

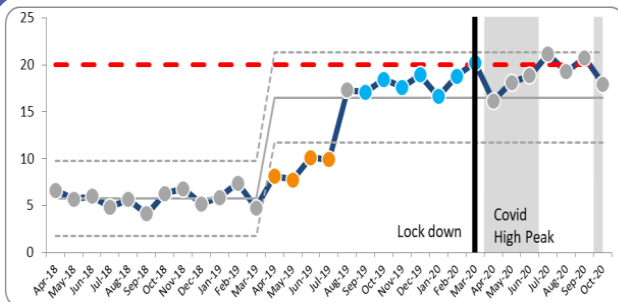
Summary Hospital-level Mortality Indicator (SHMI)	Hospital Standardised Mortality Ratio (HSMR)
1.04 – ‘As Expected’ (June 2019 to May 2020)	100.87 (Aug 2019 to July 2020)
<p>What does the data tell us?</p> <ul style="list-style-type: none"> Both of the standardised measures of mortality (SHMI and HSMR), having improved demonstrably throughout 2019/20, are comfortably within the acceptable parameters of the model in question. In addition, neither shows any immediate signs of worsening. <div> <div> <p>HSMR 12 month rolling average</p> <p>March - 20</p> <p>101.15</p> </div> </div> <div> <p>Mortality Reviews completed <=30 days (%)</p> <p>55.13</p> </div>	<p>What have we been doing?</p> <ul style="list-style-type: none"> Increased focus and amendments to coding have continued to have a positive effect on the SHMI and HSMR. Continue to monitor and make improvements in line with the Bewick review recommendations. <p>What will we be doing?</p> <ul style="list-style-type: none"> The Trust continues to show a higher % of deaths occurring after discharge and higher crude mortality rate for non-elective admissions than the England average (SHMI). The group will continue to monitor this for assurance purposes. In light of the much improved SHMI and HSMR position the Learning from Deaths Group will now focus on crude mortality and areas to improve clinical care. Crude mortality, whilst impacted by the early stages of the pandemic, has returned to or below ‘normal’ in terms of inpatient deaths. Ongoing monitoring will continue during the second wave to ascertain whether this situation changes. The complete transition to the new bereavement app has not yet happened and the Trust continues to use two systems. This is not ideal as the new app/process will in time offer a much greater insight into the causes of death and quality of care provided. It is intended that the Trust will migrate to the new system in entirety from 01 December 2020.
Current Assurance Level – Not Discussed in CGG	When expected to move to next level of assurance: Not Discussed in CGG
Previous Assurance Level (Jul-20): Level 4	SRO: Mike Hallissey (CMO)

2.3 Care that is a Positive Experience for Patients and their Carers Friends and Family Test

Accident & Emergency		Inpatients		Maternity		Outpatients	
Response Rate (Target 20%)	Recommended (Target 95%)	Response Rate (Target 30%)	Recommended (Target 95%)	Response Rate (Target 30%)	Recommended (Target 95%)	Response Rate (Target 10%)	Recommended (Target 95%)
17.95 – Oct (20.77 – Sep)	86.11 (85.28)	32.30 (31.52)	97.18 (95.61)	15.55 (5.23)	89.77 (100)	14.09 (11.17)	93.62 (93.42)
What does the data tell us? <ul style="list-style-type: none"> All area's evidenced improved response rates in October, except A&E. All area's evidence improved recommended rates in October, except Maternity. How have we been doing? <ul style="list-style-type: none"> A deep dive into July's FFT comments relating to "COVID-19" or "pandemic" to understand how the patient experience was affected, demonstrated that 163 out of 171 people rated their experience as either "good" or "very good" and comments related to well implemented COVID-19 precautions with themes of welcoming staff, cleanliness and signage. Poor experiences (5 out of 171) related to waiting times. This will be highlighted with Divisions and shared at the next Patient, Carer and Public Engagement steering group. The drop in the recommended rate for Maternity has occurred at the same time as the adverse recent publicity. It is to be noted that this has also corresponded with an increase in PALS concerns. We recorded a 15.70% increase in compliments received in October when compared with September: there has been a marked increase in members of the public wanting to give more personalised feedback via the trust website (as opposed to responding by text). iPads continued to be made available across the Trust to support ease of gaining feedback as paper FFT cards are not being promoted at this time. 				What improvements will we make? <ul style="list-style-type: none"> Think Tanks will be facilitated with Divisions to explore themes and learning and share good practice. FFT "poor" comments will be monitored in order to assist improvement (Q2 analysis showed "communication" was a theme) Posters will be in place in Q3 in urgent care to demonstrate to the public that the department and trust is listening to feedback and acting on it – this will provide an opportunity to share positive feedback received which has been demonstrated to lead to improvements at other trusts. A Business Case has been delayed from Q2 into Q3 to present options to facilitate an effective mechanism to analyse free-text comments and understand where and how the patient experience is improving alongside our quality priorities and themes. 			
Current Assurance Level: Level 5				When expected to move to next level of assurance Level 6 by end of Q3			
Previous Assurance Level (Jul-20): Level 5				SRO: Vicky Morris (CNO)			

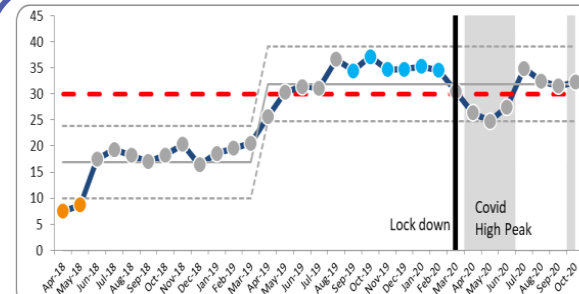
Accident & Emergency
Response Rate
Friends &
Family
Test (%)

17.95



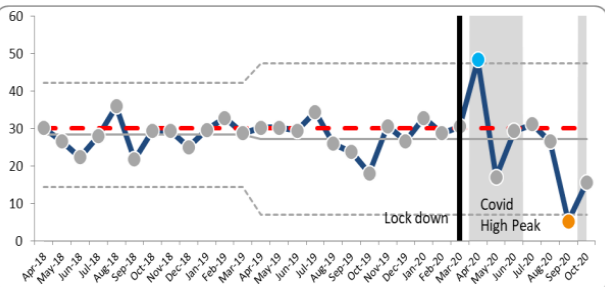
Inpatient
Response Rate
Friends &
Family
Test (%)

32.30



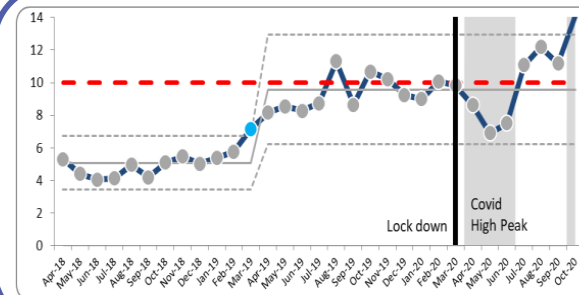
Maternity
Response Rate
Friends &
Family
Test (%)

15.55



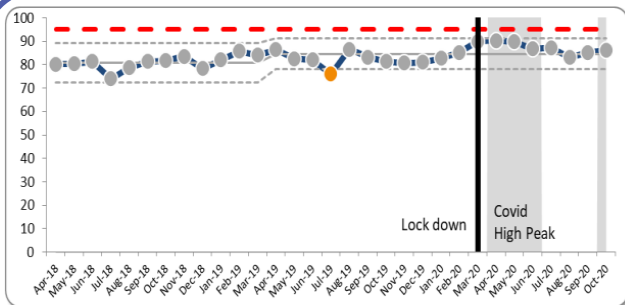
Outpatients
Response Rate
Friends &
Family
Test (%)

14.09



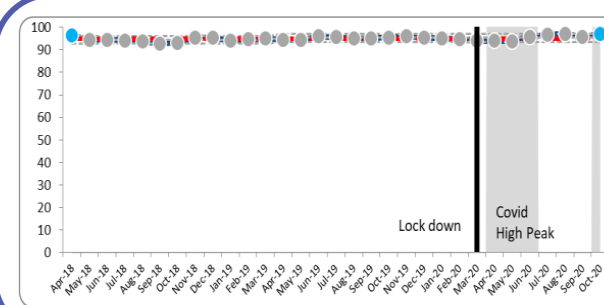
Accident & Emergency
Recommended Rate
Friends &
Family
Test (%)

86.11



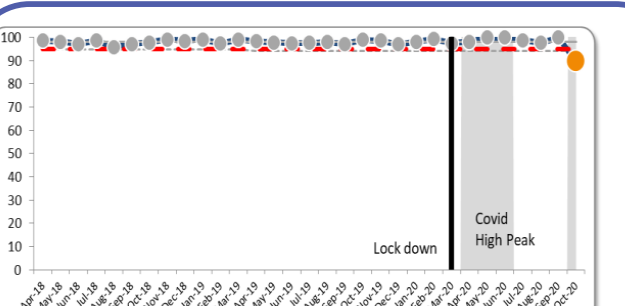
Inpatient
Recommended Rate
Friends &
Family
Test (%)

97.18



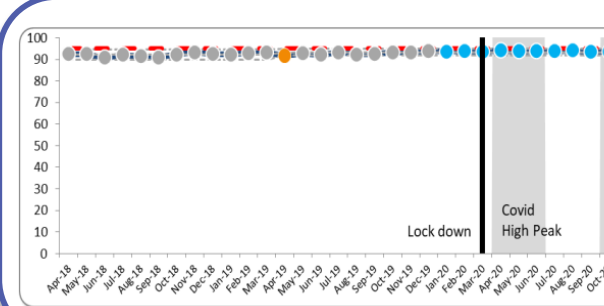
Maternity
Recommended Rate
Friends &
Family
Test (%)

89.77



Outpatients
Recommended Rate
Friends &
Family
Test (%)

93.62



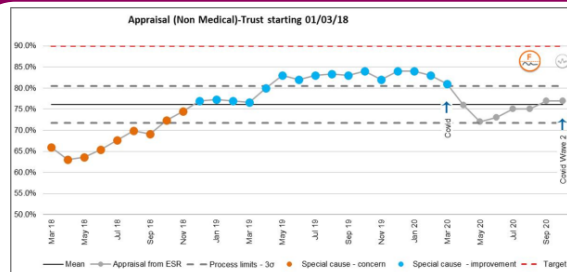
Workforce

People and Culture Report - Headlines

People & Culture	Comments
Getting the basics right (appraisal, mandatory training, job plans)	<ul style="list-style-type: none"> Compliance is lower than the same period last year due to the impact of COVID-19 Urgent Care have achieved 31% improvement in Consultant job plans using self-service functionality on Allocate e-job plan Divisions are focusing on improving compliance which is being monitored through the monthly PRM meetings
Absence due to Stress and Anxiety (S10)	<ul style="list-style-type: none"> We continue to monitor rates of staff reporting sick with stress and anxiety which has improved to 1.13% this month which is now only 0.15% higher than the same period last year A review of our staff wellbeing offer is underway and we will be targeting support at staff groups who have higher risk of mental health issues due to COVID-19
Vacancy Rate	<ul style="list-style-type: none"> Substantive vacancy rates have continued to improve despite the pandemic, although impacted by increase in establishment this month The 9.33% vacancy rate is 0.39% lower than the same period last year despite a 229 wte increase in funded establishment, matched by 231 increase in staff in post. This improvement is due to successful domestic recruitment campaigns, international recruitment and improved retention of staff
Monthly Sickness Absence Rate	<ul style="list-style-type: none"> Cumulative sickness is at 4.97% which is 0.68% higher than same period last year. Sickness absence and Covid self isolation is monitored daily through Bronze
Staff Turnover	<ul style="list-style-type: none"> Staff turnover continues to improve and is 1.12% better than the same period last year
Premium staffing costs	<ul style="list-style-type: none"> Bank and agency usage has increased again this month due to the restoration of services

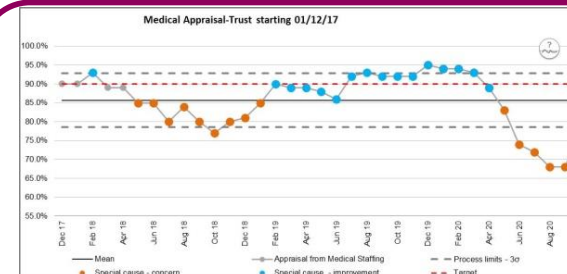
Appraisal (Non-Medical)

77%



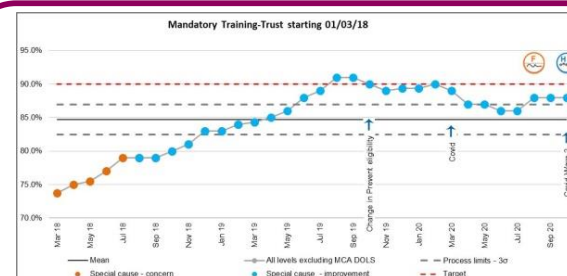
Medical Appraisal

77%



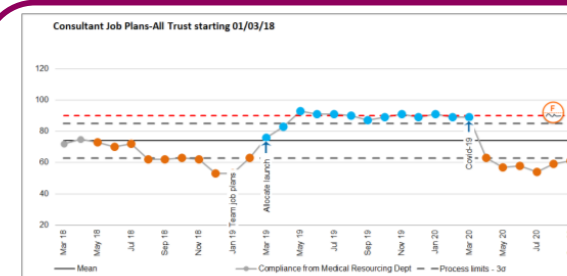
Mandatory Training

88%



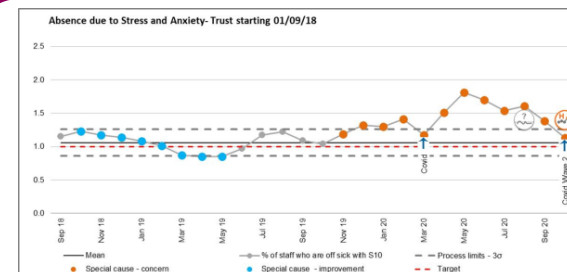
Consultant Job Plans

66%



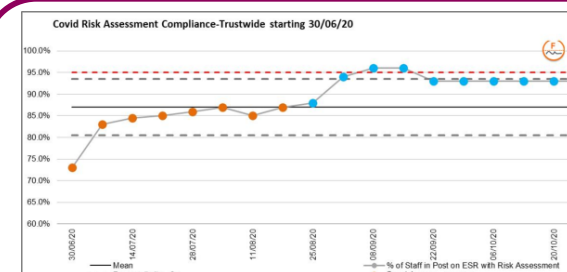
Absence due to Stress and Anxiety

1.13%



Covid Risk Assessment Compliance

93%



Arrow depicts direction of travel since last month. Green is improved, Red is deteriorated and amber unchanged since last month.

Appraisal and Medical Appraisal	Consultant Job Planning	Mandatory Training and Core Essential to Role Training	Absence due to Stress and Anxiety (S10)	Covid Risk Assessment Compliance
77% and 77%	61%	88% and 59%	1.13%	93%

What does the data tell us?

- **Appraisal** – Compliance has remained the same this month at 77% and is 7% lower than the same period last year. The Electronic Staff Record system continues to send automated reminders to managers and individual staff 4 months before expiry. It would appear that the impact of Wave 2 has impacted on the improving trajectory.
- **Medical Appraisal** – Medical appraisal has improved from 68% to 77% this month due to focus by CD's. Despite the 9% improvement this is still showing as a statistical cause for concern on the SPC chart and is below the lower warning limit.
- **Consultant Job Plans** – Job planning activity increased in October and the overall Trust position for Consultants has improved by a further 5% to 66%. Urgent Care have put in a huge effort using Allocate self service functionality to achieve a 31% improvement to 94% for consultants and are now 100% for SAS doctors.
- **Mandatory Training** – Mandatory Training compliance has remained stable at 88% against a 90% target. Information Governance is required to be 95% compliant by the end of September for the IG Toolkit and reminders have been sent to divisions and included on the ESR portal but performance has remained at 90% for this topic.
- **Essential to Role Training** – MCA and DoLs compliance has remained high since competencies were uploaded into ESR. ReSPECT has seen a further 3% increase this month in Authorship and 1% in Awareness. There has been a successful launch of both Dementia (41%) and Sepsis (10%) competencies. Total compliance is now 59% for Essential to Role due to the new topics but staff will have noticed that their compliance has reduced on their matrix which will encourage them to complete the new modules to go back to green.
- **Absence due to Stress and Anxiety (S10)** – Absence due to stress started to increase in June following changes to social distancing/shielding rules. The current absence due to S10 has however reduced from 1.38% to 1.13% and now represents 24% of all sickness absence compared to 28% last month.
- **Covid Risk Assessment Compliance** – The Trust achieved 96% by 2nd September which met the NHSI target. However, compliance has remained at 93% since the end of September due to starters and leavers despite active efforts by Occupational Health, HR and divisional teams.

National Benchmarking (October 2020)

Model Hospital Benchmark for Mandatory Training compliance is 90%; and a peer group average of 88% so the Trust is not an outlier in this area. Performance is below Model Hospital average of 85% for appraisal and medical appraisal, and also for job planning.

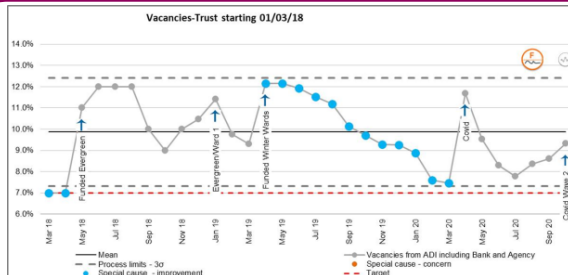
Month 7 [October] 2020-21 Workforce Performance Summary

Responsible Director: Director of People and Culture | Validated for October -20 as 12th November 2020



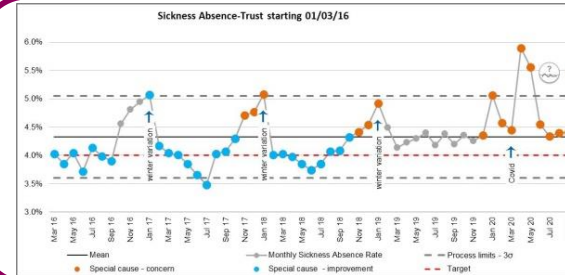
Vacancy Rate

9.33%



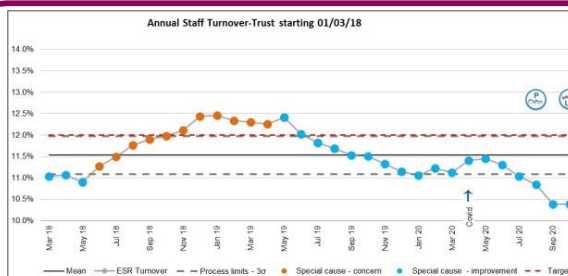
Monthly Sickness Absence

4.67%



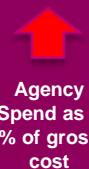
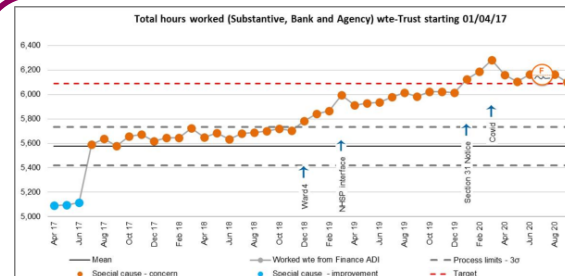
Staff Turnover

10.39%



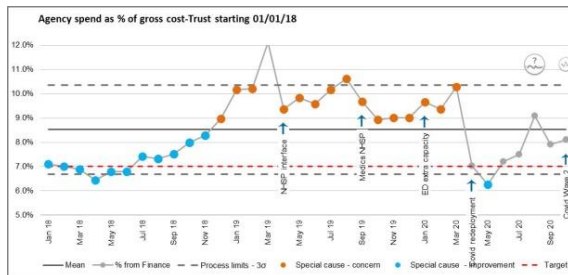
Total Hours worked

6166 wte



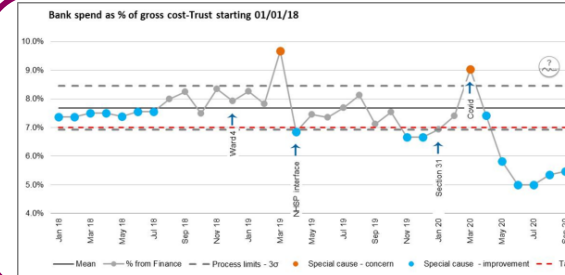
Agency Spend as a % of gross cost

8.10%



Bank Spend as a % of gross cost

5.60%



Arrow depicts direction of travel since last month. Green is improved, Red is deteriorated and amber unchanged since last month.

Substantive Vacancy Rate and overall vacancy rate (including bank and agency)	Monthly Sickness Absence Rate and cumulative sickness rate for 12 months	Staff Annual Turnover	Total Hours worked (including substantive bank and agency)	Agency and Bank Spend as a % of Gross Cost
6.07% and 9.33%	4.67% and 4.97%	10.39%	6166 wte	8.10% and 5.60%

What does the data tell us?

- **Vacancy Rate** – Vacancy rates have continued to improve despite the pandemic, and our substantive vacancy rate of 6.07% continues to meet the 7% target. The vacancy rate including temporary bank and agency posts has increased this month from 8.6% to 9.33% which is directly due to a 57 wte increase in funded establishment. Our staff in post has increased by 6 wte in month which is 231 wte higher than the same period last year due to successful recruitment for new wards.
- **Monthly Sickness Absence Rate** – sickness has increased by 0.25% to 4.67% which is 0.21% higher than the same period last year. Cumulative sickness has increased to 4.97%. A deep dive report into late and incorrect absence inputting by managers will be presented to P&C in November which indicates that steps taken to improve timeliness and accuracy of data input by managers into HealthRoster has been effective.
- **Staff Turnover** – Staff annual turnover has remained at 10.39% against target of 11%. Our turnover rate is 1.12% better than the same period last year. Urgent Care and Specialty Medicine have the highest turnover rates.
- **Total Hours Worked** – The total hours worked for substantive, bank and agency staff in October increased by 66 wte to 6166 against a funded establishment of 6320.
- **Agency Spend as a % of Gross Cost** – Agency spend increased by 0.18% this month to 8.10% compared to 8.94% at the same period last year which would indicate that our partnership with NHSP using Allocate and NHSP interface has been effective in driving down the rates despite an increase of 229 wte in the funded establishment
- **Bank Spend as a % of Gross Cost** – bank spend increased this month by 0.13% to 5.6% against Trust target of 7%. The Trust continues to work with NHSP to improve the bank fill rate to replace agency cost.

National Benchmarking (August 2020)

The Trust has deteriorated to Quartile 4 for sickness on Model Hospital with 4.52% in August compared to 3.87% national average. The latest ONS vacancy rate for the NHS is 8.1% which means that the Trust is not an outlier. Monthly turnover has deteriorated on Model Hospital to 3.46% (Quartile 4) as at August against a national median of 2.27% and peer median of 2.43%. It would appear that there is an error on model hospital for this metric although August is usually higher due to junior doctor rotation. Our monthly turnover this month is good at 0.63%

Annual Plan Strategic Objectives: Workforce

Strategic Workforce Plan		BAME Workforce	Organisational Development
Introduce new roles and staffing models to support the delivery of our clinical services strategy	Accelerate new ways of working from the Covid-19 experience	Undertake Covid-19 Risk Assessments for all BAME staff	Implement new operational management structure
		88%	
Annual Plan: Strategic Objectives Best people Ensure all our staff have annual appraisal and are suitably trained with up to date job plans. Ensure we have adequate staff to meet patient needs within financial envelope, and that this is a good place to work so that we can retain our substantive staff and reduce reliance on bank and agency staff.			
How have we been doing? Included below are business as usual updates. <ul style="list-style-type: none"> Medical Appraisal rates have improved by 9% Substantive vacancy rates are 2.57% better than last year, are on an improving trajectory and target has been met for substantive vacancies Vacancy rate including bank and agency is 0.39% better than last year Turnover has remained stable and has achieved the 11% target Sickness absence rate is below the pre-COVID-19 HEE average of 5% but is rising There has been an increase in both bank and agency % of gross cost Mandatory Training compliance is stable and around Model Hospital average Recruited to vacancies in E-Rostering to enable rollout of Employee on Line and Manager access for AHP's and other staff groups Dementia and Sepsis competencies rolled out as part of the Essential to Role topics on OLM/ESR 		What improvements will we make? <ul style="list-style-type: none"> Deep dive to be reported to P&C into Sickness Absence reporting by Managers/staff due to concerns that there is under-reporting in some areas, late reporting and incorrect categorisation of absence Further embed the Allocate e-job plan system to drive up compliance Continue to work with NHS Professionals to increase the bank so that we can avoid agency spend wherever possible V11 upgrade to HealthRoster due in November Internal Audit review into Sickness Absence due in November Annual Payroll Audit due in November Continue to work with divisions to improve Risk Assessment compliance to above 95% Continue to work with divisions to improve Flu vaccination uptake towards the 90% NHSI target Planning for Covid vaccination programme HR Restructuring to be implemented 	
Overarching Workforce Performance Level – 4 – October 2020 Previous Assurance Level - 4 – September 2020		To improve to next assurance level	

Finance

COVID-19 Financial Regime

As part of the NHS response to COVID-19, a revised COVID-19 financial framework was established for the period of 1 April to 31 September 2020. PbR national tariff payment architecture and associated administrative/ transactional process were suspended and throughout this period NHS Trusts were reimbursed through block contract payments 'on account'. Additional funding to cover extra costs of responding to the coronavirus emergency was administered through a 'top up' mechanism. Through this arrangement, all NHS Trusts were expected to report a break-even position. From Month 7 we are no longer under this arrangement. **We are now under Phase 3 arrangements whereby each STP has an allocation and is expected to deliver its Phase 3 recovery and activity requirements and achieve financial balance within this envelope. The Trust submitted a plan which included a £7.3m deficit for M7-12 (net system position £19.8m deficit).**

2020/21 Internal Plan £(78.9)m

The 2020/21 pre COVID-19 financial plan takes into account growth and the increased pressure on budgets from 2019/20 in-year developments (some of which under PbR are offset by growth in income). The Trust Board agreed to set a deficit forecast of **£(£78.9)m including £14.5m of improvement from productivity and efficiency schemes**. Our pre COVID-19 internal financial plan and corresponding Divisional budgets remain at the Trust Board agreed deficit plan of £(78.9)m and Divisional and Directorate financial performance is measured against this.

Month 7 – October Position

Income & Expenditure	October 20 (Month 7)				
	NHSI Framework £000s	Budget £000s	Actual £000s	Variance to NHSI £000s	Variance to Budget £000s
Income (Excluding top up)	36,821	39,867	36,975	154	(2,892)
Pay	(27,440)	(26,440)	(26,220)	1,220	220
Non Pay	(15,763)	(16,197)	(15,118)	645	1,079
Financing Costs	(2,397)	(2,567)	(2,099)	298	468
Other	6	0	6	0	6
Surplus / (Deficit)	(8,773)	(5,336)	(6,455)	2,318	(1,119)
Income - TOP UP	8,803	0	8,803	0	8,803
Adjusted Surplus / (Deficit)	30	(5,336)	2,348	2,318	7,684

Sub Table - Financial Position Excluding pre COVID-19

Surplus / Deficit BEFORE TOPUP	(8,773)	(5,336)	(6,455)	2,318	(1,119)
COVID-19 Incremental Expenditure Included Above			1,402	1,402	1,402
Surplus / Deficit EXCLUDING COVID-19	(8,773)	(5,336)	(5,053)	3,720	283

YTD Month 7 – October Position

Income & Expenditure	Year to Date				
	NHSI Framework £000s	Budget £000s	Actual £000s	Variance to NHSI £000s	Variance to Budget £000s
Income (Excluding top up)	258,717	266,348	252,978	(5,739)	(13,370)
Pay	(183,517)	(185,654)	(182,296)	1,221	3,358
Non Pay	(98,927)	(108,374)	(98,282)	645	10,091
Financing Costs	(16,764)	(17,967)	(16,466)	298	1,501
Other	42	0	42	0	42
Surplus / (Deficit)	(40,449)	(45,646)	(44,024)	(3,575)	1,622
Income - TOP UP	40,479	0	46,372	5,893	46,372
Adjusted Surplus / (Deficit)	30	(45,646)	2,348	2,318	47,994

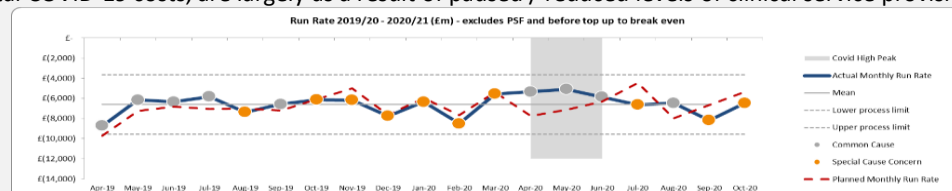
Sub Table - Financial Position Excluding pre COVID-19

Surplus / Deficit BEFORE TOPUP	(40,449)	(45,646)	(44,024)	(3,575)	1,622
COVID-19 Incremental Expenditure Included Above			9,935	9,935	9,935
Surplus / Deficit EXCLUDING COVID-19	(40,449)	(45,646)	(34,090)	6,359	11,557

Delivery of the Internal Financial Plan £(78.9)m

Against the internal **£(78.9)m** operational plan (Budget), the month 7 (October 2020) actual surplus was **£2.3m**. The combined pay and non pay **expenditure favourable variances** against our internal budget, despite incurring **£1.4m** of incremental COVID-19 costs, are largely as a result of paused / reduced levels of clinical service provision and vacancies.

The combined income position was **£5.9m** favourable to budget in month recognising the interim funding regime. The Trusts Income & Expenditure position was **£2.3m** better than the Financial Framework assumptions.



Performance against Phase 3 Financial Plan

I&E Delivery Assurance Level:

Level 4

Rationale:
Phase 3 Forecast deficit of c.£(7)m before any further action. Controls remain. Favourable variance in month. PEP & Temp Staffing remain challenged.

Month 7 – October Position

Income & Expenditure	October 20 (Month 7)		
	NHSI Framework £000s	Actual £000s	Variance to NHSI £000s
Income (Excluding top up)	36,821	36,975	154
Pay	(27,440)	(26,220)	1,220
Non Pay	(15,763)	(15,118)	645
Financing Costs	(2,397)	(2,099)	298
Other	6	6	0
Surplus / (Deficit)	(8,773)	(6,455)	2,318
Income - TOP UP	8,803	8,803	0
Adjusted Surplus / (Deficit)	30	2,348	2,318

The outputs of the activity and workforce modelling were assessed and the financial impact included within the financial forecast for months 7-12. This was submitted to NHSI/E. In the second half of the year, the national arrangements changed from a block regime where actual costs were fully reimbursed through additional top-ups, to a fixed allocation regime. Fixed allocations have been calculated nationally and allocated at system level, to include COVID-19 costs. Each system is expected to deliver its Phase 3 recovery and activity requirements and achieve financial balance within this envelope. To encourage recovery of elective activity in line with published targets, an Elective incentive scheme has been introduced. Where activity levels are not achieved, system income levels will be reduced using a nationally determined formula.

Against the M1-M7 phase 3 financial plan (NHSI Financial Framework M7-M12), in month 7 (October 2020) our position is **favourable** to plan.

Pay costs were **£1.2m (4%)** lower than plan as a result of the following key items:

- Forecast assumed that all beds would be open in October 2020 and as a result, our ward based temporary nursing would increase by **c.130 wte**. Ward 10 remains closed and nursing levels across the Trust are lower than forecast. Our ward based nursing wte has increased by **c. 27 wte** when comparing October 2020 with the August 2020 financial baseline. The majority of this increase has been against substantive lines largely supported by overseas recruitment. A deep dive into ward budgets will be undertaken to establish the recurrence of current workforce levels with the recent changes in the bed base. This will need to be considered alongside other workforce metrics such as sickness, patient acuity and leave. **(c. £570k)**
- Fill rates for temporary staff to perform patient temperature checks in Outpatients and Radiology and Theatres roles such as runners for RED theatres are low. In the main, these tasks have been completed by utilising the goodwill of our substantive workforce, stretching existing staff. This is not deemed a sustainable solution and requires mitigation. **(£110k)**
- Slippage in recruitment – in many cases this is deemed to be a timing difference and therefore we would not expect this favourable variance to continue at this level. **(c. £150k)**
- The August baseline included bank holiday enhancements. Due to the top town approach, no phasing was applied for future payments. Over the course of the remaining months this item will even itself out **(£120k)**.

Non Pay costs were **£0.6m (4%)** lower than plan. The key items driving this position include:

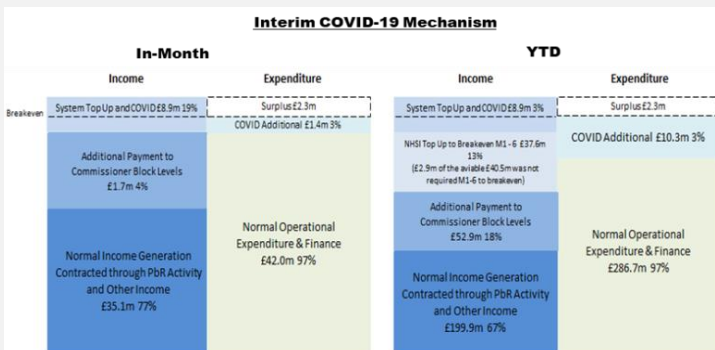
- A 3rd of this favourable variance is attributable to the alignment of weekly stores feeds for clinical supplies. This will move each month dependent upon the allocated weekly feeds but over the course of the year will even itself out. **(c. £180k)**
- As detailed above, the forecast assumed that all beds would be open in October 2020. Ward 10 remains closed and as a result, incremental variable non pay costs associated with the number of beds open and occupied are lower than anticipated. **(c. £100k)**
- Forecast had assumed additional touchpoint cleaning was to commence in October. At the point of preparing the month 7 report we had not received confirmation that these services had commenced. Again, this is expected to be a timing issue. **(£100k)**

Financing Costs are **£0.3m** favourable to plan following a reduction in the PDC dividend due to higher daily cash balances and the impact of modelling the planned £7.3m deficit bringing the year to date position in line with the lower than internally planned **(£78.9)m** year end forecast.

At this point we are not advising a change in the FOT. Further triangulation and review with operational and workforce colleagues is required to assess the extent to which this position will be incurred over the remaining 5 months of the financial year and to also evaluate any further risks. This will take place over the remainder of the month.

Finance | Headlines

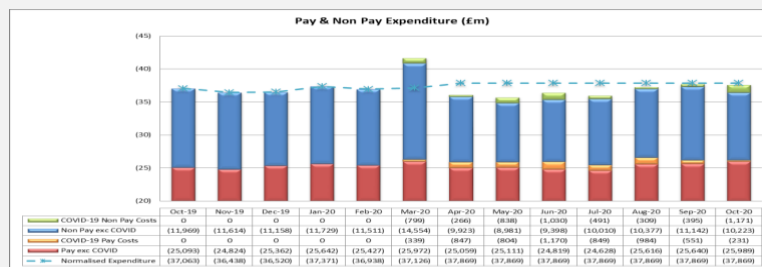
The Combined Income (including PbR pass-through drugs & devices and Other Operating Income) was **£5.9m** above the Trust's Internal operational plan in October (deficit of £(78.9)m 2020/21). Patient Care Income measured under normal PbR was **£4.6m below plan in month** (excluding pass-through drugs & devices and other adjustments for block payments). As a comparator, and to demonstrate the increasing activity trend, **in month 77% of income was generated through normal activity, compared to YTD 67%**



Commissioners have paid additional £1.7m over the Trust's actual performance (which includes work undertaken by our clinician at the independent sector). The revised payment mechanism will be in place from October until end of March based on system envelope for the STP. Funds will be withheld if the phase 3 targets are not met under Elective Incentive Scheme re: Phase 3 letter.

The Elective Incentive Scheme is applicable from September 2020 - where activity is below nationally set trajectories a proportion of funding may be withheld. The current guidance requires Trusts to refer to the likely impact of the scheme in October Board papers, but not to adjust the financial positions as a result of it. No adjustment is therefore included this month although it is estimated that the Trust activity levels would have resulted in a c.£0.5m penalty this month (£1.2m YTD), if applied.

Combined pay and non-pay costs (excluding pass-through drugs & devices) remain favourable against budget despite the inclusion of **£1.4m of incremental costs in response to COVID-19**. In October our **pay** costs were lower than our budget due to our vacancy position and closed capacity. Substantive workforce costs decreased by £0.1m to £22.6m in October. This is largely a normalisation following the payment of the backdated Medical Pay Award (£0.1m) and additional PAs relating to COVID-19 (£0.2m) last month, which have been partly offset by clawback of overpayments (£0.1m) and additional recruitment of medics (£0.1m).



Temporary staffing costs increased by £0.1m to £3.6m in October largely driven by additional COVID-19 costs. Note – months 4, 5, 6 & temporary medical costs have been estimated based on month 3 due to the unavailability of workforce reports following the implementation of the new locum booking platforms.

Our operating cost base is returning to normalised levels, particularly within non pay as our bed occupancy increases and services re-start. In October our 'NON COVID-19' baseline shows a reduction of c.£1.7m when compared to normalised expenditure levels as a result of credits in month for MES on the Siemens contract (£1.0m), and a reduction in PDC Dividend (£0.3m) reflecting a revised calculation to include the new plan assumptions in month.

Non pay expenditure overall has reduced by £0.5m from £17.7m in September to £17.2m in October. Receipt of credit notes following completion of the PFI Siemens MES Settlement (£1.0m) and a reduction in PDC Dividend (£0.3m) reflecting a revised calculation to include the new plan assumptions in month. These have been partially offset by additional COVID-19 costs for PFI, Engie and Retail including prior months (£0.4m) and an increase in drugs spend (£0.3m) mainly in Oncology, Radiology and Dermatology.

Finance | Headlines

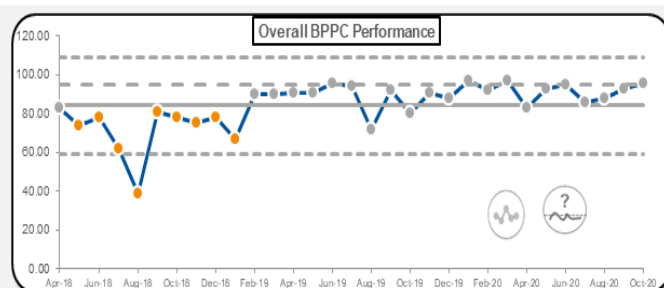
Capital

Year to date Capital expenditure at month 7 totals **£4.8m**, the majority of which is relating to the ASR Aconbury East Scheme, COVID-19 equipment purchases and schemes approved in 2019/20 that couldn't be concluded due to COVID-19. The 2020/21 capital plan at month 7 is £40.44m, with £22m of this falling within the STP envelope. The plan now includes £3m of STP capital funding to address Critical Infrastructure Risk, as well as £1.3m for the National Diagnostics Replacement programme and £1.6m for the Adapt and Adopt programme.

Capital Assurance Level: **Level 4**

Reason: Funding allocated, significant work being undertaken on projects and to progress implementation but limited evidence of commitments or actual spend to the level expected at this point in the year. Fortnightly Exec led capital meetings to drive pace and progress.

Cash Balance



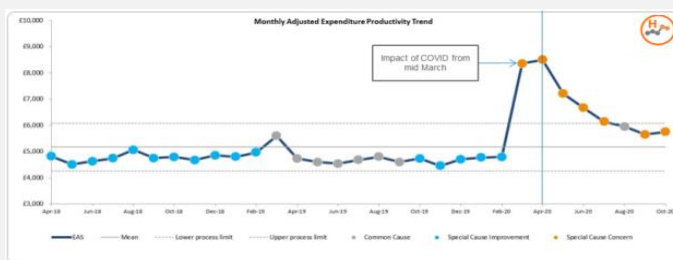
Under the interim COVID-19 financial arrangements, sufficient cash is currently being received each month to meet obligations. At the end of October the cash balance was £57.2m due to timing of receipts (April to November payments received to date) and £7.7m revenue support (PDC) received in April 2020.

Cash Assurance Level: **Level 6**

Reason: Good cash balances, historic loans converted to PDC, rolling CF forecasting well established, achieving BPPC target, positive SPC trends on aged debtors and cash. Risks remain around sustainability given unknown regime for 2021/22.

Productivity & Efficiency

Although Financial Efficiencies are not being monitored under the COVID-19 Financial Framework operating this financial year, our internal operational plan is inclusive of £14.5m of plans, and as such we will continue to assess current performance and assess impact of COVID-19 on the programme whether that be slippage or identification of further opportunities as a result of new ways of working. Notwithstanding all of the focus being on COVID-19, the Productivity and Efficiency Programme has delivered £6.5m of actuals at Month 7 against an Annual Plan figure of £7.1m. The key over-performing schemes are: Evergreen Closure: over-performing by £482k YTD and Energy Rate Decrease: over-performing by £459k YTD.



Adjusted Expenditure Productivity Trend:

COVID-19 significantly impacted our spend against activity. This local metric allows us to follow productivity changes through COVID-19 recovery and to track against forecasted activity going forward.

The improvement trend that we saw in months 1-4 declined slightly in August, which was consistent with the typical activity trend for August.

It has improved slightly into September and declined in October as COVID-19 wave 2 has impacted.

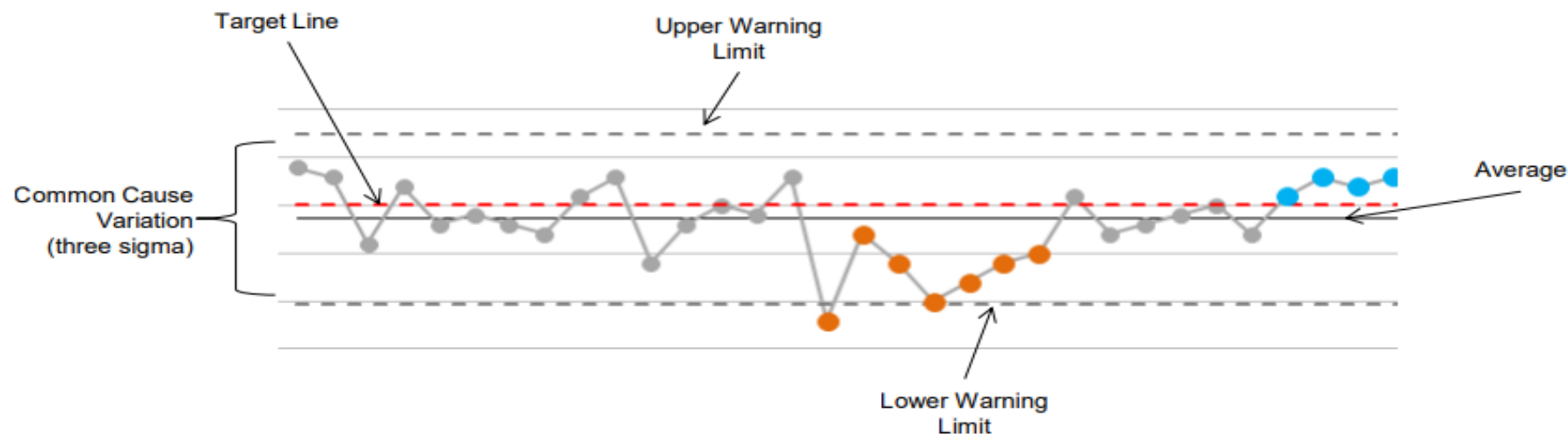
Appendices

Operational Performance Table | Month 7 [October] 2020-21

Performance Metrics		Operational Standard	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
EAS	4 Hours (all)	95%	Actual 76.49% ✗ Trajectory 86.24%	Actual 74.47% ✗ Trajectory 86.00%	Actual 70.17% ✗ Trajectory 86.00%	Actual 74.23% ✗ Trajectory 86.00%	Actual 76.15% ✗ Trajectory 86.00%	Actual 77.90% ✗ Trajectory 86.00%	Actual 88.92% ✗ Trajectory 1,443	Actual 91.33% ✗ Trajectory 1,148	Actual 88.73% ✗ Trajectory 1,119	Actual 92.60% ✗ Trajectory 818	Actual 88.05% ✗ Trajectory 933	Actual 83.47% ✗ Trajectory 979	Actual 83.55% ✗ Trajectory 986
	15-30 minute Amb. Delays	-	Actual 1,940 ✗ Trajectory 673	Actual 1,826 ✗ Trajectory 655	Actual 1,946 ✗ Trajectory 704	Actual 1735 ✗ Trajectory 706	Actual 1788 ✗ Trajectory 642	Actual 1992 ✗ Trajectory 470	Actual 1,443 ✗ Trajectory 145	Actual 1,148 ✗ Trajectory 82	Actual 1,119 ✗ Trajectory 150	Actual 818 ✗ Trajectory 97	Actual 933 ✗ Trajectory 172	Actual 979 ✗ Trajectory 188	Actual 986 ✗ Trajectory 213
	30-60 minute Amb. Delays	-	Actual 705 ✗ Trajectory 292	Actual 813 ✗ Trajectory 284	Actual 1,004 ✗ Trajectory 376	Actual 647 ✗ Trajectory 377	Actual 458 ✗ Trajectory 428	Actual 413 ✓ Trajectory 470	Actual 145 ✗ Trajectory 2	Actual 82 ✗ Trajectory 3	Actual 150 ✗ Trajectory 25	Actual 97 ✗ Trajectory 13	Actual 172 ✗ Trajectory 28	Actual 188 ✗ Trajectory 67	Actual 213 ✗ Trajectory 58
	60+ minutes Amb. Delays	0	Actual 228 ✓ Trajectory 269	Actual 528 ✗ Trajectory 262	Actual 797 ✗ Trajectory 329	Actual 566 ✗ Trajectory 330	Actual 239 ✗ Trajectory 107	Actual 88 ✗ Trajectory 0	Actual 2 ✗ Trajectory 0	Actual 3 ✗ Trajectory 0	Actual 25 ✗ Trajectory 0	Actual 13 ✗ Trajectory 0	Actual 28 ✗ Trajectory 0	Actual 67 ✗ Trajectory 0	Actual 58 ✗ Trajectory 0
RTT	Incomplete (<18 wks)	92%	Actual 81.88% ✗ Trajectory 86.25%	Actual 81.94% ✗ Trajectory 85.81%	Actual 82.72% ✓ Trajectory 82.59%	Actual 82.56% ✗ Trajectory 83.06%	Actual 82.66% ✗ Trajectory 82.95%	Actual 78.75% ✗ Trajectory 82.43%	Actual 69.92% ✗ Trajectory 0	Actual 59.89% ✗ Trajectory 0	Actual 49.95% ✗ Trajectory 0	Actual 42.70% ✗ Trajectory 0	Actual 47.84% ✗ Trajectory 0	Actual 53.03% ✗ Trajectory 0	Actual 55.58% ✗ Trajectory 0
	52+ WW	0	Actual 0 ✓ Trajectory 0	Actual 0 ✓ Trajectory 0	Actual 0 ✓ Trajectory 0	Actual 0 ✓ Trajectory 0	Actual 0 ✓ Trajectory 0	Actual 1 ✗ Trajectory 0	Actual 7 ✗ Trajectory 0	Actual 52 ✗ Trajectory 0	Actual 179 ✗ Trajectory 0	Actual 483 ✗ Trajectory 0	Actual 873 ✗ Trajectory 0	Actual 1,403 ✗ Trajectory 1,269	Actual 2,007 ✗ Trajectory 1,533
CANCER	2WW All	93%	Actual 82.03% ✗ Trajectory 93.96%	Actual 90.30% ✗ Trajectory 93.37%	Actual 91.99% ✗ Trajectory 95.58%	Actual 87.53% ✗ Trajectory 93.34%	Actual 93.44% ✗ Trajectory 94.05%	Actual 93.83% ✓ Trajectory 93.10%	Actual 90.30% ✗ Trajectory 0	Actual 94.68% ✗ Trajectory 0	Actual 88.19% ✗ Trajectory 0	Actual 88.97% ✗ Trajectory 0	Actual 81.00% ✗ Trajectory 0	Actual 85.72% ✗ Trajectory 0	Actual 72.45% ✗ Trajectory 0
	2WW Breast Symptomatic	93%	Actual 24.06% ✗ Trajectory 97.81%	Actual 71.96% ✗ Trajectory 93.02%	Actual 95.92% ✗ Trajectory 97.04%	Actual 88.82% ✗ Trajectory 91.72%	Actual 92.25% ✗ Trajectory 96.00%	Actual 83.94% ✗ Trajectory 84.80%	Actual 100.00% ✗ Trajectory 0	Actual 100.00% ✗ Trajectory 0	Actual 70.42% ✗ Trajectory 0	Actual 91.95% ✗ Trajectory 0	Actual 78.65% ✗ Trajectory 0	Actual 82.95% ✗ Trajectory 0	Actual 25.00% ✗ Trajectory 0
	62 Day All	85%	Actual 66.37% ✗ Trajectory 86.04%	Actual 66.87% ✗ Trajectory 86.04%	Actual 73.25% ✗ Trajectory 86.04%	Actual 66.50% ✗ Trajectory 86.04%	Actual 67.75% ✗ Trajectory 86.04%	Actual 75.82% ✗ Trajectory 86.04%	Actual 60.81% ✗ Trajectory 0	Actual 65.08% ✗ Trajectory 0	Actual 72.39% ✗ Trajectory 0	Actual 75.17% ✗ Trajectory 0	Actual 69.42% ✗ Trajectory 0	Actual 70.31% ✗ Trajectory 0	Actual 74.17% ✗ Trajectory 0
	104 day waits	0	Actual 59 ✗ Trajectory 0	Actual 64 ✗ Trajectory 0	Actual 71 ✗ Trajectory 0	Actual 50 ✗ Trajectory 0	Actual 58 ✗ Trajectory 0	Actual 68 ✗ Trajectory 0	Actual 50 ✗ Trajectory 0	Actual 71 ✗ Trajectory 0	Actual 186 ✗ Trajectory 0	Actual 189 ✗ Trajectory 0	Actual 118 ✗ Trajectory 0	Actual 52 ✗ Trajectory 0	Actual 44 ✗ Trajectory 0
	31 Day First Treatment	96%	Actual 98.09% ✓ Trajectory 96.73%	Actual 98.13% ✓ Trajectory 96.99%	Actual 96.81% ✗ Trajectory 98.30%	Actual 92.48% ✗ Trajectory 94.07%	Actual 96.90% ✗ Trajectory 98.91%	Actual 97.65% ✓ Trajectory 97.22%	Actual 97.67% ✗ Trajectory 0	Actual 92.82% ✗ Trajectory 0	Actual 95.41% ✗ Trajectory 0	Actual 97.20% ✗ Trajectory 0	Actual 97.06% ✗ Trajectory 0	Actual 98.17% ✗ Trajectory 0	Actual 96.96% ✗ Trajectory 0
	31 Day Surgery	94%	Actual 76.0 % ✗ Trajectory 100.00%	Actual 85.3 % ✗ Trajectory 100.00%	Actual 76.2 % ✗ Trajectory 100.00%	Actual 59.3 % ✗ Trajectory 92.68%	Actual 63.3 % ✗ Trajectory 93.33%	Actual 90.9 % ✗ Trajectory 95.83%	Actual 100.00% ✗ Trajectory 0	Actual - ✗ Trajectory 0	Actual - ✗ Trajectory 0	Actual - ✗ Trajectory 0	Actual 0.00% ✗ Trajectory 0	Actual - ✗ Trajectory 0	Actual 100.00% ✗ Trajectory 0
	31 Day Drugs	98%	Actual 100.0 % ✓ Trajectory 100%	Actual 97.6 % ✗ Trajectory 100%	Actual 96.8 % ✗ Trajectory 100%	Actual 90.9 % ✗ Trajectory 100%	Actual 100.0 % ✓ Trajectory 100%	Actual 97.8 % ✗ Trajectory 100%	Actual 100.00% ✗ Trajectory 0	Actual 97.75% ✗ Trajectory 0	Actual 99.19% ✗ Trajectory 0	Actual 100.00% ✗ Trajectory 0	Actual 94.74% ✗ Trajectory 0	Actual 100.00% ✗ Trajectory 0	Actual 90.91% ✗ Trajectory 0
	31 Day Radiotherapy	94%	Actual 100.0 % ✓ Trajectory 100%	Actual 100.0 % ✓ Trajectory 100%	Actual 98.8 % ✗ Trajectory 100%	Actual 98.0 % ✗ Trajectory 100%	Actual 98.9 % ✗ Trajectory 100%	Actual 100.0 % ✓ Trajectory 100%	Actual 96.43% ✗ Trajectory 0	Actual 97.18% ✗ Trajectory 0	Actual 95.60% ✗ Trajectory 0	Actual 98.99% ✗ Trajectory 0	Actual 100.00% ✗ Trajectory 0	Actual 100.00% ✗ Trajectory 0	Actual 98.44% ✗ Trajectory 0
	62 Day Screening	90%	Actual 85.7 % ✓ Trajectory 65.38%	Actual 72.2 % ✗ Trajectory 78.26%	Actual 80.0 % ✗ Trajectory 93.55%	Actual 73.5 % ✓ Trajectory 63.41%	Actual 72.2 % ✗ Trajectory 86.96%	Actual 73.9 % ✗ Trajectory 81.25%	Actual 70.6 % ✗ Trajectory 0	Actual 88.2 % ✗ Trajectory 0	Actual 0.0 % ✗ Trajectory 0	Actual 14.3 % ✗ Trajectory 0	Actual 0.0 % ✗ Trajectory 0	Actual 66.7 % ✗ Trajectory 0	Actual 97.7 % ✗ Trajectory 0
	62 Day Upgrade	-	Actual 76.9 % ✓ Trajectory 60.00%	Actual 80.0 % ✓ Trajectory 75.00%	Actual 73.1 % ✓ Trajectory 55.00%	Actual 85.7 % ✓ Trajectory 62.50%	Actual 85.3 % ✓ Trajectory 84.21%	Actual 92.4 % ✓ Trajectory 65.38%	Actual 95.5 % ✗ Trajectory 0	Actual 89.5 % ✗ Trajectory 0	Actual 91.8 % ✗ Trajectory 0	Actual 86.6 % ✗ Trajectory 0	Actual 81.5 % ✗ Trajectory 0	Actual 92.2 % ✗ Trajectory 0	Actual 93.9 % ✗ Trajectory 0
	Diagnostics (DM01 only)	99%	Actual 95.96% ✓ Trajectory 91.28%	Actual 95.78% ✓ Trajectory 91.91%	Actual 94.94% ✓ Trajectory 89.77%	Actual 95.28% ✓ Trajectory 94.99%	Actual 97.64% ✓ Trajectory 96.71%	Actual 94.29% ✗ Trajectory 99.03%	Actual 33.37% ✗ Trajectory 0	Actual 27.52% ✗ Trajectory 0	Actual 31.85% ✗ Trajectory 0	Actual 34.56% ✗ Trajectory 0	Actual 37.20% ✗ Trajectory 0	Actual 42.89% ✗ Trajectory 0	Actual 45.72% ✗ Trajectory 0
STROKE	CT Scan within 60 minutes	-	Actual 54.88% ✗ Trajectory 80.00%	Actual 56.72% ✗ Trajectory 80.00%	Actual 48.05% ✗ Trajectory 80.00%	Actual 41.27% ✗ Trajectory 80.00%	Actual 46.97% ✗ Trajectory 80.00%	Actual 59.38% ✗ Trajectory 80.00%	Actual 52.83% ✗ Trajectory 0	Actual 50.77% ✗ Trajectory 0	Actual 48.75% ✗ Trajectory 0	Actual 61.18% ✗ Trajectory 0	Actual 42.50% ✗ Trajectory 0	Actual 50.00% ✗ Trajectory 0	Actual - ✗ Trajectory 0
	Seen in TIA clinic within 24hrs	-	Actual 61.61% ✗ Trajectory 70.00%	Actual 67.92% ✗ Trajectory 70.00%	Actual 63.10% ✗ Trajectory 70.00%	Actual 50.51% ✗ Trajectory 70.00%	Actual 53.40% ✗ Trajectory 70.00%	Actual 86.84% ✓ Trajectory 70.00%	Actual 91.94% ✗ Trajectory 0	Actual 94.52% ✗ Trajectory 0	Actual 92.31% ✗ Trajectory 0	Actual 89.36% ✗ Trajectory 0	Actual 87.72% ✗ Trajectory 0	Actual 89.23% ✗ Trajectory 0	Actual - ✗ Trajectory 0
	Direct Admission	-	Actual 47.56% ✗ Trajectory 90.00%	Actual 41.79% ✗ Trajectory 90.00%	Actual 31.17% ✗ Trajectory 90.00%	Actual 38.87% ✗ Trajectory 90.00%	Actual 36.36% ✗ Trajectory 90.00%	Actual 56.25% ✗ Trajectory 90.00%	Actual 46.15% ✗ Trajectory 0	Actual 65.08% ✗ Trajectory 0	Actual 63.29% ✗ Trajectory 0	Actual 65.48% ✗ Trajectory 0	Actual 51.25% ✗ Trajectory 0	Actual 57.35% ✗ Trajectory 0	Actual - ✗ Trajectory 0
	90% time on a Stroke Ward	-	Actual 77.50% ✗ Trajectory 80.00%	Actual 79.10% ✗ Trajectory 80.00%	Actual 71.05% ✗ Trajectory 80.00%	Actual 63.49% ✗ Trajectory 80.00%	Actual 76.92% ✓ Trajectory 80.00%	Actual 75.00% ✗ Trajectory 80.00%	Actual 71.15% ✗ Trajectory 0	Actual 81.54% ✗ Trajectory 0	Actual 79.75% ✗ Trajectory 0	Actual 85.54% ✗ Trajectory 0	Actual 76.92% ✗ Trajectory 0	Actual 75.00% ✗ Trajectory 0	Actual - ✗ Trajectory 0

Quality & Safety Performance Table Month 7 [October] 2020-21

Performance Metrics					Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20									
Cdiff	0	Actual	7	✗	3	✓	4	✓	6	✗	6	✗	5	✓	2	✓	3	✓	6	✗	5	✗	6	✗	9	✗
		Trajectory	4		5		4		5		4		4		5		4		4		4		4		4	
Ecoli	0	Actual	4	✓	7	✗	4	✓	4	✓	4	✓	2	✗	2	✓	3	✓	3	✓	1	✓	4	✓	2	✓
		Trajectory	5		5		5		5		5		4		4		4		4		4		4		4	
MSSA	0	Actual	2	✗	1	✓	2	✗	3	✗	1	✗	2	✗	0	✓	1	✓	1	✗	5	✗	2	✗	4	✗
		Trajectory	0		1		1		1		0		0		3		3		0		0		0		0	
MRSA		Actual	0	✓	1	✗	0	✓	0	✓	0	✓	1	✗	0	✓	0	✓	0	✓	0	✓	0	✓	0	✓
		Trajectory	0		0		0		0		0		0		0		0		0		0		0		0	
Hospital Acquired Pressure Ulcers: Serious Incidents	0	Actual	1	-	0	-	0	-	0	-	1	-	0	-	0	-	1	-	0	-	1	-	0	-	0	-
		Trajectory	-		-		-		-		-		-		-		-		-		-		-		-	
Falls per 1,000 bed days causing harm	0	Actual	0.04	✓	0.08	✗	0.04	✓	0.00	✓	0.04	✓	0.08	✗	0.00		0.14		0.07		0.00		0.17		0.00	
		Trajectory	0.04		0.04		0.04		0.04		0.04		0.04		-		-		-		-		-		-	
% medicine incidents causing harm	0%	Actual	12.50%	✗	10.78%	✓	9.02%	✓	11.41%	✓	10.67%	✓	8.24%	✓	6.45%		5.71%		2.65%		1.15%		3.41%		1.12%	
		Trajectory	11.71%		11.71%		11.71%		11.71%		11.71%		11.71%		-		-		-		-		-		-	
Hand Hygiene Audit Participation	100%	Actual	96.43%	✗	98.21%	✗	91.96%	✗	100.00%	✓	99.11%	✗	78.76%	✗	95.65%		89.25%		93.88%		91.18%		86.24%		89.09%	
		Trajectory	100%		100%		100%		100%		100%		100%		-		-		-		-		-		-	
Hand Hygiene Compliance to practice	97%	Actual	98.28%	✓	98.35%	✓	98.84%	✓	98.90%	✓	98.64%	✓	99.35%	✓	99.17%		99.38%		99.73%		99.28%		99.49%		99.53%	
		Trajectory	97%		97%		97%		97%		97%		97%		-		-		-		-		-		-	
VTE Assessment Rate	95%	Actual	96.45%	✓	97.33%	✓	95.32%	✓	97.14%	✓	96.83%	✓	96.76%	✓	96.91%		95.49%		96.03%		96.45%		95.99%		96.47%	
		Trajectory	95%		95%		95%		95%		95%		95%		-		-		-		-		-		95%	
Sepsis Screening compliance	90%	Actual	86.35%	✗	84.51%	✗	85.64%	✗	88.89%	✗	86.03%	✗	82.99%	✗	63.25%		81.30%		82.59%		87.86%		86.08%		83.38%	
		Trajectory	90%		90%		90%		90%		90%		90%		-		-		-		-		-		95%	
Sepsis 6 bundle compliance	100%	Actual	45.00%	✗	59.26%	✗	42.31%	✗	58.33%	✗	55.74%	✗	64.94%	✗	43.37%		57.58%		55.07%		50.70%		32.14%		34.91%	
		Trajectory	90%		90%		90%		90%		90%		90%		-		-		-		-		-		95%	
#NOF time to theatre <=36 hrs	95%	Actual	84.21%	✗	85.71%	✓	88.27%	✓	81.67%	✗	87.93%	✓	87.30%		76.10%		68.42%		64.79%		80.65%		75.95%		72.73%	
		Trajectory	85%		85%		85%		85%		85%		85%		-		-		-		-		-		85%	
Mortality Reviews completed <=30 days	100%	Actual	54.31%	-	59.74%	-	52.91%	-	59.24%	-	53.53%	-	22.94%	-	18.95%		19.25%		21.32%		52.46%		55.13%			
		Trajectory	-		-		-		-		-		-		-		-		-		-		-		-	
HSMR 12 month rolling average	100	Actual	106.08	-	104.02	-	103.14	-	101.92	-	100.70	-	101.15	-	-		-		-		-		-		-	
		Trajectory	-		-		-		-		-		-		-		-		-		-		-		-	
Complaints responses <=25 days	85%	Actual	58.93%	✗	83.78%	✓	83.67%	✓	83.33%	✓	87.76%	✓	86.49%	✓	43.33%	✗	84.62%	✓	22.22%	✗	58.06%	✗	58.54%	✗	48.39%	✓
		Trajectory	80%		80%		80%		80%		80%		80%		80%		80%		80%		80%		80%		80%	
ICE viewed reports [pathology]	100%	Actual	95.97%	-	95.64%	-	96.10%	-	95.79%	-	95.33%	-	95.77%	-	97.06%		97.19%		90.76%		96.41%		96.42%		96.05%	
		Trajectory	-		-		-		-		-		-		-		-		-		-		-		-	
ICE viewed reports [radiology]	100%	Actual	81.95%	-	82.01%	-	83.19%	-	80.96%	-	81.13%	-	81.22%	-	84.46%		80.56%		83.42%		84.38%		82.99%		83.20%	
		Trajectory	-		-		-		-		-		-		-		-		-		-		-		-	



Orange dots signify a statistical cause for concern. A data point will highlight orange if it:

- A) Breaches the lower warning limit (special cause variation) when low reflects underperformance or breaches the upper control limit when high reflects underperformance.
- B) Runs for 7 consecutive points below the average when low reflects underperformance or runs for 7 consecutive points above the average when high reflects underperformance.
- C) Runs in a descending or ascending pattern for 7 consecutive points depending on what direction reflects a deteriorating trend.

Blue dots signify a statistical improvement. A data point will highlight blue if it:

- A) Breaches the upper warning limit (special cause variation) when high reflects good performance or breaches the lower warning limit when low reflects good performance.
- B) Runs for 7 consecutive points above the average when high reflects good performance or runs for 7 consecutive points below the average when low reflects good performance.
- C) Runs in an ascending or descending pattern for 7 consecutive points depending on what direction reflects an improving trend.

Special cause variation is unlikely to have happened by chance and is usually the result of a process change. If a process change has happened, after a period, warning limits can be recalculated and a step change will be observed. A process change can be identified by a consistent and consecutive pattern of orange or blue dots.

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Levels of Assurance

RAG Rating	ACTIONS	OUTCOMES
Level 7	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of delivery of the majority or all the agreed actions, with clear evidence of the achievement of desired outcomes over defined period of time i.e. 3 months.
Level 6	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of delivery of the majority or all of the agreed actions, with clear evidence of the achievement of the desired outcomes.
Level 5	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of delivery of the majority or all of the agreed actions, with little or no evidence of the achievement of the desired outcomes.
Level 4	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of a number of agreed actions being delivered, with little or no evidence of the achievement of the desired outcomes.
Level 3	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Some measurable impact evident from actions initially taken AND an emerging clarity of outcomes sought to determine sustainability, agreed measures to evidence improvement.
Level 2	Comprehensive actions identified and agreed upon to address specific performance concerns.	Some measurable impact evident from actions initially taken.
Level 1	Initial actions agreed upon, these focused upon directly addressing specific performance concerns.	Outcomes sought being defined. No improvements yet evident.
Level 0	Emerging actions not yet agreed with all relevant parties.	No improvements evident.



OCTOBER 2020 IN NUMBERS



4,810

Walk-in patients (A&E)



4,813

Patients arriving
by ambulance



10,849

Inpatients



27,281

Face to Face outpatients



14,050

Telephone consultations



475

Births



1,302

Elective operations



153

Trauma Operations



308

Emergency Operations



5.3 days

Average length of stay



15,421

Diagnostics

Committee Assurance Reports

Trust Board
10th December 2020

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Finance & Performance Committee Assurance Report – 25th November 2020

Accountable Non-Executive Director	Presented By	Author
Richard Oosterom Associate Non-Executive Director	Richard Oosterom Associate 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, 5, 6, 7, 8, 12

Executive Summary

The Finance & Performance Committee met virtually on 25 November 2020.

- **COVID-19:** We received an update in relation to the activity within the hospitals. The admissions continue to increase, but deaths are much lower than in the previous wave. Concern was expressed about the implications of the raising of the national lockdown and another spike if the tiered system is not adhered to. We were concerned with the burden on clinical and other teams, particularly with the continuing of elective activity.
- **Herefordshire and Worcestershire STP System Resilience Winter Plan:** We received this and it is on the Board agenda. Concern was expressed in relation to mitigation/contingency in case of overoptimistic assumptions or not realised execution plans.
- **Annual Operational and Financial Planning for 2021/22:** We noted the current approach to the planning round. We were pleased with the current progress and that there was learning from the previous year. We were concerned that the plan may not align across the system and we have requested that the system agree the principles. This will be taken forward.
- **The 7 levels of assurance:** We approved the revised approach and look forward to the papers being succinct and with a clear purpose. We agreed that the levels need to be used as a basis of action.
- **Business case – Digital Pathology:** We approved this business case which is part of the West Midlands Cancer Alliance funding of £10m. We asked for more clarification on the benefits realisation.
- **Business case – Increase Gynaecology Diagnostic Capacity:** We had a presentation from the Director of Operations for Women and Children. The business case outlined the requirement to increase diagnostic capacity at Alexandra Hospital and maintain appropriate capacity at Kidderminster. We approved an additional ventilated room within the Women's Health Unit with additional equipment and nurse staffing.
- **Radiology Information System (RIS) Software and Licences Contract:** We approved the procurement of a five year contract with the radiology information system software and licences for well being software. This links to our digital strategy. We have reviewed this in the past and our questions have been answered.
- **Integrated performance report:** We considered M7 performance. The areas identified were Cancer (variations in 2ww performance); RTT and outpatients; Long Length of stay; Maintaining high quality care. We are concerned about the capacity challenge with the second COVID-19 wave. Whilst the ED performance is good (low 12 hour trolley waits; ambulance delays) and the four hour wait is better, there is an increase in longer waits due to the capacity. We commended the progress in reducing Length of Stay. There is a challenge over the use of the independent sector and we are optimising the available capacity.

Assurance levels as per the report. However we were concerned that the assurance levels are not changing month by month.

Finance & Performance Committee Assurance Report – 25th November 2020

Executive Summary (cont.)

Financial performance report: This reported that M7 was £2.3m ahead of plan. In M7 we had not opened all the beds due to COVID-19. We are now seeing additional COVID costs in other categories e.g. PFI profit margin. At this stage we are not going to change our forecast. We were encouraged with the reports that particularly the nursing workforce have finance high on their agenda and that the balance between own & temp staff has improved. We were concerned with the progress in the PEP and the generation of the PEP for 21/22.

We were pleased to see more extensive reporting on our significant capital programme. We were concerned with our ability to execute (current spend 4.8m; full year plan 42.6m), which is heavily impacted by COVID-19.

We will be inviting one of the divisions to discuss the use of Service Line Reporting in their financial planning & management in the New Year.

Assurance levels – I&E – level 4; Capital – level 4; Cash – level 6.

Recommendation(s)

The Board is requested to receive this report for assurance.

Quality Governance Committee Assurance Report – 26th November 2020

Accountable Non-Executive Director	Presented By	Author
Dr Bill Tunnicliffe Non-Executive Director	Dr 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) 2, 3, 4, 5, 12

Executive Summary

The Committee met virtually on 26 November 2020. Key points raised were:

- **Infection, Prevention and Control update:** We received the IPC update. The area of greatest concern to the Committee was antimicrobial stewardship. We are the highest user of Carbapenems in the region. Much work is being undertaken on this area including work with the pharmacists to identify clinicians not adhering to the protocols. MSSA remains above the target for 2020/21 at 20 (target 10). Good progress has been made since the last meeting in auditing cannulas on the wards. We were disappointed that this area had been highlighted in July but results will not be seen until January. We had an update on the COVID BAF which is being revised nationally. ... Assurance level 6
- **Safeguarding update:** This quarterly report has improved over the years and we are assured to the progress in this area. Mandatory training remains below the stretch target of 95%. Assurance level 6.
- **The 7 levels of assurance:** We approved the new front sheet and the use of the seven levels of assurance throughout the Trust. We noted that training was needed in the writing of papers, particularly in condensing them for Committee scrutiny.
- **Integrated Performance Report:** We discussed the IPR and felt that the Trust had performed very well, considering the impact of COVID-19. In particular the performance in relation to long waiters is to be commended. We are still concerned about the sepsis 6 bundle and look forward to the deep dive for December's meeting. Assurance levels as per the report.
- **Nursing and midwifery staffing report:** Staffing was safe during August and September, following mitigation. More work is continuing with acuity levels, particularly important when ward frequently change their status. It was good to see the mechanisms in place to ensure safe staffing. Assurance level 5.
- **Q2 patient experience report:** The report detailed the actions being taken. We were pleased to see that complaints performance was now back to acceptable levels. We are concerned about the resourcing for PALS and this will be bought back to the committee in March. Assurance level 5.
- **7 day services - update:** This report focussed on two standards from the 7 day services BAF. Both had been impacted by COVID and both will be easier to monitor once the digital care record is in place. Assurance level 3.
- **Winter Plan:** We received a short report on the Winter Plan and were pleased with the robustness of the monitoring.

Recommendation(s)

The Board is requested to receive this report for assurance .

People and Culture Committee Assurance Report – 1st December 2020

Accountable Non-Executive Director	Presented by:	Author
Mark Yates Non-Executive Director	Mark Yates 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) 9, 10, 11, 12

Executive Summary

The Committee met virtually on 1 December 2020. The summary of the key points discussed follows:-

- **Workforce presentation:** We received a presentation on the current workforce demand. The report reviewed short term workforce, we will be looking at long term in February. The presentation reviewed the drivers of the demand (response to COVID; backlog due to COVID; winter pressures; vaccination programmes; staff absence due to COVID). The demand is clear. The shortfall of staff is mainly in qualified nursing staff and recruitment is being stepped up in respect of this but there may be a supply issue. In order to maintain safe services, some services could be closed, based on agreed triggers which will be overseen by the restoration oversight group. We are also considering suitable redeployment. We met the HR business partners who were able to give much more detail in respect of the points raised. We also discussed the liaison with the University and work that is being undertaken with respect of attracting more people to work in the NHS. We agreed to have input from the Director of Medical Education to the Committee. Concluding the discussion, we agreed that better metrics were required to enable committee members to be more sighted on recruitment processes.
- **People and Culture Strategy:** A number of engagement events were being held across the Trust in relation to the development of the next three year strategy. This was also aligned to the STP/ICS people strategy. The three pillars (engaged, skilled and supported) are recommended to continue, both in the Trust and throughout the system. It was agreed that the staff offer was very important, particularly in terms of well being. We gave some feedback on the proposed staff promise. Overall we were pleased with the direction of travel.
- **People and Culture Report:** We were shown some initial work on 'heat maps' relating to culture in the Trust, broken down by different levels. We are quite close to the average in the acute benchmarking with the main difference being the quality of appraisals. We are now aspiring to be above average. There were differences between divisions and we saw the more granular information. The heat map will be used to inform and help priority areas. We heard of some work in relation to junior doctors and their experience. We also heard of the approach to a new position, a Well-Being Guardian. In respect of flu, 74.85% staff have been vaccinated. We also heard about the planned COVID vaccination programme. The occupational health workforce is being reviewed in the light of COVID.
- **Equality and Diversity Annual Report:** We will approve this virtually in January on behalf of the Trust Board. Although the committee was pleased with the basic content and specifically the proposed objectives we felt that there needed to be some additions and changes to the document to ensure the document is more reflective of the E&D journey we are travelling and to highlight some of the successes we've had.
- **Health and Safety Annual Report:** We approved the 2019/20 annual report. It can be viewed in the document section of VBR and on the website. Physical assaults continue to be reported, increasing from 121 to 166 (2018/19 to 2019/20). Mandatory training continues to be above 90% for health and safety and conflict resolution. There was a reduction by 5 (to 12) in the number of RIDDOR incidences reported. We were pleased that cwaudit is now supporting the Trust with violent and security incidents. We suggested an external review/audit of the management of H&S within the Trust.
- **Nursing and Midwifery Staffing report:** We received this report which covered August and September. Staffing levels were safe. International nurse recruitment has continued during the COVID pandemic. We asked for a review of the processes which was agreed.
- **Other reports:**
 - People and Culture Risk Register:
 - JNCC Notes
 - Workplan

Recommendation

The Board is requested to note this report for assurance.

Meeting	Trust Board
Date of meeting	10 December 2020
Paper number	E

Audit and Assurance Committee Assurance Report

For approval:		For discussion:		For assurance:	x	To note:	
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Accountable Director	Steve Williams Audit and Assurance Committee Chairman		
Presented by	Steve Williams Audit and Assurance Committee Chairman	Author /s	Kimara Sharpe Company Secretary

Alignment to the Trust's strategic objectives

Best services for local people		Best experience of care and outcomes for our patients		Best use of resources	x	Best people	
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Report previously reviewed by

Committee/Group	Date	Outcome

Recommendations	The Trust Board is requested to <ul style="list-style-type: none"> Note the report for assurance.
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Executive summary	This report summarises the business of the Audit and Assurance Committee at its meeting held on 10 November 2020.
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Risk

Key Risks	The Committee reviews all significant risks.						
Assurance							
Assurance level	Significant		Moderate		Limited		None
Financial Risk							

Meeting	Trust Board
Date of meeting	10 December 2020
Paper number	E

Introduction/Background
<p>The Audit and Assurance Committee has been established to critically review the governance and assurance processes upon which the Trust Board places reliance, ensuring that the organisation operates effectively and meets its strategic objectives. Membership is three Non-Executive Directors.</p> <p>The Committee has met once since the last report, on 10 November 2020.</p>
Issues and options
<p>Key areas discussed are as follows:</p> <ul style="list-style-type: none"> • Integrated Care System – risks and assurance: the Director of Strategy and Planning attended to present a paper which stimulated much discussion on the development of the ICS. A revised edition of this paper is presented to the Board in part 2. • Evaluation of the Finance and Performance Committee: The annual review of the Committee was presented. The Committee has a wide brief and sometimes it is difficult to give enough attention to all areas. It was agreed that at some point, the ICS would need to be part of the agenda. • External Audit: The Committee thanked Mr Percival for his contribution as he was retiring at the end of December. Mrs Masci will be the lead external auditor from 1 January. The baseline fee has been agreed for the 2020/21 audit. However, due to COVID, there had been delays in the audit process and the Plan would be presented in April, not January. The VFM audit has changed and there will not be a binary conclusion, but a focus on the recommendations. • Internal Audit progress report: The internal audit plan is on track, despite COVID. We approved the Bank and Agency report (moderate assurance). This report was collated prior to COVID. • Counter Fraud: The progress report gave the update on the open fraud cases. • Board Assurance Framework: We received the audit trail of the latest version of the BAF which was presented to the Board in November. <p>Other items received:</p> <ul style="list-style-type: none"> • Losses and Special Payments • Tender waivers • ESR phishing scam
Recommendations
<p>The Trust Board is requested to</p> <ul style="list-style-type: none"> • Note the report for assurance.
Appendices