



University Hospitals
of North Midlands
NHS Trust



Trust Board (Open)

January 2020





Trust Board (Open)

Meeting held on Wednesday 8th January 2020 at 9.30 am to 12.00 pm
 Room 1, Postgraduate Medical Centre, County Hospital, Stafford

AGENDA

Time	No.	Agenda Item	Purpose	Lead	Format
09:30	PROCEDURAL ITEMS				
30 mins	1.	Patient Story	Information	Mr D Wakefield	Verbal
5 mins	2.	Chair's Welcome, Apologies and Confirmation of Quoracy	Information	Mr D Wakefield	Verbal
	3.	Declarations of Interest	Information	Mr D Wakefield	Verbal
	4.	Minutes of the Meeting held 11 th December 2019	Approval	Mr D Wakefield	Enclosure
5 mins	5.	Matters Arising via the Post Meeting Action Log	Assurance	Mr D Wakefield	Enclosure
10 mins	6.	Chief Executive's Report – December 2019	Information	Mrs T Bullock	Enclosure
10:20	PROVIDE SAFE, EFFECTIVE, CARING AND RESPONSIVE SERVICES				
10 mins	7.	Quality Governance Committee Assurance Report (19-12-19)	Assurance	Ms S Belfield	Enclosure
10 mins	8.	Update on Influenza	Assurance	Mrs M Rhodes	Enclosure
10.40 – 10.50 COMFORT BREAK					
10:50	ENSURE EFFICIENT USE OF RESOURCES				
10 mins	9.	Performance & Finance Committee Assurance Report (17-12-19)	Assurance	Mr L Griffin	Enclosure
15 mins	10.	Financial Performance Report – Month 8	Assurance	Mr J Tringham	Enclosure
11:15	ACHIEVE NHS CONSTITUTIONAL PATIENT ACCESS TARGETS				
20 mins	11.	Integrated Performance Report – Month 8	Assurance	Mr P Bytheway Mrs M Rhodes Mrs R Vaughan Mr J Tringham	Enclosure
11:35	TRUSTEE MATTERS				
15 mins	12.	UHNM Charity Annual Review and Financial Statements	Approval	Ms N Duggan	Enclosure
11:50	CLOSING MATTERS				
5 mins	13.	Review of Meeting Effectiveness and Business Cycle Forward Look	Discussion	Mr D Wakefield	Enclosure
5 mins	14.	Questions from the Public Please submit questions in relation to the agenda, by 12.00 pm 6th January 2020 to claire.rylands@uhn.nhs.uk	Discussion	Mr D Wakefield	Verbal
12:00	DATE AND TIME OF NEXT MEETING				
	15.	Wednesday 5th February 2020, Trust Boardroom, Third Floor, Springfield, RSUH			
EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC					
		Resolution: To exclude the press and public from the meeting at this point, on the grounds that publicity of the matters being reviewed would be prejudicial to public interest, by reason of the confidential nature of business. The press and public are requested to leave at this point (Section 1 [2] Public Bodies [Admission to Meetings] Act 1960)			



Trust Board (Open)

Meeting held on 11th December 2019 at 9.30 am to 12.45 pm
Trust Boardroom, Third Floor, Springfield Building, RSUH

MINUTES OF MEETING

			Attended	Apologies / Deputy Sent	Apologies								
Voting Members:			A	M	J	J	A	O	N	D	J	F	M
Mr D Wakefield	DW	Chairman											
Mr P Akid	PA	Non-Executive Director											
Ms S Belfield	SB	Non-Executive Director											
Mr P Bytheway	PB	Chief Operating Officer											
Mrs T Bullock	TB	Chief Executive											
Prof G Crowe	GC	Non-Executive Director											
Dr L Griffin	LG	Non-Executive Director											
Prof A Hassell	AH	Non-Executive Director											
Mr M Oldham	MO	Chief Financial Officer											
Dr J Oxtoby	JO	Medical Director											
Mrs M Rhodes	MR	Chief Nurse											
Mr I Smith	IS	Non-Executive Director											
Mrs R Vaughan	RV	Director of Human Resources											

Non-Voting Members:			A	M	J	J	A	O	N	D	J	F	M
Ms H Ashley	HA	Director of Strategy & Performance											
Mr A Butters	AB	Director of Business Development											
Mr M Bostock	MB	Director of IM&T											
Ms N Duggan	ND	Director of Communications											
Miss C Rylands	CR	Associate Director of Corporate Governance											
Mr J Scott/ Mr P Orwin	JS/ PO	Chief Operating Consultant											
Mrs L Whitehead	LW	Director of Estates, Facilities & PFI											

In Attendance:		
Prof T Fryer	TF	Director of Research and Innovation (item 14)
Mr M Farmer	MF	Deputy Director of Research and Innovation (item 14)
Mrs N Hassall	NH	Deputy Associate Director of Corporate Governance (minutes)
Mr S Pendleton	SP	NHS England / Improvement (observing)
Mrs A Roche	AR	Patient Representative (item 1)
Mr J Roche	JR	Patient (item 1)
Ms A Walsh	AW	Deputy Medical Director (rep Dr Oxtoby)

Members of Staff, Public & Press 6

No.	Agenda Item	Action
1.	Patient Story	
172/2019	Mr Roche described his story which resulted in him being hospitalised following a Road Traffic Accident. He referred to his stay in Critical Care, which was very positive whereby the staff were very accommodating of his needs and requirements. Mrs Roche explained that they had been warned when they were due to leave critical care, to expect a difference between the environments, although the move from 1:1 care was a shock. Mrs Roche described a number of positive experiences during her son's stay in hospital, in particular the caring and	

	<p>compassionate nature of the staff, and also highlighted a number of suggested improvements, including the way in which staff communicate with patients who are unable to speak.</p> <p>Mr Wakefield queried what communication tool could be used and Mr Roche explained that iPad's could be used with generic replies automatically uploaded as well as a picture of a body so that things could be pinpointed more easily.</p> <p>Mr Wakefield queried whether Mrs Roche was kept informed in terms of what to expect for her son's recovery and she explained that at an early stage, she was told about the severity of his condition including the possible long term prognosis.</p> <p>Mrs Roche stated that the flexibility of staff in allowing her son to have more visitors was welcomed and particularly important to his wellbeing and that this was more of a challenge when he moved wards.</p> <p>Dr Griffin queried whether Mr Roche continued to be seen at the hospital for ongoing support and Mr Roche explained that he had used Cheshire Brain Support and Headway.</p> <p>Mr Roche described an issue whereby he found it challenging to obtain permission to go outside, until he had passed some tests and Mrs Roche stated that she felt her son and herself could have been listened to in terms of assessing whether he was able to do this.</p> <p>Mr Wakefield thanked Mr Roche and Mrs Roche for joining the Board. He welcomed the positivity of the story and thanked the staff involved in providing the care to Mr Roche during his stay in hospital. He suggested that Mrs Rhodes looks at the ways in which communication could be improved, in addition to promoting the different meal choices available as well as listening to the family and patient in terms of their wishes and assessment of their capability.</p> <p>The Trust Board noted the patient story.</p> <p>Mr and Mrs Roche left the meeting.</p>	MR
2.	Chair's Welcome, Apologies & Confirmation of Quoracy	
173/2019	Mr Wakefield welcomed members of the Board, public and press to the meeting. Apologies were received as noted above and it was confirmed that the meeting was quorate.	
3.	Declarations of Interest	
174/2019	The standing declarations were noted.	
4.	Minutes of the Meeting Held 6th November 2019	
175/2019	It was noted that the wrong date was on the minutes and this would be amended to read November rather than October. Mr Wakefield requested that the number of beds quoted on page 10 were clarified to ensure these were accurate. With the exception of these amendments, the minutes of the meeting held on 6 th November 2019 were approved as a true and accurate record.	

5.	Matters Arising via the Post Meeting Action Log	
176/2019	<p>PTB/383 – It was noted that confirmation needed to be provided to the Quality Governance Committee in terms of the date at which a further update on the audit of transfers of patients from County Hospital would be provided.</p> <p>PTB/397 – Mrs Rhodes explained that she had reviewed the patient safety report and the statement in relation to pressure ulcers, which did not accurately reflect the situation. She stated that this would be changed in future reports.</p> <p>PTB/401 – It was noted that the information had been provided to Mr Syme.</p>	
6.	Chief Executive’s Report	
177/2019	<p>Mrs Bullock highlighted a number of areas from her report.</p> <p>Mr Wakefield referred to the funding received for the replacement CT scanners and queried how this impacted on the capital plan. Mr Oldham stated that these were not part of the original capital plan and the Trust would receive the cash and Capital Resource Limit for both the scanners as they are over 10 years old.</p> <p>Mrs Bullock highlighted that on 19th December, a documentary would be aired in relation to Mid Staffordshire NHS Foundation Trust.</p> <p>Professor Crowe stated that he enjoyed the recent Consultant and SAS Conference and referred to the service line reviews and the need to deliver on bringing the refreshed strategy to the Board by the end of quarter 1.</p> <p>Mr Wakefield referred to local schools who were providing a choir service twice a day over the festive period in the Atrium and suggested members of the Board attending.</p> <p>The Trust Board received and noted the report.</p>	
PROVIDE SAFE, EFFECTIVE, CARING AND RESPONSIVE SERVICES		
7.	Quality Governance Committee Assurance Report (28-11-19)	
178/2019	<p>Ms Belfield highlighted the areas for escalation:</p> <ul style="list-style-type: none"> • The Committee received a report on stillbirths and neonatal deaths, and noted 2 out of the 14 deaths had been classed as a serious incident. She stated that the Committee had asked for additional assurance in terms of the lessons learned in relation to the two cases. • The Trust continued to not achieve the 95% data security and protection training target • There were 4 CQUIN schemes at risk of not being achieved and mitigation was being put in place. • In terms of freedom to speak up, the Trust had a lower than average index score and an action plan was being undertaken to improve this. • The Trust had been given some aspirational targets for increasing the number of Black and Minority Ethnic staff in the Trust, and actions were being taken to establish how these could be achieved. It was noted that current underrepresentation was mainly in non-clinical job roles. • The Committee noted that work was being undertaken on the nursing 	

	<p>establishment and care hours per patient day, whereby the split between registered and non-registered staff was being explored.</p> <p>Mr Wakefield referred to the mortality rates and mortality reviews, and queried whether the Trust was an outlier for stillbirths. Ms Walsh confirmed that the Trust was not an outlier for stillbirths, and that there was a rigorous review process in place to review stillbirths and neonatal deaths which met the national framework. Mrs Rhodes added that the rate of stillbirths had also reduced year on year.</p> <p>The Trust Board received and noted the assurance report.</p>	
8.	Staff Influenza Vaccination Self-Assessment	
179/2019	<p>Mrs Rhodes referred to the report which had been prepared in order to provide assurance to NHS England/Improvement in relation to the Trust's influenza vaccination programme.</p> <p>Mr Wakefield queried if Mrs Rhodes was happy with the level of progress being made with flu vaccinations and she stated that the Trust had vaccinated 76% of staff, against the target of 80% which put the Trust sixth in the Country. She highlighted that the vaccination covered 3 out of the 4 strains and added that there were 61 inpatients in the Trust with flu, a dozen of which were children. She stated that these patients were being cared for in side rooms or cohorted in bays and Mr Bytheway added that tests for flu were being undertaken earlier, in order to identify those patients requiring side rooms/cohorting.</p> <p>Dr Griffin queried whether the delay in receiving the vaccine had impacted on the Trust or community and Mrs Rhodes stated that the Trust had enough of the vaccine to achieve the target although she was aware of some staff who were on sick leave with flu. She stated that the number of care homes closed due to diarrhoea and vomiting was an issue in addition to cases of flu, and there were 7 or 8 care homes currently closed.</p> <p>Mr Smith queried whether the strain of flu for those patients in hospital had been covered by the vaccine and Mrs Rhodes stated that she was unable to confirm whether the strain was the one which was not covered in the vaccine.</p> <p>The Trust Board received and noted the completed self-assessment.</p>	
9.	Patient Experience Report – Quarter 2	
180/2019	<p>Mrs Rhodes presented the report and highlighted the following:</p> <ul style="list-style-type: none"> • The results from the cancer patient experience survey and the subsequent action plan which would be presented to the Quality Governance Committee on a quarterly basis. • The introduction of 4 lead patient volunteers with the aim of appointing more <p>Dr Griffin referred to the percentage of patients recommending A&E from the friends and family test and that the Trust was not performing as well as its peers. He stated that the issues raised in the report in relation to long waits, would affect other hospitals therefore he challenged that there were additional reasons affecting the low score. Mrs Rhodes stated that given the time period for which the results were calculated, she would not have expected long waits to have been as much of an issue but agreed to obtain further information in relation to comparison with other Trusts and agreed to take this to the Quality Governance Committee.</p>	MR

Mr Wakefield referred to the relationship between those recommending A&E and percentage footfall and queried the connection between the two. He stated that it seemed counterintuitive given that other Trusts had much fewer numbers of patients filling in the forms, therefore they would automatically have less people not recommending the Trust whereas UHNM had the highest number of forms completed. Mrs Rhodes agreed to confirm the statistical significance of the results.

MR

Mr Wakefield referred to the response rates to complaints which were worsening and queried the reasons for this. Mrs Rhodes stated that this was a result of reduced Divisional capacity to respond to the complaints. She stated that in the refreshed format of the report, further narrative would be included in order to provide explanations for any changes in performance.

Mr Wakefield referred to the 'you said, we did' statements and in particular ensuring medication was being given to patients on time and he challenged the actions taken. Mrs Rhodes stated that it was the aim to purchase alarms for particular patients who required their medication at set times, but agreed that processes were in place to ensure this took place and the alarms should not be solely relied upon. She agreed to discuss the purchase of the alarms further with the teams.

MR

Mr Wakefield referred to the reference to the delay in discharge due to waiting for medications and Mrs Rhodes stated that a tracker was in place to identify how long patients have waited for their medication. She agreed to request that an audit be undertaken of the length of time patients have waited for their medication and Mrs Bullock added that delay tended to be in relation to getting the prescription completed, rather than the delay in turning around the medications.

MR

Professor Crowe welcomed the proposed change in format for future reports and referred to the Care Excellence Framework awards, whereby 6 wards had reduced ratings. He queried Mrs Rhodes' thoughts of the process in place and whether there were any underlying issues, given that the 4 areas which had reduced were elderly care. Mrs Rhodes stated that she felt the process in place was good practice, which had been nationally recognised and added that she had asked for a review of those wards whose rating had reduced, the results of which would be taken to the Quality Governance Committee.

MR

Professor Crowe suggested that the response times to complaints could be tracked via the Performance Report.

Mr Akid referred to the percentage of patients which had been given a care plan which stood at 41% and seemed low. He queried whether this could have an impact on discharges. Mrs Rhodes stated that it would impact, and for cancer patients the care plan details a lot of what will happen to the patient in terms of their chemotherapy / radiotherapy treatment, and agreed that this was an area which needed to improve.

Mr Wakefield summarised that the style of future reports would change and he recognised the compliments included in the report in relation to the staff for Ward 8, Critical Care Pod 3 and Ward 117.

The Trust Board:

- **Approved the monitoring and progress of the improvement plans.**
- **Supported the Communication Improvement and Patient & Public Involvement initiatives.**

	<ul style="list-style-type: none"> • Supported an internal friends and family test target of at least 30% across all areas of the Trust. 	
10.	Winter Plan	
181/2019	<p>Mr Bytheway highlighted the following from his report:</p> <ul style="list-style-type: none"> • The plan had been developed since August, alongside discussions with system partners, with the aim of mitigating the gap in bed capacity. • Work had been undertaken in order to improve length of stay and reduce long stay patients • A system winter assurance visit had taken place • Activity was being tracked on a regular basis and more recently there had been a change in acuity of patients <p>In response to a question from Mr Wakefield, Mr Bytheway confirmed the modelling utilised, and the trajectory of achieving 76% for 4 hour performance. He also confirmed that the expected peak of 17000 attendances was for the Trust and the 23000 attendances related to the whole of the local health economy.</p> <p>Professor Hassell queried how confident the Trust was in meeting the staffing requirements for the escalation areas, and how confident it was that the required staffing would be provided in social care. Mr Bytheway stated that he was relatively assured on the social care hours being put in place and that Midlands Partnership NHS Foundation Trust (MPFT) were looking to focus on the delivery of hours. He stated that the main risk was staffing, although the Trust had been able to recruit additional doctors and administrative staff in order to keep processes going. Mrs Rhodes stated that from a nursing perspective, additional staff had been put into the Emergency Department which provided some consistency although the Trust was struggling to fill the gaps in escalation beds. She stated that despite the pressures in the Trust on Sunday, escalation beds were not opened because the required staffing was not in place. Mrs Rhodes explained that actions were being taken to encourage more nurses to undertake bank shifts in order to create the staffing required although Mrs Vaughan highlighted that staff sickness was also resulting in the inability for staff to be moved from wards to the escalation areas.</p> <p>Dr Griffin queried what year on year improvements had been made in relation to admission avoidance. Mr Bytheway agreed to obtain the information in relation to this but stated that the Trust predicted a rise in attendances which could not continue, therefore it needed to focus on actions such as the Community Rapid Intervention Service (CRIS), appropriate utilisation of Vocare as well as effective utilisation of GP urgent care slots.</p> <p>Mr Wakefield referred to the winter schemes put in place and queried the impact that counting and reporting discharges would have. Mr Bytheway stated that traditionally the Trust was unable to track discharges on each ward and this was now possible which helped to track the beds available as well as ensuring flow.</p> <p>Mr Wakefield referred to the current bed gap and queried whether the Trust was confident it could be dealt with. Mr Bytheway stated that technically there was no gap, but the Trust knew it was 20 beds behind where needed to be; with 14 medical outliers in surgery, and 6 outliers in specialised. He stated that most recent activity needed to be reviewed in order to understand this more.</p>	

	<p>Mr Bytheway stated that MPFT had 21 additional beds which were due to come online which would reduce the pressure and Mrs Bullock stated that from the initial bed deficit of 64, MPFT had committed to opening 42. Mr Bytheway referred to the system wide Multi-agency Discharge Event (MADE) which had been held in the week in order to ensure medically fit for discharge (MFFD) patients were discharged as soon as possible.</p> <p>Professor Hassell referred to elective activity and queried whether this was expected to continue. Mr Bytheway stated that the Trust aimed to continue with daycase surgery, cancer treatment and urgent surgery, and was aiming to maximise daycase as much as possible.</p> <p>Professor Crowe acknowledged the challenges and efforts being made. He stated that the Board needed to be kept informed of what actions were being taken particularly in relation to closing the bed gap and achieving the staffing required. Mrs Bullock confirmed that plans were in place to obtain the staffing but whether this could be achieved, was unknown. Mrs Rhodes stated that one of the issues was that the nurse establishment review had identified that the skill mix on wards was not where it needed to be as there were less registered staff and more non registered staff. She stated that this would be corrected but it was impacting on the way in which staff could be moved around, particularly as this was not known at the time of preparing the winter plan.</p> <p>Mr Wakefield referred to the 12 patients who had waited over 12 hours and it was agreed to take the output of the harm reviews to the Quality Governance Committee.</p> <p>Mr Wakefield summarised that the plan depended on partners opening 44 beds, 21 of which were already open, but the longer term issue was addressing the skill mix of nurses in addition to dealing with the impact of the pressures being seen by General Practitioners.</p> <p>The Trust Board considered and approved the UHNM winter plan which had been aligned to the Trusts operational and financial plans.</p>	MR
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ENSURE EFFICIENT USE OF RESOURCES

11.	Performance and Finance Committee Assurance Report (26-11-19)	
182/2019	<p>Mr Akid highlighted the following areas for escalation:</p> <ul style="list-style-type: none"> • The deterioration in length of stay, MFFD patients and delayed transfers of care which had impacted on urgent care performance • Consideration of the cancer plan whereby additional assurance was requested in terms of the robustness of the plan <p>The Trust Board received and noted the assurance report.</p>	
12.	Financial Performance Report – Month 7	
183/2019	<p>Mr Oldham highlighted the following:</p> <ul style="list-style-type: none"> • The Trust was £3.7 m ahead of plan and on track with its forecast position • Performance in month was behind plan, the drivers of which were activity and income • It was anticipated to achieve the Cost Improvement Programme target for the year • There had been some slippage on capital but alternative schemes were being 	

	<p>identified to be brought forward</p> <ul style="list-style-type: none"> • The Trust had a positive cash position and no further borrowing was required. It was anticipated that the Trust would be able to repay some of its borrowing <p>Mr Wakefield referred to the system deficit and queried if the Trust transferred its £5 m surplus to the system, whether it would affect the Trust's use of resources score. Mr Oldham stated that it would impact on the Trust's liquidity and I&E margin rating but that this would be marginal. The key issue would be the Trusts overall position being seen nationally to have slipped back. Mr Oldham stated that his discussions with Mark Mansfield suggested NHSIE supported the surplus to remain in the Trusts books.</p> <p>Mr Smith queried whether the reduction in cardiothoracic activity was due to a reduction in demand and Ms Ashley stated that the work was there but the issue was the ability to undertake the work in relation to productivity and theatre utilisation, although plans were in place to address these challenges.</p> <p>Mr Wakefield referred to the additional £17.6 m capital and queried when the Trust would receive it. Mr Oldham stated that a plan had been proposed to NHS Improvement split into two elements, the first of which was to buy out the lease of the two modular wards in the Lyme building for circa £9 m. He stated that the Trust was looking to finalise the business case for this in January. He added that for the remainder, the capital was to be utilised for new beds but these were likely to be a re-provision of beds by moving some from the West Building. Ms Ashley stated that the Trust was waiting for confirmation from NHS Improvement before going ahead with the proposals and it was confirmed that there was no time limit on spending the capital.</p> <p>Mr Wakefield queried when the change in IFRS 16 would come into effect and Mr Oldham stated that this was from the 1st April 2020. He stated that the Trust was submitting a number of returns in relation to this and was considering how leases and managed service contracts would be affected. He stated that there was a risk in relation to transferring managed service contracts post 1st April, which could impact on the capital resource limit.</p> <p>Mr Wakefield queried whether Mr Oldham was confident that the Trust was on track with its financial plan to which Mr Oldham confirmed. He stated that the cost of winter had been included within the plan and the main risk to delivery was not undertaking the planned level of activity.</p> <p>The Trust Board received and noted the report.</p>	
13.	Information Management and Technology Strategy Progress Report	
184/2019	<p>Mr Bostock highlighted the following from his report:</p> <ul style="list-style-type: none"> • The Trust was continuing with the deployment of Windows 10 • DarkTrace had been implemented at both sites and was to be moved to 'blocking' mode at the end of the month • Additional changes to Medway were to be undertaken in January 2020 • A number of projects due to be taken forward in 2020 were highlighted, including the pathology network, introduction of the Electronic Care Record across the system and ePMA <p>Mr Wakefield queried who took the decision as to whether equipment was replaced via a lease or purchased and Mr Bostock stated that a task and finish group was in place for this.</p>	

	<p>Mr Wakefield referred to the issues identified by DarkTrace and queried whether these had been reported to regulators. Mr Bostock confirmed that these had been reported to NHS X.</p> <p>Mr Wakefield referred to the planned replacement of the telephone system at County Hospital and queried when this would be undertaken. Mr Bostock stated that it would be changed and the reason for the delay was that it had not been prioritised in previous capital plans.</p> <p>Mr Wakefield referred to the ongoing implementation of the digitalisation programme and requested a demonstration of the projects being undertaken.</p> <p>Mr Wakefield referred to the statement regarding savings of £1.6 m and how this had been demonstrated. Ms Ashley confirmed that the CIP had been achieved previously.</p> <p>Mr Wakefield referred to the number of bids put in place for schemes within the STP and queried whether there was enough resource and capability in the organisation to implement the schemes. Mr Bostock confirmed that resources were in place and any decisions to bid for funding were made via consideration with clinicians. He stated that the additional Divisional clinical information officers would assist in taking these projects forward.</p> <p>Professor Crowe welcomed the activities described in the report, and the opportunity for the Board to link the advances with the clinical strategy, research agenda and system working agenda together. Mr Bostock stated that the plans had been derived by working with other departments and Ms Ashley stated that by introducing the Transformation and People Committee, it would bring the outputs from Research and Innovation, and transformation together. Mrs Bullock agreed that work was required to bring the different elements together and that part of the challenge from the Executive Team into the service line reviews was to ensure that teams had considered advances in digital technologies.</p> <p>Mr Wakefield requested that future reports articulated the actual projects delivered and it was clarified that the costs for the Integrated Care Record were to be paid for by the CCG after the first year.</p> <p>Mr Wakefield referred to current Wi-Fi provision in the Trust and whether this could be improved. Mr Bostock stated that he would need to work with PFI colleagues to address any deficiencies and agreed to identify any problem areas before considering what solutions were available.</p> <p>The Trust Board received the report and noted the progress made in the last 6 months.</p>	<p>MB</p> <p>MB</p>
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ACHIEVE NHS CONSTITUTIONAL PATIENT ACCESS TARGETS

<p>14.</p>	<p>Research and Innovation Update</p>	
<p>185/2019</p>	<p>Professor Fryer highlighted the following:</p> <ul style="list-style-type: none"> • The number of patients recruited to trials had been challenging which was in part due to the impact of having to recruit and train additional staff, although improvements were being made in order to utilise IT systems to ensure trials were efficient • Improvements had been made in reporting on current studies and the Directorate were continuing to improve the ways in which performance could 	

	<p>be overseen</p> <ul style="list-style-type: none"> • Thank you cards had been introduced for participants of clinical trials in order to recruit more patients • The Directorate continued to take forward partnership working in order to provide opportunities to expand research and innovation activity <p>Professor Crowe welcomed the work being undertaken to move forwards, although he queried whether the original objectives in the strategy relating to staffing and income were achievable. Professor Fryer stated that recruitment to posts had been undertaken in line with the recruitment of patients therefore there had been some delay in waiting for the systems and processes to be in place. He agreed that there had been some challenges although a plan was in place to recruit to existing vacancies going forwards. Professor Fryer explained that discussions were ongoing in relation to considering whether to re-phase the plan based on current performance.</p> <p>Professor Hassell referred to the expansion of clinical leadership in local areas and stated that success depended on the person leading the research. He queried what succession plans were in place, and queried the incentive provided to recruit divisional leads. Professor Fryer referred to the succession planning put in place within oncology which he expected to be successful. Mr Farmer referred to the way in which the Department had been involved in reviewing the job plans and the Programmed Activities (PAs) allocated for research. He stated that the aim was to repatriate the PAs so that these could be fully used for research activities.</p> <p>Mr Wakefield welcomed the progress made whilst recognising the challenges in place. It was agreed to continue to provide updates to the Transformation and People Committee, going forwards.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • noted that operational managers were being encouraged to identify a research lead in each Department and Directorate who will work with the Directorate to develop and implement a local R&I Strategy • supported the R&I plans for creating additional R&I sessions, including negotiations with academic partners and UHNM Charity to maximise impact 	
15.	Integrated Performance Report - Month 7	
186/2019	<p><u>Operational Performance</u></p> <p>Dr Griffin queried the impact from the forthcoming changes to the Junior Doctors contract and Mrs Bullock explained that the impact was being assessed and an update would be brought to the Board in due course.</p> <p>Mr Bytheway referred to cancer performance and stated that in October the Trust did not achieve the trajectory. A 12 week action plan had been initiated in order to ensure patients were brought forward where possible and the number of patients waiting over 104 days had reduced. It was noted that the size of the 62 day backlog had not reduced and the main challenges were within colorectal and urology. Mr Bytheway stated that he was expecting to see an improvement in two week wait performance from January due to the actions being taken.</p> <p>It was noted that the business case for additional colorectal staffing was in the process of being written and taken through the approval process.</p>	

	<p><u>Caring and Safety</u> No further questions were raised.</p> <p><u>Financial Rating</u> No further questions were raised.</p> <p><u>Organisational Health</u> Mrs Vaughan highlighted that sickness absence in October had increased and a further increase was expected in November. It was noted that this was due to the impact of the new Empactis unplanned absence reporting system, and given the time of the year. It was also noted that staff were not closing their absences on the system once they have returned to work which was being worked through. Ms Belfield stated that from her experience, the issues experienced in relation to rolling out the Empactis system were to be expected although there would ultimately be benefits.</p> <p>The Trust Board received and noted the report.</p>	
CLOSING MATTERS		
16.	Review of Meeting Effectiveness / Business Cycle Forward Look	
187/2019	<p>Professor Crowe referred to the revised format of the Committee Assurance Reports and suggested that for the areas escalated to the Board, that the Committee should clarify the reason for escalation i.e. for information or action.</p> <p>Professor Crowe referred to the timing of the meeting which highlighted the need to stick adhere to the timelines set on the business cycle. Miss Rylands agreed to include the reasons for deferral on the business cycle going forwards.</p>	CR/NH
17.	Questions from the Public	
188/2019	<p>Mr Syme asked a question in relation to the winter plan. He referred to the capacity plans which state that Bradwell Hospital was to be available in January 2020, and the financial plan enablers which stated that the Trust was not setting aside resources to resource and staff the temporary re-opening of Bradwell. He referred to Board papers from MPFT, which stated that it would not be resourcing or staffing the re-opening of Bradwell. He queried, given the recent history on the issue of Bradwell, which NHS body had been actioned to resource and staff Bradwell Hospital when it becomes available and he queried what criteria was being used or put in place to ensure appropriate patients were being 'decanted' to the facility to receive 'appropriate' post-acute care?</p> <p>Mr Bytheway referred to the discussions with MPFT who were in the process of working up a plan to staff the beds at Bradwell Hospital. He confirmed that MPFT were responsible for the opening, resourcing and staffing of Bradwell and added that the date for which Bradwell would be opened, would depend on the escalation trigger points.</p> <p>Mr Syme referred to his attendance at a recent CCG Primary Care Commissioning Committee whereby they described Primary Care being significantly overstretched. He referred to a General Practitioner based in Northern Stoke which had 450 attendees on 2nd December and referred to the Trust being under significant pressure with 499 reported attendees in one day at Royal Stoke and the surge of children presenting which had increased to approximately 150, when a couple of</p>	

years ago 50 child attendees would be considered significant. He queried whether the Trust had identified a trend of significant increase in child attendees and if so what the magnitude of the increase was. He queried any trends identified in driving the increases in child attendees and noted that the Trust had a shortfall of 2 Paediatric Consultants which was also of concern.

Mr Bytheway stated that there had not been a significant increase in paediatric attendances between April to November, although from November onwards there had been a 25% increase in paediatric attendances which had resulted in 150 attendances in one day, the majority of which were self-referrals. He stated that numbers had recently improved.

Mr Syme referred to his question asked at November's Board meeting whereby the Trust acknowledged that in some speciality areas it had received requests from clinicians to reduce their hours. He referred to the impact of this issue on Cancer Service delivery and queried whether the measures taken had resolved the issue. He stated that there was evidence in "trade journals" and statements from professional bodies that there were still significant unresolved issues and he queried the impact of this on patients.

Mrs Vaughan confirmed that the Trust had introduced measures in relation to the pension and had also adopted the scheme from a national position. She stated that correspondence had been received from the centre which was to be distributed to the Consultant body although it was too soon to understand the impact.

DATE AND TIME OF NEXT MEETING

18. Wednesday 8th January 2020, 9.30 am – 12.30 pm, Room 1, Postgraduate Medicine Centre, County Hospital, Stafford

Trust Board (Open)

Post meeting action log as 02 January 2020

CURRENT PROGRESS RATING		
B	Complete / Business as Usual	Completed: Improvement / action delivered with sustainability assured.
GA / GB	On Track	Improvement on trajectory either: A. On track – not yet completed or B. On track – not yet started
A	Problematic	Delivery remains feasible, issues / risks require additional intervention to deliver the required improvement e.g. Milestones breached.
R	Delayed	Off track / trajectory – milestone / timescales breached. Recovery plan required.

Ref	Meeting Date	Agenda Item	Action	Assigned to	Due Date	Done Date	Progress Report	RAG Status
PTB/357	08/05/2019	Bi-annual Nurse Staffing Assurance Report	To include within future safe staffing reports considered by the Quality Assurance Committee, a reflection on the trends in relation to the 10 points in addition to the outcome of the audit of robustness of acuity being entered onto the system.	Michelle Rhodes	05/02/2020		A full nursing establishment review is currently being undertaken and will not be finished until Christmas. A paper is to be produced for the Board in January/February.	GA
PTB/382	14/08/2019	Patient Story	To take the revised dementia strategy to the Quality Assurance Committee.	Michelle Rhodes	22/04/2020		Action not yet due.	GA
PTB/383	14/08/2019	Patient Safety Report - Q1	To take the results from the audit of transfers from County Hospital to Royal Stoke, to the Quality Assurance Committee.	John Oxtoby	23/01/2020		Initial verbal update provided to the Committee in October, further report to be provided to the Committee in January 2020.	A
PTB/395	06/11/2019	Armed Forces Covenant Overview	To invite Col Griffin to talk to an existing senior nurse meeting.	Michelle Rhodes	31/01/2020		Action not yet due.	GB
PTB/396	06/11/2019	Armed Forces Covenant Overview	To assist Col Griffin in highlighting the opportunities to existing Consultants.	John Oxtoby	31/01/2020		Action not yet due.	GB
PTB/397	06/11/2019	Patient Safety Report – Quarter 2	To update the Patient Safety Report and re-circulate to members, to clarify: the conflicting sentences regarding pressure ulcers, accurate information in relation to medication safety and severity of incidents, reasons for the increase in medical device incidents from user error and actions being taken to ensure mortality reviews were being undertaken in a timely manner for achievement in Quarter 4.	Michelle Rhodes John Oxtoby	11/12/2019	11/12/2019	Update provided at December's meeting. Noted that future reports have been changed to remove the conflicting pieces of information.	B
PTB/401	06/11/2019	Questions from Members of the Public	To provide the current wait for imaging reporting to Mr Syme.	John Oxtoby	11/12/2019	11/12/2019	Complete. Provided to Mr Syme.	B
PTB/403	11/12/2019	Patient Story	To look at the ways in which communication could be improved with critical care patients, in addition to promoting the different meal choices available as well as listening to the family and patient in terms of their wishes and assessment of their capability.	John Oxtoby	31/03/2020		Action not yet due.	GB
PTB/404	11/12/2019	Patient Experience Report	To obtain further information in relation to comparison of FFT results with other Trusts, particularly in relation to reasons for people not recommending the Trust i.e. long waits and establish whether the way in which the data was analysed was statistically significant and take this to the Quality Governance Committee.	Michelle Rhodes	31/01/2020		Action not yet due.	GB
PTB/405	11/12/2019	Patient Experience Report	To discuss the purchase of the medication reminder alarms further with the teams.	Michelle Rhodes	31/01/2020		Action not yet due.	GB
PTB/406	11/12/2019	Patient Experience Report	To request an audit be undertaken of the length of time patients have waited for their medication.	Michelle Rhodes	29/02/2020		Action not yet due.	GB
PTB/407	11/12/2019	Patient Experience Report	To take the outputs from the review into the 4 areas whose CEF results had reduced, to the Quality Governance Committee.	Michelle Rhodes	29/02/2020		Action not yet due.	GB
PTB/408	11/12/2019	Winter Plan	To take the output of the harm reviews for the patients who had waited over 12 hours to the Quality Governance Committee.	Michelle Rhodes	31/01/2020		Action not yet due.	GB
PTB/409	11/12/2019	Information Management and Technology Strategy Progress Report	To provide a demonstration of the projects being undertaken in relation to digitalisation.	Mark Bostock	31/03/2020		Action not yet due.	GB
PTB/410	11/12/2019	Information Management and Technology Strategy Progress Report	To identify any problem areas with Wi-Fi, before considering what solutions were available.	Mark Bostock	29/02/2020		Action not yet due.	GB
PTB/411	11/12/2019	Review of Meeting Effectiveness / Business Cycle Forward Look	To include the reasons for escalation on future Committee Assurance Reports in addition to including the reasons for deferral on the business cycle going forwards.	Claire Rylands Nicola Hassall	08/01/2020	02/01/2020	Complete - included on Committee Assurance Reports.	B



Chief Executive's Report to the Trust Board

FOR INFORMATION

Chief Executive's Highlight Report

1. Contract Awards and Approvals

Department of Health Procurement Transparency Guidance states that contract awards over £25,000 should be published in order that they are accessible to the public. During November, 2 contract awards, which met this criteria, were made, as follows:

- **RS/1423/CAP - Project STAR Principle Supply Chain Partner Appointment (REAF 3252)** supplied by IHP Vinci Construction Ltd at a total cost of £614,516.13 for 12 months, approved on 19/11/2019.
- **Stryker Surgical Hoods, Saw Blades and ENT Burs (REAF 3190)** supplied by Stryker for the period 01/12/19 – 30/11/22, at a total cost of £532,758.06, providing savings of £3,790.80 approved on 07/11/2019.

In addition, the following contract was approved by the Finance and Performance Committee and due to the value of the contract, requires approval via the Trust Board:

Cytotoxic Dose Banded - Chemotherapy, Immunotherapy and Monoclonal Medicines (REAF 3237)

Contract Value £5,300,000.00
Extension of Contract
Duration 03/11/19 – 02/11/20
Supplier – Qualasept T/A BATH ASU and Baxter

2. Consultant Appointments

The following table provides a summary of medical staff interviews which have taken place during December 2019:

Post Title	Reason for advertising	Appointed (Yes/No)	Start Date
Consultant in Diabetes & Endocrinology	Vacancy	Yes	13/01/2020
Consultant in Diabetes & Endocrinology	Vacancy	Yes	TBC – Internal Candidate
Consultant in Diabetes & Endocrinology	Vacancy	Yes	TBC – Internal Candidate
Locum Consultant Cardiologist	New	Yes	01/01/2020
Consultant Gastroenterologist	Vacancy	Yes	(TBC)
Consultant Gastroenterologist	Vacancy	Yes	(TBC)
Consultant Spinal Surgeon	Vacancy	Yes	March 2020 (TBC)

The following table provides a summary of medical staff who have joined the Trust during December 2019:

Post Title	Reason for advertising	Start Date
Locum Consultant Thoracic Surgeon	Extension	02/12/2019
Lead Medical Examiner	New	09/12/2019
Medical Examiner(s) (7)	New	09/12/2019
Clinical Director General Surgery and Urology	Vacancy	01/12/2019
Locum Consultant - General Paediatrician	Vacancy	18/12/2019

The following table provides a summary of medical vacancies which closed without applications / candidates during December 2019:

Post Title	Closing Date	Note
Consultant Breast Radiologist	12/12/2019	No Applications (post now offered to overseas candidate via agency)

3. Flu Vaccination Programme

Congratulations to staff and the Infection Prevention Team for hitting our target of 80% of staff vaccinated against the flu. Despite a bumpy start to the campaign due to national supply issues, colleagues from across the Trust have come out in force to make sure they, their families and our patients are protected against the flu. We know that the pattern here is the same as Australia – the flu has come early and will potentially last longer and can be very severe. We know that the vaccine is very effective against three of the four strains of flu so it is really worth having.

4. Severe Pressures

While I know we are always busy, December has been exceptionally hard for our staff who have faced severe and sustained pressure. Despite the pressures, our staff are all doing a great job and I am very proud and extremely grateful for their commitment and going the extra mile in keeping our patients safe and looking after each other. We are not alone and our position reflects the situation nationally and also the local pressurised NHS system we are all working in on a daily basis.

To help alleviate some of the pressure, we launched our Multi-Agency Discharge Event (MADE) – Home for Christmas, working closely with Midlands Partnership FT, local authorities and our commissioners to assist with making sure we could safely discharge or transfer more patients quicker from our hospitals to their own homes or other more appropriate care settings.

5. Christmas Services

Our Christmas services at Royal Stoke and County were absolutely lovely, thanks to all those who attended and of course to our Spiritual Religious and Pastoral Care and Charity teams for their part in organising these. Chief Nurse Michelle Rhodes and Chief Operating Officer Paul Bytheway both read poems reminding us of the special vocation of nurses, but of course a compassionate approach to care applies right across the UHNM family. Even when we are enjoying our lives outside work, we never truly forget our patients.

6. Visitors for Christmas

We had the pleasure of welcoming the cast of Sleeping Beauty, players from Stoke City FC and Port Vale FC ahead of Christmas. Their visits brought so much joy to so many people and I'm really grateful for this – it can be a very lonely time of the year for some people and so it was great to hear so much laughter and smiles!



7. High Potential Scheme Launch

Following a successful national 'pilot of pilots' in Staffordshire, the High Potential Scheme will be launched on 28th January 2020. The scheme is a fully funded 24-month career development programme to help high potential, aspiring middle level clinical or non-clinical leaders accelerate their career to senior executive roles at a faster pace.

The first of its kind for the NHS and not offered nationally until late 2020, HPS has been developed by the NHS Leadership Academy and is being tested in partnership with seven Sustainability and Transformation Partnership (STPs) and Integrated Care Systems – with the Together We're Better Staffordshire and Stoke-on-Trent STP being the first to welcome applications.

A total of 16 participants have been selected within Staffordshire and Stoke-on-Trent to start from January 2020.

8. General Election

The General Election is over and we now have a new group of MPs to get to know. We have worked very closely with MPs Ruth Smeeth and Gareth Snell who lost their seats, and Jeremy Le Froy who has retired and we wish them all the very best for the future.

The look forward to working closely with our new local MPs, who have been confirmed to be as follows:

- Jo Gideon, Stoke-on-Trent Central
- Jack Brereton, Stoke-on-Trent
- Jonathan Gullis, Stoke-on-Trent North
- Aaron Bell, Newcastle-under-Lyme
- Theo Clark, Stafford
- Karen Bradley, Staffordshire Moorlands
- Sir Bill Cash, Stone



Quality Governance Committee Chair’s Highlight Report to Board

19th December 2019

1. Highlight Report

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> Essential to role Statutory and Mandatory training is more challenged than the ‘Core for All’; as at October 2019 Core for All achieved 90.2% compliance against a target of 95% - <i>escalated for information as actions are underway</i> Compliance with Data Security and Protection remains below trajectory and there remain risks associated with achievement of 95% by March 2020 - <i>escalated for information as actions are underway</i> 	<ul style="list-style-type: none"> Statutory and Mandatory Working Group underway to drive compliance upwards Segregation of medical staff compliance with statutory and mandatory training to aid greater understanding of challenges To review and co-ordinate the questions / checks at ward level in order to reduce the burden on clinical staff Escalation under HR procedures of those individuals who are out of date for 18 months or longer for Data Security and Protection Training Revised process for management of incidents being introduced by Q1 Revised approach to reporting of Care Hours Per Patient Day to provide more granular level of detail
Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> Clinically led Patient Experience Clinic being undertaken within the Emergency Department which seeks address concerns before they result in complaints being made CWD and Estates, Facilities and PFI Divisions have maintained their trajectories in performance against Data Security and Protection Training as a result of dedicated resource / leadership Work underway to prioritise the identification of medical staff to fill shifts 	<ul style="list-style-type: none"> n/a – all items for assurance purposes only
Comments on the Effectiveness of the Meeting	
<ul style="list-style-type: none"> In general, meeting went well Important to ensure that all members arrive on time and if they are unable to, ensure that Corporate Governance are aware Review of Business Cycle - Review of deaths to be brought forward to the meeting in January 	

2. Summary Agenda

No.	Agenda Item	Purpose	No.	Agenda Item	Purpose
1.	County Hospital Quality and Safety Report	Assurance	5.	Compliance with Statutory and Mandatory Training Requirements – Working Group Outcomes	Assurance
2.	Quarter 2 Guardian of Safe Working Report	Assurance	6.	Incident Reporting Review Process	Assurance
3.	CQC Inspection update	Assurance	7.	Effective Nursing and Midwifery Staff Utilisation – October 2019	Assurance
4.	Data Security and Protection Training Update	Assurance			

3. 2019 / 20 Attendance Matrix

Members:				Attended		Apologies & Deputy Sent					Apologies		
	A	M	J	J	A	S	O	N	D	J	F	M	
Ms S Belfield	SB	Non-Executive Director (Chair)											
Dr L Griffin	LG	Non-Executive Director											
Mr P Bytheway	PB	Chief Operating Officer											
Professor A Hassell	AH	Non-Executive Director											
Mr J Maxwell	JM	Head of Quality, Safety & Compliance											
Dr J Oxtoby	JO	Medical Director											
Mrs M Rhodes	MR	Chief Nurse		LR	LR	TR	TR	TR					
Miss C Rylands	CR	Associate Director of Corporate Governance					NH	NH	NH	NH	NH		
Mr I Smith	IS	Non-Executive Director											
Mrs R Vaughan	RV	Director of Human Resources					EO			JH			



Executive Summary

Meeting:	Trust Board (Open)	Date:	8 th January 2020
Report Title:	Update on Influenza	Agenda Item:	8
Author:	Emyr Phillips, Associate Chief Nurse/Deputy DIPC		
Executive Lead:	Mrs Michelle Rhodes, Chief Nurse/DIPC		

Purpose of Report:			
Assurance	✓	Approval	Information

Alignment to Strategic Objectives:			
SO1		Provide safe, effective, caring and responsive services	✓
SO2		Achieve NHS constitutional patient access standards	✓
SO3		Achieve excellence in employment, education, development and research	
SO4		Lead strategic change within Staffordshire and beyond	
SO5		Ensure efficient use of resources	✓

Summary of other meetings presented to and outcome of discussion:
None

Summary of Report, Key Points for Discussion including any Risks:
<p>This report outlines the impact patients attending the hospital and requiring admission from influenza have had on the organisation thus far, mid-way through the winter months.</p> <p>As at 30th December 2019 a total of 676 cases (60% female) were seen at UHNM, of which 601 required admission. Many of these patients having a high acuity with 30 requiring critical care support.</p> <p>Respiratory Syncytial Virus (RSV), a very common community virus, has seen a significant increase – as at 30th December 2019 UHNM had seen 511 cases, compared to a total of 239 cases for the whole 2018/19. This represents a 144% increase year to date.</p> <p>Both the influenza and RSV cases have had a particular impact on the emergency department, child health and laboratory services as the majority of cases have been in the under 10 age group.</p> <p>Mitigating actions that occur annually is described which help to minimise the impact of the winter illnesses and assist with maintaining flow.</p> <p>Staff influenza vaccination has exceeded 80% uptake at 30th December 2019, and continues.</p>

Key Recommendations:
The Trust Board is asked to note this report.



Influenza cases

8th January 2020

1. Introduction

Seasonal influenza occurs every winter without fail with the predominant strain usually being influenza ‘A’. During the summer of 2017 Australia saw a significant increase in A/H₃N₂ cases, whilst India saw outbreaks of A/H₁N₁ influenza. One of the key mitigating actions is the vaccination of front line staff against influenza – the vaccine currently available has cover for both strains, and appears to be a good match. Currently 7,652 staff have been vaccinated, which represents greater than 83% of front-line staff. Staff flu vaccination will continue until the end of February 2020.

The annual seasonal influenza season in the UK typically runs from mid/late autumn through to late spring; most activity occurs in winter. For most healthy people, influenza is an unpleasant but usually self-limiting disease with recovery generally within a week. However a number of people with risk factors are at particular risk of severe illness if they catch influenza. Usually there is some limited immunity built up from previous exposure, and is a community virus.

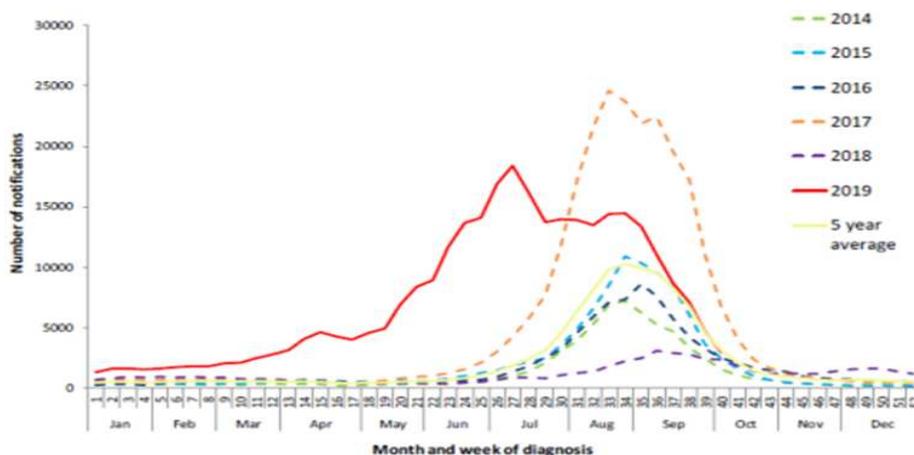
It is a viral infection that occurs mainly in the winter months and affects all age groups. There is a wide spectrum of severity of illness ranging from minor symptoms (fever, chills, headache, and myalgia) through to pneumonia and death. There are two types of influenza affecting people:

- Influenza A - usually causes a more severe illness than influenza B
- Influenza B

2. The Australian 2019 Experience

During the winter months in the Southern Hemisphere, preceding the UK winter, Australia and Western Australia in particular, saw a significant increase in the number of patients admitted with influenza and deaths. The significant point is that it started much earlier than predicted, and involved both Influenza A and B.

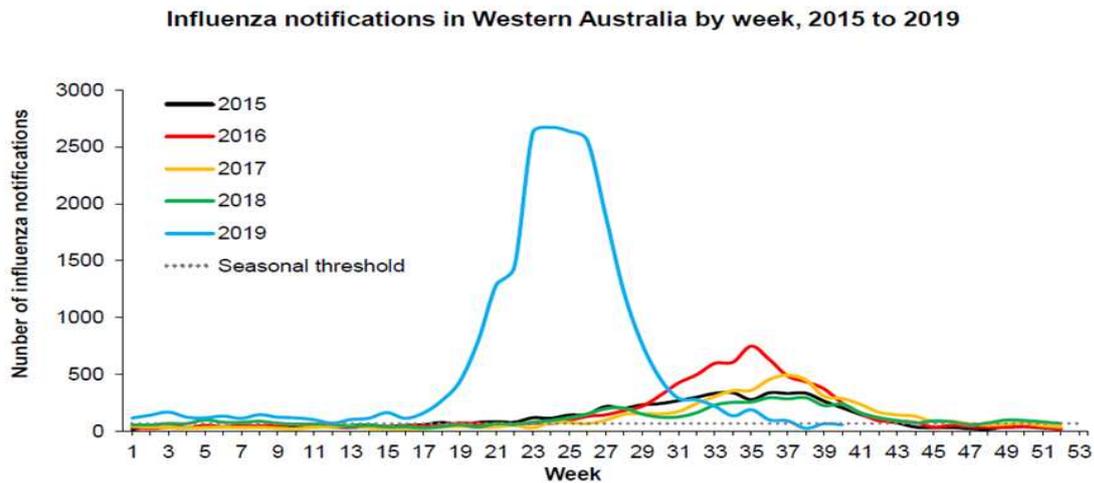
Figure 5. Notifications of laboratory confirmed influenza, Australia, 1 January 2013 to 6 October 2019, by month and week of diagnosis.*



*NNDSS notification data provided for the current and most recent weeks may be incomplete. All data are preliminary and subject to change as updates are received.

Source: NNDSS

Particularly badly hit was Western Australia where most cases were reported.



Influenza notifications reported to the Department of Health decreased in the past week and were lower than the seasonal threshold.

The graph is a summary of all influenza notifications received by the DoH, Western Australia to the end of the current reporting week, for which cases had date of symptom onset or specimen collection between 30/09/2019 and 06/10/2019. The seasonal threshold defines a value above which may indicate epidemic seasonal influenza activity. The threshold value is calculated based on analysis of seasonal influenza data from the past four years.

Of course, it is not unusual for there to be a second (or even more) peaks with influenza as the waves travel across the country. Influenza is very unpredictable.

3. Influenza Cases

At UHNM thus far this winter the pattern appears to be following that seen in Western Australia, with the exception that the vast majority of cases have been A/H₃N₂ with only four Influenza B cases to the end of December. There has been a parallel increase in the number of gastroenteritis/Norovirus cases, especially in December.

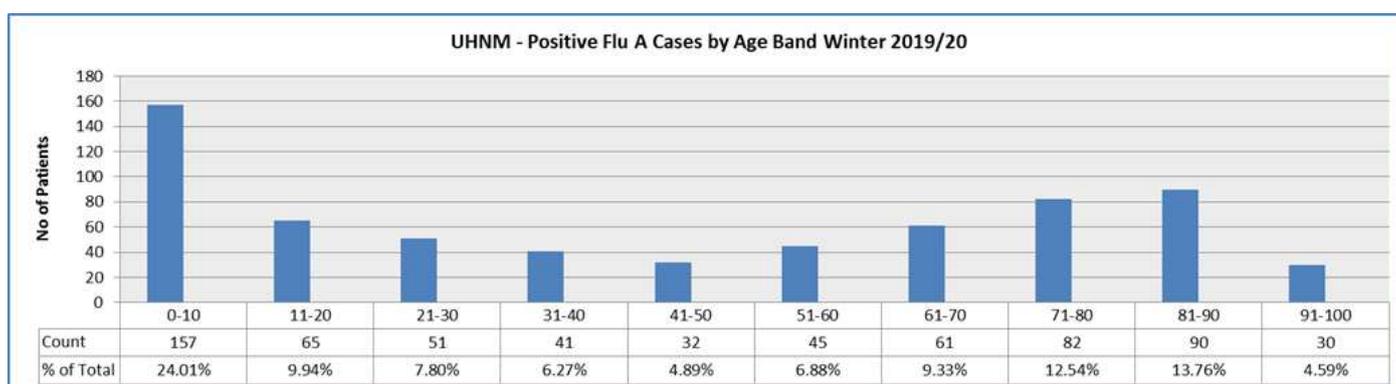
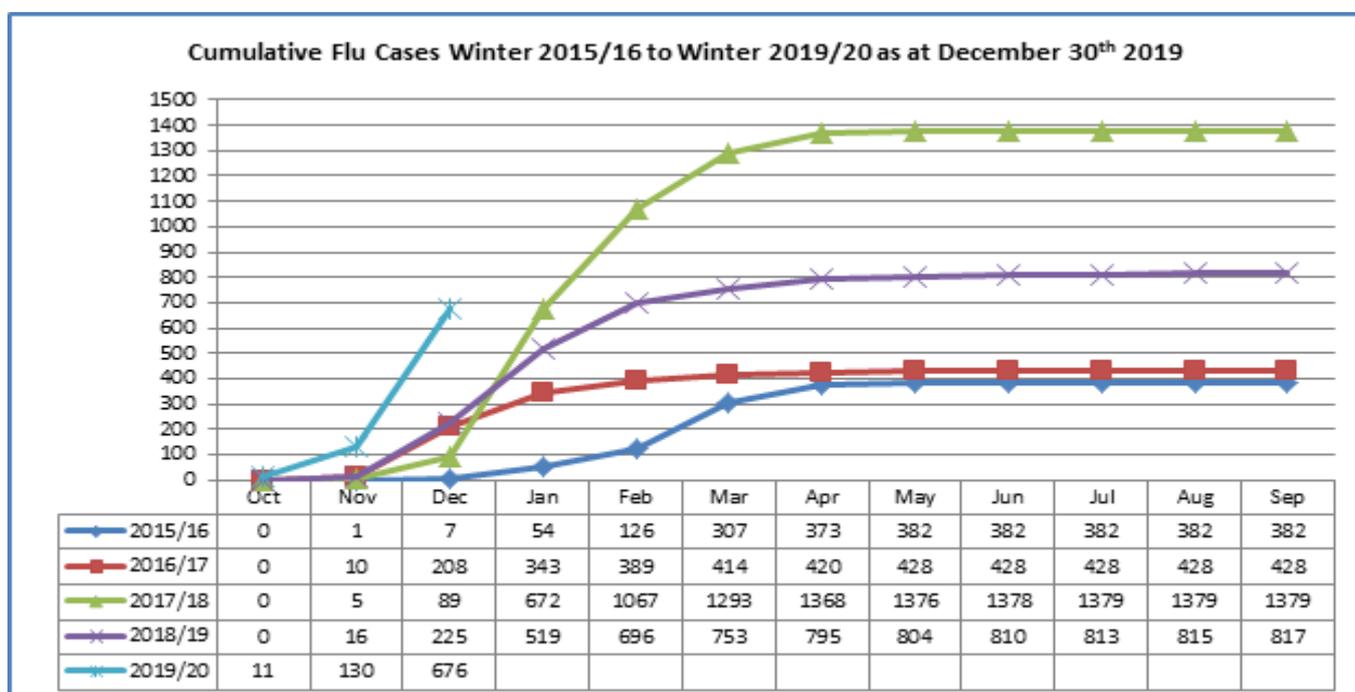
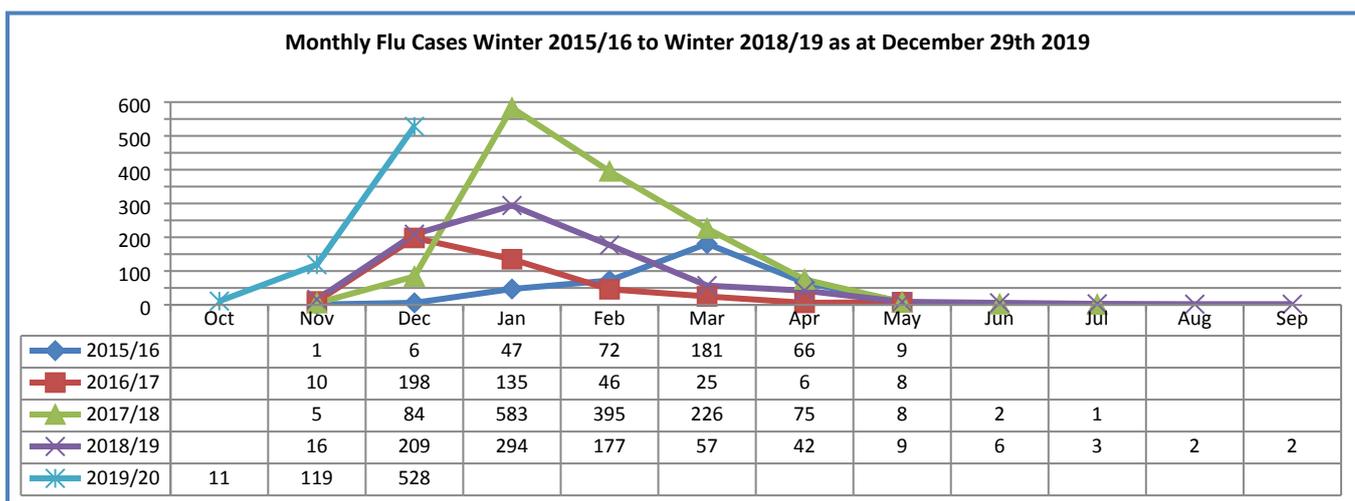
Clearly this picture can change; in 2017/18 we saw in excess of 775 cases of Influenza B during the second wave.

Up to 30th December 2019 UHNM saw 676 cases (60% female) of which 601 required admission. Many of these patients having a high acuity with 30 requiring critical care support. It is interesting to note that during 2019 for the first time influenza cases were seen every month during the summer, which is a highly unusual pattern.

These patients have been nursed in side-rooms or in cohort bays in order to protect other patient's from transmission. Prophylactic Tamiflu has been prescribed where appropriate, and as a treatment.

There was one ward where a patient with dementia wandered around the ward, resulting in transmission to 6 other patients. All patients on the ward were prescribed Tamiflu prophylaxis and offered the flu vaccination (after checking with their GP that they had not already received the vaccination).

The following graphs and tables provide further information and comparative information:



Influenza Admissions (to 30th December 2019):

Month	Royal	County
Oct	8	2
Nov	101	6
Dec	420	64
Total	529	72

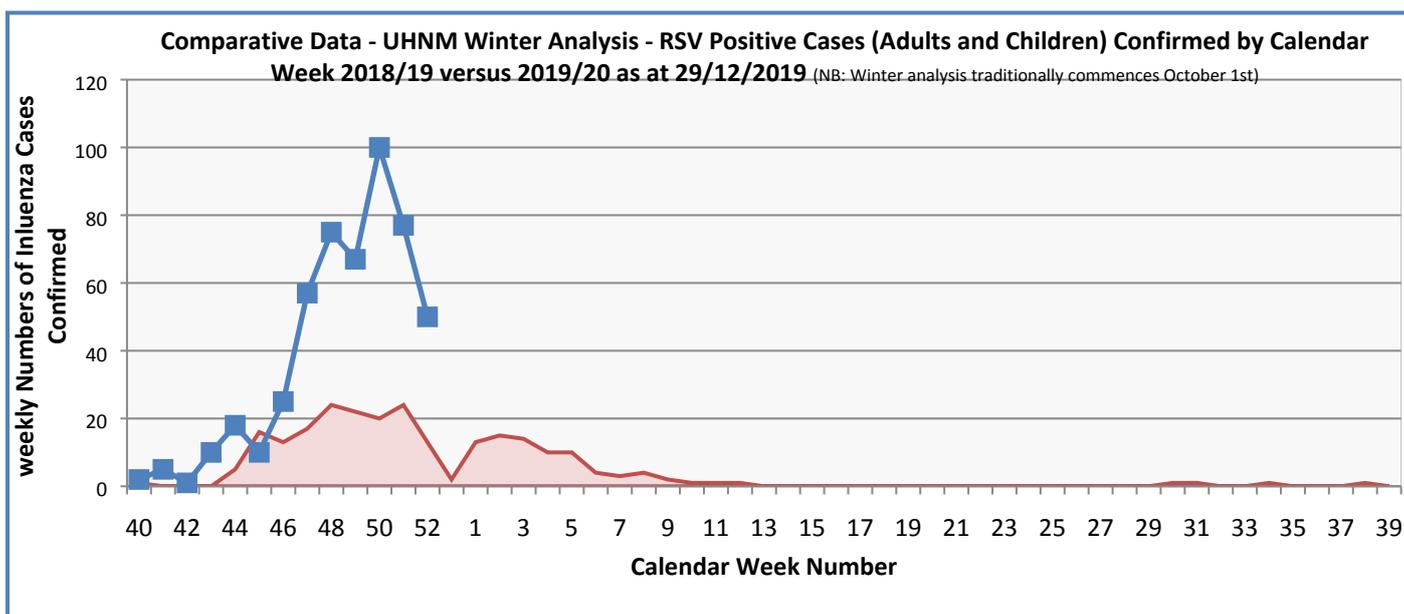
Critical Care Admissions (to 30th December 2019):

Unit	Numbers
Pods 3-6	12
Pods 1-2	0
SSCU	0
215 (PICU)	12
215 (HDU)	6
Total	30

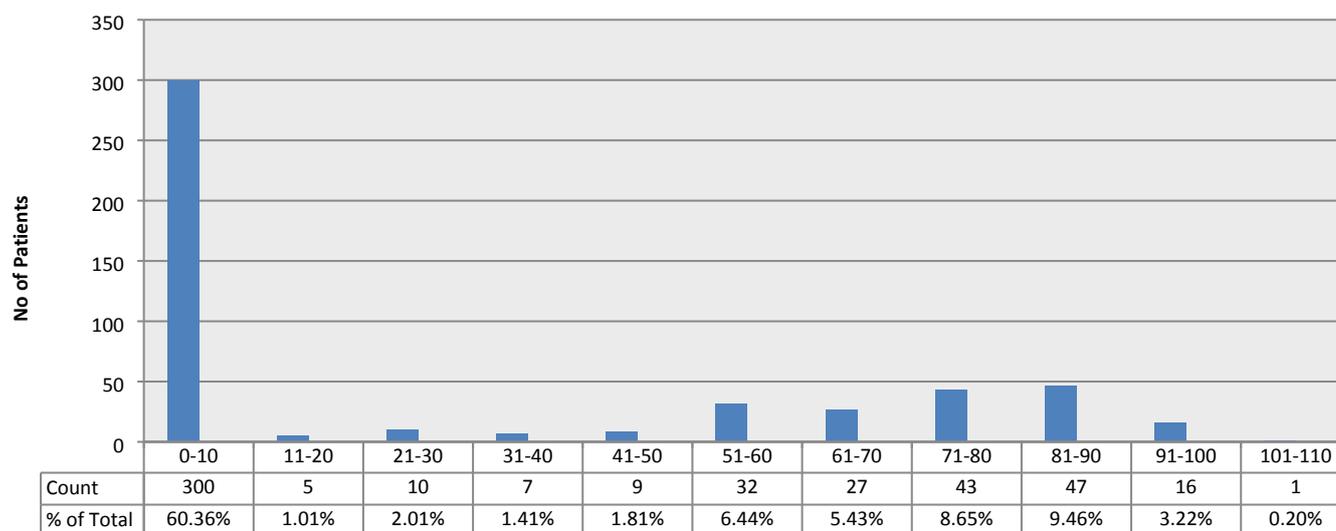
4. Respiratory Syncytial Virus (RSV)

RSV is a very common community virus that leads to mild, cold-like symptoms in adults and older healthy children. It can be more serious in young babies, especially those in certain high-risk groups.

As at 30th December 2019 UHNM had seen 511 cases, compared to a total of 239 cases for the whole 2018/19. This represents a 144% increase year to date.



UHNM - Positive RSV Cases by Age Band Winter 2019/20 (Adults and Children) as at 29/12/2019



5. Mitigating Actions

As the winter illnesses are predictable each and every year, the Infection Prevention team have a well-rehearsed plan to mitigate against the effects on the organisation and protect patients from any avoidable transmissions.

The annual IP Team Winter Summit was held on 11th September 2019 where various preparatory tasks were allocated to individual team members to undertake.

These include (both sites):

- Updating all the Flu and Norovirus information on the IP section of the intranet
- Updating of the Flu and Norovirus Toolkits kept on every ward
- Ensuring that each ward has an emergency stock of PPE
- Ensuring that the Supplies Department have sufficient stock of surgical masks, FFP3 masks, gowns, gloves and flu swabs
- Locating winter illness banners in strategic locations
- Ensuring each clinical area has a FFP3 fit test trainer to cascade training
- 6 monthly terminal cleans of all emergency portals
- Review of list of areas requiring terminal clean
- County: sending samples directly to the laboratory 24hrs
- Hand hygiene audits and training continues as usual
- The 2019/20 clinical criteria for flu swabbing was agreed and rolled out as part of the training

The seasonal influenza plan has been reviewed and updated (with the exception of which areas are to be used for cohorting). This is available on the IP section of the intranet, and contains the Critical Care Flu Plan.

The annual IP week took place w/c 16th September 2019 from which stems the other actions listed above and is the start of our winter preparations.

During the following few weeks bespoke refresher training was undertaken in the clinical areas:

- Emergency Portals – emphasis on early identification and isolation
- Ward Sisters/Charge Nurses – outbreak management
- Cleaners/Porters – importance of their roles in preventing spread
- Critical Care – management of flu cases/PPE
- Site Team and Flow Co-ordinators – IP refresher

For influenza cohort bays have been established. All outbreak/cohort areas are reviewed twice daily by the IP team to ensure all processes remain in place, together with a review of all influenza patients to assess their progress so that patients can be removed from isolation when appropriate to assist with flow and ensure capacity for newly admitted influenza patients.

Support is provided to the Emergency Departments and emergency portals, as well as liaison with the Microbiology laboratory to ensure swift transport of swabs to the laboratory for a rapid result.

The above is in addition to the Infection Prevention Triage desk which is available 7 days per week for advice and support to clinical areas, and the on-line IP manual.

A key factor in mitigating against influenza is vaccination of our staff. This not only protects the individuals but also their families and our patients.

At UHNM planning for the annual seasonal influenza vaccination campaign for staff is a year round process, with lessons learnt from each year implemented for the next year's campaign together with ideas from other Trusts. There is wide representation on the planning group.

This winter's campaign is with the quadrivalent vaccine (4 strains 2xA and 2xB). Previously we have been using the trivalent (3 strains 2xA and 1xB).

The strains in the 2019/20 vaccines are as below, and we have been informed by PHE that these are a good match to those seen in Australia.

- A/Brisbane/02/2018 (H1N1)pdm09-like virus;
- A/Kansas/14/2017 (H3N2)-like virus;
- B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage); and
- B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage).

Each clinical area has their own peer vaccinator, as well as clinics and roving vaccinators providing 24 hour vaccinating cover for staff. The campaign will run until the end of February 2020.



Performance and Finance Committee Chair's Highlight Report to Board

17th December 2019

1. Highlight Report

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<p>For information:</p> <ul style="list-style-type: none"> Challenges associated with the system financial performance in relation to 2020/21 given the high level of non-recurrent savings identified within 2019/20 The CIP pipeline for 2020/21 was highlighted and the progress made to date, whereby it was noted that improvements to the pace of identifying schemes were required. The risk in relation to identifying cost savings associated with the system plan was also highlighted. There was significant increased pressure experienced in the Emergency Department during November, which included there being nearly twice the number of patients with flu in the Trust when compared with December 2018. There were challenges associated with those patients referred for speciality response and the amount of time the patients were waiting in the Emergency Department and actions were being taken to introduce a specialised portal for these patients 	<ul style="list-style-type: none"> Actions continued to be taken in respect of updating the number of 'unknown' absences on the new Empactis reporting system It was agreed to provide a one page summary to Non-Executives, highlighting the key areas which had enabled the improved financial performance in 2019/20 A verbal update was provided in relation to the development of a commercial agreement for the Pathology Network, which had been delayed due to ongoing discussions between the various partners. It was agreed to provide a further update to the Committee in January 2020 and subsequently to the Trust Board The Non-Executives were to be provided with assurance of performance against the 12 urgent care indicators, and the actions being taken over the Christmas and New Year period Additional support was to be put in place to enable improvements in relation to cancer performance
Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> There had been a slight increase in statutory and mandatory training uptake and completion of appraisals, but the targets continued to not have been met Month 8 financial performance demonstrated a deficit of £1.9 m which was £4.6 m better than planned In relation to the month 8 forecast, the Trust anticipated that the £5 m surplus continued to be realistic 	<ul style="list-style-type: none"> The framework outlined in relation to budget setting for 2020/21 was approved, while noting that the planning guidance had not yet been received Three contracts were awarded; REAF 3278 Instrumentation for Da Vinci X/Xi Robot for Urology, REAF 3305 Lease of Urology Robot and REAF 3258 Outsourcing of Printing Service
Comments on the Effectiveness of the Meeting	
<ul style="list-style-type: none"> No comments were made in relation to the effectiveness of the meeting. 	

2. Summary Agenda

No.	Agenda Item	Purpose	No.	Agenda Item	Purpose
1.	Month 8 Operational Performance Report	Assurance	2.	Month 7 Workforce Performance Report	Assurance
3.	Month 8 Finance Report	Assurance	4.	Budget Setting	Approval
5.	Month 8 CIP & Transformation Report	Assurance	6.	Business Case Update Pathology Network Commercial Case	Information
7.	Business Case Reviews	Information	8.	Authorisation of New Contract Awards and Contract Extensions	Approval

3. 2019 / 20 Attendance Matrix

Members:	Attended			Apologies & Deputy Sent			Apologies		
	A	M	J	J	A	S	O	N	D
Mr P Akid PA Non-Executive Director									
Ms H Ashley HA Director of Strategy & Performance									
Ms S Belfield SB Non-Executive Director									
Mrs T Bullock TB Chief Executive									
Mr P Bytheway PB Chief Operating Officer									
Prof G Crowe GC Non-Executive Director									
Dr L Griffin LG Non-Executive Director									
Mr M Oldham MO Chief Finance Officer									
Mrs S Preston SP Strategic Director of Finance									
Mrs M Ridout MR Director of PMO									
Miss C Rylands CR Associate Director of Corporate Governance	NH	NH	NH	NH	NH		NH	NH	NH
Mr J Tringham JT Director of Operational Finance									
Mrs R Vaughan RV Director of Human Resources			CS					CS	



Executive Summary

Meeting:	Trust Board (Open)	Date:	8 th January 2020
Report Title:	Month 8 Finance Report – 2019/20	Agenda Item:	10.
Author:	Jonathan Tringham, Director of Operational Finance Sarah Preston, Strategic Director of Finance		
Executive Lead:	Mark Oldham, Chief Finance Officer		

Purpose of Report:			
Assurance	✓	Approval	Information

Alignment to Strategic Objectives:			
SO1		Provide safe, effective, caring and responsive services	
SO2		Achieve NHS constitutional patient access standards	
SO3		Achieve excellence in employment, education, development and research	
SO4		Lead strategic change within Staffordshire and beyond	
SO5		Ensure efficient use of resources	✓

Summary of other meetings discussed with and outcome of discussion:
n/a

Summary of Report, Key Points for Discussion including any Risks:
<p>This report presents the financial performance of the Trust for November (Month 8); key elements of the financial performance for the year to date are:</p> <ul style="list-style-type: none"> • The actual year to date performance of a deficit of £1.9m is £4.6m better than the Trust's plan for a £6.5m deficit for the first 8 months of the year. • Total Commissioning income is £2.5m behind plan for the year to date; within this Electives and Critical Care are under recovered by £1.8m and £1.5m respectively offset by Tariff excluded Drugs income which is £2.9m above plan for the year to date. • Pay expenditure is £5.2m better than plan with the most significant variances being within Registered Nursing (£3.0m) and NHS Infrastructure (£2.5m) which are both underspent for the year to date. • Non pay expenditure is £0.6m overspent although within this pass through drugs is £3.5m overspent. • The Trust has delivered £22.1 CIP for the year to date which is £0.1m ahead of plan; in month the Trust has delivered £3.5m CIP which is £1.0m behind the final plan submitted to NHSI in April. • Capital expenditure for the year to date stands at £8.7m which is £0.9m behind plan. • The month end cash balance is £22.1m which is £14.1m higher than plan. • The Trust continues to assume that it will receive FRF and PSF funding in full.

Key Recommendations:
The Board is asked to consider and review this report.



Month 8 Finance Report 2019/20

1. Overall Summary

The Trust achieved a surplus of £1.7m in Month 8 against a planned surplus of £0.8m. The Month 8 year to date plan is to deliver a £6.5m deficit; the actual performance of a deficit of £1.9m is a £4.6m positive variance to plan.

The table below provides a summary Income and Expenditure position for Month 8 and for the year to date.

I&E Summary (£'m)	Annual Plan	In Month			YTD		
		Plan	Actual	Variance	Plan	Actual	Variance
NHS Patient Income	636.0	53.1	51.5	(1.6)	422.8	417.4	(5.4)
Tariff Excluded Drugs Income	53.6	4.4	5.0	0.5	35.8	38.7	2.9
Total Commissioning Income	689.5	57.5	56.5	(1.1)	458.6	456.1	(2.5)
Private Patients / ICR	4.1	0.3	0.6	0.3	2.7	3.5	0.8
Other Non Clinical Income	82.0	7.0	7.2	0.3	54.5	55.6	1.0
Total Income	775.6	64.9	64.4	(0.5)	515.9	515.2	(0.7)
Medical	(145.8)	(12.3)	(12.5)	(0.2)	(96.8)	(97.6)	(0.8)
Registered Nursing	(148.1)	(12.4)	(11.9)	0.5	(97.8)	(94.8)	3.0
Scientific Therapeutic & Technical	(54.8)	(4.7)	(4.6)	0.1	(36.3)	(36.0)	0.3
Support to Clinical	(63.5)	(5.3)	(5.1)	0.2	(41.9)	(41.8)	0.1
Nhs Infrastructure Support	(75.4)	(6.2)	(5.9)	0.3	(50.2)	(47.7)	2.5
Total Pay	(487.6)	(40.9)	(40.0)	0.9	(323.0)	(317.9)	5.2
Tariff Excluded Drugs Expenditure	(53.0)	(4.4)	(5.0)	(0.6)	(35.5)	(39.0)	(3.5)
Other Drugs	(21.8)	(1.8)	(1.5)	0.3	(14.7)	(14.1)	0.7
Supplies & Services - Clinical	(69.3)	(6.3)	(6.6)	(0.3)	(46.7)	(47.1)	(0.3)
Supplies & Services - General	(7.3)	(0.6)	(0.5)	0.1	(4.9)	(4.8)	0.1
Purchase of Healthcare from other Bodies	(12.0)	(0.9)	(0.8)	0.1	(8.2)	(8.2)	(0.0)
Consultancy Costs	(3.5)	(0.3)	(0.2)	0.0	(2.4)	(2.5)	(0.1)
Clinical Negligence	(20.6)	(1.8)	(1.8)	(0.0)	(14.1)	(14.1)	(0.0)
Premises	(28.3)	(2.5)	(2.4)	0.0	(19.0)	(18.2)	0.8
Depreciation	(27.8)	(2.4)	(2.3)	0.0	(18.0)	(17.9)	0.2
Other	(51.6)	(3.5)	(2.8)	0.7	(37.3)	(35.8)	1.5
Total Non Pay	(295.2)	(24.3)	(23.8)	0.4	(200.9)	(201.6)	(0.6)
Total Operating Costs	(782.9)	(65.2)	(63.8)	1.3	(523.9)	(519.4)	4.5
Surplus / Deficit from Operations	(7.2)	(0.3)	0.5	0.8	(8.1)	(4.2)	3.8
Finance Costs, Interest, PDC, etc.	(25.5)	(2.1)	(2.0)	0.2	(17.0)	(15.9)	1.1
Total Non Operating Costs	(25.5)	(2.1)	(2.0)	0.2	(17.0)	(15.9)	1.1
Total Costs	(808.4)	(67.3)	(65.8)	1.5	(541.0)	(535.3)	5.7
Net Surplus / Deficit	(32.8)	(2.4)	(1.4)	1.0	(25.1)	(20.1)	5.0
Donated Asset / Impairment Adjustment	(0.8)	(0.1)	0.0	0.1	(0.5)	(0.2)	0.3
Operational Net Surplus / Deficit	(32.0)	(2.3)	(1.5)	0.9	(24.6)	(20.0)	4.6
Marginal Rate Emergent Tariff	4.2	0.4	0.4	0.0	2.8	2.8	0.0
Provider Sustainability fund	15.9	1.6	1.6	0.0	8.7	8.7	0.0
Financial recovery fund	11.9	1.2	1.2	0.0	6.6	6.6	0.0
	0.0	0.8	1.7	0.9	(6.5)	(1.9)	4.6

2 Income

Total Commissioning income was under recovered by £1.1m in Month 8 against a plan of £57.5m and now stands at £456.1m for the first 8 months of the year which is £2.5m worse than plan.

The table below shows the Trust's Commissioning Income and activity position by point of delivery (POD)

Income from patient Activity to Month 8 2019/20	Annual Plan		Income In Month			Activity Year to date			Income Year to date		
	Activity	£m	Budget £m	Actual £m	Variance £m	Budget	Actual	Variance	Budget £m	Actual £m	Variance £m
Elective Inpatient Spells	15,409	65.7	5.8	5.3	(0.5)	10,068	9,588	(480)	43.8	42.0	(1.8)
Day case Spells	83,696	58.4	4.8	4.8	(0.1)	55,867	54,400	(1,467)	39.0	38.5	(0.5)
Non Elective Emergency Inpatient Spells	85,671	186.9	15.3	14.8	(0.5)	57,115	56,895	(220)	124.6	124.1	(0.5)
Non Elective Non Emergency Inpatient Spells	23,572	30.1	2.5	2.4	(0.1)	15,715	16,804	1,089	20.1	19.8	(0.2)
Outpatient Attendances & Procedures	719,001	88.1	7.3	7.3	0.1	479,416	473,225	(6,190)	58.8	59.2	0.5
Accident & Emergency Attendances	181,191	26.1	2.1	2.1	(0.0)	120,794	119,770	(1,024)	17.4	17.5	0.1
Critical care	31,796	39.2	3.2	2.9	(0.3)	21,204	20,283	(920)	26.2	24.7	(1.5)
Direct Access		13.2	1.1	1.1	(0.0)				8.8	8.8	(0.0)
Other		132.5	10.6	10.5	(0.1)				80.1	78.9	(1.1)
PBR Excluded & Chemotherapy Drugs (Pass through)		53.6	4.4	4.9	0.5				35.8	38.7	2.9
Pass through devices		9.9	0.7	0.7	(0.1)				7.0	6.7	(0.2)
Fines & Penalties		-	-	(0.0)	(0.0)				-	(0.1)	(0.1)
Emergency Threshold		(4.2)	(0.4)	(0.4)	0.0				(2.8)	(2.8)	0.0
Total		699.5	57.5	56.5	(1.1)				458.6	456.1	(2.5)

The year to date position is heavily influenced by an over recovery against plan of £2.9m for PbR excluded drugs and Chemotherapy Drugs (Pass through)

Electives under recovered by £0.5m in month and now stand at £1.8m under recovered for the year to date. Elective income per working day in Month 8 was £0.25m which is consistent with previous months. However the annual plan has been increased by £0.8m to reflect additional Urology activity from SATH with 5 months having been transacted within Month 8.

Income from Emergency activity under recovered by £0.6m in month and now stands at £0.7m under recovered for the year to date.

The following table provides a draft summary of Total Commissioning Income by Commissioner; further detail is included in Appendix 1 and 2.

Patient Income Position at Month 8 2019/20	External Plan / Contract	Income (£m)				
		Finance (£m)	Plan (£m)	Actual (£m)	Variance (£m)	Variance
NORTH / SOUTH STAFFORDSHIRE CCGS	416.8	416.6	277.6	277.6	0.0	0%
NHS ENGLAND	223.2	218.4	146.6	141.6	(5.0)	-3%
OTHER CCG ASSOCIATES	29.1	30.8	20.4	21.7	1.3	6%
OTHER NON NHS CONTRACTS	6.5	7.3	5.0	5.7	0.8	15%
NON CONTRACT ACTIVITY	4.2	4.2	2.8	2.7	(0.1)	-3%
OTHER	13.9	13.9	7.3	7.8	0.5	6%
	693.7	691.0	459.6	457.1	(2.5)	-1%
Less Other Non Patient Income	(1.5)	(1.5)	(1.0)	(1.0)	-	0%
	692.2	689.5	458.6	456.1	(2.5)	-1%

Income from Staffordshire CCGs is based on the Intelligent Fixed Payment Mechanism (IFPM) and is fixed for the year. Several additional contracts have been negotiated with the commissioners, repatriating activity previously carried out by GPs or independent providers, to UHNM. These additional contracts relate to Diagnostics in the form of plain film x-rays and non obstetric ultrasound

and phlebotomy services at Leek. In addition the VirginCare Contract has now returned to East Staffs CCG responsibility and has been varied into the IFPM.

The income plan for NHS England is £4.8m lower than the contract value; this relates to Specialised Services. This is as a result of differing growth assumptions and pass through devices that have moved to a zero cost model during the year as opposed to pass through cost for which we have requested a contract variation.

Associate CCGs – the total income plan for these CCGs is £30.8m (an increase of £0.8m from the previous month due to additional Urology activity from SATH) with the over recovery at Month 8 being £1.3m (6%). The most significant variance is against Shropshire CCG which is showing an over recovery of £0.5m (15% higher than plan for the year to date). The internal income plan is higher than the contract reflecting the increase in activity seen during the year which was transacted as part of the budget reset at Quarter 1.

The table below shows the planned growth in activity for the first 8 months of the year and the actual change seen over the same period. It should be noted that the table below will not correlate to the actual variances against income reported elsewhere in this paper as income is fixed for Staffordshire CCGs and is not linked to actual activity delivered.

POD	2019/20 M1-8		2018/19 M1-8		Planned Growth	Actual Growth
	Plan	Actual	Plan	Actual		
Elective	10,092	9,604	11,122	10,029	0.6%	-4.2%
Day case	65,144	64,888	64,969	63,165	3.1%	2.7%
Emergency	72,836	73,701	62,463	70,975	2.6%	3.8%
Outpatient	520,586	497,678	522,330	503,748	3.3%	-1.2%
A&E Attendance	120,794	119,770	106,257	118,178	2.2%	1.3%

3. Expenditure

Pay expenditure was £40.0m in Month 8 generating an underspend of £0.9m with year to date pay expenditure now standing at £317.9m resulting in an underspend of £5.2m.

Overall Pay expenditure for the first 8 months of the year was 1.8% higher than for the first 8 months of 2018/19 against a planned increase of 4.2%.

Registered nursing costs underspent by £0.5m in October with the actual pay costs of £11.9m in month being at the same level as the average for the first 8 months of the year. Nursing costs are planned to increase by £2.0m over the last 4 months of the year as part of the additional Winter capacity agreed by the Board last month.

NHS Infrastructure costs are underspent by £0.3m in month and now stand at £2.5m underspent for the year to date. Corporate functions account for £1.6m of the year to date underspend with delays in recruitment generating underspends across most corporate functions

Medical pay overspent by £0.2m in November with the year to date overspend now standing at £0.8m. As in previous months this is predominantly in Emergency Medicine which is £0.3m overspent for the month and now stands at £1.8m overspent for the year to date. This is mainly driven by high levels of consultant vacancies across the ED and AMU as well as gaps in junior doctor rotas.

Non-pay expenditure is underspent by £0.4m in November and now stands at £0.8m overspend for the year to date within this pass through drugs are overspent by £0.3m in the month and £2.8m for the year to date.

In Month 8 the Trust has released £1.5m of general reserves into the position in line with the forecast agreed at Month 6; this has been accounted for within Other Non-Pay expenditure.

4 CIP

The total original CIP plan for the year is £40.0m.

The table below summarises the performance against the CIP for the first 8 Months of the year; this performance is built into the Trust's position for the year. The planned performance is as per the final plan submitted to NHSI in April.

CIP 2019/20	Annual	In month			Year to date		
	Plan	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m	£m
Income	6.9	0.6	1.6	1.0	4.3	14.6	10.2
Pay	17.5	1.8	0.6	(1.2)	9.5	4.5	(5.0)
Non Pay	15.6	1.1	0.3	(0.8)	8.0	3.1	(4.9)
Total	40.0	3.5	2.5	(1.0)	21.8	22.1	0.3

The CIP delivery in Month 8 is £1.0m ahead of plan; this is largely due to the replacement of unidentified CIP plans profiled for delivery in Q2-Q4 with identified schemes that are profiled for delivery evenly throughout the year. Further detail is contained within the CIP report

5 Capital

The Trust's capital expenditure plan for 2019/20 is £25.9m and includes the changes reported to the Finance & Performance Committee in November. The revised budget includes central funding relating to Imaging equipment where funding of £1.2m has been granted by NHSI. The emergency capital allocation of £1.5m relating to Project STAR is included however this has yet to be confirmed. The

Trust has spent £0.7m in Month 8 and £8.7m year to date against a planned spend of £9.6m, an under spend of £0.9m.

Capital Expenditure as at Month 8 2019/20 £m	Revised	In Month			Year to Date		
	Budget	Budget	Actual	Variance	Budget	Actual	Variance
ICT Infrastructure	(4.7)	(0.3)	(0.2)	0.1	(3.4)	(2.9)	0.4
Estates Infrastructure	(3.6)	(0.3)	(0.2)	0.0	(1.8)	(1.5)	0.3
Medical Equipment	(2.4)	(0.1)	(0.2)	(0.1)	(0.8)	(1.0)	(0.2)
PFI lifecycle & equipment	(3.2)	(0.2)	0.2	0.4	(1.5)	(1.7)	(0.2)
PFI enabling	(0.3)	-	-	-	-	-	-
Pathology tracker - Finance Lease	(0.5)	-	-	-	(0.5)	-	0.5
Health & Safety Compliance	(0.2)	-	(0.0)	(0.0)	(0.1)	(0.1)	(0.0)
Other Central schemes	(1.3)	-	0.1	0.1	(0.6)	(0.4)	0.2
LIMS	(1.7)	-	-	-	-	-	-
PDC award for HSLI	(1.3)	(0.3)	(0.3)	0.0	(1.0)	(1.2)	(0.2)
Project STAR (to be confirmed)	(1.5)	-	-	-	-	-	-
NHSI imaging funding	(1.2)	-	-	-	-	-	-
Total capital expenditure	(21.8)	(1.2)	(0.7)	0.5	(9.6)	(8.7)	0.9
PFI equipment pre-payment	(4.1)	-	(0.9)	(0.9)	(3.1)	(3.3)	(0.2)
Total CDEL	(25.9)	(1.2)	(1.6)	(0.4)	(12.7)	(12.0)	0.7

Expenditure for the ICT sub-group is £0.4m behind plan. Of this £0.3m relates to the EPMA scheme where required infrastructure work has been delayed, the forecast year-end underspend has been built in to the revised capital plan and a business case review is scheduled. A variance of £0.1m relates to a change in the phasing of the expenditure relating to the data centre.

There is a £0.3m underspend on Estates Infrastructure expenditure mainly due to the fire alarm phase 3 replacement being behind plan. Increased expenditure is planned over the next 4 months relating to a number of schemes including Trent building heating pipework, accommodation for MPFT at County, electrical and fire safety work and further security work at the RI site.

Medical devices expenditure is £0.2m ahead of plan. Expenditure is planned over the next 4 months relating to a number of schemes including, pulmonary testing function, intensive care ventilators, replacement of blood gas analysers and MRI conditional patient monitoring.

PFI equipment is £0.2m ahead of plan due to the replacement PACS equipment being earlier than expected.

The Pathology Tracker is £0.5m behind plan; the equipment is a refresh via a finance lease and was carried forward from 2018/19. The equipment refresh is due to take place in December/January, the required enabling work is underway.

Other central schemes are £0.2m behind plan this is due to VAT now reclaimed on prior year expenditure and write off of prior year GRN's.

Expenditure on Pathology LIMS is forecast to be incurred later in the financial year. The business case has been approved by Trust Board and it is anticipated that the first bullet payment will be made to the supplier in December/January.

HSLI expenditure is £0.2m ahead of plan this is mainly due to a milestone payment for the Robotic Process Automation scheme being required to be paid earlier than anticipated. The Trust is awaiting documentation from NHSI to enable the cash draw down to take place for the expenditure incurred to date.

The remaining balance of the PFI pre-payment of £0.8m relates to the remaining Cath Lab replacement which is due to be replaced in February 2020.

6. Cash

The Trust holds cash of £22.1m at Month 8 which is £14.1m higher than plan.

Cash Summary at Month 8 2019/20	In Month				Year to date		
	Budget £m	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Opening balance	8.4	8.0	15.4	7.4	8.4	8.4	-
Contract Income 2019/20	658.7	56.8	56.4	(0.4)	454.5	453.7	(0.8)
Contract income 2018/19	3.2	-	-	-	3.2	12.1	8.9
Other Income	103.2	11.4	14.3	2.9	61.2	64.1	2.9
Uncommitted Revenue support facility 2019/20	-	-	-	-	12.1	18.9	6.8
PSF, FRF and MRET funding	32.0	-	2.4	2.4	7.3	9.7	2.4
Department of Health and NHS England Deficit support	24.8	-	-	-	12.4	-	(12.4)
Capital funding (PDC capital)	1.3	-	-	-	-	-	-
Total Receipts	823.2	68.2	73.1	4.8	550.7	558.5	7.8
Payroll (excluding agency)	(436.8)	(37.0)	(37.7)	(0.7)	(302.4)	(301.3)	1.0
Accounts payable	(366.3)	(27.2)	(27.7)	(0.5)	(235.2)	(232.7)	2.5
PDC Dividend	(1.5)	-	-	-	(0.4)	(0.4)	-
Capital	(19.5)	(4.1)	(1.0)	3.1	(13.1)	(10.3)	2.8
Total Payments	(824.1)	(68.3)	(66.4)	1.8	(551.1)	(544.8)	6.3
Closing Balance	7.5	8.0	22.1	14.1	8.0	22.1	14.1

The higher than planned cash balance at Month 8 is mainly due to cash being received in Month 6 of £9m cash relating to the outcome of the 2018/19 expert determination and lower than planned payments.

Contract income relating to 2019/20 is in line with plan both in month and year to date; the variance is due to delays in cash being received for one of the NHSE screening services SLA's.

The cash received for 2018/19 contract income is £8.9m ahead of plan year to date mainly due to cash relating to the outcome of the 2018/19 expert determination being received from commissioners in early September. A number of credit notes (£1.8m) relating to the prior year have not yet been taken by commissioners.

Other income is higher than plan in month and year to date (£2.9m); this is mainly due to higher than planned cash received from the VAT return (in prior months) and also payment of NHS invoices from 2018/19, not relating to contract income.

The Trust has not accessed any of its Uncommitted Interim Revenue Support Facility in Month 8. The Trust received the Q2 FRF cash of £2.4m in Month 8 and is expected to receive Q2 PSF cash in December however no notification has been received to date and due to NHSI deadlines for receiving cash flow forecasts no repayment of related borrowing can take place in January.

The cash drawdown request is required to be submitted to NHSI a month in advance of the cash receipt date. The 13 week cash flow forecast submitted on 4th December does not forecast further draw down of cash support. However the requirement for cash support will depend on when the Trust will receive cash relating to deficit support from DHSC and NHS England (via Stafford and Surrounds CCG).

General accounts payable and capital payments are £2.5m and £2.8m behind plan this is partly as a result of underspends on non-pay and for capital this mainly relates to the expected £3m payment in relation to the Pathology LIMS project, it is expected that this payment will be made in December/January.

The table below shows the actual and forecast cash position for 2019/20. The cash support received to date relating to deficit support and PSF/FRF funding and the expected repayment in year is also detailed.

Cash and borrowing position 2019/20	Actual	Plan	Plan	Plan	Plan	Total								
	30/04/19	31/05/19	30/06/19	31/07/19	31/08/19	30/09/19	31/10/19	30/11/19	31/12/19	31/01/20	29/02/20	31/03/20		
	£m	£m												
Month end cash balance per NHSI plan	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	7.5	7.5	
Month end cash balance actual/forecast	4.7	5.1	20.9	15.0	16.6	25.5	15.4	22.1	7.0	5.7	27.4	10.9	10.9	
Deficit/Working capital cash support received	4.8	4.8	7.0	-	-	-	-	-	-	-	-	-	16.6	
Deficit/Working capital cash repayment	-	-	-	-	-	-	(4.2)	-	-	-	-	(12.4)	(16.6)	
Planned PSF/FRF cash received	-	-	-	-	-	4.2	-	2.4	3.2	-	-	8.3	18.0	
PSF/FRF cash support received/repayment	0.9	0.9	0.9	1.9	1.9	-	-	-	-	(3.7)	-	(2.8)	0.0	
DHSC & NHS England deficit support cash	-	-	-	-	-	-	-	-	-	-	24.8	-	24.8	

It is forecast that at the year end the net cash support borrowing for the year will be nil, this is in line with plan. This is based on the Trust receiving the £24.9m deficit support from DHSC and NHS England (via Stafford and Surrounds CCG) by February 2020 to enable the £15.2m repayment of cash support borrowing in March 2019. The NHSI/DHSC deadline for submission of March cash support/repayment requests is likely to be in mid-Feb 2020.

The forecast is that £23m of loans at 6% interest rate will be repaid in the year; however there will be a net nil impact on overall borrowing. The Quarter 4 PSF/FRF cash of £9.7m will be received in 2020/21.

7 Balance Sheet

The Month 8 Statement of Financial Position (Balance Sheet) is shown below.

Balance Sheet as at 30th November 2019	31/03/2019	30/11/2019			
	Actual £m	Plan £m	Actual £m	Variance £m	
Property, Plant & Equipment	504.0	501.0	498.6	(2.4)	Note 1
Intangible Assets	22.1	22.0	21.8	(0.2)	
Total Non Current Assets	526.1	522.9	520.4	(2.6)	
Inventories	12.8	12.4	11.7	(0.7)	Note 2
Trade and other Receivables	40.9	45.4	52.2	6.8	Note 3
Cash and Cash Equivalents	8.4	8.0	22.1	14.1	Note 4
Total Current Assets	62.1	65.8	86.0	20.2	
Trade and other payables	(59.1)	(64.9)	(69.5)	(4.5)	Note 5
Borrowings	(23.4)	(22.9)	(22.9)	(0.0)	
Provisions	(3.3)	(3.3)	(2.4)	0.8	Note 6
Total Current Liabilities	(85.8)	(91.1)	(94.8)	(3.7)	
Borrowings	(462.0)	(466.4)	(473.0)	(6.6)	Note 7
Provisions	(0.9)	(0.9)	(0.9)	0.0	
Total Non Current Liabilities	(462.9)	(467.3)	(473.9)	(6.6)	
Total Assets Employed	39.6	30.4	37.8	7.4	
Financed By:				-	
Public Dividend Capital	407.1	408.4	407.1	(1.3)	Note 8
Retained Earnings	(466.4)	(476.9)	(468.4)	8.4	Note 9
Revaluation Reserve	98.9	98.9	99.1	0.3	
Total Taxpayers Equity	39.6	30.4	37.8	7.4	

The Month 8 Statement of Financial Position (Balance Sheet) is broadly in line with plan with the main variances explained below:

Note 1: Property Plant & Equipment is £2.4m lower than plan. Overall additions are lower than the revised plan on Trust funded capital schemes by £0.9m behind plan. The remaining variance is mainly due to the PPE budget anticipating additions relating to Pathology LIMS by Month 8.

Note 2: Inventories are £0.7m lower than plan. This is due to a number of stock areas having lower balances in month 8 - pharmacy (£0.2m), Pacemakers and ICDs (£0.2m) and pathology related stock (£0.2m).

Note 3: Trade and other receivables are £6.8m higher than plan. This is mainly due to invoices relating to the deficit support raised with the Department of Health and Social Care and also Stafford and Surrounds CCG (relating to NHSE deficit support).

Note 4: Cash is £14.1m higher than plan at Month 8. Cash received is higher than plan as the Trust received payment of invoices relating to the outcome of the 2018/19 Expert Determination in month 6. General account payable and capital payments are behind plan this is partly as a result of underspends on non-pay and capital.

Note 5: Trade and other payables are £4.5m higher than plan. Trade payables are higher than plan due to a monthly invoice to Lloyds (£1m) being outstanding. Accruals and GRNI accruals are higher than plan due to higher interest accrual for cash support and GRNI relating to the pharmacy ascribe system.

Note 6: Provisions are £0.8m lower than plan and reflects redundancy payments in 2019/20 relating to provisions held at the year end.

Note 7: Borrowings are £6.6m higher than plan. The variance is partly due to the £4m working cash support requested earlier in the financial year relating to the increased 2018/19 deficit. The plan also reflects the expectation at budget setting the Q2 PSF/FRF funding would be received in the month following quarter end and would have allowed further repayment of borrowing. The Trust should receive Quarter 2 PSF cash in December 2019.

Note 8: PDC is £1.3m lower than plan due to the Trust not yet being able to draw down capital PDC relating to HSLI capital expenditure that has been incurred to date in 2019/20.

Note 9: Retained earnings show a £7.4m variance from plan at Month 8. Of this £4m relates to the final adjustment to the prior year closing balance to reflect the outcome of the expert determination, this was not reflected in the plan due to timing. The remaining variance reflects the income and expenditure variance to position at Month 8.

7.1 Trade & Other Receivables

Total Trade and other receivables stood at £52.2m at 30th November 2019, £6.8m higher than plan. The main variances are explained below:

Trade / Other Receivables & Current assets Actuals	Actual 31/03/19 £m	Plan 30/11/19 £m	Actual 30/11/19 £m	Variance 30/11/19 £m	
Trade Receivables	42.3	21.2	35.5	14.3	Note 1
Deficit support invoice not yet due	-	-	(8.3)	(8.3)	Note 1
Prepayments	8.8	8.8	9.4	0.6	Note 2
Accrued Income	19.2	28.6	29.8	1.2	Note 3
Bad Debt Provision	(2.7)	(2.8)	(3.0)	(0.3)	
VAT Receivable	1.6	1.6	1.4	(0.2)	
Credit Note accrual	(30.0)	(13.6)	(13.9)	(0.3)	
Other Receivable	1.8	1.6	1.3	(0.3)	
Total	40.9	45.4	52.2	6.8	

Note 1: Trade receivables are £14.3m higher than plan as the Trust raised invoices to DHSC and Stafford and Surrounds CCG in Month 4 for the £24.8m 2019/20 deficit funding. The plan figure assumed that only £12.4m would be outstanding at the end of Month 8. Further details on aged receivables can be seen below.

From a revenue perspective the deficit support for months 9-12 is not yet due, this balance of £8.3m is shown above as an adjustment to the receivables total.

Note 2: Prepayments are £0.6m higher than plan mainly due to the PFI equipment pre-payment outstanding relating to the Cath lab replacement.

Note 3: Accrued income is £1.2m higher than plan mainly due to the accrual of Q2 PSF income (only Q2 FRF cash was received in Month 8). Confirmation has been received that cash relating to Q2 PSF will be paid to the Trust on the 13th December.

Trade receivables: The table below shows the ageing of the outstanding NHS and Non-NHS trade receivable debt and highlights the larger outstanding balances.

NHS Trade Receivables - Aged Debt	Actual 31/03/19 £m	Actual 31/10/19 £m	Actual 30/11/19 £m	
Less than 30 Days	24.3	9.0	2.6	£0.6m MPFT, NHS England £0.6m, £0.3m Royal Wolverhampton, £0.2m NHSI, £0.2m Mid Cheshire
31 to 60 Days	1.6	2.3	1.3	NHSE £0.7m, Royal Wolverhampton £0.1m, North Staffs Combined £0.1m
61 to 90 Days	0.5	2.9	1.7	NHS England £0.7m, MPFT £0.6m, Mid Cheshire £0.1m
91+ Days	12.3	26.7	27.7	DHSC £9.9m and Stafford & Surrounds CCG £14.9m for 2019/20 deficit support, NHS England £0.7m, NS Combined £0.3m, NHS Stoke on Trent £0.4m
Total	38.7	40.9	33.3	
Non NHS Trade Receivables - Aged Debt	Actual 31/03/19 £m	Actual 31/10/19 £m	Actual 30/11/19 £m	
Less than 30 Days	1.4	0.7	0.5	Vocare £54k, Keele University £29k, Aviva £45k
31 to 60 Days	0.5	0.2	0.2	
61 to 90 Days	0.2	0.1	0.1	Katherine House Hospice £29k
91+ Days	1.5	1.4	1.4	£0.83m overseas visitors, £0.32m salary overpayments
Total	3.6	2.6	2.2	

The largest balance within the aged receivables is NHS debt over 90 days old. Of this £9.9m and £14.9m relate to 2019/20 deficit support from the DHSC and NHS England (via Stafford and Surrounds CCG) respectively. The revenue position includes £16.5m of this income to month 8. Discussions are on-going with NHSI in order for the Trust to receive this cash.

Invoices outstanding with NHS England total £3.35m however there are old outstanding credit notes of £1.1m. Of the outstanding balance £1.7m relates to invoices for one of the screening services SLA's however there is also a prior year outstanding credit note of £1m in relation to this SLA.

There are a number of outstanding invoices and credit notes with NHS bodies. The financial accounts team is reviewing the 2018/19 agreement of balances exercise and is continuing to liaise with NHS England and other NHS bodies where significant balances are outstanding for an update on when the Trust can expect the invoices and credit notes to be settled.

Older Non-NHS debt is proactively managed by the credit control department. This includes credit control, monthly conference calls with the Trust as well as increased referrals to a third party debt recovery service. The outstanding debt is being reviewed and a requirement for a write-off of debt being assessed, this will be reported to Audit Committee. The benefits of this proactive action should be seen over the remainder of the year with a reduction in longer term non-NHS debt and a reduction in the bad debt provision.

7.2 Trade and Other Payables

Trade and other payables stood at £69.5m at 30th November 2019, which is £4.5m higher than plan. A breakdown of this figure and the reasons for the variance against plan are shown below:

Trade and Other Payables Actuals	Actual 31/03/19 £m	Plan 30/11/19 £m	Actual 30/11/19 £m	Variance 30/11/19 £m	
Trade Payables	(15.6)	(11.9)	(13.7)	(1.8)	Note 1
Manual Accruals	(12.0)	(18.2)	(19.6)	(1.4)	Note 2
Deferred Income	(5.0)	(8.0)	(8.2)	(0.2)	
GRN Accruals	(8.5)	(9.0)	(9.9)	(0.9)	Note 3
Tax/NI Payables	(9.8)	(9.5)	(9.5)	(0.0)	
Pension Payables	(5.9)	(6.2)	(6.3)	(0.1)	
Other Payables	(2.2)	(2.1)	(2.3)	(0.1)	
Total	(59.0)	(64.9)	(69.5)	(4.5)	

Note 1: Trade payables are £1.8m higher than plan this mainly reflects outstanding invoices relating to Lloyds where a monthly £1m invoice (relating to July) was outstanding at 30 November. This was due to an issue with the supplier and the invoice was paid on 3 December.

Note 2: Manual accruals are £1.4m higher than plan; this main reason is the accrual with DHSC for interest being higher than plan due to the phasing of the payments requested. General accruals are also higher than plan.

Note 3: GRN accruals are £0.9m higher than plan, this is mainly due to an upgrade in the pharmacy ascribe system in late November where invoices were not entered in the last 4 days of the month.

The Better Payment Practice code requires the Trust to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later, with a target of 95% compliance. The performance to Month 8 can be seen in the table below.

Better Payment Practice Code	Actual 31/3/19	Actual 31/10/19	Actual 30/11/19
NHS £m			
Total Paid	31.6	20.1	23.8
Paid in terms	21.1	16.1	19.5
Percentage paid in terms	67%	80%	82%
NHS volume			
Total Paid	3,703	2,263	2,536
Paid in terms	2,962	1,824	2,044
Percentage paid in terms	80%	81%	81%
Non NHS £m			
Total Paid	458.9	243.5	275.1
Paid in terms	431.4	225.4	255.3
Percentage paid in terms	94%	93%	93%
Non NHS volume			
Total Paid	131,200	77,480	86,873
Paid in terms	122,292	72,223	81,104
Percentage paid in terms	93%	93%	93%

8 Forecast, Risks and Opportunities

As reported to the Committee in November the Trust has carried out a full forecast for the year based on the Month 8 run rate; this forecast will be presented to the Committee in December.

The Trust continues to hold a small number of specific reserves at Month 8 which are assumed to be committed during the year and have therefore been fully provided for within the Month 8 position; these are summarised in the table below. The general risk reserve and non-pay inflation reserve are being released over the second half of the year in line with the forecast at Month 7.

Reserve	Annual Value £m	YTD Value £m	Provided at Mn 8 £m
Winter	0.0	0.0	0.0
Risk Reserve	4.0	3.1	1.2
Activity Reserve	2.0	1.3	1.3
Windows 10	0.4	0.2	0.2
PFI RoE	0.1	0.1	0.0
Non Pay Inflation	1.6	1.6	0.9
Total Income	8.2	6.4	3.7

A “profiling” adjustment has also been made at Month 8 to ensure the Trust’s internal plan agrees with the external plan that NHSI use for the Performance Management of the Trust. This adjustment arises as we transacted £11.8m of additional CIP that has been profiled evenly throughout the year but the unidentified CIP schemes which have been removed were profiled for delivery in Q2-Q4. This profiling adjustment is neutral over the year; its impact in Month 8 is £2.6m.

The actual run rate performance at Month 8 is therefore

Underlying I&E	£m
Reported I&E deficit at month 8	(1.9)
Provision reserve	3.7
Profiling adjustment	2.6
Run rate performance	4.4

9 System Wide Position

At Month 7 (before PSF/CSF) the system reported a ytd deficit of £79.5m against a planned deficit of £66.9m resulting in an adverse variance of £12.6m. This is summarised in the table below alongside the amount of PSF/CSF assumed in the Month 7 position.

Organisation	M7 ytd £m			
	Annual Plan	ytd Budget	ytd Actual	Variance
CCGs	(73,915)	(43,115)	(59,170)	(16,055)
UHNM	(32,000)	(22,246)	(18,512)	3,734
MPFT	(2,477)	(1,534)	(1,902)	(368)
NSCHT	338	(17)	88	105
Aggregate system position before PSF/CSF	(108,054)	(66,912)	(79,496)	(12,584)
PSF/CSF/MRET				
CCGs	0	0	0	0
UHNM	32,000	14,965	14,965	0
MPFT	4,229	1,903	1,903	0
NSCHT	700	315	315	0
Ttotal PSF/CSF/MRET	36,929	17,183	17,183	0
Surplus/(deficit) after PSF/CSF/MRET	(71,125)	(49,729)	(62,313)	(12,584)

At Month 7 (before PSF/CSF) each organisation in the system is forecasting that it will meet its financial plan for the year with the exception of UHNM who are forecasting a £5m surplus. This results in an overall deficit for the system of £103.1m. In addition to this there is a further £27.5m of risk to internal savings plans that has been identified with the largest element relating to CCG QIPP risk. The system is forecasting that it will receive £36.9m of PSF/CSF resulting in an actual deficit of £66.1m

Within the forecast position the system is assuming £121.4m of internal savings and £1.2m of programme savings (against the £20m plan).

10 Conclusion/recommendations

The Trust underspent by £0.9m in Month 8 despite income under recovering by £0.8m; the favourable performance was supported by the position against expenditure which continues to underspend and the release of provisions made in the first half of the year. It is important that the Trust continues to maintain a tight control on expenditure over the last 4 months of the year.

There is nothing in the Month 8 position to suggest the Trust will not meet its revised forecast of a £5m surplus; a forecast based on the Month 8 run rate will be presented to the Committee.

Appendix 1 – Patient income POD summary

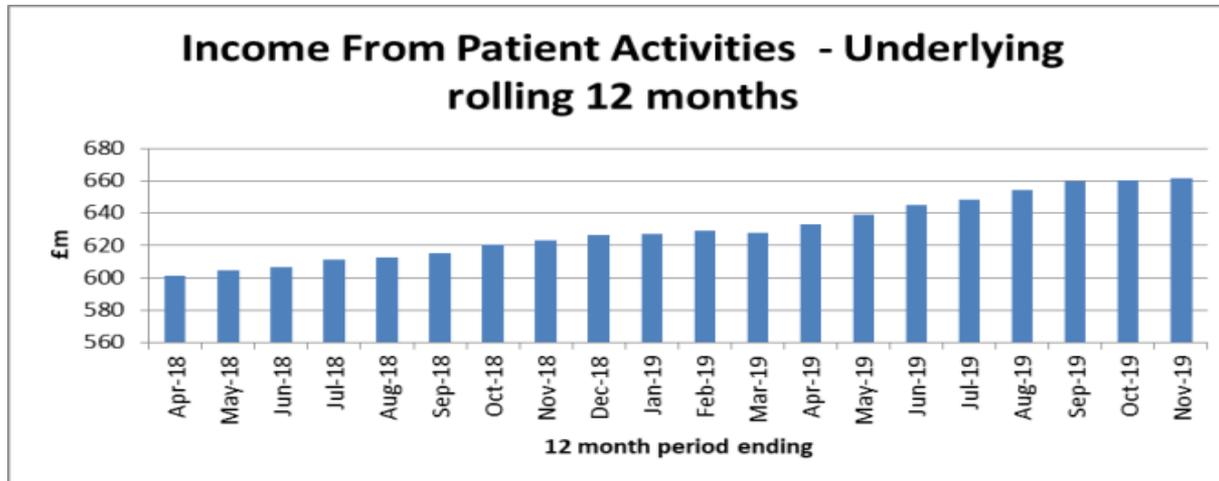
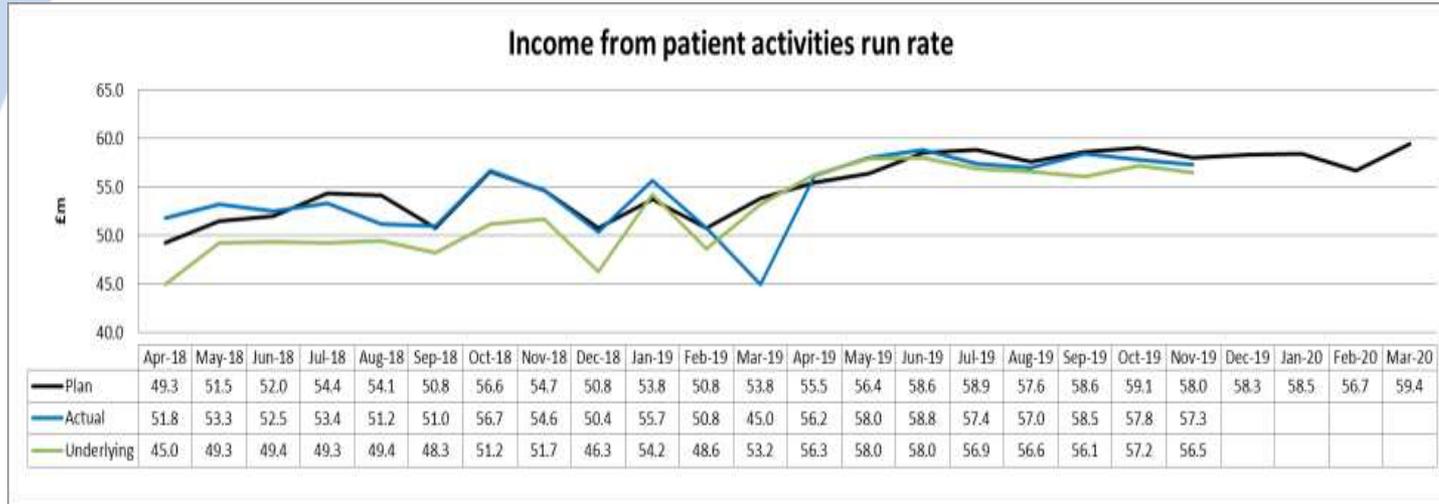
Patient Income Position at Month 8	Annual Plan		Activity				Income (£m)			
	Activity	Finance (£m)	Plan	Actual	Variance	Variance	Plan (£m)	Actual (£m)	Variance (£m)	Variance
NORTH / SOUTH STAFFORDSHIRE CCGS										
Daycase / Elective Inpatients	82,890	74.7	55,184	53,895	(1,289)	-2%	49.8	48.1	(1.7)	-4%
Non-Elective Emergency Inpatients	73,164	137.5	48,750	48,586	(164)	0%	91.6	99.7	8.0	9%
Non-Elective Non Emergency Inpatients	21,442	21.4	14,293	15,439	1,146	8%	14.2	14.1	(0.2)	-1%
Critical Care	13,254	14.4	8,836	8,586	(250)	-3%	9.6	9.2	(0.4)	-4%
Excluded Drugs / Devices	12,638	13.3	8,408	8,278	(130)	-2%	8.9	8.7	(0.2)	-2%
Other	5,729,735	94.8	3,834,080	3,963,301	129,222	3%	63.0	64.3	1.3	2%
Outpatients	550,732	59.1	367,139	344,061	(23,078)	-6%	39.4	39.2	(0.2)	-1%
IFPS Adjustment								(6.6)	(6.6)	
	6,483,856	415.0	4,336,690	4,442,146	105,456	2%	276.6	276.6	0.0	0%
Other Non Patient Income		1.5					1.0	1.0	-	0%
	6,483,856	416.5	4,336,690	4,442,146	105,456	2%	277.6	277.6	0.0	
NORTH / SOUTH STAFFORDSHIRE CCGS NON BLOCK										
	-	-	-	-	-		-	-	-	
NHS ENGLAND										
Daycase / Elective Inpatients	23,576	39.9	15,774	16,374	600	4%	26.7	25.1	(1.6)	-6%
Non-Elective Emergency Inpatients	7,823	36.3	5,216	4,934	(282)	-5%	24.2	22.9	(1.3)	-5%
Non-Elective Non Emergency Inpatients	914	5.8	609	610	1	0%	3.8	3.6	(0.2)	-6%
Critical Care	15,893	21.9	10,602	9,344	(1,257)	-12%	14.6	12.4	(2.2)	-15%
Excluded Drugs / Devices	741	42.2	496	467	(29)	-6%	28.6	30.6	2.0	7%
Other	212,654	48.6	142,295	144,597	2,302	2%	32.8	31.3	(1.5)	-5%
Outpatients	188,542	23.7	125,989	121,835	(4,155)	-3%	15.9	15.7	(0.2)	-1%
	450,143	218.4	300,982	298,161	(2,821)	-1%	146.6	141.6	(5.0)	-3%
OTHER CCG ASSOCIATES										
Daycase / Elective Inpatients	5,579	7.5	3,638	3,544	(94)	-3%	4.9	4.3	(0.5)	-11%
Non-Elective Emergency Inpatients	3,106	8.8	2,071	2,254	183	9%	5.9	6.1	0.3	4%
Non-Elective Non Emergency Inpatients	922	2.2	615	612	(3)	0%	1.5	1.6	0.1	8%
Critical Care	1,249	1.3	833	1,216	383	46%	0.9	1.3	0.4	52%
Excluded Drugs / Devices	2,572	3.2	1,705	1,898	193	11%	2.1	2.3	0.1	6%
Other	16,492	3.3	10,933	12,525	1,592	15%	2.2	2.5	0.3	12%
Outpatients	34,377	4.5	22,784	26,919	4,134	18%	3.0	3.6	0.6	21%
	64,297	30.8	42,579	48,968	6,389	15%	20.4	21.7	1.3	6%
OTHER NON NHS CONTRACTS										
Daycase / Elective Inpatients	181	0.8	121	141	20	16%	0.6	0.5	(0.0)	-3%
Non-Elective Emergency Inpatients	455	2.7	334	420	86	26%	1.9	2.5	0.6	31%
Non-Elective Non Emergency Inpatients	109	0.5	75	58	(17)	-23%	0.4	0.3	(0.1)	-14%
Critical Care	1,235	1.6	824	927	103	13%	1.1	1.2	0.2	18%
Excluded Drugs / Devices	54	0.3	36	39	3	8%	0.2	0.2	0.0	13%
Other	3,456	1.1	2,380	1,177	(1,203)	-51%	0.7	0.7	0.0	4%
Outpatients	1,964	0.3	1,458	1,520	62	4%	0.2	0.2	0.0	5%
	7,455	7.3	5,229	4,282	(947)	-18%	5.0	5.7	0.8	15%
NON CONTRACT ACTIVITY										
Daycase / Elective Inpatients	498	1.3	332	328	(4)	-1%	0.9	0.7	(0.1)	-16%
Non-Elective Emergency Inpatients	1,004	1.4	669	648	(21)	-3%	0.9	0.9	(0.0)	-1%
Non-Elective Non Emergency Inpatients	141	0.2	94	73	(21)	-23%	0.1	0.1	(0.0)	-33%
Critical Care	129	0.1	86	137	51	59%	0.1	0.2	0.1	86%
Excluded Drugs / Devices	86	0.1	57	74	17	29%	0.1	0.1	0.0	28%
Other	4,000	0.6	2,667	2,758	91	3%	0.4	0.4	0.0	5%
Outpatients	3,855	0.5	2,540	2,512	(28)	-1%	0.3	0.3	(0.0)	-5%
	9,713	4.2	6,447	6,530	83	1%	2.8	2.7	(0.1)	-3%
OTHER										
Daycase / Elective Inpatients	278	-	186	210	24	13%	-	0.0	0.0	
Non-Elective Emergency Inpatients	128	0.1	80	55	(25)	-31%	0.1	0.0	(0.1)	-93%
Non-Elective Non Emergency Inpatients	44	0.0	29	12	(17)	-58%	0.0	-	(0.0)	-100%
Critical Care	35	-	23	73	50	217%	-	-	-	
Excluded Drugs / Devices	2	4.4	1	6	5	348%	2.9	3.4	0.5	16%
Other	400	9.3	256	250	(6)	-2%	4.3	4.4	0.1	2%
Outpatients	1,046	0.0	675	832	157	23%	0.0	0.0	(0.0)	-94%
	1,932	13.9	1,250	1,438	188	15%	7.3	7.8	0.5	6%
	7,017,396	691.0	4,693,176	4,801,524	108,348	15%	459.6	457.1	(2.5)	-1%
Less Other Non Patient Income	-	(1.5)	-	-	-		(1.0)	(1.0)	-	0%
TOTAL PATIENT INCOME	7,017,396	689.5	4,693,176	4,801,524	108,348	2%	458.6	456.1	(2.5)	-1%

Appendix 2 – Patient income Commissioner summary

Patient Income Position at Month 8	Annual Plan		Activity				Income (£m)			
	Activity	Finance (£m)	Plan	Actual	Variance	Variance	Plan (£m)	Actual (£m)	Variance (£m)	Variance
NORTH / SOUTH STAFFORDSHIRE CCGS										
NHS CANNOCK CHASE CCG	370,305	22.4	247,752	256,855	9,103	4%	14.9	15.1	0.2	1%
NHS EAST STAFFORDSHIRE CCG	7,493	3.6	4,779	5,036	257	5%	2.3	2.7	0.4	16%
NHS NORTH STAFFORDSHIRE CCG	1,957,541	125.3	1,309,240	1,378,083	68,843	5%	83.5	86.8	3.2	4%
NHS SOUTH EAST STAFFS AND SEISDON PENINSULAR CCG	4,351	2.1	2,897	3,054	157	5%	1.4	1.4	0.0	0%
NHS STAFFORD AND SURROUNDS CCG	1,335,622	75.9	893,584	896,164	2,580	0%	50.6	51.6	1.0	2%
NHS STOKE ON TRENT CCG	2,808,544	185.8	1,878,439	1,902,955	24,516	1%	123.9	125.7	1.8	1%
IPFS ADJUSTMENT	-	-	-	-	-	-	-	(6.6)	(6.6)	
	6,483,856	415.1	4,336,690	4,442,146	105,456	2%	276.6	276.6	0.0	0%
Other Non Patient Income		1.5					1.0	1.0	-	0%
	6,483,856	416.6	4,336,690	4,442,146	105,456	2%	277.6	277.6	0.0	
NORTH / SOUTH STAFFORDSHIRE CCGS NON BLOCK	-	-	-	-	-		-	-	-	
	-	-	-	-	-		-	-	-	
NHS ENGLAND										
CHESHIRE AND MERSEYSIDE AT DENTAL	1,431	0.3	958	988	30	3%	0.2	0.2	0.0	15%
CHESHIRE AND MERSEYSIDE AT SCREENING	4,614	0.5	3,088	2,713	(375)	-12%	0.4	0.2	(0.1)	-34%
NHS ENGLAND - ARMED FORCES	1,151	0.4	769	-	(769)	-100%	0.2	-	(0.2)	-100%
NORTH MIDLANDS AT DENTAL	37,692	7.9	25,226	25,031	(195)	-1%	5.3	5.5	0.2	4%
NORTH MIDLANDS AT SCREENING	14,977	6.0	10,024	8,349	(1,675)	-17%	4.2	4.1	(0.1)	-3%
SPECIALISED COMMISSIONING TEAM	390,278	203.3	260,918	261,079	161	0%	136.3	131.5	(4.7)	-3%
	450,143	218.4	300,982	298,161	(2,821)	-1%	146.6	141.6	(5.0)	-3%
OTHER CCG ASSOCIATES										
NHS BIRMINGHAM AND SOLIHULL CCG	1,159	0.7	767	963	196	26%	0.4	0.6	0.2	38%
NHS DERBY AND DERBYSHIRE CCG	1,957	1.0	1,301	1,378	77	6%	0.6	0.6	(0.0)	-5%
NHS DUDLEY CCG	514	0.3	339	322	(17)	-5%	0.2	0.2	(0.0)	-17%
NHS EASTERN CHESHIRE CCG	5,151	2.4	3,421	3,758	338	10%	1.6	1.8	0.2	12%
NHS REDDITCH AND BROMSGROVE CCG	179	0.2	118	144	26	22%	0.1	0.1	0.0	26%
NHS SANDWELL AND WEST BIRMINGHAM CCG	976	0.8	646	502	(144)	-22%	0.5	0.3	(0.2)	-46%
NHS SHROPSHIRE CCG	10,564	4.7	6,997	8,008	1,011	14%	3.1	3.6	0.5	15%
NHS SOUTH CHESHIRE CCG	28,337	12.6	18,775	21,490	2,715	14%	8.3	8.8	0.5	5%
NHS SOUTH WORCESTERSHIRE CCG	285	0.2	187	156	(31)	-17%	0.1	0.1	(0.0)	-33%
NHS TELFORD AND WREKIN CCG	6,413	3.1	4,215	4,594	379	9%	2.0	1.7	(0.3)	-15%
NHS VALE ROYAL CCG	5,018	3.2	3,333	4,727	1,394	42%	2.2	2.4	0.3	13%
NHS WALSALL CCG	1,189	0.5	786	1,098	312	40%	0.3	0.5	0.2	52%
NHS WEST CHESHIRE CCG	708	0.5	471	527	56	12%	0.3	0.4	0.1	35%
NHS WIRRAL CCG	199	0.1	133	155	22	17%	0.1	0.1	0.0	60%
NHS WOLVERHAMPTON CCG	1,432	0.6	948	1,003	55	6%	0.4	0.4	0.0	6%
NHS WYRE FOREST CCG	218	0.2	143	144	0	0%	0.1	0.1	0.0	25%
	64,297	30.8	42,579	48,968	6,389	15%	20.4	21.7	1.3	6%
OTHER NON NHS CONTRACTS										
BETSI CADWALADR UHB	2,220	4.3	1,480	2,292	812	55%	2.9	3.6	0.7	26%
WALES	4,481	2.7	2,995	1,199	(1,796)	-60%	1.8	1.8	0.0	1%
VIRGIN HEALTHCARE	754	0.3	754	791	37	5%	0.3	0.3	0.0	2%
	7,455	7.3	5,229	4,282	(947)	-18%	5.0	5.7	0.8	15%
NON CONTRACT ACTIVITY										
NON CONTRACT ACTIVITY	9,713	4.2	6,447	6,530	83	1%	2.8	2.7	(0.1)	-3%
	9,713	4.2	6,447	6,530	83	1%	2.8	2.7	(0.1)	-3%
OTHER										
CANCER DRUGS FUND	-	3.7	-	-	-		2.5	3.0	0.5	20%
NHS ENGLAND DRUGS - NON CONTRACT	-	0.6	-	-	-		0.4	0.4	0.0	5%
OTHER	505	9.5	295	449	154	52%	4.4	4.4	(0.0)	-1%
OVERSEAS VISITORS	658	0.0	440	322	(118)	-27%	0.0	-	(0.0)	-100%
PRIVATE PATIENTS	768	-	514	667	153	30%	-	-	-	
	1,932	13.9	1,250	1,438	188	15%	7.3	7.8	0.5	6%
	7,017,396	691.0	4,693,176	4,801,524	108,348	15%	459.6	457.1	(2.5)	-1%
Less Other Non Patient Income	-	(1.5)	-	-	-		(1.0)	(1.0)	-	0%
TOTAL PATIENT INCOME	7,017,396	689.5	4,693,176	4,801,524	108,348	2%	458.6	456.1	(2.5)	-1%

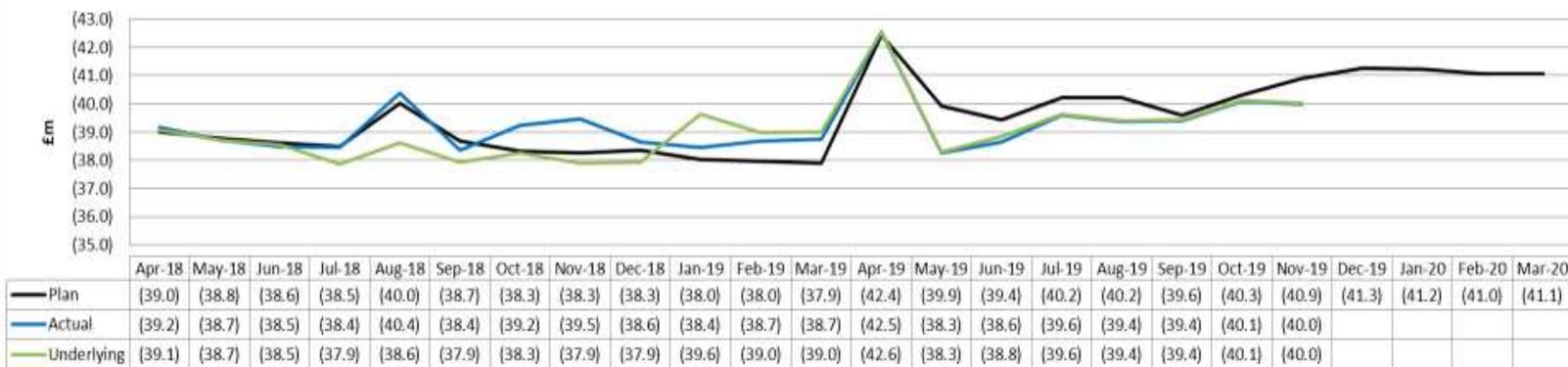
Appendices



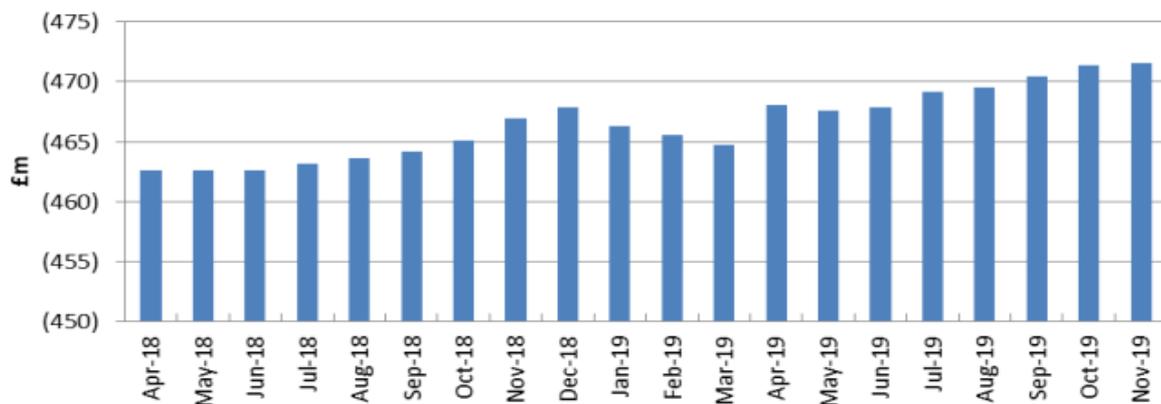


Financial Position – Pay Run Rate (£)

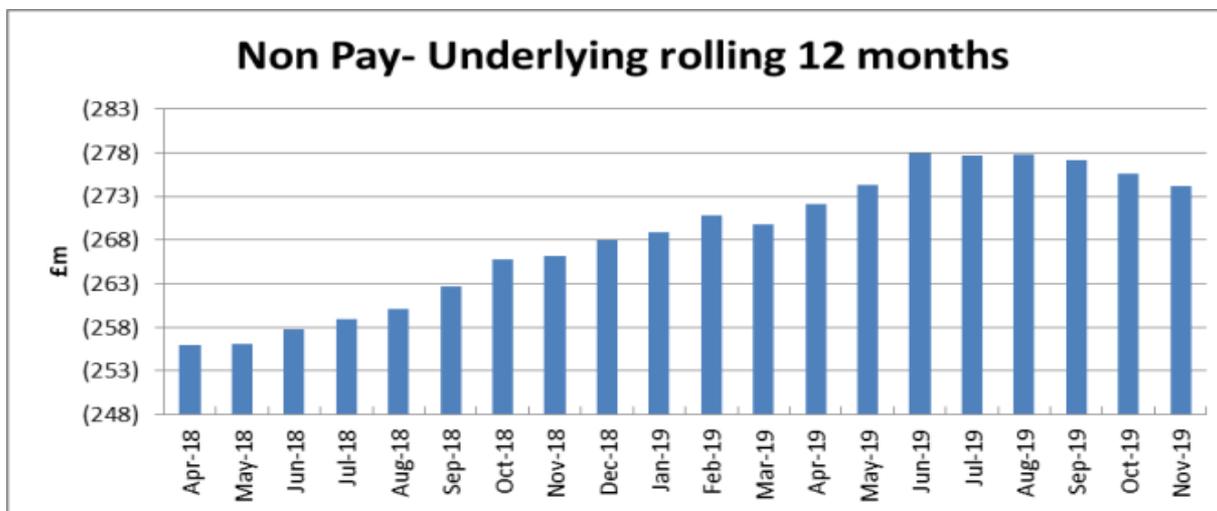
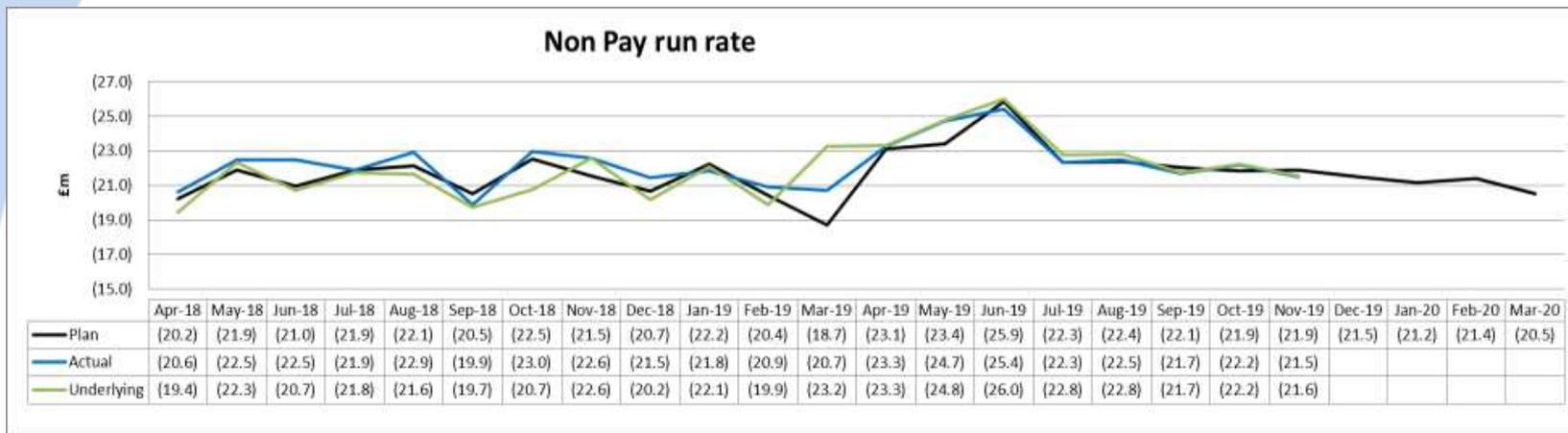
Pay run rate



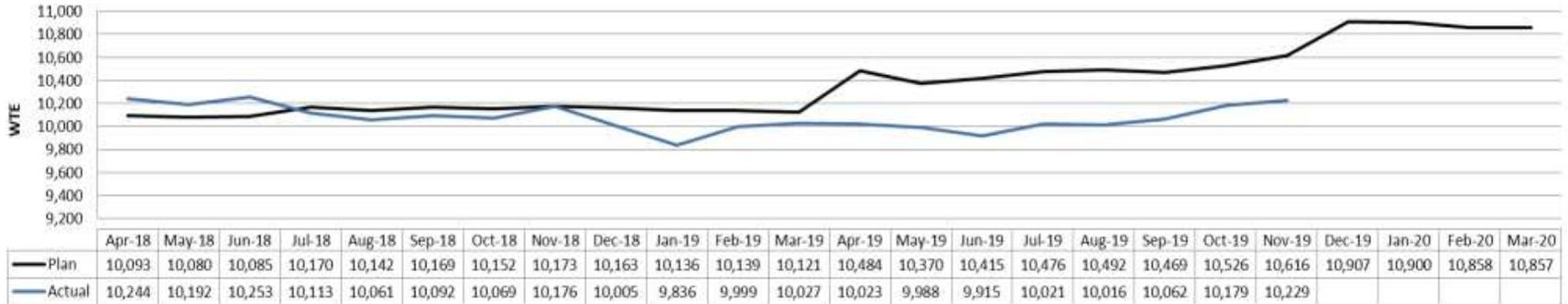
Pay- Underlying rolling 12 months



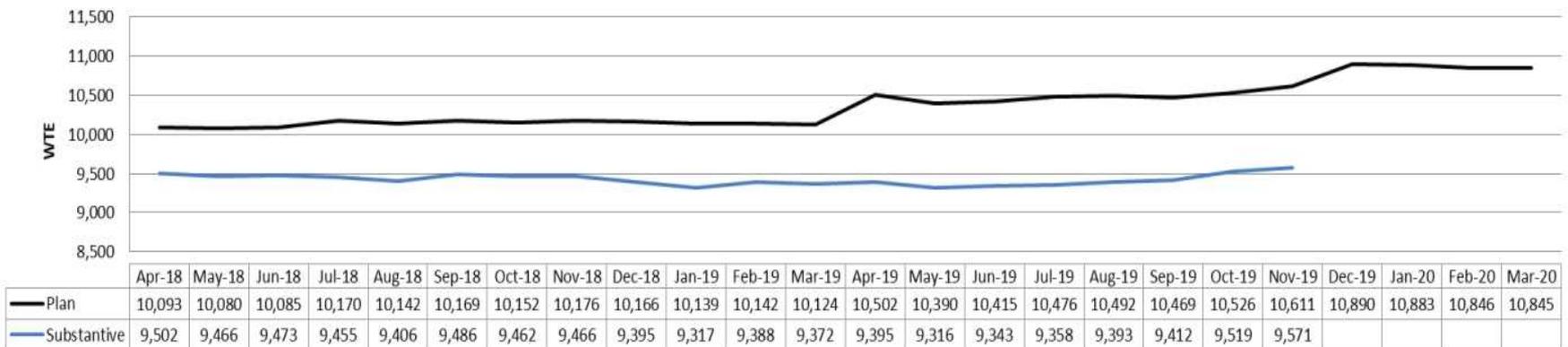
Financial Position – Non Pay Run Rate (£)



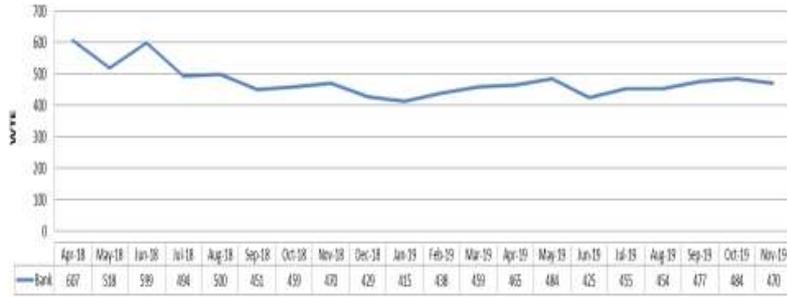
Total WTE Substantive, Agency & Bank (Actual vs. Plan)



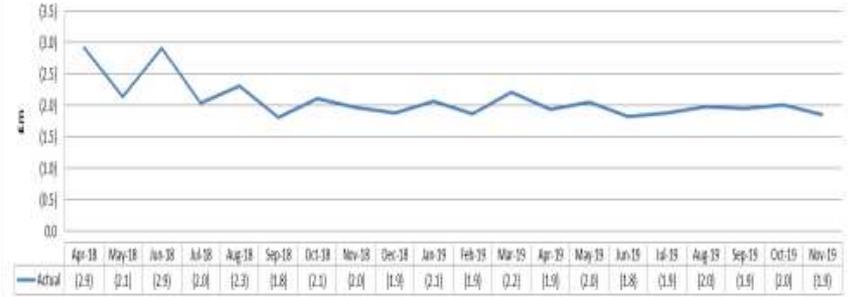
Substantive - Actual WTE



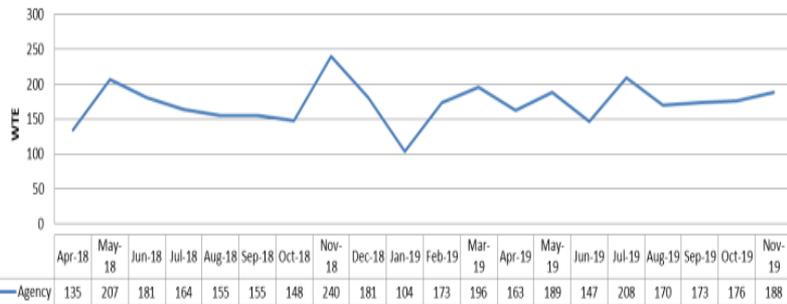
Bank - Actual WTE



Bank - Actual £



Agency - Actual WTE



Agency - Actual £



Cash - 13 week Cash Flow



The Trust has not accessed any of its Uncommitted Interim Revenue Support Facility in Month 8.

Year to date borrowing is £18.9m; this is higher than plan and reflects additional cash support available of £4m to the Trust as a result of the increased deficit in the 2018/19 outturn. The cash drawdown request is required to be submitted to NHSI a month in advance of the cash receipt date.

The 13 week cash flow forecast submitted on 4th December does not request further cash support in this period. Beyond this the requirement for cash support will depend on when the Trust will receive cash relating to deficit support from DHSC and NHS England (via Stafford and Surrounds CCG), to date none of this income has been received.

Cash forecasts are communicated to NHSI through the submission of 13 week daily cash flow forecasts. The forecast is consistent with the financial plan submitted by the Trust and ensures that the Trust has access to cash to meet its requirements for 2019/20.

The table below summarises the Trust's underlying normalised financial position at month 8 by removing non recurrent income and costs.

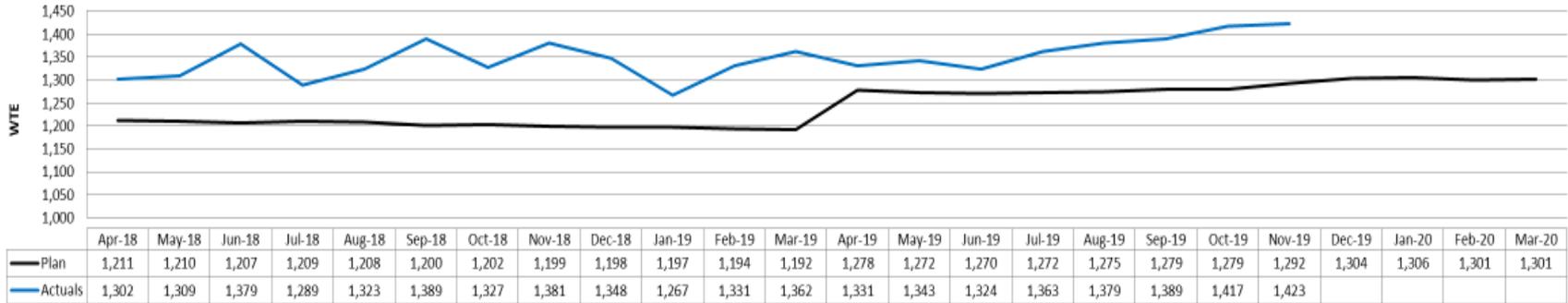
Income & Expenditure Normalised Position 2019/20	Income £m	Other Income £m	Pay £m	Non Pay £m	Other Non Pay £m	Total £m
Reported I&E Surplus / (deficit)	461.0	71.8	(317.8)	(183.6)	(33.2)	(1.9)
Deficit support		(16.5)				(16.5)
Financial recovery fund		(6.6)				(6.6)
Non recurrent CIP	(5.5)	(0.0)	(0.4)	(1.6)	0.0	(7.5)
Other		(1.9)				(1.9)
Normalised I&E Surplus / (deficit)	455.5	46.8	(318.3)	(185.2)	(33.2)	(34.4)
Planned Normalised Surplus / (deficit)						(37.1)
Variance to Normalised Surplus / (deficit)						2.7

The Trust's underlying I&E deficit at month 8 is £34.4m. The underlying deficit is £32.5m greater than the reported I&E position mainly due to the deficit support £16.5m and non recurrent CIP £7.8m

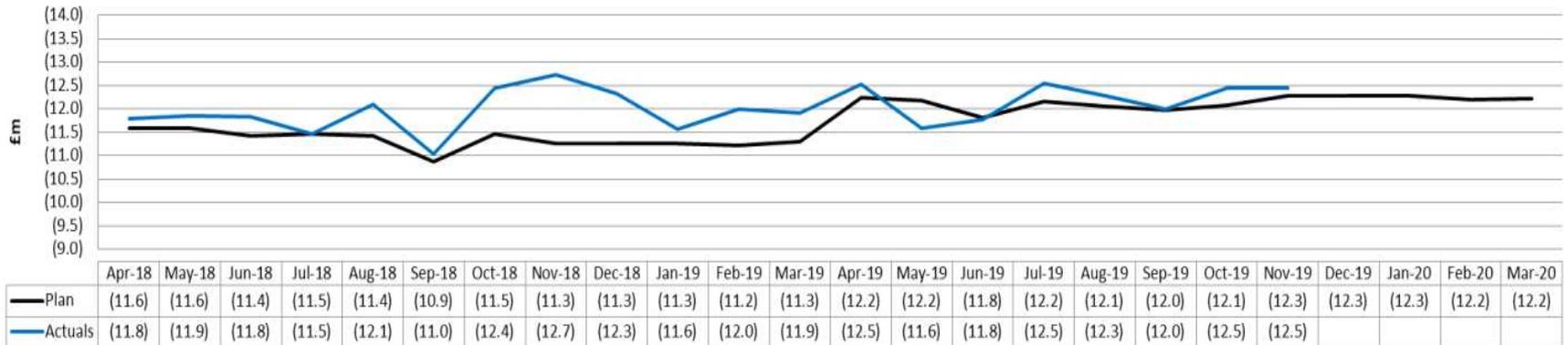
The normalised deficit of £34.4m is £2.7m better than the planned normalised position at month 8 due to current year financial performance being better than planned.



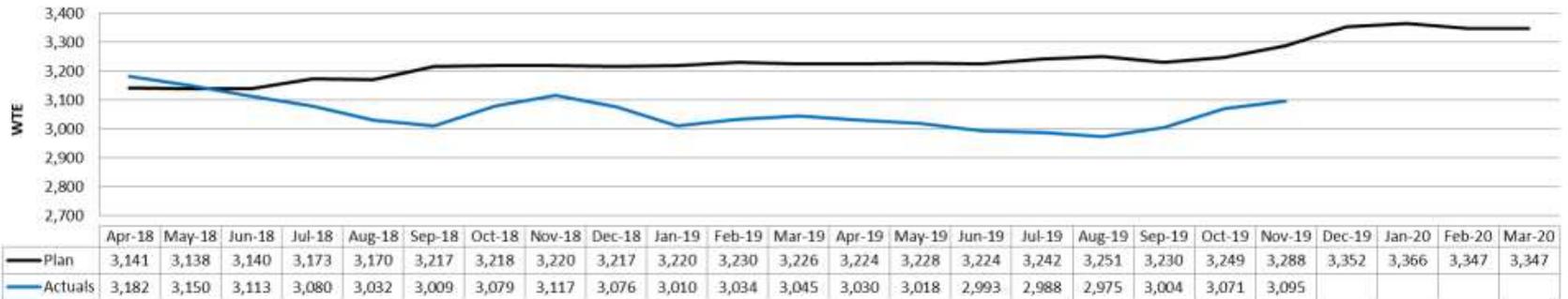
Medical Staffing WTE pay run rate



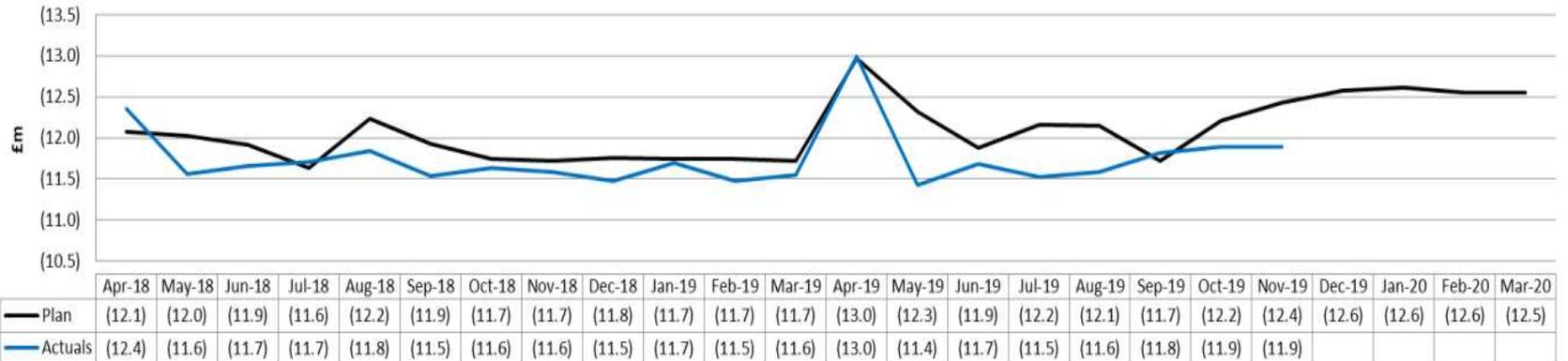
Medical Staffing cost pay run rate



Qualified Nursing WTE pay run rate



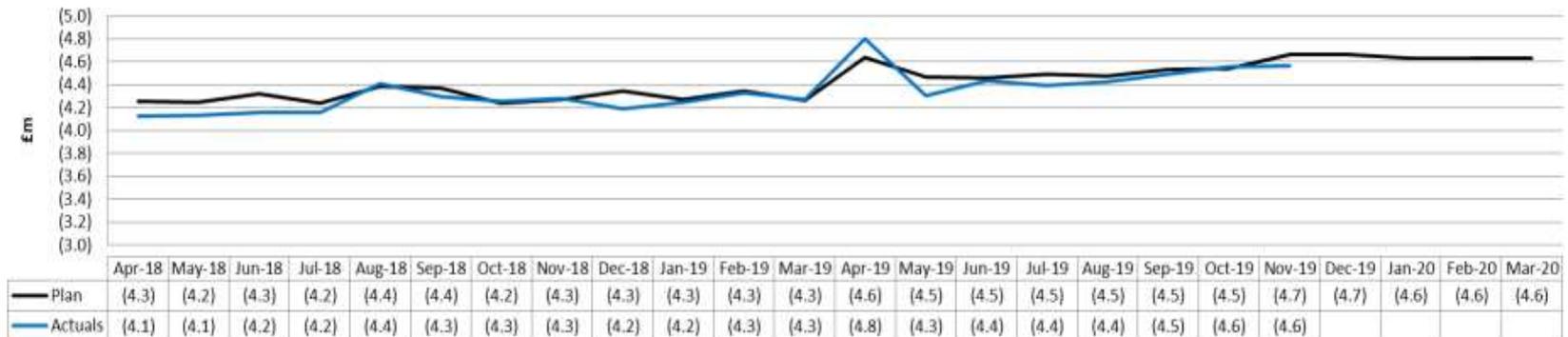
Qualified Nursing cost pay run rate



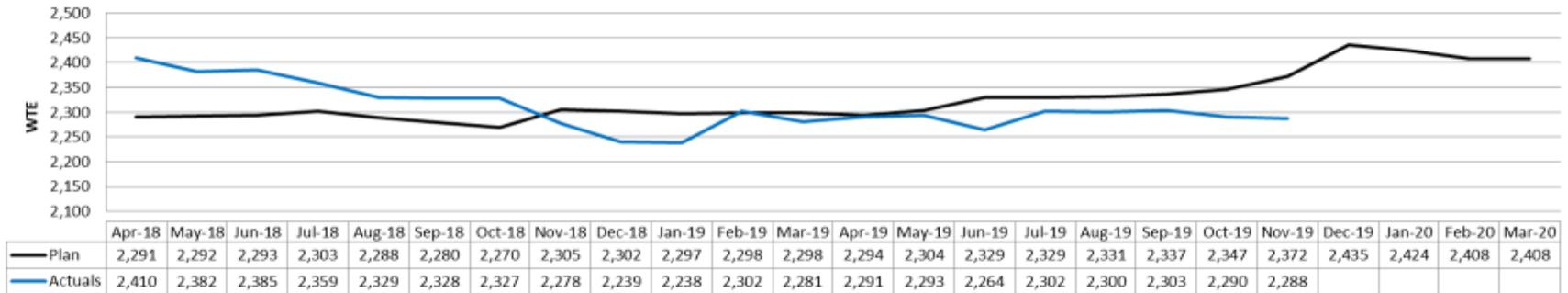
Scientific Therap & Tech WTE pay run rate



Scientific Therap & Tech cost pay run rate



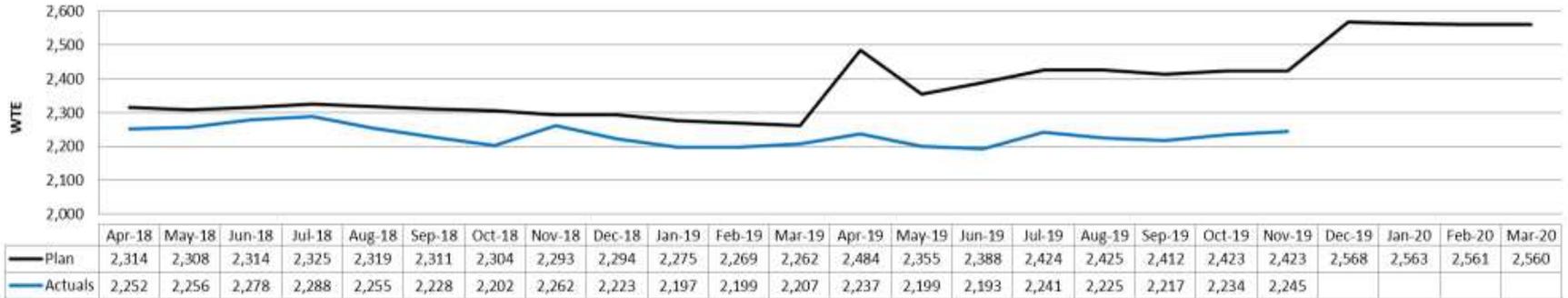
Support To Clinical WTE pay run rate



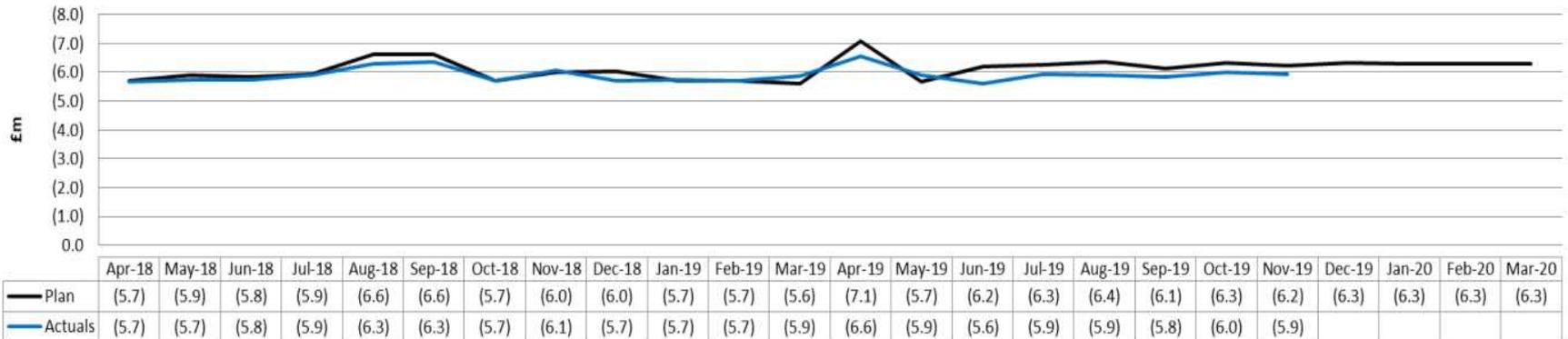
Support To Clinical cost pay run rate



NHS Infrastructure WTE pay run rate

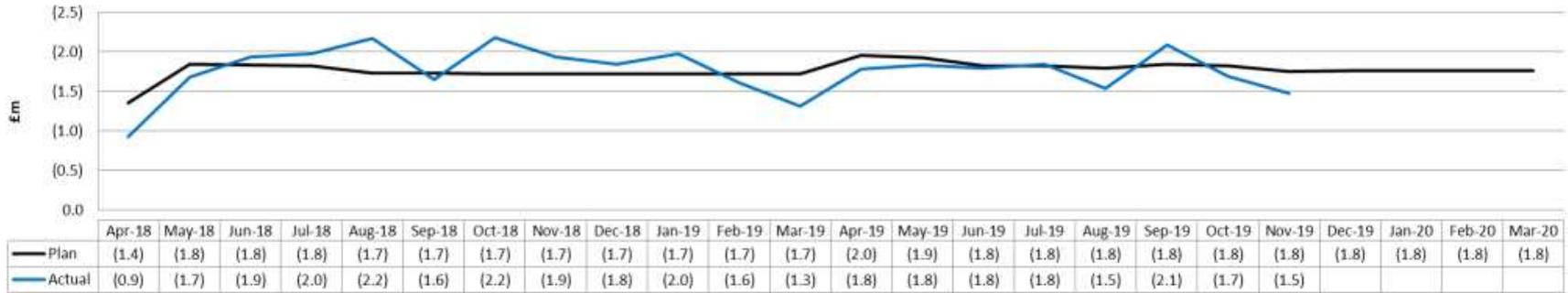


NHS Infrastructure cost pay run rate

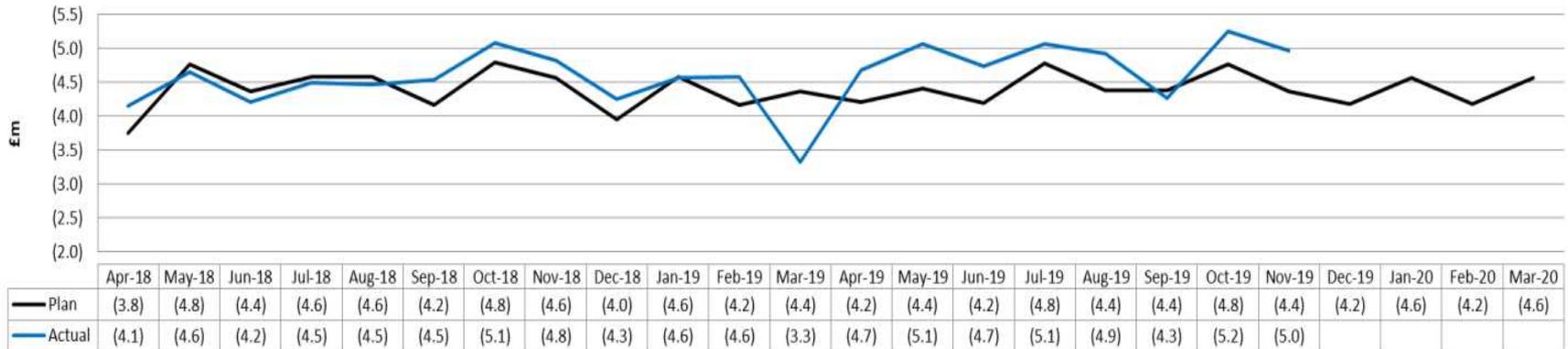


Non Pay – Run Rate by Expenditure Type

Drugs Costs

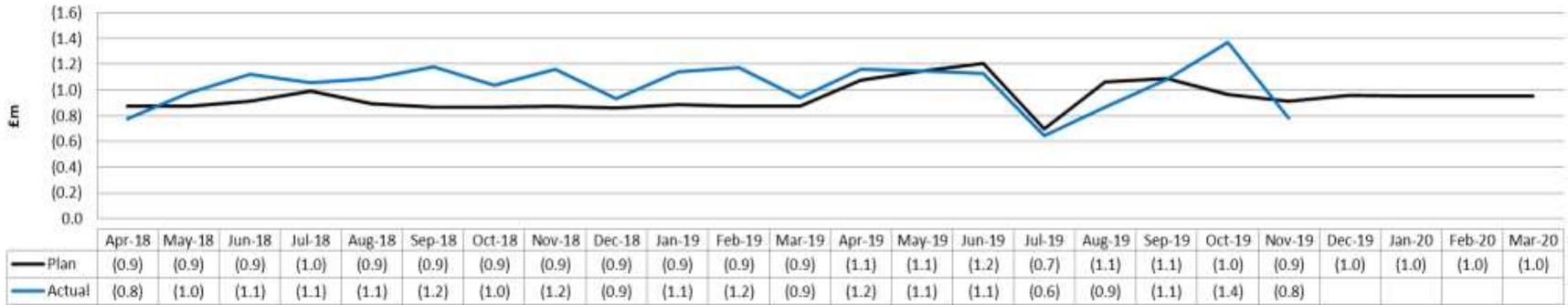


PBR Excluded Drugs

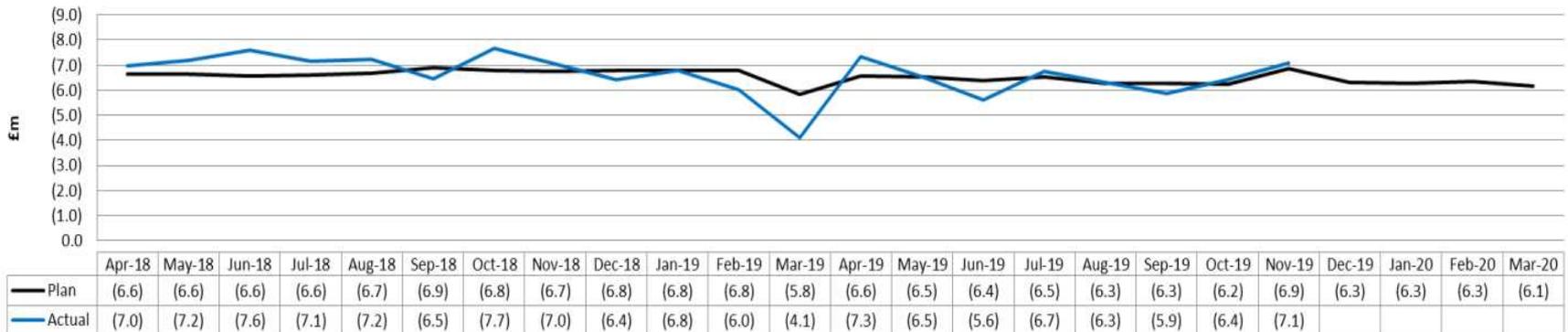


Non Pay – Run Rate by Expenditure Type

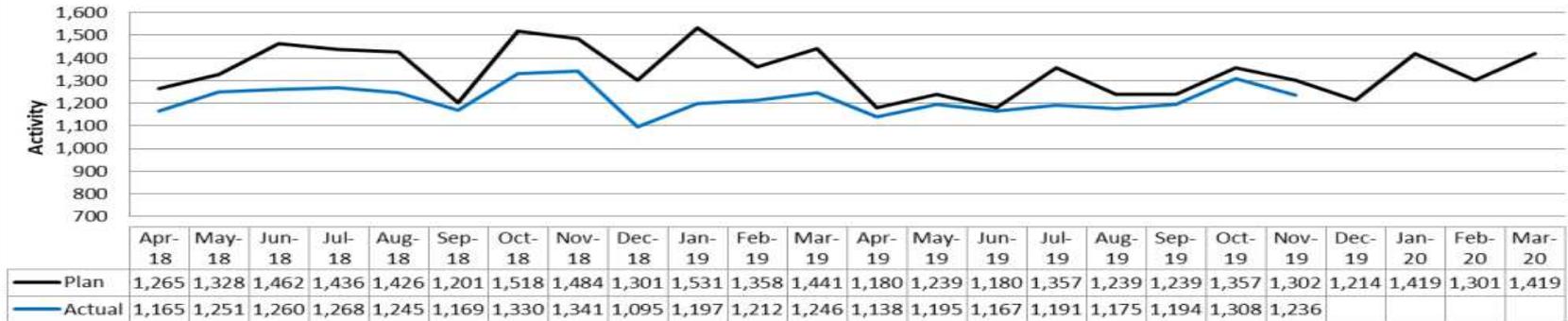
Purchase of Health care



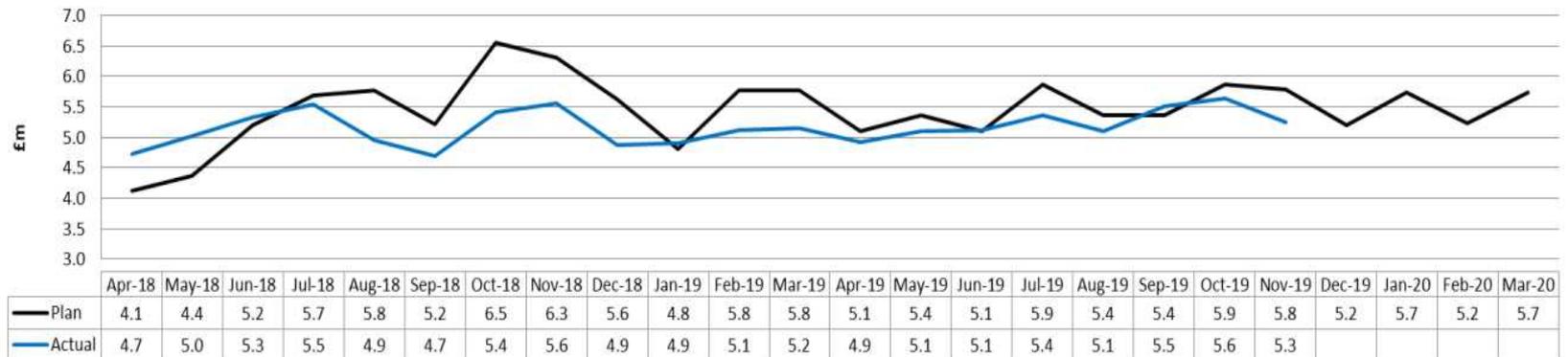
Supplies & Services



Elective Inpatient Activity

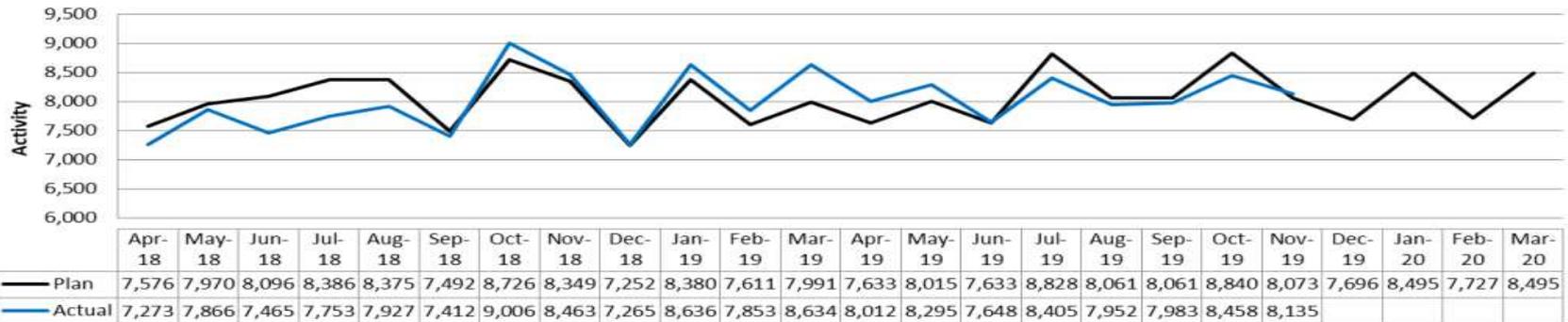


Elective Inpatient Income Finance run rate

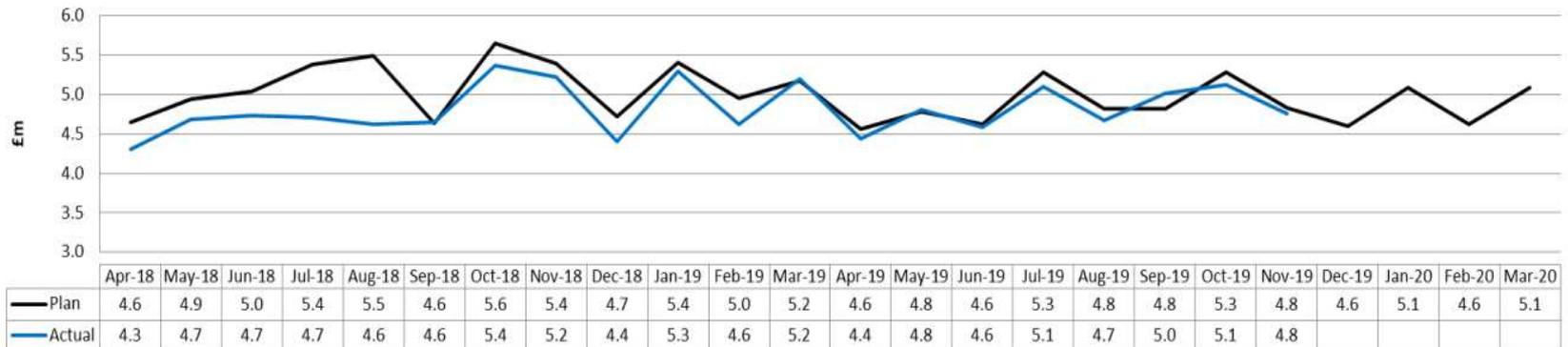


Patient Income – Run Rate by Income Type

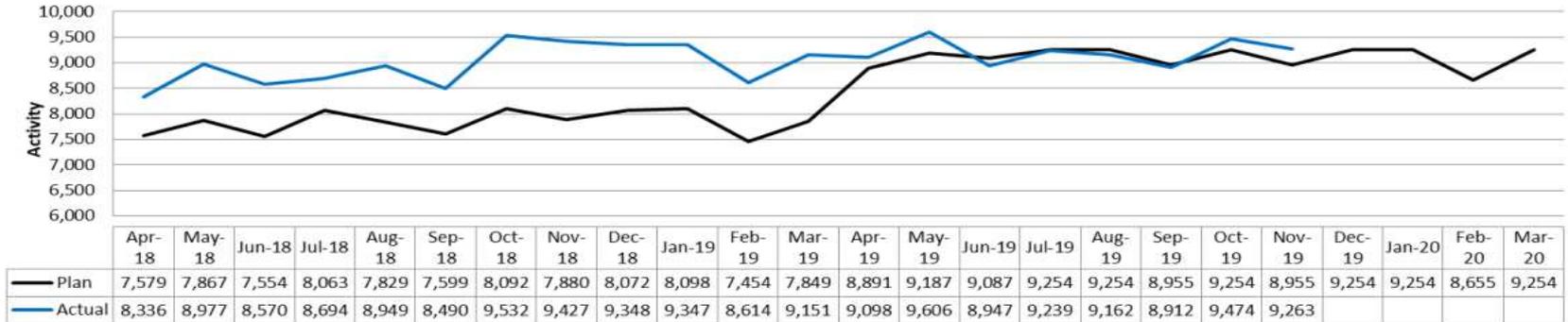
Daycase Activity



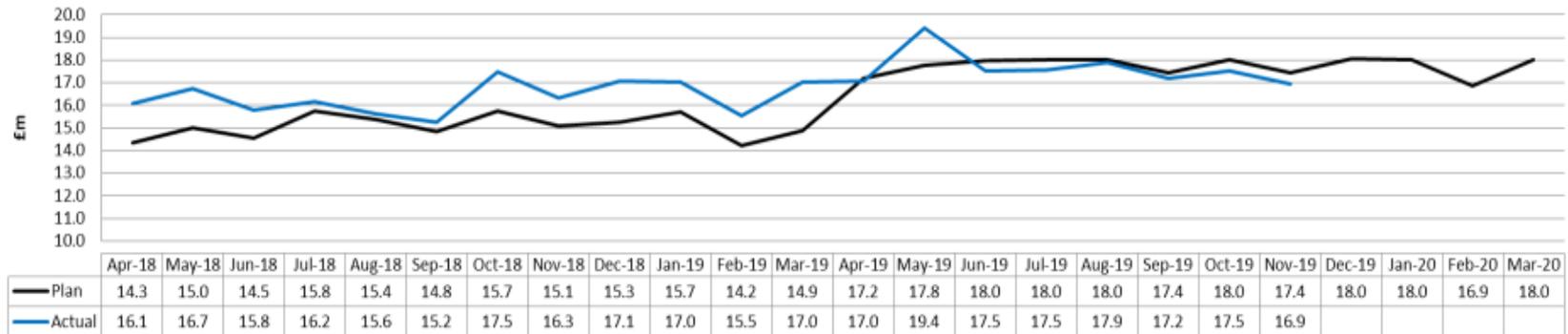
Daycase Finance



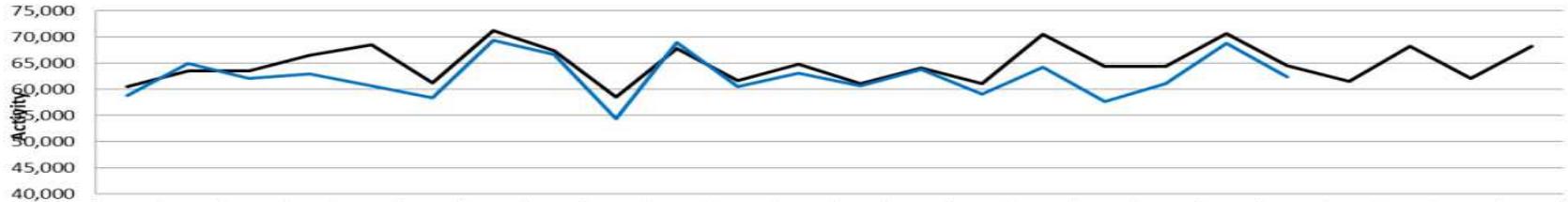
Non Elective Emergency Inpatient Spells



Non Elective Emergency Inpatient Spells

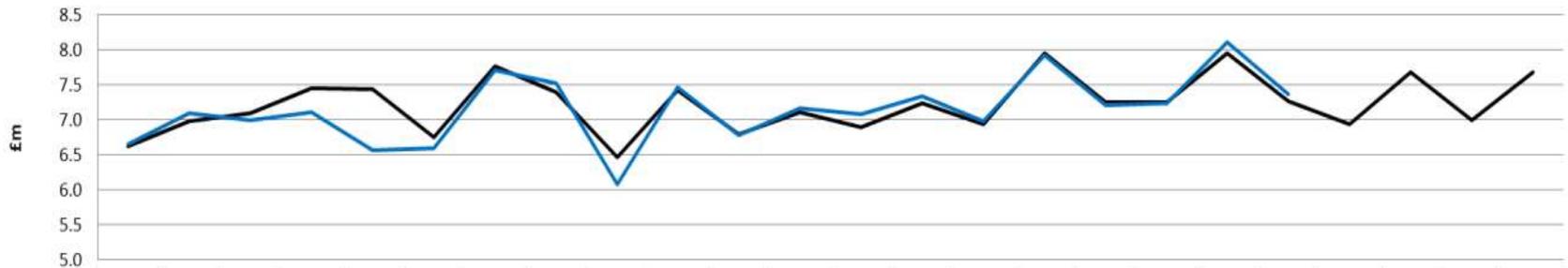


Outpatient Attendances & Procedures



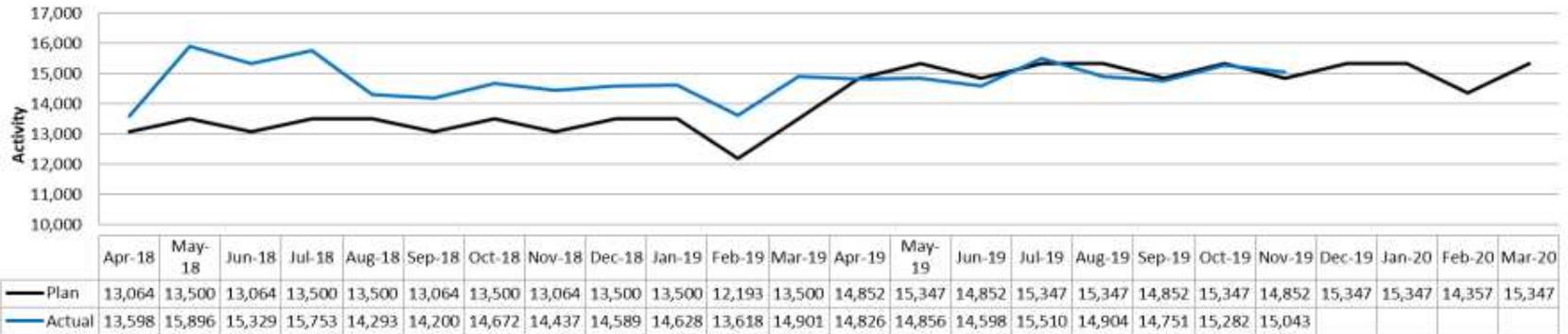
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
— Plan	60,47	63,47	63,49	66,54	68,47	61,28	71,26	67,32	58,50	67,76	61,71	64,78	61,04	64,09	61,04	70,50	64,37	64,37	70,61	64,53	61,50	68,19	62,04	68,19
— Actual	58,75	64,91	62,02	62,91	60,73	58,35	69,34	66,69	54,34	68,90	60,59	63,15	60,62	63,82	59,05	64,25	57,71	61,05	68,78	62,36				

Outpatient Attendances & Procedures

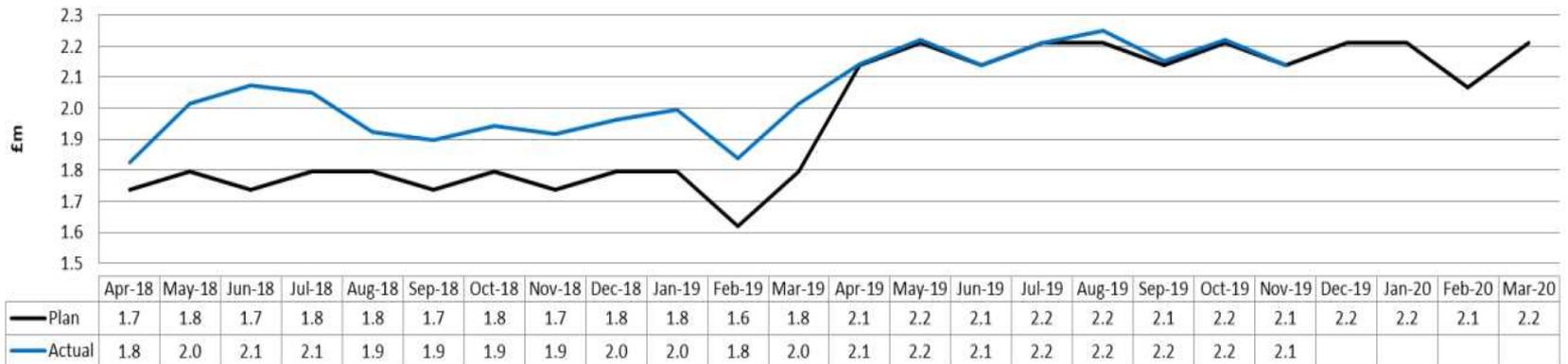


	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
— Plan	6.6	7.0	7.1	7.4	7.4	6.8	7.8	7.4	6.5	7.4	6.8	7.1	6.9	7.2	6.9	8.0	7.3	7.3	8.0	7.3	6.9	7.7	7.0	7.7
— Actual	6.7	7.1	7.0	7.1	6.6	6.6	7.7	7.5	6.1	7.5	6.8	7.2	7.1	7.3	7.0	7.9	7.2	7.2	8.1	7.4				

Accident & Emergency Attendances



Accident & Emergency Attendances



Patient Income – Elective

Elective Inpatient Activity		2019/20											
		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Volume planned variance to last year actual	Activity	15	(12)	(80)	89	(6)	70	27	(39)	119	222	89	173
Volume 19/20 actual to 18/19 actual	Activity	(27)	(56)	(93)	(77)	(70)	25	(22)	(105)				
Volume 19/20 actual variance to plan	Activity	(42)	(44)	(13)	(166)	(64)	(45)	(49)	(66)				
Price planned variance to last year actual	£'000	273	310	89	(51)	350	311	253	303	(176)	(54)	(208)	(93)
Price 19/20 actual to 18/19 actual	£'000	272	253	155	126	366	604	245	106				
Price 19/20 actual variance to plan	£'000	(2)	(57)	65	178	16	294	(8)	(197)				
19/20 Volume variance to plan	£'000	(181)	(190)	(56)	(717)	(276)	(194)	(211)	(292)				
19/20 Price variance to plan	£'000	(2)	(68)	76	212	19	351	(10)	(244)				
2019/20 Total Variance	£'000	(183)	(258)	20	(505)	(257)	157	(221)	(536)	0	0	0	0

Elective Inpatient Activity		2019/20											
		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Volume planned variance to last year actual	%	1%	-1%	-6%	7%	0%	6%	2%	-3%	11%	19%	7%	14%
Volume 19/20 actual to 18/19 actual	%	-2%	-4%	-7%	-6%	-6%	2%	-2%	-8%				
Volume 19/20 actual variance to plan	%	-4%	-4%	-1%	-12%	-5%	-4%	-4%	-5%				
Price planned variance to last year actual	%	7%	8%	2%	-1%	9%	8%	6%	7%	-4%	-1%	-5%	-2%
Price 19/20 actual to 18/19 actual	%	7%	6%	4%	3%	9%	15%	6%	3%				
Price 19/20 actual variance to plan	%	0%	-1%	2%	4%	0%	7%	0%	-4%				



Patient Income – Daycase

Daycase Finance		2019/20											
		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Volume planned variance to last year actual	Activity	360	149	168	1,075	134	649	(166)	(390)	431	(141)	(126)	(139)
Volume 19/20 actual to 18/19 actual	Activity	739	429	183	652	25	571	(548)	(328)				
Volume 19/20 actual variance to plan	Activity	379	280	15	(423)	(109)	(78)	(382)	62				
Price planned variance to last year actual	£'000	6	2	(29)	(9)	15	(29)	2	(19)	(8)	(15)	10	(4)
Price 19/20 actual to 18/19 actual	£'000	(38)	(16)	(34)	1	5	2	11	(32)				
Price 19/20 actual variance to plan	£'000	(43)	(18)	(5)	9	(10)	30	8	(13)				
19/20 Volume variance to plan	£'000	226	167	9	(253)	(65)	(47)	(229)	37				
19/20 Price variance to plan	£'000	(346)	(149)	(39)	76	(83)	242	71	(104)				
2018/19 Total Variance	£'000	(120)	19	(30)	(177)	(148)	196	(158)	(67)	0	0	0	0

Daycase Finance		2019/20											
		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Volume planned variance to last year actual	%	5%	2%	2%	14%	2%	9%	-2%	-5%	6%	-2%	-2%	-2%
Volume 19/20 actual to 18/19 actual	%	10%	5%	2%	8%	0%	8%	-6%	-4%				
Volume 19/20 actual variance to plan	%	5%	3%	0%	-5%	-1%	-1%	-4%	1%				
Price planned variance to last year actual	%	1%	0%	-5%	-1%	3%	-5%	0%	-3%	-1%	-2%	2%	-1%
Price 19/20 actual to 18/19 actual	%	-6%	-3%	-5%	0%	1%	0%	2%	-5%				
Price 19/20 actual variance to plan	%	-7%	-3%	-1%	2%	-2%	5%	1%	-2%				



Patient Income – Non Elective

Non Elective Emergency Inpatient Spells		2019/20											
		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Volume planned variance to last year actual	Activity	555	210	517	560	305	465	(278)	(472)	(94)	(93)	41	103
Volume 19/20 actual to 18/19 actual	Activity	762	629	377	545	213	422	(58)	(164)				
Volume 19/20 actual variance to plan	Activity	207	419	(140)	(15)	(92)	(43)	220	308				
Price planned variance to last year actual	£'000	6	71	133	86	204	152	112	216	125	126	142	87
Price 19/20 actual to 18/19 actual	£'000	(55)	156	114	40	210	133	15	99				
Price 19/20 actual variance to plan	£'000	(61)	85	(18)	(46)	6	(19)	(96)	(117)				
19/20 Volume variance to plan	£'000	401	811	(276)	(29)	(179)	(84)	428	599				
19/20 Price variance to plan	£'000	(558)	819	(162)	(423)	51	(170)	(914)	(1,087)				
2018/19 Total Variance	£'000	(157)	1,629	(438)	(452)	(128)	(254)	(486)	(488)	0	0	0	0

Non Elective Emergency Inpatient Spells		2019/20											
		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Volume planned variance to last year actual	%	7%	2%	6%	6%	3%	5%	-3%	-5%	-1%	-1%	0%	1%
Volume 19/20 actual to 18/19 actual	%	9%	7%	4%	6%	2%	5%	-1%	-2%				
Volume 19/20 actual variance to plan	%	2%	5%	-2%	0%	-1%	0%	2%	3%				
Price planned variance to last year actual	%	0%	4%	7%	5%	12%	8%	6%	12%	7%	7%	8%	5%
Price 19/20 actual to 18/19 actual	%	-3%	8%	6%	2%	12%	7%	1%	6%				
Price 19/20 actual variance to plan	%	-3%	4%	-1%	-2%	0%	-1%	-5%	-6%				



Outpatient Attendances & Procedures		2019/20											
		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Volume planned variance to last year actual	Activity	2,290	(820)	(983)	7,585	3,639	6,018	1,270	(2,162)	7,161	(711)	1,447	5,039
Volume 19/20 actual to 18/19 actual	Activity	1,867	(1,092)	(2,976)	1,334	(3,015)	2,699	(557)	(4,330)				
Volume 19/20 actual variance to plan	Activity	(423)	(272)	(1,993)	(6,251)	(6,654)	(3,319)	(1,827)	(2,168)				
Price planned variance to last year actual	£'000	(0)	4	1	(0)	5	(0)	2	(0)	1	4	1	(1)
Price 19/20 actual to 18/19 actual	£'000	4	6	5	10	17	5	7	5				
Price 19/20 actual variance to plan	£'000	4	2	5	11	12	6	5	5				
19/20 Volume variance to plan	£'000	(48)	(31)	(226)	(705)	(750)	(374)	(206)	(244)				
19/20 Price variance to plan	£'000	231	122	267	682	695	355	353	334				
2018/19 Total Variance	£'000	183	91	40	(23)	(56)	(19)	147	89	0	0	0	0

Outpatient Attendances & Procedures		2019/20											
		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Volume planned variance to last year actual	%	4%	-1%	-2%	12%	6%	10%	2%	-3%	13%	-1%	2%	8%
Volume 19/20 actual to 18/19 actual	%	3%	-2%	-5%	2%	-5%	5%	-1%	-6%				
Volume 19/20 actual variance to plan	%	-1%	0%	-3%	-9%	-10%	-5%	-3%	-3%				
Price planned variance to last year actual	%	0%	3%	1%	0%	4%	0%	1%	0%	1%	4%	1%	-1%
Price 19/20 actual to 18/19 actual	%	3%	5%	5%	9%	15%	5%	6%	5%				
Price 19/20 actual variance to plan	%	3%	2%	4%	9%	11%	5%	5%	5%				



Patient Income – Accident & Emergency

Accident & Emergency Attendances		2019/20											
		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Volume planned variance to last year actual	Activity	1,254	(549)	(477)	(406)	1,054	652	675	415	758	719	739	446
Volume 19/20 actual to 18/19 actual	Activity	1,228	(1,040)	(731)	(243)	611	551	610	606				
Volume 19/20 actual variance to plan	Activity	(26)	(491)	(254)	163	(443)	(101)	(65)	191				
Price planned variance to last year actual	£'000	10	17	9	14	9	10	12	11	10	7	9	9
Price 19/20 actual to 18/19 actual	£'000	10	23	11	12	16	12	13	9				
Price 19/20 actual variance to plan	£'000	1	6	2	(1)	7	2	1	(2)				
19/20 Volume variance to plan	£'000	(4)	(71)	(37)	23	(64)	(15)	(9)	28				
19/20 Price variance to plan	£'000	9	82	36	(23)	103	29	20	(27)				
2018/19 Total Variance	£'000	5	12	(0)	1	40	14	10	0	0	0	0	0

Accident & Emergency Attendances		2019/20											
		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Volume planned variance to last year actual	%	9%	-3%	-3%	-3%	7%	5%	5%	3%	5%	5%	5%	3%
Volume 19/20 actual to 18/19 actual	%	9%	-7%	-5%	-2%	4%	4%	4%	4%				
Volume 19/20 actual variance to plan	%	0%	-3%	-2%	1%	-3%	-1%	0%	1%				
Price planned variance to last year actual	%	7%	14%	6%	11%	7%	8%	9%	8%	7%	5%	7%	6%
Price 19/20 actual to 18/19 actual	%	8%	18%	8%	9%	12%	9%	10%	7%				
Price 19/20 actual variance to plan	%	0%	4%	2%	-1%	5%	1%	1%	-1%				





Executive Summary

Meeting:	Trust Board (Open)	Date:	8 th January 2020
Report Title:	Operational Performance, month 8	Agenda Item:	11.
Author:	Performance & Information team		
Executive Lead:	Helen Ashley: Director of Strategy & Performance		

Purpose of Report:			
Assurance	✓	Approval	Information

Alignment to Strategic Objectives:			
SO1		Provide safe, effective, caring and responsive services	✓
SO2		Achieve NHS constitutional patient access standards	✓
SO3		Achieve excellence in employment, education, development and research	✓
SO4		Lead strategic change within Staffordshire and beyond	✓
SO5		Ensure efficient use of resources	✓

Summary of Report, Key Points for Discussion including any Risks:

1. OPERATIONAL PERFORMANCE

EMERGENCY CARE

- 4hr performance was 74.92% against the NHSI improvement trajectory of 90%.
- Attendances are up 6.7% from the same period last year equating to 34 more patients per day being seen.
 - Ambulance attendances to RSUH in October saw an increase of 154 more arrivals than in October. This further growth resulted in Royal Stoke seeing the highest level of attendances in a day (499 patients) on record.

Key issues:

- ED Improvement plan Q1 baseline was 380 attendances per day, November saw this rise to a daily average of 412, up 17 patients per day from October.
- Increased number of emergency admissions with a LOS \geq 1 day. A peak of 585 admissions was reached in the middle of October, the highest seen since April-19. The highest number in September 19 was 528.
- An average of 28 escalation beds was used at RSUH in November in line with the Winter plan. Medical beds occupied at midnight rose to 477 which are 11 higher than that seen in November of 2017 (the year the winter plan demand is based on).
- Despite opening escalation beds occupancy remained at 98% at RSUH.
- The last 3 weeks of November/early December show improvement in the Super stranded patient numbers indicating the rise through October and the beginning of November has been stopped.
- The number of MFFD patients at Royal Stoke and County has risen in November. Royal Stoke MFFD was at 110 (October 105), which although a rise is not as high as the numbers seen coming out of Winter of 18/19 (129). At County the numbers were up to 37 compared to 35 the previous month.
- The Trust percentage of DTOC in October was 4.6% (compared to a standard of 3.5%). Although this is lower than in April -19 where the percentage was 5.7%.
- Ambulance corridor occupancy rose in November to 3455 patients.

Next Steps:

- Winter Plan to be enacted to support flow / increased admissions through ED – phased implementation of escalation capacity at RSUH and County Hospital.
- Review of Ambulatory/minors physical capacity against predicted demand as part of the UEC improvement plan.
- Neurology and Spinal pathway redesign to improve specialised admitted performance
- Continue to embed the huddle process, with a renewed focus in December ensuring all teams working together and focused on what is important.
- Continue with the additional Divisional “grip and control” measures put in place, including a Divisional Support Centre model in times of escalation with a particular focus on timely and effective flow
- Continue with the improved oversight simple/complex discharges against demand on a daily/weekly basis through review of performance reports (MADE)
- System wide week long MADE planned for early December as part of the launch of “Home for Christmas”
- Targeted LoS work as part of the Winter plan. System Winter plan group established to track LOS and improve targets to support winter pressures.
- Review system/Trust frailty model with focus on front door turn around with MPFT.
- Refresh of Long Stay reduction strategy in alignment with NHSE Long Stay Ambition plan commenced with wards review every Wednesday to maintain super stranded performance and push for improved LOS reduction in stranded.
- Red bag scheme to continue to be rolled out to aid care home patient stays.

RTT

Delivery of the standard

- The performance for November 2019 is 82.63%, which is slightly below the internal target of 82.98% but above the NHSi target of 82.50%.
- The number RTT incomplete pathways are tracked against the waiting list size required to deliver 92% and 85%. Currently the waiting list size is 48,047 (an increase on October 47,896) which is above the internal target of 47,369.

Key issues:

There are some specialties that have not met their monthly target and have recognised that plans need to be reviewed

- Surgical Division continues to be challenged by the prioritisation of cancer 2ww, although Colorectal has improved. The key issue is outpatient capacity.
- CWD –Paediatrics are still experiencing challenges with workforce by the loss of 2 consultant paediatricians - teams to present plans to mitigate capacity gap and also impact on performance to be reviewed within November
- Specialised-Cardiology there has been an increase in demand which is impacting on recovery plans and trajectory.
- Medicine – Respiratory over 35 weeks has decreased slightly but are still below target.
- Theatre touchtime Utilisation in November was 79.87% (down 1.83% from October), and also down 1.73% on November of the previous year, due to increased non-elective demand – resulting in cancelled electives to treat the non-electives, and due to lack of beds.
- A number of cancellations in November due to Paediatric admission pressures.

Next steps:

- A review of the Out Patient programme including polling ranges, time to first appointment are now monitored at the Divisional Performance reviews.
- Winter plan includes commitment not to intentionally reduce outpatient or inpatient capacity over the Christmas period.
- Respiratory over 35 weeks mitigation action plan - interim capacity of extra f/up 104 slots in November to reduce the over 35 weeks and more permanent capacity to come on line early 2020
- On-going work on the development of the follow up backlog trajectories to be developed
- Surgery to review options re: configuration of Bariatric Surgery theatre scheduling. Any changes would not happen before January 2020.
- Validation support continues in Surgery

- Oral Surgery is progressing with agreements to send patients to Tier 2 services. So far 150 patients have successfully gone to the T2 provider.
- Directorates are micro-managing performance, but there should be an expectation for further deterioration in performance over December / January.

CANCER

	Oct-19	Nov-19	Sept-19 Trajectory NHSi	Sept-19 Trajectory Internal	Standard
Two week wait	77.42%	79.12%	95.61%		93%
2ww Breast Symptomatic	95.06%	95.52%	97.30%		93%
31 Day First Treatment	95.77%	94.44%	97.39%		96%
31 Day Subsequent Surgery	80.60%	88.14%	94.92%		94%
31 Day Subsequent Anti-Cancer Drugs	98.61%	100.00%	100.00%		98%
31 Day Subsequent Radiotherapy	96.26%	91.60%	98.18%		94%
62 Day (2ww) First Treatment	75.37%	67.49%	85.03%	69.10%	85%
62 Day Screening First Treatment	86.79%	88.89%	94.29%		90%

updated 19/12/19, final position 04/01/2020

The Trust achieved 2ww Breast Symptom with 95.52% and the 31 Day subsequent Anti-cancer Drugs 100%. However, the Trust did not achieve the 2ww (79.12%) 31 day 1st Treatment (94.44%), Cancer Subsequent Surgery 88.14%, Cancer Subsequent Radiotherapy 91.60% and 62 day (67.49%) standards.

2ww performance has been affected predominantly by the increase in colorectal 2ww referrals. (Cancer performance finalised on 06/01/2020).

Positive assurance:

- Consistent number of Cancer treatments as per operational plan, despite rise in referrals
- Agreement for the second Robot in Urology. The business case identified a date for installation in April 2020, however the Division is attempting to bring this forward to December and negotiate early release of SATH to support sessions. Also reviewing case mix of non-cancer work that can go to SATH to create additional capacity for cancer as part of the memorandum of understanding agreement. However there are challenges as SATH only have one consultant.
- UHNM are hosting the first of a number of events designed to open up engagement of our cancer pathways with key stakeholders across the region, the first of these meetings will be held on the 19th December and will be chaired by the UHNM clinical director of cancer services. This will be the first of 3 sessions where the focus will be on the colorectal pathways as this is one of our most challenged specialties.
- Performance management & trajectory oversight implemented at the Fortnightly Access & Performance meetings with a push this month to bring forward pts. in October and then improve 62 days and 104 days position for November and December based on specialty improvement plans, assurance of DM oversight of PTL and intra week validation of diagnostic outcomes with clinical leads to remove inappropriate pts from pathways and use capacity to treat ones to target. Teams increasing treatments by 1+ on lists.
- Cancer Recovery Plan in place, improvement trajectories agreed by management / clinical teams. Performance management against trajectory is in place led by the Deputy COO.

Next Steps:

- Launch of Best Practice Pathway improvements (Colorectal, Respiratory, Upper GI & Prostate) – commenced October 19 (e.g. Triage to Test trial for colorectal, 2 dates agreed for the 9th & 16th December).
- Focused improvement plan initiated with CWD for Cancer Diagnostics deep dive as this is the rate limiting factor to delivery of treatments in target.
- Shadow monitoring the 28 day standard has been in place since April 2019 ahead of the National Standard being introduced from April 2020.

- Investment in AI technology to support future workforce planning, pilot commencing in January 2020 to assist the reporting of CT scans for the lung screening project.
- Focussed improvement actions on 104 days. Clinician system engagement sessions on our most challenged specialties to commence from December, 2019. Colorectal is the first specialty to have this level of support.

DIAGNOSTICS

The standard achieved 99.36%

The number of breaches > 6 weeks breaches has increased to 90 in November (Apr 253, May 242, June 260, July 262, Aug 172, Sept 45, October 39)

2. CARING AND SAFETY

The Trust achieved in October 2019:

- Zero mixed sex accommodation breaches
- The Family & Friends for Inpatients and Maternity were above target for positive reporting
- Zero MRSA Bacteraemia Infections
- Achieved the target reduction of the number of patient falls resulting in low harm or above (46 vs. 60, internal target)
- Achieved the target reduction for all categories of Hospital Acquired, Trust Apportioned, Pressure Ulcers

The Trust failed the set standards for:

- One never events
- Family & Friends for A&E, 65.1% positive response against a National target of 70%
- C-Diff, there were 57 cases reported against an operational standard of 55 ytd and 9 for the month against an operational standard of 8
- VTE, 93.98% against an operational standard of 95%

3. FINANCE

The financial position for the Trust at Month 8 is an income and expenditure deficit of £1.9m, which is £4.6m positive variance against the £6.5m deficit plan.

Operating income at month 8 of the financial year is £515.2m; this is £0.7m below plan.

Pay expenditure is £317.9m at Month 8, £5.2m positive variance to plan. Non Pay spend is £1201.6m at Month 8 which is an overspend of 0.6m.

The CIP Target within the plan is £40.0m. At month 8 the Trust has achieved £22.1m of savings, which is £0.3m above plan.

The Trust's Planned Capital Expenditure for the year is £23.2m. The Trust has spent £12.0m to Month 8.

The Trust's current liabilities exceed its current assets by £8.8m

4. ORGANISATIONAL DEVELOPMENT

In November, the in-month sickness rate increased to 5.95% (5.75% in October) and the 12m Cumulative Rate increased to 4.59%. This increase in reported absence was expected as:

- There was evidence that sickness absence was under-reported prior to the implementation of Empactis
- The increase is in line with previous year trends as winter pressures begin to impact.

The Non-Medical PDR rate (declared by Divisions) declined from 83.44% to 80.89%, as did the percentage of in-date PDRs recorded in ESR (76.91% at 30/11/19, down from 77.27% at 31/10/19).

The Statutory and Mandatory training rate at 30th November 2019 was 90.64% (90.20% at 31st October 2019). The Statutory & Mandatory training rate shows compliance against the seven (Core for All) 3 yearly competency requirements and 85% of staff have completed all 7 modules

Key Recommendations:

To note performance

**PROUD
TO
CARE**



Author: Karan Allman: Head of Performance
Executive Lead: Helen Ashley: Director of Strategy & Performance

Month 8 2019/20 Integrated Performance Report

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Context & NHS I Single Oversight Framework

The NHS Improvement (NHSI) single oversight framework was implemented from October 2016 and revised August 2019. The framework is comprised of 35 metrics across the following domains:

1. Finance and use of resources
2. Operational performance
3. Organisational health
4. Quality of Care - safety, caring and Effectiveness

Changes to oversight is categorised by several key principles: NHSE & NHSi speaking with a single voice; a greater emphasis on system performance, working with and through system leaders, matching accountability for results; greater autonomy for systems with evidenced capability for collective working and track record of successful delivery of NHS priorities.

The metrics identified in the framework are used as triggers by the regional teams to identify potential concerns and support levels required. There are four levels of support, ranging from 1. maximum provider autonomy to 4. special measures. As a consequence of the application of financial special measures the Trust has been placed in 4.

The following sections of this performance report provide detail in relation to performance drivers and recovery actions at Trust and Hospital Site level in relation to the NHSI single oversight framework indicators.

Performance against National Constitutional Standards

The NHSI single oversight framework includes five constitutional standards:

1. A&E
2. Diagnostic six week waits
3. RTT 18-weeks
4. All cancer 62 day waits
5. 62 day waits from screening service referral

NHS Improvement Single Oversight Framework

The following report is designed to present performance, by exception, against the NHS Improvement Single Oversight Framework. In addition the Trust is developing other domains against which to view performance; however additional domains will be constructed over time. Spotlight reports are also included where performance against indicators that sit outside current domains have been flagged as exceptions, or where specific areas require highlighting.

Operational Performance:

The following performance standards were achieved in November 2019:

- Cancer, 2ww Symptomatic Breast (95.52%) – national standard 93%
- Cancer, Subsequent Anti-Cancer Drug (100%) - national standard 98%
- Zero 12 hour trolley waits
- Zero > 52 weeks RTT waits
- 6 week Diagnostic wait (0.64%) - national standard of 1%

The following standards were not achieved in November 2019:

- Cancer, 2ww Suspected Cancer (79.12%) - national standard 93%
- Cancer, 31 Day First Treatment (94.44%) - national standard 96%
- Cancer, Subsequent Surgery (88.14%) - national standard 94%
- Cancer, Subsequent Radiotherapy (91.60%) - national standard 94%
- Cancer, 62 day (67.49%) – national standard is 85%
- Cancer, 62 day screening (88.89%) – national standard 90%
- 4 hour emergency access standard (74.92%) – national standard 95%
- 18 week referral to treatment (RTT) standard (82.63%) – national standard 92%

*cancer performance for November remains provisional at 06/12/19, deadline for submission is 6th January 2020.

Caring and Safety:

The Trust achieved in November 2019:

- Zero mixed sex accommodation breaches
- Zero never events
- The Family & Friends for Inpatients and Maternity were above target for positive reporting
- Zero MRSA Bacteraemia Infections
- C-Diff cases were within target
- Achieved the target reduction of the number of patient falls resulting in low harm or above (47 vs. 60, internal target)
- Achieved the target reduction for all categories of Hospital Acquired, Trust Apportioned, Pressure Ulcers

The Trust failed the set standards for:

- Family & Friends for A&E, 67.0% positive response against a National target of 70%
- VTE, 93.74% against an operational standard of 95%

Finance:

The financial position for the Trust at Month 8 is an income and expenditure deficit of £1.9m , which is £4.6m positive variance against the £6.5m deficit plan

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The Trust's Planned Capital Expenditure for the year is £23.2m. The Trust has spent £12.0m to Month 8.

The Trust's current liabilities exceed it's current assets by £8.8m

Workforce:

In November, the in-month sickness rate increased to 5.95% (5.75% in October) and the 12m Cumulative Rate increased to 4.59%. This increase in reported absence was expected as:

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The Statutory and Mandatory training rate at 30th November 2019 was 90.64% (90.20% at 31st October 2019). The Statutory & Mandatory training rate shows compliance against the seven (Core for All) 3 yearly competency requirements and 85% of staff have completed all 7 modules

Context

Nov-19
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12 month rolling		Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Variance of current vs. previous month (no adjustments for Nos. of days in the month)
A&E	A&E Attendances - RSUH, County, Emerg Eye Clinic, WIC & MIU	20132	20170	20370	19247	21008	21165	21355	20872	22366	21483	21163	21697	21697	0
	Urgent Care Centre only - Vocare	1465	1599	1585	1663	1821	1897	1879	1624	1735	1541	1557	1637	1757	120
	Total A&E Attendances	21597	21769	21955	20910	22829	23062	23234	22496	24101	23024	22720	23334	23454	120
	Daily average for total attendances	719.9	702.2	708.2	746.8	736.4	768.7	749.5	749.9	777.5	742.7	757.3	752.7	781.8	29.1
Inpatients	Elective - overnight	1348	1108	1206	1216	1253	1141	1201	1180	1210	1196	1221	1326	1235	-91
	Elective - day cases	8268	7069	8427	7692	8481	7825	8111	7537	8238	7797	7854	8273	7999	-274
	Non-Elective discharges	11023	10917	11203	10168	10797	10720	11288	10459	10741	10685	10416	11137	10942	-195
	Other - regular day/ night	393	357	432	352	353	389	386	353	402	367	357	405	370	-35
Outpatient	First new	30164	25315	31553	28074	30027	28186	27861	25402	27366	24489	26833	29839	26093	-3746
	Subsequent	43745	35331	45244	40271	41620	39811	43611	40055	43912	39530	40751	45515	42264	-3251

Summary:

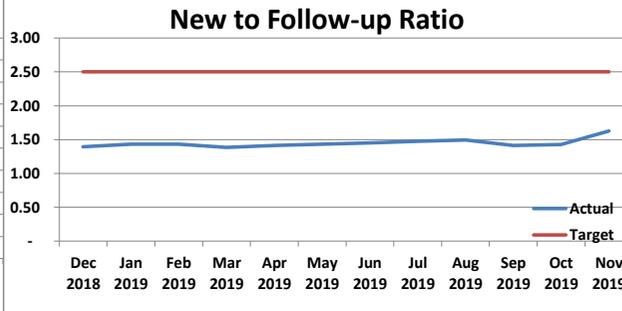
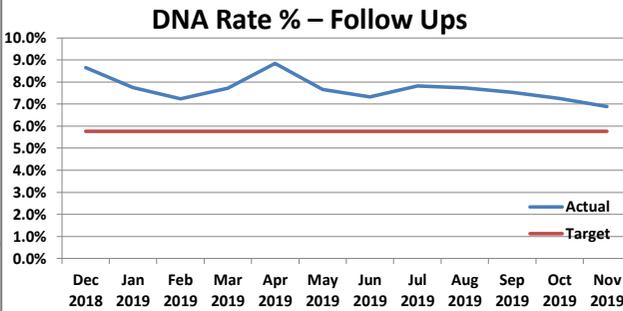
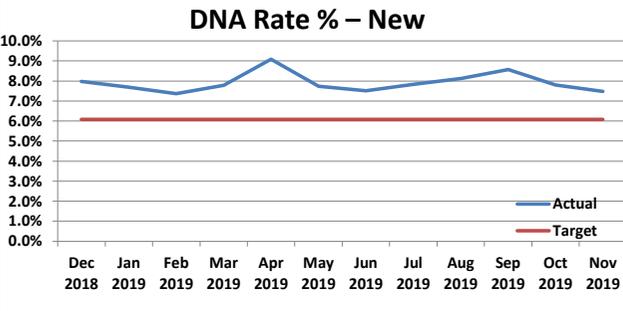
All activity in Non-elective care was up this month compared to last month even though a 30 day month.

A&E attendances in November were up by 6.7% from the same period last year. This equates to 34 more patients per day compared to Nov-18. The daily average numbers, for the total were 781.8, compared to 752.7 in October and 719.9 for the same period last year.

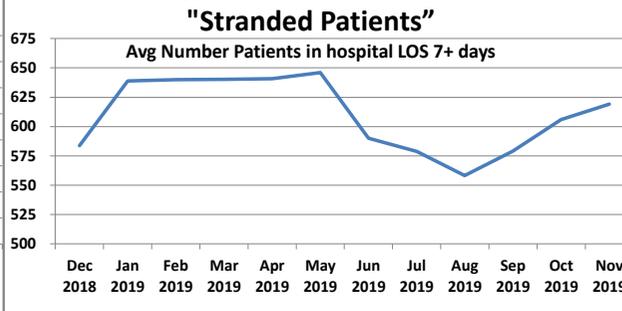
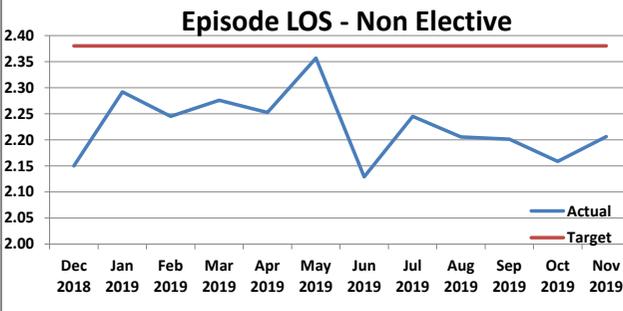
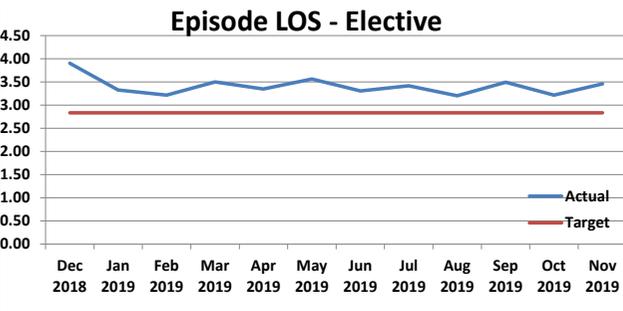
Total RSUH & County 15,930 vs. internal plan of 15,347

Productivity

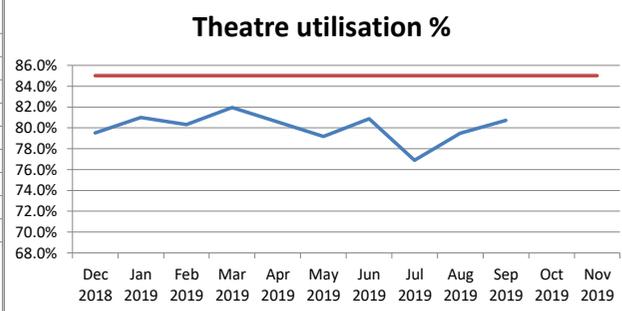
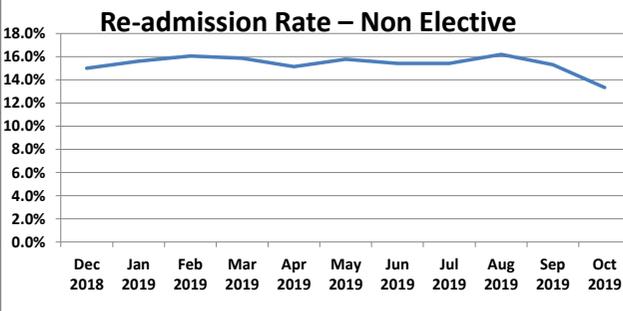
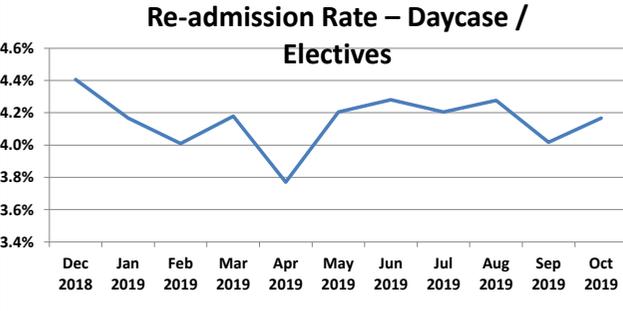
Outpatient Metrics



Inpatient Metrics



Re-admission Rates; Theatre Utilisation



re-admission rates are reported for previous month

NHS Improvement Framework

Nov-19
Page 6

		Rolling Qtr. 18/19/20				2019 -20					
		Q3	Q4	Q1	Q2	Oct-19	Nov-19	Dec-19	Q3	Q3	
Financial Rating	Capital service capacity	4	4	4	4	4	4		4	G	
	Liquidity (days)	4	4	3	3	3	3		3	G	
	I&E margin	4	4	4	4	4	4		4	G	
	Distance from financial plan*	3	3	1	1	1	1		1	G	
	Agency spend	1	1	1	1	1	1		1	G	
Operational Performance	A&E- 95% of patients admitted, transferred or discharged within 4-hours	84.91%	80.76%	80.81%	79.38%	76.71%	74.92%		75.81%	R	
	Diagnostic 6-week wait performance 99% target	98.47%	98.59%	97.89%	98.61%	99.73%	99.36%		99.55%	G	
	RTT 18-weeks incomplete pathways - 92%	81.15%	80.02%	79.98%	79.81%	81.79%	82.63%		82.21%	R	
	All Cancer 62 day wait for first treatment:										
	from urgent GP referrals - 85%	82.07%	76.38%	71.43%	71.78%	69.14%	67.49%		68.32%	R	
	from a screening service - 90%	89.87%	82.28%	79.33%	87.43%	96.20%	88.89%		85.44%	R	

		Rolling Qtr. 18/19/20				2019-20				
		Q3	Q4	Q1	Q2	Oct-19	Nov-19	Dec-19	Q3	Q3
Safe	Never Events	2	2	3	0	1	0		1	G
	Emergency C-section Rate (as a % of total births)	13.60%	15.03%	14.93%	13.01%	12.98%	14.72%		12.98%	
	VTE Risk Assessment	95.34%	94.67%	93.79%	93.99%	93.98%	93.74%		93.99%	R
	Clostridium Difficile- variance from plan	-6	-9	-1	1	2	0		2	G
	Clostridium Difficile- numbers	12	11	23	25	9	8		17	G
	MRSA bacteraemia	0	0	0	0	0	0		0	G
	Potential under-reporting of patient safety incidents	-	-	-	-	-	-		-	
Effective	Hospital Standardised Mortality Ratio (HED)*	105.58	tbc	tbc	tbc	tbc	tbc			G
	Hospital Standardised Mortality Ratio- Weekend admission (HED)*	113.3	tbc	tbc	tbc	tbc	tbc			G
	Summary Hospital Mortality Indicator*	1.07	tbc	tbc	tbc	tbc	tbc			G
	Emergency re-admission within 30 days following an elective or emergency spell at the Provider - 1 month behind	3332	3378	3732	3692	1090	not yet available			G

	Ref	Indicator	Exception Triggers			Period	Performance			
			Month Target	Step Change	Conti. Limit		This Period Target	Last Period	This Period	YTD
Financial Planning	F1	Capital service capacity	4			Nov-19	4	4	4	4
	F2	Liquidity (days)	4			Nov-19	4	3	3	3
	F3	I&E margin	4			Nov-19	4	4	4	4
Financial Control	F4	Distance from finance plan	1			Nov-19	1	1	1	1
	F5	Agency spend	1			Nov-19	1	1	1	1

Finance KPI Ratings Key

	Ref	Indicator	Ratings			
			1	2	3	4
Financial Sustainability	F1	Capital service capacity (times)	>2.5x	1.75-2.5x	1.25-1.75x	<1.25x
	F2	Liquidity (days)	>0	(7) - 0	(14) - (7)	<(14)
Financial Efficiency	F3	I&E margin (%)	>1%	1-0%	0 - (1)%	< - (1)%
Financial Controls	F4	Distance from financial plan (%)	> = 0%	(1) - 0%	(2) - (1)%	< = (2)%
	F5	Agency spend above ceiling (%)	< = 0%	0% - 25%	25 - 50%	>50%

		2019/20	RAG		
	£millions	Year To Date	Year To Date		
<p>Key to RAG Status Colour Indicates YTD status of variance / working capital position(green is favourable, red is adverse) Arrow indicates change in the metric since last month(up is improving, down is deteriorating)</p>					
Trust Deficit	Budget	-6.5			The financial position for the Trust at Month 8 is an income and expenditure deficit of £1.9m which is £4.6m positive variance against the £6.5m deficit plan
	Actual	-1.9	G	↑	
	Variance	4.6			
Trust Income	Budget	515.9			Operating income at month 8 of the financial year is £515.2m; this is £0.7m below plan.
	Actual	515.2	A	↓	
	Variance	-0.7			
Operating Expenditure	Budget	-523.9			Pay expenditure is £317.9m at Month 8, £5.2m positive variance to plan. Non Pay spend is £1201.6m at Month 8 which is an overspend of 0.6m.
	Actual	-519.4	G	↑	
	Variance	4.5			
Cost Improvement	Budget	21.8			The CIP Target within the plan is £40.0m At month 8 the Trust has achieved £22.1m of savings, which is £0.3m above plan.
	Actual	22.1	G	↓	
	Variance	0.3			
Capital Spend	Budget	-12.7			The Trust's Planned Capital Expenditure for the year is £23.2m. The Trust has spent £12.0m to Month 8.
	Actual	-12.0	G	↑	
	Variance	0.7			
Working Capital	Current Assets	86.0			The Trust's current liabilities exceed it's current assets by £8.8m
	Current Liabilities	-94.8	A	↑	
	Total	-8.8			

	Ref	Indicator	Exception Triggers			Period	Performance				Site Breakdown			Except.
			Month Target	Step Change	Conti. Limit		This Period Target	Last Period	This Period	YTD	RSUH ED only	County ED only	UHNM total	
Waiting Times	R1	A&E 4 Hours Waiting Time	R			Nov-19	85%	76.71%	74.92%	79.01%	57.08%	87.49%	74.92%	√
	R7	Cancer 62 days from Urgent GP Referral	R			Nov-19	85%	69.14%	67.49%	70.41%				√
	R13	Cancer 62 Days from Screening Programme	R			Nov-19	90%	96.20%	88.89%	85.44%				√
	R6	Diagnostic Waits Under 6 Weeks	G			Nov-19	>99%	99.73%	99.36%	98.63%			99.36%	
RTT- 18 Weeks	OP34	RTT Incomplete	R			Nov-19	92%	81.79%	82.63%	80.47%			82.63%	√
Service User Support	R30	Duty of Candour	G			Nov-19	100.0%	100.0%	100.0%	100.0%				

The 4 Hour Access Standard in November achieved 74.92% (October 76.71%)**Summary:**

A&E attendances in November were up by 6.7% from the same period last year. This equates to 34 more patients per day compared to Nov-18. More recently, growth has seen the daily number of attendances rise by 16 a day compared to October. This further growth resulted in Royal Stoke seeing the highest level of attendances in a day (499 patients) on record. Total RSUH & County 15,930 vs. internal plan of 15,347

Type 1 ambulance attendances to RSUH continued to rise in November, which saw an increase of 154 more arrivals than in October (2.8% rise). This is the highest month seen since this time last year. Ambulance corridor occupancy rose in November to 3455 patients.

An average of 28 escalation beds were used at RSUH in November in line with the Winter plan. Medical beds occupied at midnight rose to 477 which is 11 higher than that seen in November of 2017 (the year the winter plan demand is based on). Despite opening escalation beds occupancy remained at 98% at RSUH.

An increase in emergency admissions led to increased number of patients in medical beds at midnight - the average daily count was 477, this was 448 in October and 419 in November-18. There were on average 29 more patients staying overnight in a medical bed in November 2019 than in October 2019 and 58 more than November-18.

The average number of stranded patients (7+ days) per week remained high in November, with a weekly average of 590 compared to 577 in October and is a rise of circa 13 patients per week.

Although improvement is being seen towards the end of November, Super stranded patients are tracking higher than the same time last year with November 2019 ending with 43 more super stranded patients in beds than the end of November 2018. EMI/Out of County patients and rising acuity in some specialties have contributed to the recent rise.

The number of MFFD patients at Royal Stoke and County has risen in November. Royal Stoke MFFD was at 110 (October 105), although the rise is not as high as the numbers seen coming out of Winter of 18/19 (129). At County the numbers were up to 37 compared to 35 the previous month.

The Trust percentage of DTOC in October was 4.6% (compared to a standard of 3.5%). Although this is lower than in April -19 where the percentage was 5.7%.

Paediatric overnight admissions increased in November, particularly the last two weeks. CWD saw the weekly admissions over 1 day increase from an average of 137 to 183 in the last week of November. Due to the increased numbers that required admission the elective surgical area was converted to a bronchiolitis bay resulting in some elective surgical procedures being cancelled. To mitigate patients were contacted daily when a bed became available.

Positive Assurances:

Despite a dramatic increase in paediatric attendances especially in the final two weeks of November, more Paediatric attendances were treated within 4 hours than the same period last year (145 more seen in time). To cope with the increased demand Rapid access slots were doubled (within the Children's Assessment Unit).

UHNH is reporting 4 ambulance handover delays of over 60 minutes out of more than 7,000 ambulance handovers across both sites. The operational plan for handovers > 60 mins is 10.

Minors performance saw a slight improvement from October 2019.

The 95th percentile time to triage is in line with last year and slightly improved on last month despite the growth in attendances (60 minutes) of 34 or more per day.

Same day emergency care continues to account for over 30% of the total non-elective admissions and in November this was 31.6%. The majority of patients that are admitted to a short stay portal are staying on that portal for less than 48 hours.

Improvement is being seen in both pre 10am and therefore pre noon discharges. November averaged a weekly discharge number of 170 discharges before 10am versus a previous 13 week average of 154. November is also the second consecutive month that discharges before noon have been above 20% throughout.

The last 3 weeks of November/early December show improvement in the Super stranded patient numbers indicating the rise through October and the beginning of November has been stopped, as shown on page 13.

Winter planning has assumed a winter more in line with 17/18 than 18/19. Data to date would suggest this assumption to be correct in terms of attendance volumes and bed demand.

Next Steps:

Winter Plan to be enacted to support flow / increased admissions through ED – phased implementation of escalation capacity at RSUH and County Hospital.

Review of Ambulatory/minors physical capacity against predicted demand as part of the UEC improvement plan.

Neurology and Spinal pathway redesign to improve specialised admitted performance and the ED transfer policy to be reviewed.

Continue to embed the huddle process, with a renewed focus in December ensuring all teams working together and focused on what is important.

Review Progress Chaser role and operational influence / escalation to support the timely management of patients within the ED

Continue with the additional Divisional "grip and control" measures put in place, including a Divisional Support Centre model in times of escalation with a particular focus on timely and effective flow

Continue with the improved oversight simple/complex discharges against demand on a daily/weekly basis through review of performance reports (MADE). System wide week long MADE planned for early December as part of the launch of "Home for Christmas"

Targeted LoS work as part of the Winter plan. System Winter plan group established to track LOS and improve targets to support winter pressures.

Refresh of Long Stay reduction strategy in alignment with NHSE Long Stay Ambition plan commenced with wards review every Wednesday to maintain super stranded performance and push for improved LOS reduction in stranded.

Red bag scheme to continue to be rolled out to aid care home patient stays.

Risks:

Junior Doctors contracts

Continued increase in attendances

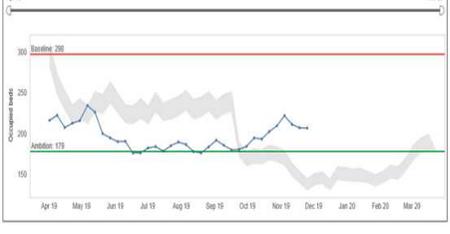
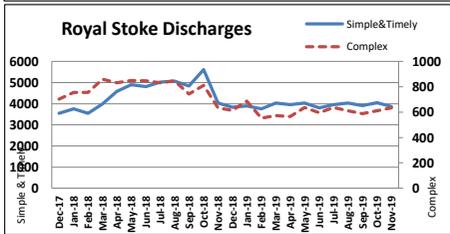
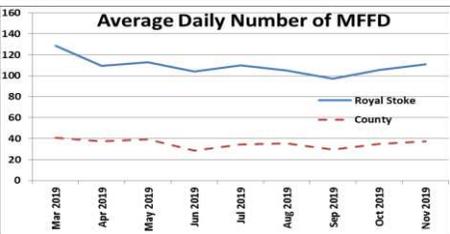
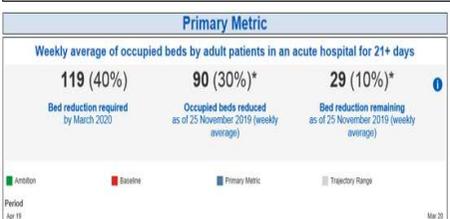
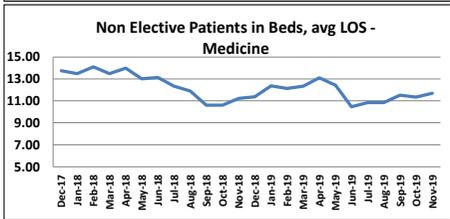
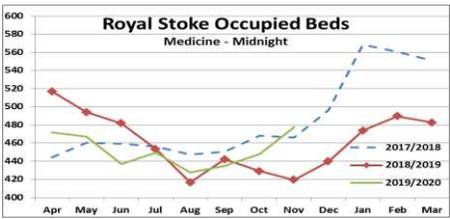
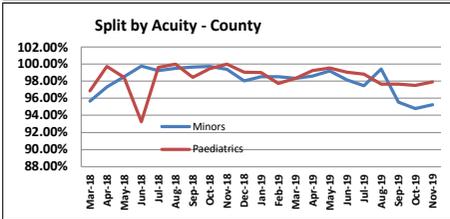
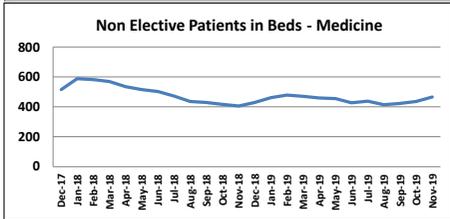
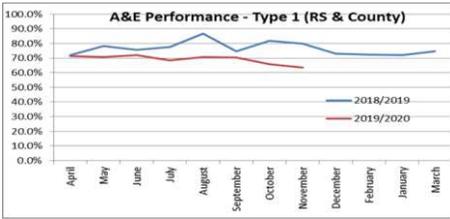
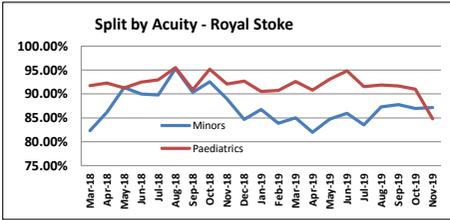
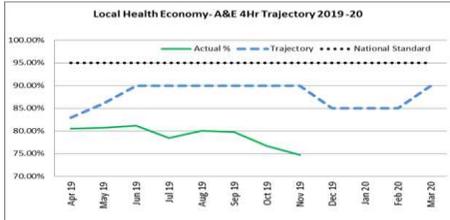
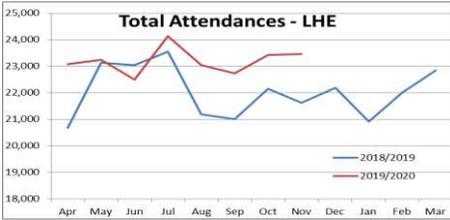
Capacity to process surges and unexpected activity as well as the vulnerabilities in the workforce (such as high sickness and morale) are risks to delivery. This is mitigated by the implementation of robust workforce plans.

The possibility of prolonged surges particularly with Flu and Noro Virus

Ability of UHNH to drive timely simple discharges through improved planning - Availability of system capacity to support more complex discharges. EMI/Specialist mental health, out of county repats.

MFFD clearance to time is not sustained in the South. LHE asked for assurance around investments to support delivery to avoid breach of DTOC KPIS.

STP urgent care enabler plans delivering to support UHNH bed reconfiguration with no detriment to length of stay.

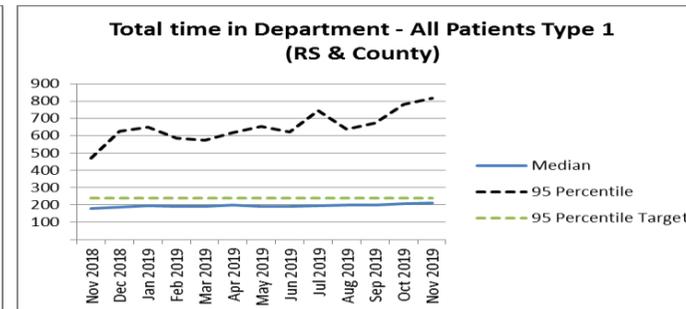
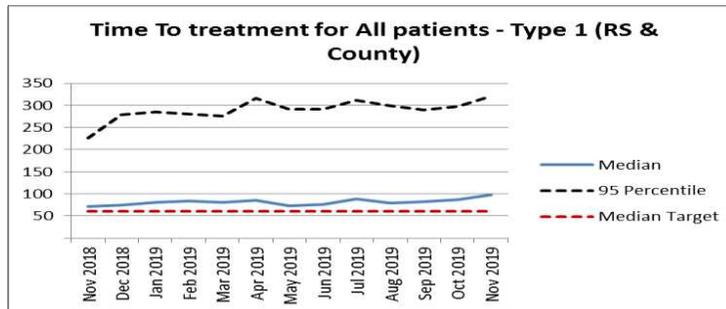
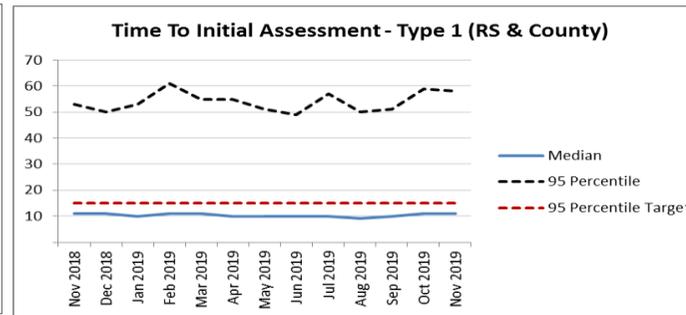
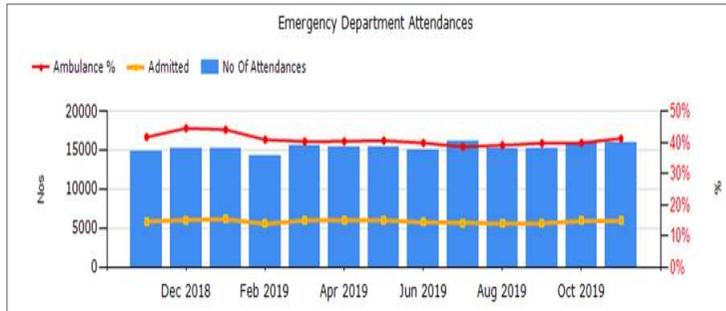


Summary
Operational A&E performance was 74.92% against the national standard (95% of patients seen and treated / transferred in A&E within 4-hours). In Medicine, the non-elective average LOS rose slightly from an average of 11.34 days in October to 11.68 in November.

The average number of stranded and super stranded patients per week rose through October. The ranges were from 545 - 618 which was a rise of circa 20 patients per week. The super stranded rose also reaching a peak average of 204, a rise of circa 8 patients per week.

The number of simple & timely and complex discharges, at Royal Stoke, have remained fairly static for the past year.

November saw the continued rise in the average number of patients in medical beds (Royal Stoke) occupied at midnight, 477 compared to 450 in October. The total number of occupied beds in Medicine at midnight, shown in the graph above, indicates a rise above that seen in 2017/18, by 10 patients.



Summary

Initial Assessment

The initial assessment is when a patient is assessed by an emergency care doctor or nurse to allow them to determine a priority for treatment (sometimes called triage). The assessment would normally include a brief history of the patient's condition, pain score and vital signs (blood pressure, temperature, pulse).

The median Time to initial Assessment for Type 1 attendances was 11 minutes, the same as October and compared to the same time last year. The 95th percentile was 58 minutes versus the 59 minutes in October (with an average of 54 over the year).

Target: A 95th Percentile time to assessment at or below 15 minutes

Treatment time

The treatment time is the time when a patient is seen by a doctor who can diagnose the problem, decide the management plan for the patient and arrange or start treatment if required.

Time to treatment (95th percentile) increased again in November to 320 minutes (up 22 mins from October 19 and up 94 compared to the same period last year).

Target: A median wait at or below 60 minutes

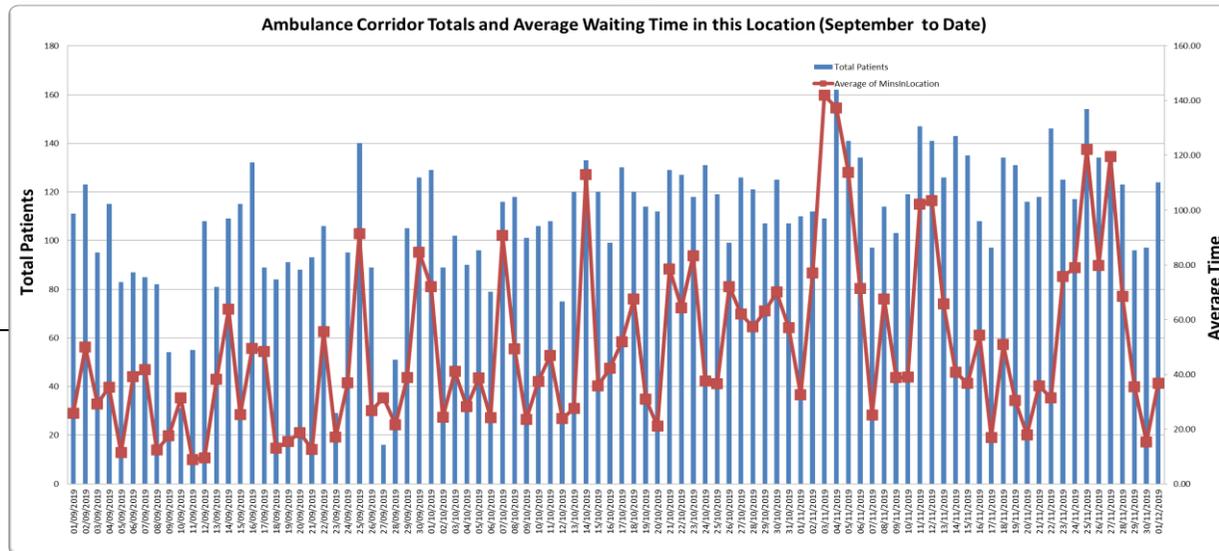
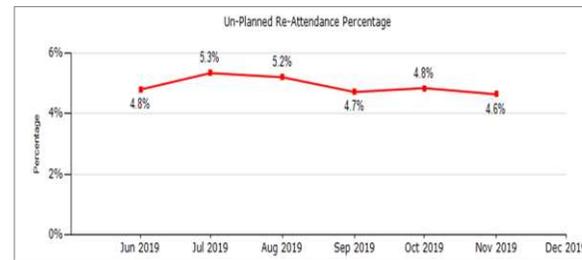
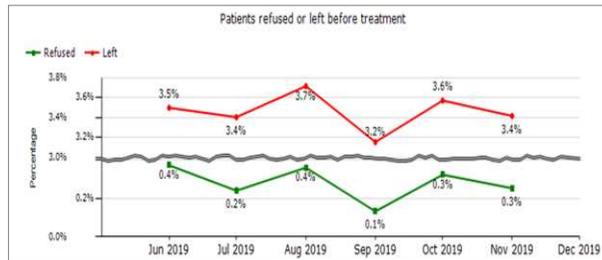
Total time in department

The time a patient spends in the A&E department under the care of hospital staff.

In November, the 95th percentile rose to 816 minutes (October 782 mins) and up from 469 in Nov-18).

Target: A 95th percentile wait at and below 4 hours.

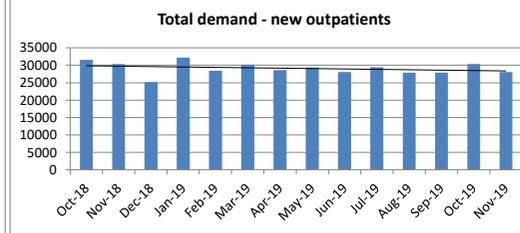
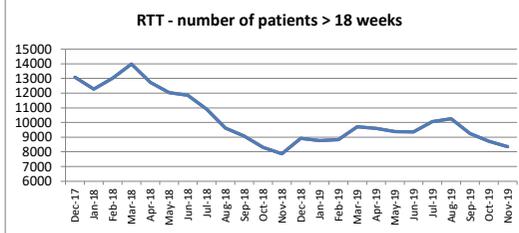
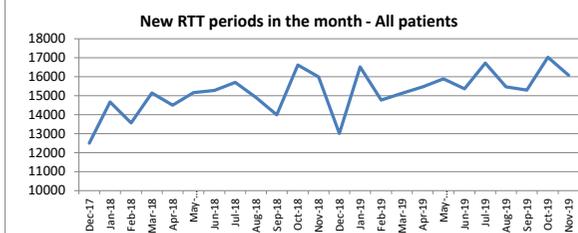
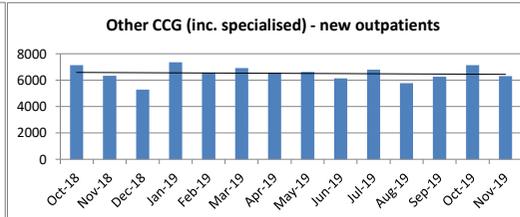
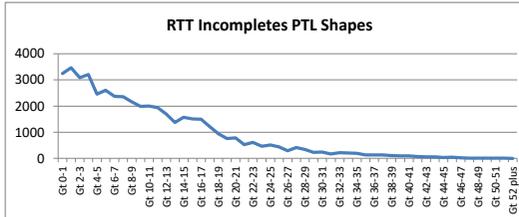
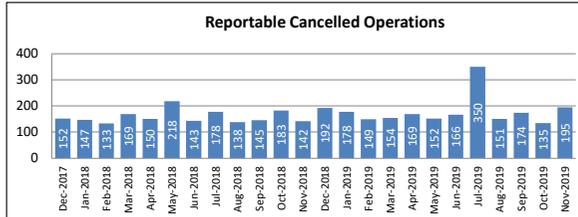
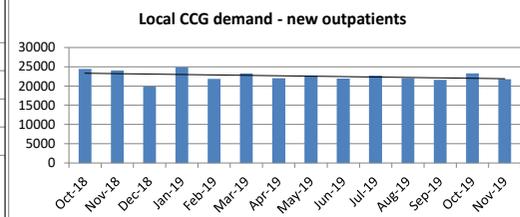
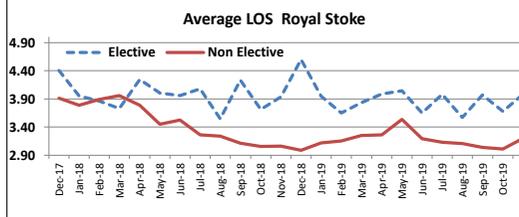
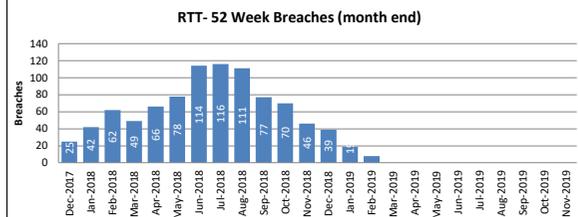
This is based on a total number of attendances for Royal Stoke & County, Type 1 of 15,930.



Summary
Left without being seen
 A patient who leaves without being seen is one who registered with the receptionist in the ED but then left the department before they saw a doctor. Patients leaving before being seen has consistently been below 4% and has fluctuated between 2.8% and 3.7% over the last year. Target: A rate at or below 5%.

Unplanned re-attendance
 An unplanned re-attendance is where a patient returns to an ED within 7 days of a previous ED attendance. This may be for the same condition or a different one. Re-attendances in November are at 4.6% - below the threshold of 5%. Target: A rate at or below 5%.

Ambulance Corridor
 Ambulance corridor occupancy continued to rise in November with the average number of minutes waited also increasing (numbers increased from 3257 in Oct to 3455 patients in November).



Summary

The graphs above present the key drivers for the Trust RTT performance against the national standard. The NHS Single Oversight Framework requires Trusts to maintain the current waiting list as a measure of operational performance, however failure to deliver this is used as a trigger in relation to NHSI considering appropriate levels of support for providers. The performance for November 2019 is 82.63%, which is slightly below the internal target of 82.98% but above the NHSI target of 82.50%. The Trust reported zero 52 week waits again for November.

The number RTT incomplete pathways are tracked against the waiting list size required to deliver 92% and 85%. Currently the waiting list size is 48, 047 (an increase on October 47,896) which is above the internal target of 47,369.

There are some specialties that have not met their monthly target and have recognised that plans need to be reviewed.

The flood at County 12th November 2019 impacted on OPD, Diagnostics activity with pts having to be rebooked in accordance with choice mandates.

Surgical Division continues to be challenged by the prioritisation of cancer 2ww in Colorectal.

CWD –Paediatrics are still experiencing workforce challenges by the loss of 2 consultant paediatricians - teams to present plans to mitigate capacity gap and also impact on performance to be reviewed within November

Specialised-Cardiology there has been an increase in demand which is impacting on recovery plans and trajectory.

Medicine – Respiratory over 35 weeks increase of 30 more Respiratory patients in Oct compared to Sept impacted on the overall Trust position .

The Trust saw a reduction in the number of reportable cancelled operations on the day to 195.

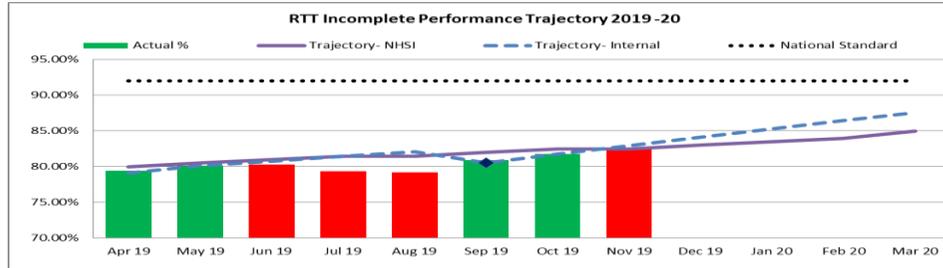
The remaining top 4 reasons for cancellations:

1. No Consultant available
2. Consultant - Cancelled for an emergency - this increased
3. No Suitable Beds Available
4. No theatre time available

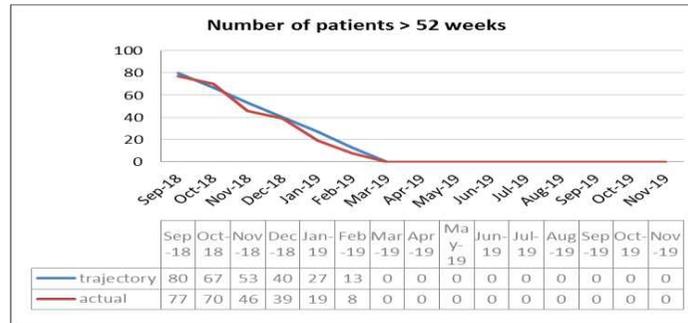
DEMAND: The three demand graphs represent - Total demand and demand split by local CCG's and other CCG's (which includes specialised commissioning). Overall demand is decreasing.

For Total demand - there has been an 7.7% fall compared to the same time last year (October 18).

For local demand there was a decrease of 10% and the demand from other CCG's increased slightly.

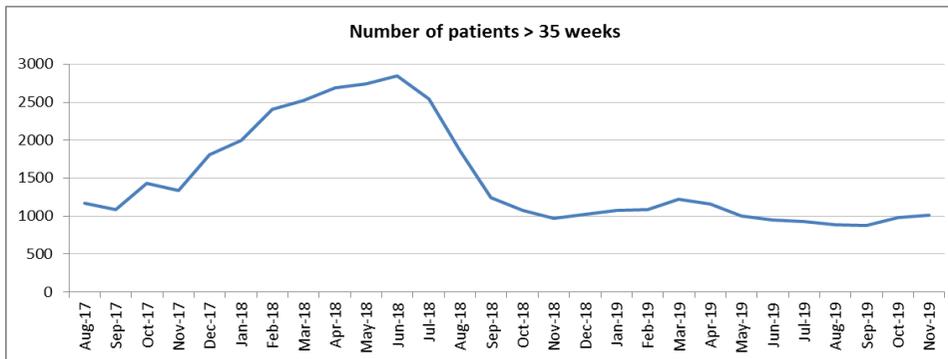
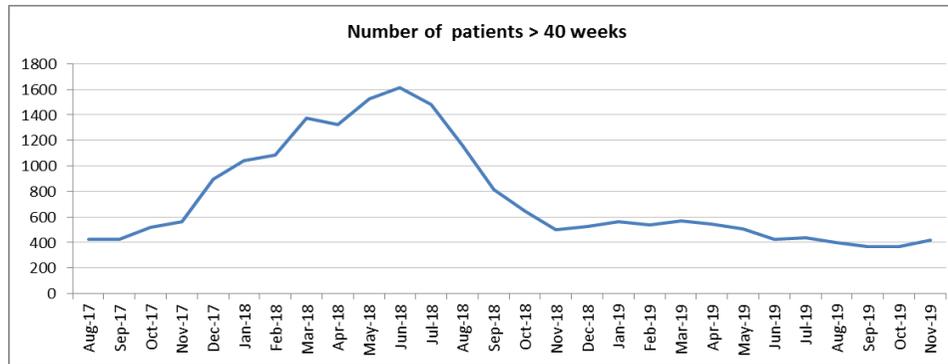


Root cause analysis/ Key lines of enquiry	Action Plan	RAG
<p>Delivery of the standard The performance for November 2019 is 82.63%, which is slightly below the internal target of 82.98% but above the NHSI target of 82.50%. The number RTT incomplete pathways are tracked against the waiting list size required to deliver 92% and 85%. Currently the waiting list size is 48, 047 (an increase on October 47,896) which is above the internal target of 47,369.</p> <p>Positive Assurance: A number of specialties have achieved or over-achieved against their targets: Urology, Ophthalmology, Dermatology, Gastroenterology and T&O. Urology continue to improve and are almost at 80% compare to 74% in march-19 Ophthalmology are up 5% since March-19 Dermatology are consistently achieving 98% – 99% Gastroenterology are almost 2% up on trajectory; Whist; Gynaecology have maintained their position T&O are above trajectory and are at the highest performance so far this year (83% compared with 79% in March); Both Spinal Surgery and Respiratory Medicine are not quite at trajectory but both are up nearly 7% since March-19 Neurology have started virtual clinics and there is a consultant buy in for full Partial booking by end of Dec</p>	<p>Enhanced governance grip through a revised Accountability Framework; Weekly Divisional Access meetings. Weekly COO led Divisional check and challenge performance meetings with ADs.</p> <p>The Trust is working to improve the position of the long waiters currently on the PTL by conducting targeted validation within our most challenged specialties.40 week plans have been developed and the required capacity to improve the position is being sourced. Improvements are also being made to operational grip and performance assurance processes in this area.</p> <p>RTT Recovery Plans are currently been populated by the operational teams this to be monitored via the COO led Access & performance meetings.</p> <p>Working with CCG to manage demand ,external providers assisting in activity clearance (SHS),incentivised internal lists ,increase in length of theatre lists</p>	<p>A</p>
<p>Delivery of the standard There are some specialties that have not met their monthly target and have recognised that plans need to be reviewed Surgical Division continues to be challenged by the prioritisation of cancer 2ww, although Colorectal has improved. The key issue is outpatient capacity. CWD –Paediatrics are still experiencing challenges with workforce by the loss of 2 consultant paediatricians - teams to present plans to mitigate capacity gap and also impact on performance to be reviewed within November Specialised-Cardiology there has been an increase in demand which is impacting on recovery plans and trajectory. Medicine – Respiratory over 35 weeks has decreased slightly but are still below target. Theatre touchtime Utilisation in November was 79.87% (down 1.83% from October), and also down 1.73% on November of the previous year, due to increased non-elective demand – resulting in cancelled electives to treat the non-electives, and due to lack of beds. A number of cancellations in November due to Paediatric admission pressures.</p>	<p>Next Steps: A review of the Out Patient programme including polling ranges, time to first appointment are now monitored at the Divisional Performance reviews. Winter plan includes commitment not to intentionally reduce outpatient or inpatient capacity over the Christmas period. Respiratory over 35 weeks mitigation action plan - interim capacity of extra f/up 104 slots in November to reduce the over 35 weeks and more permanent capacity to come on line early 2020 On-going work on the development of the follow up backlog trajectories to be developed Surgery to review options re: configuration of Bariatric Surgery theatre scheduling. Any changes would not happen before January 2020. Validation support continues in Surgery Oral Surgery is progressing with agreements to send patients to Tier 2 services. So far 150 patients have successfully gone to the T2 provider. Directorates are micro-managing performance, but there should be an expectation for further deterioration in performance over December / January.</p>	<p>A</p>
<p>Risks to Delivery and Mitigation Non delivery of the NHSI waiting list target due to on-going capacity issues and staff vacancies (in hard to recruit posts) Low uptake of TI sessions due to Tax Issues /Lack of Robust processes for referrals triage Implementation of the review by date functionality on Medway impeding the complete PTL (follow ups) work and clinical harm assurance reviews due to the inability to attribute review by date. Paper to executives November 2019. Pressures in Emergency department and increased number of medical patients in beds.</p>	<pre> graph LR A[Not Initiated] --> B[Scoping] B --> C[In Progress] C --> D[Complete] </pre>	



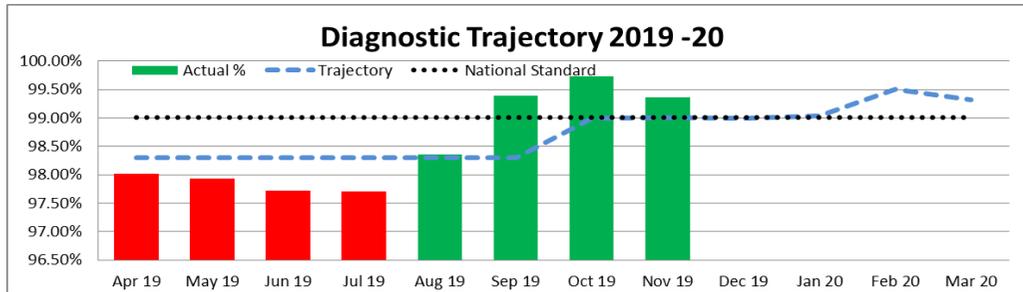
Over 40 week patients

Current TFC	40-51
100 General Surgery	6
101 Urology	42
104 Colorectal Surgery	31
106 Upper Gastrointestinal Surgery	28
107 Vascular Surgery	10
108 SPINAL SURGERY SERVICE	38
110 Trauma & Orthopaedics	20
120 ENT	4
130 Ophthalmology	2
140 Oral Surgery	2
143 Orthodontics	1
144 Maxillo-Facial Surgery	12
150 Neurosurgery	4
160 Plastic Surgery	4
190 Anaesthetics	3
214 Paediatric Trauma And Orthopaedics	1
301 Gastroenterology	64
314 Rehabilitation	2
320 Cardiology	5
340 Respiratory Medicine	112
400 Neurology	19
502 Gynaecology	4
503 Gynaecological Oncology	1
810 Radiology	1
Grand Total	416



The number of patients waiting over 35 weeks and 40 weeks are monitored and reported weekly. Following a significant reduction in both the > 40 weeks and > 35 weeks the number of patients > 40 weeks from June- Dec 2018, there has been a levelling out as a result of the capacity constraints.

The over 40 weeks and over 35 weeks trajectory will be monitored through the new Performance and Governance meetings.



Diagnostic Trajectory 2019 -20												
	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Trajectory	98.30%	98.30%	98.30%	98.30%	98.30%	98.30%	99.00%	99.00%	99.00%	99.03%	99.50%	99.31%
National Standard	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%
Actual %	98.01%	97.93%	97.72%	97.70%	98.35%	99.39%	99.73%	99.36%				

Imaging	Magnetic Resonance Imaging	
	Computed Tomography	1
	Non-obstetric ultrasound	
	Barium Enema	
Physiological Measurement	DEXA Scan	
	Audiology - Audiology Assessments	5
	Cardiology - echocardiography	3
	Cardiology - electrophysiology	
	Neurophysiology - peripheral neurophysiology	
	Respiratory physiology - sleep studies	27
Endoscopy	Urodynamics - pressures & flows	
	Colonoscopy	15
	Flexi sigmoidoscopy	13
	Cystoscopy	16
	Gastroscopy	10
Total		90

Root cause analysis/ Key lines of enquiry	Action Plan	RAG
<p>Delivery of the standard: The standard achieved 99.36% The number of breaches > 6 weeks breaches has increased to 90 in November (Apr 253, May 242, June 260, July 262, Aug 172, Sept 45, October 39)</p> <p>Positive Assurance: The improvement seen in August has continued and the national standard is now being met. There has been a marked improvement in performance with realisation against actions put in place in the Respiratory sleep service and Cardiac MRIs</p> <p>Risks to Delivery and Mitigation: Resource issues that may affect delivery of sleep studies – capacity/ resources diverted to deliver RTT</p>	<p>Next Steps: Continue to monitor actuals in Respiratory sleep and cardiac MRI against. Review of Cystoscopy breaches (Urology).</p>	G
<p>Progress</p> <pre> graph LR A[Not Initiated] --> B[Scoping] B --> C[In Progress] </pre>		

All graphs/information derived from the OP Session Slot Utilisation DNA and Hosp Cancellations Report, and OP Appts Hospital / Patient Cancellation Grid (08/12/19), for clinics flagged as 'yield'.

KPI Descriptions:

- Clinic Utilisation ('Yield') = Slot booking % x (1-DNA rate)
- Slot Booking % = Patients Booked Total / Capacity Total
- DNA (Did not attend) = Patients who didn't attend / Total Booked
- Hospital initiated Cancellations (HICs) <6 weeks = Booked appointments cancelled by the trust less than 6 weeks before the appointment date / Total hospital initiated Cancellations.

KPI Targets: January 2020

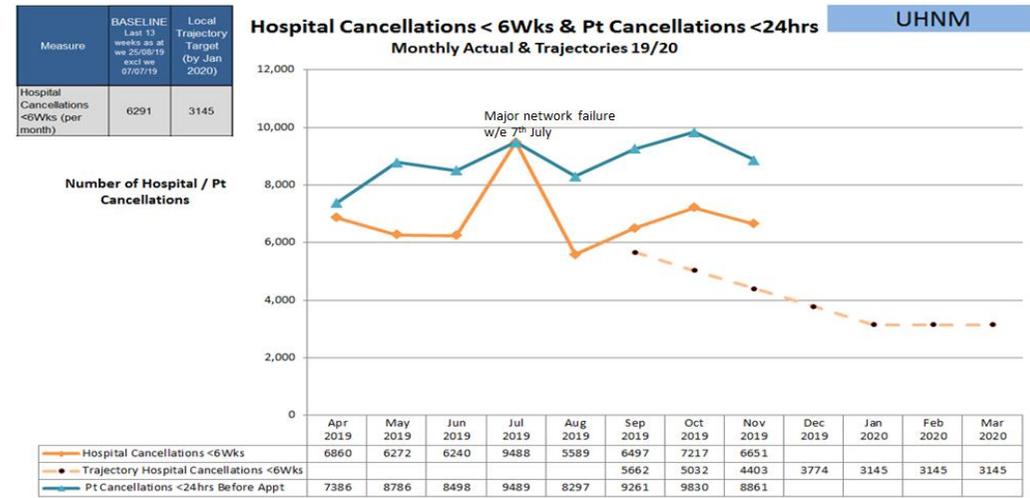
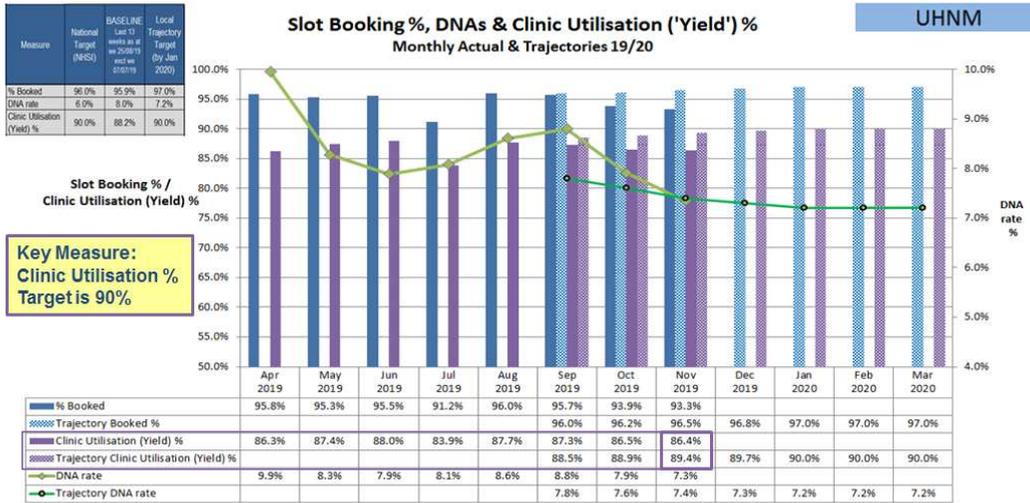
- Clinic Utilisation ('Yield') = 90% (Trajectory Nov 89.4%)
- Slot Booking % = 97% (Trajectory Nov 96.5%)
- DNA (Did not attend) = 7.2% (Trajectory Nov 7.4%)
- HICs < 6 Weeks = Half baseline of 6291 per month: 3145 (Trajectory Nov 4403)

Clinic Utilisation % (Key composite target) 90% by January 2020. 86.4% vs trajectory of 89.4% trajectory

Booking % (93.3% vs target 96.5%) – % bookings have continue to reduce slightly; fortnightly speciality meetings include the identification of outlier clinics (prospectively & retrospectively). Specific Specialties requiring urgent intervention have been identified.

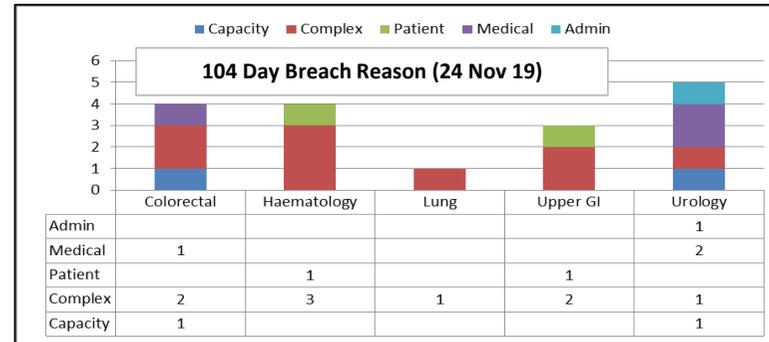
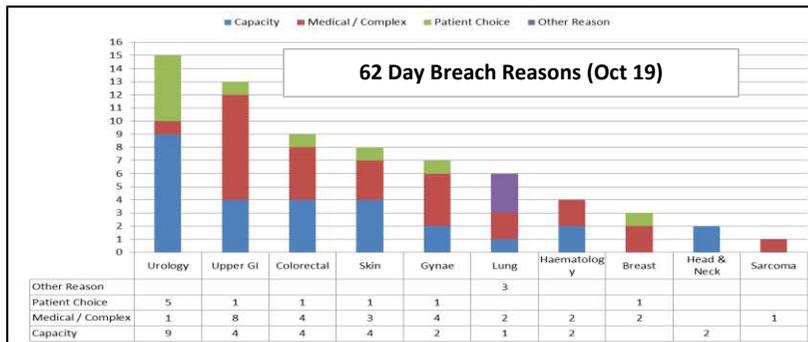
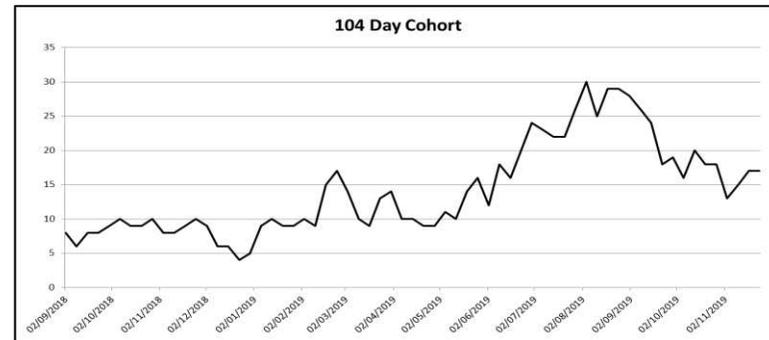
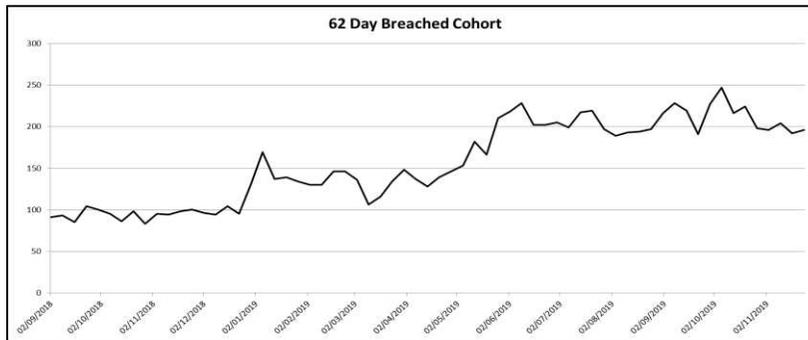
DNA% (7.3% vs target 7.4%) – On trajectory vs DNAs. Whilst the Netcall file load failed twice in early November (1st & 5th), from the 11th following further discussions with BI, the Netcall load is no longer dependent on the timing of the data warehouse load so this risk has now been successfully mitigated (whilst reminders may be not be based on the most recent changes if a load is delayed). Divisions are being challenged to identify speciality-specific actions to improve on their performance, and a rollout plan for movement to partial booking is being confirmed. SOP for clinicians for viewing DNAs in iPortal has been shared in clinics to help apply DNA policies.

Hospital cancellations (6651 vs target 4403) – Reasons for cancellations now being provided; further clarification sought; there are over 40 drop down options. Reduction from previous month but still significantly above trajectory target. Divisions have committed to tighten up on the CAF process, and Division-specific measure have been introduced. Specialised Division have implemented a weekly confirm and challenge for hospital cancellations, whilst CWD are undergoing a detailed process review to identify contributing factors and will share outcomes with view to adopting a similar approach in other specialties. CAF analysis of reasons to be shared with Divisions. Electronic CAF to be progressed.



OP KPIs Summary Update

Level	KPI	Jan 2020 Target	Nov 2019		
			Trajectory Target	Current Performance	RAG vs last month
UHNM	Clinic Utilisation %	90.0%	89.4%	86.4%	A -0.1%
	Bookings %	97.0%	96.5%	93.3%	R -0.6%
	DNAs %	7.2%	7.4%	7.3%	G -0.6%
	Hospital Cancellations	3145	4403	6651	R -566
CWD	Clinic Utilisation %	90.0%	89.3%	85.9%	A 0.0%
	Bookings %	96.3%	95.8%	92.6%	A -0.7%
	DNAs %	6.6%	6.8%	7.2%	A -0.7%
	Hospital Cancellations	579	811	1168	R -157
Medical	Clinic Utilisation %	85.9%	83.9%	79.5%	R 6.1%
	Bookings %	96.0%	94.2%	89.2%	R 6.0%
	DNAs %	10.5%	10.9%	10.9%	G -0.8%
	Hospital Cancellations	329	460	690	A -131
Specialised	Clinic Utilisation %	89.1%	88.5%	85.1%	A -2.4%
	Bookings %	96.5%	96.1%	91.8%	R -3.4%
	DNAs %	7.7%	7.9%	7.3%	G -0.8%
	Hospital Cancellations	762	1066	1498	R -7
Surgical	Clinic Utilisation %	92.3%	91.9%	89.0%	A -0.7%
	Bookings %	98.7%	98.5%	95.4%	A -0.3%
	DNAs %	6.5%	6.7%	6.7%	G -0.2%
	Hospital Cancellations	1476	2066	3295	R -271



The graphs above present the key drivers for the Trust 62 day Cancer performance against the national standard (85% of patients treated within 62 days from referral). The NHS Single Oversight Framework requires Trust's to achieve the national 85% standard as a measure of operational performance, however failure to deliver this is used as a trigger in relation to NHSI considering appropriate levels of support for providers. The provisional Trust level performance for 62 day Urgent GP referrals in November is 67.49% (as at 16.12.19). Due to the increase in colorectal GP 2ww referrals the Trust has not achieved the 2ww standard in November (79.12% as at 16/12/19), as predicted. 104 Day improvement actions in place since September 2019. Plan is for the directorate teams to closely monitor this cohort of patients and to reduce capacity delays down to minimum so we can baseline the expected number of pt. choice/complex tertiary pathway delays we would expect given our cancer centre status and volumes of referrals for discussion with NHSE/I. A Cancer Recovery Plan has been drafted that supports short, medium and long term improvement actions with weekly monitoring at Access & Performance.

62 Day Standard (GP 2ww Referrals)		85.0% National Standard (treated within 62 days)						
University Hospitals of North Midlands		Provisional Data Last Updated 16/12/2019						
Confirmed Diagnosis:		Actual Patients			Accountable Patients			
		<62 days	>62 days	Total	<62 days	>62 days	Total	%<62
Cancer Site	Location							
Brain/CNS (Specialised)	UHNM Combined	0	0	0	0.0	0.0	0.0	
Breast (Surgery)	UHNM Combined	25	6	31	25.0	5.5	30.5	81.97%
Breast Symptom (Surgery)	UHNM Combined	1	0	1	1.0	0.0	1.0	100.00%
Colorectal (Surgery)	UHNM Combined	4	10	14	4.0	10.0	14.0	28.57%
Gynae (CSS/W&C)	UHNM Combined	7	6	13	7.0	6.0	13.0	53.85%
Haematology (Medicine)	UHNM Combined	10	4	14	9.5	4.0	13.5	70.37%
Head & Neck (Surgery)	UHNM Combined	2	3	5	2.0	3.0	5.0	40.00%
Lung (Medicine)	UHNM Combined	4	2	6	4.0	2.0	6.0	66.67%
Other	UHNM Combined	0	1	1	0.0	1.0	1.0	0.00%
Paediatrics (CSS/W&C)	UHNM Combined	0	0	0	0.0	0.0	0.0	
Sarcoma (Specialised)	UHNM Combined	0	0	0	0.0	0.0	0.0	
Skin (Surgery)	UHNM Combined	27	8	35	27.0	8.0	35.0	77.14%
Upper GI (Medicine)	UHNM Combined	17	9	26	17.0	8.5	25.5	66.67%
Urology (Surgery)	UHNM Combined	27	11	38	27.0	11.0	38.0	71.05%
Trust Exc Breast Symptom	UHNM Combined	123	60	183	122.5	59.0	181.5	67.49%
Trust Inc Breast Symptom	UHNM Combined	124	60	184	123.5	59.0	182.5	67.67%

	Oct-19	Nov-19	Sept-19 Trajectory NHSI	Sept-19 Trajectory Internal	Standard
Two week wait	77.42%	79.12%	95.61%		93%
2ww Breast Symptomatic	95.06%	95.52%	97.30%		93%
31 Day First Treatment	95.77%	94.44%	97.39%		96%
31 Day Subsequent Surgery	80.60%	88.14%	94.92%		94%
31 Day Subsequent Anti-Cancer Drugs	98.61%	100.00%	100.00%		98%
31 Day Subsequent Radiotherapy	96.26%	91.60%	98.18%		94%
62 Day (2ww) First Treatment	75.37%	67.49%	85.03%	69.10%	85%
62 Day Screening First Treatment	86.79%	88.89%	94.29%		90%

updated 19/12/19, final position 04/01/2020

Root cause analysis/ Key lines of enquiry	Action Plan	RAG
<p>Positive Assurance: Consistent number of Cancer treatments as per operational plan, despite rise in referrals Agreement for the second Robot in Urology. The business case identified a date for installation in April 2020, however the Division is attempting to bring this forward to December and negotiate early release of SATH to support sessions. Also reviewing case mix of non cancer work that can go to SATH to create additional capacity for cancer as part of the memorandum of understanding agreement. However there are challenges as SATH only have one consultant. UHNM are hosting the first of a number of events designed to open up engagement of our cancer pathways with key stakeholders across the region, the first of these meetings will be held on the 19th December and will be chaired by the UHNM clinical director of cancer services. This will be the first of 3 sessions where the focus will be on the colorectal pathways as this is one of our most challenged specialties. Performance management & trajectory oversight implemented at the Fortnightly Access & Performance meetings with a push this month to bring forward pts. in October and then improve 62 days and 104 days position for November and December based on speciality improvement plans, assurance of DM oversight of PTL and intra week validation of diagnostic outcomes with clinical leads to remove inappropriate pts. from pathways and use capacity to treat ones to target. Teams increasing treatments by 1+ on lists. Cancer Recovery Plan in place, improvement trajectories agreed by management / clinical teams. Performance management against trajectory is in place led by the Deputy COO.</p> <p>Delivery of the 2ww and 62 day standards: To date, the Cancer 62 day performance is 66.36% against an internal trajectory of 75.2%. Key issues: The main areas that underperformed against trajectory was Gynaecology, Skin and Colorectal. Skin: 2WW achieved consistently, cancelled operations in November have seen patients tip over to December and the reduced treatment numbers have further compound performance. One whole theatre list cancelled for more urgent case (8 patients). Actions to recover: Scoping additional capacity to treat those patients tipped over to December; Deloitte engaged to support design of 'one stop shop' pathway; trial in place for two clinics per week; Engaging CCG to discuss Teledermatology pathway to improve referral quality / redirect to non cancer pathway (circa 2000 patients attended 2ww last year and were discharged – no further treatment). Gynaecology: One key issue is late referrals from other providers, other issues include delays in histology reporting, complex pathways (inoperable conditions; multiple diagnostics required). Actions: Inter speciality partnership working to facilitate earlier handover of patients, pilot for one stop clinic to commence the beginning of December, dedicated gynaecology oncologist surgery specific, conversion of outpatients slots to 2ww to shorten 2ww time to 1-7 days, improved processes to identify gynae histology requests (blue labels now in use). Colorectal: The key issue is the continuing increase in 2ww demand following changes to NICE guidelines. November saw an average of some 165 weekly referrals, compared to 135 at the same point last year. As a direct result waits for the 2ww are at circa 3 weeks delaying the entire pathway. The increased demand also challenges earlier diagnostics (Colonoscopy, CT). Actions: Revised pathway in discussion to introduce Triage to Test, to identify the cancers earlier; revise the pathway for those patients with Non-cancer; introduction of FIT testing. Pathways are agreed in principle with more work required regarding administrative processes. Total cancer 62 day treatments for November '19 to date are 162. However, there are an additional 77 treatments (45 skin) with no confirmed diagnosis many of which are waiting histology results, this may yield more treatments and improve the month end.</p> <p>Risks to Delivery and Mitigation Dermatologist will be leaving in December with no suitable replacement at present/ exploring agencies, Dermatologist on maternity leave with specialist doctor to cover 2ww. Lack of Diagnostic Capacity and Reporting Capability – as identified on the best practice pathways, review to be started w/e 18/11. Increased Colonoscopy capacity remains a challenge. Inability to control demand for Colorectal, Urology and Breast pathway and processes (mitigated by the Best Practice redesign work and STP diagnostics plans). Using the Speciality focus sessions with GPs and CCG to manage demand and stratify pathways to non urgent 6 week capacity. Additional referrals from SaTH – particularly for Urology and robot work if we cannot secure SATH surgeon. Increased demand for Oncology</p>	<p>Next Steps: Launch of Best Practice Pathway improvements (Colorectal, Respiratory, Upper GI & Prostate) – commenced October 19 (e.g. Triage to Test trial for colorectal, 2 dates agreed for the 9th & 16th December). Focused improvement plan initiated with CWD for Cancer Diagnostics deep dive as this is the rate limiting factor to delivery of treatments in target. Shadow monitoring the 28 day standard has been in place since April 2019 ahead of the National Standard being introduced from April 2020. Investment in AI technology to support future workforce planning, pilot commencing in January 2020 to assist the reporting of CT scans for the lung screening project. Focused improvement actions on 104 days. Clinician system engagement sessions on our most challenged specialties to commence from December, 2019. Colorectal is the first speciality to have this level of support.</p> <p>Progress</p> <pre> graph LR A[Not Initiated] --> B[Scoping] B --> C[In Progress] C --> D[Complete] </pre>	A

62 Day Standard (Screening Referrals)

90.0% National Standard (treated within 62 days)

University Hospitals of North Midlands NHS Trust

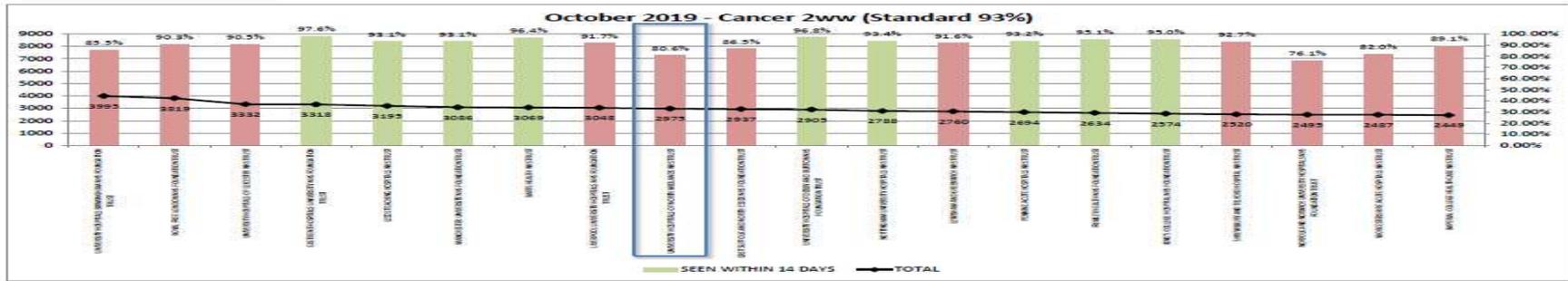
Provisional Data Last Updated 16/12/2019

Confirmed Diagnosis:		Nov-19						
		Actual Patients			Accountable Patients			%<62
Cancer Site	Location	<62 days	>62 days	Total	<62 days	>62 days	Total	
Breast (Surgery)	UHNM Combined	13	1	14	13.0	1.0	14.0	92.86%
Colorectal (Surgery)	UHNM Combined	3	1	4	3.0	1.0	4.0	75.00%
Gynae (CSS\W&C)	UHNM Combined	0	0	0	0.0	0.0	0.0	
Trust	UHNM Combined	16	2	18	16.0	2.0	18.0	88.89%

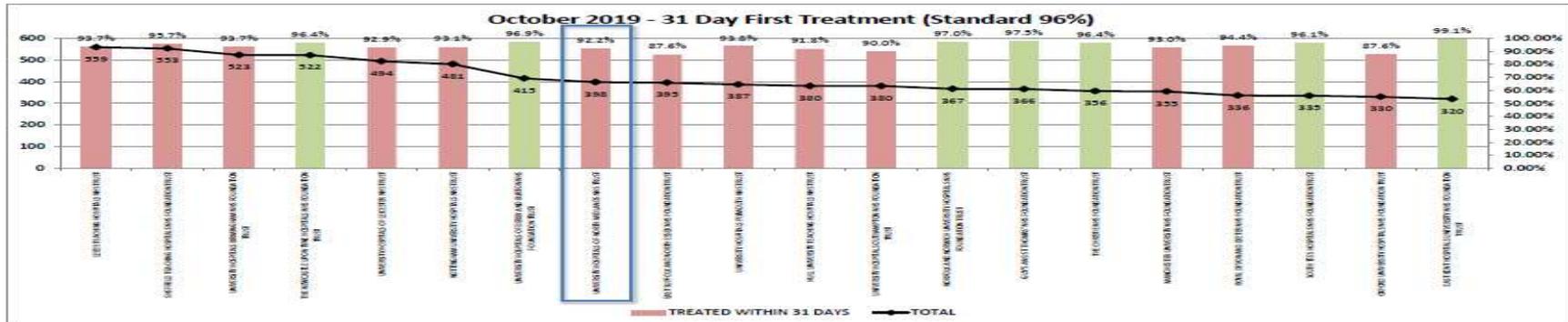
Cancer 62 Day screening			
Site	Nov-18	Nov-19	Variance
UHNM	90.9%	88.9%	-2.0%

Month	Within	Outside	Total	%
Apr-19	28.5	5	33.5	85.07%
May-19	13	5	18	72.22%
Jun-19	18	5.5	23.5	76.60%
Jul-19	26	5	31	83.87%
Aug-19	23	3.5	26.5	86.79%
Sep-19	24	2	26	92.31%
Oct-19	38	1.5	39.5	96.20%
Nov-19	16	2	18	88.89%

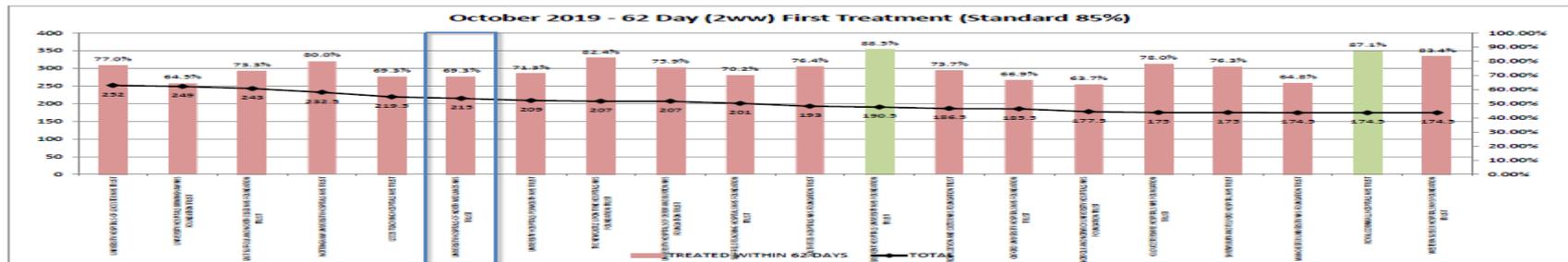
	Action Plan	RAG
<p>Root cause analysis/ Key lines of enquiry</p> <p>The patients on the 62 day cancer screening pathway are patients referred from the national screening programme. The operational standard is 90%.</p> <p>The number of patients in this category are low and as a general rule any more than 1 or 2 breaches will result in under achievement of the standard.</p> <p>There were 2 breaches in November, 1 breast (delay to diagnostics as patient does not speak English and required translator) & 1 colorectal (medical reasons), data remains provisional at the moment.</p>	<ul style="list-style-type: none"> Breast screening pathway representatives from screening and generally surgery attend cancer forecast meetings The weekly cancer PTL meetings continue, each individual patient's pathway is discussed to identify updates and actions to mitigate delays in the pathway. 	<p>G</p> <p>G</p>
<p>Progress</p>		
<pre> graph LR A[Not Initiated] --> B[Scoping] B --> C[In Progress] C --> D[Complete] </pre>		



The 2ww comparison chart above, shows the TOP 20 Trusts out of all England NHS Trusts. UHNM is 19th in performance out of ALL the Trusts.



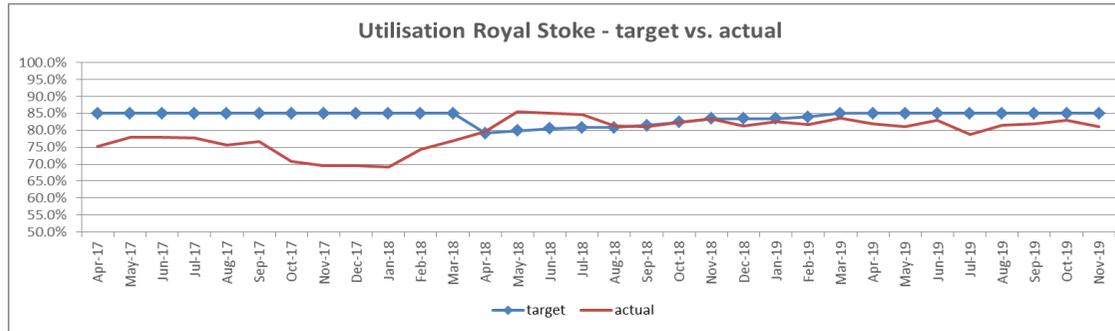
The 31 Day comparison chart above, shows the TOP 20 Trusts out of all England NHS Trusts. UHNM is 15th in performance out of ALL the Trusts.



The 62 Day comparison chart above, shows the TOP 20 Trusts out of all England NHS Trusts. UHNM is 15th out of ALL the Trusts, with only two other Trusts achieving the standard



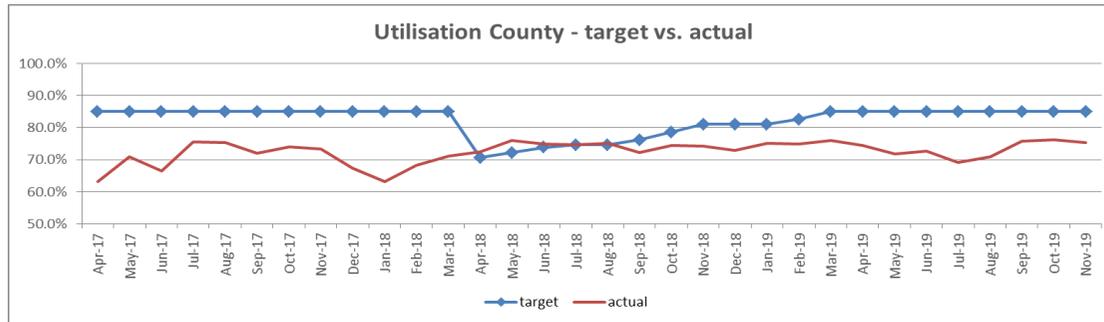
Compared to the Region, UHNM has the 2nd highest number of 2ww referrals and 7th best performing and 2nd highest number for 62 day treatments and 6th best performing.



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
actual	75.2%	77.8%	77.9%	77.7%	75.7%	76.7%	70.9%	69.6%	69.5%	69.2%	74.5%	76.9%

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
target	79.2%	79.9%	80.5%	80.8%	80.8%	81.5%	82.4%	83.4%	83.4%	83.4%	84.0%	85.0%
actual	79.7%	85.4%	85.0%	84.6%	81.4%	81.1%	82.3%	83.4%	81.3%	82.5%	81.6%	83.6%

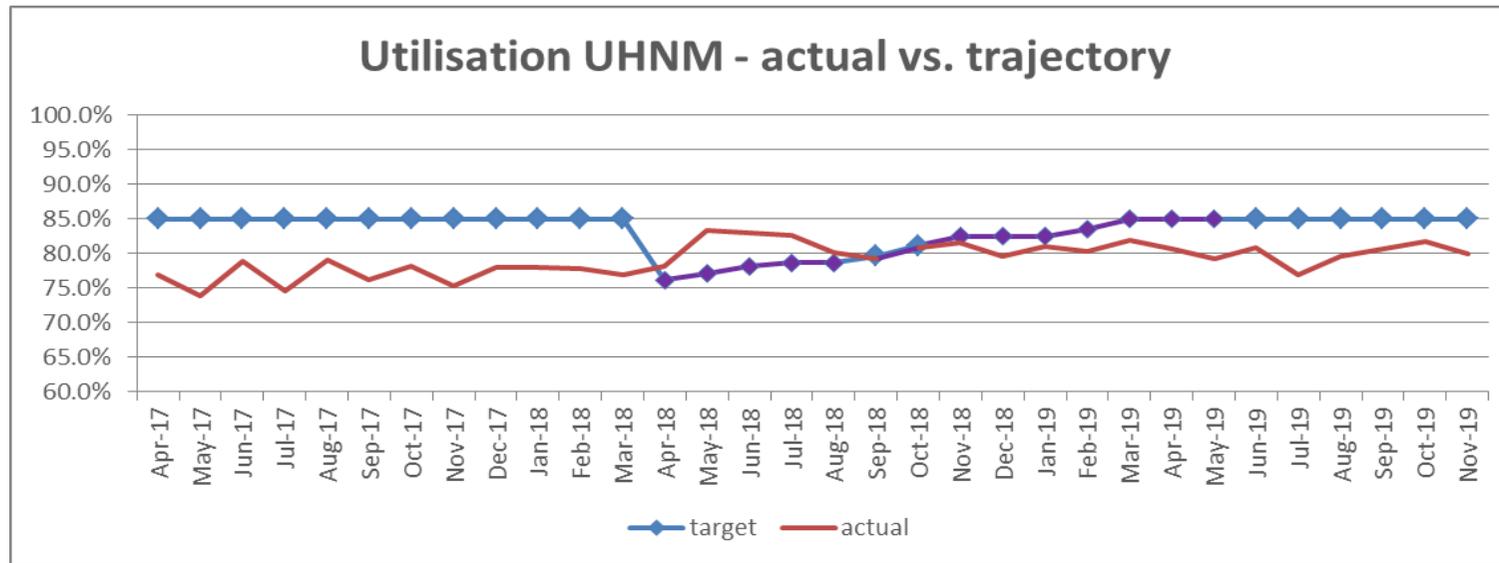
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%		
actual	82.0%	81.1%	82.9%	78.8%	81.4%	81.9%	83.0%	81.1%				



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
actual	63.1%	70.9%	66.5%	75.6%	75.3%	72.1%	73.9%	73.3%	67.3%	63.1%	68.2%	71.0%

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
target	70.6%	72.2%	73.8%	74.6%	74.6%	76.2%	78.6%	81.0%	81.0%	81.0%	82.6%	85.0%
actual	72.4%	75.9%	75.0%	74.6%	75.1%	72.2%	74.5%	74.3%	72.9%	75.1%	74.9%	75.9%

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
actual	74.4%	71.7%	72.6%	69.1%	70.9%	75.8%	76.2%	75.3%				



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
actual	76.9%	73.8%	78.8%	74.6%	79.1%	76.2%	78.2%	75.2%	77.9%	77.9%	77.7%	76.8%

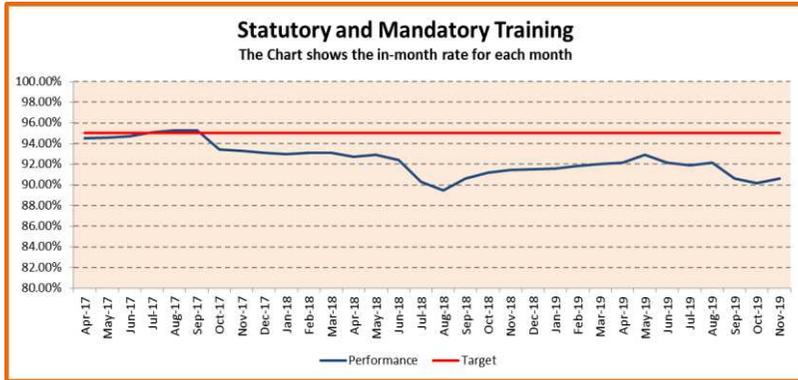
trajectory	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
actual	76.1%	77.1%	78.1%	78.6%	78.6%	79.6%	81.1%	82.5%	82.5%	82.5%	83.5%	85.0%
	78.2%	83.3%	83.0%	82.6%	80.2%	79.2%	80.8%	81.6%	79.5%	81.0%	80.3%	82.0%

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
actual	80.6%	79.2%	80.9%	76.9%	79.5%	80.7%	81.7%	79.9%				

theatre utilisation includes Obsterics

	Ref	Indicator	Exception Triggers			Period	Performance				Site Breakdown			Except.
			Month Target	Step Change	Conti. Limit		This Period Target	Last Period	This Period	YTD	RSUH	County	UHNM	
Workforce	OH5	Executive Team Turnover	G			Nov-19	3.00%	12.50%	0.00%					
	W19	Turnover Rate	G			Nov-19	<11%	9.05%	9.13%					
	OH7	Proportion of temporary staff (snapshot)				Nov-19		6.27%	6.19%					
	W20	Sickness Absence Rate 12m Cumulative Rate	R			Nov-19	<3.39%	4.51%	4.59%					√
	W22	Appraisal Rate	R			Nov-19	>95%	83.44%	80.89%					√
	W23	Agency Costs as a % of Total Pay Costs				Nov-19		4.05%	3.94%					
Patient Feedback	OH4	CQC Inpatient Survey (annual)					-	-	-					
Staff Feedback	OH6	NHS Staff Survey (annually) Staff Engagement Rate				Reporting in Feb 20		-	-					
Compliance	W50	Mandatory and Statutory Training	R			Nov-19	>95%	90.20%	90.64%					√

site breakdown not available



The Statutory and Mandatory training rate at 30th November 2019 was 90.64% (90.20%, 31st October 2019). The Statutory & Mandatory training rate shows compliance against the following seven (Core for All) 3 yearly competency requirements and 85% of staff have completed all 7 modules

Competence Name	Assignment Count	Required	Achieved	Compliance %
205 [MAND] Duty of Candour - 3 Years]	9879	9879	8973	90.83%
205 [MAND] Security Awareness - 3 Years]	9879	9879	8964	90.74%
NHS [CSTF] Equality, Diversity and Human Rights - 3 Years]	9879	9879	8972	90.82%
NHS [CSTF] Health, Safety and Welfare - 3 Years]	9879	9879	8973	90.83%
NHS [CSTF] Infection Prevention and Control - Level 1 - 3 Years]	9879	9879	8891	90.00%
NHS [CSTF] Safeguarding Adults - Level 1 - 3 Years]	9879	9879	8961	90.71%
NHS [CSTF] Safeguarding Children (Version 2) - Level 1 - 3 Years]	9879	9879	8948	90.58%

Compliance rate for the final competency requirement completed for learning here is 85%

Competence Name	Assignment Count	Required	Achieved	Compliance %
NHS [CSTF] Fire Safety - 1 Year]	9879	9879	7552	76.44%
NHS [CSTF] Information Governance and Data Security - 1 Year]	9879	9879	8861	89.70%

(Note: Face to face training cannot be reported from ESR)

Root cause analysis/ Key lines of enquiry

A group tasked with reviewing compliance, improving reporting, and ensuring streamlining processes are in place has been established and the next Quality Governance Committee is being updated as regards progress.

Actions taken include:

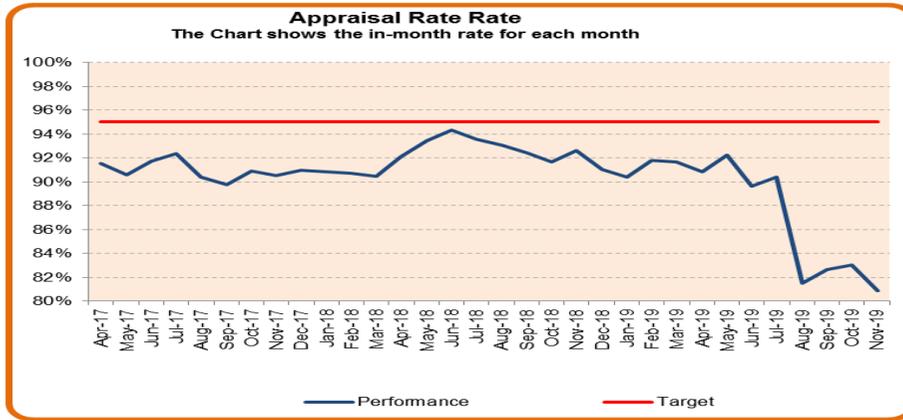
- Circa 400 staff who are out of date with all 7 competence requirements have been emailed
- Centrally, the recruitment process is being reviewed to ensure Statutory and Mandatory training is undertaken by Applicants (ie prior to their start date) and is transferred to their employee record when the hire takes place.
- Face-to-face training sessions for Consultants, covering statutory and mandatory training, will continue to be provided.
- Issues said to be impacting on statutory and mandatory compliance rates were raised during Divisional Performance Reviews. These have been formed into an Action Plan, with progress monitored via the task and finish group and reported to Quality Governance Committee.

Action Plan

Improve signposting to eLearning guides by adding a "Local Links" portlet to ESR which directly links to the Sops. In progress	G
Ensure that the correct "Essential to Role" training requirements are identified for each role on ESR so that finding relevant training is easier	G
Monthly data quality check. Use ESR to identify any records that remain "confirmed" and follow up with the trainer. Additional training to be provided if required.	G

Progress





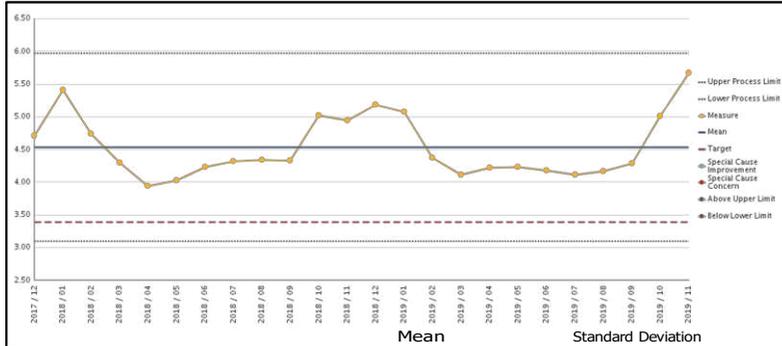
The PDR rate (declared by Divisions) declined from 83.44%.to 80.89%

Overall, 76.91% of Non-Medical PDRs were recorded in ESR as at 30/11/19 (down from 77.27% at 31/10/19).

The number of staff with an in-date review reduced in November and the increase in sickness in-month will have had an impact on staff availability to complete a PDR, as will operational pressures

Notes:
As not all PDR's are input to the ESR system, Divisions provide their compliance figures each month. These figures are collated centrally to ascertain the Trust level performance rate. Checks are not carried out to confirm the data quality of the numbers provided by the Divisions.

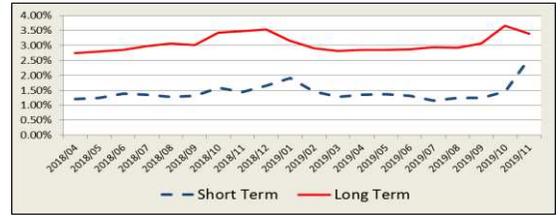
Root cause analysis/ Key lines of enquiry	Action Plan	RAG
<p>Actions being taken to improve the PDR compliance rate include:</p> <ul style="list-style-type: none"> • A Letter has been sent to Specialised, CWD and Central Functions Divisions advising that from 1st January 2020, reporting on PDRs will only be from the ESR System and asking that they ensure all appraisals are inputted directly into ESR. • These Divisions have been asked to assure themselves that PDRs are being completed ahead of their next performance review so that the Division and Executive team all have a clear picture of the delivery of this important performance metric. 	<p>Support with data uploads continues to be provided.</p>	<p>G</p> <p>G</p> <p>G</p>
Progress		
<pre> graph LR A[Not Initia] --> B[Scoping] B --> C[In Progress] C --> D[Complete] </pre>		



Mean: 4.54
Standard Deviation: 0.48
Average FTE % Mean Standard Deviation for Absence FTE % across the period.

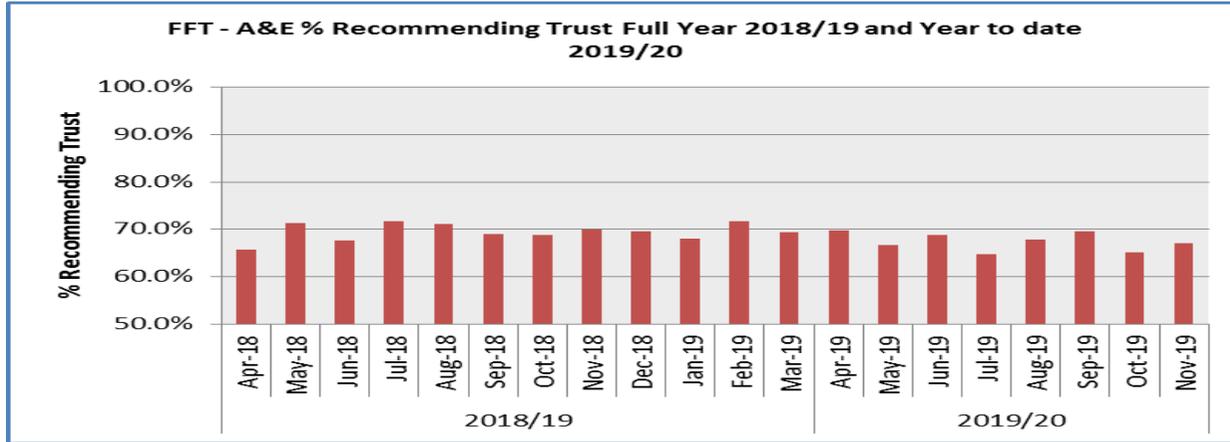
In November, the in-month sickness rate increased to 5.95% (5.75% in October) and the 12m Cumulative Rate increased to 4.59%. This increase in reported absence was expected as:

- There was evidence that sickness absence was under-reported prior to the implementation of Empactis
- The increase is in line with previous year trends as winter pressures begin to impact
- There is an ongoing need to support managers and staff to close down sickness absence episodes in a timely manner



Root cause analysis/ Key lines of enquiry	Action Plan	RAG																														
<p>In November 2019, the top reasons for sickness absence were:</p> <table border="1"> <thead> <tr> <th>Absence Reason</th> <th>Headcount</th> <th>Abs Occurrences</th> <th>Abs Days</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>S99 Unknown causes / Not specified</td> <td>797</td> <td>800</td> <td>5,854</td> <td>29.7</td> </tr> <tr> <td>S10 Anxiety/stress/depression/other psychiatric illnesses</td> <td>218</td> <td>220</td> <td>3,711</td> <td>18.8</td> </tr> <tr> <td>S12 Other musculoskeletal problems</td> <td>160</td> <td>163</td> <td>2,530</td> <td>12.8</td> </tr> <tr> <td>S98 Other known causes - not elsewhere classified</td> <td>128</td> <td>140</td> <td>1,667</td> <td>8.4</td> </tr> <tr> <td>S25 Gastrointestinal problems</td> <td>247</td> <td>247</td> <td>1,359</td> <td>6.9</td> </tr> </tbody> </table> <p>Work is ongoing to allocate the S99 Unknown sickness to the correct reason once confirmed with the employee. S99 Unknown causes / not specified is the default option where no reason for absence has been transferred from Empactis into ESR, for example, where the reason has not been clarified with the employee.</p> <p>Assurances:</p> <ul style="list-style-type: none"> • S99 is not available to managers in Empactis and a Return to Work cannot be completed in the Empactis system unless a valid absence reason is entered. • Work is being undertaken to ensure managers allocate the correct Absence reason from the default 'S99 Unknown' when they complete the Return to Work interview. • The Employee Relations Team are also transferring the S99 cases to validated absence reason. <p>Following the implementation of Empactis, a number of issues have been identified as key issues and are being addressed via a rapid action plan</p>	Absence Reason	Headcount	Abs Occurrences	Abs Days	%	S99 Unknown causes / Not specified	797	800	5,854	29.7	S10 Anxiety/stress/depression/other psychiatric illnesses	218	220	3,711	18.8	S12 Other musculoskeletal problems	160	163	2,530	12.8	S98 Other known causes - not elsewhere classified	128	140	1,667	8.4	S25 Gastrointestinal problems	247	247	1,359	6.9	<p>Escalate / fast-track a change request with supplier to automate the absence type and reason based on the callers response to the trigger questions.</p> <p>Open absences where the expected date of return has lapsed have been cross checked against Allocate and closed where applicable.</p>	<p>G</p> <p>G</p>
Absence Reason	Headcount	Abs Occurrences	Abs Days	%																												
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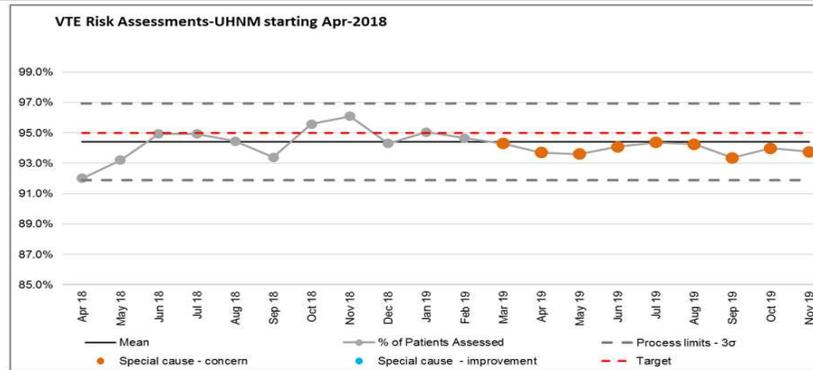
	Ref	Indicator	Exception Triggers			Period	Performance				Site Breakdown			Except.
			Month Target	Step Change	Conti. Limit		This Period Target	Last Period	This Period	YTD	RSUH	County	UHNM	
Patient Feedback	C12	Mixed Sex accommodation breaches	G			Nov-19	0	0	0	0	0	0	0	
	C7	Written Complaints Rate (per 10,000 spells)	G			Nov-19	35.00	45.32	19.48	31.63	18.89	22.26	19.48	
	C1	FFT Recommended %-Inpatients	G			Nov-19	95.0%	98.3%	98.5%	98.3%	98%	9%	98.5%	
	C2	FFT Recommended %- A&E	R			Nov-19	85.0%	65.1%	67.0%	67.4%	66%	70%	67.0%	J
	C3	FFT Recommended %-Maternity	G			Nov-19	95.0%	100.0%	98.5%	99.6%	98.3%	100.0%	98.5%	
Staff Feedback	C6	Staff FFT Percentage Recommended- Care - Qtr.	G			Qtr4	70.0%	n/a	n/a					



Root cause analysis/ Key lines of enquiry	Action Plan	RAG
<p>What do the results tell us?</p> <ul style="list-style-type: none"> Patients do not always feel they are provided with adequate information about their condition and treatment or that the doctors and nurses listened to them. They also do not feel they are updated about waiting times. <p>What are we going to do next?</p> <ul style="list-style-type: none"> An improvement plan has been developed based on those areas that have been identified as mattering most to our patients. Role specific teaching sessions include complaint themes, barriers, how to gain feedback and why this is important. Encourage patients to ask questions and confirm understanding following the "It's OK to ask" campaign and using "teach back" methodology. Common themes for complaints and actions made as a result of these, are displayed in the handover room and are discussed both at the morning and evening handover. Specific training for A&E Staff includes Dementia and Health Literacy Awareness Staff ensure the patient is aware of who to contact post discharge should they have any worries or concerns. Patient Experience listening event workshops are held with patients invited in to talk about their experience in the A&E Department. Improving the pathway through A&E to reduce waiting times. The new escalation plan includes a directive for the nurse in charge to keep patients and relatives who may be queuing in the corridor updated during busy periods. 	<p>The team are proactively seeking feedback to improve the response rate and ensure FFT feedback is accurate. The UHNM A&E departments currently rate best in the country for response rates measured through National Benchmarking.</p> <p>To review the potential for adding direct communication to patients regarding waits over 4 hours to the SOP</p> <p>Staff are actively encouraging patients to ask the questions that matter to them. Introduce the use of the It's Ok to Ask postcards and pencils</p> <p>Health Literacy training- work towards gaining Health Literacy accreditation</p> <p>Comfort rounds are carried out on all patients at least every 2 hours and facilities are in place for additional food and drink during periods of long waits. This is monitored during Quality & Safety Team safety visits</p> <p>Patient experience team gather patient stories and share with team in order to improve practice with regard to patient experience- Patient Experience have slot on stat/mand training days.</p>	<p>G</p> <p>A</p> <p>G</p> <p>A</p> <p>G</p> <p>G</p>
<p>Progress</p> <pre> graph LR A[Not Initiated] --> B[Scoping] B --> C[In Progress] C --> D[Complete] </pre>		

	Ref	Indicator	Exception Triggers			Period	Performance				Site Breakdown			Except.
			Month Target	Step Change	Conti. Limit		This Period Target	Last Period	This Period	YTD	RSUH	County	UHNM	
Infection Control	S10	Clostridium Difficile- Infection number	G			Nov-19	8	9	8	65	7	1	8	
	S11	Clostridium Difficile- Variation from Plan	G			Nov-19	8	2	0	2	-1	1	0	
	S2	Avoidable MRSA cases	G			Nov-19	0	0	0	0	0	0	0	
Incidents	S3	Never Events	G			Nov-19	0	1	0	4			0	
	S19	Falls Resulting in Harm (Including Low - Excluding Collapses and Managed Falls)	G			Nov-19	60	46	47	407	37	10	47	
	S25	Medication Errors: Rate per 10,000 bed days	G			Nov-19	-	46.1	46.7	45.2	43.6	70.4	46.7	
Harm Free Care	S38	Pressure Ulcers- Hospital Acquired Category 2 Trust Apportioned	G			* Oct-19	8	5	4	34	4	0	4	
	S38	Pressure Ulcers Hospital Acquired Category 3 Trust Apportioned	G			* Oct-19	4	3	3	22	3	0	3	
	S29	Pressure Ulcers Hospital Acquired Category 4 Trust Apportioned	G			* Oct-19	0	0	0	0	0	0	0	
	S17	Emergency C-Section Rate as % of total births	G			Nov-19	-	12.98%	14.72%	13.91%			13.91%	
Screening	S36	VTE risk assessments	R			Nov-19	95.0%	93.98%	93.74%	93.9%	92.9%	98.4%	93.7%	J

*reported for previous month



Nov-19	
Target	95%
Nov-18	95.57%
Nov-19	93.74%

Root cause analysis/ Key lines of enquiry	Action Plan	RAG
<p>VTE assessments on admission are reported quarterly to Unify. The definition of the Indicator is the number of inpatients aged 16 and over reported as having had a VTE risk assessment on admission to hospital using the clinical criteria of the national tool divided by the number of adults who were admitted as inpatients (includes day cases, maternity and transfers; both elective and non-elective admissions).</p> <p>For November 2019 93.74% of VTE risk assessments were completed within 24 hours of patient admissions, which falls short of the National 95% target.</p> <p>The three key reasons for under-performance are:</p> <ol style="list-style-type: none"> 1. VTE Risk Assessments not completed 2. VTE Risk Assessments completed on admission but not uploaded accurately onto the WIS Board 3. VTE Risk Assessments completed on admission and uploaded accurately onto the WIS Board but, on occasions, data is lost during transfer of patients to other Departments <p>Continued work is ongoing to improve compliance with VTE risk assessment and timely inputting onto WIS which includes:</p> <ul style="list-style-type: none"> - Development of an eLearning package to provide training on uploading indicator results onto WIS – should be available at the beginning of the new year. - Email has been sent to all ward managers and the Matron for Medical wards at County to improve compliance and face to face ad hoc training has been provided during weekly 'walk arounds' - Liaising with emergency portals at Royal Stoke, where biggest impact on overall compliance can be achieved. - A monthly report is sent to the senior sister and matron of AMU at Royal Stoke regarding compliance. The senior sister has planned to meet with the lead consultant to help improve compliance in completion of VTE assessments. - Monitoring and encouragement to complete indicators within WIS is provided by the quality team during Care Excellence Framework (CEF) visits of inpatient wards and admission portals. - Monthly email/ indicator results are sent to the paediatric consultant and clinical governance lead to improve compliance for children aged 16yrs and 17yrs as these are currently low and are now included within the Trusts Quarterly reports to unify. - Item of discussion at all Divisional Performance Reviews 3rd December 2019. 	<p>The Corporate Quality & Safety Team are providing focused support to admission portals to improve compliance with VTE risk assessment completion and data capture, as required.</p> <p>Development of an E-Learning package to instruct users how to accurately upload VTE risk assessment times on the Ward Information System (WIS) and how to avoid loss of data.</p> <p>Timely input of VTE risk assessment on the WIS System was raised with the Quality Nurses at their meeting on 18th September 2019.</p> <p>Areas of non-compliance are escalated to the relevant matron by the Corporate Quality & Safety Team, on a monthly basis.</p> <p>A workstream is underway to improve compliance with NICE Guidance on VTE risk assessment for patients aged 16-18 years (April 2019).</p>	<p>A</p> <p>A</p> <p>G</p> <p>G</p> <p>A</p>
<p>Progress</p> <pre> graph LR A[Not Initiated] --> B[Scoping] B --> C[In Progress] C --> D[Complete] </pre>		



Executive Summary

Meeting:	Trust Board (Open)	Date:	8 th January 2020
Report Title:	UHNM Charity Annual Review and Financial Statements	Agenda Item:	12
Author:	James Wood, Communications, Fundraising and Events Officer		
Executive Lead:	Naomi Duggan, Director of Communications and Charity		

Purpose of Report:			
Assurance		Approval	✓
		Information	

Alignment to Strategic Objectives:			
SO1		Provide safe, effective, caring and responsive services	✓
SO2		Achieve NHS constitutional patient access standards	
SO3		Achieve excellence in employment, education, development and research	
SO4		Lead strategic change within Staffordshire and beyond	
SO5		Ensure efficient use of resources	✓

Summary of other meetings presented to and outcome of discussion:	
UHNM Charity Committee 28 th November 2019	

Summary of Report, Key Points for Discussion including any Risks:	
<p>The UHNM Charity Annual Review and Financial Statements 2018/2019 has been written and developed by UHNM Charity.</p> <p>The review presents UHNM Charity's activity, achievements and Trustee's Report over the period 2018/2019. The review also presents the financial performance of UHNM Charity over the period 2018/2019; key elements of the financial performance over the period year ended 31 March 2019 include:</p> <ul style="list-style-type: none"> • Income from donations during the period 2018/2019 totals £389,000 • Income from legacies during the period 2018/2019 totals £1,003,000 • Income from trading activities during the period 2018/2019 totals £0 • Other trading activities £245,000 • Investment income during the period totals £217,000 • Analysis of investments at closing market value at 31 March 2019 was £6,077,400 • Total expenditure during the period 2018/2019 was £1,493,000 • Total Income: £1,854,000 • Total funds carried forward £6,734,000 	

Key Recommendations:	
<ul style="list-style-type: none"> • The Trust Board is asked to approve the contents of the UHNM Charity Annual Review and Financial Statements 	



University Hospitals
of North Midlands

NHS Trust



U·H·N·M

charity

raising funds for
university hospitals
of north midlands

**Annual Review and Financial
Statements 2018/2019**

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Review of the year

Our Charity

Our fundraisers

Trustee's Report of the year ended March 2019

Statement of Financial Activities

David Wakefield, Chairman

Sonia Belfield, Non-Executive Director

Gary Crowe, Non-Executive Director (from September 2018)

Andrew Hassell, Non-Executive Director – member of Charitable Funds Committee (from September 2018)

Peter Akid, Non-Executive Director – member of Charitable Funds Committee (From September 2018)

Leigh Griffin, Non-Executive Director – Chair of Charitable Funds Committee (from September 2018)

Jean Challiner, Non-Executive Director (September 2018 to March 2019)

Paula Clark, Chief Executive (until February 2019)

Helen Ashley, Director of Strategy & Performance / Deputy CEO – member of Charitable Funds Committee

Liz Rix, Chief Nurse – member of Charitable Funds Committee

John Oxtoby, Medical Director – member of Charitable Funds Committee

Ro Vaughan, Director of Human Resources – member of Charitable Funds Committee

Rob Cooper / Jonathan Tringham, Chief Finance Officer – member of Charitable Funds Committee

John Marlor, Non-Executive Director (Chair of Charitable Funds Committee until July 2018)

Nicholas Young, Non-Executive Director (member of Charitable Funds Committee until August 2018)

Andrew Smith, Non-Executive Director (until August 2018)

Steve Burgin, Non-Executive Director (until August 2018)

Chairman's Foreword

This is my first year as Chair of the Charitable Funds Committee and I am delighted to report on another successful year for University Hospitals of North Midlands Charity.

In a year dominated by political and economic uncertainty, the demand for NHS services has remained constant. Over two million patients pass through our doors annually, including some of the most complex and seriously ill in the country. The success of our hospitals is primarily down to UHNM's dedicated staff, who provide high quality and compassionate care to those we serve. It is the role of UHNM Charity to support colleagues to make a positive difference to patients through the purchase of state-of-the-art medical equipment, patient comforts and staff training and education which are over and above the core requirements of service that we are funded to provide.

We cannot do this without our inspirational fundraisers, and on behalf of the Trustees, UHNM staff and of course our patients, I want to thank them for dedicating their time and efforts to raise funds to help make UHNM the outstanding place of care it is today. And I would like to assure them that every hard-earned penny they have raised will be spent here, directly enhancing the hospital treatment, care and experience.

Many fundraise as a result of direct care, others on behalf of a loved one or friend. More and more of our 11,000+ staff also choose to fundraise for us through a desire to further improve their services. All are united in one goal- making a real difference for patients and their families. You will see examples of how UHNM Charity is making this difference in this report. You will also find detailed information on how we manage and spend the funds you and your family have raised over the year.

We continue to receive a significant amount of our income through legacies, and remain grateful to, and continue to support those who take the time to remember us in their will. This can be a difficult subject to broach. But our team are here to answer any questions you may have.

I hope you enjoy learning more about the projects we have funded and the heart-warming stories behind them.

Thank you for your continued support.

Leigh

Leigh Griffin

Review of the Year

Thanks to the continued generosity of our supporters, UHNM Charity received **£1.9m** during 2018/2019, supporting **£1.5m** over the same period over all areas of care. This income was received via donations, charitable activities, legacies and investment income.

Cancer Centre



This year UHNM Charity funded the purchase of six Paxman Cooling Caps at a cost of £1,500. The use of scalp cooling or 'cold' caps is proven to be an effective way of combatting chemotherapy-induced hair loss, and work by cooling the scalp immediately before, during and after the administration of chemotherapy, reducing the blood flow to hair follicles which are attacked during treatment.

During this year we also funded a chemotherapy closed-system transfer device, lymphscanner, patient hoist and a number of patient information booklets and clinical reference books.

Critical Care Unit



UHNM Charity supported the purchase of the £49,995 ECHO Portable Ultrasound Scanner, allowing bedside scans, eliminating the need to transport severely ill patients to scanners in other parts of the hospital. Dr Nageswar Bandla, Consultant in Critical Care and Anaesthetics said, "The new machine purchased with our charitable funds has improved the point of care ultrasound service for our critical care patients. This has further

strengthened the comprehensive bedside ultrasound service delivered by the critical care team."

It's thanks to UHNM Charity support that the Critical Care Unit was also able to purchase patient comforts including recliner chairs, fridges and staff training.

Children's Wards



UHNM Charity funds have paid for another year's Music and Art's Therapy, allowing children to overcome complex and traumatic backgrounds and realise and explore suicidal ideation and thoughts of self-harm. Our music therapist helps children explore these feelings through sounds and play, helping though who might otherwise find it difficult to communicate.

The Charity also funded a RHINO simulation projector, used to project images onto the floor to stimulate, engage and relax patients.

Other UHNM Charity-funded initiatives include a number of new electronic cots, a safe space bed for the High Dependency Unit and a number of experience days for child oncology patients.

Neonatal Intensive Care Unit

During 2018/2019, UHNM Charity funded a Video Laryngoscope at a cost of £24,792. This reduces the number of attempts taken by registrars to intubate babies, reducing complications and therefore trauma for the patient and their families.

Other improvements made on the Unit during this period made possible thanks to UHNM Charity include the refurbishment of parent rooms, new breast pumps and storage units.

Renal Units

The purchase of two Sonosite Renal Ultrasound Machines for £30,000 for both hospitals have improved patient experience on the units by improving the needling processes needed for dialysis.

Estates and Facilities

Patients from all departments at Royal Stoke benefitted from the purchase of 50 new UHNM Charity-branded wheelchairs to transfer patients around the hospital. This £29,119 investment greatly improves patient mobility and comfort across the site for the less able.

Education and Training

UHNM Charity continues to commit funds to enhance the education and development of UHNM staff to ensure our patients are cared for by the highest calibre of staff. As long as the training is non-essential to their role, this support is given to staff across all areas through grants.

Innovation and Research



UHNM Charity seeks to provide financial support for pioneering and local new research that has the potential to improve clinical outcomes for patients by finding new ways to prevent or treat complicated medical conditions or life-threatening illness.

This research is supported by fundraisers like Julie Gregory and the McColl's Retail Group who during 2018/2019 raised over £4,000 for research into breath analysis studies for lung cancer and other diseases at the University Hospitals of North Midlands (UHNM) and Keele University. through their 22 stores locally.

Arts



The Charity has continued to support UHNM's art programme which uses visual and performing arts to

enhance patient care and well-being and the well-being of their loved ones, family and staff. This has included the commissioning of five steel discs depicting the region's traditional and historical industries were erected at the entrance to the hospital's new multi-million pound modular wards, to act not only as a focal point but to enhance the hospital environment for staff, patients and visitors.

Our Charity

UHNM Charity is the official NHS Charity for both hospitals operated by University Hospitals of North Midlands NHS Trust – Royal Stoke University Hospital and County Hospital, Stafford. As such, we touch the lives of everyone in the North Midlands and beyond, no matter their age, or condition. Our wish is for our patients to receive the best care in the best possible environment.

Each year we invest in key areas such as equipment, research, patient and family support, staff training and transforming our two hospitals into more comfortable and welcoming environments. The core mission of the Charity is to enhance the care and treatment of patients accessing NHS services in the North Midlands, by supporting high priority areas which are beyond the scope of government funding.

The charity's income comes from fundraising, donations, charitable grants, legacies and sponsorship. The charity employs a team of professional fundraising staff. UHNM Charity organises events and supports many more fundraisers organising their own events or taking part in organised events, both community and hospital-based throughout the year.

In addition to the UHNM Trust magazine, the main route of communication with donors is via our dedicated website (www.uhnmcharity.org.uk), and social media:

- Facebook: www.facebook.com/UHNMCharity
- Twitter: www.twitter.com/UHNMCharity

In all our communications, we seek to update supporters about the impact that donations have made as well as letting people know about upcoming fundraising activities.

The fundraising team would be delighted to speak to anybody who is considering taking part in an event or organising their own fundraising for the charity, and can be contacted by email at fundraisng@uhnm.nhs.uk or by telephone at 01782 676444. We also encourage feedback from all of our supporters, sharing any learning amongst the charity team and, where appropriate, Trustees.

In setting our objectives and planning our activities the Corporate Trustee Board has given serious consideration to meeting our public benefit commitment and to the enhancement of the care of patients through:

- Enhancing the quality of patient care
- Improving the environment for patients, visitors and staff
- Supporting NHS staff development to enable them to provide excellent clinical and patient-centred care
- Providing funding for pioneering research with the potential to impact directly on the treatment and wellbeing of patients
- Funding state-of-the-art equipment that improves outcomes for patients

To achieve these objectives UHNM Charity operates a transparent grant making process. All UHNM NHS Trust staff, from across both hospitals, can apply for funding to provide additional equipment, facilities, staff training and research to what the NHS would normally fund. Our plans to deliver this funding include:

- Encouraging UHNM NHS Trust to submit funding applications and to identify new facilities, training, equipment that the Charity can provide. This has been achieved by Charity staff meeting with key staff and Fund Advisers; and through the submission of charitable funds spending plans
- Raising income to provide the new facilities, training and equipment by supporting patients, members of the public, UHNM NHS Trust staff and organisations in their fundraising.

In line with our investment policy surplus monies not required to meet immediate commitments are placed in ethical and social investments to create additional income to achieve the charity objectives in the future. The staff working for the Charity are employed by UHNM NHS Trust. UHNM Charity reimburses the NHS Trust for these costs.

Bankers and Professional Advisers

Bankers

Government Banking Services
First Floor, West Wing
Somerset House
Strand
London
WC2R 1LA

Auditors

Grant Thornton UK LLP
The Colmore Building
20 Colmore Circus
Birmingham
B4 6AT

Investment Advisers

CCLA Investment Management Ltd
80 Cheapside
London
EC2V 6DZ

Solicitors

Mills and Reeve
Midland House
132 Hagley Road
Birmingham

Our Fundraisers

Jeanette Pickup



Just three years after suffering a life-threatening stroke, Jeanette Pickup from Stockton Brook trekked to Everest base camp in March raising £6,000 for Acute Stroke Services. During the twelve-day trek Jeanette lived the full Sherpa life, sleeping in tea houses often with little sanitation. Speaking to us after returning to civilisation, Jeanette said, “What doesn’t kill you makes you stronger and I’m living proof of this.”

Beryl Vaughan



After spending three weeks in hospital following a stroke in September 2017, Beryl Vaughan from Welshpool walked the length of Hadrian’s Wall and the Camino de Santiago in Spain, a combined distance of 215 miles, to raise funds for the Neurosurgery Department and Ward 228. Beryl’s fundraising efforts totalled an impressive £4,520. Whilst visiting the hospital Beryl said: “The staff at UHNM saved my life, I simply wouldn’t be here without

Dr Nayak and the team, they were amazing and so kind. All I can do is smile and say thank you.”

Pheonix Keep Fit Group



A local keep fit group has raised almost £2,000 for the UHNM Charity over the past year. The Pheonix Keep Fit Group from Newcastle-under-Lyme raised over £1,800 for our Neonatal Intensive Care Unit (NICU). The group, who meet every Friday at the town’s Methodist Church and are run by long-time supporter Ann Culley, raised the money through keep fit classes, sponsored walks and selling knitted baby items.

JPE Aggregates



A three-course dinner with champagne, casino games and live music were on the cards at the JPE Aggregates Grand Ball at the Birmingham Metropole Hotel in aid of the Cancer Centre at Royal Stoke. The event was organised by Stephanie Price whose father was a patient, and raised over £22,000.

Le Tour de Stafford



The annual Le Tour de Stafford was this year ran in aid of our Critical Care Unit and raised £1,819.

Some 24 people traveled 10k around the county town via 13 pubs on a child's scooter or bike, each paying an entry fee and collecting donations along the way.

Organiser Chris Millage said: "Earlier this year, Darren, my wife's uncle, was admitted to the Royal Stoke University Hospital where his condition quickly deteriorated and he was moved to the Critical Care Unit

where he was placed into an induced coma. The service, and attentive care each nurse provided Darren and his family was fantastic"

Emily Doyle



After being diagnosed with Cervical Cancer following a routine smear test in December 2017, Emily Doyle from Penkull held a charity evening to benefit patients cared for by Mr Redman and his team in the Gynaecological Cancer Department and raise awareness of the importance of smear tests. The event featured a 60-item raffle and raised £2,072. Emily said, "I can't thank Dr Redman and his team enough for the support and care

they gave me."

Antony Perrins



Antony Perrins ran ten 10K races in ten months in aid of the Neonatal Intensive Care Unit (NICU) following the premature birth of his son, Oliver, who spent 81 days in the Unit. Antony's efforts in all weathers raised £2,706 for NICU.

Hayley Sutcliffe and Gemma Plant



Friends Hayley Sutcliffe and Gemma Plant organised a fundraising evening at Vale Park in aid of the Forget-Me-Not-Suite after tragically both losing a baby. The evening raised £3,246.

Trustee's Report

The Board of Trustees is pleased to present the UHNM Charity (Charitable Fund) Annual Report together with the Audited Financial Statements for the year ended 31 March 2019. These accounts have been prepared by the Trustees in accordance with the Charities Act 2011 and have adopted the provisions of the Statement of Recommended Practice (SORP) "Accounting and Reporting by Charities" (FRS102) in preparing the annual report and financial statements of the Charity.

Legal Structure

University Hospitals of North Midlands NHS Trust is the corporate trustee of the funds held on trust under paragraph 16(1)C of Schedule 2 of the NHS and Community Care Act 1990. University Hospitals of North Midlands Charity was registered as an umbrella charity with the Charity Commission on 18 March 1996 under registration number 1054889, by Model Declaration of Trust. It has no subsidiary companies.

Management of the Charity

The Trust Board of University Hospitals of North Midlands NHS Trust (the Trust) is the Corporate Trustee of UHNM Charity and holds assets belonging to the Charity. All voting Executive and Non-Executive Directors of University Hospitals of North Midlands NHS Trust are Trustees of the Charity and receive training through Board Development sessions. The directors of the Corporate Trustee are not Trustees, however, they act on behalf of the Corporate Trustee. The Charity is separate from the Trust and independent of it, but the Trustees always aim to work closely with the Trust. The Corporate Trustee can delegate certain powers to agents and/or employees but will always retain the ultimate responsibility for the management of the Charity.

The Charitable Funds Committee will oversee the Charity's operation on behalf of the Corporate Trustee. The Committee will apply scrutiny and constructive challenge to the Charity's financial information and systems of control, including the Annual Accounts, to provide assurance to the Corporate Trustee Board that the administration of charitable funds is distinct from its exchequer funds and compliant with legislation and Charity objectives. The Charitable Funds Committee meet and report to the Board, which approves major decisions and remains responsible for the activities of the Charity. The day-to-day management of the Charity is overseen by the Director of Communications.

Objectives

The main objectives of the Trustees are to accept, hold and administer any property on trust for any charitable purpose or purposes relating to the National Health Service, wholly or mainly for the service provided by University Hospitals of North Midlands NHS Trust. The funds of the Charity accumulate from the receipt of donations and legacies together with the returns on investments. The funds are used above basic NHS provision to enhance the care of patients through the provision of new or enhanced facilities, state of the art equipment, and innovative medical research and skilled staff (through welfare, learning and development).

Investment Policy

Surplus monies not required to meet immediate commitments are currently invested in the COIF Charity Funds, which are common investment and deposit funds established under sections 24 and 25 of the Charities Act 1993. The administrative functions for the COIF Charity Funds have been delegated to CCLA, whose ethical and social investment policies support the UHNM Charity's own investment policy. The portfolio has performed in line with the overall stock market conditions during the financial year with performance continually monitored by the Charitable Funds Committee.

Reserves Policy

The Charity has a policy of holding reserves to ensure that normalised expenditure has a three year cover. This policy is reviewed periodically.

Risk Policy

The major risks to which the Charity could be exposed have been identified and considered. They have been reviewed and systems developed to diminish those risks. The most significant risks have been identified as:

1. Losses from a fall in the value of the investments due to volatility in world markets
2. Fraud

The Committee is satisfied that the Charity's Investment Policy together with robust financial procedures including the regular monitoring of investments minimises these risks. Income and expenditure is monitored in total on a quarterly basis to avoid unforeseen calls on reserves should investment income reduce.

Expenditure Approval Policy

As a grant making charity, each application is considered on its own merit and appropriateness against the Charity and fund objectives (if restricted), and it must comply with the Charity Commission funding criteria and UHNM Charity Policy. All grant applications are subject to approval by the NHS Trust (to ascertain they can meet their on-going liabilities) and the Corporate Trustee Board or its appointed officers. All research grants awarded will be approved by the ethical committee and results must be made available within the public domain.

Statement of Trustees' Responsibility

The Trustees are responsible for:

keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the funds held on trust and to enable them to ensure that the accounts comply with the requirements in the Charities Act 2011 and those outlined in the directions issued by the Secretary of State;

- establishing and monitoring a system of internal control; and
- establishing arrangements for the prevention and detection of fraud and corruption.

The Trustees are required under the Charities Act 2011 and the National Health Service Act 1977 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the financial position of the funds held on trust, in accordance with the Charities Act. In preparing those accounts, the Trustees are required to:

- Select suitable accounting policies and apply them consistently;
- Observe the methods and principles in the Charities SORP 2015 (FRS102);
- Make judgements and estimates which are reasonable and prudent;
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The Trustees confirm that they have met the responsibilities set out above and complied with the requirements for preparing the accounts. The financial statements set out in this document have been compiled from and are in accordance with the financial records maintained by the Trustees.

In exercising their powers and duties the Trustees have complied with their duty to have due regard to the guidance on public benefit published by the Charity Commission.

Related Party Transactions

University Hospitals of North Midlands NHS Trust is a related party. During the year none of the Trustees or members of the key management staff or parties related to them has undertaken any material transactions with the Trust outside their role as employees of the Trust. Details of remuneration paid to Trustees in their roles as employees of the UHNM Trust can be found in the remuneration report section of the Trust's annual report and accounts.

Statement of Financial Activities

Statement of Financial Activities (including Income & Expenditure Account)
For University Hospitals of North Midlands Charity for the Year Ended 31 March 2019

	Note	Unrestricted Funds 2019	Unrestricted Funds 2018	Restricted Funds 2019	Restricted Funds 2018	Total Funds 2019	Total Funds 2018
Income from:	2	£000	£000	£000	£000	£000	£000
Donations	2.1	380	437	9	10	389	447
Legacies	2.2	916	264	87	1	1,003	265
Trading activities	2.3	0	43	0	0	0	43
Other trading activities	2.4	238	313	7	10	245	323
Investments	2.5	187	190	30	32	217	222
Total Income		1,721	1,247	133	53	1,854	1,300
Expenditure on:	3						
Charitable activities	3.1	1,056	1,358	329	121	1,385	1,479
Raising funds	3.2	98	86	10	13	108	99
Other		0	0	0	0	0	0
Total expenditure	3.3	1,154	1,444	339	134	1,493	1,578
Net gains/(losses) on investments	4	383	99	61	17	444	116
Net Income/ (Expenditure)		950	(98)	(145)	(64)	805	(162)
Transfers between funds	9	0	6	0	(6)	0	0
Net movement in Funds		950	(92)	(145)	(70)	805	(162)
Reconciliation of funds:							
Total funds Brought forward		4,863	4,955	1,066	1136	5,929	6,091
Total funds carried forward		5,813	4,863	921	1,066	6,734	5,929

The statement of financial activities includes all gains and losses recognised in the year.
All income and expenditure derives from continuing activities.

Chairman
Date

Balance Sheet

For University Hospitals of North Midlands Charity as at 31 March 2019

		Unrestricted Funds	Restricted Funds	Total Funds 31-Mar-19	Total Funds 31-Mar-18
		£000	£000	£000	£000
	Note				
Non-current assets					
Investments	6	5,246	831	6,077	5,633
Total non-current assets		5,246	831	6,077	5,633
Current assets	7				
Debtors	7.1	166	8	174	194
Cash at bank and in hand	7.2	1,219	247	1,466	1,680
Total current assets		1,385	255	1,640	1,874
Liabilities	8				
Creditors falling due within one year	8.1	(743)	(165)	(908)	(1,465)
Net current assets		642	90	732	409
Total assets less current liabilities		5,888	921	6,809	6,042
Creditors:					
Amounts falling due after more than one year	8.2	(75)	0	(75)	(113)
Net assets		5,813	921	6,734	5,929
Funds of the Charity	9				
Restricted income funds		0	921	921	1,066
Unrestricted income funds		5,813	0	5,813	4,863
Total Funds		5,813	921	6,734	5,929

The notes on pages 5 to 11 form part of this account

Chairman
Date

Cash Flow Statement for the year ended 31 March 2019

	2018/19	2017/18
	Total funds £000	Total funds £000
Reconciliation of net income (expenditure) to net cash flow from operating activities		
Net income (expenditure) for the reporting period (as per the Statement of Financial Activities)	805	(162)
Adjustments for:		
(Gains)/losses on investments (Note 4)	(444)	(116)
Interest from Investments	217	(222)
(Increase) decrease in debtors	20	(98)
Increase (decrease) in creditors	(595)	516
Net cash provided by (used in) Operating activities	3	(82)
Cash flows from operating activities:		
Net cash provided by (used in) operating activities	3	(82)
Cash flows from investing activities:		
Purchase of investments (Note 6)	0	(1,000)
Interest from Investments (Note 2.5)	(217)	222
Proceeds from sale of investments (Note 6)	0	500
Net cash provided by (used in) investing activities	(217)	(278)
Increase/(decrease) in cash and cash equivalents in the reporting period	(214)	(360)
Cash and cash equivalents at 1 April	1,680	2,040
Cash and cash equivalents at 31 March	1,466	1,680
Analysis of cash and cash equivalents:		
Cash in hand	1,466	1,680
Cash on deposit	0	0
Total cash and cash equivalents	1,466	1,680

University Hospitals of North Midlands NHS Trust Charitable fund for the year ended 31 March 2019

Notes to the Financial Statements

1 Accounting Policies

1.1 Basis of preparation

UHNM Charity has prepared its financial statements that comply with SORP 2015 (FRS102) for the year ended 31 March 2019. The charity constitutes a public benefit entity as defined by FRS102. The accounts (financial statements) have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) issued on 16 July 2014, and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011 and UK Generally Accepted Practice as it applies from January 2015.

1.2 Income recognition

All incoming resources are included in full in the Statement of Financial Activities as soon as the following three factors can be met:

- i) entitlement - arises when a particular resource is receivable or the charity's right becomes legally enforceable;
- ii) probable - it is more likely than not that the economic benefits associated with the transaction or gift will flow to the charity
- iii) measurement - when the monetary value of the incoming resource can be measured with sufficient reliability

1.3 Legacies

Legacies are accounted for as incoming resources once the receipt of the legacy becomes probable. This will be once confirmation has been received from the representatives of the estates that payment of the legacy will be made or property transferred and once all conditions attached to the legacy have been fulfilled.

1.4 Expenditure recognition

The funds held on trust accounts are prepared in accordance with the accruals concept. All expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party.

a) Cost of raising funds

The cost of generating funds are the costs associated with generating income for the funds held on trust.

b) Grants payable

Grants payable are payments, made to third parties (including NHS bodies) in the furtherance of the funds held on trust's charitable objectives to relieve those who are sick. They are accounted for on an accruals basis where the conditions for their payment have been met or where a third party has a reasonable expectation that they will receive the grant. This includes grants paid to NHS bodies and relevant allocation of support costs. The majority of grant payments made by the charity have been made to University Hospitals of North Midlands NHS Trust.

c) Voluntary income and Governance costs

These are accounted for on an accruals basis and are recharges of appropriate proportions of costs from University Hospitals of North Midlands NHS Trust.

1.5 Structure of funds

Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified in the accounts as a restricted fund. Funds where the capital is held to generate income for charitable purposes and cannot itself be spent are accounted for as endowment funds. Other funds are classified as unrestricted funds. Funds which are not legally restricted but which the Trustees have chosen to earmark for set purposes are classified as designated funds. The major funds held are disclosed in note 9.

University Hospitals of North Midlands Charity for the year ended 31 March 2019

Notes to the Financial Statements

1.6 Investment Assets

Investment assets are shown at market value.

1.7 Realised gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (or date of purchase if later). Unrealised gains and losses are calculated as the difference between market value at the year end and opening market value (or date of purchase if later).

1.8 Change in the Basis of Accounting

There has been no change in the basis of accounting during the year.

1.9 Prior Year Adjustments

There has been no change to the accounts of prior years.

1.10 Pooling Scheme

An official pooling scheme is operated for investments held by the Charity. The scheme was registered with the Charity Commission on 31st March 1998.

1.11 Related party transactions

During the year none of the Trustees or members of the key management staff or parties related to them has undertaken any material transactions with the University Hospitals of North Midlands NHS Trust outside their role as employees of the Trust.

During the year none of the Trustees has received any further remuneration or reimbursement of expenses for the provision of their services as a Trustee of the Charitable Fund outside their role as employees of the Trust.

The charitable trust has made revenue and capital payments to the University Hospitals of North Midlands NHS Trust where the Trustees are also members of the Trust Board.

In year these payments amount to £1,425,806 (2017/18: £1,757,865). Outstanding at the year end was a balance of £431,957 (2017/18: £1,010,851) of which £433,475 is included within creditors falling due within one year, with the remaining £1,518 included in debtors.

1.12 Commitments

Applications for expenditure are treated as commitments as soon as the necessary approval is granted and recipients have received confirmation by the year end in order to create a constructive obligation. The Trustees of these funds will endeavour to encourage spending plans within the forthcoming year.

1.13 Going concern

The financial statements have been prepared on a going concern basis as the trustees believe that no material uncertainties exist.

University Hospitals of North Midlands Charity for the year ended 31 March 2019 Notes to the Financial Statements

2 Income

2.1 Donations

	2019			2018		
	Unrestricted £	Restricted £	Total £	Unrestricted £	Restricted £	Total £
In memory of donations	177,726	4,709	182,435	177,200	6,896	184,096
Recognition of Care donations	44,609	1,500	46,109	48,336	-	48,336
Collections	10,461	-	10,461	13,410	262	13,672
Teenage Cancer donation	13,551	-	13,551	14,112	-	14,112
Other specific donation funds	43,262	-	43,262	-	-	-
Arts therapy	-	-	-	10,000	-	-
Research	-	-	-	30,000	-	-
Other donations	90,730	2,955	93,685	144,122	2,372	146,494
Total donations	380,339	9,164	389,503	437,180	9,530	406,710

2.2 Legacies

	2019			2018		
	Unrestricted £	Restricted £	Total £	Unrestricted £	Restricted £	Total £
Legacies	916,091	87,229	1,003,320	264,197	1,405	265,602
Total for the year	916,091	87,229	1,003,320	264,197	1,405	265,602

2.3 Trading activities

Trading activities

	2019			2018		
	Unrestricted £	Restricted £	Total £	Unrestricted £	Restricted £	Total £
Income from Fresh Hair Wig Salon	0	0	0	43,292	-	43,292
Total for the year	0	0	0	43,292	-	43,292

2.4 Income from other trading activities

	2019			2018		
	Unrestricted £	Restricted £	Total £	Unrestricted £	Restricted £	Total £
Charity events and fundraising	237,878	7,374	245,252	312,349	10,189	322,538
Total for year	237,878	7,374	245,252	312,349	10,189	322,538

Income from other trading activities comprises of funds raised through various sporting and other fundraising events.

2.5 Investment income

	2019			2018		
	Unrestricted £	Restricted £	Total £	Unrestricted £	Restricted £	Total £
Income from investments was received as below:						
Income from other investments	179,747	28,473	208,220	188,119	31,188	219,307
Bank interest	7,320	1,160	8,480	2,584	428	3,012
Total for year	187,067	29,633	216,700	190,703	31,616	222,319

University Hospitals of North Midlands Charity for the year ended 31 March 2019

Notes to the Financial Statements

3 Expenditure

3.1 Charitable activities

	2019			2018		
	Unrestricted £	Restricted £	Total £	Unrestricted £	Restricted £	Total £
Patient welfare and amenities	162,490	14,702	177,192	167,395	2,432	169,827
Staff welfare and amenities	65,672	9,378	75,050	27,310	-	27,310
Research	26,473	0	26,473	73,753	-	73,753
Enhancement of NHS care	630,068	276,192	906,260	938,016	95,503	1,033,519
Support costs	171,317	29,203	200,520	139,235	23,100	162,335
Other	474	0	474	12,722	-	12,722
	1,056,494	329,475	1,385,969	1,358,431	121,035	1,479,466

3.2 Raising Funds

Fundraising Trading costs	68,985	4,511	73,496	12,911	847	13,758
Support costs	29,203	5,142	34,345	73,051	12,120	85,171
	98,188	9,653	107,841	85,962	12,967	98,929

3.3 Total expenditure

	1,154,682	339,128	1,493,810	1,444,393	134,002	1,578,395
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3.3 Total expenditure 1,154,682 339,128 1,493,810 1,444,393 134,002 1,578,395

Included in enhancement of NHS care is the purchase & maintenance of advanced medical equipment, improvements to computer systems and the furtherance of staff education. During the year £906,260 was granted to University Hospitals of North Midlands NHS Trust in respect of the purchase of medical equipment and the County site outpatients refurbishment capital project. Included in Support costs are external audit fees totalling £11,994 including VAT (£11,994 in 2017/2018).

The charity has no direct employees. Staff involved in the administration of the charity are employees of the University Hospitals of North Midlands NHS Trust. A recharge is made by the Trust to the charity to reflect the cost of administering the charity. Staff costs for the period amounted to £146,399 (£196,124 in 2017/18) and are apportioned between expenditure on raising funds and charitable activities.

4 Net gains/(losses) on investments

	2019 £	2018 £
Net realised gains for the year	0	23,928
Unrealised gains on Investment assets	444,491	92,105
Net unrealised gains for the year	444,491	116,033

In line with FRS102 net gains/losses on investments are now shown before striking a total for net income/(expenditure).

5 Net income/(expenditure) for the year

This is stated after charging:

	2019 £	2018 £
Auditors remuneration:		
Audit fees	11,194	11,194

University Hospitals of North Midlands NHS Trust Charitable fund for the year ended 31 March 2019
Notes to the Financial Statements

6 Analysis of Investments

	2019 £	2018 £
Fixed Asset Investments:		
Opening Market value 1 April	5,632,909	5,016,876
Less: Disposals at carrying value	0	(500,000)
Add: Acquisitions at cost	0	1,000,000
Net gain on revaluation	444,491	116,033
Closing Market value at 31 March	6,077,400	5,632,909

The historical cost of the investments held was £4,644,949 (£4,644,949 in 2017/18) and the market value as at 31 March 2019 was £6,077,400 (£5,632,909 in 2017/18).

At 31st March 2019 the mid market value of one Charities Investment Fund Income unit was 1,534.22 pence, 1,422.01 pence as at 31st March 2018.

7 Current assets**7.1 Debtors (falling due within one year)**

	2019 £	2018 £
Interest including bank interest	55,180	54,910
Tax credits	2,788	19,850
Debtors	115,836	119,814
Total	173,804	194,574

7.2 Cash at Bank and in hand

	2019 £	2018 £
Cash held at Royal Bank of Scotland	1,466,063	1,680,347

8 Liabilities**8.1 Creditors (falling due within one year)**

	2019 £	2018 £
Creditors	866,346	1,418,188
Accruals	41,964	46,633
	<u>908,310</u>	<u>1,464,821</u>

Creditors include the current committed expenditure of the funds amounting to £495,411 (£484,975 in 2017-18)

8.2 Creditors (falling due after more than one year)

	2019 £	2018 £
Creditors (maintenance charges)	74,834	113,419

University Hospitals of North Midlands NHS Trust Charitable fund for the year ended 31 March 2019
Notes to the Financial Statements

9 Funds**Designated funds**

The income funds of the charity include designated funds comprising unexpended balances of donations and legacies held on trust to be applied wholly or mainly for any charitable purpose or purposes relating to the National Health Service, wholly or mainly for the University Hospitals of North Midlands NHS Trust.

The table below shows all funds with a closing balance of greater than £25,000.

Fund	Balance 01-Apr 2018 £000	Incoming Resources £000	Resources Expended £000	Transfers between funds £000	Gains and losses £000	Balance 31-Mar 2019 £000
UHNM	979	83	(136)	0	65	991
Cancer Centre Fund	613	141	(87)	0	47	714
UHNM Critical Care Fund	250	84	(85)	0	18	267
County Fundraising Appeal	190	150	(197)	0	10	153
UHNM Breast Care Fund	73	25	(19)	0	5	84
Cancer Research	154	1	(11)	(115)	2	31
UHNM Heart Fund	191	51	(9)	0	16	249
Cystic Fibrosis	58	19	(23)	0	4	58
UHNM Children's Centre & Services	243	115	(131)	0	16	243
Respiratory Fund	189	30	(41)	0	13	191
UHNM Gynaecology Fund	59	2	(2)	0	4	63
UHNM Obstetric Fund	80	37	(15)	0	7	109
Neonatal Intensive Care Unit	221	56	(55)	0	16	238
UHNM Neurosciences IP Fund	56	12	(15)	0	4	57
UHNM Trauma and Orthopaedic Fund	68	15	(11)	0	5	77
Renal Fund	99	81	(36)	0	10	154
Imaging Fund	124	28	(5)	0	10	157
UHNM Research and Development Fund	152	5	(5)	0	11	163
UHNM Fresh Hair Fund	204	10	(58)	0	11	167
General Cancer Research Fund	0	140	(9)	115	17	263
County General Fund	74	437	(93)	0	30	448
County Cancer & Haematology Fund	90	31	(4)	0	8	125
Emergency Care Centre	26	8	(9)	0	2	27
UHNM Stroke & AU Fund	34	16	(2)	0	3	51
Art for Life	31	1	(1)	0	2	33
Eye Fund	44	4	(10)	0	2	40
Oral Surgery	41	2	(2)	0	3	44
Colrectal Fund	13	12	(1)	0	2	26
Elderly Care Fund	22	4	(1)	0	2	27
Pot luck patient benefit fund	23	14	(3)	0	2	36
General Medical Fund	23	2	(1)	0	2	26
RSUH General Fund	0	36	(1)	0	2	37
Vascular Research	24	1	(1)	0	2	26
Urology	30	1	(2)	0	2	31
Gastro & Endoscopy Fund	32	5	(5)	0	2	34
All other designated funds (140)	353	62	(68)	0	26	373
Total Funds	4,863	1,721	(1,154)	0	383	5,813

Restricted Funds

The income funds of the charity include restricted funds comprising unexpended balances of donations and legacies held on trust to be applied wholly or mainly for specific purposes.

The table below shows all funds with a closing balance of greater than £25,000.

	Balance 01-Apr 2018 £000	Incoming Resources £000	Resources Expended £000	Transfers between funds £000	Gains and losses £000	Balance 31-Mar 2019 £000
North Staffs Heart Committee	949	129	(335)	0	52	795
Chemotherapy Legacy	88	3	(3)	0	6	94
All other restricted funds (10)	29	1	(1)	0	3	32
	1,066	133	(339)	0	61	921

The number of funds remaining at 31st March 2019 was 7 (7 at 31 March 2018).

University Hospitals of North Midlands NHS Trust Charitable fund for the year ended 31 March 2019

Notes to the Financial Statements

10 Commitments

The funds have the following commitments:

	Total 2019 £	Total 2018 £
Charitable projects	93,590	169,747
Charitable projects over one year	74,834	113,419
Capital	<u>326,987</u>	<u>201,809</u>
	495,411	484,975

The trustees recognise liabilities in the accounts once they have incurred either a legal or constructive obligation to spend the funds. Commitments of £495,411 have been included in this set of accounts as part of Creditors, refer to notes 8.1 and 8.2.

Applications for expenditure are accounted for on an accruals basis. A commitment is created where approval is granted and a constructive obligation has been created. All of the commitments in both 2018/2019 and 2017/18 relate to grants payable.

In previous years the Charity has made a commitment to fund the on-going maintenance for equipment that it has funded through grant payments. From 1 April 2017 the Charity will no longer fund the on-going maintenance for new equipment purchased from grant payments.

11 Five year summary of Income and Expenditure

Financial year	2015 £000	2016 £000	2017 £000	2018 £000	2019 £000
Total Incoming Resources	2,313	1,841	2,069	1,300	1,854
Total Resources Expended	(2,476)	(2,134)	(1,370)	(1,578)	(1,493)
Gains/(losses) on Investment assets	409	(187)	661	116	444
Net movement in funds	<u>246</u>	<u>(480)</u>	<u>1,360</u>	<u>(162)</u>	<u>805</u>

The date of approval of the accounts by the Trust Board was the 11th December 2019.



**University Hospitals
of North Midlands**

NHS Trust

Royal Stoke University Hospital

Executive Suite

Springfield

Newcastle Road

Stoke-on-Trent

Staffordshire

ST4 6QG

Tel: 01782 676616

Email: naomi.duggan@uhnms.nhs.uk

PA. deborah.matthews@uhnms.nhs.uk

Ref: RV/DM

8th January 2020

Grant Thornton UK LLP
The Colmore Building
20 Colmore Circus
Birmingham
B4 6AT

Dear Sirs

University Hospitals of North Midlands Charity Financial Statements for the year ended 31 March 2019

This representation letter is provided in connection with the audit of the financial statements of UHNM Charity for the year ended 31 March 2019 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with Section 154 of the Charities Act 2011.

We confirm that to the best of our knowledge and belief having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves:

Financial Statements

- i. We have fulfilled our responsibilities, [as set out in the terms of the audit engagement letter dated 23 November 2018, for the preparation of the financial statements in accordance with the Charities Act 2011, and the Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland ('Charities SORP (FRS 102)'), issued by the Charity Commission for England and Wales and any subsequent amendments or variations to this statement., in particular the financial statements give a true and fair view in accordance therewith.
- ii. We acknowledge our responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud.
- iii. Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.
- iv. Except as stated in the financial statements:
 - a. there are no unrecorded liabilities, actual or contingent;
 - b. none of the assets of the charity has been assigned, pledged or mortgaged;
 - c. there are no material prior year charges or credits, nor exceptional or non-recurring items requiring separate disclosure.

- v. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of the Charities SORP (FRS 102) and any subsequent amendments or variations to this statement.
- vi. All events subsequent to the date of the financial statements and for which the Charities SORP (FRS 102) and any subsequent amendments or variations to this statement require adjustment or disclosure have been adjusted or disclosed.
- vii. We have considered the adjusted misstatements, and misclassification and disclosures changes schedules included in your Audit Findings Report. The financial statements have been amended for these misstatements, misclassifications and disclosure changes and are free of material misstatements, including omissions.

The financial statements are free of material misstatements, including omissions.

- viii. We can confirm that:
 - a. all income has been recorded;
 - b. the restricted funds have been properly applied;
 - c. constructive obligations for grants have been recognized; and
 - d. we consider there to be appropriate controls in place to ensure overseas payments are applied for charitable purposes.
- ix. The charity has complied with all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance. There has been no non-compliance with requirements of regulatory authorities that could have a material effect on the financial statements in the event of non-compliance.
- x. We have no plans or intentions that may materially alter the carrying value or classification of assets and liabilities reflected in the financial statements.
- xi. Actual or possible litigation and claims have been accounted for and disclosed in accordance with the requirements of UK Generally Accepted Accounting Practice.

Information Provided

- xii. We have provided you with:
 - a. access to all information of which we are aware that is relevant to the preparation of the financial statements such as records, documentation and other matters;
 - b. additional information that you have requested from us for the purpose of your audit; and
 - c. unrestricted access to persons from whom you determine it necessary to obtain audit evidence.
- xiii. We have communicated to you all deficiencies in internal control of which we are aware.
- xiv. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- xv. All transactions have been recorded in the accounting records and are reflected in the financial statements.
- xvi. We have disclosed to you our knowledge of fraud or suspected fraud affecting the charity involving:
 - a. management;
 - b. employees who have significant roles in internal control; or
 - c. others where the fraud could have a material effect on the financial statements.

- xvii. We have disclosed to you our knowledge of any allegations of fraud, or suspected fraud, affecting the charity's financial statements communicated by employees, former employees, analysts, regulators or others.
- xviii. We have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.
- xix. We have disclosed to you the identity of the charity's related parties and all the related party relationships and transactions of which we are aware.
- xx. We have disclosed to you all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements.
- xxi. We confirm that we have reviewed all correspondence with regulators, which has also been made available to you, including the guidance 'How to report a serious incident in your charity' issued by the Charity Commission (updated in September 2017). We also confirm that no serious incident reports have been submitted to the Charity Commission, nor any events considered for submission, during the year or in the period to the date of signing of the balance sheet.

Yours faithfully

Naomi Duggan
Director of Communications, UHNM Charity Trustee

Trust Board
2019/20 BUSINESS CYCLE

KEY TO RAG STATUS	
Paper rescheduled for future meeting	
Paper rescheduled for next meeting	
Paper taken to meeting as scheduled	

Title of Paper	Executive Lead	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Notes
		3	8	5	10	14	4	9	6	11	8	5	11	
PROVIDE SAFE, EFFECTIVE, CARING AND RESPONSIVE SERVICES														
Chief Executives Report	Chief Executive													
Patient Story	Chief Nurse													
Quality Assurance Committee Assurance Report	Associate Director of Corporate Governance													
Emergency Preparedness Annual Assurance Statement and Annual Report	Chief Operating Officer													
Patient Safety Report	Chief Nurse		Q4			Q1			Q2			Q3		
Care Quality Commission Action Plan	Chief Nurse													Updated action plan delayed due to not having received CQC report.
Revised Patient Care Improvement Strategy	Chief Nurse													
Bi Annual Nurse Staffing Assurance Report	Chief Nurse													Delayed due to undertaking nurse establishment review.
Quality Account	Chief Nurse													
Patient Experience Report	Chief Nurse			Q4			Q1			Q2			Q3	
7 Day Services Board Assurance Report	Medical Director													
NHS Resolution Maternity Incentive Scheme	Chief Nurse													
Winter Plan	Chief Operating Officer													Delayed due to ongoing discussions with partners
PLACE Inspection Findings and Action Plan	Director of Estates, Facilities & PFI													
ACHIEVE NHS CONSTITUTIONAL PATIENT ACCESS STANDARDS														
Integrated Performance Report	Various													
ACHIEVE EXCELLENCE IN EMPLOYMENT, EDUCATION, DEVELOPMENT & RESEARCH														
Gender Pay Gap Report	Director of Human Resources													
Research and Development Update	Medical Director													Initially deferred at request of Medical Director due to up to date information not being available. Subsequently deferred due to lack of time available on board agenda. Agreed to take to TAP from Jan 20 onwards.
People Strategy Progress Report	Director of Human Resources													
Revalidation	Medical Director													
Workforce Disability Equality Report	Director of Human Resources													
Workforce Race Equality Standards Report	Director of Human Resources													
Staff Survey Report	Director of Human Resources													
LEAD STRATEGIC CHANGE WITHIN STAFFORDSHIRE AND BEYOND														
Sustainability and Transformation Partnership Update	Director of Strategy													

