Finance and Performance

Integrated Performance Report

SPC Charts

March 2020
Month 12

19th April 2020

Topic	Page
Best Services for Local People	
• Operational Performance SPC Charts	2 – 7
• Submitted Trajectories Table	8
• Impact of Winter Interventions	9 - 10
Best Experience of Care and Best Outcomes for our Patients	
• Quality and Safety SPC Charts	12 – 19
• Trajectories Table	20
Best People	
• People & Culture SPC Charts	21 - 25

Best Services for Local People

Worcestershire Acute Hospitals NHS Trust
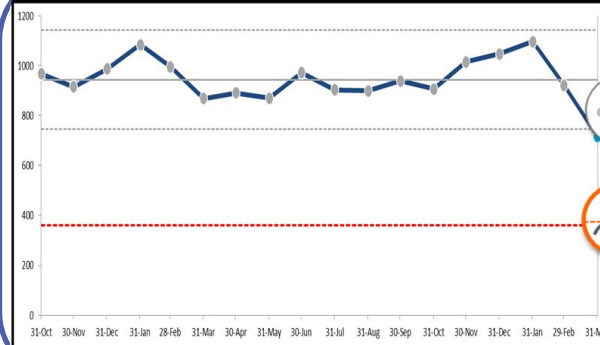
Month 12 [March] 2019-20 Operational Performance Summary

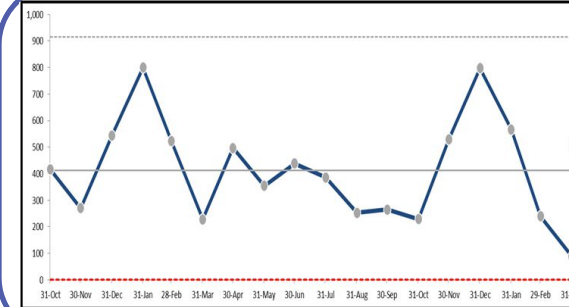Responsible Director: Chief Operating Officer | Validated for March-20 as 19 April 2020
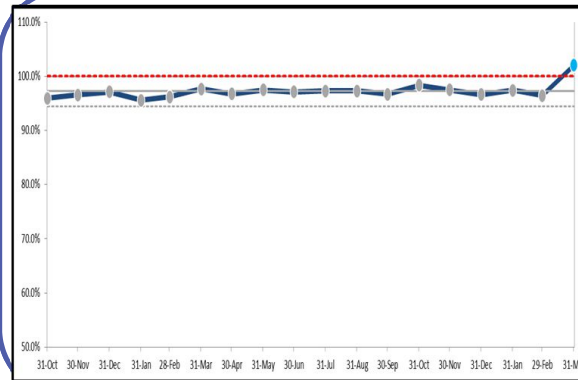
Total time spent in A&E

717
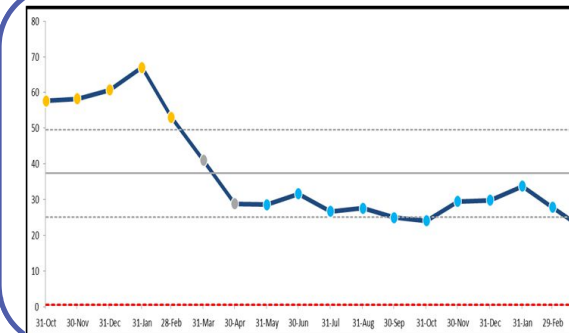

60 minute Ambulance Handover Delays

88

Discharge as a percentage of admissions

96.86%

Capacity Gap (Daily Average)

21.03

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

3.17%
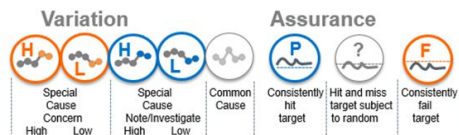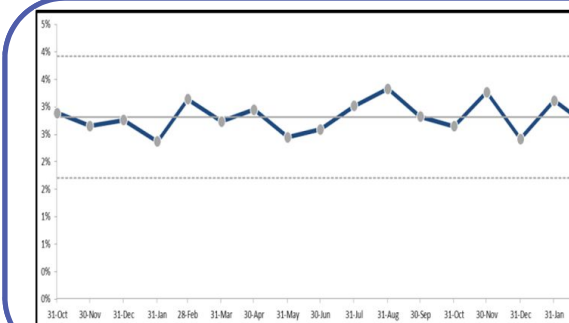
Variation

H (L) Special Cause Concern High	L Special Cause Concern Low	H Special Cause Note/Investigate High	L Special Cause Note/Investigate Low	Common Cause

Assurance

P Consistently hit target	? Hit and miss target subject to random	F Consistently fail target

2

Month 12 [March] 2019-20 Operational Performance Summary
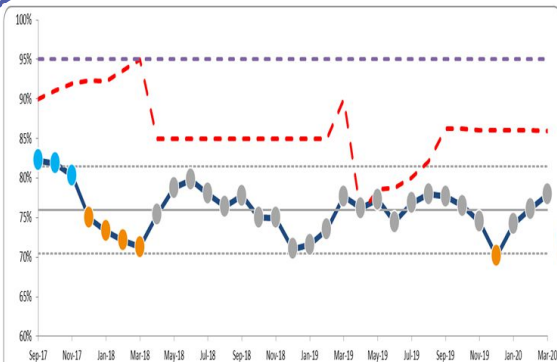
Responsible Director: Chief Operating Officer | Validated for March-20 as 19 April 2020

NHS
Worcestershire
Acute Hospitals
NHS Trust

4 Hour EAS (all)

77.90%

12 Hour Trolley Breaches

26

TTIA - % within 15 minutes WRH

86.17%

TTIA - % within 15 minutes ALX

92.19%
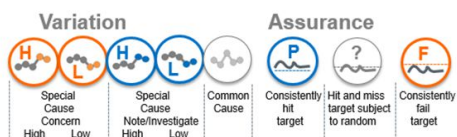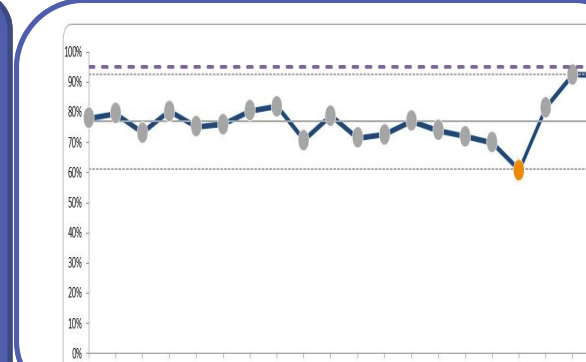
Variation

| H | L | H | L | Common Cause |
| Special Cause Concern High | Special Cause Note/Investigate Low | Special Cause Note/Investigate High | Special Cause Note/Investigate Low | |

Assurance

| P | ? | F |
| Consistently hit target | Hit and miss target subject to random | Consistently fail target |

3

Month 12 [March] 2019-20 Operational Performance Summary

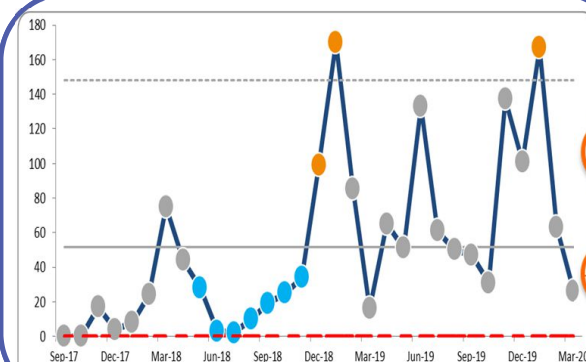Responsible Director: Chief Operating Officer | Validated for March-20 as 19 April 2020

NHS
Worcestershire
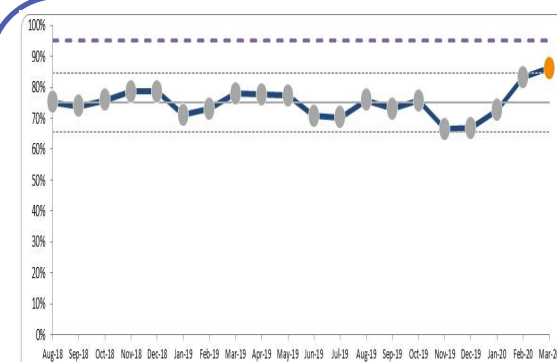Acute Hospitals
NHS Trust

Cancer 2WW All

93.58%

Cancer 31 Day All

95.63%

Cancer 2WW Breast Symptomatic

84.17%

Cancer 62 Day All

75.33%
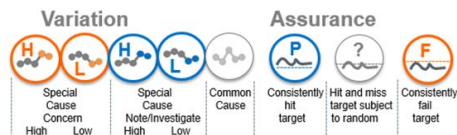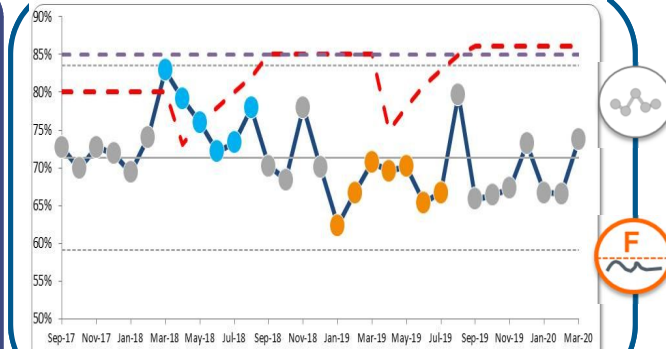
Variation

H (orange) / L (orange) — Special Cause Concern High / Low
H (blue) / L (blue) — Special Cause Note/Investigate High / Low
Common Cause

Assurance

P — Consistently hit target
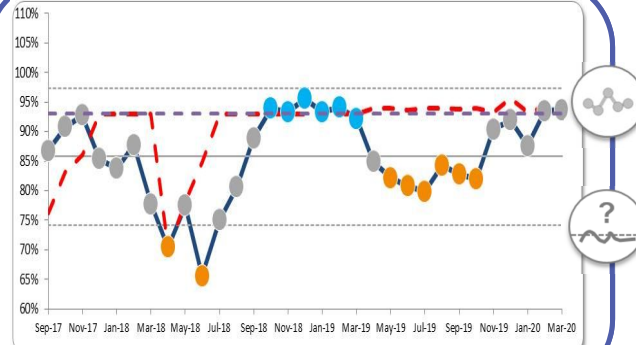? — Hit and miss target subject to random
F — Consistently fail target

4

Month 12 [March] 2019-20 Operational Performance Summary

Responsible Director: Chief Operating Officer | Validated for March-20 as 19 April 2020

NHS
Worcestershire
Acute Hospitals
NHS Trust

62+ Day Waiters

189

104+ Day Waiters

49

Variation

H	L	H	L	
Special Cause Concern High	Special Cause Concern Low	Special Cause Note/Investigate High	Special Cause Note/Investigate Low	Common Cause

Assurance

P	?	F
Consistently hit target	Hit and miss target subject to random	Consistently fail target

5

Month 12 [March] 2019-20 Operational Performance Summary

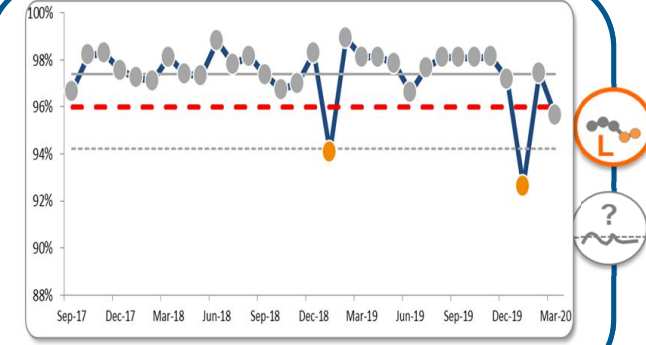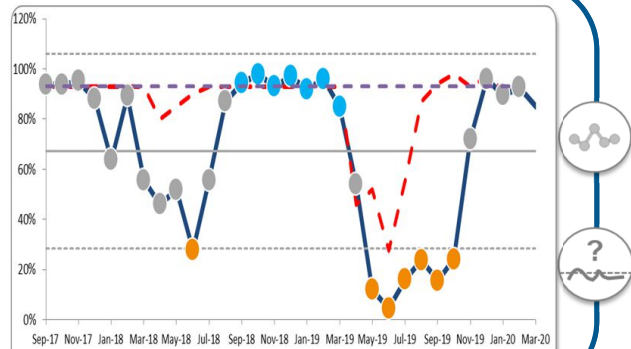**Responsible Director: Chief Operating Officer | Validated for March-20 as 19 April 2020**

Worcestershire Acute Hospitals NHS Trust

RTT Incomplete

78.25%

40+ week waits (includes agreed exceptions)

163

52+ week waits

0%

Diagnostics

97.34%
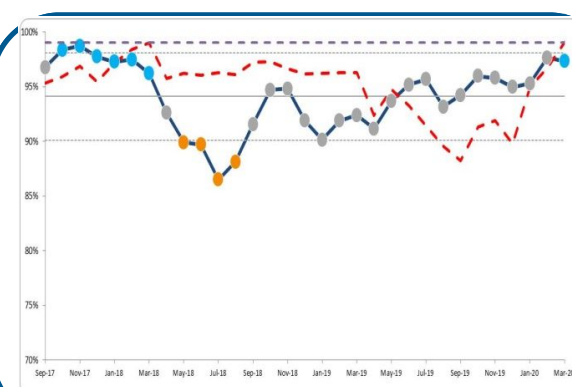
Variation

H (orange)	L (orange)	H (blue)	L (blue)	(grey)
Special Cause Concern High	Special Cause Concern Low	Special Cause Note/Investigate High	Special Cause Note/Investigate Low	Common Cause

Assurance

P	?	F
Consistently hit target	Hit and miss target subject to random	Consistently fail target

6

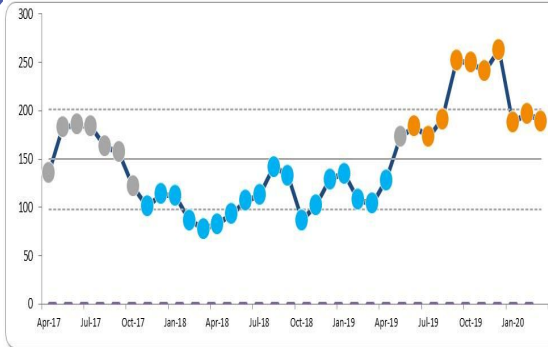# Month 12 [March] 2019-20 Operational Performance Summary

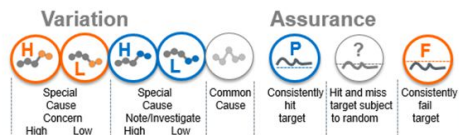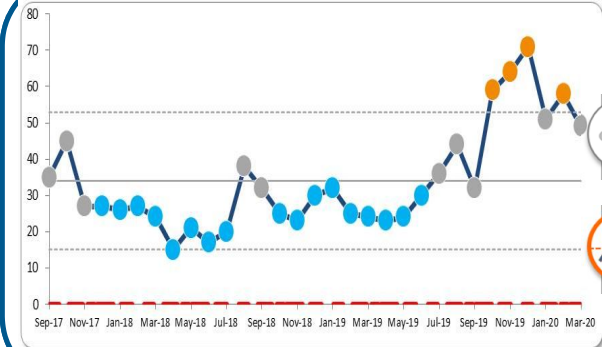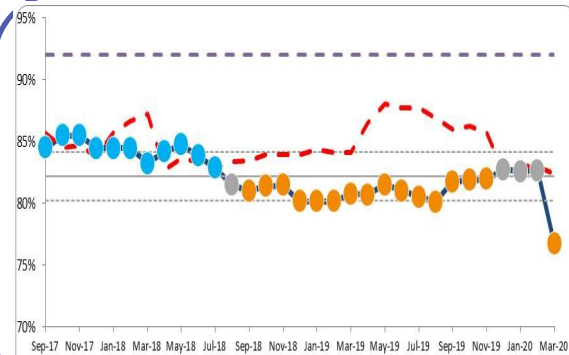Responsible Director: Chief Operating Officer | Validated for March-20 as 19 April 2020

NHS
Worcestershire
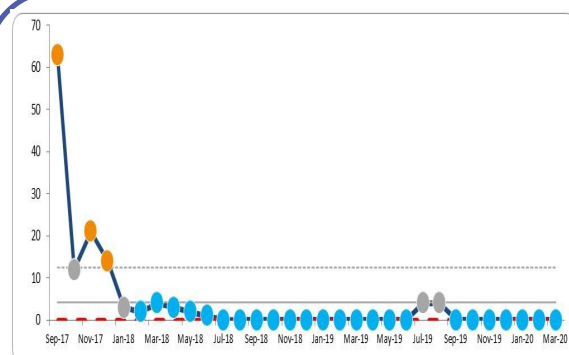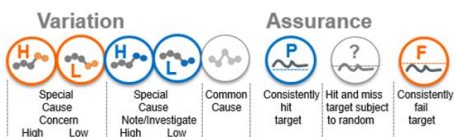Acute Hospitals
NHS Trust

Stroke : % CT scan within 60 minutes

53.40
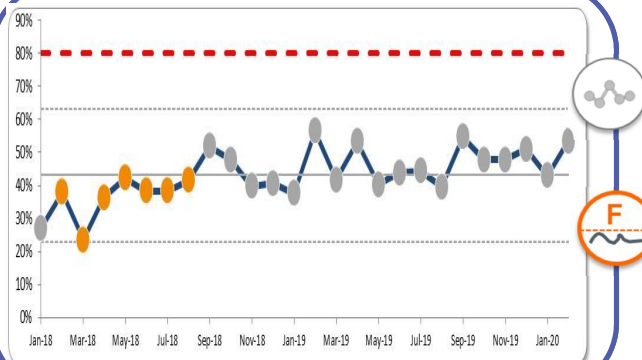
Stroke: % seen in TIA clinic within 24 hours

44.40%
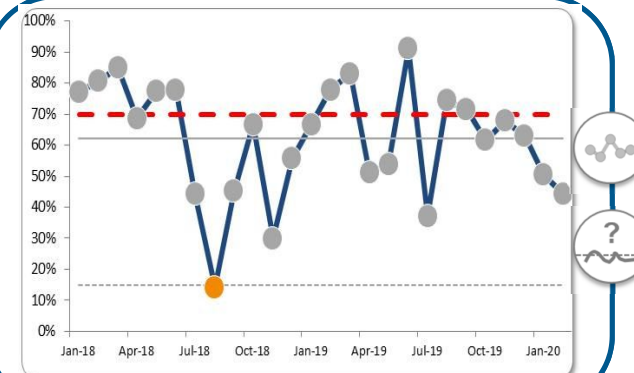
Stroke : % Direct Admission to Stroke ward

54.40%
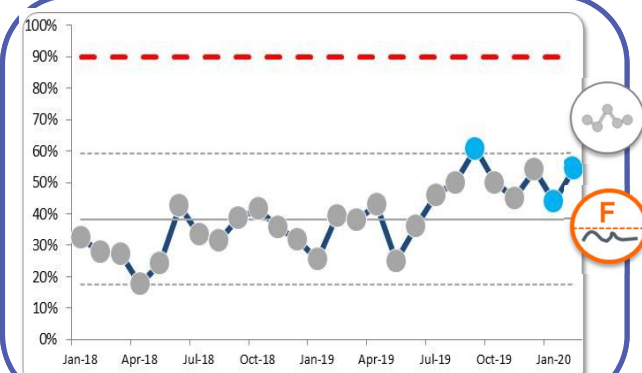
Stroke: % patients spending 90% of time on stroke unit

66.00%

Variation

H (orange) Special Cause Concern High
L (orange) Special Cause Concern Low
H (blue) Special Cause Note/Investigate High
L (blue) Special Cause Note/Investigate Low
Common Cause

Assurance

P Consistently hit target
? Hit and miss target subject to random
F Consistently fail target
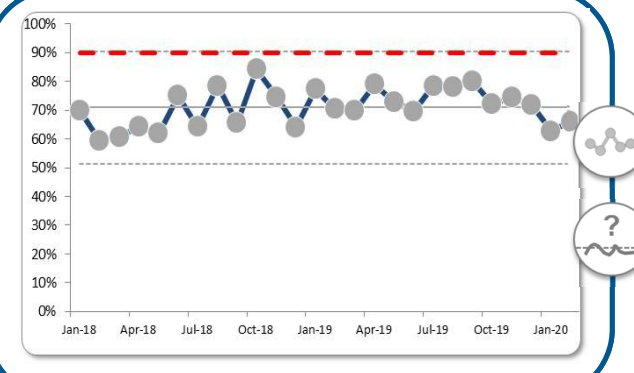
*Please note – Stroke Data is month in arrears due to coding and validation processes

7

Operational | Submitted Trajectories (19/20) | M12 [March]

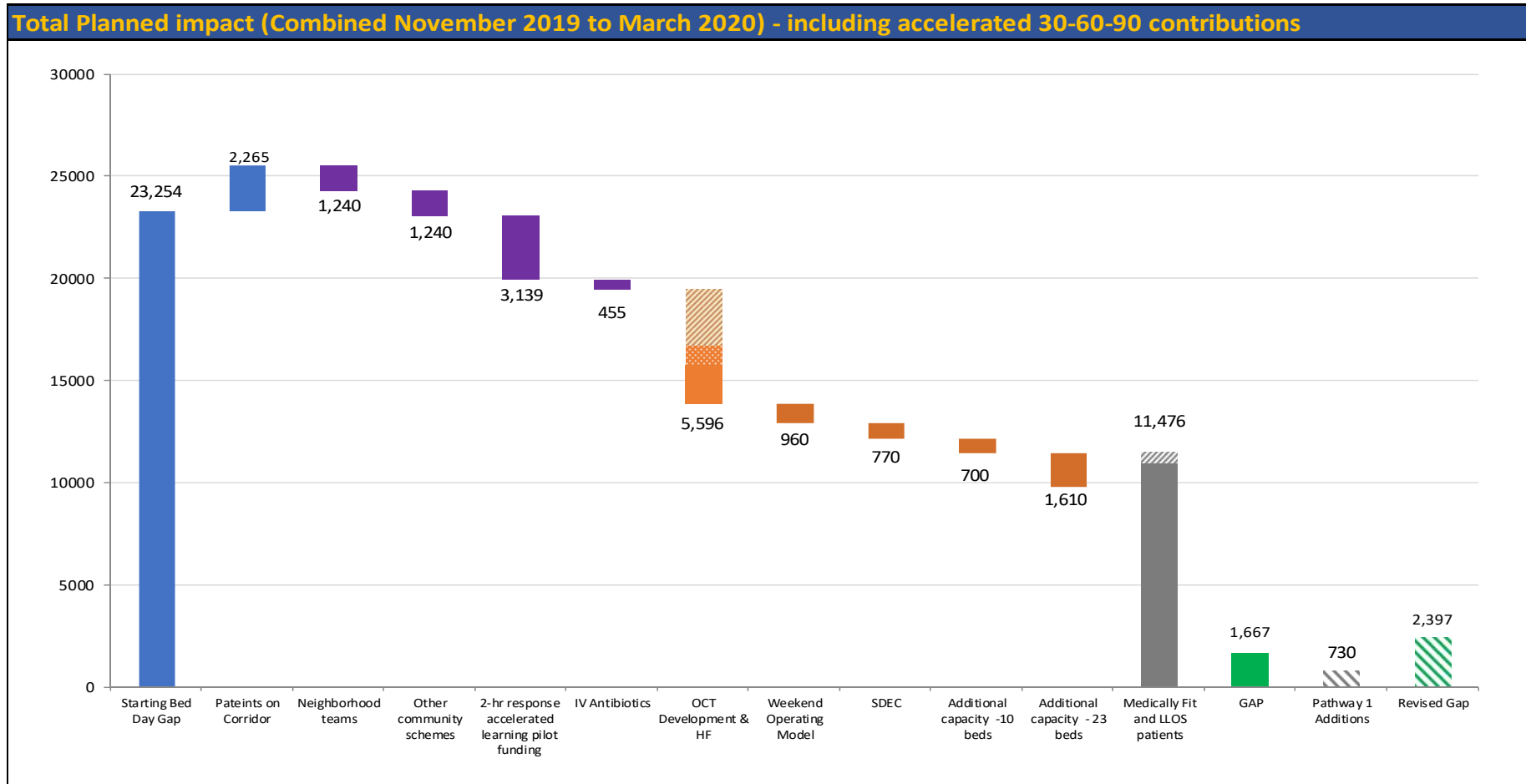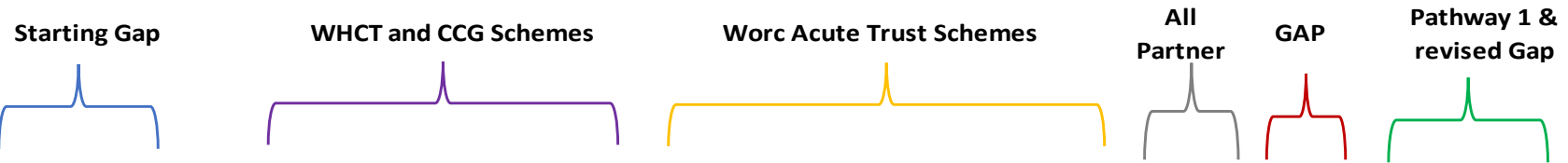|	Performance Metrics	Operational Standard		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
EAS	4 Hours (all)	95%	Actual	76.18% ✓	77.28% ✗	74.43% ✗	76.82% ✗	77.96% ✗	77.69% ✗	76.49% ✗	74.47% ✗	70.17% ✗	74.18% ✗	76.11% ✗	77.90% ✗
			Trajectory	75.41%	78.60%	78.78%	80.10%	82.10%	86.21%	86.24%	86.00%	86.00%	86.00%	86.00%	86.00%
	15-30 minute Amb. Delays	-	Actual	1,703 ✗	1,767 ✗	1,738 ✗	1,925 ✗	1,828 ✗	1,624 ✗	1,940 ✗	1,826 ✗	1,946 ✗	1735	1788 ✗	1992 ✗
			Trajectory	1420	1251	1149	1112	855	831	673	655	704	706	642	470
	30-60 minute Amb. Delays	-	Actual	728 ✗	608 ✓	671 ✗	751 ✗	646 ✗	578 ✗	705 ✗	813 ✗	1,004 ✗	647 ✗	458 ✗	413 ✓
			Trajectory	609	626	522	445	428	416	292	284	376	377	428	470
	60+ minutes Amb. Delays	0	Actual	496 ✗	354 ✗	438 ✗	386 ✗	252 ✗	264 ✗	228 ✓	528 ✗	797 ✗	566 ✗	139 ✗	88 ✗
			Trajectory	203	209	209	222	214	208	269	262	329	330	107	0
RTT	Incomplete (<18 wks)	92%	Actual	80.18% ✗	81.51% ✗	81.02% ✗	80.54% ✗	80.10% ✗	81.75% ✗	81.88% ✗	81.94% ✗	82.72% ✓	82.56% ✗	82.66% ✗	76.71% ✗
			Trajectory	86.47%	88.06%	87.72%	87.69%	86.93%	86.01%	86.25%	85.81%	82.59%	83.06%	82.95%	82.43%
	52+ WW	0	Actual	0 ✓	0 ✓	0 ✓	4 ✗	4 ✗	0 ✓	0 ✓	0 ✓	0 ✓	0 ✓	0 ✓	0 ✓
			Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
CANCER	2WW All	93%	Actual	84.87% ✗	82.21% ✗	80.75% ✗	79.91% ✗	84.32% ✗	82.76% ✗	82.03% ✗	90.42% ✗	92.11% ✗	87.53% ✗	93.58% ✗	93.69% ✓
			Trajectory	93.93%	93.90%	93.64%	93.94%	94.02%	93.83%	93.96%	93.37%	95.58%	93.34%	94.05%	93.10%
	2WW Breast Symptomatic	93%	Actual	54.12% ✓	12.00% ✗	4.58% ✗	16.07% ✗	23.77% ✗	15.52% ✗	24.06% ✗	72.22% ✗	96.18% ✗	89.82% ✗	91.43% ✗	85.09% ✗
			Trajectory	45.96%	51.76%	27.66%	55.68%	87.01%	94.20%	97.81%	93.02%	97.04%	91.72%	96.00%	84.80%
	62 Day All	85%	Actual	69.58% ✗	70.16% ✗	65.41% ✗	67.07% ✗	79.70% ✗	65.86% ✗	66.37% ✗	66.77% ✗	71.15% ✗	62.74% ✗	64.17% ✗	73.76% ✗
			Trajectory	74.93%	78.06%	80.91%	82.91%	84.90%	86.04%	86.04%	86.04%	86.04%	86.04%	86.04%	86.04%
	104 day waits	0	Actual	23 ✗	23 ✗	30 ✗	36 ✗	44 ✗	32 ✗	56 ✗	64 ✗	71 ✗	50 ✗	58 ✗	49 ✗
			Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
	31 Day First Treatment	96%	Actual	98.11% ✓	97.85% ✓	96.62% ✗	97.69% ✗	98.11% ✗	98.10% ✓	98.09% ✗	98.05% ✓	97.35% ✗	92.11% ✗	97.13% ✗	96.55% ✗
			Trajectory	97.39%	97.32%	98.80%	97.82%	98.15%	97.35%	96.73%	96.99%	98.30%	94.07%	98.91%	97.22%
	31 Day Surgery	94%	Actual	93.55% ✗	93.75% ✗	93.75% ✗	75.00% ✗	85.19% ✗	88.00% ✗	76.00% ✗	90.00% ✗	86.67% ✗	75.00% ✗	81.25% ✗	84.62% ✗
			Trajectory	96.43%	97.06%	96.88%	100.00%	100.00%	95.00%	100.00%	100.00%	100.00%	92.68%	93.33%	95.83%
	31 Day Drugs	98%	Actual	100% ✓	100% ✓	100% ✓	100% ✓	100% ✗	90.91% ✗	100% ✓	100% ✓	100% ✓	100% ✓	100% ✓	100% ✓
			Trajectory	90.91%	100%	96.43%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	31 Day Radiotherapy	94%	Actual	100% ✓	100% ✓	96.15% ✗	100% ✓	100% ✓	98.18% ✗	74.19% ✗	100.00% ✓	98.75% ✗	95% ✗	80% ✗	99.26% ✗
			Trajectory	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	62 Day Screening	90%	Actual	95.65% ✓	90.91% ✓	50.00% ✗	100.00% ✗	94.44% ✓	82.46% ✓	85.71% ✓	72.22% ✗	72.00% ✗	73.47% ✓	72.22% ✓	81.45% ✓
			Trajectory	85.19%	85.19%	90.00%	90.70%	76.60%	73.21%	65.38%	78.26%	93.55%	63.41%	86.96%	81.25%
	62 Day Upgrade	-	Actual	71.43% ✓	68.97% ✓	72.73% ✓	52.38% ✗	73.33% ✗	46.67% ✗	76.92% ✗	76.92% ✗	70.83% ✗	82.35% ✓	65.18% ✓	77.17& ✓
			Trajectory	70.00%	62.50%	59.09%	83.33%	80.00%	90.91%	60.00%	75.00%	55.00%	62.50%	84.21%	65.38%
	Diagnostics (DM01 only)	99%	Actual	91.14% ✗	93.67% ✗	95.46% ✓	95.68% ✗	93.17% ✓	94.21% ✓	95.96% ✓	95.78% ✓	94.94% ✓	95.28% ✓	97.64% ✗	97.34 ✗
			Trajectory	92.37%	94.74%	91.42%	91.42%	89.52%	88.25%	91.28%	91.91%	89.77%	94.99%	96.71%	99.03%
STROKE	CT Scan within 60 minutes	-	Actual	53.30% ✗	40.30% ✗	43.90% ✗	44.30% ✗	39.50% ✗	54.70% ✗	47.70% ✗	47.70% ✗	51.00% ✗	42.90% ✗	53.40% ✗	-
			Trajectory	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	%	80.00%	80.00%	80.00%	80.00%
	Seen in TIA clinic within 24hrs	-	Actual	51.10% ✗	53.90% ✗	91.20% ✓	37.10% ✗	74.40% ✓	71.60% ✓	61.60% ✗	67.90% ✗	63.1 ✗	50.50% ✗	44.40% ✗	-
			Trajectory	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%
	Direct Admission	-	Actual	42.90% ✗	25.00% ✗	36.20% ✗	46.00% ✗	50.00% ✗	60.70% ✗	50.00% ✗	45.10% ✗	54.1 ✗	43.90% ✗	51.40% ✗	-
			Trajectory	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
	90% time on a Stroke Ward	-	Actual	79.00% ✗	73.00% ✗	69.60% ✗	78.50% ✗	78.00% ✗	80.00% ✓	72.10% ✗	74.60% ✗	71.70% ✗	62.70% ✗	66.60% ✗	-
			Trajectory	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%

8

Winter interventions extracted from the System wide Improvement Plan

Worcestershire Acute Hospitals NHS Trust

Starting Gap | WHCT and CCG Schemes | Worc Acute Trust Schemes | All Partner | GAP | Pathway 1 & revised Gap

Total Planned impact (Combined November 2019 to March 2020) - including accelerated 30-60-90 contributions

Values shown on waterfall chart:
- Starting Bed Day Gap: 23,254
- Pateints on Corridor: 2,265
- Neighborhood teams: 1,240
- Other community schemes: 1,240
- 2-hr response accelerated learning pilot funding: 3,139
- IV Antibiotics: 455
- OCT Development & HF: 5,596
- Weekend Operating Model: 960
- SDEC: 770
- Additional capacity -10 beds: 700
- Additional capacity - 23 beds: 1,610
- Medically Fit and LLOS patients: 11,476
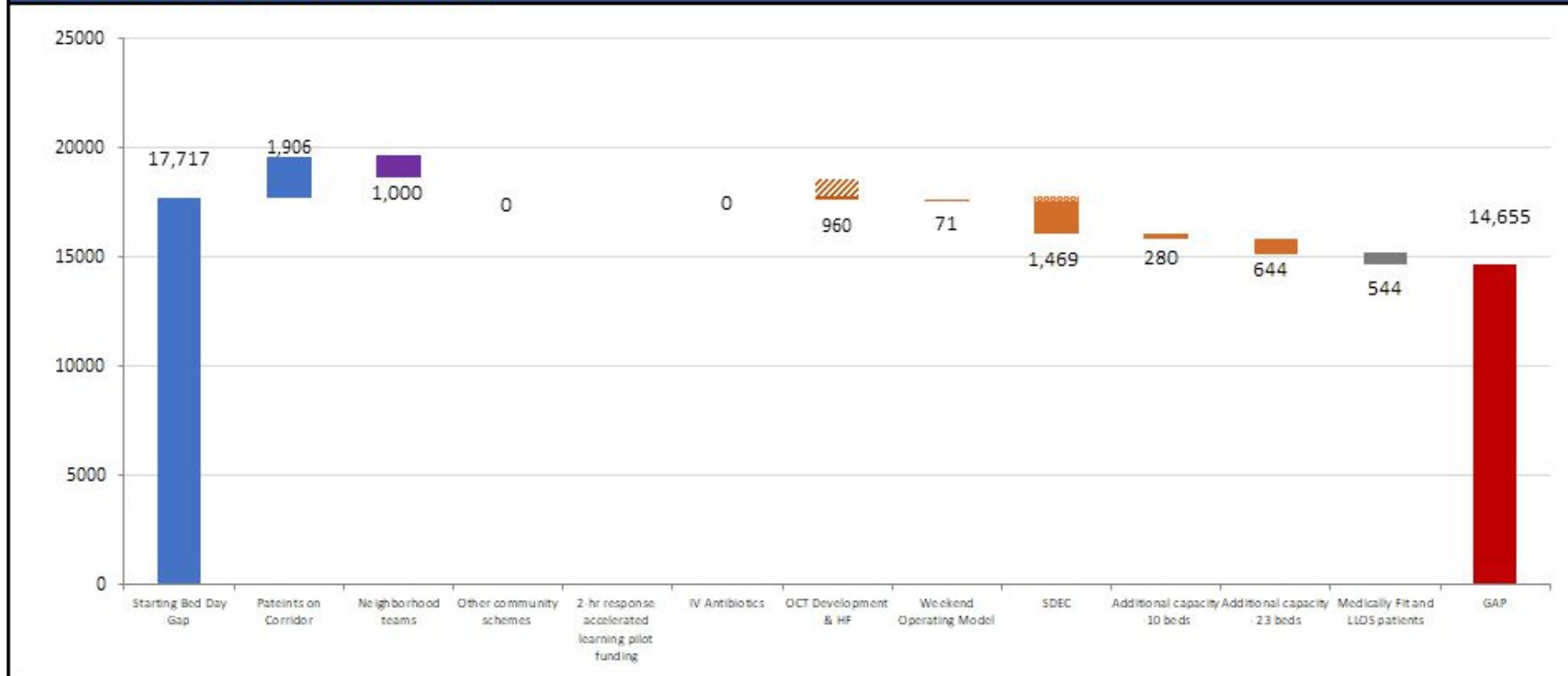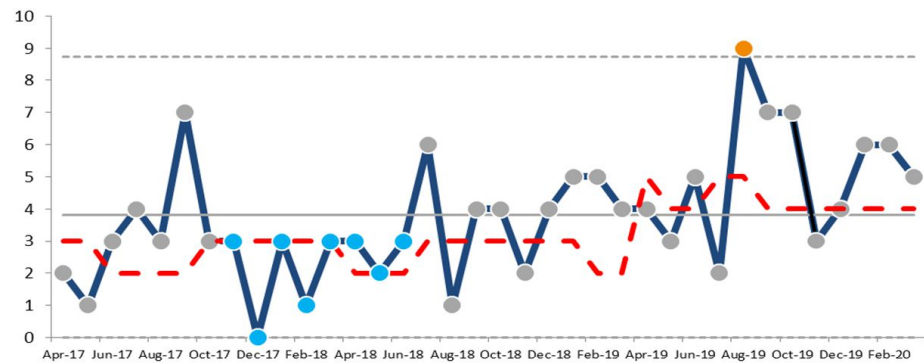- GAP: 1,667
- Pathway 1 Additions: 730
- Revised Gap: 2,397

Legend:
- accelerated 30/60/90 day actions (R2G)
- accelerated 30/60/90 day actions (Frailty)
- accelerated 30/60/90 day actions (R2G)

Winter interventions extracted from the System wide Improvement Plan

NHS Worcestershire Acute Hospitals NHS Trust

Starting Gap | **WHCT and CCG Schemes** | **Worc Acute Trust Schemes** | **All Partner** | **GAP**

Total Actual Impact YTD (Nov to Feb)

Values shown on chart:
- Starting Bed Day Gap: 17,717
- Pateints on Corridor: 1,906
- Neighborhood teams: 1,000
- Other community schemes: 0
- 2 hr response accelerated learning pilot funding: 0
- IV Antibiotics: 0
- OCT Development & HF: 960
- Weekend Operating Model: 71
- SDEC: 1,469
- Additional capacity 10 beds: 280
- Additional capacity 23 beds: 644
- Medically Fit and LLOS patients: 544
- GAP: 14,655

Legend:
- accelerated 30/60/90 day actions (R2G and Frailty)
- accelerated 30/60/90 day actions (SDEC)
- accelerated 30/60/90 day actions (R2G)

10

Best Experience of Care and Best Outcomes for our Patients

11

Month 12 [March] | 2019-20 Quality & Safety Summary
Care that is Safe
Responsible Director: Chief Nursing Officer, Chief Medical Officer | for March 20 as at 19th April 2020

NHS
Worcestershire
Acute Hospitals
NHS Trust

Number of patients developing Clostridioides difficile
Mar-20
1

Number of patients developing Ecoli bacteraemia
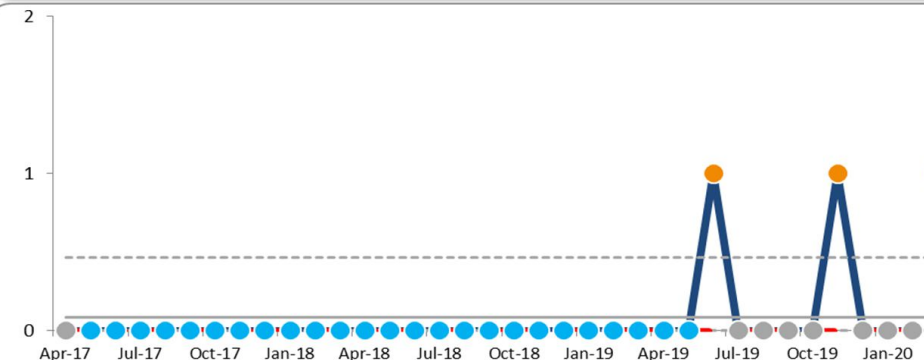Mar-20
2
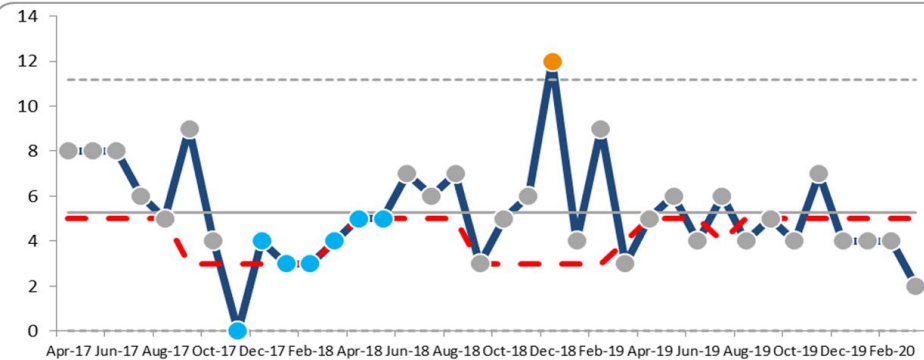
Number of patients developing MSSA bacteraemia
Mar-20
2
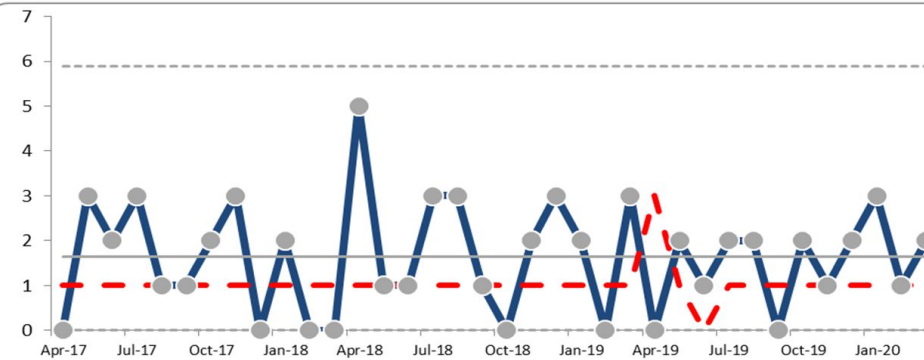
Number of patients developing MRSA bacteraemia
Mar-20
1

Variation
Special Cause Concern High / Low
Special Cause Note/Investigate High / Low
Common Cause

Assurance
Consistently hit target
Hit and miss target subject to random
Consistently fail target

12

Month 12 [March] | 2019-20 Quality & Safety Summary
Care that is Safe
Responsible Director: Chief Nursing Officer, Chief Medical Officer | for March 20 as at 19th April 2020

NHS
Worcestershire
Acute Hospitals
NHS Trust

Total Medicine incidents reported

Mar-20

85
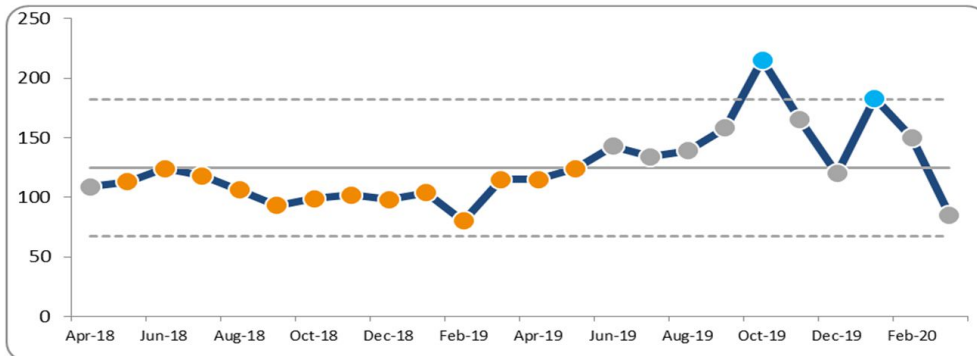
Medicine incidents causing harm (%)

Mar-20
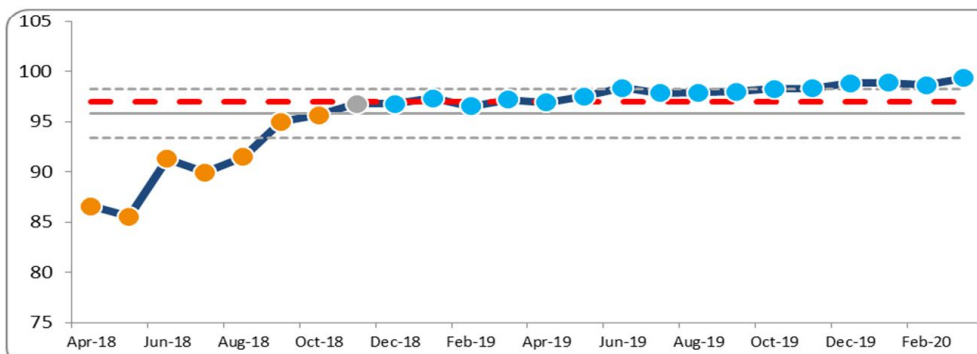
7
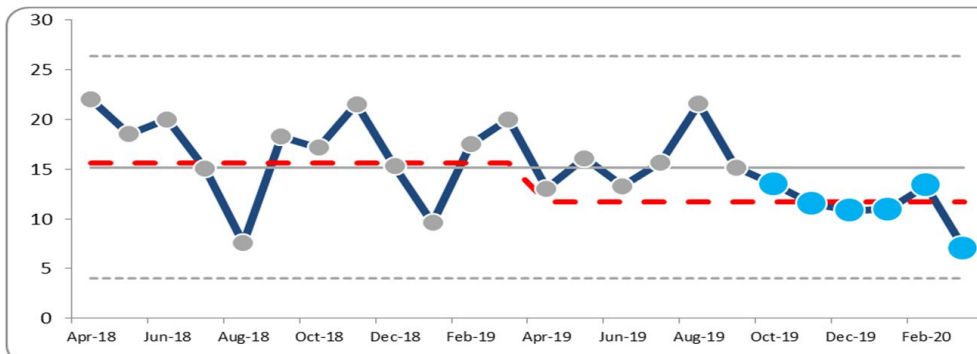
Hand Hygiene Audit Participation (%)

Mar-20

78.76
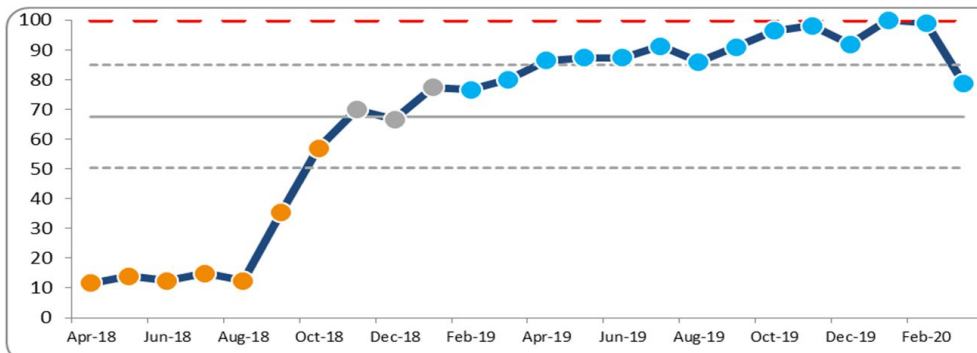
Hand Hygiene Compliance (%)

Mar-20

99.35

Variation

Special Cause Concern High Low | Special Cause Note/Investigate High Low | Common Cause

Assurance

Consistently hit target | Hit and miss target subject to random | Consistently fail target

13

Month 12 [March] | 2019-20 Quality & Safety Summary
Care that is Safe
Responsible Director: Chief Nursing Officer, Chief Medical Officer | for March 20 as at 19th April 2020

NHS
Worcestershire
Acute Hospitals
NHS Trust

Falls per 1,000 bed days causing harm

Mar-20

0.08
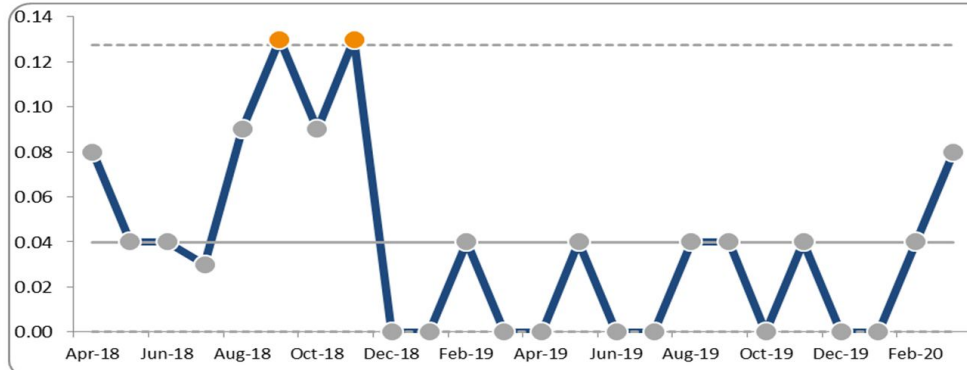
Sepsis Screening Compliance (audit) (%)

Feb-20

86.03
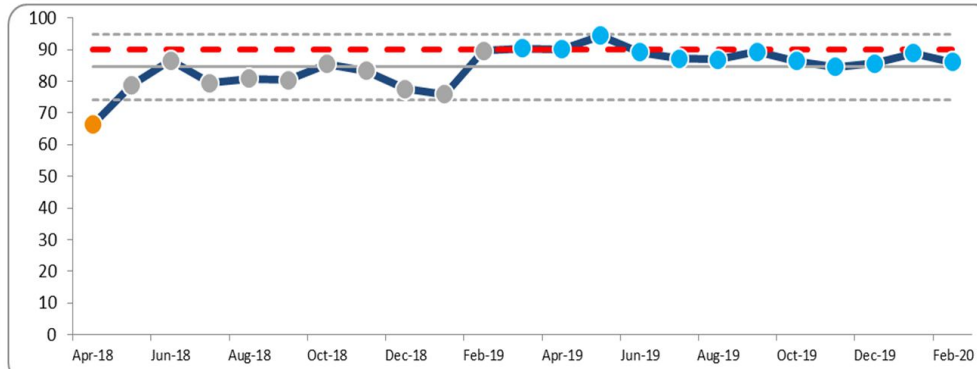
Sepsis 6 Bundle Compliance (audit) (%)

Feb-20

55.74
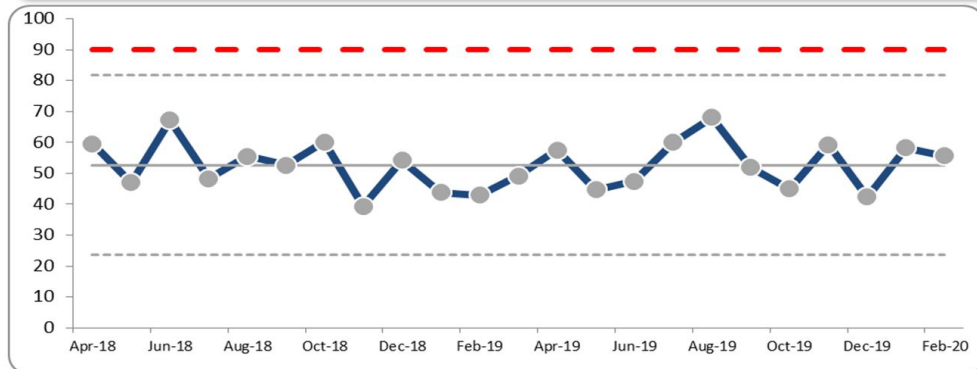
VTE Assessment Compliance (%)

Mar-20

96.76

Variation

Special Cause Concern High Low | Special Cause Note/Investigate High Low | Common Cause

Assurance

Consistently hit target | Hit and miss target subject to random | Consistently fail target

14

Month 12 [March] | 2019-20 Quality & Safety Summary
Care that is Safe
Responsible Director: Chief Nursing Officer, Chief Medical Officer | for March 20 as at 19th April 2020

Worcestershire Acute Hospitals NHS Trust

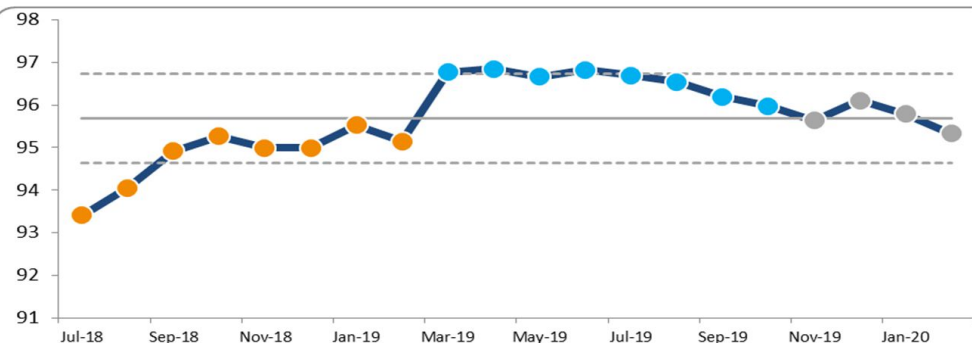### ICE reports viewed [radiology] (%)
Feb-20
81.13
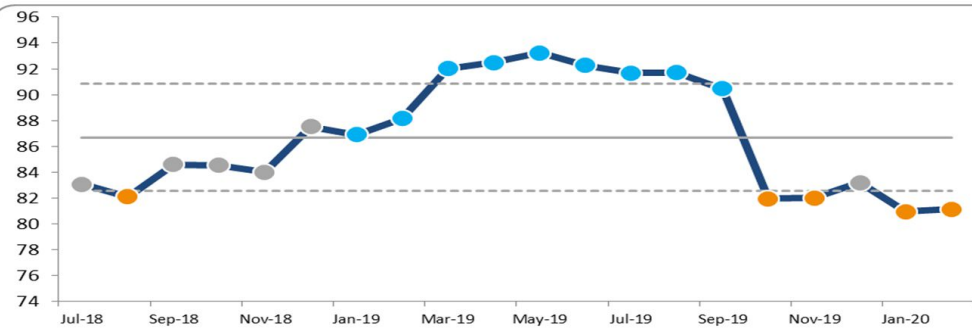
ICE reports viewed [pathology] (%)
Feb-20
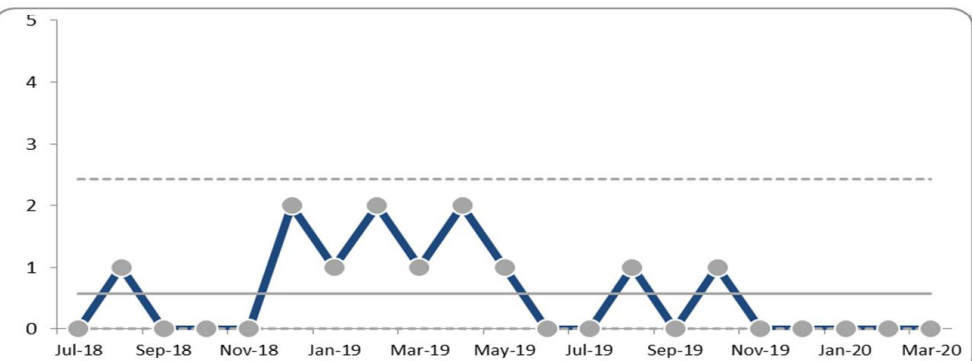**95.33**

All Hospital Acquired Pressure Ulcers
Mar-20
24
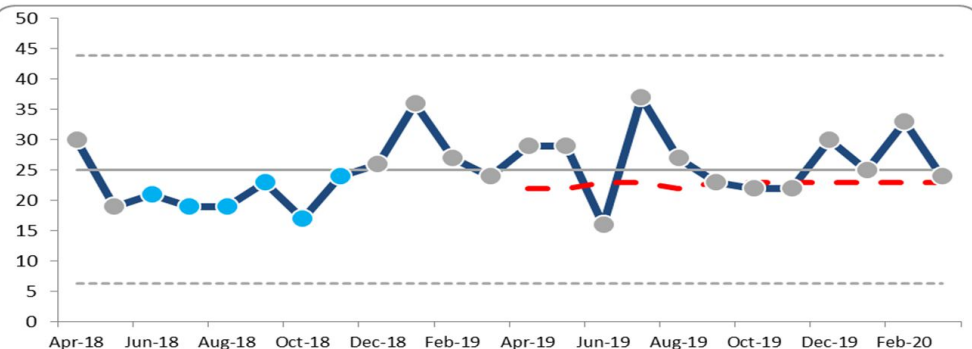
Serious Incident Pressure Ulcers
Mar-20
0

Variation
Special Cause Concern High / Low | Special Cause Note/Investigate High / Low | Common Cause

Assurance
Consistently hit target | Hit and miss target subject to random | Consistently fail target

15

Month 12 [March] | 2019-20 Quality & Safety Summary
Care that is Effective / Patient Experience
Responsible Director: Chief Nursing Officer, Chief Medical Officer | for March 20 as at 19th April 2020

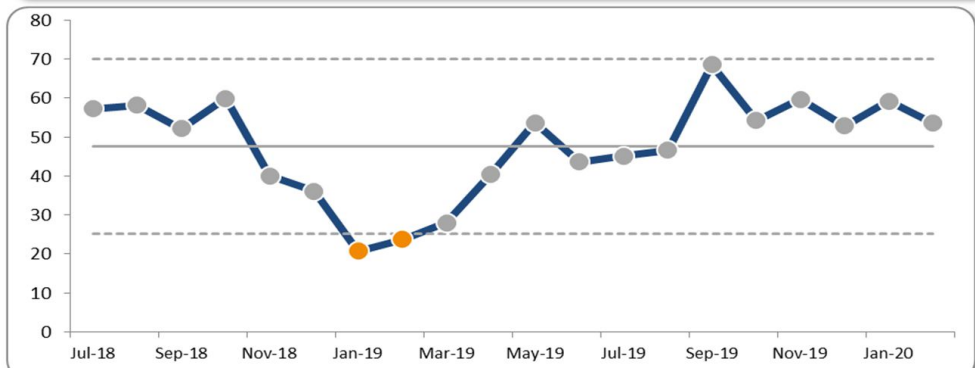**#NOF time to theatre </=36 hours (%)**

Feb-20

87.93
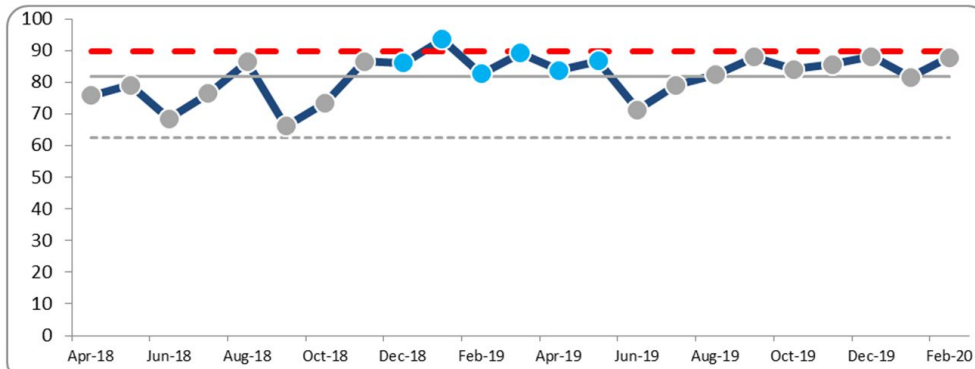
Mortality Reviews completed </=30 days (%)

Feb-20

53.53

HSMR 12 month rolling average

Sep-19

112.2
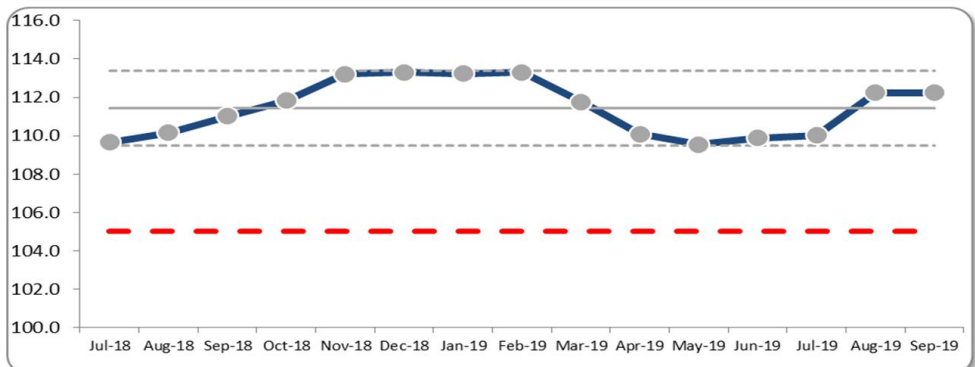
Complaints Responses </= 25 days (%)

Mar-20

86.49

Variation

H (High) Special Cause Concern
H (High) Special Cause Note/Investigate
Low Common Cause

Assurance

P Consistently hit target
? Hit and miss target subject to random
F Consistently fail target

16

Month 12 [March] | 2019-20 Quality & Safety Summary
Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer | for March 20 as at 19th April 2020
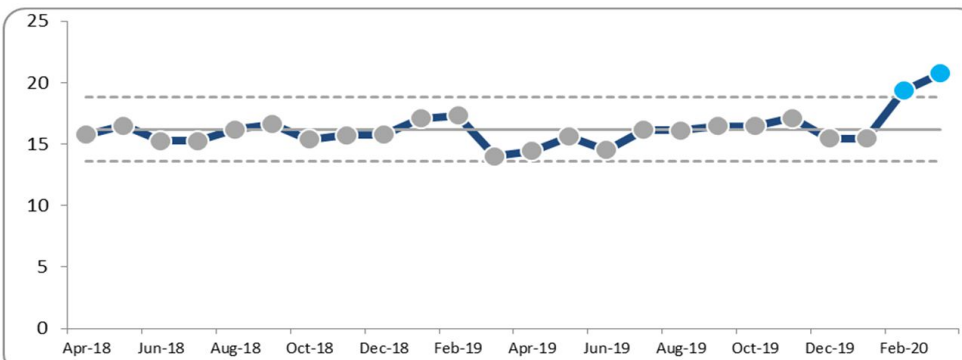
Discharges before midday (%)

Mar-20

20.76

Risks overdue review

Mar-20

162
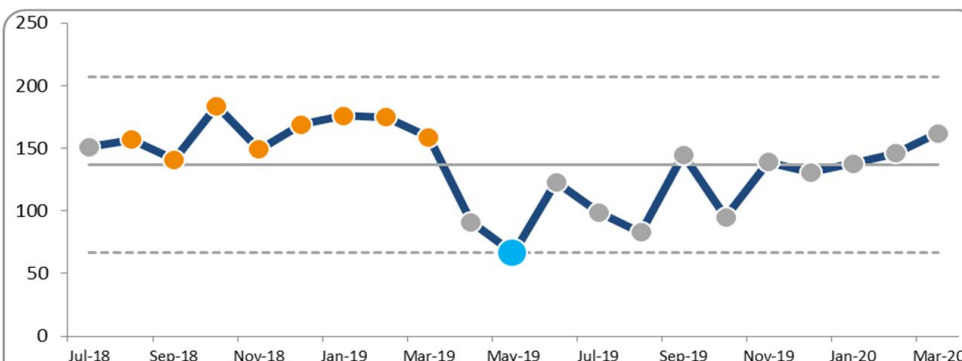
Risks with overdue actions

Mar-20

247
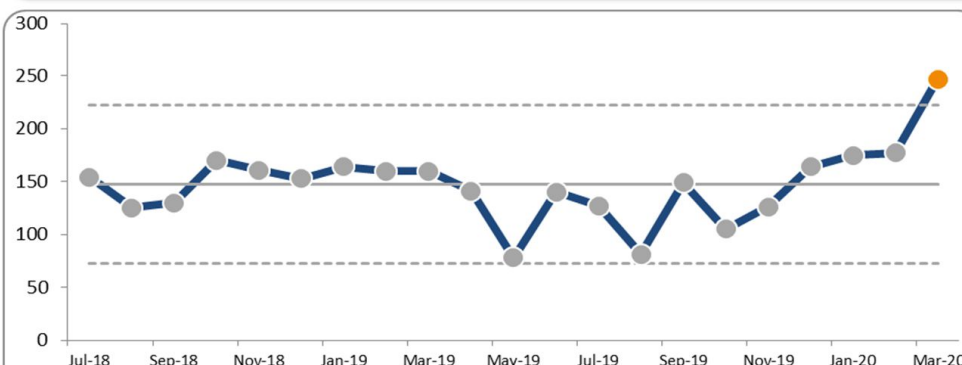
Variation

Special Cause Concern High / Low | Special Cause Note/Investigate High / Low | Common Cause

Assurance

Consistently hit target | Hit and miss target subject to random | Consistently fail target

17

Month 12 [March] | 2019-20 Quality & Safety Summary

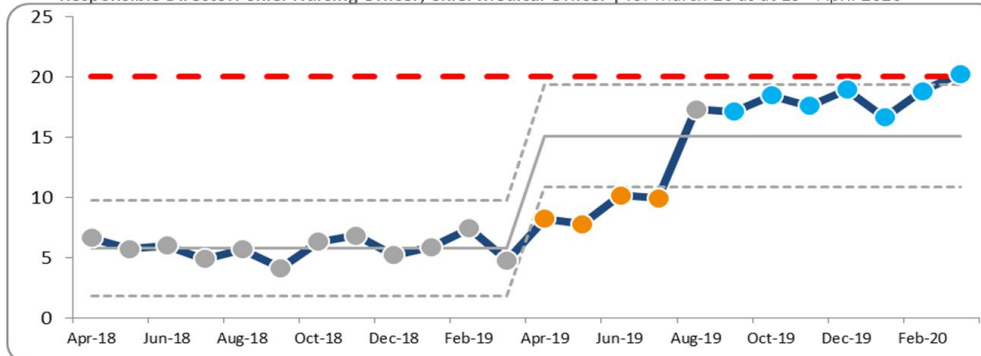**NHS Worcestershire Acute Hospitals NHS Trust**

Responsible Director: Chief Nursing Officer, Chief Medical Officer | for March 20 as at 19ᵗʰ April 2020

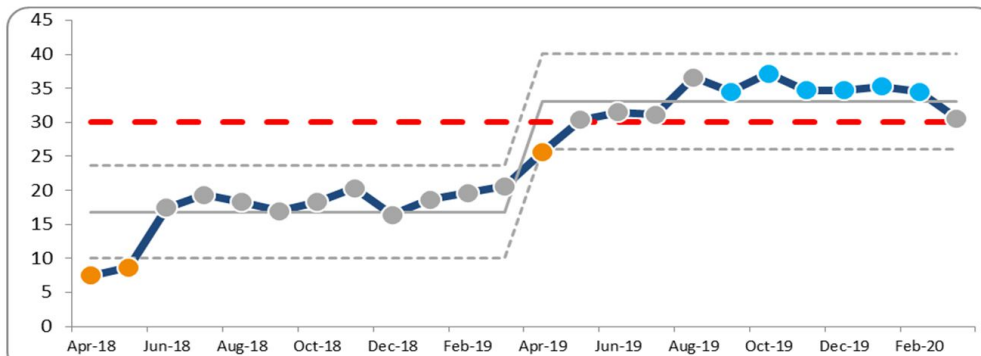**Accident & Emergency Response Rate Friends & Family Test (%)**

March 20

20.23
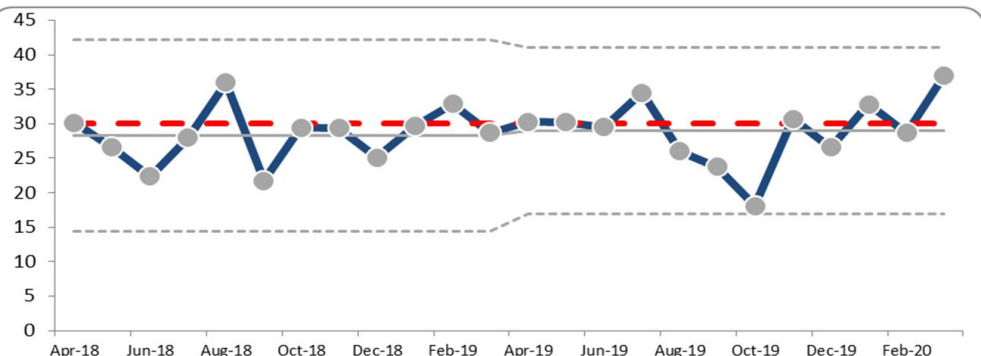

Inpatient Response Rate Friends & Family Test (%)

March 20

30.56

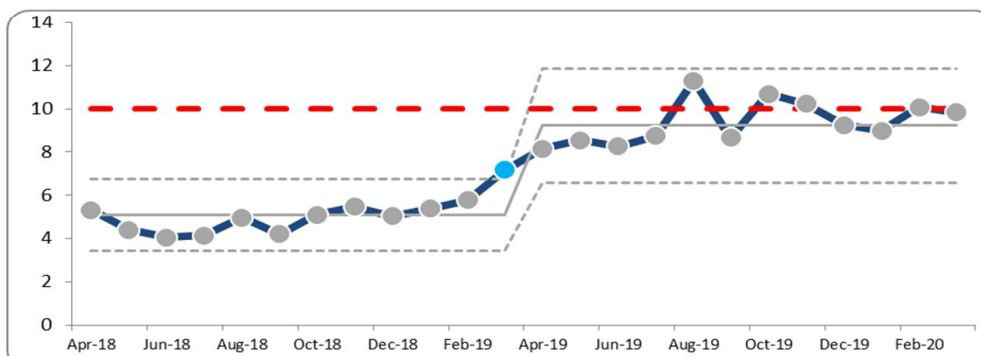**Maternity Response Rate Friends & Family Test (%)**

March 20

37.01

Outpatients Response Rate Friends & Family Test (%)

March 20

9.83

Variation

Special Cause Concern High Low | Special Cause Note/Investigate High Low | Common Cause

Assurance

Consistently hit target | Hit and miss target subject to random | Consistently fail target

18

Month 12 [March] | 2019-20 Quality & Safety Summary
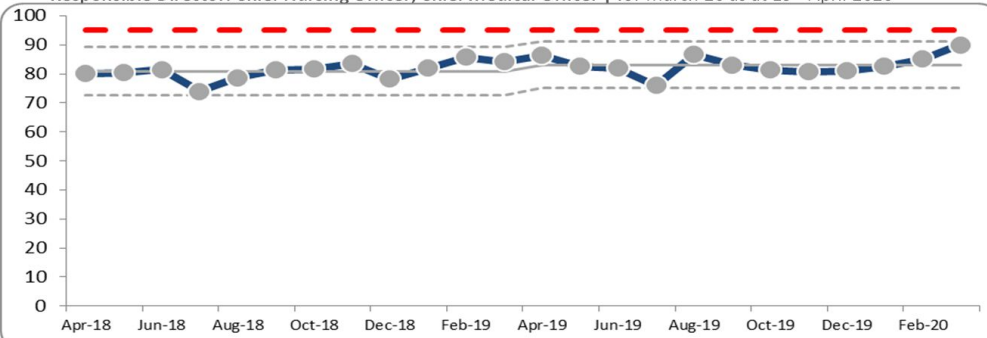
NHS
Worcestershire
Acute Hospitals
NHS Trust

Responsible Director: Chief Nursing Officer, Chief Medical Officer | for March 20 as at 19th April 2020

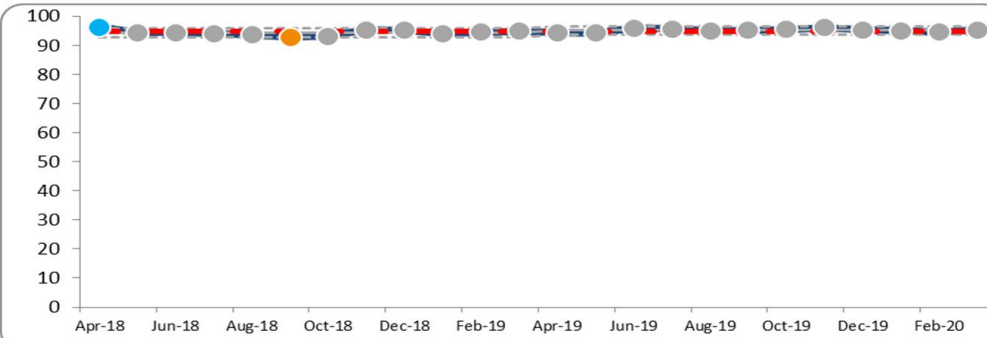**Accident & Emergency Recommended Rate Friends & Family Test (%)**

March 20

90.04

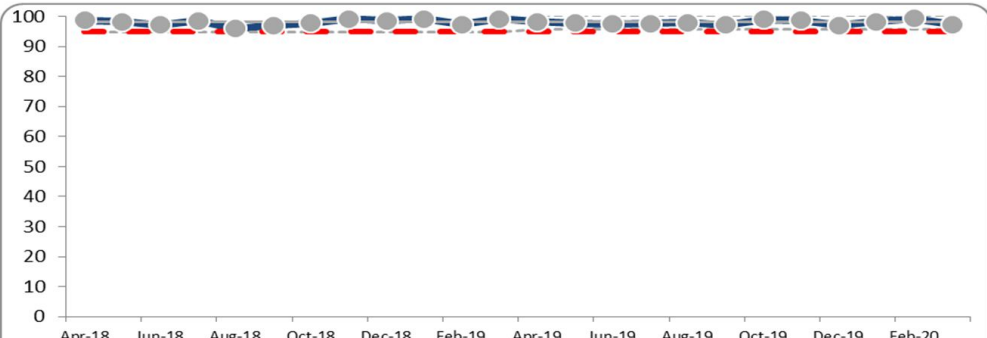**Inpatient Recommended Rate Friends & Family Test (%)**

March 20

95.32

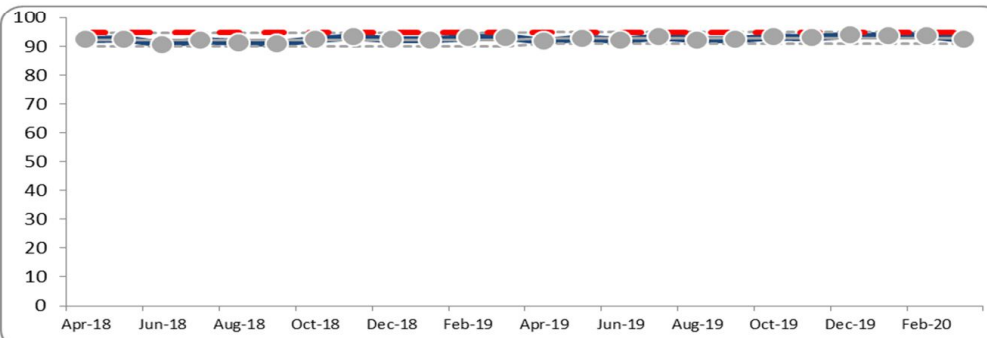**Maternity Recommended Rate Friends & Family Test (%)**

March 20

97.34

Outpatients Recommended Rate Friends & Family Test (%)

March 20

92.48

Variation

Special Cause Concern High Low | Special Cause Note/Investigate High Low | Common Cause

Assurance

Consistently hit target | Hit and miss target subject to random | Consistently fail target

19

Quality & Safety | Submitted Trajectories (19/20) | M12 [March]

Performance Metrics			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Cdiff	0	Actual	4 ✓	3 ✓	5 ✗	2 ✓	9 ✗	7 ✗	7 ✗	3 ✓	4 ✓	6 ✗	6 ✗	5 ✗
		Trajectory	5	4	4	4	5	4	4	5	4	5	4	4
Ecoli	0	Actual	5 ✓	6 ✗	4 ✓	6 ✗	4 ✓	5 ✓	4 ✓	7 ✗	4 ✓	4 ✓	4 ✓	2 ✓
		Trajectory	5	5	5	4	5	5	5	5	5	5	5	5
MSSA	0	Actual	0 ✓	2 ✗	1 ✓	2 ✗	2 ✗	0 ✓	2 ✗	1 ✓	2 ✗	3 ✗	1 ✗	2 ✗
		Trajectory	3	1	0	1	1	1	0	1	1	1	0	0
MRSA		Actual	0 ✓	0 ✓	1 ✗	0 ✓	0 ✓	0 ✓	0 ✓	1 ✗	0 ✓	0 ✓	0 ✓	1 ✗
		Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
Hospital Acquired Deep Tissue injuries	0	Actual	8 -	11 -	3 -	8 -	6 -	9 -	6 -	7 -	12 -	12 -	5 -	8 -
		Trajectory	-	-	-	-	-	-	-	-	-	-	-	-
Falls per 1,000 bed days causing harm	0	Actual	0 ✓	0.04 ✓	0 ✓	0 ✓	0.04 ✓	0.04 ✓	0.04 ✓	0.08 ✗	0.04 ✓	0 ✓	0.04 ✓	0.08 ✗
		Trajectory	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04
% medicine incidents causing harm	0%	Actual	9.57% ✓	14.40% ✗	13.38% ✗	14.07% ✗	10.87% ✓	15.34% ✗	12.50% ✗	10.78% ✓	9.02% ✓	11.41% ✓	10.67% ✓	8.24% ✓
		Trajectory	11.71%	11.71%	11.71%	11.71%	11.71%	11.71%	11.71%	11.71%	11.71%	11.71%	11.71%	11.71%
Hand Hygiene Audit Participation	100%	Actual	86.55% ✗	87.39% ✗	87.39% ✗	91.38% ✗	85.96% ✗	91.07% ✗	96.43% ✗	98.21% ✗	91.96% ✗	100.00% ✓	99.11% ✗	78.76% ✗
		Trajectory	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Hand Hygiene Compliance to practice	97%	Actual	96.95% ✗	97.52% ✓	98.39% ✓	97.88% ✓	97.92% ✓	97.98% ✓	98.28% ✓	98.35% ✓	98.84% ✓	98.90% ✓	98.64% ✓	99.35% ✓
		Trajectory	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
VTE Assessment Rate	95%	Actual	95.92% ✓	96.58% ✓	96.51% ✓	96.55% ✓	96.23% ✓	97.10% ✓	96.45% ✓	97.33% ✓	95.32% ✓	97.14% ✓	96.83% ✓	96.76% ✓
		Trajectory	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Sepsis Screening compliance	90%	Actual	90.05% ✓	94.39% ✓	89.24% ✗	87.16% ✗	86.83% ✗	89.30% ✗	86.35% ✗	84.51% ✗	85.64% ✗	88.89% ✗	86.03% ✗	- -
		Trajectory	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Sepsis 6 bundle compliance	100%	Actual	57.50% ✗	44.66% ✗	47.47% ✗	60.00% ✗	68.09% ✗	51.96% ✗	45.00% ✗	59.26% ✗	42.31% ✗	58.33% ✗	55.74% ✗	- -
		Trajectory	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
#NOF time to theatre <=36 hrs	95%	Actual	83.87% ✗	86.89% ✓	71.43% ✗	79.10% ✗	82.46% ✗	88.00% ✓	84.21% ✗	85.71% ✓	88.27% ✓	81.67% ✗	87.93% ✓	- -
		Trajectory	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
Mortality Reviews completed <=30 days	100%	Actual	40.45% -	53.74% -	43.65% -	45.18% -	46.58% -	68.57% -	54.31% -	59.74% -	52.91% -	59.24% -	53.53% -	- -
		Trajectory	-	-	-	-	-	-	-	-	-	-	-	-
HSMR 12 month rolling average	100	Actual	110.15 -	109.60 -	109.96 -	110.02 -	112.24 -	-	-	-	-	-	-	-
		Trajectory	-	-	-	-	-	-	-	-	-	-	-	-
Complaints responses <=25 days	85%	Actual	75.00% ✗	81.82% ✓	71.19% ✗	83.93% ✓	90.91% ✓	77.50% ✗	58.93% ✗	83.78% ✓	83.67% ✓	83.33% -	87.76% -	86.49% -
		Trajectory	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
ICE viewed reports [pathology]	100%	Actual	96.85% -	96.66% -	96.83% -	96.69% -	96.54% -	96.19% -	95.97% -	95.64% -	96.10% -	95.79% -	95.33% -	- -
		Trajectory	-	-	-	-	-	-	-	-	-	-	-	-
ICE viewed reports [radiology]	100%	Actual	92.49% -	93.22% -	92.28% -	91.67% -	91.69% -	90.46% -	81.95% -	82.01% -	83.19% -	80.96% -	81.13% -	- -
		Trajectory	-	-	-	-	-	-	-	-	-	-	-	-

20

Best People

People and Culture KPI's – M12 –March 2020

Key Performance Indicator	Variation/Assurance and Corrective Action
Appraisal (non-medical)	Compliance has reduced by 2% to 81% this month which is the largest drop this year. A reduction is expected due to Covid-19 response. The target for appraisal will rise to 95% from April. National benchmark is currently 85% on Model Hospital.
Mandatory Training	Mandatory Training compliance has dropped by 1% to 89% this month which was expected due to the cessation of face to face training as part of the Covid-19 response. The target will rise to 95% from April 2020. A process for performance management of those who are not 100% on their appraisal is to be communicated post-covid
Medical appraisal	Medical Appraisal has reduced by 1% this month to 93% against Model Hospital average of 85%. Reminders through ESR Self Service, implementation of Allocate e-appraisal system, and dedicated resource in HR to support medical appraisal and revalidation have been effective in improving and maintaining trajectory. However, a reduction was anticipated this month due to Covid-19 response.
Consultant Job Plans	Performance continues to be addressed through the monthly performance review meetings and e-job planning. All job plans are going through consistency panels to ensure they best meet service needs. Target will increase to 95% from April 2020.
Vacancy rate	Our vacancy rate has improved again this month from 7.61% to 7.47% due to ongoing programmes for domestic and international recruitment. The national substantive NHS vacancy rate was 8.1% in March 2019 (office of national statistics). We have continued active recruitment to roles during Covid-19. Vacancy rates are expected to reduce further in April due to recruitment to BBS and student placements.
Staff turnover	Turnover has been reducing month on month since May 2019 and has reduced this month from 11.23% to 11.12% against a 12% target. The target will reduce to 11% from April 2020. Our monthly staff turnover reduced to 0.80% on Model Hospital in January 2020 (latest data) compared to national average of 0.89% at that time.
Staff in Post Growth	Staff in Post has increased by 35.6 wte this month primarily due to successful overseas and domestic nursing campaigns. There are 499.85 wte additional staff in post since April 2016 across all staff groups, which demonstrates successful recruitment campaigns.
Establishment Growth	Establishment has reduced this month by 5 wte this month - see Finance report.

Variation

Icon	Description
H	Special cause variation - cause for concern (indicator where high is a concern)
L	Special cause variation - cause for concern (indicator where low is a concern)
	Common cause variation
H	Special cause variation - improvement (indicator where high is good)
L	Special cause variation - improvement (indicator where low is good)

Assurance

F	The system is expected to consistently fail the target
P	The system is expected to consistently pass the target
?	The system may achieve or fail the target subject to random variation

21

Best People

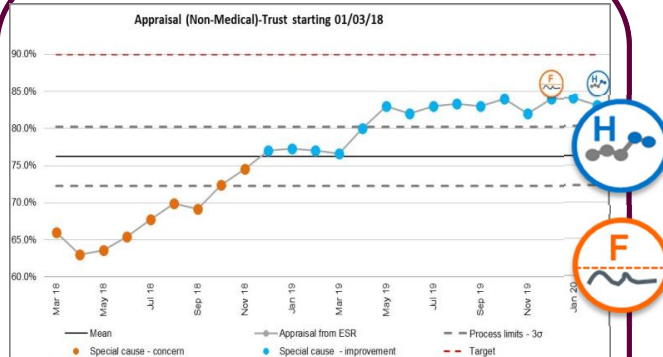| Key Performance Indicator	Variation/Assurance and Corrective Action
Increase in total hours worked	Our total hours worked have increased by 92.8 wte this month and 283.4wte from the same period last year due to new wards, section 31, coronavirus pods and increased fill rates through NHSP interface. Our total hours worked are 190 wte above our funded establishment this month. This is the third month running that hours worked have exceeded establishment. An increase is expected this month due to the increased Covid-19 related absence. See Finance report
Monthly Sickness Absence Rate	Sickness rates have reduced by 0.13% this month from 4.58% to 4.45% against Model Hospital benchmark of 4.75% (Nov 2019) and Trust target of 4%. This is a 0.07% reduction in long term sickness but a 0.11% increase in short-term sickness. Sickness is a priority for the HR directorate who are working with managers to ensure full compliance with our policy. COVID19 has impacted sickness rates and medical suspension rates during March. A separate SPC chart for Covid Absence is included this month.
Agency Spend as a % of gross cost	Agency spend as a % of gross cost has increased by 0.92% this month to 10.29%. This is expected due to the increase in hours worked and the increase in absence due to Covid-19 response. See Finance Report
Bank Spend as a % of gross cost	This chart has been removed this month to make way for Covid absence reporting.
Covid-19 related Absence	This chart has been added this month to track Covid-19 related absence. We currently have 928 staff (18.6% of our total staff in post) absent due to sickness, self-isolation or social distancing (shielding). This has reduced from a peak of 21.9% on 4th April. There are currently 425 staff social distancing for up to 12 weeks under the initial government guidance.

Variation

Icon	Description
H	Special cause variation - cause for concern (indicator where high is a concern)
L	Special cause variation - cause for concern (indicator where low is a concern)
	Common cause variation
H	Special cause variation - improvement (indicator where high is good)
L	Special cause variation - improvement (indicator where low is good)

Assurance

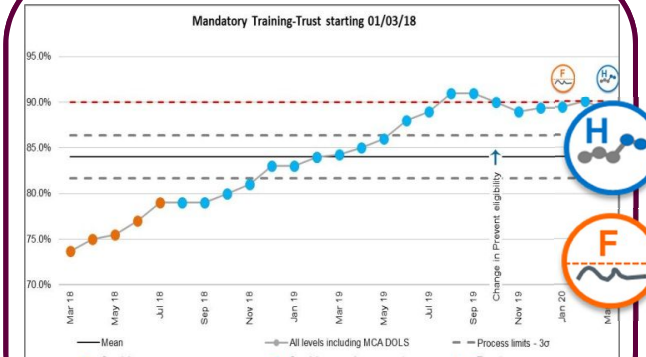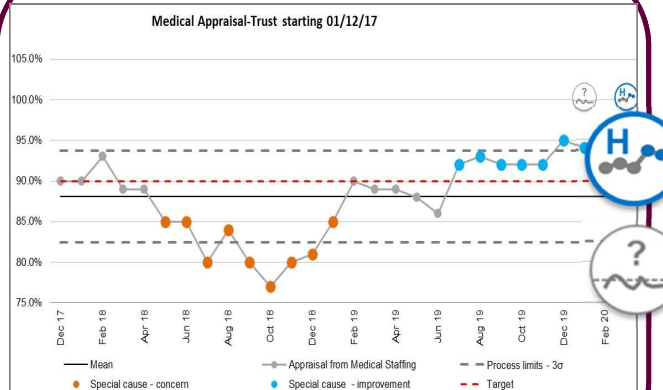| Icon	Description
F	The system is expected to consistently fail the target
P	The system is expected to consistently pass the target
?	The system may achieve or fail the target subject to random variation

22

Month 12 | 2019-20 **Engaged & Skilled Workforce** Summary

Responsible Director: Director of People & Culture | as at 31st March 2020

NHS
Worcestershire
Acute Hospitals
NHS Trust

Appraisal (Non-Medical)

81%

Appraisal (Non-Medical)-Trust starting 01/03/18

Mandatory Training

89%

Mandatory Training-Trust starting 01/03/18

Medical Appraisal

93%

Medical Appraisal-Trust starting 01/12/17

Consultant Job Plans

89%

Consultant Job Plans-Trust starting 01/03/18

Variation
Special Cause Concern High | Special Cause Concern Low | Special Cause Note/Investigate High | Special Cause Note/Investigate Low | Common Cause

Assurance
Consistently hit target | Hit and miss target subject to random | Consistently fail target
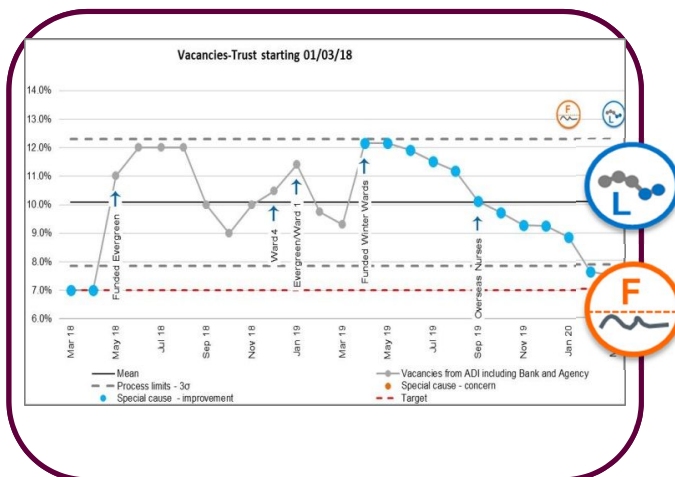
Arrow depicts direction of travel since last month. **Green** is improved, **Red** is deteriorated and **amber** unchanged since last month.

23

Month 12 | 2019-20 Engaged & Skilled Workforce Summary

Responsible Director: Director of People & Culture | as at 31st March 2020

NHS Worcestershire Acute Hospitals NHS Trust

Vacancies

↓

7.47%

Vacancies-Trust starting 01/03/18

Annual Staff Turnover

↓

11.12%

Annual Staff Turnover-Trust starting 01/03/18

Staff in Post Growth

■

+ 499 wte

Staff in Post Growth-Trust starting 01/04/16

Establishment Growth

■

+ 471 wte

Establishment Growth -Trust starting 01/04/17

Variation

H/L Special Cause Concern High/Low — L/H Special Cause Note/Investigate High/Low — Common Cause

Assurance

P Consistently hit target — ? Hit and miss target subject to random — F Consistently fail target

Arrow depicts direction of travel since last month. **Green** is improved, **Red** is deteriorated and **amber** unchanged since last month.

24

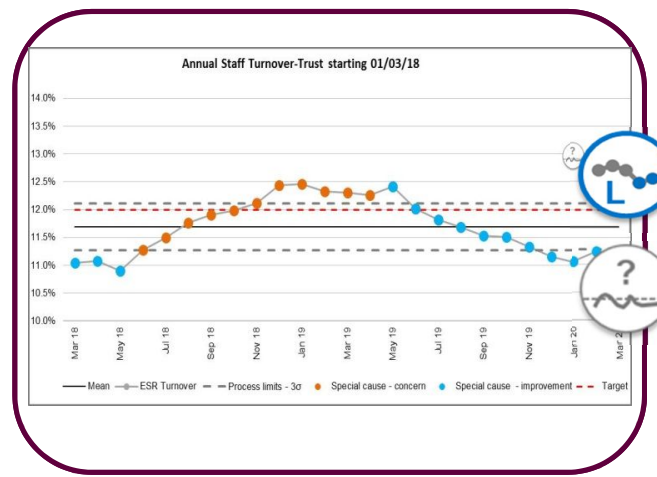# Month 12 | 2019-20 Engaged & Skilled Workforce Summary
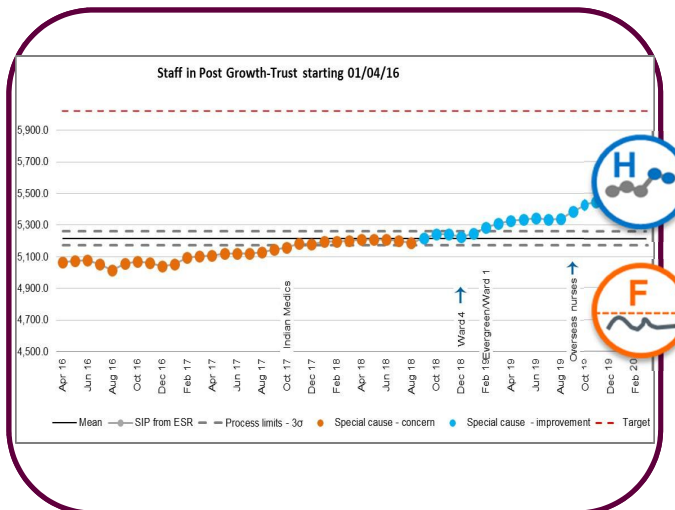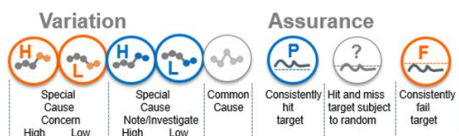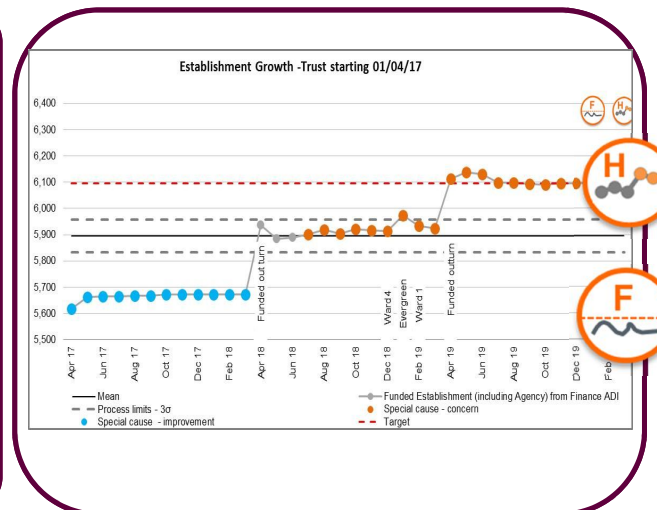
Responsible Director: Director of People & Culture | as at 31st March 2020

NHS
Worcestershire
Acute Hospitals
NHS Trust

Increase in total hours worked

↑

+ 1096 wte

Total hours worked (Substantive, Bank and Agency) wte-Trust starting 01/04/17

Monthly Sickness Absence

↓

4.45%

Sickness Absence-Trust starting 01/03/16

Agency Spend as % of gross cost

↑

10.29%

Agency spend as % of gross cost-Trust starting 01/01/18

Covid-19 Related Absence

18.58%

All absence during Covid-19-Trust starting 18/03/20

Variation

Special Cause Concern High | Special Cause Concern Low | Special Cause Note/Investigate High | Special Cause Note/Investigate Low | Common Cause

Assurance

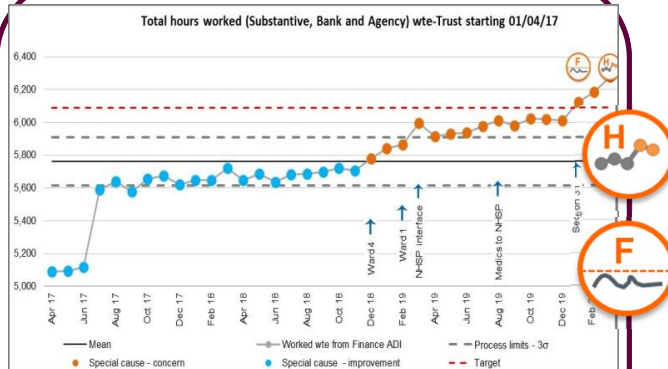Consistently hit target | Hit and miss target subject to random | Consistently fail target

Arrow depicts direction of travel since last month. **Green** is improved, **Red** is deteriorated and **amber** unchanged since last month.
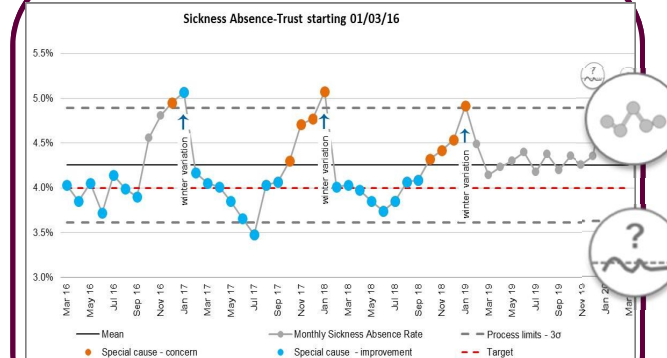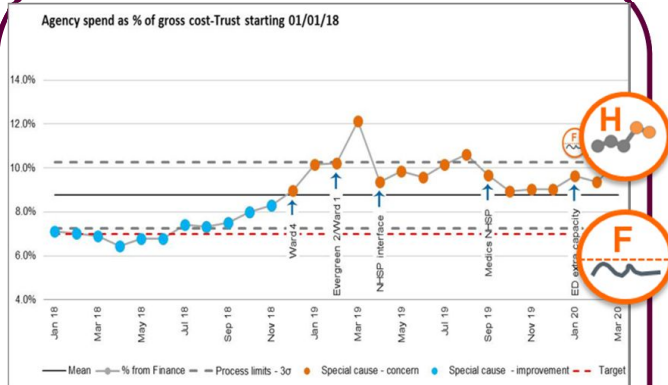
25
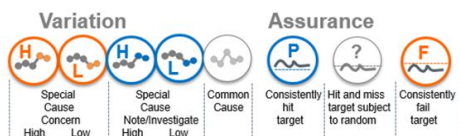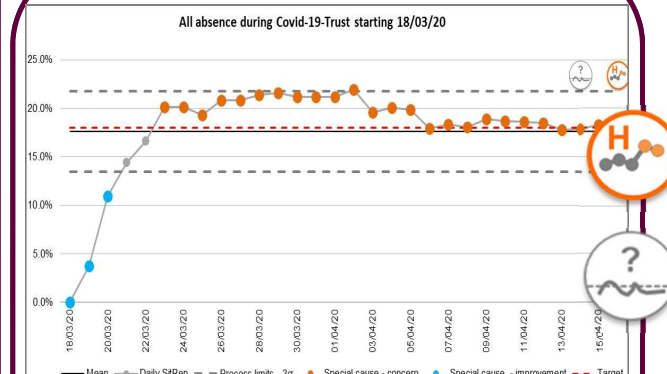
Home First Programme Headline Metrics - October 2019 to March 2020

WMAS 60 minute Handover delays - Trust - Monthly

Total time in A&E - 95th Percentile - Trust - Monthly

Please note that % axis does not start at zero.

Discharges as a % of Admissions (includes Assessment units) - Trust - Monthly

Please note that % axis does not start at zero.

Discharges as a % of Admissions (IP only) - Trust - Monthly

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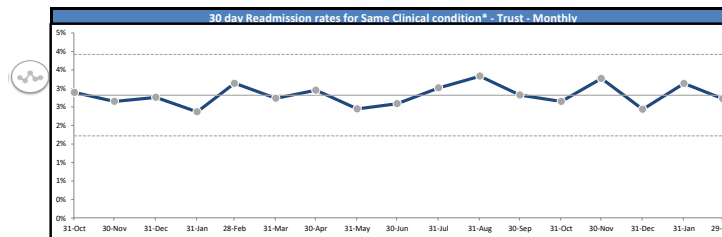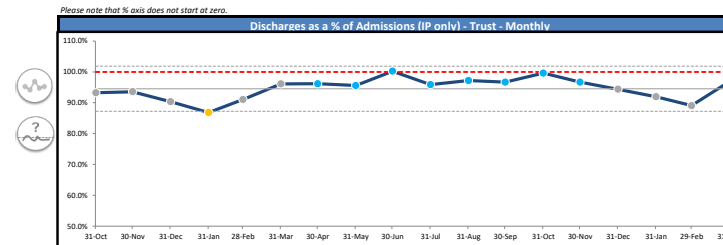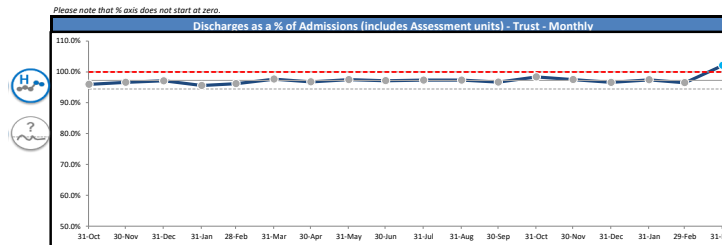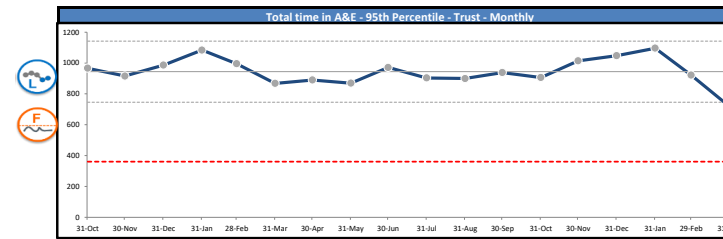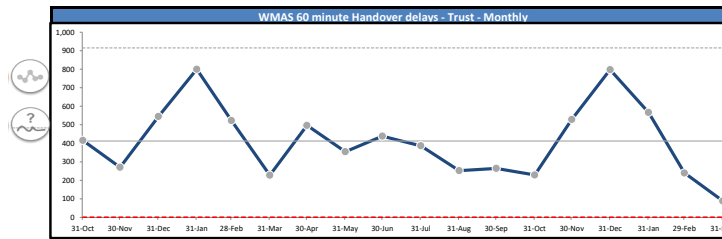
* Readmission rates for same clinical conditions - There is a delay between admission date and when the patient is coded up for clinical conditions. The latest date shown is 30 days prior to yesterday's date.

Capacity Gap (excludes Elective) (Daily Average) - Trust - Monthly

Capacity Gap (includes Elective) (Daily Average) - Trust - Monthly

Aggregated Patient Delay (APD) - Trust - Monthly

NHS
**Worcestershire
Acute Hospitals**
NHS Trust
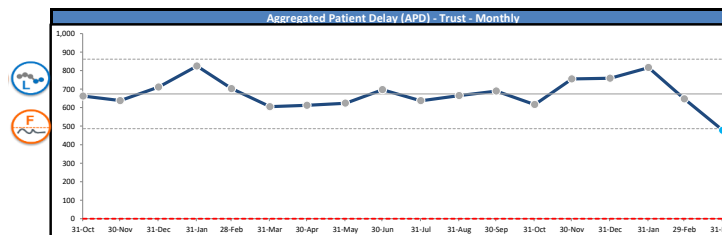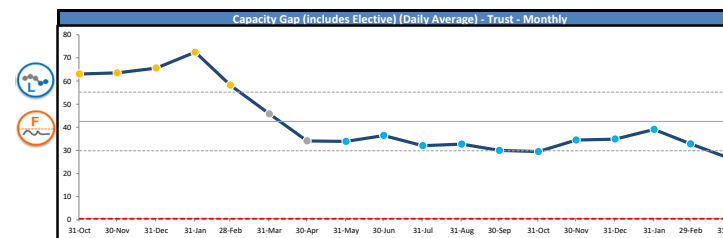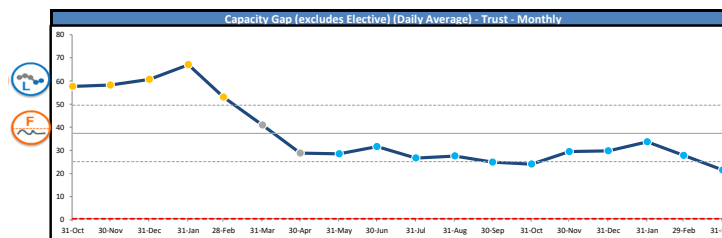
Meeting	Trust Board
Date of meeting	22 April 2020
Paper number	E

Preparing for the Future beyond the COVID-19 Pandemic

For approval:	x	For discussion:		For assurance:	x	To note:	

Accountable Director	Matthew Hopkins CEO		
Presented by	Matthew Hopkins CEO	**Author /s**	Matthew Hopkins CEO

Alignment to the Trust's strategic objectives							
Best services for local people	x	Best experience of care and outcomes for our patients	x	Best use of resources	x	Best people	x

Report previously reviewed by		
Committee/Group	Date	Outcome
Trust Management Executive	22nd April 2020	
Recommendations	TME is requested to approve this paper and the terms of reference for the Preparing for the Future Task and Finish Group. The Board is requested to approve this report.	

Executive summary	On 30 January 2020, national NHS leaders internally declared COVID-19 a serious incident, and on the 3rd March 2020, the UK Government designated the COVID-19 outbreak as a Level 4 National Emergency. Therefore, in response to this unprecedented public health incident, we initiated formal emergency preparedness, resilience and response (EPRR) arrangements at Worcestershire Acute Hospitals NHS Trust (WAHT) hospitals from the week commencing 2nd March 2020. Our incident response plans involved significant changes to the way we deliver care and organise our hospitals, to create clinical and operational capacity in readiness for dealing with the demand peak. In the aftermath of the demand peak, there will be a huge opportunity to establish a new 'business as usual' based on some of the changes introduced during the incident, which will accelerate the transformation of WHAT. This paper outlines the initial thinking about how to approach creating a road map of transformation opportunities as well as refresh our organisational strategy to respond to the changing health and care landscape in a world beyond the pandemic.			
Risk				
Key Risks				
Assurance				
Assurance level	**Significant**	**Moderate**	**Limited**	**None**
Financial Risk				

Meeting	Trust Board
Date of meeting	22 April 2020
Paper number	E

Introduction/Background

On 31 December 2019, World Health Organization (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan, Hubei Province, China. A novel coronavirus (SARS coronavirus-2 (SARS-CoV-2)) was subsequently identified from patient samples and named COVID-19.

On 30 January 2020, national NHS leaders internally declared COVID-19 a serious incident, and on the 3rd March 2020, the UK Government designated the COVID-19 outbreak as a Level 4 National Emergency. Therefore, in response to this unprecedented public health incident, we initiated formal emergency preparedness, resilience and response (EPRR) arrangements at Worcestershire Acute Hospitals NHS Trust (WAHT) hospitals from the week commencing 2nd March 2020.

We have ensured our local preparations and response to the predicted increased number of patients who are seriously ill coming into WAHT hospitals with Coronavirus symptoms. We based our demand and capacity planning on NHS England (NHSE) and Public Health England (PHE) predictive modelling data which used the evidence of the spread and impact of COVID-19 in China and Italy. This planning anticipated a very steep increase in seriously ill patients, peaking in Worcestershire in mid-April 2020.

Our incident response plans involved significant changes to the way we deliver care and organise our hospitals, to create clinical and operational capacity in readiness for dealing with the demand peak. These included scaling back our elective surgery, changing our face to face outpatient consultations to telephone contacts, remote monitoring of people with long term condition, moving services across sites, large scale remote working, more flexible cross site and cross team working patterns and more efficient hospital discharge processes.

In the aftermath of the demand peak, there will be a need to restore elements of the scaled back services (Restoration Phase), so that we continue to meet the needs of the people we serve. However, there will also be a huge opportunity to establish a new 'business as usual' based on some of the changes introduced during the incident, which will accelerate the transformation of WAHT.

The transformation opportunities arising from the incident will also lead to a refresh of our Clinical Services Strategy and enabling strategies such as our Digital Strategy and People and Culture Strategy and the Medium Term Financial Plan.

Issues and options

A task and finish group will be established to co-ordinate the identification, analysis, evaluation and planning for the transformation of the way high quality and safe care is delivered, and our hospitals are organised, after the COVID-19 Pandemic.

The Group will focus beyond the immediate 'Restoration Phase' (May/Jun/Jul) and be more aligned with the 'Recovery Phase' after the pandemic (Aug onwards). The review and refresh of the organisation's strategy will have a five year time horizon.

The Group will report to the Chief Executive through the Trust Management Executive and will link with the Herefordshire and Worcestershire Sustainability and Transformation Partnership (H&WSTP) equivalent forum. The Trust Board will receive regular reports on

Meeting	Trust Board
Date of meeting	22 April 2020
Paper number	E

progress and conclusions.

The draft Terms of Reference are enclosed in Appendix 1.

Recommendations

- TME is requested to approve this paper and the terms of reference for the Preparing for the Future Task and Finish Group.

- The Board is requested to approve this report.

Appendices
Attachment 1 Draft Terms of Reference

Preparing for the Future	Page	3

Terms of Reference

Worcestershire Acute Hospitals NHS Trust

PREPARING FOR THE FUTURE BEYOND THE COVID-19 PANDEMIC

Task & Finish Group

Version: 1.0

Terms of Reference approved by:

Date approved: TBC

Author: Chief Executive

Responsible directorate: Director of Strategy & Planning

Review date: TBC

[Type text]

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

PREPARING FOR THE FUTURE BEYOND THE COVID-19 PANDEMIC

TERMS OF REFERENCE

1   **Background**

1.1   On 31 December 2019, the World Health Organization (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan, Hubei Province, China. A novel coronavirus (SARS coronavirus-2 (SARS-CoV-2)) was subsequently identified from patient samples and named COVID-19.

1.**2**   On 30 January 2020, national NHS leaders internally declared COVID-19 a serious incident, and on the 3rd March 2020, the UK Government designated the COVID-19 outbreak as a Level 4 National Emergency. Therefore, in response to this unprecedented public health incident, the Trust initiated formal emergency preparedness, resilience and response (EPRR) arrangements at Worcestershire Acute Hospitals NHS Trust (WAHT) hospitals from the week commencing 2nd March 2020.

1.3   We have ensured our local preparations and response to the predicted increased number of patients who are seriously ill coming into WAHT hospitals with Coronavirus symptoms. We based our demand and capacity planning on NHS England (NHSE) and Public Health England (PHE) predictive modelling data which used the evidence of the spread and impact of COVID-19 in China and Italy. This planning anticipated a very steep increase in seriously ill patients, peaking in Worcestershire in mid-April 2020.

1.4   Our incident response plans involved significant changes to the way we deliver care and organise our hospitals, to create clinical and operational capacity in readiness for dealing with the demand peak. These included:

- scaling back our elective surgery;
- changing our face to face outpatient consultations to telephone contacts;
- transfer of a tranche of cancer activity to independent sector facilities;
- moving a range of ambulatory care to Kidderminster Treatment Centre;
- new streamlined discharge processes;
- remote monitoring of patients with a long term condition;
- large scale remote working and more flexible working patterns including redeployment of staff across sites and teams.

1.5   In the aftermath of the demand peak, there will be a need to restore elements of the scaled back services, so that we continue to meet the needs of the people we serve. However, there will also be a huge opportunity to establish a new 'business as usual' based on some of the changes introduced during the incident, which will accelerate the transformation of WAHT.

1.6   The transformation opportunities arising from the incident will also lead to a refresh of our Clinical Services Strategy and enabling strategies such as our Digital Strategy and People and Culture Strategy.

[Type text]

2 Introduction/Authority

2.1 The Preparing for the Future Task and Finish Group is set up to co-ordinate the identification, analysis, evaluation and planning for the transformation of the way high quality and safe care is delivered, and our hospitals are organised, beyond the COVID-19 Pandemic.

2.2 The group will focus beyond the immediate 'Restoration Phase' (May/June/Jul) and will be more aligned with the 'Recovery Phase' after the pandemic (Aug onwards). The review and refresh of the organisation's strategy will have a five year time horizon.

2.3 The Group will report to the Chief Executive through the Trust Management Executive. The Trust Board will also receive regular reports on progress and conclusions.

2.4 The Group will link with the Herefordshire and Worcestershire Sustainability and Transformation Partnership (H&WSTP) equivalent forum and will also feed into the Integrated Care System Executive.

3 Membership

Director of Strategy & Planning (Chair)
Deputy Director of Strategy and Planning
Chief Digital Officer
Director of People & Culture
Deputy Chief Operating Officer (Alexandra Site Managing Director)
Deputy Chief Medical Officer
Deputy Chief Nursing Officers
Deputy Director of Finance
Divisional Directors x 2
Divisional Directors of Operations x 2
Head of Improvement
Head of PMO and Transformation
Home First Worcestershire Programme Lead

4 Arrangements for the conduct of business

4.1 The Director of Strategy and Planning will chair the meeting

4.2 Other staff will be co-opted as required

4.3 The Group will identify the new ways of working to be adopted as routine business and the implementation plan to ensure they are sustainable.

4.4 The Group will utilise the three strategy pillars in the Trust Clinical Strategy to provide a framework for the review:

- Integrated Care
- Urgent and Emergency Care
- Acute and Specialised Planned Care

[Type text]

As well as key enabling strategies such as people and culture and digital

4.5 The Group will produce a report setting out which new ways of working should be adopted and will produce a report which sets a route map for the refresh of the key organisational strategies, with key milestones and outputs.

4.6 The report will provide the basis for the development of the 2021/22 annual plan with a forward look to the 2022/23 plan and further refinement of the Trust medium term financial plan.

5 Frequency of meetings

5.1 The forum will meet weekly

5.2 Action notes will be provided the following day.

6 Review Period

6.1 The Terms of Reference will be reviewed in 8 weeks from approval.

[Type text]