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

Requirement	Last month's update	This month's update
Operational Performance issues Breach of A&E 4 hour waiting time since June 2016.	The focus of our reasonable steps remains on:  Emergency department performance at:  Triage timeliness  First medical decision maker  Decision to admit or discharge  Exit from the department  Timeliness and volume of discharges home or to PCCT:  378 discharges per week from medicine  20 discharges per day before 10 a.m  Every patient having a credible TDD	The focus of our reasonable steps remains on:  Emergency department performance at:  • Triage timeliness
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.		<ul> <li>First medical decision maker</li> <li>Decision to admit or discharge</li> <li>Exit from the department</li> <li>Improvement has been seen in January's weekly performance and proof of concept of improvement activities is covered in the separate ED speciality presentation at Trust Board.</li> <li>Daily ED clinical standards appended.</li> </ul>
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).	The review was positive and we consider on January 16 <sup>th</sup> the coherence of plans to deliver March 2020 activity and sustain that through 2020-2021	2020-2021 financial planning meeting with key partners scheduled for 12 <sup>th</sup> February.
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.	Concerns remain about grip in MEC. We need too to ensure that exceptional winter measures are stood down at the end of January.	New controls are in place to manage Emergency Care rotas and agency.  Winter spend for HCA end in January.  Hard to recruit posts review has been completed. Post-by-post agency plans for 2020/21 will be reviewed by the CEO in February to ensure reduction and grip on spend.

Requirement	Last month's update	This month's update
Quality Improvement The Trust will ensure the improvement plan to address the recommendations from the serious incident and Patient Safety review is implemented and delivered by a date to be agreed with NHS improvement.	As noted in cover sheet, to be addressed on main agenda.	Nothing additional to add.
Programme Management The Trust will implement sufficient programme management and governance arrangements to enable delivery of these undertakings.	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.	Rachel Barlow has been appointed to the new role of Director of System Transformation and will provide leadership and focus to programme governance.
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.	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.	The Board will receive the proposed terms of reference for a developmental Well-led review next month. An external company experienced in this field of work has been approached and, subject to a successful initial meeting with the Chairman and CEO, will commence in February and take 12 weeks to complete.

Toby Lewis, Chief Executive 31<sup>st</sup> January 2020