NHS
Worcestershire
Acute Hospitals
NHS Trust

Date of meeting	16 January 2018
Paper number	C1

Chairman's Report

For approval:	x	For assurance:		To note:	

Accountable Director	Caragh Merrick Chairman		
Presented by	Caragh Merrick Chairman	**Author**	Kimara Sharpe Company Secretary

Alignment to the Trust's strategic priorities					
Deliver safe, high quality, compassionate patient care	x	Design healthcare around the needs of our patients, with our partners		Invest and realise the full potential of our staff to provide compassionate and personalised care	
Ensure the Trust is financially viable and makes the best use of resources for our patients		Develop and sustain our business			

Alignment to the Single Oversight Framework					
Leadership and Improvement Capability	x	Operational Performance		Quality of Care	
Finance and use of resources		Strategic Change		Stakeholders	

Report previously reviewed by		
Committee/Group	Date	Outcome
Not applicable		

Assurance: *Does this report provide assurance in respect of the Board Assurance Framework strategic risks?*	N	BAF number(s)	

Level of assurance and trend				
		√	↑ ↓ →	
	Significant			
	Limited			
	None			
	Not applicable	√		

Recommendations	The Board is requested to • Approve the changes due to the ending of Bryan McGinity's term of office • Note the update on board development.

Worcestershire Acute Hospitals NHS Trust

Date of meeting	16 January 2018
Paper number	C1

Executive Summary

Changes to the board and committee membership: I propose to make the following changes following the ending of Bryan McGinity's term of office:

- Appointment of Mark Yates as vice chair and Senior Independent Director
- Appointment of Steve Williams as:
  - Chair of Audit and Assurance Committee
  - Member of Finance and Performance Committee
  - Member of the Remuneration Committee
  - Member of the Charitable Funds Committee

I will also progress the appointment of another associate NED to commence in 2018/19.

Update on Board Development: We have undertaken the following sessions since the Board Away day in June:

- August
  - Risk including risk appetite and BAF
  - Quality including walkabouts
  - Electronic prescribing
- September (external speaker)
  - Strategic planning and development of the strategic dashboard
- October
  - Quality including internal professional standards
  - Patient Flow including frailty and urgent care
- October (external speaker)
  - Quality including mortality reviews
  - Well led review
- December
  - Trust vision
  - Trust priorities: urgent care, patient flow, finance
  - Stakeholder strategy
  - Signature behaviours

We have planned the following sessions:

- February (external speaker(s))
  - Human Factors
  - Patient Engagement
- June (external speaker)
  - General Data Protection Regulation
  - False or Misleading Information

Recommendations

The Board is requested to

- Approve the changes due to the ending of Bryan McGinity's term of office
- Note the update on board development.

NHS
Worcestershire
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Date of meeting	16 January 2018
Paper number	C2

Chief Executive's report

For approval:		For assurance:		To note:	x

Accountable Director	Michelle McKay Chief Executive		
Presented by	Michelle McKay Chief Executive	**Author**	Kimara Sharpe Company Secretary

Alignment to the Trust's strategic priorities					
Deliver safe, high quality, compassionate patient care	x	Design healthcare around the needs of our patients, with our partners	x	Invest and realise the full potential of our staff to provide compassionate and personalised care	x
Ensure the Trust is financially viable and makes the best use of resources for our patients	x	Develop and sustain our business	x		

Alignment to the Single Oversight Framework					
Leadership and Improvement Capability	x	Operational Performance	x	Quality of Care	x
Finance and use of resources	x	Strategic Change	x	Stakeholders	x

Report previously reviewed by		
Committee/Group	Date	Outcome
Not applicable		

Assurance: *Does this report provide assurance in respect of the Board Assurance Framework strategic risks?*	N	BAF number(s)	

Level of assurance and trend				
		√	↑ ↓ →	
	Significant			
	Limited			
	None			
	Not applicable	√		

Recommendations	The Board is requested to note this report.

Date of meeting	16 January 2018
Paper number	C2

Executive Summary

Three key priorities: The Board has identified three key areas of focus. These are patient flow, finance and cancer, as measured by the 62 day treatment indicator. My report has a short summary of our progress in these three areas.

Patient flow: During month 8, 80.33% of attendances at the emergency departments were seen and discharged or admitted within 4 hours, against the national target of 95%. This meant that 3002 patients were not seen within this standard. We are concentrating on ensuring that consultants lead the flow recovery work with on-call consultants beginning their ward rounds in ED. The consistent implementation of the internal professional standards is a key part of this work and this is monitored through a weekly meeting with relevant Executive and the Divisional medical directors. While we are not seeing significant improvement in this indicator at present, we have seen a marked decrease in 12 hour trolley breaches compared to last year. There were 17 breaches this November compared to 37 in the prior year and only 4 this December compared to 88 last year. We have also seen a 25% reduction in the total amount of hours that patients at the Worcester site spend from the time a decision is made to admit to admission to a bed, when compared to last year.

Finance: At the end of month 8, the Trust delivered the target within the financial recovery plan, and we are on target for delivery for month 9. There are three main projects underway, operational improvement, theatre productivity and estate utilisation. We are planning an exit monthly run rate of £4m per month at the end of this financial year, to form the basis of the 2018/19 operating plan to deliver the £39.1m deficit control total. We are being assisted by the Turnaround Director, Mark Taylor.

Cancer 62 days: In month 8, 72.09% of patients had their treatment started within 62 days. 27 patients waited more than 104 days. We now have agreement on the internal standards for diagnostics for cancer pathways. A key contributor to this performance is waiting time for diagnostics and we are well ahead of our improvement trajectory in this area.

There will be further discussion of these three key priorities throughout the meeting and further detail is also contained within the integrated performance report.

CQC report: The CQC conducted unannounced and announced visits of the Trust in early November. The purpose of these visits was two-fold – to ascertain progress against the areas identified in the s29A notice placed on the Trust in July and to conduct core service reviews of urgent and emergency care and medical services at both the Worcestershire Royal and Alexandra hospitals. I am expecting the CQC report to be published later this month. The CQC have also advised that they will conduct an assessment against the 'well-led' domain between 26 and 28 February. Prior to that inspection, they will also undertake further core service inspections. At this time, they have not advised whether these will be announced or unannounced inspections but they will inspect all core services rated as inadequate currently, with the exception of the urgent and emergency services and medical services that were inspected in November.

Winter funding: The Trust was notified on 15 December of allocation of winter funds. In total, the Trust received £1.3m in recognition of investment made already to support winter

pressures, and a further £1.5m for various other initiatives to support winter pressures. Other partners within the Worcestershire health economy were also allocated approximately £1.1m. This funding was provided to support the health economy to deliver 90% performance over Q4. Utilisation of this funding is overseen by the A&E Delivery Board for Worcestershire, with fortnightly reporting concerning expenditure.

Michael Amies awarded a British Empire Medal: I am delighted that our former chair of the Organ Donation Committee has been awarded the BEM in the Queen's New Year Honours list.

Emily Johnson and Tim Smith, consultant Anaesthetists have been awarded first and second prize for the prestigious British Medical Association Awards in the category of Anaesthesia. Emily Johnson co-wrote her book, "Returning to Work in Anaesthesia: Back on the Circuit". The concept for the book evolved from personal experiences and passion to support colleagues to make the transition back to work easier. Tim Smith was awarded "Highly Commended" in the same category for his jointly written fourth edition book, "Fundamentals of Anaesthesia" which was first published in 1999. The book is specifically written for doctors in training who are undertaking their first specialist examination in Anaesthesia.

Chief Coroner's Report 2016-17: The key points of this publication are as follows:

- The average time for all cases from death to inquest completed has fallen to 18 weeks.
- 241,211 deaths were reported to coroners in 2016 – the highest figure to date. The number that required investigation and inquest was 40,504.
- In 2016 there were 576 inquests held with juries – approximately 1 per cent of all inquests.
- The Chief Coroner encourages the availability and use of CT scanning as an alternative to a more invasive post-mortem examination.
- Concern is expressed about the lack of statutory criteria for reporting deaths; the dwindling availability of pathologists to carry out post-mortems (particularly given the standard statutory fee of £96.80 per body) and the likely increase in workload of coroners following implementation of the Medical Examiner system.
- There is a call for the Coroners and Justice Act 2009 to be amended to ensure funding for legal representation for families where the state is providing separate representation for one or more interested persons.

Baroness Dido Harding took up her post as Chair of NHS Improvement on 30 October. She joins the NHS from a career within retail. Her most recent post was at Sainsbury's where she was convenience director.

Sir Ian Dalton took up his post as Chief Executive of NHS Improvement on 4 December. He comes from Imperial College Healthcare NHS Trust where he was Chief Executive. Ian has held a number of senior provider, regional and national NHS roles throughout his career including Chief Operating Officer and Deputy CEO at NHS England and Chief Executive of NHS North of England, the North East Strategic Health Authority and two acute hospital trusts.

Professor Stephen Powis replaced Sir Bruce Keogh as the NHS England Medical Director on 1 January. Sir Bruce has taken up a position of Chair of the Birmingham Women's and Children's Hospital NHS Foundation Trust.

Facing the Facts, Shaping the Future, A health and care workforce strategy for

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England to 2027 was produced on 13 December. The draft strategy looks at the challenges faced by the health and care system, charting the growth in the NHS workforce over the last five years while setting out the critical workforce challenges that will be faced over the next decade. The strategy is a draft document with a number of areas that will now be consulted upon widely over the coming months and a final report will be produced in July to coincide with the NHS 70 anniversary as the first comprehensive health and care workforce strategy in over 25 years. While the NHS is employing more staff now than at any time in its history, with significant growth in newly-qualified staff from 2012 across the majority of professional groups, the report concludes that more must be done to keep up with increased demand as the population expands and grows older. The document will be considered by the People and Culture Committee.

National Data Guardian's (NDG) role: Dame Fiona Caldicott has produced a report detailing her work since being in post in 2014. The role itself will become a statutory role during this Parliament. Dame Fiona and her team of panel advisors are committed to ensuring that the NDG's future priorities takes into account the three guiding principles from sharing information in the interests of care, ensuring no surprises and choice for the citizen, and encouraging dialogue with the public.

The **EU's General Data Protection Regulation** will come into force in May 2018. This replaces the Data Protection Act and creates criminal offences under UK law. Each Public Authority needs to appoint a Data Protection Officer (DPO) who has a direct report to the Trust board and is able to act independently. The DPO for the Trust will be the Company Secretary who will undergo specialist training in order to fulfil this role. There will be training provided for the Board at the development session in June as this is a change to the responsibilities for boards.

Finally, I would like to thank all staff who worked over the Christmas and New Year period. In a 24/7 business such as health, it is important to remember that some of our colleagues do not have the opportunity for a family Christmas lunch or time away visiting loved ones, and their commitment to support our community is something for which we must all be thankful.

Background
This report is to brief the board on various local and national issues.

Recommendations
The board is requested to receive this report for noting.

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Date of meeting	16th January 2018
Paper number	C3

Summary Integrated Performance Report – Month 8

For approval:		For assurance:	√	To note:	

Accountable Director	Jill Robinson – Chief Finance Officer		
Presented by	Jill Robinson – Chief Finance Officer	**Author**	Steven Price – Senior Performance Manager

Alignment to the Trust's strategic priorities					
Deliver safe, high quality, compassionate patient care		Design healthcare around the needs of our patients, with our partners	√	Invest and realise the full potential of our staff to provide compassionate and personalised care	
Ensure the Trust is financially viable and makes the best use of resources for our patients		Develop and sustain our business			

Alignment to the Single Oversight Framework					
Leadership and Improvement Capability		Operational Performance	√	Quality of Care	√
Finance and use of resources		Strategic Change		Stakeholders	

Report previously reviewed by		
Committee/Group	Date	Outcome
Finance & Performance	20th December 2017	

Assurance: *Does this report provide assurance in respect of the Board Assurance Framework strategic risks?*	Y	BAF number(s)	R2.1

Level of assurance and trend			
		√	↑ ↓ →
	Significant		
	Limited	√	→
	None		
	Not applicable		

Recommendations	The Board is asked to: 1. Review the Summary Integrated Performance Report for Month 8. 2. Seek assurance as to whether: a. the risks of under-performance in each area have been suitably mitigated, and; b. robust plans are in place to improve performance.

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Date of meeting	16th January 2018
Paper number	C3

Executive Summary

This paper provides the Board with an update on the Trust's operational and quality of care performance in November against metrics that form part of NHSi's Single Oversight Framework (SOF). The two Key Performance Indicators (KPIs) that are aligned to the Trust's agreed strategic priorities are the Emergency Access Standard and 62 Day Cancer standard.

Additional KPIs for which the Trust has set recovery trajectories are also to be noted.

The Integrated Performance report that was considered at the Finance and Performance Committee on the 20th December was abridged and did not include Corrective Action Statements. This report to Trust Board reflects this and provides an update on the validated Month 8 position.

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

From March 2018, this report will contain the relevant HR indicators.

Background

NHS Improvement monitors the performance of NHS Trusts through the Single Oversight Framework. A series of metrics are used to assess providers' performance against the themes of the framework and potential support needs are considered accordingly.

This Trust has not met the operational performance standard in 2017/18 to date for the Emergency Access Standard, Referral to Treatment Time, 62 day treatment for cancer from urgent GP referral or Diagnostics.

However, in 6 of 8 months in 2017/18 this Trust has met the 62 day standard for treatment from NHS screening service referrals and consistently performed, with few exceptions, at the operational standard for the dementia assessment and referral pathway.

Issues and options

Single Oversight Framework

Emergency Access Standard - The Trust did not achieve the operational standard in month 8; there was a decline in performance from month 7 and the gap to trajectory widened. In November, 3,002 patients waited for longer than 4 hours from arrival before being discharged, admitted or transferred; this was 90 more patients than in Month 7. There were 17 confirmed twelve hour trolley breaches; 20 less than the same month in 2016/17.

Cancer: 62 Day wait for first treatment - The Trust did not achieve the operational standard in Month 8. There was an improvement from Month 7 however the trajectory was not met. The focus on reducing the backlog of patients waiting for 62 or more days for their first treatment continues to impact the achievement of the trajectory and operational standard. 160 patients were treated in month 8; the highest number in 2017/18, however

44.5 patients received their first treatment after waiting 62 or more days. The specialities achieving the operational standard were Breast and Skin.

Referral to Treatment Time - Although the Trust didn't achieve the operational standard in month 8, it performed better than trajectory and made a marginal improvement on month 7. 5,383 patients were waiting 18 weeks or longer for their treatment and of those 21 were waiting for 52 or more weeks. In order to reduce the number of patients who could breach 52 weeks there has been a focussed reduction in the total number of patients waiting for 40 or more weeks, down from 416 in month 7 to 355 in month 8.

Diagnostics - The Trust narrowly missed the operational standard in Month 8, and the performance was better than trajectory. 111 patients were waiting more than 6 weeks for their diagnostic test at the end of the month; a significant reduction when compared to 698 patients at the end of April. The majority of breached patients are waiting for an endoscopy and on-going equipment issues in urodynamics adversely impacted a smaller cohort of patients.

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Cancer Waiting Times - The Trust achieved 6 of the 8 operational standards for cancer waiting times in month 8. The two that weren't achieved were first treatment within 62 days of urgent GP referral and two week wait.

Cancer: 2 Week Wait - Although the Trust didn't achieve the operational standard in Month 8, it performed significantly better than trajectory. 117 patients waited longer than 2 weeks to be seen by a consultant. If 4 more patients had been seen within 2 weeks, then the operational standard would have been met. Lung and urology were the two specialities not achieving their trajectory.

Cancer: Breast Symptomatic - Month 8 was the third month in a row where the operational standard was met. The 21 patients who were not seen within two weeks between months 6 and 8 were due to the patient choosing not to attend the appointment offered.

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Quality of Care

Complaints – The timeliness of complaints responses has improved by more than 10% in month 8, but continues to be under both target and trajectory.

Overdue Serious Incidents – Although the number of overdue SIs has reduced in month 8, performance has been off trajectory for three months, after meeting trajectory for the preceding three months. Five of the seven overdue SIs are allocated to the Medicine Division.

VTE assessments – VTE performance remains on track to achieve the national 95% target in December, and work is underway to improve performance of VTE reassessments within 24 hours.

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Fractured Neck of Femur – The operational standard was achieved in month 8 with improved performance at WRH. All time to theatre breaches were due to patients being unfit for surgery; none were due to theatre capacity.

Recommendations

The Board is asked to:

1. Review the Summary Integrated Performance Report for Month 8.
2. Seek assurance as to whether:
    a. the risks of under-performance in each area have been suitably mitigated, and;
    b. robust plans are in place to improve performance.

Appendices

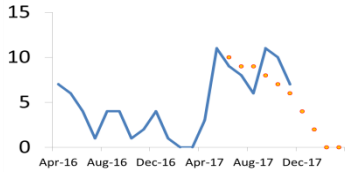
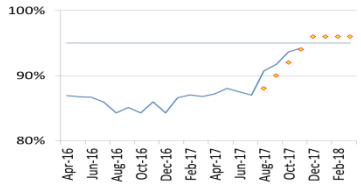
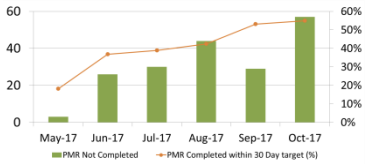
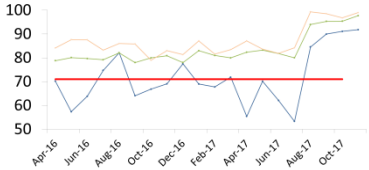
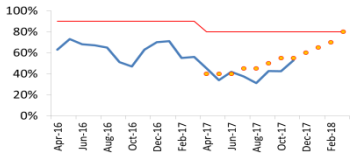
1. Trust Board Summary Grids Nov-17
    - Month 8 2017 Operational Performance Summary
    - Month 8 2017 Quality & Safety Summary

2. Trust Board Dashboard Nov-17

Worcestershire Acute Hospitals NHS Trust

Month 8 2017 Quality & Safety Summary

RAG rated against Internal Trajectory

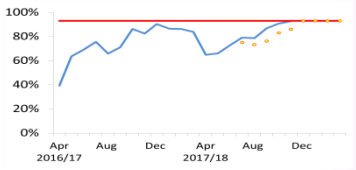
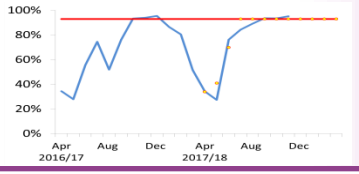
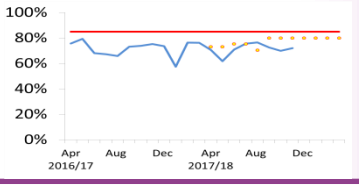
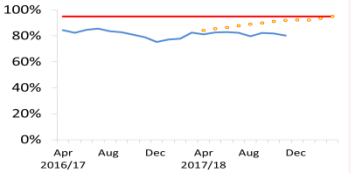
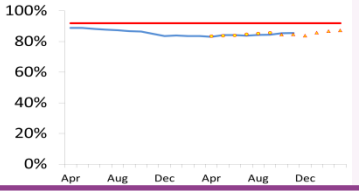
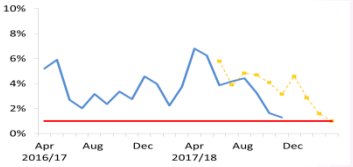
Description	How we did		Trend	Key actions	What are we aiming for in Dec?
Do we investigate incidents in a timely manner?	Every Serious Incident recorded should be investigated and closed within 60 days	7	7 investigations remained open past the 60 day deadline at the end of November.		Weekly meetings with the CCG to close queries. Investigation training to take place. Senior Investigation Manager posts to be considered.	<4
Do we manage the risk of falls and harm?	The risk of harm/injury from falls is reduced.	1	**1** patient suffered a fall this month that resulted in serious harm.		Pilot revised falls documentation. Recruitment of falls champions. Bedside risk alert tool linked to Interactive Whiteboard.	<=1
Do we assess patients at risk of developing VTE?	At least 95% of patients who require a VTE assessment should receive one	94.21%	We risk assessed 94.21% of our patients who required a VTE assessment. This means **209** patients were not assessed.		Roll-out new assessment form, robust investigations into hospital acquired thrombosis, recruit VTE Lead Nurse as part of Safer Care team.	96%
When a patient dies, do we review their care and treatment?	In-hospital deaths should have a primary mortality review completed within 30 working days	54.97%	54.97% of mortality reviews assigned in **October** were completed within 30 days . 189 reviews have yet to be completed.		Direct management of consultant completion rates alongside resolution of outstanding issues with the electronic system	>60%
Would patients and their families recommend us?	Each of our service areas should receive a score of 71 or above from patients and their families	A&E 91.84 Acute 96.42 Mat. 99.00 Out. 94.96	4 out of 4 service areas received on target scores of patients who would be likely or highly likely to recommend our hospital.		Continue to promote new app to capture, report and publicise response rate and scores. Investigate possibility of bringing out-patient data in-house.	>/=71 - - -
Do we respond to complaints quickly?	80% of formal complaints should be responded to within 25 days	52.63%	We closed 76 formal complaints in month, 40 were within 25 working days. This means **36** people were waiting for a response longer than they should have been.		More regular progress reviews with ADPE and DCNO. Agency staff recruited to support gaps in governance teams.	60%

RAG ratings for all metrics except 'Falls' indicate performance against trajectory. Falls metric is RAG rated against locally agreed threshold. RAG rating on the Dashboards are against national or locally agreed standards

Worcestershire Acute Hospitals NHS Trust

Month 8 2017 Operational Performance Summary

RAG rated against Internal Trajectory

	Description	How we did		Trend	Key actions	What are we aiming for in Dec?
Did we see urgent cancer patients quickly?	**93%** of potential cancer patients seen by a specialist within **2 weeks**.	92.76%	We saw 92.76% of our cancer patients within 2 weeks. **117 patients waited longer.** Issues remains with Lung. Urology improved their performance from October.		Recruitment in key specialties, use of nurse practitioners, work with CCGs re urgency of 2ww referrals, triaging lists, daily monitoring, introduction of multi-disciplinary approach.	93.0%
Did we see patients with potential breast cancer quickly?	**93%** of patients with potential **breast cancer** seen by a specialist within **2 weeks**	95.17%	95.17% of patients were seen within 2 weeks. **Only 7 patients** waited longer than 2 weeks, all due to patient choice to not attend the offered appointment.		Increased week and weekend slots, enhanced consultant radiology cover, proactive cover for breast consultants over summer period.	93.0%
How quickly did we start treating cancer patients?	**85%** of cancer patients to start treatment within **62 days** of urgent GP referral**.**	72.09%	72.09% of patients started treatment within 62 days. **45.5 patients waited longer**. There were **27 patients** waiting 104 days or more for treatment.		Agreement on internal standards for diagnostic for cancer pathways. Straight to test pathways for lung implemented	80.0%
Are we seeing patients with an emergency within 4 hours?	The Trust should see **95%** of patients within 4 hours from arrival to admission, transfer or discharge	80.33%	The Trust performance was 80.33% **with 3,002 patients** breaching the 4 hours standard. Worcestershire Royal declined to 62.88%, and the Alexandra to 82.68%.		Implementation of a shared set professional standards. Consultant-led flow management process, focussed on discharge, with on-call consultants beginning rounds in ED.	92.3%
Did we start treatment within18 weeks?	**92%** of patients on a 'referral to treatment' (RTT) pathway should be seen within 18 weeks.	85.49%	85.49% of patients are within the 18 weeks pathway. **5,383 patients have been waiting longer than 18 weeks** and, of those, **21** have been waiting for **52 weeks or longer.**		Actions around recruitment and staff capacity are the most critical factor for RTT. Enhanced nursing roles and additional sessions.	83.75%
When a patient needs a diagnostic test, do we do this within 6 weeks?	A maximum of **1%** of patients who need a diagnostic test can be seen outside of 6 weeks	1.29%	98.71% of patients requiring a diagnostic test were waiting less than 6 weeks for their test. 1.29% were waiting 6 or more weeks; **that's 111 patients**. Key areas for improvement remain endoscopy and urodynamics.		Insourcing and outsourcing initiatives, waiting list initiatives, ensuring best use of equipment availability, reducing staff vacant sessions.	4.57%

Worcestershire Acute Hospitals NHS Trust

Quality Metrics Overview

Worcestershire Acute Hospitals NHS Trust

Reporting Period: November 2017

SAFE

Area	Indicator Type		Indicator	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Current YTD	Prev Year	2017/18 Tolerances			SRO	Data Quality Kitemark
																				On Target	Of Concern	Action Required		
Incidents	Local	QPS3.3	Incidents - SI's open > 60 days (Awaiting closure - WAHT)	2	4	1	0	0	3	11	9	8	6	11	10	7			0	-	>0	CMO	
Falls	Local	QPS6.6	Falls: Total Falls Resulting in Serious Harm (In Month)	1	4	2	5	0	2	1	1	3	3	5	2	1	18	23	<=1	-	>=2	CNO	
VTE	National	QPS11.1	VTE Risk Assessment (as recorded in Bluespier and OASIS)	93.46%	93.40%	93.48%	93.27%	94.20%	94.51%	94.74%	94.34%	94.25%					93.23%	94.27%	>=95%	94% - 94.9%	<94%	CMO	
	National	QPS11.2	VTE Risk Assessment (as recorded in OASIS only - Aug-17 onwards)										90.73%	91.52%	93.64%	94.21%			>=95%	94% - 94.9%	<94%	CMO	
Never Events	National	QPS4.1	Never Events	0	0	1	0	0	0	0	0	0	1	0	0	1	2	2	0	-	>0	CMO	
Pressure Ulcers	Contractual	QPS7.5	Pressure Ulcers: New Pts. with Hosp. Acq. Grade 3 Avoidable (Monthly)	0	4	2	1	0	0	2	1	2	1	0	2	2	10	18	0	1 - 3	>=4	CNO	
	Contractual	QPS7.7	Pressure Ulcers: New Pts. with Hosp. Acq. Grade 4 Avoidable (Monthly)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	>=1	CNO	
Infection Control	National	QPS12.1	Clostridium Difficile (Monthly)	5	6	3	3	3	2	1	3	4	3	7	3	3	26	41	16/17 Threshold < = 32 17/18 Threshold < = 32			CNO	
	National	QPS12.4	MRSA Bacteremia - Hospital Attributable (Monthly)	1	1	0	1	1	0	0	0	0	0	0	0	0	0	4	0	-	>0	CNO	
	National	QPS12.131	MRSA Patients Screened (High Risk Wards Only) - Elective	96.6%	93.8%	97.0%	96.7%	95.5%	96.4%	97.4%	95.8%	96.4%	95.6%	98.0%	96.1%	97.40%	97.00%		>=95	-	<95%	CNO	
	Contractual	QPS12.14	Ecoli Cases (Trust Attributable)	7	5	5	4	6	8	8	8	5	5	8	4	0	46	67	-	-	-	CNO	
C-Sections	Contractual	MCS1.2	Emergency Caesareans	11.7%	13.6%	12.6%	14.2%	15.5%	14.0%	16.7%	15.9%	14.7%	18.4%	18.5%	16.0%	14.9%	16.1%	14.6%	<=15.2%		>15.2%	CNO	

EFFECTIVE

Mortality	National	QPS9.81	Mortality - HSMR - All Diagnostic Groups - rolling 12 months*	107.50	106.10	109.00	109.00	108.64		106.17	104.73	102.67	103.87	102.50			-	-	-	-	-	DPS	
	National	QPS9.1	Mortality - SHMI (HED tool) Inc. deaths 30 days post discharge - rolling 12 months*	108.00	108.00	107.00	107.23		104.63	103.15	102.55	100.89	101.25				-	-	-	-	-	DPS	
	National	QPS9.23	% Primary Mortality Reviews returned within 30 days of issue (from month assigned)							18.20%	36.80%	38.90%	42.40%	53.10%	54.97%				TBC	TBC	TBC	DPS	
	National	QPS9.25	Number of issued Primary Reviews not completed (backlog - based on month assigned)							3	26	30	44	29	57		189		-	-	-	DPS	
EMSA	National	QEX3.1	EMSA - Eliminating Mixed Sex Accommodation	0	15	0	9	40	36	34	34	40	33	37	46	47	366	64	0	-	>0	CNO	
NOF	National	QEF3.1	Hip Fracture - Time to Theatre <= 36 hrs (%)	61.40%	61.20%	63.70%	63.50%	70.50%	90.91%	90.74%	76.67%	85.96%	67.12%	79.31%	80.00%	85.19%	81.8%	60.0%	>=85%	-	<85%	CMO	
	National	QEF3.2	Hip Fracture - Time to Theatre <= 36 hrs (%) - Excl. Unfit/Non-Operative Pts	67.00%	69.50%	78.70%	76.70%	76.80%	96.77%	96.08%	97.87%	94.23%	79.03%	92.00%	88.89%	100.00%	92.3%	70.2%	>=85%	-	<85%	CMO	
Sepsis	National	QEF3.3	% Sepsis Screening Completed (Audit)										48.92%	60.29%	63.48%	83.83%						CMO	
Audits	Local	QR1.4	% of National Audits with an action plan						72.0%		53.0%	43.0%	73.0%	84.0%	91.0%	94.0%			>80%	50%-79%	<50%	CNO	
	Local	QR1.6	% of Local Audits with an action plan			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			>80%	50% - 79%	<50%	CNO	
	Local	QR1.11	% of Local Audits which have breached the proposed finish date									33.0%	62.0%	71.0%	74.0%	68.0%			<5%	5% - 20%	>20%	CNO	
	Local	QR1.8	% of NICE assessments outstanding at >8 weeks following publication (due at 12 weeks)										19.0%	22.0%	17.0%	20.0%			<20%	20% - 60%	>60%	CNO	
	Local	QR1.9	% Of NICE assessments completed within 12 weeks following publication						65.0%	81.0%	81.0%	81.0%	81.0%	75.0%	81.0%	78.0%			>95%	20% - 94%	<20%	CNO	
	Local	QR1.10	% of non/partially compliant NICE guidance with exception and/or risk report							68.0%	68.0%	68.0%	68.0%	72.0%	81.0%	75.0%			>80%	30% - 79%	<30%	CNO	

CARING

Friends & Family	National	QEX2.1a	Friends & Family - A&E (Score) *NEW*										84.55%	88.20%	92.00%	91.84%			TBC	TBC	TBC	CNO	
	National	QEX2.1	Friends & Family - A&E (Score)	69.1	77.5	69.0	67.8	71.9	55.4	70.1	62.1	53.3						70.2	>=71	67-<71	<67	CNO	
	National	QEX2.61a	Friends & Family - Acute Wards (Score) *NEW*										94.94%	94.88%	93.79%	96.72%			TBC	TBC	TBC	CNO	
	National	QEX2.61	Friends & Family - Acute Wards (Score)	80.9	78.0	83.0	81.0	80.0	82.4	83.3	81.8	80.0						-	>=71	67-<71	<67	CNO	
	National	QEX2.7a	Friends & Family - Maternity (Score) *NEW*										99.35%	98.56%	96.78%	99.01%			TBC	TBC	TBC	CNO	
	National	QEX2.7	Friends & Family - Maternity (Score)	83.0	81.4	87.1	81.6	83.5	87.1	83.7	81.9	84.2						84.0	>=71	67-<71	<67	CNO	

RESPONSIVE

Complaint Management	Local	QEX1.37	Formal Complaints - % responded within 25 days (closed in month) - WAHT						45.2%	34.0%	41.8%	37.5%	31.2%	42.5%	42.4%	52.6%	41.45%		>=80%	70-79%	<=69%	CNO	
	Local	QEX1.14	Category 2 Complaints - % responded within 25 days (closed in month) - WAHT	63.0%	70.0%	71.0%	55.0%	56.0%										63.0%	>=90%	80-90%	<=79%	CNO	
	Local	QEX1.24	Formal Complaints - Numbers (In Month)						33	60	48	42	49	50	55	69	406		-	-	-	CNO	
	Local	QEX1.1	Category 2 Complaints - Numbers (In Month) - WAHT	68	60	55	51	61										724	-	-	-	CNO	

* A new electronic mortality review system was introduced at the end on May - this means previous months are not comparable. PMR reporting is based on the month assigned and reported a month in arrears.
** There has been a change in methodology for FFT - the 'score' now represents % recommended (where the response was either extremely likely or likely)

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

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

Worcestershire Acute Hospitals NHS Trust

Performance Metrics Overview

Reporting Period: November 2017

*** PLEASE NOTE THIS IS A DRAFT VERSION WITH PRE-VALIDATED FIGURES WHICH ARE SUBJECT TO CHANGE ***

Area	Indicator Type	Indicator		Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Current YTD	Prev Year	Tolerance Type	2017/18 Tolerances: On Target	2017/18 Tolerances: Of Concern	2017/18 Tolerances: Action Required	SRO	Data Quality Kitemark
Waits	National	PW1.1.3	6 Week Wait Diagnostics (Proportion of waiting list)	2.75%	4.56%	3.98%	2.24%	3.73%	6.80%	6.24%	3.85%	4.18%	4.42%	3.24%	1.63%	1.29%			National	<1%	-	>1%	COO	
	National	CW3.0	RTT - Incomplete 92% in 18 Weeks	85.00%	83.58%	83.90%	83.59%	83.51%	83.04%	84.21%	84.24%	83.82%	84.29%	84.49%	85.47%	85.49%			National	>=92%	-	<92%	COO	
	National	CW4.0	Patients waiting for over 52 weeks for treatment	2	3	11	13	21	21	43	34	37	28	63	12	21			National	0	-	>=1	COO	
Theatres	Local	PT2.1	Booking Efficiency - ALX	72%	75%	71%	72%	76%	73%	74%	74%	72%	72%	72%	68%	68%		-	Local	Based on Target Cases per Sessions Utilisation (>8% below target = 'Of Concern')			COO	
	Local	PT2.2	Booking Efficiency - WRH	87%	75%	83%	78%	83%	76%	82%	81%	82%	85%	85%	81%	83%		-	Local				COO	
	Local	PT2.3	Booking Efficiency - KGH	69%	70%	71%	72%	75%	73%	71%	72%	69%	66%	68%	69%	67%		-	Local				COO	
	Local	PT1.1	Utilisation - ALX	69%	71%	29%	67%	72%	72%	69%	69%	68%	66%	68%	66%	66%		-	Local	Based on Target Cases per Sessions Utilisation (>8% below target = 'Of Concern')			COO	
	Local	PT1.2	Utilisation - WRH	78%	71%	75%	71%	76%	73%	75%	74%	74%	74%	75%	74%	74%		-	Local				COO	
	Local	PT1.3	Utilisation - KGH	66%	67%	69%	70%	71%	67%	67%	67%	67%	65%	65%	66%	66%		-	Local				COO	
A & E	National	CAE1.1a	4 Hour Waits (%) - Trust inc. MIU	78.90%	75.30%	76.80%	77.90%	82.57%	81.21%	82.68%	82.95%	82.44%	79.77%	82.24%	81.86%	80.33%	81.71%	81.50%	National	>=95%	-	<95%	COO	
	Local	CAE2.1	12 hour trolley breaches	37	88	177	55	14	4	6	1	1	0	0	0	17	29		Local	0		0	COO	
	National	CAE3.1	Time to Initial Assessment for Pts arriving by Ambulance (Mins) - 95th Percentile	36	41	44	43	27	29	28	22	22	28	28	29	32		-	National	<=15mins	-	>15mins	COO	
	National	CAE3.2	Time to Initial Assessment for All Patients (Mins) - 95th Percentile	34	34	35	34	27	28	26	24	26	27	27	29	30		-	National	<=15mins	-	>15mins	COO	
	National	CAE7.0	Ambulance Handover within 15 mins (%) - WMAS data	53.90%	39.20%	39.70%	35.90%	47.70%	51.30%	52.50%	60.60%	57.90%	55.90%	55.20%	50.30%	46.20%	53.70%	53.20%	National	>=80%	-	<80%	COO	
	National	CAE8.0	Ambulance Handover within 30 mins (%) - WMAS data	87.70%	78.70%	79.50%	74.90%	86.40%	86.10%	86.80%	92.10%	87.50%	87.80%	86.40%	85.30%	80.50%	86.60%	88.10%	National	>=95%	-	<95%	COO	
	National	CAE9.0	Ambulance Handover over 60 minutes - WMAS data	81	157	141	129	60	70	95	43	63	78	95	99	152	695	731	Local	0		>0	COO	
Cancer	National	CCAN1.0	2WW: All Cancer Two Week Wait (Suspected cancer)	82.50%	90.40%	86.60%	86.30%	83.90%	64.90%	66.03%	72.81%	79.14%	78.61%	86.77%	90.81%	92.76%	79.18%	74.70%	National	>=93%	-	<93%	COO	
	National	CCAN2.0	2WW: Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	94.10%	95.60%	86.60%	80.50%	51.80%	34.38%	27.37%	76.19%	84.38%	89.31%	93.68%	93.55%	95.17%	71.32%	66.60%	National	>=93%	-	<93%	COO	
	National	CCAN3.0	31 Days: Wait For First Treatment: All Cancers	94.60%	97.63%	95.08%	97.39%	97.64%	97.67%	96.40%	98.14%	98.05%	97.83%	96.65%	98.21%	98.27%	97.69%	97.06%	National	>=96%	-	<96%	COO	
	National	CCAN7.0	62 Days: Wait For First Treatment From Urgent GP Referral: All Cancers	75.25%	73.85%	57.49%	76.40%	76.70%	70.66%	61.78%	70.88%	75.52%	76.58%	72.65%	69.90%	72.09%	71.40%	71.80%	National	>=85%	-	<85%	COO	
	Local	CCAN7.2	62 Days: Wait For First Treatment From Urgent GP Referral: Breast*	100.00%	90.90%	93.30%	100.00%	94.70%	83.30%	84.20%	93.10%	100.00%	86.20%	82.10%	100.00%	94.10%	90.40%	92.70%	National	>=97%	-	<97%	COO	
	Local	CCAN7.3	62 Days: Wait For First Treatment From Urgent GP Referral: Gynae*	100.00%	66.70%	71.40%	66.70%	100.00%	50.00%	75.00%	100.00%	71.40%	100.00%	50.00%	62.50%	72.70%	75.50%	63.60%	National	>=83%	-	<83%	COO	
	Local	CCAN7.4	62 Days: Wait For First Treatment From Urgent GP Referral: Haemotological*	85.70%	100.00%	100.00%	93.30%	71.40%	87.50%	76.90%	70.00%	91.70%	100.00%	66.70%	83.30%	75.00%	82.20%	83.20%	National	>=86%	-	<86%	COO	
	Local	CCAN7.5	62 Days: Wait For First Treatment From Urgent GP Referral: Head & Neck*	100.00%	80.00%	30.00%	61.50%	-	28.60%	33.30%	33.30%	30.80%	100.00%	0.00%	0.00%	44.40%	31.10%	58.10%	National	>=74%	-	<74%	COO	
	Local	CCAN7.6	62 Days: Wait For First Treatment From Urgent GP Referral: Lower Gastro*	48.50%	30.80%	37.20%	54.50%	40.00%	33.30%	36.70%	60.00%	56.30%	37.10%	28.60%	55.30%	60.00%	45.90%	45.70%	National	>=77%	-	<77%	COO	
	Local	CCAN7.7	62 Days: Wait For First Treatment From Urgent GP Referral: Lung*	53.80%	69.00%	62.50%	100.00%	57.90%	83.30%	50.00%	50.00%	33.30%	80.00%	20.00%	38.50%	42.90%	60.30%	69.80%	National	>=81%	-	<81%	COO	
	Local	CCAN7.8	62 Days: Wait For First Treatment From Urgent GP Referral: Skin*	94.70%	100.00%	100.00%	89.70%	100.00%	95.80%	92.00%	92.60%	93.80%	97.00%	100.00%	98.40%	92.90%	95.30%	95.00%	National	>=96%	-	<96%	COO	
	Local	CCAN7.9	62 Days: Wait For First Treatment From Urgent GP Referral: Upper Gastro*	90.60%	83.30%	40.00%	75.00%	100.00%	62.50%	72.70%	56.00%	66.70%	66.70%	68.40%	71.40%	62.50%	65.40%	72.50%	National	>=80%	-	<80%	COO	
	Local	CCAN7.10	62 Days: Wait For First Treatment From Urgent GP Referral: Urological*	51.40%	37.30%	31.30%	53.70%	63.30%	59.30%	40.70%	51.40%	64.00%	65.10%	69.70%	53.80%	59.70%	58.50%	46.30%	National	>=81%	-	<81%	COO	
	Local	CCAN7.11	62 Days: Wait For First Treatment From Urgent GP Referral: Other*	33.30%	-	0.00%	100.00%	-	50.00%	50.00%	66.70%	-	-	100.00%	40.00%	-	61.30%	66.70%	National	-	-	-	COO	
	National	CCAN8.0	62 Days: Wait For First Treatment From National Screening Service Referral: All Cancers (Small numbers)	79.00%	78.30%	80.00%	81.80%	100.00%	90.91%	95.00%	92.68%	94.12%	85.71%	88.24%	92.86%	96.23%	92.24%	89.20%	National	>=90%	-	<90%	COO	
	National	CCAN9.0	62 Days: Wait For First Treatment From Consultant Upgrades: All Cancers *	69.60%	50.00%	88.00%	65.00%	64.00%	83.33%	91.67%	81.82%	81.82%	96.15%	90.00%	72.73%	87.10%	85.26%	73.90%	National	-	-	-	COO	
	National	CCAN10.0	104 Day waits : 62 day treatments waiting over 104 days	41	45	41	42	30	25	21	21	30	33	35	45	27								
	National	CCAN11.0	Cancer Long Waiters (104 Day +) includes suspected and diagnosed - treated in month	14.0	11.0	19.5	7.0	13.0	4.5	12.5	5.0	6.0	13.0	9.5	14.5	6	71	151	-	-	-	-	COO	
Stroke	Local	CST1.1	80% of Patients spend 90% of time on a Stroke Ward	70.6%	44.4%	21.8%	53.8%	42.4%	72.1%	68.8%	75.7%	55.4%	68.5%	67.6%	75.7%	70.7%	69.00%		Local	>=80%	-	<80%	COO	
	Local	CST2.1	Direct Admission (via A&E) to a Stroke Ward	17.2%	22.2%	14.5%	4.7%	23.0%	46.2%	30.9%	23.1%	31.6%	34.5%	29.8%	43.8%	26.9%	34.00%		Local	>=90%	-	<90%	COO	
	Local	CST3.1	TIA clinic within 24 hours	8.0%	35.0%			8.0%	2.9%	0.8%	1.6%	5.5%	43.2%	71.4%	83.9%	77.3%	31.20%		Local	>=60%	-	<60%	COO	
	Local	CST4.0	CT scan within 60 minutes of arrival	47.6%	33.3%	40.8%	54.5%	37.5%	53.6%	38.8%	37.8%	34.2%	35.7%	38.7%	36.2%	36.6%	39.00%		Local	>=80%	-	<80%	COO	
Inpatients (All)	Local	PIN1.5	Bed Occupancy (Midnight General & Acute) - WRH	99.2%	99.1%	99.2%	98.8%	98.6%	96.4%	97.5%	97.1%	97.7%	96.5%	96.9%	98.7%	99.4%	97.5%	99.6%	Local	<90%	90 - 95%	>95%	COO	
	Local	PIN1.6	Bed Occupancy (Midnight General & Acute) - ALX	95.8%	90.1%	91.4%	90.5%	86.1%	87.4%	83.2%	82.6%	83.0%	86.0%	84.7%	85.1%	87.9%	85.0%	89.4%	Local	<90%	90 - 95%	>95%	COO	
	Local	PIN2.3	Beds Occupied by NEL Stranded Patients (>7 days) - last week of month	52.50%	45.60%	45.60%	48.90%	40.94%	38.75%	38.46%	34.71%	39.30%	40.46%	37.55%	38.44%	41.11%		48.9%	Local	<=45%	-	>45%	COO	
	National	PIN3.1	Delayed Transfers of Care SitRep (Patients) - Acute/Non-Acute	45	25	23	34	33	38	32	15	35	27	33	31	31	242	383	Local	<30	-	>=30	COO	
	National	PIN3.2	Delayed Transfers of Care SitRep (Days) - Acute/Non-Acute	1225	1,068	706	878	1,186	686	819	734	622	775	834	845	936	6,251	11021	-	-	-	-	COO	
	Local	PIN4.2	Bed Days Lost Due To Acute Bed No Longer Required (Days)	3,402	2,933	3,068	3,117	3,428	3,000	3,204	2,671	2,987	2,642	2,895	3,360	3,284	24,043	36,498	-	-	-	-	COO	
Elective	National	PEL3.0	28 Day Breaches as a % of Cancellation	40.2%	28.4%	39.0%	13.4%	51.4%	12.9%	22.4%	19.0%	6.6%	29.8%	26.7%	22.7%	13.8%	18.66%	25.7%	TBC	<=5%	6 - 15%	>15%	COO	
	National	PEL3.1	Number of patients - 28 Day Breaches (cancelled operations)	39	25	39	9	18	4	11	8	5	17	12	10	8	75	-	TBC	-	-	-	COO	
	National	PEL4.2	Urgent Operations Cancelled for 2nd time	1	1	0	1	0	1	1	0	0	0	0	0	2	4	10	National	<=0	-	>0	COO	
Emergency	Local	PEM2.0	Length of Stay (All Patients)	4.6	5.0	5.0	5.0	4.6	4.4	4.4	4.4	4.2	4.4	4.8	4.4	4.32	4.4	4.7	Local	TBC	TBC	TBC	COO	
	Local	PEM3.0	Length of Stay (Excluding Zero LOS Spells)	6.8	7.1	7.0	7.3	6.8	6.4	6.4	6.4	6.2	6.3	6.8	6.5	6.39	6.4	6.6	-	-	-	-	COO	
Dementia	National	QEF1.1	Dementia: Find, Assess, Investigate and Refer (Pt 1 - Find)	88.6%	94.4%	94.2%	90.6%	90.7%	94.0%	94.9%	92.4%	97.1%	94.1%	96.0%	95.4%	95.4%	95.0%	91.7%	National	>=90%	-	<90%	CMO	
	National	QEF1.2	Dementia: Find, Assess, Investigate and Refer (Pt 2 - Investigate)	96.3%	94.4%	91.1%	93.7%	93.3%	93.6%	92.1%	89.7%	90.2%	95.1%	94.9%	85.7%	89.6%	91.8%	94.7%	National	>=90%	-	<90%	CMO	
	National	QEF1.3	Dementia: Find, Assess, Investigate and Refer (Pt 3 - Refer)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	National	>=90%	-	<90%	CMO	

** Cancer _this involves small numbers that can impact the variance of the percentages substantially.*

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

Data Quality Kite Mark Descriptions

Green - Reviewed in last 6 months and confidence level high.
Amber - Potential issue to be investigated
Red - DQ issue identified - significant and urgent review required.
Blue - Unknown - will be scheduled for review.