quickly in specialist clinic?

At least 70% of patients should be seen in TIA clinic within 24 hours.



39 of 70 patients were seen in the TIA clinic within 24 hours. **31 patients were not.**



- Early morning discharges.

- 24/7 CNS and

- Consultant Rota

- Protection of the HASU bed

- Lead Nurse to

- review Gen Med

- patients and

- transfer as

- appropriate to

- create capacity

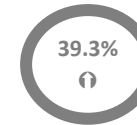
85.0%

FORECAST STATUS

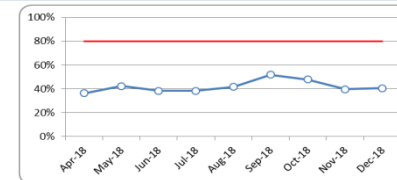
DECLINE STABLE **IMPROVE**

Are we scanning stroke patients soon enough?

At least 80% of patients should receive a CT scan within 1 hour of arrival.



Only 24 of 61 patients had their CT scan within 60 minutes. **More than half waited longer than 1 hour.**



85.0%

FORECAST STATUS

DECLINE **STABLE** IMPROVE

# Finance & Performance Committee Assurance Report

## Accountable Director

## Presented By

## Author

Richard Oosterom - Non-Executive Director

Richard Oosterom - Non-Executive Director

Kimara Sharpe - Company Secretary  
Katie Osmond, Assistant Director – Finance

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

Y

BAF  
number(s)

4, 5,  
6, 7

## Level of assurance and trend

Significant assurance

Moderate assurance

Limited assurance

No assurance

X

## Executive Summary

The Committee met on 28 January 2019.

**Financial performance report month 9:** As at month 9 the Trust reports a YTD cumulative pre Provider Sustainability Fund (PSF) deficit of £51.9m against a £35.6m planned deficit, resulting in a £16.3m adverse variance against plan. Inclusion of PSF (£11.6m adverse) increases the adverse variance to £27.9m. The detail was discussed within the meeting. Concern was expressed about the continued high amount of agency costs in December. This was due to planned winter surge capacity, sickness, non-delivery of CIP and the use of tier 2. There was a deficit of £63k against the forecast run rate for the month. The quality of the forecast remains a concern; and will be monitored month by month. It was clear that the contract management risks were being mitigated through dialogue with the Commissioners. Assurance was given about the Trust achieving the revised forecast outturn, with the biggest risk being the Malvern View lease, which is dependent on an external body. The aim is still to complete this by the end of the financial year.

**Loan position:** The Committee agreed to support the Chief Executive in cascading information across the Trust in relation to Trust borrowings and the financial position. The overall borrowing position for the Trust as at March 2019 will be £275.6m. There is a national review taking place in respect of the Trust financing regime.

**Operational Plan 2019/20:** The Committee was concerned that the delivery of the £58.6m control total would require an additional £14m cost improvement plan (CIP) above the £22.5m / 5% already targeted. Members agreed that the Trust at this point in time cannot sign up to the control total. It was also agreed to discuss the financial deficit figure with NHS I colleagues. There are several minor service developments in train, in addition to a significant investment the Trust will need to make to resource additional bed capacity to address the capacity shortfall. The Committee noted that the business case for additional capacity would be presented separately. The CIP is being developed with the divisions and it was clear that this is a robust approach. The CIP will be embedded into baseline budgets from 1 April. The Committee was assured about the process being undertaken with respect to the CIP development. However I am concerned that:

- the size of the opportunity funnel will not lead to £22.5M CIP target,
- the time left to develop the CIP programs into such a level that it will allow us to include it completely into the divisional budgets is not sufficient
- we lack the level of support (quality and quantity) needed to develop a high quality Operational Plan/Budget, which is being addressed by the TME.

**Capital:** The Trust is predicted to break even for the capital budget, and continues to await NHSI confirmation of any capital loan allocation.

**Integrated performance report:** The Trust achieved two week waits and breast symptomatic two week waits. However other metrics were not achieved including the emergency access 4 hour standard, diagnostics and 62 day cancer standard. The ambulance handover is high as are the 12 hour breaches. This is of great concern. The Chief Operating officer will give extra attention to staff adhering to agreed rules and come up with a realistic improvement trajectory for the main metrics. The impact of the service changes appears initially to have increased the length of stay at the Alexandra Hospital, which is being scrutinised by the Chief Operating Officer.

# Finance & Performance Committee Assurance Report

## Accountable Director

Richard Oosterom - Non-Executive Director

## Presented By

Richard Oosterom - Non-Executive Director

## Author

Kimara Sharpe - Company Secretary  
Katie Osmond, Assistant Director – Finance

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

Y

**BAF  
number(s)**

4, 5,  
6, 7

## Level of assurance and trend

Significant assurance

Moderate assurance

Limited assurance

No assurance

X

## Executive Summary (cont.)

**Electronic Prescribing and Medicines Administration business case:** The Committee recognised that this is an essential tool for the quality and safety of patients. However the Committee supported the decision made at TME that more work was required on the business case in respect of the capital, revenue and the staff savings. The Committee would support the Board to submit a letter to support the application for wave 2 capital funding.

**PFI contract monitoring:** This paper outlined a structure for engaging with the PFI contractor. It also provides clearer escalation to senior management. There is recognition that there are issues in respect of the PFI contract management and this structure will support the Trust in taking this forward. The Committee supported the proposals which had been agreed by the Trust Management Executive.

**Hard Services deed of variation agreement with the PFI:** This was supported by the Committee and was considered by the Board at its meeting on 31 January. Going forward it will not be acceptable to approve an agreement made and implemented two years after the fact.

The Committee received the following documents:

- Update on PFI managed equipment services
- Reference costs
- Breast screening business case – progress was noted.

## Background

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

## Issues and Options

None.

## Recommendations

The Board is requested to receive this report for assurance.

## Appendices

- TB IPR Dashboards – M9 2018-19

# People & Culture Performance | Key Messages

## Job Plans

- The job plan compliance rates have reduced by 4% overall this month primarily due to the expiry of Paediatric job plans which were previously 100%. Consultant compliance has declined by 6% to 56%, and SAS Doctors compliance has declined by 3% to 39%. The Trust is below average for the completion of job plans which is being addressed through the Allocate suite of solutions which will see team job planning completed for all specialities by 31st March 2019 with individual job plans updated by 30th September 2019.

## Appraisals/ PDR's

- There has been slight improvement in both the medical and non-medical appraisal rates this month. Non-medical compliance has improved by 2% to 77% and medical by 1% to 81%. Divisional action plans to improve compliance are monitored through the monthly performance review meetings. This is a steady improvement from the position at 31st March 2018 when according to Model Hospital the Trust was in the 1st (worst) quartile with a PDR rate of 66% compared to the national average of 83% at that time.

## Mandatory Training

- The Trust continues to see improvement in the compliance rates for mandatory training and has now reached overall performance of 83% across all 11 topics at all 33 levels. The national average on Model Hospital as at 31st March 2018 was 89% and we were at the 2nd quartile at that time.

## Sickness Absence

- Sickness absence rates have increase by 0.21% this month to 4.5% compared to 4.58% at the same period last year. Cumulative sickness rate for the 12 months remains at 4.15% which is 0.02% lower than the same period last year. Asset Management and Women and Children's Divisions have the highest rates and are being supported by HR to undertake back to work interviews and formal sickness absence management meetings. We were in the 3<sup>rd</sup> quartile for sickness absence on Model Hospital as at August 2018 with 0.02% above the national average at that time.

## Turnover

- The overall staff turnover rate is higher than this time last year and slightly above our local target at 12.43%. Turnover for healthcare assistant and clinical support workers has reduced slightly this month but is still of concern. This is being addressed through the Nursing, Midwifery and AHP workforce group. Compared to Model Hospital our monthly turnover rate was in quartile 2 as at August 2018 and was the same as national average at 0.90%. However, this has deteriorated since then to 1.17% due to increase in leavers.



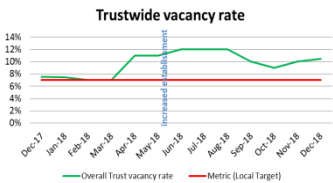
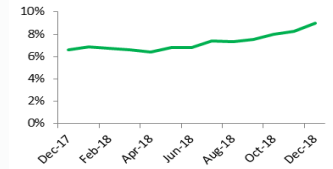
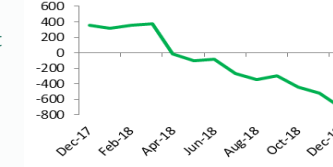

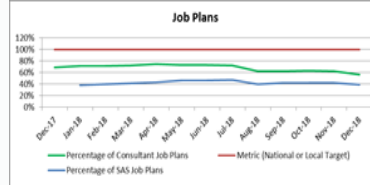
Description	How we did	Trend	Key actions	
<b>Staff Friends and Family Test Results</b> National quarterly measure of whether staff would recommend Trust for treatment (T) or work (W)	70% (T) 61% (W)		Improve culture, retention and staff experience so that staff report higher satisfaction.. Prepare Communication for staff and an action plan once the results of the 2018 Staff Opinion Survey are published.	Improved position to National average – 81% (T) & 64% (W)
<b>PDR Compliance</b> All staff should have an annual appraisal/PDR. Separated into Medical (M) and Non-Medical (NM)	81% (M) 77% (NM)		Divisions to continue to be held to account. ESR also automatically notifies staff and managers of expiry dates.	80% against 85% target
<b>4ward pulse check results</b> Summary of results from 4 ward Programme	42% participation 28% net culture		Communications plan in development to reduce the impact of the fall in net culture score due to changed algorithm which reflected “unable to score” and “did not participate” rates..	Improving response rate and net culture score
<b>Sickness absence rates</b> Sickness absence rates measured against National average on Model Hospital	4.50%		Sickness absence to continue to be managed through Divisions with support from HR business partners.	4.25%

Key to rag rating:

Green - target met;

Amber – on track or close to target;

Red - target missed

4ward		Month 9 (Dec-2018) Skilled Workforce Summary				NHS Worcestershire Acute Hospitals NHS Trust	
	Description	How we did		Trend	Key actions		
Vacancy Rates	Vacancies against funded establishment compared to 7% Trust local target	10.48%	Vacancy rate has increased by 0.48% from 10% which is due to increased leavers this month		Implementation of Allocate suite of solutions will give greater transparency of vacancy position. Business case for centralised recruitment to improve governance and timelines. Winter Recruitment Plan developed	What are we aiming for in Jan? 10%	
Agency as a % of gross payroll cost	Agency spend as a percentage of total substantive and temporary pay spend	8.98%	Agency spend increased in December and was 8.98% of the total pay costs. Agency spend was above forecast as the forecast assumed agency costs would represent 6.58% of total pay costs.		The FRP plan is to improve quality and safety through recruitment of substantive clinical staff.	4.65% (Forecast)	
Agency spend v NHSI ceiling	NHSI set the Trust an annual agency expenditure ceiling of £17.3m	(£697k)	Agency staffing costs of £2,138k in month is an increase of £179k on last month and is £697k above the monthly NHSI agency ceiling. Agency costs are above the Trusts internal plan.		As part of the FRP the Trust is strengthening controls across all staff groups requesting agency and engaging with agency suppliers to ensure compliance with capped rates.	Need to reduce run-rate	
Training compliance (statutory, mandatory, and essential to role)	All staff are required to undertake Mandatory training at the appropriate level assigned by leads in 11 topics	83%	Compliance has increased by 2% across all levels this month. Only 3 of the 33 topic levels have declined and all clinical divisions have improved by between 1-3%. The Corporate Division has stayed the same at 85%.		Divisions being held to account for their staff compliance.. The last part of the SGC2 and SGC eligibility changes will credit staff who have completed L3 but eligibility changed to L2 which should improve compliance.	85%	
Percentage of up to date job plans	All consultants are required to have an annual job plan review	56%	Compliance has declined by 4% this month: 6% for Consultants and 3% for SAS doctors. The expiry of Paediatric Job plans which were previously at 100% has impacted on performance.		Early Implementers have commenced upload of job plans to Health Medics rostering system. Work on Team job planning has commenced.	60%	

Key to rag rating:

Green - target met;

Amber – on track or close to target;

Red - target missed



# Worcestershire Acute Hospitals NHS Trust

## Quality Metrics Overview



Reporting Period: December 2018

SAFE																								
Area	Indicator Type	Indicator		Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Current YTD	Prev Year	2018/19 Tolerances			SRO	Data Quality Kite mark	
																			On Target	Of Concern	Action Required			
Incidents	Local	QPS3.3	Number of overdue SIs	5	4	1	1	4	0	0	0	0	0	0	0	0			0	-	>0	CMO		
Falls	Local	QPS6.6	Falls: Total Falls Resulting in Serious Harm (In Month)	2	0	1	2	2	1	2	2	2	4	2	4	2	21	24	<=1	-	>=2	CNO		
VTE	National	QPS11.1	VTE Risk Assessment (as recorded in Bluespир and OASIS)	89.91%	92.47%	91.98%	90.97%	93.74%											>=95%	94% - 94.9%	<94%	CMO		
	National	QPS11.2	VTE Risk Assessment (as recorded in OASIS only - Aug-17 onwards)						95.13%	94.35%	95.51%	94.67%	94.07%	95.14%	95.33%	92.70%			>=95%	94% - 94.9%	<94%	CMO		
Never Events	National	QPS4.1	Never Events	0	0	0	0	0	0	0	0	0	0	1	1	0	2	2	0	-	>0	CMO		
Pressure Ulcers	Contractual	QPS7.5	Pressure Ulcers: New Pts. with Hosp. Acq. Grade 3 Avoidable (Monthly)	1	2	2	2	2	1	1	0	1	0	0	0	2	7	17	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	0	0	-	>=1	CNO		
Infection Control	National	QPS12.1	Clostridium Difficile (Monthly)	0	3	1	3	3	2	3	6	1	3	4	2	4	28	33	17/18 Threshold <= 32 18/19 Threshold <= 31			CNO		
	National	QPS12.4	MRSA Bacteremia - Hospital Attributable (Monthly)	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	-	>0	CNO		
	National	QPS12.131	MRSA Patients Screened (High Risk Wards Only) - Elective	97.6%	95.1%	98.8%	97.3%	96.8%	95.5%	95.6%	97.7%	97.8%	96.5%	95.5%	93.9%	95.48%	1		>=95	-	<95%	CNO		
	Contractual	QPS12.14	Ecoli Cases (Trust Attributable)	4	3	3	4	5	5	6	6	7	3	5	6	12	55	62	-	-	-	CNO		
C-Sections	Contractual	MCS1.2	Emergency Caesareans	17.20%	18.10%	18.90%	15.40%	12.60%	14.10%	12.10%	14.00%	16.20%	15.70%	20.00%	17.00%	16.20%	15.32%	16.14%	<=15.2%			>15.2%	CNO	
Sepsis 6	National	QEF3.4	% of patients receiving all elements of the sepsis 6 bundle within 1 hour (wards)	0%	0%	0%	0%	65%	44%	69.23%	29.17%	46.15%	50.00%	64.44%	39.39%	0.00%			>=80%	-	< 80%	CNO		
Hand Hygeine	Local	QEF3.5	Hand Hygiene Compliance to Practice	0.00%	0.00%	77.38%	88.58%	86.59%	85.55%	91.29%	89.96%	91.48%	95.02%	95.66%	96.79%	96.79%			>=95%		<95%	CNO		
	Local	QEF3.6	Hand Hygiene Audit Participation	0.00%	0.00%	0.79%	6.30%	11.38%	13.82%	12.20%	14.63%	12.20%	34.96%	56.10%	68.85%	64.75%			100%		<100%	CNO		

EFFECTIVE																							
Mortality	National	QPS9.81	Mortality - HSMR - All Diagnostic Groups - rolling 12 months (HED)	104.42	104.67	104.52	104.15	106.03	107.23	108.69	109.42	109.57	0.00	0.00	0.00	0.00	-	-	<=100	-	-	DPS	
	National	QPS9.1	Mortality - SHMI - inc. deaths 30 days post discharge - rolling 12 months (NHS Digital)	104.76	0.00	0.00	105.84	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	-	-	-	-	-	DPS	
	National	QPS9.23	% Primary Mortality Reviews returned within 30 days of issue (from month assigned)	18.13%	56.28%	52.59%	45.11%	34.16%	58.62%	51.46%	57.24%	58.18%	52.17%	59.89%		0.00%			>=60%	-	<60%	DPS	
	National	QPS9.26	% Completed PMRs (includes > 30 day completion)	70.65%	76.95%	77.44%	77.29%	78.68%	80.78%	81.10%	81.77%	82.18%	82.59%	82.51%		0.00%			-	-	-	DPS	
EMSA	National	QEX3.1	EMSA - Eliminating Mixed Sex Accommodation	59	50	39	32	55	62	62	55	45	55	50	52	54	490	487	0	-	>0	CNO	
NOF	National	QEF3.1	Hip Fracture - Time to Theatre <= 36 hrs (%)	81.33%	80.95%	80.65%	81.48%	75.86%	79.10%	68.52%	76.56%	86.54%	66.18%	73.53%	86.67%	86.27%	0	81.4%	>=85%	-	<85%	CMO	
	National	QEF3.2	Hip Fracture - Time to Theatre <= 36 hrs (%) - Excl. Unfit/Non-Operative Pts	92.42%	94.44%	94.34%	89.80%	86.27%	84.13%	84.09%	87.50%	93.75%	70.31%	80.65%	88.14%	91.67%	0	91.9%	>=85%	-	<85%	CMO	
Audits	Local	QR1.9	% Of NICE assessments completed within 12 weeks following publication	85.0%	82.0%	84.0%	85.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	>95%	20% - 94%	<20%	CNO	
	Local	QR1.16	% of NICE assessments completed within 10 weeks (8 weeks wef 1/9/18, 6 weeks wef 1/4/19)	0.0%	0.0%	0.0%	0.0%	46.2%	74.6%	81.7%	79.4%	80.0%	84.0%	89.00%	90.00%	89.73%	0%	0	>=85%	84%- 75%	<75%	CMO	
	Local	QR1.13	Complete an annual programme of local clinical audit	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%	2.0%	5.0%	9.0%	19.0%	22.0%	28.0%	32.0%	0%	0	>=60%	59%- 50%	<50%	CMO	
	Local	QR1.14	Participate in all relevant national clinical audits that the trust is eligible to participate in.	0.0%	0.0%	0.0%	0.0%	94.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.00%	95.00%	95.00%	0%	0	>=94%	93-90%	<90%	CMO	

\* NCEPOD - currently not active as no reports are due

PATIENT EXPERIENCE																							
Friends & Family	National	QEX2.1a	Friends & Family - A&E (% Recommend)					80.13%	80.35%	81.46%	73.93%	78.68%	81.35%	81.70%	83.52%	78.27%	-	-	>=95%	85% - 94%	<85%	CNO	
	National	QEX2.2	Friends & Family - A&E (Response Rate %)	3.54%	1..3%	6.10%	3.59%	6.64%	5.72%	6.00%	4.86%	5.67%	4.12%	6.30%	6.83%	5.19%	5.69%	-	>=20%	-	<20%	CNO	
	National	QEX2.61a	Friends & Family - Acute Wards (% Recommend)					96.27%	94.45%	94.49%	94.14%	93.65%	92.90%	93.16%	95.47%	95.18%	-	-	>=95%	85% - 94%	<85%	CNO	
	National	QEX2.62	Friends & Family - Acute Wards (Response Rate %)	5.18%	6.79%	9.30%	5.65%	7.51%	8.69%	17.46%	19.33%	18.26%	16.99%	18.29%	20.30%	16.00%	16.00%	-	>=30%	-	<30%	CNO	
	National	QEX2.7a	Friends & Family - Maternity (% Recommend)					98.68%	98.26%	97.25%	98.60%	95.98%	97.13%	97.88%	99.18%	98.59%	-	-	>=95%	85% - 94%	<85%	CNO	
	National	QEX2.8	Friends & Family - Maternity (Response Rate %)	19.61%	34.04%	34.93%	19.14%	30.18%	26.56%	22.38%	27.99%	35.97%	21.76%	29.42%	29.37%	25.09%	27.38%	-	>=30%	-	<30%	CNO	
	National	QEX2.10a	Friends & Family - Outpatients (% Recommend)					92.46%	92.51%	90.79%	92.17%	91.40%	91.01%	92.36%	93.32%	92.48%	-	-	>=95%	85% - 94%	<85%	CNO	
	National	QEX2.11	Friends & Family - Outpatients (Response Rate %)	1.70%	3.67%	5.69%	4.13%	4.72%	3.76%	3.65%	3.80%	4.60%	4.21%	5.11%	5.48%	5.04%	4.76%	-	>=10%	-	<10%	CNO	
Complaint Management	Local	QEX1.24	Formal Complaints - Received In Month	31	62	52	56	55	61	44	58	50	49	56	47	45	465	607	-	-	-	CNO	
	Local	QEX1.37	Formal Complaints - % responded within 25 days (closed in month)	43.18%	42.62%	54.24%	73.21%	76.36%	81.33%	82.00%	86.67%	90.77%	88.57%	76.09%	71.43%	81.08%	0.00%		>=80%	70-79%	<=69%	CNO	
	Local	QEX1.41	Formal Complaints - % of further concerns received	12.9%	5.0%	4.0%	0.0%	0.0%	3.0%	0.0%	0.0%	8.0%	0.0%	2.6%	2.1%	0.0%	0.00%		<10%	-	>=10%	CNO	

\* A new electronic mortality review system was introduced at the end on May - this means previous months are not comparable. PMR reporting is based on the month assigned and reported a month in arrears.

\*\* There has been a change in methodology for FFT - the 'score' now represents % recommended (where the response was either extremely likely or likely)

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**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: December 2018

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

Area	Indicator Type	Indicator		Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Current YTD	Prev Year	Tolerance Type	2018/19 Tolerances			SRO	Data Quality Kitemark
Waits	National	PW1.1.3	Proportion of patients referred for diagnostic tests who have been waiting for less than six weeks	97.73%	97.26%	97.46%	96.20%	92.63%	89.89%	89.69%	86.51%	88.13%	91.52%	94.68%	94.81%	91.89%			National	>=99%	-	<99%	COO	<div></div>
	National	CW3.0	RTT - Patients on an incomplete pathway (within 18 weeks)	84.45%	84.46%	84.46%	83.24%	84.15%	84.76%	83.86%	82.87%	81.45%	81.01%	81.36%	81.47%	80.14%			National	>=92%	-	<92%	COO	<div></div>
	National	CW4.0	RTT - Patients waiting 52 weeks or more for treatment	14	3	2	4	3	2	1	0	0	0	0	0	0			National	0	-	>=1	COO	<div></div>
A & E	National	CAE1.1a	4 Hour Waits (%) - Trust	74.98%	73.28%	72.12%	71.28%	75.34%	78.78%	79.80%	78.01%	76.37%	77.76%	75.02%	74.97%	71.04%	76.44%	78.91%	National	>=95%	-	<95%	COO	<div></div>
	Local	CAE2.1	12 hour trolley breaches	4	8	24	75	44	28	3	2	10	19	25	34	99	264	140	Local	0		0	COO	<div></div>
	National	CAE3.1	Time to Initial Assessment for Pts arriving by Ambulance (Mins) - 95th Percentile	41	56	58	59	68	47	40	51	68	73	94	65	102	67	-	National	<=15mins	-	>15mins	COO	<div></div>
	National	CAE3.2	Time to Initial Assessment for All Patients (Mins) - 95th Percentile	36	46	49	49	64	55	64	66	69	68	68	57	60	63	-	National	<=15mins	-	>15mins	COO	<div></div>
	National	CAE7.0	Ambulance Handover within 15 mins (%) - WMAS data	38.10%	33.30%	28.90%	28.60%	33.30%	36.70%	53.60%	51.00%	46.50%	43.90%	39.20%	43.80%	36.20%	42.80%	46.30%	National	>=80%	-	<80%	COO	<div></div>
	National	CAE8.0	Ambulance Handover within 30 mins (%) - WMAS data	75.00%	70.40%	67.40%	71.40%	73.80%	78.80%	85.70%	83.40%	80.30%	79.20%	76.20%	81.60%	71.50%	79.00%	81.20%	National	>=95%	-	<95%	COO	<div></div>
	National	CAE9.0	Ambulance Handover over 60 minutes - WMAS data	254	372	336	335	263	174	123	210	315	287	415	270	544	2601	1,992	Local	0		>0	COO	<div></div>
Cancer	National	CCAN1.0	2WW: All Cancer Two Week Wait (Suspected cancer)	85.42%	83.74%	87.79%	77.75%	70.48%	77.49%	65.62%	75.00%	80.58%	88.90%	93.96%	93.38%	95.38%	81.05%	80.63%	National	>=93%	-	<93%	COO	<div></div>
	National	CCAN2.0	2WW: Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	87.91%	63.64%	89.15%	55.65%	45.96%	51.76%	27.66%	55.68%	87.01%	94.20%	97.81%	93.02%	97.04%	68.61%	71.79%	National	>=93%	-	<93%	COO	<div></div>
	National	CCAN3.0	31 Days: Wait For First Treatment: All Cancers	97.55%	97.24%	97.11%	98.11%	97.39%	97.32%	98.80%	97.82%	98.15%	97.35%	96.73%	96.99%	97.37%	97.53%	97.63%	National	>=96%	-	<96%	COO	<div></div>
	National	CCAN7.0	62 Days: Wait For First Treatment From Urgent GP Referral: All Cancers	71.88%	69.39%	74.06%	82.93%	79.11%	76.01%	72.14%	73.30%	77.96%	70.26%	68.38%	77.65%	69.20%	73.75%	72.65%	National	>=85%	-	<85%	COO	<div></div>
	Local	CCAN7.2	62 Days: Wait For First Treatment From Urgent GP Referral: Breast*	86.96%	69.23%	90.91%	86.44%	87.50%	85.19%	86.67%	93.55%	89.74%	65.52%	91.49%	82.61%	87.88%	85.15%	88.59%	National	>=85%	-	<85%	COO	<div></div>
	Local	CCAN7.3	62 Days: Wait For First Treatment From Urgent GP Referral: Gynae*	76.92%	71.43%	0.00%	100.00%	81.82%	55.00%	60.00%	69.23%	90.00%	44.44%	84.21%	85.00%	42.86%	70.59%	74.12%	National	>=85%	-	<85%	COO	<div></div>
	Local	CCAN7.4	62 Days: Wait For First Treatment From Urgent GP Referral: Haematological*	77.78%	60.00%	60.00%	76.00%	71.43%	70.00%	75.00%	92.86%	77.78%	100.00%	83.33%	33.33%	50.00%	76.71%	78.71%	National	>=85%	-	<85%	COO	<div></div>
	Local	CCAN7.5	62 Days: Wait For First Treatment From Urgent GP Referral: Head & Neck*	11.76%	41.67%	26.67%	28.57%	100.00%	71.43%	10.00%	50.00%	20.00%	50.00%	0.00%	75.00%	25.00%	41.82%	28.79%	National	>=85%	-	<85%	COO	<div></div>
	Local	CCAN7.6	62 Days: Wait For First Treatment From Urgent GP Referral: Lower Gastro*	65.00%	54.55%	51.16%	80.00%	71.43%	70.00%	73.91%	76.19%	80.49%	89.66%	70.00%	82.05%	68.57%	75.13%	52.19%	National	>=85%	-	<85%	COO	<div></div>
	Local	CCAN7.7	62 Days: Wait For First Treatment From Urgent GP Referral: Lung*	58.82%	28.57%	53.85%	50.00%	57.14%	75.00%	75.00%	56.00%	66.67%	35.71%	52.17%	86.96%	0.00%	60.56%	56.08%	National	>=85%	-	<85%	COO	<div></div>
	Local	CCAN7.8	62 Days: Wait For First Treatment From Urgent GP Referral: Skin*	98.44%	91.18%	90.63%	97.30%	96.88%	100.00%	100.00%	87.14%	92.68%	83.33%	77.53%	94.38%	90.91%	90.96%	94.99%	National	>=85%	-	<85%	COO	<div></div>
	Local	CCAN7.9	62 Days: Wait For First Treatment From Urgent GP Referral: Upper Gastro*	76.67%	48.15%	66.67%	90.91%	57.14%	90.48%	53.85%	68.42%	85.71%	92.86%	52.94%	86.67%	55.56%	73.23%	67.03%	National	>=85%	-	<85%	COO	<div></div>
	Local	CCAN7.10	62 Days: Wait For First Treatment From Urgent GP Referral: Urological*	63.83%	78.48%	83.54%	83.33%	77.14%	59.68%	53.21%	56.86%	67.48%	57.89%	59.57%	59.79%	65.12%	61.26%	65.16%	National	>=85%	-	<85%	COO	<div></div>
	Local	CCAN7.11	62 Days: Wait For First Treatment From Urgent GP Referral: Other*	0.00%	-	-	-	33.33%	100.00%	100.00%	0.00%	100.00%	100.00%	-	50.00%	-	68.18%	56.10%	National	-	-	-	COO	<div></div>
	National	CCAN8.0	62 Days: Wait For First Treatment From National Screening Service Referral: All Cancers (Small numbers)	93.10%	76.00%	69.23%	71.43%	85.19%	85.19%	90.00%	90.70%	76.60%	73.21%	65.38%	78.26%	93.55%	80.81%	87.73%	National	>=90%	-	<90%	COO	<div></div>
	Local	CCAN12.0	62 Days waits: 62 day treatments waiting over 62 days	114	95	73	78	83	93	107	113	135	133	87	102	129							COO	<div></div>
	Local	CCAN10.0	104 Day waits : 62 day treatments waiting over 104 days	27	26	27	24	15	21	17	20	38	32	25	23	30							COO	<div></div>
	Local	CCAN11.0	Cancer Long Waiters (104+ Days) - treated in month	11.0	12.0	10.0	12.0	7.5	9.5	9.5	12.5	9.5	17.5	18.5	9.5	12.5	106.5	127.0	-	-	-	-	COO	<div></div>
Stroke**	Local	CST1.1	80% of Patients spend 90% of time on a Stroke Ward	50.0%	70.0%	59.3%	60.7%	64.3%	62.0%	73.1%	64.3%	78.5%	65.5%	84.3%	74.6%	62.3%	70.40%	1	Local	>=80%	-	<80%	COO	<div></div>
	Local	CST2.1	Direct Admission (via A&E) to a Stroke Ward	25.0%	32.4%	27.8%	27.3%	17.6%	24.4%	42.5%	33.3%	31.6%	38.7%	41.5%	35.7%	28.9%	33.00%	0	Local	>=90%	-	<90%	COO	<div></div>
	Local	CST3.1	TIA clinic within 24 hours	55.0%	77.2%	80.5%	85.0%	68.6%	77.6%	77.9%	44.2%	14.1%	45.2%	66.7%	29.9%	55.7%	56.20%	0	Local	>=60%	-	<60%	COO	<div></div>
	Local	CST4.0	CT scan within 60 minutes of arrival	21.9%	27.1%	37.9%	23.6%	36.4%	42.2%	38.3%	38.3%	41.6%	51.9%	47.8%	39.7%	39.3%	43.00%	34.90%	Local	>=80%	-	<80%	COO	<div></div>
Inpatients (All)	Local	PIN1.5	Bed Occupancy (Midnight General & Acute) - WRH	97.2%	98.8%	100.2%	99.9%	99.8%	98.8%	100.3%	98.3%	96.3%	98.4%	97.3%	98.0%	98.6%	97.4%		Local	<90%	90 - 95%	>95%	COO	<div></div>
	Local	PIN1.6	Bed Occupancy (Midnight General & Acute) - ALX	88.6%	92.3%	91.2%	91.7%	87.2%	87.2%	87.3%	88.1%	87.8%	89.5%	91.4%	92.1%	93.4%	89.4%	86.8%	Local	<90%	90 - 95%	>95%	COO	<div></div>
	Local	PIN2.3	Beds Occupied by NEL Stranded Patients (>7 days) - last week of month	44.44%	47.27%	44.30%	45.12%	40.20%	38.41%	41.18%	39.19%	37.41%	35.18%	41.04%	38.08%	43.91%	0	0	Local	<=45%	-	>45%	COO	<div></div>
	National	PIN3.1	Delayed Transfers of Care SitRep (Patients) - Acute/Non-Acute	54	51	38	25	36	35	40	25	31	27	23	39	28			Local	<30	-	>=30	COO	<div></div>
Elective	National	PIN3.2	Delayed Transfers of Care SitRep (Days) - Acute/Non-Acute	1127	1,160	876	923	830	803	713	617	840	622	523	885	575	6408		-	-	-	-	COO	<div></div>
	National	PEL3.1	Number of patients - 28 Day Breaches (cancelled operations)	16	38	15	19	36	19	34	8	25	16	30	37	25	230	-	TBC	-	-	-	COO	<div></div>
	National	PEL4.2	Urgent Operations Cancelled for 2nd time	1	1	0	1	0	1	1	3	2	1	0	2	1	11	7	National	<=0	-	>0	COO	<div></div>
Emergency	Local	PEM2.0	Length of Stay (All Patients)	4.5	4.8	5.0	4.9	5.2	4.6	4.6	4.4	4.5	4.5	4.3	4.3	4.5	4.5	4.6	Local	TBC	TBC	TBC	COO	<div></div>
	Local	PEM3.0	Length of Stay (Excluding Zero LOS Spells)	6.6	7.0	7.2	7.1	7.5	6.9	6.9	6.6	6.6	6.6	6.4	6.6	6.8	6.8	6.6	-	-	-	-	COO	<div></div>
Dementia	National	QEF1.1	Dementia: Find, Assess, Investigate and Refer (Pt 1 - Find)	95.5%	94.3%	91.5%	88.1%	89.9%	88.1%	85.5%	93.6%	94.9%	86.8%	97.9%	93.4%	96.8%	92.4%	94.1%	National	>=90%	-	<90%	CMO	<div></div>
	National	QEF1.2	Dementia: Find, Assess, Investigate and Refer (Pt 2 - Investigate)	95.6%	96.4%	93.5%	92.2%	93.4%	94.3%	90.5%	93.7%	93.1%	89.5%	93.3%	93.9%	94.9%	93.2%	92.4%	National	>=90%	-	<90%	CMO	<div></div>
	National	QEF1.3	Dementia: Find, Assess, Investigate and Refer (Pt 3 - Refer)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	National	>=90%	-	<90%	CMO	<div></div>

\* Cancer - this involves small numbers that can impact the variance of the percentages substantially.  
\*\* Stroke metrics are unvalidated for the current reporting month and are subject to change due to coding timeliness

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DATA FROM OLM - run 16 January 2019																			
Metric	Description	FUNDED	CONTRACTED	VACANCIES	TRUST TOTALS DECEMBER 2018	TRUST TOTALS NOVEMBER 2018	TRUST TOTALS FOR LAST YEAR DEC 2017	Asset Management and IT	Corporate	Specialty Medicine	Urgent Care	SCSD	Surgery	Women and Children	Central Trustwide	Data Source	Local Target or Model Hospital Benchmark (MHB)	Trend from last month	
Establishment	Funded Divisional Establishment for M9 (December)	5,913.57			5,913.57	5,916.00		294.12	546.58	1,181.00	571.55	1,837.33	847.72	635.27	0.00	Finance ADI		↓ -2.43	
	Contracted SIP (Full-Time Equivalent) M8		5,293.30		5,293.30	5,303.89		280.33	440.31	1,029.08	480.08	1,733.57	729.21	600.32	0.40	Finance ADI	5,913.57	↓ -10.59	
	Worked FTE (includes extra hours, bank and agency)				5,782.70	5719.38		288.35	469.53	1,132.10	583.97	1,811.76	809.88	605.33	81.78	Finance ADI	5,913.57	↑ 63.32	
PDR Rates and Staff Engagement/SFFT	Staff Engagement Topic	REQUIRED	National Average SFFT Q2	COMPLIANT	% COMPLIANCE DEC 2018	% COMPLIANCE NOV 2018	LAST YEAR COMPARISON DEC 2017	Asset Mgment and IT	Corporate	Specialty Medicine	Urgent Care	SCSD	Surgery	Women and Children		DATA SOURCE	Target	TREND FROM LAST MONTH	
	Staff Survey/SFFT - Recommend Trust as a place to work		64%		61%	61%	50%									SFFT Test Q2 2018	64% national average Q2	→ 0%	
	PDR - Medical	445		362	81%	80%				71%	67%	87%	83%	88%		Medical Staffing	MHB 83% Mar 2018	↑ 1%	
	Overall PDR rate - Non Medical	4764		3652	77%	75%		77%	78%	75%	78%	77%	81%	70%		BI	MHB 83% Mar 2019	↑ 2%	
	Last months Divisional Overall PDR rate - Non Medical	4885		3641	75%			77%	77%	73%	76%	75%	78%	70%		BI	MHB 83% Mar 2020		
	DIRECTION OF TRAVEL ON NON MEDICAL PDR FROM LAST MONTH					↑ 2%		→ 0%	↑ 1%	↑ 2%	↑ 2%	↑ 2%	↑ 3%	→ 0%		BI	MHB 83% Mar 2021		
	PDR Registered Nursing and Midwifery	1717		1312	76%	75%			85%	70%	75%	81%	82%	70%		BI	MHB 83% Mar 2022	↑ 1%	
	PDR HCA's	981		749	76%	72%			50%	74%	85%	76%	83%	64%		BI	MHB 83% Mar 2023	↑ 4%	
	PDR Allied Health Professionals	333		284	85%	80%			100%	83%	33%	88%	0%			BI	MHB 83% Mar 2024	↑ 5%	
	PDR Professional, Scientific and Technical	188		107	57%	51%			100%	100%	0%	55%	100%	100%		BI	MHB 83% Mar 2025	↑ 6%	
	Healthcare Scientists	180		154	86%	88%			0%	89%		89%	77%				MHB 83% Mar 2026	↓ -2%	
	PDR Estates and Ancillary	336		267	79%	79%		78%		100%		91%	78%	75%		BI	MHB 83% Mar 2027	→ 0%	
	PDR Admin and Clerical	1016		779	77%	74%		71%	80%	79%	81%	69%	76%	78%		BI	MHB 83% Mar 2028	↑ 3%	
	Divisions are advised to focus on those staff that ae highlighted red as these are 1 or 2 people who are impacting on divisonal compliance. Names will be available in pivot tables.																		
	Up to date Job Plans	MODEL HOSPITAL COMPARISON	MH PEER TOTAL FOR 2016/17	MH NATIONAL TOTAL FOR 2016/17	MH TRUST TOTAL FOR 2016/17	% COMPLIANCE DEC 2018	% COMPLIANCE NOV 2018	LAST YEAR COMPARISON DEC 2017	Asset Mgment and IT	Corporate	Specialty Medicine	Urgent Care	SCSD	Surgery	Women and Children		DATA SOURCE	Target	TREND FROM LAST MONTH
		Consultants	75%	89%	77%	56%	61%				100%	94%	35%	51%	63%		Medical Staffing	MHB 89%	↓ -5.00%
SAS Doctors					39%	40%				50%	33%	41%	31%	63%		Medical Staffing	MHB 89%	↓ -1.00%	
All Medical					54%	58%				96%	73%	36%	48%	60%		Medical Staffing	MHB 89%	↓ -4.00%	
Overall Mandatory Training Compliance	TRAINING TOPIC	REQUIRED TRAINING		COMPLIANT	% COMPLIANCE DEC 2018	% COMPLIANCE NOV 2018	LAST YEAR COMPARISON DEC 2017	Asset Mgment and IT	Corporate	Specialty Medicine	Urgent Care	SCSD	Surgery	Women and Children		DATA SOURCE	Target	TREND FROM LAST MONTH	
	OVERALL TRAINING COMPLIANCE AT BASE LEVEL %	42855		36748	86%	84%		82%	87%	85%	84%	87%	88%	82%		BI at base level as per NHSI guidance	90%	↑ 2%	
	OVERALL TRAINING COMPLIANCE AT ALL LEVELS %	71782		59420	83%	81%		79%	85%	81%	80%	85%	85%	80%		ALL LEVELS as per self service	90%	↑ 2%	
	LAST MONTHS TRAINING COMPLIANCE							78%	85%	79%	77%	84%	82%	78%		ALL LEVELS as per self service	90%		
	DIRECTION OF TRAVEL FROM LAST MONTH					↑ 2%		↑ 1%	→ 0%	↑ 2%	↑ 3%	↑ 1%	↑ 3%	↑ 2%		ALL LEVELS as per self service	90%	↑ 2%	
	The overall compliance rate at all levels is improving month on month which indicates that staff are now focusing on ensuring that they have undertaken the correct level of training. SGC L3 and L2eligibility has been changed following a review with the new Safeguarding Lead and data for these levels was run on 18 December 2018																		



DIVISIONAL PEOPLE AND CULTURE ENGAGEMENT SCORECARD - AS AT 31 DECEMBER 2018



DATA FROM OLM - run 16 January 2019

Metric	Description	FUNDED	CONTRACTED	VACANCIES	TRUST TOTALS DECEMBER 2018	TRUST TOTALS NOVEMBER 2018	TRUST TOTALS FOR LAST YEAR DEC 2017	Asset Management and IT	Corporate	Specialty Medicine	Urgent Care	SCSD	Surgery	Women and Children	Central Trustwide	Data Source	Local Target or Model Hospital Benchmark (MHB)	Trend from last month
Mandatory Training Compliance by Staff Group	MANDATORY TRAINING BY STAFF GROUP	REQUIRED TRAINING		COMPLIANT	% COMPLIANCE DEC 2018	% COMPLIANCE NOV 2018	LAST YEAR COMPARISON DEC 2017	Asset Mgmt and IT	Corporate	Specialty Medicine	Urgent Care	SCSD	Surgery	Women and Children		DATA SOURCE	Target	TREND FROM LAST MONTH
	Medical and Dental	8006		5100	64%	61%			62%	58%	51%	71%	65%	64%		BI Competencies	90%	↑ 3%
	Registered Nursing and Midwives	23129		19799	86%	83%			78%	83%	84%	89%	90%	83%		BI Competencies	90%	↑ 3%
	(Additional Clinical Services (HCA's, Therapy Aides and Helpers)	13676		11268	82%	82%			100%	79%	86%	83%	89%	77%		BI Competencies	90%	→ 0%
	Allied Health Professionals (Physios, OT's etc)	5122		4516	88%	87%			100%	85%	86%	91%	67%			BI Competencies	90%	↑ 1%
	Healthcare Scientists	2292		2089	91%	91%			68%	90%		93%	88%			BI Competencies	90%	→ 0%
	Professional, Scientific and Technical	2578		2065	80%	79%			87%	88%	46%	80%	100%	67%		BI Competencies	90%	↑ 1%
	Admin and Clerical	12670		11210	88%	89%		91%	87%	91%	90%	87%	92%	83%		BI Competencies	90%	↓ -1%
	Estates and Ancillary	4309		3373	78%	79%		77%		94%		84%	93%	93%		BI Competencies	90%	↓ -1%
Mandatory Training Compliance byTopic	TRAINING TOPIC	REQUIRED TRAINING		COMPLIANT	% COMPLIANCE DEC 2018	% COMPLIANCE NOV 2018	LAST YEAR COMPARISON DEC 2017	Asset Mgmt and IT	Corporate	Specialty Medicine	Urgent Care	SCSD	Surgery	Women and Children		DATA SOURCE	Target	TREND FROM LAST MONTH
	Information Governance	6115		5377	88%	90%	87%	91%	88%	86%	85%	89%	90%	86%		BI Competencies	95%	↓ -2%
	Fire	6115		4978	81%	81%	81%	71%	74%	85%	81%	83%	85%	77%		BI Competencies	90%	→ 0%
	Health & Safety	6115		5448	89%	88%	85%	87%	90%	88%	88%	91%	91%	85%		BI Competencies	90%	↑ 1%
	Conflict Resolution	6115		5456	89%	89%	88%	85%	89%	88%	89%	91%	90%	87%		BI Competencies	90%	→ 0%
	Equality & Diversity	6115		4715	77%	75%	68%	53%	81%	71%	77%	82%	82%	78%		BI Competencies	90%	↑ 2%
	Infection Control L1	1813		1629	90%	90%	88%	85%	91%	96%	94%	91%	94%	83%		BI Competencies	90%	→ 0%
	Infection Control L2	4293		3252	76%	74%	67%		61%	71%	70%	80%	80%	75%		BI Competencies	90%	↑ 2%
	Moving & Handling L1	1650		1460	88%	89%	88%	76%	91%	97%	91%	94%	94%	80%		BI Competencies	90%	↓ -1%
	Moving and Handling L2	4459		3524	79%	76%	79%	30%	82%	85%	82%	79%	81%	67%		BI Competencies	90%	↑ 3%
	Safeguarding Children L1	1576		1544	98%	98%	99%	97%	97%	98%	98%	99%	99%	100%		BI Competencies	90%	→ 0%
	Safeguarding Children L2 ++	3470		2668	77%	75%	57%	10%	65%	69%	76%	84%	81%	78%		BI Competencies	90%	↑ 2%
	Safeguarding Children L3 ++	1059		795	75%	72%	57%		77%	59%	74%	63%	71%	86%		BI Competencies	90%	↑ 3%
	Safeguarding Children L4	4		4	100%	80%	100%		100%					100%		BI Competencies	90%	↑ 20%
	Safeguarding Children L5	1		1	100%	100%	100%		100%							BI Competencies	90%	→ 0%
	Safeguarding Adults L1	2882		2655	92%	92%	92%	91%	93%	89%	91%	93%	96%	90%		BI Competencies	90%	→ 0%
	Safeguarding Adults L2	2850		2256	79%	76%	51%		81%	75%	74%	82%	79%	81%		BI Competencies	90%	↑ 3%
	Safeguarding Adults L3	377		129	34%	21%	1%		27%	24%	46%	50%	33%	23%		BI Competencies	90%	↑ 13%
	Safeguarding Adults L4	1		1	100%	100%	100%		100%							BI Competencies	90%	→ 0%
	Safeguarding Adults L5	1		1	100%	67%	33%		100%							BI Competencies	90%	↑ 33%
	Resuscitation BLS L1 (non-clinical)	1520		1356	89%	89%	93%	81%	91%	95%	94%	95%	89%	88%		Discoverer	90%	→ 0%
	Resuscitation BLS L2 (clinical)	4359		3486	80%	79%	84%		71%	82%	75%	79%	82%	78%		BI Competencies	90%	↑ 1%
	NLS L4 medics	19		19	100%	100%	40%							100%		Discoverer	90%	→ 0%
	EPLS L4 medics	57		48	84%	83%	41%				87%	76%		94%		Discoverer	90%	↑ 1%
	ALS L4 medics	61		49	80%	79%	53%			43%	81%	86%		100%		Discoverer	90%	↑ 1%
	Preventing Radicalisation L1 (non-clinical)	1519		1432	94%	94%	85%	93%	92%	97%	99%	94%	97%	92%		BI Competencies	90%	→ 0%
	Preventing Radicalisation L2 (clinical)	2863		2544	89%	90%	86%		92%	85%	75%	95%	85%	91%		BI Competencies	90%	↓ -1%
	Preventing Radicalisation L3 (WRAP)	1701		1290	76%	72%	36%		62%	65%	69%	81%	89%	77%		BI Competencies	90%	↑ 4%
	Preventing Radicalisation L4 (WRAP)	3		3	100%	100%	100%		100%							Discoverer	90%	→ 0%
	Preventing Radicalisation L5 (WRAP)	1		1	100%	100%	100%		100%							Discoverer	90%	→ 0%
	MCA and DOLS L1	1249		1003	80%	79%	58%	7%	34%	79%	85%	84%	89%	91%		BI Competencies	90%	↑ 1%
	MCA and DOLS L2	2676		1938	72%	67%	33%		75%	72%	68%	71%	74%	76%		BI Competencies	90%	↑ 5%
	MCA and DOLS L3	658		524	80%	75%	0%		63%	78%	74%	83%	81%	81%		BI Competencies	90%	↑ 5%
	MCA and DOLS L4	3		3	100%	75%	0%		100%							BI Competencies	90%	↑ 25%



DIVISIONAL PEOPLE AND CULTURE **ENGAGEMENT** SCORECARD - AS AT 31 DECEMBER 2018



DATA FROM OLM - run 16 January 2019																				
Metric	Description	FUNDED	CONTRACTED	VACANCIES	TRUST TOTALS DECEMBER 2018	TRUST TOTALS NOVEMBER 2018	TRUST TOTALS FOR LAST YEAR DEC 2017	Asset Management and IT	Corporate	Specialty Medicine	Urgent Care	SCSD	Surgery	Women and Children	Central Trustwide	Data Source	Local Target or Model Hospital Benchmark (MHB)	Trend from last month		
Sickness Absence	SICKNESS ABSENCE	FTE DAYS LOST	FTE DAYS AVAILABLE	MH Aug 18 Trust rate	% COMPLIANCE DEC 2018	% COMPLIANCE NOV 2018	LAST YEAR COMPARISON DEC 2017	Asset Mgment and IT	Corporate	Specialty Medicine	Urgent Care	SCSD	Surgery	Women and Children		DATA SOURCE	Target	TREND FROM LAST MONTH		
	Monthly Sickness Absence	7,313.77	162,503.74	National rate:3.95%	4.50%	4.29%	4.58%	5.83%	2.41%	4.61%	4.26%	4.54%	4.34%	5.30%		Discoverer	MHB Aug 18 3.95%	↑ 0.21%		
	Cumulative Sickness Absence	78,959.59	1,901,175.54	Our Trust:3.97%	4.15%	4.15%	4.17%	4.53%	2.51%	4.13%	4.41%	4.12%	4.92%	4.48%		Discoverer	MHB Aug 18 3.95%	→ 0.00%		
Turnover	TURNOVER	LEAVERS IN PERIOD	AVERAGE SIP	MH Rate Oct 2018 Trust	% COMPLIANCE DEC 2018	% COMPLIANCE NOV 2018	LAST YEAR COMPARISON DEC 2017	Asset Mgment and IT	Corporate	Specialty Medicine	Urgent Care	SCSD	Surgery	Women and Children		DATA SOURCE	Target	TREND FROM LAST MONTH		
	Annual Turnover (FTE)	592.44	4,764.36		12%	12%	11%	9%	15%	15%	18%	11%	12%	10%		Discoverer	local target 10-12%	→ 0%		
	Annual Turnover (FTE) for Consultants	25.65	262.10		10%	9%	5%		0%	10%	2%	11%	7%	15%		Discoverer	local target 10-12%	↑ 1%		
	Annual Turnover (FTE) for other Medics	3.10	46.70		7%	7%	0%			0%	0%	16%	0%	0%		Discoverer	local target 10-12%	→ 0%		
	Annual Turnover (FTE) for Registered Nurses	194.84	1,647.52		12%	12%	11%			11%	22%	10%	10%	8%		Discoverer	local target 10-12%	→ 0%		
	Annual Turnover (FTE) for Additional Clinical Services (HCA's etc)	150.57	930.22		16%	16%	13%			17%	19%	13%	21%	14%		Discoverer	local target 10-12%	→ 0%		
	Monthly Turnover (FTE)	55.87	4,770.32	0.90% 2nd quartile	1%	1%			1%	2%	1%	3%	1%	1%	1%		Discoverer	MHB Oct 18 0.90%	→ 0%	
TURNOVER DATA IS PRESENTED WITH NO EXCLUSIONS THIS MONTH (PREVIOUSLY WE HAVE EXCLUDED CORPORATE AS THESE POSTS MAY BE HELD DUE TO CIP)																				
No exclusions for sickness, maternity or career break are made to Mandatory Training figures; New starters in last 12 month are excluded from PDR %																				
KEY TO COLUMN F	TARGET MET					GREY BOXES ARE NOT APPLICABLE OR NOT AVAILABLE						KEY TO COLUMN R and Divisional Performance Columns I - O				PERFORMANCE IMPROVED OR TARGET MET				
	CLOSE TO TARGET (WITHIN 3% TRAINING)															PERFORMANCE DETERIORATED				
	TARGET NOT MET															PERFORMANCE UNCHANGED				
																↑			ARROW DEPICTS DIRECTION OF TRAVEL	



DIVISIONAL PEOPLE AND CULTURE PAYBILL SCORECARD - AS AT 31 DECEMBER 2018



Worcestershire  
Acute Hospitals  
NHS Trust

DATA FROM OLM - run 16 January 2019

Metric	Description	FUNDED	CONTRACTED	VACANCIES	TRUST TOTALS DECEMBER 2018	TRUST TOTALS NOVEMBER 2018	TRUST TOTALS FOR LAST YEAR DEC 2017	Asset Management and IT	Corporate	Specialty Medicine	Urgent Care	SCSD	Surgery	Women and Children	Central Trustwide	Data Source	Local Target or Model Hospital Benchmark (MHB)	Trend from last month	
Establishment	Funded Divisional Establishment for M9 (December)	5,913.57			5,913.57	5,916.00		294.12	546.58	1,181.00	571.55	1,837.33	847.72	635.27	0.00	Finance ADI		↓ -2.43	
	Contracted SIP (Full-Time Equivalent) M8		5,293.30		5,293.30	5,303.89		280.33	440.31	1,029.08	480.08	1,733.57	729.21	600.32	0.40	Finance ADI	5,913.57	↓ -10.59	
	Worked FTE (includes extra hours, bank and agency)				5,782.70	5719.38		288.35	469.53	1,132.10	583.97	1,811.76	809.88	605.33	81.78	Finance ADI	5,913.57	↑ 63.32	
Vacancies	TOTAL VACANCIES ( Funded less Contracted WTE)			620.27	620.27	612.11		13.79	106.27	151.92	91.47	103.76	118.51	34.95	(0.40)	Finance ADI	7%	↑ 8.16	
	VACANCY RATE				10.48%	10%		5%	19%	13%	16%	6%	14%	6%	0%	Finance ADI	7%	↑ 0.00	
	Vacancies are reported as per Finance ADI with no exclusions. Vacancies increased by 3.72% in May due to the significant increase in establishment from 5672 in M12 to 5884 in M2 (212 posts) This reflects funding of Evergreen, Silver Frailty and others. Establishment has reduced by 2.43 wte this month but the vacancy position has worsened by 8.16 wte due to increase in leavers																		
	Registered Nursing and Midwifery	1,944.41	1,741.51	202.90	10.44%	8.87%			14.81	65.96	56.13	30.36	38.83	(3.19)	0.00	Finance ADI	7%	↑ 1.57%	
	Registered Midwifery (Obstetrics, Maternity and Community Nursing Directorates)	240.82	242.71	(1.89)	-0.78%	-2.43%								(1.89)		Finance ADI	7%	↑ 1.64%	
	Registered Nursing	1,739.04	1,528.29	210.75	12.12%	10.50%			14.81	65.96	56.13	30.36	38.83	4.66	0.00	Finance ADI	7%	↑ 1.62%	
	HCA's	807.43	745.83	61.60	7.63%	5.56%			11.21	10.77	1.20	12.68	12.50	13.24	0.00	Finance ADI	7%	↑ 2.07%	
	Vacancies are reported directly from ADI from this month with no exclusions. Previously Corporate posts had been excluded to focus on clinical posts.																		
	Medics Overall	752.11	641.29	110.82	14.73%	14.29%			14.00	28.79	12.68	17.92	24.38	13.05	0.00	Finance ADI	10%	↑ 0.44%	
	Consultants	325.28	286.40	38.88	11.95%	10.52%			7.00	11.98	5.10	12.51	0.25	2.04	0.00	Finance ADI	15%	↑ 1.44%	
	Middle Grade Medics	198.04	184.42	13.62	6.88%	5.27%			3.00	7.52	(1.13)	0.65	10.57	(6.99)	0.00		10%	↑ 1.61%	
	Junior Grade Medics	228.79	170.47	58.32	25.49%	29.13%			4.00	9.29	8.71	4.76	13.56	18.00	0.00	Finance ADI	10%	↓ -3.64%	
	AHP'S (Dietitians, OT's Physio's, Orthoptists and Radiographers)	455.36	449.77	5.59	1.23%	2.60%			0.00	0.51		5.08	0.00	0.00	0.00	Finance ADI	7%	↓ -1.37%	
	Scientific, Therapeutic and Technical (Pharmacists, MTO's ATO's, Clinical Scientists, MLSO's, Chaplains)	505.50	474.15	31.35	6.20%	6.24%			0.92	(0.44)	(2.00)	21.79	10.48	0.60	0.00	Finance ADI	7%	↓ -0.04%	
	Ancillary	218.73	204.54	14.19	6.49%	6.23%		13.59		3.99	2.00	(0.99)	(0.60)	(3.80)	0.00	Finance ADI	7%	↑ 0.26%	
	Senior Managers	199.41	184.95	14.46	7.25%	5.36%		(3.30)	19.64	1.28	(1.98)	(1.28)	1.20	(1.10)		Finance ADI		↑ 1.89%	
	Admin and Clerical	908.09	811.76	96.33	10.61%	11.57%		0.64	43.42	19.25	6.81	8.91	14.50	2.80	0.00	Finance ADI		↓ -0.96%	
	NB. Turnover in Admin and Clerical and Senior Managers is indicated as neutral due to Workforce Transformation Programme																		
Agency and bank as % of gross cost					DEC 2018	NOV 2018		Asset Mgment and IT	Corporate	Specialty Medicine	Urgent Care	SCSD	Surgery	Women and Children	Central Trustwide	DATA SOURCE	Target	TREND FROM LAST MONTH	
	Agency as a % of gross cost				8.98%	8.29%		0.02%	5.89%	9.48%	11.75%	7.14%	9.91%	2.20%		Finance	7%	↑ 0.69%	
	Bank as a % of gross cost				7.92%	8.35%		0.00%	0.27%	9.01%	20.85%	3.67%	10.56%	5.82%		Finance	7%	↓ -0.43%	
Cost per WAU	COST PER WAU - latest data from Model Hospital	NATIONAL TOTAL FOR 2017/18	PEER TOTAL FOR 2017/18		TRUST TOTAL FOR 2017/18	TRUST TOTAL FOR 2016/17	Cost per WAU is the headline productivity metric used within the Model Hospital. It shows the amount spent by a trust to produce one Weighted Activity Unit (WAU) of clinical output.  This metric shows the amount the trust spend on staff, based on ESR data, compared to the total NHS clinical activity provided by the trust within the financial year.									DATA SOURCE	TRUST QUARTILE FOR 2017/18	TREND FROM LAST YEAR MHB	
	Medical staff	£535	£570		£616	£542										Model Hospital Jan 2019	4th	↑ £74.00	
	Registered Nurses and Midwives	£711	£718		£789	£802											3rd	↓ -£13.00	
	AHP'S (Dietitians, OT's Physio's, Orthoptists and Radiographers less Corporate)	£130	£137		£144	£139											3rd	↑ £5.00	
	Healthcare Scientists and other Scientific and Technical Staff	£156	£165		£169	£168											3rd	↑ £1.00	
	Corporate, Admin and Estates	£359	£321		£306												2nd		
	Agency staff cost per WAU	£108	£121		£181	£217											4th	↓ -£36.00	
	Registered nursing and midwifery vacancy rate includes Nurses & Midwives Band 5 and above Agency as a % of gross pay cost = this is all agency for all staffing types No exclusions for sickness, maternity or career break are made to Mandatory Training figures; New starters in last 12 month are excluded from PDR %																		
KEY TO COLUMN F	TARGET MET		GREY BOXES ARE NOT APPLICABLE OR NOT									KEY TO COLUMN R and Divisional Performance Columns I - O			PERFORMANCE IMPROVED OR TARGET MET				
	CLOSE TO TARGET (WITHIN 3% TRAINING)														PERFORMANCE DETERIORATED				
	TARGET NOT MET														PERFORMANCE UNCHANGED				
																↑	ARROW DEPICTS DIRECTION OF TRAVEL		



Meeting	Trust Board
Date of meeting	14 February 2019
Paper number	D

### European Union Exit Preparedness

For approval:		For discussion:		For assurance:	x	To note:	x
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<b>Accountable Director</b>	Jill Robinson – Chief Finance Officer		
<b>Presented by</b>	Jill Robinson - CFO	<b>Author /s</b>	Charlotte Kings – Assistant Director of Procurement Stuart Allen – EPRR Manager

### Alignment to the Trust's strategic priorities

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

### Alignment to the Trust's goals

Timely access to our services	x	Better quality patient care		More productive services		Well-Led	x
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### Report previously reviewed by

Committee/Group	Date	Outcome
TME	13 <sup>th</sup> February 2019	

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

Y/N

BAF number(s)

**Significant assurance**

*High level of confidence in delivery of existing mechanisms/objectives*

☐

**Moderate assurance**

*General confidence in delivery of existing mechanisms /objectives*

☐

**Limited assurance**

*Some confidence in delivery of existing mechanisms /objectives*

☒

**No assurance**

*No confidence in delivery*

☐

**Recommendations**

The Board is asked to consider the content of this report and receive assurance that the Trust are actively preparing for a 'no-deal' EU exit scenario.

Meeting	Trust Board
Date of meeting	14 February 2019
Paper number	D

## Executive Summary

The following report seeks to inform the Board and provide assurance regarding the state of readiness for WAHT in preparing for a 'no-deal' exit to the EU. The report outlines the actions taken to date to manage the potential risks and the creation of mitigating action plans in the event we leave the EU without a deal being in place.

## Background

In December 2018, guidance was issued to the NHS by the Department of Health and Social Care (DHSC) on operational readiness for a 'no deal' scenario. It instructed all NHS Boards to undertake an assessment of risks associated with Brexit, including potential increase in demand associated with a 'no deal' exit. The guidance represents a step change in terms of the expectation of the NHS to plan for the potential for there to be a no deal.

This paper summarises WAHT's plans and covers actions that all health and adult social care organisations should take in preparation for a 'no-deal' EU exit. It also seeks to outline the national support and reporting structure.

WAHT have been advised to undertake local EU Exit readiness planning, local risk assessments and plan for wider potential impacts. There are seven areas of activity in the health and care system that DHSC is focussing on in its no-deal exit contingency planning:

- Supply of medicines and vaccines;
- Supply of medical devices and clinical consumables;
- Supply of non-clinical consumables, goods and services;
- Workforce;
- Reciprocal healthcare;
- Research and clinical trials; and
- Data sharing, processing and access

The impact of a 'no deal' exit on the health and adult social care sector is not limited to these areas, and the DHSC is also developing contingency plans to mitigate risks in other areas. For example, the DHSC is working closely with NHS Blood and Transplant to co-ordinate 'no deal' planning for blood, blood components, organs, tissues and cells.

In preparation for a 'no deal' exit, the DHSC, with the support of NHS England and Improvement, and Public Health England, has set up a national Operational Response Centre. This will lead on responding to any disruption to the delivery of health and care services in England, which may be caused or affected by EU Exit.

The Operational Response Centre will co-ordinate EU Exit-related information flows and reporting across the health and care system. The Operational Response Centre will also work with the devolved administrations to respond to UK-wide incidents.

The Operational Response Centre has been established to support the health and care system to respond to any disruption, and will not bypass existing local and regional reporting structures.

Working closely with the Operational Response Centre, NHS England and Improvement will also establish an Operational Support Structure for EU Exit. This will operate at national, regional and local levels to enable rapid support on emerging local incidents and escalation

Meeting	Trust Board
Date of meeting	14 February 2019
Paper number	D

of issues into the Operational Response Centre as required.

This paper is particularly focused on the critical local areas, in which there has been local planning within:

- Supply of medicines and vaccines;
- Supply of medical devices and clinical consumables;
- Supply of non-clinical consumables, goods and services;
- Workforce;
- Research and clinical trials; and
- Data sharing, processing and access

In line with national advice local planning started in October / November 2018. Workforce, Pharmacy & Procurement started to develop plans as directed by the DHSC.

Initial plans were to be developed initially to cover a 6 week period this has subsequently been increased to 6 months. The following paper outlines to the Board the WAHT plans to date. All these points are aligned where appropriate to national guidance and planning.

#### Issues and options

##### **Supply of Medicines & Vaccines**

The Government recognises the vital importance of medicines and vaccines, and has developed a UK-wide contingency plan to ensure the flow of these products into the UK in a 'no deal' scenario. The plan covers medicines used by patients and service users in all four nations of the UK. WAHT are ensuring awareness of the national plan and are responding locally when appropriate.

The DHSC is working very closely with the devolved administrations, the Crown Dependencies and other government departments to explore specific issues related to the various supply chains for medicines in the UK, as well as potential mitigations. The plan covers medicines used by all types of providers, including private providers.

Earlier this year, the DHSC undertook an analysis using Medicines and Healthcare Products Regulatory Agency and European Medicines Agency data, on the supply chain for all medicines (including vaccines and medical radioisotopes). This identified those products that have a manufacturing touch point in the EU or wider EEA countries.

In August 2018, the DHSC wrote to pharmaceutical companies that supply the UK with prescription-only and pharmacy medicines from, or via, the EU or European Economic Area (EEA) to prepare for a no deal scenario.

Companies were asked to ensure they have a minimum of six weeks' additional supply in the UK, over and above their business as usual operational buffer stocks, by 29 March 2019.

Companies were also asked to make arrangements to air freight medicines with a short shelf life, such as medical radioisotopes. Since then, the DHSC has advised that there has been very good engagement from industry to ensure the supply of medicines is maintained in a 'no deal' exit.

The DHSC is supporting manufacturers taking part in the contingency planning and is

Meeting	Trust Board
Date of meeting	14 February 2019
Paper number	D

already providing funding for the provision of additional capacity for the storage of medicines.

In October, the DHSC invited wholesalers and pre-wholesalers of pharmaceutical warehouse space to bid for government funding to secure the additional capacity needed for stockpiled medicines, and funding for selected organisations has now been agreed.

On 7 December 2018, the DHSC wrote to UK manufacturers of medicines currently using the short straits crossings of Dover and Folkestone as they will want to review supply arrangements in light of the Government's updated planning assumptions.

Whilst the six-week medicines stockpiling activity remains a critical part of the DHSC UK-wide contingency plan, it is now being supplemented by additional national actions. The Government is working to ensure there is sufficient roll-on, roll-off freight capacity to enable medicines and medical products to continue to move freely into the UK.

The Government has agreed that medicines and medical products will be prioritised on these alternative routes to ensure the flow of all these products will continue unimpeded after 29 March 2019. This includes all medicines, including general sales list medicines.

In the event of delays caused by increased checks at EU ports, the DHSC will continue to develop the UK-wide contingency plan for medicines and vaccines with pharmaceutical companies and other government departments.

UK health providers – including hospitals, care homes, GPs and community pharmacies – should not stockpile additional medicines beyond their business as usual stock levels. There is also no need for clinicians to write longer NHS prescriptions and the public should be discouraged from stockpiling.

Chief and Responsible Pharmacists are responsible for ensuring their organisation does not stockpile medicines unnecessarily. Any incidences involving the over-ordering of medicines will be investigated and followed up with the relevant Chief or Responsible Pharmacist directly.

The DHSC and NHS England and Improvement are developing arrangements to allow local and regional monitoring of stock levels of medicines; arrangements are also likely to be put in place to monitor the unnecessary export of medicines.

The DHSC is putting in place a "Serious Shortage Protocol". This will involve changes to medicines legislation that will allow flexibility in primary care dispensing of medicines. Robust safeguards will be put in place to ensure this is operationalised safely, including making authoritative clinical advice available.

Public Health England (PHE) is leading a separate UK-wide programme ensuring the continuity of supply for centrally-procured vaccines and other products that are distributed to the NHS for the UK National Immunisation Programme or used for urgent public health use. In addition to the national stockpiles that PHE has in place to ensure continued supply to the NHS, PHE continues to work alongside contracted suppliers on their contingency plans to ensure that the flow of these products will continue unimpeded in to the UK after exit day.

Meeting	Trust Board
Date of meeting	14 February 2019
Paper number	D

### **Supply of Medical Devices and Clinical Consumables**

On 23 October 2018, the Secretary of State for Health and Social Care wrote to suppliers of medical devices and clinical consumables updating them on the contingency measures the DHSC is taking to ensure the continuity of product supply.

One of these measures is to increase stock levels of these products at a national level in England. This involves working with the devolved nations and Crown Dependencies to ensure that national contingency arrangements are aligned and able to support specific preparedness measures necessary to meet the needs of their health and care systems including WAHT.

The DHSC is also developing contingency plans to ensure the continued movement of medical devices and clinical consumables that are supplied from the EU directly to organisations delivering NHS services in England.

All suppliers that regularly source products from EU countries have to review their supply chains and determine what measures they need to take to ensure the health and care system has access to the products it needs.

NHS Supply Chain officials are also contacting suppliers who routinely import products from the EU to establish what measures are required to ensure they can continue to provide products in a 'no deal' scenario. Products are already being ordered and stockpiled

The Government is working to ensure there is sufficient roll-on/roll-off freight capacity to enable medicines and medical products to continue to move freely into the UK. This will help facilitate the flow of products to both NHS and private care providers. The Government has agreed that medicines and medical products will be prioritised on these alternative routes to ensure the flow of these products will continue unimpeded after 29 March 2019.

There is no need for health and adult social care providers to stockpile additional medical devices and clinical consumables beyond business as usual stock levels. Officials in the Department will continually monitor the situation and, if the situation changes, will provide further guidance by the end of January 2019.

### **Supply of Non-Clinical Consumables, Goods and Services**

The DHSC has identified categories of national suppliers for non-clinical consumables, goods and services that it is reviewing and managing at a national level. Examples of relevant categories include food and laundry services. For these categories, the DHSC is engaging with suppliers and industry experts to identify and plan for any supply disruption. Where necessary, there will be cross-government work to implement arrangements at the point of EU Exit to ensure continued supply.

On food, for example, the DHSC is engaging with both suppliers and health experts to identify and plan for any food items that might suffer supply disruption in the event of a 'no deal'. Standard guidelines will be developed for health and adult social care providers on suitable substitution arrangements for any food items identified as being at risk.

The DHSC is also conducting supply chain reviews across the health and social care system

Meeting	Trust Board
Date of meeting	14 February 2019
Paper number	D

to assess commercial risks. This includes reviews for high-risk non-clinical consumables, goods and services, and a self-assessment tool for NHS Trusts and Foundation Trusts. WAHT has completed this self-assessment.

The results of these self-assessments were received at the end of November, and DHSC is conducting analysis of the data, that will be used to provide additional guidance to Trusts and Foundation Trusts in February 2019.

### **Workforce**

As at 1<sup>st</sup> December 2018 the Trust had 223 members of staff that are EU citizens representing 4% of the Trust's workforce.

The Trust has written to these employees to support them in obtaining settled status. Through the EU Settlement Scheme, EU citizens will be able to register for settled status in the UK if they have been here for five years, or pre-settled status if they have been here for less than five years. This will ensure the rights of EU citizens are protected in the UK after EU Exit, and guarantee their status and right to work. Initially the Government had applied a £65 fee for this application with the Trust offering to reimburse staff if they remained in our employment. However, the Government recently agreed to waive this fee for NHS staff.

Relevant staff were invited to register for EU settled status under the pilot scheme that was open between the 3rd and 21st December 2018. Staff that did not register under the pilot scheme will have the opportunity to register from January 2019, when it re-opens following the initial pilot, up to 2020. This will allow sufficient opportunity for staff to register even in a 'no deal' scenario. It is noted that the Settlement Scheme will have less deterrent impact following the announcement that the associated fees would be abandoned.

The Trust has yet to receive any resignations from EU citizens in relation to Brexit so the risk to the Trust is felt to be minimal at this stage. However, the situation will be monitored monthly with regular updates reported through the People and Culture Committee.

A higher proportion of EU citizens tend to work in social care predominately in the domiciliary care sector. The Trust has sought assurances through the STP Workforce and OD Advisory Group on whether there will be any impact to these services in Worcestershire as a result of a no deal Brexit.

### **Professional regulation (recognition of professional qualifications)**

Health and care professionals (including UK citizens), whose qualification has been recognised and who are registered in the UK before 23:00 on 29 March 2019, will continue to be registered after this point.

Health and care professionals (including UK citizens), who apply to have their qualification recognised in the UK before 23:00 on 29 March 2019, will have their application concluded under current arrangements.

Health and care professionals (including UK citizens) with an EU/EEA or Swiss qualification, who apply to have their qualification recognised in the UK from 23:00 on 29 March 2019 will be subject to future arrangements.



Meeting	Trust Board
Date of meeting	14 February 2019
Paper number	D

WAHT has prepared plans to ensure that professional regulation does not become a barrier to working within WAHT.

### **Research and Clinical Trials**

The guidance published by the DHSC specifically requests that Trusts do not directly approach sponsors regarding EU Exit planning and instead go to the lead NHS site (where the Chief Investigator is based) and that organisation will liaise with the Sponsor on all NHS trusts behalf. A collaborative approach has been discussed with other R&D Managers in the region. It has been requested that the Clinical Research Network co-ordinates this activity for the region.

### **Data sharing, processing and access**

The 'Data' workstream for EU exit (Chaired by DHSC, with representatives of ALB's, DCMS and the ICO) has considered impacts and sourced mitigations to ensure continued flows of data post March 2019. Detailed guidance is to be published February 2019. Whilst it is unlikely that the Commission will have given the UK an Adequacy Decision by the end of March, it should be possible to use 'appropriate safeguards' to ensure continued flows. Department for Culture Media and Sport and the Information Commissioners Office are assisting in the identification and application of safeguards throughout the health and care 'Data' workstream. This workstream is considering both outbound and inbound data flows.

### **Actions for WAHT**

WAHT must consider and plan for risks that may arise due to a 'no-deal' Brexit. It is noted that across Procurement, Pharmacy and Workforce significant planning and preparation has already been undertaken, which should continue as the position develops. Additionally, WAHT are currently reviewing their business continuity plans, taking into account the national planning (highlighted above).

Weekly task and finish group teleconferences have been scheduled to review and agree actions and risks.

An Executive STP group is being established to review and look at the potential impact across the two counties of Herefordshire and Worcestershire.

Specific points of concerns identified by WAHT must then be escalated to regional and national contacts.

Appendix 1 summarises remaining key actions and progress to date, along with a Trust risk register that includes mitigating actions.

### **Recommendations**

The Board is asked to consider the content of this report and receive assurance that the Trust are actively preparing for a 'no-deal' EU exit scenario.

### **Appendices**

Appendix 1 WAHT Action Log and Risk Register – to follow, circulated to members only.