

REPORT TO: HEALTH OVERVIEW AND SCRUTINY PANEL

DATE OF MEETING: THURSDAY 20 SEPTEMBER 2018

SUBJECT OF REPORT: WESTON AREA HEALTH NHS TRUST – PERFORMANCE WITHIN THE TRUST AND PROGRESS AGAINST THE CARE QUALITY COMMISSION INSPECTION ACTION PLAN

TOWN OR PARISH: ALL

OFFICER PRESENTING: JAMES RIMMER, CHIEF EXECUTIVE

KEY DECISION: INFORMATION AND DISCUSSION

RECOMMENDATIONS

Members are asked to note the content of this report which provides an update on performance within Weston Area Health NHS Trust and progress against the Care Quality Commission Inspection Action Plan.

1 EXECUTIVE SUMMARY

Quarter 2 has started much as Quarter 1 ended across many areas of the Trust; we have maintained our improvements in many areas but remain challenged in others, notably workforce recruitment and retention with the inevitable knock on consequences for the financial positions.

2 QUALITY AND SAFETY

Quality and Safety shows a relatively balanced and positive position across a range of quality metrics in the report.

In July 2018 there were no reported hospital acquired MRSA, MSSA or C Difficile infections reported, and for the first time in seven months the Trust achieved the target for the number of falls, with one fall sustaining harm.

3 OPERATIONAL PERFORMANCE

Overall July was a good month for the Trust, and we performed well in most of the constitutional standards. We continue to have issues around the Cancer 62 Day Standard due to a number of issues that are being acted on.

The A&E performance for July was 90.15% against a trajectory target of 92.50%; this puts Weston in the top third of Trusts nationally.

The Cancer 62 Day performance for June was 70.37% against a trajectory target of 76%; and the Cancer 2 Week Wait for June was 92.10% against a national target of 93%.

Referral to Treatment Times (RTT) was achieved for the third month in a row (at 92.4%), and Diagnostics was achieved for the fifth month in a row (at 99.27%). The

Trust performs above National Standards on both of these measures and has received letters of thanks from the Secretary of State for Health and Social Care acknowledging this performance.

The percentage of stroke patients on a Stroke Unit for 90% of their time continues to be delivered.

The Trust bed occupancy remains below the 95% target which is a key indicator of better flow. This has been helped by a significant improvement in the length of stay of patients (3.2 to 2.63); this has been helped by the #EndPJPparalysis campaign.

Overall there has been an improvement in performance, leading to a better experience for patients and staff.

4 WORKFORCE

Workforce continues to be a major risk with recruitment and retention remaining a key issue; this inevitably knocks onto the need for high agency numbers and costs. It should be noted, however, that sickness remains low and the latest Friends and Family Test shows an improvement with two thirds of staff now recommending the Trust as a place to receive care. Further work is needed to understand these scores and the impact of the recruitment and retention schemes.

5 FINANCE

Financially the Trust's position has moved to a deficit position of £4.4m at the end of July against a year end plan of a £12.4m deficit. A Financial Recovery Plan is being pulled together for the end of September and this will need to focus particularly on the delivery of cost improvement plans and reduction in agency spend.

6 CARE QUALITY COMMISSION UPDATE

Following the inspection by the Care Quality Commission (CQC) in March 2017 the Trust was issued with a Section 29A Warning Notice. A subsequent follow-up focused inspection was carried out in December 2017 which specifically reviewed concerns identified in the Section 29A Warning Notice. At this time the CQC noted significant improvement and changes, however they identified that further embedding of processes was required, therefore the Warning Notice remains in place. This was reviewed again in August 2018 and the Trust is currently awaiting feedback.

The CQC Improvement Plan is demonstrating evidence of achievement and embedding of actions through positive engagement and involvement of the Directorate and Operational Leads. The number of completed 'Must Do' and 'Should Do' actions has improved significantly; there is now a clear process in place for capturing and assessing completion of the actions which includes validation of evidence. Monitoring of the implementation plan will continue and the actions identified as outstanding have been reflected within the Trust's overall Quality Improvement Plan for 2018/2019.

A monthly review meeting with the CQC is in place between the Medical Director, Director of Nursing and Deputy Director of Quality and Safety to review the monthly CQC Insight Report which is based on various data which the CQC draws upon – this is in line with the new quarterly engagement meetings with the CQC. A Service Review is planned for Medicine and staff will be invited to join a focus group with the CQC at the start of next month.

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate	Requires improvement	Good	Inadequate	Inadequate	Inadequate
Medical care	Requires improvement	Requires improvement	Good	Inadequate	Requires improvement	Requires improvement
Surgery	Good	Good	Good	Requires improvement	Good	Good
Critical care	Good	Good	Good	Requires improvement	Good	Good
Overall	Requires improvement	Requires improvement	Good	Inadequate	Requires improvement	Requires improvement

7 AUTHOR

James Rimmer, Chief Executive