

Trust Board

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



Sir David Nicholson
Chair

Agenda		Enclosure	Time
036/21	Welcome and apologies for absence:		10:00
037/21	Patient Story		10:05
038/21	Items of Any Other Business <i>To declare any business to be taken under this agenda item</i>		10:30
039/21	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>		
040/21	Minutes of the previous meeting <i>To approve the Minutes of the meeting held on 13 May 2021 as a true and accurate record</i>	<i>For approval</i> Enc A Page 3	10:30
041/21	Action Log	<i>For noting</i> Enc B Page 10	10:35
042/21	Chair's Report	<i>For noting</i> Verbal	10:40
043/21	Chief Executive's Report	<i>For noting</i> Enc C Page 12	10:50
Strategy			
044/21	Communications and Engagement Update Director of Communications and Engagement	<i>For assurance</i> Enc D Page 14	11:00
Performance			
045/21	Integrated Performance Report Executive Summary/SPC Charts/Infographic Chief Executive/Executive Directors	<i>For assurance</i> Enc E Page 21	11:10
046/21	Committee Assurance Reports Committee Chairs	Page 94	
Governance			
047/21	Safest Staffing Report a) Adult/Nursing b) Midwifery Chief Nursing Officer/Director of Midwifery	<i>For assurance</i> Enc F1 Page 101 Page 108	11:40

048/21	Maternity SI Report Director of Midwifery	<i>For assurance</i>	Enc F2 Page 114	11:55
049/21	Quality Account Chief Nursing Officer	<i>For approval</i>	Enc F3 Page 119	12:10
051/21	Clinical Negligence Scheme for Trusts (CNST) Maternity (Q3 and Q4) Director of Midwifery	<i>For approval</i>	Enc F4 Page 124 Page 130	12:20
052/21	Audit and Assurance Committee Report Committee Chair	<i>For assurance</i>	Enc F5 Page 139	12:30
053/21	Any Other Business <i>as previously notified</i>			12:35

Close

Date of Next Meeting

The next public Trust Board meeting will be held on 15 July 2021, virtually.

**MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON
THURSDAY 13 MAY 2021 AT 10:00 AM
HELD VIRTUALLY**

Present:

Chair: Sir David Nicholson

Board members: (voting)	Paul Brennan Anita Day Paula Gardner Mike Hallissey Matthew Hopkins Dame Julie Moore Dr Simon Murphy Robert Toole	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
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Board members: (non-voting)	Richard Haynes Colin Horwath Vikki Lewis Rebecca O'Connor Jo Newton Tina Ricketts Sharon Thompson	Director of Communications and Engagement Associate Non-Executive Director Chief Digital Officer Company Secretary Director of Strategy and Planning Director of People and Culture Associate Non-Executive Director
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In attendance	David Ashmore Justine Jeffrey Baylon Kamalarajan Mike McAlindon Sarah Packer Jo Ringshall Harvey Sanghera	Patient Director of Midwifery - Item 030/21 Staff - Item 029/21 Staff - Item 029/21 Staff - Item 029/21 HealthWatch Staff Observer
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Public Via YouTube

Apologies Waqar Azmi, Richard Oosterom and Bill Tunncliffe

020/21

WELCOME

Sir David welcomed everyone to the meeting, including those viewing via YouTube. In particular welcoming Jo Ringshall from Healthwath and Harvey Sanghera his reverse mentor.

Sir David wished Eid Mubarak to all those who are celebrating today.

021/21

PATIENT STORY

Sir David welcomed Mr Ashmore, who had received treatment and surgery at the Trust for bowel cancer. Mr Ashmore thanked the Trust for supporting him through one of the most important years of his life. He thanked all those who have listened to his story, but not least to Steve Pandey, Dr Churn and their teams, who were wonderful.

Mr Ashmore's chemotherapy and radiotherapy treatments were during the Covid period, meaning planned surgery was cancelled and rescheduled. The team made a huge effort for this to take place on 13 January. Mr Ashmore reflected upon how his care was exceptional, he did not know what to expect and could not tell that the staff had been

drafted in from other parts of the Trust due to the pandemic. He had also been supported to lose weight after his chemotherapy phase. In particular, he recognised Anna-Marie, a healthcare assistant who was so professional, however he was disappointed to have witnessed racial abuse of some members of staff.

Mrs Gardner thanked Mr Ashmore for his story and the praise for the staff, asking is there anything we could have done differently to make your journey better? He replied no, there were things that could have been better, but I was so happy I could be treated and do not think if I had spent £25k privately, that it would have been better. Mr Pandey had provided such confidence, saying “leave the worrying to me”.

The Board were most concerned to hear of staff being subject to racist behaviour by patients. Mr Ashmore advised the staff had tolerated the abuse, and asked if staff are protected to report this? He felt the patients concerned were scared and this had led to their inappropriate behaviour, but it was not challenged.

Sir David, Ms Day and Ms Thompson sought assurance regarding the experience of staff who have faced racism at work, noting neither our patients, nor our staff should expect to hear this. What should have happened and how do we make sure this happens going forwards? Dr Murphy as the Board’s NED and BAME network lead, will discuss with the network chair how much of an issue this is and how as a Board we can challenge this.

Mr Hopkins and Mrs Ricketts reflected how this sits alongside wider issues of physical and verbal abuse towards staff and their desire for staff to have the confidence to tackle the behaviour there and then, or to escalate to other staff/security where necessary. We are on a culture change journey and are educating colleagues regarding discrimination and being active allies. We will bear down heavily on anyone who abuses our staff and they are reported to the police. Staff have developed a degree of tolerance to racism, however this is not to be accepted in any part of the Trust. Ms Day reiterated that tackling this issue is key to us being inclusive, noting you never become used to it, it makes you feel unvalued and disrespected and patient outcomes will suffer as a result.

Mrs Gardner confirmed she will feedback to the wards to share the thanks and recognition of the contribution they have made. She advised she has also heard of further exceptional work by another healthcare assistant, Rachel, and is looking to instigate a special recognition award from the Chief Nurse for Healthcare Assistants.

Sir David, on behalf of the entire Board, expressed how this behaviour is completely unacceptable and we have zero tolerance. We will do everything we can to support our staff.

ACTION: Patient story to be shared with the Trust Networks to discuss the issues agree how they wish to take this forward.

ACTION: Thanks to be passed onto the staff and teams involved

022/21

ANY OTHER BUSINESS

There were no items of any other business.

023/21

DECLARATIONS OF INTERESTS

The Board noted the additional declaration from Sir David, as printed on the agenda and that the full list of declarations of interest were on the website.

024/21

MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 22 APRIL 2021

Page 5 celebrate the return of staff “from shielding”.

Page 7 “reword the criteria” to be “confirmation of the criteria”.

Minor typographical amendments page 8 medial is medical and page 8 endure should be ensure

RESOLVED THAT subject to the above the Minutes of the public meeting held on 22 April 2021 be confirmed as a correct record and signed by the Chair.

025/21

ACTION SCHEDULE

Ms O'Connor confirmed the only action on the log was not yet due for completion.

026/21

CHAIR'S REPORT

Sir David presented his report advising the Board that Dame Julie would be interim Chair of Quality Governance Committee whilst the Chief Medical Officer recruitment is underway.

RESOLVED THAT : the report be received for assurance

027/21

CHIEF EXECUTIVE'S REPORT

Mr Hopkins highlighted the following key points

- NED Summit taking place in June
- There was no planning paper this month, as significant work is underway in mapping the transformation schemes we have planned over the next three years to ensure we are not stretched too thin. Our ambition remains to achieve a “Good” CQC rating on the next full inspection and to drive efficiency in reducing our operating expenditure.
- Chief Medical Officer recruitment has received an excellent response. We are in the process of shortlisting, with interviews in the beginning of June.
- Unmet need which has developed over the Covid period is being seen through significant increases in emergency activity; walk in patients are sicker and there is also an increase in cancer referrals.
- Accelerator bid was submitted but not accepted, there is further detail on activity in the performance report.
- In response to a question from Ms Day, Mrs Gardner confirmed that physical quality and safety walkabouts were ongoing

RESOLVED THAT: the report be noted.

STRATEGY

It was noted there were no strategy items for discussion due to the pre-election period in the run up to this meeting.

PERFORMANCE

028/21

Integrated Performance Report

Mrs Lewis presented the month 12 report. The key points highlighted on the executive summary were noted and discussed.

At this point, clinical colleagues joined the meeting and into order to facilitate their clinical commitments, the Board moved onto item 029/21, returning to this item thereafter.

029/21

Quality Governance Committee: Sepsis 6 presentation

Dame Julie introduced this item, advising the Board that QGC had been looking into Sepsis in some depth, having received an excellent presentation from the working groups, which QGC had commended to the Board. She was delighted to welcome Baylon Kamalarajan, Mike McAlindon and Sarah Packer to the meeting who shared their presentation. In summary, the following key points were noted

- Historically the Trust had been an outlier; overall performance in ED was good but other inpatient areas was disappointing
- Initial work provided quick gains regarding performance and an improvement in sepsis 6 completion. There was a dip in September to October due to Covid where some audit data was not as extensive as previously
- The Trust is now better performing in terms of sepsis related mortality and benchmarks positively.
- Divisions have engaged well and whilst there were some issues to resolve with training and turnover, our data has become far more robust, we are closer to the trigger points and can scan from patient notes direct.
- The working group listened to feedback and trouble shot the process in real time to redesign the pathway and see where patient care can be improved. A pilot was tested in medical division and will be launched in Trust wide in August.
- The reporting form has been reviewed to make it more user friendly and includes a deteriorating patient alert. Other interventions have included a specialty newsletter and junior doctors newsletter.
- The Womens and Children division reported that in cases of febrile neutropenia 90% of children received antibiotics within an hour compared to 65% nationally.
- In response to a question, the Board were advised that by having local engagement and support in making local quality improvements, a sustained and focussed approach has enabled them to drive the project forwards so it becomes BAU and there is ownership and will make sure this is embedded as we move towards DCR.

Sir David on behalf of the Board, thanked the team for their efforts in leading this programme, noting increasing assurance and was heartened to see the in depth progress being made. The powerful impact of the direct exposure of the clinical teams to the Board was noted.

RESOLVED THAT: The report be received for assurance.

028/21
(Cont.)

Integrated Performance Report

Sir David returned the Board to their earlier discussion on performance, highlighting emergency care, waiting lists and finance as key areas of focus. Given the Board had an upcoming development session to specially look at finance, it was agreed today's focus would be on activity and the backlog.

Mr Brennan outlined the key drivers behind issues with regards to four hour performance which primarily but not exclusively, related to community capacity and accessing of community beds. It was reported there were regular occasions where there are empty community beds, when the Trust has patients waiting to be discharged. It was noted that the number of pathway 1 beds was increasing, but that there needed to be a wider system response to managing the increase in demand and flow.

In terms of activity levels, in 19/20 the Trust had worked to reduce long waiters down to 13. As at yesterday, in 3 main indicators were as follows:

- new outpatients; 179k against a plan of 151k
- day cases; 86k against a plan of 70k
- inpatients; 8k against a plan of 5k.

On these projected levels, the Trust is below the activity level in 19/20. However in the first quarter, they are above the ERF target of 70% in April, 75% in May, 80% June, 85% in July and then flatlined. The Trust is looking at flow and social distancing through outpatient clinics to increase activity. This work will be concluded later next week, but by COP we are aiming to close the gap significantly on elective and day case.

At the Alex, a switch of elective work is underway. The Trust intends to bring theatre 6 into use thus providing another 10 sessions; the Vanguard is funded and we have agreed to use theatre for high throughput, low complexity cases. The aim is to treble the activity through the Vanguard by making this switch. There is potential to operate the Vanguard 12 hours a day for 6 days a week and opportunity to use Kidderminster theatres for 6 days a week up from 5.

The item was opened up for questions:

- Dr Murphy asked if we have the staff to deliver this? Mr Brennan confirmed the Vanguard is staffed facility. There is sufficient capacity within surgical job plans to undertake activity in week and we working through the nursing and AHP workforce. Mr Hopkins confirming are mindful of the cost and workforce supply point, but there is capacity in workplans.
- In response to a question regarding allocation and the dating of P2 patients, it was confirmed we allocate on the basis of need not historical allocation, so it has not been possible to date patients more than 10 days in advance. Theatre schedules are in place and by end of month will date between 4-6 weeks in advance for elective. Regional office are aware and agree the Trust's approach is appropriate.
- Ms Day advised of a presentation she has seen regarding the coloration between patients waiting, impact on ED attendance and socio economic effects. It was agreed this would be shared

ACTION: Ms Day to share conference slides with CEO and Chair.

RESOLVED THAT: the report be noted for assurance.

029/21

Committee Assurance Reports

The following points were highlighted by Committee Chairs:

- F&P: nothing to report by exception outside of the written report
- QGC: ongoing focus on IPC and antimicrobial stewardship
- P&C: nothing to report by exception outside of the written report

RESOLVED THAT: the Committee reports and Sepsis 6 presentation be noted for assurance.

GOVERNANCE

030/21

Nursing and Midwifery staffing report – February 2021

Mrs Gardner presented the nursing element of the report which covered the period to March 2021 and confirmed review of the same had taken place at P&C. Nursing staff continue to be deployed to provide safer staffing levels. There were no harms reporting during this period and the majority of staff back are back in their substantive roles.

This week was National Nurses Week and on International Nurses Day Mrs Gardner had met with dental nurses to hear first-hand their experiences of deployment during the pandemic. They were enthusiastic but at times fearful, when working outside of their usual roles, however all were to be congratulated for their efforts.

Ms Jeffrey presented the midwifery element of the report, noting the ongoing challenges within maternity. March had been a busy month following a quieter month. High levels of sickness remain, however work is ongoing with HR; unfortunately some mandatory training had been cancelled to staff clinical areas. 10 new midwives had been appointed with a further 6 for community services and these are expected to be in post by quarter one. 21 student midwives had been shortlisted and interviewed with 17 offers made.

It was confirmed that work on the induction pathway was progressing, the Ockenden bid had been submitted and there was a rise in incident reporting with no harm reported. The team had explored additional roles such as surgical and nursery nurses, but there had been a mixed response, however this will be kept under review as we further explore the culture change programme. Dr Murphy was pleased to see a positive increase in reporting culture, asking what changes we want to see. Mrs Gardner noted that feedback is shared via Datix and should also come back via ward managers, she would raise this at the senior nurses meeting that afternoon.

Sir David read the assurance level statement noting a decrease in assurance from level 5 to level 4. Mrs Jeffrey advised the decrease is multifactorial and other issues are impacting on safe staffing, which is managed on a shift by shift basis. Further recruitment is ongoing and the numbers of staff expected back is increasing, with April showing an improving position. The actions outlined are beginning to indicate an improving position, however this cannot yet be fully evidenced, hence the change in assurance level rating.

RESOLVED THAT: the report be received for assurance.

031/21

Provider Licence Conditions

Ms O'Connor presented the report which was taken as read and had previously been reviewed and recommended for approval by both QGC and A&A Committees.

Sir David queried the position with outstanding conditions on our licence. Ms O'Connor confirmed that the statement is retrospective and the Section 31 conditions, which we are advised have been removed from the Trust. will drop off next year. Mr Toole added the Trust is referred to the Secretary of State by the auditors under Section 30 of the Local Audit and Accountability Act as not able to meet its cumulative break even duty or achieve a cumulative surplus. The Trust has a cumulative deficit position, thus to be compliant in this respect would have to be in a cumulative break even or surplus, therefore this is likely to be position of ongoing non-compliance in relation to this element.

RESOLVED THAT: the Board approved the statement for publication



032/21

Audit and Assurance Committee Report

Ms Day noted the paper as read, nothing that Committee had met earlier that week. At the latest meeting, Committee had been apprised of a data quality exercise, an action was in place and would be monitored.

RESOLVED THAT the report be received for assurance.

033/21

Remuneration Committee Report

Sir David introduced the report which was taken as read. The excellent response to the Chief Medical Officer recruitment was noted, which reflected well on the improvements made and Mr Hallissey's good work.

RESOLVED THAT the report be received for assurance.

034/21

Trust Management Executive Committee Report

Mr Hopkins presented the report which was taken as read, noting work is ongoing with Ms O'Connor to streamline and support the maximisation of benefits.

RESOLVED THAT the report be received for assurance.

035/21

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 10 June 2021 at 10:00am.

The meeting closed at 12:04pm

Signed _____
Sir David Nicholson, Chair

Date _____

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

PUBLIC TRUST BOARD ACTION SCHEDULE – MAY 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
13.5.21	Patient Story	021/21	Patient story to be shared with the Trust Networks to discuss the issues agree how they wish to take this forward.	TR	June 2021			
13.5.21	Patient Story	021/21	Thanks to be passed onto the staff and teams involved	PG	June 2021			
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.	
13.5.21	IPR	028/21	Ms Day advised of a presentation she has seen regarding the coloration between patients waiting, impact on ED attendance and socio economic effects. It was agreed this would be shared with the CEO and	AD	June 2021		Action complete. Closed	

			Chair.					
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Meeting	Trust Board
Date of meeting	10 June 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:

- ICS update
- Service Improvement
- George Floyd
- Health & Wellbeing Conversations
- 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
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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						

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Introduction/Background
This report gives members an update on various local, regional and national issues.
Issues and options
<p>ICS Update</p> <p>Service improvement and delivery at PLACE will be the engine room of the new ICS at county level. PLACE system partners shared their proposed approach to the ICS leadership this month. Whilst formal feedback is awaited, support to the direction of travel was given, building on what works well, to further refine measureable outcomes and stick to the principles of subsidiarity and reducing the governance burden. Further work is needed to align the operating models between system, PLACE and PCNs (districts). Separately the first of two NED engagement summits took place to explore the opportunity and potential impact of the ICS. Wider engagement with local authority councillors is planned following the induction of newly elected councillors. The first PLACE board will be held in July. The Trust is actively involved with development of provider collaboratives at subregional level to build collaborative working with neighbouring non-tertiary centres as well as strategic partners in line with our pluralistic approach.</p> <p>Service Improvement</p> <p>Selection of a strategic partner to support our improvement journey continues with a series of fruitful meetings as part of the competitive dialogue process with selected suppliers. Further stakeholder and management engagement in June precedes final recommendation of our preferred partner in line with the agreed timescale and board decision in September.</p> <p>George Floyd</p> <p>Colleagues from the Ethnic Minority Staff Network held 2 events on the 25th May to mark the year anniversary George Floyd's death. Colleagues were able to participate in an on line discussion forum whilst others participated in a take the knee event to demonstrate their stand against racism.</p> <p>Health & Wellbeing Conversations</p> <p>Wellbeing Conversations are being introduced across the Trust to give all colleagues the opportunity to have a regular, supportive conversation about how they are. They aim help to identify areas where staff may benefit from further help and to signpost to that support and make a plan to access it where necessary.</p> <p>A series of engagement events are being held to gain views from colleagues on the format and content of the conversations including whether they should be conducted by line managers or a peer colleague.</p> <p>Chief Medical Officer Recruitment</p> <p>I am encouraged The recruitment process is now well under way, shortlisting has been completed, assessment centres are in place and final panel interviews taking place in early June. A verbal update will be provided at the meeting on the outcome of the selection process.</p>
Conclusion
Recommendations
<p>The Trust Board is requested to</p> <ul style="list-style-type: none"> Note this report.
Appendices - None

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Communications and Engagement Update

For approval:		For discussion:		For assurance:	X	To note:	
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Accountable Director	Richard Haynes, Director of Communications and Engagement		
Presented by	Richard Haynes	Author /s	Richard Haynes

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

Board members are asked to note the report.

Executive summary

This report provides Board members with examples of significant communications and engagement activities which have taken place recently as well as looking ahead to key communications events/milestones in coming months.

This report includes a detailed focus on a recent recruitment campaign as an example of our ongoing efforts to quantify benefits realisation/return on investment where possible on the support we provide.

Risk

Which key red risks does this report address?	What BAF risk does this report address?
	BAF Risk 12: If we have a poor reputation then we will be unable to recruit or retain staff, resulting in loss of public confidence in the trust, lack of support of key stakeholders and system partners and a negative impact on patient care

Assurance Level (x)

0	1	2	3	4	5	x	6	7	N/A
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Financial Risk

Related activities carried out within the existing communications budget or covered by the budgets of supported projects or programmes

Action

Is there an action plan in place to deliver the desired improvement outcomes?	Y		N	X	N/A	
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Are the actions identified starting to or are delivering the desired outcomes?	Y	X	N		
If no has the action plan been revised/ enhanced	Y		N	X	
Timescales to achieve next level of assurance	Communications and engagement plan for 21/22 will align with Trust planning priorities and timelines in ways which are consistent with our Communications Strategy, subject to capacity constraints. Progress and issues will be reflected in future Board updates				

Meeting	Trust Board
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Paper number	Enc D

Introduction/Background

This report provides Board members with examples of significant communications and engagement activities which have taken place recently as well as looking ahead to key communications events/milestones in coming months.

This report includes a more detailed focus on a recent recruitment campaign as an example of our ongoing efforts to quantify benefits realisation/return on investment where possible on the support we provide.

Issues and options

Covid Response

We have continued to focus on ensuring that the most up to date information about all aspects of our Covid response is easily available to colleagues – whether working on site or remotely.

Production of our electronic Covid Update was again increased to five editions per week at the height of wave two, before scaling back to three per week and most recently once weekly in line with our stepped down incident response. At the end of May we circulated our 200th edition of the Update. The current format was developed and rolled out in the early days of the pandemic and has been a feature of regular communications in its current format since March 2020.

Each Briefing continues to receive around 15 to 20,000 page views on average, with individual articles regularly receiving well over 2,000 views, indicating thousands of colleagues are still accessing each edition.

We also continue to work closely with HR and other colleagues on promoting the wide programme of activities and offers to support the physical and mental health and wellbeing of our staff.

The management of donations, wellbeing packages and requests for support has also continued to take up a significant amount of time for our Charity team. (A separate report covering the charity work plan and budget has been drafted for consideration by the Board sitting as Corporate Trustee for the Charity.)

#CallMe

#CallMe (which is the subject of the Board patient story at this month's meeting), offered a number of opportunities for communications support in the build up to launch and following go-live.

Working closely with Mike McCabe and other members of the project team we developed bespoke supporting materials for use across a range of communications channels and platforms to help build and maintain awareness, interest and participation – including screen savers, posters and messages for use internally and externally, as well as this short video. <https://www.youtube.com/watch?v=Bxw9DBU2o58>

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The result was a number of articles in local print and broadcast media (as well as a mention in Chief Nurse Ruth May's newsletter) as well as significant coverage and positive comment on social media. #CallMe has already attracted interest from a number of trusts across the country.

Recruitment case study: Recruiting Occupational Therapists through a targeted online campaign

The Communications team was approached in February this year for ideas to help recruit Occupational Therapists for a large number of vacant posts in the department.

After initial discussions with the service, we recommended creating a targeted online recruitment campaign including a dedicated website page, bespoke social media content and highly-targeted social media advertising to show the vacancies to as many relevant people as possible.

We worked with the Occupational Therapy team to create some compelling wording and content to go on a dedicated page on our Trust's public website. This was supported by a photo shoot with some of our current inpatient Occupational Therapists to showcase our team and to use to attract the attention of potential recruits.

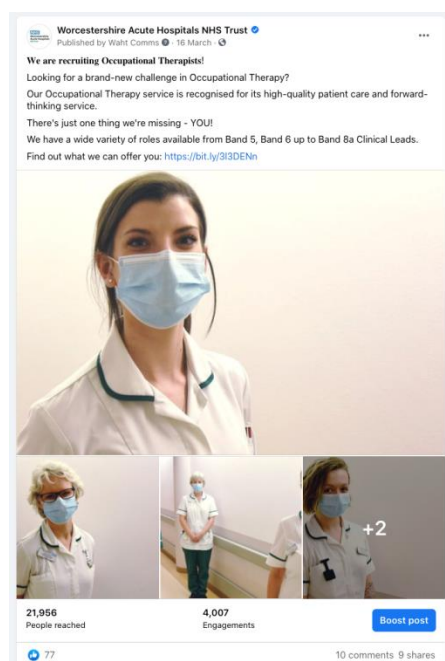
On our recommendation, the OT department provided us with a budget of £1,000 to use for targeted advertising, so we could run a paid campaign across multiple social media platforms, targeted at people who may hold the relevant experience and interest in filling the vacant roles.

Having previously successfully utilised Facebook advertising, we recommended this option again whilst also branching out to use LinkedIn advertising for the first time in this Trust.

The Occupational Therapy department liaised with the Trust's recruitment team to re-open or newly open 12 vacant roles which they had been struggling to recruit any candidates for.

The vacancies were all in the inpatient Occupational Therapy team, but across a wide variety of specialties and areas. The team wanted to recruit:

- Six Band 5 Occupational Therapists
- Three Band 6 Senior Occupational Therapists (specialising in Stroke & Neurology; Geriatric Emergency Medicine Service (GEMS); and Medicine)
- Three Band 8a Clinical Strategic Lead posts



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After compiling and creating all the relevant content, we agreed on a three-week intensive online advertising campaign, running from 10 March 2021 until 31 March 2021.

We used highly-targeted advertising tools on Facebook and LinkedIn to create adverts and select groups which we wanted to show them too. Using information and data that people have used published or accessed online, we could target our adverts to people who had shown an interest in or stated they worked in the field of Occupational Therapy.

In addition to the paid-for advertising, we used our social media channels for free to actively engage with audiences who may be interested in these job roles, utilising very specific Facebook Groups of Occupational Therapists around the country. We also used our available channels to further promote and share the paid-for adverts at no extra cost.

Throughout the campaign we checked in with the Occupational Therapy team to get updates on the number of views and applications on the NHS Jobs adverts themselves as well as reviewing and editing or updating our content and adverts as a result of A/B testing to get the most effective results possible.

In total across the three-week campaign £600 was spent on Facebook advertising. This spend allowed us to reach 53,619 different people from our targeted groups and resulted in 2,208 clicks to visit our dedicated website page. This means we spent just 27p for every visit to the website page, all from people who we had chosen to target.

On LinkedIn, the targeting was even more specific. We spent £400 on LinkedIn advertising which showed our advert to 6,305 relevant people, resulting in 97 clicks to visit our dedicated website page. This means we spent £4.35 per click on LinkedIn, however the caveat for this increased spend per click, is that we chose this method to target the more senior Band 8a roles with much more specific groups and information than the lower banded roles which were the main focal point of our Facebook advertising.

In total, the dedicated website page providing more information and the direct links to apply was visited almost 6,000 times. The average time spent on the website page by visitors was over two minutes, indicating the vast majority of visiting were reading the content. This led to the actual application pages on NHS Jobs being visited over 4,000 times in total.

At the very end of March the campaign finished and the NHS Jobs vacancies shut, but we kept in contact with the Occupational Therapy department throughout the shortlisting and interview process. Our efforts advertising to relevant targeted groups appeared to result in a large number of applications and for many roles with enough experience to shortlist and invite to interview.

The final results of the campaign as of the end of May 2021 show that the campaign contributed to successfully filling:

- Five of the six Band 5 Occupational Therapist roles.
- All three of the three Band 6 Senior Occupational Therapists.
- Two of the three Band 8a Clinical Strategic Lead posts.
- Giving us a total success of 10 out of 12 posts filled.

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Due to the success of this campaign for attracting new starters for their inpatient service teams, the Occupational Therapy team have asked to run a similar campaign to fill some roles in their outpatient service teams.

We've also had interest from the Theatre Directorate about running a similar campaign targeted at recruiting qualified Operating Department Practitioners.

Visual Identity/Design Guidelines

To help maintain consistency of look and feel of communications materials and messages across a range of platforms and channels we have updated our internal design guidelines to support colleagues when working with them on campaigns.

The updated guidelines include the refreshed 4ward logo (with the addition of a Putting Patients First strapline) and the current ICS/system branding as well as more detailed guidance on fonts and colour schemes which are consistent with national NHS design guidance.

A strong visual identity and house style is a key part of establishing the clear and consistent conversations about our operational and strategic priorities which are at the heart of the Trust's Communications Strategy.

Appropriate use of our Pyramid graphic, our 4ward logo and our strap line of Putting Patients First will positively reinforce messages about our Trust's vision and values to a range of priority audiences including our staff, system partners, patients, public and other key stakeholders.

Working to clear and agreed design principles also helps to avoid a proliferation of alternative logos and sub brands which can cause confusion and obscure important messages.

With the restart and restoration of services post-Covid and a number of other important strategic initiatives gathering momentum, clarity and consistency becomes increasingly important to the development of an overarching narrative to tie these diverse programmes together.

4ward

As Board members will be aware, our 4ward Lead Advocate Gemma Bullock moved on at the end of May to take up a new opportunity. She made an enormous contribution to embedding our 4ward behaviours and building a thriving movement of 4ward Advocates (a community which is now more than 400 strong). I would like to record my thanks to Gemma for her role in 4ward from its development and launch to where it is today. Given the progress we have made, and the recognition we have received, for our success in building a more positive culture, her departure provides an opportunity for reflection on the Lead Advocate role and how best to build the Advocate community and involve them in the next phase of 4ward.

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Service changes and other issues attracting significant media/social media or other communications activity

Issues which Board members will already be aware of but which have generated significant amounts of communications activity include: Our Urgent and Emergency Care development at WRH; concerns raised by maternity staff and ongoing issues related to our Covid response, including the temporary relocation of the Garden Suite ambulatory chemotherapy unit from the Alexandra to Kidderminster.

We also continue to participate actively in the development of system-wide/place based communications as part of the wider development of our Integrated Care System (ICS).

Proactive media/social media activity

We have issued various news stories covering items that have happened within our hospitals over the last quarter, both through traditional media platforms and to our large following on social media. A number of these have received considerable national and even international attention, including stories about extremely rare identical triplets born and cared for at WRH, as well as two of our youngest cancer patients reaching the end of their treatment with us.

Current projects/'Coming Soon'

Projects currently in production or nearing completion include:

- Preparations for the rescheduled Staff Recognition Awards Ceremony on Friday 9 July
- Graphic design on our Annual Report and Quality Account
- A training video shot and edited in house to provide guidance for all clinical staff groups on the safe use and management of medical gases

Conclusion

Demand for communications and engagement support continues to grow rapidly and with finite capacity we are trying to focus our time and skills on those areas which will provide most value to the Trust's wider strategic and operational priorities.

We are also trying, where possible, to quantify the value added by that support to priority projects by measuring benefits realisation/return on investment, although this is not always easy to calculate precisely.

Recommendations

Board members are asked to note the report.

Meeting	Trust Board
Date of meeting	10 th June 2021
Paper number	Enc E

Integrated Performance Report – Month 1 2021/22

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	19 th May 2021	Approved
Finance and Performance	26 th May 2021	Assured
Quality Governance	27 th May 2021	Assured
People & Culture	1 st June 2021	Assured

Recommendations

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

Executive summary	<p>Emergency and Urgent care demand including discharge capability</p> <p>The demand for our emergency and urgent care services has accelerated over the month of Apr-21. WRH attendances rose for the second consecutive month and were the highest in the last 18 months. This is partly attributable to the increased levels seen over the Easter Bank Holiday but week on week attendances have been high for seven consecutive weeks; a trend that has continued in to the first two weeks of May.</p> <p>Ambulance attendances remain high and we are now receiving increased levels of walk-in attendances which had significantly decreased during lockdown 1 and 2. Our increases in attendances are across both majors and minors, however, the conversion rate to an inpatient bed has continued to reduce week on week since mid-March. This is most likely due to a combination of increased activity through AEC resulting in fewer inpatient admissions and the increased walk-in activity diluting the rate.</p> <p>Increased levels of NHS111 referrals have also contributed to this demand and although MIUs across the county have reopened, they are not yet seeing the same number of patients attend; with the exception of Kidderminster (90%), the other sites are reporting only 70% of 19/20 attendances.</p> <p>Although the conversion rate to an inpatient bed has reduced, the position remains that across both ALX and WRH have a combination of high numbers of medically fit patients not able to be discharged and patients not being discharged before midday, both of which are hindering</p>
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patient flow. The target of 33% of discharges before midday is not being achieved and regional benchmarking shows we have one of the lowest rates for discharges by 5pm. Discussions are ongoing with our system partners in primary, community and social care to ensure capacity is available to support our efforts to safely discharge patients who no longer have a need for an acute hospital bed to complement the operational changes that were introduced on the 12th May.

Recovery and restoration of the elective programme including Outpatients and Diagnostics

Service restoration is crucial to realise our ambition to see and treat more elective patients but this continues to be limited by necessary IPC social distancing restrictions in outpatients, however in May we have reverted to pre COVID protocols in theatres which will enable the Trust to increase theatre throughput. The operational interventions and plans that underpin the annual planning for the first 6 months of 21/22, at a Trust and system level, have been collated and a first draft has been submitted by the ICS to NSHEI. Whilst we wait for the ratification of those plans we continue to monitor the levels of productivity within our existing theatres and challenge where we can optimise further.

For the first time in over a year, the number of RTT patients waiting over 52 weeks for their first definitive treatment at the end of the month has reduced to 6,298 from 6,515, but unfortunately the over 70 week waiters within this cohort has increased from 1,394 to 1,879. The total waiting list has increased again as referrals continue to be made and now stands at 48,904 with the number of patients waiting over 18 weeks at 25,118. Of the total waiting list 48.8% (23,885) are waiting for a first outpatient appointment.

Day case and elective inpatient activity did not change significantly between Mar-21 and Apr-21. Both new and follow-up Consultant-led face-to-face outpatient appointments increased, conversely, the number of non-face-to-face appointments decreased. These changes are within normal variation, but are being monitored as part of a high impact change project to ensure that the right balance between face-to-face and non-face-to-face is maintained.

Over 13,000 diagnostic tests were undertaken in April, however this is lower than the peak of phase 3 recovery when 15,000 tests were recorded in October and November. Endoscopy dropped 40 lists in Apr-21; 17 due to the Bank Holidays and 10 due to essential maintenance work at Evesham. Options are being explored to maintain our CT capacity but the removal of the CT mobile scanner (in the coming months), if not replaced, will reduce our capacity for this imaging test by 650 patients a month.

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Quality and Safety

Infection Prevention and Control

C difficile, MSSA and MRSA infections all achieved their targets in April 2021. However, E-Coli BSI exceeded the in-month target. The Antimicrobial Stewardship (AMS) Steering Group met on 22/04/2021. It focused on Divisions progress with their AMS plans and actions agreed at the CMO-led extra-ordinary AMS meeting (31/03/2021).

Sepsis

A deep dive has been undertaken between the Divisions and the Quality Governance Committee (QGC). As a result of the work undertaken by the Divisions and the Sepsis 6 working group QGC approved an improved assurance level of 6.

Never Events

There were 2 Never Events during April 2021, following 12 months with zero reported. Both occurred in Radiology, but different clinicians were involved in each event. Both events are subject to Serious Incident investigations.

Maternity

The Digital Informatics team have been investigating a number of data quality issues and as part of their due diligence have extended this to cover most maternity metrics to ensure the most accurate position is reportable to TME, our Committees and our Board. An independent review of our processes has been commissioned which will provide an overall assurance assessment of how the data is captured, analysed, integrated between several clinical systems and reported and, if there are any recommendations, a framework for rapidly progressing these will be completed.

Progress has been made against the CQC/staff engagement action plan and the team continues to prepare evidence for the next stage of the Ockenden review process; however, we are still awaiting information from NHSEI about the minimum data set. A bid for NHSEI workforce monies has been submitted and we are engaging with the NHSEI support programme which commenced in April 2021.

There is evidence that the incident reporting culture is improving and there is on-going review of the Induction of Labour pathway.

Our next steps are to:

- Continue to progress the overarching action plan
- Recruit additional midwives to cover planned leavers and known maternity leave.
- Prepare further evidence to meet CNST requirements and the Q4 CNST report for Board
- Continue to manage historic high levels of sickness absence
- Ensure ward/service level midwifery workforce data is available from the workforce team

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People & Culture

We continue to see improvement across the range of workforce metrics with the exception of vacancy rates, job planning and occupational health risk assessment compliance.

Our substantive vacancy rate has increased to 9.3% (from 4.01%). This increase is following a patient acuity and establishment review at budget setting for 2021/22 which includes substantive funding of all wards plus headroom for annual leave.

Job planning compliance has been impacted by the Covid-19 pandemic with interim job plans in place whilst we work through restoration.

Occupational health risk assessment compliance has been impacted by new starters and has now fallen to 91%. The HR Business Partners are working with the divisions to ensure all members of staff have a risk assessment as part of the onboarding process.

Our Financial Position NHSI Financial Framework 21/22

Due to the continuing COVID-19 pandemic, a revised COVID-19 financial framework will be in place for H1 21/22. System funding envelope, comprising adjusted CCG allocations, system top-up and COVID-19 fixed allocation, based on the H2 2020/21 envelopes adjusted for known pressures and policy priorities. Block payment arrangements will remain in place and signed contracts between NHS commissioners and NHS providers are not required for the H1 2021/22 period.

NHS England and NHS Improvement have nationally calculated CCG and NHS provider organisational plans for the H1 period as a default position for systems and organisations to adopt.

Financial Plan

The 2021/22 operational financial plan for H1 has been developed from a roll forward of the recurrent cost and non-patient income budget from 2019/20 adjusting for an assessment of PEP delivery in 2020/21 and the recurrent impact, identification of cost pressures and an assessment of legacy and approved business cases in 2020/21. We have then overlaid the impacts of additional Covid expenditure (and additional Covid income) and PEP schemes developed by the Divisions. The final step has been to adjust for vacancy factors, activity levels lower than 2019/20 and any slippage in Business cases. Our submission to the system is a £(2.9)m deficit for H1.

Against the H1 £(2.9)m operational plan, the month 1 (April 2021) plan £(0.8)m deficit we report an actual surplus of £0.4m. Positive variance of £1.1m.

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	<p>Favourable variances against employee expenses in month (£0.2m) mostly due to Business Case slippage and lower than anticipated Covid expenditure.</p> <p>Favourable variances against operating expenses (excluding employee expenses) (£0.6m) include Business Case slippage (£0.2m), Profile of activity reducing spend on supplies and services (£0.2m) and Covid (0.1m).</p> <p>The combined income position was £0.4m favourable to budget, £0.2m of this was due to Covid funding outside envelope.</p> <p>£8.9m additional System COVID/top up payment was received from Commissioners to cover additional costs of COVID and to fulfil the STP breakeven requirement.</p> <p>Despite the positive variance in M1, we have chosen not to at this early stage amend our H1 forecast as April is often challenging re finance certainty following year end, and as a System we have committed to collectively overseeing H1 performance.</p> <p>Cash At the end of Apr 2021 the cash balance was £35.2m. The high cash balance is the result of the timing of receipts from the CCG's and NHSE under the current arrangement as well as the timing of supplier invoices.</p> <p>Capital Capital expenditure for month 1 of financial year 2021/22 is £1.782m. The 2021/22 Capital Plan is at £51.688m in total for the financial year, including IFRIC 12. This is inclusive of the completion of the new Urgent Emergency Care, plus the ASR project subject to final business case approval. The share of the remaining capital envelope has been prioritised across the work streams to ensure we address regulatory risks, infrastructure backlog and to replace end of life equipment.</p>
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Risk																	
Which key red risks does this report address?													What BAF risk does this report address?	1,2,3,4,5, 7,8,10, 11, 12 and 13			
Assurance Level (x)	0	1	2	3	4	X	5	6	7	N/A							
Financial Risk	N/A																
Action																	
Is there an action plan in place to deliver the desired improvement outcomes?												Y		N		N/A	X

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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 (Apr-21 data) WAHT April 2021 in Numbers Infographic Committee Assurance Statements

Trust Board

10th June 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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Summary Performance Tables | Month 1 [April] 2021-22

Performance Metrics		Latest Month	Measure	Target	Performance	Assurance	Mean	Lower process limit	Upper process Limit
EAS	4 Hours (all)	Apr-21	81.00%	95%			84%	77%	91%
	15-30 minute Amb. Delays	Apr-21	776	0			977	638	1,316
	30-60 minute Amb. Delays	Apr-21	174	0			180	12	348
	60+ minutes Amb. Delays	Apr-21	101	0			91	-46	229
RTT	Incomplete (<18 wks)	Apr-21	50.87%	92%			74%	69%	79%
	52+ WW	Apr-21	6,271	0			900	400	1,400
CANCER	2WW All	Apr-21	78.27%	93%			85%	72%	98%
	2WW Breast Symptomatic	Apr-21	9.89%	93%			49%	8%	90%
	62 Day All	Apr-21	71.71%	85%			71%	58%	83%
	104 day waits	Apr-21	84	0			51	14	88
	31 Day First Treatment	Apr-21	96.77%	96%			97%	93%	101%
	31 Day Surgery	Apr-21	85.19%	94%			88%	65%	110%
	31 Day Drugs	Apr-21	97.92%	98%			98%	88%	109%
	31 Day Radiotherapy	Apr-21	100.00%	94%			99%	92%	107%
	62 Day Screening	Apr-21	65.22%	90%			75%	36%	113%
	62 Day Upgrade	Apr-21	94.87%	90%			81%	51%	110%
Diagnostics (DM01 only)		Apr-21	51.47%	99%			79%	69%	90%
STROKE	CT Scan within 60 minutes	Mar-21	44.23%	80%			50%	23%	77%
	Seen in TIA clinic within 24hrs	Mar-21	96.55%	70%			91%	76%	107%
	Direct Admission	Mar-21	25.00%	90%			48%	16%	80%
	90% time on a Stroke Ward	Mar-21	67.31%	80%			77%	61%	92%

Quality and Safety Metrics		Latest Month	Measure	Target	Performance	Assurance	Mean	Lower process limit	Upper process Limit
Infection Prevention	C-Diff	Apr-21	2	5			4	0	9
	Ecoli	Apr-21	3	2			5	0	10
	MSSA	Apr-21	1	2			2	0	6
	MRSA	Apr-21	0	0			0	0	1
	Hospital Acquired Pressure Ulcers: Serious Incidents	Apr-21	0	-			1	0	2
Falls per 1,000 bed days causing harm		Apr-21	0.05	0.04			0	0	0
% medicine incidents causing harm		Apr-21	3.29	11.71			11	2	19
Hand Hygiene	Hand Hygiene Audit Participation	Apr-21	93.58	100			90	76	103
	Hand Hygiene Compliance to practice	Apr-21	99.43	98			99	99	100
VTE Assessment Rate		Apr-21	97.32	95			96	94	98
Sepsis	Sepsis Screening compliance	Mar-21	72.17	95			83	71	95
	Sepsis 6 bundle compliance	Mar-21	64.06	95			51	24	77
#NOF time to theatre <=36 hrs		Apr-21	65.71	85			79	61	97
Mortality Reviews completed <=30 days		Nov-20	35.5	-			43	20	67
HSMR 12 month rolling average		Feb-21	98.34	-			105	102	108
Complaints responses <=25 days		Apr-21	85.29	80			76	41	111
Ice viewed reports	ICE viewed reports [pathology]	Mar-21	96.48	-			96	94	98
	ICE viewed reports [radiology]	Mar-21	84.03	-			85	81	89

Operational Performance

Data Quality Kitemarks - Operational

Operational Area	Kitemark	Context
Urgent Care		Issue: Manual validation of DTAs and recording of specialty arrival times. Mitigation: Ensuring accurate recording by the consultants, specifically around 4 hours and 12 hours is being monitored through the CSM workstream and reports to Home First Board. A PDSA trial of new real time breach analysis entry process is being undertaken with the aim to reduce missing notes and review improvements as part of breach analysis.
Cancer		No known issues
Planned Care: RTT		Issue: A small group of patients have been identified through the on-going work to create the holistic PTL Mitigation: the completion of the holistic PTL and the removal of the logic used to mitigate data entry issues and lack of system validation created by the 'bugs'. Other mitigation will be the holistic training programme. Timeframe: End of June as agreed with TME and Audit and Assurance Committee.
Planned Care: Outpatients		Pre-COVID clinics are still open on OASIS which impacts the reporting of clinic utilisation
Planned Care: Theatres		No known issues
Diagnostics		No known issues
Stroke		No known issues – SSNAP validation provides on-going oversight

Data Quality Kite Mark Descriptions:

Green - Confidence level high **Amber** - Potential issue being investigated
White - No data available to assign DQ kite mark

Red - DQ issue identified

Blue - Unknown and scheduled for review

Operational Performance	Comments
Urgent care and patient flow including Home First Worcestershire	<ul style="list-style-type: none"> In Apr-21, the Trust saw another increase in the number of patients attending our sites, both via ambulance conveyance and walk-in, to be the highest in the last 18 months. This was most noticeable over the Easter Bank Holiday but has remained persistently higher since then. 4 hour EAS continues to show special cause concern for Apr-21 and ambulance handover and 12 hour breaches continue to show normal variation. Even with the decreases in COVID-19 patients to single figures, 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 and medically fit for discharge patients to leave the hospital when they no longer need an acute hospital bed.
Cancer	<ul style="list-style-type: none"> Overall cancer referrals in Apr-21 have reduced following the peak in Mar-21 although some specialties, colorectal and skin, have seen their high volumes sustained. Cancer two week waiting times have not changed significantly in the last nine 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. Skin (capacity) and Upper GI (patient choice) are the other two specialties that are contributing to the underperformance of this metric. An in-sourcing solution is being reviewed, and if agreed, would address the Breast backlog and our available internal capacity would be sufficient to meet future demand and ensure patients are seen within 14 days. 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. Long Waits: The backlog of patients waiting over 62 days has increased to 211. However, of this cohort those waiting over 104 days has decreased to 84 ; our internal target of zero patients cannot be met until more services and pathways are restored.
RTT	<ul style="list-style-type: none"> RTT waiting list remains a cause for concern. Our initial intervention plans are being reviewed in order to seek other opportunities to maximise our activity as forecasts are predicting increases to our waiting lists based on current assumptions. Long Waits: At the end of Apr-21, the total RTT waiting list increased to 48,976 and the number of patients waiting over 18 weeks to 24,062. There are now 6,271 patients (13% of the RTT waiting list) are waiting over 52 weeks (a slight reduction from Mar-21) for their treatment and 1,884 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"> Apr-21 saw 38,078 outpatient appointments take place; this is in-line with the number seen in Mar-21 which had increased from 30,944 in Feb-21. Rather than compare to Apr-20, when COVID-19 led to a lot of cancelled appointments, comparing to Apr-19 shows we undertook approximately 85% of historic activity with a significant shift to undertake more non-face-to-face activity. Of the 38,078 appointments in Apr-21, 34% were non-face-to-face whilst in Apr-19 it was only 4%.
Theatres	<ul style="list-style-type: none"> Non-elective and cancer surgery theatre procedures were the focus for Apr-21, alongside restoring our routine day case and elective surgery procedures which are being impacted by IPC guidelines. We have remodelled our theatre allocations to ensure that the specialties with the highest clinical need and longest waits get more access to the theatres (as required by national guidance). This will go live in May. The Independent Sector decreased their day case and elective activity from 307 operations in Mar-21 to 128 in Apr-21.
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. Activity has remained the broadly in-line between Mar-21 to Apr-21; the 40 lists lost in Endoscopy were offset by DEXA and the physiological modality tests were able to undertake more activity. Long Waits: 5,526 patients are waiting over 6 weeks for their diagnostic test and of the total number of breaches, 2,609 have been waiting over 13 weeks and 54% 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	WRH	84.83%	ALX	60.35%
0	776	174	101				

What does the data tell us?

- **EAS** - The overall Trust EAS performance which includes KTC and HACW MIUs was 81.00% in April-21, compared to 80.94% in March-21. There was a 14% increase in attendances across all settings.
- **EAS Type 1** - The EAS performance at WRH decreased by 1.24 percentage points with 373 **more** ED attendances and 203 **more** 4 hour breaches than March-21 (April-21 breaches were 2,304). The ALX EAS decreased by 2.07 percentage points, with 508 **more** attendances and 165 **more** 4 hour breaches (Apr-21 breaches were 4,828). Total Type 1 attendances across ALX and WRH was 12,065; a **7.9% increase** on the previous month.
- **Ambulance Handovers** - There were 101 x 60 minute ambulance handover delays with breaches at both sites.
- **12 hour trolley breaches** – There were zero validated 12 hour trolley breaches in April-21
- **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% at either site The number of patients with a length of stay in excess of 21 days decreased from 51 (at 31st March) to 44 with 16 patients being MFFD.
- **Total Time in A&E:** The 95th percentile for patients total time in the Emergency departments has decreased from 685 in March-21 to 619 in April-21. This metric remains within normal variation but the process is unlikely to consistently achieve our target of 380 minutes.

What have we been doing?

Clinical Site Management

- All posts have been recruited to and JNCC meetings continue to take place regarding proposals
- Huddles continue, ensuring focus is maintained on flow. Repatriation of patients and hidden workload now discussed which has increased awareness of the importance of flow.
- 'Golden discharge' patient information continues to be triangulated daily and LLOS patients closely monitored to resolve any constraints to discharge.

Acute Patient Flow

- Three times weekly LLOS review for all patients over 17 days on WRH combining the R2G/ SAFER focus with LLOS.
- Audit completed by the team twice weekly to determine if any internal delays of patients medically optimized over 24hours – the audit show no internal delay.
- Improvement noted within Surgery at WRH with PM Board round compliance and within Specialty medicine at AGH.
- All R2G work stream meetings have restarted with the divisions.

Acute Front Door

- Agreement confirmed with SW Healthcare and ANPs to ensure they see patients as well as undertaking streaming work.
- Medical staffing rotas reviewed and changes implemented.
- A comprehensive training pack has been created, ready for progress chaser training sessions

Frailty

- Governance of RePSECT adopted by the EOLC Steering Group.
- GEMS to work clinically in ED WRH permanently from 10th May, non clinical space identified in AMU.
- GEMS lead involved in planning discussions around a pull model to first floor multi-speciality SDEC.

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%)			
619	18 Beds	3.90%	443	WRH	93.44%	ALX	94.61%

What does the data tell us?

- **Bed Capacity** - Our G&A bed base is 761; with closed wards and unused beds during Apr-21 our average number of G&A beds occupied per day was 570, up from 552 the month before; the average occupancy was 74.48%.
- **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 remains at normal variation for April-21 but the process still indicates we cannot achieve the target of zero.
- **Conversion rates** – 3,368 Type 1 patients were admitted in April-21; a Trust conversion rate of 28.51%. The conversion rate at WRH was 30.97% and the ALX was 24.96%. The conversion rate at WRH in April-21 compared to April-20 is 5.37 percentage points lower.
- **15 minute time to triage** – The Trust performance is 88.53%, 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

- Focus on training of site teams and site matrons to ensure they have a robust framework to follow to maintain a daily rhythm.
- Complete analysis of why some 'golden' patients are not being discharged early.
- Meet with OCT to confirm ward clusters and discuss improvements to weekend arrangements.

Acute Patient Flow

- Support the Divisions in implementing recommendations and actions following afternoon board round audit.
- Continue to support ward areas daily in educating and supporting the completion of white boards with all appropriate information.

Acute Front Door

- Confirm final rota costs with a view to developing a business case to increase medical staffing and agree which agency staff roles to be converted to substantive posts.
- Meet with HALO to ensure best practice handover processes are optimised, practices embedded and roles and responsibilities are clear.
- Undertake PDSA trial of new real time breach analysis entry process and update SOP following trial.
- CCG to investigate root causes of increased activity and identify trends in community pathway activity that may be affecting increased activity in the Acute setting.

Frailty

- 2 Hour Urgent Response Working Group to produce final options appraisal
- CFS to be added to medical/nursing assessment documents
- Delirium Awareness e-learning to be added to ESR and undertake a review of the national e-learning changes on ESR for frailty

Current Assurance Level: 5 (Apr-21)

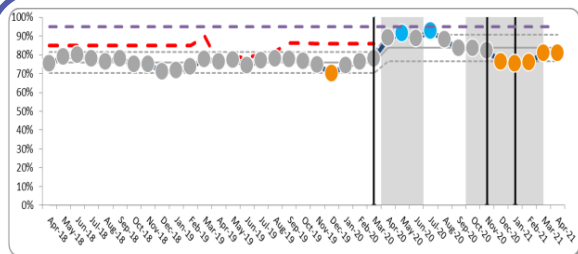
When expected to move to next level of assurance: This is dependent on the on-going management of COVID-19 second wave and achieving operational standards.

Previous assurance level: 5 (Mar-21)

SRO: Paul Brennan

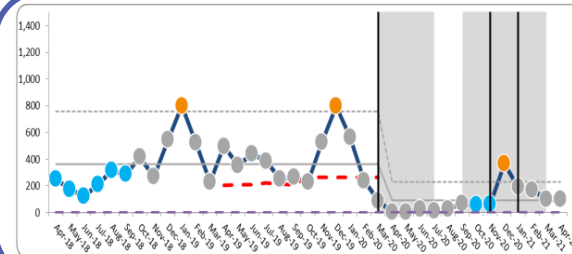
4 Hour EAS
(all)

81.00%



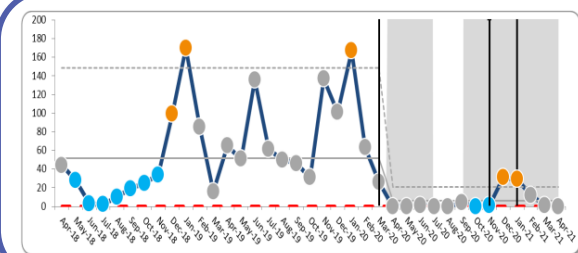
60 minute
Ambulance
Handover
Delays

101



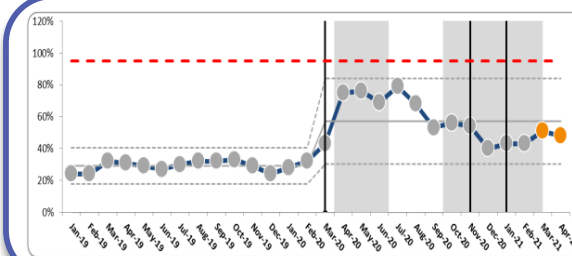
12 Hour
Trolley
Breaches

0



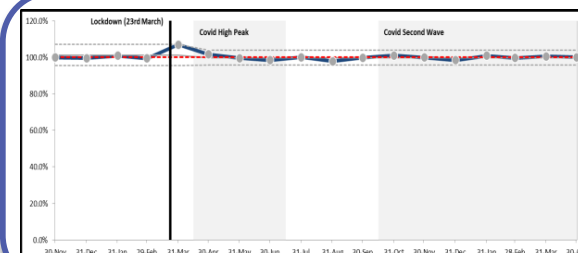
Specialty
Review
within 1
hour

48%



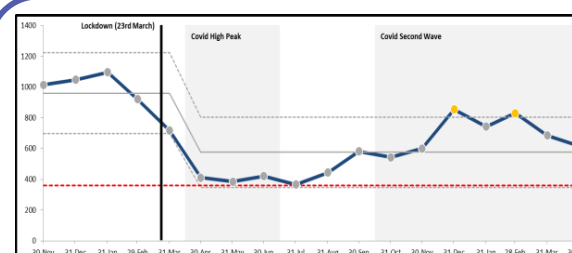
Discharge as
a percentage
of
admissions

100%



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

619



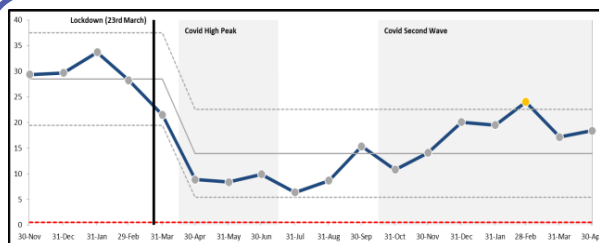
Please note: These SPC charts have been re-based to evidence if any changes in performance, post the initial COVID-19 high peak, are now common or special cause variation.

Key

- Internal target
- Operational standard

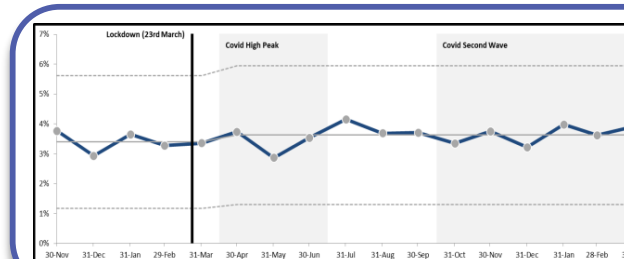
Capacity
Gap (Daily
avg. excl.
EL)

17.9



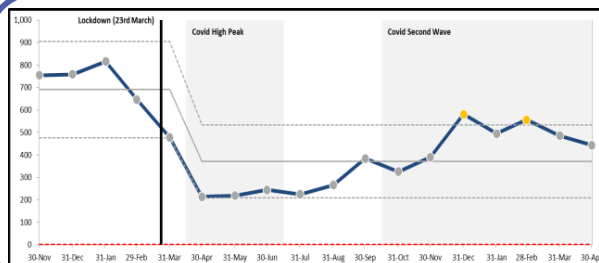
30 day
readmission
rate for
same
clinical
condition
(Jan-21)

3.90%



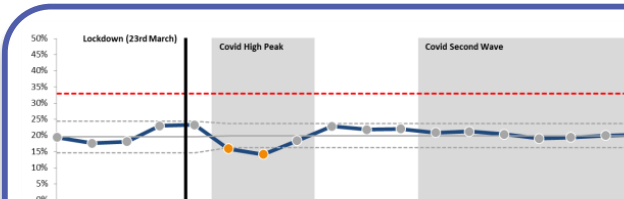
Aggregated
Patient Delay
(APD)

443



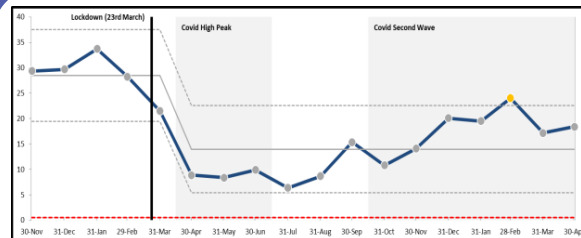
%
Discharges
before
midday
(non-COVID
wards)

20.19%



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

14.0



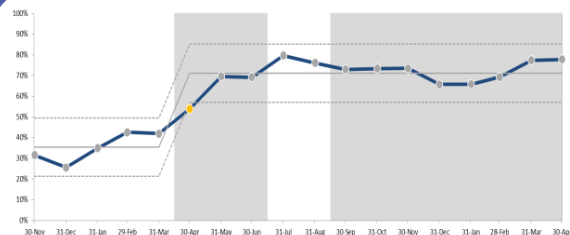
Please note: These SPC charts have been re-based to evidence if any changes in performance, post the initial COVID-19 high peak, are now common or special cause variation.

Key

- Internal target
- Operational standard

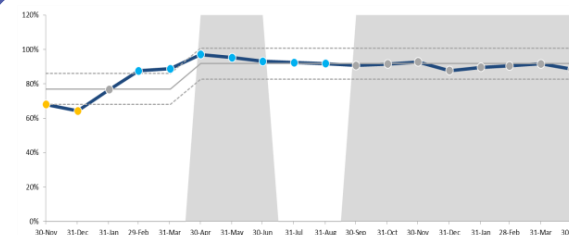
Percentage of Ambulance handover within 15 minutes

77.79%



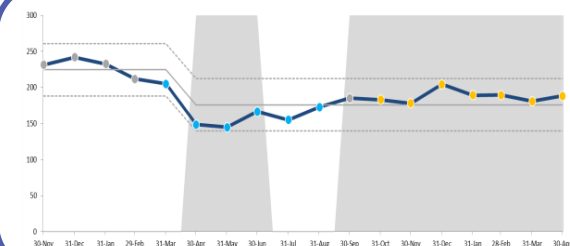
Time to Initial Assessment - % within 15 minutes

88.53%



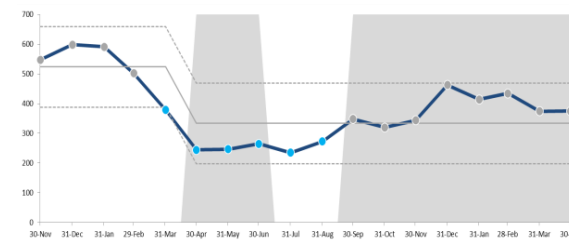
Average time in Dept for Non Admitted Patients

188



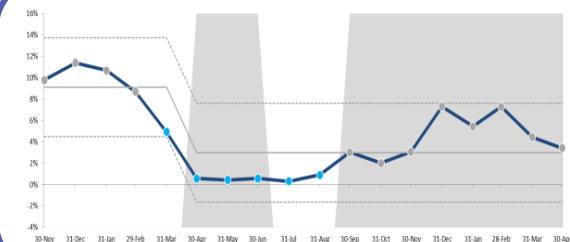
Average time in Dept for Admitted Patients

375



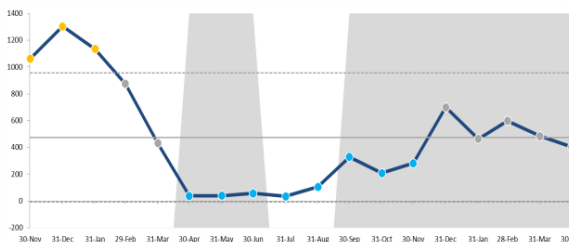
% Patients spending more than 12 hours in A&E

3.42%



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

404



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

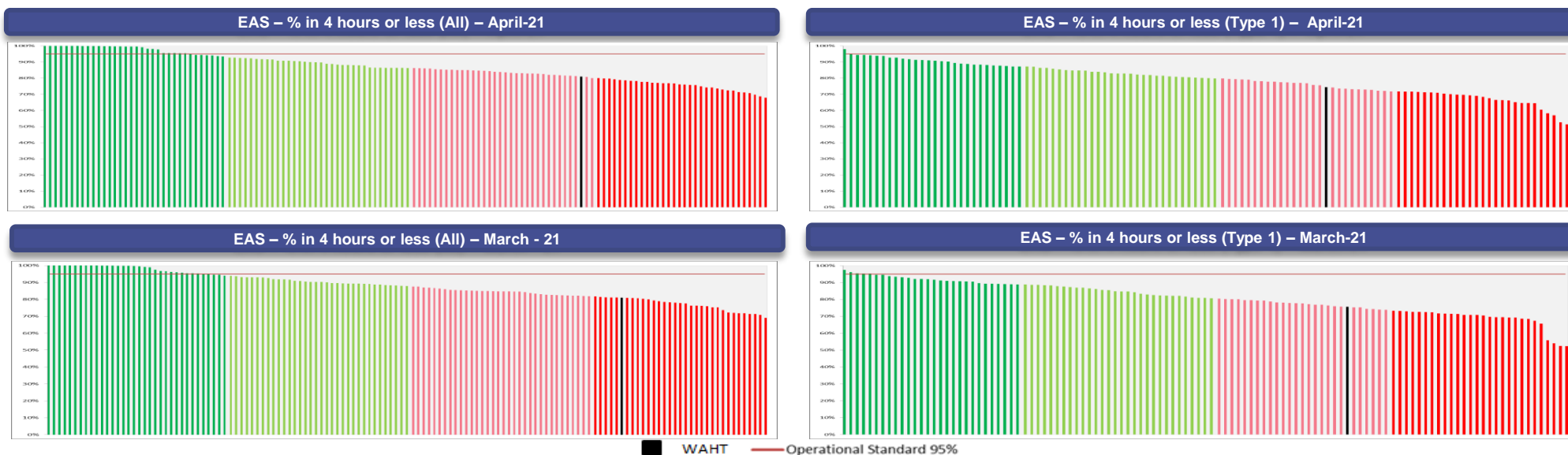
- Internal target
- Operational standard

National Benchmarking (April 2021)

EAS (All) -The Trust was one of 13 of 13 West Midlands Trust which saw a increase in performance between Mar-21 and Apr-21 This Trust was ranked 10 out of 13; where we were 9 previous month. The peer group performance ranged from 69.05% to 93.72% with a peer group average of 80.53%; Declining from 81.19% the previous month. The England average for Apr-21 was 85.40% a -0.7% decrease from 86.10% in Mar-21.

EAS (Type 1) - The Trust was one of 13 of 13 West Midlands Trust which saw a Increase 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 68.40% to 90.60% with a peer group average of 74.69%; Declining from 70.55% the previous month. The England average for Mar-21 was 80.00% a -1.2% decrease from 70.00% in Feb-21.

In April-21, there were 523 patients recorded as spending >12 hours from decision to admit to admission. 0 of these patients were from WAHT; 0% of the total.



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
2,258	78.27% (2,094 total seen)	9.89% (91 total seen)	96.77% (279 total treated)	71.71% (178.5 total treated)	2,478	211	84

What does the data tells us?

- Referrals:** We received 2,258 referrals in April-21, this is within a normal range for the trust. Skin and Lower GI are still slighter higher than pervious months in 2021, and gynaecology referrals have decreased.
- 2WW:** The Trust saw 107 less patients in April-21 than March-21 and 78.27% were within 14 days. The Breast service saw 377 patients but only 10.39% were within 14 days. Of the 464 breaches, 302 (65%) were attributable to Breast Services. Across all tumour sites, only 46 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 9.78%.
- 31 Day:** Of the 279 patients treated in April-21, 270 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 178.5 recorded first treatments in April-21 to date and 71.71% 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 4th May there were 2,478 patients on our PTL with 131 having been diagnosed and 1366 still suspected. The remaining 981 patients were between 0-14 days.
- Backlog:** Of the 2,478 patients, the number waiting 62+ days for their diagnosis and, if necessary, treatment increased from 208 in March-21 to 211 in April-21; of that cohort, the number of patients waiting 104 days or more is 84, 26 diagnosed and 58 suspected; this metric cannot currently meet the target of zero.
- Conversion rates:** In 2019/20 the Trust's conversion rate from referral to positive diagnosis was 9.25% across all specialties. In 2020/21 our conversion rate is 10.78%, however this is in the context of fewer total referrals and, fewer positive cases.

What have we been doing?

- Breast, Skin and Upper GI continued to drive the underperformance in April 2021 with capacity related challenges for both Breast and Skin, whilst breaches due to patient choice largely drives Upper GI. Gynae also experienced some 2ww breaches in April 2021, again largely driven by patient choice with the current position being closely monitored.
- Breast are scoping the prospect of using an insourcing company to eradicate the current backlog and return the service to booking at day 10 (current is day 21), which coupled with sufficient capacity to meet current demand levels should ensure sustained performance going forwards.
- Significant additional capacity has seen Skin ensure the position improves for May 2021 however the performance remains tentative in light of the MOHs service restart. An options appraisal paper is being drafted to secure a longer term plan to address the overall capacity shortfall.
- 31 day first treatment performance continues to improve, and with an validated position of 96.77% means we achieved the standard for the first time since November 2020.
- The 62 day underperformance continues to be driven by most specialties with the current exceptions of Gynaecology, Haematology and Skin, with this due to a combination of delays to the 2ww or diagnostic pathways or delays to delivering treatments (surgery) or both.
- It should be noted however that a number of specialties have improved their 62 day performance in April 2021 mostly notably Breast, Colorectal and Upper GI.

What are we doing next?

- Continuing to monitor 2ww referral levels which for April 2021 dropped overall from March 2021 but remained very high for both Colorectal and Skin. Also monitoring the conversion rates by specialty as an early warning for the 31 day and 62 day standards but to-date these ratios are holding.
- 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 now established via the Restoration Group who allocate capacity on a service (backlog) priority as opposed to individual patient basis going forwards.
- Reinstatement of key Performance Management Group (PMG) meeting with focus on producing meaningful Remedial Actions Plans (RAPs) by speciality for recovery of the cancer performance standards.
- Work continues on the operational plan for the next 12 months in line with National guidance.

Current Assurance Levels (Apr-21)

Previous Assurance Levels (Mar-21)

2WW - Level 5

2WW - Level 5

31 Day Treatment - Level 5

31 Day Treatment - Level 5

62 Day Referral to Treatment - Level 4

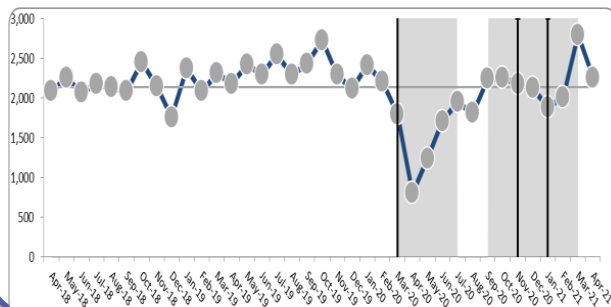
62 Day Referral to Treatment - Level 4

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

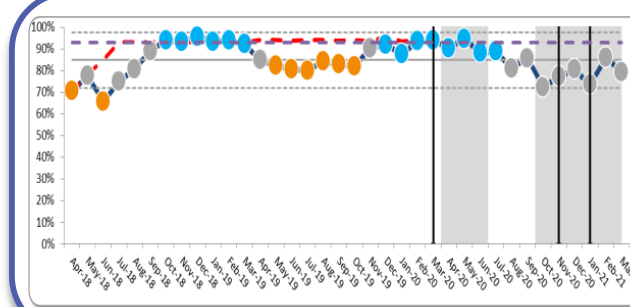
2WW
Referrals

2,258



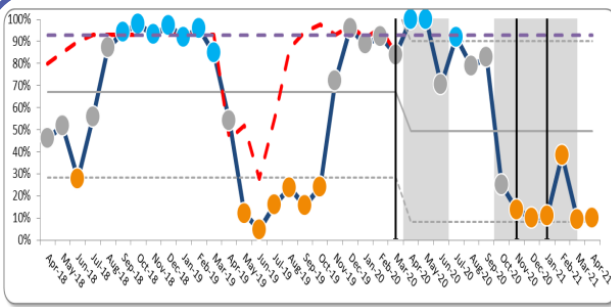
Cancer
2WW All

78.27%



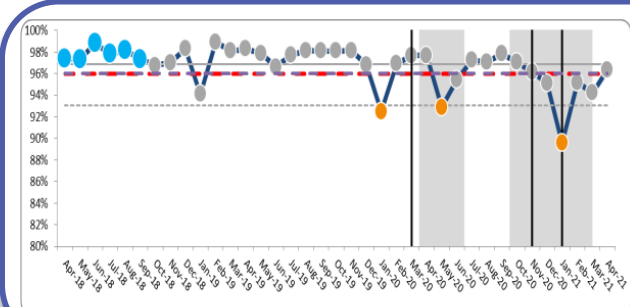
Cancer 2WW
Breast
Symptomatic

9.89%



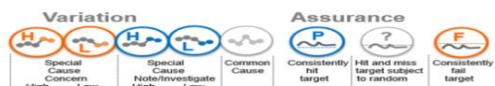
Cancer
31 Day
All

96.77%



Key

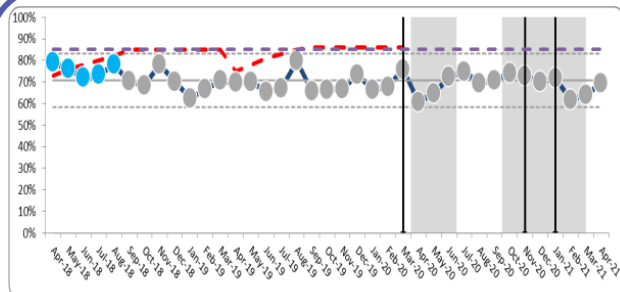
- Internal target
- Operational standard
- Lockdown Period
- COVID Wave



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

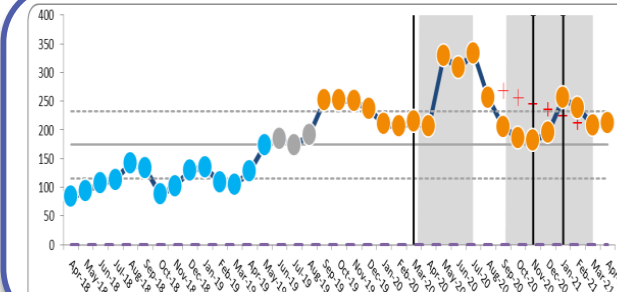
71.71%



F

Backlog
Patients
waiting 63
days or more

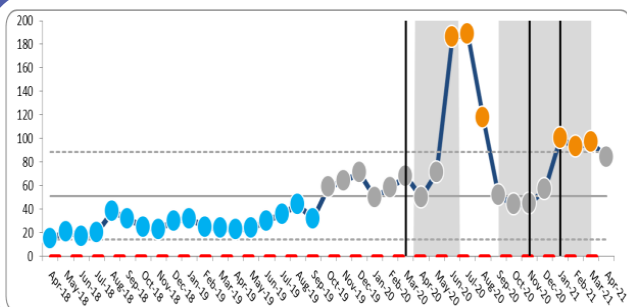
211



F

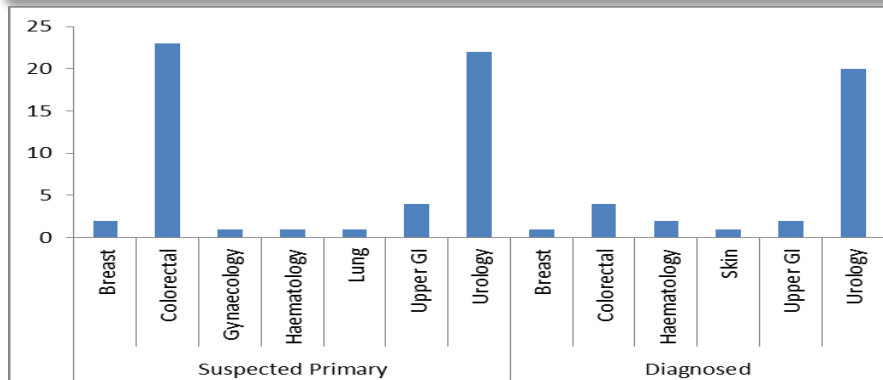
Backlog
Patients
waiting 104
day or more

84



F

104+ Day Backlog profile by specialty



Key

- + phase 3 target
- Internal target
- Operational standard

Lockdown Period
COVID Wave

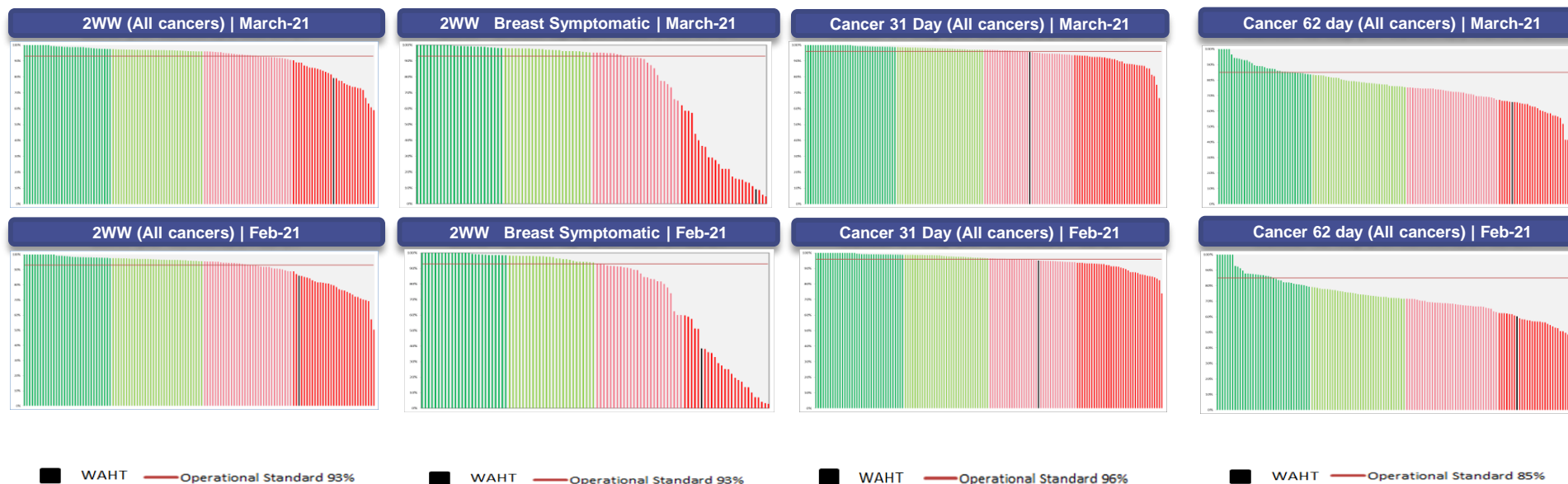
National Benchmarking (March 2021)

2WW: The Trust was one of 10 of 13 West Midlands Trust which saw a increase in performance between Feb-21 and Mar-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 81.90%; improving from 81.30% the previous month. The England average for Mar-21 was 91.25% a 0.9% increase from 90.33% in Feb-21.

2WW BS: The Trust was one of 8 of 13 West Midlands Trust which saw a increase in performance between Feb-21 and Mar-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 52.43%; improving from 49.31% the previous month. The England average for Mar-21 was 76.90% a 25.4% increase from 71.47% in Feb-21.

31 days: The Trust was one of 6 of 13 West Midlands Trust which saw a increase in performance between Feb-21 and Mar-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 89.57%; declining from 92.79% the previous month. The England average for Mar-21 was 94.70% a 0.0% decrease from 94.74% in Feb-21.

62 Days: The Trust was one of 13 of 13 West Midlands Trust which saw a Trusts in performance between Feb-21 and Mar-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 59.86%; declining from 59.99% the previous month. The England average for Mar-21 was 73.94% a 4.2% increase from 69.75% in Feb-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
48,976	24,062	50.87%	3,320	6,271	1,884	4,443

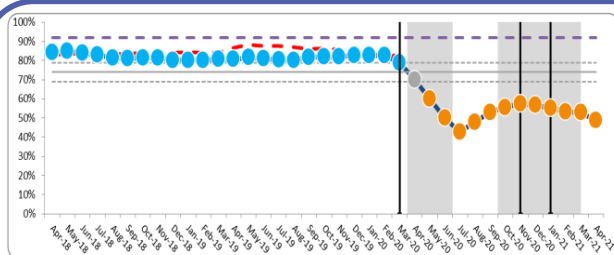
What does the data tells us?

- The Trust has seen a further 5% increase in the overall wait list size in April-21 compared to March-21; from 46,513 to 48,976.
- The number of patients over 18 weeks who have not been seen or treated within 18 weeks has increased to 24,062. This is 3,204 more patients than validated Mar-21 snapshot. RTT performance for April-21 is validated at 50.87% compared to 52.89% in March-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 3,320, and those patients waiting over 52 weeks which has reduced slightly to 6,287 from 6,515 (March 2021). 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 6,271 patients waiting over 52 weeks, 1,887 have been waiting over 70 weeks with 1,088 patients requiring oral surgery / orthodontics treatment, 1,131 requiring T&O treatment and 1,190 requiring urology treatment.
- Eight specialties have over 1,000 patients waiting over 18 weeks; this is 58% of all our 18 week breaches. Three of those specialties now have over 2,000 patients breaching. Those Eight specialties contribute 76.47% of all patients waiting over 52 weeks.
- Referral Assessment Services (RAS):** In March-21, 4,258 referrals were received through this service to be triaged, 3,621 non-2WW referrals have been outcomed, and 79% of those were outcomed within 14 working days. 2,697 appointments have been booked, 110 referrals were cancelled but there remains 851 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 (Apr-21)	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: 3 (Mar-21) Agreed at Finance & Performance Committee (28 th April 2021)	SRO: Paul Brennan

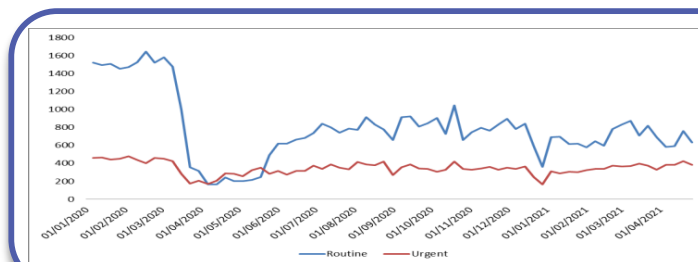
RTT
% within 18 weeks

50.87%



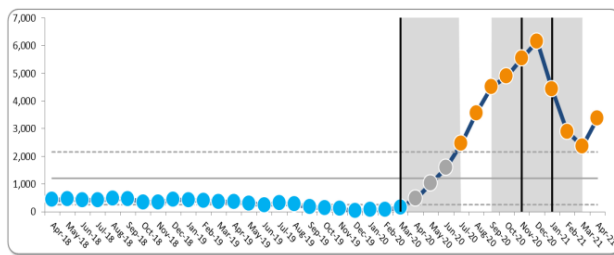
RTT
Referrals
Profile

4,443

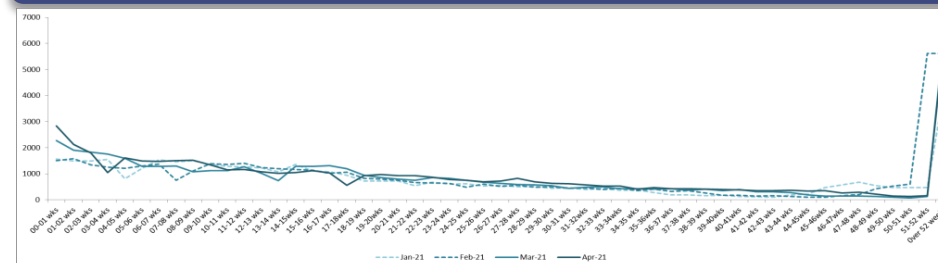


40-52
week waits

3,320

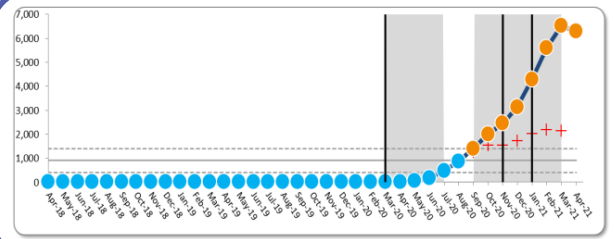


RTT waiting list profile (Jan-21 to Apr-21) by weeks waiting

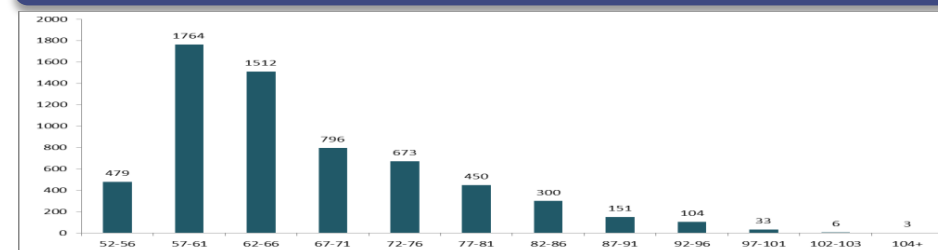


52+ week
waits

6,217



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



Key

+ phase 3 target

- Internal target

- Operational standard

National Benchmarking (March 2021) | The Trust was one of 9 of 12 West Midlands Trust which saw a decrease in performance between Feb-21 and Mar-21 This Trust was ranked 12 out of 13; where we were 12 previous month. The peer group performance ranged from 52.91% to 77.53% with a peer group average of 55.53%; declining from 57.21% the previous month. The England average for Mar-21 was 64.40% a -0.1% decrease from 64.50% in Feb-21.

Nationally, there were 463,127 patients waiting 52+ weeks, 6,493 (1.48%) of that cohort were our patients.

RTT - % patients within 18 weeks | March-21



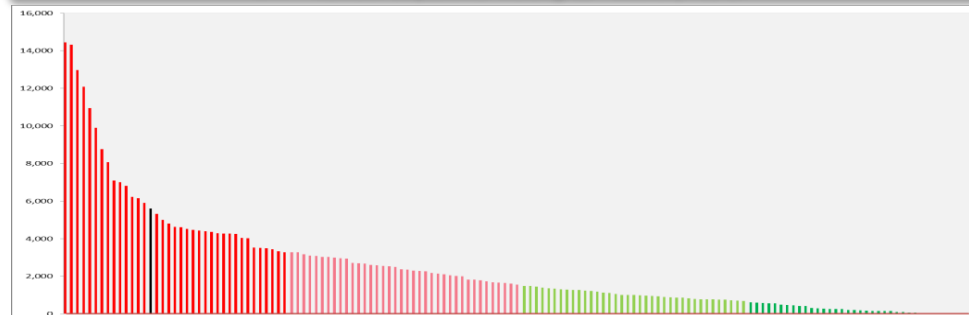
RTT - number of patients waiting 52+ weeks | March -21



RTT - % patients within 18 weeks | Feb-21



RTT - number of patients waiting 52+ weeks | Feb-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
9,866	2,185	18.13%	14,828	10,414	58.74%	33.77%

Outpatients - what does the data tell us?

- The graphs on slide 19 show the change in profile of outpatients appointments, comparing Apr-21 to both Apr-20 and Apr-19. Although we are not undertaking the same volume of face-to-face appointments, it is clear that a proportion of our total outpatient activity has translated to non-face-to-face as it did in Apr-20 in response to the COVID-19 pandemic. Our total activity in Apr-21 was 85% of that which was undertaken in Apr-19.
- The Trust undertook 37,293 outpatient appointments in April-21. This is 16,560 more appointments than April-20, bearing in mind loss of activity in April-20 due to appointment cancellations, and only 165 appointments fewer than March-21.
- In April-20, 9,376 face-to-face appointments took place which increased to 25,117 in April-21; and this was an increase of 1,948 from Mar-21
- In April-20, 11,359 non-face-to-face appointments took place which increased to 12,599 in April-21; however this was a decrease of 2,113 from Mar-21
- Of all appointments in the month, 33.77% (both new and follow-up) were non-face-to-face.
- As at 7th May the outpatient backlog for all new outpatients was 53,132 with 23,885 on an RTT pathway and 29,247 on a non-RTT pathway. 9,575 patients had been dated which leaves 43,557 not yet dated. 42,940 patients of the total new outpatient waiting list are deemed to be routine.

Planned Admissions - what does the data tell us?

- On the day cancellations shows no significant change since Jun-20.
- Theatre utilisation has remained above the mean, at 78%.
- Although we did not undertake as many day case operations in Apr-21, the number of elective operations did increase. Although this is still flagged as a cause for concern, it is for two reasons; 1) a run of 7 months below the mean and 2) the difference to pre-pandemic levels of activity when we undertaking over 450 operations a month results in both the mean and the upper confidence limit being higher values to achieve as more activity is restored. This same pattern is also observable with day cases although we did achieve at least the mean for the period in October, November and December 2020.
- The Independent Sector undertook 120 day cases and 8 electives; this was -179 more compared to Mar-21.

Current Assurance Level: 4 (Apr-21)

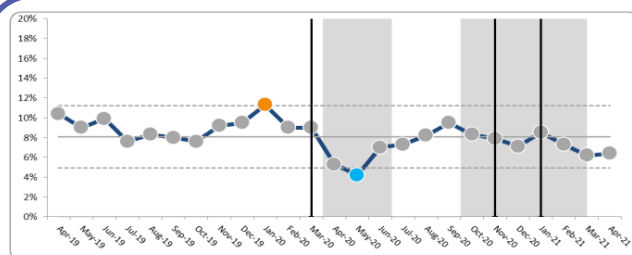
When expected to move to next level of assurance: : This is dependent on the programme of restoration for increasing outpatient appointments and planned admissions for surgery

Previous Assurance Level: 4 (Mar-21)

SRO: Paul Brennan

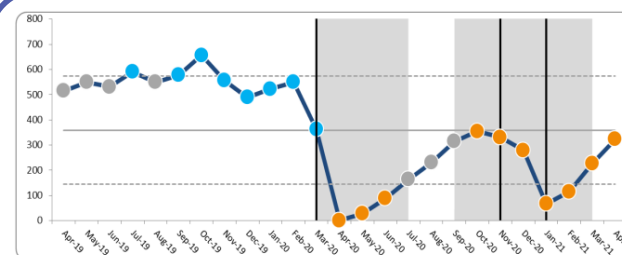
On the day cancellation as a percentage of scheduled procedures (%)

6.40%



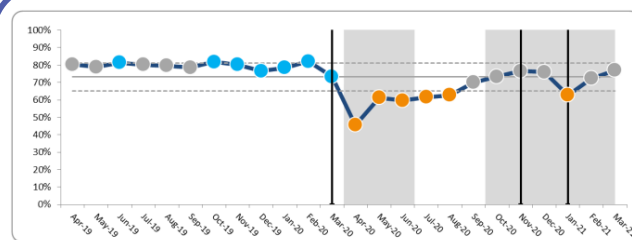
Electives on elective theatre sessions (n)

323



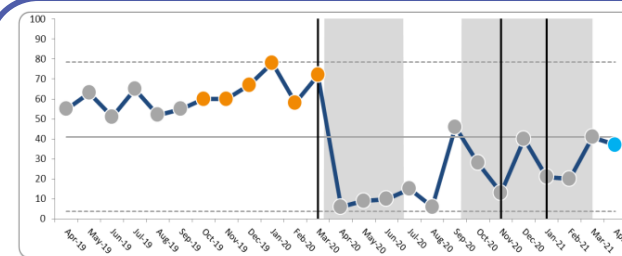
Actual Theatre session utilisation (%)

78.40%



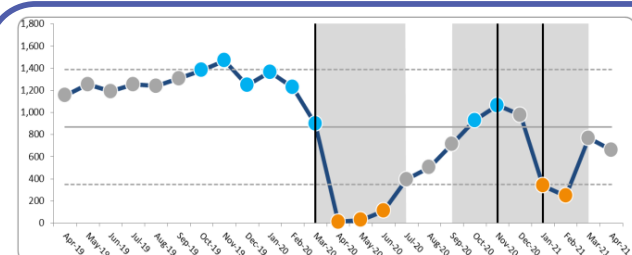
Non-electives & emergencies on elective theatre sessions (n)

37

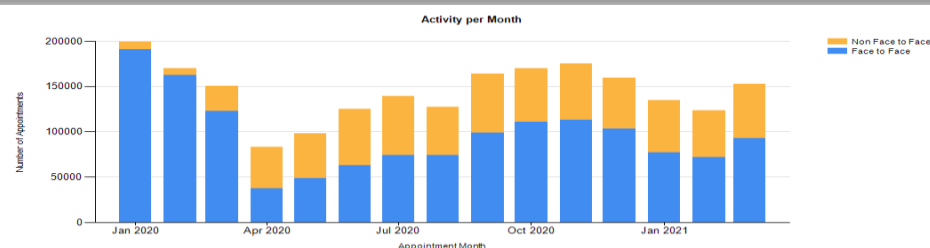


Day cases on elective theatre sessions (n)

662



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.

Comparing Outpatients Activity across 2019, 2020 and 2021



These graphs are indicative of the OPA activity that have been delivered by the Trust (excluding OP+). Each bullet chart reflects the activity undertaken in the same month comparing across 2019, 2020 and 2021. They also show the shift in balance between face-to-face and non-face-to-face activity as the Trust undertook more non-face-to-face appointments in 2020 as a result of the COVID-19 pandemic and this has been sustained in 2021. This does mean that face-to-face activity decreases.

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		
11,262	5,466	51.47%	6,518	2,780	57.35%	3,051	1,692	44.54%	1,693	994	41.29%

What does the data tell us?

- The DM01 performance is unvalidated at 51.4% 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 11,262 patients, an increase of 193 patients from the previous month.
- The total number of patients waiting 6+ weeks has decreased by 143 patients (5,609 in March-21) and there are now 2,609 patients waiting over 13 weeks (2,634 in March-21).
- Radiology has the largest number of patients waiting at 6,518 and has the largest number of patient waiting over 6 weeks at 2,780; a decrease of 134 in April-21 compared to March-21.
- 13,887 diagnostics tests were undertaken in April-21, 1.68% more than March-21
- Radiology undertook 81 more tests in April-21 compared to March-21. Endoscopy completed 212 fewer tests in April - 21 than March-21.
- Physiology undertook 360 more tests in April -21 than March-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. CCG have confirmed process, Informatics team have now re-run data. Next steps to send all information to each GP practice, planned W/C 17th May
- Commenced discussions with WVT on support with Nuc Med ARSAC license
- Commenced CDH bid
- Liaising with Cobalt to obtain capacity following removal of CT mobiles unit

Issues

- Removal of CT mobile reduces capacity by 650 patients per month

What are we going to do next?

- Agree contract for continued mobile on KTC site, awaiting dates from Cobalt.
- Continue WLI session in CT, MRI and US.
- Continue DEXA review with CCG
- Plan KTC CT replacement schedule
- Obtain CT3 staffing business case approval
- Exploring options to engage with Medicare to provide US appointments OOH- links with CDH bid

ENDOSCOPY (inc. Gynaecology & Urology)

What have we been doing?

- Re-commenced activity at ALX w/c 19/04/21
- Continuing the use of IS at BMI for SPOT patients; SPOT work at Spire ceased
- Increasing capacity for therapeutic procedures
- Increased WLI sessions with use of ALX
- Secured 3 GA lists accommodating Cat 2 patients and long-waters. Continued attendance at the 6-4-2 weekly meeting
- Maintained use of 18 week at Evesham
- New computer hardware installed at ECH following escalation through IT team

What are we going to do next?

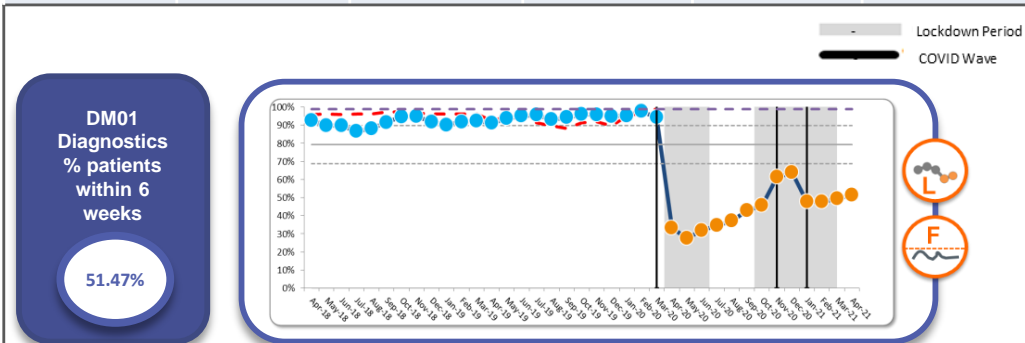
- Increasing validation of Surveillance WL against 2019 BSG guidelines
 - Exploring ways to increase ERCP capacity with Radiology; securing some ad-hoc sessions
 - Contracts Team are working on Spire contract
- Issues**
- Total of 40 lists were lost throughout April; 13 due to sickness, annual leave and/or COVID-19 related absences, 17 lists due to Bank Holidays and 10 lists due to essential maintenance works
 - Unisoft issues continue; working through benefits realisation and business case to support upgrade to Solus

Operational Performance: DM01 Diagnostics

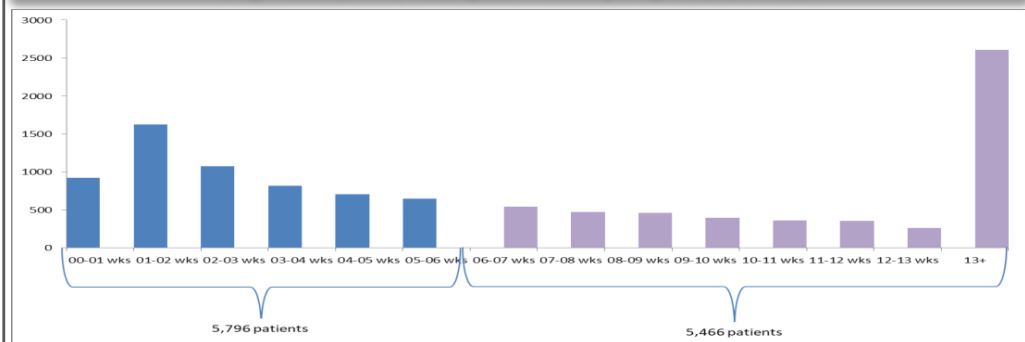
2.4 - Ensure timely access to diagnostics and treatment for all urgent cancer care

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

Trust Total			Radiology			Physiology			Endoscopy		
11,262	5,466	51.47%	6,518	2,780	57.35%	3,051	1,692	44.54%	1,693	994	41.29%



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



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.
- Additional clinics starting at Redditch from 27/5

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
- Have been given agreement to perform Pacing clinics and holter monitors in the assessment PODs which will allow for increased department activity

What are we going to do next?

- WLI clinics to continue where possible
- Trial POD activity before increasing Echo levels

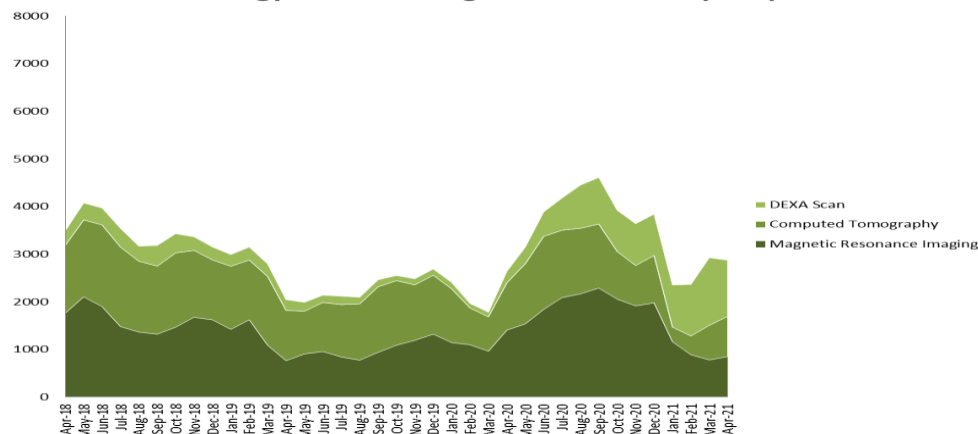
Current Assurance Level: 4 (Apr-21)

Previous assurance level: 4 (Mar-21)

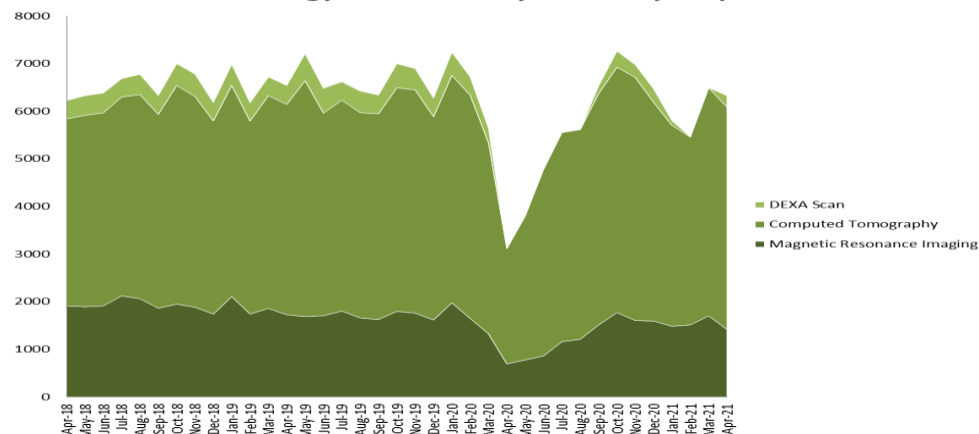
When expected to move to next level of assurance: This is dependent on the on-going management of COVID-19 increasing our capacity for routine activity

SRO: Paul Brennan

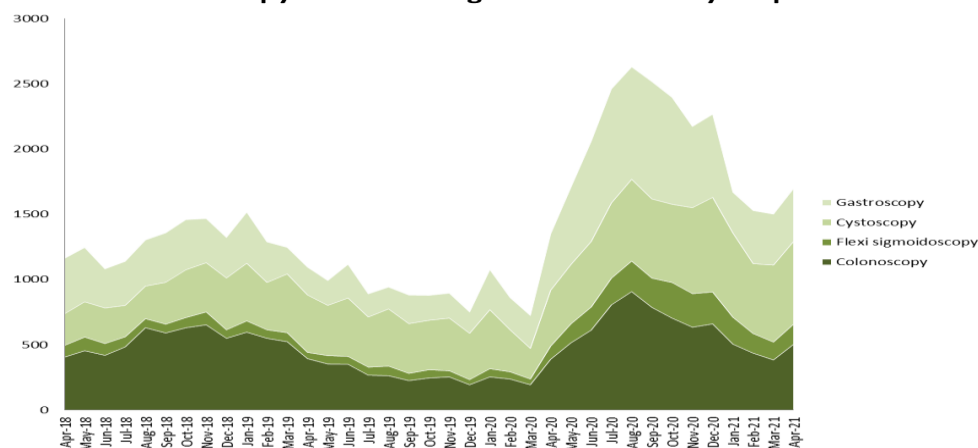
Radiology DM01 waiting list size - Monthly snapshot



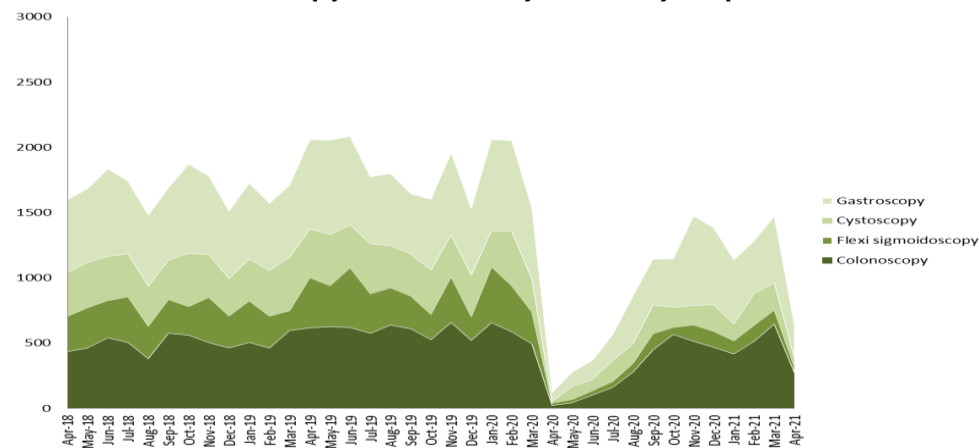
Radiology DM01 Activity - Monthly snapshot



Endoscopy DM01 waiting list size - Monthly snapshot



Endoscopy DM01 Activity - Monthly snapshot

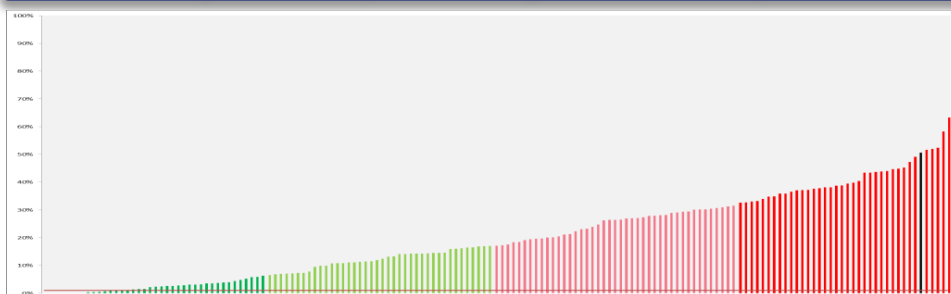


Note the different scaled axis on the graphs when comparing them

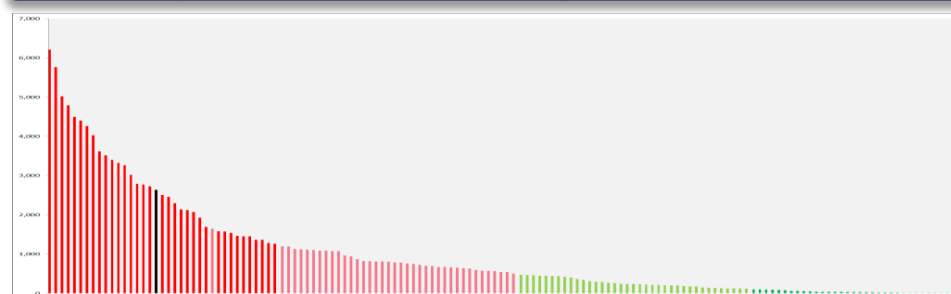
National Benchmarking (March 2021) | The Trust was one of 3 of 13 West Midlands Trust which saw a increase in performance between Feb-21 and Mar-21 This Trust was ranked 13 out of 13; where we were 13 previous month. The peer group performance ranged from 0.53% to 50.65% with a peer group average of 22.10%; 0.285 from 25.76% the previous month. The England average for Feb-21 was 24.30% a -4.2% increase from 28.50% in Jan-21.

In March, there were 149,078 patients recorded as waiting 13+ weeks for their diagnostic test; 2,632 (1.76%) of these patients were from WHAT

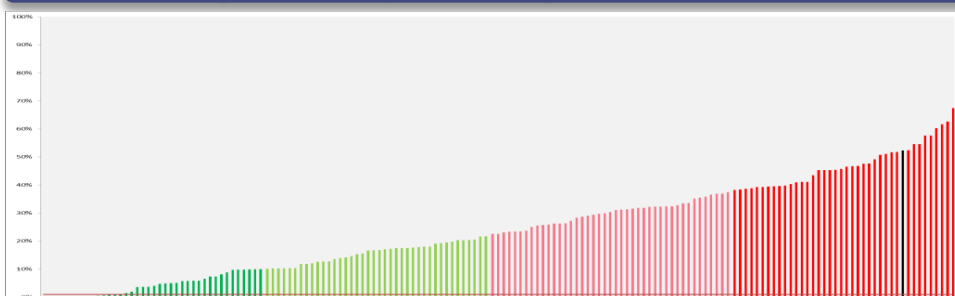
DM01 Diagnostics - % of patients waiting more than 6 weeks | March-21



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



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



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

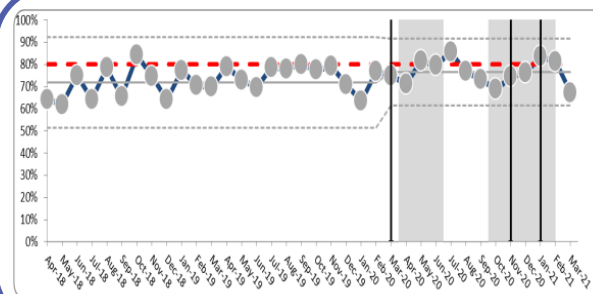


■ WAHT ■ Operational Standard 1%

% 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			
67.31%	25.00%	96.55%	44.23%	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 61% and 92%. 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 16% and 80%. 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 agreement now in place for the SOP to be reinforced again. TIA SOP – Draft TIA specific SOP was developed and was presented in the Stroke Directorate meeting. Subsequently, follow up e-mail has been sent requesting any comments or suggestions. The expectation is that this would be used as a recommended guide and ensure consultants and other colleagues supporting the service provide an equitable service to all TIA patients. Stroke patient transfer pathway – This has been reviewed and revised to make it clearer for patients presenting at Alex/Worcester and now reflects the current SOP in place. In addition, this was approved by the division this week and the plan is for this to be shared across the Trust and envisage this would considerably improve patients experience going forward. Stroke Registrar & Consultant Vacancy – Stroke Registrar appointment end of March is due to start end of the week and also shortlisting for the 2nd post. More recently, have been successful in appointed a joint Stroke/Neurology consultant on a 12 month fix term contract and anticipate to start end of June. Currently, advertising for a 12 months fix term consultants post in addition to waiting on JD to be approved by Royal College to recruit a permanent consultant. SSNAP Performance – Quarter 3 performance has helped identify the need to ensure the data is fully validated prior to submission and the team have since embarked on ensuring the data validated thoroughly prior to Q4 submission. As part of this exercise and renewed focus on data, the team aim to reconcile data uploaded on SSNAP against all missed target on each key indicators by individual patients on a monthly/quarterly basis. This would provide a comprehensive audit trail and consequential assurance on data quality. 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 was added and briefly discussed in the directorate meeting last month, however further discussion with clinicians will be required. <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 (Apr-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: 5 (Mar-21)		SRO: Paul Brennan					

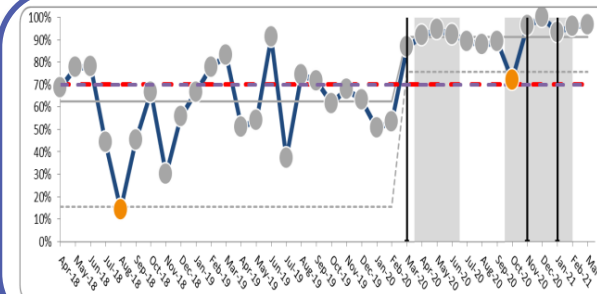
Stroke: % patients spending 90% of time on stroke unit

67.31%



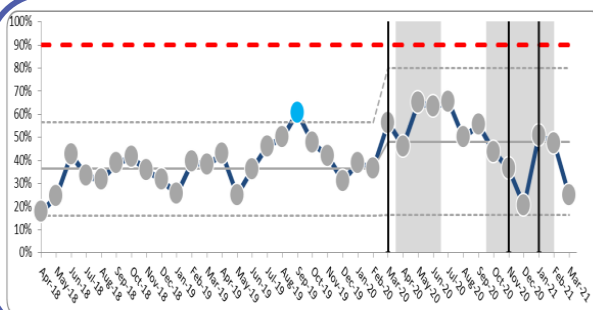
Stroke: % seen in TIA clinic within 24 hours

96.55%



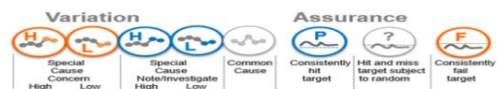
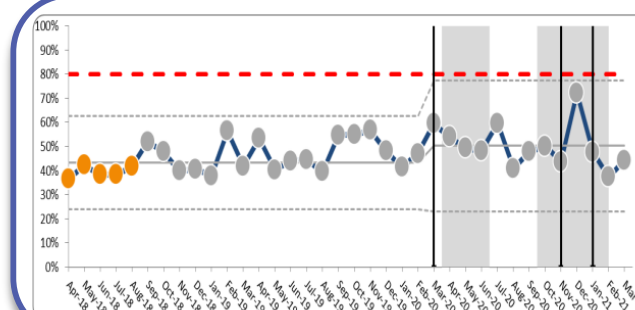
Stroke : % Direct Admission to Stroke ward

25.00%



Stroke : % CT scan within 60 minutes

44.23%








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

Data Quality Kitemarks – Quality and Safety

Quality Area	Kitemark	Context
Infection Prevention & Control		No known issues
Never Events		No known issues
SEPSIS		Revised documentation will be introduced shortly which should make the process of identification easier
VTE		Identification of the issues over recording are being established to improve accuracy of recording
ICE Reporting		No known issues

Data Quality Kite Mark Descriptions:

Green - Confidence level high

Amber - Potential issue being investigated

Red - DQ issue identified

Blue - Unknown and scheduled for review

White - No data available to assign DQ kite mark

Integrated Quality Performance Report - Headlines

Quality Performance	Comments
Infection Control	<ul style="list-style-type: none"> • C difficile – the Trust achieved the in month target for April 21/22 • E-Coli – the Trust was above the in month target for April 21/22 • MSSA – the Trust achieved the in month target for April 21/22 • MRSA – the Trust achieved the in month target for April 21/22 • There has been a sustained significant improvement in hand hygiene practice compliance. This metric will reliably achieve the target of 98%. • Hand hygiene audit participation improved in Apr-21 for the 4th consecutive month.
Never Events	<ul style="list-style-type: none"> • There were 2 Never Events during April 2021, following 12 months with zero. • Both incidents are being investigated in line with Trust policy for Serious Incidents. • Neither patient sustained additional harm as a result of the incidents.
SEPSIS 6	<ul style="list-style-type: none"> • A deep dive was undertaken between the Divisions and the Quality Governance Committee. • The committee welcomed both the work undertaken by the Divisions and the Sepsis 6 working group. • As a result the Level of Assurance was increased to Level 6. • Performance for antibiotics within 1 hour is above the 90% target for the third 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, with the target begin attained every month since April 2019. • However there is concern about VTE 24 hour VTE re-assessment rates, which though on an upward trend are below target. • Identification of the issues over recording are being established to improve accuracy of recording
ICE Reporting	<ul style="list-style-type: none"> • The Target of 95% for viewing Radiology Reports on ICE has not been achieved in the past 12 months. • The Target of 95% for viewing Pathology Reports on ICE has been achieved for 9 consecutive months. • A review of the criteria for auto filing of in-patient results is ongoing.

Integrated Quality Performance Report - Headlines

Quality Performance	Comments
Friends & Family Test	<ul style="list-style-type: none"> The recommended rate exceeded the 95% target for Inpatients for the 10th month out of the last 12 (the remaining two months were only just under at 93.93% and 94.87%) The recommended rate for Maternity was just below the target at 94.05%, and improved for the third month in a row. The recommended rate for Outpatients was also only just below the target at 94.35%, and has been above 93.5% for the last 12 months. The recommended rate for A&E dropped slightly to 83.72%, and has been above 83% for the last 12 months. Issues with wi-fi reception in Maternity areas have been resolved.
Complaints	<ul style="list-style-type: none"> The % of complaints responded to within 25 days increased and was above target at 85.29% in Apr-21.
Hospital Acquired Pressure Ulcers (HAPU)	<ul style="list-style-type: none"> There were zero Serious Incident HAPU's in Apr-21 for the 8th time in the last 12 months. There were zero Category 4 HAPU's in Apr-21 for the 9th consecutive month.
Falls	<ul style="list-style-type: none"> The number of falls per 1000 bed days fell in Apr-21 to 4.45. This is the 5th month in a row this figure has fallen. There was 1 Serious Incident Fall in Apr-21

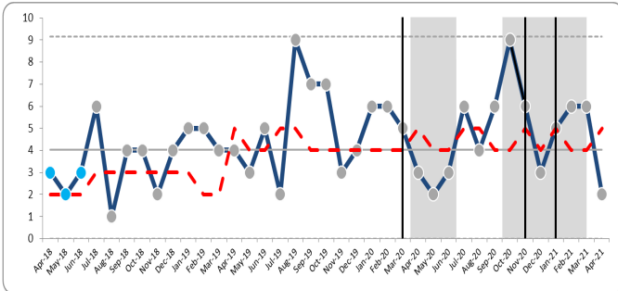
2.1 Care that is Safe - Infection Prevention and Control

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	
April month / monthly target	Year to date actual / year to date target	April month / monthly target	Year to date actual / year to date target	April month / monthly target	Year to date actual / year to date target	April month / monthly target	Year to date actual / year to date target
2/5	2/5	3/2	3/2	1/2	1/2	0/0	0/0
What does the data tell us? <ul style="list-style-type: none"> <i>C.difficile</i> infections achieved the in-month target for Apr-21. E-Coli BSI exceeded the in-month target for Apr-21 MSSA achieved the in-month target for Apr-21. MRSA achieved the in-month target for Apr-21. The Hand Hygiene audit participation rate has dropped since the start of the pandemic, but improved in Apr-21 for the 4th consecutive month to 93.58%. Hand Hygiene Practice Compliance rate shows sustained significant improvement with the 98% target being achieved every month since May-19, and 99% being exceeded for the last 15 months. This metric will reliably achieve the target. The Antimicrobial Stewardship (AMS) Steering Group met on 22-04-21. It focused on divisions progress with their AMS plans and actions agreed at the CMO-led extra-ordinary AMS meeting held on 31-03-21. All divisions have confirmed their AMS plans are now standing items at their divisional governance/board meetings. An increase to Level 4 assurance has been recommended. 				What improvements will we make? <p>The Infection Prevention Priority Aims for 2021-22 are;</p> <ul style="list-style-type: none"> Focus on the prevention and management of COVID-19, and delivery of the infection prevention principles set out in the revised 2021/22 Priorities and Operational Planning Guidance and other national guidance. Continue to strengthen governance and assurance in relation to infection prevention across the Trust, to demonstrate compliance with the Code of Practice on the prevention and control of infection and related guidance (2015) - 'the Hygiene Code', and the 'NHSEI Infection Prevention & Control Board Assurance Framework 2021: COVID-19'. Achieve national improvement targets for healthcare-associated infections and antimicrobial prescribing, with the ambition to improve beyond these targets. Benchmark within the best quartile for surgical site infections monitored through the mandatory surveillance programme. Participate in other non-mandatory programmes of surveillance where possible in order to benchmark and improve across a range of areas. 			
Assurance level – Level 6 COVID-19 / Level 4 for non-Covid (Apr-21) Reason: Non Covid - Antimicrobial Stewardship is a key concern.				When expected to move to next level of assurance for non Covid: This will be next reviewed in July 21, when quarter 1 performance can be assessed.			
Previous assurance level (Mar-21) –Level 5 COVID-19 / Level 4 for non-Covid				SRO: Paula Gardner(CNO)			

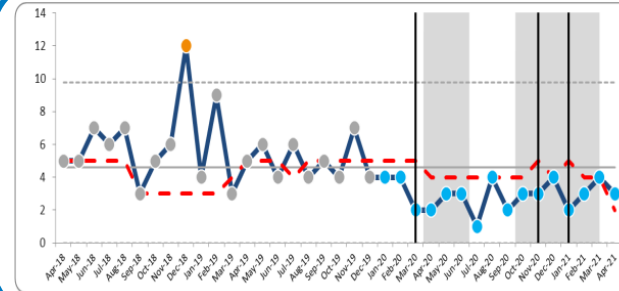
C-Diff

2



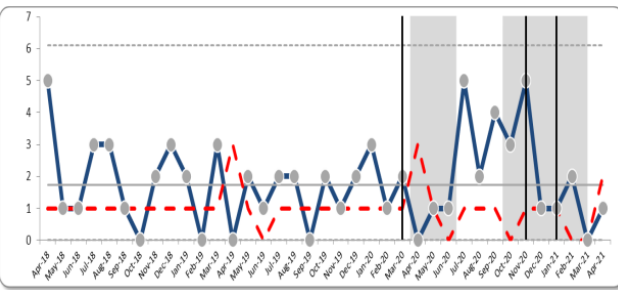
E-Coli

3



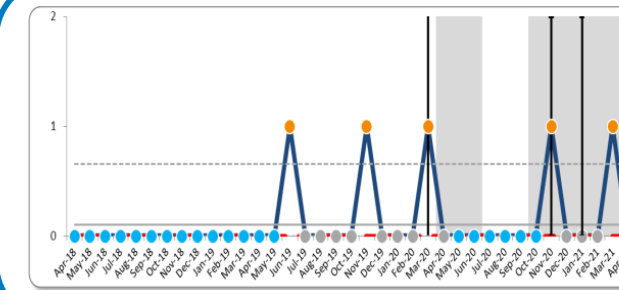
MSSA

1



MRSA

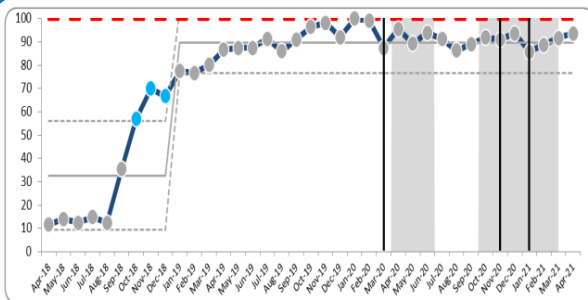
0



Lockdown Period
COVID Wave

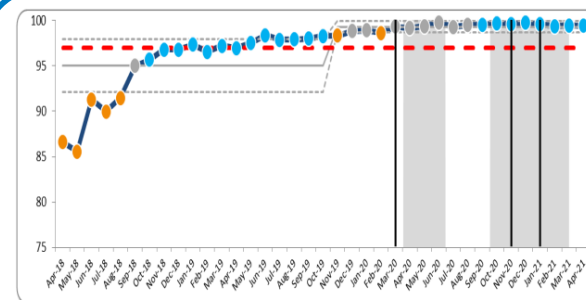
Hand
Hygiene
Audit
Participation
(%)

93.58



Hand
Hygiene
Compliance
(%)

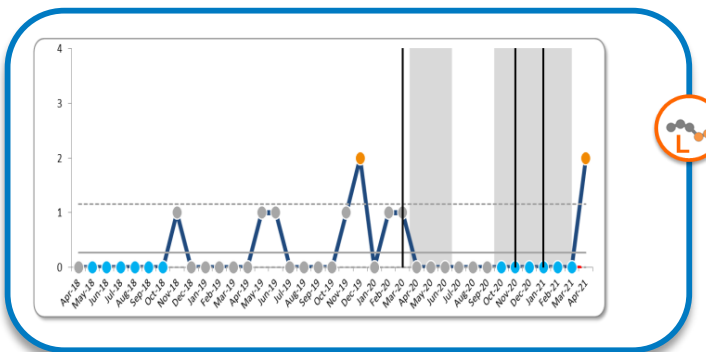
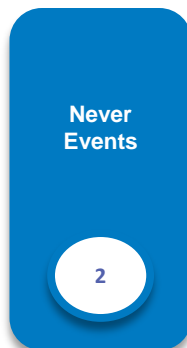
99.43



Lockdown Period
COVID Wave

2.1 Care that is Safe – Never Events

Number of Never Events	
April 2021: Two	
<p>What does the data tell us?</p> <ul style="list-style-type: none"> Two Never Events were reported during April 2021, this followed a period of 12 months with zero Never Events. There are no trends in the Never Events reported other than occurring in the same location. Similar incidents have not occurred in this location previously. Different clinicians were involved in each case. One incident involved a retained guidewire during the insertion of a chest drain. One incident involved the biopsy of the incorrect area of the lung. Neither patient sustained additional harm as a result of the incidents. 	<p>What will we be doing?</p> <ul style="list-style-type: none"> Both incidents are being investigated in line with Trust policy for Serious Incidents. The findings will be discussed with the teams involved and a report will be produced on behalf of the Trust. The actions will be agreed with the specialty and monitored via the Divisional Governance meetings. The report will be shared for learning purposes and presented to Quality Governance Committee. The report will be shared with Commissioners and CQC in line with current reporting arrangements.
Assurance level – N/A	When expected to move to next level of assurance: N/A
Previous assurance level: N/A	SRO: Mike Hallissey (CMO)

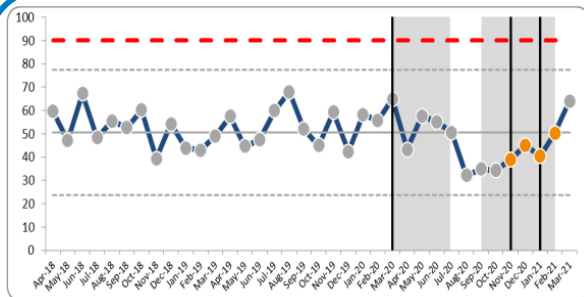


2.2 Care that is Effective – Improve Delivery in Respect of the SEPSIS Six Bundle

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
Mar 21: 64.06% (Feb 50.34%)	72.17% (73.91%)	93.75% (93.20%)	84.38% (72.11%)	96.09% (96.60%)	93.75% (88.44%)	78.13% (65.99%)	80.47% (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 Mar-21 for the 3rd consecutive month. However, the performance is still below the target. Sepsis 6 screening performance dropped slightly in Mar-21, and has not met the target since May 2019. Sepsis 6 antibiotics provided within one hour compliance increased slightly in Mar-21, and it has hit the target for the third consecutive month. Four of the remaining sepsis 6 bundle elements improved performance in Mar-21, and although the 5th, Oxygen, fell very slightly, it still achieved the target. 				What improvements will we make? <ul style="list-style-type: none"> The Divisions each presented their current position, and outlined their action plans to improve overall performance reporting as part of a deep dive with the Quality Governance Committee. The committee welcomed both the work undertaken by the Divisions and the Sepsis 6 working group. The QGC approved an assurance level of 6 following the deep dive. Revised documentation will be introduced shortly which should make the process of identification easier 			
Assurance level – Level 6 (Mar-21) Reason: Assurance level increased following GQC Deep Dive.				When expected to move to next level of assurance for non Covid: Q2 following full implementation of the Divisional plans.			
Previous assurance level (Mar-21) – Level 2				SRO: Mike Hallissey (CMO)			

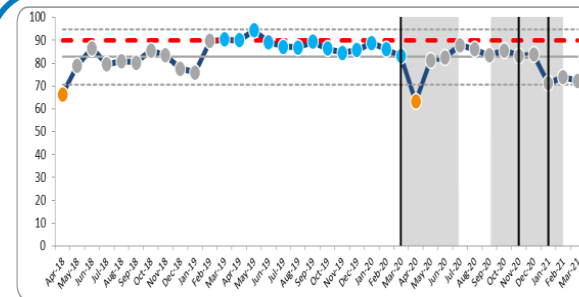
Sepsis 6 Bundle Compliance (audit)

64.06%



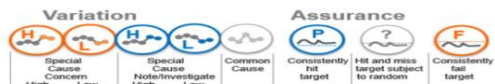
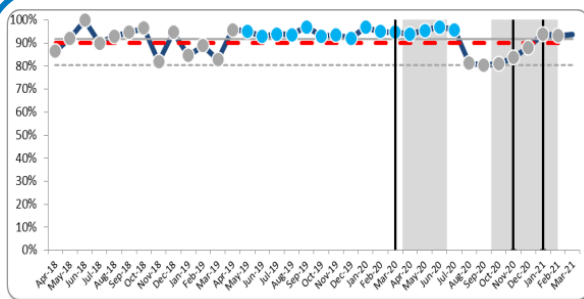
Sepsis Screening Compliance (audit)

72.17%



Sepsis Screening Antibiotics Compliance (audit)

93.75%



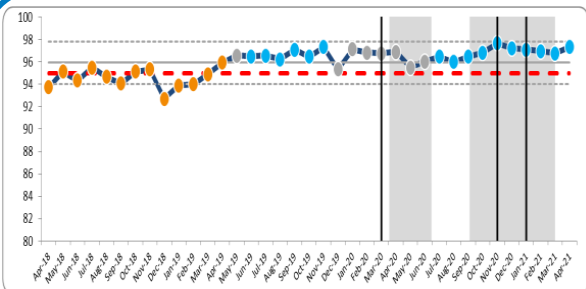
Lockdown Period
COVID Wave

2.2 Care that is Effective – VTE assessment and VTE assessments within 24 hours

VTE assessment on admission to hospital		24 hour VTE re-assessment rates	
Apr 2021	Target	April 2021	Target
97.32%	95%	64.00%	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 compliance with 24 hour VTE re-assessment. Although the trend is generally upward, the performance is still significantly below the target. Divisions provided action plans at May CGG to improve 24 hour VTE re-assessment reporting. 		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 Identification of the issues over recording are being established to improve accuracy of recording 	
Assurance level – Level 4 (Apr-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 21/22 – following embedding change made as a result of the audit.	
Previous assurance Level - 4 (Mar-21)		SRO: Mike Hallissey (CMO)	

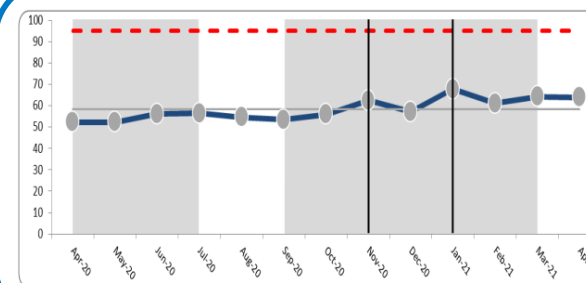
VTE
Assessment
Compliance
(%)

97.32



24 hours
VTE
Assessment
Compliance
(%)

64.00



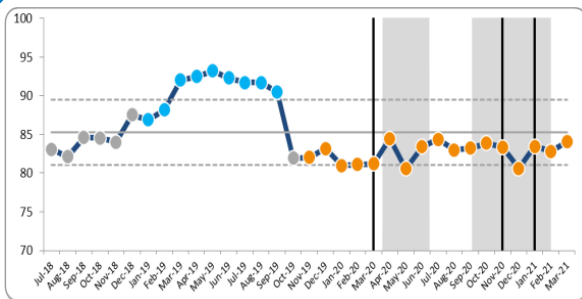
Lockdown Period
COVID Wave

2.2 Care that is effective - ICE Reporting

% Radiology reports viewed - ICE	% Radiology reports filed - ICE	% Pathology reports viewed - ICE	% Pathology reports filed - ICE
84.03% - Apr 2021 (82.82% - Mar 2021)	62.72% (58.36%)	96.48% (97.24%)	74.21% (75.48%)
What does the data tell us? <ul style="list-style-type: none"> The Target of 95% for viewing Radiology Reports on ICE has not been achieved in the past 12 months (range 80.56% to 84.03%). The Target of 95% for viewing Pathology Reports on ICE has been achieved for 9 consecutive months. What have we been doing? <ul style="list-style-type: none"> The data reported on WREN is now included within the governance reports to each directorate meeting. 		What will we be doing? <ul style="list-style-type: none"> Auto filing of reports is currently available for specific categories. Areas of development: <ul style="list-style-type: none"> Identify and auto-file self reported images Define the criteria for auto filing in-patient results Auto file MRSA screening swabs which are negative Work with laboratory services and radiology in place to facilitate A comprehensive report will be prepared for the next cycle of Committee / Board meetings. 	
Assurance level – Level 4		When expected to move to next level of assurance: When review of criteria for inclusion is complete – August 2021.	
Previous assurance level: Level 4 (Dec 2020)			

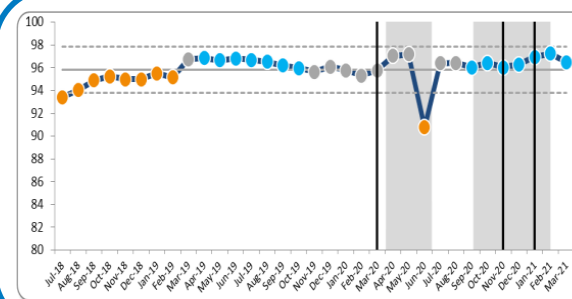
ICE reports
viewed
radiology
(%)

84.03



ICE reports
viewed
pathology
(%)

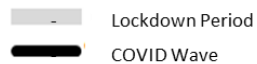
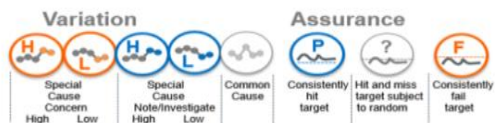
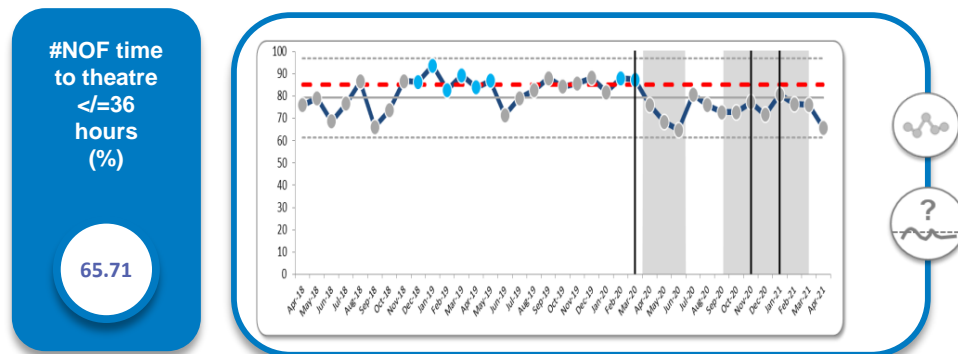
96.48



Lockdown Period
 COVID Wave

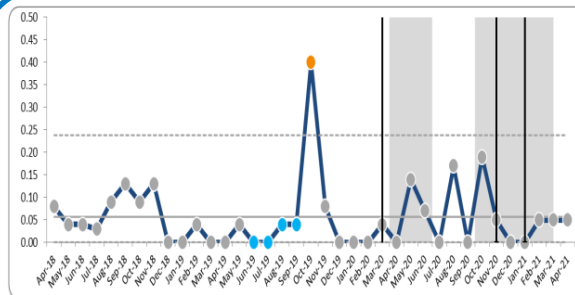
2.2 Care that is Effective – #NOF

#NOF – Time to Theatre <= 36 Hours	#NOF – Time to Theatre <= 36 Hours Excluding Unfit Patients
65.71% (Apr 2021) 76.12% (Mar 2020)	75.41% (Apr 2021) 83.61% (Mar 2021)
What does the data tell us? <ul style="list-style-type: none"> The #NOF target of 85% has not been achieved since the start of the pandemic in March 2020 (87.30%). Performance has been over 80% for 3 of the 13 months since the start of the Pandemic, peaking in Jan 2021(80.72%) with a trough in Jun 2020 (64.79%). In the 13 months pre-pandemic, performance was over 80% for 12 months, and achieved target on 6 occasions. Theatre capacity was one of the main causes of breaches in April in addition to patients treated non operatively or requiring further imaging which caused a delay to theatre. 	What will we be doing? <ul style="list-style-type: none"> Utilising Kidderminster Treatment Centre for speciality ambulatory trauma lists 3 days per week. From 17/05 2 sessions per day dedicated to Inpatient Trauma with #NoF's prioritised. Utilise afternoon CEPOD list on ALX site (where emergency cases allow) for Trauma Work is being undertaken with Theatres/anaesthetics and ED to put a more streamlined process in place for Covid swabbing out of hours to ensure the swab is back in a timely manner for those patients requiring urgent surgery.
Current assurance level – 4 (Apr-21)	When expected to move to next level of assurance: June 2021
Previous assurance level: No previous assurance level	



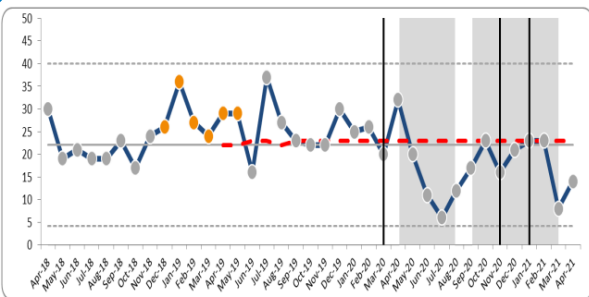
Falls per
1,000 bed
days
causing
harm

0.05



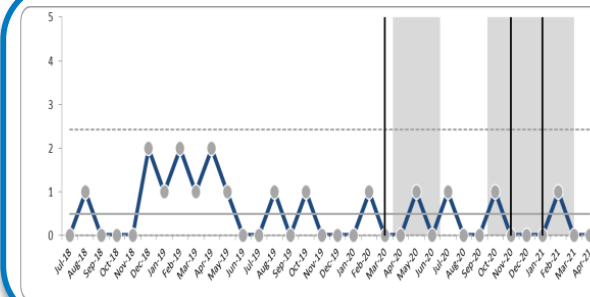
All Hospital
Acquired
Pressure
Ulcers

14



Serious Incident
Pressure
Ulcers

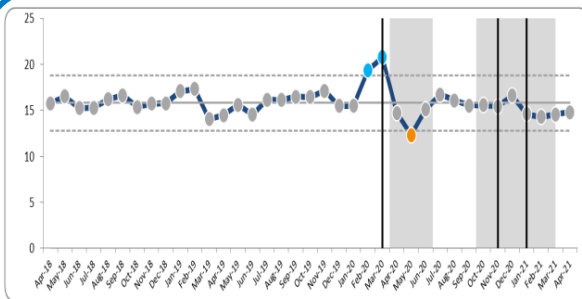
0



Lockdown Period
COVID Wave

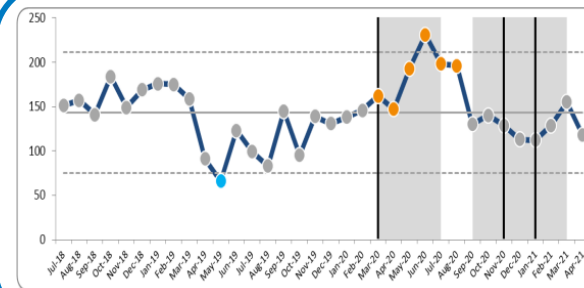
Discharges
before
midday
(%)

14.79



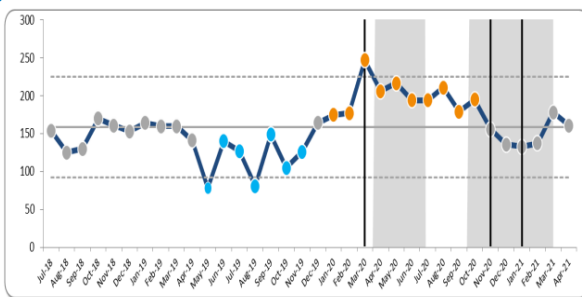
Risks
overdue
review

118



Risks with
overdue
actions

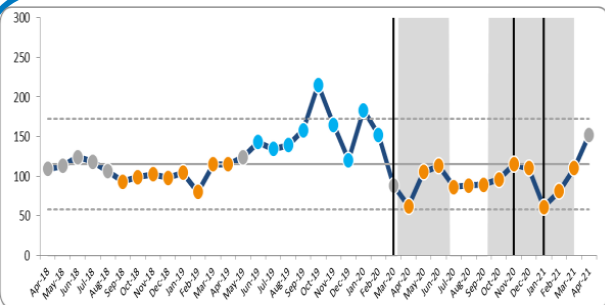
161



Lockdown Period
COVID Wave

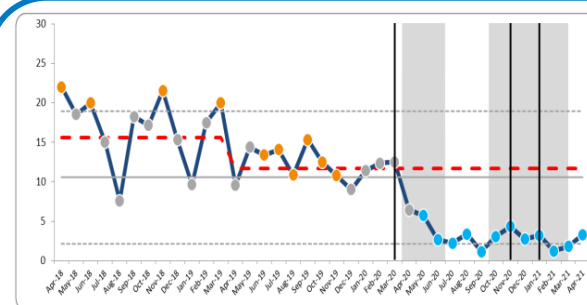
Total
Medicine
incidents
reported

152



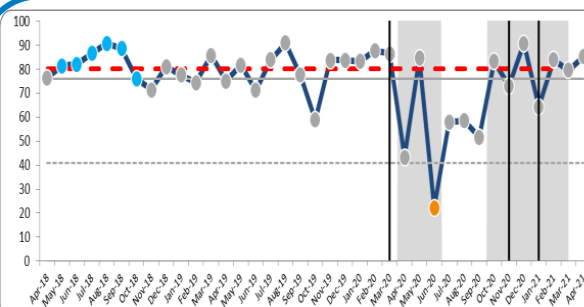
Medicine
incidents
causing
harm (%)

3.29



Complaints
Responses
≤/ 25 days
(%)

85.29

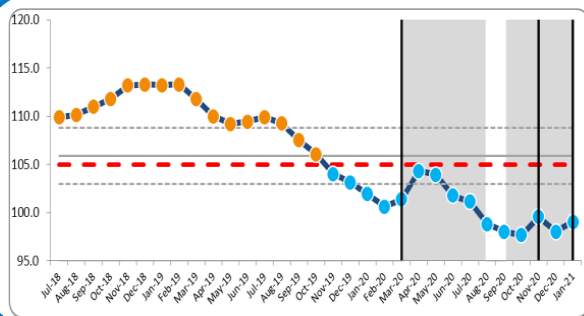


Lockdown Period
COVID Wave

HSMR 12 month rolling average

Jan – 21

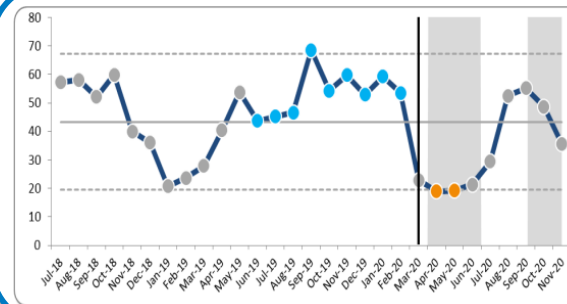
99.08



Mortality Reviews completed ≤ 30 days (%)

Nov 20

33.50



Lockdown Period
COVID Wave