

Trust Board

There will be a meeting of the Trust Board on Thursday 11 April 2019 at 10:00 in the Board Room, Alexandra Hospital, Redditch.



Sir David Nicholson
Chairman

Agenda		Enclosure
1	Welcome and apologies for absence – Vicky Morris (Jackie Edwards attending), Mark Yates	
2	Patient Story	
3	Items of Any Other Business <i>To declare any business to be taken under this agenda item.</i>	
4	Declarations of Interest <i>To declare any interest members may have in connection with the agenda.</i>	
5	Minutes of the previous meeting <i>To approve the Minutes of the meeting held on 14 March 2019 as a true and accurate record of discussions.</i>	Enc A <i>For approval</i>
6	Action Log	<i>For noting</i> Enc B
7	Integrated Performance Report	Enc C
7.1	Executive Summary Chief Executive	<i>For assurance</i>
7.2.1	Section 1 – Quality and Safety Report Chief Nurse/Chief Medical Officer	
7.2.2	Quality Governance Committee Assurance report Quality Governance Committee Chairman	
7.3.1	Section 2 – Financial and Operational Performance Report Chief Operating Officer/Interim Chief Financial Officer	
7.3.2	Finance and Performance Committee Assurance Report Finance and Performance Committee Chairman	
7.4.1	Section 3 – People and Culture Performance Report Director of People and Culture	

8 GOVERNANCE**8.1 Going Concern***Interim Chief Financial Officer**For approval***Enc D**

Any Other Business *as previously notified*

Date of Next Meeting

The next public Trust Board meeting will be held on 9 May 2019 in the Education Centre, Kidderminster Hospital and Treatment Centre, Kidderminster

**MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON
THURSDAY 14 MARCH 2019 AT 10:00 hours
Education Centre, Kidderminster Hospital and Treatment Centre, Kidderminster**

Present:

Chairman: Sir David Nicholson

Board members: (voting)	Paul Brennan	Chief Operating Officer
	Anita Day	Non-Executive Director
	Matthew Hopkins	Chief Executive
	Bill Tunnicliffe	Non-Executive Director
	Steve Williams	Non-Executive Director
	Mark Yates	Non-Executive Director

Board members: (non-voting)	Richard Haynes	Director of Communications and Engagement
	Colin Horwath	Associate Non-Executive Director <i>from item 147/18</i>
	Tina Ricketts	Director of People and Culture
	Dame Julie Moore	Associate Non-Executive Director
	Sarah Smith	Director of Strategy and Planning <i>from item 148/18/2</i>
	Jackie Edwards	Deputy Chief Nursing Officer
	Graham James	Deputy Chief Medical Officer
	Katie Osmond	Assistant Director of Finance
Robert Toole	Interim Senior Finance Support	

In attendance:	Kimara Sharpe	Company Secretary
	Bryan McGinity	Freedom to Speak Up Guardian <i>Item 142/18 only</i>

Public Gallery:	Press	0
	Public	6

Apologies	Suneil Kapadia	Chief Medical Officer
	Richard Oosterom	Associate Non-Executive Director
	Vicky Morris	Chief Nursing Officer
	Jill Robinson	Chief Finance Officer

141/18 **WELCOME**
Sir David welcomed everyone to the meeting, particularly Mr Toole, Mr James and Mrs Edwards. He congratulated Dame Julie who has been appointed as a Non-Executive Director for a period of four years from 1 April 2019.

142/18 **Staff story**
Sir David welcomed Mr Bryan McGinity, the Freedom to Speak Up (FTSU) Guardian to the meeting. Mr McGinity explained that he had been in post since September 2017 as acting Guardian and from January 2018 as substantive Guardian. He had previously been a non-executive director at the Trust for 7 years.

He went onto explain that the Guardian role is mandatory within all Trusts. The principle aim is to ensure staff have someone they can approach when there is inappropriate

behaviour which cannot be resolved by any other means. He is supported by 28 champions across the trust who have a wide range of roles and are across all three sites. Finally, he explained that he is mandated to meet face to face with the chief executive, report six monthly to the Trust board, annually to the Audit and Assurance Committee. His work is overseen by the Freedom to Speak up Committee, chaired by Ms Ricketts and accountable to the People and Culture Committee.

Mr McGinity explained the various communication channels which he uses to raise awareness of his role. This has included attachments to payslips, screen savers, attending divisional board meetings.

The FTSU policy was approved by the board in July 2018. There is work being undertaken by the national office to ensure consistency across the NHS and after this review, the local policy will be examined to see if any changes are required.

Mr McGinity then turned to the topics that have been raised with him. One hundred concerns covering 131 issues have been raised since September 2017. Concerns can be raised by one person or a group, to him directly or through a champion. Currently there are 18 concerns 'open' – concerns are only closed if the originating person agrees that the concern can be closed. Most concerns originate from nurses and health care assistants come from nurses and HCAs. Most concerns are about alleged bullying and harassment followed by the inappropriate application of policies and procedures.

Most concerns are from staff based at Worcestershire Royal (slightly higher than the percentage of staff). Kidderminster Hospital also have a slightly higher percentage of concerns. He is working with regional colleagues to understand how more data can be shared. There are challenges due to data confidentiality.

Mr McGinity issues feedback questionnaires to all staff who contact him.

He then turned to specific themes raised with him. He stated that he is concerned with the number of staff leaving the Trust who have not been asked about what would make them stay. He was hopeful that the new exit interview process would help this. Training would also help as some staff are unaware of their responsibilities.

Mr McGinity then turned to 4ward. He wished to see this initiative more linked with his work and he was hopeful that the People and Culture Committee would be pursuing this.

Sir David thanked Mr McGinity for the information on his role.

Mr Yates asked whether staff had confidence in the policies and procedures already in place. Mr McGinity responded by stating that ideally staff would speak to their line manager. Most staff have already done this prior to coming to see him but there has been no visible action. Sometimes the line manager is part of the problem. Ms Ricketts stated that this is also one of the trends in the staff survey and she is looking to publish case studies in this area.

Dr Tunnicliffe thanked Mr McGinity for his work. When visiting the wards, staff always have good feedback in respect of the work that is being undertaken. He wondered how the data compares to other organisations. Mr McGinity stated that the national office collects data. Some organisations larger than our trust have fewer cases. However the themes are similar.

Mr Brennan asked about confidence in the feedback system. Mr McGinity confirmed

that each case is different and he agrees a timeline. When external organisations are involved the timeline can differ.

Sir David stated that the role is well recognised within the Trust and thanked Mr McGinity for his work.

143/18 **ANY OTHER BUSINESS**

There were no items of any other business.

144/18 **DECLARATIONS OF INTERESTS**

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

145/18 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 14 FEBRUARY 2019**

RESOLVED that:-

- The Minutes of the public meeting held on 14 February 2019 be confirmed as a correct record with the following amendments:
 - Mrs Osmond in attendance
 - 146/18/2 (page 3) add *covering wider trust policy* (para 3, third line)
 - 146/18/3 (page 5) add *contract* before performance (para 2) and add *unless the margin was appropriate* (end para 3)

145/18/1 **MATTERS ARISING/ACTION SCHEDULE**

Mr James reported that the share of the additional cancer monies was £200k for Hereford and Worcestershire which was given to the STP. He is trying to track this funding.

Digital strategy steering group: Mrs Sharpe confirmed that the first meeting was being held in the following week. Mr Hopkins stated that he was reviewing executive portfolios and would be able to give more clarity in relation to accountability for IT in early April.

All other items were either completed or not yet due.

146/18 **Chairman's Report**

Sir David reported that he is continuing to focus on his priorities as identified at the January board meeting – governance, urgent care and strategy. He was pleased with the away day held in March which will be followed up in the private meeting. He reported that there had been a visit from the Secretary of State for Health and Social Care and the national director of emergency care who recognised the scale of the issues being dealt with.

RESOLVED that

The Board

- Noted the report.

147/18 **Chief Executive's Report**

Mr Hopkins explained that he was working to clarify the roles of the executives and the assurance roles of the Board and committees.

He then stated that the report from the CQC unannounced visit in January had been published. The Trust was expecting a full inspection during quarter 1. There was a peer review visit from NHS Improvement on 11 March.

RESOLVED that:-

The Board

- Noted the report

148/18 **INTEGRATED PERFORMANCE REPORT**

148/18/1 **Executive summary**

Mr Hopkins reported that the report from the peer review visit by NHS Improvement would be circulated to members as soon as practical. He was pleased that the urgent care metrics were beginning to improve. In respect of the People and Culture agenda, he stated that it was important to ensure that the Trust's middle managers were given the tools to be able to manage appropriately.

148/18/2 **Quality Performance/Quality Governance Committee Assurance Report**

Ms Edwards was disappointed that the Trust has not met any of the infection prevention and control national targets. There has been a focus on the launching of the 12 standards across all patient areas which will enable staff to be empowered to challenge poor practice. She is pleased that there appears to be improvements in compliance. She is continuing to work with the Trust's partners on cleanliness.

She stated that whilst there had been 50 mixed sex breaches in month, no patient had given negative feedback. She thanked the Patient and Public Involvement Forum for their continued monitoring in this area.

Complaints performance has deteriorated and there is a focus on the division that has the challenges in meeting the timescales. There is a concerted effort to focus on the learning and to ensure that complainants are satisfied with the initial response letter.

She was pleased with the reduction in falls with harm and the collaborative work with NHS Improvement was proving successful.

Ms Smith joined the meeting.

Mr James highlighted the sepsis 6 metric. When this metric is reviewed in its individual components, the two elements which are not achieved are catheterisation and fluid balance. However the death rate associated with sepsis is decreasing. He was pleased to report that there will be an expansion in the role of critical care to support wards and the emergency department. There will be an appointment of a sepsis nurse to be part of this team.

The standard for patients to go to theatre following a fractured neck of femur is currently at over 90%. He reported that the move to the Alexandra Hospital of the service has resulted in an improved service for patients.

Dr Tunnicliffe was pleased with the progress being made. Performance relating to patients undergoing surgery for a fractured neck of femur was one of the issues that the Quality Governance Committee had focussed on and he was delighted with the progress. He continues to be concerned with infection prevention and control issues but informal intelligence indicates that the new deputy CNO (Infection Prevention and Control) was beginning to make a difference on the ground. He was still concerned about the ownership of this issue and safeguarding training, by clinicians.

Dr Tunnicliffe reported that the Committee had received a comprehensive CQUIN update and he had been impressed with the improvement methodology being used.

Mr Williams was also impressed with the work undertaken with patients who have had a fractured neck of femur. He advised that this needs to be celebrated.

Sir David asked for clarification with respect to sepsis. It was not clear whether the data showed improvement or not. Mr James confirmed that the position was improving. Audits were now taking place to ascertain whether patients who has positive blood cultures had been treated appropriately which was part of the new national standards.

Dr Tunnicliffe stated that he was pleased with the progress and the plans in place for improvement. He was also pleased with the role of the critical care team to support deteriorating patients.

Mr Hopkins stated that he would be working with the executive directors to ensure that the IPR was as informative as it could be with comparative data included.

RESOLVED that

The Board

- Received the report for assurance

148/18/3

Financial & Operational Performance/Finance and Performance Committee Assurance Report

Mrs Osmond advised that month 10, before Provider Sustainability Fund (PSF) showed a deficit of £7.5m, exceeding the forecast outturn by £400k. She stated that the forecast did not take account of the energy price rise. There had been additional costs in nursing. Income was broadly as expected. Emergency attendances were 10% above plan. The cost improvement plan (CIP) was consistent with that delivered in month 9 – she highlighted that the two way text for patient appointments was working well. She also confirmed that access to cash from the Department of Health and Social Care was not problematic.

She then turned to the year-end forecast. This would be assessed in the Finance and Performance Committee and was likely to be £74m.

Mr Williams expressed concern about the forecasting. He also was concerned about the income from Malvern View. Mrs Osmond was optimistic that this would be resolved by the end of year.

Mrs Osmond explained to Sir David that the emergency admission activity was consistent with that in month 9. Mr Brennan stated that the impact of the opening of the new beds was beginning to show with patients now being treated in the appropriate place such as the ambulatory care centre and not in the corridor. This means that more patients are admitted so activity will increase and there will be about £900k month additional income.

Dr Tunnicliffe asked for clarification on the agency ceiling. Mrs Osmond explained that the ceiling is fixed and most of the overspend is due to the additional capacity. Ms Ricketts explained that the Trust has had to use tier 2 agencies. Mr Brennan stated that this expenditure had been predicted and was budgeted for. Closure of more surge areas will impact on agency spend. Mr Ricketts added that a ban on healthcare assistant agency will also have an impact.

Mr Horwath asked whether there were any balance sheet issues to impact on the outturn. Mrs Osmond confirmed that there were none.

Mr Hopkins reported that there had been a constructive meeting with the health economy and NHS Improvement and NHS England. There is a clear expectation that commissioners and providers will be held to account jointly for issues.

Sir David then turned to the forecast. He stated that the current position was very disappointing. Mrs Osmond confirmed that the figure of £72.5m was submitted at the end of month 9. The forecast now is £73.8m.

Sir David then asked Mr Brennan to speak the operational performance.

Mr Brennan stated that there had been a continued improvement in cancer performance. He was confident that by April zero patients would wait for 104 days. Most of the 20 patients currently waiting were on the prostate cancer pathway and there was a continued focus on this area.

An action plan has been developed to deliver the 62 day standard by July; The plan will be presented to Finance and Performance Committee in April. He confirmed that the plan has been developed with the involvement of the multidisciplinary teams.

Mr Brennan then turned to diagnostics. This is key for the cancer pathways. He was pleased to report that endoscopy is now closed as a surge area and is working normally. There is a plan covering CT and MRI scanning to bring into line with the target and this is part of the 2019/20 contract.

He has also developed a monthly plan in respect of referral to treatment rates (RTT) for all specialties. The Trust has not had any patients waiting over 52 weeks so the plan focusses on patients not waiting over 40 weeks. By September 2020 the Trust should be in the upper quartile for waiting. The aim is for a maximum wait of 34 weeks.

He was pleased to report that the extra beds were fully open. This was having an impact on care in the corridor and ambulance handover times. However there is a lot of work to be done to meet the four hour target. The main focus now is to open a further 18 beds in April and June and have a robust management plan for all patients.

In summary, Mr Brennan confirmed that he would present a comprehensive integrated plan to the Finance and Performance Committee and the Trust board.

Mr Hopkins asked for clarification over the use of ambulatory areas. Mr Brennan stated that from 1 April ambulatory areas would be used as they should be. He was expecting a spike in waiting whilst the changes are embedded. Ms Smith stated that it was important to ensure that there are mitigations in place for example more staff available to ensure ambulances can off load appropriately.

Dr Tunnicliffe stated that clinicians needed to make the right decisions in respect of the patient pathway and this may need a behavioural change. Mr Hopkins referred to two summits held with clinical staff, led by the divisions. Some immediate changes were enacted as a result of the summit, for example attendance at bed meetings and processes were currently being reviewed to ensure that there is an impact of the changes in practice.

Ms Day was pleased with the reports. However she asked about discharge timing. Mr Brennan stated that this metric is not within the IPR and he was reviewing and changing the IPR to reflect the essential items. He stated that not all patients have discharge plans and criteria led discharge is dependent on these plans. He also stated that patients were moving too frequently and this will stop, unless clinically necessary.

Sir David thanked Mr Brennan and the operations team for their work. He requested a discussion on stroke.

ACTION: Hold a discussion on stroke (Mr Brennan)**RESOLVED that:****The Board**

- Received the report for assurance

148/18/4

People and Culture Performance/People and Culture Committee Assurance Report

Ms Ricketts reported that the trajectories associated with job planning were set to be achieved. However she reported a concern with vacancy rates which was linked to the new wards. Medical recruitment had improved.

Mr Yates was pleased with the progress with job planning and the new system has a number of functions which will allow better planning of the workforce.

Mr Haynes stated that the positive changes to the metrics would be shared with staff and this will aid in retention as well as the Trust's reputation.

Mr Williams asked about non-compliance with appraisal. Ms Ricketts explained that she has developed a set of corporate 'we do this by' messages and the individual responsibilities are set out within this. Changes to the national agenda for change terms and conditions will tie in with incremental increases but this benefit will not be seen for two years. She acknowledged that the ability to stop incremental increases is within the current system but it is poorly implemented. Fifty percent of staff are on the top of the band so will not affect them. Mr James reminded members that medical staff have a different system and staff have been reported to the GMC if there has been non-engagement with appraisal.

Ms Ricketts confirmed to Mr Horwath that the new exit interview process was not yet showing results as it had only been implemented for one month. However she was confident that two themes would be retirement and lack of flexible working.

RESOLVED that:**The Board:**

- Received the Committee report for assurance

149/18

GOVERNANCE

149/18/1

Learning from Deaths

Mr James reported on the general mortality metrics as outlined in the IPR as well as the Learning from Deaths paper.

He stated that there continued to be a rise in mortality indicators – HSMR and SHMI. However the crude death rate had fallen. There was a focus on pneumonia and bronchitis and patients dying from pneumonia who were under the age of 65 was within national figures. He has presented the detailed analysis to QGC. He went onto say that patients near the end of life were being admitted inappropriately – they should not be being brought to the Trust and the Trust should not be admitting them. He confirmed that the report was shared widely with all clinicians to share learning.

He then turned to the paper. It outlines six months of mortality reviews - 1052 deaths and 523 reviews. He went through the detail of the areas of good practice.

He was hopeful that the introduction of ReSPECT would support the end of life pathway. This would be from 1 July. This was work across the whole health economy.

He stated that on a balance of probability, there were three deaths that were potentially avoidable. These three had resulted in the changed treatment of patients presenting with an overdose; changed management of VTE in patients in the Trauma and Orthopaedic area who had not been admitted but had a fracture and better synchronising between radiology and clinicians.

Dr Tunnicliffe expressed the concerns of QGC in the timeliness of primary mortality reviews. He felt that improvement could be made that were not being done so in a timely manner. He was pleased with the work undertaken on prophylaxis treatment of VTE in patients with a lower limb fracture. He was also concerned that the work on the end of life pathway extended beyond the Trust.

Mr James explained that he has been working with Portsmouth Trust to develop the mortality review process and clinicians will be visiting that trust to learn from the work undertaken there.

Sir David was concerned that mortality continues to show as higher than expected. Dr Tunnicliffe stated that the Trust needed to be rigorous in its work to ensure that only appropriate people are admitted. The collaborative working with the CCG is in development.

Mr Brennan agreed that the end of life pathway was essential. There is work ongoing across the health economy and ambulance service to ensure that people are only admitted when necessary. ReSPECT will support this.

Sir David stated that he was still not clear whether the plans in place would result in a reduced mortality rate. He requested that the QGC maintain vigilance in this area.

ACTION: QGC to maintain oversight on mortality rates.

RESOLVED that:

The Board:

- Received the paper for assurance.

149/18/2

Report on Nursing and Midwifery Staffing Levels – November & December 2018

Ms Edwards spoke to the routine monthly report. She confirmed that nurse staffing was safe across all areas after mitigation has taken place. She was pleased with the recent successes in relation to recruitment and retention.

Ms Smith agreed that the new wards would be attractive to staff. She wondered what was being done to ensure the recruitment of new graduates. Ms Edwards stated that there was a national shortage of recruits. She is working closely with Worcester University and explained the 'golden ticket' initiative which meant that new graduates did not need an interview if they had completed all their assessments. There were still small numbers of nursing associates. She confirmed that the support for the new staff was being picked up within her team.

Mr Yates confirmed that the paper is discussed at People and Culture. He was confident that the centralised recruitment will improve the metrics. He has also asked for the paper to change to be more specific about the risks and mitigations.

Dr Tunnicliffe welcomed the change to the paper. He pointed out that the data relating to critical care was misleading. Ms Edwards agreed and stated that this was an anomaly nationally.

Mr Haynes expressed concern about the retention of health care assistants. Ms Ricketts explained that people had different expectations of the role. There was also a challenge with banding as other local trusts were paying a higher band.

Sir David asked about progress with flexible working. Ms Ricketts explained that Timewise was starting work for 12 months and she recognised that there was more that could be done. She will bring an update to the next Board meeting.

ACTION: Ms Ricketts to bring an update on flexible working to the May board.

Mr Hopkins stated that a key area was ensuring that middle managers have the capability to ensure that flexible working is part of the fabric of the Trust.

RESOLVED that:

The Board

- Noted the report
- Noted the mitigating actions taken to address areas of concern, specifically in relation to staffing shortfalls and incidence relating to patient safety and quality.

149/18/3 **Trust Management Executive Report**

RESOLVED that:-

The Board

- Noted the report for assurance

149/18/4 **Staff Survey**

Ms Ricketts stated that the response rate was only 35% compared with a national response rate of 44%, despite using a different methodology for collecting responses. The Trust remains in the bottom quartile with results very similar to the previous year. There was a deterioration in staff who had been subject to violence by patients and an increase in staff attending when they were not feeling well.

The paper showed the triangulation with results from the Freedom to Speak Up champion and occupational health. The consistent themes include excessive workloads and lack of trust between staff and their manager. She has identified 15 actions, based on the themes. The People and Culture Committee will monitor the actions.

Sir David was disappointed with the number of staff who had completed the survey. He asked that for the next survey, Board members are involved to encourage completion.

Resolved that:

The Board:

- Note the actions that will be taken in response to the results
- Note the changes that will be made to 4ward in 2019 to ensure the Trust continues on its journey to a culture of collective achievement

149/18/5 **EU Preparedness**

Resolved that:

The Board:

- Considered the content of the report and received assurance that the Trust are actively preparing for a 'no-deal' EU exit scenario.

150/18 **ASSURANCE REPORTS FROM COMMITTEES**

150/18/1 **Audit and Assurance Committee Report**

RESOLVED that:

The Board

- Noted the report for assurance.

150/18/2 **Remuneration Committee**

RESOLVED that:

The Board,

- Noted the report

150/18/3 **Finance and Performance Committee**

RESOLVED that:

The Board

- Approved the revised terms of reference.

DATE OF NEXT MEETING

The next Public Trust Board meeting will be held on Thursday 28 March 2019 at 10:00 in the Friends' Room, Charles Hastings Education Centre, Worcestershire Royal Hospital.

The meeting closed at 12:35 hours.

Signed _____

Date _____

Sir David Nicholson, Chairman

Exclusion of the press and public

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

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST
PUBLIC TRUST BOARD ACTION SCHEDULE – APRIL 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
14-3-19	IPR	148/18/3	Discussion on stroke	PB	May 2019		Scheduled for May meeting	
14-2-19	IPR	146/18/2	Present the urgent care action plan to the March meeting	PB	Mar 2019	April 2019	Deferred to April TME and F&P. May Board.	
14-3-19	Nursing and midwifery staffing	149/18/2	Flexible working – agenda item for May meeting	TR	May 2019			
14-3-19	Mortality	149/18/1	QGC to maintain an oversight	SK			On agenda at each meeting. Action ongoing.	
9-11-18	FTSU Guardian	99/18/4	FTSU guardian and champions to attend TB	KS	May 2019		On agenda for March meeting. Action closed.	

Meeting	Trust Board
Date of meeting	11 th April 2019
Paper number	Enc C

Integrated Performance Report – Month 10 and 11

For approval:		For discussion:		For assurance:	✓	To note:	
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Accountable Director	Matthew Hopkins – CEO		
Presented by	Matthew Hopkins - CEO	Author	Nicola O'Brien – Head of Information and Performance

Alignment to the Trust's strategic priorities

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

Alignment to the Trust's goals

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

Committee/Group	Date	Outcome
Quality Governance Committee	21 st March 2019	Limited Assurance
Finance and Performance Committee	25 th March 2019	Limited Assurance

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

Y BAF number(s) 1 – 3, 4 – 7, 9

Significant assurance <i>High level of confidence in delivery of existing mechanisms/objectives</i>	<input type="checkbox"/>	Moderate assurance <i>General confidence in delivery of existing mechanisms/objectives</i>	<input type="checkbox"/>	Limited assurance <i>Some confidence in delivery of existing mechanisms/objectives</i>	<input checked="" type="checkbox"/>	No assurance <i>No confidence in delivery</i>	<input type="checkbox"/>
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Recommendations	The Board is asked to: 1) Review the Integrated Performance Reports in Month 10 and 11. 2) Note areas of improved and sustained performance. 3) Seek assurance as to whether: a) the risks of under-performance in each area have been suitably mitigated, and robust plans are in place to improve performance in 2019/20.
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Meeting	Trust Board
Date of meeting	11 th April 2019
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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 against the priority metrics which form part of NHSI's Single Oversight Framework (SOF) and the Trust's own internal reporting priorities.

Included are the key messages from each area, detailing actions agreed to improve performance, 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.

The main points the Board needs to be aware of are:

Quality and Safety

- **C. difficile** - There were 5 confirmed cases of hospital acquired C. difficile in January 2019 and a further 5 in February. We are 7 cases over the year-end target as at the end of February.
- A review of the themes contributing towards the increase in Clostridium Difficile cases is underway. The review will consider, amongst other themes; cleanliness, hand hygiene, antimicrobial prescribing and delays in isolation.
- **Sepsis** - Compliance with the sepsis 6 bundle remains significantly below target level. Of 94 patients requiring treatment within 1 hour, 51 received timely treatment. 75.98% of patients who required antibiotics within 1 hour received them in this timeframe.
 Training to be made more accessible to staff using the online facility and the Trust is looking to recruit a substantive Sepsis nurse. There is also learning from mortality reviews to be considered and implemented widely.
- Our mortality **HSMR** remains elevated although crude mortality is declining. This is being investigated to ensure coding is not impacting the HSMR performance.
- **Fractured Neck of Femur** performance met target for the second consecutive month and is now above the 85% standard.
- **Grade 3 Pressure Ulcers** - 1 patient suffered a grade 3 hospital acquired pressure ulcer in February though the year to date total remains below the agreed trajectory. A mattress audit is scheduled for April, increased prevention training sessions are planned with bespoke sessions for the Trauma ward. The tissue viability team is fully recruited to.
- **Hand Hygiene** - This month saw the launch of our Key Standards to Prevent Infection. Of the 76.67% of areas who participated in the hand hygiene audits, 97.35% were compliant. Letters are being sent to managers of all non-participating areas, to set out expectations of participation.

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Finance

- The Committee is providing limited assurance to the Board with concern expressed on the risks of delivery of:
 - the 2018/19 financial plan
 In February, the Trust is recording a pre provider sustainability fund deficit of (£5.5)m which is (£3.4)m adverse to plan, albeit an improvement on the forecast in-month deficit. Patient Care income levels (excluding drugs & devices) increased by £0.2m in month driven by sustained high levels of emergency activity. Other income performed strongly in the month. Pay costs saw a marginal £0.3m reduction due to reduced enhancements and temporary staffing costs. Non pay reduced in month as a result of normalisation of the backdated energy tariff impact reported in January.
 - Cost Improvement Plan
 Year to date, cumulative gross CIP delivery stands at £6.4m at the end of February against plans of £11.4m, and a target of £18.9m.
 - Forecast
 The most likely forecast of (£73.8)m deficit presented at March Trust Board remains due to financial range of remaining risk and impact of unforeseen variation to the utility tariff.
- The Trust continues to require cash support in line with the deficit and liaises closely with NHSI to ensure continuity of services.

Operational Performance

Patient Flow and the Emergency Access Standard

- We have had a slight improvement from January (71.57%) to February (73.48%). There were 522 reported 60 minute ambulance handover breaches compared to 799 in January.
- In the latest published data (February) for all Trusts for the Emergency Access Standard, we are in the bottom quartile.
 An Urgent Care recovery plan is currently being finalised to ensure that we will deliver the improvements required to provide quality services for our patients.
- NHS Improvement have been advising our Accident & Emergency management on best practice for streaming patients to the right care from the A&E Department, however AEC is still categorised as surge capacity so streaming effectively to this area can be difficult in times of extreme pressure.

Cancer

- Our trust-wide 2 week wait performance (unvalidated February at 94.05%) has remained above the operational standard of 93%, for the fifth month in a row.
- The 62 day performance is not showing signs of recovery: eight specialties are failing

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Date of meeting	11 th April 2019
Paper number	Enc C

to achieve target based on unvalidated February data.

- In the latest published data (January 2019) for all providers we are in the bottom 5% for being able to treat patients within the 62 day standard.
- We are monitoring the recovery plans that are in place aimed at reducing the number of patients breaching the 62 day standard to no more than 50 by July 2019 The number of patients waiting 104 days for commencement of treatment has decreased in February to 25.
- 6 patients have been waiting 104 days due to tertiary centre delays.
- We will be actively escalating to tertiary centres where patients are waiting for treatments. We are reviewing the alignment of medical job plans to meet the demand for Cancer services and will be receiving additional capacity from a third party provider who has volunteered to assist with some Cancer pathway re-design.

Referral to treatment

- The referral to treatment performance has been in decline for several months, which is now showing a statistically significant cause for concern. The unvalidated performance for February is 80.14%.
- We are focusing on reducing the cohort of patients who have been waiting over 40 weeks for their first definitive treatment which will have an impact on RTT performance. Each directorate has submitted recovery plans with all except three specialties delivering their targets by the end of this financial year.

Diagnostics

- In the latest published data (January 2019) for all providers of diagnostics we are in the bottom 10% for meeting the 6 week standard.
- Performance has improved to 91.88% (7.55% breaching). 635 patients have waited longer than 6 weeks for a diagnostic and the overall waiting list has grown to 7,819
- Endoscopy remains the modality with the highest backlog.
An endoscopy recovery plan has been completed with the potential to help significantly reduce waiting times and the number of people waiting.
- Nearly 50% (260) of patients waiting for a cystoscopy or urodynamics have been waiting over 6 weeks which is a worsening position.

People and Culture

- Our vacancy rate has decreased by 1.66% from 11.41% to 9.75%, due to increased recruitment activity and reduced establishment. We have also recently had an additional 23.2 WTE new posts approved for Medicine, however this will increase the vacancy rate in the short term whilst we recruit to these new posts.
- Consultant job planning compliance has improved by 10% to 63%.
Team job planning will be completed by the end of April.
- Mandatory training compliance has increased by 1% across all levels this month.

Meeting	Trust Board
Date of meeting	11 th April 2019
Paper number	Enc C

NOTE: There has been a change in our internal governance process. As a result of this change we will be in a transitional month for reporting. The data for Quality and Safety will predominantly relate to January – month 10. Some key performance indicators may show February data but only when this data has been through the internal governance process. The Operational performance data will relate to February, month 11, wherever available.

The time to which the information relates is clearly indicated throughout the report.

Recommendations

The Board is asked to:

- 1) Review the Integrated Performance Reports provided in Month 10 and 11*.
Noting the change in internal governance processes have affected the monthly data presented.
- 2) Note areas of improved and sustained performance.
- 3) Seek assurance as to whether:
 - a) the risks of under-performance in each area have been suitably mitigated, and;
robust plans are in place to improve performance in 19/20.

Appendices

- 1) Trust Board IPR – M10 and 11 2018-19*
- 2) Trust Board IPR Dashboards – M10 and 11 2018-19*

*As approved by the internal governance process.

Trust Board

Integrated Performance Report

February 2019
Month 11

11th April 2019

Topic	Page Number
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Quality & Safety | Key Messages

Falls with harm

- Falls resulting in serious harm increased to 0.09 after January's low of 0.04. There were 2 falls with harm in February.
- NHSI Falls Prevention Collaborative was launched February 2019 with a focus on the number of falls free days on both MAU's.
- Roll out the initiatives implemented: "Stay in the Bay", "Find your Feet" and "Kit where you Sit" which will be evaluated in terms of quantitative and qualitative data to determine a wider scale roll out plan.

Medicine Incidents per 1,000 bed days

- The number of reported medicine incidents per 1,000 bed days varies from month to month but dropped to it's lowest level since March 2018.
- There are a number of actions in place:
 - The Medicines Safety Committee is to continue with oversight and support for the investigation of medicines incidents
 - There is a developing communications strategy across our Trust to promote the reporting of medicine related incidents
 - Medicine related incident reports in progress of development for all divisions in line with reporting schedule with feedback on actions to Medicines Safety Committee to encourage engagement in medicines safety initiatives across the organisation

% of medicine incidents causing harm

- 17.5% medicine incidents caused harm, the lowest performance since 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

- There were 5 CDiff, 9 E-coli and 0 MSSA cases recorded in February 2019.
- This month saw the launch of our Key Standards to Prevent Infection.
- Of the 76.67% of areas who participated in the hand hygiene audits, 97.35% were compliant.
- Letters are being sent to managers of all non-participating areas, to set out expectations of participation

Mixed Sex Accommodation

- There were 34 reported mixed sex accommodation breaches in February compared to the 50 recorded in January.
- Due to the on-going capacity challenges, stepping patients down from the intensive care environment remains very difficult.

Quality & Safety | Key Messages (2)

Fractured Neck of femur

- The #NOF metric met target again in January with 59 of 63 patients in theatre within 36 hours.
- Improved performance is expected to continue 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

- The screening audit was completed for 75.98% of patients that were required to have it. 84.69% of patients who required antibiotics received them within 1 hour.
- 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

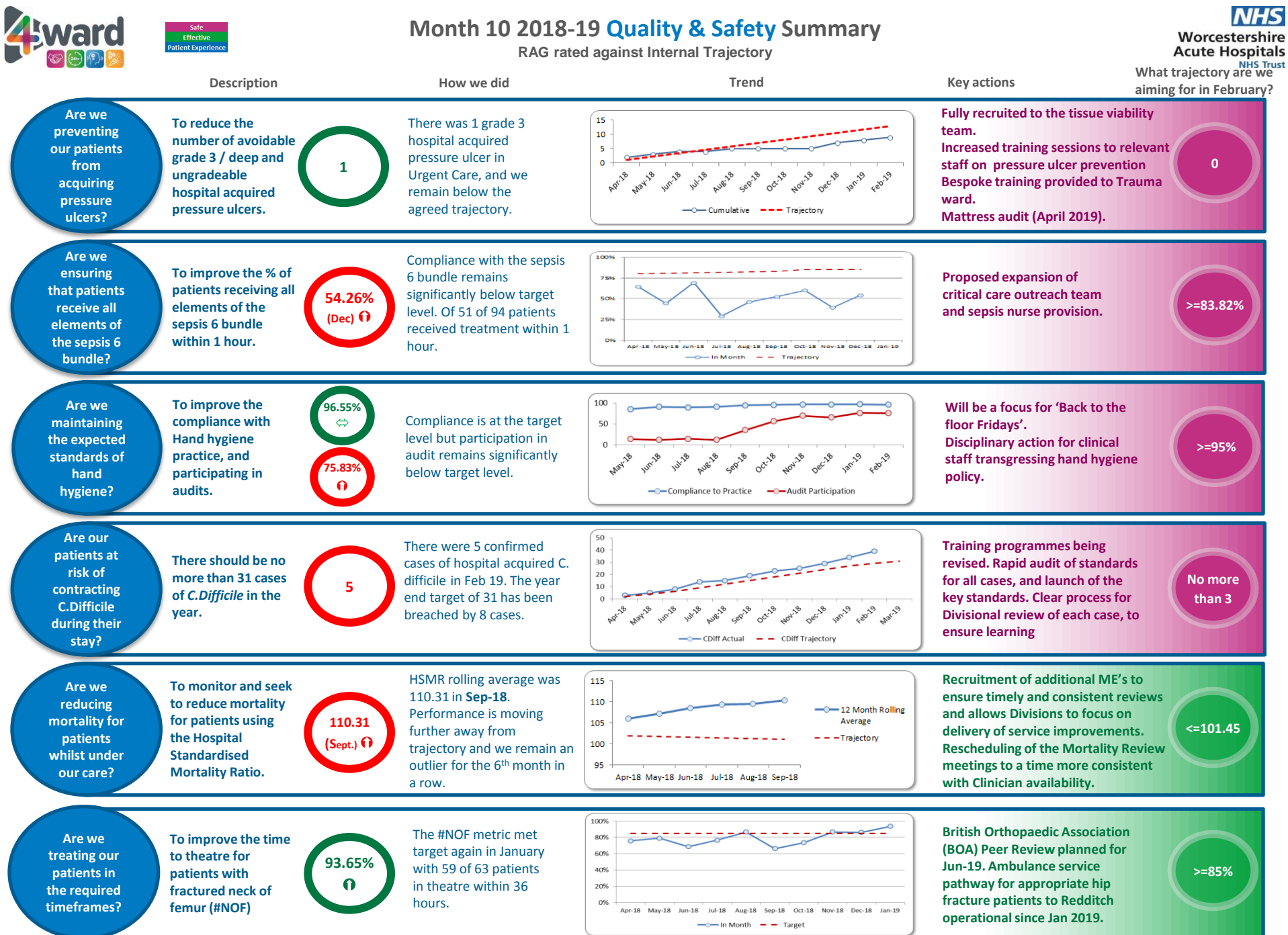
- All areas : A&E, In patient wards, Maternity and Outpatients saw an increased both response rates and recommendation rates in February 19. However to reach target levels of >30% response for inpatient ward areas improvements area required for specialised medicine, SCSD, paediatrics, Outpatients > 10% and ED >20% across all three hospital sites.
- Corporate actions to be taken in April 19 : FFT positive comments scrolling on whiteboards across trust for enhanced staff visibility and purpose, Patient experience Lead Nurse recruited who will lead "on the floor", increased focus on initiatives in place (the use of FFT app and printed cards) . A recruitment drive for targeted volunteer support to generate a better response rate. New boxes to be delivered across trust to all areas. Re-vamped ward boards focusing on feedback launching in Patient Experience Week. Patient Experience Champions (second wave) continues, growing #togetherwearepatientexperience movement.

Mortality Rate

- The Trust remains an outlier on HSMR.
- Crude mortality is reducing compared to the same period last year.
- Coding issues around comorbidity will be investigated.
- Pneumonia and bronchitis deaths have fallen since deep-dive review was completed.
- Scheduled deep-dive review into congestive cardiac failure.

Complaints

- Performance had dipped, due to the lack of timely responses in 25 days from receipt specifically from Estates and Facilities. Weekly SITREP and escalation in place and individual complaint reminders sent from patient relationship/complaints team. Whilst improvements have been seen in telephone calls from divisional lead investigator deescalating and clarifying issues further improvements are required across in particular urgent care
- There are no complaints open over 6 months for the third consecutive month.
- PALS team to be relocated to front of house in WRH in order to provide a service in real time, face to face to deescalate concerns at earliest possible opportunity
- A communication strategy is being finalised and the roll out of Sage and Thyme and customer care training will begin in quarter 1 2019/20 in response to themes from 2018/19 complaints.



4ward		Month 10 2018-19 Quality & Safety Summary		Worcestershire Acute Hospitals NHS Trust	
Safe Effective Patient Experience		RAG rated against Internal Trajectory		What trajectory are we aiming for in February?	
Description		How we did		Trend	
Key actions					
Risk	Are we reviewing risks to ensure patient safety?	To reduce the number of risks overdue a review.	176	The average number of risks overdue for review per month between Apr-18 and Jan-19 is 155.	Increased focus during divisional RAIT meetings.
	Are we managing risks to ensure patient safety?	To reduce the number of overdue actions relating to risks.	164	The number of overdue actions remains stable and the average per month between Apr-18 and Jan-19 is 163.	Increased focus during divisional RAIT meetings.
Friends & Family Test	Are we providing a positive experience for Maternity / Inpatients?	To improve the Recommended Friends & Family Score for Maternity & Inpatients	99.2% 94.1%	Maternity score remained above target but inpatients dropped slightly below target.	There has been a successful recruitment campaign to appoint the Quality Improvement Matron who will commence in the next few months.
	Are we providing a positive experience for Outpatients / ED?	To improve the Recommended Friends & Family Score for Outpatients & ED	92.3% 82.0%	Both areas' recommended scores increased this month, though remain below target.	There has been a successful recruitment campaign to appoint the Quality Improvement Matron who will commence in the next few months.
	Are we providing a positive experience for Maternity / Inpatients?	To improve the Response Rate for the Friends & Family Test for Maternity & Inpatients.	29.6% 18.6%	Both areas' recommended scores increased this month, though remain below target.	There has been a successful recruitment campaign to appoint the Quality Improvement Matron who will commence in the next few months.
	Are we providing a positive experience for Outpatients/ ED?	To improve the Response Rate for the Friends & Family Test for Outpatients & ED.	5.4% 5.9%	Both Outpatients and ED rates increased in January but remain below target.	There has been a successful recruitment campaign to appoint the Quality Improvement Matron who will commence in the next few months.

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 21 March. The items discussed were as follows:

Clinical Governance Group: Whilst this report continues to mature, the committee believes that there is more work that can be done in respect of data analysis and interpretation. The report would benefit from including more benchmarking data which is available through tools such as national safety thermometer.

The committee was pleased to see the progress with the introduction of ReSPECT, which focusses on people's end of life preferences. This work is being undertaken as a health economy and TME has been requested to consider the action plan. A significant part of the report was the Patient Safety quarter 3 report. Unfortunately this report did not have the analysis of data required and was lacking responses and deadlines for action. The committee requested an update at a future meeting. **Limited assurance.**

CQC Self-Assessment: The Committee were presented with the self-assessment for the CQC visit, due in the next few weeks. It was confirmed that the ratings had been agreed by the TME and that evidence can be supplied to justify the ratings. The necessity of clinical engagement was discussed and this area of work is high on the People and Culture agenda.

Maternity and inpatient survey: Results from these two surveys are now available to us. The maternity survey (already published) showed significant improvements. The inpatient survey (embargoed) triangulated with the work undertaken on developing the quality priorities for 2019/20. Actions will be incorporated into the Divisional Quality Improvement Plans for 2019/20.

Mortality report: The committee remain concerned with the progress in this area. However, it was pleasing to hear of the scheduled visit to Portsmouth, who have turned around their mortality review process. There remains a shortage of medical examiners but there is evidence of closer working with coders to ensure accurate coding. The HSMR remains elevated, crude deaths are lower than this time last year. This may be due to the inaccurate coding of comorbidities which is being examined. A deep dive into deaths from congestive cardiac failure is also being undertaken. We have requested that the data is enhanced, particularly with respect of admissions from nursing homes and elective care outliers. There is new legislation coming into force and I have requested a report showing that we have prepared for this. **Limited assurance**

Infection Control: Infection prevention and control remains a high priority for us. We understand that this will be a key focus for the Quality Improvement Plans for each division. The recent peer review visit once again found poor practice, which is disappointing. **Limited assurance**

Other items considered:

- Corporate risk register
- 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">TB IPR - M10 and M11 2018-19

Finance | Key Messages

Deficit

• In Month 11 the Trust is recording a pre Provider Sustainability Fund (PSF) deficit of (£5.5)m, which is (£3.4)m adverse to plan. Inclusion of the PSF increases the variance to (£5.5)m in month. The cumulative position is a pre Provider Sustainability Fund (PSF) deficit of (£64.9)m against a (£39.2)m planned deficit, resulting in a (£25.7)m adverse variance. As a result of financial and operational performance, the Trust has not been able to access the PSF allocations of £15.7m, increasing the adverse variance to (£41.4)m. A deficit of (£5.5)m is a £1.2m improvement in the current month against the forecast deficit, largely driven by the income position.

Income

• Patient Care Income levels overall – excluding drugs and devices increased by £0.2m. We saw sustained high levels of emergency activity, increasing from 10% in January to 14% above planned levels in February. Receipts for training income following confirmation of 2019/20 agreements and approval of special measures monies improved the position by c.£0.5m.

Expenses

• Pay costs reduced marginally by £0.3m in January. This was due to reduced enhancements (Bank holiday and weekend) with the remainder reported within temporary staffing. This was driven by recruitment and reduced levels of sickness cover and specialising. A £0.7m reduction in non pay compared to January was due to the normalisation of energy costs following the backdated tariff impact reported in January.

CIP (Savings Improvement Plans)

• Year to date, cumulative gross CIP delivery stands at £6.4m at the end of February against plans of £11.4m, and a target of £18.9m, which is extremely disappointing. Notwithstanding that we have incurred c. £1.6m of support/investment cost to deliver this position. The key areas of slippage are in the theatre productivity, outpatient and workforce schemes. The pace of identification of robust CIP plans that are owned at a specialty level is paramount moving into the 2019/20 financial year.

Cash Balance

• The Trust continues to require cash support in line with the deficit. The variance to plan has increased the level of revenue cash support required, and the Trust continues to work closely with NHS Improvement to ensure access to the cash required to maintain services. At the end of February the cash balance was higher than planned due to a timing difference between the receipt of capital loans, primarily for the ASR schemes and payment of invoices for work done. We continue to work closely with the contractor and project team to ensure cash flows are closely monitored.

Forecast Update

• The Trust year end forecast was reviewed at both Finance & Performance Committee and Trust Board in December, and again in March following a review of risks and opportunities (including contracts, winter, energy and Malvern View/MES schemes). Achievement of the forecast remains a concern and continues to be closely monitored through regular review meetings with Divisions / Directorates. Although the position is somewhat favourable this month against forecast, the most likely forecast of (£73.8)m deficit presented at the March Trust Board remains due to the financial range of the remaining risks, and the impact of the unforeseen variation to the utility tariff.

Use of Resources

Risk Rating Summary

	Metric Definition	How we did YTD at M11	Risk Rating		Previous Month YTD	Full Year Plan (Forecast)
Are we spending more than the income we receive?	I&E surplus or deficit / total revenue.	(17.40%)	4	Adjusted financial performance deficit of £64,944k (£64,944/ total operating income £372,664 = (17.40%).	4	4
How close are we to our financial plan?	YTD actual I&E surplus/deficit in comparison to YTD plan I&E surplus/deficit.	(11.40%)	4	I&E margin YTD actual of (17.40%) less I&E margin YTD plan of (6.00%) = (11.40%).	4	1
How many days' worth of cash do we have?	Measures the days of operating costs held in cash, cash-equivalent and liquid working capital forms.	(95.103)	4	Working Capital of (£118,086) / YTD Operating Expenditure of £423,932 multiplied by the number of YTD days (334) = (95.103).	4	4
Do we have sufficient income to cover the interest owed on our borrowings?	Degree to which the organisation's generated income covers its financing obligations.	(2.405)	4	Revenue available for capital service (£41,935k)/ capital service £17,433k = (2.405)	4	4
Is our agency spend within the imposed limits?	Total agency spend compared to the agency ceiling.	(30.2%)	3	Total agency spend of £20,638k less agency ceiling of £15,851k / divided by agency ceiling of £15,851k = (30.2%).	3	3

Operational Performance | Key Messages

2WW Cancer

- Prior to March's unvalidated performance, 2 week wait operational performance had been achieved for 5 consecutive months.
- Action plans are in place to for Divisions to maintain their 2 week capacity in order to continue to achieve performance at the operational standard through 2019/20.

2WW Breast Symptomatic

- The operational standard has been achieved in month after dropping below target level in January.
- The forward planning template and daily calls with the Directorate where escalation is required will support the continuation of achieving the operational standard.

62 Day Cancer

- Although the number of treatments remains high, the attempts to reduce the 62+ day backlog continue to impinge on performance.
- A Trust wide and sub specialty trajectory has been developed and shared with the Divisions and has the Trust achieving operational standard from Jul-19 onwards. Divisions are currently formulating an action plan to support it's delivery with a particular focus on reducing the number of patients waiting 104+ days.
- Upcoming issues and concerns regarding compliance to the cancer standards are discussed at the Performance Management Group chaired by the Deputy COO/COO.

EAS 4 Hours

- EAS performance improved again against the previous month, with fewer attendances and fewer breaches.
- The underlying metrics also saw improvements in performance with fewer super stranded patients, patients on the corridor and 12 hour breaches in February.

RTT

- Both the total number of patients waiting and those waiting 18+ weeks for treatment increased slightly in February and as a result performance saw a marginal decline.
- A specialty based trajectory, based on known and planned capacity to meet on-going demand is being worked on to, as a minimum, ensure that our position does not worsen and specifically reduce the number of patients waiting 40+ weeks. There were fewer patients waiting 40+ weeks in February.

Diagnostics

- There was an increase in performance with the number of patients waiting 6+ weeks decreasing from January to February.
- There remains concern that the CT and Endoscopy capacity is not sufficient to meet demand which delays our ability to perform at the expected standard.
- A Rapid Action Plan has been drawn up in response to a CCG Contract Performance Notice and this will be monitored for impact over the course of 2019/20.

Description

How we did

Trend

Key actions

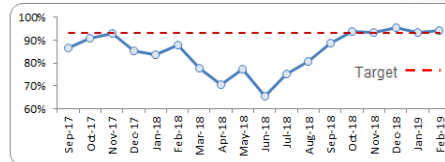
What trajectory are we aiming for in March?

Did we see urgent cancer patients quickly?

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

94.05%

We saw 94.05% of our cancer patients within 2 weeks. **112 patients** waited longer than 2 weeks.



- Cancer forward planning template in place with all directorates

93.0%

FORECAST STATUS

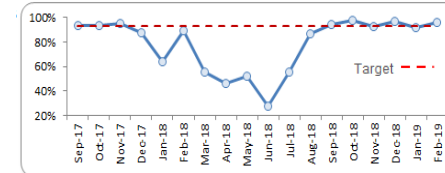
DECLINE STABLE IMPROVE

Did we see patients with potential breast cancer quickly?

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

96.00%

96.0% of patients were seen within 2 weeks. 6 patients waited longer than 2 weeks.



- Continued focus on 2WW and 104 days escalation.

93.0%

FORECAST STATUS

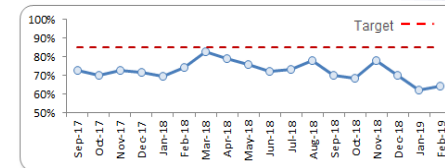
DECLINE STABLE IMPROVE

How quickly did we start treating cancer patients?

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

66.31%

66.31% of patients started treatment within 62 days. **62.5 patients waited longer before starting treatment.** There were **25 patients** still waiting 104 days or more for treatment at the end of the month.



- Gap analysis undertaken to identify bottlenecks with associated work-groups to address these

80.0%

FORECAST STATUS

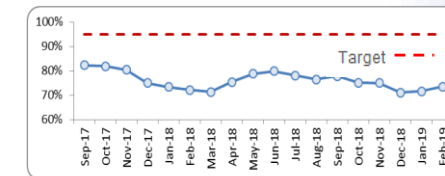
DECLINE STABLE IMPROVE

Do patients leave the ED within 4hrs of arrival?

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

73.48%

The Trust performance was 73.48%. **3,863 patients** breached the 4 hours standard, WRH achieved 57.95% (🔴), ALX 65.89% (🔴). **85 patients** waited 12+ hours to be admitted after their decision to admit.



- NHS Improvement Urgent Care specialists have been in the Trust supporting plans for improvement.

85.0%

FORECAST STATUS

DECLINE STABLE IMPROVE

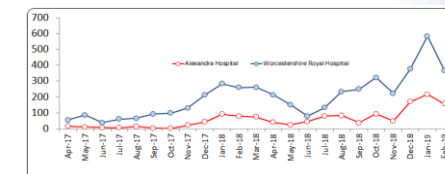
Are ambulance patients waiting a long time to be seen?

No patient arriving by ambulance should wait over 1 hour to be handed-over to ED staff

ALX 155

WRH 367

522 patients arriving by ambulance remained under the care of the ambulance crew for over 60 minutes. This is 277 fewer patients waiting over 60 minutes than in January.



- A recruitment strategy is being developed for consultants.

335

FORECAST STATUS

DECLINE STABLE IMPROVE

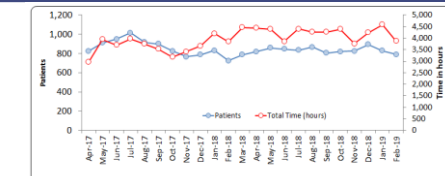
Are patients being treated on the corridor and for how long?

Corridor care is not acceptable, but when it does occur performance will be monitored against our plans to stop it happening.

789 patients

280 mins

789 patients spent time on the corridor in February. This is 39 fewer patients than in Jan. The average time spent on the corridor remains around 280 minutes.



FORECAST STATUS

DECLINE STABLE IMPROVE

RTT

Did we start treatment within 18 weeks?

Description

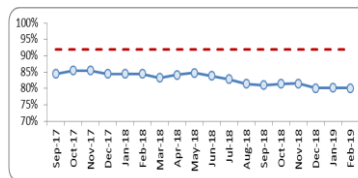
92% of patients on a 'referral to treatment' (RTT) pathway should be seen within 18 weeks.

How we did

80.14%

79.75% of patients are waiting less than 18 weeks for treatment. 7,094 patients have been waiting over 18 weeks. No patient has waited over 52 weeks. The 40-51 weeks cohort decreased from 420 to 396.

Trend



Key actions

Trust focus is on reducing the over 40 week waiters.

84.1%

FORECAST STATUS

DECLINE STABLE IMPROVE

Diag.

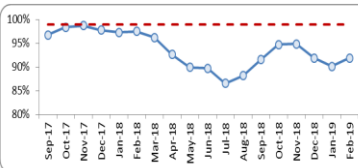
When a patient needs a diagnostic test, do we do this within 6 weeks?

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

91.88%

91.88% of patients requiring a diagnostic test were waiting less than 6 weeks for their test. 8.12% were waiting 6 or more weeks which equates to 635 patients.

Trend



Rapid Action Plans written and recovery trajectories modelled on available capacity.

98.4%

FORECAST STATUS

DECLINE STABLE IMPROVE

Stroke

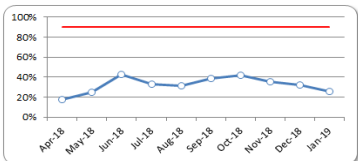
Are we directly admitting stroke patients to the specialist ward?

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

25.5%

Only 13 of 51 patients were admitted to the stroke ward within 4 hours.

Trend



- Consultant to provide 7 day stroke services
- CNS/Nursing rota will include 24/7 bleep cover.
- Nursing staff will be IRMER qualified enabling them to request CT scans

90.0%

FORECAST STATUS

DECLINE STABLE IMPROVE

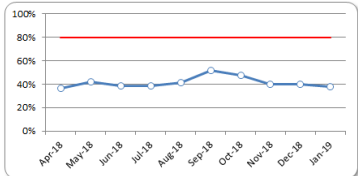
Are we scanning stroke patients soon enough?

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

37.7%

Only 26 of 69 patients had their CT scan within 60 minutes. Almost 2 thirds waited longer than 1 hour.

Trend



- Business case approved for 2 further consultants
- Collaboration with radiology to allocate 2 CT slots at weekends for TIA clinic

80.0%

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

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 25th March.

Financial performance report month 11: At month 11 the trust is £64.9m in deficit against plan of £39.2m, before PSF. As a result of the financial performance we do not have access to the PSF. We have seen a marginal improvement in pay costs. It was pleasing to note that some of the divisions have had a favourable month, mainly due to increased income for emergency activities. CIP performance was again disappointing and below plan as well as forecast. We discussed the forecasting within divisions and have requested more robust work in this area, particularly within the Women and Children division. Despite the fact that month 11 was better than forecasted, the Trust is holding the year-end forecast at £73.8m deficit, as a number of risks might be materialising. We have no immediate cash issues. As a Committee we can recommend to the Board that there is limited assurance that we will meet the deficit of £73.8m. It is essential that we have an adequate forecasting function as well as complete ownership of the financial position by the whole organisation.

Operational Plan 2019/20: It was disappointing that we did not have this paper to discuss and recommend to the Board. We do not yet have granular ownership of the cost improvement plan (CIP). We were presented with an updated waterfall diagram, but there were still significant gaps to fill. With respect to the contract, we received a verbal update; there remains a gap with our commissioners, which is aimed to be closed by next week. I have requested a written update on the content and the status of the contract. The committee concluded that it is very unlikely that we will have a robust Operating Plan/Budget to present to the board on Thursday and to submit to NHSI next week. The proposal to the board would be to approve and submit a preliminary version of the Plan/Budget, while we take another month to complete a final version. This needs to be agreed with NHSI. **No assurance.**

Cost Improvement Plan (CIP) for 2019/20: There continues to be a gap between the schemes that have been identified (approx. £13.36M) and schemes needed (£22.5M) to bridge that gap. And of the identified schemes only £72K is underpinned with a full PID and QIA. I am very disappointed with the progress in this area. **No assurance.**

Going concern: We agreed that the Trust is a going concern on the NHS definition of 'going concern'. Neither NHSI nor DHSC have deemed the going concern basis to be inappropriate for the Trust.

Malvern View lease: There is a risk that we will not be able to come to a final agreement before the end of the month, which would impact this years' deficit. The committee agreed that we should not agree to conditions in the contract that would have a longer term negative effect in return for a short term one off to support this years' outturn. The final decision in relation to the signing of the lease was left to the Chief Executive.

Finance & Performance Committee Assurance Report

Accountable Director

Richard Oosterom - Non-Executive Director

Presented By

Richard Oosterom - Non-Executive Director

Author

Kimara Sharpe - Company Secretary

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

Y

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number(s)

4, 5,
6, 7

Level of assurance and trend

Significant assurance

Moderate assurance

Limited assurance

No assurance

X

Executive Summary (cont.)

PFI MES Contract Renegotiation Update: Siemens hasn't revised their proposal which would give the Trust £500K annual cost reduction on a scope of £7.265M for equipment maintenance/management activities (6.8%). This doesn't seem good value, given that we should be giving up our right to benchmark for a contract that runs for another 12 years. It is unlikely this will be resolved this week and has a negative effect on our forecast.

Capital finance report: We are on track to spend all the capital allocation for 2018/19. NHSI have approved the capital loan which will be received in 2019/20. **Limited assurance** as we are unable to mitigate all our capital risks given the capital allocation.

Integrated performance report: The committee was pleased with the progress as outlined in the IPR for this month. We continue to be in the bottom quartile for emergency access standard. Discharges continue to be at the end of the day and this is being addressed in the performance review meetings. Performance in relation to RTT has improved with no patients waiting over 52 weeks for more than 7 data points. Our two week wait has continued to remain above the operational standard. We are concentrating on specialities that are consistently below the national standard (lung, upper GI and gynaecology). Diagnostic performance has improved. The committee requested a detailed report on stroke for the next meeting.

The committee was pleased to learn that we are planning to undertake shadow monitoring of the new NHS standards which are due for implementation in 2020. **Limited assurance.**

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 - M10 and M11 2018-19

People & Culture Performance | Key Messages

Job Plans

- Consultant Job plan compliance rates have improved by 10% this month to 63%.
- Compliance is being addressed through the Allocate suite of solutions, which has overachieved on its target of 60% compliance by 28th February. Team job planning reviews are continuing with a target of 85% by 31st March and 90% by 30th April 2019.

Appraisals/ PDR's

- There has been 5% improvement in medical PDR's to 90%. However, non-medical appraisal rate has remained the same as last month at 77%. The slippage is primarily within AMIT with a 2% reduction in Specialty Medicine and a 1% reduction in both Surgery and Urgent Care this month. SCSD has improved by 2% and other divisions have stayed the same.
- Our lowest compliance rate by staff group continues to be within the Scientific, Therapeutic and Technical group although that group shows a 3% improvement this month.
- Each division has been set a target of 85% by 31st March 2019 and are held to account for delivery at the monthly performance review meetings.

Mandatory Training

- The Trust's compliance rates for mandatory training improved by 1% to 84% across all 11 topics (33 levels) plus MCA and DOLS. 6 out of 33 topics have deteriorated this month but 1 of these remains above target and 2 are within 1% of target.
- Our lowest compliance rates continue to be within the Medical and Dental staff groups with only a 1% improvement to 67%. Estates and Ancillary are the only group that has not met the target and not improved this month.
- Safeguarding Level 4 has dropped by 25% due to one person being on maternity leave.
- Each division has been set a target of 85% by 31st March 2019 and are held to account for delivery at the monthly performance review meetings.

Sickness Absence

- Cumulative sickness rate for the 12 months has increased by 0.03% to 4.19% which is 0.01% higher than the same period last year.
- The Trust was on target at 4% in line with the Model Hospital on the latest data available (September 2018)
- 5 divisions with the exception of Corporate and Specialty Medicine are above the target of 4% this month and continue to be supported by HR to undertake back to work interviews and formal sickness absence management meetings.

Turnover

- The overall staff turnover rate has reduced by 0.13% to 12.33% which is above our target range of 10-12%.
- Turnover for HCA's reduced in month but for all other staff groups increased slightly.
- Recruitment plans are in place with job fairs and assessment centres scheduled throughout the year, publicised through press, social media and advertised through NHS Jobs.
- International Recruitment planned in March for registered nurses.

Description

How we did

Trend

Key actions

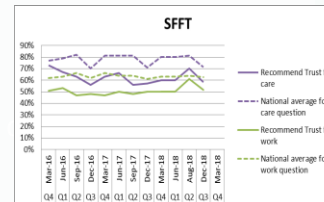
What are we aiming for in Mar?

Would our own staff recommend us?

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

58% (T)
52% (W)

Q3 SFFT data is incorporated in the Annual Staff Opinion Survey which was conducted in paper only this year in an effort to improve response rates. The national position has deteriorated by 10% (T) and 1% (W). Trust position has deteriorated by 12% (T) and 9% (W). However Q2 results were limited to AMIT, Corporate Women and Children Divisions.



Improve culture, retention and staff experience so that staff report higher satisfaction. An action plan will be developed from the Staff Survey. Q4 SFFT to be issued in March.

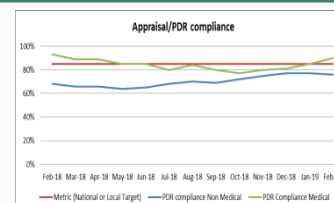
Improved position to National average – 71% (T) & 63% (W)

Are our staff having annual appraisals?

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

90% (M)
77% (NM)

Appraisal rates have improved by 5% for Medics but have deteriorated by 1% for Non-Medics. This is due to fact that appraisals have not been spread out throughout the year.



Divisions to continue to be held to account. ESR also automatically notifies staff and managers of expiry dates. Further publicity around the 2018 pay award which links incremental progression to appraisal

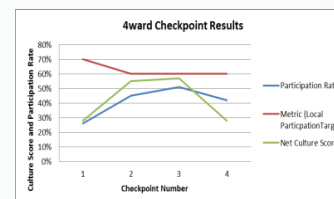
80% against 85% target

Are we engaged with cultural change?

Summary of results from 4 ward Programme

42% participation
28% net culture

Checkpoint 4 reported against changed algorithm which reduced net culture score to 28% from 57% in checkpoint 3. Participation rate reduced from 51% to 42%. Checkpoint 5 launched February 2019.



Results of Checkpoint 5 due out in April 2019.

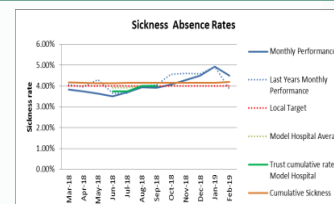
Improving response rate and net culture score

How many of our staff are taking time off sick?

Sickness absence rates measured against National average on NHS Model Hospital (4% as at Sept 2018 (when our Trust reported 4%))

4.19% cumulative

Sickness has decreased by 0.44% to 4.49% in month. Cumulative sickness for the 12 month period has increased by 0.03% to 4.19% compared to 4.18% last year. The Trust was at Model Hospital average of 4% on the latest benchmark which is September 2018.



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

4.0%

Key to rag rating: Green - target met; Amber – on track or close to target; Red - target missed

Description

How we did

Trend

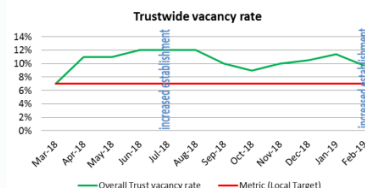
Key actions

Do we have enough staff?

Vacancies against funded establishment compared to the local target of 7%

11.41%

Vacancy rate has decreased from 11.41% to 9.75% which is due to increased recruitment activity and reduced establishment. Our staff in post increased by 62.17 wte 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 has not been approved at this point.

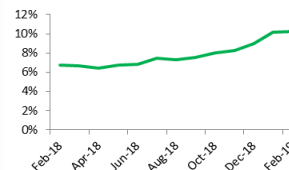
9%

How much are we spending on temporary staff?

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

10.21%

Agency spend increased by 0.05% in January and was 10.21% of the total pay costs. Agency spend was above forecast as the forecast assumed agency costs would represent 4.58% of total pay costs.



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

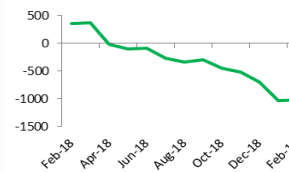
4.58%
(Forecast)

Are we spending too much on temporary staff?

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

(£1013k)

Agency staffing costs of £2,454k in month is a decrease of £19k on last month and is £1013k 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.

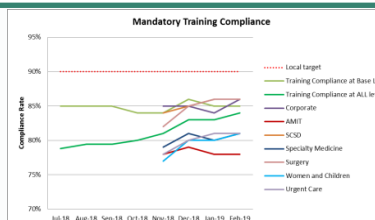
Need to reduce run-rate

Are our staff doing the necessary training?

All staff are required to undertake Mandatory training at the appropriate level assigned by leads in 11 mandatory training topics (33 topic levels)

84%

Compliance has increased by 1% across all levels this month. Only 6 of the 33 topic levels have declined (with 3 of these 6 remaining within 1% or above target)



Divisions being held to account for their staff compliance. Fortnightly reports sent out to Divisions as well as visibility and automated emails To Managers and Staff via ESR self service

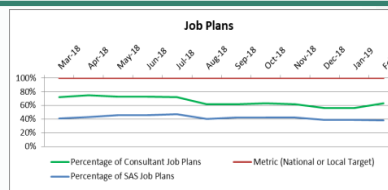
85%

Do our consultants have up-to-date job plans?

All consultants are required to have an annual job plan review

63%

Compliance has improved by 10% to 63% partly due to the exercise being led by HR around team job planning as part of the Allocate suite of rostering solutions.



Early Implementers have uploaded job plans to Health Medics rostering system. Revised targets for completion for 85% of all specialities by 31st March 2019 with 95% by 30th April 2019.

85%

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: February 2019

SAFE																							
Area	Indicator Type	Indicator		Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Current YTD	Prev Year	2018/19 Tolerances			SRO	Data Quality Kitemark
																			On Target	Of Concern	Action Required		
Incidents	Local	QPS3.3	Number of overdue SIs	1	1	4	0	0	0	0	0	0	0	0	0				0	-	>0	CMO	🟢
Falls	Local	QPS6.6	Falls: Total Falls Resulting in Serious Harm (In Month)	1	2	2	1	2	2	2	4	2	4	2	1	2	24	24	<=1	-	>=2	CNO	🟢
VTE	National	QPS11.1	VTE Risk Assessment (as recorded in Bluespир and OASIS)	91.98%	90.97%	93.74%	95.13%	94.35%											>=95%	94% - 94.9%	<94%	CMO	🟢
	National	QPS11.2	VTE Risk Assessment (as recorded in OASIS only - Aug-17 onwards)						95.51%	94.67%	94.07%	95.14%	95.33%	92.70%	93.89%				>=95%	94% - 94.9%	<94%	CMO	🟡
Never Events	National	QPS4.1	Never Events	0	0	0	0	0	0	0	0	0	1	0	0		1	2	0	-	>0	CMO	🟡
Pressure Ulcers	Contractual	QPS7.5	Pressure Ulcers: New Pts. with Hosp. Acq. Grade 3 Avoidable (Monthly)	2	2	2	1	1	0	1	0	0	0	2	1	1	9	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 Infection (Trust Attributable)	1	3	3	2	3	6	1	4	4	2	4	5	5	39	33	17/18 Threshold <= 32 18/19 Threshold <= 31			CNO	🟢
	Contractual	QPS12.15	MSSA Bacteremia Cases (Trust Attributable)	0	0	5	1	1	3	3	1	0	2	3	2	0	21	17	0	1	>1	CNO	🟡
	Contractual	QPS12.14	Ecoli Bacteremia Cases (Trust Attributable)	3	4	5	5	7	6	7	3	5	6	12	4	9	69	62	18/19 Threshold <= 47			CNO	🟡
	National	QPS12.4	MRSA Bacteremia Cases (Trust Attributable)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	>0	CNO	🟢
	National	QPS12.131	MRSA Patients Screened (High Risk Wards Only) - Elective	98.8%	97.3%	96.8%	95.5%	95.6%	97.7%	97.8%	96.5%	95.5%	93.9%	97.4%	96.9%		1		>=95	-	<95%	CNO	🟢
C-Sections	Contractual	MCS1.2	Emergency Caesareans	18.90%	15.40%	12.60%	14.10%	12.10%	14.00%	16.20%	15.70%	19.80%	17.00%	16.20%	14.90%		15.46%	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)			65%	44.44%	69.23%	29.17%	46.15%	50.00%	64.44%	39.39%	48.72%	43.01%				>=80%	-	< 80%	CNO	🟡
Hand Hygiene	Local	QEF3.5	Hand Hygiene Compliance to Practice	77.38%	88.58%	86.59%	85.55%	91.29%	89.96%	91.48%	95.02%	95.66%	96.79%	96.79%	97.35%				>=95%		<95%	CNO	🟡
	Local	QEF3.6	Hand Hygiene Audit Participation	0.79%	6.30%	11.57%	14.05%	12.40%	14.88%	12.40%	35.54%	57.02%	70.00%	65.83%	76.67%				100%		<100%	CNO	🟡

EFFECTIVE																							
Mortality	National	QPS9.81	Mortality - HSMR - All Diagnostic Groups - rolling 12 months (HED)	104.52	104.15	106.03	107.23	108.69	109.42	109.57	110.31	110.80					-	-	<=100	-	-	DPS	🟢
	National	QPS9.1	Mortality - SHMI - inc. deaths 30 days post discharge - rolling 12 months (NHS Digital)		1.0584			1.0921									-	-	-	-	-	DPS	🟢
	National	QPS9.23	% Primary Mortality Reviews returned within 30 days of issue (from month assigned)	52.59%	45.11%	34.16%	58.62%	51.46%	57.24%	58.18%	52.17%	59.89%	40.00%	39.51%					>=60%	-	<60%	DPS	🟡
	National	QPS9.26	% Completed PMRs (includes > 30 day completion)	77.44%	77.29%	78.68%	80.78%	81.10%	81.77%	82.18%	82.59%	82.51%	82.20%	80.51%					-	-	-	DPS	🟡
EMSA	National	QEX3.1	EMSA - Eliminating Mixed Sex Accommodation	39	32	55	62	62	55	45	55	50	52	54	50	34	574	487	0	-	>0	CNO	🟡
NOF	National	QEF3.1	Hip Fracture - Time to Theatre <= 36 hrs (%)	80.65%	81.48%	75.86%	79.10%	68.52%	76.56%	86.54%	66.18%	73.53%	86.67%	86.27%	93.65%			81.4%	>=85%	-	<85%	CMO	🟡
	National	QEF3.2	Hip Fracture - Time to Theatre <= 36 hrs (%) - Excl. Unfit/Non-Operative Pts	94.34%	89.80%	86.27%	84.13%	84.09%	87.50%	93.75%	70.31%	80.65%	88.14%	91.67%	98.33%			91.9%	>=85%	-	<85%	CMO	🟡
Audits	Local	QR1.9	% Of NICE assessments completed within 12 weeks following publication	84.0%	85.5%														>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)			46.2%	74.6%	81.7%	79.4%	80.0%	84.0%	89.0%	90.0%	89.73%	90.42%				>=85%	84%- 75%	<75%	CMO	🟡
	Local	QR1.13	Complete an annual programme of local clinical audit			0.0%	1.0%	2.0%	5.0%	9.0%	19.0%	22.0%	28.0%	32.0%	41.0%				>=60%	59%- 50%	<50%	CMO	🟡
	Local	QR1.14	Participate in all relevant national clinical audits that the trust is eligible to participate in.			94.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.00%	95.00%				>=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)					81.46%	73.93%	78.68%	81.35%	81.70%	83.52%	78.27%	82.02%		-	-	>=95%	85% - 94%	<85%	CNO	🟢
	National	QEX2.2	Friends & Family - A&E (Response Rate %)	6.10%	3.59%	6.64%	5.72%	6.00%	4.86%	5.67%	4.12%	6.30%	6.83%	5.19%	5.87%		5.85%	-	>=20%	-	<20%	CNO	🟢
	National	QEX2.61a	Friends & Family - Acute Wards (% Recommend)					94.49%	94.14%	93.65%	92.90%	93.16%	95.47%	95.30%	94.09%		-	-	>=95%	85% - 94%	<85%	CNO	🟢
	National	QEX2.62	Friends & Family - Acute Wards (Response Rate %)	9.30%	5.65%	7.51%	8.69%	17.46%	19.33%	18.26%	16.99%	18.29%	20.30%	16.40%	18.63%		16.62%	-	>=30%	-	<30%	CNO	🟢
	National	QEX2.7a	Friends & Family - Maternity (% Recommend) (exc. Community)					97.25%	98.60%	95.98%	97.13%	97.88%	99.18%	98.59%	99.20%		-	-	>=95%	85% - 94%	<85%	CNO	🟢
	National	QEX2.8	Friends & Family - Maternity (Response Rate %) (exc. Community)	34.93%	19.14%	30.18%	26.56%	22.38%	27.99%	35.97%	21.76%	29.42%	29.37%	25.09%	29.64%		28.03%	-	>=30%	-	<30%	CNO	🟢
	National	QEX2.10a	Friends & Family - Outpatients (% Recommend)					90.79%	92.17%	91.40%	91.01%	92.36%	93.32%	92.48%	92.34%		-	-	>=95%	85% - 94%	<85%	CNO	🟢
	National	QEX2.11	Friends & Family - Outpatients (Response Rate %)	5.69%	4.13%	4.72%	3.76%	3.65%	3.80%	4.60%	4.21%	5.11%	5.48%	5.04%	5.39%		4.92%	-	>=10%	-	<10%	CNO	🟢
Complaint Management	Local	QEX1.24	Formal Complaints - Received In Month	52	56	55	61	44	58	50	49	56	47	45	45		562	607	-	-	-	CNO	🟢
	Local	QEX1.37	Formal Complaints - % responded within 25 days (closed in month)	54.24%	73.21%	76.36%	81.33%	82.00%	86.67%	90.77%	88.57%	76.09%	71.43%	81.08%	75.60%				>=80%	70-79%	<=69%	CNO	🟢
	Local	QEX1.41	Formal Complaints - % of further concerns received	4.0%	0.0%	0.0%	3.0%	0.0%	0.0%	8.0%	0.0%	2.6%	2.1%	0.0%	0.0%				<10%	-	>=10%	CNO	🟢

Although some February data is available, it has been excluded from this dashboard until it has been through the agreed governance processes.

* 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)

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

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



Worcestershire Acute Hospitals NHS Trust

Performance Metrics Overview





Reporting Period: February 2019

Area	Indicator Type	Indicator			Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	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			97.46%	96.20%	92.63%	89.89%	89.69%	86.51%	88.13%	91.52%	94.68%	94.81%	91.89%	90.13%	92.45%			National	>=99%	-	<99%	COO	<div></div>
	National	CW3.0	RTT - Patients on an incomplete pathway (within 18 weeks)			84.46%	83.24%	84.15%	84.76%	83.86%	82.87%	81.45%	81.01%	81.36%	81.47%	80.14%	80.17%	79.75%			National	>=92%	-	<92%	COO	<div></div>
	National	CW4.0	RTT - Patients waiting 52 weeks or more for treatment			2	4	3	2	1	0	0	0	0	0	0	0	0			National	0	-	>=1	COO	<div></div>
	National	CW4.2	RTT - Patients waiting 40 weeks or more for treatment			367	405	430	453	422	410	477	458	337	339	427	420	396								
A & E	National	CAE1.1	4 Hour Waits (%) - Trust (exc. H&CT, MIUs)			66.00%	64.61%	69.44%	73.07%	73.94%	71.81%	70.22%	72.13%	68.83%	69.28%	65.01%	65.30%	67.50%	69.70%	73.89%	National	>=95%	-	<95%	COO	<div></div>
A & E	National	CAE1.1a	4 Hour Waits (%) - Trust (inc. H&CT, MIUs)			72.12%	71.28%	75.34%	78.78%	79.80%	78.01%	76.37%	77.76%	75.02%	74.97%	71.04%	71.57%	73.48%	75.80%	78.91%	National	>=95%	-	<95%	COO	<div></div>
	Local	CAE2.1	12 hour trolley breaches			24	75	44	28	3	2	10	19	25	34	99	170	85	535	140	Local	0		0	COO	<div></div>
	National	CAE3.1	Time to Initial Assessment for Pts arriving by Ambulance (Mins) - 95th Percentile			58	59	68	47	40	51	68	73	94	65	102	183	145	87	-	National	<=15mins	-	>15mins	COO	<div></div>
	National	CAE3.2	Time to Initial Assessment for All Patients (Mins) - 95th Percentile			49	49	64	55	64	66	69	68	68	57	60	105	86	67	-	National	<=15mins	-	>15mins	COO	<div></div>
	National	CAE7.0	Ambulance Handover within 15 mins (%) - WMAS data			28.90%	28.60%	33.30%	36.70%	53.60%	51.00%	46.50%	43.90%	39.20%	43.80%	36.20%	28.70%	32.40%	40.70%	46.30%	National	>=80%	-	<80%	COO	<div></div>
	National	CAE8.0	Ambulance Handover within 30 mins (%) - WMAS data			67.40%	71.40%	73.80%	78.80%	85.70%	83.40%	80.30%	79.20%	76.20%	81.60%	71.50%	63.10%	70.10%	77.20%	81.20%	National	>=95%	-	<95%	COO	<div></div>
	National	CAE9.0	Ambulance Handover over 60 minutes - WMAS data			336	335	251	174	123	210	315	287	415	270	544	799	522	4137	1,992	Local	0		>0	COO	<div></div>
Cancer	National	CCAN1.0	2WW: All Cancer Two Week Wait (Suspected cancer)			87.79%	77.75%	70.48%	77.49%	65.62%	75.00%	80.58%	88.90%	93.96%	93.37%	95.58%	93.34%	94.16%	84.45%	80.63%	National	>=93%	-	<93%	COO	<div></div>
	National	CCAN2.0	2WW: Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)			89.15%	55.65%	45.96%	51.76%	27.66%	55.68%	87.01%	94.20%	97.81%	93.02%	97.04%	91.72%	96.00%	75.57%	71.79%	National	>=93%	-	<93%	COO	<div></div>
	National	CCAN3.0	31 Days: Wait For First Treatment: All Cancers			97.11%	98.11%	97.39%	97.32%	98.80%	97.82%	98.15%	97.35%	96.73%	96.99%	98.30%	94.07%	98.37%	97.35%	97.63%	National	>=96%	-	<96%	COO	<div></div>
	National	CCAN7.0	62 Days: Wait For First Treatment From Urgent GP Referral: All Cancers			74.06%	82.93%	79.11%	76.01%	72.14%	73.30%	77.96%	70.26%	68.38%	77.97%	70.13%	62.36%	64.50%	71.99%	72.65%	National	>=85%	-	<85%	COO	<div></div>
	Local	CCAN7.2	62 Days: Wait For First Treatment From Urgent GP Referral: Breast*			90.91%	86.44%	87.50%	85.19%	86.67%	93.55%	89.74%	65.52%	91.49%	82.61%	94.59%	68.00%	80.95%	83.68%	88.59%	National	>=85%	-	<85%	COO	<div></div>
	Local	CCAN7.3	62 Days: Wait For First Treatment From Urgent GP Referral: Gynae*			0.00%	100.00%	81.82%	55.00%	60.00%	69.23%	90.00%	44.44%	84.21%	85.00%	37.50%	45.45%	69.23%	68.06%	74.12%	National	>=85%	-	<85%	COO	<div></div>
	Local	CCAN7.4	62 Days: Wait For First Treatment From Urgent GP Referral: Haematological*			60.00%	76.00%	71.43%	70.00%	75.00%	92.86%	77.78%	100.00%	83.33%	33.33%	66.67%	60.00%	57.14%	75.00%	78.71%	National	>=85%	-	<85%	COO	<div></div>
	Local	CCAN7.5	62 Days: Wait For First Treatment From Urgent GP Referral: Head & Neck*			26.67%	28.57%	100.00%	71.43%	10.00%	50.00%	20.00%	50.00%	0.00%	75.00%	25.00%	13.33%	50.00%	39.10%	28.79%	National	>=85%	-	<85%	COO	<div></div>
	Local	CCAN7.6	62 Days: Wait For First Treatment From Urgent GP Referral: Lower Gastro*			51.16%	80.00%	71.43%	70.00%	73.91%	76.19%	80.49%	89.66%	70.00%	82.05%	72.73%	80.95%	82.61%	76.43%	52.19%	National	>=85%	-	<85%	COO	<div></div>
	Local	CCAN7.7	62 Days: Wait For First Treatment From Urgent GP Referral: Lung*			53.85%	50.00%	57.14%	75.00%	75.00%	56.00%	66.67%	35.71%	52.17%	70.00%	45.45%	30.77%	0.00%	52.53%	56.08%	National	>=85%	-	<85%	COO	<div></div>
	Local	CCAN7.8	62 Days: Wait For First Treatment From Urgent GP Referral: Skin*			90.63%	97.30%	96.88%	100.00%	100.00%	87.14%	92.68%	83.33%	77.53%	94.38%	91.43%	87.36%	87.76%	90.30%	94.99%	National	>=85%	-	<85%	COO	<div></div>
	Local	CCAN7.9	62 Days: Wait For First Treatment From Urgent GP Referral: Upper Gastro*			66.67%	90.91%	57.14%	90.48%	53.85%	68.42%	85.71%	92.86%	52.94%	86.67%	60.00%	59.46%	82.35%	72.05%	67.03%	National	>=85%	-	<85%	COO	<div></div>
	Local	CCAN7.10	62 Days: Wait For First Treatment From Urgent GP Referral: Urological*			83.54%	83.33%	77.14%	59.68%	53.21%	56.86%	67.48%	57.89%	59.57%	59.79%	62.50%	42.86%	39.64%	57.75%	65.16%	National	>=85%	-	<85%	COO	<div></div>
	Local	CCAN7.11	62 Days: Wait For First Treatment From Urgent GP Referral: Other*			-	-	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)			69.23%	71.43%	85.19%	85.19%	90.00%	90.70%	76.60%	73.21%	65.38%	78.26%	93.55%	63.41%	86.36%	79.83%	87.73%	National	>=90%	-	<90%	COO	<div></div>
	Local	CCAN12.0	62 Days waits: 62 day treatments waiting over 62 days			73	78	83	93	107	113	135	133	87	102	129	135	108								
	Local	CCAN10.0	104 Day waits : 62 day treatments waiting over 104 days			27	24	15	21	17	20	38	32	25	23	30	32	25								
	Local	CCAN11.0	Cancer Long Waiters (104+ Days) - treated in month			10.0	12.0	7.5	9.5	9.5	12.5	9.5	17.5	18.5	9.5	12.5	18.5	22.0	147.0	127.0	-	-	-	-	COO	<div></div>
	Stroke**	Local	CST1.1	80% of Patients spend 90% of time on a Stroke Ward			59.30%	60.70%	64.30%	62.00%	73.10%	64.30%	78.50%	65.50%	84.30%	74.60%	64.10%	77.30%		70.40%	1	Local	>=80%	-	<80%	COO
Local		CST2.1	Direct Admission (via A&E) to a Stroke Ward			27.80%	27.30%	17.60%	24.40%	42.50%	33.30%	31.60%	38.70%	41.50%	35.70%	31.70%	25.50%		33.00%	0	Local	>=90%	-	<90%	COO	<div></div>
Local		CST3.1	TIA clinic within 24 hours			80.50%	85.00%	68.60%	77.60%	77.90%	44.20%	14.10%	45.20%	66.70%	29.90%	55.70%	66.70%		56.20%	0	Local	>=60%	-	<60%	COO	<div></div>
Local		CST4.0	CT scan within 60 minutes of arrival			37.90%	23.60%	36.40%	42.20%	38.30%	38.30%	41.60%	51.90%	47.80%	39.70%	40.60%	37.70%		43.00%	34.90%	Local	>=80%	-	<80%	COO	<div></div>
Inpatients (All)	Local	PIN1.5	Bed Occupancy (Midnight General & Acute) - WRH			100.21%	99.91%	99.84%	99.83%	98.76%	100.33%	98.25%	96.27%	98.39%	97.30%	97.95%	99.65%	99.40%	98.7%	97.4%	Local	<90%	90 - 95%	>95%	COO	<div></div>
	Local	PIN1.6	Bed Occupancy (Midnight General & Acute) - ALX			91.16%	91.68%	87.24%	87.20%	87.34%	88.12%	87.78%	89.51%	91.37%	92.09%	93.59%	96.84%	95.16%	90.6%	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			44.30%	45.12%	40.20%	38.41%	41.18%	39.19%	37.41%	35.18%	41.04%	38.08%	43.91%	41.25%	40.84%			Local	<=45%	-	>45%	COO	<div></div>
	National	PIN3.1	Delayed Transfers of Care SitRep (Patients) - Acute/Non-Acute			38	25	36	35	40	25	31	27	23	39	28	26	38			Local	<30	-	>=30	COO	<div></div>
	National	PIN3.2	Delayed Transfers of Care SitRep (Days) - Acute/Non-Acute			876	923	830	803	713	617	840	622	523	885	575	607	639	7654		-	-	-	-	COO	<div></div>
Elective	National	PEL3.1	Number of patients - 28 Day Breaches (cancelled operations) Quarterly				59			72			57		52			181	150	TBC	-	-	-	-	COO	<div></div>
	National	PEL4.2	Urgent Operations Cancelled for 2nd time			0	1	0	1	1	3	2	1	0	2	1	0	0	11	7	National	<=0	-	>0	COO	<div></div>
Emergency	Local	PEM2.0	Length of Stay (All Patients)			5.0	4.9	5.3	4.6	4.6	4.4	4.5	4.5	4.3	4.3	4.5	4.6	4.6	5.0	Local	TBC	TBC	TBC	COO	<div></div>	
	Local	PEM3.0	Length of Stay (Excluding Zero LOS Spells)			7.2	7.1	7.7	6.9	6.9	6.6	6.6	6.6	6.4	6.6	6.8	7.0	6.9	6.8	7.2	-	-	-	-	COO	<div></div>
Dementia	National	QEF1.1	Dementia: Find, Assess, Investigate and Refer (Pt 1 - Find)			91.50%	88.10%	89.94%	88.11%	85.50%	93.58%	94.93%	86.80%	97.92%	93.44%	96.80%	96.47%	94.90%	93.04%	94.10%	National	>=90%	-	<90%	CMO	<div></div>
	National																									

* Cancer - this involves small numbers that can impact the variance of the percentages substantially.
** Stroke metrics are not reported for the current month due to coding timeliness.

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

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

<div> <div>  </div> <div> <div>DIVISIONAL PEOPLE AND CULTURE</div> <div>ENGAGEMENT SCORECARD - AS AT 28 FEBRUARY 2019 V2</div> </div> <div>  Worcestershire Acute Hospitals NHS Trust </div> </div>																		
DATA FROM OLM - run early 4 March 2019 to facilitate CQC PIR; Data from ESR run 11 March 2019																		
Metric	Description	FUNDED	CONTRACTED	VACANCIES	TRUST TOTALS FEBRUARY 2019	TRUST TOTALS JANUARY 2019	TRUST TOTALS FOR LAST YEAR FEB 2018	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 M10 (January)	5,932.80		578.54	5,932.80	5,974.00		294.12	546.58	1,181.00	571.55	1,856.56	847.72	635.27	0.00	Finance ADI		↓ -41.20
	Contracted SIP (Full-Time Equivalent) M10		5,354.26		5,354.26	5,292.09		277.76	450.75	1,067.79	482.48	1,745.91	733.00	596.57	0.00	Finance ADI	5,974.00	↑ 62.17
	Vacancies (Funded less Contracted) M10			681.91	578.54	681.91		16.36	95.83	113.21	89.07	110.65	114.72	38.70	0.00	Finance ADI	0.10	↓ -103.37
	Worked FTE M10 (includes extra hours, bank and agency)				5864.62	5840.59		285.86	460.64	1156.75	580.65	1798.87	821.47	610.8	149.58	Finance ADI	5,974.00	↑ 24.03
Appraisal/PDR Rates and Staff Engagement/SFFT	Staff Engagement Topic	REQUIRED	National Staff Survey 2018	COMPLIANCE	% COMPLIANCE FEB 2019	% COMPLIANCE JAN 2019	LAST YEAR COMPARISON FEB 2018	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		52%		52%	61%	50%									SFFT Test Q2 2018	64% national average Q2	↓ -9%
	PDR - Medical	435		392	90%	85%	93%			88%	80%	91%	91%	96%		Medical Staffing	MHB 83% Mar 2018	↑ 5%
	Overall Appraisal/PDR rate - Non Medical	4749		3698	77%	77%	68%	68%	83%	72%	78%	81%	79%	73%		BI	MHB 83% Mar 2018	→ 0%
	Last months Divisional Overall Appraisal/PDR rate - Non Medical	4757		3675		77%		74%	83%	74%	79%	79%	80%	73%		BI	MHB 83% Mar 2018	
	DIRECTION OF TRAVEL ON NON MEDICAL PDR FROM LAST MONTH					→ 0%		↓ -6%	→ 0%	↓ -2%	↓ -1%	↑ 2%	↓ -1%	→ 0%		BI	MHB 83% Mar 2018	→ 0%
	PDR Registered Nursing and Midwifery	1726		1344	78%	77%			78%	71%	72%	84%	81%	75%		BI	MHB 83% Mar 2018	↑ 1%
	PDR Additional Clinical Services (HCA's and Helpers)	980		765	78%	77%			50%	72%	93%	80%	84%	65%		BI	MHB 83% Mar 2018	↑ 1%
	PDR Allied Health Professionals	336		277	82%	85%			100%	75%	0%	90%	0%			BI	MHB 83% Mar 2018	↓ -3%
	PDR Professional, Scientific and Technical	183		109	60%	57%			100%	100%	0%	57%	100%	100%		BI	MHB 83% Mar 2018	↑ 3%
	Healthcare Scientists	177		148	84%	84%			0%	75%		95%	61%				MHB 83% Mar 2018	→ 0%
	PDR Estates and Ancillary	333		242	73%	77%		71%		100%		88%	67%	100%		BI	MHB 83% Mar 2018	↓ -4%
	PDR Admin and Clerical	1014		772	76%	77%		52%	84%	73%	76%	74%	75%	72%		BI	MHB 83% Mar 2018	↓ -1%
	Divisions are advised to focus on those staff that are highlighted amber as these are 1 or 2 people who are impacting on divisonal compliance. Names will be available in pivot table reports which are sent to divisions.																	
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 FEB 2019	% COMPLIANCE JAN 2019	LAST YEAR COMPARISON FEB 2018	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%	63%	53%	71%			80%	67%	59%	57%	63%		Medical Staffing	MHB 89% Mar 2017	↑ 10%
	SAS Doctors				38%	34%	40%			60%	25%	36%	31%	60%		Medical Staffing	MHB 89% Mar 2017	↑ 4%
	All Medical				59%	50%	67%			60%	21%	56%	52%	63%		Medical Staffing	MHB 89% Mar 2017	↑ 9%
Overall Mandatory Training Compliance	TRAINING TOPIC	REQUIRED TRAINING		COMPLIANT	% COMPLIANCE FEB 2019	% COMPLIANCE JAN 2019	LAST YEAR COMPARISON FEB 2018	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 %	43225		36781	85%	85%		80%	87%	83%	83%	87%	88%	83%		BI at base level as per NHSI guidance	MHB Mar 2018 89%	↑ 1%
	OVERALL TRAINING COMPLIANCE AT ALL LEVELS %	72320		60446	84%	83%		78%	86%	81%	81%	86%	86%	81%		ALL LEVELS as per self service	90%	↑ 1%
	LAST MONTHS TRAINING COMPLIANCE							78%	84%	80%	81%	86%	86%	80%		ALL LEVELS as per self service	90%	
	DIVISIONAL DIRECTION OF TRAVEL FROM LAST MONTH					↑ 1%		→ 0%	↑ 2%	↑ 1%	→ 0%	→ 0%	→ 0%	↑ 1%		ALL LEVELS as per self service	90%	↑ 1%





DIVISIONAL PEOPLE AND CULTURE **ENGAGEMENT** SCORECARD - AS AT 28 FEBRUARY 2019 V2



DATA FROM OLM - run early 4 March 2019 to facilitate CQC PIR; Data from ESR run 11 March 2019

Metric	Description	FUNDED	CONTRACTED	VACANCIES	TRUST TOTALS FEBRUARY 2019	TRUST TOTALS JANUARY 2019	TRUST TOTALS FOR LAST YEAR FEB 2018	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 FEB 2019	% COMPLIANCE JAN 2019	LAST YEAR COMPARISON FEB 2018	Asset Mgmt and IT	Corporate	Specialty Medicine	Urgent Care	SCSD	Surgery	Women and Children		DATA SOURCE	Target	TREND FROM LAST MONTH
	Medical and Dental	8051		5390	67%	66%			60%	65%	53%	73%	68%	68%		BI Competencies	90%	↑ 1%
	Registered Nursing and Midwives	23222		20154	87%	86%			84%	84%	85%	90%	91%	84%		BI Competencies	90%	↑ 1%
	(Additional Clinical Services (HCA's, Therapy Aides and Helpers)	13969		11395	83%	82%			83%	80%	88%	84%	88%	77%		BI Competencies	90%	→ 1%
	Allied Health Professionals (Physios, OT's etc)	5148		4520	88%	87%			92%	84%	83%	91%	67%			BI Competencies	90%	↑ 1%
	Healthcare Scientists	2269		2065	91%	91%			85%	84%		95%	88%			BI Competencies	90%	→ 0%
	Professional, Scientific and Technical	1542		2118	83%	82%			98%	92%	46%	83%	96%	75%		BI Competencies	90%	↑ 1%
	Admin and Clerical	12811		11261	89%	88%		89%	87%	88%	88%	86%	94%	86%		BI Competencies	90%	→ 1%
	Estates and Ancillary	4308		3323	77%	77%		76%		94%		82%	95%	95%		BI Competencies	90%	→ 0%
Mandatory Training Compliance byTopic	TRAINING TOPIC	REQUIRED TRAINING		COMPLIANT	% COMPLIANCE FEB 2019	% COMPLIANCE JAN 2019	LAST YEAR COMPARISON FEB 2018	Asset Mgmt and IT	Corporate	Specialty Medicine	Urgent Care	SCSD	Surgery	Women and Children		DATA SOURCE	Target	TREND FROM LAST MONTH
	Information Governance	6163		5208	85%	84%	95%	91%	83%	81%	81%	90%	87%	83%		BI Competencies	95%	↑ 1%
	Fire	6163		5023	82%	82%	81%	78%	76%	83%	80%	83%	85%	78%		BI Competencies	90%	→ 0%
	Health & Safety	6163		5483	89%	89%	85%	84%	89%	88%	87%	91%	90%	86%		BI Competencies	90%	→ 0%
	Conflict Resolution	6163		5511	89%	90%	89%	81%	90%	88%	89%	92%	90%	88%		BI Competencies	90%	↓ -1%
	Equality & Diversity	6163		4857	79%	78%	69%	54%	81%	74%	78%	83%	84%	81%		BI Competencies	90%	↑ 1%
	Infection Control L1	1866		1660	89%	90%	88%	81%	91%	93%	90%	91%	97%	82%		BI Competencies	90%	↓ -1%
	Infection Control L2	4283		3395	79%	78%	67%		70%	75%	76%	83%	82%	78%		BI Competencies	90%	↑ 1%
	Moving & Handling L1	1708		1469	86%	87%	88%	69%	92%	93%	89%	90%	95%	79%		BI Competencies	90%	↓ -1%
	Moving and Handling L2	4441		3574	80%	79%	78%	42%	82%	86%	82%	81%	83%	66%		BI Competencies	90%	↑ 1%
	Safeguarding Children L1	1619		1563	97%	97%	99%	97%	97%	94%	98%	97%	99%	95%		BI Competencies	90%	→ 0%
	Safeguarding Children L2 ++	3659		2972	81%	79%	63%	10%	75%	76%	78%	87%	85%	80%		BI Competencies	90%	↑ 2%
	Safeguarding Children L3 ++	865		729	84%	82%	59%		67%	69%	78%	88%	87%	88%		BI Competencies	90%	↑ 2%
	Safeguarding Children L4	4	1 on mat leave	3	75%	100%	100%		75%					100%		BI Competencies	90%	↓ -25%
	Safeguarding Children L5	1		1	100%	100%	100%		100%							BI Competencies	90%	→ 0%
	Safeguarding Adults L1	2834		2558	90%	91%	88%	87%	93%	86%	89%	92%	94%	91%		BI Competencies	90%	↓ -1%
	Safeguarding Adults L2	3143		2584	82%	82%	58%		88%	79%	77%	84%	83%	85%		BI Competencies	90%	→ 0%
	Safeguarding Adults L3	170		72	42%	36%	1%		16%	43%	50%	54%	36%	35%		BI Competencies	90%	↑ 6%
	Safeguarding Adults L4	1		1	100%	100%	100%		100%							BI Competencies	90%	→ 0%
	Safeguarding Adults L5	1		1	100%	100%	33%		100%							BI Competencies	90%	→ 0%
	Resuscitation BLS L1 (non-clinical)	1523		1372	90%	89%	66%	79%	93%	95%	92%	97%	93%	91%		Discoverer	90%	↑ 1%
	Resuscitation BLS L2 (clinical)	4381		3449	79%	80%	87%		69%	80%	75%	80%	80%	76%		BI Competencies	90%	↓ -1%
	NLS L4 medics	19		19	100%	100%	56%							100%		Discoverer	90%	→ 0%
	EPLS L4 medics	58		50	86%	86%	68%				87%	76%		100%		Discoverer	90%	→ 0%
	ALS L4 medics	62		52	84%	82%	60%			43%	81%	93%		100%		Discoverer	90%	↑ 2%
	Preventing Radicalisation L1 (non-clinical)	1533		1442	94%	94%	86%	92%	94%	95%	98%	93%	100%	94%		BI Competencies	85%	→ 0%
	Preventing Radicalisation L2 (clinical)	3107		2676	86%	85%	90%		79%	82%	76%	92%	86%	74%		BI Competencies	85%	↑ 1%
	Preventing Radicalisation L3 (WRAP)	1509		1276	85%	83%	45%		82%	81%	77%	88%	94%	84%		BI Competencies	85%	↑ 2%
	Preventing Radicalisation L4 (WRAP)	3		3	100%	100%	100%		82%							Discoverer	85%	→ 0%
	Preventing Radicalisation L5 (WRAP)	1		1	100%	100%	100%		100%							Discoverer	85%	→ 0%
	MCA and DOLS L1	1266		1016	80%	79%	63%	7%	40%	78%	85%	82%	90%	93%		BI Competencies	90%	↑ 1%
	MCA and DOLS L2	2684		2013	75%	72%	38%		78%	75%	72%	74%	76%	79%		BI Competencies	90%	↑ 3%
	MCA and DOLS L3	660		543	82%	80%	0%		74%	77%	74%	86%	87%	84%		BI Competencies	90%	↑ 2%
	MCA and DOLS L4	3		3	100%	100%	0%		100%							BI Competencies	90%	→ 0%

		DIVISIONAL PEOPLE AND CULTURE ENGAGEMENT SCORECARD - AS AT 28 FEBRUARY 2019 V2														 Worcestershire Acute Hospitals NHS Trust		
DATA FROM OLM - run early 4 March 2019 to facilitate CQC PIR; Data from ESR run 11 March 2019																		
Metric	Description	FUNDED	CONTRACTED	VACANCIES	TRUST TOTALS FEBRUARY 2019	TRUST TOTALS JANUARY 2019	TRUST TOTALS FOR LAST YEAR FEB 2018	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 Sept 18 Trust rate	% COMPLIANCE FEB 2019	% COMPLIANCE JAN 2019	LAST YEAR COMPARISON FEB 2018	Asset Mgment and IT	Corporate	Specialty Medicine	Urgent Care	SCSD	Surgery	Women and Children		DATA SOURCE	Target	TREND FROM LAST MONTH
	Monthly Sickness Absence	6,606.26	147,164.97	MHB Sep 18: 4%	4.49%	4.93%	3.83%	5.98%	1.77%	3.83%	4.85%	4.86%	4.87%	5.26%		Discoverer	MHB Sep 18 4%	↓ -0.44%
	Cumulative Sickness Absence	79,851.61	1,904,493.74	Our Trust Sep 18: 4%	4.19%	4.16%	4.18%	4.56%	2.39%	4.08%	4.45%	4.21%	4.89%	4.52%		Discoverer	MHB Sep 18 4%	↑ 0.03%
Turnover	TURNOVER	LEAVERS IN PERIOD	AVERAGE SIP	MH Rate Nov 2018 Trust	% COMPLIANCE FEB 2019	% COMPLIANCE JAN 2019	LAST YEAR COMPARISON FEB 2018	Asset Mgment and IT	Corporate	Specialty Medicine	Urgent Care	SCSD	Surgery	Women and Children		DATA SOURCE	Target	TREND FROM LAST MONTH
	Annual Turnover (FTE)	590.02	4,784.34		12.33%	12.46%	10.95%	8.20%	13.05%	14.44%	18.86%	10.52%	13.24%	9.69%		Discoverer	local target 10-12%	↓ -0.13%
	Annual Turnover (FTE) for Consultants	23.00	256.22		8.98%	8.84%			0.00%	12.53%	2.11%	9.56%	8.28%	5.90%		Discoverer	local target 10-12%	↑ 0.14%
	Annual Turnover (FTE) for other Medics	2.10	46.05		4.56%	2.38%			0.00%	0.00%	13.29%	5.73%	0.00%	0.00%		Discoverer	local target 10-12%	↑ 2.18%
	Annual Turnover (FTE) for Registered Nurses	204.47	1,657.81		12.33%	12.18%			24.96%	11.30%	22.78%	9.57%	12.10%	8.81%		Discoverer	local target 10-12%	↑ 0.15%
	Annual Turnover (FTE) for Additional Clinical Services (HCA's etc)	148.62	947.53		15.68%	16.24%			0.00%	15.57%	20.46%	12.12%	20.82%	15.12%		Discoverer	local target 10-12%	↓ -0.56%
	Monthly Turnover (FTE)	36.77	4,785.48	1.04% 3rd quartile	0.77%	0.85%	0.91%	0.14%	0.40%	1.03%	1.29%	0.57%	0.73%	1.20%		Discoverer	MHB Nov 18 0.84%	↓ -0.08%
TURNOVER DATA IS PRESENTED WITH NO EXLUSIONS FROM DECEMBER 2018 (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		
	CLOSE TO TARGET (WITHIN 3% TRAINING)															PERFORMANCE DETERIORATED		
	TARGET NOT MET															PERFORMANCE UNCHANGED		
																↑	ARROW DEPICTS DIRECTION OF TRAVEL	

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Going Concern paper 2018/19

For approval:	<input checked="" type="checkbox"/>	For discussion:	<input type="checkbox"/>	For assurance:	<input type="checkbox"/>	To note:	<input type="checkbox"/>
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Accountable Director	Robert D Toole – Chief Finance Officer (Interim)		
Presented by	Robert Toole, Chief Finance Officer	Author /s	Katie Osmond, Assistant Director of Finance Lynne Walden, Head of Financial Planning and Financial Services Mike Green, Interim Deputy Head of Financial Services

Alignment to the Trust's strategic priorities

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

Alignment to the Trust's goals

Timely access to our services	<input type="checkbox"/>	Better quality patient care	<input type="checkbox"/>	More productive services	<input type="checkbox"/>	Well-Led	<input checked="" type="checkbox"/>
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Report previously reviewed by

Committee/Group	Date	Outcome
Trust Management Executive	20 th March 2019	Endorsed
Finance and Performance Committee	25 th March 2019	Endorsed

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

Y

BAF number(s)

All

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 Finance & Performance Committee recommend approval by the Trust Board to the Trust preparing its accounts on the basis of a going concern, despite the significant cash requirement within the 2019/20 draft financial plan.

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Executive Summary

The concept of “going concern” is one of the fundamental principles underpinning the accounting regime used in preparation of our financial statements. Essentially it means the Directors believe we have the resources in place to remain viable for the foreseeable future. Directors should consider the specific events, conditions and factors that individually or collectively, might cast significant doubt on the going concern assumption.

We must comply in the preparation of our annual accounts to the Group Accounting Manual (GAM) which also includes a section on going concern. This has been included in Appendix 1 for information.

We face a range of risks and operate in a challenging financial environment. The Board reviewed the year end forecast and at month 9, committed to a revised in year deficit for 2018/19 of £72.5m. There remain risks to delivery of this re-forecast.

We accessed £70m of revenue support during 2018/19 to support the deficit position, with the remaining £2.5m of projected deficit funding deferred to 2019/20. 2018/19 is the 6th consecutive year in which the Trust has not achieved it's in year breakeven duty. We have been in a cumulative deficit for over 10 years. This continued breach will likely result in the requirement for a further referral by the external auditor to the Secretary of State.

In the NHSI breakeven duty guidance April 2018 an auditors responsibilities are defined as follows:
“The external auditors of NHS trusts have responsibilities under section 30 of the Local Audit and Accountability Act 2014 to report on unlawful matters by issuing a referral to the Secretary of State. External auditors are also required to follow the Comptroller and Auditor General's Code of Audit Practice, issued by the National Audit Office (NAO), and have regard to the accompanying auditor guidance notes (AGNs). These are available on the NAO website and AGN07 explains the auditor's responsibilities for reporting. Auditors generally consider a trust's failure to meet the breakeven duty requirements to be an unlawful matter requiring a referral to the Secretary of State.”

The primary risk to us remaining a going concern is the financial deficit and resultant shortfall in cash to discharge our liabilities.

The 2019/20 draft financial plan, as submitted to NHSI in February 2019 assumes a deficit of £(74.8)m which exceeds the notified control total. We would not be eligible for Provider Sustainability Funding or the Financial Recovery Fund. There is a requirement for £74.8m cash to support this deficit position in the event that the final financial plan remains at the draft plan level. In addition, during 2019/20 there is a requirement to repay £105.865m principal of existing revenue loans. We have written to NHSI to request that these principal repayments be deferred. Without ongoing access to cash support we would not be able to fully meet liabilities.

Access to cash support remains through monthly requests to the Department of Health and Social Care in line with the standard NHSI process. To date all requests that have been made in line with national policy have been approved. As such, we have no reason to assume that this support will cease to be made available to us, or that the terms on which cash is provided would change. We

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are actively engaging with NHSI and the capital/cash team to proactively manage this risk.

On the balance of assessment of the various risks, opportunities and uncertainties, the Chief Finance Officer recommends that the Trust considers itself to be a going concern in line with published guidance. On this basis, the Trust Management Executive and Finance and Performance Committee have endorsed this recommendation in readiness for approval at the Board.

Background

Accounting standard IAS1, *Presentation of Financial Statements*, requires each year as part of the accounts preparation process, management makes an assessment of the entity's ability to continue as a going concern. The Treasury's Financial Reporting Manual (FRM) interprets the requirements set out in IAS1 as:

- *The anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents is normally sufficient evidence of going concern.*
- *Where a body is aware of material uncertainties in respect of events or conditions that cast significant doubt upon the going concern ability of the entity, these uncertainties must be disclosed. This may include for example where continuing operational stability depends on finance or income that has not yet been approved.*

The Going Concern Assessment is primarily derived from the historical financial position of the Trust, with an assessment of the future risks, opportunities and uncertainties, including for example any:

- Financial conditions
 - Historic financial performance
 - Future financial plan
 - Cost Improvement/Efficiency savings/ risk assessed delivery
 - Liquidity and ability to meet liabilities
 - Existing borrowing and access to borrowing
- Operating conditions
 - Change in management structures
 - Change in commissioned services
- Risk of non-compliance with Terms of Authorisation

Issues and Options

We have developed the 2019/20 operational and financial plan, which will form year one of our Medium Term Financial Plan. Our operational and financial plan includes an assumption of the ongoing provision of services. The plan includes the following:

- We are a key partner in the Herefordshire and Worcestershire STP which sets out the vision for healthcare services in the two counties in the medium term.
- We will enter into formal contracts for the provision of services for 2019/20 with the main Commissioners and other Purchasers (94% of Planned Turnover within such contracts).
- 2019/20 contracts for the provision of services are due to be signed by Accountable Officers on the 21st March 2019.
- The Future of Acute Hospital Services in Worcestershire programme has been approved by local commissioners through public consultation, and national STP capital funding has been

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earmarked to facilitate implementation. The Full Business Case is due to be finalised in 2019, to ensure the full capital funding is released.

- There have been a number of Executive team changes during 2018/19 with the Chief Executive Officer and Chief Operating Officer changing in year. There have also been a number of changes to the Non-Executive Directors.

Other Financial Considerations

- The Trust has experienced a challenging financial position over recent years, with historic performance as set out below:

	actual	actual	actual	actual	actual	actual	actual	actual	actual	estimated
36. Breakeven duty rolling assessment	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	3,135	287	88	17	(14,191)	(25,918)	(59,831)	(28,748)	(52,562)	(73,800)
Breakeven duty cumulative position	(18,719)	(18,432)	(18,344)	(18,327)	(32,518)	(58,436)	(118,267)	(147,015)	(199,577)	(273,377)
Operating income	312,889	321,829	336,594	348,763	346,029	364,656	368,981	403,348	400,918	405,499
Cumulative breakeven position as a percentage of operating income	-5.98%	-5.73%	-5.45%	-5.25%	-9.40%	-16.02%	-32.05%	-36.45%	-49.78%	-67.42%

- We have taken out a number of revenue loans over recent years to maintain operational expenditure, and will require further loans in each month of 2019/20 to continue to operate. Of the existing revenue loans, £107.731m is due for repayment in 2019/20. The table below shows the expected repayment dates.

Revenue Repayments due in 2019/20	
Expected Repayment Date	£000s
2 instalments - Sep 19/Mar 20	1,866
Jan-20	38,019
deferred from December 18	38,172
May-19	15,437
Sep-19	483
Oct-19	3,715
Dec-19	648
Jan-20	3,130
Feb-20	3,130
Mar-20	3,131
Revenue loan repayments due in 2019/20	107,731

- We highlighted the requirement for either cash support or renegotiation of the terms of the loans within our 2019/20 draft plan submission, and are in discussion with NHSI to agree the preferred course of action.

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- In addition, £4.838m of capital loans are repayable as per the table below:

Capital Repayments due in 2019/20	
Expected Repayment Date	£000s
Aug-19	531
Sep-19	1,747
Feb-20	813
Mar-20	1,747
Capital loan repayments due in 2019/20	4,838

- The schedule below sets out current borrowing expected on the statement of financial performance as at March 2019:

Total forecast Borrowings from DHSC as at 31st March 2019			
	Capital £000s	Revenue £000s	Total £000s
opening	27,198	167,598	194,796
loans in year (to M10)	9,185	54,199	63,384
loans M11-M12	1,140	15,801	16,941
repayments to M10	(1,347)	0	(1,347)
planned repayments M11-M12	(1,600)	0	(1,600)
planned borrowings as at 31/03	34,576	237,598	272,174

- We are under the NHSI enhanced oversight regime and continue to engage weekly with NHSI. Through this process there is additional scrutiny on current performance and future plans.
- The final operational plan will be submitted to NHSI on 4th April 2019, setting out planned income, activity, expenditure and workforce plans for 2019/20. The draft plan projects a forecast deficit of £(74.807)m, and is subject to a series of risks which will require mitigation. Examples of risks to the financial plan include:
 - Income under-recovery – mitigated through elective productivity programme and focus on cost out
 - Cost reductions not achieved – mitigated through engagement of PMO team with a robust oversight of CIP's and continued grip and control
 - Excess demand impacting on capacity available to maintain elective programme – mitigated through productivity programme and engagement with commissioner demand management initiatives
 - Lack of capital resources puts increasing pressure on revenue – mitigated through applications for capital loan support and robust prioritisation of capital schemes
 - Lack of cash to service liabilities – mitigated through applications for revenue loan support, or requests to re-negotiate loan terms

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- A key consideration is that we have the cash resources to meet our obligations as they fall due in the foreseeable future. There is a comprehensive cash management and forecasting process in place, including daily, weekly and monthly cash flow forecasting and careful working capital management.
- Access to cash support remains through monthly requests to the Department of Health and Social Care in line with the standard NHSI process. To date all requests that have been made in line with national policy have been approved and we have no reason to assume that this support will cease to be made available to the Trust, or that the terms on which cash is provided would change, albeit it is recognised that the current approach creates an element of uncertainty.
- The draft financial plan includes a 5% / £22.5m CIP requirement which is only partially identified at the time of writing.

Assessment of Going Concern

Whilst we remain in a financially challenged position, and face a number of risks and uncertainties, there is clear evidence of continued provision of services being planned by both NHSI, Commissioners and within the Trust itself.

The shortage of cash, against the level of known liabilities remains the greatest risk to remaining a going concern. However, we continue to be able to access additional cash to maintain the payment of current liabilities.

On the balance of assessment of the various risks, opportunities and uncertainties, the CFO recommends that the Trust considers itself to be a going concern in line with the accepted definition for public sector bodies. Neither NHSI nor DHSC have deemed the going concern basis to be inappropriate for the Trust.

Recommendations

The Finance & Performance Committee recommend approval by the Trust Board to the Trust preparing its accounts on the basis of a going concern despite the significant cash requirement within the 2019/20 draft financial plan.

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Going Concern Extract – Group Accounting Manual 2018-19

Appendix 1

Going concern

4.11. The *FReM* notes that in applying paragraphs 25 to 26 of IAS 1, preparers of financial statements should be aware of the following interpretations of Going Concern for the public sector context.

4.12. For non-trading entities in the public sector, the anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents, is normally sufficient evidence of going concern. DHSC group bodies must therefore prepare their accounts on a going concern basis unless informed by the relevant national body or DHSC sponsor of the intention for dissolution without transfer of services or function to another entity. A trading entity needs to consider whether it is appropriate to continue to prepare its financial statements on a going concern basis where it is being, or is likely to be, wound up.

4.13. Sponsored entities whose statements of financial position show total net liabilities must prepare their financial statements on the going concern basis unless, after discussion with their sponsor division or relevant national body, the going concern basis is deemed inappropriate

4.14. Where an entity ceases to exist, it must consider whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern in its final set of financial statements.

4.15. Where a DHSC group body is aware of material uncertainties in respect of events or conditions that cast significant doubt upon the going concern ability of the entity, these uncertainties must be disclosed. This may include for example where continuing operational stability depends on finance or income that has not yet been approved.

4.16. Should a DHSC group body have concerns about its “going concern” status (and this will only be the case if there is a prospect of services ceasing altogether) it must raise the issue with its sponsor division or relevant national body as soon as possible.