## NHS Improvement 2019-20 Undertakings Report: a monthly report to the Trust Board for information

| Requirement   | Last month's update  | This month's update  |
|---|--|--|
| <b>Operational Performance issues</b><br>Breach of A&E 4 hour waiting time since<br>June 2016.  | We remain committed to consistently achieving above<br>85% on both acute sites as we prepare for winter. This<br>requires a focus on discharge to ensure we have bed<br>flow, and on in-ED behaviours in respect of early<br>decision, minors breaches and 4-5 hour waits. A weekly<br>project to deliver on this is in place led by the Chief<br>Operating Officer. | During the first three weeks of September we did not<br>meet our original nor our revised trajectory overall, and<br>whilst we improved minors performance we did not<br>eliminate minors breaches.  |
| <b>Emergency Care</b><br>The Trust will take all reasonable steps<br>to recover operational performance to<br>meet its projected performance and<br>achieve sustainable compliance with the<br>4 hour A&E standard in line with the<br>Trust trajectory delivery 90% by<br>September 2018 and 95% by March<br>2019. |  | <ul> <li>We delivered four hour wait performance MTD of:</li> <li>83.6%</li> <li>78.1%</li> <li>75.7%</li> <li>Data since 21-09 is not wholly reliable. From 07-10 need to return to reporting of our sub-indicators and implement the improvement actions agreed by the Board in August. November's Board will again see the plan presented with monthly updates appended to this report at Board and Q&amp;S.</li> </ul> |
| <b>Financial Issues</b><br>In 2016/7 the Trust reported a deficit<br>(exc STF) of -£17.2m against a planned<br>deficit of -£4.7m (the Trusts underlying<br>deficit was –£26m).  | Key to removing the deficit in 2020-21 will be two<br>workstreams (a) ensuring we end the year at a<br>recurrent run rate consistent with our LTFM and (b)<br>developing £20m of CIP plans. The former analysis will<br>go to FIC at the end of September, the latter at the end<br>of November.   | The FIC report records work done as left. There<br>remains detailed improvement work needed to address<br>likely month 12 income under-recovery and a Chief<br>Executive led challenge meeting on October 11 <sup>th</sup> will<br>engage managers and clinicians in making improve/cut<br>decisions consistent with changing a projected £7.5m<br>under-recovery in surgery.  |
| Agency Spend<br>The Trust delivered a significant<br>reduction in its agency spend from<br>spend of £23.3m in 2016/17 to £15.8m<br>in 2017/18. However, this was still above<br>the agency ceiling of £11m.   | The weaknesses identified in our recruitment/fully staffed work will mean that this improvement is not achieved by October.  | Improvement has not proceeded as outlined and a<br>specific annex is added to this report which gives an<br>indication of our exit run rate aim and permits detailed<br>tracking and Board level scrutiny of progress, overseen<br>through the director of people and OD.  |

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| Quality Improvement<br>The Trust will ensure the improvement<br>plan to address the recommendations<br>from the serious incident and Patient<br>Safety review is implemented and<br>delivered by a date to be agreed with<br>NHS improvement.   | This is being prepared for the October Q&S committee<br>and November Board.   | As left, being led by the director of governance.  |
| <b>Programme Management</b><br>The Trust will implement sufficient<br>programme management and<br>governance arrangements to enable<br>delivery of these undertakings.  | Meetings to frame this have taken place and<br>discussions continue to ensure that work on this can<br>take place whilst other priorities, specifically Unity, are<br>being delivered in parallel | In line with our well led plan reported elsewhere we<br>continue to develop our programme management<br>resourcing and will report in more detail to the Board in<br>February as part of agreeing our annual plan for 2020-<br>21. |
| Other Partner Stakeholders<br>The Trust will co-operate and work with<br>any partner stakeholders who may be<br>appointed by NHS improvement to assist<br>the Trust with delivery of the Quality<br>improvement Plan, Joint A&E<br>improvement plan and the improvement<br>of its finances and the quality of care the<br>Trust provides. | Last month's report remains extant.   | The report remains extant. Debts held with two large<br>neighbouring organisations (funds owed to us) may<br>inevitably create some short term turbulence while the<br>issue is resolved.  |

Toby Lewis, Chief Executive August 2019