



Trust Board

There will be a meeting of the Trust Board on Thursday 9 July 2020 at 10:00. It will be held virtually and live streamed on YouTube.

Sir David Nicholson
Chairman

Agenda			Enclosure
1	Welcome and apologies for absence		
2	Patient Story		
3	Items of Any Other Business <i>To declare any business to be taken under this agenda item.</i>		
4	Declarations of Interest		
5	Minutes of the previous meeting <i>To approve the Minutes of the meeting held on 11 June 2020 as a true and accurate record of discussions.</i>	<i>For approval</i>	Enc A
6	Action Log	<i>For noting</i>	Enc B
7	Chairman's Report	<i>For assurance</i>	Enc C
8	Chief Executive's Report	<i>For noting</i>	Enc D
9	STRATEGY		
9.1	People and Culture Update Director of People and Culture	<i>For assurance</i>	Enc E1
9.2	Board Assurance Framework Chief Executive	<i>For approval</i>	Enc E2
9.3	COVID-19 - Recovery and Rest Director of Strategy and Planning	<i>For assurance</i>	Enc E3.1
	COVID-19 – Update Deputy Chief Operating Officer		Enc E3.2
	BREAK		

10	Performance		
10.1	Home First Worcestershire Report Deputy Chief Operating Officer	<i>For assurance</i>	Enc F1
10.2	Integrated Performance Report	<i>For assurance</i>	Enc F2
10.2.1	Executive Summary/SPC Charts Chief Digital Officer/Executive Directors		
10.2.2	Committee Assurance Reports Committee Chairs		
11	Governance		
11.1	Stakeholder report Director of Communications and Engagement	<i>For assurance</i>	Enc G1
11.2	Trust Management Executive Report Chief Executive	<i>For assurance</i>	Enc G2

Any Other Business *as previously notified*

Date of Next Meeting

The next public Trust Board meeting will be held on 10 September 2020, Rooms 1 and 2, Kidderminster Treatment Centre/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 11 JUNE 2020 AT 10:00 hours**
held virtually (live streamed via YouTube)

Present:

Chairman: Sir David Nicholson

Board members: (voting)	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
	Mark Yates	Non-Executive Director
	Stephen Williams	Non-Executive Director

Board members: (non-voting)	Richard Haynes	Director of Communications and Engagement
	Colin Horwath	Associate Non-Executive Director
	Vikki Lewis	Chief Digital Officer
	Jo Newton	Director of Strategy and Planning
	Tina Ricketts	Director of People and Culture
	Kimara Sharpe	Company Secretary

In attendance: Fleur Blakeman NHS Intensive Support Director

Healthwatch: Simon Adams Chief Executive

Apologies Richard Oosterom Associate Non-Executive Director
 Sarah Smith Director of Strategy and Planning

Observer Martin Wood Deputy Company Secretary

Public 16 members of the public viewed the live stream on YouTube

- 022/20 **WELCOME**
 Sir David welcomed everyone to the virtual board meeting which was being streamed live on YouTube. He specifically welcomed Mr Adams from HealthWatch.
- 023/20 **ANY OTHER BUSINESS**
 Sir David indicated that he would be discussing *BlackLivesMatter* after the action schedule.
- 024/20 **DECLARATIONS OF INTERESTS**
 There were no additional declarations of interest. Existing declarations of interest are on the website.

025/20 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 14 MAY 2020****RESOLVED that:-**

- The Minutes of the public meeting held on 14 May 2020 were confirmed as a correct record and signed by the Chairman.

026/20 **MATTERS ARISING/ACTION SCHEDULE**

Mrs Sharpe drew attention to the updates on the two overdue actions. One further action was for a future meeting and one action had been completed.

181/19/1 – Mr Hopkins reported that the Integrated Care System had met and the single agenda item focussed on the system response to COVID-19. Action closed.

027/20 **Chairman's Report**

Sir David reported that he had observed the funeral cortege for Carlos Sia, a Philippine member of staff who had sadly passed away from COVID-19. He had worked as a HealthCare Assistant at the Trust. He was the third member of staff to die from COVID-19, the other two being Julie Omah and Jodan Gait. He acknowledged the particular responsibility the Trust has towards protecting its Black and Minority Ethnic (BAME) staff from COVID-19 as these staff are more susceptible to COVID-19. He stated that the *BlackLivesMatter* movement has enabled him to reflect that the Board needs to rethink the way of working and ensure that everyone has a positive experience of working for or receiving services offered by the Trust.

There are 1000 staff who work for the Trust from a BAME background. The staff survey shows that people from a BAME background were liable to suffer more bullying and harassment. He was conscious that the senior leadership team did not reflect diversity adequately. He was eager to ensure that action would be taken.

Sir David then outlined the work that was needed:

- To ensure that all BAME staff have a proper risk assessment so that the Trust is doing everything to protect staff who work for the Trust. All staff have been invited to complete a risk assessment but BAME staff have proportionality a lower response rate.
- To ensure that there are good mechanisms for communicating with BAME staff. There is no network in place yet and he was pleased that staff have come forward to help set up such a network.
- To ensure there is good representation at senior leadership level. He was aware that the Director for People and Culture was undertaking work in this area and he was taking steps to ensure that this was realised.

Finally, Sir David stated that he was personally committed to ensuring that this area of work was a high priority. The Board was also committed to taking the work forward.

028/20 **COVID-19 RESTORATION, RECOVERY AND RESET**
028/20/1 **COVID-19 Restoration, Recovery and Reset**

Sir David invited Mrs Newton and Mr Brennan to present the paper.

Mrs Newton stated that the paper summarises the Trust's position regarding restoration and recovery of services in line with national guidance. She drew members' attention to page 3 and the four phases:

- Response
- Restoration
- Recovery & Transformation

- Reset.

She stated that there were themes emerging across the wider system such as the willingness to keep the changes that have taken place in a short period of time.

Mr Brennan added that all emergency services were maintained during the pandemic and some elective work was performed at Kidderminster such as chemotherapy and antenatal. As part of the national Independent Sector work, the Trust worked with Spire and BMI locally to ensure that cancer surgery was maintained. He was pleased to report that nearly 340 operations and 230 endoscopes were performed within the independent sector during this time. The Trust will continue to ensure that the capacity is maximised whilst the national position is consolidated.

Complex cancer and elective work are not able to be undertaken within the independent sector due to the post-operative requirements. A 'super green' facility has therefore been set up at Worcestershire Royal to cater for these patients. This has been in place since the middle of May and is working well.

Mr Brennan then reported on the acute medical unit (AMU) pilot underway at the Alexandra Hospital. There have been significant reductions in length of stay and better performance in the emergency access standard. Discussions will be complete in relation to a unit on the Worcestershire Royal site later in the week.

He confirmed that the assessment has been completed and submitted to NHSE/I to ensure that all essential services are operational from 15 June.

Dr Tunnicliffe thanked Mr Brennan for the work undertaken so far. He wondered whether there was any intelligence as to why the demand for acute and emergency services reduced during the pandemic. He also asked whether there are any surgical patients whose needs are not being met. Mr Brennan stated that the demand through the emergency department was now at pre-COVID-19 levels. The local public health department was reviewing to see whether any reasons could be obtained as to the reduction in demand during the pandemic. He confirmed that whilst there has been an influx of patients requiring emergency surgery, there was no evidence yet of any harm caused by the reduction in demand. He went on to confirm that as the Trust does not have a super clean ventilated facility, these patients were not currently being operated on.

Mr Hopkins added that the recent survey of patients by HealthWatch indicated that people did not wish to put pressure on the NHS during the pandemic and were also worried about catching COVID-19. There was also a feeling that complaints were of a minor nature and other services were accessed.

Mr Toole stated that it was essential to build on the use of technology going forward and that a baseline was needed to measure any improvements.

Mr Horwath asked for a refresh of the productivity and efficiency processes. He was concerned that in 2019/20, the cost improvement programmes were not met, despite engagement by the front line staff. Mrs Newton confirmed that there was a need to embrace a different way of working and she was ensuring that this was undertaken in collaboration with divisions.

Mr Hopkins stated that it was good practice to review lessons learnt from the previous year. However, he reminded members that whilst there is consistency now with the divisional leadership team and roles and responsibilities, this work has not been rolled

Enc A

out in the Trust. There still needed a culture of ownership for financial improvement and it was difficult to hold people to account in the current structure. He recognised that the work had been paused during the COVID-19 pandemic and this work needed to be taken forward.

Mrs Newton then turned to the rest of her paper. She referred to appendix 1 which showed the 10 high impact changes and she referred to positive discussions being undertaken throughout the system to align priorities going forward. Two further areas had emerged during the discussions, consideration of the effect on children and on BAME/other vulnerable groups.

Mrs Newton confirmed that there was a staff engagement programme being launched on 15 June to ensure that staff had the opportunity to contribute to areas that had been successful during the pandemic.

Finally, Mrs Newton explained that the Clinical Services Strategy would be refreshed to take account of the lessons learnt during COVID-19.

Mrs Lewis emphasised the need to continue the digital journey. Alongside enhanced home working, many services had continued via video link. Workstations on wheels were now commonplace in the ward environment.

Ms Ricketts explained that the staffing model was being revised as a result of COVID-19. Different ways of working were needed which included fully utilising those shielding at home. A memorandum of agreement has been signed across the system which enables staff to move seamlessly across organisations. There will be a refocus on job plans in the next six months.

RESOLVED that the Board:-

- Received the significant achievement in response and recovery to COVID-19 by the trust and partners for assurance
- Noted the requirement to build a framework with flexibility to respond to continued COVID impact and risk to patients, staff and the public
- Endorsed the direction of travel

029/20
029/20

STRATEGY**2020/21 Annual Plan Priorities**

Mrs Newton explained that whilst the Annual Plan priorities had been approved by the Board in February, due to COVID-19 she was advising that they were refreshed. The paper had been discussed and agreed at the Trust Management Executive and the Board subcommittees.

Mr Adams noted that the trust had worked extremely well on managing the cancer patients during this time. He urged however, patient and public involvement to be more prominent in the priorities.

Mr Williams reflected that not all patients were comfortable with video calls and urged for patient choice to be utilised.

Mrs Newton explained that she has discussed the issue of patient preference with the Director of Strategy at the STP and she was aware that GPs had been very successful in video conferencing during this period. The system wide communications team would be ensuring that the messages that go out would be clear the options for patients.

Enc A

Mr Haynes confirmed that the communications team will be giving reassurance to patients that it is safe to attend the hospital and explaining how things will be different in the post-COVID-19 era. Mrs Morris confirmed that the Patient and Public Involvement group is very active and is keen to work with the Trust. Dr Tunnicliffe was concerned about the reliance on technology for those who were unable to access it.

Sir David welcomed the paper and urged ambition within the priorities.

RESOLVED that the Board

- Approved the refresh of Annual Plan objectives in line with the changed business environment post COVID

There was a break from 10:57 to 11:05

030/20
030/20/1

PERFORMANCE INTEGRATED PERFORMANCE REPORT

Sir David invited Mr Hopkins to introduce the paper and requested an update on patients with COVID-19 in the Trust.

Mr Hopkins highlighted that many indicators had been impacted by COVID-19 including reduced attendance at the emergency departments leading to better performance against the emergency access standard and the impact of COVID-19 on patients who are on elective waiting lists and those with cancer who the Trust has been unable to treat. The Trust also needs to be mindful of addressing any harm that this may result in as well as ensuring the Trust brings staff back safely to work, whilst addressing risks, including risks to the BAME workforce.

Mr Hopkins also highlighted the improvement in the Friends and Family test for emergency care and the significant progress made on the infection prevention and control agenda. He was also pleased with the reduction in agency spend.

Mr Brennan then gave more detail. The 89% performance on the emergency access standard was the highest for a number of years. He was mindful however of the reduction in activity. However there had been an average reduction in length of stay of 2 days for emergency surgery patients and 1.5 days for emergency medical patients. This was linked to the work undertaken across the system, particularly with the Health and Care Trust, GPs and social care. He also reported a reduction in patients with a long length of stay.

Mr Brennan then turned to elective care. The number of people waiting over 40 weeks had risen from 13 to 477. Seven patients had waited over 52 weeks. The incomplete waiting list had reduced to 33,000, due to a drop in referrals from GPs and active discharges from outpatients.

There were significantly lower referrals under the two week cancer pathway but the number of patients being diagnosed with cancer remained the same.

In respect of COVID-19, there were 24 patients across both sites with COVID-19, compared to a peak of 141. Critical care had two patients, compared to 24 at the peak. There had been 264 people who had sadly died and there had been several days where there had been no reported COVID-19 deaths.

Mr Brennan stated that the biggest challenge was the managing of beds. There were four zones – purple (super clean) (Aconbury 4), positive wards, cohort wards i.e. where there was an indication that patients maybe covid positive and were awaiting results,

and green wards for emergency patients with non no COVID indications. Wards need to be redesignated on a regular basis.

Sir David invited Mr Hallissey and Mrs Morris to outline the Trust's approach to harm reviews. Mrs Morris stated that there was an embedded harm review process in place. There needed to be an understanding of actual and possible harm. The leads were the deputy CMO and Divisional Director of Operations (Surgical Division). Clear processes were in place to undertake the reviews with monthly harm review panels. Mr Hallissey confirmed that the Trust has not detected any harm as yet and if there was, a full Duty of Candour would be exercised.

Dame Julie commented that the reduction in length of stay was impressive. She asked what this was due to and how it could be maintained. Mr Brennan explained that the pairing of consultants had ensured a different perspective including a reduction in risk attitude due to peer to peer challenge. The Onward Care Team was also performing well. The main change was due to the changes in the continuing health care operation (national directive). This change should, he advocated, be permanent.

Ms Day was pleased with the improvement in metrics and asked how much was due to the reduction in patients through the emergency department. She also asked for more detail on discharges before midday, which had not improved.

Mr Brennan was clear that the reduction in attendances had greatly influenced some metrics. The development of the acute medical unit on the Alexandra Hospital site was having a great impact on length of stay. In relation to the discharges prior to midday, he was unclear whether this was a recording issue which was being checked – this related to patients still being coded to Evergreen as a ward, not discharge lounge.

Dr Tunnicliffe asked about the 12 hour trolley wait which had recently taken place and the fall in two week wait referrals. Mr Brennan agreed to brief Dr Tunnicliffe outside the meeting, but essentially, there was no other place for the patient to be. He suggested that the triage system in place was very effective.

Sir David then invited Ms Ricketts to speak about the people metrics and the support for BAME staff.

Ms Ricketts welcomed the opportunity to explain the actions the trust was taking to support and safeguard the health of the BAME workforce. She explained that the national guidance was changing regularly and her team was responding appropriately.

Ms Ricketts explained that on 17 March, all staff as identified by Public Health England began shielding. Risk assessments were introduced for this cohort of staff with a reliance on managers and occupational health. However not all staff were identified or volunteered information about any underlying condition. It was therefore determined to risk assess all staff and guidance was issued to Managers on 7 May. To date, 59% of staff have completed the risk assessment with a lower proportion of BAME staff completing the assessment.

Further work is needed in relation to the identified high risk groups – BAME staff, all staff over 60 and males over 50. It was essential that all staff completed the risk assessment and there was follow up with these high risk groups. This was being coordinated through Occupational Health.

Ms Day asked whether there was any information about the follow up conversations being held. Ms Ricketts stated that the risk assessments have been assessed however

Enc A

the feedback from staff side is that the quality of the discussions is variable. The quality of the risk assessments was being picked up through occupational health.

Mr Yates asked whether there had been any adjustments made as a result of the risk assessments. Mrs Morris agreed that it was essential to ensure that all the risk assessments had been completed and she was working with Silver command to ensure that this happened. Ms Ricketts added that all managers were supporting staff to ensure completion in the next few days.

Ms Ricketts then turned to the creation of a BAME network. She recognised that this was a gap within the Trust and she outlined the action being taken to gain support for such a network. This included a personalised video from the Chief Executive, newsletter and a meet the chief session. There will be an event on 30 June with external speakers. She is also linking with other organisations to ensure best practice and she assured the Board that this was a key priority for the next two weeks.

Sir David asked Mr Hopkins for assurance that the identification of risks for staff and the creation of a properly constituted BAME network was a high priority. Mr Hopkins confirmed that he was very committed to ensuring that the protection of staff was of the highest priority. He recognised that culturally there was some way to go and in respect of BAME staff, he was not satisfied that work was being undertaken as quickly as it should be and was working with line managers to ensure all risks were identified and mitigating actions taken.

Sir David agreed that the progress needed to be more rapid and that only 46% of BAME staff had completed risk assessments, compared to 59% of all staff. He stated that this indicated a structural and process issue. He stated that by the next Board meeting, risk assessments must be completed and action taken as well as the BAME network up and running.

ACTION: Complete risk assessments, take action to mitigate risks and constitute and have the inaugural meeting of the new BAME network by July Trust board meeting (Ms Ricketts/Mr Hopkins)

Sir David then turned to infection control and invited Mrs Morris to speak to the IPR. Mrs Morris confirmed that the Trust was responding to the national guidance which was issued with great frequency. There was a clear process in place to review the guidance and to action it appropriately. She was pleased to report that the Trust Infection, Prevention and Control Committee (TIPCC) was up to date with c diff reviews. There had been two COVID-19 outbreaks during the pandemic, Beech B and ward 6. There was a daily and hourly focus on infection control throughout the Trust.

Sir David added that this area was particularly crucial for building public confidence to prevent outbreaks and to ensure people are safe when they attend the hospital premises.

Sir David then invited Mr Williams, vice chair of the Finance and Performance Committee to give the Committee report. Mr Williams stated that the Committee had reflected on how to assess that the trust is effectively using the resources. The Chief Finance Officer is looking at models to embed which includes learning from the model hospital and other benchmarking tools such as GIRFT (Getting it Right First Time).

Dr Tunnicliffe presented the report from the Quality Governance Committee. He was keen to ensure that a revamped IPR would reflect the current circumstances as well as putting patients first by focussing on for example impact assessment for long waiters.

Enc A

Mr Yates reported that the People and Culture Committee had considered the Guardian for Safe Working report which had reported a decrease in exception reporting for surgery and medicine. He then recommended to the Board to sign the Armed Forces Covenant which had also been considered.

Sir David then asked Mr Toole to speak to the Finance slides which had been considered at the previous board meeting. Mr Toole stated that the position had not changed and endorsed the comments from Mr Williams in relation to ensuring value for money in the context of breaking even. He stated that budgets had been sent to all departments and in particular, non-pay was being tracked.

Sir David reiterated the necessity of robust cost control systems given the uncertainty of the future financial regime.

RESOLVED that:

- **The report was noted for assurance.**
- **Endorsed the signing of the Armed Forces covenant**

031/20
031/20/1

GOVERNANCE SAFE STAFFING

Mrs Morris presented the paper which had been considered at the Quality Governance and People and Culture Committees. The paper shows an increased demand with fewer staff and increased staffing in ITU. The paper also outlined the governance arrangements in the period. She thanked all nursing teams, allied health professionals and healthcare scientists who have worked tirelessly to ensure patients were safe during this difficult period.

RESOLVED that:-

- **The report was noted for assurance.**

032/20
032/20/1

ASSURANCE REPORT AUDIT AND ASSURANCE COMMITTEE REPORT

Mr Williams was pleased to report that the pharmacy waste had reduced so that Trust was now not an outlier. He was disappointed however that the responses to internal audit had relapsed and Mr Toole was taking this forward.

RESOLVED that:-

- **The report be noted for assurance**

033/20
033/20/1

ANY OTHER BUSINESS

Sir David then invited Mr Adams to ask any questions. Mr Adams did not have any questions.

033/20/2

Sir David then placed on record his thanks to the executive team for the leadership shown during the pandemic and thanked the non-executive directors for their support during this time.

034/20

DATE OF NEXT MEETING

The next Public Trust Board meeting will be held on Thursday 9 July 2020 at 10:00. The meeting will be held virtually.

The meeting closed at 12.04 hours.

Enc A

Signed _____

Date _____

Sir David Nicholson, Chairman

Enc C

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST
PUBLIC TRUST BOARD ACTION SCHEDULE – JULY 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
12-9-19	Patient Story	63/19	Arrange dementia training for Trust Board members.	CNO (VM)	Oct 2019		To be programmed into a Board seminar.	
11-6-20	IPR	30/20/1	Complete risk assessments, take action to mitigate risks and constitute and have the inaugural meeting of the new BAME network by July Trust board meeting	Dir P&C/ CEO	July 2020		Report on agenda. Action closed.	
13-2-20	IPR	166/19/3	Draft a report for the ICS executive on the roles and expectations of partners in respect of HFW	PB/ SS	Feb 2020	Mar 2020 April 2020 May 2020	PB/SS will discuss this with DN/MH. This remains to be undertaken. Paper discussed on 23 June A&E Delivery Board (AEDB) aligning themes and SROs between AEDB, HomeFirst, Red to Green and Onward Care Team. Action closed.	
12-3-20	Home First Worcestershire	181/19/1	Write to the Chair of the System Improvement Board	DN	April 2020	TBD	The System Improvement Board has not met since the last Trust Board meeting and this remains to be undertaken when	

Enc C

							meetings of the System Improvement Board resume. June 2020 update: The ICS has met and the one agenda item was the system response to COVID-19. Action closed.	
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Chairman's Report

For approval:		For discussion:		For assurance:		To note:	x
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Accountable Director	Sir David Nicholson Chairman		
Presented by	Sir David Nicholson Chairman	Author /s	Kimara Sharpe Company Secretary

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

Recommendations	The Board is requested to note the appointment of Mark Yates as network sponsor for the Black, Asian and Minority Ethnic (BAME) staff network
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Executive summary	<p>The full Board sent a message to all Black, Asian and Minority Ethnic staff on 24 June 2020. Please see the CEO report for the text of this message.</p> <p>It is important to recognise that we could do far more as an organisation for our BAME workforce and I believe that it is essential to appoint a network sponsor for our staff from a BAME background.</p> <p>I have therefore appointed Mark Yates, deputy Chairman, to this important role.</p>
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Chief Executive's Report

For approval:		For discussion:		For assurance:		To note:	X
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Accountable Director	Matthew Hopkins CEO		
Presented by	Matthew Hopkins CEO	Author /s	Kimara Sharpe Company Secretary

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

Recommendations	The Trust Board is requested to <ul style="list-style-type: none"> Note this report Note the additional £187k capital costs associated with the ASR business case
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Executive summary	This report is to brief the board on various local and national issues. Items within this report are as follows: <ul style="list-style-type: none"> COVID-19 National Call for Honours Nominations for COVID-19 Message to our Black, Asian and Minority Ethnic background staff CNO – update HOSC – update System Improvement Director Acute Services Review – Full Business Case
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Risk

Key Risks	N/A						
Assurance	N/A						
Assurance level	Significant		Moderate		Limited		None
Financial Risk	N/A						

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Introduction/Background

This report gives members an update on various local, regional and national issues.

Issues and options

COVID-19: I should like to thank all staff for their continuing work during the COVID-19 pandemic. A separate report is on the agenda.

National Call for Honours Nominations for COVID-19: There has been a national call for up to two nominations per organisation for frontline staff that have provided particular input to the pandemic response phase. The Executive Team believes that it is not possible or appropriate to single out such a small number of people and only including our frontline staff, when the incident response has been a multidisciplinary team effort. We are proud of every one of our staff members and their individual contribution.

We believe the more appropriate approach would be to acknowledge everyone that has worked across the NHS and care services through a national medal, and would welcome the Board to support that view.

Message to our Black Asian and Minority Ethnic (BAME) background staff: The full board sent a message to our members of staff from a BAME background on 24 June committing us to make Worcestershire Acute Hospitals NHS Trust a fairer and more inclusive place to work for all our staff, as well as one which puts patients first regardless of their gender, race, religion or any other characteristic. The full text of the message appears as an appendix to this report.

Chief Nursing Officer: After a lifetime career in the NHS, our Chief Nursing Officer, Vicky Morris, is now starting to plan for her well-earned retirement. As part of this preparation, for the month of August Vicky will not be with us so Jackie Edwards, Deputy Chief Nursing Officer, will assume the formal role of Chief Nurse. The process to recruit Vicky's successor is underway.

I would like to take this opportunity to thank Vicky for everything she has done for our Trust so far and the many things I have no doubt she will achieve during her remaining months with us, which she is absolutely committed to do. She will be a hard act to follow.

System Presentation to Worcestershire County Council Health Overview and Scrutiny Committee (HOSC): On 18 June, we took part in a joint presentation to the HOSC with partners from the CCG, Health and Care Trust, Public Health and Social Care. The virtual meeting was hosted online and live streamed publicly by the council. The discussions focussed on the actions we had taken as a system to respond to the Covid-19 pandemic, keep patients, the public and our staff safe, and reconfigure services to react to the rapidly changing clinical and operational situation. We also began what is likely to be an ongoing conversation about the future of health and care services in the post Covid-era. The joint presentation was received positively by HOSC members who asked a number of pertinent and probing questions and also expressed their sincere gratitude to our staff for their continuing hard work and commitment to putting patients first.

System Improvement Director: Board members will remember from September 2019 that as part of the requirements for the Care Quality Commission's recommendation that our trust

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should exit Quality Special Measures to be accepted by NHS England/Improvement (NHSE/I), a system support package needed to be put in place. One of the components of which was to appoint a part time System Improvement Director.

An initial selection process in the Autumn of 2019 was unsuccessful, so a further search is underway with a selection panel comprising system partners and NHSE/I colleagues on 20th July.

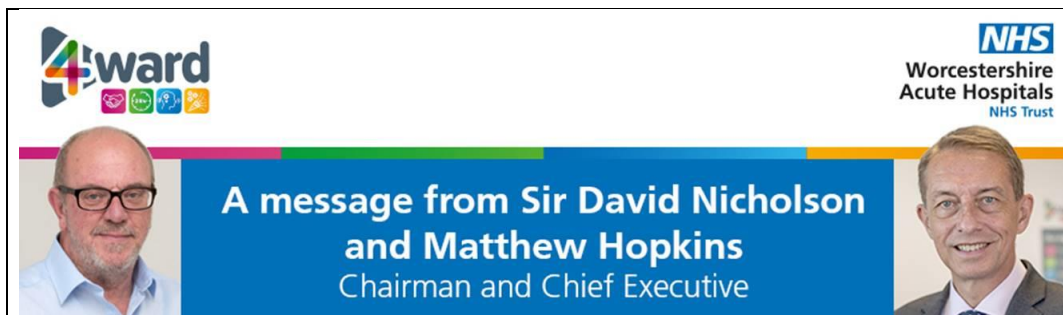
Acute Services Review – Full Business Case: Further to the approval of the Board of the Full Business Case in May, the Board is requested to note an increase of £187k in capital costs due to the contractor confirmation their contribution to the helipad which is more than agreed. Other costs have reduced so the net change is £187k. This still means that the overall capital costs of the business case remain within the Outline Business Case estimate of £32.1m.

Recommendations

The Trust Board is requested to

- Note this report
- Note the additional £187k capital costs associated with the ASR business case

Appendices – communication to BAME staff



A message to all our Colleagues from Black, Asian and Minority Ethnic (BAME) Backgrounds from our Chairman Sir David Nicholson, Chief Executive Matthew Hopkins and the Trust Board

Dear Colleagues

We are writing to you today to make a number of commitments.

These commitments are made in the spirit of our 4ward behaviour of 'listen, learn, and lead.' We make them with the aim of working with you to make Worcestershire Acute Hospitals NHS Trust a fairer and more inclusive place to work for all our staff, as well as one which puts patients first regardless of their gender, race, religion or any other characteristic.

The Covid-19 pandemic is the biggest challenge our NHS has ever faced. It has touched and changed all our lives in one way or another but we know that it has hit our colleagues and patients from BAME backgrounds disproportionately. Our local tragedies are being reflected nationally in the NHS and care organisations across England.

At the same time, a wave of protest has swept across the country and the world, as movements like #BlackLivesMatter spotlight the continuing racism which blights the lives of people from BAME backgrounds, including members of our staff, our patients and their loved ones.

We recognise our duty to you to take positive action so that your experience as a member of the team in our hospitals is as positive and fulfilling as it can possibly be.

We will not ignore, or seek to minimise in any way the problems you have faced and continue to face. We apologise to you unreservedly if as a result of anything we have done, or failed to do, these problems have not yet been recognised or tackled in our Trust.

We do not pretend that we have any easy answers, but as a Board we have a strong and united determination to do better in future and we expect to be held accountable for doing what we say we are going to do.

That includes a promise to develop any solutions in partnership with you. As we continue and build on, the recent conversations that have begun through a number of channels, we will focus on a number of immediate priorities for our Trust and our hospitals.

These priorities are consistent with the areas of action identified nationally for the NHS, which are set out in full in a [note to BAME staff from Prerana Issar, the NHS Chief People Officer and Dr Nikki Kanani](#) the Medical Director of Primary Care for NHS England and NHS Improvement and we describe them as:

1. **Keeping you safe:** A Trust wide piece of work is already under way to carry out detailed occupational risk assessments for all staff. There is a particular requirement for managers to have meaningful conversations with BAME colleagues about any risks they may face or concerns they might have about workplace safety or their physical or mental wellbeing.

Managers are reminded – again – of the importance of carrying out and returning these assessments as a matter of urgency. If you have not yet had that conversation with your manager we urge you to do that immediately. We cannot tolerate a situation where, for want of a proper assessment, you may be putting yourself, your colleagues and our patients at risk.

Our Chief Medical Officer Mike Hallissey is leading on a follow-up piece of work, a second stage risk scoring tool for three specific groups of colleagues who have been identified as being at higher risk from the effects of Covid-19. These groups are: Every member of staff aged over 60; all BAME colleagues aged over 50; all male colleagues aged over 50, regardless of ethnicity.

If you have any worries about these processes or any other related issue, please speak to your line manager, or if you do not feel confident in doing that you can speak to our Freedom to Speak Guardian knowing that your conversation will be completely confidential, or speak to any member of the Board directly.

2. **Listening to you:** We want to have more meaningful conversations with colleagues from BAME backgrounds, as well as helping to build networks which help you share information. This will enable us to much more quickly identify issues of concern and work with you to develop and deliver long-term solutions that make a real difference for the better.

As you may already know, a virtual event has been arranged for Tuesday 30 June, from 10.00 am to 11.30 am to launch our network.

Please join us if you can – your participation is welcome and encouraged. You can register by emailing Sandra Berry at sandra.berry3@nhs.net

The event will also include contributions from guest speakers from organisations which are further forward in their journey. We will also be recording the event so that colleagues who are not able to take part can hear what is said.

3. **Giving you a voice:** We want to give you much better representation in the discussions and decisions that affect you. That starts with appointing a designated Board member. That role is being taken on with immediate effect by our Non-Executive Director Mark Yates and he will be an additional point of contact so that you can raise any issues that you want to bring to the Board's attention.

We want to expand the proportion of colleagues from BAME backgrounds in our staff side and other negotiating bodies and we are working with current BAME Union and Royal College representatives to understand how to achieve this.

We also want to increase the number of colleagues from BAME backgrounds in senior leadership roles both clinical and managerial and will work with the BAME network to refresh our approach to talent management.

4. **Supporting your post-Pandemic recovery:** The disproportionate impact of COVID-19 on BAME communities is taking a significant emotional toll – both personally and professionally –

when colleagues are already giving more of themselves now than ever before.

To ensure that the needs of our BAME colleagues are met, both now and beyond the emergency response, we are developing a bespoke health and wellbeing offer (including rehabilitation and recovery) in addition to the range of resources already available.

5. **Communications and media.** We know that the contribution of our colleagues from BAME backgrounds is not always fully represented in the media or our own communications. We will work hard to correct this and we will also help to raise awareness of dedicated communications for BAME colleagues, including any public health communications which are tailored to reach different communities.

As a Board we have thought carefully about this message because we wanted to make a considered, but timely response to these difficult and sensitive issues.

One thing is clear – we are far more likely to succeed in tackling these deep rooted and systemic inequities with your active support and involvement. Your lived experience, insight and understanding can help us to see more clearly, understand more deeply and act more positively.

Together, we can listen, learn and lead our Trust and the NHS to a better, fairer future for the benefit of all our colleagues, our volunteers, our patients and our wider community.

Thank you for everything you have done. Thank you for putting patients first and thank you in advance for your help in transforming our organisation as a place to work and a place in which to be cared for.

Sir David Nicholson, Chairman

Matthew Hopkins, Chief Executive

Anita Day, Non-Executive Director

Paul Brennan, Deputy Chief Executive/Chief Operating Officer

Dame Julie Moore, Non-Executive Director

Mike Hallissey, Chief Medical Officer

Dr Bill Tunnicliffe, Non-Executive Director

Richard Haynes, Director of Communications and Engagement

Steven Williams, Non-Executive Director

Vikki Lewis, Chief Digital Officer

Mark Yates, Non-Executive Director

Vicky Morris, Chief Nursing Officer

Colin Horwath, Associate Non-Executive Director

Jo Newton, Director of Strategy and Planning

Richard Oosterom, Associate Non-Executive Director

Tina Ricketts, Director of People and Culture

Kimara Sharpe, Company Secretary

Robert Toole, Chief Finance Officer

Meeting	Board
Date of meeting	July 2020
Paper number	E1

People & Culture Update
Black, Asian & Minority Ethnic Network & Workforce Risk Assessment

For approval:		For discussion:		For assurance:	x	To note:	
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Accountable Director	Tina Ricketts, Director of People and Culture		
Presented by	Tina Ricketts	Author /s	Tina Ricketts

Alignment to the Trust's strategic objectives

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

Committee/Group	Date	Outcome
CETM	8 th July 2020	(to be updated)

Recommendations	<p>The Board is asked to note:</p> <ol style="list-style-type: none"> 1. The actions that have been taken to improve representation of Black, Asian and Minority Ethnic colleagues within the Trust, which is the first step in our journey to improving equality of opportunity 2. The findings of the latest COVID-19 workforce risk assessment which identifies three additional groups of staff that are at increased risk 3. The actions that have been taken to reduce the risk of potential COVID-19 related work hazards for all colleagues
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Executive summary	<p>COVID-19 and the disproportionate way that this impacts on Black, Asian and Minority Ethnic (BAME) colleagues and the Black Lives Matter (BLM) movement have highlighted that we have further work to do to improve our culture and equality of opportunity for all colleagues within the Trust.</p> <p>The lack of a BAME network makes it difficult to obtain an informed position as to what it feels like to be within a minority group and what actions will be most effective in tackling some of the long standing issues as highlighted by BLM.</p> <p>To address this, a number of conversations have been held with BAME colleagues across the Trust culminating in a successful networking event on 30th June 2020. In addition, the Board sent an open letter to BAME colleagues setting out our commitment to address</p>
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Meeting	Board
Date of meeting	July 2020
Paper number	E1

inequalities. Whilst we still have a long way to go we are confident that we now have a platform to build on to change our culture and create strong BAME representation going forward.

To ensure an equitable approach to effective risk management and risk reduction of potential COVID-19 work hazards for all colleagues, both a workplace and workforce risk assessment have been undertaken.

The COVID-19 workforce risk assessment was first undertaken on 19th March 2020 and was based on the three categories of vulnerability as identified by Public Health England (specific long term health conditions, over 70's, pregnant workers).

As a result of this assessment, managers guidance and a risk assessment form was introduced, which was targeted at the three priority groups.

However, we are still learning about the effects of COVID-19 and at the end of April, evidence identified that people from a Black, Asian or Minority Ethnic (BAME) background were disproportionately affected by the virus. In addition, there have been more COVID-19 related deaths in people aged over 60 and males aged over 50.

In response, an updated trustwide workforce risk assessment was completed in May 2020 which identified a gap in the completion of individual risk assessments for staff in the higher risk groups. A decision was therefore made to mandate the completion of an individual occupational health (OH) risk assessment for all staff.

As at 30th June 2020, 83% (5,461 headcount) of staff have been supported by their line manager to complete a risk assessment. A number of adjustments have been made in response to the risks identified and these include supporting colleagues to work from home, redeploying colleagues into non-patient facing roles and/or into non-covid areas. Completed forms are quality assured by the Occupational Department with over 350 forms returned for follow up.

Of concern is the lower compliance levels for BAME staff which currently stands at 78% (as at 30th June 2020). Furthermore, from the assessments completed 23% of BAME colleagues have identified a risk compared to 18% of the wider workforce. Early analysis indicates that there is a difference between the number of BAME colleagues that have identified a risk but are continuing to work in their substantive areas of work compared to non-BAME staff and these staff have been contacted to complete an updated risk assessment with the support of their line managers.

Risk	
Key Risks	BAF 10: If we do not deliver a cultural change programme, then we may fail to attract and retain staff with the values and behaviours required for putting patients first, resulting in lower quality care

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Date of meeting	July 2020
Paper number	E1

	BAF 11: If we are unable to recruit, retain and develop sufficient numbers of skilled, competent and trained staff, including those from the EU, then there is a risk to the sustainability of some clinical services. resulting in lower quality care for our patients and higher staffing costs Risk 12 – COVID-19						
Assurance	All elements of this report will be reviewed by the Trust Management Executive.						
Assurance level	Significant		Moderate	x	Limited		None
Financial Risk							

Meeting	Board
Date of meeting	July 2020
Paper number	E1

1.0 Introduction/Background

Diversity and inclusion leads to improved health and greater staff and patient experiences; and we welcome the challenge of enabling staff from all backgrounds to develop and excel in their roles. We are committed to supporting every member of staff to develop their potential and to promote leadership at every level. We wish to play our part in addressing underrepresentation at senior levels and ensuring that our workforce continues to represent our diverse patient population.

COVID-19 and the disproportionate way that this impacts on Black, Asian and Minority Ethnic (BAME) colleagues and the Black Lives Matter (BLM) movement have highlighted that we have further work to do to improve our culture and equality of opportunity and this report sets out the actions that we have taken to date as a first step in our journey.

The report also includes the latest position on the COVID-19 workforce risk assessment.

2.0 Issues and options

2.1 Black, Asian & Minority Ethnic Network

The lack of a BAME network within the Trust makes it difficult to obtain an informed position as to what it feels like to be within a minority group and what actions will be most effective in tackling some of the long standing issues as highlighted by Black Lives Matters.

To address this, a number of facilitated listening events have been held to hear from BAME colleagues from across the Trust culminating in a well-attended webinar on the 30th June 2020. These events have led to a number of colleagues expressing interest in being a member of a network and this is being taken forward by the Director of People & Culture with support from other networks leads in Herefordshire & Worcestershire and the West Midlands.

In addition, the Board wrote an open letter to BAME colleagues setting out our commitment to address inequalities.

These actions have been received positively by colleagues with feedback from a longstanding member of staff as follows:

"First I wish to take this opportunity to thank our Trust Board for the uplifting communication that was shared last week. I have been in the Trust since 1991 and for the first the Trust Management has come out unambiguously to accept the deep seated existence of differential treatment to BAME staff and more importantly to apologise for failure to address it. I believe the Trust Board is genuine and wants to rectify the anomaly and create a work place where every staff regardless of race, gender, or creed can come together with equal opportunities and mutual respect. I believe that our patients will all benefit more within such an environment"

Whilst we still have a long way to go we are confident that we now have a platform to build on to change our culture and create strong BAME representation.

2.1 Workforce Risk Assessment

We have a duty of care that requires us, as far as reasonably practical, to secure the health, safety and welfare of our workforce. This includes an equitable approach to effective risk management and risk reduction of potential work hazards, for all staff which requires:

Meeting	Board
Date of meeting	July 2020
Paper number	E1

- A. A workplace assessment – taking into consideration the healthcare setting, the review of air generating procedures and the potential exposure to COVID-19 in the workplace
- B. A workforce assessment – identifying individuals with increased vulnerability to infection or poorer outcomes to COVID-19. In March 2020, three categories of vulnerability were identified by Public Health England – specific long term health conditions, older age and pregnancy. More recent evidence confirms that ethnicity of a Black, Asian or Minority Ethnic (BAME) background are associated with increased vulnerability. There is also evidence of males over 50 being at greater risk and colleagues aged over 60.
- C. Individual assessment – six factors should be considered when assessing the risk for individual members of staff (1) *age* with those aged over 70 being identified as clinically vulnerable (2) *sex* (3) *Clinically vulnerable people* (those with underlying health conditions or co-morbidities) (4) *Ethnicity* with BAME aged above 55 or having co-morbidities being at increased risk (5) *Pregnancy* in particular those are over 28 weeks or have underlying conditions (6) *Disabilities*

The workplace risk assessment has been approached on a site basis with the existing template being enhanced to incorporate the latest Health & Safety Executive guidance.

The COVID-19 workforce risk assessment was first undertaken on 19th March 2020 and was based on the three categories of vulnerability as set out in section B above. As a result of this assessment, managers guidance and a risk assessment form was introduced, which was targeted at the three groups.

At the end of April 2020 further information was received by Public Health England that BAME staff are at increased risk of COVID-19. In response to this a set of managers guidance was issued to support conversations with BAME staff and a decision was made to undertake an occupational health risk assessment for all colleagues as existing records were based on the last contact individuals had made with the occupational health department.

In summary we have identified the following groups of staff as being at increased risk of COVID-19

- Those with specific underlying health conditions as defined by Public Health England
- Pregnant workers
- Those from a Black, Asian or Minority Ethnic background
- Those aged over 60
- Males aged over 55

Whilst the completion of an occupational health risk assessment has been mandated for all staff, managers were asked to prioritise colleagues in the above categories.

Compliance as at 30th June 2020 is as follows:

	Scient and Technic	Add Clinical Services	Admin and Clerical	AHP	Estates and Anc	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered	GP Trainee	Total
Total Staff in Post	212	1369	1201	415	411	197	697	2048		6550
Total BAME	23	177	53	32	22	30	324	389		1050

Meeting	Board
Date of meeting	July 2020
Paper number	E1

% BAME	10.85%	12.93%	4.41%	7.71%	5.35%	15.23%	46.48%	18.99%		16.03%
Risk Assessments recorded as at 30 June	188	1094	980	402	323	174	445	1791	64	5461
% Risk Assessments recorded	88.68%	79.91%	81.60%	96.87%	78.59%	88.32%	63.85%	87.45%		83.37%
BAME Risk Assessments recorded as at 30 June	22	142	46	30	17	27	187	342		813
% BAME who have completed Risk Assessments	95.65%	80.23%	86.79%	93.75%	77.27%	90.00%	57.72%	87.92%		77.43%

Of concern is the lower compliance levels of risk assessments for BAME staff which currently stands at 78% (as at 30th June 2020) compared to the overall compliance rate of 83%.

From the individual OH risk assessments completed to date 18% of the workforce have identified a risk. For BAME colleagues the risk level is 23%. Early analysis (subject to validation) shows that there are more non-BAME staff being supported to work from home or being shielded than BAME colleagues. Another difference is the number of colleagues who have identified a risk but are continuing to work in their substantive areas – this is higher for BAME colleagues. Action has been taken to understand these differences with BAME colleagues being required to complete an enhanced risk assessment form which was developed in conjunction with staffside. An update will be provided to the People and Culture Committee in August.

2.3 Next Steps

A number of actions have been identified from the conversations held with BAME colleagues to date which will be monitored through the Trust Management Executive.

Ref	Action	Lead	By When
1	Create a confidential support system for BAME staff. This will enable staff members to speak freely about issues of concern and report issues of bullying, harassment and discrimination	Director of People & Culture	To commence 1 st July 2020
2	Introduce cultural intelligence training for all staff (ward to board) Priority training for 4ward advocates	OD Manager	To commence 1 st Sept 2020

Meeting	Board
Date of meeting	July 2020
Paper number	E1

3	A review of health & wellbeing offers to ensure they are culturally sensitive and appropriate for all staff	Director of People & Culture	31 st July 2020
4	A detailed review of the findings of the latest Workforce Race Equality Standards by the BAME network including the identification of positive action that can be taken to increase the representation of BAME colleagues at all grades	Director of People & Culture	31 st August 2020
5	Introduce a reverse mentoring programme for BAME staff	Director of People & Culture	To commence 1 st September 2020

Further actions will be developed following feedback from the newly formed BAME network.

Recommendations

The Board is asked to note:

1. The actions that have been taken to improve the representation of Black, Asian and Minority Ethnic colleagues within the Trust, which is the first step in our journey to improving equality of opportunity
2. The findings of the latest COVID-19 workforce risk assessment which identifies three additional groups of staff that are at increased risk
3. The actions that have been taken to reduce the risk of potential COVID-19 related work hazards for all colleagues

Meeting	Trust Board
Date of meeting	9 July 2020
Paper number	E2

Board Assurance Framework

For approval:	x	For discussion:		For assurance:		To note:	
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Accountable Director	Matthew Hopkins CEO		
Presented by	Matthew Hopkins CEO	Author /s	Kimara Sharpe Company Secretary

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
CETM	17 Jun 2020	Approved
TME	17 Jun 2020	Approved
QGC (quality areas only)	25 June 2020	Approved (minor additions)
F&P (F&P areas only)	24 June 2020	Approved (minor additions)
P&C (P&C areas only)	Virtual (Jun 2020)	Approved
Audit and Assurance Committee	14 July 2020	Review of process only

Recommendations

Trust Board is requested to approve

- The revised 2020/21 BAF

Executive summary

The 20/21 BAF is presented to the Board for approval. It has been revised (track changes are shown). The main changes are:

- The removal of BAF risk 6 (digital care record) with the risk in relation to capital shown in BAF risk 8
- The re-writing of BAF risk 12 (COVID-19) to reflect the restoration and reset phase
- The reduction in risk rating of BAF risk 1 (system working, urgent and emergency care) to reflect the work undertaken during the pandemic
- The increase in risk rating for BAF risks 2 & 3 (clinical services strategy) to reflect the pause in the work caused by the COVID-19 pandemic
- Reduction in risk 5 to reflect the work undertaken in the covid-19 pandemic
- The reduction in risk rating for BAF risk 8 (capital) reflecting the fact that the Trust has access to capital for this year

The gap analysis is shown on the cover sheet which shows the top three risks are the clinical services strategy (both risks) and COVID-19.

Risk

Key Risks	All strategic risks						
Assurance	As shown in the document						
Assurance level	Significant	x	Moderate		Limited		None
Financial Risk	As shown within the document						

Board Assurance Framework – Gap analysis

This analysis shows the difference between the target risk and the current risk rating.

no	risk	gap
12	If we do not manage demand capacity (particularly ED) through the reset and restoration of services and we have a second and/or third peak of covid 19 cases, we will be unable to respond to the increase in covid 19 cases and then there is a serious risk that the safety of patients and staff will be compromised resulting in excess deaths	24
3	If we do not implement the Clinical Services Strategy then we will not be able to realise the benefits of the proposed service changes in full, causing reputational damage and impacting on patient experience and patient outcomes.	15
2	If we fail to effectively engage our patients, our staff, the public and other key stakeholders in the redesign and transformation of services then it will adversely affect implementation of our Clinical Services Strategy in full resulting in a detrimental impact on patient experience and a loss of public and regulatory confidence in the Trust.	14
11	If we have a poor reputation then we will be unable to recruit or retain staff resulting in loss of public confidence in the Trust, lack of support of key stakeholders and system partners and a negative impact on patient care.	8
7	If we fail to address the drivers of the underlying deficit then we will not achieve financial sustainability (as measured through achievement as a minimum of the structural level of deficit) resulting in the potential inability to transform the way in which services operate, and putting the Trust at risk of being placed into financial special measures.	8
5	If we fail to implement Home First Worcestershire as scheduled then there will be an impact on our ability to see, treat and discharge patients in a timely way which may result in patient harm and curtails urgent elective activity.	6
9	If we do not have a sustainable fit for purpose diverse and flexible workforce, we will not be able to provide safe and effective services resulting in a poor patient experience.	6
10	If we fail to sustain the positive change in organisational culture, then we may fail to attract and retain sufficiently qualified, skilled and experienced staff to sustain the delivery of safe, effective high quality compassionate treatment and care.	6
1	If the System Improvement Board is not able to resolve the mismatch between demand and capacity for urgent and emergency care, then there will be delays to patient treatment, resulting in a significant impact on the Trust's ability to deliver safe, effective and efficient care to patients.	5
4	If we do not have in place robust systems and processes to ensure improvement of quality and safety, then we may fail to deliver high quality safe care resulting in negative impact on patient experience and outcomes.	4
8	If we are not able to secure capital financing then we will not be able to maintain and modernise our estate, infrastructure, and facilities; equipment and digital technology resulting in a risk of business continuity and delivery of safe, effective and efficient care.	0

RISK NUMBER	DATIX REF/DATE OF INITIAL RISK	RISK DESCRIPTION	EXEC LEAD	RESPONSIBLE COMMITTEE	CURRENT 11 June 2020			CHANGE	PREVIOUS			Risk appetite	PAGE NUMBER
					LIKELIHOOD	CONSEQUENCE	RISK RATING		RISK RATING 29 FEB 2020	RISK RATING 30 JUNE 2020	RISK RATING 30 NOV 2020		
1	2020	If the System Improvement Board is not able to resolve the mismatch between demand and capacity for urgent and emergency care, then there will be delays to patient treatment, resulting in a significant impact on the Trust's ability to deliver safe, effective and efficient care to patients.	CEO	F&P	3	5	15	↓	20			HIGH (PARTNERSHIPS)	5
2	2020	If we fail to effectively engage our patients, our staff, the public and other key stakeholders in the redesign and transformation of services then it will adversely affect implementation of our Clinical Services Strategy in full resulting in a detrimental impact on patient experience and a loss of public and regulatory confidence in the Trust.	Dir C&E/CNO	QGC	4	4	16	↑	12			MODERATE (CLINICAL INNOVATION)	8
3	2020	If we do not implement the Clinical Services Strategy then we will not be able to realise the benefits of the proposed service changes in full, causing reputational damage and impacting on patient experience and patient outcomes.	Dir S&P/CMO	QGC	4	5	20	↑	15			MODERATE (CLINICAL INNOVATION)	10

RISK RATING 1-3 Low risk | 4-6 Low risk | 8-12 Moderate risk | 15-25 Extreme risk
3 of 30

RISK NUMBER	DATIX REF/DATE OF INITIAL RISK	RISK DESCRIPTION	EXEC LEAD	RESPONSIBLE COMMITTEE	CURRENT 11 June 2020			CHANGE	PREVIOUS			Risk appetite	PAGE NUMBER
					LIKELIHOOD	CONSEQUENCE	RISK RATING		RISK RATING 29 FEB 2020	RISK RATING 30 JUNE 2020	RISK RATING 30 NOV 2020		
4	2018	If we do not have in place robust systems and processes to ensure improvement of quality and safety, then we may fail to deliver high quality safe care resulting in negative impact on patient experience and outcomes.	CMO/ CNO	QGC	3	4	12	→	12			LOW (SAFETY/ QUALITY/	12
5	2020	If we fail to implement Home First Worcestershire as scheduled then there will be an impact on our ability to see, treat and discharge patients in a timely way which may result in patient harm and curtails urgent elective activity.	COO	F&P QGC	4	4	16	↓	20			LOW (SAFETY/QUALITY/ OUTCOMES)	15
7	2018	If we fail to address the drivers of the underlying deficit then we will not achieve financial sustainability (as measured through achievement as a minimum of the structural level of deficit) resulting in the potential inability to transform the way in which services operate, and putting the Trust at risk of being placed into financial special measures.	CFO	F&P	5	4	20	→	20			LOW (FINANCIAL/VFM)	17

RISK RATING 1-3 Low risk | 4-6 Low risk | 8-12 Moderate risk | 15-25 Extreme risk
4 of 30

RISK NUMBER	DATIX REF/DATE OF INITIAL RISK	RISK DESCRIPTION	EXEC LEAD	RESPONSIBLE COMMITTEE	CURRENT 11 June 2020			CHANGE	PREVIOUS			Risk appetite	PAGE NUMBER
					LIKELIHOOD	CONSEQUENCE	RISK RATING		RISK RATING 29 FEB 2020	RISK RATING 30 JUNE 2020	RISK RATING 30 NOV 2020		
8	2018	If we are not able to secure capital financing then we will not be able to maintain and modernise our estate, infrastructure, and facilities; equipment and digital technology resulting in a risk of business continuity and delivery of safe, effective and efficient care.	CFO	F&P	3	4	12	↓	20			LOW (FINANCIAL/VF)	19
9	2020	If we do not have a sustainable fit for purpose diverse and flexible workforce, we will not be able to provide safe and effective services resulting in a poor patient experience.	Dir P&C	P&C	5	3	15	→	15			MODERATE (WORKFOR)	21
10	2017	If we fail to sustain the positive change in organisational culture, then we may fail to attract and retain sufficiently qualified, skilled and experienced staff to sustain the delivery of safe, effective high quality compassionate treatment and care.	Dir P&C	P&C	4	3	12	→	12			MODERATE (WORKFORCE)	23
11	2018	If we have a poor reputation then we will be unable to recruit or retain staff resulting in loss of public confidence in the Trust, lack of support of key stakeholders and system partners and a negative impact on patient care	Dir C&E	P&C	4	4	16	→	16			MODERATE (REPUTATION)	24

RISK NUMBER	DATIX REF/DATE OF INITIAL RISK	RISK DESCRIPTION	EXEC LEAD	RESPONSIBLE COMMITTEE	CURRENT 11 June 2020			CHANGE	PREVIOUS			Risk appetite	PAGE NUMBER
					LIKELIHOOD	CONSEQUENCE	RISK RATING		RISK RATING 29 FEB 2020	RISK RATING 30 JUNE 2020	RISK RATING 30 NOV 2020		
12	2020	If we do not manage demand capacity (particularly ED) through the reset and restoration of services and we have a second and/or third peak of covid 19 cases, we will be unable to respond to the increase in covid 19 cases and then there is a serious risk that the safety of patients and staff will be compromised resulting in excess deaths and staff absence	CEO	Trust Board	5	5	25	→	25*			HIGH (QUALITY AND SAFETY)	25

- As at 31 March 2020

Summary list of the corporate risks – page 28

Glossary – page 29

BAF RISK REFERENCE <i>Summary for Datix entry</i>	1 Mismatch between demand and capacity (system working)	DATE OF REVIEW	Jun 2020
DATIX REF	(Linked to corporate risks 3933)	NEXT REVIEW DATE	Oct 2020

RISK DETAILS

RISK DESCRIPTION	RATING	L	C	R	CHANGE
If the System Improvement Board is not able to resolve the mismatch between demand and capacity for urgent and emergency care, then there will be delays to patient treatment, resulting in a significant impact on the Trust's ability to deliver safe, effective and efficient care to patients.	INITIAL	4	5	20	
	TARGET 2021	2	5	10	
	PREVIOUS	4	5	20	
	CURRENT	3	5	15	

CONTEXT

STRATEGIC OBJECTIVE	Best Services for Local People
GOAL (S)	Strategy
RISK APPETITE	High

ACCOUNTABILITY

CHIEF OFFICER LEAD	Chief Executive
RESPONSIBLE COMMITTEE	F&P

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	System Improvement Board in place	NHSE/I, TME/F&P Committee	3
2	Demand and Capacity Plan in place with monthly refresh	A&E Delivery Board/TME/F&P	3
3	System Improvement Director	NHSE/I	3
4	Command and control structure and ICS Board	TME/NHSE/I	2/3

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	Demand and capacity gap	Implementation of plans to close the demand and capacity gap	Jul 2020	More robust demand and capacity planning as a result of covid incident response which is being developed into restoration and recover plan, overseen and assessed by regional NHS E/I
2	System Improvement Director	Appointment to post		Appointment made but post holder was

ASSURANCE LEVELS: 0 No independent assurance | 1 Internal review or Trust governance meeting | 2 Board or committee | 3 External review

7 of 30

REF	GAP	ACTION	BY WHEN	PROGRESS
		<ul style="list-style-type: none">• Interviews• In post	Autumn 2020	unable to take up the post. Back out to advert and interview date scheduled

BAF RISK REFERENCE <i>Summary for Datix entry</i>	2 Engagement of patients, staff and public in the redesign & transformation of services	DATE OF REVIEW	Jun 2020
DATIX REF	(linked to corporate risks)	NEXT REVIEW DATE	Oct 2020

RISK DETAILS

If we fail to effectively engage our patients, our staff, the public and other key stakeholders in the redesign and transformation of services then it will adversely affect implementation of our Clinical Services Strategy in full resulting in a detrimental impact on patient experience and a loss of public and regulatory confidence in the Trust.	INTERIM TARGET	RATING	L	C	R	CHANGE
	2021 2x4	INITIAL	3	4		
		TARGET 2025	1	2		
		PREVIOUS	3	4	12	
		CURRENT	4	4	16	

CONTEXT

STRATEGIC OBJECTIVE	Best Services for Local People
GOAL	Strategy
RISK APPETITE	Moderate

ACCOUNTABILITY

CHIEF OFFICER LEAD	Director of Communications and Engagement
RESPONSIBLE COMMITTEE	QGC

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	Communications plan for the Clinical Services Strategy	People and Culture Committee	2
2	Alignment of the communications plan with the STP communications and engagement activity	ICS executive	3
3	Youth forum/patient and public involvement forum in place	QGC	2

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	Communications action plan	Develop an action plan that is aligned to the STP communications activity	Sep 2020	Outline plan developed in partnership with STP comms leads to be presented to QGC in Sep 2020
2		Execute the plan	tbc	

ASSURANCE LEVELS: 0 No independent assurance | 1 Internal review or Trust governance meeting | 2 Board or committee | 3 External review
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REF	GAP	ACTION	BY WHEN	PROGRESS
	Youth forum & other stakeholder routes	Develop mechanisms to engage with different sectors of the community through innovative mediums	Sep 2020	

BAF RISK REFERENCE <i>Summary for Datix entry</i>	3 Implementation of the Clinical Services Strategy	DATE OF REVIEW	Jun 2020
DATIX REF	(linked to corporate risks 3948, 3937)	NEXT REVIEW DATE	Oct 2020

RISK DETAILS

If we do not implement the Clinical Services Strategy then we will not be able to realise the benefits of the proposed service changes in full, causing reputational damage and impacting on patient experience and patient outcomes.	INTERIM TARGET		RATING		L	C	R	CHANGE
	2020/21	15	INITIAL	3	5	15		
	2022/23	10	TARGET	1	5	5		
	2024/25	5	PREVIOUS	3	5	15		
			CURRENT	4	5	20		

CONTEXT

STRATEGIC OBJECTIVE	Best experience of care and best outcomes for our patients
GOAL	Quality
RISK APPETITE	Moderate

ACCOUNTABILITY

CHIEF OFFICER LEAD	CMO/Dir S&P
RESPONSIBLE COMMITTEE	QGC

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	Annual plan business planning cycle	Trust Board	2
2	Transformation workstreams	TME	2
3	Strategic partnership agreement	TME/Trust Board	2
4	Annual plan in place	Trust Board	2

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	Annual plan	Develop annual plan	March 2020	Completed
2	Exec leadership for workstreams	Ensure effective executive leadership	Sept 2020	Restarted discussions with senior leaders to refresh clinical services

ASSURANCE LEVELS: 0 No independent assurance | 1 Internal review or Trust governance meeting | 2 Board or committee | 3 External review

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REF	GAP	ACTION	BY WHEN	PROGRESS
3	Development of ICS	ICS plan in place	April 2021	Established ICS leadership forum
4	Strategic partnership	Approval of strategic partner Development of action plan Implementation of action plan	Sept 2020	Key Strategic partner approved Meeting taken place Jun 2020 to start discussions.
5	Capability and capacity (to covid 19 on going requirements) – corporate and divisional teams	Review of resources for support for the management of covid-19 in order to have an agreed action plan for the restoration of services Identify wider system resource to support activity	End July 2020 End July 2020	

BAF RISK REFERENCE <i>Summary for Datix entry</i>	4 Lack of robust systems and processes for improvement of quality and safety	DATE OF REVIEW	Jun 2020
DATIX REF	(Linked to corporate risks 3930, 3931, 3927)	NEXT REVIEW DATE	Oct 2020

RISK DETAILS

RISK DESCRIPTION	RATING	L	C	R	CHANGE
If we do not have in place robust systems and processes to ensure improvement of quality and safety, then we may fail to deliver high quality safe care resulting in negative impact on patient experience and outcomes.	INITIAL	4	5	20	→
	TARGET Sept 20	2	4	8	
	PREVIOUS	3	4	12	
	CURRENT	3	4	12	

CONTEXT

STRATEGIC OBJECTIVE	Best experience of care and outcomes for our patients
GOAL (S)	Quality and Improvement
RISK APPETITE	Low

ACCOUNTABILITY

CHIEF OFFICER LEAD	Chief Medical Officer/Chief Nurse
RESPONSIBLE COMMITTEE	Quality Governance Committee

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	Framework for governance including (not exhaustive) <ul style="list-style-type: none"> Learning from deaths – external review Better outcomes Serious incident management – improving performance Divisional governance leads – in place for 2 divisions Outcomes Complaints – improving performance Learning Governance task and finish group 	Clinical Governance Group (CGG) report to Trust Management Executive (TME) and Quality Governance Committee (QGC) (monthly) and Trust Board (bimonthly) monitoring via Integrated Performance Report and Learning from Deaths	2
2	Quality Improvement Strategy and associated plans	CGG report to TME	1
3	Risk Management Strategy	Reviewed by TME, QGC, Audit and Assurance Committee & Trust Board	2

ASSURANCE LEVELS: 0 No independent assurance | 1 Internal review or Trust governance meeting | 2 Board or committee | 3 External review

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REF	CONTROL	ASSURANCE	LEVEL
4	Performance Review Meetings	TME	0
5	Medical annual appraisals	NHS E/Trust Board/People and Culture	3
6	Learning from deaths – robust process in place	TME/QGC/Trust Board	2
5	Board members undertaking safety walk abouts	Report to TME, Quality Governance Committee	2
6	Risk management strategy in place to ensure best practice in risk management and risk maturity	Risk Management Strategy approved by TME, QGC, Audit and Assurance Committee, Trust Board	2/3
7	Harm reviews in place	TME/QGC	2
8	Covid risk management	See BAF risk 12	
9	Pathway to Platinum	CGG	1

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	Framework for clinical governance	Development of a framework	Sep 2020	Datix revised. Improved framework. Revised staff structure in place.
2		Interim report on the development of a framework	revised Sept 2020	
3	Alignment of resources	Review of clinical governance staff	Apr 2020	Temporary structure in place.
4	Robust learning from deaths process	Review and implement	Apr 2020	Full complement of clinicians undertaking mortality reviews taking place in real time. Implementation of changes as a result of learning needs to be embedded
5	Ward to Board flow	<ul style="list-style-type: none"> NED ward visits <ul style="list-style-type: none"> Revision of tools Observation of care process Process up and running 	Jul 2020	Focus due to covid has been on the trigger tool. Quality audit template revised.

ASSURANCE LEVELS: 0 No independent assurance | 1 Internal review or Trust governance meeting | 2 Board or committee | 3 External review

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REF	GAP	ACTION	BY WHEN	PROGRESS
		○ Reinstate virtual ward walkabouts		
6	Framework for monitoring corporate teams	Roll out RAIT for corporate teams (Infection control, safeguarding, pressure ulcers, falls) Peer panels set up Panels commenced Review of effectiveness	Jul 2020 Jul 2020 July 2020	On hold due to covid-19.
7	Clear escalation process in place for quality issues	Develop a framework for escalation Implement	Mr 2020 July 2020	Harm review process robust QIA process robust
8	Oxford University risk maturity assessment	Arrange for OUH to visit and assess	tbc	Due to covid, resources have been identified to undertake this internally.
9	Robust Harm review (in context of covid-19)	Harm review process to be embedded and reported to QGC	Sep 2020	Increased frequency of harm review panel

BAF RISK REFERENCE <i>Summary for Datix entry</i>	5 Home First Worcestershire implementation	DATE OF REVIEW	Jun 2020
DATIX REF	3832 (linked to corporate risks 3483, 3946, 3482, 3932)	NEXT REVIEW DATE	Oct 2020

RISK DETAILS

RISK DESCRIPTION	RATING	L	C	R	CHANGE
If we fail to implement Home First Worcestershire as scheduled then there will be an impact on our ability to see, treat and discharge patients in a timely way which may result in patient harm and curtails urgent elective activity.	INITIAL	4	5	20	↓
	TARGET Sep 2020	2	5	10	
	PREVIOUS	4	5	20	
	CURRENT	4	4	16	

CONTEXT

STRATEGIC OBJECTIVE	Best experience of care and best outcomes for our patients
GOAL	Performance, Quality
RISK APPETITE	Low

ACCOUNTABILITY

CHIEF OFFICER LEAD	COO
RESPONSIBLE COMMITTEE	F&P/QGC

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	CQC report from unannounced inspection Dec 2019	CQC	3
2	Action plan incorporating the must and should dos	TME/F&P/QGC	2
3	Implementation of the onward care team (OCT)	A&E Delivery Board, System Improvement Board	3
4	Additional 33 beds, open Feb 2020	F&P	2
5	Additional pathway 1 (home with support) packages	System Improvement Board/HFW Board/TME/F&P	3
6	Home First Worcestershire Board	TME	1
7	Command and Control structure	TME	1

ASSURANCE LEVELS: 0 No independent assurance | 1 Internal review or Trust governance meeting | 2 Board or committee | 3 External review

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ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	Implementation of the HFW Plan	Implementation of the 6 work streams contained within Home First Worcestershire including the MADE recommendations	Sep 2020	Additional resource commissioned to support the implementation of the programme
2	Robust management of the front door	Provision of an acute medical unit on the WRH site	Jul 2020	

BAF RISK REFERENCE <i>Summary for Datix entry</i>	7 The Trust is unable to ensure financial sustainability (to the level of structural deficit) and make the best use of resources for our patients.	DATE OF REVIEW	Jun 2020
DATIX REF	(linked to corporate risks 3768, 3934)	NEXT REVIEW DATE	Oct 2020

RISK DETAILS

RISK DESCRIPTION	INTERIM TARGETS	RATING	L	C	R	CHANGE
If we fail to address the drivers of the underlying deficit then we will not achieve financial sustainability (as measured through achievement as a minimum of the structural level of deficit) resulting in the potential inability to transform the way in which services operate, and putting the Trust at risk of being placed into financial special measures.	2021	5x3	INITIAL	5	3	15
			TARGET 2023	4	3	12
			PREVIOUS	5	4	20
			CURRENT	5	4	20

CONTEXT

STRATEGIC OBJECTIVE	Best use of resources
GOAL	Finance
RISK APPETITE	Low

ACCOUNTABILITY

CHIEF OFFICER LEAD	CFO
RESPONSIBLE COMMITTEE	F&P

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	Grip and Control measures including weekly vacancy control process in line with NHSI best practice and regular review of Standing Financial Instructions and Scheme of Delegation	TME, Finance and Performance Committee, Audit and Assurance Committee	2
2	Divisional Performance Review Meetings (including Corporate teams) with focus on financial / improvement outcomes and monitoring of devolved operational budgets	TME, Finance and Performance Committee via finance report and IPR	2
3	Medium Term Financial (MTF) Plan	TME/F&P/Trust Board/NHS Improvement	2/3
4	Monitoring use of temporary workforce (bank and agency) and alignment with activity	TME/F&P/Trust Board	
5	Productivity and Efficiency Plans in place	F&P/TB	

ASSURANCE LEVELS: 0 No independent assurance | 1 Internal review or Trust governance meeting | 2 Board or committee | 3 External review


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ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	MTF Plan (Road-Map)	Align the MTF Plan to refreshed Clinical Services Strategy, other Enabling Strategies (People and Culture, Digital, Estates, Quality Improvement, Communications), 2020/21 Operational Plan and ICS 5 year plan and publish	Dec 2020	Delayed due to covid
2	Fully identified and assignable improvement opportunities based on recognised benchmarks (e.g. Model Hospital / GIRFT)	Ensure rolling programme of continuous improvement internally and system wide working to support value for money decisions	Mar 2021	
3	Ownership of financial situation	Finance is included within personal objectives, and roles and responsibilities clearly defined, which are aligned to Trust objectives Embed improved through life-cycle contract management principles Embed the standardised approach to benefits realisation for key financial decisions	Mar 2021	
4	Reduction of reliance on temporary workforce	As reset is implemented including new staffing models, substantive workforce will be used, not temporary workforce. Implement actions associated with reset to ensure that there is an embedded approach to workforce management	Mar 2021	
5	Alignment of resources and activity	Develop integrated IPR	Sep 2020	

BAF RISK REFERENCE <i>Summary for Datix entry</i>	8 The Trust is unable to secure appropriate capital financing to make the best use of resources for our patients.	DATE OF REVIEW	Jun 2020
DATIX REF	(linked to corporate risks 4130, 4009, 3936, 4048, 3936, 4213, 3855, 3603, 3935)	NEXT REVIEW DATE	Oct 2020

RISK DETAILS

RISK DESCRIPTION	INTERIM TARGETS	RATING	L	C	R	CHANGE
If we are not able to secure financing then we will not be able, to maintain and modernise our estate, infrastructure, and facilities; equipment and digital technology resulting in a risk of business continuity and delivery of safe, effective and efficient care.	2021	INITIAL	3	5	15	
		TARGET 2022	3	4	12	
		PREVIOUS	5	4	20	
		CURRENT	3	4	12	

CONTEXT

STRATEGIC OBJECTIVE	Best use of resources
GOAL	Finance, Estates
RISK APPETITE	Low

ACCOUNTABILITY

CHIEF OFFICER LEAD	CFO
RESPONSIBLE COMMITTEE	F&P

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	Prioritisation of investment bids based on risk to ensure best use of limited funds available, including in year re-prioritisation where required	Capital Prioritisation Group, Strategy & Planning Group, TME and F&P Committee	2
2	Pro-active seeking and management of funding bids and review of outcomes	Strategy & Planning Group, TME and F&P Committee	2
3	Medical devices strategy	TME/QGC	2
4	Estates and facilities condition assessment plan for implementation	TME/F&P	2
5	Regular oversight through an STP capital envelop approach to allocation	TME/ICS	2/3

ACTIONS


REF	GAP	ACTION	BY WHEN	PROGRESS
1	Medical Devices strategy	Scoping / Stocktake exercise completion Develop investment strategy and prioritised replacement plan based on operational asset register.	Dec 2020	

ASSURANCE LEVELS: 0 No independent assurance | 1 Internal review or Trust governance meeting | 2 Board or committee | 3 External review
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REF	GAP	ACTION	BY WHEN	PROGRESS
2	Estates and Facilities Condition Assessment	Undertake 6 Facet Survey to confirm current backlog position and enable development of rectification plan.	Dec 2020	
3	MTF plan	Align the MTF Plan to Clinical Services Strategy, other Enabling Strategies (People and Culture, Digital, Estates, Quality Improvement, Communications), 2020/21 Operational Plan and ICS 5 year plan and publish	Dec 2020	
4	Legacy technology infrastructure requires updating to support the digital strategy delivery plan	Capital programme for infrastructure modernisation across network, WI-FI network and data centres in progress	Mar 2021	

BAF RISK REFERENCE <i>Summary for Datix entry</i>	9 Diverse and flexible workforce (workforce transformation)	DATE OF REVIEW	Jun 2020
DATIX REF	(linked to corporate risks 3939, 3832, 3842)	NEXT REVIEW DATE	Oct 2020

RISK DETAILS

RISK DESCRIPTION	INTERIM TARGET	RATING	L	C	R	CHANGE
If we do not have a sustainable fit for purpose diverse and flexible workforce, we will not be able to provide safe and effective services resulting in a poor patient experience.	2022 4x3	INITIAL	5	3	15	
		TARGET 2023	3	3	9	
		PREVIOUS	5	3	15	
		CURRENT	5	3	15	

CONTEXT

STRATEGIC OBJECTIVE	Best people
GOAL	Workforce and culture
RISK APPETITE	Moderate

ACCOUNTABILITY

CHIEF OFFICER LEAD	Director of People and Culture
RESPONSIBLE COMMITTEE	People and Culture

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	Revised P&C Strategy – year 1 of implementation	TME/P&C Committee	2
2	Workforce transformation – delivery of financial targets	TME/F&P Committee	2
3	5 year strategic workforce plan	TME/P&C Committee, NHS E/I	2/3
4	Recruitment and retention plans	TME/P&C Committee	2
5	Academy development	TME/P&C Committee	2
6	Equality and diversity strategy	TME/P&C Committee/Trust board	2

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	Revise P&C Strategy	Strategy revised and presented to Trust Board	Autumn 2020	Delayed due to reset for covid 19
2	Workforce plan	Implementation of year one of strategic workforce plan	March 2021	Updating workforce plan in light of covid 19


ASSURANCE LEVELS: 0 No independent assurance | 1 Internal review or Trust governance meeting | 2 Board or committee | 3 External review

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REF	GAP	ACTION	BY WHEN	PROGRESS
3	Effective networks for staff with protected characteristics	Develop networks Champions appointed (disability, BAME, LGBT)	End Jul 2020	
4	E&D strategy	Develop a strategy Implement action plan	Mar 2021	
5	Further development if the Academy	Rollout of academy across STP	Mar 2021	

BAF RISK REFERENCE <i>Summary for Datix entry</i>	10 Organisational culture	DATE OF REVIEW	Jun 2020
DATIX REF	(linked to corporate risks 3938)	NEXT REVIEW DATE	Oct 2020

RISK DETAILS

RISK DESCRIPTION	RATING	L	C	R	CHANGE
If we fail to sustain the positive change in organisational culture, then we may fail to attract and retain sufficiently qualified, skilled and experienced staff to sustain the delivery of safe, effective high quality compassionate treatment and care.	INITIAL	3	5	15	
	TARGET	2	3	6	
	PREVIOUS	4	3	12	
	CURRENT	4	3	12	

CONTEXT

STRATEGIC OBJECTIVE	Best people
GOAL	Workforce and Culture
RISK APPETITE	Moderate

ACCOUNTABILITY

CHIEF OFFICER LEAD	Director of People and Culture
RESPONSIBLE COMMITTEE	People and Culture

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	People and Culture Strategy	TME/P&C Committee	2
2	4ward phase 2	TME/P&C Committee	2
3	Leadership plan	TME/P&C Committee	2
4	Communications and Engagement Strategy	TME/P&C Committee	2

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	P&C Strategy	Develop revised strategy and present to TB	Autumn 2020	Delayed due to covid. <i>We do this by</i> (covid) issued
2	Phase 2 – 4ward	Roll out of phase 2 of 4ward	ongoing	Phase 2 commenced. Pyramid week - July
3	C&E strategy	Implement year 1 of the C&E strategy	March 2021	

ASSURANCE LEVELS: 0 No independent assurance | 1 Internal review or Trust governance meeting | 2 Board or committee | 3 External review

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BAF RISK REFERENCE <i>Summary for Datix entry</i>	11 Reputational damage	DATE OF REVIEW	Jun 2020
DATIX REF	3940 (linked to corporate risks 3483, 3939, 3831, 3877, 3940)	NEXT REVIEW DATE	Oct 2020

RISK DETAILS

RISK DESCRIPTION	INTERIM TARGET	RATING	L	C	R	CHANGE
If we have a poor reputation then we will be unable to recruit or retain staff resulting in loss of public confidence in the Trust, lack of support of key stakeholders and system partners and a negative impact on patient care.	2021	3x4	INITIAL	4	4	16
			TARGET 2024	2	4	8
			PREVIOUS	4	4	16
			CURRENT	4	4	16

**CONTEXT**

STRATEGIC OBJECTIVE	Best services for local people, best experience, best use of resources, best people
GOAL	Strategy/quality/finance/performance/culture
RISK APPETITE	Moderate

ACCOUNTABILITY

CHIEF OFFICER LEAD	Director of Communication and Engagement
RESPONSIBLE COMMITTEE	People and Culture/Trust Board

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	Proactive media management	Weekly report to Trust Board (real time news) Communications report to Trust Board	1-2
2	Internal programme of communication and engagement built around putting people first	Report to 4ward and People and Culture Committee	1-2
3	On-going programme of stakeholder engagement	Communication report to TME/People and Culture/TB	2
4	Communications Strategy	People and Culture	2

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	Implement communications strategy	Develop and implement action plan	Mar 2021	

ASSURANCE LEVELS: 0 No independent assurance | 1 Internal review or Trust governance meeting | 2 Board or committee | 3 External review
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BAF RISK REFERENCE <i>Summary for Datix entry</i>	12 COVID - 19	DATE OF REVIEW	Jun 2020
DATIX REF	(Linked to corporate risks 4345, 4362, 4351, 4373, 4377, 4328, 4366, 4365, 4344, 4363, 4369, tbc(BAME))	NEXT REVIEW DATE	Oct 2020

RISK DETAILS

RISK DESCRIPTION	RATING	L	C	R	CHANGE
If we do not manage demand capacity (particularly ED) through the reset and restoration of services and we have a second and/or third peak of covid 19 cases, we will be unable to respond to the increase in covid 19 cases and , then there is a serious risk that the safety of patients and staff will be compromised resulting in excess deaths	INITIAL	5	5	25	
	TARGET 2021	1	1	1	
	PREVIOUS	5	5	25	
	CURRENT	5	5	25	

CONTEXT

STRATEGIC OBJECTIVE	Best Services for Local People
GOAL (S)	Strategy
RISK APPETITE	High

ACCOUNTABILITY

CHIEF OFFICER LEAD	Chief Executive
RESPONSIBLE COMMITTEE	Board

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	Major incident control group	Board reporting	2
2	Revised HR systems and processes to enable tracking of staff absence	Real-time reporting reported to incident group, managed through workforce group	1
3	Implementation of National guidance	Incident Group	1
4	Implementation of Business Continuity Plan	Incident group	1
5	Restart of elective activity	Incident group	1
6	Workforce transformation (see BAF risk 9)	Workforce group Incident group	1
7	Financial governance under covid to ensure visible and appropriate	F&P, TB	2/3

ASSURANCE LEVELS: 0 No independent assurance | 1 Internal review or Trust governance meeting | 2 Board or committee | 3 External review

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REF	CONTROL	ASSURANCE	LEVEL
8	Monitoring the use of the independent sector and Kidderminster for level 3 and 4 elective surgery.	Command and control/F&P/TME/NHS E/I	2/3/4
9	Implementation of the HomeFirst Worcestershire plan	HFW board/F&P/Trust Board	2/3/4

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	Availability of staffing for the continuation of front-line services	<ul style="list-style-type: none"> Implementation of new models of care 	Ongoing	Cross ref BAF risk 9
2	Availability of appropriately trained staff for the continuation of front-line services	All relevant staff to access appropriate training to be able to care for the deteriorating patient, the use of personal protective equipment etc	30 April 2020	Implemented and ongoing. Action closed
3	Availability of equipment from the NHS supply chain	<ul style="list-style-type: none"> Quantification of equipment requirements. Escalation of any gaps in equipment supply. Consideration of alternative ways of working to reduce the requirement for equipment or in the event that equipment is not available for any period of time. 	Ongoing	Progress monitored through the bronze commander. Action closed.
4	Loss of staff through self-isolation & ill health including staff fatigue	<ul style="list-style-type: none"> Understanding where those staff are usually deployed and ensuring that other non-essential staff are redeployed as appropriate Ensuring that staff take adequate breaks including annual leave Staff support (Wellbeing) in place 	Ongoing	Cross ref BAF 9.
5	Protection of BAME staff	<ul style="list-style-type: none"> Risk assessment and implementation of measures to mitigate risk 	Jun 2020	Managers' guidance implemented
6	Protection of staff who have an increased or are at high risk of developing covid	<ul style="list-style-type: none"> Risk assessment and implementation of measures to mitigate risk 	On-going	
7	Reset+ and restoration plan	<ul style="list-style-type: none"> Develop and monitor plan 	Sept 2020	Initial plan presented to Trust Board,

ASSURANCE LEVELS: 0 No independent assurance | 1 Internal review or Trust governance meeting | 2 Board or committee | 3 External review

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REF	GAP	ACTION	BY WHEN	PROGRESS
				Jun 2020
8	Covid risk management	<ul style="list-style-type: none"> Development of reporting structure through to gold and TME 	Jul 2020	On-going changes due to national requirements
9	Improved financial reporting to TB	<ul style="list-style-type: none"> Revision of IPR 	Jul 2020	

ASSURANCE LEVELS: 0 No independent assurance | 1 Internal review or Trust governance meeting | 2 Board or committee | 3 External review
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Corporate Risk Register (summary) as at 10-6-20

4130	Access to funding for asset replacement and renewal
4099	Achievement of the 2019/20 Financial Plan (Delivery of the in year stretch target)
4347	Aconbury Capacity - COVID19
4345	Cancellations and Delays - COVID19
3768	Cash Flow -There is a risk that the Trust does not generate sufficient cash incomings through contracted services provided
3852	Clinical - safe, clean environment
3483	Clinical Quality and Effectiveness - effective management of tracking processes
3946	Clinical Quality and Effectiveness - Trustwide capacity situation
4362	COVID-19 Oxygen supply
4351	COVID19 Trust Resource Capacity
4373	Decontamination and reuse of disposable gowns
4048	Decontamination of medical devices
4009	E&F20002 Lack of comprehensive asset register
3938	Failure to deliver cultural change programme
3930	Failure to deliver the Quality Improvement Strategy and the CQC 'must and should dos'
3939	Failure to recruit, retain and develop staff
3948	Fragile Services
3937	Inability to sustain our clinical services
3936	Ineffective IT systems
3933	Lack of a strategic demand management
3931	Lack of delivery of statutory requirements of the Hygiene Code
3927	Lack of robust clinical governance
3482	Operations - crowding in the Emergency Department
3831	PC06 Nursing Recruitment and Retention
3832	PC07 Workforce Planning
3833	PC08a Mandatory Training completion rates
3842	PC15 HR / OD Capacity
4377	PPE supply - lack of FFP3 masks and risk of COVID19 infection
3877	Reputational - junior doctors on rotation
3940	Reputational damage
4328	Risk of Coronavirus infection due to Covid19
4213	Risk of damaged or contaminated theatre instruments being present on theatre sets
4107	Risk of loss of data and cyber attack to unsupported ICT systems that reside out of ICT
3855	Risk of Trust utilising an unsupported PC/Laptop Operating System after January 2020
3603	Risk that a cyber attack could lead to the potential loss or theft of patient data and could compromise patient care
4366	Staff Stress - COVID 19
4365	Staffing - COVID 19
3932	The Trust is unable to ensure efficient patient flow through our hospitals
3934	The Trust is unable to ensure financial viability and make the best use of resources for our patients. (revenue)
3935	The Trust is unable to ensure financial viability and make the best use of resources for our patients. (capital)
4344	Trustwide Staffing - COVID19
4363	Use of High flow Oxygen therapy devices during COVID-19
4369	Workplace Risk Assessments not being done or out of date due to Ward/Department Capacity due to COVID-19
tbc	If we do not understand the occupational health risks that our BAME workforce face in relation to COVID-19, then it could adversely affect the health of our BAME staff and lead to a serious risk of infection with COVID-19

ASSURANCE LEVELS: 0 No independent assurance | 1 Internal review or Trust governance meeting | 2 Board or committee |

3 External review

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Glossary

CGG	Clinical Governance Group
CMO	Chief Medical Officer
CNO	Chief Nursing Officer
CQC	Care Quality Commission
C&E	Communications and Engagement
F&P	Finance and Performance Committee
HFV	Home First Worcestershire
ICS	Integrated Care System
MTFP	Medium Term Financial Plan
NHS E/I	NHS England/Improvement
OCT	Onward Care Team
OD	Organisational Development
QGC	Quality Governance Committee
RTT	Referral to treatment
STP	Sustainability and transformation partnership
TME	Trust Management Executive

Meeting	Trust Board
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Paper number	E3.1

COVID-19: Recovery & Reset

For approval:		For discussion:	x	For assurance:	x	To note:	
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Accountable Director	Jo Newton, Director of Strategy & Planning		
Presented by	Jo Newton, Director of Strategy & Planning	Author /s	Jo Newton, Director of Strategy & Planning Lisa Peaty, Deputy Director of Strategy & Planning Becky Williams, Director of Operations (Women & Children)

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	17/6/20	Approved in principle

Recommendations

It is recommended that the Board:

- Endorse the status of the recovery and reset programmes of work, particularly the progress made since the June 2020 Trust Board report
- Note the risks and mitigations relating to recovery and reset
- Affirm the proposed direction of travel, particularly for refresh of the Trust's Clinical Services Strategy

Executive summary

The report summarises WAHT's progress and current position relating to the recovery and reset of services and corporate activity in line with national guidance and local priorities.

The report seeks to outline current activity and progress to restore services, outlining challenges and risks presented by the trajectory of COVID-19 and the response by the public and wider system. In addition, the paper summarises progress of the Recovery and Reset Programme and how this is set against the refresh of the Clinical Services Strategy and enabling strategies.

Risk

Key Risks

The development of this report supports five of the Trust's BAF risks:

COVID-19: IF COVID -19 manifests itself as is modelled by the Government, then there is a serious risk that the safety of patients will be compromised due

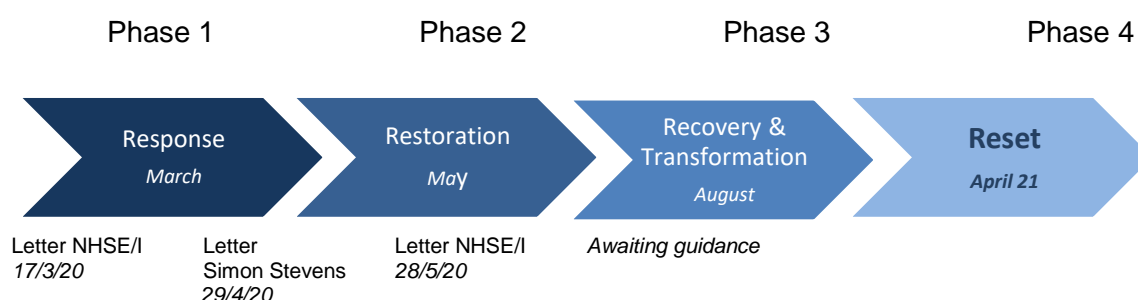
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	<p>to the lack of medical and nursing staff and equipment to enable treatment of the most seriously ill resulting in excess deaths</p> <p>Clinical strategy: IF there is a lack of a strategic plan which balances demand and capacity THEN patients will be in the wrong place at the wrong time RESULTING IN a major impact on the Trust's ability to deliver safe, effective and efficient care to patients.</p> <p>Patient flow: IF we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning THEN we will fail the national quality and performance standards RESULTING IN a negative patient experience and a possible compromise to patient safety.</p> <p>Finance: IF we are unable to resolve the structural imbalance in the Trust's income and expenditure position THEN we will not be able to fulfill our financial duties RESULTING IN the potential inability to invest in services to meet the needs of our patients.</p> <p>Organisational culture: IF we fail to sustain the positive change in organisational culture, then we may fail to attract and retain sufficiently qualified, skilled and experienced staff to sustain the delivery of safe, effective high quality compassionate treatment and care.</p>						
Assurance	Trust Gold Command have approved a gateway process for Restoration of Services, with separate cells at Bronze for Response, and Silver for Recovery and Reset elements.						
Assurance level	Significant		Moderate	x	Limited		None
Financial Risk	COVID-19 expenditure is covered by the guidance as set out in the NHSE/I and reported through Finance and Performance Committee.						

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Introduction/Background

The June 2020 Trust Board paper described the Trust's restoration, recovery and reset programmes of work within the context of the NHSE/I framework.



The paper sets out:

- Plans in place and progress for restart and restoration of services
- Proposals for recovery and reset, pending national guidance due mid July 2020.

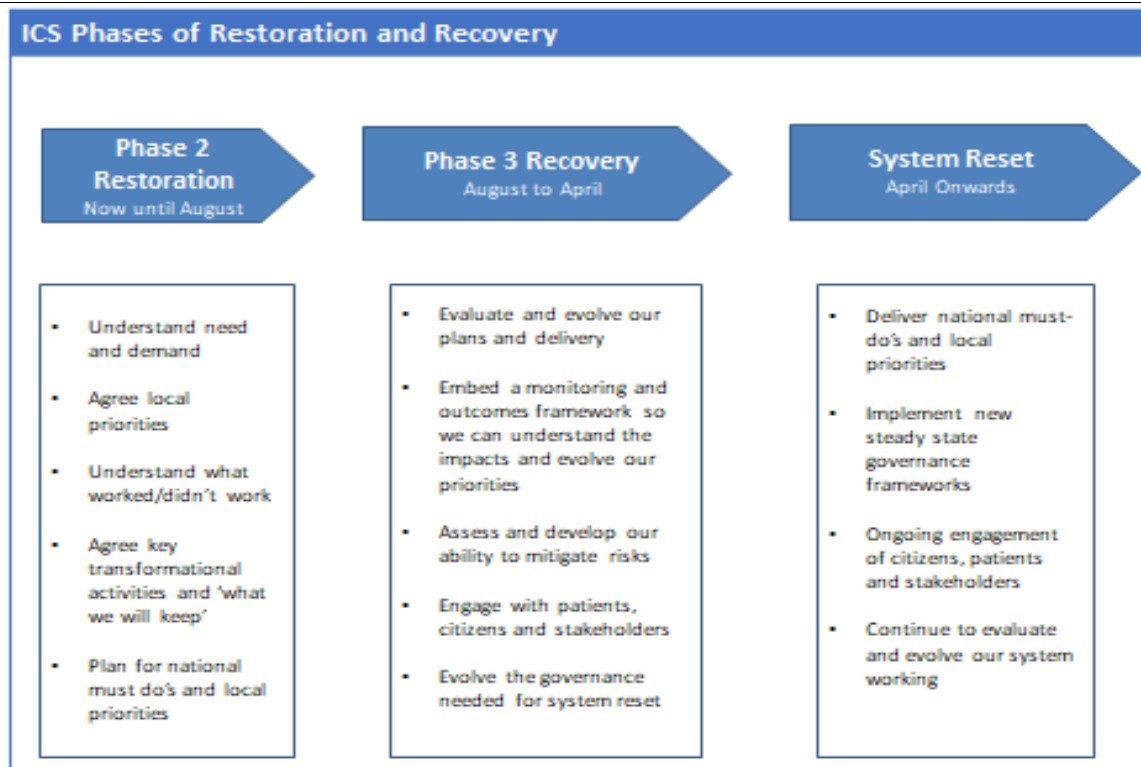
Issues and options

1. Context

The COVID-19 pandemic was declared as a 'level 4 incident' nationally in March 2020 and, as such, a range of more directive command and control structures have been operating using the national and regional NHS England and NHS Improvement teams working with local systems. The local response to COVID-19 has been a monumental effort across all parts of the health and care sector. WAHT staff have provided support to patients and service users and have importantly adapted ways of working to ensure some continuity of essential services. However, the Trust's focus has shifted from this initial response phase that commenced in March to a more recent focus on the restoration of key services and recovery and transformation. A 'reset' phase is planned to commence in April 2021.

In terms of restoration, all of the Trust's essential services were restored in advance of a national directive to do so before 15th June 2020. However, to ensure ongoing sustainability of services, detailed plans are being developed across the system to understand demand and capacity modelling for the remainder of the year which will also inform the recovery phase of the work. This element of the work is designed to also ensure that innovation can be captured and reflected in the permanent transformation of some services, particularly in terms of the progress that has been made around patient initiated care and digital service delivery (e.g. outpatient appointments). Planning guidance is expected in the next few weeks that will outline a national approach to this during the remainder of 2020/21 and how systems are expected to support preparations for 2021/22. Principle activities are identified below, which will be developed at system or Trust level, or both.

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The health and wellbeing system has been monitoring public confidence and patient response to COVID-19 through a variety of sources including the HealthWatch survey. System partners are working to develop single STP level communications to ensure access and confidence to services as they are restored is maintained. Specific Trust communications are covered elsewhere on the agenda.

2. Recovery & Reset Programme

The aim of the Recovery and Reset Programme is threefold:

- to capture and embed the positive changes that have been implemented in response to COVID-19
- to refresh strategic priorities in light of the COVID-19 recovery clinical and operational imperatives against the Clinical Services and enabling strategies
- to reset delivery of national and local priorities against a steady state governance framework.

The **principles** underlying the Recovery and Reset Programme and how it contributes to key outcomes are:

Aligned with ICS and Trust Clinical Services Strategy;
Transformed by capturing innovations and implementing agile approaches
Delivered adopting 4ward principles of Putting Patients First
Embedded using cross divisional and system engagement with staff and patients

High impact changes – work has been underway to progress the ten high impact changes

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which form the core of the Recovery and Reset Programme (Appendix One). Leads have been identified and scoping is underway. The initial focus has been on three of the high impact changes relating to virtual patient management which have been prioritised because of the need to maximise the benefits of initiatives introduced in the COVID-19 response phase. Progress includes:

- *Electronic referral and triage* (advice & guidance) – this has been scoped to focus initially on electronic triage of referrals to help minimise the number of hospital cancellations currently taking place; to improve patient experience and reduce confusion for GPs. It will also give clinicians the option to decide on the best course of action or advice for the patient before an appointment is booked. The process has been co-designed with PCN clinical leads, with support from the CCG. A pilot is being proposed with next steps identified.
- *Patient initiated follow up* – differentiation is required for some specialities which is being scoped, tested against CSS speciality objectives and addressing any implementation challenges. This will enable a pilot specialty to be identified to test what can be achieved in a generic manner and what needs to be specialty-led and specialty-specific.
- *Remote monitoring of long term conditions (LTC)* – learning from existing practice in specialties such as Cardiology, Respiratory and Diabetes is being captured, with work underway to identify suitable next phase candidates (specialty or cohort).

System-wide working A benefit to a cross-system approach to developing and implementing the work on 10 high impact changes is agreement to embed **CCG project management resource** within the Trust's Project Management Office to work alongside the Trust's team. This will ensure appropriate linkages to current STP-wide outpatients' transformation work, that partners across the system are engaged to ensure system-wide benefits and that the priorities articulated within Herefordshire and Worcestershire ICS plans are addressed.

A benefits realisation dashboard (Appendix 3) will be developed for each high impact change. These will provide a baseline level of performance and improvement trajectory/target focusing on 'what is the benefit?' and 'what progress has been made?' A key risk is that, as services restart, the changed ways of working introduced during COVID-19 are abandoned and previous services models and behaviours resume. The benefits realisation dashboards will provide a barometer that will help identify where this has occurred.

A **staff engagement** campaign commenced 15th June 2020 to capture staff feedback and learning from COVID-19 with the view to this further informing the Recovery and Reset Programme.

- >1,000 responses to twitter and the staff Facebook page to capture the top three positive things from ways of working introduced during the COVID-19 response phase.
- Graffiti walls with QR code links to the survey located across all sites especially in high staff foot fall areas and distributed through the Forward advocate network.
- 40 staff joined virtual staff focus groups w/c 22nd June

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Initial evaluation indicates the top three aspects of COVID-19 ways of working are:

- **Digital capability** – meetings/outpatient appointments.
- **Agile** and rapid capability (light touch governance) to change
- **Partnership** and collaborative working (internal and external)

Qualitative feedback has flagged some areas of concern, arising as a result from the way some services have had to operate during COVID-19. These include concerns relating to patient experience and the need to improve communication with relatives/carers. Staff have also identified lack of clarity and standardisation in restart of services as key concerns.

Full analysis of the feedback will take place during the first week of July and will be used to refine the focus of the Recovery and Reset Programme. Further provision for cohorts of staff who have found it difficult to participate in focus groups (e.g. porters, domestics, health care assistants) is being explored.

Governance

The Gold/Silver/Bronze COVID-19 response **governance structure** has been reviewed. A weekly progress report on the Recovery and Reset Programme is submitted to the Silver command meeting.

3. Clinical Services Strategy

The Clinical Services Strategy sets out the overarching vision for the Trust:

In 2025, we will lead the delivery of comprehensive integrated healthcare in Worcestershire, providing the best possible patient experience and outcomes



The strategy identifies three key areas of activity that shape the future:

- Comprehensive and responsive urgent and emergency care
- End to end integrated care
- High quality, dependable acute and specialist planned care

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These three strategy pillars support delivery of four clinical imperatives:

- d. Care for people living with frailty;
- e. Care at end of life;
- f. Cancer care, and;
- g. Access to care

As previously reported, a refresh of our Clinical Services Strategy is underway with clinical divisions, supported by corporate services. The purpose of these workshops is to start to develop a strategic framework for recovery and reset by the end of August which will enable plans to be implemented in April 2021. The timeline for this is outlined in Appendix 4.

The system and Trust recognise that as services are restored, the single imperative is to establish clear flow at the Worcester site supported by the adoption of the AMU model. However, the short to medium term site model / location of services during the restoration phase will need to be reviewed against the refreshed Clinical Services Strategy. Consistent with the approved ASR business case and Clinical Services Strategy, work is underway to develop a **site strategy** to strengthen the role of the Alexandra Hospital in the county and sub-regional health system in line with restoration and longer term planning.

Partnership Strategy - the response phase required effective partnership working within and beyond our Sustainability and Transformation Partnership (STP) for mutual aid and has accelerated the Trust's engagement with partners and other local and regional networks, identified within the Clinical Services Strategy. In parallel, Specialised Commissioning are devolving responsibility to STPs and the region are looking at a new regional clinical strategy as part of recovery and reset. We are, therefore, actively re-engaging with key partners to ensure recommendations are consistent with Trust plans, to support patient choice and access, sustainable and resilient of fragile services and cement opportunities for future service development.

Enabling strategies - Work to refresh enabling strategies in light of the Clinical Services Strategy refresh and further learning from COVID-19 response and restoration will commence in Autumn 2020.



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4. Next Steps

- Evaluation and feedback of staff reflection and engagement (mid/late July)
- Onboard all ten High Impact Change work groups and scope initial work
- Develop benefits realisation dashboard
- Undertake Clinical Service Strategy workshops and commence re-write of Clinical Service Strategy

5. Risks & dependencies

Risk	Mitigation
New ways of working are not embedded	<ul style="list-style-type: none"> • Use of staff engagement to define common purpose • Tailored approach for different specialties and pathways • Implement and show case good practice • Clear communication of purpose and benefits • Iterative improvement approaches implemented • Implementation and communication of ten high impact changes
Discussion and agreement of site strategy (including approach to theatres) delays restoration, recovery and reset of services	<ul style="list-style-type: none"> • Restoration governance and check list enable decisions about location to be made prior to restoration of a service • Focus on site strategy is retained as a core element of Clinical Services refresh • Ensure site strategy is aligned with Acute Services Review and principles laid out in existing Clinical Services Strategy
Trusts work independently of system/STP	<ul style="list-style-type: none"> • Agree priorities with STP / ICS • Ensure Trust representation and participation in STP structures and programmes of work • Ensure system-wide alignment of Restoration, Recovery and Reset work • Encourage collaboration and shared learning with partners, including at a speciality level with clinicians from neighbouring acute trusts • CCG project managers embedded within Trust's Project Management Office
New surge of Covid-19	<ul style="list-style-type: none"> • Nurture and empower staff to sustain changes • Maintain operational focus
Lack of staff engagement	<ul style="list-style-type: none"> • Ensure variety of engagement approaches • Include under-represented groups e.g. BAME • Plan ongoing programme of engagement • Identification of staff champions to support • Identify and address causes of poor engagement • Ensure 'you said, we did' feedback

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Conclusion

The restoration and recovery of services necessitated by the COVID-19 pandemic represents an unprecedented challenge for NHS trusts and health and care systems. However, the experience of accelerated change during Phase 1 presents a unique opportunity to embed sustainable change.

This work provides an opportunity to establish a new 'business as usual' for the Trust based on some of the changes introduced during the COVID-19 incident. It will also accelerate transformation and strengthen its position within the local Sustainability and Transformation Partnership/Integrated Care System.

Recommendations

It is recommended that the Board:

- Endorse the status of the restoration, recovery and reset programmes of work, particularly the progress made since the June 2020 Trust Board report
- Note the risks and mitigations relating to restoration, recovery and reset
- Affirm the proposed direction of travel, particularly for refresh of the Trust's Clinical Services Strategy

Appendices

Appendix 1 – Recovery and Reset Programme

Appendix 2 – High Impact Change Leads

Appendix 3 – Benefits Realisation Dashboard

Appendix 4 – High Level Timescale for Strategy Refresh

Appendix 5 – Roadmap for Recovery and Reset Programme

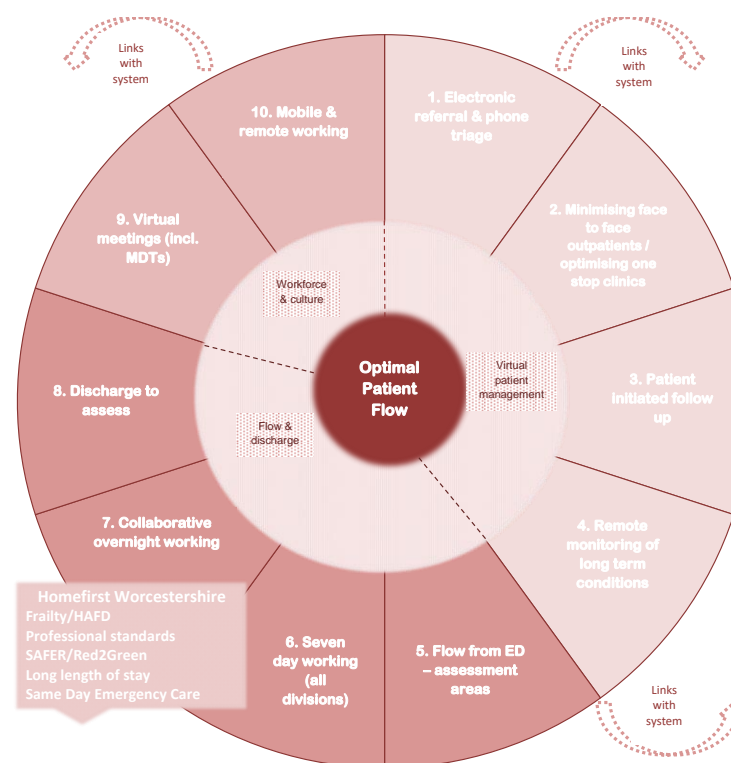
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Cross-cutting Themes
Digital | Estates | Finance
Workforce & culture: Covid *"we do this by"*
Quality improvement
Communications & engagement

Other existing / new
workstreams for
implementation to
support restart and
recovery
(e.g. Site
Configuration, Acute
Medical Unit,
divisional
management
restructure, Homefirst
Worcestershire etc)

Appendix One: Recovery & Reset Programme - Initial COVID High Impact Changes to Embed and Amplify



High Impact Change Goals

1. All referrals into the organisation will be received / managed electronically (including GP advice & guidance) & triaged by a clinician virtually
2. Face to face outpatients will be minimised and the use of one stop clinics will be optimised
3. All follow up appointments will be patient initiated unless clinically necessary
4. Long term conditions will be monitored remotely to reduce outpatient appointments, support early discharge and support admission avoidance
5. Flow from ED will be improved by functioning clinical assessment areas
6. Seven day working will be implemented by all divisions
7. Collaborative overnight working will be implemented (including staffing model)
8. Improvements in bed capacity will be sustained through an improved system approach to discharge processes
9. All team meetings, including MDTs, should take place virtually where appropriate
10. Staff will be enabled to work remotely when role and task make this possible

NB – not every high impact change is equally applicable to every specialty or pathway

Putting patients first through agile transformation

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Appendix Two: High Impact Change Leads

Work Programme	Senior Responsible Officer	High Impact Change	High Impact Change Initial Lead	Project Manager
Virtual Patient Management	Angus Thomson (DD for Women & Children)	1. All referrals into the organisation will be received / managed electronically (including GP advice & guidance) & triaged by a clinician virtually	Heather Fleming (Head of Elective Performance & Patient Access)	Harmi Kaur (WAHT Transformation Project Manager)
		2. Face to face outpatients will be minimised and the use of one stop clinics will be optimised	TBC	Kirsty Hinton (CCG Project Manager)
		3. All follow up appointments will be patient initiated unless clinically necessary	Jevan Taylor (Clinical Lead for Breast)	Selina Nicole-Taylor (CCG Project Manager)
		4. Long term conditions will be monitored remotely to reduce outpatient appointments, support early discharge and support admission avoidance	Helen Routledge (Cardiology Consultant)	Emma Fisher (CCG Project Manager)
Flow and discharge	Jules Walton (DD for Urgent Care)	5. Flow from ED will be improved by functioning clinical assessment areas	Ant Perry (Clinical Lead, Upper GI)	Laura Phipps (WAHT Transformation Project Manager)
		6. Seven day working will be implemented by all divisions	Will Roberts (Clinical director, Cardiology, Renal and Respiratory)	Sarah Wardle (WAHT Transformation Project Manager)
		7. Collaborative working will be implemented (including staffing model)	TBC	Sarah Wardle (WAHT Transformation Project Manager)
		8. Improvements in bed capacity will be	Sherri Cheal (Director of Unscheduled)	Laura Phipps (WAHT Transformation)

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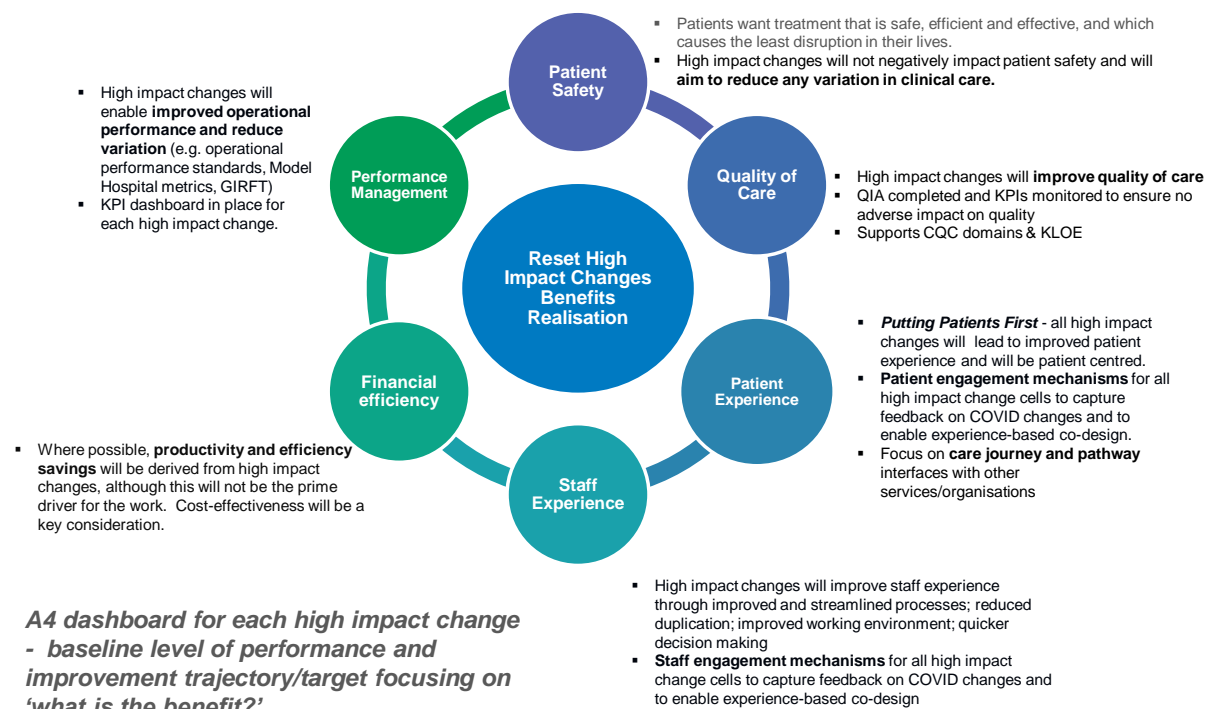
		sustained through an improved system approach to discharge processes	Care & Flow)	Project Manager)
Workforce and culture	Julian Berlet (DD for SCSD)	9. All team meetings, including MDTs, should take place virtually where appropriate	TBC	Zoe Scott-Lewis (initially) (Head of transformation & PMO)
		10. Staff will be enabled to work remotely when role and task make this possible	Rebecca Brown Deputy CIO	Harmi Kaur (WAHT Transformation Project Manager)

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Appendix Three: Benefits Realisation Dashboard

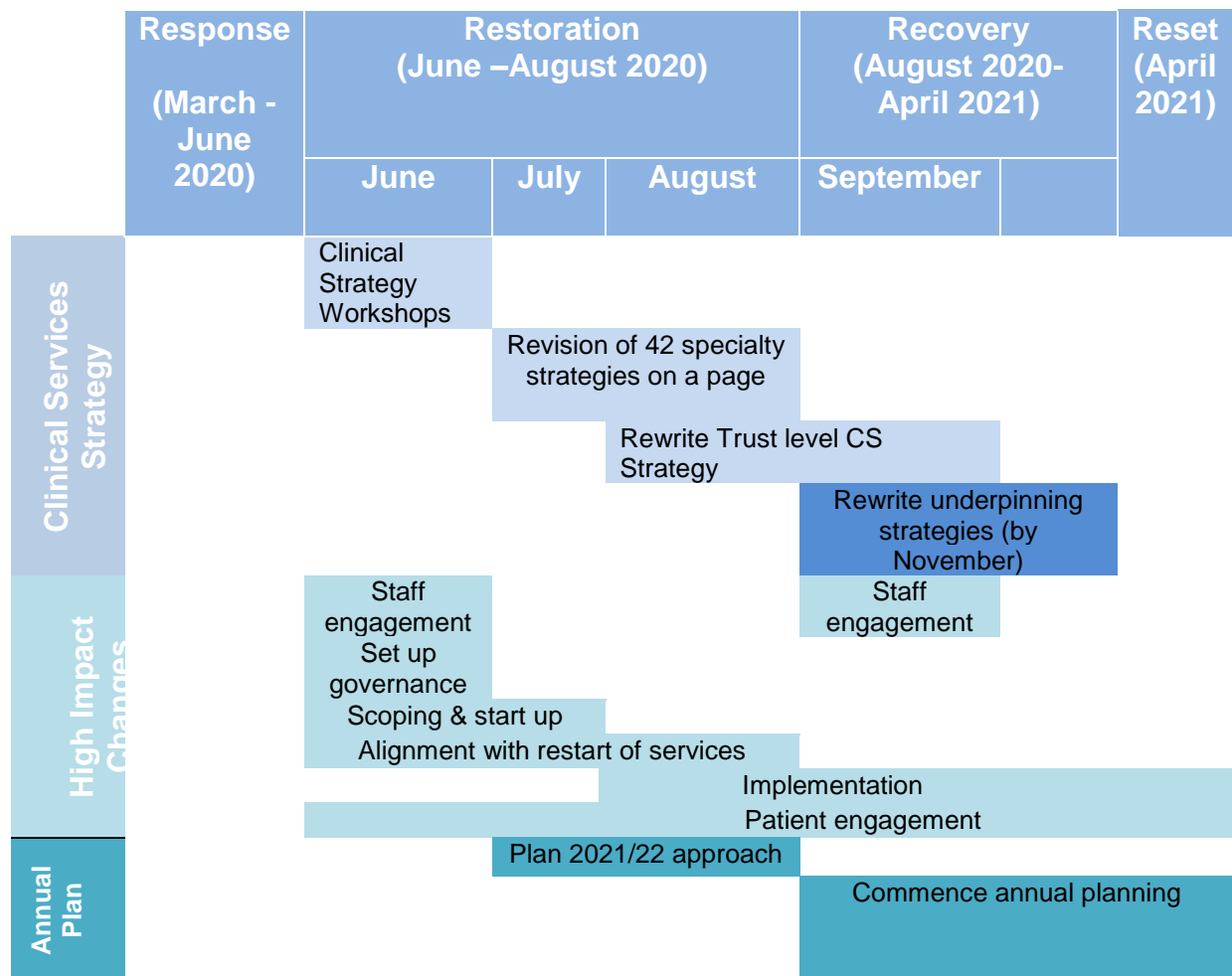


Benefits Realisation



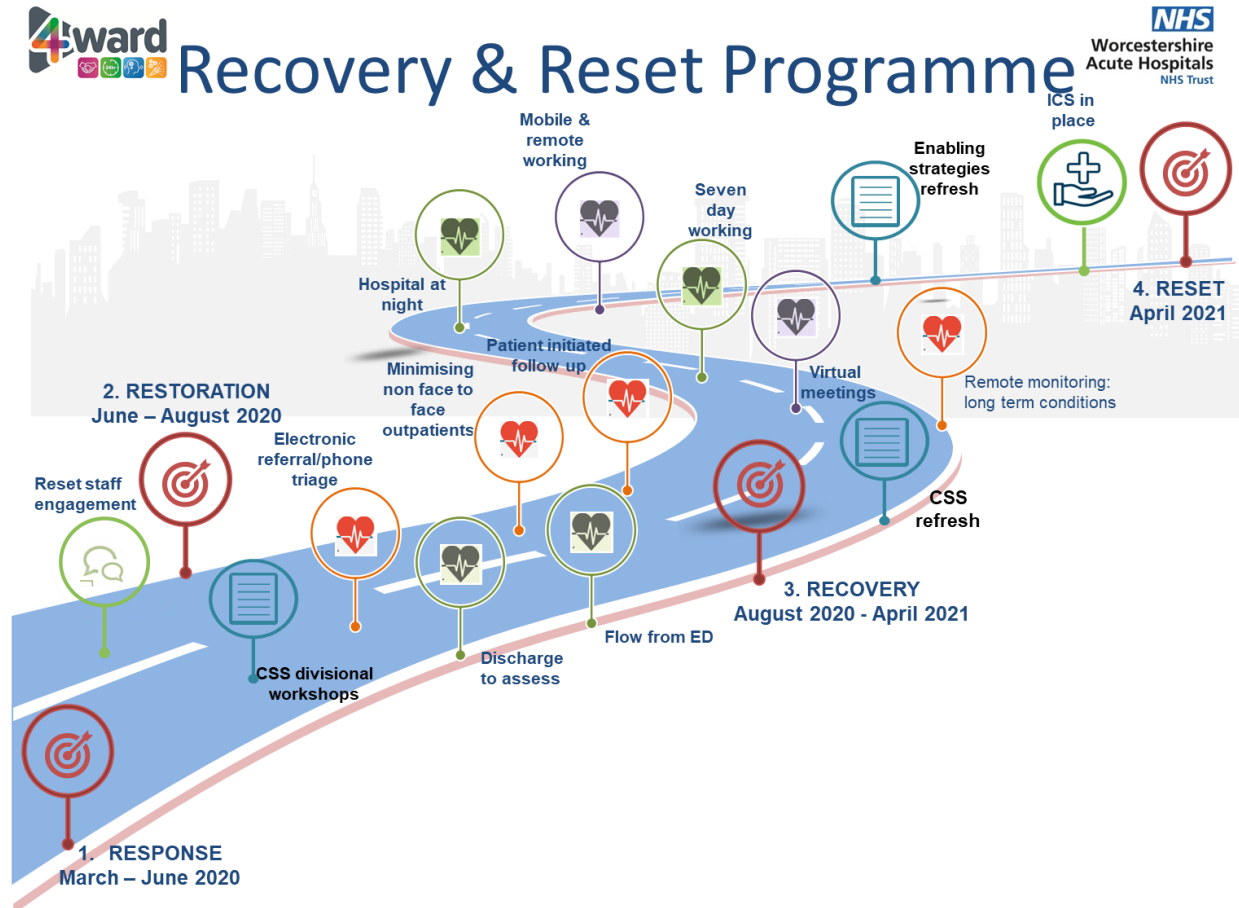
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Appendix Four: High Level Timescale for Strategy Refresh



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Appendix 5: Recovery & Reset Roadmap



Meeting	Trust Board
Date of meeting	9 th July 2020
Paper number	E3.2

Covid incident update – as at 30 June 2020

For approval:		For discussion:		For assurance:	X	To note:	
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Accountable Director	Paul Brennan – Chief Operating Officer / Deputy Chief Executive		
Presented by	Robin Snead – Deputy Chief Operating Officer	Author /s	Nikki O'Brien – Assistant Director of BI and Performance

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	June 2020	Received

Recommendations	Trust Board is asked to note this report for assurance.
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Executive summary	<p>This paper provides the Trust Board with an overview of the current status and Trust response to COVID-19 incident.</p> <ul style="list-style-type: none"> Increasing emergency attendances are being seen across the Trust. In the recent week the number of Covid detected patients has started to increase, some of this is being driven by small scale ward outbreaks. All wards have been re-opened at Worcestershire Royal and three wards remain closed at the Alexandra Hospital. Bed occupancy remains below the 92% maximum level. Bed type management is being reviewed; modelling to support this is being worked on currently and will provide the foundation to re-starting services.
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Risk

Key Risks	BAF 12
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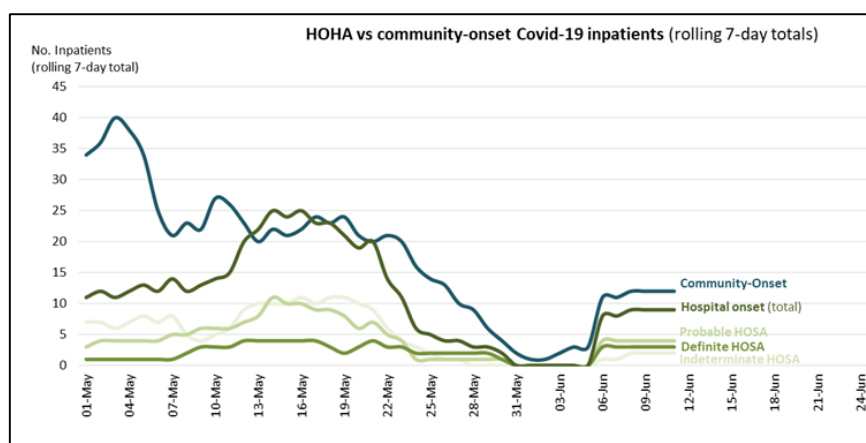
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Introduction/Background

For three months we have been managing our Trust services to enable us to provide an emergency response to the COVID-19 incident; to manage the demand of acuity ill patients Covid and non Covid patients, as well as those in most need of urgent elective treatment such as Cancer care; and ensuring that new Urgent referrals are triaged and contacted.

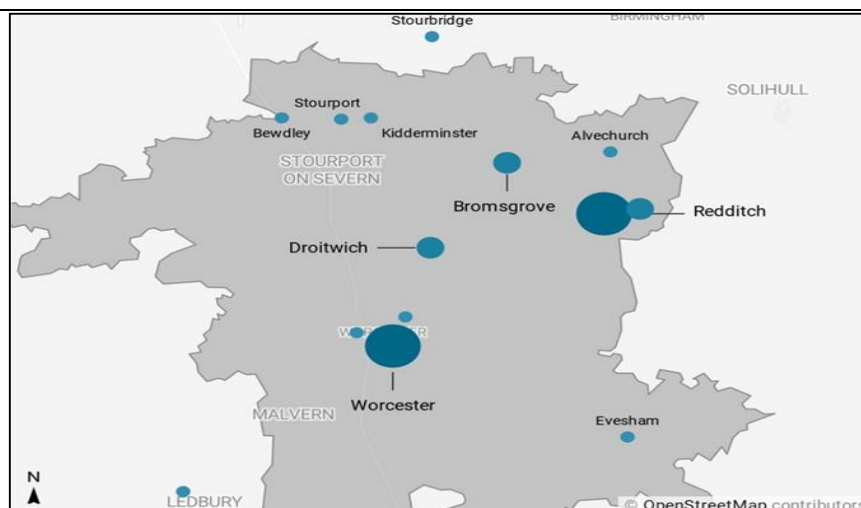
Update

- We have seen an increase of 42% in emergency attendances in May compared to April; and a further 7.5% increase in the first two weeks of June.
- The number of inpatients in our hospitals has been during June from a start position of 26 to 15 on the 30th June 2020 although there was a slight increase in cases during the period of the 9th to 18th June.
- The number of operations undertaken in the Independent Sector is now 536 and a total of 301 scopes have been undertaken.
- For noting the method for reporting Covid detected patients changed on May 27th to remove patients who had a detected result during an admission, but then were re-admitted to the hospital with a negative result.
- The increase in emergency attendances is being driven by patients who do not have Covid related symptoms.
- (Using the current method backdated so we are comparing like for like), we are averaging two new detected positive inpatients per day, which has increased from one per day last week. This week our rate of new inpatients exceeded our rate of discharging them (treated) for the first time since the end of May.
- There has been an outbreak on Ward 6 declared on 5th June and this is contributing to this increased number of detected inpatients. The outbreak management is currently underway with staff and patients who have been in contact with the identified detected staff member are being swabbed.

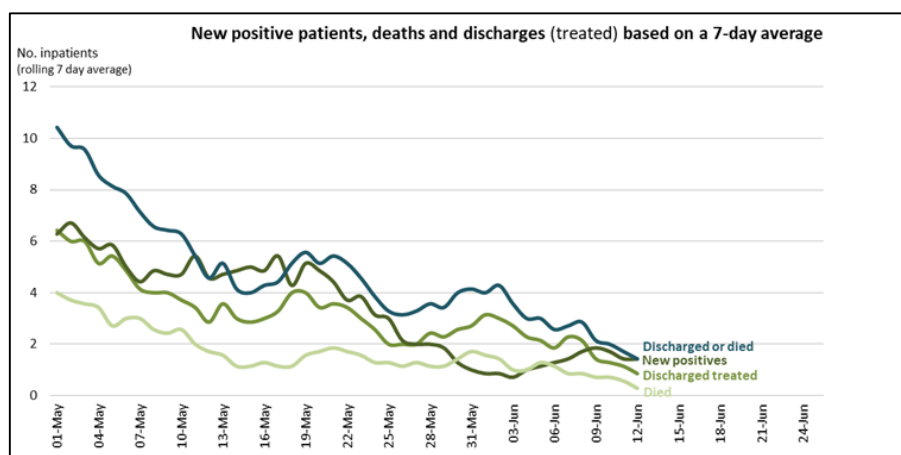


- We are monitoring the Community onset detected patients, so that we can identify any emerging trends, such as detected patients being sent from the same care home. To date, we have not identified any significant trend apart from some clustering around Redditch and Bromsgrove, but not from a particular establishment.

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- With the recent in-Trust outbreaks and these new community cases in mind the 7 day rolling average shows the increasing new positive patients, but we continue to have a decline in deaths.

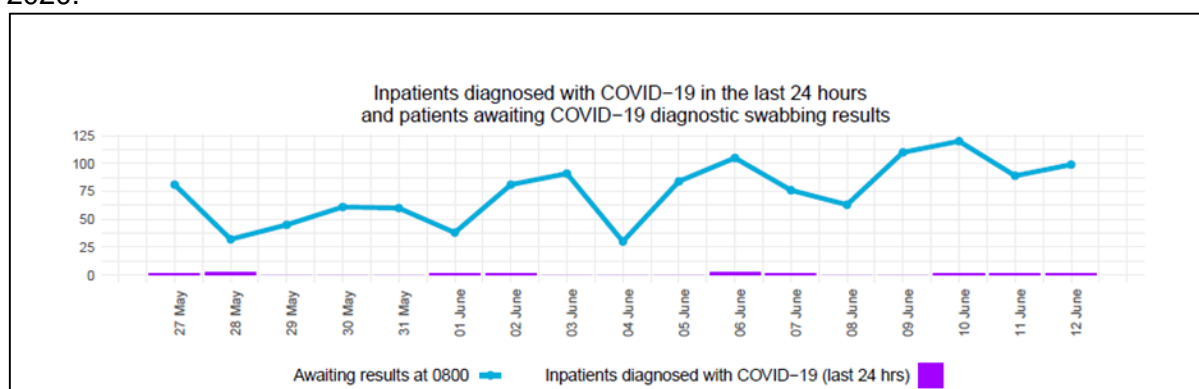


- We have enough mortuary capacity at the present time, this is being monitored daily.
- We have closed the Aconbury 2 which was used as a non COVID ITU as this is not needed at the current time but the area will be left vacant until the end of July to provide the option of surge capacity in the event of a second spike.
- Management of the bed base has proven to be quite complex, balancing the required number of beds to manage the Covid-19 detected patients and those awaiting results, as well as keeping the non-Covid patients separated on Green wards. We have opened all the wards at Worcestershire Royal now and at the 30th June 2020 we have 68 bed empty giving an occupancy level of 84%. We have had to employ rapid Ward changes on occasion to ensure that we have the right type of bed available to meet the changing demand and outbreaks create some requirement to change bed base type.
At the Alexandra Hospital we have 4 wards unused and at the 30th June 2020 on the open wards we have 51 beds empty beds giving an occupancy level of 54.6%.
The bed occupancy across WRH has increased to 84% compared to the last 6 week average

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of 72%, and the ALX has increased to 54% from 50% as the previous 6 week average.

- We are completing up to 30 rapid (Cepheid) tests per day which is our current maximum capacity, this is being provided for emergency admissions where there is a clinical likelihood of Covid from the presenting symptoms, and for some inpatients when requested by the clinician.
- All other swabs are being sent to Heartlands, however due to the volumes being sent to this hospital we have been seeing ebb and flow in terms of the speed at which results come back to the Trust, these can be between 24 – 72 hours. We had 103 outstanding at the 30th June 2020.



- We commenced Antigen testing in the first week in June and at the 30th June 2020 we have tested 5,632 staff members.
- We have weekly moving to twice weekly restoration meetings to discuss the plan for restarting services in a balanced and safe way, so that we can provide services for our patients who are most in need, and then supporting our other patients as safely as we can. We have modelling underway which will be completed in the coming weeks that will look at how best to manage our bed base by type of bed i.e. Covid and non-Covid. Following the modelling we can develop a contingency and escalation plan that can be flexible in response to any future increasing demands by Covid.
- There is a real possibility with the release of some lockdown rules in the last few weeks that we shall see an increasing trend of Covid related emergency attendances in the coming weeks; however it is too early to say whether this is the start of a second wave. There is no steer from the national intelligence teams regarding when a second wave is likely to be experienced, this has been left to local modelling.

Recommendations

The Trust Board is asked to note this report for assurance.

Meeting	Trust board
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Paper number	F1

Home First Worcestershire Programme – Update

For approval:		For discussion:		For assurance:	x	To note:	
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Accountable Director	Paul Brennan COO		
Presented by	Robin Snead Deputy COO	Author /s	Marsha Jones, Head of Improvement

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	17 June 2020	Report noted
Finance and Performance	24 June 2020	Report received for assurance

Recommendations	The Trust Board is requested to receive this report for assurance.
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Executive summary	<p>The Home First Worcestershire (HFW) Programme has been created to improve the safety, efficiency and performance of the urgent and emergency care pathways at the Trust, focusing primarily on the elements of the pathway that are within our control.</p> <p>This Report identifies the impact of the Covid-19 Discharge Service Requirements (March 2020) on outward flow. There is an urgent need to ensure we have the bed capacity to respond to the demands of Covid: clinically but also in response to national directives that will impact on bed capacity.</p> <p>This summary report is not exhaustive in the description of improvements, new developments and new models of care, but captures the main areas of progress with the programme.</p>
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Risk

Key Risks	BAF 1, 5, 12						
Assurance							
Assurance level	Significant		Moderate		Limited	x	None
Financial Risk	None						

Meeting	Trust board
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Paper number	F1

Introduction

The Home First Worcestershire (HFW) Programme has been created to improve the safety, efficiency and performance of the urgent and emergency care pathways at the Trust. Delivery against all work streams simultaneously is the only option to realise the benefits of this programme.

The overarching programme impact measures being monitored by the Home First Worcestershire Programme Board are as follows:

1. Reduction in the number of over 60 minute ambulance handover delays (SPC 1)
2. Comparison of discharge and admission rates (daily, weekly, monthly) (SPC 2)
3. Total time in A&E - 95th percentile - Trust – daily (SPC 3)
4. 30 day readmission rates for same clinical condition* - Trust – Daily (SPC 4)
5. Capacity gap - Trust – Daily (SPC 5)

*balancing measure

Covid-19 Impact on Hospital discharge.

The **Covid-19 National Hospital Discharge Service Requirements Guidance (NHDSRG)** is a document that required adhering to from 19th March 2020. It set out the requirements around discharge and placed greater impetus on ensuring that only patients who absolutely need to be in an acute hospital bed are in those beds.

The new ways of working remain in place and the period of adjustment for all partners has identified **strengths**: ensuring acute bed capacity, patients continue to go home with supported care (Pathway 1 (PW1)) and community hospital bed base not utilised to the same capacity pre Covid. The impact of the Onward Care Team (OCT) supporting and facilitating decision making for patients onward care has positively affected risk aversion of the acute MDT to support patients to go home.

Similarly this way of working has identified **further opportunities**: enhancing OCT for a sustained 7 day service, front door OCT to support SDEC and admission avoidance, improved socialising of criteria to reside, closer working between our Allied Health Professionals and OCT and established system wide trusted assessor model.

The first workshop to establish the above opportunities takes place 10 th June with planned weekly meetings to maintain momentum and development of the NHDSRG.

1. Overview of HFW programme impact: May 15th 2020 to June 7th 2020

SPC 1: WMAS > 60 minute handover delays - Trust – Daily:

There has been a notable increased weekly trend of ambulance conveyances and walk in patients at our Emergency Departments (ED) over the last 4 weeks. The requirements noted by the HFW Board Chair was that we must not return to a scenario of Ambulances being delayed, however this occurred on the WRH site where there have been 60 minute handover delays (See SPC1).

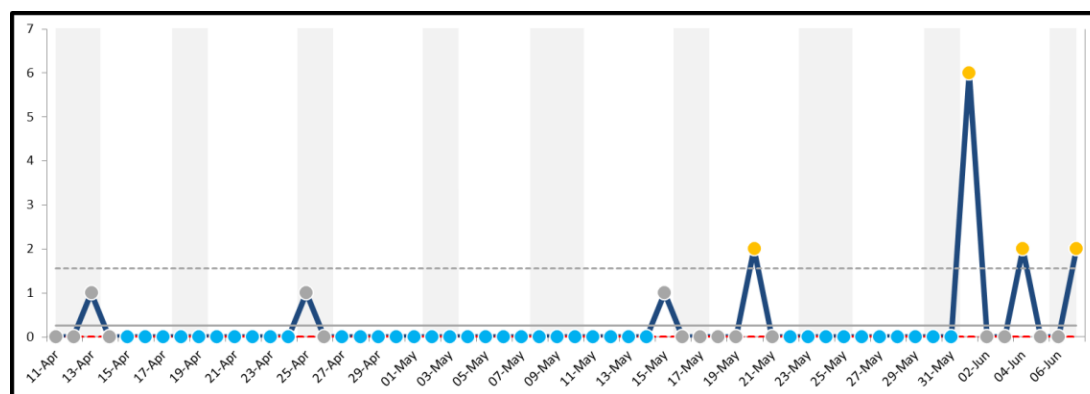
Contributing to the delays, there have been issues of a lack of forward planning to ensure

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access to the 'right' bed and non-adherence to Internal Professional Standards (IPS). This has resulted in actions assigned to the Clinical Site Team and Internal Professional Standards (IPS) leads to prevent further occurrence: pre-empting and being proactive to changing demand in our patient profile, escalation process to be embedded and behaviours in response to IPS to be addressed.

SPC1: WMAS > 60 minute handover delays - Trust – Daily

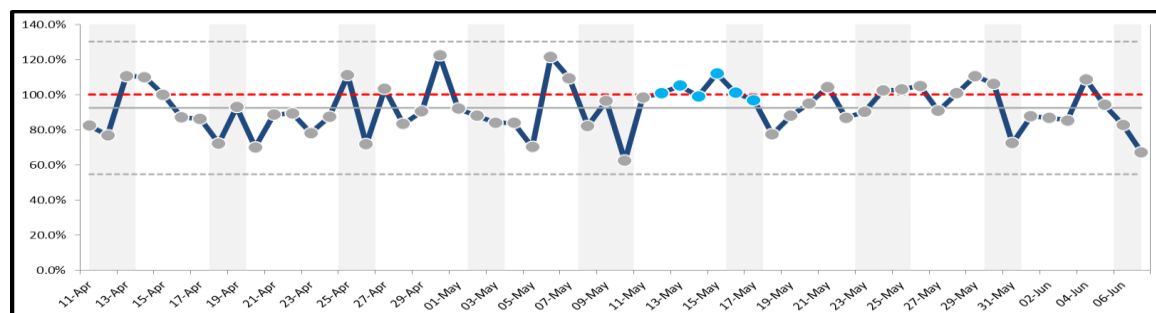


SPC 2: Comparison of discharge and admission rates (daily, weekly, monthly)

Comparison of discharges and admission rates, as a percentage, shows little improvement. There has been slightly less variance throughout the month of May between week days and weekend days: indicating improved weekend discharges. Notably, Bank Holiday weekends we would often see deterioration in this performance, however Bank Holiday Monday saw no deterioration in performance.

However, the first week in June shows an inability to maintain any sustained improvement. To improve this performance there will have to be an increase of 20 -30% discharges compared to admissions. This aligns with the SAFER workstream for clinical decision making to be timelier, applying the principles of reason to reside as per Covid Discharge Requirements and application and delivery of Criteria Led Discharge (CLD).

SPC 2: Comparison of discharge and admission rates Trust wide – Daily

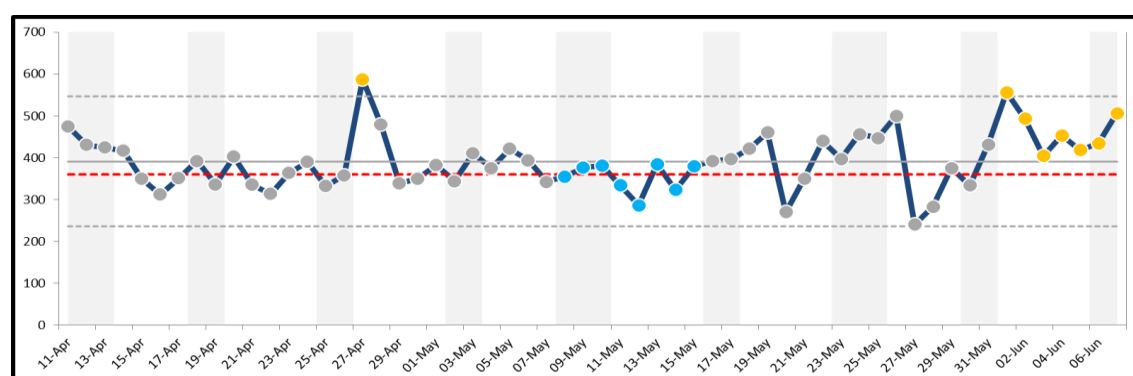


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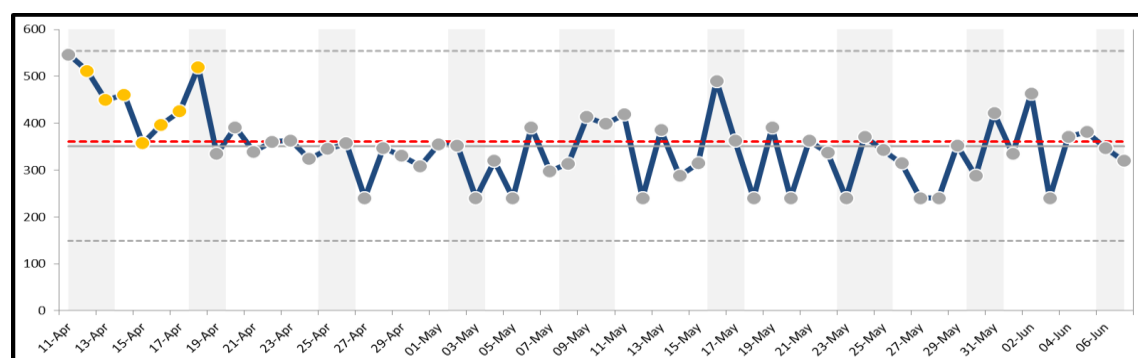
SPC 3: Total Time in A&E 95th percentile

The length of stay in ED (95th percentile) had improved in both ED's. However, the increase of attenders to ED, the identified issues above of 'right' bed availability and IPS not being consistently and fully adhered to has had a detrimental effect on total time patients have spent in ED: predominately at the WRH ED (See SPC 5) and with greater variation from the 25th May to date and with sustained poor performance since the 31st May.

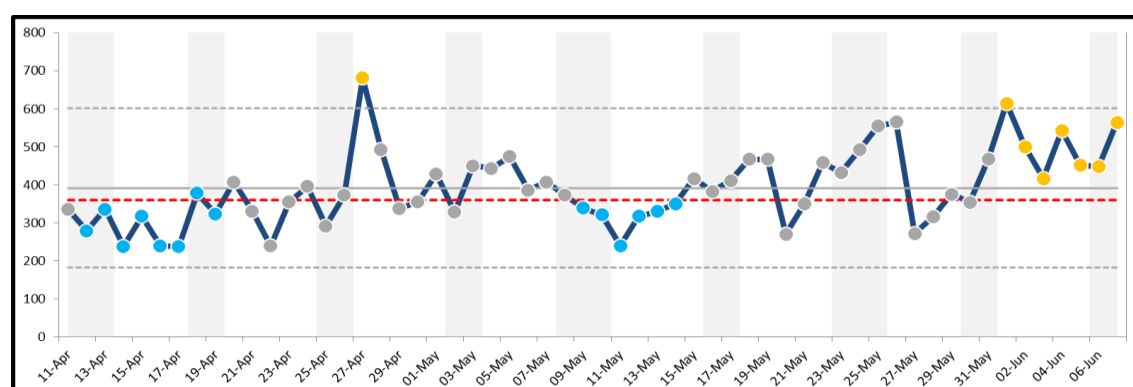
SPC 3: Total time in A&E - 95th Percentile - Trust - Daily



SPC 4: Total time in A&E - 95th Percentile - Alex - Daily



SPC 5: Total time in A&E - 95th Percentile - WRH - Daily



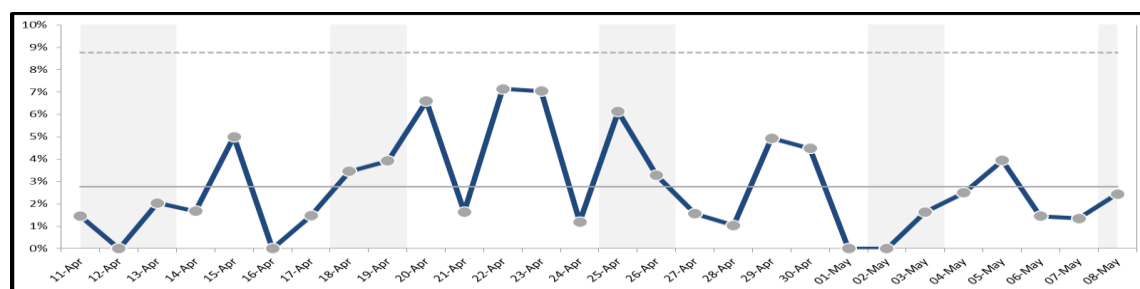
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SPC 6: 30 day Readmission rates for same clinical condition - Trust – Daily

The performance indicator: readmission rates for the same clinical condition, is providing the assurance required following changes to the discharge processes and a shift to patients going home as opposed to a community bedded facility, with or without support inc. Pathway 1. It has been imperative to monitor through May* any unintentional consequence of readmissions to the Acute Hospitals, early indications identify this is not an issue. To compliment this there has been a qualitative audit being performed through May, with a telephone survey of patients discharged into D2A Pathway 1 to capture patient/carer discharge experiences to inform any adjustment to the Model. The full report will be available for the System to consider a detailed and comprehensive survey from the findings (highlights of the Report will be provided in nest months TME Report).

SPC 6: 30 day Readmission rates for same clinical condition - Trust – Daily



* Readmission rates for same clinical conditions - There is a delay between admission date and when the patient is coded up for clinical conditions. The latest date shown is 30 days prior to yesterday's date.

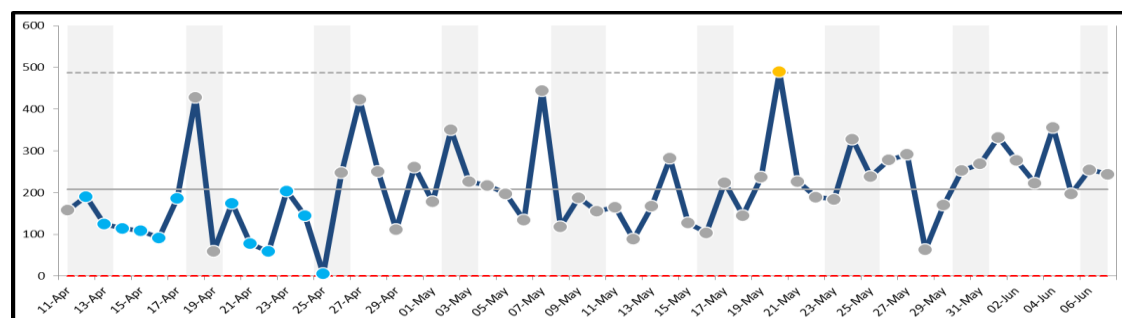
SPC 7: Aggregated Patient Delay (APD)

The four-hour access standard should be supported by a series of complementary metrics that help understanding of the causes of long waits and crowding in Emergency Departments. A new Metric to enable this is being monitored: the average number of hours per 100 patients spends in department beyond 6 hours and only includes patients that are admitted.

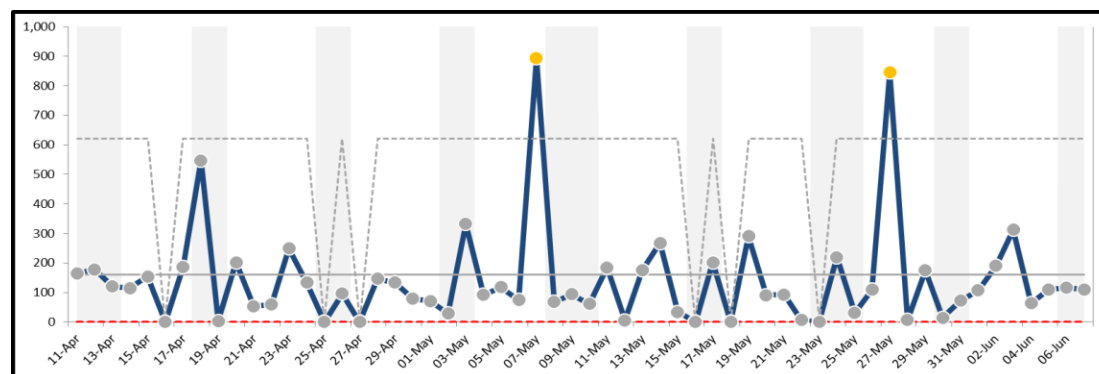
There is variation of performance at both ED's and incidents of astronomical points: which can be aligned to the issues as identified above. The Alex ED has mostly achieved consistent performance in achieving hours of 100 minutes or less. In April the WRH ED saw a sustained shift in improved performance for a week and then a return to a Pre Covid picture of performance of over 200 minutes the last of May to date.

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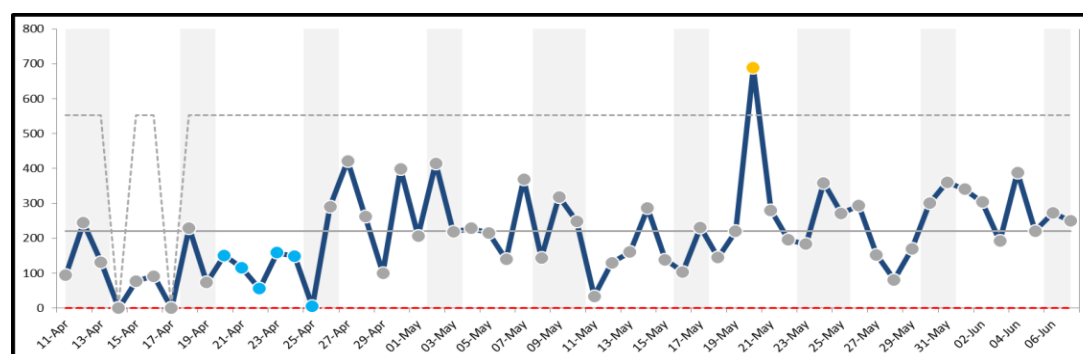
SPC 7: Aggregated Patient Delay (APD) – Trust – Daily



SPC 8: Aggregated Patient Delay (APD) – Alex– Daily



SPC 9: Aggregated Patient Delay (APD) – WRH– Daily



HFW Work Stream Updates

The HFW Programme Board drives the implementation of six work streams supporting the headline measures of improvement. There continues to be tangible improvement from the Home First Programme with a reduction in the overnight bed capacity gap, improving numbers of midday discharges and a reduction of ambulance handover delays.

The six work streams are as follows:

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1. Implementation of SAFER and Red2Green
2. Reduction in Long Length of Stay (LLOS)
3. Same Day Emergency Care (SDEC) and Primary care streaming
4. Clinical Site Management
5. Internal Professional Standards
6. Implementation of a Frailty sensitive approach to care including Hospital Acquired Functional Decline (HAFD)

This summary update for the Trust Board focuses on recent progress in implementing HFW, through these work streams, and the next steps.

1. Implementation of SAFER and Red2Green work stream

The SAFER discharge bundle compliments the Red2Green initiative to improve patient flow across the Trust. Red2Green is a visual management system to identify internal and external constraints and delays in the system to maintain patient flow. The R2G dashboard enables oversight of the top constraints and escalation to unblock and facilitate flow.

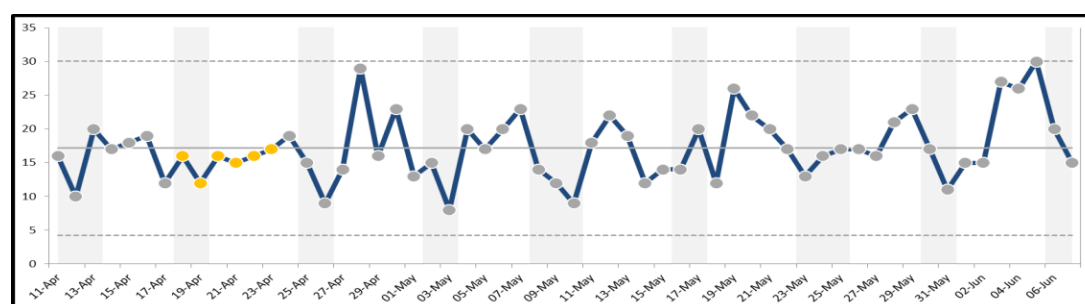
Completion of the ADT Whiteboards continues to improve to identify patients Medically Fit for Discharge (MFFD). There have been a number of improvements that has progressed the functionality of the Whiteboard for ease of use. Ensuring the MFFD column being completed in real time post ward/board round has provided real time reporting of those MFFD and a single version of the truth that all partners use i.e. MFFD list and Delayed Patient List.

Completing the MFFD column is the alert for the OCT team to progress the patient's onward care. Therefore, earlier OCT referrals have positively impacted on before midday discharges Monday to Friday with improvements required at the weekends (See SPC 10). The impact of the education and application of Criteria Led Discharge has yet to be realised and the likely cause of a deterioration in overall weekend discharges.

The other positive benefit noted has been the improvement in admissions before 10 am: the flow out of acute beds before midday and ongoing delivery of flow throughout the day is creating the required bed capacity (See SPC 11).

The addition of embedding an end of Silver Meeting with all System Partners is enabling escalation and unblocking of issues that impact on achieving the Covid Discharge Requirements.

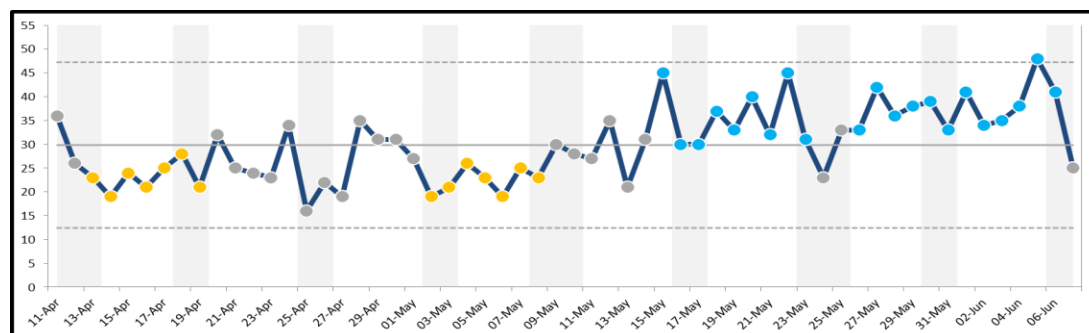
SPC 10 : Discharges before Midday – All wards (Trust) – Daily



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SPC 11: Admissions before 10am - All wards (Trust) –Daily



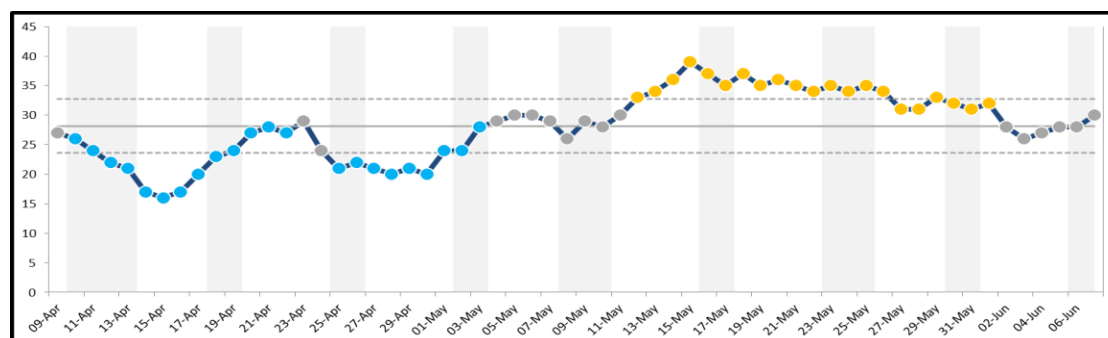
2. Long Length of Stay (LLOS) work stream

The national requirement is to reduce the number of patients with a stay over 21 days by 40% by end of March 2020. This is a target of no more than 73 patients per week exceeding a stay of over 21 days across the Trust. In April 2019 the baseline number of inpatients with a stay of over 21 days was 114 patients.

The established and robust system review of all patients with a length of stay over 21 days (Long Length of Stay Reviews) continues. This weekly review no longer has to focus on escalating discharge/transfer issues because of the positive impact of the Covid-19 Discharge Guidance. Therefore, the review considers those patients with a LOS of over 21 days and applies the reasons to reside to support clinical decision making of onward care in an alternative setting. High patient acuity is being sighted as reason to reside during LLOS i.e. NEWS of 5 or above and require inpatient treatment (See Table 1). In response to these findings Audits are now performed and findings shared with Consultants for individual patients for Consultants to review as required.

With a reduced number of 21+ day patients this has enabled the Flow Matrons to review all 14+ patients, along with the education of alternative care provision in the system and reason to reside guidance being applied is an enabler preventing an increase in the number of patients residing over 7 days to remain below the upper process limit of 141 the last 3 weeks of May.

SPC 12: Number of Patients over 21 days - All wards(Trust) – Daily

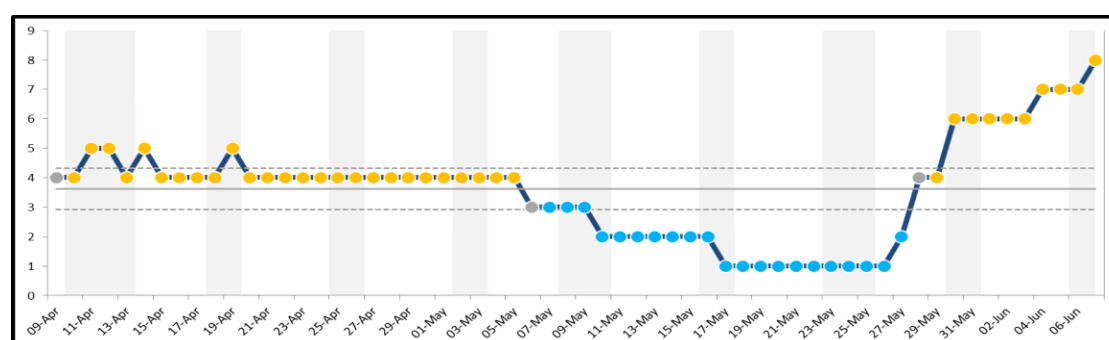


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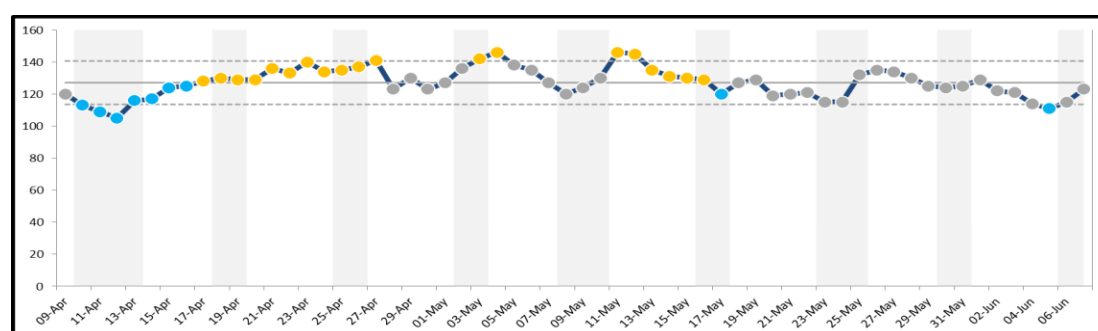
Table 1: Reasons to reside over 21+ days – All wards –Trust

Code	Description	Patients
INT6	NEWS 5 and above sick and care can only be provided in an acute hospital or infectious	23
INT1	Awaiting minimum timeline to become a reportable DTOC referral to relevant agency has not been sent or was not sent before the medically optimised date	3
INT3	Ongoing treatment with NEWS 4 or less	3
INT5	End of Life	2

SPC 13: Number of Patients over 50 days –All ward (Trust) - Daily



SPC 14: Number of Patients over 7 days - All wards(Trust) - Daily



The workstream Lead has identified greater engagement of Clinical teams to embed Criteria Led Discharge is required to see optimal benefits to be realised. This has been escalated through the HFW Board with an action for divisions to identify CLD ambassadors.

3. Same Day Emergency Care (SDEC) work stream

Monitoring of performance against nationally set SDEC measures occurs through the work stream to ensure we achieve >30% emergency care through SDEC pathways with a target of 85%-90% patients to be discharged daily from SDEC services.

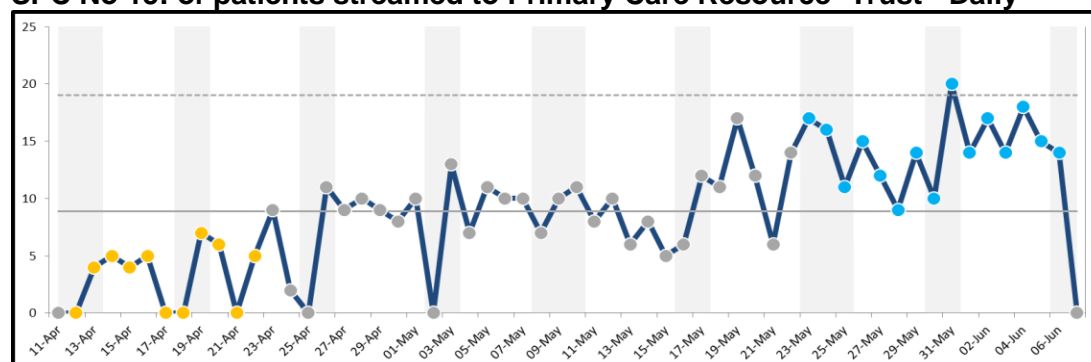
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The aim of this workstream is to ensure that non- elective patients arriving at an acute site in Worcestershire receive care in the most appropriate setting as soon as possible. This includes increasing the number of appropriate patients streamed to on site primary care colleagues: this also includes ED pushing patients into Assessment Units / SDEC spaces.

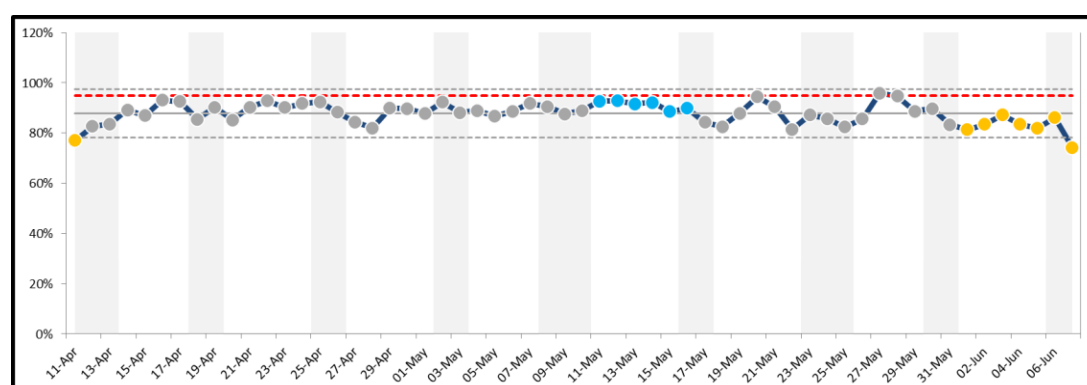
As described earlier the footfall of patients attending ED has increased and therefore streaming to Primary Care has also increased, however this is comparable to Pre-Covid numbers and the increase number of referrals only improved to between 10 and 20 patients across both sites (See SPC 15).

All Workstream metrics have deteriorated as below run charts 16 -18: highlighting over all deterioration of the EAS standard not achieving consistently above 90% and noting deterioration in 4 hour EAS performance the first week of June. Aligned to the Clinical Site Team Workstream and actions a Loggist has been located in the bed capacity hub on the WRH site to inform the Deputy Chief Operating Officer for planned care the ability to analyse behaviour and/or slow response to escalation that is impacting on poor performance as well as any operational challenges. This will also provide the qualitative reasons for the inability to achieve the required performance metric to be seen by a Doctor within 60 minutes (See SPC 17-19).

SPC No 15: of patients streamed to Primary Care Resource- Trust - Daily

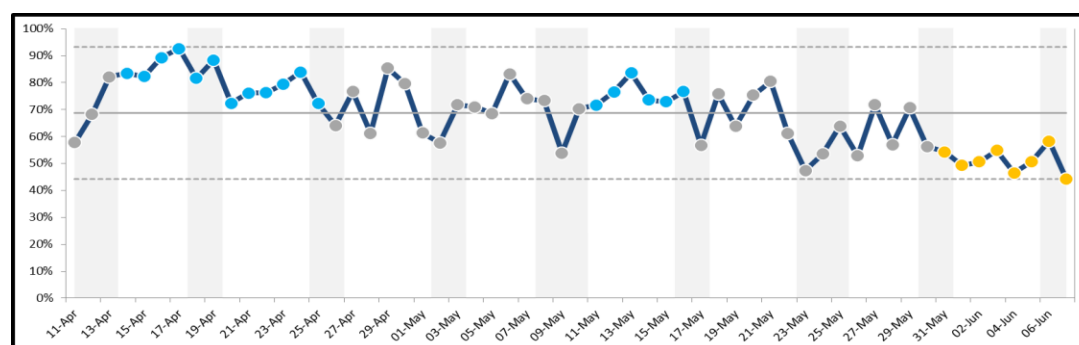


SPC No 16: % EAS (Type 1) - Trust – Daily

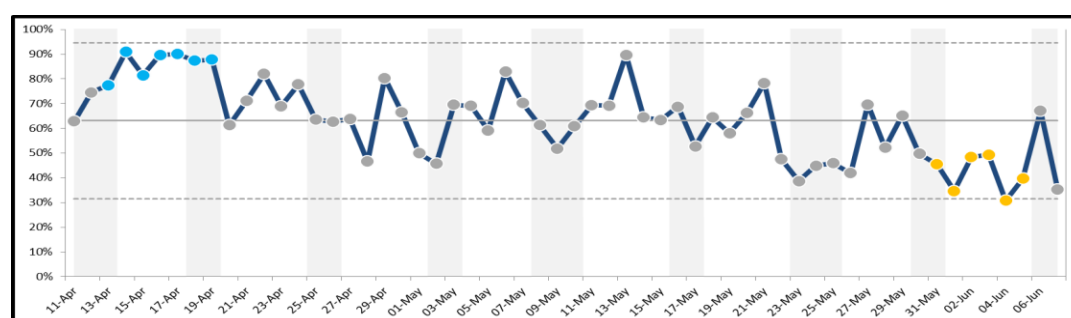


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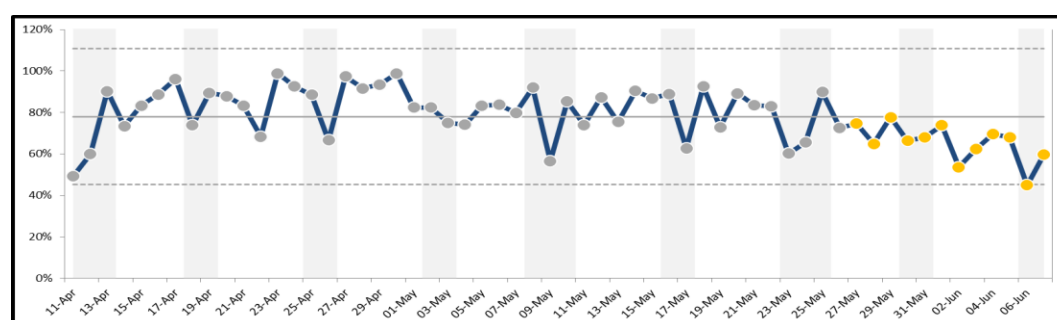
SPC 17: % Seen by Doctor within 60 minutes - Trust –Daily



SPC 18: % Seen by Doctor within 60 minutes - WRH –Daily



SPC 19: % Seen by Doctor within 60 minutes - Alex –Daily



The Workstream lead is progressing work with the Urgent Care Division: clinical and operational teams to test a new and improved Model to improve flow across Acute Medicine at the Alexandra Site. Therefore, the Divisions Clinical Strategy has been restored to inform this: providing the vision and foundation for the test of change. This has seen the launch of a new way of accepting and managing Acute Medicine at the Alexandra Hospital Site by creating an Assessment area, Acute Medical Unit and Medical Short Stay in a single (2 ward) footprint. The impact of this way has working is being monitored weekly and PDSA approach with weekly outputs to be reported to HFW Board.

What has been identified by the Workstream lead is the likely requirement for capital to meet the needs of delivering the Model.

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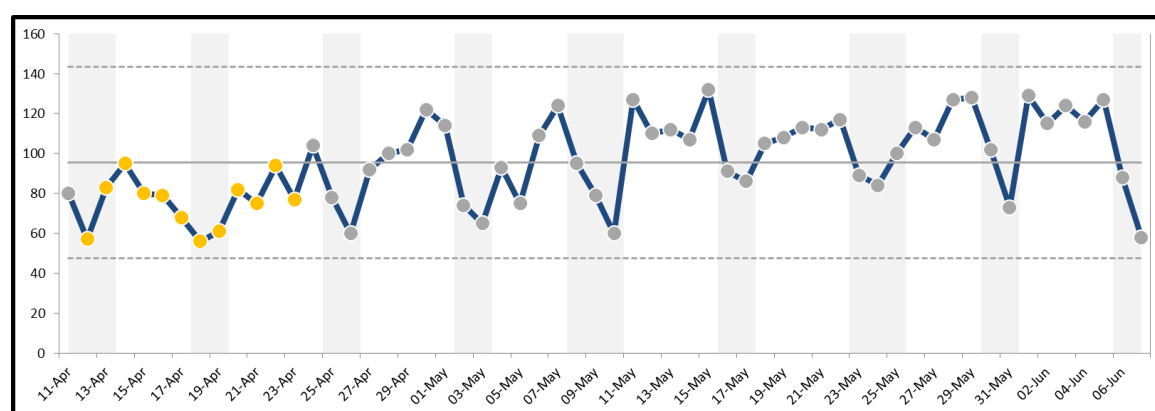
4. Clinical Site Management work stream

A new model covering both sites is under development with increased capacity funded initially by the NHSIE regional team. However, the implementation has been delayed due to the requirement to go back out to advert. These changes will ensure that there is a 24 hour robust operational site management function to provide safety, continuity, and a clinical focus to help ensure that the Trust delivers its objectives around improvements to the emergency care pathway and patient flow.

Aligned to this, there is a formal consultation period to strengthening the On Call Manager and Matron arrangements.

Performance Metrics have been agreed for monitoring performance of simple discharges. This is to provide an assurance to the System that there is an optimum number of patients being discharged without referral to/or reliance on supported care. The combined impact of the OCT supporting ward level decision making could be contributing factor to seeing improved

SPC 20: Simple Discharges – Trust wide – Daily



5. Internal Professional Standards (IPS) work stream

Internal Professional Standards (IPS) has been developed: a clear, unambiguous description of the professional values and behaviours expected in the organisation. Compliance of the IPS at the Trust will impact on time spent in ED and overcrowding of the department to ensure:

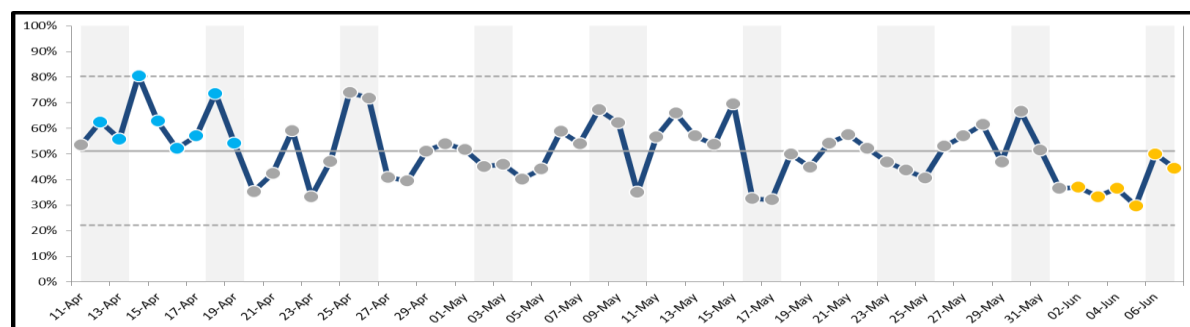
1. Safe management of patients attending the Emergency Department.
2. Timely, safe, quality care is delivered to provide a positive patient experience in all areas that provide clinical care.

There has been no sustained improvement of progress of specialty reviews within 30 minutes. There would be an expectation with less ED attendances and number of patients to be seen by speciality that this would have improved. The first week of June has identified deterioration in performance of speciality review within 30 minutes. As identified earlier in the

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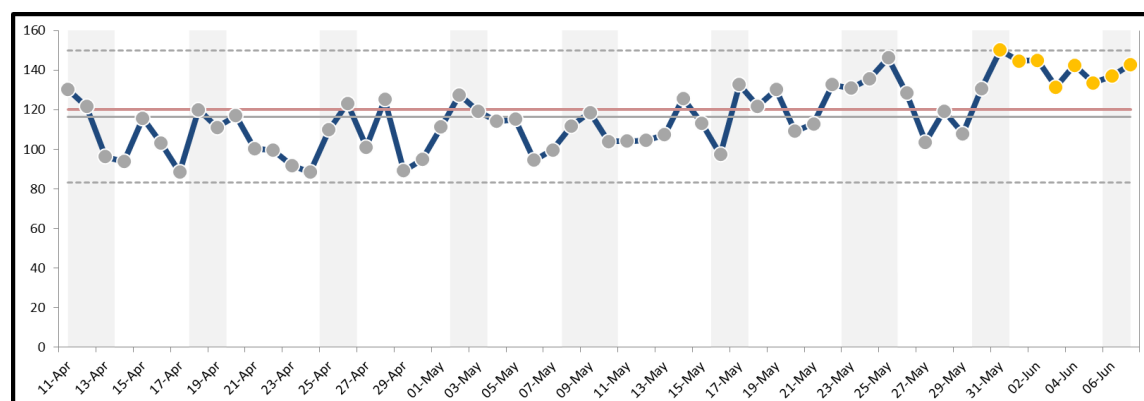
report this will be monitored within the capacity hub on the WRH site for real time escalation.

SPC 21: % Reviewed by Specialty within 30 minutes – All Divisions – All Specialties – Trust –Daily



To achieve a safe department, it is also imperative that ED teams refer to specialty in a timely manner and within 2 hours of arrival. There had been some improvement during Covid, however again it is notable with an increase in ED attendances the time to assess and refer within the agreed IPS metric patients of 120 minutes is not being achieved 2 weeks prior to this reporting period at the WRH ED (See SPC 24). The consequence of this performance is impacting on time spent in ED and inability to achieve a sustained 4 hour EAS%.

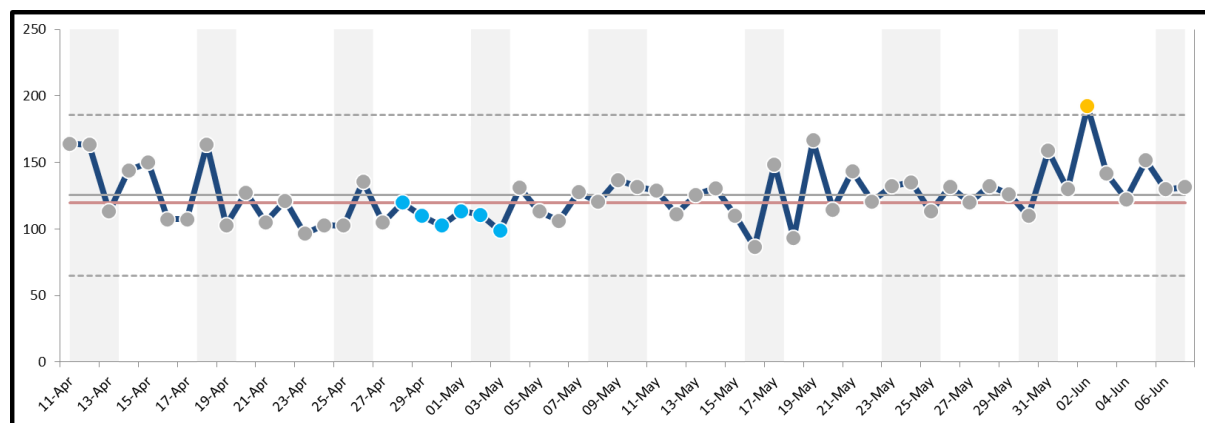
SPC 22: Average time from arrival to specialty referral – All Divisions – All Specialties – Trust -Daily



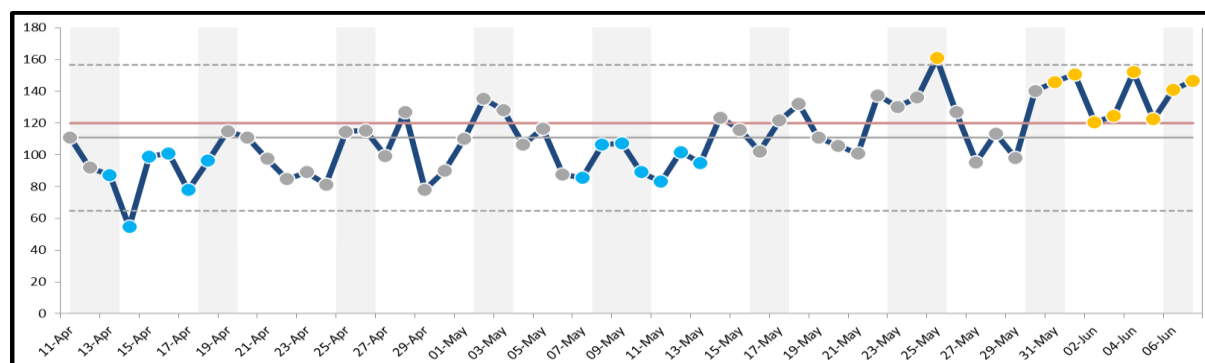
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SPC 23: Average time from Arrival to Specialty Referral -All Divisions - All Specialties - Alexandra Hospital – Daily



SPC 24: SPC 23: Average time from Arrival to Specialty Referral -All Divisions - All Specialties - WRH Hospital – Daily



6. Frailty/HAFD work stream

The frailty work stream group is well established and has extended its remit to hospital acquired functional decline (HAFD); the commonest harm event in hospitals and a hidden epidemic with 25-40% older people affected. The outputs of this workstream will raise awareness of Hospital Acquired Functional Decline (HAFD) with the next key milestones that align to our Quality Improvement Enabling Strategy Year 3. The Fundamentals of Care Programme have workstreams that will focus on areas for development that include development of the FrailSafe Bundle, communication, education and training and monitoring/assurance. The work will also align to the current WR1707 Combined Nursing Document (2019)/WR4567 AMU Transfer Documentation (2016) to the development of the Digital Care Record EPR Sunrise Clinical Documents.

The adoption of the Rockwood Clinical Frailty Scale has been applied to related local Policies with changes that should enable the pre-morbid Rockwood score (2 weeks prior to admission) to be established to assist clinical decision making/medical plans/criteria led discharge for those living with Frailty.

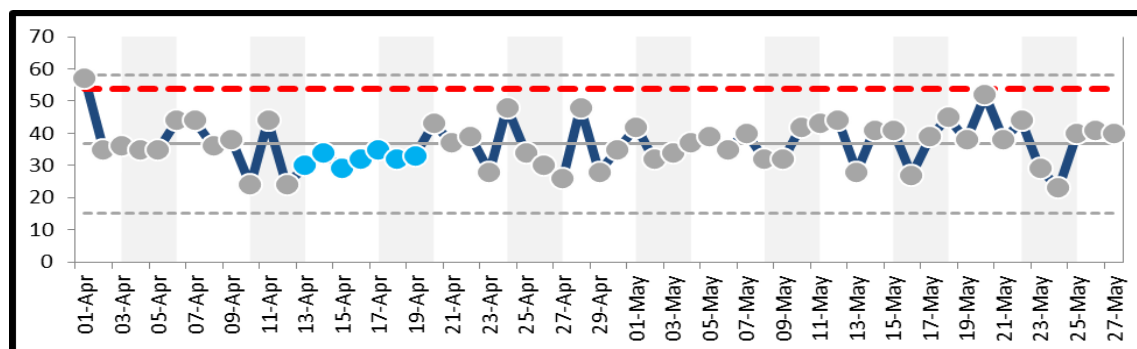
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The impact of Covid saw a reduction of number of patients 75+ attending ED and where there have been admissions the 0 LOS indicates admission avoidance of this cohort of patients (SEE SPC 25 and 26). Of those patients there is variation day to day of those returning to their own home (See SPC 27) and where the Los of Stay is over 0 days this correlates with a % reduction of those returning home. However through the end of April and the month of May patients 75+ returning home have predominately been between 75% and 90%.

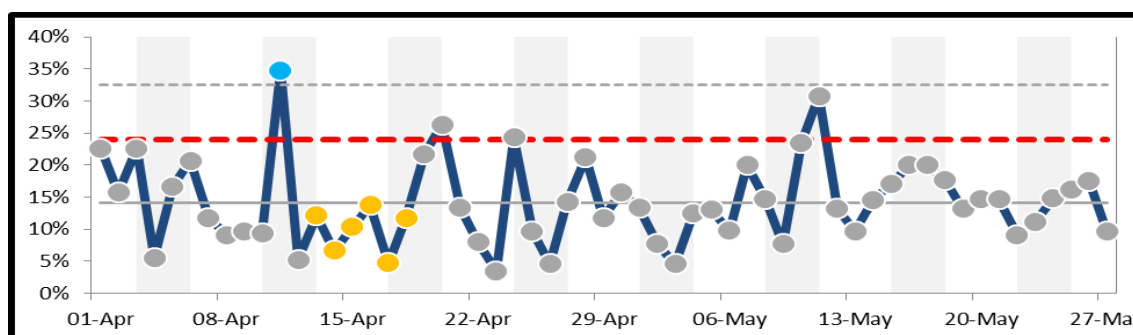
In line with the NHSEI outline for the second phase of NHS response to COVID 19 April 2020, the changes following the publication of the NHSE COVID 19 Hospital Discharge Service Requirements March 2020 need to be maintained and align with the new plans for the restart and restoration phases. This will include transformation of services that incorporates the changed healthcare seeking behaviour by patients, the reduction in the incidents of some health problems such as major trauma and road traffic accidents and the changes in clinical judgements about the balance or risk in different care settings (which is most likely the case for the frail patient cohort).

The Workstream lead ensures related system impacts are joined up e.g. Worcestershire ReSPECT Project Group and HW STP End of Life Group with End of Life Care been identified as a priority area for the Trust 2020/2021 which will need to consider links to frailty. The HWSTP Integrated Shared Care Plan Solution is being progressed with Frailty is a pilot.

SPC 25: Emergency admissions 75+ Trust wide



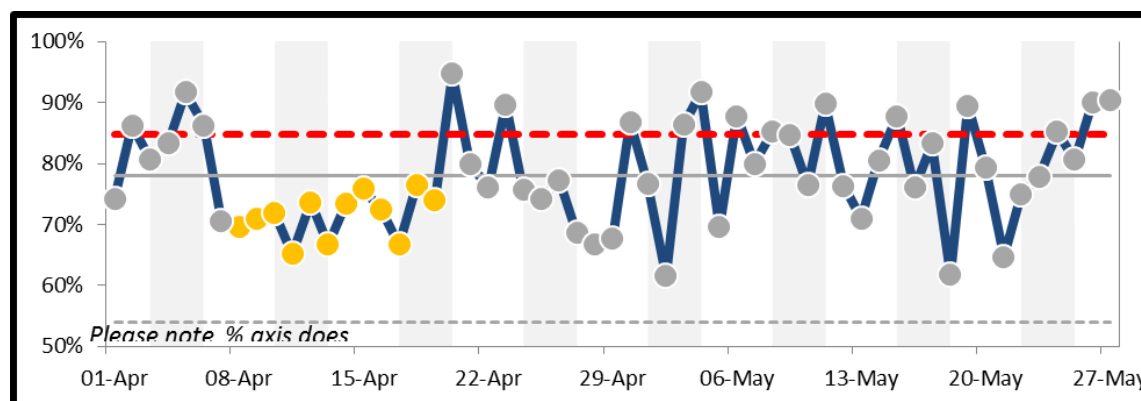
SPC26:75+ 0 LOS – Trust wide



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SPC 27: % of patients 75+ returned home after stay



Summary

Home First Worcestershire is the top quality improvement priority for the Trust. There has been some expedited progress, particularly to flow and creating capacity. This has been achieved with the ability of collaborate working with system partners to agree the onward care of acute patients, with enhancements to be made to enable a sustained way of working post Covid.

What is notable as we progress to reset and restoration is the impact of behaviours and responsive to ensure we do what we will say we will do and for no delays every day. The process, frameworks and standards are in place, they have socialised and reset and therefore as indicated through the report an action will be taken to ensure our 4ward behaviours support delivery of this Programme.

This summary report is not exhaustive, but captures the main areas of progress with the programme. There is a need to not lose grip or sight of the progression that was being made and to ensure effective changes are embedded and sustained for long term ways of working.

Recommendations

The Trust Board is requested to receive this report for assurance.

Glossary

ED – Emergency Department
 SPC – Statistical Process Chart
 LLOS – Long Length of Stay
 OCT – Onward Care Team

DTA – Decision to Admit
 SDEC – Same Day Emergency Care
 HAFD – Hospital Acquired Functional Decline

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Integrated Performance Report – Month 2 – 2020/21

For approval:		For discussion:		For assurance:	X	To note:	
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Accountable Director	Matthew Hopkins – Chief Executive Officer		
Presented by	Vikki Lewis Chief Digital Officer/ Executive Directors	Author /s	Nikki O'Brien – Associate Director 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	17 th June 2020	Approved
Finance & Performance	24 th June 2020	Assured
Quality Governance	25 th June 2020	Assured

Recommendations	The Board is asked to note this report for assurance.
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Executive summary	This paper provides the Trust Board with a validated overview of May 2020 against the trajectories, specifically for the NHS constitutional standards, key operational, quality and safety and workforce key metrics.
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Key Risks	BAF 1,2,3,4,5,6,7,8,10, 11 and 12
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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, and financial performance.

The IPR provides assurance to the Board that all areas of performance are monitored with supporting indicators, allowing the Board to gain assurance regarding actual performance, Trust priorities and remedial actions.

Below are the highlights from the May 2020 report. The report has been discussed in detail by the Board's Quality Governance Committee and Finance and Performance Committee. A summary of discussions at these meetings are included in the Committee Chairs' Assurance Reports in appendix 4.

Issues and options

BEST EXPERIENCE OF CARE AND BEST OUTCOMES FOR OUR PATIENTS

OPERATIONAL PERFORMANCE STANDARDS (BAF 1 / Annual Plan Priority – 2.4 Exec Lead: COO)

Urgent and Emergency Care

In month 2, the Trust achieved a four-hour performance of 91.28% (all) and 88.68% (type 1) and reported nil 12-hour trolley breaches for the second month in a row. We have seen an increase in attendances to our three Urgent and Emergency Care Centres, most notably with walk-in patients, but the attendances remain below pre-COVID-19 pandemic levels. Nationally, Trust performance ranked 94th out of 114 reported positions for Type 1, four-hour performance.

Elective Care and Diagnostics

The Trust has reported a continued reduction in overall wait list size in May due to a decline in referrals. However, there has been an increase in the number of patients (1,070 patients) waiting over 40 weeks for treatment, of which 52 patients were waiting over 52 weeks. The delays in treatment are due to reduced elective capacity during the Coronavirus pandemic and the fact that no routine surgery is currently being undertaken.

Diagnostic performance has further deteriorated to 72.48% of patients waiting over 6 weeks due to only emergency endoscopy and urgent scanning being undertaken.

The Divisions are developing plans for the safe restoration of activity, whilst continuing to adhere to the latest COVID-19 Infection Prevention Control guidance.

Cancer wait time standards (unvalidated)

Performance against the 2WW standard has improved in May 2020, with patients attending face to face appointments or virtual clinics. Whilst there has also been some improvements in performance in May 2020 against the 62 day waiting time standard. There are 329 patients on our backlog waiting greater than 62 days for their first treatment and of those, 98 were waiting over 104 days. Our capacity to see and treat cancer patients has been impacted by the Trust's response to the COVID-19 pandemic and the necessary introduction of additional infection prevention and control measures to protect patients and staff. However, the Trust has been

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able to use the independent sector to enable as many cancer patients as possible to undergo surgery in a timely way with 536 operations and 301 scopes being undertaken to date.

CARE THAT IS SAFE (BAF 4 / Annual Priority 2.1, Exec Lead - CMO)

Infection, prevention and control

- 2 CDiff (both hospital onset cases)
- 3 EColi
- 0 MRSA
- 1 MSSA

The level of assurance outlined in appendix 1 remains at level 3 based on concerns that Divisions are identifying the same recurring clinical practice issues in their reviews within the scrutiny and learning forum. Divisions will need to ensure their action plans are considered and acted on rapidly to achieve the improvement by the year end.

Whilst there is a national 5 year plan for antimicrobial stewardship, COVID19 has already challenged the ability to make improvements with the significant use of antibiotics and therefore Clinical Governance Group and TIPCC will rapidly agree a robust programme to support the required reduction in July.

Hand Hygiene audit participation has dropped as a result of focus on pandemic management (75%) but compliance to practice was 99%. There will be increased focus in July 2020 to ensure a return to high participation levels.

Falls with serious harm

The number of falls with serious harm per 1,000 bed days increased to 0.07 from 0.0 the month before. This was one case recorded in general surgery. We continue to perform under the agreed trajectory.

Pressure Ulcers

There have been 21 confirmed pressure ulcers in May-20, 12 of which were category 2, and this is favourable to May-19, when there were 29 confirmed cases. This is evidence that changes in working practices by ward and department teams, in the context of a pandemic and with seriously ill patients with COVID-19, has been effective. During the COVID-19 pandemic the Tissue Viability Team has used clinical photography with the red and amber wards to effectively triage and assess pressure ulcers to enable the appropriate clinical management plans to be put in place.

Proning of patients in ITU has proven to be more challenging for pressure relief. The Tissue Viability Team have supported ITU's in the management of these patients to reduce the risk of pressure damage and additional equipment is being sourced.

CARE THAT IS EFFECTIVE (BAF 2 & 4 / Annual Priority 2.2, Exec Lead – CNO/CMO)

Medication

The reporting of medication incidents increased from 62 to 105 which has returned the rate to a level similar to that seen before COVID. The number of incidents that caused harm was 7 and the average remains below the long term average of 13

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Learning from deaths

The percentage of PMRs completed within 30 days (for Apr-20) was 19% with the backlog increasing to 485. Slide 5 of the improvement priority statements (appendix 1) provides the committee with an update on the progress made to date and the next set of actions.

Sepsis Screening

Sepsis Six audit showed that screening compliance with dropped to 63% while completion was similar at 43% of audited bundles being completed within 1 hour. Slide 3 of the improvement priority statements (appendix 1) provides the committee with an update on the progress made to date and the next set of actions being undertaken to in relation to working with the Divisions on Sepsis 6.

CARE THAT IS A POSITIVE EXPERIENCE FOR PATIENTS AND THEIR CARERS (BAF 2 / Annual Priority 2.3, Exec Lead - CNO)

Complaints and PALs

The national requirement to respond to formal complaints was paused in April 2020 due to emergency measures required to manage the COVID 19 pandemic outbreak. Notification has been received that practice in accordance with national requirement from July 2020 will recommence.

- There has not been a backlog of complaints as a result of the pause with the complaints team supporting divisions in turn around. There has been an improved position in complaint responses within 25 days from April which was 43% to 84.62% in May.
- There has been 71 Formal Complaints received from April 2020 this compares to 160 over the same period the previous financial year. This represents a reduction of >50% and can be seen as a result of reduced patient activity from the focus required due to COVID 19.
- The top two themes from complaints received in May are poor Communication and poor Attitude. These are consistent with previous data periods and not as a result of experiences specific of COVID-19 period to date. New codes for formal complaints and PALS concerns were introduced in April 2020 that will capture specific COVID-19 data.
- In May 2020 COVID concerns from complainant this being fourth-highest theme at 15%. Of the 15% received the main reason for complaint was due to a lack of Communication with relatives. Interventions that were implemented to support communication with patients and their relatives which include: virtual visiting, heart in hands and letters from home. However, the specific updates between clinical staff to relatives through virtual approaches will be explored in June/July 2020 as part of the digital and restoration of services programmes of work.
- The number of PALs calls received have averaged at 5 a day. The themes of advice and liaison sought from callers proportionately relate to the care of care of COVID patients or that of services provided as part of the emergency lockdown measures.
- A specific patient and relatives helpline for COVID 19 issues and concerns has been in place throughout May.

Friends and Family Test (FFT)

Patient experience data received during May 2020 has overall reports variable experiences

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with identified areas of improvement required.

- From 1st April, changes were implemented to the process of gathering FFT in accordance with national directives. This means that the response rates are no longer reported against set targets with a focus on recommended rates and the gathering and action of comments as key outcome on quality of services provided. New wording was instigated with a focus on Divisions enabling collection of good quality feedback.
- Data identifies that a lower number of responses were received in May. This was attributed as a direct result of emergency measures employed to manage Covid19 pandemic and the infection control measures required that stopped the handout of F&F cards. Text messages remain in place. However with cessation of elective outpatients and outpatient services a direct impact of responses can be seen impacted upon recommended rates.
- Of those patients and friends who did respond, a dip in recommend rates is seen for inpatients - 93.93% and A&E - 89.76% with outpatient above >95% and maternity 100%. There will be a focused effort by wards and A&E in June and July to improve the position.
- The trust has retained the 5 star rating on NHS choices website. 6 comments received in May 2020. Five were positive and one negative. Each comment left has received a response and shared with divisions.
- Two examples below reflect changes in services and experience as a result of the emergency measures as a result of COVID 19 outbreak.

Thank you for my care ★★★★★ 5 star rating by John 2020.

Posted on 20 May

Admitted last Sunday with a minor stroke and left Tuesday after fantastic care and support. I thought the hospital's arrangements to protect staff and patients against Covid was excellent. Received excellent treatment Throughout, especially on acute stroke ward. My thanks to everyone. You are true heroes in these difficult times.

let down today 01052020 no heart monitor review no call. ★★★★★ 4 star rating. by peter

Posted on 01 May 2020

i usually have praise for the hospital but today i have been let down i was due my 6 weekly heart monitor review today by phone but have had no contact at all today the original heart monitor had been inserted in the wrong place and i had to have theop done again i had a letter advising that due to the virus there heart monitor review would be done over the phone on may 1st i do have a few issues i needed clarified so to hear nothing i feel is appalling

BEST PEOPLE (BAF 9 / Annual Priority – 4, Exec Lead – D of P&C)

Workforce and Culture

- Non-medical appraisal compliance has fallen again this month and is currently 72%. This is 11% lower than the same period last year and is a direct result of staff

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being advised that they could relax this due to COVID-19 workload. Monthly appraisal reports are being reinstated from HR and ESR continues to send automated reminders to managers and individual staff.

- Medical Appraisal has reduced by 6% this month to 83% against the Model Hospital average of 85%. This is directly as a result of COVID-19 relaxation on appraisals. However, there should be no barrier to appraisals as these can be done remotely rather than face to face.
- Consultant Job plan compliance has reduced by 6% this month. This demonstrates a lack of focus on this area during COVID-19 response which has been compounded by the numbers of job plans that ran through till March.
- Mandatory training compliance has stabilised and remained the same at 87% despite the increase in contracted staff in post. A reduction in mandatory training was expected due to the cessation of face to face training as part of the COVID-19 response. However, the majority of topics are available as e-learning through ESR which is accessible from home or in the workplace.
- Our vacancy rate (including bank and agency has reduced by 2.2% to 9.54% this month, partly due to a 74 wte reduction in funded establishment. International recruitment has continued to stall due to flight restrictions but all existing overseas nurses have been entered onto a temporary NMC register so that they can practice as Band 5 nurse so are no longer supernumerary.
- COVID-19 has impacted sickness rates and medical suspension rates since March 2020. As at 31st May we had 8.39% staff absent due to any type of sickness, self-isolation or social distancing (shielding). 5.33% of this was COVID-19 related absence.

BEST USE OF RESOURCES (BAF 7 & 8 / Annual Plan Priority – 3.2, Exec Lead – CFO)

Finance

As part of the NHS response to COVID-19, a revised COVID-19 financial framework has been established. For an initial period of 1st April to 31st July 2020, the PbR national tariff payment architecture and associated administrative/ transactional process are suspended and NHS Trusts are reimbursed through block contract payments 'on account'.

Additional funding to cover extra costs of responding to the coronavirus emergency is administered through a 'top up' mechanism. Through this arrangement, all NHS Trusts are expected to report a break-even position.

In May we report a deficit of £(5.1)m - prior to accounting for the 'top up payment'. This position is £1.7m better than the Financial Framework assumptions. Receipt of the top up payment of £5.1m results in a break-even position.

Recommendations

The Board is asked to note this report for assurance.

Appendices

1. Annual Plan Priorities - Improvement Statements
2. Finance Key Messages
3. SPC Charts
4. Committee Assurance Reports