

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

Requirement	Last month's update	This month's update
<p>Operational Performance issues Breach of A&E 4 hour waiting time since June 2016.</p>	<p>Whilst internal and external analysis suggests that we have taken the listed and agreed actions, we are not seeing sufficient improvements in staged wait times within ED. Under the Chief Executive's report to the Board, this item is considered in more detail.</p>	<p>The focus of our reasonable steps remains on:</p> <p>Emergency department performance at:</p> <ul style="list-style-type: none"> • Triage timeliness • First medical decision maker • Decision to admit or discharge • Exit from the department <p>Timeliness and volume of discharges home or to PCCT:</p> <ul style="list-style-type: none"> • 378 discharges per week from medicine • 20 discharges per day before 10 a.m • Every patient having a credible TDD <p><u>None of these 7 metrics is currently being met</u></p>
<p>Emergency Care The Trust will take all reasonable steps to recover operational performance to meet its projected performance and achieve sustainable compliance with the 4 hour A&E standard in line with the Trust trajectory delivery 90% by September 2018 and 95% by March 2019.</p>		
<p>Financial Issues In 2016/7 the Trust reported a deficit (exc STF) of -£17.2m against a planned deficit of -£4.7m (the Trusts underlying deficit was -£26m).</p>	<p>Really good progress has been made in November with income in surgical services. A review of the implications for 2020-2021 will take place on December 10th.</p>	<p>The review was positive and we consider on January 16th the coherence of plans to deliver March 2020 activity and sustain that through 2020-2021</p>
<p>Agency Spend The Trust delivered a significant reduction in its agency spend from spend of £23.3m in 2016/17 to £15.8m in 2017/18. However, this was still above the agency ceiling of £11m.</p>	<p>Analysis at Group Reviews showed improved control in managing medical agency spend. Whilst nursing agency spend has not deteriorated, there is less comfort that in the MEC group due grip is in place.</p>	<p>Concerns remain about grip in MEC. We need too to ensure that exceptional winter measures are stood down at the end of January.</p>
<p>Quality Improvement The Trust will ensure the improvement plan to address the recommendations</p>	<p>The update last month remains extant.</p>	<p>As noted in cover sheet, to be addressed on main agenda.</p>

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<p>from the serious incident and Patient Safety review is implemented and delivered by a date to be agreed with NHS improvement.</p>		
<p>Programme Management The Trust will implement sufficient programme management and governance arrangements to enable delivery of these undertakings.</p>	<p>We are finalising plans to ensure that across the next step of our digital programme (unity phase X) and our implementation plan for Midland Met readiness we have the right resource and in the right place.</p>	<p>Plans for phase X are agreed but not yet funded. Plans for Midland Met are being developed. I would suggest that the April Trust Board is best placed to assess our change capacity.</p>
<p>Other Partner Stakeholders The Trust will co-operate and work with any partner stakeholders who may be appointed by NHS improvement to assist the Trust with delivery of the Quality improvement Plan, Joint A&E improvement plan and the improvement of its finances and the quality of care the Trust provides.</p>	<p>The Trust is notably active in STP wide activities and in particular is contributing to the variation analysis of emergency care within the UEC grouping.</p>	<p>There are no outstanding matters in this regard albeit there is an expectation of a governance/well-led review, the timing of which is outlined in the CEO report. This was discussed at the 19-12 Board away day.</p>

Toby Lewis, Chief Executive
November 1st 2019