

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>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>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.</p> <p>Daily ED clinical standards appended.</p>	<p>The Trust is close to the regional wait time average performance MTD. This remains short of our 80% ambition or our 85% ambition. We cannot yet show Minors Performance at 98% and remain focused on that, alongside handover waits, which have grown in recent days.</p> <p>The SPC charts continue to show we are not reducing one hour waits to see a senior decision maker and we have identified peer sites to visit to understand better the micro work that they have done on flow. Our Ambulatory Majors project and AMAA improvement plan come to the executive on March 10th for sign off and execution consideration.</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>2020-2021 financial planning meeting with key partners scheduled for 12th February.</p>	<p>Our January STP submission suggested a remaining income gap for the Trust of around £10m to need. Commissioner offers are not currently consistent with that plan and our whole STP team are working through how to address these issues.</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>New controls are in place to manage Emergency Care rotas and agency.</p> <p>Winter spend for HCA end in January.</p> <p>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.</p>	<p>The actions listed last month remain extant. The Grip and Control model is in place from start of April against a plan to be finalised w/b 16-03.</p>
<p>Quality Improvement</p>	<p>Nothing additional to add.</p>	<p>Compliant. We use SRM to seek sign off again.</p>

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<p>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.</p>		
<p>Programme Management The Trust will implement sufficient programme management and governance arrangements to enable delivery of these undertakings.</p>	<p>Rachel Barlow has been appointed to the new role of Director of System Transformation and will provide leadership and focus to programme governance.</p>	<p>As left.</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 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.</p>	<p>Compliant.</p>

Toby Lewis, Chief Executive
28th February 2020