



University Hospitals
of North Midlands
NHS Trust



Trust Board (Open)

April 2020





Trust Board (Open)

Meeting held on Wednesday 8th April 2020 at 9.30 am to 10.55 am
 via Microsoft Teams

AGENDA

Time	No.	Agenda Item	Purpose	Lead	Format
09:30	PROCEDURAL ITEMS				
5 mins	1.	Chair's Welcome, Apologies and Confirmation of Quoracy	Information	Mr D Wakefield	Verbal
	2.	Declarations of Interest	Information	Mr D Wakefield	Verbal
	3.	Minutes of the Meeting held 11 th March 2020	Approval	Mr D Wakefield	Enclosure
5 mins	4.	Matters Arising via the Post Meeting Action Log	Assurance	Mr D Wakefield	Enclosure
20 mins	5.	Chief Executive's Report – March 2020 • Covid-19	Information	Mrs T Bullock	Enclosure
10:00	PROVIDE SAFE, EFFECTIVE, CARING AND RESPONSIVE SERVICES				
5 mins	6.	Quality Governance Committee Assurance Report	Assurance	Ms S Belfield	Enclosure
10:05	ENSURE EFFICIENT USE OF RESOURCES				
5 mins	7.	Performance & Finance Committee Assurance Report	Assurance	Mr P Akid	Enclosure
5 mins	8.	Financial Performance Report – Month 11	Assurance	Mr M Oldham	Enclosure
5 mins	9.	IM&T Strategy Progress Report	Assurance	Mr M Bostock	Enclosure
10:20	ACHIEVE EXCELLENCE IN EMPLOYMENT, EDUCATION, DEVELOPMENT AND RESEARCH				
5 mins	10.	Transformation and People Committee Assurance Report	Assurance	Prof G Crowe	Enclosure
10:25	ACHIEVE NHS CONSTITUTIONAL PATIENT ACCESS TARGETS				
20 mins	11.	Integrated Performance Report – Month 11	Assurance	Mr P Bytheway Mrs M Rhodes Mrs R Vaughan Mr M Oldham	Enclosure
10:45	CLOSING MATTERS				
5 mins	12.	Review of Meeting Effectiveness and Business Cycle Forward Look	Information	Mr D Wakefield	Enclosure
5 mins	13.	Questions from the Public Please submit questions in relation to the agenda, by 12.00 pm 6th April 2020 to claire.rylands@uhnm.nhs.uk	Discussion	Mr D Wakefield	Verbal
10:55	DATE AND TIME OF NEXT MEETING				
	14.	Wednesday 6th May 2020, 9.30 am, via videoconference			



Trust Board (Open)

Meeting held on 11th March 2020 at 9.30 am to 12.20 pm
Trust Boardroom, Third Floor, Springfield, Royal Stoke

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 (Chair)						Chair					
Dr L Griffin	LG	Non-Executive Director											
Prof A Hassell	AH	Non-Executive Director											
Mr M Oldham	MO	Chief Financial Officer	JT	JT	JT								
Dr J Oxtoby	JO	Medical Director											
Mrs M Rhodes	MR	Chief Nurse	LR	LR	LR	TR							
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 & Transformation											
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 F Taylor	FT	NeXT Non-Executive Director											
Mrs L Whitehead	LW	Director of Estates, Facilities & PFI											

In Attendance:		
Mrs A Coxon	AC	Patient Representative (item 1)
Mrs A Grocott	AG	Head of Patient Experience (item 1)
Mrs N Hassall	NH	Deputy Associate Director of Corporate Governance (minutes)

Members of Staff, Public & Press 7

No.	Agenda Item	Action
1.	Patient Story	
033/2020	Mrs Coxon recalled her daughter's story, whereby she presented twice to hospital with an abscess on her lower back. She experienced delays with her operation due to emergency pressures and issues when she was referred into the Surgical Assessment Unit (SAU), where initially there was no bed available for her to lie on while she waited. It was noted that the main issue while in hospital was the lack of communication; from staff on the ward not having updates from theatre, and not having updates in terms of timing of the surgery, which was particularly difficult given the length of time patients are required to fast beforehand. Mrs Coxon	

	<p>stated that the second time her daughter was admitted, they experienced similar problems.</p> <p>Professor Crowe apologised for the experience her daughter encountered and Dr Oxtoby agreed that the experience was not what the Trust would have expected. He stated that delays with unplanned surgery were inevitable due to emergency pressures but agreed that it would be beneficial to take a pragmatic judgement in terms of whether the surgery would take place or not rather than waiting until the last minute.</p> <p>Mrs Rhodes referred to patients being nil by mouth before their operation and that fasting was only required 2 hours beforehand. She referred to a recent initiative whereby a screensaver was being utilised to remind staff of this and she agreed that improvements to communications were required in particular considering whether staff could provide a 'best guess' as to when operations would take place. Mrs Rhodes agreed to share the patient story with the Ward Sisters meeting so that this could be shared further.</p> <p>Mr Oldham stated that the Trust recognised that the number of cancellations made on the day needed to reduce and as such the Trust was working with NHS Improvement in terms of reviewing processes and ensuring they were as good as they could be.</p> <p>Professor Crowe queried what else could have been done in terms of the appropriateness of being offered a chair instead of a bed while in SAU and Mrs Rhodes agreed to discuss this with SAU in terms of determining the needs of the patient in terms of waiting on a chair or bed.</p> <p>Professor Hassell stated that the issues raised were a key part of caring for patients was to make such decisions earlier.</p> <p>Mrs Cooke and Mrs Grocott left the meeting.</p> <p>The Trust Board noted the patient story.</p>	<p>MR</p> <p>MR</p>
2.	Chair's Welcome, Apologies & Confirmation of Quoracy	
034/2020	<p>Professor Crowe 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.</p> <p>Professor Crowe recognised that the meeting was the last for Ms Duggan and he thanked for her time and the contribution she had made while at the Trust.</p>	
3.	Declarations of Interest	
035/2020	The standing declarations were noted.	
4.	Minutes of the Meeting Held 5th February 2020	
036/2020	The minutes of the meeting held on 5 th February 2020 were approved as a true and accurate record.	

5.	Matters Arising via the Post Meeting Action Log	
037/2020	PTB/415 – Dr Oxtoby explained that the research being undertaken was reviewing staff who had the vaccination and the effects and detail obtained from reviewing that group.	
6.	Chief Executive’s Report	
038/2020	<p>Mrs Bullock highlighted a number of areas from her report.</p> <p>Mr Smith queried how the Community Rapid Intervention Service (CRIS) worked in practice and Ms Ashley explained that the service was medically led, by a frail elderly consultant and acute physician, and also utilised staff from other roles bringing different levels of experience and skills.</p> <p>Mr Akid referred to the E-REAFs and stated that the Performance and Finance (PAF) Committee had requested additional information on the savings. Mr Oldham stated that this information had been included within the paper in terms of the savings having been specifically identified.</p> <p>Mr Bytheway provided an update on Covid-19, and stated that the Trust had cleared the infectious diseases unit to prepare for any patients coming through with the virus. He added that the Trust was working with community partners to reduce the number of patients Medically Optimised for Discharge , which would provide additional capacity in the hospital to enact the next part of plan, which was to create an additional ward to receive patients with suspected or positive coronavirus. He stated that there was a significant risk operationally to the next phases and part of the strategic oversight group was to consider what else was required for phase 2. Professor Crowe welcomed the professionalism and response made to date in terms of dealing with the impact of the pandemic whilst recognising the difficult period which lay ahead.</p> <p>Professor Crowe suggested that future meetings should be reviewed in light of the possible impact from Covid-19. Mrs Bullock agreed and added that the response needed to be pragmatic and proportionate.</p> <p>The Trust Board received and noted the report and approved the following E-REAFS:</p> <ul style="list-style-type: none"> • CCN Microbiology Total Lab Automation into Biomerieux MES (REAF 3393) • Roche Pathology Managed Equipment Service Contract (REAF 3383) • CCN to include Sakura Fintek Histology Laboratory Automation into Roche MES (REAF 3403). • Energy Management and Procurement Services (REAF 3425) 	CR
ACHIEVE NHS CONSTITUTIONAL PATIENT ACCESS TARGETS		
7.	Integrated Performance Report - Month 10	
039/2020	<p><u>Operational Performance</u></p> <p>Mr Bytheway highlighted the following in relation to urgent care performance:</p> <ul style="list-style-type: none"> • At the beginning of January the Trust was impacted by the numbers of flu and norovirus cases and as such a number of 12 hour breaches occurred; these reduced towards the middle of January 	

- All indicators had started to improve from January and there was in the main, a settled level of simple and complex discharges enabling flow to improve
- Divisional teams had been tasked with realigning priorities
- There continued to be a good level of simple and complex discharges during February with the main challenge relating to moving patients out of the department within the 4 hours which reflected the organisations response to pulling these patients into specialty areas

Professor Crowe requested additional information in relation to the introduction of a specialist portal and Mr Bytheway stated that the area created within the Specialised Division, for patients to be moved into while they waited for specialist interaction from specialties such as trauma, neurosurgery and orthopaedics.

Dr Griffin welcomed the continuing improvements in emergency performance during January and February but queried if there was any indications in changes to emergency demand due to the impact of Covid-19. Mr Bytheway stated that it was too early to say, but there had been a change in the attendance profile over the past 4 weeks.

Mr Bytheway highlighted the following in terms of RTT and cancer performance:

- In terms of RTT the Trust had been unable to meet its trajectory, particularly at the beginning of January and the amount of elective orthopaedic work undertaken during this time had reduced, although this had since returned to expected levels of operating
- It was noted that the total waiting list size had increased
- Since January, the Trust had received a visit from the Intensive Support Team (IST) in order to review current practices; in addition a Head of Cancer commenced in January, since which time additional responsibilities had been put into place
- Colorectal cancer delivery remained the main challenge and a robust pathway had been articulated with the aim of getting delivery back on track by the beginning of quarter 2. It was noted that the revised pathway focussed on direct to test and utilising clinicians differently; the Cancer Alliance would also be reviewing the pathway to ensure it was robust and met the required criteria.

Professor Crowe summarised that the Trust was making progress and was particularly focusing on changes to the colorectal pathway. Mr Bytheway highlighted that as improvements were made in increasing the number of patients being treated, performance may get worse before it improved as the breach is only counted once the patient has been treated.

Caring and Safety

Mrs Rhodes highlighted that there had been an increase in the number of c-difficile cases in November due to the number of patients with flu and respiratory syncytial virus (RSV) who required additional antibiotics, and this continued to be closely monitored. In addition issues had been identified in relation to venous thromboembolism (VTE) risk assessments, although a number of audits had been undertaken which demonstrated a better position when compared to the numbers being recorded electronically.

Financial Rating

No further questions were raised.

Organisational Health

	<p>Professor Crowe queried the current position on statutory and mandatory training. Mrs Vaughan stated that this stood at 90% and work was ongoing via the task and finish group to review what was provided and streamline processes. It was noted that there remained some challenges in some areas due to current pressures.</p> <p>Professor Hassell queried if online training could be undertaken at home and Mrs Vaughan stated that this was possible for those staff logging into ESR with a password rather than a smartcard.</p> <p>Mr Akid queried the progress with job planning and Dr Oxtoby stated that last years job plans had been completed and the 2020 process had commenced with the anticipated date for completion being the end of March.</p> <p>The Trust Board received and noted the report.</p>	
--	---	--

PROVIDE SAFE, EFFECTIVE, CARING AND RESPONSIVE SERVICES

8.	Quality Governance Committee Assurance Report (27-02-20)	
040/2020	<p>Ms Belfield highlighted the following:</p> <ul style="list-style-type: none"> • A review of complex re-admissions was being led by Dr Oxtoby the outcome of which would be presented back to the Committee at a future date. • The falsified medicines directive had been written into UK Law • A review of quality indicators had been undertaken with the aim of providing a comprehensive list of indicators which could be reviewed in a structured way by the Committee. This linked in with the way in which the reports were being reviewed and would improve visibility • An update on sepsis and the work being undertaken was provided • A review of quality impact assessments was taking place • The Committee recognised the positive work undertaken in relation to the PLACE assessments <p>Dr Griffin referred to the review of complex readmissions and queried how large the issue was. Dr Oxtoby stated that the overall rate was 20% of complex discharges and he added that work with the system was being done to review this and make improvements. It was noted that an issue had been identified relating to the categorisation of readmissions, which once rectified could result in improvements. Ms Ashley stated that it had been agreed as part of the CRIS that patients who were at risk of a possible readmission, could be referred to the CRIS in first instance with the aim of providing an intervention reducing the need for a readmission.</p> <p>Professor Crowe referred to potential serious incidents and 12 hour breaches and queried the pace of the review process. Mrs Rhodes stated that reviews had been completed for those in December and the reviews from January would be presented to the next Quality Governance Committee.</p> <p>The Trust Board received and noted the assurance report.</p> <p>Mr Bytheway left the meeting.</p>	
9.	Staffing Establishment Reviews Report	
041/2020	Mrs Rhodes referred to the in-depth review which had been undertaken and	

explained that the review would usually be considered by the Quality Governance Committee before being brought to the Trust Board, however due to the delay in completing the report as a result of the more extensive review undertaken, she felt it was important to provide the Board with sight of the current position and plan. She stated that she expected the Board to be assured of the process undertaken, which followed national guidance as well as providing an opportunity to discuss some of the findings.

Mrs Rhodes highlighted the following:

- Part of the National Quality Board recommendations was that Trust Boards should receive an annual full review and a 6 month review
- A full review had been undertaken, the approach for which was to meet with each ward across both sites, including the Ward Sister, Matron, Associate Chief Nurse, Chief Nurse and Finance. It was noted that the Safer Nursing Care Tool was used to review the establishment.
- Details of findings for each ward had been provided and overall, for adult areas, the staffing ratio was as expected or better, with the main issue being skill mix i.e. the number of registrants to non-registrants, particularly within the Medical Division. It was noted that Model Hospital data suggested that the Trust was over established for its non-registrant workforce when compared to peers.
- The way in which the wards were laid out, and the need to ensure staff have sight of patients, was part of the reason for having an additional number of non-registered workers.
- In addition the Trust had a significant number of Allied Health Professionals supporting the nursing workforce particularly in Stroke and Major Trauma wards
- There was a need to convert the 75 international nurses already working at the Trust into Registered Nurses and as such a training plan was required
- There remained more work to be done in terms of identifying management time for Ward Sisters
- The number of vacancies had been held at circa 300, over a third of which were within the Medical Division
- It was noted that the Medical Division wards would be prioritised for investment going forwards in addition to Children's, Women's and Diagnostics for the Neonatal Intensive Care Unit and Midwifery workforce. It was noted that prior to requesting additional investment, the Trust needed to ensure all wards were utilising the Safer Care Tool, 3 times a day
- A number of recommendations were highlighted in terms of an extensive recruitment campaign, prioritising the Medicine Division and Ward 225, introduction of a training programme in utilising the Safer Care Tool, realigning budgets to reflect the establishment, increasing the midwifery workforce and workforce within the neonatal unit. In addition, a review of level 1 beds across the Trust was being undertaken.

Professor Crowe thanked Mrs Rhodes for the thorough review which had been undertaken, and summarised that he felt assured that a suitable process and approach had been undertaken to complete the review, which had followed established guidelines and practice. He stated that daytime coverage was appropriate but there were some issues to be addressed in terms of staffing in medicine and addressing the issues of skill-mix. He suggested that the issues associated with midwifery staffing and neonatal staffing be discussed further at the Quality Governance Committee (QGC).

MR

Mrs Bullock explained that business cases would be required for some elements of the review, but agreed that the staffing template issue on the wards needed to

	<p>be resolved by ensuring the budget matched the workforce template. She stated that this would be corrected as part of the annual plan and budget setting and stated that the Executive Team would consider and agree any actions required to address any areas with a potential impact on quality and safety.</p> <p>Mrs Bullock requested a timeline of the business cases which were expected to be undertaken as a result of review, to be taken to PAF and any elements associated with quality to be considered by the QGC. She stated that updates on the recruitment campaign and implementation plan should also be taken to the Transformation and People Committee, in addition to any actions agreed by the Executive Team to address the issues raised by the review.</p> <p>Professor Hassell queried how the variances were being addressed and Mrs Rhodes stated that this was being done by moving staff around and using bank staff.</p> <p>Mr Oldham stated that it was important to ensure that the establishment aligned with the rotas and that in terms of the investment required, the Trust needed to ensure this aligned with the ability to fill the posts. He stated that the most up to date data from Model Hospital suggested that costs associated with nurse staffing was no longer out of kilter with peers and was now about right.</p> <p>Dr Griffin welcomed the assessment and agreed the critical issue was what actions would be taken and the associated timeline. He added that the QGC needed to keep sight of the triangulation of quality metrics with staffing levels.</p> <p>Professor Crowe summarised that the Board had acknowledged the areas of concern and recognised the immediate action being taken and for any actions not within the mandate of the Executive Team, these would be considered by the appropriate committee.</p> <p>The Trust Board received and noted the report and approved the suggested recommendations.</p>	MR
10.	Care Quality Commission Report	
042/2020	<p>Mrs Rhodes provided an update for the Trust Board and stated that the Trust was to provide a response to the Care Quality Commission (CQC) by 20th March. It was noted that the action plans developed to address the findings would be taken to the QGC.</p> <p>Mrs Rhodes explained that the Trust had written a letter in respect of the Section 31 notices which would be issued to the CQC in due course, requesting removal of the notices. She explained that the letter was split between the issues within the Emergency Department and triage times and the issues within mental health, demonstrating the progress made. She agreed to take the letter to the QGC and that she would continue to keep them aware of the discussions.</p> <p>The Trust Board received and noted the report.</p>	MR
11.	Quality & Safety Report – Quarter 3	
043/2020	<p>Mrs Rhodes stated that the report demonstrated the new approach and template to be used in terms of reporting on the performance of the organisation. She drew attention to the quality dashboard and metrics being monitored by the QGC,</p>	

	<p>which would become easier once Power BI was implemented. It was noted that an amendment was required in terms of the rate for written complaints; in that the correct figure was 14 per 10,000 bed days.</p> <p>Professor Crowe referred to the earlier discussion regarding numbers of c-difficile patients and noted that there were 18 in December and 11 in January and these were over the target.</p> <p>The Trust Board approved the new format of the report and noted the assurances provided regarding improvements and actions being undertaken to improve performance where targets are not being met.</p>	
12.	Patient Experience Report – Quarter 3	
044/2020	<p>Mrs Rhodes stated that the vast majority of complaints and compliments related to outpatients which may be due to the number of outpatients seen, and the results would be considered by the outpatients transformation group.</p> <p>Professor Crowe referred to the new working group and the way in which triangulation was undertaken; he suggested that any issues from the group should be escalated to the QGC.</p> <p>The Trust Board noted the monitoring and progress of the improvement considerations highlighted in the report and supported an internal FFT target of at least 30% across all areas of the Trust.</p>	
ENSURE EFFICIENT USE OF RESOURCES		
13.	Performance and Finance Committee Assurance Report (25-02-20)	
045/2020	<p>Mr Akid highlighted the following:</p> <ul style="list-style-type: none"> • The Committee raised their concerns regarding cancer performance and continuing to be behind target • The cancer plan aimed to recover performance by the end of quarter 2 2020/21 and non-recurrent funding was in place to focus attention on the colorectal pathway • An urgent care plan was being developed and would be considered by the Committee in due course, although it was noted that actions had already been taken regarding de-escalation and improving working at weekends • The Trust continued to hold a steady financial position at month 10 and Committee was assured that the Trust's financial position would finish where it planned to • The financial plan for 2020/21 had been developed with the final version due to be approved by 29th April, with the main challenges being the Cost Improvement Programme • The Committee approved the Windows 10 Business Case in order to roll out Windows 10 across the entire estate which would help to make the Trust more resilient • It was noted that for some contract awards, the paper brought to the Committee needed to be explicit in terms of the savings being made going forwards <p>Mr Oldham stated that due to the value of the Windows 10 business case it should have been brought to the Board for approval. It was noted that costs had been included in the budget going forwards. It was noted that the costs had moved from capital to revenue through leasing to provide a sustainable funding</p>	MO

	<p>solution going forward and also meant that it would not impact on the capital resource limit for 2020/21. It was agreed to circulate the paper to Board Members and that Chairman's approval would be sought on the case, given that the Committee had already provided their approval.</p> <p>The Trust Board received and noted the assurance report.</p>	
14.	Financial Performance Report – Month 10	
046/2020	<p>Mr Oldham highlighted the following:</p> <ul style="list-style-type: none"> • There continued to be positive performance for month 10 whereby performance was £6.2 m better than planned, with a forecast surplus of £5 m surplus against the plan of break-even • Main provisions had been put in place for the risk share and an employment tribunal case • Pay performed better than planned by £6.2 m to date, primarily due to registered nurses and infrastructure • Non-pay was £2.4 m overspent year to date although pass through drugs were included within this. • The CIP was £1.6 m behind plan but the cost base had reduced and the underspend needed to be reviewed in order to establish savings which could be made on a sustainable basis going forwards • Winter spend was in line with the approved budget, and capital was slightly behind plan with work being undertaken to catch up and bringing schemes forward from 2020/21 where possible • Cash position was positive and ahead of plan, with the main risk being receipt of the £9.9 m TSA funding <p>Mr Akid referred to the discussions regarding obtaining planning permission for the hoardings at the Royal Infirmary site and Mrs Whitehead stated that discussions continued to be held and this had been escalated to them given the risk to the Trust.</p> <p>Dr Griffin referred to the work from neighbouring geographies and queried if this was a conscious sustainable shift in demand. Mr Oldham stated that it was not a conscious shift and was due to demographics, reflecting an increased level of demand for services.</p> <p>Dr Griffin queried if the Trust was aware of the means by which the CCGs would achieve their financial plans and Mr Oldham stated that the system was between £7 m to £9 m short of where it said it would be financially.</p> <p>The Trust Board received and noted the report.</p>	
ACHIEVE EXCELLENCE IN EMPLOYMENT, EDUCATION, DEVELOPMENT AND RESEARCH		
15.	Transformation and People (TAP) Committee Assurance Report (27-02-20)	
047/2020	<p>Professor Crowe highlighted the following:</p> <ul style="list-style-type: none"> • The Committee considered the position in relation to statutory and mandatory training and particular compliance by junior medical staff, with actions underway to improve this • There had been a number of positive discussions regarding the operational excellence in healthcare business case whereby the Committee supported the direction of travel, positive underlying improvements to the gender pay 	

	<p>gap and staff survey report</p> <ul style="list-style-type: none"> It was highlighted that the national medical school survey had rated the Medical School as having the strongest performance in making foundation doctors ready for practice. Professor Hassell stated that the national student survey and General Medical Council preparedness survey both focussed on the final year of students and given the majority spend that time at the Trust it also reflected positively on the Trust as well as the Medical School. <p>Professor Crowe agreed to discuss key linkages between the QGC and TAP with Ms Belfield.</p> <p>The Trust Board received and noted the assurance report.</p>	GC/SB
16.	Staff Survey Report	
<i>048/2020</i>	<p>Mrs Vaughan highlighted the following:</p> <ul style="list-style-type: none"> Following discussion at TAP, a number of queries had been raised and as such the report had been updated to take account of these The report had been received earlier in the year than previously which was positive as the Trust was able to commence putting actions in place sooner The Trust response rate was 45%, and the benchmarking within the report related to 85 organisations within the acute sector. Results were presented in line with a number of key themes and it was encouraging that there had been an improvement in a number of areas, although some of these may still not be where the Trust wanted to be. In addition, there was no significant change or deterioration in any response. A number of actions had been identified corporately as well as Divisionally, particularly looking to address the top 3 priorities for each Division Systems had already been put in place regarding the management of absences as well as focussing on wellbeing elements in addition to promoting the Trust as a good place to work. Work also continued to embed the programme related to just and learning culture <p>Professor Crowe referred to the aspects associated with team working and queried how the Trust could ensure teams were acting in a way which it would want to encourage. Mrs Vaughan stated that the specific feedback in relation to team working had been reviewed and this related to teams not regularly getting together to meet and discuss issues and this would be specifically raised with staff.</p> <p>Ms Belfield referred to the response rate which she felt could be improved, and stated that this needed further consideration going forwards. Mrs Vaughan stated that the Trust had seen a steady increase in the response rate over the past few years but agreed that work needed to continue to increase this and promote completion of the survey.</p> <p>The Trust Board received and noted the report and noted the next steps.</p>	
17.	Gender Pay Gap Report	
<i>049/2020</i>	<p>Mrs Vaughan highlighted:</p> <ul style="list-style-type: none"> The report would be published once it had been approved and placed on the Trust's website by the end of March Benchmarking information had been included for 2018 data 	

	<ul style="list-style-type: none"> • Future actions were focussed on promoting flexible working across all staff groups, promoting women’s networking forums, continuing with the launch of the Staffordshire wide high potential scheme which was open to all, continuing further work regarding wellbeing, and promoting clinical excellence awards - encouraging applications from all workforce <p>Professor Crowe referred to the discussion at TAP regarding taking advantage of any opportunities to publicise female senior leaders in the Trust in addition to creating appropriate networks for hard to reach and under-represented groups.</p> <p>The Trust Board approved the report and the recommended actions to further reduce the Gender Pay Gap at UHNM.</p>	
--	--	--

CLOSING MATTERS

18.	Review of Meeting Effectiveness / Business Cycle Forward Look	
050/2020	<p>Professor Crowe referred to the number of items which had been moved or delayed during the year and stated that efforts needed to be made to keep to the future cycle. It was agreed to review the business cycle for 2020/21 in terms of avoiding duplication.</p>	CR
19.	Questions from the Public	
051/2020	<p>Mr Syme referred to the national “Paterson Inquiry” which was considerably concerning as to how NHS (and other) Boards accepted and implemented accountability for apologising regarding ‘Complaints’. He queried if the Trust would be implementing the recommendation and queried how the Trust would publicly show that it has taken on board that specific recommendation.</p> <p>Mrs Rhodes stated that the recommendation had already been adopted by the Trust had a duty of candour, in terms of being open and transparent. She stated that the Trust had started to report publicly on duty of candour and currently the Trust was at 100% for verbally apologising to patients after an incident, but there was also a requirement to write to them and the Trust was slightly under the 100% target for that. She added that the Trust also promoted openness and transparency when visiting wards.</p> <p>Mr Smith stated that too often individuals can hit a barrier when making a complaint i.e. knowing the difference in terms of when to contact PALS and Complaints. Mrs Rhodes stated that complaints were discussed at the QGC and she was aware the Trust was below the national average for complaints and agreed to consider the ways the Trust could make it clearer of the routes available to patients when they have a concern or a complaint.</p> <p>Mr Syme referred to the CQC latest report which noted that “the Trust must ensure deliveries of chemotherapy are timely (Regulation 12)”. He stated that he had picked up anecdotal information that some patients were attending County Hospital for Chemotherapy only to be delayed because the ‘medicines’ had not been dispatched from Royal Stoke. He queried what actions were being taken to ensure that when an individual attends a unit for Chemotherapy such delays don’t recur as these delays were distressing for patients.</p> <p>Dr Oxtoby provided some background to the issues experienced in terms of actual supply and making of the pharmaceuticals in the aseptic unit. He noted that the</p>	MR

	<p>unit had been under increased demand which had created a pressure; in addition the unit required 48 hours notice to make up the medicines, which wasn't always taking place. It was noted that there had also been difficulties with the staffing on the unit and because of the issues identified a task and finish group was in place to address these issues in order to reduce delays in the future. It was noted that the actions would be identified as part of the CQC action plan.</p> <p>Professor Crowe suggested considering Covid-19 as a risk in addition to articulating any risks arising from the nursing establishment review.</p>	CR
DATE AND TIME OF NEXT MEETING		
20.	Wednesday 8 th April 2020, 9.30 am – 12.30 pm, Trust Boardroom, Third Floor, Springfield, RSUH	

Trust Board (Open)

Post meeting action log as at 01 April 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/382	14/08/2019	Patient Story	To take the revised dementia strategy to the Quality Assurance Committee.	Michelle Rhodes	31/05/2020		Action not yet due.	GA
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.	Michelle Rhodes	31/05/2020		Action not yet due. Target date moved due to impact from Covid-19.	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 Lorraine Whitehead	31/05/2020		Action not yet due. Target date moved due to impact from Covid-19. Wifi Audit completed. Report/summary currently being produced.	GA
PTB/415	08/01/2020	Update on Influenza	To establish a research project into the numbers of staff with flu and whether they received the flu vaccine, linking in with Public Health England.	Michelle Rhodes John Oxtoby	30/04/2020		Action not yet due.	GA
PTB/417	05/02/2020	Patient Story	To confirm how the Trust had shared the story with staff in order to learn from the experiences described, and to reinvigorate the 'It's OK to Ask' campaign.	Michelle Rhodes	31/05/2020		Action not yet due. Target date moved due to impact from Covid-19.	GB
PTB/418	05/02/2020	Quality Governance Committee Assurance Report	To provide assurance of the processes in place for medics and other professionals, in terms of the management of concerns about individuals practice to the TAP and management of concerns of quality/safety to QGC.	John Oxtoby	31/05/2020		Target date moved due to impact from Covid-19, although a document has been prepared for TAP and an update it also being provided to QGC in May.	GA
PTB/420	11/03/2020	Patient Story	To share the patient story with the Ward Sisters meeting so that this could be shared further.	Michelle Rhodes	31/05/2020		Action not yet due.	GB
PTB/421	11/03/2020	Patient Story	To discuss with SAU, the ways in which staff determine the needs of the patient in terms of assessing whether they should be waiting on a chair or bed.	Michelle Rhodes	31/05/2020		Action not yet due.	GB
PTB/422	11/03/2020	Chief Executive's Update	To review future meetings in light of the possible impact from Covid-19, ensuring the Trust's response was pragmatic and proportionate.	Claire Rylands	20/03/2020	01/04/2020	Discussions held with the Executive Team and Non-Executive Directors in order to establish separate Terms of Reference to be utilised during the Covid-19 pandemic.	B
PTB/423	11/03/2020	Staffing Establishment Reviews	To discuss the issues associated with midwifery staffing and neonatal staffing further at the Quality Governance Committee (QGC).	Michelle Rhodes	30/04/2020		Action not yet due.	GB
PTB/424	11/03/2020	Staffing Establishment Reviews	To articulate the timeline of the business cases and when they were to be expected to be undertaken and present this to Performance and Finance Committee.	Michelle Rhodes	31/05/2020		Action not yet due.	GB
PTB/425	11/03/2020	Staffing Establishment Reviews	To provide an update on the recruitment campaigns and implementation plan to the Transformation and People Committee.	Michelle Rhodes Ro Vaughan	31/05/2020		Action not yet due.	GB
PTB/426	11/03/2020	Care Quality Commission Report	To take the letter to the QGC in respect of requesting to remove the Section 31 notices, and keep them apprised of the discussions.	Michelle Rhodes	30/04/2020		Update to be provided.	GB
PTB/427	11/03/2020	Performance and Finance Committee Assurance Report (25-02-20)	To circulate the Windows 10 Business Case to Board Members and discuss with the Chair in order to take Chair's action, given that the PAF Committee has already provided their approval.	Mark Oldham	31/03/2020	31/03/2020	Complete - discussed with the Chair and approved.	B
PTB/428	11/03/2020	Transformation and People (TAP) Committee Assurance Report (27-02-20)	To discuss key linkages between the QGC and TAP with Ms Belfield.	Gary Crowe	31/05/2020		Action not yet due.	GB
PTB/429	11/03/2020	Review of Meeting Effectiveness / Business Cycle Forward Look	To review the business cycle for 2020/21 in terms of avoiding duplication.	Claire Rylands	30/04/2020		Action not yet due.	GB
PTB/430	11/03/2020	Questions from the Public	To consider the ways the Trust could make it clearer of the routes available to patients when they have a concern or a complaint.	Michelle Rhodes	30/04/2020		Action not yet due.	GB
PTB/431	11/03/2020	Questions from the Public	To consider articulating a risk in respect of Covid-19 in addition to articulating any risks arising from the nursing establishment review.	Claire Rylands	30/04/2020		Action not yet due.	GB



Chief Executive's Report to the Trust Board

FOR INFORMATION

Part 1: 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 February, 1 contract award, which met this criteria was made, as follows:

- **SCCL Trust wide Annual Expenditure (REAF 3294)** supplied by SCCL at a total cost of £14,300,000.00 for the period 01/04/20 - 31/03/21, approved on 07/02/2020

In addition, the following REAF was approved by the Performance and Finance Committee and is being brought to the Trust Board for approval due to the value:

- **Pharmacy Dispensing Service for Ambulatory Patients - Drug Costs (REAF 3435) – Extension**

Contract Value £6,500,000.00 Inc. VAT - Extension
Award of Contract
Duration 01/02/2020-30/09/2020
Supplier Lloyds Pharmacy

This REAF has been raised for the short term extension to contract for the supply of drugs within the Pharmacy Dispensing Service for Ambulatory Patients. A formal tendering process was carried out during August 2016 for which a REAF was previously fully approved. Extension periods is valid on the Contract and were included as part of the originally advertised tender.

A short term extension is only needed until the end of September to allow sufficient time to re-compete the services as part of a wider trust collaborative project with the intention to have a single supplier across sites.

There are two aspects to the Outsourced Patient Dispensary expenditure request. The cost of the actual Dispensary Service that Lloyds provides, which equates to approx. £440k per annum, and also the actual expenditure of the Drugs/Medicines which equates to approx. 12m per annum. The cost of the Drugs expenditure is controlled by the national Central Medicines Unit (CMU) in terms of unit pricing and the amount of line dispenses per annum, therefore Lloyds do not make any money on the drugs expenditure.

2. Consultant Appointments

The following table provides a summary of medical staff interviews which have taken place during March 2020:

Post Title	Reason for advertising	Appointed (Yes/No)	Start Date
Consultant Cardiothoracic Anaesthetist	Vacancy	Yes	01/04/2020
Consultant Cardiothoracic Anaesthetist (MOD)	Vacancy	Yes	TBC
Clinical Director General Medicine	Vacancy	Yes	TBC
Medical Examiner x 2	New	Yes	01/04/2020
Locum Consultant Foot and Ankle Surgeon	Vacancy	Yes	06/04/2020
Consultant Community Paediatrician with an interest in Paediatric Gynaecology	Vacancy	Yes	July
Consultant Urogynaecologist	Vacancy	Yes	01/09/2020
Senior Medical Practitioner in Clinical Oncology - Gynae, CNS & Urology	Vacancy	Yes	06/07/2020

Consultant in Acute Medicine	Vacancy	Yes	August
Clinical Lead Specialised Medicine	Vacancy	Yes	17/03/2020

The following table provides a summary of medical staff who have joined the Trust during March 2020:

Post Title	Reason for advertising	Start Date
Consultant Haematologist	Vacancy	01/03/2020
Consultant Breast Surgeon	Extension	01/03/2020
Locum Consultant Paediatrician with an interest in Paediatric Respiratory Medicine	Extension	03/03/2020
Locum Consultant Paediatrician with an interest in Paediatric Respiratory Medicine	Extension	04/03/2020
Consultant Gastroenterologist	Retire and Return	02/03/2020
Clinical Lead Specialised Medicine	Vacancy	17/03/2020
Clinical Lead Respiratory and Gastro	Vacancy	18/03/2020
Consultant in Intensive Care Medicine	Vacancy	30/03/2020
Consultant Gastroenterologist	Vacancy	30/03/2020

The following table provides a summary of medical vacancies which closed without applications / candidates during March 2020:

Post Title	Closing Date	Note
Consultant in Acute Medicine	24/03/2020	No Applications
Locum Consultant Neonatologist	10/03/2020	Candidate withdrew
Respiratory Consultant - Interstitial Lung Disease	25/03/2020	No Applications

3. Covid-19

Arrangements are in place to provide Non-Executive members of the Board with regular updates on Covid-19. This includes:

- Daily update via email covering numbers of cases, staff sickness levels, new guidance and key issues being managed by the Executive Team
- Weekly Microsoft Teams meeting with Chief Executive and Associate Director of Corporate Governance

Given the arrangements outlined above and the pace at which matters are developing with regard to Covid-19 and our planning, a verbal update will be provided to the Board in order to ensure the most up to date information is being shared.

4. Summary of Key Decisions Made

As Chief Executive, I have exercised my authority to make a number of decisions which have been necessary to assist with our management and response to the critical incident. These are summarised as follows:

- **17th March 2020:** Divisions given permission to stand down all non-urgent planned work.
- **19th March 2020:** Decision made to stop visiting apart from exceptional circumstances and to be agreed with the Ward Manager.
- **19th March 2020:** Covid-19 Business Continuity Terms of Reference agreed by Board members and enacted. Agreed streamlined papers, focused agendas and use of virtual technology as alternative.
- **19th March 2020:** Agreed that for existing Advisory Appointments Committees an Executive Director would act as the 'lay' Chair in the interim.
- **19th March 2020:** Notice placed on the website to advise the public that due to Government social isolation requirements which constitute 'special reasons' to avoid face to face gatherings as permitted by legislation, that we would not be holding Board meetings in public although will continue to post papers on the website and provide an opportunity for members of the public to raise any questions in relation to the agenda items.
- **23rd March 2020:** Closure of Free Standing Midwifery Birthing Unit at County Hospital.
- **30th March 2020:** Transfer of paediatric intensive care patients to Birmingham Children's Hospital.
- **30th March 2020:** Minor Injuries Unit transferred from Stoke to Haywood and Minor Injuries from County Hospital transferred to Fracture Clinic at County.

- **24th March 2020:** Introduction of new Executive Groups reporting into Committees of the Board delayed until further notice.
- **25th March 2020:** Approval of Windows 10 Business Case (Chair / Chief Executive) following approval by the Performance and Finance Committee.
- **March 2020:** 3 month extension in replying to complainants agreed.
- **March 2020:** Freedom of Information requestors notified to expect a delay in responses to requests. Information Commissioners Office recognised current situation of the NHS and impact on requests.
- **April 2020:** Agreement to extend policies which were already out of date, or were due to expire in March, April, May and June. Approval to extend by 12 months requested – position to be reviewed after 9 months.
- **April 2020:** Agreement to delay the development of the revised Board Assurance Framework for Q4 2019/20 in order to free up capacity of the Executive Team (due for presentation to Committees in April 2020).

A separate briefing will be provided by the Board by the Chief Finance Officer which outlines the decisions which have been taken with regard to capital expenditure.

5. Risk Management and Summary of Key Risks

Management of Covid-19 related risk forms an integral part of our day to day activities. There are a number of mechanisms in place to identify and respond to risks both at divisional and corporate level, although given the nature of these risks, it has been necessary to adopt a more dynamic approach to risk management to that outlined within our Risk Management Policy.

- At our Executive Huddle each day, each member of the Executive Team will highlight any new risks which have emerged; either as a result of new / changed national guidance or from discussions with their teams and agreement will be reached as to the next steps to be taken.
- We have twice daily Tactical Group meetings which involves representatives at a corporate and divisional level and which is led by the Chief Operating Officer. The Tactical Group is responsible for the identification of key risks and will also develop strategies for mitigation. These are escalated to the Gold Command Group which takes place at the end of each day.
- In addition, we have a Clinical Group and a Workforce Group which are focussed on planning, risk identification and mitigation of all matters which are clinically / workforce related, again escalating to the Gold Command Group as appropriate.
- We have established an Incident Control Centre which is the single point of contact at a corporate level for escalation of risks / issues internally and externally.
- At an operational level, each Division has established their own incident management 'cell', providing day to day response and mitigation of operational risk. Each Division is represented on the Tactical Group where any escalations / mitigations are raised.

There are a number of key themes which we have identified as being our key risks and which we are mitigating through the arrangements outlined above. These are in relation to:

- Workforce – Staffing Levels
- Staff Wellbeing and Welfare
- Quality and Patient Safety
- Capacity and Equipment
- High Risk Service Plans and Pathways
- Patient Flow
- Planned / Cancer Care
- Quality and Patient Safety
- Communications

The Corporate Governance Team, working closely with key Executive Directors, are in the process of developing a simple framework which sets out the accountability, key mitigations and sources of assurance for each of these risks.

6. Nightingale Hospital (NEC Birmingham)

As this is such a fluid situation and key decisions are imminent a verbal update will be given as anything written will be immediately out of date.



Quality and Governance Committee Chair's Highlight Report to Board

March 2020

1. Summary Agenda

No.	Agenda Item	Purpose	No.	Agenda Item	Purpose
1.	County Quality & Safety Report	Assurance	5.	Data, Security and Protection Progress Report	Assurance
2.	Midwifery Continuity of Care Action Plan	Assurance	6.	Quality and Safety Oversight Group Highlight Report	Assurance
3.	Action Plan for recent CQC Inspection	Assurance	7.	Effective Nursing and Midwifery Staff Utilisation	Assurance
4.	Clinical Audit Progress Report	Assurance			

2. 2019 / 20 Attendance Matrix

Attended	Apologies & Deputy Sent	Apologies
----------	-------------------------	-----------

NB. The meeting in March was not held – papers were circulated virtually and no comments were received.

Members:		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												
Miss C Rylands	CR Associate Director of Corporate Governance												
Mr I Smith	IS Non-Executive Director												
Mrs R Vaughan	RV Director of Human Resources												



Performance and Finance Committee Chair's Highlight Report to Board

March 2020

1. Highlight Report

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> It was queried how the changed environment would impact the proposed next steps, particularly in A&E and whether the use of the West Building had been put on hold. In terms of RTT, consideration was required as to how to recover the situation from the summer onwards in addition to providing assurance regarding the type of cases being delayed. Assurance was requested in terms of costs incurred as a result of Covid-19 and it was noted that a down payment had been received based on an initial submission, with mitigation put in place. Further assurance was required in terms of the ability for the Trust to deliver the forecast in addition to obtaining further clarification regarding capital investment plans. Concern was raised in relation to the month 11 CIP report and the dip in performance during February. 	<ul style="list-style-type: none"> Actions within the Cancer Improvement Plan to be implemented Costs associated with Covid-19 to be tracked and collated and reported in line with national guidance. To commence engagement with nursing, clinicians and staff across both organisations gauge wider ambitions for the best use of healthcare digital transformation to support the transformation of the Trust in line with its wider strategic ambitions.
Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> In relation to the month 11 Operational Performance Report members were assured of the improvements in cancer performance in February. In relation to the month 11 Finance Report, members were assured of the positive performance in month. The positive work made on taking forward the IM&T strategy was noted, although it was recognised that further progress may be delayed due to the current circumstances. In addition, it was noted that learning needed to take place at a later date, in terms of reflecting upon the actions taken as a result of the Covid-19 pandemic. The Committee noted the positive assurance in relation to the management of the PFI contract and the performance delivered against key contractual requirements. 	<ul style="list-style-type: none"> The Committee approved the case in relation to STP Capital Funding: UHNM Wave 4b and it was noted that comments received from NHSE/I would be incorporated into the paper before being presented to the Trust Board. The Committee approved the case in relation to Project STAR (Strategic Transformation & Regeneration). The Committee approved REAF 3435 - Pharmacy Dispensing Service for Ambulatory Patients - Drug Costs Extension

2. Summary Agenda

No.	Agenda Item	Purpose	No.	Agenda Item	Purpose
1	Month 11 Operational Performance Report	Assurance	5.	Business Case Approval: BC0352 STP Capital Funding: UHNM Wave 4b	Approval
2.	IM&T Strategy Progress Report	Assurance	6.	Business Case Approval: Project STAR (Strategic Transformation and Regeneration)	Approval
3.	Month 11 Finance Report	Assurance	7.	PFI Governance and Contract Performance Management	Assurance
4.	Month 11 CIP Report	Assurance	8.	Authorisation of New Contract Awards and Contract Extensions	Assurance

3. 2019 / 20 Attendance Matrix

Attended	Apologies & Deputy Sent	Apologies
----------	-------------------------	-----------

NB. The meeting in March was not held – papers were circulated virtually and comments / approval noted as above.

Members:			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												



Executive Summary

Meeting:	Trust Board	Date:	8 April 2020
Report Title:	Month 11 Finance Report – 2019/20	Agenda Item:	8.
Author:	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	
------------------	---	-----------------	--	--------------------	--

Impact on Strategic Objectives (positive or negative):		Positive	Negative
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	✓	

Executive Summary:

This report presents the financial performance of the Trust for February (Month 11); key elements of the financial performance for the year to date are:

- The actual year to date performance of a £4.9m surplus is £8.5m better than the Trust's plan for a £3.6m deficit for the first 11 months of the year.
- The position in February has been improved by the unexpected receipt of £1.0m of non recurrent transitional funding from HEE; this will provide some resilience for the Trust to manage the financial impact of Coronavirus in March and other financial risks to ensure that it meets its forecast surplus of £5m for the year.
- Total Commissioning income is £0.5m behind plan for the year to date; within this Electives and Critical Care are under recovered by £2.1m and £1.8m respectively offset by Tariff excluded Drugs income which is £6.2m above plan for the year to date.
- Pay expenditure is £6.3m better than plan with the most significant variances being within Registered Nursing (£4.2m) and NHS Infrastructure (£3.2m) which are both underspent for the year to date.
- Non pay expenditure is £3.1m overspent although within this pass through drugs is £7.2m overspent.
- The Trust has delivered £30.7m CIP for the year to date which is £3.6m behind plan; in month the Trust has delivered £1.7m CIP which is £2.2m behind the final plan submitted to NHSI in April.
- Capital expenditure for the year to date stands at £14.9m which is £0.4m behind of plan.
- The month end cash balance is £16.0m which is £8.0m 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 11 Finance Report 2019/20

1. Introduction

The Trust achieved a surplus of £2.3m in Month 11 against a plan to breakeven. The Month 11 year to date plan is to deliver a £3.6m deficit; the actual performance of a £4.9m surplus is an £8.5m positive variance to plan.

The table below provides a summary Income and Expenditure position for Month 11 and for the year to date.

I&E Summary (£'m)	Annual Plan	In Month			YTD		
		Plan	Actual	Variance	Plan	Actual	Variance
NHS Patient Income	636.2	52.0	52.0	0.0	581.9	575.2	(6.7)
Tariff Excluded Drugs Income	53.6	4.2	5.5	1.3	48.9	55.1	6.2
Total Commissioning Income	689.7	56.2	57.6	1.3	630.8	630.3	(0.5)
Private Patients / ICR	4.1	0.3	0.3	(0.1)	3.7	4.5	0.8
Other Non Clinical Income	82.1	6.9	8.6	1.6	75.2	79.1	3.9
Total Income	775.9	63.5	66.4	2.9	709.7	713.9	4.2
Medical	(145.8)	(12.2)	(12.6)	(0.4)	(133.5)	(135.7)	(2.1)
Registered Nursing	(148.2)	(12.6)	(12.3)	0.3	(135.6)	(131.4)	4.2
Scientific Therapeutic & Technical	(54.8)	(4.7)	(4.6)	0.1	(50.2)	(49.8)	0.4
Support to Clinical	(63.5)	(5.4)	(5.3)	0.1	(58.1)	(57.5)	0.7
Nhs Infrastructure Support	(75.5)	(6.3)	(6.3)	0.0	(69.2)	(66.0)	3.2
Total Pay	(487.7)	(41.1)	(41.0)	0.1	(446.6)	(440.3)	6.3
Tariff Excluded Drugs Expenditure	(53.0)	(4.2)	(5.6)	(1.5)	(48.4)	(55.7)	(7.2)
Other Drugs	(21.8)	(1.8)	(1.7)	0.0	(20.0)	(19.5)	0.5
Supplies & Services - Clinical	(69.7)	(5.7)	(5.7)	0.0	(64.1)	(64.5)	(0.3)
Supplies & Services - General	(7.5)	(0.6)	(0.7)	(0.0)	(6.9)	(6.7)	0.1
Purchase of Healthcare from other Bodies	(12.0)	(1.0)	(1.6)	(0.6)	(11.0)	(11.8)	(0.8)
Consultancy Costs	(3.5)	(0.3)	(0.2)	0.1	(3.3)	(3.2)	0.0
Clinical Negligence	(20.6)	(1.8)	(1.8)	(0.0)	(19.5)	(19.5)	(0.0)
Premises	(28.5)	(2.1)	(2.4)	(0.3)	(26.1)	(25.9)	0.2
Depreciation	(27.8)	(2.5)	(2.3)	0.2	(25.3)	(24.9)	0.4
Other	(51.1)	(4.0)	(2.7)	1.2	(47.9)	(43.9)	4.0
Total Non Pay	(295.4)	(23.9)	(24.7)	(0.8)	(272.4)	(275.5)	(3.1)
Total Operating Costs	(783.1)	(65.0)	(65.7)	(0.7)	(719.0)	(715.8)	3.2
Surplus / Deficit from Operations	(7.2)	(1.5)	0.7	2.2	(9.3)	(1.9)	7.4
Finance Costs, Interest, PDC, etc.	(25.5)	(2.1)	(1.9)	0.2	(23.4)	(21.8)	1.6
Total Non Operating Costs	(25.5)	(2.1)	(1.9)	0.2	(23.4)	(21.8)	1.6
Total Costs	(808.7)	(67.1)	(67.6)	(0.5)	(742.4)	(737.6)	4.8
Net Surplus / Deficit	(32.8)	(3.6)	(1.2)	2.4	(32.7)	(23.7)	9.0
Donated Asset / Impairment Adjustment	(0.8)	(0.1)	0.1	0.1	(0.7)	(0.2)	0.5
Operational Net Surplus / Deficit	(32.0)	(3.5)	(1.3)	2.3	(32.0)	(23.5)	8.5
Marginal Rate Emergenct Tariff	4.2	0.4	0.4	0.0	3.9	3.9	0.0
Provider Sustainability fund	15.9	1.8	1.8	0.0	14.0	14.0	0.0
Financial recovery fund	11.9	1.4	1.4	0.0	10.5	10.5	0.0
	0.0	0.0	2.3	2.3	(3.6)	4.9	8.5

2. Income

Total Commissioning income was over recovered by £1.3m in Month 11 against a plan of £56.2m and now stands at £630.3m for the first 11 months of the year which is £0.5m 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 11 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	5.2	5.2	(0.1)	13,993	12,826	(1,167)	60.0	57.8	(2.1)
Day case Spells	83,696	58.4	4.6	4.5	(0.1)	76,402	73,816	(2,586)	53.3	52.7	(0.7)
Non Elective Emergency Inpatient Spells	85,671	186.9	14.8	14.4	(0.4)	78,415	77,373	(1,042)	171.1	169.8	(1.2)
Non Elective Non Emergency Inpatient Spells	23,572	30.1	2.4	2.3	(0.1)	21,576	22,487	911	27.5	27.3	(0.2)
Outpatient Attendances & Procedures	719,001	88.1	7.0	7.1	0.1	656,136	645,162	(10,975)	80.4	81.0	0.6
Accident & Emergency Attendances	181,191	26.1	2.1	2.1	(0.0)	165,844	162,224	(3,620)	23.9	23.9	0.1
Critical care	31,796	39.2	3.1	2.8	(0.3)	29,099	28,479	(620)	35.9	34.1	(1.8)
Direct Access		13.2	1.0	1.0	(0.0)				12.1	12.1	(0.0)
Other		122.6	11.4	12.4	1.0				112.3	111.8	(0.5)
PBR Excluded & Chemotherapy Drugs (Pass through)		53.6	4.2	5.5	1.3				48.9	55.1	6.2
Pass through devices		10.1	0.7	0.6	(0.1)				9.3	8.7	(0.6)
Fines & Penalties		-	-	(0.0)	(0.0)				-	(0.2)	(0.2)
Emergency Threshold		(4.2)	(0.3)	(0.3)	0.0				(3.9)	(3.9)	0.0
Total		689.7	56.2	57.6	1.3				630.8	630.3	(0.5)

The year to date position is heavily influenced by an over recovery against plan of £6.2m for PbR excluded drugs and Chemotherapy Drugs (Pass through)

Income from Non Electives was £0.4m behind plan in month which is consistent with activity being 392 cases below plan. Emergency spells in February averaged 285 per calendar day which is the lowest level since September 2018.

During February the number of Elective orthopaedic beds given to the Medicine Division steadily reduced; there was a minimal impact on orthopaedic activity and income during the month as more cases were transferred to County Hospital.

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 11 19/20	External Plan / Contract (£m)	Income (£m)				
		Finance (£m)	Plan (£m)	Actual (£m)	Variance (£m)	Variance
NORTH / SOUTH STAFFORDSHIRE CCGS	416.8	416.6	381.8	381.8	0.0	0%
NHS ENGLAND	223.2	218.4	199.8	195.3	(4.6)	-2%
OTHER CCG ASSOCIATES	29.1	30.8	28.1	30.1	2.0	7%
OTHER NON NHS CONTRACTS	6.5	7.5	6.9	7.9	1.0	14%
NON CONTRACT ACTIVITY	4.2	4.2	3.8	3.7	(0.1)	-3%
OTHER	13.9	13.9	11.7	12.9	1.2	10%
	693.7	691.2	632.2	631.7	(0.5)	0%
Less Other Non Patient Income	(1.5)	(1.5)	(1.4)	(1.4)	-	0%
	692.2	689.7	630.8	630.3	(0.5)	0%

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 with the over recovery at Month 11 being £2.0m (7%). The most significant variance is against Shropshire CCG which is showing an over recovery of £0.8m (19% 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.

Within the reported position for Total Commissioning income the Trust has made provision for £0.2m of fines; these relate to contracts with Associate CCGs and NHSE as under the IFPM fines are automatically reinvested. The table below provides details of the contractual fines for the first 11 months of 2019/20.

Contractual Fines 2019/20	Operational Standards	Consequence of breach	Staffordshire		Other		Total	
			Total	Value £000	Total	Value £000	Total	Value £000
52 Week waits	Zero tolerance RTT waits over 52 weeks for incomplete pathways	£5,000 per Service User with an incomplete RTT pathway waiting over 52 weeks at the end of the relevant month	0	0.0	0	0.0	0	0.0
C Difficile incidences	Minimise rates of Clostridium difficile	£10,000 for each breach above target	15	150.0	1	10.0	16	160.0
Cancelled Ops	All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice	Non-payment of costs associated with cancellation and non- payment or reimbursement (as applicable) of re-scheduled episode of care	114	198.1	55	174.5	169	372.7
MRSA Incidences	Zero tolerance methicillin-resistant Staphylococcus aureus	£10,000 in respect of each incidence in the relevant month	0	0.0	0	0.0	0	0.0
MSA Breaches	Zero tolerance against Mixed Sex Accommodation	£250 per day per patient	0	0.0	0	0.0	0	0.0
Urgent Ops	No urgent operation should be cancelled for a second time	£5,000 per incidence in the relevant month	0	0.0	6	30.0	6	30.0
Total			129	348.1	62	214.5	191	562.7

The table below shows the planned growth in activity for the first 11 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 M1-11		2018/19 M1-11		Planned Growth	Actual Growth
	Plan	Actual	Plan	Actual		
Elective	14,026	12,845	15,312	13,533	3.6%	-5.1%
Day case	89,062	88,292	88,212	86,919	2.5%	1.6%
Emergency	99,998	99,866	86,087	98,284	1.7%	1.6%
Outpatient	712,323	679,053	710,303	687,588	3.6%	-1.2%
A&E Attendance	165,844	162,224	145,450	161,013	3.0%	0.8%

Other Non Clinical income over recovered by £1.6m in month; this was mainly due to the receipt of £1.0m of non-recurrent transitional funding from Health Education England (HEE) relating to Keele medical student days.

3. Expenditure

Pay expenditure was £41.0m in Month 11 generating an underspend of £0.1m with year to date pay expenditure now standing at £440.3m resulting in an underspend of £6.3m.

Overall Pay expenditure for the first 11 months of the year was 2.9% higher than for the first 11 months of 2018/19 against a planned increase of 4.4%.

Additional costs planned for winter were £1.0m in February with the actual costs being £0.7m; the underspend was mainly as a result of additional capacity within Critical Care and SAU not being needed and fewer escalation beds being open than planned.

Registered nursing costs underspent by £0.3m in February with the actual pay costs of £12.3m being in the same as January.

NHS Infrastructure costs broke even in the month and still stand at £3.2m underspent for the year to date; Corporate functions account for £2.7 of the year to date underspend.

Medical pay overspent by £0.4m in February with the year to date overspend now standing at £2.1m. As in previous months this is predominantly within Emergency Medicine which is £0.2m overspent for the month and now stands at £2.5m 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.

After 11 months of the financial year the Trust's expenditure on agency staff is £0.2m higher than the year to date profile of the ceiling set by NHSI of £18.0m. This is as a result of Medical agency costs being £0.1m higher per month on average than for 2018/19. The Trust will need to monitor performance closely in March to ensure that it does not breach its ceiling; performance for the year to date is shown in the table below.

Agency Cap Target	Annual	In Month			Year to Date		
	Target £m	Target £m	Actual £m	Variance £m	Target £m	Actual £m	Variance £m
Total	(18.0)	(1.6)	(1.6)	(0.0)	(16.4)	(16.6)	(0.2)

Non-pay expenditure is overspent by £0.8m in February and now stands at £3.1m overspend for the year to date within this pass through drugs are overspent by £1.5m in the month and £7.2m for the year to date.

In Month 11 the Trust has released £1.3m 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 11 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	0.7	0.1	6.3	19.9	13.6
Pay	17.5	2.0	0.7	(1.3)	15.3	6.6	(8.7)
Non Pay	15.6	1.3	0.3	(1.0)	12.7	4.2	(8.5)
Total	40.0	3.9	1.7	(2.2)	34.3	30.7	(3.6)

The CIP delivery in Month 11 is £2.2m behind plan and £3.6m behind plan for the year to date. The CIP report contains further detail including a forecast for the year.

5. Capital

The Trust capital expenditure plan for 2019/20 is £25.9m and includes the changes reported to the Performance and Finance Committee along with additional capital funding confirmed by NHSE/I. The Trust has spent £2.0m in Month 11 and £14.9m year to date against a planned spend of £15.3m, an under spend of £0.4m. The planned spend for Month 12 of the financial year is £7.0m; details of the significant items are included below.

Capital Expenditure as at Month 11 2019/20 £m	Revised	In Month			Year to Date		
	Budget	Budget	Actual	Variance	Budget	Actual	Variance
ICT Infrastructure	(4.9)	(0.5)	(0.5)	(0.0)	(4.6)	(4.2)	0.4
Estates Infrastructure	(4.1)	(0.2)	(0.7)	(0.6)	(2.3)	(2.6)	(0.4)
Medical Equipment	(3.5)	(0.4)	(0.4)	(0.0)	(1.8)	(2.3)	(0.5)
PFI lifecycle & equipment	(3.2)	(0.6)	(0.1)	0.5	(2.5)	(2.2)	0.3
PFI enabling	(0.1)	(0.1)	(0.0)	0.0	(0.1)	(0.1)	-
Pathology tracker - Finance Lease	(0.5)	-	-	-	(0.5)	(0.1)	0.4
Health & Safety Compliance	(0.2)	-	-	-	(0.2)	(0.1)	0.1
Other Central schemes	(1.0)	(0.1)	(0.0)	0.1	(0.7)	(0.3)	0.4
LIMS	(1.5)	-	(0.0)	(0.0)	(1.5)	(1.5)	0.0
PDC award for HSLI	(1.3)	(0.1)	-	0.1	(1.1)	(1.2)	(0.1)
Project STAR	(0.5)	-	(0.2)	(0.2)	-	(0.3)	(0.3)
NHSI imaging funding	(1.2)	-	(0.0)	(0.0)	-	(0.0)	(0.0)
Total capital expenditure	(21.9)	(1.9)	(2.0)	(0.1)	(15.3)	(14.9)	0.4
PFI equipment pre-payment	(4.1)	-	-	-	(4.1)	(3.3)	0.8
Total CDEL	(25.9)	(1.9)	(2.0)	(0.1)	(19.3)	(18.2)	1.1

Expenditure for the ICT sub-group is £0.4m behind plan. There is a £0.5m underspend on 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. Spend of £0.6m is planned in month 12, mainly relating to SharePoint development and Windows 10 and Microsoft licences. ICT sub group have raised no risks with regard to this expenditure.

There is a £0.4m underspend on Estates Infrastructure expenditure mainly due to the fire alarm phase 3 replacement and lift upgrade work being behind plan. Expenditure of £1.5m is planned in month 12 relating to a number of schemes including Trent building heating pipework, accommodation for MPFT at County, electrical and fire safety work, enabling works for replacement imaging scanners and further security work at the RI site. Estates sub group identified a number of risk areas with regard to this expenditure however this has been mitigated by budget moves between projects to ensure that the year-end position can be met.

Medical devices expenditure is £0.5m ahead of plan. Expenditure of £1.2m is planned in month 12 mainly relating to the recent allocation of the central contingency on a number of schemes including purchase of 2 microscopes and the Trust funded balance of the PDC funded imaging equipment. Medical Equipment sub group have raised no risks with regard to this expenditure.

PFI equipment is £0.3m behind plan. The replacement of PACS equipment is complete. The remaining lifecycle costs will be incurred in year along with the remaining equipment within the revised agreed replacement programme for the contract year.

The Pathology Tracker is £0.4m behind plan; the equipment is a refresh via a finance lease and was carried forward from 2018/19. The equipment refresh has been completed in March and the required enabling work has also been undertaken.

Other central schemes are £0.5m behind plan; this is due to VAT now reclaimed on prior year expenditure along with the write off of prior year GRN's and the allocation of contingency to sub-groups. The remaining contingency has now been allocated to additional medical equipment and to IM&T in relation to Share Point; this expenditure will be incurred in Month 12.

Expenditure to be incurred relating to Project STAR is mainly in relation to the hoarding for the RI site and the Estates team are working with local planners and the contractors to ensure this work can take place in year. There is a risk that this expenditure will not be incurred by the year end however this will be managed within the overall capital programme. Costs incurred in relation to the car parking solution have been charged to revenue as only costs associated directly with the agreed solution can be capitalised.

Expenditure on Pathology LIMS of £1.5m was incurred in Month 9 via a bullet payment to the supplier on 31st December 2019 and is in line with the revised plan.

HSLI expenditure is £0.1m 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 has received the cash from the DHSC in Month 11. The remaining costs for the electronic patient records scheme will be incurred in Month 12.

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

6. Cash

The Trust holds cash of £16.0m at Month 11 which is £8.0m higher than plan.

Cash Summary at Month 11 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	21.2	13.2	8.4	8.4	-
Contract Income 2019/20	658.7	56.9	56.1	(0.8)	625.6	624.7	(0.9)
Contract income 2018/19	3.2	-	-	-	3.2	12.1	8.9
Other Income	103.2	8.5	4.6	(3.9)	81.0	89.9	8.9
Uncommitted Revenue support facility 2019/20	-	(5.2)	(4.6)	0.6	7.3	14.3	7.0
PSF, FRF and MRET funding	32.0	8.5	3.6	(4.9)	22.3	17.5	(4.7)
Department of Health and NHS England Deficit support	24.8	-	-	-	18.6	-	(18.6)
Capital funding (PDC capital)	1.3	-	2.5	2.5	1.3	2.5	1.2
Total Receipts	823.2	68.7	62.2	(6.6)	759.2	761.0	1.8
Payroll (excluding agency)	(436.8)	(38.3)	(38.4)	(0.1)	(416.2)	(415.9)	0.3
Accounts payable	(366.3)	(28.3)	(27.0)	1.3	(325.8)	(321.2)	4.6
PDC Dividend	(1.5)	-	-	-	(0.4)	(0.4)	-
Capital	(19.5)	(2.2)	(2.0)	0.2	(17.2)	(16.0)	1.2
Total Payments	(824.1)	(68.8)	(67.4)	1.4	(759.6)	(753.5)	6.1
Closing Balance	7.5	8.0	16.0	8.0	8.0	16.0	8.0

Overall cash is £8m higher than plan at Month 11. This is mainly due to cash being received in Month 6 of £9m cash relating to the outcome of the 2018/19 expert determination and the Trust holding a higher cash balance due to uncertainty of when Q3 PSF and DHSC deficit support cash will be received.

Contract income relating to 2019/20 is in line with plan year to date, the small variance relates to £0.6m cash that has not been received from NHSE relating to the screening services SLA for month 11.

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 (£1.5m) relating to the prior year have not yet been taken by commissioners, this is being escalated as part of the Agreement of Balances exercise.

Other income is higher than plan year to date (£8.9m); in month other income is below plan due to the Q4 training cash being received from Health Education England in Month 10 rather than Month 11. The year to date variance is 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 11. Cash has been received relating to Q3 FRF but not in relations to Q3 PSF or the £24.8m deficit support funding. 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 in March does not forecast further draw down of cash support and includes a £6.4m repayment of borrowing, as a result the Trust is holding a higher than planned cash balance.

The Trust has received £14.9m of deficit support from Stafford and Surrounds CCG on 2nd March 2020 which enables the repayment of £6.4m deficit support borrowing taken out in year in March 2020. However as the Trust has not had confirmation as to when either the Q3 PSF cash or the £9.9m deficit support from DHSC will be received, the revised forecast is for net borrowing in the year to be £8m rather than nil as per the plan.

General accounts payable and capital payments are £4.6m and £1.2m behind plan mainly as a result of reported underspends on non-pay and the timing of capital payments.

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 30/04/19 £m	Actual 31/05/19 £m	Actual 30/06/19 £m	Actual 31/07/19 £m	Actual 31/08/19 £m	Actual 30/09/19 £m	Actual 31/10/19 £m	Actual 30/11/19 £m	Actual 31/12/19 £m	Actual 31/01/20 £m	Actual 29/02/20 £m	Plan 31/03/20 £m	Total
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	19.4	21.2	16.0	15.3	15.3
Deficit/Working capital cash support received	4.4	4.3	7.9	-	-	-	-	-	-	(0.9)	-	-	15.7
Deficit/Working capital cash repayment	-	-	-	-	-	-	(4.2)	-	-	-	-	(3.6)	(7.8)
Planned PSF/FRF cash received	-	-	-	-	-	4.2	-	2.4	3.2	-	3.6	-	13.3
PSF/FRF cash support received/repayment	1.4	1.4	-	1.9	1.9	-	-	-	-	0.9	(4.6)	(2.8)	(0.0)
DHSC & NHS England deficit support cash	-	-	-	-	-	-	-	-	-	-	-	14.9	14.9

The plan was that at the year end the net cash support borrowing for the year will be nil. However as the Trust has not had confirmation as to when either the Q3 PSF cash or the £9.9m deficit support from DHSC will be received, the forecast is for net borrowing in the year to be £8m. The Trust is currently holding a higher than planned cash as confirmation has not yet been received of the items above and to allow the repayment of year to date deficit support and PSF/FRF borrowing in March 2020 (£6.4m).

The forecast is that £15.2m of loans at 6% interest rate will be repaid in the year. The Quarter 4 PSF/FRF cash of £9.7m will be received in 2020/21 in addition to the £4.8m quarter 3 PSF cash and the £9.9m deficit support from DHSC (unless confirmed that the Trust will receive the cash prior to 31 March 2020).

7. Balance Sheet

The Month 11 Statement of Financial Position (Balance Sheet) is shown below.

Balance Sheet as at 29th February 2020	31/03/2019	29/02/2020			
	Actual £m	Plan £m	Actual £m	Variance £m	
Property, Plant & Equipment	504.0	501.2	496.3	(5.0)	Note 1
Intangible Assets	22.1	21.9	23.3	1.4	Note 1
Total Non Current Assets	526.1	523.1	519.5	(3.6)	
Inventories	12.8	12.4	12.2	(0.2)	
Trade and other Receivables	40.9	45.4	60.4	15.0	Note 2
Cash and Cash Equivalents	8.4	8.0	16.0	8.0	Note 3
Total Current Assets	62.1	65.8	88.6	22.8	
Trade and other payables	(59.1)	(66.7)	(69.1)	(2.4)	Note 4
Borrowings	(23.4)	(22.9)	(22.7)	0.2	
Provisions	(3.3)	(3.3)	(2.3)	0.9	
Total Current Liabilities	(85.8)	(92.8)	(94.1)	(1.3)	
Borrowings	(462.0)	(461.9)	(466.0)	(4.2)	Note 5
Provisions	(0.9)	(0.9)	(0.9)	-	
Total Non Current Liabilities	(462.9)	(462.7)	(466.9)	(4.2)	
Total Assets Employed	39.6	33.3	47.1	13.8	
Financed By:				-	
Public Dividend Capital	407.1	408.4	409.6	1.2	Note 6
Retained Earnings	(466.4)	(474.0)	(461.7)	12.3	Note 7
Revaluation Reserve	98.9	98.9	99.1	0.3	
Total Taxpayers Equity	39.6	33.3	47.1	13.8	

The Month 11 Statement of Financial Position (Balance Sheet) is broadly in line with plan with the main variances explained below:

Note 1: Property Plant & Equipment and Intangibles are £3.6m lower than plan. Overall additions are lower than the original plan on Trust funded capital schemes by £3.1m and on the revised plan by £1.1m, due to slippage in and reprioritisation of the capital spend. The variance between PPE and intangibles is due to the LIMS capital scheme being included in the PPE plan figure rather than Intangibles.

Note 2: Trade and other receivables are £15.0m 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) remaining unpaid at the end of Month 11, and the Trust not yet receiving cash relating to Q3 PSF/ funding. Deficit support of £14.9m from Stafford and Surrounds CCG was received on 2nd March 2020.

Note 3: Cash is £8.0m higher than plan at Month 11. 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 of £8.9m, which was not included in the original plan. The Trust is also holding a higher cash balance due to uncertainty of when Q3 PSF and DHSC deficit support cash will be received.

Note 4: Trade and other payables are £2.4m higher than plan. This is mainly due to trade payables are higher than plan due to the timing of the pharmacy payment run in the last week of the month and the payment of the monthly Lloyds pharmacy invoice.

Note 5: Borrowings are £4.2m 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 a timing difference on the repayment of 2019/20 borrowing relating to Q3 PSF funding which has been delayed. The Trust has not yet received confirmation of when the £9.9m deficit support cash will be received from DHSC. A repayment of borrowing £6.4m will be made in month 12.

Note 6: PDC is £1.2m higher than plan due to the Trust receiving PDC relating to imaging equipment of £1.2m in Month 11.

Note 7: Retained earnings show a £12.3m variance from plan at Month 11. 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 11.

7.1 Trade & other receivables

Total Trade and other receivables stood at £60.4m at 29th February 2020, £15.0m higher than plan. The main variances are explained below:

Trade / Other Receivables & Current assets Actuals	Actual 31/03/19 £m	Plan 29/2/20 £m	Actual 29/2/20 £m	Variance 29/2/20 £m	
Trade Receivables	42.3	21.7	33.5	11.8	Note 1
Deficit support invoice not yet due	-	-	(2.1)	(2.1)	Note 1
Prepayments	8.8	8.1	8.3	0.2	
Accrued Income	19.2	27.8	32.2	4.4	Note 2
Bad Debt Provision	(2.7)	(2.8)	(2.6)	0.1	
VAT Receivable	1.6	1.6	1.7	0.1	
Credit Note accrual	(30.0)	(12.4)	(12.1)	0.3	
Other Receivable	1.8	1.3	1.4	0.1	
Total	40.9	45.3	60.4	15.0	

Note 1: Trade receivables are £11.8m 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 the final quarter of this would be outstanding at the end of Month 11. Further details on aged receivables can be seen below. From a revenue perspective the deficit support for months 12 is not yet due, this balance of £2.1m is shown above as an adjustment to the receivables total. The trade receivables balance is partly offset by prior year credit notes of £1.5m remaining outstanding.

Note 2: Accrued income is £4.4m higher than plan mainly due to the accrual for Q3 FRF funding of £4.8m, the plan assumed that this would have been paid prior to the end of Month 11; the payment date is yet to be confirmed.

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 31/1/20 £m	Actual 29/2/20 £m	
Less than 30 Days	24.3	3.3	3.3	MPFT £0.6m, NHS England £1.4m, £0.3m Royal Wolverhampton, £0.2m NHSI, £0.15m Mid Cheshire
31 to 60 Days	1.6	1.7	1.5	Royal Wolverhampton £0.3m, NHS England £0.6m, NHS Stafford and Surrounds CCG £0.2m
61 to 90 Days	0.5	0.9	0.7	NHS England £0.2m, Royal Wolverhampton £0.255m,
91+ Days	12.3	26.0	25.8	DHSC £9.9m and Stafford & Surrounds CCG £14.9m for 2019/20 deficit support, NS Combined £0.4m
Total	38.7	31.9	31.3	
Non NHS Trade Receivables - Aged Debt	Actual 31/03/19 £m	Actual 31/1/20 £m	Actual 29/2/20 £m	
Less than 30 Days	1.4	1.2	0.8	Alliance Medical £0.1m, Keele University £0.1m, Vocare £0.1m
31 to 60 Days	0.5	0.2	0.5	Alliance Medical £0.2m, Keele University £0.1m
61 to 90 Days	0.2	0.1	0.1	
91+ Days	1.5	0.9	0.9	£0.57m overseas visitors, £0.2m salary overpayments
Total	3.6	2.4	2.3	

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 £22.7m of this income to month 11. The Trust has received the £14.9m from Stafford and Surrounds CCG on the 2nd March, discussions remain ongoing with NHSE/I on the remaining £9.9m.

There are a number of outstanding invoices and credit notes with NHS bodies. The financial accounts team is reviewing the 2019/20 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 has been reviewed and a write-off of Non-NHS debt was reported to Audit Committee in January 2020. As a result there has been a reduction in longer term non-NHS debt and as per the table above where debt over 90 days old has significantly reduced compared to Month 9.

7.2 Trade & other payables

Trade and other payables stood at £69.1m at 29th February 2020, which is £2.4m 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 29/2/20 £m	Actual 29/2/20 £m	Variance 29/2/20 £m	
Trade Payables	(15.6)	(17.5)	(19.5)	(2.0)	Note 1
Manual Accruals	(12.0)	(13.8)	(14.1)	(0.3)	
Deferred Income	(5.0)	(7.5)	(7.3)	0.2	
GRN Accruals	(8.5)	(9.0)	(9.2)	(0.2)	
Tax/NI Payables	(9.8)	(10.5)	(10.5)	(0.0)	
Pension Payables	(5.9)	(6.2)	(6.4)	(0.2)	
Other Payables	(2.2)	(2.1)	(2.0)	0.1	
Total	(59.0)	(66.7)	(69.1)	(2.4)	

Note 1: Trade payables are £2.0m higher than plan this reflects the timing of the Accounts Payable interface with the pharmacy system at the month end (payments were made in early March 2020) and the monthly Lloyds pharmacy invoice for £1m being paid in early March 2020.

7.3 Better payment practice code

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 11 can be seen in the table below.

Better Payment Practice Code	Actual 31/3/19	Actual 31/11/20	Actual 29/2/19
NHS £m			
Total Paid	31.6	25.7	28.2
Paid in terms	21.1	21.0	23.0
Percentage paid in terms	67%	82%	82%
NHS volume			
Total Paid	3,703	2,831	3,337
Paid in terms	2,962	2,309	2,755
Percentage paid in terms	80%	82%	83%
Non NHS £m			
Total Paid	458.9	313.0	386.2
Paid in terms	431.4	292.3	362.2
Percentage paid in terms	94%	93%	94%
Non NHS volume			
Total Paid	131,200	99,097	118,417
Paid in terms	122,292	92,891	111,379
Percentage paid in terms	93%	94%	94%

Forecast, Risks and Opportunities

As presented to the Finance & Performance Committee in November the Trust carried out a full forecast for the year based on the Month 8 run rate; this forecast showed that the Trust still expected to meet its forecast surplus for the year of £5m. The reported position at Month 11 is £0.9m better than the forecast carried out at Month 8; this is mainly due to the receipt of £1.0m non-recurrent transitional funding from HEE that we were notified of in February 2020. It is still expected that the Trust will deliver a surplus of £5m for the year.

The Trust continues to hold a small number of specific reserves at Month 11 which are assumed to be committed during the year and have therefore been fully provided for within the Month 11 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.

Reserve	Annual Value £m	YTD Value £m	Provided at Mn 11 £m
Winter	0.0	0.0	0.0
Risk Reserve	4.3	5.1	0.2
Activity Reserve	1.3	1.2	0.6
Windows 10	0.2	0.2	0.2
PFI RoE	0.1	0.1	0.0
Non Pay Inflation	1.7	1.6	0.2
Total Income	7.7	8.2	1.2

A “profiling” adjustment has also been made at Month 11 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 11 is £0.7m.

The actual run rate performance at Month 11 is therefore

Underlying I&E	£m
Reported I&E surplus at month 11	4.9
Provision reserve	1.2
Profiling adjustment	0.7
Run rate performance	6.8

8 System wide position

At Month 10 (before PSF/CSF) the system reported a ytd deficit of £107.0m against a planned deficit of £92.5m resulting in an adverse variance of £14.4m. This is summarised in the table below alongside the amount of PSF/CSF assumed in the Month 10 position.

Organisation	M10 ytd £m			
	Annual Plan	ytd Budget	ytd Actual	Variance
CCGs	(73,915)	(62,189)	(83,443)	(21,254)
UHNM	(32,000)	(28,444)	(22,232)	6,212
MPFT	(2,477)	(2,076)	(1,476)	600
NSCHT	338	180	195	15
Aggregate system position before PSF/CSF	(108,054)	(92,529)	(106,956)	(14,427)
PSF/CSF/MRET				
CCGs	0	3,575	3,575	0
UHNM	32,000	24,815	24,815	0
MPFT	4,229	3,242	3,242	0
NSCHT	700	537	537	0
Ttotal PSF/CSF/MRET	36,929	32,169	32,169	0
Surplus/(deficit) after PSF/CSF/MRET	(71,125)	(60,360)	(74,787)	(14,427)

At Month 10 (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 £14.4m 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 £40.5m of PSF/CSF resulting in an actual deficit of £62.5m

Within the forecast position the system is assuming £118.9m of internal savings and £0.3m of programme savings (against the £20m plan).

9 Conclusions

The Trust was £2.3m better than plan in February and within £12k of its forecast for the month (carried out at Month 8) when adjusted for the receipt of additional non recurrent transitional funding from HEE. The receipt of this income will provide some resilience for the Trust to manage the financial impact of coronavirus and other financial risks in March and still meet its revised forecast of a £5m surplus for the year.

10 Recommendations

The Board is asked to consider and review this report.

Appendix 1 – Patient income POD summary

Patient Income Position at Month 11	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	75,609	72,946	(2,663)	-4%	68.1	65.0	(3.1)	-5%
Non-Elective Emergency Inpatients	73,164	137.5	66,960	66,300	(660)	-1%	125.8	138.6	12.8	10%
Non-Elective Non Emergency Inpatients	21,442	21.4	19,625	20,574	949	5%	19.6	19.1	(0.5)	-3%
Critical Care	13,254	14.4	12,132	12,292	160	1%	13.1	13.3	0.2	1%
Excluded Drugs / Devices	12,638	13.3	11,525	10,310	(1,215)	-11%	12.1	11.9	(0.2)	-2%
Other	5,729,735	80.6	5,233,672	5,419,508	185,836	4%	73.6	75.6	2.0	3%
Outpatients	550,732	59.1	502,546	470,489	(32,057)	-6%	53.9	53.6	(0.4)	-1%
IFPS Adjustment		14.2					14.0	3.4	(10.6)	
	6,483,856	415.0	5,922,069	6,072,419	150,350	3%	380.4	380.4	0.0	0%
Other Non Patient Income		1.5					1.4	1.4	-	0%
	6,483,856	416.5	5,922,069	6,072,419	150,350	3%	381.8	381.8	0.0	
NORTH / SOUTH STAFFORDSHIRE CCGS NON BLOCK										
	-	-	-	-	-		-	-	-	
	-	-	-	-	-		-	-	-	
NHS ENGLAND										
Daycase / Elective Inpatients	23,576	39.9	21,533	22,264	731	3%	36.4	34.5	(2.0)	-5%
Non-Elective Emergency Inpatients	7,823	36.3	7,160	6,540	(620)	-9%	33.3	31.1	(2.1)	-6%
Non-Elective Non Emergency Inpatients	914	5.8	837	811	(26)	-3%	5.3	4.8	(0.4)	-8%
Critical Care	15,893	21.9	14,543	13,077	(1,466)	-10%	20.0	17.4	(2.6)	-13%
Excluded Drugs / Devices	741	42.2	677	1,631	954	141%	38.6	42.8	4.2	11%
Other	212,654	48.6	194,275	198,303	4,028	2%	44.6	43.1	(1.4)	-3%
Outpatients	188,542	23.7	172,142	164,931	(7,211)	-4%	21.6	21.4	(0.2)	-1%
	450,143	218.4	411,166	407,557	(3,609)	-1%	199.8	195.3	(4.6)	-2%
OTHER CCG ASSOCIATES										
Daycase / Elective Inpatients	5,579	7.5	5,073	5,026	(47)	-1%	6.8	6.1	(0.7)	-10%
Non-Elective Emergency Inpatients	3,106	8.8	2,843	3,072	229	8%	8.1	8.3	0.3	3%
Non-Elective Non Emergency Inpatients	922	2.2	844	897	53	6%	2.0	2.3	0.3	15%
Critical Care	1,249	1.3	1,144	1,630	487	43%	1.2	1.7	0.6	48%
Excluded Drugs / Devices	2,572	3.2	2,345	2,211	(134)	-6%	2.9	3.0	0.1	3%
Other	16,492	3.3	15,052	17,472	2,420	16%	3.0	3.6	0.5	18%
Outpatients	34,377	4.5	31,344	37,252	5,909	19%	4.1	5.0	0.9	21%
	64,297	30.8	58,644	67,561	8,917	15%	28.1	30.1	2.0	7%
OTHER NON NHS CONTRACTS										
Daycase / Elective Inpatients	181	0.8	166	193	27	16%	0.8	0.7	(0.0)	-3%
Non-Elective Emergency Inpatients	455	2.7	424	508	84	20%	2.5	3.3	0.7	30%
Non-Elective Non Emergency Inpatients	109	0.5	101	85	(16)	-16%	0.5	0.5	(0.0)	-8%
Critical Care	1,235	1.6	1,131	1,203	72	6%	1.5	1.6	0.1	10%
Excluded Drugs / Devices	54	0.5	49	63	14	28%	0.5	0.5	0.1	18%
Other	3,456	1.1	3,174	1,542	(1,632)	-51%	1.0	1.0	0.0	5%
Outpatients	1,964	0.3	1,831	1,955	124	7%	0.2	0.3	0.0	9%
	7,455	7.5	6,876	5,549	(1,328)	-19%	6.9	7.9	1.0	14%
NON CONTRACT ACTIVITY										
Daycase / Elective Inpatients	498	1.3	454	453	(1)	0%	1.2	1.0	(0.2)	-16%
Non-Elective Emergency Inpatients	1,004	1.4	919	882	(37)	-4%	1.3	1.3	0.0	1%
Non-Elective Non Emergency Inpatients	141	0.2	129	104	(25)	-20%	0.2	0.1	(0.0)	-21%
Critical Care	129	0.1	118	201	83	70%	0.1	0.2	0.1	90%
Excluded Drugs / Devices	86	0.1	79	98	19	25%	0.1	0.1	0.0	24%
Other	4,000	0.6	3,660	3,701	41	1%	0.6	0.6	(0.0)	-2%
Outpatients	3,855	0.5	3,511	3,374	(137)	-4%	0.4	0.4	(0.0)	-8%
	9,713	4.2	8,870	8,813	(57)	-1%	3.8	3.7	(0.1)	-3%
OTHER										
Daycase / Elective Inpatients	278	-	254	255	1	0%	-	0.0	0.0	
Non-Elective Emergency Inpatients	128	0.1	116	77	(39)	-34%	0.1	0.0	(0.1)	-95%
Non-Elective Non Emergency Inpatients	44	0.0	40	16	(24)	-60%	0.0	-	(0.0)	-100%
Critical Care	35	-	32	76	44	140%	-	-	-	
Excluded Drugs / Devices	2	4.4	2	17	15	831%	4.0	5.1	1.1	28%
Other	400	9.3	362	303	(59)	-16%	7.6	7.8	0.2	3%
Outpatients	1,046	0.0	949	1,051	102	11%	0.0	0.0	(0.0)	-96%
	1,932	13.9	1,754	1,795	41	2%	11.7	12.9	1.2	10%
	7,017,396	691.2	6,409,380	6,563,693	154,313	-1%	632.2	631.7	(0.5)	0%
Less Other Non Patient Income	-	(1.5)	-	-	-		(1.4)	(1.4)	-	0%
TOTAL PATIENT INCOME	7,017,396	689.7	6,409,380	6,563,693	154,313	2%	630.8	630.3	(0.5)	0%

Appendix 2 – Patient income Commissioner summary

Patient Income Position at Month 11	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	21.9	338,248	349,981	11,733	3%	20.0	20.4	0.4	2%
NHS EAST STAFFORDSHIRE CCG	7,493	3.2	6,785	7,322	537	8%	2.9	3.5	0.6	21%
NHS NORTH STAFFORDSHIRE CCG	1,957,541	121.3	1,787,894	1,890,773	102,879	6%	110.9	115.1	4.2	4%
NHS SOUTH EAST STAFFS AND SEISDON PENINSULAR CCG	4,351	2.0	3,972	4,061	89	2%	1.8	1.8	(0.0)	-3%
NHS STAFFORD AND SURROUNDS CCG	1,335,622	72.8	1,219,968	1,232,238	12,269	1%	66.5	68.7	2.2	3%
NHS STOKE ON TRENT CCG	2,808,544	179.7	2,565,202	2,588,043	22,841	1%	164.3	167.6	3.3	2%
IPFS ADJUSTMENT	-	14.2	-	-	-	-	14.0	3.4	(10.6)	-76%
	6,483,856	415.1	5,922,069	6,072,419	150,350	3%	380.4	380.4	0.0	0%
Other Non Patient Income		1.5					1.4	1.4	-	0%
	6,483,856	416.6	5,922,069	6,072,419	150,350	3%	381.8	381.8	0.0	
NORTH / SOUTH STAFFORDSHIRE CCGS NON BLOCK										
	-	-	-	-	-	-	-	-	-	
	-	-	-	-	-	-	-	-	-	
NHS ENGLAND										
CHESHIRE AND MERSEYSIDE AT DENTAL	1,431	0.3	1,307	1,321	14	1%	0.3	0.3	0.0	10%
CHESHIRE AND MERSEYSIDE AT SCREENING	4,614	0.5	4,214	3,644	(570)	-14%	0.4	0.3	(0.2)	-40%
NHS ENGLAND - ARMED FORCES	1,151	0.4	1,052	-	(1,052)	-100%	0.3	-	(0.3)	-100%
NORTH MIDLANDS AT DENTAL	37,692	7.9	34,429	33,283	(1,146)	-3%	7.2	7.4	0.1	2%
NORTH MIDLANDS AT SCREENING	14,977	6.0	13,679	11,879	(1,800)	-13%	5.6	5.4	(0.1)	-3%
SPECIALISED COMMISSIONING TEAM	390,278	203.3	356,485	357,430	945	0%	186.0	181.9	(4.1)	-2%
	450,143	218.4	411,166	407,557	(3,609)	-1%	199.8	195.3	(4.6)	-2%
OTHER CCG ASSOCIATES										
NHS BIRMINGHAM AND SOLIHULL CCG	1,159	0.7	1,058	1,311	253	24%	0.6	0.8	0.2	41%
NHS DERBY AND DERBYSHIRE CCG	1,957	1.0	1,787	1,883	96	5%	0.9	0.9	(0.0)	-4%
NHS DUDLEY CCG	514	0.3	468	435	(33)	-7%	0.3	0.2	(0.1)	-24%
NHS EASTERN CHESHIRE CCG	5,151	2.4	4,701	5,117	416	9%	2.2	2.4	0.2	9%
NHS REDDITCH AND BROMSGROVE CCG	179	0.2	163	194	31	19%	0.1	0.2	0.0	18%
NHS SANDWELL AND WEST BIRMINGHAM CCG	976	0.8	891	693	(198)	-22%	0.7	0.4	(0.3)	-46%
NHS SHROPSHIRE CCG	10,564	4.7	9,635	11,173	1,538	16%	4.3	5.1	0.8	19%
NHS SOUTH CHESHIRE CCG	28,337	12.6	25,845	29,948	4,103	16%	11.5	12.3	0.8	7%
NHS SOUTH WORCESTERSHIRE CCG	285	0.2	259	232	(27)	-11%	0.2	0.1	(0.0)	-23%
NHS TELFORD AND WREKIN CCG	6,413	3.1	5,840	6,195	355	6%	2.8	2.3	(0.5)	-18%
NHS VALE ROYAL CCG	5,018	3.2	4,579	6,460	1,881	41%	3.0	3.3	0.4	12%
NHS WALSALL CCG	1,189	0.5	1,084	1,397	313	29%	0.5	0.6	0.2	40%
NHS WEST CHESHIRE CCG	708	0.5	647	766	119	18%	0.4	0.6	0.1	33%
NHS WIRRAL CCG	199	0.1	182	200	18	10%	0.1	0.1	0.1	57%
NHS WOLVERHAMPTON CCG	1,432	0.6	1,306	1,386	80	6%	0.5	0.6	0.1	17%
NHS WYRE FOREST CCG	218	0.2	198	170	(28)	-14%	0.1	0.1	(0.0)	-4%
	64,297	30.8	58,644	67,561	8,917	15%	28.1	30.1	2.0	7%
OTHER NON NHS CONTRACTS										
BETSI CADWALADR UHB	2,220	4.3	2,029	3,128	1,099	54%	3.9	4.9	1.0	25%
WALES	4,481	2.9	4,093	1,630	(2,464)	-60%	2.6	2.6	(0.0)	-1%
VIRGIN HEALTHCARE	754	0.3	754	791	37	5%	0.3	0.3	(0.0)	0%
	7,455	7.5	6,876	5,549	(1,328)	-19%	6.9	7.9	1.0	14%
NON CONTRACT ACTIVITY										
NON CONTRACT ACTIVITY	9,713	4.2	8,870	8,813	(57)	-1%	3.8	3.7	(0.1)	-3%
	9,713	4.2	8,870	8,813	(57)	-1%	3.8	3.7	(0.1)	-3%
OTHER										
CANCER DRUGS FUND	-	3.7	-	-	-	-	3.4	4.5	1.1	31%
NHS ENGLAND DRUGS - NON CONTRACT	-	0.6	-	-	-	-	0.6	0.7	0.1	16%
OTHER	505	9.5	451	455	4	1%	7.8	7.8	0.0	0%
OVERSEAS VISITORS	658	0.0	601	423	(178)	-30%	0.0	-	(0.0)	-100%
PRIVATE PATIENTS	768	-	702	917	215	31%	-	-	-	
	1,932	13.9	1,754	1,795	41	2%	11.7	12.9	1.2	10%
	7,017,396	691.2	6,409,380	6,563,693	154,313	-1%	632.2	631.7	(0.5)	0%
Less Other Non Patient Income	-	(1.5)	-	-	-	-	(1.4)	(1.4)	-	0%
TOTAL PATIENT INCOME	7,017,396	689.7	6,409,380	6,563,693	154,313	2%	630.8	630.3	(0.5)	0%



Executive Summary

Meeting:	Trust Board	Date:	8 th April 2020
Report Title:	IM&T Strategy Update	Agenda Item:	9.
Author:	Mark Bostock, Director of IM&T / IM&T Senior Management Team		
Executive Lead:	Mark Bostock, Director of IM&T		

Purpose of Report:			
Assurance	✓	Approval	Information

Impact on Strategic Objectives (positive or negative):		Positive	Negative
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	✓	

Executive Summary:

The Digitalisation Agenda for UHNM is increasingly concentrating on exploitative technologies that support clinical decision making, productivity and safety.

Existing 'in flight' projects such as Single Sign On, Speech Recognition, Electronic Appointment Letters, Integrated Care Record and dynamic data collection through the Trust clinical portal demonstrate progress in this area.

The newly formed NHSX has released a Technology Plan in support of technology enabling the wider NHS Long Term Plan. Digital transformation funding will be made available for Trusts to be for in association with this. The Tec Plan is specific in terms of support for technology to enable :-

- More joined up and coordinated care
- More proactive care services
- More differentiated care

The existing UHNM Digital Transformation strategy is consistent with the NHSX Tec plan. However, in the next period we will be engaging with nursing, clinicians and staff across the organisations through engagement days and meetings at (Stoke and County sites), to gage wider ambitions for the best use of healthcare digital transformation to support the transformation of the Trust in line with its wider strategic ambitions

We will combine the agreed outcomes of this engagement, with the Digital blueprint from the partnership we have with our primary clinical systems system supplier. We will use this to apply to the newly formed NHSX for funding and resource support as part of the NHSX Digital Aspirant programme.

Key Recommendations:

The Trust Board are asked to note progress made in the last period





IM&T Strategy Update March 2020

1. Introduction

This paper reports progress against the Trusts digital transformation strategy. Progress is demonstrated across three key technology layers;

- **Foundation services** for technology infrastructure
- **Enabling** excellent care through a robust and capable platform for electronic records and working
- **Exploiting** technology to support the achievement of our 2025 Vision and in support of the central NHS Long Term Plan

2. Foundation Technology

The IM&T infrastructure refresh is currently funded by the Trust's Capital Programme, the level of refresh and replacement depending upon the level of funding available annually.

2.1. Infrastructure Services

2.1.1 Microsoft Server Upgrade Programme

The UHNM IM&T infrastructure, which underpins the delivery of desktops and datacentre services across the Trust, is based on a number of core Microsoft technologies which began to go End of Life (EOL) in 2019 and continue to require upgrades through 2020.

The reason for this is in 2004 the Office of Government Commerce signed a contract with Microsoft called an Enterprise Wide Agreement (EWA) which provided software licences to all personal computers (including desktops and laptops) for specific core Microsoft products across all of the NHS organisations in England.

This Enterprise Wide Agreement (EWA) was then terminated in 2010 and since that point the majority of NHS organisations, have remained on the versions of software they were entitled to at that point in time.

Whilst these products are still usable after they go end of life (EOL) they are not protected with Microsoft security updates via the Microsoft Security Update Programme. As such these systems would pose a Cyber threat if not migrated to the latest supported versions. IM&T secured capital for 2019 and 2020 to address this issue.

The result was a series of major upgrade projects to core infrastructure services specifically addressing the following:

- Microsoft Windows Server
- Microsoft Exchange Server (Email)
- Microsoft SQL Server (Database)

Since May 2019 projects have been running to address these platforms with the final project (to upgrade the email services), planned for May 2020 (the current platform is still in support until October 2020).



The scale of these upgrades has been substantial, partly due to the sheer volume of work required - there are hundreds of servers to address, with the databases alone accounting for over 150 critical Trust systems.

Additionally there has been the complexity of working with the 3rd party organisations whose applications run on these servers whilst throughout maintaining continuity of services for the Trust users.

Benefit

- The project approach has been to rationalise and consolidate the platforms. This has resulted in a reduced number of physical servers, thus reducing future investment requirements.
- Where possible (and when capital has been available), the services have been consolidated onto new, better performing platforms
- Data centre space is finite and reducing the server “footprint” increases the available space within the datacentres to support future requirements.
- Upgrading the platforms to the latest versions ensures security vulnerabilities will be addressed through the Microsoft Security update programme.

2.1.2 Resilience

The design of the core infrastructure provides a level of resilience and disaster tolerance in the event of hardware failure. However, it is also dependent upon the resilience of the network upon which it sits.

The Royal Stoke ICT network is provided as an output based service as integral part of the Trust PFI contract with ProjectCo.

Following a network incident on 2nd July 2019, the Trust has reviewed the options available to increase the level of business continuity in the event of a future network outage.

The following actions have been taken to address identified key risks:

- A solution to enable the printers to work “off network” is now available
- A project is underway to develop a cloud based repository for key data which will be available to nominated staff in the event of a full network outage.

An independent assessment of the PFI network incident and service provision including a review of the emergency ‘Red Phone’ system has also been undertaken with recommendations to improve the delivery of this service being implemented.

2.1.3 Clinical systems resilience

Within the contractual lifetime of an IT system it is standard practice for a technical refresh to be required, most commonly after a period of five years.

The Medway EPR infrastructure required a complete hardware refresh this year. This was a highly complex exercise that took significant planning and coordination. The work was undertaken through a ten hour time slot on the night of 11th February. The infrastructure migration was a complete success and testament to a complex logistical collaboration between System C (Medway supplier), IM&T, EPRR team, UHNM Operations and ED.

Benefit

- The new Medway hardware provides improved stability and system performance
- Further enhancements to clinical functionality of the system will be enabled by introduction of improved compute power.

Project Update

IM&T Strategy Update
March 2020

Page 3



**PROUD
TO
CARE**

The System C technical refresh of the Medway EPR infrastructure was completed on 11th February.

2.2 IT Device Estate (PC's and Laptops)

2.2.1 Device Refresh

The Trust is seeing operational challenges with the performance of PC and Laptop devices. The continued progression through digitalisation and the move away from paper adds more of a requirement for higher specification of devices.

The current UHNM PC estate comprises of 7,500 devices which are a combination of PC's and Laptops. 2,811 of these devices can be considered fit for purpose. The remaining 4,689 devices are in excess of 3 years old and out of technical support warranty. The majority of these devices are considerably older and as such currently present many performance challenges to the end users.

Due to the restrictions in available capital to support the procurement of 4,700 devices, IM&T have worked with the finance and procurement teams to consider lease options to fund the replacement of these devices.

Benefit (if devices are replaced)

- All Windows devices would be able to be updated to Windows 10 (a central NHS security mandate).
- Supports 100% compliance with mandated cyber security standards set within the NHS Long Term Plan (Chapter 5)
- Reduces security vulnerabilities related to patching requirements of Windows devices and ensure Data Security Protection Toolkit compliance
- Reduced calls logged related to the performance of the Windows devices
- Consistent Windows 10 image across the IM&T estate
- Improves clinical productivity at the point of care
- Planned replacement schedule providing improved performance and reliability of Windows devices in clinical and admin areas
- Improved quality experienced by service users as a result of staff having improved performance
- Volume ordering providing better value for money per device

Project Update

A business case is due to be presented to the UHNM Executive team which will recommend the replacement of 4,700 devices.

2.2.2 Microsoft Windows Operating System upgrade

The Microsoft Windows 7 Operating System went end of life (EOL) in January 2020 and is replaced by Microsoft Windows 10. NHSI have provided extended support for Trusts to migrate to windows 10.

Unlike previous upgrades the introduction of Windows 10 presented a significant change in how the device estate must be managed and as such IM&T took this opportunity to re-architect the supporting infrastructure and processes.

The planning for this began in June 2019 with rollout commencing in December 2019, and has been developed in line with security guidelines published by NHS Digital. The new solution is based both on premise at UHNM and within the Microsoft Azure Cloud.

As a part of the Windows 10 rollout and on-going cyber initiatives IM&T have also deployed Microsoft Advanced Threat Protection (ATP) across the UHNM estate.

ATP is a cloud managed technology which provides preventative protection, post-breach detection and automated investigation and response to cyber threats. ATP is being rolled out across the whole NHS. This toolset also provides central NHS with a centralised view of the overall NHS device estate.

The Windows 10 management infrastructure has been built on Microsoft's "System Centre Configuration Manager" which is now running both on-premises in UHNM and within the Microsoft Azure Cloud.

Benefits

- Devices are designed and deployed based on security guidelines published by NHS Digital which are themselves based on National Cyber Security Centre (NCSC) best practices.
- A new management platform provides efficient application deployment and management toolsets.
- The infrastructure leverages the scalability of the Microsoft Azure Cloud for future projects
- Trust wide Windows 10 deployment commenced in December 2019
- The build process has been "industrialised and streamlined" whereby all devices are pre-built to agreed build templates offsite in a 3rd party configuration centre

Project Update

The management platform and associated toolsets are all now live and over 2500 devices have been successfully deployed to clinical areas including ED and Outpatients at both Stoke and County. Deployments will continue throughout the calendar year, with the continued prioritisation of clinical areas.

2.3 Networks and Telecommunications

2.3.1 County Telephone System Replacement

The telephony solution at County is a combination of a traditional analogue phone system and a modern "Voice over IP" phone system.

The analogue system is running on hardware which is now end of life and although the trust has a hardware contract, this presents a substantial risk.

As such Capital funding was secured in FY 19/20 to enable the replacement of both legacy systems with a single Telephony solution based on recognised industry standards.

A common issue on new telephony networks is that the phone handset can become a "bottleneck" for performance of the PC. This is because the PC's connect to the phones which are then connected to the wall port (sometimes referred to as "daisy chaining").

The current County network provides 1 GBGB connections across the network to the wall port but the current phone handsets can only operate at 100Mb so as such the PC can only operate at 100Mb.

The new solution will replace the phone handsets at County with 1 GBbhandsets which will in turn enable the PC's to operate at 1GbGb. This will provide a tangible benefit to PC users particularly those transferring large amounts of data such as PACS users.

Benefits

- The new solution will be a single joint Trust modern "voice over IP" technology system
- The system will be designed and built by recognised industry experts
- A new "red phone" system will be implemented
- The handsets will be replaced with new devices providing much faster connectivity for devices and added communications functionality.

Project Update

The project commenced in January 2020 to replace both existing systems with a single Cisco solution designed to industry best practices to deliver a secure and resilient platform. The target completion date for this project is 31st May 2020.

2.3.2 The Health and Social Care Network (HSCN)

The Health and Social Care Network (HSCN) is a new data network connecting all NHS locations across England. The predecessor is N3 and since 2018 NHS organisations have been planning the move to HSCN.

UHNM opted to be included in an aggregated procurement led by NHS Digital for HSCN services for the midlands region for which Virgin Media Business was selected as the supplier.

The move to HSCN is key to supporting the growth of Digitalisation services at UHNM as the current N3 connections at UHNM are over utilised, particularly at the Royal Stoke site.

Benefits

- HSCN will provide the necessary increased bandwidth capacity with resilience and scalability.
- HSCN will provide a platform to increase connectivity requirements as new clinical services develop
- HSCN will include enhanced cyber security benefits

Project Update

IM&T have migrated County's N3 connection to HSCN and the migration of Stoke connections is planned for March 2020.

3. Enabling Technology

3.1 Digitalisation programme

Implementation and roll out

The digitalisation programme was commenced in July 2017. It began in outpatients where different digital solutions were implemented, including free text and structured noting in iportal, free hand noting into iportal and direct dictation. Additional solutions were implemented including electronic percentile charts, automatic uploads of ECGS into iportal and the upload of other results. Where specific information from notes will be required, back scanning was completed with the relevant Divisions to enable this, including ophthalmology and max fax and orthodontic. Where paper is still being generated in clinic, packs are provided and the documentation sent back to health records to be scanned. All of the above solutions have increased the already significant amount of information held electronically and has reduced the reliance on paper notes being needed in clinics. It has improved access to and sharing of patient information.

The digitalisation programme was then rolled out in inpatients', with the first stage being completed in April 2019. This programme stopped the routine requesting of case notes by wards and introduced the requesting of notes as clinically required. Paper generated during the inpatient stay is then placed in a folder and sent back to health records for storage. The second stage of this programme is in development and is aimed on reducing the amount of paper being generated during an inpatient stay through the development of structured notes for clerking and electronic continuation notes. This will also be combined with the implementation of speech recognition in inpatient areas.

The number of notes completed in iportal in January 2020 was 98,610. The number of free text notes being created in iportal in a month has increased from 18,444 notes created in June 2017 to 77,871 in January 2020. The number of structured notes/patient profiles completed in January 2020 was 20,739 which is a huge increase from 5,388 which were completed in June 2019.

Additional solutions are required to complete the digitalisation programme in ophthalmology for glaucoma clinics which can be delivered through networking the visual field machines and the Directorate have produced a business case to support this, which IM&T have successfully bid for central NHS funding to progress. In addition the Surgical Division are looking at solutions for digitalising anaesthetic records moving forward. Central NHS funding (Health Service Led Investment funding), has been secured to fund the glaucoma software.



The digital programme now also encompasses the implementation of the HSLI bids as detailed in Section 3.2 which includes the implementation of speech recognition to reduce the amount of remaining paper being generated and the replacement of the current digital dictation solution with Medisec Digital Dictation which is integrated with speech recognition. Additional projects involve the use of robotic process automation and electronic appointment letters to patients which are also included in section 3.2.

Business continuity plans

A sharepoint site is available through the intranet which enables alternative access to Medisec, EDMS, clinical noting and uploaded results if iportal is unavailable. Action cards have been completed through work with the EPRR teams and the clinic managers and are available in clinic locations.

Benefits

- Key benefits to be delivered by the Digitalisation programme have been delivered through the reduction in the health records department with the management of change being concluded in May 2019
- There are recurrent savings of £1,600,000 (delivered in FY 2018/19).
- Timely accurate and up to date information at the point of care delivery.
- Capture of dynamic data for clinical and secondary usages.
- An enabler for sharing patient information through the integrated care record.

Key risks

A key risk to the delivery of the programme is if clinicians do not further engage in the process and do not agree to a digital solution which enables the removal of the case notes and the reduction in the generation of paper in the clinical settings

This is being reduced through:

- Support through Chief Clinical Information Officer (CCIO) and the newly appointed Divisional Clinical Information Officers (DCIOs), to communicate with Divisional teams and Divisional Boards
- Targeted task and finish groups with clinical leads to provide clinical input into the new developments
- Attending consultant meetings to discuss the changes,
- Utilising the business change team to support the clinicians in clinical locations to define their digitalisation solution.
- Communication programme including case studies of how clinicians have become digital.
- Continuing to progress with digital solutions to increase the amount of information that is recorded and accessible electronically.

3.2 Sustainability & Transformation Programme (STP), Digital Work Stream

In September 2018 NHS England announced a Health Service Led Investment (HSLI), Programme to support STP wide Provider Digitalisation.

The Staffordshire STP was allocated £8m capital over three financial years.

Six HSLI bids were approved locally to progress to NHS England for central support. Four bids were submitted by UHNM.

The UHNM Bids include:-

3.2.1 Robotic Process Automation (RPA)

To implement an STP-wide intelligent automation platform releasing short-term benefit across a range of pilot automations. This scalable and high-secure platform will provide a foundation upon which to build additional processes through shared-learning and collaborative working across the local health economy.

RPA Benefits

- Once taught, a Virtual Worker (VWs) simulates the actions of a human worker by interacting with business applications as a human would, without any changes to those applications over any area of the business where the VW is required and a process in place.
- Many computer based administrative processes can be very time consuming. VW's can be deployed to release staff from repetitive and mundane tasks.
- Computer based administrative processes can be sole destroying and unrewarding for staff.
- Implementation of virtual Worker presents the capability of a financial return on investment or cost avoidance in excess of 100% on average
- VWs can act across all business areas. The workforce is self-managing, flexible, scalable and fully dynamic due to orchestration management software
- A VW will operate **24 hours a day, 365 days** a year, with zero human error and typically **3 – 15 times** the productivity of a human worker
- There is no physical Estates and Facilities or Human Resource overheads for the Virtual Workforce, they do not require:-
 - Office Space
 - Heating
 - Lighting
 - Person Management
 - Have no sickness to manage
 - Take no holidays
- Once a process has been coded, it can be applied to all Virtual Workforce without the need for training. VWs can pick up any coded process without training
- Unlike human workers VWs make zero mistakes. This avoids:-
 - Loss of income through mistakes
 - Lost time through mistakes
 - Reputational damage through mistakes
- Back office processes hold back the speed of business. Employees manually entering forms into systems or copying data between systems hold back service speed. AI 'Bots' work at high speed without breaks.
- Reduction in manual errors lead to higher quality data, enabling more reliable analyses.
- Robots interact with legacy systems uncovering data that was previously labour-intensive to extract. This enables analytics team access more data which leads to more accurate analyses.
- Automating reports is especially valuable for the analytics department, allowing them to focus on more sophisticated, custom analysis.
- Employee satisfaction increase, due to reduction in mundane tasks.

Project update

The first process using this technology has now been developed and went live in Nov 2019. The process now automates the creation of network accounts for new starters once a call is logged with the service desk.

This process has now completed 195 automatic account creations for new starters and has saved 2 days' time. As the process is automated and instantaneous it improves the experience for new starters to the Trust in relation to the access of UHNM systems. It will also give the UHNM SW Development Team development experience in an initial non clinical process design.

Further processes are in development which includes the automation of the NHS Data Base Tracing Service (DBS) trace which is due to go live in March and a working group is in progress of defining the automated process for providing the patient triage details from the eReferrals (ERS) in to a report.

In addition a forum was held in December 2019 to introduce the technology and its capabilities and further engagement sessions are planned for later in 2020.

3.2.2 Electronic Patient Letter Access

This solution will facilitate patients accessing their own appointment letters via a patient portal (PHR).

This would initially be for UHNM, Midlands Partnership FT and North Staffordshire Combined Healthcare. However, this can be scaled for other organisations.

The solution design will notify the patient upon an appointment booked to then view the appointment letter details via the PHR and avoid the requirement/cost to print and post letters. The system solution will be extended to include the capability to view consultation letters and other correspondence following initial appointment letter deployment. The solution would be available to patients who have on-boarded to the patients portal who can then select a preference to receive letters electronically.

Patient Letter Access Benefits

- Improve the quality of the service with timely access to appointment information and instructions for patients. There are qualitative benefits for the patients being able to use digital technology advances to improve their access to timely and simple communications and instructions about their appointment.
- Save £120k pa by reducing printing consumables and postage costs to patients. There are qualitative benefits for the organisation with less appointment letters being sent the cost of printing consumables and postage would reduce.
- Improve the efficiencies of outpatient clinics by increasing utilisation through reduced DNA's and rescheduled appointments. There are qualitative benefits for the patients as the right information is shared with the patient in a timely manner at the earliest opportunity, when an appointment is booked to avoid any unnecessary cancellations on the day. There are qualitative benefits to the clinicians with less rescheduled appointments due to insufficient or incorrect communications and instructions. There are qualitative benefits to the administrators with time saving, and staff not having to re-work or reschedule appointments where patients did not receive the instructions for an appointment.

Project update

Design decisions have been agreed for the initial Public Health Record (PHR), and the development of this public information access portal is in progress. An extract of 2 years of patient activity exported from Medway and imported in the patient portal and interface feeds to be enabled from Medway are in place.

The business change teams are working with the Divisions and patient experience team to standardise the attachments and leaflets that are sent to patients with appointment letters which will then be available electronically through the PHR.

A Business case has been completed for a 'fulfilment house service' which provides outsourcing of the printing and electronic letter management and also uploads the letters to the patient portal electronically. Technical workflows are in progress and testing of the printing solution is planned in March 2020. Printing of the letters will then be switched off once the letters are available in the PHR and the patients' preference has been set to receive electronically.

A pilot is planned for Summer 2020 and patient communications is being prepared on the PHR in line with the wider STP Integrated Care Record (ICR), project and associated branding.

3.2.3 Speech Recognition

Currently, patient care and correspondence is carried out through a variety of methods; the most common being where the clinical staff members will either handwrite notes on paper, type the notes into the digital record themselves, or dictate the patient progress into a dictation device (tapes/audio files).

For the paper based correspondence methods, speech recognition will form a key part of ensuring that clinical staff move to digital to default and further the paper-lite agenda. For those staff that do not utilise any other solutions and type updates into clinical records, it is widely noted that this can impact on available time to treat patients as they do not necessarily have the typing speed required to ensure clinical notes are updated in a timely fashion. Both dictation to tapes and digital dictation rely heavily on admin pools, who type the correspondence in letter format/update the relevant records, which achieves

efficiencies for timeliness of the clinical updates and clinical capacity, but still sees an administrative overhead.

The investment into speech recognition 'voice to text' will remove the above challenges and provide patients and clinical colleagues with swift and secure correspondence/record updates. This will also provide financial savings to the Trusts and assist in meeting NHS digital guidance and recommendations.

Speech Recognition Benefits

- Receipt of clinical staff correspondence in a swift manner with the removal of duplication and multiple touchpoints with a typing role.
- Help to meet NHS directive for patient correspondence and avoidance of any fines imposed.
- Standardise patient expectations around the receipt of correspondence.
- Systems training and mentoring opportunities across each of the Trusts.
- Economies of scale in procuring a package across multiple Trusts and sites.
- There will be a reduction in the number of support overhead required as dictation will be automatically transcribed directly into the clinical system or letter through voice-to-text.
- Standard patient experience across the STP.
- Help to remove the opportunity for data breaches through reduction of paper records and dictated audio tapes. All speech recognition will be direct into the EPR/Clinical system.
- Secure dictation storage as an e-document rather than tape of paper based.
- Removal of duplication in effort in re-dictating lost, damaged or inaudible tapes.

Project update

As an enabler for realising all the benefits that can be delivered with speech recognition the Trusts current Digital Dictation solution (Winscribe) is also being replaced with Medisec Digital Dictation that will be integrated with the speech recognition software. This will enable the clinicians to do voice to text dictations.

The speech recognition software has also been integrated with iportal (the UHNM clinical access portal), so it can be used in the iportal clinical noting solution and to navigate around the system. It will also be available to click and dictate in other clinical systems such as e-discharge.

The new integrated digital dictation and speech recognition software has been successfully piloted in 4 specialties and is now being rolled out to other specialties across the Trust in a structured roll out programme.

Additional developments are now being scoped to further enhance the workflows for the clinicians to be able to use speech recognition to generate a letter and sign this off for the GP in on workflow and to also be able to use a structured note in iportal which will then auto generate a letter to the GP.

3.2.4 Integrated Care Record

The project is to deliver an integrated and shared health and care record across Staffordshire and Stoke-on-Trent. The aim is to support the transformation of service delivery across the STP through innovative use of digital technology, providing health professionals with access to the information they need to deliver safe and efficient 'seamless' care, whilst empowering patients to control elements of their care.

An Integrated Care Record (ICR) allows doctors, nurses, pharmacists, other health care providers and patients to appropriately access and securely share a patient's vital medical information electronically—improving the speed, quality, safety and cost of patient care.

- There are three main forms of health information exchange:
 - **Directed Exchange**: ability to send and receive secure information electronically between care providers to support coordinated care

- **Query-based Exchange:**ability for providers to find and/or request information on a patient from other providers, often used for unplanned care
- **Patient Mediated Exchange:**ability for patients to aggregate and control the use of their health information among providers

These are accessed through a range of portal applications

- **Clinical Portal:** Secure clinical view of an aggregated care record
- **Patient Portal:** Patients view into and control of their medical records
- **Reporting Portal:** Enterprise wide anonymised reporting

Progress Update

The Staffordshire STP ran procurement for an Integrated Care Record earlier this calendar year where the SystemC Graphnet solution was successful in securing the contract.

The project is now in progress and workshops have been held to define the scope of the patient datasets which will be available from each organisation in the ICR. Several organisations including UHNM are in the process of testing their patient dataset feeds into the ICR.

A fair processing campaign has been run which is now complete and the data sharing agreements have been agreed.

Roll out plans and timescales are to be confirmed by the ICR project group based on the testing and timescales of availability of data from the organisations.

Benefits

- Put the patient at the heart of care, empowering them to manage their own care and be part of decision-making.
- Provide clinicians with real-time, accurate information in order to improve patient outcomes.
- Make the shared patient data available to authorised clinicians and carers where and when it is needed.
- Support assessment and other data collection forms so that users from different care settings can add data.
- Support workflow so that clinicians and carers can perform tasks and then inform, refer or handover to others.
- There will be financial benefits, from areas such as reduction in Diagnostic tests, reduced Outpatient appointments, both first appointments and follow ups, reduced Admissions from A&E, and Admin savings by having more timely access to information.

Costs

First year costs for the solution across the STP have been secured from central funds, and additional sources of central funding will be underwritten by the Staffordshire and Stoke on Trent Clinical Commissioning Groups.

The ongoing costs for running the solution have been calculated at c£1.2m per annum. However, there will be no associated revenue cost to UHNM.

4. Exploiting Technology

4.1 Electronic Observations (eOBS) - Vitals

Vitals is a mobile clinical system that monitors and analyses patients' vital signs giving clinicians accurate, real-time information for the safest possible patient care.

The National Early Warning Scores (NEWS2) functionality also supports the delivery of the Sepsis CQUIN.

Benefits

The eOBS system tracks vital signs and guides the clinician to an appropriate escalation, in order to initiate appropriate interventions in accordance with the NICE Guidance. Other benefits include:-

- Use of this solution will transform the Trust's ability to collect vitals and other assessments, such as nutrition and fluid balance, digitally and at the bedside in order to provide a more consistent, safer and timely level of care.
- Reduces error and oversight by enabling continuous and shared digital handover within and between care teams with additional patient tagging and smart list management.
- Provides safer, easier and more reliable communication through secure mobile messaging, integrated with the patient record, including secure picture messaging and video conferencing, and enables structured and audited opinions and patient referrals between teams.
- Enables push notifications to teams of any electronic patient events, including admissions and discharges against specific conditions or alerts to enable earlier response and rapid care coordination, enabling safer care and improved outcomes.
- Facilitates the sharing of all electronically captured information across the health economy, with a number of organisations across Staffordshire already having access to and use of the UHNM clinical portal. These include GPs across Staffordshire, MPFT, Combined Healthcare and a plan in flight to provide the UHNM clinical portal embedded within the GP EMIS systems.
- Proactively monitor for deteriorating patients, by determining early warning scores, sepsis, acute kidney injury events and Venous thromboembolism risk and will push escalations to clinical teams in an effective manner.
- Enables safer and more efficient care 24/7 and particularly improves night time and weekend care, through mobile task management. This enables safer management, better prioritisation, safer resourcing and improved transparency and governance.

Project update

A further 4 additional modules have also now been developed, tested trained and implemented in Vitals in the clinical areas during October to December 2019 these modules being: nutritional assessment, fluid management, indwelling devices and Sepsis. In addition to the 4 modules work in progress to implement the Vitals+ module which will enable clinicians to also capture and record the insertion of indwelling devices electronically in vitals using ipads on the ward. This module is currently in UAT 4th – 11th February.

Roll out of Vitals into the emergency departments is then planned for the summer and process mapping of the processes is in progress.

Cost

£750k funded from UHNM Charity

4.2 Medway Order Comms & Results Reporting (OCRR)

Project status – post project review

A replacement order comms and results reporting system went live in March 2019. The previous system had developed over many years in the Trust (15 years), but was end of life and end of contract. Immediately following this implementation there were issues in some areas with the performance of the Medway module which has resulted in several upgrades of the system and the replacing of PC hardware in some key clinical areas. Work has been on-going between System C, IM&T and clinicians to review the system and identify areas which need to be improved to support clinicians in using the system. Some of these requests for change have now been delivered in the recent upgrades of Medway including the ability to order Pathology tests 'on behalf of', leeway settings that show past and future orders, and removal of an additional screen reducing the number of clicks to place an order. . Consequential changes in with iportal results views and patient lists have now been implemented and work has been completed to develop graphing functionality in iportal.

The Medway EPR infrastructure hardware was recently refreshed and provides the Trust with improved stability and system performance. This platform now allows for a further Medway system upgrade that

will include remaining developments for the patient context link (that will allow clinicians to place an order from within iPortal) that is expected to be delivered for the summer.

Cost

Integral to existing Medway Contract

Capital spend is in-line with the profile for year end.

4.3 Single Sign-on Update

Single sign-on (SSO) is a software solution that allows a user to access multiple applications with one set of login credentials (their User ID and Password or PIN number), thus reducing the amount of login credentials a user has to remember and input to every time they access systems.

This means that once a user logs into the initial Windows Login screen they are then able to launch other applications without having to enter further ID's and passwords.

The technology is now deployed to 2,700 users at UHNM where focus has been to deploy to key clinical areas. The deployment plan is also aligned to the Trust's Microsoft Windows 10 deployment plan.

A key enabler, and enhancement to this technology is provided by using "TAP –ON/OFF" readers. These devices are connected to the PC's and remove completely the requirement for the user to enter their User-ID and Password. Instead they simply "tap" their ID Badge and the system logs the user into the system.

Because the users can tap on and off without "losing" their session on the pc the solution has proven to be extremely efficient in high "foot-fall" area's such as ED where many users share the same devices .

For security reasons (for example in cases such as the loss of Id Badges) the system is set to request a 4 digit PIN code every 4 hours which the user sets the first time they use the system.

Benefit

- The user only has to remember a 4 digit PIN to access the computer rather than User ID and password – this is only required every 4 hours
- Once the user logs in with the 4 digit PIN for the next four hours the user only needs to TAP their ID Badge against the reader to login or lock the screen
- If the user TAP's their badge to lock the PC when they return the PC will return the user to the same place (i.e. if they are midway through accessing patient information they will return to that patient information)
- Some clinical system require a separate User ID and password details – the SSO can be setup to remove this requirement providing a seamless login to multiple applications at the TAP of the ID Badge

5. Summary

Significant progress is being made against the IM&T Strategy, with plans in place that will be crystallised or amended on a year by year basis as time progresses, and income against the plan is confirmed.

Significant infrastructure enablers including progress with a new approach to the timely refresh of end user devices across the Trust and the refresh of the Trust EPR system technical architecture will address common performance concerns. These will also provide a platform for changes and enhancements to systems functionality.

Changes to governance and reporting, and the appointment of Divisional Clinical Information Officers will support further engagement on a clinical and Divisional basis.

Looking forward, the Trust will maximise the potential of its partnership with System C, both as a development partner for existing and new systems functionality, and by taking a strategic partnership approach to the Digital Aspirants Programme. This will follow a strategic blueprint approach, as outlined by the newly formed NHSX (The new NHS England department for the delivery of the NHS Technical Plan, digital NHS transformation and user experience), that involves working with the endorsement, support and in partnership with one of the NHSX, recognised digital blueprint suppliers, to attract funding, resources and other central NHS support..

NHSX have been clear, in that to attract financial and other resource support, NHS organisations must demonstrate a systemic and joined up approach towards enabling the Long Term Plan (LTP). This should be by supporting the delivery of joined up, proactive and interactive care. UHNM IM&T will use its position with, and work undertaken with the Staffordshire STP, along with the IM&T partnership recently formed with Shrewsbury & Telford NHS Trust and EPR system supplier System C to progress this.





Transformation and People Committee Chair's Highlight Report to Board

March 2020

1. Highlight Report

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> An update on the actions identified to be provided to a future meeting. 	<ul style="list-style-type: none"> An action was required in terms of future reports including the context of incident management in terms of which HR projects were being paused due to the Covid-19 pandemic. An action was noted in relation to ensuring effective governance and reporting from the management forums to the Committee An update was required in terms of the staffing issues, wellbeing initiatives and work undertaken to bolster communication with staff in relation to Covid-19.
Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> The Committee noted the workforce performance report for Month 11 and in particular the controls in relation to premium spend, the focus on Statutory and Mandatory training and appraisal compliance. It was noted that wellbeing at work and improvement of sickness absence remained a priority, with implementation and embedding of the Empactis Absence System. Assurance was received on the systems and procedures in place to ensure medical staff compliance. 	<ul style="list-style-type: none"> There were no papers circulated with required a decision.

2. Summary Agenda

No.	Agenda Item	Purpose	No.	Agenda Item	Purpose
1	M11 Workforce Performance Report	Assurance	2.	Trust Processes for Identifying and Managing Concerns about the Performance of Medical Staff	Assurance

3. 2019 / 20 Attendance Matrix

Attended	Apologies & Deputy Sent	Apologies
----------	-------------------------	-----------

NB. The meeting in March was not held – papers were circulated virtually and comments / approval noted as above.

Members:			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												
Miss C Rylands	CR	Associate Director of Corporate Governance												
Mr I Smith	IS	Non-Executive Director												
Mrs R Vaughan	RV	Director of Human Resources												



Executive Summary

Meeting:	Trust Board (Open)	Date:	8 th April 2020
Report Title:	Integrated Performance Report	Agenda Item:	11
Author:	Performance Team		
Executive Lead:	Helen Ashley: Director of Strategy and Transformation /Deputy Chief Executive		

Purpose of Report:

Assurance	✓	Approval		Information	
------------------	---	-----------------	--	--------------------	--

Impact on Strategic Objectives (positive or negative):		Positive	Negative
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	✓	

Executive Summary:

Background

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

This report shows performance against the five National 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

Assessment

In February 2020, the Trust achieved against the NHS Improvement Single Oversight Framework performance indicator for Diagnostics, Cancer (Breast symptomatic, Anti-Cancer drugs and Radiotherapy). The Trust underperformed against the 4 hour standard, 79.02%. RTT delivery is 80.16 % with continuing tactical validation to support right sized waiting list volume against the 20/21 trajectory. Cancer performance improved against January 2020 position for 2ww, 104 days and 62 days.

EMERGENCY ACCESS

As a result of the measures taken in February 2020 learning from December and January, performance across all localities improved in February. The 4 hour access standard in February achieved 79.02%, which is 2.5% better than in January (76.5%). This performance is against an NHSI performance trajectory of 85%. Performance In February 2020 was better compared to 2017/18 (74.74%). There were also zero breaches of the 12 hour standard in February compared to 246 in the previous month. It is also important to note that performance against Type 1 attendances improved by 4.6% in February compared to January with comparable daily average attendances. There was also an continued improvement in ambulance

handover times, from 44 exceeding the >60 minute standard in January to 30 in February, down from 190 in December. Furthermore, movement along pathways and the earlier decompression of A&E in February should be noted as a result of more beds being empty in Medicine at midnight compared to the previous month. This is despite an increase in stranded and super stranded patients in February. This was probably offset in part by the reduction in overall attendances in February compared to January in Medicine.

Next steps:

To further improve performance in March 2020, in addition to the measures put in place in January, the following additional measures are being taken:

- The development of a dedicated 'operational hub' in the West Building to provide significant scrutiny, oversight and support to ensure the timely management and discharge of patients;
- As part of the overall improvement plan for redesigning processes and practices in Ambulatory/Minors in A&E at Royal Stoke, a pilot commences in March for the enhanced role of an ANP in the management of patients; and
- The Specialised Division in March are piloting a new Specialised Services Portal in CDU which aims to improve the management and decision making of Specialised patients in A&E, which will result in better pathway compliance.

REFERRAL TO TREATMENT

The RTT Incomplete Pathway standard in February achieved 80.16% against an Internal trajectory of 86.46% and a NHSI operational plan of 84.0%. The number RTT incomplete pathways are tracked against the waiting list size required to deliver 92% and 85%. Currently the waiting list size is 48,959 (an increase on January 48,357) which is above the internal target of 45,670. Focussed validation work is planned for March based on tactical validation following an audit of common themes and impacts.

Next Steps

- Divisional performance improvement trajectories reset to end of March to ensure 52 ww compliance and tracking of RTT standard.
- Weekly monitoring 40/52 wk position with expedited escalation and mapping of specialty service changes.
- AD-led Theatre Performance Group meetings re-established.

CANCER

The Trust is currently achieving the 2ww Breast symptomatic (96.6%) Whilst the Trust remains under performance against the 2ww (74.25%), 31 day (95.27%), 62 day (70.72%) & 62 Day Screening (74.07%) standards February has shown improvements on the January position based on the Cancer Improvement planned interventions in month. Week end validation is being enacted to support further validation of this position for 2ww and 62 day performance. Actions to continue in March based on the Cancer Plan to secure in month cumulative improvements in performance on the February 2020 position.

Next Steps

- Actions for March within the Cancer Improvement Plan to be implemented and performance improvement tracked.
- Development of new Cancer Performance Dashboard with configuration requirements completed and first draft delivered by 31st March 2020.
- 28 Day FDS PTL validation and clearance to ensure clean pathways from commencement of formal 28 day standard reporting April 2020.
- Triage to Test (TTT) colorectal pilot to continue with weekly monitoring of outputs. NOTE: 62 day standard for colorectal will be impacted as a consequence of the clearance plan and this will be documented within the performance trajectory.
- Urology cancer PTL clear down to commence which will involve booking backlog patients to right size demand. NOTE: 62 DAY standard impact as same as Colorectal.
- New Cancer Booking Script to be introduced to ensure optimised slot utilisation of 2ww appointments with daily huddle with Cancer Bureau to ensure all pts booked < 8 days or escalations completed.
- Scoping commenced to support key workforce constraints for template biopsies with alternative model deployed in other cancer centres and continued population

- Cancer eLearning packages have been undertaken by the COO and Deputy COO and have been forwarded on to Associate Directors to support with training.

DIAGNOSTICS

Diagnostics waiting times for February is currently at 99.44% against a 99% threshold (final validation to be confirmed).

Key Recommendations:

To note performance

**PROUD
TO
CARE**



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

Month 11 2019/20 Integrated Performance Report

Contents	Feb-20
	Page 1

Section	Content	Page
---------	---------	------

Performance Overview	Executive Summary	2, 3
	Context	4
	Productivity	5
	NHS Improvement Framework	6, 7, 8

Domain Scorecards & Exception reports	Finance	9, 10
	Operational Performance	11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27
	Organisational Health	28, 29, 30, 31
	Caring	32, 33
	Safety	34, 35

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 February 2020:

- Cancer, 2ww Symptomatic Breast (96.63%) – national standard 93%
- Cancer, Subsequent Anti-Cancer Drug (100%) - national standard 98%
- Cancer, Subsequent Radiotherapy (93.02%) - national standard 94%
- Zero > 52 weeks RTT waits
- 6 week Diagnostic wait (0.56%) - national standard of 1%
- Zero 12 hour trolley waits

The following standards were not achieved in February 2020:

- Cancer, 2ww Suspected Cancer (74.25%) - national standard 93%
- Cancer, 31 Day First Treatment (95.27%) - national standard 96%
- Cancer, Subsequent Surgery (86.37%) - national standard 94%
- Cancer, 62 day (70.72%) – national standard is 85%
- Cancer, 62 day screening (74.07%) – national standard 90%
- 4 hour emergency access standard (79.0%) – national standard 95%
- 18 week referral to treatment (RTT) standard (80.16%) – national standard 92%

*cancer performance for February remains provisional at 13.03.2020

Caring and Safety:

The Trust achieved in February 2020:

- Zero mixed sex accommodation breaches
- Written Complaints (26.85 Vs. a target of 35 per 10,000 spells)
- The Family & Friends for Inpatients was above target for positive reporting
- Zero MRSA Bacteraemia Infections
- Achieved the target reduction for all categories of Hospital Acquired, Trust Apportioned, Pressure Ulcers
- The number of patient falls resulting in low harm or above (60 vs. 60, internal target)

The Trust failed the set standards for:

- VTE, 94.21% against an operational standard of 95%
- C-Diff cases were 13 for the month against the plan of 8
- Family & Friends for A&E, 68.3% response against a National target of 70%
- Family & Friends for maternity, 88.9% response against a National target of 95%
- One never events

Finance:

The financial position for the Trust at Month 11 is a £4.9m surplus, which is £8.5m positive variance against the £3.6m deficit plan.

Operating income at month 11 of the financial year is £713.1m; this is £3.4m above plan.

Pay expenditure is £440.3m at Month 11, £6.3m positive variance to plan. Non Pay spend is £250.5m at Month 11 which is an overspend of £3.3m.

The CIP Target within the plan is £40.0m. At month 11 the Trust has achieved £30.6m of savings, which is £3.7m below plan.

The Trust's Planned Capital Expenditure for the year is £25.9m. The Trust has spent £18.2m to Month 11.

The Trust's current liabilities exceed it's current assets by £5.5m

Workforce:

In February the in-month sickness rate reduced to 5.10% (5.36% in January). The 12m Cumulative Rate increased slightly to 4.61% as this is based on available days and FTE lost over the rolling 12 month period. The sickness rate is in line with previous year trends over the winter period and the increase in reported absence was expected with the implementation of Empactis.

The PDR rate was 80.19% (79.28% previously). This is now reported from ESR for all Divisions

The Statutory and Mandatory training rate at 29th February 2020 was 90.86% (90.03% at 31st January 2020). The Statutory & Mandatory training rate shows compliance against the seven (Core for All) 3 yearly competency requirements and 84.59% of staff have completed all 7 modules (83.29% at 31/01/20)

Context

Feb-20
page 4

12 month rolling		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	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	19247	21008	21165	21355	20872	22366	21483	21163	21697	21697	21099	20665	18923	-1742
	Urgent Care Centre only - Vocare	1663	1821	1897	1879	1624	1735	1541	1557	1637	1757	2325	1857	1352	-505
	Total A&E Attendances	20910	22829	23062	23234	22496	24101	23024	22720	23334	23454	23424	22522	20275	-2247
	Daily average for total attendances	746.8	736.4	768.7	749.5	749.9	777.5	742.7	757.3	752.7	781.8	755.6	726.5	699.1	-27.4
Inpatients	Elective - overnight	1216	1253	1141	1201	1180	1210	1196	1221	1326	1235	1067	1053	1108	55
	Elective - day cases	7692	8481	7825	8111	7537	8238	7797	7854	8273	7999	7327	8194	7339	-855
	Non-Elective discharges	10168	10797	10720	11288	10459	10741	10685	10416	11137	10942	10532	10622	9843	-779
	Other - regular day/ night	352	353	389	386	353	402	367	357	405	370	361	423	357	-66
Outpatient	First new	28074	30027	28186	27861	25402	27366	24489	26833	29839	26093	24970	27144	24724	-2420
	Subsequent	40271	41620	39811	43611	40055	43912	39530	40751	45515	42264	36594	43971	39232	-4739

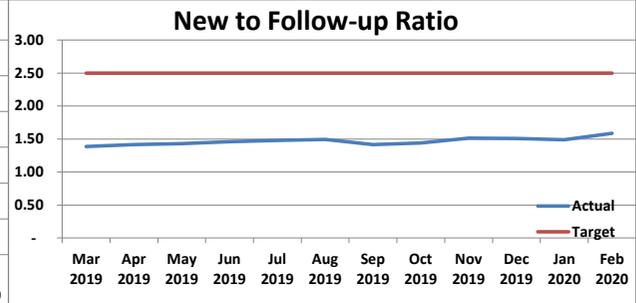
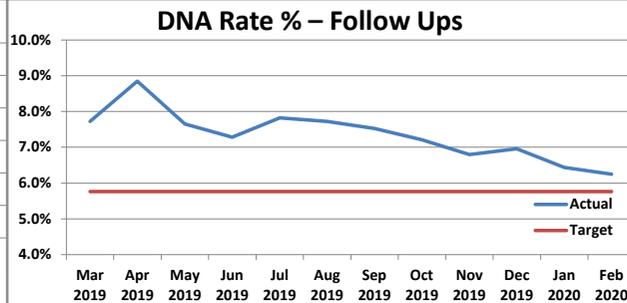
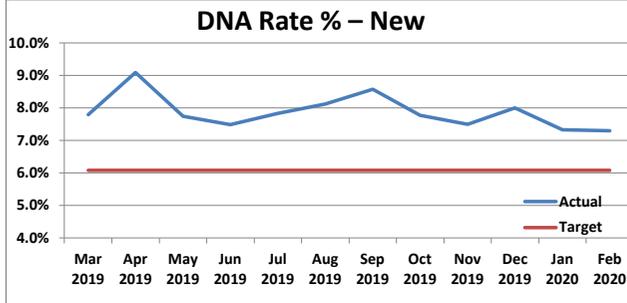
Summary:

All activity in Non-elective care was down this month compared to last month. The daily average for total ED attendances was 699.1 and for Type 1 Royal Stoke only the daily average was 360.

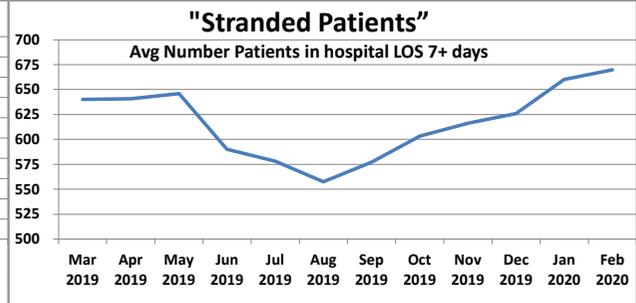
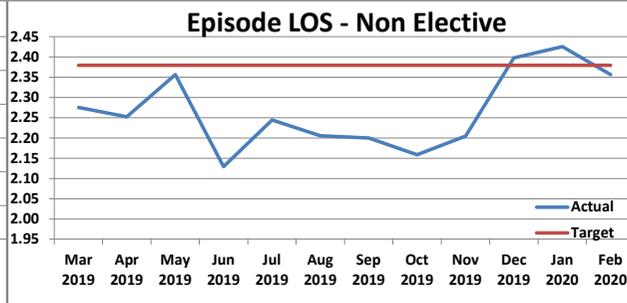
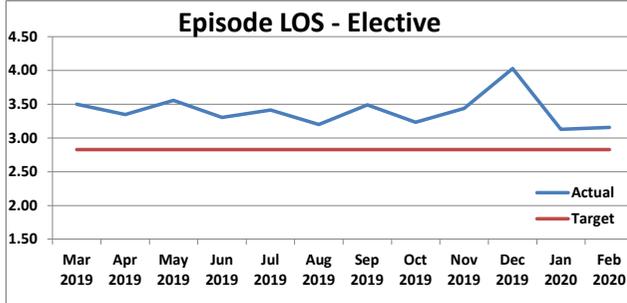
Total A&E attendances (excluding UCC) in February were down by 1.7% from the same period last year.

Productivity

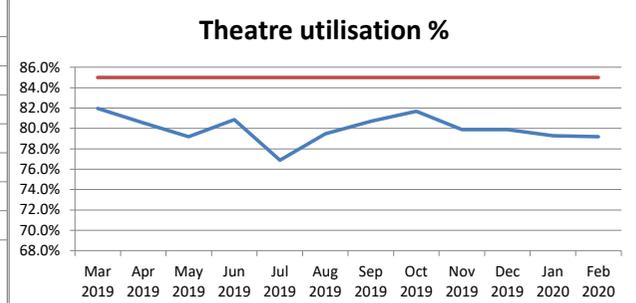
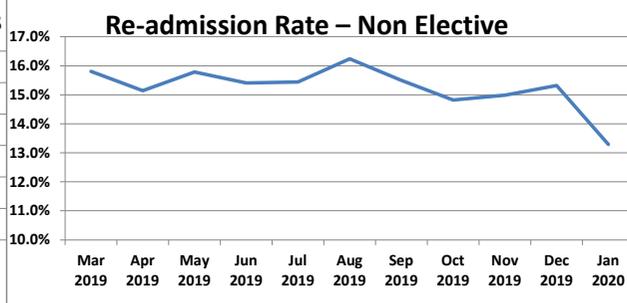
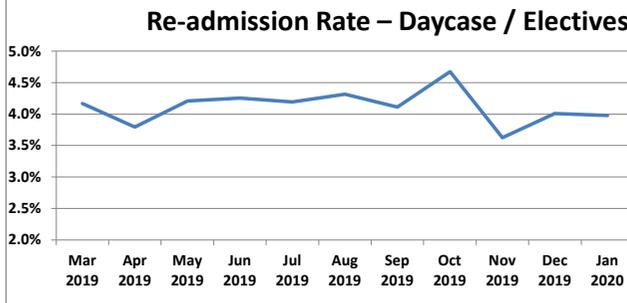
Outpatient Metrics



Inpatient Metrics



Re-admission Rates; Theatre Utilisation



re-admission rates are reported for previous month

NHS Improvement Framework

Feb-20
Page 6

	Rolling Qtr. 18/19/20				2019 -20					
	Q4	Q1	Q2	Q3	Jan-20	Feb-20	Mar-20	Q4		
Financial Rating	Capital service capacity	4	4	4	4	4		4	G	
	Liquidity (days)	4	3	3	3	3		3	G	
	I&E margin	4	4	4	4	4		4	G	
	Distance from financial plan*	3	1	1	1	1		1	G	
	Agency spend	1	1	1	1	1	2		2	G
Operational Performance	A&E- 95% of patients admitted, transferred or discharged within 4-hours	80.76%	80.81%	79.38%	74.99%	76.35%	79.02%		77.62%	R
	Diagnostic 6-week wait performance 99% target	98.59%	97.89%	98.61%	99.47%	99.40%	99.44%		99.42%	G
	RTT 18-weeks incomplete pathways - 92%	80.02%	79.98%	79.81%	81.81%	80.15%	80.16%		80.15%	R
	All Cancer 62 day wait for first treatment:									
	from urgent GP referrals - 85%	76.38%	71.43%	71.78%	69.07%	64.25%	70.72%		66.85%	R
from a screening service - 90%	82.28%	79.33%	87.43%	89.41%	73.17%	74.07%		73.68%	R	

NHS Improvement Framework

Feb-20
page 7

		Rolling Qtr. 18/19/20				2019-20				
		Q4	Q1	Q2	Q3	Jan-20	Feb-20	Mar-20	Q4	
Organisational health	Staff Sickness (12m cumulative rate as at end of each quarter)	-	4.52%	4%	4.51%	4.55%	4.61%		4.58%	R
	Staff turnover (Leavers in previous 12 months as % of Average Headcount)	-	0.0961	10%	9.05%	9.05%	8.75%		8.90%	G
	Statutory and Mandatory Training Rate - for seven 3 yearly competencies	-	92.53%	92%	90.20%	90.03%	90.86%		90.45%	R
	Proportion of Temporary staff (as a % of budgeted establishment) In month figure only	-	6.24%	6%	6.27%	6.35%	6.31%		6.33%	
	Appraisal rates (12 month rolling average) - Trust (excl Consultant Medical Staff)	-	91.54%	85%	83.44%	79.28%	80.19%		79.74%	R
	Staff Friends & Family Test % Recommended- Care, Quarterly (HR)	80.4%	n/a		n/a	73.9%	n/a		73.9%	G
	Agency costs as a % of total pay cost	-	3.56%	4%	4.05%	3.91%	3.93%		3.92%	
Caring	Written Complaints- rate (per 10,000 spells)	30.67	32.89	30.2	29.95	31.32	26.85		29.19	G
	Mixed Sex Accommodation Breaches	0	0	0	0	0	0		0	G
	Inpatient Scores from Friends & Family Test- % positive	97.90%	98.20%	98.40%	98.3%	98.4%	98.6%		98.5%	G
	A&E Scores from Friends & Family Test- % positive	69.70%	68.40%	67.00%	65.1%	95.6%	68.3%		68.9%	R
	Maternity Scores from Friends & Family Test- % positive	100.00%	100.00%	100.00%	99.1%	100.0%	88.9%		96.6%	R

		Rolling Qtr. 18/19/20				2019-20				
		Q4	Q1	Q2	Q3	Jan-20	Feb-20	Mar-20	Q4	
Safe	Never Events	2	3	0	2	0	1		1	R
	Emergency C-section Rate (as a % of total births)	15.03%	14.93%	13.01%	14.24%	15.26%	14.86%		15.07%	
	VTE Risk Assessment	94.67%	93.79%	93.99%	93.29%	92.48%	94.21%		93.31%	R
	Clostridium Difficile- variance from plan	-9	-1	1	13	5	5		10	R
	Clostridium Difficile- numbers	11	23	25	35	12	13		25	R
	MRSA bacteraemia	0	0	0	0	0	0		0	G
	Potential under-reporting of patient safety incidents	-	-	-	-	-	-		-	
Effective	Hospital Standardised Mortality Ratio (HED)*	tbc	tbc	tbc	tbc	tbc	tbc			G
	Hospital Standardised Mortality Ratio- Weekend admission (HED)*	tbc	tbc	tbc	tbc	tbc	tbc			G
	Summary Hospital Mortality Indicator*	tbc	tbc	tbc	tbc	tbc	tbc			G
	Emergency re-admission within 30 days following an elective or emergency spell at the Provider - 1 month behind	3378	3732	3692	3194	974	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			Feb-20	4	4	4	4
	F2	Liquidity (days)	4			Feb-20	4	3	3	3
	F3	I&E margin	4			Feb-20	4	4	4	4
Financial Control	F4	Distance from finance plan	1			Feb-20	1	1	1	1
	F5	Agency spend	1			Feb-20	1	1	2	2

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	-3.6			<p>The financial position for the Trust at Month 11 is a £4.9m surplus which is £8.5m positive variance against the £3.6m deficit plan</p>
	Actual	4.9	G	↑	
	Variance	8.5			
Trust Income	Budget	709.7			<p>Operating income at month 11 of the financial year is £713.1m; this is £3.4m above plan.</p>
	Actual	713.1	G	↑	
	Variance	3.4			
Operating Expenditure	Budget	-693.8			<p>Pay expenditure is £440.3m at Month 11, £6.3m positive variance to plan. Non Pay spend is £250.5m at Month 11 which is an overspend of £3.3m.</p>
	Actual	-690.8	G	↑	
	Variance	3.0			
Cost Improvement	Budget	34.3			<p>The CIP Target within the plan is £40.0m At month 11 the Trust has achieved £30.6m of savings, which is £3.7m below plan.</p>
	Actual	30.6	R	↓	
	Variance	-3.7			
Capital Spend	Budget	19.3			<p>The Trust's Planned Capital Expenditure for the year is £25.9m. The Trust has spent £18.2m to Month 11.</p>
	Actual	18.2	G	↑	
	Variance	-1.1			
Working Capital	Current Assets	88.6			<p>The Trust's current liabilities exceed it's current assets by £5.5m</p>
	Current Liabilities	-94.1	A	↓	
	Total	-5.5			

	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	UHNH total	
Waiting Times	R1	A&E 4 Hours Waiting Time	R			Feb-20	85%	76.35%	79.02%	78.24%	63.81%	86.83%	79.02%	J
	R7	Cancer 62 days from Urgent GP Referral	R			Feb-20	85%	64.25%	70.72%	70.27%				J
	R13	Cancer 62 Days from Screening Programme	R			Feb-20	90%	73.17%	74.07%	83.44%				J
	R6	Diagnostic Waits Under 6 Weeks	G			Feb-20	>99%	99.40%	99.44%	98.85%			99.44%	
RTT- 18 Weeks	OP34	RTT Incomplete	R			Feb-20	92%	80.15%	80.16%	75.06%			80.16%	J
Service User Support	R30	Duty of Candour	G			Feb-20	100.0%	100.0%	100.0%	100.0%				

The 4 Hour Access Standard in February achieved 79.02% (76.35% in January)**Summary:**

In learning from January's performance, the following measures were put in place to improve performance in February 2020:

De-escalation plan enacted to secure 14 beds on Ward 110 and up to 19 beds on Ward 75 with a reduction of outlier volumes across non-medical beds (from circa 50 outliers in January to zero achieved in February);
Bolstering the workforce to ensure more comprehensive 7 day cover, especially in ED and Acute Medicine and the provision of Discharge Facilitators over the weekend (this was in addition to what was included in the Winter Plan);
Reviewed the simple and timely and complex discharge targets by day of the week compared to daily demand profiles which increased the requirement for more discharges on Mondays and Tuesdays with emphasis on "golden patients" to ensure pre 10:00 discharges to support early decongestion of ED;
Greater engagement with Specialist Teams and application of Internal Professional Standards; A&E and EPIC decisions on patients waiting over 12 hours with no decision to admit, and daily, early escalation of patients in CDU for social care to ensure daily clearance to support ED 4 hour performance.

The above measures resulted in an improvement in performance by 2.5% in February compared to the previous month, with an aggregated performance of 79.02% and zero breaches of the 12 hour standard. Furthermore, the following improvements should be noted:

4 hour performance across all localities improved in February with comparable Type 1 daily averages to January. The greatest performance increase was seen again at County Hospital with another 5% increase compared to January; and in line with the above measures there was a reduction in the number of beds occupied in Medicine at midnight which allowed for early movement and decompression of A&E.

Delivery of the Standard - The 4 Hour Standard in Feb-20 achieved 79.02%

Performance against the 4 Hour Standard in February 2020 achieved 79.02%, which was a 2.5% improvement based on January 2020. It is worth noting the following operational conditions and other performance improvements:

Attendances at both Royal Stoke and County Hospital were down 7.5% (on average 5 less attendances per day) compared to January 2020. Comparing February 2020 to the previous February (2019) attendances in the former were also lower (3.0%);

Type 1 ambulance attendances to RSUH and County fell in February by 5.1% from January and significantly the ambulance corridor occupancy fell from 2130 in January to 1377 in February and the aggregate delay in minutes fell from 411 to 329 minutes;

However, despite lower attendances, the number of stranded and super stranded patients was higher, resulting in less beds available than in January;

A driver of improved performance in February was also the result of less beds in Medicine being occupied as at midnight compared to the previous month which allowed for early movement of patients along their pathways and decompression of A&E;

The number of ambulance handovers >60 minutes reduced further from 44 in January (190 in December) to 30 in February.

Next steps:

To further improve performance in March 2020, in addition to the measures put in place in January, the following additional measures are being taken:

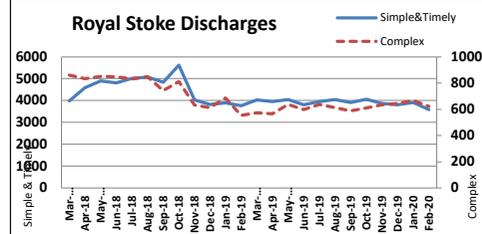
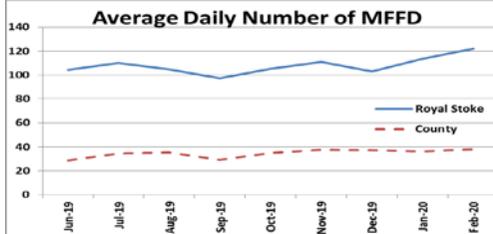
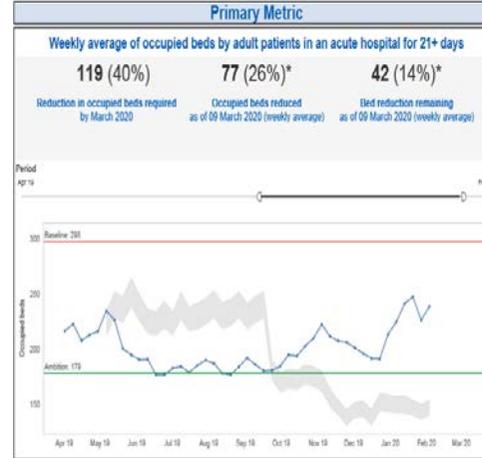
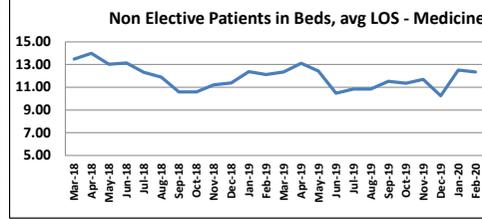
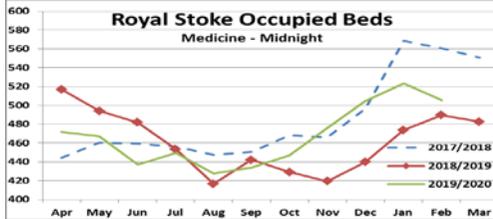
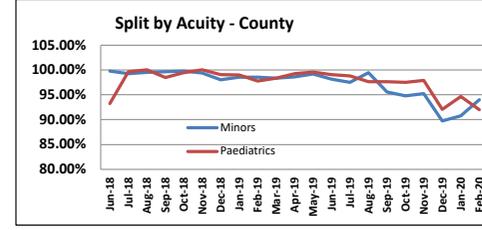
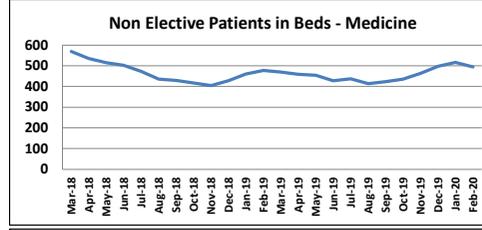
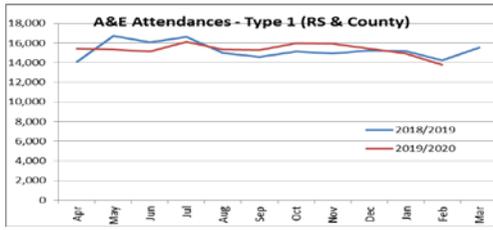
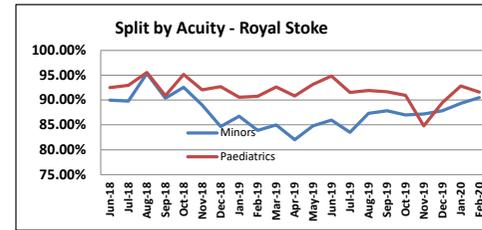
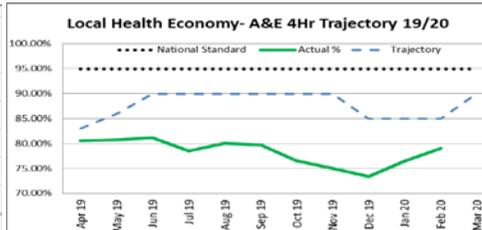
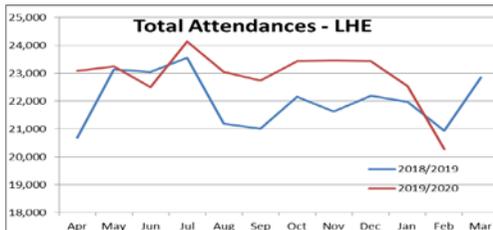
The development of a dedicated 'operational hub' in the West Building to provide significant scrutiny, oversight and support to ensure the timely management and discharge of patients;

As part of the overall improvement plan for redesigning processes and practices in Ambulatory/Minors in A&E at Royal Stoke, a pilot commences in March for the enhanced role of an ANP in the management of patients; and

The Specialised Division in March are piloting a new Specialised Services Portal in CDU which aims to improve the management and decision making of Specialised patients in A&E, which will result in better pathway compliance.

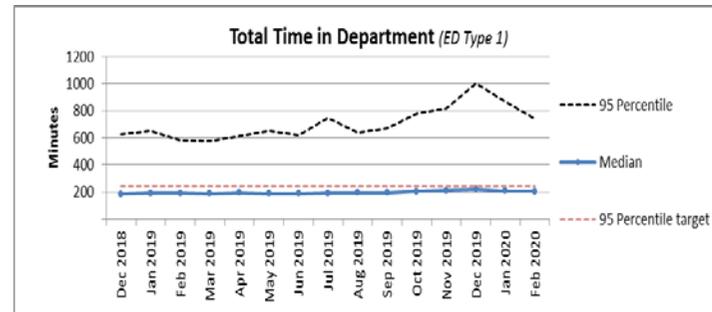
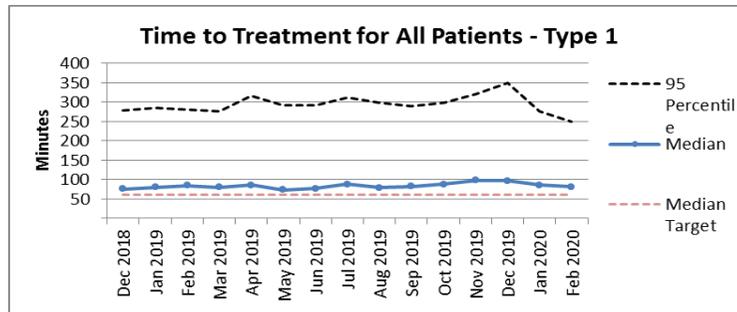
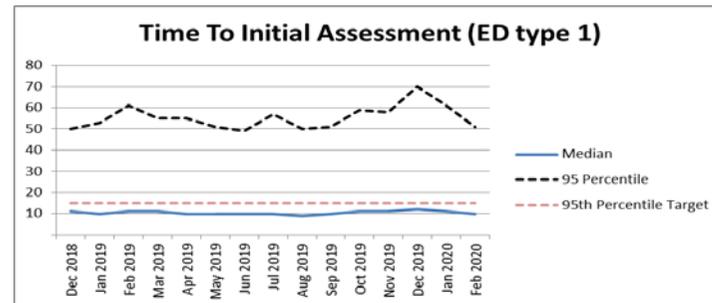
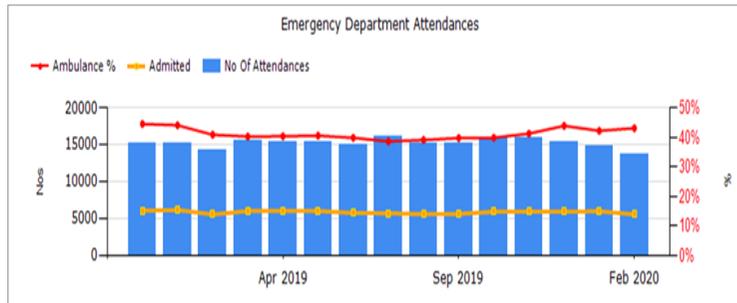
Risks

The possibility of prolonged surges particularly with Flu and Noro Virus (de-escalation plans enacted to mitigate); and
Coronavirus highly likely to impact on urgent and emergency care performance; especially around the movement of patients through pathways



Summary:
Operational A&E performance was 79.02% against the national standard (95% of patients seen and treated / transferred in A&E within 4-hours). In Medicine, the number of non-elective patients in beds fell slightly in February averaging 495 per day (20 less than the previous month). The total number of occupied beds in Medicine at midnight also fell and remains below that seen in 2017/18.

The average number of stranded patients (7+ days) per week saw a slight increase in February with a rise also seen in the number of MFFD patients. This is consistent with the higher acuity pts being admitted across all modalities with MFFD at County skewing the overall MFFD trend for which system support was required for a targeted clearance plan (one point the MFFD reached over 50 pts). The number of super stranded patients occupying a bed showed an increase but a snap analysis of 221 pts on 13th Feb showed 53% not medically fit patients with just 5.8% internal delays and the balance being related to complex/DTOC factors.



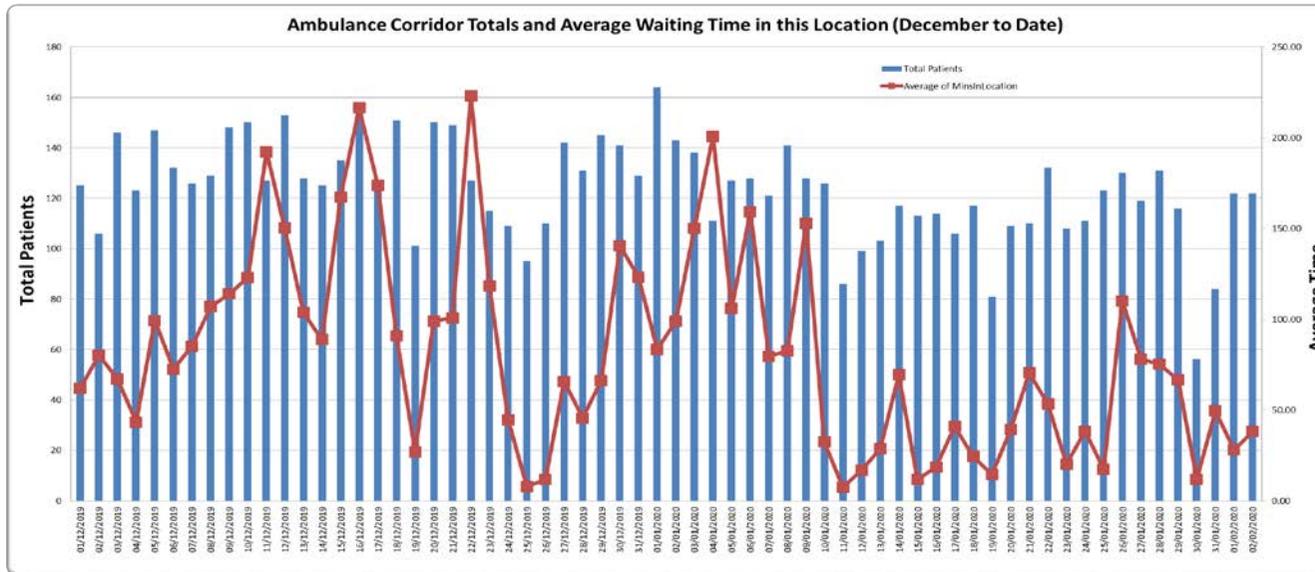
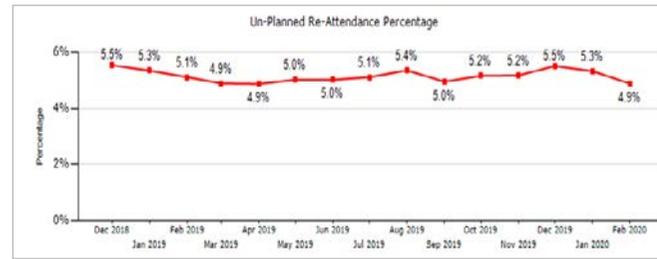
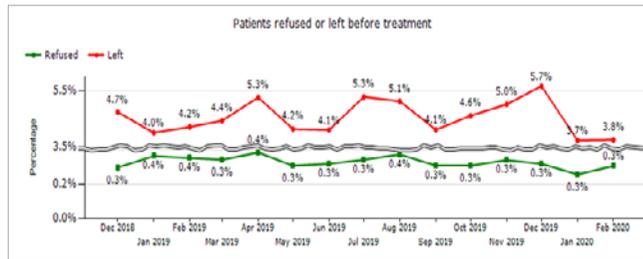
Summary

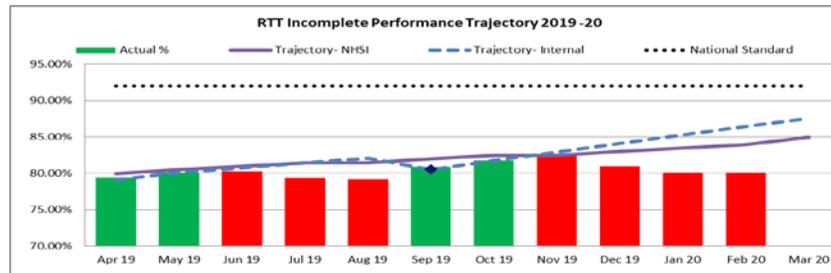
Initial Assessment
 The initial assessment is when a patient is assessed by an emergency care doctor or nurse to allow them to determine a priority for treatment (sometimes called triage). The assessment would normally include a brief history of the patient's condition, pain score and vital signs (blood pressure, temperature, pulse).
 The median Time to initial Assessment for Type 1 attendances (Royal Stoke & County) was 10 minutes (January 11 mins) and the average for the year was 10 minutes against the standard of 15 minutes. The 95th percentile was 51 minutes versus the 70 minutes in December and 61 mins in January (with an average of 55 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) reduced again in February to 249 minutes (January was 277 mins). For the same period last year the 95th percentile was 280 minutes. The average for the year was 294 minutes.
 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.
 The 95th percentile in February was 743 minutes (January was 867 mins).
 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 13799

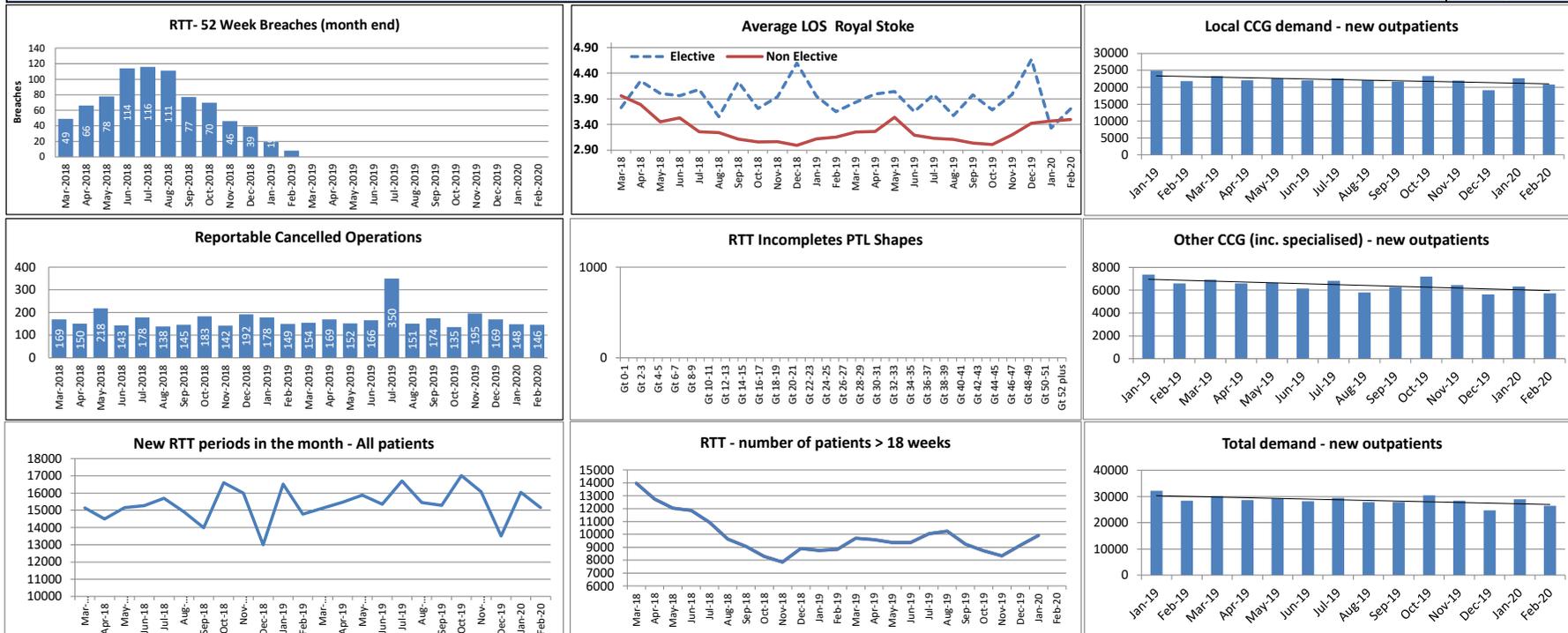




Root cause analysis/ Key lines of enquiry	Action Plan	RAG
<p>Delivery of the standard The RTT Incomplete Pathway standard in February achieved 80.16% against an Internal trajectory of 86.46% and a NHSI operational plan of 84.0%.The number of Incomplete pathways has risen to 48743 (from 48357). Focussed validation work across both corporate and speciality teams is being enacted during March to further improve the February position (cut off 13/3) and drive down the waiting list volume to a figure that will land under the revised operational planning trajectory for 2020 for April 2020.</p> <p>PTL Growth Drivers: Growth in Incomplete pathways is seen mainly in Colorectal, Upper GI, Urology, ENT, Gastroenterology, Respiratory Medicine ENT is affected by the long waiting times in Respiratory service. Patients referred for sleep study tend to wait a long time for the appointment and cannot be validated off the PTL until a decision on management option is made. Gastroenterology & Respiratory: no distinction between Straight to Test(RTT) and Direct Access(non RTT) referrals so all registered as RTT pathways on Medway which requires D/Q attention. The Respiratory new referrals demand impacts until treatment capacity in business case is fully deployed. Urology: Multiple pathways created for same patient e.g. CNS Nurse clinic, Consultant clinic, Cystoscopy clinic all having different pathways for same patient. Pathways are being restarted on telephone f/up appointments. D/Q and targeting of staff for training/monitoring commenced. Trauma: impact of 14 bed loss with reduction in high volume, day cases has affected waiting list size.</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>T&O Elective beds used for escalation capacity to be returned to Ward 110 in February.</p> <p>Re organisation of the theatre performance group now to be chaired by the AD.</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>RAG</p> <p>A</p>
<p>Positive Assurance: The Trust continues to report zero patient waiting over 52 weeks, through proactive monitoring and escalation via the corporate validation team. Decommissioning of winter escalation capacity has seen handover of 14 beds back to specialised division to ramp up electives for March. Colorectal have improved performance in February by 3% with test of change pilots seeing and treating or clock stops for patients earlier in the pathway. Colorectal follow up overdue appointments significantly reduced (73% since April-19) due to focussed Divisional clinical validation. Ophthalmology Follow up overdue appointments also reduced since Oct-19 by 59%. ENT and Vascular Surgery have maintained performance but new team in vascular are to focus on pulling forward treatments and validation to improve this position for March. Gastroenterology and Respiratory Medicine have held performance even with growing demand based on validation and additional capacity. Paediatrics has improved performance for the second month following a challenging November and December with a high number of emergency admissions were seen for RSV (regional outlier) where elective capacity was compromised for non elective paed.</p>	<p>Next Steps: Divisional performance improvement trajectories reset to end of March to ensure 52 ww compliance and tracking of RTT standard. Weekly monitoring 40/52 wk position with expedited escalation and mapping of speciality service changes. AD-led Theatre Performance Group meetings re-established.</p>	<p>A</p>
<p>Risks to Delivery and Mitigation: Pressures in Emergency department and increase in surgical non elective demand for flu/Corona virus – adverse impact on elective operations due to extended NCEPOD lists. With continued IR 35 impact.</p>	<pre> graph LR A[Not Initiated] --> B[Scoping] B --> C[In Progress] C --> D[Complete] style C fill:#ccc </pre>	

2. OPERATIONAL PERFORMANCE

OP34: RTT Incompletes- Key Drivers



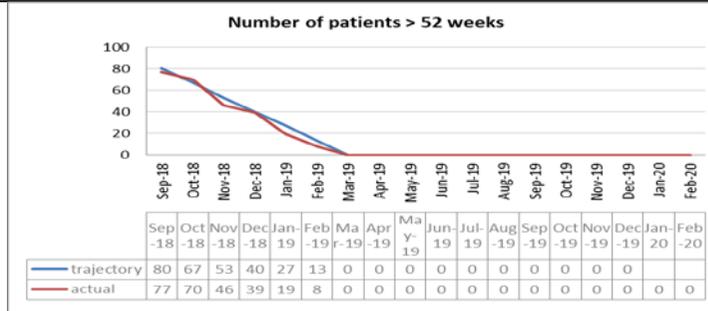
Summary
The graphs above present the key drivers for the Trust RTT performance against the national standard.

Key drivers to note for January:
There were zero > 52 week waiters reported.

There was a total of 146 operations cancelled at the last minute. No significant variance was noted against previous months. Theatre touch time Utilisation in February was 79.2% (January was 79.3%).

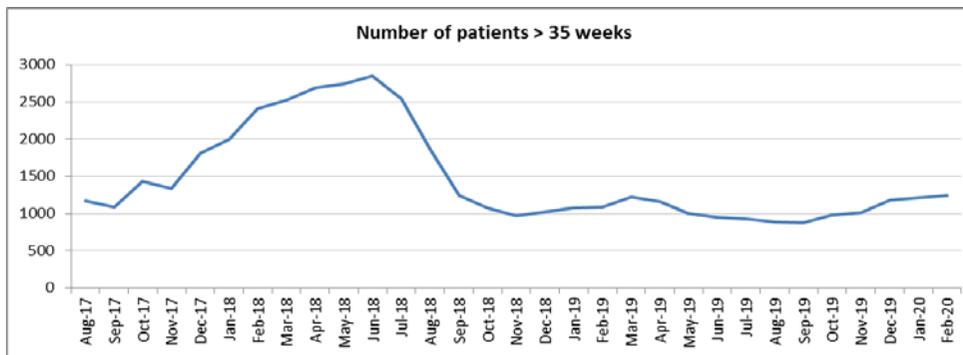
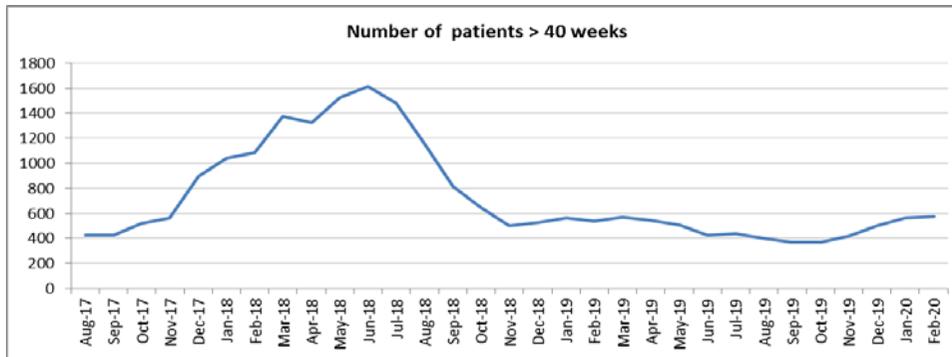
The remaining top 4 reasons for cancellations:
 1. No Consultant available
 2. Consultant - Cancelled for an emergency - this increased
 3. No Suitable Beds Available
 4. No theatre time available

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 a 6.7% fall compared to the same time last year (February 19). For local demand there was a decrease of 4.7%.



Over 40 week patients - key treatment functions

Key Treatment Functions	Total
100 General Surgery	16
101 Urology	102
104 Colorectal	44
106 Upper Gastrointestinal Surgery	30
107 Vascular Surgery	6
108 SPINAL Surgery	40
110 Trauma & Orthopaedics	15
120 ENT	8
130 Ophthalmology	3
140 Oral Surgery	7
144 Maxillo-Facial	10
160 Plastics	5
301 Gastroenterology	49
320 Cardiology	12
340 Respiratory Medicine	151
400 Neurology	20
502 Gynaecology	6



2. OPERATIONAL PERFORMANCE

OUTPATIENTS

Feb-20
Page 20

All graphs/information derived from the OP Session Slot Utilisation DNA and Hosp Cancellations Report, and OP Appts Hospital / Patient Cancellation Grid (01/03/20), 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:

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

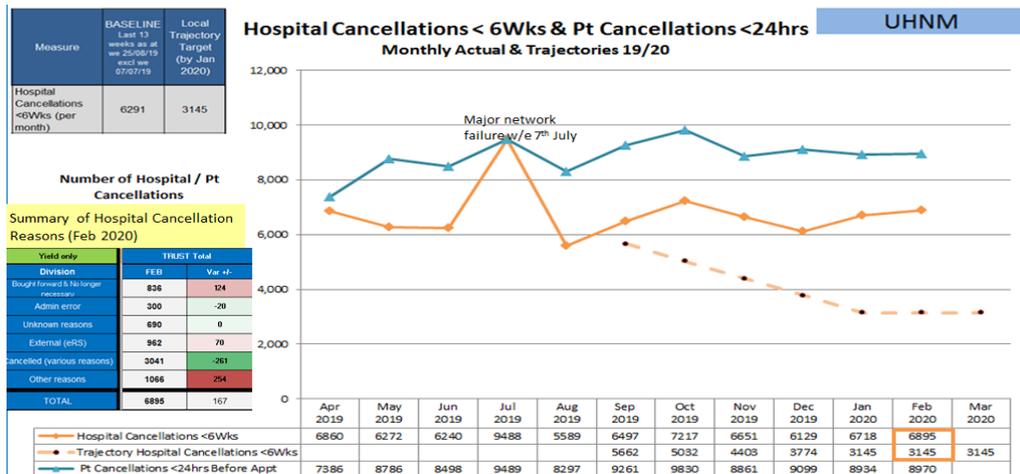
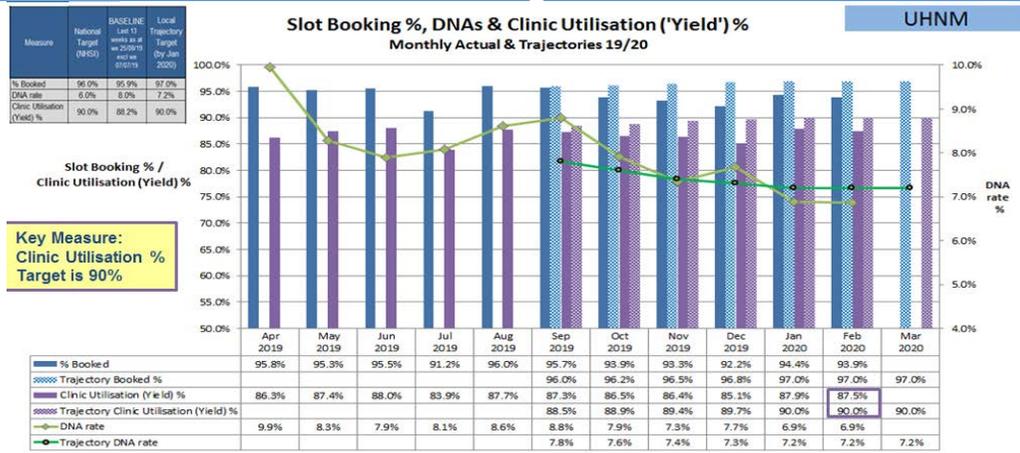
Clinic Utilisation % (Key composite target) 90%

87.5% vs 90%

Booking % (93.9% vs target 97.0%) – % bookings have decreased slightly vs last month; fortnightly specialty meetings include the identification of outlier clinics (prospectively & retrospectively). Specific Specialties requiring further intervention have been identified.

DNA% (6.9% vs target 7.2%) – The DNA rate has continued to reduce and is now below 7%. From 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 specialty-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, with a supporting letter sent via Deputy Medical Director.

Hospital cancellations (6895 vs target 3145) – Still significantly above target. Reasons for cancellations now being provided; although there are over 40 drop down options. All divisions have been asked to investigate drivers for hospital cancellations, and opportunities to address these, with a plan to reduce. Electronic CAF progressing.

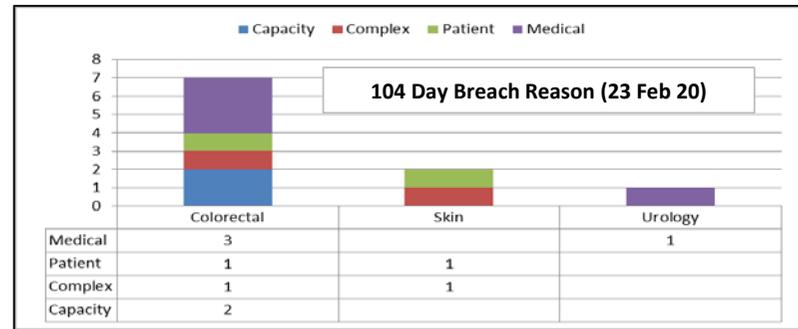
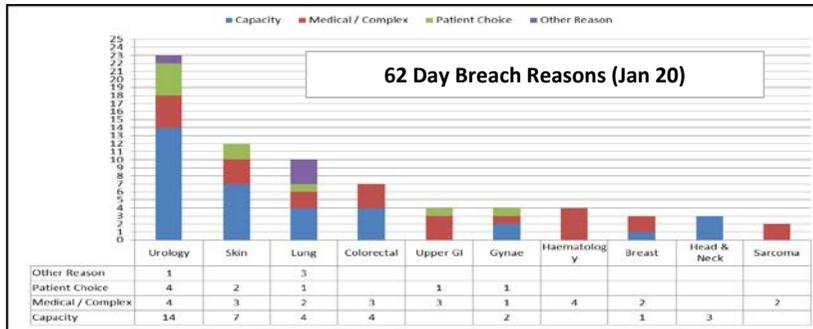
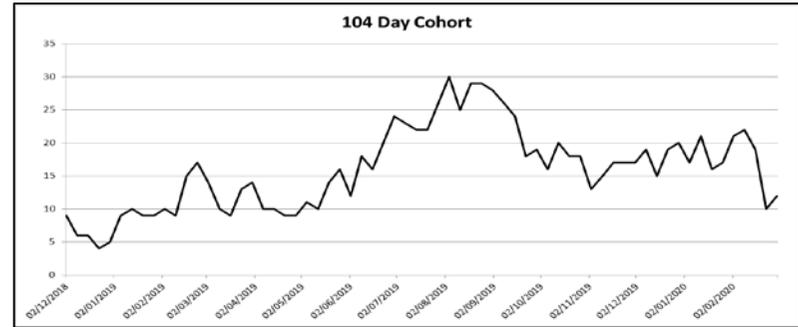
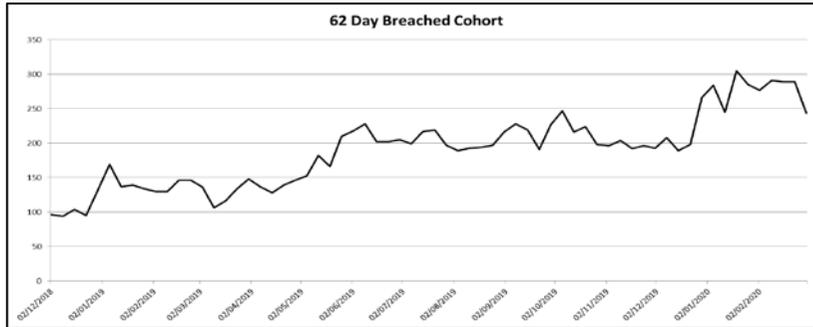


Summary of Hospital Cancellation Reasons (Feb 2020)

Yield only	TRUST Total	
Division	FEB	Var vs
Booked forward & no longer necessary	836	124
Admin error	300	-20
Unknown reasons	690	0
External (eRS)	962	70
Cancelled (various reasons)	1041	-261
Other reasons	1066	254
TOTAL	6895	167

OP KPIs Summary Update

Level	KPI	Jan 2020 Target	Feb 2020		
			Current Performance	RAG	vs last month
UHNM	Clinic Utilisation %	90.0%	87.5%	A	-0.4%
	Bookings %	97.0%	93.9%	A	-0.4%
	DNAs %	7.2%	6.9%	G	0.0%
	Hospital Cancellations	3145	6895	R	177
CWD	Clinic Utilisation %	90.0%	88.8%	A	-1.6%
	Bookings %	96.3%	94.7%	A	-1.7%
	DNAs %	6.6%	6.3%	G	0.1%
Medical	Clinic Utilisation %	85.9%	82.1%	A	0.2%
	Bookings %	96.0%	91.2%	R	0.2%
	DNAs %	10.5%	10.0%	G	0.0%
Specialised	Clinic Utilisation %	89.1%	85.3%	A	0.5%
	Bookings %	96.5%	91.9%	R	0.1%
	DNAs %	7.7%	7.2%	G	-0.4%
Surgical	Clinic Utilisation %	92.3%	89.7%	A	-0.7%
	Bookings %	98.7%	95.6%	A	-0.5%
	DNAs %	6.5%	6.2%	G	0.2%
	Hospital Cancellations	1476	3145	R	14



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 February is 70.72% (as at 27.03.20). Due to the increase in colorectal GP 2ww referrals the Trust has not achieved the 2ww standard in February (74.25% as at 27.03.20), 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.

62 Day Standard (GP 2ww Referrals) 85.0% National Standard (treated within 62 days)

University Hospitals of North Midlands NHS

Provisional Data Last Updated 13/03/2020

Confirmed Diagnosis:	Cancer Site	Location	Feb-20					
			Actual Patients			Accountable Patients		
			<62 days	>62 days	Total	<62 days	>62 days	Total
Brain/CNS (Specialised)	UHNM Combined	0	0	0	0.0	0.0	0.0	
Breast (Surgery)	UHNM Combined	25	3	29	26.0	3.0	29.0	89.66%
Breast Symptom (Surgery)	UHNM Combined	0	0	0	0.0	0.0	0.0	
Colorectal (Surgery)	UHNM Combined	0	9	9	0.0	9.0	9.0	0.00%
Gynae (CSS/W&C)	UHNM Combined	5	2	7	5.0	1.5	6.5	76.92%
Haematology (Medicine)	UHNM Combined	4	3	7	4.0	2.5	6.5	61.54%
Head & Neck (Surgery)	UHNM Combined	3	3	6	3.0	3.0	6.0	50.00%
Lung (Medicine)	UHNM Combined	3	11	14	2.5	10.5	13.0	19.23%
Other	UHNM Combined	0	0	0	0.0	0.0	0.0	
Paediatrics (CSS/W&C)	UHNM Combined	0	0	0	0.0	0.0	0.0	
Sarcoma (Specialised)	UHNM Combined	1	0	1	1.0	0.0	1.0	100.00%
Skin (Surgery)	UHNM Combined	18	1	19	18.0	1.0	19.0	94.74%
Upper GI (Medicine)	UHNM Combined	10	7	17	10.0	6.5	16.5	60.00%
Urology (Surgery)	UHNM Combined	43	15	58	43.0	13.0	56.0	76.79%
Trust Exc Breast Symptom	UHNM Combined	113	54	167	112.5	50.0	162.5	69.23%
Trust Inc Breast Symptom	UHNM Combined	113	54	167	112.5	50.0	162.5	69.23%

	Jan-20	Feb-20	Feb-20 Trajectory NHSi	Fan-20 Trajectory Internal	Standard
Two week wait	74.26%	74.25%	95.61%		93%
2ww Breast symptomatic	100.00%	96.63%	97.30%		93%
31 Day First Treatment	94.46%	95.27%	97.39%		96%
31 Day Subsequent Surgery	77.19%	88.37%	94.92%		94%
31 Day Subsequent Anti-Cancer	96.20%	100.00%	100.00%		98%
31 Day Subsequent Radiotherapy	90.91%	95.60%	98.18%		94%
62 Day (2ww) First Treatment	64.07%	70.72%	85.53%	74.00%	85%
62 Day Screening First Treatment	73.17%	74.07%	91.30%		90%

Data last updated 27/03/20. Cancer performance is still provisional until final position reported 07/04/20

Root cause analysis/ Key lines of enquiry	Action Plan	RAG
<p>Positive Assurance:</p> <p>2WW Forensic analysis of PTLs, daily demand and capacity reviews, escalation /assurance provided by Senior Divisional Teams and risks identified early and mitigated where possible, all resulting in a steady improvement.</p> <p>104 Days: Significant reduction in the number of patients of 104 days – down from 25 to 12 through specialities commencing weekly clinical validation.</p> <p>62 days – an improved assurance cycle together with a strengthened escalation policy for each patient pathway, early warning systems in place and opportunity to bring forward treatments. Validation of backlog 63 day + together with retrospective validation of breaches and has also improved performance. February performance as at 27/03/20 is 70.72%.</p> <p>WMCA has offered 93K to West Midlands Trusts UHNH has identified E57k for schemes to support improvement in cancer performance before year end; PTL deep dive validation to support opportunities for improved performance due to strict application of best practice guidance. (Outcomes to be subject to clinical and corporate governance approval prior to final sign off and CWT upload); development of intuitive Cancer dashboard; production of patient business card.</p> <p>A deep dive of the Gynaecology speciality is underway to accelerate recovery to improve overall Trust performance whilst sustainability plans are developed and strengthened. This is to be followed with UGI, Urology, Breast and Skin.</p> <p>The recently introduced Governance & Performance framework is beginning to work well with attendance monitored, focus given to ensuring effective plans are in place to manage patients through their pathway within target, escalating blockages and ensuring that assurance and risk are clearly documented. These meetings feed directly into the Corporate Cancer / COO meeting and the new cancer weekly report.</p> <p>IST critical friend visit on 24th and 27th February 2020 to support our cancer recovery programme progressed – verbal debrief very positive. Report awaited.</p> <p>Colorectal recovery plan commenced with PTL referrals reduced to circa 200 (40% reduction since January) with the new Triage to Test model.</p> <p>Delivery of the 2ww and 62 day standards:</p> <p>The Cancer 62 day performance for February is 70.72% against an internal trajectory of 74.0% (as of 27.03.2020).</p> <p>Total cancer 62 day treatments for February '20 to date are 175.5. However, there are additional treatments (8 skin) with no confirmed diagnosis many of which are waiting history results, this may yield more treatments and improve the month end.</p> <p>2WW appointments in February 20 were slightly less at 2555 (not including breast symptomatic) against January 2522.</p> <p>Focus on 2ww and 104 day performance improvement.</p> <p>Risks to Delivery and Mitigation</p> <p>Colorectal & Urology – diagnostics capacity available to keep pace with demand on TTT & 28 day pathway.</p> <p>Commissioner support for new patient choice model and validation framework</p> <p>Fall in Outpatient attendances due to Coronavirus scare</p> <p>External Pressures / Increased Referral Rates</p> <ul style="list-style-type: none"> UHNH receives 63.1% of all Staffordshire and S-O-T 2ww referrals. This has increased from 60.7% in the last 3 years. More cancer activity is referred to UHNH as a proportion, than other planned care activity and this percentage is growing, confirmed by NSHE. UHNH receives 68.8% of all Staffordshire and S-O-T lower GI 2ww referrals. Lower GI activity from Staffordshire and S-O-T CCGs to UHNH has grown 48% in the last 3 years (growth from SOT CCG is less [42%]) Lower GI activity from NS CCGs to UHNH has grown 54 % in the last 3 years. If we disregard East Cheshire reductions this equates to 48% growth to UHNH not offset by reductions elsewhere so the East Cheshire reduction does explain some of why NS growth is higher. It doesn't fully explain the differences in growth between NS and SOT. Of further concern for Lower GI is the conversion rate to a diagnosis which has fallen over the past four years against the increased demand. In 15/16 the demand was 4538 with a conversion rate of 4.4% whereas in 18/19 the demand was 6731 (48% increase) with a conversion rate of 2.9%. This is a targeted area for improvements. 	<p>Action Plan</p> <p>Next Steps:</p> <p>Actions for March within the Cancer Improvement Plan to be implemented and performance improvement tracked.</p> <p>Development of new Cancer Performance Dashboard with configuration requirements completed and first draft delivered by 31st March 2020.</p> <p>28 Day FDS PTL validation and clearance to ensure clean pathways from commencement of formal 28 day standard reporting April 2020.</p> <p>Triage to Test (TTT) colorectal pilot to continue with weekly monitoring of outputs. NOTE: 62 day standard for colorectal will be impacted as a consequence of the clearance plan and this will be documented within the performance trajectory.</p> <p>Urology cancer PTL clear down to commence which will involve booking backlog patients to right size demand. NOTE: 62 DAY standard impact as same as Colorectal.</p> <p>New Cancer Booking Script to be introduced to ensure optimised slot utilisation of 2ww appointments with daily huddle with Cancer Bureau to ensure all pts booked < 8 days or escalations completed.</p> <p>Scoping commenced to support key workforce constraints for template biopsies with alternative model deployed in other cancer centres and continued population</p> <p>Cancer eLearning packages have been undertaken by the COO and Deputy COO and have been forwarded on to Associate Directors to support with training.</p> <p>Cancer Alliance:</p> <p>IST review of Cancer Services PTL and Governance meetings; to commence 24th Feb 2020</p> <p>A cancer Alliance-led external review of Colorectal demand, pathway delivery and recovery plans, to commence March-20</p> <p>The Cancer Alliance to support an external review of the quality of the 2ww Colorectal referrals, commenced early February-20</p> <p>The Alliance transformation monies is supporting the implementation of best practice pathways in Colorectal, UGI, Lung; and Urology prostate – timelines agreed and UGI has already commenced the pilot</p> <p>Cancer alliance are supporting UHNH in the delivery of the Lung Health check programme which commenced April 2019.</p> <p>Further funding has been secured for year 2 (20/21). This will allow more patients to be assessed through the screening programme.</p> <p>Funding from the Cancer Alliance has supported a daily mini Lung MDT, this has streamlined the front end of the pathway.</p>	<p>RAG</p> <p>A</p>
<p>Progress</p> <pre> graph LR A[Not Initiated] --> B[Scoping] B --> C[In Progress] C --> D[Complete] style C fill:#ccc </pre>		

62 Day Standard (Screening Referrals)

90.0% National Standard (treated within 62 days)

University Hospitals of North Midlands 

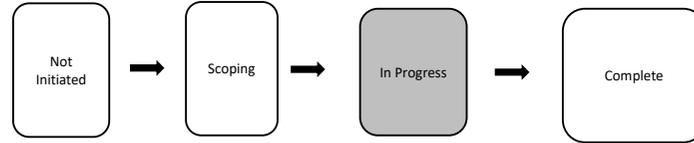
Provisional Data Last Updated 11/03/2020

Confirmed Diagnosis:

		Feb-20							
		Actual Patients			Accountable Patients				
Cancer Site	Location	<62 days	>62 days	Total	<62 days	>62 days	Total	%<62	
Breast (Surgery)	UHNM Combined	18	3	21	18.0	3.0	21.0	85.71%	
Colorectal (Surgery)	UHNM Combined	1	4	5	1.0	4.0	5.0	20.00%	
Gynae (CSS\W&C)	UHNM Combined	1	0	1	1.0	0.0	1.0	100.00%	
Trust	UHNM Combined	20	7	27	20.0	7.0	27.0	74.07%	

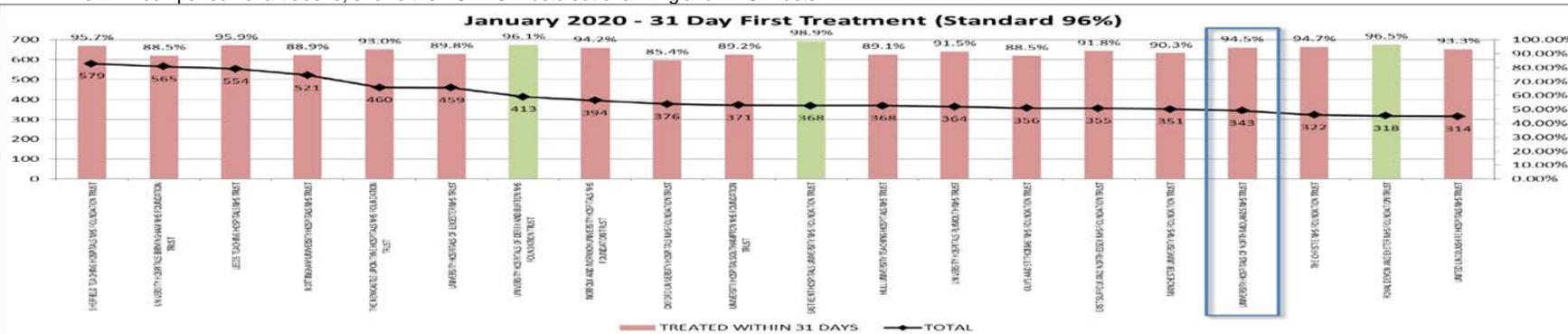
Cancer 62 Day screening			
Site	Feb-19	Feb-20	Variance
UHNM	87.5%	74.1%	-13.4%

Month	Within	Outside	Total	%
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%
Dec-19	22	5.5	27.5	80.00%
Jan-20	15	5.5	20.5	73.17%
Feb-20	20	7	27	74.07%

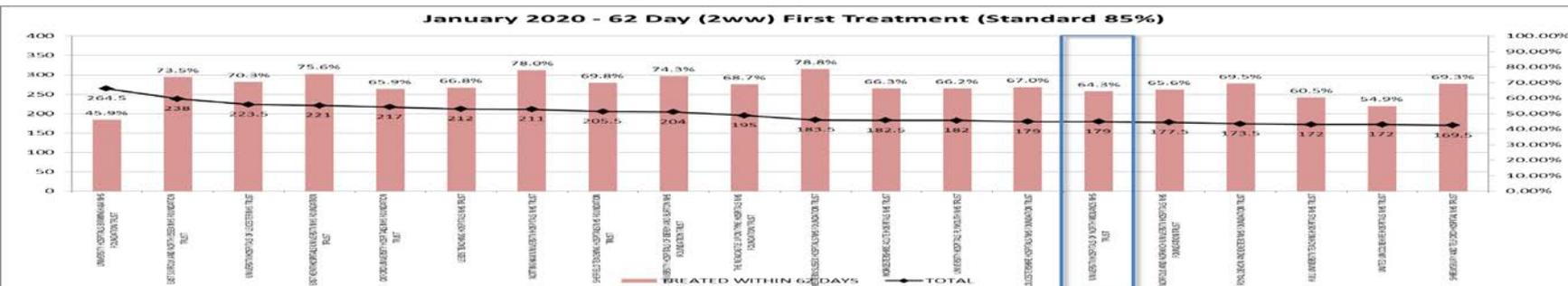
Root cause analysis/ Key lines of enquiry	Action Plan	RAG
<p>The patients on the 62 day cancer screening pathway are patients referred from the national screening programme. The operational standard is 90%.</p> <p>The number of patients in this category are low and as a general rule any more than 1 or 2 breaches will result in under achievement of the standard.</p> <p>There were 7 breaches in February, 3 breast (2 complex, 1 capacity) & 4 colorectal (1 outpatient capacity, 1 delay to diagnostic test, 1 patient choice, 1 complex), 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>		



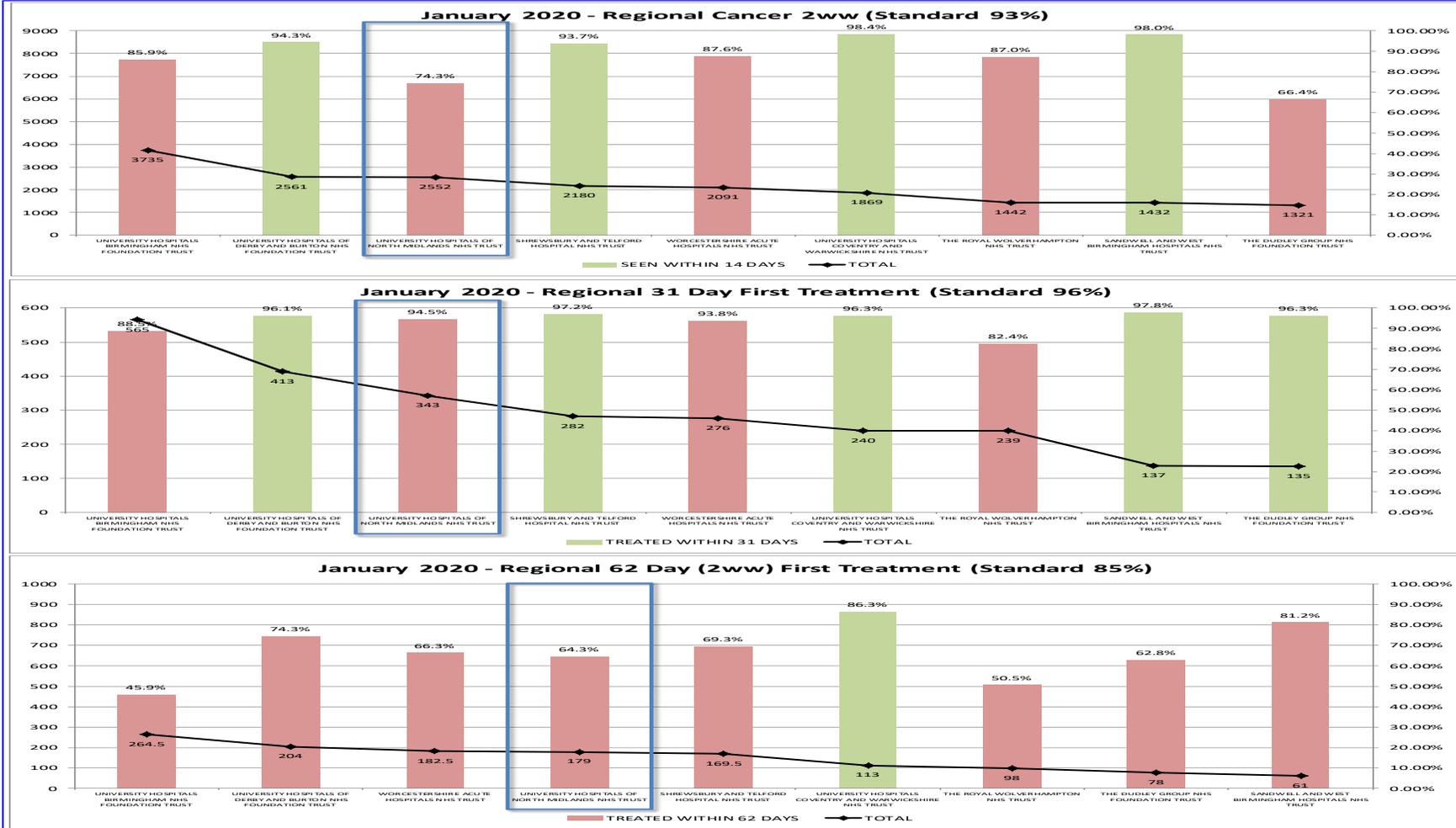
The 2ww comparison chart above, shows the TOP 20 Trusts out of all England NHS Trusts.



The 31 Day comparison chart above, shows the TOP 20 Trusts out of all England NHS Trusts.

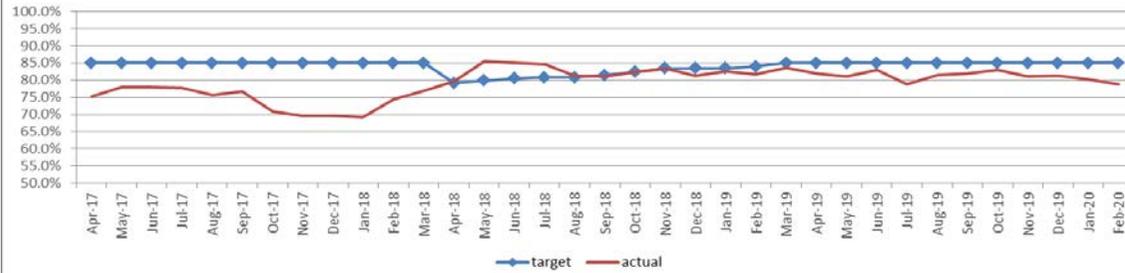


The 62 Day comparison chart above, shows the TOP 20 Trusts out of all England NHS Trusts.



Compared to the Region, UHM has the 3rd highest number of 2ww referrals. For 31 day, 3rd highest in treatments. For 62 day treatments 4th highest in treatments.

Utilisation Royal Stoke - target vs. actual

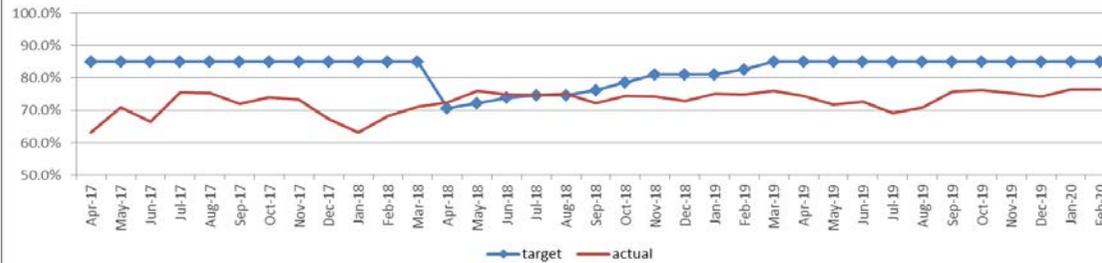


	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
actual	75.2%	77.8%	77.9%	77.7%	75.7%	76.7%	70.9%	69.6%	69.5%	69.2%	74.5%	76.9%

	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%	85.0%	85.0%
actual	82.0%	81.1%	82.9%	78.8%	81.4%	81.9%	83.0%	81.1%	81.3%	80.2%	78.8%	

Utilisation County - target vs. actual

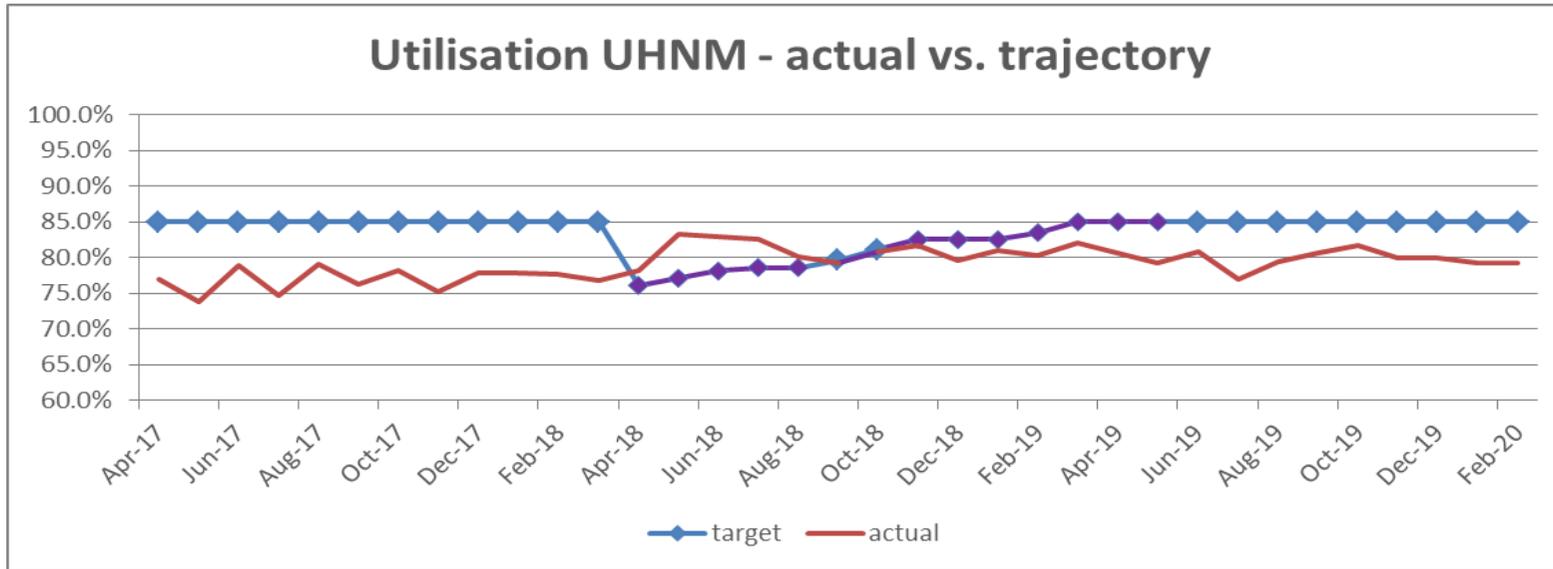


	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
actual	63.1%	70.9%	66.5%	75.6%	75.3%	72.1%	73.9%	73.3%	67.3%	63.1%	68.2%	71.0%

	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%	74.3%	76.4%	76.4%	76.4%

February theatre utilisation subject to validation



	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%

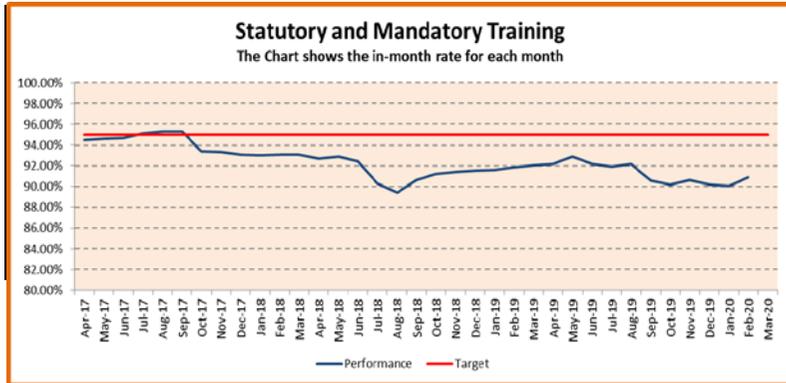
trajectory	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
actual	76.1%	77.1%	78.1%	78.6%	78.6%	79.6%	81.1%	82.5%	82.5%	82.5%	83.5%	85.0%
	78.2%	83.3%	83.0%	82.6%	80.2%	79.2%	80.8%	81.6%	79.5%	81.0%	80.3%	82.0%

	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%	79.9%	79.3%	79.2%	

February theatre utilisation subject to validation

	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			Feb-20	3.00%	0.00%	0.00%					
	W19	Turnover Rate	G			Feb-20	<11%	9.02%	8.75%					
	OH7	Proportion of temporary staff (snapshot)				Feb-20		6.35%	6.31%					
	W20	Sickness Absence Rate 12m Cumulative Rate	R			Feb-20	<3.39%	4.55%	4.61%				J	
	W22	Appraisal Rate	R			Feb-20	>95%	79.28%	80.19%				J	
	W23	Agency Costs as a % of Total Pay Costs				Feb-20		3.81%	3.93%					
Patient Feedback	OH4	CQC Inpatient Survey (annual)					-							
Staff Feedback	OH6	NHS Staff Survey (annually) Staff Engagement Rate				Reporting in Feb 20		6.9						
Compliance	W50	Mandatory and Statutory Training	R			Feb-20	>95%	90.03%	90.86%				J	

site breakdown not available



Statutory and Mandatory Training: The Statutory and Mandatory training rate at 29th February 2020 was 90.86% (90.03% at 31st January 2020).

The Statutory & Mandatory training rate shows compliance against the following seven (Core for All) 3 yearly competency requirements and 84.59% of staff have completed all 7 modules (83.29% at 31/01/20)

Competence Name	Assignment Count	Required	Achieved	Compliance %
205 MAND Duty of Candour - 3 Years]	10061	10061	9180	91.24%
205 MAND Security Awareness - 3 Years]	10061	10061	9147	90.92%
NHS CSTF Equality, Diversity and Human Rights - 3 Years]	10061	10061	9188	91.32%
NHS CSTF Health, Safety and Welfare - 3 Years]	10061	10061	9141	90.86%
NHS CSTF Infection Prevention and Control - Level 1 - 3 Years]	10061	10061	9090	90.35%
NHS CSTF Safeguarding Adults - Level 1 - 3 Years]	10061	10061	9099	90.44%
NHS CSTF Safeguarding Children (Version 2) - Level 1 - 3 Years]	10061	10061	9145	90.90%

Compliance with the annual elements of the Statutory and Mandatory Training requirements are as follows:

Competence Name	Assignment Count	Required	Achieved	Compliance %
NHS CSTF Fire Safety - 1 Year]	10061	10061	8536	84.84%
NHS CSTF Information Governance and Data Security - 1 Year]	10061	10061	9342	92.85%

Root cause analysis/ Key lines of enquiry

- All staff with zero compliance have been emailed
- The Children's, Women's and Diagnostics Directorate are directing improvements via a specific task and finish group
- A meeting has taken place regarding Junior Medical staff and engagement in Statutory and Mandatory training. The results will be fed back to the corporate take and finish group
- Medical staff compliance remains an issue and this is being reflected back to the Medical leads.

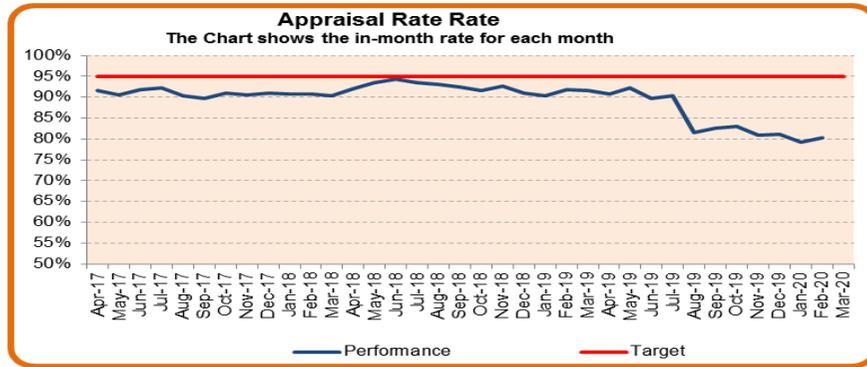
Action Plan

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





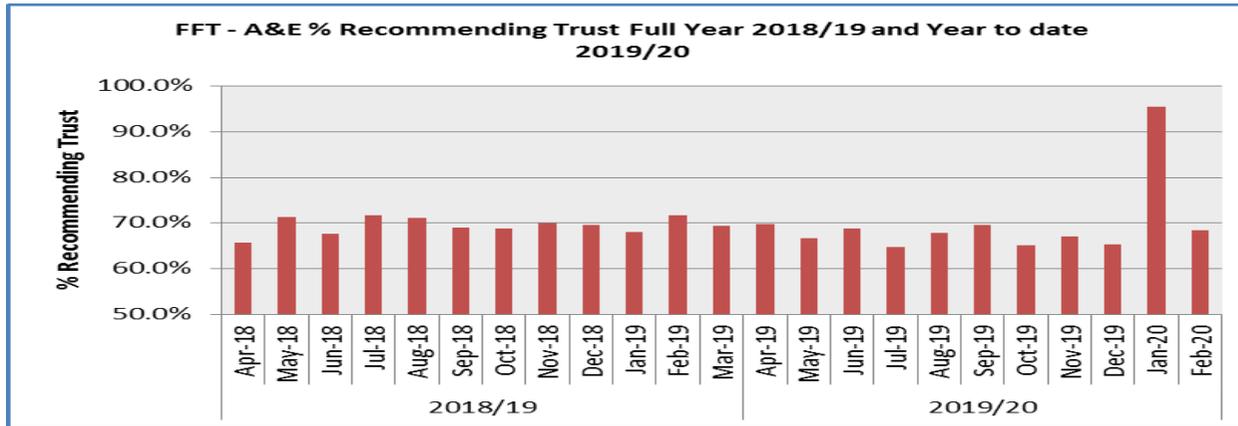
Overall, 80.19% of Non Medical PDRs 79.28% of Non-Medical PDRs were recorded in ESR as at 29/02/20 (79.28% at 31st January 2020)

Staff Group	Assignment Count	Reviews Completed	Reviews Completed %
Add Prof Scientific and Technic	376	325	86.44
Additional Clinical Services	2,123	1,673	78.80
Administrative and Clerical	1,789	1,440	80.49
Allied Health Professionals	474	318	67.09
Estates and Ancillary	551	515	93.47
Healthcare Scientists	311	250	80.39
Nursing and Midwifery Registered	2,901	2,315	79.80
Grand Total	8,525	6,836	80.19

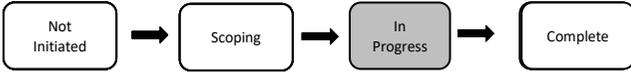
The Consultant Revalidation Rate at 29th February was 94.97%

Root cause analysis/ Key lines of enquiry	Action Plan	RAG
HR will supporting Divisions to use ESR to produce their own performance reports around PDRs	Support with data uploads continues to be provided.	G
	Support for Divisions to produce their own monitoring reports is in place	G
Progress		
<pre> graph LR A[Not Initi] --> 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	
Patient Feedback	C12	Mixed Sex accommodation breaches	G			Feb-20	0	0	0	0	0	0	0	
	C7	Written Complaints Rate (per 10,000 spells)	G			Feb-20	35.00	31.32	26.85	30.69	28.42	20.05	26.85	
	C1	FFT Recommended %-Inpatients	G			Feb-20	95.0%	98.4%	98.6%	98.3%	99%	99%	98.6%	
	C2	FFT Recommended %- A&E	R			Feb-20	85.0%	95.6%	68.3%	67.5%	68%	69%	68.3%	
	C3	FFT Recommended %-Maternity	R			Feb-20	95.0%	100.0%	88.9%	99.3%	100.0%	80.0%	88.9%	
Staff Feedback	C6	Staff FFT Percentage Recommended- Care - Qtr.	G			Qtr4	70.0%	n/a	n/a					

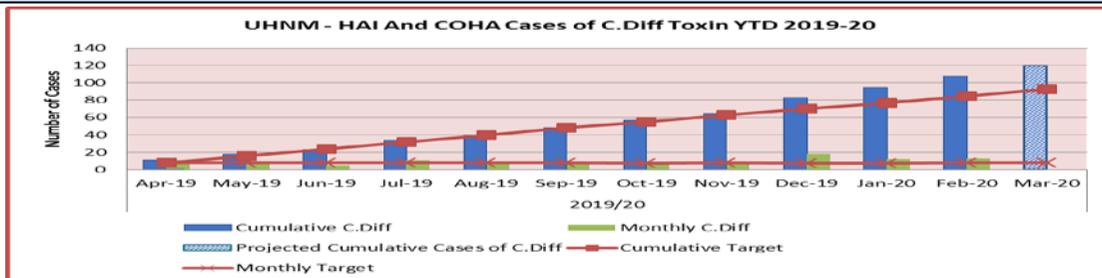


Root cause analysis/ Key lines of enquiry	Action Plan	RAG
<p>What do the results tell us?</p> <ul style="list-style-type: none"> Patients do not always feel they are provided with adequate information about their condition and treatment or that the doctors and nurses listened to them. They also do not feel they are updated about waiting times. 	<p>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>	G
<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. Our Head of Patient Experience is contacting peer Trusts who have successfully achieved higher performance to enable improvements to be made. 	<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. Interviews with a selection of patients who have experience 12 hour waits in the department to identify if any themes/suggestions for improvement.</p>	A
		G
		G
	<p>Progress</p> <pre> graph LR A[Not Initiated] --> B[Scoping] B --> C[In Progress] C --> D[Complete] </pre>	

Root cause analysis/ Key lines of enquiry	Action Plan	RAG
	<p data-bbox="1099 1177 1816 1209">Progress</p>  <pre> graph LR A[Not Initiated] --> B[Scoping] B --> C[In Progress] C --> D[Complete] </pre>	

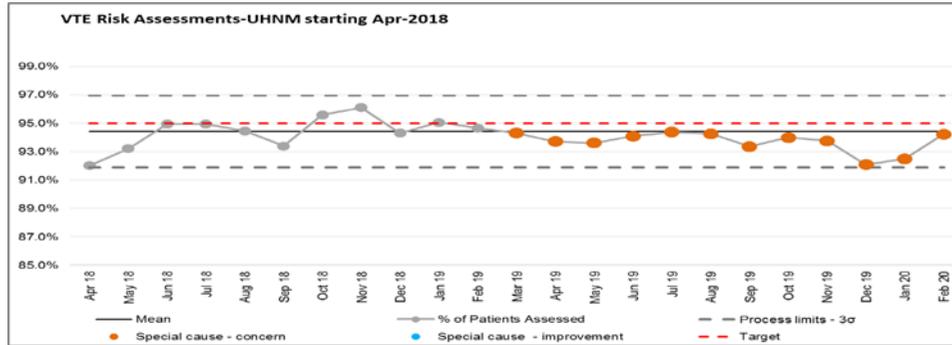
	Ref	Indicator	Exception Triggers			Period	Performance				Site Breakdown			Except.
			Month Target	Step Change	Conti. Limit		This Period Target	Last Period	This Period	YTD	RSUH	County	UHNM	
Infection Control	S10	Clostridium Difficile- Infection number	R			Feb-20	8	12	13	108	13	0	13	J
	S11	Clostridium Difficile- Variation from Plan	R			Feb-20	8	5	5	23	6	-1	5	J
	S2	Avoidable MRSA cases	G			Feb-20	0	0	0	0	0	0	0	
Incidents	S3	Never Events	R			Feb-20	0	0	1	6	1	0	0	J
	S19	Falls Resulting in Harm (Including Low - Excluding Collapses and Managed Falls)	G			Feb-20	60	52	60	580	48	12	60	
	S25	Medication Errors: Rate per 10,000 bed days				Feb-20	-	41.5	44.7	44.6	43.1	55.9	44.7	
Harm Free Care	S38	Pressure Ulcers- Hospital Acquired Category 2 Lapse in Care	G			* Jan-20	8	5	1	48	1	0	1	
	S38	Pressure Ulcers Hospital Acquired Category 3 Lapse in care	G			* Jan-20	4	1	2	31	2	0	2	
	S29	Pressure Ulcers Hospital Acquired Category 4 Lapse in Care	G			* Jan-20	0	0	0	1	0	0	0	
	S17	Emergency C-Section Rate as % of total births				Feb-20	-	15.23%	14.86%	14.21%			14.86%	
Screening	S36	VTE risk assessments	R			Feb-20	95.0%	92.48%	94.21%	93.6%	93.5%	97.9%	94.2%	J

*reported for previous month



Root cause analysis/ Key lines of enquiry	Action Plan	RAG
<p>In April 2019 new national definitions for C difficile (C diff) cases were announced, with further clarification received from NHSi in late July regarding the reporting of cases. This has resulted in UHNM having 108 cases of C diff to report at the end of February 2020 against a target of 85.</p>	<p>Continue surveillance for HAI C diff with continued immediate implementation of control measures to prevent transmission</p>	<p>G</p>
<p>The new definitions are:</p> <ul style="list-style-type: none"> • Cases sampled C diff toxin positive on day 3 or more of admission are classed as hospital acquired (HAI). Previously these cases would have been non-trust apportioned. • Cases sampled C diff toxin positive within 28 days of discharge from hospital is classed as community acquired healthcare associated (COHA) and are now apportioned to the trust. Previously these cases would have been non-trust apportioned. 	<p>Continue to work with health economy colleagues around antimicrobial prescribing</p>	<p>G</p>
<p>As at YTD at the end of February 2020: 59 of the 108 cases would have been attributed as hospital acquired under the previous definition; whereas 49 would have been non-trust apportioned (11 'Day 3' samples and 38 COHA cases).</p>	<p>3. MPFT to refresh primary care and care homes around not sending repeat stool specimens to check for C diff clearance</p>	<p>G</p>
<p>Clearly there are many factors outside the trust control within 28 days from discharge, including stool samples sent by GPs/Care Homes, antimicrobial prescribing by primary care or other regional centres participating in a patients shared care.</p>	<p>PII (Periods of Increased Incidents) meeting to discuss three cases from the same ward area to determine whether transmission has occurred</p>	<p>A</p>
<p>This change affects every trust in England. Each case undergoes an RCA.</p>	<p>Investigation of all 43 cases (December to February inclusive) to see if there are any links that can be elicited, or whether they are an unusual coincidental increase in relation to the influenza A cases during the same period to see if there is any link to antimicrobials to treat secondary bacterial infection, and Norovirus</p>	<p>A</p>
<p>An investigation is currently underway of all cases in December, January and February to see if there are any links that can be elicited, or whether they are an unusual coincidental increase. The Trust has seen 793 influenza A cases as at the end of February, many of whom were poorly so we will be looking to see if there is any link to antimicrobials to treat secondary bacterial infection, and Norovirus.</p>	<p>Progress</p> <pre> graph LR A[Not Initiated] --> B[Scoping] B --> C[In Progress] C --> D[Complete] </pre>	

Root cause analysis/ Key lines of enquiry	Action Plan	RAG
Surgical Invasive Incident – wrong hip prosthesis Notified by National Joint Registry that the patient has a component mismatch following hip surgery. 40mm head with a 44mm ID liner.	Incident reported and RCA underway with independent allocated investigators	G
	Logged as Serious Incident	G
	Completed RCA due to be presented at Risk Management Panel	G
	Outcome to be shared with patient and CCG following review at RMP	A
Progress		
 <pre> graph LR A[Not Initiated] --- B[Scoping] B --- C[In Progress] C --- D[Complete] </pre>		



Feb-20	
Target	95%
Feb-19	94.65%
Feb-20	94.21%

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 February 2020 94.21% of VTE risk assessments were completed within 24 hours of patient admissions (all inpatient admissions during February 2020 captured on the WIS), which falls short of the National 95% target. However, results from the monthly point prevalence Safety Express audit shows that for the last six months, over 99.0% of VTE risk assessments have been completed (ward based audit of every inpatient on one specified day of the month).</p> <p>This suggests that VTE Risk Assessments completed on admission but not uploaded accurately onto the WIS Board. This is supported by the internal audit of UHNM Quality Account 2018/2019, which concluded that UHNM was under-reporting compliance with VTE risk assessments.</p> <p>The four admission areas with the poorest compliance that would have the biggest impact on the Trusts overall performance are AMU (RSUH), FEAU, Ward 127 (short stay) and Ward 220. Recent spot checks of the VTE risk assessments within prescription charts, within these areas, conclude VTE assessments are being completed but not inputted onto the WIS system. These spot checks will be on-going and fed back to the Ward Managers, Matrons and Divisional Leads.</p> <p>A work stream is underway to improve VTE risk assessment for patients aged 16-18 years. Monthly email/ indicator results are sent to paediatric medical 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.</p> <p>Continued focused work is on-going to improve compliance with timely inputting of VTE risk assessments onto WIS. The VTE Steering Group are also liaising with other Trust working groups to explore other means of data collection of VTE risk assessment compliance, including Vitalpac and EPMA.</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 has been available on ESR Since end of January 2020. Reminder cards have been attached to all WIS boards within the clinical area. Uptake of training will be monitored by the Corporate Quality & Safety Team.</p> <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>Areas of non-compliance are escalated to the relevant matron by the Corporate Quality & Safety Team, on a monthly basis.</p> <p>The VTE Steering Group are liaising with other Trust working groups to explore other means of data collection of VTE risk assessment compliance, including Vitalpac and EPMA.</p> <p>A workstream is underway to improve compliance with NICE Guidance on VTE risk assessment for patients aged 16-18 years.</p>	<p>G</p> <p>A</p> <p>G</p> <p>A</p> <p>G</p>
<p>Progress</p> <pre> graph LR A[Not Initiated] --> B[Scoping] B --> C[In Progress] C --> D[Complete] </pre>		

Trust Board
2020/21 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
		8	6	10	8	5	16	7	4	9	6	3	10	
PROVIDE SAFE, EFFECTIVE, CARING AND RESPONSIVE SERVICES														
Chief Executives Report	Chief Executive													
Patient Story	Chief Nurse													Public Trust Board meeting did not take place in April due to social distancing
Quality Governance Committee Assurance Report	Associate Director of Corporate Governance													
Report	Chief Operating Officer													
Care Quality Commission Action Plan	Chief Nurse													
Bi Annual Nurse Staffing Assurance Report	Chief Nurse													
Quality Account	Chief Nurse													
7 Day Services Board Assurance Report	Medical Director													Timing TBC
NHS Resolution Maternity Incentive Scheme	Chief Nurse													Timing TBC
Winter Plan	Chief Operating Officer													
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														
Transformation and People Committee Assurance Report	Associate Director of Corporate Governance													
Gender Pay Gap Report	Director of Human Resources													
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														
System Working Update	Chief Executive / Director of Strategy													
ENSURE EFFICIENT USE OF RESOURCES														
Performance and Finance Committee Assurance Report	Associate Director of Corporate Governance													
Revenue Business Cases / Capital Investment / Non-Pay Expenditure	Director of Strategy													
IM&T Strategy Progress Report	Director of IM&T													
Going Concern	Chief Finance Officer													
Estates Strategy Progress Report	Director of Estates, Facilities & PFI													
Annual Plan 2020/21	Director of Strategy													Deferred due to Covid-19
Financial Plan 2021/22	Chief Finance Officer													
Capital Programme 2021/22	Chief Finance Officer													
GOVERNANCE														
Nomination and Remuneration Committee Assurance Report	Associate Director of Corporate Governance													
Audit Committee Assurance Report	Associate Director of Corporate Governance													
Board Assurance Framework	Associate Director of Corporate Governance		Q4			Q1			Q2			Q3		
Raising Concerns Report	Director of Human Resources		Q4			Q1			Q2			Q3		

