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		
	Moderate		
	Limited		
	None		
	Not applicable	√	

Recommendations	The Board is requested to • Endorse the appointment of Steve Williams as NED Lead for Freedom to Speak Up. • Note the board level responsibilities • Note the Board development programme

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Executive Summary

I have appointed a non-executive director as the Freedom to Speak Up NED Lead. This post is in addition to the Freedom to Speak Up Guardian, Bryan McGinity. Steve Williams will undertake this role.

This appointment shows commitment to ensuring that there are a wide range of people who staff can speak to about any concern, the Guardian, Champions and now the NED Lead.

This role has been publicised on the Trust website.

Other Board responsibilities are as follows (most were previously agreed in July 2017):

1) Caldicott Guardian – Associate Medical Director Patient Safety, Steve Graystone
2) Senior Information Risk Owner – Chief Finance Officer, Jill Robinson
3) Health & Safety – Director of People and Culture, Tina Ricketts
4) Emergency Planning – Chief Operating Officer, Inese Robotham, NED – Mark Yates
5) Quality - Chief Nursing Officer, Vicky Morris
6) FOI Qualified person – Chief Executive, Michelle McKay
7) Freedom To Speak Up Guardian – Bryan McGinity
8) Director of Infection Prevention & Control – Chief Nursing Officer, Vicky Morris
9) Decontamination – Chief Nursing Officer, Vicky Morris
10) Sustainability - Director of Asset Management and ICT, James Longmore
11) Anti Fraud & Security - Director of Finance, Jill Robinson
12) CQC Registered Manager - Chief Nursing Officer, Vicky Morris
13) Date Protection Officer – Company Secretary, Kimara Sharpe
14) Accountable Officer for Controlled Drugs - Chief Pharmacist, Rachel Montgomery
15) Freedom To Speak Up Guardian NED lead – Steve Williams
16) Senior Independent NED – Mark Yates
17) Equality & Diversity lead – Tina Ricketts (Chris Swan)
18) End of Life NED lead – Steve Williams
19) Organ donation – Chief Medical Officer, Suneil Kapadia
20) Learning from Deaths – Chief Medical Officer, Suneil Kapadia, NED – Bill Tunnicliffe
21) Responsible Officer – Chief Medical Officer, Suneil Kapadia
22) Medical Validation – Chief Medical Officer, Suneil Kapadia
23) Model Hospital – Director of Finance, Jill Robinson, NED – Phil Mayhew
24) Local Maternity Service NED lead – Chris Swan

Board development: We have the following sessions planned for 2018/19.

- **April**
  - Strategy
  - Risks and Opportunities
- **April/May** (date tbc)
  - Board Assurance Framework linking to the strategy
- **June**
  - General Data Protection regulations (GDPR)
  - False or Misleading Information

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We will also have a session on medical engagement during 2018/19.

Recommendations

The Board is requested to

- Endorse the appointment of Steve Williams as NED Lead for Freedom to Speak Up.
- Note the board level responsibilities
- Note the Board development programme

NHS
Worcestershire Acute Hospitals NHS Trust

Date of meeting	15 March 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		
	Moderate		
	Limited		
	None		
	Not applicable	√	

Recommendations	The Board is requested to note this report.

NHS
Worcestershire
Acute Hospitals
NHS Trust

Date of meeting	15 March 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 10, 73.28% of attendances at the emergency departments were seen and discharged or admitted within 4 hours, against the national target of 95%. This compares to 76.80% in January 2017. The year to date figure is 79.59% compared to 81.50% to January 2017. The national target remains 95%. 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 8 breaches this January compared to 177 in the prior year and 4 in December compared to 88 last year. We have seen a 10.29% increase in ED attendances and a 12.48% increase in ambulance conveyances in January compared to the same month last year. As a category 4 system, we are being supported by Carnell Farrar in our work to improve performance in the Emergency Department. More detail on this is covered later in the agenda.

Finance: The Trust delivered the month 10 forecast deficit of £5.5m and recorded £0.5m of non-recurrent delivery against the £2m non recurrent element of the financial recovery plan (FRP) target. This resulted in a £5.0m deficit in month 10. Both cost improvement plan and FRP respectively delivered to forecast. As agreed with NHSI in December 2017, the Trust submitted a revised forecast outturn of £57.9m deficit. A number of risks have been outlined that require on-going management and mitigation in order for the Trust to meet this revised forecast outturn. As a result of the revised I&E forecast to £57.9m deficit, the Trust is looking to increase its planned interim revenue support. The Trust has agreed Interim Revenue Support in February and requested March, pending approval by NHSI and DH. We remain very concerned about the capital position.

Cancer 62 days: In month 9, 71.88% of patients had their treatment started within 62 days and the unvalidated position for month 10 is 69.39%. This compares with 57.49% in January 2017. The year to date position is 71.32% compared to 71.80% in January 2017. The national trajectory remains at 85%. 26 patients were still waiting more than 104 days for their first treatment at the end of January. 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 remain 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

- The CQC conducted an announced visit to the Trust in January 2018. The inspection visited maternity, children and young people's services, outpatients, and diagnostics at the Worcestershire Royal Hospital. Inspectors also visited children's and young people's services and diagnostics at the Alexandra Hospital and the Minor Injury Unit diagnostics and children and young people's services at Kidderminster. We have received a letter outlining the preliminary findings. The letter highlighted

areas of improved practice which included the daily checking of fridge temperatures, incident reporting culture, multidisciplinary working and safeguarding awareness. It was pleasing to see that our patients had given positive feedback about the services. Areas highlighted for improvement includes reviewing the environment for possible ligature points, hand hygiene and neonatal staffing.

- We received another visit in February from the CQC. They inspected surgery at all three hospitals, outpatients at the Alexandra and Kidderminster Hospitals, children and young people's services and diagnostics at Worcestershire Royal. Areas which are highlighted as improved include privacy and dignity, multidisciplinary working and the culture. Areas for improvement included referral to treatment times, late starting of theatre lists and medical staff training in safeguarding. The CQC also undertook an inspection against the Well Led domain at the end of February. Their early feedback included that the Board was focussed on operational delivery and that leaders understood the challenges. Systems, processes and the governance framework were in place but needed further embedding and to become sustainable.

The report from all three visits is expected over the next few months.

Information Governance Toolkit: The Trust has achieved level 2 for the IG toolkit submission. The IG toolkit will morph into the Data and Security Toolkit from April 2018 which includes compliance with the general data protection regulations (GDPR).

Herefordshire and Worcestershire CCGs – Accountable Officer: Simon Trickett has been appointed as the Accountable Officer for the four CCGs. This change will result in having one accountable officer for the CCGs across the STP footprint and is a significant step on the progression of integrated care across the STP.

Recent Coroner Inquest: Members will be aware of the tragic case of a young lady who committed suicide and died at the Trust in February 2016. I have spoken to the family and given them the Trust's condolences. The Coroner's conclusion was suicide. There has been localised learning from the event as follows:

- Information shared cross county to understand the recognition of Toxbase alerts and understanding the effects of DNP (Dinitrophenol)
- Immediate intensive care referral if patient represents with DNP overdose
- Toxbase advice now printed for each patient and recorded in notes
- Public Health England and the Medicines and Healthcare Products Regulatory Agency (MRHA) informed about DNP.

In addition, there has been more generic learning following a review of the Trust's internal investigation, including implementing a standard template for staff statements, additional training for minute takers, the process for Duty of Candour strengthened and review of a single point of contact for complex complaints.

Recent Court Case: Members will be aware that a former member of staff was convicted of fraud in the Crown Court in February 2018. The ex-consultant, Mr Sarker, was given six years in prison for falsifying information given at interview in 2011. Trust staff have worked with the Police for a number of years to aid in a conviction. Many of the systems and processes in place at the time now no longer exist and the governance structure has been completely revised. NHS I will be working with the Crown Prosecution Service (CPS) to

ensure that the national lessons to be learnt will be identified and considered. The coroner is still considering four inquests and the date for these inquests is understood to be later in 2018.

The Link Bridge: Work will commence in April to join the main Worcestershire Royal Hospital site to Aconbury East via a link bridge, following the early provision of funding from the Acute Service Review (ASR) business case. This work is likely to take six months. There will be minimal disruption to traffic flow. It will be open in time for the winter of 2018/19.

Dr Elma Wong: Dr Elma Wong, an Anaesthetist at the Trust featured on national ITV News at Ten, in a report on her visit to Yemen in November. Dr Wong visited the country late last year, working with charity MSF - 'Doctors Without Borders' where she was helping to save civilians injured in the civil war.

Joint Planning Guidance: The Joint Planning Guidance (NHS I and NHS E) was published in early February. The guidance outlines how the additional £1.6 billion funding for the NHS announced in the November 2017 budget and the additional mandate revenue of £0.54 billion in 2018/19 should be deployed, and sets out collective expectations around what the NHS should be expected to deliver for this money. The NHS is working to two-year priorities as set out in last year's planning guidance and the March 2017 *Next Steps on the Five Year Forward View*. The guidance published in February is consistent with these priorities and delivery remains critical in priority areas that were outlined in last year's planning guidance.

The national expectation is that aggregate performance against the four-hour A&E target is above 90% in September, that the majority of providers are achieving the 95% standard in March, and that the NHS returns to 95% overall performance in 2019/20.To access the performance element of the provider sustainability fund, each provider will need to achieve A&E performance in 2018/19 that is the better of either its own performance in the equivalent quarter in 2017/18 or 90%. The guidance also sets an expectation that RTT waiting lists will be no greater in March 2019 than in March 2018 and that the numbers of >52 week waiters will be at least halved at national level, by March 2019. Locally, providers should be aiming to eliminate 52 week waits completely wherever possible.

We will be considering this guidance when we discuss the development of the Trust strategy in April.

Chief Clinical Information Officer for Health and Care: Dr Simon Eccles has been appointed as the new Chief Clinical Information Officer for Health and Care to spearhead NHS use of technology and data to drive improvements in patient care. Dr Eccles is a practicing hospital consultant in Emergency Medicine at Guy's and St Thomas' NHS Foundation Trust.

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.

NHS
Worcestershire Acute Hospitals NHS Trust

Date of meeting	15th March 2018
Paper number	C3

Integrated Performance Report – Month 10 2017/18

For approval:		For assurance:	✓	To note:	

Accountable Director	Jill Robinson – Chief Finance Officer		
Presented by	Jill Robinson – Chief Finance Officer	**Author**	Nicola O'Brien – Head of Information and Performance Rebecca Brown – AD Information and Performance

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 and Performance	26th February 2018	

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		
	Moderate		
	Limited	✓	→
	None		
	Not applicable		

Recommendations	The Board is asked to: 1. Review the Summary Integrated Performance Report for Month 10. 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.

Worcestershire Acute Hospitals NHS Trust

Date of meeting	15th March 2018
Paper number	C3

Executive Summary

This paper provides the Committee with an update on the Trust's operational and quality of care performance in January against priority metrics that form part of NHSi's Single Oversight Framework (SOF). The Board should note that the NHS Constitutional standards are the Emergency Access Standard and Access to Elective treatment within 18 weeks.

The Finance and Performance Committee received the full Integrated Performance Report in its February meeting. The report included detailed Corrective Action Statements compiled from submissions made by Divisions, and where appropriate, indicative recovery trajectories for 2018/19 based on linear trajectories to meet operational standards.

The Integrated Performance report for January was considered at the Finance and Performance Committee on the 26th February at which point some KPIs were unvalidated; this report provides an update on the validated Month 10 position.

Background

The 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 7 of 10 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

Operational Performance

Emergency Access Standard - The Trust did not achieve the operational standard in month 10; there was a decline in performance from month 9 and the gap to trajectory widened. Performance was lower than January 2017 but in context the Trust saw a 10.29% increase in attendances and 12.48% increase in ambulance conveyances compared to the same month last year. In January, 4,040 patients waited for longer than 4 hours from arrival before being discharged, admitted or transferred; this was 366 more patients than in December. There were 8 confirmed twelve hour trolley breaches; 163 less than the same month in 2016/17. *Refreshing NHS Plans for 2018/19* was published by NHSE and NHSI on the 2nd February. The expectation is that Trusts work towards aggregate performance against the four-hour A&E standard of above 90% for the month of September 2018, and that the majority of providers are achieving the 95% standard for the month of March 2019.

Cancer: 62 Day wait for first treatment - The Trust did not achieve the operational standard in Month 10. There was a decline from Month 9 and 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. 147 patients were treated in month 10; of those, 45 patients received their first treatment after waiting 62 or more days. 26 patients were waiting 104 days or more for their first treatment on the last day of the month. The only speciality achieving the operational standard was Skin.

Referral to Treatment Time - The Trust did not achieve the operational standard in month

10 and it did not achieve trajectory; however there was a slight improvement on month 9. 5,544 patients were waiting 18 weeks or longer for their treatment and of those 3 were waiting for 52 or more weeks.

Diagnostics - The Trust did not achieve the operational standard in Month 10 but the performance was better than trajectory. 231 patients were waiting more than 6 weeks for their diagnostic test at the end of the month; 120 more than at the end of November when performance was at its closest to achieving the operational standard. Two thirds of breached patients are waiting for an endoscopy or urodynamics test, and one third are waiting for an imaging test i.e. MRI, CT or ultrasound.

Cancer Waiting Times - The Trust achieved 3 of the 8 operational standards for cancer waiting times in month 10. The three that were achieved were first treatment within 31 days of diagnosis and where the wait for the second or subsequent treatment (surgery and radiotherapy) was within 31 days.

Cancer: 2 Week Wait - The Trust did not achieve the operational standard or trajectory in Month 10. Although 1,648 patients were seen in month, 268 patients waited longer than 2 weeks to be seen by a consultant. Head and Neck, Gynaecology and Haematology were the only specialities to achieve the operational standard. The Board should note that a new Gynaecology pathway has been implemented in Month 11, which is forecast to temporarily negatively impact on the Cancer 2 week wait operational performance while the new pathway is fully embedded.

Cancer: Breast Symptomatic – The Trust did not achieve the operational standard in month 10 and the performance declined from month 9. The 60 patients who were not seen within two weeks in month 10 were due to patient choice, adverse weather conditions and the mammography equipment failure. However, 165 patients were seen in the month, and this was the second highest number in 2017/18.

Stroke - There has been improvement in month 10 for patients attending a TIA clinic within 24 hours, and performance is currently above the recovery trajectory. Likewise, there has been improvement with patients spending 90% of their time on a Stroke Ward in month 10 with performance close to meeting the 80% target. However performance in both direct admission to a Stroke Ward within 4 hours and patients having a CT scan within 60 minutes of arrival have both declined in month 10 and are significantly below the recovery trajectory.

Quality of Care Performance

Complaints – The timeliness of complaint responses is not achieving trajectory or the agreed standard of 80%. An action plan has been written and complaint management remains a focus for Divisional governance teams. The expectation that an initial telephone call is made to the complainant within 5 working days is being closely monitored.

Primary Mortality Review completion –December performance showed a significant deterioration, and reflected challenges with the roles and responsibilities of the new Medical Examiners. This issue was quickly rectified, and indicative performance for January is much improved.

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VTE assessments – Following the deterioration in assessment compliance rate for December, there has been an improvement in performance in month 10. There is a focus at ward level of ensuring a data quality issue around the number of 'unknowns' is rectified.

Fractured Neck of Femur – The operational standard was not achieved in month 10 with improved performance at Alexandra Hospital being offset by decline in performance at Worcester. All time to theatre breaches were due to patients being unfit for surgery. Analysis of the performance when the unfit and non-operative patients are removed from the cohort indicates that the operational standard is being achieved.

Workforce Performance
The Workforce key performance indicators were not reported in Month 10, but will be reported monthly from Month 11 onwards.

Performance Framework
A review of the corporate governance structure is underway and will ensure performance management is enshrined in the new structure. The Trust Performance Framework will be reviewed to ensure consistency of approach. The review of the Performance Framework will also focus on strengthening the role of Divisional Boards in performance management, ensuring key messages are disseminated and concerns escalated where appropriate.

The Finance and Performance Committee previously agreed that over the winter period performance management would occur through a series of specific meetings including Clinical Governance Group (Quality), Trust Leadership Group, Elective Access Board, Confirm and Challenge and Patient Tracking list meetings (Finance and Operational Performance), and People and Culture subgroups.

Recommendations

The Board is asked to:

1. Review the Summary Integrated Performance Report for Month 10.
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

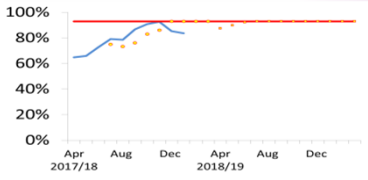
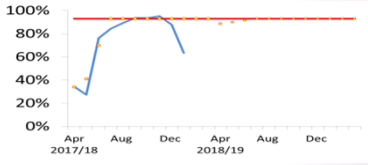
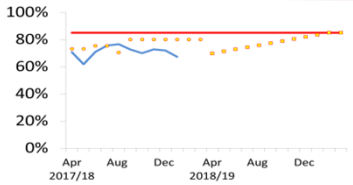
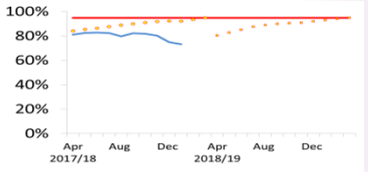
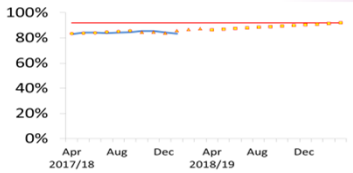
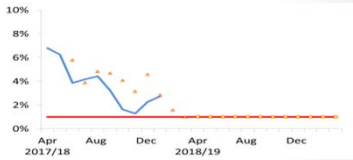
1. Trust Board Summary Grids
    - Month 10 2017/18 Operational Performance Summary
    - Month 10 2017/18 Quality and Safety Summary

2. Trust Board Dashboard Month 10 2017/18

NHS Worcestershire Acute Hospitals NHS Trust

Month 10 2017 Operational Performance Summary

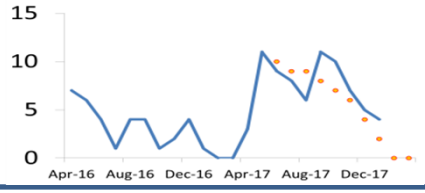
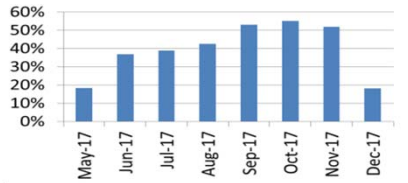
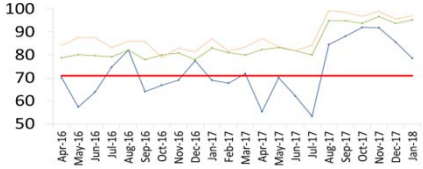
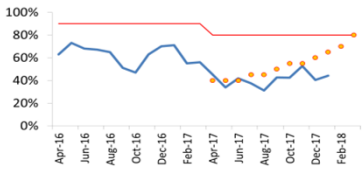
RAG rated against Internal Trajectory | 18/19 trajectories are linear progression to achieve operational standard

	Description	How we did		Trend	Key actions	What are we aiming for in Feb?
Did we see urgent cancer patients quickly?	**93%** of potential cancer patients seen by a specialist within **2 weeks**.	83.74%	We saw 83.74% of our cancer patients within 2 weeks. **268 patients waited longer.** Impact of winter pressures, equipment failure and poor weather conditions affecting clinics.		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**	63.64%	63.64% of patients were seen within 2 weeks. **60 patients** waited longer than 2 weeks. Impact of equipment failure is being mitigated with hired equipment.		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**.**	69.39%	69.39% of patients started treatment within 62 days. **45 patients waited longer before starting treatment**. There were **26 patients** waiting 104+ days for treatment at month end.		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	73.28%	The Trust performance was 73.28% **with 4,040 patients** breaching the 4 hours standard. Worcestershire Royal improved to 57.44%, and the Alexandra declined to 67.05%.		Implementation of a shared set professional standards. Consultant-led flow management process, focussed on discharge, with on-call consultants beginning rounds in ED.	93.6%
Did we start treatment within18 weeks?	**92%** of patients on a 'referral to treatment' (RTT) pathway should be seen within 18 weeks.	84.46%	84.46% of patients are within the 18 weeks pathway. **5,544 patients have been waiting longer than 18 weeks** and, of those, **3 T&O patients** 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.	86.69%
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	2.74%	97.26% of patients requiring a diagnostic test were waiting less than 6 weeks for their test. 2.74% were waiting 6 or more weeks; **that's 231 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.	1.58%

NHS Worcestershire Acute Hospitals NHS Trust

Month 10 2017 Quality & Safety Summary

RAG rated against Internal Trajectory

	Description	How we did		Trend	Key actions	What are we aiming for in Feb?
Do we investigate incidents in a timely manner?	Every Serious Incident recorded should be investigated and closed within 60 days	4	4 investigations remained open past the 60 day deadline at the end of January. All have been approved for closure but not formally signed off.		Weekly meetings with the CCG to close queries. Investigation training to take place. Senior Investigation Manager posts to be considered.	< 3
Do we manage the risk of falls and harm?	The risk of harm/injury from falls is reduced.	0	**0** 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	92.42%	We risk assessed 92.42% of our patients who required a VTE assessment. This means **212** 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	18.13%	18.13% of mortality reviews assigned in **December** were completed within 30 days . 317 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 78.57; Acute 95.21; Mat. 97.02; Out. 91.79	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	44.26%	We closed 61 formal complaints in month, 27 were within 25 working days. This means **34** 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.	70%

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

Quality Metrics Overview

Worcestershire Acute Hospitals NHS Trust

Reporting Period: January 2018

SAFE

Area	Indicator Type		Indicator	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	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)	1	0	0	3	11	9	8	6	11	10	7	5	4			0	-	>0	CMO	
Falls	Local	QPS6.6	Falls: Total Falls Resulting in Serious Harm (In Month)	2	5	0	2	1	1	3	3	6	2	1	2	0	21	23	<=1	-	>=2	CNO	
VTE	National	QPS11.1	VTE Risk Assessment (as recorded in Bluespier and OASIS)	93.48%	93.27%	94.20%	94.51%	94.74%	94.34%	94.25%	90.73%	91.52%					93.16%	94.27%	>=95%	94% - 94.9%	<94%	CMO	
	National	QPS11.2	VTE Risk Assessment (as recorded in OASIS only - Aug-17 onwards)										93.64%	94.21%	89.64%	92.42%			>=95%	94% - 94.9%	<94%	CMO	
Never Events	National	QPS4.1	Never Events	1	0	0	0	0	0	0	1	0	0	1	0	0	2	2	0	-	>0	CMO	
Pressure Ulcers	Contractual	QPS7.5	Pressure Ulcers: New Pts. with Hosp. Acq. Grade 3 Avoidable (Monthly)	2	1	0	0	2	1	2	1	0	2	2	3	2	15	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)	3	3	3	2	1	3	4	3	7	3	3	0	3	29	41	16/17 Threshold < = 32 17/18 Threshold < = 32			CNO	
	National	QPS12.4	MRSA Bacteremia - Hospital Attributable (Monthly)	0	1	1	0	0	0	0	0	0	0	0	0	0	0	4	0	-	>0	CNO	
	National	QPS12.131	MRSA Patients Screened (High Risk Wards Only) - Elective	97.0%	96.7%	95.5%	96.4%	97.4%	95.8%	96.4%	95.6%	98.0%	96.1%	97.4%	97.6%	95.10%	95.10%		>=95	-	<95%	CNO	
	Contractual	QPS12.14	Ecoli Cases (Trust Attributable)	5	4	6	8	8	8	5	5	8	4	0	3	3	52	67	-	-	-	CNO	
C-Sections	Contractual	MCS1.2	Emergency Caesareans	12.6%	14.2%	15.5%	14.0%	16.7%	15.9%	14.7%	18.4%	18.5%	16.0%	14.9%	17.2%	18.1%	16.1%	14.6%	<=15.2%		>15.2%	CNO	

EFFECTIVE

Mortality	National	QPS9.81	Mortality - HSMR - All Diagnostic Groups - rolling 12 months*	109.00	109.00	108.64		106.17	104.73	102.67	103.87	102.50	102.80	102.28			-	-	-	-	-	DPS	
	National	QPS9.1	Mortality - SHMI (HED tool) Inc. deaths 30 days post discharge - rolling 12 months*	107.00	107.23		104.63	103.15	102.55	100.89	101.25	103.22	101.48				-	-	-	-	-	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%	51.85%	18.13%				TBC	TBC	TBC	DPS	
	National	QPS9.25	Number of issued Primary Reviews not completed (backlog - based on month assigned)										189	235	317				-	-	-	DPS	
EMSA	National	QEX3.1	EMSA - Eliminating Mixed Sex Accommodation	0	9	40	36	34	34	40	33	37	46	47	59	50	416	64	0	-	>0	CNO	
NOF	National	QEF3.1	Hip Fracture - Time to Theatre <= 36 hrs (%)	63.70%	63.50%	70.50%	90.91%	90.74%	76.67%	85.96%	67.12%	79.31%	80.00%	85.19%	81.33%	80.95%	81.8%	60.0%	>=85%	-	<85%	CMO	
	National	QEF3.2	Hip Fracture - Time to Theatre <= 36 hrs (%) - Excl. Unfit/Non-Operative Pts	78.70%	76.70%	76.80%	96.77%	96.08%	97.87%	94.23%	79.03%	92.00%	88.89%	100.00%	92.40%	94.40%	92.3%	70.2%	>=85%	-	<85%	CMO	
Sepsis	National	QEF3.3	% Sepsis Screening Completed (Audit)										63.48%	79.21%	73.71%	60.00%			-	-	-	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%	100.0%	100.0%			>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%	100.0%	100.0%			>80%	50% - 79%	<50%	CNO	
	Local	QR1.8	% of NICE assessments outstanding at >8 weeks following publication (due at 12 weeks)										17.0%	20.0%	14.0%	15.0%			<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%	85.0%	82.0%			>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%	75.0%	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%	92.20%	85.62%	78.57%	-	-	-	-	-	CNO	
	National	QEX2.1	Friends & Family - A&E (Score)	69.0	67.8	71.9	55.4	70.1	62.1	53.3							-	-	>=71	67-<71	<67	CNO	
	National	QEX2.2	Friends & Family - A&E (Response Rate %)	3.62%	4.27%	2.96%	2.75%	2.92%	3.49%	4.92%	5.35%	4.40%	4.92%	4.90%	3.54%	1.31%	4.20%	-	>=20%	-	<20%	CNO	
	National	QEX2.61a	Friends & Family - Acute Wards (Score) *NEW*								94.94%	94.88%	93.79%	96.72%	93.75%	95.21%	-	-	-	-	-	CNO	
	National	QEX2.61	Friends & Family - Acute Wards (Score)	83.0	81.0	80.0	82.4	83.3	81.8	80.0							-	-	>=71	67-<71	<67	CNO	
	National	QEX2.62	Friends & Family - Acute Wards (Response Rate %)	9.8%	10.5%	11.4%	11.1%	9.3%	10.5%	8.6%	8.9%	8.7%	7.3%	8.6%	5.2%	6.8%	8.7%	-	>=30%	-	<30%	CNO	
	National	QEX2.7a	Friends & Family - Maternity (Score) *NEW*								99.35%	98.56%	96.78%	99.01%	95.64%	97.02%	-	-	-	-	-	CNO	
	National	QEX2.7	Friends & Family - Maternity (Score)	87.1	81.6	83.5	87.1	83.7	81.9	84.2							-	-	>=71	67-<71	<67	CNO	
	National	QEX2.8	Friends & Family - Maternity (Response Rate %)	25.0%	40.7%	30.7%	20.0%	31.3%	32.8%	23.1%	23.3%	32.3%	22.6%	15.4%	19.6%	34.0%	24.5%	-	>=30%	-	<30%	CNO	
	National	QEX2.10a	Friends & Family - Outpatients (Score) *NEW*								94.17%	93.73%	94.52%	94.96%	91.23%	91.79%	-	-	-	-	-		
	National	QEX2.10	Friends & Family - Outpatients (Score)	76.0	75.6	78.3	79.7	77.5	77.6	76.6							-	-	>=71	67-<71	<67	CNO	
	National	QEX2.11	Friends & Family - Outpatients (Response Rate %)	4.2%	2.4%	2.4%	3.2%	3.0%	3.0%	3.3%	2.6%	2.7%	3.0%	2.6%	1.7%	3.7%	2.8%	-	>=10%	-	<10%	CNO	

RESPONSIVE

Complaint Management	Local	QEX1.37	Formal Complaints - % responded within 25 days (closed in month) - WAHT				45.2%	34.00%	41.82%	37.50%	31.15%	42.50%	42.42%	52.63%	40.43%	44.26%	41.45%		>=80%	70-79%	<=69%	CNO	
	Local	QEX1.14	Category 2 Complaints - % responded within 25 days (closed in month) - WAHT	71.00%	55.00%	56.00%												63.0%	>=90%	80-90%	<=79%	CNO	
	Local	QEX1.24	Formal Complaints - Numbers (In Month)				33	60	48	42	49	50	55	69	31	62	551		-	-	-	CNO	
	Local	QEX1.1	Category 2 Complaints - Numbers (In Month) - WAHT	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

Worcestershire Acute Hospitals NHS Trust

Reporting Period: January 2018

Area	Indicator Type		Indicator	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	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)	3.98%	2.24%	3.73%	6.80%	6.24%	3.85%	4.18%	4.42%	3.24%	1.63%	1.29%	2.27%	2.74%			National	<1%	-	>1%	COO	
	National	CW3.0	RTT - Incomplete 92% within 18 Weeks	83.90%	83.59%	83.51%	83.04%	84.21%	84.24%	83.82%	84.29%	84.49%	85.47%	85.49%	84.45%	83.91%			National	>=92%	-	<92%	COO	
	National	CW4.0	Patients waiting for over 52 weeks for treatment	11	13	21	21	43	34	37	28	63	12	21	14	2			National	0	-	>=1	COO	
Theatres	Local	PT2.1	Booking Efficiency - ALX	71.0%	72.0%	76.0%	73.0%	74.0%	74.0%	72.0%	72.0%	72.0%	68.0%	68.0%	70.0%	64.0%		-	Local	Based on Target Cases per Sessions Utilisation (>8% below target = 'Of Concern')			COO	
	Local	PT2.2	Booking Efficiency - WRH	83.0%	78.0%	83.0%	76.0%	82.0%	81.0%	82.0%	85.0%	85.0%	81.0%	83.0%	77.0%	79.0%		-	Local				COO	
	Local	PT2.3	Booking Efficiency - KGH	71.0%	72.0%	75.0%	73.0%	71.0%	72.0%	69.0%	66.0%	68.0%	69.0%	67.0%	67.0%	71.0%		-	Local				COO	
	Local	PT1.1	Utilisation - ALX	29.0%	67.0%	72.0%	72.0%	69.0%	69.0%	68.0%	66.0%	68.0%	66.0%	66.0%	44.0%	62.0%		-	Local	Based on Target Cases per Sessions Utilisation (>8% below target = 'Of Concern')			COO	
	Local	PT1.2	Utilisation - WRH	75.0%	71.0%	76.0%	73.0%	75.0%	74.0%	74.0%	74.0%	75.0%	74.0%	74.0%	73.0%	75.0%		-	Local				COO	
	Local	PT1.3	Utilisation - KGH	69.0%	70.0%	71.0%	67.0%	67.0%	67.0%	67.0%	65.0%	65.0%	66.0%	66.0%	62.0%	71.0%		-	Local				COO	
A & E	National	CAE1.1a	4 Hour Waits (%) - Trust inc. MIU	76.80%	77.90%	82.57%	81.12%	82.64%	82.93%	82.43%	79.76%	82.24%	81.85%	80.33%	74.98%	73.28%	79.59%	81.50%	National	>=95%	-	<95%	COO	
	Local	CAE2.1	12 hour trolley breaches	177	55	14	4	6	1	1	0	0	0	17	4	8	41		Local	0		0	COO	
	National	CAE3.1	Time to Initial Assessment for Pts arriving by Ambulance (Mins) - 95th Percentile	44	43	27	29	28	22	22	28	28	29	32	41	56		-	National	<=15mins	-	>15mins	COO	
	National	CAE3.2	Time to Initial Assessment for All Patients (Mins) - 95th Percentile	35	34	27	28	26	24	26	27	27	29	29	36	46		-	National	<=15mins	-	>15mins	COO	
	National	CAE7.0	Ambulance Handover within 15 mins (%) - WMAS data	39.70%	35.90%	47.70%	51.30%	52.50%	60.60%	57.90%	57.90%	55.20%	50.30%	46.20%	38.10%	33.30%	53.70%	53.20%	National	>=80%	-	<80%	COO	
	National	CAE8.0	Ambulance Handover within 30 mins (%) - WMAS data	79.50%	74.90%	86.40%	86.10%	86.80%	92.10%	87.50%	87.80%	86.40%	85.30%	80.50%	75.00%	70.40%	86.60%	88.10%	National	>=95%	-	<95%	COO	
	National	CAE9.0	Ambulance Handover over 60 minutes - WMAS data	141	129	60	70	95	43	63	78	95	99	152	254	372	1657	731	Local	0		>0	COO	
Cancer	National	CCAN1.0	2WW: All Cancer Two Week Wait (Suspected cancer)	86.60%	86.30%	83.90%	64.90%	66.03%	72.81%	79.14%	78.61%	86.77%	90.81%	92.75%	85.42%	83.74%	80.20%	74.70%	National	>=93%	-	<93%	COO	
	National	CCAN2.0	2WW: Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	86.60%	80.50%	51.80%	34.38%	27.37%	76.19%	84.38%	89.31%	93.68%	93.55%	95.17%	87.91%	63.64%	71.50%	66.60%	National	>=93%	-	<93%	COO	
	National	CCAN3.0	31 Days: Wait For First Treatment: All Cancers	95.08%	97.39%	97.64%	97.67%	96.40%	98.14%	98.05%	97.83%	96.65%	98.21%	98.28%	97.55%	97.24%	97.63%	97.06%	National	>=96%	-	<96%	COO	
	National	CCAN7.0	62 Days: Wait For First Treatment From Urgent GP Referral: All Cancers	57.49%	76.40%	76.70%	70.66%	61.78%	70.88%	75.52%	76.58%	72.65%	69.90%	72.76%	71.88%	69.39%	71.32%	71.80%	National	>=85%	-	<85%	COO	
	Local	CCAN7.2	62 Days: Wait For First Treatment From Urgent GP Referral: Breast*	93.30%	100.00%	94.70%	83.30%	84.20%	93.10%	100.00%	86.20%	82.10%	100.00%	93.80%	87.00%	69.20%	88.60%	92.70%	National	>=97%	-	<97%	COO	
	Local	CCAN7.3	62 Days: Wait For First Treatment From Urgent GP Referral: Gynae*	71.40%	66.70%	100.00%	50.00%	75.00%	100.00%	71.40%	100.00%	50.00%	62.50%	57.10%	76.90%	71.40%	73.60%	63.60%	National	>=83%	-	<83%	COO	
	Local	CCAN7.4	62 Days: Wait For First Treatment From Urgent GP Referral: Haemotological*	100.00%	93.30%	71.40%	87.50%	76.90%	70.00%	91.70%	100.00%	66.70%	83.30%	83.30%	77.80%	60.00%	81.50%	83.20%	National	>=86%	-	<86%	COO	
	Local	CCAN7.5	62 Days: Wait For First Treatment From Urgent GP Referral: Head & Neck*	30.00%	61.50%	-	28.60%	33.30%	33.30%	30.80%	100.00%	0.00%	0.00%	44.40%	11.80%	41.70%	29.10%	58.10%	National	>=74%	-	<74%	COO	
	Local	CCAN7.6	62 Days: Wait For First Treatment From Urgent GP Referral: Lower Gastro*	37.20%	54.50%	40.00%	33.30%	36.70%	60.00%	56.30%	37.10%	28.60%	55.30%	60.00%	65.00%	54.50%	49.10%	45.70%	National	>=77%	-	<77%	COO	
	Local	CCAN7.7	62 Days: Wait For First Treatment From Urgent GP Referral: Lung*	62.50%	100.00%	57.90%	83.30%	50.00%	50.00%	33.30%	80.00%	20.00%	38.50%	42.90%	58.80%	28.60%	57.20%	69.80%	National	>=81%	-	<81%	COO	
	Local	CCAN7.8	62 Days: Wait For First Treatment From Urgent GP Referral: Skin*	100.00%	89.70%	100.00%	95.80%	92.00%	92.60%	93.80%	97.00%	100.00%	98.40%	92.90%	98.40%	91.20%	95.20%	95.00%	National	>=96%	-	<96%	COO	
	Local	CCAN7.9	62 Days: Wait For First Treatment From Urgent GP Referral: Upper Gastro*	40.00%	75.00%	100.00%	62.50%	72.70%	56.00%	66.70%	66.70%	68.40%	71.40%	62.50%	76.70%	48.10%	64.90%	72.50%	National	>=80%	-	<80%	COO	
	Local	CCAN7.10	62 Days: Wait For First Treatment From Urgent GP Referral: Urological*	31.30%	53.70%	63.30%	59.30%	40.70%	51.40%	64.00%	65.10%	69.70%	53.80%	60.50%	63.80%	78.50%	61.40%	46.30%	National	>=81%	-	<81%	COO	
	Local	CCAN7.11	62 Days: Wait For First Treatment From Urgent GP Referral: Other*	0.00%	100.00%	-	50.00%	50.00%	66.70%	-	-	100.00%	40.00%	100.00%	0.00%	-	56.10%	66.70%	National	-	-	-	COO	
	National	CCAN8.0	62 Days: Wait For First Treatment From National Screening Service Referral: All Cancers (Small numbers)	80.00%	81.80%	100.00%	90.91%	95.00%	92.68%	94.12%	85.71%	88.24%	92.86%	96.15%	93.10%	76.00%	90.44%	89.20%	National	>=90%	-	<90%	COO	
	National	CCAN9.0	62 Days: Wait For First Treatment From Consultant Upgrades: All Cancers *	88.00%	65.00%	64.00%	83.33%	91.67%	81.82%	81.82%	96.15%	90.00%	72.73%	86.67%	96.15%	71.43%	84.69%	73.90%	National	-	-	-	COO	
	National	CCAN10.0	104 Day waits : 62 day treatments waiting over 104 days	41	42	30	25	21	21	30	33	35	45	27	27	26								
	National	CCAN11.0	Cancer Long Waiters (104 Day +) includes suspected and diagnosed - treated in month	19.5	7.0	13.0	4.5	12.5	5.0	6.0	13.0	9.5	12.5	19.0	11.0	12	105	151	-	-	-	-	COO	
Stroke	Local	CST1.1	80% of Patients spend 90% of time on a Stroke Ward	21.8%	53.8%	42.4%	72.1%	68.8%	75.7%	55.4%	68.5%	67.6%	74.6%	75.4%	50.0%	69.5%	67.70%		Local	>=80%	-	<80%	COO	
	Local	CST2.1	Direct Admission (via A&E) to a Stroke Ward	14.5%	4.7%	23.0%	46.2%	30.9%	23.1%	31.6%	34.5%	29.8%	43.8%	23.3%	25.0%	32.4%	32.00%		Local	>=90%	-	<90%	COO	
	Local	CST3.1	TIA clinic within 24 hours			8.0%	2.9%	0.8%	1.6%	5.5%	43.2%	71.4%	83.0%	76.6%	55.0%	77.2%	37.30%		Local	>=60%	-	<60%	COO	
	Local	CST4.0	CT scan within 60 minutes of arrival	40.8%	54.5%	37.5%	53.6%	38.8%	37.8%	34.2%	35.7%	38.7%	35.7%	28.6%	21.9%	27.6%	35.60%		Local	>=80%	-	<80%	COO	
Inpatients (All)	Local	PIN1.5	Bed Occupancy (Midnight General & Acute) - WRH	99.2%	98.8%	98.6%	96.4%	97.5%	97.1%	97.7%	96.5%	96.9%	98.7%	97.6%	99.0%	99.7%	98.0%	99.6%	Local	<90%	90 - 95%	>95%	COO	
	Local	PIN1.6	Bed Occupancy (Midnight General & Acute) - ALX	91.4%	90.5%	86.1%	87.4%	83.2%	82.6%	83.0%	86.0%	84.7%	85.1%	85.5%	88.1%	91.9%	86.1%	89.4%	Local	<90%	90 - 95%	>95%	COO	
	Local	PIN2.3	Beds Occupied by NEL Stranded Patients (>7 days) - last week of month	45.60%	48.90%	40.94%	38.75%	38.46%	34.71%	39.30%	40.46%	37.55%	38.44%	41.11%	44.44%	47.27%		48.9%	Local	<=45%	-	>45%	COO	
Elective	National	PEL3.0	28 Day Breaches as a % of Cancellation	39.0%	13.4%	51.4%	12.9%	22.4%	19.0%	6.6%	29.8%	26.7%	22.7%	14.5%	19.5%	86.0%	25.24%	25.7%	TBC	<=5%	6 - 15%	>15%	COO	
	National	PEL3.1	Number of patients - 28 Day Breaches (cancelled operations)	39	9	18	4	11	8	5	17	12	10	8	16	43	134	-	TBC	-	-	-	COO	
	National	PEL4.2	Urgent Operations Cancelled for 2nd time	0	1	0	1	1	0	0	0	0	0	2	0	1	5	10	National	<=0	-	>0	COO	
Emergency	Local	PEM2.0	Length of Stay (All Patients)	5.0	5.0	4.6	4.4	4.4	4.4	4.2	4.4	4.8	4.4	4.3	4.5	4.84	4.5	4.7	Local	TBC	TBC	TBC	COO	
	Local	PEM3.0	Length of Stay (Excluding Zero LOS Spells)	7.0	7.3	6.8	6.4	6.4	6.4	6.2	6.3	6.8	6.5	6.4	6.6	7.02	6.5	6.6	-	-	-	-	COO	
Dementia	National	QEF1.1	Dementia: Find, Assess, Investigate and Refer (Pt 1 - Find)	94.2%	90.6%	90.7%	94.0%	94.9%	92.4%	97.1%	94.1%	96.0%	95.4%	95.4%	95.5%	94.3%	94.9%	91.7%	National	>=90%	-	<90%	CMO	
	National	QEF1.2	Dementia: Find, Assess, Investigate and Refer (Pt 2 - Investigate)	91.1%	93.7%	93.3%	93.6%	92.1%	89.7%	90.2%	95.1%	94.9%	85.7%	89.6%	95.6%	96.4%	92.4%	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.*

NB - Theatre Utiliisation is currently RED on the Data Quliaty Kite Mark - it will remain this way until the 4Eyes work has concluded and revised methodology agreed.

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