



Trust Board

There will be a meeting of the Trust Board on Thursday 12 November 2020 at 10:00. It will be held virtually and live streamed on YouTube.

Sir David Nicholson
Chairman

Agenda			Enclosure
1	Welcome and apologies for absence		
2	Patient Story		
3	Items of Any Other Business <i>To declare any business to be taken under this agenda item.</i>		
4	Declarations of Interest		
5	Minutes of the previous meeting <i>To approve the Minutes of the meeting held on 15 October 2020 as a true and accurate record of discussions.</i>	<i>For approval</i>	Enc A Page 1
6	Action Log	<i>For noting</i>	Enc B Page 9
7	Chief Executive's Report	<i>For noting</i>	Enc C Page 10
8	STRATEGY		
8.2	Board Assurance Framework Chief Executive	<i>For approval</i>	Enc D1 Page 15
8.1	Recovery and Restoration Director of Strategy and Planning/Chief Operating Officer	<i>For assurance</i>	Enc D2 Page 48
9	Performance		
9.1	Integrated Performance Report Executive Summary Chief Digital Officer/Executive Directors	<i>For assurance</i>	Enc E1 Page 56
9.2	Committee Assurance Reports Committee Chairs		Page 118
10	Governance		
10.1	Freedom to Speak Up (FTSU) Guardian report Director of People and Culture	<i>For assurance</i>	Enc F1 Page 122
10.2	Trust Management Executive Report Chief Executive	<i>For assurance</i>	Enc F2 Page 127



**10.3 Nursing and Midwifery staffing report –
August/September 2020**
Chief Nursing Officer

For assurance

Enc F3
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Any Other Business *as previously notified*

Date of Next Meeting

The next public Trust Board meeting will be held on 10 December 2020, virtually.

MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON
THURSDAY 15 OCTOBER 2020 AT 10:00 hours
VIRTUALLY

Present:

Chairman: Sir David Nicholson

Board members: (voting)	Paul Brennan	Deputy Chief Executive/Chief Operating Officer
	Anita Day	Non-Executive Director
	Mike Hallissey	Chief Medical Officer
	Matthew Hopkins	Chief Executive
	Dame Julie Moore	Non-Executive Director
	Vicky Morris	Chief Nursing Officer
	Robert Toole	Chief Finance Officer
	Bill Tunnicliffe	Non-Executive Director
	Stephen 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
	Vikki Lewis	Chief Digital Officer
	Richard Oosterom	Associate Non-Executive Director
	Jo Newton	Director of Strategy and Planning
	Tina Ricketts	Director of People and Culture
	Kimara Sharpe	Company Secretary

In attendance	David Hill	System Improvement Director
	Jas Cartwright	BAME network (Chair) <i>item 072/20 only</i>
	Peter Pinfield	HealthWatch - chair

Public	28	Via YouTube
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071/20

WELCOME

Sir David welcomed everyone to the meeting, particularly those viewing via YouTube. He explained that every other Board meeting was shortened to focus on performance.

072/20

STAFF STORY

Sir David welcomed Jas Cartwright, recently elected Chair of the Black and Minority Ethnic (BAME) Network. Sir David drew attention to the importance of this agenda item and was pleased that Ms Cartwright was attending the Board during Black History Month. Sir David also stated that he was keen to improve the diversity of the Board.

He went on to state that the Black Lives Matter movement has increased the visibility of the inequalities in place. The Trust has made progress with the risk assessments for BAME colleagues and the development of the BAME network.

Sir David handed over to Ms Ricketts, the lead executive for this area of work.

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Ms Ricketts stated that the network was a key part of the Trust's Culture programme. She was pleased that the BAME network had been set up and she was currently working with colleagues to set up equivalent networks for LGBT+ and disabled colleagues.

She then invited Ms Cartwright to speak on the following topics:

- Update on the work of the network
- How the Trust Board could support the network going forward.

Ms Ricketts stated that Mrs Morris and Mrs Lewis will speak to the Board about their work with BAME colleagues in their areas of responsibility.

Ms Cartwright thanked the Board for inviting her to address the meeting. She explained that the Network was formed in June and as well as her, there are two vice chairs in place and three task and finish leads. She thanked Ms Ricketts and Mr Haynes for their input into the Network.

She then turned to the aim of the Network:

to give a voice to BAME colleagues and to help in ensuring that everyone is treated with dignity, respect and helped to reach their own potential.

She went onto explain that the role of the network is about getting it right for everyone. No-one in the Trust should come to work and be treated badly, spoken to unkindly or left to feel isolated and bullied. This also applies to patients and visitors who should be treated with respect and dignity regardless of the colour of their skin or their social background.

She then outlined the population of Worcestershire where there are 7.6% of the population with a BAME background. This compares with 17% of the Trust staff (1997 out of 6000). The Trust workforce therefore is representative of the local population.

However, there are 23 BAME colleagues band 8A and above. Unfortunately 23.9% of BAME colleagues said that they had experienced bullying and harassment. They are more likely to be disciplined. These figures are worse than the national average.

The Network is now hearing directly from BAME colleagues and their experience. The Network has prioritised the following areas and the task and finish groups will report by the end of March:

- **Support & Advocacy**
 - Providing a safe supportive network to allow and encourage staff to raise concerns about not being treated fairly or with respect by their manager, team leader or colleagues around them
 - Supporting managers in dealing with concerns raised
- **Recruitment & Retention**
 - Attracting and recruiting the best staff
 - Helping BAME staff reach their potential
- **Training & Education for all staff & patients**
 - Unconscious/conscious bias
 - Recognising and valuing diversity

She then asked Mrs Morris to outline her experience.

Mrs Morris actively followed up a letter received by the Executive Management Team

from a BAME nurse colleague and she has spent time with the nurse. The nurse has also agreed to reverse mentor her. She concluded by stating that she was looking forward to developing the relationship.

She handed over to Mrs Lewis.

Mrs Lewis explained that Ms Cartwright is part of her senior leadership team within the digital division. The BAME workforce in her division forms 10% of the division and she has met with a group of colleagues and she heard about their experiences, both in and outside of work. It was a very revealing exercise.

Mr Pinfield commented (*within the chat function*) that the discussion was very positive and he had never heard a similar conversation in Worcestershire.

Mr Yates, lead for BAME on the Board, stated that he had been discussing the role of the BAME network and had suggested that the Network holds the Board to account on BAME issues. He looked forward to developing the relationship.

Mr Horwath thanked Ms Cartwright for her candid words. He wondered whether the Trust gave enough support to BAME colleagues when patients do not show respect. Ms Cartwright felt that more support could be given and she gave an example. She stated that zero tolerance needs to be implemented.

Ms Day added her thanks. She agreed to share some research with Ms Cartwright in relation to career progression for BAME staff.

ACTION: Share research on BAME career progression with Ms Cartwright (Ms Day)

Mr Hopkins thanked Ms Cartwright for her leadership as Chair of the Network. He was committed to ensuring that the executive team understood better the experiences of BAME staff colleagues. He was pleased that one member of the network was on the interview panel for the CNO post. He had heard recently through the senior leaders' forum some disturbing reflections from BAME colleagues and was keen to set out the position in relation to zero tolerance and what will not be tolerated.

Mrs Morris stated that she would be following up outside the meeting how to integrate the work with *Path to Platinum*.

Ms Ricketts stated that the work was not solely the responsibility of Ms Cartwright. The Network was supported by the Equality and Diversity Committee through which the Trust Leaders will provide active support.

Ms Cartwright thanked Mr Hopkins and Sir David for their support. She welcomed the reverse mentoring and the approach to recruitment panels as well as the approach to zero tolerance.

Sir David urged Board members to review their own behaviour and ensure that actions are more inclusive. He committed not to sit on a panel which did not have a BAME member. He confirmed that a network member would be on the non-executive director interview panel. He also committed to reverse mentoring for himself and all the non-executive directors. He stated that he would like to be chair of an organisation that fully reflected the community and the BAME community see the hospitals as part of the BAME community.

Enc A

Sir David concluded by stating that he welcomed the BAME network holding the Board to account.

He thanked Ms Cartwright for her attendance and stated that the Board would like to meet with the BAME network twice a year.

ACTION: Ensure that the Board meets with the BAME network twice a year (Ms Ricketts)

073/20

ANY OTHER BUSINESS

There were no items of any other business.

074/20

DECLARATIONS OF INTERESTS

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

075/20

MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 10 SEPTEMBER 2020

RESOLVED THAT the Minutes of the public meeting held on 10 September 2020 be confirmed as a correct record and signed by the Chairman.

076/20

MATTERS ARISING/ACTION SCHEDULE

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

077/20

REPORT FROM THE PROVIDER OVERSIGHT COMMITTEE

Mr Hopkins was delighted that the Trust has exited Quality Special Measures and he thanked all staff and Board members for their contribution. He also thanked partners and HealthWatch for their support. A celebration event was being planned.

Mr Hill would be overseeing the support package which will be shared with members once it has been agreed.

Mr Hopkins specifically thanked Ms Blakeman for her support and explained that she has now left the Trust, apart from contributing to two projects which should finish by the end of December.

Sir David stated that this was a historic moment. The Trust has now more autonomy. He thanked Mr Hopkins for his outstanding leadership.

He added that it was now possible to aim for an Outstanding CQC rating and he wished to see the Trust in financial balance as well as accelerated progress in relation to quality and performance.

RESOLVED THAT The Trust Board

- Noted that the Trust has exited quality special measures

078/20

CHAIRMAN'S REPORT

Sir David stated that he had undertaken two actions since the previous meeting, one in relation to a contract with Dolan Park and secondly the purchase of a CT scanner. Both had been time critical and the CEO had been involved in both decisions.

RESOLVED THAT the Board

- Noted the following Chairman's Actions, undertaken since the last Board

meeting:

- Contract with Dolan Park (value – £900,000 funded through national monies. This action was taken on 8 September.
- Purchase of a third CT scanner (value – £650,000). This action was taken on 8 September.

079/20

STRATEGY

079/20/1

Restoration & Recovery Plan Phase 3 - Recovery

Sir David asked Mrs Newton to present her paper.

Mrs Newton stated that the national requirement was to return activity to pre-COVID-19 levels. There was a need to manage COVID, winter and be mindful of health inequalities. She has had detailed discussions with Public Health. Currently the area is in level 1 but there had been sadly some recent deaths.

In respect of recovery, the return to pre-covid activity was challenging and additional temporary staffing has been appointed. The financial regime had changed and was now a fixed allocation with the requirement to balance as an STP.

She confirmed that the NHS People plan would be discussed at the People and Culture Committee in December.

She then turned to the development of the Integrated Care System (ICS). There are ongoing discussions about how the ICS would look like in March 2021. She was concerned that the financial regime was not yet in place for the ICS in March.

Ms Day asked whether the trust would be penalised if unexpected COVID activity meant that agreed activity was not achieved. Mr Toole confirmed that this was unclear in the current environment, but this issue had been highlighted in the submission.

Sir David acknowledged that the new financial regime was needed but felt that this would not be forthcoming in the middle of a pandemic. He emphasised that it was very important to deliver those aspects which are in the control of the Trust.

RESOLVED THAT the Board noted

- the current COVID-19 position
- the Restoration and Recovery Phase 3 plan submission
- the progress of the NHS People Plan

The Board also endorsed the direction of travel

080/20

PERFORMANCE

080/20/1

Integrated Performance Report

080/20/1/1

Executive Summary

Mrs Lewis introduced the report, which was in a new style. Five areas of challenge have been identified:

- Restoration of services
- Emergency Access Standard and the utilisation of Home First Worcestershire to track and monitor
- Maintaining infection, prevention and control standards
- Sepsis
- Finance

She handed over to Mr Brennan for his comments.

Mr Brennan referred to the national clinical validation exercise which is now on hold. He explained that the exercise would have meant that 80 consultants would have been undertaking the exercise. The approach has been challenged and a suggestion made to write to all patients but not undertake clinical validation.

Mr Brennan then turned to cancer. There was a continued effort to reduce long waiters and he was committed to zero by the end of March. There were currently 57 patients waiting over 104 days.

With respect to activity, attendance at the emergency department was similar to 2019 and ambulance conveyancing was 300 above that in September 2019. He was pleased to report that the Trust performance in this area was the third best in the midlands. Overall performance was 88.86% compared to 76.7%.

He was pleased that there were no patients waiting over 52 weeks and the size of the waiting list continues to grow – there are now 1421 waiting over 40 weeks.

Ms Day asked how the Trust was assured that patients were not being harmed through waiting. Mr Hallissey confirmed that the process was robust and whilst no patient had been found to be harmed, he suspected that there would be ophthalmology and orthopaedic patients who would have been harmed. Dr Tunnicliffe stated that the Quality Governance Committee regularly reviewed the work of the harm review panel and was assured that the process was robust.

Dame Julie wondered whether the Trust was triaging so that those patients in greater need were seen more quickly. Mr Brennan confirmed that category 2 and 3, emergency patients and cancer work was prioritised.

Mr Oosterom wondered whether the restoration of services was too fast, given the emergency department performance. Mr Brennan outlined the ring fenced beds and wards and the re-designation of wards.

Mr Hopkins stated that it was crucial that patients were discharged in a timely manner and were not in hospital when they did not need to be. Work with system partners in this area was essential.

Sir David turned to infection, prevention and control and asked Mrs Morris to comment. Mrs Morris stated that there was a focus on all areas of the IPC agenda and confirmed that there had been an MSSA cluster over the summer period. There was an action group in place and lessons were being learnt. She was pleased that there continued to be no hospital acquired COVID cases.

Mr Hallissey stated that four out of the six sepsis targets have been met. Speciality medicine is undertaking a review of all cases and this will hopefully ensure learning as to increase compliance. An external audit is being undertaken. However, the key components are being delivered and there has been no harm to patients.

Dr Tunnicliffe congratulated Mrs Morris and Mrs Cooper on the progress made in infection, prevention and control. He remained concerned about the antimicrobial stewardship. In relation to sepsis 6, he was concerned about the reliance on an ITU consultant as a leader in this area, given the second COVID wave. He was hopeful that the new digital care record would ensure better compliance.

Mr Hallissey stated that the surgical and specialist medicine had now taken

Enc A

responsibility and he assured Dr Tunnicliffe that the responsibility was not all on one person.

Sir David then asked Mr Toole to speak to the financial situation

Mr Toole stated that the month 5 financial report stated that the spend was less than the financial framework. Year to date the deficit was £6.5m against a plan of £8m. The expectation was to break even. In relation to COVID the spend was £1.3m in month with a year to date spend of £7.6m. He confirmed that there were tight controls on requests for temporary staffing.

Mr Horwath asked how realistic it was to recruit an extra 32 staff. Ms Ricketts confirmed that trigger points were being developed, tied into internal and system wide escalation plans. Ultimately staff would be moved around the system.

Mr Hopkins stated that there was a challenge around overall resources. The Trust is still in incident management mode but activity levels are increasing and there are preparations for winter. The Trust must work with partners to ensure the best use of resources and improvements could be made in respect system-wide workforce.

Mr Oosterom, chair of the Finance and Performance Committee, confirmed that the Committee had reviewed the recovery and reset plan. The staffing was identified as a risk.

Mr Hopkins stated that the balance between reducing the waiting list and ensuring timely treatment of patients with a fatigued workforce creates a tension. Again, the solution was more county wide working, both in terms of staff and crucially, timely discharges.

Dame Julie agreed. She asked whether any agreement had been reached in respect of timely discharges. Mr Hopkins confirmed that the agreed target was 10 patients who were medically fit for discharge in beds at the end of the day. He also stated that Ms Ricketts, as the STP lead for workforce, was actively discussing the workforce agenda. Ms Ricketts also confirmed that there was work ongoing with Health Education England and an extra 200 places were available at Worcester University for nursing.

Sir David reflected that there was a lot to do. He urged for a focus through the pandemic on ensuring as many of the generic services as possible were in place. He requested further time as a board to be spent on financial issues.

ACTION: Workshop on financial issues to be programmed (Mr Toole/Mrs Sharpe)

RESOLVED THAT the report be received for assurance.

060/20/1/2

Committee Assurance Reports

Dr Tunnicliffe (Quality Governance Committee Chair) was pleased to report that HSMR was now no longer an outlier. Sir David complimented all involved. Dr Tunnicliffe also confirmed that the Infection Prevention and Control annual report had been presented to the Committee and assurance given with respect to neonatal cots and spacing for COVID.

Mr Yates (Chair of the People and Culture Committee) outlined the following:

- The Freedom to Speak Up champions network was liaising with other networks
- Flu vaccinations were going ahead and there was a plan in place to achieve get over 90-95%

Enc A

- There were plans in place for an improved leadership offer to staff.

RESOLVED THAT the Finance and Performance Committee and the People and Culture reports be noted for assurance.

RESOLVED that the Board

- Noted that the Quality Governance Committee received the Infection, Prevention and Control Annual Report, on behalf of the trust board
- Noted that the Quality Governance Committee received assurance in relation to cot spacing (IPC national BAF)
- Received the report for assurance.

071/20

GOVERNANCE

071/20/1

Audit and Assurance Committee Report

Mr Williams stated that with respect to data security and data quality, COVID had slowed the progress in this area. However, funding had been secured and the data quality team was working hard and making good progress.

Mr Hopkins asked the Board to note the work undertaken by the information team which has been extensive.

Mr Toole stated that he was currently negotiating the external audit fee.

RESOLVED THAT the report be received for assurance

DATE OF NEXT MEETING

The next Public Trust Board meeting will be held on Thursday 12 November 2020 at 10:00. The meeting will be held virtually.

The meeting closed at 11:37 hours.

Mr Pinfield informed the meeting that his soft intelligence showed that the Worcestershire community was supportive of the Trust.

He wondered whether the letters to those patients waiting could include some more generic messages. Mr Brennan agreed to review the content of the letter, but the wording was prescribed.

Mr Haynes stated that the visiting guidance was being reviewed and Mrs Morris added that visiting for end of life patients had been revised.

Sir David thanked all those for attending.

Signed _____

Date _____





Sir David Nicholson, Chairman





Enc C

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

PUBLIC TRUST BOARD ACTION SCHEDULE – NOVEMBER 2020

RAG Rating Key:

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

Meeting Date	Agenda Item	Minute Number (Ref)	Action Point	Owner	Agreed Due Date	Revised Due Date	Comments/Update	RAG rating
15-10-20	Staff story	072/20	Ensure that the Board meets with the BAME network twice a year	TR	TBC		Discussions underway with the network about the logistics	
15-10-20	IPR	060/20/1	Workshop on financial issues to be programmed	RT/KS			Date confirmed as 25 November. Action closed.	
15-10-20	Staff story	072/20	Share research on BAME career progression with Ms Cartwright	AD	Nov 2020		Research shared. Action completed.	
12-9-19	Patient Story	63/19	Arrange dementia training for Trust Board members.	CNO (VM)	Oct 2019		To be programmed into a Board seminar. Dementia lead has requested face to face training. To be taken up by CNO. Training booked for 12 December. Action closed.	

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Chief Executive's Report

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

Alignment to the Trust's strategic objectives

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

Committee/Group	Date	Outcome

Recommendations

The Trust Board is requested to

- Note this report

Executive summary

This report is to brief the board on various local and national issues. Items within this report are as follows:

- 4ward showcase – October Culture Month
- International recognition
- Flu figures
- Infected blood – statement
- Name change
- Baby loss awareness week
- Maternity app
- Long Covid – support for sufferers
- NHS strengthens mental health support for staff

Risk

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

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Introduction/Background

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

Issues and options

4ward Showcase – October - A month of celebrating our culture improvement journey

Showcasing the great work and achievements of colleagues across our Trust is a big part of the 4ward programme. As well as helping us to work together and celebrate together, our Showcases are a great way of sharing success, learning and best practice.

The 'Culture Month' has involved lots of teams working together, to celebrate some of the great things colleagues are doing together to help build a positive culture across our hospitals. The month has involved our 4ward Advocates, our BAME Network members, our Equality and Diversity Champions, and our Freedom To Speak Up (FTSU) Guardian and Champions all working collectively together to improve our workplace culture ensuring that our hospitals are the best possible place for colleagues to work in to be able to continue Putting Patients First.

The month has been to celebrate not only the improvements of 4ward but also some of the other ways we are improving the culture across our organisation, and highlighting how our improved culture has supported us through the challenges we have experienced in 2020.

We have done this by:

- Launching an A-Z social media campaign providing showcases of how we have moved 4ward and using an advocate or champion each day to explain a key component of our workplace culture.
- Celebrated a number of key cultural milestones including 4ward turning three-years-old, Freedom to Speak Up Month, and Black History Month.

Our next focus will be on 4ward Phase 2, the introduction of our FTSU portal, launching different workgroups within the BAME network, and working to start our first-ever Trust Disability Network.

International recognition

Two staff members in paediatrics, Baylon and Emma, entertained a ballet-mad young cancer patient, Izzy with a ballet routine. The tweet has gone global (e.g. TV Breakfast in Toronto) with many accolades including these comments:

- *100% the best thing on twitter right now*
- *I might just put this on repeat and watch it all day. We love you!*
- *Yourself and colleagues are precisely the team I'd want to care for and treat my daughters .. do you give lessons (asking for a friend)*

The video link has been circulated to members.

Flu vaccination figures

As at 26 October, 37.08% front line staff have been vaccinated. We continue to target this group of staff and are confident that the rate will increase over the next few weeks.

Infected blood – statement

The Infected Blood Inquiry was formally set up on the 2 July 2018 to examine the

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circumstances in which men, women and children treated by the National Health Service were given infected blood and infected blood products. The treatment of patients with haemophilia and other bleeding disorders will be a significant focus of the Inquiry's work. Public bodies have been asked to submit statements to support the Inquiry.

Worcestershire Acute Hospitals NHS Trust received a request for a written statement pertaining to the Haemophilia Centre formally affiliated with the Trust. The statement is attached for information.

Name change

Worcestershire Health and Care Trust have changed their name with effect from 1 November to Herefordshire and Worcestershire Health & Care NHS Trust.

Baby Loss Awareness Week

A video was prepared by midwifery bereavement staff for Baby Loss Awareness Week (9-15 October). The remembrance video was for parents and grandparents who have experienced the devastating loss of a baby. The video includes a poem and a musical reflection centred around an array of candles. It was filmed against the backdrop of Worcestershire Royal Hospital which was lit up in pink and blue to mark Baby Loss Awareness Week 2020.

Innovative maternity app gives mums real-time information about their pregnancy

BadgerNet, the new digital shared maternity record, successfully went live on 5th October to plan and within budget. As a result, pregnant women across Worcestershire can access a real-time summary of their maternity notes at their fingertips through an innovative maternity app which has replaced paper records. It also means information can be shared directly with expectant mums from the maternity system, and they can also add personalised information – such as plans and preferences for birth – which can be discussed with their midwife. The app can be used on their smart phones, tablet device, or PC.

NHS To Offer 'Long Covid' Sufferers Enhanced Help At Specialist Centres

People suffering 'long Covid' symptoms will be offered specialist help at clinics across England. We are reviewing to see if we can become a specialist centre to offer this support.

NHS strengthens mental health support for staff

NHS staff will get rapid access to expanded mental health services that are being rolled out across the country as part of efforts to deal with the second wave of coronavirus. NHS England and NHS Improvement will invest an extra £15 million to strengthen mental health support for nurses, paramedics, therapists, pharmacists, and support staff. Staff referred by themselves or colleagues will be rapidly assessed and treated by local expert mental health specialists. Those with the most severe needs will be referred to a specialist centre of excellence.

Recommendations

The Trust Board is requested to

- Note this report

Appendices

- Statement to the Infected Blood Inquiry

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INFECTED BLOOD INQUIRY

Section 1.

Please confirm if, at any time, there has been a Haemophilia Centre or Centres affiliated with the Trust (or any iteration of the Trust) and the name of the Haemophilia Centre(s).

It has not been possible to identify formal records of a Haemophilia Centre at any of our hospital sites operated by Worcestershire Acute Hospitals NHS Trust or its predecessor organisations, but local intelligence corroborated by discussions with University Hospitals Birmingham NHS Foundation Trust suggests that Worcestershire Acute Hospitals NHS Trust was a Centre until the early 1990s as part of a hub and spoke model of care with the comprehensive care centre based in Birmingham.

The Worcester Centre, based at the former Worcester Royal Infirmary site, was then de-designated and haemophilia services were fully transferred to the University Hospitals Birmingham NHS Foundation Trust (or previous iterations of the Trust).

Section 2.

Please confirm the years the Haemophilia Centre(s) was active.

It has not been possible to ascertain the dates of this activity. It is believed that changes were made when the Worcester & District Health Authority was operational during the first part of the 1990s.

Section 3.

Please list any Haemophilia Centre Directors who worked at the Haemophilia Centre(s) whilst it was active and the years in which they worked there.

Dr Mark Crowther and Dr Alistair Sawers (both retired) were consultant haematologists working at Worcester during this period and may be able to offer additional information. Dr Ian Franklin and Dr Jonathan Wilde (both retired) were Haematology directors at University Hospitals Birmingham NHS Foundation Trust.

Section 4.

Upon closure of the Haemophilia Centre(s), where was documentation sent i.e to another Trust/a haematology department, to an Archive or another location?

Worcestershire Acute Hospitals NHS Trust would expect that the health records of patients whose treatment was transferred to the University Hospitals Birmingham NHS Foundation Trust to have been transferred there as part of continuity of care.

Worcestershire Acute Hospitals NHS Trust will work in full collaboration with University Hospitals Birmingham NHS Trust and the Infected Blood Inquiry to establish if other related records of individual patients are held or controlled by Worcestershire Acute Hospitals NHS Trust.

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Worcestershire Acute Hospitals NHS Trust has activated the moratorium on the destruction of any health records as directed by the Infected Blood Inquiry and this is reflected within the Trust risk register.

Section 5.

With reference to (4), please provide details of any Trust/haematology department or Archive where documentation was sent.

Worcestershire Acute Hospitals NHS Trust would expect that records were transferred to the treatment centre at University Hospitals Birmingham NHS Foundation Trust when the Worcester Centre was de-designated.

Section 6.

If documents have been destroyed, please provide a record of destruction.

Worcestershire Acute Hospitals NHS Trust holds no records of destruction relating to such records.

Statement of Truth

I believe that the facts stated in this witness statement are true.

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Board Assurance Framework

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

Alignment to the Trust's strategic objectives

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

Committee/Group	Date	Outcome
CETM	14 October 2020	Approved
TME	21 October 2020	Approved with a working change
Risk Management Group	22 October 2020	Noted
QGC	29 October 2020	Approved
F&P	28 October 2020	Approved with a request to review risk 13 wording
P&C (virtual)	October 2020	Approved
Trust Board	12 November 2020	
Audit and Assurance	10 November 2020	Process review only

Recommendations	The Trust Board is asked to review and approve the BAF.
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Executive summary

The attached BAF has been to the meetings as listed above. The key points are listed below.

- There is no risk 6.
- New risk 13 – digital – risk rating – 20
- Risk 1 (demand management) – same risk rating (15)
- Risk 2 (engagement and CSS) – reduced risk rating to 12 (from 16)
 - Rationale – CSS workshops and engagement recommenced
- Risk 3 (CSS implementation) - reduced risk rating to 16 (from 20)
 - Rationale – CSS workshops and engagement recommenced
- Risk 4 (systems & processes, Q&S) – same risk rating (12)
- Risk 5 (HFW) – same risk rating (16)
- Risk 7 (underlying deficit) – same risk rating (20)
- Risk 8 (capital) – same risk rating (12)
- Risk 9 (sustainable workforce) – same risk rating (15)
- Risk 10 (culture) – same risk rating (12)
- Risk 11 (reputation) – reduced risk rating to 12 (from 16)
 - Rationale – out of quality special measures
- Risk 12 (COVID-19) – same risk rating (25)

Meeting	Trust Board
Date of meeting	12 November 2020
Paper number	D1

Risk							
Key Risks	<i>As per the paper.</i>						
Assurance	<i>Within the paper</i>						
Assurance level	Significant	x	Moderate		Limited		None
Financial Risk	<i>N/A</i>						

Board Assurance Framework – Gap analysis

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

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

RISK NUMBER	DATIX REF/DATE OF INITIAL RISK	RISK DESCRIPTION	EXEC LEAD	RESPONSIBLE COMMITTEE	CURRENT 11 June 2020			CHANGE	PREVIOUS			Risk appetite	PAGE NUMBER
					LIKELIHOOD	CONSEQUENCE	RISK RATING		RISK RATING 29 FEB 2020	RISK RATING 30 JUNE 2020	RISK RATING 31 OCT 2020		
1	2020	If the Worcestershire Health and Care System is not able to resolve the mismatch between demand and capacity for urgent and emergency care, then there will be delays to patient treatment, resulting in a significant impact on the Trust's ability to deliver safe, effective and efficient care to patients.	CEO	F&P	3	5	15	→	20	15		HIGH (PARTNERSHIPS)	6
2	2020	If we fail to effectively engage our patients, our staff, the public and other key stakeholders in the redesign and transformation of services then it will adversely affect implementation of our Clinical Services Strategy in full resulting in a detrimental impact on patient experience and a loss of public and regulatory confidence in the Trust.	Dir C&E/CNO	QGC	3	4	12	↓	12	16		MODERATE (CLINICAL INNOVATION)	8
3	2020	If we do not implement the Clinical Services Strategy then we will not be able to realise the benefits of the proposed service changes in full, causing reputational damage and impacting on patient experience and patient outcomes.	Dir S&P/CMO	QGC	4	4	16	↓	15	20		MODERATE (CLINICAL INNOVATION)	10

RISK RATING 1-3 Low risk | 4-6 Low risk | 8-12 Moderate risk | 15-25 Extreme risk
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RISK NUMBER	DATIX REF/DATE OF INITIAL RISK	RISK DESCRIPTION	EXEC LEAD	RESPONSIBLE COMMITTEE	CURRENT 11 June 2020			CHANGE	PREVIOUS			Risk appetite	PAGE NUMBER
					LIKELIHOOD	CONSEQUENCE	RISK RATING		RISK RATING 29 FEB 2020	RISK RATING 30 JUNE 2020	RISK RATING 31 OCT 2020		
4	2018	If we do not have in place robust systems and processes to ensure improvement of quality and safety, then we may fail to deliver high quality safe care resulting in negative impact on patient experience and outcomes.	CMO/ CNO	QGC	3	4	12	→	12	12		LOW (SAFETY/ QUALITY/	12
5	2020	If we fail to implement Home First Worcestershire as scheduled then there will be an impact on our ability to see, treat and discharge patients in a timely way which may result in patient harm and curtails urgent elective activity.	COO	F&P QGC	4	4	16	→	20	16		LOW (SAFETY/QUALITY/ OUTCOMES)	15
7	2018	If we fail to address the drivers of the underlying deficit then we will not achieve financial sustainability (as measured through achievement as a minimum of the structural level of deficit) resulting in the potential inability to transform the way in which services operate, and putting the Trust at risk of being placed into financial special measures.	CFO	F&P	5	4	20	→	20	20		LOW (FINANCIAL/VFM)	17

RISK NUMBER	DATIX REF/DATE OF INITIAL RISK	RISK DESCRIPTION	EXEC LEAD	RESPONSIBLE COMMITTEE	CURRENT 11 June 2020			CHANGE	PREVIOUS			Risk appetite	PAGE NUMBER
					LIKELIHOOD	CONSEQUENCE	RISK RATING		RISK RATING 29 FEB 2020	RISK RATING 30 JUNE 2020	RISK RATING 31 OCT 2020		
8	2018	If we are not able to secure capital financing then we will not be able to maintain and modernise our estate, infrastructure, and facilities; equipment and digital technology resulting in a risk of business continuity and delivery of safe, effective and efficient care.	CFO	F&P	3	4	12	→	20	12		LOW (FINANCIAL/VF)	19
9	2020	If we do not have a sustainable fit for purpose diverse and flexible workforce, we will not be able to provide safe and effective services resulting in a poor patient experience.	Dir P&C	P&C	5	3	15	→	15	15		MODERATE (WORKFOR)	21
10	2017	If we fail to sustain the positive change in organisational culture, then we may fail to attract and retain sufficiently qualified, skilled and experienced staff to sustain the delivery of safe, effective high quality compassionate treatment and care.	Dir P&C	P&C	4	3	12	→	12	12		MODERATE (WORKFORCE)	23
11	2018	If we have a poor reputation then we will be unable to recruit or retain staff resulting in loss of public confidence in the Trust, lack of support of key stakeholders and system partners and a negative impact on patient care	Dir C&E	P&C	3	4	12	↓	16	16		MODERATE (REPUTATION)	25

RISK NUMBER	DATIX REF/DATE OF INITIAL RISK	RISK DESCRIPTION	EXEC LEAD	RESPONSIBLE COMMITTEE	CURRENT 11 June 2020			CHANGE	PREVIOUS			Risk appetite	PAGE NUMBER
					LIKELIHOOD	CONSEQUENCE	RISK RATING		RISK RATING 29 FEB 2020	RISK RATING 30 JUNE 2020	RISK RATING 31 OCT 2020		
12	2020	If we do not have an effective phase 3 restoration plan or if the magnitude of the 2 nd /3 rd wave is too great, and we have a second/third peak of covid-19 cases then we will be unable to maintain the safety of emergency and elective patients, resulting in compromised staff and patient safety and potentially excess mortality and morbidity	CEO	Trust Board	5	5	25	→	25*	25		HIGH (QUALITY AND SAFETY)	26
13	2020	If we do not have assurance on the technology estate lifecycle maintenance and asset management then we could be open to a cybersecurity attack or technology failure resulting in possible loss of service.	CDO	F&P	4	5	20		-	-		LOW (QUALITY AND SAFETY)	29

- As at 31 March 2020

Summary list of the corporate risks – page 28

Glossary – page 29

BAF RISK REFERENCE <i>Summary for Datix entry</i>	1 Mismatch between demand and capacity (system working)	DATE OF REVIEW	Oct 2020
DATIX REF	Linked to corporate risks 3482, 3946	NEXT REVIEW DATE	Feb 2021

RISK DETAILS

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

CONTEXT

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

ACCOUNTABILITY

CHIEF OFFICER LEAD	Chief Executive
RESPONSIBLE COMMITTEE	F&P

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	System Improvement Board in place	NHSE/I, TME/F&P Committee	3
2	Demand and Capacity Plan in place with monthly refresh	A&E Delivery Board/TME/F&P	3
3	System Improvement Director	NHSE/I	3
4	Command and control structure and ICS Board	TME/NHSE/I	2/3
5	Professional oversight of patient safety and outcomes	TME (via section 31)	2
6	Winter Plan	TME/F&P/QGC/trust Board/NHSE/I	3

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	Demand and capacity gap	Implementation of system side winter plan to mitigate the system wide demand and capacity gap	Mar 2021	

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

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REF	GAP	ACTION	BY WHEN	PROGRESS
		Implementation of a system-wide intermediate care strategy	TBC	
2	System Improvement Director	Appointment to post <ul style="list-style-type: none"> Interviews In post 	Autumn 2020	Appointment made but post holder was unable to take up the post. Back out to advert and interview date scheduled Appointment made. Post holder commenced in post. Action closed.

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

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BAF RISK REFERENCE <i>Summary for Datix entry</i>	2 Engagement of patients, staff and public in the redesign & transformation of services	DATE OF REVIEW	Oct 2020
DATIX REF	linked to corporate risks 3948	NEXT REVIEW DATE	Feb 2021

RISK DETAILS

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

CONTEXT

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

ACCOUNTABILITY

CHIEF OFFICER LEAD	Director of Communications and Engagement/CNO
RESPONSIBLE COMMITTEE	QGC

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	Communications plan for the Clinical Services Strategy	People and Culture Committee	2
2	Alignment of the communications plan with the STP communications and engagement activity	ICS executive	3
3	Youth forum/patient and public involvement forum in place	QGC	2
4	Volunteer Strategy	QGC	2
5	Staff, Patient and Public Stakeholder Engagement with respect to quality improvement priorities	QGC	2

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
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ASSURANCE LEVELS: 0 No independent assurance | 1 Internal review or Trust governance meeting | 2 Board or committee | 3 External review
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REF	GAP	ACTION	BY WHEN	PROGRESS
1	Communications action plan	Develop an action plan that is aligned to the STP communications activity	Sep 2020	Outline plan developed in partnership with STP comms leads to be presented to QGC in Sep 2020
2		Execute the plan	tbc	
	Youth forum & other stakeholder routes	Develop mechanisms to engage with different sectors of the community through innovative mediums	Sep 2020	Completed
3	More robust implementation of the Volunteer Strategy	Development of an appropriate action plan, given the constraints due to COVID-19	Dec 2020	
4	Staff, Patient and public stakeholder engagement	Programme for divisional and corporate engagement with stakeholders	Dec 2020	

BAF RISK REFERENCE <i>Summary for Datix entry</i>	3 Implementation of the Clinical Services Strategy	DATE OF REVIEW	Oct 2020
DATIX REF	linked to corporate risks 3948	NEXT REVIEW DATE	Feb 2021

RISK DETAILS

If we do not implement the Clinical Services Strategy then we will not be able to realise the benefits of the proposed service changes in full, causing reputational damage and impacting on patient experience and patient outcomes.	INTERIM TARGET		RATING		L	C	R	CHANGE
	2020/21	15	INITIAL		3	5	15	
	2022/23	10	TARGET		1	5	5	
	2024/25	5	PREVIOUS		4	5	20	
			CURRENT		4	4	16	

CONTEXT

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

ACCOUNTABILITY

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

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	Annual plan business planning cycle	Trust Board	2
2	Transformation workstreams	TME	2
3	Strategic partnership agreement	TME/Trust Board	2
4	Annual plan in place	Trust Board	2
5	Service level clinical strategies	TME	
6	Patient engagement event	TME/QGC/Trust Board	3

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	Annual plan	Develop annual plan	March 2020	Completed

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

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REF	GAP	ACTION	BY WHEN	PROGRESS
2	Exec leadership for workstreams	Ensure effective executive leadership	Sept 2020	Restarted discussions with senior leaders to refresh clinical services. Completed.
3	Development of ICS	ICS plan in place	April 2021	Established ICS leadership forum
4	Strategic partnership	Approval of strategic partner Development of action plan Implementation of action plan	Nov 2020 Sept 2020	Key Strategic partner approved Meeting taken place Jun 2020 to start discussions. Formal notification taken place.
5	Capability and capacity (to covid 19 on going requirements) – corporate and divisional teams	Review of resources for support for the management of covid-19 in order to have an agreed action plan for the restoration of services Identifying additional S&P resource to support development & delivery of the clinical services strategy Identify wider system resource to support activity	End July 2020 Nov 2020 Oct 2020 End July 2020	Management of covid – completed Restoration – in train (phase 3 restoration plan) Part of phase 3 restoration plan.
6	Development of service led clinical strategies	Drafts of individual service strategies Divisional briefing on population health management to support service strategy development Set up of clinical site strategy groups	March 2021 Sept 2020 Nov 2020	Held workshops & first cut returns – End Sept Completed Terms of reference - approved

BAF RISK REFERENCE <i>Summary for Datix entry</i>	4 Lack of robust systems and processes for improvement of quality and safety	DATE OF REVIEW	Oct 2020
DATIX REF	Linked to corporate risks 3852	NEXT REVIEW DATE	Feb 2021

RISK DETAILS

RISK DESCRIPTION	RATING	L	C	R	CHANGE
If we do not have in place robust systems and processes to ensure improvement of quality and safety and to meet the national patient safety strategy, then we may fail to deliver high quality safe care resulting in negative impact on patient experience and outcomes.	INITIAL	4	5	20	→
	TARGET Mar 21	2	4	8	
	PREVIOUS	3	4	12	
	CURRENT	3	4	12	

CONTEXT

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

ACCOUNTABILITY

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

CONTROLS AND ASSURANCE

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

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

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REF	CONTROL	ASSURANCE	LEVEL
4	Performance Review Meetings	TME	0
5	Medical annual appraisals	NHS E/Trust Board/People and Culture	3
6	Learning from deaths – robust process in place	TME/QGC/Trust Board	2
5	Board members undertaking safety walk abouts	Report to TME, Quality Governance Committee	2
6	Risk management strategy in place to ensure best practice in risk management and risk maturity	Risk Management Strategy approved by TME, QGC, Audit and Assurance Committee, Trust Board	2/3
7	Harm reviews and QIA in place	TME/QGC	2
8	Covid risk management	See BAF risk 12	
9	Pathway to Platinum	CGG	1
10	Monthly divisional/corporate RAIT meetings	CGG	1
11	Command and Control structure and process	See COVID-19 risk	
12	Trust Infection Prevention and Control Committee	CGG, TME and QGC, Trust board	

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	Framework for clinical governance	Development of a framework	Sep 2020	Datix revised. Improved framework. Revised staff structure in place. Datix revised.
2		Interim report on the development of a framework	revised Dec 2020	Appointed governance leads in each division. Monthly 1:1 meetings in place. Delayed due to COVID-19
3	Alignment of resources	Review of clinical governance staff	Apr 2020	Temporary structure in place. Completed.
4	Robust learning from deaths and SIs	Review and implement learning from deaths	Apr 2020 Dec 2020	Gaps for clinicians. Plans in place. Implementation of changes as a result

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

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REF	GAP	ACTION	BY WHEN	PROGRESS
		Review SI action plans and implement learning	Dec 2020	of learning needs to be embedded
5	Ward to Board flow	<ul style="list-style-type: none"> NED ward visits <ul style="list-style-type: none"> Revision of tools Observation of care process Process up and running Reinstate virtual ward walkabouts 	Jul 2020	Focus due to covid has been on the trigger tool. Quality audit template revised. Virtual walk abouts commenced.
6	Framework for monitoring corporate teams	Roll out RAIT for corporate teams (Infection control, safeguarding, pressure ulcers, falls) Peer panels set up Panels commenced Review of effectiveness	Jul 2020 Jul 2020 July 2020	On hold due to covid-19. Completed.
7	Clear escalation process in place for quality issues	Develop a framework for escalation Implement Monitoring of outcomes	Mr 2020 July 2020	Harm review process robust QIA process robust Completed. Through command and control process
8	Oxford University risk maturity assessment	Arrange for OUH to visit and assess	Tbc Dec 2020	Due to covid, resources have been identified to undertake this internally. Asst Dir Gov in place. Revised process to be in place.
9	Robust Harm review (in context of covid-19)	Harm review process to be embedded and reported to QGC	Sep 2020	Increased frequency of harm review panel Completed.
10	Patient Safety Strategy (national)	To assess the implications of the strategy on the Trust	Mar 2021	

BAF RISK REFERENCE <i>Summary for Datix entry</i>	5 Home First Worcestershire implementation	DATE OF REVIEW	Oct 2020
DATIX REF	Linked to corporate risks 3482, 3946	NEXT REVIEW DATE	Feb 2021

RISK DETAILS

RISK DESCRIPTION	RATING	L	C	R	CHANGE
If we fail to implement Home First Worcestershire as scheduled then there will be an impact on our ability to see, treat and discharge patients in a timely way which may result in patient harm and curtails urgent elective activity.	INITIAL	4	5	20	→
	TARGET Mar 2021	2	5	10	
	PREVIOUS	4	4	16	
	CURRENT	4	4	16	

CONTEXT

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

ACCOUNTABILITY

CHIEF OFFICER LEAD	COO
RESPONSIBLE COMMITTEE	F&P/QGC

CONTROLS AND ASSURANCE

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

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

REF	GAP	ACTION	BY WHEN	PROGRESS
1	Implementation of the HFW Plan	Implementation of the 6 work streams contained within Home First Worcestershire including the MADE recommendations	Mar 2021	Additional resource commissioned to support the implementation of the programme
2	Robust management of the front door	Provision of an acute medical unit on the AH site Reprovision of AEC at WRH site Provision of AMU on WRH site Reprovision at ED/AMU (linked to capital development)	Jul 2020 Nov 2020 Dec 2020 Dec 2021	Implemented
3	System wide discharge to assess strategy	Interim appointment of system wide discharge lead Permanent appointment	Nov 2020 Mar 2021	

BAF RISK REFERENCE <i>Summary for Datix entry</i>	7 The Trust is unable to ensure financial sustainability (to the level of structural deficit) and make the best use of resources for our patients.	DATE OF REVIEW	Oct 2020
DATIX REF	linked to corporate risks <i>none</i>	NEXT REVIEW DATE	Feb 2021

RISK DETAILS

RISK DESCRIPTION	INTERIM TARGETS	RATING	L	C	R	CHANGE
If we fail to address the drivers of the underlying deficit and fail to respond effectively to the new financial regime (post COVID-19), then we will not achieve financial sustainability (as measured through achievement as a minimum of the structural level of deficit) resulting in the potential inability to transform the way in which services operate, and putting the Trust at risk of being placed into financial special measures.	2021	5x3	INITIAL	5	3	15
			TARGET 2023	4	3	12
			PREVIOUS	5	4	20
			CURRENT	5	4	20

CONTEXT

STRATEGIC OBJECTIVE	Best use of resources
GOAL	Finance
RISK APPETITE	Low

ACCOUNTABILITY

CHIEF OFFICER LEAD	CFO
RESPONSIBLE COMMITTEE	F&P

CONTROLS AND ASSURANCE

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

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

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REF	CONTROL	ASSURANCE	LEVEL
5	Productivity and Efficiency Plans in place	F&P/TB	


ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	MTF Plan (Road-Map)	Align the MTF Plan to refreshed Clinical Services Strategy, other Enabling Strategies (People and Culture, Digital, Estates, Quality Improvement, Communications), 2020/21 Operational Plan and ICS 5 year plan and publish	Dec 2020	
2	Fully identified and assignable improvement opportunities based on recognised benchmarks (e.g. Model Hospital / GIRFT)	Ensure rolling programme of continuous improvement internally and system wide working to support value for money decisions	Mar 2021	
3	Ownership of financial situation	Finance is included within personal objectives, and roles and responsibilities clearly defined, which are aligned to Trust objectives Embed improved through life-cycle contract management principles Embed the standardised approach to benefits realisation for key financial decisions	Mar 2021	
4	Reduction of reliance on temporary workforce	As reset is implemented including new staffing models, substantive workforce will be used, not temporary workforce. Implement actions associated with reset to ensure that there is an embedded approach to workforce management	Mar 2021	
5	Alignment of resources and activity	Develop integrated IPR	Sep 2020	Transition version available for Sept 2020.
6	Performance Review meetings	To restart following COVID-19. Review approach	Oct 2020	

ASSURANCE LEVELS: 0 No independent assurance | 1 Internal review or Trust governance meeting | 2 Board or committee | 3 External review
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BAF RISK REFERENCE <i>Summary for Datix entry</i>	8 The Trust is unable to secure appropriate capital financing to make the best use of resources for our patients.	DATE OF REVIEW	Oct 2020
DATIX REF	Linked to corporate risks 3855, 4107, 4130	NEXT REVIEW DATE	Feb 2021

RISK DETAILS

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

CONTEXT

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

ACCOUNTABILITY

CHIEF OFFICER LEAD	CFO
RESPONSIBLE COMMITTEE	F&P

CONTROLS AND ASSURANCE

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

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	Medical Devices strategy	Scoping / Stocktake exercise completion Develop investment strategy and prioritised replacement plan	Dec 2020	


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

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REF	GAP	ACTION	BY WHEN	PROGRESS
		based on operational asset register. Revised process in place for management of medical devices	Mar 2021	
2	Estates and Facilities Condition Assessment	Undertake 6 Facet Survey to confirm current backlog position and enable development of rectification plan.	Dec 2020	In train
3	MTF plan	Align the MTF Plan to Clinical Services Strategy, other Enabling Strategies (People and Culture, Digital, Estates, Quality Improvement, Communications), 2020/21 Operational Plan and ICS 5 year plan and publish	Dec 2020	
4	Legacy technology infrastructure requires updating to support the digital strategy delivery plan	Capital programme for infrastructure modernisation across network, WI-FI network and data centres in progress	Mar 2021	

BAF RISK REFERENCE <i>Summary for Datix entry</i>	9 Diverse and flexible workforce (workforce transformation)	DATE OF REVIEW	Oct 2020
DATIX REF	Linked to corporate risks 3832, 3831	NEXT REVIEW DATE	Feb 2021

RISK DETAILS

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

CONTEXT

STRATEGIC OBJECTIVE	Best people
GOAL	Workforce and culture
RISK APPETITE	Moderate

ACCOUNTABILITY

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

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	Revised P&C Strategy – year 1 of implementation	TME/P&C Committee	2
2	Workforce transformation – delivery of financial targets	TME/F&P Committee	2
3	5 year strategic workforce plan	TME/P&C Committee, NHS E/I	2/3
4	Recruitment and retention plans	TME/P&C Committee	2
5	Academy development	TME/P&C Committee	2
6	Equality and diversity plan including BAME/disability and LGBT networks	TME/P&C Committee/Trust board	2
7	Staff escalation policy (system and Trust)	TME/P&C	

ACTIONS

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


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

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REF	GAP	ACTION	BY WHEN	PROGRESS
3	Effective networks for staff with protected characteristics	Develop networks Champions appointed (disability, BAME, LGBT)	End Jul 2020	BAME network developed LGBT – end Oct Disability – end Dec Each network will have leads and champions
4	E&D plan	Develop a plan Implement action plan	Mar 2021	
5	Further development of the Academy	Rollout of academy across STP	Mar 2021	
6	Staff escalation policy	Develop and implement policy	End Oct 2020	

BAF RISK REFERENCE <i>Summary for Datix entry</i>	10 Organisational culture	DATE OF REVIEW	Oct 2020
DATIX REF	Linked to corporate 3842	NEXT REVIEW DATE	Feb 2021

RISK DETAILS

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

CONTEXT

STRATEGIC OBJECTIVE	Best people
GOAL	Workforce and Culture
RISK APPETITE	Moderate

ACCOUNTABILITY

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

CONTROLS AND ASSURANCE

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

ACTIONS

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

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

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REF	GAP	ACTION	BY WHEN	PROGRESS
4	Ensure fit for purpose leadership plan	Refresh of leadership plan to include leadership descriptors	March 2021	
5	To ensure the Trust has the right leaders	Management restructure	March 2021	

BAF RISK REFERENCE <i>Summary for Datix entry</i>	11 Reputational damage	DATE OF REVIEW	Oct 2020
DATIX REF	Linked to corporate risks 3831, 3877	NEXT REVIEW DATE	Feb 2021

RISK DETAILS

RISK DESCRIPTION	INTERIM TARGET	RATING	L	C	R	CHANGE
If we have a poor reputation then we will be unable to recruit or retain staff resulting in loss of public confidence in the Trust, lack of support of key stakeholders and system partners and a negative impact on patient care.	2021	3x4	INITIAL	4	4	16
			TARGET 2024	2	4	8
			PREVIOUS	4	4	16
			CURRENT	3	4	12

CONTEXT

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

ACCOUNTABILITY

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

CONTROLS AND ASSURANCE

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

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	Implement communications strategy	Develop and implement action plan	Mar 2021	Update received by TME and P&C, Sept/Oct 2020

ASSURANCE LEVELS: 0 No independent assurance | 1 Internal review or Trust governance meeting | 2 Board or committee | 3 External review
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BAF RISK REFERENCE <i>Summary for Datix entry</i>	12 COVID - 19	DATE OF REVIEW	Oct 2020
DATIX REF	Linked to corporate risks 3483	NEXT REVIEW DATE	Feb 2021

RISK DETAILS

RISK DESCRIPTION	RATING	L	C	R	CHANGE
If we do not have an effective phase 3 restoration plan or if the magnitude of the 2 nd /3 rd wave is too great, and we have a second/third peak of covid-19 cases then we will be unable to maintain the safety of emergency and elective patients, resulting in compromised staff and patient safety and potentially excess mortality and morbidity	INITIAL	5	5	25	
	TARGET 2021	1	1	1	
	PREVIOUS	5	5	25	
	CURRENT	5	5	25	

CONTEXT

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

ACCOUNTABILITY

CHIEF OFFICER LEAD	Chief Executive
RESPONSIBLE COMMITTEE	Board

CONTROLS AND ASSURANCE

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

ASSURANCE LEVELS: 0 No independent assurance | 1 Internal review or Trust governance meeting | 2 Board or committee | 3 External review
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REF	CONTROL	ASSURANCE	LEVEL
9	Implementation of the HomeFirst Worcestershire plan	HFW board/F&P/Trust Board	2/3/4
10	System command and control structure	NHSE/I	3
11	Local Resilience Partnership	NHSE/I	3

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	Availability of staffing for the continuation of front-line services	<ul style="list-style-type: none"> Implementation of new models of care 	Ongoing	Cross ref BAF risk 9
4	Loss of staff through self-isolation & ill health including staff fatigue	<ul style="list-style-type: none"> Understanding where those staff are usually deployed and ensuring that other non-essential staff are redeployed as appropriate Ensuring that staff take adequate breaks including annual leave Staff support (Wellbeing) in place Plan in place for staff to be able to move across organisational boundaries 	Ongoing	Cross ref BAF 9.
5	Protection of BAME staff	<ul style="list-style-type: none"> Risk assessment and implementation of measures to mitigate risk 	Ongoing	Managers' guidance implemented
6	Protection of staff who have an increased or are at high risk of developing covid	<ul style="list-style-type: none"> Risk assessment and implementation of measures to mitigate risk 	On-going	
10	Impact of COVID-19 on culture (staff working remotely vs those working in COVID +ve areas)	<ul style="list-style-type: none"> Detailed communication and engagement plan – positive impact of the different ways of working 	Dec 2020	
11	Ensure staff feel safe when working in relation COVID patients	<ul style="list-style-type: none"> Workplace risk assessments –refreshed and reviewed Workforce risk assessment – refresh and review Individual OH risk assessment – obtain 100% compliance 	Monthly Monthly End Oct	

ASSURANCE LEVELS: 0 No independent assurance | 1 Internal review or Trust governance meeting | 2 Board or committee | 3 External review
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REF	GAP	ACTION	BY WHEN	PROGRESS
7	Phase 3 plan	<ul style="list-style-type: none"> Develop and monitor plan 	Sept 2020/ ongoing	Initial plan presented to Trust Board, Jun 2020
8	Covid risk management	<ul style="list-style-type: none"> Development of reporting structure through to gold and TME 	Jul 2020	On-going changes due to national requirements
9	Improved financial reporting to TB	<ul style="list-style-type: none"> Revision of IPR 	Jul 2020	Revised and enhanced reporting in place action completed.

ASSURANCE LEVELS: 0 No independent assurance | 1 Internal review or Trust governance meeting | 2 Board or committee | 3 External review
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BAF RISK REFERENCE <i>Summary for Datix entry</i>	13 Cyber Security risk related to unsupported IT hardware	DATE OF REVIEW	Oct 2020
DATIX REF	Linked to corporate risks 3603, 3855	NEXT REVIEW DATE	Feb 2021

RISK DETAILS

RISK DESCRIPTION	RATING	L	C	R	CHANGE
If we do not have assurance on the technology estate lifecycle maintenance and asset management then we could be open to a cybersecurity attack or technology failure resulting in possible loss of service.	INITIAL	4	5	20	
	TARGET 2021	2	5	10	
	PREVIOUS				
	CURRENT	4	5	20	

CONTEXT

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

ACCOUNTABILITY

CHIEF OFFICER LEAD	Chief Digital Officer
RESPONSIBLE COMMITTEE	F&P

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	Risk management group to monitor risk register – Digital Division	Corporate risk management group	1
2	Asset management process and controls- Digital Division	Report to F&P.	2

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	Asset management process and controls	Detailed work to ascertain risks and impacts following an organisational amnesty on hardware that sits “outside” of corporate control	Dec 2020	

3482	Operations - crowding in the Emergency Department
3483	Clinical Quality and Effectiveness - effective management of tracking processes
3603	Risk that a cyber attack could lead to the potential loss or theft of patient data and could compromise patient care
3831	PC06 Nursing Recruitment and Retention
3832	PC07 Workforce Planning
3842	PC15 HR / OD Capacity
3852	Clinical - safe, clean environment
3855	Risk of Trust utilising an unsupported PC/Laptop Operating System after December 2020
3877	Reputational - junior doctors on rotation
3946	Trustwide capacity
3948	Fragile Services
4009	E&F20002 Lack of comprehensive asset register
4048	Decontamination of medical devices
4107	Risk of loss of data and cyber attack to unsupported ICT systems that reside out of ICT
4130	Access to funding for asset replacement and renewal

Glossary

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

Meeting	Trust Board
Date of meeting	12 November 2020
Paper number	D2

Recovery & Reset

For approval:		For discussion:		For assurance:	x	To note:	
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Accountable Director	Paul Brennan, Deputy CEO and COO Jo Newton, Director of Strategy and Planning		
Presented by	Jo Newton, Director of Strategy and Planning	Authors	Paul Brennan, Deputy CEO and COO, Robin Snead, Deputy COO Lisa Peaty, Deputy 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

- It is recommended that the Board:
- Note the current COVID-19 position
 - Note progress with delivery against the Phase 3 plan
 - Note the progress of the High Impact Change Programme
 - Endorse the direction of travel

Executive summary

This paper provides an update on the following:

- The situation within the Trust in relation to COVID-19
- Progress on delivery of the Phase 3 plan
- The delivery of the High Impact Change (HIC) Transformation Programme and how it supports delivery of Phase 3
- Approach to annual planning for 2021/22

Delivery of the Phase 3 plan may become increasingly challenging due to the continued and increasing impact of COVID-19 during a second, and any subsequent, wave. Operational delivery is likely to be impacted, whilst the Trust retains its focus on keeping patients safe and supporting staff wellbeing.

Transformational changes that have been implemented as a result of the HIC programme have supported and will continue to support the delivery of the phase 3 plan, particularly in relation to virtual outpatient management.

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Planning for 2021/22 will be challenging given the unknown impact on activity and performance of second and subsequent waves of COVID-19 between now and the end of the current financial year. However, discussions relating to how best to plan for 2021/22 have commenced.

Risk						
Key Risks	<p>BAF 1: If the System Improvement Board is not able to resolve the mismatch between demand and capacity for urgent and emergency care, then there will be delays to patient treatment, resulting in a significant impact on the Trust's ability to deliver safe, effective and efficient care to patients.</p> <p>BAF 3: If we do not implement the Clinical Services Strategy then we will not be able to realise the benefits of the proposed service changes in full, causing reputational damage and impacting on patient experience and patient outcomes.</p> <p>BAF 7: If we fail to address the drivers of the underlying deficit then we will not achieve financial sustainability (as measured through achievement as a minimum of the structural level of deficit) resulting in the potential inability to transform the way in which services operate, and putting the Trust at risk of being placed into financial special measures.</p> <p>BAF 3: If we do not implement the Clinical Services Strategy then we will not be able to realise the benefits of the proposed service changes in full, causing reputational damage and impacting on patient experience and patient outcomes.</p> <p>BAF 10: If we fail to sustain the positive change in organisational culture, then we may fail to attract and retain sufficiently qualified, skilled and experienced staff to sustain the delivery of safe, effective high quality compassionate treatment and care.</p> <p>BAF 11: If we have a poor reputation then we will be unable to recruit or retain staff resulting in loss of public confidence in the Trust, lack of support of key stakeholders and system partners and a negative impact on patient care.</p> <p>BAF 12: If we do not manage demand capacity (particularly ED) through the reset and restoration of services and we have a second and/or third peak of COVID-19 cases, we will be unable to respond to the increase in COVID-19 cases and then there is a serious risk that the safety of patients and staff will be compromised resulting in excess deaths</p>					
Assurance	The underpinning planning assumptions will be reviewed as part of annual planning process					
Assurance level	Significant		Moderate	x	Limited	None
Financial Risk	The failure to deliver the activity volumes set out in the letter from the NHS Chief Executive and Chief Operating Officer dated the 31 st July 2020 will incur financial penalties.					

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Introduction/Background

Herefordshire and Worcestershire STP/ICS (integrated care system) submitted the phase 3 planning return to NHSE/I on 21st September 2020 which included:

- A phase 3 technical plan (activity, performance and workforce)
- Phase 3 supporting commentary
- The Herefordshire & Worcestershire Local People Plan

The plans and supporting commentary outline how the STP/ICS will accelerate the return to near-normal levels of non-COVID health services, making full use of the capacity available between now and winter. They acknowledge the preparation required for winter demand pressures, alongside continued vigilance in the light of further probable local and national COVID-19 outbreaks. The approach took account of lessons learnt during from the first COVID-19 peak and associated beneficial changes, and explicitly tackles fundamental challenges such as support for staff and action on inequalities and prevention.

The plans also address how the STP/ICS would:

- restore services inclusively to September 19 activity levels
- protect the most vulnerable from COVID-19
- develop digitally enabled care pathways in ways which increase inclusion
- accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes
- support those who suffer mental ill-health

WAHT has continued to restore services to enable the delivery of activity levels outlined in the phase 3 submissions. The High Impact Change Transformation Programme has been realigned to help enable and support achievement of phase 3 plans. In addition the Trust has worked with system partners to prepare for a second COVID-19 surge and winter demand, the impact of which the trust is beginning to see in the last few weeks both in terms of admission of COVID-19 positive patients and ambulance conveyances.

This paper outlines the current position and proposed direction of travel.

Issues and options

1. COVID-19

The incidence of COVID-19 in Worcestershire week commencing 2nd November is 157/100,000 although there is variation across the county with highest rates in Bromsgrove. Escalation to Emergency Preparedness, Resilience and Response Level 4 is under daily review as at the time of writing. The number of COVID-19 positive patients admitted to our hospitals has increased significantly over the past couple of weeks with the average number of new admissions being six per day for the period 14th October to the 1st November compared to an average of one per day during the period 1st to 15th October. The total number of recorded deaths for confirmed positive COVID-19 patients is increasing with the total number of deaths being 293; with unfortunately nine deaths occurring in October compared to six deaths during the two months of August and September.

The number of beds now designated for COVID-19 pathway patients has increased to 188 out of a total General and Acute Bed Stock of 777. At the height of the first wave of the pandemic, the number of beds designated for COVID-19 pathway patients was 309 so the Trust is moving closer to this level during the second wave. However, levels of emergency

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admissions and ED attendances remain broadly static although ambulance conveyances exceed the level experienced prior to the first wave of the pandemic.

Use of the Independent Sector for elective patients continues, albeit at reduced levels following the introduction of the revised national Independent Sector Contract in September. Elective activity is currently being maintained across our three hospitals. However, with the number of beds now designated for COVID-19 pathways and high levels of emergency activity, it is probable that elective activity will be curtailed unless the number of patients admitted to cohort and COVID-19 positive wards reduces as a consequence of the second lockdown announced by the Government on the 31st October.

We continue to work closely with system partners, including the local authority, to monitor community outbreaks and to refresh escalation plans. Our incident management structure remains flexible to enable response to the recent local surge in cases.

2. Delivery against Phase 3 Plan *please see the IPR for detailed metrics*

COVID-19 - The ICS is able to operate urgent care and cancer services under all COVID-19 planning scenarios at system level through use of capacity across NHS estate, the independent sector and planning as part of the Adult Critical Care Review.

Urgent Care - Performance will be maintained across key measures for urgent care, aiming for the emergency access standard (EAS) not to fall below 85%, continued low level of ambulance handover delays and a zero tolerance to 12-hour trolley breaches. Performance against the ambulance handover and 12 hour trolley breach standards remains strong on both acute sites, although the WRH site has experienced challenges in maintaining its EAS performance due to managing both pre-COVID-19 levels of demand and COVID safety measures which reduce capacity, whilst elective activity is maintained.

Cancer - The system is aiming to achieve all cancer standards with 62 day being the most challenging due to the reliance on diagnostics. As a Trust we are estimating a backlog of 200 patients at March 2021, although we have already made some significant improvements towards this. The system has committed to zero 104 day (confirmed cancers). The continued focus remains on the 2 week wait performance with breast surgery and Upper GI performance reducing throughout September. Mitigating actions of additional outpatient clinic space and a revised triage process have been worked through to improve performance.

Diagnostics – The key risk remains the delivery of endoscopy activity and a key area for focus has been the Upper GI pathway. Work has been undertaken with STP colleagues to agree on an enhanced triage service requiring 3 additional consultant triage sessions per week to be allocated in consultant job plans. This is currently being reviewed by the deputy CMO for implementation. Clear screens are being placed between patient bed spaces on all four of our Endoscopy units to improve capacity whilst maintaining necessary IPC standards. Air scrubbers have been provided by the regional team to support the improved air exchange in the upper GI endoscopic procedure rooms to support improved utilisation and capacity.

Outpatients – The national expectation is that we achieve 100% of Outpatient activity from September onwards. However, due to some limitations with staff vacancies and physical

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space we are estimating achievement of 86.4% at March 2021. We will continue to strive to gain further improvements on this during the year as technologies are implemented to support remote and virtual consultations. As a system, we remain focused on delivering a 30% reduction in outpatient follow up levels. We are increasing virtual outpatient activity further from week commencing 2nd November using accommodation at Worcestershire County Hall for clinicians to use as a protected virtual clinic service.

Elective – We anticipate delivering 78.6% of last year's day case activity by March 2021 and 69.7% of our inpatient stays. This is being impacted by current staffing levels, current theatre capacity and bed capacity. However, we continue to review other interventions that will improve these predictions further. New national contract arrangements relating to the Independent Sector (IS) will reduce activity levels. Theatre sessions in the IS were reduced from 46 to 22 per week on the 14th September and some IS providers have now indicated the removal of their capacity by January 2021. STP and Regional support has been requested to help support discussions with the IS providers as our plans are predicated on the continued use of the IS facilities beyond 31st March 2021.

Long Waits – the submission shows a significant increase in 52 week waits which are forecast to increase to 2134 by the end of March 2021. The operational and clinical teams have been focussed towards daily monitoring of the PTL (Patient Tracking List) in order to try to minimise the number of patient waiting over 52 weeks. This is a key focus of the Trust Performance Management Group.

3. High Impact Change (HIC) Programme

Appendix One summarises the HIC programme which was developed following the first wave of COVID-19. The Phase 3 letter and accompanying guidance was reviewed and mapped against the HIC programme to ensure that all requirements of the Phase 3 letter are captured in the scope of each HIC. Positive progress has been made, particularly with respect to the Virtual Outpatient Management. Progress during September and October includes:

Virtual Patient Management

- Clinical engagement sessions for all specialties to encourage uptake and adoption. A toolkit including a video will be available by end of November.
- All referrals have been moved to a Referral Assessment Service (RAS) meaning each service can triage the referrals to the appropriate place, including Advice & Guidance, non-face to face appointment, one stop clinics or face to face appointment (HIC1). Early data indicates good uptake and a shift in behaviour which will be reported more fully next month
- During October, electronic triage and one stop assessment clinics were piloted in Gynaecology. Learning will be shared to enable implementation within other specialties (HIC2).
- On line group sessions for patients have been introduced for Diabetes Dietetics / Pulmonary Rehab / Functional Restoration Programme) (HIC2).
- 'Attend Anywhere' has been piloted for non-face to face appointments (HIC2) and processes have been developed to support its application. A full roll out across all specialties is currently being planned.
- WAHT is participating in the national early adopters programme for Patient Initiated Follow Up and will be able to implement learning from the national team (HIC3).

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Phase 3 data suggests that 6224 consultant-led first outpatient attendances took place against a plan of 7845 appointments (-24%). This compares to 2334 consultant-led non face to face outpatient attendances, versus plan of 1848 (+21%).

Alignment with the system continues with risks arising from displacement of activity due to HIC implementation being proactively managed to minimise patient impact or cost shifting. A joint communique from commissioners and provider financial and operational leads has been shared as a short term agreement.

Flow and Discharge

- Flow from the Emergency Department (assessment Areas) (HIC5) and Discharge to Assess (HIC8) are being delivered through the Home First Worcestershire Programme.
- Discovery phase underway for 7 day working (HIC6) compared with the NHSE/I Service Review baseline data, broadened to include Allied Health Professionals and Clinical Nurse Specialists during November
- Scoping for the collaborative working HIC (HIC7) has included a baseline review of current “hospital at night” clinical and non-clinical resource; identification of “good practice” from other Trusts and reviewing DATIX information on serious incidents at night. An electronic bleep system and a hospital at night task management system are under consideration.

Workforce and Culture

- Virtual MDTs are in the process of being rolled out across all non-cancer specialties (HIC9).
- Transformation associated with remote, mobile and flexible working (HIC10) is being aligned to the requirements of the NHS People Plan and guidance for staff and managers for remote working has been issued. A policy for Home Working is under development.

A high level dashboard demonstrating benefits realised is being developed for the HIC programme, underpinned by more detailed dashboards for each HIC. This will be in place for December Board.

The current and any subsequent waves of COVID-19 and winter pressures are key risks to the delivery of the HIC programme as operational and clinical capacity will be focused on responding to operational requirements. Work on the HICs will continue where there is clinical and operational capacity to do so within individual specialties and where change will support ‘COVID ways of working’ (e.g. virtual appointments, virtual MDTs).

4. Implication for 2021/22 annual planning

Work to refine the phase 3 plan further has continued beyond submission on 21st September and into October. This has meant that annual planning discussions for 2021/22 have only recently commenced. Corporate annual planning leads met throughout October and early November to discuss the approach that WAHT could take to 2021/22 annual planning and have started discussions with the operational divisions. Clearly, planning for 2021/22 will be a more complex exercise in light of i) the impact of future waves of COVID-19 on activity levels and ii) operational capacity to engage in the process due to COVID-19

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and winter pressures between now and the end of the 2020/21 financial year. The unknown impact of future waves of COVID-19 will make it difficult to set a meaningful baseline on which to develop robust 2021/22 plans. A paper will be presented to CETM on 18th November 2020 which will outline a proposed approach, timeline and associated planning assumptions, along with the draft budget setting policy.

5. Risks and mitigation

Risk	Mitigation
Second and any subsequent phases of COVID-19 mean that phase 3 plans and HICs cannot be delivered	Ongoing monitoring of phase 3 activity Close working with system partners Maximising use of all of our sites and IS
Need to maintain infection control practices limit productivity	Use of virtual approaches where possible Ongoing review and implementation of IPC guidance Maximising use of all of our sites and IS
Financial penalties from failure to deliver against activity plan	Ongoing monitoring of phase 3 activity Close working with system partners Maximising use of all of our sites and IS
Sustaining staff wellbeing	Ongoing support offer to staff highlighted and developed further
Further redeployment of staff to cover COVID-19	Ongoing monitoring of phase 3 activity Utilisation of bank as appropriate
The ICS operating framework destabilises service delivery resulting in stranded costs	Alignment of agreed programmes of work Development of an agreed financial framework Continued strong dialogue with partners
The new financial operating framework results in misaligned incentives and behaviours with potential stranded costs	Influence and inform agreed financial framework and risk sharing arrangements with STP/ ICS Joint letter sent to clinicians from system finance and operational directors to support HIC delivery

Conclusion

- Achievement of the Phase 3 plan will continue to be challenging given challenges presented by COVID-19 and winter pressures
- The HIC programme has had a positive impact on achievement of some of the requirements of the Phase 3 national guidance and phase 3 plans, especially for outpatients
- Planning for 2021/22 has commences, but will be a challenging exercise

Recommendations

It is recommended that the Board:

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

Appendices - Appendix 1: High Impact Change Programme

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Appendix One

Recovery & Reset Programme

10 Initial COVID High Impact Changes to Embed and Amplify



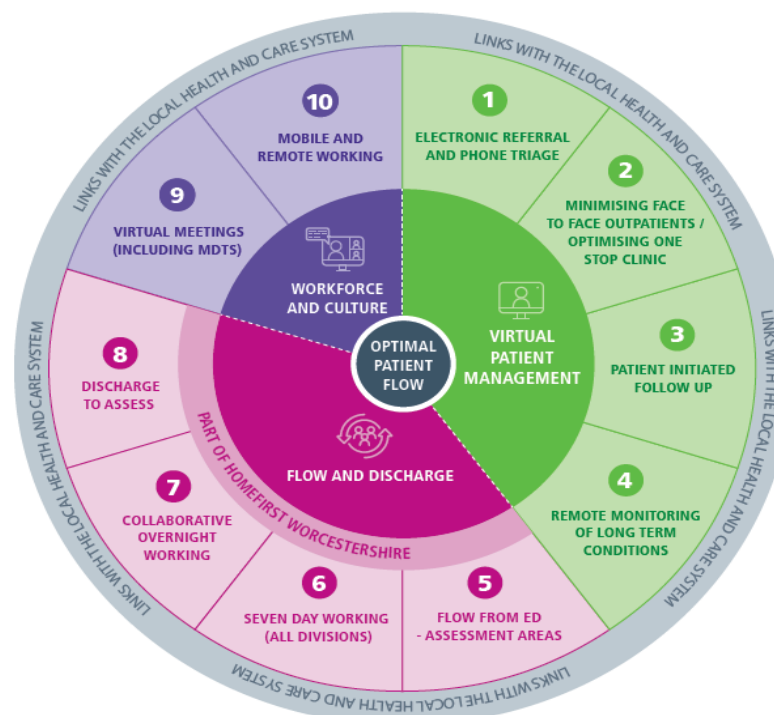
WORKFORCE AND CULTURE

9. All team meetings, including MDTs, should take place virtually where appropriate
10. Staff will be enabled to work remotely when role and task make this possible



FLOW AND DISCHARGE

5. Flow from ED will be improved by functioning clinical assessment areas
6. Seven day working will be implemented by all divisions
7. Collaborative overnight working will be implemented (including staffing model)
8. Improvements in bed capacity will be sustained through an improved system approach to discharge processes



VIRTUAL PATIENT MANAGEMENT

1. All referrals into the organisation will be received / managed electronically (including GP advice & guidance) & triaged by a clinician virtually
2. Face to face outpatients will be minimised and the use of one stop clinics will be optimised
3. All follow up appointments will be patient initiated unless clinically necessary
4. Long term conditions will be monitored remotely to reduce outpatient appointments, support early discharge and support admission avoidance

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

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

CROSS-CUTTING THEMES

Digital | Estates | Finance | Workforce & culture: Covid "we do this by" | Quality improvement | Communications & engagement

Meeting	Trust Board
Date of meeting	12 November 2020
Paper number	E1

Integrated Performance Report – Month 6 – 2020/21

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

Alignment to the Trust's strategic objectives

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

Committee/Group	Date	Outcome
TME	21 st October 2020	Approved
Finance & Performance	28 th October 2020	Assured
Quality Governance	29 th October 2020	Assured

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

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

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

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Paper number	E1

Issues and options

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

The areas of most concern are:

The impact of COVID-19 on elective activity

We are seeing an increasing admission conversion rate for patients requiring emergency care, and in order to ensure we have enough beds to cope with the second wave of COVID-19 we have had to ring fence a number of beds for COVID-19 positive and COVID-19 suspected patients. This is constantly under review and changes frequently.

Although we have been successful in changing the profile of our elective waiting list recently, (with more under 18 week waiters than above 18 week waiters), the impact of more COVID-19 admissions and more beds being ring fenced to cope with future demand, puts our restoration activity plan at risk and patients who require elective surgery continue to wait longer than we would like.

The impact of hospital acquired infections

Currently, the Trust is experiencing an increase in hospital acquired COVID-19 infections with transmission occurring between patients on wards, staff to patients and patients to staff. This increase is following a similar pattern to some of our regional peers.

The closure of beds to enable compliance with Infection Prevention guidance and an increase in asymptomatic patients attending the Trust, puts further pressure on the beds that we can have available for elective inpatients, thus further putting the phase 3 plan at risk.

The Trust is working hard to remind staff on their duty of compliance to infection control standards. Following the recent lockdown announcement, all appropriate opportunities for remote working are being provided to staff this will reduce footfall on all hospital sites.

Escalated actions are being taken in response to a significant rise in MSSA cases. This includes the MSSA Review Group working with all divisions and reporting on their focussed action plans to address the rise.

Specialty Medicine have implemented a weekly group meeting with all Ward Managers and Matrons and are implementing a daily audit of the care of peripheral cannulae with recording onto WREN, in order to ensure all staff at clinical level are engaged in the improvement work.

Medical staff are also being involved via reviews of cannulae on ward rounds. This model has been shared with other divisions via the review group and they are revising their own local plans.

Demonstrating well-being for staff

As many staff, clinical and non-clinical, continue to work in unprecedented working environments there is evidence that the well-being of staff needs an increase focus during the second wave.

The number of staff absence due to mental health related conditions is monitored on a daily

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basis and we are seeing normal levels currently. However, due to increased COVID-19 infection rates we are starting to see an increase in absence due to self-isolation and track and trace which in turn will have an impact on staffing levels and the requirement to rotate staff internally, and the use of temporary staff to maintain safe staffing levels.

An updated Health and Well-Being offer has been developed and Herefordshire and Worcestershire Health & Care Trust are working on a system offer but the timescale has not yet been confirmed.

Our current staff offer includes an individual occupational health risk assessment, free 24-hour counselling, access to a range of wellbeing apps, mental health first aid training, the manager's toolkit and bespoke support from our health psychology team.

Our Financial Position

Against our internal £(78.9)m operational plan (Budget), the profiled month 6 (September 2020) deficit was £(8.2)m vs Plan of £(6.7)m, recognising these are contrasting to a very different financial framework and activity position. The deficit has increased in month by £(1.7)m from £(6.5)m in month 5 principally due to increased Non PbR items and clinical supplies. Our year to date deficit £(37.6)m vs plan £(40.3)m; however as a result of the interim COVID-19 framework and suspension of PbR, income is then matched to cost resulting in a breakeven position under the NHSI Finance Framework.

Our incremental costs (included in the above) in response to COVID-19 reduced marginally between August and September at c.£0.9m with our year to date COVID-19 expenditure at c.£8.5m

Favourable operating expenditure variances against our internal budget, (month £0.4m and Year to date £12.2m) despite incurring £0.9m of incremental in month COVID-19 costs which continue albeit at a reduced level as a result of the paused / reduced levels of service provision. Expenditure in month is above that determined within the NHSI Finance Framework – Month 6 £(1.4)m, although remains below the NHSI Financial Framework year to date figure of £2.9m.

Our operating cost base has continued an upward trend, particularly within non pay as our bed occupancy increases and services re-start. Demand for temporary staffing increased marginally in September. Our reliance on bank and agency is forecast to increase and we have a continued focus and effort on demonstrating robust grip and control of our temporary workforce.

The financial architecture for the remainder of the financial year (Phase 3) includes an Elective Incentive Scheme applicable from September 2020. Where elective (Daycase, Elective and Outpatient) activity levels do not meet the nationally set trajectories a proportion of funding may be withheld. The guidance does not require an adjustment to the financial position for September, although it is estimated that the Trust activity levels would have resulted in a c.£0.6m penalty this month, if applied.

The phase 3 modelling shows a financial gap for the Herefordshire and Worcestershire ICS, prior to any impact of the Elective Incentive Scheme. The Trust gap over the period to March 2021 is c.£7m, driven primarily by anomalies in the national funding formula. We are

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continuing to assess mitigations to further reduce the system gap.

Recommendations

The Board is asked to note this report for assurance.

Appendices

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

Trust Board

12th November 2020

September 2020
Month 6

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

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Operational Performance

Operational Performance Report - Headlines

Operational Performance	Comments
Urgent care and patient flow including Home First Worcestershire	<ul style="list-style-type: none"> The number of ED attendances was lower in September than the previous month. This has continued into October also, and may be due to people becoming more anxious about the rise in COVID-19 infections in the county. However, the pressure for inpatient beds remains with 25% ring-fenced for red, cohort and purple pathways. We had four 12 hour trolley breaches and the number of ambulance handover breaches increased. Our focus remains on maintaining the balance of beds available for COVID-19 cohort management, maximising our weekend discharges and ensuring that our site management runs effectively.
RTT	<ul style="list-style-type: none"> The total waiting list has increased again, although we are now in a position where over half our patients are waiting less than 18 weeks, a change to the previous month. This is a combination of more patients being added to the waiting list and a reduction in those waiting over 18 weeks. However our longest waiters, those in the 40+ weeks group, continues to rise with surgical specialties under the most pressure to find capacity to reduce the backlog.
Cancer	<ul style="list-style-type: none"> 2WW referrals in-month have increased to pre-COVID-19 levels with all specialties seeing an increase. Three specialties are challenged with the demand to see their patients within 14 days; these are Lung, Upper GI and Breast with waiting time performance partly offset by the improvements seen in Urology. 31 Day wait for treatment is below the waiting times standard with 17 patients breaching. This is the third time this financial year that we have been below this standard; in the previous year, this only happened once. We have reduced the backlog of patients waiting over 62 days for treatment but this will not yet improve the cancer waiting times 62 days standard. We have also achieved a reduction in the number of patients waiting over 104 days.
Diagnostics	<ul style="list-style-type: none"> The proportion of patients waiting over 6 weeks has reduced, with all modalities increasing their activity, most noticeably in Radiology.
Outpatients	<ul style="list-style-type: none"> There has been a further increase in both new and follow-up outpatient appointments in-line with Trust plans to restore activity. Nearly 48% of follow-up appointments took place non-face-to-face.
Theatres	<ul style="list-style-type: none"> Of the available theatre capacity we have in the Trust we increased our utilisation to 70%.

12 Hour Breaches	Ambulance Handover Delays (Home First Programme metric)			Average Occupancy			
	15-30 mins	30-60 mins	60+ mins				
4	979	188	67	WRH	87.97%	ALX	58.75%

What does the data tell us?

- **EAS** - The overall Trust EAS performance which includes KTC and HACW MIUs decreased to 83.15% in Sep-20, compared to 88.05% in Aug-20. The EAS performance at WRH decreased by 10.34 percentage points with 312 **fewer** ED attendances and 618 **more** 4 hour breaches than August (September breaches – 1,928). The ALX EAS also decreased, but only by 0.67 percentage points, with 204 **fewer** attendances and 9 **more** 4 hour breaches (September breaches – 528). Total Type 1 attendances across ALX and WRH was 11,084; a 4.45% **decrease** on the previous month and a 1.88% **decrease** on Sep-19.
- **Conversion rates** - 3,167 Type 1 patients were admitted; a conversion rate of 29.33%. The conversion rate at WRH was 31.75% and the ALX was 25.98%. The conversion rate at WRH in Sep-20 compared to Sep-19 is 4.34 percentage points higher continuing the recent trend of higher patient acuity for people requiring urgent care.
- **Ambulance Handovers** - There were 67 60 minute ambulance handover delays; all but one of those were at WRH. These ambulance handover breaches occurred on 25 individual days, only 5 days of September experienced no delays.
- **12 hour trolley breaches** – There were 4 reported 12 hour trolley breaches in September, but we are reporting zero in October to date (up to 11th). We have now reported five 12 hour trolley breaches in 20/21 compared to 409 by the end of September 19/20.
- **Specialty Review times** – Specialty Review times remain a concern with the recording of the arrival time not consistently being captured. Therefore, it is difficult to report accurately, both internally and to partners, how many patients are being seen within 30, and 60, minutes.
- **15 minute time to triage** – The Trust performance is 90.71%, the target is 95%. The ALX improved it's performance whilst WRH deteriorated; however both remain within normal variation of their re-based performance.
- **Discharges** – The percentage of discharges compared to admissions at the WRH has been between 64% and 151% and fluctuates significantly from day to day – the target is 100%. The ALX has a similar profile with the range between 42% and 160%. Before midday discharges are on an increasing trajectory, however there is still a lower performance on weekends. The number of patients with a length of stay in excess of 21 days decreased from 44 (at 31st August) to 34 (at 30th September) and 7 of those were deemed clinically optimised.

What have we been doing?

- Piloting our changes to the shift patterns by adjusting the medical staffing models as advised by ECIST
- Supporting the business case for the expansion of non-elective footprint.
- Golden patients are being identified but are being delayed due to the EDS and TTOs still not being completed the day before.
- We have recruited to the matron posts which means we have cover across both sites 24/7. We have been trialling two Clinical Site Managers at night at WRH – the feedback so far is that this has improved the site management.
- A SOP has been written for how the bed meetings will be run which will enable a consistent approach across our sites.
- Weekend planning – an updated, comprehensive, process has been in place since July. Weekends are consistently reviewed to identify what has worked and what has not. The learning is then shared so the processes changes are agile and dynamic from week to week.
- Board rounds – the importance of early board rounds has been re-emphasised and this has led to more collaboration with the SAFER work stream.
- Discharge Lounge – we have listened to feedback regarding reasons that patients are not being sent to the Discharge Lounge. These have been addressed so reducing the reasons not to send the patients earlier in the day.
- We have been in communication with our transport providers to discuss increasing capacity to meet demand. A forum has been set up at matron level regarding specific patient challenges experienced in the week.

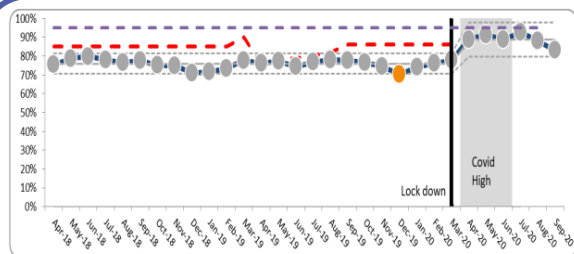
What are we doing next?

- Recruitment and retention package of medics to go back to Trust Management Executive in November
- Primary Care Streaming (GP in ED) – The contract for this service expired in March and an extension to the end of December was approved with work now being done to review so a new contract can be negotiated
- Four wards in WRH have started 7+ day reviews the results of which will be reported on in mid-November
- Clinical divisional leads have asked for direct escalation if there are delays to timely discharge

Total time in A&E – 95 th percentile (Target – 360 mins)	Overnight Bed Capacity Gap (Target – 0)	30 day re-admission rate	Aggregated patient delay (APD) (Target – 0)	Discharges as a % of admissions – (Target >100%)			
581	29 Beds	3.65%	383	WRH	101.2%	ALX	96.5%
What does the data tell us? <ul style="list-style-type: none">• Specialty Review times – Specialty Review times remain a concern with the recording of the arrival time not consistently being captured. Therefore, it is difficult to report accurately, both internally and to partners, how many patients are being seen within 30, and 60, minutes.• Discharges – The percentage of discharges compared to admissions at the WRH has been between 64% and 151% and fluctuates significantly from day to day – the target is 100%. The ALX has a similar profile with the range between 42% and 160%. Before midday discharges are on an increasing trajectory, however there is still a lower performance on weekends. The number of patients with a length of stay in excess of 21 days decreased from 44 (at 31st August) to 34 (at 30th September) and 7 of those were deemed clinically optimised.• Total Time in A&E: The 95th percentile for patients total time in the Emergency departments has increased from 489 in August to 581 minutes. The allocation and availability of the bed type needed has contributed towards this. This metric is showing normal variation, but the statistical process chart indicates we will not achieve our target without intervention.• Occupancy - G&A bed occupancy averaged at 74.37% across the Trust, with WRH fluctuating week on week in September to as high as 93% but ending the month at 84%. The ALX also fluctuated week on week to 63% at month end and only went over 65% on one day. Overnight bed capacity has increased to an average of 5 per night at WRH and 3 per night at ALX. Although bed type has been one of the main contributions to this i.e. having a clinically suspected COVID-19 or Green bed available.• Bed Capacity - We have increased our bed base by opening previously closed wards at the ALX. Our G&A bed base is current 761, but with closed wards and unused beds during August it averaged 679.• The 30 day re-admission rate has reduced slightly after several months of increasing, and although it is within normal variation the control limits are wide which indicates a change during COVID-19 that we have not yet got control of.• Aggregated patient delay (total time in department for admitted patients only per 100 patients – above 6 hours) – this is now not within the control limits following the re-base post COVID-19, although . The statistical process chart indicates we will not achieve the target of 0 without intervention.• We have no corridor care at either site. <i>Please note: the corridor is used for some triage activity but not treatments.</i>			What are we doing next (cont.) <ul style="list-style-type: none">• Ensure that new post holders are fully inducted and aware of the processes at, and across, our sites with an induction pack to be completed by mid-October. This will go to all stakeholders for comment and the finalised induction process will be in place by early November.• Monitoring of timeliness of Board rounds will continue• Ensuring that any OCT patients in the Discharge Lounge by 12pm are going home on the same day. Our target is that 25% of all discharges will go via the Discharge Lounge• Escalation management plan – this is still being finalised and should be completed and communicated by the end of October with the next steps being significant – alignment of triggers for the escalation policy and the SAFER work stream is crucial for delivery.				
Assurance Level: 5			When expected to move to next level of assurance: Q4 – depending on the management and impact of COVID-19 second wave and the development of the Worcestershire Royal AMU model				
Previous assurance level: No previous assurance level			SRO: Paul Brennan				

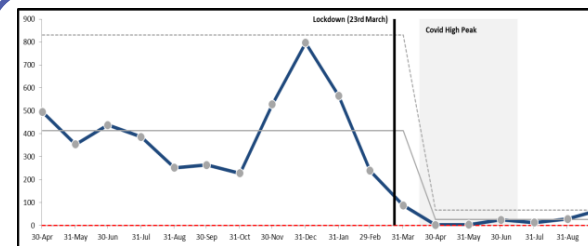
4 Hour EAS
(all)

83.15%



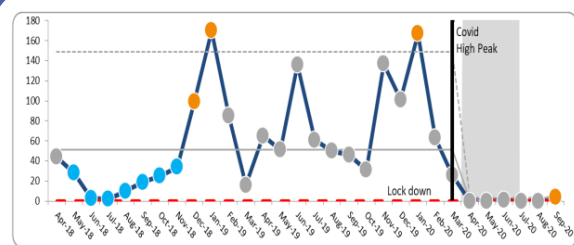
60 minute
Ambulance
Handover
Delays

67



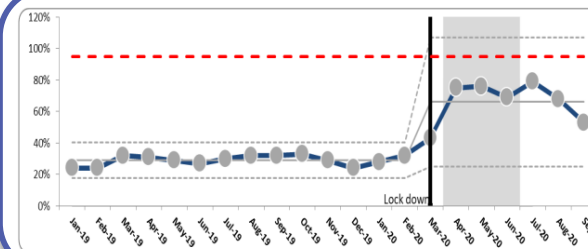
12 Hour
Trolley
Breaches

4



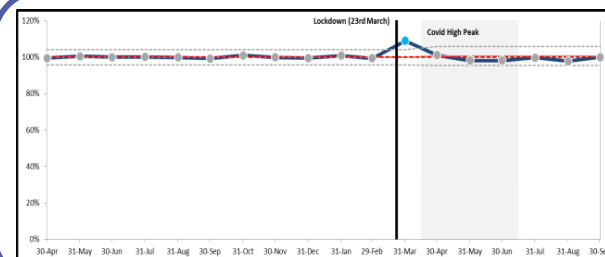
Specialty
Review
within 1
hour

53%



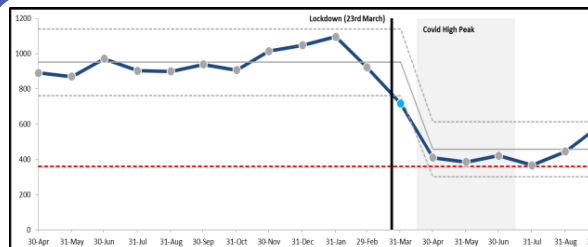
Discharge as
a percentage
of
admissions

100%



Total time
spent in A&E
(95th
Percentile)

581



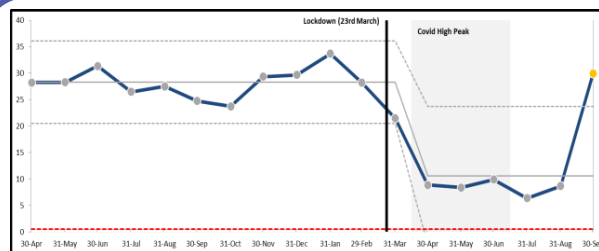
Please note: These SPC charts have been re-based to evidence if any changes in performance, post the initial COVID-19 high peak, are now common or special cause variation.

Key

- Internal target
- Operational standard

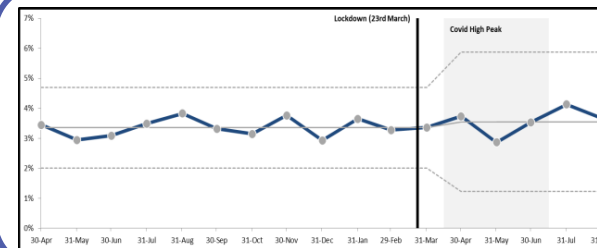
Capacity Gap (Daily avg. excl. EL)

29.4



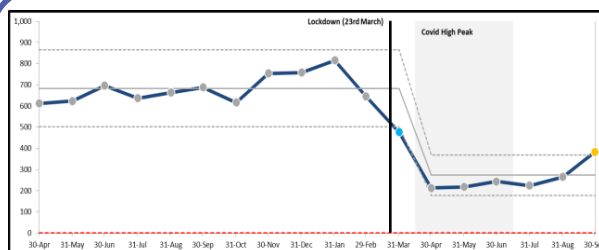
30 day readmission rate for same clinical condition (August-20)

3.65%



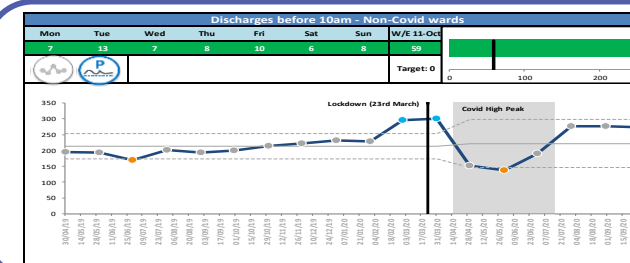
Aggregated Patient Delay (APD)

383



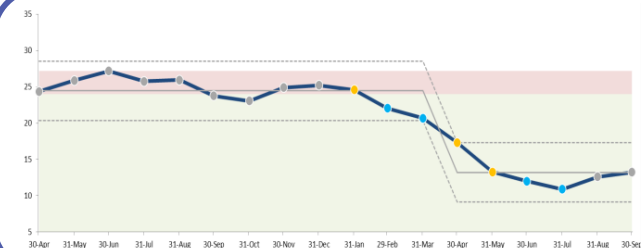
Discharges before 10am (Non COVID-19 wards)

273



Average LOS in hours in AMU – Zone 2 (in hours) (Trust)

13



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

Key

- Internal target
- Operational standard

National Benchmarking (September 2020)

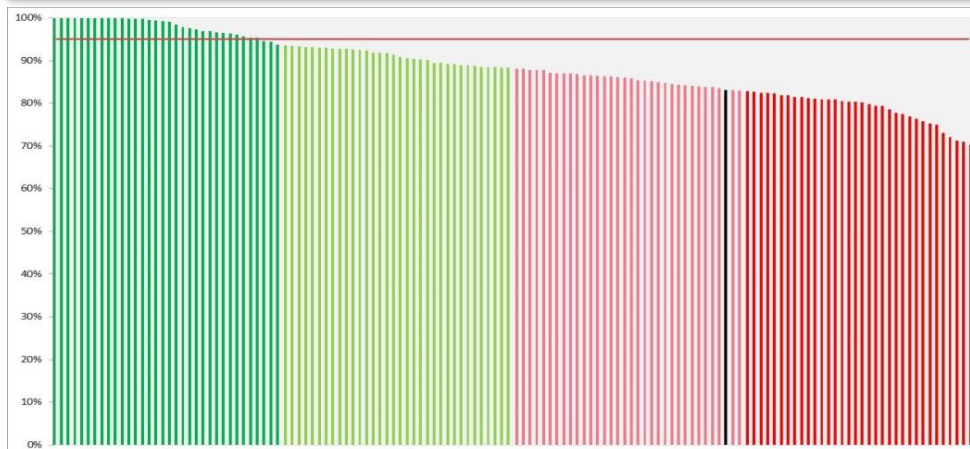
EAS (All) - The Trust was one of 11 of 13 West Midlands Trusts which saw a decrease in performance between August and September. This Trust was ranked 7th of 13; we were 6th previous month. The peer group performance ranged from 71.21% to 92.82% with a peer group average of 83.14%; decreasing from 88% the previous month.

The England average for September was 87.70%, a 1.6 percentage point decrease from 89.3%, in August.

EAS (Type 1) - The Trust was one of 11 of 13 West Midlands Trusts which saw a decrease in performance between August and September. This Trust was ranked 7th of 13; where we were 6th previous month. The peer group performance ranged from 64.13% to 92.72% with a peer group average of 77.26%; decreasing from 84.91% the previous month.

The England average for September was 81.60%, a 2.8 percentage point decrease from 84.40%, in August.

EAS – % in 4 hours or less (All)



EAS – % in 4 hours or less (Type 1)



■ WAHT — Operational Standard 95%

Operational Performance: Cancer

2.4 - Ensure timely access to diagnostics and treatment for all urgent cancer care

Cancer Referrals	Patients seen within 14 days (2WW) (All Cancers)	Patients seen within 14 days (2WW) Breast Symptomatic	Patients treated within 31 days	Patients treated within 62 days	Backlog of patients waiting 62+ days	Of which, patients waiting 104+ days
2,225	85.72% (1,884 total seen)	82.95% (88 total seen)	98.15% (271 total treated)	69.21% (177 total treated)	205	52

What does the data tells us?

- **Referrals:** After a decline in referrals between Jul-20 and Aug-20, there have been 415 more referrals in Sep-20, a 22.9% increase. Jan-20 was the last time this calendar year that we received this number of referrals and every specialty saw an increase, with the largest increase seen in Gynaecology (+96 on the previous month).
- **2WW:** The Trust saw 6.12% more patients in Sep-20 than Aug-20 and 85.72% were within 14 days. Although four specialties were below the 93% standard, Lung Upper GI and Breast are of most concern.
 - Lung has had significant staffing issues with annual leave and sickness. Upper GI need to resolve some issues relating to physical space and location. The other specialty is urology, however they have seen more patients and had fewer breaches than in Jul-20 and Aug-20.
- Of the 269 breaches, 153 (56.5%) were attributable to Upper GI with the diagnostic pathway continuing to impact timeliness of appointments. Across all tumour sites, 74 2WW breaches were due to patient choice.
- **2WW Breast Symptomatic:** The Trust saw more patients referred for breast symptoms but their waiting time performance improved to 82.95% in Sep-20 from 78.65% in Aug-20.
- **Conversion rates:** Delays in diagnoses for patients, due to diagnostic test delays and reduced number of MDT meetings, means that currently a lot of patients remain as suspected primary. Therefore this makes understanding current conversion rates difficult to calculate. 31 Day: Of the 250 patients treated in Sep-20, 234 waited less than 31 days for their first definitive treatment from receiving their diagnosis; 16 patients breached with 8 of those associated with Urology.
- **62 Day:** There have been 177.0 recorded first treatments in Sep-20 to date, the most this calendar year, and 69.21% were within 62 days. This is currently 6 more treatments than in Aug-20 and 5.5 more than Sep-19.
- **Backlog:** The number of patients waiting 63+ days for their diagnosis and, if necessary, treatment has decreased from 255 in Aug-20 to 205 in Sep-20; this is tracking under our September phase 3 target of 268. Of that cohort, the number of patients waiting 104 days or more is down from 107 to 52, back to the number of patients in the months leading up to national lockdown. Colorectal and urology continue to contribute the most patients to this waiting list. 8 patients are waiting for diagnosis or treatment at a tertiary centre; down from 10 in Aug-20.

What have we been doing?

- Managing demand of referrals
- Colorectal and Urology are being micro managed to ensure patients are dated.

What are we doing next?

- Endoscopy – Colon/ OGD procedures to be triaged into category by consultants before dating with priority 1 - 3 scopes being dated.
- Discussions with the Deputy Medical Officer are taking place to about making MDTs twice weekly again as having one MDT session per week is delaying transfer of patients to diagnostics, which means patients already have delays in their pathway.

Assurance Level: 4

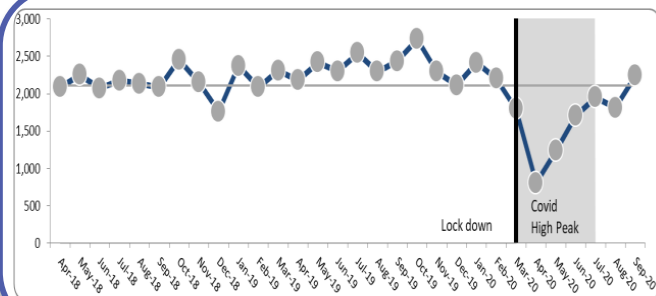
When expected to move to next level of assurance: Phase 3 modelling is focussing on delivering the 62 day standard by Mar-21

Previous Assurance Level: No previous assurance level

SRO: Paul Brennan

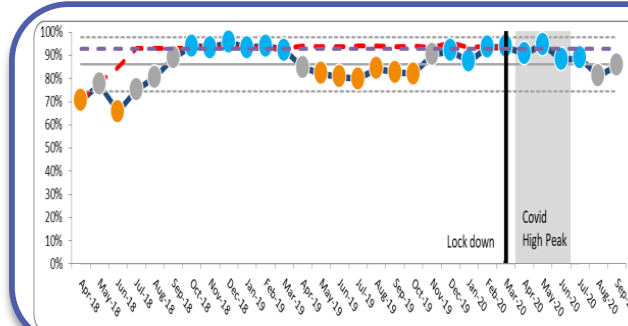
2WW
Referrals

2,225



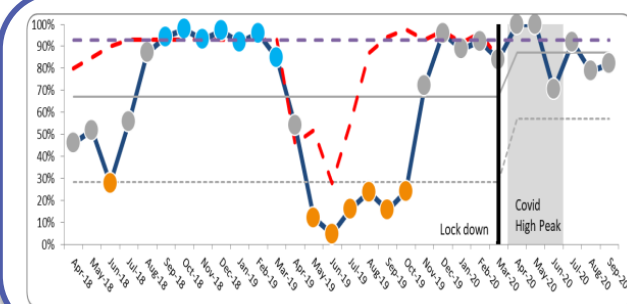
Cancer
2WW All

85.72%



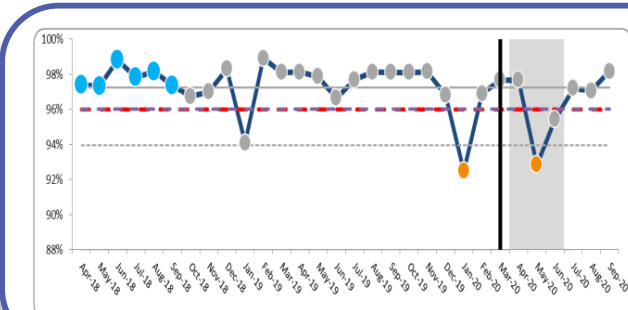
Cancer 2WW
Breast
Symptomatic

82.95%



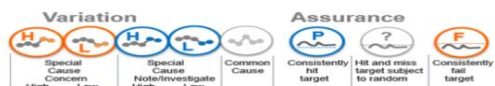
Cancer
31 Day
All

98.15%



Key

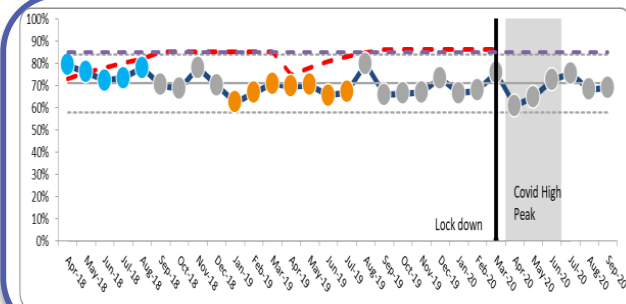
- Internal target
- Operational standard



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

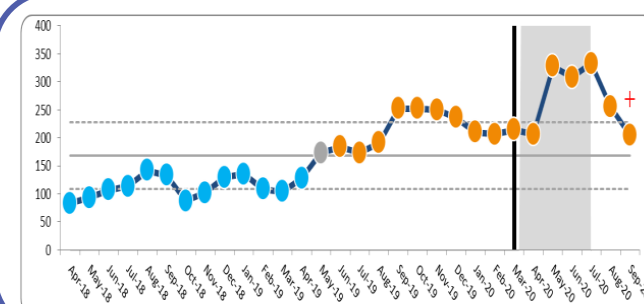
Cancer
62 Day
All

69.21%



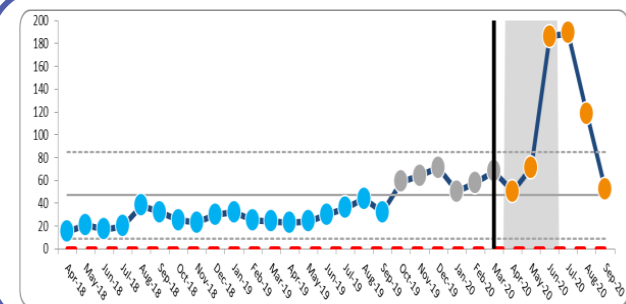
Backlog
63+ Day
Waiters

205

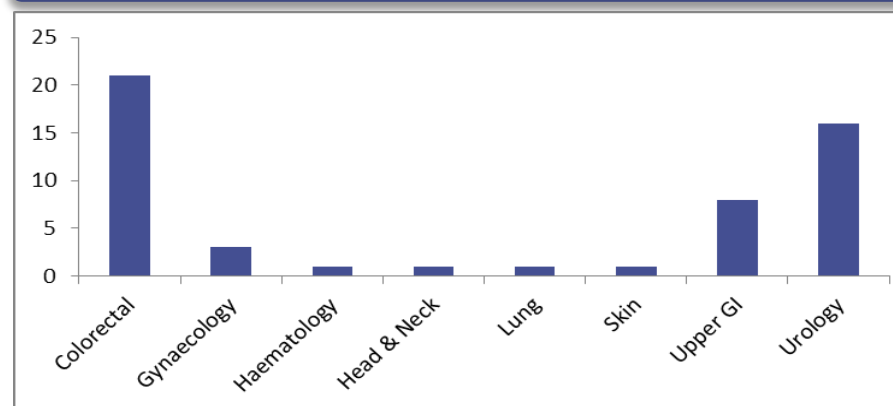


Backlog
104+ Day
Waiters

52



104+ Day Backlog profile by specialty



Key

- + phase 3 target
- Internal target
- Operational standard

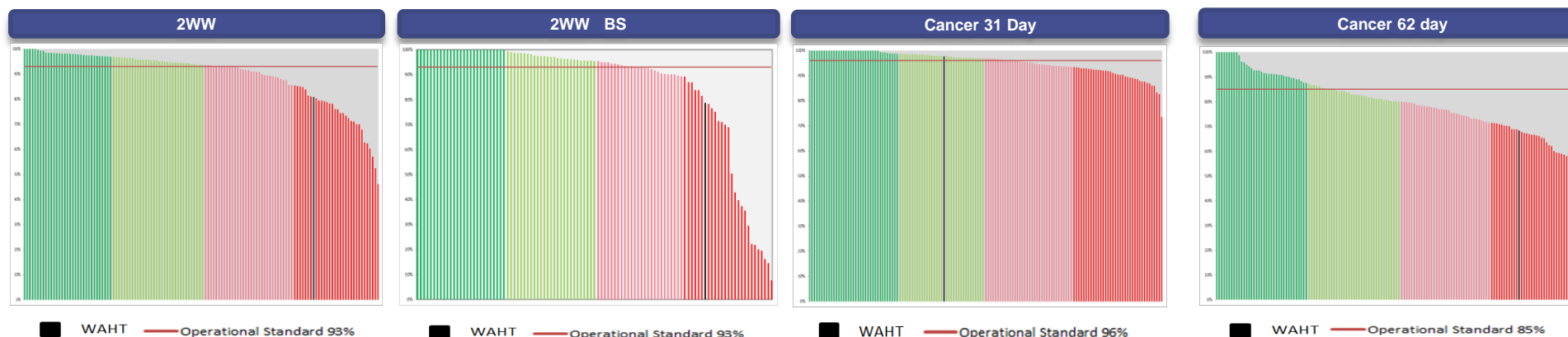
National Benchmarking (August 2020)

2WW: The Trust was 10 of the 13 West Midlands Trusts which saw a decrease in performance between July and August. This Trust ranking stayed the same at 11th out of 13. The peer group performance ranged from 46.12% to 97.35% with a peer group average of 90.82%; decreasing from 94.10% the previous month. The England average for August 2020 was 87.76%, a 2.62 percentage point decrease from 90.38% in July

2WW BS: The Trust was one of 13 of the 13 West Midlands Trusts who saw a decrease in performance between July and August. This Trust was ranked 11 of 12. The peer group performance ranged from 15.84% to 100% with a peer group average of 96.81%; decreasing from 96.81% the previous month. The England average for August 2020 was 82.28%, a 4.15 percentage point decrease from 86.43%, in July.

31 days: The Trust was one of 6 of the 12 West Midlands Trusts who saw an increase in performance between July and August. This Trust was ranked 5th of 12. The peer group performance ranged from 85.96% to 100% with a peer group average of 94.04%; decreasing from 95.24% the previous month. The England average for August 2020 was 94.53%, a 4.48 percentage point increase from 90.05%, in July

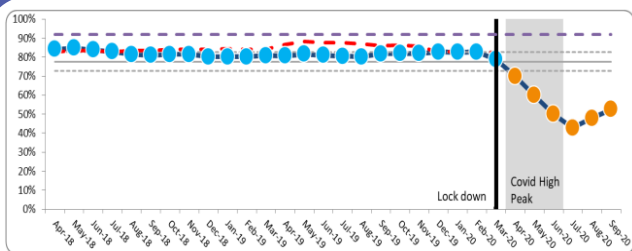
62 Days: The Trust was one of 6 of the 13 in the West Midlands Trusts who saw an in decrease in performance between July and August. This Trust maintained its position of 12th of 13. The peer group performance ranged from 57.79% to 83.65% with a peer group average of 71.83%; decreasing from 73.84%; the previous month. The England average for August 2020 was 77.94%, 0.47 percentage point decrease from 78.41% in July.



Percentage of patients on a consultant led pathway waiting less than 18 weeks for their first definitive treatment	Total Waiting List	Number of patients waiting over 18 weeks	Number of patients waiting 40 to 52 weeks or more for their first definitive treatment	52+ weeks	RTT Referrals (Routine and Urgent) received
53.03%	40,055	19,130	4,497	1,403	5,023
What does the data tells us? <ul style="list-style-type: none"> The Trust has seen a 4.12% increase in the overall wait list size in Sep-20 compared to Aug-20; from 38,511 to 40,055 The number of patients over 18 weeks who were unable to be treated has dropped below 20,000, with a reduction of 1,065 patients from Aug-20's list. The combination of a larger waiting list with new patients being added to it and another reduction in the total number of patients above 18 weeks has seen an improvement in RTT performance from 47.84% in Aug-20 to 53.03% in Sep-20, the first time since May-20 where more than half of our patients are waiting less than 18 weeks. However, the Trust is reporting 4,497 patients waiting over 40 weeks for treatment, and 1,403 of those patients waiting over 52 weeks. NHSEI have requested that patients waiting 76 weeks and over is a priority cohort for treatment; this is currently 8 patients. Surgical specialties contribute 69% of all breached patients, up from 55% in Aug-20. The following specialties have more than 1,000 patients waiting over 18 weeks; ophthalmology, general surgery, urology, ENT, oral surgery, T&O, and gynaecology. Gastroenterology is close behind with 977 breached patients at the time of writing. RTT referrals (urgent and routine) have decreased by 7.64% from Aug-20 to Sep-20 and 5,023 is 33% fewer referrals than Sep-19 when we had 7,574 referrals. Referral Assessment Services (RAS): In Sep-20, 2,627 referrals were received through this service to be triaged, which is a 242% increase from Aug-20. ENT has seen the largest increase, from 30 in Aug-20 to 457 in Sep-20, along with 6 other specialties with increases over 100. 1,605 (61%) of all referrals have been outcomed, and 63% of those were outcomed within 5 working days. 1,230 appointments have been booked, 57 referrals were cancelled but there remains 774 referrals awaiting action. Elective Planned: This waiting list has 8,942 patients and the vast majority (6,598) are awaiting an endoscopy. Of the total waiting list, 6,376 are within their repeat date but they do not yet have a TCI. 404 patients have passed their repeat date with no TCI set. 			What have we been doing? <ul style="list-style-type: none"> Specialties have been working to their intervention plans to undertake as much activity as they can within current constraints Escalation of long waiting patients to the appropriate consultants for review and validation Triage of all routine referrals to ensure appropriate patients receive face-to-face appointments Although limited, additional capacity is being provided through the use of the independent sector and waiting list initiatives What are we doing next? <ul style="list-style-type: none"> The clinical validation of surgical waiting lists project will produce a clinically validated waiting list that allows operating lists to run effectively, by: <ul style="list-style-type: none"> checking on a patient's condition and establishing any additional risk factors establishing the patient's wishes regarding treatment providing good communication with patient and carer and GP introducing the P5 and P6 categories that allows patients to postpone surgery but remain on the waiting lists The timescale for completing the national clinical validation of waiting lists has been extended to December 31st. 		
Assurance level: 4			When expected to move to next level of assurance: Q4 – depending on the management and impact of COVID-19 second wave		
Previous Assurance Level: No previous assurance level			SRO: Paul Brennan		

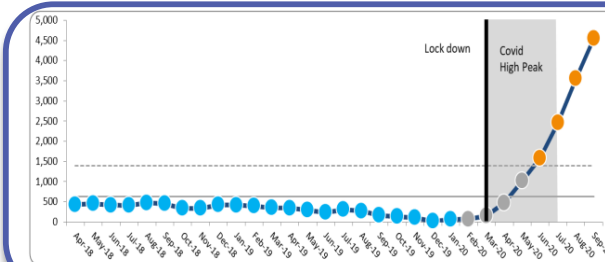
RTT
% within 18
weeks

52.78%



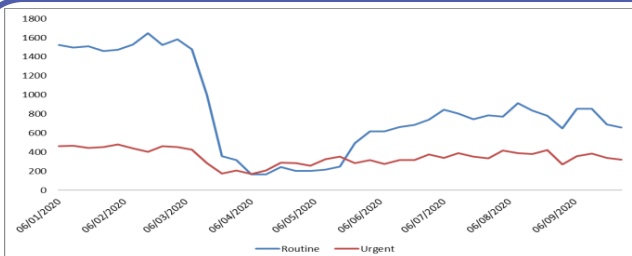
40-52
week waits

4,548



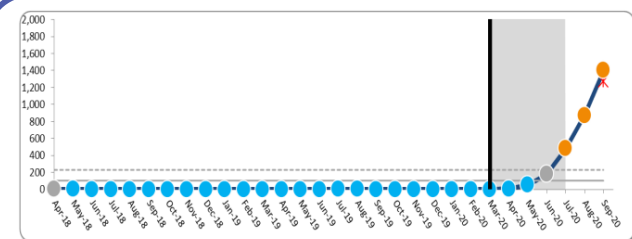
RTT
Referrals

4,967

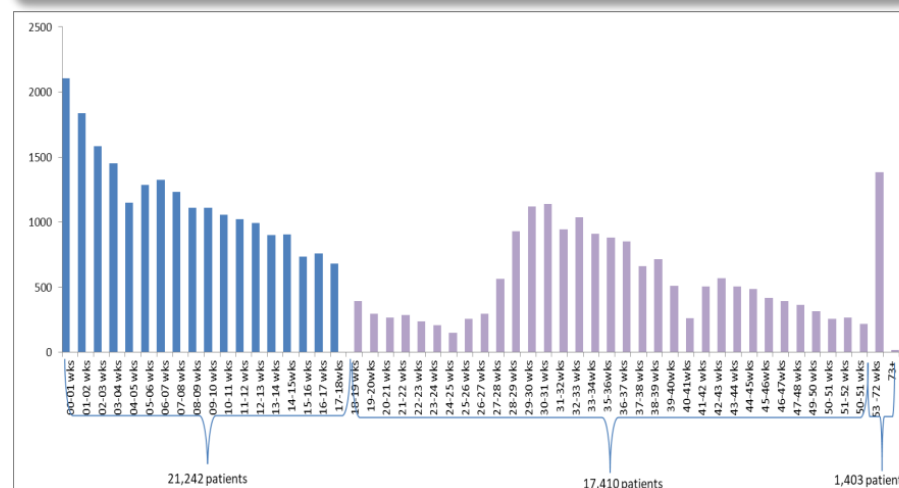


52+ week
waits

1,403



September RTT Waiting list profile split by 0-18, 18 - 52 and 52+ weeks

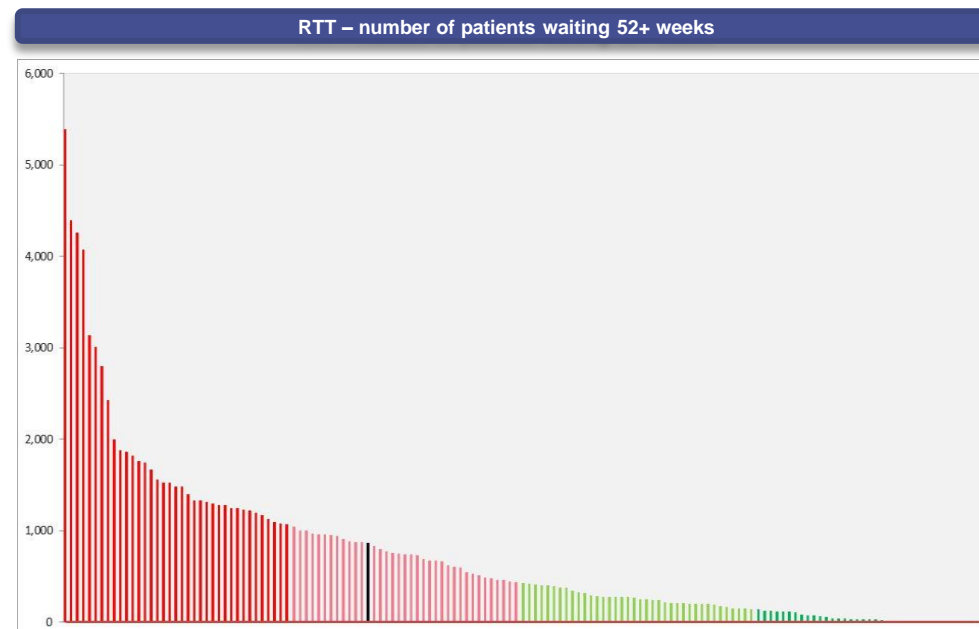
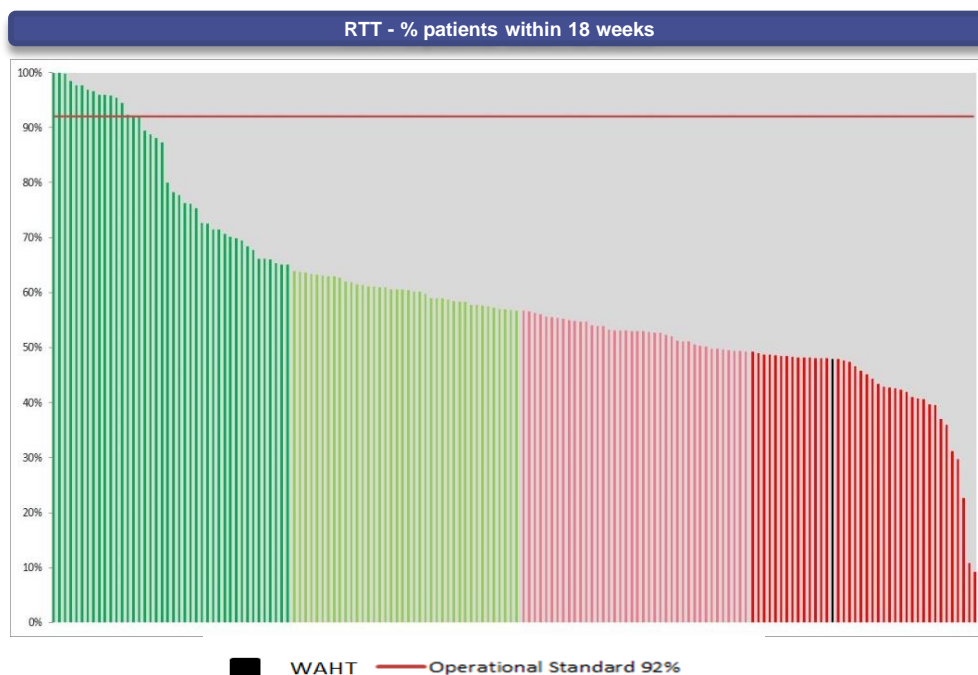


Key

- + phase 3 target
- Internal target
- Operational standard

National Benchmarking (August 2020) | The Trust was one of 12 of the 13 West Midlands Trusts who saw a increase in performance between July and August. This Trust is now ranked at 10 of 13 where the previous month we were ranked 9th. The peer group performance ranged from 37.09% to 75.54% with a peer group average of 52.54%; increasing from 45.44% the previous month. The England average for August 2020 was 56.6%, a 6.8 percentage point decrease from 46.8%, in July

Nationally, there were 111,206 patients waiting 52+ weeks, 873 (0.78%) of that cohort were our patients.



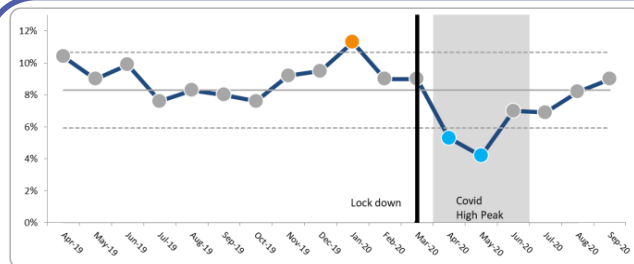
Operational Performance: Outpatients and Planned Admissions (including Phase 3)

2.4 - Maintain access to all emergency surgery (inc trauma) and triage elective waiting list to prioritise access for those at greatest risk of harm from delay

News Face to Face (excl OP* – all other activity)	News Non Face to Face (excl OP* – all other activity)	News % Non Face to Face	Follow ups Face to Face (excl OP* – all other activity)	Follow ups Non Face to Face (excl OP* – all other activity)	Follow ups % Non Face to Face	Total % Non Face to Face
10,123	2,410	19.23%	13,995	12,895	47.95%	38.82%
Outpatients - what does the data tell us? <ul style="list-style-type: none"> The Trust undertook 39,423 outpatient appointments in Sep-20. This is 7,365 fewer appointments than Sep-19 (84.26% of Sep-19 activity), and 7,928 more than Aug-20. When looking specifically at consultant led activity as captured in SUS, and in line with phase 3 restoration monitoring expectations, Sep-20 unvalidated activity is 73% of Sep-19; however we did achieve 93% of our submitted plan activity.. In Sep-19 2,018 non-face-to-face appointments took place which increased to 15,305 in Sep-20. That is 13,287 more appointments, an increase of 658.42% and represents 38.8% of all appointments in the month. 19,139 appointments that were scheduled for Sep-20 were cancelled with 15,053 being cancelled by the Trust and 4,086 cancelled by the patient. As at 13th October the outpatient backlog for new outpatients was 43,551 with 17,268 on an RTT pathway and 25,923 on a non-RTT pathway. Just over 9,200 patients had been dated but that does leave almost 35,000 not yet dated. Nearly 34,000 patients, of the total new outpatient waiting list are deemed to be routine. Looking specifically at our phase 3 plan (slide 19), we undertook 20,702 appointments against a target of 21,945. Our area of success was Consultant-led first outpatient attendances (telephone/video) where we were +486 to plan. Planned Admissions - what does the data tell us? <ul style="list-style-type: none"> On the day cancellations are still showing normal variation having been statistically lower for April and May. However, it is now above the mean for the period Apr-19 to Sep-20. Theatre utilisation remains within normal variation but it is clear that we have a long way to go to achieve pre-COVID utilisation in-line with the phase 3 elective activity plan. 882 planned admissions that were scheduled for Sep-20 were cancelled. 389 were cancelled by the trust (-19.62% decrease) and more notably 493 were patient cancellations, however this was a decrease of 11.96% compared to Aug 20. 			What have we been doing? <ul style="list-style-type: none"> Specialties have been working to their intervention plans to undertake as much activity as they can within current constraints What are we doing next? <ul style="list-style-type: none"> Interventions plans are being monitored to identify where specialties are on track or deviating from their plans to that any impact on achieving the phase 3 activity plans is understood. There are still delays on COVID-19 results impacting theatre. As a result, all patients still awaiting must now wait in their cars until their result is confirmed (if not already received). A process is being put in place to ensuring tests are completed in-house, and if necessary, as rapid tests (daily testing capacity allowing). 			
Assurance Level: 4			When expected to move to next level of assurance: Q4 – depending on the management and impact of COVID-19 second wave			
Previous Assurance Level: No previous assurance level			SRO: Paul Brennan			

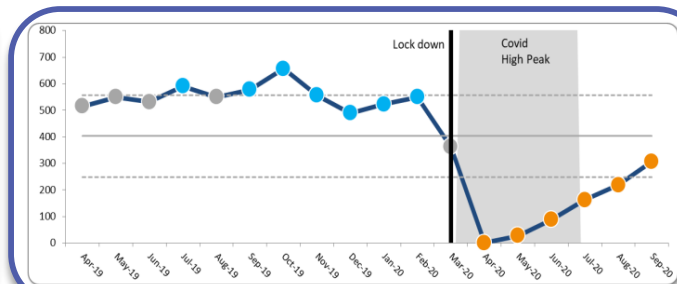
On the day
cancellation
as a
percentage
of scheduled
procedures
(%)

9%



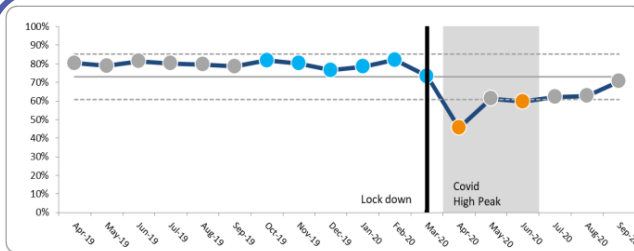
Electives on
elective
theatre
sessions (n)

307



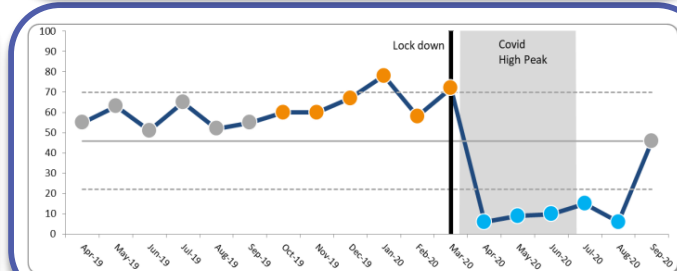
Actual
Theatre
session
utilisation
(%)

70.60%



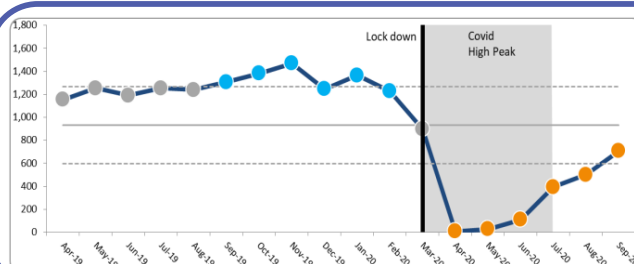
Non-
electives &
emergencies
on elective
theatre
sessions (n)

46

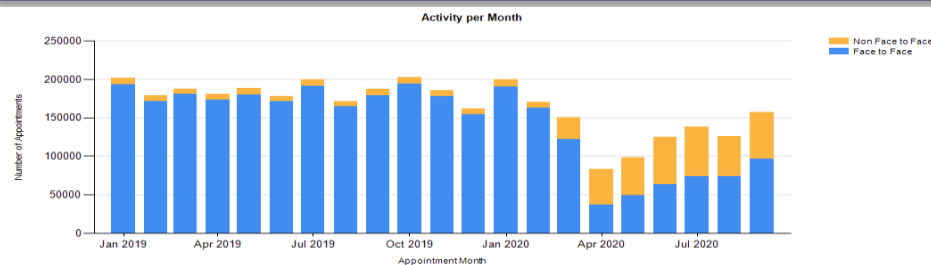


Day cases on
elective
theatre
sessions (n)

709

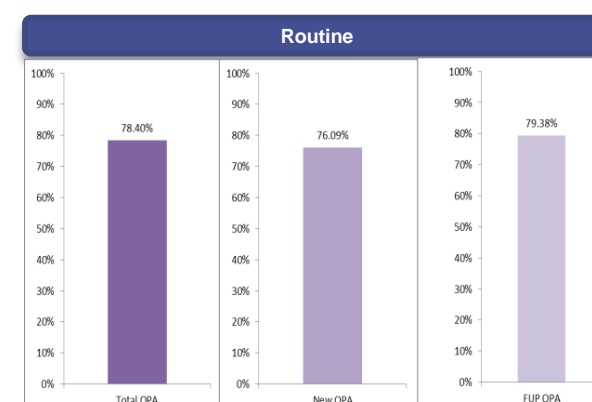
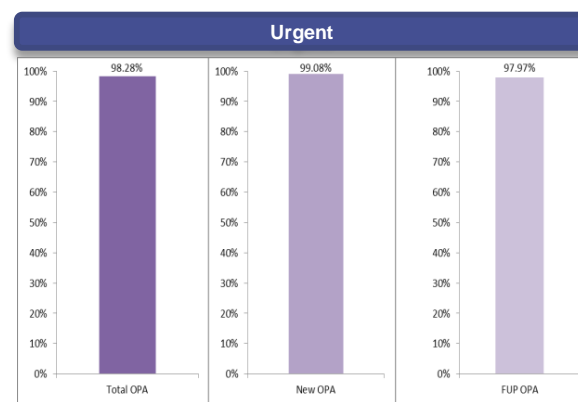
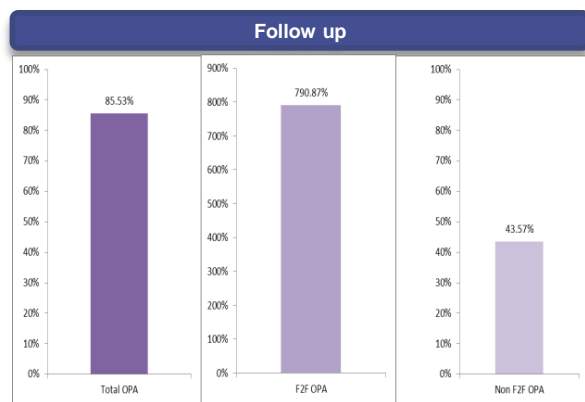
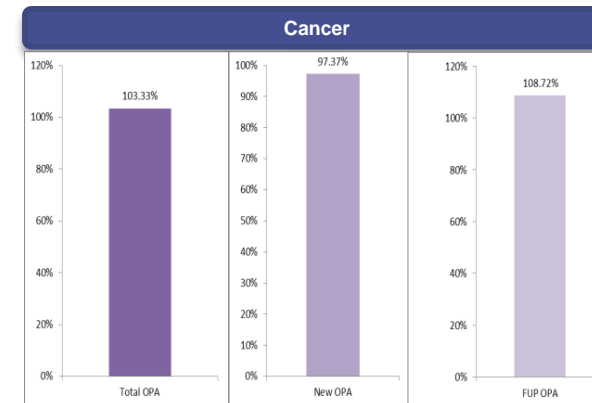
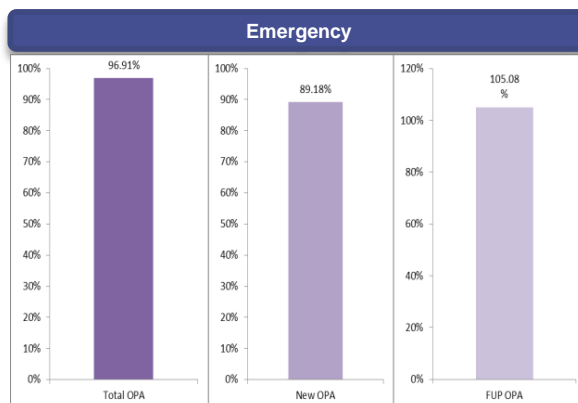


All Outpatient Activity split by Face to Face and Non Face to Face*



*Phase 3 restoration is based on consultant-led activity only that has been submitted via SUS. This graph is reflective of all the Outpatient activity that has been delivered by the Trust.

Outpatients Activity | Sept-20 activity as a percentage of Sept-19 activity (all activity apart from excluding OP+)¹

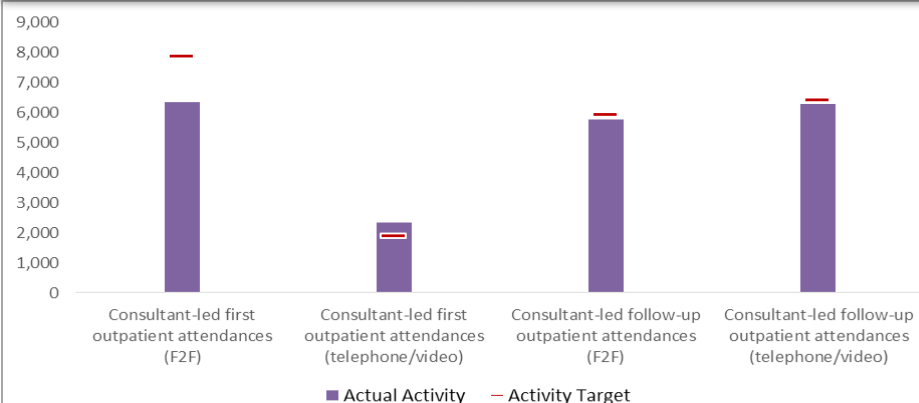


1. These graphs are reflective of all the OPA activity that has been delivered by the Trust - phase 3 restoration is based on consultant-led activity only that has been submitted via SUS.

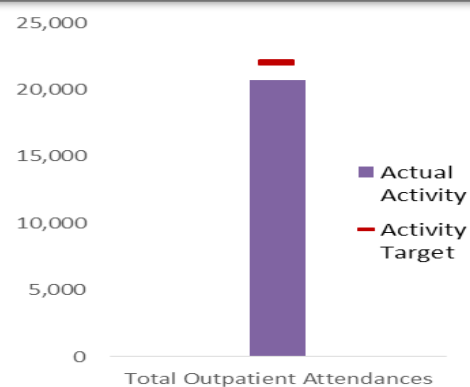
2. Please note the 1000% scales on the New and Follow non face-to-face activity graphs., This is due to the significant increase in non face-to-face appointments in 2020.

Outpatients Activity | Sept-20 Outpatient and Inpatient Elective activity compared to phase 3 restoration plan

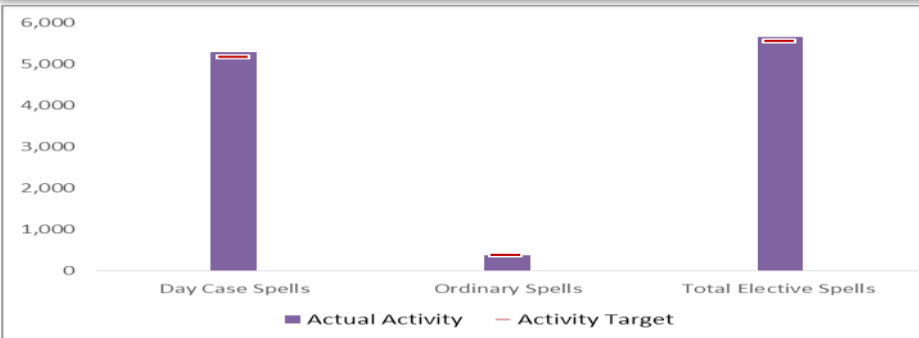
Consultant-led outpatients attendances



Total outpatients attendances



Inpatient Electives



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

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

Trust Total			Radiology			Physiology			Endoscopy		
12,601	7,196	57.11%	8,064	4,416	54.80%	2,014	1,209	60%	2,511	1,666	57.90%

What does the data tell us?

- The DM01 performance is unvalidated at 57.11% of patients waiting less than 6 weeks for their diagnostic test, an improvement from 37.2% in Aug-20.
- The diagnostic waiting list continues to grow as more patients are added to it with the total waiting list currently at 12,601 patients, an increase of 100 patients (0.70%) from the previous month. The total number of patients waiting 6+ weeks has decreased by 560 patients (-3.83%); however there were 4,503 patients who have been waiting over 13 weeks.
- Radiology has the largest number of patients waiting at 8,064 but has reduced those waiting over 6 weeks by 732 between Aug-20 and Sep-20.
- 13,707 diagnostics tests were undertaken in Sep-20, 17.0% more than Aug-20; this was 8.9% lower than Sep-19.
- Radiology were able to undertake 1,397 more tests in Sep-20 with increases across all modalities, exceeding their phase 3 activity plan for September.
- Endoscopy completed 197 more tests in Sep-20 with all modalities apart from gastroscopy increasing the number of tests undertaken.
- Physiology completed 397 more tests in Sep-20 with all modalities showing an increase.
- Slide 23 shows our diagnostic activity against the phase 3 plan. MRI was only under target by 12 test with CT and non-obstetric ultrasound exceeding their plan. Endoscopy achieved their plan for colonoscopy and flexi sigmoidoscopy but was 67 tests under the gastroscopy target of 438.

RADIOLOGY

What have we been doing?

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

What are we going to do next?

- Continue with WLI
- Review options to move Ultrasound capacity to community sites to ensure no impact on service provision should COVID-19 impact on Acute sites

ENDOSCOPY (inc. Gynaecology & Urology)

What have we been doing?

- Continuing the use of IS at BMI and Spire
- Utilising all countywide sites where available
- WLI lists routinely being undertaken at weekends at KTC/ALX
- 18 Week Support insourcing team providing 18 sessions per week at ECH
- Evening WLIs for Urology
- Introduced forward look meeting with Speciality DMs

What are we going to do next?

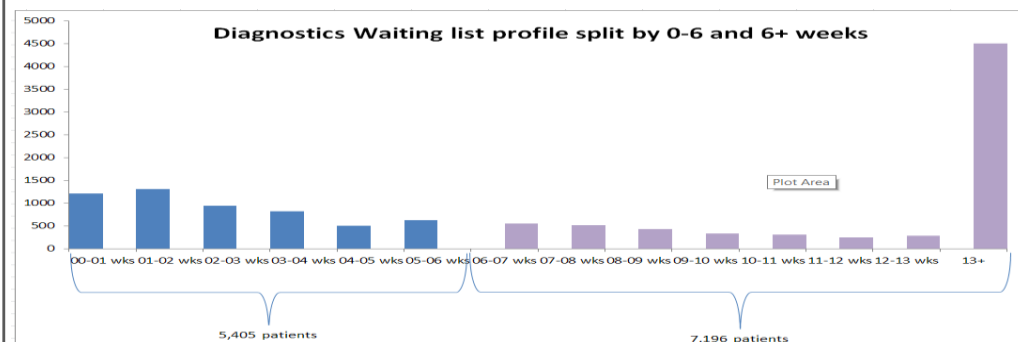
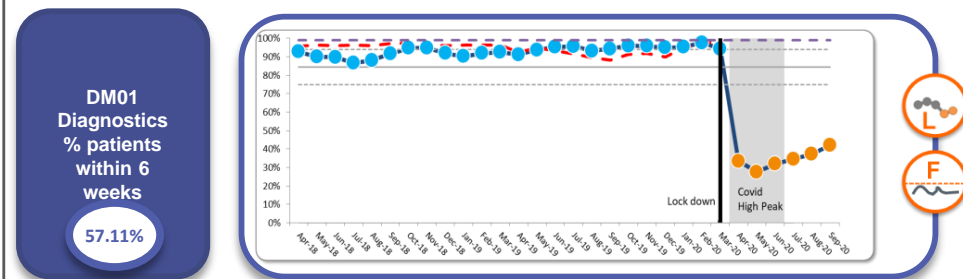
- Explore the use of WRH site for weekend WLI – awaiting QIA approval
- Ceasing downtime between procedures for outpatient GI and Bronchoscopy
- Urology activity to be moved to KTC from November 2020
- Scoping additional capacity at Malvern for 18 weeks subject to being able to support operationally

Operational Performance: DM01 Diagnostics

2.4 - Ensure timely access to diagnostics and treatment for all urgent cancer care

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

Trust Total			Radiology			Physiology			Endoscopy		
12,601	7,196	57.11%	8,064	4,416	54.80%	2,014	1,209	60%	2,511	1,666	57.90%



Assurance Level: 5

Previous assurance level: No previous assurance level

NEUROPHYSIOLOGY

What have we been doing?

- Continuing to undertake approximately 85% of clinics and increased working to 6 days
- Limitations are around capacity due to increased infection control and social distancing.
- Waiting lists have now reduced from 12 weeks to 10 weeks

What are we going to do next?

- Continuing to try and source off site capacity

CARDIOLOGY – ECHO

What have we been doing?

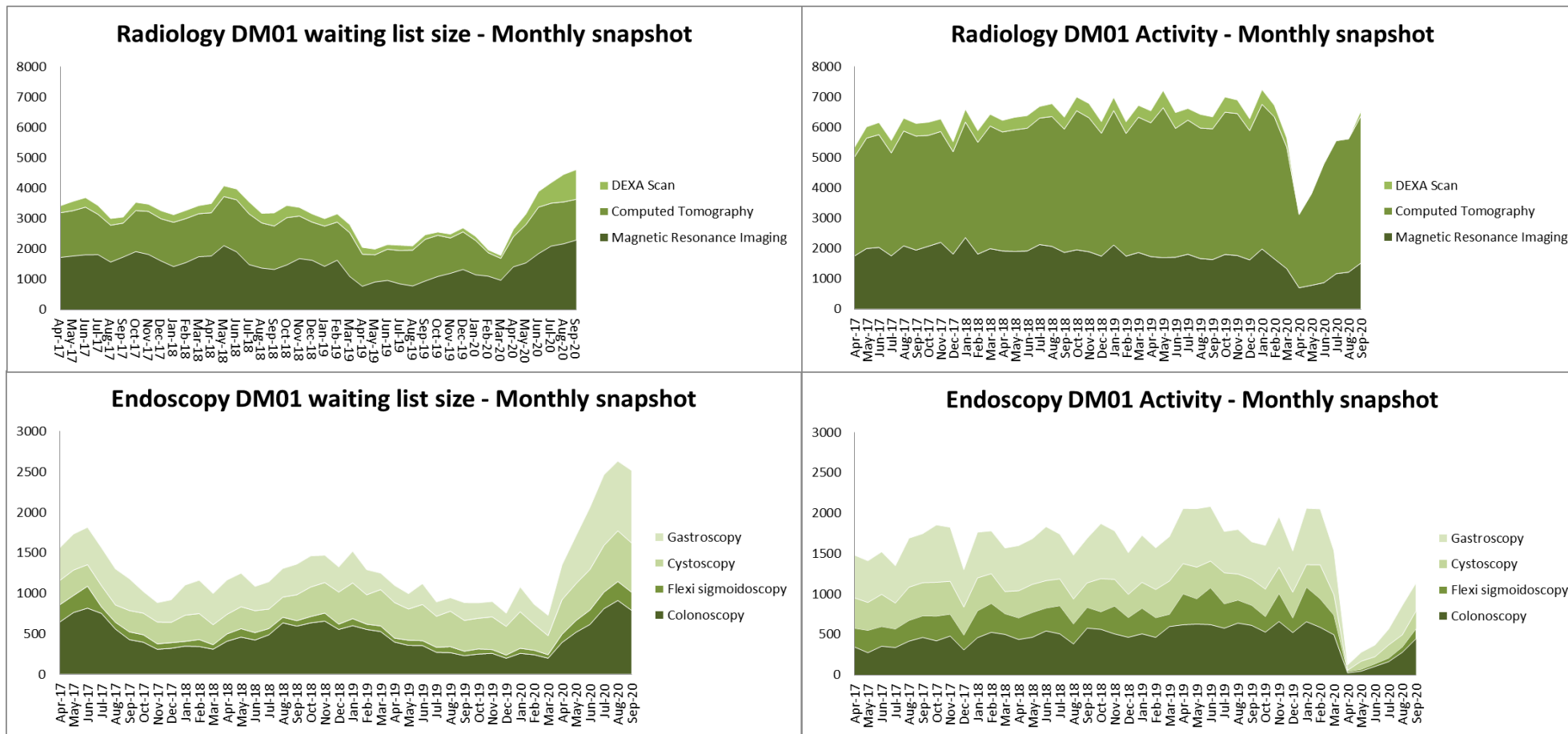
- Service now open to routine patients
- Restoration of service has been approved, with reduced capacity
- To achieve 100% capacity additional rooms would be required on a permanent basis outside of the designated units due to waiting room limitations
- Approx. 12-16 week wait
- Service is being managed on a priority basis balancing the need for the backlog with urgent patients

What are we going to do next?

- Performing WLI clinics to reduce the backlog
- Looking at room solutions to full restore clinics

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

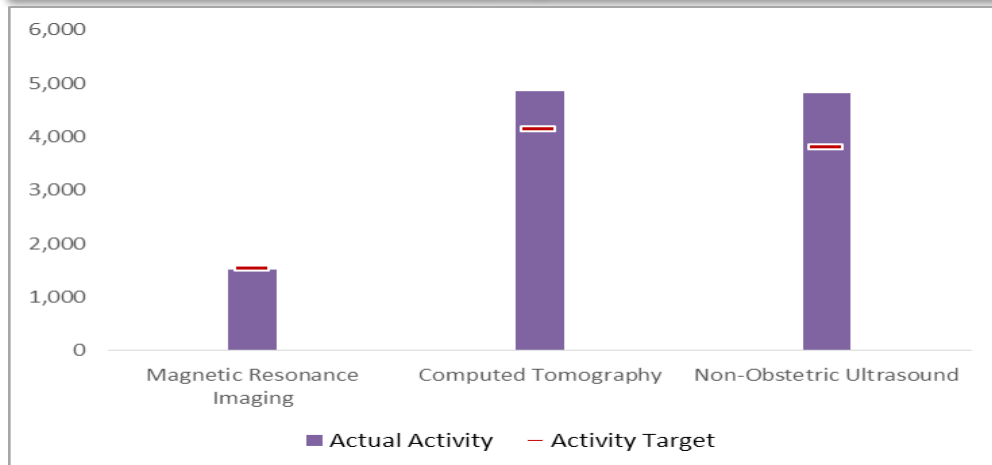
SRO: Paul Brennan



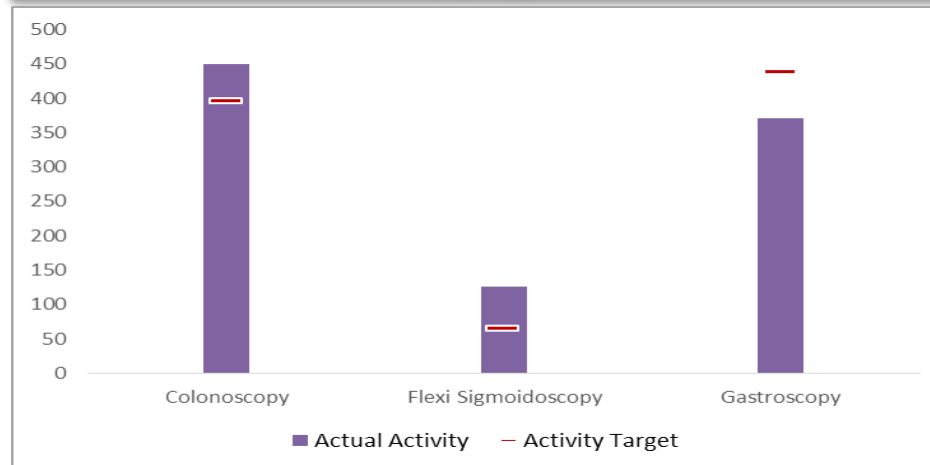
Note the different scaled axis on the graphs when comparing them

DM01 Diagnostics Activity | Sept-20 Diagnostic activity compared to phase 3 restoration plan

Radiology



Endoscopy

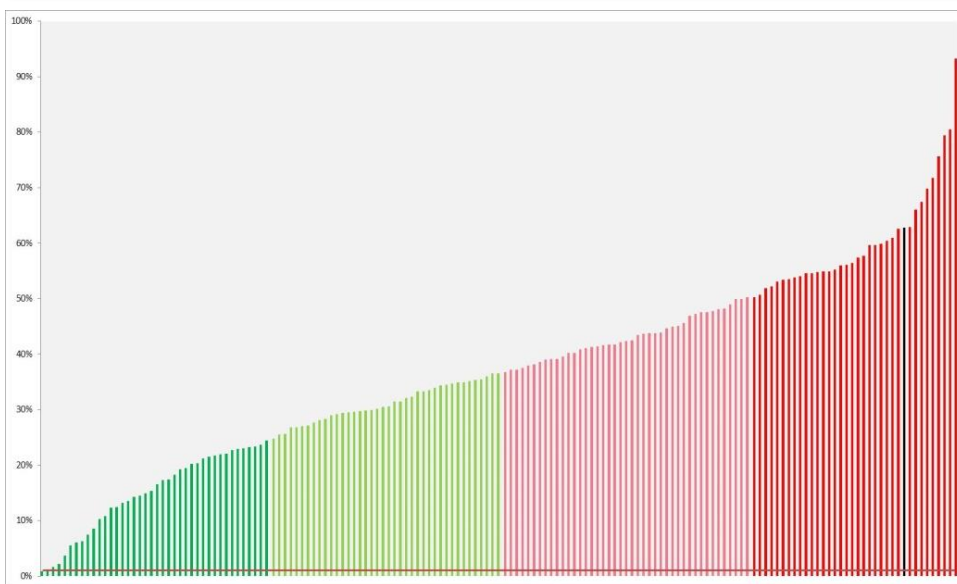


These graphs represent phase 3 restoration only, as submitted in the plan. All physiology tests, DEXA and cystoscopy were not included in the request from NHSEI

National Benchmarking (August 2020) | The latest published national data is for August 2020. The Trust was one of 11 of the 13 West Midlands Trusts which saw a decrease in performance. This Trust was ranked 13 of 13 in August 2020. The peer group performance ranged from 6.10% to 62.79% with a peer group average of 39.09%; increasing from 38.78% the previous month.

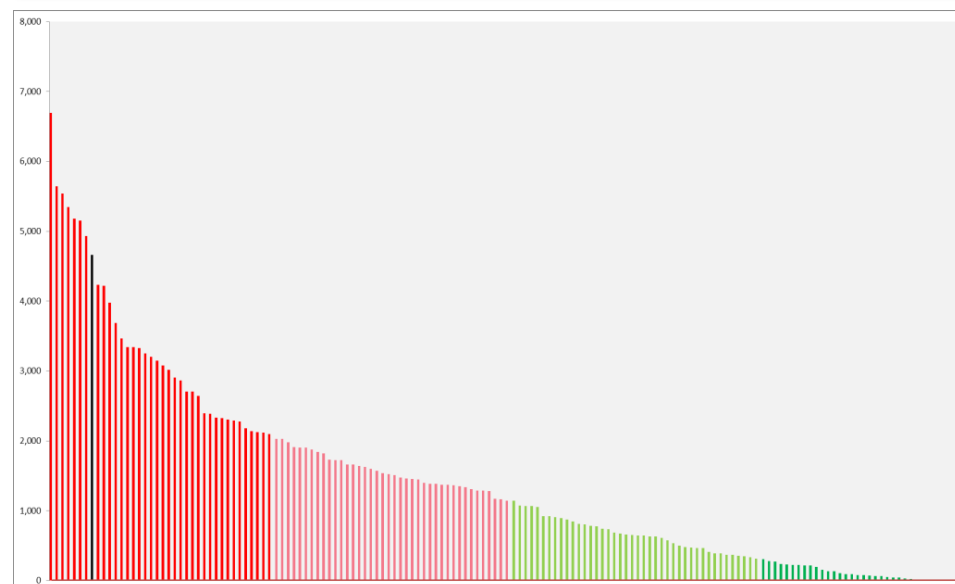
The England average for August 2020 was 38.0%, a 1.6 percentage point decrease from 39.6% in July.

DM01 Diagnostics - % of patients waiting more than 6 weeks



■ WAHT — Operational Standard 1%

DM01 Diagnostics - number of patients waiting more than 13 weeks

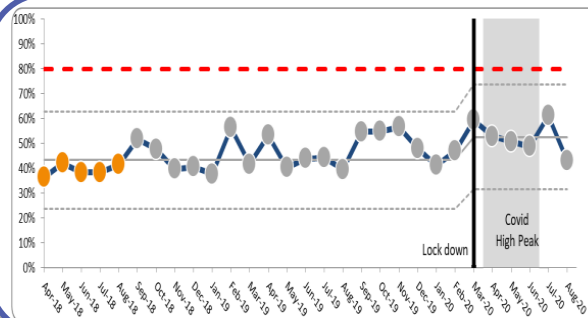


Operational Performance: Stroke

% of patients spending 90% of time on a Stroke Ward	% of patients who had Direct Admission (via A&E) to a Stroke Ward	% patients seen in TIA clinic within 24 hours	% of patients who had a CT within 60 minutes of arrival	SSNAP Q1 Apr-20 to Jun-20			
76.92%	73.7%	87.72%	42.50	Score	78.0	Grade	B
What does the data tell us? <ul style="list-style-type: none"> The Q1 (Apr-20 to Jun-20) SSNAP scoring was published in September. As predicted, the overall score did increase, from 69.3 to 78.0 which improved our grade from C to B. To achieve grade A we would require two more points. Every domain improved or remained the same from Q4 to Q1, with the exception of thrombolysis. The four main stroke metrics have been re-baselined and although this shows that all performance is within common cause variation, it is noticeable that the control limits have moved significantly for 'patients seen in TIA clinic within 24 hours' and now the SPC chart shows that the target will be consistently met. 		What have we been doing and what are we doing next? <p>A substantive Stroke Consultant commenced in September which has allowed us to cease use of a bank doctor. Furthermore, we have been successful in recruiting an additional consultant on a 12 month fix term contract is likely to start December/January 2021. We are currently in the process of recruiting a further permanent consultant; this is waiting for RCP approval. A successful appointment will increase the capacity within the team and would enable us to provide a sustainable 7 day service within core hours.</p> <p>The Ward Manager post has now accepted the role on a permanent basis and the team is in the process of submitting the ATR to recruit to the CNS vacancy this has left. When the current vacancy is filled the CNS team would be in a position to introduce 24/7 cover. The process of changing current contracts has been started and is currently with HR for consultation.</p> <p>The nursing establishment is much improved, enabling us to remove this as a risk from the risk register. Currently there is only a 2.21 WTE vacancy, however this is still based on our previous larger template and we are awaiting finance to make the necessary adjustments. This also affords the ward more stability and with recent teaching and training have much improved the quality of nursing care on the ward.</p> <p>Stroke Teaching – A senior consultant has taken on the lead for development and education of junior doctors.</p> <p>In light of COVID-19 the front door consultant working hours were reduced to (9-5pm) on week days and discussion are on-going with regards to re-establishing (9-8pm) working. During the recent COVID-19 pandemic weekend TIA clinics were stopped. This will be discussed in the Stroke directorate meeting to reinstate these to provide an equitable service to all TIA patients.</p> <p>TIA Form – This was updated to remove the option of tick boxes to encourage detailed referral information to be provided. This will help with triaging patients and reduce inappropriate referrals. This has been shared with the CCG and this to be added to the next STP Clinical Advisory Group (CAG) meeting.</p> <p>Stroke Pathway - The plan is to review the current Stroke pathway for stroke patients presenting at Alexandra Hospital. The SOP was updated to reflect current changes in service provision and the pathway needs to be aligned to establish a clear pathway. This will be discussed at the next Stroke Directorate meeting.</p> <p>The Exception Report Template and Stroke Pathway Booklet is currently in operation and this will facilitate recording of accurate data and highlight any challenges in a timely manner, with regard to admission to the Stroke Unit within 4 hours of arrival and the percentage of patients spending 90% of their stay on Stroke unit. This will allow the stroke team to proactively manage the patient's pathway to support adherence to SSNAP metrics.</p>					
Assurance Level: 6							
Previous assurance level: No previous assurance level							
When expected to move to next level of assurance: Q4 – depending on the management and impact of COVID-19 second wave							
SRO: Paul Brennan							

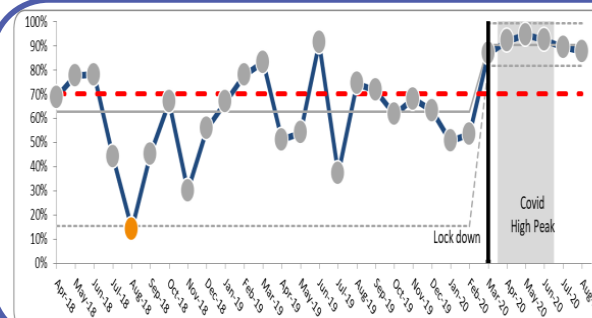
Stroke : %
CT scan
within 60
minutes

42.50%



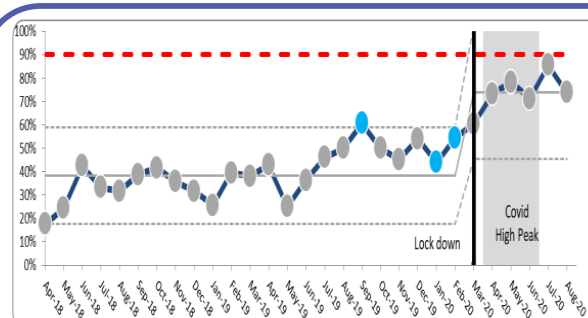
Stroke: %
seen in TIA
clinic within
24 hours

87.72%



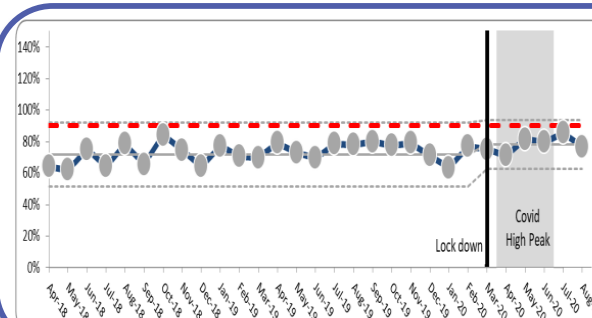
Stroke : %
Direct
Admission
to Stroke
ward

73.70%



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

76.922
%



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

Quality and Safety

Quality & Safety	Comments
Infection Prevention & Control	<ul style="list-style-type: none"> • C difficile infections were above trajectory for September, but remain under trajectory for year to date. • MSSA infections were above trajectory in September 2020, and have already exceeded the year end target. • There were no Healthcare Associated Infections in September reported with stringent measures in place for COVID infection prevention and management. However, there were two indeterminate cases (illness onset occurred on days 3 to 7 after admission). • Hand hygiene compliance continues to remain on target
Sepsis 6	<ul style="list-style-type: none"> • Performance for completing the SEPSIS 6 bundle within one hour dropped in September to 32.14%, measures within the divisions are in place to raise awareness, and training compliance
Harm Reviews	<ul style="list-style-type: none"> • The triangulation between monitoring of risk and management of harm across to the Divisional risk registers has been evidenced but will require on-going focus through the Risk Management Committee.
ICE Reporting	<ul style="list-style-type: none"> • The Target of 95% for viewing Radiology Reports on ICE has not been achieved in the past 12 months. • Divisional Directors are identifying colleagues in their division who are not performing and managing this. • There are significant issues with what ICE reports and work is on-going to refine the process
Bluespier Queues	<ul style="list-style-type: none"> • The dip in the % of documents in queue<=10 Days (Green) seen in August (45.14%) has not continued, and has improved to 62.72% in September.
#NOF	<ul style="list-style-type: none"> • Although performance was 75.95% in August, it has been over 80% for 9 of the last 12 months, peaking in Dec 2019 (88.24%) with a trough in Jun 2020 (64.79%).
Falls	<ul style="list-style-type: none"> • There were 0 falls resulting in Serious Harm in September.
Pressure Ulcers	<ul style="list-style-type: none"> • There were 0 Hospital Acquired Pressure Ulcer Serious Incidents in September

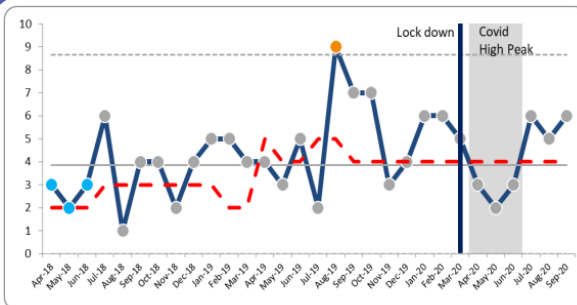
2.1 Care that is Safe - Infection Prevention and Control

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

C-Diff		E-Coli		MSSA		MRSA	
September: Month / Monthly target	Year to date: Actual / Year to date target	September: Month / Monthly target	Year to date: Actual / Year to date target	September: Month / Monthly target	Year to date: Actual / Year to date target	September: Month / Monthly target	Year to date: Actual / Year to date target
6 / 4	25 / 27 (EOY target – 53)	2/4	15 / 24 (EOY target – 50)	4 / 1	13/7 (EOY target – 10)	0 / 0	0 / 0 (EOY target – 0)
What does the data tell us? <ul style="list-style-type: none"> E-Coli and MRSA infections remain below trajectory for year to date. C difficile infections were above trajectory for September, but remain under trajectory for year to date. MSSA infections were above trajectory in September 2020, and have already exceeded the year end target. The Hand Hygiene audit participation rate rose in September to 89.09% (last month 87.96%) Hand Hygiene Practice Compliance rate rose slightly to 99.86% (last month 99.53%) Hand Hygiene Practice Compliance rate was 100% for all job roles except Medical Staff, which was 98.36%. How have we been doing? <ul style="list-style-type: none"> Hand hygiene is meeting the 98% target value. In addition to work on COVID prevention and management there has been a specific focus on MSSA bacteraemia. MSSA Review Group commenced meeting in July 2020 in response to rise in cases 				What improvements will we make? <ul style="list-style-type: none"> Each Division has a focussed plan in place to tackle the rise in MSSA BSI. Evidence of progress is reviewed at the MSSA review group meetings, chaired by the Interim DIPC. It has been identified that the procedure packs developed in 2019 had not yet been widely implemented. This is now progressing at pace to make them available on top up. These provide the correct items to perform standard aseptic non-touch technique (ANTT) correctly, reducing the risk of device infection.. ANTT is being added to ESR as a skill so that the Trust can track progress with competency assessment, and data on completion of e-learning is being obtained so this can be scrutinised divisionally. The Start Smart Then Focus (SSTF) antimicrobial audit programme has launched. The number of teams/wards participating is being monitored and fed back to ensure all medical teams participate. This will provide evidence to identify and act on hotspots and also for assurance where practice is good. The SSTF communications awareness campaign has launched with screensavers and messages to staff. This will be followed up with other messaging up to the European Antibiotic Awareness Day in November. All divisions have antimicrobial medical leads and are taking forward work within their divisions. We expect to see this impact on improved antimicrobial prescribing audit data as the work embeds. 			
Assurance level: Non-COVID Level 4: COVID BAF Level 6 Reason: Assurance level for non-COVID remains at Level 4 due to the need for greater evidence of actions and impact in relation to antimicrobial stewardship. Level 6 for COVID BAF based upon self-assessment and evidence mapping				When expected to move to next level of assurance for non Covid: Early in 2021.			
Previous assurance level (July 2020) –Level 6 COVID-19 / Level 4 for non-Covid (Aug-20)				SRO: Vicky Morris (CNO)			

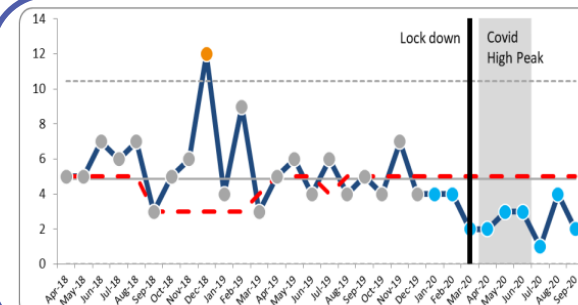
C-Diff

6



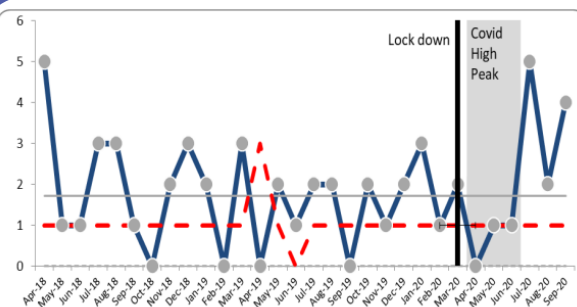
E-Coli

2



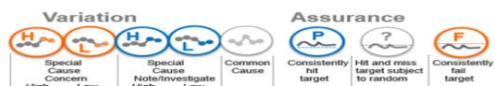
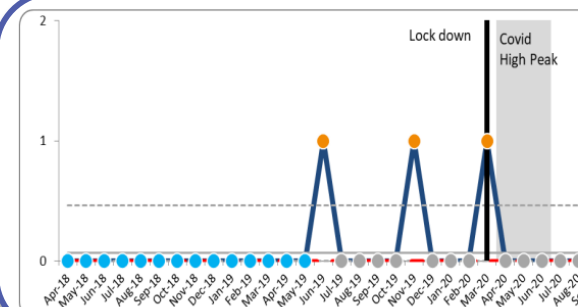
MSSA

4



MRSA

0

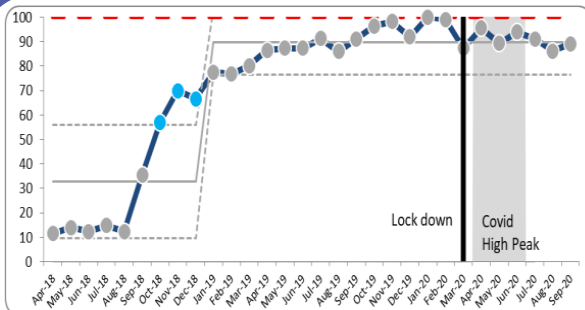


Key

- Internal target

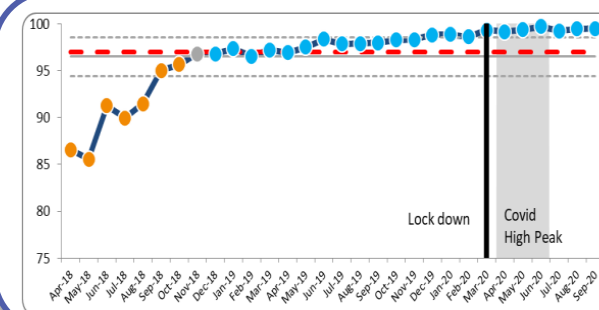
Hand Hygiene Audit Participation (%)

89.09



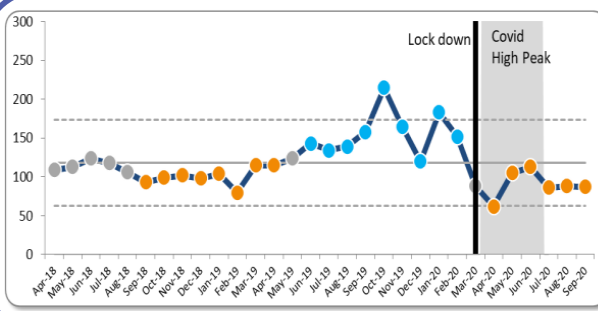
Hand Hygiene Compliance (%)

99.53



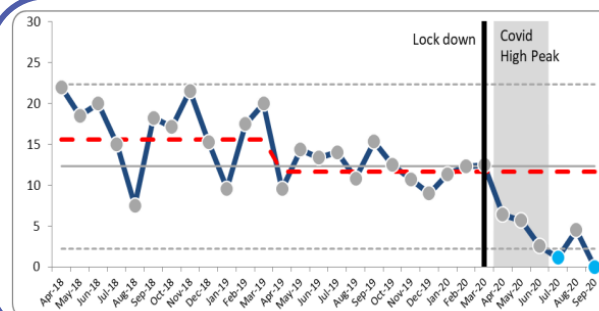
Total Medicine incidents reported

87



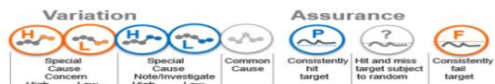
Medicine incidents causing harm (%)

0



No improvement statements have been provided this month

No improvement statements have been provided this month



Key

- Internal target

2.1 Care that is Safe – Harm Reviews

104 Day Pathway	RTT > 52 Weeks	# NOF	EAS – 12 Hour
17 Breaches (Aug 2020)	477 Breaches (Aug 2020)	19 Breaches (Aug 2020)	0 Breaches (Aug 2020)
<p>What does the data tell us?</p> <ul style="list-style-type: none"> There have been 17 breaches of the 104 day pathway in August. 18 historical cases in lung and Upper GI still require a harm review. Due to the pandemic and the implementation of national guidance regarding stopping and gradual restarting of specific patient pathways, there has been an increase in patients who have waited >52 weeks on a routine RTT pathway. In August there were 366 breaches in the Surgery Division, 12 breaches in the Specialty Medicine Division and 69 breaches in the Women's and Children's Division. There have been 19 breaches of the fractured neck of femur 36 hour standard in August. There were 0 patients on an Emergency Access Standard Pathway whose treatment exceeded 12 hours. <p>How have we been doing?</p> <ul style="list-style-type: none"> The Harm Review Panel met on September 22nd 2020. This meeting was dedicated to the processes and position within the SCS Division. The discussion that took place provided a rich source of material upon which assurance was gained. All harm reviews YTD reviewed through the Cancer Board have been found to have had no harm caused, with the exception of 1 patient on a lung cancer pathway that breached their 104 day pathway in February 2020. In this case clinical review of the case has determined the level of harm caused as "no harm" however this is expected to be presented to October Cancer Board and Harm Review Panel. If harm is found to be moderate or above, Duty of Candour will be applied. To date 7 patients have had #NOF harm reviews undertaken with no harm recorded. Harm reviews have now been completed for all patients who have breached April - July. The 3 patients who warranted further investigation have now had ICRs completed with no harm recorded. 		<p>What improvements will we make?</p> <ul style="list-style-type: none"> The 2020 Covid-19 crisis has created a risk and therefore potential harm to patients. It is important that this is understood and that a systematic process of monitoring and measurement by all Divisional teams continues. The Harm Review panel will continue meet and to update the Clinical Governance Group on a monthly basis. The discussion concerning SCS showed evidence of good practice, and a proactive approach to managing risk and monitoring harm. This involves a large volume of work, and to date number of patients found to have suffered harm was very low. This led to a discussion regarding the value of undertaking harm reviews versus the value of using time to be proactively improving patient pathways. This challenge was accepted and the CNO agreed that she would make contact with NHSI/E, CCG, CQC and other centres to ascertain what is nationally required and benchmark our practice against others. The CNO agreed to update the October Harm Review panel. The number of patients >52 weeks is expected to rise significantly in Quarter 3, and onwards, across all Divisions but with the majority being in the Surgery Division. All Divisions have been asked to outline in a SOP, the various ways in which they monitor patients that are on their waiting lists and describe the forums through which waiting list monitoring and outputs from harm reviews are discussed. The triangulation between monitoring of risk and management of harm across to the Divisional risk registers has been provided but will require on-going focus through the Risk Management Committee. Similarly, learning from harm reviews and evidencing a change in practice as a result, will be expected to feature in the Divisional reports going forwards. 	
<p>Assurance level – Level 5 (Sep 2020) Reason: There is evidence of established maturity in the harm review process within the Divisions and the historical backlog of harm reviews outstanding is reducing.</p>		<p>When expected to move to next level of assurance : We did not discuss moving to next level as there is an awareness of a rise in numbers within Quarter three. The CNO to discuss with CQC strategies being taken across Trusts.</p>	
<p>Previous assurance level - 5 (Aug 2020)</p>			

2.2 Care that is Effective – Improve Delivery in Respect of the SEPSIS Six Bundle

Sepsis six bundle completed in one hour	% Antibiotics provided within one hour	Urine	Oxygen	IV Fluid Bolus	Lactate	Blood Cultures
32.14% - Aug 2020 (50.7% - July)	81.25% (95.77%)	61.61% (66.20%)	82.14% (90.14%)	71.43% (91.55%)	54.46% (74.65%)	66.07% (85.92%)
What does the data tell us? <ul style="list-style-type: none"> Performance for all Divisions completing the Sepsis 6 bundle within one hour dropped in August 2020. SCSD was 18.18% (last month 33.33%), Specialty Medicine 14.63% (20%), Surgery 14.29% (33.33%) and Urgent Care 64.10% (69.05%) Performance for all Divisions¹ providing antibiotics within one hour dropped in August 2020, although SCSD and Urgent Care were still above 90% (90.91% and 94.87% respectively). Performance for all of the components of the Sepsis 6 bundle dropped in August 2020. The component requiring the most improvement is Lactate, which was 54.46% in August, dropping from 74.65% the previous month. How have we been doing? <ul style="list-style-type: none"> Urgent Care has promoted a “Sepsis September” to raise awareness. This included initiatives such as a Sepsis quiz to identify knowledge gaps and training requirements. Within the next month an online Sepsis training module is being launched. 		What improvements will we make? <ul style="list-style-type: none"> Urgent Care Governance will remind areas of the importance of monitoring urine output even without catheters (this was the lowest of their component performance - 84.62%). The Specialty Medicine Divisional Director of Nursing is leading on improvements in Sepsis performance through the implementation of a 14-point action plan. A matron has also been nominated to lead on improving compliance from a senior nursing perspective. Progress with numerous actions, commencement of new initiatives such as sepsis whiteboards, and significant awareness raising across the division should support a significant improvement in compliance in the coming months. 				
Assurance level – Level 2 (Sep 2020) Reason: Performance has not yet responded to improvement initiatives.		When expected to move to next level of assurance for non Covid: Q3 following implementation of the Divisional plans.				
Previous assurance level (Aug 2020) – Level 2		SRO: Mike Hallissey (CMO)				