



Trust Board

There will be a meeting of the Trust Board on Thursday 10 December 2020 at 10:00. It will be held virtually and live streamed on You Tube.

Sir David Nicholson  
Chairman

Agenda		Enclosure
1	<b>Welcome and apologies for absence</b>	
2	<b>Patient story</b>	
3	<b>Items of Any Other Business</b> <i>To declare any business to be taken under this agenda item.</i>	
4	<b>Minutes of the previous meeting</b> <i>To approve the Minutes of the meeting held on 12 November 2020 as a true and accurate record of discussions.</i>	Enc A <i>For approval</i>
5	<b>Action Log</b>	<i>For noting</i> Enc B
6	<b>Chairman's remarks</b>	
<b>5 Strategy</b>		
5.1	<b>Winter Plan</b> Chief Operating Officer	<i>For approval</i> Enc C
<b>6 Performance</b>		
6.1	<b>Integrated Performance Report</b>	<i>For assurance</i> Enc D
6.1.1	<b>Executive Summary/SPC charts</b> Chief Digital Officer	
6.2.2	<b>Committee Assurance Reports</b> Committee Chairs	Appendix 3
<b>7 Assurance Reports</b>		
7.1	<b>Audit and Assurance Committee Report</b> Audit and Assurance Committee Chairman	<i>For assurance</i> Enc E

**Any Other Business as previously notified**

Date of Next Meeting

*The next public Trust Board meeting will be held on 15 January 2021, virtually.*

**Exclusion of the press and public**

The Board is asked to resolve that - pursuant to the Public Bodies (Admission to Meetings) Act 1960 'representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest' (Section 1(2) Public Bodies (Admission to Meetings) Act 1960).

**MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON  
THURSDAY 12 NOVEMBER 2020 AT 10:00 hours  
VIRTUALLY**

**Present:**

**Chairman:** Sir David Nicholson

<b>Board members: (voting)</b>	Paul Brennan	Deputy Chief Executive/Chief Operating Officer
	Anita Day	Non-Executive Director
	Mike Hallissey	Chief Medical Officer
	Matthew Hopkins	Chief Executive
	Dame Julie Moore	Non-Executive Director
	Vicky Morris	Chief Nursing Officer
	Robert Toole	Chief Finance Officer
	Bill Tunnicliffe	Non-Executive Director
	Stephen Williams	Non-Executive Director
	Mark Yates	Non-Executive Director

<b>Board members: (non-voting)</b>	Richard Haynes	Director of Communications and Engagement
	Colin Horwath	Associate Non-Executive Director
	Vikki Lewis	Chief Digital Officer
	Richard Oosterom	Associate Non-Executive Director
	Jo Newton	Director of Strategy and Planning
	Kimara Sharpe	Company Secretary

<b>In attendance</b>	Peter Pinfield	HealthWatch – chair <i>part meeting</i>
	Melanie Hurdman	Freedom to Speak Up Guardian ( <i>item 90/20/1 only</i> )

<b>Public</b>	45	Via YouTube
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<b>Apologies</b>	Tina Ricketts	Director of People and Culture
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<b>Observers</b>	Oliver Newbould	NHS E/I
	Carolyn May	NHS E/I

081/20      **WELCOME**  
 Sir David welcomed everyone to the meeting, particularly those viewing via YouTube and colleagues from NHS E/I who were observing the meeting.

082/20      **PATIENT STORY**  
 Sir David explained that the Trust starts each board meeting with a patient story. It was very important to ensure that Board members were hearing from people who were using the Trust services and work to improve services. He therefore welcomed D and R to the meeting. He also welcomed Mrs Mahal from the Women and Children division.

Mrs Morris added her welcome to D & R. She explained that the two stories showcased the use of technology to support families in the birth of babies. She asked D to share her story.

D explained that she had suffered from depression prior to her pregnancy and she was aware of the necessity of bonding with her new baby, particularly skin to skin contact. This would help to ensure that she did not have post-natal depression. However, she had an emergency C-section at 30 weeks. She was taken to the post-natal ward and her baby was taken to the neonatal unit. The post-natal ward had other mums and babies on it. She did not even know what her son looked like. She felt the only thing she could do was to produce milk for him. When she started to use the iPad, she was able to view him whenever she wanted and it really helped with the bonding. She complimented the staff who were involved in her care.

Sir David thanked her for sharing her story. He asked whether there were any other actions that could have happened that would have made her stay in hospital better. D stated that she felt guilty asking staff for anything as they were always very busy. She felt that the staff would be able to benefit from more knowledge about how to use the iPad as only a small number of staff were aware of how to use the iPad. She was happy that she could invite her mum to see her baby as well. She suggested that a bracket would be useful as time was spent trying to get the best angle for viewing.

Mr Yates stated that one ward he was visiting was developing a poster which states that nurses are never too busy for questions. He wondered whether this would be something that could be rolled out across the trust.

Sir David then invited R to share her story.

R was pregnant with twins and went into early labour which resulted in a C-section at 35 weeks. She then went to the transitional care unit and there were staff there to give extra support. Shortly after the C-section, the babies had feeding tubes and the first feed was given by nurses. One twin inhaled milk and ended up in neonatal intensive care. R was bed bound and so could not accompany him to the new unit. When an iPad was suggested, she was delighted as she could see him at any time. It really worked for her.

Sir David asked R about her views as to what could be improved. R stated that the nurses and midwives were brilliant. She spent 10 days in hospital and had her birthday whilst there – and she had a card and cake! However she felt that there could have been more support for breast feeding as the separation meant that she found it difficult to produce milk. She was left to her own devices and eventually gave up. She was unaware that she could have included family members in the iPad use and echoed the view of D, that there could be more training of staff in the use of technology.

Dr Tunnicliffe asked how the babies were and R stated that they were fine and had been discharged.

Ms Day asked whether volunteers from local charities were used for the support for breast feeding. Mrs Mahal said that they were not, but all staff were trained in support for breast feeding. Mrs Morris agreed to review the use of volunteers in this area.

**ACTION: consider the use of volunteers for breast feeding support (Mrs Morris)**

Sir David thanked R for her story. In addition to considering the use of volunteers for breast feeding support, he stated that the Trust needed to review the number of iPads, training of staff in the use of iPad and the physical support for the iPad.

Mr Haynes suggested that the Trust reviews the use of charitable funds for iPad and the physical support.

**ACTION review numbers of iPads and physical support for iPads (Mr Haynes)****ACTION review training for staff on iPads (Mrs Lewis)**

083/20

**ANY OTHER BUSINESS**

There were no items of any other business.

084/20

**DECLARATIONS OF INTERESTS**

There were no additional declarations of interest. The Board noted that the full list of declarations of interest were on the website.

085/20

**MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 15 OCTOBER 2020**

**RESOLVED THAT the Minutes of the public meeting held on 15 October 2020 be confirmed as a correct record and signed by the Chairman.**

086/20

**MATTERS ARISING/ACTION SCHEDULE**

Mrs Sharpe reported that there no outstanding actions and all other actions had been completed.

087/20

**CHIEF EXECUTIVE'S REPORT**

Mr Hopkins highlighted the recent 'Culture Month' held throughout the Trust. This involved an A-Z social media campaign and launching the Freedom To Speak Up portable. He went onto praise the work of two members of staff within paediatrics who entertained a ballet-mad young cancer patient. The resulting film went viral across the world.

Mr Hopkins congratulated the Health and Care Trust with their name change to reflect the services being provided within Herefordshire.

He also highlighted the development of the maternity app to ensure real time information is available for mothers. He was pleased to report that Mr Hallissey was leading the development of services for people with long covid in the county. Finally Mr Hopkins highlighted the Trust's submission made to the Infected Blood Inquiry.

Mr Oosterom asked for an update on the flu vaccination rates. Mr Hopkins stated that the Trust was working towards 90% coverage and currently the rate was 46% against the target of 45%.

**RESOLVED THAT** The Trust Board

- Noted the report

088/20

**STRATEGY**

088/20/1

**Board Assurance Framework**

Mr Hopkins presented the report which was the routine update, undertaken three times a year. He stated that the executives and the Committees have updated the strategic risks. He specifically highlighted the work involved in the phase 3 restoration which is being undertaken with an increasing workload associated with COVID-19. He was pleased with the progress of the implementation of the clinical services strategy, focussing on the hospital sites. Finally he highlighted the new risk in relation to technology infrastructure.

Sir David commented that the Board meeting would address many of the risks within the document.

Mr Oosterom wondered whether the BAF was being shared across the system as there are many mutual dependencies. Mr Hopkins agree and stated that the various meetings across the system the risks are discussed, for example the A&E delivery board. The formal sharing had not taken place. Sir David reflected that this could be an action for the Integrated Care System.

Dr Tunnicliffe stated that the Quality Governance Committee found the BAF an increasingly useful tool and congratulated the executives on the BAF's development. It was important to note that risks have reduced and measurable progress is being made.

Mr Horwath was pleased to hear how the Quality Governance Committee was using the BAF and stated that the Governance Steering Group was keen to ensure that the BAF was seen as a key plank in the governance of the organisation. It is clear that the BAF has made considerable progress. He wondered whether each committee wished to undertake a deep dive into one risk at every other meeting.

Mr Hopkins agreed that this was a good discipline and would take place at QGC as well as F&P.

Sir David welcomed the document. He stated that it was becoming an increasingly relevant document and thanked everyone for their efforts.

### **RESOLVED THAT the Board approved the Board Assurance Framework**

088/20/2

#### **Recovery and Reset**

Mrs Newton spoke to the paper. She asked the Board to note the progress outlined, particularly in respect of the high impact changes (HIC). She was pleased that the electronic triage was being trailed and her team was working with outpatients in respect of follow up calls. A dashboard was being worked upon as was improvements in capturing benefits realisation. She stated that the annual planning process was now underway for 2021/22. This had been delayed due to COVID-19.

She handed over to Mr Brennan for an update on COVID-19 activity.

Mr Brennan stated that the impact of the second wave started to be seen within the Trust on 28 September. Initially two to three new positive patients were being admitted. From 16 October, this figure increased to six or seven, the majority were offset by discharges and unfortunately deaths. At the time of the Board meeting, there were 63 positive across the two hospitals which was the highest number since 1 May. The number of deaths was now at 304, an increase of 23 since September. There were 12 patients in ITU. Surge ITU was open at the Worcester site. He described the practicalities for ITU working in both hospitals.

Mr Brennan went onto staff absences. There had been 49 due to COVID at the end of September. This figure was now 224.

He then went onto phase 3 recovery. Activity was at plan for endoscopy and CT. MRI day cases were slightly below plan for inpatients and below plan for outpatients. He thanked the county council for their support in providing offices to enable virtual consultations to take place which has released capacity for face to face consultations. Finally, he confirmed that Mulberry would re-open as the AEC prior to Christmas.

Mr Horwath was complimented Mrs Newton for the tracking of the annual plan priorities and suggested a half year review of the plan. Mr Hopkins confirmed that a six monthly

update was presented to the Board in 2019/20, but that this had not been possible this year due to COVID-19 and lack of capacity. He confirmed that the annual plan priorities have been reviewed during the year and the review will become business as usual once the environment has stabilised.

Dame Julie asked how the cross system work on ensuring only 10 patients who were medically fit for discharge were inpatients at the end of the working day. Mr Brennan stated that the number was decreasing, but not yet at 10. The most recent data showed 16 patients were waiting. There was one person responsible for ensuring this and this was the head of the onward care team.

Mr Hopkins stated that the county council was working hard to ensure that this target was met. He was more positive that the joint work would be reflected in lower numbers.

Mr Oosterom reflected that in The Netherlands, primary care was being given a larger role in the care for discharged patients. He wondered whether this could be replicated. Mr Hopkins stated that GP colleagues were very much part of the work to ensure that medically fit for discharge patients were not in the acute setting longer than possible. However, they also would be the key for the role out of the vaccination programme and to take on more responsibility would not be feasible at the current time.

Mr Hallissey confirmed that practice had changed. Length of stay had reduced from 5.2 days to 4.9 days and clinical colleagues were discharging patients earlier to pathway 1 which was primary care.

Dr Tunnicliffe thanked Mr Brennan for his work. He asked about end of life care and whether more work needed to be undertaken with colleagues on the importance of the appropriate place of death. He also reminded members that caring for staff was vitally important and adequate breaks were essential.

Mr Brennan confirmed that the Trust had excellent relationships with the local hospices and patients can now go to hospices from the emergency department.

Sir David thanked everyone for their work. He reiterated the important of putting patients first and the necessity to provide great care for patients with COVID as well as maintaining other services. He agreed with Dr Tunnicliffe that caring of staff must be a high priority.

**RESOLVED THAT** The Trust Board

- Noted the current COVID-19 position
- Noted progress with delivery against the Phase 3 plan
- Noted the progress of the High Impact Change Programme
- Endorsed the direction of travel

089/20

**PERFORMANCE**

089/20/1

**Integrated Performance Report**

089/20/1/1

**Executive Summary**

Mrs Lewis introduced the report, month 6, September 2020. She stated that the report was more concise than the previous month. Four areas of challenge have been identified:

- The impact of COVID-19 on elective activity
- The impact of hospital acquired infections
- Demonstrating well-being for staff
- The financial position

Sir David confirmed that the IPR had improved and he particularly liked the benchmarking.

Mrs Morris talked to the infection control metrics. Managing COVID hospital acquired infections was complex with the asymptomatic nature of cases. National guidance continued to be followed and the assurance level remained at 6. The MSSA outbreak was discussed in detail at QGC and actions for specialist medicine had been identified.

Dr Tunncliffe complimented the IPR and stated that the format and the way data was presented allows questioning and seeking out areas that are not performing well. He stated that the next QGC would like to see the outcomes of the audits and cannula care.

Sir David then invited Mr Haynes to speak to the wellbeing of staff.

Mr Haynes stated that staff were feeling many pressures. Putting in place a comprehensive wellbeing offer has been a priority, psychological, physical, social and financial wellbeing. The wellbeing group meets fortnightly with four areas of focus:

- What more support can we provide for staff, inside and outside workplace
- What more can we do to raise awareness across the trust about the offer
- What more can we do to encourage staff to take up offers of health support
- What more can we do to evaluate positive impact of what we are doing to refocus and change emphasis

Ms Day liked the approach; particularly reviewing what worked and did not work in wave 1. Dr Tunncliffe agreed. He asked about child care provision over the school holidays and particularly the Christmas break. Mr Haynes agreed to take this back to the Wellbeing group.

**ACTION: Review childcare provision over Christmas (Mr Haynes)**

Mr Yates stated that the People and Culture Committee tracks the staff offer and the groups are now getting more cohesive. He was particularly pleased with the emphasis on mental health.

Sir David then turned to the financial position. He was pleased that there would be a finance seminar on the 25 November.

Mr Toole spoke to the month 6 financial position. He highlighted that the financial regime in the first six months of the year ensured the breakeven position. The methodology for the next six months was not confirmed.

Month 6 position showed that the Trust was increasing activity, but still below the previous' position. The cash position was good with £324m received which was used to pay off the interim Department of Health loans.

With respect to capital, the F&P Committee were reviewing the capital programme as little has been spent. This was also a focus at the ICS finance forum.

Mr Hopkins confirmed that there continued to be uncertainty with income and activity for the next year. The executive focus was on the cost base, which was also dependent on system partners and there were real opportunities to reduce the cost base. He confirmed that the capital spend has been reviewed and additional resources will be available to ensure that this can be delivered.

Sir David reiterated that importance to ensure that the deficit is reduced.

*Mr Pinfield left the meeting*

Sir David asked about the 31 day cancer target and the low level of access to CT scanning for stroke patients. He also expressed concern about the sepsis 6 bundle and ICE reporting. Mr Hallissey confirmed that he was engaging with the Chief Registrar to work with junior doctors in respect of sepsis 6. Dr Tunnicliffe confirmed that QGC had a good discussion about both areas. He was stated that record keeping was vitally important and was concerned that if the report keeping was poor for sepsis 6, there may be other areas where the record keeping was poor.

In respect of ICE reporting, Mr Hallissey stated that he has found huge challenges in respect of recording and he was working to trying to solve the issues.

Mr Hopkins noted the improvement in the urgent and emergency performance - low numbers of 12 hour trolley waits and ambulance handover delays. He reported that positive feedback had been received from the ambulance service and the Trust was the best performing in the midlands for patients with a long length of stay.

**RESOLVED THAT the report be received for assurance.**

089/20/1/2 **Committee Assurance Reports**

**RESOLVED THAT the Finance and Performance Committee and the Quality Governance Committee reports be noted for assurance.**

*There was a break from 11:43 to 11:50. Ms Hurdman joined the meeting*

090/20 **GOVERNANCE**

090/20/1 **Freedom To Speak up Guardian**

Sir David welcomed Mrs Hurdman to the meeting. He stated that the Freedom to Speak Up Guardian was crucial in the supporting the culture within the Trust.

Mrs Hurdman thanked members for inviting her to present her paper. She stated that the main highlight was the development of the portal which has already started to ensure triangulation of key themes. Each week she has a section on Worcestershire weekly to raise awareness and she has started regional training. In summary, she was pleased with the progress being made.

Mr Yates congratulated Mrs Hurdman on her progress with the role. He stated that the People and Culture Committee had confidence in the work that she was undertaking. He encouraged members to explore the portal.

Mr Williams was also pleased with the momentum being generated. He was particularly pleased with the development of the portal.

Ms Day stated that the low level of anonymous reports was encouraging. This showed the culture was changing.

Mrs Morris also welcomed the report and highlighted the range of informal and formal forums available for staff.

Mr Hopkins observed that the key to raising concerns was ensuring that the line

manager was the first line for raising concerns. Further work was needed to ensure that managers and leaders can support staff.

Mr Oosterom wondered whether Mrs Hurdman was linked to the junior doctors. Mrs Hurdman stated that she was and she attended the junior doctor forums. She also delivered some training programmes.

Sir David thanked Mrs Hurdman for her report.

**RESOLVED THAT the Board**

- Supported the on-going communication of Freedom to Speak Up and the importance of creating cultures that support the safety of patients and welfare of our colleagues
- Noted the launch of the FTSU portal
- Discussed any improvements that could be made to the FTSU programme
- Supported the plan to develop an effective learning process from concerns raised

*Mrs Hurdman left the meeting*

090/20/2

**Trust Management Committee**

Mr Hopkins presented the report. He stated that the clinical contribution was continuing to grow and develop.

**RESOLVED THAT the Board received the report for assurance**

090/20/3

**Nursing and Midwifery staffing report – August - September 2020**

Mrs Morris confirmed that staffing in August and September was safe, following mitigations. September was a busy month for maternity. Work is being undertaken with Health Education England with respect to international recruitment and additional student placements.

In response to Sir David, Mrs Morris confirmed that there was a daily review of midwifery staffing and safety huddles were already in place. Staff have been swapped round to ensure safe staffing levels. She had a watching brief on the subject.

**RESOLVED THAT the Board noted that:**

- Nursing and Midwifery staffing levels are reported as safe for August - September 2020 with mitigations having been taken for challenged areas identified – Maternity department and Alexandra site.
- Bids have been submitted to Health Education England and NHSI/E for three strands of funding to support international recruitment pipelines.
- The Trust had identified an increase in clinical placements of 25 for Year 1 Student nurses.

**DATE OF NEXT MEETING**

The next Public Trust Board meeting will be held on Thursday 10 December 2020 at 10:00. The meeting will be held virtually.

The meeting closed at 12:10 hours.

Signed \_\_\_\_\_  
Sir David Nicholson, Chairman

Date \_\_\_\_\_

**WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST**  
**PUBLIC TRUST BOARD ACTION SCHEDULE – DECEMBER 2020**

**RAG Rating Key:**

Completion Status	
	Overdue
	Scheduled for this meeting
	Scheduled beyond date of this meeting
	Action completed

Meeting Date	Agenda Item	Minute Number (Ref)	Action Point	Owner	Agreed Due Date	Revised Due Date	Comments/Update	RAG rating
12-11-20	Patient story	82/20	Consider the use of volunteers for breast feeding support	VM	Mar 2020			
12-11-20	Patient story	82/20	Review training for staff on iPads	VL	Jan 2020			
12-11-20	Patient story	82/20	Review numbers of iPads and physical support for iPads	RH	Feb 2020		Sample adjustable ipad stand sourced and purchased from charitable funds. Tested with maternity team and following very positive feedback from staff and patients, three more now on order – hopefully to arrive before Xmas. Staff liaising with IT colleagues to locate two more iPads from current donated stock. Action completed and closed.	
12-11-20	IPR	089/20/1 /1	Review childcare provision over Christmas	RH (TR)	Dec 2020		After assessing whether there is a demand for this, it has been decided not to	

							pursue as the staff have not expressed any issues with the current arrangements. Action closed	
12-11-20	Charitable Funds	3/20 (cf)	Review Charities Commission guidance on reserves	RT	Dec 2020		To be reported to the Charities Committee. Action closed.	
15-10-20	Staff story	072/20	Ensure that the Board meets with the BAME network twice a year	TR	TBC		Discussions underway with the network about the logistics. Network has suggested that board members have a standing invite to the BAME network meetings. Dates of the network meetings will be circulated. Action closed.	

Meeting	Trust Board
Date of meeting	10 December 2020
Paper number	C

**Herefordshire and Worcestershire STP System Resilience Winter Plan 2020/21**

For approval:		For discussion:		For assurance:	x	To note:	
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<b>Accountable Director</b>	Paul Brennan Chief Operating Officer		
<b>Presented by</b>	Paul Brennan Chief Operating Officer	<b>Author /s</b>	Paul Brennan Chief Operating Officer

Alignment to the Trust's strategic objectives							
Best services for local people	x	Best experience of care and outcomes for our patients	x	Best use of resources	x	Best people	x

Report previously reviewed by		
Committee/Group	Date	Outcome
A&E delivery board	November 2020	Approved
TME	November 2020	Approved
F&P Committee	November 2020	Received for assurance
QGC	November 2020	Received for assurance

<b>Recommendations</b>	The Trust Board is requested to receive this report for assurance.
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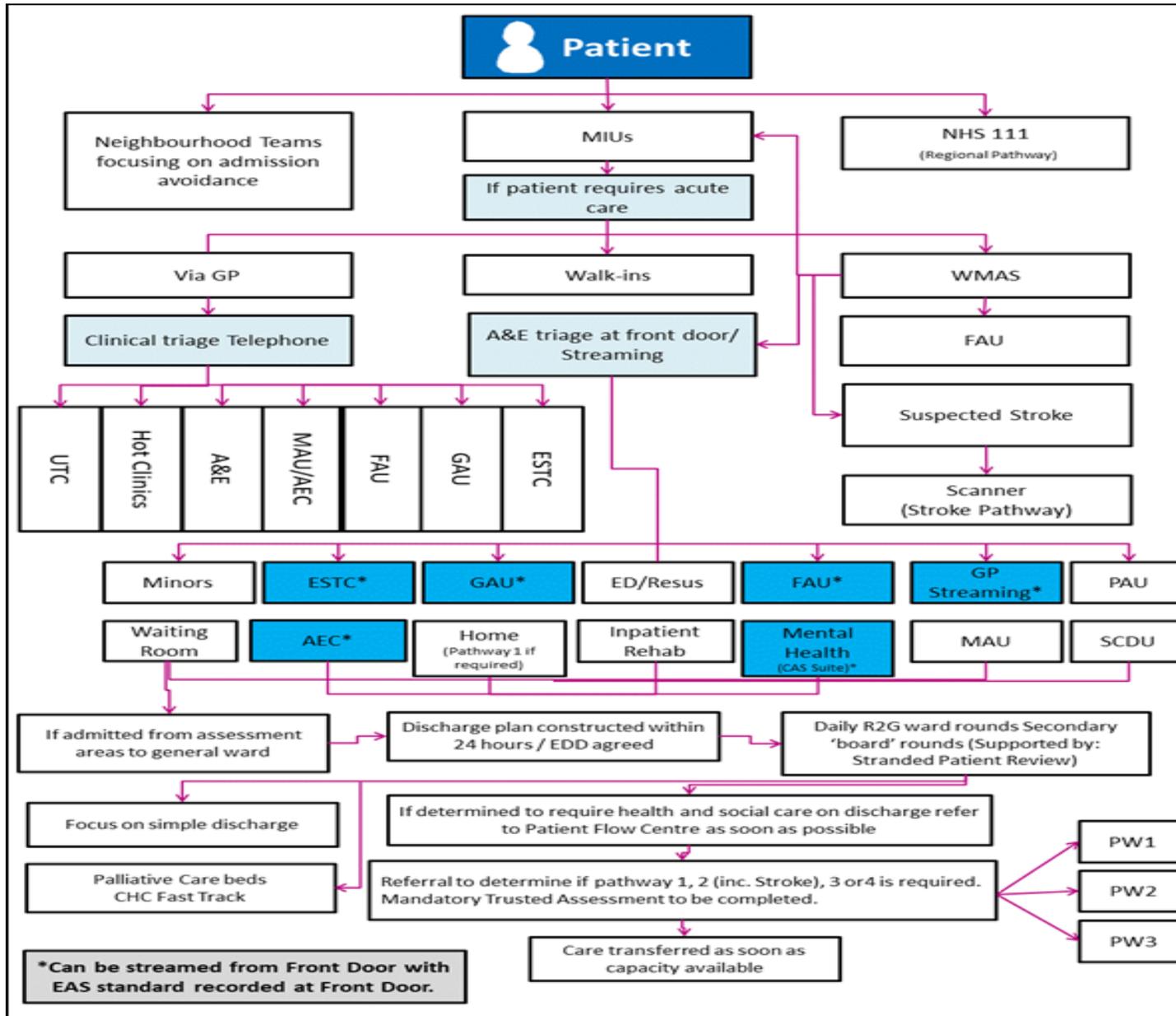
<b>Executive summary</b>	<p>Attached is a summary of the System Resilience Plan for 20/21. It has been developed by all system partners and is based on detailed modelling as outlined in the paper. A number of key actions are on place (see slides 8 and 9) to ensure that the acute Trust is able to manage the most acutely ill and ensure a 92% occupancy rate.</p> <p>The A&amp;E delivery board has the overall responsibility for the delivery of the Plan. In addition, the chief executives are meeting weekly to review delivery and the Chief operating officers also have a focus on the actions.</p>
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Risk									
<b>Key Risks</b>	BAF 1, 2.								
<b>Assurance</b>	Assurance is through the A&E delivery board								
<b>Assurance level</b>	<table border="1"> <tr> <td><b>Significant</b></td> <td></td> <td><b>Moderate</b></td> <td></td> <td><b>Limited</b></td> <td></td> <td><b>None</b></td> <td></td> </tr> </table>	<b>Significant</b>		<b>Moderate</b>		<b>Limited</b>		<b>None</b>	
<b>Significant</b>		<b>Moderate</b>		<b>Limited</b>		<b>None</b>			
<b>Financial Risk</b>	<i>Within the paper.</i>								

# **Herefordshire and Worcestershire STP**

## **System Resilience Winter Plan 2020/21**

## What our System looks like



# The continuing challenge of Covid-19 in Winter

- **Challenge 1**

Modelling of our reasonable worst-case scenario ( $R = 1.7$ ) suggests a peak in hospital admissions and deaths in Jan/Feb 2021

- **Challenge 2**

System disruption to respond and reduce transmission of COVID-19  
Knock-on effect on the ability of the NHS to deal with non-COVID-19 care

- **Challenge 3**

Backlog of non-Covid-19 care following suspension of routine clinical care

- **Challenge 4**

A possible influenza epidemic

# Demand and Capacity Modelling for Winter /1

- STP have undertaken detailed modelling to test planned actions:
  - manage the winter pressures effectively
  - minimise ambulance handover delays
  - eliminate corridor care
  - mitigate excessive delays in A&E including 12-hour DTA breaches
- Modelling undertaken ahead of Winter 20/21 suggests four key areas of focus:
  - Demand Management
  - Acute Medical Unit (AMU) Development
  - Effective Flow
  - Discharge

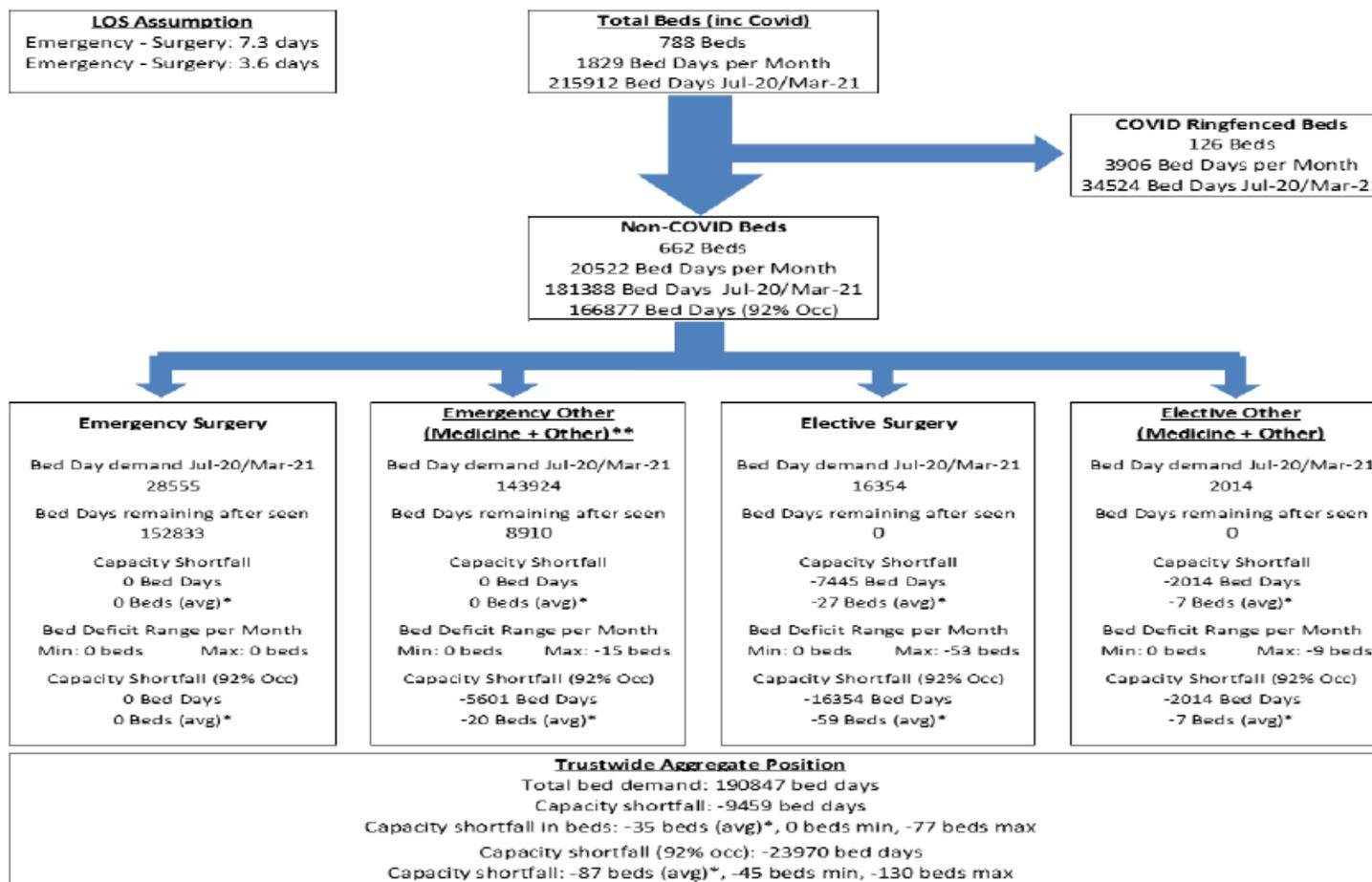
# Demand and Capacity Modelling for Winter /2

- Further modelling work has now been completed
  - given the above actions are not enough to accommodate the additional increases in demand
- The overarching aim:
  - is to ensure that there is sufficient capacity to absorb the forecast additional demand
  - patients can be seen and treated in a timely way in the most appropriate care setting

# Methodology for Winter Modelling

- Maps the daily flow of patients at each main hospital site
- Utilises historic A&E and admissions data
- Model indicates likely impact on patient flow
  
- Demand and capacity model for Worcs is shown in next slide

# Worcestershire Demand and Capacity



\*Estimate of bed shortfall is based on missing bed days for 9 month period divided by number of days in period (274).

\*\*Emergency Other bed demand includes an uplift for the number of corridor care bed days, based on 500 bed days per month in Winter months and 250 bed days per month in non-Winter months. Currently applied at WRH only.

# Additional actions being taken /1

Action	Anticipated impact
Think 111	Reduction in ED demand for unheralded patients
Reduction in conveyances	A 1% reduction in ambulance conveyances through introduction and implementation of alternative pathways
Community 2 hour response	A reduction in 12 admissions delays
Neighbourhood Teams	Continued admission prevention services
Onward Care Team development	Facilitate timely patient discharge. Reduction in long length of stay and stranded patients Avoid hospital acquired functional decline.
Additional capacity to support IV therapy in the community	Avoid hospital admissions Support accelerated patient discharge Increase use of oral medication
Maximising utilisation of Primary Care Extended and Enhanced Access	Ensuring 95% of slots are utilised on a daily basis

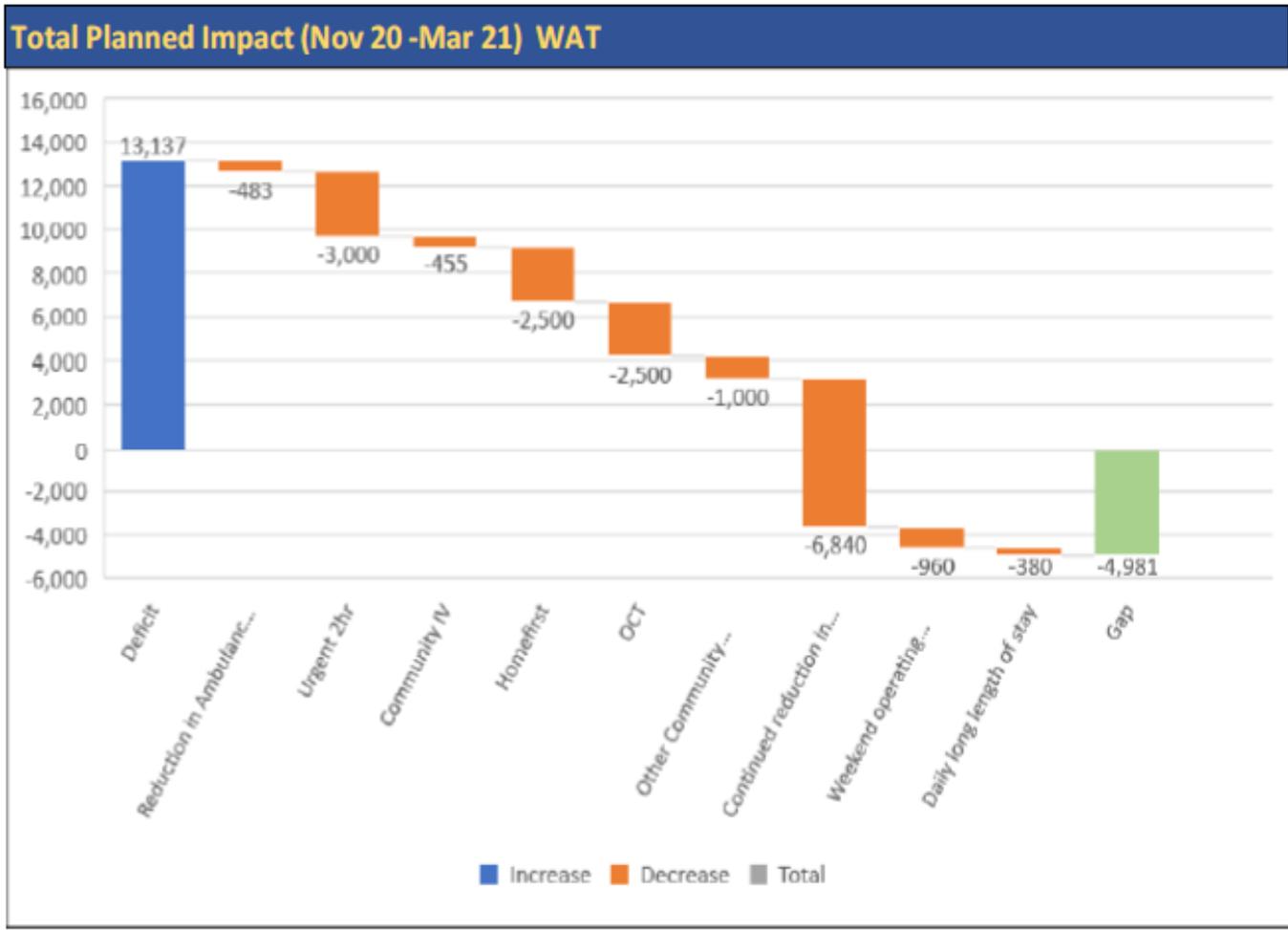
# Additional actions being taken /2

Action	Anticipated impact
Extending the scope of GP streaming	Achieve national target of 30% of attendances streamed to most appropriate care setting More effective streaming to same day emergency care
Delivery of AMU Model at both acute trust sites	Reduced hospital admissions Increase in the number of patients accessing same day emergency care and ambulatory care
Sustained Delivery of Acute Trust 'Red to Green' programme	Significant reductions in Length of Stay
Delivery of Home First improvement plan	Reduced length of stay Patients discharged earlier in the day Criteria led discharge implemented across the Trust More effective Board rounds

# Impact of additional actions

- The interventions described above will:
  - Enable the Trust to close the bed day GAP and deliver 92% occupancy throughout winter
  - Protect beds for a further Phase 2 predicted COVID-19 outbreak
- Next slide shows impact of the planned interventions against bed modelling in the Trust

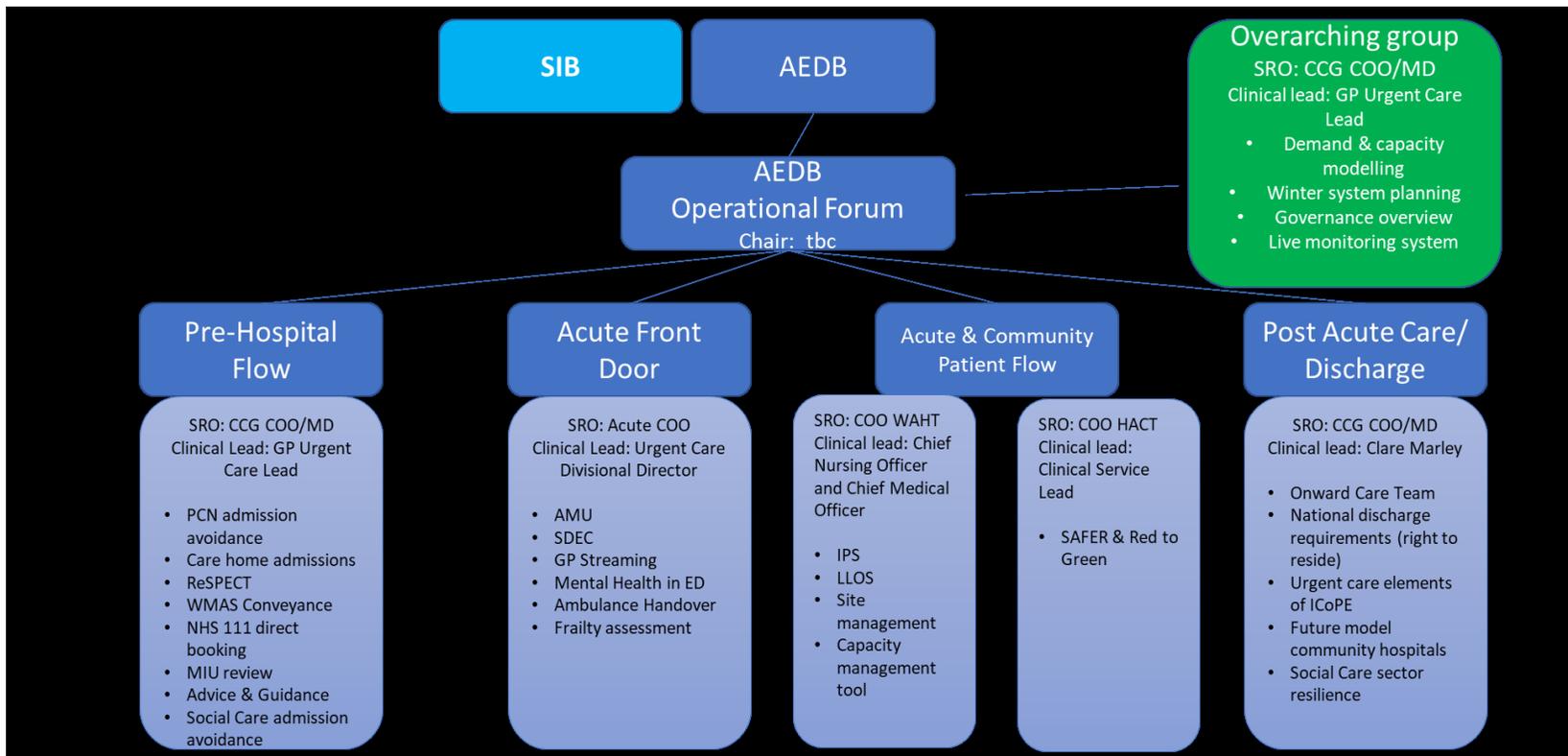
# Total Planned Impact



# Monitoring Winter actions /1

- A&E Delivery Board has strategic responsibility for ensuring that the local system has robust plans
- A&E Delivery Board Operational Group manages delivery:
  - Urgent Care Plan
  - Winter System Resilience Plan
- AEDB forms part of the STP UEC Forum
  - Provision of ICS oversight
  - Management of strategic urgent care issues

# Monitoring Winter actions /2



# SHREWD: Single Health Resilience Early Warning Database

- Secure access to a real time view of system pressure for all identified and relevant system staff and teams
- Includes real time data from:
  - Ambulance Services
  - Hospital Flow (A&E Waiting times, Admissions, Discharges)
  - Community and Social Care Bed Status
  - NHS 111

Meeting	Trust Board
Date of meeting	10 December 2020
Paper number	D

**Integrated Performance Report – Month 7 – 2020/21**

For approval:		For discussion:		For assurance:	X	To note:	
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<b>Accountable Director</b>	Matthew Hopkins – Chief Executive Officer		
<b>Presented by</b>	Vikki Lewis Chief Digital Officer/ Executive Directors	<b>Author /s</b>	Nikki O'Brien – Associate Director – Business Intelligence, Performance and Digital Steven Price – Senior Performance Manager

**Alignment to the Trust's strategic objectives**

Best services for local people	X	Best experience of care and outcomes for our patients	X	Best use of resources	X	Best people	X
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**Report previously reviewed by**

Committee/Group	Date	Outcome
TME	18 <sup>th</sup> November 2020	Approved
Finance & Performance	25 <sup>th</sup> November 2020	Assured
Quality Governance	26 <sup>th</sup> November 2020	Assured

<b>Recommendations</b>	The Board is asked to note this report for assurance.
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<b>Executive summary</b>	This paper provides the Trust Board with a validated overview of October 2020 against the trajectories, specifically for the NHS constitutional standards, key operational, quality and safety and workforce key metrics.
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<b>Key Risks</b>	BAF 1,2,3,4,5, 7,8,10, 11, 12 and 13
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**Background**

The Integrated Performance Report (IPR) is produced by the Trust on a monthly basis to monitor key clinical quality and patient safety indicators, national and local target performance, workforce and financial performance.

The IPR provides assurance to the Board that all areas of actual performance, Trust priorities and remedial actions.

Meeting	Trust Board
Date of meeting	10 December 2020
Paper number	D

**Issues and options**

The Integrated Performance Report provided to the Finance and Performance Committee and Quality Governance Committee is attached.

The areas of most concern are:

**The impact of COVID-19 on elective activity**

This remains the most significant area of concern for operational performance. Attendance to admission conversion rates show no signs of slowing, which alongside increasing our ratio of red and amber beds to enable cohorting of patients continues to put pressure on our bed capacity. However, it must be recognised that improvements in the timeliness of discharging our patients is having the positive benefit of averting bed pressures that have been experienced in previous “winters”.

The shifting balance between non-elective, COVID pathway and elective beds means that we have reduced the level of elective surgery and have cancelled scheduled operations from the 30<sup>th</sup> November 2020; the total number of patients waiting longer than 52 weeks is now over 2,000.

Improvements are being seen in our diagnostic pathway activity and the focus on reducing the number of patients waiting over 62 days for their cancer treatment continues.

**Maintaining high quality care**

Environmental risk assessments have been completed and reviewed as necessary for all ward areas and departments, to ensure high quality care is maintained throughout the COVID-19 pandemic. Service changes as a result of the pandemic have been reviewed via a quality impact assessment process, ensuring effective infection prevention practices are in place and any other risks have been mitigated as part of the new service models. We have an effective process in place to identify and manage outbreaks of COVID-19 as they arise, though this was not a significant issue in month 7 (October).

There is a current quality focus on reducing the high usage of Carbapenem antibiotics, and a quality improvement project is underway to reduce the number of MSSA bacteraemia occurring, following the rise since July 2020.

The working environment can be practically challenging. For example, afternoon board rounds are sometimes difficult to attend due to the dispersed nature of some services and although under trajectory, there has been a slight increase in falls (in-month) due to the physical constraints and visibility of bays on some wards.

Recent increases in COVID-19 outbreaks on wards, particularly at the Alexandra Hospital, are contributing to the pressure on beds mentioned above.

**Demonstrating well-being for staff**

Our staff continue to work in unprecedented working environments and we are continuing to focus on the well-being of staff during the second wave.

Staff absence due to mental health related conditions continues to be monitored with the HR Advisory service supporting the manger to provide early intervention and support.

Meeting	Trust Board
Date of meeting	10 December 2020
Paper number	D

Our absence levels have increased as expected with absence due to self-isolation and track and trace, during lockdown our clinically extremely vulnerable staff are remaining at home, most are working from home and we are supporting managers to find meaningful work for those who cannot complete their usual role from home.

We anticipate with the regular testing of asymptomatic staff which started w/c 23rd November we will see an increase in self-isolation, although isolating asymptomatic staff should in turn reduce the spread of the virus and absence levels. We have developed redeployment guidance and have listened to staff feedback and wherever possible we are redeploying staff with a 'buddy' to support them in a different role/team.

We have trained 2 cohorts of mental health first aiders (MHFA) and a further 2 cohorts (64 staff in total) will have completed their training by the end of December, the feedback from those attending has been positive and we will be creating a network for the MHFA and publishing contact details so staff know who to contact if the need support.

NHS England have funded a project to create a mental health staff wellbeing hub over the next few weeks which is being led by Herefordshire and Worcestershire Health & Care Trust, our wellbeing team and Trust Psychologists will be inputting into the development of the hub.

Our current staff offer includes an individual occupational health risk assessment, free 24-hour counselling, access to a range of wellbeing apps, mental health first aid training, the manager's toolkit and bespoke support from our health psychology team. We have a growing well-being task and finish group wide representation from all staff groups who are currently seeking views from their colleagues as to what further support staff feel they need.

We have appointed a well-being lead who is due to start on 1st December who will be responsible for rolling out well-being conversations for all staff and further developing and publicising our well-being offer to ensure all staff know what is available and how to access it.

**Our Financial Position**

From Month 7 we are no longer financed under the arrangement in place from M1-6 when we were required to report a break-even position each month. We are now under Phase 3 arrangements whereby each STP has an allocation and is expected achieve financial balance within this envelope. The Trust submitted a plan to deliver its Phase 3 recovery and activity requirements and which estimated a £(7.3)m deficit for M7-12 (net system position £(19.8)m deficit).

Overall the month 7 position is £2.3m better than the extended monthly Financial Framework assumptions for M7 (October 2020). Our operating cost base has reduced from September – notably within non pay due to receipt of credit notes following completion of the PFI MES Settlement. Temporary staffing workforce decreased marginally in October to 205 WTE from 212 WTE in September.

As detailed in the phase 3 planning submission, our reliance on bank and agency was forecast to increase against the August 2020 baseline aligned to an increase in the bed base. Ward 10 (Alexandra Hospital) remains closed and nursing levels across our Trust are lower than forecast. A deep dive into ward budgets is being undertaken to establish the recurrence of

Meeting	Trust Board
Date of meeting	10 December 2020
Paper number	D

current workforce levels with the recent changes in the bed base. This will need to be considered alongside other workforce metrics such as sickness/absence, patient acuity and annual leave.

At this point we are not advising a change in the FOT with likely additional COVID 19 costs. Further triangulation and review with operational and workforce colleagues in assessing the extent to which this position will be impacted over the remaining 5 months of the financial year and to also evaluate any further risks.

The financial architecture for the remainder of the financial year (Phase 3) includes an Elective Incentive Scheme applicable from September 2020. Where elective (Daycase, Elective and Outpatient) activity levels do not meet the nationally set trajectories a proportion of funding may be withheld. The guidance does not require an adjustment to the financial position, although it is estimated that the Trust activity levels would have resulted in a c.£0.5m penalty this month (£1.2m YTD), if applied.

#### Recommendations

The Board is asked to note this report for assurance.

#### Appendices

1. Trust Board Integrated Performance Report (Oct-20 data)
2. WAHT October 2020 in Numbers
3. Committee Assurance Statements



# Integrated Performance Report



## Trust Board 10<sup>th</sup> December 2020

October 2020  
Month 7

Best services for local people, Best experience of care and  
Best outcomes for our patients, Best use of resources,  
Best people

Topic		Page
Operational Performance	<a href="#">Headlines</a>	3
	<a href="#">Urgent Care and Patient Flow including Home First Worcestershire</a>	4 – 8
	<a href="#">Cancer</a>	9 – 12
	<a href="#">RTT, Theatre Utilisation and Outpatients</a>	13 – 19
	<a href="#">Diagnostics</a>	20 – 24
	<a href="#">Stroke</a>	25 – 26
Quality & Safety	<a href="#">Headlines</a>	28
	<a href="#">Infection Prevention and Control</a>	29 – 31
	<a href="#">Safer Care – Quarter 2 Report</a>	32 – 34
	<a href="#">Sepsis Six Bundle</a>	35 – 36
	<a href="#">ICE reporting</a>	37 – 38
	<a href="#">Fractured Neck of Femur</a>	38 – 40
	<a href="#">Learning from Deaths</a>	41 – 42
	<a href="#">Friends and Family Test</a>	43 – 45
People & Culture	<a href="#">Headlines</a>	44
	<a href="#">Workforce – Compliance</a>	45 – 46
	<a href="#">Workforce – Performance</a>	47 – 48
	<a href="#">Workforce – Strategic Objectives</a>	49
Finance	<a href="#">Headlines</a>	51 – 54
Appendices	<a href="#">Performance Tables</a>	56 – 57
	<a href="#">Statistical Process Charts (SPC) Guide</a>	58
	<a href="#">Levels of Assurance</a>	59

# Operational Performance

Operational Performance	Comments
<b>Urgent care and patient flow including Home First Worcestershire</b>	<ul style="list-style-type: none"> <li>EAS Type 1 performance was sustained in Oct-20 with fewer attendances and fewer breaches. National benchmarking shows that we were 0.2% from being in the second quartile. Despite the day to day pressure of maintaining emergency patient flow we have shown consistency in discharging our patients. This in turn has partially offset the increasing number of patients being cohorted, and treated, for COVID-19. There was a reduction in the number of 60 minute ambulance handover breaches and this was another month with no 12 hour trolley breaches.</li> <li>LLOS has been a notable success with the informal feedback from NHSEI being complimentary of our efforts and dedication to reduce the number of patients staying in the hospital for 21 days or more.</li> <li>The mixed specialty wards that we have had to create to maximise our “green” capacity are currently impacting our delivery of afternoon Board rounds with multiple teams reviewing patients at the same time; this is impacting the effectiveness of discharging patients.</li> </ul>
<b>Cancer</b>	<ul style="list-style-type: none"> <li>2WW referrals in-month have plateaued however there was noticeable variation between our specialties. A surge in demand from Breast and Breast Symptomatic patients which our existing capacity could not meet, alongside the on-going Upper GI diagnostic pathway issues has resulted in our 2WW waiting time performance showing special cause concern.</li> <li>We are not yet consistently seeing the same number of 2WW patients each month; any further increases in demand could result in having to switch routines to urgent which will put our Phase 3 delivery at risk.</li> <li>31 Day wait for treatment is above the waiting times standard with 9 patients breaching of 260 patients treated. Unvalidated data in September indicated that it would have been the third time this financial year that we were below the standard; after validation this improved to being above the standard.</li> <li>We have continued to reduce the backlog of patients waiting over 62 days for treatment so our cancer waiting times for 62 days remains below the operational standard. We have maintained our month on month reduction in the number of patients waiting over 104 days which is now 44.</li> </ul>
<b>RTT</b>	<ul style="list-style-type: none"> <li>Our RTT waiting list has grown again and although the proportion of patients waiting over 18 weeks is currently lower than the previous month, there are growing number of patients waiting over 40 weeks with over 2,000 patients waiting over 52 weeks. There are also a lower number of patients waiting between 23 and 33 weeks than previous waiting list profiles have recorded (see slide 14).</li> </ul>
<b>Outpatients</b>	<ul style="list-style-type: none"> <li>Although there has been a further increase in our consultant-led outpatient appointments in-line with Trust plans to restore activity we have undertaken fewer appointments than our forecast. The number of non-face-to-face appointments in the month has reduced as some specialties have determined it necessary to see patients in person given their conditions and length of time waiting; this is noticeable in the increase in face-to-face follow-ups but being 1,770 appointments under the plan for follow-up telephone/video consultations.</li> </ul>
<b>Theatres</b>	<ul style="list-style-type: none"> <li>Of the available theatre capacity we have in the Trust we increased our utilisation to 73%.</li> </ul>
<b>Diagnostics</b>	<ul style="list-style-type: none"> <li>Although more activity was undertaken in Oct-20, and the proportion of patients waiting over 6 weeks has reduced it wasn't at the same rate as observed between Aug-20 to Sep-20. There are still 4,380 patients waiting 13+ weeks for their diagnostic test.</li> </ul>

12 Hour Breaches	Ambulance Handover Delays (Home First Programme metric)			Average Occupancy			
	15-30 mins	30-60 mins	60+ mins	WRH	84.19%	ALX	57.65%
0	986	213	58				

### What does the data tell us?

- **EAS** - The overall Trust EAS performance which includes KTC and HACW MIUs has plateaued being 83.55% in Oct-20, compared to 83.47% in Sept-20. The EAS performance at WRH increased by 1.80 percentage points with 155 **fewer** ED attendances and 134 **fewer** 4 hour breaches than Sep-20 (Oct-20 breaches –were 1,773). The ALX EAS also decreased, by 1.28 percentage points, with 308 **fewer** attendances and 18 **more** 4 hour breaches (Oct-20 breaches were 546). Total Type 1 attendances across ALX and WRH was 10,642; a 3.39% **decrease** on the previous month and a 8.27% **decrease** on Oct-19.
- **EAS Type 1:** Our performance across the two sites, from Apr-19 to Oct-19, was 64.91% with 28,246 patients breaching 4 hours. Our performance for Apr-20 to Oct-20 is 84.17% with 11,085 patients breaching; this is a 61% reduction in patients breaching 4 hours. We have had 10,000 fewer patients attend ED in the first seven months of 20/21.
- **Ambulance Handovers** - There were 58 x 60 minute ambulance handover delays; all but six of those were at WRH. These ambulance handover breaches occurred on 30 individual days, only 1 day of October experienced no 60+ minute delays.
- **12 hour trolley breaches** – There were 0 reported 12 hour trolley breaches in October and none to date in Nov-20. We have reported five 12 hour trolley breaches in 20/21 compared to 440 by the end of October 19/20.
- **Specialty Review times** – Specialty Review times remain within normal variation; however this is under the target that has been set.
- **Discharges** – The percentage of discharges compared to admissions at the WRH has been between 72% and 129% and although there has been fluctuation from day to day there has been less variation. The ALX has a more variable profile with the range between 56% and 165%. Before midday discharges are on an increasing trajectory, however there is still a lower performance on weekends. The number of patients with a length of stay in excess of 21 days decreased from 34 (at 30<sup>th</sup> September) to 26 (at 31<sup>st</sup> October) and 3 of those patients were deemed clinically optimised.
- **Total Time in A&E:** The 95<sup>th</sup> percentile for patients total time in the Emergency departments has decreased from 581 in Sep-20 to 543 minutes in Oct-20. The allocation and availability of the bed type needed has contributed towards this. This metric is showing normal variation, but the statistical process chart indicates we will not achieve our target without intervention.

### What have we been doing?

#### Clinical Site Management

- All newly created Clinical Site Management clinical posts are now filled and new starters are in post
- The CCG have approved funding for a Trust Transport Liaison Officer for the Winter period
- An updated Discharge Lounge SOP has been drafted with revised acceptance criteria ready for sharing with Clinical Site Management stakeholder members
- Benefits of extension of discharge lounge hours considered and decision reached to re-focus on early discharge within the current opening hours
- Ongoing Discharge Lounge recruitment to fill the substantive band 6, band 5 and band 2 posts
- Request for dedicated discharge lounge pharmacy technician at Redditch submitted as part of winter planning
- Clinical Site Management Matrons and Lead now invited to transport stakeholder group to ensure wider stakeholder engagement
- 6 additional PTS vehicles now running at Redditch site, funded by CCG as part of winter plan

#### Acute Patient Flow

- Joint working and roles and responsibilities have been defined between Site Team and lead SAFER/R2G staff.
- Board Round Audit completed which identified quality of Board Rounds and identification of Golden Discharge, completion of EDS and timeliness of TTO's was poor.
- Funding for Flow Matron has been extended to March 2021

#### Acute Front Door

- Front door assessment case note and activity audit completed and undertaken by National Urgent Care Lead – feedback meeting took place on 9<sup>th</sup> November 2020
- The EPIC role has been implemented and role expectations shared.
- The surge plan SOP for WRH and Alex ratified by Medical Director, fully implemented and adherence monitoring process being finalised
- Progress Chasers are now identifiable in purple ED uniform
- Evaluation of the impact of a range of operational PDSA tests of change related to urgent access to radiology to be drafted and for discussion at Divisional DMB in Nov-20

#### Frailty

- LD care review shared with Worcestershire ReSPECT Steering Group to inform knowledge and use of ReSPECT for this patient cohort
- Discussions at ICOPE Worcestershire Collaborative Forum Geriatrician support to support GP decision making
- Agreed addition with Learning & Development of frailty E-Learning module (to include Rockwood Clinical Frailty Scale) to the Essential to Role training matrix

2.4 - Complete the implementation of Home First Worcestershire to eradicate corridor care and minimise ambulance handover and admission delays

Total time in A&E – 95 <sup>th</sup> percentile (Target – 360 mins)	Overnight Bed Capacity Gap (Target – 0)	30 day re-admission rate (Sep-20)	Aggregated patient delay (APD) (Target – 0)	Discharges as a % of admissions – (Target >100%)			
543	20 Beds	3.61%	325	WRH	101.7%	ALX	99.7%

### What does the data tell us?

- **Bed Capacity** - We have increased our bed base by opening previously closed wards at the ALX. Our G&A bed base is current 761; with closed wards and unused beds during October our average number of G&A beds occupied per day was 521.
- **The 30 day re-admission rate** has reduced slightly after several months of increase, and although it is within normal variation the control limits are wide which indicates a change during COVID-19 that we have not yet got control of.
- **Aggregated patient delay (total time in department for admitted patients only per 100 patients – above 6 hours)** – this is now back within the control limits following the re-base post COVID-19. However, the statistical process chart indicates we will not achieve the target of 0 without intervention.
- **Occupancy** - G&A bed occupancy averaged at 72.71% across the Trust, with WRH fluctuating week on week in October to as high as 88.92% and ending the month at 84%. The ALX also fluctuated week on week to 57.65% at month end and only went over 60% on eight days in the month.
- **Conversion rates** - 3,227 Type 1 patients were admitted in Oct-20; a conversion rate of 31.04%. The conversion rate at WRH was 32.84% and the ALX was 28.40%. The conversion rate at WRH in Oct-20 compared to Oct-19 is 2.6 percentage points higher continuing the recent trend of higher patient acuity for people requiring urgent care.
- **15 minute time to triage** – The Trust performance is 91.54%, the target is 95%. The ALX maintained it's performance marginally below target at 94.84% and WRH increased to 89.28%; both continue to remain within normal variation of their re-based performance.

### What are we doing next

#### Clinical Site Management

- Ratify the final version of induction packs, finalise competencies for each role and create individualised competency folders
- Launch and monitor adherence to new SOP / Rhythm of the day
- ICT to commence build of a prototype discharge lounge e-handover / referral for stakeholder review
- Secure Executive approval of revised Escalation Management Plan and then launch, ensuring all post holders with role specific actions defined in EMS levels 1-4 are trained to undertake designated actions

#### Acute Patient Flow

- Divisional leads (SAFER R2G Bundle recommendations) to attend Board Rounds to ensure compliance and quality
- Flow Matrons to continue to attend Board Rounds to coach and support staff in identification of patients to maintain flow
- Improvement plan for the Divisions to be developed based on the result and recommendations of board round and NF03 audits

#### Acute Front Door

- ANPs to complete week long audit and impact assessment which will feed into a formal specification for the ANP service.
- Re-introduce GP / Provider governance meetings to review risks, issues, requirements and build relationships
- Re-iteration and regular team meeting for all staff working in the ambulance handover area regarding responsibilities for PIN input
- CT radiographers to embed new process with ED NIC which will include the rollout of CT preparation checklists
- The ED Porter will be permanently located in ED with a request for additional portering resources to be submitted as part of Winter Planning/CCG funding
- Gain approval of business case to allow for transfer of resources from specialty medicine to Acute Medicine

#### Frailty

- Monitoring of ReSPECT forms in situ to influence the conveyance of patients 75+ to ED and subsequent conversion to admission
- Planned clinical review of patients conveyed to ED during the UCR 2 hour response test of change to inform the countywide launch and clinical model 2021-22
- Update all medical/surgical/nursing clinical assessment documents with Rockwood Clinical Frailty Score
- Formal report to the Worcestershire Alliance Program Board will clarify explicit organizational/ system responsibility & act as a conduit for escalation of challenges to the AEDB work stream leads

Assurance Level: 5 (Oct-20)

When expected to move to next level of assurance: Q4 – depending on the management and impact of COVID-19 second wave and the development of the Worcestershire Royal AMU model

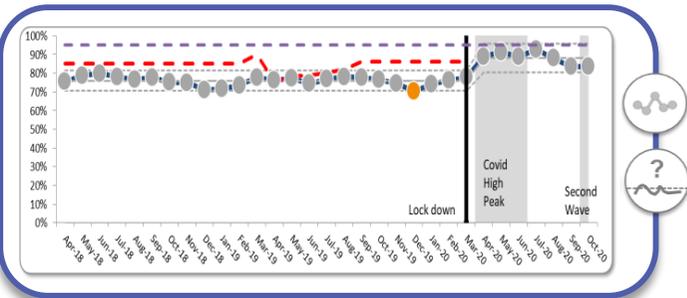
Previous assurance level: 5 (Sep-20)

SRO: Paul Brennan

5

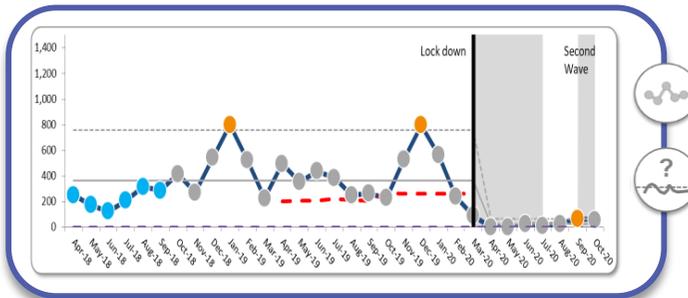
**4 Hour EAS (all)**

**83.55%**



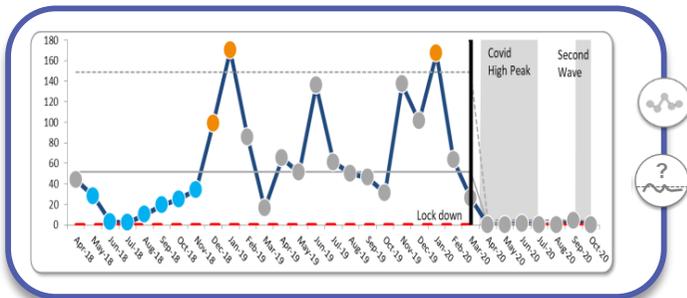
**60 minute Ambulance Handover Delays**

**58**



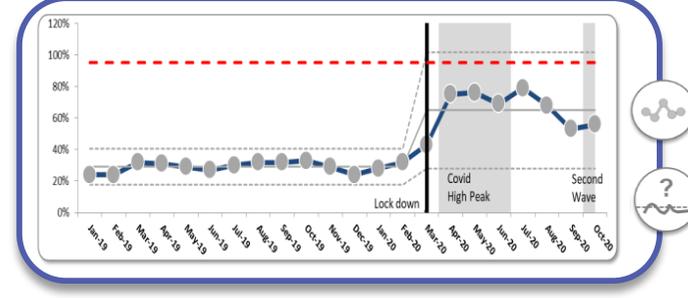
**12 Hour Trolley Breaches**

**0**



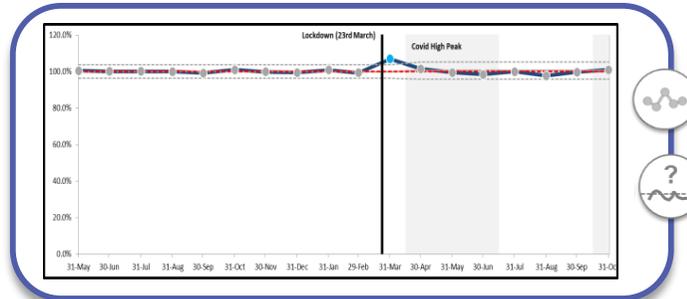
**Specialty Review within 1 hour**

**55%**



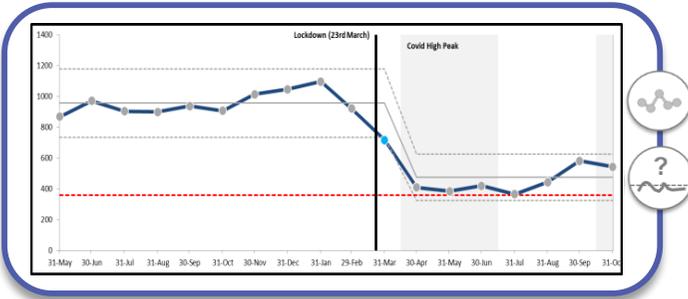
**Discharge as a percentage of admissions**

**100%**



**Total time spent in A&E (95<sup>th</sup> Percentile)**

**543**

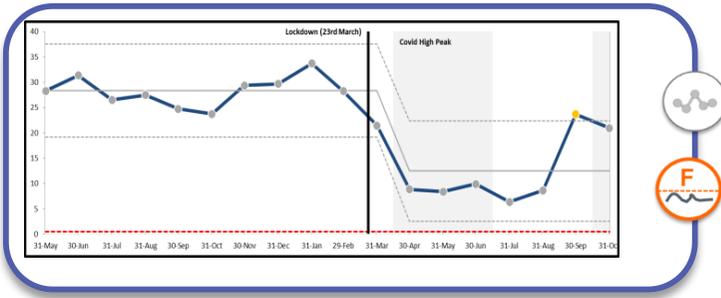


Please note: These SPC charts have been re-based to evidence if any changes in performance, post the initial COVID-19 high peak, are now common or special cause variation.

**Key**  
 - Internal target  
 - Operational standard

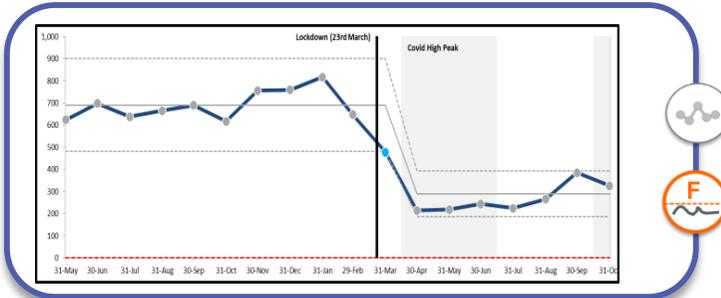
**Capacity Gap (Daily avg. excl. EL)**

**20**



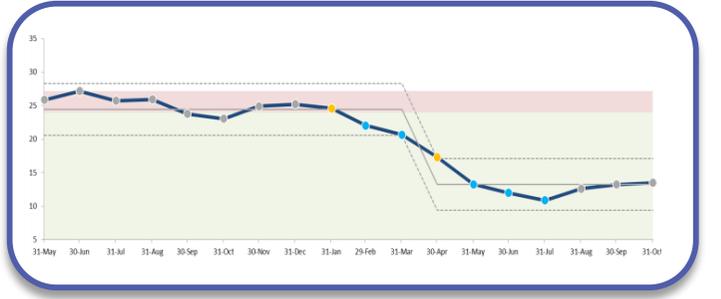
**Aggregated Patient Delay (APD)**

**325**



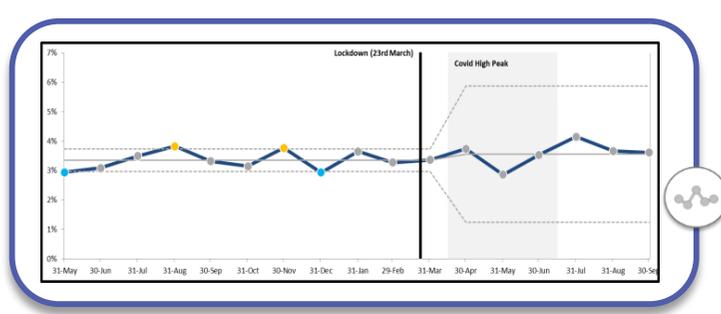
**Average LOS in hours in AMU - Zone 2 (in hours) (Trust)**

**13.5**



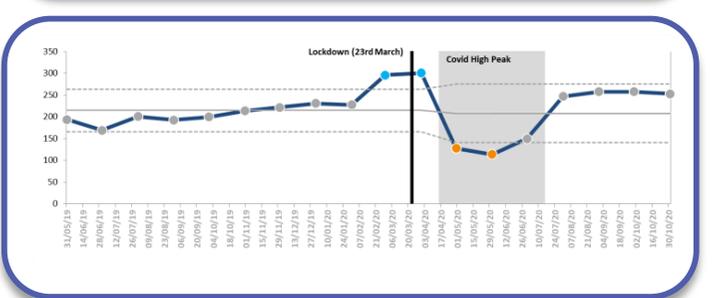
**30 day readmission rate for same clinical condition (September-20)**

**3.61%**



**Discharges before 10am (Non COVID-19 wards)**

**253**



Variation			Assurance		
Special Cause Concern High	Special Cause Concern Low	Special Cause Note/Investigate High/Low	Common Cause	Consistently hit target	Hit and miss target subject to random
					Consistently fail target

Please note: These SPC charts have been re-based to evidence if any changes in performance, post the initial COVID-19 high peak, are now common or special cause variation.

- Key**
- Internal target
  - Operational standard

## National Benchmarking (October 2020)

**EAS (All)** - The Trust was one of 2 of the 13 West Midlands Trusts which saw an increase in performance between September and October. This Trust was ranked 5th of 13; we were 7th the previous month. The peer group performance ranged from 70.24% to 93.37% with a peer group average of 79.04%; decreasing from 83.14% the previous month.

The England average for October was 84.40%, a 3.3 percentage point decrease from 87.70%, in September.

**EAS (Type 1)** - The Trust was one of 2 of the 13 West Midlands Trusts which saw an increase in performance between September and October. This Trust was ranked 3<sup>rd</sup> of 13; we were 7<sup>th</sup> the previous month. The peer group performance ranged from 59.85% to 93.37% with a peer group average of 73.97%; decreasing from 77.26% the previous month.

The England average for October was 77.60%, a 4 percentage point decrease from 81.60%, in September.

EAS – % in 4 hours or less (All) – Oct-20



EAS – % in 4 hours or less (Type 1) – Oct-20



EAS – % in 4 hours or less (All) – Sep-20



EAS – % in 4 hours or less (Type 1) – Sep-20



■ WAHT — Operational Standard 95%

Cancer Referrals	Patients seen within 14 days (2WW) (All Cancers)	Patients seen within 14 days (2WW) Breast Symptomatic	Patients treated within 31 days	Patients treated within 62 days	Backlog of patients waiting 63 days or more	Of which, patients waiting 104 days or more
2,236	72.45% (2,007 total seen)	25.00% (104 total seen)	96.96% (260 total treated)	74.17% (151 total treated)	185	44

**What does the data tells us?**

- **Referrals:** After an increase in referrals between Aug-20 and Sept-20, there have been 5 fewer referrals overall in Oct-20. However, five specialties saw a further increase in referrals from the previous month with the largest increase seen in Breast (+51) which took the total referrals over 400; high demand for this specialty's pathway. The largest drop in referrals this month was Skin with 51 fewer referrals than Sept-20.
- **2WW:** The Trust saw 126 more patients in Oct-20 than Sept-20 and 72.45% were within 14 days. Although improvements are being made to the timeliness of the pathway, the number of patients seen within 14 days of referral by Upper GI remains below 25%. The Breast team saw 320 patients but only 16.5% were within 14 days; unprecedented demand had to be matched with additional clinics
- Of the 558 breaches, 488 (87%) were attributable to Upper GI and Breast. Across all tumour sites, only 42 2WW breaches were due to patient choice.
- **2WW Breast Symptomatic:** The Trust saw more patients referred for breast symptoms but their waiting time performance has decline to 25.00% in Oct-20 from 82.95% in Sept-20.
- **31 Day:** Of the 260 patients treated in Oct-20, 251 waited less than 31 days for their first definitive treatment from receiving their diagnosis.
- **62 Day:** There have been 151 recorded first treatments in Oct-20 to date-and 73.51% were within 62 days. This is currently 25.5 less treatments than in Sept-20 and 20 less than Sep-19.
- **Backlog:** The number of patients waiting 63+ days for their diagnosis and, if necessary, treatment has decreased from 205 in Sept-20 to 185 in Oct-20; this is tracking under our October phase 3 target of 256. Of that cohort, the number of patients waiting 104 days or more is 44. Colorectal and urology continue to contribute the most patients to this waiting list. 10 patients are waiting for diagnosis or treatment at a tertiary centre.
- **Conversion rates:** In 2019 the Trust's conversion rate from referral to positive diagnosis was 9.39% across all specialties. In 2020, to Aug-20, our conversion rate is 10.83%, however this is in the context of fewer total referrals and, fewer positive cases.

**What have we been doing?**

- All - managing demand of referrals, reviews of the PTL and escalating patients where necessary
- Urology - on-going discussions regarding the strategic partnership between WAHT and UHBT as part of the 5-year Clinical Strategy
- Urology - Recovery Action Plan in place with weekly review through the Directorate Team
- Upper GI - delivery of clinically led triage to improve stratification of referrals and allows for patients to be dated for endoscopy and removed at triage if clinically not appropriate/necessary
- Gastroenterology have recruited 2 new IBD CNS starting in January 2021 to manage the routine / follow-up care of IBD - anticipated by February this will free up 4 consultant PA's per week to support cancer and diagnostic pathway
- Breast – recovery plan is in place to address the demand and resulting backlog

**What are we doing next?**

- All - continue to forward look and apply additional sessions where required and if they can be accommodated by the teams
- Urology - One stop clinic to be re-instated and additional flexi-cystoscopies undertaken at KTC plus an additional TRUS list, all from Nov 2020
- Upper GI - meeting with endoscopy team to discuss vacant sessions short and medium term and to try to fill them to increase diagnostic capacity
- Breast – utilising an additional clinic at POWCH, Saturday WLIs and amended booking rules to increase throughput.
- Continue to explore available capacity through the regional cancer surgery hub where local capacity is not available.

Assurance Level: 4 (Oct-20)

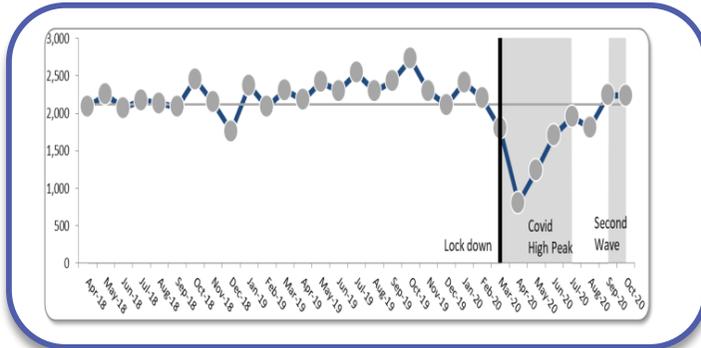
When expected to move to next level of assurance: Phase 3 modelling is focussing on delivering the 62 day waiting time standard by Mar-21

Previous Assurance Level: 4 (Sep-20)

SRO: Paul Brennan

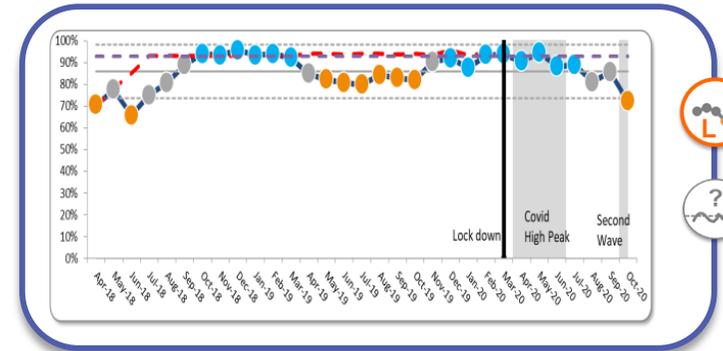
**2WW Referrals**

**2,236**



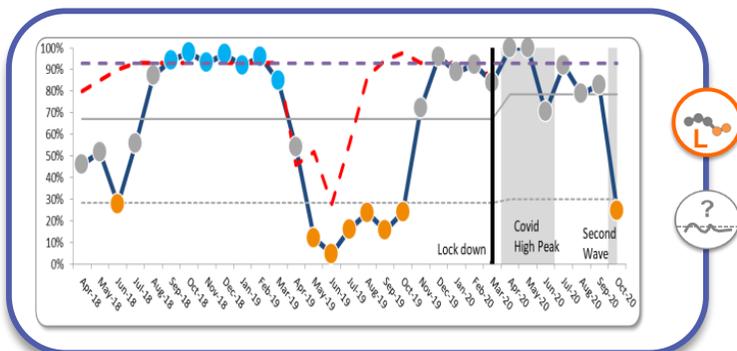
**Cancer 2WW All**

**72.45%**



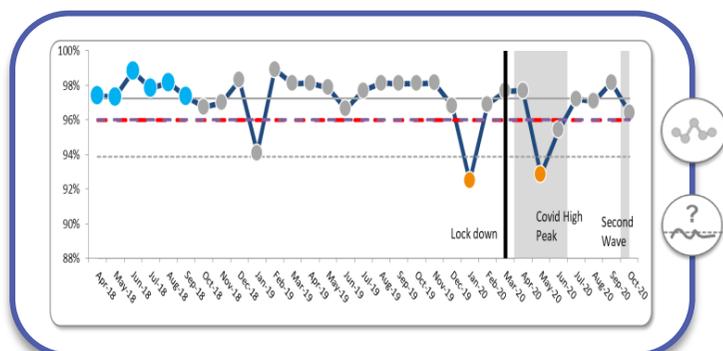
**Cancer 2WW Breast Symptomatic**

**25.00%**



**Cancer 31 Day All**

**96.96%**



**Key**

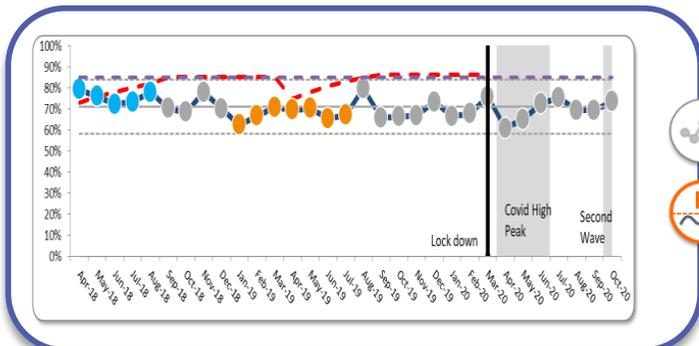
- Internal target
- Operational standard



Please note: The **2WW Breast Symptomatic** SPC chart has been re-based to evidence if any changes in performance, post the initial COVID-19 high peak, are now common or special cause variation.

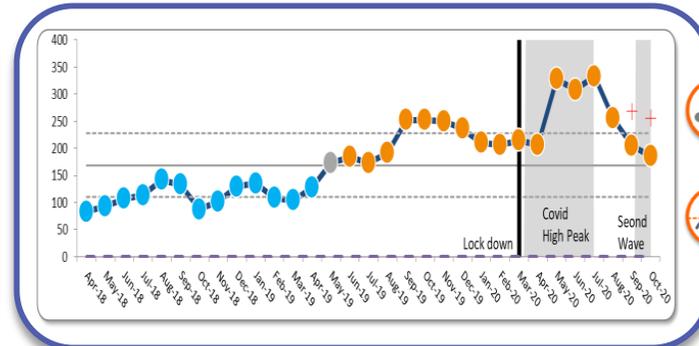
**Cancer 62 Day All**

**74.17%**



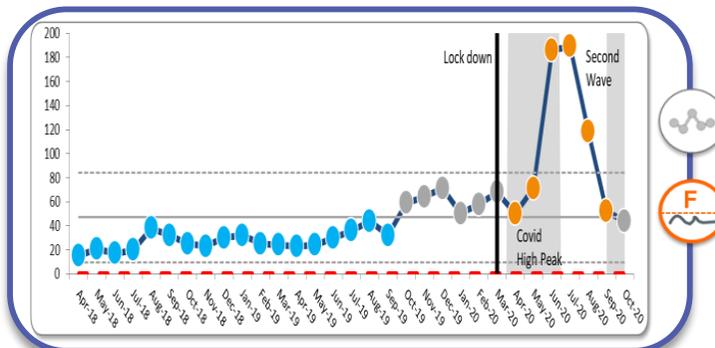
**Backlog Patients waiting 63 days or more**

**185**

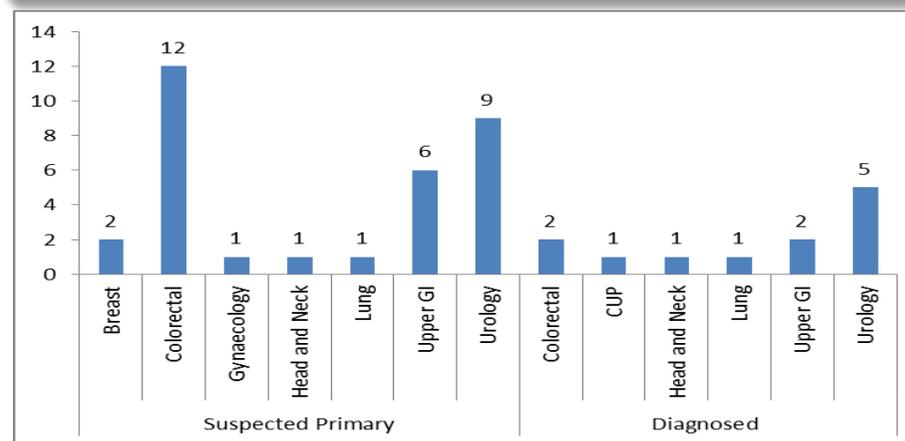


**Backlog Patients waiting 104 day or more**

**44**



**104+ Day Backlog profile by specialty**



**Variation**

- Special Cause Concern High
- Special Cause Note/Investigate High
- Common Cause

**Assurance**

- Consistently hit target
- Hit and miss target subject to random
- Consistently fail target

**Key**

- + phase 3 target
- Internal target
- Operational standard

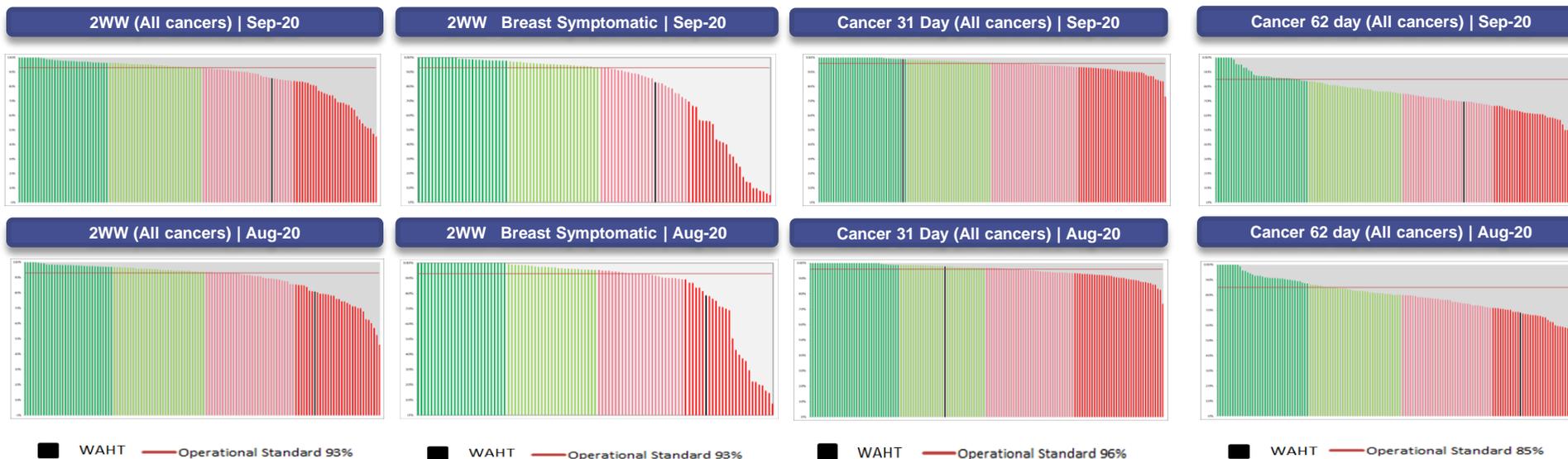
## National Benchmarking (September 2020)

**2WW:** The Trust was one of 3 of the 13 West Midlands Trusts which saw an increase in performance between August and September. This Trust was ranked 8<sup>th</sup> of 13, up from 11<sup>th</sup> the previous month. The peer group performance ranged from 46.12% to 97.35% with a peer group average of 86.57%; decreasing from 90.82% the previous month. The England average for September 2020 was 86.20%, a 1.56 percentage point decrease from 87.76% in August.

**2WW BS:** The Trust was one of 5 of the 13 West Midlands Trusts which saw an increase in performance between August and September. This Trust was ranked 7<sup>th</sup> of 13, up from 11<sup>th</sup> the previous month. The peer group performance ranged from 7.94% to 100% with a peer group average of 82.95%; decreasing from 96.81% the previous month. The England average for September 2020 was 77.15%, a 5.13 percentage point decrease from 82.28%, in August.

**31 days:** The Trust was one of 6 of the 13 West Midlands Trusts which saw an increase in performance between August and September. This Trust was ranked 3<sup>rd</sup> of 13, up from 5<sup>th</sup> the previous month. The peer group performance ranged from 83.76% to 100% with a peer group average of 92.57%; decreasing from 95.24% the previous month. The England average for September 2020 was 94.53%; this is no change from 94.53% in August.

**62 Days:** The Trust was one of 2 of the 13 in the West Midlands Trusts which saw an increase in performance between August and September. This Trust was ranked 8<sup>th</sup> of 13, up from 12<sup>th</sup> the previous month. The peer group performance ranged from 45.41% to 95.37% with a peer group average of 70.27%; decreasing from 71.83% the previous month. The England average for September 2020 was 74.67%, 3.27 percentage point decrease from 77.94% in August.



Total Waiting List	Number of patients waiting over 18 weeks	Percentage of patients on a consultant led pathway waiting less than 18 weeks for their first definitive treatment	Number of patients waiting 40 to 52 weeks or more for their first definitive treatment	52+ weeks	RTT Referrals (Routine and Urgent) received
41,332	18,356	55.58%	4,888	2,007	4,923

### What does the data tells us?

- The Trust has seen a 3.18% increase in the overall wait list size in Oct-20 compared to Sep-20; from 40,055 to 41,332 This is currently +1,840 more patients on our waiting list than the phase 3 forecast.
- The number of patients over 18 weeks who were unable to be treated remains below 19,000, with a further reduction of 457 patients from Sep-20's list. The combination of a larger waiting list with new patients being added to it and another reduction in the total number of patients above 18 weeks has seen a further improvement in RTT performance from 53.03% in Sep-20 to 55.58% in Oct-20.
- However, the Trust is reporting an increase in the patients waiting between 40-52 weeks for treatment which is now 4,888, and those patients waiting over 52 weeks which is now 2,007; this is currently +474 more patients waiting 52+ weeks than on our phase 3 forecast.
- Of the 2,007 patients waiting over 52 weeks, 79 have been waiting over 70 weeks and of those 31 have been dated.
- Eight specialties have over 1,000 patients waiting over 18 weeks; this is 75% of all our 18 week breaches. The same 8 specialties contribute 71% of all patients waiting over 52 weeks.
- RTT referrals (urgent and routine) have decreased by 6.74% from Sep-20 to Oct-20.
- Referral Assessment Services (RAS):** In Oct-20, 4,114 referrals were received through this service to be triaged, which is a 56% increase from Sep-20 as more specialties are using the RAS. Gynaecology has seen the largest increase, from 272 in Sep-20 to 582 in Oct-20, along with 3 other specialties with increases over 100. 3,508 (85%) of all referrals have been outcomed, and 42% of those were outcomed within 5 working days. 2,902 appointments have been booked, 107 referrals were cancelled but there remains 789 referrals awaiting action.
- Elective Planned:** This waiting list has 8,945 patients and the vast majority (6,499) are awaiting an endoscopy. Of the total waiting list, 6,316 are within their repeat date but they do not yet have a TCI. 433 patients have passed their repeat date with no TCI set and 416 patient have passed their repeat date and have a TCI.

### What have we been doing?

- Specialty Medicine:** All specialties are validated on a monthly basis with 52 week breaches on a weekly basis to ensure they are true and that treatment plans are in place where appropriate. All patients over 45 weeks are validated on a weekly basis in order to try to avoid a 52 week breach.
- Utilising the allocated capacity within the independent sector
- As part of the clinical validation of surgical waiting lists, letters were sent to patients informing them that we would be making contact with them to discuss their treatment plan. The Phone calls to the patients have started.

### What are we doing next?

- The national validation project of the admitted waiting list will produce a clinically validated waiting list that allows operating lists to run effectively, by:
  - Being assured that those on the waiting list still require treatment.
  - Being able to book these patients by clinical need and after this in chronological order.
  - Being assured that the patient has been communicated with and knows what is happening.
  - Having a clear view of those patients who wish to defer.
  - Checking on a patient's condition and establishing any additional risk factors
- The timescale for completing the national clinical validation of waiting lists has been extended to December 31<sup>st</sup>.
- Further discussions are happening with the CCG following the potential reduction of independent sector capacity from January onwards. This reduction will impact our ability to deliver the Phase 3 elective plan.

Assurance level: 4 (Oct-20)

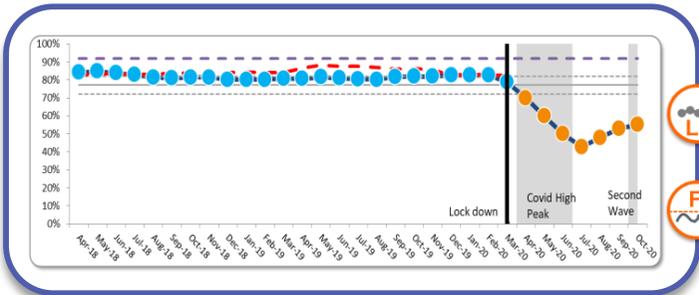
When expected to move to next level of assurance: Q4 – depending on the management and impact of COVID-19 second wave

Previous Assurance Level: 4 (Sep-20)

SRO: Paul Brennan

**RTT % within 18 weeks**

**55.58%**

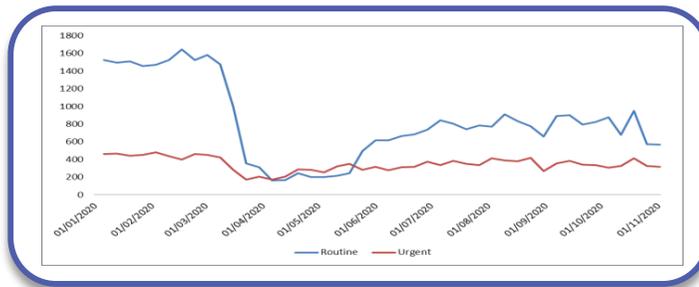


**L**

**F**

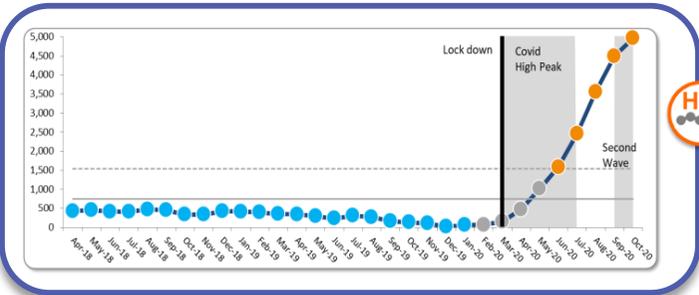
**RTT Referrals Profile**

**4,923**



**40-52 week waits**

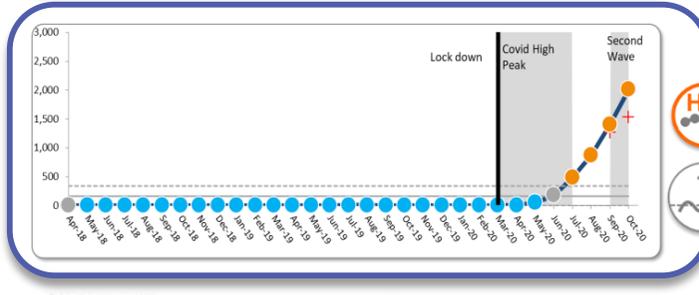
**4,888**



**H**

**52+ week waits**

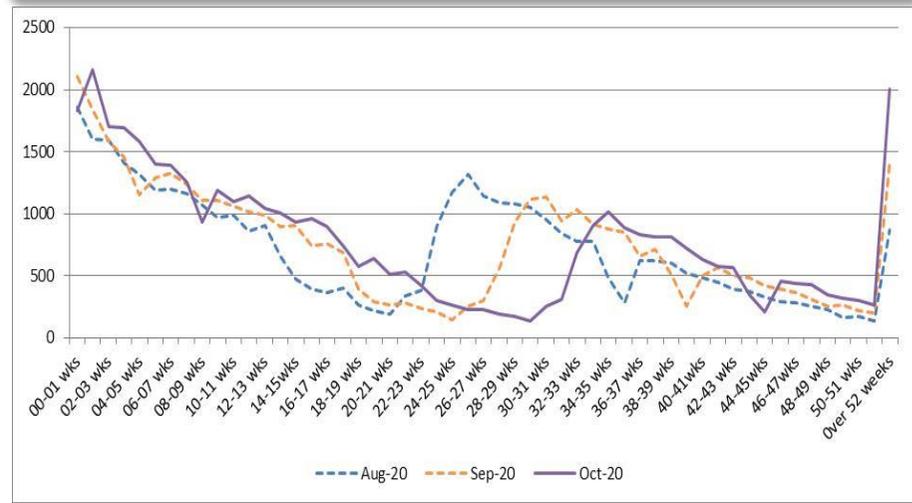
**2,007**



**H**

**?**

**RTT waiting list profile (Aug-20 to Oct-20) by weeks waiting**



**Variation**

- Special Cause Concern High
- Special Cause Note/Investigate High
- Common Cause

**Assurance**

- Consistently hit target
- Hit and miss target subject to random
- Consistently fail target

**Key**

- + phase 3 target
- Internal target
- Operational standard

## Operational Performance: RTT Benchmarking

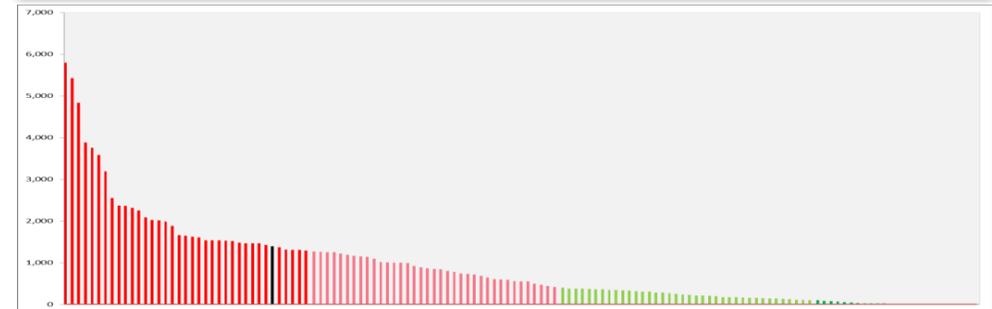
**National Benchmarking (August 2020)** | The Trust was one of 12 of the 12 West Midlands Trusts who saw an increase in performance between August and September. This Trust is ranked at 10<sup>th</sup> of 13, the same as the previous month. The peer group performance ranged from 44.62% to 78.95% with a peer group average of 58.29%; increasing from 52.54% the previous month. The England average September 2020 was 60.6%, a 4 percentage point decrease from 56.6%, in August.

Nationally, there were 139,545 patients waiting 52+ weeks, 1,403 (1.00%) of that cohort were our patients.

RTT - % patients within 18 weeks | Sep-20



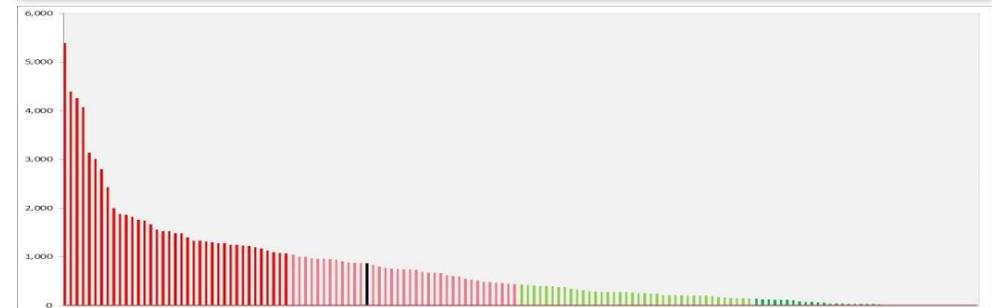
RTT - number of patients waiting 52+ weeks | Sep-20



RTT - % patients within 18 weeks | Aug-20



RTT - number of patients waiting 52+ weeks | Aug-20



■ WAHT — Operational Standard 92%

News Face to Face (excl OP* – all other activity)	News Non Face to Face (excl OP* – all other activity)	News % Non Face to Face	Follow ups Face to Face (excl OP* – all other activity)	Follow ups Non Face to Face (excl OP* – all other activity)	Follow ups % Non Face to Face	Total % Non Face to Face
10,993	2,274	17.14%	16,185	11,668	41.89%	33.90%
<b>Outpatients - what does the data tell us?</b> <ul style="list-style-type: none"> <li>The Trust undertook 41,120 outpatient appointments in Oct-20. This is 9,635 fewer appointments than Sep-19 (81.02% of Sep-19 activity), and 812 more than Sep-20. When looking specifically at consultant led activity, in line with phase 3 restoration monitoring expectations, Oct-20 unvalidated activity is 69% of Oct-19 activity; we achieved 89% of our submitted plan activity.</li> <li>In Oct-19, 2,218 non-face-to-face appointments took place which increased to 13,942 in Oct-20. That is 11,724 more appointments, an increase of 528.58%. Of all appointments in the month, 33.90% (both new and follow-up) were non-face-to-face.</li> <li>As at 15th November the outpatient backlog for new outpatients was 44,394 with 18,258 on an RTT pathway and 26,816 on a non-RTT pathway. Just over 9,400 patients had been dated but that does leave almost 35,000 not yet dated. Nearly 35,000 patients, of the total new outpatient waiting list are deemed to be routine.</li> <li>Looking specifically at our phase 3 plan (slide 19), we undertook 20,817 appointments against a target of 23,142. Our area of success was Consultant-led first outpatient attendances (telephone/video) where we were +410 to plan. Although we were +343 above plan for Consultant-led follow-up outpatient attendances (face-to-face), this might have contributed to being -1,770 appointments under our target for Consultant-led follow-up outpatient attendances (telephone/video). The Surgery Division</li> </ul>			<b>What have we been doing?</b> <ul style="list-style-type: none"> <li>Specialties have been working to their intervention plans to undertake as much activity as they can within current constraints.</li> <li>We have been looking at the specialties with the highest volume of unseen first outpatients appointments and are discussing whether some clinic allocations should be transferred. This is a complex consideration as we would have to ensure that the consultants are available and the rooms are suitable for the appointments.</li> </ul>			
<b>Planned Admissions - what does the data tell us?</b> <ul style="list-style-type: none"> <li>On the day cancellations continue to show normal variation having been statistically lower for April and May and is now on the mean line for the period Apr-19 to Oct-20.</li> <li>Theatre utilisation remains within normal variation but it is clear that we have a long way to go to achieve pre-COVID-19 utilisation in-line with the phase 3 elective activity plan.</li> <li>From our inpatient elective monitoring, day Case spells were +372 and ordinary spells were +34 above our phase 3 plans.</li> </ul>			<b>What are we doing next?</b> <ul style="list-style-type: none"> <li>Interventions plans continue to be monitored to identify where specialties are on track or deviating from their plans to that any impact on achieving the phase 3 activity plans is understood.</li> <li>Some re-modelling work is being undertaken to understand the impact of new scenarios where CCG or Trust funded capacity is being increased; although this won't result in our baseline phase 3 plan to be adjusted, it will help specialties understand how any changes in capacity will affect their backlog</li> <li>Reviewing the best use of capacity to ensure those patients more in need of being seen are prioritised</li> <li>A review by the clinicians to ensure that we are maximising the opportunity for virtual appointments. One of the current restrictions for this is space to make private calls.</li> </ul>			
Assurance Level: 4 (Oct-20)			When expected to move to next level of assurance: Q4 – depending on the management and impact of COVID-19 second wave			
Previous Assurance Level: 4 (Sep-20)			SRO: Paul Brennan			



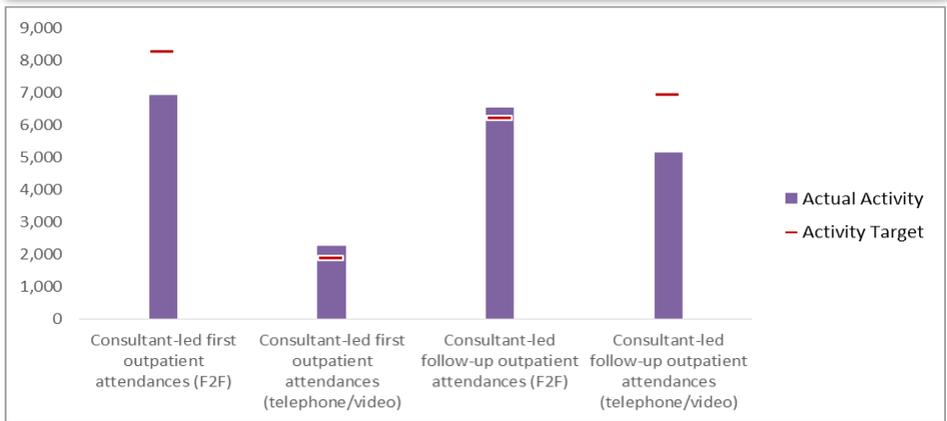
## Outpatients Activity | Oct-20 activity as a percentage of Oct-19 activity (all activity apart from excluding OP+)<sup>1</sup>



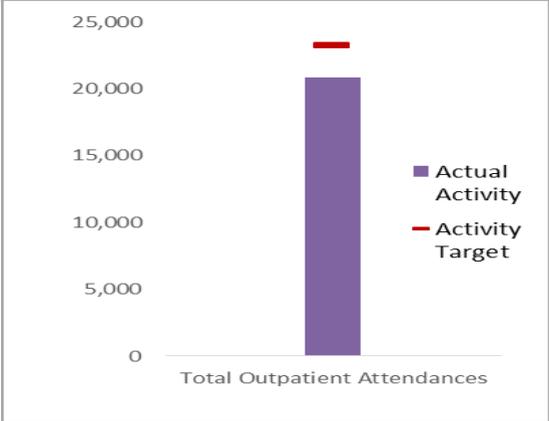
1. These graphs are reflective of all the OPA activity that has been delivered by the Trust - phase 3 restoration is based on consultant-led activity only that has been submitted via SUS.
2. Please note the 1000% scales on the New and Follow non face-to-face activity graphs., This is due to the significant increase in non face-to-face appointments in 2020.

## Outpatient attendances and Inpatient Elective activity compared to Phase 3 restoration plan | Oct-20

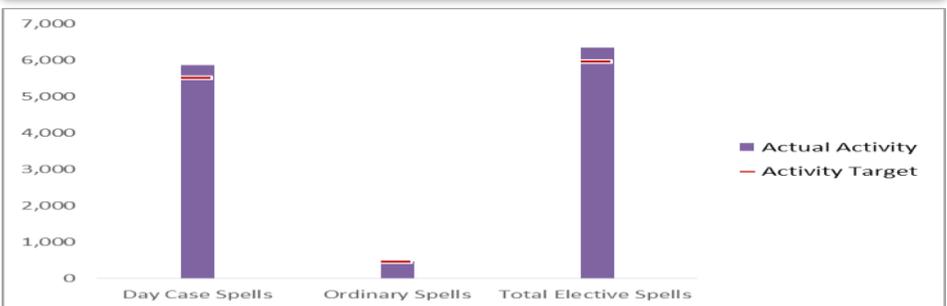
### Consultant-led outpatients attendances



### Total outpatients attendances



### Inpatient Electives



These graphs represent phase 3 restoration only, as submitted in the plan.

The total waiting list, the number of patients waiting more than 6 weeks for a diagnostic test, and % of patients waiting less than 6 weeks

Trust Total			Radiology			Physiology			Endoscopy		
11,993	6,510	45.72%	6,991	3,697	47.12%	2,616	1,272	51.38%	2,386	1,541	35.41%

**What does the data tell us?**

- The DM01 performance is validated at 45.72% of patients waiting less than 6 weeks for their diagnostic test, a slight improvement from 42.89% in Sep-20.
- The diagnostic waiting list has reduced with the total waiting list currently at 11,993 patients, a decrease of 604 patients (-4.79%) from the previous month.
- The total number of patients waiting 6+ weeks has decreased by 488 patients (-6.84%); however there are 4,380 patients waiting over 13 weeks (4,503 in Sep-20).
- Radiology has the largest number of patients waiting at 6,991 but has reduced those waiting over 6 weeks by 532 between Sep-20 and Oct-20.
- 15,421 diagnostics tests were undertaken in Oct-20, 11.4% more than Sep-20; this was 10% lower than Oct-19.
- Radiology were able to undertake 1,317 more tests in Oct-20 with increases across all modalities.
- Endoscopy completed 263 more tests in Oct-20 with colonoscopy (+118) and gastroscopy (+194) increasing the number of tests undertaken but Flexi Sigmoidoscopy and Cystoscopy undertaken fewer tests.
- Physiology completed the same number of tests (1,329) in Oct-20 as Sep-20.
- Slide 23 shows our diagnostic activity against the phase 3 plan. MRI was under target by 262 tests with CT and non-obstetric ultrasound exceeding their plan. Endoscopy exceeded their gastroscopy target of 545 by 20 tests; colonoscopy (-11) and flexi sigmoidoscopy (-35) were under their targets.

**RADIOLOGY**

**What have we been doing?**

- Maintained MRI and Ultrasound lists at full capacity across county to accommodate backlog of routine patients.
- Continuing with the additional capacity through WLI sessions in CT, MRI and Ultrasound
- Continued using independent sector for Cardiac CT, routine CT
- Mobile CT scanner extended until March 2021- reviewed booking protocols to try and increase daily throughput while adhering to social distancing

**What are we going to do next?**

- Continue with WLIs
- Discussing with independent sector extending support past December
- Risk of CT mobile being removed to support Nightingale, impact has been escalated.
- Trying to obtain resource via STP for Radiographers to staff 3<sup>rd</sup> CT scanner following installation in January.
- Reviewing continuity plans to establish where any services can be maintained in event of increased COVID-19.

**ENDOSCOPY (inc. Gynaecology & Urology)**

**What have we been doing?**

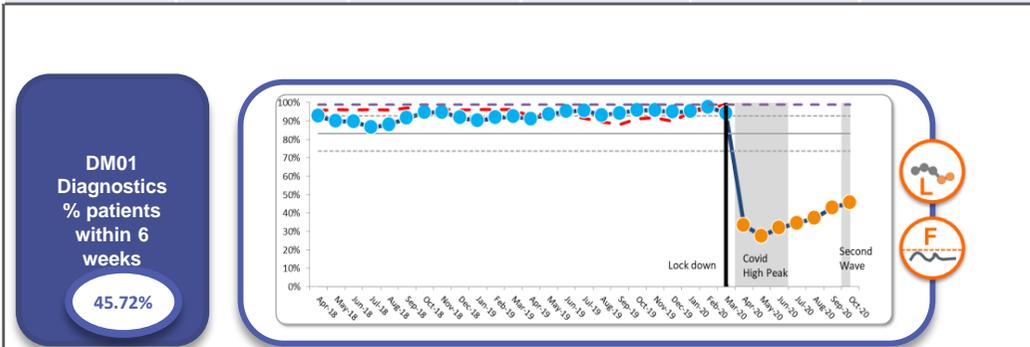
- Continuing the use of IS at BMI and Spire
- Continuing with weekend WLI sessions
- Continuing use of 18 Week Support insourcing team providing 18 sessions
- Evening WLIs for Urology
- Ceased downtime between outpatient GI and Bronchoscopy procedures
- Increased upper GI procedures per list
- Reviewed reasons for list / procedure cancellations
- Booking processes reviewed to reduce last-minute bookings
- Sourced additional admin support

**What are we going to do next?**

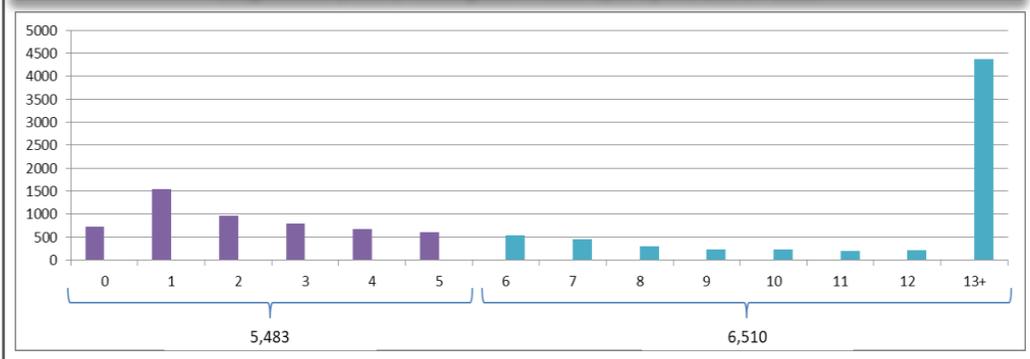
- Urology activity relocates from ALX to KTC on 25/11/20
- Scoping commencement of 18 Week Support insourcing 2 session per week at Malvern Community Hospital from 09/12/20 with a plan to increase to 6 sessions in January
- Exploring the use of IS for GA Endoscopy procedures (some patients are long-waiters)
- Increase notice to patients by sending appointment letters in advance for upper GI and flexi-sig EOA procedures (avoiding short-notice swabbing requests)
- Booking Co-ordinator interviews to take place 19/11/20

The total waiting list, the number of patients waiting more than 6 weeks for a diagnostic test, t and % waiting less than 6 weeks

Trust Total			Radiology			Physiology			Endoscopy		
11,993	6,510	45.72%	6,991	3,697	47.12%	2,616	1,272	51.38%	2,386	1,541	35.41%



**Diagnostics (DM01) Waiting List Profile split by 0-6 and 6+ week**



Assurance Level: 5 (Oct-20)

Previous assurance level: 5 (Sep-20)

### NEUROPHYSIOLOGY

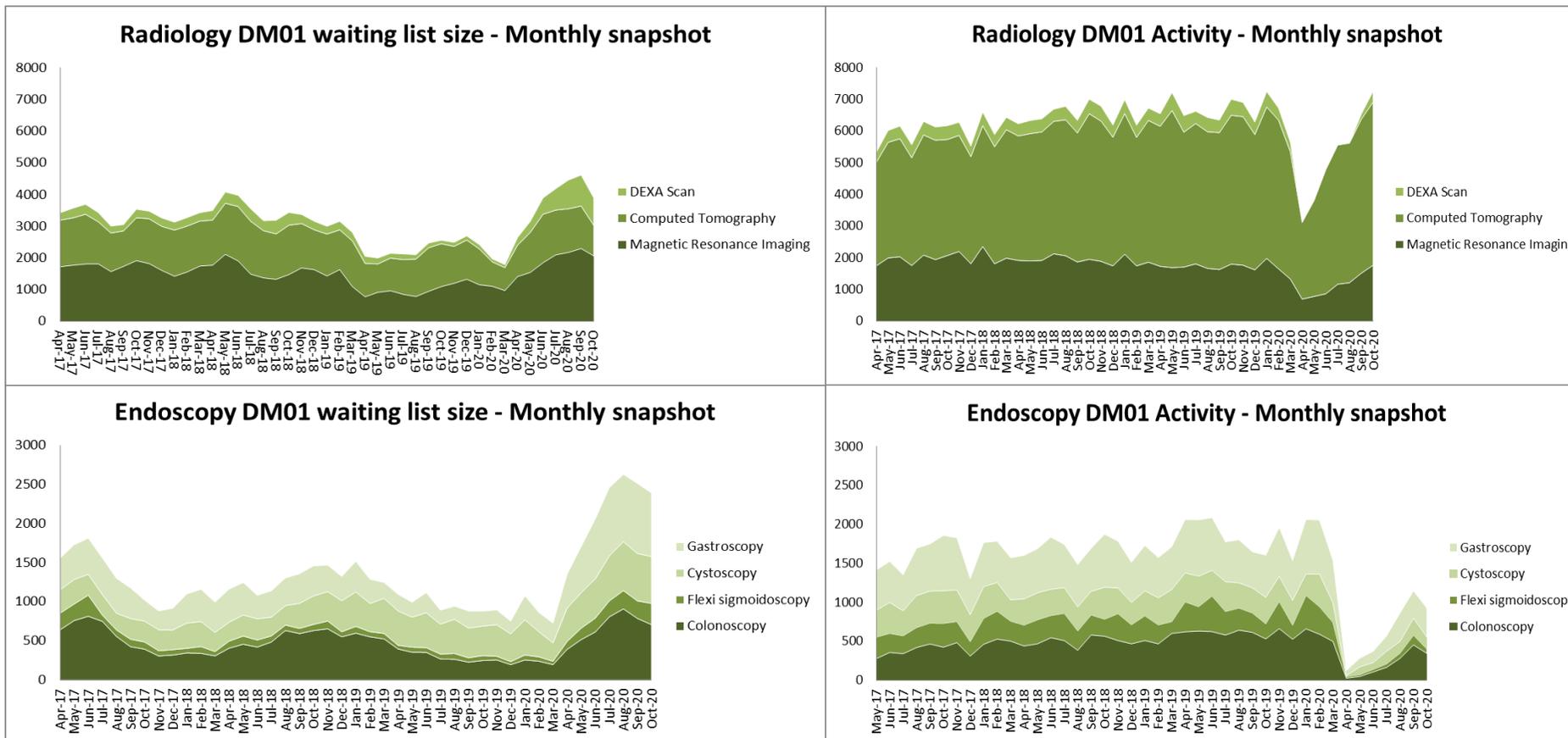
- |   |   |
|---|---|
| <p><b>What have we been doing?</b></p> <ul style="list-style-type: none"> <li>Continuing to undertake approximately 85% of clinics and increased working to 6 days</li> <li>Limitations are around capacity due to increased infection control and social distancing.</li> <li>Waiting lists are still averaging around 10 weeks</li> <li>Slight increase in consultant waiting time due to a period of self-isolating and single handed</li> </ul> | <p><b>What are we going to do next?</b></p> <ul style="list-style-type: none"> <li>Continuing to try and source off site capacity</li> <li>May need to look at WLI clinics for consultant investigations - will monitor over the next month.</li> </ul> |
|---|---|

### CARDIOLOGY – ECHO

- |   |   |
|---|---|
| <p><b>What have we been doing?</b></p> <ul style="list-style-type: none"> <li>Service now open to routine patients</li> <li>Restoration of service has been approved, with reduced capacity</li> <li>To achieve 100% capacity additional rooms would be required on a permanent basis outside of the designated units due to waiting room limitations</li> <li>Approx. 12-16 week wait</li> <li>Service is being managed on a priority basis balancing the need for the backlog with urgent patients</li> </ul> | <p><b>What are we going to do next?</b></p> <ul style="list-style-type: none"> <li>Performing WLI clinics to reduce the backlog</li> <li>Looking at room solutions to full restore clinics</li> </ul> |
|---|---|

When expected to move to next level of assurance: 18 Weeks increased capacity at Malvern by end of Nov-20

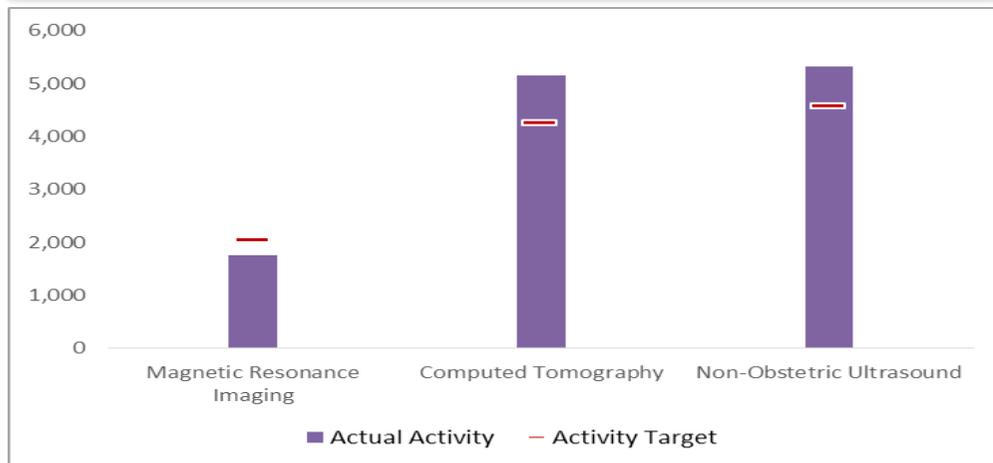
SRO: Paul Brennan



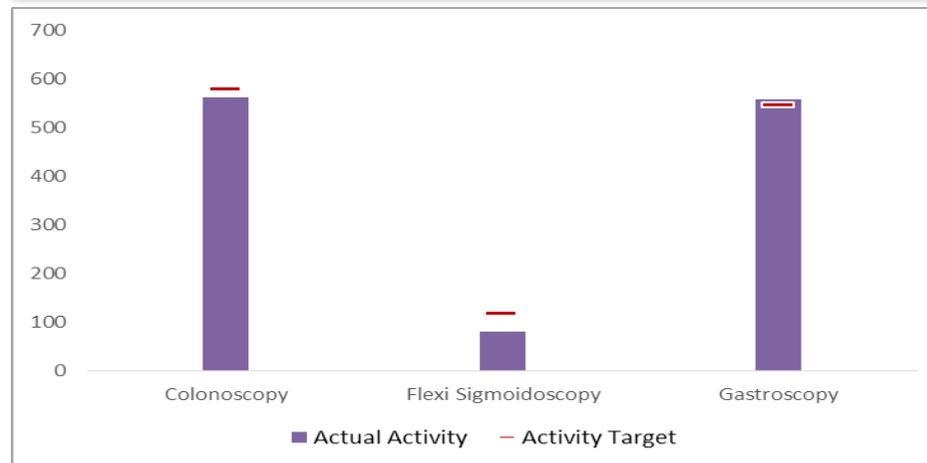
Note the different scaled axis on the graphs when comparing them

## DM01 Diagnostics Activity | Oct-20 Diagnostic activity compared to Phase 3 restoration plan

### Radiology



### Endoscopy



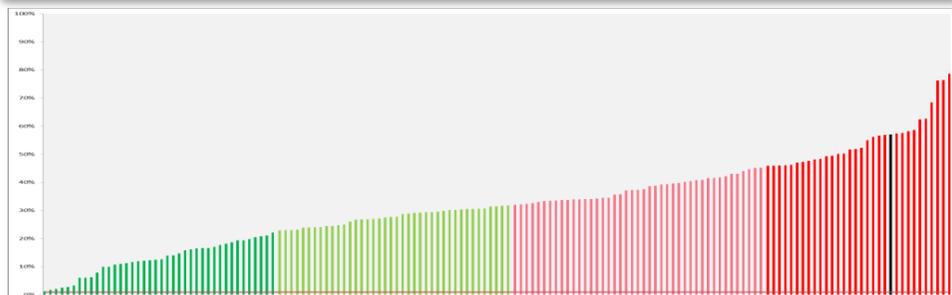
These graphs represent phase 3 restoration only, as submitted in the plan. All physiology tests, DEXA and cystoscopy were not included in the request from NHSEI

**National Benchmarking (September 2020)** | The Trust was one of 11 of the 13 West Midlands Trusts which saw a reduction in patients waiting over 6 weeks. This Trust was ranked 12 of 13 in August 2020. The peer group performance ranged from 2.78% to 58.64% with a peer group average of 32.16%; decreasing from 39.09% the previous month.

The England average for September 2020 was 33%, a 6.6 percentage point reduction from 39.6% in August

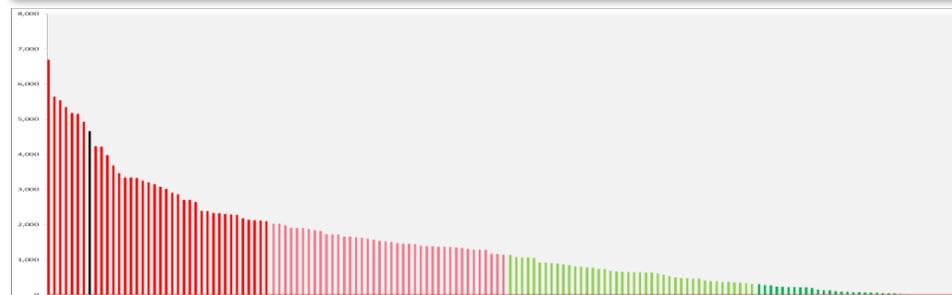
DM01 Diagnostics - % of patients waiting more than 6 weeks | Sep-20

DM01 Diagnostics - number of patients waiting more than 13 weeks | Sep-20



DM01 Diagnostics - % of patients waiting more than 6 weeks | Aug-20

DM01 Diagnostics - number of patients waiting more than 13 weeks | Aug-20



■ WAHT ■ Operational Standard 1%

% of patients spending 90% of time on a Stroke Ward	% of patients who had Direct Admission (via A&E) to a Stroke Ward	% patients seen in TIA clinic within 24 hours	% of patients who had a CT within 60 minutes of arrival	SSNAP Q1 Apr-20 to Jun-20			
				Score	78.0	Grade	B
75%	57.35%	89.23%	50%				

### What does the data tell us?

- The four main stroke metrics have been re-baselined and although this shows that all performance is within common cause variation. As previously commented on, 'patients seen in TIA clinic within 24 hours' continues to consistently meet the target.
- Although the most recent data is included above, our SSNAP score and grade won't be updated until the publication of Q2 analysis with outcomes expected to be published in December. Internal monitoring of the SSNAP scoring continues on a weekly and monthly basis.

**Assurance Level: 6 (Oct-20)**

**Previous assurance level: Level 6 (Sept-20)**

**When expected to move to next level of assurance: Q4 – depending on the management and impact of COVID-19 second wave**

**SRO: Paul Brennan**

### What have we been doing and what are we doing next?

A substantive Stroke Consultant commenced in September which has allowed us to cease use of a bank doctor. Furthermore, we have been successful in recruiting an additional consultant on a 12 month fix term contract and we are expecting them to start by January 2021. We are currently in the process of recruiting a further permanent consultant; this is waiting for RCP approval. A successful appointment will increase the capacity within the team and would enable us to provide a sustainable 7 day service within core hours.

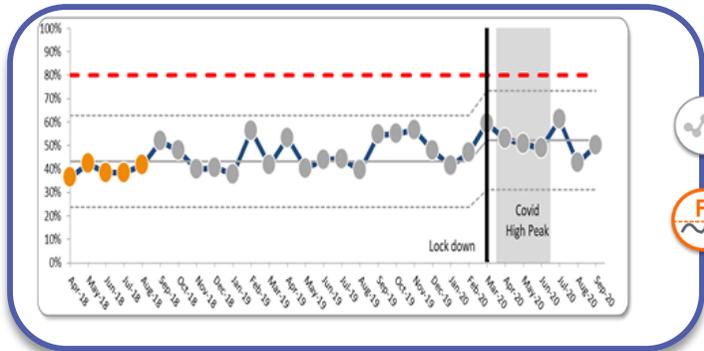
Physio, Occupational and Speech and Language Therapy consistently maintain their performance at a grade A on internal SSNAP reporting.

The number of clinic slots on weekdays has increased from 5 to 7 to match increasing referrals. We are also reviewing the data for the past year to ascertain the discrepancy between demand and capacity. This would include looking at referrals during weekends, pre & post COVID-19.

Stroke Pathway - The plan is to review the current Stroke pathway for stroke patients presenting at Alexandra Hospital. The SOP was updated to reflect current changes in service provision and the pathway needs to be aligned to establish a clear pathway. This will be discussed at the next Stroke Directorate meeting.

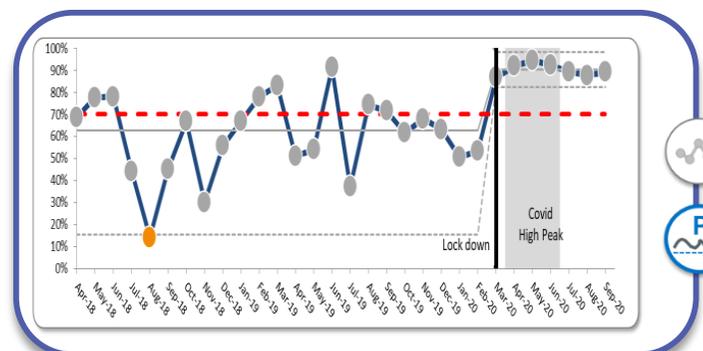
Stroke : % CT scan within 60 minutes

**50%**



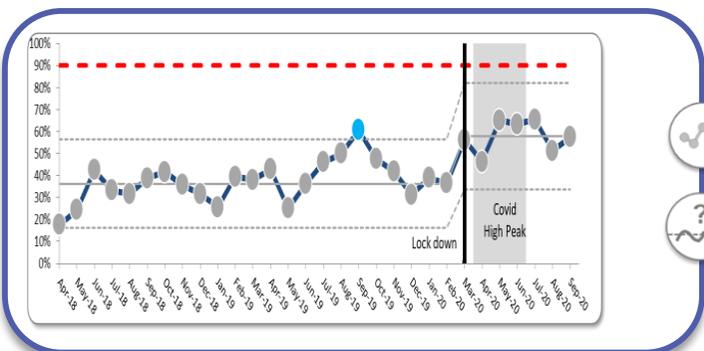
Stroke: % seen in TIA clinic within 24 hours

**89.23%**



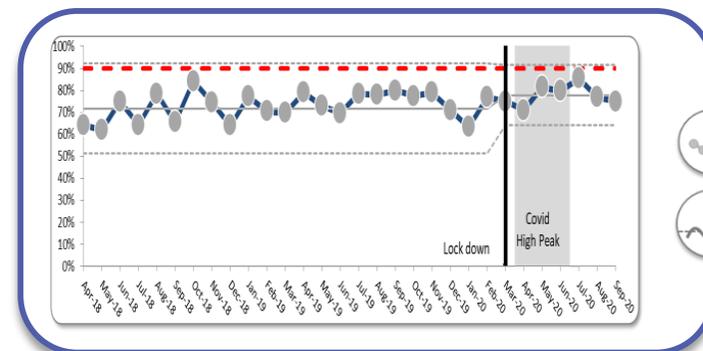
Stroke : % Direct Admission to Stroke ward

**57.33%**



Stroke: % patients spending 90% of time on stroke unit

**75%**



Please note: These SPC charts have been re-based to evidence if any changes in performance, post the initial COVID-19 high peak, are now common or special cause variation.

# Quality and Safety

Quality Performance	Comments
Infection Control	<ul style="list-style-type: none"> <li>E-Coli and MRSA infections remain below trajectory for year to date.</li> <li>C difficile infections were above trajectory for October, and are now above trajectory for year to date.</li> <li>MSSA infections were above trajectory in October 2020, and have already exceeded the year end target.</li> <li>Hand hygiene compliance continues to remain on target</li> </ul>
SEPSIS 6	<ul style="list-style-type: none"> <li>Performance for completing the SEPSIS 6 bundle within one hour rose in October to 34.91%, but is still significantly below the target of 90%.</li> <li>Measures within the divisions are in place to raise awareness, and training compliance</li> </ul>
Safer Care	<ul style="list-style-type: none"> <li>Total inpatient falls remains under trajectory for end of year target.</li> <li>Serious incident inpatient falls remains under trajectory for end of year target.</li> <li>There has been a significant rise in serious incident falls in October (5 reported in total due to the nature of injury) however these are yet to be investigated. If no omissions in care are identified the Trust will request downgrades.</li> <li>Total Hospital Acquired Pressure Ulcer's remains under trajectory for end of year target.</li> <li>Hospital Acquired Pressure Ulcer's resulting in serious harm remains on trajectory for end of year target.</li> </ul>
ICE Reporting	<ul style="list-style-type: none"> <li>The Target of 95% for viewing Radiology Reports on ICE has not been achieved in the past 12 months.</li> <li>Divisional Directors are identifying colleagues in their division who are not performing and managing this.</li> </ul>
FFT	<ul style="list-style-type: none"> <li>All area's evidenced improved response rates in October, except A&amp;E.</li> <li>All area's evidence improved recommended rates in October, except Maternity.</li> </ul>

## 2.1 Care that is Safe - Infection Prevention and Control

Embed our current infection prevention and control policies and practices | Full compliance with our Key Standards to Prevent Infection, specifically Hand Hygiene above 97%, Cleanliness in line with national standards, ongoing care of invasive devices

C-Diff		E-Coli		MSSA		MRSA	
October: Month / Monthly target	Year to date: Actual / Year to date target	October: Month / Monthly target	Year to date: Actual / Year to date target	October: Month / Monthly target	Year to date: Actual / Year to date target	October: Month / Monthly target	Year to date: Actual / Year to date target
9 / 4	34 / 31 (EOY target – 53)	3/4	18 / 28 (EOY target – 50)	3 / 0	16/7 (EOY target – 10)	0 / 0	0 / 0 (EOY target – 0)

### What does the data tell us?

- *C difficile* infections were above trajectory for October, and are now above trajectory for year to date.
- E-Coli BSI remain below trajectory for year to date, and there have been no MRSA BSI.
- MSSA infections were above trajectory in October 2020, and have already exceeded the year end target.
- The Hand Hygiene audit participation rate rose in October to 91.89% (last month 89.09%)
- Hand Hygiene Practice Compliance rate rose slightly to 99.66% (last month 99.53%), meeting the 98% target.

### How have we been doing?

- A significant rise was detected in MSSA BSI in July 2020, subsequently resulting in breach of the annual target.
- Work to re-assess compliance with the COVID-19 board assurance framework continues, including the work to map our compliance against the newly released version of the COVID-19 BAF (Oct 2020).
- Total antibiotic use has increased over the past 12 months, and we have the highest rate of Carbapenem usage in the region.

### What improvements will we make?

- Divisions have revisited their focussed work on MSSA BSI, and have put in place work led by Ward Managers and Matrons and engaging staff at ward level to focus on peripheral cannula care standards on a daily basis, as this is a critical issue.
- The number of staff submitting Start Smart Then Focus (SSTF) antimicrobial audit data is increasing: 51 users, and 140 patients audited. Divisions are required to demonstrate continued progress. A live report is available on WREN for individual teams and divisions to review and use as a basis for AMS improvement. Divisions are required to routinely include review of this data as part of their governance meetings.
- Review of *C difficile* infections from Q2 confirmed several common themes. Divisions have agreed actions in relation to these themes.
- Daily reports on HCAI COVID-19 patients are automatically generated and sent to a wide range of staff, with daily reports to the Silver Command Meeting. The retrospective review of all HCAI COVID-19 patients during phase 1 pandemic is progressing well. Learning has been reported to Silver Command Meetings as well as Divisional Governance Meetings in Specialist Medicine and Surgery. A poster summarising learning has been developed and shared across the Trust by Specialist Medicine.

### Current Assurance Level: Non-COVID-19 Level 4 | COVID-19 BAF Level 6

Reason: - Assurance level for non-COVID-19 remains at Level 4 due to the need for greater evidence of actions and impact in relation to antimicrobial stewardship, and the increase in MSSA BSI. Level 6 for COVID BAF based upon the detailed COVID-19 BAF self-assessment work previously reported.

### When expected to move to next level of assurance for non COVID-19:

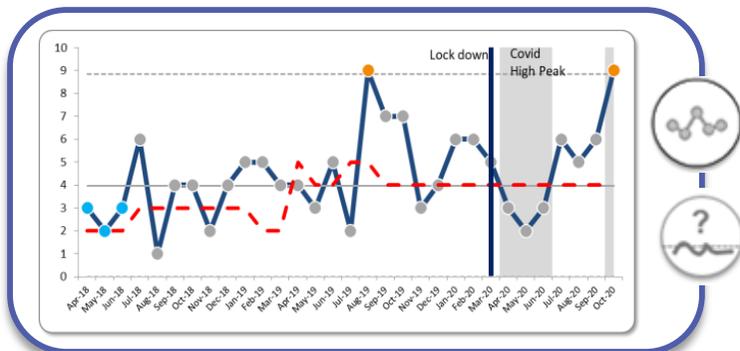
Non-COVID-19 – Level 5 by end of Q3, dependant on sustained AMS improvement, and MSSA situation being controlled.

### Previous Assurance Level (Sep-20): Non-COVID-19 Level 4 | COVID-19 BAF Level 6

SRO: Vicky Morris (CNO)

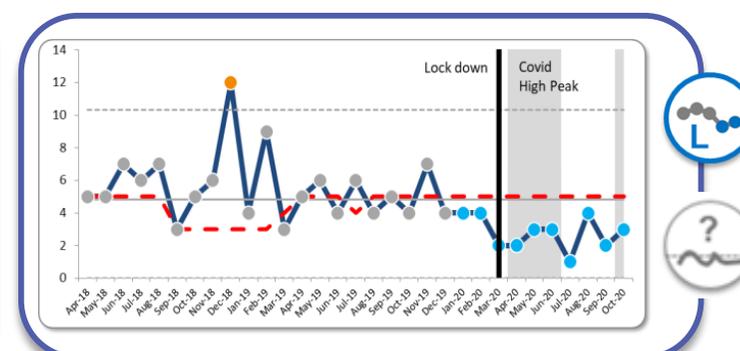
**C-Diff**

9



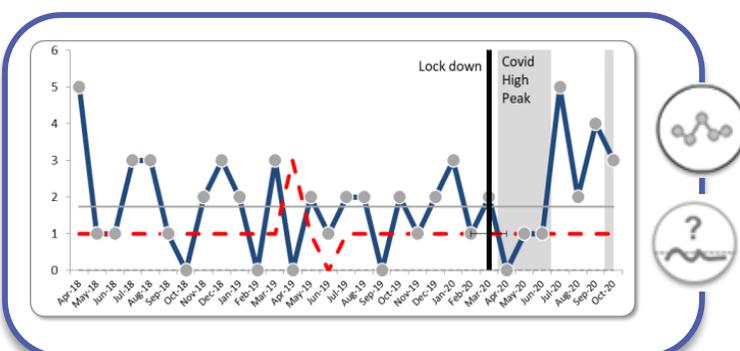
**E-Coli**

3



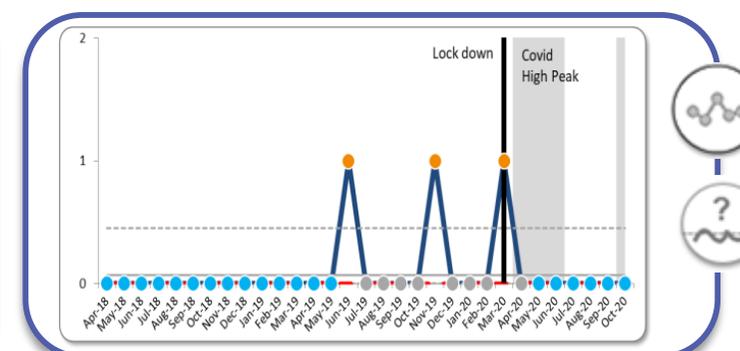
**MSSA**

3



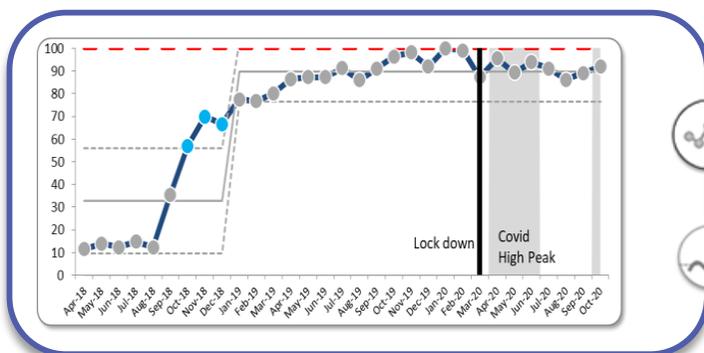
**MRSA**

0



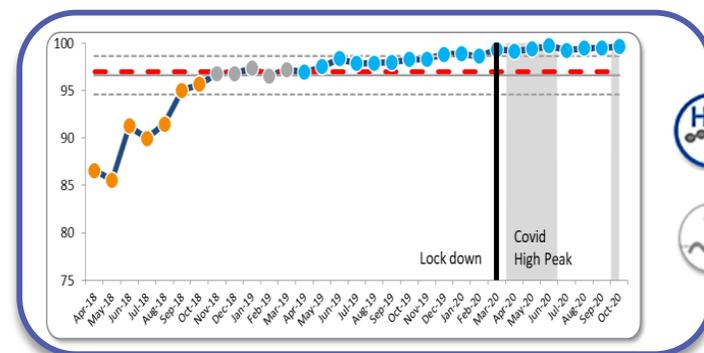
**Hand Hygiene Audit Participatio**

**91.89**



**Hand Hygiene Compliance (%)**

**99.66**



Total Inpatient Falls	Inpatient Falls resulting in Serious Harm	Hospital Acquired Pressure Ulcers (HAPU)	HAPU resulting in Serious Harm
Year to date: Actual / Year to date target	Year to date: Actual / Year to date target	Year to date: Actual / Year to date target	Year to date: Actual / Year to date target
593 / 617 (EOY target – 1235)	4 / 3 (EOY target – 6)	102 / 137 (EOY target – 274)	2 / 2 (EOY Target – 5)

### What does the data tell us?

- Total inpatient falls remains under trajectory for year to date. The Trust remains below the national benchmark for falls per 1000 bed days.
- Inpatient serious incident falls remains under trajectory for the end of year target (6). However we are currently exceeding the year to date target at Q2 by an addition of 1. The Trust remains below the national benchmark for serious incident falls per 1000 bed days.
- Total HAPU's remains under trajectory for year to date.
- HAPU's resulting in serious harm remains on trajectory for year to date. In Q2 there was 1 Category 4 HAPU (Making a total of 2 category 4 HAPU's year to date).

### How have we been doing?

#### Falls

- Falls Prevention awareness week representatives from falls prevention technology companies to scope ways to support the 'Stay in the Bay' initiative that has become less effective during the Covid-19 pandemic due to guidance on restricted staff to patient contact times.
- Continued support provided to the divisions to identify themes and trends with 'real time' weekly reports of incidents allowing actions to be implemented to mitigate future risk at an earlier opportunity.
- Themes and trends from serious incidents have been identified and shared across the Trust via the falls newsletter and patient safety lesson of the weeks: Identification/Management of postural hypotension, assessment of cognition, use of therapeutic observations including 'stay in the bay'.

#### Tissue Viability

- Re-commencement of Tissue Viability educational training sessions and availability to remote access.
- Due to Covid-19 the provision of Tissue Viability Divisional Champions events, providing Divisions with named Tissue Viability Nurse, to track Wren Data Monthly : Identify areas with escalating incidence HAPU, and discuss with Ward Manager/Matron and assist with any TVN intervention re Bespoke Training.
- As a result of SI investigation process themes and trends have been shared via the TV Newsletter and Learning from Serious incidents: Lessons of week bulletin has been published and cascaded to the organisation.

### What improvements will we make?

#### Falls

- Implementation of trials of technology in high falls prevalent areas in the form of video monitors/falls alarms/movement sensors by Q4.
- Support fundamentals of care work-stream with implementation of Trust wide safety huddles and review of falls related assessment/intervention plans within the combined nursing document by Q4.
- Falls e-learning package to become 'essential to role' to enhance compliance and its monitoring by Q3.
- Development of Falls Champion role to support quality falls prevention implementation at ward/departmental level by Q4.
- Re-write falls policy and related guidelines (Including management of orthostatic hypotension guideline supporting the learning from serious incidents) by Q3.
- Participate in the collaboration of falls services across Worcestershire with a focus on admission avoidance and improved discharge planning- on-going focus moving into 2021/22.

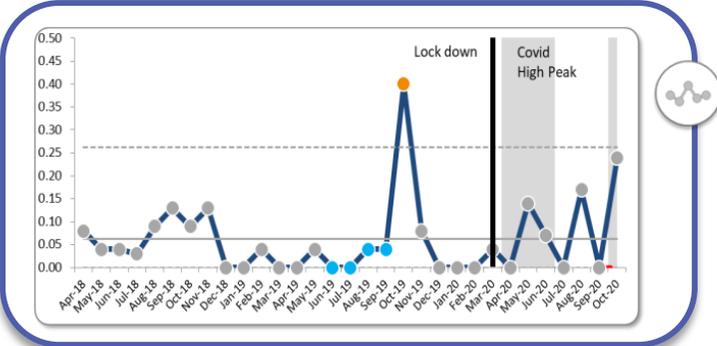
#### TV

- Due to COVID-19; continue to review new ways of working including use of iPad for virtual wound assessments.
- Due to COVID-19; review of COVID-19 positive patients in ITU requiring proning, new equipment identified and implemented. Evaluation ongoing.
- Actions from SI: Surgical Division : Ward training in the use of skin traction. Traction leaflet for staff and patients in development. Introduction of Theatre handover pre-op skin assessment and post surgery. Nil By Mouth policy adherence, due to surgery postponement. Urgent Care Division: Pain stamps (Aide memoire) in ED documentation addressing Pain assessments and documenting intervention. TV: MDT therapies involvement with PUP, escalation to Therapies Lead and face to face teaching session at Alex site for physiotherapists.

Total Inpatient Falls	Inpatient Falls resulting in Serious Harm	Hospital Acquired Pressure Ulcers (HAPU)	HAPU resulting in Serious Harm
Year to date: Actual / Year to date target	Year to date: Actual / Year to date target	Year to date: Actual / Year to date target	Year to date: Actual / Year to date target
593 / 617 (EOY target – 1235)	4 / 3 (EOY target – 6)	102 / 137 (EOY target – 274)	2 / 2 (EOY Target – 5)
<p><b>How have we been doing (cont.)?</b></p> <p><b>Nutrition &amp; Hydration</b></p> <ul style="list-style-type: none"> <li>Meetings with ward housekeepers and catering to improve meal service provision.</li> <li>Patient Nil By Mouth posters have been standardised Trust wide, communicated via Worcestershire Weekly</li> <li>Roll out of new pictorial menus across the Trust.</li> <li>Audit concluded regarding Fluid Balance Charts and Food Diaries and the need to introduce new documentation identified.</li> </ul> <p><b>Dementia &amp; Delirium</b></p> <ul style="list-style-type: none"> <li>National Dementia Training Standards Framework incorporated into workforce essential to role training.</li> <li>Inclusion of dementia care in the Trust Quality Improvement Strategy year 3 (20/21) priorities.</li> </ul>		<p><b>What improvements will we make (cont.)?</b></p> <p><b>Nutrition &amp; Hydration</b></p> <ul style="list-style-type: none"> <li>Hydration Assessment Tool designed with an initial trial at WRH.</li> <li>New matrons audits include monitoring and compliance of MUST assessments.</li> <li>Launch of new Food Diaries trust wide</li> <li>Launch of new Food Balance Charts trust wide</li> <li>Establishment of new audit program to evaluate the new documentation (Food Balance Charts and Food Diaries )</li> </ul> <p><b>Dementia &amp; Delirium</b></p> <ul style="list-style-type: none"> <li>Revised quality audit questions to include Dementia &amp; Delirium identification and action.</li> <li>Embed new deep dive questions regarding Dementia care into the Matrons Quality Audits through the Fundamentals of Care Programme.</li> <li>Development of Dementia Champions role to promote quality dementia care within their departments.</li> <li>Intrinsically link dementia care to the wider Home First Frailty workstream priorities ; system wide ICOPE and Worcestershire Alliance Programme Board actions which including reducing ambulance conveyance; embedding ReSPECT pre-hospital and identifying frailty to avoid inappropriate hospital admission and reduce length of stay when admission is required.</li> </ul>	
<p><b>Current Assurance Levels (Quarter 2)</b></p> <p>Falls – Level 5, Tissue Viability – Level 5 , Nutrition &amp; Hydration – Level 3, Dementia &amp; Delirium – Level 4</p>		<p><b>When expected to move to next level of assurance</b></p> <p><b>Falls</b> expected to move to <b>level 6</b> by the end of <b>Q4</b> supported by the actions above and dependant on the number of serious incident falls against trajectory at the end of 2020/21.</p> <p><b>Tissue Viability</b> to move to <b>level 6</b> by the end of <b>Q3</b> supported by the actions above and dependent if incidence remains within Trajectory.</p> <p><b>Nutrition &amp; Hydration</b> expected to move to <b>Level 4</b> by end of March 2021, when new Fluid Balance Charts and Food Diaries are implemented and audit program reflects improvement.</p> <p><b>Dementia &amp; Delirium</b> expected to move to <b>level 5</b> by the end of <b>Q4</b> if the required NHSE 90% standard for assessment is met and level 6 if in addition 90% staff have completed HEE Dementia Awareness E-Learning.</p>	
<p><b>Previous Assurance Levels (Quarter 1):</b> Falls – Level 6, Tissue Viability – Level 5, Nutrition &amp; Hydration – Level 3, Dementia &amp; Delirium – Level 4</p>		<p>SRO: Vicky Morris (CNO)</p>	

**Falls per 1,000 bed days causing harm**

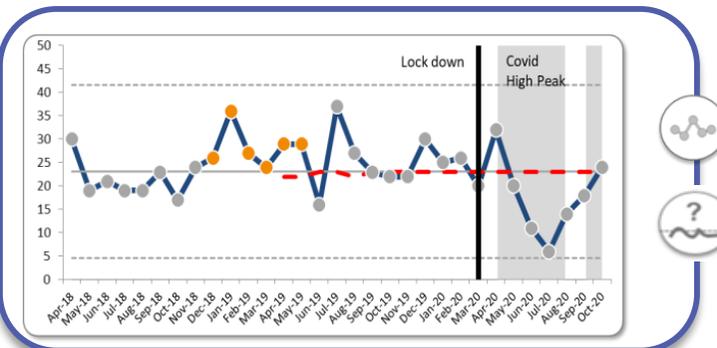
**0.24**



There have been 5 serious incident falls reported in October 2020. This is due to the nature of the injuries sustained (fractured neck of femurs and a fractured elbow requiring possible surgery). These are under investigation to and if no omissions in care are identified the Trust will request downgrades. It has been identified that 4 out of 5 of the serious incident falls have been within urgent care. A trial of falls assessment documentation has been implemented in A&E at the Alex and will be shared with WRH if the outcome is deemed valuable.

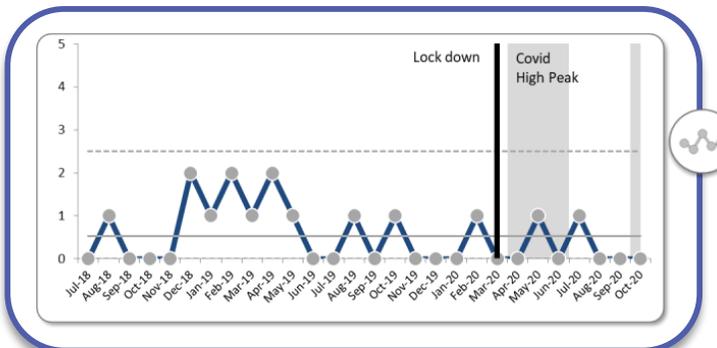
**All Hospital Acquired Pressure Ulcers**

**24**



**Serious Incident Pressure Ulcers**

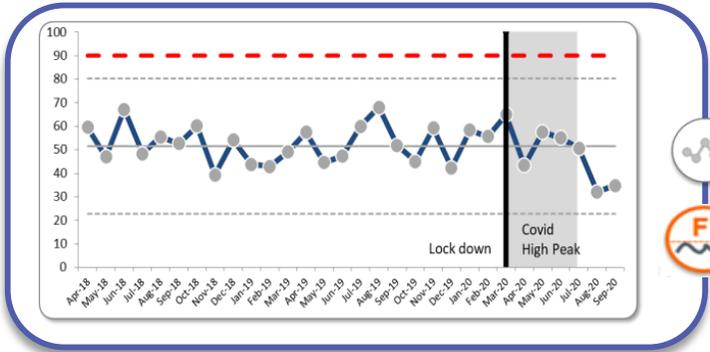
**0**



Sepsis six bundle completed in one hour (Target 90%)	% Antibiotics provided within one hour	Urine	Oxygen	IV Fluid Bolus	Lactate	Blood Cultures
<b>34.91% - Sep 2020 (32.14% - Aug)</b>	80.19% (81.25%)	55.56% (61.61%)	76.85% (82.14%)	64.81% (70.54%)	62.96% (53.57%)	65.74% (65.18%)
<p><b>What does the data tell us?</b></p> <ul style="list-style-type: none"> <li>Performance for Sepsis Screening completed dropped to 83.38% in September (86.08% Aug). Urgent Care however exceeded the target with 95.65% compliance.</li> <li>Performance for completing the Sepsis 6 bundle within one hour increased to 34.91% in September, but is still significantly below the target of 90%.</li> <li>Performance for providing antibiotics within one hour dropped in September 2020, although Urgent Care were still above 90% (96%).</li> <li>Performance for the Urine, Oxygen and IV Fluid Bolus components of the Sepsis 6 bundle dropped in September 2020.</li> <li>Performance for the Lactate and Blood Culture components of the Sepsis 6 bundle increased in September 2020.</li> </ul> <p><b>How have we been doing?</b></p> <ul style="list-style-type: none"> <li>Urgent Care devised Sepsis Quiz shared with other Divisions to assist in raising awareness and identifying knowledge gaps.</li> </ul>		<p><b>What improvements will we make?</b></p> <ul style="list-style-type: none"> <li>The online sepsis training module has been launched.</li> <li>Further work underway in Divisions to raise the issue of completion.</li> <li>Meeting with the Chief Registrar to seek better engagement with the Junior Medical Staff to achieve completion.</li> <li>Identify the cohort which are new cases which require the intervention.</li> <li>Audit of real time completion by Specialty Medicine is underway.</li> </ul>				
<p><b>Current Assurance Level: Level 2</b> Reason: Performance has not yet responded to improvement initiatives.</p>		<p><b>When expected to move to next level of assurance for non Covid:</b> Q3 following implementation of the Divisional plans.</p>				
<p><b>Previous Assurance Level (Sep-20):Level 2</b></p>		<p>SRO: Mike Hallissey (CMO)</p>				

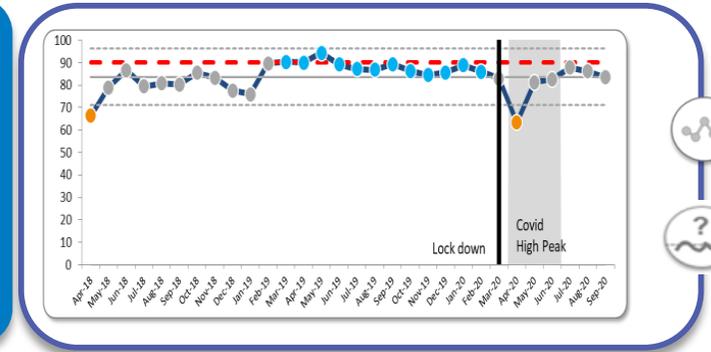
**Sepsis 6 Bundle Compliance (audit) (%)**

**34.91**



**Sepsis Screening Compliance (audit)**

**83.38**



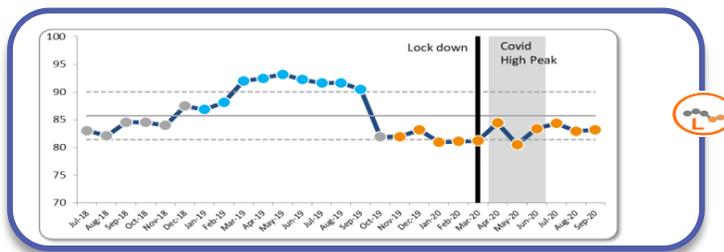
% Radiology reports viewed - ICE	% Radiology reports filed - ICE	% Pathology reports viewed - ICE	% Pathology reports filed - ICE
83.20% - Sep 2020 (82.99% - Aug 2020)	54.75% (59.25%)	96.05% (96.42%)	69.67% (71.76%)

### What does the data tell us?

- The Target of 95% for viewing Radiology Reports on ICE has not been achieved in the past 12 months.
- The Target of 95% for viewing Pathology Reports on ICE has been achieved in 11 of the past 12 months.

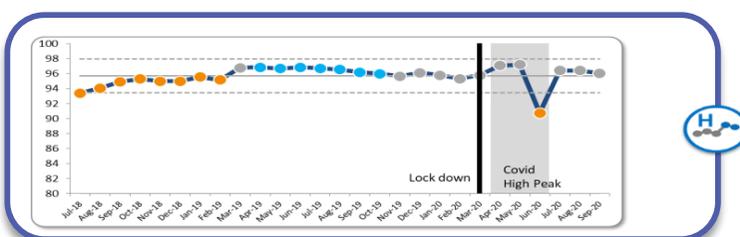
ICE reports viewed radiology (%)

83.20



ICE reports viewed pathology (%)

96.05



### What have we been doing?

- The data reported on WREN is now included within the governance reports to each directorate meeting.

### What will we be doing?

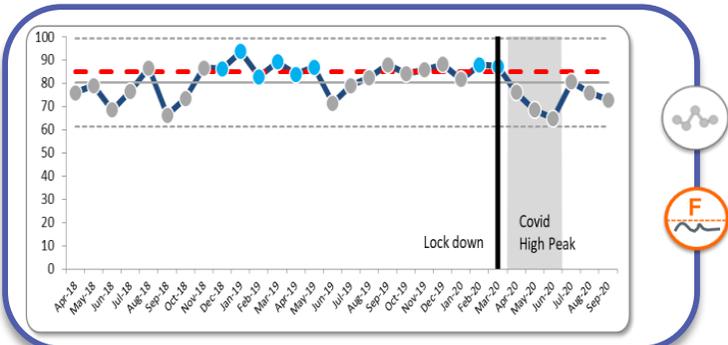
- Removal of self reported imaging from ICE numbers
- Review of data for all ICE reporting to identify current gaps
- Establish regular reviews of team members responsible for ICE reviews.

**Current Assurance Level: Level 4**

**When expected to move to next level of assurance:**  
When review of criteria for inclusion is complete – February 2021.

**Previous Assurance Level (Sep-20): Level 2**

**SRO:** Mike Hallissey (CMO)

#NOF – Time to Theatre <= 36 Hours	#NOF – Time to Theatre <= 36 Hours Excluding Unfit Patients
72.73% (Sep 2020) (75.95% - Aug 2020)	80% (Sep 2020) 86.96% (Aug 2020)
<p><b>What does the data tell us?</b></p> <ul style="list-style-type: none"> <li>The #NOF target of 85% has not been achieved since Jan 2019.</li> <li>Performance has not yet returned to Pre-Pandemic levels (87.30% in March).</li> <li>Performance has been over 80% for 7 of the last 12 months, peaking in Dec 2019 (88.24%) with a trough in Jun 2020 (64.79%).</li> </ul> <div data-bbox="141 646 331 991" style="border: 1px solid blue; border-radius: 15px; background-color: #0070C0; color: white; padding: 10px; text-align: center;"> <p>#NOF time to theatre &lt;= 36 hours (%)</p> <div style="background-color: white; border-radius: 50%; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 24px; font-weight: bold;">72.73</span> </div> </div> 	<p><b>What have we been doing?</b></p> <ul style="list-style-type: none"> <li>During lockdown the Team had mostly sole use of the CEPOD list on the Alex site as well as their daily Trauma list. Post lockdown while they can still access CEPOD this is primarily taken up with general surgery or Urology patients.</li> <li>There have been issues with the turnaround time for Covid swabs, particularly for those admitted out of hours as the last transport to WRH is 6pm.</li> <li>Cases have at times been delayed on lists whilst awaiting COVID-19 swab results or need for recovery in theatre which has an impact on productivity.</li> <li>Figures now (as of 2020) include all femoral fragility fractures (e.g. distal femur). These fractures are not uncommonly more complex and require more subspecialist input.</li> <li>Work has been undertaken with Theatres/anaesthetics and ED to put a more streamlined process in place for Covid swabbing out of hours to ensure the swab is back in a timely manner for those patients requiring urgent surgery.</li> </ul> <p><b>What will we be doing?</b></p> <ul style="list-style-type: none"> <li>Utilising the private sector lists for ambulatory upper limb trauma to take pressure off the Alex site. (weekly Friday list at Spire from November).</li> <li>Cross-county consultant rota changes from Jan 2021 to ensure hip surgeon always on call in county.</li> <li>Collaborative working with medical division to ensure orthogeriatric cover to manage underlying health issues.</li> </ul>
<p>Current Assurance Level: <b>Not Discussed in CGG</b></p>	<p>When expected to move to next level of assurance: <b>Not Discussed in CGG</b></p>
<p>Previous Assurance Level (Sep-20): Level 4</p>	<p>SRO: Mike Hallissey (CMO)</p>