Trust Board
There will be a meeting of the Trust Board on Thursday 14 May 2020 at 10:00. It will be held virtually. Due to national requirments of social distancing, members of the public will not be invited. Minutes and actions will be circulated and published shortly after the meeting.

Sir David Nicholson
Chairman

Agenda			Enclosure
1	**Welcome and apologies for absence**		
2	**Items of Any Other Business** *To declare any business to be taken under this agenda item.*		
3	**Declarations of Interest** Chair	*For assurance*	**Enc A**
4	**Minutes of the previous meeting** *To approve the Minutes of the meeting held on **23 April 2020** as a true and accurate record of discussions.*	*For approval*	**Enc B**
5	**Action Log**	*For noting*	**Enc C**
6	**Chairman's Report**	*Verbal*	
7	**Chief Executive's Report** Chief Executive	*For noting*	**Enc D**
8	**COVID-19**		
8.1	**Response to NHS CEO/COO Letter of 29 April 2020 and Restoration of Services** Chief Operating Officer	*For assurance*	**Enc E1**
9	**Performance**		
9.1	**Home First Worcestershire Report** Chief Operating Officer	*For assurance*	**Enc F1**
9.2 **9.2.1**	**Integrated Performance Report** **Executive Summary** Chief Operating Officer	*For assurance*	**Enc F2**
9.2.2	**Section 1 – Quality Performance Report** Chief Nursing Officer		
9.2.3	**Committee Assurance Reports** Committee Chairs		

10	**Governance**		
10.1	**Self-Certification – Conditions FT4 and G6 of the Provider Licence** Chief Executive	*For approval*	**Enc G1**
10.2	**Managing Charitable Donations during the COVID-19 Pandemic** Chief Finance Officer/Director of Communications and Engagement	*For assurance*	**Enc G2**
10.3	**Trust Management Executive Report** Chief Executive	*For assurance*	**Enc G3**

Any Other Business *as previously notified*

Date of Next Meeting
The next public Trust Board meeting will be held on 11 June 2020, Rooms 1 and 2, Kidderminster Treatment Centre/virtually.

Exclusion of the press and public
The Board is asked to resolve that - **pursuant to the Public Bodies (Admission to Meetings) Act 1960 'representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest'** (Section 1(2) Public Bodies (Admission to Meetings) Act 1960).

NHS
Worcestershire Acute Hospitals NHS Trust

V2 Feb 2019

Meeting	Trust Board
Date of meeting	14 May 2020
Paper number	Enc A

Declarations of Interest

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

Accountable Director	Sir David Nicholson Chairman		
Presented by	Martin Wood Deputy Company Secretary	**Author /s**	Martin Wood Deputy Company Secretary

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	x
Ensure the Trust is financially viable and makes the best use of resources for our patients		Continuously improve our services to secure our reputation as the local provider of choice			

Alignment to the Trust's goals							
Timely access to our services		Better quality patient care		More productive services		Well-Led	x

Report previously reviewed by		
Committee/Group	Date	Outcome

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

Significant assurance ☐ *High level of confidence in delivery of existing mechanisms/objectives*	**Moderate assurance** ☐ *General confidence in delivery of existing mechanisms /objectives*	**Limited assurance** ☐ *Some confidence in delivery of existing mechanisms /objectives*	**No assurance** ☐ *No confidence in delivery*

Recommendations	The Board is requested to receive the attached declarations of interest and note that the document is on the website and is updated when required.

Worcestershire Acute Hospitals NHS Trust

Enc A

TRUST BOARD OF DIRECTORS' REGISTER OF INTERESTS 2020/21

Name	Designation	Declared Interest
Sir David Nicholson	Chairman	• Sole Director – David Nicholson Healthcare Solutions • Visiting Professor – Global Health Innovation, Imperial College • Non-Executive Director - Lifecycle • Spouse is Chief Executive of Birmingham Women's and Children's NHS Foundation Trust • STP Chair • Governor, Nottingham Trent University (from Jan 2020) • Trustee Invictus Academy • Member IPPR Health Advisory Committee
Matthew Hopkins	Chief Executive	• None
Paul Brennan	Chief Operating Officer/Deputy Chief Executive	• None
Anita Day	Non-Executive Director	• Non-Executive Director- Nottingham University Hospitals Trust • Principle- Anita Day Consulting • Associate Account Director - Steps Drama Learning Development Ltd
Mike Hallissey	Chief Medical Officer (from 25 June 2019)	• UHB as Deputy Medical Director and Director of Education, Chair of Assure Dialysis Ltd, a whole owned UHB subsidiary delivering Chronic renal dialysis in Smethwick - Development of both Undergraduate, post-graduate and international trainee education. Supporting community Renal dialysis. There is no specific financial aspects to either role with these being with the 2 days UHB fund of my salary.
Richard Haynes	Director of Communications	• None
Colin Horwath	Associate NED	• Davidson and Partners – partner and part owner • Birmingham Children's Trust - NED
Julie Moore	Non-Executive Director	• Professor of Healthcare Systems, Warwick University • Trustee, Prince of Wales's Charitable Foundation • Non-Executive Director Organising Committee for the Commonwealth Games 2022 • Director, Innovating Global Health China Ltd • Director, Birmingham Systems • Honorary Professor, Zhouzhang University, Henan province,

Name	Designation	Declared Interest
		China • Honorary President, Guiqian International Hospital, Guiyang, Guizhou Province, China • Novartis Industry Council – member • Special Advisor to Newton Europe
Vicky Morris	Chief Nursing Officer	• None
Jo Newton	Director of Strategy and Planning *(From 27 April 2020)*	• Trustee – Teens in Crisis Charitable Trust (Gloucester)
Richard Oosterom	Associate NED	• MyMed Ltd (company number 09768044), 2.5% shareholding
Tina Ricketts	Director of People and Culture	• None
Kimara Sharpe	Company Secretary	• Examiner, ICS Advanced Healthcare Governance • Trustee, John Taylor Hospice
Sarah Smith	Director of Strategy and Planning	• None
Robert Toole	Chief Finance Officer	• Director and 50% shareholder - RDT Management Services Ltd
Bill Tunnicliffe	Non-Executive Director	• Spouse works for Worcestershire Acute Hospital NHS Trust (Quality Matron) • Main employment - University Hospital Birmingham NHS Foundation Trust. • Associate Medical Director (UHBNHS FT) with responsibility for appraisal and revalidation of medical staff. • Co-investigator - NHIR HTA funded trial (REST study Ref 13/141/02).
Steve Williams	Non-Executive Director	• Governor, Warwickshire College Group; • Director, Unity Ltd • Trustee, Univ Old Members trust • Trustee/treasurer – GUTS UK Charity
Mark Yates	Non-Executive Director	• None
Jackie Edwards	Deputy CNO	• None
Graham James	Deputy CMO	• Director – GW Health Limited

Name	Designation	Declared Interest
		• Clinical Private Practice – Dental Care Partnership, Sutton Coldfield
Katie Osmond	Assistant Director of Finance	• Kempley Village Hall Trust – Chairman of Trustees
Robin Snead	Deputy Director of Operations	• None
Suneil Kapadia	Chief Medical Officer *until 8 May 2019*	• Sanofi-Pasteur • Member of the independent drug monitoring committee

Martin Wood
Deputy Company Secretary
May 2020

Enc B

Worcestershire Acute Hospitals NHS Trust

MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON THURSDAY 23 APRIL 2020 AT 10:00 hours VIRTUALLY

Present:

Chairman:	Sir David Nicholson	
Board members: (voting)	Paul Brennan	Deputy Chief Executive/Chief Operating Officer
	Anita Day	Non-Executive Director
	Mike Hallissey	Chief Medical Officer
	Matthew Hopkins	Chief Executive
	Dame Julie Moore	Non-Executive Director
	Robert Toole	Chief Finance Officer
	Mark Yates	Non-Executive Director
	Stephen Williams	Non-Executive Director
Board members: (non-voting)	Richard Haynes	Director of Communications and Engagement
	Colin Horwath	Associate Non-Executive Director
	Vikki Lewis	Chief Digital Officer
	Richard Oosterom	Associate Non-Executive Director
	Tina Ricketts	Director of People and Culture
	Sarah Smith	Director of Strategy and Planning
In attendance:	Jackie Edwards	Deputy Chief Nursing Officer (Quality)
	Fleur Blakeman	NHS Intensive Support Director
	Martin Wood	Deputy Company Secretary
Healthwatch:	Peter Pinfield	Chair
Apologies	Vicky Morris	Chief Nursing Officer
	Kimara Sharpe	Company Secretary
	Bill Tunnicliffe	Non-Executive Director

(The minutes reflect the order in which the items were considered)

001/20 **WELCOME**

Sir David welcomed everyone to the meeting. He expressed his gratitude to Mr Hopkins and the Executive Team for their enormous effort in dealing with the COVID-19 pandemic which is being well managed. Staff have gone above and beyond their normal duties for which he is grateful. The Board is available to support Trust staff.

002/20 **ANY OTHER BUSINESS**

There were no items of any other business.

003/20 **DECLARATIONS OF INTERESTS**

There were no additional declarations of interest. Existing declarations of interest made are available on our website.

004/20 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 12 MARCH 2020**

RESOLVED that:-

- The Minutes of the public meeting held on 12 March 2020 were confirmed as a correct record and signed by the Chairman.

005/20 **MATTERS ARISING/ACTION SCHEDULE**

Mr Wood drew attention to the updates on the three overdue actions. One further action was for a future meeting and three actions had been completed.

006/19 **COVID-19 THE TRUST'S RESPONSE**

006/20/1 **The Trust Governance During COVID-19**

In introducing his report Mr Hopkins paid tribute to the fantastic work of his Executive Team and in particular to Mr Brennan as Gold Commander during the COVID-19 pandemic. The report set out the key changes during our major incident response period to our governance arrangements for the Board and its Committees, other internal meetings, system-wide meetings, his Accountable Officer arrangements and the Board Assurance Framework and Risk Register. These are to free up capacity to deal with the pandemic whist maintaining good governance.

During the course of the discussion, the following were the main points raised:-

- Mr Horwath said that whilst the report provides a good level of assurance, he enquired whether any gaps had been identified in the new arrangements. In response Mr Hopkins said that we need to capture all lessons learnt from the new arrangements and this is being taken forward. Mr Hopkins confirmed that no major gaps had been identified to date and that arrangements were being put in place to capture the lessons learnt.
- Mr Yates enquired how the local health system is working during the pandemic. Mr Hopkins said in response that there is greater dialogue between the respective Chief Executives and Chief Operating Officers with system Gold Command calls taking place. Generally the system has responded well to issues escalated. There have been challenges with WMAS (who no longer operate the patient services contract) around inter hospital transfers. The number of medically fit patients for discharge has reduced to low teens at the end of the day under the work led by Mr Brennan. Mr Hopkins said that there is further work to do around system workforce which is being led by Ms Ricketts to strengthen leadership from an ICS perspective.
- Mr Williams enquired how we are prepared for potential procurement fraud and the increased risk of cyber security attacks. Mr Hopkins said that COVID-19 is included on the Board Assurance Framework and other risk registers are constantly being updated as new risks emerge. Mr Toole added that we are inundated with offers, especially with PPE, which is greatly appreciated and the Region is checking whether such offers are genuine. We have been successful in securing PPE ourselves. The challenge is reacting to changes in national PPE supply chain guidance. There is no pre commitment to orders and no credit card payments with swift payment made upon delivery. An example being a local company providing visors with the product approved by Mr Hallissey. Mrs Lewis responded to the question on cyber security risks saying that the National Cyber Security Centre has assessed that Covid-19 has an increased risk of cyber attack to healthcare services, ransomware and phishing attacks are of particular concern. There has been correspondence with NHS Digital about strengthening and enhancing the Trust Cyber position and these were on going. The Digital Team have reviewed the process in place for the approval of IT and system changes including security levels and these have been strengthened with the

establishment of a change advisory board. There has been extra communications to colleagues around the dangers of a cyber attack reminding staff to be vigilant.

- Mr Yates reported that the Charity is receiving numerous generous offers and the Committee is meeting after the Trust Board to put in place good governance arrangements. The challenge is to spend the money in line with the Charity's legal duties.
- Mr Brennan responded to Ms Day that we have already reduced the number of ITU beds and have plans to immediately increase that number and within two days to the maximum ITU capacity if needed. This is linked to the emerging exit strategy.

RESOLVED that:-

- **The report be approved.**

006/20/2 **COVID-19 Incident Response**

Mr Hopkins presented his report together with the associated appendices which described our Trust's response to the COVID-19 pandemic. Our incident response has been extensive and wide ranging focusing on the four agreed objectives and is aligned to the emergency planning arrangements. The number of COVID-19 patients anticipated eight weeks ago has so far not materialised. Nonetheless our internal management arrangements have worked well. Clinical staff have responded to the pandemic and are working alongside managers. The main issues have related to oxygen flow, availability of PPE, workforce absence, shielding, self-isolation and staff testing.

Mr Brennan explained our strategy for building additional patient care capacity, our strategy for managing patients with respiratory problems, our approach to ensuring adequate personal protective equipment (PPE) supply and appropriate usage. He explained the designation of the Red, Amber and Green areas with swabbing not taking place in Green areas. WRH and AH are continuing to undertake category 1a and 1b activity. Some services such as cancer two week waits, chemotherapy, antenatal services, the Women's Health Centre had been transferred to KTC with some antenatal services to POWCH. KTC is a "clean" site.

(Ms Smith joins the meeting)

Surgery is taking place at BMI, Droitwich and South Bank, Worcester where we have exclusive access. Cancer work is almost at the same level as prior to the pandemic. The next stage is to create a "clean" area at WRH to undertake category 3 activity with three months of activity identified. Category two activity will need to be undertaken over approximately 10 days due to the requirement for high dependency beds. He expressed confidence that all urgent cancer activity could be carried out at WRH and with the two private hospitals in Droitwich and Worcester. Two theatres and ward 10 at the Alex will be used for category 3 day case and overnight surgery. All patients are being swabbed two days prior to their procedure.

Mr Brennan highlighted to the Board that over the last four weeks Consultants had undertaken approximately 33,000 non face to face consultations for non-cancer related activity and for cancer related activity approximately 1,700 non face to face Consultant consultations had taken place.

During the course of the discussion, the following were the main points raised:-

- Ms Day enquired how we will manage COVID-19 and non-COVID patients for

the next 12 – 18 months. In response, Mr Brennan said that the changes to service provision made in the last four weeks have been positive and should be maintained for inclusion in the exit plan. There must be no return to the previous ways of working. The modelling suggests that the pandemic will continue for some time with the necessity therefore to run parallel services. Length of stay has reduced by two days and the inter-organisation discussions about patient responsibility and funding has ceased during the pandemic. This needs to continue as a system/STP to ensure that there is no backlog of patients. There have been reduced therapy and MDT processes which have enabled medically fit for discharge patients to be discharged in a more timely manner. This has raised the question about the provision of such services. There has been no increase in the number of readmissions. Mr Hopkins added that staff are more comfortable with the less bureaucratic ways of working. Patient feedback has yet to be captured on the new ways of working and patient views will be important for designing the future provision of services. Sir David said that there is as yet an unknown financial risk with the new ways of working.

- Mr Horwath enquired how we would cope with a second wave of the pandemic as is being suggested nationally. In response, Mr Brennan said that staff in some clinical areas are exhausted and yet there is capacity in other areas and the challenge is how to utilise that expertise. There is also a challenge in controlling the new ways of working whilst maintaining clinical practice. Staff in COVID-19 positive wards and ITU are being rotated to reduce exhaustion. The number of COVID-19 patients is beginning to stabilise. The number of deaths per day has largely been consistent with the occasional daily increase. We have so far been able to meet CPAP and IV oxygen supplies.

(Mr Brennan, Mr Hallissey and Ms Smith left the meeting)

- Sir David said that the local MPs have identified that the utilisation of ITU had been lower than anticipated and yet the number of anticipated deaths was high and he sought an explanation. Mr Hallissey said in response that he had reviewed all patient notes and had not identified and cases where less that optimal care had been provided. Mr James is to undertake a more detailed review.
- Mr Pinfield said that from soft intelligence that there is overwhelming support for the Trust but the public need to know what is happening locally to address the mismatch of national and local reporting on the debt write off position. Mr Pinfield offered the assistance of Healthwatch to commutate a local message. Mr Haynes said that he believed that our communications have been balanced and we had worked within the communications guidance.
- Sir David, on behalf of the Board, expressed appreciation to Mr Brennan for his outstanding work during the pandemic.

RESOLVED that:-

- **The report be approved.**

006/20/3 **Financial Controls During COVID-19**

Mr Toole presented the report setting out the measures in place to maintain financial control during the COVID-19 pandemic. He explained that COVID-19 expenditure is presented to the Bronze,Silver,Gold Command meetings with sign off by the Chief Executive/Chair in accordance with our Standing Financial Instructions. No requests for financial approval had so far been presented to the Chair. Approval to waivers, largely due to single supplier, had been sought when necessary. No overseas orders had been placed. There is seven day working to accommodate deliveries. There is a particular challenge to supplies at WRH as the PFI provider had been downgraded nationally form

the supply chain. This work is being picked up at the Alex.

During the course of the discussion, the following were the main points raised:-

- Sir David enquired whether all costs and in particular staffing costs, are being captured for reclaiming centrally. Mr Toole said in response that there are daily staff review meetings to identify and control agency usage in both clinical and nursing areas. Mrs Edwards added that COVID-19 nursing costs are separately identified on e-rostering, triangulated with ward staffing and reviewed at weekly meetings. Ms Ricketts said that Allocate is now the main system for staff data with all staff on that system. She acknowledged that further work is required to control agency spend with staff.
- Sir David expressed his considerable concern that we are unconsciously heading for a serious issue over the lack of control on staffing costs and we need to be robust for future challenge. Our culture seems to be that we continuously add to costs which must not be the case given that there are staff being redeployed. We need to be controlling staff cost and linking this to staff who are off sick. This concern was echoed by Mr Oosterom. Ms Ricketts explained that it is an issue of timing in that we have planned for a sufficient level of staffing which needs to be maintained should there be another spike in COVIV-19 cases. Sir David challenged whether this was necessary. Ms Ricketts assured the Board that value for money is being maintained. Mr Hopkins acknowledged the two separate issues of procurement and staffing costs where greater grip and control is required on the latter which he would address.
- Mr Toole said that budgets for 2020/21 had been set. Sir David said that we would be very unlikely to hit our financial target due to COVID-19 costs and this would impact on our ability to bid more widely for central funding.
- Sir David said that all Covid-19 costs including staff costs and COVID-19 cost administration be considered at next week's Finance and Performance Committee with a report being presented to the next Trust Board meeting on the level of assurance. The Board at this stage could not be assured from the approach to maintaining financial control and effective use of resources during COVID-19. However, they could note the spend incurred to 31 March 2020 on COVID-19.

ACTION: Mr Toole and Ms Ricketts to prepare a report for the next Finance and Performance Committee meeting.

RESOLVED that:

- **The spend incurred to 31 March 2020 on COVID-19 be noted.**

(Mr Brennan, Mr Hallissey and Ms Smith rejoined the meeting)

008/20 **INTEGRATED PERFORMANCE REPORT**

Mr Hopkins introduced the report stating that there had been good performance in certain areas but he invited the Board to focus on areas of poor performance namely, cancer, infection prevention control and medical incidents.

Mr Brennan provided an update on cancer performance. The two week wait standard had been met at 93.66%. Performance at 84.29% for breast two week waits had stabilised but was below the 93% target. 62 day performance at 75.7% was at its highest and was likely to be at year end but below the 85% national standard. The main concern is in urology and a review is underway as to how that service is delivered.

(Mr Oosterom left the meeting)

There has been a reduction in the number of two week wait referrals but no reduction in the number of cancers detected raising questions about the correct use of the pathway.

An analysis of RTT performance showed that there were 350 patients waiting over 40 weeks at the start of the year and this had now reduced to 23. If we do nothing the modelling shows that at the end of August 2020 this will rise to 3,194 patients (excluding cancer patients) of whom 179 will require urgent treatment. This emphasised the need for a clear exit package.

Current HomeFirst Worcestershire performance showed that there were minimal ambulance delays, no 12 hour breaches and the best performance in the last five years. EAS was 86% as a result of lower attendances. There are relatively high levels of ambulance attendances. There has been a reduction in walk-in patients. The number of long stay patients has reduced considerably largely as a result of COVID-19 and also due to the red to green work.

We have not achieved 3 of the 4 key infection prevention year end performance trajectories; namely C-Diff, MSSA and MRSA. Mrs Edwards said that, whilst disappointing, we knew that these trajectories would not be met. Robust learning processes are in place. Divisional Task and Finish groups are to be re-established (suspended as a result of COVID-19) to provide greater grip. C-Diff performance had not been met partly as a result in a change in criteria during the year; however, the target was right.

With regard to antimicrobial stewardship, Mr Hallissey said that there is now greater confidence that ward staff understand the issue where too much prescribing has taken place. The Antimicrobial Stewardship Policy is being revised which will hopefully see changes and improved performance.

During the course of the discussion, the following were the main pints raised:-

- In response to Mr Williams about the year-end position on IPC taking into account COVID-19, Mr Hallissey said that our policies have not changed with the trajectories nationally determined which is our aspiration to deliver.
- Ms Day asked in a worst case scenario if we did not achieve our year end performance metrics are we able to analyse whether they related to COVID-19 or our own operating arrangements.

ACTION: Mr Hopkins to consider with the Information Team how this information could be captured.

- Sir David said that for our performance standards we should be looking to consider what is our demand and capacity and what can we realistically achieve given operating systems for COVID-19 and non-COVID-19 patients and we should be looking nationally for guidance on the trajectories although he did not anticipate such guidance speedily. We need to have a starting point for consideration with our Annual Plan in May 2020 with good reasons for departing from national standards.

RESOLVED that:

- **The report be noted for assurance.**

006/20/4 **Clinical Ethical Framework**

Mr Hallissey presented his report inviting the Board to approve an Ethics Policy. The policy outlined the resources to be made available by our Trust when decisions on

patient escalation will need to be made with increased frequency which will place a greater burden on individuals that would not normally be the case. He expressed his appreciation to the PCN and to our Trust Chaplain for their support. No issues have been raised to date. The Policy aligns with the STP's ethical framework. Post the COVID-19 pandemic it is proposed to establish a more formal Ethical Committee for our Trust which will be developed involving consultants with an ethical qualification.

During the course of the discussion, the following were the main points raised:-

- Ms Day asked for clarification on how concerns raised by families are addressed. In response, Mr Hallissey said that the Policy provides a balanced view and makes clear how decisions are taken by individuals.
- Sir David thanked Mr Hallissey for the work in developing the Policy. He considered that the Policy, whilst inclusive, might be open to interpretation, particularly by the public. He suggested that in approving the Policy Mr Hallissey should work with Mr Haynes to prepare separate versions for staff and the public and Mr Pinfield offered the involvement of Healthwatch in developing the document for the public.

ACTION: Mr Hallissey to work with Mr Haynes and Healthwatch to prepare separate documents for staff and the public.

RESOLVED that:-

- **The Ethical Policy be approved as presented and that separate documents are prepared for staff and the public.**

008/20 **PREPARING FOR THE FUTURE**

Mr Hopkins presented his report setting out a proposal to establish a Task and Finish Group to take advantage of the huge opportunity to establish a new "business as usual" based on some of the changes introduced during the COVID-19 pandemic which will accelerate transformation at our Trust. He gave examples of the opportunities as the use of Kidderminster Treatment Centre, remote staff working, digital consultations and staff flexibility in performing roles. All opportunities need to be captured for refresh of our Clinical Services Strategy, Digital Strategy and People and Culture Strategy. This opportunity has been recognised by the Trust Management Executive and clinical leaders who need to be involved in this work. The plan is for the group to commence work next Monday which will be in parallel and a separate piece of work. We must avoid slipping back into the old ways of working.

During the course of the discussion, the following were the main pints raised:-

- Ms Day suggested that the work to be led by Jo Newton should be based more on population health. Mr Hopkins added that this approach was supported by the Trust Management Executive yesterday when they approved a pilot telephony service for COPD patients.
- Mr Williams suggested that representatives of the STP/ICS should be on the Task and Finish Group. In response, Mr Hopkins said that some of the work, particularly around workforce, is specific to our Trust and it would not be appropriate to include a wider representation. However, the outcome will be used to influence the local health system. Ms Smith added that a transformational plan is needed and the opportunity now presented must not be lost.
- Mr Yates said that the proposed terms of reference for the Task and Finish Group were silent on the lessons learnt and there is a need to avoid duplication of this work. Mr Hopkins responded saying that the COVID-19 emergency planning arrangements had picked up lessons learnt and this will feed into the

work being led by Mr Brennan on the exit strategy. The proposed Task and Finish Group is looking beyond the exit strategy.

- Sir David said that there are two elements. Firstly, a sufficient level of control to deliver the new ways of working which is being led by Mr Brennan which will accelerate the work for the longer term future. It is important for TME to closely manage this work. Secondly, the Group must not be so bureaucratic that it fails to deliver. Full engagement will need to take place at the appropriate time.

ACTION: Mr Hopkins to discuss group membership with Sir David.

- Mr Pinfield said that from a Healthwatch perspective the public recognise the requirement for the Trust to work differently and Healthwatch would support messages to make this happen. Sir David said that our Trust can deliver and the opportunity to do so has never been better.
- The Board recorded their appreciation and recognition of the remarkable work undertaken by staff and which continues to be undertaken and they have the full and complete Board support in dealing with the COVID-19 pandemic and the Board are always available if they need help. The Board expressed their deepest sympathy to the family and friends of Julie Omar who had tragically died.

RESOLVED that:-

- **The establishment of the Preparing for the Future Task and Finish Group be approved in principle and that further discussions take place on membership and the points raised during the discussion.**

009/20 **DATE OF NEXT MEETING**

The next Public Trust Board meeting will be held on Thursday 14 May 2020 at 10:00. The meeting will be held virtually.

The meeting closed at 12.36 hours.

Signed _____ **Date** _____

Sir David Nicholson, Chairman

Enc C

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

PUBLIC TRUST BOARD ACTION SCHEDULE – MAY 2020

RAG Rating Key:

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

Meeting Date	Agenda Item	Minute Number (Ref)	Action Point	Owner	Agreed Due Date	Revised Due Date	Comments/Update	RAG rating
13-2-20	IPR	166/19/3	Draft a report for the ICS executive on the roles and expectations of partners in respect of HFW	PB/ SS	Feb 2020	Mar 2020 April 2020 May 2020	PB/SS will discuss this with DN/MH. This remains to be undertaken.	
12-3-20	Annual Plan 2020/21	180/19/1	Restructure appendix 2	TR	April 2020	May 2020	Detailed information was presented to the People and Culture Committee on 312 March 2020. The Plan remains to be completed.	
12-3-20	Home First Worcestershire	181/19/1	Write to the Chair of the System Improvement Board	DN	April 2020	TBD	The System Improvement Board has not met since the last Trust Board meeting and this remains to be undertaken when meetings of the System Improvement Board resume.	
12-9-19	Patient Story	63/19	Arrange dementia training for Trust Board members.	CNO (VM)	Oct 2019		To be programmed into a Board seminar.	

23-4-20	Integrated Performance Report	008/20	Consider with the Information Team if we did not achieve our year end performance metrics are we able to analyse whether they related to COVID-19 or our own operating arrangements.	VL	May 2020		This is being taken forward and will be reported at year end. Action closed	
23-4-20	Clinical Ethical Framework	007/20/4	Prepare separate policy documents for staff and the public.	MHa/ RH	May 2020		Following discussion at the Quality Governance Committee, this is being undertaken in consultation with the Patient Representative. Action closed.	

NHS
Worcestershire Acute Hospitals NHS Trust

Putting patients first May 2019

Meeting	Trust Board
Date of meeting	14 May 2020
Paper number	Enc D

Chief Executive's Report

For approval:		For discussion:		For assurance:		To note:	X

Accountable Director	Matthew Hopkins CEO		
Presented by	Matthew Hopkins CEO	**Author /s**	Martin Wood Deputy Company Secretary

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

Report previously reviewed by		
Committee/Group	Date	Outcome

Recommendations	The Trust Board is requested to • Note this report
Executive summary	This report is to brief the board on various local and national issues.

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

Meeting	Trust Board
Date of meeting	14 May 2020
Paper number	Enc D

Introduction/Background

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

Issues and options

COVID-19: I should like to thank all staff for their fantastic work during the COVID-19 pandemic. A separate report is on the agenda.

Risk Summit 8 April 2020: The Trust and system partners provided comprehensive presentations and evidence that provided an overview against requirements set out in the last Risk summit on 14th January.

The meeting concluded that a number of critical actions have been implemented, not only in the Trust but also in the wider system. Notably but not exclusively:

1. The opening of an additional 33 beds within the Trust
2. The establishment of Onward Care Teams on both main sites within the Trust
3. The appointment of an additional 27 WTE nurses to support the 30-minute Global Risk Assessment Tool and increase the support to paediatric ED
4. An additional 5 consultant staff to provide a timely assessment in the Emergency Department
5. Progress towards implementation of the Same Day Emergency Care model
6. Implementation of a dynamic risk assessment tool within the organisation
7. The commissioning of an additional 40 care packages to support discharge
8. The work with the wider system on reducing demand on the secondary care services

Partner organisations reported that the improvements that the Trust and wider system have made has reduced the level of risk with improvements made in a number of metrics including Ambulance Handover delays and the numbers of patients receiving corridor care within the organisation. The CQC confirmed that the Trust has been compliant with the conditions that have been imposed on the organisation.

Given the demonstrable improvements, the regulatory organisations concluded that the level of risk at the Trust had moved into 'Enhanced Surveillance' and a further 'Risk Summit' was not required. The Trust and wider system will still receive enhanced support to ensure progress in the improvement journey. CQC and NHSE/I will be working together to reduce the burden of submissions and oversight where possible.

Charity: Thanks to the incredible generosity of the people of Worcestershire, local businesses and organisations, a charity appeal launched to support our staff and patients during the Covid-19 outbreak raised more than £100,000 in just four weeks. The money has been used to support a number of projects including the introduction of I-pads to support 'virtual visiting' enabling patients to keep in touch with family and friends while visiting is restricted.

As well as significant cash donations, the Covid-19 Appeal, launched by the Worcestershire Acute Hospitals Charity, has attracted a huge range of donations of food and drink which have been shared out across our sites and allowed us to open two Staff Wellbeing Shops giving hardworking staff the opportunity to get hold of snacks and other essentials to support them before, during or after their shift.

Meeting	Trust Board
Date of meeting	14 May 2020
Paper number	Enc D

People have also been extremely generous with their time – including a group of local seamstresses who volunteered to resize a large quantity of hospital scrubs.

I would like to thank everyone who has supported the appeal or shown their appreciation in many other ways, including the weekly round of applause for the NHS. Your support has been uplifting and humbling.

Restoration and Recovery: The Trust has developed proposals for maintaining cancer Category 2 activity in the Independent Sector and for restarting urgent elective Category 2 activity that cannot be undertaken in the Independent Sector at WRH from Tuesday 12th May. In addition the Trust is developing plans to restart elective Category 3 work at KTC during the week commencing the 25th May and proposals are being developed on options to restart medical procedures in the same timescale.

A STP wide session is arranged for Wednesday, 13th May to agree a system wide plan to reopen referral services to GP's and the opportunities to commence some routine activity. This plan will be developed in the context of the STP response to the letter from the NHS Chief Executive and NHS Chief Operating Officer sent on the 29th April 2020 and subsequent Second Phase of NHS Response to COVID-19 issued by the NHSE/NHS1 Midlands Regional Office on the 6th May 2020.

Register of Sealing: Since my last report, the Trust Seal has been attested on the following documents:-

Seal Number	Date of Sealing	Description of Document
197	18 March 2020	Lease – Malvern View Residencies, WRH
198	25 March 2020	Malvern View – Licence to Assign
199	15 April 2020	WHAT PFI Hospital Project Confirmed Variation Instruction No 44

Recommendations

The Trust Board is requested to

- Note this report

Appendices - none

Worcestershire Acute Hospitals NHS Trust

Putting patients first May 2019

Meeting	Trust Board
Date of meeting	14th May 2020
Paper number	Enc E1

Response to NHS CEO/COO 29TH April 2020 and Restoration of Services

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

Accountable Director	Paul Brennan, Deputy Chief Executive/Chief Operating Officer		
Presented by	Paul Brennan	**Author**	Paul Brennan

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

Recommendations	The Board is asked to note and endorse the Trust's response to the letter from the Chief Executive and Chief Operating Officer of the NHS dated 29 April 2020, the actions taken to maintain cancer services and the Phase 1 restoration of services plan.

Executive summary	The Trust recently received correspondence from the Chief Executive and Chief Operating Officer of the NHS commending the NHS response to the Coronavirus and outlining expectations on NHS organisations in phase 2 of the incident response. This paper outlines the actions we have taken and progress made to date and our future plans to meet the expectations outlined within the letter.

Risk									
Key Risks	The key risks are the resumption of services on the hospital sites could coincide with a COVID-19 second spike and the failure to open services for non COVID-19 Category 2 patients could have a detrimental impact on patient's long term health. In addition the implementation of social distancing regulations to inpatient areas could reduce our bed capacity by 40%.								
Assurance level	**Significant**	*x*	**Moderate**		**Limited**		**None**		
Financial Risk	If the Independent Sector capacity is not commissioned by NHS England and Improvement beyond the 30th June 2020, the Trust may need to subcontract this capacity to maintain Category 2 Cancer activity levels.								

Meeting	Trust Board
Date of meeting	14th May 2020
Paper number	Enc E1

Introduction/Background

The NHS Chief Executive and Chief Operating Officer wrote to Trust Chief Executives on 29 April 2020, acknowledging and commending the remarkable NHS response to Coronavirus pandemic to date and signalling a move into the second phase of the NHS's response.

The second phase encapsulates:

- Despite the pleasing reduction in the number of patients being admitted with COVID-19, the virus will continue circulating for some time to come and NHS organisations need to retain capacity to see and treat COVID-19 positive patients as well as meet their after-care needs.
- Local Resilience Forums will remain in place to retain a focus on partnership working, facilitate mutual aid and a system response.
- The recent reduction in emergency activity is likely to be reversed however there is uncertainty about the timing and extent, but organisations should prepare for this.
- Given the reduction in the number of COVID-19 patients, NHS organisations now need to consider what urgent activity and non-urgent elective activity can be realistically restarted whilst continuing to protect patients and staff from contracting the virus.
- NHS organisations should maintain high standards of infection prevention control and actions to maximise patient and staff safety and wellbeing.
- NHS organisations should take the opportunity to 'lock in' beneficial changes.
- The Level 4 National Incident and associated management arrangements remain in place.

This paper outlines the actions the Trust has taken to date and the additional actions planned in response to this letter.

Issues and options

An outline of the actions taken and planned are summarised by the points raised within the letter received 29 April 2020.

Patient and staff safety

- The Trust will continue to adhere to the latest guidance on infection and prevention control (including use of personal protective equipment), where possible segregate COVID-19 positive and negative patients to minimise spread of the virus and maximise patient staff and safety.
- We are proactively working with our staff from a BAME (Black, Asian, Minority and Minority Ethnic) community to ensure that they have an up to date personal Occupational Health and risk assessment and are aware of how to keep themselves safe and well. To assist this, we have worked with staff side and produced comprehensive guidance for line managers and staff based on national guidance.

Retention of surge capacity

- The Trust will retain an element of surge ITU capacity on both main hospital sites

with 8 beds on the Alexandra Hospital site and 25 beds on the Worcestershire Hospital site which is above the normal capacity of 16 ITU beds across the Trust but below the previous surge plan of 48 ITU beds. Given the number of patients requiring ventilation peaked at 25 patients on the 12th April 2020, we believe this to be sufficient to meet any immediate surge in demand. Additional beds could be repurposed as required if a second spike is higher and sustained.

- Information is emerging that the after-care of COVID-19 positive patients, particularly those patients who are ventilated, can be intensive and complex. Further work is needed to better understand the after-care needs of local people. We will work with our partners to agree the most appropriate configuration of resources and services to best meet their needs.

Partnership working

- As part of the response to the Coronavirus pandemic, we have seen improved partnership working, mutual aid and robust incident management arrangements have been established operating 7 days a week.
- Internally we have seen improved partnership working across specialities and Divisions and our staff responding to requests to work more flexibly and to be redeployed.
- The Health and Care Trust has successfully created additional bed capacity through accelerated discharge and increased capacity within the community teams to care for patients in their own home.
- The Trust likewise was able to discharge a large number of patients in a relatively short space of time, including long length of stay patients, with the support of partners and patients.
- The Local Authority has increased care capacity within the community with an additional 700 hours of Pathway 1 capacity and block purchased 97 care home beds.
- Primary Care, whilst suspending some aspects of patient activity, has continued to proactively manage those most at risk within the community and has continued to provide urgent appointments whilst holding and managing routine patients previously referred to the Trust.
- NHS 111 capacity has been increased and the public has been encouraged to make NHS 111 their first point of contact for urgent and emergency care including COVID-19 symptomatic patients.
- We will need to maintain and further develop our good working relations with system partners if we are to maintain enough patient flow to protect our surge capacity and create capacity for restarting urgent and non-urgent elective activity.

Emergency Activity

- The Trust saw a reduction in Accident and Emergency (A&E) attendances at the onset of the Coronavirus pandemic however there has been a slight increase in A&E attendances in recent days. For activity levels refer to the IPR.
- The conversion rate has increased from 29% to 34% but has not resulted in bed pressures to date due to the additional capacity created through accelerated patient discharge and suspension of elective activity. We are mindful however that bed pressures and a reduction in A&E performance may occur if we are unable to maintain enough patient flow. The successful implementation of the Worcestershire Home First Improvement Plan is vital to ensuring the Trusts' resilience.
- Ambulance conveyances have remained relatively static throughout, but we intend to

embed the new ways of working such as triaging orthopaedic minor cases to fracture clinic to help ease the pressures from the likely increase in minor A&E attendances.

- We will work with Primary Care and West Midlands Ambulance colleagues to discuss and agree what other measures can be put in place to deflect activity from our A&E Departments.
- We have no plans to reverse the overnight closure at Kidderminster Hospital Minor Injury Unit in this next phase.

Cancer

- Cancer treatment and care has been maintained throughout by moving ambulatory care to Kidderminster Hospital and using the Independent Sector capacity commissioned nationally, for cancer surgery. This capacity is only available until 30 June 2020 and we will be making a case to NHS England and Improvement to retain the capacity beyond June, to protect this activity and create capacity on the main hospital sites for other urgent and non-urgent elective activity. During the period of the 30th March to the 24th April we treated 141 patients in the Independent Sector of which 130 were cancer and a further 6 cases at WRH which compares with a pre COVID-19 rolling four week average cancer activity of 148 patients. During the week commencing the 27th April we treated a further 38 patients in the Independent Sector.

Activity profiles relating to COVID-19 are attached at Appendix 1 to this report.

Cardiovascular disease, heart attacks and stroke

- We have recently reconfigured our wards to restore the Stroke Unit on the Worcestershire Hospital site.
- We have maintained a range of cardiac activity including ward based work, inpatient pacing, PPCI's, urgent ECHO and device procedures for high risk patients. We have suspended MDT activity, routine ECHO, EP procedures, outpatient activity and outpatient pacemakers.
- We have maintained stroke ward work, TIA clinics, email advice and guidance but suspended all routine outpatient activity.

Diagnostics

- We have introduced home reporting for our Radiologists.
- We have maintained inpatient diagnostics and limited ambulatory work. All scoping was ceased but we have recommenced scoping activity in the Independent Sector the week commencing the 20th April and have undertaken 58 procedures. Emergency diagnostics and endoscopy have been maintained.
- The mobile CT scanner operating at KTC was taken over by the national team thereby reducing our capacity.

Restarting urgent elective activity and maintain Cancer Category 2

- We will continue to maximise the use of the independent sector capacity for Category 2 cancer activity and we plan to commence undertaking the urgent elective surgical activity at Worcestershire Royal Hospital on Tuesday 12th May operating out of one theatre and a 'super' green ward in Aconbury. We will increase theatre capacity to two urgent elective theatres on Thursday 21st May and aim to have 14 to 16 beds functioning on Aconbury 4 by that date. We will continue to operate CPOD and urgency emergency theatres at WRH.

- Patients are being prioritised for surgery on the basis of clinical needs and a review of all Category 2 patients has now been completed.
- Our clinicians have plans to proactively contact high risk patients to advise on their ongoing management and circumstances in which they should make contact.
- Our ability to increase urgent and non-urgent elective activity is dependent upon many factors including but not limited to:
    - Surgical staff previously redeployed or absent, returning to work in theatres and surgical wards,
    - Sufficient personal protective equipment to safeguard patients and staff from contracting the virus,
    - Availability of anaesthetic drugs and other medicines, blood and equipment required for patients undergoing surgery,
    - COVID-19 testing capacity for patients,
    - Patients choosing to have their surgery at this time of heightened uncertainty and anxiety,
    - Bed availability.
- A review of the bed configuration on the Worcestershire Hospital site has been completed and ward moves were undertaken during the week commencing 4th May and completed on the 8th May to assist with the separation of COVID-19 positive and negative patients and to create bed capacity for surgical patients.
- A review of the bed configuration on the other 2 hospital sites is programmed for the week commencing the 11th May although it is not proposed to recommence any elective surgery at the Alexandra Hospital in the near future. We are developing plans to recommence some elective Category 3 activity at KTC from the week commencing the 25th May.
- It will be some time before we are able to return to any significant number of surgical procedures but we will continue to monitor and track the impact on waiting times and potential harm to patients.

It is important to note that the above plans assume the current bed capacity remains available. There has been some discussion at national level about introducing social distancing measures on wards and an internal assessment indicates that if these were implemented the Trust may have to reduce inpatient capacity by 40%.

Maternity

- We have maintained inpatient maternity services on both main hospital sites throughout.
- Antenatal and post-natal clinics have transferred to Kidderminster and the Princess of Wales Hospital sites and there are no plans to reverse this service change in this next phase.

'Lock in' of beneficial changes

- The Divisions have catalogued all the changes introduced since the onset of the pandemic.
- The senior leadership team will jointly review and where possible evaluate the impact of the changes made to agree which changes should be retained. Examples are likely to include retaining staff working from home and working remotely, retention of telephone appointments, video conferencing and the adoption of other technology. Any evaluation will also attempt to identify associated efficiency savings and other

benefits which could result in cost improvements for the Trust.

Level 4 National Incident

- We will retain our internal emergency preparedness response and resilience (EPRR) arrangements operating 7 days a week. The Bronze and Silver Command meetings are merged at weekends and on Bank Holidays and Gold functions 7 days per week.
- The system Gold Command meetings take place Mondays and Thursdays each week or by exception. System Silver Command meets daily.

Conclusion

- In summary, the Trust had already made good progress with maintaining non-COVID-19 urgent and emergency care activity including cancer activity whilst also responding effectively to the Coronavirus pandemic.
- The Trust has plans in place to re-start other urgent and non-urgent elective activity and associated services, starting on the Worcestershire Hospital site and has reconfigured the beds and wards to accommodate this.
- The Trust continues to adhere to the most up to date infection prevention control advice.
- We will continue to progress with the implementation of the Worcestershire Home First Improvement Plan and to work with our partners to maintain timely patient flow to minimise bed pressures and impact on the recently improved A&E performance.
- We are proactively managing patients on the waiting list and prioritising patients for treatment on the basis of clinical need.
- We have already adopted some technological advances and have plans in place to expand the use of video consultations.
- We are reviewing and where possible evaluating the changes that have been introduced to agree what should be 'locked in'.
- We will continue to adopt a full and proportionate EPRR arrangements.

Recommendations

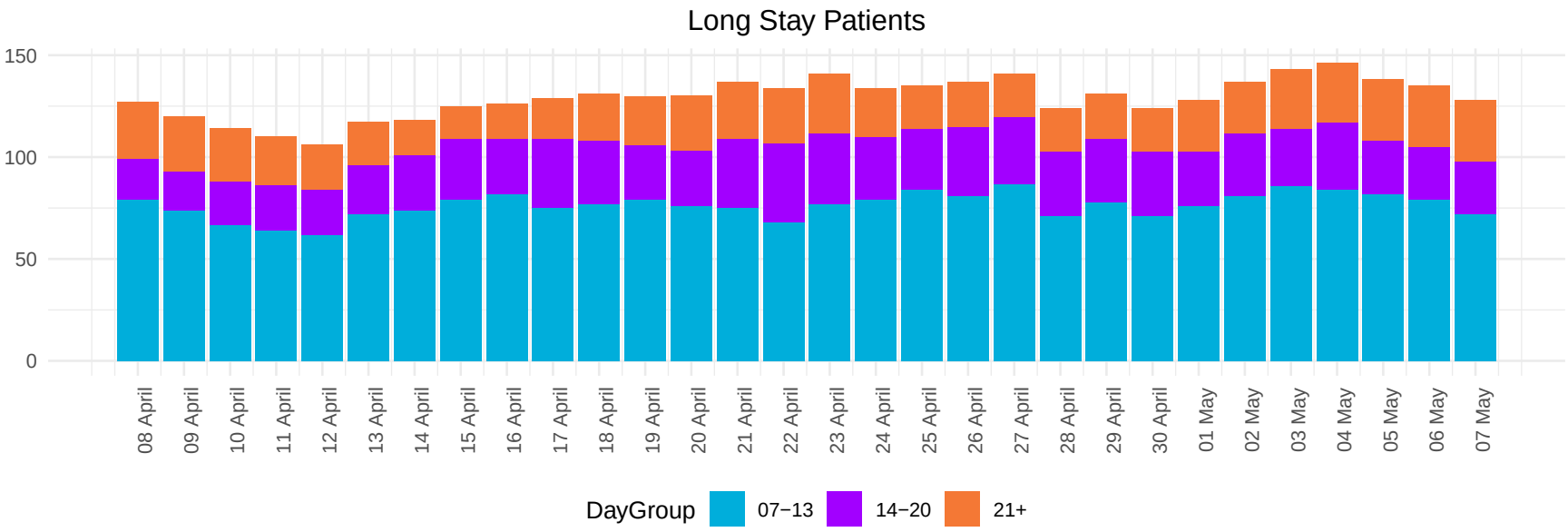
- The Board is asked to note and endorse the Trust's response to the letter from the Chief Executive and Chief Operating Officer of the NHS dated 29 April 2020.
-

Appendix 1 COVID-19 Data and Activity Analysis

COVID-19 Report

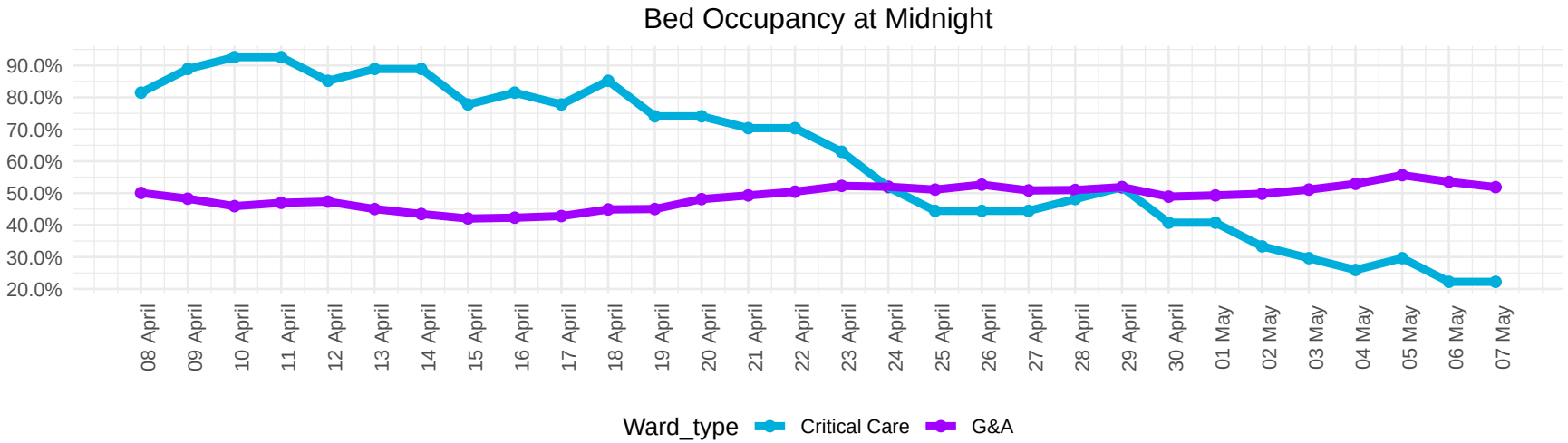
2020-05-08

Bed Status



Day Band	08 Apr	09 Apr	10 Apr	11 Apr	12 Apr	13 Apr	14 Apr	15 Apr	16 Apr	17 Apr	18 Apr	19 Apr	20 Apr	21 Apr	22 Apr	23 Apr	24 Apr	25 Apr	26 Apr	27 Apr	28 Apr	29 Apr	30 Apr	01 May	02 May	03 May	04 May	05 May	06 May	07 May
07-13	79	74	67	64	62	72	74	79	82	75	77	79	76	75	68	77	79	84	81	87	71	78	71	76	81	86	84	82	79	72
14-20	20	19	21	22	22	24	27	30	27	34	31	27	27	34	39	35	31	30	34	33	32	31	32	27	31	28	33	26	26	26
21+	28	27	26	24	22	21	17	16	17	20	23	24	27	28	27	29	24	21	22	21	21	22	21	25	25	29	29	30	30	30
Total	127	120	114	110	106	117	118	125	126	129	131	130	130	137	134	141	134	135	137	141	124	131	124	128	137	143	146	138	135	128

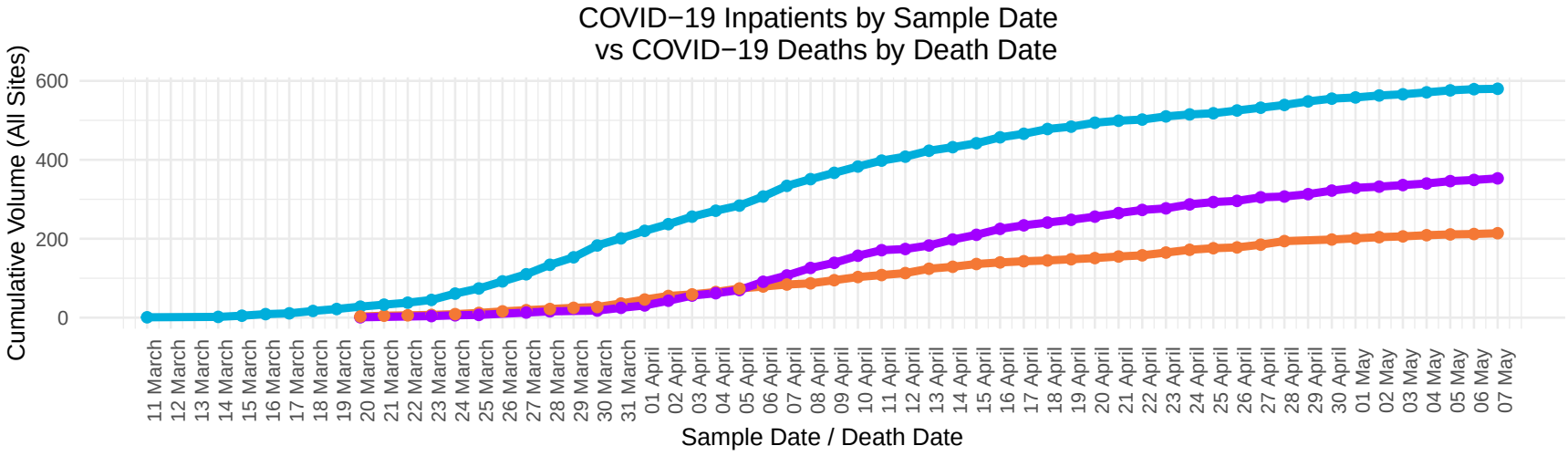
NB: Length of stay data taken from Oasis inpatient data.



Metric	Ward Type	08 Apr	09 Apr	10 Apr	11 Apr	12 Apr	13 Apr	14 Apr	15 Apr	16 Apr	17 Apr	18 Apr	19 Apr	20 Apr	21 Apr	22 Apr
Occupancy	Critical Care	81.48%	88.89%	92.59%	92.59%	85.19%	88.89%	88.89%	77.78%	81.48%	77.78%	85.19%	74.07%	74.07%	70.37%	70.37%
	G&A	50.06%	48.25%	45.92%	46.96%	47.35%	45.02%	43.47%	42.04%	42.30%	42.82%	44.89%	45.02%	48.12%	49.29%	50.45%
Inpatients	Critical Care	22	24	25	25	23	24	24	21	22	21	23	20	20	19	19
	G&A	387	373	355	363	366	348	336	325	327	331	347	348	372	381	390
Beds	Critical Care	27	27	27	27	27	27	27	27	27	27	27	27	27	27	27
	G&A	773	773	773	773	773	773	773	773	773	773	773	773	773	773	773

Metric	Ward Type	23 Apr	24 Apr	25 Apr	26 Apr	27 Apr	28 Apr	29 Apr	30 Apr	01 May	02 May	03 May	04 May	05 May	06 May	07 May
Occupancy	Critical Care	62.96%	51.85%	44.44%	44.44%	44.44%	48.15%	51.85%	40.74%	40.74%	33.33%	29.63%	25.93%	29.63%	22.22%	22.22%
	G&A	52.26%	52.01%	51.10%	52.65%	50.84%	50.97%	51.88%	48.90%	49.29%	49.81%	51.10%	52.91%	55.63%	53.56%	51.88%
Inpatients	Critical Care	17	14	12	12	12	13	14	11	11	9	8	7	8	6	6
	G&A	404	402	395	407	393	394	401	378	381	385	395	409	430	414	401
Beds	Critical Care	27	27	27	27	27	27	27	27	27	27	27	27	27	27	27
	G&A	773	773	773	773	773	773	773	773	773	773	773	773	773	773	773

NB: Occupancy data taken from Oasis inpatient data. Bed stock as provided by PB.

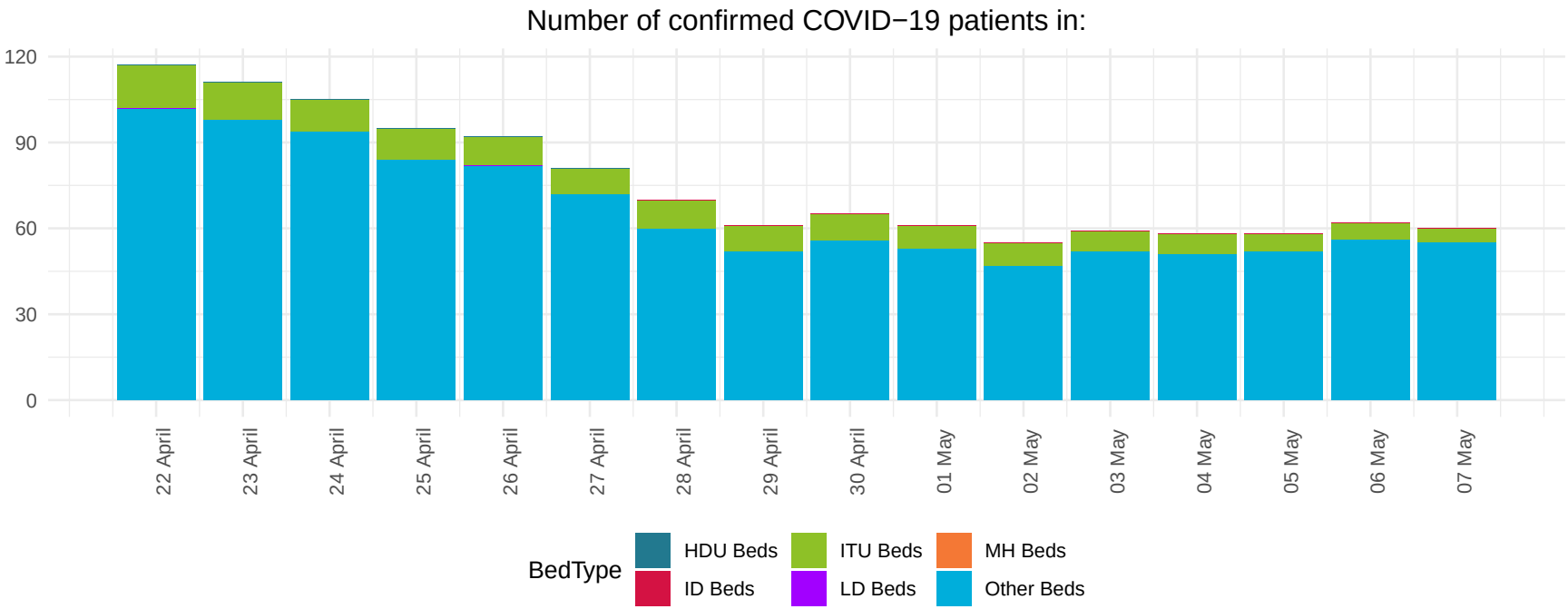


Metric	11 Mar	14 Mar	15 Mar	16 Mar	17 Mar	18 Mar	19 Mar	20 Mar	21 Mar	22 Mar	23 Mar	24 Mar	25 Mar	26 Mar	27 Mar	28 Mar	29 Mar	30 Mar	31 Mar	01 Apr	02 Apr	03 Apr	04 Apr	05 Apr	06 Apr	07 Apr	08 Apr	09 Apr
Admissions	1	2	5	9	11	17	22	28	33	38	45	61	74	92	110	134	153	183	201	220	237	256	271	284	307	334	351	367
Deaths	0	0	0	0	0	0	0	3	5	6	7	9	12	16	19	22	25	27	36	46	55	59	65	74	79	84	87	95
Discharged Treated	0	0	0	0	0	0	0	1	0	0	4	6	7	0	13	16	0	18	25	31	43	56	62	70	91	107	126	139

Metric	10 Apr	11 Apr	12 Apr	13 Apr	14 Apr	15 Apr	16 Apr	17 Apr	18 Apr	19 Apr	20 Apr	21 Apr	22 Apr	23 Apr	24 Apr	25 Apr	26 Apr	27 Apr	28 Apr	29 Apr	30 Apr	01 May	02 May	03 May	04 May	05 May	06 May	07 May
Admissions	383	398	408	423	432	442	457	466	478	484	494	499	502	510	515	518	525	532	539	548	555	558	563	566	571	576	579	580
Deaths	103	108	113	124	129	136	140	143	145	148	151	155	158	165	172	176	178	185	194	0	198	201	204	206	209	211	212	214
Discharged Treated	157	171	174	183	198	210	225	234	241	248	256	265	273	277	287	293	296	305	307	313	322	329	332	336	340	346	349	353

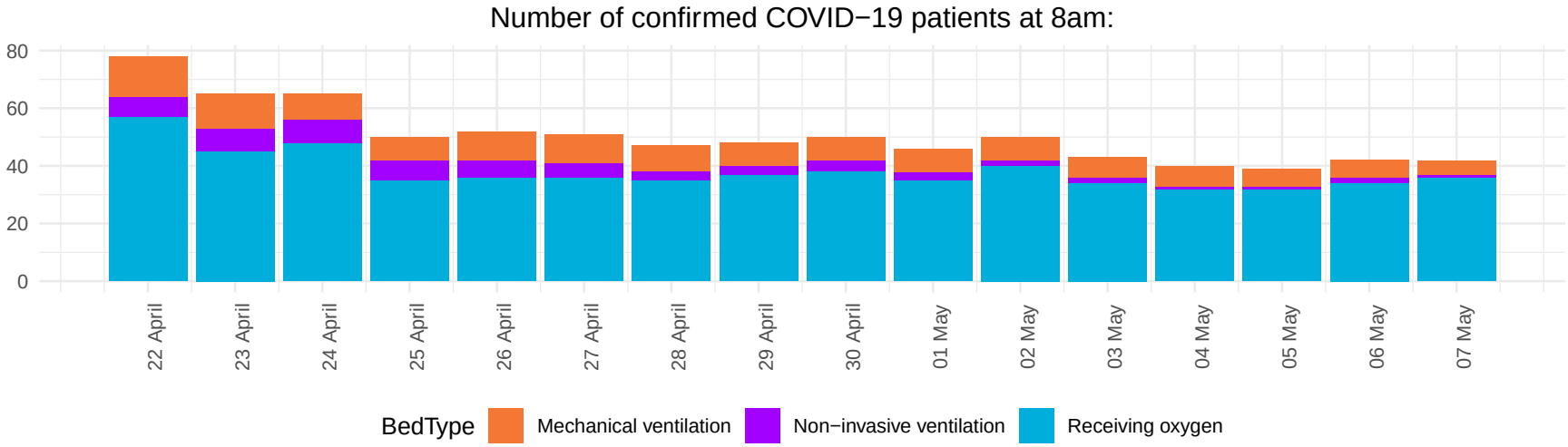
NB: Admission and deaths data taken from Oasis.

Patient Status



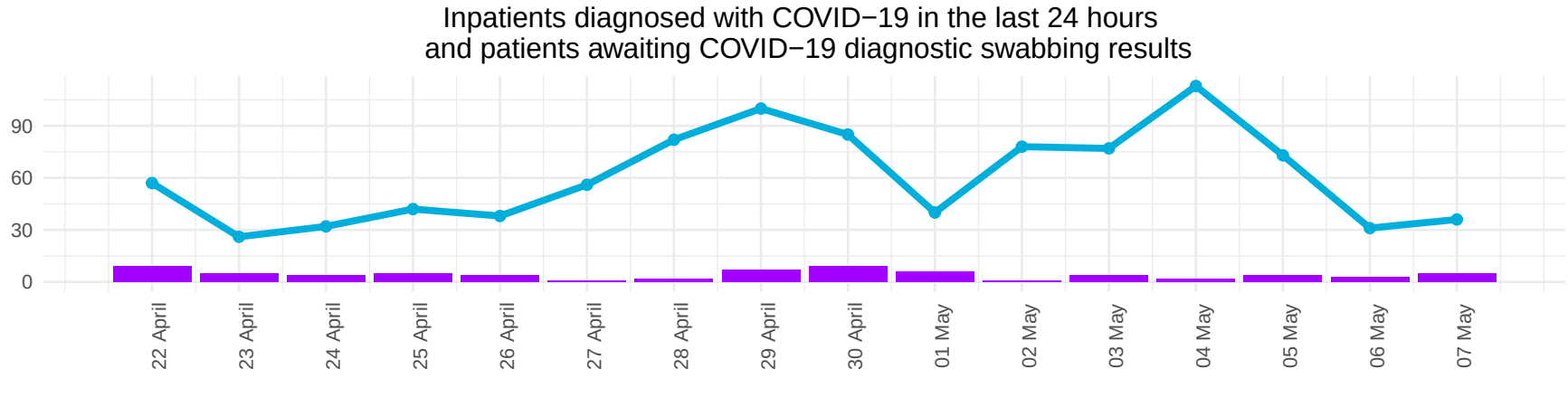
Bed Type	22 Apr	23 Apr	24 Apr	25 Apr	26 Apr	27 Apr	04 May	05 May	06 May	07 May	28 Apr	29 Apr	30 Apr	01 May	02 May	03 May
ITU Beds	15	13	11	11	10	9	10	9	9	8	8	7	7	6	6	5
Other Beds	102	98	94	84	82	72	60	52	56	53	47	52	51	52	56	55
Total	117	111	105	95	92	81	70	61	65	61	55	59	58	58	62	60

NB: Data taken from daily COVID-19 sitrep.



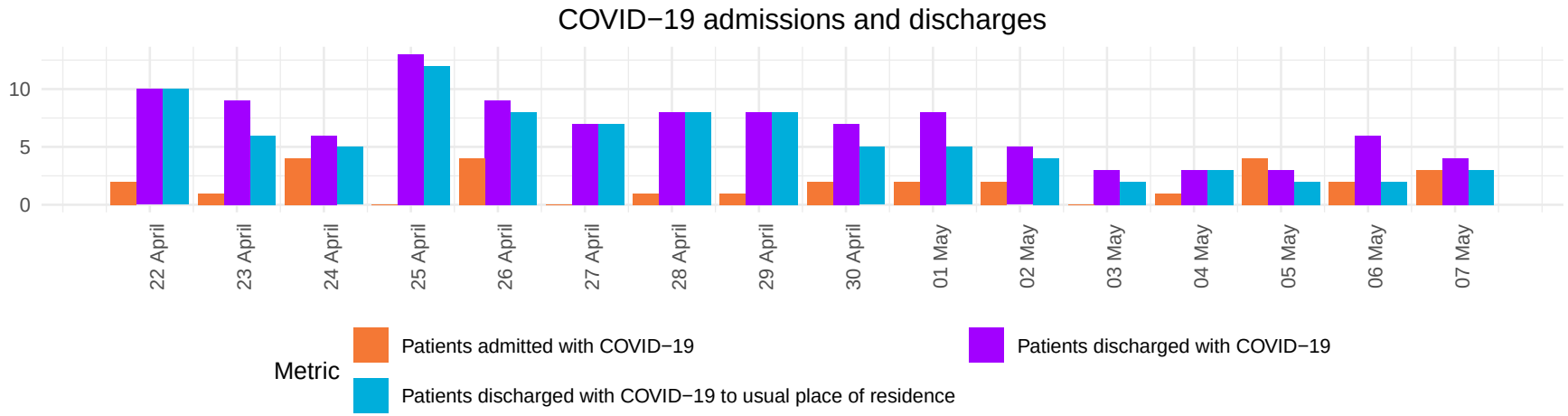
Oxygen Status	22 Apr	23 Apr	24 Apr	25 Apr	26 Apr	27 Apr	28 Apr	29 Apr	30 Apr	01 May	02 May	03 May	04 May	05 May	06 May	07 May
Mechanical ventilation	14	12	9	8	10	10	9	8	8	8	8	7	7	6	6	5
Non-invasive ventilation	7	8	8	7	6	5	3	3	4	3	2	2	1	1	2	1
Receiving oxygen	57	45	48	35	36	36	35	37	38	35	40	34	32	32	34	36
Total	78	65	65	50	52	51	47	48	50	46	50	43	40	39	42	42

NB: Data taken from daily COVID-19 sitrep.



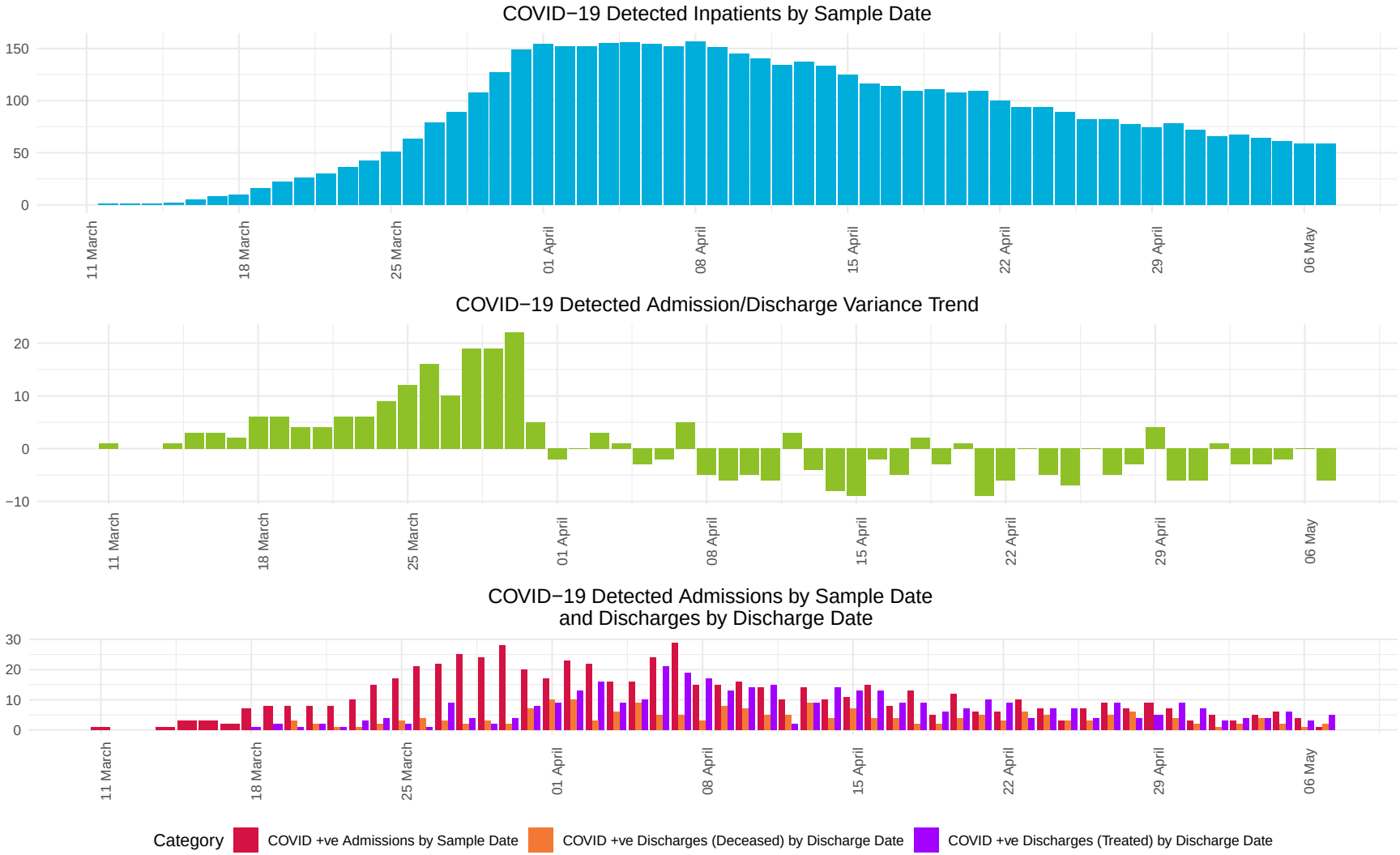
Metric	22 Apr	23 Apr	24 Apr	25 Apr	26 Apr	27 Apr	28 Apr	29 Apr	30 Apr	01 May	02 May	03 May	04 May	05 May	06 May	07 May
Inpatients diagnosed with COVID-19 in last 24 hours	9	5	4	5	4	1	2	7	9	6	1	4	2	4	3	5
Swabbed patients awaiting results at 0800	57	26	32	42	38	56	82	100	85	40	78	77	113	73	31	36

NB: Data taken from daily COVID-19 sitrep.



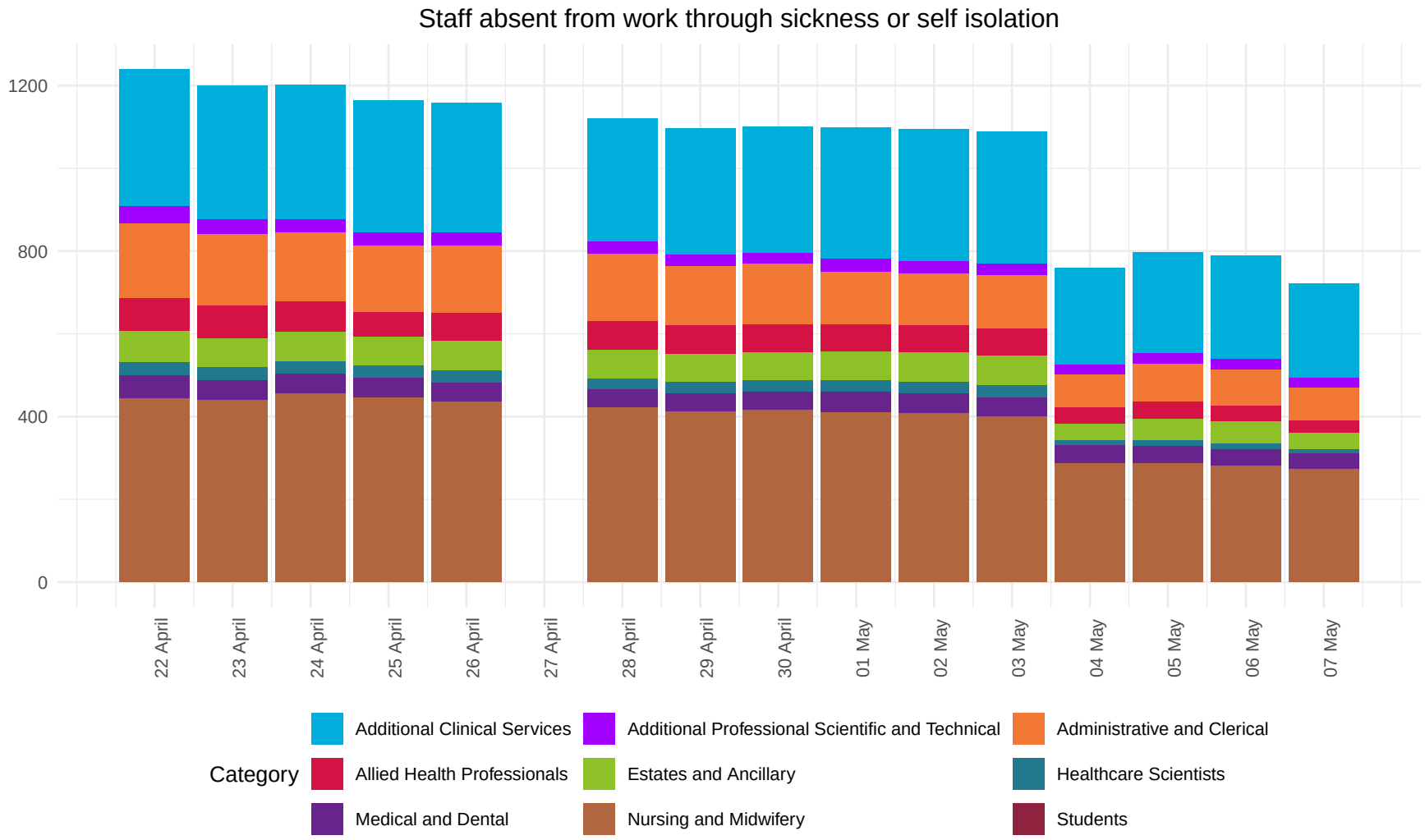
Metric	22 Apr	23 Apr	24 Apr	25 Apr	26 Apr	27 Apr	28 Apr	29 Apr	30 Apr	01 May	02 May	03 May	04 May	05 May	06 May	07 May
Patients admitted with COVID-19	2	1	4	0	4	0	1	1	2	2	2	0	1	4	2	3
Patients discharged with COVID-19	10	9	6	13	9	7	8	8	7	8	5	3	3	3	6	4
Patients discharged with COVID-19 to usual place of residence	10	6	5	12	8	7	8	8	5	5	4	2	3	2	2	3

NB: Data taken from daily COVID-19 sitrep.



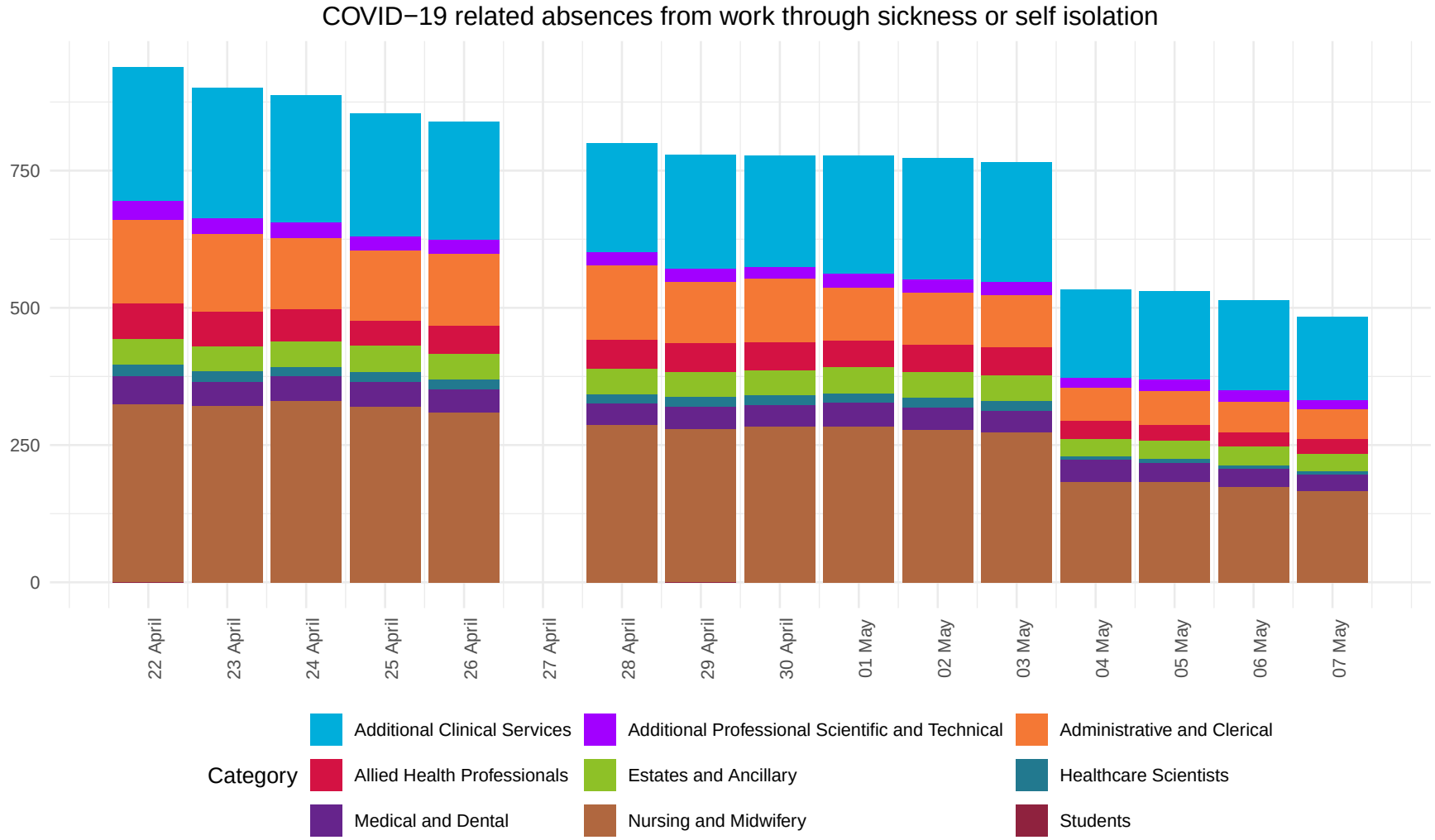
NB: Data taken from Oasis, and may vary from inpatient snapshot data on sit-rep reporting.

HR Data


Staff absent from work through sickness or self isolation
1200
800
400
0
22 April
23 April
24 April
25 April
26 April
27 April
28 April
29 April
30 April
01 May
02 May
03 May
04 May
05 May
06 May
07 May
Category
Additional Clinical Services
Additional Professional Scientific and Technical
Administrative and Clerical
Allied Health Professionals
Estates and Ancillary
Healthcare Scientists
Medical and Dental
Nursing and Midwifery
Students

Category	22 Apr	23 Apr	24 Apr	25 Apr	26 Apr	28 Apr	29 Apr	30 Apr	01 May	02 May	03 May	04 May	05 May	06 May	07 May
Additional Clinical Services	331	323	325	319	312	296	304	305	316	319	318	234	243	249	227
Additional Professional Scientific and Technical	40	36	32	32	32	30	28	26	31	29	28	22	26	26	23
Administrative and Clerical	182	174	167	160	163	163	143	147	128	127	128	81	93	89	80
Allied Health Professionals	78	78	74	60	68	69	69	67	65	65	67	39	41	37	30
Estates and Ancillary	76	71	71	70	71	69	68	68	69	70	71	39	51	54	39
Healthcare Scientists	32	30	29	30	30	27	27	27	29	28	28	12	14	12	11
Medical and Dental	55	48	48	47	46	43	45	44	49	48	46	45	42	41	37
Nursing and Midwifery	445	441	457	447	437	423	412	417	411	409	402	287	288	282	274
Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	1239	1201	1203	1165	1159	1120	1096	1101	1098	1095	1088	759	798	790	721

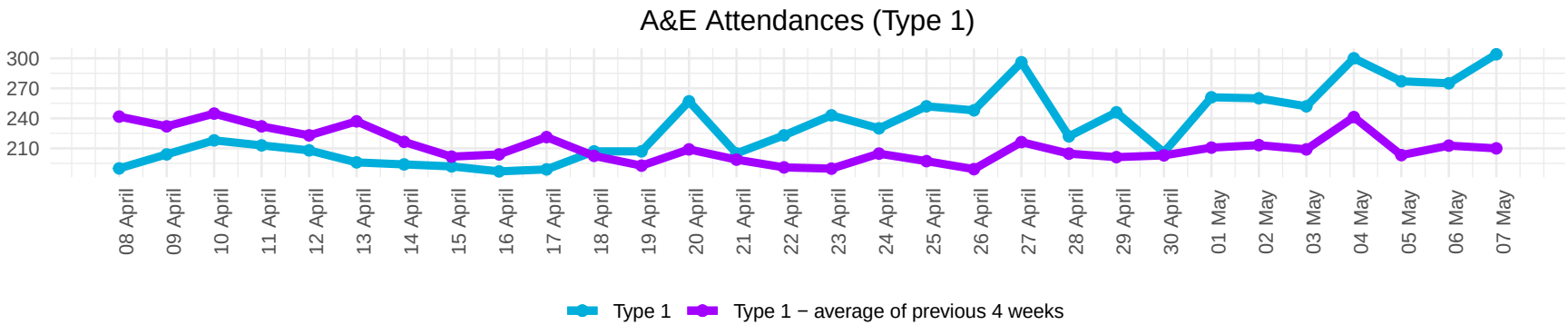
NB: Data taken from daily COVID-19 sitrep.


COVID−19 related absences from work through sickness or self isolation
750
500
250
0
22 April
23 April
24 April
25 April
26 April
27 April
28 April
29 April
30 April
01 May
02 May
03 May
04 May
05 May
06 May
07 May
Category
Additional Clinical Services
Additional Professional Scientific and Technical
Administrative and Clerical
Allied Health Professionals
Estates and Ancillary
Healthcare Scientists
Medical and Dental
Nursing and Midwifery
Students

Category	22 Apr	23 Apr	24 Apr	25 Apr	26 Apr	28 Apr	29 Apr	30 Apr	01 May	02 May	03 May	04 May	05 May	06 May	07 May
Additional Clinical Services	244	237	231	223	214	198	207	203	214	220	218	160	161	164	151
Additional Professional Scientific and Technical	34	30	28	27	27	25	23	21	26	24	23	19	21	20	18
Administrative and Clerical	153	141	131	128	130	135	112	115	96	95	96	60	62	57	54
Allied Health Professionals	64	63	58	45	51	52	53	52	49	49	50	33	28	25	27
Estates and Ancillary	48	45	46	47	47	47	45	45	47	47	48	31	34	35	31
Healthcare Scientists	20	19	18	19	19	17	17	17	18	18	18	7	7	5	6
Medical and Dental	51	45	45	44	42	39	41	40	43	41	39	40	35	34	31
Nursing and Midwifery	325	321	330	321	309	287	280	284	284	278	273	183	183	174	166
Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	939	901	887	854	839	800	778	777	777	772	765	533	531	514	484

NB: Data taken from daily COVID-19 sitrep.

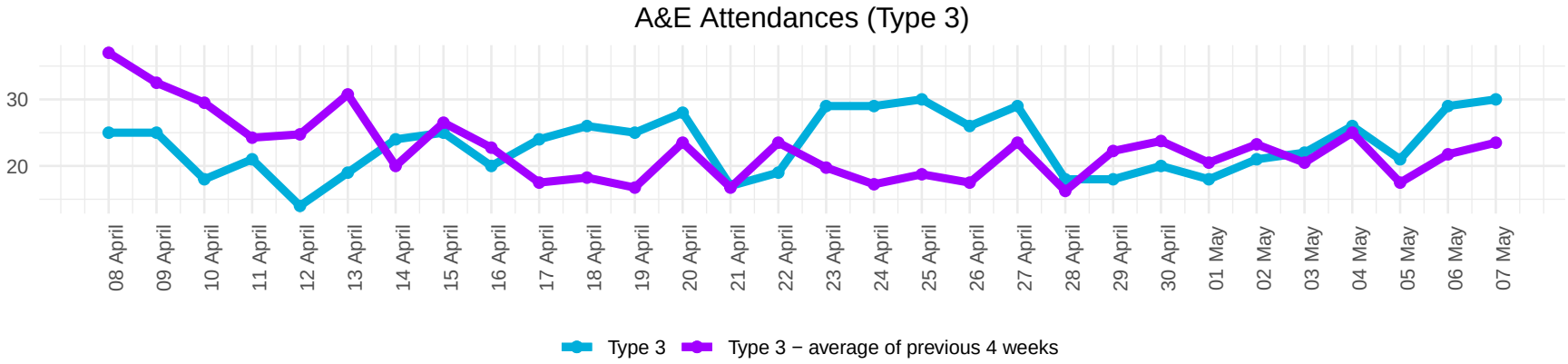
A&E Data



Metric	08 Apr	09 Apr	10 Apr	11 Apr	12 Apr	13 Apr	14 Apr	15 Apr	16 Apr	17 Apr	18 Apr	19 Apr	20 Apr	21 Apr	22 Apr	23 Apr
A&E Attendances (Type 1)	190	204	218	213	208	196	194	192	187	189	207	207	257	205	223	243
Average Attendances (Prev 4 Weeks)	241.75	232	244.75	232	223	237	216.5	201.75	204	221.25	202.5	192.75	209	198.75	191	189.75

Metric	24 Apr	25 Apr	26 Apr	27 Apr	28 Apr	29 Apr	30 Apr	01 May	02 May	03 May	04 May	05 May	06 May	07 May
A&E Attendances (Type 1)	230	252	248	296	222	246	206	261	260	252	300	277	275	304
Average Attendances (Prev 4 Weeks)	204.75	197.25	189.25	216.25	204.75	201.25	203	210.75	213.25	209	241.25	203.25	212.75	210

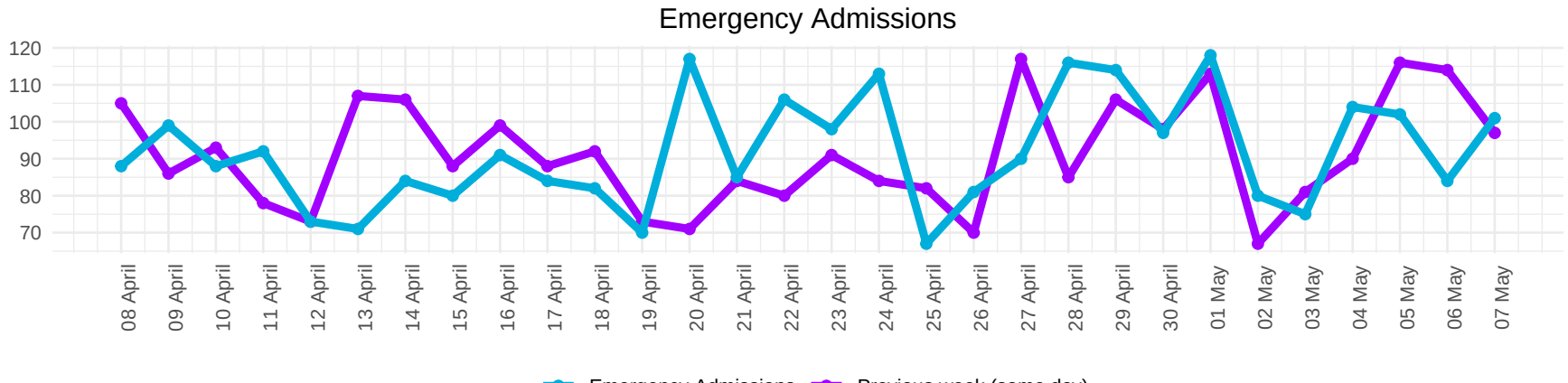
NB: A&E data taken from Patient First system.



Metric	08 Apr	09 Apr	10 Apr	11 Apr	12 Apr	13 Apr	14 Apr	15 Apr	16 Apr	17 Apr	18 Apr	19 Apr	20 Apr	21 Apr	22 Apr	23 Apr
A&E Attendances (Type 3)	25	25	18	21	14	19	24	25	20	24	26	25	28	17	19	29
Average Attendances (Prev 4 Weeks)	37	32.5	29.5	24.25	24.75	30.75	20	26.5	22.75	17.5	18.25	16.75	23.5	16.75	23.5	19.75

Metric	24 Apr	25 Apr	26 Apr	27 Apr	28 Apr	29 Apr	30 Apr	01 May	02 May	03 May	04 May	05 May	06 May	07 May
A&E Attendances (Type 3)	29	30	26	29	18	18	20	18	21	22	26	21	29	30
Average Attendances (Prev 4 Weeks)	17.25	18.75	17.5	23.5	16.25	22.25	23.75	20.5	23.25	20.5	25	17.5	21.75	23.5

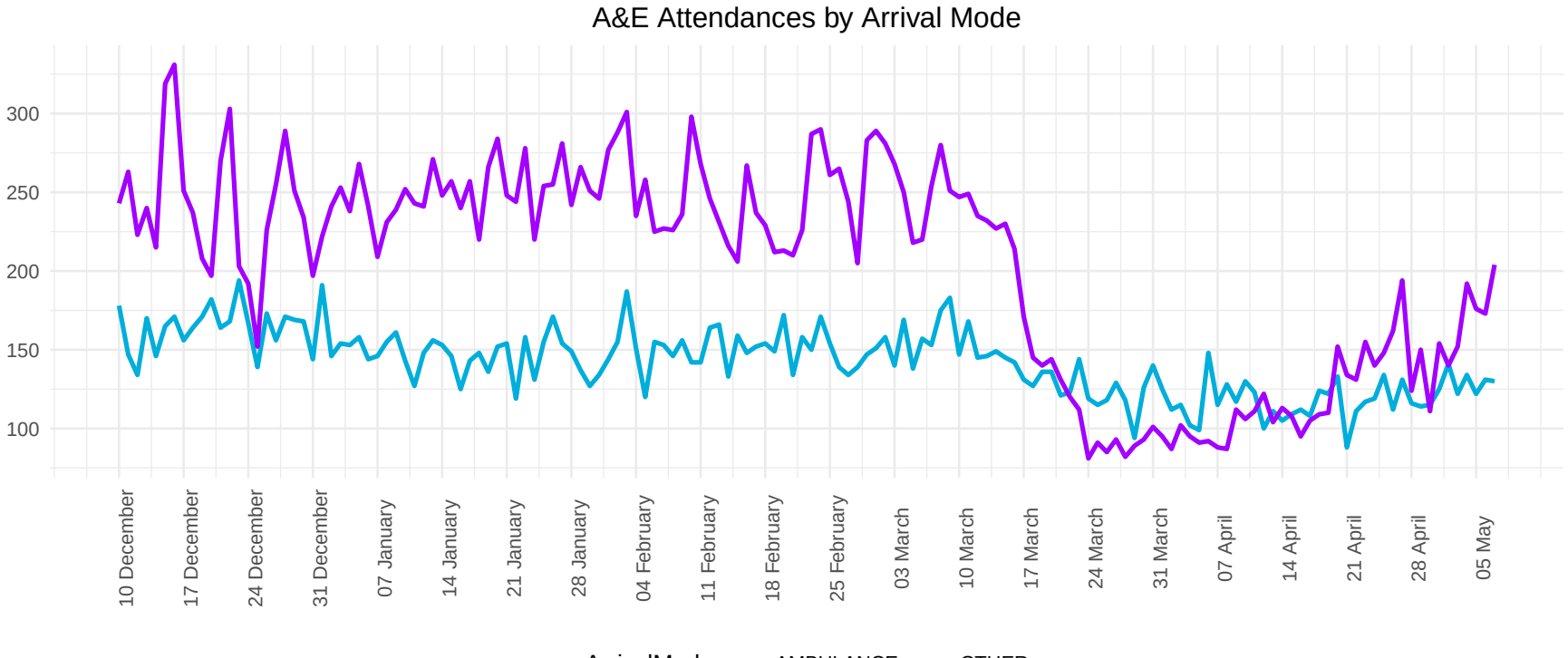
NB: A&E data taken from Patient First system.



Metric	08 Apr	09 Apr	10 Apr	11 Apr	12 Apr	13 Apr	14 Apr	15 Apr	16 Apr	17 Apr	18 Apr	19 Apr	20 Apr	21 Apr	22 Apr	23 Apr
Admissions	88	99	88	92	73	71	84	80	91	84	82	70	117	85	106	98
Admissions (Previous Week, Same Day)	105	86	93	78	73	107	106	88	99	88	92	73	71	84	80	91

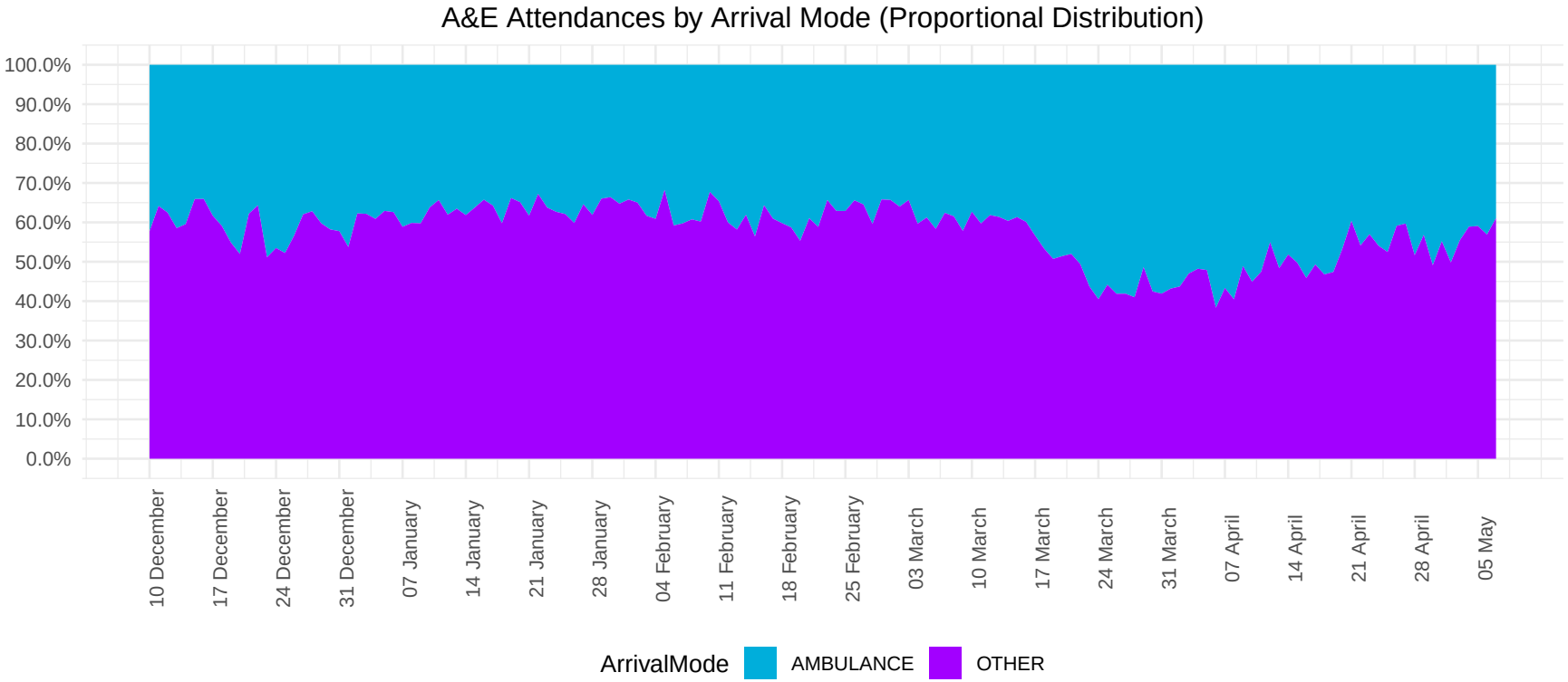
Metric	24 Apr	25 Apr	26 Apr	27 Apr	28 Apr	29 Apr	30 Apr	01 May	02 May	03 May	04 May	05 May	06 May	07 May
Admissions	113	67	81	90	116	114	97	118	80	75	104	102	84	101
Admissions (Previous Week, Same Day)	84	82	70	117	85	106	98	113	67	81	90	116	114	97

NB: A&E data taken from Patient First system.



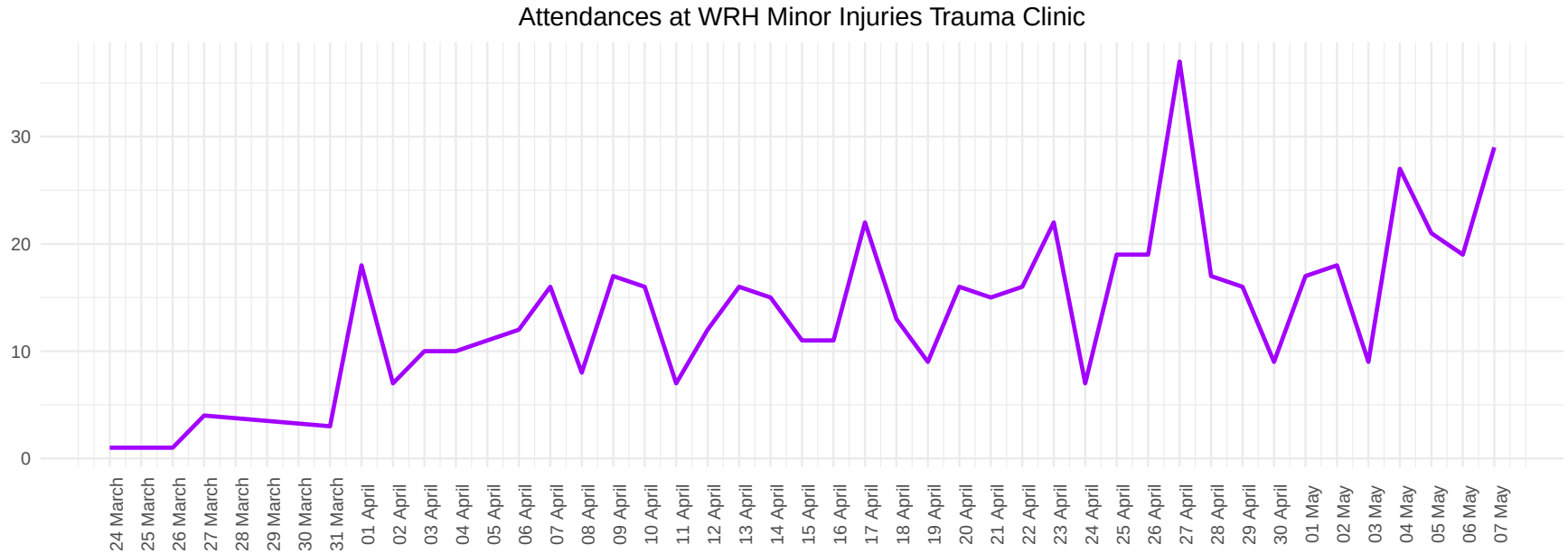
ArrivalMode	15 Dec	22 Dec	29 Dec	05 Jan	12 Jan	19 Jan	26 Jan	02 Feb	09 Feb	16 Feb	23 Feb	01 Mar	08 Mar	15 Mar	22 Mar	29 Mar	05 Apr	12 Apr	19 Apr	26 Apr	03 May	10 May
AMBULANCE	38.48%	39.56%	42.71%	40.26%	38.21%	36.41%	36.84%	35.08%	38.47%	37.83%	39.84%	36.04%	38.10%	39.32%	46.24%	56.94%	55.23%	54.53%	51.53%	44.34%	45.74%	40.97%
OTHER	61.52%	60.44%	57.29%	59.74%	61.79%	63.59%	63.16%	64.92%	61.53%	62.17%	60.16%	63.96%	61.90%	60.68%	53.76%	43.06%	44.77%	45.47%	48.47%	55.66%	54.26%	59.03%

NB: A&E data taken from Patient First system.



ArrivalMode	15 Dec	22 Dec	29 Dec	05 Jan	12 Jan	19 Jan	26 Jan	02 Feb	09 Feb	16 Feb	23 Feb	01 Mar	08 Mar	15 Mar	22 Mar	29 Mar	05 Apr	12 Apr	19 Apr	26 Apr	03 May	10 May
AMBULANCE	940	1176	1169	1114	1024	1007	1040	1000	1068	1054	1069	1035	1090	1083	916	837	819	861	791	814	864	517
OTHER	1503	1797	1568	1653	1656	1759	1783	1851	1708	1732	1614	1837	1771	1671	1065	633	664	718	744	1022	1025	745

NB: A&E data taken from Patient First system.

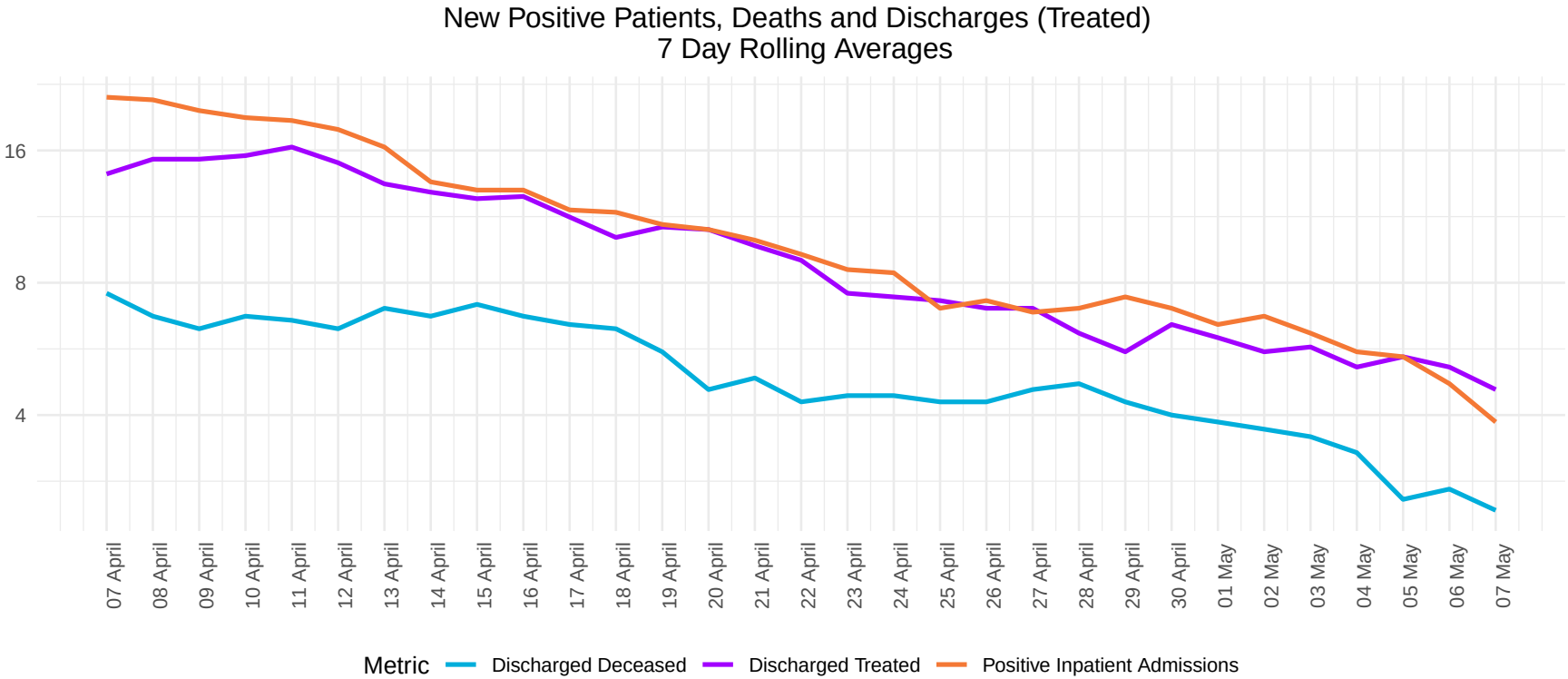


Metric	24 Mar	25 Mar	26 Mar	27 Mar	31 Mar	01 Apr	02 Apr	03 Apr	04 Apr	05 Apr	06 Apr	07 Apr	08 Apr	09 Apr	10 Apr	11 Apr	12 Apr	13 Apr	14 Apr	15 Apr
WRH MINOR INJURIES TRAUMA	1	1	1	4	3	18	7	10	10	11	12	16	8	17	16	7	12	16	15	11

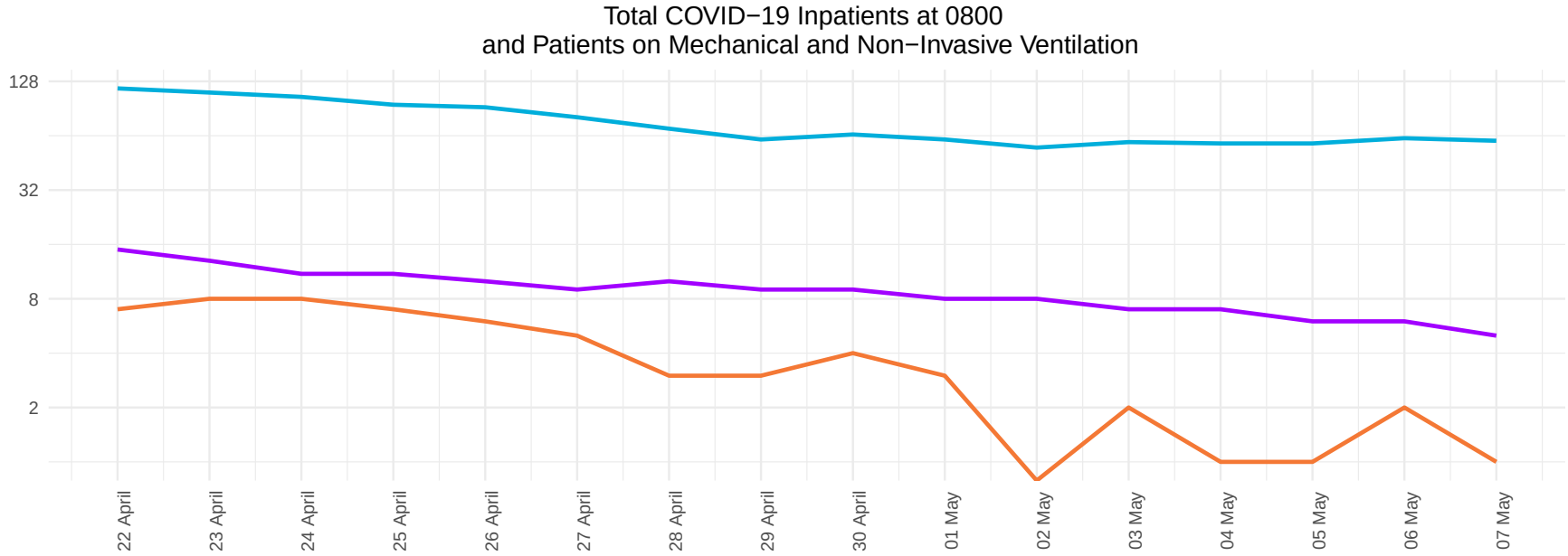
Metric	16 Apr	17 Apr	18 Apr	19 Apr	20 Apr	21 Apr	22 Apr	23 Apr	24 Apr	25 Apr	26 Apr	27 Apr	28 Apr	29 Apr	30 Apr	01 May	02 May	03 May	04 May	05 May	06 May	07 May
WRH MINOR INJURIES TRAUMA	11	22	13	9	16	15	16	22	7	19	19	37	17	16	9	17	18	9	27	21	19	29

Please note: attendances to the WRH Minor Injuries Trauma clinic are included within the A&E data shown previously.

NB: A&E data taken from Patient First system.



Metric	07 Apr	08 Apr	09 Apr	10 Apr	11 Apr	12 Apr	13 Apr	14 Apr	15 Apr	16 Apr	17 Apr	18 Apr	19 Apr	20 Apr	21 Apr	22 Apr	23 Apr	24 Apr	25 Apr	26 Apr	27 Apr	28 Apr	29 Apr	30 Apr	01 May	02 May	03 May	04 May	05 May	06 May	07 May
Discharged Deceased	7.57	6.71	6.29	6.71	6.57	6.29	7	6.71	7.14	6.71	6.43	6.29	5.57	4.57	4.86	4.29	4.43	4.43	4.29	4.29	4.57	4.71	4.29	4	3.86	3.71	3.57	3.29	2.57	2.71	2.43
Discharged Treated	14.14	15.29	15.29	15.57	16.29	15	13.43	12.86	12.43	12.57	11.29	10.14	10.71	10.57	9.71	9	7.57	7.43	7.29	7	7	6.14	5.57	6.43	6	5.57	5.71	5.14	5.43	5.14	4.57
Positive Inpatient Admissions	21.14	20.86	19.71	19	18.71	17.86	16.29	13.57	13	13	11.71	11.57	10.86	10.57	10	9.29	8.57	8.43	7	7.29	6.86	7	7.43	7	6.43	6.71	6.14	5.57	5.43	4.71	3.86



Metric	22 Apr	23 Apr	24 Apr	25 Apr	26 Apr	27 Apr	28 Apr	29 Apr	30 Apr	01 May	02 May	03 May	04 May	05 May	06 May	07 May
COVID-19 Inpatients	117	111	105	95	92	81	70	61	65	61	55	59	58	58	62	60
Mech. Ventilation	15	13	11	11	10	9	10	9	9	8	8	7	7	6	6	5
Non-Inv. Ventilation	7	8	8	7	6	5	3	3	4	3	0	2	1	1	2	1

Patient In-Hospital Deaths and COVID-19 Status

										Current Week						
Category	02 Mar	09 Mar	16 Mar	23 Mar	30 Mar	06 Apr	13 Apr	20 Apr	27 Apr	04 May	M	Tu	W	Th	F	Sa	Su
Detected	0	0	6	19	48	38	34	28	23	8	3	2	1	2			
Not Detected	0	2	11	26	12	27	11	20	18	20	4	7	6	3			
Awaiting	0	0	0	0	0	0	0	0	1	0	0	0	0	0			
Not tested	0	0	0	0	1	0	0	0	0	0	0	0	0	0			
No sample taken	45	31	22	16	14	9	13	11	8	1	0	1	0	0			
Total	45	33	39	61	75	74	58	59	50	29	7	10	7	5			

Meeting	Trust Board
Date of meeting	14 May 2020
Paper number	Enc F1

Home First Worcestershire Programme – Update

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

Accountable Director	Paul Brennan Chief Operating Officer		
Presented by	Paul Brennan Chief Operating Officer	**Author /s**	Marsha Jones, PMO

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

Recommendations	The Trust Board are requested to receive this report for assurance.

Executive summary	The Home First Worcestershire (HFW) Programme has been created to improve the safety, efficiency and performance of the urgent and emergency care pathways at the Trust, focusing primarily on the elements of the pathway that are within our control. This summary report is not exhaustive in the description of improvements, new developments and new models of care, but captures the main areas of progress with the programme. There is an urgent need to accelerate implementation and in this respect, the improved governance and the recently strengthened resource in terms of capacity and expertise will increase pace and delivery.

Risk									
Key Risks									
Assurance									
Assurance level	**Significant**		**Moderate**		**Limited**		**None**		
Financial Risk									

Meeting	Trust Board
Date of meeting	14 May 2020
Paper number	Enc F1

HFW Programme Update

The Home First Worcestershire (HFW) Programme has been created to improve the safety, efficiency and performance of the urgent and emergency care pathways at the Trust. Delivery against all work streams simultaneously is the only option to realise the benefits of this programme.

The overarching programme impact measures being monitored by the Home First Worcestershire Programme Board are as follows:

1. Reduction in the number of over 60 minute ambulance handover delays (SPC 1)
2. Comparison of discharge and admission rates (daily, weekly, monthly) (SPC 2)
3. Total time in A&E - 95th percentile - Trust – daily (SPC 3)
4. 30 day readmission rates for same clinical condition* - Trust – Daily (SPC 4)
5. Capacity gap - Trust – Daily (SPC 5)

*balancing measure

Covid-19 Impact on Hospital discharge.

The **Covid-19 National Hospital Discharge Service Requirements Guidance (NHDSRG)** is a document that required adhering to from 19th March 2020. It set out the requirements around discharge and placed greater impetus on ensuring that only patients who absolutely need to be in an acute hospital bed are in those beds.

Advantageously Worcestershire Health and Social care have delivered D2A pathways since 2013. Worcestershire Acute Hospital Trust has been transforming flow improvements through the HFW Programme since August 2019: and following a system wide acceleration event in November 2019 three of the HFW work streams were identified to improve partnership working. This was to strengthen resource in terms of expertise and to increase the pace and delivery of workstreams: Red2Green/SAFER, Frailty and Same Day Emergency care (SDEC) as well as the development of the Onward Care Team (OCT).

In response to the NHDSRG teamwork was required across many people and organisations including relocating health and social care teams onto a single site (in the Acute) this has led to closer partnership working: identifying appropriate patient pathway allocation for the Onward Care Team to then plan and expedite patient's discharge home or transfer to other bedded facility: ensuring a true D2A Model was embedded to ensure same day discharge. The team tested the new process over 4 days (including the weekend 08:00 – 20:00) to test the process: which is now moving towards a sustained model.

Operationalising this guidance has enabled the removal of funding streams and organisational boundaries, provided new ways of partnership working and has embedded Worcestershire's Discharge to Assess (D2A) Model. Thereby, enabling the delivery of sustained improvements in bed capacity and outward flow of patients; which is and will continue to benefit our patients, staff and partnership working.

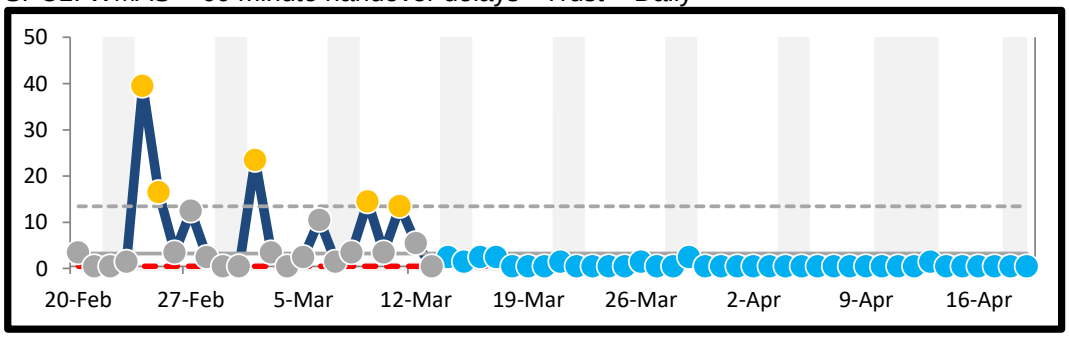
Meeting	Trust Board
Date of meeting	14 May 2020
Paper number	Enc F1

1.Overview of HFW programme impact: March 20th 2020 to April 20th 2020

SPC 1: WMAS > 60 minute handover delays - Trust – Daily:

Since Covid-19 restrictions in our communities i.e. Stay at Home message and similarly, local response of our community partners we have seen a reduced number of ambulance conveyances to our Emergency Departments (ED). Consequently, this has had a positive impact on delays in ambulance handover standard (see SPC1).

SPC1: WMAS > 60 minute handover delays - Trust – Daily



SPC 2: Comparison of discharge and admission rates (daily, weekly, monthly)

Comparison of discharges and admission rates, as a percentage, appears to show little improvement. However, this can be reasoned by the number of overall admissions dropping and those residing in an acute hospital bed have a Covid-clinical need: requiring a longer length of stay. The information team have proceeded to provide a breakdown of Covid and non-Covid patients to evidence this.

The positive outcomes of operationalising the NHDSRG is evidenced in the special-cause improvement points in the discharge rates (see SPC 2). This highlights the system preparedness and testing of new discharge and transfer processes with a significant greater number of discharges than admissions on the 20th March 2020 and 27th March 2020.

Redesigning system team working to in Covid Phase 1 was in response to comprehensively deliver Covid-19 discharge requirements and achieve the performance indicators. It has been acknowledged by all that this needs to be a sustained Model and being developed to ensure this is a sustained way of working. In response to Covid Phase 2 and expected resurgence of admissions there is a focussed effort to ensure the comparisons do not return to previous %.

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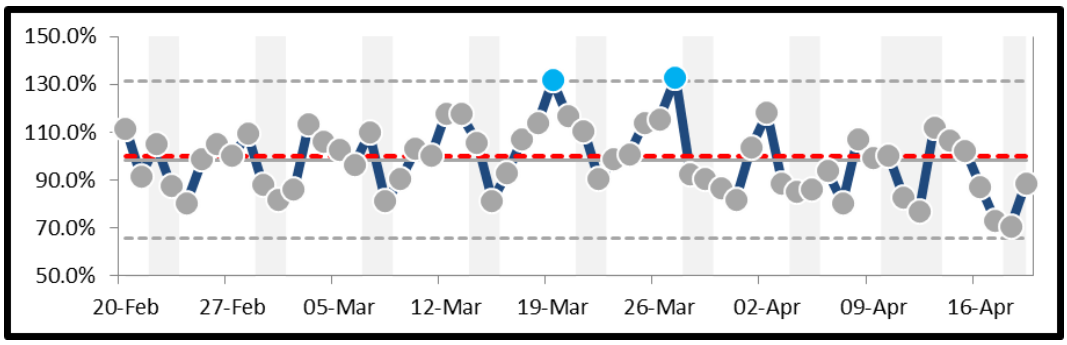
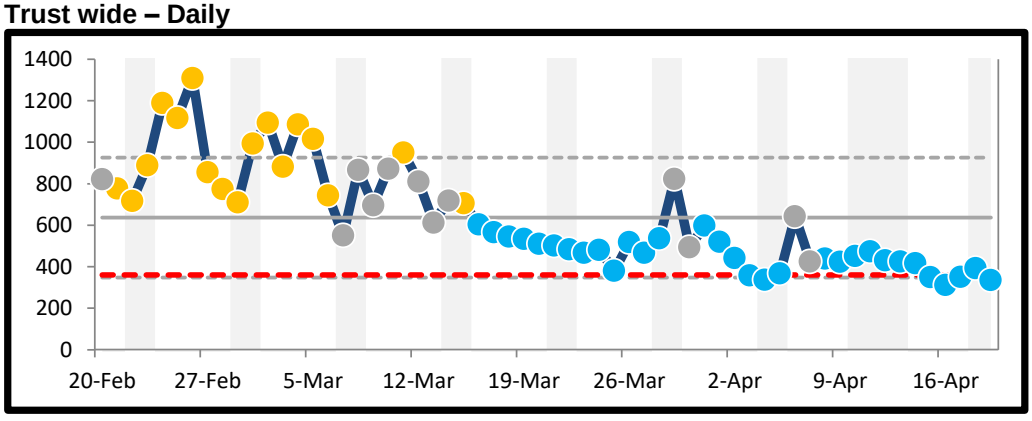
SPC 2: Comparison of discharge and admission rates Trust wide – Daily



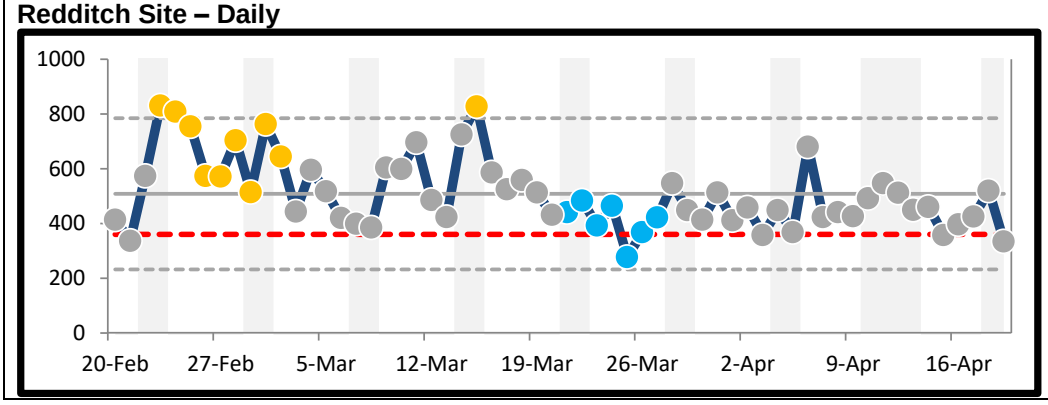
SPC 4: Total Time in A&E 95th percentile

The length of stay in ED (95th percentile) has improved across the Trust: there is an expectation that this occurred with a reduced number of ED attenders. However, this is predominately achieved through improvements at the Worcester Royal Hospital ED and the information for the Alexandra Hospital ED shows less variation over the 7 days.

SPC 3: Total Time in A&E 95th percentile
Trust wide – Daily



Redditch Site – Daily



Meeting	Trust Board
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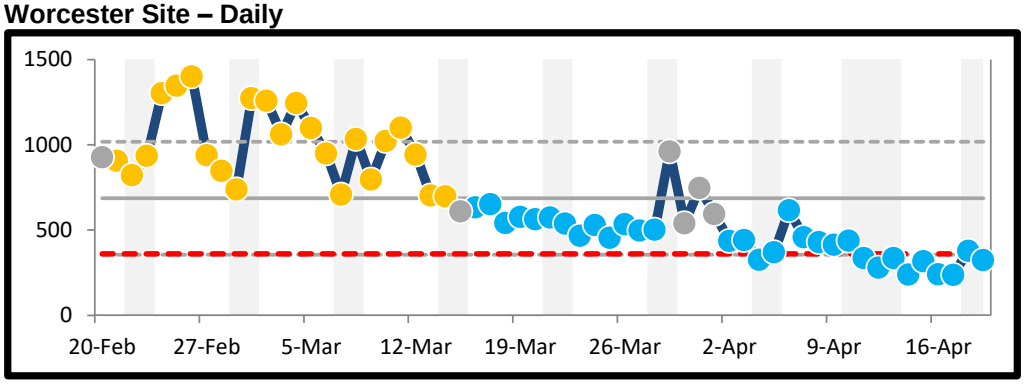
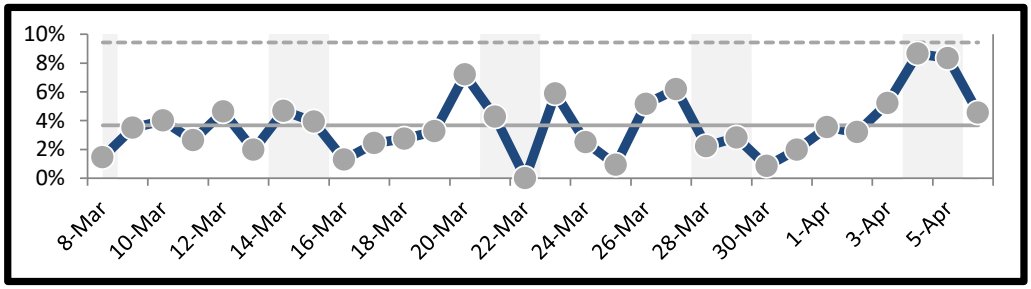
Worcester Site – Daily



Readmission rates up to the 20th March show a slight rise, but still within the control limits and not exceeding 7%. Changes to discharge processes and an increase in utilisation of D2A Pathway 1 (home with support) it will be imperative to monitor through May* of any unintentional consequence of readmissions to the Acute Hospitals (see SPC 4). To compliment this a qualitative audit of patients discharged home is to be performed in May to ensure no unintentional consequences on patient experiences of discharge as-well as capturing benefits realised to inform future service redesign.

SPC 4: 30 day Readmission rates for same clinical condition - Trust – Daily



** 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.*

SPC 5: Capacity gap

This metric includes patients either in ED with a decision to admit or boarding on a ward at midnight. Boarding is calculated by the difference between the capacity and number of patients on each ward. This is to represent a true reflection of the site whereby, there may be additional 'surge' capacity in use.

The impact of Covd-19 reflects the reduction in the overnight bed capacity gap. Lower ED attendances and ambulance conveyances with new ways of working to expedite same day discharges, has reduced patients length of stay and delayed transfer of care numbers. Thereby, generating capacity to cope which then result in no corridor care and/or ambulance handover breaches.

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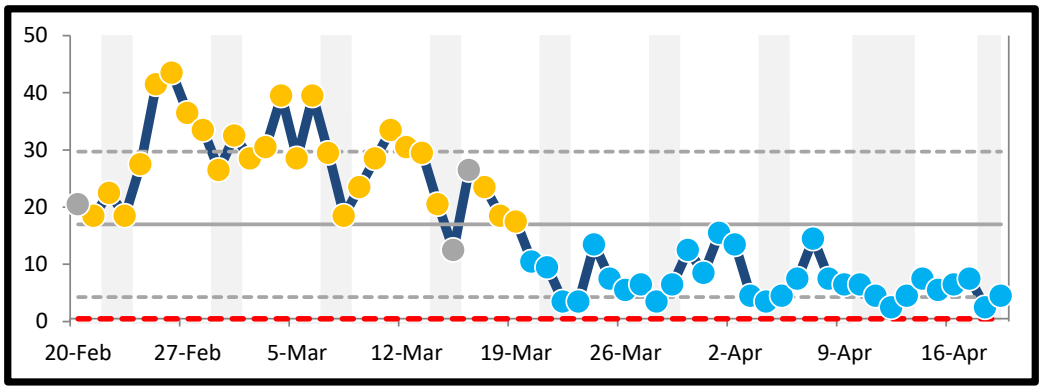
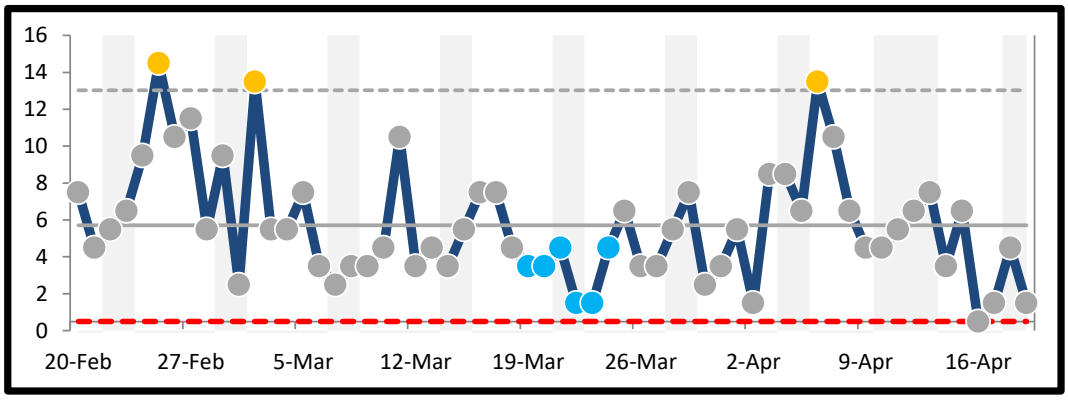
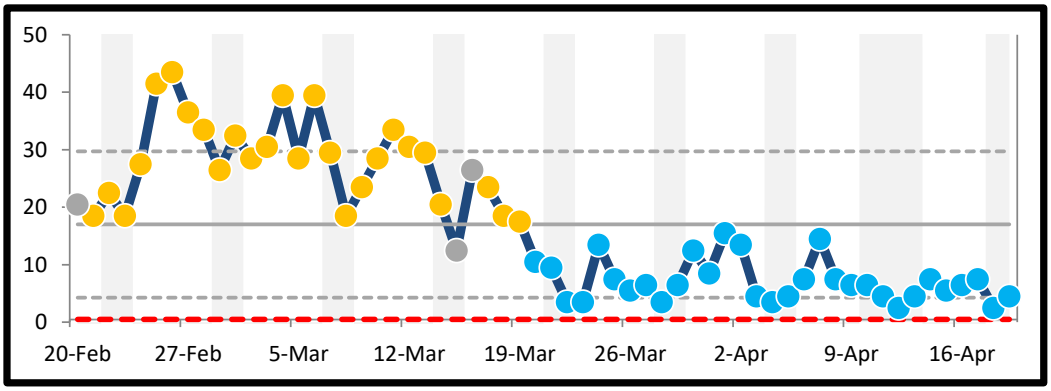
SPC 5: Trust wide – Daily



Capacity Gap: Redditch Site



Capacity Gap: Worcester Site



HFW Work Stream Updates

Meeting	Trust Board
Date of meeting	14 May 2020
Paper number	Enc F1

The HFW Programme Board drives the implementation of six work streams supporting the headline measures of improvement. There continues to be tangible improvement from the Home First Programme with a reduction in the overnight bed capacity gap, improving numbers of midday discharges and a reduction of ambulance handover delays.

The six work streams are as follows:

1. Implementation of SAFER and Red2Green
2. Reduction in Long Length of Stay (LLOS)
3. Same Day Emergency Care (SDEC) and Primary care streaming
4. Clinical Site Management
5. Internal Professional Standards
6. Implementation of a Frailty sensitive approach to care including Hospital Acquired Functional Decline (HAFD)

This summary update for the Trust Board focuses on recent progress in implementing HFW, through these work streams, and the next steps.

2. Work stream progress updates

SAFER and Red2Green work stream

20th March 2020 to 20 th April 2020

The SAFER discharge bundle compliments the Red2Green initiative to improve patient flow across the Trust. Red2Green is a visual management system to identify internal and external constraints and delays in the system to maintain patient flow. The R2G dashboard enables oversight of the top constraints and escalation to unblock and facilitate flow.

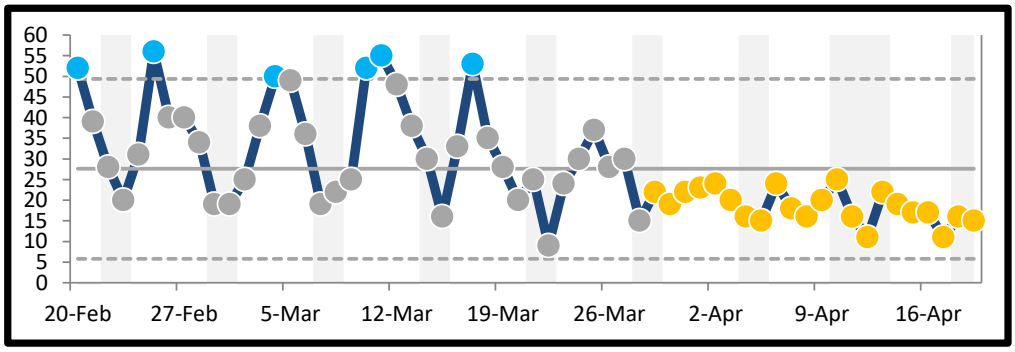
In terms of further developments, Criteria Led Discharge needs to be delivered with an improvement approach and audit of compliance; the work stream has a dedicated Matron to ensure any changes in response to Covid-19 are delivered to ensure sustained application.

There has been improved use of the ADT Whiteboards and the workstream team will continue to progress the functionality of the Whiteboard. There has been progress with real time reporting and a 'single version of the truth' informing daily situation reports for internal and system use and daily Delay Transfer Of Care (DTOC) reports.

An output of the successful delivery of all elements of SAFER and Red2Green will be earlier discharges and weekend discharges. Whilst the information for this month identifies fewer before midday discharges this is comparative with the number of admitted patients. What is notable is the reduction of variation over the 7 days from the 27th March onwards compared to previous months where weekend discharge numbers deteriorated with a spike in Monday discharges and then a decline through the week.

Meeting	Trust Board
Date of meeting	14 May 2020
Paper number	Enc F1

Discharges before Midday – All wards (Trust) – Daily



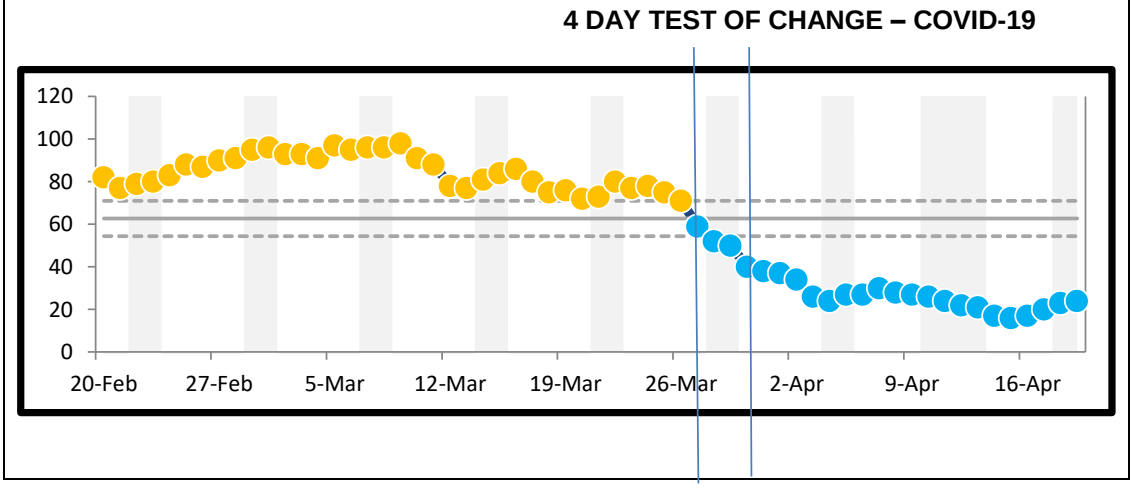
Long Length of Stay (LLOS) work stream

The national requirement is to reduce the number of patients with a stay over 21 days by 40% by end of March 2020. This is a target of no more than 73 patients per week exceeding a stay of over 21 days across the Trust. In April 2019 the baseline number of inpatients with a stay of over 21 days was 114 patients.

There was an established robust system to review all patients whose stay is over 21 days across the Alexandra Hospital and Worcestershire Royal Hospital (Long Length of Stay Reviews). This weekly review continues however, the impact of the Covid-19 Discharge Guidance had significant positive improvement on the number of LLOS Patients, without funding streams and organisational boundaries creating disputes.

The positive impact of operationalising the Covid-19 Discharge guidance on the LLOS is seen below: those patients with a LLOS of 21 +days on the 27th March was 71 and at the time of reporting the LLOS is now 24 of which all are not clinically stable and predominately ICU or Covid+ patients.

Number of LLOS Patients - (21+ days) all wards (Trust) – Daily



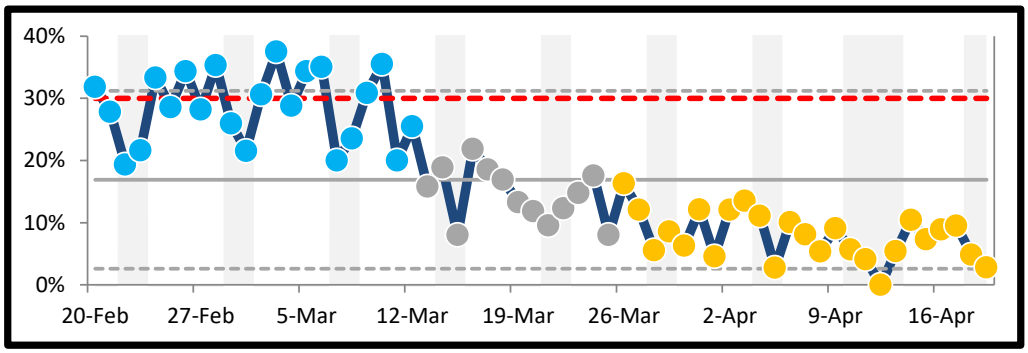
Meeting	Trust Board
Date of meeting	14 May 2020
Paper number	Enc F1

Same Day Emergency Care (SDEC) work stream

Monitoring of performance against nationally set SDEC measures occurs through the work stream to ensure we achieve >30% emergency care through SDEC pathways with a target of 85%-90% patients to be discharged daily from SDEC services.

There is to be a refocused effort in preparedness for restoration of services and operational processes to ensure an improvement in SDEC performance. The, nationally set Key Performance Indicator (KPI) has moved into special cause concern: the reason being that as SDEC is predominately delivered by Surgery and Acute Medicine but currently our greatest % of referred patients are inpatient medical care as covid-19 related. Worcestershire mimics nationally the surgical referral picture and many more patients being managed by Primary Care.

% of Non-Elective Admissions who are referred to a SDEC setting - Trust - Daily



Clinical Site Management work stream

A new model covering both sites is under development with increased capacity funded initially by the NHSIE regional team. However, the implementation has been delayed due to the day to day operational demands on the Director of Capacity but will progress this month with interviews in place.

These changes will ensure that there is a 24 hour robust operational site management function to provide safety, continuity, and a clinical focus to help ensure that the Trust delivers its objectives around improvements to the emergency care pathway and patient flow.

Aligned to this, there is a formal consultation period to strengthening the On Call Manager and Matron arrangements.

Internal Professional Standards (IPS) work stream

Internal Professional Standards (IPS) has been developed: a clear, unambiguous description of the professional values and behaviours expected in the organisation. Compliance of the IPS at the Trust will impact on time spent in ED and overcrowding of the department to ensure:

1. Safe management of patients attending the Emergency Department.
2. Timely, safe, quality care is delivered to provide a positive patient experience in all

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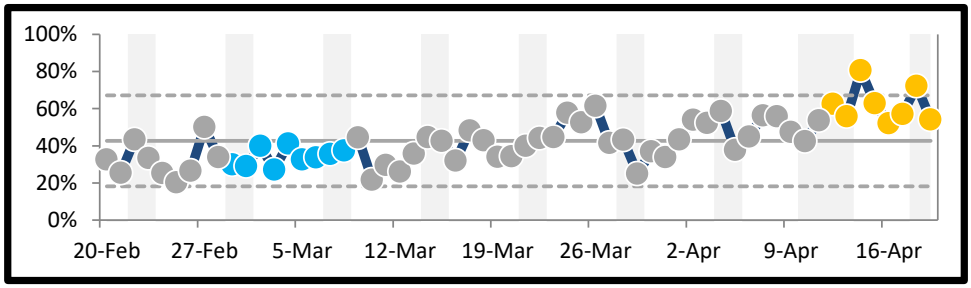
areas that provide clinical care.

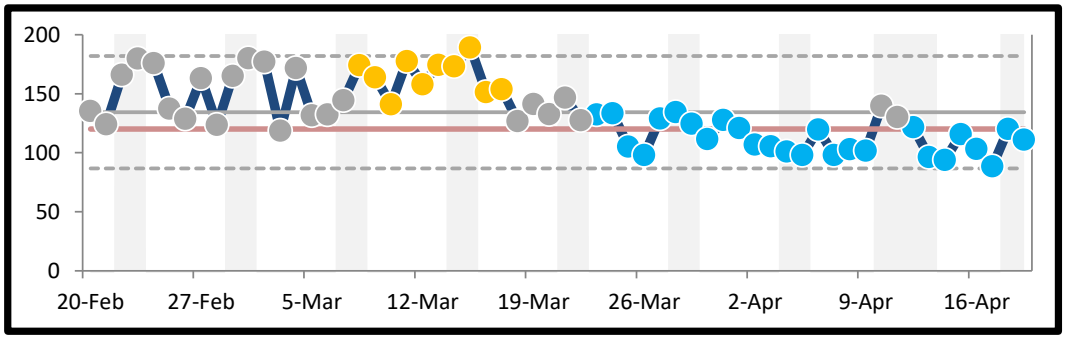
There has been an improvement of progress of specialty reviews within 30 minutes. The set upper process control limit of 55% has been achieved across the Trust through April. However, by comparison the overall number of referrals (because of reduced ED attendances) has been less, thereby, an expectation that this IPS KPI ought to have been achieved. This has been highlighted to the Medical Director and the Workstream lead to progress improvements, including a review of any patient that is not reviewed by speciality within 30 minutes.

% Reviewed by Specialty within 30 minutes – All Divisions – All Specialties – Trust – Daily



To achieve a safe department, it is also imperative that ED teams refer to specialty in a timely manner and within 2 hours of arrival. There has been improvement in the measure. The impact of not having an overcrowded ED is enabling the right decision making the first time by ED Consultants, this includes time to assess and discharge patients.

Average time from arrival to specialty referral – All Divisions – All Specialties – Trust - Daily



Frailty/HAFD work stream

The frailty work stream group is well established and has extended its remit to hospital acquired functional decline (HAFD); the commonest harm event in hospitals and a hidden epidemic with 25-40% older people affected.

The frailty and hospital acquired functional decline (HAFD) work stream is progressing to

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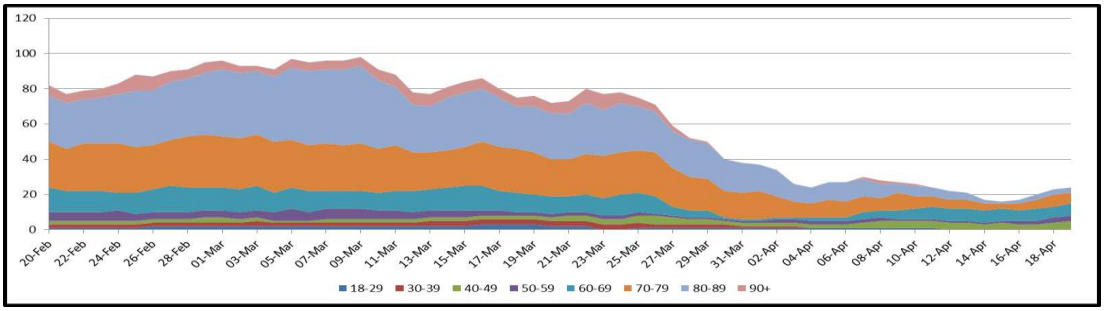
deliver an optimal Elderly Care Service Business Case. This is being progressed as a priority for the Trust with an agreement for the development of interim option for the Frailty Service. This will progress following the sign off of the business case to be discussed at TME this month.

The NICE Initial Management of COVID-19 patients 'A Guide for Junior Doctors' has been translated into the WAHT COVID Decision Support Form. This contains the Rockwood Clinical Frailty Score; this document is being considered to be adapted for a sustained way of assessing and planning care of the person with frailty in the Medical Assessment Documents and Clinical Criteria for Discharge form. The impact of the uptake of ReSPECT awareness and authorship has improved and a process has been agreed for an Oasis Flag to alert when a patient has a ReSPECT document in place.

The positive impact of taking a frailty sensitive approach parallel with the delivery of the Covid-19 Discharge Guidance can be seen in the age profiling of patients over 21 days.

Age Profile of Patients over 21 days - All wards (Trust) - Daily



Conclusion

Home First Worcestershire is the top quality improvement priority for the Trust. There has been some expedited progress, particularly to flow and creating capacity. This has been achieved with the ability of collaborate working with system partners to agree the onward care of acute patients. This has been mostly achieved without having to negate funding streams or organisational boundaries.

This summary report is not exhaustive, but captures the main areas of progress with the programme. There is a need to not lose grip or sight of the progression that was being made and to ensure effective changes are embedded and sustained for long term ways of working.

Recommendations

The Trust Board are requested to receive this report for assurance.

Glossary

ED – Emergency Department	DTA – Decision to Admit
SPC – Statistical Process Chart	SDEC – Same Day Emergency Care
LLOS – Long Length of Stay	HAFD – Hospital Acquired Functional Decline

NHS
Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	14th May 2020
Paper number	Enc F2

Integrated Performance Report – Month 1 – 2020/21

For approval:		For discussion:		For assurance:	X	To note:	

Accountable Director	Paul Brennan – Chief Operating Officer / Deputy Chief Executive		
Presented by	Paul Brennan – Deputy Chief Executive & Chief Operating Officer	**Author /s**	Nikki O'Brien – Associate Director of Information and Performance

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

Recommendations	The Board is asked to note this report for assurance.

Executive summary	This paper provides the TME/Trust Board with an overview of April 2020 against the trajectories, specifically for the NHS constitutional standards and the key operational metrics. Please note: The Quality metrics and the Workforce metrics are not available at the time of writing this report and performance up to mid-April was reported to the last Trust Board.
Risk	
Key Risks	BAF 1,2,3,4,5,6,7,8,10 and 11

Introduction/Background

This paper provides the Board with an overview of April 2020 against the trajectories, specifically for the NHS constitutional standards and the key operational and quality metrics.

In April 2020, the performance of several key measures has continued to be impacted by the Trust's rapid implementation of emergency planning protocols to manage the Covid 19 incident; particularly in relation to Referral to Treatment Time and Diagnostics. However, we are now assured that we are over the initial peak of Covid 19 and thankfully we did not experience the levels of demand that was modelled for this county. We are now moving towards a restoration plan that will enable us to start to rebuild some of the services for the most in need patients and re-focus on ensuring we do not revert back to previous ways of working that created 'exit block'. This will be a focus of the integrated performance report for the forthcoming months.

Please note: All except the Emergency Access Standard and Patient Flow measures are 'unvalidated' at the time of writing this report.

NHS
Worcestershire
Acute Hospitals
NHS Trust

Meeting	Trust Board
Date of meeting	14th May 2020
Paper number	Enc F2

Issues and options

Operational performance
4-hour emergency standard and patient flow

- We did achieve the April-20 provisional trajectory of 80.84% for the 4 hour emergency standard. Our performance was 88.91%. This equates to 921 breaches from 8,308 emergency attendances.
- Our emergency demand has decreased significantly during April 2020 whilst in Covid 19 lockdown with 50% less attendances at our Emergency Department than April last year. However, this profile was changing towards the end of April with 420 more attendances in the last ten days than the previous ten days.
- Many of the patients that have attended have been acuity ill and required admission, we have seen 5.6% more people admitted than the same month last year.
- There were 2 ambulance 60 minute handover breaches for April-20, and statistical significant improvement in both the 15 minute and the 30 minute ambulance handovers at both sites. The Trust performance for 30 minute ambulance handovers was 95.7%, and the 15 minute ambulance handovers at 53.8%.
- There were no 12 hour breaches for April-20.
- Across both sites we have had some Ward closures and significant numbers of beds empty. At the end of April we had a total of 198 beds unused (101 beds on unused wards and 97 beds empty on open wards) at the Worcestershire Royal site and a total of 143 beds unused at the Alexandra Hospital (59 beds on unused wards and 84 empty beds on open wards). A total of 341 unused beds across both sites. This number has significantly reduced in early May to 264 unused beds across both sites.
- The occupancy level as at the end of April was 61% at the Worcestershire Royal and 45% at the Alexandra Hospital.
- On average our patients have been staying less days in the hospital during April, with Surgery reducing from 8.9 to 5.8 days at the Alexandra Hospital and from 6.4 to 5..2 days on the Worcestershire Royal site. Medicine has decreased from 7.7 to 6.3 days at the Alexandra Hospital and from 7.7 to 5.9 days at the Worcestershire Royal site.

As expected the overnight bed capacity gap during the Covid incident had reduced significantly. The volume of emergency attendances had been increasing steadily since mid-April and increased significantly on April 27th (following the Governments message that the 'NHS is open for business, and for people to seek emergency support as soon as they need it'). On April 27th we had over 100 more patients attend the Emergency Departments (both sites) than we had seen in the previous days. The capacity gap increased on this day and took a number of days to recover. One point of learning for us is to ensure that we have the ability to react quickly to increasing demands and monitor triggers that are indicating potential stresses on the open capacity.

Throughout the Covid 19 incident we have continued to:

- Sustain a low volume of patients with a length of stay over 21 days. At the end of April we had 21 patients. We are now looking to set an aspirational target for the end of March 2021 to build on this improvement.
- Focus on criteria led discharge in the pilot wards and we have recruited the clinical leads needed to take this forward as this will be crucial in the next phase of the Covid - 19 incident, especially as we start to increase the volume of non-covid related patients

in the hospital with a continued reduced bed base.

- Work with our GP federation colleagues to provide a front door primary streaming service at the Worcestershire Royal, that can be stepped up as more patients return to seek emergency treatment through the Emergency Department, thus releasing some of the previous pressures experienced by the Emergency Departments.
- Although before midday discharge volumes at the Worcestershire Royal have declined slightly in the non-covid wards which is due to the temporary closure of the Discharge Lounge, we are still seeing a focus from several wards on the earlier discharge processes.

The focus for the forthcoming months will be to continue to create flow and build upon the change in culture that has enabled us to discharge patients as soon as it is clinically safe to do so during the Covid 19 incident so far.
We will be:

- Completing case studies on one patient per ward for two weeks in May, to identify any barriers to timely discharge, specifically where criteria led discharge may have facilitated earlier discharge.
- Completing a deep dive analysis into Monday discharges to identify what improvements could be made during the weekends to increase the weekend discharges.
- Completing a review of the CT service that supports the Emergency Department to identify any changes in pathway needed to improve faster decision making.
- Re-starting the Frailty front door service at the Worcestershire Royal Hospital.

Referral to treatment (RTT) - please note the data for April is unvalidated at the time of writing this report.

- The waiting list is currently 34,648 with 11,221 patients waiting more than 18 weeks for their first definitive treatment. Our current performance is 67.61%. There are currently 7 patients who have been waiting over 52 weeks, but these have yet to be validated.
- Predictions show that if we did not re-start some services before the start of August we will have 18,835 patients waiting longer than 18 weeks for definitive treatment.
- The consultant–led referral rate has reduced significantly from the levels seen in last April from 4,073 referrals (exc 2WW) to 511 referrals in April 2020.

Please note: In the last report we misreported the volume of telephone consultations that had taken place during March, this should have read 6,500 telephone/virtual consultations from a total of 39,000, not 33,000 telephone consultations as stated.
In April, the volume of telephone/virtual outpatient consultations was 10,311, which is 50% of all outpatient appointments that occurred in April.

Cancer – please note the data for April is unvalidated at the time of writing this report.

- There is no submitted trajectory for 2ww cancer for April-20; unvalidated performance is currently 88.47%.
- During April our 2WW referrals from primary care have reduced by 61% (1,352) compared to the previous April and 53% (990) compared to March 2020.
- Although Breast symptomatic performance is 100% for April-20, this is in context of 14 patients being seen since a change in referral criteria agreed with GPs.
- Our 62 day performance is 'unvalidated' for April-20 at 57.25% with 134.5 patients

treated, of which 57.5 has already breached 62 days.
- We had 53 patients who had been waiting over 104 day waits for treatment at the end of April.

In order to manage the COVID-19 incident we have had to implement changes to referral criteria and services delivered to some patients, whilst maintaining the clinical oversight of those who are most vulnerable and delivering critical surgery using the independent sector. Some clinical management changes we have made are as below:

- Expanded telephone triage for some 2WW referrals (examples in Colorectal and Haemotology, Head and Neck)
- 2WW - Transferred some FIT testing to our primary care colleagues (Colorectal)
- Suspended all routine and non-urgent diagnostics to provide the capacity for urgent diagnostics (such as MRI scans in Breast)
- In most specialties cancer follow ups have been transferred to telephone consultations.

The independent sector (Spire, BMI Droitwich, BMI Edgbaston/The Priory) have undertaken 167 cancer treatments, 12 non-cancer treatments and 58 scopes between 30th March and 3rd April.

Diagnostics

- Our total waiting list is 'unvalidated' at 7,658 with 5,086 waiting longer than 6 weeks, therefore performance is currently 33.6% (66.4% have breached).
- During April we have completed 4,971 diagnostics, and of these 26% was unscheduled CT scans.

Quality

During April 2020 the Trust has continued a specific response to managing the COVID 19 outbreak with the strategy of command and control whilst maintaining and ensuring quality and safety for our patients and staff.

The attracted IPR (quality data) appendix 4 has not been validated, at the time of the submission of the paper and caution on results is stressed.

There has been a continued focus through the daily Silver command structures lead by Chief Medical/Nursing officers with Divisional Directors on clinical leadership of Quality and safety. This has provided clinical oversight of daily standards of care/treatments and responses required to specific COVID related patient issues and operational changes in patient care pathways as well as sight on staff health and wellbeing.

The focus on infection control lead by DIPCE has and remains a key priority.

The Serious incident meetings have continued, these are led by The Chief Medical Officer.

The quality audits were paused in March 2020 and replaced by a tool (Dynamic Trigger Tool). This tool was beneficial for ward staff to use at handover and safety huddles. This tool has

provided a focus on areas of quality and safety for patients and staff and when and where to escalate concerns. No concerns were escalated during April. The quality audits are under revision and will recommence in May 2020.
Recognising the difficulties for our patients and their relatives with admissions during the COVID 19 pandemic, a number of key initiatives have been implemented. New initiatives being: Letters from home, hearts in hand, patient and relative helpline. Appendix 5 provides a snapshot of the responses captured on friends and family tests for April. These have been laminated and are shared on each ward.

Workforce
There is no update on performance data as this is not available at the point of writing this report.

Finance
There will be a separate Finance paper provided to the Committee.

Recommendations

The Board is asked to note this report for assurance.

Appendices

1. Committee Assurance Reports
2. SPC Charts
3. Impact of COVID-19 on 19/20 Targets
4. IPR (Quality Data)
5. Responses captured from Friends and Family Test

Integrated Performance Report

Committee Assurance Reports

March / April 2020

14th May 2020

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• People and Culture Committee Assurance Report (March 2020)	11 - 12

Finance & Performance Committee Assurance Report – March 2020

Accountable Non-Executive Director	Presented By	Author
Richard Oosterom Associate Non-Executive Director	Richard Oosterom Associate Non-Executive Director	Kimara Sharpe Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	**BAF number(s)**	4, 5, 6, 7

Level of assurance and trend			
Significant assurance	Moderate assurance	Limited assurance	No assurance
		X	

Executive Summary

The Finance & Performance Committee met on 25th March 2020.

COVID-19: An update was given by the CEO outlining the key actions being taken, in particular the increase required for ITU beds. This includes making Aconbury available ahead of schedule. It is believed that the peak demand will take place in the next 7-10 days. Over 1000 staff are off sick and 70% are off due to COVID-19 (either symptomatic or self-isolating). A&E attendances are down by 50%. In respect of PPE (Personal Protective Equipment) the Trust has supplies in stock. Security has been increased in this area.

The governance was outlined across the county and within the Trust, internal governance will be changed and become more robust from 26 March. There will be a clear command and control in place with Gold (Paul Brennan), Silver (Vicky Morris) and Bronze (Sarah Smith) structure.

The Trust continues to follow national guidance. There will be a daily email briefing for staff at 3pm, Monday-Friday. Visitors are at a minimum across the sites. There is also planning underway to designate Kidderminster as a 'clean' site.

It was good to note the staff offer which includes free car parking, access to basic supplies and psychological support.

Finally, we heard that the Trust is taking note of the actions being taken which need to be taken forward after the emergency is over. This includes a more efficient discharge process.

The Committee was assured that the learning from deaths process would continue during this time. Additionally it was noted the collaboration between the system partners and the support from other organisations – in particular that the University has donated all the simulation equipment used for training purposes.

Financial report: The CFO reported that for the first quarter for 2020/21 funding will be based on our run rate for the first nine months of the year. We will be having two injections of cash in April and we have been asked to pay suppliers as quickly as possibly. Financial governance was a key area for discussion for the Committee. There are clear rules in place about the decision making through Bronze Command. Agency staff are being tracked. The Committee was given assurance about the tracking of COVID-19 expenses, which are being paid separately to the funding. One payment has already been received with respect to this.

Finance & Performance Committee Assurance Report – March 2020

Executive Summary (cont.)

The February deficit of £(8.5)m is in line with the profiled forecast that delivers a £(82.8)m out turn. The cumulative position at the end of February is a deficit of £(75.9)m, £1.5m positive to the submitted plan. With regards to the recent pandemic and our response to COVID-19, communication from NHSI confirms that additional funding will be made available to the Trust to cover extra costs of responding to the coronavirus emergency. As a result, the forecast remains at £(82.8)m, although we are reviewing all activity and income levels with significant reductions in Elective Activity and Outpatient reductions since 13th March which are the greatest risk now to this target.

Annual Plan: The Director of Planning and Strategy confirmed that the workforce section has been revised as requested by the Board. The budgets have been set according to the agreement made at the Board earlier in March. Planning has been suspended for the time being. The annual plan priorities will be revisited in time as not all the priorities will be feasible or relevant due to COVID-19. It was acknowledged that this is an opportunity for the Trust to reset its way of working in business as usual. The committee supports implementing the Annual Plan and budget as suggested, acknowledging it cannot give assurance and that the following needs to happen once the COVID-19 crisis is behind us and we are moving back to normal operations:

- A thorough review of the budget
- A presentation of the detail of the efficiency & productivity plan
- Further explanation of the single improvement methodology as the vehicle to improve execution.

Approval for Release of Revenue Contingency – Replacement of sterile service instrument assembly benches and sterile instrument transport trolleys: Approval was agreed to release the revenue contingency.

Home First Worcestershire: There have been improvements in some of the metrics (before COVID). The COVID-19 discharge planning guidance supports our aims in HFW. The Local Authority needs to increase their capacity hours by 1,000 per week. Faster discharges in combination with lower ED attendances (due to COVID) have resulted in a significant increase in the number of empty beds. HFW continues as elements of the work will assist in capacity when the COVID-19 surge takes place.

IPR: The workforce metrics continue to move in right direction, apart from sickness absence. The staff survey results were positive. HSMR and SHMI are also improving. Diagnostics was on trajectory for February and on track to meet the end of March target. Infection control indicators are giving cause for concern. RTT continues to be off target. Modelling is currently being undertaken to review the position following the COVID-19 pandemic. Cancelled operations are being monitored.

Digital: The current digital response is to COVID-19 and matches the Digital Strategy. The Trust is looking to increase network & internet access capacity on both acute sites. The overall programme will include the PAS upgrade and will be paused for three months. The hardware preparations for the PAS upgrade will continue so that we are ready for installation when we continue the programme. The Trust is looking to renew the Xerox contract and the Computacenter contract to give business continuity. In time the business case will need to be modified to reflect all of this.

Background

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

Recommendations

The Board is requested to receive this report for assurance.

Finance & Performance Committee Assurance Report – April 2020

Accountable Non-Executive Director	Presented By	Author
Richard Oosterom Associate Non-Executive Director	Richard Oosterom Associate Non-Executive Director	Martin Wood Deputy Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	**BAF number(s)**	4, 5, 6, 7

Level of assurance and trend			
Significant assurance	Moderate assurance	Limited assurance	No assurance
		X	

Executive Summary

The Finance & Performance Committee met on 29th April 2020.

COVID-19 Update: We received a verbal update on the current position. We noted the national drive to restart elective and non urgent cancer activity. This will be phase 1 to the end of June 2020 and phase 2 from July 2020 will be recovery and transformation when we will consider delivering some of the changes made during the COVID-19 pandemic such as video and telephone consultations and maintaining reduced length of stay . The STP is aligned to avoid returning to the old ways of working . Patient and staff feedback on the arrangements in place during COVID-19 will be a key feature in determining our future service delivery. A further update appears on the Trust Board agenda.

ASR Full Business Case: We approved the Full Business Case and are recommending the Trust Board to also approve this Business Case. We have asked that the separate report to the Trust Board draws out the contingency arrangements, provides greater clarity on benefits realisation which will link into the way we plan to deliver services in future. Progress on implementation will be monitored by TME and the Committee. We noted that despite delays we are on course to approve this Business Case in May 2020 which is the timetable agreed with NHSI/E.

Financial Performance Report including Financial Governance During COVID-19: The cumulative position at the end of month 12 (March 2020) is a deficit of £(81.5)m (subject to audit), £1.3m positive to the submitted plan and £1.3m better than the operational forecast. Against the profiled internal stretch target of £(73.7)m, this position would be £(7.8)m adverse. We have delivered c£12m of savings and efficiencies as forecast against the original target incorporated within the external plan of £13.7m. Of the three financial duties, we did not achieve the Breakeven Duty, achieved the External Financing Limit and met the Capital Resource Limit. In month 12 bank and agency spend increased due to the opening of additional wards and dealing with COVID-19. Our capital programme was underspent and will be rolled forward into 2020/21. We are concerned over the PFI charges and noted that additional support, including from internal audit, is being provided to closely monitor the position. Additional information will be provided in the next report to further identify the cost base taking out COVID-19 activity. During COVID-19 we have accelerated payments particularly to local businesses.

We noted the financial controls in place during COVID-19 and the spend incurred to 31 March 2020 which is in accordance with Standing Financial Instructions.

Finance & Performance Committee Assurance Report – April 2020

Executive Summary (cont.)

Strategy to Control and Reduce Bank and Agency Spend During COVID-19: We were provided with information showing that overall nursing spend is reducing. Changes were made in March 2020 to ensure safe services as a result of COVID-19 where at one point there were 22% of staff off sick including relating to COVID-19. The Pay Panel meets daily and is the only route where increases to establishment can be approved. All staff are now on the Allocate system and activity relating to COVID-19 can be tracked. The senior Nursing Team approve bank and agency spend. A Work Plan is in the course of preparation to link workforce to our operating model. There will be no increase in establishment and the plan will be agile in nature to meet the operating model ensuring utilisation of staff both medical and nursing. A report will be presented to our next meeting on the budgetary impact of the Plan. Our local policy is to encourage home working wherever possible. We received an increased level of assurance than last week. There remain opportunities to reduce bank and agency spend. We have asked for a clear and as wide as possible definition of the COVID-19 costs which can be reclaimed together will what is actually being reclaimed.

Home First Worcestershire: We noted the Programme update. The use of independent hospitals will be factored into our capacity planning up to the end of June 2020 when the contract with the independent sector ends and beyond. There is to be a grip and focus on the achievements to date to ensure that they continue after COVID-19.

Integrated Performance Report: We noted that this was as presented to the Trust Board on 23 April 2020. We echoed the Trust Board's concerns that we have not achieved 3 of the 4 key infection year end trajectories; namely, C-Diff, MSSA and MRSA which is disappointing. Addressing anti microbiological stewardship is crucial to improving C-Diff performance. We noted that our activity to the end of July 2020 is block funded. Normally non face to face consultations are paid at a lower rate under normal PBR arrangements and national guidance is awaited on the financial impact of continuing to undertake non face to face consultations alter the COVID-19. pandemic.

Risks: We noted that that there are clear COVID-19 Divisional Risks in place (in addition to the Board Assurance Framework) which are monitored by the Bronze, Silver and Gold Incident Command meetings.

Background

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

Recommendations

The Board is requested to

- receive this report for assurance.
- Approve the ASR Full Business Case

Finance | Key Messages | Month 12

NHS Worcestershire Acute Hospitals NHS Trust

Delivery of the External Financial Plan £(82.8)m	The cumulative position at the end of month 12 (March 2020) is a deficit of **£(81.5)m (subject to audit),** £1.3m positive to both the £(82.8)m submitted external plan and the Q3 operational forecast. Against the profiled internal stretch target of £(73.7)m, this position would be £(7.8)m adverse. Against the submitted £(82.8)m plan, the in month (March 2020) position is adverse £(0.2)m with an actual deficit of £(5.6)m versus plan deficit of £(5.4)m. As a result of the current pandemic, a number of key income and expenditure assumptions did not manifest in their typical and consistent manner. As an example contract settlements with Commissioners were largely based on normalised March activity positions and anticipated committed costs were paused as efforts were redirected to responding to COVID-19. The combined impact of these items in month 12 have driven the improvement of £1.3m against the operational forecast. With regards to our Trust response to COVID-19, communication from NHSI confirmed that additional funding will be made available to the Trust to cover extra costs of responding to the coronavirus emergency. As a result, full reimbursement of additional revenue costs and loss of non-clinical income (e.g. Car Parking charges) that is included in the above position is matched with £1.2m of externally confirmed funding. **On the three financial duties, the Trust has:** • **Not achieved its Breakeven Duty** • **Achieved the External Financing Limit** • **Met its Capital Resource Limit**
Capital	The Year End Capital Position shows an underspend of £3.051m against available funds. This was mainly due to a number of schemes originally planned in 2019/20 that could not begin/continue due to the COVID-19 emergency, which resulted in an underspend.
Cash Balance	As a result of the ongoing deficit position, we continue to rely on additional cash support from the Department of Health and Social Care (DHSC) and request cash in line with financial performance on a monthly basis. At the end of March the cash balance was £1.9m in line with the £1.9m minimum balance required. The Trust has not requested any working capital cash support in March 2020. The 2018/19 capital loan of £5.64m has been fully drawn down. A capital loan of £7.97m has been approved for 2019/20 and into 2020/21 of which £1.1m was drawn down in March 2020. Following a significant period where cash limitations prevented repayments of existing and future revenue support loans, we welcome the announcement of the changes to the financing regimes for Trusts that are in financial difficulties from 1st April 2020.

Finance | Key Messages | Month 12

2019/20 Plan	For 2019/20 the Trust committed to delivering a deficit of no more than £(82.8)m with a stretch target of £(73.7)m. This stretch target required delivery, all other things being equal, of £22.5m of savings/margin improvement. The Trust has not signed up to the revised control total set by NHSI of £(64.4)m [£58.4m+£6m] (excluding PSF, FRF and MRET funding). Whilst we recognise that it is disappointing that we were unable to submit a plan closer to the control total, we believe that the submission reflected a credible plan based on the existing plan information and assumptions available to us at the time.
I&E Position	For **March**, month 12 FY 2019/20 is a deficit of £(5.6)m, this position is £(0.2)m adverse to the £(5.4)m deficit plan. The **cumulative position** at the end of month 12 (March 2020) **is a deficit of £(81.5)m (subject to audit), £1.3m positive to the £(85.8)m submitted plan.** The combined impact of COVID-19 related changes in assumptions in month 12 have driven the improvement of £1.3m against the operational forecast Although the full year outturn position was within forecast levels and marginally better than the external plan, it was insufficient in meeting the internal stretch target to deliver no more than the 2018/19 out-turn of £(73.7)m deficit. Against this target, the full year outturn position is £(7.8)m adverse.
Income	**The combined income (including PbR pass through and Other Operating Income and after adjusting for the blended payment mechanism) was £5.6m above plan in March (YTD position is £10.0m above plan including PSF).** Inpatients were £1.4m below plan in March (before the blended payment adjustment). Emergency activity was £0.2m below plan in month, driven primarily by volume. Day case and Electives were £1.6m below – suspension of routine procedures due to the COVID-19 pandemic. ED/MIU was £0.4m below plan, less people attended A&Es and MIU following the COVID-19 outbreak. Outpatients were £1.2m below plan, suspension of routine attendances due to the outbreak with the movement to Non Face to Face or virtual appointments. Face to Face attendances were significantly down in March. Other Income was £8.5m above plan driven by a combination of contract settlements based on normalised March activity due to COVID-19, resolution of long standing contract challenges, business case funding for Bowel Screening FIT implementation and COVID-19 Funding of £1.2m.
Expenditure	Pay and non-pay costs (excluding pass-through drugs & devices) exceeded plan by £(1.6)m in March. This adverse variance continues to be as a result of the alignment and slippage against the submitted CIP plan, premium staffing and non-pay overspends. Noting that March (period 12) is typically non representative of the underlying position aligned to closure of the accounts, other key items driving the adverse variance in March include a £1.4m liability recognising contract termination/exit costs, a net £2m PFI adjustment following a due diligence review of contract lifecycle savings profiles and an increased cost base against our submitted plan as a result of COVID-19. Pay expenditure increased by £0.5m from £25.8m to £26.3m in March, and worked WTE increased by c.93 WTE. Increases in costs and workforce numbers are largely as a result of additional resources dealing with COVID-19 activity for example: costs of running the assessment pods and increased levels of backfill covering sickness absence or to deal with other caring responsibilities. There has also been a further increase in the run rate compared to February attributable to the increased number of working days in March and the impact of a full calendar months **provision of additional bed capacity** at the Worcester site following the mid February opening. The combined agency and bank spend of £5.1m represents 19.3% of the pay bill, an increase of £0.8m compared to last month with an increase of £0.3m on agency and £0.5m on bank spend. Non Pay expenditure (excluding non pbr drugs and devices) increased by £3.8m from £11.5m to £15.3m in March. This adverse movement is as a result of two key adjustments that were made in the final month of the financial year; £1.4m liability recognising contract termination/exit costs following Trust Board agreement to the development of the Digital Care Record and c.£2m PFI adjustment as a result of a due diligence review of contract lifecycle savings profiles.
CIP	In March, month 12 2019/ 20, full year CIP delivery was £11.96m against a plan of £13.65m [note £22.5m Full Year delivery was required to achieve Trust savings of £73.7m]. This is £1.7m adverse to plan. The operational forecast assumed c.£12.m FYE CIP delivery in the 2019/20 financial year.

Quality Governance Committee Assurance Report – March 2020

Accountable Non-Executive Director	Presented By	Author
Dr Bill Tunnicliffe Non-Executive Director	Dr Bill Tunnicliffe Non-Executive Director	Kimara Sharpe Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	**BAF number(s)**	1, 2, 3, 9

Level of assurance and trend

Significant assurance	Moderate assurance	Limited assurance	No assurance
		X	

Executive Summary

The Committee met virtually on 26th March 2020. The meting concentrated on our response to COVID-19. Key points raised were:

- The Command and Control system of working
- The four key objectives for the Trust during this time
    1. The COVID-19 outbreak and saving lives of patients suffering from it
    2. The business continuity of running our hospitals in particular supporting the continuing and timely treatment of our acutely ill patients, urgent surgery, cancer surgery and two weeks waits
    3. Providing and receiving mutual aid from our partners and the region
    4. Keeping our staff motivated and safe
- Outline the structure for the system response and a request that the CEO follows up the representation on the local resilience forum (LRF)
- Plans for the six fold increase in ITU capacity and redeployment of staff to support the ITU function
- Received the BAF COVID-19 risk for information
- Agreed that all policies and procedures would be rolled over for a six month period, with a review by the CNO/CMO

Background

The Quality Governance Committee is set up to assure the Board with respect to the quality agenda.

Recommendations

The Board is requested to receive this report for assurance .

Quality Governance Committee Assurance Report – April 2020

Accountable Non-Executive Director	Presented By	Author
Dr Bill Tunnicliffe Non-Executive Director	Dr Bill Tunnicliffe Non-Executive Director	Martin Wood Deputy Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	**BAF number(s)**	1, 2, 3, 9

Level of assurance and trend

Significant assurance	Moderate assurance	Limited assurance	No assurance
		X	

Executive Summary

The Committee met on 30 April 2020. A summary of key points discussed is as follows:-

COVID-19 Update: We received a verbal update on the current position particularly from a quality and safety perspective. The initial learning has been put into practice . Nursing and consultant and junior doctor teams are working well together. Quality and safety audits are resuming following a period of suspension. Average length of stay has reduced. Work is underway to restart elective and non urgent cancer activity and the next phase is to deliver some of the changes made during the COVID-19 pandemic as result of changes in operating models and improved system working. Patient and staff feedback will be key to developing future service delivery. The involvement of the independent sector will also be crucial. We must avoid a return to the old ways of working as the changes made have improved quality of care. A harm review process is underway linking in with the CQC. There have been no significant changes to the re-admission metric during the pandemic. A further report is on the Trust Board agenda.

COVID-19 Incident – Care that is a Positive Experience for Patients and their Carers: We received positive information on key developments focusing on the ward environment and supportive tools for patients, carers and whole family wellbeing. This included the work of volunteers, bereavement services, the Charity Committee in the provision of staff wellbeing. There have been many initiatives to support patients and carers during the pandemic.

Integrated Quality Report – Month 12: We noted that we have not achieved 3 of the 4 key infection year end trajectories; namely, C-Diff, MSSA and MRSA which is disappointing. A detailed review involving Divisions has been undertaken of all C-Diff cases to understand the issues and identify learning. Addressing anti microbiological stewardship will be crucial to improving C-Diff performance. COVID-19 has provided a focus for hand hygiene, PPE and environmental cleanliness. Learning from deaths reviews have been paused and are about to recommence with job plans being amended for certain self isolating Consultants to undertake this work with some becoming medical examiners so that real time death reviews can be undertaken in the near future. Our next report is to provide indicators on harm reviews and quality indicators on Covid-19 and non-COVID-19 patients.

Ethical Policy: We received for information the policy which was approved by Trust Board last week. The Chief Medical Officer has so far not been asked to set up an ethical meeting. The intention is for the Ethical Committee to be established on a more formal basis post COVID-19. The Chief Medical Officer and the Director of Communications and Engagement are to work with the Patient representative to produce a version of the Policy designed for the public.

Quality Governance Committee Assurance Report – April 2020

Executive Summary (cont.)

Corporate Governance Self Declarations: Each year we are required to declare against two provider licence provisions, FT4 and G6. There is no requirement for the declarations to be returned to the centre; however, they have to be placed on our website by 31 May 2020. We have been in special quality measures for 2019/20 with conditions placed on the CQC licence in December 2019 following an unannounced visit by the CQC to the emergency departments at Alexandra Hospital and Worcestershire Royal Hospital. In the light of this, we have approved the self assessment . The Board is also invited to approve this self declaration which is set out in a separate report.

Communication on the Availability of Services During COVID-19: In response to concerns raised by the Patient representative about communicating in all forms of media the availability of services during COVID-19, the Chief Executive has agreed to take this forward with the STP so that a system approach is delivered in accordance with national guidance.

Appreciation: In this unprecedented time, I have expressed our appreciation to the Chief Executive and his team for the remarkable progress made and the well managed way in which the pandemic has been addressed.

Background

The Quality Governance Committee is set up to assure the Board with respect to the quality agenda.

Recommendations

The Board is requested to

- receive this report for assurance .
- approve the Corporate Governance Self Declarations

People and Culture Committee Assurance Report – March 2020

Non-Executive Director lead	Presented by:	Author
Mark Yates - Non-Executive Director	Mark Yates - Non-Executive Director	Kimara Sharpe - Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	**BAF number(s)**	10,11

Level of assurance and trend			
Significant assurance	Moderate assurance	Limited assurance	No assurance
	x		

Executive Summary

The Committee met virtually on 31st March 2020. The meeting mainly discussed the Trust's response to COVID-19 and the implications on staff.

The summary of the key points discussed follows:

COVID-19
We heard about the staff offer that the Trust has put in place. There are five task and finish groups, each being led by a senior HR professional:

1. **Staff Health:** this is a one stop shop for concerns around COVID-19 specifically for staff who are self isolating due to being a high risk category.
2. **Staff Wellbeing:** A 24 hour telephone line is in place. Amongst a lot of support, COVID-19 wards have boxes of food and happy cafes are taking place over zoom.
3. **HR Advice for staff & managers:** An advice line is in place and welfare calls are in place for colleagues who are self-isolating. These calls are being well received.
4. **Education & Training:** Courses are being put on to refresh staff for areas that they may not be familiar with. The Trust is also working with the university with respect to final year students.
5. **Safe Staffing**: There is work ongoing with respect to staff returning to work following retirement or leaving for other reasons, both locally and nationally. There are some restrictions on staffing for example there are no overseas nurses and staff have been asked not to work for more than one trust. Work is underway on recruiting to the bank.

The Trust is linked into the national volunteer initiative and there are several roles that can be undertaken by volunteers.

We were impressed with the staff offer and we made suggestions as to how this can be enhanced. There was a discussion about PPE and the support to staff.

We heard that the Nightingale Hospital at the NEC will be a rehabilitation unit for patients who need support prior to going home. The Trust is closely involved in the planning for the opening of the facility but a risk is the staff from the Community may be required to support the facility.

- **Staff absences (COVID-19):** there is an HR helpline available 7 days a week. Data is being cleansed to separate out those staff who are working from home and those that are sick. This is a fast moving area.
- **Risks (COVID-19):** We added onto the risk register the ratio of staff to patients. We were also informed that there could be a raise in the number of claims following the pandemic (staff contracting COVID-19 and any significant impact). We were also informed about the way the safe staffing app was being used at this time.

- We recognised the staff within the HR department who have worked above and beyond during this time.

People and Culture Committee Assurance Report

Executive Summary (cont.)

- **Phase 2 4ward**: We heard that this will be redesigned with the 4ward advocates to learn from the COVID-19 pandemic. We were assured that 4ward would continue.

- **Other reports:**
  - **Strategic workforce plan**: We agreed to review this after the COVID-19 pandemic and spend some quality time to discuss the document. We would also like to see reflected the changes in the ways of working that many staff have embraced.
  - **Volunteering strategy**: this was noted
  - **Quality of appraisals**: This was deferred until a later date
  - **Staff survey**: this was noted
  - **Apprenticeship levy**: this was noted
  - **Gender pay report**: this was approved for publishing
  - **Race equality standards**: this was approved
  - **Safe staffing**: this was approved for publication on the website.

Background

The People and Culture Committee is set up to assure the Board with respect to the people agenda.

Recommendations

The Board is requested to note this report for assurance.

Finance and Performance

Worcestershire Acute Hospitals NHS Trust

Integrated Performance Report

SPC Charts

April 2020
Month 1

14th May 2020

Topic	Page
Best Services for Local People	
• Operational Performance SPC Charts	2 – 7
• Submitted Trajectories Table	8
Best Experience of Care and Best Outcomes for our Patients	
• Quality and Safety SPC Charts	10 – 17
• Trajectories Table	18

Best Services for Local People

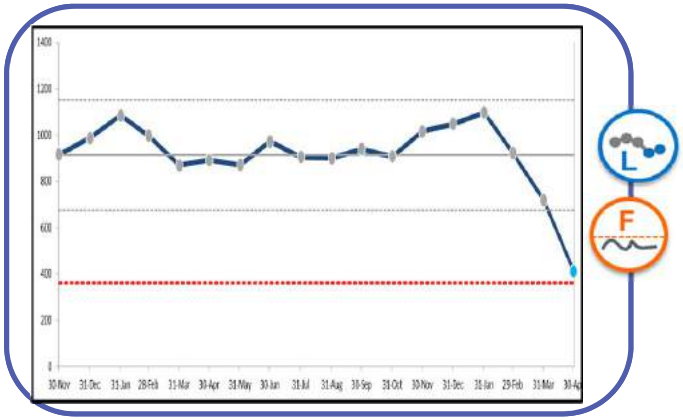
Worcestershire Acute Hospitals NHS Trust

Month 1 [April] 2020-21 |Home First Programme Summary

Responsible Director: Chief Operating Officer | Validated for April-20 at 5th May 2020

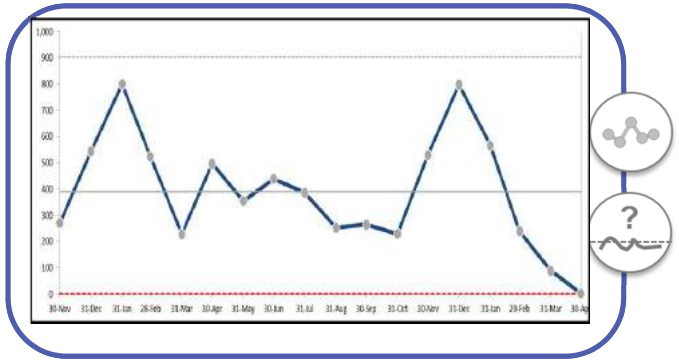
Total time spent in A&E

410



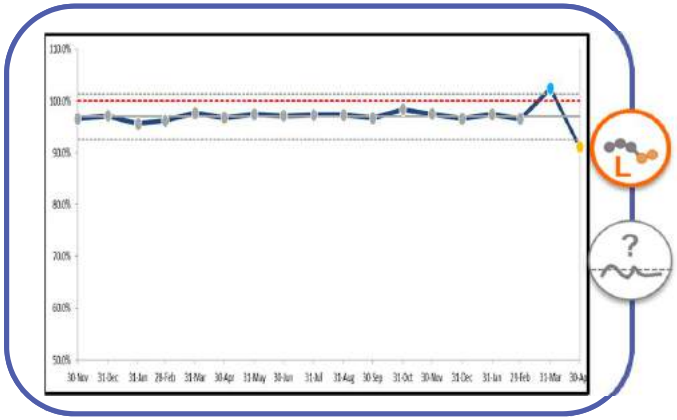
60 minute Ambulance Handover Delays

2



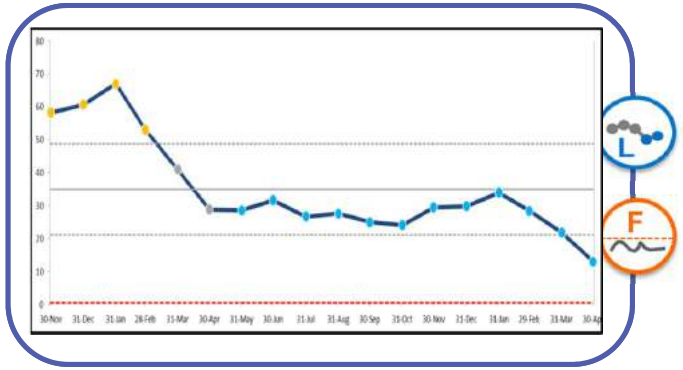
Discharge as a percentage of admissions

91.14%



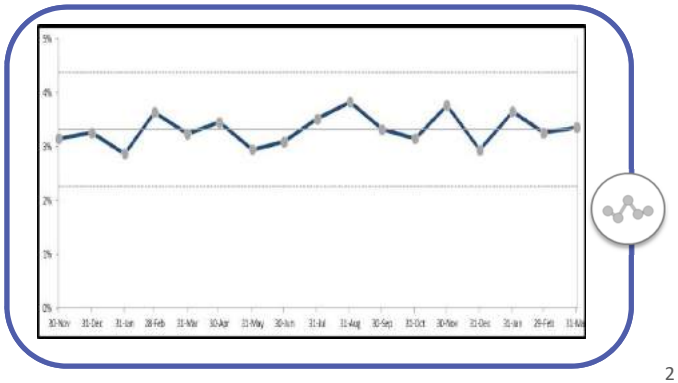
Capacity Gap (Daily Average)

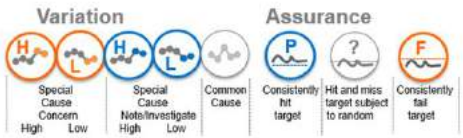
12.5



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

3.35%





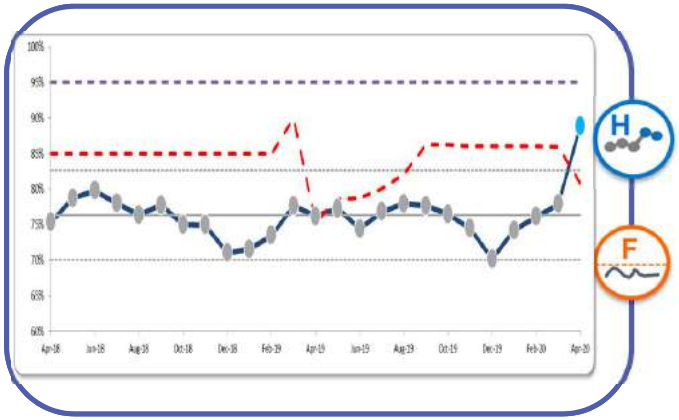
Month 1 [April] 2020-21 Operational Performance Summary

Responsible Director: Chief Operating Officer | Validated for April-20 at 5th May 2020

NHS Worcestershire Acute Hospitals NHS Trust

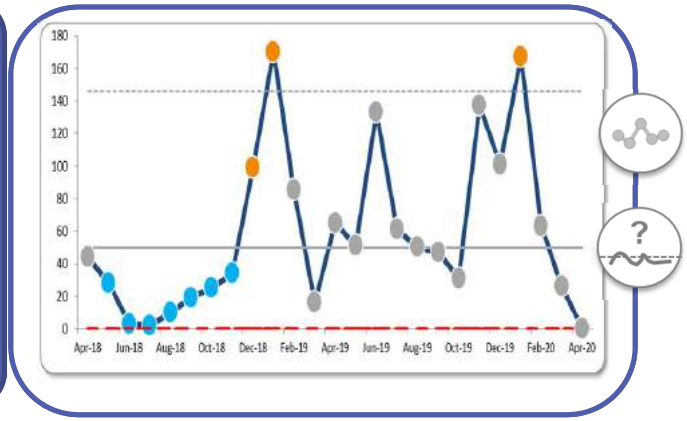
4 Hour EAS (all)

88.91%



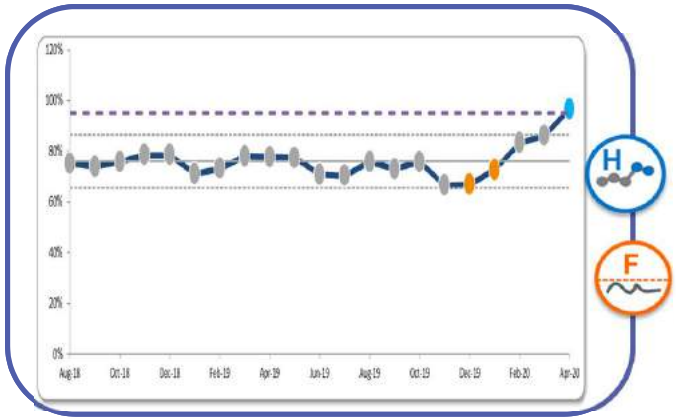
12 Hour Trolley Breaches

0



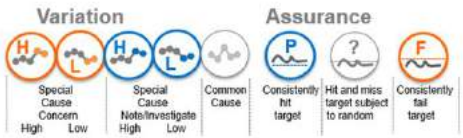
TTIA - % within 15 minutes WRH

96.58%



TTIA - % within 15 minutes ALX

97.69%



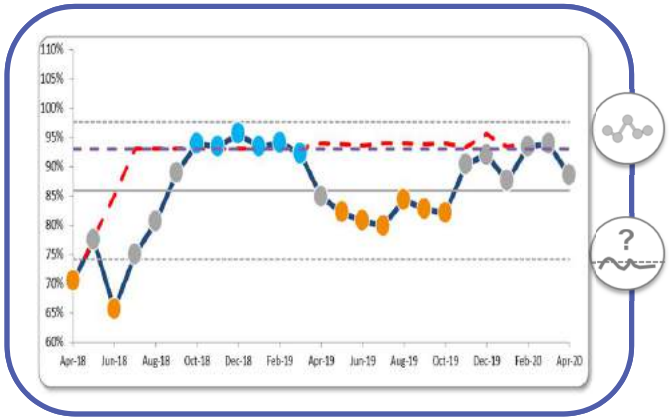
Month 1 [April] 2020-21 Operational Performance Summary

Responsible Director: Chief Operating Officer | Unvalidated for April-20 at 5th May 2020

NHS Worcestershire Acute Hospitals NHS Trust

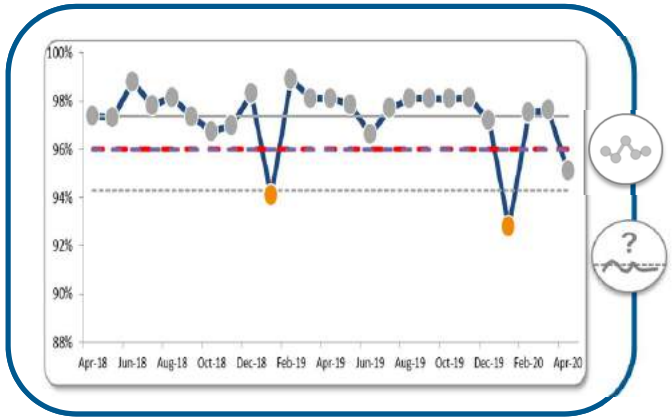
Cancer 2WW All

88.47%



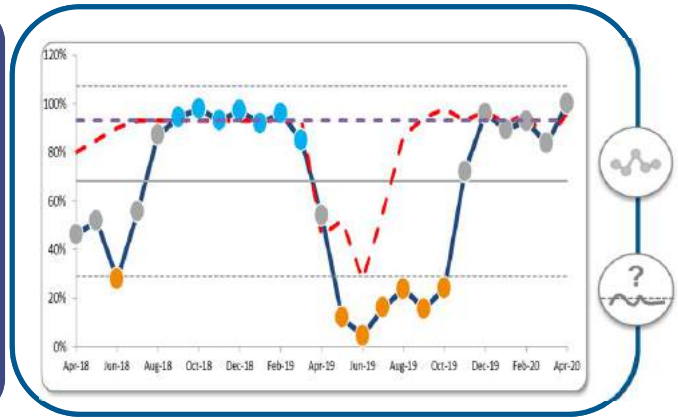
Cancer 31 Day All

95.09%



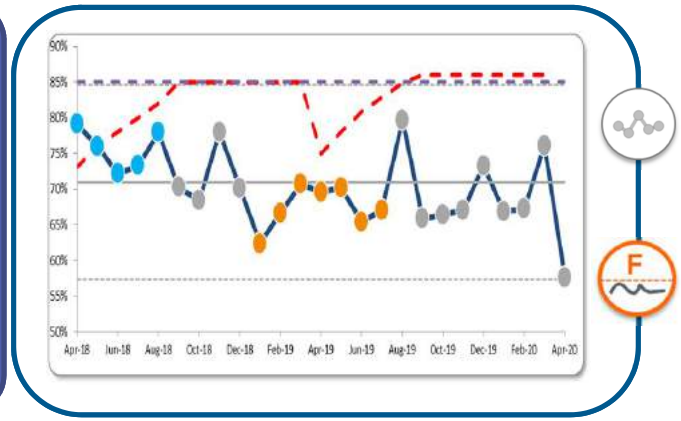
Cancer 2WW Breast Symptomatic

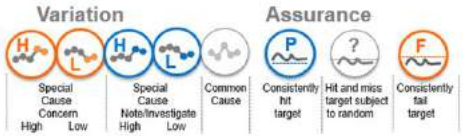
100%



Cancer 62 Day All

57.25%





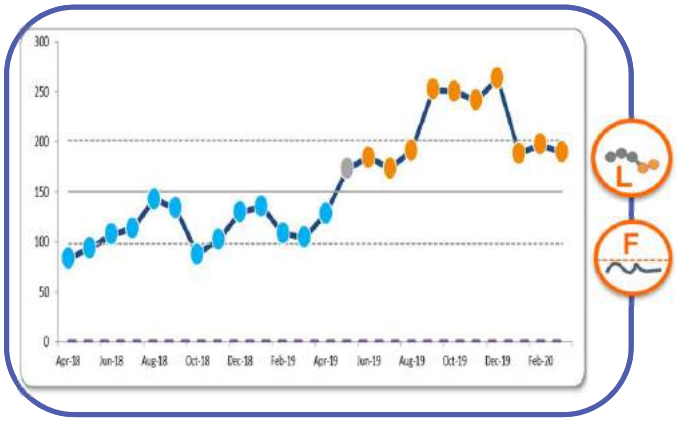
Month 1 [April] 2020-21 Operational Performance Summary

Responsible Director: Chief Operating Officer | Unvalidated for April-20 at 5th May 2020

NHS Worcestershire Acute Hospitals NHS Trust

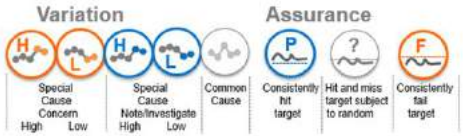
62+ Day Waiters

189



104+ Day Waiters

53



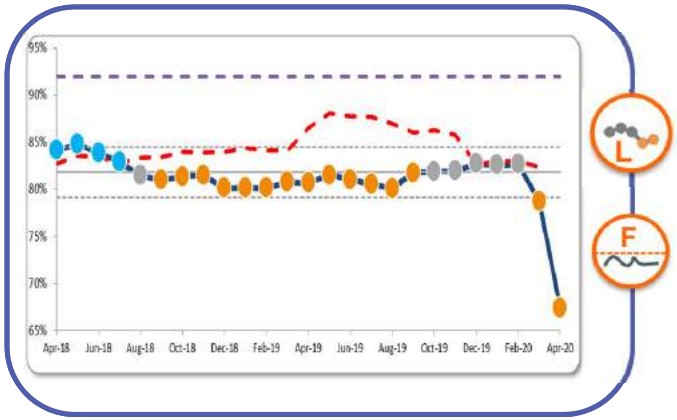
Month 1 [April] 2020-21 Operational Performance Summary

Responsible Director: Chief Operating Officer | Unvalidated for April-20 at 5th May 2020

NHS Worcestershire Acute Hospitals NHS Trust

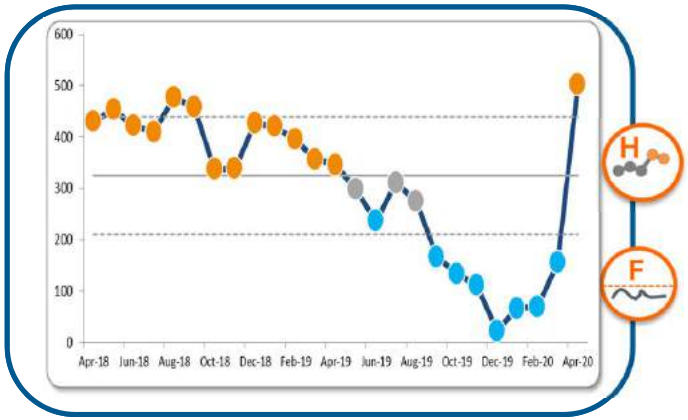
RTT Incomplete

67.61%



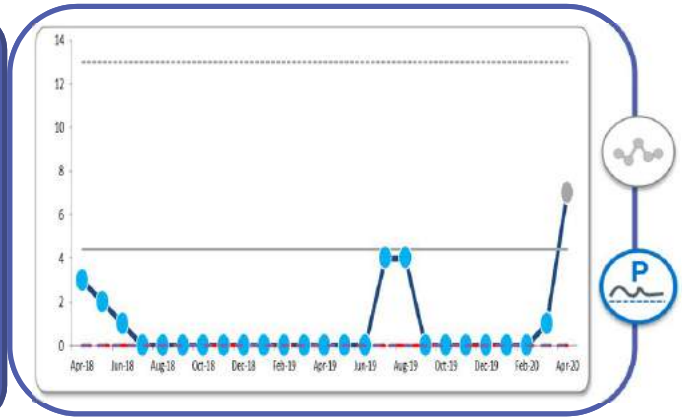
40+ week waits (includes agreed exceptions)

502



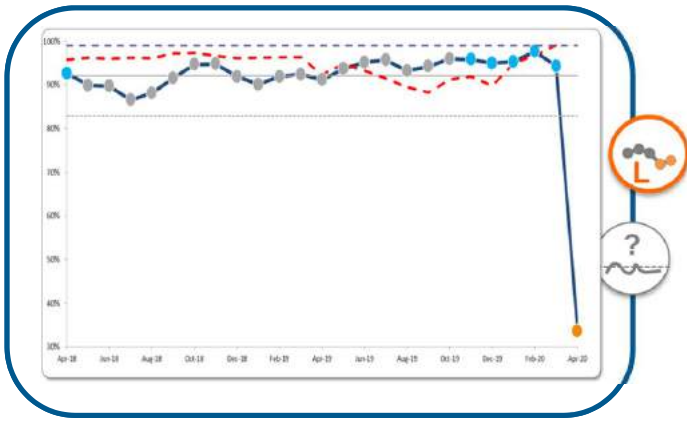
52+ week waits

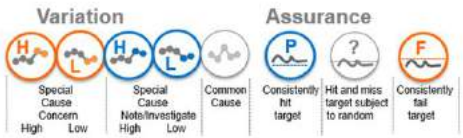
7



Diagnostics

33.59%





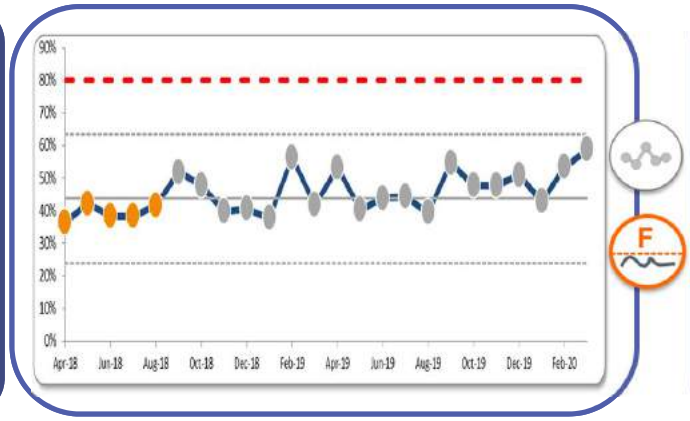
Month 12 [March] 2019-20 Operational Performance Summary

Responsible Director: Chief Operating Officer | Validated for March-20 at 5th May 2020

NHS Worcestershire Acute Hospitals NHS Trust

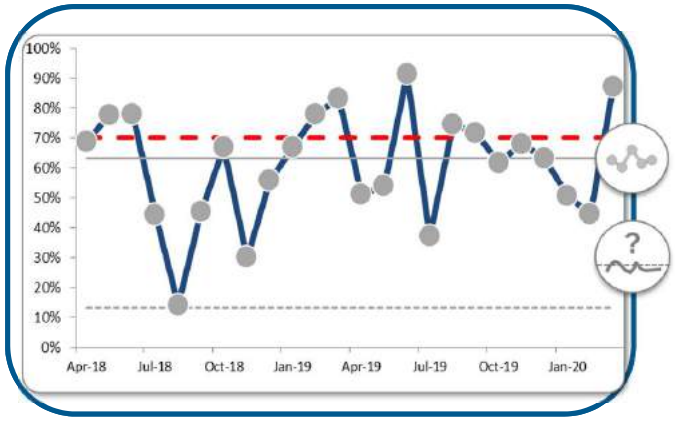
Stroke : % CT scan within 60 minutes

58.80%



Stroke: % seen in TIA clinic within 24 hours

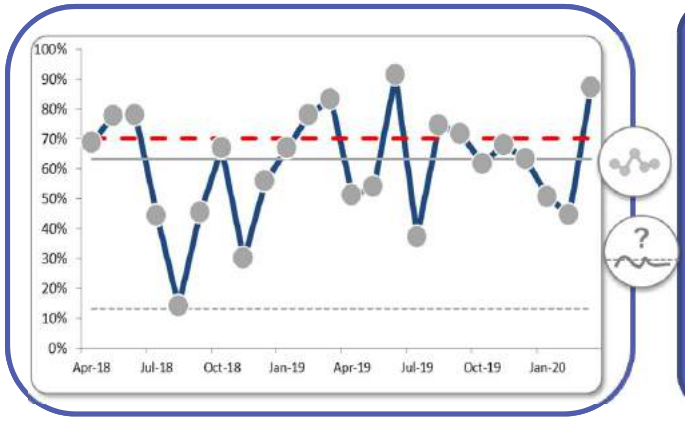
87.00%



*Please note – Stroke Data is month in arrears due to coding and validation processes

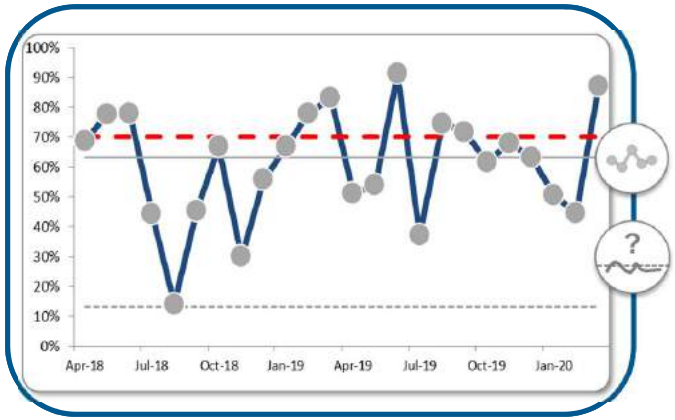
Stroke : % Direct Admission to Stroke ward

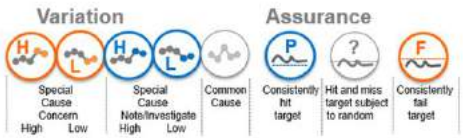
60.40%



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

76.11%





Operational | Submitted Trajectories (20/21) | M1 [April]

(20/21 trajectories have yet to be confirmed due to the cessation of contract negotiation)

NHS Worcestershire Acute Hospitals NHS Trust

	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	Apr-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% ×	88.91%
			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 ×	1,443
			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 ✓	145
			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 ×	2
			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% ×	78.75% ×	67.61%
			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 ✓	7
			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% ×	93.85% ✓	88.47%
			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% ×	83.84% ✓	100.00%
			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% ×	57.25%
			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 ×	7
			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% ×	95.09%
			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% ×	88.24%
			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% ✓	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% ×	86.67%
			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% ✓	70.59%
			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& ✓	98.10%
			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% ×	94.29% ×	33.59%
			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% ×	58.80% ×	-
			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% ×	87.00% ✓	-
			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% ×	60.40% ×	-
			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% ×	76.11% ×	-
			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%	

Best Experience of Care and Best Outcomes for our Patients

Month 1 [April 20/21] | 2019-20 Quality & Safety Summary

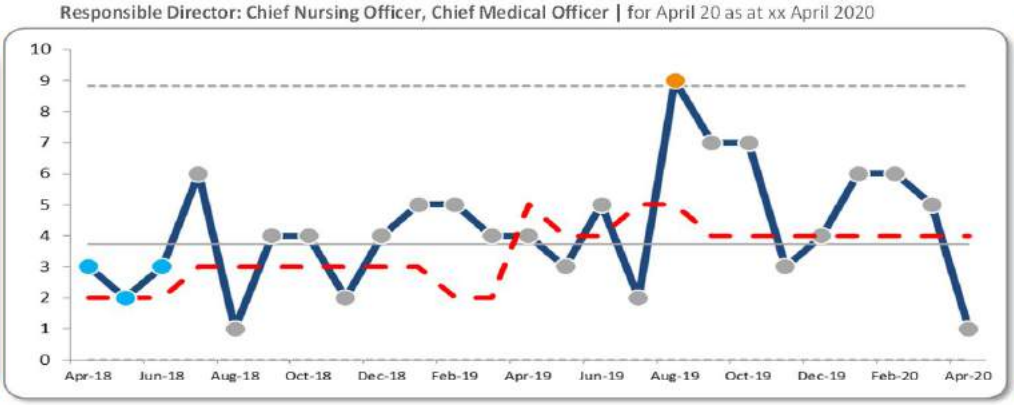
Care that is Safe

Responsible Director: Chief Nursing Officer, Chief Medical Officer | for April 20 as at xx April 2020

Worcestershire Acute Hospitals NHS Trust

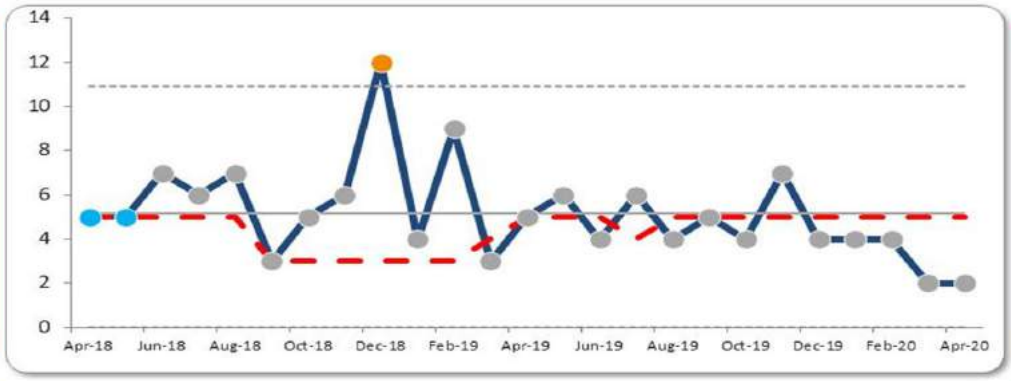
Number of patients developing Clostridioides difficile

Apr-20: 1



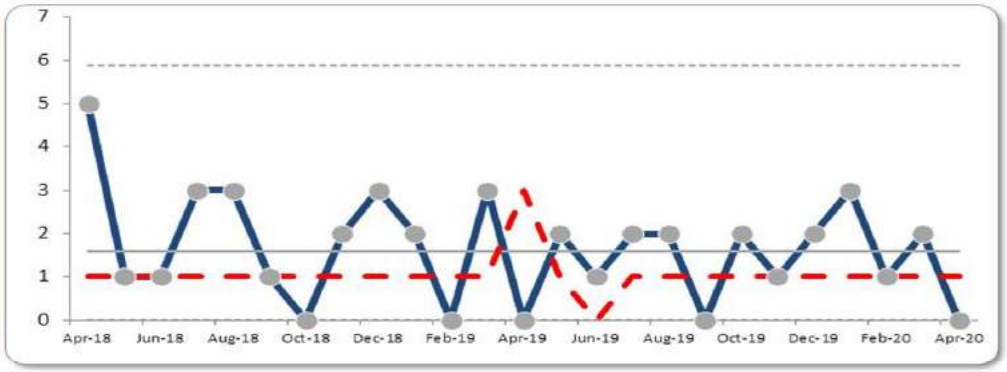
Number of patients developing Ecoli bacteraemia

Apr-20: 2



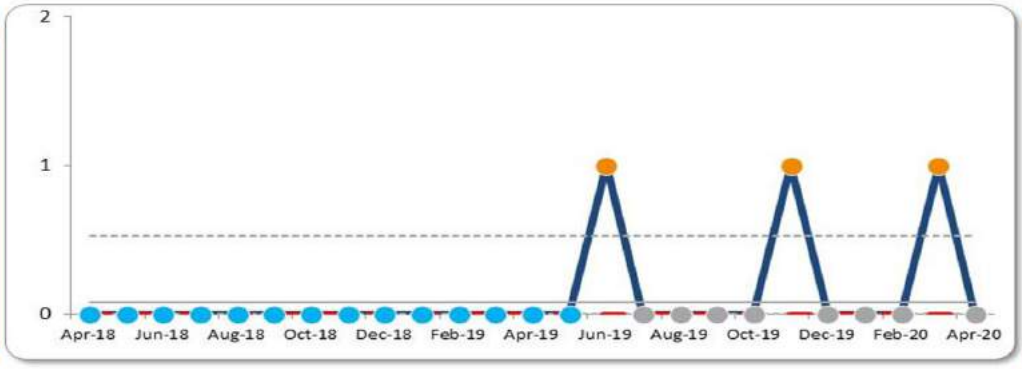
Number of patients developing MSSA bacteraemia

Apr-20: 0



Number of patients developing MRSA bacteraemia

Apr-20: 0



Month 1 [April 20/21] | 2019-20 Quality & Safety Summary

Care that is Safe

Responsible Director: Chief Nursing Officer, Chief Medical Officer | for April 20 as at xx April 2020

Worcestershire Acute Hospitals NHS Trust

Total Medicine incidents reported

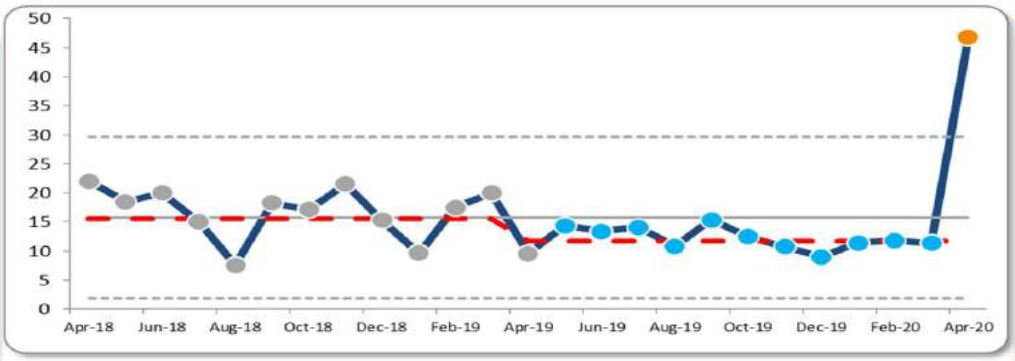
Apr-20

62

Medicine incidents causing harm (%)

Apr-20

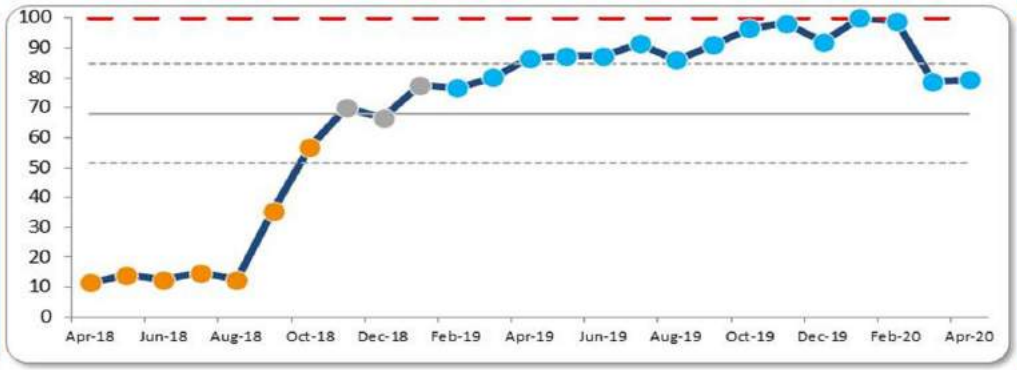
46.77



Hand Hygiene Audit Participation (%)

Apr-20

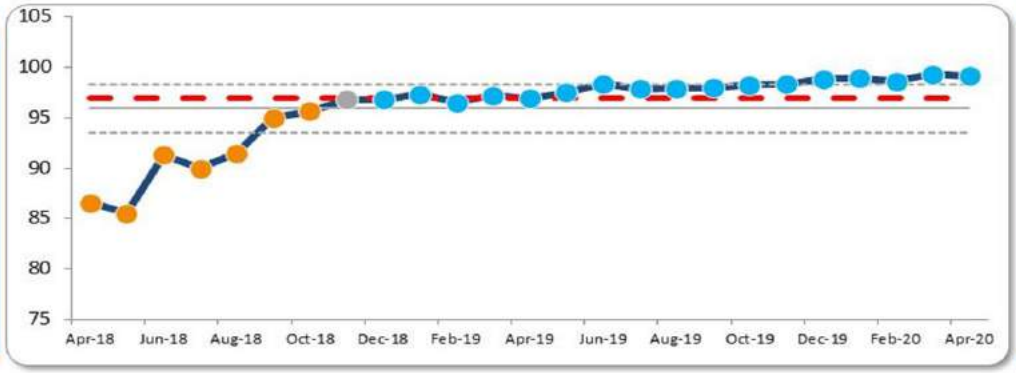
79.28



Hand Hygiene Compliance (%)

Apr-20

99.17



Month 1 [April 20/21] | 2019-20 Quality & Safety Summary
Care that is Safe

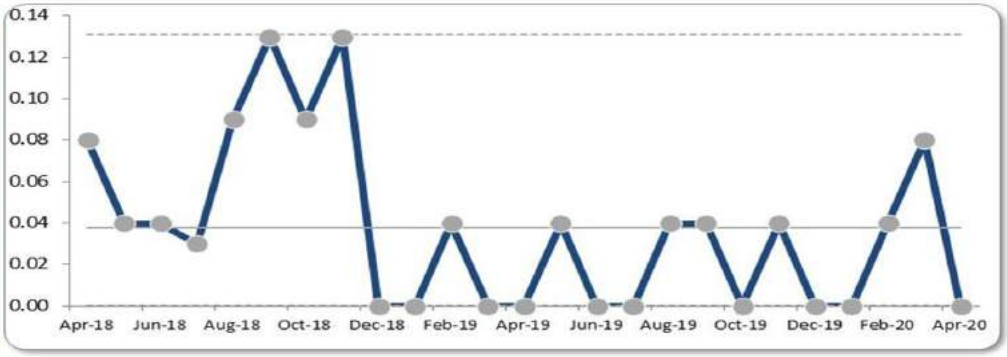
Responsible Director: Chief Nursing Officer, Chief Medical Officer | for April 20 as at xx April 2020

Worcestershire Acute Hospitals NHS Trust

Falls per 1,000 bed days causing harm

Apr-20

0



Sepsis Screening Compliance (audit) (%)

Mar-20

0

Sepsis 6 Bundle Compliance (audit) (%)

Mar-20

55.74

VTE Assessment Compliance (%)

Apr-20

0

Variation

Assurance

Month 1 [April 20/21] | 2019-20 Quality & Safety Summary
Care that is Safe

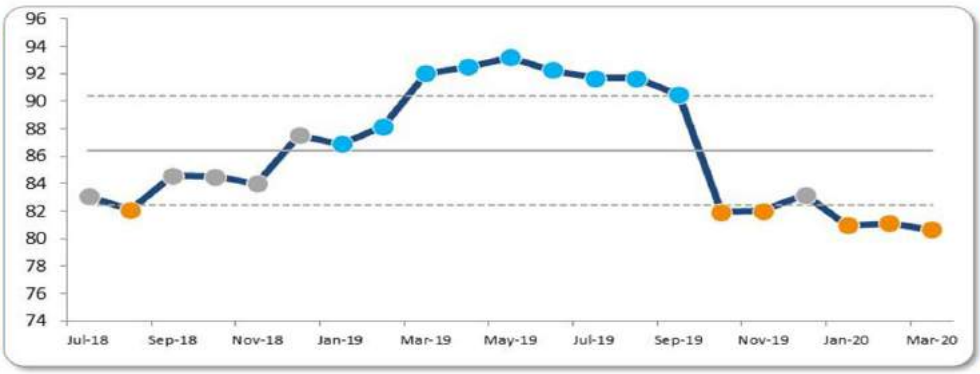
Responsible Director: Chief Nursing Officer, Chief Medical Officer | for April 20 as at xx April 2020

Worcestershire Acute Hospitals NHS Trust

ICE reports viewed [radiology] (%)

Mar-20

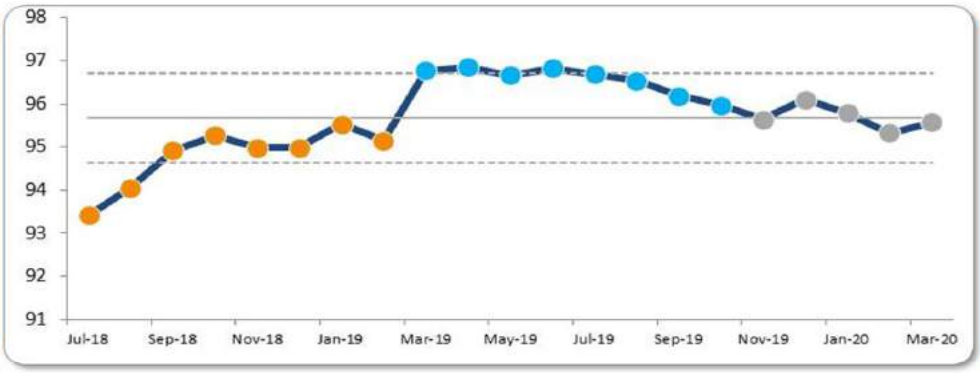
80.65



ICE reports viewed [pathology] (%)

Mar-20

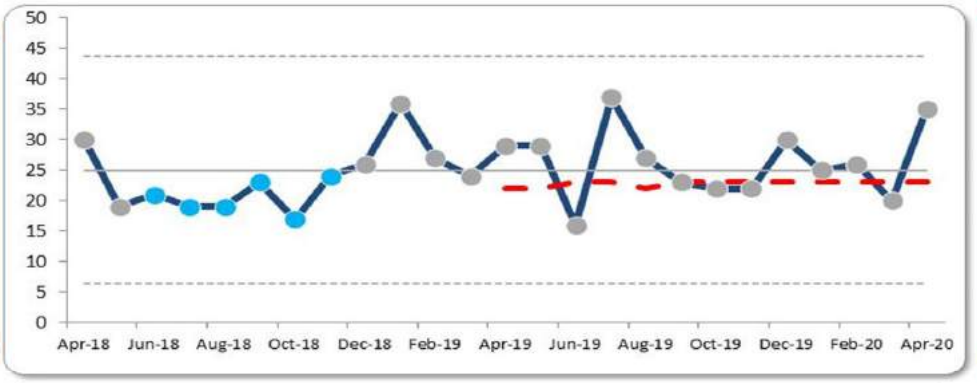
95.57



All Hospital Acquired Pressure Ulcers

Apr-20

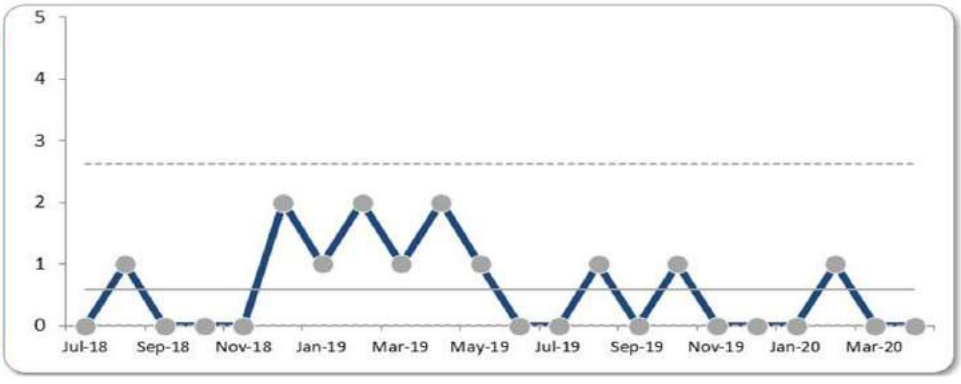
35



Serious Incident Pressure Ulcers

Apr-20

0



Month 1 [April 20/21] | 2019-20 Quality & Safety Summary
Care that is Effective / Patient Experience

Responsible Director: Chief Nursing Officer, Chief Medical Officer | for April 20 as at xx April 2020

Worcestershire Acute Hospitals NHS Trust

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

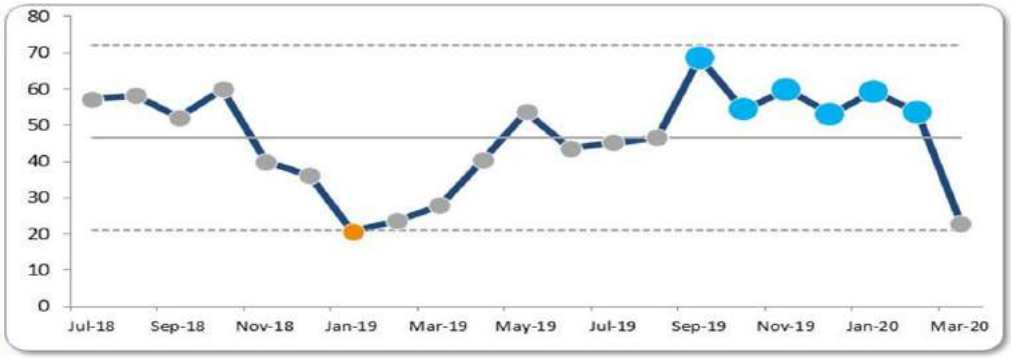
Mar-20

0

Mortality Reviews completed </=30 days (%)

Mar-20

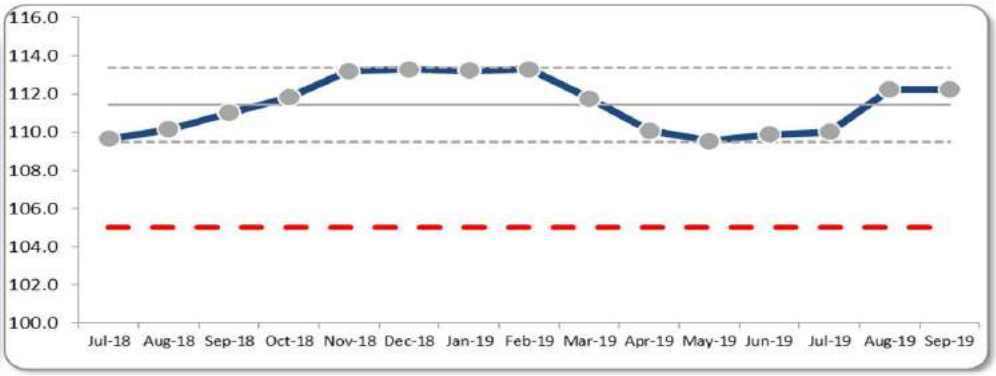
22.94



HSMR 12 month rolling average

Sep-19

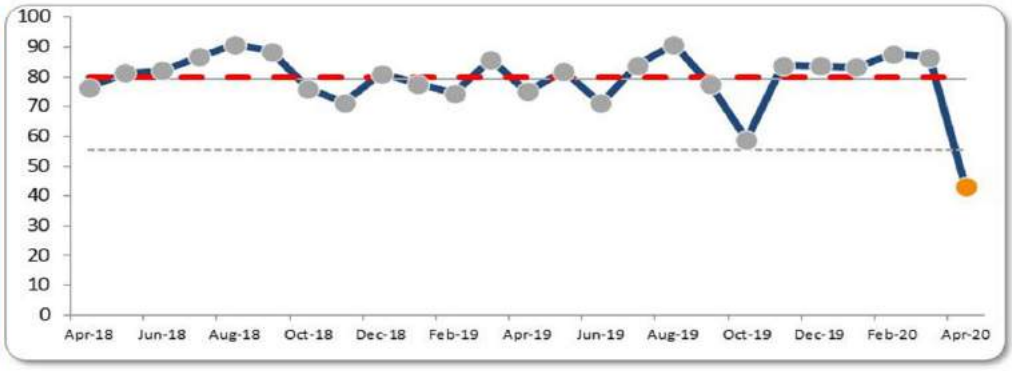
112.2



Complaints Responses </= 25 days (%)

Apr-20

43.33



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Month 1 [April 20/21] | 2019-20 Quality & Safety Summary
Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer | for April 20 as at xx April 2020

Worcestershire Acute Hospitals NHS Trust

Month 1 [April 20/21] | 2019-20 Quality & Safety Summary

Worcestershire Acute Hospitals NHS Trust

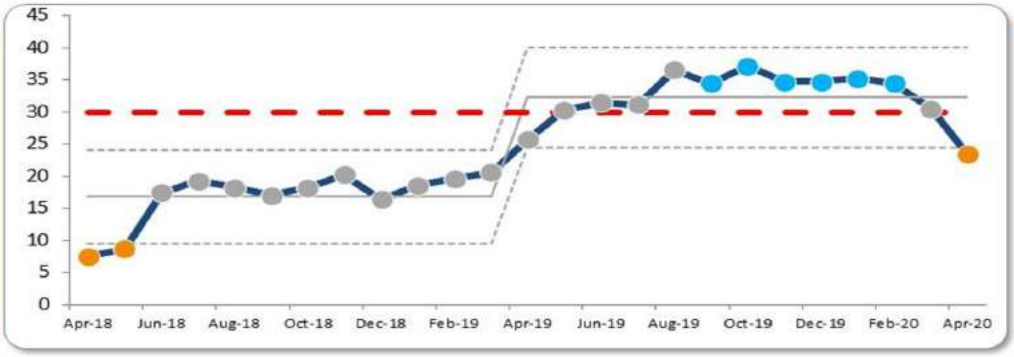
Responsible Director: Chief Nursing Officer, Chief Medical Officer | for April 20 as at xx April 2020

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

April 20: 16.17

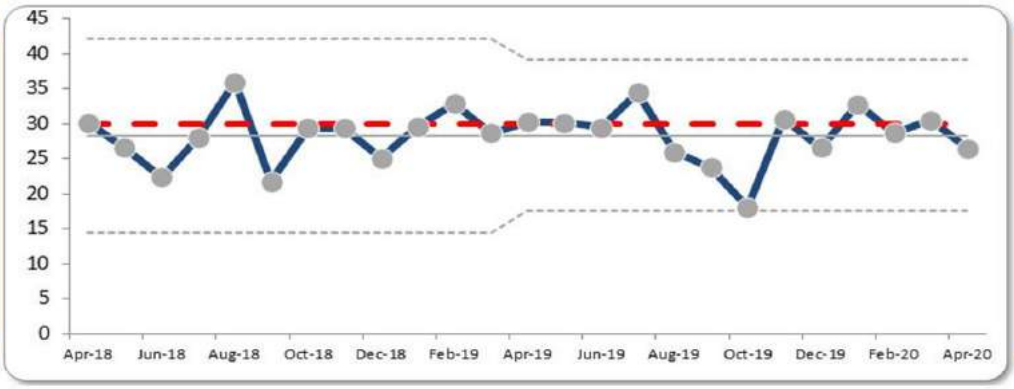
Inpatient Response Rate Friends & Family Test (%)

April 20: 25.51



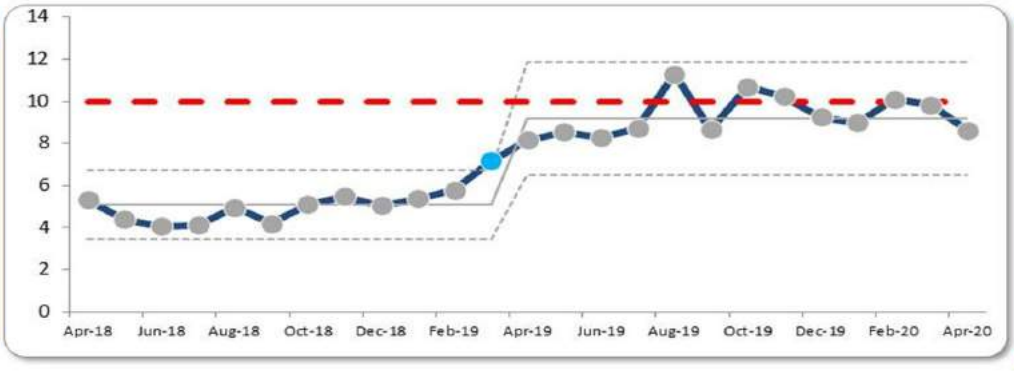
Maternity Response Rate Friends & Family Test (%)

April 20: 26.51



Outpatients Response Rate Friends & Family Test (%)

April 20: 8.63



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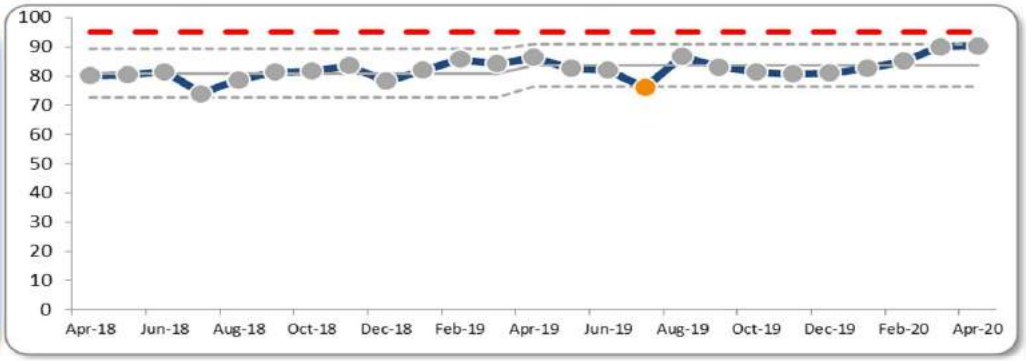
Month 1 [April 20/21] | 2019-20 Quality & Safety Summary

Worcestershire Acute Hospitals NHS Trust

Responsible Director: Chief Nursing Officer, Chief Medical Officer | for April 20 as at xx April 2020

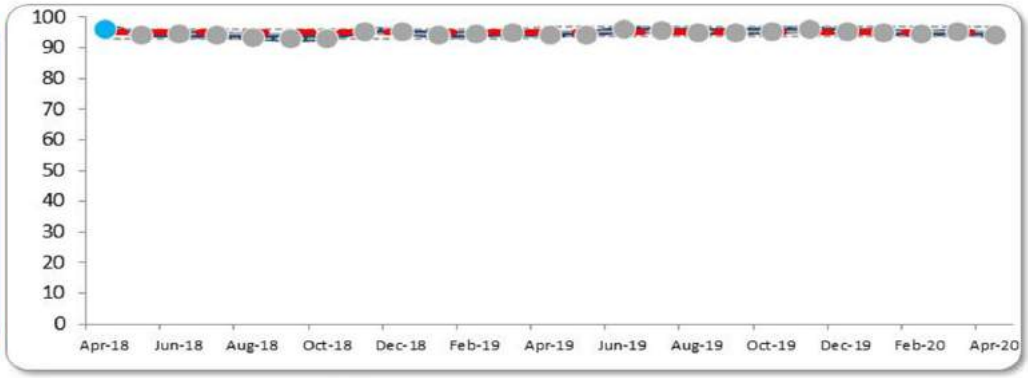
Accident & Emergency Recommended Rate Friends & Family Test (%)

April 20: 90.28



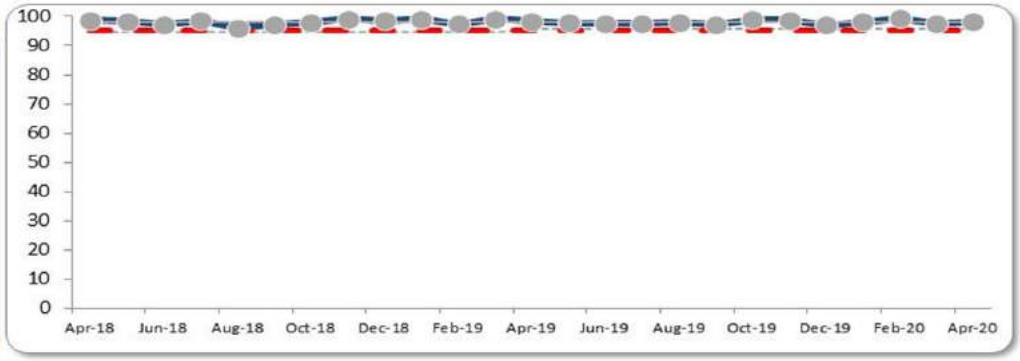
Inpatient Recommended Rate Friends & Family Test (%)

April 20: 94.07



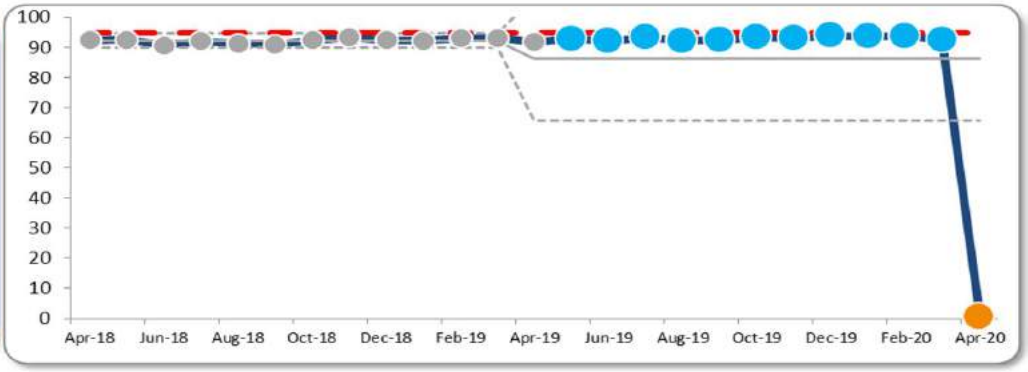
Maternity Recommended Rate Friends & Family Test (%)

April 20: 98.21



Outpatients Recommended Rate Friends & Family Test (%)

April 20: 0.51



Quality & Safety | Submitted Trajectories (20/21) | M1 [April]

Worcestershire Acute Hospitals NHS Trust

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	Apr-20
Cdiff	0	Actual	4 ✓	3 ✓	5 ✗	2 ✓	9 ✗	7 ✗	7 ✗	3 ✓	4 ✓	6 ✗	6 ✗	5 ✗	1
		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 ✓	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 ✗	0
		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 ✗	0
		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 -	16
		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 ✗	0
		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	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% ✓	46.77%
		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%	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% ✗	79.28%
		Trajectory	100%	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% ✓	99.17%
		Trajectory	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	98%
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%	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%	95%
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%	95%
#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%	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% -	22.94% -	-
		Trajectory	-	-	-	-	-	-	-	-	-	-	-	-	-
HSMR 12 month rolling average	100	Actual	110.15 -	109.6 -	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% ✓	43.33%
		Trajectory	80%	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% -	95.57% -	-
		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% -	80.65% -	-
		Trajectory	-	-	-	-	-	-	-	-	-	-	-	-	-

NHS Worcestershire Acute Hospitals NHS Trust

Appendix 3 – Summary of March 2020 / year end performance against trajectories

This table shows each of the key performance trajectories set by the Trust for 2019/20 and compares the year-end trajectory value that, unless stated it the March 2020 performance*, not a cumulative figure for the year. The comments provide an overview of the potential impact created by the Covid 19 incident.

Metric	March* Target	March* Performance	Comments
% of patients attending A&E who were admitted or discharged within 4 hours of arrival	86.00%	77.90%	We did not achieve these targets; this was not due to COVID-19 related factors.
The number of ambulance handovers that breached 60 minutes	0	88	
% of patients referred for cancer treatment by their GP who have currently been waiting for less than 62 days for treatment to start	86.04%	76.08%	We did not achieve the year-end targets; this was not due to COVID-19 related factors. During March we treated 195 patients which is the highest volume during 2019/20, but of those treated, 48.5 had already breached 62 days.
The number of cancer patients waiting over 104 days for treatment to start	0	49	
% of patients seen by a specialist within two weeks of an urgent GP referral for suspected cancer	93.10%	93.85%	We achieved the year-end target.
% of patients with breast symptoms seen by a specialist within two weeks of an urgent GP referral (where cancer is not initially suspected)	84.80%	83.45%	We did not achieve the year-end target; this was not due to COVID-19 related factors. 10 of the 24 breaches in-month were due to patient choice; however they are not attributable to COVID-19.
% of all patients still waiting to start treatment following a referral who have been waiting for less than 18 weeks	82.43%	78.75%	We had expected to achieve the RTT year-end targets but due to the cancellation of all routine elective surgery and a reduction in outpatient activity in the last weeks of March, we did not achieve the target.
The number of RTT patients waiting over 52 weeks for treatment	0	9 in total 1 in Mar-20	
% of patients referred for diagnostic tests who have been waiting for less than 6 weeks	99.03%	94.29%	We had expected to achieve the Diagnostics year-end target but due to the cancellation of routine tests across all modalities in the last weeks of March, we did not achieve the target.

Month 1 [April 20/21] | 2019-20 Quality & Safety Summary
Care that is Safe

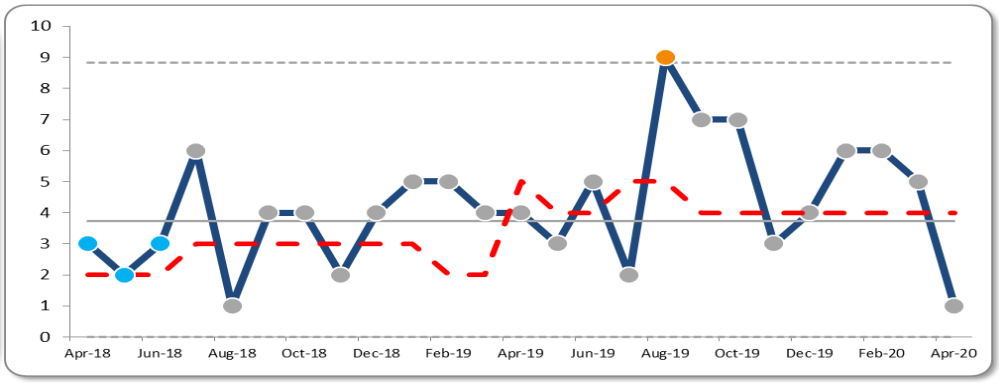
Responsible Director: Chief Nursing Officer, Chief Medical Officer | for April 20 as at xx April 2020

Worcestershire Acute Hospitals NHS Trust

Number of patients developing Clostridioides difficile

Apr-20

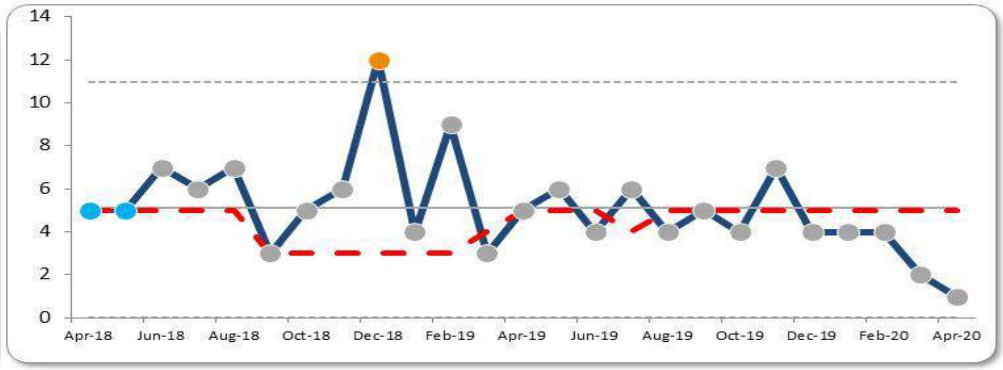
1



Number of patients developing Ecoli bacteraemia

Apr-20

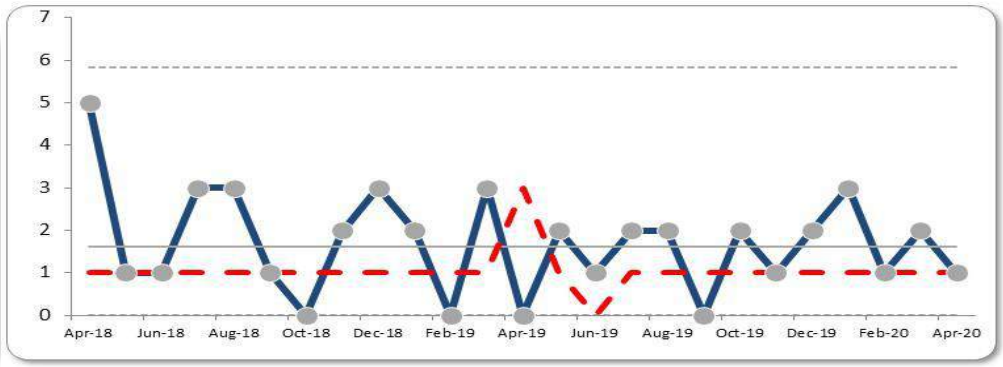
1



Number of patients developing MSSA bacteraemia

Apr-20

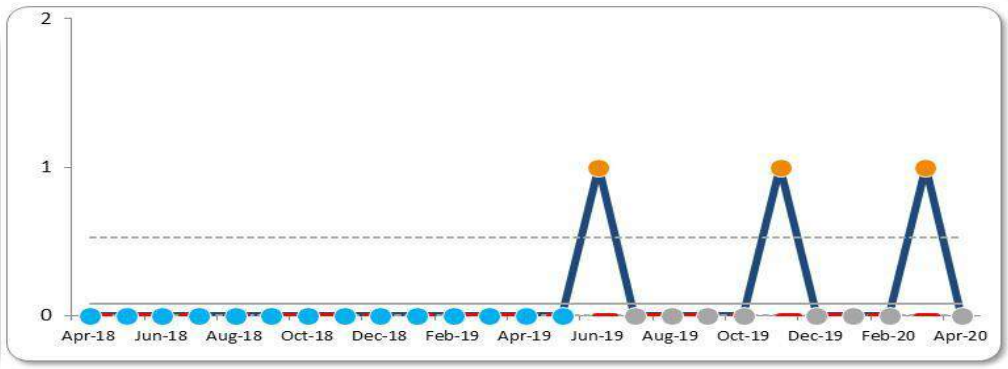
1



Number of patients developing MRSA bacteraemia

Apr-20

0



Month 1 [April 20/21] | 2019-20 Quality & Safety Summary
Care that is Safe

Responsible Director: Chief Nursing Officer, Chief Medical Officer | for April 20 as at xx April 2020

Worcestershire Acute Hospitals NHS Trust

Total Medicine incidents reported

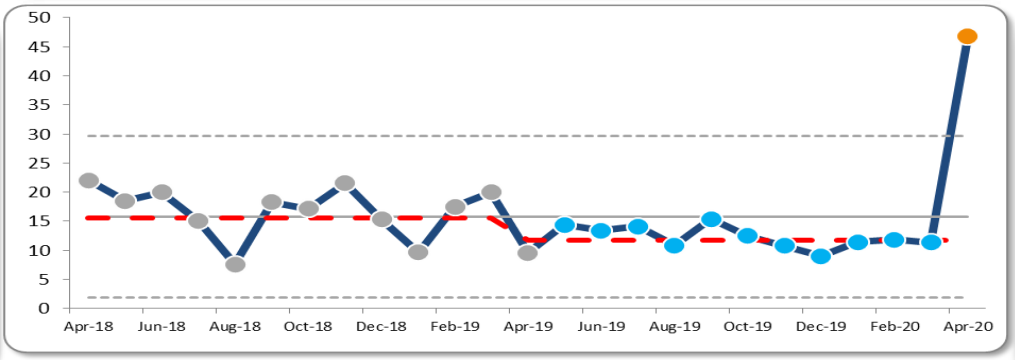
Apr-20

62

Medicine incidents causing harm (%)

Apr-20

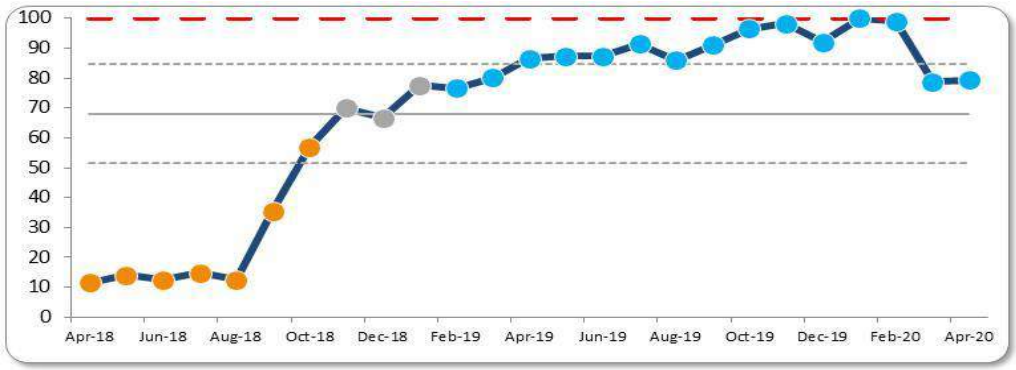
46.77



Hand Hygiene Audit Participation (%)

Apr-20

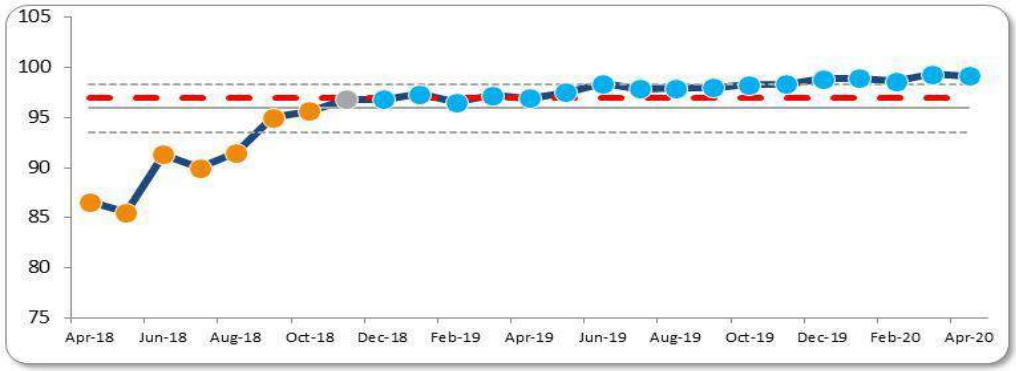
79.28



Hand Hygiene Compliance (%)

Apr-20

99.17



Month 1 [April 20/21] | 2019-20 Quality & Safety Summary

Care that is Safe

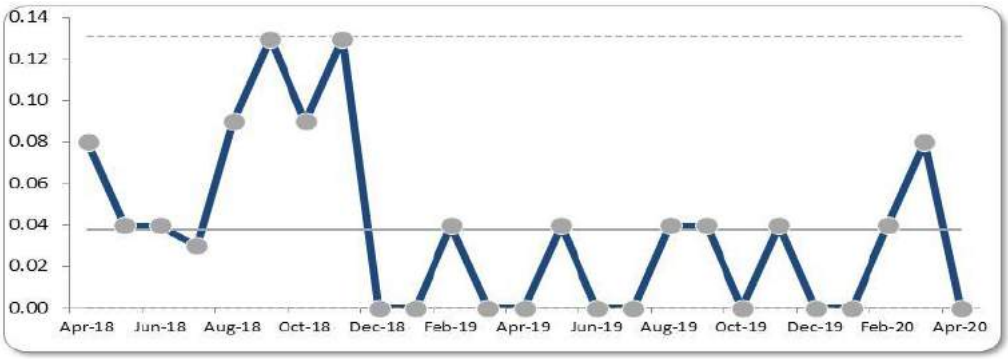
Responsible Director: Chief Nursing Officer, Chief Medical Officer | for April 20 as at xx April 2020

Worcestershire Acute Hospitals NHS Trust

Falls per 1,000 bed days causing harm

Apr-20

0



Sepsis Screening Compliance (audit) (%)

Mar-20

0

Sepsis 6 Bundle Compliance (audit) (%)

Mar-20

55.74

VTE Assessment Compliance (%)

Apr-20

0

Month 1 [April 20/21] | 2019-20 Quality & Safety Summary

Care that is Safe

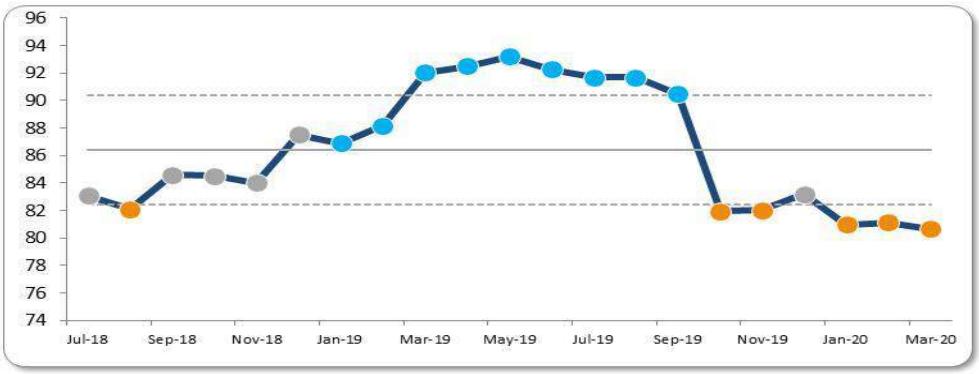
Responsible Director: Chief Nursing Officer, Chief Medical Officer | for April 20 as at xx April 2020

Worcestershire Acute Hospitals NHS Trust

ICE reports viewed [radiology] (%)

Mar-20

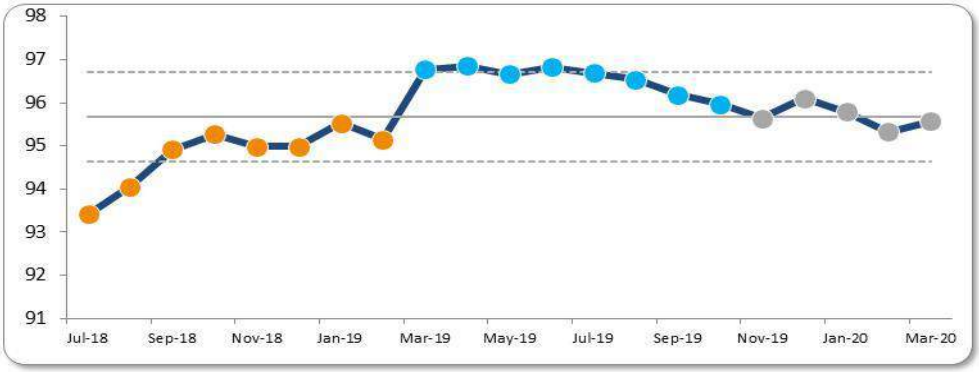
80.65



ICE reports viewed [pathology] (%)

Mar-20

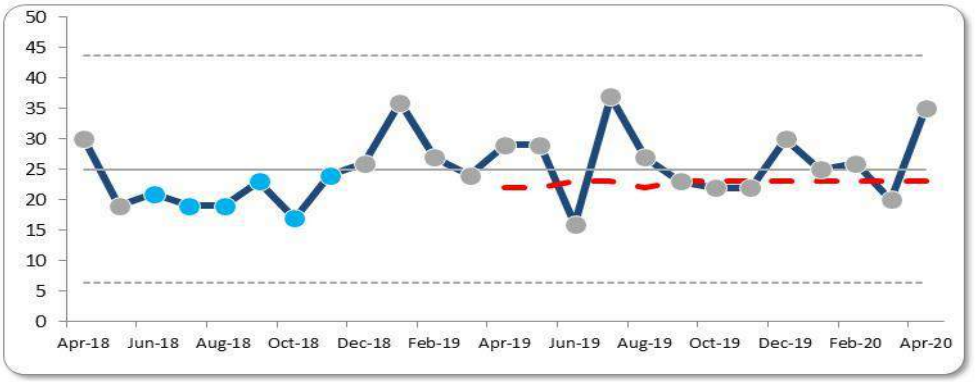
95.57



All Hospital Acquired Pressure Ulcers

Apr-20

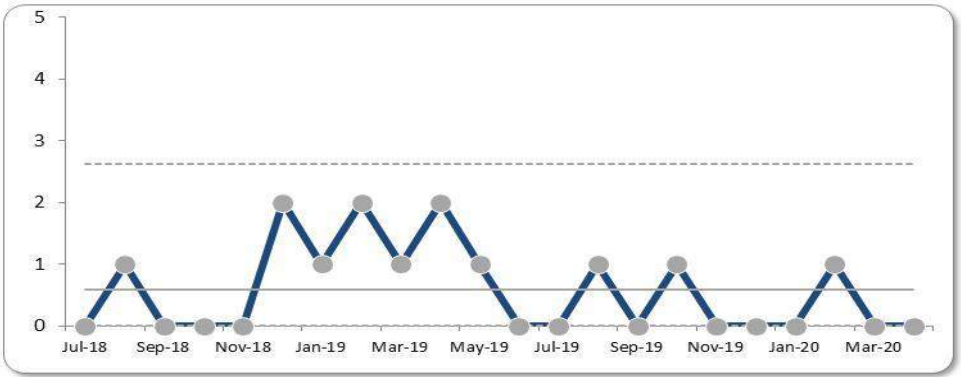
35



Serious Incident Pressure Ulcers

Apr-20

0



Month 1 [April 20/21] | 2019-20 Quality & Safety Summary
Care that is Effective / Patient Experience

Responsible Director: Chief Nursing Officer, Chief Medical Officer | for April 20 as at xx April 2020

Worcestershire Acute Hospitals NHS Trust

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

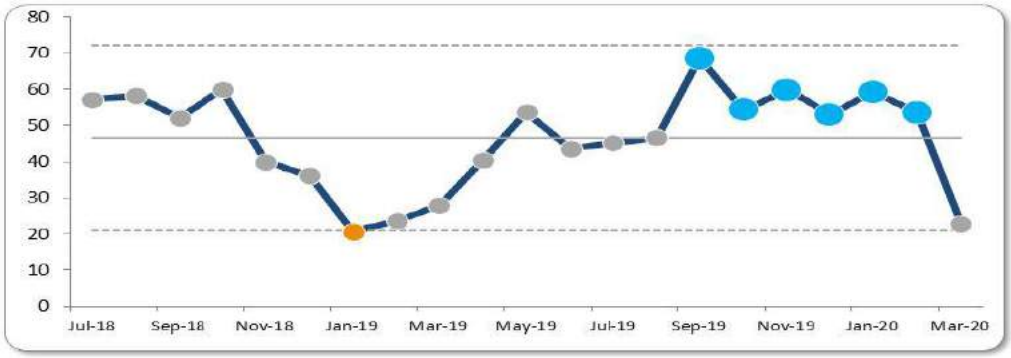
Mar-20

0

Mortality Reviews completed </=30 days (%)

Mar-20

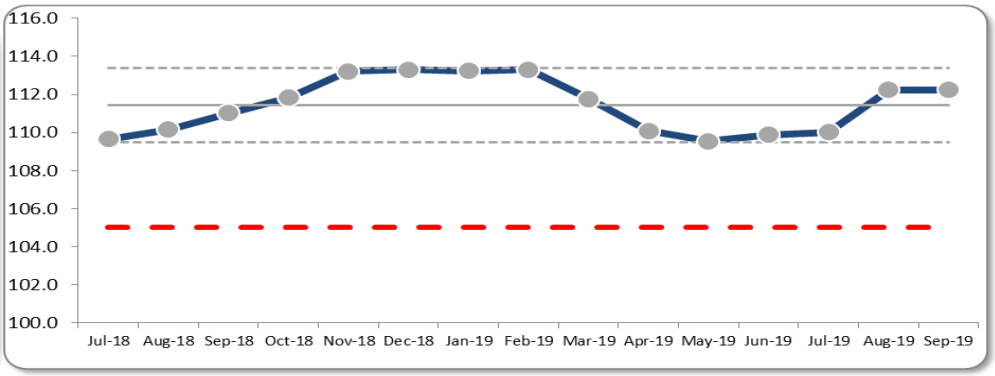
22.94



HSMR 12 month rolling average

Sep-19

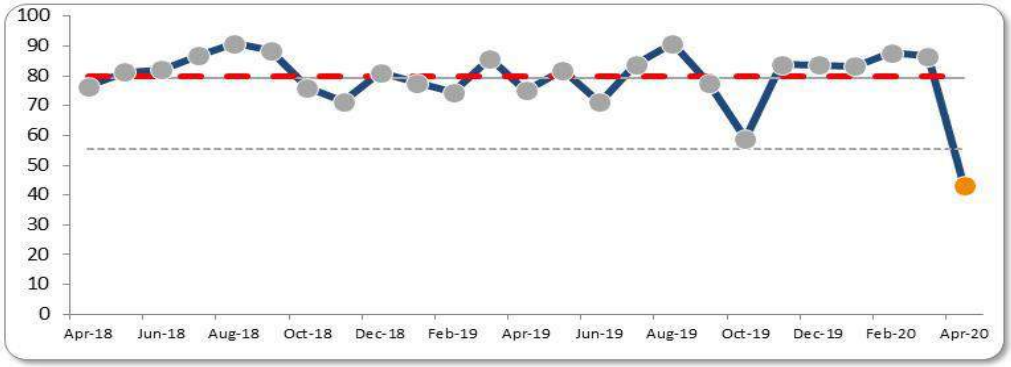
112.2



Complaints Responses </= 25 days (%)

Apr-20

43.33



Month 1 [April 20/21] | 2019-20 Quality & Safety Summary
Care that is Effective

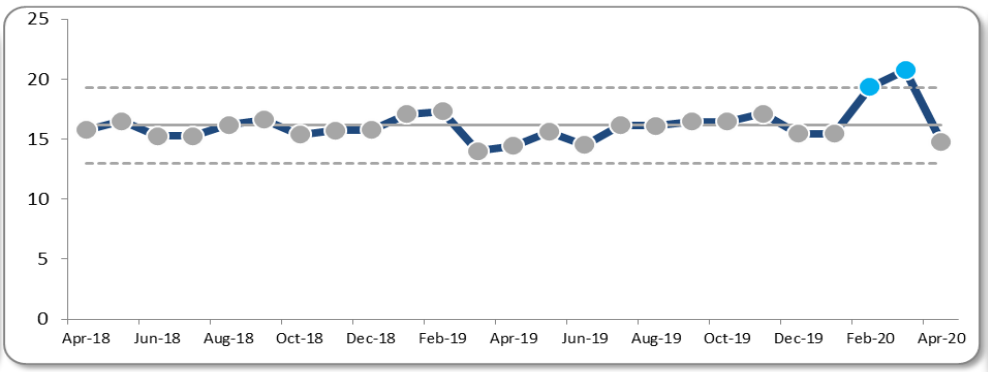
Responsible Director: Chief Nursing Officer, Chief Medical Officer | for April 20 as at xx April 2020

Worcestershire Acute Hospitals NHS Trust

Discharges before midday (%)

Apr-20

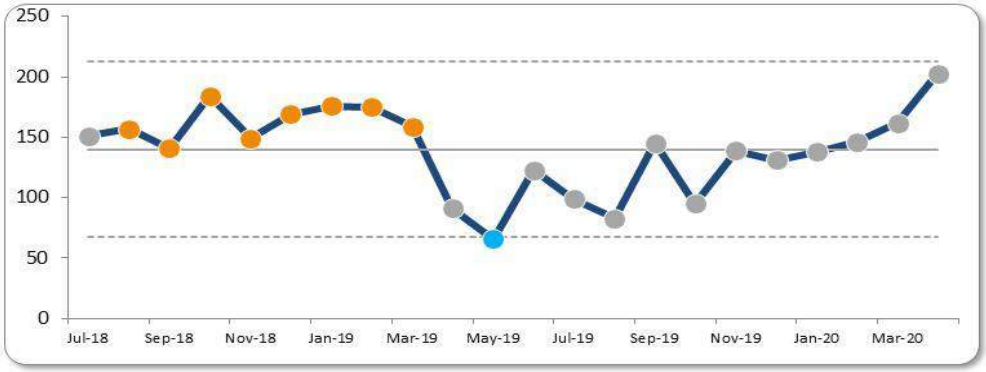
14.79



Risks overdue review

Apr-20

203



Risks with overdue actions

Apr-20

211

Month 1 [April 20/21] | 2019-20 Quality & Safety Summary

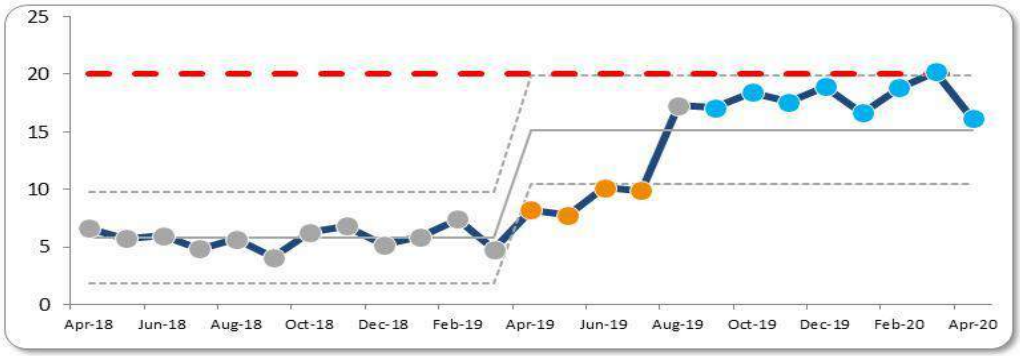
Worcestershire Acute Hospitals NHS Trust

Responsible Director: Chief Nursing Officer, Chief Medical Officer | for April 20 as at xx April 2020

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

April 20

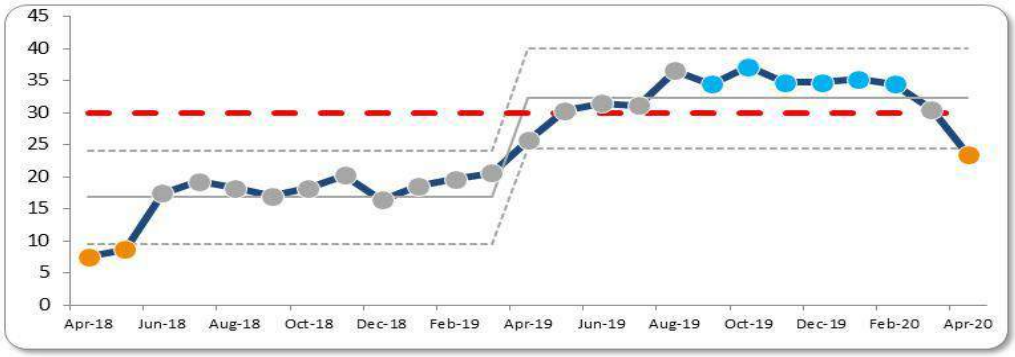
16.17



Inpatient Response Rate Friends & Family Test (%)

April 20

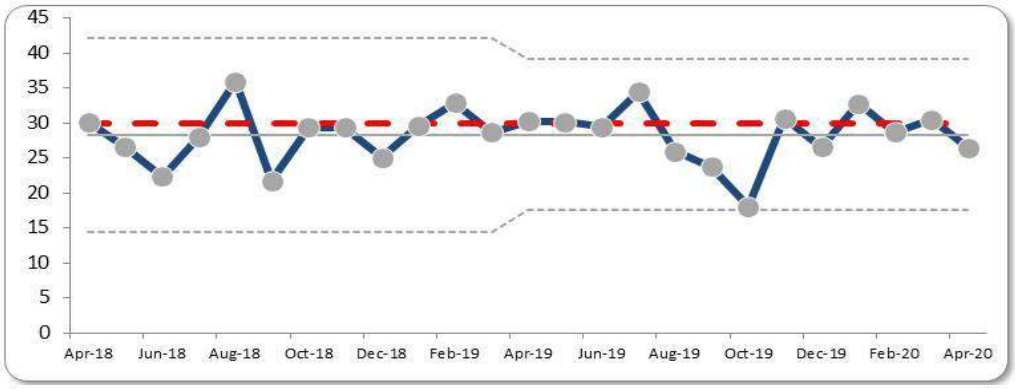
25.51



Maternity Response Rate Friends & Family Test (%)

April 20

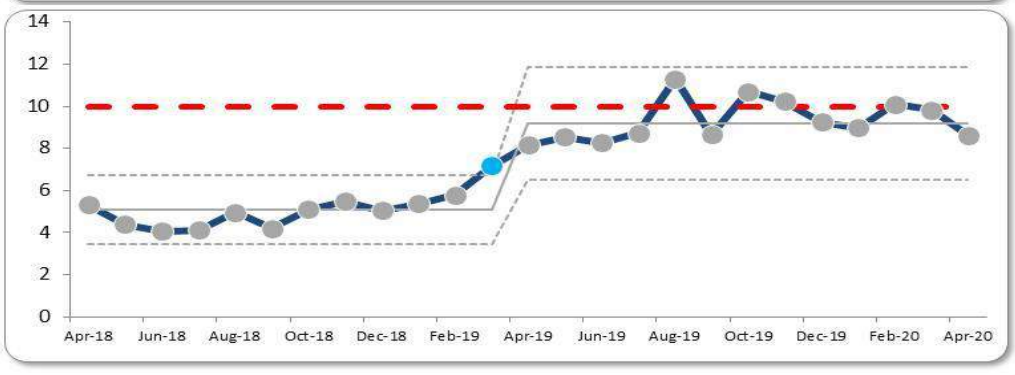
26.51



Outpatients Response Rate Friends & Family Test (%)

April 20

8.63



Month 1 [April 20/21] | 2019-20 Quality & Safety Summary

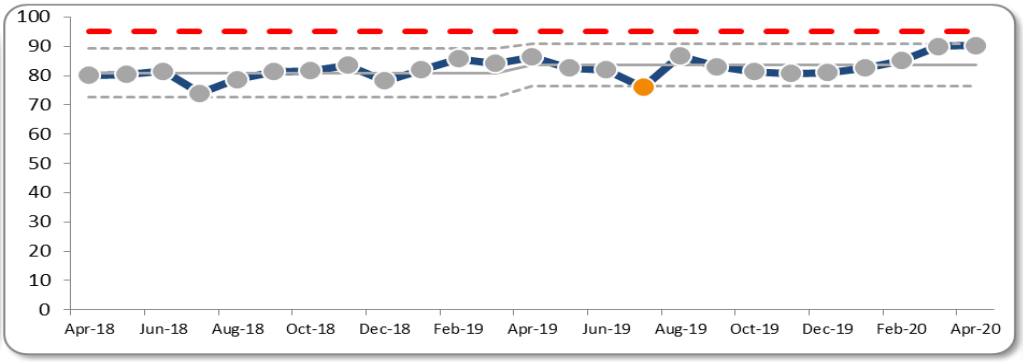
Worcestershire Acute Hospitals NHS Trust

Responsible Director: Chief Nursing Officer, Chief Medical Officer | for April 20 as at xx April 2020

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

April 20

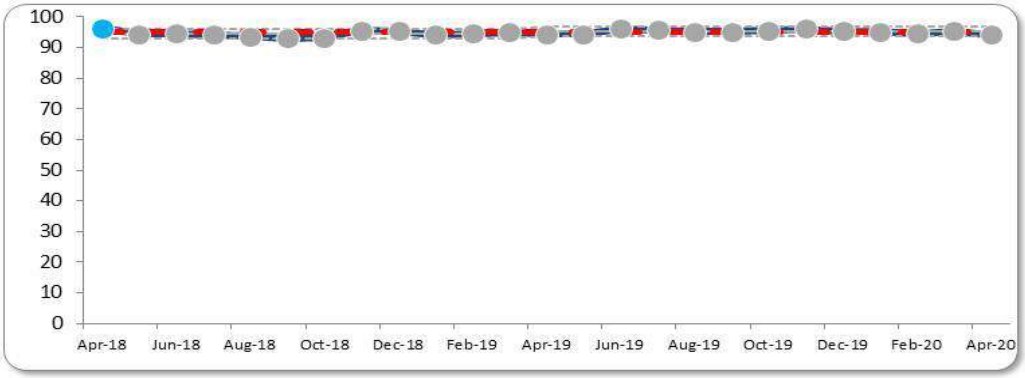
90.28



Inpatient Recommended Rate Friends & Family Test (%)

April 20

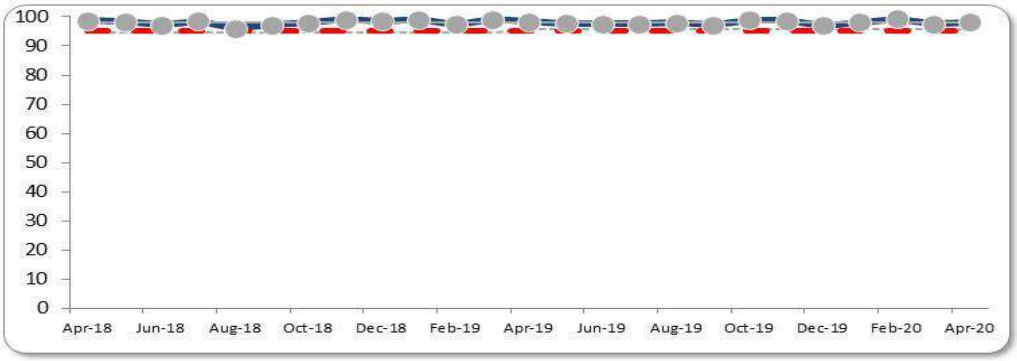
94.07



Maternity Recommended Rate Friends & Family Test (%)

April 20

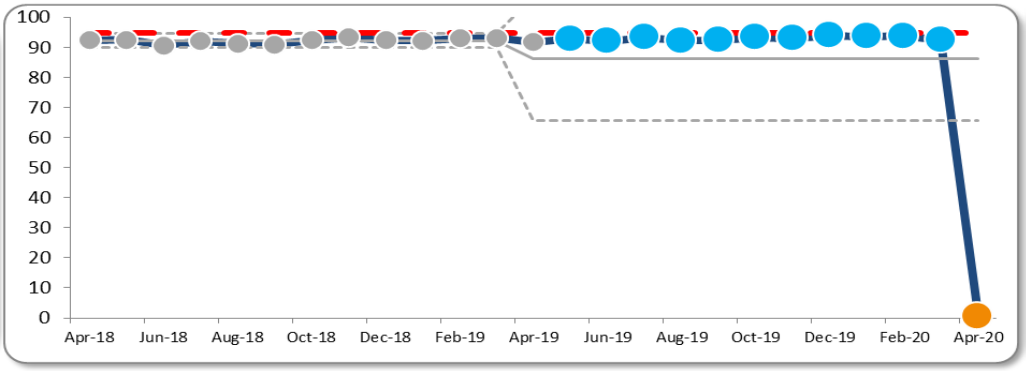
98.21



Outpatients Recommended Rate Friends & Family Test (%)

April 20

0.51



NHS
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Acute Hospitals
NHS Trust

Appendix 5

Comments from our patients when asked as part of the Friends and Family Test between 19/4/20 and

NHS
Worcestershire
Acute Hospitals
NHS Trust

V2 Feb 2019

Meeting	Trust Board
Date of meeting	14 May 2020
Paper number	Enc G1

Self Certification – Conditions FT4 and G6 of the Provider licence

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

Accountable Director	Matthew Hopkins CEO		
Presented by	Matthew Hopkins CEO	**Author /s**	Kimara Sharpe Company Secretary

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

Report previously reviewed by		
Committee/Group	Date	Outcome
TME	22 April 2020	Approved
QGC	30 April 2020	Approved
Audit and Assurance Committee	12 May 2020	

Recommendations	TME, QGC are requested to approve the self certification as attached Audit and Assurance are requested to review the process and give assurance to the Trust Board on the process Trust Board are requested to approve the self certification for publication.

Executive summary	Each year, the Trust has to declare against two provider licence provisions, FT4 and G6. The declaration has to be placed on the Trust website by 31 May. There is no requirement for the declaration to be returned to the centre. The Trust has been in special quality measures for the whole year 2019/20 with conditions placed on the CQC licence in December 2019 following an unannounced visit by the CQC to the emergency departments at the Alexandra Hospital and Worcestershire Royal. In January 2020, the Trust Board took an update on the Undertakings, signed by the Trust in May 2019. This paper has informed the compilation of the evidence attached. This paper details the suggested compliance with the conditions of licence.

Worcestershire Acute Hospitals NHS Trust

V2 Feb 2019

Meeting	Trust Board
Date of meeting	14 May 2020
Paper number	Enc G1

Executive Summary

The executive team have considered the conditions required for compliance with provider conditions FT4 and G6. The Trust Board needs to approve the compliance and the statements need to be placed on the website prior to 31 May 2020.

The Audit and Assurance Committee are considering the compliance statements at the meeting on 12 May 2020. Verbal feedback will be given that the Board meeting in relation to the discussion at the Committee.

The suggested compliance for condition FT4 and G6 are shown below. The detail in relation to the compliance statements is available on request and will have been considered by the Audit and Assurance Committee.

Condition FT4

	Corporate Governance Statement	**2020**
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	**Not confirmed**
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	**Confirmed**
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	**Confirmed** Confirmed Confirmed Confirmed
4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive,	**Not confirmed** Confirmed Confirmed Confirmed Not confirmed Confirmed

	timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.	Confirmed Confirmed Confirmed
5	The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.	**Confirmed**
6	The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	**Confirmed**

Condition G6

Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.

Proposed response: **Not compliant**

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Evidence:
The Trust has remained in Quality Special Measures throughout the year. There are currently the following conditions in place on the registration with the CQC:

- Section 31 Conditions Notices for the Emergency Departments at Worcestershire Royal Hospital and the Alexandra General Hospital

The Board Committees have met on a regular basis throughout the year and reported in to the Board. All terms of reference have been revised and approved by the Board during the year. The relevant risks within the Board Assurance Framework is reviewed by each Committee three times a year and changes approved by the Board at the following meeting. The Audit and Assurance Committee reviews the processes for the management of the BAF.

The Trust continues to have significant challenges in delivering key NHS Constitution targets including the 4-hour Emergency Access Target, 18-weeks referral to treatment – incomplete pathways, 62-day cancer performance standard and the 6-week wait diagnostics standard.

Background

NHS Trusts are required to make the following self-certified declarations:

1. Condition G6(3): Providers must certify that their Board has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution (being considered by the Audit and Assurance Committee)
2. Condition FT4(8): Providers must certify compliance with required governance standards and objectives.

Whilst NHS Trusts are exempt from holding a provider licence, NHS Trusts are required to comply with conditions equivalent to the licence that NHS Improvement has deemed appropriate. This is then used as a basis for oversight. NHS trusts therefore are legally subject to the equivalent of certain licence conditions and now must self-certify.

There is no set process for assurance or how conditions are met which reflects the autonomy given to providers. Boards need to sign off on compliance and there are no returns or information submissions. Templates are provided to assist with the process but do not need to be returned.

Issues and options

None.

Recommendations

TME, QGC are requested to approve the self-certification as attached
Audit and Assurance are requested to review the process and give assurance to the Trust Board on the process
Trust Board are requested to approve the self-certification for publication.

Appendix -

Worcestershire Acute Hospitals NHS Trust

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	Corporate Governance Statement	**2020**	**Evidence**

1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Not confirmed	The Trust has remained in quality Special Measures throughout the year. The Trust has now moved from inadequate to requires improvement or better across all domains apart from Responsive in Urgent and Emergency Care at Worcestershire Royal Hospital (September 2019).
			
			Well established governance systems and processes are in place to ensure the regulatory requirements are being addressed and are evidenced.
			
			In addition, the Trust has currently the following conditions/warning notices in place, issued following an unannounced inspection in December 2019 to both emergency departments:
			• Regulation 12 (2) (a) (b) (i)
			  ○ The trust must ensure that ambulance handovers are timely and effective.
			• Regulation 12 (2) (a) (b) (i)
			  ○ The trust must ensure that all patients are assessed in a timely manner and ensure that patients receive assessment and treatment in appropriate environments.
			• Regulation 12 (2) (a) (b) (i)
			  ○ The trust must ensure that patients receive medical and specialty reviews in a timely manner.
			• Regulation 12 (c)
			  ○ The trust must ensure that consultant and nurse cover in the department meets national guidelines. Trainee consultants must not be classed as ‘consultants’ on the staffing rota.
			• Regulation 12 (2) (a) (b) (i)
			  ○ Fully implement the trust wide actions to reduce overcrowding in the department.
			• Regulation 10 (1)
			  ○ The trust must ensure that the privacy and dignity of patients receiving care and treatment in the emergency department is maintained at all times.
			
			In response to the notices, we took a number of immediate actions including
			• Enhanced staffing in a range of areas across the ED floor including the corridor and the Paediatric Area.

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			• Implementation of a Dynamic Trigger Tool (DTT). • Enhanced and embedded oversight of the quality and safety in both our Emergency Departments with initial oversight by NHSE/I including quality assurance visits by CNO, DCNOs and Quality Improvement matron and follow up assurance visits by NHSE/I. • Increased GRAT risk assessments of patients in the back of ambulances have been put in place with the time reduced to 30 minutes from 60 minute.s
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	The Executive team regularly receive communications from NHSI. All guidance is reviewed by the executive team and where appropriate escalated to the Board. The Board have utilised the National NHSI team and Leadership for Improvement to support the Board development programme during 2019/20.
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Confirmed	a&b. There is an effective Board Committee Structure in place comprising of: • People and Culture Committee • Quality Governance Committee • Audit and Assurance Committee • Finance and Performance Committee • Remuneration Committee The Board Committees meet and report back to the next Board meeting. All terms of reference are reviewed and revised as required and approved by the Board each year or more frequently as required. The relevant risks within the Board Assurance Framework (BAF), are reviewed by each Committee three times a year and changes approved by the Board.The Audit and Assurance Committee reviews the processes for the management of the BAF. The Risk Management Group was revised during the year and meets monthly. c. There are robust reporting processes in place from a clinical/operational level through the Divisions and to Trust Management Executive and Board Committee/Board meetings with clear reporting lines and accountability at each level.

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4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely	Not confirmed	a&b. The Trust Management Executive (TME) meets monthly to manage the operational business of the Trust. Board Committees meet monthly (Finance and Performance, Quality Governance) and People and Culture meets bimonthly. The Board meets monthly (not August) and has a forward plan for business. At each meeting reports are given on quality, financial and people management. c. The Quality Governance Committee meets monthly and holds the executive directors to account for quality standards and oversees the Trust's response to the conditions on licence. The Finance and Performance Committee meets monthly and holds the executive directors to account for performance standards. d. The Finance and Performance Committee meets monthly to scrutinise the financial performance and reports to each Board meeting. The control total was met at outturn. The Trust has yet to approve a medium term financial plan (MTFP). The Trust continues to require interim financing in line with its planned deficit and to support capital spend. We comply with terms and conditions applied to such financing. The Trust remains compliant with NHSI spending approvals processes. There are robust processes in place for the management of Business Cases which require investment to facilitate the implementation of QIPs. Finance has oversight and final sign off is via the Chief Financial Officer. Monthly Divisional Performance Review Meetings (PRMs) are used as a forum for Divisional Leads and Finance to monitor and discuss any variation of budgetary plans. e. The Quality Governance Committee uses performance data to inform the decision making process. The F&P Committee scrutinise the performance dashboards and financial performance reports monthly. Both QGC and F&P Committees scrutinise the Home First Worcestershire Improvement Plan. f. The Board Assurance Framework (BAF) was reviewed during the year and is considered four times a year at the Board meeting. The relevant risks are considered by Board Committees at each meeting. g. The Trust has a well embedded business planning process including annual objective and priority setting and an associated performance management framework going forward.

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	and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.		h. The Trust was registered with the CQC during the year 2019/20.
5	The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;	Confirmed	a. The Quality Governance Committee (QGC) oversees all aspects of quality and clinical governance within the trust. This meets monthly and escalates via a written report to each Board meeting. The Chief Nurse and Chief Medical Officer are responsible for quality of care at board level. A non-executive director has been identified to provide leadership with respect to learning from deaths. The Trust has fully participated in QIRG (Quality Improvement Review Group) during the year and this has been replaced with the newly established system-wide System Improvement Board and a monthly NHSE/I led System Review Group. b. The Trust strategic objectives which were developed by the Trust Board provide the framework for the development of Trust annual priorities and plans and the structure of the Trust Board agenda. The Trust strategic objectives provide a balanced scorecard approach to Trust Board business including due focus on quality & patient experience, workforce, finance and operational performance d. QGC considers quality performance data at each of its meetings. This is then reported to the Board via the written report from QGC. The Board considers an integrated performance report at each meeting. e. The Board receives a patient story or equivalent at each Board meeting and receives updates via the

	(c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.		QGC report on the Quality Improvement Strategy and associated plans. The three year Quality Improvement Strategy 2018-2021 is now in year two of implementation. Year two priorities are again aligned to the Trust Quality Account priorities, with a refresh of targets and objectives informed by the learning in year one, and with staff and patient views sought on quality priorities. Board members undertake safety walkabouts in clinical areas, and engage staff and patient representatives in a range of forums Each ward/clinical department has Quality Improvement Plan and has good awareness and ownership of the high level and specific goals relevant to them. Staff continue to be trained to tier 1 (bronze) standard on the Quality Improvement methodology. The Quality Improvement Strategy is supported by the ward accreditation programme known as “pathway to platinum”. Patient representatives attend the QGC meeting and participate in ward visits. HealthWatch attends QGC. f. Through the performance review meetings the divisions are held to account for the quality of care within the Trust. Each division reports monthly to the Clinical Governance Group which in turn provides a report to the QGC. This report is considered by the QGC and any areas for escalation is taken to the Trust Board at its next meeting.
6	The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	Confirmed	The Board has no vacancies. All Board members have undertaken the Fit and Proper Person Test.

NHS
Worcestershire Acute Hospitals NHS Trust

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Paper number	Enc G2

Managing Charitable Donations During the Covid-19 Pandemic

Trust Board members are reminded to consider this report in their separate capacity as Corporate Trustees of the Charity and not as a Trust Board member

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

Accountable Director	Robert Toole Chief Finance Officer Richard Haynes, Director of Communications and Engagement		
Presented by	Richard Haynes & Katie Osmond, Deputy Director of Finance	**Author /s**	Richard Haynes & Katie Osmond

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
Charitable Funds Committee	23 April 2020	Approved

Recommendations	The Trustees of the Charity are asked to endorse the interim COVID-19 charitable funds process and governance as described.

Executive summary	The Covid-19 outbreak has prompted a huge up swell of good will from individuals, organisations and businesses across our community towards the Trust and Charity. We have received a wide range of donations in kind (goods and services) as well as cash donations, including significant amounts of national funding from NHS Charities Together. It is crucial that we maximise the benefits of this generosity, and ensure that the donations are used in a timely and well-co-ordinated way to deliver the best outcomes for our patients and staff. We must also maintain robust financial and charity governance and transparency to demonstrate effective use of charitable funds. It is also important to align decisions made with the Trust's incident management governance (including the Bronze/Silver/Gold incident management structures) and, just as importantly, with appropriate oversight from Charitable Funds Committee on behalf of the Trust Board as corporate trustees. This paper sets out a series of recommendations around an interim procedure to ensure the charity can oversee income and expenditure related to COVID-19 effectively.

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Risk								
Key Risks	This interim procedure relates specifically to the period of the Trust's formal emergency preparedness, resilience and response (EPRR) arrangements to the Covid-19 outbreak (arrangements which have been in place since week commencing 2 March 2020) A further review will be required once those EPRR arrangements are de-escalated.							
Assurance	Moderate assurance reflects the range of donations and the challenge that has been faced in centrally co-ordinating receipt and monitoring. For donations managed specifically through this process, assurance should be significant							
Assurance level	**Significant**		**Moderate**	*x*	**Limited**		**None**	
Financial Risk	Risk relates to the proper management of money, goods and services donated							

Introduction/Background

On 30 January 2020, national NHS leaders internally declared COVID-19 a serious incident and on 3 March 2020, the UK Government designated the COVID-19 outbreak a Level 4 National Emergency.

In response to this unprecedented public health incident, the Trust initiated formal emergency preparedness, resilience and response (EPRR) arrangements from the week commencing 2 March 2020.

Facing perhaps the biggest challenge to ever confront the NHS has brought with it additional demands for charitable finding support for a range of initiatives to support improved patient experience and staff wellbeing.

At the same time, there has been a significant increase in the amount of money, goods and services being donated to the NHS locally and nationally.

The need to manage these donations in an agile way to support a timely response to a time limited and unprecedented range of requests for help has highlighted the need for a robust interim procedure to provide assurance to both the Trust and the Charity that the donations are being properly and effectively managed and deployed.

Issues and options

Charity Objectives: The purpose of the Worcestershire Acute Hospitals Charity is putting patients first by working together, supporting the services and staff of Worcestershire Acute Hospitals NHS Trust.

In regard to the Covid-19 outbreak, The Trust's incident response is focussing on four key objectives:

1. Managing the COVID-19 outbreak and saving the lives of patients suffering from it.

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2. Managing the business continuity of running our hospitals.
3. Providing and receiving mutual aid from our partners and the region.
4. Keeping our staff motivated and safe.

The outbreak has prompted a huge up swell of good will from individuals, organisations and businesses across our community. We have received a wide range of donations in kind (goods and services) as well as cash donations, including significant amounts of national funding from NHS Charities Together.

NHS Charities Together has provided specific guidance as to how the grant can be spent:

- Funding well-being packs/gifts for staff and volunteers on wards/departments.
- Supporting patient's mental health through isolation with electronic communication devices so they can talk to family and friends.
- Benevolence
- Other items as identified by members and their NHS Bodies that enhance the well-being of NHS staff, volunteers and patients impacted by the COVID 19

This list is not exhaustive.

It is crucial that we maximise the benefits of this generosity, and ensure that the donations are used in a timely and well-co-ordinated way to deliver the best outcomes for our patients and staff.

We must also maintain robust financial and charity governance and transparency to demonstrate effective use of charitable funds.

It is also important to align decisions made with the Trust's incident management governance (including the Bronze/Silver/Gold incident management structures) and, just as importantly, with appropriate oversight from Charitable Funds Committee on behalf of the Trust Board as corporate trustees.

The Charity should also consider the experience of all our patients, relatives and carers.

It is recognised that given the scale of donations and spend, and profile of charitable funds during this COVID-19 period, that it is appropriate to establish an interim procedure to ensure the charity can oversee income and expenditure related to COVID-19 effectively.

Any agreed process needs to be agile, responsive and recognise the new remote/virtual ways of working which have become necessary due to social distancing guidance, whilst following existing governance procedures as closely as practically possible.

Due to the restrictions imposed for the NHS Charities Together Grant it is proposed that there are two COVID-19 Charitable Funds set up;

- COVID -19 NHS Charities Together
- COVID-19 Charitable Funds (unrestricted).

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This would ensure funds are separately identified and managed, and give the CF committee the ability once the pandemic has ceased to transfer any balance on the unrestricted COVID-19 CF into general purpose funds for the Trust. It would also ensure as requested by the NHS Charity Together a full break down of income and expenditure can be provided, and where any uncommitted funds remain, appropriate use of these can be transparently agreed with NHS Charity Together.

The Charity requires and appoints a minimum of two fund managers for each charitable fund. It is proposed that for both COVID-19 funds, the CF Committee approve the Deputy Director of Finance and Director of Communications and Engagement as the fund managers.

With that in mind, the following roles and responsibilities are proposed:

Income - Day to day co-ordination and oversight of donations (both spontaneous and requested), including the maintenance of a master list of donations and donors and where the donations have gone (in line with published best practice – see HfMA checklist for accepting gifts and donations attached as Appendix 1):

Head of Fundraising and Community Development, supported by the Community Fundraising Officer, with executive oversight from the Director of Communications and Engagement.

Finance department to ensure cheques, donations, grants are correctly receipted, banked and recorded within the CF bank account. These will be reconciled monthly and agreed between the Fundraising and Finance departments. Executive oversight from the Chief Finance Officer / Deputy

Expenditure - Requests/suggestions by the Trust for the Charity's support for actions in response to the Covid-19 outbreak which are over and above the core NHS offer

Raised by the Trust through the incident management structure to agree (1) that the action/investment is required and consistent with one or more of the Trust's four incident management objectives and (2) for a request to go to the Charity for support.

The appropriate decision that the request is required and action to seek CF support logged in the relevant Bronze/Silver/Gold incident management meeting.

A decision by the Charity on whether to agree that support will be as below:

<u>Up to £2,000 exc VAT (or equivalent value)</u>
These will be agreed by both fund managers, the Deputy Director of Finance and Director of Communications and Engagement. Confirmation also required that any purchasing is consistent with the Trust's Standing Financial Instructions (SFIs) through use of a reputable supplier and comparison of prices.

Decision to approve to be logged on the donations master list and communicated to finance to support the purchase of the items whilst following appropriate Governance Finance will support with the checking new suppliers of items to provide the CF committee assurance

that all relevant checks and processes have been adhered to whilst also ensuring minimal delays in processing.

It should also be agreed which fund the proposed expenditure will be allocated to.

£2,001 - £10,000 exc VAT (or equivalent value) - – including cumulative planned repeat spend

Where both fund managers are supportive of the request, approval from the CF Committee chair, via Chairman's Action will be sought in response to a succinct written submission (email will be acceptable) setting out the proposal (including period of requirement, where the spend is planned to repeat), the benefits, indicative costs and why the support being funded is considered to be over and above the core NHS offer.

Confirmation also to be given that any purchasing is consistent with the Trust's Standing Financial Instructions (SFIs) through use of a reputable supplier and comparison of prices. Any Chair's action approval decision must also be logged on the donations master list and communicated to finance to support the purchase of the items if appropriate whilst following the agreed Governance process.

Finance will support with checking new suppliers of items to provide the CF committee assurance that all relevant checks and processes have been adhered to whilst also ensuring minimal delays in processing.

It should also be agreed which fund the proposed expenditure will be allocated to.

£10,001 exc VAT and over (or equivalent value) – including cumulative planned repeat spend

Where both fund managers are supportive of the request, virtual sign off by Charitable Funds Committee (by video conference or email trail) will be sought in response to a succinct written submission setting out the proposal (including period of requirement, where the spend is planned to repeat), the benefits, indicative costs and why the support being funded is considered to be over and above the core NHS offer.

Confirmation also to be given that any purchasing is consistent with the Trust's standing financial instructions (SFIs) through use of a reputable supplier and comparison of prices.

The written submission to be approved in writing by, at least:

- The Chair or Vice Chair of the Charitable Funds Committee

And three other members of the Charitable funds committee, namely:

- One NED of the Trust (other than the Chair or the Vice Chair if acting on the Chair's behalf)
- The Trust Chief Finance Officer or Deputy Director of Finance
- The Director of Communications and Engagement

The approval decision is to be logged on the donations master list and communicated to

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finance to support the purchase of the items if appropriate whilst following the agreed Governance process. Finance will support with checking new suppliers of items to provide the CF committee assurance that all relevant checks and processes have been adhered to whilst also ensuring minimal delays in processing.

It should also be agreed which fund the proposed expenditure will be allocated to.

Reporting
Monthly reports will be required for both donations (income) and purchases made (expenditure) including any committed I&E and the balance available. These will be reconciled monthly and agreed between the Fundraising and Finance departments and sent to the CFC on a monthly basis either via a virtual committee or on email to all members of the Charitable Funds Committee.

Full detailed records will be kept through the donations master list, as described above, that are sufficiently robust and fully auditable.

Any breaches of the process set out above will be reported to CF committee by exception.

Resource Implications
The scale of support from the public, corporate bodies and the NHS Charity Together is significant. Whilst welcome, this also increases the demands on the limited capacity of the fundraising, and charity finance teams.

We have already re-deployed staff from other functions to support both collation of donations and offers of assistance, and delivery of the support offer to staff. For example, in provision of the staff support shops. The increased volume of financial transactions has increased the capacity required from the finance team. We will monitor any impact of the increased workload across all functions during COVID-19 and where relevant provide an update to the CF committee.

Conclusion

This process is not designed to obstruct or delay the distribution of donated funds, goods and services but it will provide assurance to both the Trust and the Charity that these donations are being properly managed and overseen.

It will also provide assurance (if required) to donors and supporters that their donations are being used for the purpose for which they were given. The corporate trustees will be assured that the correct governance procedures have been followed to safeguard the CF donations and purchases especially at this time when fraudulent incidents and criminal activity against the NHS are on the increase.

We are expecting further best practice guidance to be published by the HfMA on effective use of charitable funds in COVID-19. When published our process will be reviewed to ensure we are in line with best practice.

All other existing funds will continue to operate in line with standard Charitable Funds governance processes.

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Recommendations
The Trustees of the Charity are asked to endorse the interim COVID-19 charitable funds process and governance as described.
Appendices Appendix 1 : **HfMA checklist for accepting gifts and donations**

HFMA COVID-19 briefing
April 2020

Checklist for accepting gifts or donations

April 2020

Introduction

During the Covid-19 pandemic NHS organisations are being offered unprecedented levels of donations and gifts. This show of support from the nation is greatly appreciated. However, all gifts and donations must be properly managed and used for the purpose for which they were intended. This briefing sets out a checklist to ensure that all gifts and donations accepted are appropriate and are recorded correctly.

Flowchart and checklist

The flowchart (**Exhibit 1**) overleaf sets out the considerations when a donation is received. Further detail on each decision is provided in the rest of this briefing. A checklist (**Exhibit 2**) sets out the questions that need to be asked when setting up a system for accepting gifts and donations.

The key message is that all gifts and donations to NHS bodies and/or NHS charities must be **documented.** At a minimum, documentation must include:

- what has been donated and, if possible, its value
- the donor's details
- the date of receipt
- any conditions attached to the gift.

Receiving, managing and distributing donations may be more straightforward if NHS bodies designate specific places for them to be left.

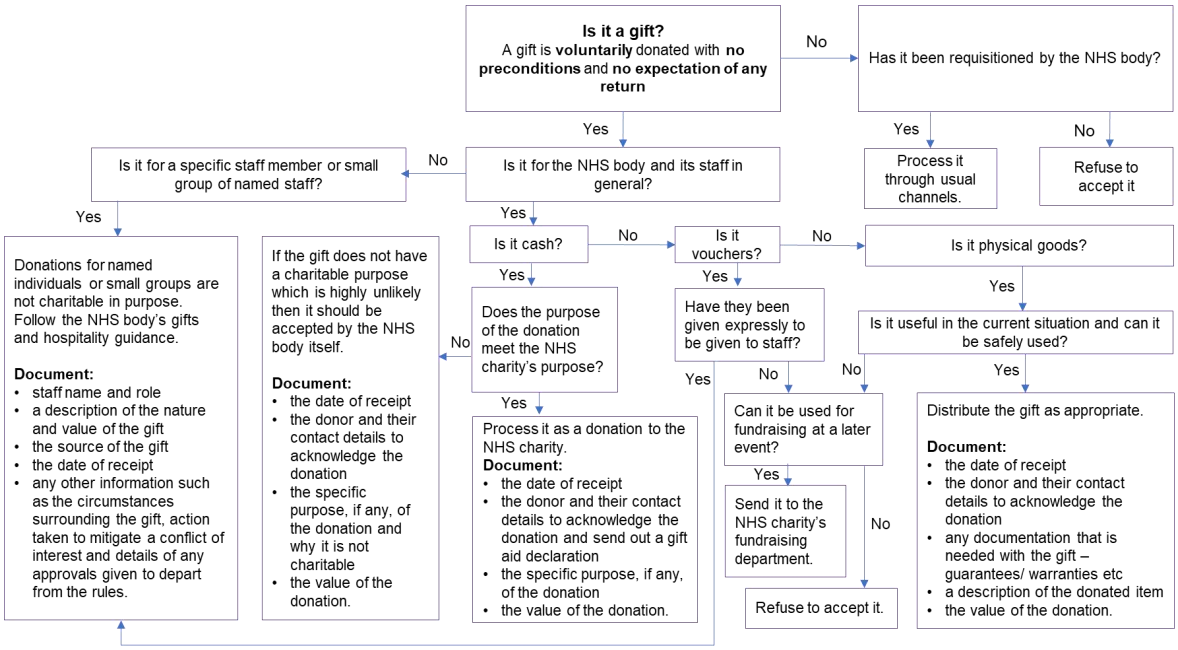
This briefing will be updated as the pandemic and the reaction to it changes. We are also working on a briefing on how NHS charitable funds might be used to help with the pandemic and its aftermath.

The CPD Standards Office
CPD PROVIDER: 50137
2018-2020
www.cpdstandards.com

The example charitable funds annual report and accounts[1] has been updated to take account of the new reporting requirements for 2019/20, including the recent guidance on reporting Covid-19.

Please contact us if you have any comments or think we could do further work – policy@hfma.org.uk.

Exhibit 1: Factors to consider when a donation is received



Note: this exhibit is included at the end of the document in landscape format

Exhibit 2: Questions to ask to ensure appropriate arrangements have been put in place

	Yes/ no	Action taken
Are there clearly identified places where gifts/ donations can be received?		
Are there procedures in place to distinguish between ordered goods and donated goods?		
Do the staff receiving gifts/ donations understand that it must be freely given with nothing expected in return?		
Is there a clear mechanism for documenting the receipt of a gift/ donation?		
Can gifts/ donations for individuals be identified?		
Has it been agreed whether gifts/ donations are being accepted by the NHS body or the NHS charity?		

[1] HFMA, *Example charity annual report and accounts*, March 2020

	Yes/ no	Action taken
Are there clear criteria for the fair distribution of goods, particularly those that are perishable?		
Are items such as vouchers that cannot be used during the pandemic being stored securely for later distribution?		
Is there a secure storage area for gifts and donations that await distribution?		
Is there a mechanism for reviewing the usefulness and safety of donations of equipment?		
Can the staff receiving gifts/ donations refuse to take them if they have conditions attached or are not fit for purpose?		
Have arrangements been put in place for setting up wishlists and managing the distribution of gifts from those lists?		

General criteria

NHS bodies are not charities, but they do have the power to raise money[2]. Usually, any donations are managed by the NHS charities associated with the NHS body and therefore are required to meet the usual criteria for acceptance in order to comply with charity law and regulation[3].

Donations or gifts to the NHS must:

- not place the NHS body or NHS charity under an inappropriate obligation
- be recorded
- in addition, gifts and donations made to an NHS charity must:
  - be for public benefit. Donations or gifts cannot be accepted for the benefit of named individuals or families, but they can be accepted for use in a particular ward or area of the organisation as the benefit of that gift is available to anyone who uses that NHS service.
  - be in line with the NHS charity's charitable purpose which usually means it must translate demonstrably to relief of sickness of NHS patients.

Gifts with restrictions or conditions attached can be difficult for the organisation to use so, where possible, the donor should be encouraged to make a general-purpose donation.

Fundraising

Many members of the public are fundraising 'for the NHS'. Consideration needs to be given as to how these funds will be recorded – whether that is through the NHS charity or by the NHS body itself. Donations to NHS charities have the advantage that gift aid can be claimed, and they are also set up to receive donations.

NHS Charities Together is running a national Covid-19 appeal[4] that will be distributed to NHS charities via grants. If the local NHS charity does not have a mechanism for receiving charitable donations or is overwhelmed, then consideration should be given to pointing the public to that appeal.

[2] Section 222 of the *NHS Act 2006*
[3] Appropriate guidance can be found on the Charity Commission for England and Wales website; Charity Commission for Northern Ireland; or the Office of the Scottish Charity Regulator
[4] NHS Charities Together, *Covid-19 urgent appeal*, accessed 6 April 2020

It is important that fundraising is well managed and controlled. Some NHS charities include information on how to fundraise for them on their website, for example, Southampton Hospital Charity[5] has a fundraising toolkit on its website. This information may need to be revised as a result of Covid-19, for instance, guidance on running events will not be useful.

It must be clear how funds raised for the charity should be paid over and it would be useful to provide guidance on wording that should be used when fundraising so the donations can be properly used.

Advice to volunteer fundraisers should be clear in relation to the reimbursement of personal expenses - they should be advised at an early stage that they undertake their fundraising activities at their own risk and cannot assume that the charity will reimburse them for expenses incurred in order to raise funds.

Donations to NHS charities

Cash donations

All NHS organisations should already have procedures in place to collect and record cash donations. If there is no current procedure in place, the HFMA has issued a briefing on good practice in handling cash donations[6] which can support organisations to review their policies.

These procedures should be adhered to throughout the Covid-19 pandemic. It may be necessary to remind staff of the obligations on them, should they be offered a cash donation.

However, as only essential journeys are allowed and social distancing is enforced, NHS bodies should consider whether collecting cash donations is still reasonable. This is particularly the case in hospitals that are effectively closed to all but patients and essential staff.

If it is decided that cash donations are not accepted at all on site, the public should be directed to on-line giving.

Online giving

Many NHS charities have Just Giving pages or similar fundraising web pages which people may be directed to if they wish to make a donation. It is important to remember that the stated aim for the fundraising is what the funds must be used for. For example, if the Just Giving page states that the money will be used for a CT scanner, then the funds must be used for that purpose.

If it is the intention that funds can be used to support staff during Covid-19, then the description of the page must reflect that. Alternatively, a more general description can be used, such as ‘we are raising funds to support the NHS body and its staff during the Covid-19 pandemic and its aftermath. If for any reason there are surplus funds left over following the pandemic, we will use the money for our wider charitable purpose of supporting the NHS’. Referring to the aftermath of the pandemic means that the funds can be used to support staff with counselling, for example, once the crisis is over.

Online giving pages will collect the necessary information for gift aid to be claimed on the charitable donations.

Restricted funds

It will remain important not to set up unnecessary, and possibly unusable, restricted funds. Restricted funds can only be spent in accordance with written restrictions imposed when the funds were donated or granted to or in accordance with the specific terms of the appeal raised for the charity. A restriction is limited to one or more but not all of the charity’s objectives.

[5] Southampton Hospitals Charity, *Be inspired*, accessed 6 April 2020
[6] HFMA, *NHS charities (England and Wales) – good practice in handling cash donations,* July 2017

Most donors do not intend to create an absolute restriction but do expect their gift to be applied to the type of work they indicate when making it.

When restricted funds are designated, the term 'earmarked or designated restricted funds' should be used as this reduces the potential for confusion.

Donations of equipment

Some organisations are donating equipment to NHS organisations to support the fight against Covid-19; for example, many manufacturing companies and schools have donated eye protection to their local hospitals. Again, these donations can be accepted assuming that they meet the specified criteria for a gift and are fit for purpose.

It is important that the documentation associated with the donated items, such as warranties, instruction booklets, are provided so that the NHS body can ensure that the goods are maintained and can be repaired appropriately, if necessary. The same procedures need to be applied to gifts in kind that would be applied to purchased goods, for example PAT testing of electrical items and adding the goods to the asset register.

Donated assets that are valued at more than £5,000 and are expected to be used for more than a year must be recognised in the NHS body's asset register. These assets must be clearly identified as donated so that they do not attract a PDC dividend cost. Their useful economic life will need to be assessed so that they can be appropriately depreciated.

Gifts for NHS staff

Non-cash gifts

During the Covid-19 pandemic many trusts are receiving gifts of food and other essential supplies to support staff to stay well and to be able to stay at work, where that means that they are living away from home. Hospitals, and NHS bodies, are also receiving gifts of flowers and other morale boosting items for staff.

Maintaining morale and wellbeing of staff during the pandemic is essential for an effective workforce; these gifts are therefore allowable as long as they are completely free of obligation and do not create an expectation that the NHS body will undertake future business with that supplier after the pandemic.

Paragraph A4.12.2 of *Managing public money*[7] defines a gift as something that is voluntarily donated with no preconditions and without the expectation of any return. Government departments are required to maintain a register detailing:

- the gifts that they have received
- the value of them and
- what happened to the gift, for example, whether it was retained, distributed to staff or disposed of.

This guidance applies to NHS bodies as well as government departments. This includes all donations whether given to individuals or to 'the NHS' although special considerations apply to gifts to individuals (see below). Where the gift is for the NHS or NHS staff in general, a decision will have to be made whether these gifts should be registered as donations to the NHS charity or to the NHS body itself. This will depend on whether the gift is charitable or not (see the section above) and whether or not there is an appropriate NHS charity.

In either case, the gift should be documented. Clearly, when perishable goods are delivered these need to be distributed as quickly as possible, but they should nonetheless be recorded. This may simply be in a logbook (paper or electronic) maintained by the staff working on reception desks.

[7] HM Treasury, *Managing public money*, revised September 2019

Receiving, managing and distributing donations is more straightforward if NHS bodies designate places for them to be left rather than accepting them at all contact points.

It may be that a decision is taken not to value gifts at the moment on the basis of practicality, but best practice is to record all gifts. The guidance on managing conflicts of interest says that gifts to individuals valued at less than £50 do not have to be declared – this threshold could be adopted for all gifts whether to individuals or to the NHS body. While gifts of around £50 may not be material to the NHS body, they may be to the person donating them so should be recorded.

Wishlists

Some NHS organisations have created Amazon wish lists for items to support their staff where people would like to donate. Again, it must be clear what these items will be used for and their purchase must fulfil the general criteria set out earlier. Larger items on the wishlist should be items that can be kept on the NHS site to be used by a number of members of staff. The wishlist may also include smaller items that can be used in care packages for staff.

In order for these gifts to be managed through the NHS body or the NHS charity, these wishlists need to contain items that staff think that their colleagues would find useful and when the items arrive at the NHS body, ideally they should be distributed by someone other than the person who created the wishlist based on clear criteria. If staff are creating the wishlist and distributing items, they must not be the recipients of the gifts and they should be using clear criteria for distribution.

As long as the items fulfil charitable purpose, they can be managed through the NHS charity – for example, kitchen equipment for staff to heat/ prepare snacks while on duty would help those staff working long hours perform their roles better and would therefore indirectly benefit patients. Equally, items to include in care packages for staff or overnight kits for those staff self-isolating away from home would also benefit patients. On the other hand, a Nintendo Switch or even a kettle that is taken home by one staff member might improve that individual's morale but would not benefit the NHS body or its patients.

Where the NHS body does not have a charity then these lists can be managed through the NHS body itself but best practice would be to apply similar criteria to ensure that the gifts are used as intended – to benefit the NHS and its staff during this crisis.

The guidance on conflicts of interest is clear that staff should not solicit gifts (particularly cash) so the staff creating the wishlists should not be the beneficiaries of the donations. If a particular staff member asks for, and receives, something from a wishlist then this should be documented in the gifts and hospitality register and the fact that it was received through an Amazon wishlist should be also be noted. This is an area that should be reviewed once the pandemic is over.

Where non-cash donations are being accepted and distributed through the NHS charity then these will have to be reflected in the 2019/20 or 2020/21 accounts as gifts in kind.

Cash donations 'for staff'

If cash donations are made specifically to be spend on staff benefits, then that purpose must be logged along with the receipt. These donations should all be recorded by the NHS charity or NHS body.

Where vouchers are donated for staff in general then, ideally, they would be used by the NHS body or NHS charity to raise funds for future use – for example, they would be raffled. Where, this is not possible because of the number of vouchers or the specific wishes of the donor then the method of distribution should be clear and transparent – so that as many staff as possible benefit from the donation. This may be the case where the donation is made for a specific group of staff, for example,

critical care or ICU staff. The recipients of the vouchers should record the donation in the NHS body's gifts and hospitality register as a personal gift (see the section Gifts to individuals below).

Given the current climate, if possible, these vouchers should be kept securely until after the crisis when a decision can be made about their distribution.

If conditions are attached to donations that cannot be met, then NHS bodies/ NHS charities should decline the gift.

It is legitimate to spend charitable funds on staff as long as it will have the result of making staff more effective in their roles. This is because the non-charitable purpose of providing benefits to staff is expected to have a knock-on positive impact on the charitable purposes of providing healthcare to NHS patients.

When deciding how to spend charitable funds on staff welfare, trustee(s) need to consider:

- to what extent the intended charitable outcome from making the payment can be measured and demonstrated AND
- how effective (in terms of value for money) the payment will be in delivering the ultimate outcome AND
- how strong (or tenuous) the connection is between the payment and the charitable outcome intended.

Trustees must exercise their judgment and discretion in deciding to apply any of the charitable funds under their control for staffing related purposes and be prepared to justify any such spending if questioned. Where money has been donated specifically for the benefit of staff then the donor's wishes must be respected.

Links between how the monies are used and the charitable purposes that are fulfilled as a result must be evidenced. In order to do this, it is critical that the trustee(s) discuss the type of expenditure on staff they will fund and the reason that they consider it to have a charitable benefit as well as publishing clear guidelines for staff on what will, and will not, be funded. As part of their discussions, trustees need to consider what the donors might think of their donations being used this way and any possible reputational risks. The policy must be applied consistently to all staff and must be regularly, ideally annually, reviewed.

Once the policy for using charitable funds on staff has been established, procedures need to be established for how the expenditure will be incurred. It may be that staff members will incur the costs personally – either buying a gift or paying for food and are then reimbursed or the NHS charity will make the purchase direct. If staff members are to be reimbursed, then receipts will need to be provided and consideration needs to be given to how the charity can be sure that the gift has been received by the appropriate person.

Gifts to individuals

Employees of public bodies, including NHS staff, should not accept gifts where they might be seen to compromise the staff member's professional judgement or integrity.

The NHS England guidance *Managing conflicts of interest*[8] explains that:

- gifts from suppliers or contractors doing business or likely to do business with the NHS body should be declined unless they are low cost branded personal aids valued at less than £6[9]

[8] NHS England, *Managing conflicts of interest*, 2017

[9] This limit relates to NHS staff attending conferences or working with suppliers who may be offered items such as stationary, re-usable cups and other merchandising. While this type of gift does not come with explicit conditions it is part of a commercial organisation's marketing campaign. The £6 limit was not intended to apply to care packages donated without any conditions to staff working in these very challenging times – it is included in this briefing for completeness and as a reminder that the reason for the donation must always be considered.

- gifts from other sources may be accepted if they are non-cash gifts of less than £50 in value. If they are not:
  - cash and vouchers should always be declined
  - individual gifts valued over £50 should be treated with caution and only be accepted on behalf of the NHS body or its charitable funds. Multiple gifts valuing over £50 in total over a 12-month period should be treated in the same way. For example, the recipient could ask if the gift could be donated to the NHS charity as a raffle prize.

Where gifts are accepted the following should be recorded:

- staff name and role
- a description of the nature and value of the gift
- the source of the gift
- the date of receipt
- any other information such as the circumstances surrounding the gift, action taken to mitigate a conflict of interest and details of any approvals given to depart from the rules.

Staff are being offered accommodation and meals – these can be accepted where it is appropriate. In these times, it would be appropriate for the NHS body to accept local hotel accommodation and arrange for staff to use it when isolating from the family home or simply to avoid unnecessary travel. If it is organised through the NHS body or the NHS charity then it does not need to be documented as a personal gift. The limits on gifts and hospitality set out in the NHS England guidance would not apply as the accommodation, meal or care package is a necessary to deliver healthcare during the pandemic rather than a benefit of attending a conference or an event during normal times. However, the acceptance of the hospitality should be recorded by the NHS body or the NHS charity.

Recording donations and gifts

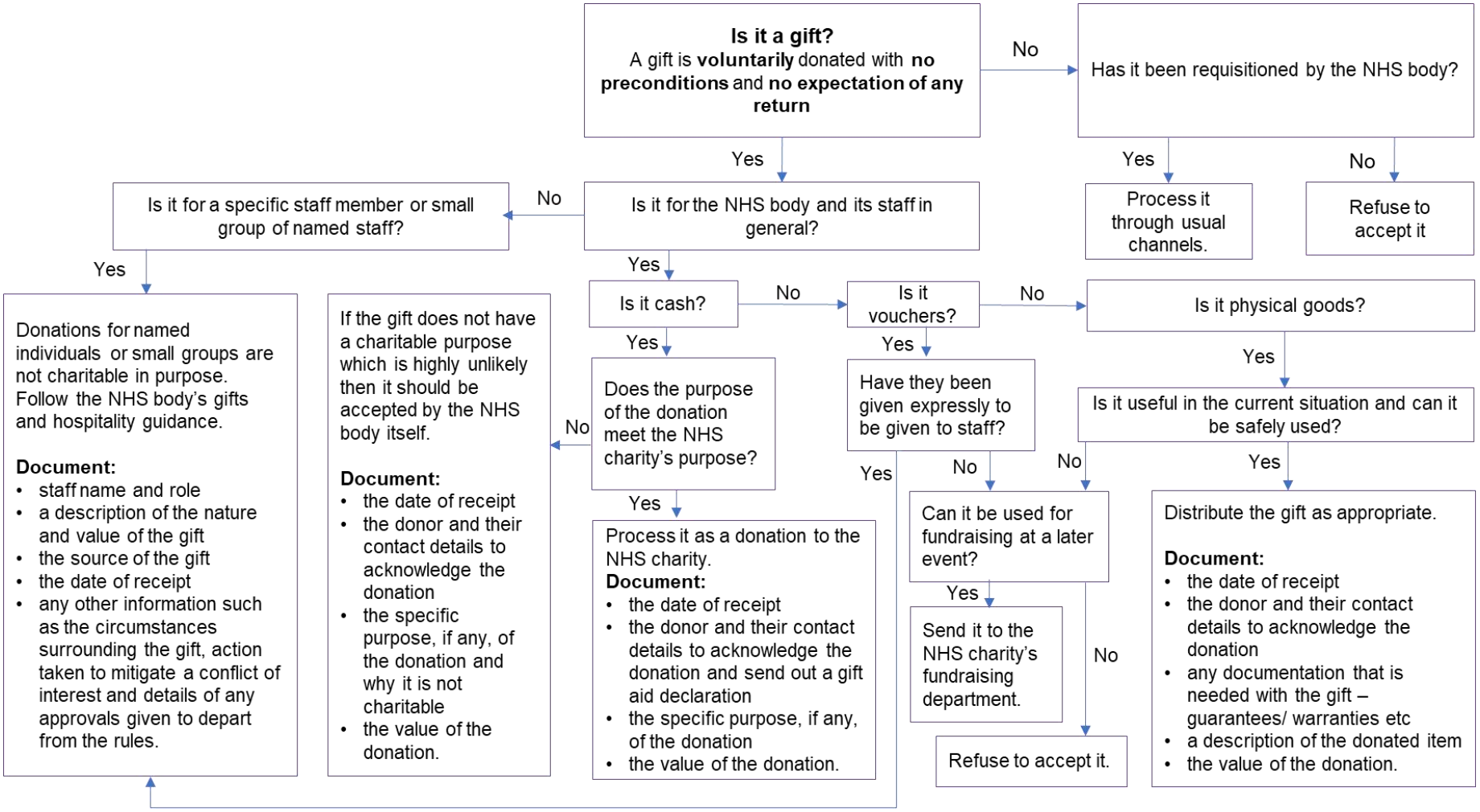
All donations and gifts should be recorded, and the donation acknowledged in writing. During the Covid-19 pandemic this acknowledgment may be delayed but should be carried out at the earliest possible opportunity.

The following information must be recorded:

- the type of donation – cash or gifts in kind
- the date of receipt
- the donor and their contact details so that an acknowledgement can be sent
- the purpose, if any, of the donation
- the intended recipient(s) of the donation
- the value of the donation
- what was done with the donation.

If the donation takes the form of cash and gift aid can be claimed then a gift aid declaration should be completed.

Exhibit 1: Factors to consider when a donation is received



About the HFMA

The Healthcare Financial Management Association (HFMA) is the professional body for finance staff in healthcare. For nearly 70 years, it has provided independent and objective advice to its members and the wider healthcare community. It is a charitable organisation that promotes best practice and innovation in financial management and governance across the UK health economy through its local and national networks.

The association also analyses and responds to national policy and aims to exert influence in shaping the wider healthcare agenda. It has particular interest in promoting the highest professional standards in financial management and governance and is keen to work with other organisations to promote approaches that really are 'fit for purpose' and effective.

The HFMA offers a range of qualifications in healthcare business and finance at undergraduate and postgraduate level and can provide a route to an MBA in healthcare finance. The qualifications are delivered through HFMA's Academy which was launched in 2017 and has already established strong learner and alumni networks.

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NHS
Worcestershire Acute Hospitals NHS Trust

Putting patients first May 2019

Meeting	Trust Board
Date of meeting	14 May 2020
Paper number	Enc G3

Trust Management Executive

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

Accountable Director	Matthew Hopkins CEO		
Presented by	Matthew Hopkins CEO	**Author /s**	Martin Wood Deputy Company Secretary

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

Report previously reviewed by		
Committee/Group	Date	Outcome

Recommendations	The Trust Board is requested to receive this report for assurance.

Executive summary	This report gives a summary of the items discussed at the Trust Management Executives (TME) held in April 2020. Members will see that there is a clear line of sight between the Board, Committees and TME.

Risk									
Key Risks	TME, as the decision making body for the Trust, addresses all risks.								
Assurance									
Assurance level	**Significant**		**Moderate**		**Limited**		**None**		
Financial Risk	Within budgets								

Meeting	Trust Board
Date of meeting	14 May 2020
Paper number	Enc G3

Introduction/Background

TME is the primary executive decision making body for the Trust. It is set up to drive the strategic agenda and the business objectives for the Trust. It ensures that the key risks are identified and mitigated as well as ensuring that the Trust achieves its financial and operational performance targets.

Issues and options

Since my last report at the March 2020 Board, TME has met on 22 April 2020 with a reduced agenda due to the COVID-19 pandemic. The meeting scheduled for 18 March 2020 was cancelled due to the COVID-19 pandemic. This report covers that meeting.

COVID-19 – The Trust's Response (April Trust Board)

- Governance Arrangements
- Incident Response
- Clinical Ethical Framework
- Financial Controls
- Preparing for the Future

Items presented for approval

- **Annual Governance Statement** (May Audit and Assurance Committee)
- **Annual Report (**May Audit and Assurance Committee)
- **Corporate Governance Self Declarations (**April Quality Governance Committee, May Audit and Assurance Committee and Trust Board)
- **Armed Forces Covenant at Worcestershire Acute Hospitals Trust**
- **ASR Full Business Case** (April Finance and Performance Committee and May Trust Board)
- **Remote Monitoring of COPD**
- **Allscripts Contract Change Notice Update** (June Finance and Performance Committee)

Items presented for discussion

- **Integrated Performance Report** (April Finance and Performance Committee and Trust Board)
- **Home First Worcestershire** (April Finance and Performance Committee and Trust Board)
- **Financial Performance Report Month 12 Position including Financial Governance During COVID-19** (April Finance and Performance Committee and May Trust Board)

Recommendations

The Trust Board is requested to receive this report for assurance.

Appendices