

Trust Board

There will be a meeting of the Trust Board on Thursday 13 May 2021 at 10:00. It will be held virtually and live streamed on You Tube.



Sir David Nicholson
Chair

Agenda		Enclosure	Time
020/21	Welcome and apologies for absence:		10:00
021/21	Patient Story		10:05
022/21	Items of Any Other Business <i>To declare any business to be taken under this agenda item</i>		10:30
023/21	Declarations of Interest <i>To declare any interest members may have in connection with the agenda and any further interest(s) acquired since the previous meeting.</i>		
	Sir David Nicholson , Chair, has updated his declaration as follows:- <ul style="list-style-type: none"> • Senior Operating Partner, Healfund (investor in healthcare in Africa) • Advisor to KPMG Global 		
024/21	Minutes of the previous meeting <i>To approve the Minutes of the meeting held on 22 April 2021 as a true and accurate record</i>	<i>For approval</i> Enc A Page 3	10:30
025/21	Action Log	<i>For noting</i> Enc B Page 14	10:35
026/21	Chair's Report	<i>For noting</i> Verbal	10:40
027/21	Chief Executive's Report	<i>For noting</i> Enc C Page 15	10:50
Strategy			
	No items: Pre election period in the run up to this meeting		-
Performance			
028/21	Integrated Performance Report Executive Summary/SPC Charts/Infographic Chief Executive/Executive Directors	<i>For assurance</i> Enc D1 Page 18	11:00
029/21	Committee Assurance Reports Committee Chairs	Page 90	
	Quality Governance Committee: Sepsis 6 presentation	Page 95	

Governance

030/21	Nursing and Midwifery Staffing Report – March 2021 Chief Nursing Officer	<i>For assurance</i>	Enc E1 Page 111	11:30
031/21	Provider Licence Conditions Company Secretary	<i>For approval</i>	Enc E2 Page 124	11:45
032/21	Audit and Assurance Committee Report Committee Chair	<i>For assurance</i>	Enc E3 Page 135	11:55
033/21	Remuneration Committee Report Committee Chair	<i>For assurance</i>	Enc E4 Page 137	12:00
034/21	Trust Management Executive Report Chief Executive	<i>For assurance</i>	Enc E5 Page 138	12:05
035/21	Any Other Business <i>as previously notified</i>			12:10

Close

Date of Next Meeting

The next public Trust Board meeting will be held on 10 June 2021, virtually.

**MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON
THURSDAY 22 APRIL 2021 AT 10:00 AM
HELD VIRTUALLY**

Present:

Chair: Sir David Nicholson

Board members: (voting)	Waqar Azmi Paul Brennan Anita Day Paula Gardner Mike Hallissey Matthew Hopkins Dame Julie Moore Dr Simon Murphy Robert Toole Bill Tunnicliffe	Non-Executive Director Deputy Chief Executive/Chief Operating Officer Non-Executive Director Chief Nursing Officer Chief Medical Officer Chief Executive Non-Executive Director Non-Executive Director Chief Finance Officer Non-Executive Director
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Board members: (non-voting)	Richard Haynes Colin Horwath Vikki Lewis Richard Oosterom Rebecca O'Connor Jo Newton Tina Ricketts Sharon Thompson	Director of Communications and Engagement Associate Non-Executive Director Chief Digital Officer Associate Non-Executive Director Company Secretary Director of Strategy and Planning Director of People and Culture Associate Non-Executive Director
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In attendance	Simon Adams Melanie Hurdman Jules Walton	HealthWatch Freedom to Speak Up Guardian Staff Observer
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Public Via YouTube

Apologies None noted

001/21 **WELCOME**
Sir David welcomed everyone to the meeting, including those viewing via YouTube. In particular to Mrs Gardner and Dr Murphy on their first Board meetings.

002/21 **PATIENT STORY**
Daisy was unable to join the Board today. Mrs Gardner read out her story.

Daisy, age 17, had written to the Trust to make a complaint about her experience of her first pregnancy scan at Kidderminster Maternity Hub. Her email explained that during the scan, the sonographer told her they could not see a live pregnancy. There were three people in the room and another specialist was called to come and look at the screen, who agreed that nothing was there. Alone, age 17 and never having done this before, Daisy explained how scared she was. She was asked to do a pregnancy test to check she was pregnant and this came back positive.

The staff proceeded to tell Daisy there was not a viable pregnancy; she would have bloods done and an internal scan. However Daisy could not have her bloods done until the next day and nothing further was said about the internal scan.

Daisy left the unit and went home devastated, assuming she had lost her baby. Both Daisy and her partner could not eat or sleep and were deeply upset. Daisy was still being sick and was angry at herself thinking, why am I still having symptoms if there is no pregnancy? Worcester Hospital rang her on Monday to follow up the scan and bloods. At this appointment, you could see the baby was very much there, was healthy and her bloods were very high. After such an emotional weekend, when she saw her baby on the screen, she burst into tears as for the whole weekend they thought they had lost their baby. Daisy was given a booklet and told how to make a complaint her experience at Kidderminster.

Daisy explains in her email how this was an incredibly distressing time and as a young person, how alone she felt, in a room with strangers telling her she did not have a baby anymore. This experience made her not want to carry on with her appointment at Kidderminster Maternity Hub and scared that at her 12 week scan they will tell her the same thing.

Daisy asked the Trust why could the baby not be seen, given the vast difference just four days later. She asked the Trust what can be done about the horrific weekend she had experienced due to either scans not being accurate, staff not being trained or equipment not being good enough. Ms Gardner advised how this was at a time when partners were not allowed in and explained Daisy's experience of not having her partner with her, whilst three other strangers were in the room.

Sir David thanked Mrs Gardner for sharing Daisy's story, noting it is unimaginable how this must have felt for Daisy and apologised that the service has gone wrong on this occasion. Mrs Gardner explained what had happened. Sometimes at eight weeks it is hard to see the foetus by abdominal scan and a transvaginal scan should have taken place. In Daisy's case the correct pathway was not followed and she should also have left the department with an appointment for the same or following day. The Trust has apologised and the midwife sonographer lead has met with staff to understand the training and pathway. We are pleased that Daisy is 19 weeks pregnant and progressing well.

Mr Tunnicliffe was glad we have taken steps regarding the process, but missing a bit about the person, why did no one realise what Daisy was experiencing? Mrs Gardener agreed, noting the importance of compassionate and kind responses to complaints. Mrs Day asked if there was a potential for unconscious bias given Daisy's age and vulnerability that meant we did not look after her in the way we could have done. Mr Oosterom agreed, asking for a root cause analysis and Mr Horwath reflected upon Daisy's bravery in complaining, asking are we assured whether there are any others who have experienced the same?

Mr Adams noted the responsibility of staff in speaking up when things have gone wrong. Mr Azmi agreed, asking if there are training needs in relation to handling patients with increased vulnerability. Mr Tunnicliffe felt some issues could be addressed by allowing partner visiting and it was confirmed that this was reinstated from 12 April.

Mrs Gardner accepted the points raised, noting we will review incidents across age groups and also be compassionate in our responses, further confirming we do not waiting for complaints and are looking at issues with the Director of Midwifery with fresh eyes.

Sir David thanked Daisy for her bravery and for raising the issues and on behalf of the Trust Board, apologised that the service she received was inadequate. He expressed every best wish and support for the rest of your pregnancy and confirmed we are taking your points made seriously, in particular how we engage with those who are young or vulnerable and

this will be revisited as a Board.

003/21

ANY OTHER BUSINESS

There were no items of any other business.

004/21

DECLARATIONS OF INTERESTS

An additional declaration (post paper circulation) was noted in relation to Dr Simon Murphy Spouse is Manager of the Worcestershire Adult Safeguarding Board.

The Board noted the full list of declarations of interest were on the website.

005/21

MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 11 MARCH 2021

Page 12, paragraph three regarding continuity of carer. To be edited from “midwives moving away from community” to “following through the whole pathway”

RESOLVED THAT subject to the above the Minutes of the public meeting held on 11 March 2021 be confirmed as a correct record and signed by the Chair.

006/21

ACTION SCHEDULE

Ms O'Connor confirmed all actions were complete on the log.

007/21

CHAIR'S REPORT

Sir David presented his report advising the Board of the appointment of Ms Anita Day as Senior Independent Director and confirmed a change in terminology to Trust and Committee Chair, apologising for any offence which may have been taken previously.

Chair's action taken in respect of the Siemens contract was taken as read and ratified.

RESOLVED THAT : The Trust Board:

- **Approved the appointment of the Senior Independent Director,**
- **Approved the use of the term Chair**
- **Ratified Chair's action undertaken since the last Board meeting**

008/21

CHIEF EXECUTIVE'S REPORT

Mr Hopkins celebrated the return of many staff and indeed his own return back on site, noting the kindness with which they have been welcomed.

He drew particular attention to the recently published report from the Commission on Race and Ethnic Disparities (CRED) which has not been well received by the BAME community nationally. Having discussed the same with the Trust's BAME network lead, the network is working hard to recommend ways in which we can become more inclusive. Mr Hopkins re-emphasised his commitment, and that of the Trust Board, to work with the BAME network to build an inclusive and diverse organisation.

Dr Murphy added in his role as Board non-executive lead for the BAME network, he has also met with the BAME network lead and is looking at how the Board can best support the network and develop an outline an action plan. Mr Azmi welcomed Mr Hopkins' approach regarding the CRED report and agreed we should take a local approach looking at the experience of our staff, what our communities are saying and an approach to tackling race equality issues by liaison with the BAME network was welcomed. It was also noted that the term ethnic minority is now preferred in place of BAME and this should be discussed with the BAME network as to their preference.

Mr Hopkins advised the Board that he has received a letter from the Care Quality

Commission (CQC) confirming the Trust's Section 31 sanctions are being lifted. Congratulations were shared with the team and a commitment to continue to work to ensure patient experience and quality of care is focussed on.

RESOLVED THAT: the report be noted.

STRATEGY

009/21

COVID- 19 Update

Mr Brennan provided an update which was a longer view of the current wave.

There is an ongoing slowdown in the number of Covid related discharges and excess deaths. The number of Covid patients over the last week has been 9-12 and today is 9. There has been a reduction in the number of patients clinically presumed and in ITU, has now come down to 2 for the last 10 days. This is the last version of this report, but there will be an "end of term" report looking back over the last 12 months. There is talk of a third wave and the report will pick up the lessons we have learned.

Vaccination rates have increased, however it is the lockdown that has had the impact, not yet vaccination. This will need to reach 75% before we see a significant impact (currently 45%), hence the concern regarding a further third wave. Thus we are planning on the basis of how would the Trust respond to any third wave from June onwards. Mr Horwath asked if there had been any conclusion regarding the fertility discussion? Mr Brennan was unable to specifically update further, however noted the excellent and ongoing work of the HR team in engaging with staff regarding uptake.

Mr Tunnicliffe welcomed the excellent reporting throughout the pandemic and offered his thanks to the executive for a well-managed process. He asked that as there are now very small numbers, do we have a plan regarding streamlining Covid activity onto one site, to maximise non Covid elective work?

Mr Brennan confirmed work is underway in the main ITU at WRH to segregate Covid /other viruses and non Covid. The ITU is now open with 2 single rooms and partitioned pods in the main ITU into 2 bays, then 7 beds in open plan. There will be 2 additional beds in single rooms from September. The Alex has opened up for elective surgery with 4 theatres now functioning and 2 ringfenced wards. 3 theatres at Kidderminster are open and a fourth coming online from early May. Outpatient issues are as a result of social distancing and this has impacted on flow for those who need to be seen face to face.

Ms Day echoed congratulations complementing the comprehensive report. With regards to vaccination of staff; are there issues around level of vaccination for CEV staff? What does this mean practically regarding management and deployment of staff? Mrs Ricketts advised we have met individually with all shielding staff and undertaken a refreshed risk assessment, which includes consideration of vaccination. We are currently at 90% take up for CEV staff, with 5 members of staff we are supporting. We have also seen improvements in uptake by ethnic minority to 80%, the overall Trust position being 89%, with circa 100 staff who have decided to opt out.

Sir David offered his thanks to all staff involved and to the executive. The end of term report to be integrated with workforce issues to pick up any lessons learned.

RESOLVED THAT the Trust Board received the report for assurance.

010/21

Annual Planning Update 2021/22

Mrs Newton highlighted the paper which outlined the national annual planning guidance and an update on progress with annual planning at both ICS and Trust level.

Guidance on the planning process had been published since writing the paper. In summary, the process is significantly compressed, it only covers half the year, known as H1 and is based upon block payments. A system plan submission will be made on 6 May. Matters are moving at pace and a more detailed paper will go to Finance & Performance Committee (F&P) for discussion next week.

The remainder of the paper sets out the approach to PEPs, those paused due to Covid and the identification of transformational programmes to increase productivity. Business cases should improve outcomes, process and focus on benefits realisation, rather than income generation. Finally, to note the staffing recovery offer approved by People and Culture Committee (P&C) as set out at the end of the report.

Mr Toole stressed the importance going forwards to drive down the costs of activity so as we restore services we are reducing the cost base, depending on the activity undertaken. This will be key both this year and into future years.

Sir David opened up the item to questions:

Mr Oosterom noted it is good to see feedback given has been integrated and looks forward to the discussion at Committee. He asked how are we dealing with objective setting from executive into the organisation? Mr Hopkins confirmed that usually by this point, we would have signed off priority objectives from the annual plan. We are discussing these in team meetings and it is anticipated that we have a draft set of priorities in May, yesterday we reviewed the list of transformational projects we have underway, HICs and capital programmes. These are usually signed off in February, but will be socialising the same through the Committees in due course

Ms Day queried the criteria for determining which business cases which go forwards, whether they have a financial or quality impact. Mr Toole confirmed that yes, patient safety issues, statutory requirements, infrastructure are BAF risks and are covered.

Mr Horwath referred to the transfer of activity across patient pathways to the best place, asking whether we have assurance around these processes? Mrs Newton confirmed we are prioritising and are in dialogue with the system regarding what we might do regarding pathways at place level, as well as what need to do re elective recovery. She confirmed the conversation is being had and we are working around the resource and timing. Mr Hallissey concurred, noting real enthusiasm from clinicians, PCNs and the H&CT about how we refocus on pathways and move things around the system.

Mr Hopkins reflected a real focus on shifting hearts and minds. He noted four elements including temporary staff, productivity of assets, shifting the right care to the right setting, the management restructure and how we balance quality v cost improvement in the context of value

Sir David expressed frustration at the number of moving parts in terms of finances, organisational context and priorities etc, noting it is hard to find a track through and our challenge is to go faster and turn the plan into something meaningful for our staff. He welcomed the good news we have recognition across the system for dealing with the financial issues of the system. We do not want the annual plan to become a list, we

need to organise around priorities and objectives and welcomed the good progress made.

RESOLVED THAT the Trust Board received the report for assurance.

PERFORMANCE

011/21

Integrated Performance Report Executive Summary

Mrs Lewis presented the month 11 report. The maternity suite of indicators has been included and to finesse this, some national benchmarking information will be included over the coming months. The key points highlighted on the executive summary were noted and discussed.

With regards to infection prevention and control, Mrs Gardner noted the need to now focus on non Covid targets especially MSSA, cannula care and wound care. Focus on these issues continues as part of quality improvement programme, with C-diff coming into target as part of the antimicrobial stewardship work. 2 MRSA bacteraemia have been confirmed, linked to cannula care/skin integrity and are being reviewed. There is 1 outbreak ongoing on ward 11 and a new one at Laurel 2 is suspected. Targets for this year will not be agreed until end of Quarter 2 and these are largely based on last year.

Mr Hallissey confirmed a deep dive on Sepsis at the next meeting of Quality Governance Committee (QGC). We are achieving delivery of antibiotics better than ever before, work is ongoing regarding data collection however mortality is also better than average. Delivery of care remains reasonable from a safety perspective and we are working on data collection and reporting. Action plans have been requested from all divisions; we are reviewing the processes to be assured the data collection is accurate.

Mrs Ricketts updated as to the staff health and wellbeing offer. We have benchmarked against other Trusts and are performing better regarding sickness rates and are consistent with peer group Trusts regarding 29% of those absences being related to stress/anxiety. We have a well advanced health and wellbeing offer for staff on intranet and via a pinwheel. P&C have planned the priorities for the next year, but overall we are benchmarking well.

Mr Toole introduced the finance position as at month 11. We have achieved the yearend target of £6.5m surplus, this is against very different use of resources and activity undertaken and therefore we cannot directly compare to previous years. We must be assured moving forwards that as we increase activity we are not increasing cost base above the current levels, this must be at a reducing cost. We need to focus on our expenditure run rate in every category against activity, to demonstrate driving down of costs. Sir David acknowledged the Trust had lived within the allocation this year and this is to be recognised and congratulated all involved.

Sir David opened up the item for questions:

Ms Day asked what the Trust is doing with regards to late discharges and those medically fit for discharge? Mr Brennan noted issues in reduced access for patients who need to go home under discharge to assess. CCG/Council colleagues have invested and increased the number of care hours available to incorporate care hours the individual then needs, having been assessed at home. Secondly, in line with regional IPC guidance, the H&CT structure for beds was slightly less flexible than the Trust's approach and for a period of time, there were community hospital beds empty

whilst we had patients in hospital, however this was in line with relevant IPC guidelines.

Ms Day further queried regarding virtual consultation and non face to face follow up, why we are good at first consultation, but less so for follow up? Mr Brennan confirmed this is due to volume, as so many staff had been deployed to support wards and ITU, we maintained consultant time to support the 2 week pathways and urgent new cases, so we were not doing that level of follow up. We are now reviewing the expected time for follow ups that have not happened, to check there is no harm and putting catch up plans in place.

Mr Tunncliffe asked at page 59 regarding the occupancy of beds; this suggests we are 75% full, what is the actual capacity or is this staffed beds? On the same page do we have the right target regarding emergency access targets, e.g. golden discharge, 1 to be identified by 4pm daily is this enough of a challenge, do this drive enough? Speciality review in one hour data looks to be reducing to pre Covid performance, getting the right decision maker to the patient earlier, can addresses issues faster; do we have the reset correctly focused with our own staff? Sir David agreed, we are losing ground as we benchmark. Mr Brennan acknowledged the points which are well made. The points regarding occupancy will be checked as the daily reports show WRH at 92-94% and Alex at 85%.

Mr Brennan advised that during Covid we were directive and had a command structure in place. As flexibility has increased, 4 hours performance has reduced and command arrangements are being reviewed. Dame Moore asked whether we reintroduce the command structure until this stops slipping. Mr Brennan confirmed that this is under review and is being escalated. We have identified a lack of acute medial resource in the early evening, which during Covid had been increased to 2 medical registrars. This was a high cost solution and was stepped down, however we are working to reintroduce a second registrar from 2pm to midnight in a way that does not overburden the financial challenge.

Sir David felt the fall off in performance was predictable and we should be able to improve the position. Mr Hopkins expressed frustration in how the data shows we have lost some of the discipline. Home First Worcestershire is focusing on the issues but 4 hour performance is not where it needs to be; the Alex is regularly hitting high 80s, but WRH is struggling to do this as fast as we would like. Pathway 1 availability has been an issue and we have seen increasing number of walk in patients, thus there is an ongoing focus on 111.

Dame Julie felt this is an expenditure we have to incur to maintain quality of care and we must finance from elsewhere when it has such a big impact. In her new role at the P&C it will review deployment of medical staff. Mr Hallissey confirmed this is circa 5wte and identifying the people with the right skill set to staff the rota is the issue, as opposed to finance, however we are working through this.

Sir David requested assurance that performance will improve in a sustainable way. The challenge for us in terms of the backlog seems to be greater than others and we need to understand why we have a larger problem in this region. Many operational standards are moving to where we were before; we need to take urgent action to take this forwards and Mr Hopkins and the executive and the team will be working to address this.

RESOLVED THAT: The report be received for assurance.

012/21

Committee Assurance Reports

The following points were highlighted by Committee Chairs:

- F&P: attention on waiting lists; annual planning; service configuration over sites; digital programme and PAS
- QGC: focus on Sepsis and IPC over the next few months
- P&C: staff survey results; previously 81/83 and we are now in the pack, some messages that we need to do better re middle management and culture of trust. Minimise premium staffing costs and improving health and wellbeing goffer to staff

RESOLVED THAT: the Committee reports be noted for assurance.

GOVERNANCE

013/21

Nursing and Midwifery staffing report – February 2021

Mrs Gardner presented the nursing element of the report which covered the period to February 2021 and confirmed review of the same had taken place at P&C.

Redeployment of nursing staffing remained in place with a blended staffing model and this continued throughout February. During this time there were no patient harms reported as a result of nurse staffing. There was a decrease in incident reporting, but this has increased in March. Staff support for example 7 days per week senior nurse leadership support to the helpline. Sickness was at 4.55% and staff were signposted to support. During March the majority of redeployed staff returned to their substantive posts and in April we will see a phased return of shielding coming back to the workplace.

Ms Jeffrey presented the midwifery element of the report and acknowledged there have been staffing challenges towards the end of 2020 and these have continued. Activity meant there was less reliance on external teams.

It has been a difficult time and it is recognised this has increased anxiety in teams and causes concern around burnout. There has been an increase in cancelled bank shifts and higher sickness than expected. This has led to some delays in the induction of labour process and whilst we have tried to endure this has been safely managed, we know patient experience has been affected. We have struggled to get accurate data around workforce issues and we are working closely with HR partners to see specific midwife only data.

Acuity is reported to be higher than expected, but this is reported before mitigation. We are procuring a new acuity tool that looks at our ward areas to ensure we are maintaining appropriate staffing. As a result we have cancelled some role specific training which causes unhappiness in team.

We have seen positives in the reporting culture of staffing issues, reduced reliance on on-call staff and there has been no harm reported as a result of staffing. We are working with HR to address staffing sickness issues and have recruited 17 new members of staff, 10 of those staff have started with a further 6 in next 4-6 weeks to fill community vacancies. The CEV staff have also started to return. We are also submitting a staffing bid for Ockenden monies. We have started a staff wellbeing group looking at what further support we can offer and focus on staff retention.

Ms Day asked that whilst there are no adverse incidents, some women did have poor

experience, asking what are the underlying problems? Mrs Jeffrey advised this was in relation to delays in the induction of labour process, whereby some women have been waiting for 3 or 4 days, with others waiting 5-8 days. Mothers are monitored 2 or 3 times a day however, this pathway was not aligned to national guidance and a pathway review has been accelerated last week to come to a conclusion on a revised policy. Once this pathway is implemented we expect a change in management of these women and positive impact on their experience.

Sir David asked why this is the case and what is the missing intervention? Mrs Jeffrey highlighted changes in national guidance, thus more women are offered induction and therefore there are issues with flow. The new policy will ensure we offer induction to the right group of women, to reduce demand, release capacity; however we need consistent staffing levels to support the flow. This being directly linked to capacity and the number of midwives available.

Sir David noted we are on the higher end of numbers of midwife per birth and yet we have staffing issues, why is this? Mrs Jeffrey reflected we have a high level of short term sickness and part time staff who do bank shifts and as such at times are unavailable. Lots of team are in a flexible working agreement which makes it difficult to provide a fair rota. We are working with HR partners regarding sickness and this will have a positive impact on the staffing position.

RESOLVED THAT: the report be received for assurance.

015/21

Patient & Staff Safety – Domestic Violence

In order to facilitate attendance, this item was taken out of order and the agenda follows thereafter.

Mrs Ricketts presented the paper which had been prepared in response to the tragic murder to Sarah Everard. The intention being to ensure as a Trust, we are doing all we can in relation to staff and patient safety and signposting to support in relation to domestic violence, which may have been exacerbated by the lockdown.

We have reviewed the numbers of incidents reported, feedback from the staff survey and referrals made regarding domestic violence. We benchmark as better than average with regards to physical assault experienced by staff, some of which is not intentional. We have additional resource through the health and safety team to see what the root causes are, to support staff members and see if there are things we need to do differently. We have not seen an increase in referrals relation to domestic violence and have undertaken a number of awareness campaigns, following which some referrals were made.

Sir David asked if there were issues from stalking to site safety for example, asking do we need to do more? Mrs Ricketts confirmed CW audit have reviewed assault incidents and our oversight of the same has increased. Mrs Gardner explained how we can covertly support staff if they need assistance and support, in particular from a domestic violence perspective; no specific concerns had been raised with regards to stalking.

Ms Day concurred asking in relation to domestic violence asked whether are we seeing in clinics or ED, an increase in safeguarding concerns, specifically are our staff looking for these issues and do they know what to do if they see something of concern. Mrs Ricketts advised we are not aware of all domestic violence issues our workforce may be subject to, but confirmed we offer confidential counselling 24/7, which can be accessed

in confidence. Mrs Gardner added from a patient perspective, questions are asked in antenatal, but this can be difficult where ladies are with their partner or in a virtual setting. In ward areas there are questions we can ask and the safeguarding teams are key in ensuring these discussions take place. Ms Day stressed the importance of these conversations, highlighting an example from another Trust where a mother was supported via individual access to an interpreter and a lip balm which included a helpline number.

Mr Horwath noted the criticality with regards to relationships with other parties and that we share information appropriately. Mrs Gardner confirmed that we do share information as appropriate and have flagging system in place, noting that safeguarding is everyone's responsibility. Ms Thompson reflected the lasting impact and ongoing trauma such issues can cause and was pleased to hear of the Trust's work and support services. Mrs Ricketts and Mrs Gardner will work together to ensure we have the right oversight and training awareness in place.

RESOLVED THAT: the Board receives the report for assurance.

014/21

Freedom to Speak Up Guardian Report

Sir David welcomed Mrs Hurdman to the meeting. Mrs Hurdman confirmed the Freedom to Speak Up Portal had launched in October 2020. In the last quarter 26 concerns had been raised, with an increase in anonymous concerns raised via the portal. The themes are reviewed and there is a higher incidence in relation to issues being raised with regards to Covid, which is consistent nationally.

The portal can be accessed externally from next week, so staff can access this via their phones or at home. Freedom to Speak Up training is not yet mandated and this is being progressed, however is on induction for all new starters. We now have 45 champions across the Trust and their visibility is increasing.

Ms Day congratulated Mrs Hurdman on making real progress and noting the Trust has come to the attention of the national Freedom to Speak Up Guardian, adding she has been asked to speak on a panel as an NHS representative in relation to this work. It is good we are getting profile and recognition for the progress we are making.

Mr Oosterom noted that progress is good, but asked what are we doing to understand what went wrong in the first place and why could they not speak to their managers. Mrs Hurdman confirmed that of those who gave names, it is often that they have not been listened to, or cannot speak to line manager. From this, we then work with the person, but it is different for each case, as the issues may be the line manager for example. The champions meet bimonthly to review common denominators and other factors.

Sir David asked what happens if a pattern is shown? Mrs Ricketts advised that where a number of people from a department make a contact, but do not want to give their name, there is a question of confidence in trust. This would usually then result in fact finding, attending meetings and take statements anonymously if necessary and some of these instances have resulted in disciplinary action.

Mr Azmi queried the approach to closure, with 63 cases raised and only 20 being closed. Mrs Hurdman confirmed we continued supporting people despite issues being passed over, to HR for example. By taking time to close the case, we are confident this has been dealt with and no detriment suffered as a result, thus some cases are open for longer.

Dr Murphy asked how we comparatively benchmark? Are we seeing concerns that impact in respect of the quality and safety of patient services? Mrs Hurdman advised that nationally, there has been a higher increase in reports in relation to staffing and welfare rather than patient safety. As a Trust most of our reports are in relation to Covid and IPC, there is not a high proportion of patient safety issues reported, most tending to be bullying and harassment related.

Mr Hopkins advised that Mrs Ricketts' work on People & Culture Strategy has looked at the developments we need to make with line management to support speaking out. We are working on a leadership compact and the 4ward culture change programme is at a point of reflection in terms of progress to its next phase. He noted for example rudeness of staff in an operating theatre, is a patient safety issue and we need to take seriously any cases of bullying or bullying and harassment, key in addressing this being how we develop the leadership behaviours in the 4ward programme.

RESOLVED THAT: the Board received the report for assurance

016/21

Audit and Assurance Committee Report

Ms Day noted the paper as read, drawing attention to the ongoing Value for Money audit, advising we are working with our external auditors to finalise what this means for us. She further updated on the recent Away Day session which refined the internal audit plan for the year, finally confirming Mr Horwath would join the Committee and take forwards the legacy governance task and finish group agenda.

RESOLVED THAT the report be received for assurance.

017/21

Annual Review of Terms of Reference

Ms O'Connor confirmed the Terms of Reference had been individually reviewed and agreed by Committee and were put for the Board's approval

RESOLVED THAT the Terms of Reference be approved

018/21

Register of Sealing

Ms O'Connor presented the report which was taken as read.

RESOLVED THAT the report be noted.

019/21

ANY OTHER BUSINESS

There was no further business to transact.

DATE OF NEXT MEETING

The next Public Trust Board meeting will be held virtually on Thursday 11 May 2021 at 10:00am.

The meeting closed at 12:44pm

Signed _____
Sir David Nicholson, Chair

Date _____

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

PUBLIC TRUST BOARD ACTION SCHEDULE – APRIL 2021

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
11.3.21	Patient Story: Family Liaison Service	131/20	Development of a business case and interim plan to maintain the service and address any lessons learned specifically in addressing BAME needs	DK	April 2021	Dec 2021	A new Patient Experience Lead Nurse and Sister have been appointed and joined the Trust in April. The Lead Nurse for PE will lead a review of existing resources to embed actions from the feedback and learning from the temporary Family Liaison Service, operationalised during the second wave of the pandemic.	

Meeting	Trust Board
Date of meeting	13 May 2021
Paper number	Enc C

Chief Executive Officer's Report

For approval:		For discussion:		For assurance:		To note:	X
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Accountable Director	Matthew Hopkins Chief Executive Officer		
Presented by	Matthew Hopkins Chief Executive Officer	Author /s	Rebecca O'Connor Company Secretary

Alignment to the Trust's strategic objectives (x)

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

Committee/Group	Date	Outcome

Recommendations

The Trust Board is requested to

- Note this report

Executive summary

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

- Developing Worcestershire PLACE ICS model
- Maternity Improvement Programme Launch
- Annual planning submission
- Chief Medical Officer Recruitment

Risk

Which key red risks does this report address?	N/A	What BAF risk does this report address?	N/A
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Assurance Level (x)

0 1 2 3 4 5 6 7 N/A X

Financial Risk

None directly arising as a result of this report.

Action

Is there an action plan in place to deliver the desired improvement outcomes?	Y		N		N/A	X
Are the actions identified starting to or are delivering the desired outcomes?	Y		N			
If no has the action plan been revised/ enhanced	Y		N			
Timescales to achieve next level of assurance						

Introduction/Background

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

Meeting	Trust Board
Date of meeting	13 May 2021
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Issues and options

Developing Worcestershire PLACE ICS model

Service improvement and delivery at PLACE will be the engine room of the new ICS at county level. System partners have been working to develop an operating model for Worcestershire following a series of facilitated workshops.

The model will be tested as part of a development process by the ICS leadership later this month. Plans are underway to align the Worcestershire Alliance, Accident & Emergency Delivery Board and the STP elective and cancer board into a single PLACE governance body by July, supported by a transition group of PLACE executive directors.

Maternity Improvement Programme Launch

The support programme will deliver maternity safety support, led by NHS England/Improvement and supported by CQC; CQC's primary role will be the provision of intelligence to identify priorities for improvement and assurance that required changes have been made.

Aims of The Offer:

With an increased national focus on improving outcomes for women and babies in maternity units, the Secretary of State asked for targeted support for maternity units that have been rated inadequate or a reduction in their 'well led' domain by CQC. The role of the Maternity Improvement Advisory Team (and allocated Advisor) will be to work in partnership with the Trust's improvement director (if there is one in situ), the Director/Head of Midwifery and Divisional Clinical Director and wider stakeholder partners to support any developments needed to improve the aspects of:

- Leadership
- Governance
- Quality Improvement approach
- Safety Culture
- Patient Voice
- Staff Engagement

The key aim is to affect sustainable change in the five Care Quality Commission domains of safety, effectiveness, responsiveness caring and well led.

A Maternity Improvement Advisor will be allocated to a Trust and will work primarily with the executive clinical directors and divisional leaders to deliver outcomes required identified by the CQC Report and detailed in the Trusts Improvement Plan. They will work in an advisory capacity but not cut across the jurisdiction of the responsibilities of the Trust Board. The Maternity Advisors will in turn be supported by the Deputy Chief Midwifery Officer for England for maternity Safety and Quality Improvement

Annual Planning

We submitted the Trust's H1 (first 6 months) submission including workforce, activity and the derived financial position on 6th May as required. The financial position for WAHT was a deficit variance of £2.905m (1% of turnover) to the system allocation for the Trust. The Trust is not able to achieve the activity required to trigger ERF (Elective Recovery Funds) and this is primarily driven by the fact that the 19/20 activity baseline included substantial additional capacity sourced to drive down waiting times in 19/20. The Herefordshire and Worcestershire System has submitted a balanced plan in totality.

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Chief Medical Officer Recruitment

The recruitment process is now well under with a closing date of 10 May. Following adverts currently open in the BMJ and on NHS jobs, I am encouraged that the role has attracted a wide range of interest from potential candidates. The process is ongoing with final panel interviews taking place in early June.

Conclusion

Recommendations

The Trust Board is requested to

- Note this report

Appendices - None

Meeting	Trust Board
Date of meeting	13 th May 2021
Paper number	Enc D1

Integrated Performance Report – Month 12 2020/21

For approval:		For discussion:		For assurance:	X	To note:	
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Accountable Director	Paul Brennan – Chief Operating Officer, Paula Gardner – Chief Nursing Officer, Mike Hallissey – Chief Medical Officer, Tina Rickets – Director of People & Culture, Robert Toole – Chief Finance Officer		
Presented by	Vikki Lewis – Chief Digital Officer	Author /s	Steven Price – Senior Performance Manager

Alignment to the Trust's strategic objectives (x)

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

Committee/Group	Date	Outcome
TME	21 st April 2021	Approved
Finance and Performance	28 th April 2021	Assured
Quality Governance	29 th April 2021	Assured

Recommendations

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

Executive summary

The Impact of COVID-19 | Activity and Waiting Times | A Year On

Although month to month and financial year to financial year comparisons are limited when every month over the last year has had its own pandemic related challenges, the opportunity remains to reflect on the some of the impact that COVID-19 has had on the Trust and our patients as we reach the end of 2020/21. Behind the following numbers are extensive operational, tactical and strategic decisions made by Bronze, Silver and Gold as well as those requested of us and the public by local, regional and national policy to ensure that we provided safe care to our patients and protected our staff from the risks of COVID-19.

Our patients	19/20	20/21
Type 1 and 3 attendances (WRH and ALX)	133,479	117,499
Ambulance conveyances (WRH and ALX)	54,684	53,539
Cancer: Two Week Wait	25,105	19,742
Cancer: 31 Day (Diagnosis to Treatment)	3,301	3,055
Cancer: 62 Day (Urgent GP Referral to Treatment)	2,127	1,901
Cancer: Waiting over 62 days	214	208
RTT: Total waiting list	35,394	46,513
RTT: Waiting 52+ weeks	1	6,515
Diagnostics: Total waiting list	4,518	11,069
Diagnostics: Waiting 6+ weeks	258	5,609
14+ Day LLOS	69	79
21+ Day LLOS	39	51
Inpatient: Elective	7,934	3,438
Inpatient: Day Case	85,384	56,547
Outpatient attendances: New	217,203	143,386
Outpatient attendances: Follow Up	408,391	313,866

Meeting	Trust Board
Date of meeting	13 th May 2021
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The changing profile of COVID-19 patients in our hospitals has shown a steady decline from 103 at the end of Feb-21 to 29 at the end of Mar-21. This meant that the provision of dedicated beds to our pathways was flexed accordingly over the course of the month.

The reduction in COVID-19 patients in Mar-21 corresponded with increases in elective and ambulatory activity on the WRH and ALX sites to complement activity that was maintained at KTC and the Independent Sector. Although not all of the Mar-21 phase 3 forecasts were achieved, there was clear evidence of activity restoration compared to January and Feb-21 in outpatients where we undertook 4,000 more consultant-led appointments. MRI (+80) and CT (+541) were better than forecast and there were improvements in activity for non-obstetric ultrasound (from -1,187 to -117) and colonoscopy (from -173 to -41). Finally, despite the COVID-19 second wave we undertook 98% of our forecast elective procedures for September to April.

An average of 361 patients a day attended A&E during Mar-21; this is comparable with August and September 2020 (the months between COVID-19 waves 1 and 2). However, although the conversion rate has decreased from 36% in Feb-21 to 31% in Mar-21, this is still higher than the 29% rate seen in Aug-21 and Sep-21.

The number of long length of stay patients has decreased over the month but discharges before midday must remain an area of focus in order to achieve the patient flow required to meet the demand of attendances and admissions predicted to return to pre-pandemic levels.

NHS Planning 2021/22

The first draft submission of the annual planning, activity and performance return has been made to the STP which will form the foundation of forecasting the impact on the waiting lists. Specialty plans for increasing activity have been aggregated to Divisional and Trust level and although outpatients is looking favourable to expectations, inpatients and day case are currently lower and require further refinement.

Meetings between corporate and operational colleagues are taking place w/c 19th April to triangulate workforce, physical capacity and ensuring value for money to maximise our capacity, the clinical need of our patients and the appropriate stratification of our workforce to support these plans. Additional scenarios including the vanguard theatre, a third COVID-19 wave and additional theatre capacity at KTC are still to be modelled; it is recognised that these issues will result in refinement of our theatre capacity.

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Quality and Safety

Infection Prevention and Control

In Mar-21, 6 more cases of C. Diff were recorded taking our year total to 59, 6 more case than our end of year target of no more than 53.

There were 4 E. Coli cases bringing us to a total of 34 for the year; this is 16 cases below our end of year target of no more than 50 cases.

No more MSSA cases were recorded so our end of year total remained at 25, 15 cases above our target of no more than 10.

Finally, one MRSA case was validated for Mar-21 taking our 20/21 total cases to 2.

An extra-ordinary Antimicrobial Stewardship (AMS) meeting was held on 31st March. Detailed further actions required to achieve the progress needed were agreed by Divisions and plans will be formally approved through the governance cycle by the end of April.

Sepsis

Antibiotic delivery within an hour was achieved in 93% of cases with every Division achieving over the 90% target. The sepsis 6 bundle completed within one hour compliance has improved in Feb-21 with SCSD and Urgent Care both above 60%. Now that staffing has been released from Critical Care, the roll out of the Sepsis team support to wards can be restarted.

People & Culture

Staff absence has reduced this month with further improvement predicted on 1st April when shielding ends. We have seen a reduction in compliance for individual occupational health risk assessments which now sits at 92% driven by low compliance for new starters. To address this we have updated our on-boarding process to ensure risk assessments are part of occupational health clearance.

Of note is the continued increase in hours worked which is being driven by the additional resources needed to respond to the Covid-19 pandemic, the restoration of services and staff absence rates. A key factor has been the increase in annual leave booked in March which will require improved management this year through the e-rostering system.

There has been further deterioration in job planning compliance. Divisional corrective action plans will be monitored through the monthly performance review meetings.

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Our Financial Position

Internal Plan

Against the internal £(78.9)m operational plan (Budget), the month 12 (March 2021) actual surplus was £0.6m vs Plan £(4.7)m, a £5.4m positive variance. This is against a very different activity, income and resource plan.

The combined pay and non-pay expenditure variance against our internal budget is £(26.6)m adverse due to exceptional items as described herein. This position includes £8.4m of incremental COVID-19 costs (of which £6.4m relates to a notional adjustment for centrally procured PPE). The Month 12 surplus/ deficit position also includes a number of material reporting items required for final accounts. These items either inflate income and expenditure lines (notional I&E for additional employers pension paid centrally (£12.1m) and centrally procured PPE stock items (£6.4m), or are removed from the surplus/deficit position to generate the adjusted financial performance against which we are measured externally (Impairment losses (£6.6m) and the impact of donated assets).

The combined income position was £33.6m favourable to budget in month recognising the interim funding regime. This revised payment mechanism has been extended into H1 2021/22.

Note Year to date Income top-up of £109.7m including £24m Covid Related.

Against the internal £(78.9)m operational plan (Budget), our pre audited adjusted financial position for the year is a £6.7m vs Plan £(78.9)m, a £85.5m positive variance.

NHSI Financial Framework 20/21

NHSI Financial Framework submission - the Trusts Income & Expenditure position was £2.6m better than the Financial Framework plan assumptions.

Overall our pre Audited adjusted financial performance position is a FY surplus of £6.7m. This final position is better than forecast following receipt of income to match our provision for un-taken annual leave and removal of system risk as this has been managed locally.

Month on Month

Elective and Outpatient activity improved on February but still remain low as restoration continues. Emergency Activity was above February's level after taking into consideration actual calendar days in the month. The acuity and complexity of patients remains high.

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	<p>Pay expenditure overall changes in month to previous are largely driven by month 12 (annual) adjustments. Provided below is a summary of the key items:</p> <ul style="list-style-type: none"> 6.3% notional pension adjustment which is funded nationally (£12.1m) Provisions for unused annual leave (£3.4m) Provision for additional pay costs as a result of updates required to Consultant job plans (£0.7m) Overtime pay entitlements in respect of holiday pay following the settlement of the National (Flowers) legal claim (£0.5m) YTD correction on Temporary Medics following further validation work undertaken on the NHSP data (£0.4m) Other provisions (£0.2m) Payment of NHSP winter initiative (£0.2m). <p>The annual leave and overtime pay provisions are nationally/externally funded.</p> <p>Non pay expenditure overall increased mainly driven by year end:</p> <ul style="list-style-type: none"> Central PPE stock adjustment (£6.4m) Impairment losses on the annual asset revaluation (£6.6m) <p>Cash At the end of March the cash balance was £41.5m. This is due to timing of receipts, timing of capital programme spend, £7.7m revenue support (PDC) received in April 2020 and the year-end underspend.</p> <p>Capital Capital expenditure for the financial year 2020/21 is £26.5m. This is £0.3m lower than forecast. Despite an initial underspend, this has been offset overall by increased spend on IFRIC 12 (£0.9m). Despite the relatively late notification of some of the national Funding streams, we were able to progress schemes in line with the funding. Work continues with STP partners and work-stream leads to finalise the 2021/22 capital plan and ensure schemes already in train maintain delivery in line with plan.</p> <p>STP/ICS Operational Plan Submission H1 (1st 6 Months) 20/21 This will be covered in the separate Annual Plan Update as required</p>
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Risk											
Which key red risks does this report address?											
Assurance Level (x)	0	1	2	3	4	X	5	6	7	N/A	
Financial Risk	N/A										

Meeting	Trust Board
Date of meeting	13 th May 2021
Paper number	Enc D1

Action						
Is there an action plan in place to deliver the desired improvement outcomes?	Y		N		N/A	X
Are the actions identified starting to or are delivering the desired outcomes?	Y		N			
If no has the action plan been revised/ enhanced	Y		N			
Timescales to achieve next level of assurance						

Recommendations
<ul style="list-style-type: none"> The Board is asked to note this report for assurance.
Appendices
<ul style="list-style-type: none"> Trust Board Integrated Performance Report (Mar-21 data) WAHT March 2021 in Numbers Infographic Committee Assurance Statements

Trust Board

13th May 2021

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

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Operational Performance

Operational Performance	Comments
Urgent care and patient flow including Home First Worcestershire	<ul style="list-style-type: none"> 4 hour EAS continues to show special cause concern for Mar-21; however ambulance handover and 12 hour breaches are showing normal variation having both reduced from Feb-21. Although there has been a slow, steady decrease in the number of COVID-19 patients over the course of the month, the pressure remains on both hospital sites to manage bed capacity and patient flow, particularly to discharge patients before midday and support our long length of stay patients to leave the hospital. There were fewer attendances to ,and 4 hours breaches in, our ED departments in 20/21. However as noted in the cover report, there were only 1,145 fewer ambulance conveyances to the Trust over the course of the year. To put that in in context, there were 15,980 fewer attendances in total to WRH and ALX.
Cancer	<ul style="list-style-type: none"> Cancer referrals in Mar-21 are the highest on record and the specialties with the biggest increases are Breast, Gynaecology, Lower GI, Skin, Upper GI and Head and Neck. Cancer two week waiting times have not changed significantly in the last eight months. This process is currently unlikely to achieve the 93% target whilst Breast Services continues not to be able to see the majority of their patients within two weeks. Upper GI, due to patient choice, and Skin where there are significant capacity and demand challenges are also contributing to not achieving the cancer waiting times standard. Although still normal variation, cancer two week waits for Breast Symptomatic remains a concern with the majority of patients still not being seen within 14 days. Cancer 62 day waits is showing normal variation. Performance will not improve to the operational standard whilst we rightly focus on the cohort of patients requiring treatment. Despite the challenges of the pandemic, we were able to treat 1,874 patients in 20/21 compared to 2,123 in 19/20. Long Waits: The backlog of patients waiting over 62 days has decreased to 208; this is still above the phase 3 trajectory. Of this cohort those waiting over 104 days has also decreased below 100; our internal target of zero patients cannot be met until more services and pathways are restored.
RTT	<ul style="list-style-type: none"> RTT remains a cause for concern; although the number of COVID-19 inpatients continued to decrease in Mar-21 and more elective, appointments treatments and surgery took place, there are a lot of patients on our waiting lists. It will require careful, structured planning to ensure the longest waiters and highest clinical priority are seen in line with policy. The waiting list has grown for 9 of the last 10 months. Long Waits: At the end of Mar-20, the total RTT waiting list was 35,394 patients and only 1 patient was breaching 52 weeks. There are now 6,590 patients (14% of the RTT waiting list) are now waiting over 52 weeks for their treatment and 1,404 of those patients have been waiting over 70 weeks. 31% of our longest waiters are patients requiring orthodontic treatment or oral surgery.
Outpatients	<ul style="list-style-type: none"> As the number of COVID-19 patients started to decrease so our outpatient activity in Mar-21 was able to increase and this was observable in all our consultant led groupings. Our total consultant-led outpatient attendances increased by 25% from Feb-21 to Mar-21 and we delivered 75% of 19/20 September to March activity in 20/21 September to March.
Theatres	<ul style="list-style-type: none"> As well as non-elective and cancer surgery theatre procedures being maintained through Mar-21, routine day case and elective surgery procedures increased across all of our sites as some additional restoration activity was approved and the Independent Sector also increased their day case and elective activity to just below pre-wave 2 levels.
Diagnostics	<ul style="list-style-type: none"> Diagnostic testing remains a cause for concern; the process is currently not capable of achieving the 1% target. Although activity increased, requests for non-obstetric ultrasound went up by 20% and CTs went up by 20% in Mar-21 compared to Feb-21. This has increased the total number of patients waiting for a diagnostics test. Long Waits: 5,614 patients are waiting over 6 weeks for their diagnostic test and of the total number of breaches, 2,638 have been waiting over 13 weeks where 50% are attributable to DEXA and echocardiography.

12 Hour Breaches	Ambulance Handover Delays (Home First Programme metric)			Average Occupancy			
	15-30 mins	30-60 mins	60+ mins				
1	791	169	100	WRH	83.83%	ALX	54.56%

What does the data tell us?

- **EAS** - The overall Trust EAS performance which includes KTC and HACW MIUs was 80.94% in Mar-21, compared to 75.99% in Feb-21. The EAS performance at WRH increased by 6.26 percentage points with 1,925 **more** ED attendances and 280 **more** 4 hour breaches than Feb-21 (Mar-21 breaches were 2,101). The ALX EAS increased by 5.71 percentage points, with 847 **more** attendances and 90 **fewer** 4 hour breaches (Mar-21 breaches were 553). Total Type 1 attendances across ALX and WRH was 11,184; a **33% increase** on the previous month.
- **EAS Type 1:** Our performance across the two sites, in 19/20, was 64.30% with 47,653 patients breaching 4 hours. Our performance for 20/21 was 79.5% with 24,092 patients breaching; this is a 49% reduction in patients breaching 4 hours. We have had 15,980 fewer patients attend ED in 20/21 **although Mar-21 was comparable to pre-pandemic levels of ED attendance.**
- **Ambulance Handovers** - There were 100 x 60 minute ambulance handover delays with breaches at both sites.
- **12 hour trolley breaches** – There was 1 validated 12 hour trolley breaches in Mar-21 and we reported 80 x 12 hour trolley breaches in 20/21 compared to 937 in 19/20; a 91% reduction.
- **Specialty Review times** – Specialty Review times are now highlighted as a cause for concern with 7 consecutive months below the mean; the target cannot be met.
- **Discharges** – Before 12pm discharges (on non-COVID wards) is showing no significant change however the process will not achieve the target of 33%. The number of patients with a length of stay in excess of 21 days decreased from 73 (at 28th February) to 51 with 15 being MFFD.
- **Total Time in A&E:** The 95th percentile for patients total time in the Emergency departments has decreased from 830 in Feb-21 to 685 in Mar-21. This metric has returned to normal variation and the process is unlikely to consistently achieve our target of 380 minutes.

What have we been doing?

Clinical Site Management

- Recruitment: Band 7 CSM post closed and interviews scheduled. Band 6 Discharge Lounge advert closed and interviewing mid April. Directorate Manager post out to advert
- Golden patient information now being triangulated am and pm each day
- A new weekly Pathway 1 working group has been established to ensure improvement regarding capacity and communication
- Reduced the number of patients repatriated from the discharge lounge to the wards due to Pathway 1 delays

Acute Patient Flow

- R2G / SAFER Team focusing on PM Board Round compliance, 33% discharges before midday and Golden Discharges
- Three times weekly LLOS review for all patients over 17 days on WRH combining the R2G/SAFER focus with LLOS.
- Intensive programme on 4 wards to refine the delay codes with clinicians to gather tangible evidence of internal delays

Acute Front Door

- CCG / COO group have approved 6 month extension of ANP service from May 21 to October 22
- Revised Consultant rota commenced with extended senior shop floor cover until 10pm
- Pathways working effectively with referrals from WMAS to SDEC services across both sites
- Progress chaser escalation process approved by DMB and PDSA test cycle planned for mid-April

Frailty

- 2 Hour Urgent Response Working Group commenced to progress this work stream as per NHS LTP
- GEMS lead involved in planning discussions around a pull model to first floor multi-speciality SDEC
- Worcestershire ICOPE Collaborative, next meeting 8th April, with a focus on the delivery of frailty in H&W Integrated Care System

Total time in A&E – 95 th percentile (Target – 360 mins)	Overnight Bed Capacity Gap (Target – 0)	30 day re-admission rate (Dec-20)	Aggregated patient delay (APD) (Target – 0)	Discharges as a % of admissions IP only (Target >100%)			
685	17 Beds	3.36%	484	WRH	101.7%	ALX	100.4 %

What does the data tell us?

- **Bed Capacity** – Our G&A bed base is 761; with closed wards and unused beds during Mar-21 our average number of G&A beds occupied per day was 552, down from 561 the month before; the average occupancy was 72.54%.
- **The 30 day re-admission rate** shows no significant change since Jun-20; the process limits have widened and this indicates a change during COVID-19 that we have not yet got control of.
- **Aggregated patient delay (total time in department for admitted patients only per 100 patients – above 6 hours)** – this indicator has returned to normal variation for Mar-21 but the process still indicates we cannot achieve the target of zero.
- **Conversion rates** – 3,367 Type 1 patients were admitted in Mar-21; a Trust conversion rate of 30.92%. The conversion rate at WRH was 31.65% and the ALX was 29.79%. The conversion rate at WRH in Mar-21 compared to Feb-20 is 6.12 percentage points lower and fifth lowest in the year after Jan-21 and Feb-21 were the highest months of conversion rates on records.
- **15 minute time to triage** – The Trust performance is 91.63%, showing no significant change; the process will not consistently achieve the target of 95% consistently but may be expected to vary between 88% and 97%. It is the same at site level, with no significant change for WRH or ALX.

What are we doing next?

Clinical Site Management

- Improve knowledge of Pathways at ward level and agree communications plan with working group to set date for re-launch
- Meet with OCT to confirm cluster groups and to discuss improvements to weekend arrangements
- Review process for identification of patients to step into pathway 1 / 2 if discharge doesn't progress

Acute Patient Flow

- Continue to support ward areas daily in educating and supporting the completion of white boards with all appropriate information. Work with Divisions for afternoon Board Round and Golden patients to be highlighted.
- SAFER and R2G roll out on Avon 4, Avon 2, Aconbury3 and Head and Neck
- Training of Safer Red2Green to commence with international nurses week commencing 12th April 2021

Acute Front Door

- Clinical leads to meet to discuss a number of patient diagnosis and presentations that would be suitable to follow a direct pathway through to fracture clinic.
- Meet with HALO to ensure best practice handover processes are optimised, practices embedded and roles and responsibilities are clear
- ED Progress Chasers and Radiology CT Helpdesk to collaborate closely to improve management, prioritisation and escalation of ED scan referrals.

Frailty

- Geriatricians and Locums to liaise cross site to support AGH change culture to in-reach model/rebuilding Ortho-Geriatrics and links with AEC
- Confirmation of frailty priority within the shadow H&W Integrated Care System from 1st April

Current Assurance Level: 5 (Mar-21)

When expected to move to next level of assurance: This is dependent on the on-going management of COVID-19 second wave and achieving operational standards.

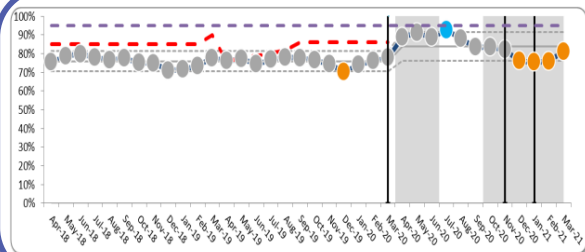
Previous Assurance Level: 5 (Feb-21)

SRO: Paul Brennan

5

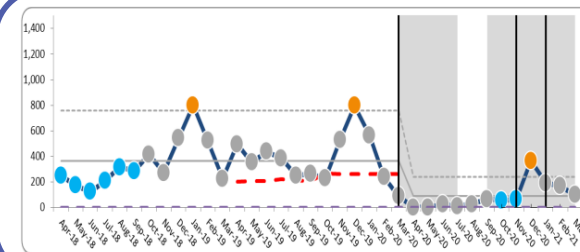
4 Hour EAS (all)

80.94%



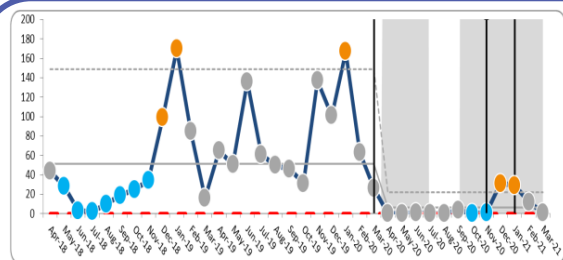
60 minute Ambulance Handover Delays

100



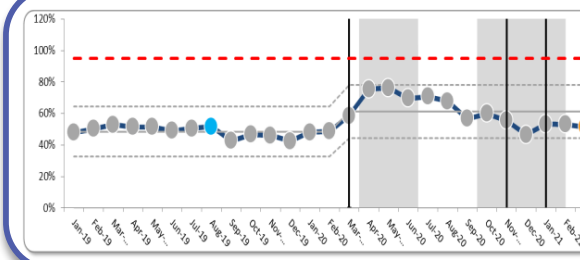
12 Hour Trolley Breaches

1



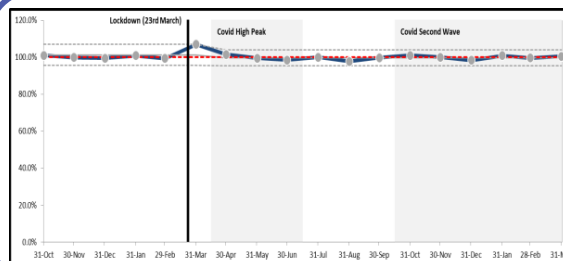
Specialty Review within 1 hour

51.51%



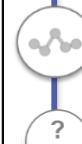
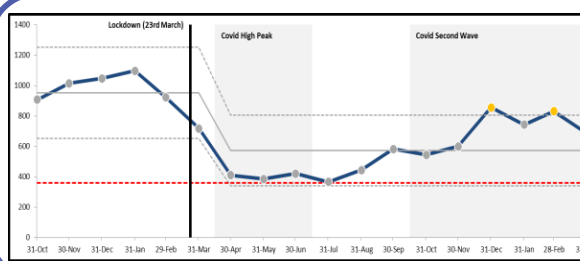
Discharge as a percentage of admissions

100%



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

685



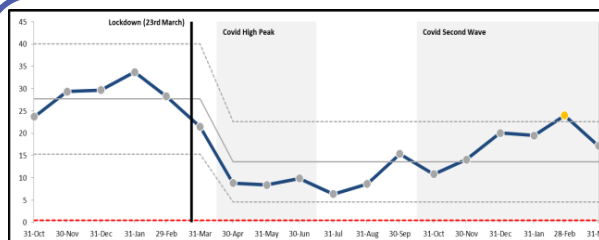
Please note: These SPC charts have been re-based to evidence if any changes in performance, post the initial COVID-19 high peak, are now common or special cause variation.

Key

- Internal target
- Operational standard

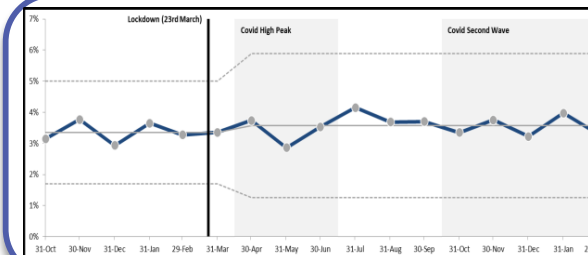
Capacity Gap (Daily avg. excl. EL)

16.6



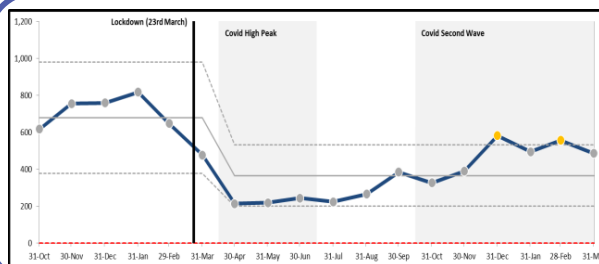
30 day readmission rate for same clinical condition (Jan-21)

3.36%



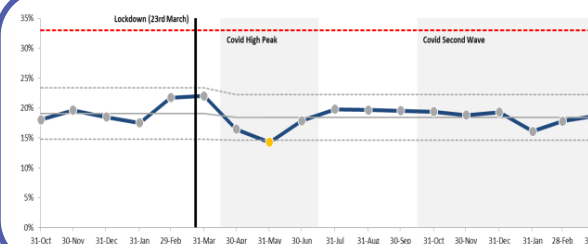
Aggregated Patient Delay (APD)

484



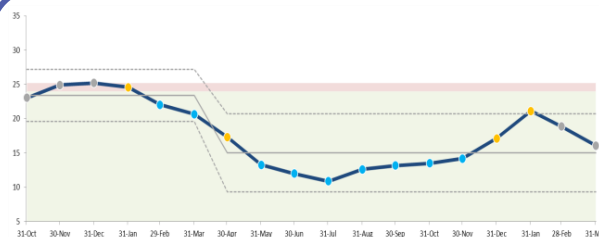
% Discharges before midday (non-COVID wards)

18.73%



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

16.1



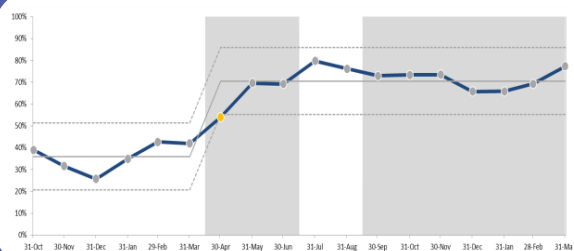
Please note: These SPC charts have been re-based to evidence if any changes in performance, post the initial COVID-19 high peak, are now common or special cause variation.

Key

- Internal target
- Operational standard

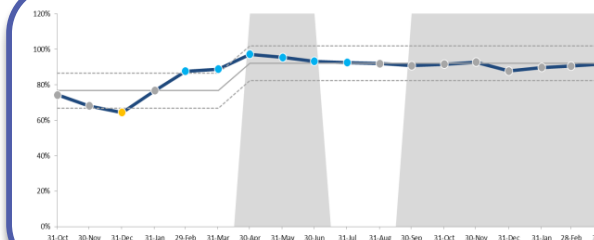
Percentage of Ambulance handover within 15 minutes

77.34%



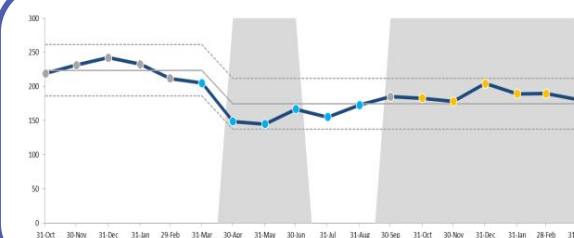
Time to Initial Assessment - % within 15 minutes

91.63%



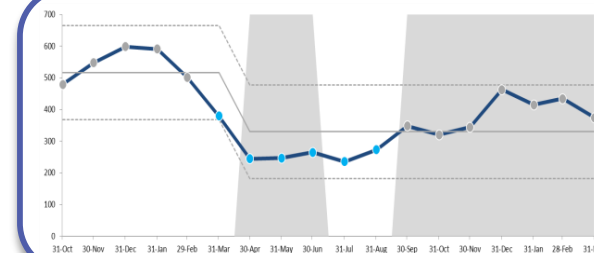
Average time in Dept for Non Admitted Patients

180



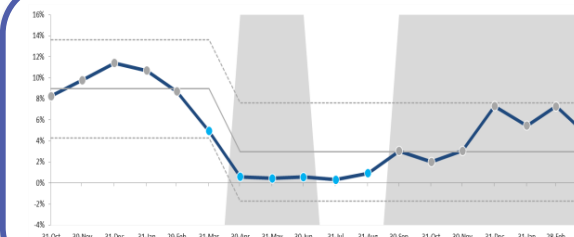
Average time in Dept for Admitted Patients

374



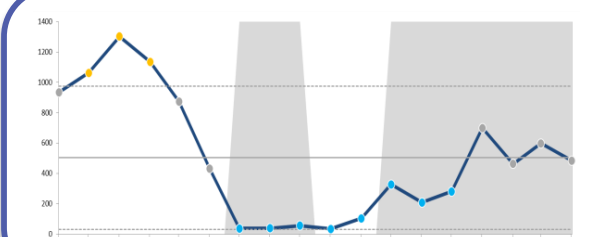
% Patients spending more than 12 hours in A&E

4.45%



Number of Patient spending more than 12 hours in A&E

485



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

Key

- Internal target
- Operational standard

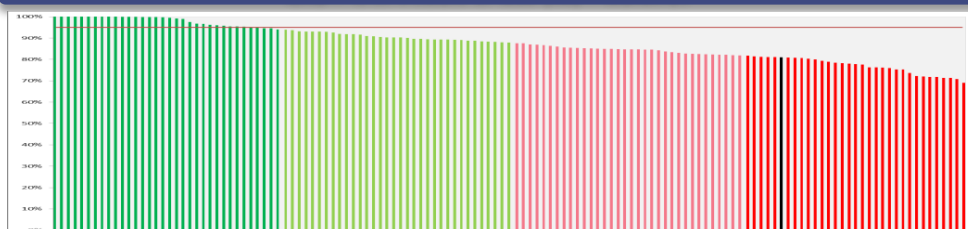
National Benchmarking (March 2021)

EAS (All) - The Trust was one of 13 of 13 West Midlands Trust which saw a decrease in performance between Feb-21 and Mar-21 This Trust was ranked 9 out of 13; where we were 9 previous month. The peer group performance ranged from 65.73% to 89.11% with a peer group average of 77.57%; improving from 77.57% the previous month. The England average for Mar-21 was 86.10% a 2.2% increase from 83.90% in Feb-21.

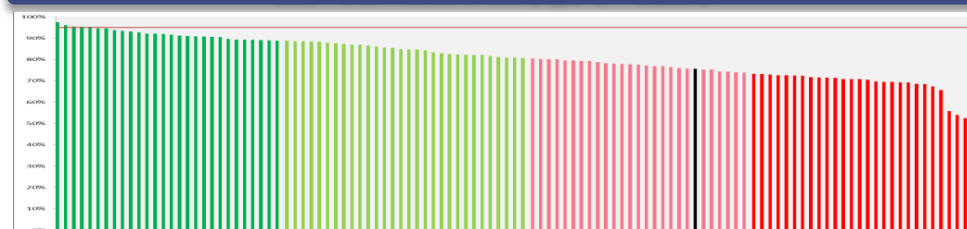
EAS (Type 1) - The Trust was one of 13 of 13 West Midlands Trust which saw a Decrease in performance between Feb-21 and Mar-21 This Trust was ranked 8 out of 13; where we were 8 previous month. The peer group performance ranged from 60.44% to 88.16% with a peer group average of 70.55%; improving from 70.55% the previous month. The England average for Mar-21 was 80.00% a 10.0% increase from 70.00% in Feb-21.

In March-21, there were 688 patients recorded as spending >12 hours from decision to admit to admission. 1 of these patients were from WAHT; 0.14% of the total.

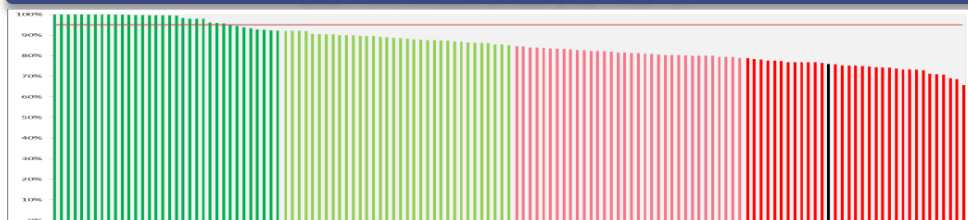
EAS – % in 4 hours or less (All) – March-21



EAS – % in 4 hours or less (Type 1) – March-21



EAS – % in 4 hours or less (All) – Feb - 21



EAS – % in 4 hours or less (Type 1) – Feb-21



■ WAHT — Operational Standard 95%

Cancer Referrals	Patients seen within 14 days (2WW) (All Cancers)	Patients seen within 14 days (2WW) Breast Symptomatic	Patients treated within 31 days	Patients treated within 62 days	Total Cancer PTL	Patients waiting 63 days or more	Of which, patients waiting 104 days or more
2,779	79.16% (2,236 total seen)	9.09% (121 total seen)	94.17% (309 total treated)	64.38% (189.5 total treated)	2,380	208	97

What does the data tells us?

- Referrals:** We received 2,779 referrals in Mar-21; this is the highest on record. There are significant changes in referrals at specialty level with Breast and Gynaecology have the highest referrals in a month on record ; Lower GI, Skin and Upper GI have seen increases in their referrals this month and highest in month since 2019; and Head and Neck has increased and is near the same number as seen in Jan-20
- 2WW:** The Trust saw 546 more patients in March - 21 than Feb-21 and 79.16% were within 14 days. The Breast service saw 372 patients but only 9.9% were within 14 days. Of the 466 breaches, 335 (70%) were attributable to Breast Services. Across all tumour sites, only 56 2WW breaches were due to patient choice.
- 2WW Breast Symptomatic:** The Trust saw no significant change in patients referred for breast symptoms and the waiting time performance is 9.02%.
- 31 Day:** Of the 309 patients treated in March-21, 291 waited less than 31 days for their first definitive treatment from receiving their diagnosis. This is showing significant variation and the process is still likely to achieve the target but not consistently. The decision to halt cancer (and all elective) surgery at WRH and the ALX is impacting waiting times.
- 62 Day:** There have been 189.5 recorded first treatments in March-21 to date and 64.38% within 62 days. This does continue the trend of no significant change in variation since Aug-19 and, currently, the 85% target is not achievable.
- Cancer PTL:** As at the 29th March there were 2,380 patients on our PTL with 120 having been diagnosed and 1184 still suspected. The remaining 1076 patients were between 0-14 days.
- Backlog:** Of the 2,380 patients, the number waiting 62+ days for their diagnosis and, if necessary, treatment decreased from 238 in Feb-21 to 208 in March-21; this is still tracking above our February phase 3 forecast of 200. Of that cohort, the number of patients waiting 104 days or more is 97, 32 diagnosed and 65 suspected; this metric cannot currently meet the target of zero.
- Conversion rates:** In 2019 the Trust's conversion rate from referral to positive diagnosis was 9.40% across all specialties. In 2020/21, to Jan-21, our conversion rate is 10.04%, however this is in the context of fewer total referrals and, fewer positive cases.

What have we been doing?

- Breast and Upper GI continue to drive the 2ww underperformance with capacity related challenges for both Breast whilst breaches due to patient choice largely drives Upper GI. In addition, Skin are now experiencing significant capacity and demand challenges which is further driving down performance
- A new trajectory / options paper is expected from Breast this week (w/c 12/04/21) and Skin are looking to introduce a second all day super clinic with a further additional 2 consultants, subject to approval at CMO / Pay Panel.
- Both 31 day and 6 day underperformance being driven by most specialties with the current exception of Skin, this due to a combination of delays to the 2ww or diagnostic pathways or delays to delivering treatments (surgery) or both. The delays to surgery relate to the necessary pause to elective activity from the start of January 2021, and whilst cancer treatment continued to be prioritised wherever possible there was inevitably an impact on our ability to timely date patients with significantly reduced capacity.
- Implemented a STP wide Action Notice in respect to the early vaccination of patients about to undergo cancer treatment, major surgery or those on certain drug regimens. This new process allows consultants to request early 1st and 2nd vaccines direct with the patient's GP and replaces the previous system via the Cancer Services team linking with the PCN.

What are we doing next?

- Continued expansion of the use of the ALX for cancer treatment and the recommencement of the more wider piece of work (paused during the pandemic) concerning surgical reconfiguration.
- Prioritisation of available theatre lists / elective beds to be via the established Restoration Group to allocate on a service priority as opposed to individual patient basis going forwards
- Reinstatement of key Performance Management Group (PMG) meeting with focus of producing Remedial Actions Plans (RAPs) by speciality for recovery of the cancer performance standards, deadline of the next 2 weeks for completion / first review.
- Work underway on operational plan for the next 12 months in line with National guidance.

Current Assurance Levels (Mar-21)

2WW - Level 5

31 Day Treatment - Level 5

62 Day Referral to Treatment - Level 4

Previous Assurance Levels (Feb-21)

2WW - Level 5

31 Day Treatment - Level 5

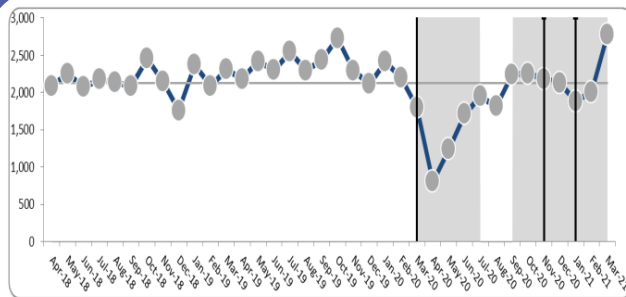
62 Day Referral to Treatment - Level 4

When expected to move to next levels of assurance: when we are consistently meeting the operational standards of cancer waiting times and the backlog of patients waiting for diagnosis / treatment starts to decrease

SRO: Paul Brennan

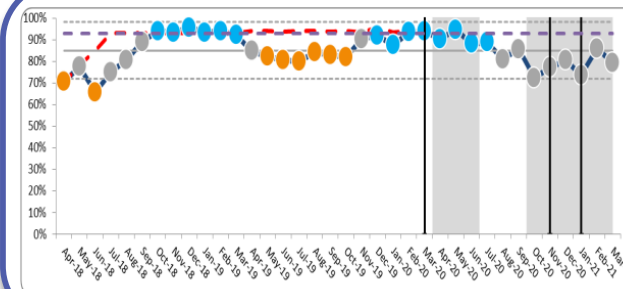
2WW Referrals

2,779



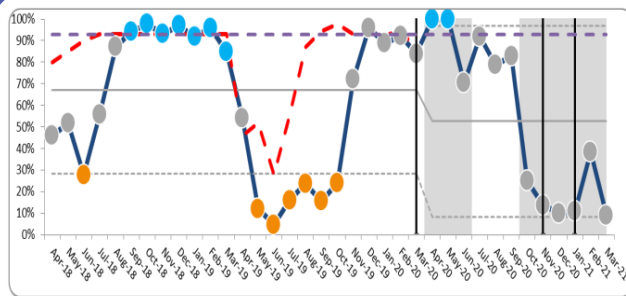
Cancer 2WW All

79.16%



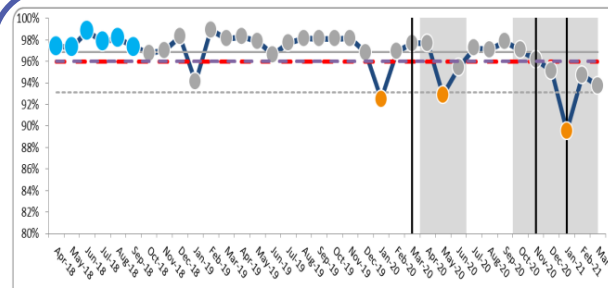
Cancer 2WW Breast Symptomatic

9.09%



Cancer 31 Day All

94.17%

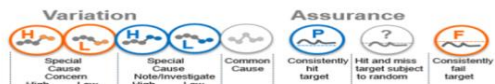


Key

- Internal target

- Operational standard

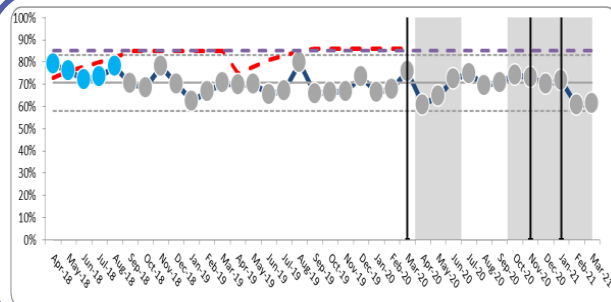
Lockdown Period
COVID Wave



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

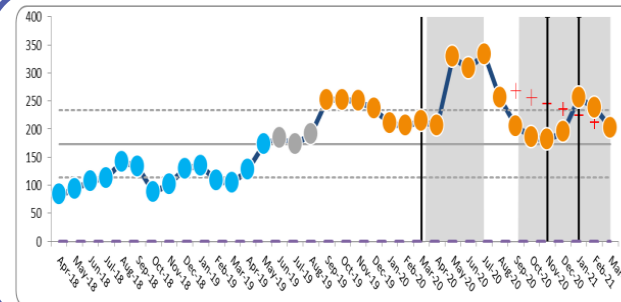
Cancer
62 Day
All

64.38%



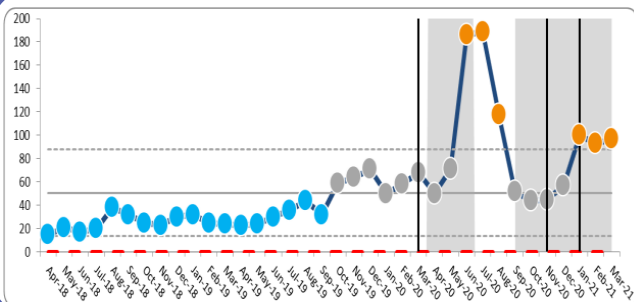
Backlog
Patients
waiting 63
days or more

208

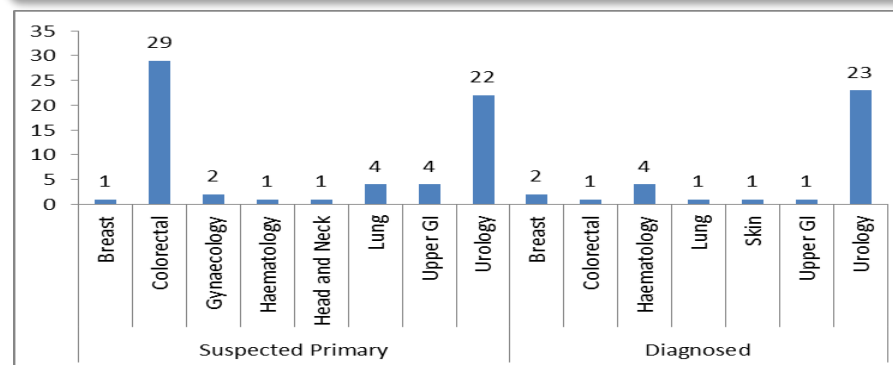


Backlog
Patients
waiting 104
day or more

97



104+ Day Backlog profile by specialty



Key

- + phase 3 target
- Internal target
- Operational standard

Lockdown Period
COVID Wave

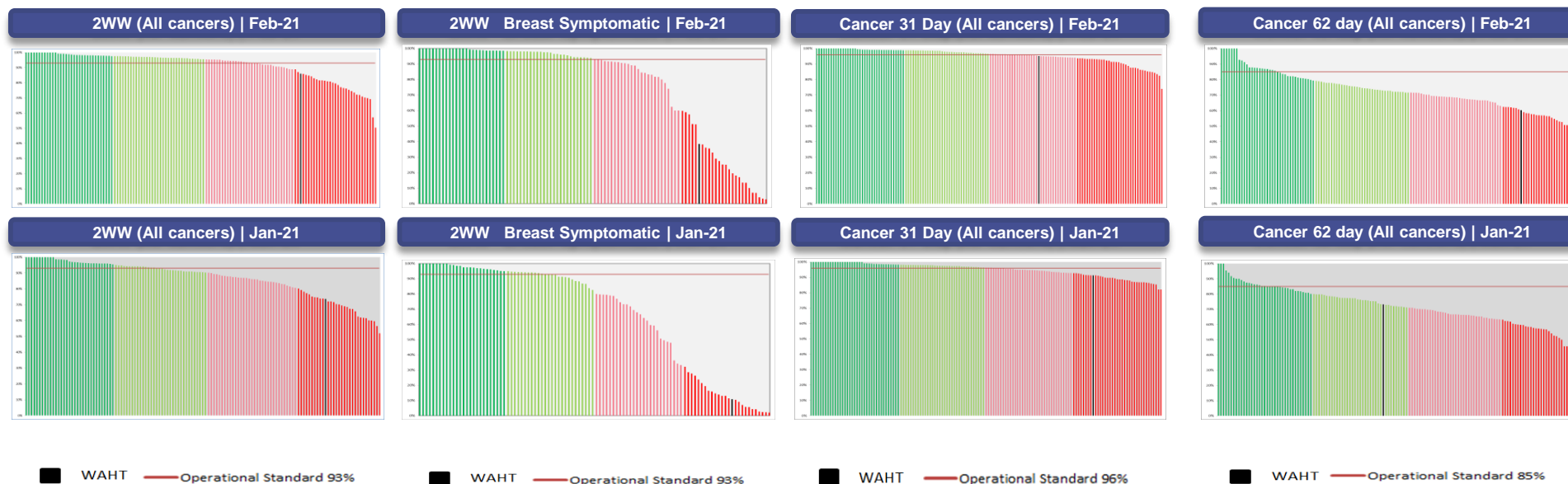
National Benchmarking (February 2021)

2WW: The Trust was one of 10 of 13 West Midlands Trust which saw a increase in performance between Jan-21 and Feb-21 This Trust was ranked 6 out of 13; where we were 10 previous month. The peer group performance ranged from 57.08% to 99.17% with a peer group average of 81.30%; from 73.76% the previous month. The England average for Feb-21 was 90.33% a 7.0% increase from 83.30% in Jan-21.

2WW BS: The Trust was one of 8 of 13 West Midlands Trust which saw a increase in performance between Jan-21 and Feb-21 This Trust was ranked 8 out of 13; where we were 10 previous month. The peer group performance ranged from 1.59% to 100.00% with a peer group average of 49.31%; improving from 40.31% the previous month. The England average for Feb-21 was 71.47% an 8.8% increase from 62.67% in Jan-21.

31 days: The Trust was one of 6 of 13 West Midlands Trust which saw a increase in performance between Jan-21 and Feb-21 This Trust was ranked 8 out of 13; where we were 9 previous month. The peer group performance ranged from 85.00% to 98.51% with a peer group average of 92.79%; improving from 92.29% the previous month. The England average for Feb-21 was 94.74% a 0.7% increase from 94.01% in Jan-21.

62 Days: The Trust was one of 13 of 13 West Midlands Trust which saw a Truats in performance between Jan-21 and Feb-21 This Trust was ranked 9 out of 13; where we were 4 previous month. The peer group performance ranged from 35.29% to 80.95% with a peer group average of 59.99%; declining from 61.47% the previous month. The England average for Feb-21 was 69.75% a -1.4% decrease from 71.18% in Jan-21.



Total Waiting List	Number of patients waiting over 18 weeks	Percentage of patients on a consultant led pathway waiting less than 18 weeks for their first definitive treatment	Number of patients waiting 40 to 52 weeks or more for their first definitive treatment	52+ weeks	Of which, waiting 70+ weeks	RTT Referrals (Routine and Urgent) received
46,513	21,914	52.89%	2,365	6,515	1,394	5,443

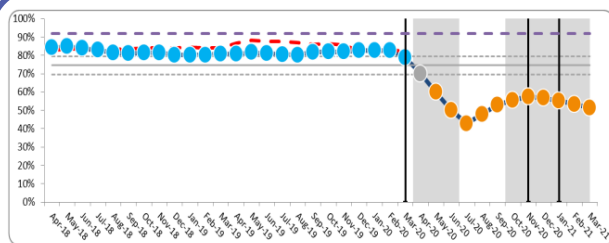
What does the data tells us?

- The Trust has seen a further 7% increase in the overall wait list size in Mar-21 compared to Feb-21; from 43,726 to 46,513. This is +4,624 more patients on our waiting list than the phase 3 forecast.
- The number of patients over 18 weeks who have not been seen or treated within 18 weeks has increased to 22,434. This is 2,000 more patients than Feb-21's snapshot. RTT performance for Mar-21 is validated at 52.89% compared to 53.27% in Feb-21. This remains sustained, significant cause for concern from Apr-20 and the 92% waiting times standard cannot be achieved.
- The number of patients waiting between 40-52 weeks for treatment is 2,365, and those patients waiting over 52 weeks which is now 6,515, this is currently +4,332 more patients waiting 52+ weeks than on our phase 3 forecast. The reduction in referrals during wave 1 of the pandemic accounts for the shift in the number of patients waiting over 52 weeks being more than the 40-52 weeks cohort.
- Of the 6,515 patients waiting over 52 weeks, 1,394 have been waiting over 70 weeks with 1,143 patients requiring oral surgery / orthodontics treatment, 1,174 requiring T&O treatment and 1,125 requiring urology treatment.
- Seven specialties have over 1,000 patients waiting over 18 weeks; this is 75% of all our 18 week breaches. Two of those specialties now have over 3,000 patients breaching. Those seven specialties contribute 64.37% of all patients waiting over 52 weeks.
- Referral Assessment Services (RAS):** In March-21 4,522 referrals were received through this service to be triaged, 4,126 non-2WW referrals have been outcomed, and 78% of those were outcomed within 14 working days. 3,708 appointments have been booked, 115 referrals were cancelled but there remains 327 referrals awaiting action.
- Advice and Guidance:** The Trust received 2,140 requests and 90.5% of them were responded to within 2 working days. We have been receiving over 2,000 requests a month since Oct-21 and have been consistently achieving the 80% response within 2 days target since May-20.

Current Assurance level: 3 (Mar-21) Agreed at Finance & Performance Committee (28th April 2021)	When expected to move to next level of assurance: This is dependent on the programme of restoration of elective activity and reduction of long waiters
Previous Assurance Level: 4 (Feb-21)	SRO: Paul Brennan

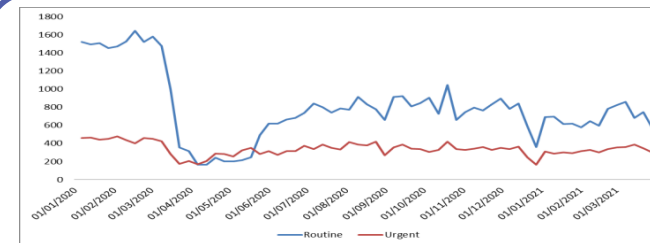
RTT
% within 18 weeks

52.89%



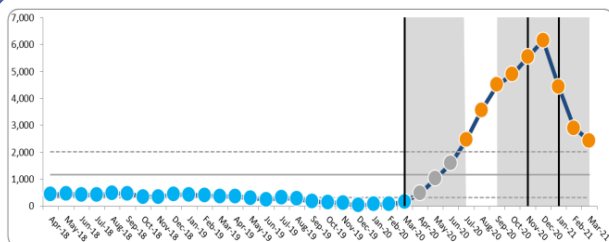
RTT
Referrals
Profile

5,443

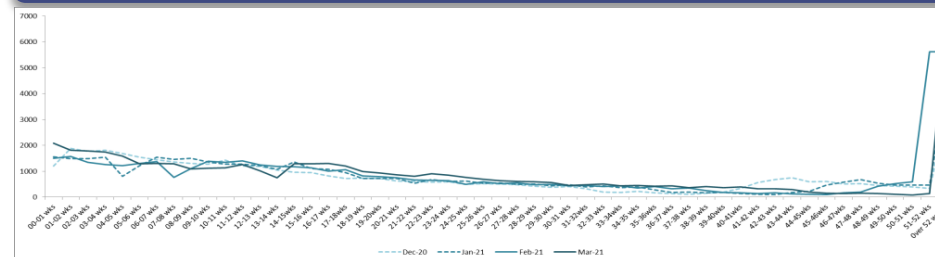


40-52
week waits

2,365

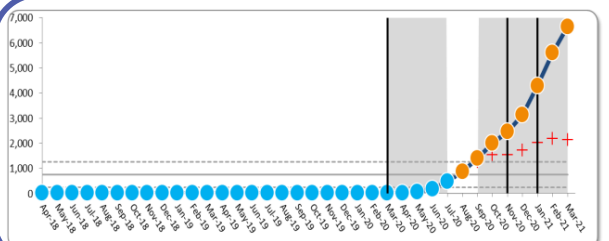


RTT waiting list profile (Dec-20 to March-21) by weeks waiting

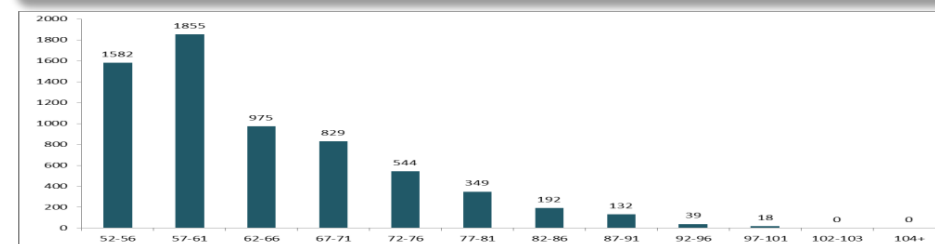


52+ week
waits

6,515



RTT waiting list profile (March-21) | 52+ weeks



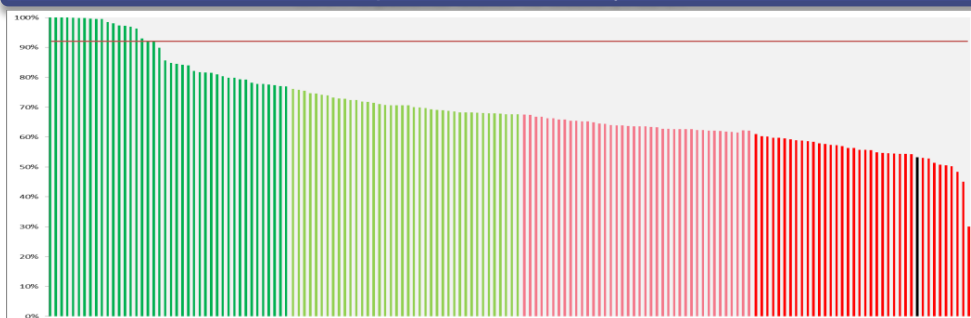
Key

- + phase 3 target
- Internal target
- Operational standard

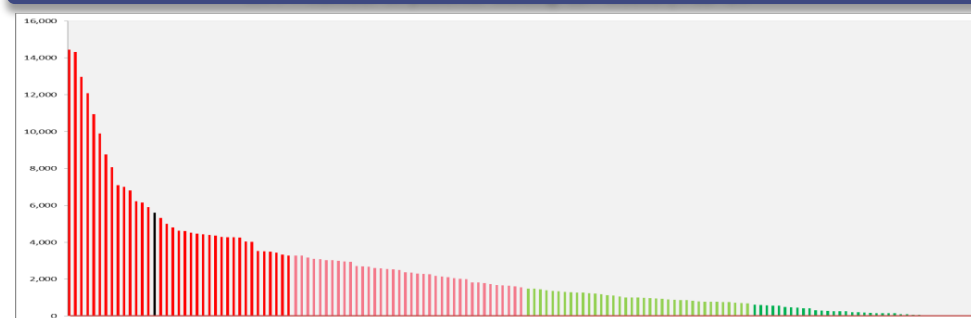
National Benchmarking (February 2021) | The Trust was one of 12 of 12 West Midlands Trust which saw a decrease in performance between Jan-21 and Feb-21 This Trust was ranked 12 out of 13; where we were 12 previous month. The peer group performance ranged from 55.21% to 80.56% with a peer group average of 65.08%; improving from 65.08% the previous month. The England average for Feb-21 was 64.50% a -1.7% decrease from 66.20% in Jan-21

Nationally, there were 387,885 patients waiting 52+ weeks, 5,590 (1.13%) of that cohort were our patients.

RTT - % patients within 18 weeks | Feb-21



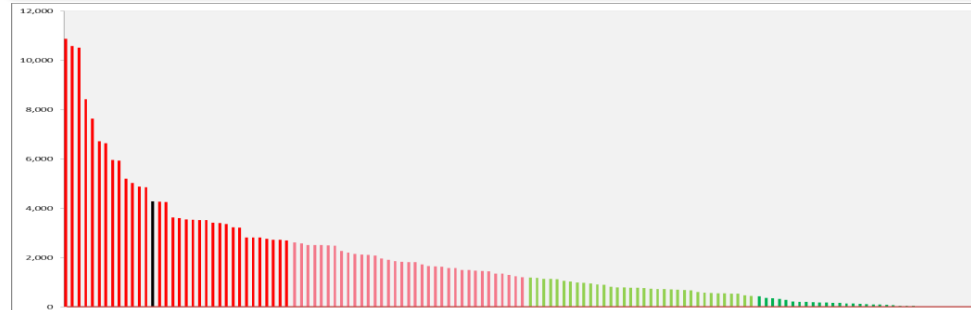
RTT - number of patients waiting 52+ weeks | Feb -21



RTT - % patients within 18 weeks | Jan-21



RTT - number of patients waiting 52+ weeks | Jan-21



WAHT — Operational Standard 92%

News Face to Face (excl OP* – all other activity)	News Non Face to Face (excl OP* – all other activity)	News % Non Face to Face	Follow ups Face to Face (excl OP* – all other activity)	Follow ups Non Face to Face (excl OP* – all other activity)	Follow ups % Non Face to Face	Total % Non Face to Face
8,779	2,726	23.73%	14,039	11,862	45.94%	39.11%

Outpatients - what does the data tell us?

- The Trust undertook 37,580 outpatient appointments in Mar-21. This is 4 more appointments than Mar-20 (100.01% of Mar-20 activity), bearing in mind loss of activity in Mar-20 due to appointment cancellations, and 6,745 more appointments than Feb-21. When looking specifically at consultant led activity, in line with phase 3 restoration monitoring expectations, we achieved 85% of our submitted plan activity as more services were restored over the course of the month.
- In Mar-20, 6,895 non-face-to-face appointments took place which increased to 14,700 in Mar-21. Of all appointments in the month, 39.11% (both new and follow-up) were non-face-to-face.
- As at 17th March the outpatient backlog for all **new** outpatients was 49,456 with 21,401 on an RTT pathway and 28,055 on a non-RTT pathway. 6,651 patients had been dated which leave 42,805 not yet dated. 40,164 patients of the total new outpatient waiting list are deemed to be routine.
- Looking specifically at our phase 3 plan, we undertook 20,391 appointments against a target of 23,965; indicative of starting to return to pre-wave 2 levels of activity. Our area of success continues to be Consultant-led first outpatient attendances (telephone/video) where we were +669 to plan.

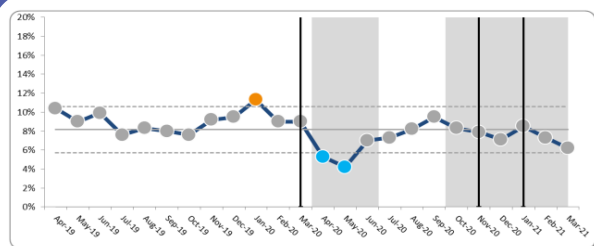
Planned Admissions - what does the data tell us?

- On the day cancellations shows no significant change since Jun-20; although not significant, still the lowest percentage of cancellations since Mar-20.
- Theatre utilisation is now above the mean, at 77% and includes the partial restoration of day care and elective theatre activity at WRH (29 in Feb-21 and 108 in Mar-21) and ALX (0 in Feb-21 and 91 in Mar-21) and the 96% increase in activity at KTC (331 in Feb-21 and 649 in Mar-21)
- From our inpatient elective monitoring, day case spells were only -66 below and ordinary spells were -195 below our phase 3 forecasts as we were able to increase our elective activity across our sites.
- Our non-elective and cancer theatre activity also increased in Mar-21 when compared to Feb-21.
- The Independent Sector undertook 266 day cases and 40 electives; this was +190 more compared to Feb-21.

Current Assurance Level: 4 (Mar-21)	When expected to move to next level of assurance: : This is dependent on the programme of restoration for increasing outpatient appointments and planned admissions for surgery
Previous Assurance Level: 4 (Feb-21)	SRO: Paul Brennan

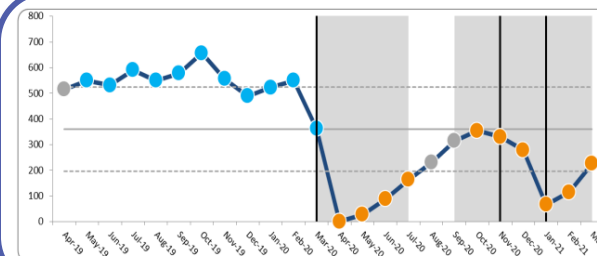
On the day cancellation as a percentage of scheduled procedures (%)

6.20%



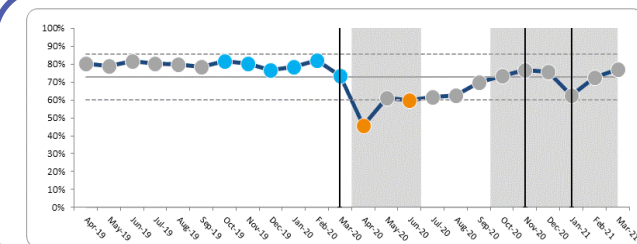
Electives on elective theatre sessions (n)

226



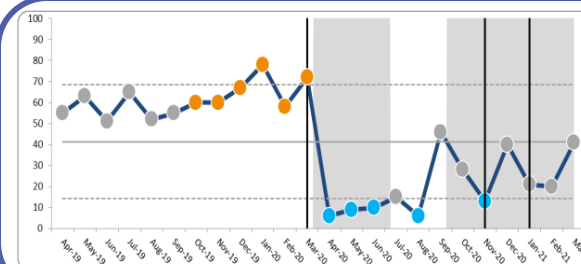
Actual Theatre session utilisation (%)

77%



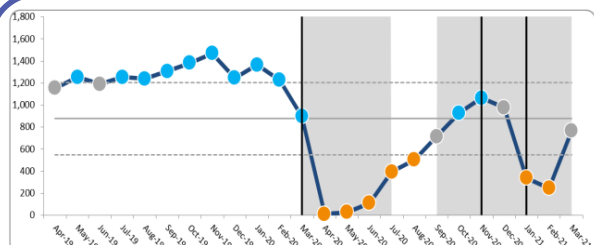
Non-electives & emergencies on elective theatre sessions (n)

41

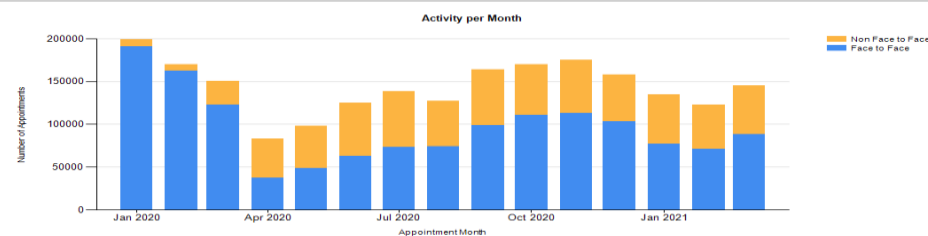


Day cases on elective theatre sessions (n)

769

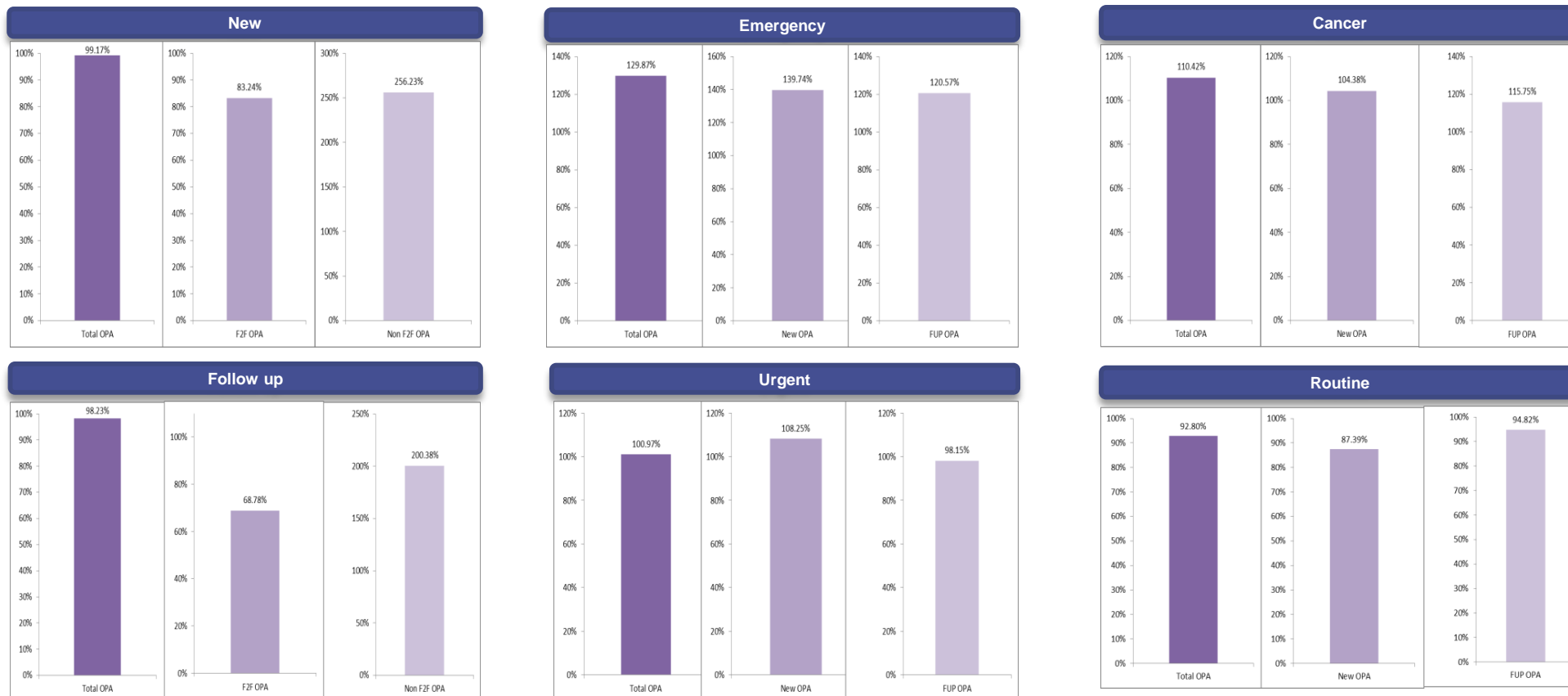


All Outpatient Activity split by Face to Face and Non Face to Face*



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

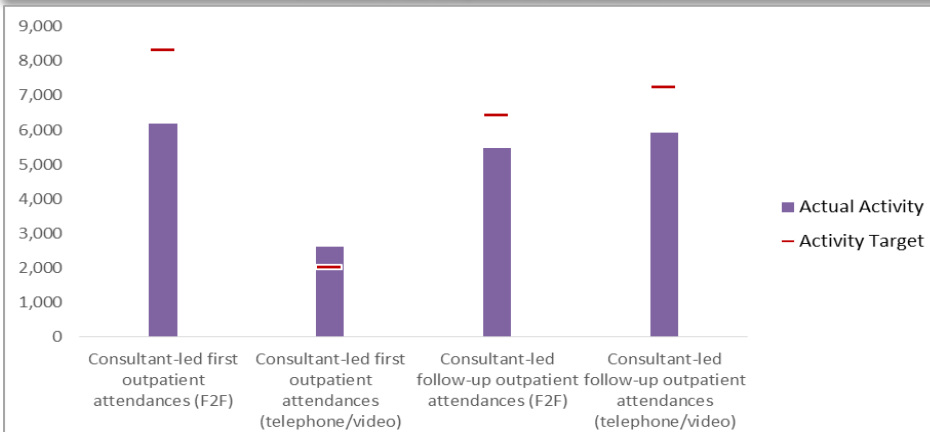
Outpatients Activity | March-21 activity as a percentage of March-20 activity (all activity apart from excluding OP+)¹



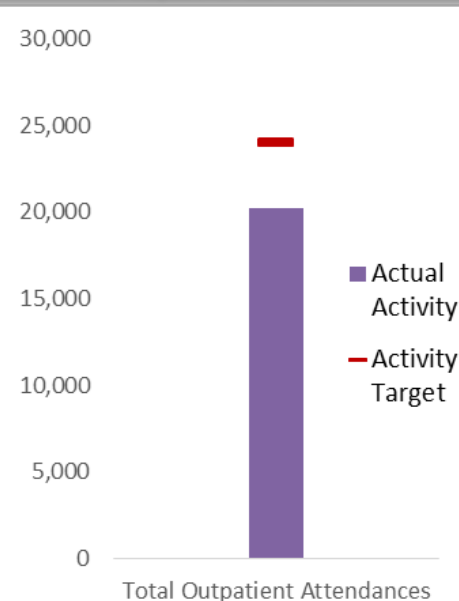
1. These graphs are reflective of all the OPA activity that has been delivered by the Trust - phase 3 restoration is based on consultant-led activity only that has been submitted via SUS.
2. Please note the 1000% scales on the New and Follow non face-to-face activity graphs., This is due to the significant increase in non face-to-face appointments in 2020.

Outpatient attendances and Inpatient Elective activity compared to Phase 3 restoration plan | March-21

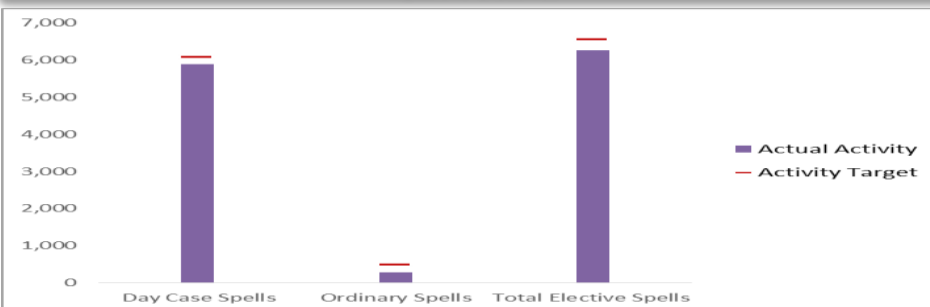
Consultant-led outpatients attendances



Total outpatients attendances



Inpatient Electives



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

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

Trust Total			Radiology			Physiology			Endoscopy		
11,069	5,609	49.33%	6,631	2,914	56.10%	2,935	1768	39.80%	1,502	927	38.30%

What does the data tell us?

- The DM01 performance is validated at 49.33% of patients waiting less than 6 weeks for their diagnostic test, no significant change from the previous month and consistent with the sustained underperformance since the cessation of elective diagnostic tests due to COVID-19 created a backlog of patients.
- The diagnostic waiting list has increased with the total waiting list currently at 11,069 patients, an increase of 2,122 patients from the previous month.
- The total number of patients waiting 6+ weeks has increased by 925 patients (4,684 in Feb-21) and there are now 2,634 patients waiting over 13 weeks (1,800 in Feb-21).
- Radiology has the largest number of patients waiting at 6,631 and has the largest number of patient waiting over 6 weeks at 2,914; an increase of 499 in Mar-21 compared to Feb-21.
- 13,659 diagnostics tests were undertaken in Mar-21, 21.15% more than Feb-21
- Radiology undertook 2,101 more tests in Mar-21 compared to Feb-21. Comparing to our phase 3 activity target, CT, MRI are both above the phase 3 target and non-obstetric ultrasound is below phase 3 target.
- Endoscopy completed 190 more tests in March-21 than Feb-21. Comparing to our phase 3 activity, Flexi Sigmoidoscopy ,colonoscopy and gastroscopy were below the phase 3 target.
- Physiology undertook 94 more tests in March-21 than Feb-21.

RADIOLOGY

What have we been doing?

- Continued utilisation of mobile CT at KTC site
- Continued WLI sessions countywide, staff permitting.
- Continued discussion with CCG re DEXA referral review- continued to provide DEXA appointments

Issues

- Mobile CT at AGH did not materialise as planned on 1st March

What are we going to do next?

- Agree contract for continued mobile on KTC site, will be for 15 days per month.
- Continue WLI session in CT, MRI and US.
- Continue DEXA review with CCG
- Staff and utilise CT3 from Jan 2022 following installation of CT1 and KTC replacement
- Reviewing option to increase US at MCH, potential requirement of investment for equipment
- Exploring options to engage with Medicare to provide US appointments OOH
- Continue to wait for approval on cancer monies to obtain MRI Mobile

ENDOSCOPY (inc. Gynaecology & Urology)

What have we been doing?

- Revised the endoscopy timetable to accommodate Consultant sessions as pre wave 2
- Established additional therapeutic lists at WRH from 12/4/21
- Continuing the use of IS at BMI and Spire for SPOT patients; increased numbers of patients being sent over to BMI for scoping
- Continuing with weekend WLI sessions
- Ceased use of 18 week at MCH end March - unable to continue provide Trust staff to support sessions.
- Continued attendance at the 6-4-2 weekly meeting to secure theatre lists for GA patients
- Maintained use of 18 week at Evesham

What are we going to do next?

- Re-opening Alex endoscopy from 19/4/21
 - Increasing validation of Surveillance WL against 2019 BSG guidelines
 - Re -commencing WLI at Alex
 - Exploring ways to increase therapeutic capacity
- ### Issues
- Continued IT issues at ECH escalated to Deputy CMO 9/4/21
 - Total of 13 lists were lost throughout March due to sickness, annual leave, and/or COVID-19 related absences (re-deployment, shielding)
 - Unisoft issues continue progress slow upgrade to Solus
 - Lack of capacity for therapeutic procedures

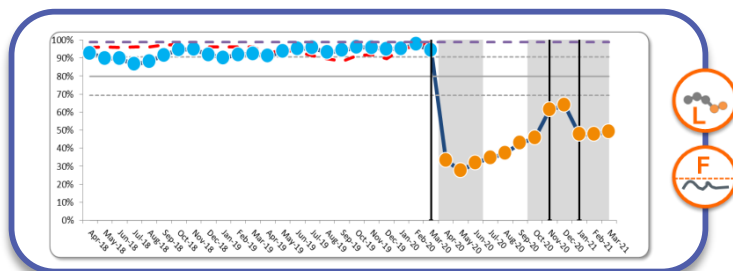
Operational Performance: DM01 Diagnostics

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

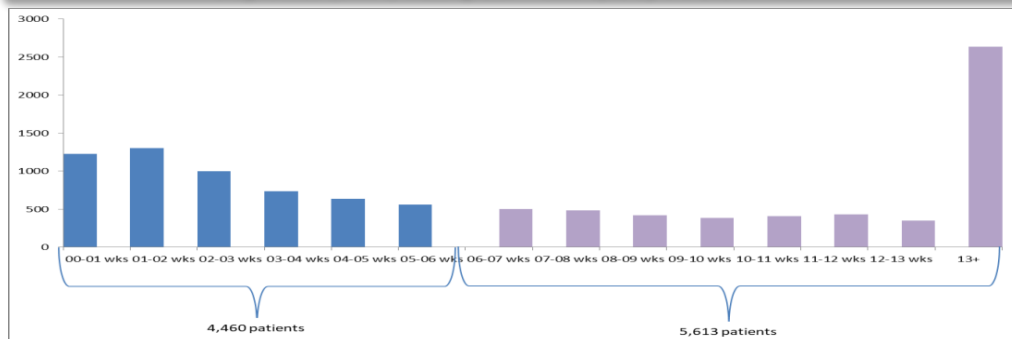
The total waiting list, the number of patients waiting more than 6 weeks for a diagnostic test, and % of patients waiting less than 6 weeks

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DM01 Diagnostics
% patients within 6 weeks
49.33%



Diagnostics (DM01) Waiting List Profile split by 0-6 and 6+ week



Current Assurance Level: 4 (Mar-21)

Previous Assurance Level: 4 (Feb-21)

NEUROPHYSIOLOGY

What have we been doing?

- Clinics have now restarted since 22/3/2021 – over 1000 patients are on the Waiting list.
- Clinical urgency is being reviewed
- Clinics are being booked at KGH once a week.

What are we going to do next?

- Awaiting to see if there is approval for WLI clinics to recover some of the backlog.

CARDIOLOGY – ECHO

What have we been doing?

- Approval was given to reopen services
- Service currently open to all patients
- Workloads for all sites are prioritised based on urgency
- Backlog is still increasing due to reduced capacity
- WLI clinics are continuing back on referring site
- Limited clinic capacity due to staffing and social distancing

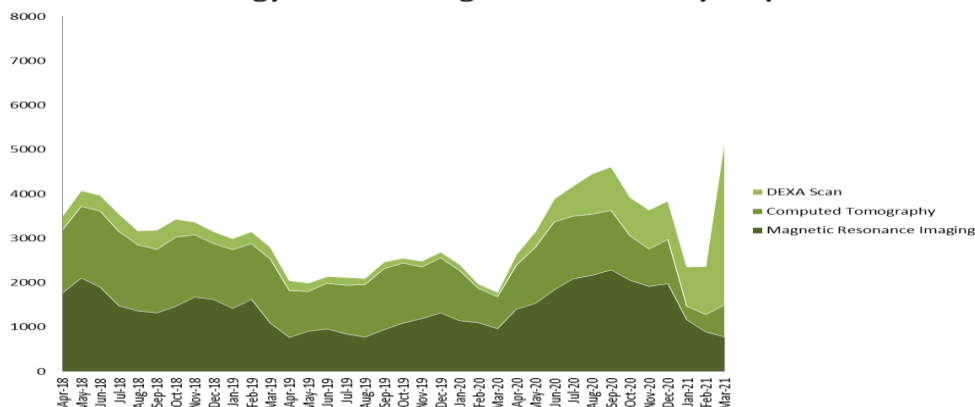
What are we going to do next?

- WLI clinics to continue where possible
- Looking at alternative solutions to work on the back log as currently limited by social distancing

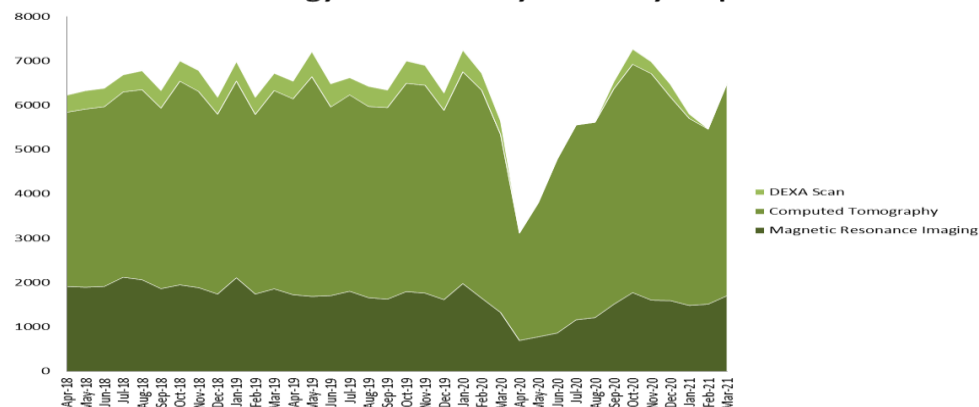
When expected to move to next level of assurance: This is dependent on the on-going management of COVID-19 increasing our capacity for routine activity

SRO: Paul Brennan

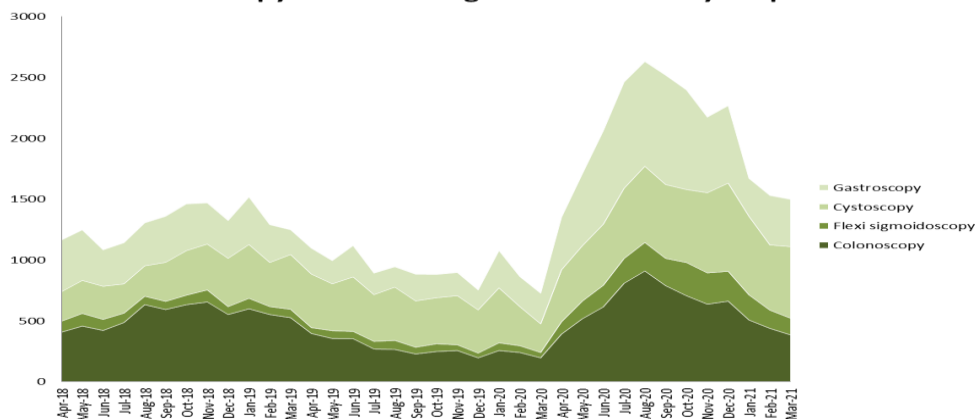
Radiology DM01 waiting list size - Monthly snapshot



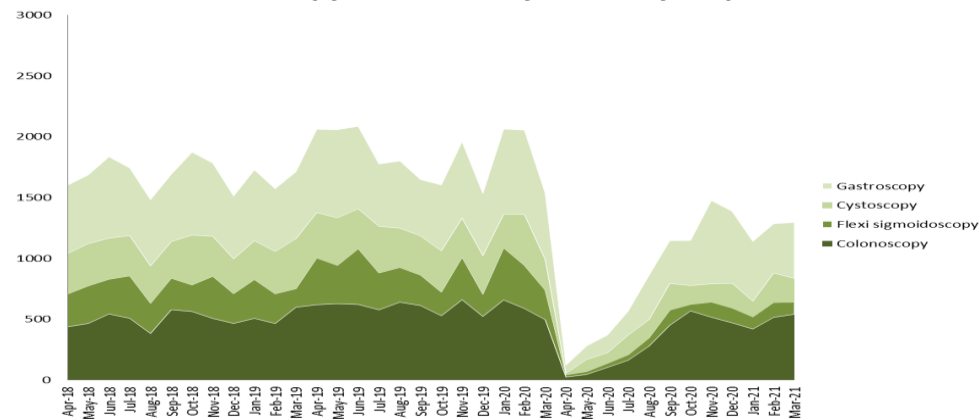
Radiology DM01 Activity - Monthly snapshot



Endoscopy DM01 waiting list size - Monthly snapshot



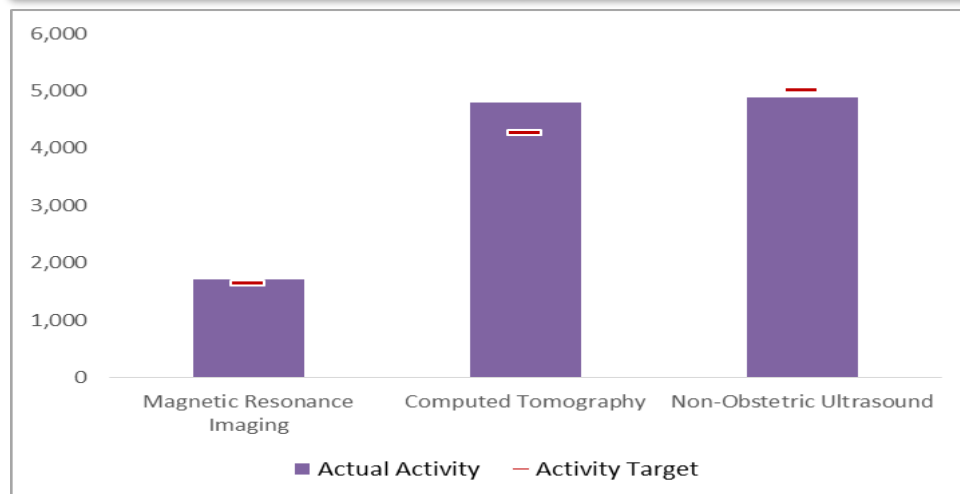
Endoscopy DM01 Activity - Monthly snapshot



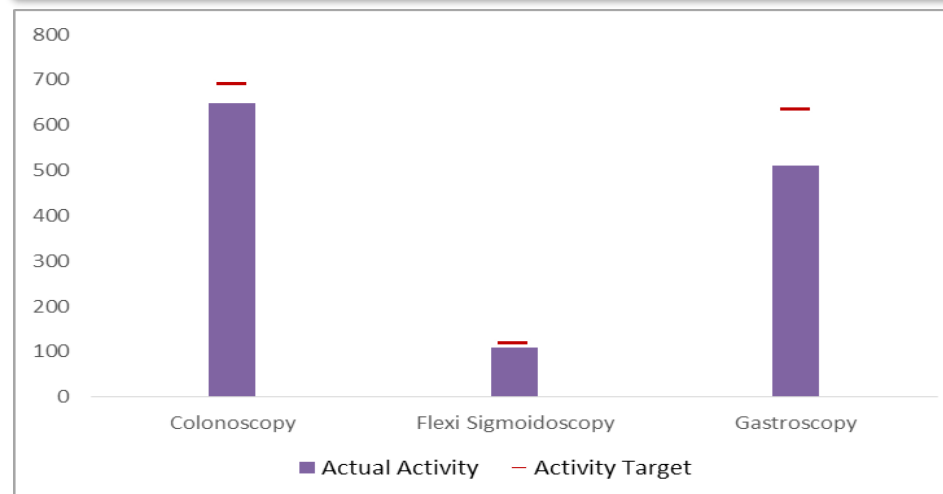
Note the different scaled axis on the graphs when comparing them

DM01 Diagnostics Activity | March-21 Diagnostic activity compared to Phase 3 restoration plan

Radiology



Endoscopy



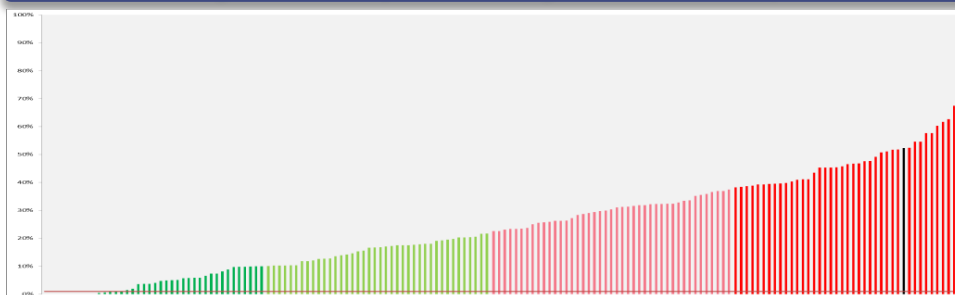
These graphs represent phase 3 restoration only, as submitted in the plan. All physiology tests, DEXA and cystoscopy were not included in the request from NHSEI

National Benchmarking (February 2021) | The Trust was one of 0 of 13 West Midlands Trust which saw an increase in performance between Jan-21 and Feb-21 This Trust was ranked 13 out of 13; where we were 12 previous month. The peer group performance ranged from 0.48% to 52.36% with a peer group average of 25.76%; from 30.79% the previous month.

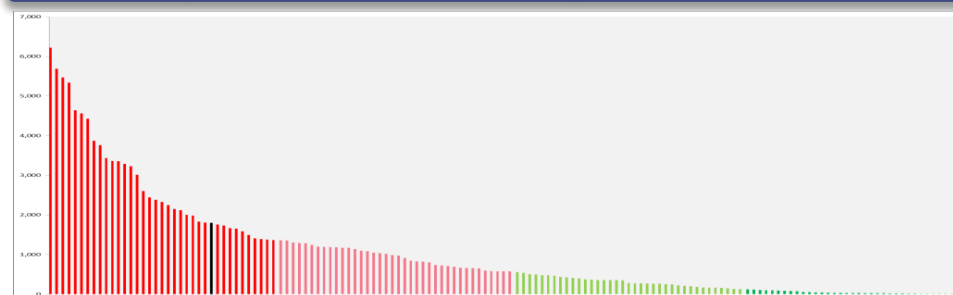
The England average for Feb-21 was 28.50% a -28.5% increase from 33.30% in Jan-21.

In February, there were 158,885 patients recorded as waiting 13+ weeks for their diagnostic test; 1,798 (1.13%) of these patients were from WHAT

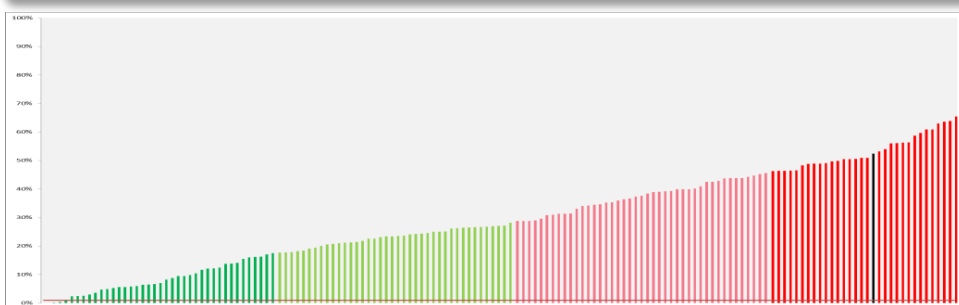
DM01 Diagnostics - % of patients waiting more than 6 weeks | Feb-21



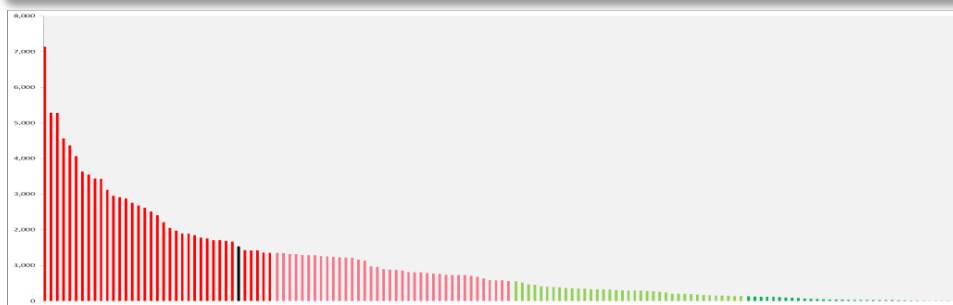
DM01 Diagnostics - number of patients waiting more than 13 weeks | Feb-21



DM01 Diagnostics - % of patients waiting more than 6 weeks | Jan-21



DM01 Diagnostics - number of patients waiting more than 13 weeks | Jan -21

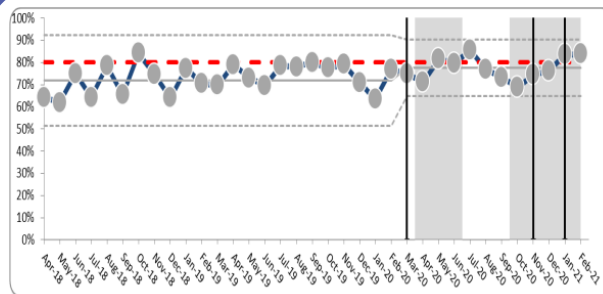


■ WAHT — Operational Standard 1%

% of patients spending 90% of time on a Stroke Ward	% of patients who had Direct Admission (via A&E) to a Stroke Ward	% patients seen in TIA clinic within 24 hours	% of patients who had a CT within 60 minutes of arrival	SSNAP Q3 Oct-20 to Dec-20			
83.93%	50.00%	100%	37.50%	Score	59.6	Grade	D
What does the data tell us? <ul style="list-style-type: none"> All four main stroke metrics show performance that is within common cause variation. Patients spending 90% of their time on a stroke ward shows no significant change in performance since Apr-18. The process is unlikely to achieve the target of 80% consistently but may be expected to vary between 65% and 90%. Patients who had Direct Admission (via A&E) to a stroke ward shows no significant change in performance since Oct-19. The process will not achieve the target of 90% but may be expected to vary between 21% and 57%. Patients seen in TIA clinic within 24 hours showed a step change in Mar-20. The process will currently consistently achieve the target of 70%. Patients who had a CT scan within 60 minutes of arrival shows no change since Sept-18. The process will not achieve the target of 80% but may be expected to vary between 23% and 79%. 		<ul style="list-style-type: none"> During Covid, the Stroke SOP was relaxed and the team is keen on reinforcing the SOP again. Restoration –Restarted face to face activity including urgent TIA w/c 12th April and follow-up clinics to be continued as telephone consultation. TIA referrals in hospital –It was agreed that the front door consultant would see inpatient TIA referrals including those in A&E and AEC. The expectation is that all Stroke consultants would see these patients to provide an equitable service and aim to develop a TIA specific SOP to encourage improvement in appropriate referral. Stroke Registrar & Consultant Vacancy – Approval to recruit (ATR) a permanent consultant was received this week and have successfully appointed a Stroke Registrar following the interview on 22nd of March. Radiology – Following on from previous meeting with Radiology lead, criteria/pathway flow chart to improve appropriate triaging of patients needing MRI scans has been developed and shared with Stroke clinical lead to review and discuss with consultants. This has also been added as an agenda item for next week directorate meeting. SSNAP Performance - Detail review of the Quarter 3 performance has helped to identify areas where improvement can be made in Quarter 4 and the team is focused on ensuring the data is validated thoroughly prior to Q4 submission. Have received confirmation from the CCG that funding is available for a Stroke co-ordinator to work with both Community and Acute. This has been received well by the team and see it as an great opportunity to work closely with the community team to improve flow. <p>Please see point's below with regards to COVID-19 impact</p> <ul style="list-style-type: none"> Lack of MRI capacity often increasing length of stay for Stroke patients - Scanning has been delayed during Covid as it takes an extended period of time to clean the scanner after potential Covid patients. LOS has been increased for patients awaiting PEG MDT'S as there were a delay in discussing these patients, particularly on Covid wards. Lack of non-Covid bed capacity – non ring-fencing of Stroke beds impacted direct admission. Increased numbers of non-stroke admissions to the acute stroke unit impacted on ability to directly admit stroke patients. Covid positive stroke patients were admitted onto non stroke wards. This has had a negative impact on the metrics for direct admission to a stroke unit and spending 90% of their stay on such. Lack of Community Rehabilitation beds; the flow out of the Acute Stroke Unit to community rehab beds has been significantly compromised. Evesham Community Hospital have opened a ward to assist in the flow of these patients although some patients are still experiencing delays. The Community Stroke team now in-reach on a daily basis to the stroke unit to facilitate discharges and support flow through the stroke pathway. Patients requiring the Onward Care Team for pathway 2 and 3 wait extended periods of time. This impacts greatly on capacity and the ability to directly admit to the ward. ASU has also been an outbreak ward which significantly impacted on the ability of patients to be accepted into community beds TIA clinics were being completed virtually, thereby improving the ability to have a consultant review within 24 hours. 					
Current Assurance Level: 5 (Mar-21)		When expected to move to next level of assurance: This is dependent on the ring-fencing of stroke beds and increased availability of MRI scanning.					
Previous Assurance Level: 4 (Feb-21) Agreed at QGC		SRO: Paul Brennan					

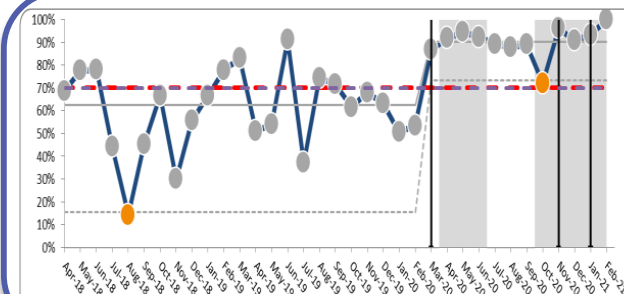
Stroke: %
patients
spending
90% of time
on stroke
unit

83.93%



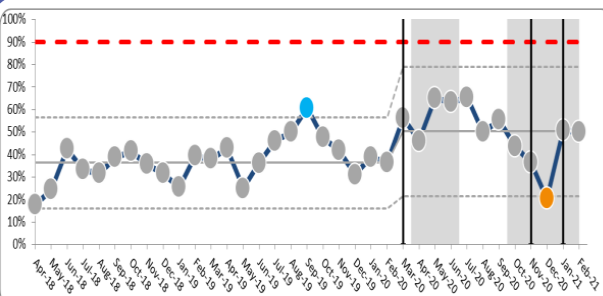
Stroke: %
seen in TIA
clinic within
24 hours

100%



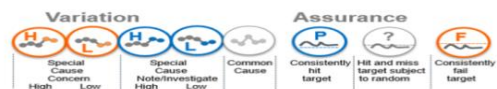
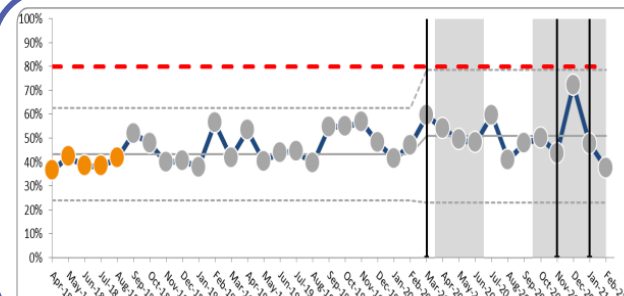
Stroke : %
Direct
Admission
to Stroke
ward

50.00%



Stroke : %
CT scan
within 60
minutes

37.50%



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

Lockdown Period
COVID Wave

Quality and Safety

Integrated Quality Performance Report - Headlines

Quality Performance	Comments
Infection Control	<ul style="list-style-type: none"> • C difficile – the Trust was above the year-end target for 20/21 by 6 cases and 2 below the 19/20 total (61) • E-Coli – the Trust was below the year-end target for 20/21 by 16 cases and 21 below the 19/20 total (55) • MSSA – the Trust was above the year- end target for 20/21 by 15 cases and 8 above the 19/20 total (17) • MRSA – the Trust was above the year- end target for 20/21 by 2 cases and 1 below the 19/20 total (3) • There has been a sustained significant improvement in hand hygiene practice compliance. This metric will reliably achieve the target of 96%. • Hand hygiene audit participation has shown no significant change since Jan-19. The target of 100% can be met but not consistently.
SEPSIS 6	<ul style="list-style-type: none"> • Performance for completing the SEPSIS 6 bundle within one hour continues to show no significant change in performance and the process will not achieve the target of 90%. • Performance for SEPSIS 6 screening continues to show no significant change in performance and the process will not consistently achieve the target of 90% but may be expected to vary between 71% and 95%. • Performance for antibiotics within 1 hour is above the 90% target for the second consecutive month with all Divisions above the target.
VTE Assessments	<ul style="list-style-type: none"> • There has been a sustained significant improvement in VTE assessments since Aug-20. The target of 95% can be achieved. • However there is concern about VTE 24 hour VTE re-assessment rates where the process will not achieve the target of 95%

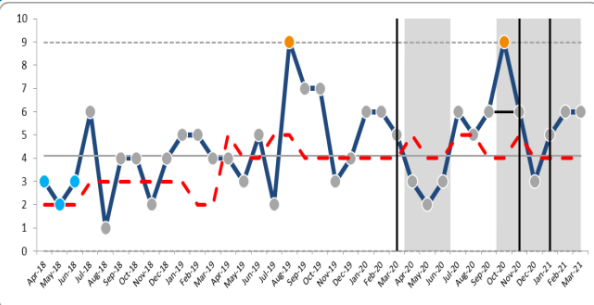
2.1 Care that is Safe - Infection Prevention and Control

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

C-Diff		E-Coli		MSSA		MRSA	
March month / monthly target	Year end actual / year end target	March month / monthly target	Year end actual / year end target	March month / monthly target	Year end actual / year end target	March month / monthly target	Year end actual / year end target
6/4	59/53	4/4	34/50	0/0	25/10	1/0	2/0
What does the data tell us? <ul style="list-style-type: none"> <i>C.difficile</i> infections exceeded the in-month target for Mar-21 and the year end total of 59 exceeded the year end target. However it was lower than the year end 2019/20 total of 61 cases. E-Coli BSI met the in-month target and achieved the year end target. The year end total of 34 was a reduction of 38.2% on the 2019/20 year end total. MSSA met the in-month target , but exceeded the year end target. The total of 25 was also an increase of 38.9% on the 2019/20 year end total. There has been significant improvement in quarter 4 (3 cases) compared to quarter 3 (9 cases) and quarter 2 (11 cases). MRSA exceeded the in-month target , and exceeded the year end target. However it was lower than the year end 2019/20 total of 3 cases. The Hand Hygiene audit participation rate has dropped since the start of the pandemic, but improved in Mar-21 to 90.74%. Hand Hygiene Practice Compliance rate shows sustained significant improvement with the 97% target being achieved every month since May-19. This metric will reliably achieve the target. 				What improvements will we make? <ul style="list-style-type: none"> The CMO chaired an extra-ordinary Antimicrobial Stewardship (AMS) meeting on 31/03/2021. Detailed further actions required to achieve the progress needed were agreed by Divisions. Divisional AMS plans will be formally approved through their governance cycle no later than 30/04/2021. The CEO has requested that progress with these plans is reviewed at the Divisional Performance Meetings chaired by the COO. The Quality Improvement Project for reducing <i>Staphylococcus aureus</i> bacteraemia is recommencing work to build on the quarter 4 improvement. A TIPCC Scrutiny & Learning Meeting is being held 20/04/21 to scrutinise BSI reported during the pandemic second wave and subsequently. There is work in progress to address a backlog in duty of candour conversations for patients with HCAI COVID arising from the COVID second wave, to support patients and their families. The senior nurse group has oversight of this work. A full self-assessment re-review of compliance with the COVID-19 BAF is in progress, linked to assessment of our compliance with a recently received HSE report on HCAI COVID. 			
Assurance level – Level 5 COVID-19 / Level 4 for non-Covid (Mar-21) Reason: Antimicrobial Stewardship is a key concern. MSSA bacteraemia is also a concern, though there has been improvement in Q4				When expected to move to next level of assurance for non Covid: The level of assurance will be reviewed for each element by end May 21, with the aim of increasing the levels of assurance recommended. The infection prevention update has set out summary indicators that are required in order to recommend the next level of assurance.			
Previous assurance level (Feb-21) –Level 6 COVID-19 / Level 4 for non-Covid				SRO: Paula Gardner (CNO)			

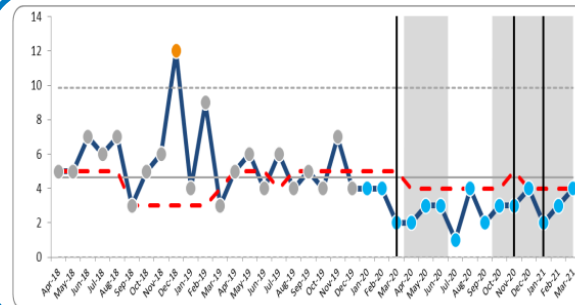
C-Diff

6



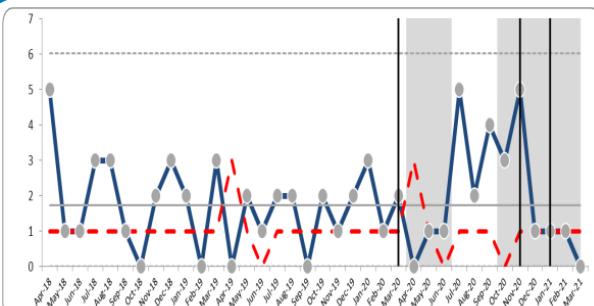
E-Coli

4



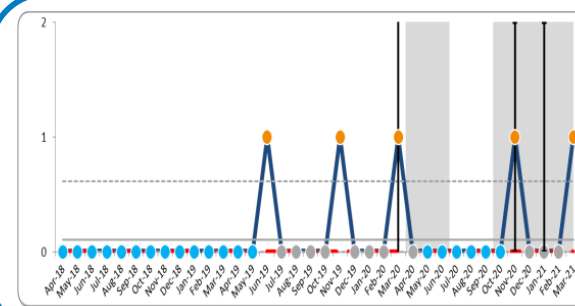
MSSA

0



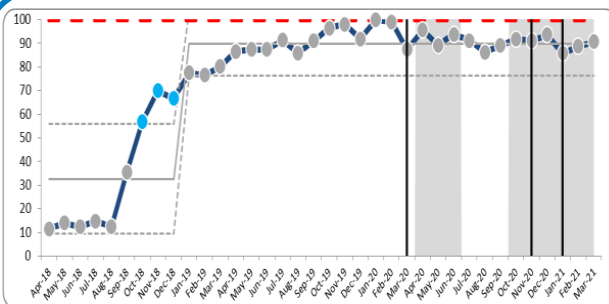
MRSA

1



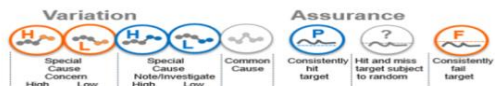
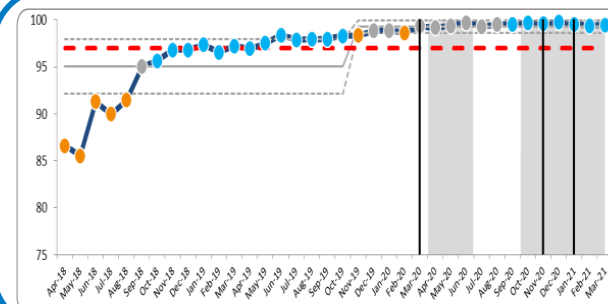
Hand Hygiene Audit Participation (%)

90.74



Hand Hygiene Compliance (%)

99.46

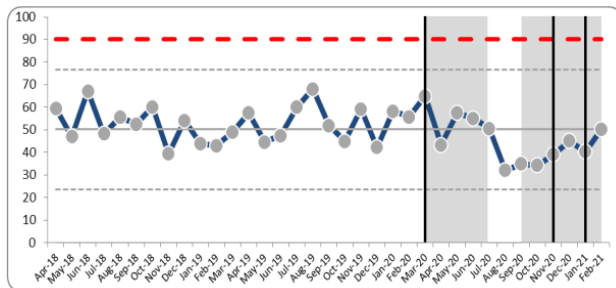


Lockdown Period
COVID Wave

Sepsis six bundle completed in one hour (Target 90%)	Sepsis screening Compliance Audit (Target 90%)	% Antibiotics provided within one hour (Target 90%)	Urine	Oxygen	IV Fluid Bolus	Lactate	Blood Cultures
50.34%	73.91%	93.20%	72.11%	96.60%	88.44%	65.99%	65.99%
What does the data tell us? <ul style="list-style-type: none"> The sepsis 6 bundle completed within one hour compliance rose in Feb-21. However, the performance is still significantly below the target. Sepsis 6 screening performance rose in Feb-21, but has not met the target since May 2019. Although Sepsis 6 antibiotics provided within one hour compliance dropped slightly in Feb-21, it still hit the target for the second consecutive month. Three of the remaining sepsis 6 bundle elements improved performance in Feb-21, but only Oxygen achieved the 90% target. The Lactate and Blood Cultures components fell in Feb-21. 			What improvements will we make? <ul style="list-style-type: none"> Increase awareness of siting of blood gas machines to facilitate lactate measurement Paeds & Maternity: currently not included in sepsis data in WREN due to different pathways to adult population, plan to integrate in place Case reviews (in progress): these will gather themes regarding deviation from pathway, support from Chief Registrar to develop QI project Review of Sepsis proforma to become the sole record of episode Produce sepsis FAQ sheet to troubleshoot issues Review training records: ESR training launched end of Oct, push to ensure training compliance is in trian Roll out sepsis team support to ward now staffing released from Critical Care. 				
Assurance level – Level 6 (Mar-21) Approved at QGC – 29 th April 2021			When expected to move to next level of assurance for non Covid: Q3 following implementation of the Divisional plans.				
Previous assurance level (Feb-21) – Level 2			SRO: Mike Hallissey (CMO)				

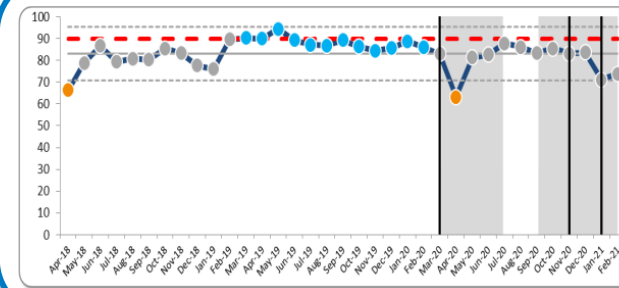
Sepsis 6 Bundle Compliance (audit)

50.34%



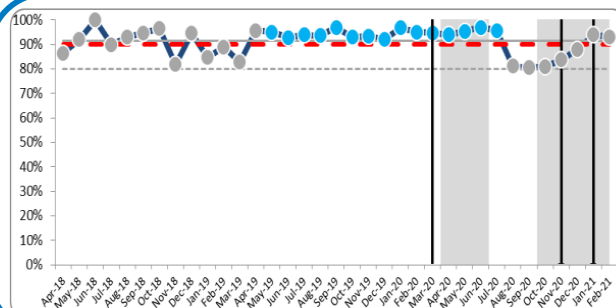
Sepsis Screening Compliance (audit)

73.91%



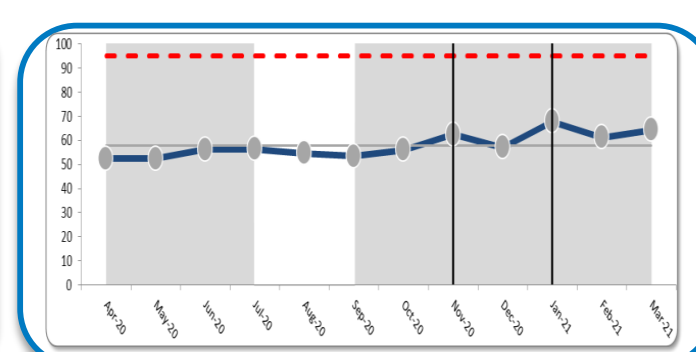
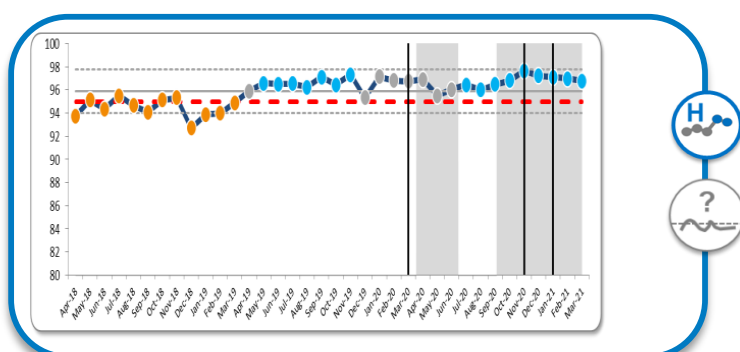
Sepsis Screening Antibiotics Compliance (audit)

93.20%



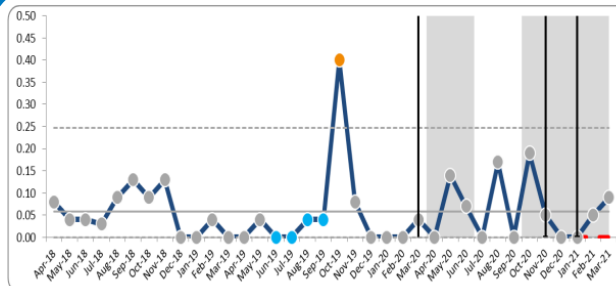
Lockdown Period
COVID Wave

VTE assessment on admission to hospital		24 hour VTE assessment rates – patients assessed	
March 2021	Target	March 2021	Target
96.77%	95%	64.34%	95%
What does the data tell us? <ul style="list-style-type: none"> We have achieved the initial VTE assessment on admission target every month since April 2019, including throughout the Pandemic. The same level of performance has not been mirrored for reporting on compliance with 24 hour VTE re-assessment. Although the trend is generally upward, the performance is still significantly below the target. 		What improvements will we make? <ul style="list-style-type: none"> The monthly Trust Thrombosis (VTE) Group meetings have recommenced following de-escalation. Capacity to undertake more detailed work on 24 hour review will follow. HAT reviews have demonstrated good compliance with 24 hour reviews Divisions to provide action plans at May CGG to improve 24 hour VTE re-assessment reporting. 	
Assurance level – Level 4 (Mar-21) Reason: Sustained compliance for VTE on assessment, but requires improvement for the 24 re-assessments		When expected to move to next level of assurance : Q2 20/21 – following embedding change made as a result of the audit.	
Previous assurance Level - 3 (Aug-20)		SRO: Mike Hallissey (CMO)	



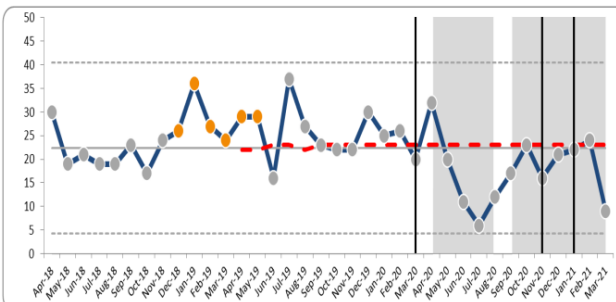
Falls per 1,000 bed days causing harm

0.09



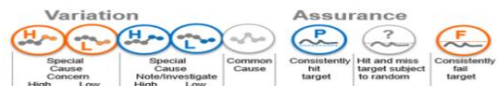
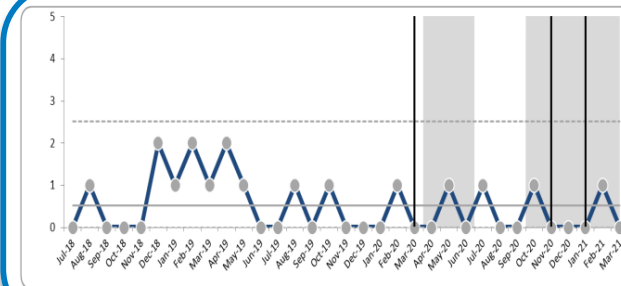
All Hospital Acquired Pressure Ulcers

9



Serious Incident Pressure Ulcers

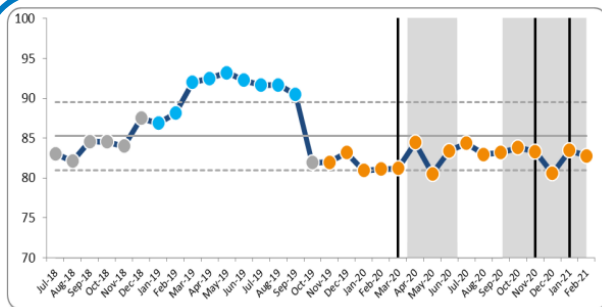
0



Lockdown Period
COVID Wave

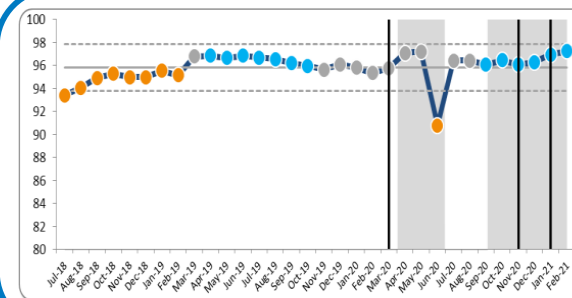
ICE reports viewed radiology (%)

82.80



ICE reports viewed pathology (%)

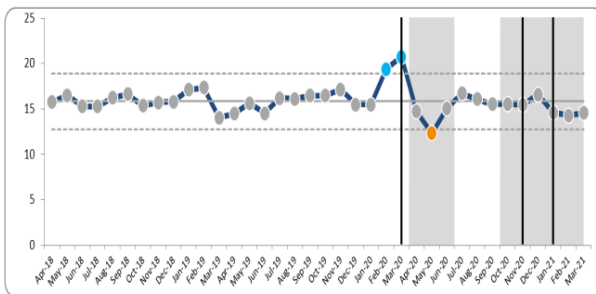
97.24



Lockdown Period
COVID Wave

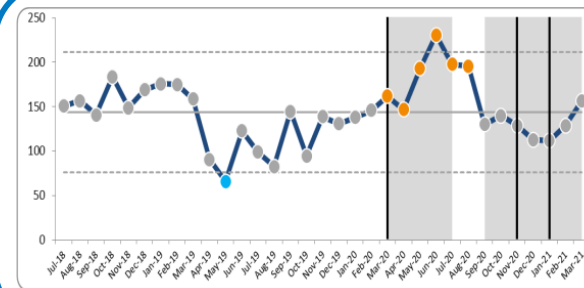
Discharges
before
midday
(%)

14.57



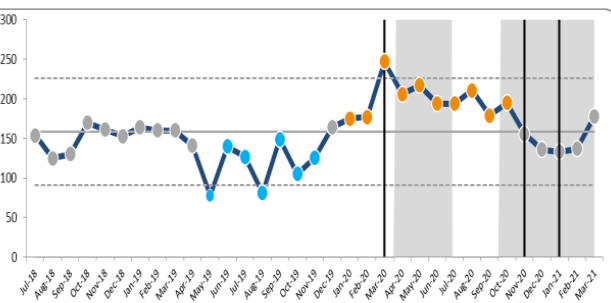
Risks
overdue
review

157



Risks with
overdue
actions

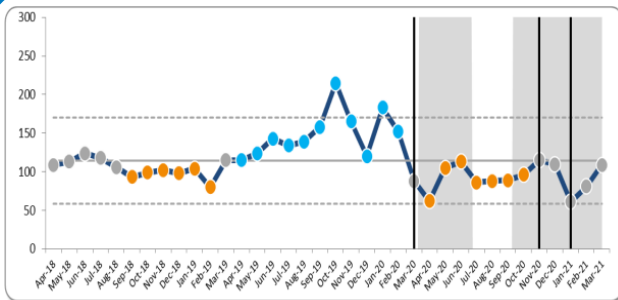
178



Lockdown Period
COVID Wave

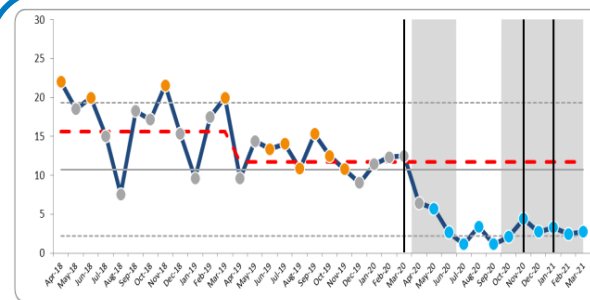
Total Medicine incidents reported

109



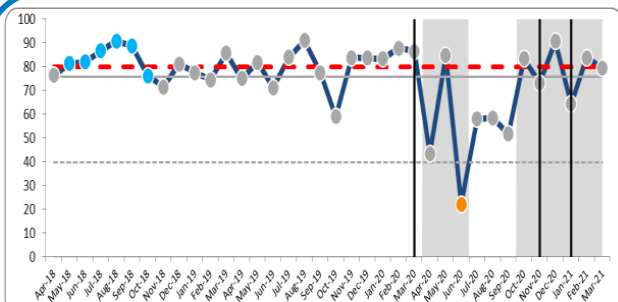
Medicine incidents causing harm (%)

2.75



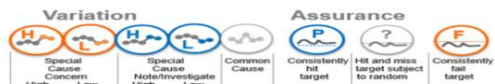
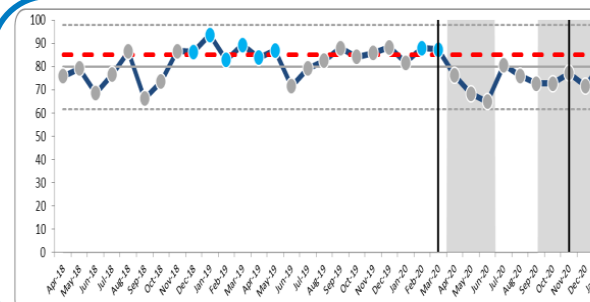
Complaints Responses \leq 25 days (%)

83.87



#NOF time to theatre \leq 36 hours (%)

80.72

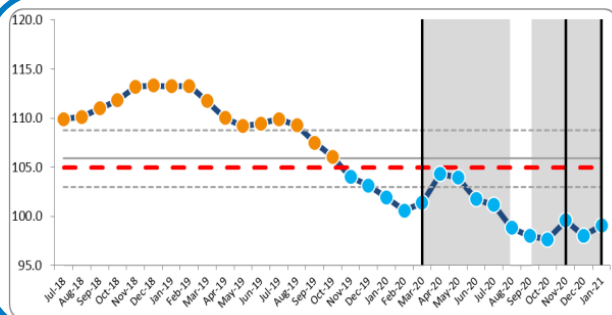


Lockdown Period
COVID Wave

HSMR 12 month rolling average

Jan – 21

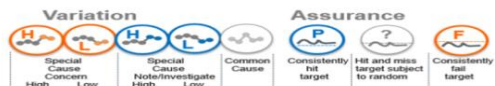
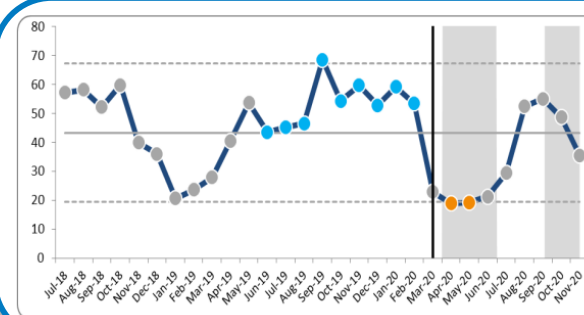
98.04



Mortality Reviews completed ≤ 30 days (%)

Nov 20

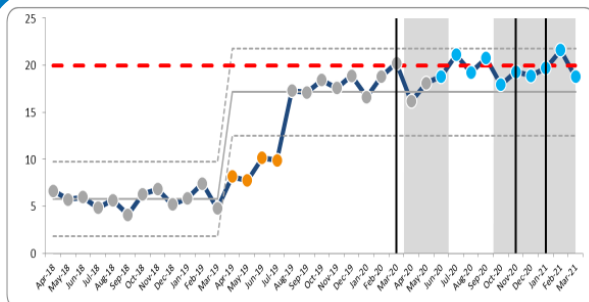
33.50



Lockdown Period
 COVID Wave

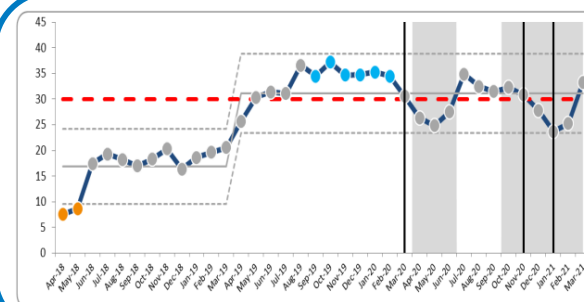
Accident & Emergency Response Rate Friends & Family Test (%)

18.77



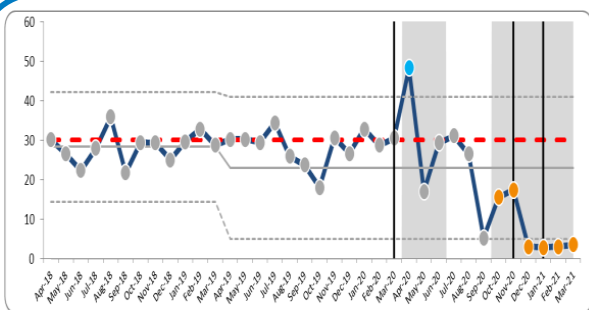
Inpatient Response Rate Friends & Family Test (%)

33.22



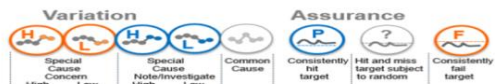
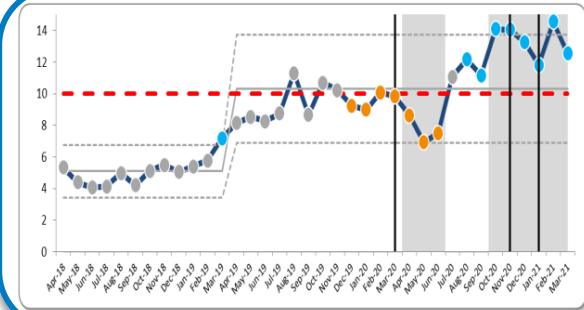
Maternity Response Rate Friends & Family Test (%)

3.53



Outpatients Response Rate Friends & Family Test (%)

12.55



Lockdown Period
COVID Wave