

Trust Board

There will be a meeting of the Trust Board on Thursday 13 June 2019 at 10:00 in the Board Room, Alexandra Hospital, Redditch

This meeting will be followed by a public question and answer session.



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	<i>For assurance</i>
5	Minutes of the previous meeting <i>To approve the Minutes of the meeting held on 9 May 2019 as a true and accurate record of discussions.</i>	Enc A <i>For approval</i>
6	Action Log	<i>For noting</i> Enc B
7	Integrated Performance Report	Enc C
7.1	Executive Summary Chief Executive	<i>For assurance</i>
7.2.1	Section 1 – Quality Performance Report Chief Nurse	
7.2.2	Quality Governance Committee Assurance report Quality Governance Committee Chairman	
7.3.1	Section 2 – Operational & Financial Performance Report Chief Operating Officer/Interim Chief Finance Officer	
7.3.2	Finance and Performance Committee Assurance Report Finance and Performance Committee Chairman	
7.4.1	Section 3 – People and Culture Performance Report Director of People and Culture	

8	Governance		
8.1	Annual Plan Chief Executive	<i>For approval</i>	Enc D1
8.2	Digital Strategy Director of Finance/Digital Consultant	<i>For approval</i>	Enc D2
8.3	CQC feedback Chief Nurse	<i>For assurance</i>	Enc D3

Any Other Business *as previously notified*

Date of Next Meeting

The next public Trust Board meeting will be held on 11 July 2019 in Crompton Rooms A&B, Charles Hastings Education Centre, Worcester

Public Q&A session

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 9 MAY 2019 AT 10:00 hours
Education Centre, Kidderminster Hospital and Treatment Centre, Kidderminster**

Present:

Chairman: Sir David Nicholson

Board members: (voting)	Paul Brennan	Chief Operating Officer
	Anita Day	Non-Executive Director
	Matthew Hopkins	Chief Executive
	Graham James	Acting Chief Medical Officer
	Vicky Morris	Chief Nursing Officer
	Robert Toole	Interim Chief Finance Officer
	Bill Tunnicliffe	Non-Executive Director
	Steve Williams	Non-Executive Director
Mark Yates	Non-Executive Director	

Board members: (non-voting)	Richard Haynes	Director of Communications and Engagement
	Colin Horwath	Associate Non-Executive Director
	Tina Ricketts	Director of People and Culture
	Richard Oosterom	Associate Non-Executive Director
	Sarah Smith	Director of Strategy and Planning

In attendance:	Kimara Sharpe	Company Secretary
	Alex Blackwell	Guardian for Safe Working <i>item 9/19 only</i>
	Helen Cartwright	Junior Doctor <i>item 9/19 only</i>

Public Gallery:	Press	0
	Public	7

Apologies	Julie Moore	Non-Executive Director
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8/19 **WELCOME**
Sir David welcomed everyone to the meeting. He wished Dr Kapadia well in his future and recognised the significant contribution he has made to areas in the Trust.

9/19 **Staff story**
Sir David welcomed Miss Alex Blackwell, the Guardian for Junior Doctor Safe Working and Helen Cartwright, junior doctor. He stated that it was important for the Board to understand the staff perspective of working in the Trust.

Miss Blackwell explained that she has been appointed as Guardian for Junior Doctors' Safe Working. Her responsibility is to ensure that junior doctors are working within safe working hours. She has produced her annual report which was circulated to Board members. The report details the exception reports which have reduced over the last year. She has been working to ensure that exceptions were reported as well as immediate concerns.

The data showed a real reduction in exception reports. She has undertaken a survey about reporting and this showed that some juniors were concerned that issues were not big enough and sometimes were discouraged by peers and senior staff. A high area of concern is that of payments.

Dr Cartwright explained that she is a GP trainee. She has worked in many areas at Worcestershire Acute Hospitals during her training. She has been involved in the Safe Working Committee since its inception.

Sir David asked whether the issue of junior doctors being bullied by nurses has been resolved. Miss Blackwell explained that the work undertaken by Mrs Morris and Dr Kapadia was very helpful. Trainees were empowered to explain when the behaviour was unacceptable. Dr Cartwright stated that when the issue was first raised, it was about the nurses feeling the stress of the lack of bed capacity. Since then, more beds have opened and the rotas have changed. Ward cover is better. The bleep holder has changed and there are Saturday ward rounds. There is a better understanding of the whole picture.

Ms Ricketts explained that there was a visit from Health Education England to review medicine. There was apparent that there were still some issues in this area. Mr McGinity, the Freedom to Speak Up Guardian has been involved and a group set up to review the issues.

Mr Yates asked what changes have been put into place since the introduction of the role. Dr Cartwright was adamant that there had been changes, mainly due to the formal mechanism of the Committee which logs and actions the exceptions. The main change was the change to the medicine rota. Miss Blackwell complimented the divisional medical directors and their support, in particular Dr Trevelyan.

Ms Ricketts explained that the payment issues will be resolved from July.

Mr Williams asked how the pledge would be monitored. Ms Ricketts stated that this would be through the People and Culture Strategy Update to the Trust Management Executive and the People and Culture Committee. Mr Yates stated that Miss Blackwell attends the Committee on a quarterly basis.

Sir David asked what frustrated Miss Blackwell in her role. She stated that it was the payment. She recognised that this would be sorted. A bigger issue was the cultural change needed. Some trainees will still not report as they were concerned about their reputation and the views of consultants.

Mr Hopkins agreed that the attitude and culture needs changing. He had met with junior doctors earlier in the week when it was evident that work was needed in respect of 'belonging' to the Trust.

Dr Cartwright was pleased with the mess. This functional space added value for the doctors in respect of an informal place for catching up. She also complimented the changes to induction.

Miss Blackwell stated that whilst her report showed an increase in immediate safety concerns but her view was that this was not a real increase.

Ms Ricketts thanked Miss Blackwell for her work. She was stepping down in August and she had made a real difference to the working lives of junior doctors.

Sir David also expressed his thanks to Miss Blackwell. He also wished Dr Cartwright well in her training.

10/19 **ANY OTHER BUSINESS**

There were no items of any other business.

11/19 **DECLARATIONS OF INTERESTS**

There were no additional declarations of interest. Sir David asked for a minor change to his interests.

RESOLVED that

The Board noted the updated declarations of interest.

12/19 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 11 APRIL 2019**

RESOLVED that:-

- The Minutes of the public meeting held on 11 April 2019 be confirmed as a correct record

13/19 **MATTERS ARISING/ACTION SCHEDULE**

All actions were either completed or not yet due.

14/19 **Chairman's Report**

Sir David stated that the CQC would be inspecting the Trust in the next three weeks. He thanked those who were preparing for the inspection.

He recommended Dr Tunnicliffe as the non-executive lead for clinical governance for the medical profession. This was agreed.

RESOLVED that

The Board

- Approved the appointment of Bill Tunnicliffe as the non-executive director lead for clinical governance systems.

15/19 **Chief Executive's Report**

Mr Hopkins asked for approval for the revised Trust Management Executive (TME) terms of reference. He explained the membership changes which were to include the Chief Digital Officer, Director of Medical Education, Director of Estates and Facilities, Chief Pharmacist and Deputy Chief Medical Officer. Ms Smith asked for the Finance Improvement Group be added to the sub groups accountable to TME. This was agreed.

Mr Oosterom was concerned that there was a large number of attendees which could make decision making challenging. He wished to understand that it was clear where the decisions were made at divisional level and at Trust Management Executive. Mr Brennan stated that the scheme of delegation was clear. Sir David asked for the Finance and Performance Committee reviewed the scheme of delegation.

Mr Horwath wondered whether the terms of reference should include more specific reference to the strategic priorities and vision for the Trust. This was agreed.

ACTION: Include the Finance Improvement Group and reference to the strategic priorities and vision. (Mrs Sharpe)

ACTION: review the scheme of delegation at the Finance and Performance Committee meeting. (Mr Toole)

Mr Hopkins wished Dr Kapadia well for his future. Mr Hopkins confirmed that he was

recruiting for a substantive chief finance officer, Chief Digital Officer and interim Chief Medical Officer. Mr James would be acting CMO until the interim CMO was appointed.

Mr Hopkins confirmed that the CQC inspection would commence on 14 May for 2-3 weeks. The final part would be the Well Led concluding on 21 June. The Use of Resources inspection took place on 7 May and he thanked the staff who had bene prepared for this assessment. He also thanked NHS England and Improvement for their support in the preparation.

Finally, Mr Hopkins congratulated Dr Ashim for winning the Frank Farr award for radiology training and Julia Rhodes who has been awarded the silver medal from the Society and College of Radiologists.

RESOLVED that:-

The Board

- Approved the Trust Management Executive terms of reference with the addition of the Finance Improvement Group and inclusion of the Trust vision and objectives
- Noted the report

16/19

Board Assurance Framework (BAF)

Mrs Sharpe explained that the updated BAF had been presented to each of the committees in the previous month. The changes were detailed on page 2. She highlighted the dates for the target risk scores. Risk 5 was not approved for deletion by the Finance and Performance Committee. She stated that there are actions being undertaken by the Chief Operating officer.

She then turned to the gap analysis undertaken which shows the gap between the current risk score and the target risk score, This shows the highest gaps as finance, infection control, patient flow, culture and reputation. This information has been used in the developing of the strategic objectives and improvement priorities which are being presented in the private board.

Mr Williams confirmed that the Finance and Performance Committee had requested closer examination of the controls and assurances. This had been agreed to undertaken this when reviewing the whole BAF.

Ms Day stated that the gap analysis was useful. She asked whether there would be a further discussion on risk appetite and Mrs Morris confirmed that there would be as a follow up to the March development session.

Mrs Sharpe confirmed that the BAF would be bought back in July.

RESOLVED that

The Board

- **Approved the Board Assurance Framework**
- **Noted that a revised BAF would be bought back in July**

17/19

INTEGRATED PERFORMANCE REPORT (IPR)

17/19/1

Executive summary

Mr Hopkins highlighted the key issues within the IPR.

- Falls - further improvement was needed.
- Infection Prevention and Control – progress was being made, but still improvements were required

- Medicine Incidents – improvements were required
- Emergency Access Standard – this was slowly improving, particularly as a result of the major internal incident called before the Easter bank holidays
- Capital finance limit – this was met
- The break-even duty was not met for 2018/19
- Mandatory training was still a challenge for some areas
- Appraisal – some areas needed focus

17/19/2

Quality Performance/Quality Governance Committee Assurance Report

Mrs Morris explained that the IPR was based on month 10 and 11 due to the committee cycle. She had had a focus on falls with harm in speciality medicine and at 31 March 2019, the Trust was below the national benchmark. There had been a reduction of 36%.

Pressure ulcers had also seen a fall, grade 2 and grade 3. The Trust had achieved the end of year trajectory for complaints and whilst there had been a reduction in medicine safety incidents, the Trust remains above the national average.

Mr James stated that the percentage of people have their fractured neck of femur operated on had slightly fallen but when the case notes were reviewed, all were not medically fit for surgery. There was still a challenge with delivering the whole sepsis 6 bundle. Antibiotics were given in 89% of the patients. Mortality from sepsis was not raised. The most challenged division was speciality medicine and there was a focus on this through the clinical governance group.

Mr James then turned to mortality rates. HSMR month on month had reduced since the spike last year which was mainly due to pneumonia and chest disease. There was an expected slight rise in figures in January and February. A detailed report will be considered by the mortality review group in June.

Mrs Morris was disappointed with the infection prevention and control performance throughout the year. *C Diff* is a particular problem and there is a focus on this by the speciality staff. There is a detailed action plan in place.

Sir David expressed concern about the mortality rate. He asked what actions were being taken and what actions needed to be taken. He was particularly interested in the actions taken as a result of the review into pneumonia deaths the previous year. Mr James explained that there had been no specific actions taken by clinicians as the issues were with coding and data collection. He explained that there is no longer coding for several consultant episodes. Sir David expressed concern that coding was often cited as a problem. He would be focussed on mortality at board meetings.

Dr Tunnicliffe endorsed the reasons for the challenges with the mortality rates. He advocated that the mortality and morbidity meetings, undertaken at speciality level, should be more closely aligned with the mortality review group. This would allow proactive consideration of the issues, rather than a reactive stance. He was pleased that the process of passing patients from consultant to consultant was being tackled.

Mr Toole reminded members that access to WI-FI and broad band would improve with more investment. This will support clinicians in their work.

Mr Hopkins was also concerned about the mortality process. He stated that more medical examiner sessions were needed and a real time review of each death. The process needs to be embedded. Clinical teams needed to undertake care based on care bundles. He also was of the opinion that end of life care could be better with

people not being transferred to hospital to die.

Mr James stated that the pneumonia review showed that people were not dying in the right place.

Mr Oosterom asked for clearer reporting and analysis. Reports should be self-explanatory – currently the executive has to expand and explain issues. He also expressed frustration with the pace of change.

Dr Tunnicliffe explained that there had been an away day for the Quality Governance Committee on 8 May. He was committed to producing higher quality reports and more timely actions.

In response to a query from Mr Yates, Mr James confirmed that there were 8 sessions of medical examiner in post with a further 2-3 required (this was national guidance, based on numbers of deaths). Two examiners were visiting Portsmouth in June to review their way of working.

Dr Tunnicliffe reflected that there had been very good progress in reduction of falls with harm and grades 2 and 3 pressure ulcers.

RESOLVED that

The Board

- Received the report for assurance

17/19/3

Financial & Operational Performance/Finance and Performance Committee Assurance Report

Mr Brennan was cautiously optimistic. He reported improvements in the urgent care performance in the emergency departments. Twelve hour breaches fell to 16 in March. Ambulance waits have also decreased. Endoscopy and theatre recovery are no longer being used as surge areas. The ambulatory unit is closing at midnight. However, he was not complacent and recognised that there was more to do.

He reported that an internal major incident was declared on 18 April. This had a positive effect of improving patient flow. However it was also evident that there was a lack of clear discharge plans in patients' notes and there was a lack of escalation. He has also instigated wards rounds starting with patients ready for discharge, rather than sequential reviewing of patients.

Mr Brennan then turned to elective care. There is a focus on reducing long waits. The majority of the patients waiting for a long time for cancer treatment are those with prostate cancer. He confirmed that there are trajectories for each speciality. In respect of RTT, the aim is still zero by September.

Mr Horwath asked how performance was going to be sustained following the major incident declaration. Mr Brennan explained that the urgent care plan is clear in its actions and these are broken down month by month.

Mr Hopkins made is clear that the Trust is not delivering constitutional standards as the commissioners are not commissioning this. Mr Brennan added that all the trajectories agreed have been developed by specialities and divisions and this will be tested in Finance and Performance Committee.

Mr Williams wondered whether the right systems and processes were in place for all wards and whether they were being followed. Mr Brennan stated that they were in

place, but not all wards were following them. This included discharge planning and updating the white boards. Mr Oosterom asked what the consequences were for not following the systems and processes. Mr Brennan stated that this had not yet been made clear.

Mr Oosterom highlighted that the bed occupancy level was the lowest it had been for nine months. The figure was below 90% for the Alexandra Hospital. Mr Brennan stated that there was good throughput at the Alexandra Hospital. Sir David stated that 85% bed occupancy is considered optimum.

Mr Toole reported that The Trust has recorded a pre audited control total deficit of (£73.7)m pre Provider and Sustainability Funding (PSF) for the 2018/19 financial year against a plan of £(41.5)m, adverse £(32.2)m than the original operating plan. This outturn position is consistent with the revised forecast outturn confirmed with NHSI. Inclusion of the PSF plan increases the pre audited YTD adverse variance to (£50)m. This was largely driven by both inability to achieve targeted patient care income and as well as lack of identification and under delivery of cost improvement plans. Operational variances include increased expenditure as a result of diagnostic demand, premium costs of supporting vacancies and the provision of additional capacity. These adverse variances have been partially offset by reserves and continuing vacancies. As a result of the above position, the Trust has not accessed any of the PSF allocations assigned to financial performance, nor the operational element related to emergency care performance throughout the 2018/19 financial year.

The Trust continues to request cash support from the Department of Health and Social Care. The capital resource limit was met in 2018/19.

The Trust did not achieve all the activity and income with commissioners outside of Worcestershire. The cap and collar contract limit was exceeded during 2018/19. The 2019/20 contract is a Payment by Results (PBR) contract but without the penalties and fines.

Bank and agency spend for 2018/19 exceeded the agency ceiling of £17.2m by £6.6m. An executive pay panel is in place as well as a robust, granular bank and agency reduction plan.

Finally, Mr Toole reported that the Cost Improvement Plan (CIP) was not met in 2018/19. Changes to the management of the CIP for 2019/20 includes more robust monitoring and working with the Divisions to ensure ownership of the schemes.

Ms Ricketts stated that the Trust was over on pay by £6.5m which equated to the cost of opening the new wards. There is an absolute focus on this area for 2019/20.

RESOLVED that:

The Board

- Received the report for assurance

17/19/4

People and Culture Performance/People and Culture Committee Assurance Report

Ms Ricketts stated that the metrics include more trend analysis and a look back over the past three years. She has also benchmarked against the CQC key lines of inquiry (KLOE) and the model hospital data.

There has been deterioration in turnover and an increase in vacancy rates. This is linked to the increase in establishment for the new wards. There is a focus on

recruitment and retention as well as workforce plans.

She was disappointed that appraisals for the non-medical workforce had made no progress for the last two years and whilst mandatory training levels have improved, they are not as high as they should be. She is holding the divisions to account via the performance review meetings.

Mr Yates stated that progress was beginning to be made. There was now leadership training in place. There was rigorous scrutiny of the bank and agency spend. He was pleased that the Trust was focussing on areas of flexible working which will assist with the retention of staff.

RESOLVED that:

The Board:

- Received the Committee report for assurance

18/19

GOVERNANCE

18/19/1

Urgent Care – Home First Worcestershire Plan

Mr Brennan presented the document. It is being overseen by the Finance and Performance Committee. The overall aims are to ensure no surge areas are utilised; there are no ambulance handovers greater than one hour; the Emergency Department corridor is closed and emergency department activity is at 86%. He reminded members that the Commissioners have not commissioned the Trust to achieve the NHS constitutional standard for emergency department performance.

The document has six work streams. A Director of Capacity has been appointed who will manage the implementation. In the meantime, actions are being undertaken. He will circulate an up to date document with the metrics and governance detailed. The document would be monitored at the Finance and Performance Committee.

ACTION: Circulate the metrics and governance structure (Mr Brennan).

Mr Yates commented that there are a number of initiatives detailed. He stated that some had been tried before. He asked what would be different this time. Mr Brennan confirmed that the divisions and directorates had been part of the development of the document. Previous initiatives had been imposed. There were also clear measurable targets.

Dr Tunnicliffe welcomed the approach and confirmed that staff were engaged. The actions were indeed achievable.

Mr Oosterom requested clear accountability for the actions. He expressed concerns with the departure of the Chief Medical Officer. Mr Brennan explained that the programme board meeting had been held on 2 May and all the actions have been updated. He is in dialogue with Mr James and Dr Trevelyan in respect of the actions for the Chief Medical Officer.

Mr Hopkins reiterated the importance of the document. It was one of the three key priorities. It was important that the process for managing patient flow were reviewed and as efficient as possible. He was also keen for an effective site management function which will be implemented by the Director of Capacity.

Sir David thanked Mr Brennan and was pleased to see the plan. He emphasised how important it was to deliver what was promised within the plan.

RESOLVED that:

The Board:

- Noted for assurance the steps being taken to improve patient flow across the acute hospital sites.

18/19/2

Report on Nursing and Midwifery Staffing Levels – January and February 2019

Mrs Morris confirmed that the paper had been presented to the People and Culture Committee. She stated that staffing was safe following the mitigations. There were fewer red flag during this time period than previous time period. She confirmed that the time period included the new wards.

She stated that via international recruitment, 46 nurses had accepted the offer of employment and they would start to arrive in September.

Finally, Mrs Morris stated that in 2018, NHS Improvement Guidance requested that the Chief Nurse was satisfied that staffing was safe. This statement should be on the website from April 2019.

Mr Yates concurred that the staffing was safe. However this comes with a cost with the use of agency staff. A key appointment has been the Recruitment Manager to retain the focus on this area.

Mr Horwath asked whether any forward planning had been undertaken with respect to retirement. Mrs Morris confirmed it had been. The Trust was ensuring the flexible working was available and working with staff on retirement options.

RESOLVED that:

The Board noted

- that staffing levels were safe in January and February 2019 following mitigating actions
- that work continues to reduce the qualified nursing and healthcare assistant vacancies across the Trust with good progress being made in the first 3 months of 2019
- that from April, in line with the revised workforce standard the Chief Nursing Officer must confirm a statement to the Trust Board that she is satisfied with the outcome of the annual assessment that staffing is safe, effective and sustainable.

18/19/3

Bi-annual Patients' Acuity and Dependency Winter Study

Mrs Morris presented the biannual patients' acuity and dependency winter study. Page 3 outlines the methodology taken. There were more staff in post in October than in January. There would be no permanent changes to staffing levels until at least two assessments had taken place. A quality impact assessment was also needed. The next review was in June and in subsequent years the reviews would be in January and June.

Mr Hopkins asked about external assurance. Mrs Morris confirmed that NHS Improvement have provided this assurance for both recent reviews.

Dr Tunnicliffe was surprised with the significant over supply of nurses in urgent care. Mrs Morris explained that the tool was not reliable for smaller wards. The most important action to take was to pause and take stock before delivering any permanent changes.

Mr Oosterom asked what the plan was for those areas not covered by the tool. Mrs

Morris explained that other tools were being developed and these would be rolled out as and when practicable.

Ms Day asked how the review fits with the wider establishment review. Ms Ricketts stated that there is a range of guidance nationally to ensure that the two processes match. She stated that the final assessment would be with the clinical services strategy.

RESOLVED that:-

The Board

- Noted that the chief nurse is satisfied that staffing is safe, effective and sustainable.

18/19/4 **Trust Management Executive Report**

Resolved that:

The Board:

- Received the report for assurance

18/19/5 **Communications and Engagement Update**

Mr Haynes thanked those members for their comments on the draft Communications Strategy. He agreed to circulate it to colleagues.

ACTION: Circulate the Communications Strategy (Mr Haynes)

He confirmed that the Strategy includes reference to the Digital Strategy .

He was pleased with the launch of the 'pyramid'. He also highlighted the additional engagement exercise being undertaken in respect of the replacement of step 4 for the 4ward process. This would include a measurement. Ms Ricketts stated that she was looking to reduce the annual number of staff surveys to four from seven.

Mr Hopkins stated that one issue that he was consistently hearing was reassurance about the future of the Alexandra Hospital. Mr Haynes stated that it was important to tie this into the clinical services strategy which clearly would state that the role of all three sites.

Resolved that:

The Board:

- Noted the report for assurance.

19/18 **ASSURANCE REPORTS FROM COMMITTEES**

19/19/1 **Audit and Assurance Committee Report**

Mr Williams thanked Dr Tunnicliffe, Chair of the Quality governance Committee for his presentation at the March meeting. The Committee had gained assurance that the committee process was working well and holding executives to account. Other items discussed at the meeting included data quality which had an enthusiastic manager and clinical lead. There was also the bi-annual update on information governance.

The initial draft of the internal audit plan had been presented and changes had been requested which had been made in the version presented at the meeting the day before. However, the Trust is still not responding in a timely manner to internal audit which remains a concern. Mr Toole was taking this forward and metrics had been agreed with Internal Audit.

Mr Toole was clear that the executive leadership was paramount in ensuring that internal audit was responded to in a timely manner. He was pleased that the internal audit plan showed clear lines of accountability to the Board Assurance Framework.

RESOLVED that:

The Board

- Noted the report for assurance.

19/19/2

Remuneration Committee

RESOLVED that:

The Board,

- Noted the report

19/19/3

Conditions of Licence/ Statement of Undertakings

An updated position statement was tabled. Changes were made following the Audit and Assurance Committee meeting on 8 May.

Mr Hopkins explained that the Trust had to give compliance against the provider licence requirements FT4 and G6. The paper detailed the recommended compliance/non-compliance against each statement.

Mr Hopkins then spoke to the Statement of Undertakings which was formal enforcement action as a result of quality special measures and the deterioration of finances. This focussed upon the expectations of the regulators. This Statement informed the compliance for FT4 and G6.

Mr Williams was disappointed in the level of non-compliance. He was clear that performance must improve over the next year. Sir David agreed and reiterated his disappointment with both the compliance for FT4 and G6 as well as the receipt of the Statement of Undertakings. He was adamant that this could not be the position in the coming year.

Mr Hopkins agreed. He stated that the Compliance statements would be cross referenced to the action plans in place.

ACTION: Cross reference the compliance statements with action plans in place (Mrs Sharpe)

Mrs Sharpe confirmed to Mr Oosterom that the consequence of the compliance to the conditions of licence and the statement of undertakings was reputational, both internally and externally.

It was agreed to present to the Board on a quarterly basis progress against the undertakings.

ACTION: present an updated action plan to the board on a quarterly basis (Mrs Sharpe)

RESOLVED that:

The Board

- Approved the Trust's position with conditions FT4 and G6 of the provider licence.
- discussed the attached document as per the covering letter from NHS

Improvement.

DATE OF NEXT MEETING

The next Public Trust Board meeting will be held on Thursday 13 June 2019 at 10:00 in the Board Room, Alexandra Hospital, Redditch.

The meeting closed at 12:34 hours.

Signed _____

Date _____

Sir David Nicholson, Chairman

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).

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST
PUBLIC TRUST BOARD ACTION SCHEDULE – JUNE 2019

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
9-5-19	CEO report	15/19	Include the Finance Improvement Group and reference to the strategic priorities and vision within the TME terms of reference.	KS	May 2019		Completed. Action closed.	
9-5-19	CEO report	15/19	Review the scheme of delegation at the Finance and Performance Committee meeting.	RT	June 2019		On agenda for F&P Committee. Action closed.	
9-5-19	Urgent Care	18/19/1	Circulate the metrics and governance structure for the urgent care plan	PB	May 2019		Discussed at the F&P Committee 28-5-19. Action closed.	
9-5-19	Comms strategy	18/19/5	Circulate the Communications Strategy	RH	May 2019		Completed. Action closed.	
9-5-19	Conditions of licence	19/19/3	Cross reference the compliance statements with action plans in place	KS	May 2019		Action plans being merged into 1 governance action plan. To be managed through TME and Governance Task and Finish Group. Action closed.	

11-4-19	Staff story	3/19	Explore the bay for acute oncology patients to avoid A&E	PB	June 2019		Options being explored in the light of wider ward reconfiguration. Action closed.	
11-4-19	IPR	6/19	Consider how medical staff are engaged in the ward accreditation process	CMO	June 2019		Being taken forward by the steering group. Action closed.	
9-5-19	Conditions of licence	19/19/3	Present an updated action plan to the board on a quarterly basis	KS	On-going		On work plan. Action closed.	

Meeting	Trust Board
Date of meeting	13 June 2019
Paper number	C

4 Trust Board - Integrated Performance Report – Month 12 and 1

For approval:		For discussion:		For assurance:	✓	To note:	
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Accountable Director	Matthew Hopkins – CEO		
Presented by	Matthew Hopkins - CEO	Author	Nicola O'Brien – Head of Information and Performance

Alignment to the Trust's strategic objectives

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

Quality Governance Committee	23 rd May 2019	Limited Assurance
Finance and Performance Committee	28 th May 2019	Limited Assurance

Recommendations

The Board is asked to:

- 1) Review the Integrated Performance Reports provided in Month 12 2018-19 and 1* 2019-20. Noting the change in internal governance processes have affected the monthly data presented.
- 2) Note areas of improved and sustained performance.
- 3) Seek assurance as to whether:
 - a) the risks of under-performance in each area have been suitably mitigated, and;
 - b) robust plans are in place to improve performance during 19/20.

Executive summary

This paper provides the Committee with an update on the Trust's operational, quality of care and workforce performance against priority metrics that form part of NHSi's Single Oversight Framework (SOF).

The key points to draw the Board's attention to are:

- **Infection Prevention and Learning from deaths**

With a further 4 CDiff cases confirmed in March it is clear we will not meet the national objectives for 2018/19 on Clostridium difficile infection. Neither will we meet the national objectives for 2018/19 for E coli bacteraemia or MSSA bacteraemia. We have however met our MRSA target. Our rolling 12 month HSMR mortality rate continues to be above the expected rate of 100 at 111.39 for January 2019 (latest published data). The SHMI score for January (latest published data) remains within the 'as expected' category at 111.32. Our crude mortality for January (latest published data) is

Meeting	Trust Board
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	<p>under the rate recorded for the same month in the previous two years.</p> <ul style="list-style-type: none"> Control Total The Trust is not signed up to the control total though we report a favourable variance in Month 1. Workforce The overall staff turnover rate has reduced by 0.04% to 12.26% which remains above our target range of 10-12%. Turnover has increased in month for Medical staff and AHP's. The Trust's compliance rate for mandatory training has improved to 85% across all 11 topics (33 levels) Cancer and Diagnostics 62 day performance remains a challenge for the organisation. Having improved month on month since Jan 2019, April's performance dropped to 67.50% (validated). Our trust-wide 2WW performance in April (validated at 84.92%) has also declined against previous month and remains below the operational standard of 93% for the second consecutive month. Diagnostics April performance decreased to 90.61% validated (9.39% not seen within 6 weeks) from 92.40% (7.6% not seen within 6 weeks) in March.
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Risk	
Key Risks	<p>Board Assurance Framework –1,2,3,4,5,6,7,8</p> <p>Corporate Risks with a score of 20 or above:</p> <p>3928 – Diagnostics: Out of hours CT demand has increased putting patients and staff at risk</p> <p>3482 – Operations: overcrowding in the Emergency Department</p> <p>3361 – ED Corridor: Standards of care for patients will be compromised in the corridors of ED</p> <p>3956 – Endoscopy: There is a risk of delay in diagnosis and treatment for surveillance endoscopy patients due to lack of appointment capacity.</p> <p>4075 - Clinical Practice: Harm from avoidable infection as a result of poor clinical practices - Score 20</p> <p>3792 – Achievement of the financial plan</p> <p>3631 – Increased spend for NHSP tier 1 and 2</p> <p>There are several risks relating to medical devices and equipment and to patient flow. The highest severity accorded to a workforce risk is currently 16; 3939 – Failure to recruit, retain and develop staff.</p> <p><i>Please note: There are further risks that will have a negative impact on performance, but only those with a rating of over 20 have been included above.</i></p>

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Assurance	The source of assurance for the data included in this paper is undertaken across several meetings including the Committees, performance management group, clinical governance group divisional management reviews and directorate validation at patient level. Further data assurance has been completed by the Information Team, however the data is only as good as recorded at source.						
Assurance level	Significant		Moderate		Limited	✓	None
Financial Risk	There is a financial risk that we will not complete the activity required under our contract and dependencies on funding which is limited.						

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Introduction/Background

This Integrated Performance Report (IPR) provides the Board Members with an update on the Trust's quality of care, financial performance, operational performance and workforce against the priority metrics which form part of NHSI's Single Oversight Framework (SOF) and the Trust's own internal reporting priorities.

Included are the key messages from each area, detailing actions agreed to improve performance, along with summary grids of performance and assurance reports from the Finance and Performance Committee (FPC) and the Quality Governance Committee (QGC).

The NHS Constitutional standards are the Emergency Access Standard and Access to Elective treatment within 18 weeks.

Issues and options

The main points the Board needs to be aware of are:

Quality, Safety and Effectiveness

(Note: This data relates to March 2019 in line with the reporting to the Quality Governance Committee)

- We completed a year one review of the performance against the objectives in the Quality Improvement Strategy 2018-2021 and Divisions have commenced setting objectives and trajectories for year two.
- **Falls** resulting in serious harm decreased from 0.04 in February to 0.00 in March. We will be including Falls training on the Trust induction from May 2019 and focusing on reviewing the performance data for themes and areas of concern.
- With a further 4 **CDiff** cases confirmed in March it is clear we will not meet the national objectives for 2018/19 on Clostridium difficile infection. Neither will we meet the national objectives for 2018/19 for E coli bacteraemia or MSSA bacteraemia. We have however met the MRSA target. We have developed a plan of action to reduce the rate of infections seen in 2018/19 which is detailed in the WAHT Infection Prevention Improvement Plan 2019-20.
- **VTE** performance was below the 95% standard for the fourth consecutive month, due largely to the incomplete transfer of information from the medical notes to OASIS (where data is reported from). We highlighted that it is probable that we will receive another VTE 'Qualified' audit from our external auditors following the completion of their audit in May 2019.
- **Medicine Incidents causing harm** - March performance is reported at 4.56, this is slightly below the national average of 4.69. A communications strategy to encourage the reporting of medicine incidents including those categorised as near miss or no harm will be developed in Q1 of 2019/20.
- We continue to have challenges with the completion of **primary mortality reviews** being completed within 30 days, with Divisions reporting several weeks of backlog with allocations. In order to resolve this we have continued to actively recruit medical examiners with a target date of late summer 2019.
- Our rolling 12 month **HSMR mortality rate** continues to be above the expected rate of 100 at 111.39 for January 2019 (latest published data). The SHMI score for

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January (latest published data) remains within the 'as expected' category at 111.32. Our crude mortality for January (latest published data) is under the rate recorded for the same month in the previous two years.

- Maternity remains the only area where **Friends and Family Test** (FFT) participation and recommendation levels are at target level (Accident and Emergency, Outpatients and Inpatients did not meet their targets). Improving Outpatient area participation remains a focus for the Trust and participation has increased to its highest level in 12 months (7.15% against a target of >10%). We are continuing with the capture of patient feedback via a touchscreen in Accident and Emergency at the Worcestershire Royal site, to identify whether this improves the response rates.
- The **fractured neck of femur** (FNOF) metric met the target in March with performance at 89.29%. Of the 56 patients who needed the surgery, 50 were operated on within 36 hours; 4 of the 6 patients who waited longer were deemed medically unfit to be operated on. We are currently reviewing the sustainability of the pathway change, in terms of patient care, experience and efficiency. This will be reported in May 2019.

FINANCE

(Note: This data relates to April 2019 in line with the reporting to the Finance and Performance Committee)

- For 2019/20 we committed to delivering a deficit of no more than £(82.8)m. This includes £13.6m of planned savings/CIP delivery. We have not signed up to the revised control total set by NHSI of £(64.4)m [£58.4m+£6m] (excluding PSF, FRF and MRET funding). Whilst we recognise that it is disappointing that we have not been able to submit a plan closer to the control total, we believe that the submission reflects a credible plan based on the existing plan information and assumptions available to us at this time.
- April 2019 (month 1 of 2019/20) is a deficit of £(8.7)m against a £(9.7)m planned deficit, resulting in a £1.0m favourable variance to the £(82.8)m deficit plan. The £1.0m positive variance to plan has been largely driven by estimated income margin growth; underspends related to the provision of additional (Bed) capacity, and slippage in planned business case expenditure (Electronic Prescribing & Medicines Administration – EPMA and Managed Equipment Service - MES).
- Income is behind plan by £148k, largely driven by Patient Care Revenue. Patient Care Income was £0.2m adverse after adjusting for the marginal rate impact of the blended payment. Note - Non Elective Threshold c.£0.3m adjustment for estimated forecast breach payable @ 20%.
- Pay is £911k favourable to plan, key variances include timing of spends against additional capacity, vacancies, slippage against business cases (EPMA & MES) and income margin growth. Pay costs increased by £1.4m (after normalisation for month 12 adjustments) from £24.1m in March to £25.5m in April. The key movements are increased pay expenditure following pay award increases for all staff groups and one-off non-consolidated payment for top of scale employees - £1.3m (part of 2018/19 3 year deal pay award terms) & increased bank holiday costs following Easter- £0.2m. Non pay is £193k favourable to plan, key variances include timing of spend against additional capacity, agreed business cases (MES & EMPA) and income margin growth.
- In April (Month 1 of 2019/20) nominal £266k of CIP delivery against a plan of £276k.

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Although we have submitted a Savings / CIP plan of £13.7m, the Board remains focused on maximising the savings plans and we are continuing every effort to drive further improvements to our financial position whilst ensuring a credible plan for delivery. As a result the internal savings/CIP target remains at £22.5m. The extent to which further schemes can be identified and delivered so that we can achieve a margin improvement/CIP target of £22.5m in a financial year (c £2m per month) remains a challenge, particularly given past performance. Work continues to be undertaken to further develop the CIP towards and above the £22.5m target. This includes strengthened governance through the introduction of a monthly CEO led Financial Improvement Group to provide oversight to the identification, development and delivery of the CIP.

- As a result of the financial position, we have continued to rely on additional cash support from the Department of Health and Social Care (DHSC). We continue to request cash in line with financial performance on a monthly basis. Additional cash support is required to finance the forecast deficit of £(82.8)m. We continue to request cash in line with financial performance on a monthly basis.

OPERATIONAL PERFORMANCE

(Note: This data relates to April 2019 in line with the reporting to the Finance and Performance Committee)

Patient Flow and the Emergency Access Standard

- On 17 April 2019 we instigated an internal major incident following consistent and consecutive periods of intense pressures on our services. The performance detailed below was significantly impacted by the pressures prior to the 17th April.
- Overall EAS for April 2019 was 76.17%; this is a movement of 1.51% on March 2019.
- The declaration of the internal Major incident had an immediate impact on performance specifically at WRH where the daily EAS was over 80% for two consecutive days and resulted in the last two weeks of April achieving over 70% (compared to the first two weeks which performed at 57.5%).
- 49 more patients (65 in April compared to 16 in March) waited 12 hours or longer for a bed once the decision had been made to admit the patient. All 65 patients were at WRH and all occurred before the 17th April.
- There was a significant increase in reported 60 minute ambulance handover breaches for April, 496 up from 227 in March.
- From the 17 April onwards once the major incident was declared, WRH had 8 consecutive days with no ambulance handover breaches. No immediate impact was experienced at the Alex.
- We had an average of 299 Stranded Patients per day in April (patients with a length of stay of seven days or more), which equates to 40.5% of our general and acute bed base. We had an average of 70 patients per day who were Super Stranded (patients with a length of stay of 21 days or more), which equates to 9.5% of our general and acute bed base.

Cancer

- Our trust-wide 2WW performance in April (validated at 84.92%) has declined against previous month and remains below the operational standard of 93% for the second consecutive month.
- Breast Symptomatic unvalidated April performance dropped to 54.12%. We are

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forecasting that we will not meet the standard in May also.

- In order to improve Breast symptomatic and suspected performance we have recruited to two vacancies and appointed a consultant locum to increase capacity. We have also revised the clinic templates to try to maximise the number of patient appointments.
- We have identified further risks in July due to the resignation of consultant surgeon and there continues to be a risk in a lack of capacity in radiology.
- 62 day performance remains a challenge for the organisation and having improved month on month since January 2019, saw a drop in April to 67.50% (validated).
- The Cancer recovery plan has a 62 day wait trajectory for April at no more than 75 patients, however we finished the month with 139. Urology is accountable for 60% of these. Discussions are on-going in relation to additional resources and physical capacity to enable the backlog to be reduced and process delays minimised or eliminated.
- The number of patients waiting 104 days at the end of April was 23 compared to 24 in March.

Referral to treatment

- Validated April performance is 80.69%.
- The trajectory set at the beginning of the financial year for April was 86.47% which has not been achieved. May's trajectory of 88.06% also looks at risk.
- The waiting list is currently 36,026 with 6,958 patients having waited over 18 weeks to receive their first definitive treatment. 3,956 patients, 57% of all those who have breached the standard, are waiting for surgery treatment with the largest volume of breaches remaining in Oral and MaxFax, T&O, General Surgery and Urology. 86 fewer patients are waiting over 18 weeks for Ophthalmology treatment compared to March, though the number of breaches remains significant at 1,656.
- The trajectory of having no more than 300 patients waiting 40 weeks or more at the end of April was not achieved as we had a validated position of 346, with Colorectal Surgery and Trauma and Orthopaedics responsible for 61% (73 of the 119 that are over trajectory). These two areas are having urgent reviews in order to get back on their trajectory.
- The Trust will maintain the zero tolerance on 52 week breaches.

Diagnostics

- April's validated performance decreased to 90.61% (9.39% not seen within 6 weeks) from 92.40% (7.6% not seen within 6 weeks) in March. At month end, 606 patients were waiting longer than 6 weeks for a diagnostic which is an increase of 45 whilst the overall waiting list has decreased by 910 to 6,467.
- Endoscopy remains the modality with the highest backlog (1,088 patients at end of April, an increase of 668 in comparison to March). Overdue endoscopy patients now constitute 78% of all breaches.
- More colonoscopy and cystoscopy patients breach than are seen within 6 weeks (65.68% and 56.57% respectively). An increasing number of gastroscopy patients are also waiting longer than the target time, 96 in April up from 10 in March.
- The number of patients breaching the 6 week standard for CT scanning has risen from 71 in February (6% of all CT patients waiting), to 98 in March and to 141 in April (10% of CT patients waiting). The mobile CT scanner is now in situ and usage will

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commence in May following set up.

- We have been progressing discussions with external providers to outsource some Endoscopy activity and are nearing completion of contracts.

WORKFORCE

Summary of performance in reporting period

- Our overall vacancy rate is reported at 9.53% which remains within normal variation and below the 10% target.
- Consultant job plan compliance rates have improved to 89% this month and to 93% as at 31st May 2019.
- None of the Divisions have met the 85% non-medical PDR target at the end of April 2019 but healthcare scientists and allied health professions have met this target.
- The Trust's compliance rates for mandatory training increased by 1% to 85% across all 11 topics (33 levels).
- The cumulative sickness rate for the 12 months has marginally increased to 4.23% which is higher than the 4.15% for the same period last year. The Trust was below the Model Hospital benchmark of 4.27% on the latest data available (October 2018) and only one divisions is below the target of 4%.
- The overall staff turnover annual rate has decreased to 12.26% from 12.30% but is higher than the 11.07% for the same period last year.

Forecast and corrective actions

- The revised target rate for appraisals / PDRs compliance has been set at 95% with divisions held to account at the monthly PRM meetings. A deep dive report is being considered by the People and Culture Committee this month.
- The revised target rate for mandatory training compliance has also been set at 95% Fortnightly reports are sent out to Divisions as well as increased visibility and automated emails to Managers and Staff via the ESR self-service portal.
- Sickness absence continues to be managed through Divisions with focused support from the HR team. Improvements are being made with the monitoring of back to work interviews and in ensuring formal meetings are held with staff who have met the triggers.
- The target turnover rate has been set at 10% – retention is a key focus this year and we have prioritised a number of developments to enhance our position as an employer of choice. This includes the launch of a Trust Academy in the summer and a focus on becoming an exemplar flexible employer.

Recommendations

The Board is asked to:

- Review the Integrated Performance Reports provided in Month 12 2018-19 and 1* 2019-20. Noting the change in internal governance processes have affected the monthly data presented.
- Note areas of improved and sustained performance.
- Seek assurance as to whether:
 - the risks of under-performance in each area have been suitably mitigated, and;

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- robust plans are in place to improve performance during 19/20.

Appendices

- 1) Trust Board IPR – M12 2018-19 (Quality) and M1 2019-20 (Operational Performance, Finance and Workforce) *
- 2) Trust Board IPR Dashboards – M12 2018-19 (Quality) and M1 2019-20 (Operational Performance, Finance and Workforce)*

**As approved by the internal governance process*

Trust Board

Integrated Performance Report

April 2019
Month 1

13 June 2019

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Quality & Safety | Metric Updates [M12]

Falls with harm	<ul style="list-style-type: none"> Falls resulting in serious harm decreased from 0.04 in February to 0.00 in March. We will be including Falls training on the Trust induction from May 2019 and focusing on reviewing the performance data for themes and areas of concern. We will be re-launching the Falls Champion role and actively recruiting champions in the forthcoming months
Pressure Ulcers	<ul style="list-style-type: none"> We have consistently been below and achieving the trajectory for Grade 3 pressure ulcers.
Mixed Sex Accommodation	<ul style="list-style-type: none"> There were 45 reported mixed sex accommodation breaches in March compared to the 34 recorded in February. Due to the on-going capacity challenges, stepping patients down from the intensive care environment remains very difficult We are committed though the MSA Policy to ensuring those patient experiencing a MSA are aware and privacy and dignity needs are being addressed. This is being monitored by Wards and audited with support from patient public forum members.
Complaints & PALS	<ul style="list-style-type: none"> Performance increased to 85.71% from 74.42% for complaints responded to within 25 working days. We ended the year at 80.5% for complaints. There are, no complaints open over 6 months for the fifth consecutive month. Further concerns – 15% of complainants were dissatisfied with their response and our KPI is 35% Only 1.72% PALS went on to formal complaints (we had a 3% decrease in complaints coming into trust). We have a 25% increase in PALS contacts in the past year and our resolution rate is incredibly positive: 63% of PALS responded to in 24 hours and 87.27% resolved in less than 5 days (our KPI is resolution in 2 working days) We had 5973 compliments in 12 months
Fractured Neck of Femur (#NOF)	<ul style="list-style-type: none"> The fractured neck of femur (FNOF) metric met the target in March with performance at 89.29%. Of the 56 patients who needed the surgery, 50 were operated on within 36 hours; 4 of the 6 patients who waited longer were deemed medically unfit to be operated on. We are currently reviewing the sustainability of the pathway change, in terms of patient care, experience and financially. This will be reported in May 2019.
Sepsis Screening and Treatment Audit	<ul style="list-style-type: none"> The screening audit was completed for 90.37% of patients who needed it in March; this was 291 of 322 patients. 57 of 116 (49%) patients sampled received the sepsis 6 bundle within 1 hour and 96 of the 116 (82.76%) who required antibiotics received them within 1 hour. Surgery and Specialty Medicine are currently the lowest performing areas – The Governance teams are focussing on this and it continues to be considered a key area for CGG to monitor.

Quality & Safety | Metric Updates [M12] (2)

Friends & Family Test	<ul style="list-style-type: none"> Maternity remains the only area where Friends and Family Test (FFT) participation and recommendation levels are at target level (Accident and Emergency, Outpatients and Inpatients did not meet their targets). Improving Outpatient area participation remains a focus for the Trust and participation has increased to its highest level in 12 months (7.15% against a target of >10%). FFT We are continuing with the capture of patient feedback via a touchscreen in Accident and Emergency at the Worcestershire Royal site, to identify whether this improves the response rates.
Mortality Rate	<ul style="list-style-type: none"> Our rolling 12 month HSMR mortality rate continues to be above the expected rate of 100 at 111.39 for January 2019 (latest published data). The SHMI score for January (latest published data) remains within the 'as expected' category at 111.32. Our crude mortality for January (latest published data) is under the rate recorded for the same month in the previous two years. We have completed three views of the top five causes of death analysed by seasonal trends which are being reviewed with clinicians in May 2019.
Medicine Incidents per 1,000 bed days	<ul style="list-style-type: none"> We have achieved the target of 4.47 incidents per 1000 bed days but performance is variable month to month. March performance is reported at 4.56, this is slightly below the national average of 4.69. A communications strategy to encourage the reporting of medicine incidents including those categorised as near miss or no harm will be developed in Q1 of 2019/20.
% of medicine incidents causing harm	<ul style="list-style-type: none"> With the over arching aim to reduce harm caused by medicines incidents a target of 15.62% was set and by the end of 2018/19 we have achieved the target with 15.48%. A target to reduce harm further has been set for next year. A medication safety campaign focused on insulin has been successful with the same number of incidents reported as the previous year but with less harm reported. Key Standards for reducing avoidable harm due to medicines incidents have been developed. These will be focused on some of the themes identified in reviews of reported medicines incidents and on-going monitoring of safe and secure handling of medicines
Infection Prevention and Control	<ul style="list-style-type: none"> With a further 4 CDiff cases confirmed in March it is clear we will not meet the national objectives for 2018/19 on Clostridium difficile infection. Neither will we meet the national objectives for 2018/19 for E coli bacteraemia or MSSA bacteraemia. We have however met our MRSA target. We have developed a plan of action to reduce the rates of infection seen in 2018/19 which is detailed in the WAHT Infection Prevention Improvement Plan 2019-20 (submitted to QGC scheduled for 22 May 2019).
Hand Hygiene	<ul style="list-style-type: none"> Hand hygiene is now 97%, with 78% of areas participating. Actions are in place to ensure that all areas participate. Please remove reference to visitors. (Though we encourage visitor hand hygiene, it is staff practice that is the main issue). The uniform policy has been revised to strengthen the bare below the elbows standard, and theatre discipline regarding wearing of scrubs outside theatres. The Key Standards to Prevent Infection have been rolled out, and are on display in wards and departments. They are included within the agreed Ward Accreditation metrics. The national Aseptic Non-Touch Technique (ANTT) programme has been purchased. The e-learning is being installed, and an assessor workshop is being planned for early July 2019.

Description	How we did	Trend	Key actions	What trajectory are we aiming for in 19/20?
Are we preventing our patients from acquiring pressure ulcers?	To reduce the number of avoidable grade 3 / deep and ungradeable hospital acquired pressure ulcers. 1**	There was 1 grade 3 hospital acquired pressure ulcer in March, and we finished the year with 11, 4 below the target of <15.		Pressure ulcer prevention training sessions continue across the organisation <12
Are we ensuring that patients receive all elements of the sepsis 6 bundle?	To improve the % of patients receiving all elements of the sepsis 6 bundle within 1 hour. 49.1% ⬇️	Compliance with the sepsis 6 bundle remains challenging. Of the 116 patients requiring treatment who were sampled, 57 received all elements within 1 hour.		Focal point continues to be the scrutiny of progress/barrier detailed in the Div Quality Improvement Plans >90%
Are we maintaining the expected standards of hand hygiene?	To improve the compliance with Hand hygiene practice, and participating in audits. 97.23% ⬆️ 79.34% ⬇️	Compliance to practice is above trajectory at 97.23%, and audit participation has increased again to 79.34%.		Mid month audit results will be sent to inform DDNs of their position so that they can challenge staff to complete the audits. Staff have been advised to escalate to managers any breach of the Key Standards. 100% ≥97%
Are our patients at risk of contracting C.Difficile during their stay?	There should be no more than 31 cases of C.Difficile in the year. 4	There were 4 confirmed cases of hospital acquired C. difficile. 3 were in Specialised Medicine and 1 in SCSD. We finished the year with 42 cases, 11 above the target of 31.		Hand Hygiene is a key indicator to reducing C Diff cases. ≤53*
Are we reducing mortality for patients whilst under our care?	To monitor and seek to reduce mortality for patients using the Hospital Standardised Mortality Ratio. 111.39 (Jan.) ⬇️	HSMR rolling average was 111.39 in Jan-19. Performance is stabilising from trajectory, however we remain an outlier for the 6th month in a row.		Recruitment of additional ME's to ensure timely and consistent reviews and allows Divisions to focus on delivery of service improvements. Rescheduling of the Mortality Review meetings to a time more consistent with Clinician availability. ≤100
Are we treating our patients in the required timeframes?	To improve the time to theatre for patients with fractured neck of femur (#NOF) 89.29% ⬆️	The #NOF metric met target again in March with 50 of 56 patients in theatre within 36 hours.		British Orthopaedic Association (BOA) Peer Review planned for Jun-19. Ambulance service pathway for appropriate hip fracture patients to Redditch operational since Jan 2019. ≥85%

Risk	Are we reviewing risks to ensure patient safety?	To reduce the number of risks overdue a review.	175	The average number of risks overdue for review per month between Apr-18 and Feb-19 is 156.			
	Are we managing risks to ensure patient safety?	To reduce the number of overdue actions relating to risks.	160	The number of overdue actions decreased 164 in January to 160 in February.			
FFT	Are we providing a positive experience for our patients?	To improve the Recommended Friends & Family score for all areas	Mat. 99.14% IP 94.94%	A&E 84.14% OP 93.18%	Maternity score remained above target and the other areas below target with IP and OP improving in Mar-19. Feb-19 benchmarking places this Trust in the bottom quartile for IP and A&E and top quartile for Maternity.		Appointment of Quality Improvement Matron to support wards. Text messaging service review planned.
	Are we preventing our patients from suffering falls?	To reduce the number of falls that occur in our hospitals and, consequently those that result in serious harm.	6.23 0	The falls per 1,000 bed days increased in March to 6.23 but there were no falls with serious harm. Specialty Medicine had the highest number of falls (93).		Evaluation of the initiatives implemented: "Stay in the Bay", "Find your Feet" and "Kit where you Sit"	
Medical Incidents	Are we prescribing, administering and supplying the right medicines?	To improve the reporting of medical incidents that occur in our hospitals and reduce those that result in serious harm.	4.56 20.0%	There were 4.56 medicine incidents per 1,000 bed days; 115 in total. 23 (20.0%) medicine incidents caused harm to patients. Surgery reported the highest number (32), but the highest causing harm was in Urgent Care (9).		Promotion of the reporting of medicine related incidents Quality Improvement methodology will be used to identify actions and provide focus.	
	Are we screening our patients for VTE in a timely way?	To improve the % of patients who receive a VTE assessment within 24 hours.	94.89%	The VTE assessment rate has increased slightly in February. Urgent Care is the lowest performing Division. Q3 benchmarking places this Trust in the bottom 25% of all Trusts.		Work with ward clerks to improve accuracy and timeliness of recording. Report on medic completion rates ensuring accountability of consultants.	

Quality Governance Committee Assurance Report

Accountable Non-Executive Director		Presented By		Author		
Dame Julie Moore - Non-Executive Director		Dame Julie Moore - Non-Executive Director		Kimara Sharpe – Company Secretary		
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?				Y	BAF number(s)	1, 2, 3, 9
Level of assurance and trend						
Significant assurance		Moderate assurance		Limited assurance		No assurance
X						

Executive Summary

The Committee met on 23 May 2019.

Quality Account: The Committee received a draft of the Account and agreed with the assessment by TME that 21 priorities were too many. The new requirements relating to seven day services and Freedom to Speak Up had been included.

Integrated Quality Report: the highlights of this report include:

- Hospital acquired pressure ulcers: There has been a 33% improvement which is well below the benchmark. There is a focus with wards to maintain the performance.
- Friends and Family: This remains below the 30% target response rate for inpatient wards and 10% for outpatients. There has been a significant improvement in April – trust wide the figure is 27%. A review is being undertaken as to how compliments are captured to obtain a more rounded patient experience report.
- Risk dashboard: There has been a reduction to 30 overdue risks in April from 175 and to 94 from 160 for overdue actions. There is a concentration with the corporate division now.
- Ward accreditation: this went live on 1 April.
- 88% of patients receive their operation within 36 hours of arriving in hospital following a fractured neck of femur. We were concerned to note that the Health and Care Trust have signalled that they may close the rehabilitation beds at Evesham. The Commissioners are taking this forward.
- Sepsis – performance continues to be poor in relation to the whole of sepsis 6. A review of mortality associated with sepsis is underway.

The Committee heard about the new process for reviewing deaths daily and look forward to receiving the revised process in due course.

Clinical Audit – Better Outcomes for Patients Programme 2019-20: We were impressed with the work undertaken in national and local clinical audits. The Trust has participated in 100% of national audits in 2018/19 and every division is engaged in this work. Particular thanks were given to the Audit facilitators, Heather Webb and Sarah Wardle.

Quality Governance Committee Assurance Report

Accountable Director

Dame Julie Moore - Non-Executive Director

Presented By

Dame Julie Moore - Non-Executive Director

Author

Kimara Sharpe – Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?

Y

**BAF
number(s)**

1, 2,
3, 9

Level of assurance and trend

Significant assurance

Moderate assurance

Limited assurance

No assurance

X

Executive Summary

Infection Control: We were informed that the Trust had not met the infection control targets for 2018/19 except that for MRSA bacteraemia. Unfortunately there had been a 30% increase of C Diff cases since the previous year. There is an increase in hand hygiene compliance and the latest figure was 97% compliance. Work continues with the contactors in relation to cleanliness – this includes all three sites as no site reached the target for high risk areas. We were pleased to learn that the Chief Executive was meeting with PFI funders and subcontractors and one element was the cleanliness of the PFI site. Work was continuing with mandatory training compliance and individuals are being contacted to ensure compliance. We also received the Infection Prevention and Control Annual Report which included the Improvement Plan for 2019/20.

Local Maternity System: We received a short presentation on the work of the LMS. This showed progress has been made against the national targets. However concern was raised with the number of women presenting who were smoking and the number who are obese. Carbon monoxide detectors are used at every antenatal visit. We were informed that work for 2019/20 included a focus on continuity of carer and on the post natal pathway. National work was underway to understand the national increase in neonatal deaths.

Quality Governance Committee Assurance Report

Accountable Director		Presented By		Author		
Dame Julie Moore - Non-Executive Director		Dame Julie Moore - Non-Executive Director		Kimara Sharpe – Company Secretary		
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?				Y	BAF number(s)	1, 2, 3, 9
Level of assurance and trend						
Significant assurance		Moderate assurance		Limited assurance		No assurance
X						

Background
The Quality Governance Committee is set up to assure the Board with respect to the quality agenda.
Issues and options
None.
Recommendations
The Board is requested to receive this report for assurance.
Appendices

- TB IPR - M11 2018-19

Finance | Key Messages

2019/20 Plan	<p>For 2019/20 the Trust committed to delivering a deficit of no more than £(82.8)m. This includes £13.6m of planned savings/CIP delivery. The trust has not signed up to the revised control total set by NHSI of £(64.4)m [£58.4m+£6m] (excluding PSF, FRF and MRET funding). Whilst we recognise that it is disappointing that we have not been able to submit a plan closer to the control total, we believe that the submission reflects a credible plan based on the existing plan information and assumptions available to us at this time. Clearly we are some way off the target we are trying to achieve, and the Board remains focused on maximising the savings plans setting an internal Quality and Savings/CIP Improvement Target with the Divisions and Corporate functions totalling £22.5m.</p>
I&E Position	<p>April 2019 (month 1 of 2019/20) is a deficit of £(8.7)m against a £(9.7)m planned deficit, resulting in a £1.0m favourable variance to the £(82.8)m deficit plan. The £1.0m positive variance to plan has been largely driven by estimated income margin growth; underspends related to the provision of additional (Bed) capacity, and slippage in planned business case expenditure (Electronic Prescribing & Medicines Administration – EPMA and Managed Equipment Service - MES).</p>
Income	<p>Income is behind plan by £148k, largely driven by Patient Care Revenue. Patient Care Income was £0.2m adverse after adjusting for the marginal rate impact of the blended payment . Before drugs and devices patient care income was £0.2m adverse. Note Non Elective Threshold c.£0.3m adjustment for estimated forecast breach payable @ 20%. Inpatients was £0.4m above plan; Emergency activity was 8% above planned levels - continuation of the trend as seen in previous months. Emergency activity as part of the blended payment approach extrapolated and calculated to be greater than the upper threshold with Worcestershire CCGs; income has been reduced by £0.3m in month (above the upper threshold limit). This has been escalated to CCGs. The plan includes a cohort of non-recurrent diagnostic activity which is not yet delivering to anticipated levels. Patient Care Income plans were set with an average demographic growth rate of between 2% and 3%.</p>
Expenditure	<p><u>Pay</u> Pay is £911k favourable to plan, key variances include timing of spends against additional capacity, vacancies , slippage against business cases (EPMA & MES) and income margin growth. Pay costs increased by £1.4m (after normalisation for month 12 adjustments) from £24.1m in March to £25.5m in April. The key movements are increased pay expenditure following pay award increases for all staff groups and one-off non consolidated payment for top of scale employees - £1.3m (part of 2018/19 3 year deal pay award terms) & increased bank holiday costs following Easter- £0.2m.</p> <p><u>Non Pay</u> Non pay is £193k favourable to plan, key variances include timing of spend against additional capacity, agreed business cases (MES & EMPA) and income margin growth. Non pay costs excluding Non PbR items, and finance charges increased by £0.5m (after normalisation for month 12 adjustments) from £10.4m in March to £10.9m in April. Including these items the position remained static. The key movements are aligned to inflation and activity.</p>

Finance | Key Messages

<p>CIP (Savings Improvement Plans)</p>	<p>In April (Month 1 of 2019/20) nominal £266k of CIP delivery against a plan of £276k. The key scheme reporting an under delivery is timing of procurement benefits. A prudent assessment of delivery has been performed in month 1 due to reporting deadlines. A detailed assessment will conclude ahead of month 2.</p> <p>Divisional start point budgets are to be adjusted to reflect the Divisional bottom-built schemes including the £2m procurement target which has been identified and worked through at a Divisional level.</p> <p>The initial £13.65m CIP plan includes a further targeted reduction on temporary staffing (£1.9m) and improved theatre and outpatient productivity (£1.5m). It is intended that Divisional budgets are also adjusted to include a share of this target. Using workforce as an example, divisional targets will be based on 2018/19 out turn spend on (Bank and Agency) temporary staffing, net of any existing divisional pay schemes already identified.</p>
<p>Capital</p>	<p>The Trust has a minimal £2.22m internal source of funding for the 2019/20 capital programme. This is after repaying the capital loans, accounting for IFRIC 12 and PFI capital repayments. The Full Year Forecast Capital position for the financial year shows a breakeven position against available funds. April 2019 - Month 1 expenditure is mainly against the Acute Services Review “ASR” Aconbury East Scheme £405k.</p>
<p>Cash Balance</p>	<p>As a result of the financial position, we have continued to rely on additional cash support from the Department of Health and Social Care (DHSC). We continue to request cash in line with financial performance on a monthly basis. Additional cash support is required to finance the forecast deficit of £(82.8)m. The Trust has presented a revised forecast to NHSI and requests cash in line with YTD performance on a monthly basis.</p> <p>At the end of April the cash balance was £4m which is over the £1.9m minimum balance required due to the timing of due payments.</p> <p>Cash limitations will prevent repayments of existing and future revenue support loans without refinancing existing borrowings, or a change to the existing financing regimes for Trusts that are in financial difficulties. Based on this scenario, the Trust are in on-going discussions with NHS Improvement and the DHSC regarding the planned repayments due in 2019/20 for revenue support loans. The DHSC has deferred the repayment of the £15.437m loan due in May 2019 to November 2019, as well as the £483k loan repayment due in September 2019 and the £3.715m loan repayment due in October 2019 both to March 2020. Capital loans are repaid through the capital programme.</p>

Use of Resources

Risk Rating Summary

Responsible Director – Interim Director of Finance

	Metric Definition	How we did YTD at M1	Risk Rating		Previous Month YTD	Full Year Plan (Forecast)
Are we spending more than the income we receive?	I&E surplus or deficit / total revenue.	(26.03%)	4	Adjusted financial performance deficit of £8,720 (£8,720k/ total operating income £33,495k = (26.03%).	4	4
How close are we to our financial plan?	YTD actual I&E surplus/deficit in comparison to YTD plan I&E surplus/deficit.	2.89%	1	I&E margin YTD actual of (26.03%) less I&E margin YTD plan of (28.92%) = 2.89%	4	1
How many days' worth of cash do we have?	Measures the days of operating costs held in cash, cash-equivalent and liquid working capital forms.	(92)	4	Working Capital of (£119,301k) / YTD Operating Expenditure of £38,902 multiplied by the number of YTD days (30) = (92).	4	4
Do we have sufficient income to cover the interest owed on our borrowings?	Degree to which the organisation's generated income covers its financing obligations.	(4.3)	4	Revenue available for capital service (£6,718k)/ capital service £1,563k= (4.3)	4	4
Is our agency spend within the imposed limits?	Total agency spend compared to the agency ceiling.	(65.8%)	4	Total agency spend of £2,389k less agency ceiling of £1,441k / divided by agency ceiling of £1,441k = (65.8%).	3	3

Operational Performance | Key Messages

2WW Cancer

- Our trust-wide 2WW performance in April (validated at 84.92%) has declined against previous month and remains below the operational standard of 93% for the second consecutive month.
- Action plans are in place to for Divisions to maintain their 2 week capacity in order to continue to achieve performance through 2019/20.

2WW Breast Symptomatic

- Breast Symptomatic's validated April performance dropped to 54.12%. We are forecasting that we will also not meet the standard in May
- In order to improve Breast symptomatic and suspected performance we have recruited to two vacancies and appointed a consultant locum to increase capacity. We have also revised the clinic templates to try to maximise the number of patient appointments.

62 Day Cancer

- 62 day performance remains a challenge for the organisation. Having improved month on month since Jan 2019, April's performance dropped to 67.50% (unvalidated).
- The Cancer recovery plan has a 62 day wait trajectory for April at no more than 75 patients, however we finished the month with 139. Discussions are on-going in relation to additional resources and physical capacity to enable the backlog to be reduced.
- The number of patients waiting 104 days at the end of April was 23 compared to 24 in March.

EAS 4 Hours

- Overall EAS for April 2019 was 76.17%; this is a movement of 1.51% on March 2019.
- WRH achieved 64.23% this is a 4.07% difference compared to March 2019 and a 8.09% improvement on April 2018.
- There were 283 confirmed Ambulance 60 minute handover breaches at WRH in April 2019 and 213 at AGH. This is an increase of +120 (+73%) at WRH and an increase of +149 (+232%) at the Alex.
- From the 17th April onwards once the major incident was declared WRH had 8 consecutive days with no handover breaches.

RTT

- The trajectory set at the beginning of the financial year for April was 86.47% which has not been achieved. May's trajectory of 88.06% also looks at risk.
- The waiting list is currently 36,026 with 6,958 patients having waited over 18 weeks to receive their first definitive treatment.
- The trajectory of having no more than 300 patients waiting 40 weeks or more at the end of April was not achieved as we had 346.

Diagnostics

- April performance decreased to 90.61% validated (9.39% not seen within 6 weeks) from 92.40% (7.6% not seen within 6 weeks) in March. At month end, 606 patients were waiting longer than 6 weeks for a diagnostic which is an increase of 45 and the overall waiting list has decreased by 925 to 6452.
- Endoscopy remains the modality with the highest backlog. Overdue endoscopy patients now constitute 78% of all breaches. We have been progressing discussions with external providers to outsource some Endoscopy activity and are nearing completion of contracts.

Description

How we did

Trend

Key actions

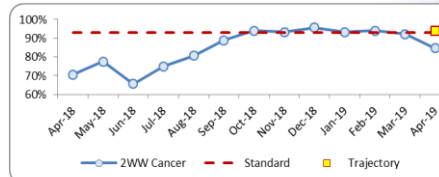
What are we aiming for in May?

Did we see urgent cancer patients quickly?

93% of potential cancer patients seen by a specialist within 2 weeks.

84.92%

We saw 84.92% of our cancer patients within 2 weeks. **308 patients** waited longer than 2 weeks.



- Cancer forward planning template in place with all directorates

93.90%

FORECAST STATUS

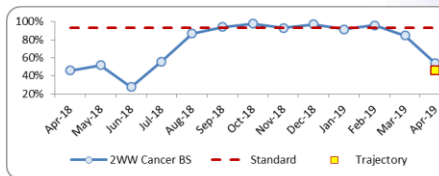
DECLINE STABLE IMPROVE

Did we see patients with potential breast cancer quickly?

93% of patients with potential breast cancer seen by a specialist within 2 weeks

54.12%

54.12% of patients were seen within 2 weeks. **78 patients** waited longer than 2 weeks.



- Continued focus on 2WW and 104 days escalation.
- Gap analysis undertaken to identify bottlenecks with associated work-groups to address these

51.76%

FORECAST STATUS

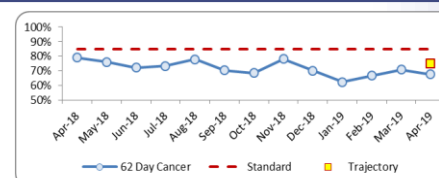
DECLINE STABLE IMPROVE

How quickly did we start treating cancer patients?

85% of cancer patients to start treatment within 62 days of urgent GP referral.

67.50%

67.50% of patients started treatment within 62 days. **58.5 patients** waited longer before starting treatment. There were **23 patients** still waiting 104 days or more for treatment at the end of the month.



- Working with CSU to find opportunities in the Urology pathway commencing April / May

78.06%

FORECAST STATUS

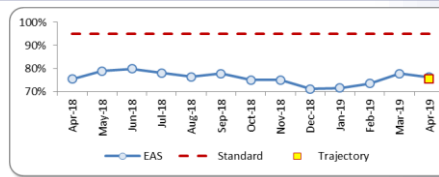
DECLINE STABLE IMPROVE

Are we seeing patients with an emergency within 4 hours?

The Trust should see 95% of patients within 4 hours from arrival to admission, transfer or discharge

76.17%

The Trust performance was 76.17%. **3,976 patients** breached the 4 hours standard, WRH achieved 64.23% (U), ALX 64.83% (U). **65 patients** waited 12+ hours to be admitted after their decision to admit.



- NHS Improvement Urgent Care specialists have been in the Trust supporting plans for improvement.

78.6%

FORECAST STATUS

DECLINE STABLE IMPROVE

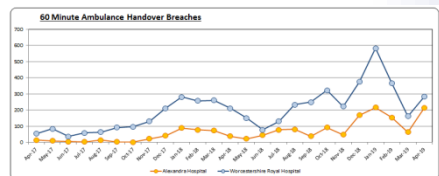
Are ambulance patients waiting a long time to be seen?

No patient arriving by ambulance should wait over 1 hour to be handed-over to ED staff

ALX 213

WRH 283

496 patients arriving by ambulance remained under the care of the ambulance crew for over 60 minutes. This is **269 more patients** waiting over 60 minutes than in March.



- A recruitment strategy is being developed for consultants.

203

FORECAST STATUS

DECLINE STABLE IMPROVE

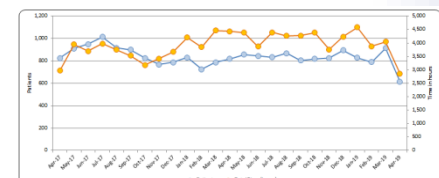
Are patients being treated on the corridor and for how long?

Corridor care is not acceptable, but when it does occur performance will be monitored against our plans to stop it happening.

614 patients

280 Minutes average

614 patients spent time on the corridor in April. This is 299 fewer patients than in March. The average time spent on the corridor is around **280 minutes**.



FORECAST STATUS

DECLINE STABLE IMPROVE

	Description	How we did	Trend	Key actions	What are we aiming for in May?
RTT	Did we start treatment within 18 weeks?	<p>92% of patients on a 'referral to treatment' (RTT) pathway should be seen within 18 weeks.</p> <p>80.69%</p>	<p>80.69% of patients are waiting less than 18 weeks for treatment. 6,958 patients have been waiting over 18 weeks. No patient has waited over 52 weeks. The 40-51 cohort decreased from 357 to 346.</p>	<p>The Trust focus is on reducing the over 40 week waiters and implementing the actions agreed as part of the 2019/20 planning.</p>	<p>88.1%</p> <p>FORECAST STATUS: STABLE</p>
	When a patient needs a diagnostic test, do we do this within 6 weeks?	<p>A minimum of 99% of patients who need a diagnostic test should wait less than 6 weeks</p> <p>90.61%</p>	<p>90.61% of patients requiring a diagnostic test were waiting less than 6 weeks for their test. 9.39% were waiting 6 or more weeks which equates to 606 patients.</p>	<p>Rapid Action Plans written and recovery trajectories modelled on available capacity.</p>	<p>94.7%</p> <p>FORECAST STATUS: STABLE</p>
	Are we directly admitting stroke patients to the specialist ward?	<p>At least 90% of patients should be directly admitted to the stroke ward.</p> <p>35.70%</p>	<p>Only 15 of 42 patients were admitted to the stroke ward within 4 hours.</p>	<p>Ring-fencing of stroke beds to ensure beds are readily available for stroke patients and can stay on stroke unit throughout their stay in hospital.</p>	<p>38%</p> <p>FORECAST STATUS: IMPROVE</p>
	Are we scanning stroke patients soon enough?	<p>At least 80% of patients should receive a CT scan within 1 hour of arrival.</p> <p>43.3%</p>	<p>26 of 60 patients had their CT scan within 60 minutes.</p>	<p>The SCN specialists are completing their IRMER training to be able to request CT's. Process flow meeting has taken place with all clinical parties and the finalised straight to scanner pathway needs to be embedded.</p>	<p>48%</p> <p>FORECAST STATUS: IMPROVE</p>
	Are stroke patients spending enough time on the specialist ward?	<p>At least 80% of patients should spend 90% of their stay on the stroke unit.</p> <p>69.8%</p>	<p>44 patients spent at least 90% of their time on the stroke ward. 19 patients spent less than 90% of their stay on the ward.</p>	<p>Ring-fencing of stroke beds to ensure beds are readily available for stroke patients and can stay on stroke unit throughout their stay in hospital.</p>	<p>75%</p> <p>FORECAST STATUS: IMPROVE</p>
Stroke	Are stroke patients seen quickly in specialist clinic?	<p>At least 70% of patients should be seen in TIA clinic within 24 hours.</p> <p>83.1%</p>	<p>69 patients were seen in the TIA clinic within 24 hours. 14 patients were not.</p>	<p>Successful consultant recruitment, additional WLIs and more efficient use of clinics has improved efficiency.</p>	<p>57%</p> <p>FORECAST STATUS: IMPROVE</p>

Finance & Performance Committee Assurance Report

Accountable Non-Executive Director		Presented By	Author		
Richard Oosterom – Associate Non-Executive Director		Richard Oosterom – Associate Non-Executive Director	Kimara Sharpe - Company Secretary		
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?			Y	BAF number(s)	4, 5, 6, 7
Level of assurance and trend					
Significant assurance	Moderate assurance	Limited assurance	No assurance		

X

Executive Summary

The Committee met on 28 May 2019.

Way of Working: We modified our rules of engagement to enable agenda setting and document approval at TME. We agreed to “live” our signature behaviour “Do what we say we will do”.

Divisional attendance: We have agreed a schedule and agenda for the divisions to attend the F&P Committee for the rest of the year. We requested that the surgical division attend earlier in the year and for corporate divisions to attend.

Financial Performance - Month 1: We are reporting against the plan submitted to NHSI, which delivers a deficit of no more than £82.8m and includes a CIP of £13.6m. For month 1 we are reporting a £8.7m deficit against a target of £(9.7)m deficit. This is largely driven by estimated income margin growth; underspends related to the provision of additional (Bed) capacity, and slippage in planned business case expenditure. The underlying deficit in April has increased by c.£(1.2)m. This has been driven by expenditure aligned to inflationary increases (Pay) and reduced levels of income due to number of working days in the month. Agency expenditure for month 1 of £2.4m is broadly consistent with the average underlying exit run rate from Q4 2018/19 after adjusting for Savings/CIP delivery. Agency costs of £2.4m exceed the agency ceiling of £1.4m by £1.0m. Nurse agency of £1.2m represents the highest spend area of agency with the continued use of Tier 2 agencies – predominantly ID Medical increasing premium costs. Bank expenditure totaled £1.7m showing a marginal reduction on Q4 2018/19. The combined agency and bank spend is £4.1m and represents 17% of the pay bill. There is additional activity of 8% within the Emergency Department which has resulted in income reducing by £0.3m in month (above the upper threshold limit). This is being picked up across the STP in relation to alternative pathways and we had a detailed discussion about the actions that our health economy partners are taking in respect of this. Since the majority of plan differences are caused by phasing of costs rather than recurring savings, the team is reluctant to simply annualize the month 1 positive difference for the year-end forecast. We agreed that going forward reporting takes place both against the plan submitted to NHSI and the target set by the board (which is delivering a deficit no more than the 2018/2019 deficit) and more focus will be given to how the in-month financial performance impacts the remainder of the year.

CIP: The team continues to develop the CIP to bridge the gap between the £13.65m included in the submitted plan and the £22.5m required to deliver a deficit in line with 2018/2019. However progress is slow and we have concern that in year delivery of £22.5m requires a CIP target in the range of 30-35m to offset the risks and the fact that the financial year is already nearing month-3. There is a continued focus on grip and control, for example at the weekly pay panel about 50% of posts being presented are rejected. Executives have introduced a monthly executive Financial Improvement Group to provide added scrutiny. The PMO is re-focused to support the divisions in delivering the CIP.

Finance & Performance Committee Assurance Report

Executive Summary (cont.)

Performance review meetings with non front line areas are being instigated to ensure that the same grip is applied to these areas as clinical divisions. Non-pay contract management is also crucial and this is being strengthened. £9m of the CIP is workforce related, specifically the reduction in premium costs. The governance structure to manage this has been improved, particularly with the use of the rota system for nurses. We discussed the working of the pay panel on the Trust and it was evident that this mechanism is having a positive impact. The Divisional Medical Director – Urgent Care was honest in her assessment that it will be challenging for her division to meet the allocated CIP without a significant number of permanent staff recruited. The CIP programme needs to be run differently and NEDs will advise the Execs separately.

National Cost Collection 2018/19: We approved the process of producing the annual National Cost Collection as part of the assurance process required by NHS Improvement and authorised the Chief Finance Officer to sign off the final National Cost Collection return. We will review the output from this exercise later in the year.

Digital strategy: We approved the Digital Strategy. It is on the agenda for the Board meeting. It is a crucial enabling strategy and we commend it to the Board. We urged the executive team to consider the next steps, adequate resourcing and in particular the business case for the electronic patient record. We will have an update at our meeting next month.

Integrated performance report: Our overall emergency access standard was 76.17%. 65 patients waited more than 12 hours for a bed. We did not meet the trajectory for 2 week cancer wait or the 62 days target. Our RTT performance was reported unvalidated at 80.18% (subsequently validated at 80.69%). Validated diagnostic performance has once again decreased with 9.37% of patients not being seen within 6 weeks. We were informed of the actions being undertaken which includes the use of the mobile CT scanner at Kidderminster and the continued focus on seeing people who have waited longer than 40 weeks. We were concerned about the decline in performance of Cancer, RTT and ambulance handovers and have asked for more focus on the key actions for the next report.

Urgent Care Plan: We received the Home First Worcestershire Plan and we went through the six key work streams which are being managed through a delivery board. We felt that the plan was good but there needed to be more work undertaken on the metrics, including the summary sheet. We asked for more lead indicators to be included.

Review of 2018/19 Elective Productivity Programme: This paper outlined the lessons learnt from the programme which was in place for 2018/19. In summary, clinical engagement was crucial – this was lost as the programme went forward. We would have benefitted from a process flow mapping exercise prior to the commencement of the programme. The process with respect to benefit realisation should have been more robust and this will be rectified for the future. We were concerned that this work has not been embedded within the surgical division or within theatres. This will be taken forward by the Chief Operating Officer.

The Committee received the

- Final presentation from the Use of Resources assessment. The report is awaited.
- An update on the bed capacity business case, which will be ready for the June meeting
- Quarterly procurement and commercial management update

Finance & Performance Committee Assurance Report

Background

The Finance and Performance Committee is set up to assure the Board with respect to the finance and performance agenda.

Issues and Options

None.

Recommendations

The Board is requested to receive this report for assurance. and note that the Committee received the information relating to the national cost collection for 2018/19.

Appendices

- TB IPR - M1 2019-20

People & Culture Performance | Key Messages

Job Plans

- Consultant Job plan compliance rates have improved by a further 9% this month to 83%.
- Compliance is being addressed through the Allocate suite of solutions. Divisions supported by HR are working hard to achieve the target of 95% by 31st May 2019.

Appraisals/ PDR's

- Non-medical appraisal rate has improved by 3% to 80% with improvement in all divisions as shown in this table:
- Our lowest compliance rate by staff group continues to be within the Scientific, Therapeutic and Technical staff although there is a 10% improvement this month.
- None of the divisions met the local target of 85% by 31st March 2019 and will continue to be held to account for delivery at the monthly performance review meetings.
- Medical PDR compliance is unchanged from last month at 89%.

AMIT	CORP	SPEC MED	URG CARE	SCSD	SURG	W&C
↑ 4%	↑ 1%	↑ 9%	↑ 1%	↑ 1%	↑ 5%	↑ 6%

Mandatory Training

- The Trust's compliance rates for mandatory training improved to 85% across all 11
- AMIT was the only division that didn't improve this month.
- Only 1 out of 33 topics deteriorated this month; 17 improved and 15 remained the same (with 10 of these above target)
- The Medical and Dental staff group still has the lowest compliance at 73% but have had the highest improvement at 2% along with Admin and Clerical.

AMIT	CORP	SPEC MED	URG CARE	SCSD	SURG	W&C
↓ -2%	↑ 2%	↑ 3%	↑ 3%	↑ 1%	↑ 3%	↑ 1%

Sickness Absence

- Cumulative sickness rate for the 12 months has increased by 0.03% to 4.23% which is 0.49% higher than the same period last year.
- The Trust was below the Model Hospital benchmark of 4.35% (latest data available November 2018).
- All divisions continue to be supported by HR to undertake back to work interviews and formal sickness absence management meetings.

Turnover

- The overall staff turnover rate has reduced by 0.04% to 12.26% which remains above our target range of 10-12%.
- Turnover has increased in month for Medical staff and Allied Health Professional's.
- Retention is a key focus this year and we are strengthening our staff offer through the launch of a Trust Academy and additional flexible working opportunities.
- International Recruitment initiative for registered nurses is ongoing with 60+ offers being made to date.

Description

How we did

Trend

Key actions

What are we aiming for in May?

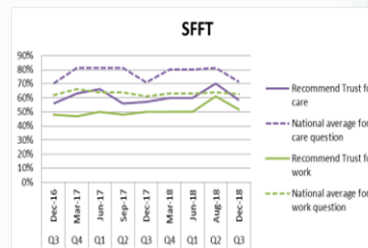
Would our own staff recommend us?

National quarterly measure of whether staff would recommend our Trust for treatment (T) or work (W)

58% (T)

52% (W)

Q3 SFFT data was incorporated in the Annual Staff Opinion Survey. The national position has deteriorated by 10% (T) and 1% (W). Trust position has deteriorated by 12% (T) and 9% (W) compared to Q2 SFFT but has improved by 2% (W) and 1.5% (T) from last years Staff Survey.



Improve culture, retention and staff experience by implementing the people and culture strategy. An action plan has been developed from the Staff Survey.

Improved position to National average – 71% (T) & 63% (W)

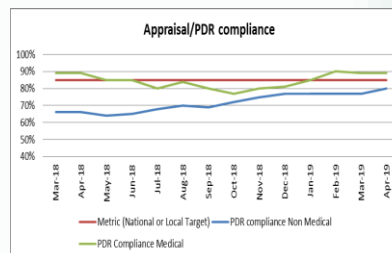
Are our staff having annual appraisals?

All of our staff should have an annual appraisal/PDR. Separated into Medical (M) and Non-Medical (NM)

89% (M)

80% (NM)

Non Medical appraisal rates have increased by 3% to 80% against the Model Hospital average of 83%. Every division has improved this month with the biggest increase in Specialty Medicine (9%). Medical appraisal rate has remained unchanged at 89%



Divisions to continue to be held to account through the monthly PRM's. ESR also automatically notifies staff and managers of expiry dates.

83% against 85% target

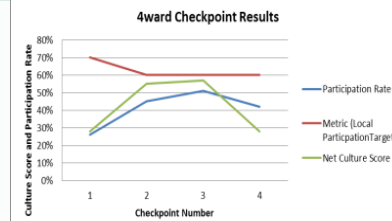
Are we engaged with cultural change?

Summary of results from 4 ward Programme

31% participation

20% net culture

Checkpoint 5 results were published in March and were disappointingly lower than last checkpoint with an 11% drop in participation rate and an 8% reduction in net culture score.



Changes to the process for Checkpoint to be implemented by September.

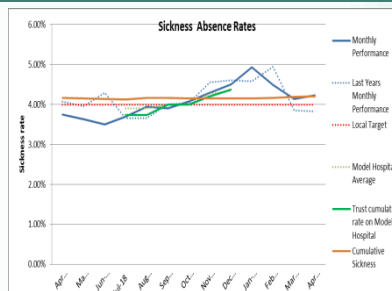
Improvement in response rate and net culture score

How many of our staff are taking time off sick?

Sickness absence rates measured against National average on NHS Model Hospital (4.35% as at Nov 2018; when our Trust reported 4.39%)

4.21% cumulative

Monthly sickness absence rate has increased by 0.09% to 4.23% in month. Cumulative sickness for the 12 month period has increased to 4.23% compared to 4.15% last year.



Sickness absence continues to be managed through Divisions with support from HR business partners.

4.2%

Key to rating: Green - target met; Amber – on track or close to target; Red - target missed

	Description	How we did	Trend	Key actions	What are we aiming for in May?
Do we have enough staff?	Vacancies against funded establishment compared to the local target of 7%	9.53%		Implementation of Allocate suite of solutions will give greater transparency of vacancy position..	9%
How much are we spending on temporary staff?	Agency spend as a percentage of total substantive and temporary pay spend	9.37%		We have set a target reduction of c£9m of premium staffing costs which is being monitored though the Finance Improvement Group	7.81% (Forecast)
Are we spending too much on temporary staff?	NHSI set the Trust an annual agency expenditure ceiling of £17.3m	(£948k)		As part of the FRP the Trust is strengthening controls across all staff groups requesting agency and engaging with agency suppliers to ensure compliance with capped rates.	Need to reduce run-rate
Are our staff doing the necessary training?	All staff are required to undertake Mandatory training at the appropriate level assigned by leads in 11 mandatory training topics (33 topic levels)	85%		Divisions being held to account for their staff compliance. Fortnightly reports sent out to Divisions as well as visibility and automated emails to Managers and Staff via ESR self service . National benchmark is 89%.	86%
Do our consultants have up-to-date job plans?	All consultants are required to have an annual job plan review	83%		Early Implementers have uploaded job plans to Health Medics rostering system. Targets for completion for 95% of all specialities by 31 st May 2019.	95%

Key to rag rating: Green - target met; Amber – on track or close to target; Red - target missed



Worcestershire Acute Hospitals NHS Trust

Quality Metrics Overview



Reporting Period: March 2019

SAFE																								
Area	Indicator Type	Indicator	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Current YTD	Prev Year	2018/19 Tolerances			SRO	Data Quality Kite mark		
																		On Target	Of Concern	Action Required				
Incidents	Local	QPS3.3	Number of overdue SIs	1	4	0	0	0	0	0	0	0	0	2	1			0	-	>0	CMO	<div></div>		
Falls	Local	QPS6.6	Falls: Total Falls Resulting in Serious Harm (In Month)	2	2	0	1	0	2	3	2	3	0	0	1	0	14	24	<=1	-	>=2	CNO	<div></div>	
VTE	National	QPS11.2	VTE Risk Assessment (as recorded in OASIS only)	90.97%	93.74%	95.13%	94.35%	95.51%	94.67%	94.07%	95.14%	95.33%	92.70%	93.89%	93.99%	94.89%			>=95%	94% - 94.9%	<94%	CMO	<div></div>	
Never Events	National	QPS4.1	Never Events	0	0	0	0	0	0	0	0	1	0	0	0	0	1	2	0	-	>0	CMO	<div></div>	
Pressure Ulcers	Contractual	QPS7.5	Pressure Ulcers: New Pts. with Hosp. Acq. Grade 3 Avoidable (Monthly)	2	2	1	1	0	1	0	0	0	2	1	2	1	11	17	0	1 - 3	>=4	CNO	<div></div>	
	Contractual	QPS7.7	Pressure Ulcers: New Pts. with Hosp. Acq. Grade 4 Avoidable (Monthly)	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	-	>=1	CNO	<div></div>	
Infection Control	National	QPS12.1	Clostridium Difficile Infection (Trust Attributable)	3	3	2	3	6	1	4	4	2	4	5	5	4	43	33	17/18 Threshold <= 32 18/19 Threshold <= 31			CNO	<div></div>	
	Contractual	QPS12.15	MSSA Bacteremia Cases (Trust Attributable)	0	5	1	1	3	3	1	0	2	3	2	0	3	24	17	0	1	>1	CNO	<div></div>	
	Contractual	QPS12.14	Ecoli Bacteremia Cases (Trust Attributable)	4	5	5	7	6	7	3	5	6	12	4	9	3	72	62	18/19 Threshold <= 47			CNO	<div></div>	
	National	QPS12.4	MRSA Bacteremia Cases (Trust Attributable)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	>0	CNO	<div></div>	
	National	QPS12.131	MRSA Patients Screened (High Risk Wards Only) - Elective	97.26%	96.80%	95.50%	95.60%	97.70%	97.80%	96.50%	95.48%	93.90%	97.37%	96.91%	96.59%	97.09%	96.64%		>=95	-	<95%	CNO	<div></div>	
C-Sections	Contractual	MCS1.2	Emergency Caesareans	15.40%	12.60%	14.10%	12.10%	14.00%	16.20%	15.70%	19.80%	17.00%	16.20%	14.90%	16.80%	16.30%	15.46%	16.14%	<=15.2%			>15.2%	CNO	<div></div>
Sepsis 6	National	QEF3.4	% of patients receiving all elements of the sepsis 6 bundle within 1 hour		60%	47.06%	67.27%	48.33%	55.56%	52.63%	60.23%	39.39%	54.26%	43.88%	43.00%	49.14%			>=80%	-	< 80%	CNO	<div></div>	
Hand Hygiene	Local	QEF3.5	Hand Hygiene Compliance to Practice	88.58%	86.59%	85.55%	91.29%	89.96%	91.48%	95.02%	95.66%	96.79%	96.79%	97.35%	96.55%	97.23%			>=95%		<95%	CNO	<div></div>	
	Local	QEF3.6	Hand Hygiene Audit Participation	6.30%	11.57%	14.05%	12.40%	14.88%	12.40%	35.54%	57.02%	70.00%	66.67%	77.50%	76.67%	79.34%			100%		<100%	CNO	<div></div>	
Medicine Management	Local	QPS5.3	Medicine Incidents per 1,000 bed days			4.58	5.26	4.90	4.55	4.09	4.25	4.41	4.11	4.10	3.44	4.56			4.88		<4.88	CNO	<div></div>	
	Local	QPS5.4	% of Medicine Incidents causing harm			18.52%	20.00%	15.04%	7.55%	18.28%	17.17%	21.57%	15.31%	9.62%	17.50%	20.00%			<=11.71%			>11.71%	CNO	<div></div>

EFFECTIVE																							
Mortality	National	QPS9.81	Mortality - HSMR - All Diagnostic Groups - rolling 12 months (HED)	104.15	106.34	107.50	108.90	109.61	109.83	110.64	111.49	112.70	112.52	111.39			-	-	<=100	-	-	DPS	<div></div>
	National	QPS9.1	Mortality - SHMI - inc. deaths 30 days post discharge - rolling 12 months (NHS Digital Quarterly Publication)	1.058			109.200			111.300							-	-	-	-	-	DPS	<div></div>
	National	QPS9.23	% Primary Mortality Reviews returned within 30 days of issue (from month assigned)	45.11%	34.16%	58.62%	51.46%	57.24%	58.18%	52.17%	59.89%	40.00%	36.08%	20.68%	23.71%				>=60%	-	<60%	DPS	<div></div>
	National	QPS9.26	% Completed PMRs (includes > 30 day completion)	77.29%	78.68%	80.78%	81.10%	81.77%	82.18%	82.59%	82.51%	82.20%	80.51%	78.77%	78.38%				-	-	-	DPS	<div></div>
EMSA	National	QEX3.1	EMSA - Eliminating Mixed Sex Accommodation	32	55	62	62	55	45	55	50	52	54	50	34	45	619	487	0	-	>0	CNO	<div></div>
NOF	National	QEF3.1	Hip Fracture - Time to Theatre <= 36 hrs (%)	81.48%	75.86%	79.10%	68.52%	76.56%	86.54%	66.18%	73.53%	86.67%	86.27%	93.65%	82.76%	89.29%		81.4%	>=85%	-	<85%	CMO	<div></div>
	National	QEF3.2	Hip Fracture - Time to Theatre <= 36 hrs (%) - Excl. Unfit/Non-Operative Pts	89.80%	86.27%	84.13%	84.09%	87.50%	93.75%	70.31%	80.65%	88.14%	91.67%	98.33%	100.00%	96.15%		91.9%	>=85%	-	<85%	CMO	<div></div>
Audits	Local	QR1.16	% of NICE assessments completed within 10 weeks (8 weeks wef 1/9/18, 6 weeks wef 1/4/19, 10 weeks agreed with CCG for 19/20)		46.2%	74.6%	81.7%	79.4%	80.0%	84.0%	89.0%	90.0%	89.7%	90.42%	92.48%	89.95%			>=85%	84%- 75%	<75%	CMO	<div></div>
	Local	QR1.13	Complete an annual programme of local clinical audit		0.0%	1.0%	2.0%	5.0%	9.0%	19.0%	22.0%	28.0%	32.0%	41.0%	50.0%	74.0%			>=60%	59%- 50%	<50%	CMO	<div></div>
	Local	QR1.14	Participate in all relevant national clinical audits that the trust is eligible to participate in.		94.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%			>=94%	93-90%	<90%	CMO	<div></div>

* NCEPOD - currently not active as no reports are due

PATIENT EXPERIENCE																							
Friends & Family	National	QEX2.1a	Friends & Family - A&E (% Recommend)	73.75%	80.13%	80.35%	81.46%	73.93%	78.68%	81.35%	81.70%	83.52%	78.27%	82.02%	85.71%	84.14%	-	-	>=95%	85% - 94%	<85%	CNO	<div></div>
	National	QEX2.2	Friends & Family - A&E (Response Rate %)	3.59%	6.64%	5.72%	6.00%	4.86%	5.67%	4.12%	6.30%	6.83%	5.19%	5.87%	7.42%	4.77%	-	-	>=20%	-	<20%	CNO	<div></div>
	National	QEX2.61a	Friends & Family - Acute Wards (% Recommend)	93.58%	96.27%	94.45%	94.49%	94.14%	93.65%	92.90%	93.16%	95.47%	95.30%	94.09%	94.60%	94.94%	-	-	>=95%	85% - 94%	<85%	CNO	<div></div>
	National	QEX2.62	Friends & Family - Acute Wards (Response Rate %)	5.65%	7.51%	8.69%	17.46%	19.33%	18.26%	16.99%	18.29%	20.30%	16.40%	18.63%	19.62%	20.60%	-	-	>=30%	-	<30%	CNO	<div></div>
	National	QEX2.7a	Friends & Family - Maternity (% Recommend) (exc. Community)	98.73%	98.68%	98.26%	97.25%	98.60%	95.98%	97.13%	97.88%	99.18%	98.59%	99.20%	97.42%	99.14%	-	-	>=95%	85% - 94%	<85%	CNO	<div></div>
	National	QEX2.8	Friends & Family - Maternity (Response Rate %) (exc. Community)	19.14%	30.18%	26.56%	22.38%	27.99%	35.97%	21.76%	29.42%	29.37%	25.09%	29.64%	32.89%	28.70%	-	-	>=30%	-	<30%	CNO	<div></div>
	National	QEX2.10a	Friends & Family - Outpatients (% Recommend)	92.39%	92.46%	92.51%	90.79%	92.17%	91.40%	91.01%	92.36%	93.32%	92.48%	92.34%	92.99%	93.18%	-	-	>=95%	85% - 94%	<85%	CNO	<div></div>
	National	QEX2.11	Friends & Family - Outpatients (Response Rate %)	4.13%	4.72%	3.76%	3.65%	3.80%	4.60%	4.21%	5.11%	5.48%	5.04%	5.39%	5.80%	7.17%	-	-	>=10%	-	<10%	CNO	<div></div>
Complaint Management	Local	QEX1.24	Formal Complaints - Received In Month	56	55	61	44	58	50	49	56	47	45	45	52	42	604	607	-	-	-	CNO	<div></div>
	Local	QEX1.37	Formal Complaints - % responded within 25 days (closed in month)	73.21%	76.36%	81.33%	82.00%	86.67%	90.77%	88.57%	76.09%	71.43%	81.08%	77.50%	74.42%	85.71%			>=80%	70-79%	<=69%	CNO	<div></div>
	Local	QEX1.41	Formal Complaints - % of further concerns received	0.0%	0.0%	3.0%	0.0%	0.0%	8.0%	0.0%	2.6%	2.1%	0.0%	0.0%	0.0%	0.0%			<10%	-	>=10%	CNO	<div></div>

Although some March data is available, it has been excluded from this dashboard until it has been through the agreed governance processes.

* A new electronic mortality review system was introduced at the end on May - this means previous months are not comparable. PMR reporting is based on the month assigned and reported a month in arrears.

** There has been a change in methodology for FFT - the 'score' now represents % recommended (where the response was either extremely likely or likely)

Worcestershire Acute Hospitals NHS Trust (WAHT) is committed to continuous improvement of data quality. The Trust supports a culture of valuing high quality data and strives to ensure all data is accurate, valid, reliable, timely, relevant and complete. This data quality agenda presents an on-going challenge from ward to Board. Identified risks and relevant mitigation measures are included in the WAHT risk register. This report is the most complete and accurate position available. Work continues to ensure the completeness and validity of data entry, analysis and reporting.

Data Quality Kite Mark Descriptions
Green - Reviewed in last 6 months and confidence level high.
Amber - Potential issue to be investigated
Red - DQ issue identified - significant and urgent review required.
Blue - Unknown - will be scheduled for review.
White - No data available to assign DQ kite mark



Worcestershire Acute Hospitals NHS Trust

Performance Metrics Overview



Reporting Period: April 2019

Area	Indicator Type	Indicator			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	Current YTD	Prev Year	Tolerance Type	2019/20 Tolerances			SRO	Data Quality Kitemark		
																					On Target	Of Concern	Action Required				
Waits	National	PW1.1.3	Proportion of patients referred for diagnostic tests who have been waiting for less than six weeks			92.63%	89.89%	89.69%	86.51%	88.13%	91.52%	94.68%	94.81%	91.89%	90.13%	91.88%	92.40%	90.61%			National	>=99%	-	<99%	COO	<div></div>	
	National	CW3.0	RTT - Patients on an incomplete pathway (within 18 weeks)			84.15%	84.76%	83.86%	82.87%	81.45%	81.01%	81.36%	81.47%	80.14%	80.17%	80.14%	80.77%	80.69%			National	>=92%	-	<92%	COO	<div></div>	
	National	CW4.0	RTT - Patients waiting 52 weeks or more for treatment (at month end)			3	2	1	0	0	0	0	0	0	0	0	0	0			National	0	-	>=1	COO	<div></div>	
	National	CW4.1	RTT - In month clock stops for patients were waiting 52+ weeks			19	15	10	3	1	5	68	14	3	11	7	4	3	3	160							
	National	CW4.2	RTT - Patients waiting 40 weeks or more for treatment (at month end)			430	453	422	410	477	458	337	339	427	420	395	357	346									
A & E	National	CAE1.1	4 Hour Waits (%) - Trust (exc. H&CT, MIUs)			69.44%	73.07%	73.94%	71.81%	70.22%	72.13%	68.83%	69.28%	65.01%	65.30%	67.50%	72.44%	70.70%		69.70%	National	>=95%	-	<95%	COO	<div></div>	
	National	CAE1.1a	4 Hour Waits (%) - Trust (inc. H&CT, MIUs)			75.34%	78.78%	79.80%	78.01%	76.37%	77.76%	75.02%	74.97%	71.04%	71.57%	73.48%	77.67%	76.17%		75.80%	National	>=95%	-	<95%	COO	<div></div>	
	Local	CAE2.1	12 hour trolley breaches			44	28	3	2	10	19	25	34	99	170	85	16	65		535	Local	0		0	COO	<div></div>	
	National	CAE3.1	Time to Initial Assessment for Pts arriving by Ambulance (Mins) - 95th Percentile			68	47	40	51	68	73	94	65	102	183	145	71	101		-	National	<=15mins	-	>15mins	COO	<div></div>	
	National	CAE3.2	Time to Initial Assessment for All Patients (Mins) - 95th Percentile			64	55	64	66	69	68	68	57	60	105	86	60	79		-	National	<=15mins	-	>15mins	COO	<div></div>	
	National	CAE7.0	Ambulance Handover within 15 mins (%) - WMAS data			33.30%	36.70%	53.60%	51.00%	46.50%	43.90%	39.20%	43.80%	36.20%	28.70%	32.40%	42.30%	36.00%		40.70%	National	>=80%	-	<80%	COO	<div></div>	
	National	CAE8.0	Ambulance Handover within 30 mins (%) - WMAS data			73.80%	78.80%	85.70%	83.40%	80.30%	79.20%	76.20%	81.60%	71.50%	63.10%	70.10%	82.70%	73.30%		77.20%	National	>=95%	-	<95%	COO	<div></div>	
Cancer	National	CCAN1.0	2WW: All Cancer Two Week Wait (Suspected cancer)			70.48%	77.49%	65.62%	75.00%	80.58%	88.90%	93.96%	93.37%	95.58%	93.35%	94.05%	92.18%	84.92%		85.09%	National	>=93%	-	<93%	COO	<div></div>	
	National	CCAN2.0	2WW: Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)			45.96%	51.76%	27.66%	55.68%	87.01%	94.20%	97.81%	93.02%	97.04%	91.72%	96.00%	84.80%	54.12%		76.41%	National	>=93%	-	<93%	COO	<div></div>	
	National	CCAN3.0	31 Days: Wait For First Treatment: All Cancers			97.39%	97.32%	98.80%	97.82%	98.15%	97.35%	96.73%	96.99%	98.30%	94.07%	98.91%	98.11%	98.19%		97.47%	National	>=96%	-	<96%	COO	<div></div>	
	National	CCAN7.0	62 Days: Wait For First Treatment From Urgent GP Referral: All Cancers			79.11%	76.01%	72.14%	73.30%	77.96%	70.26%	68.38%	77.97%	70.13%	62.36%	66.67%	70.70%	67.50%		72.02%	National	>=85%	-	<85%	COO	<div></div>	
	Local	CCAN7.2	62 Days: Wait For First Treatment From Urgent GP Referral: Breast*			87.50%	85.19%	86.67%	93.55%	89.74%	65.52%	91.49%	82.61%	94.59%	68.00%	80.95%	92.00%	88.89%		84.40%	National	>=85%	-	<85%	COO	<div></div>	
	Local	CCAN7.3	62 Days: Wait For First Treatment From Urgent GP Referral: Gynae*			81.82%	55.00%	60.00%	69.23%	90.00%	44.44%	84.21%	85.00%	37.50%	45.45%	61.11%	94.12%	62.50%		69.89%	National	>=85%	-	<85%	COO	<div></div>	
	Local	CCAN7.4	62 Days: Wait For First Treatment From Urgent GP Referral: Haematological*			71.43%	70.00%	75.00%	92.86%	77.78%	100.00%	83.33%	33.33%	66.67%	60.00%	57.14%	63.64%	81.82%		73.68%	National	>=85%	-	<85%	COO	<div></div>	
	Local	CCAN7.5	62 Days: Wait For First Treatment From Urgent GP Referral: Head & Neck*			100.00%	71.43%	10.00%	50.00%	20.00%	50.00%	0.00%	75.00%	25.00%	13.33%	50.00%	60.00%	36.36%		40.56%	National	>=85%	-	<85%	COO	<div></div>	
	Local	CCAN7.6	62 Days: Wait For First Treatment From Urgent GP Referral: Lower Gastro*			71.43%	70.00%	73.91%	76.19%	80.49%	89.66%	70.00%	82.05%	72.73%	80.95%	82.61%	93.33%	83.33%		77.52%	National	>=85%	-	<85%	COO	<div></div>	
	Local	CCAN7.7	62 Days: Wait For First Treatment From Urgent GP Referral: Lung*			57.14%	75.00%	75.00%	56.00%	66.67%	35.71%	52.17%	70.00%	45.45%	30.77%	14.29%	40.00%	52.63%		52.14%	National	>=85%	-	<85%	COO	<div></div>	
	Local	CCAN7.8	62 Days: Wait For First Treatment From Urgent GP Referral: Skin*			96.88%	100.00%	100.00%	87.14%	92.68%	83.33%	77.53%	94.38%	91.43%	87.36%	89.83%	100.00%	97.44%		91.02%	National	>=85%	-	<85%	COO	<div></div>	
	Local	CCAN7.9	62 Days: Wait For First Treatment From Urgent GP Referral: Upper Gastro*			57.14%	90.48%	53.85%	68.42%	85.71%	92.86%	52.94%	86.67%	60.00%	59.46%	82.35%	80.00%	76.47%		72.63%	National	>=85%	-	<85%	COO	<div></div>	
	Local	CCAN7.10	62 Days: Wait For First Treatment From Urgent GP Referral: Urological*			77.14%	59.68%	53.21%	56.86%	67.48%	57.89%	59.57%	59.79%	62.50%	42.86%	42.98%	37.50%	40.35%		56.33%	National	>=85%	-	<85%	COO	<div></div>	
	Local	CCAN7.11	62 Days: Wait For First Treatment From Urgent GP Referral: Other*			33.33%	100.00%	100.00%	0.00%	100.00%	100.00%	-	50.00%	-	-	-	100.00%	-		70.83%	National	-	-	-	COO	<div></div>	
	National	CCAN8.0	62 Days: Wait For First Treatment From National Screening Service Referral: All Cancers (Small numbers)			85.19%	85.19%	90.00%	90.70%	76.60%	73.21%	65.38%	82.61%	93.55%	63.41%	86.96%	88.89%	92.00%		80.54%	National	>=90%	-	<90%	COO	<div></div>	
	Local	CCAN12.0	62 Days waits: 62 day treatments waiting over 62 days			83	93	107	113	135	133	87	102	129	135	108	104	128						COO	<div></div>		
	Local	CCAN10.0	104 Day waits : 62 day treatments waiting over 104 days			15	21	17	20	38	32	25	23	30	32	25	24	23						COO	<div></div>		
	Local	CCAN11.0	Cancer Long Waiters (104+ Days) - treated in month			7.5	9.5	9.5	12.5	9.5	17.5	18.5	9.5	12.5	18.5	21.5	15.0	22.0	22.0	161.5	-	-	-	-	COO	<div></div>	
	Stroke**	Local	CST1.1	80% of Patients spend 90% of time on a Stroke Ward			64.30%	62.00%	73.10%	64.30%	78.50%	65.50%	84.30%	74.60%	64.10%	77.30%	70.50%	69.80%		70.40%	Local	>=80%	-	<80%	COO	<div></div>	
Local		CST2.1	Direct Admission (via A&E) to a Stroke Ward			17.60%	24.40%	42.50%	33.30%	31.60%	38.70%	41.50%	35.70%	31.70%	25.50%	42.40%	35.70%		33.00%	Local	>=90%	-	<90%	COO	<div></div>		
Local		CST3.1	TIA clinic within 24 hours			68.60%	77.60%	77.90%	44.20%	14.10%	45.20%	66.70%	29.90%	55.70%	66.70%	77.80%	83.10%		56.20%	Local	>=60%	-	<60%	COO	<div></div>		
Local		CST4.0	CT scan within 60 minutes of arrival			36.40%	42.20%	38.30%	38.30%	41.60%	51.90%	47.80%	39.70%	40.60%	37.70%	56.40%	43.30%		43.00%	Local	>=80%	-	<80%	COO	<div></div>		
Local		PIN1.5	Bed Occupancy (Midnight General & Acute) - WRH			99.84%	99.83%	98.76%	100.33%	98.25%	96.27%	98.39%	97.30%	97.95%	99.65%	99.60%	98.54%	98.36%		98.74%	Local	<90%	90 - 95%	>95%	COO	<div></div>	
Inpatients (All)	Local	PIN1.6	Bed Occupancy (Midnight General & Acute) - ALX			87.24%	87.20%	87.34%	88.12%	87.78%	89.51%	91.37%	92.09%	93.59%	96.84%	95.16%	90.95%	90.30%		90.6%	Local	<90%	90 - 95%	>95%	COO	<div></div>	
	Local	PIN2.3	Beds Occupied by NEL Stranded Patients (>7 days) - last week of month			40.20%	38.41%	41.18%	39.19%	37.41%	35.18%	41.04%	38.08%	43.91%	41.25%	40.84%	40.68%	40.49%			Local	<=45%	-	>45%	COO	<div></div>	
	National	PIN3.1	Delayed Transfers of Care SitRep (Patients) - Acute/Non-Acute			36	35	40	25	31	27	23	39	28	26	38	26	33			Local	<30	-	>=30	COO	<div></div>	
Elective	National	PIN3.2	Delayed Transfers of Care SitRep (Days) - Acute/Non-Acute			830	803	713	617	840	622	523	885	575	607	639	671	515			-	-	-	-	COO	<div></div>	
	National	PEL3.1	Number of patients - 28 Day Breaches (cancelled operations) Quarterly					72			57			52			43			224	TBC	-	-	-	-	COO	<div></div>
	National	PEL4.2	Urgent Operations Cancelled for 2nd time			0	1	1	3	2	1	0	2	1	0	0	0	2		11	National	<=0	-	>0	COO	<div></div>	
Emergency	Local	PEM2.0	Length of Stay (All Patients)			5.3	4.6	4.6	4.4	4.5	4.5	4.3	4.3	4.5	4.6	4.5	4.5	4.5	4.6	Local	TBC	TBC	TBC	COO	<div></div>		
	Local	PEM3.0	Length of Stay (Excluding Zero LOS Spells)			7.7	6.9	6.9	6.6	6.6	6.6	6.4	6.6	6.8	7.0	6.9	6.9	6.8	6.8	6.8	-	-	-	-	COO	<div></div>	
Dementia	National	QEF1.1	Dementia: Find, Assess, Investigate and Refer (Pt 1 - Find)			89.94%	88.11%	85.50%	93.58%	94.93%	86.80%	97.92%	93.44%	96.80%	96.47%	94.90%	96.10%	95.80%		93.04%	National	>=90%	-	<90%	CMO	<div></div>	
	National	QEF1.2	Dementia: Find, Assess, Investigate and Refer (Pt 2 - Investigate)			93.38%	94.33%	90.53%	93.72%	93.09%	89.47%	93.33%	93.91%	94.90%	90.84%	95.50%	91.40%	92.00%		93.16%	National	>=90%	-	<90%	CMO	<div></div>	
	National	QEF1.3	Dementia: Find, Assess, Investigate and Refer (Pt 3 - Refer)			1																					

* Cancer - this involves small numbers that can impact the variance of the percentages substantially.
** Stroke metrics are not reported for the current month due to coding timeliness.

Worcestershire Acute Hospitals NHS Trust (WAHT) is committed to continuous improvement of data quality. The Trust supports a culture of valuing high quality data and strives to ensure all data is accurate, valid, reliable, timely, relevant and complete. This data quality agenda presents an on-going challenge from ward to Board. Identified risks and relevant mitigation measures are included in the WAHT risk register. This report is the most complete and accurate position available. Work continues to ensure the completeness and validity of data entry, analysis and reporting.

Data Quality Kite Mark Descriptions
Green - Reviewed in last 6 months and confidence level high.
Amber - Potential issue to be investigated
Red - DQ issue identified - significant and urgent review required.
Blue - Unknown - will be scheduled for review.
White - No data available to assign DQ kite mark

4ward

Divisional People and Culture

Engagement Scorecard - AS AT 30 APRIL 2019

NHS

Worcestershire Acute Hospitals

RDHS Trust

DATA FROM OLM AND ESR - run 14 May 2019																									
Metric	Description	FUNDED	CONTRACTED	VACANCIES	TRUST TOTALS APRIL 2019	TRUST TOTALS MARCH 2019	TRUST TOTALS FOR LAST YEAR APRIL 2018	Asset Management and IT	Corporate	Specialty Medicine	Urgent Care	SCSD	Surgery	Women and Children	Central Trustwide	Data Source	Local Target or Model Hospital Benchmark (MHB)	Trend from last month							
Establishment	Funded Divisional Establishment for M12 (March)	5944.1			5944.1	5923.08		285.97	489.67	1233.71	573.32	1868.81	832.37	615.19	45.06	Finance ADI		↑ 21.02							
	Contracted SIP (Full-Time Equivalent) M12		5377.92		5377.92	5372.24		270.24	461.81	1091.07	465.94	1741.64	749.99	597.23	0	Finance ADI	5,923.08	↑ 5.68							
	Vacancies (Funded less Contracted) M12			566.18	566.18	550.84		15.73	27.86	142.64	107.38	127.17	82.38	17.96	45.06	Finance ADI	10.00%	↑ 15.34							
	Worked FTE M12 (includes extra hours, bank and agency)				5916.71	5996.39		286.74	472.72	1306.62	584.96	1803.86	834.21	607.57	20.03	Finance ADI	5,923.08	↓ -79.68							
	Funded substantive establishment has increased by 21.02 wte this month due to funding of additional wards in central trustwide which will impact on vacancies.																								
Appraisal/PDR Rates and Staff Engagement/SFFT	Staff Engagement Topic	REQUIRED	National Staff Survey Average 2018	COMPLIANCE	% COMPLIANCE APRIL 2019 STAFF SURVEY 2018	% COMPLIANCE MARCH 2019 STAFF SURVEY 2018	LAST YEAR COMPARISON APRIL 2018	Asset Mgmt and IT	Corporate	Specialty Medicine	Urgent Care	SCSD	Surgery	Women and Children		DATA SOURCE	Target	TREND FROM LAST MONTH							
	Recommend Trust as a place to work		62.6%		52%	52%	50%	55%	51%	57%	50%	51%	48%	48%		Staff Opinion Survey 2018 (Q3 SFFT)	62.6% national average Q3 S05	→ 0%							
	PDR - Medical	439		391	89%	89%	89%			88%	84%	90%	89%	92%		Medical Staffing	MHB 83% Mar 2018	→ 0%							
	Overall Appraisal/PDR rate - Non Medical	4767		3806	80%	77%	66%	69%	73%	81%	78%	82%	82%	82%		BI	MHB 83% Mar 2018	↑ 3%							
	Last months Divisional Overall Appraisal/PDR rate - Non Medical	4765		3650		77%		65%	72%	72%	77%	81%	77%	77%		BI	MHB 83% Mar 2018								
	DIRECTION OF TRAVEL ON NON-MEDICAL APPRAISAL FROM LAST MONTH					↑	3%		↑	4%	↑	1%	↑	9%	↑	1%	↑	5%	↑	6%		BI	MHB 83% Mar 2018	→ 0%	
	PDR Registered Nursing and Midwifery	1723		1416	82%	79%			83%	79%	75%	85%	85%	83%		BI	MHB 83% Mar 2018	↑ 3%							
	PDR Additional Clinical Services (HCA's and Helpers)	992		812	82%	78%			60%	83%	89%	81%	81%	79%		BI	MHB 83% Mar 2018	↑ 4%							
	PDR Allied Health Professionals	333		284	85%	84%			100%	84%	0%	88%	0%			BI	MHB 83% Mar 2018	↑ 1%							
	PDR Professional, Scientific and Technical	184		135	73%	63%			100%	100%	0%	72%	100%	100%		BI	MHB 83% Mar 2018	↑ 10%							
	Healthcare Scientists	179		156	87%	84%			0%	88%		94%	71%				MHB 83% Mar 2018	↑ 3%							
	PDR Estates and Ancillary	338		253	75%	70%		72%		67%	0%	94%	100%	100%		BI	MHB 83% Mar 2018	↑ 5%							
	PDR Admin and Clerical	1018		750	74%	72%		55%	72%	76%	78%	71%	80%	83%		BI	MHB 83% Mar 2018	↑ 2%							
	New starters in last 12 month are excluded from PDR % - Divisions are advised to focus on those staff that are highlighted amber as these are 1 or 2 people who are impacting on divisional compliance. Names will be available in pivot table reports which are sent to divisions.																								
Up to date Job Plans	MODEL HOSPITAL COMPARISON	MH PEER TOTAL FOR 2016/17	MH NATIONAL TOTAL FOR 2016/17	MH TRUST TOTAL FOR 2016/17	% COMPLIANCE APRIL 2019	% COMPLIANCE MARCH 2019	LAST YEAR COMPARISON APRIL 2018	Asset Mgmt and IT	Corporate	Specialty Medicine	Urgent Care	SCSD	Surgery	Women and Children		DATA SOURCE	Target	TREND FROM LAST MONTH							
	Consultants	93%	100%	50%	83%	74%	75%			72%	100%	92%	87%	69%		Medical Staffing	Acute Medicine 2016/17 100%	↑ 9%							
	Last month Consultant Job Planning rate					74%				53%	88%	88%	68%	69%											
	DIVISIONAL DIRECTION OF TRAVEL FROM LAST MONTH - CONSULTANT JOB PLANS					↑	9%			↑	19%	↑	12%	↑	4%	↑	19%	→	0%						
	SAS Doctors	100%	100%	0%	83%	64%	43%			60%	88%	89%	81%	80%		Medical Staffing	MHB 100% 2017/18 Acute Medicine	↑ 19%							
	All Medical	93%	100%	50%	85%	74%	70%			71%	96%	92%	86%	71%		Medical Staffing	MHB 100% 2016/17	↑ 11%							
Overall Mandatory Training Compliance	TRAINING TOPIC	REQUIRED TRAINING	MH TRUST TOTAL FOR 2017/18	COMPLIANT	% COMPLIANCE APRIL 2019	% COMPLIANCE MARCH 2019	LAST YEAR COMPARISON APRIL 2018	Asset Mgmt and IT	Corporate	Specialty Medicine	Urgent Care	SCSD	Surgery	Women and Children		DATA SOURCE	Target	TREND FROM LAST MONTH							
	OVERALL TRAINING COMPLIANCE AT BASE LEVEL %	43078	89%	37003	86%	85%		78%	89%	87%	86%	89%	85%	82%		BI at base level as per NHSI guidance	MHB Mar 2018 89% national 86% peer median	↑ 1.0%							
	OVERALL TRAINING COMPLIANCE AT ALL LEVELS %	72097		61388	85%	84%		76%	88%	84%	84%	87%	89%	82%		ALL LEVELS as per self service	MHB Mar 2018 89% national 86% peer median	↑ 1.0%							
	LAST MONTHS TRAINING COMPLIANCE							78%	86%	81%	81%	86%	86%	81%		ALL LEVELS as per self service	MHB Mar 2018 89% national 86% peer median								
	DIVISIONAL DIRECTION OF TRAVEL FROM LAST MONTH					↑	1%		↓	-2%	↑	2%	↑	3%	↑	3%	↑	1%	↑	3%	↑	1%		ALL LEVELS as per self service	MHB Mar 2018 89% national 86% peer median
Mandatory Training Compliance by Staff Group	MANDATORY TRAINING BY STAFF GROUP	REQUIRED TRAINING		COMPLIANT	% COMPLIANCE APRIL 2019	% COMPLIANCE MARCH 2019	LAST YEAR COMPARISON APRIL 2018	Asset Mgmt and IT	Corporate	Specialty Medicine	Urgent Care	SCSD	Surgery	Women and Children		DATA SOURCE	Target	TREND FROM LAST MONTH							
	Medical and Dental	7786		5691	73%	71%			83%	77%	73%	74%	63%	68%		BI Competencies	90%	↑ 2.0%							
	Registered Nursing and Midwives	23181		20450	88%	87%			84%	91%	86%	92%	86%	85%		BI Competencies	90%	↑ 1.0%							
	(Additional Clinical Services (HCA's, Therapy Aides and Helpers)	14149		11874	84%	84%			90%	83%	82%	91%	86%	79%		BI Competencies	90%	→ 0.0%							
	Allied Health Professionals (Physios, OT's etc)	5099		4551	89%	89%			92%	93%	85%	100%	83%			BI Competencies	90%	→ 0.0%							
	Healthcare Scientists	2292		2101	92%	92%			91%	92%		90%	92%			BI Competencies	90%	→ 0.0%							
	Professional, Scientific and Technical	2541		2126	84%	83%		95%	83%	88%	96%	63%	63%			BI Competencies	90%	↑ 1.0%							
	Admin and Clerical	12753		11391	89%	87%		90%	89%	87%	92%	94%	89%	84%		BI Competencies	90%	↑ 2.0%							
	Estates and Ancillary	4296		3204	75%	75%		73%		78%	80%	99%	91%	91%		BI Competencies	90%	→ 0.0%							
	Mandatory Training Compliance byTopic	TRAINING TOPIC	REQUIRED TRAINING		COMPLIANT	% COMPLIANCE APRIL 2019	% COMPLIANCE MARCH 2019	LAST YEAR COMPARISON APRIL 2018	Asset Mgmt and IT	Corporate	Specialty Medicine	Urgent Care	SCSD	Surgery	Women and Children		DATA SOURCE	Target	TREND FROM LAST MONTH						
		Information Governance	6137		5211	85%	85%	90%	88%	87%	84%	83%	86%	87%	79%		BI Competencies	95%	→ 0%						
Fire		6137		5126	84%	82%	81%	75%	81%	85%	85%	84%	87%	80%		BI Competencies	90%	↑ 2%							
Health & Safety		6137		5535	90%	90%	85%	82%	91%	91%	89%	91%	93%	87%		BI Competencies	90%	→ 0%							
Conflict Resolution		6137		5554	91%	90%	88%	79%	92%	91%	91%	92%	94%	88%		BI Competencies	90%	↑ 1%							
Equality & Diversity		6137		4935	80%	80%	69%	51%	82%	79%	81%	84%	87%	80%		BI Competencies	90%	→ 0%							
Infection Control L1		1857		1631	88%	87%	88%	81%	91%	92%	89%	90%	94%	75%		BI Competencies	90%	↑ 1%							
Infection Control L2		4280		3442	80%	79%	68%	79%	78%	76%	78%	84%	83%	78%		BI Competencies	90%	↑ 1%							
Moving & Handling L1		1706		1426	84%	82%	88%	62%	92%	94%	86%	88%	93%	75%		BI Competencies	90%	↑ 2%							
Moving and Handling L2		4431		3663	83%	82%	74%	46%	86%	86%	86%	83%	88%	69%		BI Competencies	90%	↑ 1%							
Safeguarding Children L1		1621		1549	96%	96%	99%	95%	94%	96%	96%	96%	97%	93%		BI Competencies	90%	→ 0%							
Safeguarding Children L2 ++		3632		3059	84%	83%	63%	11%	83%	80%	80%	89%	87%	81%		BI Competencies	90%	↑ 1%							
Safeguarding Children L3 ++		878		780	89%	87%	59%	83%	76%	85%	86%	90%	92%			BI Competencies	90%	↑ 2%							
Safeguarding Children L4		4		3	75%	75%	75%		67%					100%		BI Competencies	90%	→ 0%							
Safeguarding Children L5		1		1	100%	100%	0%	100%								BI Competencies	90%	→ 0%							
Safeguarding Adults L1		2834		2525	89%	89%	86%	84%	93%	86%	86%	90%	94%	91%		BI Competencies	90%	→ 0%							
Safeguarding Adults L2		3131		2652	85%	83%	59%		89%	82%	81%	86%	86%	85%		BI Competencies	90%	↑ 2%							
Safeguarding Adults L3		170		82	48%	49%	4%		24%	32%	53%	57%	73%	50%		BI Competencies	90%	↓ -1%							
Safeguarding Adults L4		1		1	100%	100%	100%		100%							BI Competencies	90%	→ 0%							
Safeguarding Adults L5		1		1	100%	100%	33%		100%							BI Competencies	90%	→ 0%							
Resuscitation BLS L1 (non-clinical)		1530		1392	91%	90%	82%	78%	94%	98%	92%	96%	95%	97%		Discoverer	90%	↑ 1%							
Resuscitation BLS L2 (clinical)		4373		3511	80%	80%	85%		79%	81%	81%	82%	78%	77%		BI Competencies	90%	→ 0%							
NLS L4 medics		18		18	100%	100%	74%							100%		Discoverer</									

ward

DIVISIONAL PEOPLE AND CULTURE **PAYBILL** SCORECARD - AS AT 30 APRIL 2019

WTS

Worcestershire

Acute Hospitals

NHS Trust

WTS

Worcestershire

Acute Hospitals

NHS Trust

DATA FROM ADI supplied on 14 May 2019																					
Metric	Description	FUNDED	CONTRACTED	VACANCIES	TRUST TOTALS APRIL 2019	TRUST TOTALS MARCH 2019	TRUST TOTALS FOR LAST YEAR APRIL 2018	Asset Management and IT	Corporate	Speciality Medicine	Urgent Care	SCSD	Surgery	Women and Children	Central Trustwide	Data Source	Local Target or Model Hospital Benchmark (MHB)	Trend from last month			
Establishment	Funded Divisional Establishment for M1 (APRIL)	5,944.10			5,944.10	5,923.08		285.97	489.67	1,233.71	573.32	1,868.81	832.37	615.19	45.06	Finance ADI		↑ 21.02			
	Contracted SIP (Full-Time Equivalent) M1		5,377.92		5,377.92	5,372.24		270.24	461.81	1,091.07	465.94	1,741.64	749.99	597.23	0.00	Finance ADI	5,923.08	↑ 5.68			
	Worked FTE M1 (includes extra hours, bank and agency)				5,916.71	5,996.39		286.74	472.72	1,306.62	584.96	1,803.86	834.21	607.57	20.03	Finance ADI	5,923.08	↓ -79.68			
	TOTAL VACANCIES (Funded less Contracted WTE)				566.18	550.84		15.73	27.86	142.64	107.38	127.17	82.38	17.96	45.06	Finance ADI	10%	↑ 15.34			
	VACANCY RATE				9.53%	9.30%		5.50%	5.69%	11.56%	18.73%	6.80%	9.90%	2.92%		Finance ADI	10%	↑ 0.23%			
Vacancies	Vacancies are reported as per Finance ADI with no exclusions. Vacancies increased by 3.72% in May 2018 due to the significant increase in establishment to fund Evergreen, Silver Frailty and others. Establishment has reduced by 21.02 wte this month which with a corresponding increase in Staff in post by 5.68 wte which increases our vacancy position by 0.23%. Registered nursing and midwifery has an increased establishment of 97.56 wte which increases vacancy rate by 5.02%. 51.95 wte additional establishment in AHP's has increased vacancy rate by 10.27%.																				
	Registered Nursing and Midwifery	1,944.63	1,755.95	286.24	14.72%	9.70%	7.61%		-3.18	129.44	77.74	33.2	38.19	-6.42	17.27	Finance ADI	7%	↑ 5.02%			
	Registered Midwifery (Obstetrics, Maternity and Community Midwifery Directorates)	205.94	212.91	(6.97)	-3.38%	-3.87%	14.20%							(6.97)		Finance ADI	7%	↑ 0.48%			
	Registered Nursing	1,829.91	1,536.70	293.21	16.02%	11.30%	6.78%		-3.18	129.44	77.74	33.2	38.19	0.55	17.27	Finance ADI	7%	↑ 4.72%			
	Additional Clinical Services (HCA's and Helpers)	819.01	776.65	42.36	5.17%	4.17%			0.21	-10.03	3.25	12.67	27.44	8.82	0	Finance ADI	7%	↑ 1.00%			
	Medics Overall	772.43	661.90	110.53	14.31%	13.02%	15.96%		8.7	28.11	19.94	17.41	13.57	9.5	13.3	Finance ADI	10%	↑ 1.29%			
	Consultants	343.30	288.93	54.37	15.84%	12.33%	12.95%		4.7	18.43	4.6	15	3.59	0.75	7.3	Finance ADI	15%	↑ 3.51%			
	Middle Grade Medics	204.37	195.17	9.20	4.50%	0.11%			0	1.63	4.57	0.5	9.75	-9.25	2	Finance ADI	10%	↓ 4.40%			
	Junior Grade Medics	224.76	177.80	46.96	20.89%	25.17%	18.35%		4	8.05	10.77	1.91	0.23	18	4	Finance ADI	10%	↓ -4.27%			
	AHP'S (Dietitians, OT's Physio's, Orthoptists and Radiographers)	503.93	450.22	53.71	10.66%	0.39%	6.86%			12.93		27.18	0		13.6	Finance ADI	7%	↑ 10.27%			
	Scientific, Therapeutic and Technical (Pharmacists, MTO's ATO's, Clinical Scientists, MISO's, Chaplains)	495.02	482.23	12.79	2.58%	7.52%	2.93%		-1.88	2.8	0	10.24	1.73	-0.1		Finance ADI	7%	↓ -4.94%			
	Ancillary	211.90	205.20	6.70	3.16%	5.33%	10.08%	2.11	4.99	2.2	0	0.4	-3	0		Finance ADI	7%	↓ -2.17%			
	Senior Managers	199.52	195.82	3.70	1.85%	3.19%	8.52%	6	-6.47	1	-1.95	2.12	2.2	0.3	0.5	Finance ADI		↓ -1.33%			
	Admin and Clerical	864.44	816.19	48.25	5.58%	10.41%	6.12%	5.72	30.48	-26.6	6.2	24.35	-1.15	8.86	0.39	Finance ADI		↓ -4.83%			
	Vacancies are reported directly from ADI since December 2018 with no exclusions. Previously Corporate posts had been excluded to focus on clinical posts. Administrative and Senior Manager vacancies are amber as they may be held for CIP.																				
	Agency and bank as % of gross cost	Agency and Bank at % of Gross Cost				% COMPLIANCE APRIL 2019	% COMPLIANCE MARCH 2019	LAST YEAR COMPARISON APRIL 2018	Asset Mgmt and IT	Corporate	Speciality Medicine	Urgent Care	SCSD	Surgery	Women and Children	Central Trustwide	DATA SOURCE	Target	TREND FROM LAST MONTH		
		Agency as a % of gross cost				9.37%	12.12%	7.01%	0.80%	6.31%	15.95%	20.84%	5.33%	8.74%	1.31%		Finance	7%	↓ -2.75%		
Bank as a % of gross cost					6.85%	9.68%	7.37%	0.00%	0.24%	10.04%	14.47%	3.17%	9.52%	5.36%		Finance	7%	↓ -2.83%			
Cost per WAU	COST PER WAU - latest data from Model Hospital	NATIONAL TOTAL FOR 2017/18	PEER TOTAL FOR 2017/18		TRUST TOTAL FOR 2017/18	TRUST TOTAL FOR 2016/17	Cost per WAU is the headline productivity metric used within the Model Hospital. It shows the amount spent by a trust to produce one Weighted Activity Unit (WAU) of clinical output. This metric shows the amount the trust spend on staff, based on ESR data, compared to the total NHS clinical activity provided by the trust within the financial year.									DATA SOURCE	TRUST QUARTILE FOR 2017/18	TREND FROM LAST YEAR MHB			
	Medical staff	£533	£570		£616	£542										Model Hospital May 2019	4th	↑ £74.00			
	Registered Nurses and Midwives	£710	£718		£789	£802											3rd	↓ -£13.00			
	AHP'S (Dietitians, OT's Physio's, Orthoptists and Radiographers less Corporate)	£130	£137		£144	£139											3rd	↑ £5.00			
	Healthcare Scientists and other Scientific and Technical Staff	£155	£165		£169	£168											3rd	↑ £1.00			
	Corporate, Admin and Estates	£359	£321		£306												2nd				
	Agency staff cost per WAU	£107	£121		£181	£217											4th	↓ -£36.00			
Registered nursing and midwifery vacancy rate includes Nurses & Midwives Band 5 and above Agency as a % of gross pay cost - this is all agency for all staffing types No exclusions for sickness, maternity or career break are made to Mandatory Training figures; New starters in last 12 month are excluded from PDR %																					
KEY TO COLUMN F	TARGET MET							GREY BOXES ARE NOT APPLICABLE OR NOT AVAILABLE						KEY TO COLUMN R and Divisional Performance Columns I - O			PERFORMANCE IMPROVED OR TARGET MET				
	CLOSE TO TARGET (WITHIN 3% TRAINING)																PERFORMANCE DETERIORATED				
	TARGET NOT MET																PERFORMANCE UNCHANGED				
																↑	ARROW DEPICTS DIRECTION OF TRAVEL				

Meeting	Trust board
Date of meeting	13 June 2019
Paper number	D1

Annual Plan

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	Sarah Smith Director of Strategy and Planning

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 approve the attached annual plan.
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Executive summary

Worcestershire Acute Hospitals NHS Trust continues to operate in a challenged environment:

- Quality Special Measures since Dec 2015
- Longstanding operational performance issues
- Longstanding financial deficit
- Significant financial deterioration in 2018/19

However, the Trust now has an agreed strategy and a plan for turning around the performance of the organisation and exiting special measures at the earliest opportunity/by 2021. This annual plan outlines how we will deliver the ambitions of our strategy in year 1 as we embark on our improvement journey.

This document sets out our strategy for the organisation, something which has been lacking for a number of years, and signals a shift from a reactive to a proactive approach to planning and delivery. Our Trust Strategy symbolises an organisation that is confident about the future and clear about its purpose; **Putting Patients First**.

Our staff, who have remained committed and loyal to the organisation in the face of our challenges, have helped shape our strategy and supportive of our purpose and the direction set by our new strategy and have recently welcomed the Care Quality Commission back to the organisation to witness the improvements they have delivered for patients.

Meeting	Trust board
Date of meeting	13 June 2019
Paper number	D1

	<p>As we set out on our exciting new journey which this year includes some important strategic and capital developments, we aim to stabilise our operational and financial performance and create the right conditions for sustainable and ongoing improvements in the quality and safety of the services we provide to our patients, further improving patient outcomes and securing a sustainable workforce for the future.</p> <p>We are confident that with the right support and development our dedicated teams are ready to meet the challenges and realise the opportunities that 2019/20 will undoubtedly bring.</p> <p>We will produce a plain English version, shortened, for wider circulation.</p>
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Risk							
Key Risks	This Plan covers all the BAF risks						
Assurance	N/A						
Assurance level	Significant		Moderate	x	Limited		None
Financial Risk	Identified within the plan						



Annual Plan 2019/20

Building for the future

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Foreword

Welcome to our annual plan for 2019/20.

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However, the Trust now has an agreed strategy and a plan for turning around the performance of the organisation and exiting special measures at the earliest opportunity. This annual plan outlines how we will deliver the ambitions of our strategy in year 1 as we embark on our improvement journey.

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Our staff, who have remained committed and loyal to the organisation in the face of our challenges, have helped shape our strategy and are supportive of our purpose and the direction set by our new strategy. They recently welcomed the Care Quality Commission back to the organisation to witness the improvements they have delivered for patients.

As we set out on our exciting new journey which this year includes some important strategic and capital developments, we aim to stabilise our operational and financial performance and create the right conditions for sustainable and ongoing improvements in the quality and safety of the services we provide to our patients, further improving patient outcomes and securing a sustainable workforce for the future.

We are confident that with the right support and development our dedicated teams are ready to meet the challenges and realise the opportunities that 2019/20 will undoubtedly bring.

Introduction

Who we are

Worcestershire Acute Hospitals NHS Trust is a provider of a broad range of hospital-based services, operating over 3 main sites in Worcestershire, serving a population of approximately 580,000 people. The Trust works in partnership with local GPs and other providers of hospital and community-based services to meet the needs of local communities. The Trust is a key partner in the Herefordshire and Worcestershire Sustainability and Transformation Partnership (STP) and is committed to the development of an Integrated Care System over the coming year as we in turn develop our strategy for clinical services and partnership.

We are currently rated as 'Inadequate' by our regulators the Care Quality Commission (CQC) and at the time of writing remain in quality special measures. However, our teams have worked tirelessly over the past two years to improve the care we deliver to patients across all services on all our sites, and in everything we do. Our next comprehensive inspection by the CQC is already underway.

The Trust's financial performance deteriorated significantly in 2018/19 against a backdrop of increased operational challenges and recruitment and retention difficulties. In 2018/19 the Emergency Departments at Worcestershire Acute Hospitals NHS Trust saw a 3.8% increase in attendances over the previous year. Over the past three years the proportion of patients attending aged over 65 years has increased by 13%.

We have recently launched our new strategy, *Putting Patients First* outlining our vision, purpose and ambitions for the next 5 years. The ambition in this first year is to stabilise our operational and financial performance. Our strategy is underpinned by a number of enabling strategies, some of which are currently in development. The development of these strategies is a priority in our annual plan for 2019/20.

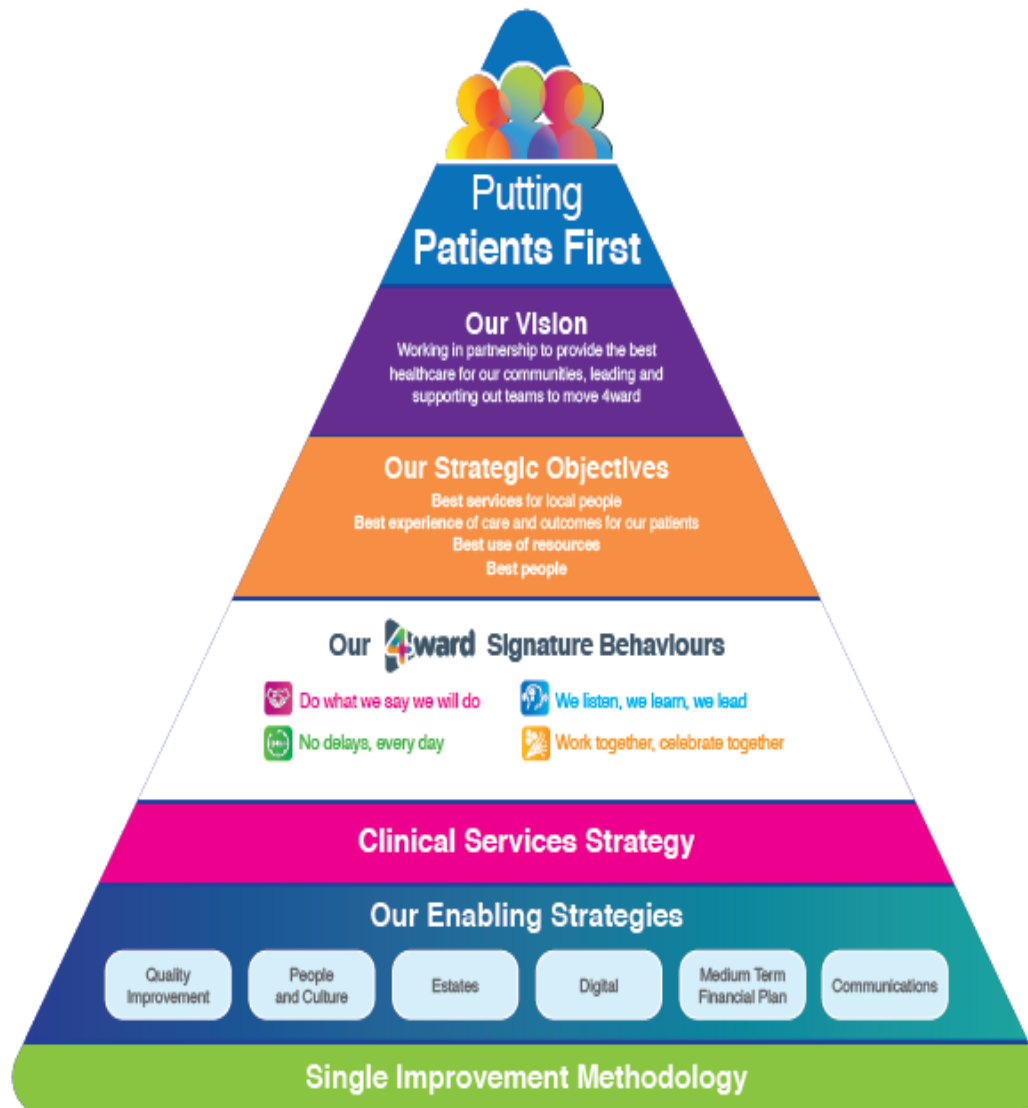
This document outlines our annual plan for 2019/20, our priorities and actions for the year ahead which are all aimed at further improving the quality, safety and sustainability of the services we provide to patients and improving our performance against key standards and targets. Our annual plan also includes some exciting new developments which will ensure our patients continue to access the most effective, efficient, evidence-based healthcare within the resources available.

Highlights from what we achieved in 2018/19

Quality Improvement Strategy	A wide-reaching planned approach to improvement in the quality of care
People and Culture Strategy	A comprehensive programme of work to support a skilled, engaged and supported workforce
Link Bridge development	Aconbury East Ward block brought under one roof with the main Worcestershire Royal Hospital (WRH) site
7/7 Frailty pathway	County Frailty Assessment service extended to 7 days a week at the Alexandra Hospital, Redditch (AH)
Increased ward capacity	Avon 5 Ward (28 beds) at WRH, Wards 1 (19 beds) and 4 (16 beds) at AH
New hip fracture pathway across acute and community	Supporting consistent achievement of hip fracture surgery within 36 hours for the majority of patients in Worcestershire
4ward	We continued to embed our 4ward signature behaviours, with our teams showcasing their achievements

We want to build on these achievements in the year ahead aligning our priorities to delivery of our new Trust strategy.

Trust Strategy



OUR VISION:

Working in partnership to provide the best healthcare for our communities, leading and supporting our teams to move 4ward

OUR PURPOSE:

Putting Patients First

OUR STRATEGIC OBJECTIVES:

- *Best services for local people*
- *Best experience of care and best outcomes for our patients*
- *Best use of resources*
- *Best People*

Our new strategy was developed by the Trust Board towards the end of 2018/19 and was launched for engagement and consultation with staff and key stakeholders at the start of 2019/20. This strategy was developed to set a new course for the Trust following the conclusion of service changes from the Future of Acute Hospital Services in Worcestershire (FoAHSW) programme, and to set the ambition for the Trust to improve and develop in partnership with staff, patients and partner organisations. A more detailed description of our purpose, vision and strategic objectives is included in appendix one.

Our priorities for 2019/20

We know the areas where we need to improve though we also know that we can't improve everything at once and we have to prioritise the improvements we wish to make, and the developments we wish to implement this year. These are aligned to our new strategic objectives and delivered through actions in relation to:

- Strategy
- Operational Performance
- Quality
- Finance
- People and Culture

STRATEGY

We have identified the following strategy improvement priorities for 2019/20

Strategic objective BEST SERVICES FOR LOCAL PEOPLE	
Improvement priority	Measured by
Develop an overarching Trust Strategy including a Clinical Services Strategy and a Digital Strategy	➤ Strategy documents developed and published by October 2019
More effective alignment of our capacity with our current and future demand for our services	<ul style="list-style-type: none"> ➤ Work plan for service redesign completed by October 2019 ➤ Annual plan refresh by December 2019
Improve medical staff engagement and leadership alignment with our strategic objectives, annual goals and improvement priorities	<ul style="list-style-type: none"> ➤ Increased participation levels in 4ward processes ➤ Full complement of directorate clinical leaders in post by September 2019 ➤ Signed off job plans >90% by Q3 2019/20

Clinical Services Strategy

Work has started in 2019/20 to develop a 5-year clinical services strategy for the Trust. This is being developed in collaboration with our clinical specialties and other key stakeholders, to ensure that we provide high quality sustainable services now and into the future for people in Worcestershire and neighbouring communities.

This will ensure that we continue to provide local access to an appropriate range of hospital-based services and provide a platform from which we can; improve patient experience; recruit high quality staff; and make the most effective use of our three main hospital sites. The clinical services strategy will be published in October 2019.

Enabling Strategies

Our new estates strategy and a medium-term financial plan will be developed alongside the clinical services strategy in 2019/20.

We delivered a number of significant capital schemes in 2018/19 which included the opening of a link bridge at Worcestershire Royal Hospital site linking the main PFI hospital building to the former Aconbury East ward block. Work also commenced on the extensive renovation and refurbishment of the Aconbury East building which will reopen in phases during 2019/20 to provide four new ward areas and 79 beds (net increase over March 2019 of 51 beds) on the 2nd and 3rd floors. The Trust was able to achieve this through capital loan applications that are consolidated in the Acute Services Review (ASR) full business case which is due for completion later in 2019, in order to access the full £29.6m earmarked capital funding. This includes funding for further schemes relating to Women's and Children's services at Worcestershire Royal Hospital and Theatres and Endoscopy at the Alexandra Hospital, Redditch.

The Trust has had approval for further capital funding in 2019/20 to support the £4m programme to reconfigure breast screening services in support of the Herefordshire and Worcestershire Breast Screening Programme. Work on the outline business case is due to commence in June 2019 with a view to completing the schemes at the Worcester and Redditch hospital sites in 2020.

Digital Strategy

The Trust will publish the long awaited Digital Strategy and high level implementation plan in 2019/20 which will set out to transform clinical service delivery through digitalisation. The Digital Strategy will ensure that the Trust is well placed to access any ring-fenced digital development funds that may become available during 2019/20 and beyond.

PERFORMANCE IMPROVEMENT

We have identified the following performance improvement priorities for 2019/20

Strategic Objective BEST SERVICES FOR LOCAL PEOPLE	
Improvement priority	Measured by
Re-engineer the site management arrangements to better support health & safety and patient flow processes and to align operational capacity with the monthly activity plan.	<ul style="list-style-type: none"> ➤ New site management model in place by September 2019 ➤ 30% Discharges pre midday & median discharge time of 4pm each day by September 2019
Improve our discharge planning processes leading to better patient flow	<ul style="list-style-type: none"> ➤ Delivery of our activity plan each week ➤ Reduced discharge process complaints ➤ Reduce medically fit for

	discharge/super stranded patients
--	-----------------------------------

Activity plans set out the level of demand we expect in 2019/20 and indicate the resources we will need to deliver that demand. Activity includes planned referrals from GPs and other health professionals for outpatient services and any onward care. It also includes emergency activity (either referred from GPs, brought by ambulance or patient self-referrals).

The table below shows the activity that we expect to provide at the Trust in 2019/20.

Activity Type	2019/20 Plan
A&E Attendances	199,581
Day cases	86,705
Elective Inpatients	8,296
Non-elective Inpatients	63,231
Outpatients	479,648

The activity plan reflects some of the extra work we need to do in 2019/20 to improve our operational performance in respect of national waiting time standards. The table below describes our performance improvement trajectories against the key waiting time standards.

Standard	Target	Mar 2019 Baseline	Sep 2019 Plan	Mar 2020 Plan
Emergency Access Standard < 4 hrs	95.0%	76.6%	86.2%	86.0%
RTT < 18 weeks	92.0%	81.5%	86.0%	82.4%
Diagnostics > 6 weeks	1.0%	7.7%	11.7%	1.0%
Cancer 62 days	85.0%	66.9%	86.0%	86.0%

The contract and activity plan agreed with our commissioners should allow the Trust to fully recover the diagnostic waiting time standard and the cancer 62 days referral to treatment standard; however the Trust would need to deliver an additional cohort of activity not currently either funded or resourced in the plan in order to achieve the 18 week referral to treatment (RTT) standard. Whilst we are planning for only marginal improvement in performance against the RTT standard it plans to bring waiting times down to within 40 weeks maximum during 2019/20.

We are planning for improvement against the emergency access (4 hr wait) standard in 2019/20 through the roll out of the clinically – led Worcestershire Home First Urgent Care Improvement Plan. Through improvement in capacity and flow, the key aim of this programme is to eradicate corridor care in the Emergency Departments and minimise ambulance handover delays.

The main work streams in the programme include:

- SAFER discharge bundle
- Primary Care streaming
- Clinical site management
- Stranded patients
- Internal professional standards

A further breakdown of the performance improvement trajectories is included in appendix two to this document.

QUALITY

We have identified the following quality improvement priorities for 2019/20

Strategic objective BEST EXPERIENCE OF CARE AND BEST OUTCOMES FOR OUR PATIENTS	
Improvement priority	Measured by
Embed our infection prevention and control (IPC) recovery plan	<ul style="list-style-type: none"> ➤ Delivery within or below C.Difficile & MSSA trajectory ➤ 95% IPC or handwashing audit compliance
Embed our risk management policy and procedures within the clinical divisions	<ul style="list-style-type: none"> ➤ Reduction in red rated risks ➤ Better alignment between corporate risk register and operational plan.
Reduce medicines management incidents leading to patient harm	<ul style="list-style-type: none"> ➤ Reduced number of medication incidents to <4.25 per 1000 bed days
Strengthen our compliance with health and safety practices & regulations	<ul style="list-style-type: none"> ➤ Improved scores in environment risk assessment and 100% coverage
Improve our learning from deaths processes	<ul style="list-style-type: none"> ➤ Full implementation of national guidance ➤ Required number of Medical Examiners in place by September 2019

At the start of 2018/19 we launched a comprehensive Quality Improvement Strategy.



Within this we define quality as being three main equally important elements;

- care that is safe;
- care that is clinically effective;
- care that is a positive experience for our patients, their families and our staff

Each of our clinical divisions have developed their own quality improvement plans across these themes and ambitions, we also launched the Quality Improvement Faculty providing access to quality improvement training, and commenced the implementation of a ward accreditation programme *Path to Platinum* through which clinical teams can aspire to the highest standards of quality care.

We will be developing these strategies and plans further during the year as we enter year two of the Quality Improvement Strategy in 2019/20. In particular, we have started to explore and evaluate a range of approaches to improvement with a view to implementing a **single improvement methodology** as we enter the next phase of our improvement journey.

We also aim to achieve all of our Commissioning for Quality and Innovation (CQUINs) targets which improve quality and bring additional resource to reinvest in the Trust.

FINANCE

We have identified the following finance improvement priorities for 2019/20

Strategic objective BEST USE OF RESOURCES	
Improvement priority	Measured by
Strengthen pay controls and use of resources including compliance with electronic rostering and agency booking controls and weekly review of all vacancies and structures across the Trust	<ul style="list-style-type: none">➤ Deliver agreed deficit plan of no more than £(83)m with ideally significant achievement to stretch target of £(73)m➤ Quarter on quarter improved income (margin) and expenditure run rates.
Review underlying finance position including impact of significant long-term committed /outsourced high value contracts	<ul style="list-style-type: none">➤ Deliver agreed CIP total of no less than £13m and identification of at least £22.5m
Focus also on forecasting and continuous alignment / updating.	<ul style="list-style-type: none">➤ Quarterly updated forecasts.

We had a deficit outturn of £(73.7)m for the 2018/19 financial year against a deficit plan of £(41.5)m which represents an adverse variance of £(32.2)m to the original plan. This level of variance is of significant concern and the Trust needs to recover its financial position in the medium term, starting in 2019/20.

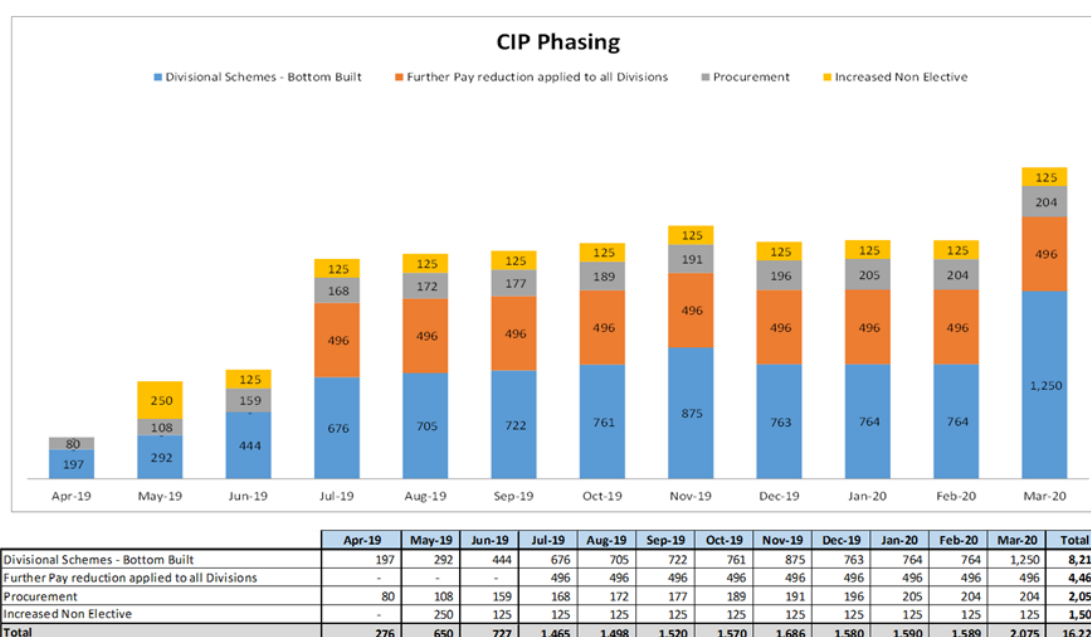
Detailed financial plans have been developed for 2019/20 via budget setting, capacity planning and contract discussions with commissioners. The 2019/20 plan takes account of the increased pressures experienced in 2018/19 along with in-year developments including further significant investment in bed capacity to improve patient flow. This results in an increased underlying out-turn deficit which has led to the 2019/20 plan being set at a deficit forecast of £(82.8)m.

We are a significant outlier in terms of expenditure on temporary staffing. In 2018/19 we spent £46m on temporary staffing as a result of increases in ward capacity and establishment, longstanding vacancies and ad hoc staffing for inpatient surge areas. This included premium costs of £17.5m. In 2019/20 we plan to reduce this premium by c50% resulting in a £9m saving through increased control over temporary staff, advanced and block booking and fixed pay rates, substantive recruitment and more efficient rostering of substantive staff already in post. The Urgent Care Improvement Plan, Home First Worcestershire, is also an important enabler of cost savings from reduced reliance on capacity escalation areas and the associated on ad hoc staffing.

Efficiency Savings for 2019/20

Currently we are planning to achieve an internal cost improvement programme (CIP) of £22.5m in 2019/20 which however falls short of the amount required to bridge the gap between the Trust plan and the 2019/20 deficit control total £ (64.6)m issued to the Trust by NHS Improvement in January 2019. The so far identified schemes that make up the £16.2m savings plan and the phasing of the savings plan are set out in the chart below.

Scheme Profile



We continue to work to identify schemes that will deliver our £22.5m savings target with further schemes being developed around increased productivity in theatres and outpatients as well as the review of high value contracts supporting work we have historically outsourced.

We need all our teams to be engaged in improving our finances and we have introduced a finance improvement group chaired by the Chief Executive and workshops for budget holders and teams across the clinical and corporate divisions to develop roles and responsibilities and to commence work on further opportunity identification.

We are responsible for the delivery of a 5% efficiency savings target of at least £22.5m in 2019/20 however in respect of the deficit control total of £ (64.6)m, there would still be shortfall in respect

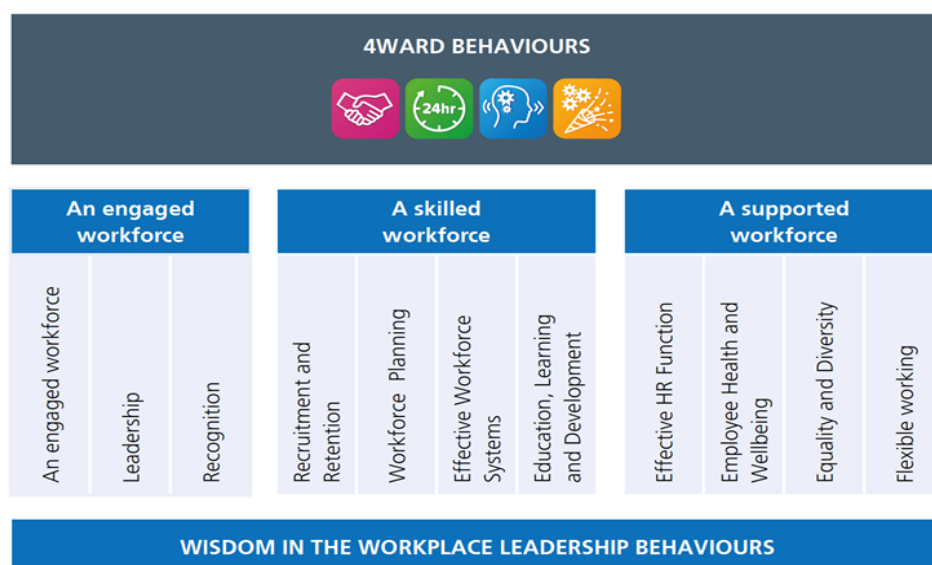
due to the cost pressure from investment in essential additional ward capacity initially requiring additional premium staffing resource.

PEOPLE AND CULTURE

We have identified the following people and culture improvement priorities for 2019/20

Strategic objective BEST PEOPLE	
Improvement priority	Measured by
Refresh our recruitment and retention plan and reengineer our recruitment and retention practices and approach	<ul style="list-style-type: none"> ➤ Overall turnover rate reduced by 1% by 31st March 2020 ➤ Vacancy rate of <9% by 31st March 2020
Achieve 90% compliance with mandatory training	<ul style="list-style-type: none"> ➤ Full compliance across all staff groups
Improve the training experience for junior doctors in line with their feedback	<ul style="list-style-type: none"> ➤ Discharge from enhanced oversight arrangements by Health Education England

Our People and Culture Strategy 2018/19 to 2020/21 is based on the following model:



The People and Culture Strategy is supported by a comprehensive plan that outlines the key actions we will take to ensure we have a workforce with the capacity and capability to meet our aspirations and to deliver safe and effective patient care. There is a people and culture dashboard in place to measure our progress. We will refresh the People and Culture Strategy in line with the new Trust Strategy in 2019/20.

At the end of 2018/19 there were 5,372 staff in post against an establishment of 5,923, which represents a vacancy rate of 9.3%. This is an increase of 2.3% since the end of the previous year;

however the establishment has increased over the same period due to significant ward expansion at both acute hospital sites. Over the same period staff turnover increased from 11.04% at the end of 2017/18 to 12.30% at the end of 2018/19.

Although we have made material inroads into medical consultant recruitment, there are still high levels of clinical staff vacancies across the organisation. Recruitment and retention continue to be key priorities especially in light of the current level of staff turnover. There are a number of areas in which we are working to improve the experience of staff already in post and to attract new staff. These include new opportunities for staff development such as leadership development. We are also reviewing its flexible working arrangements, working with Timewise, a social enterprise, to ensure that we explore all the avenues for staff to be able to work flexibly.

Workforce engagement

We engage with staff in a number of different ways including monthly team briefings for the top 100 leaders in the organisation led by the Chief Executive, Meet the Chief Sessions and the weekly Chief Executive message. We are continuing to embed the 4ward culture change programme through the 4ward signature behaviours and the 'four step process' which recognises the achievements of teams in respect of their commitment to 4ward.

4Ward is core to the Trust Strategy and during 2019/20 the only change will be in relation to the 4ward checkpoint which, as a final step in the process, has struck a dissonant chord with staff. The 4ward steering group will work with the 4ward Advocates to redesign step 4 to measure our culture development in a way that staff feel is more in tune with the overall ethos of the programme.

Annual Plan Governance & Risks

We will assure the delivery of our annual plan goals and improvement priorities through clinical divisional and corporate directorate performance review meetings and regular updates to the Trust Management Executive meeting.

To support this, our integrated performance report (IPR) will be updated to align with the priorities and measures included in this plan. The subsections within the IPR, Quality, Performance, Finance and Workforce are overseen by the relevant board committee.

There will be a mid – year review of progress at the Trust Board in the autumn, 2019.

The Plan will form the foundation of our continued work to ensure that we meet our undertakings.

The key risks in the delivery of this annual plan are listed below.

FINANCE

Risk: Inability to deliver the efficiency savings programme

- Mitigation: the Financial Improvement Group is in place to rigorously monitor Trust finances and cost improvement/efficiency measures

Risk: Lack of control of bank & agency spend

- Mitigation: robust rules around requesting use of agency staff are in place. Recruitment and retention plans are in place

WORKFORCE

Risk: Workforce recruitment and retention

- Mitigation: recruitment and retention plans are in place, along with workforce development initiatives and skills development programmes

OPERATIONAL PERFORMANCE

Risk: Uncontrollable demand for services

- Mitigation: capacity and escalation plans in place which will be reviewed regularly. Improvement plan for urgent care in place.

QUALITY

Risk: Non-delivery of CQC inspection requirements

- Mitigation: a robust quality improvement strategy and action plan in place with rigorous monitoring

Conclusion

During 2019/20 we will stabilise the organisation both operationally and financially. We will reflect on the findings of the Care Quality Commission inspection and build their recommendations into our quality improvement plan.

We will focus on developing our strategic plans and building a strong foundation for meeting our undertakings in relation to quality, performance and finance. Staff development and engagement will be crucial components to being successful and our People and Culture Strategy will be refreshed to reflect our emerging priorities.

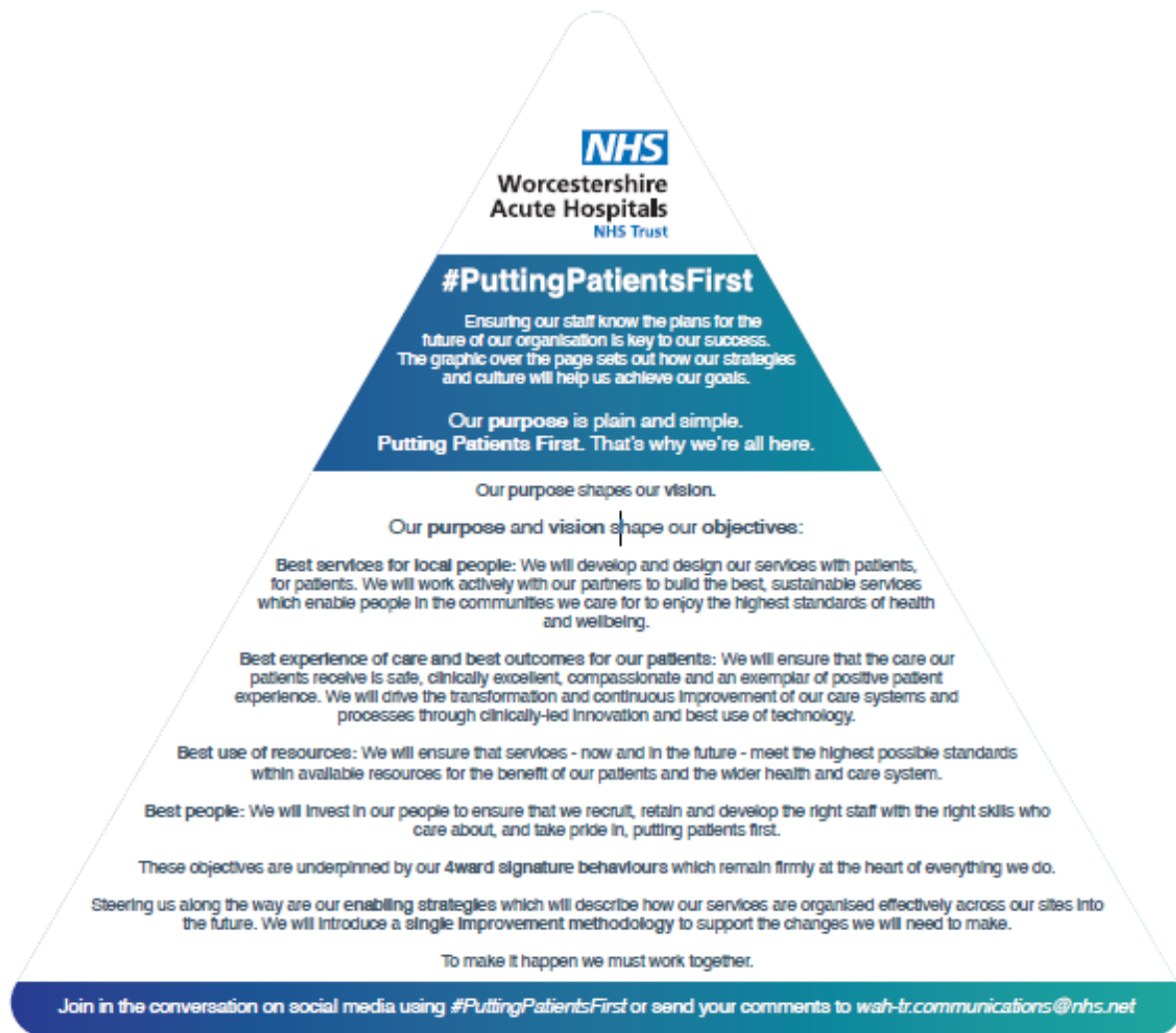
We are committed to delivering the quality and efficiency savings programme and meeting our financial plan. Progress will be monitored, any slippage will be addressed and staff will be supported to address anything that prevents the achievement of their plans through the performance review meetings.

We are committed to providing high quality, timely care to the population we serve and will implement the priorities outlined in this plan, particularly in respect of the national standards and any required improvements identified by CQC.

During the first half of 2019/20 we will develop a new strategy for clinical services at the Trust engaging all the service teams in its development and implementation. We will maximise the benefits of collaborative working in developing this strategy, embracing the opportunities presented by the Herefordshire and Worcestershire Sustainability and Transformation Partnership and the development of the local integrated care system (ICS) and through the implementation of new technologies as we look to implement our digital strategy.

We recognise that we need to continue to invest in and develop our workforce and continue to engage with patients. We will act on their feedback and continue to focus on our priorities for improving the quality of patient care and the patient experience.

Appendix One – Trust Vision, Purpose and Strategic Objectives



Appendix Two – Performance Improvement Trajectories

	Forecast Out-turn 31/03/2019 March 2019	Plan 30/04/2019 Month 1	Plan 31/05/2019 Month 2	Plan 30/06/2019 Month 3	Plan 31/07/2019 Month 4	Plan 31/08/2019 Month 5	Plan 30/09/2019 Month 6	Plan 31/10/2019 Month 7	Plan 30/11/2019 Month 8	Plan 31/12/2019 Month 9	Plan 31/01/2020 Month 10	Plan 29/02/2020 Month 11	Plan 31/03/2020 Month 12
Accident and Emergency													
Accident and Emergency - >4 hour wait	3,752	3,915	3,811	3,727	3,726	3,013	2,289	2,324	2,246	2,196	2,262	2,093	2,301
Accident and Emergency - Total Patients	16,024	15,918	17,809	17,565	18,724	16,834	16,594	16,891	16,046	15,689	16,160	14,955	16,435
Accident and Emergency - Performance % (95% standard)	76.6%	75.4%	78.6%	78.8%	80.1%	82.1%	86.2%	86.2%	86.0%	86.0%	86.0%	86.0%	86.0%
Ambulance Handovers	March 2019	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Count of all patients arriving by ambulance (types 1, 2 and 3)	4,604	4,058	4,171	4,177	4,446	4,277	4,155	4,487	4,370	4,694	4,707	4,280	4,696
Count of handover delays 15-30 minutes	1,861	1,420	1,251	1,149	1,112	855	831	673	655	704	706	642	470
Count of handover delays 30-60 minutes	569	609	626	522	445	428	416	292	284	376	377	428	470
Count of handover delays 60+ minutes	227	203	209	209	222	214	208	269	262	329	330	107	0
Diagnostics Test Waiting Times	March 2019	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Number Waiting < 6 Wks	7,249	9,645	10,100	10,306	9,802	9,189	9,302	9,912	9,152	8,341	7,697	8,288	9,015
Total Number Waiting	7,853	10,442	10,661	11,050	10,722	10,265	10,540	10,859	9,958	9,292	8,103	8,570	9,103
Performance % (1% standard)	7.7%	7.6%	5.3%	6.7%	8.6%	10.5%	11.7%	8.7%	8.1%	10.2%	5.0%	3.3%	1.0%
Referral to Treatment	As at 31 March 2019	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Number of incomplete RTT pathways <=18 weeks	29,211	30,395	32,227	32,265	31,864	31,593	31,005	31,230	31,302	29,427	29,602	30,311	30,302
Number of incomplete RTT pathways Total	35,854	35,149	36,595	36,780	36,338	36,341	36,049	36,207	36,480	35,632	35,638	36,543	36,762
Referral to treatment Incompletes - Performance % (92% standard)	81.5%	86.5%	88.1%	87.7%	87.7%	86.9%	86.0%	86.3%	85.8%	82.6%	83.1%	82.9%	82.4%
Number of incomplete RTT pathways >52 weeks	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of completed admitted RTT pathways	28,438	2,263	2,459	2,356	2,551	2,317	2,372	2,656	2,834	1,992	2,301	2,275	2,427
Number of completed non-admitted RTT pathways	92,732	9,755	10,539	9,967	10,275	9,655	9,353	10,415	9,030	7,220	10,330	9,427	9,559
Number of New RTT pathways (clock starts)	150,222	13,607	14,453	12,213	12,333	11,996	11,419	12,891	12,127	8,282	12,695	12,645	12,291

Cancer	March 2019	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Cancer Waiting Times - 2 Week Wait	<i>i</i>												
Number Seen < 2 Wks	1,843.0	1,750	1,940	1,795	1,875	1,966	1,945	2,161	1,788	1,710	1,795	1,770	1,863
Total Number Seen	2,001.0	1,863	2,066	1,917	1,996	2,091	2,073	2,300	1,915	1,789	1,923	1,882	2,001
Performance % (93% standard)	92.1%	93.9%	93.9%	93.6%	93.9%	94.0%	93.8%	94.0%	93.4%	95.6%	93.3%	94.0%	93.1%
Cancer Waiting Times - 2 Week Wait (Breast)	<i>i</i>												
Number Seen < 2 Wks	145.0	74	88	39	98	134	130	134	160	131	155	144	145
Total Number Seen	171.0	161	170	141	176	154	138	137	172	135	169	150	171
Performance % (93% standard)	84.8%	46.0%	51.8%	27.7%	55.7%	87.0%	94.2%	97.8%	93.0%	97.0%	91.7%	96.0%	84.8%
Cancer Waiting Times - 31 Day First Treatment	<i>i</i>												
Number Treated < 31 Days	210.0	224	290	247	269	265	257	296	258	231	254	272	210
Total Number Seen	216.0	230	298	250	275	270	264	306	266	235	270	275	216
Performance % (96% standard)	97.2%	97.4%	97.3%	98.8%	97.8%	98.1%	97.3%	96.7%	97.0%	98.3%	94.1%	98.9%	97.2%
Cancer Waiting Times - 31 Day Surgery	<i>i</i>												
Number Treated < 31 Days	23.0	27	33	31	36	37	19	32	23	26	38	28	23
Total Number Seen	24.0	28	34	32	36	37	20	32	23	26	41	30	24
Performance % (94% standard)	95.8%	96.4%	97.1%	96.9%	100.0%	100.0%	95.0%	100.0%	100.0%	100.0%	92.7%	93.3%	95.8%
Cancer Waiting Times - 31 Day Drugs	<i>i</i>												
Number Treated < 31 Days	22.0	20	44	27	28	24	7	23	20	10	24	11	22
Total Number Seen	22.0	22	44	28	28	24	7	23	20	10	24	11	22
Performance % (98% standard)	100.0%	90.9%	100.0%	96.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Cancer Waiting Times - 31 Day Radiotherapy	<i>i</i>												
Number Treated < 31 Days	23.0	8	14	15	16	6	2	5	7	6	3	93	23
Total Number Seen	23.0	8	14	15	16	6	2	5	7	6	3	93	23
Performance % (94% standard)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Cancer Waiting Times - 62 Day GP Referral	<i>i</i>												
Number Treated < 62 Days	84	132	137	142	146	149	151	151	151	151	151	151	151
Total Number Seen	126	176	176	176	176	176	176	176	176	176	176	176	176
Performance % (85% standard)	66.9%	74.9%	78.1%	80.9%	82.9%	84.9%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%
Cancer Waiting Times - 62 Day Screening	<i>i</i>												
Number Treated < 62 Days	13.0	12	23	18	20	18	21	17	18	15	13	20	13
Total Number Seen	16.0	14	27	20	22	24	28	26	23	16	21	23	16
Performance % (90% standard)	81.3%	85.2%	85.2%	90.0%	90.7%	76.6%	73.2%	65.4%	78.3%	93.5%	63.4%	87.0%	81.3%
Cancer Waiting Times - 62 Day Upgrade	<i>i</i>												
Number Treated < 62 Days	8.5	7	5	7	8	8	5	8	8	6	8	8	9
Total Number Seen	13.0	10	8	11	9	10	6	13	10	10	12	10	13
Performance % (no standard)	65.4%	70.0%	62.5%	59.1%	83.3%	80.0%	90.9%	60.0%	75.0%	55.0%	62.5%	84.2%	65.4%

Meeting	Trust board
Date of meeting	13 June 2019
Paper number	D2

Digital Strategy

For approval:	✓	For discussion:		For assurance:		To note:	
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Accountable Director	Robert Toole – Chief Finance Officer		
Presented by	Robert Toole (Chief Finance Officer) and Iain Marsland (WAHT Digital Advisor and author of the Trust Digital Strategy)	Author /s	Rebecca Brown – Asst Director of Information, Performance and IT Iain Marsland - WAHT Digital Advisor and author of the Trust Digital Strategy

Alignment to the Trust's strategic objectives

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

Report previously reviewed by

Committee/Group	Date	Outcome
Trust Management Executive	22 nd May 2019	Approved subject to minor changes detailed in the report.
Finance and Performance Committee	30 th May 2019	Approved subject to minor changes detailed in the report.

Recommendations	The Board is asked to approve the Digital Strategy
------------------------	--

Executive summary	<p>The Digital Strategy is presented to Board for approval, following approval at Trust Management Executive, and Finance and Performance Committee in their May meetings.</p> <p>The objective of the Digital Strategy is to improve patients' health and well-being outcomes. The Digital strategy has three main areas of focus: remediation of failing IT infrastructure, and rolling out an Electronic Patient Record (EPR) across the Trust, and enabling innovative and effective digital enhancements to improve ways of working. The Digital Strategy is an enabling infrastructure plan, and will support implementation of Putting Patients First.</p> <p>We have ensured that there is clear read-across to the aspirations in the draft STP Digital Strategy, to ensure consistency with STP level digital plans. The NHS Long Term Plan has also been taken into account in the latest iteration of the Strategy, allowing the Trusts Digital Strategy to run co-terminously with the timescales set out in the Digital Chapter of the Long Term Plan.</p>
-------------------	--

Meeting	Trust board
Date of meeting	13 June 2019
Paper number	D2

Risk							
Key Risks	<p>BAF risk 3936 - IF we do not have effective IT systems which are used optimally THEN we will be unable to utilise the systems for the benefit of patients RESULTING IN poorly coordinated care for patients and a poor patient experience. SCORE: 16</p> <p>BAF risk 3935 - IF we are not able to unlock funding for investment THEN we will not be able to modernise our estate, replace equipment or develop the IT infrastructure RESULTING IN the lack of ability to deliver safe, effective and efficient care to patients. SCORE: 16</p> <p>Risk register relevant, high rated risks: 3855 – Windows 10 (16) 3603 - Cyber Security (16) 4107 – outlying ICT systems (16)</p>						
Assurance	The Trust has engaged an external expert to co-develop the Digital Strategy. This individual has worked with Trust staff and utilised existing intelligence to craft the Strategy.						
Assurance level	Significant		Moderate	✓	Limited		None
Financial Risk	All items and improvements within the Digital Strategy will require Business Cases to be presented to the appropriate governance body of the Trust prior to approval of any spend. The Strategy has close links with the Medium Term Financial Plan.						

Meeting	Trust board
Date of meeting	13 June 2019
Paper number	D2

Introduction/Background

In early 2018, it was identified that a Digital Strategy was required as one the key Infrastructure Strategies to support delivery of the 2018/19 to 2019/20 Trust Business Plan. Engagement with a wide range of senior staff produced rich qualitative feedback on issues with the current digital offer at the Trust, and aspirations for the future. It was identified that the Trust required a Digital Strategy that encompassed key clinical tools such as the Electronic Patient Record (EPR), decision support tools, and workflow / management of clinical pathways.

An ICT Strategy working group was convened and chaired by the Deputy Chief Medical Officer. The group consisted of both clinical and administrative staff, with the brief to develop a clinically led Digital Strategy for the Trust.

In December, we sought support of an expert in the Digital field to complete delivery of the Strategy. The draft was presented to Trust Management Executive in April, and comments and feedback have been taken into account. Final drafts were presented to Trust Management Executive and Finance and Performance Committee in May and received approval.

Issues and options

The objective of the Digital Strategy is to improve patients' health and wellbeing outcomes.

The Digital Strategy sets out the direction of travel that will enable the Trust to sustain improvements in patient safety and experience, quality of care and operational efficiency by digitally transforming clinical and operational processes.

Individual investments in Digital, Data and Technology will be prioritised and subject to rigorous business case tests of affordability, value for money and strategic fit with a continuous focus on improving outcomes for patients. The Digital Strategy is set out in 39 recommendations which incorporate, inter alia (amongst others); remediation of the failing IT infrastructure; implementation of an Electronic Patient Record (EPR); improvements in telephony, Information Management, Information Governance, cyber security and health records; a supporting programme management, and, benefits management approach, to underpin delivery of the strategy.

The Digital Strategy has been issued and discussed with Trust Management Executive, Digital Strategy Group, all members of the Information, Performance and ICT Directorate, Health and Care Trust Chief Information Officer, STP Digital lead Executive, Healthwatch and with our Trust Non-Executives. There has also been engagement around the concepts within the Digital Strategy through the Trust Patient and Public Forum. There has been wide-spread support for the Strategy and general feedback that the balance between improving infrastructure / remediation works, planning for the future, and embracing innovation has been achieved.

The strategy development has been dynamic and iterative, to take account of all feedback received. The following noteworthy changes were made to the initial drafts, resulting from feedback from the abovementioned groups or individuals:

- Increased read across to the draft STP Digital Strategy
- Improved the narrative around clinical leadership and focus

Meeting	Trust board
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- Focus on pace of approach, with two approaches for introduction of Digital solutions;
 - a) a slower pace for critical systems that must operate with Trust legacy systems and comply with data and process standards
 - b) a faster pace for more independent disruptive innovations that need rapid evaluation and may be allowed to fail (as reflected in the Digital chapter)
- Affordability covered through the clarification of the need for Business Cases to support the implementation of programmes and projects within the strategy.
- Incorporation of learning resulting from recent funding bids
- New NICE Guidance on Digital Evidence Standards Framework referenced
- Increase focus on the support which the Digital agenda can provide for transformation.
- Section on population health section strengthened to reflect the contribution as outlined in the NHS Long Term Plan, contribute to STP population health data analysis, and provide active care pathways to ensure there are no gaps in preferred care.
- Overview timeline expanded and clarified.

A verbal update on the status of the Quality Impact Assessment will be provided at the meeting.

Recommendations

The Board is asked to approve the Digital Strategy

Appendices

Appendix 1: Digital Strategy



**Worcestershire
Acute Hospitals**
NHS Trust

Digital Strategy

Digital, Data, Technology

2019 – 2024

Version 1.0



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Foreword

This document arises from a decision by the Worcestershire Acute Hospitals NHS Trust Board of Directors to refresh its Digital Strategy.

Document Control

Role	Name	Date	Signature
Author	Iain Marsland Best Practice Group		
Senior Responsible Owner	Robert D Toole Chief Finance Officer (Interim)		

Approvals

Name	Role	Signature	Date
Finance and Performance	Assurance and Approval		
Trust Management Executive	Assurance and Approval		
Trust Board of Directors	Executive Board		

Distribution

Role	Organisation	Location	Nr of Copies
Finance and Performance	NHS	The Trust	As required
Trust Management Executive	NHS	The Trust	As required
Trust Board of Directors	NHS	The Trust	As required



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Amendment Record

Issue Status	Version	Date	Actioned By	Description
Structuring	0.1	25-01-2019	Iain Marsland	Structure version
In Production	0.2	25-03-2019	Iain Marsland	Production version
In Production	0.3b	16-04-2019	Iain Marsland	Pre-release to RB & GJ
1 st Draft	0.5	18-04-2019	Iain Marsland	1 st Draft for TME
2 nd Draft	0.6	30-04-2019	Iain Marsland	2 nd Draft post TME
3 rd Draft	0.7	11-05-2019	Iain Marsland	3 rd Draft post Assurance
Final Review	1.0	05-06-2019	R D Toole	Final Edit and Accuracy Review
Trust Board Issue	1.0	05-06-2019	R D Toole	For Trust Board Consideration



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Glossary

Abbreviation	Description
CCG	Clinical Commissioning Group
CDS	Clinical Decision Support
CNST	Clinical Negligence Scheme for Trusts
DR	Disaster Resilience
EPR	Electronic Patient Record
ESR	Electronic Staff Record
ED	Emergency Department (A&E)
ePMA	Electronic Prescribing and Medication Administration
FHIR	Fast Healthcare Interoperability Resources
HA	High Availability
HSCN	Health and Social Care Network
HRG	Health Resource Groups
IHE	Integrated Health Enterprise (Health Economy Record)
IM&T	Information Management and Technology
LIMS	Laboratory Information Management System
MSP	Managing Successful Programmes
NHS	National Health Service
PABX	Private Automatic Branch Exchange
PAS	Patient Administration System
PACS	Picture Archiving and Communication System (Digital Images)
PBR	Payment By Results
RIS	Radiology Information System
SBS	Shared Business Services
STP	Sustainability and Transformation Programme
VNA	Vendor Neutral Archive



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Welcome to our new Digital Strategy. This Strategy expresses our commitment to use the best Digital technologies to modernise and improve our care for patients. It underpins our strategic objectives described in Putting Patients First and is a key enabler for our Clinical Strategy.

Digital is impacting all our lives. Most of us own smart technologies (phones, tablets, wearables) that are ‘always on and always connected’ and use them very frequently. We know that many people in the communities we serve are already equipped and keen to interact digitally with the services we provide. This Strategy describes the 5 year journey that we plan to take to enable us to provide Digitally enabled care. We will enhance our underlying IT and telephony infrastructures, implement Electronic Patient Records, strengthen the management of our digital services and secure them from cyber-attack. We will also be working closely with our partners in the STP to create integrated digital services across Worcestershire and Herefordshire and will meet the NHS Long Term plans to digitise provider services by 2024.

I am very clear, as are the Board, that intelligent use of digital will have a great impact on the quality and efficiency of our services over the next 5 years.

Matthew Hopkins, Chief Executive Officer

1. Executive Summary

The Digital Strategy is convergent with the **NHS Long Term Plan**, for secondary care providers in England to be fully digitised, including clinical and operational processes across all settings, locations and departments by 2024.

The Digital Strategy is fully aligned with the Herefordshire and Worcestershire Sustainability and Transformation Programme’s **Digital Vision and Strategy**;

- A shared Care Record accessible by care professionals and citizens
- Improved Digital infrastructure
- Population health analytics and intelligence
- Digitally improved patient access, signposting and decision making
- Development of a Rural Digital Innovation Hub

The Digital Strategy is an important enabler of **Putting Patients First**, the Trust’s Strategic Objectives.

The objective of the Digital Strategy is to improve patients’ health and wellbeing outcomes.

The Digital Strategy sets out the direction of travel that will enable the Trust to sustain improvements in patient safety and experience, quality of care and operational efficiency by digitally transforming clinical and operational processes.

Individual investments in Digital, Data and Technology will be prioritised and subject to rigorous business case tests of affordability, value for money and strategic fit with a continuous focus on improving outcomes for patients.



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The Digital Strategy is set out in just 39 statements:

Clinical Applications

- 3.a The Trust will develop an Outline Business Case for the Board to consider a layered Electronic Patient Record that maximises the value of the Trust's investment in clinical and support systems.
- 3.b If the case is made, then the Trust will procure an Electronic Patient Record through a framework agreement procedure, led by clinicians who will specify and select the best value for money system.
- 3.c The Trust will bid for national funding as a contribution towards the cost of deploying electronic Prescribing and Medication Administration within a layered Electronic Patient Record.
- 3.d The Trust will commit to adopt appropriate interface, interoperability and digital standards as identified within the STP Digital Strategy programme. Until then the Trust will adopt national standards such as Fast Healthcare Interoperability Resources (FHIR) and Snomed-CT that we are confident will be part of the eventual interoperability solution.
- 3.e The Trust will evaluate the opportunities and costs of implementing a Trust-wide Contract Lifecycle Management System.
- 3.f The Trust will evaluate the opportunities and costs of implementing Scan4Safety, potentially as an early adopter, and to exploit the opportunities for patient safety, quality and cost savings that this can bring.

IT and Voice Infrastructure

- 4.a The Trust will enhance WiFi coverage to support clinicians, support staff, patients and visitors
- 4.b The Trust will collaborate with Worcestershire Health and Care NHST and the NHS Worcestershire CCG to manage an effective and cost efficient Exit and Transition from the current IT services contract with Computacenter.
- 4.c The Trust will upgrade all PC windows operating systems to the NHS Enterprise Windows 10 to include Advanced Threat Protection (ATP)
- 4.d The Trust will review options for managing the growth in storage requirements including the opportunity for a Vendor Neutral Archive with neighbouring Trusts.
- 4.e The Trust will formally review the options to maintain a High Availability, Disaster Resilient Digital infrastructure, either through a commitment to continuously upgrade local servers and storage or to migrate services to the cloud.
- 4.f The Trust will move to an integrated Trust-wide Voice-over-IP communications platform that provides high availability, resilient voice services, unified communications and video conferencing.
- 4.g The Trust will consider an extended voice service covering the Trust and WHCT and further to participate in an STP-wide voice network should this be forthcoming and provide opportunities for cost savings and improved quality of service.



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Information

- 5.a The Trust's Information Service will continue to develop the BI solution to where users can set up queries of fully reconciled, comprehensive data models (post EPR go-live).
- 5.b The Information Service will support the STP approach for Population Health Management
- 5.c The Information Service will review the use of AI for predictive analysis and forecasting.

Information Governance

- 6.a Information Governance will be involved at the early stages of digital systems deployment and ensure that Privacy Impact Assessments are carried out.
- 6.b The Trust will ensure access to its Digital systems is secured where possible through the use of smartcards. The process will be managed by a Registration Authority and linked to the Trust's Electronic Staff Record (ESR) so that that access is deleted when staff leave.

Cyber Security

- 6.c The Trust will achieve Cyber Essentials Plus before 2021

Health Records

- 7.a The Xerox contract will be transitioned to take account of the introduction of Electronic Patient Records
- 7.b The Trust will identify an appropriate position with responsibility for Health Records or outsource to manage the risk.

Digital

The Trust will consider digital solutions to:

- 8.a Connect the Trust's two A&E Departments for remote consultation
- 8.b Introduce remote PACS reporting and remote Histology Reporting
- 8.c Introduce e-Observations
- 8.d Introduce digital monitors for patients with long term conditions at home
- 8.e Utilise Digital services to enable remote Out-Patient consultations
- 8.f Support patients post-discharge with personalised Digital information and alerts.
- 8.g Introduce smartphone AI Virtual Assistants for the long-term ill.
- 8.h The Trust will use two approaches for the introduction of Digital solutions;
 - a slower pace for critical systems that must operate with Trust legacy systems and comply with data and process standards
 - a faster pace for more independent disruptive innovations that need rapid evaluation and may be allowed to fail.



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Making It Happen

- 9.a The Trust will use a formal programme management methodology such as Managing Successful Programmes to manage the Digital Strategy Programmes.
- 9.b The Trust will adopt and implement a formal benefits management methodology such as Cranfield Benefits Management to maximise the benefits from the Digital Strategy Programme.
- 9.c The Trust will develop governance arrangements to oversee the implementation of the Digital Strategy, to include a Digital Strategy Executive, an associated Digital Clinical Governance Committee and, in addition, a Digital Strategy Executive Sub-group to lead on Digital awareness, readiness and innovation.
- 9.d All Trust IT systems will be managed by the Digital Directorate.
- 9.e The Digital Directorate will set out model systems management roles and responsibilities and Standard Operating Procedures for IT Operations that will be adopted across the Digital Enterprise.
- 9.f Where necessary all Trust servers, and especially Trust Servers running clinical applications, will be placed in the Trust Data Centres or equivalent Cloud arrangement and configured for High Availability or Disaster Resilience.
- 9.g The Trust will centralise the management of all Digital systems development.
- 9.h The development of clinical systems will comply with guidance set by the Royal College of Physicians
- 9.i The Digital Directorate will develop, maintain and operate to Service Level Agreements for each major Service User group.
- 9.j The Trust will introduce the role of a Chief Digital Officer.

This forms the platform from which the Trust will take a step change towards a modern digital healthcare economy that will transform patient care and patients' experience.

"A digital strategy is not a nice to have, it is a must. The digital world is as real as the physical world. It is not about automating or supporting existing processes, it is about a totally different way of thinking, working and communicating. To improve patients' experience in all its aspects, making it easier for staff to do their jobs and to improve productivity and our financial position."

Richard Oosterom, Associate Non-Executive Director



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2. Introduction



Worcestershire Acute Hospitals NHS Trust provides hospital based services from three main sites – the Alexandra Hospital in Redditch, the Kidderminster Hospital and Treatment Centre and the Worcestershire Royal Hospital. The Trust has an annual turnover of over £400 million, it employs nearly 6,000 people and is additionally supported by nearly 800 volunteers. The Trust serves a population of more than half a million in Worcestershire and cares for patients from neighbouring counties and further afield. With 823 beds (Q1 18/19) the Trust provides a wide range of clinical services and specialties.

2.1. Strategic Context

2.1.1. Local Context

At times over the past 4 years the Trust has been placed in quality special measures and enhanced financial oversight, having an on-going significant and underlying deficit. In addition, the Trust has suffered reputational damage and has struggled to recruit and retain the clinical staff it needs to deliver services effectively and efficiently.

The Trust operates a complex and stressed digital environment. Digital has struggled to find a direction that addresses the Trust's financial and quality of care requirements. IT Services, Health Records and desktop devices have been outsourced with questionable value for money. IT systems have been procured to meet the simplest of strategies, focussing on the building blocks and not the building. The mix of PFI and wholly owned hospitals and services has also provided a barrier to infrastructure development. The resulting costs are significant, and the solutions limit the Trust's ability to progress, to meet current demand or to contribute to the Trust's financial and quality recovery.

Information on the other hand has been making good progress towards reconciling the many data sets within a locally designed data warehouse, the provision of a self-service Business Intelligence service to access reports and digital requesting of new reports. The service is still hampered by the quality of data and the effort required to extract and match data from multiple loosely interfaced systems.



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The Trust's **4^{ward}** programme is a long term, far reaching initiative that will transform the culture of the Trust as well as improving performance across the whole of the Trust. Underpinning this are 4 Strategies:

- Clinical Strategy
- Quality Improvement Strategy
- People and Culture Strategy
- Digital Strategy

The Digital Strategy will support, enable and in many cases ensure the sustainability of many of the Clinical, Quality and People improvement programmes.

The Trust has developed its Strategic Objectives - **Putting Patients First**. The Digital Strategy will be prioritised and implemented to achieve this set of objectives.

*"We have recently launched our new strategy **Putting Patients First** and key to this is our ability to safely care for the 960,000 people that come through our door each year by having the right information in the right place at the right time, to care for them safely and effectively. We also owe it to our patients to fully embrace digital applications to allow them more choice in how they access our services and receive ongoing care and support from our teams."*

Sarah Smith, Executive Director of Strategy, Planning and Improvement

2.1.2. Regional Context

The Herefordshire and Worcestershire Sustainability and Transformation Programme (STP) has been developing their Digital Strategy, the priorities of which are:

- Integrated Shared Care Records
- Improving infrastructure and digital maturity
- Empowered individuals and communities
- Intelligence led care through population health analytics
- A culture of digital innovation and learning
- Attracting inward investment for digital change

The Trust will ensure that this Digital Strategy is compatible and supportive of the STP's Digital Strategy.

2.1.3. National Context

The NHS Long Term Plan sets out a strong case for digitally enabled care and business processes, noting the digital progress that was already in train eg:

- The Electronic Prescribing Service and the eReferrals Service are widely used
- 47 Global Digital Exemplars and fast followers are funded to innovate and deploy new technologies and ways of working.
- 5 Local Health and Care Record Exemplars are funded to develop Health and Care Records with Local Authorities and Social Care.



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In addition:

- NHSX has been formed *to harness the potential of digital technology to transform care, save lives, free up clinicians' time and empower patients.*
- An NHS App will be the portal for people to access NHS Services
- Maternity records will be digital and include the immunisation records of children
- NHS providers are challenged
 - To run Digitally enabled Out-Patient care
 - To offer 'Digital first' care in most cases
 - To become fully digitised by 2024

This then forms the context for the development of the Trust's Digital Strategy. There is much to be done. The Trust's Digital Programme will be continuously evaluated against these Strategic Objectives to ensure that priorities for investments and developments are properly aligned.

2.2. The Aim of the Digital Strategy

The objective of the Digital Strategy is to improve health and wellbeing outcomes, to sustain improvements in patient safety and experience, quality of care and operational efficiency by digitally transforming clinical and operational processes.

3. Applications

"Going digital is a must do!

Digital systems make it easier to capture data and will give all clinical teams instant access to relevant information that will help them to deliver the best clinical care for our patients. It will also give them more time to spend on direct patient care by reducing repetitive administrative tasks and reduce the risks of mistakes being made, for example with the prescription of medicines."

Dr Graham James, Acting Chief Medical Officer and Caldicott Guardian

The Trust runs approximately 170 applications split evenly between clinical, business and technical solutions

- A small number of applications (less than 10) are provided as managed services eg
 - Oracle Ledger, Electronic Staff Record, iProc, NHSMail
- 50 applications have been developed by IT staff on servers in the Trust's data centres eg
 - Whiteboard Comms Message, e-Consent, Paediatric High Dependency
- 12 commercial clinical applications are managed by IT staff on the central servers eg:
 - Patient Administration System, A&E, Orders & Results
- 50 clinical systems are managed by Trust staff outside of the ICT Department. A number of these systems run on servers housed in the Trust's data centres. Some also run on servers in other Trust Departments eg:
 - Pharmacy, Pathology, Radiology



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- 30 business systems are managed by Trust staff outside of the IT Department eg
 - Planet (Estates), Business Intelligence (Information)
- The remaining applications are technical systems that manage the IT and Telephony services. Half of these are operated by IT staff and half by Computacenter staff, the Trust's IT Services partner.
- In addition, a small number of the applications are also used by staff in Worcestershire Health and Care NHST eg,
 - PatientFirst (A&E) and ICE (Orders and Results).

The risks associated with the diversity of systems management arrangements in the Trust is dealt with in the Governance section 9.3 below.

1.1 Clinical Systems

The Case for the Electronic Patient Record

The Trust plans to provide the best possible patient journey, ensuring no delays, the right bed first time, more integrated care for older people, care that is safe, effective and that provides a good patient experience, and all delivered within the Trust's means as described in the Trust's 4 Ward Plan 2018/9 - 2019/20. These plans are underpinned four enabling strategies; Clinical Services, People and Culture, Quality Improvement and Digital, each of which contribute to patient safety and experience, quality and efficiency improvements. The Digital component of the strategic clinical service improvements will be enabled, supported and sustained by systems that:

- digitise and integrate **Patient Records**. This does not mean simply scanning the records. This requires the data to be held in easily retrievable data fields that can be searched or processed. The Trust will operate a single integrated digital patient record repository that records all appropriate up-to-date information about our patients and their care. **Patients will have access to their electronic records.**
- operate a wide range of **Clinical Decision Support** tools to assist clinicians at point of clinical decision making, including:
 - Alerts: immediately informing the clinician that a selected medication or intervention could cause harm as predetermined by data held in the digital patient record, eg allergies or other underlying conditions.
 - Complex Orders: advising clinicians of appropriate groups of diagnostic and therapeutic interventions that Trust senior clinicians and specialist departments have agreed are appropriate for particular presentations.
 - Care Pathways: comprehensive model episodes of care (see more below)
 - **e-Observations**: 24x7 vigilance over critical and fragile patients. Working to pre-configured algorithms, e-Observations will look for pre-determined patterns of clinical observations and / or diagnostic parameters and will then trigger an alert, requiring clinical intervention.
 - All of the above can include escalation to ensure appropriate action is taken
- Provide a range of **Productivity Tools** for clinicians to reduce the paper and process overheads of acute care. These will include:
 - Orders and Results for diagnostic interventions
 - ePrescribing and Medications Administration (ePMA)



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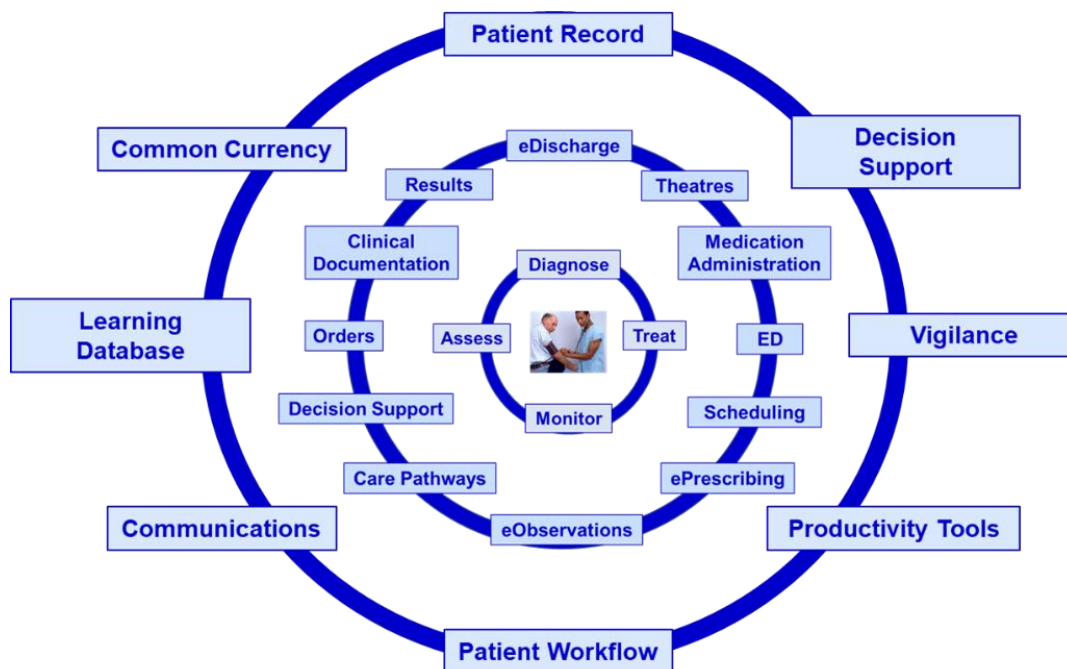
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- Complex Scheduling for interventions and services that operate on a diary basis eg: Out-Patients, Theatres, Physiotherapy, Imaging, etc. Complex Scheduling implies a single diary for the Trust that can be booked to meet the patient's clinical priorities.
- Where Complex Scheduling is combined with bed management and flow, the system is capable of modelling, managing and improving **Patient Flow** and the utilisation of expensive Trust resources.
- Improved **Communications** and especially between clinicians and between clinicians and the patient. Acute care requires timely and transparent communication within the multi-disciplinary team providing care for a patient, with specialist service professionals, between shifts and takes and with primary and social care colleagues. Communications based on digital care systems will replace word of mouth, shift meetings and paper notes ensuring that everyone involved in a patient's care has the same clear and upto date information about the patient.
- Develops into a comprehensive database about the care provided at the Trust that can be used for rapid, comprehensive and accurate audit, to quickly identify opportunities for funded research programmes, for quality programmes (replacing spreadsheets) and as a teaching resource.
- Is a common currency for planning, care, quality and resource performance review.

This is the Electronic Patient Record.



The Electronic Patient Record

The Trust understands that it must have an Electronic Patient Record system if it is to provide safe, effective and efficient patient care. The Trust's clinicians support this position, making the Electronic Patient Record a high priority for the Digital Strategy.



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Normally described in terms of functions such as Orders, Results, ePrescribing, Medication Administration, Scheduling, Clinical Documentation, Clinical Decision Support and Care Pathways, the Electronic Patient Record will support the care of patients in all acute specialties and all acute care settings, recording a continuous flow of patient and clinical data, providing clinicians with guidance at almost every point of care, with no gaps in flow or data.

Specialist functions and areas can be accommodated eg: e-Observations, Theatres, Emergency Department and electronic Discharge. The Electronic Patient Record places the patient at the centre of every point of data collection and decision making.

"Patients are at the centre of all that we do. To me the digital strategy is all about our ability to deliver the very best quality of care to our patients, not only through directly enhancing safety, effectiveness and their experience of health care, but also indirectly through supporting and empowering our staff to deliver the very best care. The strategy will also support the organisation in becoming more efficient, responsive and innovative and, to me, this will be the great enabler."

Dr William Tunncliffe, Associate Non-Executive Director

Care Pathways

At the heart of the Electronic Patient Record are integrated care pathways.

"An integrated care pathway determines locally agreed multidisciplinary practice, based on guidelines and evidence where available for a specific patient / client group. It forms all or part of the clinical record, documents the care given and facilitates the evaluation of outcomes for continuous quality improvement" (National Pathways Association 1998).

"Integrated care pathways are structured multidisciplinary care plans which detail essential steps in the care of patients with a specific clinical problem and describe the expected progress of the patient" (Campbell H, Hotchkiss R, Bradshaw N, Porteous M (1998) *Integrated care pathways* British Medical Journal **316**, 133 - 137.

Integrated care pathways are notoriously difficult to implement on paper, requiring all clinicians involved in the care of a patient to have real time access to one piece of paper and to maintain a single record. The Electronic Patient Record is perfectly designed to support Care Pathways, collecting all information into one single record, providing ubiquitous access to that record plus advice and guidance for individual healthcare professionals throughout the episode of care.

Care Pathways provide an idealised, evidence-based roadmap for the care of an individual disease presentation. This provides the best opportunity to promote multi-disciplinary working, to reduce unnecessary variability in care, to shorten length of stays and to improve outcomes.

"It is essential that the Acute Trust can realise its new digital vision as one of the key providers in our region. Digitising Acute pathways is essential for us to provide high quality patient care and experience across our two organisations and beyond. Significant improvements for our patients will flow from being able to share clinical content rapidly and in context."

David Brown, Chief Information Officer, Worcestershire Health and Care NHS Trust



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Outcomes

The Electronic Patient Record supports the Trust's core business process. It is designed to and can be configured to have a significant positive impact on patient care. For example:

Patient Safety and Experience

Patients:

- Are prescribed the best safest medicines, the right dose and the right frequency
- Endure fewer venepunctures and Xrays
- Spend less time in hospital
- Are known to every clinician providing their care
- Have care scheduled to meet their needs
- Can be sure that their results will be looked at
- Suffer fewer complications
- Endure less discomfort and pain
- Have more time with clinicians
- Are consulted on their care
- Receive less variable care

Clinical practice and quality

Clinicians:

- Have less paperwork
- Operate in Multidisciplinary Teams
- Stop working in isolation
- Have easy access to information
- Use simplified transactions
- Have simplified handovers
- Have access to readily available advice
- Do less chasing and phoning
- Have more time with patients . . . and more time to think

Operational Efficiencies

The Trust:

- Improves throughput
- Utilises wards and theatres better
- Reduces lengths of stay
- Reduces drug and diagnostic costs
- Improves recruitment and retention
- Reduces staff costs
- Reduces paper Health Records and costs
- Reduces Bank and Agency costs
- Improves CNST level discount
- Sustains improvements in care outcomes
- Improves its reputation



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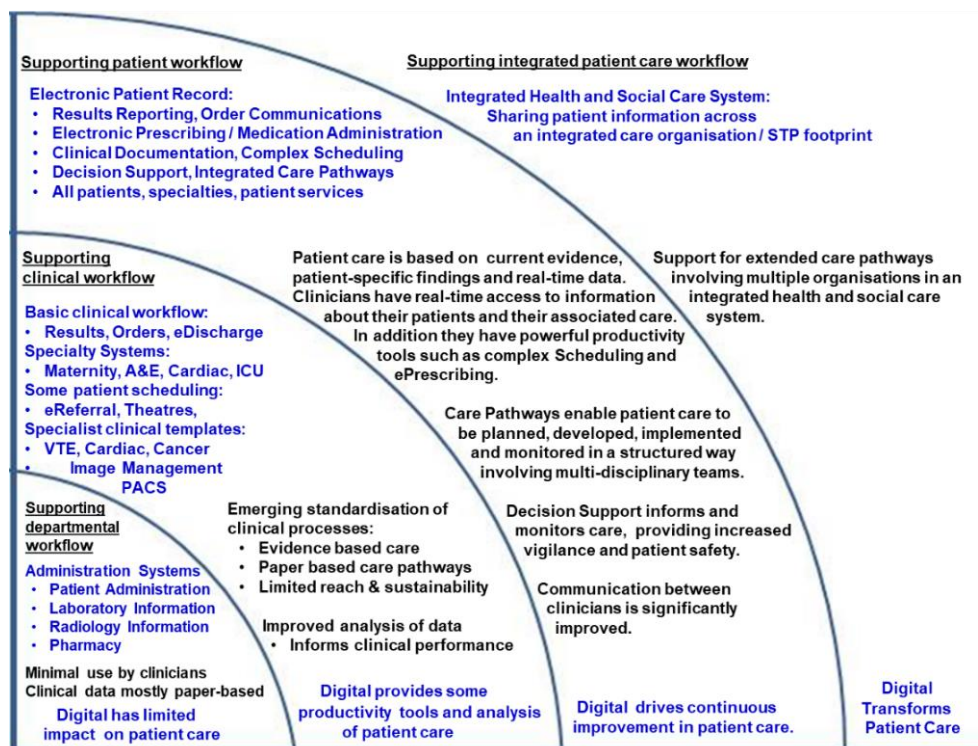
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1.1.1 Digital Maturity

The following schema demonstrates the digital maturity of Trusts investing in Electronic Patient Records. This simplistic schema is a useful roadmap and demonstrates the investment that the Trust can be expected to make to achieve a digitally capable clinical service.



1.1.2 Electronic Patient Record Architectures

The Electronic Patient Record can take many forms. The Trust will consider the architecture required at an early stage and for that to be a factor in selecting an appropriate solution.

Integration

For an Electronic Patient Record to be effective it must provide seamless support for patient care and clinical practice with few if any gaps in data or functional flows. Data should be entered once and then used as many times as necessary to meet clinicians' needs. Functions must operate across all patient care settings.

Any dependence on 3rd party solutions must ideally be kept to a minimum, limiting the requirement for interfaces, additional updates, different user experience (look and feel) and support arrangements. Gartner Core Research published, *'Treat application interfaces as a compromise approach used to temporarily extend the useful life of an old system or meet an ad hoc requirement. Favour truly integrated applications where very complex structured clinical detail must match in every detail or the workflow passes between the two applications very frequently'*. Gartner also comment on the consequence of using interfaced applications: *'Inappropriate use of application interfacing can lead to failure of an application installation, but the more likely consequence is user time lost every day to working around disparities in the system and delays in improving care processes laid on the doorstep of IT.'*



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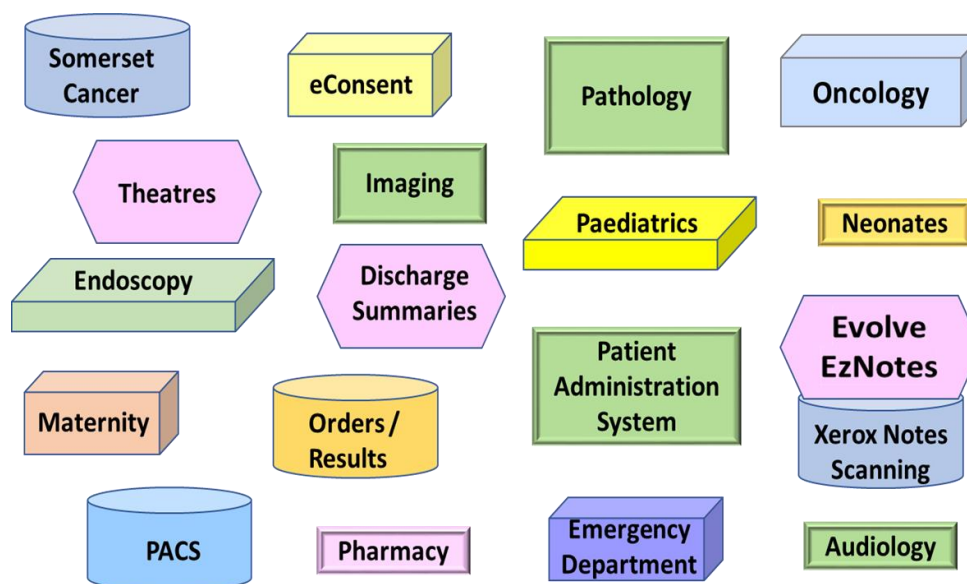
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Best of Breed – the Trust’s Clinical Systems Solution

The Trust has invested in a portfolio of interfaced not integrated individual ‘Best of Breed’ clinical applications that together provide some elements of an Electronic Patient Record. The following diagram is illustrative only.



Trust Clinical Systems (illustrative only)

The portfolio is heavily dependent upon interfaces to enable data to be shared across different systems. In addition, the Trust has invested in portal and common logon applications to provide support for clinicians using multiple systems. The Trust has also invested in locally developed applications, mostly to support patient flow and audit. Clinicians still make paper records which are then scanned for security and to enable distributed access to patient records. However, this does not provide a basis for Electronic Patient Records. Scanned notes provide a read-only view of records. The data contained within the records cannot be processed in the same way as digital notes, cannot be processed for decision support, e-observations, care pathways nor audit. Clinicians have reported that they find access to patient records using Eznotes can be more difficult than using paper, albeit access is more flexible including multi-user and remote access, and the records are more secure. Desktop monitors do not always lend themselves to viewing nor searching A4 documents.

There are still significant gaps in the Trust’s clinical systems’ capability. Some of the functions of an Electronic Patient Record are missing; ePMA, Complex Order Sets and Scheduling, Decision Support, Care Pathways, eObservations. Not all specialties are fully supported with specialist systems. In addition, Trust Clinicians have also commented on the limited capability of some of the component systems such as the Bluespier Discharge Summary and the EzNotes scanned Medical Notes plus the poor response times of these systems, due to a combination of application design, network speed and limited availability of WiFi across the Trust.

“This (above) will never deliver the transformational changes in care that the Trust needs”

Dr Nicholas Cowley, Intensive Care Consultant



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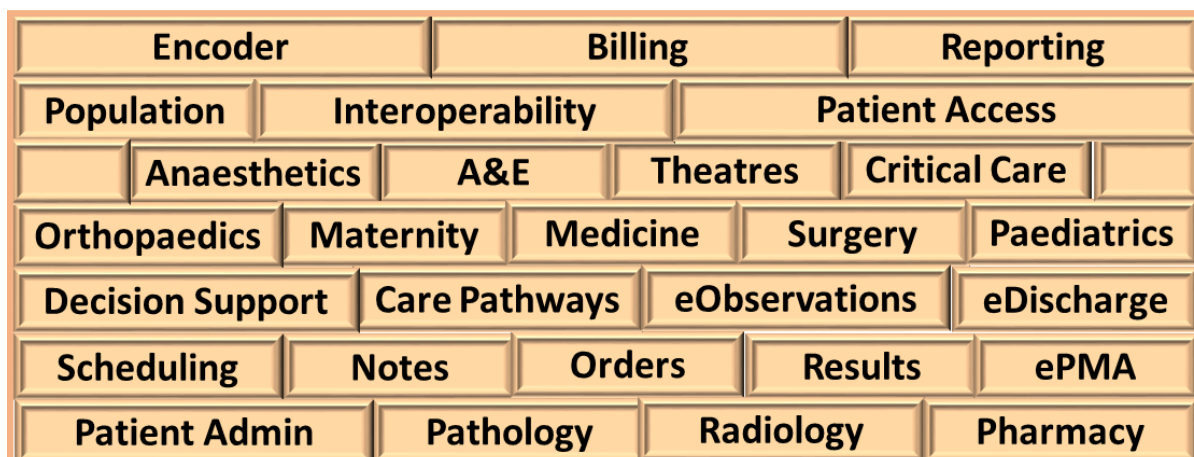
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Integrated Electronic Patient Record – A High Cost / High Capability Solution

Whereas many Electronic Patient Record systems need to be interfaced to the Trust's Patient Administration System (PAS), Laboratory Information Management System (LIMS), Radiology Information System (RIS) and Pharmacy stock control system, fully integrated Electronic Patient Record systems provide a number of these functions with the Electronic Patient Record envelop, as a single tightly integrated system.



Integrated Electronic Patient Record

The benefit of such an architecture is the limited need for interfaces, minimal gaps in data flows and functionality and unified system support and development. A number of Electronic Patient Record vendors sell these systems in the UK. The systems are well thought of and considered to provide significant value. However, they are inherently costly; including a Patient Administration System (PAS) in an Electronic Patient Record programme would add an estimated £6m over a 10-year contract. A Patient Administration System is a major system to replace and should not be considered without good reason. It would also delay the deployment of the clinical functions and the realisation of associated benefits by at least 9 months. This Strategy does not recommend replacing the Trust's Patient Administration System.

Layered Electronic Patient Record – The Optimal Solution

A common approach for Electronic Patient Records is to provide the clinical specialist functions and data as an integrated solution layered over the Trust's legacy support systems, Patient Administration System (PAS), Laboratory Information Management System (LIMS), Radiology Information System (RIS) (together with PACS digital Images) and Pharmacy stock-control system. This protects current investments, reduces the deployment period and time to realise benefits and still provides a closely integrated solution for clinicians to use.

The Trust's Digital Strategy Group has considered the commercial options for Electronic Patient Records and recommends that the layered architecture is the preferred solution that will maximise the benefits whilst limiting unnecessary costs.



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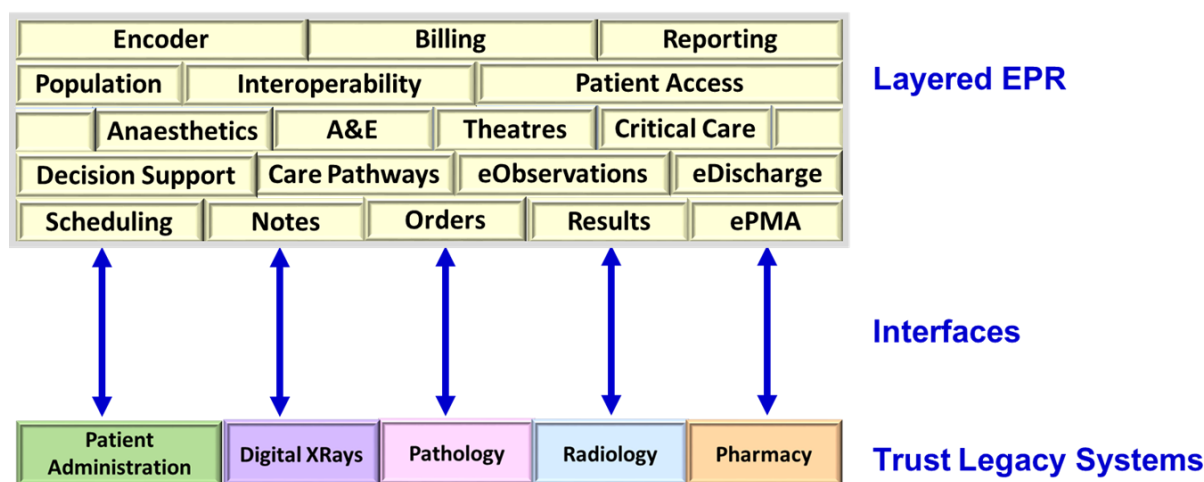
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Layered Electronic Patient Record

Although the recommendation is to retain PAS, LIMS, RIS and Pharmacy, together with PACS, the Trust systems that can be replaced by a layered Electronic Patient Record system will need to be worked up during the system specification, evaluation and contract negotiation. From the outset the Eznotes (Xerox and Evolve), ICE (Orders and Results), Bluespир (Theatres and Discharge Summaries), Patientfirst (A&E) and Orion (Portal) would be expected to be either reduced significantly or replaced. The roadmap for this would be developed in the Full Business Case for an Electronic Patient Record.

Interoperability

An Electronic Patient Record provides the ideal repository for receiving information about our patients from external clinical partners, embedding that within the patient's record and efficiently communicating with all clinicians involved in the care of a patient. The reverse is also true. An Electronic Patient Record is the repository of patient and clinical data that will inform our clinical partners when we either refer or discharge a patient.

All Electronic Patient Record systems have an interoperability capability, some have a Health Information Exchange (HIE or EHI depending on supplier) layer that manages the entire process.

Currently the Trust utilises Bluespир to construct the Discharge Summary and Docman to address and transmit the Discharge Summary to GPs. Worcestershire Health and Care NHST is using a middle layer EVIE that is being developed to Open EHR standards (See Digital chapter 8 below). Docman is a one way posting but stays up to date with GP movements and address changes. EVIE is a two-way solution with well developed interfaces into the EMIS GP system. There are other solutions being developed in the NHS, and funding has been found to develop standard shared health and care records in 5 regional exemplars. The Trust awaits the STP Digital Strategy Programme that will indicate the direction of travel for shared care record systems within the STP footprint. Meanwhile the Trust will commit to adopt appropriate interface and interoperability standards such as Fast Healthcare Interoperability Resources (FHIR) and SNOMED-CT that we are confident will be part of the eventual interoperability solution and are referenced in **The future of healthcare: our vision for digital, data and technology in health and care** - published by the Department of Health and Social Care, 17 October 2018 and **Evidence standards framework for digital health technologies** – published by the National Institute for Health and Care Excellence, March 2019.



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Electronic Prescribing / Medication Administration

The Trust has developed a good understanding of the capability and value of an Electronic Prescribing Medication Administration (ePMA) system and the benefits that it can bring in terms of patient safety and experience, quality of clinical practice and operational efficiencies. The NHS is currently seeking bids from NHS providers wishing to implement ePMA. The Trust will bid for national funding for ePMA functionality and the associated clinical change programme as a contribution towards the cost of an Electronic Patient Record that includes a tightly integrated ePMA. The Trust believes that the benefits that ePMA can bring for its patients and clinicians will be manifest when deployed as a major component of a full Electronic Patient Record.

Clinically Fit-for-Purpose

“In a modern, safety focussed, fast moving healthcare system, it is crucial that a Trust such as ours has high quality, integrated Digital systems that work with clinicians to enhance patient care”

Dr Jasper Trevelyan, Consultant Cardiologist, Divisional Medical Director

An Electronic Patient Record must enhance the clinician’s working practice, it must not be a barrier to care. The Trust will ensure that it selects and implements an Electronic Patient Record that is functionally, ergonomically and logically clinically fit-for-purpose for example:

- Able to systematically, logically, comprehensively and quickly document a patient’s medical history and care
- Recording data in the order that it is collected with minimal key-strokes or screen changes
- Utilising modern data collection techniques (voice recognition, touch screens, gestures, hot keys, logic trees, etc)
- Seamlessly rendering data collection and presentation for all required devices (smartphone, tablet, laptop, desktop)
- Presenting data in standard formats designed to support decision making
- Avoiding reformatting as necessary (retain the order of pathology results and a minimum demographic set)
- Easily highlighting exceptional data
- Using UK / NHS nomenclature for data and metadata
- Easily and locally configurable
- Never deleting or causing to delete data that has been committed (and therefore potentially having influenced a clinical decision)
- Always responsive, avoiding even the most minor delays that could accumulate through use in a busy DGH.
- Always robust, adhering to ‘always on, always connected’
- Continuously developing to maintain pace with the latest Acute Care practices

To ensure that this and other mandatory requirements of the Electronic Patient Record are achieved, and that clinicians and patients have the best experience from using an Electronic Patient Record, the programme will be clinically led and supported by Digital specialists with experience of Electronic Patient Records. Clinicians will define the functional and outcome-



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based specifications required and to be used to evaluate and procure an Electronic Patient Record.

Clinicians will carry out a rigorous evaluation of Electronic Patient Record options, score proposals and select the preferred option. In doing so the Trust will include a set of formal evaluation criteria termed 'Clinically Fit-For-Purpose' that will carry an associated and significant weighting.

During implementation planning Clinicians will set the deployment priorities and ensure that configuration reflects the 'Clinically Fit-for-Purpose' requirements.

Through these measures the Trust reinforces the need to ensure that the Digital Strategy is clinical led.

The gift of time: wherever possible the adoption of new technologies should enable staff to gain more time to care, promoting deeper interaction with patients – Preparing the healthcare workforce to deliver the digital future - The Topol Review.

3.a The Trust will develop an Outline Business Case for the Board to consider a layered Electronic Patient Record that maximises the Trust's investment in clinical and support systems.

3.b If the case is made, then the Trust will procure an Electronic Patient Record through a framework agreement procedure led by clinicians who will specify and select the best value for money system.

3.c The Trust will bid for national funding as a contribution towards the cost of deploying electronic Prescribing and Medication Administration within a layered Electronic Patient Record.

3.d The Trust will commit to adopt appropriate interface, interoperability and digital standards as identified within the STP Digital Strategy programme. Until then the Trust will adopt national standards such as Fast Healthcare Interoperability Resources (FHIR) and Snomed-CT that we are confident will be part of the eventual interoperability solution.

1.2 Business Systems

Finance

The Trust operates a largely standard set of NHS Financial systems comprising:

Shared Business Services (SBS) Oracle Ledger

This was configured and set up by SBS and has stable interface feeders to Pharmacy and Electronic Staff Record for example.

SBS Oracle Accounts Payable / Purchase Order (AP/PO)

AP/PO is on a separate contract to Oracle Ledger.

Civica Costmaster Costing

Information provide good support for national costing returns and match Health Resource Groups (HRGs) with Pathology and Radiology costs. High cost non-Payment-By-Results (PBR) drugs are costed against the patient. Ward drug costs are allocated as an apportionment of ward drug costs over length of stay. An Electronic Patient Record system together with closed loop prescribing would help construct individual Patient Level Information Costs (PLICS).



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Finance would also support Scan4Safety to enhance costing and utilisation information (see below)

SBS Electronic Staff Records (ESR) Payroll

ESR has recently been market tested and found to be the Trust's preferred solution

SBS ePAY Travel Claims

ePAY is an extension of the national Electronic Staff Record system. It is considered a little 'clunky' and especially by medical staff.

Harlequin Charitable Funds

CARS Asset Register

These systems are tried, tested and used throughout the NHS. The Trust has not indicated any reason to move away from them other than to occasionally test the market for value for money.

Human Resources

As noted above, the Trust uses the national Electronic Staff Record (ESR) to record staff details and manage payroll. The system also links to smartcard access to national IT systems which can then be automatically revoked when staff leave the Trust.

The Trust has introduced ESR Self Service to enable staff to keep their personal data up to date, record their training experience and see their electronic payslip. The Trust plans to have paper free pay from May this year.

The Trust is also implementing Allocate eRostering on all wards and departments and for medical staff. The system is cloud based.

Bank Staff are managed through NHS Professionals.

Occupational Health use Cohort.

Human Resources are content with the systems although they are looking forward to the Trust migrating to the new Health and Social Care Network (HSCN) to overcome issues with response times on hosted solutions and the planned updated remote access solution to resolve issues with Java.

Procurement

The Trust uses Oracle AP/PO and iProc through to the Science Warehouse e-Catalogue, now owned by Advanced Business Solutions, which is seen as offering greater flexibility to the General Medical Services (GMS) catalogue. All of these systems are linked to Oracle Ledger.

Procurement would like the Trust to introduce Scan4Safety (below) with GS1 bar coding for product traceability, automatic replenishment and the ability to challenge the use of non-preferred equipment. The system is estimated to reduce staffing by 15 wte and to have significant qualitative benefits.

Procurement also wish to build and maintain a Trust-wide Contract Lifecycle Management database with the terms and conditions of all active contracts held by the Trust. The database would also be a reference of good (and bad) practice to inform future contracts.



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Estates and Facilities

Facilities and Technical Services are provided through the PFI contract in the main Worcester Royal Hospital. Elsewhere in Trust Facilities use Planet FM, a common system for NHS sites, and Technical Services use Integra (e-Quip) Medical Device Asset Management accessing with handheld devices.

Facilities and Technical staff need access to good WiFi at the Alexandra and Kidderminster Hospitals. The Trust plans for enhancing WiFi access need to take account of the working environment of these staff.

Scan4Safety - *Right Patient, Right Product, Right Place, Right Process*

“Embracing digital technology will help the Trust improve patient safety”

Sarah King, Divisional Director of Nursing for Surgery

The NHS has launched an £18m evaluation of a programme named Scan4Safety that uses GS1 bar codes to collect utilisation information for a wide range of Trust activities and resources including clinical time, theatre utilisation, stock rotation and medication administration. For example, the Scan4Safety process would involve scanning the patient, the clinician and the medication or theatre set or prosthesis and provide immediate warnings if items are out of date; if it's the wrong patient; or the clinician(s) is potentially inappropriate / not trained; compliant with the equipment for the procedure.

The pilot sites have realised benefits including Nursing time released to patient care, reduction of stock items and ongoing operational efficiencies. The patient safety, operational and financial benefits realised by the six demonstrator trusts have proved the success of Scan4Safety in the NHS with a full programme roll-out across the NHS acute sector having the potential to generate over £1 billion of benefits.

Strong interest in this programme has been received from Trust Finance and Procurement Directors and Senior Managers. The Trust Pharmacy Director has also articulated an interest in closed loop prescribing which works similar to Scan4Safety and is as an extension of the Electronic Prescribing - Medication Administration process.

3.e The Trust will evaluate the opportunities and costs of implementing a Trust-wide Contract Lifecycle Management System.

3.f The Trust will evaluate the opportunities and costs of implementing Scan4Safety, potentially as an early adopter, and to exploit the opportunities for patient safety, quality and cost savings that this can bring.



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2. Infrastructure



2.1 Information Technology

The majority of Trust servers are housed in one of two Trust Data Centres. The Trust operates primarily Dell servers of which 80-90% are virtualised using VMWare. The Trust systems run on Dell Compellent storage and utilise 900tb of storage representing 56% of available capacity. Storage is configured for response and resilience (RAID). Most of the Trust systems in the Data Centres are configured for a High Availability (HA) service, ie they can withstand faults in individual system components. Should a more significant outage occur these systems would need time and effort to bring back up to full service in the alternate Data Centre. A small number of applications are distributed across both Data Centres to provide a Disaster Resilient (DR) service. A number of applications run on stand-alone, non-resilient servers, either for operational purposes such as software incompatibility with VMWare, or because they are run outside of the DataCentres. Most of the servers and storage are 4 years old.

The Trust Local Area Network is based on a mix of 1gb to 10gb fibre backbone to the Cisco switches and providing 100Mb to 1Gb to the desktop. A lease broadband Wide Area Network (WAN) interconnects the data centres with the Alexandra Hospital (10Gb) and then onward to the Kidderminster Hospital (1Gb) at finally back to the data centres (1Gb) in a resilient triangle. Further lease lines connect the Trust to the NHSNet (100mb N3 currently, soon to be 400Mb HSCN) and to the internet (100Mb initially rising to 1Gb planned).

WiFi is provided with variable coverage of the Trust. The plan is to provide full coverage across the Trust estate for patients, visitors and staff of 802.11 a/b/g/n/ac, 2.4GHz and 5GHz WiFi. Estates and Technical Services has asked to ensure that WiFi is available outside of the patient and public areas of the Trust such as services areas and roofs to support Facilities and Technical Services staff carry out their role.



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IT Services

In December 2014 the Trust in collaboration with Worcestershire Health and Care NHST (WHCT) and NHS Worcestershire CCG outsourced the Worcestershire Health IT Service (WHITS), a joint IT services arrangement that the Trust ran on behalf of the three Worcestershire NHS organisations (WNHS). The service was transferred to Computacenter together with WHITS staff who were TUPEd over. The 3 WNHS organisations signed separate contracts for a 5 year joint service. The Trust pays 48% of the apportionment of the Computacenter annual fees, plus any project work that Computacenter undertake.

In 2018 WHCT commissioned Best Practice Group (BPG) to review the service being provided by Computacenter and to identify if there were any risks for their recently awarded Global Digital Exemplar programme. The review found that in overall terms, the Computacenter relationship had improved the technology delivery position in terms of basic transactional services to the three Trusts since its inception. It is worth noting that the reason for outsourcing IT Services to Computacenter in 2014 was that the in-house (WHITS) service delivery was not suitable for the pace and acceleration of the development of IT services that WNHS needed to achieve to meet their clinical, management and administration objectives. The review found that the three WNHS organisations had common issues with the Computacenter arrangement:

- not providing appropriate expert planning nor oversight of new projects
- charging an acceptance fee for equipment 'to bring it into service'.
- charging for new projects involving 5 or more items, often as an arbitrary charge
- Trust staff were significantly dissatisfied with IT Services

However, the review also found contributing issues with the three WNHS organisations management of the contract and relationship:

- the contract terms are particularly unwieldy and voluminous
- WNHS IT Service contract governance arrangements have been variable
- requests for information by Computacenter were not being met or were late
- WNHS were not able to agree nor manage their priorities for service developments

The contract is now in its (fifth) final year (pre 1-2 year allowable extensions) and these issues are informing discussions that the WNHS organisations are having regarding Exit and Transition from the Computacenter contract including:

- opportunities for cost savings from IT Services
- opportunities for further collaborative working
 - with WHCT in the first instance
 - potentially across the STP thereafter
- the shape of the future 'Target Operating Model' in terms of:
 - collaborating organisations
 - the 'service towers' that describe the form of IT services required
 - opportunities to insource elements of the contract (service towers)
 - who does what, the shape of the collaborative IT service
 - options for outsourcing, using specialist support
- appropriate governance arrangements
- potential need to extend the Computacenter contract to achieve Exit and Transition in an orderly manner



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Other Infrastructure Issues

Windows 10

The NHS has signed an Enterprise Agreement with Microsoft, initially for Windows 10 operating system to replace Windows 7 which Microsoft planned to cease to support from January 14th 2020, recently extended to January 2021. NHS organisations are instructed to migrate all earlier versions of Microsoft Windows operating systems. The licences are free of charge to NHS organisations. Memory and processor upgrades or PC replacements and the upgrade process itself needs to be funded by the Trust. The on-going refresh of Windows 10 is also included with the licence, as is enhanced security by way of Microsoft's Advanced Threat Protection (ATP) which not only manages threats on the PC itself but maintains links to the NHSX Data Security Centre.

Vendor Neutral Archive

The Trust currently uses over 900Tb of data storage. Growth of storage is within threshold limits with the exception of digital images from PACS that are exceeding planned storage by some margin. The Trust has no plans to limit or manage this storage problem. A common approach for PACS storage is to utilise a Vendor Neutral Archive (VNA) that can operate across multiple PACS sites enabling the sharing of patient images across a wider geographical area and limiting the need for significant local storage. The Trust will consider where the demand for images is highest and look for opportunities to set up VNA services, potentially as a STP development.

Cloud

Current wisdom is to sell off data centres and use technology in the cloud, eliminating the need to budget for obsolescence. The Trust has few 'managed services' and the majority of applications are locally hosted. The Trust will carefully evaluate the options of:

- continuously updating and maintaining the current suite of servers and storage and any new investments in servers and storage to ensure a safe, effective, high availability and disaster resilient level of operation
- moving applications into a cloud-based service that guarantees high availability, disaster tolerance, growth on demand and future tolerant operations.

Towards this the Trust will seek expert opinion and advice from one of the cloud consultancies before considering migration to the Cloud and will do so before the next significant investment in technology. A number of GDEs are leading on Cloud services and will be available for advice and guidance.

"The Digital Strategy will address a number of current issues that hold us back and prevent us from providing an efficient and safe service. The Strategy will allow us to transform the way we work to the benefit of both patients and staff."

Rebecca Brown, Assistant Director IT, Information and Performance



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2.2 Voice Technology

The Trust operates several telephone systems:

- Worcestershire Royal Hospital main building has recently upgraded to the Internet protocol (IP) based Siemens HiPath4000 Private Automatic Branch Exchange (PABX). The system is managed and supported by the PFI concession independent of the IT Department and will remain so until 2031.
- Staff in 3 Kings Court use a Cisco Unified Communications Manager Voice over IP (VoIP) PABX with support provided by CAE Technology Services. IT is responsible for management, support and upgrade of the system.
- There are obsolescent Siemens DX PABXs, all of which are managed by the IT Department with best endeavours supported by Maintel Communications Services, at:
 - Worcestershire Royal Hospital's retained estates (Aconbury, CHEC, etc.)
 - Newtown Road
 - Alexandra Hospital
 - Kidderminster Hospital and Treatment Centre

The DX telephone systems are particularly at risk. The software is no longer supported by the manufacturer and there no further training courses available for new engineers. The risk increases as system parts become more difficult to obtain.

The Telephony Strategy

"Improving our digital systems can only enhance the ways we work! If the systems are quicker and can aid better patient data capture, it'll ultimately improve the patient's journey and experience – everyone wins!"

Natalie Martin, Ward Clerk –Laurel 2

The Telephony Strategy is to have a single or at best an integrated Trust-wide Voice-over-IP communications platform that provides high availability, resilient voice services, unified communications and video conferencing.

This vision will adapt as necessary to accommodate an extended service covering the Trust and WHCT and further to participate in an STP-wide voice network should this be forthcoming and provide opportunities for cost savings and improved quality of service.

Future Voice Services

Considerations within the future voice service will include:

- Potential for cloud-based services vs on-site services
- The need to migrate away from BT Openreach Public Switched Telephone Network (PSTN) and migrate to Session Initiation Protocol (SIP) services by 2025.
- Increase internal voice IP connections as DX systems are replaced, reduce reliance on costly external trunk services and improve capacity management.
- Increase the use of an Integrated Voice Response (Contact Portal) where internal users can speak the name of the person or department they want to talk to. The system handled 740,000 Contact Portal calls in 2018 with 48% success, avoiding the need to contact a switchboard operator. The system will be populated and managed via Active Directory and then kept up to date by each individual.



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- Centralise the Trust switchboard to Worcestershire Royal Hospital Aconbury East Building, with a backup switchboard facility in the main Worcestershire Royal Hospital PFI building. The service will be operated by the Worcestershire Special Purposes Company (PFI) in conjunction with its service providers ISS and Engie. The service will rationalise current switchboard services and could include WHCT switchboard service as well.
- Following centralisation of the switchboard, extend the use of the Auto-attendant / Integrated Voice Response currently operating at the Alexandra Hospital, enabling external callers to dial an extension directly.
- The switchboard will in future answer "Worcestershire Acute Hospital NHS Trust", presenting a single unified Trust. However, the Trust will maintain the existing external switchboard numbers for Worcestershire Royal Hospital, Alexandra Hospital and Kidderminster Hospital & Treatment Centre but present these via external SIP at Worcestershire Royal Hospital. Currently the Trust has no plans to use a common 03xxx number due to costs.
- The Trust will use their Call Management System more effectively across an integrated service.
- The telephony infrastructure will be designed to ensure each of the Trust's hospitals have the ability to communicate in the event of a major incident or system / network failure.

Additional considerations include:

- The Trust notes that the NHS requires pagers to be phased out by 2021 except for a small number for emergencies and / or where mobile network access is a problem.
- The Trust will expand the use of mobile telephony to improve real time communications with its clinical and support staff. This will require the Trust's WiFi network to be upgraded and made fit for purpose
- In line with NHS strategy the Trust will no longer purchase any new or replacement fax machines from January 2019, with complete withdrawal of fax machine by 31st March 2020. Where possible, documents will be sent by secure (NHS) email or password protected documents attached to emails where email encryption is not available.
- The Trust will continue to expand its use of text messaging, potentially utilising further Digital messaging services as appropriate.
- The Trust will introduce a unified communications platform to include presence and messaging or video calling from any Trust approved digital device, PC, laptop, tablet or mobile telephone.
- Staff will need to be trained in the effective use of the new unified communication service, potentially using online training and training for new staff on induction.
- The Trust plans to expand the use of video conferencing to reduce travel between sites and increase opportunities to reach patients.
- The Trust will consider recording telephone and / or video consultations with patients where that is requested by the clinician and agreed by the patient. The recording will be considered as a medical note.
- The Trust will implement prioritisation of appropriate telephony services and critical applications through the use of Virtual Local Area Networks, (VLAN) and / or Quality of Service (QOS) on fixed and WiFi networks.



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- 4.a The Trust will enhance WiFi coverage to support clinicians, support staff, patients and visitors**
- 4.b The Trust will collaborate with Worcestershire Health and Care NHST and the NHS Worcestershire CCG to manage an effective and cost efficient Exit and Transition from the current IT services contract with Computacenter.**
- 4.c The Trust will upgrade all PC windows operating systems to the NHS Enterprise Windows 10 to include Advanced Threat Protection (ATP)**
- 4.d The Trust will review options for managing the growth in storage requirements including the opportunity for a Vendor Neutral Archive with neighbouring Trusts.**
- 4.e The Trust will formally review the options to maintain a High Availability, Disaster Resilient Digital infrastructure, either through a commitment to continuously upgrade local servers and storage or to migrate services to the cloud.**
- 4.f The Trust will move to an integrated Trust-wide Voice-over-IP communications platform that provides high availability, resilient voice services, unified communications and video conferencing.**
- 4.g The Trust will consider an extended voice service covering the Trust and WHCT and further to participate in an STP-wide voice network should this be forthcoming and provide opportunities for cost savings and improved quality of service.**

3. Information

The Information Department's role is to unlock the information contained in the data held on Digital systems and turn it into intelligence to support the development and operational effectiveness (Performance) of healthcare services. The Trust's Information function has undergone a renaissance over the past 4 years, moving from a position of poor data quality, no data warehouse, limited capability and capacity and inconsistent adherence to standards to a well regarded service both inside the Trust and by our partner organisations.

The Department has developed a bespoke data warehouse and implemented Power BI to increase the Business Intelligence capacity and especially in real time reporting. The equivalent solution for Trust staff is the Wren system which provides a ticket and updates for information requests but also a library of standard reports that are available 'off-the-shelf'.

The Information Department must reconcile the data from multiple, effectively stand alone, clinical systems. This also limits the ability to run real time reports from the systems unless from the routinely extracted datasets. As a result, all new reports have to be run by the Information staff. The BI is not available for Trust staff to run their own reports from data models. An Electronic Patient Record will make a significant impact on the service

- rationalising the data and relaxing the need for reconciliation
- increasing demand for information from the more comprehensive data sets
 - source data will be digital not scanned images



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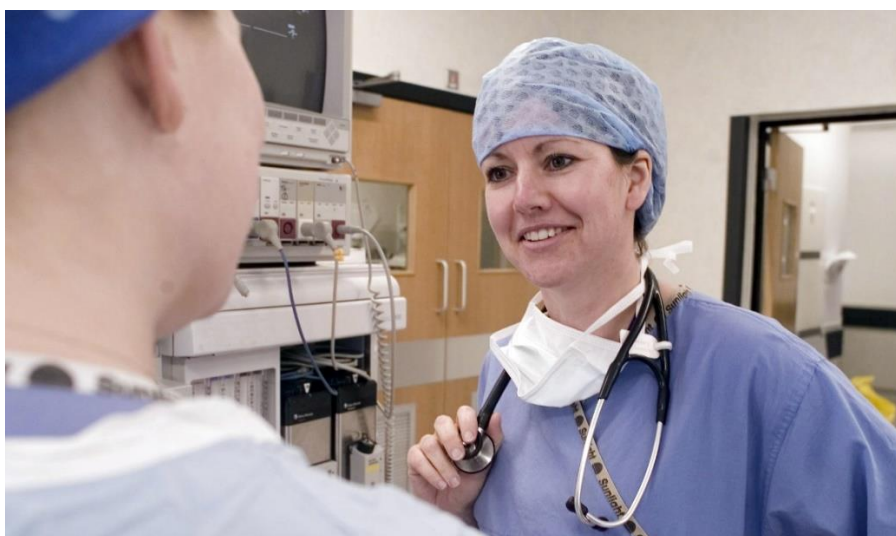
- providing more comprehensive data models enabling Trust staff to construct their own unique enquiries.
- improving data quality by collecting as part of the care process
- using information to continuously improve care pathways
- supporting the NHS Long Term Plan for Population Health Management
 - contributing to the STP population health data analysis
- providing active care pathways to ensure no gaps in preferred care
- providing a significant data resource to support analysis and research
- utilising Artificial Intelligence (AI) for predictive analysis and forecasting

5.a The Trust's Information Service will continue to develop the BI solution to where users can set up queries of fully reconciled, comprehensive data models (post EPR go-live).

5.b The Information Service will support the STP approach for Population Health Management

5.c The Information Service will review the use of AI for predictive analysis and forecasting.

4. Information Governance



Information Governance ensures the effective management and protection of organisational and personal information and compliance with national requirements and legislation. The Trust does this through governance, training, policy and strategy and by evaluation using a National Information Governance Toolkit and local audit. The Trust has a current combined Information Governance Policy and Strategy,

<http://www.treatmentpathways.worcsacute.nhs.uk/information-governance-key-documents/> .

The Information Governance structure is complete. The Chief Finance Officer is the Senior Information Risk Owner (SIRO) who is responsible to the Board for Information Governance and that all Information Asset Owners (IAOs) and Information Asset Assistants (IAAs) have been identified. The Trust Board, all IAOs and 50% of IAAs have been provided with the



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mandatory Information Governance training. The Trust has not developed an audio-visual or online training package and still relies on the NHSD paper training package. The Trust will look for a Trust that has developed these tools with a view to securing a similar package for itself. Data Mapping is underway.

Information Governance need to be involved at early stages of deploying new Digital systems to carry out Privacy Impact Assessments

The management of passwords is devolved. There are a few smartcards in use in the Trust for national applications. All Trust PCs and Laptops have smartcard readers. The Registration Authority (RA) role is carried out by Library staff. With the increasing use of clinical systems such as Electronic Patient Records the Trust will adopt smartcards where possible as the default access control device and identify a Registration Authority to manage the production, distribution and recovery of smartcards. The Trust may wish to combine smartcards with access controls for doors and car parks and identification cards. The smartcards will be linked to the Trust's Electronic Staff Record (ESR) to ensure that access is deleted when staff leave.

6.1 Cyber Security

"I welcome this Digital Strategy which will transform the way we put patients first in Worcestershire Acute NHS Trust. Staff will utilise the most up to date technology to ensure that we protect information and enable patients to be a real partner in their care pathway."

Kimara Sharpe, Trust Company Secretary and Data Protection Officer

Cyber security is managed by the Trust ICT Department and the Trust IT Services provider, Computacenter. The ICT Service Delivery Manager is responsible for day to day Cyber Security for the Trust. The CareCert notifications are monitored and managed jointly by the Trust and Computacenter.

The Trust has secured and undertaken a Cyber Operational Readiness Support (CORS) review as an aid to achieve Cyber Essentials Plus by 2021, the minimum standard for healthcare providers and partners to demonstrate that they have implemented the most basic cyber security controls.

The Trust's internal Cyber Security Action Plan provides a good indication of the level of compliance with good practice, progress being made, as well as indication of costs. Progress with the Action Plan is monitored by the Trust Information Technology Security Forum.

6.a Information Governance will be involved at the early stages of digital systems deployment and ensure that Privacy Impact Assessments are carried out.

6.b The Trust will ensure access to its Digital systems is secured where possible through the use of smartcards. The process will be managed by a Registration Authority and linked to the Trust's Electronic Staff Record (ESR) so that that access is deleted when staff leave.

6.c The Trust will achieve Cyber Essentials Plus before 2021



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5. Health Records



In 2010 the Trust outsourced its Health Records' function to Xerox to provide scanning, storage and review of health records plus a proforma reprographic service for printing bar coded forms to collect new and updated written records. Xerox print and deliver the Out-Patient forms. Nurses print the In-Patient forms locally. The viewing service is operated using the Kainos' Evolve document management system. The contract operates a scan on demand service with historical paper records held in one off-site storage facility, two on-site libraries at Redditch and Kidderminster and three deep storage facilities. There are no plans to destroy records past their legal storage dates. All new paper is held for 90 days after scanning and then destroyed. The Xerox contract has 2 years to run. A task and finish group is looking at options for exit and transition. The budget for this service is held by ICT.

The introduction of Electronic Patient Records will reduce significantly the requirement to create or update scanned paper records, less so the need to review scanned records which will continue until proven not to be used further.

The Exit and Transition from the Xerox contract in 2 years, including a potential renewal with Xerox, will need to take account of the possibility of an agreement to progress with Electronic Patient Records and an estimate of the timetable to achieve full clinical documentation. Potentially the contract will be placed on a decreasing volume basis as digital records are introduced.

Currently the Trust does not have a professional Health Records Manager. The role is temporarily being held by the PMO. Responsibility from the CEO for the legal and professional aspects of Health Records Management has been assigned to the Chief Digital Officer with interim arrangements being put in place by the Assistant Director IT, Information and Performance (CDO Interim).

7.a The Xerox contract will be transitioned to take account of the introduction of Electronic Patient Records

7.b The Trust will identify an appropriate position with responsibility for Health Records or outsource to manage the risk.



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6. Digital

This chapter samples the opportunities of Digital in Healthcare and notes the governance arrangements that the Trust will adopt to build and maintain awareness of Digital opportunities for more effective ways of working and delivering care.

Digital Definition and Impact

For some executives, it's about technology, for others, digital is a new way of engaging with patients, staff and other stakeholders and for others still, it represents an entirely new way of doing business – McKinsey Insights, What 'Digital' really means. Karel Dorner

The impact of Digital is now overt and impacting society, commerce and government. Most of us own smart technologies; phones, tablets and wearables, that are 'always on and always connected' and use them very frequently. The population that we serve are equipped to interact with services such as banking, media, supermarkets and transport as well as each other through social media. They are therefore able and most likely willing to interact with health services in the same way.

The speed of change that digital is bringing is significant and challenging. Digital money is now so successful that high street banks are disappearing at a rate of 1,000 a year and ATMs by 4,000 a year. Cash-less transactions and ticket-less transportation have been increasing at 11% a year. Vehicles already have autonomously Digital capabilities such as headlights, braking and parking. By 2024 fully autonomous cars are expected to be on sale.

Over the past two years, smart digital technologies have been responsible 90 percent of the data ever produced, and it is estimated that by 2025 there will be 20 billion smart devices, or 3 for each person on the planet – McKinsey Quarterly, *Why Digital strategies fail*. Bughin.

The NHS has recognised this pace of change and set the objective for secondary care providers in England to be fully digitised, including clinical and operational processes across all settings, locations and departments by 2024.

This gives the Trust the opportunity and challenge to develop new digital technologies and processes with which to deliver clinical services.

Digital health encompasses decision support, mobile health apps, wearable biometric sensors, consultations via video link, chat therapies and digitally augmented Personal Assistants supported by artificial intelligence - *BMJ* 2018; 360 doi: <https://doi.org/10.1136/bmj.k6> (Published 15 January 2018)

The Trust will operate two approaches to deploying Digital, Data and Technology solutions:

1. Major business and clinical systems that support critical functions such as EPR and PAS will be introduced at a slower pace and with due care to comply with standards and to ensure that the Trust's legacy Digital enterprise is not compromised.
2. Other Digital solutions will be introduced through a fast-track procedure that can:
 - a. Be rapidly evaluated and deployed
 - b. Accommodate 'disruptive' Digital technologies that challenge current clinical and business ways of working
 - c. Take advantage of fast-moving technology developments
 - d. Be allowed to fail



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“Digital technology is a critical next step for nurses, supporting ‘care that is safe and a positive experience for our patients and their loved ones’.”

Jackie Edwards, Deputy Chief Nursing Officer

Digital Opportunities

- **Electronic Patient Records**

Dealt with in detail in Section 3.1, the Electronic Patient Record is not only a repository of care and individual patient details that can be the data layer of a Digital solution, it also includes digital applications such as Decision Support and e-Observations (below).

- **Tele-medicine links between A&E Departments**

The Trust plans to run 2 A&E Departments. To ensure that patients have access to senior experienced staff the Departments will be connected by video links to support Digital consultations to enhance shared access to patients’ Electronic Patient Records.

Remote PACS reporting / Tele-microscopy

Trust Radiologists do not have remote access to Trust images on PACS and cannot therefore report on investigations from home. Consequently the Trust sends images to a commercial company for reporting. The same company hires Trust Radiologists to report on other Trusts’ images. The business case to provide Radiologists with remote access to PACS will be refreshed and reviewed.

It is now possible for Histologists to have remote access to digital microscopy images for reporting. The Trust will review the business case for this digital service.

- **Bedside monitoring (e-Observations)**

One of the early benefits that clinicians want from Electronic Patient Records is e-Observations, early warning of deterioration from routine observations. The system operates on algorithms that identify when groups of key metrics indicate a clinical risk and then alert clinicians. Such systems can also detect acute kidney injury (AKI) and prompt clinicians to begin screening for sepsis. The system has a significant impact on mortality.

- **Wearables to monitor Long Term Conditions**

One of the most rapidly advancing areas of Digital healthcare solutions is the use of diagnostic and assistive wearables that communicate with clinicians to monitor and in some case to change the treatment of patients in their homes before their condition becomes critical, requiring emergency admission and often a long hospital stay.

Digital wearables can measure:

- Blood pressure, glucose and gases
- Heart rate and arrhythmias
- Body temperature
- Inhaler use (frequency, time, location)

If a patient is also wearing a digital insulin pump, then the dose can be adjusted remotely.

The Trust believes that these technologies when applied to the elderly frail with complex long term conditions can save lives and release up to 60 beds per day.



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- **Tele-care clinics / Chat consultations**

The NHS Long Term Plan introduces an NHS app that patients will use to engage with NHS services. Primary and secondary care consultations will be available via tele and video digital links to patient's digital devices (Smartphones etc) in their homes. Mental Health Trusts have been using Chat technologies for Psychological Therapy consultations with good effect for at least 2-3 years.

- **Digital support to manage your own health**

Digital information that is tailored to a patient's condition will be available to support them post-discharge to return to full health. Combined with digital monitoring and consultations patients will take greater control of their health, supported remotely by Trust health professionals. A further example would be Digital Maternity records that would include ANC schedules and direct communications with the Midwife.

- **Resource scanning**

Scan4Safety as noted previously provides additional assurance that the care planned for patients is provided in a timely and accurate manner through professionals with the appropriate specialist training. Closed loop prescribing provides additional assurance that the right medication is given to the right patient by the right route and at the right time.

- **Artificial Intelligence**

The ability for a Digital device to use machine learning algorithms to 'learn' from processing either large volumes of data or from frequently revisiting smaller sets of data, eg daily or more frequent dialogue with a patient, results in the device learning or changing its response and more appropriately or more precisely performing its role.

Two examples demonstrate this AI capability.

1. Diagnostic Image Interpretation can speed throughput of image reporting, identify abnormal images (Augmented Intelligence) or perform more precisely than Radiologists, depending upon the volume of data (complexity of images x number of images) and the quality of the AI algorithm.
2. A Smartphone Virtual Assistant can support patients with long term conditions manage their care, offer reminders to take the right drugs at the right time and to perform care tasks set by the Patient's medical and nursing team. The Smartphone learns to interpret when the patient is in stress and how to gain the patient's confidence. It is worth noting that some current smartphones use processors that have machine learning capabilities. Consumer digital devices are becoming AI ready.

- **Blockchain**

Blockchain was designed as an open, distributed ledger. Transaction blocks are owned by individuals and cannot be deleted by others without full collaboration. The transactions can be viewed across the chain. The ledger therefore has integrity and security.

The NHS has been struggling to find an approach to interoperability that is secure and maintains integrity. Clinicians do not want to have access to other organisation's EPR systems, preferring to view records within their own systems or alternatively in a single shared record where clinicians contribute their patient data (where there is a legal reason to do so) and to view other's data. Once the data is contributed to the shared record there is limited retained clinical responsibility on how the data is viewed and processed. Since 2007 the NHS has been developing many such shared record databases.



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With Blockchain, clinicians do not contribute data, it is retained in their systems. View access is shared with others who also contribute but retain their own data ownership.

As with EPRs, no data can be deleted by others in the chain, maintaining the clinical integrity as the data it may have already informed a clinical decision. Clinical data can be overwritten but it still exists for audit and clinical governance purposes.

Blockchain is new and the Trust awaits to see how it will be deployed within a shared care record, possibly across the Herefordshire and Worcestershire STP footprint and beyond.

- **Cloud**

Servers and storage are increasingly seen as a flexible utility that should be charged for based on user demand. Cloud based services deliver contracted response times, availability, security and confidentiality without the need to budget for obsolescence.

However, migrating a data centre to cloud services is not something to be entered into lightly. The Trust will seek expert opinion and advice from one of the cloud consultancies before considering migration to the Cloud and will do so before the next significant investment in technology. A number of GDEs are leading on Cloud services and will be available for advice and guidance.

- **openEHR (Electronic Health Records)**

openEHR is a new architecture for Electronic Patient Records that interfaces independent component applications (Best of Breed) that have a Services Oriented Architecture (SOA), a fairly complex set of standards that enable component products to work together. Component products such as Electronic Prescribing are appearing on the market and are being deployed in the NHS. GDEs are expressing an interest in openEHR. The Trust will maintain an interest in openEHR primarily to ensure that a layered Electronic Patient Record, as described above, can interoperate with openEHR solutions, thus giving the Trust a future proof solution.

- **FHIR (Fast Healthcare Interoperability Resources)**

FHIR is an application programming interface (API) for exchanging electronic health data. The standard was created by the Health Level Seven International (HL7) healthcare standards organisation. The Trust, as all major health providers, uses an Integration Engine that is HL7 compliant to move data between applications. FHIR is faster and web-based. The Trust will introduce this NHS standard at an appropriate time.

Governance, awareness and opportunities.

The Trust will create a sub-group of the Digital Strategy Executive (see Ch 9.) to oversee the introduction of Digital capabilities. The sub-group will enable the introduction of Digital capabilities to benefit patient safety and experience, quality of care and operational efficiencies. The sub-group will keep abreast of Digital Healthcare capabilities through literature searches and networking across the NHS.

The Topol Review – **Preparing the healthcare workforce to deliver the digital future** recognised the need *to raise awareness of Digital Healthcare capabilities among the Trust workforce and to develop the skills, attitudes and behaviours that individuals require to become digitally competent and confident.* The Digital Strategy sub-group will provide guidance, *grounded in real-world evidence*, to enable this transformation of workforce skills to take place, increasing awareness amongst clinicians of digital capabilities and keeping the Trust Board up to date of Digital developments.



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The Trust will consider digital solutions to:

- 8.a Connect the Trust's two A&E Departments for remote consultation**
- 8.b Introduce remote PACS report and remote Histology Reporting**
- 8.c Introduce e-Observations**
- 8.d Introduce digital monitors for patients with long term conditions at home**
- 8.e Utilise Digital services to enable remote Out-Patient consultations**
- 8.f Support patients post-discharge with personalised Digital information and alerts.**
- 8.g Introduce smartphone AI Virtual Assistants for the long-term ill.**
- 8.h The Trust will use two approaches for the introduction of Digital solutions**
 - a slower pace for critical systems that must operate with Trust legacy systems and comply with data and process standards**
 - a faster pace for more independent disruptive innovations that need rapid evaluation and may be allowed to fail.**

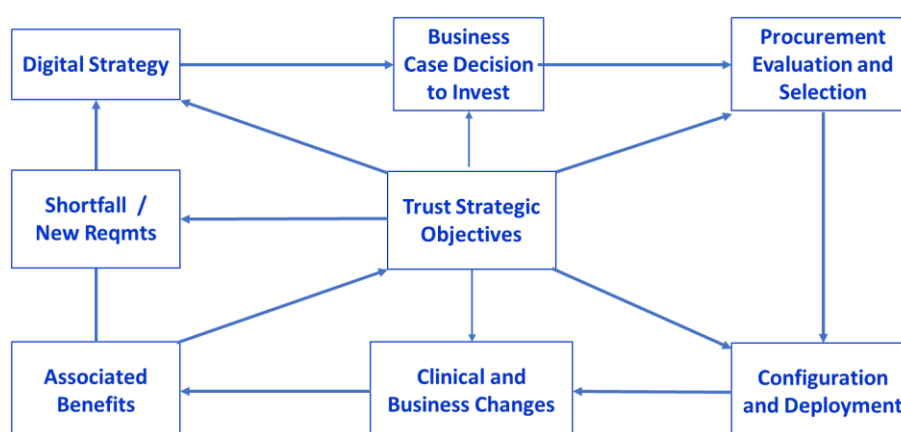
7. Making It Happen

"The Digital agenda is a huge opportunity to improve quality, cost and efficiency"

Stephen Williams, Non-Executive Director

7.1 Programme Management

This Digital Strategy sets the direction of travel for Digital, Data and Technologies that will support the achievement of the Trust's Strategic Objectives. Digital systems will need to be defined, procured, implemented and exploited to support the clinical and business changes that will result in benefits and outcomes and, above all, the Strategic Objectives themselves.



Digital Strategy Deployment Cycle

The Strategy has many components and recommendations, some are significant in terms of investment and change. To provide the best opportunity for a successful deployment, minimising the risk and maximising the benefits, the Trust will use the experience of their



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Programme Management Office (PMO), enhanced as necessary with additional digital professionals and experience, and introduce a programme management methodology such as the Office of Government Commerce's Managing Successful Programmes (MSP). The methodology has detailed governance, documentation, roles and workstreams and provides a rigorous assurance that risks and issues will be managed, and outcomes achieved.

The Trust's current ICT Programme Framework methodology has been built out of PRINCE 2 and is therefore suitable for projects with well defined outcomes. Methodologies such as MSP are designed for larger more complex programmes where there is a significant change agenda resulting in less well-defined outcomes. The Digital Programme will be a portfolio of change programmes many of which, like the Electronic Patient Record, are themselves significant change programmes. This lends itself to an MSP style of methodology.

The Programme Management methodology should include Business Change Management, Stakeholder Engagement, Risks and Issue Management and define key Programme roles such as the Senior Responsible Owner (SRO), Programme Manager (PM) and Business Change Manager (BCM). It should also include Benefits Realisation. The next section identifies a rigorous and inclusive Benefits Management methodology.

7.2 Benefits Management

The fundamental reason for undertaking a Digital change programme is to produce positive outcomes that benefit patients, clinicians and the organisation. Focusing on benefits improves the likelihood of success in achieving the desired outcomes. Benefits will therefore be central to the planning, implementation and ongoing maintenance of any significant Digital change programme. To maximise the benefits the process of benefits identification, profiling, measurement and realisation must be managed.

The 'traditional' approach to benefits management is to identify a resource that will be changed by a Digital investment and change programme. The resource is measured with sufficient precision before the Digital capability and change is implemented and then again after the implementation. The benefit is usually identified and estimated in the Full Business Case. In many cases the benefit is not measured, resulting in a cost pressure on the Trust.

Methodologies such as MSP will have a benefits management chapter with many of the characteristics of a good methodology; profiles, roles, responsibilities, realisation. However, Cranfield Benefits Management is a good example of a benefits management methodology that takes this a stage further and improves on stakeholder engagement. Given that processes only improve when people do things differently, this is an important enhancement.

Benefits Management methodologies such as Cranfield work best with frontline staff when they have experience of the Digital system, enabling them to articulate opportunities for change and improvements in patient care and clinical practice. This can also be linked to the Trust's Strategic Vision and Objectives providing a future state or target on which to base the improvement. The benefits are then profiled into processes, skills and digital and then again into a range of measurement parameters, owner, dependencies and cost. Finally, the benefit measurements are scheduled and monitored.

Cranfield engages frontline staff, focuses on the Trust's Strategic Objectives, clearly articulates the benefits associated with Digital enabled change and provides a rigorous approach to benefits realisation.



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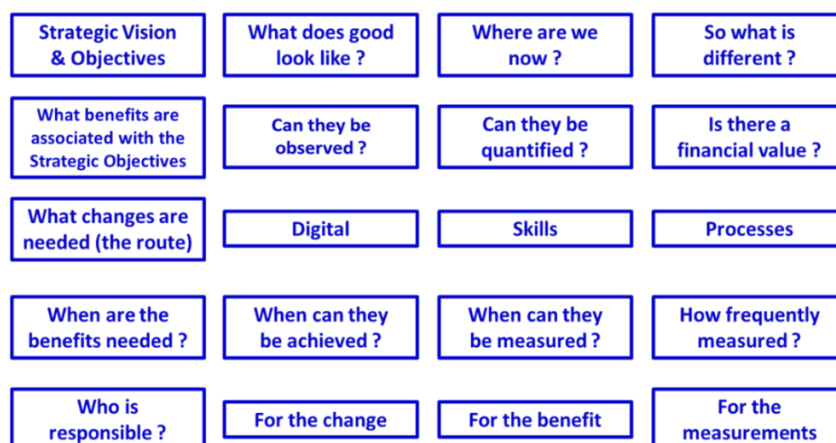
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Benefits Management

7.3 Governance Issues

A Digital Strategy Executive is required to:

- Oversee the implementation of the recommendations within the Digital Strategy
- Ensure that Digital Strategy Programme remains aligned to the Trust's Strategic Objectives and Business Plan
- Report on progress to the Trust Management Executive
- Prioritise digital activities, programmes, projects, investments and developments
- Control the Digital Investment Budget
- Produce medium term Resource Plans to take account of the staff, external skills and technology investments required in each year rather than each Business Case / development.
- Ensure appropriate governance and controls are put in place to effectively manage the Digital Strategy Programme
- Communicate, inform and educate staff and stakeholders on the benefits that digital can bring to acute care.

A Digital Clinical Governance Committee is required to:

- Ensure that all new Digital capabilities and associated changes in clinical processes are clinically safe and effective.
- Oversee the development, deployment and use of Digital systems and processes.
- Ensure that all applications, whether disruptive Digital systems or enterprise-wide systems such as Electronic Patient Records are given the same consideration
- Ensure that Digital apps and devices follow RCP guidelines on introduction and use



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Managing the Digital Enterprise

“Without fit for purpose systems and digital infrastructure how do we ever really begin to take advantage of opportunities to improve what we do for patients.”

Katie Osmond, Assistant Director of Finance

The Trust operates several significant Digital systems outside of the IT Department. With the introduction of Electronic Patient Records, new Digital technologies and increasing interoperability across the STP footprint and beyond, the Trust’s delivery of patient care is increasingly supported and enabled by Digital, Data and Technologies. The Trust will ensure that every effort is made to secure a robust Digital service, including the need for strong Cyber Security which itself implies that all applications, middleware and operating systems must be maintained at the most current possible release.

The Trust will ensure that all Trust Digital Systems are placed under the professional management of the Trust Digital Directorate. Where necessary outlying servers will be housed within the Trust data centres or equivalent cloud service and either reconfigured for High Availability or Disaster Resilience.

The Digital Directorate will set out model systems management roles and responsibilities and Standard Operating Procedures for IT Operations that will be adopted across the Digital Enterprise. All local senior users will have appropriate system rights and will be advised on such by the Digital Directorate. All local developers will be placed within the Digital Directorate to provide appropriate resilience, career development and ensure that all necessary NHS standards are applied (Ref: **The future of healthcare: our vision for digital, data and technology in health and care** and **Evidence standards framework for digital health technologies**) and that clinical systems are developed to comply with the guidance set by the Royal College of Physicians

<https://www.rcplondon.ac.uk/guidelines-policy/using-apps-clinical-practice-guidance>

In addition, the Digital Directorate will develop Service Level Agreements for each major service group and develop the governance arrangements to maintain good stakeholder relations, ensuring that the needs of Trust Digital service users inform future Digital investments and service developments.

Leadership

Digital technologies are a strategic resource that the Trust expects deploy to meet its Strategic Objectives and Business Plans. To provide a focus for and leadership in the development of a modern Digital enterprise the Trust will introduce the role of Chief Digital Officer. The Chief Digital Officer will work closely with the Clinical Chief Information Officer and associated Lead Clinicians for Digital programmes to ensure that the Digital Strategy is clinical led.



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- 9.a The Trust will use a formal programme management methodology such as Managing Successful Programmes to manage the Digital Strategy Programmes.**
- 9.b The Trust will adopt and implement a benefits management methodology such as Cranfield Benefits Management to maximise benefits realisation.**
- 9.c The Trust will develop governance arrangements to oversee the implementation of the Digital Strategy, to include a Digital Strategy Executive, an associated Digital Clinical Governance Committee and, in addition, a Digital Strategy Executive Sub-group to lead on Digital awareness, readiness and innovation.**
- 9.d All Trust IT systems will be managed by the Digital Directorate.**
- 9.e The Digital Directorate will set out model systems management roles and responsibilities and Standard Operating Procedures for IT Operations that will be adopted across the Digital Enterprise.**
- 9.f Where necessary all Trust servers, and especially Trust Servers running clinical applications, will be placed in the Trust Data Centres or equivalent Cloud arrangement and reconfigured for High Availability or Disaster Resilience.**
- 9.g The Trust will centralise the management of all Digital systems development.**
- 9.h The development of clinical systems will comply with guidance set by the Royal College of Physicians.**
- 9.i The Digital Directorate will develop, maintain and operate to Service Level Agreements for each major Service User group.**
- 9.j The Trust will introduce the role of a Chief Digital Officer.**



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8. Summary and Next Steps

This Digital Strategy sets the direction of travel for the Digital, Data and Technology systems that will support the Trust's Strategic Objectives over the coming 5 years. Table 1 below maps the recommendations to the key objectives in the Trust's **Putting People First** strategy.

The next steps will be to prioritise the recommendations in this Strategy, to identify any national or contract time dependencies and, where necessary, to develop formal business cases to evaluate their cost, risk and value for money. Recommendations regarding the governance of the Digital Strategy Programme will be an early priority. Table 2 below provides a first pass prioritisation of the recommendation.

The Trust will communicate this Digital Strategy widely amongst its staff, patients and partners. The Strategy is a 'live' document and will be updated annually or in response to major policy changes and Digital developments.

The Trust commends this Digital Strategy as a statement of its ongoing commitment to invest in and exploit Digital, Data and Technology capabilities to sustain and improve patient safety and experience, quality of care and operational efficiency.

Strong leadership, and a clear plan with achievable goals are essential to enable the Trust's Digital infrastructure to support the delivery of quality patient care. Signing up to a Digital Strategy will focus our resolve to do this. Patient safety is the cornerstone of this plan, with ambitious, but sorely needed developments in electronic prescribing, electronic observations, and automated systems to track the deteriorating patient. Modern systems, which cross communicate, will allow us to move from a situation in which huge resource is expended, trying to manually audit and identify failings in care, through to relatively effortless, real-time, and robust data collection, enabling the Trust's clinical leaders to make timely quality improvements.

Dr Nick Cowley, Consultant Intensive Care Medicine & Anaesthesia



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Digital Strategy		Putting Patients First			
Recommendations		Best services for local people	Best experience of care & outcomes for our patients	Best use of resources	Best people
3.a	The Trust will develop an Outline Business Case for the Board to consider a layered Electronic Patient Record that maximises the value of the Trust's investment in clinical and support systems.				
3.b	If the case is made, then the Trust will procure an Electronic Patient Record through a framework agreement procedure, led by clinicians who will specify and select the best value for money system.				
3.c	The Trust will bid for national funding as a contribution towards the cost of deploying electronic Prescribing and Medication Administration within a layered Electronic Patient Record.				
3.d	The Trust will commit to adopt appropriate interface, interoperability and digital standards				
3.e	The Trust will evaluate the opportunities and costs of implementing a Trust-wide Contract Lifecycle Management System.				
3.f	The Trust will evaluate the opportunities and costs of implementing Scan4Safety, potentially as an early adopter, and to exploit the opportunities for quality improvements and cost savings that this can bring.				
4.a	The Trust will enhance Wifi coverage to support clinicians, support staff, patients and visitors				
4.b	The Trust will collaborate with WHCT and the WCCG to manage an effective and cost efficient Exit and Transition from the current IT services contract with Computacenter.				
4.c	The Trust will upgrade all PC windows operating systems to the NHS Enterprise Windows 10 to include Advanced Threat Protection (ATP)				
4.d	The Trust will review options for managing the growth in storage requirements including the opportunity for a Vendor Neutral Archive with neighbouring Trusts.				
4.e	The Trust will formally review the options to maintain a High Availability, Disaster Resilient Digital infrastructure, either through a commitment to continuously upgrade local servers and storage or to migrate services to the cloud.				
4.f	The Trust will move to an integrated Trust-wide Voice-over-IP communications platform that provides high availability, resilient voice services, unified communications and video conferencing.				
4.g	The Trust will consider an extended voice service covering the Trust and WHCT and further to participate in an STP-wide voice network				
5.a	The Trust's Information Service will continue to develop the BI solution to where users can set up queries of fully reconciled, comprehensive data models (post EPR go-live).				
5.b	The Information Service will support the STP approach for Population Health Management				
5.c	The Information Service will review the use of AI for predictive analysis and forecasting.				
6.a	Information Governance will be involved at the early stages of digital systems deployment and ensure that Privacy Impact Assessments are carried out.				
6.b	The Trust will ensure access to its Digital systems is secured where possible through the use of smartcards.				
6.c	The Trust will achieve Cyber Essentials Plus before 2021				
7.a	The Xerox contract will be transitioned to take account of the introduction of Electronic Patient Records				
7.b	The Trust will identify an appropriate position with responsibility for Health Records or outsource to manage the risk.				
8.a	Connect the Trust's two A&E Departments for remote consultation				
8.b	Introduce remote PACS reporting and remote Histology reporting				
8.c	Introduce eObservations				
8.d	Introduce digital monitors for patients with long term conditions in their home				
8.e	Utilise Digital service to enable remote Out-Patient consultations				
8.f	Support patients post discharge with Digital information and alerts.				
8.g	Introduce smartphone AI Virtual Assistants for the long-term ill.				
8.h	The Trust will develop a twin paced approach for the introduction of Digital solutions;				
9.a	The Trust will use a formal programme management methodology such as Managing Successful Programmes to manage the Digital Strategy Programmes.				
9.b	The Trust will adopt and implement a formal benefits management methodology such as Cranfield Benefits Management to maximise the benefits from the Digital Strategy Programme.				
9.c	The Trust will develop governance arrangements to oversee the implementation of the Digital Strategy				
9.d	All Trust IT systems will be managed by the Digital Directorate.				
9.e	The Digital Directorate will set out model systems management roles and responsibilities and Standard Operating Procedures for IT Operations that will be adopted across the Digital Enterprise.				
9.f	Where necessary all Trust servers, and especially Trust Servers running clinical applications, will be placed in the Trust Data Centres or equivalent Cloud arrangement and configured for High Availability or Disaster Resilience.				
9.g	The Trust will centralise the management of all Digital systems development.				
9.h	The development of clinical systems will comply with guidance set by the Royal College of Physicians – Appendix B.				
9.i	The Digital Directorate will develop, maintain and operate to Service Level Agreements for each major Service User group.				
9.j	The Trust will introduce the role of a Chief Digital Officer.				

Table 1: Strategic Map to Putting Patients First



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Digital Strategy Recommendations		----- 2019-20 -----													
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	20/21	21/22	22/23	23/24	
3.a	The Trust will develop an Outline Business Case for the Board to consider a layered Electronic Patient Record that maximises the value of the Trust's investment in clinical and support systems.														
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4.f	The Trust will move to an integrated Trust-wide Voice-over-IP communications platform that provides high availability, resilient voice services, unified communications and video conferencing.														
4.g	The Trust will consider an extended voice service covering the Trust and WHCT and further to participate in an STP-wide voice network should this be forthcoming and provide opportunities for cost savings and improved quality of service.														
5.a	The Trust's Information Service will continue to develop the BI solution to where users can set up queries of fully reconciled, comprehensive data models (post EPR go-live).														
5.b	The Information Service will support the STP approach for Population Health Management														
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Table 2: First pass timetable of recommendations



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Acknowledgements

This Digital Strategy has been produced with support and advice from many Trust staff, partners and patient representatives. With thanks in particular to:

Jas Cartwright
Iain Grove
Graham James
Richard Oosterom
Robert Toole
Jill Robinson
Kevin Dockerty
Simon Adams, Worcestershire Healthwatch
Members of the Digital Strategy Group

Especial thanks to:

Rebecca Brown for constant support and guidance.
Lisa McBride without whom this couldn't have happened
Shaun Marling for the excellent draft Telephony Strategy.



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Meeting	Trust Board
Date of meeting	13 June 2019
Paper number	D3

CQC feedback

For approval:		For discussion:		For assurance:	x	To note:	
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Accountable Director	Vicky Morris CNO		
Presented by	Vicky Morris CNO	Author /s	Vicky Morris CNO

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		Best people	x
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Report previously reviewed by

Committee/Group	Date	Outcome

Recommendations

The Trust Board are requested to receive these letters for assurance and to note that the final CQC report will be based on their content.

Executive summary

The CQC visited the Trust during May and undertook an inspection at all four sites. Attached are the initial feedback letters which the CQC has requested that we share at the public board meeting. All initial actions have been completed and work will progress across the Trust to address key issues highlighted in the letters (pending draft and final reports). Once the final report (due August/September) is received, we will develop a comprehensive action plan to address 'must and should dos'.

The letters will be discussed at both the Trust Management Executive and the Quality Governance Committee later this month.

Risk

Key Risks	BAF 3930 IF we do not deliver the Quality Improvement Strategy (incorporating the CQC 'must and should' dos) THEN we may fail to deliver sustained change RESULTING IN required improvements not being delivered for patient care & reputational damage					
Assurance	N/A					
Assurance level	Significant		Moderate		Limited	None
Financial Risk	N/A					



For the Attention of the Chief Executive Officer
By email

Care Quality Commission
Citygate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

Telephone: 03000 616161
Fax: 03000 616171

www.cqc.org.uk

Matthew Hopkins
Chief Executive
Worcestershire Acute Hospitals Trust
Charles Hastings Way
Worcester WR5 1DD

Date: 20 May 2019

CQC Reference Number: **INS2-5747323801**

Dear Matthew,

Re: CQC inspection of Worcestershire Royal Hospital

Following the verbal feedback meeting with yourself, Vicky Morris, Chief Nursing Office, myself, Phil Terry, Inspection Manager and Justine Eardley, Inspector, on 16 May 2019, I thought it would be helpful to give you written feedback of our preliminary findings as highlighted at the inspection.

This letter does not replace the draft report we will send to you, but simply confirms what we fed back on 16 May 2019 and provides you with a basis to start considering what action is needed rather than waiting for the draft inspection report.

We would encourage you to discuss the findings of our inspection at the public session of your next board meeting. If your next board meeting takes place prior to receiving a final or draft inspection report and evidence appendix, this correspondence should be used to inform discussions with the board. When scheduling a discussion of this letter, or the draft report, please inform your CQC Regional Communications Manager, who is copied in to this letter.

An overview of our preliminary findings

The preliminary findings that we fed back to you were:

Overall

- Thank you to all staff that helped facilitate the inspection process. The hospitality shown to the inspection team was excellent.
- Staff were very approachable, and we saw positive staff engagement with the inspection team throughout the inspection.
- Significant improvements were seen in terms of compliance with infection control prevention and medicines' management.

- The preparation for the inspection team's interviews by the divisional management teams was impressive and helpful.
- We saw that any areas raised to staff during inspection were addressed immediately.

Urgent and Emergency Care

Areas of good practice:

- Improvements were seen in the emergency department's (ED) learning from incidents, sepsis management, use of early warning scores, and risk assessment.
- The mental health assessment room in the ED was compliant with national guidance.
- Staffing levels in the ED met patients' needs and we saw positive interactions between staff and patients.
- The timely review of a patient care episode (discussed on Tuesday 14 May) and provided on Wednesday 15 May was very helpful.

Areas for improvement:

- Access and flow in the ED remains a significant concern.
- Whilst improvements were seen in the time taken for review by a specialty doctors when requested, not all patients had been seen in a timely manner.
- On the last day of the inspection, we saw not all patients being assessed had their privacy respected by staff use of the dignity screens in the ED.

Medical Care

Areas of good practice:

- We saw positive staff engagement with the trust's ward accreditation process and how this was improving staff understanding of the risks to safe, high quality patient care.
- Improvements were seen in the wards' sepsis management.
- We noted the 'check, chase and challenge' meetings were effective.
- Nursing staff mandatory training compliance had improved.
- Outcomes in the cardiac catheter laboratory were positive.
- Junior doctors said they had protected time for training.
- Despite capacity issues at times on some wards, staff interactions with patients were positive and caring.
- Provision of physiotherapy was effective.
- Leadership was clear, strong and enthusiastic.

Areas for improvement:

- Patient flow in the service remains a significant concern and appears reactive. Some doctors informed the inspection team they had to search for their outlying patients. Environments for 'boarded' patients were not ideal in some areas.
- Whilst medical staff mandatory training compliance had improved, more work was required.
- There was variable access to occupational therapists at times.

Surgery

Areas of good practice:

- Nursing staff mandatory training compliance had improved.
- Improvements were seen in VTE reassessments.
- Safeguarding awareness was positive.
- General improvements seen in temperature management for medicines' storage (aside from for trauma and orthopaedic and vascular areas. We note the trust's additional information regarding this submitted on Friday 17 May).
- Pain was generally well managed (but not always clearly documented).
- Consent processes were appropriate.
- A broad range of audits were being carried out.
- Improvements were seen for making adjustments for patients with a learning disability or with dementia.
- The relatively newly established divisional management team had effective oversight and management processes for the service.

Areas for improvement:

- Not all checks had been recorded on some checklists for marking sites for surgery. We note the trust's additional information regarding this submitted on Friday 17 May.
- We discussed one patient care episode where a delay in assessment overnight by surgical doctor led to the patient being unwell. Reference Incident Number 120924.
- Consultant attendance at grand ward rounds was discussed with the divisional management team.

Children and young people

Areas of good practice:

- Improvements seen in medicines' management, learning from audits carried out, mandatory training compliance and safeguarding awareness.
- Consent processes were appropriate.
- There was a clear leadership structure with a cohesive, positive team.
- Junior doctors spoke positively about the service
- We noted the community engagement and improvement forums the service was facilitating.

Outpatients

Areas of good practice:

- We saw general improvements in compliance with mandatory training and country wide referral to treatment time performance (RTT), especially in the past two months. Sustainability of improvements was discussed.
- Safeguarding awareness had improved with a positive example of managing female genital mutilation provided.
- Multidisciplinary worked was positive.
- Do not attend rates had improved.
- Access to records had improved.

Areas for improvement:

We need to do more work to check the data provided reflects the core service information to ensure we have the correct understanding of performance for the SCSD division and RTT performance per specialty.

Diagnostic imaging

Areas of good practice:

- We noted improvements in the management of any delays in reporting images and scans.
- IR(ME)R regulations were complied with.
- Local leadership was positive.
- Patient interactions were positive and caring.
- There had been a positive response to the concerns raised regarding the pause and check process.

Areas for improvement:

- Staff highlighted they were working on the cleaning process for ultrasound probes.
- Some of the ultrasound equipment needed planned replacement.
- The level one patient and visitor toilet was not clean, especially at weekends due to lack of dedicated cleaner support staff said.
- Leadership from the divisional management team was not as clear as local leadership.

A draft inspection report will be sent to you once we have completed our due processes and you will have the opportunity to check the factual accuracy of the report. I am also copying this letter to colleagues at NHS Improvement.

Could I take this opportunity to thank you once again for the arrangements that you made to help facilitate the inspection, and for the cooperation that we experienced from all staff.

If you have any questions about this letter, please contact me through our National Customer Service Centre using the details below:

Telephone: 03000 616161

Write to: CQC
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

If you do get in touch, please make sure you quote or have the reference number (**INS2-5747323801**) to hand. It may cause delay if you are not able to give it to us.

Yours sincerely

A handwritten signature in black ink, appearing to read 'BA Hanney', with a long, sweeping horizontal line underneath.

Bernadette Hanney
Head of Hospital Inspection
Central Region

c.c. Sir David Nicholson
Zena Young - NHSI
Louise Grifferty - CQC



For the Attention of the Chief Executive Officer
By email

Care Quality Commission
Citygate
Gallowgate
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Telephone: 03000 616161
Fax: 03000 616171

www.cqc.org.uk

Matthew Hopkins
Chief Executive
Worcestershire Acute Hospitals Trust
Charles Hastings Way
Worcester WR5 1DD

Date: 28 May 2019

CQC Reference Number: **INS2-5747323801**

Dear Matthew,

Re: CQC inspection of Alexandra and Evesham Hospital.

Following the verbal feedback meeting with yourself, Lisa Miruszenko, Deputy Chief Nursing Officer, myself, Phil Terry, Inspection Manager and Justine Eardley, Inspector, on 23 May 2019, I thought it would be helpful to give you written feedback of our preliminary findings as highlighted at the inspection.

This letter does not replace the draft report we will send to you, but simply confirms what we fed back on 23 May 2019 and provides you with a basis to start considering what action is needed rather than waiting for the draft inspection report.

We would encourage you to discuss the findings of our inspection at the public session of your next board meeting. If your next board meeting takes place prior to receiving a final or draft inspection report and evidence appendix, this correspondence should be used to inform discussions with the board. When scheduling a discussion of this letter, or the draft report, please inform your CQC Regional Communications Manager, who is copied in to this letter.

An overview of our preliminary findings

The preliminary findings that we fed back to you were:

Overall

- Thank you to all staff that helped facilitate the inspection process. The hospitality shown to the inspection team was excellent.
- Staff were very approachable, and we saw positive staff engagement with the inspection team throughout the inspection.
- Significant improvements were seen in terms of compliance with infection control prevention and medicines' management. The pharmacy service was

very strong where it was present but surgical wards did not receive the same level of support.

- We saw that any areas raised to staff during inspection were addressed immediately.

Urgent and Emergency Care

Areas of good practice:

- We saw positive use of the GRAT tool, working with the HALO, effective handovers, comfort rounds, sepsis screening, and learning from incidents.
- We saw prompt action taken following our feedback on feedback regarding infection control precautions and storage of drugs cupboard in the resuscitation area.
- Effective mental health awareness was positive.
- Positive MDT working was seen.
- Staff interactions with patients were always caring and positive.
- Patients' individual needs were met.
- Matrons were positive and supportive, and bands 6 and 7 nurses were capable, calm and positive.

Areas for improvement:

- Whilst staffing met needs at the time establishment, consultant staffing was not meeting 16 hours a day.
- We understand there was an uplift in nursing establishment agreed but not yet in place: it was not clear that will meet the demand in the department.
- Staff reported that no extra staffing was provided when the department was on divert.
- We saw a couple of occasions when patients' details were visible on unattended computer screens.
- Recording of check for resuscitation equipment was on three different forms, causing some confusion for staff.
- There was not a specific ECG in the resuscitation area.
- Three monitors were in the resuscitation area for four cubicles, however, we understand an additional one is on order.
- Not always robust recording of pain, other than for the initial triage.
- No overall, seamless competency framework for nurses.
- Access and flow remain a significant issue for the department and the timeliness of specialty doctor reviews had not improved.
- Staff not really seeing the senior divisional team and the team were lacking on strategy and vision. Some staff felt isolated from Worcestershire Royal hospital. NHSI input was apparently focused on at Worcestershire Royal hospital

Medical Care

Areas of good practice:

- We saw effective use of PPE, effective NEWS charts completion, positive awareness of incidents and learning.
- The 'Cake and shake' focus for meeting nutritional needs was positive.
- Effective care bundles were in place for CPD, sepsis and Parkinson's disease.

- Staff were respectful, and we saw positive feedback from patients.
- Ward level leadership was positive.
- We noted the newly developed ICOPE frailty service developed collaboratively to achieve the best possible outcomes for people.

Areas for improvement:

- Drug charts lacked printed names of prescribers (no stamp used).
- Drying cabinets in endoscopy not working correctly: water was left in endoscopes after drying so staff used a separate process to mitigate this risk. This issue had been ongoing for a year and was not on the risk register. This was not a patient safety risk as mitigations were in place.
- There was a privacy and dignity issue in endoscopy due to the layout of the department: patients walked through the reception area in gowns.
- Patient flow in the service remains a concern, for example, use of the MAU as a short stay area rather than as assessment unit.
- We noted some gaps in clinical director positions in the service.
- There was a lack of awareness of the Freedom to Speak Up Guardian.

Surgery

Areas of good practice:

- Improvements seen in sepsis management, VTE initial and reassessments, NEWS escalation, IPC, records, and safeguarding awareness.
- The fractured neck of femur pathway working well.
- Pain management was effective.
- Effective use of meal coordinators.
- We saw how staff cared for patients with positive patient feedback
- There was an Improved flow in pre-admission to theatres process.
- Patients' individual needs were met.
- We noted effective management and use of day surgery beds so as to not impact on admissions.
- Staff had embraced the findings of the last report and we saw mitigations for any outstanding actions in place.
- Frequency of staff meetings had improved.
- We noted the improvement in governance processes.
- We saw positive support from nurses to sisters as well as the other way around.

Areas for improvement:

- A couple of lapses in use of PPE dealt immediately by the trust.
- There was not a strong induction for locums.
- Minimal physiotherapist support at weekends.
- Some lack of communication on reconfiguration for the service was expressed.

Outpatients

Areas of good practice:

- We saw effective compliance with training, clean environments clean, effective medicines' management, and fit for purpose equipment

- Nurse staffing met patients' needs.
- We saw positive MDT working
- Health promotion was positive.
- Care was evidence based.
- Appraisal compliance had improved since PIR was submitted.
- Staff interactions with patients were caring and positive. An example was in ophthalmology where a 16-year-old patient was prioritized effectively.
- We noted waiting list initiatives in evenings and weekends in surgery and ophthalmology.
- FFT showed a good response rate.
- Regular team meetings were held.

Areas for improvement:

- RTT remains an issue and further work is required in this area.
- We saw some challenges in privacy and dignity in some areas: some environments not ideal e.g. paper curtains between clinical area and waiting area.
- Some clinics overrun (with some negative comments from patients); there was no board to inform patients' but kept patients informed by staff of any waits.
- Some consultants regularly overran their appointment slots.

Diagnostic imaging

Areas of good practice:

- We noted improvements in the IPC compliance, mandatory training, and managing risks.
- Evidence based practice was effective.
- Positive access to policies good and flexible use of trust and national guidance.
- Strong MDT working.
- The service was IR(ME)R compliant.
- We saw personalized individual care with very positive patient feedback
- The service was generally meeting individual needs.
- We noted extra facilities available in the evening and Saturdays.
- Superintendents for radiography and mammography were very supportive and 'hands on' but worked long hours to achieve this.
- Local leaders very supportive.

Areas for improvement:

- There was one resuscitation trolley for whole department.
- There were unclear replacement plans for failing equipment.
- We heard of staffing pressures for radiologists and CT for radiographers with pressures for out of hours radiographers.
- The contract for trust interpreters was not always responsive and staff were not always completing incident forms if no interpreter was available.
- Leadership from the divisional management team was not as clear as local leadership.

Evesham Hospital

We inspected the surgery core service on Wednesday 22 May 2019. Feedback was provided on the day to the divisional director of nursing of SCSD by the sub team lead.

Areas of good practice:

- Pre-operative assessment was generally working well.
- Ward processes generally effective.
- No issues were identified with medicines' management.
- Patients we spoke with gave very positive feedback on their experience.
- We saw effective use of interpreters.
- There was effective adherence to the WHO checklist, and other safety procedures, during the afternoon list in the SIU procedure room.

Areas for improvement:

We observed the pain theatre list conducted by a consultant anaesthetist in the morning and fed back the following:

- Patchy adherence to the WHO checklist observed.
- We saw a case without sedation being given and the patient required sedation prior to the procedure.
- There was no monitoring of a patient's oxygen saturation levels until after the sedation had been give. No oxygen was given during the procedure when sedation was given.
- Site marking for a patient was only done in theatre. We had concerns that site marking was not routine and adherence to the WHO checklist was poor.
- An anaesthetist was responsible both for the sedation and for the procedure, even when propofol was being given. On one occasion, the anaesthetist was behind the patient when performing the procedure and could not monitor their condition easily. Best practice guidance (2013) is that the operator should not be the person responsible for the sedation.
- There was no 'stop before you block' reminders in theatre or adherence to 'stop before you block'.
- There was a change in the theatre list mid-morning, so it was different to that listed. In addition, a procedure was not listed as being bilateral, however, the anaesthetist stated that a bilateral procedure was to be performed when the patient was brought to theatre.
- Poor adherence to aseptic technique during a procedure. For example, the anaesthetist put on their gloves and set up their instruments/tray, then put their hands on the patient and the blanket covering them, touched their nose and then carried on with the procedure without changing their gloves or any hand hygiene.
- The SIU procedure room doesn't meet the standards for invasive procedures. For example, it was a small unventilated room and the window had to be opened during the procedures. We were told a fan had been ordered but fans

should not be used. There was a lack of storage room in the room and the area where patients recovered was cluttered with equipment.

- A lead apron lacked any fasteners and the CQC special advisor advised it should be taken out of service.
- There were two different versions of the major haemorrhage protocol in the theatre.
- The anaesthetic machine was not being checked on days when there was no general anaesthetic list.

We note the trust's immediate response and assurances provided for the issues raised regarding the pain list we observed.

Kidderminster Hospital and Treatment Centre - Surgery

An unannounced inspection took place on Thursday 23 May. Feedback was provided by the sub team lead to the site supervisor on the day.

Main findings:

- Our review of patients and medication was mainly positive.
- 20 sets of WHO checklists were reviewed - some gaps in team briefs noted and there was poor recording of debriefs.
- Four drug charts reviewed with some minor omissions noted which had been picked up by pharmacy support.

Worcestershire Royal Hospital – Surgery

An unannounced inspection took place on Thursday 23 May. Brief feedback was provided by the sub team lead to the site supervisor on the day via a telephone call.

Main findings:

- Pre-operative checklists site marking, and WHO checklist sign outs not always fully completed. (Additional information provided Friday 28 May 2019.)
- Some delays in PIC line insertions noted.
- Consultant-led ward rounds taking place in T&O which was an improvement from last week.

A draft inspection report will be sent to you once we have completed our due processes and you will have the opportunity to check the factual accuracy of the report. I am also copying this letter to colleagues at NHS Improvement.

Could I take this opportunity to thank you once again for the arrangements that you made to help facilitate the inspection, and for the cooperation that we experienced from all staff.

If you have any questions about this letter, please contact me through our National Customer Service Centre using the details below:

Telephone: 03000 616161

Write to: CQC
Citygate

Gallowgate
Newcastle upon Tyne
NE1 4PA

If you do get in touch, please make sure you quote or have the reference number
(**INS2-5747323801**) to hand. It may cause delay if you are not able to give it to us.

Yours sincerely

A handwritten signature in black ink, appearing to read 'B Hanney', with a long, sweeping horizontal line underneath.

Bernadette Hanney
Head of Hospital Inspection
Central Region

c.c. Sir David Nicholson
Zena Young - NHSI
Louise Grifferty - CQC



For the Attention of the Chief Executive Officer
By email

Our reference: INS2-5747323801

Person Name: Matthew Hopkins
Chief Executive
Worcestershire Acute Hospitals Trust
Charles Hastings Way
Worcester WR5 1DD

Care Quality Commission
Citygate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

Telephone: 03000 616161
Fax: 03000 616171

www.cqc.org.uk

Date: 31 May 2019

CQC Reference Number: **INS2-5747323801**

Dear Matthew,

Re: CQC inspection of Worcestershire Acute Hospitals Trust- Kidderminster Hospital and Treatment Centre

Following your feedback telephone conversation with Phil Terry, Inspection Manager on 30 May 2019, I thought it would be helpful to give you written feedback as highlighted at the inspection and given to you and your colleague, Lisa Miruszenko, Deputy Chief Nursing Officer, yesterday.

This letter does not replace the draft report and evidence appendix we will send to you, but simply confirms what we fed-back on 30 May 2019 and provides you with a basis to start considering what action is needed.

We would encourage you to discuss the findings of our inspection at the public session of your next board meeting. If your next board meeting takes place prior to receiving a final or draft inspection report and evidence appendix, this correspondence should be used to inform discussions with the board. When scheduling a discussion of this letter, or the draft report, please inform your CQC Regional Communications Manager, who is copied in to this letter.

Areas of good practice:

- Safeguarding assessments had improved.
- The risks associated with patients with mental health needs had been reduced.
- Staff were most welcoming, and the manager was well-motivated and had some good ideas for improvements.

Areas for improvement:

- Two issues that were fed back to the divisional director of nursing on 29 May by the sub team lead were that we found some delays in initial clinical assessment and some out-of-date clinical guidance with poor governance.
- There was a small but steady flow of patients with injuries and conditions that were not minor. There was not an effective system that ensured they were safely assessed. A notes review showed a [REDACTED] with a head injury had waited for two hours and 25 minutes to be assessed [REDACTED] a patient with neck pain following a road traffic collision was not assessed for one hour 40 minutes [REDACTED] and a patient with chest pain was not assessed for 40 minutes [REDACTED] Triage nurses were only present occasionally.
- The guideline for critically ill children presenting to the MIU relied on national guidance that was several years out of date. It was not possible to establish whether a senior clinician had confirmed that the guidance contained in the document was correct. We found other examples of documents with similar failings.

Unannounced inspection to the Emergency Department at Worcestershire Royal hospital on Tuesday 27 May 2019.

- We visited both the emergency department and the Medical Assessment Unit (MAU) during the evening to view both departments at a different time from the core service inspection. The MAU was not overcrowded at the time of this visit.

A draft inspection report will be sent to you once we have completed our due processes and you will have the opportunity to check the factual accuracy of the report. I am also copying this letter to Zena Young at NHS Improvement.

Could I take this opportunity to thank you once again for the arrangements that you made to help organise the inspection, and for the cooperation that we experienced from you and your staff.

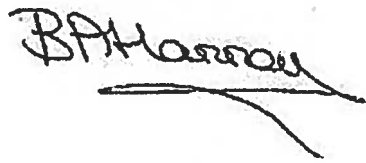
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Yours sincerely

A handwritten signature in black ink, appearing to read 'B Hanney', with a long, sweeping horizontal line underneath.

Bernadette Hanney
Head of Hospitals Inspection

c.c. Sir David Nicholson
Zena Young - NHSI
Louise Grifferty - CQC



For the Attention of the Chief Executive Officer
By email

Our reference: INS2-5747323801

Person Name: Matthew Hopkins
Chief Executive
Worcestershire Acute Hospitals Trust
Charles Hastings Way
Worcester WR5 1DD

Care Quality Commission
Citygate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

Telephone: 03000 616161
Fax: 03000 616171

www.cqc.org.uk

Date: 20 May 2019

CQC Reference Number: **INS2-5747323801**

Dear Matthew,

Re: CQC inspection of Worcestershire Acute Hospitals Trust- Kidderminster Hospital and Treatment Centre

Following your feedback meeting with Justine Eardley, Inspector on 20 May 2019. I thought it would be helpful to give you written feedback as highlighted at the inspection and given to you and your colleague, [REDACTED] at the feedback meeting.

This letter does not replace the draft report and evidence appendix we will send to you, but simply confirms what we fed-back on 20 May 2019 and provides you with a basis to start considering what action is needed.

We would encourage you to discuss the findings of our inspection at the public session of your next board meeting. If your next board meeting takes place prior to receiving a final or draft inspection report and evidence appendix, this correspondence should be used to inform discussions with the board. When scheduling a discussion of this letter, or the draft report, please inform your CQC Regional Communications Manager, who is copied in to this letter.

An overview of our feedback

The feedback to you was:

Areas of good practice:

- Staff were very accommodating and wanted to share their good news stories and progress since the last inspection.
- There was evidence of strong leadership at ward/ unit manager level.

- We saw that hand hygiene and adherence to infection control procedures had improved.
- Staff evidence shared learning from incidents across the wards/ units and divisions.
- Safety drills were taking place, to ensure that staff were prepared for any safety risks or incidents.
- Pain was well managed across all areas inspected.
- We saw evidence that local MDTs worked well.
- Staff had improved processes for capturing FFT data and responses were positive.
- Patients were positive about their experiences and care at the hospital.
- We saw that staff worked collaboratively to manage patients with additional needs, for example, those with a learning disability and children attending theatre.
- Staff could demonstrate that they were able to provide translator services and British Sign Language.
- We saw that additional clinics and sessions had been introduced to meet demands of services and reduce referral to treatment times.
- Outpatient clinics were running to time and patients were kept informed of any changes.
- Staff were generally happy and felt supported by their local leaders.
- We saw that governance processes were generally robust.
- There was a positive staff culture.
- We saw that any areas escalated to during inspection, were addressed immediately.

Areas for improvement raised during inspection, and acted upon:

- The temperature of the fluids stored in the renal unit was elevated to 25 degrees Celsius. *Staff checked storage temperatures confirming that fluids could be stored up to 30 degrees Celsius. Fans were installed into the store area.*
- External access to the outpatients' department was not clear and patients attempted to use a blocked entrance. *[redacted] confirmed that signage had been delivered and the trust was waiting installation.*
- There were concerns that there was reduced consultant support for the diabetic service. *Diabetic service staff confirmed that the information had been misunderstood by the inspection team.*
- There were concerns that the risk register in outpatients did not accurately reflect all the risks identified. *[redacted] confirmed that risks were recorded, however, they may be on the fire risk register and not the local one.*
- There was no evidence to suggest that the patient information leaflet had been reviewed at regular intervals, with the version in use being several years old. *[redacted] confirmed that this had been escalated, and a review was requested.*

Areas for improvement:

- Clinical environments were not always suitable to service needs. For example, ophthalmology outpatient clinic was found to be cramped, and the endoscopy department was need of refurbishment.

- Some equipment was old, and in need of replacing (Diagnostic Imaging)
- Fire doors were propped open within ward one and outpatient departments. Staff informed us that they would remove the props in the event of a fire alarm, however, we did not see this written in the risk register or as part of a local procedure.
- Radiologists were not always present when administering contrast media.
- The RMO felt isolated out of hours.
- Staffs knowledge of audit procedures was not always robust.
- Not all staff within diagnostics were aware of service delivery plans.

A draft inspection report will be sent to you once we have completed our due processes and you will have the opportunity to check the factual accuracy of the report. I am also copying this letter to Zena Young at NHS Improvement.

Could I take this opportunity to thank you once again for the arrangements that you made to help organise the inspection, and for the cooperation that we experienced from you and your staff.

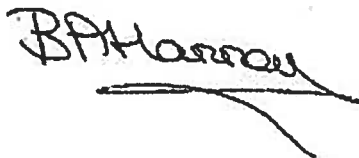
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Yours sincerely



Bernadette Hanney

Head of Hospitals Inspection

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