

TRUST BOARD
8 June 2023

AGENDA ITEM	16.1	
TITLE OF PAPER	Modern Healthcare Committee – 25 May 2023 Alert, Advise and Assure report to Open Board	
Confidential	NO	
Suitable for public access	YES	
STRATEGIC OBJECTIVE(S):		
Quality of Care	X	
People	X	
Modern Healthcare	X	
Digital	X	
Collaborate	X	
EXECUTIVE SUMMARY		
	<p>The purpose of this report is to provide a summary of key assurance reports received at the sub-board committee. This is in order to provide assurance to the Trust Board that the key matters for which the Modern Healthcare Committee has oversight, are considered in a timely way and in sufficient detail. Also, that any issues, actions or risks identified are subject to appropriate oversight and scrutiny by the committee.</p> <p>Any matters requiring direct board oversight are highlighted.</p> <p>There are two areas of Alert for the Trust Board</p> <ul style="list-style-type: none"> • A positive update on our operational performance • Financial performance 	
SPECIFIC ISSUES CHECKLIST:		
Quality and safety	X	
Patient impact	X	
Employee	X	
Other stakeholder	X	
Equality & diversity	X	
Finance	X	
Legal	X	
AUTHOR(s)	John Machin, Modern Healthcare Committee Chair	
PRESENTED BY	John Machin	
DATE	31 May 2023	

BOARD ACTION

The Board is asked to RECEIVE the assurance report

KEY ITEMS DISCUSSED AT THE MEETING:

ALERT (Areas of non-compliance or matters that need addressing urgently)			
Subject / Committee update	Assurance received	Actions Underway Board Action (bold)	Risks (include link to BAF)
<p>The Performance Report (22/5/23) was presented and debated and continued to reflect very positive improvements in certain areas of non-compliance previously reported.</p> <p>However, the financial recovery programme may impact on constitutional standards recovery trajectories due to reduction in insourcing and outsourcing. The challenge for the operational teams is bridging these shortfalls with operational and clinical efficiency and productivity measures. Continuation of strike action, including time taken to prepare and recover from such, will also have a considerable impact on outpatient activity and waiting lists. The Trust having to cancel substantial elective outpatient and theatre activity to release clinical staff to support Urgent and Emergency Care.</p> <p>This is leading to increased routine waiting times for 1st appointment, which were shared with the MHC as an appendix to the Performance Report.</p>	<p>Elective Activity</p> <p>In spite of substantial challenges from increased demand for services, Covid 19 and the Cerner Surrey Safe Care implementation the Trust delivered the NHSE’s key ambition to eliminate waits over 104 weeks by July 2022, and over 78 weeks by March 2023. At the end of March 2023 we had 7 patients, who had all opted to delay treatment waiting 78 weeks.</p> <p>The introduction of the Lunar tool is helping to further identify areas for data validation. During February and March, MBI completed the additional validation support purchased by the Trust. Learning from this work continues to further reduce duplicates and erroneous pathways.</p> <p>During validation the Trust found an issue with e-RS drop-offs which led to patients being re-instated onto the waiting list for first appointment. The Trust are now using “Worklist Drop Off” files (available through NHS Digital) to validate. A small number of patients referred to Neurology and Gynaecology were identified and are now with the cohort of patients waiting over 78 weeks at the end of May 2023.</p> <p>The Trust continues to benchmark well with other providers on patients waiting over 52 weeks (28th lowest of 117). On RTT we are 44th of 117.</p>	<p>Elective Activity</p> <p>Work underway to identify where there are significant gaps at a speciality level to deliver the FY23/24 targets. In depth review to identify inefficiencies and take advantage of productivity gains. Review will be subject to MHC deep dive.</p> <p>Some discussion and recognition that there may need to be a “new normal” on expectations around meeting constitutional standards if the workforce (resources), finance and activity are not in balance and that unfortunate trade-offs may be inevitable.</p>	<p>Validated data availability to support decision making.</p> <p>Further and prolonged NHS strikes.</p> <p>Overcrowded ED estate, not supporting agile patient flow and effective IPC.</p> <p>Patients suffering harm whilst waiting for appointments or treatment.</p> <p>Ongoing operational and financial challenges.</p> <p>Recruitment and retention of appropriate resources and ability to change current working practices.</p> <p>Competing pressures.</p>

<p>Urgent Care With demand and flow improving the ED team have focussed on: reducing ambulance handover delays (3 patients waiting longer than 60 minutes in April, and 30 to 60 minutes down to 101 (from 197 in March): continued focus on non-admitted pathway improvements (one stop triage and more effective use of ED Same Day Emergency Care (SDEC). The Main Effort recovery trajectory was not achieved in February.</p> <p>Stroke Performance Challenging performance for patients “being admitted within 4 hours of arrival” and “spending 90% of stay on a stroke ward” due to high bed occupancy. In such cases full care has been provided within ED and other appropriate wards.</p> <p>Diagnostics DM01 statistics submitted for February, excluding cystoscopies while further build work (to id diagnostic v therapeutic) takes place on Surrey Safe Care.</p> <p>Cancer Some diagnostic delays although improvements being seen in MRI and endoscopy turnaround times. 10 out of 32 patients treated at tertiary centre in April</p>	<p>Overall NHSI performance recorded at 74.3% in April (a 4.3% improvement over March). With partial assurance over delivery of the 4-hour standard.</p> <p>Admitted position remaining challenging with average of 7 Discharge To Assess (DTAs) in A&E every morning waiting for a bed, and similar average length of stay.</p> <p>Stroke Performance Facing shortfall in consultant capacity.</p> <p>Diagnostics Excluding cystoscopies DM01 performance for April was 88.6% (down 1.3% on March). Trust has continued challenges in Audiology, Endoscopy, Ultrasound, MRI and Neurophysiology due to reduced capacity over Easter Bank holiday and industrial action by junior doctors.</p> <p>Cancer Trust is provisionally reporting compliance for 3 of 8 standards for April (was 5 of 8 for March) which has also been impacted by the industrial action</p>	<p>Working with Surrey Heartlands ICS, Integrated Stroke Delivery Network and other partners to formulate a sustainable plan.</p> <p>Additional capacity and productivity improvements being explored where patients are waiting more than 6 weeks.</p> <p>Provision of additional outpatient and diagnostic capacity, and</p>	<p>Any emerging issues arising from Surrey Safe Care.</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------

<p>were referred after day 38, impacting performance adversely by 2%.</p>	<p>For March 2023 ASPH benchmarked 3rd of 122 providers (min. of 600 appointments) for TWR and 16th of 141 Trusts for 62 day performance.</p>	<p>prioritisation of use of capacity.</p>	
<p>Finance Report for month 12 (M12)</p>	<p>The Trust is reporting a full year deficit of £6.1m on an NHSI control total basis, which given the various challenges is a tremendous result and £6.0m better than the NHSI plan. This includes £15.2m of Elective Recovery Funding being held by Surrey Heartlands ICB.</p> <p>CIP delivery was behind plan at 31 March 2023 but by just £0.3m.</p> <p>Cash balances remain high at £59.3m.</p> <p>KPMG’s audit of the annual report and financial accounts is underway, with no major issues identified so far, and is due to be finalised in June 2023.</p>	<p>A communication strategy and plan will be required in order that clear messages to staff, about the circumstances affecting our financial position, can be effectively delivered.</p> <p>The Executive will continue to work with Divisional leadership to control Trust activity and expenditure.</p>	<p>Delays in meeting constitutional standards requirements and funding for resources (including capital funding authority and necessary investments).</p>

ADVISE (Areas of on-going monitoring where an update has been provided to the Committee AND any new developments that will need to be communicated or included in operational delivery)			
Subject / Committee update	Assurance received	Actions	Risks
Capital plan 2022/23	At 31 March 2023 capital spend was £24.9m against a YTD plan of £27.6m. Trust has received Public Dividend Capital funding of £6.9m in 2022/23 and drew this down in early March.	Underspend has been agreed with the system after the Trust's original capital spend for Ashford theatres was replaced by national funding for the Elective Centre.	
Month 1 (M1) finances	The M1 actuals at £2.4m deficit show that the Trust is on plan. This assumes ERF income is as planned and includes the impact of the junior doctors' industrial action in April.	Continuous monitoring of performance at divisional and executive level.	
Estates Strategy Group (ESG) Matters arising from meetings of the ESG for 4 April and 17 May 2023 were presented and debated. The Estates Strategy and Plan is being developed in alignment with the Trust's Clinical Strategy, which has a 3 pronged clinical service portfolio:- <ul style="list-style-type: none"> • St. Peter's Emergency Service • Ashford Elective Surgical Centre • Woking Diagnostics 	Ashford restaurant is now fully open and proving popular. Draft plan for ward refurbishment including Swift/Cedar and Holly has been drawn up. Cherry Ward is to undergo a full refurbishment (same architects as May Ward) and should be due to be back in service at the end of October 2023. Woking Diagnostics – Government support of £4m secured to help with the provision of ACT, MRI and ultrasound facilities at Woking Hospital. Deployment of Computer Aided Facilities Management (CAFM) system to help with medical devices management in Intensive Therapy Unit (ITU) and Maternity.	.	

ASSURE (Areas of assurance that the Committee has received)			
Subject / Committee update	Assurance received	Actions	Risks
<p>Workforce Report 22 May 2023</p> <p>A comprehensive Workforce Report continued to address a number of specific questions posed by the MHC NEDs and includes the Balanced Scorecard, Bank and Agency use and spend and details of Starter and leavers.</p> <p>The cost associated with absence through sickness (particularly long term) is explored although considered difficult to quantify. There is evidence of an increase in complex cases with anxiety, stress, depression and other psychiatric illnesses being the most reported reason for sickness absence.</p>	<p>The 2023/24 workforce plan has total workforce throughout the year remaining stable with establishment growth constrained by the Trust's financial position. Focus of this stability is transition from temporary to permanent staffing, improved retention and low year-end vacancies with less dependence on international recruitment. Although Trust has secured additional funding to recruit 70 international nurses. Retention of Internationally Educated Nurses (IENs) beyond an average length of service of 15 months remains a real challenge due to high cost of living, relocation for family reasons and more attractive salaries in London and private sector.</p> <p>Trust vacancy rate adjusted for headroom is 6.8%. Total vacancy rate for the entire staff group is 13.6% although Healthcare Support Workers amount to approximately 30%.</p> <p>Some evidence of positive turnover due to Healthcare Support Workers furthering their careers through moving into nurse education (Nursing Association and other registered programmes). Which should be regarded as positive.</p> <p>Evidence to support real reduction in monthly agency and bank staff usage over the year, particularly in Registered Nurses and Midwives. Weekly department scrutiny meetings, removal of the pay to grade practice</p>	<p>Workforce bridging charts to be prepared quarterly in order to aid review of staff movements and trends.</p> <p>Implementation of aligned medical staff rate card, including activity associated with waiting lists to be implemented as soon as possible / practical.</p> <p>Director of Finance to continue to pursue potential recovery of the costs of provision of mutual aid.</p>	

	<p>and reverting to the grade required in the roster are all helping to control spend and not impacting on fill rates.</p> <p>Dermatology was highlighted as an area with most Agency spend due to vacancies.</p> <p>The cause of the rise in Bank spending in Paediatrics and Obstetrics and Gynaecology from Q3 to Q4 is being looked at.</p> <p>Evidence to support reduction in off-framework agency spend over the year with increased spend in December and January mainly in A&E and Intensive Treatment Unit (ITU) due to Critical Incident pressure. But minimal spend in April (£2.5k), which is a real result.</p> <p>Industrial action will impact on costs and the intensity and timing of shifts make payments challenging. Depending on shift times March industrial action offered 3 alternative pay rates for Consultants.</p> <p>Some ITU spend associated with providing mutual aid to other Surrey Heartlands providers.</p>		
	.		
Schedule of Business May 2023	Schedule was reviewed and includes post implementation review of the robot business case in September.		
<p>MHC BAF Risks March 2023</p> <p>The MHC BAF Risks had already been reviewed and changed to provide a more</p>	<p>Risk 2.1 Acceptable assurance with respect to 2022/23. Partial assurance with respect to 2023/24 due to the impacts of multiple funding reductions, ERF activity assumptions, no funding for emergency growth and consequently emergency activity levels driving extra</p>	Board to note HHC BAF changes.	

<p>accurate reflection of the risk and its nuance.</p>	<p>costs, risks around the system cost improvement plan and the significant deficit plan submission. Continued data quality concerns may also impact on ERF income recovery following the SSC go-live last year. Concerns are also increasing around cash-flow given the scale of the 23/24 forecast deficit.</p> <p>Risk 2.2. Acceptable assurance, further strategic work underway around our estate plans and priorities to further mitigate any deterioration. Noting that Surrey Heartlands system funding restrictions will have impacts around the scale and timing of our theatre and maternity redevelopment plans.</p> <p>Risk 2.3. Partial assurance, whilst we have strong assurance over elective and cancer waiting, overall. partial assurance can only be provided due to concerns around Urgent Care performance.</p> <p>Risk 2.4. Partial assurance, we remain some distance from the increased outpatient (107% on average of 19/20) activity levels (c10%) but also from our previous Weighted Activity Unit (WAU) costs (c10%). Deeper scrutiny of productivity across various specialty areas remains ongoing.</p> <p>Risk 2.5. Partial assurance Surrey Heartlands system funding restrictions will have impacts around the cost improvement ask, requirements for mutual aid, & the withdrawal of expected funding streams.</p>		
<p>MHC Operational Efficiency Metrics – 19 May 2023</p> <p>The Trust plans to improve use of resources through focus on 4 key areas:-</p> <ol style="list-style-type: none"> 1. Improving emergency flow and discharge through the main effort 	<p>Our agency usage reduced to 3.7% in April 2023 which is the lowest recorded in many years.</p> <p>Use of nursing agency has halved since the peak winter months following targeted management action launched in Q4.</p> <p>Above findings borne out by the Workforce report.</p>	<p>Continued reporting, focus and oversight at all levels throughout the Trust on selected areas.</p>	

<ul style="list-style-type: none"> 2. Reducing usage and reliance on temporary staff 3. Driving increased activity and throughput across all outpatient and elective inpatient areas 4. Ensuring we properly record all work undertaken post SSC go live. <p>Work also continues at speciality and divisional levels around Getting It Right First Time and Model Hospital identified opportunities.</p>	<p>Tables are showing how new outpatient, procedures, day-case and elective inpatient activity are trending, including showing recovery over the last year. Early periods show the adverse impact of the SSC implementation. Since then elective theatre work has recovered better than outpatients, which remain of significant concern.</p> <p>Emergency volume trends reflect investment and improvements to short stay teams and facilities. However, there is some incorrect recording of planned reattendances as emergency rather than elective work.</p>		
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--