



# Trust Board (Open)

## June 2020





## Trust Board (Open)

Meeting held on Wednesday 10<sup>th</sup> June 2020 at 9.30 am to 11.25 am  
 via Microsoft Teams

### AGENDA

Time	No.	Agenda Item	Purpose	Lead	Format
<b>09:30</b>	<b>PROCEDURAL ITEMS</b>				
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 6 <sup>th</sup> May 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 – May 2020 <ul style="list-style-type: none"> <li>Covid-19</li> </ul>	Information	Mrs T Bullock	Enclosure
<b>10:00</b>	<b>PROVIDE SAFE, EFFECTIVE, CARING AND RESPONSIVE SERVICES</b>				
10 mins	6.	Quality Governance Committee Assurance Report (21-05-20)	Assurance	Ms S Belfield	Enclosure
<b>10:10</b>	<b>ENSURE EFFICIENT USE OF RESOURCES</b>				
10 mins	7.	Performance & Finance Committee Assurance Report (19-05-20)	Assurance	Mr P Akid	Enclosure
<b>10:20</b>	<b>ACHIEVE EXCELLENCE IN EMPLOYMENT, EDUCATION, DEVELOPMENT AND RESEARCH</b>				
10 mins	8.	Transformation and People Committee Assurance Report (21-05-20)	Assurance	Prof G Crowe	Enclosure
<b>10:30</b>	<b>ACHIEVE NHS CONSTITUTIONAL PATIENT ACCESS TARGETS</b>				
45 mins	9.	Integrated Performance Report – Month 1	Assurance	Mr P Bytheway Mrs M Rhodes Mrs R Vaughan Mr M Oldham	Enclosure
<b>11:15</b>	<b>CLOSING MATTERS</b>				
5 mins	10.	Review of Meeting Effectiveness and Business Cycle Forward Look	Information	Mr D Wakefield	Enclosure
5 mins	11.	Questions from the Public <b>Please submit questions in relation to the agenda, by 12.00 pm 8<sup>th</sup> June 2020 to <a href="mailto:claire.rylands@uhnm.nhs.uk">claire.rylands@uhnm.nhs.uk</a></b>	Discussion	Mr D Wakefield	Verbal
<b>11:25</b>	<b>DATE AND TIME OF NEXT MEETING</b>				
	12.	<b>Wednesday 8<sup>th</sup> July 2020, 9.30 am, via videoconference</b>			



## Trust Board (Open)

Meeting held on 6<sup>th</sup> May 2020 at 9.30 am to 11.20 am  
Via Microsoft Teams

# 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 (Chair)													
Mr P Akid	PA	Non-Executive Director													
Ms S Belfield	SB	Non-Executive Director													
Mr P Bytheway	PB	Chief Operating Officer													
Mrs T Bullock	TB	Chief Executive													
Prof G Crowe	GC	Non-Executive Director													
Dr L Griffin	LG	Non-Executive Director													
Prof A Hassell	AH	Non-Executive Director													
Mr M Oldham	MO	Chief Financial Officer													
Dr J Oxtoby	JO	Medical Director													
Mrs M Rhodes	MR	Chief Nurse													
Mr I Smith	IS	Non-Executive Director													
Mrs R Vaughan	RV	Director of Human Resources													

Non-Voting Members:			A	M	J	J	A	O	N	D	J	F	M
Ms H Ashley	HA	Director of Strategy & Transformation											
Mr M Bostock	MB	Director of IM&T											
Mrs J Dickson	JD	Interim Director of Communications											
Miss C Rylands	CR	Associate Director of Corporate Governance											
Mrs F Taylor	FT	NeXT Non-Executive Director											
Mrs L Whitehead	LW	Director of Estates, Facilities & PFI											

### In Attendance:

Mrs N Hassall NH Deputy Associate Director of Corporate Governance (minutes)

No.	Agenda Item	Action
1.	<b>Chair's Welcome, Apologies &amp; Confirmation of Quoracy</b>	
065/2020	<p>Mr Wakefield welcomed members of the Board to the meeting. Apologies were received as noted above and it was confirmed that the meeting was quorate.</p> <p>Mr Wakefield highlighted that as the meeting was being held in public via live streaming, in line with the Trust's Rules of Procedure, recording of the meeting was prohibited.</p> <p>Mr Wakefield thanked staff for their recent efforts, working during the pandemic, particularly as they had been faced with increased levels of sickness, and he also offered his condolences to those affected by the disease.</p>	
2.	<b>Declarations of Interest</b>	
066/2020	The standing declarations were noted.	

3.	<b>Minutes of the Meeting Held 8<sup>th</sup> April 2020</b>	
067/2020	The minutes of the meeting held on 8 <sup>th</sup> April 2020 were approved as a true and accurate record.	
4.	<b>Matters Arising via the Post Meeting Action Log</b>	
068/2020	<p>PTB/415 – Dr Oxtoby explained that a research project had commenced in relation to members of staff with flu, although this had been delayed due to Covid-19. He stated that the results would be reported in due course.</p> <p>PTB/424 &amp; 425 – Mrs Rhodes explained recruitment to key posts had continued and this would be increased as the pandemic slowed down.</p>	
5.	<b>Chief Executive’s Report</b>	
069/2020	<p>Ms Ashley highlighted a number of areas from the report.</p> <p>Mr Wakefield stated that he was pleased to note the ongoing recruitment to Consultant posts. He referred to the issue of governance going forwards in light of Covid-19 and stated that a separate Board Seminar had been arranged to consider this.</p> <p>Dr Griffin referred to the donation from the Coates Foundation and highlighted that as Chair of the Charitable Funds Committee, a number of bids had been discussed and approved by him as Chair, outside of a formal meeting. He stated that this included providing free TV facilities at County Hospital, purchasing I Pads, laptops and fever detectors and providing software and hardware to support communication between clinicians.</p> <p><u>Covid Board Assurance Framework</u> Mr Wakefield queried the risk in relation to staff wellbeing and the mitigation taking place. Mrs Vaughan explained that the process for staff testing utilised the Trust’s Occupational Health service. She stated that all absences were notified via Empactis following which Occupational Health arrange for the member of staff to be tested – this was taking place on a daily basis.</p> <p>Mr Wakefield queried whether there was enough capacity for testing to which Mrs Vaughan confirmed that capacity was being maintained and there was no backlog. Ms Ashley added that there was capacity for symptomatic staff but this became more challenged for asymptomatic staff as those staff could not be tested at scale and this reflected the position of other Trusts.</p> <p>Mr Wakefield referred to the potential risk to Black and Minority Ethnic (BAME) staff and the actions being taken. Mrs Vaughan responded that risk assessments were being undertaken for any staff classed as vulnerable and more recently, national evidence had concluded that BAME staff were disproportionately affected by Covid-19, therefore those staff had been included into the risk assessment process. She explained that this change had been communicated with BAME members of staff.</p> <p>Mr Wakefield challenged whether the Executive Team felt assured by the effectiveness of the risk assessment process and queried the staff perception of its effectiveness. Dr Oxtoby stated that he felt it was difficult to be assured given</p>	

the lack of evidence, but he had reviewed some literature regarding doctors who had died from Covid-19, and he felt that if those staff had received a risk assessment, it could have suggested that they be removed from the work environment. He stated that in terms of staff perception, the figures were alarming therefore work was ongoing to try to alleviate their concerns.

Dr Griffin queried what support was available for staff in terms of counselling and psychological support. Mrs Vaughan confirmed that work continued to be undertaken on staff physical and emotional wellbeing and that the Trust followed the British Psychological Society Guidelines. In addition, the Trust was utilising its counselling service and was receiving input from Clinical Psychologists, to provide specific interventions for staff to access, as and when required.

Mr Bytheway stated that there had been a slight reduction in the number of Covid-19 positive patients in the Trust, and as such the Trust had started to reduce its critical care footprint back to the original of 30 - 35 beds. In addition, the Paediatric Intensive Care Unit were considering when services could be brought back into the Children's Hospital. He continued that it was positive that critical care capacity had been maintained whilst turning empty beds into green beds. It was recognised that recovery and restoration meetings had started to be put into place so that Divisions could plan for the next 6 weeks in terms of increasing capacity, but this relied on bed availability, adequate supplies of medications, and adequate Personal Protective Equipment (PPE), as well as adhering to social distancing measures.

Professor Hassell requested clarification regarding Dr Oxtoby's comment regarding the BAME risk assessment and Dr Oxtoby stated that when looking at the literature, ethnicity and age could have determined that the staff be removed them working with Covid-19 positive patients. He added that if the staff had any comorbidities this should be taken into consideration.

Mr Akid queried the process around undertaking a risk assessment and Mrs Vaughan stated that the risk assessment would be discussed with the member of staff and an agreement reached with the line manager of the best course of action and mitigation.

Mr Smith referred to the recovery and restoration plans and queried whether they took account of a possible second or third wave of Covid-19. Mr Bytheway stated that action was being taken to zone the hospital, to identify Covid positive areas and to include a couple of empty wards so that if any surge was experienced, there would be space to care for the patients safely. He added that the Covid-19 operational cell would track prevalence so that the Trust was forewarned of any potential changes.

Ms Belfield queried how the Trust was engaging with the community to encourage them to come into hospital when they were unwell, in addition to notifying them of how Covid-19 was being managed. Mr Bytheway referred to the ongoing discussions with patients to advise them of the processes in place, which included utilising fever detectors and separating Covid-19 positive areas from the rest of the organisation. He added that any messaging needed to accompany the national media messages. Ms Ashley stated that a number of clinicians had utilised local media and Mrs Dickson explained that this was part of a local campaign, mirroring national campaigns, to explain that the Trust was open and safe to attend.

Mr Wakefield welcomed the development of the Covid Board Assurance Framework.



	<p>Mr Wakefield summarised that work was being undertaken to assess any increased risk for BAME staff, which the Board required further information, and that recovery and restoration needed to be done at pace but carefully. He added that he was pleased to hear the plans being made to cope with any surges, and the continuing messaging to the public that the Trust remained open.</p> <p><b>The Trust Board received and noted the report.</b></p>	
<b>PROVIDE SAFE, EFFECTIVE, CARING AND RESPONSIVE SERVICES</b>		
<b>6.</b>	<b>Quality Governance Committee Assurance Report (22-04-20)</b>	
070/2020	<p>Professor Hassell highlighted the following:</p> <ul style="list-style-type: none"> <li>• The Committee noted the positive work in recruiting patients to Covid-19 related research studies</li> <li>• The responsiveness of the clinical ethics forum was noted as was the specific frameworks which had been developed</li> <li>• The Committee noted a rise in incidents in the neonatal unit for which a plan was in place to address the issues raised, which were particularly regarding prescribing and medication relevant to gentamicin</li> <li>• It was agreed that the next meeting would scrutinise Covid-19 related matters.</li> </ul> <p>Mr Wakefield queried the plans for a regional/national review of Covid-19 related matters. Mrs Rhodes stated that she assumed this would be undertaken but that it would be sometime in the future. She added that the Trust continued to monitor any incidents specific to Covid-19 and that the Incident Control Centre also noted any decisions/incidents. Mr Wakefield stated that it was imperative that Trusts learned from the pandemic.</p> <p><b>The Trust Board received and noted the assurance report.</b></p>	
<b>ENSURE EFFICIENT USE OF RESOURCES</b>		
<b>7.</b>	<b>Performance and Finance Committee Assurance Report (21-04-20)</b>	
071/2020	<p>Mr Akid highlighted the following:</p> <ul style="list-style-type: none"> <li>• The Trust ended the year with a £5.2 m surplus</li> <li>• £1 m expenses had been claimed in relation to Covid-19 and had been received</li> <li>• There had been a reduction in A&amp;E performance despite reduced attendances. In addition, a number of other metrics had reduced</li> <li>• The Committee considered plans for restoration and recovery for both acute and system recovery</li> <li>• A number of contract awards were approved</li> </ul> <p><b>The Trust Board received and noted the assurance report.</b></p>	
<b>8.</b>	<b>Financial Performance Report – Month 12</b>	
072/2020	<p>Mr Oldham highlighted a number of areas from the report.</p> <p>Mr Wakefield welcomed the surplus achieved and thanked the finance team for their efforts.</p> <p>Mr Smith queried the Cost Improvement Programme (CIP) position, given that the</p>	

	<p>Trust fell short of the target. Mr Oldham stated that the guidance received to date specified that for the first 4 months, income would be received based upon the run rate over winter, and the requirement for CIP during months 1 to 4 had been removed. He added that the Trust was able to claim any additional costs incurred due to Covid-19, until the end of July; after this time further guidance was expected.</p> <p>Mr Wakefield referred to the revaluation and whether this was unexpected. Mr Oldham stated that some of the indicators used were unexpected but the process regarding the Modern Equivalent Asset (MEA) would be reviewed and considered by the Infrastructure Committee. He added that the External Auditors were to look at the impact of Covid-19 on future valuations therefore this would be an area of focus.</p> <p>Mr Wakefield summarised that the Trust had a positive outturn, huge efficiencies had been made and positive work had been undertaken to achieve the capital outturn. Mr Wakefield paid thanks to staff within the Information Management and Technology and Estates teams for their efforts and added that the Trust had outperformed the expectations of the system.</p> <p><b>The Trust Board received and noted the report.</b></p>	
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**ACHIEVE EXCELLENCE IN EMPLOYMENT, EDUCATION, DEVELOPMENT AND RESEARCH**

<b>9.</b>	<b>Transformation and People (TAP) Committee Assurance Report (23-04-20)</b>	
073/2020	<p>Professor Crowe highlighted the following:</p> <ul style="list-style-type: none"> <li>• Strong assurance had been received on the staff support initiatives put in place</li> <li>• The Committee was due to receive further analysis regarding the BAME workforce and other groups for which risk assessments had been undertaken</li> <li>• The Freedom to Speak Up report was presented, which included positive benchmark information in relation to peers</li> <li>• Transformation activity had been paused in the main but this was taking place irrespectively, due to introducing new ways of working</li> <li>• The scope of the Committee was largely focussed on staff matters and operational governance underneath the Committee had been paused but would be reported in due course</li> </ul> <p><b>The Trust Board received and noted the assurance report.</b></p>	

**ACHIEVE NHS CONSTITUTIONAL PATIENT ACCESS TARGETS**

<b>10.</b>	<b>Integrated Performance Report - Month 12</b>	
074/2020	<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"> <li>• There had been a 40% to 50% drop in performance and attendances towards the end of March, with the main challenge being the processing of patients.</li> <li>• The Trust had incurred 34, 12 hour breaches, which coincided with changes in national policy regarding the treatment of Covid-19 patients</li> <li>• Positive improvements had been made during January and February, but a continued improvement had not occurred. Issues continued to be highlighted in relation to flow and cultural issues regarding moving patients around the</li> </ul>	

hospital

- A conversation had taken place with NHSIE regarding work to be undertaken during May to improve performance, and the ECIST team were to visit the Trust to consider the challenges faced and engage the clinicians and team as a whole

Mr Wakefield queried whether the staff in A&E recognised that performance was not where it should be. Mr Bytheway stated that performance was being considered by the teams and in particular senior nursing and consultant teams were aware, and as such were taking steps to consider current performance and determine the recovery plan, which would be informed by the ECIST diagnostic. It was noted that any actions from the ECIST visit would be presented to the Performance and Finance Committee.

- In terms of RTT challenges, outpatients had reduced, operations on routine patients had reduced and these areas were a key part of restoration and recovery. Validation of the waiting list was being undertaken during the downtime so that there remained a line of sight of the size of the list going forwards.

Mr Wakefield queried what it meant for patients waiting to hear of their date of operation and Mr Bytheway stated that urgent surgery and cancer surgery continued to be undertaken, and routine work would need further consideration in order to ensure this was undertaken in a safe and protected area.

Mr Wakefield queried how the Trust was communicating with patients who were waiting for an operation and Mr Bytheway stated that all patients on the waiting list were being communicated with. He added that this was a key part of restoration and recovery, in particular focusing on long wait patients and communicating with them so they know where they are on the list. In addition, assurance needed to be provided to patients in terms of their safety and protection from Covid-19.

In terms of restoration and recovery, Mr Bytheway highlighted that the Trust was planning on how it could deliver the guidelines highlighted in Simon Stevens letter, although this was dependent on some things which the Trust did not have any control over, therefore any planning could only look forwards to 2 to 3 weeks. Mr Wakefield stated that further information would be required in terms of the Trust's restoration and recovery plans.

- 5 / 8 cancer standards had been achieved and an improvement had been made for both 2 week waits and 62 day performance. A structure was being put in place to provide clear and better oversight of the cancer patient tracking list and the Trust continued to see between 400 to 500 cancer patients a month. The cancer trajectory remained on track in terms of maintaining throughput as much as possible.

Dr Griffin welcomed the work undertaken to drive forward cancer performance. He queried what percentage reduction there had been in cancer referrals and when referrals were brought back to pre-pandemic levels, how it would impact on the cancer plan. Mr Bytheway stated that referrals had reduced from 800 to between 350 and 400 a month, although the conversion rate had remained static and the incidence of cancer had not increased. He added that work was also being undertaken to provide quicker diagnostic services at the start of a referral in order to help cope with any increases.

**PB**



### Caring and Safety

Mrs Rhodes highlighted that VTE performance remained under 95%; the Trust had previously utilised information from the Ward Information System (WIS) although this had been turned off during the pandemic due to the issue of using touch screens, therefore this could affect data collection going forwards. She added that she was not aware of any Datix incidents having been raised in relation to patients with DVT and not receiving prophylaxis, therefore she felt assured that no patients had come to harm.

Mrs Rhodes highlighted that c-difficile cases had reduced from quarter 3 but were over the trajectory for the year. She added that there had been increased usage of antibiotics for pneumonia and respiratory illnesses therefore despite antimicrobial stewardship, c-difficile cases could increase going forwards.

Mrs Rhodes highlighted that recording of the Friends and Family Test (FFT) had stopped during the pandemic therefore no data was available, but the Trust continued to monitor complaints and had also received numerous compliments. It was noted that the majority of complaints related to visiting restrictions.

Mrs Taylor queried when the FFT was expected to recommence and Mrs Rhodes stated that this would depend on the receipt of national guidance.

Mr Smith queried the increased levels of c-difficile and Mrs Rhodes stated that there had been no evidence of transmission.

### Financial Rating

No questions were raised.

### Organisational Health

Mrs Vaughan highlighted the impact on statutory and mandatory training and appraisals due to Covid-19, although staff working from home had been asked to access systems remotely to undertake their training and conduct appraisals. In addition, managers were being asked to review their sickness absence levels and validate reasons for absence.

**The Trust Board received and noted the report.**

## GOVERNANCE

### 11. **Audit Committee Assurance Report (30-04-20)**

075/2020

Professor Crowe highlighted the following:

- Effective work had been undertaken by the finance and governance team to reach the year end and meet the associated deadlines; this reflected strong relationships with the internal and external advisers
- The Head of Internal Audit Opinion was of significant assurance with minor improvements. It was recognised that to achieve such a rating was excellent for the Trust and although not all reviews could be completed, the position reflected the work undertaken to date
- Significant assurance was provided by Internal Audit following their reviews of the Board Assurance Framework and risk management and financial controls
- Partial assurance was provided by Internal Audit regarding data security and protection, although when benchmarked against peers the Trust was performing well
- The external audit was on plan to be delivered before the deadline

	<ul style="list-style-type: none"> <li>The annual audit of the Quality Account would not be audited due to Covid-19, but would continue to be written</li> <li>Additional fraud risks had been identified and the Counter Fraud Specialist continued to work with the Trust to ensure continued fraud prevention was taking place.</li> <li>The internal audit plan was agreed and was to be reviewed in July to ensure there was time to consider some Covid-19 related activities regarding financial governance</li> </ul> <p>Mr Wakefield welcomed the Head of Internal Audit Opinion which had moved to significant assurance and thanked all involved.</p> <p><b>The Trust Board received and noted the assurance report.</b></p>	
<b>12.</b>	<b>Raising Concerns Report – Quarter 4</b>	
076/2020	<p>Mrs Vaughan highlighted a number of areas from her report which had been discussed and presented to the Transformation and People Committee.</p> <p>Mr Wakefield referred to the concerns raised in quarter 4 and the two related to Covid-19, and queried how feedback was provided to those individuals. Mrs Vaughan stated that concerns were escalated to Mrs Rhodes and Dr Oxtoby and assurance provided to those individuals regarding the actions taken.</p> <p>Mr Wakefield stated that the majority of concerns related to behaviours and queried the actions being taken. Mrs Vaughan referred to the work on values, behaviours and expectations of all members of staff, which had commenced and linked to the Interim People Plan, although the development of the national people plan had stalled due to Covid-19.</p> <p>Professor Hassell referred to the concerns raised by different staff groups, given that half were from Administrative and Clerical staff which did not reflect the proportion of staff in the organisation. Mrs Vaughan agreed and stated that it reflected particular areas of focus and agreed to establish whether any benchmarking information was available from other hospitals, in terms of the proportion of concerns raised and their staff group.</p> <p>Mr Wakefield summarised that some progress had been made following the staff survey and thanked the team for their efforts.</p> <p><b>The Trust Board considered the speaking up data and themes raised during Quarter 4 and throughout 2019/20, and noted the actions proposed to further encourage and promote a culture of speaking up at the Trust.</b></p>	<b>RV</b>
<b>13.</b>	<b>Rules of Procedure</b>	
077/2020	<p>Miss Rylands presented the annual update of the Rules of Procedure which contained the Terms of Reference for each of the Committees.</p> <p><b>The Trust Board approved the Rules of Procedure.</b></p>	
<b>CLOSING MATTERS</b>		
<b>14.</b>	<b>Review of Meeting Effectiveness / Business Cycle Forward Look</b>	

078/2020	Dr Griffin commented that as the Trust worked through the recovery and restoration plans, this needed to feature within the business cycles.	
15.	<b>Questions from the Public</b>	
079/2020	<p>Mr Syme provided the following questions by email prior to the meeting:</p> <p><u>Chief Executive's Report</u> Mr Syme referred to the risk in relation to ensuring staff wellbeing and welfare which was rated as extreme. He queried if the unprecedented pressures employees were having to cope with to address the acute aspect of Covid-19 and having to adapt to different social interactions, had consequences for individual employees. Mr Syme queried how the Trust would ensure that employee stress and anxiety and the mental health of employees would be addressed.</p> <p>Mrs Vaughan referred to the earlier conversation regarding the support put in place for staff. She stated reiterated that the Trust followed the British Psychological Society guidelines and 3 phases of support were being provided to staff.</p> <p><u>Performance and Finance Committee Assurance Report</u> Mr Syme referred to his question raised at April's Board Meeting and added that the Board papers referred to the Emergency Department not seeing the level of pressure envisaged. He stated that nationally deaths at home had almost doubled since Covid-19 and there appeared to be a significant fall in paediatric emergencies and cardiac emergency attendances. He queried how the Trust was working with health and care partners, in particular NHS 111 and West Midlands Ambulance Service, to ensure that emergencies were not being delayed, ignored or given low priority because of Covid-19.</p> <p>Mr Bytheway stated that although A&amp;E attendances had reduced this was in part due to the way in which members of the public had been adhering to social distancing guidelines. It was noted that the Trust had commenced a local campaign to encourage people to come into hospital if they felt unwell. In addition, the system had increased the availability of NHS 111 capacity in order to deal with any rise in the number of calls being made.</p> <p><u>Capacity and Future Capacity (Integrated Performance Report)</u> Mr Syme stated that the Trust had increased capacity from its 'norm' and queried what the Trust's baseline figure of bed capacity and critical care capacity was prior to Covid-19, and what the capacity was now.</p> <p>Mr Bytheway stated that the total bed capacity for the organisation was 1450 beds and 100 escalation beds. As the number of medically fit for discharge patients (MFFDs) had reduced considerably (to 20 at Royal Stoke and 2 at County Hospital) additional capacity had been created by reducing those patients. He stated that there were presently 300 empty beds across the organisation and critical care capacity was approximately 50 beds including HDU.</p> <p>Mr Syme referred to the NHS England letter of 29<sup>th</sup> April 2020, and queried how much increased capacity would be required to address the issues and actions identified in the letter (e.g. phased restarting of electives) and what assurances regarding finances had been provided to the Trust of the cost of maintaining increased capacity.</p> <p>Mr Bytheway stated that all capacity would be utilised to support safe, phased</p>	

	<p>return of elective services, in addition to providing surge capacity to manage demand. Mr Oldham stated that current arrangements for funding would flow in the first 4 months based on costs so any ramping up in activity would be funded appropriately through contractual arrangements, although future guidance was required for July onwards.</p> <p>Ms Ashley stated that the independent sector was available until the end of June which was funded separately therefore the Trust was considering how that could remain available for restoration and recovery plans.</p>	
<b>DATE AND TIME OF NEXT MEETING</b>		
<b>14.</b>	Wednesday 10 <sup>th</sup> June 2020, 9.30 am – 11.30 am	

# Trust Board (Open)

Post meeting action log as at 04 June 2020

CURRENT PROGRESS RATING		
<b>B</b>	Complete / Business as Usual	Completed: Improvement / action delivered with sustainability assured.
<b>GA / GB</b>	On Track	Improvement on trajectory either: A. On track – not yet completed or B. On track – not yet started
<b>A</b>	Problematic	Delivery remains feasible, issues / risks require additional intervention to deliver the required improvement e.g. Milestones breached.
<b>R</b>	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	21/10/2020		To be taken to the Quality Safety Oversight Group in September and to the QGC afterwards.	GA
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	02/06/2020	An upgrade was completed in April and KCOM have been asked to provide evidence on how the network has performed since. This upgrade was in advance of a planned upgrade as part of the PFI refresh of the Wi-Fi network in its entirety during 2020. This will increase the capacity to handle more data across the airways, and introduce Wi-Fi6 as a new and emerging technology, achieving speeds up to 4 times faster than the previous Wi-Fi standards.	B
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.	John Oxtoby	31/08/2020		Delayed due to Covid-19. The trainee doctor undertaking the research has left the Trust and the progress has also been delayed by the diversion of resources to the Covid pandemic	GA
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	30/06/2020		Delayed due to Covid-19. Update provided at May's meeting that recruitment to key posts continued to take place and recruitment would be increased as the pandemic started to wain.	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	30/06/2020		Delayed due to Covid-19. Update provided at May's meeting that recruitment to key posts continued to take place and recruitment would be increased as the pandemic started to wain.	GB
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	15/05/2020	Moved some items from cycle of business between QGC and TAP. It will be kept under review that items in practice are on the right committee agenda and if something needs to be shared also with the other committees for information.	B
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	30/06/2020		This will be re-launched along with Its Ok to ask. Poster redesigned in easy read and including "Its ok to ask". To liaise with Comms to provide design and obtain patient feedback. Once ready will be publicised on new website as well as notice boards etc.	GB
PTB/431	06/05/2020	Integrated Performance Report - Month 12	To provide further information in terms of the Trust's recovery and restoration plans to Board Members.	Paul Bytheway	31/05/2020	04/06/2020	Initial update provided to May's TAP and further consideration given at the Board Seminar.	B
PTB/432	06/05/2020	Raising Concerns Report - Q4	To establish whether any benchmarking information is available from other hospitals in relation to proportion of concerns raised by staff group.	Ro Vaughan	31/07/2020		Action not yet due.	GB





## Chief Executive's Report to the Trust Board

### FOR INFORMATION

## Part 1: Trust Executive Committee

The Trust Executive Committee met on Wednesday 27<sup>th</sup> May. The meeting was held virtually using Microsoft Teams; there was no agenda or papers as the purpose of the meeting was to provide an opportunity for:

- The Chief Executive to thank our Divisional Management Team for their work to date and flexibility to do what is required to support our preparations for Covid-19
- Update Divisions on the national position, local position and next steps in relation to Recovery and Restoration
- Divisions to provide updates in terms of their latest position, next steps, staff wellbeing and any concerns / risks

Key points highlighted by the Executive Team were as follows:

- Arrangements for antibody testing of staff
- Risk assessment requirements for pregnant workers, staff with long term conditions, BAME staff and those of certain age groups
- Implementation of the Social Distancing Toolkit and
- Wellbeing of staff being a key priority
- Progress and plans regarding Restoration and Recovery

Key points highlighted by Divisions were in relation to:

- Focus on bringing patients back into the organisation whilst maintaining safety
- Staff sickness, staff morale and the support in place
- The Urgent Care Pathway and external support provided in making improvements
- Estate and IT developments to support the restoration and recovery of services

Any Board member seeking to obtain further information regarding the items considered by the Trust Executive Committee should contact [Claire Rylands](#), Associate Director of Corporate Governance.

# Part 2: 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 April, 2 contract awards, which met this criteria were made, as follows:

- **Maintenance for Flexible Endoscopes (REAF 3386)** supplied by Aquilant Endoscopy at a total cost of £1,977,126.00 for the period 01/04/20 - 31/03/25, approved on 14/04/2020
- **Pitney Bowes franking machine postage charges for 2020/2021 (REAF 3534)** supplied by Royal Mail at a total cost of £880,000.00 for the period 01/04/20 – 31/03/21, approved on 28/04/2020

In addition, the Performance and Finance Committee approved the following to REAFs in May 2020, which are being brought to the Board for approval, given the value:

### Pharmacy Wholesale Agreement (REAF 3538) – Extension

Contract Value     £4,078,244.00 Inc. VAT  
Extension of Contract  
Duration             31/03/2020-30/06/20  
Supplier             Mawdsley / Alliance / AAH / Phoenix

This REAF has been raised for the 3 month extension of the Pharmacy Wholesale Agreement. Supplies of these products are via the H.T.E Framework and UHNM Contract has been extended to provide cover during the Covid 19 crisis.

### National Blood Service (REAF 3567)

Contract Value     £3,450,000.00 Inc. VAT  
Award of Contract  
Duration             01/04/20-31/03/21  
Supplier             NHS Blood and Transplant Services

NHS Blood and Transplant (NHSBT) is the provider of blood and blood components and specialist services. The value has been based on the predicted usage provided by NHSBT for both blood transfusion laboratories at the Royal Stoke University Hospital (RSUH) and County Hospital (CH). Forecast activity is derived from extrapolating the year to date activity for all product categories and is shown within an Indicative Impact Summary provided by NHSBT, which reflects changes to both pricing and planned activity volumes. This is the reason the annual eREAF can only be raised retrospectively.

In addition, the following REAF was considered and approved by the Performance and Finance Committee in April 2020. Since then, there has been a reduction of 400 laptops and as such the order value has reduced from £2.57m inc VAT to \*£1,924,803 + VAT (£2,309,764).

### Windows 10 Replacement (REAF 3541)

Contract Value     £1,924,803 + VAT (£2,309,764).  
Award of Contract  
Duration             01/04/2020-31/03/2024  
Supplier             SCC Ltd

This REAF has been raised for the upgrade of Windows 10 software. Business Case Ref: BC - 0351 refers and has been reviewed and supported as a Divisional Priority. This business case also links to the Annual Plan and Clinical Service Strategy.

All associated costs for the service have been agreed individually by each Division affected by the implementation.

Contract has been awarded compliantly under the H T E ComIT2 Framework.

## SAVINGS

No Savings

The Trust Board is asked to approved the above three REAFs.

## 2. Consultant Appointments

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

Post Title	Reason for advertising	Appointed (Yes/No)	Start Date
Locum Consultant - General Paediatrician with Interest in Cardiology	Maternity	Yes	03/08/2020

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

Post Title	Reason for advertising	Start Date
Clinical Lead for Child Health - Neonates	Vacancy	04/05/2020

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

Post Title	Closing Date	Note
Consultant in Emergency Medicine	07/05/2020	No Applications
Respiratory Consultant - Interstitial Lung Disease	07/05/2020	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, a verbal update will be provided to the Board in order to ensure the most up to date information is being shared.

## 4. System Working

We are very proud of the relationships and partnerships nurtured across our immediate Staffordshire and Stoke-on-Trent health and social care system and neighbouring system in Shropshire during this time. We have shown that we can work with our local authorities, with our NHS partners and with the third sector with the same focus and desire to provide the best for our patients and our local communities. This is something we will want to harness and hold onto as we move through the next phase of the pandemic so we can keep up the momentum and deliver better together.

We have previously mentioned to Board the work that UHNM and system partners supported to assist our Care Homes. This has been a fabulous piece of work which has demonstrated excellent integrated working with outcomes that have been much appreciated by Care Home staff. I therefore wanted to provide Board with a little more detail in respect of this project:

UHNM developed a Care Home Support Team to provide robust support and structure to those homes identified as requiring additional help.

Utilising and adapting our ward accreditation tool, Care Excellence Framework (CEF), we devised a supportive method of being able to review care homes, and provide support with the clinical care of residents, end of life guidance and support, IPC guidance, protocols and PPE Stocking and utilisation.

Social Care undertake either a virtual or face to face baseline assessment of the care home, any care homes from that assessment that are either deemed as requiring additional support or are indeed asking for support triggers the care home support Team response.

The Team comprises of a Social Care representative, An infection Prevention and Control Expert (UHNM), a Quality improvement facilitator (UHNM) and an advanced Practitioner specialising in pre-admission and admission avoidance skill set (CRIS UHNM). The Team undertake the review with the care home and the care homes residents and staff. Key stakeholders then hold a Touchpoint virtual session handing over the findings from the care home and escalating any concerns that need either immediate action or Executive support – following which the care home receive a formal report and supportive action plan.

To date social care have undertaken 95 reviews (69 virtual, 26 face to face), with the care home support team undertaking 12 enhanced Care home visits. The outcomes of this way of working have brought extremely positive feedback and great outcomes for both staff and residents within the care home setting.

There are numerous examples of where homes felt this helped them and their residents whether something small and practical such as a new washing machine, or more substantial such as providing PPE and ensuring the correct PPE is worn.

Social Care have expressed on a number of occasions that the Care Home support Team has undoubtedly enhanced the lives of residents within care homes

## 5. Media Coverage

During the pandemic, staff have worked incredibly hard and it has been good to see their compassion and care recognised in regional and local media. For example, Critical Care nurse Holly Minshell has developed the 'heartbeat in a bottle' for the families of those who have lost loved ones due to Covid-19 and was interviewed for BBC Midlands Today about the initiative. BBC Midlands Today also surprised nurse Emily Challinor with a message from patient Lee Simms and Radio Stoke featured patient Geoff Walker thanking nurse Bryony Barber.

## 6. Mental Health Awareness Week

The physical and mental well-being of our staff is extremely important and it was great to hear about so many acts of kindness taking place across both hospitals during the month as part of the 'Be Kind' mental health awareness week. Our wellbeing team have organised a package of programmes staff can access such as counselling and psychological support should they need it.

## 7. Restoration and Recovery

A national framework on reducing the transmission of Covid-19 in hospitals has been published and each of the divisions has worked through this to develop a local implementation plan for how we run services across both our hospitals. We have begun to make changes on both sites as we work to realign wards and areas so we can keep our Covid-19 positive and non Covid-19 patients separated. Our estates team have been working hard to change the way people move around our buildings by directing people to different entrances and exits, introducing one-way systems on stairwells and restricting the number of people in lifts at one time. Signage will be going up and we will be asking staff set the example for our patients who are increasingly coming back to hospital by adhering to the notices.

In the longer term, among other changes, it is likely that floor three of the main building at Royal Stoke will become our Blue (Covid-19) zone with the aim of keeping all in patient areas of County Hospital green (non-Covid-19) where possible and we will keep an eye on potential second surges before agreeing an implementation date for this plan.

## 8. International Day of the Nurse and Midwife

During the month, our nursing and maternity services celebrated the International Day of the Midwife and International Day of the Nurse. It was great to see so many staff profiles throughout the celebrations from our teams of nurses and midwives as well as some of the new babies who were safely delivered on this special day. The celebrations were particularly important as this year we also mark the 200th anniversary of Florence Nightingale's birth and with all eyes on the profession due to the unprecedented Covid-19 pandemic and we should be proud of the extraordinary work of those who have followed in her footsteps.

## 9. Summary of Key Decisions Made

As Chief Executive, during this national Level 4 Major Incident I have exercised my authority to make a number of decisions which have been necessary to assist with our management and response to the Covid-19 Pandemic. Since my last Chief Executive briefing to Board, the decision has been made to stand down the Level 4 Major Incident, which means that decision making through our usual 'pre-pandemic' routes will resume.







# Quality and Governance Committee Chair's Highlight Report to Board

May 2020

## 1. Highlight Report

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> <li>Increasing numbers of staff 'clusters' who have tested positive for Covid-19 which currently stands at 6 wards; Infection Prevention Team are supporting and have reviewed practices and social distancing measures</li> <li>The C Difficile target was not achieved at the end of the year; being reviewed with an enhanced focus on antibiotic stewardship</li> <li>A Never Event was reported during Quarter 4 2019/20 which is currently under investigation</li> <li>The findings of 2 cases within the Perinatal Mortality Report were shared with the Committee which highlighted learning in respect of the care provided</li> <li>Section 31 referral associated with Emergency Department expected to remain in place as a result of the pandemic</li> <li>There is concern about the potential for other quality indicators to fall given the current focus on Covid-19.</li> </ul>	<ul style="list-style-type: none"> <li>Standing down of Pandemic 'incident' structure as of next week and moving towards 'business as usual' where possible</li> <li>Consideration is being given to specific quality indicators associated with Covid-19, i.e. pressure ulcers as a result of PPE</li> </ul>
Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> <li>Below 100 Covid-19 patients on site; slight concern raised last week around the numbers not falling although further review of this with Public Health partners has demonstrated that there is a decrease</li> <li>Every emergency patient is tested and there are processes in place to meet national guidance in respect of inpatient testing</li> <li>Positive performance / trends being seen in the majority of quality indicators; pleased with the new style of performance reporting</li> <li>Good progress continues to be made with regard to Fire Safety Management; a number of KPI's have been developed which will form part of divisional performance reviews</li> <li>Use of the staffing decision support tool to ensure safe staffing during the Pandemic and plans for adoption of the 'team around the patient' philosophy</li> <li>Positive verbal feedback has been received from CQC with regard to the Section 31 associated with Mental Health following the appeal</li> </ul>	<ul style="list-style-type: none"> <li>Approval of Clinical Audit Programme</li> </ul>

## Comments on Effectiveness of the Meeting

- Meeting has been better with additional time and the verbal update from Executive Team

## 2. Summary Agenda

No.	Agenda Item	Purpose	No.	Agenda Item	Purpose
1.	Q4 Quality & Safety Report	Assurance	6.	Nurse Staffing Support Tool (COVID-19)	Assurance
2.	Q4 Serious Incident Summary	Assurance	7.	Application made to the CQC to remove Section 31 conditions	Assurance
3.	Q4 Fire Safety Group Report	Assurance	8.	Clinical Audit Programme 2020/21	Approval
4.	Q4 Perinatal Mortality	Assurance	9.	Quality & Safety Oversight Group Highlight Report	Assurance
5.	COVID-19 Mortality / outcomes versus regional/national data	Assurance	10.	Review of Meeting Effectiveness and Business Cycle Forward Look	Assurance

## 3. 2020 / 21 Attendance Matrix

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



# Performance and Finance Committee Chair's Highlight Report to Board

May 2020

## 1. Highlight Report

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> <li>• Verbal update provided on Covid-19 and the plans to move out of the incident management structure, towards business as usual management. A zoning plan for identification of green and blue areas has taken place with surge areas available</li> <li>• The Trust has been flagged for its urgent care performance in that it has not improved despite lower occupancy and reduced attendances. Initial feedback has been received from ECIST following their first visit, and the Committee debated the actions being taken to address and improve performance.</li> <li>• There have been a number of immediate actions through May that have been put in place to improve performance &amp; these will complement the ECIST actions</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing discussions taking place regarding the pathology network and revised target date to be confirmed. Noted that the planned go live for the LIMS system remained at June 2021</li> <li>• Ongoing planning taking place with regards to recovery and restoration and bringing services back online, although only able to be planned for in 2 week blocks</li> <li>• An update to be provided on urgent care performance at the Committee in June including the actions identified following the ECIST visit. Following this an update on the Cancer Improvement Plan will be provided.</li> <li>• The format of the Finance Report is to be revised going forwards to demonstrate movements month on month, while maintaining the integrity of the budget</li> </ul>
Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> <li>• Covid-19 patient testing for all non-elective admissions taking place and not experiencing any issues</li> <li>• Cancer pathways have been reviewed during Covid-19 in addition to validation, and work is continuing in terms of taking forwards the cancer improvement plan, which formed part of the recovery and restoration plans there is positive movement in cancer performance</li> <li>• In terms of RTT, validation of the waiting lists had been taking place, and going forwards technology would continue to be utilised to transform the way in which outpatient clinics were taking place.</li> <li>• The Trust achieved a breakeven position for the end of month 1</li> </ul>	<ul style="list-style-type: none"> <li>• Approval of the business case in relation to STP Capital Funding: UHNM Wave 4b - Lower Trent Ward - seek comments from NHSEI first and Board in July</li> <li>• Approval of the Pharmacy Wholesale Agreement (REAF 3538)</li> <li>• Approval of the National Blood Service (REAF 3567)</li> </ul>

## 2. Summary Agenda

No.	Agenda Item	Purpose	No.	Agenda Item	Purpose
1.	Executive Director Update – Covid-19	Information	2.	Month 1 Operational Performance	Assurance
3.	Month 1 Finance Report	Assurance	4.	Business Case Approval - BC-0357: STP Capital Funding: UHNM Wave 4b - Lower Trent Ward	Approval
5.	Authorisation of New Contract Awards and Contract Extensions	Approval			

## 3. 2020 / 21 Attendance Matrix

Attended	Apologies & Deputy Sent	Apologies
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Members:			A	M	J	J	A	S	O	N	D	J	F	M
Mr P Akid (Chair)	PA	Non-Executive Director												
Ms H Ashley	HA	Director of Strategy & Performance												
Mrs T Bullock	TB	Chief Executive												
Mr P Bytheway	PB	Chief Operating Officer												
Dr L Griffin	LG	Non-Executive Director												
Mr M Oldham	MO	Chief Finance Officer												
Mrs S Preston	SP	Strategic Director of Finance												
Mrs M Ridout	MR	Director of PMO												
Miss C Rylands	CR	Associate Director of Corporate Governance												
Mr J Tringham	JT	Director of Operational Finance												



# Transformation and People Committee Chair's Highlight Report to Board

May 2020

## 1. Highlight Report

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> <li>• Significant risk remains the failure to deliver substantial improvement in Urgent Care performance, as discussed at the Performance and Finance Committee</li> <li>• Continue to see high levels of absence and this is expected to be further impacted upon as a result of the uncertainty associated with reopening of schools</li> <li>• A dip in morale/staff engagement is now being seen across the organisation which requires further focus; moving staff around the organisation is expected to present further challenges in this regard as the 'zones' are introduced along with uncertainty around changes to ways of working</li> <li>• A deterioration has been seen in relation to Performance Development Reviews and so additional communication / options are being shared around this</li> </ul>	<ul style="list-style-type: none"> <li>• Restoration and Recovery Work Streams and associated Governance Structure set out with detailed oversight of April / May review with Divisions planned to reflect / identify risks</li> <li>• Plans in place to develop Blue / Green / Purple zones of the hospital which will require approval</li> <li>• Key focus on Staff Wellbeing, Sickness Absence, Staff Testing and Risk Assessment in respect of Covid-19; a series of sessions associated with Wellbeing will be delivered over the coming weeks</li> <li>• Further analysis of sickness absence, long / short term being undertaken, including a focus on staff who are shielding</li> <li>• Discussions underway around transformational opportunities associated with the money from the Coates Foundation; this will be considered by the Charity Committee</li> </ul>
Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> <li>• Restoration and Recovery Work Streams outlined a strong focus on transformation of services and capitalising on new ways of working</li> <li>• Number of positive Covid-19 admissions continue to decrease which has been confirmed by Public Health England, despite some initial concerns being raised</li> <li>• Slight improvement in Statutory and Mandatory training as a result of staff working from home being able to complete online</li> <li>• 1200 staff / household members have been tested so far and the number continues to increase, with a quick turnaround of return to work within 3 – 4 days for negative tests</li> <li>• Specific focus on BAME Staff Groups, including risk assessment and communication, support and links with the Freedom to Speak Up Guardian with no particular concerns being raised to date</li> <li>• Positive assurance received from Deputy Medical Director with regard to Guardian of Safe Working.</li> </ul>	<ul style="list-style-type: none"> <li>• There were no items for approval / decision</li> </ul>



### Comments on Effectiveness of the Meeting

- Recognised that the new Committee is still establishing its agenda with an appropriate balance between Transformation and Workforce
- With the Culture and Leadership programme paused and the Operational Excellence programme yet to commence, receiving a coherent strategic transformation road map will understandably have to follow Recovery and Restoration planning.

## 2. Summary Agenda

No.	Agenda Item	Purpose	No.	Agenda Item	Purpose
1.	Covid-19 Restoration and Recovery Work Streams	Assurance	5.	Q4 Formal Disciplinary Activity	Assurance
2.	M1 Workforce Performance Report	Assurance	6.	Guardian of Safe Working Report	Assurance
3.	Risk Assessment Process for Vulnerable Staff	Assurance	7.	Review of Meeting Effectiveness and Business Cycle	Information
4.	Culture and Leadership Programme	Assurance			

## 3. 2020 / 21 Attendance Matrix

			Attended		Apologies & Deputy Sent			Apologies						
Members:			A	M	J	J	A	S	O	N	D	J	F	M
<b>Prof G Crowe</b>	GC	Non-Executive Director (Chair)												
<b>Ms H Ashley</b>	HA	Director of Strategy and Transformation												
<b>Ms S Belfield</b>	SB	Non-Executive Director												
<b>Mr P Bytheway</b>	PB	Chief Operating Officer												
<b>Dr L Griffin</b>	LG	Non-Executive Director												
<b>Dr J Oxtoby</b>	JO	Medical Director												
<b>Mr M Oldham</b>	MO	Chief Finance Office												
<b>Mrs M Rhodes</b>	MR	Chief Nurse												
<b>Miss C Rylands</b>	CR	Associate Director of Corporate Governance												
<b>Mrs R Vaughan</b>	RV	Director of Human Resources												



# Executive Summary

<b>Meeting:</b>	Trust Board	<b>Date:</b>	10 <sup>th</sup> June 2020
<b>Report Title:</b>	Integrated Performance Report, month 1 2020/21	<b>Agenda Item:</b>	9.
<b>Author:</b>	Performance Team		
<b>Executive Lead:</b>	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. Quality of Care - safety, caring and Effectiveness
2. Operational Performance
3. Organisational Health
4. Finance and use of resources

#### 1. QUALITY – Caring & Safety

Key messages:

- The Trust achieved in April 2020:
- Zero never events
- Zero MRSA Bacteraemia Infections
- C-Diff cases were within 2019/20 rolled over target
- Trust rolling 12 month HSMR and SHMI continue to be below expected at 95.25 and 0.99 respectively

The Trust did not achieve the set standards for:

- Written Duty of Candour was below the 100% target with 84%. This continues to improve and work is on-going with Divisions to improve the provision of the 10 day notification letter being provided within the timeframe.
- Patient Falls rate per 1000 bed days above 5.6 target in April at 5.9
- The Trust was above the target rate for Emergency C Sections.
- Friends & Family Surveys have been suspended nationally during the COVID-19 Pandemic since March 2020 and these are not due to be reviewed until September 2020

During April 2020, the first full month of the COVID-19 Pandemic, the following quality highlights are to be noted: April 2020 has seen a significant reduction in patient activity which has had an effect on both the total numbers and the rates of reported incidents

Patient Safety Incidents rate per 1000 bed days has increased however the total numbers reported have decreased. This should be recognised as positive and encouraged that staff are continuing to report adverse incidents.

Increased rate of patient falls per 1000 bed days but there have been reductions in harm to patients.

Increased reporting of pressure ulcers in critical care due to the need to prone the patients with COVID-19. However no lapses of care have been identified due to excellent documentation of preventative measures undertaken.

The targets that are contained within the report are currently rolled over targets from 2019/20 as the new national targets are yet to be confirmed whilst the COVID-19 Pandemic is on-going. Where N/A is reported there are currently no national or local targets. These are under review.

## **2. OPERATIONAL PERFORMANCE**

In April 2020, the Trust achieved against the NHS Improvement Single Oversight Framework performance indicator for **EMERGENCY ACCESS**

The 4 Hour Access Standard in April achieved 80.48%. This performance is an improvement on March 20 (77.6%) and is the same as the performance in April-19. In April, the volume of COVID-19 patients started to increase with a higher conversion to admission rate, resulting in a requirement to increase green capacity in the Royal Stoke ED and the need to admit all suspected COVID-19 patients in to a side room on a RED ward which proved a significant challenge and has contributed to performance against the 4 hour standard.

There were zero 12 hour trolley waits and performance started to improve towards the end of April going into May.

### **CANCER**

The Trust achieved 4 of the 8 standards: Cancer 2WW breast symptomatic (100%), 31 day first treatment (96.7%); 31 day subsequent chemotherapy (100%) and 31 day radiotherapy (94.9%). The remaining standards underperformed – 2WW 91.9%, 31 day subsequent surgery 87.0%, 62 day 70.5% & 62 Day Screening 85%.

### **REFERRAL TO TREATMENT**

April reflects the actions taken as a result of COVID-19 mandate to stand down routine activity, the RTT waiting list size decreased to 42,530 (a reduction of 4885 on March).

The number of patients over 18 weeks who were unable to be treated reached 13,642 – which had a significant impact on performance – 67.86%.

The Trust reported 45 - 52-week breaches, risen from 7 in March

### **DIAGNOSTICS**

The Diagnostic performance is confirmed at 42.30%. This is a direct result of the national mandate to cease elective activity, where patients are referred for tests and added to the waiting list but the Trust is unable to offer an appointment at this time.

The diagnostic waiting list is growing to circa 15, 300 in April (compared to a usual size of circa 12,000)

## **3. WORKFORCE**

### **Key messages**

The strategic focus on establishing the workforce bureau, to support recruitment, workforce deployment, absence management and staff testing as well as responding to enquiries from staff and implementing national and local guidance on terms and conditions.

### **Sickness**

In April, the in-month sickness rate was 6.24% as a result of covid-19, which accounted for 57% of open sickness absences at 30<sup>th</sup> April. This resulted in an increase in the 12month cumulative sickness rate, which was 4.85% at 30<sup>th</sup> April, compared to 4.69% at 31<sup>st</sup> March.

During April, a significant effort has been focussed on supporting staff wellbeing and staff engagement including: provision of a wellbeing toolkit, which summarises all of the current offerings for staff health and wellbeing; provision of psychological support and emotional wellbeing and staff testing. Wellbeing offerings have also been put in place to support staff physical wellbeing, including testing for covid-19.

### **Appraisals**

The PDR rate continues to decline - most recently as a result of the covid-19 pandemic and the number of staff with an in-date review reduced by 366 in April. Additionally, the increase in sickness in-month will have impacted on staff availability to complete a PDR, as will operational pressures due to covid-19.

Managers have been reminded that holding PDR conversations with staff remains especially important for discussions around the impacts of covid-19 on individual staff as well as a means of facilitating support mechanisms. Staff will have concerns about achieving their personal objectives as well as their career roadmap and the PDR is a means of managers providing clarity around objectives, as well as discussing career aspirations.

As a result of social distancing requirements, work is underway to assess different methods for holding meaningful PDR conversations with staff going forward.

### **Statutory and Mandatory Training**

The Statutory & Mandatory training rate was 90.89% at 30<sup>th</sup> April, continuing the trend of small improvements month on month. The performance rate has been sustained as staff self-isolating or working from home are being required to complete statutory and mandatory training.

There has been agreement nationally that achievement of PDRs and Statutory and mandatory training is paused at least for 3 months. We are keen however to maintain a reasonable level of activity in this area and therefore continue to promote and monitor our performance

## **4. FINANCE**

### **Key messages**

The Trust has delivered a breakeven for Month 1; this is after the receipt of £1.7m of additional funding to support the position in line with the temporary financial framework established by NHSI; the table below provides a summary of these arrangements alongside the Trust's internal budget

Income & Expenditure Summary Month 1 2020/21	NHSI/E Plan £m	Month 1 Budget £m	Month 1 Actual £m
<b>NHS Income From Patient Activities covered by block</b>	<b>57.2</b>	<b>58.3</b>	<b>57.2</b>
<b>NHS Income From Patient Activities outside block</b>		<b>1.1</b>	<b>1.0</b>
<b>Non NHS Patient income</b>	<b>1.6</b>	<b>0.5</b>	<b>0.4</b>
<b>"Top up" payment</b>	<b>2.0</b>		<b>2.0</b>
<b>Other Operating Income</b>	<b>7.2</b>	<b>7.0</b>	<b>3.4</b>
<b>Covid - 19 funding</b>		<b>1.2</b>	<b>1.2</b>
<b>"True up" payment</b>			<b>0.5</b>
<b>Total Income</b>	<b>68.0</b>	<b>68.1</b>	<b>65.7</b>

As expected in Month 1 activity was significantly lower than plan with income levels from patient activities being maintained due to the temporary funding arrangements. Expenditure is broadly flat with the exception of Clinical Supplies which is £2.5m (42%) underspend.

Capital expenditure for the year to date stands at £1.9m which is £0.3m behind of plan.

The month end cash balance is £78.2m which is £5.4m lower than plan.

## Key Recommendations:

To note performance

# Integrated Performance Report

## Month 1 2020/21



# Contents

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1 Introduction to SPC and DQAI	3
2 Quality	5
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# A note on SPC

The following report uses statistical process control (SPC) methods to draw two main observations of performance data;

**Variation** - are we seeing significant improvement, significant decline or no significant change

**Assurance** - how assured of consistently meeting the target can we be?

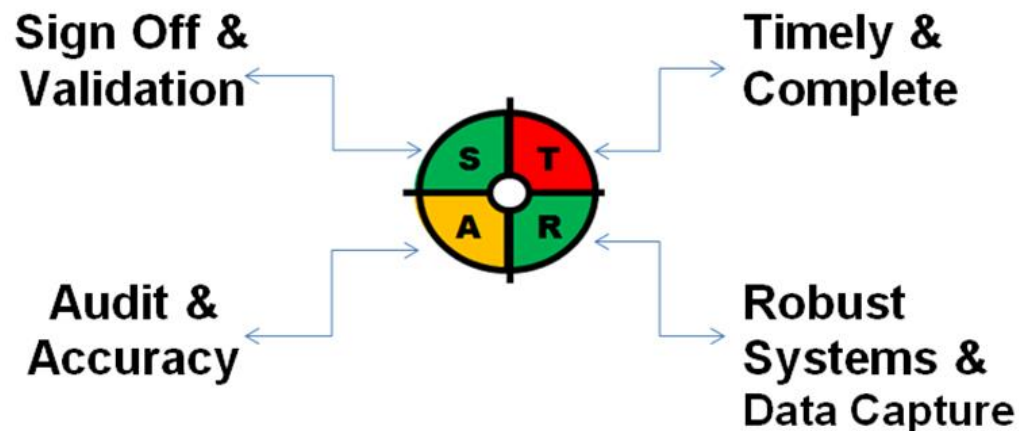
The below key and icons are used to describe what the data is telling us;

Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target



# A note on Data Quality

- Data Quality Assurance Indicators (DQAI) are used in this report to help give context and assurance as to the reliability and quality of the data being used.
- The STAR Indicator provides assurance around the processes used to provide the data for the metrics reported on.
- The four Data Quality domains are each assessed and assurance levels for each are indicated by RAG status.



## Explaining each domain

Domain	Assurance sought
<b>S</b> - Sign Off and Validation	Is there a named accountable executive, who can sign off the data as a true reflection of the activity? Has the data been checked for validity and consistency with executive officer oversight?
<b>T</b> - Timely & Complete	Is the data available and up to date at the time of submission or publication. Are all the elements of required information present in the designated data source and no elements need to be changed at a later date?
<b>A</b> - Audit & Accuracy	Are there processes in place for either external or internal audits of the data and how often do these occur (Annual / One Off)? Are accuracy checks built into collection and reporting processes?
<b>R</b> - Robust Systems & Data Capture	Are there robust systems which have been documented according to data dictionary standards for data capture such that it is at a sufficient granular level?

## RAG rating key

<b>Green</b>	<b>Good level of Assurance for the domain</b>
<b>Amber</b>	<b>Reasonable Assurance – with an action plan to move into Good</b>
<b>Red</b>	<b>Limited or No Assurance for the domain - with an action plan to move into Good</b>

# Quality

*Caring and Safety*

**2025  
Vision**

“Provide safe, effective, caring and responsive services”



# Quality Spotlight Report

## Key messages

The Trust achieved in April 2020:

- Zero never events
- Zero MRSA Bacteraemia Infections
- C-Diff cases were within 2019/20 rolled over target
- Trust rolling 12 month HSMR and SHMI continue to be below expected at 95.25 and 0.99 respectively

The Trust did not achieve the set standards for:

- Written Duty of Candour was below the 100% target with 84%. This continues to improve and work is on-going with Divisions to improve the provision of the 10 day notification letter being provided within the timeframe.
- Patient Falls rate per 1000 bed days above 5.6 target in April at 5.9
- The Trust was above the target rate for Emergency C Sections.

Friends & Family Surveys have been suspended nationally during the COVID-19 Pandemic since March 2020 and these are not due to be reviewed until September 2020

During April 2020, the first full month of the COVID-19 Pandemic, the following quality highlights are to be noted:

- April 2020 has seen a significant reduction in patient activity which has had an effect on both the total numbers and the rates of reported incidents
- Patient Safety Incidents rate per 1000 bed days has increased however the total numbers reported have decreased. This should be recognised as positive and encouraged that staff are continuing to report adverse incidents.
- Increased rate of patient falls per 1000 bed days but there have been reductions in falls resulting in harm to patients.
- Increased reporting of pressure ulcers in critical care due to the need to prone the patients with COVID-19. However no lapses of care have been identified due to excellent documentation of preventative measures undertaken.

The targets that are contained within the report are currently rolled over targets from 2019/20 as the new national targets are yet to be confirmed whilst the COVID-19 Pandemic is on-going. Where N/A is reported there are currently no national or local targets. These are under review.



Quality

Operational

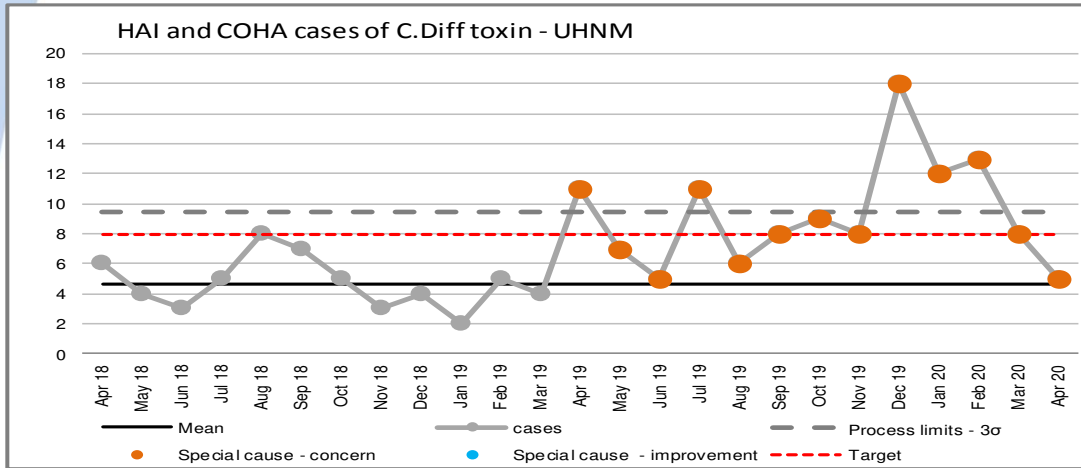
Workforce

Finance

# Quality Dashboard

Metric	Target	Latest	Variation		Metric	Target	Latest	Variation	
Patient Safety Incidents	N/A	847			VTE Risk Assessment Compliance	95%	94%		
Patient Safety Incidents per 1000 bed days	N/A	35.10			Sepsis Screening Compliance (Adult Inpatients)	90%	97%		
Patient Safety Incidents with moderate harm +	N/A	10			IVAB within 1hr (Adult Inpatients)	90%	100%		
Patient Safety Incidents with moderate harm + per 1000 bed days	N/A	0.40			Adult A&E Sepsis Screening Compliance	90%	98%		
Harm Free Care (New Harms)	95%	97%			Sepsis Screening Compliance (Paediatric Inpatients)	90%	100%		
Patient Falls per 1000 bed days	5.6	5.9			IVAB within 1 hr (Paediatric Inpatients)	90%	100%		
Patient Falls with harm per 1000 bed days	1.5	1.2			Paediatric A&E Sepsis Screening Compliance	90%	91%		
Reported C Diff Cases	8	5			Emergency C Section rate % of total births	11%	18%		
Category 2 Pressure Ulcers with lapses in Care	8	0							
Category 3 Pressure Ulcers with lapse in care	4	2			Duty of Candour - Verbal	100%	100%		
Category 4 Pressure Ulcers with lapses in care	0	0			Duty of Candour - Written	100%	84%		
Unstageable Pressure Ulcers with lapses in care	0	0							
Medication Incidents per 1000 bed days	N/A	4.5			Friends & Family Test - A&E	N/A	N/A		
Medication Incidents % with moderate harm or above	N/A	1.8%			Friends & Family Test - Inpatient	N/A	0%		
Serious Incidents reported per month	N/A	5			Friends & Family Test - Maternity	N/A	89%		

# C.Diff



Variation		Assurance					
Target	8	Feb 20	13	Mar 20	8	Apr 20	5
Background							
Number of HAI + COHA cases reported by month							

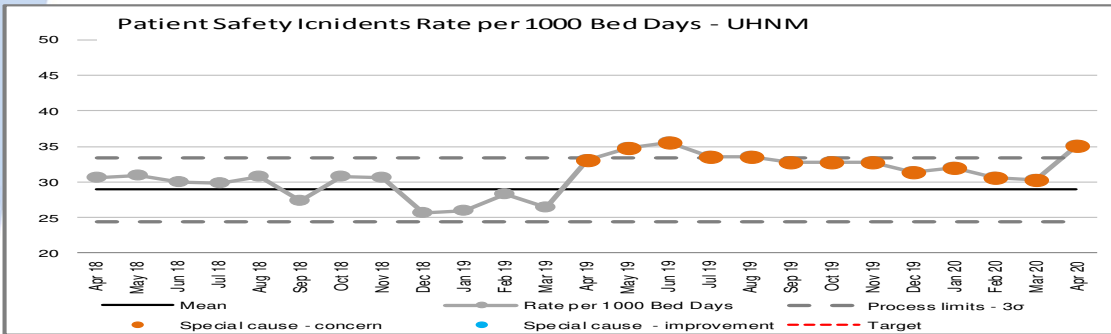
### What do these results tell us?

Chart shows the number of reported C Diff cases per month at UHNM. Previous 12 months are all above the Trust mean for monthly cases. There have been 4 Hospital Associated Infection (HAI) cases and 1 Community Onset Hospital Associated (COHA) case identified in April. For April UHNM is below trajectory (5 versus a target of 8) based on 2019/20 target.

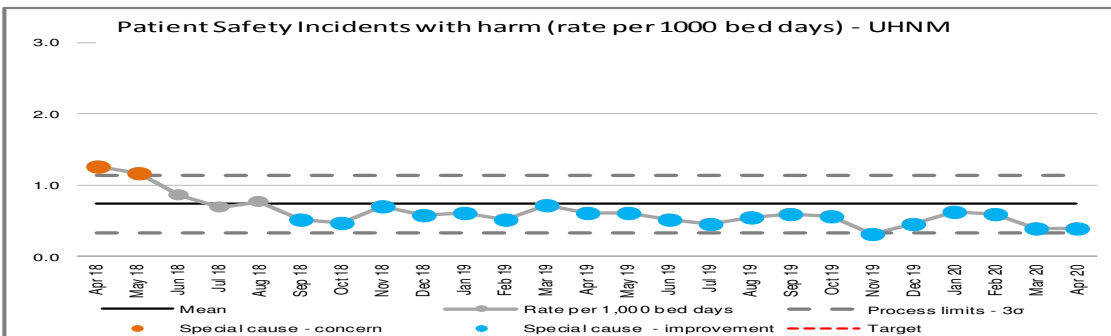
### Actions :

Continue surveillance for HAI C diff with continued immediate implementation of control measures to prevent transmission. In all cases control measures are instigated immediately, and RCA's are reviewed by the CCG. Each in-patient is reviewed by the C difficile nurse at least 3 times a week, and forms part of a weekly multi-disciplinary review. Routine typing is on hold due to COVID-19. There have been no clinical areas that have had more than one case of HAI C difficile toxin to report within a 28 day period in April 2020.

# Reported Patient Safety Incidents per 1000 bed days



Variation		Assurance		
Target		Feb 20	Mar 20	Apr 20
N/A		30.54	30.30	35.10



Variation		Assurance		
Target		Feb 20	Mar 20	Apr 20
N/A		0.60	0.40	0.40

## What is the data telling us:

The Rate of Patient Safety Incidents per 1000 bed days allows Trust to compare levels of reporting by making allowances for changes in activity.

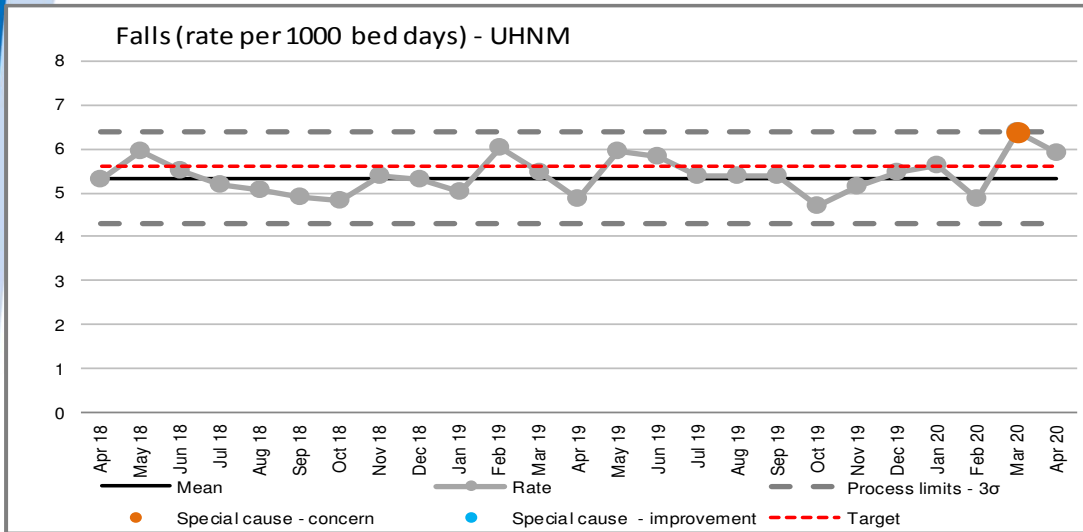
During April 2020, the rate of reported patient safety incidents per 1000 bed days has increased despite the previously reported decrease in the total number of reported PSIs.

The increase in the rate is due to incidents still being reported by staff but there is much lower activity within the Trust. This indicates that whilst there is lower activity during the COVID-19 pandemic staff are still identifying and reporting adverse incidents.

The second chart, shows the rate of PSIs with moderate harm or above per 1000 bed days and there are continued positive trends with 20 consecutive months below the mean. This demonstrates positive outcomes from the incidents being reported and the continued reporting of incidents and near misses should be encouraged to allow learning to be shared across the Trust.



# Patient Falls Rate per 1000 bed days



Variation		Assurance		
Target	Feb 20	Mar 20	Apr 20	
5.6	4.9	6.4	5.9	
Background				
The number of falls per 1000 occupied bed days				

## What is the date telling us:

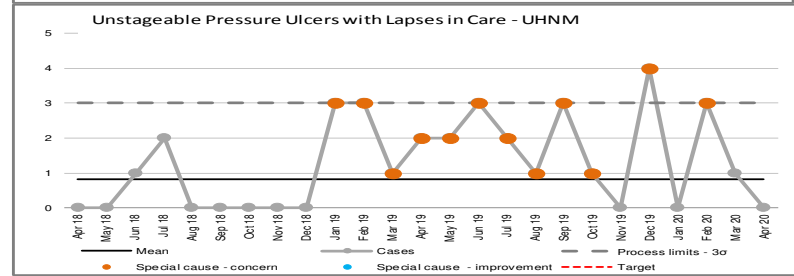
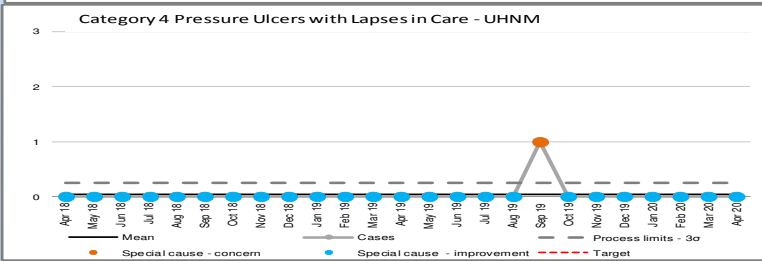
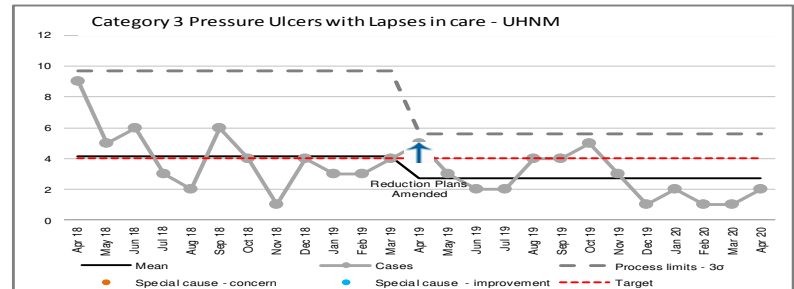
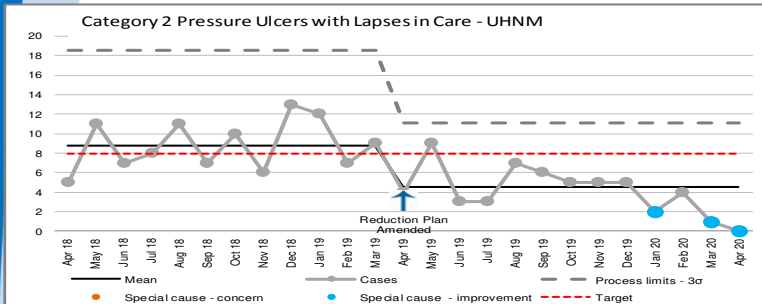
The date shows the Trust's rate of reported patient falls per 1000 bed days. Using the rate makes allowance for changes in activity/increased patient numbers. The Trust set a target rate, based on the Royal College of Physicians National Falls Audit published rate for acute hospitals, of 5.6 patient falls per 1000 bed days. The data shows that during the COVID-19 pandemic there has been an increase in the rate of patient falls but there has been reduced activity which will have an adverse effect on the rate. The patients admitted to the hospitals had an increased acuity and therefore assessed to have a higher risk of falling. The more mobile and non emergency patients have not been admitted during the COVID-19 pandemic which will affect the falls profile across the Trust..

## Recent actions taken to reduce impact and risk of patient related falls include:

- Daily monitoring of falls has continued through the pandemic. On analysis the specialities having the highest numbers of falls have not altered.
- Regular spot checks are taking place.
- During the COVID-19 pandemic, wards are being encouraged to consider a multifactorial assessment and interventions particularly for multiple fallers in addition to the major incident nursing documentation.
- Falls Champion training has been reviewed. Refresher training will for this year become virtual and include a learning package and self-assessment document.
- Face to Face new champion training will recommence in June in small numbers to ensure social distancing is maintained. As the sessions will have fewer participants the number of sessions offered will be increased.



# Pressure Ulcers with lapses in care



## What is the data telling us:

The data above shows that there have been reductions in the number of Pressure Ulcers (category 2 – 3) with lapses in care. Both categories are below their target numbers per month and UHNM has achieved its 10% year on year reduction target for 2019/2020.

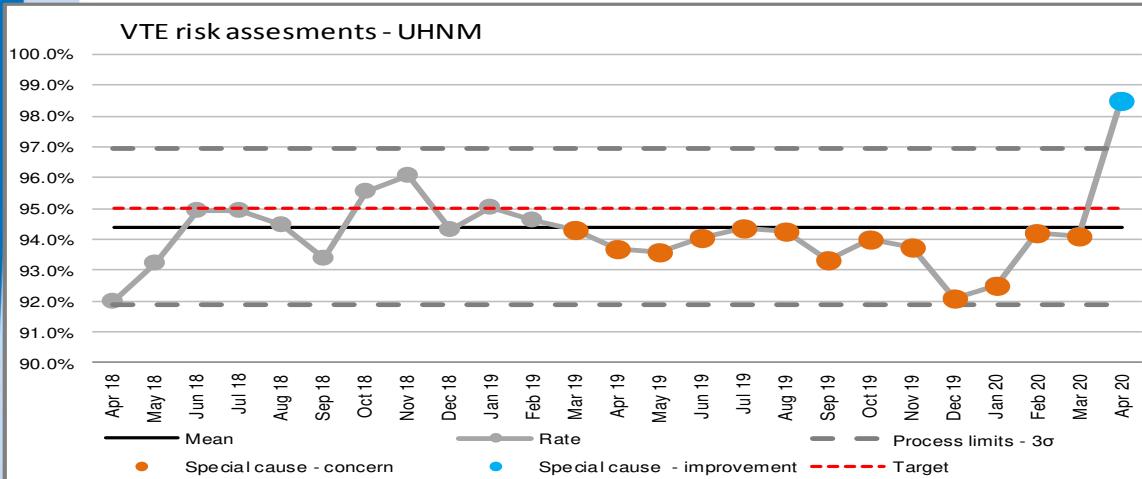
**Category 2 pressure ulcers** It should be noted that the recent low numbers are due to a temporary change in process during the COVID-19 pandemic. Instead of full RCA's and panel presentations by the clinical areas involved, the Quality and Safety Team perform a datix report review of each incident and monitor for any emerging trends/high reporting clinical areas. To date there has been no trust wide increase in the reporting of category 2 pressure ulcers, including on the designated COVID wards.

**Category 3+ Unstageable pressure ulcers** - Following RCA or all reported Category 3 pressure ulcers, 2 lapses in care were identified. Relevant wards have developed action plans to address the identified lapses in care. These will be monitored via the Corporate Quality & Safety Team and assurances sought to demonstrate implementation.

**Pressure ulcers and COVID+ patients** - Reflecting a national picture, the UHNM Critical Care Pods are seeing an increase in the number of pressure ulcers sustained to the face, particularly the corners of the mouth. Root cause analysis has identified that this is due to the need for prolonged and repeated proning to manage the patients' clinical condition. Barrier products are routinely used to prevent pressure damage from ET tape. It has also been noted that an increased number of the patients requiring proning have been of high BMI, increasing the weight and pressure on devices during proning. This increase in numbers of severe pressure ulcers in COVID+ patients is not evident in the above charts due to the continued excellent documentation of preventive measures and clinical rationale for deviation, which provides evidence that they have not developed due to lapses in care. The Critical Care Unit are currently trialling other pressure relieving devices which have been developed nationally during the current COVID-19 pandemic. During April, new incident categories within Datix were developed to allow staff to report accurately the development of any pressure damage caused by PPE. In April, 1 staff related case was reported with damage to the face from the use of FFP3 masks. The level of harm was low and healed quickly.



# VTE Assessment



Variation		Assurance					
Target	95%	Feb 20	94.2%	Mar 20	94.1%	Apr 20	98.5%
Background							
The percentage of patients receiving a VTE risk assessment							

### What is the data telling us:

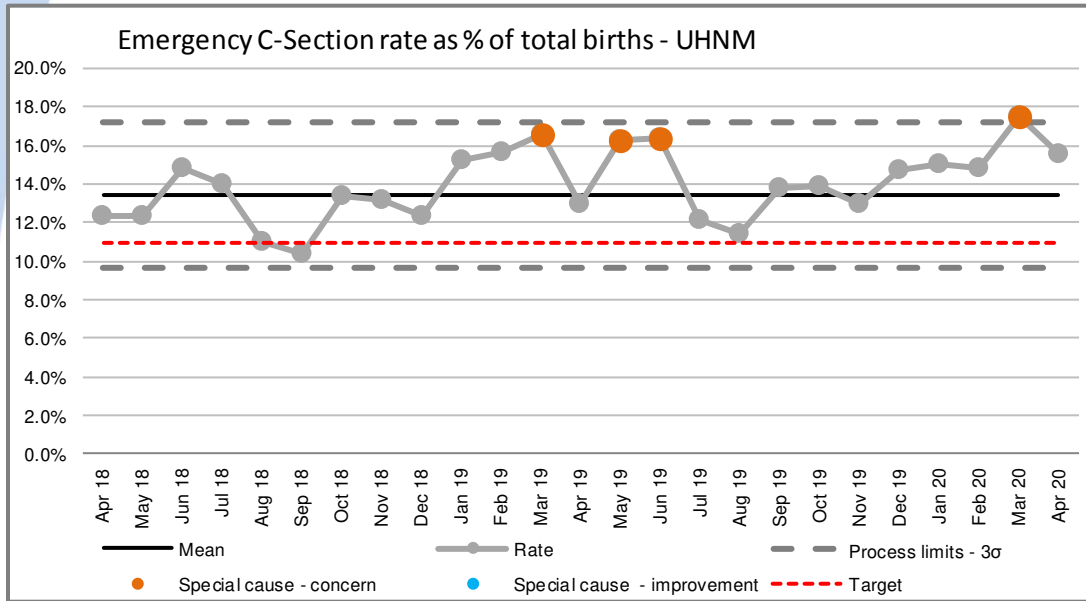
The data reports the Trust's completion of VTE Risk assessments on admission which is normally collected via the WIS Boards and reported quarterly to Unify. This is currently suspended during the COVID-19 pandemic. However the trust is continuing to monitor VTE assessments from the monthly point prevalence Safety Express audit. For April 2020, the Safety Express audits showed 98.5% of VTE risk assessments were completed.

In previous months, reports from WIS show VTE assessments fall below the national target of 95% and in comparison to results from the monthly point prevalence Safety Express audit (which consistently shows over 98% of VTE risk assessments have been completed), it would suggest that VTE Risk Assessments are completed on admission but not uploaded accurately onto the WIS Board.

### Actions :

- During the pandemic, assurance visits to clinical areas are being undertaken and providing assurance that VTE assessments are being completed and clinical areas are continuing to submit the monthly Safety Express audit.
- The VTE Steering Group continues to consider other means of data collection of VTE risk assessment compliance, including EPMA and VitalPac.

# Emergency C Section rate as % of total Births



Variation		Assurance		
Target	Jan 20	Feb 20	Mar 20	
11%	15.1%	14.8%	17.5%	
Background				
Emergency C-Section rate as % of total births				

## What is the data telling us:

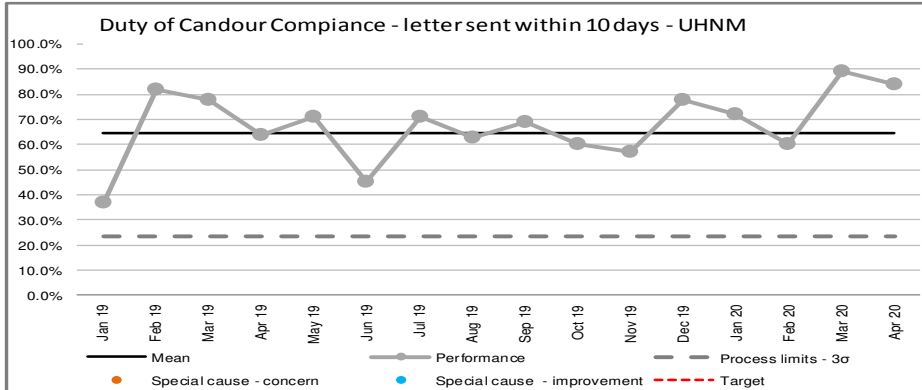
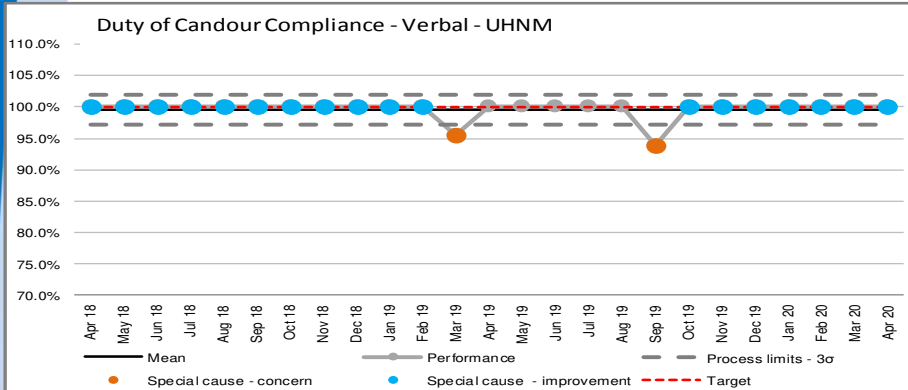
Emergency C Section Rate as percentage of total births at UHNM is over the target rate of 11%. The latest available figures reports 15.6% Emergency C Section rate.

During COVID-19 Pandemic there has been a lower threshold for Emergency C Sections which may have contributed to the higher rates during recent months (March and April)

Due to capacity issue with elective C Section lists, elective C Sections are often re categorised at category 3 which may contribute to an inflated emergency rate. This is being reviewed and supported by a business case for additional elective lists

However, the recently published National Maternity and Perinatal Audit report shows that UHNM is on the mean average of all trusts in England at 15% for emergency CS rate (range 4.2% to 20% and based on 16/17 data)

# Duty of Candour Compliance



Variation		Assurance	
Target	Feb 20	Mar 20	Apr 20
100%	100.0%	100.0%	100.0%
Background			
The percentage of duty of candour incidents reported per month with verbal notification recorded/undertaken			

Variation		Assurance	
Target	Feb 20	Mar 20	Apr 20
100%	60.0%	89.0%	84.0%
Background			
The percentage of notification letters sent out within 10 working day target			

### What is the data telling us:

Verbal Duty of Candour has been recorded in 100% of all incidents that have formally triggered meeting the threshold during April 2020. Written Duty of Candour Compliance for receiving the letter within 10 working days of verbal notification has been improving. During April the performance was 84% with 1 notification letter not being recorded as sent out within 10 days.

### Actions taken:

The Trust's Duty of Candour Task & Finish Group, chaired by Deputy Medical Director, have developed a new flowchart process for escalation within Directorates and Divisions to improve the compliance of meeting the 10 working days target whilst continuing to raise the awareness of the need to complete formal written notification unless the patient/relatives specifically indicate that they do not wish to receive written notification. Staff are aware of the need to be open, honest with patients and their relatives with all incidents being initially explained to the affected persons. The improvement is ensuring that the written follow up notification is completed within the 10 working days. Divisions, via the Governance & Quality Managers, have been supporting the drafting and forwarding of the 10 day notification letters and this has seen general improvements for compliance. This will continue to be monitored and supported through Divisional Management Teams

# Operational Performance

**2025 Vision** "Achieve NHS Constitutional patient access standards"



# Operational Performance Spotlight Report

## Key messages

In April 2020, the Trust achieved against the NHS Improvement Single Oversight Framework performance indicator for

### EMERGENCY ACCESS

The 4 Hour Access Standard in April achieved 80.48%. This performance is an improvement on March 20 (77.6%) and is the same as the performance in April-19. In April, the volume of COVID-19 patients started to increase with a higher conversion to admission rate, resulting in a requirement to increase green capacity in the Royal Stoke ED and the need to admit all suspected COVID-19 patients in to a side room on a RED ward which proved a significant challenge and has contributed to performance against the 4 hour standard.

There were zero 12 hour trolley waits and performance started to improve towards the end of April going into May.

### CANCER

The Trust achieved 4 of the 8 standards: Cancer 2WW breast symptomatic (100%), 31 day first treatment (96.7%); 31 day subsequent chemotherapy (100%) and 31 day radiotherapy (94.9%). The remaining standards underperformed – 2WW 91.9%, 31 day subsequent surgery 87.0%, 62 day 70.2% & 62 Day Screening 85%.

### REFERRAL TO TREATMENT

April reflects the actions taken as a result of COVID-19 mandate to stand down routine activity, the RTT waiting list size decreased to 42,530 (a reduction of 4885 on March).

The number of patients over 18 weeks who were unable to be treated reached 13,642 – which had a significant impact on performance – 67.86%.

The Trust reported 45 - 52-week breaches, risen from 7 in March

### DIAGNOSTICS

The Diagnostic performance is confirmed at 42.30%. This is a direct result of the national mandate to cease elective activity, where patients are referred for tests and added to the waiting list but the Trust is unable to offer an appointment at this time.

The diagnostic waiting list is growing to circa 15, 300 in April (compared to a usual size of circa 12,000)



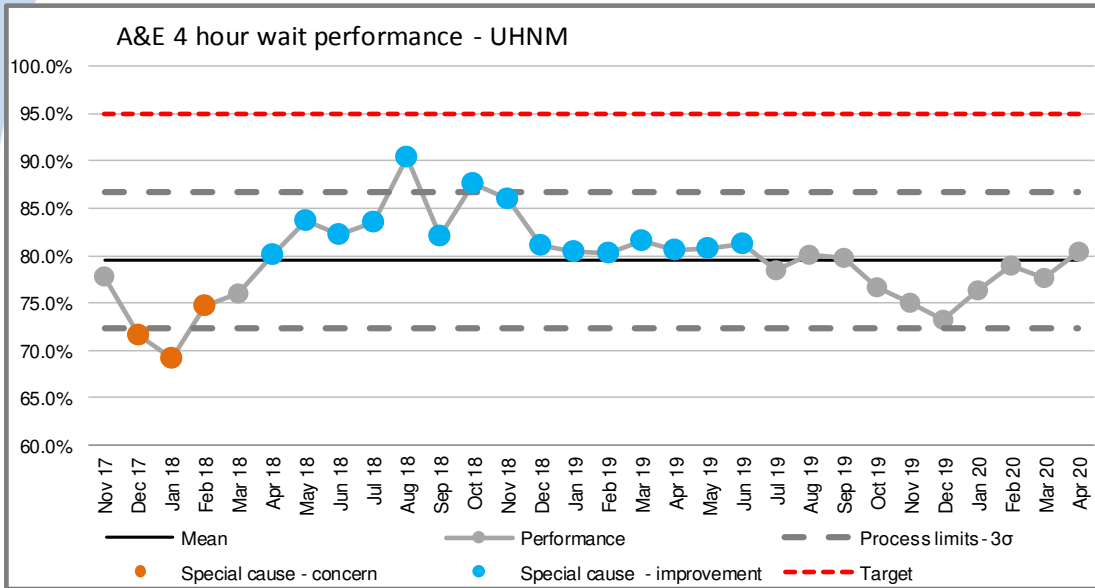
# Operational Performance Dashboard

	Metric	Target	Latest	Variation	Assurance	DQAI
<b>A&amp;E</b>	A&E 4 hour wait Performance	95%	80.48%			
	12 Hour Trolley waits	0	0			
<b>Cancer Care</b>	Cancer Rapid Access (2 week wait)	93%	91.90%			
	Cancer 62 GP ref	85%	70.20%			
	Cancer 62 day Screening	90%	85.00%			
	31 day First Treatment	96%	96.70%			
<b>Elective waits</b>	RTT incomplete performance	92%	67.86%			
	RTT 52+ week waits	0	45			
	Diagnostics	99%	42.30%			

	Metric	Target	Latest	Variation	Assurance	DQAI
<b>Use of Resources</b>	DNA rate	7%	7.5%			
	Cancelled Ops	150	211			
	Theatre Utilisation	85%	76.6%			
<b>Inpatient / Discharge</b>	Same Day Emergency Care	30%	19.7%			
	Super Stranded	183	98			
	DToC	3.5%	5.40%			
	Discharges before Middyay	30%	22.4%			
	Emergency Readmission rate	8%	12.9%			
	Ambulance Handover delays in excess of 60 minutes	10	13			



# A&E – 4 hour access performance



Variation		Assurance					
Target	95%	Feb 20	79.0%	Mar 20	77.6%	Apr 20	80.5%
Background							
The percentage of patients admitted, transferred or discharged with in 4 hours of arrival at A&E							
What is the data telling us?							

The performance showed normal variation indicating that the target is unlikely to be met unless significant actions are taken.

## Summary

In April, the volume of COVID-19 patients started to increase with a higher conversion to admission rate, resulting in:

- The need to admit all suspected COVID-19 patients in to a side room on a RED ward
- This proved a significant challenge to logistically move patients from the ED to the relevant areas and contributed to performance against the 4 hour standard.
- Increased demand for inpatient beds/ side rooms
- The median time to initial assessment has reduced to 9 mins. and the 95<sup>th</sup> percentile to 41 mins. The median time to treatment has reduced to 36 mins. (down from 85 mins. in December).

There were zero 12 hour trolley waits and performance started to improve towards the end of April going into May.

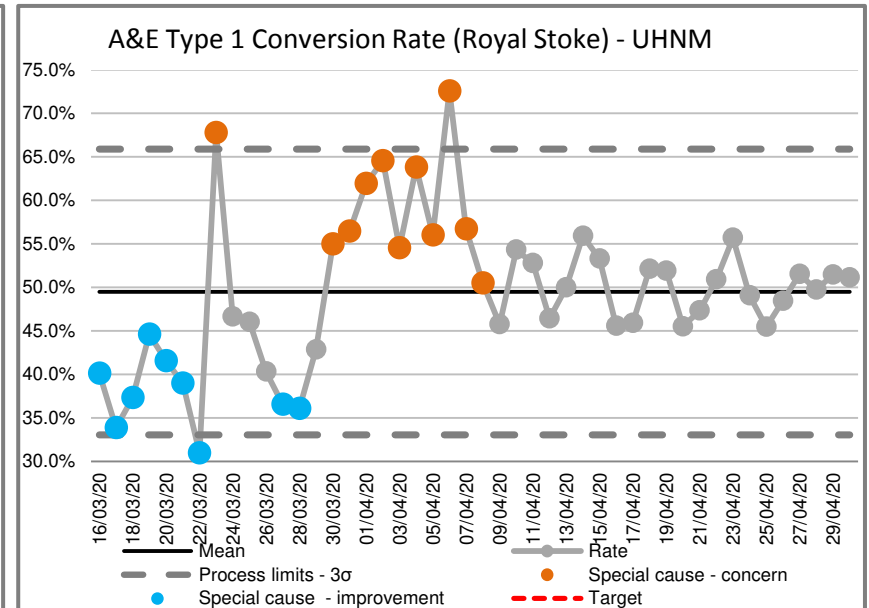
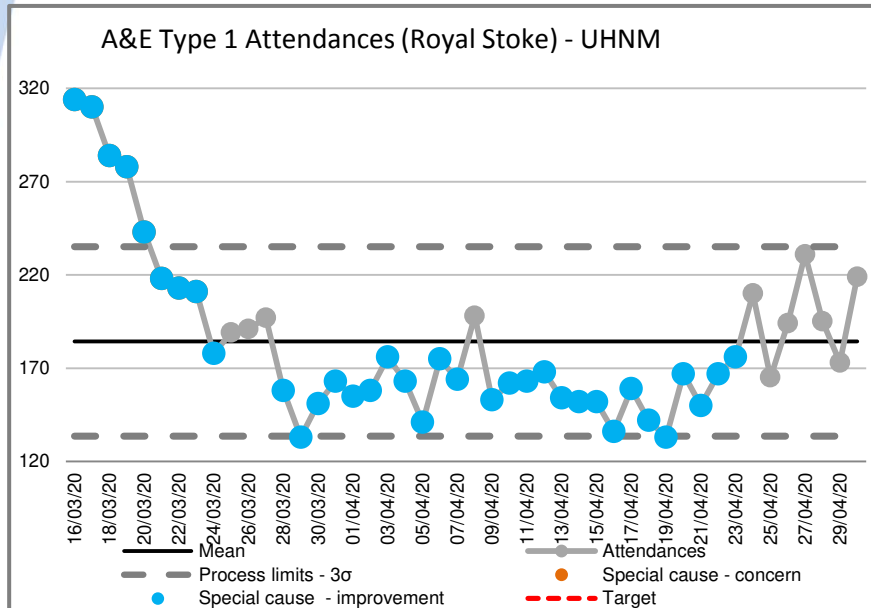
## Actions

- Continually review the provision of Green capacity at the Royal Stoke ED to support changing activity.
- Convert some Red bed capacity back to Green to support the increase in non-COVID demand as a pragmatic plan
- Daily cross Divisional ED breach analysis meeting, to understand breach drivers
- Engage with ECIST to review urgent care processes, focusing on our urgent care portals. ECIST have offered Business Intelligence support and we are likely to be a 'test site' to develop a model for site operational management.
- Each Division to develop their 2020/21 Urgent Care Improvement Plan, focusing on ward-based processes, earlier discharge and streamlined pathways.

## Risk

- A second wave of COVID-19 and reduced capacity to process surges in activity.
- Vulnerability of the work force

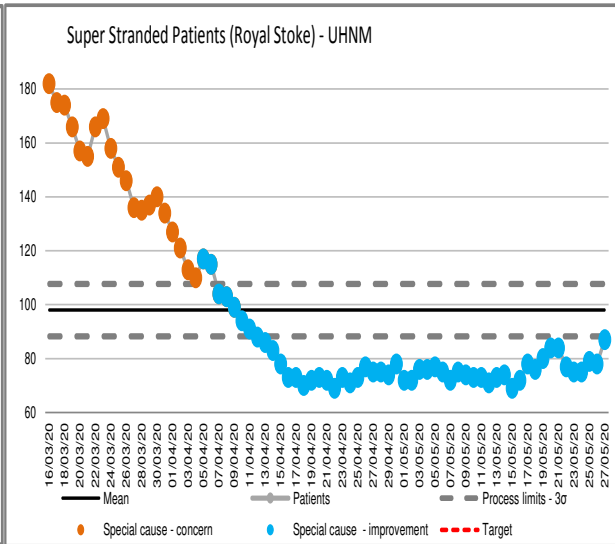
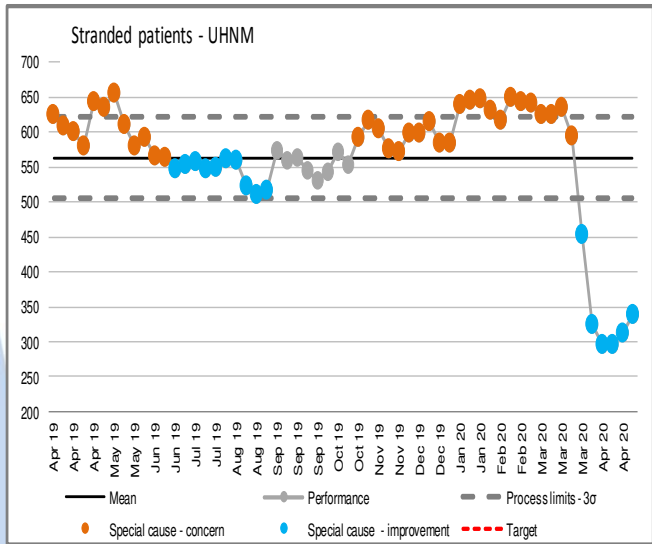
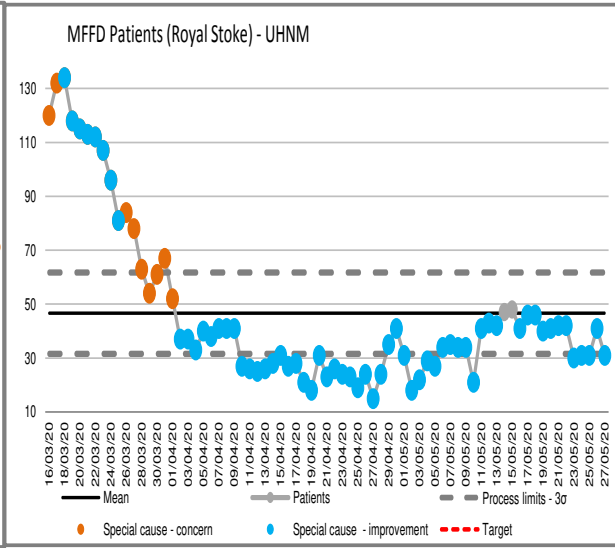
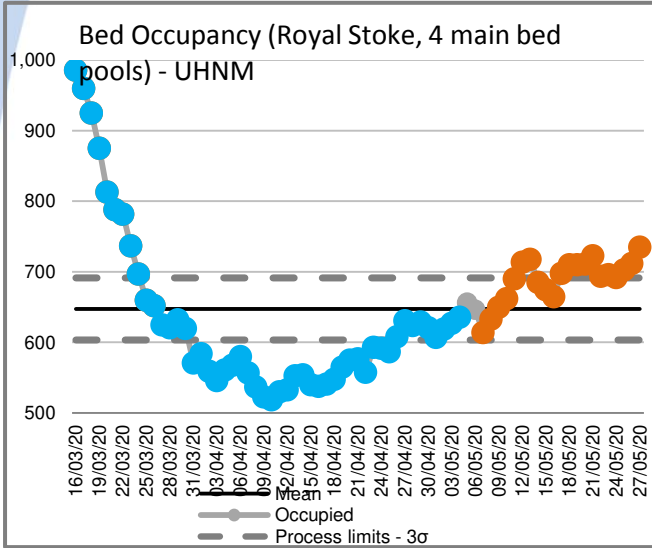
# A&E 4 hour access - primary drivers



## Summary

The attendance chart above shows the steady increase in attendances towards the end of April and in line with this is a steady increase in the number of admissions (conversion rate remained on average 52%). Whilst attendances were much lower than normal the acuity of the patients was higher and the total number of attendances reduced due, in part, to the reduced number of minors attending. Whilst there were sufficient beds in the hospital-system, the logistics of moving patients around the hospital has become more complex (all suspected COVID-19 patients require a side room if being admitted), and there is now a requirement to swab all emergency admissions in to hospital and to cohort “unknown” COVID-19 patients. Due to this, swabbing and requirement to admit all COVID-19 in to side-rooms, has resulted in significant delays in transferring patients to portals and wards. New pathways have been implemented to robustly manage patients and these are reviewed fortnightly to see if they can be further streamlined based on new guidance/evidence.

# Long stay patients/ Discharges

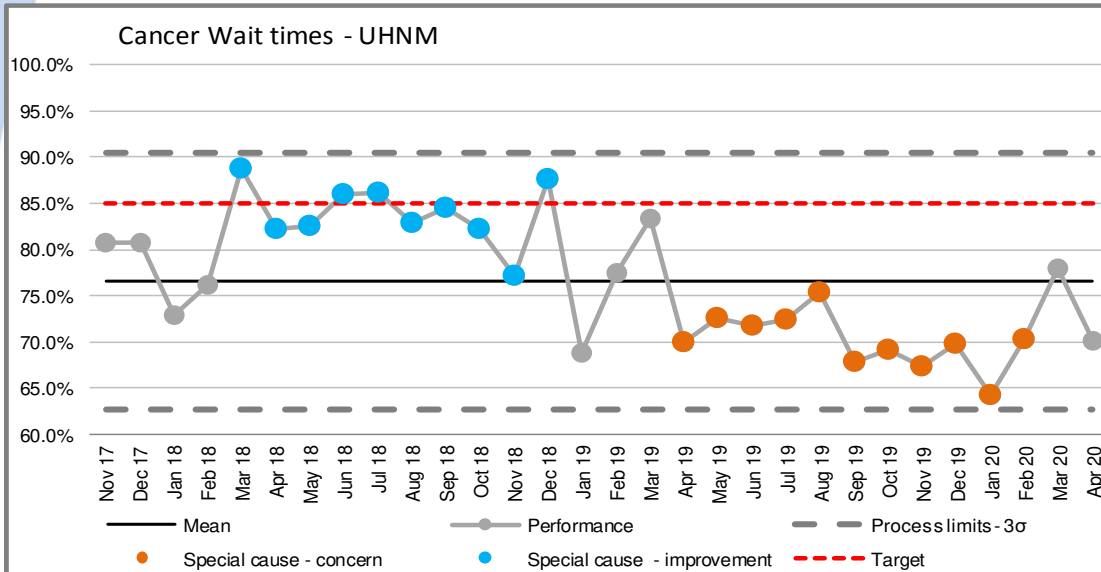


**Summary**

Bed occupancy across the main bed pools began to rise again from the beginning of April, a reflection of the number of patients in the Trust beds.

MFFD patients and Stranded patients also started to see a rise (although numbers significantly lower than pre lockdown) and this is a reflection of the number of patients who were unable to be repatriated to their normal place of residency (care homes/nursing homes) or where packages of care were required to be developed.

# Cancer 62 day GP Referral



Variation		Assurance		
Target	Feb 20	Mar 20	Apr 20	
85%	70.3%	78.1%	70.2%	
Background				
% patients beginning their treatment for cancer within 62 days following an urgent GP referral for suspected cancer				
What is the data telling us?				
Performance shows special cause concern from April 2019. The Trust is consistently falling short of the standard.				

## Summary:

62D performance was starting to recover steadily in line with the cancer improvement plan and had been showing improvement until the pandemic outbreak and the lock down took effect at the end of March. At this point cancer services were still delivering as a priority a significant number of tests and treatments, many patients however, were unwilling to attend hospital fearing contracting the virus.

## Actions to continue recovery:

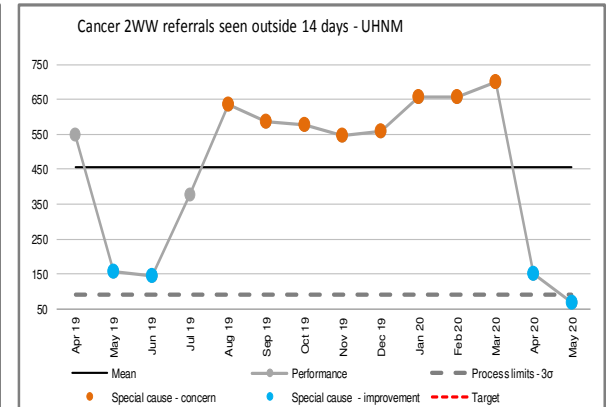
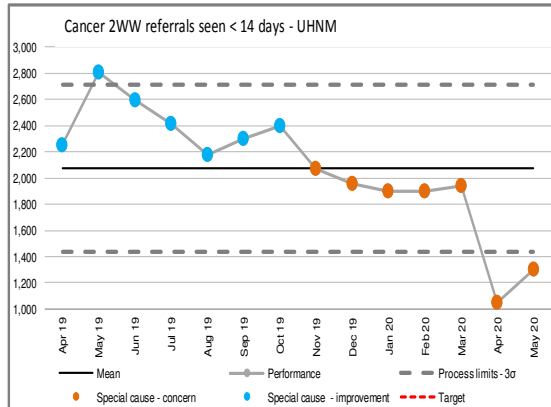
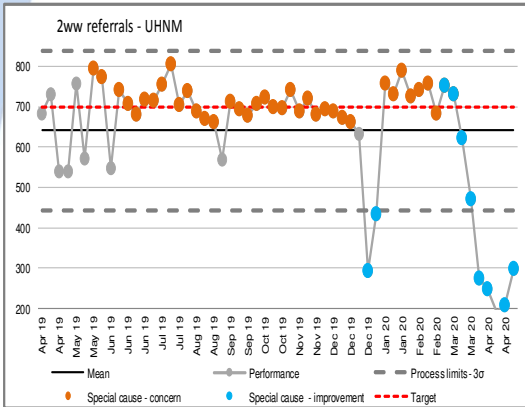
**PTL Management** - Performance will be optimised by effective management of the PTL and the focus of this work stream is development of an automated PTL to ensure that all patients are categorised by category in accordance with the latest guidance (*i.e Priorities 1a/b, 2 and 3*) safely into three defined cancer PTL's to ensure visibility of pathways; this system of PTL management is designed to support restoration and recovery plans.

**Deep Dive Analysis of challenged specialties** has continued since 27<sup>th</sup> April 2020 and includes Lower/Upper GI and Urology with outputs which will include sustainable pathway management and improved data is expected mid-June.

**Cancer Waiting Times v10** - A clearer understanding of the application of CWT national guidance is required, therefore training to support both our emerging cancer strategy and cancer improvement programmes has been developed and this is mandated for the Cancer Team but can be offered to Divisional/Clinical Teams. This work stream commenced on 07<sup>th</sup> May and has had excellent feedback and engagement.

**Training- To support the training and to ensure consistency the training along with** a series of Standardised Operational Procedures have been developed to ensure efficient and safe management of cancer pathways will be delivered in early July 20.

# Cancer 62 day GP Referral



## Summary

The **2ww referral chart** shows that demand had reduced considerably since March due to the pandemic. However 2WW referrals are starting to show sign of an increased most noticeably in Colorectal Skin and Breast. Tactical validation of incoming 2WW referrals against NG12 criteria to ensure eligibility of referral is being organised by the Corporate Cancer Team this will commence on 08 June 2020 (*trialled until the end of June 2020*) and we are pleased with the support offered from clinical teams.

A deep dive into the pathways exceeding **104+ days** have demonstrated a considerable increase since the start of the Pandemic and this is due to patients being referred onto the 2WW PTL where tests have not been available or advisable or where tests and treatments have been offered to patients who are not willing to attend the hospital or the Independent Sector for fear of contracting Covid 19. To compound this situation there are a large proportion of long waiting pathways where patients continue to be too poorly to undertake diagnostics and treatments and therefore, in the best interests of patients these will not in future be managed on a fast track pathway. An SOP has been developed which will step this cohort of patients onto an alternative pathway to a more appropriate conservative pace of care which will be tailored individually to the patient, will be managed efficiently and robustly on tracked cancer pathways (but not *fast track / 62 day*) on a case by case basis within each speciality.

A breakdown of the long waiting reasons is identified below;

Delay Reason	Patient Numbers
Unfit to Proceed	30
Covid Related	175
Unmanaged Patient Choice	10
<b>Total 104+ Days</b>	<b>215</b>

# Cancer – all standards

Summary internally estimated achievement position for **Apr-20**

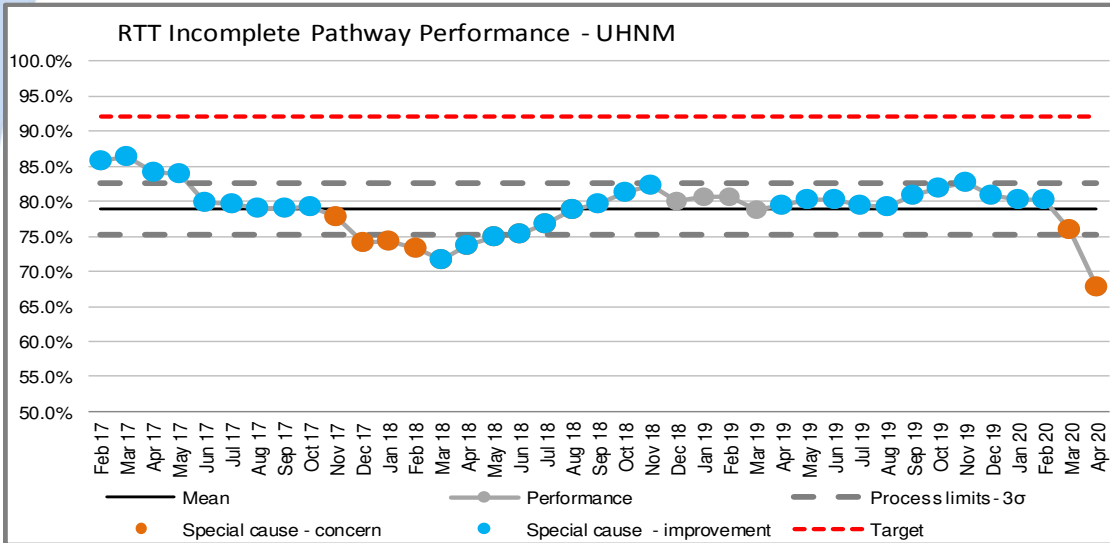
	Target	Trust Actual	Clock Stops	Breaches	Breaches Over	Needed Treatments
TWW Standard	93%	91.9%	1183	96	14	189
TWW Breast Symptomatic	93%	100.0%	36	0	Achieved!	Achieved!
31 Day First	96%	96.7%	337	11	Achieved!	Achieved!
31 Day Subsequent Chemotherapy	98%	100.0%	49	0	Achieved!	Achieved!
31 Day Subsequent Surgery	94%	87.0%	46	6	4	54
31 Day Subsequent Radiotherapy	94%	94.9%	99	5	Achieved!	Achieved!
62 Day Standard	85%	70.5%	176.5	52	26	170.5
Rare Cancers - 31 Day RTT pathway	85%	-	0	0	1	1
62 Day Screening	90%	85.0%	20	3	2	11
28 Day FDS Standard	75%	60.9%	823	322	117	466
62 Day Consultant Upgrade	86%	64.4%	81.5	29	18	126.5
Closed Pathways > 104 Day			17			

**Summary:**

The Trust achieved 4 out of the 8 Cancer standards. Actively seeking recovery of 2ww through validation, cancer bureau booking capacity < 24 hours and application of SOPs to support improved prioritisation of diagnostics interventions aligned to clinical pathways, maintaining clinical theatre prioritisation for cancer 62 days and timely MDT tracking of all pathways with daily clock stop scrutiny for visibility of weekly performance progress.



# RTT Performance



Variation		Assurance		
Target	Feb 20	Mar 20	Apr 20	
92%	80.2%	76.0%	67.9%	
Background				
The percentage of patients waiting over 18 weeks for treatment since their referral.				
What is the data telling us?				
Whilst the Trust saw some improvements there is consistent failure to meet the standard.				

## Summary

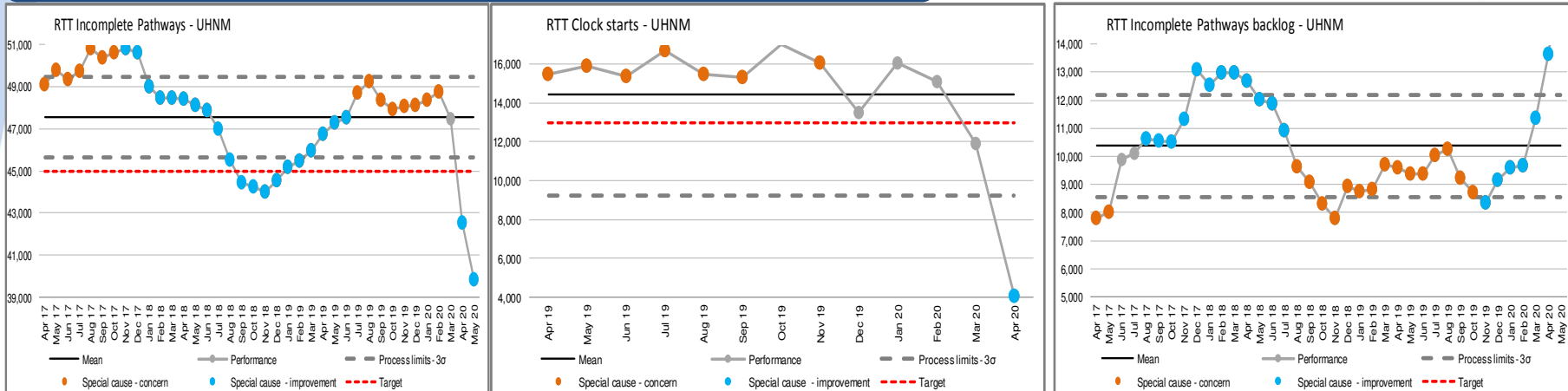
- April reflects the actions taken as a result of COVID-19 mandate to stand down routine activity, the RTT waiting list size decreased to 42,530 (a reduction of 4885 on March).
- The number of patients over 18 weeks who were unable to be treated reached 13,642 – which had a significant impact on performance. The number of > 40 weeks has risen to 1067
- The Trust reported 45 - 52-week breaches, risen from 7 in March

## Issues / Actions

- The Trust cancelled c800 elective TCIs due to COVID-19 and patients themselves cancelled a further 60.
- The Trust is validating the 12,000 cancelled outpatient appointments, triaging and returning to the Outpatient waiting list for specialty actions.
- Clinical vetting of Choice & Referral Centre referrals has ben on-going since 23<sup>rd</sup> March with urgent patients received and booked <7 days. There are currently 4,000 non urgent referrals held in the C&R centre for UHNM action once routine OPD services are re-opened.
- Specialties have been reviewing referrals, triaging and conducting TAC or video surveillance clinics or some face to face clinics to ensure all urgent patient pathways are continuing (where patients consent to be involved).
- Recovery plans include: tactical validation of the follow up backlog including contacting patients and GPs regarding treatment options, preparation of activities to support partial booking from July (which includes a reduction of 25,000 appointments with no due by date down to zero by 30<sup>th</sup> May).



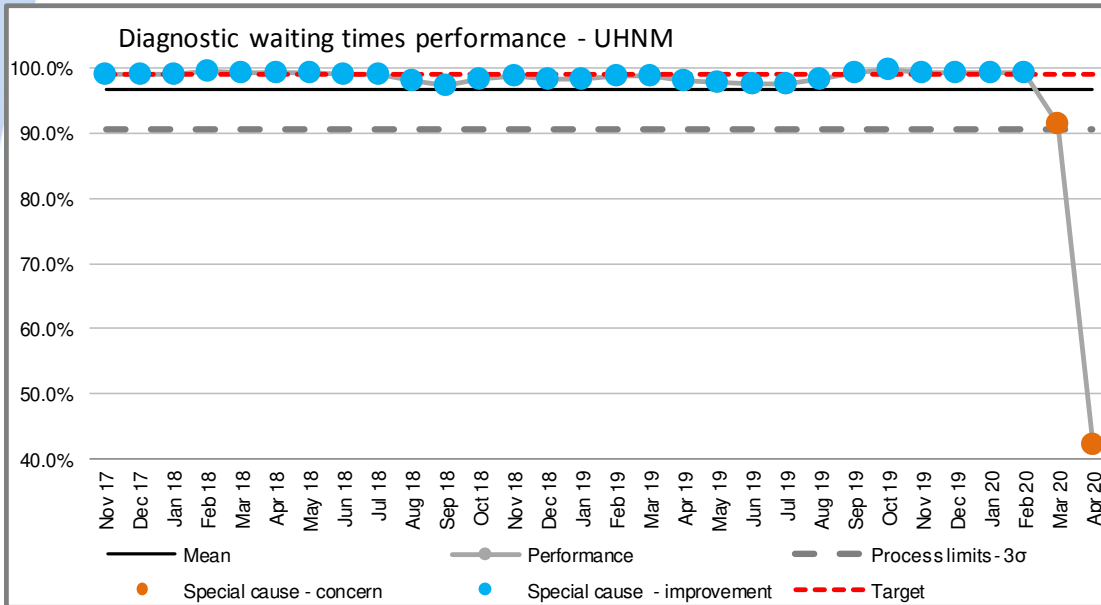
# RTT Performance



All the indicators are indicating changes as a direct result of national guidance on elective care throughout the COVID-19 epidemic.

- The total number of RTT pathways have fallen below the level that the Trust hoped to achieve by the end of March 2020.
- The number of clock starts has significantly reduced aligned to the restricted treatment/ referral mandates.
- The total number of pathways based on the weeks waited has shifted based on the weekly attrition rate whereby patients waiting over 18 weeks has risen to 13, 642.
- The Restoration plans have focused on capacity to treat 'urgent routine electives' but these will have to be prioritised against the Cancers and Urgent patients ahead of routines for June. Independent Sector capacity has been requested for July and August to support with our urgent elective. This needs to be balanced with regional equity plans regarding clearance of the national category pts 1a, 1b, 2, 3's (i.e. there are already NHS patients at the IS category 2 who have been waiting > 12 weeks for treatment as this is part of the extension criteria. All these cases will go through the UHNM Clinical Prioritisation Group.

# Diagnostic Performance



Variation		Assurance		
Target	Feb 20	Mar 20	Apr 20	
99%	99.3%	91.5%	42.3%	
Background				
The percentage of patients waiting less than 6 weeks for the diagnostic test.				
What is the data telling us?				
The diagnostic performance has shown normal variation up until March 2020. Special cause variation occurred in March & April (COVID-19).				

## Summary

- The Diagnostic performance is confirmed at 42.30%. This is a direct result of the national mandate to cease elective activity, where patients are referred for tests and added to the waiting list but the Trust is unable to offer an appointment at this time.
- The diagnostic waiting list is growing to circa 15,300 in April (compared to a usual size of circa 12,000)

## Actions

- Clinicians have been validating and vetting referrals and risk stratification of lists are held with specialties in preparation for restoration work plans
- Work has been progressing with the independent sector and acute.
- CT:**37 / week CT Contrast studies at Nuffield. **MRI** 77/week MRI (Plain) at Nuffield, 100 /week MRI (Plain) at Rowley
- Beacon Park Diagnostics centre has confirmed CQC status on 28/5 so this facility will be used to support endoscopy scale up work and imaging diagnostics for June as part of the R&R Plan.
- Booked 140 patients GI procedures & Delivered 109 procedures WC 11/5
- Bronchoscopies commenced at Rowley.
- Sleep Studies: first patients attended RSH on the 19/5 and 21/5 County.

# Workforce

**2025  
Vision** “Achieve excellence in employment, education,  
development and Research”



# Workforce Spotlight Report

## Key messages

The strategic focus on establishing the workforce bureau, to support recruitment, workforce deployment, absence management and staff testing as well as responding to enquiries from staff and implementing national and local guidance on terms and conditions.

## Sickness

In April, the in-month sickness rate was 6.24% as a result of covid-19, which accounted for 57% of open sickness absences at 30<sup>th</sup> April. This resulted in an increase in the 12month cumulative sickness rate, which was 4.85% at 30<sup>th</sup> April, compared to 4.69% at 31<sup>st</sup> March.

During April, a significant effort has been focussed on supporting staff wellbeing and staff engagement including: provision of a wellbeing toolkit, which summarises all of the current offerings for staff health and wellbeing; provision of psychological support and emotional wellbeing and staff testing. Wellbeing offerings have also been put in place to support staff physical wellbeing, including testing for covid-19.

## Appraisals

The PDR rate continues to decline - most recently as a result of the covid-19 pandemic and the number of staff with an in-date review reduced by 366 in April . Additionally, the increase in sickness in-month will have impacted on staff availability to complete a PDR, as will operational pressures due to covid-19.

Managers have been reminded that holding PDR conversations with staff remains especially important for discussions around the impacts of covid-19 on individual staff as well as a means of facilitating support mechanisms. Staff will have concerns about achieving their personal objectives as well as their career roadmap and the PDR is a means of managers providing clarity around objectives, as well as discussing career aspirations.

As a result of social distancing requirements, work is underway to assess different methods for holding meaningful PDR conversations with staff going forward.

## Statutory and Mandatory Training

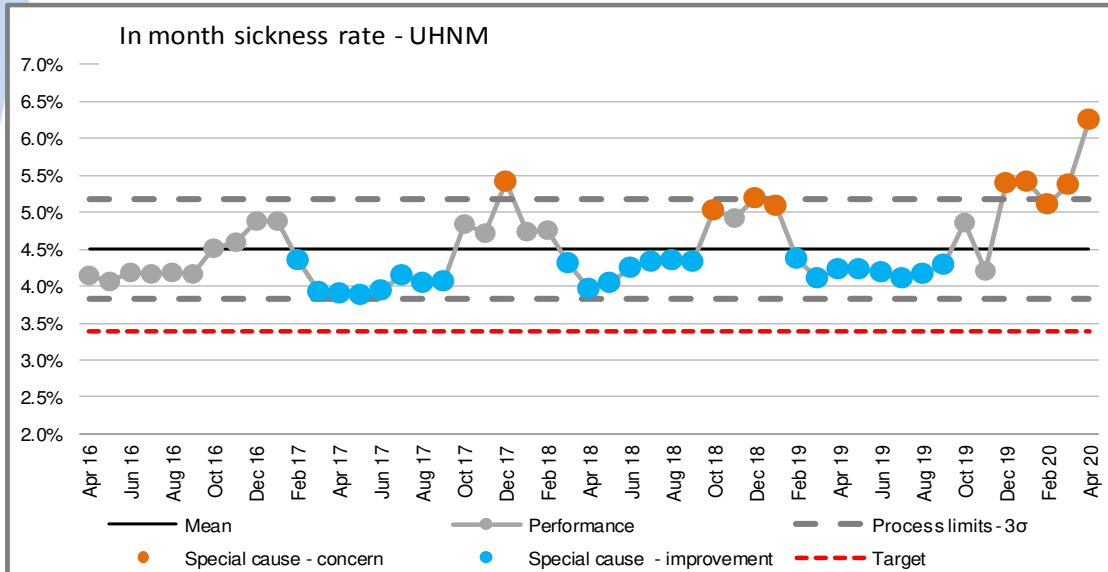
The Statutory & Mandatory training rate was 90.89% at 30<sup>th</sup> April, continuing the trend of small improvements month on month. The performance rate has been sustained as staff self-isolating or working from home are being required to complete statutory and mandatory training.

There has been agreement nationally that achievement of PDRs and Statutory and mandatory training is paused at least for 3 months. We are keen however to maintain a reasonable level of activity in this area and therefore continue to promote and monitor our performance

# Workforce Dashboard

Metric	Target	Latest	Variation	Assurance
Staff Sickness	3.4%	6.24%		
Staff Turnover	11%	8.30%		
Statutory and Mandatory Training rate	95%	90.89%		
Appraisal rate	95%	71.67%		
Agency Cost	N/A	3.10%		

# Sickness Absence



Variation		Assurance		
Target	Feb 20	Mar 20	Apr 20	
3.4%	5.1%	5.4%	6.2%	
Background				
Percentage of days lost to staff sickness				
What is the data telling us?				
Sickness rate is consistently above the target of 3.4%. More recently special cause variation has been seen, with the increase in April being a result of covid-19.				

## Summary

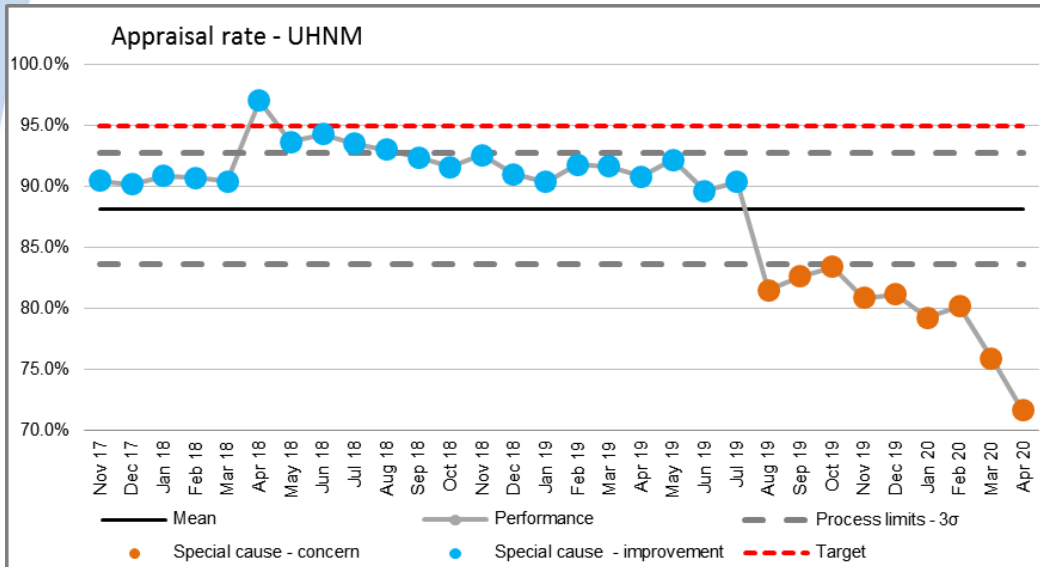
In April, the in-month sickness rate was 6.24% as a result of covid-19, which accounted for 57% of open sickness absences at 30<sup>th</sup> April. This resulted in an increase in the 12month cumulative sickness rate, which was 4.85% at 30<sup>th</sup> April, compared to 4.69% at 31<sup>st</sup> March.

## Actions

The Trust is retaining a focus on health and wellbeing initiatives for staff as we move into restoring some NHS services, including:

- Continuing the focus on staff testing, which continued throughout April, and is available to all staff groups.
- Continuing to follow the Wellbeing Strategy; considering the Psychological impacts and the physical impacts on staff and offering appropriate interventions in addition to proactively supporting staff with our wellbeing toolkit, and on line stress management and resilience sessions
- Reviewing the need for investment in Occupational Health
- Our RMH Nurses and CSIM trained professionals are offering emotional support to staff who have worries or concerns relating to the current covid-19 pandemic
- Commencing a review of non-covid related absence to ensure that appropriate management support is in place

# Appraisal (PDR)



Variation		Assurance		
Target	Feb 20	Mar 20	Apr 20	
95.0%	80.2%	75.9%	71.7%	
Background				
Percentage of Staff who have had a documented appraisal within the last 12 months.				
What is the data telling us?				
The appraisal rate is consistently below the target of 95%. More recently the rate shows special cause variation. There has been a drop below the lower control limit since August 2019.				

## Summary

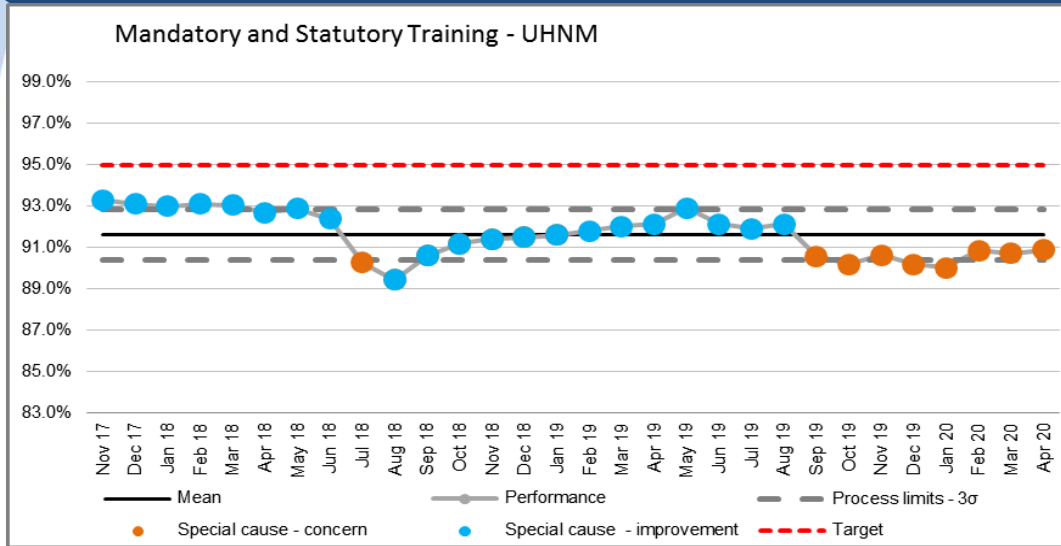
- The PDR rate continues to decline - most recently as a result of the covid-19 pandemic and prior to this linked to the move from paper based reporting to electronic reporting of appraisal data
- Overall, 71.67% of Non-Medical PDRs were recorded in ESR as at 30/04//20 (down from 75.94% at 31/03/20)
- The number of staff with an in-date review reduced by 366 in April . Additionally, the increase in sickness in-month will have impacted on staff availability to complete a PDR, as will operational pressures due to covid

## Actions

- Managers have been reminded that holding PDR conversations with staff remains an especially important mechanism for discussions around the impacts of covid-19 on individual staff as well as a means of facilitating support mechanisms. Staff will have concerns about achieving their personal objectives as well as their career roadmap and the PDR is a means of managers providing clarity around objectives, as well as discussing career aspirations.
- As a result of social distancing requirements, work is underway to assess different methods for holding meaningful PDR conversations with staff going forward
- Undertaking work with managers on the importance of keeping in touch with their teams and supporting them to manage in a different way.



# Statutory and Mandatory Training



Variation		Assurance	
Target	Feb 20	Mar 20	Apr 20
95.0%	90.9%	90.7%	90.9%
Background			
Training compliance			
What is the data telling us?			
The Training rate is consistently below the 95% target. There is special cause variation since September 2019, which was the point at which local recording systems were no longer used.			

## Summary

Statutory & Mandatory training rate shows compliance against the six (Core for All) 3 yearly competency requirements. 85.03% of staff have completed all 7 modules

Competence Name	Assignment Count	Required	Achieved	Compliance %
Z05   MAND   Security Awareness - 3 Years	9895	9895	9027	91.23%
NHS   CSTF   Equality, Diversity and Human Rights - 3 Years	9895	9895	9050	91.46%
NHS   CSTF   Health, Safety and Welfare - 3 Years	9895	9895	8942	90.37%
NHS   CSTF   Infection Prevention and Control - Level 1 - 3 Years	9895	9895	8948	90.43%
NHS   CSTF   Safeguarding Adults - Level 1 - 3 Years	9895	9895	8985	90.80%
NHS   CSTF   Safeguarding Children (Version 2) - Level 1 - 3 Years	9895	9895	9011	91.07%

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	10139	10139	7940	78.31%
NHS   CSTF   Information Governance and Data Security - 1 Year	10139	10139	9128	90.03%

## Actions

Staff self-isolating or working from home are being required to complete statutory and mandatory training.  
Continued promotion of e-learning for statutory and mandatory training.

# Finance

**2025  
Vision**

“Ensure efficient use of resources”



# Finance Spotlight Report

## Key messages

- The Trust has delivered a breakeven for Month 1; this is after the receipt of £1.7m of additional funding to support the position in line with the temporary financial framework established by NHSI; the table below provides a summary of these arrangements alongside the Trust's internal budget

Income & Expenditure Summary Month 1 2020/21	NHSI/E Plan £m	Month 1 Budget £m	Month 1 Actual £m
<b>NHS Income From Patient Activities covered by block</b>	<b>57.2</b>	<b>58.3</b>	<b>57.2</b>
<b>NHS Income From Patient Activities outside block</b>		<b>1.1</b>	<b>1.0</b>
<b>Non NHS Patient income</b>	<b>1.6</b>	<b>0.5</b>	<b>0.4</b>
<b>"Top up" payment</b>	<b>2.0</b>		<b>2.0</b>
<b>Other Operating Income</b>	<b>7.2</b>	<b>7.0</b>	<b>3.4</b>
<b>Covid - 19 funding</b>		<b>1.2</b>	<b>1.2</b>
<b>"True up" payment</b>			<b>0.5</b>
<b>Total Income</b>	<b>68.0</b>	<b>68.1</b>	<b>65.7</b>

- As expected in Month 1 activity was significantly lower than plan with income levels from patient activities being maintained due to the temporary funding arrangements. Expenditure is broadly flat with the exception of Clinical Supplies which is £2.5m (42%) underspend.
- Capital expenditure for the year to date stands at £1.9m which is £0.3m behind of plan.
- The month end cash balance is £78.2m which is £5.4m lower than plan.

# Finance Dashboard

	Metric	Target	Latest	Variation	Assurance
I&E	Trust Income	variable	66.1		
	Expenditure - Pay	variable	41.3		
	Expenditure - Non Pay	variable	20.2		
Activity	Daycase/Elective Activity	variable	3,220		
	Non Elective Activity	variable	6,494		
	Outpatients 1st	variable	11,203		
	Outpatients Follow Up	variable	24,086		
Activity income	Average income per Spell - Elective				
	Average income per spell - NEL				

# Income & Expenditure

Income & Expenditure Summary Month 1 2020/21	Annual Budget £m	In Month			Year to Date		
		Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
<b>Income From Patient Activities</b>	<b>721.0</b>	<b>61.0</b>	<b>62.3</b>	<b>1.2</b>	<b>61.0</b>	<b>62.3</b>	<b>1.2</b>
<b>Other Operating Income</b>	<b>83.0</b>	<b>7.0</b>	<b>3.4</b>	<b>(3.6)</b>	<b>7.0</b>	<b>3.4</b>	<b>(3.6)</b>
<b>Total Income</b>	<b>804.1</b>	<b>68.1</b>	<b>65.7</b>	<b>(2.4)</b>	<b>68.1</b>	<b>65.7</b>	<b>(2.4)</b>
<b>Pay Expenditure</b>	<b>(504.8)</b>	<b>(42.1)</b>	<b>(41.3)</b>	<b>0.8</b>	<b>(42.1)</b>	<b>(41.3)</b>	<b>0.8</b>
<b>Non Pay Expenditure</b>	<b>(263.6)</b>	<b>(23.1)</b>	<b>(20.2)</b>	<b>2.8</b>	<b>(23.1)</b>	<b>(20.2)</b>	<b>2.8</b>
<b>Total Operational Costs</b>	<b>(768.4)</b>	<b>(65.2)</b>	<b>(61.6)</b>	<b>3.6</b>	<b>(65.2)</b>	<b>(61.6)</b>	<b>3.6</b>
<b>EBITDA</b>	<b>35.7</b>	<b>2.9</b>	<b>4.1</b>	<b>1.2</b>	<b>2.9</b>	<b>4.1</b>	<b>1.2</b>
<b>Depreciation &amp; Amortisation</b>	<b>(29.2)</b>	<b>(2.4)</b>	<b>(2.4)</b>	<b>0.0</b>	<b>(2.4)</b>	<b>(2.4)</b>	<b>0.0</b>
<b>Interest Receivable</b>	<b>0.3</b>	<b>0.0</b>	<b>0.0</b>	<b>(0.0)</b>	<b>0.0</b>	<b>0.0</b>	<b>(0.0)</b>
<b>PDC</b>	<b>(7.6)</b>	<b>(0.6)</b>	<b>(0.6)</b>	<b>0.0</b>	<b>(0.6)</b>	<b>(0.6)</b>	<b>0.0</b>
<b>Finance Cost</b>	<b>(17.2)</b>	<b>(1.4)</b>	<b>(1.4)</b>	<b>0.0</b>	<b>(1.4)</b>	<b>(1.4)</b>	<b>0.0</b>
<b>Other Gains or Losses</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Surplus / (Deficit)</b>	<b>(18.0)</b>	<b>(1.6)</b>	<b>(0.4)</b>	<b>1.2</b>	<b>(1.6)</b>	<b>(0.4)</b>	<b>1.2</b>
<b>MRET central funding</b>	<b>4.2</b>	<b>0.4</b>	<b>0.4</b>	<b>0.0</b>	<b>0.4</b>	<b>0.4</b>	<b>0.0</b>
<b>Financial Recovery Fund</b>	<b>13.8</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Total</b>	<b>0.0</b>	<b>(1.2)</b>	<b>0.0</b>	<b>1.2</b>	<b>(1.2)</b>	<b>0.0</b>	<b>1.2</b>

- The Trust delivered a breakeven position for the month against a planned deficit of £1.2m. This position was after accounting for a “true up” payment from the NHSI/E of £1.2m relating to additional COVID-19 costs and a further £0.5m to bring the Trust to a breakeven position for the month; these transactions are in line with NHSI/E temporary funding arrangements for NHS Trusts.



# Cost Improvement Programme (CIP) / Capital Spend

## Cost Improvement

- The temporary funding arrangements in place assume that there is no CIP delivered and given the operational pressures on the organisation the development and delivery of the CIP has not been the main priority. There are a number of Divisional CIPs that have already been worked up and will deliver in 2020/21; these have been agreed with Divisions and will be transacted during quarter 1.
- A revised CIP was approved at the April Board which is summarised in the table to the right.

	Opening Budgets	Comments
	£m	
<b>Divisional 2%</b>		
To be transacted recurrently from 1/4/20	3.60	Will be transacted in Q1
To be transacted non recurrently in 2020/21	0.54	Will be transacted in Q1
To be transacted recurrently when start date agreed	0.40	Will be transacted in 2020/21
<b>Additional productivity</b>	<b>6.47</b>	<b>Transacted M1</b>
<b>Productivity</b>	<b>5.00</b>	<b>Transacted M1</b>
<b>Corporate Schemes</b>	<b>4.00</b>	<b>£2.7m transacted M1; plans being developed for the balance</b>
<b>Non recurrent</b>	<b>5.00</b>	<b>Will be transacted in 2020/21</b>
<b>Share of system wide savings</b>	<b>12.25</b>	<b>Plans to be developed</b>
<b>Total Cost pressures</b>	<b>37.25</b>	

## Capital Spend

- The Trust funded capital programme for the year is £18.3m and this has been increased by £1.2m PDC for HSLI and a further £2.7m for Covid related capital schemes where funding has been requested in the form of PDC.
- In Month 1 there has been expenditure of £1.9m against a planned spend of £2.2m. The main reason for the under spend is Project STAR which is £0.2m behind plan due to delays in the installation of hoarding at the RI site due to the impact of Covid-19.

Capital Expenditure as at Month 1 2020/21 £m	Annual	In Month			Year to Date		
	Plan	Budget	Actual	Variance	Budget	Actual	Variance
ICT Infrastructure	(3.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)
Estates Infrastructure	(2.3)	(0.1)	(0.0)	0.0	(0.1)	(0.0)	0.0
Medical Equipment	(2.2)	(0.0)	(0.1)	(0.1)	(0.0)	(0.1)	(0.1)
PFI Model	(1.9)	(0.2)	(0.2)	-	(0.2)	(0.2)	-
PFI enabling	(0.2)	-	0.0	0.0	-	0.0	0.0
Health & Safety Compliance	(0.2)	-	-	-	-	-	-
Other Central schemes	(2.1)	-	(0.0)	(0.0)	-	(0.0)	(0.0)
Project star	(0.9)	(0.4)	(0.2)	0.2	(0.4)	(0.2)	0.2
Investment schemes	(0.5)	-	-	-	-	-	-
Linac	(2.3)	-	-	-	-	-	-
IR2 Bi Plane	(1.0)	-	-	-	-	-	-
LIMS	(0.9)	(0.0)	(0.0)	0.0	(0.0)	(0.0)	0.0
EPMA	(0.8)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)
Requested COVID-19 PDC	(2.7)	(0.8)	(0.8)	-	(0.8)	(0.8)	-
PDC award for HSLI	(1.2)	(0.6)	(0.6)	0.0	(0.6)	(0.6)	0.0
<b>Total capital expenditure</b>	<b>(22.2)</b>	<b>(2.2)</b>	<b>(1.9)</b>	<b>0.3</b>	<b>(2.2)</b>	<b>(1.9)</b>	<b>0.3</b>

## Cash flow

### Cash

- The Trust holds cash of £78.2m at the end of Month 1 which is £5.4m lower than plan.
- At the end of April the expected cash balance of £83.6m reflects the opening cash balance of £26.7m, the receipt in advance of 1 month block payment £59m and the impact on accounts payable of the impact of prompt payments to suppliers. The assumption is that the Trust is being provided with cash to break even during the first 7 months of the financial year and therefore the cash flow will be updated to reflect expenditure patters in the following months.

Cash Summary at Month 1 2020/21	In Month				Year to date		
	Budget £m	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Opening balance	26.7	26.7	26.7	-	26.7	26.7	-
Block mandate payments (to 31st October 2020)	473.2	118.3	118.3	(0.0)	118.3	118.3	(0.0)
Contract income 2019/20	(9.6)	-	(5.7)	(5.7)	-	(5.7)	(5.7)
Other Income (including other NHS)	35.1	6.5	7.1	0.6	6.5	7.1	0.6
Health Education England Training Income	20.4	6.8	6.8	0.0	6.8	6.8	0.0
PSF/FRF - 2019/20 Q4	9.7	-	-	-	-	-	-
Department of Health and NHS England Deficit supp	-	-	-	-	-	-	-
Capital funding (PDC capital)	2.7	-	-	-	-	-	-
<b>Total Receipts</b>	<b>531.5</b>	<b>131.6</b>	<b>126.6</b>	<b>(5.1)</b>	<b>131.6</b>	<b>126.6</b>	<b>(5.1)</b>
Payroll (excluding agency)	(272.8)	(39.0)	(39.2)	(0.2)	(39.0)	(39.2)	(0.2)
Accounts payable	(219.0)	(34.8)	(34.9)	(0.1)	(34.8)	(34.9)	(0.1)
PDC Dividend	(3.6)	-	-	-	-	-	-
Capital	(10.7)	(1.0)	(1.0)	-	(1.0)	(1.0)	-
<b>Total Payments</b>	<b>(506.1)</b>	<b>(74.8)</b>	<b>(75.1)</b>	<b>(0.3)</b>	<b>(74.8)</b>	<b>(75.1)</b>	<b>(0.3)</b>
<b>Closing Balance</b>	<b>52.2</b>	<b>83.6</b>	<b>78.2</b>	<b>(5.4)</b>	<b>83.6</b>	<b>78.2</b>	<b>(5.4)</b>



## Balance sheet

Note 1: The asset revaluation at 31st March 2020 resulted in a downward asset valuation of £17m\*, this is also reflected in the retained earnings and revaluation reserve variances within tax payers equity.

Note 2: Receivables are £2.5m lower than plan mainly due to a lower number of invoices outstanding due to the impact of Covid.

Note 3: cash is higher than the plan submitted on 5 March and reflects that block mandate payments of £59m in relation to May 2020 were received on 15th April as part of the national Covid response\*.

Note 4: Payables are £67m higher than plan due to receipts in advance of £59m relating to the receipt of the May 20 block payments on 15 April in line with the NHS Covid response. The remaining balance is due to the levels of goods received not invoiced and NHS and Non NHS accruals being higher than plan.

	31/03/2020	30/04/2020			Note
	Actual £m	Plan £m	Actual £m	Variance £m	
<b>Property, Plant &amp; Equipment</b>	483.0	500.7	484.1	(16.6)	1
<b>Intangible Assets</b>	24.5	21.9	23.2	1.3	1
<b>Other Non Current Assets</b>	-	-	-	-	
<b>Trade and other Receivables</b>	0.4	-	-	-	
<b>Total Non Current Assets</b>	507.9	522.6	507.3	(15.3)	
<b>Inventories</b>	13.3	12.3	13.6	1.3	
<b>Trade and other Receivables</b>	50.1	50.8	48.3	(2.5)	2
<b>Other Current Assets</b>	-	-	-	-	
<b>Cash and Cash Equivalents</b>	26.7	11.0	78.2	67.2	3
<b>Total Current Assets</b>	90.1	74.1	140.0	66.0	
<b>Trade and other payables</b>	(75.3)	(59.9)	(126.9)	(67.0)	4
<b>Borrowings</b>	(208.0)	(9.0)	(10.6)	(1.6)	5
<b>Provisions</b>	(6.7)	(2.4)	(6.7)	(4.3)	6
<b>Total Current Liabilities</b>	(290.0)	(71.4)	(144.2)	(72.8)	
<b>Trade and other payables</b>	-	-	-	-	
<b>Borrowings</b>	(276.6)	(278.5)	(275.6)	2.9	5
<b>Provisions</b>	(1.2)	(0.9)	(1.2)	(0.3)	
<b>Total Non Current Liabilities</b>	(277.7)	(279.4)	(276.7)	2.6	
<b>Total Assets Employed</b>	30.3	245.9	226.4	(19.5)	
<b>Financed By:</b>				-	
<b>Public Dividend Capital</b>	409.7	610.6	605.7	(4.9)	7
<b>Retained Earnings</b>	(476.2)	(463.6)	(476.2)	(12.6)	1
<b>Revaluation Reserve</b>	96.9	98.9	96.9	(2.0)	1
<b>Total Taxpayers Equity</b>	30.3	245.9	226.4	(19.5)	

Note 5: Borrowing is lower than plan as the expectation was that the £1.5m capital loan would not be transferred to PDC\*, the variances largely reflect the change in classification between current and non-current at the end of each financial year\*.

Note 6: Provisions are higher than plan but are in line with the 31st March 2020 and reflect additions to provisions at the year end in relation to the Flowers case, redundancies and dilapidations\*.

Note 7: Public Dividend Capital reflects the transfer of interim revenue and capital debt to PDC at 1 April 2020. The plan figure did not reflect the repayment of loans in March 20 due to the timings of the plan submission\*.

# Expenditure - Pay and Non Pay

## Pay

Pay expenditure was £41.3m in Month 1 generating an underspend of £0.8m with the following table summarising the position by staff group.

WTE In month			Pay Summary (£m)	Annual Plan	In month		
Plan	Actual	Variance			Plan	Actual	Variance
1,360	1,424	64	Medical	(149.3)	(12.4)	(12.6)	(0.2)
3,255	3,062	(193)	Registered Nursing	(153.8)	(12.8)	(12.3)	0.5
1,237	1,158	(79)	Scientific Therapeutic & Techni	(57.7)	(4.8)	(4.7)	0.1
2,342	2,316	(26)	Support to Clinical	(66.2)	(5.6)	(5.4)	0.1
2,395	2,294	(101)	Nhs Infrastructure Support	(77.8)	(6.5)	(6.3)	0.2
10,589	10,254	(335)	Total Pay	(504.8)	(42.1)	(41.3)	0.8

The pay run rate in Month 1 is £0.1m lower than the average run rate from 2019/20 (uplifted for inflation) maintaining a consistent run rate as seen in 2019/20. The most significant variance from the average run rate in 2019/20 is Medical Bank & Agency which is £0.4m lower.

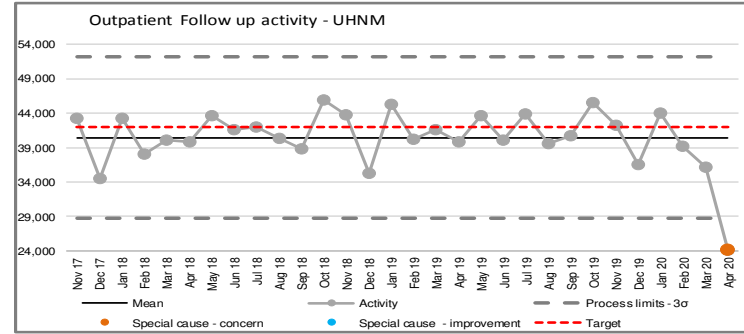
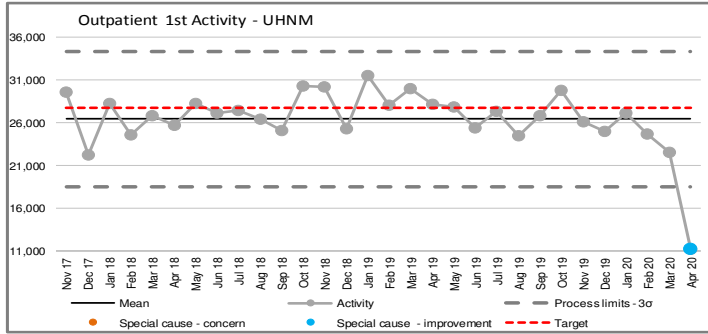
## Non-pay

Non-pay expenditure is underspent by £2.8m in Month 1 with the most significant variance relating to Clinical Supplies which is unsurprising given the reduced levels of activity being carried out in the Trust.

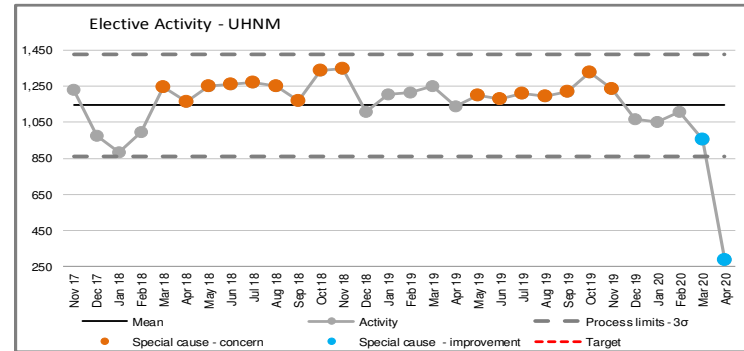
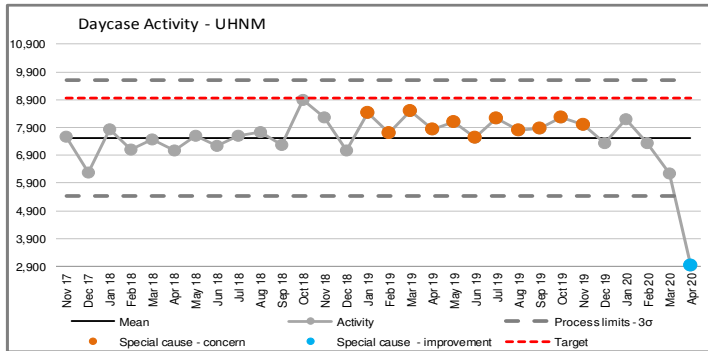
Non Pay Summary (£m)	Annual Plan	In Month		
		Plan	Actual	Variance
Tariff Excluded Drugs Expenditure	(59.2)	(4.7)	(5.1)	(0.5)
Other Drugs	(21.5)	(1.8)	(1.4)	0.4
Supplies & Services - Clinical	(69.1)	(5.9)	(3.5)	2.5
Supplies & Services - General	(7.8)	(0.8)	(0.7)	0.1
Purchase of Healthcare from other Bodi	(11.7)	(1.0)	(0.9)	0.0
Consultancy Costs	(2.3)	(0.2)	(0.3)	(0.1)
Clinical Negligence	(22.3)	(1.9)	(1.9)	0.0
Premises	(29.2)	(3.0)	(2.8)	0.2
PFI Operating Costs	(33.4)	(2.8)	(2.8)	(0.0)
Other	(7.2)	(1.0)	(0.9)	0.2
Total Non Pay	(263.6)	(23.1)	(20.2)	2.8

# Activity

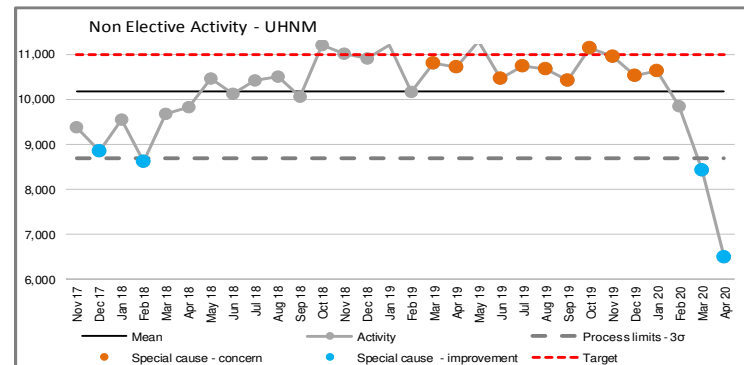
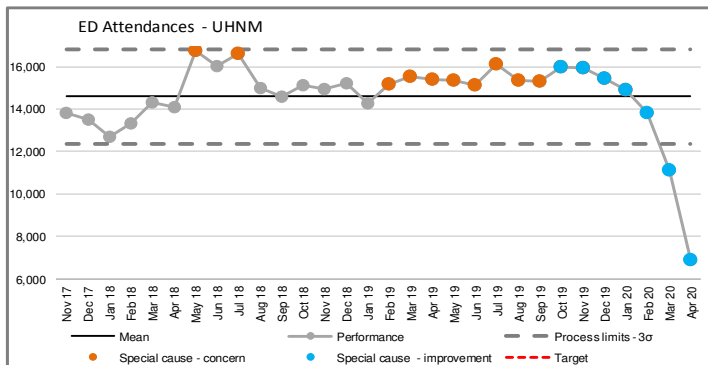
Planned care  
Outpatient



Planned care  
Inpatient



Urgent Care



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	
<b>PROVIDE SAFE, EFFECTIVE, CARING AND RESPONSIVE SERVICES</b>														
Chief Executives Report	Chief Executive													
Patient Story	Chief Nurse													Public Trust Board meetings did not take place in April - June due to social distancing
Quality Governance Committee Assurance Report	Associate Director of Corporate Governance													
Emergency Preparedness Annual Assurance Statement and Annual Report	Chief Operating Officer													
Care Quality Commission Action Plan	Chief Nurse													
Bi Annual Nurse Staffing Assurance Report	Chief Nurse													
Quality Account	Chief Nurse													Timing moved due to changes in national requirements regarding submission
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													
<b>ACHIEVE NHS CONSTITUTIONAL PATIENT ACCESS STANDARDS</b>														
Integrated Performance Report	Various													
<b>ACHIEVE EXCELLENCE IN EMPLOYMENT, EDUCATION, DEVELOPMENT &amp; RESEARCH</b>														
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													Deferred to July's meeting due to Covid
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													
<b>LEAD STRATEGIC CHANGE WITHIN STAFFORDSHIRE AND BEYOND</b>														
System Working Update	Chief Executive / Director of Strategy													
<b>ENSURE EFFICIENT USE OF RESOURCES</b>														
Performance and Finance Committee Assurance Report	Associate Director of Corporate Governance													
Revenue Business Cases / Capital Investment / Non-Pay Expenditure £1,000,001 and above	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													Deferred due to Covid-19
Annual Plan 2020/21	Director of Strategy													Deferred due to Covid-19

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	
Financial Plan 2021/22	Chief Finance Officer													
Capital Programme 2021/22	Chief Finance Officer													
<b>GOVERNANCE</b>														
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		Covid Assurance Framework included in CEO Report May 20
Raising Concerns Report	Director of Human Resources		Q4			Q1			Q2			Q3		
Annual Evaluation of the Board and its Committees	Associate Director of Corporate Governance													Deferred due to Covid-19
Annual Review of the Rules of Procedure	Associate Director of Corporate Governance													
G6 Self-Certification	Chief Executive													Deferred to June's meeting
FT4 Self-Certification	Chief Executive													
Board Development Programme	Associate Director of Corporate Governance													Deferred due to Covid-19